Filing at a Glance

Company:	Continental Casualty Company
Product Name:	Long-Term Care
State:	Pennsylvania
TOI:	LTC03I Individual Long Term Care
Sub-TOI:	LTC03I.003 Other
Filing Type:	Rate - Other (Not M.U. or G.I. Product)
Date Submitted:	09/23/2015
SERFF Tr Num:	MILL-130055810
SERFF Status:	Assigned
State Tr Num:	MILL-130055810
State Status:	Received Review in Progress
Co Tr Num:	PREFERRED SOLUTION
Implementation Date Requested:	On Approval
Author(s):	Mike Bergerson, John Hebig, Travis Reisch, Michael Emmert, Rolan Manderson-Jones
Reviewer(s):	Jim Laverty (primary)
Disposition Date:	
Disposition Status:	
Implementation Date:	

State Filing Description:

Proposed 29.5% rate increase on 6,113 PA policyholders of several Continental Casualty Company (C.N.A.) LTC forms.

State: *Pennsylvania* **Filing Company:** *Continental Casualty Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.003 Other*
Product Name: *Long-Term Care*
Project Name/Number: *2015 Rate Increase/0091CNA45-11.01*

General Information

Project Name: 2015 Rate Increase
Project Number: 0091CNA45-11.01
Requested Filing Mode: Review & Approval

Explanation for Combination/Other:
Submission Type: New Submission
Overall Rate Impact: 29.5%

Deemer Date:
Submitted By: Mike Bergerson

Status of Filing in Domicile: Authorized
Date Approved in Domicile: 04/16/2013
Domicile Status Comments: A 76.5% rate increase was filed in Illinois on April 16, 2013.

Market Type: Individual
Individual Market Type:
Filing Status Changed: 09/24/2015
State Status Changed: 09/28/2015
Created By: Michael Emmert
Corresponding Filing Tracking Number:

Filing Description:

These forms are existing individual policy forms providing comprehensive and facility only long-term care coverage. These policy forms were issued in Pennsylvania from November 1998 through July 2003 and are no longer being marketed in any jurisdiction.

Continental Casualty Company (CCC) is requesting the approval of a premium rate increase on these forms. The increase is needed due to actual persistency running higher than expected in original pricing. As noted in the attached actuarial memorandum, two prior increases have been approved and implemented on these forms and associated riders. A 20.0% increase was approved in March 2013 and implemented on each contract's next policy anniversary beginning August 1, 2013. A 25.0% increase was approved in December 2014 and implemented on each contract's next policy anniversary beginning May 1, 2015. A premium increase of 29.5% for policies and all associated riders for policyholders is being requested at this time. This level of increase will enhance premium adequacy, but may not be sufficient to prevent future rate action.

Similar to the prior increase, CCC will offer insureds affected by the premium increase the option of reducing their policy benefits to provide flexibility of choice for those insureds who wish to maintain a premium level reasonably similar to what they were paying prior to the rate increase.

If the Department approves a rate increase, the company will offer insureds a contingent nonforfeiture benefit if the policy was issued on or after March 16, 2002 and the cumulative rate increase for that policy triggers the definition of a substantial rate increase.

Company and Contact

Filing Contact Information

Amy Pahl, Consulting Actuary
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952-897-5301 [FAX]

State:	*Pennsylvania*	**Filing Company:**	*Continental Casualty Company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.003 Other*		
Product Name:	*Long-Term Care*		
Project Name/Number:	*2015 Rate Increase/0091CNA45-11.01*		

Filing Company Information

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

Continental Casualty Company	CoCode: 20443	State of Domicile: Illinois
333 S. Wabash Ave	Group Code: 218	Company Type:
Chicago, IL 60604	Group Name: CNA Insurance	Property/Casualty
(312) 822-5146 ext. [Phone]	Group	State ID Number:
	FEIN Number: 36-2114545	

Filing Fees

Fee Required?	No
Retaliatory?	No
Fee Explanation:	

State: *Pennsylvania* **Filing Company:** *Continental Casualty Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.003 Other*
Product Name: *Long-Term Care*
Project Name/Number: *2015 Rate Increase/0091CNA45-11.01*

Rate Information

Rate data applies to filing.

Filing Method: Review and Approval
Rate Change Type: Increase
Overall Percentage of Last Rate Revision: 25.000%
Effective Date of Last Rate Revision: 05/01/2015
Filing Method of Last Filing: Review and Approval

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):
Continental Casualty Company	%	29.500%	$4,314,232	6,133	$14,624,516	29.500%	29.500%

State: *Pennsylvania* **Filing Company:** *Continental Casualty Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.003 Other*
Product Name: *Long-Term Care*
Project Name/Number: *2015 Rate Increase/0091CNA45-11.01*

Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1		Rate Tables	P1-N0080-A37, P1-N0081-A37, P1-N0085-A37, P1-N0086-A37, P1-N0095-A37, P1-N0096-A37, P1-N0100-A37, P1-N0101-A37, P1-N0075-A37, P1-N0076-A37, P1-N0090-A37, P1-N0091-A37	Revised	Previous State Filing Number: MILL-129666536 Percent Rate Change Request: 29.5	RS_PS_PA_A37_29.5%_20150923.pdf,
2		Rate Tables	P1-N0080-A87, P1-N0081-A87, P1-N0085-A87, P1-N0086-A87, P1-N0095-A87, P1-N0096-A87, P1-N0100-A87, P1-N0101-A87, P1-N0075-A87, P1-N0076-A87, P1-N0090-A87, P1-N0091-A87	Revised	Previous State Filing Number: MILL-129666536 Percent Rate Change Request: 29.5	RS_PS_PA_A87_29.5%_20150923.pdf,
3		Rate Tables	P1-N0080-B37, P1-N0081-B37, P1-N0085-B37, P1-N0086-B37, P1-N0095-B37, P1-N0096-B37, P1-N0100-B37, P1-N0101-B37, P1-N0075-B37, P1-N0076-B37, P1-N0090-B37, P1-N0091-B37	Revised	Previous State Filing Number: MILL-129666536 Percent Rate Change Request: 29.5	RS_PS_PA_B37_29.5%_20150923.pdf,
4		Rate Tables	P1-N0080-B87, P1-N0081-A87, P1-N0085-A87, P1-N0086-A87, P1-N0095-A87, P1-N0096-A87, P1-N0100-A87, P1-N0101-A87, P1-N0075-A87, P1-N0076-A87, P1-N0090-A87, P1-N0091-A87	Revised	Previous State Filing Number: MILL-129666536 Percent Rate Change Request: 29.5	RS_PS_PA_B87_29.5%_20150923.pdf,

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604

Supplement to Rate Sheets for Policy Form P1-N0075-A37
PENNSYLVANIA

All rates for this form should be multiplied by a factor of: 1.9425

This factor represents the **proposed** increase of: 29.5%

And the following prior approved rate increases:

Policy Form	Increase Applies to all Policies or Subsets	Rate Increase Approved	Approval Date of Rate Increase
P1-N0075-A37	--Yes--	20.00%	3/14/2013
P1-N0075-A37	--Yes--	25.00%	12/3/2014

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0075-A37
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	17.34	19.38	22.44	23.46	24.48
45-49	19.38	21.42	24.48	25.50	27.54
50-54	23.46	26.52	29.58	31.62	35.70
55	26.52	30.60	34.68	37.74	44.88
56	28.56	32.64	37.74	40.80	48.96
57	30.60	35.70	40.80	43.86	54.06
58	33.66	38.76	44.88	47.94	59.16
59	36.72	42.84	48.96	52.02	65.28
60	40.80	47.94	54.06	57.12	71.40
61	43.86	52.02	59.16	62.22	77.52
62	47.94	57.12	64.26	68.34	84.66
63	51.00	61.20	69.36	73.44	90.78
64	54.06	65.28	74.46	79.56	96.90
65	58.14	69.36	79.56	85.68	104.04
66	62.22	75.48	85.68	92.82	112.20
67	67.32	81.60	93.84	100.98	122.40
68	73.44	89.76	103.02	111.18	134.64
69	80.58	97.92	113.22	121.38	146.88
70	87.72	107.10	124.44	133.62	162.18
71	96.90	118.32	136.68	147.90	179.52
72	107.10	131.58	151.98	164.22	198.90
73	119.34	146.88	169.32	182.58	221.34
74	132.60	163.20	188.70	204.00	246.84
75	147.90	181.56	209.10	226.44	274.38
76	164.22	201.96	232.56	250.92	303.96
77	181.56	223.38	257.04	277.44	336.60
78	199.92	246.84	283.56	306.00	371.28
79	220.32	271.32	312.12	336.60	409.02
80	240.72				
81	263.16				
82	286.62				
83	311.10				
84	337.62				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0075-A37
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	32.64	39.78	45.90	49.98	60.18
45-49	35.70	43.86	51.00	55.08	67.32
50-54	43.86	54.06	63.24	68.34	85.68
55	53.04	64.26	74.46	79.56	102.00
56	56.10	68.34	78.54	84.66	109.14
57	60.18	73.44	83.64	89.76	116.28
58	64.26	78.54	89.76	95.88	124.44
59	68.34	83.64	95.88	103.02	132.60
60	72.42	89.76	103.02	111.18	141.78
61	77.52	95.88	110.16	119.34	150.96
62	82.62	102.00	118.32	128.52	162.18
63	87.72	109.14	126.48	136.68	173.40
64	93.84	115.26	134.64	145.86	185.64
65	99.96	123.42	142.80	155.04	198.90
66	107.10	131.58	153.00	165.24	213.18
67	115.26	141.78	164.22	177.48	229.50
68	124.44	153.00	177.48	191.76	247.86
69	133.62	165.24	190.74	207.06	267.24
70	144.84	179.52	207.06	224.40	287.64
71	157.08	194.82	224.40	243.78	312.12
72	170.34	212.16	244.80	266.22	339.66
73	185.64	231.54	268.26	291.72	370.26
74	202.98	253.98	293.76	320.28	404.94
75	221.34	277.44	322.32	350.88	441.66
76	240.72	302.94	352.92	384.54	482.46
77	261.12	330.48	385.56	421.26	525.30
78	282.54	360.06	421.26	460.02	571.20
79	304.98	391.68	459.00	501.84	621.18
80	329.46				
81	353.94				
82	380.46				
83	408.00				
84	436.56				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0075-A37
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	23.46	28.56	32.64	35.70	42.84
45-49	25.50	31.62	36.72	39.78	47.94
50-54	35.70	42.84	49.98	54.06	65.28
55	40.80	49.98	57.12	61.20	78.54
56	42.84	53.04	60.18	65.28	83.64
57	45.90	57.12	64.26	69.36	89.76
58	49.98	62.22	69.36	75.48	96.90
59	54.06	67.32	75.48	81.60	106.08
60	59.16	73.44	82.62	89.76	115.26
61	64.26	79.56	90.78	97.92	125.46
62	69.36	85.68	97.92	106.08	135.66
63	74.46	91.80	105.06	114.24	145.86
64	79.56	97.92	112.20	122.40	157.08
65	84.66	105.06	120.36	130.56	168.30
66	91.80	113.22	129.54	140.76	182.58
67	98.94	122.40	140.76	153.00	197.88
68	107.10	133.62	154.02	167.28	215.22
69	117.30	145.86	168.30	182.58	234.60
70	127.50	159.12	183.60	199.92	257.04
71	139.74	174.42	201.96	219.30	280.50
72	153.00	191.76	222.36	241.74	308.04
73	168.30	211.14	244.80	267.24	338.64
74	185.64	232.56	270.30	294.78	372.30
75	204.00	256.02	297.84	324.36	408.00
76	223.38	281.52	327.42	357.00	447.78
77	243.78	308.04	359.04	391.68	489.60
78	265.20	336.60	392.70	429.42	534.48
79	287.64	367.20	429.42	469.20	582.42
80	312.12				
81	336.60				
82	363.12				
83	390.66				
84	419.22				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0075-A37
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	20.40	22.44	26.52	27.54	28.56
45-49	22.44	25.50	28.56	29.58	32.64
50-54	27.54	31.62	34.68	36.72	41.82
55	31.62	35.70	40.80	44.88	53.04
56	33.66	38.76	44.88	47.94	57.12
57	35.70	41.82	47.94	52.02	63.24
58	39.78	45.90	53.04	56.10	69.36
59	42.84	49.98	57.12	61.20	76.50
60	47.94	56.10	63.24	67.32	83.64
61	52.02	61.20	69.36	73.44	90.78
62	56.10	67.32	75.48	80.58	99.96
63	60.18	72.42	81.60	86.70	107.10
64	63.24	76.50	87.72	93.84	114.24
65	68.34	81.60	93.84	100.98	122.40
66	73.44	88.74	100.98	109.14	131.58
67	79.56	95.88	110.16	118.32	143.82
68	86.70	106.08	121.38	130.56	158.10
69	94.86	115.26	133.62	142.80	172.38
70	103.02	126.48	146.88	157.08	190.74
71	114.24	138.72	161.16	174.42	211.14
72	126.48	155.04	178.50	192.78	233.58
73	140.76	172.38	198.90	215.22	260.10
74	156.06	191.76	222.36	239.70	290.70
75	174.42	213.18	245.82	266.22	322.32
76	192.78	237.66	273.36	294.78	358.02
77	213.18	263.16	301.92	326.40	395.76
78	235.62	290.70	333.54	360.06	436.56
79	259.08	319.26	367.20	395.76	481.44
80	283.56				
81	310.08				
82	337.62				
83	366.18				
84	396.78				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0075-A37
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	38.76	46.92	54.06	59.16	70.38
45-49	41.82	52.02	60.18	65.28	79.56
50-54	52.02	63.24	74.46	80.58	100.98
55	62.22	75.48	87.72	93.84	120.36
56	66.30	80.58	92.82	99.96	128.52
57	70.38	86.70	97.92	106.08	136.68
58	75.48	92.82	106.08	113.22	146.88
59	80.58	97.92	113.22	121.38	156.06
60	85.68	106.08	121.38	130.56	167.28
61	90.78	113.22	129.54	140.76	177.48
62	96.90	120.36	138.72	150.96	190.74
63	103.02	128.52	148.92	161.16	204.00
64	110.16	135.66	158.10	171.36	218.28
65	117.30	144.84	168.30	182.58	233.58
66	126.48	155.04	179.52	194.82	250.92
67	135.66	167.28	192.78	209.10	270.30
68	146.88	179.52	209.10	225.42	291.72
69	157.08	194.82	224.40	243.78	314.16
70	170.34	211.14	243.78	264.18	338.64
71	184.62	229.50	264.18	286.62	367.20
72	199.92	249.90	287.64	313.14	399.84
73	218.28	272.34	315.18	342.72	435.54
74	238.68	298.86	345.78	376.38	476.34
75	260.10	326.40	379.44	413.10	519.18
76	283.56	355.98	415.14	452.88	567.12
77	307.02	388.62	453.90	495.72	618.12
78	332.52	423.30	495.72	541.62	672.18
79	359.04	461.04	539.58	590.58	730.32
80	387.60				
81	416.16				
82	447.78				
83	480.42				
84	514.08				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0075-A37
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	27.54	33.66	38.76	41.82	49.98
45-49	29.58	36.72	42.84	46.92	56.10
50-54	41.82	49.98	59.16	63.24	76.50
55	47.94	59.16	67.32	72.42	92.82
56	49.98	62.22	70.38	76.50	97.92
57	54.06	67.32	75.48	81.60	106.08
58	59.16	73.44	81.60	88.74	114.24
59	63.24	79.56	88.74	95.88	124.44
60	69.36	86.70	96.90	106.08	135.66
61	75.48	93.84	107.10	115.26	147.90
62	81.60	100.98	115.26	124.44	159.12
63	87.72	108.12	123.42	134.64	171.36
64	93.84	115.26	131.58	143.82	184.62
65	99.96	123.42	141.78	154.02	197.88
66	108.12	133.62	151.98	165.24	215.22
67	116.28	143.82	165.24	179.52	232.56
68	126.48	157.08	181.56	196.86	252.96
69	137.70	171.36	197.88	215.22	276.42
70	149.94	187.68	216.24	235.62	301.92
71	164.22	205.02	237.66	258.06	330.48
72	179.52	225.42	261.12	284.58	362.10
73	197.88	248.88	287.64	314.16	398.82
74	218.28	273.36	318.24	346.80	437.58
75	239.70	300.90	350.88	381.48	480.42
76	263.16	331.50	385.56	420.24	526.32
77	286.62	362.10	422.28	461.04	576.30
78	312.12	395.76	462.06	504.90	628.32
79	338.64	432.48	504.90	551.82	685.44
80	367.20				
81	395.76				
82	427.38				
83	460.02				
84	493.68				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0075-A37
Long-Term Care Policy: Facility Only Coverage

WITH SURVIVORSHIP BENEFIT RIDER R1-N0103-SERIES

When this rider is chosen, multiply the final premium by the appropriate factor.

ISSUE AGE	NO INFLATION PROTECTION	SIMPLE INFLATION PROTECTION	COMPOUND INFLATION PROTECTION
18-44	1.11	1.17	1.17
45-49	1.14	1.21	1.21
50-54	1.18	1.28	1.28
55	1.20	1.30	1.30
56	1.20	1.30	1.30
57	1.21	1.30	1.30
58	1.21	1.30	1.30
59	1.21	1.30	1.30
60	1.21	1.30	1.30
61	1.21	1.30	1.30
62	1.21	1.29	1.29
63	1.21	1.29	1.29
64	1.21	1.28	1.28
65	1.20	1.27	1.27
66	1.20	1.26	1.26
67	1.20	1.26	1.26
68	1.19	1.25	1.25
69	1.19	1.24	1.24
70	1.18	1.23	1.23
71	1.18	1.22	1.22
72	1.17	1.20	1.20
73	1.16	1.19	1.19
74	1.16	1.18	1.18
75	1.15	1.17	1.17
76	1.14	1.16	1.16
77	1.13	1.15	1.15
78	1.12	1.14	1.14
79	1.11	1.13	1.13
80	1.10	1.12	1.12
81	1.09	1.11	1.11
82	1.08	1.10	1.10
83	1.07	1.09	1.09
84	1.06	1.08	1.08

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0075-A37
Long-Term Care Policy: Facility Only Coverage

Elimination Period Factors

Rates shown are for 30 day elimination period. Rates for other elimination periods are calculated by multiplying the 30 day rates by the appropriate factor from the following table:

Benefit Maximum	0	14	20	60	90	100	180	365
730x,1095x	1.12	1.07	1.03	0.94	0.90	0.89	0.78	0.67
1460x,1825x	1.10	1.05	1.03	0.95	0.90	0.89	0.79	0.69
Lifetime	1.08	1.04	1.03	0.96	0.92	0.91	0.84	0.75

Spousal Discount

A 20% discount to the rates is available to married couples if both spouses apply for coverage.

Dual Waiver of Premium Rider R1-N0104-Series

An optional dual waiver of premium rider will be offered. If one spouse qualifies for a waiver of premium, the premium of the other spouse will also be waived. If chosen, multiply the final premium by 1.06.

Shared Advantage Rider R1-N0105-Series

This rider will allow two covered spouses to purchase an additional benefit amount that can be used by either spouse after their base benefits are exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	No Inflation Protection	With Inflation Protection
730x	1.30	1.35
1095x	1.21	1.25
1460x	1.15	1.18
1825x	1.12	1.14

Restoration of Benefits Rider R1-N0108-Series

This rider restores the maximum lifetime benefit if the insured has not met the stipulated conditions for a period of 180 consecutive days and the maximum lifetime benefit has not been exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	Factor
730x	1.08
1095x	1.06
1460x,1825x	1.04

Cost of Living Increase Rider R1-N0107-Series

This rider allows the insured to increase their policy limits, subject to the terms of the rider, every three years without additional underwriting. The additional premium charged is based on the attained age and incremental increase in the maximum daily facility benefit when exercised. If chosen, multiply the final premium by the appropriate factor:

Age	Factor
18-44	1.15
45-49	1.12
50-55	1.10
56-58	1.09
59-61	1.08
62-64	1.07
65-67	1.06
68-70	1.05
71-73	1.04
74-76	1.03

Modal Factors

Semi-Annual: 0.52; Quarterly: 0.27; Check-A-Matic: 0.09

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604

Supplement to Rate Sheets for Policy Form P1-N0076-A37
PENNSYLVANIA

All rates for this form should be multiplied by a factor of: 1.9425

This factor represents the **proposed** increase of: 29.5%

And the following prior approved rate increases:

Policy Form	Increase Applies to all Policies or Subsets	Rate Increase Approved	Approval Date of Rate Increase
P1-N0076-A37	--Yes--	20.00%	3/14/2013
P1-N0076-A37	--Yes--	25.00%	12/3/2014

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0076-A37
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	21.68	24.23	28.05	29.33	30.60
45-49	24.23	26.78	30.60	31.88	34.43
50-54	29.33	33.15	36.98	39.53	44.63
55	33.15	38.25	43.35	47.18	56.10
56	35.70	40.80	47.18	51.00	61.20
57	38.25	44.63	51.00	54.83	67.58
58	42.08	48.45	56.10	59.93	73.95
59	45.90	53.55	61.20	65.03	81.60
60	51.00	59.93	67.58	71.40	89.25
61	54.83	65.03	73.95	77.78	96.90
62	59.93	71.40	80.33	85.43	105.83
63	63.75	76.50	86.70	91.80	113.48
64	67.58	81.60	93.08	99.45	121.13
65	72.68	86.70	99.45	107.10	130.05
66	77.78	94.35	107.10	116.03	140.25
67	84.15	102.00	117.30	126.23	153.00
68	91.80	112.20	128.78	138.98	168.30
69	100.73	122.40	141.53	151.73	183.60
70	109.65	133.88	155.55	167.03	202.73
71	121.13	147.90	170.85	184.88	224.40
72	133.88	164.48	189.98	205.28	248.63
73	149.18	183.60	211.65	228.23	276.68
74	165.75	204.00	235.88	255.00	308.55
75	184.88	226.95	261.38	283.05	342.98
76	205.28	252.45	290.70	313.65	379.95
77	226.95	279.23	321.30	346.80	420.75
78	249.90	308.55	354.45	382.50	464.10
79	275.40	339.15	390.15	420.75	511.28
80	300.90				
81	328.95				
82	358.28				
83	388.88				
84	422.03				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0076-A37
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	40.80	49.73	57.38	62.48	75.23
45-49	44.63	54.83	63.75	68.85	84.15
50-54	54.83	67.58	79.05	85.43	107.10
55	66.30	80.33	93.08	99.45	127.50
56	70.13	85.43	98.18	105.83	136.43
57	75.23	91.80	104.55	112.20	145.35
58	80.33	98.18	112.20	119.85	155.55
59	85.43	104.55	119.85	128.78	165.75
60	90.53	112.20	128.78	138.98	177.23
61	96.90	119.85	137.70	149.18	188.70
62	103.28	127.50	147.90	160.65	202.73
63	109.65	136.43	158.10	170.85	216.75
64	117.30	144.08	168.30	182.33	232.05
65	124.95	154.28	178.50	193.80	248.63
66	133.88	164.48	191.25	206.55	266.48
67	144.08	177.23	205.28	221.85	286.88
68	155.55	191.25	221.85	239.70	309.83
69	167.03	206.55	238.43	258.83	334.05
70	181.05	224.40	258.83	280.50	359.55
71	196.35	243.53	280.50	304.73	390.15
72	212.93	265.20	306.00	332.78	424.58
73	232.05	289.43	335.33	364.65	462.83
74	253.73	317.48	367.20	400.35	506.18
75	276.68	346.80	402.90	438.60	552.08
76	300.90	378.68	441.15	480.68	603.08
77	326.40	413.10	481.95	526.58	656.63
78	353.18	450.08	526.58	575.03	714.00
79	381.23	489.60	573.75	627.30	776.48
80	411.83				
81	442.43				
82	475.58				
83	510.00				
84	545.70				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0076-A37
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	29.33	35.70	40.80	44.63	53.55
45-49	31.88	39.53	45.90	49.73	59.93
50-54	44.63	53.55	62.48	67.58	81.60
55	51.00	62.48	71.40	76.50	98.18
56	53.55	66.30	75.23	81.60	104.55
57	57.38	71.40	80.33	86.70	112.20
58	62.48	77.78	86.70	94.35	121.13
59	67.58	84.15	94.35	102.00	132.60
60	73.95	91.80	103.28	112.20	144.08
61	80.33	99.45	113.48	122.40	156.83
62	86.70	107.10	122.40	132.60	169.58
63	93.08	114.75	131.33	142.80	182.33
64	99.45	122.40	140.25	153.00	196.35
65	105.83	131.33	150.45	163.20	210.38
66	114.75	141.53	161.93	175.95	228.23
67	123.68	153.00	175.95	191.25	247.35
68	133.88	167.03	192.53	209.10	269.03
69	146.63	182.33	210.38	228.23	293.25
70	159.38	198.90	229.50	249.90	321.30
71	174.68	218.03	252.45	274.13	350.63
72	191.25	239.70	277.95	302.18	385.05
73	210.38	263.93	306.00	334.05	423.30
74	232.05	290.70	337.88	368.48	465.38
75	255.00	320.03	372.30	405.45	510.00
76	279.23	351.90	409.28	446.25	559.73
77	304.73	385.05	448.80	489.60	612.00
78	331.50	420.75	490.88	536.78	668.10
79	359.55	459.00	536.78	586.50	728.03
80	390.15				
81	420.75				
82	453.90				
83	488.33				
84	524.03				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0076-A37
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	25.50	28.05	33.15	34.43	35.70
45-49	28.05	31.88	35.70	36.98	40.80
50-54	34.43	39.53	43.35	45.90	52.28
55	39.53	44.63	51.00	56.10	66.30
56	42.08	48.45	56.10	59.93	71.40
57	44.63	52.28	59.93	65.03	79.05
58	49.73	57.38	66.30	70.13	86.70
59	53.55	62.48	71.40	76.50	95.63
60	59.93	70.13	79.05	84.15	104.55
61	65.03	76.50	86.70	91.80	113.48
62	70.13	84.15	94.35	100.73	124.95
63	75.23	90.53	102.00	108.38	133.88
64	79.05	95.63	109.65	117.30	142.80
65	85.43	102.00	117.30	126.23	153.00
66	91.80	110.93	126.23	136.43	164.48
67	99.45	119.85	137.70	147.90	179.78
68	108.38	132.60	151.73	163.20	197.63
69	118.58	144.08	167.03	178.50	215.48
70	128.78	158.10	183.60	196.35	238.43
71	142.80	173.40	201.45	218.03	263.93
72	158.10	193.80	223.13	240.98	291.98
73	175.95	215.48	248.63	269.03	325.13
74	195.08	239.70	277.95	299.63	363.38
75	218.03	266.48	307.28	332.78	402.90
76	240.98	297.08	341.70	368.48	447.53
77	266.48	328.95	377.40	408.00	494.70
78	294.53	363.38	416.93	450.08	545.70
79	323.85	399.08	459.00	494.70	601.80
80	354.45				
81	387.60				
82	422.03				
83	457.73				
84	495.98				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0076-A37
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	48.45	58.65	67.58	73.95	87.98
45-49	52.28	65.03	75.23	81.60	99.45
50-54	65.03	79.05	93.08	100.73	126.23
55	77.78	94.35	109.65	117.30	150.45
56	82.88	100.73	116.03	124.95	160.65
57	87.98	108.38	122.40	132.60	170.85
58	94.35	116.03	132.60	141.53	183.60
59	100.73	122.40	141.53	151.73	195.08
60	107.10	132.60	151.73	163.20	209.10
61	113.48	141.53	161.93	175.95	221.85
62	121.13	150.45	173.40	188.70	238.43
63	128.78	160.65	186.15	201.45	255.00
64	137.70	169.58	197.63	214.20	272.85
65	146.63	181.05	210.38	228.23	291.98
66	158.10	193.80	224.40	243.53	313.65
67	169.58	209.10	240.98	261.38	337.88
68	183.60	224.40	261.38	281.78	364.65
69	196.35	243.53	280.50	304.73	392.70
70	212.93	263.93	304.73	330.23	423.30
71	230.78	286.88	330.23	358.28	459.00
72	249.90	312.38	359.55	391.43	499.80
73	272.85	340.43	393.98	428.40	544.43
74	298.35	373.58	432.23	470.48	595.43
75	325.13	408.00	474.30	516.38	648.98
76	354.45	444.98	518.93	566.10	708.90
77	383.78	485.78	567.38	619.65	772.65
78	415.65	529.13	619.65	677.03	840.23
79	448.80	576.30	674.48	738.23	912.90
80	484.50				
81	520.20				
82	559.73				
83	600.53				
84	642.60				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0076-A37
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	34.43	42.08	48.45	52.28	62.48
45-49	36.98	45.90	53.55	58.65	70.13
50-54	52.28	62.48	73.95	79.05	95.63
55	59.93	73.95	84.15	90.53	116.03
56	62.48	77.78	87.98	95.63	122.40
57	67.58	84.15	94.35	102.00	132.60
58	73.95	91.80	102.00	110.93	142.80
59	79.05	99.45	110.93	119.85	155.55
60	86.70	108.38	121.13	132.60	169.58
61	94.35	117.30	133.88	144.08	184.88
62	102.00	126.23	144.08	155.55	198.90
63	109.65	135.15	154.28	168.30	214.20
64	117.30	144.08	164.48	179.78	230.78
65	124.95	154.28	177.23	192.53	247.35
66	135.15	167.03	189.98	206.55	269.03
67	145.35	179.78	206.55	224.40	290.70
68	158.10	196.35	226.95	246.08	316.20
69	172.13	214.20	247.35	269.03	345.53
70	187.43	234.60	270.30	294.53	377.40
71	205.28	256.28	297.08	322.58	413.10
72	224.40	281.78	326.40	355.73	452.63
73	247.35	311.10	359.55	392.70	498.53
74	272.85	341.70	397.80	433.50	546.98
75	299.63	376.13	438.60	476.85	600.53
76	328.95	414.38	481.95	525.30	657.90
77	358.28	452.63	527.85	576.30	720.38
78	390.15	494.70	577.58	631.13	785.40
79	423.30	540.60	631.13	689.78	856.80
80	459.00				
81	494.70				
82	534.23				
83	575.03				
84	617.10				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0076-A37
Long-Term Care Policy: Facility Only Coverage

WITH SURVIVORSHIP BENEFIT RIDER R1-N0103-SERIES

When this rider is chosen, multiply the final premium by the appropriate factor.

ISSUE AGE	NO INFLATION PROTECTION	SIMPLE INFLATION PROTECTION	COMPOUND INFLATION PROTECTION
18-44	1.11	1.17	1.17
45-49	1.14	1.21	1.21
50-54	1.18	1.28	1.28
55	1.20	1.30	1.30
56	1.20	1.30	1.30
57	1.21	1.30	1.30
58	1.21	1.30	1.30
59	1.21	1.30	1.30
60	1.21	1.30	1.30
61	1.21	1.30	1.30
62	1.21	1.29	1.29
63	1.21	1.29	1.29
64	1.21	1.28	1.28
65	1.20	1.27	1.27
66	1.20	1.26	1.26
67	1.20	1.26	1.26
68	1.19	1.25	1.25
69	1.19	1.24	1.24
70	1.18	1.23	1.23
71	1.18	1.22	1.22
72	1.17	1.20	1.20
73	1.16	1.19	1.19
74	1.16	1.18	1.18
75	1.15	1.17	1.17
76	1.14	1.16	1.16
77	1.13	1.15	1.15
78	1.12	1.14	1.14
79	1.11	1.13	1.13
80	1.10	1.12	1.12
81	1.09	1.11	1.11
82	1.08	1.10	1.10
83	1.07	1.09	1.09
84	1.06	1.08	1.08

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0076-A37
Long-Term Care Policy: Facility Only Coverage

Elimination Period Factors

Rates shown are for 30 day elimination period. Rates for other elimination periods are calculated by multiplying the 30 day rates by the appropriate factor from the following table:

Benefit Maximum	0	14	20	60	90	100	180	365
730x,1095x	1.12	1.07	1.03	0.94	0.90	0.89	0.78	0.67
1460x,1825x	1.10	1.05	1.03	0.95	0.90	0.89	0.79	0.69
Lifetime	1.08	1.04	1.03	0.96	0.92	0.91	0.84	0.75

Spousal Discount

A 20% discount to the rates is available to married couples if both spouses apply for coverage.

Dual Waiver of Premium Rider R1-N0104-Series

An optional dual waiver of premium rider will be offered. If one spouse qualifies for a waiver of premium, the premium of the other spouse will also be waived. If chosen, multiply the final premium by 1.06.

Shared Advantage Rider R1-N0105-Series

This rider will allow two covered spouses to purchase an additional benefit amount that can be used by either spouse after their base benefits are exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	No Inflation Protection	With Inflation Protection
730x	1.30	1.35
1095x	1.21	1.25
1460x	1.15	1.18
1825x	1.12	1.14

Restoration of Benefits Rider R1-N0108-Series

This rider restores the maximum lifetime benefit if the insured has not met the stipulated conditions for a period of 180 consecutive days and the maximum lifetime benefit has not been exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	Factor
730x	1.08
1095x	1.06
1460x,1825x	1.04

Cost of Living Increase Rider R1-N0107-Series

This rider allows the insured to increase their policy limits, subject to the terms of the rider, every three years without additional underwriting. The additional premium charged is based on the attained age and incremental increase in the maximum daily facility benefit when exercised. If chosen, multiply the final premium by the appropriate factor:

Age	Factor
18-44	1.15
45-49	1.12
50-55	1.10
56-58	1.09
59-61	1.08
62-64	1.07
65-67	1.06
68-70	1.05
71-73	1.04
74-76	1.03

Modal Factors

Semi-Annual: 0.52; Quarterly: 0.27; Check-A-Matic: 0.09

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604

Supplement to Rate Sheets for Policy Form P1-N0080-A37
PENNSYLVANIA

All rates for this form should be multiplied by a factor of: 1.9425

This factor represents the **proposed** increase of: 29.5%

And the following prior approved rate increases:

Policy Form	Increase Applies to all Policies or Subsets	Rate Increase Approved	Approval Date of Rate Increase
P1-N0080-A37	--Yes--	20.00%	3/14/2013
P1-N0080-A37	--Yes--	25.00%	12/3/2014

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0080-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	19.95	24.15	26.25	28.35	36.75
45-49	22.05	27.30	29.40	31.50	40.95
50-54	27.30	32.55	36.75	38.85	50.40
55	31.50	37.80	42.00	45.15	59.85
56	33.60	39.90	45.15	48.30	63.00
57	35.70	43.05	48.30	51.45	68.25
58	38.85	46.20	52.50	55.65	73.50
59	42.00	50.40	56.70	60.90	79.80
60	45.15	54.60	61.95	66.15	87.15
61	49.35	58.80	67.20	72.45	94.50
62	53.55	64.05	73.50	78.75	102.90
63	57.75	69.30	78.75	85.05	111.30
64	60.90	73.50	85.05	91.35	118.65
65	65.10	78.75	91.35	97.65	127.05
66	69.30	85.05	98.70	106.05	137.55
67	75.60	92.40	107.10	115.50	150.15
68	82.95	100.80	116.55	127.05	164.85
69	90.30	110.25	128.10	138.60	180.60
70	98.70	120.75	139.65	152.25	198.45
71	108.15	133.35	154.35	168.00	218.40
72	119.70	148.05	171.15	186.90	242.55
73	132.30	164.85	191.10	207.90	269.85
74	147.00	183.75	212.10	232.05	299.25
75	163.80	203.70	236.25	258.30	331.80
76	180.60	225.75	262.50	286.65	367.50
77	199.50	249.90	290.85	317.10	406.35
78	219.45	276.15	321.30	350.70	447.30
79	241.50	303.45	353.85	385.35	491.40
80	264.60				
81	288.75				
82	315.00				
83	342.30				
84	371.70				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0080-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	23.10	28.35	31.50	32.55	43.05
45-49	26.25	31.50	34.65	36.75	47.25
50-54	30.45	36.75	42.00	45.15	58.80
55	35.70	42.00	47.25	51.45	68.25
56	37.80	44.10	50.40	54.60	71.40
57	39.90	47.25	53.55	57.75	76.65
58	43.05	51.45	57.75	61.95	81.90
59	46.20	55.65	63.00	68.25	88.20
60	49.35	60.90	68.25	73.50	95.55
61	53.55	65.10	74.55	80.85	103.95
62	57.75	70.35	80.85	87.15	112.35
63	61.95	75.60	87.15	93.45	121.80
64	66.15	80.85	92.40	99.75	130.20
65	71.40	86.10	99.75	106.05	139.65
66	75.60	92.40	107.10	114.45	151.20
67	81.90	100.80	115.50	124.95	164.85
68	89.25	109.20	127.05	137.55	180.60
69	97.65	119.70	138.60	150.15	197.40
70	107.10	132.30	151.20	164.85	217.35
71	116.55	144.90	168.00	181.65	239.40
72	129.15	161.70	185.85	202.65	264.60
73	143.85	179.55	206.85	225.75	294.00
74	158.55	199.50	231.00	250.95	325.50
75	176.40	221.55	257.25	279.30	361.20
76	194.25	245.70	285.60	310.80	400.05
77	215.25	270.90	316.05	344.40	442.05
78	236.25	299.25	349.65	381.15	486.15
79	259.35	329.70	384.30	418.95	534.45
80	283.50				
81	309.75				
82	337.05				
83	365.40				
84	395.85				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0080-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	24.15	29.40	33.60	34.65	45.15
45-49	27.30	32.55	36.75	38.85	50.40
50-54	31.50	38.85	44.10	47.25	63.00
55	36.75	44.10	49.35	53.55	71.40
56	38.85	46.20	52.50	56.70	75.60
57	40.95	49.35	55.65	60.90	79.80
58	44.10	53.55	59.85	65.10	86.10
59	47.25	57.75	65.10	71.40	92.40
60	51.45	63.00	71.40	76.65	99.75
61	55.65	68.25	77.70	84.00	108.15
62	59.85	73.50	84.00	90.30	116.55
63	64.05	78.75	90.30	96.60	126.00
64	68.25	84.00	95.55	102.90	134.40
65	73.50	89.25	102.90	110.25	144.90
66	78.75	95.55	110.25	118.65	156.45
67	85.05	103.95	119.70	129.15	171.15
68	92.40	113.40	131.25	141.75	186.90
69	100.80	123.90	142.80	155.40	204.75
70	110.25	136.50	156.45	170.10	224.70
71	120.75	150.15	173.25	187.95	247.80
72	133.35	166.95	192.15	208.95	274.05
73	148.05	185.85	214.20	233.10	304.50
74	163.80	205.80	238.35	259.35	337.05
75	181.65	228.90	265.65	288.75	373.80
76	200.55	254.10	295.05	321.30	413.70
77	221.55	280.35	326.55	355.95	456.75
78	243.60	308.70	361.20	393.75	502.95
79	266.70	340.20	397.95	433.65	552.30
80	291.90				
81	318.15				
82	346.50				
83	375.90				
84	406.35				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0080-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	37.80	47.25	54.60	59.85	78.75
45-49	42.00	52.50	60.90	66.15	87.15
50-54	51.45	64.05	74.55	80.85	111.30
55	58.80	74.55	86.10	93.45	129.15
56	61.95	78.75	91.35	98.70	135.45
57	66.15	84.00	96.60	105.00	143.85
58	70.35	89.25	102.90	112.35	152.25
59	75.60	95.55	110.25	119.70	161.70
60	80.85	101.85	117.60	127.05	172.20
61	86.10	109.20	126.00	136.50	183.75
62	92.40	116.55	134.40	145.95	196.35
63	98.70	123.90	142.80	155.40	210.00
64	105.00	132.30	152.25	165.90	223.65
65	111.30	140.70	162.75	176.40	238.35
66	119.70	150.15	173.25	189.00	255.15
67	128.10	161.70	186.90	203.70	275.10
68	137.55	174.30	201.60	220.50	297.15
69	148.05	186.90	218.40	238.35	320.25
70	159.60	202.65	236.25	258.30	345.45
71	173.25	219.45	256.20	280.35	374.85
72	187.95	238.35	279.30	305.55	407.40
73	204.75	260.40	305.55	333.90	444.15
74	223.65	284.55	333.90	365.40	484.05
75	244.65	310.80	364.35	399.00	528.15
76	265.65	340.20	397.95	435.75	575.40
77	288.75	370.65	433.65	475.65	625.80
78	311.85	404.25	471.45	517.65	679.35
79	337.05	438.90	512.40	562.80	737.10
80	363.30				
81	389.55				
82	417.90				
83	447.30				
84	477.75				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0080-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	42.00	53.55	61.95	68.25	88.20
45-49	47.25	58.80	69.30	74.55	98.70
50-54	57.75	72.45	85.05	92.40	124.95
55	65.10	82.95	97.65	106.05	142.80
56	68.25	87.15	102.90	111.30	149.10
57	72.45	92.40	108.15	117.60	157.50
58	76.65	97.65	114.45	124.95	166.95
59	81.90	103.95	121.80	132.30	177.45
60	88.20	111.30	129.15	140.70	187.95
61	94.50	118.65	137.55	149.10	200.55
62	100.80	127.05	145.95	159.60	214.20
63	107.10	135.45	155.40	169.05	228.90
64	113.40	143.85	165.90	180.60	242.55
65	120.75	152.25	176.40	192.15	259.35
66	129.15	162.75	189.00	206.85	276.15
67	138.60	175.35	203.70	222.60	298.20
68	149.10	189.00	220.50	241.50	321.30
69	160.65	202.65	237.30	260.40	346.50
70	173.25	220.50	257.25	281.40	373.80
71	186.90	238.35	279.30	305.55	405.30
72	203.70	259.35	303.45	332.85	441.00
73	221.55	283.50	331.80	363.30	480.90
74	241.50	308.70	362.25	396.90	523.95
75	263.55	337.05	394.80	432.60	571.20
76	286.65	367.50	430.50	471.45	620.55
77	309.75	399.00	468.30	513.45	675.15
78	334.95	433.65	509.25	558.60	731.85
79	360.15	470.40	552.30	605.85	793.80
80	388.50				
81	415.80				
82	446.25				
83	476.70				
84	508.20				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0080-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	44.10	55.65	65.10	71.40	92.40
45-49	49.35	61.95	72.45	78.75	102.90
50-54	60.90	76.65	89.25	96.60	130.20
55	68.25	86.10	101.85	111.30	148.05
56	71.40	90.30	107.10	116.55	155.40
57	75.60	95.55	112.35	122.85	163.80
58	79.80	101.85	118.65	130.20	173.25
59	85.05	108.15	126.00	137.55	183.75
60	91.35	115.50	133.35	145.95	195.30
61	97.65	122.85	141.75	154.35	207.90
62	103.95	131.25	151.20	164.85	221.55
63	110.25	139.65	160.65	175.35	236.25
64	117.60	148.05	171.15	186.90	250.95
65	124.95	157.50	182.70	199.50	267.75
66	133.35	168.00	196.35	214.20	285.60
67	142.80	180.60	211.05	231.00	307.65
68	153.30	195.30	227.85	249.90	331.80
69	165.90	210.00	245.70	269.85	358.05
70	178.50	227.85	265.65	291.90	386.40
71	193.20	246.75	288.75	316.05	418.95
72	210.00	268.80	313.95	344.40	455.70
73	228.90	292.95	342.30	375.90	496.65
74	248.85	319.20	373.80	410.55	540.75
75	270.90	347.55	407.40	447.30	589.05
76	295.05	379.05	444.15	487.20	640.50
77	319.20	411.60	483.00	530.25	696.15
78	344.40	446.25	525.00	576.45	754.95
79	370.65	484.05	569.10	624.75	817.95
80	399.00				
81	427.35				
82	457.80				
83	489.30				
84	521.85				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0080-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	28.35	34.65	40.95	44.10	58.80
45-49	31.50	38.85	45.15	49.35	65.10
50-54	40.95	50.40	57.75	64.05	84.00
55	47.25	57.75	67.20	73.50	99.75
56	49.35	60.90	70.35	76.65	106.05
57	52.50	65.10	75.60	81.90	113.40
58	56.70	70.35	81.90	88.20	121.80
59	60.90	75.60	88.20	95.55	131.25
60	66.15	82.95	95.55	103.95	140.70
61	72.45	89.25	103.95	112.35	152.25
62	77.70	96.60	112.35	121.80	163.80
63	82.95	103.95	120.75	130.20	176.40
64	89.25	111.30	129.15	139.65	189.00
65	94.50	118.65	137.55	149.10	202.65
66	101.85	128.10	148.05	160.65	218.40
67	110.25	138.60	160.65	174.30	237.30
68	119.70	151.20	175.35	190.05	258.30
69	130.20	164.85	191.10	207.90	281.40
70	141.75	179.55	208.95	227.85	307.65
71	155.40	197.40	228.90	249.90	336.00
72	170.10	216.30	252.00	275.10	368.55
73	186.90	238.35	277.20	303.45	405.30
74	205.80	261.45	305.55	333.90	444.15
75	225.75	287.70	336.00	367.50	487.20
76	247.80	315.00	368.55	404.25	534.45
77	269.85	345.45	404.25	443.10	583.80
78	292.95	376.95	442.05	485.10	637.35
79	318.15	411.60	481.95	529.20	693.00
80	344.40				
81	371.70				
82	400.05				
83	429.45				
84	460.95				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0080-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	32.55	40.95	47.25	50.40	67.20
45-49	36.75	45.15	51.45	56.70	74.55
50-54	45.15	56.70	66.15	72.45	94.50
55	52.50	65.10	75.60	81.90	111.30
56	55.65	69.30	79.80	87.15	117.60
57	58.80	73.50	85.05	92.40	126.00
58	63.00	78.75	91.35	99.75	134.40
59	67.20	84.00	97.65	107.10	143.85
60	72.45	91.35	106.05	115.50	154.35
61	78.75	97.65	114.45	124.95	165.90
62	84.00	105.00	122.85	134.40	177.45
63	90.30	112.35	132.30	143.85	191.10
64	96.60	120.75	140.70	153.30	204.75
65	102.90	129.15	150.15	163.80	218.40
66	111.30	139.65	161.70	176.40	236.25
67	120.75	150.15	175.35	190.05	256.20
68	131.25	163.80	191.10	207.90	279.30
69	141.75	178.50	207.90	226.80	304.50
70	153.30	194.25	226.80	246.75	331.80
71	166.95	213.15	247.80	270.90	363.30
72	182.70	233.10	273.00	298.20	397.95
73	200.55	257.25	300.30	328.65	436.80
74	220.50	282.45	329.70	361.20	479.85
75	242.55	309.75	363.30	397.95	526.05
76	265.65	339.15	399.00	437.85	576.45
77	289.80	371.70	436.80	478.80	630.00
78	313.95	406.35	477.75	523.95	687.75
79	341.25	443.10	520.80	572.25	748.65
80	368.55				
81	397.95				
82	427.35				
83	457.80				
84	491.40				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0080-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	34.65	43.05	49.35	53.55	71.40
45-49	38.85	47.25	54.60	59.85	78.75
50-54	47.25	58.80	69.30	75.60	98.70
55	54.60	68.25	79.80	86.10	116.55
56	57.75	72.45	84.00	91.35	122.85
57	60.90	76.65	89.25	96.60	131.25
58	65.10	81.90	95.55	103.95	139.65
59	70.35	88.20	101.85	111.30	149.10
60	75.60	94.50	110.25	120.75	159.60
61	80.85	101.85	118.65	130.20	171.15
62	87.15	109.20	127.05	139.65	183.75
63	93.45	116.55	136.50	149.10	197.40
64	99.75	124.95	145.95	159.60	211.05
65	107.10	133.35	155.40	170.10	225.75
66	115.50	143.85	168.00	182.70	243.60
67	124.95	155.40	181.65	197.40	264.60
68	135.45	169.05	197.40	215.25	287.70
69	145.95	183.75	215.25	234.15	313.95
70	158.55	200.55	234.15	255.15	342.30
71	172.20	219.45	256.20	280.35	374.85
72	187.95	240.45	281.40	307.65	410.55
73	206.85	264.60	309.75	339.15	450.45
74	226.80	290.85	340.20	372.75	495.60
75	249.90	319.20	374.85	410.55	542.85
76	273.00	349.65	411.60	451.50	594.30
77	298.20	383.25	450.45	494.55	649.95
78	323.40	418.95	492.45	540.75	708.75
79	350.70	456.75	537.60	591.15	771.75
80	379.05				
81	408.45				
82	438.90				
83	470.40				
84	504.00				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0080-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	23.10	28.35	30.45	33.60	43.05
45-49	26.25	32.55	34.65	36.75	48.30
50-54	32.55	37.80	43.05	46.20	58.80
55	36.75	44.10	49.35	53.55	70.35
56	39.90	47.25	53.55	56.70	74.55
57	42.00	50.40	56.70	60.90	79.80
58	46.20	54.60	61.95	65.10	86.10
59	49.35	58.80	67.20	71.40	93.45
60	53.55	64.05	72.45	77.70	102.90
61	57.75	69.30	78.75	85.05	111.30
62	63.00	75.60	86.10	92.40	120.75
63	68.25	81.90	92.40	99.75	131.25
64	71.40	86.10	99.75	107.10	139.65
65	76.65	92.40	107.10	114.45	149.10
66	81.90	99.75	116.55	124.95	161.70
67	89.25	109.20	126.00	135.45	176.40
68	97.65	118.65	137.55	149.10	194.25
69	106.05	130.20	151.20	162.75	212.10
70	116.55	141.75	163.80	179.55	233.10
71	127.05	156.45	181.65	197.40	257.25
72	140.70	174.30	201.60	219.45	285.60
73	155.40	194.25	224.70	244.65	317.10
74	173.25	216.30	249.90	273.00	351.75
75	193.20	239.40	278.25	303.45	390.60
76	212.10	265.65	308.70	337.05	432.60
77	235.20	294.00	342.30	372.75	477.75
78	258.30	324.45	378.00	412.65	526.05
79	284.55	357.00	415.80	453.60	578.55
80	310.80				
81	340.20				
82	370.65				
83	403.20				
84	436.80				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0080-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	27.30	33.60	36.75	37.80	50.40
45-49	30.45	36.75	40.95	43.05	55.65
50-54	35.70	43.05	49.35	53.55	69.30
55	42.00	49.35	55.65	60.90	79.80
56	44.10	51.45	58.80	64.05	84.00
57	47.25	55.65	63.00	68.25	90.30
58	50.40	60.90	68.25	72.45	96.60
59	54.60	65.10	74.55	79.80	103.95
60	57.75	71.40	79.80	86.10	112.35
61	63.00	76.65	88.20	95.55	121.80
62	68.25	82.95	95.55	102.90	132.30
63	72.45	89.25	102.90	110.25	142.80
64	77.70	95.55	109.20	117.60	153.30
65	84.00	100.80	117.60	124.95	163.80
66	89.25	109.20	126.00	134.40	177.45
67	96.60	118.65	135.45	147.00	194.25
68	105.00	128.10	149.10	161.70	212.10
69	114.45	140.70	162.75	176.40	232.05
70	126.00	155.40	177.45	194.25	256.20
71	137.55	170.10	197.40	214.20	281.40
72	152.25	190.05	218.40	238.35	310.80
73	169.05	211.05	243.60	265.65	345.45
74	186.90	235.20	271.95	295.05	383.25
75	207.90	260.40	302.40	328.65	425.25
76	228.90	288.75	336.00	365.40	470.40
77	253.05	319.20	371.70	405.30	519.75
78	278.25	351.75	411.60	448.35	572.25
79	305.55	387.45	452.55	492.45	628.95
80	333.90				
81	364.35				
82	396.90				
83	429.45				
84	466.20				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0080-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	28.35	34.65	39.90	40.95	53.55
45-49	32.55	37.80	43.05	46.20	58.80
50-54	36.75	46.20	51.45	55.65	74.55
55	43.05	51.45	57.75	63.00	84.00
56	46.20	54.60	61.95	67.20	89.25
57	48.30	57.75	65.10	71.40	93.45
58	51.45	63.00	70.35	76.65	100.80
59	55.65	68.25	76.65	84.00	109.20
60	60.90	74.55	84.00	90.30	117.60
61	65.10	79.80	91.35	98.70	127.05
62	70.35	86.10	98.70	106.05	137.55
63	75.60	92.40	106.05	113.40	148.05
64	79.80	98.70	112.35	120.75	158.55
65	86.10	105.00	120.75	130.20	170.10
66	92.40	112.35	130.20	139.65	183.75
67	99.75	121.80	140.70	152.25	201.60
68	109.20	133.35	154.35	166.95	219.45
69	118.65	145.95	168.00	182.70	240.45
70	130.20	160.65	183.75	200.55	264.60
71	141.75	176.40	203.70	221.55	291.90
72	156.45	196.35	225.75	245.70	322.35
73	174.30	218.40	252.00	274.05	358.05
74	193.20	242.55	280.35	305.55	396.90
75	214.20	268.80	312.90	340.20	439.95
76	236.25	299.25	347.55	378.00	487.20
77	260.40	329.70	384.30	418.95	537.60
78	286.65	363.30	425.25	463.05	592.20
79	313.95	400.05	468.30	510.30	649.95
80	343.35				
81	373.80				
82	407.40				
83	442.05				
84	477.75				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0080-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	44.10	55.65	64.05	70.35	92.40
45-49	49.35	61.95	71.40	77.70	102.90
50-54	60.90	75.60	88.20	95.55	131.25
55	69.30	88.20	100.80	110.25	152.25
56	72.45	92.40	107.10	116.55	159.60
57	77.70	98.70	113.40	123.90	169.05
58	82.95	105.00	120.75	132.30	179.55
59	89.25	112.35	130.20	140.70	190.05
60	95.55	119.70	138.60	149.10	202.65
61	100.80	128.10	148.05	160.65	216.30
62	109.20	137.55	158.55	172.20	231.00
63	116.55	145.95	168.00	182.70	246.75
64	123.90	155.40	179.55	195.30	263.55
65	131.25	165.90	191.10	207.90	280.35
66	140.70	176.40	203.70	222.60	300.30
67	151.20	190.05	219.45	239.40	323.40
68	161.70	204.75	237.30	259.35	349.65
69	174.30	219.45	257.25	280.35	376.95
70	187.95	238.35	278.25	303.45	406.35
71	203.70	258.30	301.35	329.70	441.00
72	221.55	280.35	328.65	359.10	478.80
73	240.45	306.60	359.10	392.70	522.90
74	263.55	334.95	392.70	429.45	569.10
75	287.70	365.40	428.40	469.35	621.60
76	312.90	400.05	468.30	512.40	677.25
77	340.20	435.75	510.30	559.65	736.05
78	366.45	475.65	554.40	609.00	799.05
79	396.90	516.60	602.70	662.55	867.30
80	427.35				
81	457.80				
82	491.40				
83	526.05				
84	561.75				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0080-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	49.35	63.00	72.45	79.80	103.95
45-49	55.65	69.30	81.90	88.20	116.55
50-54	68.25	85.05	99.75	109.20	147.00
55	76.65	97.65	114.45	124.95	168.00
56	79.80	102.90	120.75	131.25	175.35
57	85.05	109.20	127.05	138.60	184.80
58	90.30	114.45	134.40	147.00	196.35
59	96.60	121.80	142.80	155.40	208.95
60	103.95	131.25	152.25	165.90	221.55
61	111.30	139.65	161.70	175.35	236.25
62	118.65	149.10	172.20	187.95	252.00
63	126.00	159.60	182.70	198.45	268.80
64	133.35	169.05	195.30	212.10	285.60
65	141.75	179.55	207.90	225.75	305.55
66	152.25	191.10	222.60	243.60	324.45
67	162.75	205.80	239.40	261.45	350.70
68	175.35	222.60	259.35	284.55	378.00
69	189.00	238.35	279.30	306.60	407.40
70	203.70	259.35	302.40	330.75	439.95
71	219.45	280.35	328.65	359.10	476.70
72	239.40	305.55	357.00	391.65	518.70
73	260.40	333.90	390.60	427.35	565.95
74	284.55	363.30	426.30	467.25	616.35
75	309.75	396.90	464.10	509.25	672.00
76	337.05	432.60	506.10	554.40	729.75
77	364.35	469.35	551.25	603.75	793.80
78	393.75	510.30	599.55	657.30	861.00
79	424.20	553.35	649.95	712.95	933.45
80	456.75				
81	489.30				
82	525.00				
83	560.70				
84	597.45				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0080-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	51.45	65.10	76.65	84.00	109.20
45-49	57.75	72.45	85.05	92.40	120.75
50-54	71.40	90.30	105.00	113.40	153.30
55	79.80	100.80	119.70	131.25	174.30
56	84.00	106.05	126.00	137.55	182.70
57	89.25	112.35	132.30	144.90	193.20
58	93.45	119.70	139.65	153.30	203.70
59	99.75	127.05	148.05	161.70	216.30
60	107.10	135.45	156.45	172.20	229.95
61	114.45	144.90	166.95	181.65	244.65
62	121.80	154.35	177.45	194.25	260.40
63	130.20	163.80	189.00	205.80	278.25
64	138.60	174.30	201.60	219.45	295.05
65	147.00	184.80	215.25	235.20	315.00
66	156.45	197.40	231.00	252.00	336.00
67	168.00	212.10	247.80	271.95	362.25
68	180.60	229.95	267.75	294.00	390.60
69	195.30	246.75	288.75	317.10	421.05
70	210.00	267.75	312.90	343.35	454.65
71	226.80	289.80	340.20	371.70	492.45
72	246.75	316.05	369.60	405.30	536.55
73	268.80	344.40	403.20	442.05	583.80
74	292.95	375.90	439.95	483.00	636.30
75	319.20	408.45	478.80	526.05	693.00
76	347.55	446.25	522.90	573.30	753.90
77	375.90	484.05	568.05	623.70	819.00
78	405.30	525.00	617.40	678.30	888.30
79	435.75	569.10	669.90	735.00	961.80
80	469.35				
81	502.95				
82	538.65				
83	575.40				
84	614.25				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0080-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	33.60	40.95	48.30	51.45	69.30
45-49	36.75	46.20	53.55	57.75	76.65
50-54	48.30	58.80	68.25	75.60	98.70
55	55.65	68.25	78.75	86.10	117.60
56	57.75	71.40	82.95	90.30	124.95
57	61.95	76.65	89.25	96.60	133.35
58	67.20	82.95	96.60	103.95	142.80
59	71.40	89.25	103.95	112.35	154.35
60	77.70	97.65	112.35	121.80	165.90
61	85.05	105.00	121.80	132.30	179.55
62	91.35	113.40	132.30	142.80	193.20
63	97.65	121.80	141.75	153.30	207.90
64	105.00	131.25	152.25	163.80	222.60
65	111.30	139.65	161.70	175.35	238.35
66	119.70	151.20	174.30	189.00	257.25
67	130.20	162.75	189.00	204.75	279.30
68	140.70	177.45	205.80	223.65	303.45
69	153.30	194.25	224.70	244.65	330.75
70	166.95	211.05	245.70	267.75	362.25
71	182.70	232.05	268.80	294.00	394.80
72	200.55	254.10	296.10	323.40	433.65
73	219.45	280.35	326.55	357.00	476.70
74	242.55	307.65	359.10	392.70	522.90
75	265.65	338.10	394.80	432.60	573.30
76	291.90	370.65	433.65	475.65	628.95
77	317.10	406.35	475.65	520.80	686.70
78	344.40	443.10	519.75	571.20	749.70
79	373.80	484.05	567.00	622.65	814.80
80	405.30				
81	436.80				
82	470.40				
83	505.05				
84	541.80				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0080-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	37.80	48.30	55.65	58.80	78.75
45-49	43.05	53.55	60.90	67.20	88.20
50-54	53.55	67.20	77.70	85.05	111.30
55	61.95	76.65	89.25	96.60	131.25
56	65.10	81.90	93.45	102.90	138.60
57	69.30	86.10	99.75	109.20	148.05
58	74.55	92.40	107.10	117.60	158.55
59	78.75	98.70	114.45	126.00	169.05
60	85.05	107.10	124.95	135.45	181.65
61	92.40	114.45	134.40	147.00	195.30
62	98.70	123.90	144.90	158.55	208.95
63	106.05	132.30	155.40	169.05	224.70
64	113.40	141.75	165.90	180.60	240.45
65	120.75	152.25	176.40	193.20	257.25
66	131.25	163.80	190.05	207.90	278.25
67	141.75	176.40	205.80	223.65	301.35
68	154.35	193.20	224.70	244.65	328.65
69	166.95	210.00	244.65	266.70	358.05
70	180.60	228.90	266.70	289.80	390.60
71	196.35	250.95	291.90	319.20	427.35
72	215.25	274.05	321.30	350.70	468.30
73	236.25	302.40	352.80	386.40	513.45
74	259.35	331.80	387.45	425.25	564.90
75	285.60	364.35	427.35	468.30	618.45
76	312.90	399.00	469.35	515.55	678.30
77	341.25	436.80	513.45	562.80	741.30
78	369.60	477.75	561.75	616.35	809.55
79	401.10	520.80	613.20	673.05	880.95
80	433.65				
81	468.30				
82	502.95				
83	538.65				
84	578.55				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0080-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	40.95	50.40	57.75	63.00	84.00
45-49	46.20	55.65	64.05	70.35	92.40
50-54	55.65	69.30	81.90	89.25	116.55
55	64.05	79.80	93.45	100.80	137.55
56	68.25	85.05	98.70	107.10	144.90
57	71.40	90.30	105.00	113.40	154.35
58	76.65	96.60	112.35	121.80	163.80
59	82.95	103.95	119.70	131.25	175.35
60	89.25	111.30	130.20	141.75	187.95
61	95.55	119.70	139.65	153.30	201.60
62	102.90	128.10	149.10	163.80	216.30
63	110.25	137.55	160.65	175.35	232.05
64	117.60	147.00	172.20	187.95	247.80
65	126.00	156.45	182.70	200.55	265.65
66	135.45	169.05	197.40	215.25	286.65
67	147.00	182.70	214.20	232.05	310.80
68	159.60	198.45	232.05	253.05	338.10
69	172.20	216.30	253.05	275.10	369.60
70	186.90	236.25	275.10	300.30	403.20
71	202.65	258.30	301.35	329.70	441.00
72	221.55	282.45	330.75	362.25	483.00
73	243.60	310.80	364.35	399.00	530.25
74	266.70	342.30	400.05	438.90	582.75
75	294.00	375.90	441.00	483.00	638.40
76	321.30	411.60	484.05	531.30	699.30
77	350.70	450.45	530.25	581.70	764.40
78	380.10	492.45	579.60	636.30	833.70
79	412.65	537.60	632.10	695.10	908.25
80	446.25				
81	480.90				
82	516.60				
83	553.35				
84	593.25				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0080-A37
Long-Term Care Policy

WITH SURVIVORSHIP BENEFIT RIDER R1-N0103-SERIES

When this rider is chosen, multiply the final premium by the appropriate factor.

ISSUE AGE	NO INFLATION PROTECTION	SIMPLE INFLATION PROTECTION	COMPOUND INFLATION PROTECTION
18-44	1.11	1.17	1.17
45-49	1.14	1.21	1.21
50-54	1.18	1.28	1.28
55	1.20	1.30	1.30
56	1.20	1.30	1.30
57	1.21	1.30	1.30
58	1.21	1.30	1.30
59	1.21	1.30	1.30
60	1.21	1.30	1.30
61	1.21	1.30	1.30
62	1.21	1.29	1.29
63	1.21	1.29	1.29
64	1.21	1.28	1.28
65	1.20	1.27	1.27
66	1.20	1.26	1.26
67	1.20	1.26	1.26
68	1.19	1.25	1.25
69	1.19	1.24	1.24
70	1.18	1.23	1.23
71	1.18	1.22	1.22
72	1.17	1.20	1.20
73	1.16	1.19	1.19
74	1.16	1.18	1.18
75	1.15	1.17	1.17
76	1.14	1.16	1.16
77	1.13	1.15	1.15
78	1.12	1.14	1.14
79	1.11	1.13	1.13
80	1.10	1.12	1.12
81	1.09	1.11	1.11
82	1.08	1.10	1.10
83	1.07	1.09	1.09
84	1.06	1.08	1.08

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0080-A37
Long-Term Care Policy

Elimination Period Factors

Rates shown are for 30 day elimination period. Rates for other elimination periods are calculated by multiplying the 30 day rates by the appropriate factor from the following table:

Benefit Maximum	0	14	20	60	90	100	180	365
730x,1095x	1.12	1.07	1.03	0.94	0.90	0.89	0.78	0.67
1460x,1825x	1.10	1.05	1.03	0.95	0.90	0.89	0.79	0.69
Lifetime	1.08	1.04	1.03	0.96	0.92	0.91	0.84	0.75

Spousal Discount

A 20% discount to the rates is available to married couples if both spouses apply for coverage.

Dual Waiver of Premium Rider R1-N0104-Series

An optional dual waiver of premium rider will be offered. If one spouse qualifies for a waiver of premium, the premium of the other spouse will also be waived. If chosen, multiply the final premium by 1.06.

Shared Advantage Rider R1-N0105-Series

This rider will allow two covered spouses to purchase an additional benefit amount that can be used by either spouse after their base benefits are exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	No Inflation Protection	With Inflation Protection
730x	1.30	1.35
1095x	1.21	1.25
1460x	1.15	1.18
1825x	1.12	1.14

Restoration of Benefits Rider R1-N0108-Series

This rider restores the maximum lifetime benefit if the insured has not met the stipulated conditions for a period of 180 consecutive days and the maximum lifetime benefit has not been exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	Factor
730x	1.08
1095x	1.06
1460x,1825x	1.04

Cost of Living Increase Rider R1-N0107-Series

This rider allows the insured to increase their policy limits, subject to the terms of the rider, every three years without additional underwriting. The additional premium charged is based on the attained age and incremental increase in the maximum daily facility benefit when exercised. If chosen, multiply the final premium by the appropriate factor:

Age	Factor
18-44	1.15
45-49	1.12
50-55	1.10
56-58	1.09
59-61	1.08
62-64	1.07
65-67	1.06
68-70	1.05
71-73	1.04
74-76	1.03

Modal Factors

Semi-Annual: 0.52; Quarterly: 0.27; Check-A-Matic: 0.09

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604

Supplement to Rate Sheets for Policy Form P1-N0081-A37
PENNSYLVANIA

All rates for this form should be multiplied by a factor of: 1.9425

This factor represents the **proposed** increase of: 29.5%

And the following prior approved rate increases:

Policy Form	Increase Applies to all Policies or Subsets	Rate Increase Approved	Approval Date of Rate Increase
P1-N0081-A37	--Yes--	20.00%	3/14/2013
P1-N0081-A37	--Yes--	25.00%	12/3/2014

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0081-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	24.94	30.19	32.81	35.44	45.94
45-49	27.56	34.13	36.75	39.38	51.19
50-54	34.13	40.69	45.94	48.56	63.00
55	39.38	47.25	52.50	56.44	74.81
56	42.00	49.88	56.44	60.38	78.75
57	44.63	53.81	60.38	64.31	85.31
58	48.56	57.75	65.63	69.56	91.88
59	52.50	63.00	70.88	76.13	99.75
60	56.44	68.25	77.44	82.69	108.94
61	61.69	73.50	84.00	90.56	118.13
62	66.94	80.06	91.88	98.44	128.63
63	72.19	86.63	98.44	106.31	139.13
64	76.13	91.88	106.31	114.19	148.31
65	81.38	98.44	114.19	122.06	158.81
66	86.63	106.31	123.38	132.56	171.94
67	94.50	115.50	133.88	144.38	187.69
68	103.69	126.00	145.69	158.81	206.06
69	112.88	137.81	160.13	173.25	225.75
70	123.38	150.94	174.56	190.31	248.06
71	135.19	166.69	192.94	210.00	273.00
72	149.63	185.06	213.94	233.63	303.19
73	165.38	206.06	238.88	259.88	337.31
74	183.75	229.69	265.13	290.06	374.06
75	204.75	254.63	295.31	322.88	414.75
76	225.75	282.19	328.13	358.31	459.38
77	249.38	312.38	363.56	396.38	507.94
78	274.31	345.19	401.63	438.38	559.13
79	301.88	379.31	442.31	481.69	614.25
80	330.75				
81	360.94				
82	393.75				
83	427.88				
84	464.63				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0081-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	28.88	35.44	39.38	40.69	53.81
45-49	32.81	39.38	43.31	45.94	59.06
50-54	38.06	45.94	52.50	56.44	73.50
55	44.63	52.50	59.06	64.31	85.31
56	47.25	55.13	63.00	68.25	89.25
57	49.88	59.06	66.94	72.19	95.81
58	53.81	64.31	72.19	77.44	102.38
59	57.75	69.56	78.75	85.31	110.25
60	61.69	76.13	85.31	91.88	119.44
61	66.94	81.38	93.19	101.06	129.94
62	72.19	87.94	101.06	108.94	140.44
63	77.44	94.50	108.94	116.81	152.25
64	82.69	101.06	115.50	124.69	162.75
65	89.25	107.63	124.69	132.56	174.56
66	94.50	115.50	133.88	143.06	189.00
67	102.38	126.00	144.38	156.19	206.06
68	111.56	136.50	158.81	171.94	225.75
69	122.06	149.63	173.25	187.69	246.75
70	133.88	165.38	189.00	206.06	271.69
71	145.69	181.13	210.00	227.06	299.25
72	161.44	202.13	232.31	253.31	330.75
73	179.81	224.44	258.56	282.19	367.50
74	198.19	249.38	288.75	313.69	406.88
75	220.50	276.94	321.56	349.13	451.50
76	242.81	307.13	357.00	388.50	500.06
77	269.06	338.63	395.06	430.50	552.56
78	295.31	374.06	437.06	476.44	607.69
79	324.19	412.13	480.38	523.69	668.06
80	354.38				
81	387.19				
82	421.31				
83	456.75				
84	494.81				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0081-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	30.19	36.75	42.00	43.31	56.44
45-49	34.13	40.69	45.94	48.56	63.00
50-54	39.38	48.56	55.13	59.06	78.75
55	45.94	55.13	61.69	66.94	89.25
56	48.56	57.75	65.63	70.88	94.50
57	51.19	61.69	69.56	76.13	99.75
58	55.13	66.94	74.81	81.38	107.63
59	59.06	72.19	81.38	89.25	115.50
60	64.31	78.75	89.25	95.81	124.69
61	69.56	85.31	97.13	105.00	135.19
62	74.81	91.88	105.00	112.88	145.69
63	80.06	98.44	112.88	120.75	157.50
64	85.31	105.00	119.44	128.63	168.00
65	91.88	111.56	128.63	137.81	181.13
66	98.44	119.44	137.81	148.31	195.56
67	106.31	129.94	149.63	161.44	213.94
68	115.50	141.75	164.06	177.19	233.63
69	126.00	154.88	178.50	194.25	255.94
70	137.81	170.63	195.56	212.63	280.88
71	150.94	187.69	216.56	234.94	309.75
72	166.69	208.69	240.19	261.19	342.56
73	185.06	232.31	267.75	291.38	380.63
74	204.75	257.25	297.94	324.19	421.31
75	227.06	286.13	332.06	360.94	467.25
76	250.69	317.63	368.81	401.63	517.13
77	276.94	350.44	408.19	444.94	570.94
78	304.50	385.88	451.50	492.19	628.69
79	333.38	425.25	497.44	542.06	690.38
80	364.88				
81	397.69				
82	433.13				
83	469.88				
84	507.94				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0081-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	47.25	59.06	68.25	74.81	98.44
45-49	52.50	65.63	76.13	82.69	108.94
50-54	64.31	80.06	93.19	101.06	139.13
55	73.50	93.19	107.63	116.81	161.44
56	77.44	98.44	114.19	123.38	169.31
57	82.69	105.00	120.75	131.25	179.81
58	87.94	111.56	128.63	140.44	190.31
59	94.50	119.44	137.81	149.63	202.13
60	101.06	127.31	147.00	158.81	215.25
61	107.63	136.50	157.50	170.63	229.69
62	115.50	145.69	168.00	182.44	245.44
63	123.38	154.88	178.50	194.25	262.50
64	131.25	165.38	190.31	207.38	279.56
65	139.13	175.88	203.44	220.50	297.94
66	149.63	187.69	216.56	236.25	318.94
67	160.13	202.13	233.63	254.63	343.88
68	171.94	217.88	252.00	275.63	371.44
69	185.06	233.63	273.00	297.94	400.31
70	199.50	253.31	295.31	322.88	431.81
71	216.56	274.31	320.25	350.44	468.56
72	234.94	297.94	349.13	381.94	509.25
73	255.94	325.50	381.94	417.38	555.19
74	279.56	355.69	417.38	456.75	605.06
75	305.81	388.50	455.44	498.75	660.19
76	332.06	425.25	497.44	544.69	719.25
77	360.94	463.31	542.06	594.56	782.25
78	389.81	505.31	589.31	647.06	849.19
79	421.31	548.63	640.50	703.50	921.38
80	454.13				
81	486.94				
82	522.38				
83	559.13				
84	597.19				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0081-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	52.50	66.94	77.44	85.31	110.25
45-49	59.06	73.50	86.63	93.19	123.38
50-54	72.19	90.56	106.31	115.50	156.19
55	81.38	103.69	122.06	132.56	178.50
56	85.31	108.94	128.63	139.13	186.38
57	90.56	115.50	135.19	147.00	196.88
58	95.81	122.06	143.06	156.19	208.69
59	102.38	129.94	152.25	165.38	221.81
60	110.25	139.13	161.44	175.88	234.94
61	118.13	148.31	171.94	186.38	250.69
62	126.00	158.81	182.44	199.50	267.75
63	133.88	169.31	194.25	211.31	286.13
64	141.75	179.81	207.38	225.75	303.19
65	150.94	190.31	220.50	240.19	324.19
66	161.44	203.44	236.25	258.56	345.19
67	173.25	219.19	254.63	278.25	372.75
68	186.38	236.25	275.63	301.88	401.63
69	200.81	253.31	296.63	325.50	433.13
70	216.56	275.63	321.56	351.75	467.25
71	233.63	297.94	349.13	381.94	506.63
72	254.63	324.19	379.31	416.06	551.25
73	276.94	354.38	414.75	454.13	601.13
74	301.88	385.88	452.81	496.13	654.94
75	329.44	421.31	493.50	540.75	714.00
76	358.31	459.38	538.13	589.31	775.69
77	387.19	498.75	585.38	641.81	843.94
78	418.69	542.06	636.56	698.25	914.81
79	450.19	588.00	690.38	757.31	992.25
80	485.63				
81	519.75				
82	557.81				
83	595.88				
84	635.25				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0081-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	55.13	69.56	81.38	89.25	115.50
45-49	61.69	77.44	90.56	98.44	128.63
50-54	76.13	95.81	111.56	120.75	162.75
55	85.31	107.63	127.31	139.13	185.06
56	89.25	112.88	133.88	145.69	194.25
57	94.50	119.44	140.44	153.56	204.75
58	99.75	127.31	148.31	162.75	216.56
59	106.31	135.19	157.50	171.94	229.69
60	114.19	144.38	166.69	182.44	244.13
61	122.06	153.56	177.19	192.94	259.88
62	129.94	164.06	189.00	206.06	276.94
63	137.81	174.56	200.81	219.19	295.31
64	147.00	185.06	213.94	233.63	313.69
65	156.19	196.88	228.38	249.38	334.69
66	166.69	210.00	245.44	267.75	357.00
67	178.50	225.75	263.81	288.75	384.56
68	191.63	244.13	284.81	312.38	414.75
69	207.38	262.50	307.13	337.31	447.56
70	223.13	284.81	332.06	364.88	483.00
71	241.50	308.44	360.94	395.06	523.69
72	262.50	336.00	392.44	430.50	569.63
73	286.13	366.19	427.88	469.88	620.81
74	311.06	399.00	467.25	513.19	675.94
75	338.63	434.44	509.25	559.13	736.31
76	368.81	473.81	555.19	609.00	800.63
77	399.00	514.50	603.75	662.81	870.19
78	430.50	557.81	656.25	720.56	943.69
79	463.31	605.06	711.38	780.94	1022.44
80	498.75				
81	534.19				
82	572.25				
83	611.63				
84	652.31				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0081-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	35.44	43.31	51.19	55.13	73.50
45-49	39.38	48.56	56.44	61.69	81.38
50-54	51.19	63.00	72.19	80.06	105.00
55	59.06	72.19	84.00	91.88	124.69
56	61.69	76.13	87.94	95.81	132.56
57	65.63	81.38	94.50	102.38	141.75
58	70.88	87.94	102.38	110.25	152.25
59	76.13	94.50	110.25	119.44	164.06
60	82.69	103.69	119.44	129.94	175.88
61	90.56	111.56	129.94	140.44	190.31
62	97.13	120.75	140.44	152.25	204.75
63	103.69	129.94	150.94	162.75	220.50
64	111.56	139.13	161.44	174.56	236.25
65	118.13	148.31	171.94	186.38	253.31
66	127.31	160.13	185.06	200.81	273.00
67	137.81	173.25	200.81	217.88	296.63
68	149.63	189.00	219.19	237.56	322.88
69	162.75	206.06	238.88	259.88	351.75
70	177.19	224.44	261.19	284.81	384.56
71	194.25	246.75	286.13	312.38	420.00
72	212.63	270.38	315.00	343.88	460.69
73	233.63	297.94	346.50	379.31	506.63
74	257.25	326.81	381.94	417.38	555.19
75	282.19	359.63	420.00	459.38	609.00
76	309.75	393.75	460.69	505.31	668.06
77	337.31	431.81	505.31	553.88	729.75
78	366.19	471.19	552.56	606.38	796.69
79	397.69	514.50	602.44	661.50	866.25
80	430.50				
81	464.63				
82	500.06				
83	536.81				
84	576.19				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0081-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	40.69	51.19	59.06	63.00	84.00
45-49	45.94	56.44	64.31	70.88	93.19
50-54	56.44	70.88	82.69	90.56	118.13
55	65.63	81.38	94.50	102.38	139.13
56	69.56	86.63	99.75	108.94	147.00
57	73.50	91.88	106.31	115.50	157.50
58	78.75	98.44	114.19	124.69	168.00
59	84.00	105.00	122.06	133.88	179.81
60	90.56	114.19	132.56	144.38	192.94
61	98.44	122.06	143.06	156.19	207.38
62	105.00	131.25	153.56	168.00	221.81
63	112.88	140.44	165.38	179.81	238.88
64	120.75	150.94	175.88	191.63	255.94
65	128.63	161.44	187.69	204.75	273.00
66	139.13	174.56	202.13	220.50	295.31
67	150.94	187.69	219.19	237.56	320.25
68	164.06	204.75	238.88	259.88	349.13
69	177.19	223.13	259.88	283.50	380.63
70	191.63	242.81	283.50	308.44	414.75
71	208.69	266.44	309.75	338.63	454.13
72	228.38	291.38	341.25	372.75	497.44
73	250.69	321.56	375.38	410.81	546.00
74	275.63	353.06	412.13	451.50	599.81
75	303.19	387.19	454.13	497.44	657.56
76	332.06	423.94	498.75	547.31	720.56
77	362.25	464.63	546.00	598.50	787.50
78	392.44	507.94	597.19	654.94	859.69
79	426.56	553.88	651.00	715.31	935.81
80	460.69				
81	497.44				
82	534.19				
83	572.25				
84	614.25				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0081-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	43.31	53.81	61.69	66.94	89.25
45-49	48.56	59.06	68.25	74.81	98.44
50-54	59.06	73.50	86.63	94.50	123.38
55	68.25	85.31	99.75	107.63	145.69
56	72.19	90.56	105.00	114.19	153.56
57	76.13	95.81	111.56	120.75	164.06
58	81.38	102.38	119.44	129.94	174.56
59	87.94	110.25	127.31	139.13	186.38
60	94.50	118.13	137.81	150.94	199.50
61	101.06	127.31	148.31	162.75	213.94
62	108.94	136.50	158.81	174.56	229.69
63	116.81	145.69	170.63	186.38	246.75
64	124.69	156.19	182.44	199.50	263.81
65	133.88	166.69	194.25	212.63	282.19
66	144.38	179.81	210.00	228.38	304.50
67	156.19	194.25	227.06	246.75	330.75
68	169.31	211.31	246.75	269.06	359.63
69	182.44	229.69	269.06	292.69	392.44
70	198.19	250.69	292.69	318.94	427.88
71	215.25	274.31	320.25	350.44	468.56
72	234.94	300.56	351.75	384.56	513.19
73	258.56	330.75	387.19	423.94	563.06
74	283.50	363.56	425.25	465.94	619.50
75	312.38	399.00	468.56	513.19	678.56
76	341.25	437.06	514.50	564.38	742.88
77	372.75	479.06	563.06	618.19	812.44
78	404.25	523.69	615.56	675.94	885.94
79	438.38	570.94	672.00	738.94	964.69
80	473.81				
81	510.56				
82	548.63				
83	588.00				
84	630.00				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0081-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	28.88	35.44	38.06	42.00	53.81
45-49	32.81	40.69	43.31	45.94	60.38
50-54	40.69	47.25	53.81	57.75	73.50
55	45.94	55.13	61.69	66.94	87.94
56	49.88	59.06	66.94	70.88	93.19
57	52.50	63.00	70.88	76.13	99.75
58	57.75	68.25	77.44	81.38	107.63
59	61.69	73.50	84.00	89.25	116.81
60	66.94	80.06	90.56	97.13	128.63
61	72.19	86.63	98.44	106.31	139.13
62	78.75	94.50	107.63	115.50	150.94
63	85.31	102.38	115.50	124.69	164.06
64	89.25	107.63	124.69	133.88	174.56
65	95.81	115.50	133.88	143.06	186.38
66	102.38	124.69	145.69	156.19	202.13
67	111.56	136.50	157.50	169.31	220.50
68	122.06	148.31	171.94	186.38	242.81
69	132.56	162.75	189.00	203.44	265.13
70	145.69	177.19	204.75	224.44	291.38
71	158.81	195.56	227.06	246.75	321.56
72	175.88	217.88	252.00	274.31	357.00
73	194.25	242.81	280.88	305.81	396.38
74	216.56	270.38	312.38	341.25	439.69
75	241.50	299.25	347.81	379.31	488.25
76	265.13	332.06	385.88	421.31	540.75
77	294.00	367.50	427.88	465.94	597.19
78	322.88	405.56	472.50	515.81	657.56
79	355.69	446.25	519.75	567.00	723.19
80	388.50				
81	425.25				
82	463.31				
83	504.00				
84	546.00				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0081-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	34.13	42.00	45.94	47.25	63.00
45-49	38.06	45.94	51.19	53.81	69.56
50-54	44.63	53.81	61.69	66.94	86.63
55	52.50	61.69	69.56	76.13	99.75
56	55.13	64.31	73.50	80.06	105.00
57	59.06	69.56	78.75	85.31	112.88
58	63.00	76.13	85.31	90.56	120.75
59	68.25	81.38	93.19	99.75	129.94
60	72.19	89.25	99.75	107.63	140.44
61	78.75	95.81	110.25	119.44	152.25
62	85.31	103.69	119.44	128.63	165.38
63	90.56	111.56	128.63	137.81	178.50
64	97.13	119.44	136.50	147.00	191.63
65	105.00	126.00	147.00	156.19	204.75
66	111.56	136.50	157.50	168.00	221.81
67	120.75	148.31	169.31	183.75	242.81
68	131.25	160.13	186.38	202.13	265.13
69	143.06	175.88	203.44	220.50	290.06
70	157.50	194.25	221.81	242.81	320.25
71	171.94	212.63	246.75	267.75	351.75
72	190.31	237.56	273.00	297.94	388.50
73	211.31	263.81	304.50	332.06	431.81
74	233.63	294.00	339.94	368.81	479.06
75	259.88	325.50	378.00	410.81	531.56
76	286.13	360.94	420.00	456.75	588.00
77	316.31	399.00	464.63	506.63	649.69
78	347.81	439.69	514.50	560.44	715.31
79	381.94	484.31	565.69	615.56	786.19
80	417.38				
81	455.44				
82	496.13				
83	536.81				
84	582.75				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0081-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	35.44	43.31	49.88	51.19	66.94
45-49	40.69	47.25	53.81	57.75	73.50
50-54	45.94	57.75	64.31	69.56	93.19
55	53.81	64.31	72.19	78.75	105.00
56	57.75	68.25	77.44	84.00	111.56
57	60.38	72.19	81.38	89.25	116.81
58	64.31	78.75	87.94	95.81	126.00
59	69.56	85.31	95.81	105.00	136.50
60	76.13	93.19	105.00	112.88	147.00
61	81.38	99.75	114.19	123.38	158.81
62	87.94	107.63	123.38	132.56	171.94
63	94.50	115.50	132.56	141.75	185.06
64	99.75	123.38	140.44	150.94	198.19
65	107.63	131.25	150.94	162.75	212.63
66	115.50	140.44	162.75	174.56	229.69
67	124.69	152.25	175.88	190.31	252.00
68	136.50	166.69	192.94	208.69	274.31
69	148.31	182.44	210.00	228.38	300.56
70	162.75	200.81	229.69	250.69	330.75
71	177.19	220.50	254.63	276.94	364.88
72	195.56	245.44	282.19	307.13	402.94
73	217.88	273.00	315.00	342.56	447.56
74	241.50	303.19	350.44	381.94	496.13
75	267.75	336.00	391.13	425.25	549.94
76	295.31	374.06	434.44	472.50	609.00
77	325.50	412.13	480.38	523.69	672.00
78	358.31	454.13	531.56	578.81	740.25
79	392.44	500.06	585.38	637.88	812.44
80	429.19				
81	467.25				
82	509.25				
83	552.56				
84	597.19				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0081-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	55.13	69.56	80.06	87.94	115.50
45-49	61.69	77.44	89.25	97.13	128.63
50-54	76.13	94.50	110.25	119.44	164.06
55	86.63	110.25	126.00	137.81	190.31
56	90.56	115.50	133.88	145.69	199.50
57	97.13	123.38	141.75	154.88	211.31
58	103.69	131.25	150.94	165.38	224.44
59	111.56	140.44	162.75	175.88	237.56
60	119.44	149.63	173.25	186.38	253.31
61	126.00	160.13	185.06	200.81	270.38
62	136.50	171.94	198.19	215.25	288.75
63	145.69	182.44	210.00	228.38	308.44
64	154.88	194.25	224.44	244.13	329.44
65	164.06	207.38	238.88	259.88	350.44
66	175.88	220.50	254.63	278.25	375.38
67	189.00	237.56	274.31	299.25	404.25
68	202.13	255.94	296.63	324.19	437.06
69	217.88	274.31	321.56	350.44	471.19
70	234.94	297.94	347.81	379.31	507.94
71	254.63	322.88	376.69	412.13	551.25
72	276.94	350.44	410.81	448.88	598.50
73	300.56	383.25	448.88	490.88	653.63
74	329.44	418.69	490.88	536.81	711.38
75	359.63	456.75	535.50	586.69	777.00
76	391.13	500.06	585.38	640.50	846.56
77	425.25	544.69	637.88	699.56	920.06
78	458.06	594.56	693.00	761.25	998.81
79	496.13	645.75	753.38	828.19	1084.13
80	534.19				
81	572.25				
82	614.25				
83	657.56				
84	702.19				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0081-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	61.69	78.75	90.56	99.75	129.94
45-49	69.56	86.63	102.38	110.25	145.69
50-54	85.31	106.31	124.69	136.50	183.75
55	95.81	122.06	143.06	156.19	210.00
56	99.75	128.63	150.94	164.06	219.19
57	106.31	136.50	158.81	173.25	231.00
58	112.88	143.06	168.00	183.75	245.44
59	120.75	152.25	178.50	194.25	261.19
60	129.94	164.06	190.31	207.38	276.94
61	139.13	174.56	202.13	219.19	295.31
62	148.31	186.38	215.25	234.94	315.00
63	157.50	199.50	228.38	248.06	336.00
64	166.69	211.31	244.13	265.13	357.00
65	177.19	224.44	259.88	282.19	381.94
66	190.31	238.88	278.25	304.50	405.56
67	203.44	257.25	299.25	326.81	438.38
68	219.19	278.25	324.19	355.69	472.50
69	236.25	297.94	349.13	383.25	509.25
70	254.63	324.19	378.00	413.44	549.94
71	274.31	350.44	410.81	448.88	595.88
72	299.25	381.94	446.25	489.56	648.38
73	325.50	417.38	488.25	534.19	707.44
74	355.69	454.13	532.88	584.06	770.44
75	387.19	496.13	580.13	636.56	840.00
76	421.31	540.75	632.63	693.00	912.19
77	455.44	586.69	689.06	754.69	992.25
78	492.19	637.88	749.44	821.63	1076.25
79	530.25	691.69	812.44	891.19	1166.81
80	570.94				
81	611.63				
82	656.25				
83	700.88				
84	746.81				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0081-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	64.31	81.38	95.81	105.00	136.50
45-49	72.19	90.56	106.31	115.50	150.94
50-54	89.25	112.88	131.25	141.75	191.63
55	99.75	126.00	149.63	164.06	217.88
56	105.00	132.56	157.50	171.94	228.38
57	111.56	140.44	165.38	181.13	241.50
58	116.81	149.63	174.56	191.63	254.63
59	124.69	158.81	185.06	202.13	270.38
60	133.88	169.31	195.56	215.25	287.44
61	143.06	181.13	208.69	227.06	305.81
62	152.25	192.94	221.81	242.81	325.50
63	162.75	204.75	236.25	257.25	347.81
64	173.25	217.88	252.00	274.31	368.81
65	183.75	231.00	269.06	294.00	393.75
66	195.56	246.75	288.75	315.00	420.00
67	210.00	265.13	309.75	339.94	452.81
68	225.75	287.44	334.69	367.50	488.25
69	244.13	308.44	360.94	396.38	526.31
70	262.50	334.69	391.13	429.19	568.31
71	283.50	362.25	425.25	464.63	615.56
72	308.44	395.06	462.00	506.63	670.69
73	336.00	430.50	504.00	552.56	729.75
74	366.19	469.88	549.94	603.75	795.38
75	399.00	510.56	598.50	657.56	866.25
76	434.44	557.81	653.63	716.63	942.38
77	469.88	605.06	710.06	779.63	1023.75
78	506.63	656.25	771.75	847.88	1110.38
79	544.69	711.38	837.38	918.75	1202.25
80	586.69				
81	628.69				
82	673.31				
83	719.25				
84	767.81				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0081-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	42.00	51.19	60.38	64.31	86.63
45-49	45.94	57.75	66.94	72.19	95.81
50-54	60.38	73.50	85.31	94.50	123.38
55	69.56	85.31	98.44	107.63	147.00
56	72.19	89.25	103.69	112.88	156.19
57	77.44	95.81	111.56	120.75	166.69
58	84.00	103.69	120.75	129.94	178.50
59	89.25	111.56	129.94	140.44	192.94
60	97.13	122.06	140.44	152.25	207.38
61	106.31	131.25	152.25	165.38	224.44
62	114.19	141.75	165.38	178.50	241.50
63	122.06	152.25	177.19	191.63	259.88
64	131.25	164.06	190.31	204.75	278.25
65	139.13	174.56	202.13	219.19	297.94
66	149.63	189.00	217.88	236.25	321.56
67	162.75	203.44	236.25	255.94	349.13
68	175.88	221.81	257.25	279.56	379.31
69	191.63	242.81	280.88	305.81	413.44
70	208.69	263.81	307.13	334.69	452.81
71	228.38	290.06	336.00	367.50	493.50
72	250.69	317.63	370.13	404.25	542.06
73	274.31	350.44	408.19	446.25	595.88
74	303.19	384.56	448.88	490.88	653.63
75	332.06	422.63	493.50	540.75	716.63
76	364.88	463.31	542.06	594.56	786.19
77	396.38	507.94	594.56	651.00	858.38
78	430.50	553.88	649.69	714.00	937.13
79	467.25	605.06	708.75	778.31	1018.50
80	506.63				
81	546.00				
82	588.00				
83	631.31				
84	677.25				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0081-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	47.25	60.38	69.56	73.50	98.44
45-49	53.81	66.94	76.13	84.00	110.25
50-54	66.94	84.00	97.13	106.31	139.13
55	77.44	95.81	111.56	120.75	164.06
56	81.38	102.38	116.81	128.63	173.25
57	86.63	107.63	124.69	136.50	185.06
58	93.19	115.50	133.88	147.00	198.19
59	98.44	123.38	143.06	157.50	211.31
60	106.31	133.88	156.19	169.31	227.06
61	115.50	143.06	168.00	183.75	244.13
62	123.38	154.88	181.13	198.19	261.19
63	132.56	165.38	194.25	211.31	280.88
64	141.75	177.19	207.38	225.75	300.56
65	150.94	190.31	220.50	241.50	321.56
66	164.06	204.75	237.56	259.88	347.81
67	177.19	220.50	257.25	279.56	376.69
68	192.94	241.50	280.88	305.81	410.81
69	208.69	262.50	305.81	333.38	447.56
70	225.75	286.13	333.38	362.25	488.25
71	245.44	313.69	364.88	399.00	534.19
72	269.06	342.56	401.63	438.38	585.38
73	295.31	378.00	441.00	483.00	641.81
74	324.19	414.75	484.31	531.56	706.13
75	357.00	455.44	534.19	585.38	773.06
76	391.13	498.75	586.69	644.44	847.88
77	426.56	546.00	641.81	703.50	926.63
78	462.00	597.19	702.19	770.44	1011.94
79	501.38	651.00	766.50	841.31	1101.19
80	542.06				
81	585.38				
82	628.69				
83	673.31				
84	723.19				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0081-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	51.19	63.00	72.19	78.75	105.00
45-49	57.75	69.56	80.06	87.94	115.50
50-54	69.56	86.63	102.38	111.56	145.69
55	80.06	99.75	116.81	126.00	171.94
56	85.31	106.31	123.38	133.88	181.13
57	89.25	112.88	131.25	141.75	192.94
58	95.81	120.75	140.44	152.25	204.75
59	103.69	129.94	149.63	164.06	219.19
60	111.56	139.13	162.75	177.19	234.94
61	119.44	149.63	174.56	191.63	252.00
62	128.63	160.13	186.38	204.75	270.38
63	137.81	171.94	200.81	219.19	290.06
64	147.00	183.75	215.25	234.94	309.75
65	157.50	195.56	228.38	250.69	332.06
66	169.31	211.31	246.75	269.06	358.31
67	183.75	228.38	267.75	290.06	388.50
68	199.50	248.06	290.06	316.31	422.63
69	215.25	270.38	316.31	343.88	462.00
70	233.63	295.31	343.88	375.38	504.00
71	253.31	322.88	376.69	412.13	551.25
72	276.94	353.06	413.44	452.81	603.75
73	304.50	388.50	455.44	498.75	662.81
74	333.38	427.88	500.06	548.63	728.44
75	367.50	469.88	551.25	603.75	798.00
76	401.63	514.50	605.06	664.13	874.13
77	438.38	563.06	662.81	727.13	955.50
78	475.13	615.56	724.50	795.38	1042.13
79	515.81	672.00	790.13	868.88	1135.31
80	557.81				
81	601.13				
82	645.75				
83	691.69				
84	741.56				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0081-A37
Long-Term Care Policy

WITH SURVIVORSHIP BENEFIT RIDER R1-N0103-SERIES

When this rider is chosen, multiply the final premium by the appropriate factor.

ISSUE AGE	NO INFLATION PROTECTION	SIMPLE INFLATION PROTECTION	COMPOUND INFLATION PROTECTION
18-44	1.11	1.17	1.17
45-49	1.14	1.21	1.21
50-54	1.18	1.28	1.28
55	1.20	1.30	1.30
56	1.20	1.30	1.30
57	1.21	1.30	1.30
58	1.21	1.30	1.30
59	1.21	1.30	1.30
60	1.21	1.30	1.30
61	1.21	1.30	1.30
62	1.21	1.29	1.29
63	1.21	1.29	1.29
64	1.21	1.28	1.28
65	1.20	1.27	1.27
66	1.20	1.26	1.26
67	1.20	1.26	1.26
68	1.19	1.25	1.25
69	1.19	1.24	1.24
70	1.18	1.23	1.23
71	1.18	1.22	1.22
72	1.17	1.20	1.20
73	1.16	1.19	1.19
74	1.16	1.18	1.18
75	1.15	1.17	1.17
76	1.14	1.16	1.16
77	1.13	1.15	1.15
78	1.12	1.14	1.14
79	1.11	1.13	1.13
80	1.10	1.12	1.12
81	1.09	1.11	1.11
82	1.08	1.10	1.10
83	1.07	1.09	1.09
84	1.06	1.08	1.08

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0081-A37
Long-Term Care Policy

Elimination Period Factors

Rates shown are for 30 day elimination period. Rates for other elimination periods are calculated by multiplying the 30 day rates by the appropriate factor from the following table:

Benefit Maximum	0	14	20	60	90	100	180	365
730x,1095x	1.12	1.07	1.03	0.94	0.90	0.89	0.78	0.67
1460x,1825x	1.10	1.05	1.03	0.95	0.90	0.89	0.79	0.69
Lifetime	1.08	1.04	1.03	0.96	0.92	0.91	0.84	0.75

Spousal Discount

A 20% discount to the rates is available to married couples if both spouses apply for coverage.

Dual Waiver of Premium Rider R1-N0104-Series

An optional dual waiver of premium rider will be offered. If one spouse qualifies for a waiver of premium, the premium of the other spouse will also be waived. If chosen, multiply the final premium by 1.06.

Shared Advantage Rider R1-N0105-Series

This rider will allow two covered spouses to purchase an additional benefit amount that can be used by either spouse after their base benefits are exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	No Inflation Protection	With Inflation Protection
730x	1.30	1.35
1095x	1.21	1.25
1460x	1.15	1.18
1825x	1.12	1.14

Restoration of Benefits Rider R1-N0108-Series

This rider restores the maximum lifetime benefit if the insured has not met the stipulated conditions for a period of 180 consecutive days and the maximum lifetime benefit has not been exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	Factor
730x	1.08
1095x	1.06
1460x,1825x	1.04

Cost of Living Increase Rider R1-N0107-Series

This rider allows the insured to increase their policy limits, subject to the terms of the rider, every three years without additional underwriting. The additional premium charged is based on the attained age and incremental increase in the maximum daily facility benefit when exercised. If chosen, multiply the final premium by the appropriate factor:

Age	Factor
18-44	1.15
45-49	1.12
50-55	1.10
56-58	1.09
59-61	1.08
62-64	1.07
65-67	1.06
68-70	1.05
71-73	1.04
74-76	1.03

Modal Factors

Semi-Annual: 0.52; Quarterly: 0.27; Check-A-Matic: 0.09

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604

Supplement to Rate Sheets for Policy Form P1-N0085-A37
PENNSYLVANIA

All rates for this form should be multiplied by a factor of: 1.9425

This factor represents the **proposed** increase of: 29.5%

And the following prior approved rate increases:

Policy Form	Increase Applies to all Policies or Subsets	Rate Increase Approved	Approval Date of Rate Increase
P1-N0085-A37	--Yes--	20.00%	3/14/2013
P1-N0085-A37	--Yes--	25.00%	12/3/2014

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0085-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	22.05	25.20	29.40	31.50	39.90
45-49	24.15	28.35	32.55	34.65	44.10
50-54	29.40	34.65	39.90	43.05	54.60
55	33.60	39.90	46.20	49.35	65.10
56	35.70	43.05	49.35	52.50	69.30
57	38.85	46.20	52.50	56.70	74.55
58	42.00	50.40	56.70	61.95	80.85
59	46.20	54.60	61.95	67.20	88.20
60	50.40	59.85	68.25	74.55	95.55
61	54.60	66.15	74.55	80.85	103.95
62	58.80	71.40	80.85	88.20	113.40
63	63.00	76.65	87.15	94.50	121.80
64	67.20	81.90	93.45	100.80	131.25
65	71.40	88.20	99.75	108.15	140.70
66	77.70	94.50	108.15	116.55	152.25
67	84.00	102.90	117.60	127.05	165.90
68	91.35	112.35	129.15	139.65	182.70
69	99.75	122.85	141.75	153.30	200.55
70	109.20	134.40	155.40	169.05	220.50
71	120.75	149.10	172.20	187.95	243.60
72	134.40	165.90	192.15	210.00	271.95
73	150.15	185.85	215.25	235.20	304.50
74	166.95	207.90	241.50	263.55	340.20
75	186.90	233.10	270.90	295.05	379.05
76	207.90	260.40	302.40	329.70	422.10
77	231.00	289.80	337.05	366.45	469.35
78	256.20	322.35	374.85	406.35	519.75
79	283.50	355.95	414.75	449.40	574.35
80	311.85				
81	343.35				
82	375.90				
83	410.55				
84	447.30				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0085-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	26.25	31.50	35.70	37.80	48.30
45-49	28.35	34.65	38.85	42.00	53.55
50-54	33.60	40.95	47.25	51.45	67.20
55	39.90	47.25	53.55	57.75	76.65
56	42.00	50.40	56.70	60.90	80.85
57	45.15	53.55	60.90	65.10	86.10
58	48.30	57.75	65.10	70.35	92.40
59	52.50	63.00	71.40	76.65	99.75
60	56.70	68.25	77.70	84.00	109.20
61	60.90	74.55	85.05	91.35	117.60
62	66.15	79.80	92.40	99.75	128.10
63	71.40	86.10	98.70	106.05	137.55
64	75.60	92.40	105.00	114.45	148.05
65	80.85	99.75	112.35	121.80	159.60
66	87.15	106.05	121.80	132.30	172.20
67	94.50	116.55	132.30	143.85	187.95
68	102.90	127.05	144.90	158.55	205.80
69	112.35	138.60	159.60	173.25	226.80
70	122.85	152.25	175.35	190.05	248.85
71	134.40	168.00	194.25	211.05	276.15
72	150.15	186.90	216.30	236.25	307.65
73	166.95	208.95	242.55	263.55	343.35
74	185.85	234.15	271.95	296.10	383.25
75	207.90	261.45	304.50	330.75	427.35
76	231.00	290.85	340.20	370.65	476.70
77	257.25	324.45	378.00	411.60	529.20
78	284.55	360.15	420.00	456.75	584.85
79	313.95	399.00	465.15	506.10	646.80
80	345.45				
81	379.05				
82	413.70				
83	451.50				
84	491.40				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0085-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	27.30	33.60	37.80	40.95	52.50
45-49	30.45	36.75	42.00	45.15	57.75
50-54	35.70	44.10	50.40	54.60	72.45
55	42.00	50.40	56.70	61.95	80.85
56	44.10	53.55	59.85	65.10	85.05
57	47.25	56.70	64.05	69.30	90.30
58	50.40	60.90	69.30	74.55	97.65
59	54.60	66.15	75.60	80.85	105.00
60	59.85	71.40	81.90	88.20	114.45
61	64.05	77.70	89.25	95.55	123.90
62	69.30	84.00	96.60	103.95	134.40
63	74.55	90.30	103.95	111.30	144.90
64	78.75	96.60	110.25	119.70	155.40
65	85.05	103.95	117.60	128.10	166.95
66	91.35	111.30	127.05	138.60	180.60
67	98.70	121.80	138.60	151.20	197.40
68	107.10	133.35	152.25	165.90	216.30
69	117.60	144.90	166.95	181.65	237.30
70	128.10	159.60	183.75	199.50	261.45
71	140.70	175.35	203.70	221.55	289.80
72	156.45	195.30	226.80	246.75	322.35
73	174.30	218.40	254.10	276.15	360.15
74	194.25	244.65	284.55	309.75	402.15
75	217.35	273.00	318.15	346.50	448.35
76	241.50	304.50	355.95	387.45	499.80
77	267.75	339.15	395.85	431.55	554.40
78	296.10	375.90	438.90	478.80	613.20
79	326.55	416.85	486.15	530.25	677.25
80	359.10				
81	393.75				
82	430.50				
83	469.35				
84	510.30				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0085-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	42.00	51.45	58.80	63.00	86.10
45-49	46.20	56.70	65.10	70.35	95.55
50-54	56.70	70.35	80.85	89.25	121.80
55	66.15	81.90	94.50	102.90	140.70
56	69.30	86.10	99.75	109.20	149.10
57	73.50	91.35	106.05	115.50	157.50
58	78.75	97.65	113.40	122.85	166.95
59	82.95	103.95	120.75	131.25	177.45
60	89.25	111.30	128.10	139.65	189.00
61	95.55	118.65	137.55	149.10	201.60
62	101.85	127.05	147.00	159.60	215.25
63	108.15	135.45	157.50	170.10	229.95
64	115.50	143.85	166.95	181.65	244.65
65	122.85	153.30	178.50	194.25	261.45
66	131.25	164.85	191.10	207.90	281.40
67	141.75	177.45	206.85	224.70	303.45
68	153.30	192.15	223.65	243.60	328.65
69	164.85	207.90	241.50	263.55	354.90
70	178.50	225.75	262.50	286.65	385.35
71	193.20	245.70	285.60	311.85	418.95
72	211.05	268.80	312.90	342.30	457.80
73	232.05	295.05	344.40	376.95	501.90
74	255.15	324.45	379.05	414.75	550.20
75	280.35	355.95	416.85	455.70	603.75
76	306.60	390.60	457.80	501.90	661.50
77	334.95	428.40	502.95	550.20	723.45
78	364.35	468.30	551.25	602.70	789.60
79	395.85	511.35	602.70	658.35	861.00
80	428.40				
81	462.00				
82	497.70				
83	534.45				
84	573.30				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0085-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	48.30	59.85	69.30	75.60	99.75
45-49	53.55	67.20	76.65	84.00	111.30
50-54	66.15	82.95	95.55	103.95	140.70
55	74.55	94.50	109.20	118.65	161.70
56	77.70	99.75	115.50	124.95	170.10
57	81.90	105.00	121.80	132.30	178.50
58	87.15	111.30	129.15	140.70	189.00
59	93.45	117.60	136.50	150.15	200.55
60	100.80	124.95	145.95	158.55	212.10
61	107.10	133.35	155.40	169.05	226.80
62	114.45	142.80	165.90	180.60	241.50
63	121.80	151.20	177.45	193.20	258.30
64	129.15	161.70	187.95	205.80	275.10
65	137.55	172.20	201.60	219.45	294.00
66	147.00	184.80	215.25	235.20	315.00
67	157.50	199.50	233.10	254.10	340.20
68	170.10	215.25	252.00	275.10	368.55
69	183.75	234.15	271.95	298.20	397.95
70	199.50	254.10	296.10	324.45	431.55
71	216.30	276.15	322.35	352.80	469.35
72	236.25	302.40	352.80	386.40	513.45
73	259.35	330.75	387.45	425.25	561.75
74	284.55	363.30	425.25	466.20	615.30
75	311.85	399.00	467.25	511.35	675.15
76	341.25	435.75	512.40	561.75	739.20
77	371.70	477.75	560.70	615.30	807.45
78	404.25	520.80	614.25	672.00	880.95
79	437.85	569.10	668.85	732.90	958.65
80	473.55				
81	510.30				
82	548.10				
83	589.05				
84	631.05				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0085-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	51.45	64.05	73.50	80.85	106.05
45-49	56.70	71.40	81.90	90.30	117.60
50-54	70.35	88.20	101.85	110.25	149.10
55	78.75	99.75	115.50	126.00	170.10
56	81.90	105.00	121.80	132.30	178.50
57	86.10	110.25	128.10	139.65	187.95
58	91.35	116.55	135.45	148.05	198.45
59	97.65	123.90	143.85	157.50	210.00
60	105.00	131.25	153.30	166.95	222.60
61	112.35	139.65	162.75	177.45	237.30
62	119.70	149.10	174.30	190.05	253.05
63	127.05	158.55	185.85	202.65	269.85
64	135.45	169.05	197.40	216.30	287.70
65	143.85	180.60	211.05	229.95	307.65
66	153.30	193.20	225.75	246.75	329.70
67	164.85	208.95	243.60	266.70	355.95
68	177.45	225.75	263.55	288.75	385.35
69	192.15	244.65	285.60	312.90	416.85
70	207.90	265.65	309.75	340.20	451.50
71	225.75	288.75	338.10	370.65	491.40
72	246.75	316.05	369.60	405.30	536.55
73	270.90	346.50	405.30	445.20	588.00
74	297.15	380.10	445.20	488.25	643.65
75	325.50	416.85	488.25	535.50	705.60
76	355.95	455.70	535.50	586.95	771.75
77	387.45	498.75	585.90	642.60	843.15
78	421.05	543.90	640.50	701.40	919.80
79	455.70	593.25	697.20	765.45	1000.65
80	492.45				
81	530.25				
82	570.15				
83	612.15				
84	655.20				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0085-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	30.45	37.80	44.10	48.30	64.05
45-49	33.60	42.00	49.35	53.55	71.40
50-54	45.15	55.65	63.00	68.25	91.35
55	51.45	64.05	72.45	79.80	108.15
56	54.60	67.20	76.65	84.00	115.50
57	57.75	71.40	81.90	90.30	123.90
58	61.95	76.65	88.20	97.65	133.35
59	67.20	82.95	95.55	105.00	143.85
60	72.45	90.30	103.95	113.40	155.40
61	78.75	97.65	113.40	122.85	166.95
62	85.05	106.05	122.85	133.35	180.60
63	91.35	113.40	132.30	143.85	194.25
64	97.65	121.80	141.75	153.30	207.90
65	105.00	130.20	151.20	164.85	223.65
66	113.40	139.65	162.75	177.45	241.50
67	122.85	152.25	177.45	193.20	262.50
68	133.35	165.90	194.25	211.05	286.65
69	144.90	181.65	212.10	231.00	312.90
70	157.50	198.45	232.05	253.05	342.30
71	172.20	218.40	255.15	279.30	374.85
72	190.05	241.50	282.45	308.70	413.70
73	210.00	267.75	312.90	342.30	456.75
74	233.10	296.10	347.55	380.10	505.05
75	257.25	328.65	384.30	421.05	557.55
76	283.50	363.30	424.20	465.15	614.25
77	311.85	400.05	468.30	513.45	675.15
78	341.25	439.95	515.55	564.90	740.25
79	372.75	483.00	564.90	620.55	810.60
80	405.30				
81	439.95				
82	475.65				
83	513.45				
84	553.35				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0085-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	36.75	46.20	52.50	57.75	75.60
45-49	40.95	50.40	58.80	64.05	84.00
50-54	51.45	64.05	74.55	80.85	106.05
55	59.85	74.55	85.05	93.45	126.00
56	63.00	78.75	90.30	97.65	134.40
57	66.15	82.95	95.55	103.95	142.80
58	71.40	89.25	102.90	112.35	153.30
59	76.65	96.60	111.30	120.75	163.80
60	82.95	103.95	119.70	130.20	175.35
61	89.25	111.30	129.15	140.70	187.95
62	96.60	120.75	139.65	152.25	202.65
63	102.90	129.15	150.15	162.75	217.35
64	110.25	137.55	160.65	174.30	233.10
65	118.65	148.05	171.15	185.85	249.90
66	127.05	158.55	183.75	200.55	269.85
67	137.55	172.20	200.55	217.35	292.95
68	149.10	186.90	218.40	237.30	320.25
69	161.70	204.75	238.35	259.35	349.65
70	176.40	223.65	261.45	284.55	383.25
71	193.20	245.70	286.65	312.90	420.00
72	212.10	270.90	317.10	346.50	463.05
73	234.15	299.25	350.70	383.25	511.35
74	259.35	331.80	388.50	425.25	564.90
75	286.65	366.45	429.45	470.40	622.65
76	316.05	404.25	473.55	519.75	686.70
77	346.50	445.20	521.85	573.30	753.90
78	379.05	488.25	573.30	630.00	826.35
79	412.65	535.50	628.95	690.90	904.05
80	448.35				
81	485.10				
82	525.00				
83	565.95				
84	609.00				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0085-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	39.90	49.35	56.70	61.95	80.85
45-49	44.10	54.60	63.00	68.25	89.25
50-54	54.60	68.25	78.75	86.10	112.35
55	63.00	78.75	90.30	98.70	133.35
56	66.15	82.95	95.55	103.95	141.75
57	70.35	88.20	101.85	110.25	151.20
58	75.60	94.50	109.20	118.65	161.70
59	80.85	101.85	117.60	127.05	172.20
60	87.15	109.20	127.05	137.55	183.75
61	93.45	117.60	136.50	148.05	197.40
62	100.80	127.05	147.00	159.60	212.10
63	108.15	136.50	157.50	171.15	227.85
64	115.50	144.90	168.00	182.70	243.60
65	123.90	155.40	179.55	195.30	261.45
66	132.30	166.95	193.20	210.00	281.40
67	143.85	180.60	210.00	227.85	306.60
68	156.45	196.35	228.90	248.85	334.95
69	169.05	214.20	249.90	271.95	365.40
70	184.80	234.15	274.05	298.20	400.05
71	201.60	257.25	300.30	327.60	438.90
72	221.55	283.50	331.80	362.25	484.05
73	244.65	312.90	367.50	401.10	534.45
74	270.90	346.50	406.35	444.15	590.10
75	299.25	382.20	448.35	491.40	651.00
76	329.70	422.10	494.55	542.85	717.15
77	361.20	464.10	544.95	598.50	787.50
78	394.80	509.25	598.50	658.35	863.10
79	429.45	558.60	656.25	721.35	943.95
80	466.20				
81	505.05				
82	546.00				
83	588.00				
84	632.10				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0085-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	26.25	29.40	34.65	36.75	47.25
45-49	28.35	33.60	37.80	40.95	51.45
50-54	34.65	40.95	47.25	50.40	64.05
55	39.90	47.25	54.60	57.75	76.65
56	42.00	50.40	57.75	61.95	81.90
57	46.20	54.60	61.95	67.20	88.20
58	49.35	58.80	67.20	72.45	95.55
59	54.60	64.05	72.45	78.75	103.95
60	58.80	70.35	79.80	88.20	112.35
61	64.05	77.70	88.20	95.55	121.80
62	69.30	84.00	95.55	103.95	133.35
63	74.55	90.30	102.90	111.30	142.80
64	78.75	96.60	110.25	118.65	154.35
65	84.00	103.95	117.60	127.05	165.90
66	91.35	111.30	127.05	137.55	179.55
67	98.70	120.75	138.60	149.10	195.30
68	107.10	132.30	152.25	163.80	215.25
69	117.60	144.90	166.95	180.60	236.25
70	128.10	158.55	182.70	198.45	259.35
71	141.75	175.35	202.65	221.55	286.65
72	158.55	195.30	225.75	246.75	320.25
73	176.40	218.40	253.05	277.20	358.05
74	196.35	244.65	284.55	309.75	400.05
75	219.45	274.05	319.20	347.55	446.25
76	244.65	306.60	355.95	387.45	496.65
77	271.95	341.25	396.90	431.55	552.30
78	301.35	379.05	441.00	477.75	611.10
79	333.90	418.95	488.25	529.20	676.20
80	366.45				
81	404.25				
82	442.05				
83	483.00				
84	526.05				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0085-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	30.45	36.75	42.00	44.10	56.70
45-49	33.60	40.95	46.20	49.35	63.00
50-54	39.90	48.30	55.65	60.90	78.75
55	47.25	55.65	63.00	68.25	90.30
56	49.35	58.80	67.20	71.40	95.55
57	53.55	63.00	71.40	76.65	100.80
58	56.70	68.25	76.65	82.95	109.20
59	61.95	74.55	84.00	90.30	117.60
60	67.20	79.80	91.35	98.70	128.10
61	71.40	88.20	99.75	107.10	138.60
62	77.70	93.45	109.20	117.60	151.20
63	84.00	100.80	116.55	124.95	161.70
64	89.25	109.20	123.90	134.40	174.30
65	95.55	117.60	132.30	142.80	187.95
66	102.90	124.95	142.80	155.40	202.65
67	111.30	137.55	155.40	169.05	221.55
68	120.75	149.10	170.10	186.90	242.55
69	132.30	162.75	187.95	203.70	266.70
70	144.90	179.55	205.80	223.65	292.95
71	158.55	197.40	228.90	247.80	324.45
72	176.40	219.45	254.10	278.25	362.25
73	196.35	245.70	285.60	309.75	404.25
74	218.40	275.10	320.25	348.60	450.45
75	244.65	307.65	358.05	389.55	502.95
76	271.95	342.30	400.05	435.75	560.70
77	302.40	382.20	445.20	484.05	622.65
78	334.95	424.20	494.55	537.60	687.75
79	369.60	469.35	547.05	595.35	761.25
80	406.35				
81	446.25				
82	487.20				
83	531.30				
84	578.55				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0085-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	32.55	39.90	44.10	48.30	61.95
45-49	35.70	43.05	49.35	53.55	68.25
50-54	42.00	51.45	58.80	64.05	85.05
55	49.35	58.80	67.20	72.45	95.55
56	51.45	63.00	70.35	76.65	99.75
57	55.65	67.20	75.60	81.90	106.05
58	58.80	71.40	81.90	88.20	114.45
59	64.05	77.70	89.25	95.55	123.90
60	70.35	84.00	96.60	103.95	134.40
61	75.60	91.35	105.00	112.35	145.95
62	81.90	98.70	113.40	121.80	158.55
63	88.20	106.05	121.80	131.25	170.10
64	92.40	113.40	130.20	140.70	182.70
65	99.75	121.80	138.60	151.20	196.35
66	107.10	131.25	149.10	162.75	212.10
67	116.55	142.80	162.75	177.45	232.05
68	126.00	156.45	179.55	195.30	254.10
69	138.60	170.10	196.35	214.20	279.30
70	151.20	187.95	216.30	235.20	307.65
71	165.90	205.80	239.40	260.40	341.25
72	183.75	229.95	266.70	289.80	379.05
73	204.75	257.25	299.25	324.45	424.20
74	228.90	287.70	334.95	364.35	473.55
75	256.20	321.30	373.80	407.40	527.10
76	284.55	358.05	418.95	455.70	588.00
77	315.00	399.00	466.20	508.20	652.05
78	348.60	442.05	516.60	562.80	721.35
79	384.30	490.35	572.25	623.70	796.95
80	422.10				
81	463.05				
82	506.10				
83	552.30				
84	600.60				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0085-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	49.35	60.90	69.30	74.55	100.80
45-49	54.60	67.20	76.65	82.95	112.35
50-54	67.20	82.95	95.55	105.00	142.80
55	77.70	96.60	111.30	120.75	165.90
56	81.90	100.80	117.60	128.10	175.35
57	86.10	107.10	124.95	135.45	184.80
58	92.40	114.45	133.35	144.90	196.35
59	97.65	121.80	141.75	154.35	208.95
60	105.00	131.25	151.20	163.80	222.60
61	112.35	139.65	161.70	175.35	237.30
62	119.70	149.10	173.25	187.95	253.05
63	127.05	159.60	184.80	200.55	270.90
64	135.45	169.05	196.35	214.20	287.70
65	144.90	180.60	210.00	228.90	307.65
66	154.35	194.25	224.70	244.65	330.75
67	166.95	208.95	243.60	264.60	357.00
68	180.60	225.75	263.55	286.65	386.40
69	194.25	244.65	284.55	309.75	417.90
70	210.00	265.65	308.70	337.05	453.60
71	226.80	288.75	336.00	366.45	492.45
72	247.80	316.05	368.55	403.20	538.65
73	273.00	347.55	405.30	443.10	590.10
74	300.30	382.20	446.25	488.25	646.80
75	329.70	418.95	490.35	536.55	709.80
76	361.20	459.90	538.65	590.10	778.05
77	393.75	504.00	592.20	646.80	851.55
78	428.40	551.25	648.90	708.75	929.25
79	466.20	601.65	708.75	774.90	1013.25
80	504.00				
81	543.90				
82	585.90				
83	628.95				
84	674.10				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0085-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	56.70	70.35	81.90	89.25	117.60
45-49	63.00	78.75	90.30	98.70	131.25
50-54	77.70	97.65	112.35	121.80	165.90
55	88.20	111.30	128.10	139.65	190.05
56	91.35	117.60	135.45	147.00	200.55
57	96.60	123.90	142.80	155.40	210.00
58	102.90	131.25	152.25	165.90	222.60
59	110.25	138.60	160.65	176.40	236.25
60	118.65	147.00	172.20	186.90	249.90
61	126.00	156.45	182.70	198.45	266.70
62	134.40	168.00	195.30	212.10	284.55
63	142.80	177.45	208.95	226.80	303.45
64	152.25	190.05	221.55	242.55	323.40
65	161.70	202.65	237.30	258.30	345.45
66	173.25	217.35	253.05	277.20	370.65
67	184.80	235.20	274.05	299.25	400.05
68	200.55	253.05	296.10	323.40	433.65
69	216.30	275.10	320.25	350.70	468.30
70	235.20	299.25	348.60	382.20	508.20
71	254.10	324.45	379.05	414.75	552.30
72	278.25	355.95	414.75	454.65	603.75
73	305.55	389.55	455.70	499.80	660.45
74	334.95	427.35	499.80	548.10	723.45
75	366.45	469.35	550.20	601.65	793.80
76	401.10	512.40	602.70	660.45	869.40
77	436.80	561.75	659.40	723.45	950.25
78	475.65	613.20	722.40	790.65	1036.35
79	515.55	669.90	786.45	862.05	1127.70
80	557.55				
81	600.60				
82	644.70				
83	693.00				
84	742.35				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0085-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	60.90	75.60	86.10	95.55	124.95
45-49	67.20	84.00	96.60	106.05	138.60
50-54	82.95	103.95	119.70	130.20	175.35
55	92.40	117.60	135.45	148.05	200.55
56	96.60	123.90	142.80	155.40	210.00
57	100.80	130.20	151.20	163.80	221.55
58	107.10	137.55	159.60	174.30	233.10
59	114.45	145.95	169.05	184.80	246.75
60	123.90	154.35	180.60	196.35	261.45
61	132.30	163.80	191.10	208.95	279.30
62	140.70	175.35	204.75	223.65	298.20
63	149.10	186.90	218.40	238.35	317.10
64	159.60	198.45	232.05	254.10	338.10
65	169.05	212.10	247.80	270.90	362.25
66	180.60	226.80	265.65	289.80	387.45
67	194.25	245.70	286.65	313.95	418.95
68	208.95	265.65	309.75	340.20	453.60
69	225.75	287.70	336.00	368.55	490.35
70	244.65	312.90	364.35	400.05	531.30
71	265.65	340.20	397.95	435.75	578.55
72	289.80	371.70	434.70	476.70	631.05
73	319.20	407.40	476.70	523.95	691.95
74	349.65	447.30	523.95	574.35	757.05
75	383.25	490.35	574.35	630.00	830.55
76	418.95	536.55	630.00	690.90	908.25
77	455.70	586.95	688.80	756.00	992.25
78	495.60	639.45	753.90	825.30	1082.55
79	536.55	698.25	820.05	900.90	1177.05
80	579.60				
81	623.70				
82	670.95				
83	720.30				
84	770.70				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0085-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	35.70	44.10	51.45	56.70	75.60
45-49	39.90	49.35	57.75	63.00	84.00
50-54	53.55	65.10	74.55	79.80	107.10
55	60.90	75.60	85.05	93.45	127.05
56	64.05	78.75	90.30	98.70	135.45
57	68.25	84.00	96.60	106.05	145.95
58	72.45	90.30	103.95	114.45	156.45
59	78.75	97.65	112.35	123.90	169.05
60	85.05	106.05	121.80	133.35	182.70
61	92.40	114.45	133.35	144.90	196.35
62	99.75	124.95	144.90	156.45	212.10
63	107.10	133.35	155.40	169.05	228.90
64	114.45	142.80	166.95	180.60	244.65
65	123.90	153.30	177.45	194.25	263.55
66	133.35	163.80	191.10	208.95	284.55
67	144.90	179.55	208.95	226.80	308.70
68	156.45	195.30	228.90	247.80	337.05
69	170.10	214.20	249.90	271.95	368.55
70	184.80	233.10	273.00	298.20	403.20
71	202.65	257.25	300.30	328.65	441.00
72	223.65	284.55	331.80	363.30	487.20
73	246.75	315.00	368.55	403.20	537.60
74	274.05	348.60	408.45	447.30	594.30
75	302.40	386.40	452.55	495.60	656.25
76	333.90	427.35	498.75	547.05	722.40
77	366.45	470.40	551.25	603.75	793.80
78	401.10	517.65	606.90	664.65	870.45
79	438.90	568.05	664.65	729.75	953.40
80	476.70				
81	517.65				
82	559.65				
83	603.75				
84	651.00				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0085-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	43.05	54.60	61.95	68.25	89.25
45-49	48.30	58.80	69.30	75.60	98.70
50-54	60.90	75.60	88.20	95.55	124.95
55	70.35	88.20	99.75	110.25	148.05
56	74.55	92.40	106.05	114.45	158.55
57	77.70	97.65	112.35	121.80	168.00
58	84.00	105.00	120.75	132.30	180.60
59	90.30	113.40	131.25	141.75	193.20
60	97.65	121.80	140.70	153.30	205.80
61	105.00	131.25	152.25	165.90	221.55
62	113.40	141.75	163.80	179.55	238.35
63	120.75	152.25	176.40	191.10	256.20
64	130.20	161.70	189.00	204.75	274.05
65	139.65	174.30	201.60	218.40	294.00
66	149.10	186.90	216.30	236.25	317.10
67	161.70	202.65	236.25	256.20	344.40
68	175.35	219.45	257.25	279.30	376.95
69	190.05	240.45	280.35	305.55	411.60
70	207.90	263.55	307.65	334.95	450.45
71	226.80	288.75	337.05	368.55	494.55
72	249.90	319.20	372.75	407.40	544.95
73	275.10	351.75	412.65	450.45	601.65
74	305.55	390.60	456.75	499.80	664.65
75	337.05	431.55	505.05	553.35	732.90
76	371.70	475.65	557.55	611.10	807.45
77	407.40	523.95	614.25	674.10	887.25
78	446.25	574.35	674.10	741.30	972.30
79	485.10	630.00	740.25	812.70	1063.65
80	527.10				
81	571.20				
82	617.40				
83	665.70				
84	716.10				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0085-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	47.25	57.75	67.20	72.45	95.55
45-49	51.45	64.05	74.55	79.80	105.00
50-54	64.05	79.80	92.40	100.80	132.30
55	74.55	92.40	106.05	116.55	156.45
56	77.70	97.65	112.35	121.80	166.95
57	82.95	103.95	119.70	130.20	177.45
58	89.25	111.30	128.10	139.65	190.05
59	95.55	119.70	138.60	149.10	202.65
60	102.90	128.10	149.10	161.70	216.30
61	110.25	138.60	160.65	174.30	232.05
62	118.65	149.10	173.25	187.95	249.90
63	127.05	160.65	184.80	201.60	267.75
64	135.45	170.10	197.40	215.25	286.65
65	145.95	182.70	211.05	229.95	307.65
66	155.40	196.35	226.80	246.75	330.75
67	169.05	212.10	246.75	267.75	361.20
68	183.75	231.00	268.80	292.95	393.75
69	198.45	252.00	294.00	320.25	429.45
70	217.35	275.10	322.35	350.70	470.40
71	237.30	302.40	352.80	385.35	516.60
72	260.40	333.90	390.60	426.30	569.10
73	287.70	368.55	432.60	471.45	628.95
74	319.20	407.40	477.75	522.90	694.05
75	351.75	449.40	527.10	578.55	765.45
76	387.45	496.65	581.70	638.40	844.20
77	425.25	546.00	641.55	704.55	926.10
78	464.10	599.55	704.55	774.90	1015.35
79	505.05	657.30	771.75	848.40	1110.90
80	548.10				
81	594.30				
82	642.60				
83	691.95				
84	743.40				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0085-A37
Long-Term Care Policy

WITH SURVIVORSHIP BENEFIT RIDER R1-N0103-SERIES

When this rider is chosen, multiply the final premium by the appropriate factor.

ISSUE AGE	NO INFLATION PROTECTION	SIMPLE INFLATION PROTECTION	COMPOUND INFLATION PROTECTION
18-44	1.11	1.17	1.17
45-49	1.14	1.21	1.21
50-54	1.18	1.28	1.28
55	1.20	1.30	1.30
56	1.20	1.30	1.30
57	1.21	1.30	1.30
58	1.21	1.30	1.30
59	1.21	1.30	1.30
60	1.21	1.30	1.30
61	1.21	1.30	1.30
62	1.21	1.29	1.29
63	1.21	1.29	1.29
64	1.21	1.28	1.28
65	1.20	1.27	1.27
66	1.20	1.26	1.26
67	1.20	1.26	1.26
68	1.19	1.25	1.25
69	1.19	1.24	1.24
70	1.18	1.23	1.23
71	1.18	1.22	1.22
72	1.17	1.20	1.20
73	1.16	1.19	1.19
74	1.16	1.18	1.18
75	1.15	1.17	1.17
76	1.14	1.16	1.16
77	1.13	1.15	1.15
78	1.12	1.14	1.14
79	1.11	1.13	1.13
80	1.10	1.12	1.12
81	1.09	1.11	1.11
82	1.08	1.10	1.10
83	1.07	1.09	1.09
84	1.06	1.08	1.08

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0085-A37
Long-Term Care Policy

Elimination Period Factors

Rates shown are for 30 day elimination period. Rates for other elimination periods are calculated by multiplying the 30 day rates by the appropriate factor from the following table:

Benefit Maximum	0	14	20	60	90	100	180	365
730x,1095x	1.11	1.06	1.03	0.95	0.91	0.90	0.80	0.71
1460x,1825x	1.09	1.05	1.03	0.95	0.91	0.90	0.81	0.72
Lifetime	1.07	1.04	1.03	0.96	0.93	0.92	0.85	0.78

Spousal Discount

A 20% discount to the rates is available to married couples if both spouses apply for coverage.

Dual Waiver of Premium Rider R1-N0104-Series

An optional dual waiver of premium rider will be offered. If one spouse qualifies for a waiver of premium, the premium of the other spouse will also be waived. If chosen, multiply the final premium by 1.06.

Shared Advantage Rider R1-N0105-Series

This rider will allow two covered spouses to purchase an additional benefit amount that can be used by either spouse after their base benefits are exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	No Inflation Protection	With Inflation Protection
730x	1.30	1.35
1095x	1.21	1.25
1460x	1.15	1.18
1825x	1.12	1.14

Restoration of Benefits Rider R1-N0108-Series

This rider restores the maximum lifetime benefit if the insured has not met the stipulated conditions for a period of 180 consecutive days and the maximum lifetime benefit has not been exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	Factor
730x	1.08
1095x	1.06
1460x,1825x	1.04

Cost of Living Increase Rider R1-N0107-Series

This rider allows the insured to increase their policy limits, subject to the terms of the rider, every three years without additional underwriting. The additional premium charged is based on the attained age and incremental increase in the maximum daily facility benefit when exercised. If chosen, multiply the final premium by the appropriate factor:

Age	Factor
18-44	1.15
45-49	1.12
50-55	1.10
56-58	1.09
59-61	1.08
62-64	1.07
65-67	1.06
68-70	1.05
71-73	1.04
74-76	1.03

Modal Factors

Semi-Annual: 0.52; Quarterly: 0.27; Check-A-Matic: 0.09

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604

Supplement to Rate Sheets for Policy Form P1-N0086-A37
PENNSYLVANIA

All rates for this form should be multiplied by a factor of: 1.9425

This factor represents the **proposed** increase of: 29.5%

And the following prior approved rate increases:

Policy Form	Increase Applies to all Policies or Subsets	Rate Increase Approved	Approval Date of Rate Increase
P1-N0086-A37	--Yes--	20.00%	3/14/2013
P1-N0086-A37	--Yes--	25.00%	12/3/2014

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0086-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	27.56	31.50	36.75	39.38	49.88
45-49	30.19	35.44	40.69	43.31	55.13
50-54	36.75	43.31	49.88	53.81	68.25
55	42.00	49.88	57.75	61.69	81.38
56	44.63	53.81	61.69	65.63	86.63
57	48.56	57.75	65.63	70.88	93.19
58	52.50	63.00	70.88	77.44	101.06
59	57.75	68.25	77.44	84.00	110.25
60	63.00	74.81	85.31	93.19	119.44
61	68.25	82.69	93.19	101.06	129.94
62	73.50	89.25	101.06	110.25	141.75
63	78.75	95.81	108.94	118.13	152.25
64	84.00	102.38	116.81	126.00	164.06
65	89.25	110.25	124.69	135.19	175.88
66	97.13	118.13	135.19	145.69	190.31
67	105.00	128.63	147.00	158.81	207.38
68	114.19	140.44	161.44	174.56	228.38
69	124.69	153.56	177.19	191.63	250.69
70	136.50	168.00	194.25	211.31	275.63
71	150.94	186.38	215.25	234.94	304.50
72	168.00	207.38	240.19	262.50	339.94
73	187.69	232.31	269.06	294.00	380.63
74	208.69	259.88	301.88	329.44	425.25
75	233.63	291.38	338.63	368.81	473.81
76	259.88	325.50	378.00	412.13	527.63
77	288.75	362.25	421.31	458.06	586.69
78	320.25	402.94	468.56	507.94	649.69
79	354.38	444.94	518.44	561.75	717.94
80	389.81				
81	429.19				
82	469.88				
83	513.19				
84	559.13				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0086-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	32.81	39.38	44.63	47.25	60.38
45-49	35.44	43.31	48.56	52.50	66.94
50-54	42.00	51.19	59.06	64.31	84.00
55	49.88	59.06	66.94	72.19	95.81
56	52.50	63.00	70.88	76.13	101.06
57	56.44	66.94	76.13	81.38	107.63
58	60.38	72.19	81.38	87.94	115.50
59	65.63	78.75	89.25	95.81	124.69
60	70.88	85.31	97.13	105.00	136.50
61	76.13	93.19	106.31	114.19	147.00
62	82.69	99.75	115.50	124.69	160.13
63	89.25	107.63	123.38	132.56	171.94
64	94.50	115.50	131.25	143.06	185.06
65	101.06	124.69	140.44	152.25	199.50
66	108.94	132.56	152.25	165.38	215.25
67	118.13	145.69	165.38	179.81	234.94
68	128.63	158.81	181.13	198.19	257.25
69	140.44	173.25	199.50	216.56	283.50
70	153.56	190.31	219.19	237.56	311.06
71	168.00	210.00	242.81	263.81	345.19
72	187.69	233.63	270.38	295.31	384.56
73	208.69	261.19	303.19	329.44	429.19
74	232.31	292.69	339.94	370.13	479.06
75	259.88	326.81	380.63	413.44	534.19
76	288.75	363.56	425.25	463.31	595.88
77	321.56	405.56	472.50	514.50	661.50
78	355.69	450.19	525.00	570.94	731.06
79	392.44	498.75	581.44	632.63	808.50
80	431.81				
81	473.81				
82	517.13				
83	564.38				
84	614.25				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0086-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	34.13	42.00	47.25	51.19	65.63
45-49	38.06	45.94	52.50	56.44	72.19
50-54	44.63	55.13	63.00	68.25	90.56
55	52.50	63.00	70.88	77.44	101.06
56	55.13	66.94	74.81	81.38	106.31
57	59.06	70.88	80.06	86.63	112.88
58	63.00	76.13	86.63	93.19	122.06
59	68.25	82.69	94.50	101.06	131.25
60	74.81	89.25	102.38	110.25	143.06
61	80.06	97.13	111.56	119.44	154.88
62	86.63	105.00	120.75	129.94	168.00
63	93.19	112.88	129.94	139.13	181.13
64	98.44	120.75	137.81	149.63	194.25
65	106.31	129.94	147.00	160.13	208.69
66	114.19	139.13	158.81	173.25	225.75
67	123.38	152.25	173.25	189.00	246.75
68	133.88	166.69	190.31	207.38	270.38
69	147.00	181.13	208.69	227.06	296.63
70	160.13	199.50	229.69	249.38	326.81
71	175.88	219.19	254.63	276.94	362.25
72	195.56	244.13	283.50	308.44	402.94
73	217.88	273.00	317.63	345.19	450.19
74	242.81	305.81	355.69	387.19	502.69
75	271.69	341.25	397.69	433.13	560.44
76	301.88	380.63	444.94	484.31	624.75
77	334.69	423.94	494.81	539.44	693.00
78	370.13	469.88	548.63	598.50	766.50
79	408.19	521.06	607.69	662.81	846.56
80	448.88				
81	492.19				
82	538.13				
83	586.69				
84	637.88				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0086-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	52.50	64.31	73.50	78.75	107.63
45-49	57.75	70.88	81.38	87.94	119.44
50-54	70.88	87.94	101.06	111.56	152.25
55	82.69	102.38	118.13	128.63	175.88
56	86.63	107.63	124.69	136.50	186.38
57	91.88	114.19	132.56	144.38	196.88
58	98.44	122.06	141.75	153.56	208.69
59	103.69	129.94	150.94	164.06	221.81
60	111.56	139.13	160.13	174.56	236.25
61	119.44	148.31	171.94	186.38	252.00
62	127.31	158.81	183.75	199.50	269.06
63	135.19	169.31	196.88	212.63	287.44
64	144.38	179.81	208.69	227.06	305.81
65	153.56	191.63	223.13	242.81	326.81
66	164.06	206.06	238.88	259.88	351.75
67	177.19	221.81	258.56	280.88	379.31
68	191.63	240.19	279.56	304.50	410.81
69	206.06	259.88	301.88	329.44	443.63
70	223.13	282.19	328.13	358.31	481.69
71	241.50	307.13	357.00	389.81	523.69
72	263.81	336.00	391.13	427.88	572.25
73	290.06	368.81	430.50	471.19	627.38
74	318.94	405.56	473.81	518.44	687.75
75	350.44	444.94	521.06	569.63	754.69
76	383.25	488.25	572.25	627.38	826.88
77	418.69	535.50	628.69	687.75	904.31
78	455.44	585.38	689.06	753.38	987.00
79	494.81	639.19	753.38	822.94	1076.25
80	535.50				
81	577.50				
82	622.13				
83	668.06				
84	716.63				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0086-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	60.38	74.81	86.63	94.50	124.69
45-49	66.94	84.00	95.81	105.00	139.13
50-54	82.69	103.69	119.44	129.94	175.88
55	93.19	118.13	136.50	148.31	202.13
56	97.13	124.69	144.38	156.19	212.63
57	102.38	131.25	152.25	165.38	223.13
58	108.94	139.13	161.44	175.88	236.25
59	116.81	147.00	170.63	187.69	250.69
60	126.00	156.19	182.44	198.19	265.13
61	133.88	166.69	194.25	211.31	283.50
62	143.06	178.50	207.38	225.75	301.88
63	152.25	189.00	221.81	241.50	322.88
64	161.44	202.13	234.94	257.25	343.88
65	171.94	215.25	252.00	274.31	367.50
66	183.75	231.00	269.06	294.00	393.75
67	196.88	249.38	291.38	317.63	425.25
68	212.63	269.06	315.00	343.88	460.69
69	229.69	292.69	339.94	372.75	497.44
70	249.38	317.63	370.13	405.56	539.44
71	270.38	345.19	402.94	441.00	586.69
72	295.31	378.00	441.00	483.00	641.81
73	324.19	413.44	484.31	531.56	702.19
74	355.69	454.13	531.56	582.75	769.13
75	389.81	498.75	584.06	639.19	843.94
76	426.56	544.69	640.50	702.19	924.00
77	464.63	597.19	700.88	769.13	1009.31
78	505.31	651.00	767.81	840.00	1101.19
79	547.31	711.38	836.06	916.13	1198.31
80	591.94				
81	637.88				
82	685.13				
83	736.31				
84	788.81				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0086-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	64.31	80.06	91.88	101.06	132.56
45-49	70.88	89.25	102.38	112.88	147.00
50-54	87.94	110.25	127.31	137.81	186.38
55	98.44	124.69	144.38	157.50	212.63
56	102.38	131.25	152.25	165.38	223.13
57	107.63	137.81	160.13	174.56	234.94
58	114.19	145.69	169.31	185.06	248.06
59	122.06	154.88	179.81	196.88	262.50
60	131.25	164.06	191.63	208.69	278.25
61	140.44	174.56	203.44	221.81	296.63
62	149.63	186.38	217.88	237.56	316.31
63	158.81	198.19	232.31	253.31	337.31
64	169.31	211.31	246.75	270.38	359.63
65	179.81	225.75	263.81	287.44	384.56
66	191.63	241.50	282.19	308.44	412.13
67	206.06	261.19	304.50	333.38	444.94
68	221.81	282.19	329.44	360.94	481.69
69	240.19	305.81	357.00	391.13	521.06
70	259.88	332.06	387.19	425.25	564.38
71	282.19	360.94	422.63	463.31	614.25
72	308.44	395.06	462.00	506.63	670.69
73	338.63	433.13	506.63	556.50	735.00
74	371.44	475.13	556.50	610.31	804.56
75	406.88	521.06	610.31	669.38	882.00
76	444.94	569.63	669.38	733.69	964.69
77	484.31	623.44	732.38	803.25	1053.94
78	526.31	679.88	800.63	876.75	1149.75
79	569.63	741.56	871.50	956.81	1250.81
80	615.56				
81	662.81				
82	712.69				
83	765.19				
84	819.00				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0086-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	38.06	47.25	55.13	60.38	80.06
45-49	42.00	52.50	61.69	66.94	89.25
50-54	56.44	69.56	78.75	85.31	114.19
55	64.31	80.06	90.56	99.75	135.19
56	68.25	84.00	95.81	105.00	144.38
57	72.19	89.25	102.38	112.88	154.88
58	77.44	95.81	110.25	122.06	166.69
59	84.00	103.69	119.44	131.25	179.81
60	90.56	112.88	129.94	141.75	194.25
61	98.44	122.06	141.75	153.56	208.69
62	106.31	132.56	153.56	166.69	225.75
63	114.19	141.75	165.38	179.81	242.81
64	122.06	152.25	177.19	191.63	259.88
65	131.25	162.75	189.00	206.06	279.56
66	141.75	174.56	203.44	221.81	301.88
67	153.56	190.31	221.81	241.50	328.13
68	166.69	207.38	242.81	263.81	358.31
69	181.13	227.06	265.13	288.75	391.13
70	196.88	248.06	290.06	316.31	427.88
71	215.25	273.00	318.94	349.13	468.56
72	237.56	301.88	353.06	385.88	517.13
73	262.50	334.69	391.13	427.88	570.94
74	291.38	370.13	434.44	475.13	631.31
75	321.56	410.81	480.38	526.31	696.94
76	354.38	454.13	530.25	581.44	767.81
77	389.81	500.06	585.38	641.81	843.94
78	426.56	549.94	644.44	706.13	925.31
79	465.94	603.75	706.13	775.69	1013.25
80	506.63				
81	549.94				
82	594.56				
83	641.81				
84	691.69				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0086-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	45.94	57.75	65.63	72.19	94.50
45-49	51.19	63.00	73.50	80.06	105.00
50-54	64.31	80.06	93.19	101.06	132.56
55	74.81	93.19	106.31	116.81	157.50
56	78.75	98.44	112.88	122.06	168.00
57	82.69	103.69	119.44	129.94	178.50
58	89.25	111.56	128.63	140.44	191.63
59	95.81	120.75	139.13	150.94	204.75
60	103.69	129.94	149.63	162.75	219.19
61	111.56	139.13	161.44	175.88	234.94
62	120.75	150.94	174.56	190.31	253.31
63	128.63	161.44	187.69	203.44	271.69
64	137.81	171.94	200.81	217.88	291.38
65	148.31	185.06	213.94	232.31	312.38
66	158.81	198.19	229.69	250.69	337.31
67	171.94	215.25	250.69	271.69	366.19
68	186.38	233.63	273.00	296.63	400.31
69	202.13	255.94	297.94	324.19	437.06
70	220.50	279.56	326.81	355.69	479.06
71	241.50	307.13	358.31	391.13	525.00
72	265.13	338.63	396.38	433.13	578.81
73	292.69	374.06	438.38	479.06	639.19
74	324.19	414.75	485.63	531.56	706.13
75	358.31	458.06	536.81	588.00	778.31
76	395.06	505.31	591.94	649.69	858.38
77	433.13	556.50	652.31	716.63	942.38
78	473.81	610.31	716.63	787.50	1032.94
79	515.81	669.38	786.19	863.63	1130.06
80	560.44				
81	606.38				
82	656.25				
83	707.44				
84	761.25				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0086-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	49.88	61.69	70.88	77.44	101.06
45-49	55.13	68.25	78.75	85.31	111.56
50-54	68.25	85.31	98.44	107.63	140.44
55	78.75	98.44	112.88	123.38	166.69
56	82.69	103.69	119.44	129.94	177.19
57	87.94	110.25	127.31	137.81	189.00
58	94.50	118.13	136.50	148.31	202.13
59	101.06	127.31	147.00	158.81	215.25
60	108.94	136.50	158.81	171.94	229.69
61	116.81	147.00	170.63	185.06	246.75
62	126.00	158.81	183.75	199.50	265.13
63	135.19	170.63	196.88	213.94	284.81
64	144.38	181.13	210.00	228.38	304.50
65	154.88	194.25	224.44	244.13	326.81
66	165.38	208.69	241.50	262.50	351.75
67	179.81	225.75	262.50	284.81	383.25
68	195.56	245.44	286.13	311.06	418.69
69	211.31	267.75	312.38	339.94	456.75
70	231.00	292.69	342.56	372.75	500.06
71	252.00	321.56	375.38	409.50	548.63
72	276.94	354.38	414.75	452.81	605.06
73	305.81	391.13	459.38	501.38	668.06
74	338.63	433.13	507.94	555.19	737.63
75	374.06	477.75	560.44	614.25	813.75
76	412.13	527.63	618.19	678.56	896.44
77	451.50	580.13	681.19	748.13	984.38
78	493.50	636.56	748.13	822.94	1078.88
79	536.81	698.25	820.31	901.69	1179.94
80	582.75				
81	631.31				
82	682.50				
83	735.00				
84	790.13				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0086-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	32.81	36.75	43.31	45.94	59.06
45-49	35.44	42.00	47.25	51.19	64.31
50-54	43.31	51.19	59.06	63.00	80.06
55	49.88	59.06	68.25	72.19	95.81
56	52.50	63.00	72.19	77.44	102.38
57	57.75	68.25	77.44	84.00	110.25
58	61.69	73.50	84.00	90.56	119.44
59	68.25	80.06	90.56	98.44	129.94
60	73.50	87.94	99.75	110.25	140.44
61	80.06	97.13	110.25	119.44	152.25
62	86.63	105.00	119.44	129.94	166.69
63	93.19	112.88	128.63	139.13	178.50
64	98.44	120.75	137.81	148.31	192.94
65	105.00	129.94	147.00	158.81	207.38
66	114.19	139.13	158.81	171.94	224.44
67	123.38	150.94	173.25	186.38	244.13
68	133.88	165.38	190.31	204.75	269.06
69	147.00	181.13	208.69	225.75	295.31
70	160.13	198.19	228.38	248.06	324.19
71	177.19	219.19	253.31	276.94	358.31
72	198.19	244.13	282.19	308.44	400.31
73	220.50	273.00	316.31	346.50	447.56
74	245.44	305.81	355.69	387.19	500.06
75	274.31	342.56	399.00	434.44	557.81
76	305.81	383.25	444.94	484.31	620.81
77	339.94	426.56	496.13	539.44	690.38
78	376.69	473.81	551.25	597.19	763.88
79	417.38	523.69	610.31	661.50	845.25
80	458.06				
81	505.31				
82	552.56				
83	603.75				
84	657.56				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0086-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	38.06	45.94	52.50	55.13	70.88
45-49	42.00	51.19	57.75	61.69	78.75
50-54	49.88	60.38	69.56	76.13	98.44
55	59.06	69.56	78.75	85.31	112.88
56	61.69	73.50	84.00	89.25	119.44
57	66.94	78.75	89.25	95.81	126.00
58	70.88	85.31	95.81	103.69	136.50
59	77.44	93.19	105.00	112.88	147.00
60	84.00	99.75	114.19	123.38	160.13
61	89.25	110.25	124.69	133.88	173.25
62	97.13	116.81	136.50	147.00	189.00
63	105.00	126.00	145.69	156.19	202.13
64	111.56	136.50	154.88	168.00	217.88
65	119.44	147.00	165.38	178.50	234.94
66	128.63	156.19	178.50	194.25	253.31
67	139.13	171.94	194.25	211.31	276.94
68	150.94	186.38	212.63	233.63	303.19
69	165.38	203.44	234.94	254.63	333.38
70	181.13	224.44	257.25	279.56	366.19
71	198.19	246.75	286.13	309.75	405.56
72	220.50	274.31	317.63	347.81	452.81
73	245.44	307.13	357.00	387.19	505.31
74	273.00	343.88	400.31	435.75	563.06
75	305.81	384.56	447.56	486.94	628.69
76	339.94	427.88	500.06	544.69	700.88
77	378.00	477.75	556.50	605.06	778.31
78	418.69	530.25	618.19	672.00	859.69
79	462.00	586.69	683.81	744.19	951.56
80	507.94				
81	557.81				
82	609.00				
83	664.13				
84	723.19				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0086-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	40.69	49.88	55.13	60.38	77.44
45-49	44.63	53.81	61.69	66.94	85.31
50-54	52.50	64.31	73.50	80.06	106.31
55	61.69	73.50	84.00	90.56	119.44
56	64.31	78.75	87.94	95.81	124.69
57	69.56	84.00	94.50	102.38	132.56
58	73.50	89.25	102.38	110.25	143.06
59	80.06	97.13	111.56	119.44	154.88
60	87.94	105.00	120.75	129.94	168.00
61	94.50	114.19	131.25	140.44	182.44
62	102.38	123.38	141.75	152.25	198.19
63	110.25	132.56	152.25	164.06	212.63
64	115.50	141.75	162.75	175.88	228.38
65	124.69	152.25	173.25	189.00	245.44
66	133.88	164.06	186.38	203.44	265.13
67	145.69	178.50	203.44	221.81	290.06
68	157.50	195.56	224.44	244.13	317.63
69	173.25	212.63	245.44	267.75	349.13
70	189.00	234.94	270.38	294.00	384.56
71	207.38	257.25	299.25	325.50	426.56
72	229.69	287.44	333.38	362.25	473.81
73	255.94	321.56	374.06	405.56	530.25
74	286.13	359.63	418.69	455.44	591.94
75	320.25	401.63	467.25	509.25	658.88
76	355.69	447.56	523.69	569.63	735.00
77	393.75	498.75	582.75	635.25	815.06
78	435.75	552.56	645.75	703.50	901.69
79	480.38	612.94	715.31	779.63	996.19
80	527.63				
81	578.81				
82	632.63				
83	690.38				
84	750.75				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0086-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	61.69	76.13	86.63	93.19	126.00
45-49	68.25	84.00	95.81	103.69	140.44
50-54	84.00	103.69	119.44	131.25	178.50
55	97.13	120.75	139.13	150.94	207.38
56	102.38	126.00	147.00	160.13	219.19
57	107.63	133.88	156.19	169.31	231.00
58	115.50	143.06	166.69	181.13	245.44
59	122.06	152.25	177.19	192.94	261.19
60	131.25	164.06	189.00	204.75	278.25
61	140.44	174.56	202.13	219.19	296.63
62	149.63	186.38	216.56	234.94	316.31
63	158.81	199.50	231.00	250.69	338.63
64	169.31	211.31	245.44	267.75	359.63
65	181.13	225.75	262.50	286.13	384.56
66	192.94	242.81	280.88	305.81	413.44
67	208.69	261.19	304.50	330.75	446.25
68	225.75	282.19	329.44	358.31	483.00
69	242.81	305.81	355.69	387.19	522.38
70	262.50	332.06	385.88	421.31	567.00
71	283.50	360.94	420.00	458.06	615.56
72	309.75	395.06	460.69	504.00	673.31
73	341.25	434.44	506.63	553.88	737.63
74	375.38	477.75	557.81	610.31	808.50
75	412.13	523.69	612.94	670.69	887.25
76	451.50	574.88	673.31	737.63	972.56
77	492.19	630.00	740.25	808.50	1064.44
78	535.50	689.06	811.13	885.94	1161.56
79	582.75	752.06	885.94	968.63	1266.56
80	630.00				
81	679.88				
82	732.38				
83	786.19				
84	842.63				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0086-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	70.88	87.94	102.38	111.56	147.00
45-49	78.75	98.44	112.88	123.38	164.06
50-54	97.13	122.06	140.44	152.25	207.38
55	110.25	139.13	160.13	174.56	237.56
56	114.19	147.00	169.31	183.75	250.69
57	120.75	154.88	178.50	194.25	262.50
58	128.63	164.06	190.31	207.38	278.25
59	137.81	173.25	200.81	220.50	295.31
60	148.31	183.75	215.25	233.63	312.38
61	157.50	195.56	228.38	248.06	333.38
62	168.00	210.00	244.13	265.13	355.69
63	178.50	221.81	261.19	283.50	379.31
64	190.31	237.56	276.94	303.19	404.25
65	202.13	253.31	296.63	322.88	431.81
66	216.56	271.69	316.31	346.50	463.31
67	231.00	294.00	342.56	374.06	500.06
68	250.69	316.31	370.13	404.25	542.06
69	270.38	343.88	400.31	438.38	585.38
70	294.00	374.06	435.75	477.75	635.25
71	317.63	405.56	473.81	518.44	690.38
72	347.81	444.94	518.44	568.31	754.69
73	381.94	486.94	569.63	624.75	825.56
74	418.69	534.19	624.75	685.13	904.31
75	458.06	586.69	687.75	752.06	992.25
76	501.38	640.50	753.38	825.56	1086.75
77	546.00	702.19	824.25	904.31	1187.81
78	594.56	766.50	903.00	988.31	1295.44
79	644.44	837.38	983.06	1077.56	1409.63
80	696.94				
81	750.75				
82	805.88				
83	866.25				
84	927.94				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0086-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	76.13	94.50	107.63	119.44	156.19
45-49	84.00	105.00	120.75	132.56	173.25
50-54	103.69	129.94	149.63	162.75	219.19
55	115.50	147.00	169.31	185.06	250.69
56	120.75	154.88	178.50	194.25	262.50
57	126.00	162.75	189.00	204.75	276.94
58	133.88	171.94	199.50	217.88	291.38
59	143.06	182.44	211.31	231.00	308.44
60	154.88	192.94	225.75	245.44	326.81
61	165.38	204.75	238.88	261.19	349.13
62	175.88	219.19	255.94	279.56	372.75
63	186.38	233.63	273.00	297.94	396.38
64	199.50	248.06	290.06	317.63	422.63
65	211.31	265.13	309.75	338.63	452.81
66	225.75	283.50	332.06	362.25	484.31
67	242.81	307.13	358.31	392.44	523.69
68	261.19	332.06	387.19	425.25	567.00
69	282.19	359.63	420.00	460.69	612.94
70	305.81	391.13	455.44	500.06	664.13
71	332.06	425.25	497.44	544.69	723.19
72	362.25	464.63	543.38	595.88	788.81
73	399.00	509.25	595.88	654.94	864.94
74	437.06	559.13	654.94	717.94	946.31
75	479.06	612.94	717.94	787.50	1038.19
76	523.69	670.69	787.50	863.63	1135.31
77	569.63	733.69	861.00	945.00	1240.31
78	619.50	799.31	942.38	1031.63	1353.19
79	670.69	872.81	1025.06	1126.13	1471.31
80	724.50				
81	779.63				
82	838.69				
83	900.38				
84	963.38				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0086-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	44.63	55.13	64.31	70.88	94.50
45-49	49.88	61.69	72.19	78.75	105.00
50-54	66.94	81.38	93.19	99.75	133.88
55	76.13	94.50	106.31	116.81	158.81
56	80.06	98.44	112.88	123.38	169.31
57	85.31	105.00	120.75	132.56	182.44
58	90.56	112.88	129.94	143.06	195.56
59	98.44	122.06	140.44	154.88	211.31
60	106.31	132.56	152.25	166.69	228.38
61	115.50	143.06	166.69	181.13	245.44
62	124.69	156.19	181.13	195.56	265.13
63	133.88	166.69	194.25	211.31	286.13
64	143.06	178.50	208.69	225.75	305.81
65	154.88	191.63	221.81	242.81	329.44
66	166.69	204.75	238.88	261.19	355.69
67	181.13	224.44	261.19	283.50	385.88
68	195.56	244.13	286.13	309.75	421.31
69	212.63	267.75	312.38	339.94	460.69
70	231.00	291.38	341.25	372.75	504.00
71	253.31	321.56	375.38	410.81	551.25
72	279.56	355.69	414.75	454.13	609.00
73	308.44	393.75	460.69	504.00	672.00
74	342.56	435.75	510.56	559.13	742.88
75	378.00	483.00	565.69	619.50	820.31
76	417.38	534.19	623.44	683.81	903.00
77	458.06	588.00	689.06	754.69	992.25
78	501.38	647.06	758.63	830.81	1088.06
79	548.63	710.06	830.81	912.19	1191.75
80	595.88				
81	647.06				
82	699.56				
83	754.69				
84	813.75				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0086-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	53.81	68.25	77.44	85.31	111.56
45-49	60.38	73.50	86.63	94.50	123.38
50-54	76.13	94.50	110.25	119.44	156.19
55	87.94	110.25	124.69	137.81	185.06
56	93.19	115.50	132.56	143.06	198.19
57	97.13	122.06	140.44	152.25	210.00
58	105.00	131.25	150.94	165.38	225.75
59	112.88	141.75	164.06	177.19	241.50
60	122.06	152.25	175.88	191.63	257.25
61	131.25	164.06	190.31	207.38	276.94
62	141.75	177.19	204.75	224.44	297.94
63	150.94	190.31	220.50	238.88	320.25
64	162.75	202.13	236.25	255.94	342.56
65	174.56	217.88	252.00	273.00	367.50
66	186.38	233.63	270.38	295.31	396.38
67	202.13	253.31	295.31	320.25	430.50
68	219.19	274.31	321.56	349.13	471.19
69	237.56	300.56	350.44	381.94	514.50
70	259.88	329.44	384.56	418.69	563.06
71	283.50	360.94	421.31	460.69	618.19
72	312.38	399.00	465.94	509.25	681.19
73	343.88	439.69	515.81	563.06	752.06
74	381.94	488.25	570.94	624.75	830.81
75	421.31	539.44	631.31	691.69	916.13
76	464.63	594.56	696.94	763.88	1009.31
77	509.25	654.94	767.81	842.63	1109.06
78	557.81	717.94	842.63	926.63	1215.38
79	606.38	787.50	925.31	1015.88	1329.56
80	658.88				
81	714.00				
82	771.75				
83	832.13				
84	895.13				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0086-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	59.06	72.19	84.00	90.56	119.44
45-49	64.31	80.06	93.19	99.75	131.25
50-54	80.06	99.75	115.50	126.00	165.38
55	93.19	115.50	132.56	145.69	195.56
56	97.13	122.06	140.44	152.25	208.69
57	103.69	129.94	149.63	162.75	221.81
58	111.56	139.13	160.13	174.56	237.56
59	119.44	149.63	173.25	186.38	253.31
60	128.63	160.13	186.38	202.13	270.38
61	137.81	173.25	200.81	217.88	290.06
62	148.31	186.38	216.56	234.94	312.38
63	158.81	200.81	231.00	252.00	334.69
64	169.31	212.63	246.75	269.06	358.31
65	182.44	228.38	263.81	287.44	384.56
66	194.25	245.44	283.50	308.44	413.44
67	211.31	265.13	308.44	334.69	451.50
68	229.69	288.75	336.00	366.19	492.19
69	248.06	315.00	367.50	400.31	536.81
70	271.69	343.88	402.94	438.38	588.00
71	296.63	378.00	441.00	481.69	645.75
72	325.50	417.38	488.25	532.88	711.38
73	359.63	460.69	540.75	589.31	786.19
74	399.00	509.25	597.19	653.63	867.56
75	439.69	561.75	658.88	723.19	956.81
76	484.31	620.81	727.13	798.00	1055.25
77	531.56	682.50	801.94	880.69	1157.63
78	580.13	749.44	880.69	968.63	1269.19
79	631.31	821.63	964.69	1060.50	1388.63
80	685.13				
81	742.88				
82	803.25				
83	864.94				
84	929.25				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0086-A37
Long-Term Care Policy

WITH SURVIVORSHIP BENEFIT RIDER R1-N0103-SERIES

When this rider is chosen, multiply the final premium by the appropriate factor.

ISSUE AGE	NO INFLATION PROTECTION	SIMPLE INFLATION PROTECTION	COMPOUND INFLATION PROTECTION
18-44	1.11	1.17	1.17
45-49	1.14	1.21	1.21
50-54	1.18	1.28	1.28
55	1.20	1.30	1.30
56	1.20	1.30	1.30
57	1.21	1.30	1.30
58	1.21	1.30	1.30
59	1.21	1.30	1.30
60	1.21	1.30	1.30
61	1.21	1.30	1.30
62	1.21	1.29	1.29
63	1.21	1.29	1.29
64	1.21	1.28	1.28
65	1.20	1.27	1.27
66	1.20	1.26	1.26
67	1.20	1.26	1.26
68	1.19	1.25	1.25
69	1.19	1.24	1.24
70	1.18	1.23	1.23
71	1.18	1.22	1.22
72	1.17	1.20	1.20
73	1.16	1.19	1.19
74	1.16	1.18	1.18
75	1.15	1.17	1.17
76	1.14	1.16	1.16
77	1.13	1.15	1.15
78	1.12	1.14	1.14
79	1.11	1.13	1.13
80	1.10	1.12	1.12
81	1.09	1.11	1.11
82	1.08	1.10	1.10
83	1.07	1.09	1.09
84	1.06	1.08	1.08

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0086-A37
Long-Term Care Policy

Elimination Period Factors

Rates shown are for 30 day elimination period. Rates for other elimination periods are calculated by multiplying the 30 day rates by the appropriate factor from the following table:

Benefit Maximum	0	14	20	60	90	100	180	365
730x,1095x	1.11	1.06	1.03	0.95	0.91	0.90	0.80	0.71
1460x,1825x	1.09	1.05	1.03	0.95	0.91	0.90	0.81	0.72
Lifetime	1.07	1.04	1.03	0.96	0.93	0.92	0.85	0.78

Spousal Discount

A 20% discount to the rates is available to married couples if both spouses apply for coverage.

Dual Waiver of Premium Rider R1-N0104-Series

An optional dual waiver of premium rider will be offered. If one spouse qualifies for a waiver of premium, the premium of the other spouse will also be waived. If chosen, multiply the final premium by 1.06.

Shared Advantage Rider R1-N0105-Series

This rider will allow two covered spouses to purchase an additional benefit amount that can be used by either spouse after their base benefits are exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	No Inflation Protection	With Inflation Protection
730x	1.30	1.35
1095x	1.21	1.25
1460x	1.15	1.18
1825x	1.12	1.14

Restoration of Benefits Rider R1-N0108-Series

This rider restores the maximum lifetime benefit if the insured has not met the stipulated conditions for a period of 180 consecutive days and the maximum lifetime benefit has not been exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	Factor
730x	1.08
1095x	1.06
1460x,1825x	1.04

Cost of Living Increase Rider R1-N0107-Series

This rider allows the insured to increase their policy limits, subject to the terms of the rider, every three years without additional underwriting. The additional premium charged is based on the attained age and incremental increase in the maximum daily facility benefit when exercised. If chosen, multiply the final premium by the appropriate factor:

Age	Factor
18-44	1.15
45-49	1.12
50-55	1.10
56-58	1.09
59-61	1.08
62-64	1.07
65-67	1.06
68-70	1.05
71-73	1.04
74-76	1.03

Modal Factors

Semi-Annual: 0.52; Quarterly: 0.27; Check-A-Matic: 0.09

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604

Supplement to Rate Sheets for Policy Form P1-N0090-A37
PENNSYLVANIA

All rates for this form should be multiplied by a factor of: 1.9425

This factor represents the **proposed** increase of: 29.5%

And the following prior approved rate increases:

Policy Form	Increase Applies to all Policies or Subsets	Rate Increase Approved	Approval Date of Rate Increase
P1-N0090-A37	--Yes--	20.00%	3/14/2013
P1-N0090-A37	--Yes--	25.00%	12/3/2014

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0090-A37
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	17	19	22	23	24
45-49	19	21	24	25	27
50-54	23	26	29	31	35
55	26	30	34	37	44
56	28	32	37	40	48
57	30	35	40	43	53
58	33	38	44	47	58
59	36	42	48	51	64
60	40	47	53	56	70
61	43	51	58	61	76
62	47	56	63	67	83
63	50	60	68	72	89
64	53	64	73	78	95
65	57	68	78	84	102
66	61	74	84	91	110
67	66	80	92	99	120
68	72	88	101	109	132
69	79	96	111	119	144
70	86	105	122	131	159
71	95	116	134	145	176
72	105	129	149	161	195
73	117	144	166	179	217
74	130	160	185	200	242
75	145	178	205	222	269
76	161	198	228	246	298
77	178	219	252	272	330
78	196	242	278	300	364
79	216	266	306	330	401
80	236				
81	258				
82	281				
83	305				
84	331				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0090-A37
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	32	39	45	49	59
45-49	35	43	50	54	66
50-54	43	53	62	67	84
55	52	63	73	78	100
56	55	67	77	83	107
57	59	72	82	88	114
58	63	77	88	94	122
59	67	82	94	101	130
60	71	88	101	109	139
61	76	94	108	117	148
62	81	100	116	126	159
63	86	107	124	134	170
64	92	113	132	143	182
65	98	121	140	152	195
66	105	129	150	162	209
67	113	139	161	174	225
68	122	150	174	188	243
69	131	162	187	203	262
70	142	176	203	220	282
71	154	191	220	239	306
72	167	208	240	261	333
73	182	227	263	286	363
74	199	249	288	314	397
75	217	272	316	344	433
76	236	297	346	377	473
77	256	324	378	413	515
78	277	353	413	451	560
79	299	384	450	492	609
80	323				
81	347				
82	373				
83	400				
84	428				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0090-A37
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	23	28	32	35	42
45-49	25	31	36	39	47
50-54	35	42	49	53	64
55	40	49	56	60	77
56	42	52	59	64	82
57	45	56	63	68	88
58	49	61	68	74	95
59	53	66	74	80	104
60	58	72	81	88	113
61	63	78	89	96	123
62	68	84	96	104	133
63	73	90	103	112	143
64	78	96	110	120	154
65	83	103	118	128	165
66	90	111	127	138	179
67	97	120	138	150	194
68	105	131	151	164	211
69	115	143	165	179	230
70	125	156	180	196	252
71	137	171	198	215	275
72	150	188	218	237	302
73	165	207	240	262	332
74	182	228	265	289	365
75	200	251	292	318	400
76	219	276	321	350	439
77	239	302	352	384	480
78	260	330	385	421	524
79	282	360	421	460	571
80	306				
81	330				
82	356				
83	383				
84	411				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0090-A37
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	20	22	26	27	28
45-49	22	25	28	29	32
50-54	27	31	34	36	41
55	31	35	40	44	52
56	33	38	44	47	56
57	35	41	47	51	62
58	39	45	52	55	68
59	42	49	56	60	75
60	47	55	62	66	82
61	51	60	68	72	89
62	55	66	74	79	98
63	59	71	80	85	105
64	62	75	86	92	112
65	67	80	92	99	120
66	72	87	99	107	129
67	78	94	108	116	141
68	85	104	119	128	155
69	93	113	131	140	169
70	101	124	144	154	187
71	112	136	158	171	207
72	124	152	175	189	229
73	138	169	195	211	255
74	153	188	218	235	285
75	171	209	241	261	316
76	189	233	268	289	351
77	209	258	296	320	388
78	231	285	327	353	428
79	254	313	360	388	472
80	278				
81	304				
82	331				
83	359				
84	389				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0090-A37
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	38	46	53	58	69
45-49	41	51	59	64	78
50-54	51	62	73	79	99
55	61	74	86	92	118
56	65	79	91	98	126
57	69	85	96	104	134
58	74	91	104	111	144
59	79	96	111	119	153
60	84	104	119	128	164
61	89	111	127	138	174
62	95	118	136	148	187
63	101	126	146	158	200
64	108	133	155	168	214
65	115	142	165	179	229
66	124	152	176	191	246
67	133	164	189	205	265
68	144	176	205	221	286
69	154	191	220	239	308
70	167	207	239	259	332
71	181	225	259	281	360
72	196	245	282	307	392
73	214	267	309	336	427
74	234	293	339	369	467
75	255	320	372	405	509
76	278	349	407	444	556
77	301	381	445	486	606
78	326	415	486	531	659
79	352	452	529	579	716
80	380				
81	408				
82	439				
83	471				
84	504				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0090-A37
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	27	33	38	41	49
45-49	29	36	42	46	55
50-54	41	49	58	62	75
55	47	58	66	71	91
56	49	61	69	75	96
57	53	66	74	80	104
58	58	72	80	87	112
59	62	78	87	94	122
60	68	85	95	104	133
61	74	92	105	113	145
62	80	99	113	122	156
63	86	106	121	132	168
64	92	113	129	141	181
65	98	121	139	151	194
66	106	131	149	162	211
67	114	141	162	176	228
68	124	154	178	193	248
69	135	168	194	211	271
70	147	184	212	231	296
71	161	201	233	253	324
72	176	221	256	279	355
73	194	244	282	308	391
74	214	268	312	340	429
75	235	295	344	374	471
76	258	325	378	412	516
77	281	355	414	452	565
78	306	388	453	495	616
79	332	424	495	541	672
80	360				
81	388				
82	419				
83	451				
84	484				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0090-A37
Long-Term Care Policy: Facility Only Coverage

WITH SURVIVORSHIP BENEFIT RIDER R1-N0103-SERIES

When this rider is chosen, multiply the final premium by the appropriate factor.

ISSUE AGE	NO INFLATION PROTECTION	SIMPLE INFLATION PROTECTION	COMPOUND INFLATION PROTECTION
18-44	1.11	1.17	1.17
45-49	1.14	1.21	1.21
50-54	1.18	1.28	1.28
55	1.20	1.30	1.30
56	1.20	1.30	1.30
57	1.21	1.30	1.30
58	1.21	1.30	1.30
59	1.21	1.30	1.30
60	1.21	1.30	1.30
61	1.21	1.30	1.30
62	1.21	1.29	1.29
63	1.21	1.29	1.29
64	1.21	1.28	1.28
65	1.20	1.27	1.27
66	1.20	1.26	1.26
67	1.20	1.26	1.26
68	1.19	1.25	1.25
69	1.19	1.24	1.24
70	1.18	1.23	1.23
71	1.18	1.22	1.22
72	1.17	1.20	1.20
73	1.16	1.19	1.19
74	1.16	1.18	1.18
75	1.15	1.17	1.17
76	1.14	1.16	1.16
77	1.13	1.15	1.15
78	1.12	1.14	1.14
79	1.11	1.13	1.13
80	1.10	1.12	1.12
81	1.09	1.11	1.11
82	1.08	1.10	1.10
83	1.07	1.09	1.09
84	1.06	1.08	1.08

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0090-A37
Long-Term Care Policy: Facility Only Coverage

Elimination Period Factors

Rates shown are for 30 day elimination period. Rates for other elimination periods are calculated by multiplying the 30 day rates by the appropriate factor from the following table:

Benefit Maximum	0	14	20	60	90	100	180	365
730x,1095x	1.12	1.07	1.03	0.94	0.90	0.89	0.78	0.67
1460x,1825x	1.10	1.05	1.03	0.95	0.90	0.89	0.79	0.69
Lifetime	1.08	1.04	1.03	0.96	0.92	0.91	0.84	0.75

Spousal Discount

A 20% discount to the rates is available to married couples if both spouses apply for coverage.

Dual Waiver of Premium Rider R1-N0104-Series

An optional dual waiver of premium rider will be offered. If one spouse qualifies for a waiver of premium, the premium of the other spouse will also be waived. If chosen, multiply the final premium by 1.06.

Shared Advantage Rider R1-N0105-Series

This rider will allow two covered spouses to purchase an additional benefit amount that can be used by either spouse after their base benefits are exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	No Inflation Protection	With Inflation Protection
730x	1.30	1.35
1095x	1.21	1.25
1460x	1.15	1.18
1825x	1.12	1.14

Restoration of Benefits Rider R1-N0106-Series

This rider restores the maximum lifetime benefit if the insured has not met the stipulated conditions for a period of 180 consecutive days and the maximum lifetime benefit has not been exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	Factor
730x	1.08
1095x	1.06
1460x,1825x	1.04

Cost of Living Increase Rider R1-N0107-Series

This rider allows the insured to increase their policy limits, subject to the terms of the rider, every three years without additional underwriting. The additional premium charged is based on the attained age and incremental increase in the maximum daily facility benefit when exercised. If chosen, multiply the final premium by the appropriate factor:

Age	Factor
18-44	1.15
45-49	1.12
50-55	1.10
56-58	1.09
59-61	1.08
62-64	1.07
65-67	1.06
68-70	1.05
71-73	1.04
74-76	1.03

Modal Factors

Semi-Annual: 0.52; Quarterly: 0.27; Check-A-Matic: 0.09

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604

Supplement to Rate Sheets for Policy Form P1-N0091-A37
PENNSYLVANIA

All rates for this form should be multiplied by a factor of: 1.9425

This factor represents the **proposed** increase of: 29.5%

And the following prior approved rate increases:

Policy Form	Increase Applies to all Policies or Subsets	Rate Increase Approved	Approval Date of Rate Increase
P1-N0091-A37	--Yes--	20.00%	3/14/2013
P1-N0091-A37	--Yes--	25.00%	12/3/2014

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0091-A37
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	21.25	23.75	27.50	28.75	30.00
45-49	23.75	26.25	30.00	31.25	33.75
50-54	28.75	32.50	36.25	38.75	43.75
55	32.50	37.50	42.50	46.25	55.00
56	35.00	40.00	46.25	50.00	60.00
57	37.50	43.75	50.00	53.75	66.25
58	41.25	47.50	55.00	58.75	72.50
59	45.00	52.50	60.00	63.75	80.00
60	50.00	58.75	66.25	70.00	87.50
61	53.75	63.75	72.50	76.25	95.00
62	58.75	70.00	78.75	83.75	103.75
63	62.50	75.00	85.00	90.00	111.25
64	66.25	80.00	91.25	97.50	118.75
65	71.25	85.00	97.50	105.00	127.50
66	76.25	92.50	105.00	113.75	137.50
67	82.50	100.00	115.00	123.75	150.00
68	90.00	110.00	126.25	136.25	165.00
69	98.75	120.00	138.75	148.75	180.00
70	107.50	131.25	152.50	163.75	198.75
71	118.75	145.00	167.50	181.25	220.00
72	131.25	161.25	186.25	201.25	243.75
73	146.25	180.00	207.50	223.75	271.25
74	162.50	200.00	231.25	250.00	302.50
75	181.25	222.50	256.25	277.50	336.25
76	201.25	247.50	285.00	307.50	372.50
77	222.50	273.75	315.00	340.00	412.50
78	245.00	302.50	347.50	375.00	455.00
79	270.00	332.50	382.50	412.50	501.25
80	295.00				
81	322.50				
82	351.25				
83	381.25				
84	413.75				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0091-A37
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	40.00	48.75	56.25	61.25	73.75
45-49	43.75	53.75	62.50	67.50	82.50
50-54	53.75	66.25	77.50	83.75	105.00
55	65.00	78.75	91.25	97.50	125.00
56	68.75	83.75	96.25	103.75	133.75
57	73.75	90.00	102.50	110.00	142.50
58	78.75	96.25	110.00	117.50	152.50
59	83.75	102.50	117.50	126.25	162.50
60	88.75	110.00	126.25	136.25	173.75
61	95.00	117.50	135.00	146.25	185.00
62	101.25	125.00	145.00	157.50	198.75
63	107.50	133.75	155.00	167.50	212.50
64	115.00	141.25	165.00	178.75	227.50
65	122.50	151.25	175.00	190.00	243.75
66	131.25	161.25	187.50	202.50	261.25
67	141.25	173.75	201.25	217.50	281.25
68	152.50	187.50	217.50	235.00	303.75
69	163.75	202.50	233.75	253.75	327.50
70	177.50	220.00	253.75	275.00	352.50
71	192.50	238.75	275.00	298.75	382.50
72	208.75	260.00	300.00	326.25	416.25
73	227.50	283.75	328.75	357.50	453.75
74	248.75	311.25	360.00	392.50	496.25
75	271.25	340.00	395.00	430.00	541.25
76	295.00	371.25	432.50	471.25	591.25
77	320.00	405.00	472.50	516.25	643.75
78	346.25	441.25	516.25	563.75	700.00
79	373.75	480.00	562.50	615.00	761.25
80	403.75				
81	433.75				
82	466.25				
83	500.00				
84	535.00				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0091-A37
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	28.75	35.00	40.00	43.75	52.50
45-49	31.25	38.75	45.00	48.75	58.75
50-54	43.75	52.50	61.25	66.25	80.00
55	50.00	61.25	70.00	75.00	96.25
56	52.50	65.00	73.75	80.00	102.50
57	56.25	70.00	78.75	85.00	110.00
58	61.25	76.25	85.00	92.50	118.75
59	66.25	82.50	92.50	100.00	130.00
60	72.50	90.00	101.25	110.00	141.25
61	78.75	97.50	111.25	120.00	153.75
62	85.00	105.00	120.00	130.00	166.25
63	91.25	112.50	128.75	140.00	178.75
64	97.50	120.00	137.50	150.00	192.50
65	103.75	128.75	147.50	160.00	206.25
66	112.50	138.75	158.75	172.50	223.75
67	121.25	150.00	172.50	187.50	242.50
68	131.25	163.75	188.75	205.00	263.75
69	143.75	178.75	206.25	223.75	287.50
70	156.25	195.00	225.00	245.00	315.00
71	171.25	213.75	247.50	268.75	343.75
72	187.50	235.00	272.50	296.25	377.50
73	206.25	258.75	300.00	327.50	415.00
74	227.50	285.00	331.25	361.25	456.25
75	250.00	313.75	365.00	397.50	500.00
76	273.75	345.00	401.25	437.50	548.75
77	298.75	377.50	440.00	480.00	600.00
78	325.00	412.50	481.25	526.25	655.00
79	352.50	450.00	526.25	575.00	713.75
80	382.50				
81	412.50				
82	445.00				
83	478.75				
84	513.75				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0091-A37
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	25.00	27.50	32.50	33.75	35.00
45-49	27.50	31.25	35.00	36.25	40.00
50-54	33.75	38.75	42.50	45.00	51.25
55	38.75	43.75	50.00	55.00	65.00
56	41.25	47.50	55.00	58.75	70.00
57	43.75	51.25	58.75	63.75	77.50
58	48.75	56.25	65.00	68.75	85.00
59	52.50	61.25	70.00	75.00	93.75
60	58.75	68.75	77.50	82.50	102.50
61	63.75	75.00	85.00	90.00	111.25
62	68.75	82.50	92.50	98.75	122.50
63	73.75	88.75	100.00	106.25	131.25
64	77.50	93.75	107.50	115.00	140.00
65	83.75	100.00	115.00	123.75	150.00
66	90.00	108.75	123.75	133.75	161.25
67	97.50	117.50	135.00	145.00	176.25
68	106.25	130.00	148.75	160.00	193.75
69	116.25	141.25	163.75	175.00	211.25
70	126.25	155.00	180.00	192.50	233.75
71	140.00	170.00	197.50	213.75	258.75
72	155.00	190.00	218.75	236.25	286.25
73	172.50	211.25	243.75	263.75	318.75
74	191.25	235.00	272.50	293.75	356.25
75	213.75	261.25	301.25	326.25	395.00
76	236.25	291.25	335.00	361.25	438.75
77	261.25	322.50	370.00	400.00	485.00
78	288.75	356.25	408.75	441.25	535.00
79	317.50	391.25	450.00	485.00	590.00
80	347.50				
81	380.00				
82	413.75				
83	448.75				
84	486.25				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0091-A37
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	47.50	57.50	66.25	72.50	86.25
45-49	51.25	63.75	73.75	80.00	97.50
50-54	63.75	77.50	91.25	98.75	123.75
55	76.25	92.50	107.50	115.00	147.50
56	81.25	98.75	113.75	122.50	157.50
57	86.25	106.25	120.00	130.00	167.50
58	92.50	113.75	130.00	138.75	180.00
59	98.75	120.00	138.75	148.75	191.25
60	105.00	130.00	148.75	160.00	205.00
61	111.25	138.75	158.75	172.50	217.50
62	118.75	147.50	170.00	185.00	233.75
63	126.25	157.50	182.50	197.50	250.00
64	135.00	166.25	193.75	210.00	267.50
65	143.75	177.50	206.25	223.75	286.25
66	155.00	190.00	220.00	238.75	307.50
67	166.25	205.00	236.25	256.25	331.25
68	180.00	220.00	256.25	276.25	357.50
69	192.50	238.75	275.00	298.75	385.00
70	208.75	258.75	298.75	323.75	415.00
71	226.25	281.25	323.75	351.25	450.00
72	245.00	306.25	352.50	383.75	490.00
73	267.50	333.75	386.25	420.00	533.75
74	292.50	366.25	423.75	461.25	583.75
75	318.75	400.00	465.00	506.25	636.25
76	347.50	436.25	508.75	555.00	695.00
77	376.25	476.25	556.25	607.50	757.50
78	407.50	518.75	607.50	663.75	823.75
79	440.00	565.00	661.25	723.75	895.00
80	475.00				
81	510.00				
82	548.75				
83	588.75				
84	630.00				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0091-A37
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	33.75	41.25	47.50	51.25	61.25
45-49	36.25	45.00	52.50	57.50	68.75
50-54	51.25	61.25	72.50	77.50	93.75
55	58.75	72.50	82.50	88.75	113.75
56	61.25	76.25	86.25	93.75	120.00
57	66.25	82.50	92.50	100.00	130.00
58	72.50	90.00	100.00	108.75	140.00
59	77.50	97.50	108.75	117.50	152.50
60	85.00	106.25	118.75	130.00	166.25
61	92.50	115.00	131.25	141.25	181.25
62	100.00	123.75	141.25	152.50	195.00
63	107.50	132.50	151.25	165.00	210.00
64	115.00	141.25	161.25	176.25	226.25
65	122.50	151.25	173.75	188.75	242.50
66	132.50	163.75	186.25	202.50	263.75
67	142.50	176.25	202.50	220.00	285.00
68	155.00	192.50	222.50	241.25	310.00
69	168.75	210.00	242.50	263.75	338.75
70	183.75	230.00	265.00	288.75	370.00
71	201.25	251.25	291.25	316.25	405.00
72	220.00	276.25	320.00	348.75	443.75
73	242.50	305.00	352.50	385.00	488.75
74	267.50	335.00	390.00	425.00	536.25
75	293.75	368.75	430.00	467.50	588.75
76	322.50	406.25	472.50	515.00	645.00
77	351.25	443.75	517.50	565.00	706.25
78	382.50	485.00	566.25	618.75	770.00
79	415.00	530.00	618.75	676.25	840.00
80	450.00				
81	485.00				
82	523.75				
83	563.75				
84	605.00				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0091-A37
Long-Term Care Policy: Facility Only Coverage

WITH SURVIVORSHIP BENEFIT RIDER R1-N0103-SERIES

When this rider is chosen, multiply the final premium by the appropriate factor.

ISSUE AGE	NO INFLATION PROTECTION	SIMPLE INFLATION PROTECTION	COMPOUND INFLATION PROTECTION
18-44	1.11	1.17	1.17
45-49	1.14	1.21	1.21
50-54	1.18	1.28	1.28
55	1.20	1.30	1.30
56	1.20	1.30	1.30
57	1.21	1.30	1.30
58	1.21	1.30	1.30
59	1.21	1.30	1.30
60	1.21	1.30	1.30
61	1.21	1.30	1.30
62	1.21	1.29	1.29
63	1.21	1.29	1.29
64	1.21	1.28	1.28
65	1.20	1.27	1.27
66	1.20	1.26	1.26
67	1.20	1.26	1.26
68	1.19	1.25	1.25
69	1.19	1.24	1.24
70	1.18	1.23	1.23
71	1.18	1.22	1.22
72	1.17	1.20	1.20
73	1.16	1.19	1.19
74	1.16	1.18	1.18
75	1.15	1.17	1.17
76	1.14	1.16	1.16
77	1.13	1.15	1.15
78	1.12	1.14	1.14
79	1.11	1.13	1.13
80	1.10	1.12	1.12
81	1.09	1.11	1.11
82	1.08	1.10	1.10
83	1.07	1.09	1.09
84	1.06	1.08	1.08

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0091-A37
Long-Term Care Policy: Facility Only Coverage

Elimination Period Factors

Rates shown are for 30 day elimination period. Rates for other elimination periods are calculated by multiplying the 30 day rates by the appropriate factor from the following table:

Benefit Maximum	0	14	20	60	90	100	180	365
730x,1095x	1.12	1.07	1.03	0.94	0.90	0.89	0.78	0.67
1460x,1825x	1.10	1.05	1.03	0.95	0.90	0.89	0.79	0.69
Lifetime	1.08	1.04	1.03	0.96	0.92	0.91	0.84	0.75

Spousal Discount

A 20% discount to the rates is available to married couples if both spouses apply for coverage.

Dual Waiver of Premium Rider R1-N0104-Series

An optional dual waiver of premium rider will be offered. If one spouse qualifies for a waiver of premium, the premium of the other spouse will also be waived. If chosen, multiply the final premium by 1.06.

Shared Advantage Rider R1-N0105-Series

This rider will allow two covered spouses to purchase an additional benefit amount that can be used by either spouse after their base benefits are exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Period	No Inflation Protection	With Inflation Protection
730x	1.30	1.35
1095x	1.21	1.25
1460x	1.15	1.18
1825x	1.12	1.14

Restoration of Benefits Rider R1-N0106-Series

This rider restores the maximum lifetime benefit if the insured has not met the stipulated conditions for a period of 180 consecutive days and the maximum lifetime benefit has not been exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	Factor
730x	1.08
1095x	1.06
1460x,1825x	1.04

Cost of Living Increase Rider R1-N0107-Series

This rider allows the insured to increase their policy limits, subject to the terms of the rider, every three years without additional underwriting. The additional premium charged is based on the attained age and incremental increase in the maximum daily facility benefit when exercised. If chosen, multiply the final premium by the appropriate factor:

Age	Factor
18-44	1.15
45-49	1.12
50-55	1.10
56-58	1.09
59-61	1.08
62-64	1.07
65-67	1.06
68-70	1.05
71-73	1.04
74-76	1.03

Modal Factors

Semi-Annual: 0.52; Quarterly: 0.27; Check-A-Matic: 0.09

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604

Supplement to Rate Sheets for Policy Form P1-N0095-A37
PENNSYLVANIA

All rates for this form should be multiplied by a factor of: 1.9425

This factor represents the **proposed** increase of: 29.5%

And the following prior approved rate increases:

Policy Form	Increase Applies to all Policies or Subsets	Rate Increase Approved	Approval Date of Rate Increase
P1-N0095-A37	--Yes--	20.00%	3/14/2013
P1-N0095-A37	--Yes--	25.00%	12/3/2014

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0095-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	19	23	25	27	35
45-49	21	26	28	30	39
50-54	26	31	35	37	48
55	30	36	40	43	57
56	32	38	43	46	60
57	34	41	46	49	65
58	37	44	50	53	70
59	40	48	54	58	76
60	43	52	59	63	83
61	47	56	64	69	90
62	51	61	70	75	98
63	55	66	75	81	106
64	58	70	81	87	113
65	62	75	87	93	121
66	66	81	94	101	131
67	72	88	102	110	143
68	79	96	111	121	157
69	86	105	122	132	172
70	94	115	133	145	189
71	103	127	147	160	208
72	114	141	163	178	231
73	126	157	182	198	257
74	140	175	202	221	285
75	156	194	225	246	316
76	172	215	250	273	350
77	190	238	277	302	387
78	209	263	306	334	426
79	230	289	337	367	468
80	252				
81	275				
82	300				
83	326				
84	354				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0095-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	22	27	30	31	41
45-49	25	30	33	35	45
50-54	29	35	40	43	56
55	34	40	45	49	65
56	36	42	48	52	68
57	38	45	51	55	73
58	41	49	55	59	78
59	44	53	60	65	84
60	47	58	65	70	91
61	51	62	71	77	99
62	55	67	77	83	107
63	59	72	83	89	116
64	63	77	88	95	124
65	68	82	95	101	133
66	72	88	102	109	144
67	78	96	110	119	157
68	85	104	121	131	172
69	93	114	132	143	188
70	102	126	144	157	207
71	111	138	160	173	228
72	123	154	177	193	252
73	137	171	197	215	280
74	151	190	220	239	310
75	168	211	245	266	344
76	185	234	272	296	381
77	205	258	301	328	421
78	225	285	333	363	463
79	247	314	366	399	509
80	270				
81	295				
82	321				
83	348				
84	377				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0095-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	23	28	32	33	43
45-49	26	31	35	37	48
50-54	30	37	42	45	60
55	35	42	47	51	68
56	37	44	50	54	72
57	39	47	53	58	76
58	42	51	57	62	82
59	45	55	62	68	88
60	49	60	68	73	95
61	53	65	74	80	103
62	57	70	80	86	111
63	61	75	86	92	120
64	65	80	91	98	128
65	70	85	98	105	138
66	75	91	105	113	149
67	81	99	114	123	163
68	88	108	125	135	178
69	96	118	136	148	195
70	105	130	149	162	214
71	115	143	165	179	236
72	127	159	183	199	261
73	141	177	204	222	290
74	156	196	227	247	321
75	173	218	253	275	356
76	191	242	281	306	394
77	211	267	311	339	435
78	232	294	344	375	479
79	254	324	379	413	526
80	278				
81	303				
82	330				
83	358				
84	387				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0095-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	36	45	52	57	75
45-49	40	50	58	63	83
50-54	49	61	71	77	106
55	56	71	82	89	123
56	59	75	87	94	129
57	63	80	92	100	137
58	67	85	98	107	145
59	72	91	105	114	154
60	77	97	112	121	164
61	82	104	120	130	175
62	88	111	128	139	187
63	94	118	136	148	200
64	100	126	145	158	213
65	106	134	155	168	227
66	114	143	165	180	243
67	122	154	178	194	262
68	131	166	192	210	283
69	141	178	208	227	305
70	152	193	225	246	329
71	165	209	244	267	357
72	179	227	266	291	388
73	195	248	291	318	423
74	213	271	318	348	461
75	233	296	347	380	503
76	253	324	379	415	548
77	275	353	413	453	596
78	297	385	449	493	647
79	321	418	488	536	702
80	346				
81	371				
82	398				
83	426				
84	455				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0095-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	40	51	59	65	84
45-49	45	56	66	71	94
50-54	55	69	81	88	119
55	62	79	93	101	136
56	65	83	98	106	142
57	69	88	103	112	150
58	73	93	109	119	159
59	78	99	116	126	169
60	84	106	123	134	179
61	90	113	131	142	191
62	96	121	139	152	204
63	102	129	148	161	218
64	108	137	158	172	231
65	115	145	168	183	247
66	123	155	180	197	263
67	132	167	194	212	284
68	142	180	210	230	306
69	153	193	226	248	330
70	165	210	245	268	356
71	178	227	266	291	386
72	194	247	289	317	420
73	211	270	316	346	458
74	230	294	345	378	499
75	251	321	376	412	544
76	273	350	410	449	591
77	295	380	446	489	643
78	319	413	485	532	697
79	343	448	526	577	756
80	370				
81	396				
82	425				
83	454				
84	484				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0095-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	42	53	62	68	88
45-49	47	59	69	75	98
50-54	58	73	85	92	124
55	65	82	97	106	141
56	68	86	102	111	148
57	72	91	107	117	156
58	76	97	113	124	165
59	81	103	120	131	175
60	87	110	127	139	186
61	93	117	135	147	198
62	99	125	144	157	211
63	105	133	153	167	225
64	112	141	163	178	239
65	119	150	174	190	255
66	127	160	187	204	272
67	136	172	201	220	293
68	146	186	217	238	316
69	158	200	234	257	341
70	170	217	253	278	368
71	184	235	275	301	399
72	200	256	299	328	434
73	218	279	326	358	473
74	237	304	356	391	515
75	258	331	388	426	561
76	281	361	423	464	610
77	304	392	460	505	663
78	328	425	500	549	719
79	353	461	542	595	779
80	380				
81	407				
82	436				
83	466				
84	497				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0095-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	27	33	39	42	56
45-49	30	37	43	47	62
50-54	39	48	55	61	80
55	45	55	64	70	95
56	47	58	67	73	101
57	50	62	72	78	108
58	54	67	78	84	116
59	58	72	84	91	125
60	63	79	91	99	134
61	69	85	99	107	145
62	74	92	107	116	156
63	79	99	115	124	168
64	85	106	123	133	180
65	90	113	131	142	193
66	97	122	141	153	208
67	105	132	153	166	226
68	114	144	167	181	246
69	124	157	182	198	268
70	135	171	199	217	293
71	148	188	218	238	320
72	162	206	240	262	351
73	178	227	264	289	386
74	196	249	291	318	423
75	215	274	320	350	464
76	236	300	351	385	509
77	257	329	385	422	556
78	279	359	421	462	607
79	303	392	459	504	660
80	328				
81	354				
82	381				
83	409				
84	439				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0095-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	31	39	45	48	64
45-49	35	43	49	54	71
50-54	43	54	63	69	90
55	50	62	72	78	106
56	53	66	76	83	112
57	56	70	81	88	120
58	60	75	87	95	128
59	64	80	93	102	137
60	69	87	101	110	147
61	75	93	109	119	158
62	80	100	117	128	169
63	86	107	126	137	182
64	92	115	134	146	195
65	98	123	143	156	208
66	106	133	154	168	225
67	115	143	167	181	244
68	125	156	182	198	266
69	135	170	198	216	290
70	146	185	216	235	316
71	159	203	236	258	346
72	174	222	260	284	379
73	191	245	286	313	416
74	210	269	314	344	457
75	231	295	346	379	501
76	253	323	380	417	549
77	276	354	416	456	600
78	299	387	455	499	655
79	325	422	496	545	713
80	351				
81	379				
82	407				
83	436				
84	468				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0095-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	33	41	47	51	68
45-49	37	45	52	57	75
50-54	45	56	66	72	94
55	52	65	76	82	111
56	55	69	80	87	117
57	58	73	85	92	125
58	62	78	91	99	133
59	67	84	97	106	142
60	72	90	105	115	152
61	77	97	113	124	163
62	83	104	121	133	175
63	89	111	130	142	188
64	95	119	139	152	201
65	102	127	148	162	215
66	110	137	160	174	232
67	119	148	173	188	252
68	129	161	188	205	274
69	139	175	205	223	299
70	151	191	223	243	326
71	164	209	244	267	357
72	179	229	268	293	391
73	197	252	295	323	429
74	216	277	324	355	472
75	238	304	357	391	517
76	260	333	392	430	566
77	284	365	429	471	619
78	308	399	469	515	675
79	334	435	512	563	735
80	361				
81	389				
82	418				
83	448				
84	480				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0095-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	22	27	29	32	41
45-49	25	31	33	35	46
50-54	31	36	41	44	56
55	35	42	47	51	67
56	38	45	51	54	71
57	40	48	54	58	76
58	44	52	59	62	82
59	47	56	64	68	89
60	51	61	69	74	98
61	55	66	75	81	106
62	60	72	82	88	115
63	65	78	88	95	125
64	68	82	95	102	133
65	73	88	102	109	142
66	78	95	111	119	154
67	85	104	120	129	168
68	93	113	131	142	185
69	101	124	144	155	202
70	111	135	156	171	222
71	121	149	173	188	245
72	134	166	192	209	272
73	148	185	214	233	302
74	165	206	238	260	335
75	184	228	265	289	372
76	202	253	294	321	412
77	224	280	326	355	455
78	246	309	360	393	501
79	271	340	396	432	551
80	296				
81	324				
82	353				
83	384				
84	416				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0095-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	26	32	35	36	48
45-49	29	35	39	41	53
50-54	34	41	47	51	66
55	40	47	53	58	76
56	42	49	56	61	80
57	45	53	60	65	86
58	48	58	65	69	92
59	52	62	71	76	99
60	55	68	76	82	107
61	60	73	84	91	116
62	65	79	91	98	126
63	69	85	98	105	136
64	74	91	104	112	146
65	80	96	112	119	156
66	85	104	120	128	169
67	92	113	129	140	185
68	100	122	142	154	202
69	109	134	155	168	221
70	120	148	169	185	244
71	131	162	188	204	268
72	145	181	208	227	296
73	161	201	232	253	329
74	178	224	259	281	365
75	198	248	288	313	405
76	218	275	320	348	448
77	241	304	354	386	495
78	265	335	392	427	545
79	291	369	431	469	599
80	318				
81	347				
82	378				
83	409				
84	444				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0095-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	27	33	38	39	51
45-49	31	36	41	44	56
50-54	35	44	49	53	71
55	41	49	55	60	80
56	44	52	59	64	85
57	46	55	62	68	89
58	49	60	67	73	96
59	53	65	73	80	104
60	58	71	80	86	112
61	62	76	87	94	121
62	67	82	94	101	131
63	72	88	101	108	141
64	76	94	107	115	151
65	82	100	115	124	162
66	88	107	124	133	175
67	95	116	134	145	192
68	104	127	147	159	209
69	113	139	160	174	229
70	124	153	175	191	252
71	135	168	194	211	278
72	149	187	215	234	307
73	166	208	240	261	341
74	184	231	267	291	378
75	204	256	298	324	419
76	225	285	331	360	464
77	248	314	366	399	512
78	273	346	405	441	564
79	299	381	446	486	619
80	327				
81	356				
82	388				
83	421				
84	455				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0095-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	42	53	61	67	88
45-49	47	59	68	74	98
50-54	58	72	84	91	125
55	66	84	96	105	145
56	69	88	102	111	152
57	74	94	108	118	161
58	79	100	115	126	171
59	85	107	124	134	181
60	91	114	132	142	193
61	96	122	141	153	206
62	104	131	151	164	220
63	111	139	160	174	235
64	118	148	171	186	251
65	125	158	182	198	267
66	134	168	194	212	286
67	144	181	209	228	308
68	154	195	226	247	333
69	166	209	245	267	359
70	179	227	265	289	387
71	194	246	287	314	420
72	211	267	313	342	456
73	229	292	342	374	498
74	251	319	374	409	542
75	274	348	408	447	592
76	298	381	446	488	645
77	324	415	486	533	701
78	349	453	528	580	761
79	378	492	574	631	826
80	407				
81	436				
82	468				
83	501				
84	535				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0095-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	47	60	69	76	99
45-49	53	66	78	84	111
50-54	65	81	95	104	140
55	73	93	109	119	160
56	76	98	115	125	167
57	81	104	121	132	176
58	86	109	128	140	187
59	92	116	136	148	199
60	99	125	145	158	211
61	106	133	154	167	225
62	113	142	164	179	240
63	120	152	174	189	256
64	127	161	186	202	272
65	135	171	198	215	291
66	145	182	212	232	309
67	155	196	228	249	334
68	167	212	247	271	360
69	180	227	266	292	388
70	194	247	288	315	419
71	209	267	313	342	454
72	228	291	340	373	494
73	248	318	372	407	539
74	271	346	406	445	587
75	295	378	442	485	640
76	321	412	482	528	695
77	347	447	525	575	756
78	375	486	571	626	820
79	404	527	619	679	889
80	435				
81	466				
82	500				
83	534				
84	569				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0095-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	49	62	73	80	104
45-49	55	69	81	88	115
50-54	68	86	100	108	146
55	76	96	114	125	166
56	80	101	120	131	174
57	85	107	126	138	184
58	89	114	133	146	194
59	95	121	141	154	206
60	102	129	149	164	219
61	109	138	159	173	233
62	116	147	169	185	248
63	124	156	180	196	265
64	132	166	192	209	281
65	140	176	205	224	300
66	149	188	220	240	320
67	160	202	236	259	345
68	172	219	255	280	372
69	186	235	275	302	401
70	200	255	298	327	433
71	216	276	324	354	469
72	235	301	352	386	511
73	256	328	384	421	556
74	279	358	419	460	606
75	304	389	456	501	660
76	331	425	498	546	718
77	358	461	541	594	780
78	386	500	588	646	846
79	415	542	638	700	916
80	447				
81	479				
82	513				
83	548				
84	585				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0095-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	32	39	46	49	66
45-49	35	44	51	55	73
50-54	46	56	65	72	94
55	53	65	75	82	112
56	55	68	79	86	119
57	59	73	85	92	127
58	64	79	92	99	136
59	68	85	99	107	147
60	74	93	107	116	158
61	81	100	116	126	171
62	87	108	126	136	184
63	93	116	135	146	198
64	100	125	145	156	212
65	106	133	154	167	227
66	114	144	166	180	245
67	124	155	180	195	266
68	134	169	196	213	289
69	146	185	214	233	315
70	159	201	234	255	345
71	174	221	256	280	376
72	191	242	282	308	413
73	209	267	311	340	454
74	231	293	342	374	498
75	253	322	376	412	546
76	278	353	413	453	599
77	302	387	453	496	654
78	328	422	495	544	714
79	356	461	540	593	776
80	386				
81	416				
82	448				
83	481				
84	516				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0095-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	36	46	53	56	75
45-49	41	51	58	64	84
50-54	51	64	74	81	106
55	59	73	85	92	125
56	62	78	89	98	132
57	66	82	95	104	141
58	71	88	102	112	151
59	75	94	109	120	161
60	81	102	119	129	173
61	88	109	128	140	186
62	94	118	138	151	199
63	101	126	148	161	214
64	108	135	158	172	229
65	115	145	168	184	245
66	125	156	181	198	265
67	135	168	196	213	287
68	147	184	214	233	313
69	159	200	233	254	341
70	172	218	254	276	372
71	187	239	278	304	407
72	205	261	306	334	446
73	225	288	336	368	489
74	247	316	369	405	538
75	272	347	407	446	589
76	298	380	447	491	646
77	325	416	489	536	706
78	352	455	535	587	771
79	382	496	584	641	839
80	413				
81	446				
82	479				
83	513				
84	551				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0095-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	39	48	55	60	80
45-49	44	53	61	67	88
50-54	53	66	78	85	111
55	61	76	89	96	131
56	65	81	94	102	138
57	68	86	100	108	147
58	73	92	107	116	156
59	79	99	114	125	167
60	85	106	124	135	179
61	91	114	133	146	192
62	98	122	142	156	206
63	105	131	153	167	221
64	112	140	164	179	236
65	120	149	174	191	253
66	129	161	188	205	273
67	140	174	204	221	296
68	152	189	221	241	322
69	164	206	241	262	352
70	178	225	262	286	384
71	193	246	287	314	420
72	211	269	315	345	460
73	232	296	347	380	505
74	254	326	381	418	555
75	280	358	420	460	608
76	306	392	461	506	666
77	334	429	505	554	728
78	362	469	552	606	794
79	393	512	602	662	865
80	425				
81	458				
82	492				
83	527				
84	565				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0095-A37
Long-Term Care Policy

WITH SURVIVORSHIP BENEFIT RIDER R1-N0103-SERIES

When this rider is chosen, multiply the final premium by the appropriate factor.

ISSUE AGE	NO INFLATION PROTECTION	SIMPLE INFLATION PROTECTION	COMPOUND INFLATION PROTECTION
18-44	1.11	1.17	1.17
45-49	1.14	1.21	1.21
50-54	1.18	1.28	1.28
55	1.20	1.30	1.30
56	1.20	1.30	1.30
57	1.21	1.30	1.30
58	1.21	1.30	1.30
59	1.21	1.30	1.30
60	1.21	1.30	1.30
61	1.21	1.30	1.30
62	1.21	1.29	1.29
63	1.21	1.29	1.29
64	1.21	1.28	1.28
65	1.20	1.27	1.27
66	1.20	1.26	1.26
67	1.20	1.26	1.26
68	1.19	1.25	1.25
69	1.19	1.24	1.24
70	1.18	1.23	1.23
71	1.18	1.22	1.22
72	1.17	1.20	1.20
73	1.16	1.19	1.19
74	1.16	1.18	1.18
75	1.15	1.17	1.17
76	1.14	1.16	1.16
77	1.13	1.15	1.15
78	1.12	1.14	1.14
79	1.11	1.13	1.13
80	1.10	1.12	1.12
81	1.09	1.11	1.11
82	1.08	1.10	1.10
83	1.07	1.09	1.09
84	1.06	1.08	1.08

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0095-A37
Long-Term Care Policy

Elimination Period Factors

Rates shown are for 30 day elimination period. Rates for other elimination periods are calculated by multiplying the 30 day rates by the appropriate factor from the following table:

Benefit Maximum	0	14	20	60	90	100	180	365
730x,1095x	1.12	1.07	1.03	0.94	0.90	0.89	0.78	0.67
1460x,1825x	1.10	1.05	1.03	0.95	0.90	0.89	0.79	0.69
Lifetime	1.08	1.04	1.03	0.96	0.92	0.91	0.84	0.75

Spousal Discount

A 20% discount to the rates is available to married couples if both spouses apply for coverage.

Dual Waiver of Premium Rider R1-N0104-Series

An optional dual waiver of premium rider will be offered. If one spouse qualifies for a waiver of premium, the premium of the other spouse will also be waived. If chosen, multiply the final premium by 1.06.

Shared Advantage Rider R1-N0105-Series

This rider will allow two covered spouses to purchase an additional benefit amount that can be used by either spouse after their base benefits are exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	No Inflation Protection	With Inflation Protection
730x	1.30	1.35
1095x	1.21	1.25
1460x	1.15	1.18
1825x	1.12	1.14

Restoration of Benefits Rider R1-N0106-Series

This rider restores the maximum lifetime benefit if the insured has not met the stipulated conditions for a period of 180 consecutive days and the maximum lifetime benefit has not been exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	Factor
730x	1.08
1095x	1.06
1460x,1825x	1.04

Cost of Living Increase Rider R1-N0107-Series

This rider allows the insured to increase their policy limits, subject to the terms of the rider, every three years without additional underwriting. The additional premium charged is based on the attained age and incremental increase in the maximum daily facility benefit when exercised. If chosen, multiply the final premium by the appropriate factor:

Age	Factor
18-44	1.15
45-49	1.12
50-55	1.10
56-58	1.09
59-61	1.08
62-64	1.07
65-67	1.06
68-70	1.05
71-73	1.04
74-76	1.03

Modal Factors

Semi-Annual: 0.52; Quarterly: 0.27; Check-A-Matic: 0.09

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604

Supplement to Rate Sheets for Policy Form P1-N0096-A37
PENNSYLVANIA

All rates for this form should be multiplied by a factor of: 1.9425

This factor represents the **proposed** increase of: 29.5%

And the following prior approved rate increases:

Policy Form	Increase Applies to all Policies or Subsets	Rate Increase Approved	Approval Date of Rate Increase
P1-N0096-A37	--Yes--	20.00%	3/14/2013
P1-N0096-A37	--Yes--	25.00%	12/3/2014

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0096-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	23.75	28.75	31.25	33.75	43.75
45-49	26.25	32.50	35.00	37.50	48.75
50-54	32.50	38.75	43.75	46.25	60.00
55	37.50	45.00	50.00	53.75	71.25
56	40.00	47.50	53.75	57.50	75.00
57	42.50	51.25	57.50	61.25	81.25
58	46.25	55.00	62.50	66.25	87.50
59	50.00	60.00	67.50	72.50	95.00
60	53.75	65.00	73.75	78.75	103.75
61	58.75	70.00	80.00	86.25	112.50
62	63.75	76.25	87.50	93.75	122.50
63	68.75	82.50	93.75	101.25	132.50
64	72.50	87.50	101.25	108.75	141.25
65	77.50	93.75	108.75	116.25	151.25
66	82.50	101.25	117.50	126.25	163.75
67	90.00	110.00	127.50	137.50	178.75
68	98.75	120.00	138.75	151.25	196.25
69	107.50	131.25	152.50	165.00	215.00
70	117.50	143.75	166.25	181.25	236.25
71	128.75	158.75	183.75	200.00	260.00
72	142.50	176.25	203.75	222.50	288.75
73	157.50	196.25	227.50	247.50	321.25
74	175.00	218.75	252.50	276.25	356.25
75	195.00	242.50	281.25	307.50	395.00
76	215.00	268.75	312.50	341.25	437.50
77	237.50	297.50	346.25	377.50	483.75
78	261.25	328.75	382.50	417.50	532.50
79	287.50	361.25	421.25	458.75	585.00
80	315.00				
81	343.75				
82	375.00				
83	407.50				
84	442.50				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0096-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	27.50	33.75	37.50	38.75	51.25
45-49	31.25	37.50	41.25	43.75	56.25
50-54	36.25	43.75	50.00	53.75	70.00
55	42.50	50.00	56.25	61.25	81.25
56	45.00	52.50	60.00	65.00	85.00
57	47.50	56.25	63.75	68.75	91.25
58	51.25	61.25	68.75	73.75	97.50
59	55.00	66.25	75.00	81.25	105.00
60	58.75	72.50	81.25	87.50	113.75
61	63.75	77.50	88.75	96.25	123.75
62	68.75	83.75	96.25	103.75	133.75
63	73.75	90.00	103.75	111.25	145.00
64	78.75	96.25	110.00	118.75	155.00
65	85.00	102.50	118.75	126.25	166.25
66	90.00	110.00	127.50	136.25	180.00
67	97.50	120.00	137.50	148.75	196.25
68	106.25	130.00	151.25	163.75	215.00
69	116.25	142.50	165.00	178.75	235.00
70	127.50	157.50	180.00	196.25	258.75
71	138.75	172.50	200.00	216.25	285.00
72	153.75	192.50	221.25	241.25	315.00
73	171.25	213.75	246.25	268.75	350.00
74	188.75	237.50	275.00	298.75	387.50
75	210.00	263.75	306.25	332.50	430.00
76	231.25	292.50	340.00	370.00	476.25
77	256.25	322.50	376.25	410.00	526.25
78	281.25	356.25	416.25	453.75	578.75
79	308.75	392.50	457.50	498.75	636.25
80	337.50				
81	368.75				
82	401.25				
83	435.00				
84	471.25				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0096-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	28.75	35.00	40.00	41.25	53.75
45-49	32.50	38.75	43.75	46.25	60.00
50-54	37.50	46.25	52.50	56.25	75.00
55	43.75	52.50	58.75	63.75	85.00
56	46.25	55.00	62.50	67.50	90.00
57	48.75	58.75	66.25	72.50	95.00
58	52.50	63.75	71.25	77.50	102.50
59	56.25	68.75	77.50	85.00	110.00
60	61.25	75.00	85.00	91.25	118.75
61	66.25	81.25	92.50	100.00	128.75
62	71.25	87.50	100.00	107.50	138.75
63	76.25	93.75	107.50	115.00	150.00
64	81.25	100.00	113.75	122.50	160.00
65	87.50	106.25	122.50	131.25	172.50
66	93.75	113.75	131.25	141.25	186.25
67	101.25	123.75	142.50	153.75	203.75
68	110.00	135.00	156.25	168.75	222.50
69	120.00	147.50	170.00	185.00	243.75
70	131.25	162.50	186.25	202.50	267.50
71	143.75	178.75	206.25	223.75	295.00
72	158.75	198.75	228.75	248.75	326.25
73	176.25	221.25	255.00	277.50	362.50
74	195.00	245.00	283.75	308.75	401.25
75	216.25	272.50	316.25	343.75	445.00
76	238.75	302.50	351.25	382.50	492.50
77	263.75	333.75	388.75	423.75	543.75
78	290.00	367.50	430.00	468.75	598.75
79	317.50	405.00	473.75	516.25	657.50
80	347.50				
81	378.75				
82	412.50				
83	447.50				
84	483.75				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0096-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	45.00	56.25	65.00	71.25	93.75
45-49	50.00	62.50	72.50	78.75	103.75
50-54	61.25	76.25	88.75	96.25	132.50
55	70.00	88.75	102.50	111.25	153.75
56	73.75	93.75	108.75	117.50	161.25
57	78.75	100.00	115.00	125.00	171.25
58	83.75	106.25	122.50	133.75	181.25
59	90.00	113.75	131.25	142.50	192.50
60	96.25	121.25	140.00	151.25	205.00
61	102.50	130.00	150.00	162.50	218.75
62	110.00	138.75	160.00	173.75	233.75
63	117.50	147.50	170.00	185.00	250.00
64	125.00	157.50	181.25	197.50	266.25
65	132.50	167.50	193.75	210.00	283.75
66	142.50	178.75	206.25	225.00	303.75
67	152.50	192.50	222.50	242.50	327.50
68	163.75	207.50	240.00	262.50	353.75
69	176.25	222.50	260.00	283.75	381.25
70	190.00	241.25	281.25	307.50	411.25
71	206.25	261.25	305.00	333.75	446.25
72	223.75	283.75	332.50	363.75	485.00
73	243.75	310.00	363.75	397.50	528.75
74	266.25	338.75	397.50	435.00	576.25
75	291.25	370.00	433.75	475.00	628.75
76	316.25	405.00	473.75	518.75	685.00
77	343.75	441.25	516.25	566.25	745.00
78	371.25	481.25	561.25	616.25	808.75
79	401.25	522.50	610.00	670.00	877.50
80	432.50				
81	463.75				
82	497.50				
83	532.50				
84	568.75				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0096-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	50.00	63.75	73.75	81.25	105.00
45-49	56.25	70.00	82.50	88.75	117.50
50-54	68.75	86.25	101.25	110.00	148.75
55	77.50	98.75	116.25	126.25	170.00
56	81.25	103.75	122.50	132.50	177.50
57	86.25	110.00	128.75	140.00	187.50
58	91.25	116.25	136.25	148.75	198.75
59	97.50	123.75	145.00	157.50	211.25
60	105.00	132.50	153.75	167.50	223.75
61	112.50	141.25	163.75	177.50	238.75
62	120.00	151.25	173.75	190.00	255.00
63	127.50	161.25	185.00	201.25	272.50
64	135.00	171.25	197.50	215.00	288.75
65	143.75	181.25	210.00	228.75	308.75
66	153.75	193.75	225.00	246.25	328.75
67	165.00	208.75	242.50	265.00	355.00
68	177.50	225.00	262.50	287.50	382.50
69	191.25	241.25	282.50	310.00	412.50
70	206.25	262.50	306.25	335.00	445.00
71	222.50	283.75	332.50	363.75	482.50
72	242.50	308.75	361.25	396.25	525.00
73	263.75	337.50	395.00	432.50	572.50
74	287.50	367.50	431.25	472.50	623.75
75	313.75	401.25	470.00	515.00	680.00
76	341.25	437.50	512.50	561.25	738.75
77	368.75	475.00	557.50	611.25	803.75
78	398.75	516.25	606.25	665.00	871.25
79	428.75	560.00	657.50	721.25	945.00
80	462.50				
81	495.00				
82	531.25				
83	567.50				
84	605.00				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0096-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	52.50	66.25	77.50	85.00	110.00
45-49	58.75	73.75	86.25	93.75	122.50
50-54	72.50	91.25	106.25	115.00	155.00
55	81.25	102.50	121.25	132.50	176.25
56	85.00	107.50	127.50	138.75	185.00
57	90.00	113.75	133.75	146.25	195.00
58	95.00	121.25	141.25	155.00	206.25
59	101.25	128.75	150.00	163.75	218.75
60	108.75	137.50	158.75	173.75	232.50
61	116.25	146.25	168.75	183.75	247.50
62	123.75	156.25	180.00	196.25	263.75
63	131.25	166.25	191.25	208.75	281.25
64	140.00	176.25	203.75	222.50	298.75
65	148.75	187.50	217.50	237.50	318.75
66	158.75	200.00	233.75	255.00	340.00
67	170.00	215.00	251.25	275.00	366.25
68	182.50	232.50	271.25	297.50	395.00
69	197.50	250.00	292.50	321.25	426.25
70	212.50	271.25	316.25	347.50	460.00
71	230.00	293.75	343.75	376.25	498.75
72	250.00	320.00	373.75	410.00	542.50
73	272.50	348.75	407.50	447.50	591.25
74	296.25	380.00	445.00	488.75	643.75
75	322.50	413.75	485.00	532.50	701.25
76	351.25	451.25	528.75	580.00	762.50
77	380.00	490.00	575.00	631.25	828.75
78	410.00	531.25	625.00	686.25	898.75
79	441.25	576.25	677.50	743.75	973.75
80	475.00				
81	508.75				
82	545.00				
83	582.50				
84	621.25				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0096-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	33.75	41.25	48.75	52.50	70.00
45-49	37.50	46.25	53.75	58.75	77.50
50-54	48.75	60.00	68.75	76.25	100.00
55	56.25	68.75	80.00	87.50	118.75
56	58.75	72.50	83.75	91.25	126.25
57	62.50	77.50	90.00	97.50	135.00
58	67.50	83.75	97.50	105.00	145.00
59	72.50	90.00	105.00	113.75	156.25
60	78.75	98.75	113.75	123.75	167.50
61	86.25	106.25	123.75	133.75	181.25
62	92.50	115.00	133.75	145.00	195.00
63	98.75	123.75	143.75	155.00	210.00
64	106.25	132.50	153.75	166.25	225.00
65	112.50	141.25	163.75	177.50	241.25
66	121.25	152.50	176.25	191.25	260.00
67	131.25	165.00	191.25	207.50	282.50
68	142.50	180.00	208.75	226.25	307.50
69	155.00	196.25	227.50	247.50	335.00
70	168.75	213.75	248.75	271.25	366.25
71	185.00	235.00	272.50	297.50	400.00
72	202.50	257.50	300.00	327.50	438.75
73	222.50	283.75	330.00	361.25	482.50
74	245.00	311.25	363.75	397.50	528.75
75	268.75	342.50	400.00	437.50	580.00
76	295.00	375.00	438.75	481.25	636.25
77	321.25	411.25	481.25	527.50	695.00
78	348.75	448.75	526.25	577.50	758.75
79	378.75	490.00	573.75	630.00	825.00
80	410.00				
81	442.50				
82	476.25				
83	511.25				
84	548.75				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0096-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	38.75	48.75	56.25	60.00	80.00
45-49	43.75	53.75	61.25	67.50	88.75
50-54	53.75	67.50	78.75	86.25	112.50
55	62.50	77.50	90.00	97.50	132.50
56	66.25	82.50	95.00	103.75	140.00
57	70.00	87.50	101.25	110.00	150.00
58	75.00	93.75	108.75	118.75	160.00
59	80.00	100.00	116.25	127.50	171.25
60	86.25	108.75	126.25	137.50	183.75
61	93.75	116.25	136.25	148.75	197.50
62	100.00	125.00	146.25	160.00	211.25
63	107.50	133.75	157.50	171.25	227.50
64	115.00	143.75	167.50	182.50	243.75
65	122.50	153.75	178.75	195.00	260.00
66	132.50	166.25	192.50	210.00	281.25
67	143.75	178.75	208.75	226.25	305.00
68	156.25	195.00	227.50	247.50	332.50
69	168.75	212.50	247.50	270.00	362.50
70	182.50	231.25	270.00	293.75	395.00
71	198.75	253.75	295.00	322.50	432.50
72	217.50	277.50	325.00	355.00	473.75
73	238.75	306.25	357.50	391.25	520.00
74	262.50	336.25	392.50	430.00	571.25
75	288.75	368.75	432.50	473.75	626.25
76	316.25	403.75	475.00	521.25	686.25
77	345.00	442.50	520.00	570.00	750.00
78	373.75	483.75	568.75	623.75	818.75
79	406.25	527.50	620.00	681.25	891.25
80	438.75				
81	473.75				
82	508.75				
83	545.00				
84	585.00				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0096-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	41.25	51.25	58.75	63.75	85.00
45-49	46.25	56.25	65.00	71.25	93.75
50-54	56.25	70.00	82.50	90.00	117.50
55	65.00	81.25	95.00	102.50	138.75
56	68.75	86.25	100.00	108.75	146.25
57	72.50	91.25	106.25	115.00	156.25
58	77.50	97.50	113.75	123.75	166.25
59	83.75	105.00	121.25	132.50	177.50
60	90.00	112.50	131.25	143.75	190.00
61	96.25	121.25	141.25	155.00	203.75
62	103.75	130.00	151.25	166.25	218.75
63	111.25	138.75	162.50	177.50	235.00
64	118.75	148.75	173.75	190.00	251.25
65	127.50	158.75	185.00	202.50	268.75
66	137.50	171.25	200.00	217.50	290.00
67	148.75	185.00	216.25	235.00	315.00
68	161.25	201.25	235.00	256.25	342.50
69	173.75	218.75	256.25	278.75	373.75
70	188.75	238.75	278.75	303.75	407.50
71	205.00	261.25	305.00	333.75	446.25
72	223.75	286.25	335.00	366.25	488.75
73	246.25	315.00	368.75	403.75	536.25
74	270.00	346.25	405.00	443.75	590.00
75	297.50	380.00	446.25	488.75	646.25
76	325.00	416.25	490.00	537.50	707.50
77	355.00	456.25	536.25	588.75	773.75
78	385.00	498.75	586.25	643.75	843.75
79	417.50	543.75	640.00	703.75	918.75
80	451.25				
81	486.25				
82	522.50				
83	560.00				
84	600.00				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0096-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	27.50	33.75	36.25	40.00	51.25
45-49	31.25	38.75	41.25	43.75	57.50
50-54	38.75	45.00	51.25	55.00	70.00
55	43.75	52.50	58.75	63.75	83.75
56	47.50	56.25	63.75	67.50	88.75
57	50.00	60.00	67.50	72.50	95.00
58	55.00	65.00	73.75	77.50	102.50
59	58.75	70.00	80.00	85.00	111.25
60	63.75	76.25	86.25	92.50	122.50
61	68.75	82.50	93.75	101.25	132.50
62	75.00	90.00	102.50	110.00	143.75
63	81.25	97.50	110.00	118.75	156.25
64	85.00	102.50	118.75	127.50	166.25
65	91.25	110.00	127.50	136.25	177.50
66	97.50	118.75	138.75	148.75	192.50
67	106.25	130.00	150.00	161.25	210.00
68	116.25	141.25	163.75	177.50	231.25
69	126.25	155.00	180.00	193.75	252.50
70	138.75	168.75	195.00	213.75	277.50
71	151.25	186.25	216.25	235.00	306.25
72	167.50	207.50	240.00	261.25	340.00
73	185.00	231.25	267.50	291.25	377.50
74	206.25	257.50	297.50	325.00	418.75
75	230.00	285.00	331.25	361.25	465.00
76	252.50	316.25	367.50	401.25	515.00
77	280.00	350.00	407.50	443.75	568.75
78	307.50	386.25	450.00	491.25	626.25
79	338.75	425.00	495.00	540.00	688.75
80	370.00				
81	405.00				
82	441.25				
83	480.00				
84	520.00				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0096-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	32.50	40.00	43.75	45.00	60.00
45-49	36.25	43.75	48.75	51.25	66.25
50-54	42.50	51.25	58.75	63.75	82.50
55	50.00	58.75	66.25	72.50	95.00
56	52.50	61.25	70.00	76.25	100.00
57	56.25	66.25	75.00	81.25	107.50
58	60.00	72.50	81.25	86.25	115.00
59	65.00	77.50	88.75	95.00	123.75
60	68.75	85.00	95.00	102.50	133.75
61	75.00	91.25	105.00	113.75	145.00
62	81.25	98.75	113.75	122.50	157.50
63	86.25	106.25	122.50	131.25	170.00
64	92.50	113.75	130.00	140.00	182.50
65	100.00	120.00	140.00	148.75	195.00
66	106.25	130.00	150.00	160.00	211.25
67	115.00	141.25	161.25	175.00	231.25
68	125.00	152.50	177.50	192.50	252.50
69	136.25	167.50	193.75	210.00	276.25
70	150.00	185.00	211.25	231.25	305.00
71	163.75	202.50	235.00	255.00	335.00
72	181.25	226.25	260.00	283.75	370.00
73	201.25	251.25	290.00	316.25	411.25
74	222.50	280.00	323.75	351.25	456.25
75	247.50	310.00	360.00	391.25	506.25
76	272.50	343.75	400.00	435.00	560.00
77	301.25	380.00	442.50	482.50	618.75
78	331.25	418.75	490.00	533.75	681.25
79	363.75	461.25	538.75	586.25	748.75
80	397.50				
81	433.75				
82	472.50				
83	511.25				
84	555.00				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0096-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	33.75	41.25	47.50	48.75	63.75
45-49	38.75	45.00	51.25	55.00	70.00
50-54	43.75	55.00	61.25	66.25	88.75
55	51.25	61.25	68.75	75.00	100.00
56	55.00	65.00	73.75	80.00	106.25
57	57.50	68.75	77.50	85.00	111.25
58	61.25	75.00	83.75	91.25	120.00
59	66.25	81.25	91.25	100.00	130.00
60	72.50	88.75	100.00	107.50	140.00
61	77.50	95.00	108.75	117.50	151.25
62	83.75	102.50	117.50	126.25	163.75
63	90.00	110.00	126.25	135.00	176.25
64	95.00	117.50	133.75	143.75	188.75
65	102.50	125.00	143.75	155.00	202.50
66	110.00	133.75	155.00	166.25	218.75
67	118.75	145.00	167.50	181.25	240.00
68	130.00	158.75	183.75	198.75	261.25
69	141.25	173.75	200.00	217.50	286.25
70	155.00	191.25	218.75	238.75	315.00
71	168.75	210.00	242.50	263.75	347.50
72	186.25	233.75	268.75	292.50	383.75
73	207.50	260.00	300.00	326.25	426.25
74	230.00	288.75	333.75	363.75	472.50
75	255.00	320.00	372.50	405.00	523.75
76	281.25	356.25	413.75	450.00	580.00
77	310.00	392.50	457.50	498.75	640.00
78	341.25	432.50	506.25	551.25	705.00
79	373.75	476.25	557.50	607.50	773.75
80	408.75				
81	445.00				
82	485.00				
83	526.25				
84	568.75				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0096-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	52.50	66.25	76.25	83.75	110.00
45-49	58.75	73.75	85.00	92.50	122.50
50-54	72.50	90.00	105.00	113.75	156.25
55	82.50	105.00	120.00	131.25	181.25
56	86.25	110.00	127.50	138.75	190.00
57	92.50	117.50	135.00	147.50	201.25
58	98.75	125.00	143.75	157.50	213.75
59	106.25	133.75	155.00	167.50	226.25
60	113.75	142.50	165.00	177.50	241.25
61	120.00	152.50	176.25	191.25	257.50
62	130.00	163.75	188.75	205.00	275.00
63	138.75	173.75	200.00	217.50	293.75
64	147.50	185.00	213.75	232.50	313.75
65	156.25	197.50	227.50	247.50	333.75
66	167.50	210.00	242.50	265.00	357.50
67	180.00	226.25	261.25	285.00	385.00
68	192.50	243.75	282.50	308.75	416.25
69	207.50	261.25	306.25	333.75	448.75
70	223.75	283.75	331.25	361.25	483.75
71	242.50	307.50	358.75	392.50	525.00
72	263.75	333.75	391.25	427.50	570.00
73	286.25	365.00	427.50	467.50	622.50
74	313.75	398.75	467.50	511.25	677.50
75	342.50	435.00	510.00	558.75	740.00
76	372.50	476.25	557.50	610.00	806.25
77	405.00	518.75	607.50	666.25	876.25
78	436.25	566.25	660.00	725.00	951.25
79	472.50	615.00	717.50	788.75	1032.50
80	508.75				
81	545.00				
82	585.00				
83	626.25				
84	668.75				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0096-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	58.75	75.00	86.25	95.00	123.75
45-49	66.25	82.50	97.50	105.00	138.75
50-54	81.25	101.25	118.75	130.00	175.00
55	91.25	116.25	136.25	148.75	200.00
56	95.00	122.50	143.75	156.25	208.75
57	101.25	130.00	151.25	165.00	220.00
58	107.50	136.25	160.00	175.00	233.75
59	115.00	145.00	170.00	185.00	248.75
60	123.75	156.25	181.25	197.50	263.75
61	132.50	166.25	192.50	208.75	281.25
62	141.25	177.50	205.00	223.75	300.00
63	150.00	190.00	217.50	236.25	320.00
64	158.75	201.25	232.50	252.50	340.00
65	168.75	213.75	247.50	268.75	363.75
66	181.25	227.50	265.00	290.00	386.25
67	193.75	245.00	285.00	311.25	417.50
68	208.75	265.00	308.75	338.75	450.00
69	225.00	283.75	332.50	365.00	485.00
70	242.50	308.75	360.00	393.75	523.75
71	261.25	333.75	391.25	427.50	567.50
72	285.00	363.75	425.00	466.25	617.50
73	310.00	397.50	465.00	508.75	673.75
74	338.75	432.50	507.50	556.25	733.75
75	368.75	472.50	552.50	606.25	800.00
76	401.25	515.00	602.50	660.00	868.75
77	433.75	558.75	656.25	718.75	945.00
78	468.75	607.50	713.75	782.50	1025.00
79	505.00	658.75	773.75	848.75	1111.25
80	543.75				
81	582.50				
82	625.00				
83	667.50				
84	711.25				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0096-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	61.25	77.50	91.25	100.00	130.00
45-49	68.75	86.25	101.25	110.00	143.75
50-54	85.00	107.50	125.00	135.00	182.50
55	95.00	120.00	142.50	156.25	207.50
56	100.00	126.25	150.00	163.75	217.50
57	106.25	133.75	157.50	172.50	230.00
58	111.25	142.50	166.25	182.50	242.50
59	118.75	151.25	176.25	192.50	257.50
60	127.50	161.25	186.25	205.00	273.75
61	136.25	172.50	198.75	216.25	291.25
62	145.00	183.75	211.25	231.25	310.00
63	155.00	195.00	225.00	245.00	331.25
64	165.00	207.50	240.00	261.25	351.25
65	175.00	220.00	256.25	280.00	375.00
66	186.25	235.00	275.00	300.00	400.00
67	200.00	252.50	295.00	323.75	431.25
68	215.00	273.75	318.75	350.00	465.00
69	232.50	293.75	343.75	377.50	501.25
70	250.00	318.75	372.50	408.75	541.25
71	270.00	345.00	405.00	442.50	586.25
72	293.75	376.25	440.00	482.50	638.75
73	320.00	410.00	480.00	526.25	695.00
74	348.75	447.50	523.75	575.00	757.50
75	380.00	486.25	570.00	626.25	825.00
76	413.75	531.25	622.50	682.50	897.50
77	447.50	576.25	676.25	742.50	975.00
78	482.50	625.00	735.00	807.50	1057.50
79	518.75	677.50	797.50	875.00	1145.00
80	558.75				
81	598.75				
82	641.25				
83	685.00				
84	731.25				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0096-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	40.00	48.75	57.50	61.25	82.50
45-49	43.75	55.00	63.75	68.75	91.25
50-54	57.50	70.00	81.25	90.00	117.50
55	66.25	81.25	93.75	102.50	140.00
56	68.75	85.00	98.75	107.50	148.75
57	73.75	91.25	106.25	115.00	158.75
58	80.00	98.75	115.00	123.75	170.00
59	85.00	106.25	123.75	133.75	183.75
60	92.50	116.25	133.75	145.00	197.50
61	101.25	125.00	145.00	157.50	213.75
62	108.75	135.00	157.50	170.00	230.00
63	116.25	145.00	168.75	182.50	247.50
64	125.00	156.25	181.25	195.00	265.00
65	132.50	166.25	192.50	208.75	283.75
66	142.50	180.00	207.50	225.00	306.25
67	155.00	193.75	225.00	243.75	332.50
68	167.50	211.25	245.00	266.25	361.25
69	182.50	231.25	267.50	291.25	393.75
70	198.75	251.25	292.50	318.75	431.25
71	217.50	276.25	320.00	350.00	470.00
72	238.75	302.50	352.50	385.00	516.25
73	261.25	333.75	388.75	425.00	567.50
74	288.75	366.25	427.50	467.50	622.50
75	316.25	402.50	470.00	515.00	682.50
76	347.50	441.25	516.25	566.25	748.75
77	377.50	483.75	566.25	620.00	817.50
78	410.00	527.50	618.75	680.00	892.50
79	445.00	576.25	675.00	741.25	970.00
80	482.50				
81	520.00				
82	560.00				
83	601.25				
84	645.00				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0096-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	45.00	57.50	66.25	70.00	93.75
45-49	51.25	63.75	72.50	80.00	105.00
50-54	63.75	80.00	92.50	101.25	132.50
55	73.75	91.25	106.25	115.00	156.25
56	77.50	97.50	111.25	122.50	165.00
57	82.50	102.50	118.75	130.00	176.25
58	88.75	110.00	127.50	140.00	188.75
59	93.75	117.50	136.25	150.00	201.25
60	101.25	127.50	148.75	161.25	216.25
61	110.00	136.25	160.00	175.00	232.50
62	117.50	147.50	172.50	188.75	248.75
63	126.25	157.50	185.00	201.25	267.50
64	135.00	168.75	197.50	215.00	286.25
65	143.75	181.25	210.00	230.00	306.25
66	156.25	195.00	226.25	247.50	331.25
67	168.75	210.00	245.00	266.25	358.75
68	183.75	230.00	267.50	291.25	391.25
69	198.75	250.00	291.25	317.50	426.25
70	215.00	272.50	317.50	345.00	465.00
71	233.75	298.75	347.50	380.00	508.75
72	256.25	326.25	382.50	417.50	557.50
73	281.25	360.00	420.00	460.00	611.25
74	308.75	395.00	461.25	506.25	672.50
75	340.00	433.75	508.75	557.50	736.25
76	372.50	475.00	558.75	613.75	807.50
77	406.25	520.00	611.25	670.00	882.50
78	440.00	568.75	668.75	733.75	963.75
79	477.50	620.00	730.00	801.25	1048.75
80	516.25				
81	557.50				
82	598.75				
83	641.25				
84	688.75				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0096-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	48.75	60.00	68.75	75.00	100.00
45-49	55.00	66.25	76.25	83.75	110.00
50-54	66.25	82.50	97.50	106.25	138.75
55	76.25	95.00	111.25	120.00	163.75
56	81.25	101.25	117.50	127.50	172.50
57	85.00	107.50	125.00	135.00	183.75
58	91.25	115.00	133.75	145.00	195.00
59	98.75	123.75	142.50	156.25	208.75
60	106.25	132.50	155.00	168.75	223.75
61	113.75	142.50	166.25	182.50	240.00
62	122.50	152.50	177.50	195.00	257.50
63	131.25	163.75	191.25	208.75	276.25
64	140.00	175.00	205.00	223.75	295.00
65	150.00	186.25	217.50	238.75	316.25
66	161.25	201.25	235.00	256.25	341.25
67	175.00	217.50	255.00	276.25	370.00
68	190.00	236.25	276.25	301.25	402.50
69	205.00	257.50	301.25	327.50	440.00
70	222.50	281.25	327.50	357.50	480.00
71	241.25	307.50	358.75	392.50	525.00
72	263.75	336.25	393.75	431.25	575.00
73	290.00	370.00	433.75	475.00	631.25
74	317.50	407.50	476.25	522.50	693.75
75	350.00	447.50	525.00	575.00	760.00
76	382.50	490.00	576.25	632.50	832.50
77	417.50	536.25	631.25	692.50	910.00
78	452.50	586.25	690.00	757.50	992.50
79	491.25	640.00	752.50	827.50	1081.25
80	531.25				
81	572.50				
82	615.00				
83	658.75				
84	706.25				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0096-A37
Long-Term Care Policy

WITH SURVIVORSHIP BENEFIT RIDER R1-N0103-SERIES

When this rider is chosen, multiply the final premium by the appropriate factor.

ISSUE AGE	NO INFLATION PROTECTION	SIMPLE INFLATION PROTECTION	COMPOUND INFLATION PROTECTION
18-44	1.11	1.17	1.17
45-49	1.14	1.21	1.21
50-54	1.18	1.28	1.28
55	1.20	1.30	1.30
56	1.20	1.30	1.30
57	1.21	1.30	1.30
58	1.21	1.30	1.30
59	1.21	1.30	1.30
60	1.21	1.30	1.30
61	1.21	1.30	1.30
62	1.21	1.29	1.29
63	1.21	1.29	1.29
64	1.21	1.28	1.28
65	1.20	1.27	1.27
66	1.20	1.26	1.26
67	1.20	1.26	1.26
68	1.19	1.25	1.25
69	1.19	1.24	1.24
70	1.18	1.23	1.23
71	1.18	1.22	1.22
72	1.17	1.20	1.20
73	1.16	1.19	1.19
74	1.16	1.18	1.18
75	1.15	1.17	1.17
76	1.14	1.16	1.16
77	1.13	1.15	1.15
78	1.12	1.14	1.14
79	1.11	1.13	1.13
80	1.10	1.12	1.12
81	1.09	1.11	1.11
82	1.08	1.10	1.10
83	1.07	1.09	1.09
84	1.06	1.08	1.08

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0096-A37
Long-Term Care Policy

Elimination Period Factors

Rates shown are for 30 day elimination period. Rates for other elimination periods are calculated by multiplying the 30 day rates by the appropriate factor from the following table:

Benefit Maximum	0	14	20	60	90	100	180	365
730x,1095x	1.12	1.07	1.03	0.94	0.90	0.89	0.78	0.67
1460x,1825x	1.10	1.05	1.03	0.95	0.90	0.89	0.79	0.69
Lifetime	1.08	1.04	1.03	0.96	0.92	0.91	0.84	0.75

Spousal Discount

A 20% discount to the rates is available to married couples if both spouses apply for coverage.

Dual Waiver of Premium Rider R1-N0104-Series

An optional dual waiver of premium rider will be offered. If one spouse qualifies for a waiver of premium, the premium of the other spouse will also be waived. If chosen, multiply the final premium by 1.06.

Shared Advantage Rider R1-N0105-Series

This rider will allow two covered spouses to purchase an additional benefit amount that can be used by either spouse after their base benefits are exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	No Inflation Protection	With Inflation Protection
730x	1.30	1.35
1095x	1.21	1.25
1460x	1.15	1.18
1825x	1.12	1.14

Restoration of Benefits Rider R1-N0106-Series

This rider restores the maximum lifetime benefit if the insured has not met the stipulated conditions for a period of 180 consecutive days and the maximum lifetime benefit has not been exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	Factor
730x	1.08
1095x	1.06
1460x,1825x	1.04

Cost of Living Increase Rider R1-N0107-Series

This rider allows the insured to increase their policy limits, subject to the terms of the rider, every three years without additional underwriting. The additional premium charged is based on the attained age and incremental increase in the maximum daily facility benefit when exercised. If chosen, multiply the final premium by the appropriate factor:

Age	Factor
18-44	1.15
45-49	1.12
50-55	1.10
56-58	1.09
59-61	1.08
62-64	1.07
65-67	1.06
68-70	1.05
71-73	1.04
74-76	1.03

Modal Factors

Semi-Annual: 0.52; Quarterly: 0.27; Check-A-Matic: 0.09

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604

Supplement to Rate Sheets for Policy Form P1-N0100-A37
PENNSYLVANIA

All rates for this form should be multiplied by a factor of: 1.9425

This factor represents the **proposed** increase of: 29.5%

And the following prior approved rate increases:

Policy Form	Increase Applies to all Policies or Subsets	Rate Increase Approved	Approval Date of Rate Increase
P1-N0100-A37	--Yes--	20.00%	3/14/2013
P1-N0100-A37	--Yes--	25.00%	12/3/2014

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0100-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	21	24	28	30	38
45-49	23	27	31	33	42
50-54	28	33	38	41	52
55	32	38	44	47	62
56	34	41	47	50	66
57	37	44	50	54	71
58	40	48	54	59	77
59	44	52	59	64	84
60	48	57	65	71	91
61	52	63	71	77	99
62	56	68	77	84	108
63	60	73	83	90	116
64	64	78	89	96	125
65	68	84	95	103	134
66	74	90	103	111	145
67	80	98	112	121	158
68	87	107	123	133	174
69	95	117	135	146	191
70	104	128	148	161	210
71	115	142	164	179	232
72	128	158	183	200	259
73	143	177	205	224	290
74	159	198	230	251	324
75	178	222	258	281	361
76	198	248	288	314	402
77	220	276	321	349	447
78	244	307	357	387	495
79	270	339	395	428	547
80	297				
81	327				
82	358				
83	391				
84	426				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0100-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	25	30	34	36	46
45-49	27	33	37	40	51
50-54	32	39	45	49	64
55	38	45	51	55	73
56	40	48	54	58	77
57	43	51	58	62	82
58	46	55	62	67	88
59	50	60	68	73	95
60	54	65	74	80	104
61	58	71	81	87	112
62	63	76	88	95	122
63	68	82	94	101	131
64	72	88	100	109	141
65	77	95	107	116	152
66	83	101	116	126	164
67	90	111	126	137	179
68	98	121	138	151	196
69	107	132	152	165	216
70	117	145	167	181	237
71	128	160	185	201	263
72	143	178	206	225	293
73	159	199	231	251	327
74	177	223	259	282	365
75	198	249	290	315	407
76	220	277	324	353	454
77	245	309	360	392	504
78	271	343	400	435	557
79	299	380	443	482	616
80	329				
81	361				
82	394				
83	430				
84	468				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0100-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	26	32	36	39	50
45-49	29	35	40	43	55
50-54	34	42	48	52	69
55	40	48	54	59	77
56	42	51	57	62	81
57	45	54	61	66	86
58	48	58	66	71	93
59	52	63	72	77	100
60	57	68	78	84	109
61	61	74	85	91	118
62	66	80	92	99	128
63	71	86	99	106	138
64	75	92	105	114	148
65	81	99	112	122	159
66	87	106	121	132	172
67	94	116	132	144	188
68	102	127	145	158	206
69	112	138	159	173	226
70	122	152	175	190	249
71	134	167	194	211	276
72	149	186	216	235	307
73	166	208	242	263	343
74	185	233	271	295	383
75	207	260	303	330	427
76	230	290	339	369	476
77	255	323	377	411	528
78	282	358	418	456	584
79	311	397	463	505	645
80	342				
81	375				
82	410				
83	447				
84	486				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0100-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	40	49	56	60	82
45-49	44	54	62	67	91
50-54	54	67	77	85	116
55	63	78	90	98	134
56	66	82	95	104	142
57	70	87	101	110	150
58	75	93	108	117	159
59	79	99	115	125	169
60	85	106	122	133	180
61	91	113	131	142	192
62	97	121	140	152	205
63	103	129	150	162	219
64	110	137	159	173	233
65	117	146	170	185	249
66	125	157	182	198	268
67	135	169	197	214	289
68	146	183	213	232	313
69	157	198	230	251	338
70	170	215	250	273	367
71	184	234	272	297	399
72	201	256	298	326	436
73	221	281	328	359	478
74	243	309	361	395	524
75	267	339	397	434	575
76	292	372	436	478	630
77	319	408	479	524	689
78	347	446	525	574	752
79	377	487	574	627	820
80	408				
81	440				
82	474				
83	509				
84	546				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0100-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	46	57	66	72	95
45-49	51	64	73	80	106
50-54	63	79	91	99	134
55	71	90	104	113	154
56	74	95	110	119	162
57	78	100	116	126	170
58	83	106	123	134	180
59	89	112	130	143	191
60	96	119	139	151	202
61	102	127	148	161	216
62	109	136	158	172	230
63	116	144	169	184	246
64	123	154	179	196	262
65	131	164	192	209	280
66	140	176	205	224	300
67	150	190	222	242	324
68	162	205	240	262	351
69	175	223	259	284	379
70	190	242	282	309	411
71	206	263	307	336	447
72	225	288	336	368	489
73	247	315	369	405	535
74	271	346	405	444	586
75	297	380	445	487	643
76	325	415	488	535	704
77	354	455	534	586	769
78	385	496	585	640	839
79	417	542	637	698	913
80	451				
81	486				
82	522				
83	561				
84	601				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0100-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	49	61	70	77	101
45-49	54	68	78	86	112
50-54	67	84	97	105	142
55	75	95	110	120	162
56	78	100	116	126	170
57	82	105	122	133	179
58	87	111	129	141	189
59	93	118	137	150	200
60	100	125	146	159	212
61	107	133	155	169	226
62	114	142	166	181	241
63	121	151	177	193	257
64	129	161	188	206	274
65	137	172	201	219	293
66	146	184	215	235	314
67	157	199	232	254	339
68	169	215	251	275	367
69	183	233	272	298	397
70	198	253	295	324	430
71	215	275	322	353	468
72	235	301	352	386	511
73	258	330	386	424	560
74	283	362	424	465	613
75	310	397	465	510	672
76	339	434	510	559	735
77	369	475	558	612	803
78	401	518	610	668	876
79	434	565	664	729	953
80	469				
81	505				
82	543				
83	583				
84	624				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0100-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	29	36	42	46	61
45-49	32	40	47	51	68
50-54	43	53	60	65	87
55	49	61	69	76	103
56	52	64	73	80	110
57	55	68	78	86	118
58	59	73	84	93	127
59	64	79	91	100	137
60	69	86	99	108	148
61	75	93	108	117	159
62	81	101	117	127	172
63	87	108	126	137	185
64	93	116	135	146	198
65	100	124	144	157	213
66	108	133	155	169	230
67	117	145	169	184	250
68	127	158	185	201	273
69	138	173	202	220	298
70	150	189	221	241	326
71	164	208	243	266	357
72	181	230	269	294	394
73	200	255	298	326	435
74	222	282	331	362	481
75	245	313	366	401	531
76	270	346	404	443	585
77	297	381	446	489	643
78	325	419	491	538	705
79	355	460	538	591	772
80	386				
81	419				
82	453				
83	489				
84	527				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0100-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	35	44	50	55	72
45-49	39	48	56	61	80
50-54	49	61	71	77	101
55	57	71	81	89	120
56	60	75	86	93	128
57	63	79	91	99	136
58	68	85	98	107	146
59	73	92	106	115	156
60	79	99	114	124	167
61	85	106	123	134	179
62	92	115	133	145	193
63	98	123	143	155	207
64	105	131	153	166	222
65	113	141	163	177	238
66	121	151	175	191	257
67	131	164	191	207	279
68	142	178	208	226	305
69	154	195	227	247	333
70	168	213	249	271	365
71	184	234	273	298	400
72	202	258	302	330	441
73	223	285	334	365	487
74	247	316	370	405	538
75	273	349	409	448	593
76	301	385	451	495	654
77	330	424	497	546	718
78	361	465	546	600	787
79	393	510	599	658	861
80	427				
81	462				
82	500				
83	539				
84	580				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0100-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	38	47	54	59	77
45-49	42	52	60	65	85
50-54	52	65	75	82	107
55	60	75	86	94	127
56	63	79	91	99	135
57	67	84	97	105	144
58	72	90	104	113	154
59	77	97	112	121	164
60	83	104	121	131	175
61	89	112	130	141	188
62	96	121	140	152	202
63	103	130	150	163	217
64	110	138	160	174	232
65	118	148	171	186	249
66	126	159	184	200	268
67	137	172	200	217	292
68	149	187	218	237	319
69	161	204	238	259	348
70	176	223	261	284	381
71	192	245	286	312	418
72	211	270	316	345	461
73	233	298	350	382	509
74	258	330	387	423	562
75	285	364	427	468	620
76	314	402	471	517	683
77	344	442	519	570	750
78	376	485	570	627	822
79	409	532	625	687	899
80	444				
81	481				
82	520				
83	560				
84	602				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0100-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	25	28	33	35	45
45-49	27	32	36	39	49
50-54	33	39	45	48	61
55	38	45	52	55	73
56	40	48	55	59	78
57	44	52	59	64	84
58	47	56	64	69	91
59	52	61	69	75	99
60	56	67	76	84	107
61	61	74	84	91	116
62	66	80	91	99	127
63	71	86	98	106	136
64	75	92	105	113	147
65	80	99	112	121	158
66	87	106	121	131	171
67	94	115	132	142	186
68	102	126	145	156	205
69	112	138	159	172	225
70	122	151	174	189	247
71	135	167	193	211	273
72	151	186	215	235	305
73	168	208	241	264	341
74	187	233	271	295	381
75	209	261	304	331	425
76	233	292	339	369	473
77	259	325	378	411	526
78	287	361	420	455	582
79	318	399	465	504	644
80	349				
81	385				
82	421				
83	460				
84	501				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0100-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	29	35	40	42	54
45-49	32	39	44	47	60
50-54	38	46	53	58	75
55	45	53	60	65	86
56	47	56	64	68	91
57	51	60	68	73	96
58	54	65	73	79	104
59	59	71	80	86	112
60	64	76	87	94	122
61	68	84	95	102	132
62	74	89	104	112	144
63	80	96	111	119	154
64	85	104	118	128	166
65	91	112	126	136	179
66	98	119	136	148	193
67	106	131	148	161	211
68	115	142	162	178	231
69	126	155	179	194	254
70	138	171	196	213	279
71	151	188	218	236	309
72	168	209	242	265	345
73	187	234	272	295	385
74	208	262	305	332	429
75	233	293	341	371	479
76	259	326	381	415	534
77	288	364	424	461	593
78	319	404	471	512	655
79	352	447	521	567	725
80	387				
81	425				
82	464				
83	506				
84	551				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0100-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	31	38	42	46	59
45-49	34	41	47	51	65
50-54	40	49	56	61	81
55	47	56	64	69	91
56	49	60	67	73	95
57	53	64	72	78	101
58	56	68	78	84	109
59	61	74	85	91	118
60	67	80	92	99	128
61	72	87	100	107	139
62	78	94	108	116	151
63	84	101	116	125	162
64	88	108	124	134	174
65	95	116	132	144	187
66	102	125	142	155	202
67	111	136	155	169	221
68	120	149	171	186	242
69	132	162	187	204	266
70	144	179	206	224	293
71	158	196	228	248	325
72	175	219	254	276	361
73	195	245	285	309	404
74	218	274	319	347	451
75	244	306	356	388	502
76	271	341	399	434	560
77	300	380	444	484	621
78	332	421	492	536	687
79	366	467	545	594	759
80	402				
81	441				
82	482				
83	526				
84	572				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
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Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	47	58	66	71	96
45-49	52	64	73	79	107
50-54	64	79	91	100	136
55	74	92	106	115	158
56	78	96	112	122	167
57	82	102	119	129	176
58	88	109	127	138	187
59	93	116	135	147	199
60	100	125	144	156	212
61	107	133	154	167	226
62	114	142	165	179	241
63	121	152	176	191	258
64	129	161	187	204	274
65	138	172	200	218	293
66	147	185	214	233	315
67	159	199	232	252	340
68	172	215	251	273	368
69	185	233	271	295	398
70	200	253	294	321	432
71	216	275	320	349	469
72	236	301	351	384	513
73	260	331	386	422	562
74	286	364	425	465	616
75	314	399	467	511	676
76	344	438	513	562	741
77	375	480	564	616	811
78	408	525	618	675	885
79	444	573	675	738	965
80	480				
81	518				
82	558				
83	599				
84	642				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0100-A37
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Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	54	67	78	85	112
45-49	60	75	86	94	125
50-54	74	93	107	116	158
55	84	106	122	133	181
56	87	112	129	140	191
57	92	118	136	148	200
58	98	125	145	158	212
59	105	132	153	168	225
60	113	140	164	178	238
61	120	149	174	189	254
62	128	160	186	202	271
63	136	169	199	216	289
64	145	181	211	231	308
65	154	193	226	246	329
66	165	207	241	264	353
67	176	224	261	285	381
68	191	241	282	308	413
69	206	262	305	334	446
70	224	285	332	364	484
71	242	309	361	395	526
72	265	339	395	433	575
73	291	371	434	476	629
74	319	407	476	522	689
75	349	447	524	573	756
76	382	488	574	629	828
77	416	535	628	689	905
78	453	584	688	753	987
79	491	638	749	821	1074
80	531				
81	572				
82	614				
83	660				
84	707				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0100-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	58	72	82	91	119
45-49	64	80	92	101	132
50-54	79	99	114	124	167
55	88	112	129	141	191
56	92	118	136	148	200
57	96	124	144	156	211
58	102	131	152	166	222
59	109	139	161	176	235
60	118	147	172	187	249
61	126	156	182	199	266
62	134	167	195	213	284
63	142	178	208	227	302
64	152	189	221	242	322
65	161	202	236	258	345
66	172	216	253	276	369
67	185	234	273	299	399
68	199	253	295	324	432
69	215	274	320	351	467
70	233	298	347	381	506
71	253	324	379	415	551
72	276	354	414	454	601
73	304	388	454	499	659
74	333	426	499	547	721
75	365	467	547	600	791
76	399	511	600	658	865
77	434	559	656	720	945
78	472	609	718	786	1031
79	511	665	781	858	1121
80	552				
81	594				
82	639				
83	686				
84	734				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0100-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	34	42	49	54	72
45-49	38	47	55	60	80
50-54	51	62	71	76	102
55	58	72	81	89	121
56	61	75	86	94	129
57	65	80	92	101	139
58	69	86	99	109	149
59	75	93	107	118	161
60	81	101	116	127	174
61	88	109	127	138	187
62	95	119	138	149	202
63	102	127	148	161	218
64	109	136	159	172	233
65	118	146	169	185	251
66	127	156	182	199	271
67	138	171	199	216	294
68	149	186	218	236	321
69	162	204	238	259	351
70	176	222	260	284	384
71	193	245	286	313	420
72	213	271	316	346	464
73	235	300	351	384	512
74	261	332	389	426	566
75	288	368	431	472	625
76	318	407	475	521	688
77	349	448	525	575	756
78	382	493	578	633	829
79	418	541	633	695	908
80	454				
81	493				
82	533				
83	575				
84	620				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0100-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	41	52	59	65	85
45-49	46	56	66	72	94
50-54	58	72	84	91	119
55	67	84	95	105	141
56	71	88	101	109	151
57	74	93	107	116	160
58	80	100	115	126	172
59	86	108	125	135	184
60	93	116	134	146	196
61	100	125	145	158	211
62	108	135	156	171	227
63	115	145	168	182	244
64	124	154	180	195	261
65	133	166	192	208	280
66	142	178	206	225	302
67	154	193	225	244	328
68	167	209	245	266	359
69	181	229	267	291	392
70	198	251	293	319	429
71	216	275	321	351	471
72	238	304	355	388	519
73	262	335	393	429	573
74	291	372	435	476	633
75	321	411	481	527	698
76	354	453	531	582	769
77	388	499	585	642	845
78	425	547	642	706	926
79	462	600	705	774	1013
80	502				
81	544				
82	588				
83	634				
84	682				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0100-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	45	55	64	69	91
45-49	49	61	71	76	100
50-54	61	76	88	96	126
55	71	88	101	111	149
56	74	93	107	116	159
57	79	99	114	124	169
58	85	106	122	133	181
59	91	114	132	142	193
60	98	122	142	154	206
61	105	132	153	166	221
62	113	142	165	179	238
63	121	153	176	192	255
64	129	162	188	205	273
65	139	174	201	219	293
66	148	187	216	235	315
67	161	202	235	255	344
68	175	220	256	279	375
69	189	240	280	305	409
70	207	262	307	334	448
71	226	288	336	367	492
72	248	318	372	406	542
73	274	351	412	449	599
74	304	388	455	498	661
75	335	428	502	551	729
76	369	473	554	608	804
77	405	520	611	671	882
78	442	571	671	738	967
79	481	626	735	808	1058
80	522				
81	566				
82	612				
83	659				
84	708				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0100-A37
Long-Term Care Policy

WITH SURVIVORSHIP BENEFIT RIDER R1-N0103-SERIES

When this rider is chosen, multiply the final premium by the appropriate factor.

ISSUE AGE	NO INFLATION PROTECTION	SIMPLE INFLATION PROTECTION	COMPOUND INFLATION PROTECTION
18-44	1.11	1.17	1.17
45-49	1.14	1.21	1.21
50-54	1.18	1.28	1.28
55	1.20	1.30	1.30
56	1.20	1.30	1.30
57	1.21	1.30	1.30
58	1.21	1.30	1.30
59	1.21	1.30	1.30
60	1.21	1.30	1.30
61	1.21	1.30	1.30
62	1.21	1.29	1.29
63	1.21	1.29	1.29
64	1.21	1.28	1.28
65	1.20	1.27	1.27
66	1.20	1.26	1.26
67	1.20	1.26	1.26
68	1.19	1.25	1.25
69	1.19	1.24	1.24
70	1.18	1.23	1.23
71	1.18	1.22	1.22
72	1.17	1.20	1.20
73	1.16	1.19	1.19
74	1.16	1.18	1.18
75	1.15	1.17	1.17
76	1.14	1.16	1.16
77	1.13	1.15	1.15
78	1.12	1.14	1.14
79	1.11	1.13	1.13
80	1.10	1.12	1.12
81	1.09	1.11	1.11
82	1.08	1.10	1.10
83	1.07	1.09	1.09
84	1.06	1.08	1.08

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0100-A37
Long-Term Care Policy

Elimination Period Factors

Rates shown are for 30 day elimination period. Rates for other elimination periods are calculated by multiplying the 30 day rates by the appropriate factor from the following table:

Benefit Maximum	0	14	20	60	90	100	180	365
730x,1095x	1.11	1.06	1.03	0.95	0.91	0.90	0.80	0.71
1460x,1825x	1.09	1.05	1.03	0.95	0.91	0.90	0.81	0.72
Lifetime	1.07	1.04	1.03	0.96	0.93	0.92	0.85	0.78

Spousal Discount

A 20% discount to the rates is available to married couples if both spouses apply for coverage.

Dual Waiver of Premium Rider R1-N0104-Series

An optional dual waiver of premium rider will be offered. If one spouse qualifies for a waiver of premium, the premium of the other spouse will also be waived. If chosen, multiply the final premium by 1.06.

Shared Advantage Rider R1-N0105-Series

This rider will allow two covered spouses to purchase an additional benefit amount that can be used by either spouse after their base benefits are exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	No Inflation Protection	With Inflation Protection
730x	1.30	1.35
1095x	1.21	1.25
1460x	1.15	1.18
1825x	1.12	1.14

Restoration of Benefits Rider R1-N0106-Series

This rider restores the maximum lifetime benefit if the insured has not met the stipulated conditions for a period of 180 consecutive days and the maximum lifetime benefit has not been exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	Factor
730x	1.08
1095x	1.06
1460x,1825x	1.04

Cost of Living Increase Rider R1-N0107-Series

This rider allows the insured to increase their policy limits, subject to the terms of the rider, every three years without additional underwriting. The additional premium charged is based on the attained age and incremental increase in the maximum daily facility benefit when exercised. If chosen, multiply the final premium by the appropriate factor:

Age	Factor
18-44	1.15
45-49	1.12
50-55	1.10
56-58	1.09
59-61	1.08
62-64	1.07
65-67	1.06
68-70	1.05
71-73	1.04
74-76	1.03

Modal Factors

Semi-Annual: 0.52; Quarterly: 0.27; Check-A-Matic: 0.09

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604

Supplement to Rate Sheets for Policy Form P1-N0101-A37
PENNSYLVANIA

All rates for this form should be multiplied by a factor of: 1.9425

This factor represents the **proposed** increase of: 29.5%

And the following prior approved rate increases:

Policy Form	Increase Applies to all Policies or Subsets	Rate Increase Approved	Approval Date of Rate Increase
P1-N0101-A37	--Yes--	20.00%	3/14/2013
P1-N0101-A37	--Yes--	25.00%	12/3/2014

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0101-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	26.25	30.00	35.00	37.50	47.50
45-49	28.75	33.75	38.75	41.25	52.50
50-54	35.00	41.25	47.50	51.25	65.00
55	40.00	47.50	55.00	58.75	77.50
56	42.50	51.25	58.75	62.50	82.50
57	46.25	55.00	62.50	67.50	88.75
58	50.00	60.00	67.50	73.75	96.25
59	55.00	65.00	73.75	80.00	105.00
60	60.00	71.25	81.25	88.75	113.75
61	65.00	78.75	88.75	96.25	123.75
62	70.00	85.00	96.25	105.00	135.00
63	75.00	91.25	103.75	112.50	145.00
64	80.00	97.50	111.25	120.00	156.25
65	85.00	105.00	118.75	128.75	167.50
66	92.50	112.50	128.75	138.75	181.25
67	100.00	122.50	140.00	151.25	197.50
68	108.75	133.75	153.75	166.25	217.50
69	118.75	146.25	168.75	182.50	238.75
70	130.00	160.00	185.00	201.25	262.50
71	143.75	177.50	205.00	223.75	290.00
72	160.00	197.50	228.75	250.00	323.75
73	178.75	221.25	256.25	280.00	362.50
74	198.75	247.50	287.50	313.75	405.00
75	222.50	277.50	322.50	351.25	451.25
76	247.50	310.00	360.00	392.50	502.50
77	275.00	345.00	401.25	436.25	558.75
78	305.00	383.75	446.25	483.75	618.75
79	337.50	423.75	493.75	535.00	683.75
80	371.25				
81	408.75				
82	447.50				
83	488.75				
84	532.50				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0101-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	31.25	37.50	42.50	45.00	57.50
45-49	33.75	41.25	46.25	50.00	63.75
50-54	40.00	48.75	56.25	61.25	80.00
55	47.50	56.25	63.75	68.75	91.25
56	50.00	60.00	67.50	72.50	96.25
57	53.75	63.75	72.50	77.50	102.50
58	57.50	68.75	77.50	83.75	110.00
59	62.50	75.00	85.00	91.25	118.75
60	67.50	81.25	92.50	100.00	130.00
61	72.50	88.75	101.25	108.75	140.00
62	78.75	95.00	110.00	118.75	152.50
63	85.00	102.50	117.50	126.25	163.75
64	90.00	110.00	125.00	136.25	176.25
65	96.25	118.75	133.75	145.00	190.00
66	103.75	126.25	145.00	157.50	205.00
67	112.50	138.75	157.50	171.25	223.75
68	122.50	151.25	172.50	188.75	245.00
69	133.75	165.00	190.00	206.25	270.00
70	146.25	181.25	208.75	226.25	296.25
71	160.00	200.00	231.25	251.25	328.75
72	178.75	222.50	257.50	281.25	366.25
73	198.75	248.75	288.75	313.75	408.75
74	221.25	278.75	323.75	352.50	456.25
75	247.50	311.25	362.50	393.75	508.75
76	275.00	346.25	405.00	441.25	567.50
77	306.25	386.25	450.00	490.00	630.00
78	338.75	428.75	500.00	543.75	696.25
79	373.75	475.00	553.75	602.50	770.00
80	411.25				
81	451.25				
82	492.50				
83	537.50				
84	585.00				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0101-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	32.50	40.00	45.00	48.75	62.50
45-49	36.25	43.75	50.00	53.75	68.75
50-54	42.50	52.50	60.00	65.00	86.25
55	50.00	60.00	67.50	73.75	96.25
56	52.50	63.75	71.25	77.50	101.25
57	56.25	67.50	76.25	82.50	107.50
58	60.00	72.50	82.50	88.75	116.25
59	65.00	78.75	90.00	96.25	125.00
60	71.25	85.00	97.50	105.00	136.25
61	76.25	92.50	106.25	113.75	147.50
62	82.50	100.00	115.00	123.75	160.00
63	88.75	107.50	123.75	132.50	172.50
64	93.75	115.00	131.25	142.50	185.00
65	101.25	123.75	140.00	152.50	198.75
66	108.75	132.50	151.25	165.00	215.00
67	117.50	145.00	165.00	180.00	235.00
68	127.50	158.75	181.25	197.50	257.50
69	140.00	172.50	198.75	216.25	282.50
70	152.50	190.00	218.75	237.50	311.25
71	167.50	208.75	242.50	263.75	345.00
72	186.25	232.50	270.00	293.75	383.75
73	207.50	260.00	302.50	328.75	428.75
74	231.25	291.25	338.75	368.75	478.75
75	258.75	325.00	378.75	412.50	533.75
76	287.50	362.50	423.75	461.25	595.00
77	318.75	403.75	471.25	513.75	660.00
78	352.50	447.50	522.50	570.00	730.00
79	388.75	496.25	578.75	631.25	806.25
80	427.50				
81	468.75				
82	512.50				
83	558.75				
84	607.50				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0101-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	50.00	61.25	70.00	75.00	102.50
45-49	55.00	67.50	77.50	83.75	113.75
50-54	67.50	83.75	96.25	106.25	145.00
55	78.75	97.50	112.50	122.50	167.50
56	82.50	102.50	118.75	130.00	177.50
57	87.50	108.75	126.25	137.50	187.50
58	93.75	116.25	135.00	146.25	198.75
59	98.75	123.75	143.75	156.25	211.25
60	106.25	132.50	152.50	166.25	225.00
61	113.75	141.25	163.75	177.50	240.00
62	121.25	151.25	175.00	190.00	256.25
63	128.75	161.25	187.50	202.50	273.75
64	137.50	171.25	198.75	216.25	291.25
65	146.25	182.50	212.50	231.25	311.25
66	156.25	196.25	227.50	247.50	335.00
67	168.75	211.25	246.25	267.50	361.25
68	182.50	228.75	266.25	290.00	391.25
69	196.25	247.50	287.50	313.75	422.50
70	212.50	268.75	312.50	341.25	458.75
71	230.00	292.50	340.00	371.25	498.75
72	251.25	320.00	372.50	407.50	545.00
73	276.25	351.25	410.00	448.75	597.50
74	303.75	386.25	451.25	493.75	655.00
75	333.75	423.75	496.25	542.50	718.75
76	365.00	465.00	545.00	597.50	787.50
77	398.75	510.00	598.75	655.00	861.25
78	433.75	557.50	656.25	717.50	940.00
79	471.25	608.75	717.50	783.75	1025.00
80	510.00				
81	550.00				
82	592.50				
83	636.25				
84	682.50				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0101-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	57.50	71.25	82.50	90.00	118.75
45-49	63.75	80.00	91.25	100.00	132.50
50-54	78.75	98.75	113.75	123.75	167.50
55	88.75	112.50	130.00	141.25	192.50
56	92.50	118.75	137.50	148.75	202.50
57	97.50	125.00	145.00	157.50	212.50
58	103.75	132.50	153.75	167.50	225.00
59	111.25	140.00	162.50	178.75	238.75
60	120.00	148.75	173.75	188.75	252.50
61	127.50	158.75	185.00	201.25	270.00
62	136.25	170.00	197.50	215.00	287.50
63	145.00	180.00	211.25	230.00	307.50
64	153.75	192.50	223.75	245.00	327.50
65	163.75	205.00	240.00	261.25	350.00
66	175.00	220.00	256.25	280.00	375.00
67	187.50	237.50	277.50	302.50	405.00
68	202.50	256.25	300.00	327.50	438.75
69	218.75	278.75	323.75	355.00	473.75
70	237.50	302.50	352.50	386.25	513.75
71	257.50	328.75	383.75	420.00	558.75
72	281.25	360.00	420.00	460.00	611.25
73	308.75	393.75	461.25	506.25	668.75
74	338.75	432.50	506.25	555.00	732.50
75	371.25	475.00	556.25	608.75	803.75
76	406.25	518.75	610.00	668.75	880.00
77	442.50	568.75	667.50	732.50	961.25
78	481.25	620.00	731.25	800.00	1048.75
79	521.25	677.50	796.25	872.50	1141.25
80	563.75				
81	607.50				
82	652.50				
83	701.25				
84	751.25				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0101-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	61.25	76.25	87.50	96.25	126.25
45-49	67.50	85.00	97.50	107.50	140.00
50-54	83.75	105.00	121.25	131.25	177.50
55	93.75	118.75	137.50	150.00	202.50
56	97.50	125.00	145.00	157.50	212.50
57	102.50	131.25	152.50	166.25	223.75
58	108.75	138.75	161.25	176.25	236.25
59	116.25	147.50	171.25	187.50	250.00
60	125.00	156.25	182.50	198.75	265.00
61	133.75	166.25	193.75	211.25	282.50
62	142.50	177.50	207.50	226.25	301.25
63	151.25	188.75	221.25	241.25	321.25
64	161.25	201.25	235.00	257.50	342.50
65	171.25	215.00	251.25	273.75	366.25
66	182.50	230.00	268.75	293.75	392.50
67	196.25	248.75	290.00	317.50	423.75
68	211.25	268.75	313.75	343.75	458.75
69	228.75	291.25	340.00	372.50	496.25
70	247.50	316.25	368.75	405.00	537.50
71	268.75	343.75	402.50	441.25	585.00
72	293.75	376.25	440.00	482.50	638.75
73	322.50	412.50	482.50	530.00	700.00
74	353.75	452.50	530.00	581.25	766.25
75	387.50	496.25	581.25	637.50	840.00
76	423.75	542.50	637.50	698.75	918.75
77	461.25	593.75	697.50	765.00	1003.75
78	501.25	647.50	762.50	835.00	1095.00
79	542.50	706.25	830.00	911.25	1191.25
80	586.25				
81	631.25				
82	678.75				
83	728.75				
84	780.00				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0101-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	36.25	45.00	52.50	57.50	76.25
45-49	40.00	50.00	58.75	63.75	85.00
50-54	53.75	66.25	75.00	81.25	108.75
55	61.25	76.25	86.25	95.00	128.75
56	65.00	80.00	91.25	100.00	137.50
57	68.75	85.00	97.50	107.50	147.50
58	73.75	91.25	105.00	116.25	158.75
59	80.00	98.75	113.75	125.00	171.25
60	86.25	107.50	123.75	135.00	185.00
61	93.75	116.25	135.00	146.25	198.75
62	101.25	126.25	146.25	158.75	215.00
63	108.75	135.00	157.50	171.25	231.25
64	116.25	145.00	168.75	182.50	247.50
65	125.00	155.00	180.00	196.25	266.25
66	135.00	166.25	193.75	211.25	287.50
67	146.25	181.25	211.25	230.00	312.50
68	158.75	197.50	231.25	251.25	341.25
69	172.50	216.25	252.50	275.00	372.50
70	187.50	236.25	276.25	301.25	407.50
71	205.00	260.00	303.75	332.50	446.25
72	226.25	287.50	336.25	367.50	492.50
73	250.00	318.75	372.50	407.50	543.75
74	277.50	352.50	413.75	452.50	601.25
75	306.25	391.25	457.50	501.25	663.75
76	337.50	432.50	505.00	553.75	731.25
77	371.25	476.25	557.50	611.25	803.75
78	406.25	523.75	613.75	672.50	881.25
79	443.75	575.00	672.50	738.75	965.00
80	482.50				
81	523.75				
82	566.25				
83	611.25				
84	658.75				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0101-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	43.75	55.00	62.50	68.75	90.00
45-49	48.75	60.00	70.00	76.25	100.00
50-54	61.25	76.25	88.75	96.25	126.25
55	71.25	88.75	101.25	111.25	150.00
56	75.00	93.75	107.50	116.25	160.00
57	78.75	98.75	113.75	123.75	170.00
58	85.00	106.25	122.50	133.75	182.50
59	91.25	115.00	132.50	143.75	195.00
60	98.75	123.75	142.50	155.00	208.75
61	106.25	132.50	153.75	167.50	223.75
62	115.00	143.75	166.25	181.25	241.25
63	122.50	153.75	178.75	193.75	258.75
64	131.25	163.75	191.25	207.50	277.50
65	141.25	176.25	203.75	221.25	297.50
66	151.25	188.75	218.75	238.75	321.25
67	163.75	205.00	238.75	258.75	348.75
68	177.50	222.50	260.00	282.50	381.25
69	192.50	243.75	283.75	308.75	416.25
70	210.00	266.25	311.25	338.75	456.25
71	230.00	292.50	341.25	372.50	500.00
72	252.50	322.50	377.50	412.50	551.25
73	278.75	356.25	417.50	456.25	608.75
74	308.75	395.00	462.50	506.25	672.50
75	341.25	436.25	511.25	560.00	741.25
76	376.25	481.25	563.75	618.75	817.50
77	412.50	530.00	621.25	682.50	897.50
78	451.25	581.25	682.50	750.00	983.75
79	491.25	637.50	748.75	822.50	1076.25
80	533.75				
81	577.50				
82	625.00				
83	673.75				
84	725.00				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0101-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	47.50	58.75	67.50	73.75	96.25
45-49	52.50	65.00	75.00	81.25	106.25
50-54	65.00	81.25	93.75	102.50	133.75
55	75.00	93.75	107.50	117.50	158.75
56	78.75	98.75	113.75	123.75	168.75
57	83.75	105.00	121.25	131.25	180.00
58	90.00	112.50	130.00	141.25	192.50
59	96.25	121.25	140.00	151.25	205.00
60	103.75	130.00	151.25	163.75	218.75
61	111.25	140.00	162.50	176.25	235.00
62	120.00	151.25	175.00	190.00	252.50
63	128.75	162.50	187.50	203.75	271.25
64	137.50	172.50	200.00	217.50	290.00
65	147.50	185.00	213.75	232.50	311.25
66	157.50	198.75	230.00	250.00	335.00
67	171.25	215.00	250.00	271.25	365.00
68	186.25	233.75	272.50	296.25	398.75
69	201.25	255.00	297.50	323.75	435.00
70	220.00	278.75	326.25	355.00	476.25
71	240.00	306.25	357.50	390.00	522.50
72	263.75	337.50	395.00	431.25	576.25
73	291.25	372.50	437.50	477.50	636.25
74	322.50	412.50	483.75	528.75	702.50
75	356.25	455.00	533.75	585.00	775.00
76	392.50	502.50	588.75	646.25	853.75
77	430.00	552.50	648.75	712.50	937.50
78	470.00	606.25	712.50	783.75	1027.50
79	511.25	665.00	781.25	858.75	1123.75
80	555.00				
81	601.25				
82	650.00				
83	700.00				
84	752.50				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0101-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	31.25	35.00	41.25	43.75	56.25
45-49	33.75	40.00	45.00	48.75	61.25
50-54	41.25	48.75	56.25	60.00	76.25
55	47.50	56.25	65.00	68.75	91.25
56	50.00	60.00	68.75	73.75	97.50
57	55.00	65.00	73.75	80.00	105.00
58	58.75	70.00	80.00	86.25	113.75
59	65.00	76.25	86.25	93.75	123.75
60	70.00	83.75	95.00	105.00	133.75
61	76.25	92.50	105.00	113.75	145.00
62	82.50	100.00	113.75	123.75	158.75
63	88.75	107.50	122.50	132.50	170.00
64	93.75	115.00	131.25	141.25	183.75
65	100.00	123.75	140.00	151.25	197.50
66	108.75	132.50	151.25	163.75	213.75
67	117.50	143.75	165.00	177.50	232.50
68	127.50	157.50	181.25	195.00	256.25
69	140.00	172.50	198.75	215.00	281.25
70	152.50	188.75	217.50	236.25	308.75
71	168.75	208.75	241.25	263.75	341.25
72	188.75	232.50	268.75	293.75	381.25
73	210.00	260.00	301.25	330.00	426.25
74	233.75	291.25	338.75	368.75	476.25
75	261.25	326.25	380.00	413.75	531.25
76	291.25	365.00	423.75	461.25	591.25
77	323.75	406.25	472.50	513.75	657.50
78	358.75	451.25	525.00	568.75	727.50
79	397.50	498.75	581.25	630.00	805.00
80	436.25				
81	481.25				
82	526.25				
83	575.00				
84	626.25				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0101-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	36.25	43.75	50.00	52.50	67.50
45-49	40.00	48.75	55.00	58.75	75.00
50-54	47.50	57.50	66.25	72.50	93.75
55	56.25	66.25	75.00	81.25	107.50
56	58.75	70.00	80.00	85.00	113.75
57	63.75	75.00	85.00	91.25	120.00
58	67.50	81.25	91.25	98.75	130.00
59	73.75	88.75	100.00	107.50	140.00
60	80.00	95.00	108.75	117.50	152.50
61	85.00	105.00	118.75	127.50	165.00
62	92.50	111.25	130.00	140.00	180.00
63	100.00	120.00	138.75	148.75	192.50
64	106.25	130.00	147.50	160.00	207.50
65	113.75	140.00	157.50	170.00	223.75
66	122.50	148.75	170.00	185.00	241.25
67	132.50	163.75	185.00	201.25	263.75
68	143.75	177.50	202.50	222.50	288.75
69	157.50	193.75	223.75	242.50	317.50
70	172.50	213.75	245.00	266.25	348.75
71	188.75	235.00	272.50	295.00	386.25
72	210.00	261.25	302.50	331.25	431.25
73	233.75	292.50	340.00	368.75	481.25
74	260.00	327.50	381.25	415.00	536.25
75	291.25	366.25	426.25	463.75	598.75
76	323.75	407.50	476.25	518.75	667.50
77	360.00	455.00	530.00	576.25	741.25
78	398.75	505.00	588.75	640.00	818.75
79	440.00	558.75	651.25	708.75	906.25
80	483.75				
81	531.25				
82	580.00				
83	632.50				
84	688.75				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0101-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	38.75	47.50	52.50	57.50	73.75
45-49	42.50	51.25	58.75	63.75	81.25
50-54	50.00	61.25	70.00	76.25	101.25
55	58.75	70.00	80.00	86.25	113.75
56	61.25	75.00	83.75	91.25	118.75
57	66.25	80.00	90.00	97.50	126.25
58	70.00	85.00	97.50	105.00	136.25
59	76.25	92.50	106.25	113.75	147.50
60	83.75	100.00	115.00	123.75	160.00
61	90.00	108.75	125.00	133.75	173.75
62	97.50	117.50	135.00	145.00	188.75
63	105.00	126.25	145.00	156.25	202.50
64	110.00	135.00	155.00	167.50	217.50
65	118.75	145.00	165.00	180.00	233.75
66	127.50	156.25	177.50	193.75	252.50
67	138.75	170.00	193.75	211.25	276.25
68	150.00	186.25	213.75	232.50	302.50
69	165.00	202.50	233.75	255.00	332.50
70	180.00	223.75	257.50	280.00	366.25
71	197.50	245.00	285.00	310.00	406.25
72	218.75	273.75	317.50	345.00	451.25
73	243.75	306.25	356.25	386.25	505.00
74	272.50	342.50	398.75	433.75	563.75
75	305.00	382.50	445.00	485.00	627.50
76	338.75	426.25	498.75	542.50	700.00
77	375.00	475.00	555.00	605.00	776.25
78	415.00	526.25	615.00	670.00	858.75
79	457.50	583.75	681.25	742.50	948.75
80	502.50				
81	551.25				
82	602.50				
83	657.50				
84	715.00				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0101-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	58.75	72.50	82.50	88.75	120.00
45-49	65.00	80.00	91.25	98.75	133.75
50-54	80.00	98.75	113.75	125.00	170.00
55	92.50	115.00	132.50	143.75	197.50
56	97.50	120.00	140.00	152.50	208.75
57	102.50	127.50	148.75	161.25	220.00
58	110.00	136.25	158.75	172.50	233.75
59	116.25	145.00	168.75	183.75	248.75
60	125.00	156.25	180.00	195.00	265.00
61	133.75	166.25	192.50	208.75	282.50
62	142.50	177.50	206.25	223.75	301.25
63	151.25	190.00	220.00	238.75	322.50
64	161.25	201.25	233.75	255.00	342.50
65	172.50	215.00	250.00	272.50	366.25
66	183.75	231.25	267.50	291.25	393.75
67	198.75	248.75	290.00	315.00	425.00
68	215.00	268.75	313.75	341.25	460.00
69	231.25	291.25	338.75	368.75	497.50
70	250.00	316.25	367.50	401.25	540.00
71	270.00	343.75	400.00	436.25	586.25
72	295.00	376.25	438.75	480.00	641.25
73	325.00	413.75	482.50	527.50	702.50
74	357.50	455.00	531.25	581.25	770.00
75	392.50	498.75	583.75	638.75	845.00
76	430.00	547.50	641.25	702.50	926.25
77	468.75	600.00	705.00	770.00	1013.75
78	510.00	656.25	772.50	843.75	1106.25
79	555.00	716.25	843.75	922.50	1206.25
80	600.00				
81	647.50				
82	697.50				
83	748.75				
84	802.50				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0101-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	67.50	83.75	97.50	106.25	140.00
45-49	75.00	93.75	107.50	117.50	156.25
50-54	92.50	116.25	133.75	145.00	197.50
55	105.00	132.50	152.50	166.25	226.25
56	108.75	140.00	161.25	175.00	238.75
57	115.00	147.50	170.00	185.00	250.00
58	122.50	156.25	181.25	197.50	265.00
59	131.25	165.00	191.25	210.00	281.25
60	141.25	175.00	205.00	222.50	297.50
61	150.00	186.25	217.50	236.25	317.50
62	160.00	200.00	232.50	252.50	338.75
63	170.00	211.25	248.75	270.00	361.25
64	181.25	226.25	263.75	288.75	385.00
65	192.50	241.25	282.50	307.50	411.25
66	206.25	258.75	301.25	330.00	441.25
67	220.00	280.00	326.25	356.25	476.25
68	238.75	301.25	352.50	385.00	516.25
69	257.50	327.50	381.25	417.50	557.50
70	280.00	356.25	415.00	455.00	605.00
71	302.50	386.25	451.25	493.75	657.50
72	331.25	423.75	493.75	541.25	718.75
73	363.75	463.75	542.50	595.00	786.25
74	398.75	508.75	595.00	652.50	861.25
75	436.25	558.75	655.00	716.25	945.00
76	477.50	610.00	717.50	786.25	1035.00
77	520.00	668.75	785.00	861.25	1131.25
78	566.25	730.00	860.00	941.25	1233.75
79	613.75	797.50	936.25	1026.25	1342.50
80	663.75				
81	715.00				
82	767.50				
83	825.00				
84	883.75				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0101-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	72.50	90.00	102.50	113.75	148.75
45-49	80.00	100.00	115.00	126.25	165.00
50-54	98.75	123.75	142.50	155.00	208.75
55	110.00	140.00	161.25	176.25	238.75
56	115.00	147.50	170.00	185.00	250.00
57	120.00	155.00	180.00	195.00	263.75
58	127.50	163.75	190.00	207.50	277.50
59	136.25	173.75	201.25	220.00	293.75
60	147.50	183.75	215.00	233.75	311.25
61	157.50	195.00	227.50	248.75	332.50
62	167.50	208.75	243.75	266.25	355.00
63	177.50	222.50	260.00	283.75	377.50
64	190.00	236.25	276.25	302.50	402.50
65	201.25	252.50	295.00	322.50	431.25
66	215.00	270.00	316.25	345.00	461.25
67	231.25	292.50	341.25	373.75	498.75
68	248.75	316.25	368.75	405.00	540.00
69	268.75	342.50	400.00	438.75	583.75
70	291.25	372.50	433.75	476.25	632.50
71	316.25	405.00	473.75	518.75	688.75
72	345.00	442.50	517.50	567.50	751.25
73	380.00	485.00	567.50	623.75	823.75
74	416.25	532.50	623.75	683.75	901.25
75	456.25	583.75	683.75	750.00	988.75
76	498.75	638.75	750.00	822.50	1081.25
77	542.50	698.75	820.00	900.00	1181.25
78	590.00	761.25	897.50	982.50	1288.75
79	638.75	831.25	976.25	1072.50	1401.25
80	690.00				
81	742.50				
82	798.75				
83	857.50				
84	917.50				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0101-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	42.50	52.50	61.25	67.50	90.00
45-49	47.50	58.75	68.75	75.00	100.00
50-54	63.75	77.50	88.75	95.00	127.50
55	72.50	90.00	101.25	111.25	151.25
56	76.25	93.75	107.50	117.50	161.25
57	81.25	100.00	115.00	126.25	173.75
58	86.25	107.50	123.75	136.25	186.25
59	93.75	116.25	133.75	147.50	201.25
60	101.25	126.25	145.00	158.75	217.50
61	110.00	136.25	158.75	172.50	233.75
62	118.75	148.75	172.50	186.25	252.50
63	127.50	158.75	185.00	201.25	272.50
64	136.25	170.00	198.75	215.00	291.25
65	147.50	182.50	211.25	231.25	313.75
66	158.75	195.00	227.50	248.75	338.75
67	172.50	213.75	248.75	270.00	367.50
68	186.25	232.50	272.50	295.00	401.25
69	202.50	255.00	297.50	323.75	438.75
70	220.00	277.50	325.00	355.00	480.00
71	241.25	306.25	357.50	391.25	525.00
72	266.25	338.75	395.00	432.50	580.00
73	293.75	375.00	438.75	480.00	640.00
74	326.25	415.00	486.25	532.50	707.50
75	360.00	460.00	538.75	590.00	781.25
76	397.50	508.75	593.75	651.25	860.00
77	436.25	560.00	656.25	718.75	945.00
78	477.50	616.25	722.50	791.25	1036.25
79	522.50	676.25	791.25	868.75	1135.00
80	567.50				
81	616.25				
82	666.25				
83	718.75				
84	775.00				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0101-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	51.25	65.00	73.75	81.25	106.25
45-49	57.50	70.00	82.50	90.00	117.50
50-54	72.50	90.00	105.00	113.75	148.75
55	83.75	105.00	118.75	131.25	176.25
56	88.75	110.00	126.25	136.25	188.75
57	92.50	116.25	133.75	145.00	200.00
58	100.00	125.00	143.75	157.50	215.00
59	107.50	135.00	156.25	168.75	230.00
60	116.25	145.00	167.50	182.50	245.00
61	125.00	156.25	181.25	197.50	263.75
62	135.00	168.75	195.00	213.75	283.75
63	143.75	181.25	210.00	227.50	305.00
64	155.00	192.50	225.00	243.75	326.25
65	166.25	207.50	240.00	260.00	350.00
66	177.50	222.50	257.50	281.25	377.50
67	192.50	241.25	281.25	305.00	410.00
68	208.75	261.25	306.25	332.50	448.75
69	226.25	286.25	333.75	363.75	490.00
70	247.50	313.75	366.25	398.75	536.25
71	270.00	343.75	401.25	438.75	588.75
72	297.50	380.00	443.75	485.00	648.75
73	327.50	418.75	491.25	536.25	716.25
74	363.75	465.00	543.75	595.00	791.25
75	401.25	513.75	601.25	658.75	872.50
76	442.50	566.25	663.75	727.50	961.25
77	485.00	623.75	731.25	802.50	1056.25
78	531.25	683.75	802.50	882.50	1157.50
79	577.50	750.00	881.25	967.50	1266.25
80	627.50				
81	680.00				
82	735.00				
83	792.50				
84	852.50				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0101-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	56.25	68.75	80.00	86.25	113.75
45-49	61.25	76.25	88.75	95.00	125.00
50-54	76.25	95.00	110.00	120.00	157.50
55	88.75	110.00	126.25	138.75	186.25
56	92.50	116.25	133.75	145.00	198.75
57	98.75	123.75	142.50	155.00	211.25
58	106.25	132.50	152.50	166.25	226.25
59	113.75	142.50	165.00	177.50	241.25
60	122.50	152.50	177.50	192.50	257.50
61	131.25	165.00	191.25	207.50	276.25
62	141.25	177.50	206.25	223.75	297.50
63	151.25	191.25	220.00	240.00	318.75
64	161.25	202.50	235.00	256.25	341.25
65	173.75	217.50	251.25	273.75	366.25
66	185.00	233.75	270.00	293.75	393.75
67	201.25	252.50	293.75	318.75	430.00
68	218.75	275.00	320.00	348.75	468.75
69	236.25	300.00	350.00	381.25	511.25
70	258.75	327.50	383.75	417.50	560.00
71	282.50	360.00	420.00	458.75	615.00
72	310.00	397.50	465.00	507.50	677.50
73	342.50	438.75	515.00	561.25	748.75
74	380.00	485.00	568.75	622.50	826.25
75	418.75	535.00	627.50	688.75	911.25
76	461.25	591.25	692.50	760.00	1005.00
77	506.25	650.00	763.75	838.75	1102.50
78	552.50	713.75	838.75	922.50	1208.75
79	601.25	782.50	918.75	1010.00	1322.50
80	652.50				
81	707.50				
82	765.00				
83	823.75				
84	885.00				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0101-A37
Long-Term Care Policy

WITH SURVIVORSHIP BENEFIT RIDER R1-N0103-SERIES

When this rider is chosen, multiply the final premium by the appropriate factor.

ISSUE AGE	NO INFLATION PROTECTION	SIMPLE INFLATION PROTECTION	COMPOUND INFLATION PROTECTION
18-44	1.11	1.17	1.17
45-49	1.14	1.21	1.21
50-54	1.18	1.28	1.28
55	1.20	1.30	1.30
56	1.20	1.30	1.30
57	1.21	1.30	1.30
58	1.21	1.30	1.30
59	1.21	1.30	1.30
60	1.21	1.30	1.30
61	1.21	1.30	1.30
62	1.21	1.29	1.29
63	1.21	1.29	1.29
64	1.21	1.28	1.28
65	1.20	1.27	1.27
66	1.20	1.26	1.26
67	1.20	1.26	1.26
68	1.19	1.25	1.25
69	1.19	1.24	1.24
70	1.18	1.23	1.23
71	1.18	1.22	1.22
72	1.17	1.20	1.20
73	1.16	1.19	1.19
74	1.16	1.18	1.18
75	1.15	1.17	1.17
76	1.14	1.16	1.16
77	1.13	1.15	1.15
78	1.12	1.14	1.14
79	1.11	1.13	1.13
80	1.10	1.12	1.12
81	1.09	1.11	1.11
82	1.08	1.10	1.10
83	1.07	1.09	1.09
84	1.06	1.08	1.08

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0101-A37
Long-Term Care Policy

Elimination Period Factors

Rates shown are for 30 day elimination period. Rates for other elimination periods are calculated by multiplying the 30 day rates by the appropriate factor from the following table:

Benefit Maximum	0	14	20	60	90	100	180	365
730x,1095x	1.11	1.06	1.03	0.95	0.91	0.90	0.80	0.71
1460x,1825x	1.09	1.05	1.03	0.95	0.91	0.90	0.81	0.72
Lifetime	1.07	1.04	1.03	0.96	0.93	0.92	0.85	0.78

Spousal Discount

A 20% discount to the rates is available to married couples if both spouses apply for coverage.

Dual Waiver of Premium Rider R1-N0104-Series

An optional dual waiver of premium rider will be offered. If one spouse qualifies for a waiver of premium, the premium of the other spouse will also be waived. If chosen, multiply the final premium by 1.06.

Shared Advantage Rider R1-N0105-Series

This rider will allow two covered spouses to purchase an additional benefit amount that can be used by either spouse after their base benefits are exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	No Inflation Protection	With Inflation Protection
730x	1.30	1.35
1095x	1.21	1.25
1460x	1.15	1.18
1825x	1.12	1.14

Restoration of Benefits Rider R1-N0106-Series

This rider restores the maximum lifetime benefit if the insured has not met the stipulated conditions for a period of 180 consecutive days and the maximum lifetime benefit has not been exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	Factor
730x	1.08
1095x	1.06
1460x,1825x	1.04

Cost of Living Increase Rider R1-N0107-Series

This rider allows the insured to increase their policy limits, subject to the terms of the rider, every three years without additional underwriting. The additional premium charged is based on the attained age and incremental increase in the maximum daily facility benefit when exercised. If chosen, multiply the final premium by the appropriate factor:

Age	Factor
18-44	1.15
45-49	1.12
50-55	1.10
56-58	1.09
59-61	1.08
62-64	1.07
65-67	1.06
68-70	1.05
71-73	1.04
74-76	1.03

Modal Factors

Semi-Annual: 0.52; Quarterly: 0.27; Check-A-Matic: 0.09

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604

Supplement to Rate Sheets for Policy Form P1-N0075-A87
PENNSYLVANIA

All rates for this form should be multiplied by a factor of: 1.9425

This factor represents the **proposed** increase of: 29.5%

And the following prior approved rate increases:

Policy Form	Increase Applies to all Policies or Subsets	Rate Increase Approved	Approval Date of Rate Increase
P1-N0075-A87	--Yes--	20.00%	3/14/2013
P1-N0075-A87	--Yes--	25.00%	12/3/2014

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0075-A87
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	17.34	19.38	22.44	23.46	24.48
45-49	19.38	21.42	24.48	25.50	27.54
50-54	23.46	26.52	29.58	31.62	35.70
55	26.52	30.60	34.68	37.74	44.88
56	28.56	32.64	37.74	40.80	48.96
57	30.60	35.70	40.80	43.86	54.06
58	33.66	38.76	44.88	47.94	59.16
59	36.72	42.84	48.96	52.02	65.28
60	40.80	47.94	54.06	57.12	71.40
61	43.86	52.02	59.16	62.22	77.52
62	47.94	57.12	64.26	68.34	84.66
63	51.00	61.20	69.36	73.44	90.78
64	54.06	65.28	74.46	79.56	96.90
65	58.14	69.36	79.56	85.68	104.04
66	62.22	75.48	85.68	92.82	112.20
67	67.32	81.60	93.84	100.98	122.40
68	73.44	89.76	103.02	111.18	134.64
69	80.58	97.92	113.22	121.38	146.88
70	87.72	107.10	124.44	133.62	162.18
71	96.90	118.32	136.68	147.90	179.52
72	107.10	131.58	151.98	164.22	198.90
73	119.34	146.88	169.32	182.58	221.34
74	132.60	163.20	188.70	204.00	246.84
75	147.90	181.56	209.10	226.44	274.38
76	164.22	201.96	232.56	250.92	303.96
77	181.56	223.38	257.04	277.44	336.60
78	199.92	246.84	283.56	306.00	371.28
79	220.32	271.32	312.12	336.60	409.02
80	240.72				
81	263.16				
82	286.62				
83	311.10				
84	337.62				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0075-A87
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	32.64	39.78	45.90	49.98	60.18
45-49	35.70	43.86	51.00	55.08	67.32
50-54	43.86	54.06	63.24	68.34	85.68
55	53.04	64.26	74.46	79.56	102.00
56	56.10	68.34	78.54	84.66	109.14
57	60.18	73.44	83.64	89.76	116.28
58	64.26	78.54	89.76	95.88	124.44
59	68.34	83.64	95.88	103.02	132.60
60	72.42	89.76	103.02	111.18	141.78
61	77.52	95.88	110.16	119.34	150.96
62	82.62	102.00	118.32	128.52	162.18
63	87.72	109.14	126.48	136.68	173.40
64	93.84	115.26	134.64	145.86	185.64
65	99.96	123.42	142.80	155.04	198.90
66	107.10	131.58	153.00	165.24	213.18
67	115.26	141.78	164.22	177.48	229.50
68	124.44	153.00	177.48	191.76	247.86
69	133.62	165.24	190.74	207.06	267.24
70	144.84	179.52	207.06	224.40	287.64
71	157.08	194.82	224.40	243.78	312.12
72	170.34	212.16	244.80	266.22	339.66
73	185.64	231.54	268.26	291.72	370.26
74	202.98	253.98	293.76	320.28	404.94
75	221.34	277.44	322.32	350.88	441.66
76	240.72	302.94	352.92	384.54	482.46
77	261.12	330.48	385.56	421.26	525.30
78	282.54	360.06	421.26	460.02	571.20
79	304.98	391.68	459.00	501.84	621.18
80	329.46				
81	353.94				
82	380.46				
83	408.00				
84	436.56				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0075-A87
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	23.46	28.56	32.64	35.70	42.84
45-49	25.50	31.62	36.72	39.78	47.94
50-54	35.70	42.84	49.98	54.06	65.28
55	40.80	49.98	57.12	61.20	78.54
56	42.84	53.04	60.18	65.28	83.64
57	45.90	57.12	64.26	69.36	89.76
58	49.98	62.22	69.36	75.48	96.90
59	54.06	67.32	75.48	81.60	106.08
60	59.16	73.44	82.62	89.76	115.26
61	64.26	79.56	90.78	97.92	125.46
62	69.36	85.68	97.92	106.08	135.66
63	74.46	91.80	105.06	114.24	145.86
64	79.56	97.92	112.20	122.40	157.08
65	84.66	105.06	120.36	130.56	168.30
66	91.80	113.22	129.54	140.76	182.58
67	98.94	122.40	140.76	153.00	197.88
68	107.10	133.62	154.02	167.28	215.22
69	117.30	145.86	168.30	182.58	234.60
70	127.50	159.12	183.60	199.92	257.04
71	139.74	174.42	201.96	219.30	280.50
72	153.00	191.76	222.36	241.74	308.04
73	168.30	211.14	244.80	267.24	338.64
74	185.64	232.56	270.30	294.78	372.30
75	204.00	256.02	297.84	324.36	408.00
76	223.38	281.52	327.42	357.00	447.78
77	243.78	308.04	359.04	391.68	489.60
78	265.20	336.60	392.70	429.42	534.48
79	287.64	367.20	429.42	469.20	582.42
80	312.12				
81	336.60				
82	363.12				
83	390.66				
84	419.22				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0075-A87
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	20.40	22.44	26.52	27.54	28.56
45-49	22.44	25.50	28.56	29.58	32.64
50-54	27.54	31.62	34.68	36.72	41.82
55	31.62	35.70	40.80	44.88	53.04
56	33.66	38.76	44.88	47.94	57.12
57	35.70	41.82	47.94	52.02	63.24
58	39.78	45.90	53.04	56.10	69.36
59	42.84	49.98	57.12	61.20	76.50
60	47.94	56.10	63.24	67.32	83.64
61	52.02	61.20	69.36	73.44	90.78
62	56.10	67.32	75.48	80.58	99.96
63	60.18	72.42	81.60	86.70	107.10
64	63.24	76.50	87.72	93.84	114.24
65	68.34	81.60	93.84	100.98	122.40
66	73.44	88.74	100.98	109.14	131.58
67	79.56	95.88	110.16	118.32	143.82
68	86.70	106.08	121.38	130.56	158.10
69	94.86	115.26	133.62	142.80	172.38
70	103.02	126.48	146.88	157.08	190.74
71	114.24	138.72	161.16	174.42	211.14
72	126.48	155.04	178.50	192.78	233.58
73	140.76	172.38	198.90	215.22	260.10
74	156.06	191.76	222.36	239.70	290.70
75	174.42	213.18	245.82	266.22	322.32
76	192.78	237.66	273.36	294.78	358.02
77	213.18	263.16	301.92	326.40	395.76
78	235.62	290.70	333.54	360.06	436.56
79	259.08	319.26	367.20	395.76	481.44
80	283.56				
81	310.08				
82	337.62				
83	366.18				
84	396.78				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0075-A87
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	38.76	46.92	54.06	59.16	70.38
45-49	41.82	52.02	60.18	65.28	79.56
50-54	52.02	63.24	74.46	80.58	100.98
55	62.22	75.48	87.72	93.84	120.36
56	66.30	80.58	92.82	99.96	128.52
57	70.38	86.70	97.92	106.08	136.68
58	75.48	92.82	106.08	113.22	146.88
59	80.58	97.92	113.22	121.38	156.06
60	85.68	106.08	121.38	130.56	167.28
61	90.78	113.22	129.54	140.76	177.48
62	96.90	120.36	138.72	150.96	190.74
63	103.02	128.52	148.92	161.16	204.00
64	110.16	135.66	158.10	171.36	218.28
65	117.30	144.84	168.30	182.58	233.58
66	126.48	155.04	179.52	194.82	250.92
67	135.66	167.28	192.78	209.10	270.30
68	146.88	179.52	209.10	225.42	291.72
69	157.08	194.82	224.40	243.78	314.16
70	170.34	211.14	243.78	264.18	338.64
71	184.62	229.50	264.18	286.62	367.20
72	199.92	249.90	287.64	313.14	399.84
73	218.28	272.34	315.18	342.72	435.54
74	238.68	298.86	345.78	376.38	476.34
75	260.10	326.40	379.44	413.10	519.18
76	283.56	355.98	415.14	452.88	567.12
77	307.02	388.62	453.90	495.72	618.12
78	332.52	423.30	495.72	541.62	672.18
79	359.04	461.04	539.58	590.58	730.32
80	387.60				
81	416.16				
82	447.78				
83	480.42				
84	514.08				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0075-A87
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	27.54	33.66	38.76	41.82	49.98
45-49	29.58	36.72	42.84	46.92	56.10
50-54	41.82	49.98	59.16	63.24	76.50
55	47.94	59.16	67.32	72.42	92.82
56	49.98	62.22	70.38	76.50	97.92
57	54.06	67.32	75.48	81.60	106.08
58	59.16	73.44	81.60	88.74	114.24
59	63.24	79.56	88.74	95.88	124.44
60	69.36	86.70	96.90	106.08	135.66
61	75.48	93.84	107.10	115.26	147.90
62	81.60	100.98	115.26	124.44	159.12
63	87.72	108.12	123.42	134.64	171.36
64	93.84	115.26	131.58	143.82	184.62
65	99.96	123.42	141.78	154.02	197.88
66	108.12	133.62	151.98	165.24	215.22
67	116.28	143.82	165.24	179.52	232.56
68	126.48	157.08	181.56	196.86	252.96
69	137.70	171.36	197.88	215.22	276.42
70	149.94	187.68	216.24	235.62	301.92
71	164.22	205.02	237.66	258.06	330.48
72	179.52	225.42	261.12	284.58	362.10
73	197.88	248.88	287.64	314.16	398.82
74	218.28	273.36	318.24	346.80	437.58
75	239.70	300.90	350.88	381.48	480.42
76	263.16	331.50	385.56	420.24	526.32
77	286.62	362.10	422.28	461.04	576.30
78	312.12	395.76	462.06	504.90	628.32
79	338.64	432.48	504.90	551.82	685.44
80	367.20				
81	395.76				
82	427.38				
83	460.02				
84	493.68				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0075-A87
Long-Term Care Policy: Facility Only Coverage

WITH SURVIVORSHIP BENEFIT RIDER R1-N0103-SERIES

When this rider is chosen, multiply the final premium by the appropriate factor.

ISSUE AGE	NO INFLATION PROTECTION	SIMPLE INFLATION PROTECTION	COMPOUND INFLATION PROTECTION
18-44	1.11	1.17	1.17
45-49	1.14	1.21	1.21
50-54	1.18	1.28	1.28
55	1.20	1.30	1.30
56	1.20	1.30	1.30
57	1.21	1.30	1.30
58	1.21	1.30	1.30
59	1.21	1.30	1.30
60	1.21	1.30	1.30
61	1.21	1.30	1.30
62	1.21	1.29	1.29
63	1.21	1.29	1.29
64	1.21	1.28	1.28
65	1.20	1.27	1.27
66	1.20	1.26	1.26
67	1.20	1.26	1.26
68	1.19	1.25	1.25
69	1.19	1.24	1.24
70	1.18	1.23	1.23
71	1.18	1.22	1.22
72	1.17	1.20	1.20
73	1.16	1.19	1.19
74	1.16	1.18	1.18
75	1.15	1.17	1.17
76	1.14	1.16	1.16
77	1.13	1.15	1.15
78	1.12	1.14	1.14
79	1.11	1.13	1.13
80	1.10	1.12	1.12
81	1.09	1.11	1.11
82	1.08	1.10	1.10
83	1.07	1.09	1.09
84	1.06	1.08	1.08

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0075-A87
Long-Term Care Policy: Facility Only Coverage

Elimination Period Factors

Rates shown are for 30 day elimination period. Rates for other elimination periods are calculated by multiplying the 30 day rates by the appropriate factor from the following table:

Benefit Maximum	0	14	20	60	90	100	180	365
730x,1095x	1.12	1.07	1.03	0.94	0.90	0.89	0.78	0.67
1460x,1825x	1.10	1.05	1.03	0.95	0.90	0.89	0.79	0.69
Lifetime	1.08	1.04	1.03	0.96	0.92	0.91	0.84	0.75

Multi-Life Discount

A 5%, 10%, 15% or 20% discount to the rates is available for qualifying Associations of 10 or more lives.

Spousal Discount

A 20% discount to the rates is available to married couples if both spouses apply for coverage.

Dual Waiver of Premium Rider R1-N0104-Series

An optional dual waiver of premium rider will be offered. If one spouse qualifies for a waiver of premium, the premium of the other spouse will also be waived. If chosen, multiply the final premium by 1.06.

Shared Advantage Rider R1-N0105-Series

This rider will allow two covered spouses to purchase an additional benefit amount that can be used by either spouse after their base benefits are exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	No Inflation Protection	With Inflation Protection
730x	1.30	1.35
1095x	1.21	1.25
1460x	1.15	1.18
1825x	1.12	1.14

Restoration of Benefits Rider R1-N0108-Series

This rider restores the maximum lifetime benefit if the insured has not met the stipulated conditions for a period of 180 consecutive days and the maximum lifetime benefit has not been exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	Factor
730x	1.08
1095x	1.06
1460x,1825x	1.04

Cost of Living Increase Rider R1-N0107-Series

This rider allows the insured to increase their policy limits, subject to the terms of the rider, every three years without additional underwriting. The additional premium charged is based on the attained age and incremental increase in the maximum daily facility benefit when exercised. If chosen, multiply the final premium by the appropriate factor:

Age	Factor
18-44	1.15
45-49	1.12
50-55	1.10
56-58	1.09
59-61	1.08
62-64	1.07
65-67	1.06
68-70	1.05
71-73	1.04
74-76	1.03

Modal Factors

Semi-Annual: 0.52; Quarterly: 0.27; Check-A-Matic: 0.09

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604

Supplement to Rate Sheets for Policy Form P1-N0076-A87
PENNSYLVANIA

All rates for this form should be multiplied by a factor of: 1.9425

This factor represents the **proposed** increase of: 29.5%

And the following prior approved rate increases:

Policy Form	Increase Applies to all Policies or Subsets	Rate Increase Approved	Approval Date of Rate Increase
P1-N0076-A87	--Yes--	20.00%	3/14/2013
P1-N0076-A87	--Yes--	25.00%	12/3/2014

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0076-A87
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	21.68	24.23	28.05	29.33	30.60
45-49	24.23	26.78	30.60	31.88	34.43
50-54	29.33	33.15	36.98	39.53	44.63
55	33.15	38.25	43.35	47.18	56.10
56	35.70	40.80	47.18	51.00	61.20
57	38.25	44.63	51.00	54.83	67.58
58	42.08	48.45	56.10	59.93	73.95
59	45.90	53.55	61.20	65.03	81.60
60	51.00	59.93	67.58	71.40	89.25
61	54.83	65.03	73.95	77.78	96.90
62	59.93	71.40	80.33	85.43	105.83
63	63.75	76.50	86.70	91.80	113.48
64	67.58	81.60	93.08	99.45	121.13
65	72.68	86.70	99.45	107.10	130.05
66	77.78	94.35	107.10	116.03	140.25
67	84.15	102.00	117.30	126.23	153.00
68	91.80	112.20	128.78	138.98	168.30
69	100.73	122.40	141.53	151.73	183.60
70	109.65	133.88	155.55	167.03	202.73
71	121.13	147.90	170.85	184.88	224.40
72	133.88	164.48	189.98	205.28	248.63
73	149.18	183.60	211.65	228.23	276.68
74	165.75	204.00	235.88	255.00	308.55
75	184.88	226.95	261.38	283.05	342.98
76	205.28	252.45	290.70	313.65	379.95
77	226.95	279.23	321.30	346.80	420.75
78	249.90	308.55	354.45	382.50	464.10
79	275.40	339.15	390.15	420.75	511.28
80	300.90				
81	328.95				
82	358.28				
83	388.88				
84	422.03				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0076-A87
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	40.80	49.73	57.38	62.48	75.23
45-49	44.63	54.83	63.75	68.85	84.15
50-54	54.83	67.58	79.05	85.43	107.10
55	66.30	80.33	93.08	99.45	127.50
56	70.13	85.43	98.18	105.83	136.43
57	75.23	91.80	104.55	112.20	145.35
58	80.33	98.18	112.20	119.85	155.55
59	85.43	104.55	119.85	128.78	165.75
60	90.53	112.20	128.78	138.98	177.23
61	96.90	119.85	137.70	149.18	188.70
62	103.28	127.50	147.90	160.65	202.73
63	109.65	136.43	158.10	170.85	216.75
64	117.30	144.08	168.30	182.33	232.05
65	124.95	154.28	178.50	193.80	248.63
66	133.88	164.48	191.25	206.55	266.48
67	144.08	177.23	205.28	221.85	286.88
68	155.55	191.25	221.85	239.70	309.83
69	167.03	206.55	238.43	258.83	334.05
70	181.05	224.40	258.83	280.50	359.55
71	196.35	243.53	280.50	304.73	390.15
72	212.93	265.20	306.00	332.78	424.58
73	232.05	289.43	335.33	364.65	462.83
74	253.73	317.48	367.20	400.35	506.18
75	276.68	346.80	402.90	438.60	552.08
76	300.90	378.68	441.15	480.68	603.08
77	326.40	413.10	481.95	526.58	656.63
78	353.18	450.08	526.58	575.03	714.00
79	381.23	489.60	573.75	627.30	776.48
80	411.83				
81	442.43				
82	475.58				
83	510.00				
84	545.70				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0076-A87
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	29.33	35.70	40.80	44.63	53.55
45-49	31.88	39.53	45.90	49.73	59.93
50-54	44.63	53.55	62.48	67.58	81.60
55	51.00	62.48	71.40	76.50	98.18
56	53.55	66.30	75.23	81.60	104.55
57	57.38	71.40	80.33	86.70	112.20
58	62.48	77.78	86.70	94.35	121.13
59	67.58	84.15	94.35	102.00	132.60
60	73.95	91.80	103.28	112.20	144.08
61	80.33	99.45	113.48	122.40	156.83
62	86.70	107.10	122.40	132.60	169.58
63	93.08	114.75	131.33	142.80	182.33
64	99.45	122.40	140.25	153.00	196.35
65	105.83	131.33	150.45	163.20	210.38
66	114.75	141.53	161.93	175.95	228.23
67	123.68	153.00	175.95	191.25	247.35
68	133.88	167.03	192.53	209.10	269.03
69	146.63	182.33	210.38	228.23	293.25
70	159.38	198.90	229.50	249.90	321.30
71	174.68	218.03	252.45	274.13	350.63
72	191.25	239.70	277.95	302.18	385.05
73	210.38	263.93	306.00	334.05	423.30
74	232.05	290.70	337.88	368.48	465.38
75	255.00	320.03	372.30	405.45	510.00
76	279.23	351.90	409.28	446.25	559.73
77	304.73	385.05	448.80	489.60	612.00
78	331.50	420.75	490.88	536.78	668.10
79	359.55	459.00	536.78	586.50	728.03
80	390.15				
81	420.75				
82	453.90				
83	488.33				
84	524.03				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0076-A87
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	25.50	28.05	33.15	34.43	35.70
45-49	28.05	31.88	35.70	36.98	40.80
50-54	34.43	39.53	43.35	45.90	52.28
55	39.53	44.63	51.00	56.10	66.30
56	42.08	48.45	56.10	59.93	71.40
57	44.63	52.28	59.93	65.03	79.05
58	49.73	57.38	66.30	70.13	86.70
59	53.55	62.48	71.40	76.50	95.63
60	59.93	70.13	79.05	84.15	104.55
61	65.03	76.50	86.70	91.80	113.48
62	70.13	84.15	94.35	100.73	124.95
63	75.23	90.53	102.00	108.38	133.88
64	79.05	95.63	109.65	117.30	142.80
65	85.43	102.00	117.30	126.23	153.00
66	91.80	110.93	126.23	136.43	164.48
67	99.45	119.85	137.70	147.90	179.78
68	108.38	132.60	151.73	163.20	197.63
69	118.58	144.08	167.03	178.50	215.48
70	128.78	158.10	183.60	196.35	238.43
71	142.80	173.40	201.45	218.03	263.93
72	158.10	193.80	223.13	240.98	291.98
73	175.95	215.48	248.63	269.03	325.13
74	195.08	239.70	277.95	299.63	363.38
75	218.03	266.48	307.28	332.78	402.90
76	240.98	297.08	341.70	368.48	447.53
77	266.48	328.95	377.40	408.00	494.70
78	294.53	363.38	416.93	450.08	545.70
79	323.85	399.08	459.00	494.70	601.80
80	354.45				
81	387.60				
82	422.03				
83	457.73				
84	495.98				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0076-A87
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	48.45	58.65	67.58	73.95	87.98
45-49	52.28	65.03	75.23	81.60	99.45
50-54	65.03	79.05	93.08	100.73	126.23
55	77.78	94.35	109.65	117.30	150.45
56	82.88	100.73	116.03	124.95	160.65
57	87.98	108.38	122.40	132.60	170.85
58	94.35	116.03	132.60	141.53	183.60
59	100.73	122.40	141.53	151.73	195.08
60	107.10	132.60	151.73	163.20	209.10
61	113.48	141.53	161.93	175.95	221.85
62	121.13	150.45	173.40	188.70	238.43
63	128.78	160.65	186.15	201.45	255.00
64	137.70	169.58	197.63	214.20	272.85
65	146.63	181.05	210.38	228.23	291.98
66	158.10	193.80	224.40	243.53	313.65
67	169.58	209.10	240.98	261.38	337.88
68	183.60	224.40	261.38	281.78	364.65
69	196.35	243.53	280.50	304.73	392.70
70	212.93	263.93	304.73	330.23	423.30
71	230.78	286.88	330.23	358.28	459.00
72	249.90	312.38	359.55	391.43	499.80
73	272.85	340.43	393.98	428.40	544.43
74	298.35	373.58	432.23	470.48	595.43
75	325.13	408.00	474.30	516.38	648.98
76	354.45	444.98	518.93	566.10	708.90
77	383.78	485.78	567.38	619.65	772.65
78	415.65	529.13	619.65	677.03	840.23
79	448.80	576.30	674.48	738.23	912.90
80	484.50				
81	520.20				
82	559.73				
83	600.53				
84	642.60				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0076-A87
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	34.43	42.08	48.45	52.28	62.48
45-49	36.98	45.90	53.55	58.65	70.13
50-54	52.28	62.48	73.95	79.05	95.63
55	59.93	73.95	84.15	90.53	116.03
56	62.48	77.78	87.98	95.63	122.40
57	67.58	84.15	94.35	102.00	132.60
58	73.95	91.80	102.00	110.93	142.80
59	79.05	99.45	110.93	119.85	155.55
60	86.70	108.38	121.13	132.60	169.58
61	94.35	117.30	133.88	144.08	184.88
62	102.00	126.23	144.08	155.55	198.90
63	109.65	135.15	154.28	168.30	214.20
64	117.30	144.08	164.48	179.78	230.78
65	124.95	154.28	177.23	192.53	247.35
66	135.15	167.03	189.98	206.55	269.03
67	145.35	179.78	206.55	224.40	290.70
68	158.10	196.35	226.95	246.08	316.20
69	172.13	214.20	247.35	269.03	345.53
70	187.43	234.60	270.30	294.53	377.40
71	205.28	256.28	297.08	322.58	413.10
72	224.40	281.78	326.40	355.73	452.63
73	247.35	311.10	359.55	392.70	498.53
74	272.85	341.70	397.80	433.50	546.98
75	299.63	376.13	438.60	476.85	600.53
76	328.95	414.38	481.95	525.30	657.90
77	358.28	452.63	527.85	576.30	720.38
78	390.15	494.70	577.58	631.13	785.40
79	423.30	540.60	631.13	689.78	856.80
80	459.00				
81	494.70				
82	534.23				
83	575.03				
84	617.10				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0076-A87
Long-Term Care Policy: Facility Only Coverage

WITH SURVIVORSHIP BENEFIT RIDER R1-N0103-SERIES

When this rider is chosen, multiply the final premium by the appropriate factor.

ISSUE AGE	NO INFLATION PROTECTION	SIMPLE INFLATION PROTECTION	COMPOUND INFLATION PROTECTION
18-44	1.11	1.17	1.17
45-49	1.14	1.21	1.21
50-54	1.18	1.28	1.28
55	1.20	1.30	1.30
56	1.20	1.30	1.30
57	1.21	1.30	1.30
58	1.21	1.30	1.30
59	1.21	1.30	1.30
60	1.21	1.30	1.30
61	1.21	1.30	1.30
62	1.21	1.29	1.29
63	1.21	1.29	1.29
64	1.21	1.28	1.28
65	1.20	1.27	1.27
66	1.20	1.26	1.26
67	1.20	1.26	1.26
68	1.19	1.25	1.25
69	1.19	1.24	1.24
70	1.18	1.23	1.23
71	1.18	1.22	1.22
72	1.17	1.20	1.20
73	1.16	1.19	1.19
74	1.16	1.18	1.18
75	1.15	1.17	1.17
76	1.14	1.16	1.16
77	1.13	1.15	1.15
78	1.12	1.14	1.14
79	1.11	1.13	1.13
80	1.10	1.12	1.12
81	1.09	1.11	1.11
82	1.08	1.10	1.10
83	1.07	1.09	1.09
84	1.06	1.08	1.08

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0076-A87
Long-Term Care Policy: Facility Only Coverage

Elimination Period Factors

Rates shown are for 30 day elimination period. Rates for other elimination periods are calculated by multiplying the 30 day rates by the appropriate factor from the following table:

Benefit Maximum	0	14	20	60	90	100	180	365
730x,1095x	1.12	1.07	1.03	0.94	0.90	0.89	0.78	0.67
1460x,1825x	1.10	1.05	1.03	0.95	0.90	0.89	0.79	0.69
Lifetime	1.08	1.04	1.03	0.96	0.92	0.91	0.84	0.75

Multi-Life Discount

A 5%, 10%, 15% or 20% discount to the rates is available for qualifying Associations of 10 or more lives.

Spousal Discount

A 20% discount to the rates is available to married couples if both spouses apply for coverage.

Dual Waiver of Premium Rider R1-N0104-Series

An optional dual waiver of premium rider will be offered. If one spouse qualifies for a waiver of premium, the premium of the other spouse will also be waived. If chosen, multiply the final premium by 1.06.

Shared Advantage Rider R1-N0105-Series

This rider will allow two covered spouses to purchase an additional benefit amount that can be used by either spouse after their base benefits are exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	No Inflation Protection	With Inflation Protection
730x	1.30	1.35
1095x	1.21	1.25
1460x	1.15	1.18
1825x	1.12	1.14

Restoration of Benefits Rider R1-N0108-Series

This rider restores the maximum lifetime benefit if the insured has not met the stipulated conditions for a period of 180 consecutive days and the maximum lifetime benefit has not been exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	Factor
730x	1.08
1095x	1.06
1460x,1825x	1.04

Cost of Living Increase Rider R1-N0107-Series

This rider allows the insured to increase their policy limits, subject to the terms of the rider, every three years without additional underwriting. The additional premium charged is based on the attained age and incremental increase in the maximum daily facility benefit when exercised. If chosen, multiply the final premium by the appropriate factor:

Age	Factor
18-44	1.15
45-49	1.12
50-55	1.10
56-58	1.09
59-61	1.08
62-64	1.07
65-67	1.06
68-70	1.05
71-73	1.04
74-76	1.03

Modal Factors

Semi-Annual: 0.52; Quarterly: 0.27; Check-A-Matic: 0.09

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604

Supplement to Rate Sheets for Policy Form P1-N0080-A87
PENNSYLVANIA

All rates for this form should be multiplied by a factor of: 1.9425

This factor represents the **proposed** increase of: 29.5%

And the following prior approved rate increases:

Policy Form	Increase Applies to all Policies or Subsets	Rate Increase Approved	Approval Date of Rate Increase
P1-N0080-A87	--Yes--	20.00%	3/14/2013
P1-N0080-A87	--Yes--	25.00%	12/3/2014

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0080-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	19.95	24.15	26.25	28.35	36.75
45-49	22.05	27.30	29.40	31.50	40.95
50-54	27.30	32.55	36.75	38.85	50.40
55	31.50	37.80	42.00	45.15	59.85
56	33.60	39.90	45.15	48.30	63.00
57	35.70	43.05	48.30	51.45	68.25
58	38.85	46.20	52.50	55.65	73.50
59	42.00	50.40	56.70	60.90	79.80
60	45.15	54.60	61.95	66.15	87.15
61	49.35	58.80	67.20	72.45	94.50
62	53.55	64.05	73.50	78.75	102.90
63	57.75	69.30	78.75	85.05	111.30
64	60.90	73.50	85.05	91.35	118.65
65	65.10	78.75	91.35	97.65	127.05
66	69.30	85.05	98.70	106.05	137.55
67	75.60	92.40	107.10	115.50	150.15
68	82.95	100.80	116.55	127.05	164.85
69	90.30	110.25	128.10	138.60	180.60
70	98.70	120.75	139.65	152.25	198.45
71	108.15	133.35	154.35	168.00	218.40
72	119.70	148.05	171.15	186.90	242.55
73	132.30	164.85	191.10	207.90	269.85
74	147.00	183.75	212.10	232.05	299.25
75	163.80	203.70	236.25	258.30	331.80
76	180.60	225.75	262.50	286.65	367.50
77	199.50	249.90	290.85	317.10	406.35
78	219.45	276.15	321.30	350.70	447.30
79	241.50	303.45	353.85	385.35	491.40
80	264.60				
81	288.75				
82	315.00				
83	342.30				
84	371.70				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0080-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	23.10	28.35	31.50	32.55	43.05
45-49	26.25	31.50	34.65	36.75	47.25
50-54	30.45	36.75	42.00	45.15	58.80
55	35.70	42.00	47.25	51.45	68.25
56	37.80	44.10	50.40	54.60	71.40
57	39.90	47.25	53.55	57.75	76.65
58	43.05	51.45	57.75	61.95	81.90
59	46.20	55.65	63.00	68.25	88.20
60	49.35	60.90	68.25	73.50	95.55
61	53.55	65.10	74.55	80.85	103.95
62	57.75	70.35	80.85	87.15	112.35
63	61.95	75.60	87.15	93.45	121.80
64	66.15	80.85	92.40	99.75	130.20
65	71.40	86.10	99.75	106.05	139.65
66	75.60	92.40	107.10	114.45	151.20
67	81.90	100.80	115.50	124.95	164.85
68	89.25	109.20	127.05	137.55	180.60
69	97.65	119.70	138.60	150.15	197.40
70	107.10	132.30	151.20	164.85	217.35
71	116.55	144.90	168.00	181.65	239.40
72	129.15	161.70	185.85	202.65	264.60
73	143.85	179.55	206.85	225.75	294.00
74	158.55	199.50	231.00	250.95	325.50
75	176.40	221.55	257.25	279.30	361.20
76	194.25	245.70	285.60	310.80	400.05
77	215.25	270.90	316.05	344.40	442.05
78	236.25	299.25	349.65	381.15	486.15
79	259.35	329.70	384.30	418.95	534.45
80	283.50				
81	309.75				
82	337.05				
83	365.40				
84	395.85				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0080-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	24.15	29.40	33.60	34.65	45.15
45-49	27.30	32.55	36.75	38.85	50.40
50-54	31.50	38.85	44.10	47.25	63.00
55	36.75	44.10	49.35	53.55	71.40
56	38.85	46.20	52.50	56.70	75.60
57	40.95	49.35	55.65	60.90	79.80
58	44.10	53.55	59.85	65.10	86.10
59	47.25	57.75	65.10	71.40	92.40
60	51.45	63.00	71.40	76.65	99.75
61	55.65	68.25	77.70	84.00	108.15
62	59.85	73.50	84.00	90.30	116.55
63	64.05	78.75	90.30	96.60	126.00
64	68.25	84.00	95.55	102.90	134.40
65	73.50	89.25	102.90	110.25	144.90
66	78.75	95.55	110.25	118.65	156.45
67	85.05	103.95	119.70	129.15	171.15
68	92.40	113.40	131.25	141.75	186.90
69	100.80	123.90	142.80	155.40	204.75
70	110.25	136.50	156.45	170.10	224.70
71	120.75	150.15	173.25	187.95	247.80
72	133.35	166.95	192.15	208.95	274.05
73	148.05	185.85	214.20	233.10	304.50
74	163.80	205.80	238.35	259.35	337.05
75	181.65	228.90	265.65	288.75	373.80
76	200.55	254.10	295.05	321.30	413.70
77	221.55	280.35	326.55	355.95	456.75
78	243.60	308.70	361.20	393.75	502.95
79	266.70	340.20	397.95	433.65	552.30
80	291.90				
81	318.15				
82	346.50				
83	375.90				
84	406.35				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0080-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	37.80	47.25	54.60	59.85	78.75
45-49	42.00	52.50	60.90	66.15	87.15
50-54	51.45	64.05	74.55	80.85	111.30
55	58.80	74.55	86.10	93.45	129.15
56	61.95	78.75	91.35	98.70	135.45
57	66.15	84.00	96.60	105.00	143.85
58	70.35	89.25	102.90	112.35	152.25
59	75.60	95.55	110.25	119.70	161.70
60	80.85	101.85	117.60	127.05	172.20
61	86.10	109.20	126.00	136.50	183.75
62	92.40	116.55	134.40	145.95	196.35
63	98.70	123.90	142.80	155.40	210.00
64	105.00	132.30	152.25	165.90	223.65
65	111.30	140.70	162.75	176.40	238.35
66	119.70	150.15	173.25	189.00	255.15
67	128.10	161.70	186.90	203.70	275.10
68	137.55	174.30	201.60	220.50	297.15
69	148.05	186.90	218.40	238.35	320.25
70	159.60	202.65	236.25	258.30	345.45
71	173.25	219.45	256.20	280.35	374.85
72	187.95	238.35	279.30	305.55	407.40
73	204.75	260.40	305.55	333.90	444.15
74	223.65	284.55	333.90	365.40	484.05
75	244.65	310.80	364.35	399.00	528.15
76	265.65	340.20	397.95	435.75	575.40
77	288.75	370.65	433.65	475.65	625.80
78	311.85	404.25	471.45	517.65	679.35
79	337.05	438.90	512.40	562.80	737.10
80	363.30				
81	389.55				
82	417.90				
83	447.30				
84	477.75				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0080-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	42.00	53.55	61.95	68.25	88.20
45-49	47.25	58.80	69.30	74.55	98.70
50-54	57.75	72.45	85.05	92.40	124.95
55	65.10	82.95	97.65	106.05	142.80
56	68.25	87.15	102.90	111.30	149.10
57	72.45	92.40	108.15	117.60	157.50
58	76.65	97.65	114.45	124.95	166.95
59	81.90	103.95	121.80	132.30	177.45
60	88.20	111.30	129.15	140.70	187.95
61	94.50	118.65	137.55	149.10	200.55
62	100.80	127.05	145.95	159.60	214.20
63	107.10	135.45	155.40	169.05	228.90
64	113.40	143.85	165.90	180.60	242.55
65	120.75	152.25	176.40	192.15	259.35
66	129.15	162.75	189.00	206.85	276.15
67	138.60	175.35	203.70	222.60	298.20
68	149.10	189.00	220.50	241.50	321.30
69	160.65	202.65	237.30	260.40	346.50
70	173.25	220.50	257.25	281.40	373.80
71	186.90	238.35	279.30	305.55	405.30
72	203.70	259.35	303.45	332.85	441.00
73	221.55	283.50	331.80	363.30	480.90
74	241.50	308.70	362.25	396.90	523.95
75	263.55	337.05	394.80	432.60	571.20
76	286.65	367.50	430.50	471.45	620.55
77	309.75	399.00	468.30	513.45	675.15
78	334.95	433.65	509.25	558.60	731.85
79	360.15	470.40	552.30	605.85	793.80
80	388.50				
81	415.80				
82	446.25				
83	476.70				
84	508.20				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0080-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	44.10	55.65	65.10	71.40	92.40
45-49	49.35	61.95	72.45	78.75	102.90
50-54	60.90	76.65	89.25	96.60	130.20
55	68.25	86.10	101.85	111.30	148.05
56	71.40	90.30	107.10	116.55	155.40
57	75.60	95.55	112.35	122.85	163.80
58	79.80	101.85	118.65	130.20	173.25
59	85.05	108.15	126.00	137.55	183.75
60	91.35	115.50	133.35	145.95	195.30
61	97.65	122.85	141.75	154.35	207.90
62	103.95	131.25	151.20	164.85	221.55
63	110.25	139.65	160.65	175.35	236.25
64	117.60	148.05	171.15	186.90	250.95
65	124.95	157.50	182.70	199.50	267.75
66	133.35	168.00	196.35	214.20	285.60
67	142.80	180.60	211.05	231.00	307.65
68	153.30	195.30	227.85	249.90	331.80
69	165.90	210.00	245.70	269.85	358.05
70	178.50	227.85	265.65	291.90	386.40
71	193.20	246.75	288.75	316.05	418.95
72	210.00	268.80	313.95	344.40	455.70
73	228.90	292.95	342.30	375.90	496.65
74	248.85	319.20	373.80	410.55	540.75
75	270.90	347.55	407.40	447.30	589.05
76	295.05	379.05	444.15	487.20	640.50
77	319.20	411.60	483.00	530.25	696.15
78	344.40	446.25	525.00	576.45	754.95
79	370.65	484.05	569.10	624.75	817.95
80	399.00				
81	427.35				
82	457.80				
83	489.30				
84	521.85				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0080-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	28.35	34.65	40.95	44.10	58.80
45-49	31.50	38.85	45.15	49.35	65.10
50-54	40.95	50.40	57.75	64.05	84.00
55	47.25	57.75	67.20	73.50	99.75
56	49.35	60.90	70.35	76.65	106.05
57	52.50	65.10	75.60	81.90	113.40
58	56.70	70.35	81.90	88.20	121.80
59	60.90	75.60	88.20	95.55	131.25
60	66.15	82.95	95.55	103.95	140.70
61	72.45	89.25	103.95	112.35	152.25
62	77.70	96.60	112.35	121.80	163.80
63	82.95	103.95	120.75	130.20	176.40
64	89.25	111.30	129.15	139.65	189.00
65	94.50	118.65	137.55	149.10	202.65
66	101.85	128.10	148.05	160.65	218.40
67	110.25	138.60	160.65	174.30	237.30
68	119.70	151.20	175.35	190.05	258.30
69	130.20	164.85	191.10	207.90	281.40
70	141.75	179.55	208.95	227.85	307.65
71	155.40	197.40	228.90	249.90	336.00
72	170.10	216.30	252.00	275.10	368.55
73	186.90	238.35	277.20	303.45	405.30
74	205.80	261.45	305.55	333.90	444.15
75	225.75	287.70	336.00	367.50	487.20
76	247.80	315.00	368.55	404.25	534.45
77	269.85	345.45	404.25	443.10	583.80
78	292.95	376.95	442.05	485.10	637.35
79	318.15	411.60	481.95	529.20	693.00
80	344.40				
81	371.70				
82	400.05				
83	429.45				
84	460.95				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0080-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	32.55	40.95	47.25	50.40	67.20
45-49	36.75	45.15	51.45	56.70	74.55
50-54	45.15	56.70	66.15	72.45	94.50
55	52.50	65.10	75.60	81.90	111.30
56	55.65	69.30	79.80	87.15	117.60
57	58.80	73.50	85.05	92.40	126.00
58	63.00	78.75	91.35	99.75	134.40
59	67.20	84.00	97.65	107.10	143.85
60	72.45	91.35	106.05	115.50	154.35
61	78.75	97.65	114.45	124.95	165.90
62	84.00	105.00	122.85	134.40	177.45
63	90.30	112.35	132.30	143.85	191.10
64	96.60	120.75	140.70	153.30	204.75
65	102.90	129.15	150.15	163.80	218.40
66	111.30	139.65	161.70	176.40	236.25
67	120.75	150.15	175.35	190.05	256.20
68	131.25	163.80	191.10	207.90	279.30
69	141.75	178.50	207.90	226.80	304.50
70	153.30	194.25	226.80	246.75	331.80
71	166.95	213.15	247.80	270.90	363.30
72	182.70	233.10	273.00	298.20	397.95
73	200.55	257.25	300.30	328.65	436.80
74	220.50	282.45	329.70	361.20	479.85
75	242.55	309.75	363.30	397.95	526.05
76	265.65	339.15	399.00	437.85	576.45
77	289.80	371.70	436.80	478.80	630.00
78	313.95	406.35	477.75	523.95	687.75
79	341.25	443.10	520.80	572.25	748.65
80	368.55				
81	397.95				
82	427.35				
83	457.80				
84	491.40				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0080-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	34.65	43.05	49.35	53.55	71.40
45-49	38.85	47.25	54.60	59.85	78.75
50-54	47.25	58.80	69.30	75.60	98.70
55	54.60	68.25	79.80	86.10	116.55
56	57.75	72.45	84.00	91.35	122.85
57	60.90	76.65	89.25	96.60	131.25
58	65.10	81.90	95.55	103.95	139.65
59	70.35	88.20	101.85	111.30	149.10
60	75.60	94.50	110.25	120.75	159.60
61	80.85	101.85	118.65	130.20	171.15
62	87.15	109.20	127.05	139.65	183.75
63	93.45	116.55	136.50	149.10	197.40
64	99.75	124.95	145.95	159.60	211.05
65	107.10	133.35	155.40	170.10	225.75
66	115.50	143.85	168.00	182.70	243.60
67	124.95	155.40	181.65	197.40	264.60
68	135.45	169.05	197.40	215.25	287.70
69	145.95	183.75	215.25	234.15	313.95
70	158.55	200.55	234.15	255.15	342.30
71	172.20	219.45	256.20	280.35	374.85
72	187.95	240.45	281.40	307.65	410.55
73	206.85	264.60	309.75	339.15	450.45
74	226.80	290.85	340.20	372.75	495.60
75	249.90	319.20	374.85	410.55	542.85
76	273.00	349.65	411.60	451.50	594.30
77	298.20	383.25	450.45	494.55	649.95
78	323.40	418.95	492.45	540.75	708.75
79	350.70	456.75	537.60	591.15	771.75
80	379.05				
81	408.45				
82	438.90				
83	470.40				
84	504.00				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0080-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	23.10	28.35	30.45	33.60	43.05
45-49	26.25	32.55	34.65	36.75	48.30
50-54	32.55	37.80	43.05	46.20	58.80
55	36.75	44.10	49.35	53.55	70.35
56	39.90	47.25	53.55	56.70	74.55
57	42.00	50.40	56.70	60.90	79.80
58	46.20	54.60	61.95	65.10	86.10
59	49.35	58.80	67.20	71.40	93.45
60	53.55	64.05	72.45	77.70	102.90
61	57.75	69.30	78.75	85.05	111.30
62	63.00	75.60	86.10	92.40	120.75
63	68.25	81.90	92.40	99.75	131.25
64	71.40	86.10	99.75	107.10	139.65
65	76.65	92.40	107.10	114.45	149.10
66	81.90	99.75	116.55	124.95	161.70
67	89.25	109.20	126.00	135.45	176.40
68	97.65	118.65	137.55	149.10	194.25
69	106.05	130.20	151.20	162.75	212.10
70	116.55	141.75	163.80	179.55	233.10
71	127.05	156.45	181.65	197.40	257.25
72	140.70	174.30	201.60	219.45	285.60
73	155.40	194.25	224.70	244.65	317.10
74	173.25	216.30	249.90	273.00	351.75
75	193.20	239.40	278.25	303.45	390.60
76	212.10	265.65	308.70	337.05	432.60
77	235.20	294.00	342.30	372.75	477.75
78	258.30	324.45	378.00	412.65	526.05
79	284.55	357.00	415.80	453.60	578.55
80	310.80				
81	340.20				
82	370.65				
83	403.20				
84	436.80				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0080-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	27.30	33.60	36.75	37.80	50.40
45-49	30.45	36.75	40.95	43.05	55.65
50-54	35.70	43.05	49.35	53.55	69.30
55	42.00	49.35	55.65	60.90	79.80
56	44.10	51.45	58.80	64.05	84.00
57	47.25	55.65	63.00	68.25	90.30
58	50.40	60.90	68.25	72.45	96.60
59	54.60	65.10	74.55	79.80	103.95
60	57.75	71.40	79.80	86.10	112.35
61	63.00	76.65	88.20	95.55	121.80
62	68.25	82.95	95.55	102.90	132.30
63	72.45	89.25	102.90	110.25	142.80
64	77.70	95.55	109.20	117.60	153.30
65	84.00	100.80	117.60	124.95	163.80
66	89.25	109.20	126.00	134.40	177.45
67	96.60	118.65	135.45	147.00	194.25
68	105.00	128.10	149.10	161.70	212.10
69	114.45	140.70	162.75	176.40	232.05
70	126.00	155.40	177.45	194.25	256.20
71	137.55	170.10	197.40	214.20	281.40
72	152.25	190.05	218.40	238.35	310.80
73	169.05	211.05	243.60	265.65	345.45
74	186.90	235.20	271.95	295.05	383.25
75	207.90	260.40	302.40	328.65	425.25
76	228.90	288.75	336.00	365.40	470.40
77	253.05	319.20	371.70	405.30	519.75
78	278.25	351.75	411.60	448.35	572.25
79	305.55	387.45	452.55	492.45	628.95
80	333.90				
81	364.35				
82	396.90				
83	429.45				
84	466.20				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0080-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	28.35	34.65	39.90	40.95	53.55
45-49	32.55	37.80	43.05	46.20	58.80
50-54	36.75	46.20	51.45	55.65	74.55
55	43.05	51.45	57.75	63.00	84.00
56	46.20	54.60	61.95	67.20	89.25
57	48.30	57.75	65.10	71.40	93.45
58	51.45	63.00	70.35	76.65	100.80
59	55.65	68.25	76.65	84.00	109.20
60	60.90	74.55	84.00	90.30	117.60
61	65.10	79.80	91.35	98.70	127.05
62	70.35	86.10	98.70	106.05	137.55
63	75.60	92.40	106.05	113.40	148.05
64	79.80	98.70	112.35	120.75	158.55
65	86.10	105.00	120.75	130.20	170.10
66	92.40	112.35	130.20	139.65	183.75
67	99.75	121.80	140.70	152.25	201.60
68	109.20	133.35	154.35	166.95	219.45
69	118.65	145.95	168.00	182.70	240.45
70	130.20	160.65	183.75	200.55	264.60
71	141.75	176.40	203.70	221.55	291.90
72	156.45	196.35	225.75	245.70	322.35
73	174.30	218.40	252.00	274.05	358.05
74	193.20	242.55	280.35	305.55	396.90
75	214.20	268.80	312.90	340.20	439.95
76	236.25	299.25	347.55	378.00	487.20
77	260.40	329.70	384.30	418.95	537.60
78	286.65	363.30	425.25	463.05	592.20
79	313.95	400.05	468.30	510.30	649.95
80	343.35				
81	373.80				
82	407.40				
83	442.05				
84	477.75				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0080-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	44.10	55.65	64.05	70.35	92.40
45-49	49.35	61.95	71.40	77.70	102.90
50-54	60.90	75.60	88.20	95.55	131.25
55	69.30	88.20	100.80	110.25	152.25
56	72.45	92.40	107.10	116.55	159.60
57	77.70	98.70	113.40	123.90	169.05
58	82.95	105.00	120.75	132.30	179.55
59	89.25	112.35	130.20	140.70	190.05
60	95.55	119.70	138.60	149.10	202.65
61	100.80	128.10	148.05	160.65	216.30
62	109.20	137.55	158.55	172.20	231.00
63	116.55	145.95	168.00	182.70	246.75
64	123.90	155.40	179.55	195.30	263.55
65	131.25	165.90	191.10	207.90	280.35
66	140.70	176.40	203.70	222.60	300.30
67	151.20	190.05	219.45	239.40	323.40
68	161.70	204.75	237.30	259.35	349.65
69	174.30	219.45	257.25	280.35	376.95
70	187.95	238.35	278.25	303.45	406.35
71	203.70	258.30	301.35	329.70	441.00
72	221.55	280.35	328.65	359.10	478.80
73	240.45	306.60	359.10	392.70	522.90
74	263.55	334.95	392.70	429.45	569.10
75	287.70	365.40	428.40	469.35	621.60
76	312.90	400.05	468.30	512.40	677.25
77	340.20	435.75	510.30	559.65	736.05
78	366.45	475.65	554.40	609.00	799.05
79	396.90	516.60	602.70	662.55	867.30
80	427.35				
81	457.80				
82	491.40				
83	526.05				
84	561.75				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0080-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	49.35	63.00	72.45	79.80	103.95
45-49	55.65	69.30	81.90	88.20	116.55
50-54	68.25	85.05	99.75	109.20	147.00
55	76.65	97.65	114.45	124.95	168.00
56	79.80	102.90	120.75	131.25	175.35
57	85.05	109.20	127.05	138.60	184.80
58	90.30	114.45	134.40	147.00	196.35
59	96.60	121.80	142.80	155.40	208.95
60	103.95	131.25	152.25	165.90	221.55
61	111.30	139.65	161.70	175.35	236.25
62	118.65	149.10	172.20	187.95	252.00
63	126.00	159.60	182.70	198.45	268.80
64	133.35	169.05	195.30	212.10	285.60
65	141.75	179.55	207.90	225.75	305.55
66	152.25	191.10	222.60	243.60	324.45
67	162.75	205.80	239.40	261.45	350.70
68	175.35	222.60	259.35	284.55	378.00
69	189.00	238.35	279.30	306.60	407.40
70	203.70	259.35	302.40	330.75	439.95
71	219.45	280.35	328.65	359.10	476.70
72	239.40	305.55	357.00	391.65	518.70
73	260.40	333.90	390.60	427.35	565.95
74	284.55	363.30	426.30	467.25	616.35
75	309.75	396.90	464.10	509.25	672.00
76	337.05	432.60	506.10	554.40	729.75
77	364.35	469.35	551.25	603.75	793.80
78	393.75	510.30	599.55	657.30	861.00
79	424.20	553.35	649.95	712.95	933.45
80	456.75				
81	489.30				
82	525.00				
83	560.70				
84	597.45				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0080-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	51.45	65.10	76.65	84.00	109.20
45-49	57.75	72.45	85.05	92.40	120.75
50-54	71.40	90.30	105.00	113.40	153.30
55	79.80	100.80	119.70	131.25	174.30
56	84.00	106.05	126.00	137.55	182.70
57	89.25	112.35	132.30	144.90	193.20
58	93.45	119.70	139.65	153.30	203.70
59	99.75	127.05	148.05	161.70	216.30
60	107.10	135.45	156.45	172.20	229.95
61	114.45	144.90	166.95	181.65	244.65
62	121.80	154.35	177.45	194.25	260.40
63	130.20	163.80	189.00	205.80	278.25
64	138.60	174.30	201.60	219.45	295.05
65	147.00	184.80	215.25	235.20	315.00
66	156.45	197.40	231.00	252.00	336.00
67	168.00	212.10	247.80	271.95	362.25
68	180.60	229.95	267.75	294.00	390.60
69	195.30	246.75	288.75	317.10	421.05
70	210.00	267.75	312.90	343.35	454.65
71	226.80	289.80	340.20	371.70	492.45
72	246.75	316.05	369.60	405.30	536.55
73	268.80	344.40	403.20	442.05	583.80
74	292.95	375.90	439.95	483.00	636.30
75	319.20	408.45	478.80	526.05	693.00
76	347.55	446.25	522.90	573.30	753.90
77	375.90	484.05	568.05	623.70	819.00
78	405.30	525.00	617.40	678.30	888.30
79	435.75	569.10	669.90	735.00	961.80
80	469.35				
81	502.95				
82	538.65				
83	575.40				
84	614.25				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0080-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	33.60	40.95	48.30	51.45	69.30
45-49	36.75	46.20	53.55	57.75	76.65
50-54	48.30	58.80	68.25	75.60	98.70
55	55.65	68.25	78.75	86.10	117.60
56	57.75	71.40	82.95	90.30	124.95
57	61.95	76.65	89.25	96.60	133.35
58	67.20	82.95	96.60	103.95	142.80
59	71.40	89.25	103.95	112.35	154.35
60	77.70	97.65	112.35	121.80	165.90
61	85.05	105.00	121.80	132.30	179.55
62	91.35	113.40	132.30	142.80	193.20
63	97.65	121.80	141.75	153.30	207.90
64	105.00	131.25	152.25	163.80	222.60
65	111.30	139.65	161.70	175.35	238.35
66	119.70	151.20	174.30	189.00	257.25
67	130.20	162.75	189.00	204.75	279.30
68	140.70	177.45	205.80	223.65	303.45
69	153.30	194.25	224.70	244.65	330.75
70	166.95	211.05	245.70	267.75	362.25
71	182.70	232.05	268.80	294.00	394.80
72	200.55	254.10	296.10	323.40	433.65
73	219.45	280.35	326.55	357.00	476.70
74	242.55	307.65	359.10	392.70	522.90
75	265.65	338.10	394.80	432.60	573.30
76	291.90	370.65	433.65	475.65	628.95
77	317.10	406.35	475.65	520.80	686.70
78	344.40	443.10	519.75	571.20	749.70
79	373.80	484.05	567.00	622.65	814.80
80	405.30				
81	436.80				
82	470.40				
83	505.05				
84	541.80				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0080-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	37.80	48.30	55.65	58.80	78.75
45-49	43.05	53.55	60.90	67.20	88.20
50-54	53.55	67.20	77.70	85.05	111.30
55	61.95	76.65	89.25	96.60	131.25
56	65.10	81.90	93.45	102.90	138.60
57	69.30	86.10	99.75	109.20	148.05
58	74.55	92.40	107.10	117.60	158.55
59	78.75	98.70	114.45	126.00	169.05
60	85.05	107.10	124.95	135.45	181.65
61	92.40	114.45	134.40	147.00	195.30
62	98.70	123.90	144.90	158.55	208.95
63	106.05	132.30	155.40	169.05	224.70
64	113.40	141.75	165.90	180.60	240.45
65	120.75	152.25	176.40	193.20	257.25
66	131.25	163.80	190.05	207.90	278.25
67	141.75	176.40	205.80	223.65	301.35
68	154.35	193.20	224.70	244.65	328.65
69	166.95	210.00	244.65	266.70	358.05
70	180.60	228.90	266.70	289.80	390.60
71	196.35	250.95	291.90	319.20	427.35
72	215.25	274.05	321.30	350.70	468.30
73	236.25	302.40	352.80	386.40	513.45
74	259.35	331.80	387.45	425.25	564.90
75	285.60	364.35	427.35	468.30	618.45
76	312.90	399.00	469.35	515.55	678.30
77	341.25	436.80	513.45	562.80	741.30
78	369.60	477.75	561.75	616.35	809.55
79	401.10	520.80	613.20	673.05	880.95
80	433.65				
81	468.30				
82	502.95				
83	538.65				
84	578.55				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0080-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	40.95	50.40	57.75	63.00	84.00
45-49	46.20	55.65	64.05	70.35	92.40
50-54	55.65	69.30	81.90	89.25	116.55
55	64.05	79.80	93.45	100.80	137.55
56	68.25	85.05	98.70	107.10	144.90
57	71.40	90.30	105.00	113.40	154.35
58	76.65	96.60	112.35	121.80	163.80
59	82.95	103.95	119.70	131.25	175.35
60	89.25	111.30	130.20	141.75	187.95
61	95.55	119.70	139.65	153.30	201.60
62	102.90	128.10	149.10	163.80	216.30
63	110.25	137.55	160.65	175.35	232.05
64	117.60	147.00	172.20	187.95	247.80
65	126.00	156.45	182.70	200.55	265.65
66	135.45	169.05	197.40	215.25	286.65
67	147.00	182.70	214.20	232.05	310.80
68	159.60	198.45	232.05	253.05	338.10
69	172.20	216.30	253.05	275.10	369.60
70	186.90	236.25	275.10	300.30	403.20
71	202.65	258.30	301.35	329.70	441.00
72	221.55	282.45	330.75	362.25	483.00
73	243.60	310.80	364.35	399.00	530.25
74	266.70	342.30	400.05	438.90	582.75
75	294.00	375.90	441.00	483.00	638.40
76	321.30	411.60	484.05	531.30	699.30
77	350.70	450.45	530.25	581.70	764.40
78	380.10	492.45	579.60	636.30	833.70
79	412.65	537.60	632.10	695.10	908.25
80	446.25				
81	480.90				
82	516.60				
83	553.35				
84	593.25				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0080-A87
Long-Term Care Policy

WITH SURVIVORSHIP BENEFIT RIDER R1-N0103-SERIES

When this rider is chosen, multiply the final premium by the appropriate factor.

ISSUE AGE	NO INFLATION PROTECTION	SIMPLE INFLATION PROTECTION	COMPOUND INFLATION PROTECTION
18-44	1.11	1.17	1.17
45-49	1.14	1.21	1.21
50-54	1.18	1.28	1.28
55	1.20	1.30	1.30
56	1.20	1.30	1.30
57	1.21	1.30	1.30
58	1.21	1.30	1.30
59	1.21	1.30	1.30
60	1.21	1.30	1.30
61	1.21	1.30	1.30
62	1.21	1.29	1.29
63	1.21	1.29	1.29
64	1.21	1.28	1.28
65	1.20	1.27	1.27
66	1.20	1.26	1.26
67	1.20	1.26	1.26
68	1.19	1.25	1.25
69	1.19	1.24	1.24
70	1.18	1.23	1.23
71	1.18	1.22	1.22
72	1.17	1.20	1.20
73	1.16	1.19	1.19
74	1.16	1.18	1.18
75	1.15	1.17	1.17
76	1.14	1.16	1.16
77	1.13	1.15	1.15
78	1.12	1.14	1.14
79	1.11	1.13	1.13
80	1.10	1.12	1.12
81	1.09	1.11	1.11
82	1.08	1.10	1.10
83	1.07	1.09	1.09
84	1.06	1.08	1.08

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0080-A87
Long-Term Care Policy

Elimination Period Factors

Rates shown are for 30 day elimination period. Rates for other elimination periods are calculated by multiplying the 30 day rates by the appropriate factor from the following table:

Benefit Maximum	0	14	20	60	90	100	180	365
730x,1095x	1.12	1.07	1.03	0.94	0.90	0.89	0.78	0.67
1460x,1825x	1.10	1.05	1.03	0.95	0.90	0.89	0.79	0.69
Lifetime	1.08	1.04	1.03	0.96	0.92	0.91	0.84	0.75

Multi-Life Discount

A 5%, 10%, 15% or 20% discount to the rates is available for qualifying Associations of 10 or more lives.

Spousal Discount

A 20% discount to the rates is available to married couples if both spouses apply for coverage.

Dual Waiver of Premium Rider R1-N0104-Series

An optional dual waiver of premium rider will be offered. If one spouse qualifies for a waiver of premium, the premium of the other spouse will also be waived. If chosen, multiply the final premium by 1.06.

Shared Advantage Rider R1-N0105-Series

This rider will allow two covered spouses to purchase an additional benefit amount that can be used by either spouse after their base benefits are exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	No Inflation Protection	With Inflation Protection
730x	1.30	1.35
1095x	1.21	1.25
1460x	1.15	1.18
1825x	1.12	1.14

Restoration of Benefits Rider R1-N0108-Series

This rider restores the maximum lifetime benefit if the insured has not met the stipulated conditions for a period of 180 consecutive days and the maximum lifetime benefit has not been exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	Factor
730x	1.08
1095x	1.06
1460x,1825x	1.04

Cost of Living Increase Rider R1-N0107-Series

This rider allows the insured to increase their policy limits, subject to the terms of the rider, every three years without additional underwriting. The additional premium charged is based on the attained age and incremental increase in the maximum daily facility benefit when exercised. If chosen, multiply the final premium by the appropriate factor:

Age	Factor
18-44	1.15
45-49	1.12
50-55	1.10
56-58	1.09
59-61	1.08
62-64	1.07
65-67	1.06
68-70	1.05
71-73	1.04
74-76	1.03

Modal Factors

Semi-Annual: 0.52; Quarterly: 0.27; Check-A-Matic: 0.09

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604

Supplement to Rate Sheets for Policy Form P1-N0081-A87
PENNSYLVANIA

All rates for this form should be multiplied by a factor of: 1.9425

This factor represents the **proposed** increase of: 29.5%

And the following prior approved rate increases:

Policy Form	Increase Applies to all Policies or Subsets	Rate Increase Approved	Approval Date of Rate Increase
P1-N0081-A87	--Yes--	20.00%	3/14/2013
P1-N0081-A87	--Yes--	25.00%	12/3/2014

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0081-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	24.94	30.19	32.81	35.44	45.94
45-49	27.56	34.13	36.75	39.38	51.19
50-54	34.13	40.69	45.94	48.56	63.00
55	39.38	47.25	52.50	56.44	74.81
56	42.00	49.88	56.44	60.38	78.75
57	44.63	53.81	60.38	64.31	85.31
58	48.56	57.75	65.63	69.56	91.88
59	52.50	63.00	70.88	76.13	99.75
60	56.44	68.25	77.44	82.69	108.94
61	61.69	73.50	84.00	90.56	118.13
62	66.94	80.06	91.88	98.44	128.63
63	72.19	86.63	98.44	106.31	139.13
64	76.13	91.88	106.31	114.19	148.31
65	81.38	98.44	114.19	122.06	158.81
66	86.63	106.31	123.38	132.56	171.94
67	94.50	115.50	133.88	144.38	187.69
68	103.69	126.00	145.69	158.81	206.06
69	112.88	137.81	160.13	173.25	225.75
70	123.38	150.94	174.56	190.31	248.06
71	135.19	166.69	192.94	210.00	273.00
72	149.63	185.06	213.94	233.63	303.19
73	165.38	206.06	238.88	259.88	337.31
74	183.75	229.69	265.13	290.06	374.06
75	204.75	254.63	295.31	322.88	414.75
76	225.75	282.19	328.13	358.31	459.38
77	249.38	312.38	363.56	396.38	507.94
78	274.31	345.19	401.63	438.38	559.13
79	301.88	379.31	442.31	481.69	614.25
80	330.75				
81	360.94				
82	393.75				
83	427.88				
84	464.63				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0081-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	28.88	35.44	39.38	40.69	53.81
45-49	32.81	39.38	43.31	45.94	59.06
50-54	38.06	45.94	52.50	56.44	73.50
55	44.63	52.50	59.06	64.31	85.31
56	47.25	55.13	63.00	68.25	89.25
57	49.88	59.06	66.94	72.19	95.81
58	53.81	64.31	72.19	77.44	102.38
59	57.75	69.56	78.75	85.31	110.25
60	61.69	76.13	85.31	91.88	119.44
61	66.94	81.38	93.19	101.06	129.94
62	72.19	87.94	101.06	108.94	140.44
63	77.44	94.50	108.94	116.81	152.25
64	82.69	101.06	115.50	124.69	162.75
65	89.25	107.63	124.69	132.56	174.56
66	94.50	115.50	133.88	143.06	189.00
67	102.38	126.00	144.38	156.19	206.06
68	111.56	136.50	158.81	171.94	225.75
69	122.06	149.63	173.25	187.69	246.75
70	133.88	165.38	189.00	206.06	271.69
71	145.69	181.13	210.00	227.06	299.25
72	161.44	202.13	232.31	253.31	330.75
73	179.81	224.44	258.56	282.19	367.50
74	198.19	249.38	288.75	313.69	406.88
75	220.50	276.94	321.56	349.13	451.50
76	242.81	307.13	357.00	388.50	500.06
77	269.06	338.63	395.06	430.50	552.56
78	295.31	374.06	437.06	476.44	607.69
79	324.19	412.13	480.38	523.69	668.06
80	354.38				
81	387.19				
82	421.31				
83	456.75				
84	494.81				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0081-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	30.19	36.75	42.00	43.31	56.44
45-49	34.13	40.69	45.94	48.56	63.00
50-54	39.38	48.56	55.13	59.06	78.75
55	45.94	55.13	61.69	66.94	89.25
56	48.56	57.75	65.63	70.88	94.50
57	51.19	61.69	69.56	76.13	99.75
58	55.13	66.94	74.81	81.38	107.63
59	59.06	72.19	81.38	89.25	115.50
60	64.31	78.75	89.25	95.81	124.69
61	69.56	85.31	97.13	105.00	135.19
62	74.81	91.88	105.00	112.88	145.69
63	80.06	98.44	112.88	120.75	157.50
64	85.31	105.00	119.44	128.63	168.00
65	91.88	111.56	128.63	137.81	181.13
66	98.44	119.44	137.81	148.31	195.56
67	106.31	129.94	149.63	161.44	213.94
68	115.50	141.75	164.06	177.19	233.63
69	126.00	154.88	178.50	194.25	255.94
70	137.81	170.63	195.56	212.63	280.88
71	150.94	187.69	216.56	234.94	309.75
72	166.69	208.69	240.19	261.19	342.56
73	185.06	232.31	267.75	291.38	380.63
74	204.75	257.25	297.94	324.19	421.31
75	227.06	286.13	332.06	360.94	467.25
76	250.69	317.63	368.81	401.63	517.13
77	276.94	350.44	408.19	444.94	570.94
78	304.50	385.88	451.50	492.19	628.69
79	333.38	425.25	497.44	542.06	690.38
80	364.88				
81	397.69				
82	433.13				
83	469.88				
84	507.94				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0081-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	47.25	59.06	68.25	74.81	98.44
45-49	52.50	65.63	76.13	82.69	108.94
50-54	64.31	80.06	93.19	101.06	139.13
55	73.50	93.19	107.63	116.81	161.44
56	77.44	98.44	114.19	123.38	169.31
57	82.69	105.00	120.75	131.25	179.81
58	87.94	111.56	128.63	140.44	190.31
59	94.50	119.44	137.81	149.63	202.13
60	101.06	127.31	147.00	158.81	215.25
61	107.63	136.50	157.50	170.63	229.69
62	115.50	145.69	168.00	182.44	245.44
63	123.38	154.88	178.50	194.25	262.50
64	131.25	165.38	190.31	207.38	279.56
65	139.13	175.88	203.44	220.50	297.94
66	149.63	187.69	216.56	236.25	318.94
67	160.13	202.13	233.63	254.63	343.88
68	171.94	217.88	252.00	275.63	371.44
69	185.06	233.63	273.00	297.94	400.31
70	199.50	253.31	295.31	322.88	431.81
71	216.56	274.31	320.25	350.44	468.56
72	234.94	297.94	349.13	381.94	509.25
73	255.94	325.50	381.94	417.38	555.19
74	279.56	355.69	417.38	456.75	605.06
75	305.81	388.50	455.44	498.75	660.19
76	332.06	425.25	497.44	544.69	719.25
77	360.94	463.31	542.06	594.56	782.25
78	389.81	505.31	589.31	647.06	849.19
79	421.31	548.63	640.50	703.50	921.38
80	454.13				
81	486.94				
82	522.38				
83	559.13				
84	597.19				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0081-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	52.50	66.94	77.44	85.31	110.25
45-49	59.06	73.50	86.63	93.19	123.38
50-54	72.19	90.56	106.31	115.50	156.19
55	81.38	103.69	122.06	132.56	178.50
56	85.31	108.94	128.63	139.13	186.38
57	90.56	115.50	135.19	147.00	196.88
58	95.81	122.06	143.06	156.19	208.69
59	102.38	129.94	152.25	165.38	221.81
60	110.25	139.13	161.44	175.88	234.94
61	118.13	148.31	171.94	186.38	250.69
62	126.00	158.81	182.44	199.50	267.75
63	133.88	169.31	194.25	211.31	286.13
64	141.75	179.81	207.38	225.75	303.19
65	150.94	190.31	220.50	240.19	324.19
66	161.44	203.44	236.25	258.56	345.19
67	173.25	219.19	254.63	278.25	372.75
68	186.38	236.25	275.63	301.88	401.63
69	200.81	253.31	296.63	325.50	433.13
70	216.56	275.63	321.56	351.75	467.25
71	233.63	297.94	349.13	381.94	506.63
72	254.63	324.19	379.31	416.06	551.25
73	276.94	354.38	414.75	454.13	601.13
74	301.88	385.88	452.81	496.13	654.94
75	329.44	421.31	493.50	540.75	714.00
76	358.31	459.38	538.13	589.31	775.69
77	387.19	498.75	585.38	641.81	843.94
78	418.69	542.06	636.56	698.25	914.81
79	450.19	588.00	690.38	757.31	992.25
80	485.63				
81	519.75				
82	557.81				
83	595.88				
84	635.25				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0081-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	55.13	69.56	81.38	89.25	115.50
45-49	61.69	77.44	90.56	98.44	128.63
50-54	76.13	95.81	111.56	120.75	162.75
55	85.31	107.63	127.31	139.13	185.06
56	89.25	112.88	133.88	145.69	194.25
57	94.50	119.44	140.44	153.56	204.75
58	99.75	127.31	148.31	162.75	216.56
59	106.31	135.19	157.50	171.94	229.69
60	114.19	144.38	166.69	182.44	244.13
61	122.06	153.56	177.19	192.94	259.88
62	129.94	164.06	189.00	206.06	276.94
63	137.81	174.56	200.81	219.19	295.31
64	147.00	185.06	213.94	233.63	313.69
65	156.19	196.88	228.38	249.38	334.69
66	166.69	210.00	245.44	267.75	357.00
67	178.50	225.75	263.81	288.75	384.56
68	191.63	244.13	284.81	312.38	414.75
69	207.38	262.50	307.13	337.31	447.56
70	223.13	284.81	332.06	364.88	483.00
71	241.50	308.44	360.94	395.06	523.69
72	262.50	336.00	392.44	430.50	569.63
73	286.13	366.19	427.88	469.88	620.81
74	311.06	399.00	467.25	513.19	675.94
75	338.63	434.44	509.25	559.13	736.31
76	368.81	473.81	555.19	609.00	800.63
77	399.00	514.50	603.75	662.81	870.19
78	430.50	557.81	656.25	720.56	943.69
79	463.31	605.06	711.38	780.94	1022.44
80	498.75				
81	534.19				
82	572.25				
83	611.63				
84	652.31				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0081-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	35.44	43.31	51.19	55.13	73.50
45-49	39.38	48.56	56.44	61.69	81.38
50-54	51.19	63.00	72.19	80.06	105.00
55	59.06	72.19	84.00	91.88	124.69
56	61.69	76.13	87.94	95.81	132.56
57	65.63	81.38	94.50	102.38	141.75
58	70.88	87.94	102.38	110.25	152.25
59	76.13	94.50	110.25	119.44	164.06
60	82.69	103.69	119.44	129.94	175.88
61	90.56	111.56	129.94	140.44	190.31
62	97.13	120.75	140.44	152.25	204.75
63	103.69	129.94	150.94	162.75	220.50
64	111.56	139.13	161.44	174.56	236.25
65	118.13	148.31	171.94	186.38	253.31
66	127.31	160.13	185.06	200.81	273.00
67	137.81	173.25	200.81	217.88	296.63
68	149.63	189.00	219.19	237.56	322.88
69	162.75	206.06	238.88	259.88	351.75
70	177.19	224.44	261.19	284.81	384.56
71	194.25	246.75	286.13	312.38	420.00
72	212.63	270.38	315.00	343.88	460.69
73	233.63	297.94	346.50	379.31	506.63
74	257.25	326.81	381.94	417.38	555.19
75	282.19	359.63	420.00	459.38	609.00
76	309.75	393.75	460.69	505.31	668.06
77	337.31	431.81	505.31	553.88	729.75
78	366.19	471.19	552.56	606.38	796.69
79	397.69	514.50	602.44	661.50	866.25
80	430.50				
81	464.63				
82	500.06				
83	536.81				
84	576.19				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0081-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	40.69	51.19	59.06	63.00	84.00
45-49	45.94	56.44	64.31	70.88	93.19
50-54	56.44	70.88	82.69	90.56	118.13
55	65.63	81.38	94.50	102.38	139.13
56	69.56	86.63	99.75	108.94	147.00
57	73.50	91.88	106.31	115.50	157.50
58	78.75	98.44	114.19	124.69	168.00
59	84.00	105.00	122.06	133.88	179.81
60	90.56	114.19	132.56	144.38	192.94
61	98.44	122.06	143.06	156.19	207.38
62	105.00	131.25	153.56	168.00	221.81
63	112.88	140.44	165.38	179.81	238.88
64	120.75	150.94	175.88	191.63	255.94
65	128.63	161.44	187.69	204.75	273.00
66	139.13	174.56	202.13	220.50	295.31
67	150.94	187.69	219.19	237.56	320.25
68	164.06	204.75	238.88	259.88	349.13
69	177.19	223.13	259.88	283.50	380.63
70	191.63	242.81	283.50	308.44	414.75
71	208.69	266.44	309.75	338.63	454.13
72	228.38	291.38	341.25	372.75	497.44
73	250.69	321.56	375.38	410.81	546.00
74	275.63	353.06	412.13	451.50	599.81
75	303.19	387.19	454.13	497.44	657.56
76	332.06	423.94	498.75	547.31	720.56
77	362.25	464.63	546.00	598.50	787.50
78	392.44	507.94	597.19	654.94	859.69
79	426.56	553.88	651.00	715.31	935.81
80	460.69				
81	497.44				
82	534.19				
83	572.25				
84	614.25				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0081-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	43.31	53.81	61.69	66.94	89.25
45-49	48.56	59.06	68.25	74.81	98.44
50-54	59.06	73.50	86.63	94.50	123.38
55	68.25	85.31	99.75	107.63	145.69
56	72.19	90.56	105.00	114.19	153.56
57	76.13	95.81	111.56	120.75	164.06
58	81.38	102.38	119.44	129.94	174.56
59	87.94	110.25	127.31	139.13	186.38
60	94.50	118.13	137.81	150.94	199.50
61	101.06	127.31	148.31	162.75	213.94
62	108.94	136.50	158.81	174.56	229.69
63	116.81	145.69	170.63	186.38	246.75
64	124.69	156.19	182.44	199.50	263.81
65	133.88	166.69	194.25	212.63	282.19
66	144.38	179.81	210.00	228.38	304.50
67	156.19	194.25	227.06	246.75	330.75
68	169.31	211.31	246.75	269.06	359.63
69	182.44	229.69	269.06	292.69	392.44
70	198.19	250.69	292.69	318.94	427.88
71	215.25	274.31	320.25	350.44	468.56
72	234.94	300.56	351.75	384.56	513.19
73	258.56	330.75	387.19	423.94	563.06
74	283.50	363.56	425.25	465.94	619.50
75	312.38	399.00	468.56	513.19	678.56
76	341.25	437.06	514.50	564.38	742.88
77	372.75	479.06	563.06	618.19	812.44
78	404.25	523.69	615.56	675.94	885.94
79	438.38	570.94	672.00	738.94	964.69
80	473.81				
81	510.56				
82	548.63				
83	588.00				
84	630.00				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0081-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	28.88	35.44	38.06	42.00	53.81
45-49	32.81	40.69	43.31	45.94	60.38
50-54	40.69	47.25	53.81	57.75	73.50
55	45.94	55.13	61.69	66.94	87.94
56	49.88	59.06	66.94	70.88	93.19
57	52.50	63.00	70.88	76.13	99.75
58	57.75	68.25	77.44	81.38	107.63
59	61.69	73.50	84.00	89.25	116.81
60	66.94	80.06	90.56	97.13	128.63
61	72.19	86.63	98.44	106.31	139.13
62	78.75	94.50	107.63	115.50	150.94
63	85.31	102.38	115.50	124.69	164.06
64	89.25	107.63	124.69	133.88	174.56
65	95.81	115.50	133.88	143.06	186.38
66	102.38	124.69	145.69	156.19	202.13
67	111.56	136.50	157.50	169.31	220.50
68	122.06	148.31	171.94	186.38	242.81
69	132.56	162.75	189.00	203.44	265.13
70	145.69	177.19	204.75	224.44	291.38
71	158.81	195.56	227.06	246.75	321.56
72	175.88	217.88	252.00	274.31	357.00
73	194.25	242.81	280.88	305.81	396.38
74	216.56	270.38	312.38	341.25	439.69
75	241.50	299.25	347.81	379.31	488.25
76	265.13	332.06	385.88	421.31	540.75
77	294.00	367.50	427.88	465.94	597.19
78	322.88	405.56	472.50	515.81	657.56
79	355.69	446.25	519.75	567.00	723.19
80	388.50				
81	425.25				
82	463.31				
83	504.00				
84	546.00				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0081-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	34.13	42.00	45.94	47.25	63.00
45-49	38.06	45.94	51.19	53.81	69.56
50-54	44.63	53.81	61.69	66.94	86.63
55	52.50	61.69	69.56	76.13	99.75
56	55.13	64.31	73.50	80.06	105.00
57	59.06	69.56	78.75	85.31	112.88
58	63.00	76.13	85.31	90.56	120.75
59	68.25	81.38	93.19	99.75	129.94
60	72.19	89.25	99.75	107.63	140.44
61	78.75	95.81	110.25	119.44	152.25
62	85.31	103.69	119.44	128.63	165.38
63	90.56	111.56	128.63	137.81	178.50
64	97.13	119.44	136.50	147.00	191.63
65	105.00	126.00	147.00	156.19	204.75
66	111.56	136.50	157.50	168.00	221.81
67	120.75	148.31	169.31	183.75	242.81
68	131.25	160.13	186.38	202.13	265.13
69	143.06	175.88	203.44	220.50	290.06
70	157.50	194.25	221.81	242.81	320.25
71	171.94	212.63	246.75	267.75	351.75
72	190.31	237.56	273.00	297.94	388.50
73	211.31	263.81	304.50	332.06	431.81
74	233.63	294.00	339.94	368.81	479.06
75	259.88	325.50	378.00	410.81	531.56
76	286.13	360.94	420.00	456.75	588.00
77	316.31	399.00	464.63	506.63	649.69
78	347.81	439.69	514.50	560.44	715.31
79	381.94	484.31	565.69	615.56	786.19
80	417.38				
81	455.44				
82	496.13				
83	536.81				
84	582.75				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0081-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	35.44	43.31	49.88	51.19	66.94
45-49	40.69	47.25	53.81	57.75	73.50
50-54	45.94	57.75	64.31	69.56	93.19
55	53.81	64.31	72.19	78.75	105.00
56	57.75	68.25	77.44	84.00	111.56
57	60.38	72.19	81.38	89.25	116.81
58	64.31	78.75	87.94	95.81	126.00
59	69.56	85.31	95.81	105.00	136.50
60	76.13	93.19	105.00	112.88	147.00
61	81.38	99.75	114.19	123.38	158.81
62	87.94	107.63	123.38	132.56	171.94
63	94.50	115.50	132.56	141.75	185.06
64	99.75	123.38	140.44	150.94	198.19
65	107.63	131.25	150.94	162.75	212.63
66	115.50	140.44	162.75	174.56	229.69
67	124.69	152.25	175.88	190.31	252.00
68	136.50	166.69	192.94	208.69	274.31
69	148.31	182.44	210.00	228.38	300.56
70	162.75	200.81	229.69	250.69	330.75
71	177.19	220.50	254.63	276.94	364.88
72	195.56	245.44	282.19	307.13	402.94
73	217.88	273.00	315.00	342.56	447.56
74	241.50	303.19	350.44	381.94	496.13
75	267.75	336.00	391.13	425.25	549.94
76	295.31	374.06	434.44	472.50	609.00
77	325.50	412.13	480.38	523.69	672.00
78	358.31	454.13	531.56	578.81	740.25
79	392.44	500.06	585.38	637.88	812.44
80	429.19				
81	467.25				
82	509.25				
83	552.56				
84	597.19				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0081-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	55.13	69.56	80.06	87.94	115.50
45-49	61.69	77.44	89.25	97.13	128.63
50-54	76.13	94.50	110.25	119.44	164.06
55	86.63	110.25	126.00	137.81	190.31
56	90.56	115.50	133.88	145.69	199.50
57	97.13	123.38	141.75	154.88	211.31
58	103.69	131.25	150.94	165.38	224.44
59	111.56	140.44	162.75	175.88	237.56
60	119.44	149.63	173.25	186.38	253.31
61	126.00	160.13	185.06	200.81	270.38
62	136.50	171.94	198.19	215.25	288.75
63	145.69	182.44	210.00	228.38	308.44
64	154.88	194.25	224.44	244.13	329.44
65	164.06	207.38	238.88	259.88	350.44
66	175.88	220.50	254.63	278.25	375.38
67	189.00	237.56	274.31	299.25	404.25
68	202.13	255.94	296.63	324.19	437.06
69	217.88	274.31	321.56	350.44	471.19
70	234.94	297.94	347.81	379.31	507.94
71	254.63	322.88	376.69	412.13	551.25
72	276.94	350.44	410.81	448.88	598.50
73	300.56	383.25	448.88	490.88	653.63
74	329.44	418.69	490.88	536.81	711.38
75	359.63	456.75	535.50	586.69	777.00
76	391.13	500.06	585.38	640.50	846.56
77	425.25	544.69	637.88	699.56	920.06
78	458.06	594.56	693.00	761.25	998.81
79	496.13	645.75	753.38	828.19	1084.13
80	534.19				
81	572.25				
82	614.25				
83	657.56				
84	702.19				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0081-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	61.69	78.75	90.56	99.75	129.94
45-49	69.56	86.63	102.38	110.25	145.69
50-54	85.31	106.31	124.69	136.50	183.75
55	95.81	122.06	143.06	156.19	210.00
56	99.75	128.63	150.94	164.06	219.19
57	106.31	136.50	158.81	173.25	231.00
58	112.88	143.06	168.00	183.75	245.44
59	120.75	152.25	178.50	194.25	261.19
60	129.94	164.06	190.31	207.38	276.94
61	139.13	174.56	202.13	219.19	295.31
62	148.31	186.38	215.25	234.94	315.00
63	157.50	199.50	228.38	248.06	336.00
64	166.69	211.31	244.13	265.13	357.00
65	177.19	224.44	259.88	282.19	381.94
66	190.31	238.88	278.25	304.50	405.56
67	203.44	257.25	299.25	326.81	438.38
68	219.19	278.25	324.19	355.69	472.50
69	236.25	297.94	349.13	383.25	509.25
70	254.63	324.19	378.00	413.44	549.94
71	274.31	350.44	410.81	448.88	595.88
72	299.25	381.94	446.25	489.56	648.38
73	325.50	417.38	488.25	534.19	707.44
74	355.69	454.13	532.88	584.06	770.44
75	387.19	496.13	580.13	636.56	840.00
76	421.31	540.75	632.63	693.00	912.19
77	455.44	586.69	689.06	754.69	992.25
78	492.19	637.88	749.44	821.63	1076.25
79	530.25	691.69	812.44	891.19	1166.81
80	570.94				
81	611.63				
82	656.25				
83	700.88				
84	746.81				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0081-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	64.31	81.38	95.81	105.00	136.50
45-49	72.19	90.56	106.31	115.50	150.94
50-54	89.25	112.88	131.25	141.75	191.63
55	99.75	126.00	149.63	164.06	217.88
56	105.00	132.56	157.50	171.94	228.38
57	111.56	140.44	165.38	181.13	241.50
58	116.81	149.63	174.56	191.63	254.63
59	124.69	158.81	185.06	202.13	270.38
60	133.88	169.31	195.56	215.25	287.44
61	143.06	181.13	208.69	227.06	305.81
62	152.25	192.94	221.81	242.81	325.50
63	162.75	204.75	236.25	257.25	347.81
64	173.25	217.88	252.00	274.31	368.81
65	183.75	231.00	269.06	294.00	393.75
66	195.56	246.75	288.75	315.00	420.00
67	210.00	265.13	309.75	339.94	452.81
68	225.75	287.44	334.69	367.50	488.25
69	244.13	308.44	360.94	396.38	526.31
70	262.50	334.69	391.13	429.19	568.31
71	283.50	362.25	425.25	464.63	615.56
72	308.44	395.06	462.00	506.63	670.69
73	336.00	430.50	504.00	552.56	729.75
74	366.19	469.88	549.94	603.75	795.38
75	399.00	510.56	598.50	657.56	866.25
76	434.44	557.81	653.63	716.63	942.38
77	469.88	605.06	710.06	779.63	1023.75
78	506.63	656.25	771.75	847.88	1110.38
79	544.69	711.38	837.38	918.75	1202.25
80	586.69				
81	628.69				
82	673.31				
83	719.25				
84	767.81				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0081-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	42.00	51.19	60.38	64.31	86.63
45-49	45.94	57.75	66.94	72.19	95.81
50-54	60.38	73.50	85.31	94.50	123.38
55	69.56	85.31	98.44	107.63	147.00
56	72.19	89.25	103.69	112.88	156.19
57	77.44	95.81	111.56	120.75	166.69
58	84.00	103.69	120.75	129.94	178.50
59	89.25	111.56	129.94	140.44	192.94
60	97.13	122.06	140.44	152.25	207.38
61	106.31	131.25	152.25	165.38	224.44
62	114.19	141.75	165.38	178.50	241.50
63	122.06	152.25	177.19	191.63	259.88
64	131.25	164.06	190.31	204.75	278.25
65	139.13	174.56	202.13	219.19	297.94
66	149.63	189.00	217.88	236.25	321.56
67	162.75	203.44	236.25	255.94	349.13
68	175.88	221.81	257.25	279.56	379.31
69	191.63	242.81	280.88	305.81	413.44
70	208.69	263.81	307.13	334.69	452.81
71	228.38	290.06	336.00	367.50	493.50
72	250.69	317.63	370.13	404.25	542.06
73	274.31	350.44	408.19	446.25	595.88
74	303.19	384.56	448.88	490.88	653.63
75	332.06	422.63	493.50	540.75	716.63
76	364.88	463.31	542.06	594.56	786.19
77	396.38	507.94	594.56	651.00	858.38
78	430.50	553.88	649.69	714.00	937.13
79	467.25	605.06	708.75	778.31	1018.50
80	506.63				
81	546.00				
82	588.00				
83	631.31				
84	677.25				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0081-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	47.25	60.38	69.56	73.50	98.44
45-49	53.81	66.94	76.13	84.00	110.25
50-54	66.94	84.00	97.13	106.31	139.13
55	77.44	95.81	111.56	120.75	164.06
56	81.38	102.38	116.81	128.63	173.25
57	86.63	107.63	124.69	136.50	185.06
58	93.19	115.50	133.88	147.00	198.19
59	98.44	123.38	143.06	157.50	211.31
60	106.31	133.88	156.19	169.31	227.06
61	115.50	143.06	168.00	183.75	244.13
62	123.38	154.88	181.13	198.19	261.19
63	132.56	165.38	194.25	211.31	280.88
64	141.75	177.19	207.38	225.75	300.56
65	150.94	190.31	220.50	241.50	321.56
66	164.06	204.75	237.56	259.88	347.81
67	177.19	220.50	257.25	279.56	376.69
68	192.94	241.50	280.88	305.81	410.81
69	208.69	262.50	305.81	333.38	447.56
70	225.75	286.13	333.38	362.25	488.25
71	245.44	313.69	364.88	399.00	534.19
72	269.06	342.56	401.63	438.38	585.38
73	295.31	378.00	441.00	483.00	641.81
74	324.19	414.75	484.31	531.56	706.13
75	357.00	455.44	534.19	585.38	773.06
76	391.13	498.75	586.69	644.44	847.88
77	426.56	546.00	641.81	703.50	926.63
78	462.00	597.19	702.19	770.44	1011.94
79	501.38	651.00	766.50	841.31	1101.19
80	542.06				
81	585.38				
82	628.69				
83	673.31				
84	723.19				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0081-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	51.19	63.00	72.19	78.75	105.00
45-49	57.75	69.56	80.06	87.94	115.50
50-54	69.56	86.63	102.38	111.56	145.69
55	80.06	99.75	116.81	126.00	171.94
56	85.31	106.31	123.38	133.88	181.13
57	89.25	112.88	131.25	141.75	192.94
58	95.81	120.75	140.44	152.25	204.75
59	103.69	129.94	149.63	164.06	219.19
60	111.56	139.13	162.75	177.19	234.94
61	119.44	149.63	174.56	191.63	252.00
62	128.63	160.13	186.38	204.75	270.38
63	137.81	171.94	200.81	219.19	290.06
64	147.00	183.75	215.25	234.94	309.75
65	157.50	195.56	228.38	250.69	332.06
66	169.31	211.31	246.75	269.06	358.31
67	183.75	228.38	267.75	290.06	388.50
68	199.50	248.06	290.06	316.31	422.63
69	215.25	270.38	316.31	343.88	462.00
70	233.63	295.31	343.88	375.38	504.00
71	253.31	322.88	376.69	412.13	551.25
72	276.94	353.06	413.44	452.81	603.75
73	304.50	388.50	455.44	498.75	662.81
74	333.38	427.88	500.06	548.63	728.44
75	367.50	469.88	551.25	603.75	798.00
76	401.63	514.50	605.06	664.13	874.13
77	438.38	563.06	662.81	727.13	955.50
78	475.13	615.56	724.50	795.38	1042.13
79	515.81	672.00	790.13	868.88	1135.31
80	557.81				
81	601.13				
82	645.75				
83	691.69				
84	741.56				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0081-A87
Long-Term Care Policy

WITH SURVIVORSHIP BENEFIT RIDER R1-N0103-SERIES

When this rider is chosen, multiply the final premium by the appropriate factor.

ISSUE AGE	NO INFLATION PROTECTION	SIMPLE INFLATION PROTECTION	COMPOUND INFLATION PROTECTION
18-44	1.11	1.17	1.17
45-49	1.14	1.21	1.21
50-54	1.18	1.28	1.28
55	1.20	1.30	1.30
56	1.20	1.30	1.30
57	1.21	1.30	1.30
58	1.21	1.30	1.30
59	1.21	1.30	1.30
60	1.21	1.30	1.30
61	1.21	1.30	1.30
62	1.21	1.29	1.29
63	1.21	1.29	1.29
64	1.21	1.28	1.28
65	1.20	1.27	1.27
66	1.20	1.26	1.26
67	1.20	1.26	1.26
68	1.19	1.25	1.25
69	1.19	1.24	1.24
70	1.18	1.23	1.23
71	1.18	1.22	1.22
72	1.17	1.20	1.20
73	1.16	1.19	1.19
74	1.16	1.18	1.18
75	1.15	1.17	1.17
76	1.14	1.16	1.16
77	1.13	1.15	1.15
78	1.12	1.14	1.14
79	1.11	1.13	1.13
80	1.10	1.12	1.12
81	1.09	1.11	1.11
82	1.08	1.10	1.10
83	1.07	1.09	1.09
84	1.06	1.08	1.08

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0081-A87
Long-Term Care Policy

Elimination Period Factors

Rates shown are for 30 day elimination period. Rates for other elimination periods are calculated by multiplying the 30 day rates by the appropriate factor from the following table:

Benefit Maximum	0	14	20	60	90	100	180	365
730x,1095x	1.12	1.07	1.03	0.94	0.90	0.89	0.78	0.67
1460x,1825x	1.10	1.05	1.03	0.95	0.90	0.89	0.79	0.69
Lifetime	1.08	1.04	1.03	0.96	0.92	0.91	0.84	0.75

Multi-Life Discount

A 5%, 10%, 15% or 20% discount to the rates is available for qualifying Associations of 10 or more lives.

Spousal Discount

A 20% discount to the rates is available to married couples if both spouses apply for coverage.

Dual Waiver of Premium Rider R1-N0104-Series

An optional dual waiver of premium rider will be offered. If one spouse qualifies for a waiver of premium, the premium of the other spouse will also be waived. If chosen, multiply the final premium by 1.06.

Shared Advantage Rider R1-N0105-Series

This rider will allow two covered spouses to purchase an additional benefit amount that can be used by either spouse after their base benefits are exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	No Inflation Protection	With Inflation Protection
730x	1.30	1.35
1095x	1.21	1.25
1460x	1.15	1.18
1825x	1.12	1.14

Restoration of Benefits Rider R1-N0108-Series

This rider restores the maximum lifetime benefit if the insured has not met the stipulated conditions for a period of 180 consecutive days and the maximum lifetime benefit has not been exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	Factor
730x	1.08
1095x	1.06
1460x,1825x	1.04

Cost of Living Increase Rider R1-N0107-Series

This rider allows the insured to increase their policy limits, subject to the terms of the rider, every three years without additional underwriting. The additional premium charged is based on the attained age and incremental increase in the maximum daily facility benefit when exercised. If chosen, multiply the final premium by the appropriate factor:

Age	Factor
18-44	1.15
45-49	1.12
50-55	1.10
56-58	1.09
59-61	1.08
62-64	1.07
65-67	1.06
68-70	1.05
71-73	1.04
74-76	1.03

Modal Factors

Semi-Annual: 0.52; Quarterly: 0.27; Check-A-Matic: 0.09

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604

Supplement to Rate Sheets for Policy Form P1-N0085-A87
PENNSYLVANIA

All rates for this form should be multiplied by a factor of: 1.9425

This factor represents the **proposed** increase of: 29.5%

And the following prior approved rate increases:

Policy Form	Increase Applies to all Policies or Subsets	Rate Increase Approved	Approval Date of Rate Increase
P1-N0085-A87	--Yes--	20.00%	3/14/2013
P1-N0085-A87	--Yes--	25.00%	12/3/2014

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0085-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	22.05	25.20	29.40	31.50	39.90
45-49	24.15	28.35	32.55	34.65	44.10
50-54	29.40	34.65	39.90	43.05	54.60
55	33.60	39.90	46.20	49.35	65.10
56	35.70	43.05	49.35	52.50	69.30
57	38.85	46.20	52.50	56.70	74.55
58	42.00	50.40	56.70	61.95	80.85
59	46.20	54.60	61.95	67.20	88.20
60	50.40	59.85	68.25	74.55	95.55
61	54.60	66.15	74.55	80.85	103.95
62	58.80	71.40	80.85	88.20	113.40
63	63.00	76.65	87.15	94.50	121.80
64	67.20	81.90	93.45	100.80	131.25
65	71.40	88.20	99.75	108.15	140.70
66	77.70	94.50	108.15	116.55	152.25
67	84.00	102.90	117.60	127.05	165.90
68	91.35	112.35	129.15	139.65	182.70
69	99.75	122.85	141.75	153.30	200.55
70	109.20	134.40	155.40	169.05	220.50
71	120.75	149.10	172.20	187.95	243.60
72	134.40	165.90	192.15	210.00	271.95
73	150.15	185.85	215.25	235.20	304.50
74	166.95	207.90	241.50	263.55	340.20
75	186.90	233.10	270.90	295.05	379.05
76	207.90	260.40	302.40	329.70	422.10
77	231.00	289.80	337.05	366.45	469.35
78	256.20	322.35	374.85	406.35	519.75
79	283.50	355.95	414.75	449.40	574.35
80	311.85				
81	343.35				
82	375.90				
83	410.55				
84	447.30				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0085-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	26.25	31.50	35.70	37.80	48.30
45-49	28.35	34.65	38.85	42.00	53.55
50-54	33.60	40.95	47.25	51.45	67.20
55	39.90	47.25	53.55	57.75	76.65
56	42.00	50.40	56.70	60.90	80.85
57	45.15	53.55	60.90	65.10	86.10
58	48.30	57.75	65.10	70.35	92.40
59	52.50	63.00	71.40	76.65	99.75
60	56.70	68.25	77.70	84.00	109.20
61	60.90	74.55	85.05	91.35	117.60
62	66.15	79.80	92.40	99.75	128.10
63	71.40	86.10	98.70	106.05	137.55
64	75.60	92.40	105.00	114.45	148.05
65	80.85	99.75	112.35	121.80	159.60
66	87.15	106.05	121.80	132.30	172.20
67	94.50	116.55	132.30	143.85	187.95
68	102.90	127.05	144.90	158.55	205.80
69	112.35	138.60	159.60	173.25	226.80
70	122.85	152.25	175.35	190.05	248.85
71	134.40	168.00	194.25	211.05	276.15
72	150.15	186.90	216.30	236.25	307.65
73	166.95	208.95	242.55	263.55	343.35
74	185.85	234.15	271.95	296.10	383.25
75	207.90	261.45	304.50	330.75	427.35
76	231.00	290.85	340.20	370.65	476.70
77	257.25	324.45	378.00	411.60	529.20
78	284.55	360.15	420.00	456.75	584.85
79	313.95	399.00	465.15	506.10	646.80
80	345.45				
81	379.05				
82	413.70				
83	451.50				
84	491.40				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0085-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	27.30	33.60	37.80	40.95	52.50
45-49	30.45	36.75	42.00	45.15	57.75
50-54	35.70	44.10	50.40	54.60	72.45
55	42.00	50.40	56.70	61.95	80.85
56	44.10	53.55	59.85	65.10	85.05
57	47.25	56.70	64.05	69.30	90.30
58	50.40	60.90	69.30	74.55	97.65
59	54.60	66.15	75.60	80.85	105.00
60	59.85	71.40	81.90	88.20	114.45
61	64.05	77.70	89.25	95.55	123.90
62	69.30	84.00	96.60	103.95	134.40
63	74.55	90.30	103.95	111.30	144.90
64	78.75	96.60	110.25	119.70	155.40
65	85.05	103.95	117.60	128.10	166.95
66	91.35	111.30	127.05	138.60	180.60
67	98.70	121.80	138.60	151.20	197.40
68	107.10	133.35	152.25	165.90	216.30
69	117.60	144.90	166.95	181.65	237.30
70	128.10	159.60	183.75	199.50	261.45
71	140.70	175.35	203.70	221.55	289.80
72	156.45	195.30	226.80	246.75	322.35
73	174.30	218.40	254.10	276.15	360.15
74	194.25	244.65	284.55	309.75	402.15
75	217.35	273.00	318.15	346.50	448.35
76	241.50	304.50	355.95	387.45	499.80
77	267.75	339.15	395.85	431.55	554.40
78	296.10	375.90	438.90	478.80	613.20
79	326.55	416.85	486.15	530.25	677.25
80	359.10				
81	393.75				
82	430.50				
83	469.35				
84	510.30				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0085-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	42.00	51.45	58.80	63.00	86.10
45-49	46.20	56.70	65.10	70.35	95.55
50-54	56.70	70.35	80.85	89.25	121.80
55	66.15	81.90	94.50	102.90	140.70
56	69.30	86.10	99.75	109.20	149.10
57	73.50	91.35	106.05	115.50	157.50
58	78.75	97.65	113.40	122.85	166.95
59	82.95	103.95	120.75	131.25	177.45
60	89.25	111.30	128.10	139.65	189.00
61	95.55	118.65	137.55	149.10	201.60
62	101.85	127.05	147.00	159.60	215.25
63	108.15	135.45	157.50	170.10	229.95
64	115.50	143.85	166.95	181.65	244.65
65	122.85	153.30	178.50	194.25	261.45
66	131.25	164.85	191.10	207.90	281.40
67	141.75	177.45	206.85	224.70	303.45
68	153.30	192.15	223.65	243.60	328.65
69	164.85	207.90	241.50	263.55	354.90
70	178.50	225.75	262.50	286.65	385.35
71	193.20	245.70	285.60	311.85	418.95
72	211.05	268.80	312.90	342.30	457.80
73	232.05	295.05	344.40	376.95	501.90
74	255.15	324.45	379.05	414.75	550.20
75	280.35	355.95	416.85	455.70	603.75
76	306.60	390.60	457.80	501.90	661.50
77	334.95	428.40	502.95	550.20	723.45
78	364.35	468.30	551.25	602.70	789.60
79	395.85	511.35	602.70	658.35	861.00
80	428.40				
81	462.00				
82	497.70				
83	534.45				
84	573.30				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0085-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	48.30	59.85	69.30	75.60	99.75
45-49	53.55	67.20	76.65	84.00	111.30
50-54	66.15	82.95	95.55	103.95	140.70
55	74.55	94.50	109.20	118.65	161.70
56	77.70	99.75	115.50	124.95	170.10
57	81.90	105.00	121.80	132.30	178.50
58	87.15	111.30	129.15	140.70	189.00
59	93.45	117.60	136.50	150.15	200.55
60	100.80	124.95	145.95	158.55	212.10
61	107.10	133.35	155.40	169.05	226.80
62	114.45	142.80	165.90	180.60	241.50
63	121.80	151.20	177.45	193.20	258.30
64	129.15	161.70	187.95	205.80	275.10
65	137.55	172.20	201.60	219.45	294.00
66	147.00	184.80	215.25	235.20	315.00
67	157.50	199.50	233.10	254.10	340.20
68	170.10	215.25	252.00	275.10	368.55
69	183.75	234.15	271.95	298.20	397.95
70	199.50	254.10	296.10	324.45	431.55
71	216.30	276.15	322.35	352.80	469.35
72	236.25	302.40	352.80	386.40	513.45
73	259.35	330.75	387.45	425.25	561.75
74	284.55	363.30	425.25	466.20	615.30
75	311.85	399.00	467.25	511.35	675.15
76	341.25	435.75	512.40	561.75	739.20
77	371.70	477.75	560.70	615.30	807.45
78	404.25	520.80	614.25	672.00	880.95
79	437.85	569.10	668.85	732.90	958.65
80	473.55				
81	510.30				
82	548.10				
83	589.05				
84	631.05				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0085-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	51.45	64.05	73.50	80.85	106.05
45-49	56.70	71.40	81.90	90.30	117.60
50-54	70.35	88.20	101.85	110.25	149.10
55	78.75	99.75	115.50	126.00	170.10
56	81.90	105.00	121.80	132.30	178.50
57	86.10	110.25	128.10	139.65	187.95
58	91.35	116.55	135.45	148.05	198.45
59	97.65	123.90	143.85	157.50	210.00
60	105.00	131.25	153.30	166.95	222.60
61	112.35	139.65	162.75	177.45	237.30
62	119.70	149.10	174.30	190.05	253.05
63	127.05	158.55	185.85	202.65	269.85
64	135.45	169.05	197.40	216.30	287.70
65	143.85	180.60	211.05	229.95	307.65
66	153.30	193.20	225.75	246.75	329.70
67	164.85	208.95	243.60	266.70	355.95
68	177.45	225.75	263.55	288.75	385.35
69	192.15	244.65	285.60	312.90	416.85
70	207.90	265.65	309.75	340.20	451.50
71	225.75	288.75	338.10	370.65	491.40
72	246.75	316.05	369.60	405.30	536.55
73	270.90	346.50	405.30	445.20	588.00
74	297.15	380.10	445.20	488.25	643.65
75	325.50	416.85	488.25	535.50	705.60
76	355.95	455.70	535.50	586.95	771.75
77	387.45	498.75	585.90	642.60	843.15
78	421.05	543.90	640.50	701.40	919.80
79	455.70	593.25	697.20	765.45	1000.65
80	492.45				
81	530.25				
82	570.15				
83	612.15				
84	655.20				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0085-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	30.45	37.80	44.10	48.30	64.05
45-49	33.60	42.00	49.35	53.55	71.40
50-54	45.15	55.65	63.00	68.25	91.35
55	51.45	64.05	72.45	79.80	108.15
56	54.60	67.20	76.65	84.00	115.50
57	57.75	71.40	81.90	90.30	123.90
58	61.95	76.65	88.20	97.65	133.35
59	67.20	82.95	95.55	105.00	143.85
60	72.45	90.30	103.95	113.40	155.40
61	78.75	97.65	113.40	122.85	166.95
62	85.05	106.05	122.85	133.35	180.60
63	91.35	113.40	132.30	143.85	194.25
64	97.65	121.80	141.75	153.30	207.90
65	105.00	130.20	151.20	164.85	223.65
66	113.40	139.65	162.75	177.45	241.50
67	122.85	152.25	177.45	193.20	262.50
68	133.35	165.90	194.25	211.05	286.65
69	144.90	181.65	212.10	231.00	312.90
70	157.50	198.45	232.05	253.05	342.30
71	172.20	218.40	255.15	279.30	374.85
72	190.05	241.50	282.45	308.70	413.70
73	210.00	267.75	312.90	342.30	456.75
74	233.10	296.10	347.55	380.10	505.05
75	257.25	328.65	384.30	421.05	557.55
76	283.50	363.30	424.20	465.15	614.25
77	311.85	400.05	468.30	513.45	675.15
78	341.25	439.95	515.55	564.90	740.25
79	372.75	483.00	564.90	620.55	810.60
80	405.30				
81	439.95				
82	475.65				
83	513.45				
84	553.35				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0085-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	36.75	46.20	52.50	57.75	75.60
45-49	40.95	50.40	58.80	64.05	84.00
50-54	51.45	64.05	74.55	80.85	106.05
55	59.85	74.55	85.05	93.45	126.00
56	63.00	78.75	90.30	97.65	134.40
57	66.15	82.95	95.55	103.95	142.80
58	71.40	89.25	102.90	112.35	153.30
59	76.65	96.60	111.30	120.75	163.80
60	82.95	103.95	119.70	130.20	175.35
61	89.25	111.30	129.15	140.70	187.95
62	96.60	120.75	139.65	152.25	202.65
63	102.90	129.15	150.15	162.75	217.35
64	110.25	137.55	160.65	174.30	233.10
65	118.65	148.05	171.15	185.85	249.90
66	127.05	158.55	183.75	200.55	269.85
67	137.55	172.20	200.55	217.35	292.95
68	149.10	186.90	218.40	237.30	320.25
69	161.70	204.75	238.35	259.35	349.65
70	176.40	223.65	261.45	284.55	383.25
71	193.20	245.70	286.65	312.90	420.00
72	212.10	270.90	317.10	346.50	463.05
73	234.15	299.25	350.70	383.25	511.35
74	259.35	331.80	388.50	425.25	564.90
75	286.65	366.45	429.45	470.40	622.65
76	316.05	404.25	473.55	519.75	686.70
77	346.50	445.20	521.85	573.30	753.90
78	379.05	488.25	573.30	630.00	826.35
79	412.65	535.50	628.95	690.90	904.05
80	448.35				
81	485.10				
82	525.00				
83	565.95				
84	609.00				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0085-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	39.90	49.35	56.70	61.95	80.85
45-49	44.10	54.60	63.00	68.25	89.25
50-54	54.60	68.25	78.75	86.10	112.35
55	63.00	78.75	90.30	98.70	133.35
56	66.15	82.95	95.55	103.95	141.75
57	70.35	88.20	101.85	110.25	151.20
58	75.60	94.50	109.20	118.65	161.70
59	80.85	101.85	117.60	127.05	172.20
60	87.15	109.20	127.05	137.55	183.75
61	93.45	117.60	136.50	148.05	197.40
62	100.80	127.05	147.00	159.60	212.10
63	108.15	136.50	157.50	171.15	227.85
64	115.50	144.90	168.00	182.70	243.60
65	123.90	155.40	179.55	195.30	261.45
66	132.30	166.95	193.20	210.00	281.40
67	143.85	180.60	210.00	227.85	306.60
68	156.45	196.35	228.90	248.85	334.95
69	169.05	214.20	249.90	271.95	365.40
70	184.80	234.15	274.05	298.20	400.05
71	201.60	257.25	300.30	327.60	438.90
72	221.55	283.50	331.80	362.25	484.05
73	244.65	312.90	367.50	401.10	534.45
74	270.90	346.50	406.35	444.15	590.10
75	299.25	382.20	448.35	491.40	651.00
76	329.70	422.10	494.55	542.85	717.15
77	361.20	464.10	544.95	598.50	787.50
78	394.80	509.25	598.50	658.35	863.10
79	429.45	558.60	656.25	721.35	943.95
80	466.20				
81	505.05				
82	546.00				
83	588.00				
84	632.10				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0085-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	26.25	29.40	34.65	36.75	47.25
45-49	28.35	33.60	37.80	40.95	51.45
50-54	34.65	40.95	47.25	50.40	64.05
55	39.90	47.25	54.60	57.75	76.65
56	42.00	50.40	57.75	61.95	81.90
57	46.20	54.60	61.95	67.20	88.20
58	49.35	58.80	67.20	72.45	95.55
59	54.60	64.05	72.45	78.75	103.95
60	58.80	70.35	79.80	88.20	112.35
61	64.05	77.70	88.20	95.55	121.80
62	69.30	84.00	95.55	103.95	133.35
63	74.55	90.30	102.90	111.30	142.80
64	78.75	96.60	110.25	118.65	154.35
65	84.00	103.95	117.60	127.05	165.90
66	91.35	111.30	127.05	137.55	179.55
67	98.70	120.75	138.60	149.10	195.30
68	107.10	132.30	152.25	163.80	215.25
69	117.60	144.90	166.95	180.60	236.25
70	128.10	158.55	182.70	198.45	259.35
71	141.75	175.35	202.65	221.55	286.65
72	158.55	195.30	225.75	246.75	320.25
73	176.40	218.40	253.05	277.20	358.05
74	196.35	244.65	284.55	309.75	400.05
75	219.45	274.05	319.20	347.55	446.25
76	244.65	306.60	355.95	387.45	496.65
77	271.95	341.25	396.90	431.55	552.30
78	301.35	379.05	441.00	477.75	611.10
79	333.90	418.95	488.25	529.20	676.20
80	366.45				
81	404.25				
82	442.05				
83	483.00				
84	526.05				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0085-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	30.45	36.75	42.00	44.10	56.70
45-49	33.60	40.95	46.20	49.35	63.00
50-54	39.90	48.30	55.65	60.90	78.75
55	47.25	55.65	63.00	68.25	90.30
56	49.35	58.80	67.20	71.40	95.55
57	53.55	63.00	71.40	76.65	100.80
58	56.70	68.25	76.65	82.95	109.20
59	61.95	74.55	84.00	90.30	117.60
60	67.20	79.80	91.35	98.70	128.10
61	71.40	88.20	99.75	107.10	138.60
62	77.70	93.45	109.20	117.60	151.20
63	84.00	100.80	116.55	124.95	161.70
64	89.25	109.20	123.90	134.40	174.30
65	95.55	117.60	132.30	142.80	187.95
66	102.90	124.95	142.80	155.40	202.65
67	111.30	137.55	155.40	169.05	221.55
68	120.75	149.10	170.10	186.90	242.55
69	132.30	162.75	187.95	203.70	266.70
70	144.90	179.55	205.80	223.65	292.95
71	158.55	197.40	228.90	247.80	324.45
72	176.40	219.45	254.10	278.25	362.25
73	196.35	245.70	285.60	309.75	404.25
74	218.40	275.10	320.25	348.60	450.45
75	244.65	307.65	358.05	389.55	502.95
76	271.95	342.30	400.05	435.75	560.70
77	302.40	382.20	445.20	484.05	622.65
78	334.95	424.20	494.55	537.60	687.75
79	369.60	469.35	547.05	595.35	761.25
80	406.35				
81	446.25				
82	487.20				
83	531.30				
84	578.55				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0085-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	32.55	39.90	44.10	48.30	61.95
45-49	35.70	43.05	49.35	53.55	68.25
50-54	42.00	51.45	58.80	64.05	85.05
55	49.35	58.80	67.20	72.45	95.55
56	51.45	63.00	70.35	76.65	99.75
57	55.65	67.20	75.60	81.90	106.05
58	58.80	71.40	81.90	88.20	114.45
59	64.05	77.70	89.25	95.55	123.90
60	70.35	84.00	96.60	103.95	134.40
61	75.60	91.35	105.00	112.35	145.95
62	81.90	98.70	113.40	121.80	158.55
63	88.20	106.05	121.80	131.25	170.10
64	92.40	113.40	130.20	140.70	182.70
65	99.75	121.80	138.60	151.20	196.35
66	107.10	131.25	149.10	162.75	212.10
67	116.55	142.80	162.75	177.45	232.05
68	126.00	156.45	179.55	195.30	254.10
69	138.60	170.10	196.35	214.20	279.30
70	151.20	187.95	216.30	235.20	307.65
71	165.90	205.80	239.40	260.40	341.25
72	183.75	229.95	266.70	289.80	379.05
73	204.75	257.25	299.25	324.45	424.20
74	228.90	287.70	334.95	364.35	473.55
75	256.20	321.30	373.80	407.40	527.10
76	284.55	358.05	418.95	455.70	588.00
77	315.00	399.00	466.20	508.20	652.05
78	348.60	442.05	516.60	562.80	721.35
79	384.30	490.35	572.25	623.70	796.95
80	422.10				
81	463.05				
82	506.10				
83	552.30				
84	600.60				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0085-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	49.35	60.90	69.30	74.55	100.80
45-49	54.60	67.20	76.65	82.95	112.35
50-54	67.20	82.95	95.55	105.00	142.80
55	77.70	96.60	111.30	120.75	165.90
56	81.90	100.80	117.60	128.10	175.35
57	86.10	107.10	124.95	135.45	184.80
58	92.40	114.45	133.35	144.90	196.35
59	97.65	121.80	141.75	154.35	208.95
60	105.00	131.25	151.20	163.80	222.60
61	112.35	139.65	161.70	175.35	237.30
62	119.70	149.10	173.25	187.95	253.05
63	127.05	159.60	184.80	200.55	270.90
64	135.45	169.05	196.35	214.20	287.70
65	144.90	180.60	210.00	228.90	307.65
66	154.35	194.25	224.70	244.65	330.75
67	166.95	208.95	243.60	264.60	357.00
68	180.60	225.75	263.55	286.65	386.40
69	194.25	244.65	284.55	309.75	417.90
70	210.00	265.65	308.70	337.05	453.60
71	226.80	288.75	336.00	366.45	492.45
72	247.80	316.05	368.55	403.20	538.65
73	273.00	347.55	405.30	443.10	590.10
74	300.30	382.20	446.25	488.25	646.80
75	329.70	418.95	490.35	536.55	709.80
76	361.20	459.90	538.65	590.10	778.05
77	393.75	504.00	592.20	646.80	851.55
78	428.40	551.25	648.90	708.75	929.25
79	466.20	601.65	708.75	774.90	1013.25
80	504.00				
81	543.90				
82	585.90				
83	628.95				
84	674.10				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0085-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	56.70	70.35	81.90	89.25	117.60
45-49	63.00	78.75	90.30	98.70	131.25
50-54	77.70	97.65	112.35	121.80	165.90
55	88.20	111.30	128.10	139.65	190.05
56	91.35	117.60	135.45	147.00	200.55
57	96.60	123.90	142.80	155.40	210.00
58	102.90	131.25	152.25	165.90	222.60
59	110.25	138.60	160.65	176.40	236.25
60	118.65	147.00	172.20	186.90	249.90
61	126.00	156.45	182.70	198.45	266.70
62	134.40	168.00	195.30	212.10	284.55
63	142.80	177.45	208.95	226.80	303.45
64	152.25	190.05	221.55	242.55	323.40
65	161.70	202.65	237.30	258.30	345.45
66	173.25	217.35	253.05	277.20	370.65
67	184.80	235.20	274.05	299.25	400.05
68	200.55	253.05	296.10	323.40	433.65
69	216.30	275.10	320.25	350.70	468.30
70	235.20	299.25	348.60	382.20	508.20
71	254.10	324.45	379.05	414.75	552.30
72	278.25	355.95	414.75	454.65	603.75
73	305.55	389.55	455.70	499.80	660.45
74	334.95	427.35	499.80	548.10	723.45
75	366.45	469.35	550.20	601.65	793.80
76	401.10	512.40	602.70	660.45	869.40
77	436.80	561.75	659.40	723.45	950.25
78	475.65	613.20	722.40	790.65	1036.35
79	515.55	669.90	786.45	862.05	1127.70
80	557.55				
81	600.60				
82	644.70				
83	693.00				
84	742.35				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0085-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	60.90	75.60	86.10	95.55	124.95
45-49	67.20	84.00	96.60	106.05	138.60
50-54	82.95	103.95	119.70	130.20	175.35
55	92.40	117.60	135.45	148.05	200.55
56	96.60	123.90	142.80	155.40	210.00
57	100.80	130.20	151.20	163.80	221.55
58	107.10	137.55	159.60	174.30	233.10
59	114.45	145.95	169.05	184.80	246.75
60	123.90	154.35	180.60	196.35	261.45
61	132.30	163.80	191.10	208.95	279.30
62	140.70	175.35	204.75	223.65	298.20
63	149.10	186.90	218.40	238.35	317.10
64	159.60	198.45	232.05	254.10	338.10
65	169.05	212.10	247.80	270.90	362.25
66	180.60	226.80	265.65	289.80	387.45
67	194.25	245.70	286.65	313.95	418.95
68	208.95	265.65	309.75	340.20	453.60
69	225.75	287.70	336.00	368.55	490.35
70	244.65	312.90	364.35	400.05	531.30
71	265.65	340.20	397.95	435.75	578.55
72	289.80	371.70	434.70	476.70	631.05
73	319.20	407.40	476.70	523.95	691.95
74	349.65	447.30	523.95	574.35	757.05
75	383.25	490.35	574.35	630.00	830.55
76	418.95	536.55	630.00	690.90	908.25
77	455.70	586.95	688.80	756.00	992.25
78	495.60	639.45	753.90	825.30	1082.55
79	536.55	698.25	820.05	900.90	1177.05
80	579.60				
81	623.70				
82	670.95				
83	720.30				
84	770.70				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0085-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	35.70	44.10	51.45	56.70	75.60
45-49	39.90	49.35	57.75	63.00	84.00
50-54	53.55	65.10	74.55	79.80	107.10
55	60.90	75.60	85.05	93.45	127.05
56	64.05	78.75	90.30	98.70	135.45
57	68.25	84.00	96.60	106.05	145.95
58	72.45	90.30	103.95	114.45	156.45
59	78.75	97.65	112.35	123.90	169.05
60	85.05	106.05	121.80	133.35	182.70
61	92.40	114.45	133.35	144.90	196.35
62	99.75	124.95	144.90	156.45	212.10
63	107.10	133.35	155.40	169.05	228.90
64	114.45	142.80	166.95	180.60	244.65
65	123.90	153.30	177.45	194.25	263.55
66	133.35	163.80	191.10	208.95	284.55
67	144.90	179.55	208.95	226.80	308.70
68	156.45	195.30	228.90	247.80	337.05
69	170.10	214.20	249.90	271.95	368.55
70	184.80	233.10	273.00	298.20	403.20
71	202.65	257.25	300.30	328.65	441.00
72	223.65	284.55	331.80	363.30	487.20
73	246.75	315.00	368.55	403.20	537.60
74	274.05	348.60	408.45	447.30	594.30
75	302.40	386.40	452.55	495.60	656.25
76	333.90	427.35	498.75	547.05	722.40
77	366.45	470.40	551.25	603.75	793.80
78	401.10	517.65	606.90	664.65	870.45
79	438.90	568.05	664.65	729.75	953.40
80	476.70				
81	517.65				
82	559.65				
83	603.75				
84	651.00				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0085-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	43.05	54.60	61.95	68.25	89.25
45-49	48.30	58.80	69.30	75.60	98.70
50-54	60.90	75.60	88.20	95.55	124.95
55	70.35	88.20	99.75	110.25	148.05
56	74.55	92.40	106.05	114.45	158.55
57	77.70	97.65	112.35	121.80	168.00
58	84.00	105.00	120.75	132.30	180.60
59	90.30	113.40	131.25	141.75	193.20
60	97.65	121.80	140.70	153.30	205.80
61	105.00	131.25	152.25	165.90	221.55
62	113.40	141.75	163.80	179.55	238.35
63	120.75	152.25	176.40	191.10	256.20
64	130.20	161.70	189.00	204.75	274.05
65	139.65	174.30	201.60	218.40	294.00
66	149.10	186.90	216.30	236.25	317.10
67	161.70	202.65	236.25	256.20	344.40
68	175.35	219.45	257.25	279.30	376.95
69	190.05	240.45	280.35	305.55	411.60
70	207.90	263.55	307.65	334.95	450.45
71	226.80	288.75	337.05	368.55	494.55
72	249.90	319.20	372.75	407.40	544.95
73	275.10	351.75	412.65	450.45	601.65
74	305.55	390.60	456.75	499.80	664.65
75	337.05	431.55	505.05	553.35	732.90
76	371.70	475.65	557.55	611.10	807.45
77	407.40	523.95	614.25	674.10	887.25
78	446.25	574.35	674.10	741.30	972.30
79	485.10	630.00	740.25	812.70	1063.65
80	527.10				
81	571.20				
82	617.40				
83	665.70				
84	716.10				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0085-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	47.25	57.75	67.20	72.45	95.55
45-49	51.45	64.05	74.55	79.80	105.00
50-54	64.05	79.80	92.40	100.80	132.30
55	74.55	92.40	106.05	116.55	156.45
56	77.70	97.65	112.35	121.80	166.95
57	82.95	103.95	119.70	130.20	177.45
58	89.25	111.30	128.10	139.65	190.05
59	95.55	119.70	138.60	149.10	202.65
60	102.90	128.10	149.10	161.70	216.30
61	110.25	138.60	160.65	174.30	232.05
62	118.65	149.10	173.25	187.95	249.90
63	127.05	160.65	184.80	201.60	267.75
64	135.45	170.10	197.40	215.25	286.65
65	145.95	182.70	211.05	229.95	307.65
66	155.40	196.35	226.80	246.75	330.75
67	169.05	212.10	246.75	267.75	361.20
68	183.75	231.00	268.80	292.95	393.75
69	198.45	252.00	294.00	320.25	429.45
70	217.35	275.10	322.35	350.70	470.40
71	237.30	302.40	352.80	385.35	516.60
72	260.40	333.90	390.60	426.30	569.10
73	287.70	368.55	432.60	471.45	628.95
74	319.20	407.40	477.75	522.90	694.05
75	351.75	449.40	527.10	578.55	765.45
76	387.45	496.65	581.70	638.40	844.20
77	425.25	546.00	641.55	704.55	926.10
78	464.10	599.55	704.55	774.90	1015.35
79	505.05	657.30	771.75	848.40	1110.90
80	548.10				
81	594.30				
82	642.60				
83	691.95				
84	743.40				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0085-A87
Long-Term Care Policy

WITH SURVIVORSHIP BENEFIT RIDER R1-N0103-SERIES

When this rider is chosen, multiply the final premium by the appropriate factor.

ISSUE AGE	NO INFLATION PROTECTION	SIMPLE INFLATION PROTECTION	COMPOUND INFLATION PROTECTION
18-44	1.11	1.17	1.17
45-49	1.14	1.21	1.21
50-54	1.18	1.28	1.28
55	1.20	1.30	1.30
56	1.20	1.30	1.30
57	1.21	1.30	1.30
58	1.21	1.30	1.30
59	1.21	1.30	1.30
60	1.21	1.30	1.30
61	1.21	1.30	1.30
62	1.21	1.29	1.29
63	1.21	1.29	1.29
64	1.21	1.28	1.28
65	1.20	1.27	1.27
66	1.20	1.26	1.26
67	1.20	1.26	1.26
68	1.19	1.25	1.25
69	1.19	1.24	1.24
70	1.18	1.23	1.23
71	1.18	1.22	1.22
72	1.17	1.20	1.20
73	1.16	1.19	1.19
74	1.16	1.18	1.18
75	1.15	1.17	1.17
76	1.14	1.16	1.16
77	1.13	1.15	1.15
78	1.12	1.14	1.14
79	1.11	1.13	1.13
80	1.10	1.12	1.12
81	1.09	1.11	1.11
82	1.08	1.10	1.10
83	1.07	1.09	1.09
84	1.06	1.08	1.08

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0085-A87
Long-Term Care Policy

Elimination Period Factors

Rates shown are for 30 day elimination period. Rates for other elimination periods are calculated by multiplying the 30 day rates by the appropriate factor from the following table:

Benefit Maximum	0	14	20	60	90	100	180	365
730x,1095x	1.11	1.06	1.03	0.95	0.91	0.90	0.80	0.71
1460x,1825x	1.09	1.05	1.03	0.95	0.91	0.90	0.81	0.72
Lifetime	1.07	1.04	1.03	0.96	0.93	0.92	0.85	0.78

Multi-Life Discount

A 5%, 10%, 15% or 20% discount to the rates is available for qualifying Associations of 10 or more lives.

Spousal Discount

A 20% discount to the rates is available to married couples if both spouses apply for coverage.

Dual Waiver of Premium Rider R1-N0104-Series

An optional dual waiver of premium rider will be offered. If one spouse qualifies for a waiver of premium, the premium of the other spouse will also be waived. If chosen, multiply the final premium by 1.06.

Shared Advantage Rider R1-N0105-Series

This rider will allow two covered spouses to purchase an additional benefit amount that can be used by either spouse after their base benefits are exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	No Inflation Protection	With Inflation Protection
730x	1.30	1.35
1095x	1.21	1.25
1460x	1.15	1.18
1825x	1.12	1.14

Restoration of Benefits Rider R1-N0108-Series

This rider restores the maximum lifetime benefit if the insured has not met the stipulated conditions for a period of 180 consecutive days and the maximum lifetime benefit has not been exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	Factor
730x	1.08
1095x	1.06
1460x,1825x	1.04

Cost of Living Increase Rider R1-N0107-Series

This rider allows the insured to increase their policy limits, subject to the terms of the rider, every three years without additional underwriting. The additional premium charged is based on the attained age and incremental increase in the maximum daily facility benefit when exercised. If chosen, multiply the final premium by the appropriate factor:

Age	Factor
18-44	1.15
45-49	1.12
50-55	1.10
56-58	1.09
59-61	1.08
62-64	1.07
65-67	1.06
68-70	1.05
71-73	1.04
74-76	1.03

Modal Factors

Semi-Annual: 0.52; Quarterly: 0.27; Check-A-Matic: 0.09

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604

Supplement to Rate Sheets for Policy Form P1-N0086-A87
PENNSYLVANIA

All rates for this form should be multiplied by a factor of: 1.9425

This factor represents the **proposed** increase of: 29.5%

And the following prior approved rate increases:

Policy Form	Increase Applies to all Policies or Subsets	Rate Increase Approved	Approval Date of Rate Increase
P1-N0086-A87	--Yes--	20.00%	3/14/2013
P1-N0086-A87	--Yes--	25.00%	12/3/2014

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0086-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	27.56	31.50	36.75	39.38	49.88
45-49	30.19	35.44	40.69	43.31	55.13
50-54	36.75	43.31	49.88	53.81	68.25
55	42.00	49.88	57.75	61.69	81.38
56	44.63	53.81	61.69	65.63	86.63
57	48.56	57.75	65.63	70.88	93.19
58	52.50	63.00	70.88	77.44	101.06
59	57.75	68.25	77.44	84.00	110.25
60	63.00	74.81	85.31	93.19	119.44
61	68.25	82.69	93.19	101.06	129.94
62	73.50	89.25	101.06	110.25	141.75
63	78.75	95.81	108.94	118.13	152.25
64	84.00	102.38	116.81	126.00	164.06
65	89.25	110.25	124.69	135.19	175.88
66	97.13	118.13	135.19	145.69	190.31
67	105.00	128.63	147.00	158.81	207.38
68	114.19	140.44	161.44	174.56	228.38
69	124.69	153.56	177.19	191.63	250.69
70	136.50	168.00	194.25	211.31	275.63
71	150.94	186.38	215.25	234.94	304.50
72	168.00	207.38	240.19	262.50	339.94
73	187.69	232.31	269.06	294.00	380.63
74	208.69	259.88	301.88	329.44	425.25
75	233.63	291.38	338.63	368.81	473.81
76	259.88	325.50	378.00	412.13	527.63
77	288.75	362.25	421.31	458.06	586.69
78	320.25	402.94	468.56	507.94	649.69
79	354.38	444.94	518.44	561.75	717.94
80	389.81				
81	429.19				
82	469.88				
83	513.19				
84	559.13				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0086-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	32.81	39.38	44.63	47.25	60.38
45-49	35.44	43.31	48.56	52.50	66.94
50-54	42.00	51.19	59.06	64.31	84.00
55	49.88	59.06	66.94	72.19	95.81
56	52.50	63.00	70.88	76.13	101.06
57	56.44	66.94	76.13	81.38	107.63
58	60.38	72.19	81.38	87.94	115.50
59	65.63	78.75	89.25	95.81	124.69
60	70.88	85.31	97.13	105.00	136.50
61	76.13	93.19	106.31	114.19	147.00
62	82.69	99.75	115.50	124.69	160.13
63	89.25	107.63	123.38	132.56	171.94
64	94.50	115.50	131.25	143.06	185.06
65	101.06	124.69	140.44	152.25	199.50
66	108.94	132.56	152.25	165.38	215.25
67	118.13	145.69	165.38	179.81	234.94
68	128.63	158.81	181.13	198.19	257.25
69	140.44	173.25	199.50	216.56	283.50
70	153.56	190.31	219.19	237.56	311.06
71	168.00	210.00	242.81	263.81	345.19
72	187.69	233.63	270.38	295.31	384.56
73	208.69	261.19	303.19	329.44	429.19
74	232.31	292.69	339.94	370.13	479.06
75	259.88	326.81	380.63	413.44	534.19
76	288.75	363.56	425.25	463.31	595.88
77	321.56	405.56	472.50	514.50	661.50
78	355.69	450.19	525.00	570.94	731.06
79	392.44	498.75	581.44	632.63	808.50
80	431.81				
81	473.81				
82	517.13				
83	564.38				
84	614.25				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0086-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	34.13	42.00	47.25	51.19	65.63
45-49	38.06	45.94	52.50	56.44	72.19
50-54	44.63	55.13	63.00	68.25	90.56
55	52.50	63.00	70.88	77.44	101.06
56	55.13	66.94	74.81	81.38	106.31
57	59.06	70.88	80.06	86.63	112.88
58	63.00	76.13	86.63	93.19	122.06
59	68.25	82.69	94.50	101.06	131.25
60	74.81	89.25	102.38	110.25	143.06
61	80.06	97.13	111.56	119.44	154.88
62	86.63	105.00	120.75	129.94	168.00
63	93.19	112.88	129.94	139.13	181.13
64	98.44	120.75	137.81	149.63	194.25
65	106.31	129.94	147.00	160.13	208.69
66	114.19	139.13	158.81	173.25	225.75
67	123.38	152.25	173.25	189.00	246.75
68	133.88	166.69	190.31	207.38	270.38
69	147.00	181.13	208.69	227.06	296.63
70	160.13	199.50	229.69	249.38	326.81
71	175.88	219.19	254.63	276.94	362.25
72	195.56	244.13	283.50	308.44	402.94
73	217.88	273.00	317.63	345.19	450.19
74	242.81	305.81	355.69	387.19	502.69
75	271.69	341.25	397.69	433.13	560.44
76	301.88	380.63	444.94	484.31	624.75
77	334.69	423.94	494.81	539.44	693.00
78	370.13	469.88	548.63	598.50	766.50
79	408.19	521.06	607.69	662.81	846.56
80	448.88				
81	492.19				
82	538.13				
83	586.69				
84	637.88				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0086-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	52.50	64.31	73.50	78.75	107.63
45-49	57.75	70.88	81.38	87.94	119.44
50-54	70.88	87.94	101.06	111.56	152.25
55	82.69	102.38	118.13	128.63	175.88
56	86.63	107.63	124.69	136.50	186.38
57	91.88	114.19	132.56	144.38	196.88
58	98.44	122.06	141.75	153.56	208.69
59	103.69	129.94	150.94	164.06	221.81
60	111.56	139.13	160.13	174.56	236.25
61	119.44	148.31	171.94	186.38	252.00
62	127.31	158.81	183.75	199.50	269.06
63	135.19	169.31	196.88	212.63	287.44
64	144.38	179.81	208.69	227.06	305.81
65	153.56	191.63	223.13	242.81	326.81
66	164.06	206.06	238.88	259.88	351.75
67	177.19	221.81	258.56	280.88	379.31
68	191.63	240.19	279.56	304.50	410.81
69	206.06	259.88	301.88	329.44	443.63
70	223.13	282.19	328.13	358.31	481.69
71	241.50	307.13	357.00	389.81	523.69
72	263.81	336.00	391.13	427.88	572.25
73	290.06	368.81	430.50	471.19	627.38
74	318.94	405.56	473.81	518.44	687.75
75	350.44	444.94	521.06	569.63	754.69
76	383.25	488.25	572.25	627.38	826.88
77	418.69	535.50	628.69	687.75	904.31
78	455.44	585.38	689.06	753.38	987.00
79	494.81	639.19	753.38	822.94	1076.25
80	535.50				
81	577.50				
82	622.13				
83	668.06				
84	716.63				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0086-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	60.38	74.81	86.63	94.50	124.69
45-49	66.94	84.00	95.81	105.00	139.13
50-54	82.69	103.69	119.44	129.94	175.88
55	93.19	118.13	136.50	148.31	202.13
56	97.13	124.69	144.38	156.19	212.63
57	102.38	131.25	152.25	165.38	223.13
58	108.94	139.13	161.44	175.88	236.25
59	116.81	147.00	170.63	187.69	250.69
60	126.00	156.19	182.44	198.19	265.13
61	133.88	166.69	194.25	211.31	283.50
62	143.06	178.50	207.38	225.75	301.88
63	152.25	189.00	221.81	241.50	322.88
64	161.44	202.13	234.94	257.25	343.88
65	171.94	215.25	252.00	274.31	367.50
66	183.75	231.00	269.06	294.00	393.75
67	196.88	249.38	291.38	317.63	425.25
68	212.63	269.06	315.00	343.88	460.69
69	229.69	292.69	339.94	372.75	497.44
70	249.38	317.63	370.13	405.56	539.44
71	270.38	345.19	402.94	441.00	586.69
72	295.31	378.00	441.00	483.00	641.81
73	324.19	413.44	484.31	531.56	702.19
74	355.69	454.13	531.56	582.75	769.13
75	389.81	498.75	584.06	639.19	843.94
76	426.56	544.69	640.50	702.19	924.00
77	464.63	597.19	700.88	769.13	1009.31
78	505.31	651.00	767.81	840.00	1101.19
79	547.31	711.38	836.06	916.13	1198.31
80	591.94				
81	637.88				
82	685.13				
83	736.31				
84	788.81				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0086-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	64.31	80.06	91.88	101.06	132.56
45-49	70.88	89.25	102.38	112.88	147.00
50-54	87.94	110.25	127.31	137.81	186.38
55	98.44	124.69	144.38	157.50	212.63
56	102.38	131.25	152.25	165.38	223.13
57	107.63	137.81	160.13	174.56	234.94
58	114.19	145.69	169.31	185.06	248.06
59	122.06	154.88	179.81	196.88	262.50
60	131.25	164.06	191.63	208.69	278.25
61	140.44	174.56	203.44	221.81	296.63
62	149.63	186.38	217.88	237.56	316.31
63	158.81	198.19	232.31	253.31	337.31
64	169.31	211.31	246.75	270.38	359.63
65	179.81	225.75	263.81	287.44	384.56
66	191.63	241.50	282.19	308.44	412.13
67	206.06	261.19	304.50	333.38	444.94
68	221.81	282.19	329.44	360.94	481.69
69	240.19	305.81	357.00	391.13	521.06
70	259.88	332.06	387.19	425.25	564.38
71	282.19	360.94	422.63	463.31	614.25
72	308.44	395.06	462.00	506.63	670.69
73	338.63	433.13	506.63	556.50	735.00
74	371.44	475.13	556.50	610.31	804.56
75	406.88	521.06	610.31	669.38	882.00
76	444.94	569.63	669.38	733.69	964.69
77	484.31	623.44	732.38	803.25	1053.94
78	526.31	679.88	800.63	876.75	1149.75
79	569.63	741.56	871.50	956.81	1250.81
80	615.56				
81	662.81				
82	712.69				
83	765.19				
84	819.00				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0086-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	38.06	47.25	55.13	60.38	80.06
45-49	42.00	52.50	61.69	66.94	89.25
50-54	56.44	69.56	78.75	85.31	114.19
55	64.31	80.06	90.56	99.75	135.19
56	68.25	84.00	95.81	105.00	144.38
57	72.19	89.25	102.38	112.88	154.88
58	77.44	95.81	110.25	122.06	166.69
59	84.00	103.69	119.44	131.25	179.81
60	90.56	112.88	129.94	141.75	194.25
61	98.44	122.06	141.75	153.56	208.69
62	106.31	132.56	153.56	166.69	225.75
63	114.19	141.75	165.38	179.81	242.81
64	122.06	152.25	177.19	191.63	259.88
65	131.25	162.75	189.00	206.06	279.56
66	141.75	174.56	203.44	221.81	301.88
67	153.56	190.31	221.81	241.50	328.13
68	166.69	207.38	242.81	263.81	358.31
69	181.13	227.06	265.13	288.75	391.13
70	196.88	248.06	290.06	316.31	427.88
71	215.25	273.00	318.94	349.13	468.56
72	237.56	301.88	353.06	385.88	517.13
73	262.50	334.69	391.13	427.88	570.94
74	291.38	370.13	434.44	475.13	631.31
75	321.56	410.81	480.38	526.31	696.94
76	354.38	454.13	530.25	581.44	767.81
77	389.81	500.06	585.38	641.81	843.94
78	426.56	549.94	644.44	706.13	925.31
79	465.94	603.75	706.13	775.69	1013.25
80	506.63				
81	549.94				
82	594.56				
83	641.81				
84	691.69				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0086-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	45.94	57.75	65.63	72.19	94.50
45-49	51.19	63.00	73.50	80.06	105.00
50-54	64.31	80.06	93.19	101.06	132.56
55	74.81	93.19	106.31	116.81	157.50
56	78.75	98.44	112.88	122.06	168.00
57	82.69	103.69	119.44	129.94	178.50
58	89.25	111.56	128.63	140.44	191.63
59	95.81	120.75	139.13	150.94	204.75
60	103.69	129.94	149.63	162.75	219.19
61	111.56	139.13	161.44	175.88	234.94
62	120.75	150.94	174.56	190.31	253.31
63	128.63	161.44	187.69	203.44	271.69
64	137.81	171.94	200.81	217.88	291.38
65	148.31	185.06	213.94	232.31	312.38
66	158.81	198.19	229.69	250.69	337.31
67	171.94	215.25	250.69	271.69	366.19
68	186.38	233.63	273.00	296.63	400.31
69	202.13	255.94	297.94	324.19	437.06
70	220.50	279.56	326.81	355.69	479.06
71	241.50	307.13	358.31	391.13	525.00
72	265.13	338.63	396.38	433.13	578.81
73	292.69	374.06	438.38	479.06	639.19
74	324.19	414.75	485.63	531.56	706.13
75	358.31	458.06	536.81	588.00	778.31
76	395.06	505.31	591.94	649.69	858.38
77	433.13	556.50	652.31	716.63	942.38
78	473.81	610.31	716.63	787.50	1032.94
79	515.81	669.38	786.19	863.63	1130.06
80	560.44				
81	606.38				
82	656.25				
83	707.44				
84	761.25				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0086-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	49.88	61.69	70.88	77.44	101.06
45-49	55.13	68.25	78.75	85.31	111.56
50-54	68.25	85.31	98.44	107.63	140.44
55	78.75	98.44	112.88	123.38	166.69
56	82.69	103.69	119.44	129.94	177.19
57	87.94	110.25	127.31	137.81	189.00
58	94.50	118.13	136.50	148.31	202.13
59	101.06	127.31	147.00	158.81	215.25
60	108.94	136.50	158.81	171.94	229.69
61	116.81	147.00	170.63	185.06	246.75
62	126.00	158.81	183.75	199.50	265.13
63	135.19	170.63	196.88	213.94	284.81
64	144.38	181.13	210.00	228.38	304.50
65	154.88	194.25	224.44	244.13	326.81
66	165.38	208.69	241.50	262.50	351.75
67	179.81	225.75	262.50	284.81	383.25
68	195.56	245.44	286.13	311.06	418.69
69	211.31	267.75	312.38	339.94	456.75
70	231.00	292.69	342.56	372.75	500.06
71	252.00	321.56	375.38	409.50	548.63
72	276.94	354.38	414.75	452.81	605.06
73	305.81	391.13	459.38	501.38	668.06
74	338.63	433.13	507.94	555.19	737.63
75	374.06	477.75	560.44	614.25	813.75
76	412.13	527.63	618.19	678.56	896.44
77	451.50	580.13	681.19	748.13	984.38
78	493.50	636.56	748.13	822.94	1078.88
79	536.81	698.25	820.31	901.69	1179.94
80	582.75				
81	631.31				
82	682.50				
83	735.00				
84	790.13				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0086-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	32.81	36.75	43.31	45.94	59.06
45-49	35.44	42.00	47.25	51.19	64.31
50-54	43.31	51.19	59.06	63.00	80.06
55	49.88	59.06	68.25	72.19	95.81
56	52.50	63.00	72.19	77.44	102.38
57	57.75	68.25	77.44	84.00	110.25
58	61.69	73.50	84.00	90.56	119.44
59	68.25	80.06	90.56	98.44	129.94
60	73.50	87.94	99.75	110.25	140.44
61	80.06	97.13	110.25	119.44	152.25
62	86.63	105.00	119.44	129.94	166.69
63	93.19	112.88	128.63	139.13	178.50
64	98.44	120.75	137.81	148.31	192.94
65	105.00	129.94	147.00	158.81	207.38
66	114.19	139.13	158.81	171.94	224.44
67	123.38	150.94	173.25	186.38	244.13
68	133.88	165.38	190.31	204.75	269.06
69	147.00	181.13	208.69	225.75	295.31
70	160.13	198.19	228.38	248.06	324.19
71	177.19	219.19	253.31	276.94	358.31
72	198.19	244.13	282.19	308.44	400.31
73	220.50	273.00	316.31	346.50	447.56
74	245.44	305.81	355.69	387.19	500.06
75	274.31	342.56	399.00	434.44	557.81
76	305.81	383.25	444.94	484.31	620.81
77	339.94	426.56	496.13	539.44	690.38
78	376.69	473.81	551.25	597.19	763.88
79	417.38	523.69	610.31	661.50	845.25
80	458.06				
81	505.31				
82	552.56				
83	603.75				
84	657.56				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0086-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	38.06	45.94	52.50	55.13	70.88
45-49	42.00	51.19	57.75	61.69	78.75
50-54	49.88	60.38	69.56	76.13	98.44
55	59.06	69.56	78.75	85.31	112.88
56	61.69	73.50	84.00	89.25	119.44
57	66.94	78.75	89.25	95.81	126.00
58	70.88	85.31	95.81	103.69	136.50
59	77.44	93.19	105.00	112.88	147.00
60	84.00	99.75	114.19	123.38	160.13
61	89.25	110.25	124.69	133.88	173.25
62	97.13	116.81	136.50	147.00	189.00
63	105.00	126.00	145.69	156.19	202.13
64	111.56	136.50	154.88	168.00	217.88
65	119.44	147.00	165.38	178.50	234.94
66	128.63	156.19	178.50	194.25	253.31
67	139.13	171.94	194.25	211.31	276.94
68	150.94	186.38	212.63	233.63	303.19
69	165.38	203.44	234.94	254.63	333.38
70	181.13	224.44	257.25	279.56	366.19
71	198.19	246.75	286.13	309.75	405.56
72	220.50	274.31	317.63	347.81	452.81
73	245.44	307.13	357.00	387.19	505.31
74	273.00	343.88	400.31	435.75	563.06
75	305.81	384.56	447.56	486.94	628.69
76	339.94	427.88	500.06	544.69	700.88
77	378.00	477.75	556.50	605.06	778.31
78	418.69	530.25	618.19	672.00	859.69
79	462.00	586.69	683.81	744.19	951.56
80	507.94				
81	557.81				
82	609.00				
83	664.13				
84	723.19				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0086-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	40.69	49.88	55.13	60.38	77.44
45-49	44.63	53.81	61.69	66.94	85.31
50-54	52.50	64.31	73.50	80.06	106.31
55	61.69	73.50	84.00	90.56	119.44
56	64.31	78.75	87.94	95.81	124.69
57	69.56	84.00	94.50	102.38	132.56
58	73.50	89.25	102.38	110.25	143.06
59	80.06	97.13	111.56	119.44	154.88
60	87.94	105.00	120.75	129.94	168.00
61	94.50	114.19	131.25	140.44	182.44
62	102.38	123.38	141.75	152.25	198.19
63	110.25	132.56	152.25	164.06	212.63
64	115.50	141.75	162.75	175.88	228.38
65	124.69	152.25	173.25	189.00	245.44
66	133.88	164.06	186.38	203.44	265.13
67	145.69	178.50	203.44	221.81	290.06
68	157.50	195.56	224.44	244.13	317.63
69	173.25	212.63	245.44	267.75	349.13
70	189.00	234.94	270.38	294.00	384.56
71	207.38	257.25	299.25	325.50	426.56
72	229.69	287.44	333.38	362.25	473.81
73	255.94	321.56	374.06	405.56	530.25
74	286.13	359.63	418.69	455.44	591.94
75	320.25	401.63	467.25	509.25	658.88
76	355.69	447.56	523.69	569.63	735.00
77	393.75	498.75	582.75	635.25	815.06
78	435.75	552.56	645.75	703.50	901.69
79	480.38	612.94	715.31	779.63	996.19
80	527.63				
81	578.81				
82	632.63				
83	690.38				
84	750.75				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0086-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	61.69	76.13	86.63	93.19	126.00
45-49	68.25	84.00	95.81	103.69	140.44
50-54	84.00	103.69	119.44	131.25	178.50
55	97.13	120.75	139.13	150.94	207.38
56	102.38	126.00	147.00	160.13	219.19
57	107.63	133.88	156.19	169.31	231.00
58	115.50	143.06	166.69	181.13	245.44
59	122.06	152.25	177.19	192.94	261.19
60	131.25	164.06	189.00	204.75	278.25
61	140.44	174.56	202.13	219.19	296.63
62	149.63	186.38	216.56	234.94	316.31
63	158.81	199.50	231.00	250.69	338.63
64	169.31	211.31	245.44	267.75	359.63
65	181.13	225.75	262.50	286.13	384.56
66	192.94	242.81	280.88	305.81	413.44
67	208.69	261.19	304.50	330.75	446.25
68	225.75	282.19	329.44	358.31	483.00
69	242.81	305.81	355.69	387.19	522.38
70	262.50	332.06	385.88	421.31	567.00
71	283.50	360.94	420.00	458.06	615.56
72	309.75	395.06	460.69	504.00	673.31
73	341.25	434.44	506.63	553.88	737.63
74	375.38	477.75	557.81	610.31	808.50
75	412.13	523.69	612.94	670.69	887.25
76	451.50	574.88	673.31	737.63	972.56
77	492.19	630.00	740.25	808.50	1064.44
78	535.50	689.06	811.13	885.94	1161.56
79	582.75	752.06	885.94	968.63	1266.56
80	630.00				
81	679.88				
82	732.38				
83	786.19				
84	842.63				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0086-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	70.88	87.94	102.38	111.56	147.00
45-49	78.75	98.44	112.88	123.38	164.06
50-54	97.13	122.06	140.44	152.25	207.38
55	110.25	139.13	160.13	174.56	237.56
56	114.19	147.00	169.31	183.75	250.69
57	120.75	154.88	178.50	194.25	262.50
58	128.63	164.06	190.31	207.38	278.25
59	137.81	173.25	200.81	220.50	295.31
60	148.31	183.75	215.25	233.63	312.38
61	157.50	195.56	228.38	248.06	333.38
62	168.00	210.00	244.13	265.13	355.69
63	178.50	221.81	261.19	283.50	379.31
64	190.31	237.56	276.94	303.19	404.25
65	202.13	253.31	296.63	322.88	431.81
66	216.56	271.69	316.31	346.50	463.31
67	231.00	294.00	342.56	374.06	500.06
68	250.69	316.31	370.13	404.25	542.06
69	270.38	343.88	400.31	438.38	585.38
70	294.00	374.06	435.75	477.75	635.25
71	317.63	405.56	473.81	518.44	690.38
72	347.81	444.94	518.44	568.31	754.69
73	381.94	486.94	569.63	624.75	825.56
74	418.69	534.19	624.75	685.13	904.31
75	458.06	586.69	687.75	752.06	992.25
76	501.38	640.50	753.38	825.56	1086.75
77	546.00	702.19	824.25	904.31	1187.81
78	594.56	766.50	903.00	988.31	1295.44
79	644.44	837.38	983.06	1077.56	1409.63
80	696.94				
81	750.75				
82	805.88				
83	866.25				
84	927.94				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0086-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	76.13	94.50	107.63	119.44	156.19
45-49	84.00	105.00	120.75	132.56	173.25
50-54	103.69	129.94	149.63	162.75	219.19
55	115.50	147.00	169.31	185.06	250.69
56	120.75	154.88	178.50	194.25	262.50
57	126.00	162.75	189.00	204.75	276.94
58	133.88	171.94	199.50	217.88	291.38
59	143.06	182.44	211.31	231.00	308.44
60	154.88	192.94	225.75	245.44	326.81
61	165.38	204.75	238.88	261.19	349.13
62	175.88	219.19	255.94	279.56	372.75
63	186.38	233.63	273.00	297.94	396.38
64	199.50	248.06	290.06	317.63	422.63
65	211.31	265.13	309.75	338.63	452.81
66	225.75	283.50	332.06	362.25	484.31
67	242.81	307.13	358.31	392.44	523.69
68	261.19	332.06	387.19	425.25	567.00
69	282.19	359.63	420.00	460.69	612.94
70	305.81	391.13	455.44	500.06	664.13
71	332.06	425.25	497.44	544.69	723.19
72	362.25	464.63	543.38	595.88	788.81
73	399.00	509.25	595.88	654.94	864.94
74	437.06	559.13	654.94	717.94	946.31
75	479.06	612.94	717.94	787.50	1038.19
76	523.69	670.69	787.50	863.63	1135.31
77	569.63	733.69	861.00	945.00	1240.31
78	619.50	799.31	942.38	1031.63	1353.19
79	670.69	872.81	1025.06	1126.13	1471.31
80	724.50				
81	779.63				
82	838.69				
83	900.38				
84	963.38				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0086-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	44.63	55.13	64.31	70.88	94.50
45-49	49.88	61.69	72.19	78.75	105.00
50-54	66.94	81.38	93.19	99.75	133.88
55	76.13	94.50	106.31	116.81	158.81
56	80.06	98.44	112.88	123.38	169.31
57	85.31	105.00	120.75	132.56	182.44
58	90.56	112.88	129.94	143.06	195.56
59	98.44	122.06	140.44	154.88	211.31
60	106.31	132.56	152.25	166.69	228.38
61	115.50	143.06	166.69	181.13	245.44
62	124.69	156.19	181.13	195.56	265.13
63	133.88	166.69	194.25	211.31	286.13
64	143.06	178.50	208.69	225.75	305.81
65	154.88	191.63	221.81	242.81	329.44
66	166.69	204.75	238.88	261.19	355.69
67	181.13	224.44	261.19	283.50	385.88
68	195.56	244.13	286.13	309.75	421.31
69	212.63	267.75	312.38	339.94	460.69
70	231.00	291.38	341.25	372.75	504.00
71	253.31	321.56	375.38	410.81	551.25
72	279.56	355.69	414.75	454.13	609.00
73	308.44	393.75	460.69	504.00	672.00
74	342.56	435.75	510.56	559.13	742.88
75	378.00	483.00	565.69	619.50	820.31
76	417.38	534.19	623.44	683.81	903.00
77	458.06	588.00	689.06	754.69	992.25
78	501.38	647.06	758.63	830.81	1088.06
79	548.63	710.06	830.81	912.19	1191.75
80	595.88				
81	647.06				
82	699.56				
83	754.69				
84	813.75				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0086-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	53.81	68.25	77.44	85.31	111.56
45-49	60.38	73.50	86.63	94.50	123.38
50-54	76.13	94.50	110.25	119.44	156.19
55	87.94	110.25	124.69	137.81	185.06
56	93.19	115.50	132.56	143.06	198.19
57	97.13	122.06	140.44	152.25	210.00
58	105.00	131.25	150.94	165.38	225.75
59	112.88	141.75	164.06	177.19	241.50
60	122.06	152.25	175.88	191.63	257.25
61	131.25	164.06	190.31	207.38	276.94
62	141.75	177.19	204.75	224.44	297.94
63	150.94	190.31	220.50	238.88	320.25
64	162.75	202.13	236.25	255.94	342.56
65	174.56	217.88	252.00	273.00	367.50
66	186.38	233.63	270.38	295.31	396.38
67	202.13	253.31	295.31	320.25	430.50
68	219.19	274.31	321.56	349.13	471.19
69	237.56	300.56	350.44	381.94	514.50
70	259.88	329.44	384.56	418.69	563.06
71	283.50	360.94	421.31	460.69	618.19
72	312.38	399.00	465.94	509.25	681.19
73	343.88	439.69	515.81	563.06	752.06
74	381.94	488.25	570.94	624.75	830.81
75	421.31	539.44	631.31	691.69	916.13
76	464.63	594.56	696.94	763.88	1009.31
77	509.25	654.94	767.81	842.63	1109.06
78	557.81	717.94	842.63	926.63	1215.38
79	606.38	787.50	925.31	1015.88	1329.56
80	658.88				
81	714.00				
82	771.75				
83	832.13				
84	895.13				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0086-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	59.06	72.19	84.00	90.56	119.44
45-49	64.31	80.06	93.19	99.75	131.25
50-54	80.06	99.75	115.50	126.00	165.38
55	93.19	115.50	132.56	145.69	195.56
56	97.13	122.06	140.44	152.25	208.69
57	103.69	129.94	149.63	162.75	221.81
58	111.56	139.13	160.13	174.56	237.56
59	119.44	149.63	173.25	186.38	253.31
60	128.63	160.13	186.38	202.13	270.38
61	137.81	173.25	200.81	217.88	290.06
62	148.31	186.38	216.56	234.94	312.38
63	158.81	200.81	231.00	252.00	334.69
64	169.31	212.63	246.75	269.06	358.31
65	182.44	228.38	263.81	287.44	384.56
66	194.25	245.44	283.50	308.44	413.44
67	211.31	265.13	308.44	334.69	451.50
68	229.69	288.75	336.00	366.19	492.19
69	248.06	315.00	367.50	400.31	536.81
70	271.69	343.88	402.94	438.38	588.00
71	296.63	378.00	441.00	481.69	645.75
72	325.50	417.38	488.25	532.88	711.38
73	359.63	460.69	540.75	589.31	786.19
74	399.00	509.25	597.19	653.63	867.56
75	439.69	561.75	658.88	723.19	956.81
76	484.31	620.81	727.13	798.00	1055.25
77	531.56	682.50	801.94	880.69	1157.63
78	580.13	749.44	880.69	968.63	1269.19
79	631.31	821.63	964.69	1060.50	1388.63
80	685.13				
81	742.88				
82	803.25				
83	864.94				
84	929.25				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0086-A87
Long-Term Care Policy

WITH SURVIVORSHIP BENEFIT RIDER R1-N0103-SERIES

When this rider is chosen, multiply the final premium by the appropriate factor.

ISSUE AGE	NO INFLATION PROTECTION	SIMPLE INFLATION PROTECTION	COMPOUND INFLATION PROTECTION
18-44	1.11	1.17	1.17
45-49	1.14	1.21	1.21
50-54	1.18	1.28	1.28
55	1.20	1.30	1.30
56	1.20	1.30	1.30
57	1.21	1.30	1.30
58	1.21	1.30	1.30
59	1.21	1.30	1.30
60	1.21	1.30	1.30
61	1.21	1.30	1.30
62	1.21	1.29	1.29
63	1.21	1.29	1.29
64	1.21	1.28	1.28
65	1.20	1.27	1.27
66	1.20	1.26	1.26
67	1.20	1.26	1.26
68	1.19	1.25	1.25
69	1.19	1.24	1.24
70	1.18	1.23	1.23
71	1.18	1.22	1.22
72	1.17	1.20	1.20
73	1.16	1.19	1.19
74	1.16	1.18	1.18
75	1.15	1.17	1.17
76	1.14	1.16	1.16
77	1.13	1.15	1.15
78	1.12	1.14	1.14
79	1.11	1.13	1.13
80	1.10	1.12	1.12
81	1.09	1.11	1.11
82	1.08	1.10	1.10
83	1.07	1.09	1.09
84	1.06	1.08	1.08

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0086-A87
Long-Term Care Policy

Elimination Period Factors

Rates shown are for 30 day elimination period. Rates for other elimination periods are calculated by multiplying the 30 day rates by the appropriate factor from the following table:

Benefit Maximum	0	14	20	60	90	100	180	365
730x,1095x	1.11	1.06	1.03	0.95	0.91	0.90	0.80	0.71
1460x,1825x	1.09	1.05	1.03	0.95	0.91	0.90	0.81	0.72
Lifetime	1.07	1.04	1.03	0.96	0.93	0.92	0.85	0.78

Multi-Life Discount

A 5%, 10%, 15% or 20% discount to the rates is available for qualifying Associations of 10 or more lives.

Spousal Discount

A 20% discount to the rates is available to married couples if both spouses apply for coverage.

Dual Waiver of Premium Rider R1-N0104-Series

An optional dual waiver of premium rider will be offered. If one spouse qualifies for a waiver of premium, the premium of the other spouse will also be waived. If chosen, multiply the final premium by 1.06.

Shared Advantage Rider R1-N0105-Series

This rider will allow two covered spouses to purchase an additional benefit amount that can be used by either spouse after their base benefits are exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	No Inflation Protection	With Inflation Protection
730x	1.30	1.35
1095x	1.21	1.25
1460x	1.15	1.18
1825x	1.12	1.14

Restoration of Benefits Rider R1-N0108-Series

This rider restores the maximum lifetime benefit if the insured has not met the stipulated conditions for a period of 180 consecutive days and the maximum lifetime benefit has not been exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	Factor
730x	1.08
1095x	1.06
1460x,1825x	1.04

Cost of Living Increase Rider R1-N0107-Series

This rider allows the insured to increase their policy limits, subject to the terms of the rider, every three years without additional underwriting. The additional premium charged is based on the attained age and incremental increase in the maximum daily facility benefit when exercised. If chosen, multiply the final premium by the appropriate factor:

Age	Factor
18-44	1.15
45-49	1.12
50-55	1.10
56-58	1.09
59-61	1.08
62-64	1.07
65-67	1.06
68-70	1.05
71-73	1.04
74-76	1.03

Modal Factors

Semi-Annual: 0.52; Quarterly: 0.27; Check-A-Matic: 0.09

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604

Supplement to Rate Sheets for Policy Form P1-N0090-A87
PENNSYLVANIA

All rates for this form should be multiplied by a factor of: 1.9425

This factor represents the **proposed** increase of: 29.5%

And the following prior approved rate increases:

Policy Form	Increase Applies to all Policies or Subsets	Rate Increase Approved	Approval Date of Rate Increase
P1-N0090-A87	--Yes--	20.00%	3/14/2013
P1-N0090-A87	--Yes--	25.00%	12/3/2014

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0090-A87
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	17	19	22	23	24
45-49	19	21	24	25	27
50-54	23	26	29	31	35
55	26	30	34	37	44
56	28	32	37	40	48
57	30	35	40	43	53
58	33	38	44	47	58
59	36	42	48	51	64
60	40	47	53	56	70
61	43	51	58	61	76
62	47	56	63	67	83
63	50	60	68	72	89
64	53	64	73	78	95
65	57	68	78	84	102
66	61	74	84	91	110
67	66	80	92	99	120
68	72	88	101	109	132
69	79	96	111	119	144
70	86	105	122	131	159
71	95	116	134	145	176
72	105	129	149	161	195
73	117	144	166	179	217
74	130	160	185	200	242
75	145	178	205	222	269
76	161	198	228	246	298
77	178	219	252	272	330
78	196	242	278	300	364
79	216	266	306	330	401
80	236				
81	258				
82	281				
83	305				
84	331				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0090-A87
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	32	39	45	49	59
45-49	35	43	50	54	66
50-54	43	53	62	67	84
55	52	63	73	78	100
56	55	67	77	83	107
57	59	72	82	88	114
58	63	77	88	94	122
59	67	82	94	101	130
60	71	88	101	109	139
61	76	94	108	117	148
62	81	100	116	126	159
63	86	107	124	134	170
64	92	113	132	143	182
65	98	121	140	152	195
66	105	129	150	162	209
67	113	139	161	174	225
68	122	150	174	188	243
69	131	162	187	203	262
70	142	176	203	220	282
71	154	191	220	239	306
72	167	208	240	261	333
73	182	227	263	286	363
74	199	249	288	314	397
75	217	272	316	344	433
76	236	297	346	377	473
77	256	324	378	413	515
78	277	353	413	451	560
79	299	384	450	492	609
80	323				
81	347				
82	373				
83	400				
84	428				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0090-A87
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	23	28	32	35	42
45-49	25	31	36	39	47
50-54	35	42	49	53	64
55	40	49	56	60	77
56	42	52	59	64	82
57	45	56	63	68	88
58	49	61	68	74	95
59	53	66	74	80	104
60	58	72	81	88	113
61	63	78	89	96	123
62	68	84	96	104	133
63	73	90	103	112	143
64	78	96	110	120	154
65	83	103	118	128	165
66	90	111	127	138	179
67	97	120	138	150	194
68	105	131	151	164	211
69	115	143	165	179	230
70	125	156	180	196	252
71	137	171	198	215	275
72	150	188	218	237	302
73	165	207	240	262	332
74	182	228	265	289	365
75	200	251	292	318	400
76	219	276	321	350	439
77	239	302	352	384	480
78	260	330	385	421	524
79	282	360	421	460	571
80	306				
81	330				
82	356				
83	383				
84	411				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0090-A87
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	20	22	26	27	28
45-49	22	25	28	29	32
50-54	27	31	34	36	41
55	31	35	40	44	52
56	33	38	44	47	56
57	35	41	47	51	62
58	39	45	52	55	68
59	42	49	56	60	75
60	47	55	62	66	82
61	51	60	68	72	89
62	55	66	74	79	98
63	59	71	80	85	105
64	62	75	86	92	112
65	67	80	92	99	120
66	72	87	99	107	129
67	78	94	108	116	141
68	85	104	119	128	155
69	93	113	131	140	169
70	101	124	144	154	187
71	112	136	158	171	207
72	124	152	175	189	229
73	138	169	195	211	255
74	153	188	218	235	285
75	171	209	241	261	316
76	189	233	268	289	351
77	209	258	296	320	388
78	231	285	327	353	428
79	254	313	360	388	472
80	278				
81	304				
82	331				
83	359				
84	389				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0090-A87
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	38	46	53	58	69
45-49	41	51	59	64	78
50-54	51	62	73	79	99
55	61	74	86	92	118
56	65	79	91	98	126
57	69	85	96	104	134
58	74	91	104	111	144
59	79	96	111	119	153
60	84	104	119	128	164
61	89	111	127	138	174
62	95	118	136	148	187
63	101	126	146	158	200
64	108	133	155	168	214
65	115	142	165	179	229
66	124	152	176	191	246
67	133	164	189	205	265
68	144	176	205	221	286
69	154	191	220	239	308
70	167	207	239	259	332
71	181	225	259	281	360
72	196	245	282	307	392
73	214	267	309	336	427
74	234	293	339	369	467
75	255	320	372	405	509
76	278	349	407	444	556
77	301	381	445	486	606
78	326	415	486	531	659
79	352	452	529	579	716
80	380				
81	408				
82	439				
83	471				
84	504				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0090-A87
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	27	33	38	41	49
45-49	29	36	42	46	55
50-54	41	49	58	62	75
55	47	58	66	71	91
56	49	61	69	75	96
57	53	66	74	80	104
58	58	72	80	87	112
59	62	78	87	94	122
60	68	85	95	104	133
61	74	92	105	113	145
62	80	99	113	122	156
63	86	106	121	132	168
64	92	113	129	141	181
65	98	121	139	151	194
66	106	131	149	162	211
67	114	141	162	176	228
68	124	154	178	193	248
69	135	168	194	211	271
70	147	184	212	231	296
71	161	201	233	253	324
72	176	221	256	279	355
73	194	244	282	308	391
74	214	268	312	340	429
75	235	295	344	374	471
76	258	325	378	412	516
77	281	355	414	452	565
78	306	388	453	495	616
79	332	424	495	541	672
80	360				
81	388				
82	419				
83	451				
84	484				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0090-A87
Long-Term Care Policy: Facility Only Coverage

WITH SURVIVORSHIP BENEFIT RIDER R1-N0103-SERIES

When this rider is chosen, multiply the final premium by the appropriate factor.

ISSUE AGE	NO INFLATION PROTECTION	SIMPLE INFLATION PROTECTION	COMPOUND INFLATION PROTECTION
18-44	1.11	1.17	1.17
45-49	1.14	1.21	1.21
50-54	1.18	1.28	1.28
55	1.20	1.30	1.30
56	1.20	1.30	1.30
57	1.21	1.30	1.30
58	1.21	1.30	1.30
59	1.21	1.30	1.30
60	1.21	1.30	1.30
61	1.21	1.30	1.30
62	1.21	1.29	1.29
63	1.21	1.29	1.29
64	1.21	1.28	1.28
65	1.20	1.27	1.27
66	1.20	1.26	1.26
67	1.20	1.26	1.26
68	1.19	1.25	1.25
69	1.19	1.24	1.24
70	1.18	1.23	1.23
71	1.18	1.22	1.22
72	1.17	1.20	1.20
73	1.16	1.19	1.19
74	1.16	1.18	1.18
75	1.15	1.17	1.17
76	1.14	1.16	1.16
77	1.13	1.15	1.15
78	1.12	1.14	1.14
79	1.11	1.13	1.13
80	1.10	1.12	1.12
81	1.09	1.11	1.11
82	1.08	1.10	1.10
83	1.07	1.09	1.09
84	1.06	1.08	1.08

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0090-A87
Long-Term Care Policy: Facility Only Coverage

Elimination Period Factors

Rates shown are for 30 day elimination period. Rates for other elimination periods are calculated by multiplying the 30 day rates by the appropriate factor from the following table:

Benefit Maximum	0	14	20	60	90	100	180	365
730x,1095x	1.12	1.07	1.03	0.94	0.90	0.89	0.78	0.67
1460x,1825x	1.10	1.05	1.03	0.95	0.90	0.89	0.79	0.69
Lifetime	1.08	1.04	1.03	0.96	0.92	0.91	0.84	0.75

Multi-Life Discount

A 5%, 10%, 15% or 20% discount to the rates is available for qualifying Associations of 10 or more lives.

Spousal Discount

A 20% discount to the rates is available to married couples if both spouses apply for coverage.

Dual Waiver of Premium Rider R1-N0104-Series

An optional dual waiver of premium rider will be offered. If one spouse qualifies for a waiver of premium, the premium of the other spouse will also be waived. If chosen, multiply the final premium by 1.06.

Shared Advantage Rider R1-N0105-Series

This rider will allow two covered spouses to purchase an additional benefit amount that can be used by either spouse after their base benefits are exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	No Inflation Protection	With Inflation Protection
730x	1.30	1.35
1095x	1.21	1.25
1460x	1.15	1.18
1825x	1.12	1.14

Restoration of Benefits Rider R1-N0106-Series

This rider restores the maximum lifetime benefit if the insured has not met the stipulated conditions for a period of 180 consecutive days and the maximum lifetime benefit has not been exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	Factor
730x	1.08
1095x	1.06
1460x,1825x	1.04

Cost of Living Increase Rider R1-N0107-Series

This rider allows the insured to increase their policy limits, subject to the terms of the rider, every three years without additional underwriting. The additional premium charged is based on the attained age and incremental increase in the maximum daily facility benefit when exercised. If chosen, multiply the final premium by the appropriate factor:

Age	Factor
18-44	1.15
45-49	1.12
50-55	1.10
56-58	1.09
59-61	1.08
62-64	1.07
65-67	1.06
68-70	1.05
71-73	1.04
74-76	1.03

Modal Factors

Semi-Annual: 0.52; Quarterly: 0.27; Check-A-Matic: 0.09

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604

Supplement to Rate Sheets for Policy Form P1-N0091-A87
PENNSYLVANIA

All rates for this form should be multiplied by a factor of: 1.9425

This factor represents the **proposed** increase of: 29.5%

And the following prior approved rate increases:

Policy Form	Increase Applies to all Policies or Subsets	Rate Increase Approved	Approval Date of Rate Increase
P1-N0091-A87	--Yes--	20.00%	3/14/2013
P1-N0091-A87	--Yes--	25.00%	12/3/2014

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0091-A87
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	21.25	23.75	27.50	28.75	30.00
45-49	23.75	26.25	30.00	31.25	33.75
50-54	28.75	32.50	36.25	38.75	43.75
55	32.50	37.50	42.50	46.25	55.00
56	35.00	40.00	46.25	50.00	60.00
57	37.50	43.75	50.00	53.75	66.25
58	41.25	47.50	55.00	58.75	72.50
59	45.00	52.50	60.00	63.75	80.00
60	50.00	58.75	66.25	70.00	87.50
61	53.75	63.75	72.50	76.25	95.00
62	58.75	70.00	78.75	83.75	103.75
63	62.50	75.00	85.00	90.00	111.25
64	66.25	80.00	91.25	97.50	118.75
65	71.25	85.00	97.50	105.00	127.50
66	76.25	92.50	105.00	113.75	137.50
67	82.50	100.00	115.00	123.75	150.00
68	90.00	110.00	126.25	136.25	165.00
69	98.75	120.00	138.75	148.75	180.00
70	107.50	131.25	152.50	163.75	198.75
71	118.75	145.00	167.50	181.25	220.00
72	131.25	161.25	186.25	201.25	243.75
73	146.25	180.00	207.50	223.75	271.25
74	162.50	200.00	231.25	250.00	302.50
75	181.25	222.50	256.25	277.50	336.25
76	201.25	247.50	285.00	307.50	372.50
77	222.50	273.75	315.00	340.00	412.50
78	245.00	302.50	347.50	375.00	455.00
79	270.00	332.50	382.50	412.50	501.25
80	295.00				
81	322.50				
82	351.25				
83	381.25				
84	413.75				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0091-A87
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	40.00	48.75	56.25	61.25	73.75
45-49	43.75	53.75	62.50	67.50	82.50
50-54	53.75	66.25	77.50	83.75	105.00
55	65.00	78.75	91.25	97.50	125.00
56	68.75	83.75	96.25	103.75	133.75
57	73.75	90.00	102.50	110.00	142.50
58	78.75	96.25	110.00	117.50	152.50
59	83.75	102.50	117.50	126.25	162.50
60	88.75	110.00	126.25	136.25	173.75
61	95.00	117.50	135.00	146.25	185.00
62	101.25	125.00	145.00	157.50	198.75
63	107.50	133.75	155.00	167.50	212.50
64	115.00	141.25	165.00	178.75	227.50
65	122.50	151.25	175.00	190.00	243.75
66	131.25	161.25	187.50	202.50	261.25
67	141.25	173.75	201.25	217.50	281.25
68	152.50	187.50	217.50	235.00	303.75
69	163.75	202.50	233.75	253.75	327.50
70	177.50	220.00	253.75	275.00	352.50
71	192.50	238.75	275.00	298.75	382.50
72	208.75	260.00	300.00	326.25	416.25
73	227.50	283.75	328.75	357.50	453.75
74	248.75	311.25	360.00	392.50	496.25
75	271.25	340.00	395.00	430.00	541.25
76	295.00	371.25	432.50	471.25	591.25
77	320.00	405.00	472.50	516.25	643.75
78	346.25	441.25	516.25	563.75	700.00
79	373.75	480.00	562.50	615.00	761.25
80	403.75				
81	433.75				
82	466.25				
83	500.00				
84	535.00				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0091-A87
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	28.75	35.00	40.00	43.75	52.50
45-49	31.25	38.75	45.00	48.75	58.75
50-54	43.75	52.50	61.25	66.25	80.00
55	50.00	61.25	70.00	75.00	96.25
56	52.50	65.00	73.75	80.00	102.50
57	56.25	70.00	78.75	85.00	110.00
58	61.25	76.25	85.00	92.50	118.75
59	66.25	82.50	92.50	100.00	130.00
60	72.50	90.00	101.25	110.00	141.25
61	78.75	97.50	111.25	120.00	153.75
62	85.00	105.00	120.00	130.00	166.25
63	91.25	112.50	128.75	140.00	178.75
64	97.50	120.00	137.50	150.00	192.50
65	103.75	128.75	147.50	160.00	206.25
66	112.50	138.75	158.75	172.50	223.75
67	121.25	150.00	172.50	187.50	242.50
68	131.25	163.75	188.75	205.00	263.75
69	143.75	178.75	206.25	223.75	287.50
70	156.25	195.00	225.00	245.00	315.00
71	171.25	213.75	247.50	268.75	343.75
72	187.50	235.00	272.50	296.25	377.50
73	206.25	258.75	300.00	327.50	415.00
74	227.50	285.00	331.25	361.25	456.25
75	250.00	313.75	365.00	397.50	500.00
76	273.75	345.00	401.25	437.50	548.75
77	298.75	377.50	440.00	480.00	600.00
78	325.00	412.50	481.25	526.25	655.00
79	352.50	450.00	526.25	575.00	713.75
80	382.50				
81	412.50				
82	445.00				
83	478.75				
84	513.75				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0091-A87
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	25.00	27.50	32.50	33.75	35.00
45-49	27.50	31.25	35.00	36.25	40.00
50-54	33.75	38.75	42.50	45.00	51.25
55	38.75	43.75	50.00	55.00	65.00
56	41.25	47.50	55.00	58.75	70.00
57	43.75	51.25	58.75	63.75	77.50
58	48.75	56.25	65.00	68.75	85.00
59	52.50	61.25	70.00	75.00	93.75
60	58.75	68.75	77.50	82.50	102.50
61	63.75	75.00	85.00	90.00	111.25
62	68.75	82.50	92.50	98.75	122.50
63	73.75	88.75	100.00	106.25	131.25
64	77.50	93.75	107.50	115.00	140.00
65	83.75	100.00	115.00	123.75	150.00
66	90.00	108.75	123.75	133.75	161.25
67	97.50	117.50	135.00	145.00	176.25
68	106.25	130.00	148.75	160.00	193.75
69	116.25	141.25	163.75	175.00	211.25
70	126.25	155.00	180.00	192.50	233.75
71	140.00	170.00	197.50	213.75	258.75
72	155.00	190.00	218.75	236.25	286.25
73	172.50	211.25	243.75	263.75	318.75
74	191.25	235.00	272.50	293.75	356.25
75	213.75	261.25	301.25	326.25	395.00
76	236.25	291.25	335.00	361.25	438.75
77	261.25	322.50	370.00	400.00	485.00
78	288.75	356.25	408.75	441.25	535.00
79	317.50	391.25	450.00	485.00	590.00
80	347.50				
81	380.00				
82	413.75				
83	448.75				
84	486.25				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0091-A87
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	47.50	57.50	66.25	72.50	86.25
45-49	51.25	63.75	73.75	80.00	97.50
50-54	63.75	77.50	91.25	98.75	123.75
55	76.25	92.50	107.50	115.00	147.50
56	81.25	98.75	113.75	122.50	157.50
57	86.25	106.25	120.00	130.00	167.50
58	92.50	113.75	130.00	138.75	180.00
59	98.75	120.00	138.75	148.75	191.25
60	105.00	130.00	148.75	160.00	205.00
61	111.25	138.75	158.75	172.50	217.50
62	118.75	147.50	170.00	185.00	233.75
63	126.25	157.50	182.50	197.50	250.00
64	135.00	166.25	193.75	210.00	267.50
65	143.75	177.50	206.25	223.75	286.25
66	155.00	190.00	220.00	238.75	307.50
67	166.25	205.00	236.25	256.25	331.25
68	180.00	220.00	256.25	276.25	357.50
69	192.50	238.75	275.00	298.75	385.00
70	208.75	258.75	298.75	323.75	415.00
71	226.25	281.25	323.75	351.25	450.00
72	245.00	306.25	352.50	383.75	490.00
73	267.50	333.75	386.25	420.00	533.75
74	292.50	366.25	423.75	461.25	583.75
75	318.75	400.00	465.00	506.25	636.25
76	347.50	436.25	508.75	555.00	695.00
77	376.25	476.25	556.25	607.50	757.50
78	407.50	518.75	607.50	663.75	823.75
79	440.00	565.00	661.25	723.75	895.00
80	475.00				
81	510.00				
82	548.75				
83	588.75				
84	630.00				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0091-A87
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	33.75	41.25	47.50	51.25	61.25
45-49	36.25	45.00	52.50	57.50	68.75
50-54	51.25	61.25	72.50	77.50	93.75
55	58.75	72.50	82.50	88.75	113.75
56	61.25	76.25	86.25	93.75	120.00
57	66.25	82.50	92.50	100.00	130.00
58	72.50	90.00	100.00	108.75	140.00
59	77.50	97.50	108.75	117.50	152.50
60	85.00	106.25	118.75	130.00	166.25
61	92.50	115.00	131.25	141.25	181.25
62	100.00	123.75	141.25	152.50	195.00
63	107.50	132.50	151.25	165.00	210.00
64	115.00	141.25	161.25	176.25	226.25
65	122.50	151.25	173.75	188.75	242.50
66	132.50	163.75	186.25	202.50	263.75
67	142.50	176.25	202.50	220.00	285.00
68	155.00	192.50	222.50	241.25	310.00
69	168.75	210.00	242.50	263.75	338.75
70	183.75	230.00	265.00	288.75	370.00
71	201.25	251.25	291.25	316.25	405.00
72	220.00	276.25	320.00	348.75	443.75
73	242.50	305.00	352.50	385.00	488.75
74	267.50	335.00	390.00	425.00	536.25
75	293.75	368.75	430.00	467.50	588.75
76	322.50	406.25	472.50	515.00	645.00
77	351.25	443.75	517.50	565.00	706.25
78	382.50	485.00	566.25	618.75	770.00
79	415.00	530.00	618.75	676.25	840.00
80	450.00				
81	485.00				
82	523.75				
83	563.75				
84	605.00				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0091-A87
Long-Term Care Policy: Facility Only Coverage

WITH SURVIVORSHIP BENEFIT RIDER R1-N0103-SERIES

When this rider is chosen, multiply the final premium by the appropriate factor.

ISSUE AGE	NO INFLATION PROTECTION	SIMPLE INFLATION PROTECTION	COMPOUND INFLATION PROTECTION
18-44	1.11	1.17	1.17
45-49	1.14	1.21	1.21
50-54	1.18	1.28	1.28
55	1.20	1.30	1.30
56	1.20	1.30	1.30
57	1.21	1.30	1.30
58	1.21	1.30	1.30
59	1.21	1.30	1.30
60	1.21	1.30	1.30
61	1.21	1.30	1.30
62	1.21	1.29	1.29
63	1.21	1.29	1.29
64	1.21	1.28	1.28
65	1.20	1.27	1.27
66	1.20	1.26	1.26
67	1.20	1.26	1.26
68	1.19	1.25	1.25
69	1.19	1.24	1.24
70	1.18	1.23	1.23
71	1.18	1.22	1.22
72	1.17	1.20	1.20
73	1.16	1.19	1.19
74	1.16	1.18	1.18
75	1.15	1.17	1.17
76	1.14	1.16	1.16
77	1.13	1.15	1.15
78	1.12	1.14	1.14
79	1.11	1.13	1.13
80	1.10	1.12	1.12
81	1.09	1.11	1.11
82	1.08	1.10	1.10
83	1.07	1.09	1.09
84	1.06	1.08	1.08

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0091-A87
Long-Term Care Policy: Facility Only Coverage

Elimination Period Factors

Rates shown are for 30 day elimination period. Rates for other elimination periods are calculated by multiplying the 30 day rates by the appropriate factor from the following table:

Benefit Maximum	0	14	20	60	90	100	180	365
730x,1095x	1.12	1.07	1.03	0.94	0.90	0.89	0.78	0.67
1460x,1825x	1.10	1.05	1.03	0.95	0.90	0.89	0.79	0.69
Lifetime	1.08	1.04	1.03	0.96	0.92	0.91	0.84	0.75

Multi-Life Discount

A 5%, 10%, 15% or 20% discount to the rates is available for qualifying Associations of 10 or more lives.

Spousal Discount

A 20% discount to the rates is available to married couples if both spouses apply for coverage.

Dual Waiver of Premium Rider R1-N0104-Series

An optional dual waiver of premium rider will be offered. If one spouse qualifies for a waiver of premium, the premium of the other spouse will also be waived. If chosen, multiply the final premium by 1.06.

Shared Advantage Rider R1-N0105-Series

This rider will allow two covered spouses to purchase an additional benefit amount that can be used by either spouse after their base benefits are exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Period	No Inflation Protection	With Inflation Protection
730x	1.30	1.35
1095x	1.21	1.25
1460x	1.15	1.18
1825x	1.12	1.14

Restoration of Benefits Rider R1-N0106-Series

This rider restores the maximum lifetime benefit if the insured has not met the stipulated conditions for a period of 180 consecutive days and the maximum lifetime benefit has not been exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	Factor
730x	1.08
1095x	1.06
1460x,1825x	1.04

Cost of Living Increase Rider R1-N0107-Series

This rider allows the insured to increase their policy limits, subject to the terms of the rider, every three years without additional underwriting. The additional premium charged is based on the attained age and incremental increase in the maximum daily facility benefit when exercised. If chosen, multiply the final premium by the appropriate factor:

Age	Factor
18-44	1.15
45-49	1.12
50-55	1.10
56-58	1.09
59-61	1.08
62-64	1.07
65-67	1.06
68-70	1.05
71-73	1.04
74-76	1.03

Modal Factors

Semi-Annual: 0.52; Quarterly: 0.27; Check-A-Matic: 0.09

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604

Supplement to Rate Sheets for Policy Form P1-N0095-A87
PENNSYLVANIA

All rates for this form should be multiplied by a factor of: 1.9425

This factor represents the **proposed** increase of: 29.5%

And the following prior approved rate increases:

Policy Form	Increase Applies to all Policies or Subsets	Rate Increase Approved	Approval Date of Rate Increase
P1-N0095-A87	--Yes--	20.00%	3/14/2013
P1-N0095-A87	--Yes--	25.00%	12/3/2014

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0095-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	19	23	25	27	35
45-49	21	26	28	30	39
50-54	26	31	35	37	48
55	30	36	40	43	57
56	32	38	43	46	60
57	34	41	46	49	65
58	37	44	50	53	70
59	40	48	54	58	76
60	43	52	59	63	83
61	47	56	64	69	90
62	51	61	70	75	98
63	55	66	75	81	106
64	58	70	81	87	113
65	62	75	87	93	121
66	66	81	94	101	131
67	72	88	102	110	143
68	79	96	111	121	157
69	86	105	122	132	172
70	94	115	133	145	189
71	103	127	147	160	208
72	114	141	163	178	231
73	126	157	182	198	257
74	140	175	202	221	285
75	156	194	225	246	316
76	172	215	250	273	350
77	190	238	277	302	387
78	209	263	306	334	426
79	230	289	337	367	468
80	252				
81	275				
82	300				
83	326				
84	354				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0095-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	22	27	30	31	41
45-49	25	30	33	35	45
50-54	29	35	40	43	56
55	34	40	45	49	65
56	36	42	48	52	68
57	38	45	51	55	73
58	41	49	55	59	78
59	44	53	60	65	84
60	47	58	65	70	91
61	51	62	71	77	99
62	55	67	77	83	107
63	59	72	83	89	116
64	63	77	88	95	124
65	68	82	95	101	133
66	72	88	102	109	144
67	78	96	110	119	157
68	85	104	121	131	172
69	93	114	132	143	188
70	102	126	144	157	207
71	111	138	160	173	228
72	123	154	177	193	252
73	137	171	197	215	280
74	151	190	220	239	310
75	168	211	245	266	344
76	185	234	272	296	381
77	205	258	301	328	421
78	225	285	333	363	463
79	247	314	366	399	509
80	270				
81	295				
82	321				
83	348				
84	377				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0095-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	23	28	32	33	43
45-49	26	31	35	37	48
50-54	30	37	42	45	60
55	35	42	47	51	68
56	37	44	50	54	72
57	39	47	53	58	76
58	42	51	57	62	82
59	45	55	62	68	88
60	49	60	68	73	95
61	53	65	74	80	103
62	57	70	80	86	111
63	61	75	86	92	120
64	65	80	91	98	128
65	70	85	98	105	138
66	75	91	105	113	149
67	81	99	114	123	163
68	88	108	125	135	178
69	96	118	136	148	195
70	105	130	149	162	214
71	115	143	165	179	236
72	127	159	183	199	261
73	141	177	204	222	290
74	156	196	227	247	321
75	173	218	253	275	356
76	191	242	281	306	394
77	211	267	311	339	435
78	232	294	344	375	479
79	254	324	379	413	526
80	278				
81	303				
82	330				
83	358				
84	387				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0095-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	36	45	52	57	75
45-49	40	50	58	63	83
50-54	49	61	71	77	106
55	56	71	82	89	123
56	59	75	87	94	129
57	63	80	92	100	137
58	67	85	98	107	145
59	72	91	105	114	154
60	77	97	112	121	164
61	82	104	120	130	175
62	88	111	128	139	187
63	94	118	136	148	200
64	100	126	145	158	213
65	106	134	155	168	227
66	114	143	165	180	243
67	122	154	178	194	262
68	131	166	192	210	283
69	141	178	208	227	305
70	152	193	225	246	329
71	165	209	244	267	357
72	179	227	266	291	388
73	195	248	291	318	423
74	213	271	318	348	461
75	233	296	347	380	503
76	253	324	379	415	548
77	275	353	413	453	596
78	297	385	449	493	647
79	321	418	488	536	702
80	346				
81	371				
82	398				
83	426				
84	455				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0095-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	40	51	59	65	84
45-49	45	56	66	71	94
50-54	55	69	81	88	119
55	62	79	93	101	136
56	65	83	98	106	142
57	69	88	103	112	150
58	73	93	109	119	159
59	78	99	116	126	169
60	84	106	123	134	179
61	90	113	131	142	191
62	96	121	139	152	204
63	102	129	148	161	218
64	108	137	158	172	231
65	115	145	168	183	247
66	123	155	180	197	263
67	132	167	194	212	284
68	142	180	210	230	306
69	153	193	226	248	330
70	165	210	245	268	356
71	178	227	266	291	386
72	194	247	289	317	420
73	211	270	316	346	458
74	230	294	345	378	499
75	251	321	376	412	544
76	273	350	410	449	591
77	295	380	446	489	643
78	319	413	485	532	697
79	343	448	526	577	756
80	370				
81	396				
82	425				
83	454				
84	484				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0095-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	42	53	62	68	88
45-49	47	59	69	75	98
50-54	58	73	85	92	124
55	65	82	97	106	141
56	68	86	102	111	148
57	72	91	107	117	156
58	76	97	113	124	165
59	81	103	120	131	175
60	87	110	127	139	186
61	93	117	135	147	198
62	99	125	144	157	211
63	105	133	153	167	225
64	112	141	163	178	239
65	119	150	174	190	255
66	127	160	187	204	272
67	136	172	201	220	293
68	146	186	217	238	316
69	158	200	234	257	341
70	170	217	253	278	368
71	184	235	275	301	399
72	200	256	299	328	434
73	218	279	326	358	473
74	237	304	356	391	515
75	258	331	388	426	561
76	281	361	423	464	610
77	304	392	460	505	663
78	328	425	500	549	719
79	353	461	542	595	779
80	380				
81	407				
82	436				
83	466				
84	497				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0095-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	27	33	39	42	56
45-49	30	37	43	47	62
50-54	39	48	55	61	80
55	45	55	64	70	95
56	47	58	67	73	101
57	50	62	72	78	108
58	54	67	78	84	116
59	58	72	84	91	125
60	63	79	91	99	134
61	69	85	99	107	145
62	74	92	107	116	156
63	79	99	115	124	168
64	85	106	123	133	180
65	90	113	131	142	193
66	97	122	141	153	208
67	105	132	153	166	226
68	114	144	167	181	246
69	124	157	182	198	268
70	135	171	199	217	293
71	148	188	218	238	320
72	162	206	240	262	351
73	178	227	264	289	386
74	196	249	291	318	423
75	215	274	320	350	464
76	236	300	351	385	509
77	257	329	385	422	556
78	279	359	421	462	607
79	303	392	459	504	660
80	328				
81	354				
82	381				
83	409				
84	439				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0095-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	31	39	45	48	64
45-49	35	43	49	54	71
50-54	43	54	63	69	90
55	50	62	72	78	106
56	53	66	76	83	112
57	56	70	81	88	120
58	60	75	87	95	128
59	64	80	93	102	137
60	69	87	101	110	147
61	75	93	109	119	158
62	80	100	117	128	169
63	86	107	126	137	182
64	92	115	134	146	195
65	98	123	143	156	208
66	106	133	154	168	225
67	115	143	167	181	244
68	125	156	182	198	266
69	135	170	198	216	290
70	146	185	216	235	316
71	159	203	236	258	346
72	174	222	260	284	379
73	191	245	286	313	416
74	210	269	314	344	457
75	231	295	346	379	501
76	253	323	380	417	549
77	276	354	416	456	600
78	299	387	455	499	655
79	325	422	496	545	713
80	351				
81	379				
82	407				
83	436				
84	468				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0095-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	33	41	47	51	68
45-49	37	45	52	57	75
50-54	45	56	66	72	94
55	52	65	76	82	111
56	55	69	80	87	117
57	58	73	85	92	125
58	62	78	91	99	133
59	67	84	97	106	142
60	72	90	105	115	152
61	77	97	113	124	163
62	83	104	121	133	175
63	89	111	130	142	188
64	95	119	139	152	201
65	102	127	148	162	215
66	110	137	160	174	232
67	119	148	173	188	252
68	129	161	188	205	274
69	139	175	205	223	299
70	151	191	223	243	326
71	164	209	244	267	357
72	179	229	268	293	391
73	197	252	295	323	429
74	216	277	324	355	472
75	238	304	357	391	517
76	260	333	392	430	566
77	284	365	429	471	619
78	308	399	469	515	675
79	334	435	512	563	735
80	361				
81	389				
82	418				
83	448				
84	480				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
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Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	22	27	29	32	41
45-49	25	31	33	35	46
50-54	31	36	41	44	56
55	35	42	47	51	67
56	38	45	51	54	71
57	40	48	54	58	76
58	44	52	59	62	82
59	47	56	64	68	89
60	51	61	69	74	98
61	55	66	75	81	106
62	60	72	82	88	115
63	65	78	88	95	125
64	68	82	95	102	133
65	73	88	102	109	142
66	78	95	111	119	154
67	85	104	120	129	168
68	93	113	131	142	185
69	101	124	144	155	202
70	111	135	156	171	222
71	121	149	173	188	245
72	134	166	192	209	272
73	148	185	214	233	302
74	165	206	238	260	335
75	184	228	265	289	372
76	202	253	294	321	412
77	224	280	326	355	455
78	246	309	360	393	501
79	271	340	396	432	551
80	296				
81	324				
82	353				
83	384				
84	416				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0095-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	26	32	35	36	48
45-49	29	35	39	41	53
50-54	34	41	47	51	66
55	40	47	53	58	76
56	42	49	56	61	80
57	45	53	60	65	86
58	48	58	65	69	92
59	52	62	71	76	99
60	55	68	76	82	107
61	60	73	84	91	116
62	65	79	91	98	126
63	69	85	98	105	136
64	74	91	104	112	146
65	80	96	112	119	156
66	85	104	120	128	169
67	92	113	129	140	185
68	100	122	142	154	202
69	109	134	155	168	221
70	120	148	169	185	244
71	131	162	188	204	268
72	145	181	208	227	296
73	161	201	232	253	329
74	178	224	259	281	365
75	198	248	288	313	405
76	218	275	320	348	448
77	241	304	354	386	495
78	265	335	392	427	545
79	291	369	431	469	599
80	318				
81	347				
82	378				
83	409				
84	444				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0095-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	27	33	38	39	51
45-49	31	36	41	44	56
50-54	35	44	49	53	71
55	41	49	55	60	80
56	44	52	59	64	85
57	46	55	62	68	89
58	49	60	67	73	96
59	53	65	73	80	104
60	58	71	80	86	112
61	62	76	87	94	121
62	67	82	94	101	131
63	72	88	101	108	141
64	76	94	107	115	151
65	82	100	115	124	162
66	88	107	124	133	175
67	95	116	134	145	192
68	104	127	147	159	209
69	113	139	160	174	229
70	124	153	175	191	252
71	135	168	194	211	278
72	149	187	215	234	307
73	166	208	240	261	341
74	184	231	267	291	378
75	204	256	298	324	419
76	225	285	331	360	464
77	248	314	366	399	512
78	273	346	405	441	564
79	299	381	446	486	619
80	327				
81	356				
82	388				
83	421				
84	455				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0095-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	42	53	61	67	88
45-49	47	59	68	74	98
50-54	58	72	84	91	125
55	66	84	96	105	145
56	69	88	102	111	152
57	74	94	108	118	161
58	79	100	115	126	171
59	85	107	124	134	181
60	91	114	132	142	193
61	96	122	141	153	206
62	104	131	151	164	220
63	111	139	160	174	235
64	118	148	171	186	251
65	125	158	182	198	267
66	134	168	194	212	286
67	144	181	209	228	308
68	154	195	226	247	333
69	166	209	245	267	359
70	179	227	265	289	387
71	194	246	287	314	420
72	211	267	313	342	456
73	229	292	342	374	498
74	251	319	374	409	542
75	274	348	408	447	592
76	298	381	446	488	645
77	324	415	486	533	701
78	349	453	528	580	761
79	378	492	574	631	826
80	407				
81	436				
82	468				
83	501				
84	535				

CONTINENTAL CASUALTY COMPANY
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Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	47	60	69	76	99
45-49	53	66	78	84	111
50-54	65	81	95	104	140
55	73	93	109	119	160
56	76	98	115	125	167
57	81	104	121	132	176
58	86	109	128	140	187
59	92	116	136	148	199
60	99	125	145	158	211
61	106	133	154	167	225
62	113	142	164	179	240
63	120	152	174	189	256
64	127	161	186	202	272
65	135	171	198	215	291
66	145	182	212	232	309
67	155	196	228	249	334
68	167	212	247	271	360
69	180	227	266	292	388
70	194	247	288	315	419
71	209	267	313	342	454
72	228	291	340	373	494
73	248	318	372	407	539
74	271	346	406	445	587
75	295	378	442	485	640
76	321	412	482	528	695
77	347	447	525	575	756
78	375	486	571	626	820
79	404	527	619	679	889
80	435				
81	466				
82	500				
83	534				
84	569				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
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Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	49	62	73	80	104
45-49	55	69	81	88	115
50-54	68	86	100	108	146
55	76	96	114	125	166
56	80	101	120	131	174
57	85	107	126	138	184
58	89	114	133	146	194
59	95	121	141	154	206
60	102	129	149	164	219
61	109	138	159	173	233
62	116	147	169	185	248
63	124	156	180	196	265
64	132	166	192	209	281
65	140	176	205	224	300
66	149	188	220	240	320
67	160	202	236	259	345
68	172	219	255	280	372
69	186	235	275	302	401
70	200	255	298	327	433
71	216	276	324	354	469
72	235	301	352	386	511
73	256	328	384	421	556
74	279	358	419	460	606
75	304	389	456	501	660
76	331	425	498	546	718
77	358	461	541	594	780
78	386	500	588	646	846
79	415	542	638	700	916
80	447				
81	479				
82	513				
83	548				
84	585				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
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Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	32	39	46	49	66
45-49	35	44	51	55	73
50-54	46	56	65	72	94
55	53	65	75	82	112
56	55	68	79	86	119
57	59	73	85	92	127
58	64	79	92	99	136
59	68	85	99	107	147
60	74	93	107	116	158
61	81	100	116	126	171
62	87	108	126	136	184
63	93	116	135	146	198
64	100	125	145	156	212
65	106	133	154	167	227
66	114	144	166	180	245
67	124	155	180	195	266
68	134	169	196	213	289
69	146	185	214	233	315
70	159	201	234	255	345
71	174	221	256	280	376
72	191	242	282	308	413
73	209	267	311	340	454
74	231	293	342	374	498
75	253	322	376	412	546
76	278	353	413	453	599
77	302	387	453	496	654
78	328	422	495	544	714
79	356	461	540	593	776
80	386				
81	416				
82	448				
83	481				
84	516				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
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Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	36	46	53	56	75
45-49	41	51	58	64	84
50-54	51	64	74	81	106
55	59	73	85	92	125
56	62	78	89	98	132
57	66	82	95	104	141
58	71	88	102	112	151
59	75	94	109	120	161
60	81	102	119	129	173
61	88	109	128	140	186
62	94	118	138	151	199
63	101	126	148	161	214
64	108	135	158	172	229
65	115	145	168	184	245
66	125	156	181	198	265
67	135	168	196	213	287
68	147	184	214	233	313
69	159	200	233	254	341
70	172	218	254	276	372
71	187	239	278	304	407
72	205	261	306	334	446
73	225	288	336	368	489
74	247	316	369	405	538
75	272	347	407	446	589
76	298	380	447	491	646
77	325	416	489	536	706
78	352	455	535	587	771
79	382	496	584	641	839
80	413				
81	446				
82	479				
83	513				
84	551				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
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Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	39	48	55	60	80
45-49	44	53	61	67	88
50-54	53	66	78	85	111
55	61	76	89	96	131
56	65	81	94	102	138
57	68	86	100	108	147
58	73	92	107	116	156
59	79	99	114	125	167
60	85	106	124	135	179
61	91	114	133	146	192
62	98	122	142	156	206
63	105	131	153	167	221
64	112	140	164	179	236
65	120	149	174	191	253
66	129	161	188	205	273
67	140	174	204	221	296
68	152	189	221	241	322
69	164	206	241	262	352
70	178	225	262	286	384
71	193	246	287	314	420
72	211	269	315	345	460
73	232	296	347	380	505
74	254	326	381	418	555
75	280	358	420	460	608
76	306	392	461	506	666
77	334	429	505	554	728
78	362	469	552	606	794
79	393	512	602	662	865
80	425				
81	458				
82	492				
83	527				
84	565				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0095-A87
Long-Term Care Policy

WITH SURVIVORSHIP BENEFIT RIDER R1-N0103-SERIES

When this rider is chosen, multiply the final premium by the appropriate factor.

ISSUE AGE	NO INFLATION PROTECTION	SIMPLE INFLATION PROTECTION	COMPOUND INFLATION PROTECTION
18-44	1.11	1.17	1.17
45-49	1.14	1.21	1.21
50-54	1.18	1.28	1.28
55	1.20	1.30	1.30
56	1.20	1.30	1.30
57	1.21	1.30	1.30
58	1.21	1.30	1.30
59	1.21	1.30	1.30
60	1.21	1.30	1.30
61	1.21	1.30	1.30
62	1.21	1.29	1.29
63	1.21	1.29	1.29
64	1.21	1.28	1.28
65	1.20	1.27	1.27
66	1.20	1.26	1.26
67	1.20	1.26	1.26
68	1.19	1.25	1.25
69	1.19	1.24	1.24
70	1.18	1.23	1.23
71	1.18	1.22	1.22
72	1.17	1.20	1.20
73	1.16	1.19	1.19
74	1.16	1.18	1.18
75	1.15	1.17	1.17
76	1.14	1.16	1.16
77	1.13	1.15	1.15
78	1.12	1.14	1.14
79	1.11	1.13	1.13
80	1.10	1.12	1.12
81	1.09	1.11	1.11
82	1.08	1.10	1.10
83	1.07	1.09	1.09
84	1.06	1.08	1.08

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0095-A87
Long-Term Care Policy

Elimination Period Factors

Rates shown are for 30 day elimination period. Rates for other elimination periods are calculated by multiplying the 30 day rates by the appropriate factor from the following table:

Benefit Maximum	0	14	20	60	90	100	180	365
730x,1095x	1.12	1.07	1.03	0.94	0.90	0.89	0.78	0.67
1460x,1825x	1.10	1.05	1.03	0.95	0.90	0.89	0.79	0.69
Lifetime	1.08	1.04	1.03	0.96	0.92	0.91	0.84	0.75

Multi-Life Discount

A 5%, 10%, 15% or 20% discount to the rates is available for qualifying Associations of 10 or more lives.

Spousal Discount

A 20% discount to the rates is available to married couples if both spouses apply for coverage.

Dual Waiver of Premium Rider R1-N0104-Series

An optional dual waiver of premium rider will be offered. If one spouse qualifies for a waiver of premium, the premium of the other spouse will also be waived. If chosen, multiply the final premium by 1.06.

Shared Advantage Rider R1-N0105-Series

This rider will allow two covered spouses to purchase an additional benefit amount that can be used by either spouse after their base benefits are exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	No Inflation Protection	With Inflation Protection
730x	1.30	1.35
1095x	1.21	1.25
1460x	1.15	1.18
1825x	1.12	1.14

Restoration of Benefits Rider R1-N0106-Series

This rider restores the maximum lifetime benefit if the insured has not met the stipulated conditions for a period of 180 consecutive days and the maximum lifetime benefit has not been exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	Factor
730x	1.08
1095x	1.06
1460x,1825x	1.04

Cost of Living Increase Rider R1-N0107-Series

This rider allows the insured to increase their policy limits, subject to the terms of the rider, every three years without additional underwriting. The additional premium charged is based on the attained age and incremental increase in the maximum daily facility benefit when exercised. If chosen, multiply the final premium by the appropriate factor:

Age	Factor
18-44	1.15
45-49	1.12
50-55	1.10
56-58	1.09
59-61	1.08
62-64	1.07
65-67	1.06
68-70	1.05
71-73	1.04
74-76	1.03

Modal Factors

Semi-Annual: 0.52; Quarterly: 0.27; Check-A-Matic: 0.09

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604

Supplement to Rate Sheets for Policy Form P1-N0096-A87
PENNSYLVANIA

All rates for this form should be multiplied by a factor of: 1.9425

This factor represents the **proposed** increase of: 29.5%

And the following prior approved rate increases:

Policy Form	Increase Applies to all Policies or Subsets	Rate Increase Approved	Approval Date of Rate Increase
P1-N0096-A87	--Yes--	20.00%	3/14/2013
P1-N0096-A87	--Yes--	25.00%	12/3/2014

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0096-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	23.75	28.75	31.25	33.75	43.75
45-49	26.25	32.50	35.00	37.50	48.75
50-54	32.50	38.75	43.75	46.25	60.00
55	37.50	45.00	50.00	53.75	71.25
56	40.00	47.50	53.75	57.50	75.00
57	42.50	51.25	57.50	61.25	81.25
58	46.25	55.00	62.50	66.25	87.50
59	50.00	60.00	67.50	72.50	95.00
60	53.75	65.00	73.75	78.75	103.75
61	58.75	70.00	80.00	86.25	112.50
62	63.75	76.25	87.50	93.75	122.50
63	68.75	82.50	93.75	101.25	132.50
64	72.50	87.50	101.25	108.75	141.25
65	77.50	93.75	108.75	116.25	151.25
66	82.50	101.25	117.50	126.25	163.75
67	90.00	110.00	127.50	137.50	178.75
68	98.75	120.00	138.75	151.25	196.25
69	107.50	131.25	152.50	165.00	215.00
70	117.50	143.75	166.25	181.25	236.25
71	128.75	158.75	183.75	200.00	260.00
72	142.50	176.25	203.75	222.50	288.75
73	157.50	196.25	227.50	247.50	321.25
74	175.00	218.75	252.50	276.25	356.25
75	195.00	242.50	281.25	307.50	395.00
76	215.00	268.75	312.50	341.25	437.50
77	237.50	297.50	346.25	377.50	483.75
78	261.25	328.75	382.50	417.50	532.50
79	287.50	361.25	421.25	458.75	585.00
80	315.00				
81	343.75				
82	375.00				
83	407.50				
84	442.50				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0096-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	27.50	33.75	37.50	38.75	51.25
45-49	31.25	37.50	41.25	43.75	56.25
50-54	36.25	43.75	50.00	53.75	70.00
55	42.50	50.00	56.25	61.25	81.25
56	45.00	52.50	60.00	65.00	85.00
57	47.50	56.25	63.75	68.75	91.25
58	51.25	61.25	68.75	73.75	97.50
59	55.00	66.25	75.00	81.25	105.00
60	58.75	72.50	81.25	87.50	113.75
61	63.75	77.50	88.75	96.25	123.75
62	68.75	83.75	96.25	103.75	133.75
63	73.75	90.00	103.75	111.25	145.00
64	78.75	96.25	110.00	118.75	155.00
65	85.00	102.50	118.75	126.25	166.25
66	90.00	110.00	127.50	136.25	180.00
67	97.50	120.00	137.50	148.75	196.25
68	106.25	130.00	151.25	163.75	215.00
69	116.25	142.50	165.00	178.75	235.00
70	127.50	157.50	180.00	196.25	258.75
71	138.75	172.50	200.00	216.25	285.00
72	153.75	192.50	221.25	241.25	315.00
73	171.25	213.75	246.25	268.75	350.00
74	188.75	237.50	275.00	298.75	387.50
75	210.00	263.75	306.25	332.50	430.00
76	231.25	292.50	340.00	370.00	476.25
77	256.25	322.50	376.25	410.00	526.25
78	281.25	356.25	416.25	453.75	578.75
79	308.75	392.50	457.50	498.75	636.25
80	337.50				
81	368.75				
82	401.25				
83	435.00				
84	471.25				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0096-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	28.75	35.00	40.00	41.25	53.75
45-49	32.50	38.75	43.75	46.25	60.00
50-54	37.50	46.25	52.50	56.25	75.00
55	43.75	52.50	58.75	63.75	85.00
56	46.25	55.00	62.50	67.50	90.00
57	48.75	58.75	66.25	72.50	95.00
58	52.50	63.75	71.25	77.50	102.50
59	56.25	68.75	77.50	85.00	110.00
60	61.25	75.00	85.00	91.25	118.75
61	66.25	81.25	92.50	100.00	128.75
62	71.25	87.50	100.00	107.50	138.75
63	76.25	93.75	107.50	115.00	150.00
64	81.25	100.00	113.75	122.50	160.00
65	87.50	106.25	122.50	131.25	172.50
66	93.75	113.75	131.25	141.25	186.25
67	101.25	123.75	142.50	153.75	203.75
68	110.00	135.00	156.25	168.75	222.50
69	120.00	147.50	170.00	185.00	243.75
70	131.25	162.50	186.25	202.50	267.50
71	143.75	178.75	206.25	223.75	295.00
72	158.75	198.75	228.75	248.75	326.25
73	176.25	221.25	255.00	277.50	362.50
74	195.00	245.00	283.75	308.75	401.25
75	216.25	272.50	316.25	343.75	445.00
76	238.75	302.50	351.25	382.50	492.50
77	263.75	333.75	388.75	423.75	543.75
78	290.00	367.50	430.00	468.75	598.75
79	317.50	405.00	473.75	516.25	657.50
80	347.50				
81	378.75				
82	412.50				
83	447.50				
84	483.75				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0096-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	45.00	56.25	65.00	71.25	93.75
45-49	50.00	62.50	72.50	78.75	103.75
50-54	61.25	76.25	88.75	96.25	132.50
55	70.00	88.75	102.50	111.25	153.75
56	73.75	93.75	108.75	117.50	161.25
57	78.75	100.00	115.00	125.00	171.25
58	83.75	106.25	122.50	133.75	181.25
59	90.00	113.75	131.25	142.50	192.50
60	96.25	121.25	140.00	151.25	205.00
61	102.50	130.00	150.00	162.50	218.75
62	110.00	138.75	160.00	173.75	233.75
63	117.50	147.50	170.00	185.00	250.00
64	125.00	157.50	181.25	197.50	266.25
65	132.50	167.50	193.75	210.00	283.75
66	142.50	178.75	206.25	225.00	303.75
67	152.50	192.50	222.50	242.50	327.50
68	163.75	207.50	240.00	262.50	353.75
69	176.25	222.50	260.00	283.75	381.25
70	190.00	241.25	281.25	307.50	411.25
71	206.25	261.25	305.00	333.75	446.25
72	223.75	283.75	332.50	363.75	485.00
73	243.75	310.00	363.75	397.50	528.75
74	266.25	338.75	397.50	435.00	576.25
75	291.25	370.00	433.75	475.00	628.75
76	316.25	405.00	473.75	518.75	685.00
77	343.75	441.25	516.25	566.25	745.00
78	371.25	481.25	561.25	616.25	808.75
79	401.25	522.50	610.00	670.00	877.50
80	432.50				
81	463.75				
82	497.50				
83	532.50				
84	568.75				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0096-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	50.00	63.75	73.75	81.25	105.00
45-49	56.25	70.00	82.50	88.75	117.50
50-54	68.75	86.25	101.25	110.00	148.75
55	77.50	98.75	116.25	126.25	170.00
56	81.25	103.75	122.50	132.50	177.50
57	86.25	110.00	128.75	140.00	187.50
58	91.25	116.25	136.25	148.75	198.75
59	97.50	123.75	145.00	157.50	211.25
60	105.00	132.50	153.75	167.50	223.75
61	112.50	141.25	163.75	177.50	238.75
62	120.00	151.25	173.75	190.00	255.00
63	127.50	161.25	185.00	201.25	272.50
64	135.00	171.25	197.50	215.00	288.75
65	143.75	181.25	210.00	228.75	308.75
66	153.75	193.75	225.00	246.25	328.75
67	165.00	208.75	242.50	265.00	355.00
68	177.50	225.00	262.50	287.50	382.50
69	191.25	241.25	282.50	310.00	412.50
70	206.25	262.50	306.25	335.00	445.00
71	222.50	283.75	332.50	363.75	482.50
72	242.50	308.75	361.25	396.25	525.00
73	263.75	337.50	395.00	432.50	572.50
74	287.50	367.50	431.25	472.50	623.75
75	313.75	401.25	470.00	515.00	680.00
76	341.25	437.50	512.50	561.25	738.75
77	368.75	475.00	557.50	611.25	803.75
78	398.75	516.25	606.25	665.00	871.25
79	428.75	560.00	657.50	721.25	945.00
80	462.50				
81	495.00				
82	531.25				
83	567.50				
84	605.00				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0096-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	52.50	66.25	77.50	85.00	110.00
45-49	58.75	73.75	86.25	93.75	122.50
50-54	72.50	91.25	106.25	115.00	155.00
55	81.25	102.50	121.25	132.50	176.25
56	85.00	107.50	127.50	138.75	185.00
57	90.00	113.75	133.75	146.25	195.00
58	95.00	121.25	141.25	155.00	206.25
59	101.25	128.75	150.00	163.75	218.75
60	108.75	137.50	158.75	173.75	232.50
61	116.25	146.25	168.75	183.75	247.50
62	123.75	156.25	180.00	196.25	263.75
63	131.25	166.25	191.25	208.75	281.25
64	140.00	176.25	203.75	222.50	298.75
65	148.75	187.50	217.50	237.50	318.75
66	158.75	200.00	233.75	255.00	340.00
67	170.00	215.00	251.25	275.00	366.25
68	182.50	232.50	271.25	297.50	395.00
69	197.50	250.00	292.50	321.25	426.25
70	212.50	271.25	316.25	347.50	460.00
71	230.00	293.75	343.75	376.25	498.75
72	250.00	320.00	373.75	410.00	542.50
73	272.50	348.75	407.50	447.50	591.25
74	296.25	380.00	445.00	488.75	643.75
75	322.50	413.75	485.00	532.50	701.25
76	351.25	451.25	528.75	580.00	762.50
77	380.00	490.00	575.00	631.25	828.75
78	410.00	531.25	625.00	686.25	898.75
79	441.25	576.25	677.50	743.75	973.75
80	475.00				
81	508.75				
82	545.00				
83	582.50				
84	621.25				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0096-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	33.75	41.25	48.75	52.50	70.00
45-49	37.50	46.25	53.75	58.75	77.50
50-54	48.75	60.00	68.75	76.25	100.00
55	56.25	68.75	80.00	87.50	118.75
56	58.75	72.50	83.75	91.25	126.25
57	62.50	77.50	90.00	97.50	135.00
58	67.50	83.75	97.50	105.00	145.00
59	72.50	90.00	105.00	113.75	156.25
60	78.75	98.75	113.75	123.75	167.50
61	86.25	106.25	123.75	133.75	181.25
62	92.50	115.00	133.75	145.00	195.00
63	98.75	123.75	143.75	155.00	210.00
64	106.25	132.50	153.75	166.25	225.00
65	112.50	141.25	163.75	177.50	241.25
66	121.25	152.50	176.25	191.25	260.00
67	131.25	165.00	191.25	207.50	282.50
68	142.50	180.00	208.75	226.25	307.50
69	155.00	196.25	227.50	247.50	335.00
70	168.75	213.75	248.75	271.25	366.25
71	185.00	235.00	272.50	297.50	400.00
72	202.50	257.50	300.00	327.50	438.75
73	222.50	283.75	330.00	361.25	482.50
74	245.00	311.25	363.75	397.50	528.75
75	268.75	342.50	400.00	437.50	580.00
76	295.00	375.00	438.75	481.25	636.25
77	321.25	411.25	481.25	527.50	695.00
78	348.75	448.75	526.25	577.50	758.75
79	378.75	490.00	573.75	630.00	825.00
80	410.00				
81	442.50				
82	476.25				
83	511.25				
84	548.75				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0096-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	38.75	48.75	56.25	60.00	80.00
45-49	43.75	53.75	61.25	67.50	88.75
50-54	53.75	67.50	78.75	86.25	112.50
55	62.50	77.50	90.00	97.50	132.50
56	66.25	82.50	95.00	103.75	140.00
57	70.00	87.50	101.25	110.00	150.00
58	75.00	93.75	108.75	118.75	160.00
59	80.00	100.00	116.25	127.50	171.25
60	86.25	108.75	126.25	137.50	183.75
61	93.75	116.25	136.25	148.75	197.50
62	100.00	125.00	146.25	160.00	211.25
63	107.50	133.75	157.50	171.25	227.50
64	115.00	143.75	167.50	182.50	243.75
65	122.50	153.75	178.75	195.00	260.00
66	132.50	166.25	192.50	210.00	281.25
67	143.75	178.75	208.75	226.25	305.00
68	156.25	195.00	227.50	247.50	332.50
69	168.75	212.50	247.50	270.00	362.50
70	182.50	231.25	270.00	293.75	395.00
71	198.75	253.75	295.00	322.50	432.50
72	217.50	277.50	325.00	355.00	473.75
73	238.75	306.25	357.50	391.25	520.00
74	262.50	336.25	392.50	430.00	571.25
75	288.75	368.75	432.50	473.75	626.25
76	316.25	403.75	475.00	521.25	686.25
77	345.00	442.50	520.00	570.00	750.00
78	373.75	483.75	568.75	623.75	818.75
79	406.25	527.50	620.00	681.25	891.25
80	438.75				
81	473.75				
82	508.75				
83	545.00				
84	585.00				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0096-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	41.25	51.25	58.75	63.75	85.00
45-49	46.25	56.25	65.00	71.25	93.75
50-54	56.25	70.00	82.50	90.00	117.50
55	65.00	81.25	95.00	102.50	138.75
56	68.75	86.25	100.00	108.75	146.25
57	72.50	91.25	106.25	115.00	156.25
58	77.50	97.50	113.75	123.75	166.25
59	83.75	105.00	121.25	132.50	177.50
60	90.00	112.50	131.25	143.75	190.00
61	96.25	121.25	141.25	155.00	203.75
62	103.75	130.00	151.25	166.25	218.75
63	111.25	138.75	162.50	177.50	235.00
64	118.75	148.75	173.75	190.00	251.25
65	127.50	158.75	185.00	202.50	268.75
66	137.50	171.25	200.00	217.50	290.00
67	148.75	185.00	216.25	235.00	315.00
68	161.25	201.25	235.00	256.25	342.50
69	173.75	218.75	256.25	278.75	373.75
70	188.75	238.75	278.75	303.75	407.50
71	205.00	261.25	305.00	333.75	446.25
72	223.75	286.25	335.00	366.25	488.75
73	246.25	315.00	368.75	403.75	536.25
74	270.00	346.25	405.00	443.75	590.00
75	297.50	380.00	446.25	488.75	646.25
76	325.00	416.25	490.00	537.50	707.50
77	355.00	456.25	536.25	588.75	773.75
78	385.00	498.75	586.25	643.75	843.75
79	417.50	543.75	640.00	703.75	918.75
80	451.25				
81	486.25				
82	522.50				
83	560.00				
84	600.00				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0096-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	27.50	33.75	36.25	40.00	51.25
45-49	31.25	38.75	41.25	43.75	57.50
50-54	38.75	45.00	51.25	55.00	70.00
55	43.75	52.50	58.75	63.75	83.75
56	47.50	56.25	63.75	67.50	88.75
57	50.00	60.00	67.50	72.50	95.00
58	55.00	65.00	73.75	77.50	102.50
59	58.75	70.00	80.00	85.00	111.25
60	63.75	76.25	86.25	92.50	122.50
61	68.75	82.50	93.75	101.25	132.50
62	75.00	90.00	102.50	110.00	143.75
63	81.25	97.50	110.00	118.75	156.25
64	85.00	102.50	118.75	127.50	166.25
65	91.25	110.00	127.50	136.25	177.50
66	97.50	118.75	138.75	148.75	192.50
67	106.25	130.00	150.00	161.25	210.00
68	116.25	141.25	163.75	177.50	231.25
69	126.25	155.00	180.00	193.75	252.50
70	138.75	168.75	195.00	213.75	277.50
71	151.25	186.25	216.25	235.00	306.25
72	167.50	207.50	240.00	261.25	340.00
73	185.00	231.25	267.50	291.25	377.50
74	206.25	257.50	297.50	325.00	418.75
75	230.00	285.00	331.25	361.25	465.00
76	252.50	316.25	367.50	401.25	515.00
77	280.00	350.00	407.50	443.75	568.75
78	307.50	386.25	450.00	491.25	626.25
79	338.75	425.00	495.00	540.00	688.75
80	370.00				
81	405.00				
82	441.25				
83	480.00				
84	520.00				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0096-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	32.50	40.00	43.75	45.00	60.00
45-49	36.25	43.75	48.75	51.25	66.25
50-54	42.50	51.25	58.75	63.75	82.50
55	50.00	58.75	66.25	72.50	95.00
56	52.50	61.25	70.00	76.25	100.00
57	56.25	66.25	75.00	81.25	107.50
58	60.00	72.50	81.25	86.25	115.00
59	65.00	77.50	88.75	95.00	123.75
60	68.75	85.00	95.00	102.50	133.75
61	75.00	91.25	105.00	113.75	145.00
62	81.25	98.75	113.75	122.50	157.50
63	86.25	106.25	122.50	131.25	170.00
64	92.50	113.75	130.00	140.00	182.50
65	100.00	120.00	140.00	148.75	195.00
66	106.25	130.00	150.00	160.00	211.25
67	115.00	141.25	161.25	175.00	231.25
68	125.00	152.50	177.50	192.50	252.50
69	136.25	167.50	193.75	210.00	276.25
70	150.00	185.00	211.25	231.25	305.00
71	163.75	202.50	235.00	255.00	335.00
72	181.25	226.25	260.00	283.75	370.00
73	201.25	251.25	290.00	316.25	411.25
74	222.50	280.00	323.75	351.25	456.25
75	247.50	310.00	360.00	391.25	506.25
76	272.50	343.75	400.00	435.00	560.00
77	301.25	380.00	442.50	482.50	618.75
78	331.25	418.75	490.00	533.75	681.25
79	363.75	461.25	538.75	586.25	748.75
80	397.50				
81	433.75				
82	472.50				
83	511.25				
84	555.00				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0096-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	33.75	41.25	47.50	48.75	63.75
45-49	38.75	45.00	51.25	55.00	70.00
50-54	43.75	55.00	61.25	66.25	88.75
55	51.25	61.25	68.75	75.00	100.00
56	55.00	65.00	73.75	80.00	106.25
57	57.50	68.75	77.50	85.00	111.25
58	61.25	75.00	83.75	91.25	120.00
59	66.25	81.25	91.25	100.00	130.00
60	72.50	88.75	100.00	107.50	140.00
61	77.50	95.00	108.75	117.50	151.25
62	83.75	102.50	117.50	126.25	163.75
63	90.00	110.00	126.25	135.00	176.25
64	95.00	117.50	133.75	143.75	188.75
65	102.50	125.00	143.75	155.00	202.50
66	110.00	133.75	155.00	166.25	218.75
67	118.75	145.00	167.50	181.25	240.00
68	130.00	158.75	183.75	198.75	261.25
69	141.25	173.75	200.00	217.50	286.25
70	155.00	191.25	218.75	238.75	315.00
71	168.75	210.00	242.50	263.75	347.50
72	186.25	233.75	268.75	292.50	383.75
73	207.50	260.00	300.00	326.25	426.25
74	230.00	288.75	333.75	363.75	472.50
75	255.00	320.00	372.50	405.00	523.75
76	281.25	356.25	413.75	450.00	580.00
77	310.00	392.50	457.50	498.75	640.00
78	341.25	432.50	506.25	551.25	705.00
79	373.75	476.25	557.50	607.50	773.75
80	408.75				
81	445.00				
82	485.00				
83	526.25				
84	568.75				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0096-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	52.50	66.25	76.25	83.75	110.00
45-49	58.75	73.75	85.00	92.50	122.50
50-54	72.50	90.00	105.00	113.75	156.25
55	82.50	105.00	120.00	131.25	181.25
56	86.25	110.00	127.50	138.75	190.00
57	92.50	117.50	135.00	147.50	201.25
58	98.75	125.00	143.75	157.50	213.75
59	106.25	133.75	155.00	167.50	226.25
60	113.75	142.50	165.00	177.50	241.25
61	120.00	152.50	176.25	191.25	257.50
62	130.00	163.75	188.75	205.00	275.00
63	138.75	173.75	200.00	217.50	293.75
64	147.50	185.00	213.75	232.50	313.75
65	156.25	197.50	227.50	247.50	333.75
66	167.50	210.00	242.50	265.00	357.50
67	180.00	226.25	261.25	285.00	385.00
68	192.50	243.75	282.50	308.75	416.25
69	207.50	261.25	306.25	333.75	448.75
70	223.75	283.75	331.25	361.25	483.75
71	242.50	307.50	358.75	392.50	525.00
72	263.75	333.75	391.25	427.50	570.00
73	286.25	365.00	427.50	467.50	622.50
74	313.75	398.75	467.50	511.25	677.50
75	342.50	435.00	510.00	558.75	740.00
76	372.50	476.25	557.50	610.00	806.25
77	405.00	518.75	607.50	666.25	876.25
78	436.25	566.25	660.00	725.00	951.25
79	472.50	615.00	717.50	788.75	1032.50
80	508.75				
81	545.00				
82	585.00				
83	626.25				
84	668.75				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0096-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	58.75	75.00	86.25	95.00	123.75
45-49	66.25	82.50	97.50	105.00	138.75
50-54	81.25	101.25	118.75	130.00	175.00
55	91.25	116.25	136.25	148.75	200.00
56	95.00	122.50	143.75	156.25	208.75
57	101.25	130.00	151.25	165.00	220.00
58	107.50	136.25	160.00	175.00	233.75
59	115.00	145.00	170.00	185.00	248.75
60	123.75	156.25	181.25	197.50	263.75
61	132.50	166.25	192.50	208.75	281.25
62	141.25	177.50	205.00	223.75	300.00
63	150.00	190.00	217.50	236.25	320.00
64	158.75	201.25	232.50	252.50	340.00
65	168.75	213.75	247.50	268.75	363.75
66	181.25	227.50	265.00	290.00	386.25
67	193.75	245.00	285.00	311.25	417.50
68	208.75	265.00	308.75	338.75	450.00
69	225.00	283.75	332.50	365.00	485.00
70	242.50	308.75	360.00	393.75	523.75
71	261.25	333.75	391.25	427.50	567.50
72	285.00	363.75	425.00	466.25	617.50
73	310.00	397.50	465.00	508.75	673.75
74	338.75	432.50	507.50	556.25	733.75
75	368.75	472.50	552.50	606.25	800.00
76	401.25	515.00	602.50	660.00	868.75
77	433.75	558.75	656.25	718.75	945.00
78	468.75	607.50	713.75	782.50	1025.00
79	505.00	658.75	773.75	848.75	1111.25
80	543.75				
81	582.50				
82	625.00				
83	667.50				
84	711.25				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0096-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	61.25	77.50	91.25	100.00	130.00
45-49	68.75	86.25	101.25	110.00	143.75
50-54	85.00	107.50	125.00	135.00	182.50
55	95.00	120.00	142.50	156.25	207.50
56	100.00	126.25	150.00	163.75	217.50
57	106.25	133.75	157.50	172.50	230.00
58	111.25	142.50	166.25	182.50	242.50
59	118.75	151.25	176.25	192.50	257.50
60	127.50	161.25	186.25	205.00	273.75
61	136.25	172.50	198.75	216.25	291.25
62	145.00	183.75	211.25	231.25	310.00
63	155.00	195.00	225.00	245.00	331.25
64	165.00	207.50	240.00	261.25	351.25
65	175.00	220.00	256.25	280.00	375.00
66	186.25	235.00	275.00	300.00	400.00
67	200.00	252.50	295.00	323.75	431.25
68	215.00	273.75	318.75	350.00	465.00
69	232.50	293.75	343.75	377.50	501.25
70	250.00	318.75	372.50	408.75	541.25
71	270.00	345.00	405.00	442.50	586.25
72	293.75	376.25	440.00	482.50	638.75
73	320.00	410.00	480.00	526.25	695.00
74	348.75	447.50	523.75	575.00	757.50
75	380.00	486.25	570.00	626.25	825.00
76	413.75	531.25	622.50	682.50	897.50
77	447.50	576.25	676.25	742.50	975.00
78	482.50	625.00	735.00	807.50	1057.50
79	518.75	677.50	797.50	875.00	1145.00
80	558.75				
81	598.75				
82	641.25				
83	685.00				
84	731.25				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0096-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	40.00	48.75	57.50	61.25	82.50
45-49	43.75	55.00	63.75	68.75	91.25
50-54	57.50	70.00	81.25	90.00	117.50
55	66.25	81.25	93.75	102.50	140.00
56	68.75	85.00	98.75	107.50	148.75
57	73.75	91.25	106.25	115.00	158.75
58	80.00	98.75	115.00	123.75	170.00
59	85.00	106.25	123.75	133.75	183.75
60	92.50	116.25	133.75	145.00	197.50
61	101.25	125.00	145.00	157.50	213.75
62	108.75	135.00	157.50	170.00	230.00
63	116.25	145.00	168.75	182.50	247.50
64	125.00	156.25	181.25	195.00	265.00
65	132.50	166.25	192.50	208.75	283.75
66	142.50	180.00	207.50	225.00	306.25
67	155.00	193.75	225.00	243.75	332.50
68	167.50	211.25	245.00	266.25	361.25
69	182.50	231.25	267.50	291.25	393.75
70	198.75	251.25	292.50	318.75	431.25
71	217.50	276.25	320.00	350.00	470.00
72	238.75	302.50	352.50	385.00	516.25
73	261.25	333.75	388.75	425.00	567.50
74	288.75	366.25	427.50	467.50	622.50
75	316.25	402.50	470.00	515.00	682.50
76	347.50	441.25	516.25	566.25	748.75
77	377.50	483.75	566.25	620.00	817.50
78	410.00	527.50	618.75	680.00	892.50
79	445.00	576.25	675.00	741.25	970.00
80	482.50				
81	520.00				
82	560.00				
83	601.25				
84	645.00				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0096-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	45.00	57.50	66.25	70.00	93.75
45-49	51.25	63.75	72.50	80.00	105.00
50-54	63.75	80.00	92.50	101.25	132.50
55	73.75	91.25	106.25	115.00	156.25
56	77.50	97.50	111.25	122.50	165.00
57	82.50	102.50	118.75	130.00	176.25
58	88.75	110.00	127.50	140.00	188.75
59	93.75	117.50	136.25	150.00	201.25
60	101.25	127.50	148.75	161.25	216.25
61	110.00	136.25	160.00	175.00	232.50
62	117.50	147.50	172.50	188.75	248.75
63	126.25	157.50	185.00	201.25	267.50
64	135.00	168.75	197.50	215.00	286.25
65	143.75	181.25	210.00	230.00	306.25
66	156.25	195.00	226.25	247.50	331.25
67	168.75	210.00	245.00	266.25	358.75
68	183.75	230.00	267.50	291.25	391.25
69	198.75	250.00	291.25	317.50	426.25
70	215.00	272.50	317.50	345.00	465.00
71	233.75	298.75	347.50	380.00	508.75
72	256.25	326.25	382.50	417.50	557.50
73	281.25	360.00	420.00	460.00	611.25
74	308.75	395.00	461.25	506.25	672.50
75	340.00	433.75	508.75	557.50	736.25
76	372.50	475.00	558.75	613.75	807.50
77	406.25	520.00	611.25	670.00	882.50
78	440.00	568.75	668.75	733.75	963.75
79	477.50	620.00	730.00	801.25	1048.75
80	516.25				
81	557.50				
82	598.75				
83	641.25				
84	688.75				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0096-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	48.75	60.00	68.75	75.00	100.00
45-49	55.00	66.25	76.25	83.75	110.00
50-54	66.25	82.50	97.50	106.25	138.75
55	76.25	95.00	111.25	120.00	163.75
56	81.25	101.25	117.50	127.50	172.50
57	85.00	107.50	125.00	135.00	183.75
58	91.25	115.00	133.75	145.00	195.00
59	98.75	123.75	142.50	156.25	208.75
60	106.25	132.50	155.00	168.75	223.75
61	113.75	142.50	166.25	182.50	240.00
62	122.50	152.50	177.50	195.00	257.50
63	131.25	163.75	191.25	208.75	276.25
64	140.00	175.00	205.00	223.75	295.00
65	150.00	186.25	217.50	238.75	316.25
66	161.25	201.25	235.00	256.25	341.25
67	175.00	217.50	255.00	276.25	370.00
68	190.00	236.25	276.25	301.25	402.50
69	205.00	257.50	301.25	327.50	440.00
70	222.50	281.25	327.50	357.50	480.00
71	241.25	307.50	358.75	392.50	525.00
72	263.75	336.25	393.75	431.25	575.00
73	290.00	370.00	433.75	475.00	631.25
74	317.50	407.50	476.25	522.50	693.75
75	350.00	447.50	525.00	575.00	760.00
76	382.50	490.00	576.25	632.50	832.50
77	417.50	536.25	631.25	692.50	910.00
78	452.50	586.25	690.00	757.50	992.50
79	491.25	640.00	752.50	827.50	1081.25
80	531.25				
81	572.50				
82	615.00				
83	658.75				
84	706.25				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0096-A87
Long-Term Care Policy

WITH SURVIVORSHIP BENEFIT RIDER R1-N0103-SERIES

When this rider is chosen, multiply the final premium by the appropriate factor.

ISSUE AGE	NO INFLATION PROTECTION	SIMPLE INFLATION PROTECTION	COMPOUND INFLATION PROTECTION
18-44	1.11	1.17	1.17
45-49	1.14	1.21	1.21
50-54	1.18	1.28	1.28
55	1.20	1.30	1.30
56	1.20	1.30	1.30
57	1.21	1.30	1.30
58	1.21	1.30	1.30
59	1.21	1.30	1.30
60	1.21	1.30	1.30
61	1.21	1.30	1.30
62	1.21	1.29	1.29
63	1.21	1.29	1.29
64	1.21	1.28	1.28
65	1.20	1.27	1.27
66	1.20	1.26	1.26
67	1.20	1.26	1.26
68	1.19	1.25	1.25
69	1.19	1.24	1.24
70	1.18	1.23	1.23
71	1.18	1.22	1.22
72	1.17	1.20	1.20
73	1.16	1.19	1.19
74	1.16	1.18	1.18
75	1.15	1.17	1.17
76	1.14	1.16	1.16
77	1.13	1.15	1.15
78	1.12	1.14	1.14
79	1.11	1.13	1.13
80	1.10	1.12	1.12
81	1.09	1.11	1.11
82	1.08	1.10	1.10
83	1.07	1.09	1.09
84	1.06	1.08	1.08

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0096-A87
Long-Term Care Policy

Elimination Period Factors

Rates shown are for 30 day elimination period. Rates for other elimination periods are calculated by multiplying the 30 day rates by the appropriate factor from the following table:

Benefit Maximum	0	14	20	60	90	100	180	365
730x,1095x	1.12	1.07	1.03	0.94	0.90	0.89	0.78	0.67
1460x,1825x	1.10	1.05	1.03	0.95	0.90	0.89	0.79	0.69
Lifetime	1.08	1.04	1.03	0.96	0.92	0.91	0.84	0.75

Multi-Life Discount

A 5%, 10%, 15% or 20% discount to the rates is available for qualifying Associations of 10 or more lives.

Spousal Discount

A 20% discount to the rates is available to married couples if both spouses apply for coverage.

Dual Waiver of Premium Rider R1-N0104-Series

An optional dual waiver of premium rider will be offered. If one spouse qualifies for a waiver of premium, the premium of the other spouse will also be waived. If chosen, multiply the final premium by 1.06.

Shared Advantage Rider R1-N0105-Series

This rider will allow two covered spouses to purchase an additional benefit amount that can be used by either spouse after their base benefits are exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	No Inflation Protection	With Inflation Protection
730x	1.30	1.35
1095x	1.21	1.25
1460x	1.15	1.18
1825x	1.12	1.14

Restoration of Benefits Rider R1-N0106-Series

This rider restores the maximum lifetime benefit if the insured has not met the stipulated conditions for a period of 180 consecutive days and the maximum lifetime benefit has not been exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	Factor
730x	1.08
1095x	1.06
1460x,1825x	1.04

Cost of Living Increase Rider R1-N0107-Series

This rider allows the insured to increase their policy limits, subject to the terms of the rider, every three years without additional underwriting. The additional premium charged is based on the attained age and incremental increase in the maximum daily facility benefit when exercised. If chosen, multiply the final premium by the appropriate factor:

Age	Factor
18-44	1.15
45-49	1.12
50-55	1.10
56-58	1.09
59-61	1.08
62-64	1.07
65-67	1.06
68-70	1.05
71-73	1.04
74-76	1.03

Modal Factors

Semi-Annual: 0.52; Quarterly: 0.27; Check-A-Matic: 0.09

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604

Supplement to Rate Sheets for Policy Form P1-N0100-A87
PENNSYLVANIA

All rates for this form should be multiplied by a factor of: 1.9425

This factor represents the **proposed** increase of: 29.5%

And the following prior approved rate increases:

Policy Form	Increase Applies to all Policies or Subsets	Rate Increase Approved	Approval Date of Rate Increase
P1-N0100-A87	--Yes--	20.00%	3/14/2013
P1-N0100-A87	--Yes--	25.00%	12/3/2014

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0100-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	21	24	28	30	38
45-49	23	27	31	33	42
50-54	28	33	38	41	52
55	32	38	44	47	62
56	34	41	47	50	66
57	37	44	50	54	71
58	40	48	54	59	77
59	44	52	59	64	84
60	48	57	65	71	91
61	52	63	71	77	99
62	56	68	77	84	108
63	60	73	83	90	116
64	64	78	89	96	125
65	68	84	95	103	134
66	74	90	103	111	145
67	80	98	112	121	158
68	87	107	123	133	174
69	95	117	135	146	191
70	104	128	148	161	210
71	115	142	164	179	232
72	128	158	183	200	259
73	143	177	205	224	290
74	159	198	230	251	324
75	178	222	258	281	361
76	198	248	288	314	402
77	220	276	321	349	447
78	244	307	357	387	495
79	270	339	395	428	547
80	297				
81	327				
82	358				
83	391				
84	426				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0100-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	25	30	34	36	46
45-49	27	33	37	40	51
50-54	32	39	45	49	64
55	38	45	51	55	73
56	40	48	54	58	77
57	43	51	58	62	82
58	46	55	62	67	88
59	50	60	68	73	95
60	54	65	74	80	104
61	58	71	81	87	112
62	63	76	88	95	122
63	68	82	94	101	131
64	72	88	100	109	141
65	77	95	107	116	152
66	83	101	116	126	164
67	90	111	126	137	179
68	98	121	138	151	196
69	107	132	152	165	216
70	117	145	167	181	237
71	128	160	185	201	263
72	143	178	206	225	293
73	159	199	231	251	327
74	177	223	259	282	365
75	198	249	290	315	407
76	220	277	324	353	454
77	245	309	360	392	504
78	271	343	400	435	557
79	299	380	443	482	616
80	329				
81	361				
82	394				
83	430				
84	468				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0100-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	26	32	36	39	50
45-49	29	35	40	43	55
50-54	34	42	48	52	69
55	40	48	54	59	77
56	42	51	57	62	81
57	45	54	61	66	86
58	48	58	66	71	93
59	52	63	72	77	100
60	57	68	78	84	109
61	61	74	85	91	118
62	66	80	92	99	128
63	71	86	99	106	138
64	75	92	105	114	148
65	81	99	112	122	159
66	87	106	121	132	172
67	94	116	132	144	188
68	102	127	145	158	206
69	112	138	159	173	226
70	122	152	175	190	249
71	134	167	194	211	276
72	149	186	216	235	307
73	166	208	242	263	343
74	185	233	271	295	383
75	207	260	303	330	427
76	230	290	339	369	476
77	255	323	377	411	528
78	282	358	418	456	584
79	311	397	463	505	645
80	342				
81	375				
82	410				
83	447				
84	486				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0100-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	40	49	56	60	82
45-49	44	54	62	67	91
50-54	54	67	77	85	116
55	63	78	90	98	134
56	66	82	95	104	142
57	70	87	101	110	150
58	75	93	108	117	159
59	79	99	115	125	169
60	85	106	122	133	180
61	91	113	131	142	192
62	97	121	140	152	205
63	103	129	150	162	219
64	110	137	159	173	233
65	117	146	170	185	249
66	125	157	182	198	268
67	135	169	197	214	289
68	146	183	213	232	313
69	157	198	230	251	338
70	170	215	250	273	367
71	184	234	272	297	399
72	201	256	298	326	436
73	221	281	328	359	478
74	243	309	361	395	524
75	267	339	397	434	575
76	292	372	436	478	630
77	319	408	479	524	689
78	347	446	525	574	752
79	377	487	574	627	820
80	408				
81	440				
82	474				
83	509				
84	546				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0100-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	46	57	66	72	95
45-49	51	64	73	80	106
50-54	63	79	91	99	134
55	71	90	104	113	154
56	74	95	110	119	162
57	78	100	116	126	170
58	83	106	123	134	180
59	89	112	130	143	191
60	96	119	139	151	202
61	102	127	148	161	216
62	109	136	158	172	230
63	116	144	169	184	246
64	123	154	179	196	262
65	131	164	192	209	280
66	140	176	205	224	300
67	150	190	222	242	324
68	162	205	240	262	351
69	175	223	259	284	379
70	190	242	282	309	411
71	206	263	307	336	447
72	225	288	336	368	489
73	247	315	369	405	535
74	271	346	405	444	586
75	297	380	445	487	643
76	325	415	488	535	704
77	354	455	534	586	769
78	385	496	585	640	839
79	417	542	637	698	913
80	451				
81	486				
82	522				
83	561				
84	601				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0100-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	49	61	70	77	101
45-49	54	68	78	86	112
50-54	67	84	97	105	142
55	75	95	110	120	162
56	78	100	116	126	170
57	82	105	122	133	179
58	87	111	129	141	189
59	93	118	137	150	200
60	100	125	146	159	212
61	107	133	155	169	226
62	114	142	166	181	241
63	121	151	177	193	257
64	129	161	188	206	274
65	137	172	201	219	293
66	146	184	215	235	314
67	157	199	232	254	339
68	169	215	251	275	367
69	183	233	272	298	397
70	198	253	295	324	430
71	215	275	322	353	468
72	235	301	352	386	511
73	258	330	386	424	560
74	283	362	424	465	613
75	310	397	465	510	672
76	339	434	510	559	735
77	369	475	558	612	803
78	401	518	610	668	876
79	434	565	664	729	953
80	469				
81	505				
82	543				
83	583				
84	624				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0100-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	29	36	42	46	61
45-49	32	40	47	51	68
50-54	43	53	60	65	87
55	49	61	69	76	103
56	52	64	73	80	110
57	55	68	78	86	118
58	59	73	84	93	127
59	64	79	91	100	137
60	69	86	99	108	148
61	75	93	108	117	159
62	81	101	117	127	172
63	87	108	126	137	185
64	93	116	135	146	198
65	100	124	144	157	213
66	108	133	155	169	230
67	117	145	169	184	250
68	127	158	185	201	273
69	138	173	202	220	298
70	150	189	221	241	326
71	164	208	243	266	357
72	181	230	269	294	394
73	200	255	298	326	435
74	222	282	331	362	481
75	245	313	366	401	531
76	270	346	404	443	585
77	297	381	446	489	643
78	325	419	491	538	705
79	355	460	538	591	772
80	386				
81	419				
82	453				
83	489				
84	527				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0100-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	35	44	50	55	72
45-49	39	48	56	61	80
50-54	49	61	71	77	101
55	57	71	81	89	120
56	60	75	86	93	128
57	63	79	91	99	136
58	68	85	98	107	146
59	73	92	106	115	156
60	79	99	114	124	167
61	85	106	123	134	179
62	92	115	133	145	193
63	98	123	143	155	207
64	105	131	153	166	222
65	113	141	163	177	238
66	121	151	175	191	257
67	131	164	191	207	279
68	142	178	208	226	305
69	154	195	227	247	333
70	168	213	249	271	365
71	184	234	273	298	400
72	202	258	302	330	441
73	223	285	334	365	487
74	247	316	370	405	538
75	273	349	409	448	593
76	301	385	451	495	654
77	330	424	497	546	718
78	361	465	546	600	787
79	393	510	599	658	861
80	427				
81	462				
82	500				
83	539				
84	580				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0100-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	38	47	54	59	77
45-49	42	52	60	65	85
50-54	52	65	75	82	107
55	60	75	86	94	127
56	63	79	91	99	135
57	67	84	97	105	144
58	72	90	104	113	154
59	77	97	112	121	164
60	83	104	121	131	175
61	89	112	130	141	188
62	96	121	140	152	202
63	103	130	150	163	217
64	110	138	160	174	232
65	118	148	171	186	249
66	126	159	184	200	268
67	137	172	200	217	292
68	149	187	218	237	319
69	161	204	238	259	348
70	176	223	261	284	381
71	192	245	286	312	418
72	211	270	316	345	461
73	233	298	350	382	509
74	258	330	387	423	562
75	285	364	427	468	620
76	314	402	471	517	683
77	344	442	519	570	750
78	376	485	570	627	822
79	409	532	625	687	899
80	444				
81	481				
82	520				
83	560				
84	602				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0100-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	25	28	33	35	45
45-49	27	32	36	39	49
50-54	33	39	45	48	61
55	38	45	52	55	73
56	40	48	55	59	78
57	44	52	59	64	84
58	47	56	64	69	91
59	52	61	69	75	99
60	56	67	76	84	107
61	61	74	84	91	116
62	66	80	91	99	127
63	71	86	98	106	136
64	75	92	105	113	147
65	80	99	112	121	158
66	87	106	121	131	171
67	94	115	132	142	186
68	102	126	145	156	205
69	112	138	159	172	225
70	122	151	174	189	247
71	135	167	193	211	273
72	151	186	215	235	305
73	168	208	241	264	341
74	187	233	271	295	381
75	209	261	304	331	425
76	233	292	339	369	473
77	259	325	378	411	526
78	287	361	420	455	582
79	318	399	465	504	644
80	349				
81	385				
82	421				
83	460				
84	501				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0100-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	29	35	40	42	54
45-49	32	39	44	47	60
50-54	38	46	53	58	75
55	45	53	60	65	86
56	47	56	64	68	91
57	51	60	68	73	96
58	54	65	73	79	104
59	59	71	80	86	112
60	64	76	87	94	122
61	68	84	95	102	132
62	74	89	104	112	144
63	80	96	111	119	154
64	85	104	118	128	166
65	91	112	126	136	179
66	98	119	136	148	193
67	106	131	148	161	211
68	115	142	162	178	231
69	126	155	179	194	254
70	138	171	196	213	279
71	151	188	218	236	309
72	168	209	242	265	345
73	187	234	272	295	385
74	208	262	305	332	429
75	233	293	341	371	479
76	259	326	381	415	534
77	288	364	424	461	593
78	319	404	471	512	655
79	352	447	521	567	725
80	387				
81	425				
82	464				
83	506				
84	551				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0100-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	31	38	42	46	59
45-49	34	41	47	51	65
50-54	40	49	56	61	81
55	47	56	64	69	91
56	49	60	67	73	95
57	53	64	72	78	101
58	56	68	78	84	109
59	61	74	85	91	118
60	67	80	92	99	128
61	72	87	100	107	139
62	78	94	108	116	151
63	84	101	116	125	162
64	88	108	124	134	174
65	95	116	132	144	187
66	102	125	142	155	202
67	111	136	155	169	221
68	120	149	171	186	242
69	132	162	187	204	266
70	144	179	206	224	293
71	158	196	228	248	325
72	175	219	254	276	361
73	195	245	285	309	404
74	218	274	319	347	451
75	244	306	356	388	502
76	271	341	399	434	560
77	300	380	444	484	621
78	332	421	492	536	687
79	366	467	545	594	759
80	402				
81	441				
82	482				
83	526				
84	572				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0100-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	47	58	66	71	96
45-49	52	64	73	79	107
50-54	64	79	91	100	136
55	74	92	106	115	158
56	78	96	112	122	167
57	82	102	119	129	176
58	88	109	127	138	187
59	93	116	135	147	199
60	100	125	144	156	212
61	107	133	154	167	226
62	114	142	165	179	241
63	121	152	176	191	258
64	129	161	187	204	274
65	138	172	200	218	293
66	147	185	214	233	315
67	159	199	232	252	340
68	172	215	251	273	368
69	185	233	271	295	398
70	200	253	294	321	432
71	216	275	320	349	469
72	236	301	351	384	513
73	260	331	386	422	562
74	286	364	425	465	616
75	314	399	467	511	676
76	344	438	513	562	741
77	375	480	564	616	811
78	408	525	618	675	885
79	444	573	675	738	965
80	480				
81	518				
82	558				
83	599				
84	642				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0100-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	54	67	78	85	112
45-49	60	75	86	94	125
50-54	74	93	107	116	158
55	84	106	122	133	181
56	87	112	129	140	191
57	92	118	136	148	200
58	98	125	145	158	212
59	105	132	153	168	225
60	113	140	164	178	238
61	120	149	174	189	254
62	128	160	186	202	271
63	136	169	199	216	289
64	145	181	211	231	308
65	154	193	226	246	329
66	165	207	241	264	353
67	176	224	261	285	381
68	191	241	282	308	413
69	206	262	305	334	446
70	224	285	332	364	484
71	242	309	361	395	526
72	265	339	395	433	575
73	291	371	434	476	629
74	319	407	476	522	689
75	349	447	524	573	756
76	382	488	574	629	828
77	416	535	628	689	905
78	453	584	688	753	987
79	491	638	749	821	1074
80	531				
81	572				
82	614				
83	660				
84	707				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0100-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	58	72	82	91	119
45-49	64	80	92	101	132
50-54	79	99	114	124	167
55	88	112	129	141	191
56	92	118	136	148	200
57	96	124	144	156	211
58	102	131	152	166	222
59	109	139	161	176	235
60	118	147	172	187	249
61	126	156	182	199	266
62	134	167	195	213	284
63	142	178	208	227	302
64	152	189	221	242	322
65	161	202	236	258	345
66	172	216	253	276	369
67	185	234	273	299	399
68	199	253	295	324	432
69	215	274	320	351	467
70	233	298	347	381	506
71	253	324	379	415	551
72	276	354	414	454	601
73	304	388	454	499	659
74	333	426	499	547	721
75	365	467	547	600	791
76	399	511	600	658	865
77	434	559	656	720	945
78	472	609	718	786	1031
79	511	665	781	858	1121
80	552				
81	594				
82	639				
83	686				
84	734				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0100-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	34	42	49	54	72
45-49	38	47	55	60	80
50-54	51	62	71	76	102
55	58	72	81	89	121
56	61	75	86	94	129
57	65	80	92	101	139
58	69	86	99	109	149
59	75	93	107	118	161
60	81	101	116	127	174
61	88	109	127	138	187
62	95	119	138	149	202
63	102	127	148	161	218
64	109	136	159	172	233
65	118	146	169	185	251
66	127	156	182	199	271
67	138	171	199	216	294
68	149	186	218	236	321
69	162	204	238	259	351
70	176	222	260	284	384
71	193	245	286	313	420
72	213	271	316	346	464
73	235	300	351	384	512
74	261	332	389	426	566
75	288	368	431	472	625
76	318	407	475	521	688
77	349	448	525	575	756
78	382	493	578	633	829
79	418	541	633	695	908
80	454				
81	493				
82	533				
83	575				
84	620				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0100-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	41	52	59	65	85
45-49	46	56	66	72	94
50-54	58	72	84	91	119
55	67	84	95	105	141
56	71	88	101	109	151
57	74	93	107	116	160
58	80	100	115	126	172
59	86	108	125	135	184
60	93	116	134	146	196
61	100	125	145	158	211
62	108	135	156	171	227
63	115	145	168	182	244
64	124	154	180	195	261
65	133	166	192	208	280
66	142	178	206	225	302
67	154	193	225	244	328
68	167	209	245	266	359
69	181	229	267	291	392
70	198	251	293	319	429
71	216	275	321	351	471
72	238	304	355	388	519
73	262	335	393	429	573
74	291	372	435	476	633
75	321	411	481	527	698
76	354	453	531	582	769
77	388	499	585	642	845
78	425	547	642	706	926
79	462	600	705	774	1013
80	502				
81	544				
82	588				
83	634				
84	682				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0100-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	45	55	64	69	91
45-49	49	61	71	76	100
50-54	61	76	88	96	126
55	71	88	101	111	149
56	74	93	107	116	159
57	79	99	114	124	169
58	85	106	122	133	181
59	91	114	132	142	193
60	98	122	142	154	206
61	105	132	153	166	221
62	113	142	165	179	238
63	121	153	176	192	255
64	129	162	188	205	273
65	139	174	201	219	293
66	148	187	216	235	315
67	161	202	235	255	344
68	175	220	256	279	375
69	189	240	280	305	409
70	207	262	307	334	448
71	226	288	336	367	492
72	248	318	372	406	542
73	274	351	412	449	599
74	304	388	455	498	661
75	335	428	502	551	729
76	369	473	554	608	804
77	405	520	611	671	882
78	442	571	671	738	967
79	481	626	735	808	1058
80	522				
81	566				
82	612				
83	659				
84	708				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0100-A87
Long-Term Care Policy

WITH SURVIVORSHIP BENEFIT RIDER R1-N0103-SERIES

When this rider is chosen, multiply the final premium by the appropriate factor.

ISSUE AGE	NO INFLATION PROTECTION	SIMPLE INFLATION PROTECTION	COMPOUND INFLATION PROTECTION
18-44	1.11	1.17	1.17
45-49	1.14	1.21	1.21
50-54	1.18	1.28	1.28
55	1.20	1.30	1.30
56	1.20	1.30	1.30
57	1.21	1.30	1.30
58	1.21	1.30	1.30
59	1.21	1.30	1.30
60	1.21	1.30	1.30
61	1.21	1.30	1.30
62	1.21	1.29	1.29
63	1.21	1.29	1.29
64	1.21	1.28	1.28
65	1.20	1.27	1.27
66	1.20	1.26	1.26
67	1.20	1.26	1.26
68	1.19	1.25	1.25
69	1.19	1.24	1.24
70	1.18	1.23	1.23
71	1.18	1.22	1.22
72	1.17	1.20	1.20
73	1.16	1.19	1.19
74	1.16	1.18	1.18
75	1.15	1.17	1.17
76	1.14	1.16	1.16
77	1.13	1.15	1.15
78	1.12	1.14	1.14
79	1.11	1.13	1.13
80	1.10	1.12	1.12
81	1.09	1.11	1.11
82	1.08	1.10	1.10
83	1.07	1.09	1.09
84	1.06	1.08	1.08

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0100-A87
Long-Term Care Policy

Elimination Period Factors

Rates shown are for 30 day elimination period. Rates for other elimination periods are calculated by multiplying the 30 day rates by the appropriate factor from the following table:

Benefit Maximum	0	14	20	60	90	100	180	365
730x,1095x	1.11	1.06	1.03	0.95	0.91	0.90	0.80	0.71
1460x,1825x	1.09	1.05	1.03	0.95	0.91	0.90	0.81	0.72
Lifetime	1.07	1.04	1.03	0.96	0.93	0.92	0.85	0.78

Multi-Life Discount

A 5%, 10%, 15% or 20% discount to the rates is available for qualifying Associations of 10 or more lives.

Spousal Discount

A 20% discount to the rates is available to married couples if both spouses apply for coverage.

Dual Waiver of Premium Rider R1-N0104-Series

An optional dual waiver of premium rider will be offered. If one spouse qualifies for a waiver of premium, the premium of the other spouse will also be waived. If chosen, multiply the final premium by 1.06.

Shared Advantage Rider R1-N0105-Series

This rider will allow two covered spouses to purchase an additional benefit amount that can be used by either spouse after their base benefits are exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	No Inflation Protection	With Inflation Protection
730x	1.30	1.35
1095x	1.21	1.25
1460x	1.15	1.18
1825x	1.12	1.14

Restoration of Benefits Rider R1-N0106-Series

This rider restores the maximum lifetime benefit if the insured has not met the stipulated conditions for a period of 180 consecutive days and the maximum lifetime benefit has not been exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	Factor
730x	1.08
1095x	1.06
1460x,1825x	1.04

Cost of Living Increase Rider R1-N0107-Series

This rider allows the insured to increase their policy limits, subject to the terms of the rider, every three years without additional underwriting. The additional premium charged is based on the attained age and incremental increase in the maximum daily facility benefit when exercised. If chosen, multiply the final premium by the appropriate factor:

Age	Factor
18-44	1.15
45-49	1.12
50-55	1.10
56-58	1.09
59-61	1.08
62-64	1.07
65-67	1.06
68-70	1.05
71-73	1.04
74-76	1.03

Modal Factors

Semi-Annual: 0.52; Quarterly: 0.27; Check-A-Matic: 0.09

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604

Supplement to Rate Sheets for Policy Form P1-N0101-A87
PENNSYLVANIA

All rates for this form should be multiplied by a factor of: 1.9425

This factor represents the **proposed** increase of: 29.5%

And the following prior approved rate increases:

Policy Form	Increase Applies to all Policies or Subsets	Rate Increase Approved	Approval Date of Rate Increase
P1-N0101-A87	--Yes--	20.00%	3/14/2013
P1-N0101-A87	--Yes--	25.00%	12/3/2014

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0101-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	26.25	30.00	35.00	37.50	47.50
45-49	28.75	33.75	38.75	41.25	52.50
50-54	35.00	41.25	47.50	51.25	65.00
55	40.00	47.50	55.00	58.75	77.50
56	42.50	51.25	58.75	62.50	82.50
57	46.25	55.00	62.50	67.50	88.75
58	50.00	60.00	67.50	73.75	96.25
59	55.00	65.00	73.75	80.00	105.00
60	60.00	71.25	81.25	88.75	113.75
61	65.00	78.75	88.75	96.25	123.75
62	70.00	85.00	96.25	105.00	135.00
63	75.00	91.25	103.75	112.50	145.00
64	80.00	97.50	111.25	120.00	156.25
65	85.00	105.00	118.75	128.75	167.50
66	92.50	112.50	128.75	138.75	181.25
67	100.00	122.50	140.00	151.25	197.50
68	108.75	133.75	153.75	166.25	217.50
69	118.75	146.25	168.75	182.50	238.75
70	130.00	160.00	185.00	201.25	262.50
71	143.75	177.50	205.00	223.75	290.00
72	160.00	197.50	228.75	250.00	323.75
73	178.75	221.25	256.25	280.00	362.50
74	198.75	247.50	287.50	313.75	405.00
75	222.50	277.50	322.50	351.25	451.25
76	247.50	310.00	360.00	392.50	502.50
77	275.00	345.00	401.25	436.25	558.75
78	305.00	383.75	446.25	483.75	618.75
79	337.50	423.75	493.75	535.00	683.75
80	371.25				
81	408.75				
82	447.50				
83	488.75				
84	532.50				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0101-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	31.25	37.50	42.50	45.00	57.50
45-49	33.75	41.25	46.25	50.00	63.75
50-54	40.00	48.75	56.25	61.25	80.00
55	47.50	56.25	63.75	68.75	91.25
56	50.00	60.00	67.50	72.50	96.25
57	53.75	63.75	72.50	77.50	102.50
58	57.50	68.75	77.50	83.75	110.00
59	62.50	75.00	85.00	91.25	118.75
60	67.50	81.25	92.50	100.00	130.00
61	72.50	88.75	101.25	108.75	140.00
62	78.75	95.00	110.00	118.75	152.50
63	85.00	102.50	117.50	126.25	163.75
64	90.00	110.00	125.00	136.25	176.25
65	96.25	118.75	133.75	145.00	190.00
66	103.75	126.25	145.00	157.50	205.00
67	112.50	138.75	157.50	171.25	223.75
68	122.50	151.25	172.50	188.75	245.00
69	133.75	165.00	190.00	206.25	270.00
70	146.25	181.25	208.75	226.25	296.25
71	160.00	200.00	231.25	251.25	328.75
72	178.75	222.50	257.50	281.25	366.25
73	198.75	248.75	288.75	313.75	408.75
74	221.25	278.75	323.75	352.50	456.25
75	247.50	311.25	362.50	393.75	508.75
76	275.00	346.25	405.00	441.25	567.50
77	306.25	386.25	450.00	490.00	630.00
78	338.75	428.75	500.00	543.75	696.25
79	373.75	475.00	553.75	602.50	770.00
80	411.25				
81	451.25				
82	492.50				
83	537.50				
84	585.00				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0101-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	32.50	40.00	45.00	48.75	62.50
45-49	36.25	43.75	50.00	53.75	68.75
50-54	42.50	52.50	60.00	65.00	86.25
55	50.00	60.00	67.50	73.75	96.25
56	52.50	63.75	71.25	77.50	101.25
57	56.25	67.50	76.25	82.50	107.50
58	60.00	72.50	82.50	88.75	116.25
59	65.00	78.75	90.00	96.25	125.00
60	71.25	85.00	97.50	105.00	136.25
61	76.25	92.50	106.25	113.75	147.50
62	82.50	100.00	115.00	123.75	160.00
63	88.75	107.50	123.75	132.50	172.50
64	93.75	115.00	131.25	142.50	185.00
65	101.25	123.75	140.00	152.50	198.75
66	108.75	132.50	151.25	165.00	215.00
67	117.50	145.00	165.00	180.00	235.00
68	127.50	158.75	181.25	197.50	257.50
69	140.00	172.50	198.75	216.25	282.50
70	152.50	190.00	218.75	237.50	311.25
71	167.50	208.75	242.50	263.75	345.00
72	186.25	232.50	270.00	293.75	383.75
73	207.50	260.00	302.50	328.75	428.75
74	231.25	291.25	338.75	368.75	478.75
75	258.75	325.00	378.75	412.50	533.75
76	287.50	362.50	423.75	461.25	595.00
77	318.75	403.75	471.25	513.75	660.00
78	352.50	447.50	522.50	570.00	730.00
79	388.75	496.25	578.75	631.25	806.25
80	427.50				
81	468.75				
82	512.50				
83	558.75				
84	607.50				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0101-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	50.00	61.25	70.00	75.00	102.50
45-49	55.00	67.50	77.50	83.75	113.75
50-54	67.50	83.75	96.25	106.25	145.00
55	78.75	97.50	112.50	122.50	167.50
56	82.50	102.50	118.75	130.00	177.50
57	87.50	108.75	126.25	137.50	187.50
58	93.75	116.25	135.00	146.25	198.75
59	98.75	123.75	143.75	156.25	211.25
60	106.25	132.50	152.50	166.25	225.00
61	113.75	141.25	163.75	177.50	240.00
62	121.25	151.25	175.00	190.00	256.25
63	128.75	161.25	187.50	202.50	273.75
64	137.50	171.25	198.75	216.25	291.25
65	146.25	182.50	212.50	231.25	311.25
66	156.25	196.25	227.50	247.50	335.00
67	168.75	211.25	246.25	267.50	361.25
68	182.50	228.75	266.25	290.00	391.25
69	196.25	247.50	287.50	313.75	422.50
70	212.50	268.75	312.50	341.25	458.75
71	230.00	292.50	340.00	371.25	498.75
72	251.25	320.00	372.50	407.50	545.00
73	276.25	351.25	410.00	448.75	597.50
74	303.75	386.25	451.25	493.75	655.00
75	333.75	423.75	496.25	542.50	718.75
76	365.00	465.00	545.00	597.50	787.50
77	398.75	510.00	598.75	655.00	861.25
78	433.75	557.50	656.25	717.50	940.00
79	471.25	608.75	717.50	783.75	1025.00
80	510.00				
81	550.00				
82	592.50				
83	636.25				
84	682.50				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0101-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	57.50	71.25	82.50	90.00	118.75
45-49	63.75	80.00	91.25	100.00	132.50
50-54	78.75	98.75	113.75	123.75	167.50
55	88.75	112.50	130.00	141.25	192.50
56	92.50	118.75	137.50	148.75	202.50
57	97.50	125.00	145.00	157.50	212.50
58	103.75	132.50	153.75	167.50	225.00
59	111.25	140.00	162.50	178.75	238.75
60	120.00	148.75	173.75	188.75	252.50
61	127.50	158.75	185.00	201.25	270.00
62	136.25	170.00	197.50	215.00	287.50
63	145.00	180.00	211.25	230.00	307.50
64	153.75	192.50	223.75	245.00	327.50
65	163.75	205.00	240.00	261.25	350.00
66	175.00	220.00	256.25	280.00	375.00
67	187.50	237.50	277.50	302.50	405.00
68	202.50	256.25	300.00	327.50	438.75
69	218.75	278.75	323.75	355.00	473.75
70	237.50	302.50	352.50	386.25	513.75
71	257.50	328.75	383.75	420.00	558.75
72	281.25	360.00	420.00	460.00	611.25
73	308.75	393.75	461.25	506.25	668.75
74	338.75	432.50	506.25	555.00	732.50
75	371.25	475.00	556.25	608.75	803.75
76	406.25	518.75	610.00	668.75	880.00
77	442.50	568.75	667.50	732.50	961.25
78	481.25	620.00	731.25	800.00	1048.75
79	521.25	677.50	796.25	872.50	1141.25
80	563.75				
81	607.50				
82	652.50				
83	701.25				
84	751.25				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0101-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	61.25	76.25	87.50	96.25	126.25
45-49	67.50	85.00	97.50	107.50	140.00
50-54	83.75	105.00	121.25	131.25	177.50
55	93.75	118.75	137.50	150.00	202.50
56	97.50	125.00	145.00	157.50	212.50
57	102.50	131.25	152.50	166.25	223.75
58	108.75	138.75	161.25	176.25	236.25
59	116.25	147.50	171.25	187.50	250.00
60	125.00	156.25	182.50	198.75	265.00
61	133.75	166.25	193.75	211.25	282.50
62	142.50	177.50	207.50	226.25	301.25
63	151.25	188.75	221.25	241.25	321.25
64	161.25	201.25	235.00	257.50	342.50
65	171.25	215.00	251.25	273.75	366.25
66	182.50	230.00	268.75	293.75	392.50
67	196.25	248.75	290.00	317.50	423.75
68	211.25	268.75	313.75	343.75	458.75
69	228.75	291.25	340.00	372.50	496.25
70	247.50	316.25	368.75	405.00	537.50
71	268.75	343.75	402.50	441.25	585.00
72	293.75	376.25	440.00	482.50	638.75
73	322.50	412.50	482.50	530.00	700.00
74	353.75	452.50	530.00	581.25	766.25
75	387.50	496.25	581.25	637.50	840.00
76	423.75	542.50	637.50	698.75	918.75
77	461.25	593.75	697.50	765.00	1003.75
78	501.25	647.50	762.50	835.00	1095.00
79	542.50	706.25	830.00	911.25	1191.25
80	586.25				
81	631.25				
82	678.75				
83	728.75				
84	780.00				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0101-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	36.25	45.00	52.50	57.50	76.25
45-49	40.00	50.00	58.75	63.75	85.00
50-54	53.75	66.25	75.00	81.25	108.75
55	61.25	76.25	86.25	95.00	128.75
56	65.00	80.00	91.25	100.00	137.50
57	68.75	85.00	97.50	107.50	147.50
58	73.75	91.25	105.00	116.25	158.75
59	80.00	98.75	113.75	125.00	171.25
60	86.25	107.50	123.75	135.00	185.00
61	93.75	116.25	135.00	146.25	198.75
62	101.25	126.25	146.25	158.75	215.00
63	108.75	135.00	157.50	171.25	231.25
64	116.25	145.00	168.75	182.50	247.50
65	125.00	155.00	180.00	196.25	266.25
66	135.00	166.25	193.75	211.25	287.50
67	146.25	181.25	211.25	230.00	312.50
68	158.75	197.50	231.25	251.25	341.25
69	172.50	216.25	252.50	275.00	372.50
70	187.50	236.25	276.25	301.25	407.50
71	205.00	260.00	303.75	332.50	446.25
72	226.25	287.50	336.25	367.50	492.50
73	250.00	318.75	372.50	407.50	543.75
74	277.50	352.50	413.75	452.50	601.25
75	306.25	391.25	457.50	501.25	663.75
76	337.50	432.50	505.00	553.75	731.25
77	371.25	476.25	557.50	611.25	803.75
78	406.25	523.75	613.75	672.50	881.25
79	443.75	575.00	672.50	738.75	965.00
80	482.50				
81	523.75				
82	566.25				
83	611.25				
84	658.75				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0101-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	43.75	55.00	62.50	68.75	90.00
45-49	48.75	60.00	70.00	76.25	100.00
50-54	61.25	76.25	88.75	96.25	126.25
55	71.25	88.75	101.25	111.25	150.00
56	75.00	93.75	107.50	116.25	160.00
57	78.75	98.75	113.75	123.75	170.00
58	85.00	106.25	122.50	133.75	182.50
59	91.25	115.00	132.50	143.75	195.00
60	98.75	123.75	142.50	155.00	208.75
61	106.25	132.50	153.75	167.50	223.75
62	115.00	143.75	166.25	181.25	241.25
63	122.50	153.75	178.75	193.75	258.75
64	131.25	163.75	191.25	207.50	277.50
65	141.25	176.25	203.75	221.25	297.50
66	151.25	188.75	218.75	238.75	321.25
67	163.75	205.00	238.75	258.75	348.75
68	177.50	222.50	260.00	282.50	381.25
69	192.50	243.75	283.75	308.75	416.25
70	210.00	266.25	311.25	338.75	456.25
71	230.00	292.50	341.25	372.50	500.00
72	252.50	322.50	377.50	412.50	551.25
73	278.75	356.25	417.50	456.25	608.75
74	308.75	395.00	462.50	506.25	672.50
75	341.25	436.25	511.25	560.00	741.25
76	376.25	481.25	563.75	618.75	817.50
77	412.50	530.00	621.25	682.50	897.50
78	451.25	581.25	682.50	750.00	983.75
79	491.25	637.50	748.75	822.50	1076.25
80	533.75				
81	577.50				
82	625.00				
83	673.75				
84	725.00				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0101-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	47.50	58.75	67.50	73.75	96.25
45-49	52.50	65.00	75.00	81.25	106.25
50-54	65.00	81.25	93.75	102.50	133.75
55	75.00	93.75	107.50	117.50	158.75
56	78.75	98.75	113.75	123.75	168.75
57	83.75	105.00	121.25	131.25	180.00
58	90.00	112.50	130.00	141.25	192.50
59	96.25	121.25	140.00	151.25	205.00
60	103.75	130.00	151.25	163.75	218.75
61	111.25	140.00	162.50	176.25	235.00
62	120.00	151.25	175.00	190.00	252.50
63	128.75	162.50	187.50	203.75	271.25
64	137.50	172.50	200.00	217.50	290.00
65	147.50	185.00	213.75	232.50	311.25
66	157.50	198.75	230.00	250.00	335.00
67	171.25	215.00	250.00	271.25	365.00
68	186.25	233.75	272.50	296.25	398.75
69	201.25	255.00	297.50	323.75	435.00
70	220.00	278.75	326.25	355.00	476.25
71	240.00	306.25	357.50	390.00	522.50
72	263.75	337.50	395.00	431.25	576.25
73	291.25	372.50	437.50	477.50	636.25
74	322.50	412.50	483.75	528.75	702.50
75	356.25	455.00	533.75	585.00	775.00
76	392.50	502.50	588.75	646.25	853.75
77	430.00	552.50	648.75	712.50	937.50
78	470.00	606.25	712.50	783.75	1027.50
79	511.25	665.00	781.25	858.75	1123.75
80	555.00				
81	601.25				
82	650.00				
83	700.00				
84	752.50				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0101-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	31.25	35.00	41.25	43.75	56.25
45-49	33.75	40.00	45.00	48.75	61.25
50-54	41.25	48.75	56.25	60.00	76.25
55	47.50	56.25	65.00	68.75	91.25
56	50.00	60.00	68.75	73.75	97.50
57	55.00	65.00	73.75	80.00	105.00
58	58.75	70.00	80.00	86.25	113.75
59	65.00	76.25	86.25	93.75	123.75
60	70.00	83.75	95.00	105.00	133.75
61	76.25	92.50	105.00	113.75	145.00
62	82.50	100.00	113.75	123.75	158.75
63	88.75	107.50	122.50	132.50	170.00
64	93.75	115.00	131.25	141.25	183.75
65	100.00	123.75	140.00	151.25	197.50
66	108.75	132.50	151.25	163.75	213.75
67	117.50	143.75	165.00	177.50	232.50
68	127.50	157.50	181.25	195.00	256.25
69	140.00	172.50	198.75	215.00	281.25
70	152.50	188.75	217.50	236.25	308.75
71	168.75	208.75	241.25	263.75	341.25
72	188.75	232.50	268.75	293.75	381.25
73	210.00	260.00	301.25	330.00	426.25
74	233.75	291.25	338.75	368.75	476.25
75	261.25	326.25	380.00	413.75	531.25
76	291.25	365.00	423.75	461.25	591.25
77	323.75	406.25	472.50	513.75	657.50
78	358.75	451.25	525.00	568.75	727.50
79	397.50	498.75	581.25	630.00	805.00
80	436.25				
81	481.25				
82	526.25				
83	575.00				
84	626.25				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0101-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	36.25	43.75	50.00	52.50	67.50
45-49	40.00	48.75	55.00	58.75	75.00
50-54	47.50	57.50	66.25	72.50	93.75
55	56.25	66.25	75.00	81.25	107.50
56	58.75	70.00	80.00	85.00	113.75
57	63.75	75.00	85.00	91.25	120.00
58	67.50	81.25	91.25	98.75	130.00
59	73.75	88.75	100.00	107.50	140.00
60	80.00	95.00	108.75	117.50	152.50
61	85.00	105.00	118.75	127.50	165.00
62	92.50	111.25	130.00	140.00	180.00
63	100.00	120.00	138.75	148.75	192.50
64	106.25	130.00	147.50	160.00	207.50
65	113.75	140.00	157.50	170.00	223.75
66	122.50	148.75	170.00	185.00	241.25
67	132.50	163.75	185.00	201.25	263.75
68	143.75	177.50	202.50	222.50	288.75
69	157.50	193.75	223.75	242.50	317.50
70	172.50	213.75	245.00	266.25	348.75
71	188.75	235.00	272.50	295.00	386.25
72	210.00	261.25	302.50	331.25	431.25
73	233.75	292.50	340.00	368.75	481.25
74	260.00	327.50	381.25	415.00	536.25
75	291.25	366.25	426.25	463.75	598.75
76	323.75	407.50	476.25	518.75	667.50
77	360.00	455.00	530.00	576.25	741.25
78	398.75	505.00	588.75	640.00	818.75
79	440.00	558.75	651.25	708.75	906.25
80	483.75				
81	531.25				
82	580.00				
83	632.50				
84	688.75				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0101-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	38.75	47.50	52.50	57.50	73.75
45-49	42.50	51.25	58.75	63.75	81.25
50-54	50.00	61.25	70.00	76.25	101.25
55	58.75	70.00	80.00	86.25	113.75
56	61.25	75.00	83.75	91.25	118.75
57	66.25	80.00	90.00	97.50	126.25
58	70.00	85.00	97.50	105.00	136.25
59	76.25	92.50	106.25	113.75	147.50
60	83.75	100.00	115.00	123.75	160.00
61	90.00	108.75	125.00	133.75	173.75
62	97.50	117.50	135.00	145.00	188.75
63	105.00	126.25	145.00	156.25	202.50
64	110.00	135.00	155.00	167.50	217.50
65	118.75	145.00	165.00	180.00	233.75
66	127.50	156.25	177.50	193.75	252.50
67	138.75	170.00	193.75	211.25	276.25
68	150.00	186.25	213.75	232.50	302.50
69	165.00	202.50	233.75	255.00	332.50
70	180.00	223.75	257.50	280.00	366.25
71	197.50	245.00	285.00	310.00	406.25
72	218.75	273.75	317.50	345.00	451.25
73	243.75	306.25	356.25	386.25	505.00
74	272.50	342.50	398.75	433.75	563.75
75	305.00	382.50	445.00	485.00	627.50
76	338.75	426.25	498.75	542.50	700.00
77	375.00	475.00	555.00	605.00	776.25
78	415.00	526.25	615.00	670.00	858.75
79	457.50	583.75	681.25	742.50	948.75
80	502.50				
81	551.25				
82	602.50				
83	657.50				
84	715.00				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0101-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	58.75	72.50	82.50	88.75	120.00
45-49	65.00	80.00	91.25	98.75	133.75
50-54	80.00	98.75	113.75	125.00	170.00
55	92.50	115.00	132.50	143.75	197.50
56	97.50	120.00	140.00	152.50	208.75
57	102.50	127.50	148.75	161.25	220.00
58	110.00	136.25	158.75	172.50	233.75
59	116.25	145.00	168.75	183.75	248.75
60	125.00	156.25	180.00	195.00	265.00
61	133.75	166.25	192.50	208.75	282.50
62	142.50	177.50	206.25	223.75	301.25
63	151.25	190.00	220.00	238.75	322.50
64	161.25	201.25	233.75	255.00	342.50
65	172.50	215.00	250.00	272.50	366.25
66	183.75	231.25	267.50	291.25	393.75
67	198.75	248.75	290.00	315.00	425.00
68	215.00	268.75	313.75	341.25	460.00
69	231.25	291.25	338.75	368.75	497.50
70	250.00	316.25	367.50	401.25	540.00
71	270.00	343.75	400.00	436.25	586.25
72	295.00	376.25	438.75	480.00	641.25
73	325.00	413.75	482.50	527.50	702.50
74	357.50	455.00	531.25	581.25	770.00
75	392.50	498.75	583.75	638.75	845.00
76	430.00	547.50	641.25	702.50	926.25
77	468.75	600.00	705.00	770.00	1013.75
78	510.00	656.25	772.50	843.75	1106.25
79	555.00	716.25	843.75	922.50	1206.25
80	600.00				
81	647.50				
82	697.50				
83	748.75				
84	802.50				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0101-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	67.50	83.75	97.50	106.25	140.00
45-49	75.00	93.75	107.50	117.50	156.25
50-54	92.50	116.25	133.75	145.00	197.50
55	105.00	132.50	152.50	166.25	226.25
56	108.75	140.00	161.25	175.00	238.75
57	115.00	147.50	170.00	185.00	250.00
58	122.50	156.25	181.25	197.50	265.00
59	131.25	165.00	191.25	210.00	281.25
60	141.25	175.00	205.00	222.50	297.50
61	150.00	186.25	217.50	236.25	317.50
62	160.00	200.00	232.50	252.50	338.75
63	170.00	211.25	248.75	270.00	361.25
64	181.25	226.25	263.75	288.75	385.00
65	192.50	241.25	282.50	307.50	411.25
66	206.25	258.75	301.25	330.00	441.25
67	220.00	280.00	326.25	356.25	476.25
68	238.75	301.25	352.50	385.00	516.25
69	257.50	327.50	381.25	417.50	557.50
70	280.00	356.25	415.00	455.00	605.00
71	302.50	386.25	451.25	493.75	657.50
72	331.25	423.75	493.75	541.25	718.75
73	363.75	463.75	542.50	595.00	786.25
74	398.75	508.75	595.00	652.50	861.25
75	436.25	558.75	655.00	716.25	945.00
76	477.50	610.00	717.50	786.25	1035.00
77	520.00	668.75	785.00	861.25	1131.25
78	566.25	730.00	860.00	941.25	1233.75
79	613.75	797.50	936.25	1026.25	1342.50
80	663.75				
81	715.00				
82	767.50				
83	825.00				
84	883.75				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0101-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	72.50	90.00	102.50	113.75	148.75
45-49	80.00	100.00	115.00	126.25	165.00
50-54	98.75	123.75	142.50	155.00	208.75
55	110.00	140.00	161.25	176.25	238.75
56	115.00	147.50	170.00	185.00	250.00
57	120.00	155.00	180.00	195.00	263.75
58	127.50	163.75	190.00	207.50	277.50
59	136.25	173.75	201.25	220.00	293.75
60	147.50	183.75	215.00	233.75	311.25
61	157.50	195.00	227.50	248.75	332.50
62	167.50	208.75	243.75	266.25	355.00
63	177.50	222.50	260.00	283.75	377.50
64	190.00	236.25	276.25	302.50	402.50
65	201.25	252.50	295.00	322.50	431.25
66	215.00	270.00	316.25	345.00	461.25
67	231.25	292.50	341.25	373.75	498.75
68	248.75	316.25	368.75	405.00	540.00
69	268.75	342.50	400.00	438.75	583.75
70	291.25	372.50	433.75	476.25	632.50
71	316.25	405.00	473.75	518.75	688.75
72	345.00	442.50	517.50	567.50	751.25
73	380.00	485.00	567.50	623.75	823.75
74	416.25	532.50	623.75	683.75	901.25
75	456.25	583.75	683.75	750.00	988.75
76	498.75	638.75	750.00	822.50	1081.25
77	542.50	698.75	820.00	900.00	1181.25
78	590.00	761.25	897.50	982.50	1288.75
79	638.75	831.25	976.25	1072.50	1401.25
80	690.00				
81	742.50				
82	798.75				
83	857.50				
84	917.50				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0101-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	42.50	52.50	61.25	67.50	90.00
45-49	47.50	58.75	68.75	75.00	100.00
50-54	63.75	77.50	88.75	95.00	127.50
55	72.50	90.00	101.25	111.25	151.25
56	76.25	93.75	107.50	117.50	161.25
57	81.25	100.00	115.00	126.25	173.75
58	86.25	107.50	123.75	136.25	186.25
59	93.75	116.25	133.75	147.50	201.25
60	101.25	126.25	145.00	158.75	217.50
61	110.00	136.25	158.75	172.50	233.75
62	118.75	148.75	172.50	186.25	252.50
63	127.50	158.75	185.00	201.25	272.50
64	136.25	170.00	198.75	215.00	291.25
65	147.50	182.50	211.25	231.25	313.75
66	158.75	195.00	227.50	248.75	338.75
67	172.50	213.75	248.75	270.00	367.50
68	186.25	232.50	272.50	295.00	401.25
69	202.50	255.00	297.50	323.75	438.75
70	220.00	277.50	325.00	355.00	480.00
71	241.25	306.25	357.50	391.25	525.00
72	266.25	338.75	395.00	432.50	580.00
73	293.75	375.00	438.75	480.00	640.00
74	326.25	415.00	486.25	532.50	707.50
75	360.00	460.00	538.75	590.00	781.25
76	397.50	508.75	593.75	651.25	860.00
77	436.25	560.00	656.25	718.75	945.00
78	477.50	616.25	722.50	791.25	1036.25
79	522.50	676.25	791.25	868.75	1135.00
80	567.50				
81	616.25				
82	666.25				
83	718.75				
84	775.00				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0101-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	51.25	65.00	73.75	81.25	106.25
45-49	57.50	70.00	82.50	90.00	117.50
50-54	72.50	90.00	105.00	113.75	148.75
55	83.75	105.00	118.75	131.25	176.25
56	88.75	110.00	126.25	136.25	188.75
57	92.50	116.25	133.75	145.00	200.00
58	100.00	125.00	143.75	157.50	215.00
59	107.50	135.00	156.25	168.75	230.00
60	116.25	145.00	167.50	182.50	245.00
61	125.00	156.25	181.25	197.50	263.75
62	135.00	168.75	195.00	213.75	283.75
63	143.75	181.25	210.00	227.50	305.00
64	155.00	192.50	225.00	243.75	326.25
65	166.25	207.50	240.00	260.00	350.00
66	177.50	222.50	257.50	281.25	377.50
67	192.50	241.25	281.25	305.00	410.00
68	208.75	261.25	306.25	332.50	448.75
69	226.25	286.25	333.75	363.75	490.00
70	247.50	313.75	366.25	398.75	536.25
71	270.00	343.75	401.25	438.75	588.75
72	297.50	380.00	443.75	485.00	648.75
73	327.50	418.75	491.25	536.25	716.25
74	363.75	465.00	543.75	595.00	791.25
75	401.25	513.75	601.25	658.75	872.50
76	442.50	566.25	663.75	727.50	961.25
77	485.00	623.75	731.25	802.50	1056.25
78	531.25	683.75	802.50	882.50	1157.50
79	577.50	750.00	881.25	967.50	1266.25
80	627.50				
81	680.00				
82	735.00				
83	792.50				
84	852.50				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0101-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	56.25	68.75	80.00	86.25	113.75
45-49	61.25	76.25	88.75	95.00	125.00
50-54	76.25	95.00	110.00	120.00	157.50
55	88.75	110.00	126.25	138.75	186.25
56	92.50	116.25	133.75	145.00	198.75
57	98.75	123.75	142.50	155.00	211.25
58	106.25	132.50	152.50	166.25	226.25
59	113.75	142.50	165.00	177.50	241.25
60	122.50	152.50	177.50	192.50	257.50
61	131.25	165.00	191.25	207.50	276.25
62	141.25	177.50	206.25	223.75	297.50
63	151.25	191.25	220.00	240.00	318.75
64	161.25	202.50	235.00	256.25	341.25
65	173.75	217.50	251.25	273.75	366.25
66	185.00	233.75	270.00	293.75	393.75
67	201.25	252.50	293.75	318.75	430.00
68	218.75	275.00	320.00	348.75	468.75
69	236.25	300.00	350.00	381.25	511.25
70	258.75	327.50	383.75	417.50	560.00
71	282.50	360.00	420.00	458.75	615.00
72	310.00	397.50	465.00	507.50	677.50
73	342.50	438.75	515.00	561.25	748.75
74	380.00	485.00	568.75	622.50	826.25
75	418.75	535.00	627.50	688.75	911.25
76	461.25	591.25	692.50	760.00	1005.00
77	506.25	650.00	763.75	838.75	1102.50
78	552.50	713.75	838.75	922.50	1208.75
79	601.25	782.50	918.75	1010.00	1322.50
80	652.50				
81	707.50				
82	765.00				
83	823.75				
84	885.00				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0101-A87
Long-Term Care Policy

WITH SURVIVORSHIP BENEFIT RIDER R1-N0103-SERIES

When this rider is chosen, multiply the final premium by the appropriate factor.

ISSUE AGE	NO INFLATION PROTECTION	SIMPLE INFLATION PROTECTION	COMPOUND INFLATION PROTECTION
18-44	1.11	1.17	1.17
45-49	1.14	1.21	1.21
50-54	1.18	1.28	1.28
55	1.20	1.30	1.30
56	1.20	1.30	1.30
57	1.21	1.30	1.30
58	1.21	1.30	1.30
59	1.21	1.30	1.30
60	1.21	1.30	1.30
61	1.21	1.30	1.30
62	1.21	1.29	1.29
63	1.21	1.29	1.29
64	1.21	1.28	1.28
65	1.20	1.27	1.27
66	1.20	1.26	1.26
67	1.20	1.26	1.26
68	1.19	1.25	1.25
69	1.19	1.24	1.24
70	1.18	1.23	1.23
71	1.18	1.22	1.22
72	1.17	1.20	1.20
73	1.16	1.19	1.19
74	1.16	1.18	1.18
75	1.15	1.17	1.17
76	1.14	1.16	1.16
77	1.13	1.15	1.15
78	1.12	1.14	1.14
79	1.11	1.13	1.13
80	1.10	1.12	1.12
81	1.09	1.11	1.11
82	1.08	1.10	1.10
83	1.07	1.09	1.09
84	1.06	1.08	1.08

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0101-A87
Long-Term Care Policy

Elimination Period Factors

Rates shown are for 30 day elimination period. Rates for other elimination periods are calculated by multiplying the 30 day rates by the appropriate factor from the following table:

Benefit Maximum	0	14	20	60	90	100	180	365
730x,1095x	1.11	1.06	1.03	0.95	0.91	0.90	0.80	0.71
1460x,1825x	1.09	1.05	1.03	0.95	0.91	0.90	0.81	0.72
Lifetime	1.07	1.04	1.03	0.96	0.93	0.92	0.85	0.78

Multi-Life Discount

A 5%, 10%, 15% or 20% discount to the rates is available for qualifying Associations of 10 or more lives.

Spousal Discount

A 20% discount to the rates is available to married couples if both spouses apply for coverage.

Dual Waiver of Premium Rider R1-N0104-Series

An optional dual waiver of premium rider will be offered. If one spouse qualifies for a waiver of premium, the premium of the other spouse will also be waived. If chosen, multiply the final premium by 1.06.

Shared Advantage Rider R1-N0105-Series

This rider will allow two covered spouses to purchase an additional benefit amount that can be used by either spouse after their base benefits are exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	No Inflation Protection	With Inflation Protection
730x	1.30	1.35
1095x	1.21	1.25
1460x	1.15	1.18
1825x	1.12	1.14

Restoration of Benefits Rider R1-N0106-Series

This rider restores the maximum lifetime benefit if the insured has not met the stipulated conditions for a period of 180 consecutive days and the maximum lifetime benefit has not been exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	Factor
730x	1.08
1095x	1.06
1460x,1825x	1.04

Cost of Living Increase Rider R1-N0107-Series

This rider allows the insured to increase their policy limits, subject to the terms of the rider, every three years without additional underwriting. The additional premium charged is based on the attained age and incremental increase in the maximum daily facility benefit when exercised. If chosen, multiply the final premium by the appropriate factor:

Age	Factor
18-44	1.15
45-49	1.12
50-55	1.10
56-58	1.09
59-61	1.08
62-64	1.07
65-67	1.06
68-70	1.05
71-73	1.04
74-76	1.03

Modal Factors

Semi-Annual: 0.52; Quarterly: 0.27; Check-A-Matic: 0.09

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604

Supplement to Rate Sheets for Policy Form P1-N0075-B37
PENNSYLVANIA

All rates for this form should be multiplied by a factor of: 1.9425

This factor represents the **proposed** increase of: 29.5%

And the following prior approved rate increases:

Policy Form	Increase Applies to all Policies or Subsets	Rate Increase Approved	Approval Date of Rate Increase
P1-N0075-B37	--Yes--	20.00%	3/14/2013
P1-N0075-B37	--Yes--	25.00%	12/3/2014

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0075-B37
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	17.34	19.38	22.44	23.46	24.48
45-49	19.38	21.42	24.48	25.50	27.54
50-54	23.46	26.52	29.58	31.62	35.70
55	26.52	30.60	34.68	37.74	44.88
56	28.56	32.64	37.74	40.80	48.96
57	30.60	35.70	40.80	43.86	54.06
58	33.66	38.76	44.88	47.94	59.16
59	36.72	42.84	48.96	52.02	65.28
60	40.80	47.94	54.06	57.12	71.40
61	43.86	52.02	59.16	62.22	77.52
62	47.94	57.12	64.26	68.34	84.66
63	51.00	61.20	69.36	73.44	90.78
64	54.06	65.28	74.46	79.56	96.90
65	58.14	69.36	79.56	85.68	104.04
66	62.22	75.48	85.68	92.82	112.20
67	67.32	81.60	93.84	100.98	122.40
68	73.44	89.76	103.02	111.18	134.64
69	80.58	97.92	113.22	121.38	146.88
70	87.72	107.10	124.44	133.62	162.18
71	96.90	118.32	136.68	147.90	179.52
72	107.10	131.58	151.98	164.22	198.90
73	119.34	146.88	169.32	182.58	221.34
74	132.60	163.20	188.70	204.00	246.84
75	147.90	181.56	209.10	226.44	274.38
76	164.22	201.96	232.56	250.92	303.96
77	181.56	223.38	257.04	277.44	336.60
78	199.92	246.84	283.56	306.00	371.28
79	220.32	271.32	312.12	336.60	409.02
80	240.72				
81	263.16				
82	286.62				
83	311.10				
84	337.62				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0075-B37
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	32.64	39.78	45.90	49.98	60.18
45-49	35.70	43.86	51.00	55.08	67.32
50-54	43.86	54.06	63.24	68.34	85.68
55	53.04	64.26	74.46	79.56	102.00
56	56.10	68.34	78.54	84.66	109.14
57	60.18	73.44	83.64	89.76	116.28
58	64.26	78.54	89.76	95.88	124.44
59	68.34	83.64	95.88	103.02	132.60
60	72.42	89.76	103.02	111.18	141.78
61	77.52	95.88	110.16	119.34	150.96
62	82.62	102.00	118.32	128.52	162.18
63	87.72	109.14	126.48	136.68	173.40
64	93.84	115.26	134.64	145.86	185.64
65	99.96	123.42	142.80	155.04	198.90
66	107.10	131.58	153.00	165.24	213.18
67	115.26	141.78	164.22	177.48	229.50
68	124.44	153.00	177.48	191.76	247.86
69	133.62	165.24	190.74	207.06	267.24
70	144.84	179.52	207.06	224.40	287.64
71	157.08	194.82	224.40	243.78	312.12
72	170.34	212.16	244.80	266.22	339.66
73	185.64	231.54	268.26	291.72	370.26
74	202.98	253.98	293.76	320.28	404.94
75	221.34	277.44	322.32	350.88	441.66
76	240.72	302.94	352.92	384.54	482.46
77	261.12	330.48	385.56	421.26	525.30
78	282.54	360.06	421.26	460.02	571.20
79	304.98	391.68	459.00	501.84	621.18
80	329.46				
81	353.94				
82	380.46				
83	408.00				
84	436.56				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0075-B37
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	23.46	28.56	32.64	35.70	42.84
45-49	25.50	31.62	36.72	39.78	47.94
50-54	35.70	42.84	49.98	54.06	65.28
55	40.80	49.98	57.12	61.20	78.54
56	42.84	53.04	60.18	65.28	83.64
57	45.90	57.12	64.26	69.36	89.76
58	49.98	62.22	69.36	75.48	96.90
59	54.06	67.32	75.48	81.60	106.08
60	59.16	73.44	82.62	89.76	115.26
61	64.26	79.56	90.78	97.92	125.46
62	69.36	85.68	97.92	106.08	135.66
63	74.46	91.80	105.06	114.24	145.86
64	79.56	97.92	112.20	122.40	157.08
65	84.66	105.06	120.36	130.56	168.30
66	91.80	113.22	129.54	140.76	182.58
67	98.94	122.40	140.76	153.00	197.88
68	107.10	133.62	154.02	167.28	215.22
69	117.30	145.86	168.30	182.58	234.60
70	127.50	159.12	183.60	199.92	257.04
71	139.74	174.42	201.96	219.30	280.50
72	153.00	191.76	222.36	241.74	308.04
73	168.30	211.14	244.80	267.24	338.64
74	185.64	232.56	270.30	294.78	372.30
75	204.00	256.02	297.84	324.36	408.00
76	223.38	281.52	327.42	357.00	447.78
77	243.78	308.04	359.04	391.68	489.60
78	265.20	336.60	392.70	429.42	534.48
79	287.64	367.20	429.42	469.20	582.42
80	312.12				
81	336.60				
82	363.12				
83	390.66				
84	419.22				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0075-B37
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	20.40	22.44	26.52	27.54	28.56
45-49	22.44	25.50	28.56	29.58	32.64
50-54	27.54	31.62	34.68	36.72	41.82
55	31.62	35.70	40.80	44.88	53.04
56	33.66	38.76	44.88	47.94	57.12
57	35.70	41.82	47.94	52.02	63.24
58	39.78	45.90	53.04	56.10	69.36
59	42.84	49.98	57.12	61.20	76.50
60	47.94	56.10	63.24	67.32	83.64
61	52.02	61.20	69.36	73.44	90.78
62	56.10	67.32	75.48	80.58	99.96
63	60.18	72.42	81.60	86.70	107.10
64	63.24	76.50	87.72	93.84	114.24
65	68.34	81.60	93.84	100.98	122.40
66	73.44	88.74	100.98	109.14	131.58
67	79.56	95.88	110.16	118.32	143.82
68	86.70	106.08	121.38	130.56	158.10
69	94.86	115.26	133.62	142.80	172.38
70	103.02	126.48	146.88	157.08	190.74
71	114.24	138.72	161.16	174.42	211.14
72	126.48	155.04	178.50	192.78	233.58
73	140.76	172.38	198.90	215.22	260.10
74	156.06	191.76	222.36	239.70	290.70
75	174.42	213.18	245.82	266.22	322.32
76	192.78	237.66	273.36	294.78	358.02
77	213.18	263.16	301.92	326.40	395.76
78	235.62	290.70	333.54	360.06	436.56
79	259.08	319.26	367.20	395.76	481.44
80	283.56				
81	310.08				
82	337.62				
83	366.18				
84	396.78				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0075-B37
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	38.76	46.92	54.06	59.16	70.38
45-49	41.82	52.02	60.18	65.28	79.56
50-54	52.02	63.24	74.46	80.58	100.98
55	62.22	75.48	87.72	93.84	120.36
56	66.30	80.58	92.82	99.96	128.52
57	70.38	86.70	97.92	106.08	136.68
58	75.48	92.82	106.08	113.22	146.88
59	80.58	97.92	113.22	121.38	156.06
60	85.68	106.08	121.38	130.56	167.28
61	90.78	113.22	129.54	140.76	177.48
62	96.90	120.36	138.72	150.96	190.74
63	103.02	128.52	148.92	161.16	204.00
64	110.16	135.66	158.10	171.36	218.28
65	117.30	144.84	168.30	182.58	233.58
66	126.48	155.04	179.52	194.82	250.92
67	135.66	167.28	192.78	209.10	270.30
68	146.88	179.52	209.10	225.42	291.72
69	157.08	194.82	224.40	243.78	314.16
70	170.34	211.14	243.78	264.18	338.64
71	184.62	229.50	264.18	286.62	367.20
72	199.92	249.90	287.64	313.14	399.84
73	218.28	272.34	315.18	342.72	435.54
74	238.68	298.86	345.78	376.38	476.34
75	260.10	326.40	379.44	413.10	519.18
76	283.56	355.98	415.14	452.88	567.12
77	307.02	388.62	453.90	495.72	618.12
78	332.52	423.30	495.72	541.62	672.18
79	359.04	461.04	539.58	590.58	730.32
80	387.60				
81	416.16				
82	447.78				
83	480.42				
84	514.08				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0075-B37
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	27.54	33.66	38.76	41.82	49.98
45-49	29.58	36.72	42.84	46.92	56.10
50-54	41.82	49.98	59.16	63.24	76.50
55	47.94	59.16	67.32	72.42	92.82
56	49.98	62.22	70.38	76.50	97.92
57	54.06	67.32	75.48	81.60	106.08
58	59.16	73.44	81.60	88.74	114.24
59	63.24	79.56	88.74	95.88	124.44
60	69.36	86.70	96.90	106.08	135.66
61	75.48	93.84	107.10	115.26	147.90
62	81.60	100.98	115.26	124.44	159.12
63	87.72	108.12	123.42	134.64	171.36
64	93.84	115.26	131.58	143.82	184.62
65	99.96	123.42	141.78	154.02	197.88
66	108.12	133.62	151.98	165.24	215.22
67	116.28	143.82	165.24	179.52	232.56
68	126.48	157.08	181.56	196.86	252.96
69	137.70	171.36	197.88	215.22	276.42
70	149.94	187.68	216.24	235.62	301.92
71	164.22	205.02	237.66	258.06	330.48
72	179.52	225.42	261.12	284.58	362.10
73	197.88	248.88	287.64	314.16	398.82
74	218.28	273.36	318.24	346.80	437.58
75	239.70	300.90	350.88	381.48	480.42
76	263.16	331.50	385.56	420.24	526.32
77	286.62	362.10	422.28	461.04	576.30
78	312.12	395.76	462.06	504.90	628.32
79	338.64	432.48	504.90	551.82	685.44
80	367.20				
81	395.76				
82	427.38				
83	460.02				
84	493.68				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0075-B37
Long-Term Care Policy: Facility Only Coverage

WITH SURVIVORSHIP BENEFIT RIDER R1-N0103-SERIES

When this rider is chosen, multiply the final premium by the appropriate factor.

ISSUE AGE	NO INFLATION PROTECTION	SIMPLE INFLATION PROTECTION	COMPOUND INFLATION PROTECTION
18-44	1.11	1.17	1.17
45-49	1.14	1.21	1.21
50-54	1.18	1.28	1.28
55	1.20	1.30	1.30
56	1.20	1.30	1.30
57	1.21	1.30	1.30
58	1.21	1.30	1.30
59	1.21	1.30	1.30
60	1.21	1.30	1.30
61	1.21	1.30	1.30
62	1.21	1.29	1.29
63	1.21	1.29	1.29
64	1.21	1.28	1.28
65	1.20	1.27	1.27
66	1.20	1.26	1.26
67	1.20	1.26	1.26
68	1.19	1.25	1.25
69	1.19	1.24	1.24
70	1.18	1.23	1.23
71	1.18	1.22	1.22
72	1.17	1.20	1.20
73	1.16	1.19	1.19
74	1.16	1.18	1.18
75	1.15	1.17	1.17
76	1.14	1.16	1.16
77	1.13	1.15	1.15
78	1.12	1.14	1.14
79	1.11	1.13	1.13
80	1.10	1.12	1.12
81	1.09	1.11	1.11
82	1.08	1.10	1.10
83	1.07	1.09	1.09
84	1.06	1.08	1.08

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0075-B37
Long-Term Care Policy: Facility Only Coverage

Elimination Period Factors

Rates shown are for 30 day elimination period. Rates for other elimination periods are calculated by multiplying the 30 day rates by the appropriate factor from the following table:

Benefit Maximum	0	14	20	60	90	100	180	365
730x,1095x	1.12	1.07	1.03	0.94	0.90	0.89	0.78	0.67
1460x,1825x	1.10	1.05	1.03	0.95	0.90	0.89	0.79	0.69
Lifetime	1.08	1.04	1.03	0.96	0.92	0.91	0.84	0.75

Table Rating Health Rating Group Factors

Rates shown are for Preferred Rating Group and Select Rating Group. Rates for Table Rating Health Groups 1, 2, 3 and 4 are calculated by multiplying Select rates by 1.25, 1.50, 1.75 and 2.00 respectively.

Spousal Discount

A 20% discount to the rates is available to married couples if both spouses apply for coverage.

Dual Waiver of Premium Rider R1-N0104-Series

An optional dual waiver of premium rider will be offered. If one spouse qualifies for a waiver of premium, the premium of the other spouse will also be waived. If chosen, multiply the final premium by 1.06.

Shared Advantage Rider R1-N0105-Series

This rider will allow two covered spouses to purchase an additional benefit amount that can be used by either spouse after their base benefits are exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	No Inflation Protection	With Inflation Protection
730x	1.30	1.35
1095x	1.21	1.25
1460x	1.15	1.18
1825x	1.12	1.14

Restoration of Benefits Rider R1-N0108-Series

This rider restores the maximum lifetime benefit if the insured has not met the stipulated conditions for a period of 180 consecutive days and the maximum lifetime benefit has not been exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	Factor
730x	1.08
1095x	1.06
1460x,1825x	1.04

Cost of Living Increase Rider R1-N0107-Series

This rider allows the insured to increase their policy limits, subject to the terms of the rider, every three years without additional underwriting. The additional premium charged is based on the attained age and incremental increase in the maximum daily facility benefit when exercised. If chosen, multiply the final premium by the appropriate factor:

Age	Factor
18-44	1.15
45-49	1.12
50-55	1.10
56-58	1.09
59-61	1.08
62-64	1.07
65-67	1.06
68-70	1.05
71-73	1.04
74-76	1.03

Modal Factors

Semi-Annual: 0.52; Quarterly: 0.27; Check-A-Matic: 0.09

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604

Supplement to Rate Sheets for Policy Form P1-N0076-B37
PENNSYLVANIA

All rates for this form should be multiplied by a factor of: 1.9425

This factor represents the **proposed** increase of: 29.5%

And the following prior approved rate increases:

Policy Form	Increase Applies to all Policies or Subsets	Rate Increase Approved	Approval Date of Rate Increase
P1-N0076-B37	--Yes--	20.00%	3/14/2013
P1-N0076-B37	--Yes--	25.00%	12/3/2014

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0076-B37
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	21.68	24.23	28.05	29.33	30.60
45-49	24.23	26.78	30.60	31.88	34.43
50-54	29.33	33.15	36.98	39.53	44.63
55	33.15	38.25	43.35	47.18	56.10
56	35.70	40.80	47.18	51.00	61.20
57	38.25	44.63	51.00	54.83	67.58
58	42.08	48.45	56.10	59.93	73.95
59	45.90	53.55	61.20	65.03	81.60
60	51.00	59.93	67.58	71.40	89.25
61	54.83	65.03	73.95	77.78	96.90
62	59.93	71.40	80.33	85.43	105.83
63	63.75	76.50	86.70	91.80	113.48
64	67.58	81.60	93.08	99.45	121.13
65	72.68	86.70	99.45	107.10	130.05
66	77.78	94.35	107.10	116.03	140.25
67	84.15	102.00	117.30	126.23	153.00
68	91.80	112.20	128.78	138.98	168.30
69	100.73	122.40	141.53	151.73	183.60
70	109.65	133.88	155.55	167.03	202.73
71	121.13	147.90	170.85	184.88	224.40
72	133.88	164.48	189.98	205.28	248.63
73	149.18	183.60	211.65	228.23	276.68
74	165.75	204.00	235.88	255.00	308.55
75	184.88	226.95	261.38	283.05	342.98
76	205.28	252.45	290.70	313.65	379.95
77	226.95	279.23	321.30	346.80	420.75
78	249.90	308.55	354.45	382.50	464.10
79	275.40	339.15	390.15	420.75	511.28
80	300.90				
81	328.95				
82	358.28				
83	388.88				
84	422.03				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0076-B37
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	40.80	49.73	57.38	62.48	75.23
45-49	44.63	54.83	63.75	68.85	84.15
50-54	54.83	67.58	79.05	85.43	107.10
55	66.30	80.33	93.08	99.45	127.50
56	70.13	85.43	98.18	105.83	136.43
57	75.23	91.80	104.55	112.20	145.35
58	80.33	98.18	112.20	119.85	155.55
59	85.43	104.55	119.85	128.78	165.75
60	90.53	112.20	128.78	138.98	177.23
61	96.90	119.85	137.70	149.18	188.70
62	103.28	127.50	147.90	160.65	202.73
63	109.65	136.43	158.10	170.85	216.75
64	117.30	144.08	168.30	182.33	232.05
65	124.95	154.28	178.50	193.80	248.63
66	133.88	164.48	191.25	206.55	266.48
67	144.08	177.23	205.28	221.85	286.88
68	155.55	191.25	221.85	239.70	309.83
69	167.03	206.55	238.43	258.83	334.05
70	181.05	224.40	258.83	280.50	359.55
71	196.35	243.53	280.50	304.73	390.15
72	212.93	265.20	306.00	332.78	424.58
73	232.05	289.43	335.33	364.65	462.83
74	253.73	317.48	367.20	400.35	506.18
75	276.68	346.80	402.90	438.60	552.08
76	300.90	378.68	441.15	480.68	603.08
77	326.40	413.10	481.95	526.58	656.63
78	353.18	450.08	526.58	575.03	714.00
79	381.23	489.60	573.75	627.30	776.48
80	411.83				
81	442.43				
82	475.58				
83	510.00				
84	545.70				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0076-B37
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	29.33	35.70	40.80	44.63	53.55
45-49	31.88	39.53	45.90	49.73	59.93
50-54	44.63	53.55	62.48	67.58	81.60
55	51.00	62.48	71.40	76.50	98.18
56	53.55	66.30	75.23	81.60	104.55
57	57.38	71.40	80.33	86.70	112.20
58	62.48	77.78	86.70	94.35	121.13
59	67.58	84.15	94.35	102.00	132.60
60	73.95	91.80	103.28	112.20	144.08
61	80.33	99.45	113.48	122.40	156.83
62	86.70	107.10	122.40	132.60	169.58
63	93.08	114.75	131.33	142.80	182.33
64	99.45	122.40	140.25	153.00	196.35
65	105.83	131.33	150.45	163.20	210.38
66	114.75	141.53	161.93	175.95	228.23
67	123.68	153.00	175.95	191.25	247.35
68	133.88	167.03	192.53	209.10	269.03
69	146.63	182.33	210.38	228.23	293.25
70	159.38	198.90	229.50	249.90	321.30
71	174.68	218.03	252.45	274.13	350.63
72	191.25	239.70	277.95	302.18	385.05
73	210.38	263.93	306.00	334.05	423.30
74	232.05	290.70	337.88	368.48	465.38
75	255.00	320.03	372.30	405.45	510.00
76	279.23	351.90	409.28	446.25	559.73
77	304.73	385.05	448.80	489.60	612.00
78	331.50	420.75	490.88	536.78	668.10
79	359.55	459.00	536.78	586.50	728.03
80	390.15				
81	420.75				
82	453.90				
83	488.33				
84	524.03				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0076-B37
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	25.50	28.05	33.15	34.43	35.70
45-49	28.05	31.88	35.70	36.98	40.80
50-54	34.43	39.53	43.35	45.90	52.28
55	39.53	44.63	51.00	56.10	66.30
56	42.08	48.45	56.10	59.93	71.40
57	44.63	52.28	59.93	65.03	79.05
58	49.73	57.38	66.30	70.13	86.70
59	53.55	62.48	71.40	76.50	95.63
60	59.93	70.13	79.05	84.15	104.55
61	65.03	76.50	86.70	91.80	113.48
62	70.13	84.15	94.35	100.73	124.95
63	75.23	90.53	102.00	108.38	133.88
64	79.05	95.63	109.65	117.30	142.80
65	85.43	102.00	117.30	126.23	153.00
66	91.80	110.93	126.23	136.43	164.48
67	99.45	119.85	137.70	147.90	179.78
68	108.38	132.60	151.73	163.20	197.63
69	118.58	144.08	167.03	178.50	215.48
70	128.78	158.10	183.60	196.35	238.43
71	142.80	173.40	201.45	218.03	263.93
72	158.10	193.80	223.13	240.98	291.98
73	175.95	215.48	248.63	269.03	325.13
74	195.08	239.70	277.95	299.63	363.38
75	218.03	266.48	307.28	332.78	402.90
76	240.98	297.08	341.70	368.48	447.53
77	266.48	328.95	377.40	408.00	494.70
78	294.53	363.38	416.93	450.08	545.70
79	323.85	399.08	459.00	494.70	601.80
80	354.45				
81	387.60				
82	422.03				
83	457.73				
84	495.98				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0076-B37
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	48.45	58.65	67.58	73.95	87.98
45-49	52.28	65.03	75.23	81.60	99.45
50-54	65.03	79.05	93.08	100.73	126.23
55	77.78	94.35	109.65	117.30	150.45
56	82.88	100.73	116.03	124.95	160.65
57	87.98	108.38	122.40	132.60	170.85
58	94.35	116.03	132.60	141.53	183.60
59	100.73	122.40	141.53	151.73	195.08
60	107.10	132.60	151.73	163.20	209.10
61	113.48	141.53	161.93	175.95	221.85
62	121.13	150.45	173.40	188.70	238.43
63	128.78	160.65	186.15	201.45	255.00
64	137.70	169.58	197.63	214.20	272.85
65	146.63	181.05	210.38	228.23	291.98
66	158.10	193.80	224.40	243.53	313.65
67	169.58	209.10	240.98	261.38	337.88
68	183.60	224.40	261.38	281.78	364.65
69	196.35	243.53	280.50	304.73	392.70
70	212.93	263.93	304.73	330.23	423.30
71	230.78	286.88	330.23	358.28	459.00
72	249.90	312.38	359.55	391.43	499.80
73	272.85	340.43	393.98	428.40	544.43
74	298.35	373.58	432.23	470.48	595.43
75	325.13	408.00	474.30	516.38	648.98
76	354.45	444.98	518.93	566.10	708.90
77	383.78	485.78	567.38	619.65	772.65
78	415.65	529.13	619.65	677.03	840.23
79	448.80	576.30	674.48	738.23	912.90
80	484.50				
81	520.20				
82	559.73				
83	600.53				
84	642.60				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0076-B37
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	34.43	42.08	48.45	52.28	62.48
45-49	36.98	45.90	53.55	58.65	70.13
50-54	52.28	62.48	73.95	79.05	95.63
55	59.93	73.95	84.15	90.53	116.03
56	62.48	77.78	87.98	95.63	122.40
57	67.58	84.15	94.35	102.00	132.60
58	73.95	91.80	102.00	110.93	142.80
59	79.05	99.45	110.93	119.85	155.55
60	86.70	108.38	121.13	132.60	169.58
61	94.35	117.30	133.88	144.08	184.88
62	102.00	126.23	144.08	155.55	198.90
63	109.65	135.15	154.28	168.30	214.20
64	117.30	144.08	164.48	179.78	230.78
65	124.95	154.28	177.23	192.53	247.35
66	135.15	167.03	189.98	206.55	269.03
67	145.35	179.78	206.55	224.40	290.70
68	158.10	196.35	226.95	246.08	316.20
69	172.13	214.20	247.35	269.03	345.53
70	187.43	234.60	270.30	294.53	377.40
71	205.28	256.28	297.08	322.58	413.10
72	224.40	281.78	326.40	355.73	452.63
73	247.35	311.10	359.55	392.70	498.53
74	272.85	341.70	397.80	433.50	546.98
75	299.63	376.13	438.60	476.85	600.53
76	328.95	414.38	481.95	525.30	657.90
77	358.28	452.63	527.85	576.30	720.38
78	390.15	494.70	577.58	631.13	785.40
79	423.30	540.60	631.13	689.78	856.80
80	459.00				
81	494.70				
82	534.23				
83	575.03				
84	617.10				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0076-B37
Long-Term Care Policy: Facility Only Coverage

WITH SURVIVORSHIP BENEFIT RIDER R1-N0103-SERIES

When this rider is chosen, multiply the final premium by the appropriate factor.

ISSUE AGE	NO INFLATION PROTECTION	SIMPLE INFLATION PROTECTION	COMPOUND INFLATION PROTECTION
18-44	1.11	1.17	1.17
45-49	1.14	1.21	1.21
50-54	1.18	1.28	1.28
55	1.20	1.30	1.30
56	1.20	1.30	1.30
57	1.21	1.30	1.30
58	1.21	1.30	1.30
59	1.21	1.30	1.30
60	1.21	1.30	1.30
61	1.21	1.30	1.30
62	1.21	1.29	1.29
63	1.21	1.29	1.29
64	1.21	1.28	1.28
65	1.20	1.27	1.27
66	1.20	1.26	1.26
67	1.20	1.26	1.26
68	1.19	1.25	1.25
69	1.19	1.24	1.24
70	1.18	1.23	1.23
71	1.18	1.22	1.22
72	1.17	1.20	1.20
73	1.16	1.19	1.19
74	1.16	1.18	1.18
75	1.15	1.17	1.17
76	1.14	1.16	1.16
77	1.13	1.15	1.15
78	1.12	1.14	1.14
79	1.11	1.13	1.13
80	1.10	1.12	1.12
81	1.09	1.11	1.11
82	1.08	1.10	1.10
83	1.07	1.09	1.09
84	1.06	1.08	1.08

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0076-B37
Long-Term Care Policy: Facility Only Coverage

Elimination Period Factors

Rates shown are for 30 day elimination period. Rates for other elimination periods are calculated by multiplying the 30 day rates by the appropriate factor from the following table:

Benefit Maximum	0	14	20	60	90	100	180	365
730x,1095x	1.12	1.07	1.03	0.94	0.90	0.89	0.78	0.67
1460x,1825x	1.10	1.05	1.03	0.95	0.90	0.89	0.79	0.69
Lifetime	1.08	1.04	1.03	0.96	0.92	0.91	0.84	0.75

Table Rating Health Rating Group Factors

Rates shown are for Preferred Rating Group and Select Rating Group. Rates for Table Rating Health Groups 1, 2, 3 and 4 are calculated by multiplying Select rates by 1.25, 1.50, 1.75 and 2.00 respectively.

Spousal Discount

A 20% discount to the rates is available to married couples if both spouses apply for coverage.

Dual Waiver of Premium Rider R1-N0104-Series

An optional dual waiver of premium rider will be offered. If one spouse qualifies for a waiver of premium, the premium of the other spouse will also be waived. If chosen, multiply the final premium by 1.06.

Shared Advantage Rider R1-N0105-Series

This rider will allow two covered spouses to purchase an additional benefit amount that can be used by either spouse after their base benefits are exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	No Inflation Protection	With Inflation Protection
730x	1.30	1.35
1095x	1.21	1.25
1460x	1.15	1.18
1825x	1.12	1.14

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0076-B37
Long-Term Care Policy: Facility Only Coverage

Restoration of Benefits Rider R1-N0108-Series

This rider restores the maximum lifetime benefit if the insured has not met the stipulated conditions for a period of 180 consecutive days and the maximum lifetime benefit has not been exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	Factor
730x	1.08
1095x	1.06
1460x,1825x	1.04

Cost of Living Increase Rider R1-N0107-Series

This rider allows the insured to increase their policy limits, subject to the terms of the rider, every three years without additional underwriting. The additional premium charged is based on the attained age and incremental increase in the maximum daily facility benefit when exercised. If chosen, multiply the final premium by the appropriate factor:

Age	Factor
18-44	1.15
45-49	1.12
50-55	1.10
56-58	1.09
59-61	1.08
62-64	1.07
65-67	1.06
68-70	1.05
71-73	1.04
74-76	1.03

Modal Factors

Semi-Annual: 0.52; Quarterly: 0.27; Check-A-Matic: 0.09

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604

Supplement to Rate Sheets for Policy Form P1-N0080-B37
PENNSYLVANIA

All rates for this form should be multiplied by a factor of: 1.9425

This factor represents the **proposed** increase of: 29.5%

And the following prior approved rate increases:

Policy Form	Increase Applies to all Policies or Subsets	Rate Increase Approved	Approval Date of Rate Increase
P1-N0080-B37	--Yes--	20.00%	3/14/2013
P1-N0080-B37	--Yes--	25.00%	12/3/2014

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0080-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	19.95	24.15	26.25	28.35	36.75
45-49	22.05	27.30	29.40	31.50	40.95
50-54	27.30	32.55	36.75	38.85	50.40
55	31.50	37.80	42.00	45.15	59.85
56	33.60	39.90	45.15	48.30	63.00
57	35.70	43.05	48.30	51.45	68.25
58	38.85	46.20	52.50	55.65	73.50
59	42.00	50.40	56.70	60.90	79.80
60	45.15	54.60	61.95	66.15	87.15
61	49.35	58.80	67.20	72.45	94.50
62	53.55	64.05	73.50	78.75	102.90
63	57.75	69.30	78.75	85.05	111.30
64	60.90	73.50	85.05	91.35	118.65
65	65.10	78.75	91.35	97.65	127.05
66	69.30	85.05	98.70	106.05	137.55
67	75.60	92.40	107.10	115.50	150.15
68	82.95	100.80	116.55	127.05	164.85
69	90.30	110.25	128.10	138.60	180.60
70	98.70	120.75	139.65	152.25	198.45
71	108.15	133.35	154.35	168.00	218.40
72	119.70	148.05	171.15	186.90	242.55
73	132.30	164.85	191.10	207.90	269.85
74	147.00	183.75	212.10	232.05	299.25
75	163.80	203.70	236.25	258.30	331.80
76	180.60	225.75	262.50	286.65	367.50
77	199.50	249.90	290.85	317.10	406.35
78	219.45	276.15	321.30	350.70	447.30
79	241.50	303.45	353.85	385.35	491.40
80	264.60				
81	288.75				
82	315.00				
83	342.30				
84	371.70				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0080-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	23.10	28.35	31.50	32.55	43.05
45-49	26.25	31.50	34.65	36.75	47.25
50-54	30.45	36.75	42.00	45.15	58.80
55	35.70	42.00	47.25	51.45	68.25
56	37.80	44.10	50.40	54.60	71.40
57	39.90	47.25	53.55	57.75	76.65
58	43.05	51.45	57.75	61.95	81.90
59	46.20	55.65	63.00	68.25	88.20
60	49.35	60.90	68.25	73.50	95.55
61	53.55	65.10	74.55	80.85	103.95
62	57.75	70.35	80.85	87.15	112.35
63	61.95	75.60	87.15	93.45	121.80
64	66.15	80.85	92.40	99.75	130.20
65	71.40	86.10	99.75	106.05	139.65
66	75.60	92.40	107.10	114.45	151.20
67	81.90	100.80	115.50	124.95	164.85
68	89.25	109.20	127.05	137.55	180.60
69	97.65	119.70	138.60	150.15	197.40
70	107.10	132.30	151.20	164.85	217.35
71	116.55	144.90	168.00	181.65	239.40
72	129.15	161.70	185.85	202.65	264.60
73	143.85	179.55	206.85	225.75	294.00
74	158.55	199.50	231.00	250.95	325.50
75	176.40	221.55	257.25	279.30	361.20
76	194.25	245.70	285.60	310.80	400.05
77	215.25	270.90	316.05	344.40	442.05
78	236.25	299.25	349.65	381.15	486.15
79	259.35	329.70	384.30	418.95	534.45
80	283.50				
81	309.75				
82	337.05				
83	365.40				
84	395.85				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0080-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	24.15	29.40	33.60	34.65	45.15
45-49	27.30	32.55	36.75	38.85	50.40
50-54	31.50	38.85	44.10	47.25	63.00
55	36.75	44.10	49.35	53.55	71.40
56	38.85	46.20	52.50	56.70	75.60
57	40.95	49.35	55.65	60.90	79.80
58	44.10	53.55	59.85	65.10	86.10
59	47.25	57.75	65.10	71.40	92.40
60	51.45	63.00	71.40	76.65	99.75
61	55.65	68.25	77.70	84.00	108.15
62	59.85	73.50	84.00	90.30	116.55
63	64.05	78.75	90.30	96.60	126.00
64	68.25	84.00	95.55	102.90	134.40
65	73.50	89.25	102.90	110.25	144.90
66	78.75	95.55	110.25	118.65	156.45
67	85.05	103.95	119.70	129.15	171.15
68	92.40	113.40	131.25	141.75	186.90
69	100.80	123.90	142.80	155.40	204.75
70	110.25	136.50	156.45	170.10	224.70
71	120.75	150.15	173.25	187.95	247.80
72	133.35	166.95	192.15	208.95	274.05
73	148.05	185.85	214.20	233.10	304.50
74	163.80	205.80	238.35	259.35	337.05
75	181.65	228.90	265.65	288.75	373.80
76	200.55	254.10	295.05	321.30	413.70
77	221.55	280.35	326.55	355.95	456.75
78	243.60	308.70	361.20	393.75	502.95
79	266.70	340.20	397.95	433.65	552.30
80	291.90				
81	318.15				
82	346.50				
83	375.90				
84	406.35				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0080-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	37.80	47.25	54.60	59.85	78.75
45-49	42.00	52.50	60.90	66.15	87.15
50-54	51.45	64.05	74.55	80.85	111.30
55	58.80	74.55	86.10	93.45	129.15
56	61.95	78.75	91.35	98.70	135.45
57	66.15	84.00	96.60	105.00	143.85
58	70.35	89.25	102.90	112.35	152.25
59	75.60	95.55	110.25	119.70	161.70
60	80.85	101.85	117.60	127.05	172.20
61	86.10	109.20	126.00	136.50	183.75
62	92.40	116.55	134.40	145.95	196.35
63	98.70	123.90	142.80	155.40	210.00
64	105.00	132.30	152.25	165.90	223.65
65	111.30	140.70	162.75	176.40	238.35
66	119.70	150.15	173.25	189.00	255.15
67	128.10	161.70	186.90	203.70	275.10
68	137.55	174.30	201.60	220.50	297.15
69	148.05	186.90	218.40	238.35	320.25
70	159.60	202.65	236.25	258.30	345.45
71	173.25	219.45	256.20	280.35	374.85
72	187.95	238.35	279.30	305.55	407.40
73	204.75	260.40	305.55	333.90	444.15
74	223.65	284.55	333.90	365.40	484.05
75	244.65	310.80	364.35	399.00	528.15
76	265.65	340.20	397.95	435.75	575.40
77	288.75	370.65	433.65	475.65	625.80
78	311.85	404.25	471.45	517.65	679.35
79	337.05	438.90	512.40	562.80	737.10
80	363.30				
81	389.55				
82	417.90				
83	447.30				
84	477.75				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0080-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	42.00	53.55	61.95	68.25	88.20
45-49	47.25	58.80	69.30	74.55	98.70
50-54	57.75	72.45	85.05	92.40	124.95
55	65.10	82.95	97.65	106.05	142.80
56	68.25	87.15	102.90	111.30	149.10
57	72.45	92.40	108.15	117.60	157.50
58	76.65	97.65	114.45	124.95	166.95
59	81.90	103.95	121.80	132.30	177.45
60	88.20	111.30	129.15	140.70	187.95
61	94.50	118.65	137.55	149.10	200.55
62	100.80	127.05	145.95	159.60	214.20
63	107.10	135.45	155.40	169.05	228.90
64	113.40	143.85	165.90	180.60	242.55
65	120.75	152.25	176.40	192.15	259.35
66	129.15	162.75	189.00	206.85	276.15
67	138.60	175.35	203.70	222.60	298.20
68	149.10	189.00	220.50	241.50	321.30
69	160.65	202.65	237.30	260.40	346.50
70	173.25	220.50	257.25	281.40	373.80
71	186.90	238.35	279.30	305.55	405.30
72	203.70	259.35	303.45	332.85	441.00
73	221.55	283.50	331.80	363.30	480.90
74	241.50	308.70	362.25	396.90	523.95
75	263.55	337.05	394.80	432.60	571.20
76	286.65	367.50	430.50	471.45	620.55
77	309.75	399.00	468.30	513.45	675.15
78	334.95	433.65	509.25	558.60	731.85
79	360.15	470.40	552.30	605.85	793.80
80	388.50				
81	415.80				
82	446.25				
83	476.70				
84	508.20				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0080-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	44.10	55.65	65.10	71.40	92.40
45-49	49.35	61.95	72.45	78.75	102.90
50-54	60.90	76.65	89.25	96.60	130.20
55	68.25	86.10	101.85	111.30	148.05
56	71.40	90.30	107.10	116.55	155.40
57	75.60	95.55	112.35	122.85	163.80
58	79.80	101.85	118.65	130.20	173.25
59	85.05	108.15	126.00	137.55	183.75
60	91.35	115.50	133.35	145.95	195.30
61	97.65	122.85	141.75	154.35	207.90
62	103.95	131.25	151.20	164.85	221.55
63	110.25	139.65	160.65	175.35	236.25
64	117.60	148.05	171.15	186.90	250.95
65	124.95	157.50	182.70	199.50	267.75
66	133.35	168.00	196.35	214.20	285.60
67	142.80	180.60	211.05	231.00	307.65
68	153.30	195.30	227.85	249.90	331.80
69	165.90	210.00	245.70	269.85	358.05
70	178.50	227.85	265.65	291.90	386.40
71	193.20	246.75	288.75	316.05	418.95
72	210.00	268.80	313.95	344.40	455.70
73	228.90	292.95	342.30	375.90	496.65
74	248.85	319.20	373.80	410.55	540.75
75	270.90	347.55	407.40	447.30	589.05
76	295.05	379.05	444.15	487.20	640.50
77	319.20	411.60	483.00	530.25	696.15
78	344.40	446.25	525.00	576.45	754.95
79	370.65	484.05	569.10	624.75	817.95
80	399.00				
81	427.35				
82	457.80				
83	489.30				
84	521.85				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0080-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	28.35	34.65	40.95	44.10	58.80
45-49	31.50	38.85	45.15	49.35	65.10
50-54	40.95	50.40	57.75	64.05	84.00
55	47.25	57.75	67.20	73.50	99.75
56	49.35	60.90	70.35	76.65	106.05
57	52.50	65.10	75.60	81.90	113.40
58	56.70	70.35	81.90	88.20	121.80
59	60.90	75.60	88.20	95.55	131.25
60	66.15	82.95	95.55	103.95	140.70
61	72.45	89.25	103.95	112.35	152.25
62	77.70	96.60	112.35	121.80	163.80
63	82.95	103.95	120.75	130.20	176.40
64	89.25	111.30	129.15	139.65	189.00
65	94.50	118.65	137.55	149.10	202.65
66	101.85	128.10	148.05	160.65	218.40
67	110.25	138.60	160.65	174.30	237.30
68	119.70	151.20	175.35	190.05	258.30
69	130.20	164.85	191.10	207.90	281.40
70	141.75	179.55	208.95	227.85	307.65
71	155.40	197.40	228.90	249.90	336.00
72	170.10	216.30	252.00	275.10	368.55
73	186.90	238.35	277.20	303.45	405.30
74	205.80	261.45	305.55	333.90	444.15
75	225.75	287.70	336.00	367.50	487.20
76	247.80	315.00	368.55	404.25	534.45
77	269.85	345.45	404.25	443.10	583.80
78	292.95	376.95	442.05	485.10	637.35
79	318.15	411.60	481.95	529.20	693.00
80	344.40				
81	371.70				
82	400.05				
83	429.45				
84	460.95				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0080-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	32.55	40.95	47.25	50.40	67.20
45-49	36.75	45.15	51.45	56.70	74.55
50-54	45.15	56.70	66.15	72.45	94.50
55	52.50	65.10	75.60	81.90	111.30
56	55.65	69.30	79.80	87.15	117.60
57	58.80	73.50	85.05	92.40	126.00
58	63.00	78.75	91.35	99.75	134.40
59	67.20	84.00	97.65	107.10	143.85
60	72.45	91.35	106.05	115.50	154.35
61	78.75	97.65	114.45	124.95	165.90
62	84.00	105.00	122.85	134.40	177.45
63	90.30	112.35	132.30	143.85	191.10
64	96.60	120.75	140.70	153.30	204.75
65	102.90	129.15	150.15	163.80	218.40
66	111.30	139.65	161.70	176.40	236.25
67	120.75	150.15	175.35	190.05	256.20
68	131.25	163.80	191.10	207.90	279.30
69	141.75	178.50	207.90	226.80	304.50
70	153.30	194.25	226.80	246.75	331.80
71	166.95	213.15	247.80	270.90	363.30
72	182.70	233.10	273.00	298.20	397.95
73	200.55	257.25	300.30	328.65	436.80
74	220.50	282.45	329.70	361.20	479.85
75	242.55	309.75	363.30	397.95	526.05
76	265.65	339.15	399.00	437.85	576.45
77	289.80	371.70	436.80	478.80	630.00
78	313.95	406.35	477.75	523.95	687.75
79	341.25	443.10	520.80	572.25	748.65
80	368.55				
81	397.95				
82	427.35				
83	457.80				
84	491.40				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0080-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	34.65	43.05	49.35	53.55	71.40
45-49	38.85	47.25	54.60	59.85	78.75
50-54	47.25	58.80	69.30	75.60	98.70
55	54.60	68.25	79.80	86.10	116.55
56	57.75	72.45	84.00	91.35	122.85
57	60.90	76.65	89.25	96.60	131.25
58	65.10	81.90	95.55	103.95	139.65
59	70.35	88.20	101.85	111.30	149.10
60	75.60	94.50	110.25	120.75	159.60
61	80.85	101.85	118.65	130.20	171.15
62	87.15	109.20	127.05	139.65	183.75
63	93.45	116.55	136.50	149.10	197.40
64	99.75	124.95	145.95	159.60	211.05
65	107.10	133.35	155.40	170.10	225.75
66	115.50	143.85	168.00	182.70	243.60
67	124.95	155.40	181.65	197.40	264.60
68	135.45	169.05	197.40	215.25	287.70
69	145.95	183.75	215.25	234.15	313.95
70	158.55	200.55	234.15	255.15	342.30
71	172.20	219.45	256.20	280.35	374.85
72	187.95	240.45	281.40	307.65	410.55
73	206.85	264.60	309.75	339.15	450.45
74	226.80	290.85	340.20	372.75	495.60
75	249.90	319.20	374.85	410.55	542.85
76	273.00	349.65	411.60	451.50	594.30
77	298.20	383.25	450.45	494.55	649.95
78	323.40	418.95	492.45	540.75	708.75
79	350.70	456.75	537.60	591.15	771.75
80	379.05				
81	408.45				
82	438.90				
83	470.40				
84	504.00				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0080-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	23.10	28.35	30.45	33.60	43.05
45-49	26.25	32.55	34.65	36.75	48.30
50-54	32.55	37.80	43.05	46.20	58.80
55	36.75	44.10	49.35	53.55	70.35
56	39.90	47.25	53.55	56.70	74.55
57	42.00	50.40	56.70	60.90	79.80
58	46.20	54.60	61.95	65.10	86.10
59	49.35	58.80	67.20	71.40	93.45
60	53.55	64.05	72.45	77.70	102.90
61	57.75	69.30	78.75	85.05	111.30
62	63.00	75.60	86.10	92.40	120.75
63	68.25	81.90	92.40	99.75	131.25
64	71.40	86.10	99.75	107.10	139.65
65	76.65	92.40	107.10	114.45	149.10
66	81.90	99.75	116.55	124.95	161.70
67	89.25	109.20	126.00	135.45	176.40
68	97.65	118.65	137.55	149.10	194.25
69	106.05	130.20	151.20	162.75	212.10
70	116.55	141.75	163.80	179.55	233.10
71	127.05	156.45	181.65	197.40	257.25
72	140.70	174.30	201.60	219.45	285.60
73	155.40	194.25	224.70	244.65	317.10
74	173.25	216.30	249.90	273.00	351.75
75	193.20	239.40	278.25	303.45	390.60
76	212.10	265.65	308.70	337.05	432.60
77	235.20	294.00	342.30	372.75	477.75
78	258.30	324.45	378.00	412.65	526.05
79	284.55	357.00	415.80	453.60	578.55
80	310.80				
81	340.20				
82	370.65				
83	403.20				
84	436.80				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0080-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	27.30	33.60	36.75	37.80	50.40
45-49	30.45	36.75	40.95	43.05	55.65
50-54	35.70	43.05	49.35	53.55	69.30
55	42.00	49.35	55.65	60.90	79.80
56	44.10	51.45	58.80	64.05	84.00
57	47.25	55.65	63.00	68.25	90.30
58	50.40	60.90	68.25	72.45	96.60
59	54.60	65.10	74.55	79.80	103.95
60	57.75	71.40	79.80	86.10	112.35
61	63.00	76.65	88.20	95.55	121.80
62	68.25	82.95	95.55	102.90	132.30
63	72.45	89.25	102.90	110.25	142.80
64	77.70	95.55	109.20	117.60	153.30
65	84.00	100.80	117.60	124.95	163.80
66	89.25	109.20	126.00	134.40	177.45
67	96.60	118.65	135.45	147.00	194.25
68	105.00	128.10	149.10	161.70	212.10
69	114.45	140.70	162.75	176.40	232.05
70	126.00	155.40	177.45	194.25	256.20
71	137.55	170.10	197.40	214.20	281.40
72	152.25	190.05	218.40	238.35	310.80
73	169.05	211.05	243.60	265.65	345.45
74	186.90	235.20	271.95	295.05	383.25
75	207.90	260.40	302.40	328.65	425.25
76	228.90	288.75	336.00	365.40	470.40
77	253.05	319.20	371.70	405.30	519.75
78	278.25	351.75	411.60	448.35	572.25
79	305.55	387.45	452.55	492.45	628.95
80	333.90				
81	364.35				
82	396.90				
83	429.45				
84	466.20				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0080-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	28.35	34.65	39.90	40.95	53.55
45-49	32.55	37.80	43.05	46.20	58.80
50-54	36.75	46.20	51.45	55.65	74.55
55	43.05	51.45	57.75	63.00	84.00
56	46.20	54.60	61.95	67.20	89.25
57	48.30	57.75	65.10	71.40	93.45
58	51.45	63.00	70.35	76.65	100.80
59	55.65	68.25	76.65	84.00	109.20
60	60.90	74.55	84.00	90.30	117.60
61	65.10	79.80	91.35	98.70	127.05
62	70.35	86.10	98.70	106.05	137.55
63	75.60	92.40	106.05	113.40	148.05
64	79.80	98.70	112.35	120.75	158.55
65	86.10	105.00	120.75	130.20	170.10
66	92.40	112.35	130.20	139.65	183.75
67	99.75	121.80	140.70	152.25	201.60
68	109.20	133.35	154.35	166.95	219.45
69	118.65	145.95	168.00	182.70	240.45
70	130.20	160.65	183.75	200.55	264.60
71	141.75	176.40	203.70	221.55	291.90
72	156.45	196.35	225.75	245.70	322.35
73	174.30	218.40	252.00	274.05	358.05
74	193.20	242.55	280.35	305.55	396.90
75	214.20	268.80	312.90	340.20	439.95
76	236.25	299.25	347.55	378.00	487.20
77	260.40	329.70	384.30	418.95	537.60
78	286.65	363.30	425.25	463.05	592.20
79	313.95	400.05	468.30	510.30	649.95
80	343.35				
81	373.80				
82	407.40				
83	442.05				
84	477.75				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0080-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	44.10	55.65	64.05	70.35	92.40
45-49	49.35	61.95	71.40	77.70	102.90
50-54	60.90	75.60	88.20	95.55	131.25
55	69.30	88.20	100.80	110.25	152.25
56	72.45	92.40	107.10	116.55	159.60
57	77.70	98.70	113.40	123.90	169.05
58	82.95	105.00	120.75	132.30	179.55
59	89.25	112.35	130.20	140.70	190.05
60	95.55	119.70	138.60	149.10	202.65
61	100.80	128.10	148.05	160.65	216.30
62	109.20	137.55	158.55	172.20	231.00
63	116.55	145.95	168.00	182.70	246.75
64	123.90	155.40	179.55	195.30	263.55
65	131.25	165.90	191.10	207.90	280.35
66	140.70	176.40	203.70	222.60	300.30
67	151.20	190.05	219.45	239.40	323.40
68	161.70	204.75	237.30	259.35	349.65
69	174.30	219.45	257.25	280.35	376.95
70	187.95	238.35	278.25	303.45	406.35
71	203.70	258.30	301.35	329.70	441.00
72	221.55	280.35	328.65	359.10	478.80
73	240.45	306.60	359.10	392.70	522.90
74	263.55	334.95	392.70	429.45	569.10
75	287.70	365.40	428.40	469.35	621.60
76	312.90	400.05	468.30	512.40	677.25
77	340.20	435.75	510.30	559.65	736.05
78	366.45	475.65	554.40	609.00	799.05
79	396.90	516.60	602.70	662.55	867.30
80	427.35				
81	457.80				
82	491.40				
83	526.05				
84	561.75				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0080-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	49.35	63.00	72.45	79.80	103.95
45-49	55.65	69.30	81.90	88.20	116.55
50-54	68.25	85.05	99.75	109.20	147.00
55	76.65	97.65	114.45	124.95	168.00
56	79.80	102.90	120.75	131.25	175.35
57	85.05	109.20	127.05	138.60	184.80
58	90.30	114.45	134.40	147.00	196.35
59	96.60	121.80	142.80	155.40	208.95
60	103.95	131.25	152.25	165.90	221.55
61	111.30	139.65	161.70	175.35	236.25
62	118.65	149.10	172.20	187.95	252.00
63	126.00	159.60	182.70	198.45	268.80
64	133.35	169.05	195.30	212.10	285.60
65	141.75	179.55	207.90	225.75	305.55
66	152.25	191.10	222.60	243.60	324.45
67	162.75	205.80	239.40	261.45	350.70
68	175.35	222.60	259.35	284.55	378.00
69	189.00	238.35	279.30	306.60	407.40
70	203.70	259.35	302.40	330.75	439.95
71	219.45	280.35	328.65	359.10	476.70
72	239.40	305.55	357.00	391.65	518.70
73	260.40	333.90	390.60	427.35	565.95
74	284.55	363.30	426.30	467.25	616.35
75	309.75	396.90	464.10	509.25	672.00
76	337.05	432.60	506.10	554.40	729.75
77	364.35	469.35	551.25	603.75	793.80
78	393.75	510.30	599.55	657.30	861.00
79	424.20	553.35	649.95	712.95	933.45
80	456.75				
81	489.30				
82	525.00				
83	560.70				
84	597.45				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0080-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	51.45	65.10	76.65	84.00	109.20
45-49	57.75	72.45	85.05	92.40	120.75
50-54	71.40	90.30	105.00	113.40	153.30
55	79.80	100.80	119.70	131.25	174.30
56	84.00	106.05	126.00	137.55	182.70
57	89.25	112.35	132.30	144.90	193.20
58	93.45	119.70	139.65	153.30	203.70
59	99.75	127.05	148.05	161.70	216.30
60	107.10	135.45	156.45	172.20	229.95
61	114.45	144.90	166.95	181.65	244.65
62	121.80	154.35	177.45	194.25	260.40
63	130.20	163.80	189.00	205.80	278.25
64	138.60	174.30	201.60	219.45	295.05
65	147.00	184.80	215.25	235.20	315.00
66	156.45	197.40	231.00	252.00	336.00
67	168.00	212.10	247.80	271.95	362.25
68	180.60	229.95	267.75	294.00	390.60
69	195.30	246.75	288.75	317.10	421.05
70	210.00	267.75	312.90	343.35	454.65
71	226.80	289.80	340.20	371.70	492.45
72	246.75	316.05	369.60	405.30	536.55
73	268.80	344.40	403.20	442.05	583.80
74	292.95	375.90	439.95	483.00	636.30
75	319.20	408.45	478.80	526.05	693.00
76	347.55	446.25	522.90	573.30	753.90
77	375.90	484.05	568.05	623.70	819.00
78	405.30	525.00	617.40	678.30	888.30
79	435.75	569.10	669.90	735.00	961.80
80	469.35				
81	502.95				
82	538.65				
83	575.40				
84	614.25				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0080-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	33.60	40.95	48.30	51.45	69.30
45-49	36.75	46.20	53.55	57.75	76.65
50-54	48.30	58.80	68.25	75.60	98.70
55	55.65	68.25	78.75	86.10	117.60
56	57.75	71.40	82.95	90.30	124.95
57	61.95	76.65	89.25	96.60	133.35
58	67.20	82.95	96.60	103.95	142.80
59	71.40	89.25	103.95	112.35	154.35
60	77.70	97.65	112.35	121.80	165.90
61	85.05	105.00	121.80	132.30	179.55
62	91.35	113.40	132.30	142.80	193.20
63	97.65	121.80	141.75	153.30	207.90
64	105.00	131.25	152.25	163.80	222.60
65	111.30	139.65	161.70	175.35	238.35
66	119.70	151.20	174.30	189.00	257.25
67	130.20	162.75	189.00	204.75	279.30
68	140.70	177.45	205.80	223.65	303.45
69	153.30	194.25	224.70	244.65	330.75
70	166.95	211.05	245.70	267.75	362.25
71	182.70	232.05	268.80	294.00	394.80
72	200.55	254.10	296.10	323.40	433.65
73	219.45	280.35	326.55	357.00	476.70
74	242.55	307.65	359.10	392.70	522.90
75	265.65	338.10	394.80	432.60	573.30
76	291.90	370.65	433.65	475.65	628.95
77	317.10	406.35	475.65	520.80	686.70
78	344.40	443.10	519.75	571.20	749.70
79	373.80	484.05	567.00	622.65	814.80
80	405.30				
81	436.80				
82	470.40				
83	505.05				
84	541.80				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0080-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	37.80	48.30	55.65	58.80	78.75
45-49	43.05	53.55	60.90	67.20	88.20
50-54	53.55	67.20	77.70	85.05	111.30
55	61.95	76.65	89.25	96.60	131.25
56	65.10	81.90	93.45	102.90	138.60
57	69.30	86.10	99.75	109.20	148.05
58	74.55	92.40	107.10	117.60	158.55
59	78.75	98.70	114.45	126.00	169.05
60	85.05	107.10	124.95	135.45	181.65
61	92.40	114.45	134.40	147.00	195.30
62	98.70	123.90	144.90	158.55	208.95
63	106.05	132.30	155.40	169.05	224.70
64	113.40	141.75	165.90	180.60	240.45
65	120.75	152.25	176.40	193.20	257.25
66	131.25	163.80	190.05	207.90	278.25
67	141.75	176.40	205.80	223.65	301.35
68	154.35	193.20	224.70	244.65	328.65
69	166.95	210.00	244.65	266.70	358.05
70	180.60	228.90	266.70	289.80	390.60
71	196.35	250.95	291.90	319.20	427.35
72	215.25	274.05	321.30	350.70	468.30
73	236.25	302.40	352.80	386.40	513.45
74	259.35	331.80	387.45	425.25	564.90
75	285.60	364.35	427.35	468.30	618.45
76	312.90	399.00	469.35	515.55	678.30
77	341.25	436.80	513.45	562.80	741.30
78	369.60	477.75	561.75	616.35	809.55
79	401.10	520.80	613.20	673.05	880.95
80	433.65				
81	468.30				
82	502.95				
83	538.65				
84	578.55				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0080-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	40.95	50.40	57.75	63.00	84.00
45-49	46.20	55.65	64.05	70.35	92.40
50-54	55.65	69.30	81.90	89.25	116.55
55	64.05	79.80	93.45	100.80	137.55
56	68.25	85.05	98.70	107.10	144.90
57	71.40	90.30	105.00	113.40	154.35
58	76.65	96.60	112.35	121.80	163.80
59	82.95	103.95	119.70	131.25	175.35
60	89.25	111.30	130.20	141.75	187.95
61	95.55	119.70	139.65	153.30	201.60
62	102.90	128.10	149.10	163.80	216.30
63	110.25	137.55	160.65	175.35	232.05
64	117.60	147.00	172.20	187.95	247.80
65	126.00	156.45	182.70	200.55	265.65
66	135.45	169.05	197.40	215.25	286.65
67	147.00	182.70	214.20	232.05	310.80
68	159.60	198.45	232.05	253.05	338.10
69	172.20	216.30	253.05	275.10	369.60
70	186.90	236.25	275.10	300.30	403.20
71	202.65	258.30	301.35	329.70	441.00
72	221.55	282.45	330.75	362.25	483.00
73	243.60	310.80	364.35	399.00	530.25
74	266.70	342.30	400.05	438.90	582.75
75	294.00	375.90	441.00	483.00	638.40
76	321.30	411.60	484.05	531.30	699.30
77	350.70	450.45	530.25	581.70	764.40
78	380.10	492.45	579.60	636.30	833.70
79	412.65	537.60	632.10	695.10	908.25
80	446.25				
81	480.90				
82	516.60				
83	553.35				
84	593.25				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0080-B37
Long-Term Care Policy

WITH SURVIVORSHIP BENEFIT RIDER R1-N0103-SERIES

When this rider is chosen, multiply the final premium by the appropriate factor.

ISSUE AGE	NO INFLATION PROTECTION	SIMPLE INFLATION PROTECTION	COMPOUND INFLATION PROTECTION
18-44	1.11	1.17	1.17
45-49	1.14	1.21	1.21
50-54	1.18	1.28	1.28
55	1.20	1.30	1.30
56	1.20	1.30	1.30
57	1.21	1.30	1.30
58	1.21	1.30	1.30
59	1.21	1.30	1.30
60	1.21	1.30	1.30
61	1.21	1.30	1.30
62	1.21	1.29	1.29
63	1.21	1.29	1.29
64	1.21	1.28	1.28
65	1.20	1.27	1.27
66	1.20	1.26	1.26
67	1.20	1.26	1.26
68	1.19	1.25	1.25
69	1.19	1.24	1.24
70	1.18	1.23	1.23
71	1.18	1.22	1.22
72	1.17	1.20	1.20
73	1.16	1.19	1.19
74	1.16	1.18	1.18
75	1.15	1.17	1.17
76	1.14	1.16	1.16
77	1.13	1.15	1.15
78	1.12	1.14	1.14
79	1.11	1.13	1.13
80	1.10	1.12	1.12
81	1.09	1.11	1.11
82	1.08	1.10	1.10
83	1.07	1.09	1.09
84	1.06	1.08	1.08

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0080-B37
Long-Term Care Policy

Elimination Period Factors

Rates shown are for 30 day elimination period. Rates for other elimination periods are calculated by multiplying the 30 day rates by the appropriate factor from the following table:

Benefit Maximum	0	14	20	60	90	100	180	365
730x,1095x	1.12	1.07	1.03	0.94	0.90	0.89	0.78	0.67
1460x,1825x	1.10	1.05	1.03	0.95	0.90	0.89	0.79	0.69
Lifetime	1.08	1.04	1.03	0.96	0.92	0.91	0.84	0.75

Table Rating Health Rating Group Factors

Rates shown are for Preferred Rating Group and Select Rating Group. Rates for Table Rating Health Groups 1, 2, 3 and 4 are calculated by multiplying Select rates by 1.25, 1.50, 1.75 and 2.00 respectively.

Spousal Discount

A 20% discount to the rates is available to married couples if both spouses apply for coverage.

Dual Waiver of Premium Rider R1-N0104-Series

An optional dual waiver of premium rider will be offered. If one spouse qualifies for a waiver of premium, the premium of the other spouse will also be waived. If chosen, multiply the final premium by 1.06.

Shared Advantage Rider R1-N0105-Series

This rider will allow two covered spouses to purchase an additional benefit amount that can be used by either spouse after their base benefits are exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	No Inflation Protection	With Inflation Protection
730x	1.30	1.35
1095x	1.21	1.25
1460x	1.15	1.18
1825x	1.12	1.14

Restoration of Benefits Rider R1-N0108-Series

This rider restores the maximum lifetime benefit if the insured has not met the stipulated conditions for a period of 180 consecutive days and the maximum lifetime benefit has not been exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	Factor
730x	1.08
1095x	1.06
1460x,1825x	1.04

Cost of Living Increase Rider R1-N0107-Series

This rider allows the insured to increase their policy limits, subject to the terms of the rider, every three years without additional underwriting. The additional premium charged is based on the attained age and incremental increase in the maximum daily facility benefit when exercised. If chosen, multiply the final premium by the appropriate factor:

Age	Factor
18-44	1.15
45-49	1.12
50-55	1.10
56-58	1.09
59-61	1.08
62-64	1.07
65-67	1.06
68-70	1.05
71-73	1.04
74-76	1.03

Modal Factors

Semi-Annual: 0.52; Quarterly: 0.27; Check-A-Matic: 0.09

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604

Supplement to Rate Sheets for Policy Form P1-N0081-B37
PENNSYLVANIA

All rates for this form should be multiplied by a factor of: 1.9425

This factor represents the **proposed** increase of: 29.5%

And the following prior approved rate increases:

Policy Form	Increase Applies to all Policies or Subsets	Rate Increase Approved	Approval Date of Rate Increase
P1-N0081-B37	--Yes--	20.00%	3/14/2013
P1-N0081-B37	--Yes--	25.00%	12/3/2014

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0081-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	24.94	30.19	32.81	35.44	45.94
45-49	27.56	34.13	36.75	39.38	51.19
50-54	34.13	40.69	45.94	48.56	63.00
55	39.38	47.25	52.50	56.44	74.81
56	42.00	49.88	56.44	60.38	78.75
57	44.63	53.81	60.38	64.31	85.31
58	48.56	57.75	65.63	69.56	91.88
59	52.50	63.00	70.88	76.13	99.75
60	56.44	68.25	77.44	82.69	108.94
61	61.69	73.50	84.00	90.56	118.13
62	66.94	80.06	91.88	98.44	128.63
63	72.19	86.63	98.44	106.31	139.13
64	76.13	91.88	106.31	114.19	148.31
65	81.38	98.44	114.19	122.06	158.81
66	86.63	106.31	123.38	132.56	171.94
67	94.50	115.50	133.88	144.38	187.69
68	103.69	126.00	145.69	158.81	206.06
69	112.88	137.81	160.13	173.25	225.75
70	123.38	150.94	174.56	190.31	248.06
71	135.19	166.69	192.94	210.00	273.00
72	149.63	185.06	213.94	233.63	303.19
73	165.38	206.06	238.88	259.88	337.31
74	183.75	229.69	265.13	290.06	374.06
75	204.75	254.63	295.31	322.88	414.75
76	225.75	282.19	328.13	358.31	459.38
77	249.38	312.38	363.56	396.38	507.94
78	274.31	345.19	401.63	438.38	559.13
79	301.88	379.31	442.31	481.69	614.25
80	330.75				
81	360.94				
82	393.75				
83	427.88				
84	464.63				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0081-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	28.88	35.44	39.38	40.69	53.81
45-49	32.81	39.38	43.31	45.94	59.06
50-54	38.06	45.94	52.50	56.44	73.50
55	44.63	52.50	59.06	64.31	85.31
56	47.25	55.13	63.00	68.25	89.25
57	49.88	59.06	66.94	72.19	95.81
58	53.81	64.31	72.19	77.44	102.38
59	57.75	69.56	78.75	85.31	110.25
60	61.69	76.13	85.31	91.88	119.44
61	66.94	81.38	93.19	101.06	129.94
62	72.19	87.94	101.06	108.94	140.44
63	77.44	94.50	108.94	116.81	152.25
64	82.69	101.06	115.50	124.69	162.75
65	89.25	107.63	124.69	132.56	174.56
66	94.50	115.50	133.88	143.06	189.00
67	102.38	126.00	144.38	156.19	206.06
68	111.56	136.50	158.81	171.94	225.75
69	122.06	149.63	173.25	187.69	246.75
70	133.88	165.38	189.00	206.06	271.69
71	145.69	181.13	210.00	227.06	299.25
72	161.44	202.13	232.31	253.31	330.75
73	179.81	224.44	258.56	282.19	367.50
74	198.19	249.38	288.75	313.69	406.88
75	220.50	276.94	321.56	349.13	451.50
76	242.81	307.13	357.00	388.50	500.06
77	269.06	338.63	395.06	430.50	552.56
78	295.31	374.06	437.06	476.44	607.69
79	324.19	412.13	480.38	523.69	668.06
80	354.38				
81	387.19				
82	421.31				
83	456.75				
84	494.81				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0081-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	30.19	36.75	42.00	43.31	56.44
45-49	34.13	40.69	45.94	48.56	63.00
50-54	39.38	48.56	55.13	59.06	78.75
55	45.94	55.13	61.69	66.94	89.25
56	48.56	57.75	65.63	70.88	94.50
57	51.19	61.69	69.56	76.13	99.75
58	55.13	66.94	74.81	81.38	107.63
59	59.06	72.19	81.38	89.25	115.50
60	64.31	78.75	89.25	95.81	124.69
61	69.56	85.31	97.13	105.00	135.19
62	74.81	91.88	105.00	112.88	145.69
63	80.06	98.44	112.88	120.75	157.50
64	85.31	105.00	119.44	128.63	168.00
65	91.88	111.56	128.63	137.81	181.13
66	98.44	119.44	137.81	148.31	195.56
67	106.31	129.94	149.63	161.44	213.94
68	115.50	141.75	164.06	177.19	233.63
69	126.00	154.88	178.50	194.25	255.94
70	137.81	170.63	195.56	212.63	280.88
71	150.94	187.69	216.56	234.94	309.75
72	166.69	208.69	240.19	261.19	342.56
73	185.06	232.31	267.75	291.38	380.63
74	204.75	257.25	297.94	324.19	421.31
75	227.06	286.13	332.06	360.94	467.25
76	250.69	317.63	368.81	401.63	517.13
77	276.94	350.44	408.19	444.94	570.94
78	304.50	385.88	451.50	492.19	628.69
79	333.38	425.25	497.44	542.06	690.38
80	364.88				
81	397.69				
82	433.13				
83	469.88				
84	507.94				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0081-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	47.25	59.06	68.25	74.81	98.44
45-49	52.50	65.63	76.13	82.69	108.94
50-54	64.31	80.06	93.19	101.06	139.13
55	73.50	93.19	107.63	116.81	161.44
56	77.44	98.44	114.19	123.38	169.31
57	82.69	105.00	120.75	131.25	179.81
58	87.94	111.56	128.63	140.44	190.31
59	94.50	119.44	137.81	149.63	202.13
60	101.06	127.31	147.00	158.81	215.25
61	107.63	136.50	157.50	170.63	229.69
62	115.50	145.69	168.00	182.44	245.44
63	123.38	154.88	178.50	194.25	262.50
64	131.25	165.38	190.31	207.38	279.56
65	139.13	175.88	203.44	220.50	297.94
66	149.63	187.69	216.56	236.25	318.94
67	160.13	202.13	233.63	254.63	343.88
68	171.94	217.88	252.00	275.63	371.44
69	185.06	233.63	273.00	297.94	400.31
70	199.50	253.31	295.31	322.88	431.81
71	216.56	274.31	320.25	350.44	468.56
72	234.94	297.94	349.13	381.94	509.25
73	255.94	325.50	381.94	417.38	555.19
74	279.56	355.69	417.38	456.75	605.06
75	305.81	388.50	455.44	498.75	660.19
76	332.06	425.25	497.44	544.69	719.25
77	360.94	463.31	542.06	594.56	782.25
78	389.81	505.31	589.31	647.06	849.19
79	421.31	548.63	640.50	703.50	921.38
80	454.13				
81	486.94				
82	522.38				
83	559.13				
84	597.19				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0081-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	52.50	66.94	77.44	85.31	110.25
45-49	59.06	73.50	86.63	93.19	123.38
50-54	72.19	90.56	106.31	115.50	156.19
55	81.38	103.69	122.06	132.56	178.50
56	85.31	108.94	128.63	139.13	186.38
57	90.56	115.50	135.19	147.00	196.88
58	95.81	122.06	143.06	156.19	208.69
59	102.38	129.94	152.25	165.38	221.81
60	110.25	139.13	161.44	175.88	234.94
61	118.13	148.31	171.94	186.38	250.69
62	126.00	158.81	182.44	199.50	267.75
63	133.88	169.31	194.25	211.31	286.13
64	141.75	179.81	207.38	225.75	303.19
65	150.94	190.31	220.50	240.19	324.19
66	161.44	203.44	236.25	258.56	345.19
67	173.25	219.19	254.63	278.25	372.75
68	186.38	236.25	275.63	301.88	401.63
69	200.81	253.31	296.63	325.50	433.13
70	216.56	275.63	321.56	351.75	467.25
71	233.63	297.94	349.13	381.94	506.63
72	254.63	324.19	379.31	416.06	551.25
73	276.94	354.38	414.75	454.13	601.13
74	301.88	385.88	452.81	496.13	654.94
75	329.44	421.31	493.50	540.75	714.00
76	358.31	459.38	538.13	589.31	775.69
77	387.19	498.75	585.38	641.81	843.94
78	418.69	542.06	636.56	698.25	914.81
79	450.19	588.00	690.38	757.31	992.25
80	485.63				
81	519.75				
82	557.81				
83	595.88				
84	635.25				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0081-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	55.13	69.56	81.38	89.25	115.50
45-49	61.69	77.44	90.56	98.44	128.63
50-54	76.13	95.81	111.56	120.75	162.75
55	85.31	107.63	127.31	139.13	185.06
56	89.25	112.88	133.88	145.69	194.25
57	94.50	119.44	140.44	153.56	204.75
58	99.75	127.31	148.31	162.75	216.56
59	106.31	135.19	157.50	171.94	229.69
60	114.19	144.38	166.69	182.44	244.13
61	122.06	153.56	177.19	192.94	259.88
62	129.94	164.06	189.00	206.06	276.94
63	137.81	174.56	200.81	219.19	295.31
64	147.00	185.06	213.94	233.63	313.69
65	156.19	196.88	228.38	249.38	334.69
66	166.69	210.00	245.44	267.75	357.00
67	178.50	225.75	263.81	288.75	384.56
68	191.63	244.13	284.81	312.38	414.75
69	207.38	262.50	307.13	337.31	447.56
70	223.13	284.81	332.06	364.88	483.00
71	241.50	308.44	360.94	395.06	523.69
72	262.50	336.00	392.44	430.50	569.63
73	286.13	366.19	427.88	469.88	620.81
74	311.06	399.00	467.25	513.19	675.94
75	338.63	434.44	509.25	559.13	736.31
76	368.81	473.81	555.19	609.00	800.63
77	399.00	514.50	603.75	662.81	870.19
78	430.50	557.81	656.25	720.56	943.69
79	463.31	605.06	711.38	780.94	1022.44
80	498.75				
81	534.19				
82	572.25				
83	611.63				
84	652.31				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
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Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	35.44	43.31	51.19	55.13	73.50
45-49	39.38	48.56	56.44	61.69	81.38
50-54	51.19	63.00	72.19	80.06	105.00
55	59.06	72.19	84.00	91.88	124.69
56	61.69	76.13	87.94	95.81	132.56
57	65.63	81.38	94.50	102.38	141.75
58	70.88	87.94	102.38	110.25	152.25
59	76.13	94.50	110.25	119.44	164.06
60	82.69	103.69	119.44	129.94	175.88
61	90.56	111.56	129.94	140.44	190.31
62	97.13	120.75	140.44	152.25	204.75
63	103.69	129.94	150.94	162.75	220.50
64	111.56	139.13	161.44	174.56	236.25
65	118.13	148.31	171.94	186.38	253.31
66	127.31	160.13	185.06	200.81	273.00
67	137.81	173.25	200.81	217.88	296.63
68	149.63	189.00	219.19	237.56	322.88
69	162.75	206.06	238.88	259.88	351.75
70	177.19	224.44	261.19	284.81	384.56
71	194.25	246.75	286.13	312.38	420.00
72	212.63	270.38	315.00	343.88	460.69
73	233.63	297.94	346.50	379.31	506.63
74	257.25	326.81	381.94	417.38	555.19
75	282.19	359.63	420.00	459.38	609.00
76	309.75	393.75	460.69	505.31	668.06
77	337.31	431.81	505.31	553.88	729.75
78	366.19	471.19	552.56	606.38	796.69
79	397.69	514.50	602.44	661.50	866.25
80	430.50				
81	464.63				
82	500.06				
83	536.81				
84	576.19				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0081-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	40.69	51.19	59.06	63.00	84.00
45-49	45.94	56.44	64.31	70.88	93.19
50-54	56.44	70.88	82.69	90.56	118.13
55	65.63	81.38	94.50	102.38	139.13
56	69.56	86.63	99.75	108.94	147.00
57	73.50	91.88	106.31	115.50	157.50
58	78.75	98.44	114.19	124.69	168.00
59	84.00	105.00	122.06	133.88	179.81
60	90.56	114.19	132.56	144.38	192.94
61	98.44	122.06	143.06	156.19	207.38
62	105.00	131.25	153.56	168.00	221.81
63	112.88	140.44	165.38	179.81	238.88
64	120.75	150.94	175.88	191.63	255.94
65	128.63	161.44	187.69	204.75	273.00
66	139.13	174.56	202.13	220.50	295.31
67	150.94	187.69	219.19	237.56	320.25
68	164.06	204.75	238.88	259.88	349.13
69	177.19	223.13	259.88	283.50	380.63
70	191.63	242.81	283.50	308.44	414.75
71	208.69	266.44	309.75	338.63	454.13
72	228.38	291.38	341.25	372.75	497.44
73	250.69	321.56	375.38	410.81	546.00
74	275.63	353.06	412.13	451.50	599.81
75	303.19	387.19	454.13	497.44	657.56
76	332.06	423.94	498.75	547.31	720.56
77	362.25	464.63	546.00	598.50	787.50
78	392.44	507.94	597.19	654.94	859.69
79	426.56	553.88	651.00	715.31	935.81
80	460.69				
81	497.44				
82	534.19				
83	572.25				
84	614.25				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0081-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	43.31	53.81	61.69	66.94	89.25
45-49	48.56	59.06	68.25	74.81	98.44
50-54	59.06	73.50	86.63	94.50	123.38
55	68.25	85.31	99.75	107.63	145.69
56	72.19	90.56	105.00	114.19	153.56
57	76.13	95.81	111.56	120.75	164.06
58	81.38	102.38	119.44	129.94	174.56
59	87.94	110.25	127.31	139.13	186.38
60	94.50	118.13	137.81	150.94	199.50
61	101.06	127.31	148.31	162.75	213.94
62	108.94	136.50	158.81	174.56	229.69
63	116.81	145.69	170.63	186.38	246.75
64	124.69	156.19	182.44	199.50	263.81
65	133.88	166.69	194.25	212.63	282.19
66	144.38	179.81	210.00	228.38	304.50
67	156.19	194.25	227.06	246.75	330.75
68	169.31	211.31	246.75	269.06	359.63
69	182.44	229.69	269.06	292.69	392.44
70	198.19	250.69	292.69	318.94	427.88
71	215.25	274.31	320.25	350.44	468.56
72	234.94	300.56	351.75	384.56	513.19
73	258.56	330.75	387.19	423.94	563.06
74	283.50	363.56	425.25	465.94	619.50
75	312.38	399.00	468.56	513.19	678.56
76	341.25	437.06	514.50	564.38	742.88
77	372.75	479.06	563.06	618.19	812.44
78	404.25	523.69	615.56	675.94	885.94
79	438.38	570.94	672.00	738.94	964.69
80	473.81				
81	510.56				
82	548.63				
83	588.00				
84	630.00				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0081-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	28.88	35.44	38.06	42.00	53.81
45-49	32.81	40.69	43.31	45.94	60.38
50-54	40.69	47.25	53.81	57.75	73.50
55	45.94	55.13	61.69	66.94	87.94
56	49.88	59.06	66.94	70.88	93.19
57	52.50	63.00	70.88	76.13	99.75
58	57.75	68.25	77.44	81.38	107.63
59	61.69	73.50	84.00	89.25	116.81
60	66.94	80.06	90.56	97.13	128.63
61	72.19	86.63	98.44	106.31	139.13
62	78.75	94.50	107.63	115.50	150.94
63	85.31	102.38	115.50	124.69	164.06
64	89.25	107.63	124.69	133.88	174.56
65	95.81	115.50	133.88	143.06	186.38
66	102.38	124.69	145.69	156.19	202.13
67	111.56	136.50	157.50	169.31	220.50
68	122.06	148.31	171.94	186.38	242.81
69	132.56	162.75	189.00	203.44	265.13
70	145.69	177.19	204.75	224.44	291.38
71	158.81	195.56	227.06	246.75	321.56
72	175.88	217.88	252.00	274.31	357.00
73	194.25	242.81	280.88	305.81	396.38
74	216.56	270.38	312.38	341.25	439.69
75	241.50	299.25	347.81	379.31	488.25
76	265.13	332.06	385.88	421.31	540.75
77	294.00	367.50	427.88	465.94	597.19
78	322.88	405.56	472.50	515.81	657.56
79	355.69	446.25	519.75	567.00	723.19
80	388.50				
81	425.25				
82	463.31				
83	504.00				
84	546.00				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0081-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	34.13	42.00	45.94	47.25	63.00
45-49	38.06	45.94	51.19	53.81	69.56
50-54	44.63	53.81	61.69	66.94	86.63
55	52.50	61.69	69.56	76.13	99.75
56	55.13	64.31	73.50	80.06	105.00
57	59.06	69.56	78.75	85.31	112.88
58	63.00	76.13	85.31	90.56	120.75
59	68.25	81.38	93.19	99.75	129.94
60	72.19	89.25	99.75	107.63	140.44
61	78.75	95.81	110.25	119.44	152.25
62	85.31	103.69	119.44	128.63	165.38
63	90.56	111.56	128.63	137.81	178.50
64	97.13	119.44	136.50	147.00	191.63
65	105.00	126.00	147.00	156.19	204.75
66	111.56	136.50	157.50	168.00	221.81
67	120.75	148.31	169.31	183.75	242.81
68	131.25	160.13	186.38	202.13	265.13
69	143.06	175.88	203.44	220.50	290.06
70	157.50	194.25	221.81	242.81	320.25
71	171.94	212.63	246.75	267.75	351.75
72	190.31	237.56	273.00	297.94	388.50
73	211.31	263.81	304.50	332.06	431.81
74	233.63	294.00	339.94	368.81	479.06
75	259.88	325.50	378.00	410.81	531.56
76	286.13	360.94	420.00	456.75	588.00
77	316.31	399.00	464.63	506.63	649.69
78	347.81	439.69	514.50	560.44	715.31
79	381.94	484.31	565.69	615.56	786.19
80	417.38				
81	455.44				
82	496.13				
83	536.81				
84	582.75				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0081-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	35.44	43.31	49.88	51.19	66.94
45-49	40.69	47.25	53.81	57.75	73.50
50-54	45.94	57.75	64.31	69.56	93.19
55	53.81	64.31	72.19	78.75	105.00
56	57.75	68.25	77.44	84.00	111.56
57	60.38	72.19	81.38	89.25	116.81
58	64.31	78.75	87.94	95.81	126.00
59	69.56	85.31	95.81	105.00	136.50
60	76.13	93.19	105.00	112.88	147.00
61	81.38	99.75	114.19	123.38	158.81
62	87.94	107.63	123.38	132.56	171.94
63	94.50	115.50	132.56	141.75	185.06
64	99.75	123.38	140.44	150.94	198.19
65	107.63	131.25	150.94	162.75	212.63
66	115.50	140.44	162.75	174.56	229.69
67	124.69	152.25	175.88	190.31	252.00
68	136.50	166.69	192.94	208.69	274.31
69	148.31	182.44	210.00	228.38	300.56
70	162.75	200.81	229.69	250.69	330.75
71	177.19	220.50	254.63	276.94	364.88
72	195.56	245.44	282.19	307.13	402.94
73	217.88	273.00	315.00	342.56	447.56
74	241.50	303.19	350.44	381.94	496.13
75	267.75	336.00	391.13	425.25	549.94
76	295.31	374.06	434.44	472.50	609.00
77	325.50	412.13	480.38	523.69	672.00
78	358.31	454.13	531.56	578.81	740.25
79	392.44	500.06	585.38	637.88	812.44
80	429.19				
81	467.25				
82	509.25				
83	552.56				
84	597.19				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0081-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	55.13	69.56	80.06	87.94	115.50
45-49	61.69	77.44	89.25	97.13	128.63
50-54	76.13	94.50	110.25	119.44	164.06
55	86.63	110.25	126.00	137.81	190.31
56	90.56	115.50	133.88	145.69	199.50
57	97.13	123.38	141.75	154.88	211.31
58	103.69	131.25	150.94	165.38	224.44
59	111.56	140.44	162.75	175.88	237.56
60	119.44	149.63	173.25	186.38	253.31
61	126.00	160.13	185.06	200.81	270.38
62	136.50	171.94	198.19	215.25	288.75
63	145.69	182.44	210.00	228.38	308.44
64	154.88	194.25	224.44	244.13	329.44
65	164.06	207.38	238.88	259.88	350.44
66	175.88	220.50	254.63	278.25	375.38
67	189.00	237.56	274.31	299.25	404.25
68	202.13	255.94	296.63	324.19	437.06
69	217.88	274.31	321.56	350.44	471.19
70	234.94	297.94	347.81	379.31	507.94
71	254.63	322.88	376.69	412.13	551.25
72	276.94	350.44	410.81	448.88	598.50
73	300.56	383.25	448.88	490.88	653.63
74	329.44	418.69	490.88	536.81	711.38
75	359.63	456.75	535.50	586.69	777.00
76	391.13	500.06	585.38	640.50	846.56
77	425.25	544.69	637.88	699.56	920.06
78	458.06	594.56	693.00	761.25	998.81
79	496.13	645.75	753.38	828.19	1084.13
80	534.19				
81	572.25				
82	614.25				
83	657.56				
84	702.19				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0081-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	61.69	78.75	90.56	99.75	129.94
45-49	69.56	86.63	102.38	110.25	145.69
50-54	85.31	106.31	124.69	136.50	183.75
55	95.81	122.06	143.06	156.19	210.00
56	99.75	128.63	150.94	164.06	219.19
57	106.31	136.50	158.81	173.25	231.00
58	112.88	143.06	168.00	183.75	245.44
59	120.75	152.25	178.50	194.25	261.19
60	129.94	164.06	190.31	207.38	276.94
61	139.13	174.56	202.13	219.19	295.31
62	148.31	186.38	215.25	234.94	315.00
63	157.50	199.50	228.38	248.06	336.00
64	166.69	211.31	244.13	265.13	357.00
65	177.19	224.44	259.88	282.19	381.94
66	190.31	238.88	278.25	304.50	405.56
67	203.44	257.25	299.25	326.81	438.38
68	219.19	278.25	324.19	355.69	472.50
69	236.25	297.94	349.13	383.25	509.25
70	254.63	324.19	378.00	413.44	549.94
71	274.31	350.44	410.81	448.88	595.88
72	299.25	381.94	446.25	489.56	648.38
73	325.50	417.38	488.25	534.19	707.44
74	355.69	454.13	532.88	584.06	770.44
75	387.19	496.13	580.13	636.56	840.00
76	421.31	540.75	632.63	693.00	912.19
77	455.44	586.69	689.06	754.69	992.25
78	492.19	637.88	749.44	821.63	1076.25
79	530.25	691.69	812.44	891.19	1166.81
80	570.94				
81	611.63				
82	656.25				
83	700.88				
84	746.81				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0081-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	64.31	81.38	95.81	105.00	136.50
45-49	72.19	90.56	106.31	115.50	150.94
50-54	89.25	112.88	131.25	141.75	191.63
55	99.75	126.00	149.63	164.06	217.88
56	105.00	132.56	157.50	171.94	228.38
57	111.56	140.44	165.38	181.13	241.50
58	116.81	149.63	174.56	191.63	254.63
59	124.69	158.81	185.06	202.13	270.38
60	133.88	169.31	195.56	215.25	287.44
61	143.06	181.13	208.69	227.06	305.81
62	152.25	192.94	221.81	242.81	325.50
63	162.75	204.75	236.25	257.25	347.81
64	173.25	217.88	252.00	274.31	368.81
65	183.75	231.00	269.06	294.00	393.75
66	195.56	246.75	288.75	315.00	420.00
67	210.00	265.13	309.75	339.94	452.81
68	225.75	287.44	334.69	367.50	488.25
69	244.13	308.44	360.94	396.38	526.31
70	262.50	334.69	391.13	429.19	568.31
71	283.50	362.25	425.25	464.63	615.56
72	308.44	395.06	462.00	506.63	670.69
73	336.00	430.50	504.00	552.56	729.75
74	366.19	469.88	549.94	603.75	795.38
75	399.00	510.56	598.50	657.56	866.25
76	434.44	557.81	653.63	716.63	942.38
77	469.88	605.06	710.06	779.63	1023.75
78	506.63	656.25	771.75	847.88	1110.38
79	544.69	711.38	837.38	918.75	1202.25
80	586.69				
81	628.69				
82	673.31				
83	719.25				
84	767.81				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0081-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	42.00	51.19	60.38	64.31	86.63
45-49	45.94	57.75	66.94	72.19	95.81
50-54	60.38	73.50	85.31	94.50	123.38
55	69.56	85.31	98.44	107.63	147.00
56	72.19	89.25	103.69	112.88	156.19
57	77.44	95.81	111.56	120.75	166.69
58	84.00	103.69	120.75	129.94	178.50
59	89.25	111.56	129.94	140.44	192.94
60	97.13	122.06	140.44	152.25	207.38
61	106.31	131.25	152.25	165.38	224.44
62	114.19	141.75	165.38	178.50	241.50
63	122.06	152.25	177.19	191.63	259.88
64	131.25	164.06	190.31	204.75	278.25
65	139.13	174.56	202.13	219.19	297.94
66	149.63	189.00	217.88	236.25	321.56
67	162.75	203.44	236.25	255.94	349.13
68	175.88	221.81	257.25	279.56	379.31
69	191.63	242.81	280.88	305.81	413.44
70	208.69	263.81	307.13	334.69	452.81
71	228.38	290.06	336.00	367.50	493.50
72	250.69	317.63	370.13	404.25	542.06
73	274.31	350.44	408.19	446.25	595.88
74	303.19	384.56	448.88	490.88	653.63
75	332.06	422.63	493.50	540.75	716.63
76	364.88	463.31	542.06	594.56	786.19
77	396.38	507.94	594.56	651.00	858.38
78	430.50	553.88	649.69	714.00	937.13
79	467.25	605.06	708.75	778.31	1018.50
80	506.63				
81	546.00				
82	588.00				
83	631.31				
84	677.25				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0081-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	47.25	60.38	69.56	73.50	98.44
45-49	53.81	66.94	76.13	84.00	110.25
50-54	66.94	84.00	97.13	106.31	139.13
55	77.44	95.81	111.56	120.75	164.06
56	81.38	102.38	116.81	128.63	173.25
57	86.63	107.63	124.69	136.50	185.06
58	93.19	115.50	133.88	147.00	198.19
59	98.44	123.38	143.06	157.50	211.31
60	106.31	133.88	156.19	169.31	227.06
61	115.50	143.06	168.00	183.75	244.13
62	123.38	154.88	181.13	198.19	261.19
63	132.56	165.38	194.25	211.31	280.88
64	141.75	177.19	207.38	225.75	300.56
65	150.94	190.31	220.50	241.50	321.56
66	164.06	204.75	237.56	259.88	347.81
67	177.19	220.50	257.25	279.56	376.69
68	192.94	241.50	280.88	305.81	410.81
69	208.69	262.50	305.81	333.38	447.56
70	225.75	286.13	333.38	362.25	488.25
71	245.44	313.69	364.88	399.00	534.19
72	269.06	342.56	401.63	438.38	585.38
73	295.31	378.00	441.00	483.00	641.81
74	324.19	414.75	484.31	531.56	706.13
75	357.00	455.44	534.19	585.38	773.06
76	391.13	498.75	586.69	644.44	847.88
77	426.56	546.00	641.81	703.50	926.63
78	462.00	597.19	702.19	770.44	1011.94
79	501.38	651.00	766.50	841.31	1101.19
80	542.06				
81	585.38				
82	628.69				
83	673.31				
84	723.19				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0081-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	51.19	63.00	72.19	78.75	105.00
45-49	57.75	69.56	80.06	87.94	115.50
50-54	69.56	86.63	102.38	111.56	145.69
55	80.06	99.75	116.81	126.00	171.94
56	85.31	106.31	123.38	133.88	181.13
57	89.25	112.88	131.25	141.75	192.94
58	95.81	120.75	140.44	152.25	204.75
59	103.69	129.94	149.63	164.06	219.19
60	111.56	139.13	162.75	177.19	234.94
61	119.44	149.63	174.56	191.63	252.00
62	128.63	160.13	186.38	204.75	270.38
63	137.81	171.94	200.81	219.19	290.06
64	147.00	183.75	215.25	234.94	309.75
65	157.50	195.56	228.38	250.69	332.06
66	169.31	211.31	246.75	269.06	358.31
67	183.75	228.38	267.75	290.06	388.50
68	199.50	248.06	290.06	316.31	422.63
69	215.25	270.38	316.31	343.88	462.00
70	233.63	295.31	343.88	375.38	504.00
71	253.31	322.88	376.69	412.13	551.25
72	276.94	353.06	413.44	452.81	603.75
73	304.50	388.50	455.44	498.75	662.81
74	333.38	427.88	500.06	548.63	728.44
75	367.50	469.88	551.25	603.75	798.00
76	401.63	514.50	605.06	664.13	874.13
77	438.38	563.06	662.81	727.13	955.50
78	475.13	615.56	724.50	795.38	1042.13
79	515.81	672.00	790.13	868.88	1135.31
80	557.81				
81	601.13				
82	645.75				
83	691.69				
84	741.56				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0081-B37
Long-Term Care Policy

WITH SURVIVORSHIP BENEFIT RIDER R1-N0103-SERIES

When this rider is chosen, multiply the final premium by the appropriate factor.

ISSUE AGE	NO INFLATION PROTECTION	SIMPLE INFLATION PROTECTION	COMPOUND INFLATION PROTECTION
18-44	1.11	1.17	1.17
45-49	1.14	1.21	1.21
50-54	1.18	1.28	1.28
55	1.20	1.30	1.30
56	1.20	1.30	1.30
57	1.21	1.30	1.30
58	1.21	1.30	1.30
59	1.21	1.30	1.30
60	1.21	1.30	1.30
61	1.21	1.30	1.30
62	1.21	1.29	1.29
63	1.21	1.29	1.29
64	1.21	1.28	1.28
65	1.20	1.27	1.27
66	1.20	1.26	1.26
67	1.20	1.26	1.26
68	1.19	1.25	1.25
69	1.19	1.24	1.24
70	1.18	1.23	1.23
71	1.18	1.22	1.22
72	1.17	1.20	1.20
73	1.16	1.19	1.19
74	1.16	1.18	1.18
75	1.15	1.17	1.17
76	1.14	1.16	1.16
77	1.13	1.15	1.15
78	1.12	1.14	1.14
79	1.11	1.13	1.13
80	1.10	1.12	1.12
81	1.09	1.11	1.11
82	1.08	1.10	1.10
83	1.07	1.09	1.09
84	1.06	1.08	1.08

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0081-B37
Long-Term Care Policy

Elimination Period Factors

Rates shown are for 30 day elimination period. Rates for other elimination periods are calculated by multiplying the 30 day rates by the appropriate factor from the following table:

Benefit Maximum	0	14	20	60	90	100	180	365
730x,1095x	1.12	1.07	1.03	0.94	0.90	0.89	0.78	0.67
1460x,1825x	1.10	1.05	1.03	0.95	0.90	0.89	0.79	0.69
Lifetime	1.08	1.04	1.03	0.96	0.92	0.91	0.84	0.75

Table Rating Health Rating Group Factors

Rates shown are for Preferred Rating Group and Select Rating Group. Rates for Table Rating Health Groups 1, 2, 3 and 4 are calculated by multiplying Select rates by 1.25, 1.50, 1.75 and 2.00 respectively.

Spousal Discount

A 20% discount to the rates is available to married couples if both spouses apply for coverage.

Dual Waiver of Premium Rider R1-N0104-Series

An optional dual waiver of premium rider will be offered. If one spouse qualifies for a waiver of premium, the premium of the other spouse will also be waived. If chosen, multiply the final premium by 1.06.

Shared Advantage Rider R1-N0105-Series

This rider will allow two covered spouses to purchase an additional benefit amount that can be used by either spouse after their base benefits are exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	No Inflation Protection	With Inflation Protection
730x	1.30	1.35
1095x	1.21	1.25
1460x	1.15	1.18
1825x	1.12	1.14

Restoration of Benefits Rider R1-N0108-Series

This rider restores the maximum lifetime benefit if the insured has not met the stipulated conditions for a period of 180 consecutive days and the maximum lifetime benefit has not been exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	Factor
730x	1.08
1095x	1.06
1460x,1825x	1.04

Cost of Living Increase Rider R1-N0107-Series

This rider allows the insured to increase their policy limits, subject to the terms of the rider, every three years without additional underwriting. The additional premium charged is based on the attained age and incremental increase in the maximum daily facility benefit when exercised. If chosen, multiply the final premium by the appropriate factor:

Age	Factor
18-44	1.15
45-49	1.12
50-55	1.10
56-58	1.09
59-61	1.08
62-64	1.07
65-67	1.06
68-70	1.05
71-73	1.04
74-76	1.03

Modal Factors

Semi-Annual: 0.52; Quarterly: 0.27; Check-A-Matic: 0.09

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604

Supplement to Rate Sheets for Policy Form P1-N0085-B37
PENNSYLVANIA

All rates for this form should be multiplied by a factor of: 1.9425

This factor represents the **proposed** increase of: 29.5%

And the following prior approved rate increases:

Policy Form	Increase Applies to all Policies or Subsets	Rate Increase Approved	Approval Date of Rate Increase
P1-N0085-B37	--Yes--	20.00%	3/14/2013
P1-N0085-B37	--Yes--	25.00%	12/3/2014

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0085-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	22.05	25.20	29.40	31.50	39.90
45-49	24.15	28.35	32.55	34.65	44.10
50-54	29.40	34.65	39.90	43.05	54.60
55	33.60	39.90	46.20	49.35	65.10
56	35.70	43.05	49.35	52.50	69.30
57	38.85	46.20	52.50	56.70	74.55
58	42.00	50.40	56.70	61.95	80.85
59	46.20	54.60	61.95	67.20	88.20
60	50.40	59.85	68.25	74.55	95.55
61	54.60	66.15	74.55	80.85	103.95
62	58.80	71.40	80.85	88.20	113.40
63	63.00	76.65	87.15	94.50	121.80
64	67.20	81.90	93.45	100.80	131.25
65	71.40	88.20	99.75	108.15	140.70
66	77.70	94.50	108.15	116.55	152.25
67	84.00	102.90	117.60	127.05	165.90
68	91.35	112.35	129.15	139.65	182.70
69	99.75	122.85	141.75	153.30	200.55
70	109.20	134.40	155.40	169.05	220.50
71	120.75	149.10	172.20	187.95	243.60
72	134.40	165.90	192.15	210.00	271.95
73	150.15	185.85	215.25	235.20	304.50
74	166.95	207.90	241.50	263.55	340.20
75	186.90	233.10	270.90	295.05	379.05
76	207.90	260.40	302.40	329.70	422.10
77	231.00	289.80	337.05	366.45	469.35
78	256.20	322.35	374.85	406.35	519.75
79	283.50	355.95	414.75	449.40	574.35
80	311.85				
81	343.35				
82	375.90				
83	410.55				
84	447.30				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0085-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	26.25	31.50	35.70	37.80	48.30
45-49	28.35	34.65	38.85	42.00	53.55
50-54	33.60	40.95	47.25	51.45	67.20
55	39.90	47.25	53.55	57.75	76.65
56	42.00	50.40	56.70	60.90	80.85
57	45.15	53.55	60.90	65.10	86.10
58	48.30	57.75	65.10	70.35	92.40
59	52.50	63.00	71.40	76.65	99.75
60	56.70	68.25	77.70	84.00	109.20
61	60.90	74.55	85.05	91.35	117.60
62	66.15	79.80	92.40	99.75	128.10
63	71.40	86.10	98.70	106.05	137.55
64	75.60	92.40	105.00	114.45	148.05
65	80.85	99.75	112.35	121.80	159.60
66	87.15	106.05	121.80	132.30	172.20
67	94.50	116.55	132.30	143.85	187.95
68	102.90	127.05	144.90	158.55	205.80
69	112.35	138.60	159.60	173.25	226.80
70	122.85	152.25	175.35	190.05	248.85
71	134.40	168.00	194.25	211.05	276.15
72	150.15	186.90	216.30	236.25	307.65
73	166.95	208.95	242.55	263.55	343.35
74	185.85	234.15	271.95	296.10	383.25
75	207.90	261.45	304.50	330.75	427.35
76	231.00	290.85	340.20	370.65	476.70
77	257.25	324.45	378.00	411.60	529.20
78	284.55	360.15	420.00	456.75	584.85
79	313.95	399.00	465.15	506.10	646.80
80	345.45				
81	379.05				
82	413.70				
83	451.50				
84	491.40				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0085-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	27.30	33.60	37.80	40.95	52.50
45-49	30.45	36.75	42.00	45.15	57.75
50-54	35.70	44.10	50.40	54.60	72.45
55	42.00	50.40	56.70	61.95	80.85
56	44.10	53.55	59.85	65.10	85.05
57	47.25	56.70	64.05	69.30	90.30
58	50.40	60.90	69.30	74.55	97.65
59	54.60	66.15	75.60	80.85	105.00
60	59.85	71.40	81.90	88.20	114.45
61	64.05	77.70	89.25	95.55	123.90
62	69.30	84.00	96.60	103.95	134.40
63	74.55	90.30	103.95	111.30	144.90
64	78.75	96.60	110.25	119.70	155.40
65	85.05	103.95	117.60	128.10	166.95
66	91.35	111.30	127.05	138.60	180.60
67	98.70	121.80	138.60	151.20	197.40
68	107.10	133.35	152.25	165.90	216.30
69	117.60	144.90	166.95	181.65	237.30
70	128.10	159.60	183.75	199.50	261.45
71	140.70	175.35	203.70	221.55	289.80
72	156.45	195.30	226.80	246.75	322.35
73	174.30	218.40	254.10	276.15	360.15
74	194.25	244.65	284.55	309.75	402.15
75	217.35	273.00	318.15	346.50	448.35
76	241.50	304.50	355.95	387.45	499.80
77	267.75	339.15	395.85	431.55	554.40
78	296.10	375.90	438.90	478.80	613.20
79	326.55	416.85	486.15	530.25	677.25
80	359.10				
81	393.75				
82	430.50				
83	469.35				
84	510.30				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0085-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	42.00	51.45	58.80	63.00	86.10
45-49	46.20	56.70	65.10	70.35	95.55
50-54	56.70	70.35	80.85	89.25	121.80
55	66.15	81.90	94.50	102.90	140.70
56	69.30	86.10	99.75	109.20	149.10
57	73.50	91.35	106.05	115.50	157.50
58	78.75	97.65	113.40	122.85	166.95
59	82.95	103.95	120.75	131.25	177.45
60	89.25	111.30	128.10	139.65	189.00
61	95.55	118.65	137.55	149.10	201.60
62	101.85	127.05	147.00	159.60	215.25
63	108.15	135.45	157.50	170.10	229.95
64	115.50	143.85	166.95	181.65	244.65
65	122.85	153.30	178.50	194.25	261.45
66	131.25	164.85	191.10	207.90	281.40
67	141.75	177.45	206.85	224.70	303.45
68	153.30	192.15	223.65	243.60	328.65
69	164.85	207.90	241.50	263.55	354.90
70	178.50	225.75	262.50	286.65	385.35
71	193.20	245.70	285.60	311.85	418.95
72	211.05	268.80	312.90	342.30	457.80
73	232.05	295.05	344.40	376.95	501.90
74	255.15	324.45	379.05	414.75	550.20
75	280.35	355.95	416.85	455.70	603.75
76	306.60	390.60	457.80	501.90	661.50
77	334.95	428.40	502.95	550.20	723.45
78	364.35	468.30	551.25	602.70	789.60
79	395.85	511.35	602.70	658.35	861.00
80	428.40				
81	462.00				
82	497.70				
83	534.45				
84	573.30				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0085-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	48.30	59.85	69.30	75.60	99.75
45-49	53.55	67.20	76.65	84.00	111.30
50-54	66.15	82.95	95.55	103.95	140.70
55	74.55	94.50	109.20	118.65	161.70
56	77.70	99.75	115.50	124.95	170.10
57	81.90	105.00	121.80	132.30	178.50
58	87.15	111.30	129.15	140.70	189.00
59	93.45	117.60	136.50	150.15	200.55
60	100.80	124.95	145.95	158.55	212.10
61	107.10	133.35	155.40	169.05	226.80
62	114.45	142.80	165.90	180.60	241.50
63	121.80	151.20	177.45	193.20	258.30
64	129.15	161.70	187.95	205.80	275.10
65	137.55	172.20	201.60	219.45	294.00
66	147.00	184.80	215.25	235.20	315.00
67	157.50	199.50	233.10	254.10	340.20
68	170.10	215.25	252.00	275.10	368.55
69	183.75	234.15	271.95	298.20	397.95
70	199.50	254.10	296.10	324.45	431.55
71	216.30	276.15	322.35	352.80	469.35
72	236.25	302.40	352.80	386.40	513.45
73	259.35	330.75	387.45	425.25	561.75
74	284.55	363.30	425.25	466.20	615.30
75	311.85	399.00	467.25	511.35	675.15
76	341.25	435.75	512.40	561.75	739.20
77	371.70	477.75	560.70	615.30	807.45
78	404.25	520.80	614.25	672.00	880.95
79	437.85	569.10	668.85	732.90	958.65
80	473.55				
81	510.30				
82	548.10				
83	589.05				
84	631.05				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0085-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	51.45	64.05	73.50	80.85	106.05
45-49	56.70	71.40	81.90	90.30	117.60
50-54	70.35	88.20	101.85	110.25	149.10
55	78.75	99.75	115.50	126.00	170.10
56	81.90	105.00	121.80	132.30	178.50
57	86.10	110.25	128.10	139.65	187.95
58	91.35	116.55	135.45	148.05	198.45
59	97.65	123.90	143.85	157.50	210.00
60	105.00	131.25	153.30	166.95	222.60
61	112.35	139.65	162.75	177.45	237.30
62	119.70	149.10	174.30	190.05	253.05
63	127.05	158.55	185.85	202.65	269.85
64	135.45	169.05	197.40	216.30	287.70
65	143.85	180.60	211.05	229.95	307.65
66	153.30	193.20	225.75	246.75	329.70
67	164.85	208.95	243.60	266.70	355.95
68	177.45	225.75	263.55	288.75	385.35
69	192.15	244.65	285.60	312.90	416.85
70	207.90	265.65	309.75	340.20	451.50
71	225.75	288.75	338.10	370.65	491.40
72	246.75	316.05	369.60	405.30	536.55
73	270.90	346.50	405.30	445.20	588.00
74	297.15	380.10	445.20	488.25	643.65
75	325.50	416.85	488.25	535.50	705.60
76	355.95	455.70	535.50	586.95	771.75
77	387.45	498.75	585.90	642.60	843.15
78	421.05	543.90	640.50	701.40	919.80
79	455.70	593.25	697.20	765.45	1000.65
80	492.45				
81	530.25				
82	570.15				
83	612.15				
84	655.20				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0085-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	30.45	37.80	44.10	48.30	64.05
45-49	33.60	42.00	49.35	53.55	71.40
50-54	45.15	55.65	63.00	68.25	91.35
55	51.45	64.05	72.45	79.80	108.15
56	54.60	67.20	76.65	84.00	115.50
57	57.75	71.40	81.90	90.30	123.90
58	61.95	76.65	88.20	97.65	133.35
59	67.20	82.95	95.55	105.00	143.85
60	72.45	90.30	103.95	113.40	155.40
61	78.75	97.65	113.40	122.85	166.95
62	85.05	106.05	122.85	133.35	180.60
63	91.35	113.40	132.30	143.85	194.25
64	97.65	121.80	141.75	153.30	207.90
65	105.00	130.20	151.20	164.85	223.65
66	113.40	139.65	162.75	177.45	241.50
67	122.85	152.25	177.45	193.20	262.50
68	133.35	165.90	194.25	211.05	286.65
69	144.90	181.65	212.10	231.00	312.90
70	157.50	198.45	232.05	253.05	342.30
71	172.20	218.40	255.15	279.30	374.85
72	190.05	241.50	282.45	308.70	413.70
73	210.00	267.75	312.90	342.30	456.75
74	233.10	296.10	347.55	380.10	505.05
75	257.25	328.65	384.30	421.05	557.55
76	283.50	363.30	424.20	465.15	614.25
77	311.85	400.05	468.30	513.45	675.15
78	341.25	439.95	515.55	564.90	740.25
79	372.75	483.00	564.90	620.55	810.60
80	405.30				
81	439.95				
82	475.65				
83	513.45				
84	553.35				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0085-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	36.75	46.20	52.50	57.75	75.60
45-49	40.95	50.40	58.80	64.05	84.00
50-54	51.45	64.05	74.55	80.85	106.05
55	59.85	74.55	85.05	93.45	126.00
56	63.00	78.75	90.30	97.65	134.40
57	66.15	82.95	95.55	103.95	142.80
58	71.40	89.25	102.90	112.35	153.30
59	76.65	96.60	111.30	120.75	163.80
60	82.95	103.95	119.70	130.20	175.35
61	89.25	111.30	129.15	140.70	187.95
62	96.60	120.75	139.65	152.25	202.65
63	102.90	129.15	150.15	162.75	217.35
64	110.25	137.55	160.65	174.30	233.10
65	118.65	148.05	171.15	185.85	249.90
66	127.05	158.55	183.75	200.55	269.85
67	137.55	172.20	200.55	217.35	292.95
68	149.10	186.90	218.40	237.30	320.25
69	161.70	204.75	238.35	259.35	349.65
70	176.40	223.65	261.45	284.55	383.25
71	193.20	245.70	286.65	312.90	420.00
72	212.10	270.90	317.10	346.50	463.05
73	234.15	299.25	350.70	383.25	511.35
74	259.35	331.80	388.50	425.25	564.90
75	286.65	366.45	429.45	470.40	622.65
76	316.05	404.25	473.55	519.75	686.70
77	346.50	445.20	521.85	573.30	753.90
78	379.05	488.25	573.30	630.00	826.35
79	412.65	535.50	628.95	690.90	904.05
80	448.35				
81	485.10				
82	525.00				
83	565.95				
84	609.00				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0085-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	39.90	49.35	56.70	61.95	80.85
45-49	44.10	54.60	63.00	68.25	89.25
50-54	54.60	68.25	78.75	86.10	112.35
55	63.00	78.75	90.30	98.70	133.35
56	66.15	82.95	95.55	103.95	141.75
57	70.35	88.20	101.85	110.25	151.20
58	75.60	94.50	109.20	118.65	161.70
59	80.85	101.85	117.60	127.05	172.20
60	87.15	109.20	127.05	137.55	183.75
61	93.45	117.60	136.50	148.05	197.40
62	100.80	127.05	147.00	159.60	212.10
63	108.15	136.50	157.50	171.15	227.85
64	115.50	144.90	168.00	182.70	243.60
65	123.90	155.40	179.55	195.30	261.45
66	132.30	166.95	193.20	210.00	281.40
67	143.85	180.60	210.00	227.85	306.60
68	156.45	196.35	228.90	248.85	334.95
69	169.05	214.20	249.90	271.95	365.40
70	184.80	234.15	274.05	298.20	400.05
71	201.60	257.25	300.30	327.60	438.90
72	221.55	283.50	331.80	362.25	484.05
73	244.65	312.90	367.50	401.10	534.45
74	270.90	346.50	406.35	444.15	590.10
75	299.25	382.20	448.35	491.40	651.00
76	329.70	422.10	494.55	542.85	717.15
77	361.20	464.10	544.95	598.50	787.50
78	394.80	509.25	598.50	658.35	863.10
79	429.45	558.60	656.25	721.35	943.95
80	466.20				
81	505.05				
82	546.00				
83	588.00				
84	632.10				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0085-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	26.25	29.40	34.65	36.75	47.25
45-49	28.35	33.60	37.80	40.95	51.45
50-54	34.65	40.95	47.25	50.40	64.05
55	39.90	47.25	54.60	57.75	76.65
56	42.00	50.40	57.75	61.95	81.90
57	46.20	54.60	61.95	67.20	88.20
58	49.35	58.80	67.20	72.45	95.55
59	54.60	64.05	72.45	78.75	103.95
60	58.80	70.35	79.80	88.20	112.35
61	64.05	77.70	88.20	95.55	121.80
62	69.30	84.00	95.55	103.95	133.35
63	74.55	90.30	102.90	111.30	142.80
64	78.75	96.60	110.25	118.65	154.35
65	84.00	103.95	117.60	127.05	165.90
66	91.35	111.30	127.05	137.55	179.55
67	98.70	120.75	138.60	149.10	195.30
68	107.10	132.30	152.25	163.80	215.25
69	117.60	144.90	166.95	180.60	236.25
70	128.10	158.55	182.70	198.45	259.35
71	141.75	175.35	202.65	221.55	286.65
72	158.55	195.30	225.75	246.75	320.25
73	176.40	218.40	253.05	277.20	358.05
74	196.35	244.65	284.55	309.75	400.05
75	219.45	274.05	319.20	347.55	446.25
76	244.65	306.60	355.95	387.45	496.65
77	271.95	341.25	396.90	431.55	552.30
78	301.35	379.05	441.00	477.75	611.10
79	333.90	418.95	488.25	529.20	676.20
80	366.45				
81	404.25				
82	442.05				
83	483.00				
84	526.05				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0085-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	30.45	36.75	42.00	44.10	56.70
45-49	33.60	40.95	46.20	49.35	63.00
50-54	39.90	48.30	55.65	60.90	78.75
55	47.25	55.65	63.00	68.25	90.30
56	49.35	58.80	67.20	71.40	95.55
57	53.55	63.00	71.40	76.65	100.80
58	56.70	68.25	76.65	82.95	109.20
59	61.95	74.55	84.00	90.30	117.60
60	67.20	79.80	91.35	98.70	128.10
61	71.40	88.20	99.75	107.10	138.60
62	77.70	93.45	109.20	117.60	151.20
63	84.00	100.80	116.55	124.95	161.70
64	89.25	109.20	123.90	134.40	174.30
65	95.55	117.60	132.30	142.80	187.95
66	102.90	124.95	142.80	155.40	202.65
67	111.30	137.55	155.40	169.05	221.55
68	120.75	149.10	170.10	186.90	242.55
69	132.30	162.75	187.95	203.70	266.70
70	144.90	179.55	205.80	223.65	292.95
71	158.55	197.40	228.90	247.80	324.45
72	176.40	219.45	254.10	278.25	362.25
73	196.35	245.70	285.60	309.75	404.25
74	218.40	275.10	320.25	348.60	450.45
75	244.65	307.65	358.05	389.55	502.95
76	271.95	342.30	400.05	435.75	560.70
77	302.40	382.20	445.20	484.05	622.65
78	334.95	424.20	494.55	537.60	687.75
79	369.60	469.35	547.05	595.35	761.25
80	406.35				
81	446.25				
82	487.20				
83	531.30				
84	578.55				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0085-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	32.55	39.90	44.10	48.30	61.95
45-49	35.70	43.05	49.35	53.55	68.25
50-54	42.00	51.45	58.80	64.05	85.05
55	49.35	58.80	67.20	72.45	95.55
56	51.45	63.00	70.35	76.65	99.75
57	55.65	67.20	75.60	81.90	106.05
58	58.80	71.40	81.90	88.20	114.45
59	64.05	77.70	89.25	95.55	123.90
60	70.35	84.00	96.60	103.95	134.40
61	75.60	91.35	105.00	112.35	145.95
62	81.90	98.70	113.40	121.80	158.55
63	88.20	106.05	121.80	131.25	170.10
64	92.40	113.40	130.20	140.70	182.70
65	99.75	121.80	138.60	151.20	196.35
66	107.10	131.25	149.10	162.75	212.10
67	116.55	142.80	162.75	177.45	232.05
68	126.00	156.45	179.55	195.30	254.10
69	138.60	170.10	196.35	214.20	279.30
70	151.20	187.95	216.30	235.20	307.65
71	165.90	205.80	239.40	260.40	341.25
72	183.75	229.95	266.70	289.80	379.05
73	204.75	257.25	299.25	324.45	424.20
74	228.90	287.70	334.95	364.35	473.55
75	256.20	321.30	373.80	407.40	527.10
76	284.55	358.05	418.95	455.70	588.00
77	315.00	399.00	466.20	508.20	652.05
78	348.60	442.05	516.60	562.80	721.35
79	384.30	490.35	572.25	623.70	796.95
80	422.10				
81	463.05				
82	506.10				
83	552.30				
84	600.60				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0085-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	49.35	60.90	69.30	74.55	100.80
45-49	54.60	67.20	76.65	82.95	112.35
50-54	67.20	82.95	95.55	105.00	142.80
55	77.70	96.60	111.30	120.75	165.90
56	81.90	100.80	117.60	128.10	175.35
57	86.10	107.10	124.95	135.45	184.80
58	92.40	114.45	133.35	144.90	196.35
59	97.65	121.80	141.75	154.35	208.95
60	105.00	131.25	151.20	163.80	222.60
61	112.35	139.65	161.70	175.35	237.30
62	119.70	149.10	173.25	187.95	253.05
63	127.05	159.60	184.80	200.55	270.90
64	135.45	169.05	196.35	214.20	287.70
65	144.90	180.60	210.00	228.90	307.65
66	154.35	194.25	224.70	244.65	330.75
67	166.95	208.95	243.60	264.60	357.00
68	180.60	225.75	263.55	286.65	386.40
69	194.25	244.65	284.55	309.75	417.90
70	210.00	265.65	308.70	337.05	453.60
71	226.80	288.75	336.00	366.45	492.45
72	247.80	316.05	368.55	403.20	538.65
73	273.00	347.55	405.30	443.10	590.10
74	300.30	382.20	446.25	488.25	646.80
75	329.70	418.95	490.35	536.55	709.80
76	361.20	459.90	538.65	590.10	778.05
77	393.75	504.00	592.20	646.80	851.55
78	428.40	551.25	648.90	708.75	929.25
79	466.20	601.65	708.75	774.90	1013.25
80	504.00				
81	543.90				
82	585.90				
83	628.95				
84	674.10				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0085-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	56.70	70.35	81.90	89.25	117.60
45-49	63.00	78.75	90.30	98.70	131.25
50-54	77.70	97.65	112.35	121.80	165.90
55	88.20	111.30	128.10	139.65	190.05
56	91.35	117.60	135.45	147.00	200.55
57	96.60	123.90	142.80	155.40	210.00
58	102.90	131.25	152.25	165.90	222.60
59	110.25	138.60	160.65	176.40	236.25
60	118.65	147.00	172.20	186.90	249.90
61	126.00	156.45	182.70	198.45	266.70
62	134.40	168.00	195.30	212.10	284.55
63	142.80	177.45	208.95	226.80	303.45
64	152.25	190.05	221.55	242.55	323.40
65	161.70	202.65	237.30	258.30	345.45
66	173.25	217.35	253.05	277.20	370.65
67	184.80	235.20	274.05	299.25	400.05
68	200.55	253.05	296.10	323.40	433.65
69	216.30	275.10	320.25	350.70	468.30
70	235.20	299.25	348.60	382.20	508.20
71	254.10	324.45	379.05	414.75	552.30
72	278.25	355.95	414.75	454.65	603.75
73	305.55	389.55	455.70	499.80	660.45
74	334.95	427.35	499.80	548.10	723.45
75	366.45	469.35	550.20	601.65	793.80
76	401.10	512.40	602.70	660.45	869.40
77	436.80	561.75	659.40	723.45	950.25
78	475.65	613.20	722.40	790.65	1036.35
79	515.55	669.90	786.45	862.05	1127.70
80	557.55				
81	600.60				
82	644.70				
83	693.00				
84	742.35				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0085-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	60.90	75.60	86.10	95.55	124.95
45-49	67.20	84.00	96.60	106.05	138.60
50-54	82.95	103.95	119.70	130.20	175.35
55	92.40	117.60	135.45	148.05	200.55
56	96.60	123.90	142.80	155.40	210.00
57	100.80	130.20	151.20	163.80	221.55
58	107.10	137.55	159.60	174.30	233.10
59	114.45	145.95	169.05	184.80	246.75
60	123.90	154.35	180.60	196.35	261.45
61	132.30	163.80	191.10	208.95	279.30
62	140.70	175.35	204.75	223.65	298.20
63	149.10	186.90	218.40	238.35	317.10
64	159.60	198.45	232.05	254.10	338.10
65	169.05	212.10	247.80	270.90	362.25
66	180.60	226.80	265.65	289.80	387.45
67	194.25	245.70	286.65	313.95	418.95
68	208.95	265.65	309.75	340.20	453.60
69	225.75	287.70	336.00	368.55	490.35
70	244.65	312.90	364.35	400.05	531.30
71	265.65	340.20	397.95	435.75	578.55
72	289.80	371.70	434.70	476.70	631.05
73	319.20	407.40	476.70	523.95	691.95
74	349.65	447.30	523.95	574.35	757.05
75	383.25	490.35	574.35	630.00	830.55
76	418.95	536.55	630.00	690.90	908.25
77	455.70	586.95	688.80	756.00	992.25
78	495.60	639.45	753.90	825.30	1082.55
79	536.55	698.25	820.05	900.90	1177.05
80	579.60				
81	623.70				
82	670.95				
83	720.30				
84	770.70				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0085-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	35.70	44.10	51.45	56.70	75.60
45-49	39.90	49.35	57.75	63.00	84.00
50-54	53.55	65.10	74.55	79.80	107.10
55	60.90	75.60	85.05	93.45	127.05
56	64.05	78.75	90.30	98.70	135.45
57	68.25	84.00	96.60	106.05	145.95
58	72.45	90.30	103.95	114.45	156.45
59	78.75	97.65	112.35	123.90	169.05
60	85.05	106.05	121.80	133.35	182.70
61	92.40	114.45	133.35	144.90	196.35
62	99.75	124.95	144.90	156.45	212.10
63	107.10	133.35	155.40	169.05	228.90
64	114.45	142.80	166.95	180.60	244.65
65	123.90	153.30	177.45	194.25	263.55
66	133.35	163.80	191.10	208.95	284.55
67	144.90	179.55	208.95	226.80	308.70
68	156.45	195.30	228.90	247.80	337.05
69	170.10	214.20	249.90	271.95	368.55
70	184.80	233.10	273.00	298.20	403.20
71	202.65	257.25	300.30	328.65	441.00
72	223.65	284.55	331.80	363.30	487.20
73	246.75	315.00	368.55	403.20	537.60
74	274.05	348.60	408.45	447.30	594.30
75	302.40	386.40	452.55	495.60	656.25
76	333.90	427.35	498.75	547.05	722.40
77	366.45	470.40	551.25	603.75	793.80
78	401.10	517.65	606.90	664.65	870.45
79	438.90	568.05	664.65	729.75	953.40
80	476.70				
81	517.65				
82	559.65				
83	603.75				
84	651.00				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0085-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	43.05	54.60	61.95	68.25	89.25
45-49	48.30	58.80	69.30	75.60	98.70
50-54	60.90	75.60	88.20	95.55	124.95
55	70.35	88.20	99.75	110.25	148.05
56	74.55	92.40	106.05	114.45	158.55
57	77.70	97.65	112.35	121.80	168.00
58	84.00	105.00	120.75	132.30	180.60
59	90.30	113.40	131.25	141.75	193.20
60	97.65	121.80	140.70	153.30	205.80
61	105.00	131.25	152.25	165.90	221.55
62	113.40	141.75	163.80	179.55	238.35
63	120.75	152.25	176.40	191.10	256.20
64	130.20	161.70	189.00	204.75	274.05
65	139.65	174.30	201.60	218.40	294.00
66	149.10	186.90	216.30	236.25	317.10
67	161.70	202.65	236.25	256.20	344.40
68	175.35	219.45	257.25	279.30	376.95
69	190.05	240.45	280.35	305.55	411.60
70	207.90	263.55	307.65	334.95	450.45
71	226.80	288.75	337.05	368.55	494.55
72	249.90	319.20	372.75	407.40	544.95
73	275.10	351.75	412.65	450.45	601.65
74	305.55	390.60	456.75	499.80	664.65
75	337.05	431.55	505.05	553.35	732.90
76	371.70	475.65	557.55	611.10	807.45
77	407.40	523.95	614.25	674.10	887.25
78	446.25	574.35	674.10	741.30	972.30
79	485.10	630.00	740.25	812.70	1063.65
80	527.10				
81	571.20				
82	617.40				
83	665.70				
84	716.10				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0085-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	47.25	57.75	67.20	72.45	95.55
45-49	51.45	64.05	74.55	79.80	105.00
50-54	64.05	79.80	92.40	100.80	132.30
55	74.55	92.40	106.05	116.55	156.45
56	77.70	97.65	112.35	121.80	166.95
57	82.95	103.95	119.70	130.20	177.45
58	89.25	111.30	128.10	139.65	190.05
59	95.55	119.70	138.60	149.10	202.65
60	102.90	128.10	149.10	161.70	216.30
61	110.25	138.60	160.65	174.30	232.05
62	118.65	149.10	173.25	187.95	249.90
63	127.05	160.65	184.80	201.60	267.75
64	135.45	170.10	197.40	215.25	286.65
65	145.95	182.70	211.05	229.95	307.65
66	155.40	196.35	226.80	246.75	330.75
67	169.05	212.10	246.75	267.75	361.20
68	183.75	231.00	268.80	292.95	393.75
69	198.45	252.00	294.00	320.25	429.45
70	217.35	275.10	322.35	350.70	470.40
71	237.30	302.40	352.80	385.35	516.60
72	260.40	333.90	390.60	426.30	569.10
73	287.70	368.55	432.60	471.45	628.95
74	319.20	407.40	477.75	522.90	694.05
75	351.75	449.40	527.10	578.55	765.45
76	387.45	496.65	581.70	638.40	844.20
77	425.25	546.00	641.55	704.55	926.10
78	464.10	599.55	704.55	774.90	1015.35
79	505.05	657.30	771.75	848.40	1110.90
80	548.10				
81	594.30				
82	642.60				
83	691.95				
84	743.40				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0085-B37
Long-Term Care Policy

WITH SURVIVORSHIP BENEFIT RIDER R1-N0103-SERIES

When this rider is chosen, multiply the final premium by the appropriate factor.

ISSUE AGE	NO INFLATION PROTECTION	SIMPLE INFLATION PROTECTION	COMPOUND INFLATION PROTECTION
18-44	1.11	1.17	1.17
45-49	1.14	1.21	1.21
50-54	1.18	1.28	1.28
55	1.20	1.30	1.30
56	1.20	1.30	1.30
57	1.21	1.30	1.30
58	1.21	1.30	1.30
59	1.21	1.30	1.30
60	1.21	1.30	1.30
61	1.21	1.30	1.30
62	1.21	1.29	1.29
63	1.21	1.29	1.29
64	1.21	1.28	1.28
65	1.20	1.27	1.27
66	1.20	1.26	1.26
67	1.20	1.26	1.26
68	1.19	1.25	1.25
69	1.19	1.24	1.24
70	1.18	1.23	1.23
71	1.18	1.22	1.22
72	1.17	1.20	1.20
73	1.16	1.19	1.19
74	1.16	1.18	1.18
75	1.15	1.17	1.17
76	1.14	1.16	1.16
77	1.13	1.15	1.15
78	1.12	1.14	1.14
79	1.11	1.13	1.13
80	1.10	1.12	1.12
81	1.09	1.11	1.11
82	1.08	1.10	1.10
83	1.07	1.09	1.09
84	1.06	1.08	1.08

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0085-B37
Long-Term Care Policy

Elimination Period Factors

Rates shown are for 30 day elimination period. Rates for other elimination periods are calculated by multiplying the 30 day rates by the appropriate factor from the following table:

Benefit Maximum	0	14	20	60	90	100	180	365
730x,1095x	1.11	1.06	1.03	0.95	0.91	0.90	0.80	0.71
1460x,1825x	1.09	1.05	1.03	0.95	0.91	0.90	0.81	0.72
Lifetime	1.07	1.04	1.03	0.96	0.93	0.92	0.85	0.78

Table Rating Health Rating Group Factors

Rates shown are for Preferred Rating Group and Select Rating Group. Rates for Table Rating Health Groups 1, 2, 3 and 4 are calculated by multiplying Select rates by 1.25, 1.50, 1.75 and 2.00 respectively.

Spousal Discount

A 20% discount to the rates is available to married couples if both spouses apply for coverage.

Dual Waiver of Premium Rider R1-N0104-Series

An optional dual waiver of premium rider will be offered. If one spouse qualifies for a waiver of premium, the premium of the other spouse will also be waived. If chosen, multiply the final premium by 1.06.

Shared Advantage Rider R1-N0105-Series

This rider will allow two covered spouses to purchase an additional benefit amount that can be used by either spouse after their base benefits are exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	No Inflation Protection	With Inflation Protection
730x	1.30	1.35
1095x	1.21	1.25
1460x	1.15	1.18
1825x	1.12	1.14

Restoration of Benefits Rider R1-N0108-Series

This rider restores the maximum lifetime benefit if the insured has not met the stipulated conditions for a period of 180 consecutive days and the maximum lifetime benefit has not been exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	Factor
730x	1.08
1095x	1.06
1460x,1825x	1.04

Cost of Living Increase Rider R1-N0107-Series

This rider allows the insured to increase their policy limits, subject to the terms of the rider, every three years without additional underwriting. The additional premium charged is based on the attained age and incremental increase in the maximum daily facility benefit when exercised. If chosen, multiply the final premium by the appropriate factor:

Age	Factor
18-44	1.15
45-49	1.12
50-55	1.10
56-58	1.09
59-61	1.08
62-64	1.07
65-67	1.06
68-70	1.05
71-73	1.04
74-76	1.03

Modal Factors

Semi-Annual: 0.52; Quarterly: 0.27; Check-A-Matic: 0.09

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604

Supplement to Rate Sheets for Policy Form P1-N0086-B37
PENNSYLVANIA

All rates for this form should be multiplied by a factor of: 1.9425

This factor represents the **proposed** increase of: 29.5%

And the following prior approved rate increases:

Policy Form	Increase Applies to all Policies or Subsets	Rate Increase Approved	Approval Date of Rate Increase
P1-N0086-B37	--Yes--	20.00%	3/14/2013
P1-N0086-B37	--Yes--	25.00%	12/3/2014

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0086-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	27.56	31.50	36.75	39.38	49.88
45-49	30.19	35.44	40.69	43.31	55.13
50-54	36.75	43.31	49.88	53.81	68.25
55	42.00	49.88	57.75	61.69	81.38
56	44.63	53.81	61.69	65.63	86.63
57	48.56	57.75	65.63	70.88	93.19
58	52.50	63.00	70.88	77.44	101.06
59	57.75	68.25	77.44	84.00	110.25
60	63.00	74.81	85.31	93.19	119.44
61	68.25	82.69	93.19	101.06	129.94
62	73.50	89.25	101.06	110.25	141.75
63	78.75	95.81	108.94	118.13	152.25
64	84.00	102.38	116.81	126.00	164.06
65	89.25	110.25	124.69	135.19	175.88
66	97.13	118.13	135.19	145.69	190.31
67	105.00	128.63	147.00	158.81	207.38
68	114.19	140.44	161.44	174.56	228.38
69	124.69	153.56	177.19	191.63	250.69
70	136.50	168.00	194.25	211.31	275.63
71	150.94	186.38	215.25	234.94	304.50
72	168.00	207.38	240.19	262.50	339.94
73	187.69	232.31	269.06	294.00	380.63
74	208.69	259.88	301.88	329.44	425.25
75	233.63	291.38	338.63	368.81	473.81
76	259.88	325.50	378.00	412.13	527.63
77	288.75	362.25	421.31	458.06	586.69
78	320.25	402.94	468.56	507.94	649.69
79	354.38	444.94	518.44	561.75	717.94
80	389.81				
81	429.19				
82	469.88				
83	513.19				
84	559.13				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0086-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	32.81	39.38	44.63	47.25	60.38
45-49	35.44	43.31	48.56	52.50	66.94
50-54	42.00	51.19	59.06	64.31	84.00
55	49.88	59.06	66.94	72.19	95.81
56	52.50	63.00	70.88	76.13	101.06
57	56.44	66.94	76.13	81.38	107.63
58	60.38	72.19	81.38	87.94	115.50
59	65.63	78.75	89.25	95.81	124.69
60	70.88	85.31	97.13	105.00	136.50
61	76.13	93.19	106.31	114.19	147.00
62	82.69	99.75	115.50	124.69	160.13
63	89.25	107.63	123.38	132.56	171.94
64	94.50	115.50	131.25	143.06	185.06
65	101.06	124.69	140.44	152.25	199.50
66	108.94	132.56	152.25	165.38	215.25
67	118.13	145.69	165.38	179.81	234.94
68	128.63	158.81	181.13	198.19	257.25
69	140.44	173.25	199.50	216.56	283.50
70	153.56	190.31	219.19	237.56	311.06
71	168.00	210.00	242.81	263.81	345.19
72	187.69	233.63	270.38	295.31	384.56
73	208.69	261.19	303.19	329.44	429.19
74	232.31	292.69	339.94	370.13	479.06
75	259.88	326.81	380.63	413.44	534.19
76	288.75	363.56	425.25	463.31	595.88
77	321.56	405.56	472.50	514.50	661.50
78	355.69	450.19	525.00	570.94	731.06
79	392.44	498.75	581.44	632.63	808.50
80	431.81				
81	473.81				
82	517.13				
83	564.38				
84	614.25				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0086-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	34.13	42.00	47.25	51.19	65.63
45-49	38.06	45.94	52.50	56.44	72.19
50-54	44.63	55.13	63.00	68.25	90.56
55	52.50	63.00	70.88	77.44	101.06
56	55.13	66.94	74.81	81.38	106.31
57	59.06	70.88	80.06	86.63	112.88
58	63.00	76.13	86.63	93.19	122.06
59	68.25	82.69	94.50	101.06	131.25
60	74.81	89.25	102.38	110.25	143.06
61	80.06	97.13	111.56	119.44	154.88
62	86.63	105.00	120.75	129.94	168.00
63	93.19	112.88	129.94	139.13	181.13
64	98.44	120.75	137.81	149.63	194.25
65	106.31	129.94	147.00	160.13	208.69
66	114.19	139.13	158.81	173.25	225.75
67	123.38	152.25	173.25	189.00	246.75
68	133.88	166.69	190.31	207.38	270.38
69	147.00	181.13	208.69	227.06	296.63
70	160.13	199.50	229.69	249.38	326.81
71	175.88	219.19	254.63	276.94	362.25
72	195.56	244.13	283.50	308.44	402.94
73	217.88	273.00	317.63	345.19	450.19
74	242.81	305.81	355.69	387.19	502.69
75	271.69	341.25	397.69	433.13	560.44
76	301.88	380.63	444.94	484.31	624.75
77	334.69	423.94	494.81	539.44	693.00
78	370.13	469.88	548.63	598.50	766.50
79	408.19	521.06	607.69	662.81	846.56
80	448.88				
81	492.19				
82	538.13				
83	586.69				
84	637.88				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0086-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	52.50	64.31	73.50	78.75	107.63
45-49	57.75	70.88	81.38	87.94	119.44
50-54	70.88	87.94	101.06	111.56	152.25
55	82.69	102.38	118.13	128.63	175.88
56	86.63	107.63	124.69	136.50	186.38
57	91.88	114.19	132.56	144.38	196.88
58	98.44	122.06	141.75	153.56	208.69
59	103.69	129.94	150.94	164.06	221.81
60	111.56	139.13	160.13	174.56	236.25
61	119.44	148.31	171.94	186.38	252.00
62	127.31	158.81	183.75	199.50	269.06
63	135.19	169.31	196.88	212.63	287.44
64	144.38	179.81	208.69	227.06	305.81
65	153.56	191.63	223.13	242.81	326.81
66	164.06	206.06	238.88	259.88	351.75
67	177.19	221.81	258.56	280.88	379.31
68	191.63	240.19	279.56	304.50	410.81
69	206.06	259.88	301.88	329.44	443.63
70	223.13	282.19	328.13	358.31	481.69
71	241.50	307.13	357.00	389.81	523.69
72	263.81	336.00	391.13	427.88	572.25
73	290.06	368.81	430.50	471.19	627.38
74	318.94	405.56	473.81	518.44	687.75
75	350.44	444.94	521.06	569.63	754.69
76	383.25	488.25	572.25	627.38	826.88
77	418.69	535.50	628.69	687.75	904.31
78	455.44	585.38	689.06	753.38	987.00
79	494.81	639.19	753.38	822.94	1076.25
80	535.50				
81	577.50				
82	622.13				
83	668.06				
84	716.63				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0086-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	60.38	74.81	86.63	94.50	124.69
45-49	66.94	84.00	95.81	105.00	139.13
50-54	82.69	103.69	119.44	129.94	175.88
55	93.19	118.13	136.50	148.31	202.13
56	97.13	124.69	144.38	156.19	212.63
57	102.38	131.25	152.25	165.38	223.13
58	108.94	139.13	161.44	175.88	236.25
59	116.81	147.00	170.63	187.69	250.69
60	126.00	156.19	182.44	198.19	265.13
61	133.88	166.69	194.25	211.31	283.50
62	143.06	178.50	207.38	225.75	301.88
63	152.25	189.00	221.81	241.50	322.88
64	161.44	202.13	234.94	257.25	343.88
65	171.94	215.25	252.00	274.31	367.50
66	183.75	231.00	269.06	294.00	393.75
67	196.88	249.38	291.38	317.63	425.25
68	212.63	269.06	315.00	343.88	460.69
69	229.69	292.69	339.94	372.75	497.44
70	249.38	317.63	370.13	405.56	539.44
71	270.38	345.19	402.94	441.00	586.69
72	295.31	378.00	441.00	483.00	641.81
73	324.19	413.44	484.31	531.56	702.19
74	355.69	454.13	531.56	582.75	769.13
75	389.81	498.75	584.06	639.19	843.94
76	426.56	544.69	640.50	702.19	924.00
77	464.63	597.19	700.88	769.13	1009.31
78	505.31	651.00	767.81	840.00	1101.19
79	547.31	711.38	836.06	916.13	1198.31
80	591.94				
81	637.88				
82	685.13				
83	736.31				
84	788.81				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0086-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	64.31	80.06	91.88	101.06	132.56
45-49	70.88	89.25	102.38	112.88	147.00
50-54	87.94	110.25	127.31	137.81	186.38
55	98.44	124.69	144.38	157.50	212.63
56	102.38	131.25	152.25	165.38	223.13
57	107.63	137.81	160.13	174.56	234.94
58	114.19	145.69	169.31	185.06	248.06
59	122.06	154.88	179.81	196.88	262.50
60	131.25	164.06	191.63	208.69	278.25
61	140.44	174.56	203.44	221.81	296.63
62	149.63	186.38	217.88	237.56	316.31
63	158.81	198.19	232.31	253.31	337.31
64	169.31	211.31	246.75	270.38	359.63
65	179.81	225.75	263.81	287.44	384.56
66	191.63	241.50	282.19	308.44	412.13
67	206.06	261.19	304.50	333.38	444.94
68	221.81	282.19	329.44	360.94	481.69
69	240.19	305.81	357.00	391.13	521.06
70	259.88	332.06	387.19	425.25	564.38
71	282.19	360.94	422.63	463.31	614.25
72	308.44	395.06	462.00	506.63	670.69
73	338.63	433.13	506.63	556.50	735.00
74	371.44	475.13	556.50	610.31	804.56
75	406.88	521.06	610.31	669.38	882.00
76	444.94	569.63	669.38	733.69	964.69
77	484.31	623.44	732.38	803.25	1053.94
78	526.31	679.88	800.63	876.75	1149.75
79	569.63	741.56	871.50	956.81	1250.81
80	615.56				
81	662.81				
82	712.69				
83	765.19				
84	819.00				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0086-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	38.06	47.25	55.13	60.38	80.06
45-49	42.00	52.50	61.69	66.94	89.25
50-54	56.44	69.56	78.75	85.31	114.19
55	64.31	80.06	90.56	99.75	135.19
56	68.25	84.00	95.81	105.00	144.38
57	72.19	89.25	102.38	112.88	154.88
58	77.44	95.81	110.25	122.06	166.69
59	84.00	103.69	119.44	131.25	179.81
60	90.56	112.88	129.94	141.75	194.25
61	98.44	122.06	141.75	153.56	208.69
62	106.31	132.56	153.56	166.69	225.75
63	114.19	141.75	165.38	179.81	242.81
64	122.06	152.25	177.19	191.63	259.88
65	131.25	162.75	189.00	206.06	279.56
66	141.75	174.56	203.44	221.81	301.88
67	153.56	190.31	221.81	241.50	328.13
68	166.69	207.38	242.81	263.81	358.31
69	181.13	227.06	265.13	288.75	391.13
70	196.88	248.06	290.06	316.31	427.88
71	215.25	273.00	318.94	349.13	468.56
72	237.56	301.88	353.06	385.88	517.13
73	262.50	334.69	391.13	427.88	570.94
74	291.38	370.13	434.44	475.13	631.31
75	321.56	410.81	480.38	526.31	696.94
76	354.38	454.13	530.25	581.44	767.81
77	389.81	500.06	585.38	641.81	843.94
78	426.56	549.94	644.44	706.13	925.31
79	465.94	603.75	706.13	775.69	1013.25
80	506.63				
81	549.94				
82	594.56				
83	641.81				
84	691.69				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0086-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	45.94	57.75	65.63	72.19	94.50
45-49	51.19	63.00	73.50	80.06	105.00
50-54	64.31	80.06	93.19	101.06	132.56
55	74.81	93.19	106.31	116.81	157.50
56	78.75	98.44	112.88	122.06	168.00
57	82.69	103.69	119.44	129.94	178.50
58	89.25	111.56	128.63	140.44	191.63
59	95.81	120.75	139.13	150.94	204.75
60	103.69	129.94	149.63	162.75	219.19
61	111.56	139.13	161.44	175.88	234.94
62	120.75	150.94	174.56	190.31	253.31
63	128.63	161.44	187.69	203.44	271.69
64	137.81	171.94	200.81	217.88	291.38
65	148.31	185.06	213.94	232.31	312.38
66	158.81	198.19	229.69	250.69	337.31
67	171.94	215.25	250.69	271.69	366.19
68	186.38	233.63	273.00	296.63	400.31
69	202.13	255.94	297.94	324.19	437.06
70	220.50	279.56	326.81	355.69	479.06
71	241.50	307.13	358.31	391.13	525.00
72	265.13	338.63	396.38	433.13	578.81
73	292.69	374.06	438.38	479.06	639.19
74	324.19	414.75	485.63	531.56	706.13
75	358.31	458.06	536.81	588.00	778.31
76	395.06	505.31	591.94	649.69	858.38
77	433.13	556.50	652.31	716.63	942.38
78	473.81	610.31	716.63	787.50	1032.94
79	515.81	669.38	786.19	863.63	1130.06
80	560.44				
81	606.38				
82	656.25				
83	707.44				
84	761.25				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0086-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	49.88	61.69	70.88	77.44	101.06
45-49	55.13	68.25	78.75	85.31	111.56
50-54	68.25	85.31	98.44	107.63	140.44
55	78.75	98.44	112.88	123.38	166.69
56	82.69	103.69	119.44	129.94	177.19
57	87.94	110.25	127.31	137.81	189.00
58	94.50	118.13	136.50	148.31	202.13
59	101.06	127.31	147.00	158.81	215.25
60	108.94	136.50	158.81	171.94	229.69
61	116.81	147.00	170.63	185.06	246.75
62	126.00	158.81	183.75	199.50	265.13
63	135.19	170.63	196.88	213.94	284.81
64	144.38	181.13	210.00	228.38	304.50
65	154.88	194.25	224.44	244.13	326.81
66	165.38	208.69	241.50	262.50	351.75
67	179.81	225.75	262.50	284.81	383.25
68	195.56	245.44	286.13	311.06	418.69
69	211.31	267.75	312.38	339.94	456.75
70	231.00	292.69	342.56	372.75	500.06
71	252.00	321.56	375.38	409.50	548.63
72	276.94	354.38	414.75	452.81	605.06
73	305.81	391.13	459.38	501.38	668.06
74	338.63	433.13	507.94	555.19	737.63
75	374.06	477.75	560.44	614.25	813.75
76	412.13	527.63	618.19	678.56	896.44
77	451.50	580.13	681.19	748.13	984.38
78	493.50	636.56	748.13	822.94	1078.88
79	536.81	698.25	820.31	901.69	1179.94
80	582.75				
81	631.31				
82	682.50				
83	735.00				
84	790.13				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0086-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	32.81	36.75	43.31	45.94	59.06
45-49	35.44	42.00	47.25	51.19	64.31
50-54	43.31	51.19	59.06	63.00	80.06
55	49.88	59.06	68.25	72.19	95.81
56	52.50	63.00	72.19	77.44	102.38
57	57.75	68.25	77.44	84.00	110.25
58	61.69	73.50	84.00	90.56	119.44
59	68.25	80.06	90.56	98.44	129.94
60	73.50	87.94	99.75	110.25	140.44
61	80.06	97.13	110.25	119.44	152.25
62	86.63	105.00	119.44	129.94	166.69
63	93.19	112.88	128.63	139.13	178.50
64	98.44	120.75	137.81	148.31	192.94
65	105.00	129.94	147.00	158.81	207.38
66	114.19	139.13	158.81	171.94	224.44
67	123.38	150.94	173.25	186.38	244.13
68	133.88	165.38	190.31	204.75	269.06
69	147.00	181.13	208.69	225.75	295.31
70	160.13	198.19	228.38	248.06	324.19
71	177.19	219.19	253.31	276.94	358.31
72	198.19	244.13	282.19	308.44	400.31
73	220.50	273.00	316.31	346.50	447.56
74	245.44	305.81	355.69	387.19	500.06
75	274.31	342.56	399.00	434.44	557.81
76	305.81	383.25	444.94	484.31	620.81
77	339.94	426.56	496.13	539.44	690.38
78	376.69	473.81	551.25	597.19	763.88
79	417.38	523.69	610.31	661.50	845.25
80	458.06				
81	505.31				
82	552.56				
83	603.75				
84	657.56				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0086-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	38.06	45.94	52.50	55.13	70.88
45-49	42.00	51.19	57.75	61.69	78.75
50-54	49.88	60.38	69.56	76.13	98.44
55	59.06	69.56	78.75	85.31	112.88
56	61.69	73.50	84.00	89.25	119.44
57	66.94	78.75	89.25	95.81	126.00
58	70.88	85.31	95.81	103.69	136.50
59	77.44	93.19	105.00	112.88	147.00
60	84.00	99.75	114.19	123.38	160.13
61	89.25	110.25	124.69	133.88	173.25
62	97.13	116.81	136.50	147.00	189.00
63	105.00	126.00	145.69	156.19	202.13
64	111.56	136.50	154.88	168.00	217.88
65	119.44	147.00	165.38	178.50	234.94
66	128.63	156.19	178.50	194.25	253.31
67	139.13	171.94	194.25	211.31	276.94
68	150.94	186.38	212.63	233.63	303.19
69	165.38	203.44	234.94	254.63	333.38
70	181.13	224.44	257.25	279.56	366.19
71	198.19	246.75	286.13	309.75	405.56
72	220.50	274.31	317.63	347.81	452.81
73	245.44	307.13	357.00	387.19	505.31
74	273.00	343.88	400.31	435.75	563.06
75	305.81	384.56	447.56	486.94	628.69
76	339.94	427.88	500.06	544.69	700.88
77	378.00	477.75	556.50	605.06	778.31
78	418.69	530.25	618.19	672.00	859.69
79	462.00	586.69	683.81	744.19	951.56
80	507.94				
81	557.81				
82	609.00				
83	664.13				
84	723.19				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0086-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	40.69	49.88	55.13	60.38	77.44
45-49	44.63	53.81	61.69	66.94	85.31
50-54	52.50	64.31	73.50	80.06	106.31
55	61.69	73.50	84.00	90.56	119.44
56	64.31	78.75	87.94	95.81	124.69
57	69.56	84.00	94.50	102.38	132.56
58	73.50	89.25	102.38	110.25	143.06
59	80.06	97.13	111.56	119.44	154.88
60	87.94	105.00	120.75	129.94	168.00
61	94.50	114.19	131.25	140.44	182.44
62	102.38	123.38	141.75	152.25	198.19
63	110.25	132.56	152.25	164.06	212.63
64	115.50	141.75	162.75	175.88	228.38
65	124.69	152.25	173.25	189.00	245.44
66	133.88	164.06	186.38	203.44	265.13
67	145.69	178.50	203.44	221.81	290.06
68	157.50	195.56	224.44	244.13	317.63
69	173.25	212.63	245.44	267.75	349.13
70	189.00	234.94	270.38	294.00	384.56
71	207.38	257.25	299.25	325.50	426.56
72	229.69	287.44	333.38	362.25	473.81
73	255.94	321.56	374.06	405.56	530.25
74	286.13	359.63	418.69	455.44	591.94
75	320.25	401.63	467.25	509.25	658.88
76	355.69	447.56	523.69	569.63	735.00
77	393.75	498.75	582.75	635.25	815.06
78	435.75	552.56	645.75	703.50	901.69
79	480.38	612.94	715.31	779.63	996.19
80	527.63				
81	578.81				
82	632.63				
83	690.38				
84	750.75				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0086-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	61.69	76.13	86.63	93.19	126.00
45-49	68.25	84.00	95.81	103.69	140.44
50-54	84.00	103.69	119.44	131.25	178.50
55	97.13	120.75	139.13	150.94	207.38
56	102.38	126.00	147.00	160.13	219.19
57	107.63	133.88	156.19	169.31	231.00
58	115.50	143.06	166.69	181.13	245.44
59	122.06	152.25	177.19	192.94	261.19
60	131.25	164.06	189.00	204.75	278.25
61	140.44	174.56	202.13	219.19	296.63
62	149.63	186.38	216.56	234.94	316.31
63	158.81	199.50	231.00	250.69	338.63
64	169.31	211.31	245.44	267.75	359.63
65	181.13	225.75	262.50	286.13	384.56
66	192.94	242.81	280.88	305.81	413.44
67	208.69	261.19	304.50	330.75	446.25
68	225.75	282.19	329.44	358.31	483.00
69	242.81	305.81	355.69	387.19	522.38
70	262.50	332.06	385.88	421.31	567.00
71	283.50	360.94	420.00	458.06	615.56
72	309.75	395.06	460.69	504.00	673.31
73	341.25	434.44	506.63	553.88	737.63
74	375.38	477.75	557.81	610.31	808.50
75	412.13	523.69	612.94	670.69	887.25
76	451.50	574.88	673.31	737.63	972.56
77	492.19	630.00	740.25	808.50	1064.44
78	535.50	689.06	811.13	885.94	1161.56
79	582.75	752.06	885.94	968.63	1266.56
80	630.00				
81	679.88				
82	732.38				
83	786.19				
84	842.63				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0086-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	70.88	87.94	102.38	111.56	147.00
45-49	78.75	98.44	112.88	123.38	164.06
50-54	97.13	122.06	140.44	152.25	207.38
55	110.25	139.13	160.13	174.56	237.56
56	114.19	147.00	169.31	183.75	250.69
57	120.75	154.88	178.50	194.25	262.50
58	128.63	164.06	190.31	207.38	278.25
59	137.81	173.25	200.81	220.50	295.31
60	148.31	183.75	215.25	233.63	312.38
61	157.50	195.56	228.38	248.06	333.38
62	168.00	210.00	244.13	265.13	355.69
63	178.50	221.81	261.19	283.50	379.31
64	190.31	237.56	276.94	303.19	404.25
65	202.13	253.31	296.63	322.88	431.81
66	216.56	271.69	316.31	346.50	463.31
67	231.00	294.00	342.56	374.06	500.06
68	250.69	316.31	370.13	404.25	542.06
69	270.38	343.88	400.31	438.38	585.38
70	294.00	374.06	435.75	477.75	635.25
71	317.63	405.56	473.81	518.44	690.38
72	347.81	444.94	518.44	568.31	754.69
73	381.94	486.94	569.63	624.75	825.56
74	418.69	534.19	624.75	685.13	904.31
75	458.06	586.69	687.75	752.06	992.25
76	501.38	640.50	753.38	825.56	1086.75
77	546.00	702.19	824.25	904.31	1187.81
78	594.56	766.50	903.00	988.31	1295.44
79	644.44	837.38	983.06	1077.56	1409.63
80	696.94				
81	750.75				
82	805.88				
83	866.25				
84	927.94				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0086-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	76.13	94.50	107.63	119.44	156.19
45-49	84.00	105.00	120.75	132.56	173.25
50-54	103.69	129.94	149.63	162.75	219.19
55	115.50	147.00	169.31	185.06	250.69
56	120.75	154.88	178.50	194.25	262.50
57	126.00	162.75	189.00	204.75	276.94
58	133.88	171.94	199.50	217.88	291.38
59	143.06	182.44	211.31	231.00	308.44
60	154.88	192.94	225.75	245.44	326.81
61	165.38	204.75	238.88	261.19	349.13
62	175.88	219.19	255.94	279.56	372.75
63	186.38	233.63	273.00	297.94	396.38
64	199.50	248.06	290.06	317.63	422.63
65	211.31	265.13	309.75	338.63	452.81
66	225.75	283.50	332.06	362.25	484.31
67	242.81	307.13	358.31	392.44	523.69
68	261.19	332.06	387.19	425.25	567.00
69	282.19	359.63	420.00	460.69	612.94
70	305.81	391.13	455.44	500.06	664.13
71	332.06	425.25	497.44	544.69	723.19
72	362.25	464.63	543.38	595.88	788.81
73	399.00	509.25	595.88	654.94	864.94
74	437.06	559.13	654.94	717.94	946.31
75	479.06	612.94	717.94	787.50	1038.19
76	523.69	670.69	787.50	863.63	1135.31
77	569.63	733.69	861.00	945.00	1240.31
78	619.50	799.31	942.38	1031.63	1353.19
79	670.69	872.81	1025.06	1126.13	1471.31
80	724.50				
81	779.63				
82	838.69				
83	900.38				
84	963.38				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0086-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	44.63	55.13	64.31	70.88	94.50
45-49	49.88	61.69	72.19	78.75	105.00
50-54	66.94	81.38	93.19	99.75	133.88
55	76.13	94.50	106.31	116.81	158.81
56	80.06	98.44	112.88	123.38	169.31
57	85.31	105.00	120.75	132.56	182.44
58	90.56	112.88	129.94	143.06	195.56
59	98.44	122.06	140.44	154.88	211.31
60	106.31	132.56	152.25	166.69	228.38
61	115.50	143.06	166.69	181.13	245.44
62	124.69	156.19	181.13	195.56	265.13
63	133.88	166.69	194.25	211.31	286.13
64	143.06	178.50	208.69	225.75	305.81
65	154.88	191.63	221.81	242.81	329.44
66	166.69	204.75	238.88	261.19	355.69
67	181.13	224.44	261.19	283.50	385.88
68	195.56	244.13	286.13	309.75	421.31
69	212.63	267.75	312.38	339.94	460.69
70	231.00	291.38	341.25	372.75	504.00
71	253.31	321.56	375.38	410.81	551.25
72	279.56	355.69	414.75	454.13	609.00
73	308.44	393.75	460.69	504.00	672.00
74	342.56	435.75	510.56	559.13	742.88
75	378.00	483.00	565.69	619.50	820.31
76	417.38	534.19	623.44	683.81	903.00
77	458.06	588.00	689.06	754.69	992.25
78	501.38	647.06	758.63	830.81	1088.06
79	548.63	710.06	830.81	912.19	1191.75
80	595.88				
81	647.06				
82	699.56				
83	754.69				
84	813.75				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0086-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	53.81	68.25	77.44	85.31	111.56
45-49	60.38	73.50	86.63	94.50	123.38
50-54	76.13	94.50	110.25	119.44	156.19
55	87.94	110.25	124.69	137.81	185.06
56	93.19	115.50	132.56	143.06	198.19
57	97.13	122.06	140.44	152.25	210.00
58	105.00	131.25	150.94	165.38	225.75
59	112.88	141.75	164.06	177.19	241.50
60	122.06	152.25	175.88	191.63	257.25
61	131.25	164.06	190.31	207.38	276.94
62	141.75	177.19	204.75	224.44	297.94
63	150.94	190.31	220.50	238.88	320.25
64	162.75	202.13	236.25	255.94	342.56
65	174.56	217.88	252.00	273.00	367.50
66	186.38	233.63	270.38	295.31	396.38
67	202.13	253.31	295.31	320.25	430.50
68	219.19	274.31	321.56	349.13	471.19
69	237.56	300.56	350.44	381.94	514.50
70	259.88	329.44	384.56	418.69	563.06
71	283.50	360.94	421.31	460.69	618.19
72	312.38	399.00	465.94	509.25	681.19
73	343.88	439.69	515.81	563.06	752.06
74	381.94	488.25	570.94	624.75	830.81
75	421.31	539.44	631.31	691.69	916.13
76	464.63	594.56	696.94	763.88	1009.31
77	509.25	654.94	767.81	842.63	1109.06
78	557.81	717.94	842.63	926.63	1215.38
79	606.38	787.50	925.31	1015.88	1329.56
80	658.88				
81	714.00				
82	771.75				
83	832.13				
84	895.13				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0086-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	59.06	72.19	84.00	90.56	119.44
45-49	64.31	80.06	93.19	99.75	131.25
50-54	80.06	99.75	115.50	126.00	165.38
55	93.19	115.50	132.56	145.69	195.56
56	97.13	122.06	140.44	152.25	208.69
57	103.69	129.94	149.63	162.75	221.81
58	111.56	139.13	160.13	174.56	237.56
59	119.44	149.63	173.25	186.38	253.31
60	128.63	160.13	186.38	202.13	270.38
61	137.81	173.25	200.81	217.88	290.06
62	148.31	186.38	216.56	234.94	312.38
63	158.81	200.81	231.00	252.00	334.69
64	169.31	212.63	246.75	269.06	358.31
65	182.44	228.38	263.81	287.44	384.56
66	194.25	245.44	283.50	308.44	413.44
67	211.31	265.13	308.44	334.69	451.50
68	229.69	288.75	336.00	366.19	492.19
69	248.06	315.00	367.50	400.31	536.81
70	271.69	343.88	402.94	438.38	588.00
71	296.63	378.00	441.00	481.69	645.75
72	325.50	417.38	488.25	532.88	711.38
73	359.63	460.69	540.75	589.31	786.19
74	399.00	509.25	597.19	653.63	867.56
75	439.69	561.75	658.88	723.19	956.81
76	484.31	620.81	727.13	798.00	1055.25
77	531.56	682.50	801.94	880.69	1157.63
78	580.13	749.44	880.69	968.63	1269.19
79	631.31	821.63	964.69	1060.50	1388.63
80	685.13				
81	742.88				
82	803.25				
83	864.94				
84	929.25				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0086-B37
Long-Term Care Policy

WITH SURVIVORSHIP BENEFIT RIDER R1-N0103-SERIES

When this rider is chosen, multiply the final premium by the appropriate factor.

ISSUE AGE	NO INFLATION PROTECTION	SIMPLE INFLATION PROTECTION	COMPOUND INFLATION PROTECTION
18-44	1.11	1.17	1.17
45-49	1.14	1.21	1.21
50-54	1.18	1.28	1.28
55	1.20	1.30	1.30
56	1.20	1.30	1.30
57	1.21	1.30	1.30
58	1.21	1.30	1.30
59	1.21	1.30	1.30
60	1.21	1.30	1.30
61	1.21	1.30	1.30
62	1.21	1.29	1.29
63	1.21	1.29	1.29
64	1.21	1.28	1.28
65	1.20	1.27	1.27
66	1.20	1.26	1.26
67	1.20	1.26	1.26
68	1.19	1.25	1.25
69	1.19	1.24	1.24
70	1.18	1.23	1.23
71	1.18	1.22	1.22
72	1.17	1.20	1.20
73	1.16	1.19	1.19
74	1.16	1.18	1.18
75	1.15	1.17	1.17
76	1.14	1.16	1.16
77	1.13	1.15	1.15
78	1.12	1.14	1.14
79	1.11	1.13	1.13
80	1.10	1.12	1.12
81	1.09	1.11	1.11
82	1.08	1.10	1.10
83	1.07	1.09	1.09
84	1.06	1.08	1.08

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0086-B37
Long-Term Care Policy

Elimination Period Factors

Rates shown are for 30 day elimination period. Rates for other elimination periods are calculated by multiplying the 30 day rates by the appropriate factor from the following table:

Benefit Maximum	0	14	20	60	90	100	180	365
730x,1095x	1.11	1.06	1.03	0.95	0.91	0.90	0.80	0.71
1460x,1825x	1.09	1.05	1.03	0.95	0.91	0.90	0.81	0.72
Lifetime	1.07	1.04	1.03	0.96	0.93	0.92	0.85	0.78

Table Rating Health Rating Group Factors

Rates shown are for Preferred Rating Group and Select Rating Group. Rates for Table Rating Health Groups 1, 2, 3 and 4 are calculated by multiplying Select rates by 1.25, 1.50, 1.75 and 2.00 respectively.

Spousal Discount

A 20% discount to the rates is available to married couples if both spouses apply for coverage.

Dual Waiver of Premium Rider R1-N0104-Series

An optional dual waiver of premium rider will be offered. If one spouse qualifies for a waiver of premium, the premium of the other spouse will also be waived. If chosen, multiply the final premium by 1.06.

Shared Advantage Rider R1-N0105-Series

This rider will allow two covered spouses to purchase an additional benefit amount that can be used by either spouse after their base benefits are exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	No Inflation Protection	With Inflation Protection
730x	1.30	1.35
1095x	1.21	1.25
1460x	1.15	1.18
1825x	1.12	1.14

Restoration of Benefits Rider R1-N0108-Series

This rider restores the maximum lifetime benefit if the insured has not met the stipulated conditions for a period of 180 consecutive days and the maximum lifetime benefit has not been exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	Factor
730x	1.08
1095x	1.06
1460x,1825x	1.04

Cost of Living Increase Rider R1-N0107-Series

This rider allows the insured to increase their policy limits, subject to the terms of the rider, every three years without additional underwriting. The additional premium charged is based on the attained age and incremental increase in the maximum daily facility benefit when exercised. If chosen, multiply the final premium by the appropriate factor:

Age	Factor
18-44	1.15
45-49	1.12
50-55	1.10
56-58	1.09
59-61	1.08
62-64	1.07
65-67	1.06
68-70	1.05
71-73	1.04
74-76	1.03

Modal Factors

Semi-Annual: 0.52; Quarterly: 0.27; Check-A-Matic: 0.09

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604

Supplement to Rate Sheets for Policy Form P1-N0090-B37
PENNSYLVANIA

All rates for this form should be multiplied by a factor of: 1.9425

This factor represents the **proposed** increase of: 29.5%

And the following prior approved rate increases:

Policy Form	Increase Applies to all Policies or Subsets	Rate Increase Approved	Approval Date of Rate Increase
P1-N0090-B37	--Yes--	20.00%	3/14/2013
P1-N0090-B37	--Yes--	25.00%	12/3/2014

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0090-B37
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	17	19	22	23	24
45-49	19	21	24	25	27
50-54	23	26	29	31	35
55	26	30	34	37	44
56	28	32	37	40	48
57	30	35	40	43	53
58	33	38	44	47	58
59	36	42	48	51	64
60	40	47	53	56	70
61	43	51	58	61	76
62	47	56	63	67	83
63	50	60	68	72	89
64	53	64	73	78	95
65	57	68	78	84	102
66	61	74	84	91	110
67	66	80	92	99	120
68	72	88	101	109	132
69	79	96	111	119	144
70	86	105	122	131	159
71	95	116	134	145	176
72	105	129	149	161	195
73	117	144	166	179	217
74	130	160	185	200	242
75	145	178	205	222	269
76	161	198	228	246	298
77	178	219	252	272	330
78	196	242	278	300	364
79	216	266	306	330	401
80	236				
81	258				
82	281				
83	305				
84	331				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0090-B37
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	32	39	45	49	59
45-49	35	43	50	54	66
50-54	43	53	62	67	84
55	52	63	73	78	100
56	55	67	77	83	107
57	59	72	82	88	114
58	63	77	88	94	122
59	67	82	94	101	130
60	71	88	101	109	139
61	76	94	108	117	148
62	81	100	116	126	159
63	86	107	124	134	170
64	92	113	132	143	182
65	98	121	140	152	195
66	105	129	150	162	209
67	113	139	161	174	225
68	122	150	174	188	243
69	131	162	187	203	262
70	142	176	203	220	282
71	154	191	220	239	306
72	167	208	240	261	333
73	182	227	263	286	363
74	199	249	288	314	397
75	217	272	316	344	433
76	236	297	346	377	473
77	256	324	378	413	515
78	277	353	413	451	560
79	299	384	450	492	609
80	323				
81	347				
82	373				
83	400				
84	428				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0090-B37
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	23	28	32	35	42
45-49	25	31	36	39	47
50-54	35	42	49	53	64
55	40	49	56	60	77
56	42	52	59	64	82
57	45	56	63	68	88
58	49	61	68	74	95
59	53	66	74	80	104
60	58	72	81	88	113
61	63	78	89	96	123
62	68	84	96	104	133
63	73	90	103	112	143
64	78	96	110	120	154
65	83	103	118	128	165
66	90	111	127	138	179
67	97	120	138	150	194
68	105	131	151	164	211
69	115	143	165	179	230
70	125	156	180	196	252
71	137	171	198	215	275
72	150	188	218	237	302
73	165	207	240	262	332
74	182	228	265	289	365
75	200	251	292	318	400
76	219	276	321	350	439
77	239	302	352	384	480
78	260	330	385	421	524
79	282	360	421	460	571
80	306				
81	330				
82	356				
83	383				
84	411				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0090-B37
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	20	22	26	27	28
45-49	22	25	28	29	32
50-54	27	31	34	36	41
55	31	35	40	44	52
56	33	38	44	47	56
57	35	41	47	51	62
58	39	45	52	55	68
59	42	49	56	60	75
60	47	55	62	66	82
61	51	60	68	72	89
62	55	66	74	79	98
63	59	71	80	85	105
64	62	75	86	92	112
65	67	80	92	99	120
66	72	87	99	107	129
67	78	94	108	116	141
68	85	104	119	128	155
69	93	113	131	140	169
70	101	124	144	154	187
71	112	136	158	171	207
72	124	152	175	189	229
73	138	169	195	211	255
74	153	188	218	235	285
75	171	209	241	261	316
76	189	233	268	289	351
77	209	258	296	320	388
78	231	285	327	353	428
79	254	313	360	388	472
80	278				
81	304				
82	331				
83	359				
84	389				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0090-B37
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	38	46	53	58	69
45-49	41	51	59	64	78
50-54	51	62	73	79	99
55	61	74	86	92	118
56	65	79	91	98	126
57	69	85	96	104	134
58	74	91	104	111	144
59	79	96	111	119	153
60	84	104	119	128	164
61	89	111	127	138	174
62	95	118	136	148	187
63	101	126	146	158	200
64	108	133	155	168	214
65	115	142	165	179	229
66	124	152	176	191	246
67	133	164	189	205	265
68	144	176	205	221	286
69	154	191	220	239	308
70	167	207	239	259	332
71	181	225	259	281	360
72	196	245	282	307	392
73	214	267	309	336	427
74	234	293	339	369	467
75	255	320	372	405	509
76	278	349	407	444	556
77	301	381	445	486	606
78	326	415	486	531	659
79	352	452	529	579	716
80	380				
81	408				
82	439				
83	471				
84	504				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0090-B37
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	27	33	38	41	49
45-49	29	36	42	46	55
50-54	41	49	58	62	75
55	47	58	66	71	91
56	49	61	69	75	96
57	53	66	74	80	104
58	58	72	80	87	112
59	62	78	87	94	122
60	68	85	95	104	133
61	74	92	105	113	145
62	80	99	113	122	156
63	86	106	121	132	168
64	92	113	129	141	181
65	98	121	139	151	194
66	106	131	149	162	211
67	114	141	162	176	228
68	124	154	178	193	248
69	135	168	194	211	271
70	147	184	212	231	296
71	161	201	233	253	324
72	176	221	256	279	355
73	194	244	282	308	391
74	214	268	312	340	429
75	235	295	344	374	471
76	258	325	378	412	516
77	281	355	414	452	565
78	306	388	453	495	616
79	332	424	495	541	672
80	360				
81	388				
82	419				
83	451				
84	484				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0090-B37
Long-Term Care Policy: Facility Only Coverage

WITH SURVIVORSHIP BENEFIT RIDER R1-N0103-SERIES

When this rider is chosen, multiply the final premium by the appropriate factor.

ISSUE AGE	NO INFLATION PROTECTION	SIMPLE INFLATION PROTECTION	COMPOUND INFLATION PROTECTION
18-44	1.11	1.17	1.17
45-49	1.14	1.21	1.21
50-54	1.18	1.28	1.28
55	1.20	1.30	1.30
56	1.20	1.30	1.30
57	1.21	1.30	1.30
58	1.21	1.30	1.30
59	1.21	1.30	1.30
60	1.21	1.30	1.30
61	1.21	1.30	1.30
62	1.21	1.29	1.29
63	1.21	1.29	1.29
64	1.21	1.28	1.28
65	1.20	1.27	1.27
66	1.20	1.26	1.26
67	1.20	1.26	1.26
68	1.19	1.25	1.25
69	1.19	1.24	1.24
70	1.18	1.23	1.23
71	1.18	1.22	1.22
72	1.17	1.20	1.20
73	1.16	1.19	1.19
74	1.16	1.18	1.18
75	1.15	1.17	1.17
76	1.14	1.16	1.16
77	1.13	1.15	1.15
78	1.12	1.14	1.14
79	1.11	1.13	1.13
80	1.10	1.12	1.12
81	1.09	1.11	1.11
82	1.08	1.10	1.10
83	1.07	1.09	1.09
84	1.06	1.08	1.08

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0090-B37
Long-Term Care Policy: Facility Only Coverage

Elimination Period Factors

Rates shown are for 30 day elimination period. Rates for other elimination periods are calculated by multiplying the 30 day rates by the appropriate factor from the following table:

Benefit Maximum	0	14	20	60	90	100	180	365
730x,1095x	1.12	1.07	1.03	0.94	0.90	0.89	0.78	0.67
1460x,1825x	1.10	1.05	1.03	0.95	0.90	0.89	0.79	0.69
Lifetime	1.08	1.04	1.03	0.96	0.92	0.91	0.84	0.75

Table Rating Health Rating Group Factors

Rates shown are for Preferred Rating Group and Select Rating Group. Rates for Table Rating Health Groups 1, 2, 3 and 4 are calculated by multiplying Select rates by 1.25, 1.50, 1.75 and 2.00 respectively.

Spousal Discount

A 20% discount to the rates is available to married couples if both spouses apply for coverage.

Dual Waiver of Premium Rider R1-N0104-Series

An optional dual waiver of premium rider will be offered. If one spouse qualifies for a waiver of premium, the premium of the other spouse will also be waived. If chosen, multiply the final premium by 1.06.

Shared Advantage Rider R1-N0105-Series

This rider will allow two covered spouses to purchase an additional benefit amount that can be used by either spouse after their base benefits are exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	No Inflation Protection	With Inflation Protection
730x	1.30	1.35
1095x	1.21	1.25
1460x	1.15	1.18
1825x	1.12	1.14

Restoration of Benefits Rider R1-N0106-Series

This rider restores the maximum lifetime benefit if the insured has not met the stipulated conditions for a period of 180 consecutive days and the maximum lifetime benefit has not been exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	Factor
730x	1.08
1095x	1.06
1460x,1825x	1.04

Cost of Living Increase Rider R1-N0107-Series

This rider allows the insured to increase their policy limits, subject to the terms of the rider, every three years without additional underwriting. The additional premium charged is based on the attained age and incremental increase in the maximum daily facility benefit when exercised. If chosen, multiply the final premium by the appropriate factor:

Age	Factor
18-44	1.15
45-49	1.12
50-55	1.10
56-58	1.09
59-61	1.08
62-64	1.07
65-67	1.06
68-70	1.05
71-73	1.04
74-76	1.03

Modal Factors

Semi-Annual: 0.52; Quarterly: 0.27; Check-A-Matic: 0.09

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604

Supplement to Rate Sheets for Policy Form P1-N0091-B37
PENNSYLVANIA

All rates for this form should be multiplied by a factor of: 1.9425

This factor represents the **proposed** increase of: 29.5%

And the following prior approved rate increases:

Policy Form	Increase Applies to all Policies or Subsets	Rate Increase Approved	Approval Date of Rate Increase
P1-N0091-B37	--Yes--	20.00%	3/14/2013
P1-N0091-B37	--Yes--	25.00%	12/3/2014

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0091-B37
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	21.25	23.75	27.50	28.75	30.00
45-49	23.75	26.25	30.00	31.25	33.75
50-54	28.75	32.50	36.25	38.75	43.75
55	32.50	37.50	42.50	46.25	55.00
56	35.00	40.00	46.25	50.00	60.00
57	37.50	43.75	50.00	53.75	66.25
58	41.25	47.50	55.00	58.75	72.50
59	45.00	52.50	60.00	63.75	80.00
60	50.00	58.75	66.25	70.00	87.50
61	53.75	63.75	72.50	76.25	95.00
62	58.75	70.00	78.75	83.75	103.75
63	62.50	75.00	85.00	90.00	111.25
64	66.25	80.00	91.25	97.50	118.75
65	71.25	85.00	97.50	105.00	127.50
66	76.25	92.50	105.00	113.75	137.50
67	82.50	100.00	115.00	123.75	150.00
68	90.00	110.00	126.25	136.25	165.00
69	98.75	120.00	138.75	148.75	180.00
70	107.50	131.25	152.50	163.75	198.75
71	118.75	145.00	167.50	181.25	220.00
72	131.25	161.25	186.25	201.25	243.75
73	146.25	180.00	207.50	223.75	271.25
74	162.50	200.00	231.25	250.00	302.50
75	181.25	222.50	256.25	277.50	336.25
76	201.25	247.50	285.00	307.50	372.50
77	222.50	273.75	315.00	340.00	412.50
78	245.00	302.50	347.50	375.00	455.00
79	270.00	332.50	382.50	412.50	501.25
80	295.00				
81	322.50				
82	351.25				
83	381.25				
84	413.75				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0091-B37
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	40.00	48.75	56.25	61.25	73.75
45-49	43.75	53.75	62.50	67.50	82.50
50-54	53.75	66.25	77.50	83.75	105.00
55	65.00	78.75	91.25	97.50	125.00
56	68.75	83.75	96.25	103.75	133.75
57	73.75	90.00	102.50	110.00	142.50
58	78.75	96.25	110.00	117.50	152.50
59	83.75	102.50	117.50	126.25	162.50
60	88.75	110.00	126.25	136.25	173.75
61	95.00	117.50	135.00	146.25	185.00
62	101.25	125.00	145.00	157.50	198.75
63	107.50	133.75	155.00	167.50	212.50
64	115.00	141.25	165.00	178.75	227.50
65	122.50	151.25	175.00	190.00	243.75
66	131.25	161.25	187.50	202.50	261.25
67	141.25	173.75	201.25	217.50	281.25
68	152.50	187.50	217.50	235.00	303.75
69	163.75	202.50	233.75	253.75	327.50
70	177.50	220.00	253.75	275.00	352.50
71	192.50	238.75	275.00	298.75	382.50
72	208.75	260.00	300.00	326.25	416.25
73	227.50	283.75	328.75	357.50	453.75
74	248.75	311.25	360.00	392.50	496.25
75	271.25	340.00	395.00	430.00	541.25
76	295.00	371.25	432.50	471.25	591.25
77	320.00	405.00	472.50	516.25	643.75
78	346.25	441.25	516.25	563.75	700.00
79	373.75	480.00	562.50	615.00	761.25
80	403.75				
81	433.75				
82	466.25				
83	500.00				
84	535.00				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0091-B37
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	28.75	35.00	40.00	43.75	52.50
45-49	31.25	38.75	45.00	48.75	58.75
50-54	43.75	52.50	61.25	66.25	80.00
55	50.00	61.25	70.00	75.00	96.25
56	52.50	65.00	73.75	80.00	102.50
57	56.25	70.00	78.75	85.00	110.00
58	61.25	76.25	85.00	92.50	118.75
59	66.25	82.50	92.50	100.00	130.00
60	72.50	90.00	101.25	110.00	141.25
61	78.75	97.50	111.25	120.00	153.75
62	85.00	105.00	120.00	130.00	166.25
63	91.25	112.50	128.75	140.00	178.75
64	97.50	120.00	137.50	150.00	192.50
65	103.75	128.75	147.50	160.00	206.25
66	112.50	138.75	158.75	172.50	223.75
67	121.25	150.00	172.50	187.50	242.50
68	131.25	163.75	188.75	205.00	263.75
69	143.75	178.75	206.25	223.75	287.50
70	156.25	195.00	225.00	245.00	315.00
71	171.25	213.75	247.50	268.75	343.75
72	187.50	235.00	272.50	296.25	377.50
73	206.25	258.75	300.00	327.50	415.00
74	227.50	285.00	331.25	361.25	456.25
75	250.00	313.75	365.00	397.50	500.00
76	273.75	345.00	401.25	437.50	548.75
77	298.75	377.50	440.00	480.00	600.00
78	325.00	412.50	481.25	526.25	655.00
79	352.50	450.00	526.25	575.00	713.75
80	382.50				
81	412.50				
82	445.00				
83	478.75				
84	513.75				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0091-B37
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	25.00	27.50	32.50	33.75	35.00
45-49	27.50	31.25	35.00	36.25	40.00
50-54	33.75	38.75	42.50	45.00	51.25
55	38.75	43.75	50.00	55.00	65.00
56	41.25	47.50	55.00	58.75	70.00
57	43.75	51.25	58.75	63.75	77.50
58	48.75	56.25	65.00	68.75	85.00
59	52.50	61.25	70.00	75.00	93.75
60	58.75	68.75	77.50	82.50	102.50
61	63.75	75.00	85.00	90.00	111.25
62	68.75	82.50	92.50	98.75	122.50
63	73.75	88.75	100.00	106.25	131.25
64	77.50	93.75	107.50	115.00	140.00
65	83.75	100.00	115.00	123.75	150.00
66	90.00	108.75	123.75	133.75	161.25
67	97.50	117.50	135.00	145.00	176.25
68	106.25	130.00	148.75	160.00	193.75
69	116.25	141.25	163.75	175.00	211.25
70	126.25	155.00	180.00	192.50	233.75
71	140.00	170.00	197.50	213.75	258.75
72	155.00	190.00	218.75	236.25	286.25
73	172.50	211.25	243.75	263.75	318.75
74	191.25	235.00	272.50	293.75	356.25
75	213.75	261.25	301.25	326.25	395.00
76	236.25	291.25	335.00	361.25	438.75
77	261.25	322.50	370.00	400.00	485.00
78	288.75	356.25	408.75	441.25	535.00
79	317.50	391.25	450.00	485.00	590.00
80	347.50				
81	380.00				
82	413.75				
83	448.75				
84	486.25				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0091-B37
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	47.50	57.50	66.25	72.50	86.25
45-49	51.25	63.75	73.75	80.00	97.50
50-54	63.75	77.50	91.25	98.75	123.75
55	76.25	92.50	107.50	115.00	147.50
56	81.25	98.75	113.75	122.50	157.50
57	86.25	106.25	120.00	130.00	167.50
58	92.50	113.75	130.00	138.75	180.00
59	98.75	120.00	138.75	148.75	191.25
60	105.00	130.00	148.75	160.00	205.00
61	111.25	138.75	158.75	172.50	217.50
62	118.75	147.50	170.00	185.00	233.75
63	126.25	157.50	182.50	197.50	250.00
64	135.00	166.25	193.75	210.00	267.50
65	143.75	177.50	206.25	223.75	286.25
66	155.00	190.00	220.00	238.75	307.50
67	166.25	205.00	236.25	256.25	331.25
68	180.00	220.00	256.25	276.25	357.50
69	192.50	238.75	275.00	298.75	385.00
70	208.75	258.75	298.75	323.75	415.00
71	226.25	281.25	323.75	351.25	450.00
72	245.00	306.25	352.50	383.75	490.00
73	267.50	333.75	386.25	420.00	533.75
74	292.50	366.25	423.75	461.25	583.75
75	318.75	400.00	465.00	506.25	636.25
76	347.50	436.25	508.75	555.00	695.00
77	376.25	476.25	556.25	607.50	757.50
78	407.50	518.75	607.50	663.75	823.75
79	440.00	565.00	661.25	723.75	895.00
80	475.00				
81	510.00				
82	548.75				
83	588.75				
84	630.00				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0091-B37
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	33.75	41.25	47.50	51.25	61.25
45-49	36.25	45.00	52.50	57.50	68.75
50-54	51.25	61.25	72.50	77.50	93.75
55	58.75	72.50	82.50	88.75	113.75
56	61.25	76.25	86.25	93.75	120.00
57	66.25	82.50	92.50	100.00	130.00
58	72.50	90.00	100.00	108.75	140.00
59	77.50	97.50	108.75	117.50	152.50
60	85.00	106.25	118.75	130.00	166.25
61	92.50	115.00	131.25	141.25	181.25
62	100.00	123.75	141.25	152.50	195.00
63	107.50	132.50	151.25	165.00	210.00
64	115.00	141.25	161.25	176.25	226.25
65	122.50	151.25	173.75	188.75	242.50
66	132.50	163.75	186.25	202.50	263.75
67	142.50	176.25	202.50	220.00	285.00
68	155.00	192.50	222.50	241.25	310.00
69	168.75	210.00	242.50	263.75	338.75
70	183.75	230.00	265.00	288.75	370.00
71	201.25	251.25	291.25	316.25	405.00
72	220.00	276.25	320.00	348.75	443.75
73	242.50	305.00	352.50	385.00	488.75
74	267.50	335.00	390.00	425.00	536.25
75	293.75	368.75	430.00	467.50	588.75
76	322.50	406.25	472.50	515.00	645.00
77	351.25	443.75	517.50	565.00	706.25
78	382.50	485.00	566.25	618.75	770.00
79	415.00	530.00	618.75	676.25	840.00
80	450.00				
81	485.00				
82	523.75				
83	563.75				
84	605.00				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0091-B37
Long-Term Care Policy: Facility Only Coverage

WITH SURVIVORSHIP BENEFIT RIDER R1-N0103-SERIES

When this rider is chosen, multiply the final premium by the appropriate factor.

ISSUE AGE	NO INFLATION PROTECTION	SIMPLE INFLATION PROTECTION	COMPOUND INFLATION PROTECTION
18-44	1.11	1.17	1.17
45-49	1.14	1.21	1.21
50-54	1.18	1.28	1.28
55	1.20	1.30	1.30
56	1.20	1.30	1.30
57	1.21	1.30	1.30
58	1.21	1.30	1.30
59	1.21	1.30	1.30
60	1.21	1.30	1.30
61	1.21	1.30	1.30
62	1.21	1.29	1.29
63	1.21	1.29	1.29
64	1.21	1.28	1.28
65	1.20	1.27	1.27
66	1.20	1.26	1.26
67	1.20	1.26	1.26
68	1.19	1.25	1.25
69	1.19	1.24	1.24
70	1.18	1.23	1.23
71	1.18	1.22	1.22
72	1.17	1.20	1.20
73	1.16	1.19	1.19
74	1.16	1.18	1.18
75	1.15	1.17	1.17
76	1.14	1.16	1.16
77	1.13	1.15	1.15
78	1.12	1.14	1.14
79	1.11	1.13	1.13
80	1.10	1.12	1.12
81	1.09	1.11	1.11
82	1.08	1.10	1.10
83	1.07	1.09	1.09
84	1.06	1.08	1.08

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0091-B37
Long-Term Care Policy: Facility Only Coverage

Elimination Period Factors

Rates shown are for 30 day elimination period. Rates for other elimination periods are calculated by multiplying the 30 day rates by the appropriate factor from the following table:

Benefit Maximum	0	14	20	60	90	100	180	365
730x,1095x	1.12	1.07	1.03	0.94	0.90	0.89	0.78	0.67
1460x,1825x	1.10	1.05	1.03	0.95	0.90	0.89	0.79	0.69
Lifetime	1.08	1.04	1.03	0.96	0.92	0.91	0.84	0.75

Table Rating Health Rating Group Factors

Rates shown are for Preferred Rating Group and Select Rating Group. Rates for Table Rating Health Groups 1, 2, 3 and 4 are calculated by multiplying Select rates by 1.25, 1.50, 1.75 and 2.00 respectively.

Spousal Discount

A 20% discount to the rates is available to married couples if both spouses apply for coverage.

Dual Waiver of Premium Rider R1-N0104-Series

An optional dual waiver of premium rider will be offered. If one spouse qualifies for a waiver of premium, the premium of the other spouse will also be waived. If chosen, multiply the final premium by 1.06.

Shared Advantage Rider R1-N0105-Series

This rider will allow two covered spouses to purchase an additional benefit amount that can be used by either spouse after their base benefits are exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Period	No Inflation Protection	With Inflation Protection
730x	1.30	1.35
1095x	1.21	1.25
1460x	1.15	1.18
1825x	1.12	1.14

Restoration of Benefits Rider R1-N0106-Series

This rider restores the maximum lifetime benefit if the insured has not met the stipulated conditions for a period of 180 consecutive days and the maximum lifetime benefit has not been exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	Factor
730x	1.08
1095x	1.06
1460x,1825x	1.04

Cost of Living Increase Rider R1-N0107-Series

This rider allows the insured to increase their policy limits, subject to the terms of the rider, every three years without additional underwriting. The additional premium charged is based on the attained age and incremental increase in the maximum daily facility benefit when exercised. If chosen, multiply the final premium by the appropriate factor:

Age	Factor
18-44	1.15
45-49	1.12
50-55	1.10
56-58	1.09
59-61	1.08
62-64	1.07
65-67	1.06
68-70	1.05
71-73	1.04
74-76	1.03

Modal Factors

Semi-Annual: 0.52; Quarterly: 0.27; Check-A-Matic: 0.09

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604

Supplement to Rate Sheets for Policy Form P1-N0095-B37
PENNSYLVANIA

All rates for this form should be multiplied by a factor of: 1.9425

This factor represents the **proposed** increase of: 29.5%

And the following prior approved rate increases:

Policy Form	Increase Applies to all Policies or Subsets	Rate Increase Approved	Approval Date of Rate Increase
P1-N0095-B37	--Yes--	20.00%	3/14/2013
P1-N0095-B37	--Yes--	25.00%	12/3/2014

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0095-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	19	23	25	27	35
45-49	21	26	28	30	39
50-54	26	31	35	37	48
55	30	36	40	43	57
56	32	38	43	46	60
57	34	41	46	49	65
58	37	44	50	53	70
59	40	48	54	58	76
60	43	52	59	63	83
61	47	56	64	69	90
62	51	61	70	75	98
63	55	66	75	81	106
64	58	70	81	87	113
65	62	75	87	93	121
66	66	81	94	101	131
67	72	88	102	110	143
68	79	96	111	121	157
69	86	105	122	132	172
70	94	115	133	145	189
71	103	127	147	160	208
72	114	141	163	178	231
73	126	157	182	198	257
74	140	175	202	221	285
75	156	194	225	246	316
76	172	215	250	273	350
77	190	238	277	302	387
78	209	263	306	334	426
79	230	289	337	367	468
80	252				
81	275				
82	300				
83	326				
84	354				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0095-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	22	27	30	31	41
45-49	25	30	33	35	45
50-54	29	35	40	43	56
55	34	40	45	49	65
56	36	42	48	52	68
57	38	45	51	55	73
58	41	49	55	59	78
59	44	53	60	65	84
60	47	58	65	70	91
61	51	62	71	77	99
62	55	67	77	83	107
63	59	72	83	89	116
64	63	77	88	95	124
65	68	82	95	101	133
66	72	88	102	109	144
67	78	96	110	119	157
68	85	104	121	131	172
69	93	114	132	143	188
70	102	126	144	157	207
71	111	138	160	173	228
72	123	154	177	193	252
73	137	171	197	215	280
74	151	190	220	239	310
75	168	211	245	266	344
76	185	234	272	296	381
77	205	258	301	328	421
78	225	285	333	363	463
79	247	314	366	399	509
80	270				
81	295				
82	321				
83	348				
84	377				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0095-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	23	28	32	33	43
45-49	26	31	35	37	48
50-54	30	37	42	45	60
55	35	42	47	51	68
56	37	44	50	54	72
57	39	47	53	58	76
58	42	51	57	62	82
59	45	55	62	68	88
60	49	60	68	73	95
61	53	65	74	80	103
62	57	70	80	86	111
63	61	75	86	92	120
64	65	80	91	98	128
65	70	85	98	105	138
66	75	91	105	113	149
67	81	99	114	123	163
68	88	108	125	135	178
69	96	118	136	148	195
70	105	130	149	162	214
71	115	143	165	179	236
72	127	159	183	199	261
73	141	177	204	222	290
74	156	196	227	247	321
75	173	218	253	275	356
76	191	242	281	306	394
77	211	267	311	339	435
78	232	294	344	375	479
79	254	324	379	413	526
80	278				
81	303				
82	330				
83	358				
84	387				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0095-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	36	45	52	57	75
45-49	40	50	58	63	83
50-54	49	61	71	77	106
55	56	71	82	89	123
56	59	75	87	94	129
57	63	80	92	100	137
58	67	85	98	107	145
59	72	91	105	114	154
60	77	97	112	121	164
61	82	104	120	130	175
62	88	111	128	139	187
63	94	118	136	148	200
64	100	126	145	158	213
65	106	134	155	168	227
66	114	143	165	180	243
67	122	154	178	194	262
68	131	166	192	210	283
69	141	178	208	227	305
70	152	193	225	246	329
71	165	209	244	267	357
72	179	227	266	291	388
73	195	248	291	318	423
74	213	271	318	348	461
75	233	296	347	380	503
76	253	324	379	415	548
77	275	353	413	453	596
78	297	385	449	493	647
79	321	418	488	536	702
80	346				
81	371				
82	398				
83	426				
84	455				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0095-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	40	51	59	65	84
45-49	45	56	66	71	94
50-54	55	69	81	88	119
55	62	79	93	101	136
56	65	83	98	106	142
57	69	88	103	112	150
58	73	93	109	119	159
59	78	99	116	126	169
60	84	106	123	134	179
61	90	113	131	142	191
62	96	121	139	152	204
63	102	129	148	161	218
64	108	137	158	172	231
65	115	145	168	183	247
66	123	155	180	197	263
67	132	167	194	212	284
68	142	180	210	230	306
69	153	193	226	248	330
70	165	210	245	268	356
71	178	227	266	291	386
72	194	247	289	317	420
73	211	270	316	346	458
74	230	294	345	378	499
75	251	321	376	412	544
76	273	350	410	449	591
77	295	380	446	489	643
78	319	413	485	532	697
79	343	448	526	577	756
80	370				
81	396				
82	425				
83	454				
84	484				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0095-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	42	53	62	68	88
45-49	47	59	69	75	98
50-54	58	73	85	92	124
55	65	82	97	106	141
56	68	86	102	111	148
57	72	91	107	117	156
58	76	97	113	124	165
59	81	103	120	131	175
60	87	110	127	139	186
61	93	117	135	147	198
62	99	125	144	157	211
63	105	133	153	167	225
64	112	141	163	178	239
65	119	150	174	190	255
66	127	160	187	204	272
67	136	172	201	220	293
68	146	186	217	238	316
69	158	200	234	257	341
70	170	217	253	278	368
71	184	235	275	301	399
72	200	256	299	328	434
73	218	279	326	358	473
74	237	304	356	391	515
75	258	331	388	426	561
76	281	361	423	464	610
77	304	392	460	505	663
78	328	425	500	549	719
79	353	461	542	595	779
80	380				
81	407				
82	436				
83	466				
84	497				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0095-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	27	33	39	42	56
45-49	30	37	43	47	62
50-54	39	48	55	61	80
55	45	55	64	70	95
56	47	58	67	73	101
57	50	62	72	78	108
58	54	67	78	84	116
59	58	72	84	91	125
60	63	79	91	99	134
61	69	85	99	107	145
62	74	92	107	116	156
63	79	99	115	124	168
64	85	106	123	133	180
65	90	113	131	142	193
66	97	122	141	153	208
67	105	132	153	166	226
68	114	144	167	181	246
69	124	157	182	198	268
70	135	171	199	217	293
71	148	188	218	238	320
72	162	206	240	262	351
73	178	227	264	289	386
74	196	249	291	318	423
75	215	274	320	350	464
76	236	300	351	385	509
77	257	329	385	422	556
78	279	359	421	462	607
79	303	392	459	504	660
80	328				
81	354				
82	381				
83	409				
84	439				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0095-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	31	39	45	48	64
45-49	35	43	49	54	71
50-54	43	54	63	69	90
55	50	62	72	78	106
56	53	66	76	83	112
57	56	70	81	88	120
58	60	75	87	95	128
59	64	80	93	102	137
60	69	87	101	110	147
61	75	93	109	119	158
62	80	100	117	128	169
63	86	107	126	137	182
64	92	115	134	146	195
65	98	123	143	156	208
66	106	133	154	168	225
67	115	143	167	181	244
68	125	156	182	198	266
69	135	170	198	216	290
70	146	185	216	235	316
71	159	203	236	258	346
72	174	222	260	284	379
73	191	245	286	313	416
74	210	269	314	344	457
75	231	295	346	379	501
76	253	323	380	417	549
77	276	354	416	456	600
78	299	387	455	499	655
79	325	422	496	545	713
80	351				
81	379				
82	407				
83	436				
84	468				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0095-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	33	41	47	51	68
45-49	37	45	52	57	75
50-54	45	56	66	72	94
55	52	65	76	82	111
56	55	69	80	87	117
57	58	73	85	92	125
58	62	78	91	99	133
59	67	84	97	106	142
60	72	90	105	115	152
61	77	97	113	124	163
62	83	104	121	133	175
63	89	111	130	142	188
64	95	119	139	152	201
65	102	127	148	162	215
66	110	137	160	174	232
67	119	148	173	188	252
68	129	161	188	205	274
69	139	175	205	223	299
70	151	191	223	243	326
71	164	209	244	267	357
72	179	229	268	293	391
73	197	252	295	323	429
74	216	277	324	355	472
75	238	304	357	391	517
76	260	333	392	430	566
77	284	365	429	471	619
78	308	399	469	515	675
79	334	435	512	563	735
80	361				
81	389				
82	418				
83	448				
84	480				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0095-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	22	27	29	32	41
45-49	25	31	33	35	46
50-54	31	36	41	44	56
55	35	42	47	51	67
56	38	45	51	54	71
57	40	48	54	58	76
58	44	52	59	62	82
59	47	56	64	68	89
60	51	61	69	74	98
61	55	66	75	81	106
62	60	72	82	88	115
63	65	78	88	95	125
64	68	82	95	102	133
65	73	88	102	109	142
66	78	95	111	119	154
67	85	104	120	129	168
68	93	113	131	142	185
69	101	124	144	155	202
70	111	135	156	171	222
71	121	149	173	188	245
72	134	166	192	209	272
73	148	185	214	233	302
74	165	206	238	260	335
75	184	228	265	289	372
76	202	253	294	321	412
77	224	280	326	355	455
78	246	309	360	393	501
79	271	340	396	432	551
80	296				
81	324				
82	353				
83	384				
84	416				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
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Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	26	32	35	36	48
45-49	29	35	39	41	53
50-54	34	41	47	51	66
55	40	47	53	58	76
56	42	49	56	61	80
57	45	53	60	65	86
58	48	58	65	69	92
59	52	62	71	76	99
60	55	68	76	82	107
61	60	73	84	91	116
62	65	79	91	98	126
63	69	85	98	105	136
64	74	91	104	112	146
65	80	96	112	119	156
66	85	104	120	128	169
67	92	113	129	140	185
68	100	122	142	154	202
69	109	134	155	168	221
70	120	148	169	185	244
71	131	162	188	204	268
72	145	181	208	227	296
73	161	201	232	253	329
74	178	224	259	281	365
75	198	248	288	313	405
76	218	275	320	348	448
77	241	304	354	386	495
78	265	335	392	427	545
79	291	369	431	469	599
80	318				
81	347				
82	378				
83	409				
84	444				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0095-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	27	33	38	39	51
45-49	31	36	41	44	56
50-54	35	44	49	53	71
55	41	49	55	60	80
56	44	52	59	64	85
57	46	55	62	68	89
58	49	60	67	73	96
59	53	65	73	80	104
60	58	71	80	86	112
61	62	76	87	94	121
62	67	82	94	101	131
63	72	88	101	108	141
64	76	94	107	115	151
65	82	100	115	124	162
66	88	107	124	133	175
67	95	116	134	145	192
68	104	127	147	159	209
69	113	139	160	174	229
70	124	153	175	191	252
71	135	168	194	211	278
72	149	187	215	234	307
73	166	208	240	261	341
74	184	231	267	291	378
75	204	256	298	324	419
76	225	285	331	360	464
77	248	314	366	399	512
78	273	346	405	441	564
79	299	381	446	486	619
80	327				
81	356				
82	388				
83	421				
84	455				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0095-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	42	53	61	67	88
45-49	47	59	68	74	98
50-54	58	72	84	91	125
55	66	84	96	105	145
56	69	88	102	111	152
57	74	94	108	118	161
58	79	100	115	126	171
59	85	107	124	134	181
60	91	114	132	142	193
61	96	122	141	153	206
62	104	131	151	164	220
63	111	139	160	174	235
64	118	148	171	186	251
65	125	158	182	198	267
66	134	168	194	212	286
67	144	181	209	228	308
68	154	195	226	247	333
69	166	209	245	267	359
70	179	227	265	289	387
71	194	246	287	314	420
72	211	267	313	342	456
73	229	292	342	374	498
74	251	319	374	409	542
75	274	348	408	447	592
76	298	381	446	488	645
77	324	415	486	533	701
78	349	453	528	580	761
79	378	492	574	631	826
80	407				
81	436				
82	468				
83	501				
84	535				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0095-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	47	60	69	76	99
45-49	53	66	78	84	111
50-54	65	81	95	104	140
55	73	93	109	119	160
56	76	98	115	125	167
57	81	104	121	132	176
58	86	109	128	140	187
59	92	116	136	148	199
60	99	125	145	158	211
61	106	133	154	167	225
62	113	142	164	179	240
63	120	152	174	189	256
64	127	161	186	202	272
65	135	171	198	215	291
66	145	182	212	232	309
67	155	196	228	249	334
68	167	212	247	271	360
69	180	227	266	292	388
70	194	247	288	315	419
71	209	267	313	342	454
72	228	291	340	373	494
73	248	318	372	407	539
74	271	346	406	445	587
75	295	378	442	485	640
76	321	412	482	528	695
77	347	447	525	575	756
78	375	486	571	626	820
79	404	527	619	679	889
80	435				
81	466				
82	500				
83	534				
84	569				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0095-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	49	62	73	80	104
45-49	55	69	81	88	115
50-54	68	86	100	108	146
55	76	96	114	125	166
56	80	101	120	131	174
57	85	107	126	138	184
58	89	114	133	146	194
59	95	121	141	154	206
60	102	129	149	164	219
61	109	138	159	173	233
62	116	147	169	185	248
63	124	156	180	196	265
64	132	166	192	209	281
65	140	176	205	224	300
66	149	188	220	240	320
67	160	202	236	259	345
68	172	219	255	280	372
69	186	235	275	302	401
70	200	255	298	327	433
71	216	276	324	354	469
72	235	301	352	386	511
73	256	328	384	421	556
74	279	358	419	460	606
75	304	389	456	501	660
76	331	425	498	546	718
77	358	461	541	594	780
78	386	500	588	646	846
79	415	542	638	700	916
80	447				
81	479				
82	513				
83	548				
84	585				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0095-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	32	39	46	49	66
45-49	35	44	51	55	73
50-54	46	56	65	72	94
55	53	65	75	82	112
56	55	68	79	86	119
57	59	73	85	92	127
58	64	79	92	99	136
59	68	85	99	107	147
60	74	93	107	116	158
61	81	100	116	126	171
62	87	108	126	136	184
63	93	116	135	146	198
64	100	125	145	156	212
65	106	133	154	167	227
66	114	144	166	180	245
67	124	155	180	195	266
68	134	169	196	213	289
69	146	185	214	233	315
70	159	201	234	255	345
71	174	221	256	280	376
72	191	242	282	308	413
73	209	267	311	340	454
74	231	293	342	374	498
75	253	322	376	412	546
76	278	353	413	453	599
77	302	387	453	496	654
78	328	422	495	544	714
79	356	461	540	593	776
80	386				
81	416				
82	448				
83	481				
84	516				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0095-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	36	46	53	56	75
45-49	41	51	58	64	84
50-54	51	64	74	81	106
55	59	73	85	92	125
56	62	78	89	98	132
57	66	82	95	104	141
58	71	88	102	112	151
59	75	94	109	120	161
60	81	102	119	129	173
61	88	109	128	140	186
62	94	118	138	151	199
63	101	126	148	161	214
64	108	135	158	172	229
65	115	145	168	184	245
66	125	156	181	198	265
67	135	168	196	213	287
68	147	184	214	233	313
69	159	200	233	254	341
70	172	218	254	276	372
71	187	239	278	304	407
72	205	261	306	334	446
73	225	288	336	368	489
74	247	316	369	405	538
75	272	347	407	446	589
76	298	380	447	491	646
77	325	416	489	536	706
78	352	455	535	587	771
79	382	496	584	641	839
80	413				
81	446				
82	479				
83	513				
84	551				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0095-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	39	48	55	60	80
45-49	44	53	61	67	88
50-54	53	66	78	85	111
55	61	76	89	96	131
56	65	81	94	102	138
57	68	86	100	108	147
58	73	92	107	116	156
59	79	99	114	125	167
60	85	106	124	135	179
61	91	114	133	146	192
62	98	122	142	156	206
63	105	131	153	167	221
64	112	140	164	179	236
65	120	149	174	191	253
66	129	161	188	205	273
67	140	174	204	221	296
68	152	189	221	241	322
69	164	206	241	262	352
70	178	225	262	286	384
71	193	246	287	314	420
72	211	269	315	345	460
73	232	296	347	380	505
74	254	326	381	418	555
75	280	358	420	460	608
76	306	392	461	506	666
77	334	429	505	554	728
78	362	469	552	606	794
79	393	512	602	662	865
80	425				
81	458				
82	492				
83	527				
84	565				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0095-B37
Long-Term Care Policy

WITH SURVIVORSHIP BENEFIT RIDER R1-N0103-SERIES

When this rider is chosen, multiply the final premium by the appropriate factor.

ISSUE AGE	NO INFLATION PROTECTION	SIMPLE INFLATION PROTECTION	COMPOUND INFLATION PROTECTION
18-44	1.11	1.17	1.17
45-49	1.14	1.21	1.21
50-54	1.18	1.28	1.28
55	1.20	1.30	1.30
56	1.20	1.30	1.30
57	1.21	1.30	1.30
58	1.21	1.30	1.30
59	1.21	1.30	1.30
60	1.21	1.30	1.30
61	1.21	1.30	1.30
62	1.21	1.29	1.29
63	1.21	1.29	1.29
64	1.21	1.28	1.28
65	1.20	1.27	1.27
66	1.20	1.26	1.26
67	1.20	1.26	1.26
68	1.19	1.25	1.25
69	1.19	1.24	1.24
70	1.18	1.23	1.23
71	1.18	1.22	1.22
72	1.17	1.20	1.20
73	1.16	1.19	1.19
74	1.16	1.18	1.18
75	1.15	1.17	1.17
76	1.14	1.16	1.16
77	1.13	1.15	1.15
78	1.12	1.14	1.14
79	1.11	1.13	1.13
80	1.10	1.12	1.12
81	1.09	1.11	1.11
82	1.08	1.10	1.10
83	1.07	1.09	1.09
84	1.06	1.08	1.08

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0095-B37
Long-Term Care Policy

Elimination Period Factors

Rates shown are for 30 day elimination period. Rates for other elimination periods are calculated by multiplying the 30 day rates by the appropriate factor from the following table:

Benefit Maximum	0	14	20	60	90	100	180	365
730x,1095x	1.12	1.07	1.03	0.94	0.90	0.89	0.78	0.67
1460x,1825x	1.10	1.05	1.03	0.95	0.90	0.89	0.79	0.69
Lifetime	1.08	1.04	1.03	0.96	0.92	0.91	0.84	0.75

Table Rating Health Rating Group Factors

Rates shown are for Preferred Rating Group and Select Rating Group. Rates for Table Rating Health Groups 1, 2, 3 and 4 are calculated by multiplying Select rates by 1.25, 1.50, 1.75 and 2.00 respectively.

Spousal Discount

A 20% discount to the rates is available to married couples if both spouses apply for coverage.

Dual Waiver of Premium Rider R1-N0104-Series

An optional dual waiver of premium rider will be offered. If one spouse qualifies for a waiver of premium, the premium of the other spouse will also be waived. If chosen, multiply the final premium by 1.06.

Shared Advantage Rider R1-N0105-Series

This rider will allow two covered spouses to purchase an additional benefit amount that can be used by either spouse after their base benefits are exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	No Inflation Protection	With Inflation Protection
730x	1.30	1.35
1095x	1.21	1.25
1460x	1.15	1.18
1825x	1.12	1.14

Restoration of Benefits Rider R1-N0106-Series

This rider restores the maximum lifetime benefit if the insured has not met the stipulated conditions for a period of 180 consecutive days and the maximum lifetime benefit has not been exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	Factor
730x	1.08
1095x	1.06
1460x,1825x	1.04

Cost of Living Increase Rider R1-N0107-Series

This rider allows the insured to increase their policy limits, subject to the terms of the rider, every three years without additional underwriting. The additional premium charged is based on the attained age and incremental increase in the maximum daily facility benefit when exercised. If chosen, multiply the final premium by the appropriate factor:

Age	Factor
18-44	1.15
45-49	1.12
50-55	1.10
56-58	1.09
59-61	1.08
62-64	1.07
65-67	1.06
68-70	1.05
71-73	1.04
74-76	1.03

Modal Factors

Semi-Annual: 0.52; Quarterly: 0.27; Check-A-Matic: 0.09

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604

Supplement to Rate Sheets for Policy Form P1-N0096-B37
PENNSYLVANIA

All rates for this form should be multiplied by a factor of: 1.9425

This factor represents the **proposed** increase of: 29.5%

And the following prior approved rate increases:

Policy Form	Increase Applies to all Policies or Subsets	Rate Increase Approved	Approval Date of Rate Increase
P1-N0096-B37	--Yes--	20.00%	3/14/2013
P1-N0096-B37	--Yes--	25.00%	12/3/2014

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0096-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	23.75	28.75	31.25	33.75	43.75
45-49	26.25	32.50	35.00	37.50	48.75
50-54	32.50	38.75	43.75	46.25	60.00
55	37.50	45.00	50.00	53.75	71.25
56	40.00	47.50	53.75	57.50	75.00
57	42.50	51.25	57.50	61.25	81.25
58	46.25	55.00	62.50	66.25	87.50
59	50.00	60.00	67.50	72.50	95.00
60	53.75	65.00	73.75	78.75	103.75
61	58.75	70.00	80.00	86.25	112.50
62	63.75	76.25	87.50	93.75	122.50
63	68.75	82.50	93.75	101.25	132.50
64	72.50	87.50	101.25	108.75	141.25
65	77.50	93.75	108.75	116.25	151.25
66	82.50	101.25	117.50	126.25	163.75
67	90.00	110.00	127.50	137.50	178.75
68	98.75	120.00	138.75	151.25	196.25
69	107.50	131.25	152.50	165.00	215.00
70	117.50	143.75	166.25	181.25	236.25
71	128.75	158.75	183.75	200.00	260.00
72	142.50	176.25	203.75	222.50	288.75
73	157.50	196.25	227.50	247.50	321.25
74	175.00	218.75	252.50	276.25	356.25
75	195.00	242.50	281.25	307.50	395.00
76	215.00	268.75	312.50	341.25	437.50
77	237.50	297.50	346.25	377.50	483.75
78	261.25	328.75	382.50	417.50	532.50
79	287.50	361.25	421.25	458.75	585.00
80	315.00				
81	343.75				
82	375.00				
83	407.50				
84	442.50				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0096-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	27.50	33.75	37.50	38.75	51.25
45-49	31.25	37.50	41.25	43.75	56.25
50-54	36.25	43.75	50.00	53.75	70.00
55	42.50	50.00	56.25	61.25	81.25
56	45.00	52.50	60.00	65.00	85.00
57	47.50	56.25	63.75	68.75	91.25
58	51.25	61.25	68.75	73.75	97.50
59	55.00	66.25	75.00	81.25	105.00
60	58.75	72.50	81.25	87.50	113.75
61	63.75	77.50	88.75	96.25	123.75
62	68.75	83.75	96.25	103.75	133.75
63	73.75	90.00	103.75	111.25	145.00
64	78.75	96.25	110.00	118.75	155.00
65	85.00	102.50	118.75	126.25	166.25
66	90.00	110.00	127.50	136.25	180.00
67	97.50	120.00	137.50	148.75	196.25
68	106.25	130.00	151.25	163.75	215.00
69	116.25	142.50	165.00	178.75	235.00
70	127.50	157.50	180.00	196.25	258.75
71	138.75	172.50	200.00	216.25	285.00
72	153.75	192.50	221.25	241.25	315.00
73	171.25	213.75	246.25	268.75	350.00
74	188.75	237.50	275.00	298.75	387.50
75	210.00	263.75	306.25	332.50	430.00
76	231.25	292.50	340.00	370.00	476.25
77	256.25	322.50	376.25	410.00	526.25
78	281.25	356.25	416.25	453.75	578.75
79	308.75	392.50	457.50	498.75	636.25
80	337.50				
81	368.75				
82	401.25				
83	435.00				
84	471.25				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0096-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	28.75	35.00	40.00	41.25	53.75
45-49	32.50	38.75	43.75	46.25	60.00
50-54	37.50	46.25	52.50	56.25	75.00
55	43.75	52.50	58.75	63.75	85.00
56	46.25	55.00	62.50	67.50	90.00
57	48.75	58.75	66.25	72.50	95.00
58	52.50	63.75	71.25	77.50	102.50
59	56.25	68.75	77.50	85.00	110.00
60	61.25	75.00	85.00	91.25	118.75
61	66.25	81.25	92.50	100.00	128.75
62	71.25	87.50	100.00	107.50	138.75
63	76.25	93.75	107.50	115.00	150.00
64	81.25	100.00	113.75	122.50	160.00
65	87.50	106.25	122.50	131.25	172.50
66	93.75	113.75	131.25	141.25	186.25
67	101.25	123.75	142.50	153.75	203.75
68	110.00	135.00	156.25	168.75	222.50
69	120.00	147.50	170.00	185.00	243.75
70	131.25	162.50	186.25	202.50	267.50
71	143.75	178.75	206.25	223.75	295.00
72	158.75	198.75	228.75	248.75	326.25
73	176.25	221.25	255.00	277.50	362.50
74	195.00	245.00	283.75	308.75	401.25
75	216.25	272.50	316.25	343.75	445.00
76	238.75	302.50	351.25	382.50	492.50
77	263.75	333.75	388.75	423.75	543.75
78	290.00	367.50	430.00	468.75	598.75
79	317.50	405.00	473.75	516.25	657.50
80	347.50				
81	378.75				
82	412.50				
83	447.50				
84	483.75				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0096-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	45.00	56.25	65.00	71.25	93.75
45-49	50.00	62.50	72.50	78.75	103.75
50-54	61.25	76.25	88.75	96.25	132.50
55	70.00	88.75	102.50	111.25	153.75
56	73.75	93.75	108.75	117.50	161.25
57	78.75	100.00	115.00	125.00	171.25
58	83.75	106.25	122.50	133.75	181.25
59	90.00	113.75	131.25	142.50	192.50
60	96.25	121.25	140.00	151.25	205.00
61	102.50	130.00	150.00	162.50	218.75
62	110.00	138.75	160.00	173.75	233.75
63	117.50	147.50	170.00	185.00	250.00
64	125.00	157.50	181.25	197.50	266.25
65	132.50	167.50	193.75	210.00	283.75
66	142.50	178.75	206.25	225.00	303.75
67	152.50	192.50	222.50	242.50	327.50
68	163.75	207.50	240.00	262.50	353.75
69	176.25	222.50	260.00	283.75	381.25
70	190.00	241.25	281.25	307.50	411.25
71	206.25	261.25	305.00	333.75	446.25
72	223.75	283.75	332.50	363.75	485.00
73	243.75	310.00	363.75	397.50	528.75
74	266.25	338.75	397.50	435.00	576.25
75	291.25	370.00	433.75	475.00	628.75
76	316.25	405.00	473.75	518.75	685.00
77	343.75	441.25	516.25	566.25	745.00
78	371.25	481.25	561.25	616.25	808.75
79	401.25	522.50	610.00	670.00	877.50
80	432.50				
81	463.75				
82	497.50				
83	532.50				
84	568.75				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0096-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	50.00	63.75	73.75	81.25	105.00
45-49	56.25	70.00	82.50	88.75	117.50
50-54	68.75	86.25	101.25	110.00	148.75
55	77.50	98.75	116.25	126.25	170.00
56	81.25	103.75	122.50	132.50	177.50
57	86.25	110.00	128.75	140.00	187.50
58	91.25	116.25	136.25	148.75	198.75
59	97.50	123.75	145.00	157.50	211.25
60	105.00	132.50	153.75	167.50	223.75
61	112.50	141.25	163.75	177.50	238.75
62	120.00	151.25	173.75	190.00	255.00
63	127.50	161.25	185.00	201.25	272.50
64	135.00	171.25	197.50	215.00	288.75
65	143.75	181.25	210.00	228.75	308.75
66	153.75	193.75	225.00	246.25	328.75
67	165.00	208.75	242.50	265.00	355.00
68	177.50	225.00	262.50	287.50	382.50
69	191.25	241.25	282.50	310.00	412.50
70	206.25	262.50	306.25	335.00	445.00
71	222.50	283.75	332.50	363.75	482.50
72	242.50	308.75	361.25	396.25	525.00
73	263.75	337.50	395.00	432.50	572.50
74	287.50	367.50	431.25	472.50	623.75
75	313.75	401.25	470.00	515.00	680.00
76	341.25	437.50	512.50	561.25	738.75
77	368.75	475.00	557.50	611.25	803.75
78	398.75	516.25	606.25	665.00	871.25
79	428.75	560.00	657.50	721.25	945.00
80	462.50				
81	495.00				
82	531.25				
83	567.50				
84	605.00				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0096-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	52.50	66.25	77.50	85.00	110.00
45-49	58.75	73.75	86.25	93.75	122.50
50-54	72.50	91.25	106.25	115.00	155.00
55	81.25	102.50	121.25	132.50	176.25
56	85.00	107.50	127.50	138.75	185.00
57	90.00	113.75	133.75	146.25	195.00
58	95.00	121.25	141.25	155.00	206.25
59	101.25	128.75	150.00	163.75	218.75
60	108.75	137.50	158.75	173.75	232.50
61	116.25	146.25	168.75	183.75	247.50
62	123.75	156.25	180.00	196.25	263.75
63	131.25	166.25	191.25	208.75	281.25
64	140.00	176.25	203.75	222.50	298.75
65	148.75	187.50	217.50	237.50	318.75
66	158.75	200.00	233.75	255.00	340.00
67	170.00	215.00	251.25	275.00	366.25
68	182.50	232.50	271.25	297.50	395.00
69	197.50	250.00	292.50	321.25	426.25
70	212.50	271.25	316.25	347.50	460.00
71	230.00	293.75	343.75	376.25	498.75
72	250.00	320.00	373.75	410.00	542.50
73	272.50	348.75	407.50	447.50	591.25
74	296.25	380.00	445.00	488.75	643.75
75	322.50	413.75	485.00	532.50	701.25
76	351.25	451.25	528.75	580.00	762.50
77	380.00	490.00	575.00	631.25	828.75
78	410.00	531.25	625.00	686.25	898.75
79	441.25	576.25	677.50	743.75	973.75
80	475.00				
81	508.75				
82	545.00				
83	582.50				
84	621.25				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0096-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	33.75	41.25	48.75	52.50	70.00
45-49	37.50	46.25	53.75	58.75	77.50
50-54	48.75	60.00	68.75	76.25	100.00
55	56.25	68.75	80.00	87.50	118.75
56	58.75	72.50	83.75	91.25	126.25
57	62.50	77.50	90.00	97.50	135.00
58	67.50	83.75	97.50	105.00	145.00
59	72.50	90.00	105.00	113.75	156.25
60	78.75	98.75	113.75	123.75	167.50
61	86.25	106.25	123.75	133.75	181.25
62	92.50	115.00	133.75	145.00	195.00
63	98.75	123.75	143.75	155.00	210.00
64	106.25	132.50	153.75	166.25	225.00
65	112.50	141.25	163.75	177.50	241.25
66	121.25	152.50	176.25	191.25	260.00
67	131.25	165.00	191.25	207.50	282.50
68	142.50	180.00	208.75	226.25	307.50
69	155.00	196.25	227.50	247.50	335.00
70	168.75	213.75	248.75	271.25	366.25
71	185.00	235.00	272.50	297.50	400.00
72	202.50	257.50	300.00	327.50	438.75
73	222.50	283.75	330.00	361.25	482.50
74	245.00	311.25	363.75	397.50	528.75
75	268.75	342.50	400.00	437.50	580.00
76	295.00	375.00	438.75	481.25	636.25
77	321.25	411.25	481.25	527.50	695.00
78	348.75	448.75	526.25	577.50	758.75
79	378.75	490.00	573.75	630.00	825.00
80	410.00				
81	442.50				
82	476.25				
83	511.25				
84	548.75				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0096-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	38.75	48.75	56.25	60.00	80.00
45-49	43.75	53.75	61.25	67.50	88.75
50-54	53.75	67.50	78.75	86.25	112.50
55	62.50	77.50	90.00	97.50	132.50
56	66.25	82.50	95.00	103.75	140.00
57	70.00	87.50	101.25	110.00	150.00
58	75.00	93.75	108.75	118.75	160.00
59	80.00	100.00	116.25	127.50	171.25
60	86.25	108.75	126.25	137.50	183.75
61	93.75	116.25	136.25	148.75	197.50
62	100.00	125.00	146.25	160.00	211.25
63	107.50	133.75	157.50	171.25	227.50
64	115.00	143.75	167.50	182.50	243.75
65	122.50	153.75	178.75	195.00	260.00
66	132.50	166.25	192.50	210.00	281.25
67	143.75	178.75	208.75	226.25	305.00
68	156.25	195.00	227.50	247.50	332.50
69	168.75	212.50	247.50	270.00	362.50
70	182.50	231.25	270.00	293.75	395.00
71	198.75	253.75	295.00	322.50	432.50
72	217.50	277.50	325.00	355.00	473.75
73	238.75	306.25	357.50	391.25	520.00
74	262.50	336.25	392.50	430.00	571.25
75	288.75	368.75	432.50	473.75	626.25
76	316.25	403.75	475.00	521.25	686.25
77	345.00	442.50	520.00	570.00	750.00
78	373.75	483.75	568.75	623.75	818.75
79	406.25	527.50	620.00	681.25	891.25
80	438.75				
81	473.75				
82	508.75				
83	545.00				
84	585.00				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0096-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	41.25	51.25	58.75	63.75	85.00
45-49	46.25	56.25	65.00	71.25	93.75
50-54	56.25	70.00	82.50	90.00	117.50
55	65.00	81.25	95.00	102.50	138.75
56	68.75	86.25	100.00	108.75	146.25
57	72.50	91.25	106.25	115.00	156.25
58	77.50	97.50	113.75	123.75	166.25
59	83.75	105.00	121.25	132.50	177.50
60	90.00	112.50	131.25	143.75	190.00
61	96.25	121.25	141.25	155.00	203.75
62	103.75	130.00	151.25	166.25	218.75
63	111.25	138.75	162.50	177.50	235.00
64	118.75	148.75	173.75	190.00	251.25
65	127.50	158.75	185.00	202.50	268.75
66	137.50	171.25	200.00	217.50	290.00
67	148.75	185.00	216.25	235.00	315.00
68	161.25	201.25	235.00	256.25	342.50
69	173.75	218.75	256.25	278.75	373.75
70	188.75	238.75	278.75	303.75	407.50
71	205.00	261.25	305.00	333.75	446.25
72	223.75	286.25	335.00	366.25	488.75
73	246.25	315.00	368.75	403.75	536.25
74	270.00	346.25	405.00	443.75	590.00
75	297.50	380.00	446.25	488.75	646.25
76	325.00	416.25	490.00	537.50	707.50
77	355.00	456.25	536.25	588.75	773.75
78	385.00	498.75	586.25	643.75	843.75
79	417.50	543.75	640.00	703.75	918.75
80	451.25				
81	486.25				
82	522.50				
83	560.00				
84	600.00				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0096-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	27.50	33.75	36.25	40.00	51.25
45-49	31.25	38.75	41.25	43.75	57.50
50-54	38.75	45.00	51.25	55.00	70.00
55	43.75	52.50	58.75	63.75	83.75
56	47.50	56.25	63.75	67.50	88.75
57	50.00	60.00	67.50	72.50	95.00
58	55.00	65.00	73.75	77.50	102.50
59	58.75	70.00	80.00	85.00	111.25
60	63.75	76.25	86.25	92.50	122.50
61	68.75	82.50	93.75	101.25	132.50
62	75.00	90.00	102.50	110.00	143.75
63	81.25	97.50	110.00	118.75	156.25
64	85.00	102.50	118.75	127.50	166.25
65	91.25	110.00	127.50	136.25	177.50
66	97.50	118.75	138.75	148.75	192.50
67	106.25	130.00	150.00	161.25	210.00
68	116.25	141.25	163.75	177.50	231.25
69	126.25	155.00	180.00	193.75	252.50
70	138.75	168.75	195.00	213.75	277.50
71	151.25	186.25	216.25	235.00	306.25
72	167.50	207.50	240.00	261.25	340.00
73	185.00	231.25	267.50	291.25	377.50
74	206.25	257.50	297.50	325.00	418.75
75	230.00	285.00	331.25	361.25	465.00
76	252.50	316.25	367.50	401.25	515.00
77	280.00	350.00	407.50	443.75	568.75
78	307.50	386.25	450.00	491.25	626.25
79	338.75	425.00	495.00	540.00	688.75
80	370.00				
81	405.00				
82	441.25				
83	480.00				
84	520.00				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0096-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	32.50	40.00	43.75	45.00	60.00
45-49	36.25	43.75	48.75	51.25	66.25
50-54	42.50	51.25	58.75	63.75	82.50
55	50.00	58.75	66.25	72.50	95.00
56	52.50	61.25	70.00	76.25	100.00
57	56.25	66.25	75.00	81.25	107.50
58	60.00	72.50	81.25	86.25	115.00
59	65.00	77.50	88.75	95.00	123.75
60	68.75	85.00	95.00	102.50	133.75
61	75.00	91.25	105.00	113.75	145.00
62	81.25	98.75	113.75	122.50	157.50
63	86.25	106.25	122.50	131.25	170.00
64	92.50	113.75	130.00	140.00	182.50
65	100.00	120.00	140.00	148.75	195.00
66	106.25	130.00	150.00	160.00	211.25
67	115.00	141.25	161.25	175.00	231.25
68	125.00	152.50	177.50	192.50	252.50
69	136.25	167.50	193.75	210.00	276.25
70	150.00	185.00	211.25	231.25	305.00
71	163.75	202.50	235.00	255.00	335.00
72	181.25	226.25	260.00	283.75	370.00
73	201.25	251.25	290.00	316.25	411.25
74	222.50	280.00	323.75	351.25	456.25
75	247.50	310.00	360.00	391.25	506.25
76	272.50	343.75	400.00	435.00	560.00
77	301.25	380.00	442.50	482.50	618.75
78	331.25	418.75	490.00	533.75	681.25
79	363.75	461.25	538.75	586.25	748.75
80	397.50				
81	433.75				
82	472.50				
83	511.25				
84	555.00				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0096-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	33.75	41.25	47.50	48.75	63.75
45-49	38.75	45.00	51.25	55.00	70.00
50-54	43.75	55.00	61.25	66.25	88.75
55	51.25	61.25	68.75	75.00	100.00
56	55.00	65.00	73.75	80.00	106.25
57	57.50	68.75	77.50	85.00	111.25
58	61.25	75.00	83.75	91.25	120.00
59	66.25	81.25	91.25	100.00	130.00
60	72.50	88.75	100.00	107.50	140.00
61	77.50	95.00	108.75	117.50	151.25
62	83.75	102.50	117.50	126.25	163.75
63	90.00	110.00	126.25	135.00	176.25
64	95.00	117.50	133.75	143.75	188.75
65	102.50	125.00	143.75	155.00	202.50
66	110.00	133.75	155.00	166.25	218.75
67	118.75	145.00	167.50	181.25	240.00
68	130.00	158.75	183.75	198.75	261.25
69	141.25	173.75	200.00	217.50	286.25
70	155.00	191.25	218.75	238.75	315.00
71	168.75	210.00	242.50	263.75	347.50
72	186.25	233.75	268.75	292.50	383.75
73	207.50	260.00	300.00	326.25	426.25
74	230.00	288.75	333.75	363.75	472.50
75	255.00	320.00	372.50	405.00	523.75
76	281.25	356.25	413.75	450.00	580.00
77	310.00	392.50	457.50	498.75	640.00
78	341.25	432.50	506.25	551.25	705.00
79	373.75	476.25	557.50	607.50	773.75
80	408.75				
81	445.00				
82	485.00				
83	526.25				
84	568.75				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0096-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	52.50	66.25	76.25	83.75	110.00
45-49	58.75	73.75	85.00	92.50	122.50
50-54	72.50	90.00	105.00	113.75	156.25
55	82.50	105.00	120.00	131.25	181.25
56	86.25	110.00	127.50	138.75	190.00
57	92.50	117.50	135.00	147.50	201.25
58	98.75	125.00	143.75	157.50	213.75
59	106.25	133.75	155.00	167.50	226.25
60	113.75	142.50	165.00	177.50	241.25
61	120.00	152.50	176.25	191.25	257.50
62	130.00	163.75	188.75	205.00	275.00
63	138.75	173.75	200.00	217.50	293.75
64	147.50	185.00	213.75	232.50	313.75
65	156.25	197.50	227.50	247.50	333.75
66	167.50	210.00	242.50	265.00	357.50
67	180.00	226.25	261.25	285.00	385.00
68	192.50	243.75	282.50	308.75	416.25
69	207.50	261.25	306.25	333.75	448.75
70	223.75	283.75	331.25	361.25	483.75
71	242.50	307.50	358.75	392.50	525.00
72	263.75	333.75	391.25	427.50	570.00
73	286.25	365.00	427.50	467.50	622.50
74	313.75	398.75	467.50	511.25	677.50
75	342.50	435.00	510.00	558.75	740.00
76	372.50	476.25	557.50	610.00	806.25
77	405.00	518.75	607.50	666.25	876.25
78	436.25	566.25	660.00	725.00	951.25
79	472.50	615.00	717.50	788.75	1032.50
80	508.75				
81	545.00				
82	585.00				
83	626.25				
84	668.75				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0096-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	58.75	75.00	86.25	95.00	123.75
45-49	66.25	82.50	97.50	105.00	138.75
50-54	81.25	101.25	118.75	130.00	175.00
55	91.25	116.25	136.25	148.75	200.00
56	95.00	122.50	143.75	156.25	208.75
57	101.25	130.00	151.25	165.00	220.00
58	107.50	136.25	160.00	175.00	233.75
59	115.00	145.00	170.00	185.00	248.75
60	123.75	156.25	181.25	197.50	263.75
61	132.50	166.25	192.50	208.75	281.25
62	141.25	177.50	205.00	223.75	300.00
63	150.00	190.00	217.50	236.25	320.00
64	158.75	201.25	232.50	252.50	340.00
65	168.75	213.75	247.50	268.75	363.75
66	181.25	227.50	265.00	290.00	386.25
67	193.75	245.00	285.00	311.25	417.50
68	208.75	265.00	308.75	338.75	450.00
69	225.00	283.75	332.50	365.00	485.00
70	242.50	308.75	360.00	393.75	523.75
71	261.25	333.75	391.25	427.50	567.50
72	285.00	363.75	425.00	466.25	617.50
73	310.00	397.50	465.00	508.75	673.75
74	338.75	432.50	507.50	556.25	733.75
75	368.75	472.50	552.50	606.25	800.00
76	401.25	515.00	602.50	660.00	868.75
77	433.75	558.75	656.25	718.75	945.00
78	468.75	607.50	713.75	782.50	1025.00
79	505.00	658.75	773.75	848.75	1111.25
80	543.75				
81	582.50				
82	625.00				
83	667.50				
84	711.25				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0096-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	61.25	77.50	91.25	100.00	130.00
45-49	68.75	86.25	101.25	110.00	143.75
50-54	85.00	107.50	125.00	135.00	182.50
55	95.00	120.00	142.50	156.25	207.50
56	100.00	126.25	150.00	163.75	217.50
57	106.25	133.75	157.50	172.50	230.00
58	111.25	142.50	166.25	182.50	242.50
59	118.75	151.25	176.25	192.50	257.50
60	127.50	161.25	186.25	205.00	273.75
61	136.25	172.50	198.75	216.25	291.25
62	145.00	183.75	211.25	231.25	310.00
63	155.00	195.00	225.00	245.00	331.25
64	165.00	207.50	240.00	261.25	351.25
65	175.00	220.00	256.25	280.00	375.00
66	186.25	235.00	275.00	300.00	400.00
67	200.00	252.50	295.00	323.75	431.25
68	215.00	273.75	318.75	350.00	465.00
69	232.50	293.75	343.75	377.50	501.25
70	250.00	318.75	372.50	408.75	541.25
71	270.00	345.00	405.00	442.50	586.25
72	293.75	376.25	440.00	482.50	638.75
73	320.00	410.00	480.00	526.25	695.00
74	348.75	447.50	523.75	575.00	757.50
75	380.00	486.25	570.00	626.25	825.00
76	413.75	531.25	622.50	682.50	897.50
77	447.50	576.25	676.25	742.50	975.00
78	482.50	625.00	735.00	807.50	1057.50
79	518.75	677.50	797.50	875.00	1145.00
80	558.75				
81	598.75				
82	641.25				
83	685.00				
84	731.25				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0096-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	40.00	48.75	57.50	61.25	82.50
45-49	43.75	55.00	63.75	68.75	91.25
50-54	57.50	70.00	81.25	90.00	117.50
55	66.25	81.25	93.75	102.50	140.00
56	68.75	85.00	98.75	107.50	148.75
57	73.75	91.25	106.25	115.00	158.75
58	80.00	98.75	115.00	123.75	170.00
59	85.00	106.25	123.75	133.75	183.75
60	92.50	116.25	133.75	145.00	197.50
61	101.25	125.00	145.00	157.50	213.75
62	108.75	135.00	157.50	170.00	230.00
63	116.25	145.00	168.75	182.50	247.50
64	125.00	156.25	181.25	195.00	265.00
65	132.50	166.25	192.50	208.75	283.75
66	142.50	180.00	207.50	225.00	306.25
67	155.00	193.75	225.00	243.75	332.50
68	167.50	211.25	245.00	266.25	361.25
69	182.50	231.25	267.50	291.25	393.75
70	198.75	251.25	292.50	318.75	431.25
71	217.50	276.25	320.00	350.00	470.00
72	238.75	302.50	352.50	385.00	516.25
73	261.25	333.75	388.75	425.00	567.50
74	288.75	366.25	427.50	467.50	622.50
75	316.25	402.50	470.00	515.00	682.50
76	347.50	441.25	516.25	566.25	748.75
77	377.50	483.75	566.25	620.00	817.50
78	410.00	527.50	618.75	680.00	892.50
79	445.00	576.25	675.00	741.25	970.00
80	482.50				
81	520.00				
82	560.00				
83	601.25				
84	645.00				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0096-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	45.00	57.50	66.25	70.00	93.75
45-49	51.25	63.75	72.50	80.00	105.00
50-54	63.75	80.00	92.50	101.25	132.50
55	73.75	91.25	106.25	115.00	156.25
56	77.50	97.50	111.25	122.50	165.00
57	82.50	102.50	118.75	130.00	176.25
58	88.75	110.00	127.50	140.00	188.75
59	93.75	117.50	136.25	150.00	201.25
60	101.25	127.50	148.75	161.25	216.25
61	110.00	136.25	160.00	175.00	232.50
62	117.50	147.50	172.50	188.75	248.75
63	126.25	157.50	185.00	201.25	267.50
64	135.00	168.75	197.50	215.00	286.25
65	143.75	181.25	210.00	230.00	306.25
66	156.25	195.00	226.25	247.50	331.25
67	168.75	210.00	245.00	266.25	358.75
68	183.75	230.00	267.50	291.25	391.25
69	198.75	250.00	291.25	317.50	426.25
70	215.00	272.50	317.50	345.00	465.00
71	233.75	298.75	347.50	380.00	508.75
72	256.25	326.25	382.50	417.50	557.50
73	281.25	360.00	420.00	460.00	611.25
74	308.75	395.00	461.25	506.25	672.50
75	340.00	433.75	508.75	557.50	736.25
76	372.50	475.00	558.75	613.75	807.50
77	406.25	520.00	611.25	670.00	882.50
78	440.00	568.75	668.75	733.75	963.75
79	477.50	620.00	730.00	801.25	1048.75
80	516.25				
81	557.50				
82	598.75				
83	641.25				
84	688.75				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0096-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	48.75	60.00	68.75	75.00	100.00
45-49	55.00	66.25	76.25	83.75	110.00
50-54	66.25	82.50	97.50	106.25	138.75
55	76.25	95.00	111.25	120.00	163.75
56	81.25	101.25	117.50	127.50	172.50
57	85.00	107.50	125.00	135.00	183.75
58	91.25	115.00	133.75	145.00	195.00
59	98.75	123.75	142.50	156.25	208.75
60	106.25	132.50	155.00	168.75	223.75
61	113.75	142.50	166.25	182.50	240.00
62	122.50	152.50	177.50	195.00	257.50
63	131.25	163.75	191.25	208.75	276.25
64	140.00	175.00	205.00	223.75	295.00
65	150.00	186.25	217.50	238.75	316.25
66	161.25	201.25	235.00	256.25	341.25
67	175.00	217.50	255.00	276.25	370.00
68	190.00	236.25	276.25	301.25	402.50
69	205.00	257.50	301.25	327.50	440.00
70	222.50	281.25	327.50	357.50	480.00
71	241.25	307.50	358.75	392.50	525.00
72	263.75	336.25	393.75	431.25	575.00
73	290.00	370.00	433.75	475.00	631.25
74	317.50	407.50	476.25	522.50	693.75
75	350.00	447.50	525.00	575.00	760.00
76	382.50	490.00	576.25	632.50	832.50
77	417.50	536.25	631.25	692.50	910.00
78	452.50	586.25	690.00	757.50	992.50
79	491.25	640.00	752.50	827.50	1081.25
80	531.25				
81	572.50				
82	615.00				
83	658.75				
84	706.25				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0096-B37
Long-Term Care Policy

WITH SURVIVORSHIP BENEFIT RIDER R1-N0103-SERIES

When this rider is chosen, multiply the final premium by the appropriate factor.

ISSUE AGE	NO INFLATION PROTECTION	SIMPLE INFLATION PROTECTION	COMPOUND INFLATION PROTECTION
18-44	1.11	1.17	1.17
45-49	1.14	1.21	1.21
50-54	1.18	1.28	1.28
55	1.20	1.30	1.30
56	1.20	1.30	1.30
57	1.21	1.30	1.30
58	1.21	1.30	1.30
59	1.21	1.30	1.30
60	1.21	1.30	1.30
61	1.21	1.30	1.30
62	1.21	1.29	1.29
63	1.21	1.29	1.29
64	1.21	1.28	1.28
65	1.20	1.27	1.27
66	1.20	1.26	1.26
67	1.20	1.26	1.26
68	1.19	1.25	1.25
69	1.19	1.24	1.24
70	1.18	1.23	1.23
71	1.18	1.22	1.22
72	1.17	1.20	1.20
73	1.16	1.19	1.19
74	1.16	1.18	1.18
75	1.15	1.17	1.17
76	1.14	1.16	1.16
77	1.13	1.15	1.15
78	1.12	1.14	1.14
79	1.11	1.13	1.13
80	1.10	1.12	1.12
81	1.09	1.11	1.11
82	1.08	1.10	1.10
83	1.07	1.09	1.09
84	1.06	1.08	1.08

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0096-B37
Long-Term Care Policy

Elimination Period Factors

Rates shown are for 30 day elimination period. Rates for other elimination periods are calculated by multiplying the 30 day rates by the appropriate factor from the following table:

Benefit Maximum	0	14	20	60	90	100	180	365
730x,1095x	1.12	1.07	1.03	0.94	0.90	0.89	0.78	0.67
1460x,1825x	1.10	1.05	1.03	0.95	0.90	0.89	0.79	0.69
Lifetime	1.08	1.04	1.03	0.96	0.92	0.91	0.84	0.75

Table Rating Health Rating Group Factors

Rates shown are for Preferred Rating Group and Select Rating Group. Rates for Table Rating Health Groups 1, 2, 3 and 4 are calculated by multiplying Select rates by 1.25, 1.50, 1.75 and 2.00 respectively.

Spousal Discount

A 20% discount to the rates is available to married couples if both spouses apply for coverage.

Dual Waiver of Premium Rider R1-N0104-Series

An optional dual waiver of premium rider will be offered. If one spouse qualifies for a waiver of premium, the premium of the other spouse will also be waived. If chosen, multiply the final premium by 1.06.

Shared Advantage Rider R1-N0105-Series

This rider will allow two covered spouses to purchase an additional benefit amount that can be used by either spouse after their base benefits are exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	No Inflation Protection	With Inflation Protection
730x	1.30	1.35
1095x	1.21	1.25
1460x	1.15	1.18
1825x	1.12	1.14

Restoration of Benefits Rider R1-N0106-Series

This rider restores the maximum lifetime benefit if the insured has not met the stipulated conditions for a period of 180 consecutive days and the maximum lifetime benefit has not been exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	Factor
730x	1.08
1095x	1.06
1460x,1825x	1.04

Cost of Living Increase Rider R1-N0107-Series

This rider allows the insured to increase their policy limits, subject to the terms of the rider, every three years without additional underwriting. The additional premium charged is based on the attained age and incremental increase in the maximum daily facility benefit when exercised. If chosen, multiply the final premium by the appropriate factor:

Age	Factor
18-44	1.15
45-49	1.12
50-55	1.10
56-58	1.09
59-61	1.08
62-64	1.07
65-67	1.06
68-70	1.05
71-73	1.04
74-76	1.03

Modal Factors

Semi-Annual: 0.52; Quarterly: 0.27; Check-A-Matic: 0.09

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604

Supplement to Rate Sheets for Policy Form P1-N0100-B37
PENNSYLVANIA

All rates for this form should be multiplied by a factor of: 1.9425

This factor represents the **proposed** increase of: 29.5%

And the following prior approved rate increases:

Policy Form	Increase Applies to all Policies or Subsets	Rate Increase Approved	Approval Date of Rate Increase
P1-N0100-B37	--Yes--	20.00%	3/14/2013
P1-N0100-B37	--Yes--	25.00%	12/3/2014

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0100-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	21	24	28	30	38
45-49	23	27	31	33	42
50-54	28	33	38	41	52
55	32	38	44	47	62
56	34	41	47	50	66
57	37	44	50	54	71
58	40	48	54	59	77
59	44	52	59	64	84
60	48	57	65	71	91
61	52	63	71	77	99
62	56	68	77	84	108
63	60	73	83	90	116
64	64	78	89	96	125
65	68	84	95	103	134
66	74	90	103	111	145
67	80	98	112	121	158
68	87	107	123	133	174
69	95	117	135	146	191
70	104	128	148	161	210
71	115	142	164	179	232
72	128	158	183	200	259
73	143	177	205	224	290
74	159	198	230	251	324
75	178	222	258	281	361
76	198	248	288	314	402
77	220	276	321	349	447
78	244	307	357	387	495
79	270	339	395	428	547
80	297				
81	327				
82	358				
83	391				
84	426				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0100-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	25	30	34	36	46
45-49	27	33	37	40	51
50-54	32	39	45	49	64
55	38	45	51	55	73
56	40	48	54	58	77
57	43	51	58	62	82
58	46	55	62	67	88
59	50	60	68	73	95
60	54	65	74	80	104
61	58	71	81	87	112
62	63	76	88	95	122
63	68	82	94	101	131
64	72	88	100	109	141
65	77	95	107	116	152
66	83	101	116	126	164
67	90	111	126	137	179
68	98	121	138	151	196
69	107	132	152	165	216
70	117	145	167	181	237
71	128	160	185	201	263
72	143	178	206	225	293
73	159	199	231	251	327
74	177	223	259	282	365
75	198	249	290	315	407
76	220	277	324	353	454
77	245	309	360	392	504
78	271	343	400	435	557
79	299	380	443	482	616
80	329				
81	361				
82	394				
83	430				
84	468				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0100-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	26	32	36	39	50
45-49	29	35	40	43	55
50-54	34	42	48	52	69
55	40	48	54	59	77
56	42	51	57	62	81
57	45	54	61	66	86
58	48	58	66	71	93
59	52	63	72	77	100
60	57	68	78	84	109
61	61	74	85	91	118
62	66	80	92	99	128
63	71	86	99	106	138
64	75	92	105	114	148
65	81	99	112	122	159
66	87	106	121	132	172
67	94	116	132	144	188
68	102	127	145	158	206
69	112	138	159	173	226
70	122	152	175	190	249
71	134	167	194	211	276
72	149	186	216	235	307
73	166	208	242	263	343
74	185	233	271	295	383
75	207	260	303	330	427
76	230	290	339	369	476
77	255	323	377	411	528
78	282	358	418	456	584
79	311	397	463	505	645
80	342				
81	375				
82	410				
83	447				
84	486				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0100-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	40	49	56	60	82
45-49	44	54	62	67	91
50-54	54	67	77	85	116
55	63	78	90	98	134
56	66	82	95	104	142
57	70	87	101	110	150
58	75	93	108	117	159
59	79	99	115	125	169
60	85	106	122	133	180
61	91	113	131	142	192
62	97	121	140	152	205
63	103	129	150	162	219
64	110	137	159	173	233
65	117	146	170	185	249
66	125	157	182	198	268
67	135	169	197	214	289
68	146	183	213	232	313
69	157	198	230	251	338
70	170	215	250	273	367
71	184	234	272	297	399
72	201	256	298	326	436
73	221	281	328	359	478
74	243	309	361	395	524
75	267	339	397	434	575
76	292	372	436	478	630
77	319	408	479	524	689
78	347	446	525	574	752
79	377	487	574	627	820
80	408				
81	440				
82	474				
83	509				
84	546				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0100-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	46	57	66	72	95
45-49	51	64	73	80	106
50-54	63	79	91	99	134
55	71	90	104	113	154
56	74	95	110	119	162
57	78	100	116	126	170
58	83	106	123	134	180
59	89	112	130	143	191
60	96	119	139	151	202
61	102	127	148	161	216
62	109	136	158	172	230
63	116	144	169	184	246
64	123	154	179	196	262
65	131	164	192	209	280
66	140	176	205	224	300
67	150	190	222	242	324
68	162	205	240	262	351
69	175	223	259	284	379
70	190	242	282	309	411
71	206	263	307	336	447
72	225	288	336	368	489
73	247	315	369	405	535
74	271	346	405	444	586
75	297	380	445	487	643
76	325	415	488	535	704
77	354	455	534	586	769
78	385	496	585	640	839
79	417	542	637	698	913
80	451				
81	486				
82	522				
83	561				
84	601				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0100-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	49	61	70	77	101
45-49	54	68	78	86	112
50-54	67	84	97	105	142
55	75	95	110	120	162
56	78	100	116	126	170
57	82	105	122	133	179
58	87	111	129	141	189
59	93	118	137	150	200
60	100	125	146	159	212
61	107	133	155	169	226
62	114	142	166	181	241
63	121	151	177	193	257
64	129	161	188	206	274
65	137	172	201	219	293
66	146	184	215	235	314
67	157	199	232	254	339
68	169	215	251	275	367
69	183	233	272	298	397
70	198	253	295	324	430
71	215	275	322	353	468
72	235	301	352	386	511
73	258	330	386	424	560
74	283	362	424	465	613
75	310	397	465	510	672
76	339	434	510	559	735
77	369	475	558	612	803
78	401	518	610	668	876
79	434	565	664	729	953
80	469				
81	505				
82	543				
83	583				
84	624				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0100-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	29	36	42	46	61
45-49	32	40	47	51	68
50-54	43	53	60	65	87
55	49	61	69	76	103
56	52	64	73	80	110
57	55	68	78	86	118
58	59	73	84	93	127
59	64	79	91	100	137
60	69	86	99	108	148
61	75	93	108	117	159
62	81	101	117	127	172
63	87	108	126	137	185
64	93	116	135	146	198
65	100	124	144	157	213
66	108	133	155	169	230
67	117	145	169	184	250
68	127	158	185	201	273
69	138	173	202	220	298
70	150	189	221	241	326
71	164	208	243	266	357
72	181	230	269	294	394
73	200	255	298	326	435
74	222	282	331	362	481
75	245	313	366	401	531
76	270	346	404	443	585
77	297	381	446	489	643
78	325	419	491	538	705
79	355	460	538	591	772
80	386				
81	419				
82	453				
83	489				
84	527				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0100-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	35	44	50	55	72
45-49	39	48	56	61	80
50-54	49	61	71	77	101
55	57	71	81	89	120
56	60	75	86	93	128
57	63	79	91	99	136
58	68	85	98	107	146
59	73	92	106	115	156
60	79	99	114	124	167
61	85	106	123	134	179
62	92	115	133	145	193
63	98	123	143	155	207
64	105	131	153	166	222
65	113	141	163	177	238
66	121	151	175	191	257
67	131	164	191	207	279
68	142	178	208	226	305
69	154	195	227	247	333
70	168	213	249	271	365
71	184	234	273	298	400
72	202	258	302	330	441
73	223	285	334	365	487
74	247	316	370	405	538
75	273	349	409	448	593
76	301	385	451	495	654
77	330	424	497	546	718
78	361	465	546	600	787
79	393	510	599	658	861
80	427				
81	462				
82	500				
83	539				
84	580				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0100-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	38	47	54	59	77
45-49	42	52	60	65	85
50-54	52	65	75	82	107
55	60	75	86	94	127
56	63	79	91	99	135
57	67	84	97	105	144
58	72	90	104	113	154
59	77	97	112	121	164
60	83	104	121	131	175
61	89	112	130	141	188
62	96	121	140	152	202
63	103	130	150	163	217
64	110	138	160	174	232
65	118	148	171	186	249
66	126	159	184	200	268
67	137	172	200	217	292
68	149	187	218	237	319
69	161	204	238	259	348
70	176	223	261	284	381
71	192	245	286	312	418
72	211	270	316	345	461
73	233	298	350	382	509
74	258	330	387	423	562
75	285	364	427	468	620
76	314	402	471	517	683
77	344	442	519	570	750
78	376	485	570	627	822
79	409	532	625	687	899
80	444				
81	481				
82	520				
83	560				
84	602				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0100-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	25	28	33	35	45
45-49	27	32	36	39	49
50-54	33	39	45	48	61
55	38	45	52	55	73
56	40	48	55	59	78
57	44	52	59	64	84
58	47	56	64	69	91
59	52	61	69	75	99
60	56	67	76	84	107
61	61	74	84	91	116
62	66	80	91	99	127
63	71	86	98	106	136
64	75	92	105	113	147
65	80	99	112	121	158
66	87	106	121	131	171
67	94	115	132	142	186
68	102	126	145	156	205
69	112	138	159	172	225
70	122	151	174	189	247
71	135	167	193	211	273
72	151	186	215	235	305
73	168	208	241	264	341
74	187	233	271	295	381
75	209	261	304	331	425
76	233	292	339	369	473
77	259	325	378	411	526
78	287	361	420	455	582
79	318	399	465	504	644
80	349				
81	385				
82	421				
83	460				
84	501				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0100-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	29	35	40	42	54
45-49	32	39	44	47	60
50-54	38	46	53	58	75
55	45	53	60	65	86
56	47	56	64	68	91
57	51	60	68	73	96
58	54	65	73	79	104
59	59	71	80	86	112
60	64	76	87	94	122
61	68	84	95	102	132
62	74	89	104	112	144
63	80	96	111	119	154
64	85	104	118	128	166
65	91	112	126	136	179
66	98	119	136	148	193
67	106	131	148	161	211
68	115	142	162	178	231
69	126	155	179	194	254
70	138	171	196	213	279
71	151	188	218	236	309
72	168	209	242	265	345
73	187	234	272	295	385
74	208	262	305	332	429
75	233	293	341	371	479
76	259	326	381	415	534
77	288	364	424	461	593
78	319	404	471	512	655
79	352	447	521	567	725
80	387				
81	425				
82	464				
83	506				
84	551				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0100-B37
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Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	31	38	42	46	59
45-49	34	41	47	51	65
50-54	40	49	56	61	81
55	47	56	64	69	91
56	49	60	67	73	95
57	53	64	72	78	101
58	56	68	78	84	109
59	61	74	85	91	118
60	67	80	92	99	128
61	72	87	100	107	139
62	78	94	108	116	151
63	84	101	116	125	162
64	88	108	124	134	174
65	95	116	132	144	187
66	102	125	142	155	202
67	111	136	155	169	221
68	120	149	171	186	242
69	132	162	187	204	266
70	144	179	206	224	293
71	158	196	228	248	325
72	175	219	254	276	361
73	195	245	285	309	404
74	218	274	319	347	451
75	244	306	356	388	502
76	271	341	399	434	560
77	300	380	444	484	621
78	332	421	492	536	687
79	366	467	545	594	759
80	402				
81	441				
82	482				
83	526				
84	572				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0100-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	47	58	66	71	96
45-49	52	64	73	79	107
50-54	64	79	91	100	136
55	74	92	106	115	158
56	78	96	112	122	167
57	82	102	119	129	176
58	88	109	127	138	187
59	93	116	135	147	199
60	100	125	144	156	212
61	107	133	154	167	226
62	114	142	165	179	241
63	121	152	176	191	258
64	129	161	187	204	274
65	138	172	200	218	293
66	147	185	214	233	315
67	159	199	232	252	340
68	172	215	251	273	368
69	185	233	271	295	398
70	200	253	294	321	432
71	216	275	320	349	469
72	236	301	351	384	513
73	260	331	386	422	562
74	286	364	425	465	616
75	314	399	467	511	676
76	344	438	513	562	741
77	375	480	564	616	811
78	408	525	618	675	885
79	444	573	675	738	965
80	480				
81	518				
82	558				
83	599				
84	642				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0100-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	54	67	78	85	112
45-49	60	75	86	94	125
50-54	74	93	107	116	158
55	84	106	122	133	181
56	87	112	129	140	191
57	92	118	136	148	200
58	98	125	145	158	212
59	105	132	153	168	225
60	113	140	164	178	238
61	120	149	174	189	254
62	128	160	186	202	271
63	136	169	199	216	289
64	145	181	211	231	308
65	154	193	226	246	329
66	165	207	241	264	353
67	176	224	261	285	381
68	191	241	282	308	413
69	206	262	305	334	446
70	224	285	332	364	484
71	242	309	361	395	526
72	265	339	395	433	575
73	291	371	434	476	629
74	319	407	476	522	689
75	349	447	524	573	756
76	382	488	574	629	828
77	416	535	628	689	905
78	453	584	688	753	987
79	491	638	749	821	1074
80	531				
81	572				
82	614				
83	660				
84	707				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0100-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	58	72	82	91	119
45-49	64	80	92	101	132
50-54	79	99	114	124	167
55	88	112	129	141	191
56	92	118	136	148	200
57	96	124	144	156	211
58	102	131	152	166	222
59	109	139	161	176	235
60	118	147	172	187	249
61	126	156	182	199	266
62	134	167	195	213	284
63	142	178	208	227	302
64	152	189	221	242	322
65	161	202	236	258	345
66	172	216	253	276	369
67	185	234	273	299	399
68	199	253	295	324	432
69	215	274	320	351	467
70	233	298	347	381	506
71	253	324	379	415	551
72	276	354	414	454	601
73	304	388	454	499	659
74	333	426	499	547	721
75	365	467	547	600	791
76	399	511	600	658	865
77	434	559	656	720	945
78	472	609	718	786	1031
79	511	665	781	858	1121
80	552				
81	594				
82	639				
83	686				
84	734				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0100-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	34	42	49	54	72
45-49	38	47	55	60	80
50-54	51	62	71	76	102
55	58	72	81	89	121
56	61	75	86	94	129
57	65	80	92	101	139
58	69	86	99	109	149
59	75	93	107	118	161
60	81	101	116	127	174
61	88	109	127	138	187
62	95	119	138	149	202
63	102	127	148	161	218
64	109	136	159	172	233
65	118	146	169	185	251
66	127	156	182	199	271
67	138	171	199	216	294
68	149	186	218	236	321
69	162	204	238	259	351
70	176	222	260	284	384
71	193	245	286	313	420
72	213	271	316	346	464
73	235	300	351	384	512
74	261	332	389	426	566
75	288	368	431	472	625
76	318	407	475	521	688
77	349	448	525	575	756
78	382	493	578	633	829
79	418	541	633	695	908
80	454				
81	493				
82	533				
83	575				
84	620				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0100-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	41	52	59	65	85
45-49	46	56	66	72	94
50-54	58	72	84	91	119
55	67	84	95	105	141
56	71	88	101	109	151
57	74	93	107	116	160
58	80	100	115	126	172
59	86	108	125	135	184
60	93	116	134	146	196
61	100	125	145	158	211
62	108	135	156	171	227
63	115	145	168	182	244
64	124	154	180	195	261
65	133	166	192	208	280
66	142	178	206	225	302
67	154	193	225	244	328
68	167	209	245	266	359
69	181	229	267	291	392
70	198	251	293	319	429
71	216	275	321	351	471
72	238	304	355	388	519
73	262	335	393	429	573
74	291	372	435	476	633
75	321	411	481	527	698
76	354	453	531	582	769
77	388	499	585	642	845
78	425	547	642	706	926
79	462	600	705	774	1013
80	502				
81	544				
82	588				
83	634				
84	682				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0100-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	45	55	64	69	91
45-49	49	61	71	76	100
50-54	61	76	88	96	126
55	71	88	101	111	149
56	74	93	107	116	159
57	79	99	114	124	169
58	85	106	122	133	181
59	91	114	132	142	193
60	98	122	142	154	206
61	105	132	153	166	221
62	113	142	165	179	238
63	121	153	176	192	255
64	129	162	188	205	273
65	139	174	201	219	293
66	148	187	216	235	315
67	161	202	235	255	344
68	175	220	256	279	375
69	189	240	280	305	409
70	207	262	307	334	448
71	226	288	336	367	492
72	248	318	372	406	542
73	274	351	412	449	599
74	304	388	455	498	661
75	335	428	502	551	729
76	369	473	554	608	804
77	405	520	611	671	882
78	442	571	671	738	967
79	481	626	735	808	1058
80	522				
81	566				
82	612				
83	659				
84	708				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0100-B37
Long-Term Care Policy

WITH SURVIVORSHIP BENEFIT RIDER R1-N0103-SERIES

When this rider is chosen, multiply the final premium by the appropriate factor.

ISSUE AGE	NO INFLATION PROTECTION	SIMPLE INFLATION PROTECTION	COMPOUND INFLATION PROTECTION
18-44	1.11	1.17	1.17
45-49	1.14	1.21	1.21
50-54	1.18	1.28	1.28
55	1.20	1.30	1.30
56	1.20	1.30	1.30
57	1.21	1.30	1.30
58	1.21	1.30	1.30
59	1.21	1.30	1.30
60	1.21	1.30	1.30
61	1.21	1.30	1.30
62	1.21	1.29	1.29
63	1.21	1.29	1.29
64	1.21	1.28	1.28
65	1.20	1.27	1.27
66	1.20	1.26	1.26
67	1.20	1.26	1.26
68	1.19	1.25	1.25
69	1.19	1.24	1.24
70	1.18	1.23	1.23
71	1.18	1.22	1.22
72	1.17	1.20	1.20
73	1.16	1.19	1.19
74	1.16	1.18	1.18
75	1.15	1.17	1.17
76	1.14	1.16	1.16
77	1.13	1.15	1.15
78	1.12	1.14	1.14
79	1.11	1.13	1.13
80	1.10	1.12	1.12
81	1.09	1.11	1.11
82	1.08	1.10	1.10
83	1.07	1.09	1.09
84	1.06	1.08	1.08

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0100-B37
Long-Term Care Policy

Elimination Period Factors

Rates shown are for 30 day elimination period. Rates for other elimination periods are calculated by multiplying the 30 day rates by the appropriate factor from the following table:

Benefit Maximum	0	14	20	60	90	100	180	365
730x,1095x	1.11	1.06	1.03	0.95	0.91	0.90	0.80	0.71
1460x,1825x	1.09	1.05	1.03	0.95	0.91	0.90	0.81	0.72
Lifetime	1.07	1.04	1.03	0.96	0.93	0.92	0.85	0.78

Table Rating Health Rating Group Factors

Rates shown are for Preferred Rating Group and Select Rating Group. Rates for Table Rating Health Groups 1, 2, 3 and 4 are calculated by multiplying Select rates by 1.25, 1.50, 1.75 and 2.00 respectively.

Spousal Discount

A 20% discount to the rates is available to married couples if both spouses apply for coverage.

Dual Waiver of Premium Rider R1-N0104-Series

An optional dual waiver of premium rider will be offered. If one spouse qualifies for a waiver of premium, the premium of the other spouse will also be waived. If chosen, multiply the final premium by 1.06.

Shared Advantage Rider R1-N0105-Series

This rider will allow two covered spouses to purchase an additional benefit amount that can be used by either spouse after their base benefits are exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	No Inflation Protection	With Inflation Protection
730x	1.30	1.35
1095x	1.21	1.25
1460x	1.15	1.18
1825x	1.12	1.14

Restoration of Benefits Rider R1-N0106-Series

This rider restores the maximum lifetime benefit if the insured has not met the stipulated conditions for a period of 180 consecutive days and the maximum lifetime benefit has not been exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	Factor
730x	1.08
1095x	1.06
1460x,1825x	1.04

Cost of Living Increase Rider R1-N0107-Series

This rider allows the insured to increase their policy limits, subject to the terms of the rider, every three years without additional underwriting. The additional premium charged is based on the attained age and incremental increase in the maximum daily facility benefit when exercised. If chosen, multiply the final premium by the appropriate factor:

Age	Factor
18-44	1.15
45-49	1.12
50-55	1.10
56-58	1.09
59-61	1.08
62-64	1.07
65-67	1.06
68-70	1.05
71-73	1.04
74-76	1.03

Modal Factors

Semi-Annual: 0.52; Quarterly: 0.27; Check-A-Matic: 0.09

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604

Supplement to Rate Sheets for Policy Form P1-N0101-B37
PENNSYLVANIA

All rates for this form should be multiplied by a factor of: 1.9425

This factor represents the **proposed** increase of: 29.5%

And the following prior approved rate increases:

Policy Form	Increase Applies to all Policies or Subsets	Rate Increase Approved	Approval Date of Rate Increase
P1-N0101-B37	--Yes--	20.00%	3/14/2013
P1-N0101-B37	--Yes--	25.00%	12/3/2014

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0101-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	26.25	30.00	35.00	37.50	47.50
45-49	28.75	33.75	38.75	41.25	52.50
50-54	35.00	41.25	47.50	51.25	65.00
55	40.00	47.50	55.00	58.75	77.50
56	42.50	51.25	58.75	62.50	82.50
57	46.25	55.00	62.50	67.50	88.75
58	50.00	60.00	67.50	73.75	96.25
59	55.00	65.00	73.75	80.00	105.00
60	60.00	71.25	81.25	88.75	113.75
61	65.00	78.75	88.75	96.25	123.75
62	70.00	85.00	96.25	105.00	135.00
63	75.00	91.25	103.75	112.50	145.00
64	80.00	97.50	111.25	120.00	156.25
65	85.00	105.00	118.75	128.75	167.50
66	92.50	112.50	128.75	138.75	181.25
67	100.00	122.50	140.00	151.25	197.50
68	108.75	133.75	153.75	166.25	217.50
69	118.75	146.25	168.75	182.50	238.75
70	130.00	160.00	185.00	201.25	262.50
71	143.75	177.50	205.00	223.75	290.00
72	160.00	197.50	228.75	250.00	323.75
73	178.75	221.25	256.25	280.00	362.50
74	198.75	247.50	287.50	313.75	405.00
75	222.50	277.50	322.50	351.25	451.25
76	247.50	310.00	360.00	392.50	502.50
77	275.00	345.00	401.25	436.25	558.75
78	305.00	383.75	446.25	483.75	618.75
79	337.50	423.75	493.75	535.00	683.75
80	371.25				
81	408.75				
82	447.50				
83	488.75				
84	532.50				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0101-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	31.25	37.50	42.50	45.00	57.50
45-49	33.75	41.25	46.25	50.00	63.75
50-54	40.00	48.75	56.25	61.25	80.00
55	47.50	56.25	63.75	68.75	91.25
56	50.00	60.00	67.50	72.50	96.25
57	53.75	63.75	72.50	77.50	102.50
58	57.50	68.75	77.50	83.75	110.00
59	62.50	75.00	85.00	91.25	118.75
60	67.50	81.25	92.50	100.00	130.00
61	72.50	88.75	101.25	108.75	140.00
62	78.75	95.00	110.00	118.75	152.50
63	85.00	102.50	117.50	126.25	163.75
64	90.00	110.00	125.00	136.25	176.25
65	96.25	118.75	133.75	145.00	190.00
66	103.75	126.25	145.00	157.50	205.00
67	112.50	138.75	157.50	171.25	223.75
68	122.50	151.25	172.50	188.75	245.00
69	133.75	165.00	190.00	206.25	270.00
70	146.25	181.25	208.75	226.25	296.25
71	160.00	200.00	231.25	251.25	328.75
72	178.75	222.50	257.50	281.25	366.25
73	198.75	248.75	288.75	313.75	408.75
74	221.25	278.75	323.75	352.50	456.25
75	247.50	311.25	362.50	393.75	508.75
76	275.00	346.25	405.00	441.25	567.50
77	306.25	386.25	450.00	490.00	630.00
78	338.75	428.75	500.00	543.75	696.25
79	373.75	475.00	553.75	602.50	770.00
80	411.25				
81	451.25				
82	492.50				
83	537.50				
84	585.00				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0101-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	32.50	40.00	45.00	48.75	62.50
45-49	36.25	43.75	50.00	53.75	68.75
50-54	42.50	52.50	60.00	65.00	86.25
55	50.00	60.00	67.50	73.75	96.25
56	52.50	63.75	71.25	77.50	101.25
57	56.25	67.50	76.25	82.50	107.50
58	60.00	72.50	82.50	88.75	116.25
59	65.00	78.75	90.00	96.25	125.00
60	71.25	85.00	97.50	105.00	136.25
61	76.25	92.50	106.25	113.75	147.50
62	82.50	100.00	115.00	123.75	160.00
63	88.75	107.50	123.75	132.50	172.50
64	93.75	115.00	131.25	142.50	185.00
65	101.25	123.75	140.00	152.50	198.75
66	108.75	132.50	151.25	165.00	215.00
67	117.50	145.00	165.00	180.00	235.00
68	127.50	158.75	181.25	197.50	257.50
69	140.00	172.50	198.75	216.25	282.50
70	152.50	190.00	218.75	237.50	311.25
71	167.50	208.75	242.50	263.75	345.00
72	186.25	232.50	270.00	293.75	383.75
73	207.50	260.00	302.50	328.75	428.75
74	231.25	291.25	338.75	368.75	478.75
75	258.75	325.00	378.75	412.50	533.75
76	287.50	362.50	423.75	461.25	595.00
77	318.75	403.75	471.25	513.75	660.00
78	352.50	447.50	522.50	570.00	730.00
79	388.75	496.25	578.75	631.25	806.25
80	427.50				
81	468.75				
82	512.50				
83	558.75				
84	607.50				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0101-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	50.00	61.25	70.00	75.00	102.50
45-49	55.00	67.50	77.50	83.75	113.75
50-54	67.50	83.75	96.25	106.25	145.00
55	78.75	97.50	112.50	122.50	167.50
56	82.50	102.50	118.75	130.00	177.50
57	87.50	108.75	126.25	137.50	187.50
58	93.75	116.25	135.00	146.25	198.75
59	98.75	123.75	143.75	156.25	211.25
60	106.25	132.50	152.50	166.25	225.00
61	113.75	141.25	163.75	177.50	240.00
62	121.25	151.25	175.00	190.00	256.25
63	128.75	161.25	187.50	202.50	273.75
64	137.50	171.25	198.75	216.25	291.25
65	146.25	182.50	212.50	231.25	311.25
66	156.25	196.25	227.50	247.50	335.00
67	168.75	211.25	246.25	267.50	361.25
68	182.50	228.75	266.25	290.00	391.25
69	196.25	247.50	287.50	313.75	422.50
70	212.50	268.75	312.50	341.25	458.75
71	230.00	292.50	340.00	371.25	498.75
72	251.25	320.00	372.50	407.50	545.00
73	276.25	351.25	410.00	448.75	597.50
74	303.75	386.25	451.25	493.75	655.00
75	333.75	423.75	496.25	542.50	718.75
76	365.00	465.00	545.00	597.50	787.50
77	398.75	510.00	598.75	655.00	861.25
78	433.75	557.50	656.25	717.50	940.00
79	471.25	608.75	717.50	783.75	1025.00
80	510.00				
81	550.00				
82	592.50				
83	636.25				
84	682.50				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0101-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	57.50	71.25	82.50	90.00	118.75
45-49	63.75	80.00	91.25	100.00	132.50
50-54	78.75	98.75	113.75	123.75	167.50
55	88.75	112.50	130.00	141.25	192.50
56	92.50	118.75	137.50	148.75	202.50
57	97.50	125.00	145.00	157.50	212.50
58	103.75	132.50	153.75	167.50	225.00
59	111.25	140.00	162.50	178.75	238.75
60	120.00	148.75	173.75	188.75	252.50
61	127.50	158.75	185.00	201.25	270.00
62	136.25	170.00	197.50	215.00	287.50
63	145.00	180.00	211.25	230.00	307.50
64	153.75	192.50	223.75	245.00	327.50
65	163.75	205.00	240.00	261.25	350.00
66	175.00	220.00	256.25	280.00	375.00
67	187.50	237.50	277.50	302.50	405.00
68	202.50	256.25	300.00	327.50	438.75
69	218.75	278.75	323.75	355.00	473.75
70	237.50	302.50	352.50	386.25	513.75
71	257.50	328.75	383.75	420.00	558.75
72	281.25	360.00	420.00	460.00	611.25
73	308.75	393.75	461.25	506.25	668.75
74	338.75	432.50	506.25	555.00	732.50
75	371.25	475.00	556.25	608.75	803.75
76	406.25	518.75	610.00	668.75	880.00
77	442.50	568.75	667.50	732.50	961.25
78	481.25	620.00	731.25	800.00	1048.75
79	521.25	677.50	796.25	872.50	1141.25
80	563.75				
81	607.50				
82	652.50				
83	701.25				
84	751.25				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0101-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	61.25	76.25	87.50	96.25	126.25
45-49	67.50	85.00	97.50	107.50	140.00
50-54	83.75	105.00	121.25	131.25	177.50
55	93.75	118.75	137.50	150.00	202.50
56	97.50	125.00	145.00	157.50	212.50
57	102.50	131.25	152.50	166.25	223.75
58	108.75	138.75	161.25	176.25	236.25
59	116.25	147.50	171.25	187.50	250.00
60	125.00	156.25	182.50	198.75	265.00
61	133.75	166.25	193.75	211.25	282.50
62	142.50	177.50	207.50	226.25	301.25
63	151.25	188.75	221.25	241.25	321.25
64	161.25	201.25	235.00	257.50	342.50
65	171.25	215.00	251.25	273.75	366.25
66	182.50	230.00	268.75	293.75	392.50
67	196.25	248.75	290.00	317.50	423.75
68	211.25	268.75	313.75	343.75	458.75
69	228.75	291.25	340.00	372.50	496.25
70	247.50	316.25	368.75	405.00	537.50
71	268.75	343.75	402.50	441.25	585.00
72	293.75	376.25	440.00	482.50	638.75
73	322.50	412.50	482.50	530.00	700.00
74	353.75	452.50	530.00	581.25	766.25
75	387.50	496.25	581.25	637.50	840.00
76	423.75	542.50	637.50	698.75	918.75
77	461.25	593.75	697.50	765.00	1003.75
78	501.25	647.50	762.50	835.00	1095.00
79	542.50	706.25	830.00	911.25	1191.25
80	586.25				
81	631.25				
82	678.75				
83	728.75				
84	780.00				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0101-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	36.25	45.00	52.50	57.50	76.25
45-49	40.00	50.00	58.75	63.75	85.00
50-54	53.75	66.25	75.00	81.25	108.75
55	61.25	76.25	86.25	95.00	128.75
56	65.00	80.00	91.25	100.00	137.50
57	68.75	85.00	97.50	107.50	147.50
58	73.75	91.25	105.00	116.25	158.75
59	80.00	98.75	113.75	125.00	171.25
60	86.25	107.50	123.75	135.00	185.00
61	93.75	116.25	135.00	146.25	198.75
62	101.25	126.25	146.25	158.75	215.00
63	108.75	135.00	157.50	171.25	231.25
64	116.25	145.00	168.75	182.50	247.50
65	125.00	155.00	180.00	196.25	266.25
66	135.00	166.25	193.75	211.25	287.50
67	146.25	181.25	211.25	230.00	312.50
68	158.75	197.50	231.25	251.25	341.25
69	172.50	216.25	252.50	275.00	372.50
70	187.50	236.25	276.25	301.25	407.50
71	205.00	260.00	303.75	332.50	446.25
72	226.25	287.50	336.25	367.50	492.50
73	250.00	318.75	372.50	407.50	543.75
74	277.50	352.50	413.75	452.50	601.25
75	306.25	391.25	457.50	501.25	663.75
76	337.50	432.50	505.00	553.75	731.25
77	371.25	476.25	557.50	611.25	803.75
78	406.25	523.75	613.75	672.50	881.25
79	443.75	575.00	672.50	738.75	965.00
80	482.50				
81	523.75				
82	566.25				
83	611.25				
84	658.75				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0101-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	43.75	55.00	62.50	68.75	90.00
45-49	48.75	60.00	70.00	76.25	100.00
50-54	61.25	76.25	88.75	96.25	126.25
55	71.25	88.75	101.25	111.25	150.00
56	75.00	93.75	107.50	116.25	160.00
57	78.75	98.75	113.75	123.75	170.00
58	85.00	106.25	122.50	133.75	182.50
59	91.25	115.00	132.50	143.75	195.00
60	98.75	123.75	142.50	155.00	208.75
61	106.25	132.50	153.75	167.50	223.75
62	115.00	143.75	166.25	181.25	241.25
63	122.50	153.75	178.75	193.75	258.75
64	131.25	163.75	191.25	207.50	277.50
65	141.25	176.25	203.75	221.25	297.50
66	151.25	188.75	218.75	238.75	321.25
67	163.75	205.00	238.75	258.75	348.75
68	177.50	222.50	260.00	282.50	381.25
69	192.50	243.75	283.75	308.75	416.25
70	210.00	266.25	311.25	338.75	456.25
71	230.00	292.50	341.25	372.50	500.00
72	252.50	322.50	377.50	412.50	551.25
73	278.75	356.25	417.50	456.25	608.75
74	308.75	395.00	462.50	506.25	672.50
75	341.25	436.25	511.25	560.00	741.25
76	376.25	481.25	563.75	618.75	817.50
77	412.50	530.00	621.25	682.50	897.50
78	451.25	581.25	682.50	750.00	983.75
79	491.25	637.50	748.75	822.50	1076.25
80	533.75				
81	577.50				
82	625.00				
83	673.75				
84	725.00				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0101-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	47.50	58.75	67.50	73.75	96.25
45-49	52.50	65.00	75.00	81.25	106.25
50-54	65.00	81.25	93.75	102.50	133.75
55	75.00	93.75	107.50	117.50	158.75
56	78.75	98.75	113.75	123.75	168.75
57	83.75	105.00	121.25	131.25	180.00
58	90.00	112.50	130.00	141.25	192.50
59	96.25	121.25	140.00	151.25	205.00
60	103.75	130.00	151.25	163.75	218.75
61	111.25	140.00	162.50	176.25	235.00
62	120.00	151.25	175.00	190.00	252.50
63	128.75	162.50	187.50	203.75	271.25
64	137.50	172.50	200.00	217.50	290.00
65	147.50	185.00	213.75	232.50	311.25
66	157.50	198.75	230.00	250.00	335.00
67	171.25	215.00	250.00	271.25	365.00
68	186.25	233.75	272.50	296.25	398.75
69	201.25	255.00	297.50	323.75	435.00
70	220.00	278.75	326.25	355.00	476.25
71	240.00	306.25	357.50	390.00	522.50
72	263.75	337.50	395.00	431.25	576.25
73	291.25	372.50	437.50	477.50	636.25
74	322.50	412.50	483.75	528.75	702.50
75	356.25	455.00	533.75	585.00	775.00
76	392.50	502.50	588.75	646.25	853.75
77	430.00	552.50	648.75	712.50	937.50
78	470.00	606.25	712.50	783.75	1027.50
79	511.25	665.00	781.25	858.75	1123.75
80	555.00				
81	601.25				
82	650.00				
83	700.00				
84	752.50				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0101-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	31.25	35.00	41.25	43.75	56.25
45-49	33.75	40.00	45.00	48.75	61.25
50-54	41.25	48.75	56.25	60.00	76.25
55	47.50	56.25	65.00	68.75	91.25
56	50.00	60.00	68.75	73.75	97.50
57	55.00	65.00	73.75	80.00	105.00
58	58.75	70.00	80.00	86.25	113.75
59	65.00	76.25	86.25	93.75	123.75
60	70.00	83.75	95.00	105.00	133.75
61	76.25	92.50	105.00	113.75	145.00
62	82.50	100.00	113.75	123.75	158.75
63	88.75	107.50	122.50	132.50	170.00
64	93.75	115.00	131.25	141.25	183.75
65	100.00	123.75	140.00	151.25	197.50
66	108.75	132.50	151.25	163.75	213.75
67	117.50	143.75	165.00	177.50	232.50
68	127.50	157.50	181.25	195.00	256.25
69	140.00	172.50	198.75	215.00	281.25
70	152.50	188.75	217.50	236.25	308.75
71	168.75	208.75	241.25	263.75	341.25
72	188.75	232.50	268.75	293.75	381.25
73	210.00	260.00	301.25	330.00	426.25
74	233.75	291.25	338.75	368.75	476.25
75	261.25	326.25	380.00	413.75	531.25
76	291.25	365.00	423.75	461.25	591.25
77	323.75	406.25	472.50	513.75	657.50
78	358.75	451.25	525.00	568.75	727.50
79	397.50	498.75	581.25	630.00	805.00
80	436.25				
81	481.25				
82	526.25				
83	575.00				
84	626.25				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0101-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	36.25	43.75	50.00	52.50	67.50
45-49	40.00	48.75	55.00	58.75	75.00
50-54	47.50	57.50	66.25	72.50	93.75
55	56.25	66.25	75.00	81.25	107.50
56	58.75	70.00	80.00	85.00	113.75
57	63.75	75.00	85.00	91.25	120.00
58	67.50	81.25	91.25	98.75	130.00
59	73.75	88.75	100.00	107.50	140.00
60	80.00	95.00	108.75	117.50	152.50
61	85.00	105.00	118.75	127.50	165.00
62	92.50	111.25	130.00	140.00	180.00
63	100.00	120.00	138.75	148.75	192.50
64	106.25	130.00	147.50	160.00	207.50
65	113.75	140.00	157.50	170.00	223.75
66	122.50	148.75	170.00	185.00	241.25
67	132.50	163.75	185.00	201.25	263.75
68	143.75	177.50	202.50	222.50	288.75
69	157.50	193.75	223.75	242.50	317.50
70	172.50	213.75	245.00	266.25	348.75
71	188.75	235.00	272.50	295.00	386.25
72	210.00	261.25	302.50	331.25	431.25
73	233.75	292.50	340.00	368.75	481.25
74	260.00	327.50	381.25	415.00	536.25
75	291.25	366.25	426.25	463.75	598.75
76	323.75	407.50	476.25	518.75	667.50
77	360.00	455.00	530.00	576.25	741.25
78	398.75	505.00	588.75	640.00	818.75
79	440.00	558.75	651.25	708.75	906.25
80	483.75				
81	531.25				
82	580.00				
83	632.50				
84	688.75				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0101-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	38.75	47.50	52.50	57.50	73.75
45-49	42.50	51.25	58.75	63.75	81.25
50-54	50.00	61.25	70.00	76.25	101.25
55	58.75	70.00	80.00	86.25	113.75
56	61.25	75.00	83.75	91.25	118.75
57	66.25	80.00	90.00	97.50	126.25
58	70.00	85.00	97.50	105.00	136.25
59	76.25	92.50	106.25	113.75	147.50
60	83.75	100.00	115.00	123.75	160.00
61	90.00	108.75	125.00	133.75	173.75
62	97.50	117.50	135.00	145.00	188.75
63	105.00	126.25	145.00	156.25	202.50
64	110.00	135.00	155.00	167.50	217.50
65	118.75	145.00	165.00	180.00	233.75
66	127.50	156.25	177.50	193.75	252.50
67	138.75	170.00	193.75	211.25	276.25
68	150.00	186.25	213.75	232.50	302.50
69	165.00	202.50	233.75	255.00	332.50
70	180.00	223.75	257.50	280.00	366.25
71	197.50	245.00	285.00	310.00	406.25
72	218.75	273.75	317.50	345.00	451.25
73	243.75	306.25	356.25	386.25	505.00
74	272.50	342.50	398.75	433.75	563.75
75	305.00	382.50	445.00	485.00	627.50
76	338.75	426.25	498.75	542.50	700.00
77	375.00	475.00	555.00	605.00	776.25
78	415.00	526.25	615.00	670.00	858.75
79	457.50	583.75	681.25	742.50	948.75
80	502.50				
81	551.25				
82	602.50				
83	657.50				
84	715.00				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0101-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	58.75	72.50	82.50	88.75	120.00
45-49	65.00	80.00	91.25	98.75	133.75
50-54	80.00	98.75	113.75	125.00	170.00
55	92.50	115.00	132.50	143.75	197.50
56	97.50	120.00	140.00	152.50	208.75
57	102.50	127.50	148.75	161.25	220.00
58	110.00	136.25	158.75	172.50	233.75
59	116.25	145.00	168.75	183.75	248.75
60	125.00	156.25	180.00	195.00	265.00
61	133.75	166.25	192.50	208.75	282.50
62	142.50	177.50	206.25	223.75	301.25
63	151.25	190.00	220.00	238.75	322.50
64	161.25	201.25	233.75	255.00	342.50
65	172.50	215.00	250.00	272.50	366.25
66	183.75	231.25	267.50	291.25	393.75
67	198.75	248.75	290.00	315.00	425.00
68	215.00	268.75	313.75	341.25	460.00
69	231.25	291.25	338.75	368.75	497.50
70	250.00	316.25	367.50	401.25	540.00
71	270.00	343.75	400.00	436.25	586.25
72	295.00	376.25	438.75	480.00	641.25
73	325.00	413.75	482.50	527.50	702.50
74	357.50	455.00	531.25	581.25	770.00
75	392.50	498.75	583.75	638.75	845.00
76	430.00	547.50	641.25	702.50	926.25
77	468.75	600.00	705.00	770.00	1013.75
78	510.00	656.25	772.50	843.75	1106.25
79	555.00	716.25	843.75	922.50	1206.25
80	600.00				
81	647.50				
82	697.50				
83	748.75				
84	802.50				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0101-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	67.50	83.75	97.50	106.25	140.00
45-49	75.00	93.75	107.50	117.50	156.25
50-54	92.50	116.25	133.75	145.00	197.50
55	105.00	132.50	152.50	166.25	226.25
56	108.75	140.00	161.25	175.00	238.75
57	115.00	147.50	170.00	185.00	250.00
58	122.50	156.25	181.25	197.50	265.00
59	131.25	165.00	191.25	210.00	281.25
60	141.25	175.00	205.00	222.50	297.50
61	150.00	186.25	217.50	236.25	317.50
62	160.00	200.00	232.50	252.50	338.75
63	170.00	211.25	248.75	270.00	361.25
64	181.25	226.25	263.75	288.75	385.00
65	192.50	241.25	282.50	307.50	411.25
66	206.25	258.75	301.25	330.00	441.25
67	220.00	280.00	326.25	356.25	476.25
68	238.75	301.25	352.50	385.00	516.25
69	257.50	327.50	381.25	417.50	557.50
70	280.00	356.25	415.00	455.00	605.00
71	302.50	386.25	451.25	493.75	657.50
72	331.25	423.75	493.75	541.25	718.75
73	363.75	463.75	542.50	595.00	786.25
74	398.75	508.75	595.00	652.50	861.25
75	436.25	558.75	655.00	716.25	945.00
76	477.50	610.00	717.50	786.25	1035.00
77	520.00	668.75	785.00	861.25	1131.25
78	566.25	730.00	860.00	941.25	1233.75
79	613.75	797.50	936.25	1026.25	1342.50
80	663.75				
81	715.00				
82	767.50				
83	825.00				
84	883.75				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0101-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	72.50	90.00	102.50	113.75	148.75
45-49	80.00	100.00	115.00	126.25	165.00
50-54	98.75	123.75	142.50	155.00	208.75
55	110.00	140.00	161.25	176.25	238.75
56	115.00	147.50	170.00	185.00	250.00
57	120.00	155.00	180.00	195.00	263.75
58	127.50	163.75	190.00	207.50	277.50
59	136.25	173.75	201.25	220.00	293.75
60	147.50	183.75	215.00	233.75	311.25
61	157.50	195.00	227.50	248.75	332.50
62	167.50	208.75	243.75	266.25	355.00
63	177.50	222.50	260.00	283.75	377.50
64	190.00	236.25	276.25	302.50	402.50
65	201.25	252.50	295.00	322.50	431.25
66	215.00	270.00	316.25	345.00	461.25
67	231.25	292.50	341.25	373.75	498.75
68	248.75	316.25	368.75	405.00	540.00
69	268.75	342.50	400.00	438.75	583.75
70	291.25	372.50	433.75	476.25	632.50
71	316.25	405.00	473.75	518.75	688.75
72	345.00	442.50	517.50	567.50	751.25
73	380.00	485.00	567.50	623.75	823.75
74	416.25	532.50	623.75	683.75	901.25
75	456.25	583.75	683.75	750.00	988.75
76	498.75	638.75	750.00	822.50	1081.25
77	542.50	698.75	820.00	900.00	1181.25
78	590.00	761.25	897.50	982.50	1288.75
79	638.75	831.25	976.25	1072.50	1401.25
80	690.00				
81	742.50				
82	798.75				
83	857.50				
84	917.50				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0101-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	42.50	52.50	61.25	67.50	90.00
45-49	47.50	58.75	68.75	75.00	100.00
50-54	63.75	77.50	88.75	95.00	127.50
55	72.50	90.00	101.25	111.25	151.25
56	76.25	93.75	107.50	117.50	161.25
57	81.25	100.00	115.00	126.25	173.75
58	86.25	107.50	123.75	136.25	186.25
59	93.75	116.25	133.75	147.50	201.25
60	101.25	126.25	145.00	158.75	217.50
61	110.00	136.25	158.75	172.50	233.75
62	118.75	148.75	172.50	186.25	252.50
63	127.50	158.75	185.00	201.25	272.50
64	136.25	170.00	198.75	215.00	291.25
65	147.50	182.50	211.25	231.25	313.75
66	158.75	195.00	227.50	248.75	338.75
67	172.50	213.75	248.75	270.00	367.50
68	186.25	232.50	272.50	295.00	401.25
69	202.50	255.00	297.50	323.75	438.75
70	220.00	277.50	325.00	355.00	480.00
71	241.25	306.25	357.50	391.25	525.00
72	266.25	338.75	395.00	432.50	580.00
73	293.75	375.00	438.75	480.00	640.00
74	326.25	415.00	486.25	532.50	707.50
75	360.00	460.00	538.75	590.00	781.25
76	397.50	508.75	593.75	651.25	860.00
77	436.25	560.00	656.25	718.75	945.00
78	477.50	616.25	722.50	791.25	1036.25
79	522.50	676.25	791.25	868.75	1135.00
80	567.50				
81	616.25				
82	666.25				
83	718.75				
84	775.00				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0101-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	51.25	65.00	73.75	81.25	106.25
45-49	57.50	70.00	82.50	90.00	117.50
50-54	72.50	90.00	105.00	113.75	148.75
55	83.75	105.00	118.75	131.25	176.25
56	88.75	110.00	126.25	136.25	188.75
57	92.50	116.25	133.75	145.00	200.00
58	100.00	125.00	143.75	157.50	215.00
59	107.50	135.00	156.25	168.75	230.00
60	116.25	145.00	167.50	182.50	245.00
61	125.00	156.25	181.25	197.50	263.75
62	135.00	168.75	195.00	213.75	283.75
63	143.75	181.25	210.00	227.50	305.00
64	155.00	192.50	225.00	243.75	326.25
65	166.25	207.50	240.00	260.00	350.00
66	177.50	222.50	257.50	281.25	377.50
67	192.50	241.25	281.25	305.00	410.00
68	208.75	261.25	306.25	332.50	448.75
69	226.25	286.25	333.75	363.75	490.00
70	247.50	313.75	366.25	398.75	536.25
71	270.00	343.75	401.25	438.75	588.75
72	297.50	380.00	443.75	485.00	648.75
73	327.50	418.75	491.25	536.25	716.25
74	363.75	465.00	543.75	595.00	791.25
75	401.25	513.75	601.25	658.75	872.50
76	442.50	566.25	663.75	727.50	961.25
77	485.00	623.75	731.25	802.50	1056.25
78	531.25	683.75	802.50	882.50	1157.50
79	577.50	750.00	881.25	967.50	1266.25
80	627.50				
81	680.00				
82	735.00				
83	792.50				
84	852.50				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0101-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	56.25	68.75	80.00	86.25	113.75
45-49	61.25	76.25	88.75	95.00	125.00
50-54	76.25	95.00	110.00	120.00	157.50
55	88.75	110.00	126.25	138.75	186.25
56	92.50	116.25	133.75	145.00	198.75
57	98.75	123.75	142.50	155.00	211.25
58	106.25	132.50	152.50	166.25	226.25
59	113.75	142.50	165.00	177.50	241.25
60	122.50	152.50	177.50	192.50	257.50
61	131.25	165.00	191.25	207.50	276.25
62	141.25	177.50	206.25	223.75	297.50
63	151.25	191.25	220.00	240.00	318.75
64	161.25	202.50	235.00	256.25	341.25
65	173.75	217.50	251.25	273.75	366.25
66	185.00	233.75	270.00	293.75	393.75
67	201.25	252.50	293.75	318.75	430.00
68	218.75	275.00	320.00	348.75	468.75
69	236.25	300.00	350.00	381.25	511.25
70	258.75	327.50	383.75	417.50	560.00
71	282.50	360.00	420.00	458.75	615.00
72	310.00	397.50	465.00	507.50	677.50
73	342.50	438.75	515.00	561.25	748.75
74	380.00	485.00	568.75	622.50	826.25
75	418.75	535.00	627.50	688.75	911.25
76	461.25	591.25	692.50	760.00	1005.00
77	506.25	650.00	763.75	838.75	1102.50
78	552.50	713.75	838.75	922.50	1208.75
79	601.25	782.50	918.75	1010.00	1322.50
80	652.50				
81	707.50				
82	765.00				
83	823.75				
84	885.00				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0101-B37
Long-Term Care Policy

WITH SURVIVORSHIP BENEFIT RIDER R1-N0103-SERIES

When this rider is chosen, multiply the final premium by the appropriate factor.

ISSUE AGE	NO INFLATION PROTECTION	SIMPLE INFLATION PROTECTION	COMPOUND INFLATION PROTECTION
18-44	1.11	1.17	1.17
45-49	1.14	1.21	1.21
50-54	1.18	1.28	1.28
55	1.20	1.30	1.30
56	1.20	1.30	1.30
57	1.21	1.30	1.30
58	1.21	1.30	1.30
59	1.21	1.30	1.30
60	1.21	1.30	1.30
61	1.21	1.30	1.30
62	1.21	1.29	1.29
63	1.21	1.29	1.29
64	1.21	1.28	1.28
65	1.20	1.27	1.27
66	1.20	1.26	1.26
67	1.20	1.26	1.26
68	1.19	1.25	1.25
69	1.19	1.24	1.24
70	1.18	1.23	1.23
71	1.18	1.22	1.22
72	1.17	1.20	1.20
73	1.16	1.19	1.19
74	1.16	1.18	1.18
75	1.15	1.17	1.17
76	1.14	1.16	1.16
77	1.13	1.15	1.15
78	1.12	1.14	1.14
79	1.11	1.13	1.13
80	1.10	1.12	1.12
81	1.09	1.11	1.11
82	1.08	1.10	1.10
83	1.07	1.09	1.09
84	1.06	1.08	1.08

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0101-B37
Long-Term Care Policy

Elimination Period Factors

Rates shown are for 30 day elimination period. Rates for other elimination periods are calculated by multiplying the 30 day rates by the appropriate factor from the following table:

Benefit Maximum	0	14	20	60	90	100	180	365
730x,1095x	1.11	1.06	1.03	0.95	0.91	0.90	0.80	0.71
1460x,1825x	1.09	1.05	1.03	0.95	0.91	0.90	0.81	0.72
Lifetime	1.07	1.04	1.03	0.96	0.93	0.92	0.85	0.78

Table Rating Health Rating Group Factors

Rates shown are for Preferred Rating Group and Select Rating Group. Rates for Table Rating Health Groups 1, 2, 3 and 4 are calculated by multiplying Select rates by 1.25, 1.50, 1.75 and 2.00 respectively.

Spousal Discount

A 20% discount to the rates is available to married couples if both spouses apply for coverage.

Dual Waiver of Premium Rider R1-N0104-Series

An optional dual waiver of premium rider will be offered. If one spouse qualifies for a waiver of premium, the premium of the other spouse will also be waived. If chosen, multiply the final premium by 1.06.

Shared Advantage Rider R1-N0105-Series

This rider will allow two covered spouses to purchase an additional benefit amount that can be used by either spouse after their base benefits are exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	No Inflation Protection	With Inflation Protection
730x	1.30	1.35
1095x	1.21	1.25
1460x	1.15	1.18
1825x	1.12	1.14

Restoration of Benefits Rider R1-N0106-Series

This rider restores the maximum lifetime benefit if the insured has not met the stipulated conditions for a period of 180 consecutive days and the maximum lifetime benefit has not been exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	Factor
730x	1.08
1095x	1.06
1460x,1825x	1.04

Cost of Living Increase Rider R1-N0107-Series

This rider allows the insured to increase their policy limits, subject to the terms of the rider, every three years without additional underwriting. The additional premium charged is based on the attained age and incremental increase in the maximum daily facility benefit when exercised. If chosen, multiply the final premium by the appropriate factor:

Age	Factor
18-44	1.15
45-49	1.12
50-55	1.10
56-58	1.09
59-61	1.08
62-64	1.07
65-67	1.06
68-70	1.05
71-73	1.04
74-76	1.03

Modal Factors

Semi-Annual: 0.52; Quarterly: 0.27; Check-A-Matic: 0.09

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604

Supplement to Rate Sheets for Policy Form P1-N0075-B87
PENNSYLVANIA

All rates for this form should be multiplied by a factor of: 1.9425

This factor represents the **proposed** increase of: 29.5%

And the following prior approved rate increases:

Policy Form	Increase Applies to all Policies or Subsets	Rate Increase Approved	Approval Date of Rate Increase
P1-N0075-B87	--Yes--	20.00%	3/14/2013
P1-N0075-B87	--Yes--	25.00%	12/3/2014

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0075-B87
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	17.34	19.38	22.44	23.46	24.48
45-49	19.38	21.42	24.48	25.50	27.54
50-54	23.46	26.52	29.58	31.62	35.70
55	26.52	30.60	34.68	37.74	44.88
56	28.56	32.64	37.74	40.80	48.96
57	30.60	35.70	40.80	43.86	54.06
58	33.66	38.76	44.88	47.94	59.16
59	36.72	42.84	48.96	52.02	65.28
60	40.80	47.94	54.06	57.12	71.40
61	43.86	52.02	59.16	62.22	77.52
62	47.94	57.12	64.26	68.34	84.66
63	51.00	61.20	69.36	73.44	90.78
64	54.06	65.28	74.46	79.56	96.90
65	58.14	69.36	79.56	85.68	104.04
66	62.22	75.48	85.68	92.82	112.20
67	67.32	81.60	93.84	100.98	122.40
68	73.44	89.76	103.02	111.18	134.64
69	80.58	97.92	113.22	121.38	146.88
70	87.72	107.10	124.44	133.62	162.18
71	96.90	118.32	136.68	147.90	179.52
72	107.10	131.58	151.98	164.22	198.90
73	119.34	146.88	169.32	182.58	221.34
74	132.60	163.20	188.70	204.00	246.84
75	147.90	181.56	209.10	226.44	274.38
76	164.22	201.96	232.56	250.92	303.96
77	181.56	223.38	257.04	277.44	336.60
78	199.92	246.84	283.56	306.00	371.28
79	220.32	271.32	312.12	336.60	409.02
80	240.72				
81	263.16				
82	286.62				
83	311.10				
84	337.62				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0075-B87
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	32.64	39.78	45.90	49.98	60.18
45-49	35.70	43.86	51.00	55.08	67.32
50-54	43.86	54.06	63.24	68.34	85.68
55	53.04	64.26	74.46	79.56	102.00
56	56.10	68.34	78.54	84.66	109.14
57	60.18	73.44	83.64	89.76	116.28
58	64.26	78.54	89.76	95.88	124.44
59	68.34	83.64	95.88	103.02	132.60
60	72.42	89.76	103.02	111.18	141.78
61	77.52	95.88	110.16	119.34	150.96
62	82.62	102.00	118.32	128.52	162.18
63	87.72	109.14	126.48	136.68	173.40
64	93.84	115.26	134.64	145.86	185.64
65	99.96	123.42	142.80	155.04	198.90
66	107.10	131.58	153.00	165.24	213.18
67	115.26	141.78	164.22	177.48	229.50
68	124.44	153.00	177.48	191.76	247.86
69	133.62	165.24	190.74	207.06	267.24
70	144.84	179.52	207.06	224.40	287.64
71	157.08	194.82	224.40	243.78	312.12
72	170.34	212.16	244.80	266.22	339.66
73	185.64	231.54	268.26	291.72	370.26
74	202.98	253.98	293.76	320.28	404.94
75	221.34	277.44	322.32	350.88	441.66
76	240.72	302.94	352.92	384.54	482.46
77	261.12	330.48	385.56	421.26	525.30
78	282.54	360.06	421.26	460.02	571.20
79	304.98	391.68	459.00	501.84	621.18
80	329.46				
81	353.94				
82	380.46				
83	408.00				
84	436.56				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0075-B87
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	23.46	28.56	32.64	35.70	42.84
45-49	25.50	31.62	36.72	39.78	47.94
50-54	35.70	42.84	49.98	54.06	65.28
55	40.80	49.98	57.12	61.20	78.54
56	42.84	53.04	60.18	65.28	83.64
57	45.90	57.12	64.26	69.36	89.76
58	49.98	62.22	69.36	75.48	96.90
59	54.06	67.32	75.48	81.60	106.08
60	59.16	73.44	82.62	89.76	115.26
61	64.26	79.56	90.78	97.92	125.46
62	69.36	85.68	97.92	106.08	135.66
63	74.46	91.80	105.06	114.24	145.86
64	79.56	97.92	112.20	122.40	157.08
65	84.66	105.06	120.36	130.56	168.30
66	91.80	113.22	129.54	140.76	182.58
67	98.94	122.40	140.76	153.00	197.88
68	107.10	133.62	154.02	167.28	215.22
69	117.30	145.86	168.30	182.58	234.60
70	127.50	159.12	183.60	199.92	257.04
71	139.74	174.42	201.96	219.30	280.50
72	153.00	191.76	222.36	241.74	308.04
73	168.30	211.14	244.80	267.24	338.64
74	185.64	232.56	270.30	294.78	372.30
75	204.00	256.02	297.84	324.36	408.00
76	223.38	281.52	327.42	357.00	447.78
77	243.78	308.04	359.04	391.68	489.60
78	265.20	336.60	392.70	429.42	534.48
79	287.64	367.20	429.42	469.20	582.42
80	312.12				
81	336.60				
82	363.12				
83	390.66				
84	419.22				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0075-B87
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	20.40	22.44	26.52	27.54	28.56
45-49	22.44	25.50	28.56	29.58	32.64
50-54	27.54	31.62	34.68	36.72	41.82
55	31.62	35.70	40.80	44.88	53.04
56	33.66	38.76	44.88	47.94	57.12
57	35.70	41.82	47.94	52.02	63.24
58	39.78	45.90	53.04	56.10	69.36
59	42.84	49.98	57.12	61.20	76.50
60	47.94	56.10	63.24	67.32	83.64
61	52.02	61.20	69.36	73.44	90.78
62	56.10	67.32	75.48	80.58	99.96
63	60.18	72.42	81.60	86.70	107.10
64	63.24	76.50	87.72	93.84	114.24
65	68.34	81.60	93.84	100.98	122.40
66	73.44	88.74	100.98	109.14	131.58
67	79.56	95.88	110.16	118.32	143.82
68	86.70	106.08	121.38	130.56	158.10
69	94.86	115.26	133.62	142.80	172.38
70	103.02	126.48	146.88	157.08	190.74
71	114.24	138.72	161.16	174.42	211.14
72	126.48	155.04	178.50	192.78	233.58
73	140.76	172.38	198.90	215.22	260.10
74	156.06	191.76	222.36	239.70	290.70
75	174.42	213.18	245.82	266.22	322.32
76	192.78	237.66	273.36	294.78	358.02
77	213.18	263.16	301.92	326.40	395.76
78	235.62	290.70	333.54	360.06	436.56
79	259.08	319.26	367.20	395.76	481.44
80	283.56				
81	310.08				
82	337.62				
83	366.18				
84	396.78				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0075-B87
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	38.76	46.92	54.06	59.16	70.38
45-49	41.82	52.02	60.18	65.28	79.56
50-54	52.02	63.24	74.46	80.58	100.98
55	62.22	75.48	87.72	93.84	120.36
56	66.30	80.58	92.82	99.96	128.52
57	70.38	86.70	97.92	106.08	136.68
58	75.48	92.82	106.08	113.22	146.88
59	80.58	97.92	113.22	121.38	156.06
60	85.68	106.08	121.38	130.56	167.28
61	90.78	113.22	129.54	140.76	177.48
62	96.90	120.36	138.72	150.96	190.74
63	103.02	128.52	148.92	161.16	204.00
64	110.16	135.66	158.10	171.36	218.28
65	117.30	144.84	168.30	182.58	233.58
66	126.48	155.04	179.52	194.82	250.92
67	135.66	167.28	192.78	209.10	270.30
68	146.88	179.52	209.10	225.42	291.72
69	157.08	194.82	224.40	243.78	314.16
70	170.34	211.14	243.78	264.18	338.64
71	184.62	229.50	264.18	286.62	367.20
72	199.92	249.90	287.64	313.14	399.84
73	218.28	272.34	315.18	342.72	435.54
74	238.68	298.86	345.78	376.38	476.34
75	260.10	326.40	379.44	413.10	519.18
76	283.56	355.98	415.14	452.88	567.12
77	307.02	388.62	453.90	495.72	618.12
78	332.52	423.30	495.72	541.62	672.18
79	359.04	461.04	539.58	590.58	730.32
80	387.60				
81	416.16				
82	447.78				
83	480.42				
84	514.08				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0075-B87
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	27.54	33.66	38.76	41.82	49.98
45-49	29.58	36.72	42.84	46.92	56.10
50-54	41.82	49.98	59.16	63.24	76.50
55	47.94	59.16	67.32	72.42	92.82
56	49.98	62.22	70.38	76.50	97.92
57	54.06	67.32	75.48	81.60	106.08
58	59.16	73.44	81.60	88.74	114.24
59	63.24	79.56	88.74	95.88	124.44
60	69.36	86.70	96.90	106.08	135.66
61	75.48	93.84	107.10	115.26	147.90
62	81.60	100.98	115.26	124.44	159.12
63	87.72	108.12	123.42	134.64	171.36
64	93.84	115.26	131.58	143.82	184.62
65	99.96	123.42	141.78	154.02	197.88
66	108.12	133.62	151.98	165.24	215.22
67	116.28	143.82	165.24	179.52	232.56
68	126.48	157.08	181.56	196.86	252.96
69	137.70	171.36	197.88	215.22	276.42
70	149.94	187.68	216.24	235.62	301.92
71	164.22	205.02	237.66	258.06	330.48
72	179.52	225.42	261.12	284.58	362.10
73	197.88	248.88	287.64	314.16	398.82
74	218.28	273.36	318.24	346.80	437.58
75	239.70	300.90	350.88	381.48	480.42
76	263.16	331.50	385.56	420.24	526.32
77	286.62	362.10	422.28	461.04	576.30
78	312.12	395.76	462.06	504.90	628.32
79	338.64	432.48	504.90	551.82	685.44
80	367.20				
81	395.76				
82	427.38				
83	460.02				
84	493.68				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0075-B87
Long-Term Care Policy: Facility Only Coverage

WITH SURVIVORSHIP BENEFIT RIDER R1-N0103-SERIES

When this rider is chosen, multiply the final premium by the appropriate factor.

ISSUE AGE	NO INFLATION PROTECTION	SIMPLE INFLATION PROTECTION	COMPOUND INFLATION PROTECTION
18-44	1.11	1.17	1.17
45-49	1.14	1.21	1.21
50-54	1.18	1.28	1.28
55	1.20	1.30	1.30
56	1.20	1.30	1.30
57	1.21	1.30	1.30
58	1.21	1.30	1.30
59	1.21	1.30	1.30
60	1.21	1.30	1.30
61	1.21	1.30	1.30
62	1.21	1.29	1.29
63	1.21	1.29	1.29
64	1.21	1.28	1.28
65	1.20	1.27	1.27
66	1.20	1.26	1.26
67	1.20	1.26	1.26
68	1.19	1.25	1.25
69	1.19	1.24	1.24
70	1.18	1.23	1.23
71	1.18	1.22	1.22
72	1.17	1.20	1.20
73	1.16	1.19	1.19
74	1.16	1.18	1.18
75	1.15	1.17	1.17
76	1.14	1.16	1.16
77	1.13	1.15	1.15
78	1.12	1.14	1.14
79	1.11	1.13	1.13
80	1.10	1.12	1.12
81	1.09	1.11	1.11
82	1.08	1.10	1.10
83	1.07	1.09	1.09
84	1.06	1.08	1.08

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0075-B87
Long-Term Care Policy: Facility Only Coverage

Elimination Period Factors

Rates shown are for 30 day elimination period. Rates for other elimination periods are calculated by multiplying the 30 day rates by the appropriate factor from the following table:

Benefit Maximum	0	14	20	60	90	100	180	365
730x,1095x	1.12	1.07	1.03	0.94	0.90	0.89	0.78	0.67
1460x,1825x	1.10	1.05	1.03	0.95	0.90	0.89	0.79	0.69
Lifetime	1.08	1.04	1.03	0.96	0.92	0.91	0.84	0.75

Table Rating Health Rating Group Factors

Rates shown are for Preferred Rating Group and Select Rating Group. Rates for Table Rating Health Groups 1, 2, 3 and 4 are calculated by multiplying Select rates by 1.25, 1.50, 1.75 and 2.00 respectively.

Multi-Life Discount

A 5%, 10%, 15% or 20% discount to the rates is available for qualifying Associations of 10 or more lives.

Spousal Discount

A 20% discount to the rates is available to married couples if both spouses apply for coverage.

Dual Waiver of Premium Rider R1-N0104-Series

An optional dual waiver of premium rider will be offered. If one spouse qualifies for a waiver of premium, the premium of the other spouse will also be waived. If chosen, multiply the final premium by 1.06.

Shared Advantage Rider R1-N0105-Series

This rider will allow two covered spouses to purchase an additional benefit amount that can be used by either spouse after their base benefits are exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	No Inflation Protection	With Inflation Protection
730x	1.30	1.35
1095x	1.21	1.25
1460x	1.15	1.18
1825x	1.12	1.14

Restoration of Benefits Rider R1-N0108-Series

This rider restores the maximum lifetime benefit if the insured has not met the stipulated conditions for a period of 180 consecutive days and the maximum lifetime benefit has not been exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	Factor
730x	1.08
1095x	1.06
1460x,1825x	1.04

Cost of Living Increase Rider R1-N0107-Series

This rider allows the insured to increase their policy limits, subject to the terms of the rider, every three years without additional underwriting. The additional premium charged is based on the attained age and incremental increase in the maximum daily facility benefit when exercised. If chosen, multiply the final premium by the appropriate factor:

Age	Factor
18-44	1.15
45-49	1.12
50-55	1.10
56-58	1.09
59-61	1.08
62-64	1.07
65-67	1.06
68-70	1.05
71-73	1.04
74-76	1.03

Modal Factors

Semi-Annual: 0.52; Quarterly: 0.27; Check-A-Matic: 0.09

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604

Supplement to Rate Sheets for Policy Form P1-N0076-B87
PENNSYLVANIA

All rates for this form should be multiplied by a factor of: 1.9425

This factor represents the **proposed** increase of: 29.5%

And the following prior approved rate increases:

Policy Form	Increase Applies to all Policies or Subsets	Rate Increase Approved	Approval Date of Rate Increase
P1-N0076-B87	--Yes--	20.00%	3/14/2013
P1-N0076-B87	--Yes--	25.00%	12/3/2014

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0076-B87
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	21.68	24.23	28.05	29.33	30.60
45-49	24.23	26.78	30.60	31.88	34.43
50-54	29.33	33.15	36.98	39.53	44.63
55	33.15	38.25	43.35	47.18	56.10
56	35.70	40.80	47.18	51.00	61.20
57	38.25	44.63	51.00	54.83	67.58
58	42.08	48.45	56.10	59.93	73.95
59	45.90	53.55	61.20	65.03	81.60
60	51.00	59.93	67.58	71.40	89.25
61	54.83	65.03	73.95	77.78	96.90
62	59.93	71.40	80.33	85.43	105.83
63	63.75	76.50	86.70	91.80	113.48
64	67.58	81.60	93.08	99.45	121.13
65	72.68	86.70	99.45	107.10	130.05
66	77.78	94.35	107.10	116.03	140.25
67	84.15	102.00	117.30	126.23	153.00
68	91.80	112.20	128.78	138.98	168.30
69	100.73	122.40	141.53	151.73	183.60
70	109.65	133.88	155.55	167.03	202.73
71	121.13	147.90	170.85	184.88	224.40
72	133.88	164.48	189.98	205.28	248.63
73	149.18	183.60	211.65	228.23	276.68
74	165.75	204.00	235.88	255.00	308.55
75	184.88	226.95	261.38	283.05	342.98
76	205.28	252.45	290.70	313.65	379.95
77	226.95	279.23	321.30	346.80	420.75
78	249.90	308.55	354.45	382.50	464.10
79	275.40	339.15	390.15	420.75	511.28
80	300.90				
81	328.95				
82	358.28				
83	388.88				
84	422.03				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0076-B87
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	40.80	49.73	57.38	62.48	75.23
45-49	44.63	54.83	63.75	68.85	84.15
50-54	54.83	67.58	79.05	85.43	107.10
55	66.30	80.33	93.08	99.45	127.50
56	70.13	85.43	98.18	105.83	136.43
57	75.23	91.80	104.55	112.20	145.35
58	80.33	98.18	112.20	119.85	155.55
59	85.43	104.55	119.85	128.78	165.75
60	90.53	112.20	128.78	138.98	177.23
61	96.90	119.85	137.70	149.18	188.70
62	103.28	127.50	147.90	160.65	202.73
63	109.65	136.43	158.10	170.85	216.75
64	117.30	144.08	168.30	182.33	232.05
65	124.95	154.28	178.50	193.80	248.63
66	133.88	164.48	191.25	206.55	266.48
67	144.08	177.23	205.28	221.85	286.88
68	155.55	191.25	221.85	239.70	309.83
69	167.03	206.55	238.43	258.83	334.05
70	181.05	224.40	258.83	280.50	359.55
71	196.35	243.53	280.50	304.73	390.15
72	212.93	265.20	306.00	332.78	424.58
73	232.05	289.43	335.33	364.65	462.83
74	253.73	317.48	367.20	400.35	506.18
75	276.68	346.80	402.90	438.60	552.08
76	300.90	378.68	441.15	480.68	603.08
77	326.40	413.10	481.95	526.58	656.63
78	353.18	450.08	526.58	575.03	714.00
79	381.23	489.60	573.75	627.30	776.48
80	411.83				
81	442.43				
82	475.58				
83	510.00				
84	545.70				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0076-B87
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	29.33	35.70	40.80	44.63	53.55
45-49	31.88	39.53	45.90	49.73	59.93
50-54	44.63	53.55	62.48	67.58	81.60
55	51.00	62.48	71.40	76.50	98.18
56	53.55	66.30	75.23	81.60	104.55
57	57.38	71.40	80.33	86.70	112.20
58	62.48	77.78	86.70	94.35	121.13
59	67.58	84.15	94.35	102.00	132.60
60	73.95	91.80	103.28	112.20	144.08
61	80.33	99.45	113.48	122.40	156.83
62	86.70	107.10	122.40	132.60	169.58
63	93.08	114.75	131.33	142.80	182.33
64	99.45	122.40	140.25	153.00	196.35
65	105.83	131.33	150.45	163.20	210.38
66	114.75	141.53	161.93	175.95	228.23
67	123.68	153.00	175.95	191.25	247.35
68	133.88	167.03	192.53	209.10	269.03
69	146.63	182.33	210.38	228.23	293.25
70	159.38	198.90	229.50	249.90	321.30
71	174.68	218.03	252.45	274.13	350.63
72	191.25	239.70	277.95	302.18	385.05
73	210.38	263.93	306.00	334.05	423.30
74	232.05	290.70	337.88	368.48	465.38
75	255.00	320.03	372.30	405.45	510.00
76	279.23	351.90	409.28	446.25	559.73
77	304.73	385.05	448.80	489.60	612.00
78	331.50	420.75	490.88	536.78	668.10
79	359.55	459.00	536.78	586.50	728.03
80	390.15				
81	420.75				
82	453.90				
83	488.33				
84	524.03				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0076-B87
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	25.50	28.05	33.15	34.43	35.70
45-49	28.05	31.88	35.70	36.98	40.80
50-54	34.43	39.53	43.35	45.90	52.28
55	39.53	44.63	51.00	56.10	66.30
56	42.08	48.45	56.10	59.93	71.40
57	44.63	52.28	59.93	65.03	79.05
58	49.73	57.38	66.30	70.13	86.70
59	53.55	62.48	71.40	76.50	95.63
60	59.93	70.13	79.05	84.15	104.55
61	65.03	76.50	86.70	91.80	113.48
62	70.13	84.15	94.35	100.73	124.95
63	75.23	90.53	102.00	108.38	133.88
64	79.05	95.63	109.65	117.30	142.80
65	85.43	102.00	117.30	126.23	153.00
66	91.80	110.93	126.23	136.43	164.48
67	99.45	119.85	137.70	147.90	179.78
68	108.38	132.60	151.73	163.20	197.63
69	118.58	144.08	167.03	178.50	215.48
70	128.78	158.10	183.60	196.35	238.43
71	142.80	173.40	201.45	218.03	263.93
72	158.10	193.80	223.13	240.98	291.98
73	175.95	215.48	248.63	269.03	325.13
74	195.08	239.70	277.95	299.63	363.38
75	218.03	266.48	307.28	332.78	402.90
76	240.98	297.08	341.70	368.48	447.53
77	266.48	328.95	377.40	408.00	494.70
78	294.53	363.38	416.93	450.08	545.70
79	323.85	399.08	459.00	494.70	601.80
80	354.45				
81	387.60				
82	422.03				
83	457.73				
84	495.98				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0076-B87
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	48.45	58.65	67.58	73.95	87.98
45-49	52.28	65.03	75.23	81.60	99.45
50-54	65.03	79.05	93.08	100.73	126.23
55	77.78	94.35	109.65	117.30	150.45
56	82.88	100.73	116.03	124.95	160.65
57	87.98	108.38	122.40	132.60	170.85
58	94.35	116.03	132.60	141.53	183.60
59	100.73	122.40	141.53	151.73	195.08
60	107.10	132.60	151.73	163.20	209.10
61	113.48	141.53	161.93	175.95	221.85
62	121.13	150.45	173.40	188.70	238.43
63	128.78	160.65	186.15	201.45	255.00
64	137.70	169.58	197.63	214.20	272.85
65	146.63	181.05	210.38	228.23	291.98
66	158.10	193.80	224.40	243.53	313.65
67	169.58	209.10	240.98	261.38	337.88
68	183.60	224.40	261.38	281.78	364.65
69	196.35	243.53	280.50	304.73	392.70
70	212.93	263.93	304.73	330.23	423.30
71	230.78	286.88	330.23	358.28	459.00
72	249.90	312.38	359.55	391.43	499.80
73	272.85	340.43	393.98	428.40	544.43
74	298.35	373.58	432.23	470.48	595.43
75	325.13	408.00	474.30	516.38	648.98
76	354.45	444.98	518.93	566.10	708.90
77	383.78	485.78	567.38	619.65	772.65
78	415.65	529.13	619.65	677.03	840.23
79	448.80	576.30	674.48	738.23	912.90
80	484.50				
81	520.20				
82	559.73				
83	600.53				
84	642.60				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0076-B87
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	34.43	42.08	48.45	52.28	62.48
45-49	36.98	45.90	53.55	58.65	70.13
50-54	52.28	62.48	73.95	79.05	95.63
55	59.93	73.95	84.15	90.53	116.03
56	62.48	77.78	87.98	95.63	122.40
57	67.58	84.15	94.35	102.00	132.60
58	73.95	91.80	102.00	110.93	142.80
59	79.05	99.45	110.93	119.85	155.55
60	86.70	108.38	121.13	132.60	169.58
61	94.35	117.30	133.88	144.08	184.88
62	102.00	126.23	144.08	155.55	198.90
63	109.65	135.15	154.28	168.30	214.20
64	117.30	144.08	164.48	179.78	230.78
65	124.95	154.28	177.23	192.53	247.35
66	135.15	167.03	189.98	206.55	269.03
67	145.35	179.78	206.55	224.40	290.70
68	158.10	196.35	226.95	246.08	316.20
69	172.13	214.20	247.35	269.03	345.53
70	187.43	234.60	270.30	294.53	377.40
71	205.28	256.28	297.08	322.58	413.10
72	224.40	281.78	326.40	355.73	452.63
73	247.35	311.10	359.55	392.70	498.53
74	272.85	341.70	397.80	433.50	546.98
75	299.63	376.13	438.60	476.85	600.53
76	328.95	414.38	481.95	525.30	657.90
77	358.28	452.63	527.85	576.30	720.38
78	390.15	494.70	577.58	631.13	785.40
79	423.30	540.60	631.13	689.78	856.80
80	459.00				
81	494.70				
82	534.23				
83	575.03				
84	617.10				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0076-B87
Long-Term Care Policy: Facility Only Coverage

WITH SURVIVORSHIP BENEFIT RIDER R1-N0103-SERIES

When this rider is chosen, multiply the final premium by the appropriate factor.

ISSUE AGE	NO INFLATION PROTECTION	SIMPLE INFLATION PROTECTION	COMPOUND INFLATION PROTECTION
18-44	1.11	1.17	1.17
45-49	1.14	1.21	1.21
50-54	1.18	1.28	1.28
55	1.20	1.30	1.30
56	1.20	1.30	1.30
57	1.21	1.30	1.30
58	1.21	1.30	1.30
59	1.21	1.30	1.30
60	1.21	1.30	1.30
61	1.21	1.30	1.30
62	1.21	1.29	1.29
63	1.21	1.29	1.29
64	1.21	1.28	1.28
65	1.20	1.27	1.27
66	1.20	1.26	1.26
67	1.20	1.26	1.26
68	1.19	1.25	1.25
69	1.19	1.24	1.24
70	1.18	1.23	1.23
71	1.18	1.22	1.22
72	1.17	1.20	1.20
73	1.16	1.19	1.19
74	1.16	1.18	1.18
75	1.15	1.17	1.17
76	1.14	1.16	1.16
77	1.13	1.15	1.15
78	1.12	1.14	1.14
79	1.11	1.13	1.13
80	1.10	1.12	1.12
81	1.09	1.11	1.11
82	1.08	1.10	1.10
83	1.07	1.09	1.09
84	1.06	1.08	1.08

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0076-B87
Long-Term Care Policy: Facility Only Coverage

Elimination Period Factors

Rates shown are for 30 day elimination period. Rates for other elimination periods are calculated by multiplying the 30 day rates by the appropriate factor from the following table:

Benefit Maximum	0	14	20	60	90	100	180	365
730x,1095x	1.12	1.07	1.03	0.94	0.90	0.89	0.78	0.67
1460x,1825x	1.10	1.05	1.03	0.95	0.90	0.89	0.79	0.69
Lifetime	1.08	1.04	1.03	0.96	0.92	0.91	0.84	0.75

Table Rating Health Rating Group Factors

Rates shown are for Preferred Rating Group and Select Rating Group. Rates for Table Rating Health Groups 1, 2, 3 and 4 are calculated by multiplying Select rates by 1.25, 1.50, 1.75 and 2.00 respectively.

Multi-Life Discount

A 5%, 10%, 15% or 20% discount to the rates is available for qualifying Associations of 10 or more lives.

Spousal Discount

A 20% discount to the rates is available to married couples if both spouses apply for coverage.

Dual Waiver of Premium Rider R1-N0104-Series

An optional dual waiver of premium rider will be offered. If one spouse qualifies for a waiver of premium, the premium of the other spouse will also be waived. If chosen, multiply the final premium by 1.06.

Shared Advantage Rider R1-N0105-Series

This rider will allow two covered spouses to purchase an additional benefit amount that can be used by either spouse after their base benefits are exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	No Inflation Protection	With Inflation Protection
730x	1.30	1.35
1095x	1.21	1.25
1460x	1.15	1.18
1825x	1.12	1.14

Restoration of Benefits Rider R1-N0108-Series

This rider restores the maximum lifetime benefit if the insured has not met the stipulated conditions for a period of 180 consecutive days and the maximum lifetime benefit has not been exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	Factor
730x	1.08
1095x	1.06
1460x,1825x	1.04

Cost of Living Increase Rider R1-N0107-Series

This rider allows the insured to increase their policy limits, subject to the terms of the rider, every three years without additional underwriting. The additional premium charged is based on the attained age and incremental increase in the maximum daily facility benefit when exercised. If chosen, multiply the final premium by the appropriate factor:

Age	Factor
18-44	1.15
45-49	1.12
50-55	1.10
56-58	1.09
59-61	1.08
62-64	1.07
65-67	1.06
68-70	1.05
71-73	1.04
74-76	1.03

Modal Factors

Semi-Annual: 0.52; Quarterly: 0.27; Check-A-Matic: 0.09

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604

Supplement to Rate Sheets for Policy Form P1-N0080-B87
PENNSYLVANIA

All rates for this form should be multiplied by a factor of: 1.9425

This factor represents the **proposed** increase of: 29.5%

And the following prior approved rate increases:

Policy Form	Increase Applies to all Policies or Subsets	Rate Increase Approved	Approval Date of Rate Increase
P1-N0080-B87	--Yes--	20.00%	3/14/2013
P1-N0080-B87	--Yes--	25.00%	12/3/2014

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0080-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	19.95	24.15	26.25	28.35	36.75
45-49	22.05	27.30	29.40	31.50	40.95
50-54	27.30	32.55	36.75	38.85	50.40
55	31.50	37.80	42.00	45.15	59.85
56	33.60	39.90	45.15	48.30	63.00
57	35.70	43.05	48.30	51.45	68.25
58	38.85	46.20	52.50	55.65	73.50
59	42.00	50.40	56.70	60.90	79.80
60	45.15	54.60	61.95	66.15	87.15
61	49.35	58.80	67.20	72.45	94.50
62	53.55	64.05	73.50	78.75	102.90
63	57.75	69.30	78.75	85.05	111.30
64	60.90	73.50	85.05	91.35	118.65
65	65.10	78.75	91.35	97.65	127.05
66	69.30	85.05	98.70	106.05	137.55
67	75.60	92.40	107.10	115.50	150.15
68	82.95	100.80	116.55	127.05	164.85
69	90.30	110.25	128.10	138.60	180.60
70	98.70	120.75	139.65	152.25	198.45
71	108.15	133.35	154.35	168.00	218.40
72	119.70	148.05	171.15	186.90	242.55
73	132.30	164.85	191.10	207.90	269.85
74	147.00	183.75	212.10	232.05	299.25
75	163.80	203.70	236.25	258.30	331.80
76	180.60	225.75	262.50	286.65	367.50
77	199.50	249.90	290.85	317.10	406.35
78	219.45	276.15	321.30	350.70	447.30
79	241.50	303.45	353.85	385.35	491.40
80	264.60				
81	288.75				
82	315.00				
83	342.30				
84	371.70				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0080-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	23.10	28.35	31.50	32.55	43.05
45-49	26.25	31.50	34.65	36.75	47.25
50-54	30.45	36.75	42.00	45.15	58.80
55	35.70	42.00	47.25	51.45	68.25
56	37.80	44.10	50.40	54.60	71.40
57	39.90	47.25	53.55	57.75	76.65
58	43.05	51.45	57.75	61.95	81.90
59	46.20	55.65	63.00	68.25	88.20
60	49.35	60.90	68.25	73.50	95.55
61	53.55	65.10	74.55	80.85	103.95
62	57.75	70.35	80.85	87.15	112.35
63	61.95	75.60	87.15	93.45	121.80
64	66.15	80.85	92.40	99.75	130.20
65	71.40	86.10	99.75	106.05	139.65
66	75.60	92.40	107.10	114.45	151.20
67	81.90	100.80	115.50	124.95	164.85
68	89.25	109.20	127.05	137.55	180.60
69	97.65	119.70	138.60	150.15	197.40
70	107.10	132.30	151.20	164.85	217.35
71	116.55	144.90	168.00	181.65	239.40
72	129.15	161.70	185.85	202.65	264.60
73	143.85	179.55	206.85	225.75	294.00
74	158.55	199.50	231.00	250.95	325.50
75	176.40	221.55	257.25	279.30	361.20
76	194.25	245.70	285.60	310.80	400.05
77	215.25	270.90	316.05	344.40	442.05
78	236.25	299.25	349.65	381.15	486.15
79	259.35	329.70	384.30	418.95	534.45
80	283.50				
81	309.75				
82	337.05				
83	365.40				
84	395.85				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0080-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	24.15	29.40	33.60	34.65	45.15
45-49	27.30	32.55	36.75	38.85	50.40
50-54	31.50	38.85	44.10	47.25	63.00
55	36.75	44.10	49.35	53.55	71.40
56	38.85	46.20	52.50	56.70	75.60
57	40.95	49.35	55.65	60.90	79.80
58	44.10	53.55	59.85	65.10	86.10
59	47.25	57.75	65.10	71.40	92.40
60	51.45	63.00	71.40	76.65	99.75
61	55.65	68.25	77.70	84.00	108.15
62	59.85	73.50	84.00	90.30	116.55
63	64.05	78.75	90.30	96.60	126.00
64	68.25	84.00	95.55	102.90	134.40
65	73.50	89.25	102.90	110.25	144.90
66	78.75	95.55	110.25	118.65	156.45
67	85.05	103.95	119.70	129.15	171.15
68	92.40	113.40	131.25	141.75	186.90
69	100.80	123.90	142.80	155.40	204.75
70	110.25	136.50	156.45	170.10	224.70
71	120.75	150.15	173.25	187.95	247.80
72	133.35	166.95	192.15	208.95	274.05
73	148.05	185.85	214.20	233.10	304.50
74	163.80	205.80	238.35	259.35	337.05
75	181.65	228.90	265.65	288.75	373.80
76	200.55	254.10	295.05	321.30	413.70
77	221.55	280.35	326.55	355.95	456.75
78	243.60	308.70	361.20	393.75	502.95
79	266.70	340.20	397.95	433.65	552.30
80	291.90				
81	318.15				
82	346.50				
83	375.90				
84	406.35				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0080-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	37.80	47.25	54.60	59.85	78.75
45-49	42.00	52.50	60.90	66.15	87.15
50-54	51.45	64.05	74.55	80.85	111.30
55	58.80	74.55	86.10	93.45	129.15
56	61.95	78.75	91.35	98.70	135.45
57	66.15	84.00	96.60	105.00	143.85
58	70.35	89.25	102.90	112.35	152.25
59	75.60	95.55	110.25	119.70	161.70
60	80.85	101.85	117.60	127.05	172.20
61	86.10	109.20	126.00	136.50	183.75
62	92.40	116.55	134.40	145.95	196.35
63	98.70	123.90	142.80	155.40	210.00
64	105.00	132.30	152.25	165.90	223.65
65	111.30	140.70	162.75	176.40	238.35
66	119.70	150.15	173.25	189.00	255.15
67	128.10	161.70	186.90	203.70	275.10
68	137.55	174.30	201.60	220.50	297.15
69	148.05	186.90	218.40	238.35	320.25
70	159.60	202.65	236.25	258.30	345.45
71	173.25	219.45	256.20	280.35	374.85
72	187.95	238.35	279.30	305.55	407.40
73	204.75	260.40	305.55	333.90	444.15
74	223.65	284.55	333.90	365.40	484.05
75	244.65	310.80	364.35	399.00	528.15
76	265.65	340.20	397.95	435.75	575.40
77	288.75	370.65	433.65	475.65	625.80
78	311.85	404.25	471.45	517.65	679.35
79	337.05	438.90	512.40	562.80	737.10
80	363.30				
81	389.55				
82	417.90				
83	447.30				
84	477.75				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0080-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	42.00	53.55	61.95	68.25	88.20
45-49	47.25	58.80	69.30	74.55	98.70
50-54	57.75	72.45	85.05	92.40	124.95
55	65.10	82.95	97.65	106.05	142.80
56	68.25	87.15	102.90	111.30	149.10
57	72.45	92.40	108.15	117.60	157.50
58	76.65	97.65	114.45	124.95	166.95
59	81.90	103.95	121.80	132.30	177.45
60	88.20	111.30	129.15	140.70	187.95
61	94.50	118.65	137.55	149.10	200.55
62	100.80	127.05	145.95	159.60	214.20
63	107.10	135.45	155.40	169.05	228.90
64	113.40	143.85	165.90	180.60	242.55
65	120.75	152.25	176.40	192.15	259.35
66	129.15	162.75	189.00	206.85	276.15
67	138.60	175.35	203.70	222.60	298.20
68	149.10	189.00	220.50	241.50	321.30
69	160.65	202.65	237.30	260.40	346.50
70	173.25	220.50	257.25	281.40	373.80
71	186.90	238.35	279.30	305.55	405.30
72	203.70	259.35	303.45	332.85	441.00
73	221.55	283.50	331.80	363.30	480.90
74	241.50	308.70	362.25	396.90	523.95
75	263.55	337.05	394.80	432.60	571.20
76	286.65	367.50	430.50	471.45	620.55
77	309.75	399.00	468.30	513.45	675.15
78	334.95	433.65	509.25	558.60	731.85
79	360.15	470.40	552.30	605.85	793.80
80	388.50				
81	415.80				
82	446.25				
83	476.70				
84	508.20				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0080-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	44.10	55.65	65.10	71.40	92.40
45-49	49.35	61.95	72.45	78.75	102.90
50-54	60.90	76.65	89.25	96.60	130.20
55	68.25	86.10	101.85	111.30	148.05
56	71.40	90.30	107.10	116.55	155.40
57	75.60	95.55	112.35	122.85	163.80
58	79.80	101.85	118.65	130.20	173.25
59	85.05	108.15	126.00	137.55	183.75
60	91.35	115.50	133.35	145.95	195.30
61	97.65	122.85	141.75	154.35	207.90
62	103.95	131.25	151.20	164.85	221.55
63	110.25	139.65	160.65	175.35	236.25
64	117.60	148.05	171.15	186.90	250.95
65	124.95	157.50	182.70	199.50	267.75
66	133.35	168.00	196.35	214.20	285.60
67	142.80	180.60	211.05	231.00	307.65
68	153.30	195.30	227.85	249.90	331.80
69	165.90	210.00	245.70	269.85	358.05
70	178.50	227.85	265.65	291.90	386.40
71	193.20	246.75	288.75	316.05	418.95
72	210.00	268.80	313.95	344.40	455.70
73	228.90	292.95	342.30	375.90	496.65
74	248.85	319.20	373.80	410.55	540.75
75	270.90	347.55	407.40	447.30	589.05
76	295.05	379.05	444.15	487.20	640.50
77	319.20	411.60	483.00	530.25	696.15
78	344.40	446.25	525.00	576.45	754.95
79	370.65	484.05	569.10	624.75	817.95
80	399.00				
81	427.35				
82	457.80				
83	489.30				
84	521.85				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0080-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	28.35	34.65	40.95	44.10	58.80
45-49	31.50	38.85	45.15	49.35	65.10
50-54	40.95	50.40	57.75	64.05	84.00
55	47.25	57.75	67.20	73.50	99.75
56	49.35	60.90	70.35	76.65	106.05
57	52.50	65.10	75.60	81.90	113.40
58	56.70	70.35	81.90	88.20	121.80
59	60.90	75.60	88.20	95.55	131.25
60	66.15	82.95	95.55	103.95	140.70
61	72.45	89.25	103.95	112.35	152.25
62	77.70	96.60	112.35	121.80	163.80
63	82.95	103.95	120.75	130.20	176.40
64	89.25	111.30	129.15	139.65	189.00
65	94.50	118.65	137.55	149.10	202.65
66	101.85	128.10	148.05	160.65	218.40
67	110.25	138.60	160.65	174.30	237.30
68	119.70	151.20	175.35	190.05	258.30
69	130.20	164.85	191.10	207.90	281.40
70	141.75	179.55	208.95	227.85	307.65
71	155.40	197.40	228.90	249.90	336.00
72	170.10	216.30	252.00	275.10	368.55
73	186.90	238.35	277.20	303.45	405.30
74	205.80	261.45	305.55	333.90	444.15
75	225.75	287.70	336.00	367.50	487.20
76	247.80	315.00	368.55	404.25	534.45
77	269.85	345.45	404.25	443.10	583.80
78	292.95	376.95	442.05	485.10	637.35
79	318.15	411.60	481.95	529.20	693.00
80	344.40				
81	371.70				
82	400.05				
83	429.45				
84	460.95				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0080-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	32.55	40.95	47.25	50.40	67.20
45-49	36.75	45.15	51.45	56.70	74.55
50-54	45.15	56.70	66.15	72.45	94.50
55	52.50	65.10	75.60	81.90	111.30
56	55.65	69.30	79.80	87.15	117.60
57	58.80	73.50	85.05	92.40	126.00
58	63.00	78.75	91.35	99.75	134.40
59	67.20	84.00	97.65	107.10	143.85
60	72.45	91.35	106.05	115.50	154.35
61	78.75	97.65	114.45	124.95	165.90
62	84.00	105.00	122.85	134.40	177.45
63	90.30	112.35	132.30	143.85	191.10
64	96.60	120.75	140.70	153.30	204.75
65	102.90	129.15	150.15	163.80	218.40
66	111.30	139.65	161.70	176.40	236.25
67	120.75	150.15	175.35	190.05	256.20
68	131.25	163.80	191.10	207.90	279.30
69	141.75	178.50	207.90	226.80	304.50
70	153.30	194.25	226.80	246.75	331.80
71	166.95	213.15	247.80	270.90	363.30
72	182.70	233.10	273.00	298.20	397.95
73	200.55	257.25	300.30	328.65	436.80
74	220.50	282.45	329.70	361.20	479.85
75	242.55	309.75	363.30	397.95	526.05
76	265.65	339.15	399.00	437.85	576.45
77	289.80	371.70	436.80	478.80	630.00
78	313.95	406.35	477.75	523.95	687.75
79	341.25	443.10	520.80	572.25	748.65
80	368.55				
81	397.95				
82	427.35				
83	457.80				
84	491.40				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0080-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	34.65	43.05	49.35	53.55	71.40
45-49	38.85	47.25	54.60	59.85	78.75
50-54	47.25	58.80	69.30	75.60	98.70
55	54.60	68.25	79.80	86.10	116.55
56	57.75	72.45	84.00	91.35	122.85
57	60.90	76.65	89.25	96.60	131.25
58	65.10	81.90	95.55	103.95	139.65
59	70.35	88.20	101.85	111.30	149.10
60	75.60	94.50	110.25	120.75	159.60
61	80.85	101.85	118.65	130.20	171.15
62	87.15	109.20	127.05	139.65	183.75
63	93.45	116.55	136.50	149.10	197.40
64	99.75	124.95	145.95	159.60	211.05
65	107.10	133.35	155.40	170.10	225.75
66	115.50	143.85	168.00	182.70	243.60
67	124.95	155.40	181.65	197.40	264.60
68	135.45	169.05	197.40	215.25	287.70
69	145.95	183.75	215.25	234.15	313.95
70	158.55	200.55	234.15	255.15	342.30
71	172.20	219.45	256.20	280.35	374.85
72	187.95	240.45	281.40	307.65	410.55
73	206.85	264.60	309.75	339.15	450.45
74	226.80	290.85	340.20	372.75	495.60
75	249.90	319.20	374.85	410.55	542.85
76	273.00	349.65	411.60	451.50	594.30
77	298.20	383.25	450.45	494.55	649.95
78	323.40	418.95	492.45	540.75	708.75
79	350.70	456.75	537.60	591.15	771.75
80	379.05				
81	408.45				
82	438.90				
83	470.40				
84	504.00				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0080-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	23.10	28.35	30.45	33.60	43.05
45-49	26.25	32.55	34.65	36.75	48.30
50-54	32.55	37.80	43.05	46.20	58.80
55	36.75	44.10	49.35	53.55	70.35
56	39.90	47.25	53.55	56.70	74.55
57	42.00	50.40	56.70	60.90	79.80
58	46.20	54.60	61.95	65.10	86.10
59	49.35	58.80	67.20	71.40	93.45
60	53.55	64.05	72.45	77.70	102.90
61	57.75	69.30	78.75	85.05	111.30
62	63.00	75.60	86.10	92.40	120.75
63	68.25	81.90	92.40	99.75	131.25
64	71.40	86.10	99.75	107.10	139.65
65	76.65	92.40	107.10	114.45	149.10
66	81.90	99.75	116.55	124.95	161.70
67	89.25	109.20	126.00	135.45	176.40
68	97.65	118.65	137.55	149.10	194.25
69	106.05	130.20	151.20	162.75	212.10
70	116.55	141.75	163.80	179.55	233.10
71	127.05	156.45	181.65	197.40	257.25
72	140.70	174.30	201.60	219.45	285.60
73	155.40	194.25	224.70	244.65	317.10
74	173.25	216.30	249.90	273.00	351.75
75	193.20	239.40	278.25	303.45	390.60
76	212.10	265.65	308.70	337.05	432.60
77	235.20	294.00	342.30	372.75	477.75
78	258.30	324.45	378.00	412.65	526.05
79	284.55	357.00	415.80	453.60	578.55
80	310.80				
81	340.20				
82	370.65				
83	403.20				
84	436.80				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0080-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	27.30	33.60	36.75	37.80	50.40
45-49	30.45	36.75	40.95	43.05	55.65
50-54	35.70	43.05	49.35	53.55	69.30
55	42.00	49.35	55.65	60.90	79.80
56	44.10	51.45	58.80	64.05	84.00
57	47.25	55.65	63.00	68.25	90.30
58	50.40	60.90	68.25	72.45	96.60
59	54.60	65.10	74.55	79.80	103.95
60	57.75	71.40	79.80	86.10	112.35
61	63.00	76.65	88.20	95.55	121.80
62	68.25	82.95	95.55	102.90	132.30
63	72.45	89.25	102.90	110.25	142.80
64	77.70	95.55	109.20	117.60	153.30
65	84.00	100.80	117.60	124.95	163.80
66	89.25	109.20	126.00	134.40	177.45
67	96.60	118.65	135.45	147.00	194.25
68	105.00	128.10	149.10	161.70	212.10
69	114.45	140.70	162.75	176.40	232.05
70	126.00	155.40	177.45	194.25	256.20
71	137.55	170.10	197.40	214.20	281.40
72	152.25	190.05	218.40	238.35	310.80
73	169.05	211.05	243.60	265.65	345.45
74	186.90	235.20	271.95	295.05	383.25
75	207.90	260.40	302.40	328.65	425.25
76	228.90	288.75	336.00	365.40	470.40
77	253.05	319.20	371.70	405.30	519.75
78	278.25	351.75	411.60	448.35	572.25
79	305.55	387.45	452.55	492.45	628.95
80	333.90				
81	364.35				
82	396.90				
83	429.45				
84	466.20				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0080-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	28.35	34.65	39.90	40.95	53.55
45-49	32.55	37.80	43.05	46.20	58.80
50-54	36.75	46.20	51.45	55.65	74.55
55	43.05	51.45	57.75	63.00	84.00
56	46.20	54.60	61.95	67.20	89.25
57	48.30	57.75	65.10	71.40	93.45
58	51.45	63.00	70.35	76.65	100.80
59	55.65	68.25	76.65	84.00	109.20
60	60.90	74.55	84.00	90.30	117.60
61	65.10	79.80	91.35	98.70	127.05
62	70.35	86.10	98.70	106.05	137.55
63	75.60	92.40	106.05	113.40	148.05
64	79.80	98.70	112.35	120.75	158.55
65	86.10	105.00	120.75	130.20	170.10
66	92.40	112.35	130.20	139.65	183.75
67	99.75	121.80	140.70	152.25	201.60
68	109.20	133.35	154.35	166.95	219.45
69	118.65	145.95	168.00	182.70	240.45
70	130.20	160.65	183.75	200.55	264.60
71	141.75	176.40	203.70	221.55	291.90
72	156.45	196.35	225.75	245.70	322.35
73	174.30	218.40	252.00	274.05	358.05
74	193.20	242.55	280.35	305.55	396.90
75	214.20	268.80	312.90	340.20	439.95
76	236.25	299.25	347.55	378.00	487.20
77	260.40	329.70	384.30	418.95	537.60
78	286.65	363.30	425.25	463.05	592.20
79	313.95	400.05	468.30	510.30	649.95
80	343.35				
81	373.80				
82	407.40				
83	442.05				
84	477.75				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0080-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	44.10	55.65	64.05	70.35	92.40
45-49	49.35	61.95	71.40	77.70	102.90
50-54	60.90	75.60	88.20	95.55	131.25
55	69.30	88.20	100.80	110.25	152.25
56	72.45	92.40	107.10	116.55	159.60
57	77.70	98.70	113.40	123.90	169.05
58	82.95	105.00	120.75	132.30	179.55
59	89.25	112.35	130.20	140.70	190.05
60	95.55	119.70	138.60	149.10	202.65
61	100.80	128.10	148.05	160.65	216.30
62	109.20	137.55	158.55	172.20	231.00
63	116.55	145.95	168.00	182.70	246.75
64	123.90	155.40	179.55	195.30	263.55
65	131.25	165.90	191.10	207.90	280.35
66	140.70	176.40	203.70	222.60	300.30
67	151.20	190.05	219.45	239.40	323.40
68	161.70	204.75	237.30	259.35	349.65
69	174.30	219.45	257.25	280.35	376.95
70	187.95	238.35	278.25	303.45	406.35
71	203.70	258.30	301.35	329.70	441.00
72	221.55	280.35	328.65	359.10	478.80
73	240.45	306.60	359.10	392.70	522.90
74	263.55	334.95	392.70	429.45	569.10
75	287.70	365.40	428.40	469.35	621.60
76	312.90	400.05	468.30	512.40	677.25
77	340.20	435.75	510.30	559.65	736.05
78	366.45	475.65	554.40	609.00	799.05
79	396.90	516.60	602.70	662.55	867.30
80	427.35				
81	457.80				
82	491.40				
83	526.05				
84	561.75				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0080-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	49.35	63.00	72.45	79.80	103.95
45-49	55.65	69.30	81.90	88.20	116.55
50-54	68.25	85.05	99.75	109.20	147.00
55	76.65	97.65	114.45	124.95	168.00
56	79.80	102.90	120.75	131.25	175.35
57	85.05	109.20	127.05	138.60	184.80
58	90.30	114.45	134.40	147.00	196.35
59	96.60	121.80	142.80	155.40	208.95
60	103.95	131.25	152.25	165.90	221.55
61	111.30	139.65	161.70	175.35	236.25
62	118.65	149.10	172.20	187.95	252.00
63	126.00	159.60	182.70	198.45	268.80
64	133.35	169.05	195.30	212.10	285.60
65	141.75	179.55	207.90	225.75	305.55
66	152.25	191.10	222.60	243.60	324.45
67	162.75	205.80	239.40	261.45	350.70
68	175.35	222.60	259.35	284.55	378.00
69	189.00	238.35	279.30	306.60	407.40
70	203.70	259.35	302.40	330.75	439.95
71	219.45	280.35	328.65	359.10	476.70
72	239.40	305.55	357.00	391.65	518.70
73	260.40	333.90	390.60	427.35	565.95
74	284.55	363.30	426.30	467.25	616.35
75	309.75	396.90	464.10	509.25	672.00
76	337.05	432.60	506.10	554.40	729.75
77	364.35	469.35	551.25	603.75	793.80
78	393.75	510.30	599.55	657.30	861.00
79	424.20	553.35	649.95	712.95	933.45
80	456.75				
81	489.30				
82	525.00				
83	560.70				
84	597.45				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0080-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	51.45	65.10	76.65	84.00	109.20
45-49	57.75	72.45	85.05	92.40	120.75
50-54	71.40	90.30	105.00	113.40	153.30
55	79.80	100.80	119.70	131.25	174.30
56	84.00	106.05	126.00	137.55	182.70
57	89.25	112.35	132.30	144.90	193.20
58	93.45	119.70	139.65	153.30	203.70
59	99.75	127.05	148.05	161.70	216.30
60	107.10	135.45	156.45	172.20	229.95
61	114.45	144.90	166.95	181.65	244.65
62	121.80	154.35	177.45	194.25	260.40
63	130.20	163.80	189.00	205.80	278.25
64	138.60	174.30	201.60	219.45	295.05
65	147.00	184.80	215.25	235.20	315.00
66	156.45	197.40	231.00	252.00	336.00
67	168.00	212.10	247.80	271.95	362.25
68	180.60	229.95	267.75	294.00	390.60
69	195.30	246.75	288.75	317.10	421.05
70	210.00	267.75	312.90	343.35	454.65
71	226.80	289.80	340.20	371.70	492.45
72	246.75	316.05	369.60	405.30	536.55
73	268.80	344.40	403.20	442.05	583.80
74	292.95	375.90	439.95	483.00	636.30
75	319.20	408.45	478.80	526.05	693.00
76	347.55	446.25	522.90	573.30	753.90
77	375.90	484.05	568.05	623.70	819.00
78	405.30	525.00	617.40	678.30	888.30
79	435.75	569.10	669.90	735.00	961.80
80	469.35				
81	502.95				
82	538.65				
83	575.40				
84	614.25				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0080-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	33.60	40.95	48.30	51.45	69.30
45-49	36.75	46.20	53.55	57.75	76.65
50-54	48.30	58.80	68.25	75.60	98.70
55	55.65	68.25	78.75	86.10	117.60
56	57.75	71.40	82.95	90.30	124.95
57	61.95	76.65	89.25	96.60	133.35
58	67.20	82.95	96.60	103.95	142.80
59	71.40	89.25	103.95	112.35	154.35
60	77.70	97.65	112.35	121.80	165.90
61	85.05	105.00	121.80	132.30	179.55
62	91.35	113.40	132.30	142.80	193.20
63	97.65	121.80	141.75	153.30	207.90
64	105.00	131.25	152.25	163.80	222.60
65	111.30	139.65	161.70	175.35	238.35
66	119.70	151.20	174.30	189.00	257.25
67	130.20	162.75	189.00	204.75	279.30
68	140.70	177.45	205.80	223.65	303.45
69	153.30	194.25	224.70	244.65	330.75
70	166.95	211.05	245.70	267.75	362.25
71	182.70	232.05	268.80	294.00	394.80
72	200.55	254.10	296.10	323.40	433.65
73	219.45	280.35	326.55	357.00	476.70
74	242.55	307.65	359.10	392.70	522.90
75	265.65	338.10	394.80	432.60	573.30
76	291.90	370.65	433.65	475.65	628.95
77	317.10	406.35	475.65	520.80	686.70
78	344.40	443.10	519.75	571.20	749.70
79	373.80	484.05	567.00	622.65	814.80
80	405.30				
81	436.80				
82	470.40				
83	505.05				
84	541.80				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0080-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	37.80	48.30	55.65	58.80	78.75
45-49	43.05	53.55	60.90	67.20	88.20
50-54	53.55	67.20	77.70	85.05	111.30
55	61.95	76.65	89.25	96.60	131.25
56	65.10	81.90	93.45	102.90	138.60
57	69.30	86.10	99.75	109.20	148.05
58	74.55	92.40	107.10	117.60	158.55
59	78.75	98.70	114.45	126.00	169.05
60	85.05	107.10	124.95	135.45	181.65
61	92.40	114.45	134.40	147.00	195.30
62	98.70	123.90	144.90	158.55	208.95
63	106.05	132.30	155.40	169.05	224.70
64	113.40	141.75	165.90	180.60	240.45
65	120.75	152.25	176.40	193.20	257.25
66	131.25	163.80	190.05	207.90	278.25
67	141.75	176.40	205.80	223.65	301.35
68	154.35	193.20	224.70	244.65	328.65
69	166.95	210.00	244.65	266.70	358.05
70	180.60	228.90	266.70	289.80	390.60
71	196.35	250.95	291.90	319.20	427.35
72	215.25	274.05	321.30	350.70	468.30
73	236.25	302.40	352.80	386.40	513.45
74	259.35	331.80	387.45	425.25	564.90
75	285.60	364.35	427.35	468.30	618.45
76	312.90	399.00	469.35	515.55	678.30
77	341.25	436.80	513.45	562.80	741.30
78	369.60	477.75	561.75	616.35	809.55
79	401.10	520.80	613.20	673.05	880.95
80	433.65				
81	468.30				
82	502.95				
83	538.65				
84	578.55				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0080-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	40.95	50.40	57.75	63.00	84.00
45-49	46.20	55.65	64.05	70.35	92.40
50-54	55.65	69.30	81.90	89.25	116.55
55	64.05	79.80	93.45	100.80	137.55
56	68.25	85.05	98.70	107.10	144.90
57	71.40	90.30	105.00	113.40	154.35
58	76.65	96.60	112.35	121.80	163.80
59	82.95	103.95	119.70	131.25	175.35
60	89.25	111.30	130.20	141.75	187.95
61	95.55	119.70	139.65	153.30	201.60
62	102.90	128.10	149.10	163.80	216.30
63	110.25	137.55	160.65	175.35	232.05
64	117.60	147.00	172.20	187.95	247.80
65	126.00	156.45	182.70	200.55	265.65
66	135.45	169.05	197.40	215.25	286.65
67	147.00	182.70	214.20	232.05	310.80
68	159.60	198.45	232.05	253.05	338.10
69	172.20	216.30	253.05	275.10	369.60
70	186.90	236.25	275.10	300.30	403.20
71	202.65	258.30	301.35	329.70	441.00
72	221.55	282.45	330.75	362.25	483.00
73	243.60	310.80	364.35	399.00	530.25
74	266.70	342.30	400.05	438.90	582.75
75	294.00	375.90	441.00	483.00	638.40
76	321.30	411.60	484.05	531.30	699.30
77	350.70	450.45	530.25	581.70	764.40
78	380.10	492.45	579.60	636.30	833.70
79	412.65	537.60	632.10	695.10	908.25
80	446.25				
81	480.90				
82	516.60				
83	553.35				
84	593.25				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0080-B87
Long-Term Care Policy

WITH SURVIVORSHIP BENEFIT RIDER R1-N0103-SERIES

When this rider is chosen, multiply the final premium by the appropriate factor.

ISSUE AGE	NO INFLATION PROTECTION	SIMPLE INFLATION PROTECTION	COMPOUND INFLATION PROTECTION
18-44	1.11	1.17	1.17
45-49	1.14	1.21	1.21
50-54	1.18	1.28	1.28
55	1.20	1.30	1.30
56	1.20	1.30	1.30
57	1.21	1.30	1.30
58	1.21	1.30	1.30
59	1.21	1.30	1.30
60	1.21	1.30	1.30
61	1.21	1.30	1.30
62	1.21	1.29	1.29
63	1.21	1.29	1.29
64	1.21	1.28	1.28
65	1.20	1.27	1.27
66	1.20	1.26	1.26
67	1.20	1.26	1.26
68	1.19	1.25	1.25
69	1.19	1.24	1.24
70	1.18	1.23	1.23
71	1.18	1.22	1.22
72	1.17	1.20	1.20
73	1.16	1.19	1.19
74	1.16	1.18	1.18
75	1.15	1.17	1.17
76	1.14	1.16	1.16
77	1.13	1.15	1.15
78	1.12	1.14	1.14
79	1.11	1.13	1.13
80	1.10	1.12	1.12
81	1.09	1.11	1.11
82	1.08	1.10	1.10
83	1.07	1.09	1.09
84	1.06	1.08	1.08

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0080-B87
Long-Term Care Policy

Elimination Period Factors

Rates shown are for 30 day elimination period. Rates for other elimination periods are calculated by multiplying the 30 day rates by the appropriate factor from the following table:

Benefit Maximum	0	14	20	60	90	100	180	365
730x,1095x	1.12	1.07	1.03	0.94	0.90	0.89	0.78	0.67
1460x,1825x	1.10	1.05	1.03	0.95	0.90	0.89	0.79	0.69
Lifetime	1.08	1.04	1.03	0.96	0.92	0.91	0.84	0.75

Table Rating Health Rating Group Factors

Rates shown are for Preferred Rating Group and Select Rating Group. Rates for Table Rating Health Groups 1, 2, 3 and 4 are calculated by multiplying Select rates by 1.25, 1.50, 1.75 and 2.00 respectively.

Multi-Life Discount

A 5%, 10%, 15% or 20% discount to the rates is available for qualifying Associations of 10 or more lives.

Spousal Discount

A 20% discount to the rates is available to married couples if both spouses apply for coverage.

Dual Waiver of Premium Rider R1-N0104-Series

An optional dual waiver of premium rider will be offered. If one spouse qualifies for a waiver of premium, the premium of the other spouse will also be waived. If chosen, multiply the final premium by 1.06.

Shared Advantage Rider R1-N0105-Series

This rider will allow two covered spouses to purchase an additional benefit amount that can be used by either spouse after their base benefits are exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	No Inflation Protection	With Inflation Protection
730x	1.30	1.35
1095x	1.21	1.25
1460x	1.15	1.18
1825x	1.12	1.14

Restoration of Benefits Rider R1-N0108-Series

This rider restores the maximum lifetime benefit if the insured has not met the stipulated conditions for a period of 180 consecutive days and the maximum lifetime benefit has not been exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	Factor
730x	1.08
1095x	1.06
1460x,1825x	1.04

Cost of Living Increase Rider R1-N0107-Series

This rider allows the insured to increase their policy limits, subject to the terms of the rider, every three years without additional underwriting. The additional premium charged is based on the attained age and incremental increase in the maximum daily facility benefit when exercised. If chosen, multiply the final premium by the appropriate factor:

Age	Factor
18-44	1.15
45-49	1.12
50-55	1.10
56-58	1.09
59-61	1.08
62-64	1.07
65-67	1.06
68-70	1.05
71-73	1.04
74-76	1.03

Modal Factors

Semi-Annual: 0.52; Quarterly: 0.27; Check-A-Matic: 0.09

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604

Supplement to Rate Sheets for Policy Form P1-N0081-B87
PENNSYLVANIA

All rates for this form should be multiplied by a factor of: 1.9425

This factor represents the **proposed** increase of: 29.5%

And the following prior approved rate increases:

Policy Form	Increase Applies to all Policies or Subsets	Rate Increase Approved	Approval Date of Rate Increase
P1-N0081-B87	--Yes--	20.00%	3/14/2013
P1-N0081-B87	--Yes--	25.00%	12/3/2014

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0081-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	24.94	30.19	32.81	35.44	45.94
45-49	27.56	34.13	36.75	39.38	51.19
50-54	34.13	40.69	45.94	48.56	63.00
55	39.38	47.25	52.50	56.44	74.81
56	42.00	49.88	56.44	60.38	78.75
57	44.63	53.81	60.38	64.31	85.31
58	48.56	57.75	65.63	69.56	91.88
59	52.50	63.00	70.88	76.13	99.75
60	56.44	68.25	77.44	82.69	108.94
61	61.69	73.50	84.00	90.56	118.13
62	66.94	80.06	91.88	98.44	128.63
63	72.19	86.63	98.44	106.31	139.13
64	76.13	91.88	106.31	114.19	148.31
65	81.38	98.44	114.19	122.06	158.81
66	86.63	106.31	123.38	132.56	171.94
67	94.50	115.50	133.88	144.38	187.69
68	103.69	126.00	145.69	158.81	206.06
69	112.88	137.81	160.13	173.25	225.75
70	123.38	150.94	174.56	190.31	248.06
71	135.19	166.69	192.94	210.00	273.00
72	149.63	185.06	213.94	233.63	303.19
73	165.38	206.06	238.88	259.88	337.31
74	183.75	229.69	265.13	290.06	374.06
75	204.75	254.63	295.31	322.88	414.75
76	225.75	282.19	328.13	358.31	459.38
77	249.38	312.38	363.56	396.38	507.94
78	274.31	345.19	401.63	438.38	559.13
79	301.88	379.31	442.31	481.69	614.25
80	330.75				
81	360.94				
82	393.75				
83	427.88				
84	464.63				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0081-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	28.88	35.44	39.38	40.69	53.81
45-49	32.81	39.38	43.31	45.94	59.06
50-54	38.06	45.94	52.50	56.44	73.50
55	44.63	52.50	59.06	64.31	85.31
56	47.25	55.13	63.00	68.25	89.25
57	49.88	59.06	66.94	72.19	95.81
58	53.81	64.31	72.19	77.44	102.38
59	57.75	69.56	78.75	85.31	110.25
60	61.69	76.13	85.31	91.88	119.44
61	66.94	81.38	93.19	101.06	129.94
62	72.19	87.94	101.06	108.94	140.44
63	77.44	94.50	108.94	116.81	152.25
64	82.69	101.06	115.50	124.69	162.75
65	89.25	107.63	124.69	132.56	174.56
66	94.50	115.50	133.88	143.06	189.00
67	102.38	126.00	144.38	156.19	206.06
68	111.56	136.50	158.81	171.94	225.75
69	122.06	149.63	173.25	187.69	246.75
70	133.88	165.38	189.00	206.06	271.69
71	145.69	181.13	210.00	227.06	299.25
72	161.44	202.13	232.31	253.31	330.75
73	179.81	224.44	258.56	282.19	367.50
74	198.19	249.38	288.75	313.69	406.88
75	220.50	276.94	321.56	349.13	451.50
76	242.81	307.13	357.00	388.50	500.06
77	269.06	338.63	395.06	430.50	552.56
78	295.31	374.06	437.06	476.44	607.69
79	324.19	412.13	480.38	523.69	668.06
80	354.38				
81	387.19				
82	421.31				
83	456.75				
84	494.81				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0081-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	30.19	36.75	42.00	43.31	56.44
45-49	34.13	40.69	45.94	48.56	63.00
50-54	39.38	48.56	55.13	59.06	78.75
55	45.94	55.13	61.69	66.94	89.25
56	48.56	57.75	65.63	70.88	94.50
57	51.19	61.69	69.56	76.13	99.75
58	55.13	66.94	74.81	81.38	107.63
59	59.06	72.19	81.38	89.25	115.50
60	64.31	78.75	89.25	95.81	124.69
61	69.56	85.31	97.13	105.00	135.19
62	74.81	91.88	105.00	112.88	145.69
63	80.06	98.44	112.88	120.75	157.50
64	85.31	105.00	119.44	128.63	168.00
65	91.88	111.56	128.63	137.81	181.13
66	98.44	119.44	137.81	148.31	195.56
67	106.31	129.94	149.63	161.44	213.94
68	115.50	141.75	164.06	177.19	233.63
69	126.00	154.88	178.50	194.25	255.94
70	137.81	170.63	195.56	212.63	280.88
71	150.94	187.69	216.56	234.94	309.75
72	166.69	208.69	240.19	261.19	342.56
73	185.06	232.31	267.75	291.38	380.63
74	204.75	257.25	297.94	324.19	421.31
75	227.06	286.13	332.06	360.94	467.25
76	250.69	317.63	368.81	401.63	517.13
77	276.94	350.44	408.19	444.94	570.94
78	304.50	385.88	451.50	492.19	628.69
79	333.38	425.25	497.44	542.06	690.38
80	364.88				
81	397.69				
82	433.13				
83	469.88				
84	507.94				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0081-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	47.25	59.06	68.25	74.81	98.44
45-49	52.50	65.63	76.13	82.69	108.94
50-54	64.31	80.06	93.19	101.06	139.13
55	73.50	93.19	107.63	116.81	161.44
56	77.44	98.44	114.19	123.38	169.31
57	82.69	105.00	120.75	131.25	179.81
58	87.94	111.56	128.63	140.44	190.31
59	94.50	119.44	137.81	149.63	202.13
60	101.06	127.31	147.00	158.81	215.25
61	107.63	136.50	157.50	170.63	229.69
62	115.50	145.69	168.00	182.44	245.44
63	123.38	154.88	178.50	194.25	262.50
64	131.25	165.38	190.31	207.38	279.56
65	139.13	175.88	203.44	220.50	297.94
66	149.63	187.69	216.56	236.25	318.94
67	160.13	202.13	233.63	254.63	343.88
68	171.94	217.88	252.00	275.63	371.44
69	185.06	233.63	273.00	297.94	400.31
70	199.50	253.31	295.31	322.88	431.81
71	216.56	274.31	320.25	350.44	468.56
72	234.94	297.94	349.13	381.94	509.25
73	255.94	325.50	381.94	417.38	555.19
74	279.56	355.69	417.38	456.75	605.06
75	305.81	388.50	455.44	498.75	660.19
76	332.06	425.25	497.44	544.69	719.25
77	360.94	463.31	542.06	594.56	782.25
78	389.81	505.31	589.31	647.06	849.19
79	421.31	548.63	640.50	703.50	921.38
80	454.13				
81	486.94				
82	522.38				
83	559.13				
84	597.19				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0081-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	52.50	66.94	77.44	85.31	110.25
45-49	59.06	73.50	86.63	93.19	123.38
50-54	72.19	90.56	106.31	115.50	156.19
55	81.38	103.69	122.06	132.56	178.50
56	85.31	108.94	128.63	139.13	186.38
57	90.56	115.50	135.19	147.00	196.88
58	95.81	122.06	143.06	156.19	208.69
59	102.38	129.94	152.25	165.38	221.81
60	110.25	139.13	161.44	175.88	234.94
61	118.13	148.31	171.94	186.38	250.69
62	126.00	158.81	182.44	199.50	267.75
63	133.88	169.31	194.25	211.31	286.13
64	141.75	179.81	207.38	225.75	303.19
65	150.94	190.31	220.50	240.19	324.19
66	161.44	203.44	236.25	258.56	345.19
67	173.25	219.19	254.63	278.25	372.75
68	186.38	236.25	275.63	301.88	401.63
69	200.81	253.31	296.63	325.50	433.13
70	216.56	275.63	321.56	351.75	467.25
71	233.63	297.94	349.13	381.94	506.63
72	254.63	324.19	379.31	416.06	551.25
73	276.94	354.38	414.75	454.13	601.13
74	301.88	385.88	452.81	496.13	654.94
75	329.44	421.31	493.50	540.75	714.00
76	358.31	459.38	538.13	589.31	775.69
77	387.19	498.75	585.38	641.81	843.94
78	418.69	542.06	636.56	698.25	914.81
79	450.19	588.00	690.38	757.31	992.25
80	485.63				
81	519.75				
82	557.81				
83	595.88				
84	635.25				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0081-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	55.13	69.56	81.38	89.25	115.50
45-49	61.69	77.44	90.56	98.44	128.63
50-54	76.13	95.81	111.56	120.75	162.75
55	85.31	107.63	127.31	139.13	185.06
56	89.25	112.88	133.88	145.69	194.25
57	94.50	119.44	140.44	153.56	204.75
58	99.75	127.31	148.31	162.75	216.56
59	106.31	135.19	157.50	171.94	229.69
60	114.19	144.38	166.69	182.44	244.13
61	122.06	153.56	177.19	192.94	259.88
62	129.94	164.06	189.00	206.06	276.94
63	137.81	174.56	200.81	219.19	295.31
64	147.00	185.06	213.94	233.63	313.69
65	156.19	196.88	228.38	249.38	334.69
66	166.69	210.00	245.44	267.75	357.00
67	178.50	225.75	263.81	288.75	384.56
68	191.63	244.13	284.81	312.38	414.75
69	207.38	262.50	307.13	337.31	447.56
70	223.13	284.81	332.06	364.88	483.00
71	241.50	308.44	360.94	395.06	523.69
72	262.50	336.00	392.44	430.50	569.63
73	286.13	366.19	427.88	469.88	620.81
74	311.06	399.00	467.25	513.19	675.94
75	338.63	434.44	509.25	559.13	736.31
76	368.81	473.81	555.19	609.00	800.63
77	399.00	514.50	603.75	662.81	870.19
78	430.50	557.81	656.25	720.56	943.69
79	463.31	605.06	711.38	780.94	1022.44
80	498.75				
81	534.19				
82	572.25				
83	611.63				
84	652.31				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0081-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	35.44	43.31	51.19	55.13	73.50
45-49	39.38	48.56	56.44	61.69	81.38
50-54	51.19	63.00	72.19	80.06	105.00
55	59.06	72.19	84.00	91.88	124.69
56	61.69	76.13	87.94	95.81	132.56
57	65.63	81.38	94.50	102.38	141.75
58	70.88	87.94	102.38	110.25	152.25
59	76.13	94.50	110.25	119.44	164.06
60	82.69	103.69	119.44	129.94	175.88
61	90.56	111.56	129.94	140.44	190.31
62	97.13	120.75	140.44	152.25	204.75
63	103.69	129.94	150.94	162.75	220.50
64	111.56	139.13	161.44	174.56	236.25
65	118.13	148.31	171.94	186.38	253.31
66	127.31	160.13	185.06	200.81	273.00
67	137.81	173.25	200.81	217.88	296.63
68	149.63	189.00	219.19	237.56	322.88
69	162.75	206.06	238.88	259.88	351.75
70	177.19	224.44	261.19	284.81	384.56
71	194.25	246.75	286.13	312.38	420.00
72	212.63	270.38	315.00	343.88	460.69
73	233.63	297.94	346.50	379.31	506.63
74	257.25	326.81	381.94	417.38	555.19
75	282.19	359.63	420.00	459.38	609.00
76	309.75	393.75	460.69	505.31	668.06
77	337.31	431.81	505.31	553.88	729.75
78	366.19	471.19	552.56	606.38	796.69
79	397.69	514.50	602.44	661.50	866.25
80	430.50				
81	464.63				
82	500.06				
83	536.81				
84	576.19				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0081-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	40.69	51.19	59.06	63.00	84.00
45-49	45.94	56.44	64.31	70.88	93.19
50-54	56.44	70.88	82.69	90.56	118.13
55	65.63	81.38	94.50	102.38	139.13
56	69.56	86.63	99.75	108.94	147.00
57	73.50	91.88	106.31	115.50	157.50
58	78.75	98.44	114.19	124.69	168.00
59	84.00	105.00	122.06	133.88	179.81
60	90.56	114.19	132.56	144.38	192.94
61	98.44	122.06	143.06	156.19	207.38
62	105.00	131.25	153.56	168.00	221.81
63	112.88	140.44	165.38	179.81	238.88
64	120.75	150.94	175.88	191.63	255.94
65	128.63	161.44	187.69	204.75	273.00
66	139.13	174.56	202.13	220.50	295.31
67	150.94	187.69	219.19	237.56	320.25
68	164.06	204.75	238.88	259.88	349.13
69	177.19	223.13	259.88	283.50	380.63
70	191.63	242.81	283.50	308.44	414.75
71	208.69	266.44	309.75	338.63	454.13
72	228.38	291.38	341.25	372.75	497.44
73	250.69	321.56	375.38	410.81	546.00
74	275.63	353.06	412.13	451.50	599.81
75	303.19	387.19	454.13	497.44	657.56
76	332.06	423.94	498.75	547.31	720.56
77	362.25	464.63	546.00	598.50	787.50
78	392.44	507.94	597.19	654.94	859.69
79	426.56	553.88	651.00	715.31	935.81
80	460.69				
81	497.44				
82	534.19				
83	572.25				
84	614.25				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0081-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	43.31	53.81	61.69	66.94	89.25
45-49	48.56	59.06	68.25	74.81	98.44
50-54	59.06	73.50	86.63	94.50	123.38
55	68.25	85.31	99.75	107.63	145.69
56	72.19	90.56	105.00	114.19	153.56
57	76.13	95.81	111.56	120.75	164.06
58	81.38	102.38	119.44	129.94	174.56
59	87.94	110.25	127.31	139.13	186.38
60	94.50	118.13	137.81	150.94	199.50
61	101.06	127.31	148.31	162.75	213.94
62	108.94	136.50	158.81	174.56	229.69
63	116.81	145.69	170.63	186.38	246.75
64	124.69	156.19	182.44	199.50	263.81
65	133.88	166.69	194.25	212.63	282.19
66	144.38	179.81	210.00	228.38	304.50
67	156.19	194.25	227.06	246.75	330.75
68	169.31	211.31	246.75	269.06	359.63
69	182.44	229.69	269.06	292.69	392.44
70	198.19	250.69	292.69	318.94	427.88
71	215.25	274.31	320.25	350.44	468.56
72	234.94	300.56	351.75	384.56	513.19
73	258.56	330.75	387.19	423.94	563.06
74	283.50	363.56	425.25	465.94	619.50
75	312.38	399.00	468.56	513.19	678.56
76	341.25	437.06	514.50	564.38	742.88
77	372.75	479.06	563.06	618.19	812.44
78	404.25	523.69	615.56	675.94	885.94
79	438.38	570.94	672.00	738.94	964.69
80	473.81				
81	510.56				
82	548.63				
83	588.00				
84	630.00				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0081-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	28.88	35.44	38.06	42.00	53.81
45-49	32.81	40.69	43.31	45.94	60.38
50-54	40.69	47.25	53.81	57.75	73.50
55	45.94	55.13	61.69	66.94	87.94
56	49.88	59.06	66.94	70.88	93.19
57	52.50	63.00	70.88	76.13	99.75
58	57.75	68.25	77.44	81.38	107.63
59	61.69	73.50	84.00	89.25	116.81
60	66.94	80.06	90.56	97.13	128.63
61	72.19	86.63	98.44	106.31	139.13
62	78.75	94.50	107.63	115.50	150.94
63	85.31	102.38	115.50	124.69	164.06
64	89.25	107.63	124.69	133.88	174.56
65	95.81	115.50	133.88	143.06	186.38
66	102.38	124.69	145.69	156.19	202.13
67	111.56	136.50	157.50	169.31	220.50
68	122.06	148.31	171.94	186.38	242.81
69	132.56	162.75	189.00	203.44	265.13
70	145.69	177.19	204.75	224.44	291.38
71	158.81	195.56	227.06	246.75	321.56
72	175.88	217.88	252.00	274.31	357.00
73	194.25	242.81	280.88	305.81	396.38
74	216.56	270.38	312.38	341.25	439.69
75	241.50	299.25	347.81	379.31	488.25
76	265.13	332.06	385.88	421.31	540.75
77	294.00	367.50	427.88	465.94	597.19
78	322.88	405.56	472.50	515.81	657.56
79	355.69	446.25	519.75	567.00	723.19
80	388.50				
81	425.25				
82	463.31				
83	504.00				
84	546.00				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0081-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	34.13	42.00	45.94	47.25	63.00
45-49	38.06	45.94	51.19	53.81	69.56
50-54	44.63	53.81	61.69	66.94	86.63
55	52.50	61.69	69.56	76.13	99.75
56	55.13	64.31	73.50	80.06	105.00
57	59.06	69.56	78.75	85.31	112.88
58	63.00	76.13	85.31	90.56	120.75
59	68.25	81.38	93.19	99.75	129.94
60	72.19	89.25	99.75	107.63	140.44
61	78.75	95.81	110.25	119.44	152.25
62	85.31	103.69	119.44	128.63	165.38
63	90.56	111.56	128.63	137.81	178.50
64	97.13	119.44	136.50	147.00	191.63
65	105.00	126.00	147.00	156.19	204.75
66	111.56	136.50	157.50	168.00	221.81
67	120.75	148.31	169.31	183.75	242.81
68	131.25	160.13	186.38	202.13	265.13
69	143.06	175.88	203.44	220.50	290.06
70	157.50	194.25	221.81	242.81	320.25
71	171.94	212.63	246.75	267.75	351.75
72	190.31	237.56	273.00	297.94	388.50
73	211.31	263.81	304.50	332.06	431.81
74	233.63	294.00	339.94	368.81	479.06
75	259.88	325.50	378.00	410.81	531.56
76	286.13	360.94	420.00	456.75	588.00
77	316.31	399.00	464.63	506.63	649.69
78	347.81	439.69	514.50	560.44	715.31
79	381.94	484.31	565.69	615.56	786.19
80	417.38				
81	455.44				
82	496.13				
83	536.81				
84	582.75				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0081-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	35.44	43.31	49.88	51.19	66.94
45-49	40.69	47.25	53.81	57.75	73.50
50-54	45.94	57.75	64.31	69.56	93.19
55	53.81	64.31	72.19	78.75	105.00
56	57.75	68.25	77.44	84.00	111.56
57	60.38	72.19	81.38	89.25	116.81
58	64.31	78.75	87.94	95.81	126.00
59	69.56	85.31	95.81	105.00	136.50
60	76.13	93.19	105.00	112.88	147.00
61	81.38	99.75	114.19	123.38	158.81
62	87.94	107.63	123.38	132.56	171.94
63	94.50	115.50	132.56	141.75	185.06
64	99.75	123.38	140.44	150.94	198.19
65	107.63	131.25	150.94	162.75	212.63
66	115.50	140.44	162.75	174.56	229.69
67	124.69	152.25	175.88	190.31	252.00
68	136.50	166.69	192.94	208.69	274.31
69	148.31	182.44	210.00	228.38	300.56
70	162.75	200.81	229.69	250.69	330.75
71	177.19	220.50	254.63	276.94	364.88
72	195.56	245.44	282.19	307.13	402.94
73	217.88	273.00	315.00	342.56	447.56
74	241.50	303.19	350.44	381.94	496.13
75	267.75	336.00	391.13	425.25	549.94
76	295.31	374.06	434.44	472.50	609.00
77	325.50	412.13	480.38	523.69	672.00
78	358.31	454.13	531.56	578.81	740.25
79	392.44	500.06	585.38	637.88	812.44
80	429.19				
81	467.25				
82	509.25				
83	552.56				
84	597.19				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0081-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	55.13	69.56	80.06	87.94	115.50
45-49	61.69	77.44	89.25	97.13	128.63
50-54	76.13	94.50	110.25	119.44	164.06
55	86.63	110.25	126.00	137.81	190.31
56	90.56	115.50	133.88	145.69	199.50
57	97.13	123.38	141.75	154.88	211.31
58	103.69	131.25	150.94	165.38	224.44
59	111.56	140.44	162.75	175.88	237.56
60	119.44	149.63	173.25	186.38	253.31
61	126.00	160.13	185.06	200.81	270.38
62	136.50	171.94	198.19	215.25	288.75
63	145.69	182.44	210.00	228.38	308.44
64	154.88	194.25	224.44	244.13	329.44
65	164.06	207.38	238.88	259.88	350.44
66	175.88	220.50	254.63	278.25	375.38
67	189.00	237.56	274.31	299.25	404.25
68	202.13	255.94	296.63	324.19	437.06
69	217.88	274.31	321.56	350.44	471.19
70	234.94	297.94	347.81	379.31	507.94
71	254.63	322.88	376.69	412.13	551.25
72	276.94	350.44	410.81	448.88	598.50
73	300.56	383.25	448.88	490.88	653.63
74	329.44	418.69	490.88	536.81	711.38
75	359.63	456.75	535.50	586.69	777.00
76	391.13	500.06	585.38	640.50	846.56
77	425.25	544.69	637.88	699.56	920.06
78	458.06	594.56	693.00	761.25	998.81
79	496.13	645.75	753.38	828.19	1084.13
80	534.19				
81	572.25				
82	614.25				
83	657.56				
84	702.19				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0081-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	61.69	78.75	90.56	99.75	129.94
45-49	69.56	86.63	102.38	110.25	145.69
50-54	85.31	106.31	124.69	136.50	183.75
55	95.81	122.06	143.06	156.19	210.00
56	99.75	128.63	150.94	164.06	219.19
57	106.31	136.50	158.81	173.25	231.00
58	112.88	143.06	168.00	183.75	245.44
59	120.75	152.25	178.50	194.25	261.19
60	129.94	164.06	190.31	207.38	276.94
61	139.13	174.56	202.13	219.19	295.31
62	148.31	186.38	215.25	234.94	315.00
63	157.50	199.50	228.38	248.06	336.00
64	166.69	211.31	244.13	265.13	357.00
65	177.19	224.44	259.88	282.19	381.94
66	190.31	238.88	278.25	304.50	405.56
67	203.44	257.25	299.25	326.81	438.38
68	219.19	278.25	324.19	355.69	472.50
69	236.25	297.94	349.13	383.25	509.25
70	254.63	324.19	378.00	413.44	549.94
71	274.31	350.44	410.81	448.88	595.88
72	299.25	381.94	446.25	489.56	648.38
73	325.50	417.38	488.25	534.19	707.44
74	355.69	454.13	532.88	584.06	770.44
75	387.19	496.13	580.13	636.56	840.00
76	421.31	540.75	632.63	693.00	912.19
77	455.44	586.69	689.06	754.69	992.25
78	492.19	637.88	749.44	821.63	1076.25
79	530.25	691.69	812.44	891.19	1166.81
80	570.94				
81	611.63				
82	656.25				
83	700.88				
84	746.81				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0081-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	64.31	81.38	95.81	105.00	136.50
45-49	72.19	90.56	106.31	115.50	150.94
50-54	89.25	112.88	131.25	141.75	191.63
55	99.75	126.00	149.63	164.06	217.88
56	105.00	132.56	157.50	171.94	228.38
57	111.56	140.44	165.38	181.13	241.50
58	116.81	149.63	174.56	191.63	254.63
59	124.69	158.81	185.06	202.13	270.38
60	133.88	169.31	195.56	215.25	287.44
61	143.06	181.13	208.69	227.06	305.81
62	152.25	192.94	221.81	242.81	325.50
63	162.75	204.75	236.25	257.25	347.81
64	173.25	217.88	252.00	274.31	368.81
65	183.75	231.00	269.06	294.00	393.75
66	195.56	246.75	288.75	315.00	420.00
67	210.00	265.13	309.75	339.94	452.81
68	225.75	287.44	334.69	367.50	488.25
69	244.13	308.44	360.94	396.38	526.31
70	262.50	334.69	391.13	429.19	568.31
71	283.50	362.25	425.25	464.63	615.56
72	308.44	395.06	462.00	506.63	670.69
73	336.00	430.50	504.00	552.56	729.75
74	366.19	469.88	549.94	603.75	795.38
75	399.00	510.56	598.50	657.56	866.25
76	434.44	557.81	653.63	716.63	942.38
77	469.88	605.06	710.06	779.63	1023.75
78	506.63	656.25	771.75	847.88	1110.38
79	544.69	711.38	837.38	918.75	1202.25
80	586.69				
81	628.69				
82	673.31				
83	719.25				
84	767.81				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0081-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	42.00	51.19	60.38	64.31	86.63
45-49	45.94	57.75	66.94	72.19	95.81
50-54	60.38	73.50	85.31	94.50	123.38
55	69.56	85.31	98.44	107.63	147.00
56	72.19	89.25	103.69	112.88	156.19
57	77.44	95.81	111.56	120.75	166.69
58	84.00	103.69	120.75	129.94	178.50
59	89.25	111.56	129.94	140.44	192.94
60	97.13	122.06	140.44	152.25	207.38
61	106.31	131.25	152.25	165.38	224.44
62	114.19	141.75	165.38	178.50	241.50
63	122.06	152.25	177.19	191.63	259.88
64	131.25	164.06	190.31	204.75	278.25
65	139.13	174.56	202.13	219.19	297.94
66	149.63	189.00	217.88	236.25	321.56
67	162.75	203.44	236.25	255.94	349.13
68	175.88	221.81	257.25	279.56	379.31
69	191.63	242.81	280.88	305.81	413.44
70	208.69	263.81	307.13	334.69	452.81
71	228.38	290.06	336.00	367.50	493.50
72	250.69	317.63	370.13	404.25	542.06
73	274.31	350.44	408.19	446.25	595.88
74	303.19	384.56	448.88	490.88	653.63
75	332.06	422.63	493.50	540.75	716.63
76	364.88	463.31	542.06	594.56	786.19
77	396.38	507.94	594.56	651.00	858.38
78	430.50	553.88	649.69	714.00	937.13
79	467.25	605.06	708.75	778.31	1018.50
80	506.63				
81	546.00				
82	588.00				
83	631.31				
84	677.25				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0081-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	47.25	60.38	69.56	73.50	98.44
45-49	53.81	66.94	76.13	84.00	110.25
50-54	66.94	84.00	97.13	106.31	139.13
55	77.44	95.81	111.56	120.75	164.06
56	81.38	102.38	116.81	128.63	173.25
57	86.63	107.63	124.69	136.50	185.06
58	93.19	115.50	133.88	147.00	198.19
59	98.44	123.38	143.06	157.50	211.31
60	106.31	133.88	156.19	169.31	227.06
61	115.50	143.06	168.00	183.75	244.13
62	123.38	154.88	181.13	198.19	261.19
63	132.56	165.38	194.25	211.31	280.88
64	141.75	177.19	207.38	225.75	300.56
65	150.94	190.31	220.50	241.50	321.56
66	164.06	204.75	237.56	259.88	347.81
67	177.19	220.50	257.25	279.56	376.69
68	192.94	241.50	280.88	305.81	410.81
69	208.69	262.50	305.81	333.38	447.56
70	225.75	286.13	333.38	362.25	488.25
71	245.44	313.69	364.88	399.00	534.19
72	269.06	342.56	401.63	438.38	585.38
73	295.31	378.00	441.00	483.00	641.81
74	324.19	414.75	484.31	531.56	706.13
75	357.00	455.44	534.19	585.38	773.06
76	391.13	498.75	586.69	644.44	847.88
77	426.56	546.00	641.81	703.50	926.63
78	462.00	597.19	702.19	770.44	1011.94
79	501.38	651.00	766.50	841.31	1101.19
80	542.06				
81	585.38				
82	628.69				
83	673.31				
84	723.19				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0081-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	51.19	63.00	72.19	78.75	105.00
45-49	57.75	69.56	80.06	87.94	115.50
50-54	69.56	86.63	102.38	111.56	145.69
55	80.06	99.75	116.81	126.00	171.94
56	85.31	106.31	123.38	133.88	181.13
57	89.25	112.88	131.25	141.75	192.94
58	95.81	120.75	140.44	152.25	204.75
59	103.69	129.94	149.63	164.06	219.19
60	111.56	139.13	162.75	177.19	234.94
61	119.44	149.63	174.56	191.63	252.00
62	128.63	160.13	186.38	204.75	270.38
63	137.81	171.94	200.81	219.19	290.06
64	147.00	183.75	215.25	234.94	309.75
65	157.50	195.56	228.38	250.69	332.06
66	169.31	211.31	246.75	269.06	358.31
67	183.75	228.38	267.75	290.06	388.50
68	199.50	248.06	290.06	316.31	422.63
69	215.25	270.38	316.31	343.88	462.00
70	233.63	295.31	343.88	375.38	504.00
71	253.31	322.88	376.69	412.13	551.25
72	276.94	353.06	413.44	452.81	603.75
73	304.50	388.50	455.44	498.75	662.81
74	333.38	427.88	500.06	548.63	728.44
75	367.50	469.88	551.25	603.75	798.00
76	401.63	514.50	605.06	664.13	874.13
77	438.38	563.06	662.81	727.13	955.50
78	475.13	615.56	724.50	795.38	1042.13
79	515.81	672.00	790.13	868.88	1135.31
80	557.81				
81	601.13				
82	645.75				
83	691.69				
84	741.56				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0081-B87
Long-Term Care Policy

WITH SURVIVORSHIP BENEFIT RIDER R1-N0103-SERIES

When this rider is chosen, multiply the final premium by the appropriate factor.

ISSUE AGE	NO INFLATION PROTECTION	SIMPLE INFLATION PROTECTION	COMPOUND INFLATION PROTECTION
18-44	1.11	1.17	1.17
45-49	1.14	1.21	1.21
50-54	1.18	1.28	1.28
55	1.20	1.30	1.30
56	1.20	1.30	1.30
57	1.21	1.30	1.30
58	1.21	1.30	1.30
59	1.21	1.30	1.30
60	1.21	1.30	1.30
61	1.21	1.30	1.30
62	1.21	1.29	1.29
63	1.21	1.29	1.29
64	1.21	1.28	1.28
65	1.20	1.27	1.27
66	1.20	1.26	1.26
67	1.20	1.26	1.26
68	1.19	1.25	1.25
69	1.19	1.24	1.24
70	1.18	1.23	1.23
71	1.18	1.22	1.22
72	1.17	1.20	1.20
73	1.16	1.19	1.19
74	1.16	1.18	1.18
75	1.15	1.17	1.17
76	1.14	1.16	1.16
77	1.13	1.15	1.15
78	1.12	1.14	1.14
79	1.11	1.13	1.13
80	1.10	1.12	1.12
81	1.09	1.11	1.11
82	1.08	1.10	1.10
83	1.07	1.09	1.09
84	1.06	1.08	1.08

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0081-B87
Long-Term Care Policy

Elimination Period Factors

Rates shown are for 30 day elimination period. Rates for other elimination periods are calculated by multiplying the 30 day rates by the appropriate factor from the following table:

Benefit Maximum	0	14	20	60	90	100	180	365
730x,1095x	1.12	1.07	1.03	0.94	0.90	0.89	0.78	0.67
1460x,1825x	1.10	1.05	1.03	0.95	0.90	0.89	0.79	0.69
Lifetime	1.08	1.04	1.03	0.96	0.92	0.91	0.84	0.75

Table Rating Health Rating Group Factors

Rates shown are for Preferred Rating Group and Select Rating Group. Rates for Table Rating Health Groups 1, 2, 3 and 4 are calculated by multiplying Select rates by 1.25, 1.50, 1.75 and 2.00 respectively.

Multi-Life Discount

A 5%, 10%, 15% or 20% discount to the rates is available for qualifying Associations of 10 or more lives.

Spousal Discount

A 20% discount to the rates is available to married couples if both spouses apply for coverage.

Dual Waiver of Premium Rider R1-N0104-Series

An optional dual waiver of premium rider will be offered. If one spouse qualifies for a waiver of premium, the premium of the other spouse will also be waived. If chosen, multiply the final premium by 1.06.

Shared Advantage Rider R1-N0105-Series

This rider will allow two covered spouses to purchase an additional benefit amount that can be used by either spouse after their base benefits are exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	No Inflation Protection	With Inflation Protection
730x	1.30	1.35
1095x	1.21	1.25
1460x	1.15	1.18
1825x	1.12	1.14

Restoration of Benefits Rider R1-N0108-Series

This rider restores the maximum lifetime benefit if the insured has not met the stipulated conditions for a period of 180 consecutive days and the maximum lifetime benefit has not been exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	Factor
730x	1.08
1095x	1.06
1460x,1825x	1.04

Cost of Living Increase Rider R1-N0107-Series

This rider allows the insured to increase their policy limits, subject to the terms of the rider, every three years without additional underwriting. The additional premium charged is based on the attained age and incremental increase in the maximum daily facility benefit when exercised. If chosen, multiply the final premium by the appropriate factor:

Age	Factor
18-44	1.15
45-49	1.12
50-55	1.10
56-58	1.09
59-61	1.08
62-64	1.07
65-67	1.06
68-70	1.05
71-73	1.04
74-76	1.03

Modal Factors

Semi-Annual: 0.52; Quarterly: 0.27; Check-A-Matic: 0.09

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604

Supplement to Rate Sheets for Policy Form P1-N0085-B87
PENNSYLVANIA

All rates for this form should be multiplied by a factor of: 1.9425

This factor represents the **proposed** increase of: 29.5%

And the following prior approved rate increases:

Policy Form	Increase Applies to all Policies or Subsets	Rate Increase Approved	Approval Date of Rate Increase
P1-N0085-B87	--Yes--	20.00%	3/14/2013
P1-N0085-B87	--Yes--	25.00%	12/3/2014

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0085-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	22.05	25.20	29.40	31.50	39.90
45-49	24.15	28.35	32.55	34.65	44.10
50-54	29.40	34.65	39.90	43.05	54.60
55	33.60	39.90	46.20	49.35	65.10
56	35.70	43.05	49.35	52.50	69.30
57	38.85	46.20	52.50	56.70	74.55
58	42.00	50.40	56.70	61.95	80.85
59	46.20	54.60	61.95	67.20	88.20
60	50.40	59.85	68.25	74.55	95.55
61	54.60	66.15	74.55	80.85	103.95
62	58.80	71.40	80.85	88.20	113.40
63	63.00	76.65	87.15	94.50	121.80
64	67.20	81.90	93.45	100.80	131.25
65	71.40	88.20	99.75	108.15	140.70
66	77.70	94.50	108.15	116.55	152.25
67	84.00	102.90	117.60	127.05	165.90
68	91.35	112.35	129.15	139.65	182.70
69	99.75	122.85	141.75	153.30	200.55
70	109.20	134.40	155.40	169.05	220.50
71	120.75	149.10	172.20	187.95	243.60
72	134.40	165.90	192.15	210.00	271.95
73	150.15	185.85	215.25	235.20	304.50
74	166.95	207.90	241.50	263.55	340.20
75	186.90	233.10	270.90	295.05	379.05
76	207.90	260.40	302.40	329.70	422.10
77	231.00	289.80	337.05	366.45	469.35
78	256.20	322.35	374.85	406.35	519.75
79	283.50	355.95	414.75	449.40	574.35
80	311.85				
81	343.35				
82	375.90				
83	410.55				
84	447.30				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0085-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	26.25	31.50	35.70	37.80	48.30
45-49	28.35	34.65	38.85	42.00	53.55
50-54	33.60	40.95	47.25	51.45	67.20
55	39.90	47.25	53.55	57.75	76.65
56	42.00	50.40	56.70	60.90	80.85
57	45.15	53.55	60.90	65.10	86.10
58	48.30	57.75	65.10	70.35	92.40
59	52.50	63.00	71.40	76.65	99.75
60	56.70	68.25	77.70	84.00	109.20
61	60.90	74.55	85.05	91.35	117.60
62	66.15	79.80	92.40	99.75	128.10
63	71.40	86.10	98.70	106.05	137.55
64	75.60	92.40	105.00	114.45	148.05
65	80.85	99.75	112.35	121.80	159.60
66	87.15	106.05	121.80	132.30	172.20
67	94.50	116.55	132.30	143.85	187.95
68	102.90	127.05	144.90	158.55	205.80
69	112.35	138.60	159.60	173.25	226.80
70	122.85	152.25	175.35	190.05	248.85
71	134.40	168.00	194.25	211.05	276.15
72	150.15	186.90	216.30	236.25	307.65
73	166.95	208.95	242.55	263.55	343.35
74	185.85	234.15	271.95	296.10	383.25
75	207.90	261.45	304.50	330.75	427.35
76	231.00	290.85	340.20	370.65	476.70
77	257.25	324.45	378.00	411.60	529.20
78	284.55	360.15	420.00	456.75	584.85
79	313.95	399.00	465.15	506.10	646.80
80	345.45				
81	379.05				
82	413.70				
83	451.50				
84	491.40				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0085-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	27.30	33.60	37.80	40.95	52.50
45-49	30.45	36.75	42.00	45.15	57.75
50-54	35.70	44.10	50.40	54.60	72.45
55	42.00	50.40	56.70	61.95	80.85
56	44.10	53.55	59.85	65.10	85.05
57	47.25	56.70	64.05	69.30	90.30
58	50.40	60.90	69.30	74.55	97.65
59	54.60	66.15	75.60	80.85	105.00
60	59.85	71.40	81.90	88.20	114.45
61	64.05	77.70	89.25	95.55	123.90
62	69.30	84.00	96.60	103.95	134.40
63	74.55	90.30	103.95	111.30	144.90
64	78.75	96.60	110.25	119.70	155.40
65	85.05	103.95	117.60	128.10	166.95
66	91.35	111.30	127.05	138.60	180.60
67	98.70	121.80	138.60	151.20	197.40
68	107.10	133.35	152.25	165.90	216.30
69	117.60	144.90	166.95	181.65	237.30
70	128.10	159.60	183.75	199.50	261.45
71	140.70	175.35	203.70	221.55	289.80
72	156.45	195.30	226.80	246.75	322.35
73	174.30	218.40	254.10	276.15	360.15
74	194.25	244.65	284.55	309.75	402.15
75	217.35	273.00	318.15	346.50	448.35
76	241.50	304.50	355.95	387.45	499.80
77	267.75	339.15	395.85	431.55	554.40
78	296.10	375.90	438.90	478.80	613.20
79	326.55	416.85	486.15	530.25	677.25
80	359.10				
81	393.75				
82	430.50				
83	469.35				
84	510.30				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0085-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	42.00	51.45	58.80	63.00	86.10
45-49	46.20	56.70	65.10	70.35	95.55
50-54	56.70	70.35	80.85	89.25	121.80
55	66.15	81.90	94.50	102.90	140.70
56	69.30	86.10	99.75	109.20	149.10
57	73.50	91.35	106.05	115.50	157.50
58	78.75	97.65	113.40	122.85	166.95
59	82.95	103.95	120.75	131.25	177.45
60	89.25	111.30	128.10	139.65	189.00
61	95.55	118.65	137.55	149.10	201.60
62	101.85	127.05	147.00	159.60	215.25
63	108.15	135.45	157.50	170.10	229.95
64	115.50	143.85	166.95	181.65	244.65
65	122.85	153.30	178.50	194.25	261.45
66	131.25	164.85	191.10	207.90	281.40
67	141.75	177.45	206.85	224.70	303.45
68	153.30	192.15	223.65	243.60	328.65
69	164.85	207.90	241.50	263.55	354.90
70	178.50	225.75	262.50	286.65	385.35
71	193.20	245.70	285.60	311.85	418.95
72	211.05	268.80	312.90	342.30	457.80
73	232.05	295.05	344.40	376.95	501.90
74	255.15	324.45	379.05	414.75	550.20
75	280.35	355.95	416.85	455.70	603.75
76	306.60	390.60	457.80	501.90	661.50
77	334.95	428.40	502.95	550.20	723.45
78	364.35	468.30	551.25	602.70	789.60
79	395.85	511.35	602.70	658.35	861.00
80	428.40				
81	462.00				
82	497.70				
83	534.45				
84	573.30				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0085-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	48.30	59.85	69.30	75.60	99.75
45-49	53.55	67.20	76.65	84.00	111.30
50-54	66.15	82.95	95.55	103.95	140.70
55	74.55	94.50	109.20	118.65	161.70
56	77.70	99.75	115.50	124.95	170.10
57	81.90	105.00	121.80	132.30	178.50
58	87.15	111.30	129.15	140.70	189.00
59	93.45	117.60	136.50	150.15	200.55
60	100.80	124.95	145.95	158.55	212.10
61	107.10	133.35	155.40	169.05	226.80
62	114.45	142.80	165.90	180.60	241.50
63	121.80	151.20	177.45	193.20	258.30
64	129.15	161.70	187.95	205.80	275.10
65	137.55	172.20	201.60	219.45	294.00
66	147.00	184.80	215.25	235.20	315.00
67	157.50	199.50	233.10	254.10	340.20
68	170.10	215.25	252.00	275.10	368.55
69	183.75	234.15	271.95	298.20	397.95
70	199.50	254.10	296.10	324.45	431.55
71	216.30	276.15	322.35	352.80	469.35
72	236.25	302.40	352.80	386.40	513.45
73	259.35	330.75	387.45	425.25	561.75
74	284.55	363.30	425.25	466.20	615.30
75	311.85	399.00	467.25	511.35	675.15
76	341.25	435.75	512.40	561.75	739.20
77	371.70	477.75	560.70	615.30	807.45
78	404.25	520.80	614.25	672.00	880.95
79	437.85	569.10	668.85	732.90	958.65
80	473.55				
81	510.30				
82	548.10				
83	589.05				
84	631.05				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0085-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	51.45	64.05	73.50	80.85	106.05
45-49	56.70	71.40	81.90	90.30	117.60
50-54	70.35	88.20	101.85	110.25	149.10
55	78.75	99.75	115.50	126.00	170.10
56	81.90	105.00	121.80	132.30	178.50
57	86.10	110.25	128.10	139.65	187.95
58	91.35	116.55	135.45	148.05	198.45
59	97.65	123.90	143.85	157.50	210.00
60	105.00	131.25	153.30	166.95	222.60
61	112.35	139.65	162.75	177.45	237.30
62	119.70	149.10	174.30	190.05	253.05
63	127.05	158.55	185.85	202.65	269.85
64	135.45	169.05	197.40	216.30	287.70
65	143.85	180.60	211.05	229.95	307.65
66	153.30	193.20	225.75	246.75	329.70
67	164.85	208.95	243.60	266.70	355.95
68	177.45	225.75	263.55	288.75	385.35
69	192.15	244.65	285.60	312.90	416.85
70	207.90	265.65	309.75	340.20	451.50
71	225.75	288.75	338.10	370.65	491.40
72	246.75	316.05	369.60	405.30	536.55
73	270.90	346.50	405.30	445.20	588.00
74	297.15	380.10	445.20	488.25	643.65
75	325.50	416.85	488.25	535.50	705.60
76	355.95	455.70	535.50	586.95	771.75
77	387.45	498.75	585.90	642.60	843.15
78	421.05	543.90	640.50	701.40	919.80
79	455.70	593.25	697.20	765.45	1000.65
80	492.45				
81	530.25				
82	570.15				
83	612.15				
84	655.20				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0085-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	30.45	37.80	44.10	48.30	64.05
45-49	33.60	42.00	49.35	53.55	71.40
50-54	45.15	55.65	63.00	68.25	91.35
55	51.45	64.05	72.45	79.80	108.15
56	54.60	67.20	76.65	84.00	115.50
57	57.75	71.40	81.90	90.30	123.90
58	61.95	76.65	88.20	97.65	133.35
59	67.20	82.95	95.55	105.00	143.85
60	72.45	90.30	103.95	113.40	155.40
61	78.75	97.65	113.40	122.85	166.95
62	85.05	106.05	122.85	133.35	180.60
63	91.35	113.40	132.30	143.85	194.25
64	97.65	121.80	141.75	153.30	207.90
65	105.00	130.20	151.20	164.85	223.65
66	113.40	139.65	162.75	177.45	241.50
67	122.85	152.25	177.45	193.20	262.50
68	133.35	165.90	194.25	211.05	286.65
69	144.90	181.65	212.10	231.00	312.90
70	157.50	198.45	232.05	253.05	342.30
71	172.20	218.40	255.15	279.30	374.85
72	190.05	241.50	282.45	308.70	413.70
73	210.00	267.75	312.90	342.30	456.75
74	233.10	296.10	347.55	380.10	505.05
75	257.25	328.65	384.30	421.05	557.55
76	283.50	363.30	424.20	465.15	614.25
77	311.85	400.05	468.30	513.45	675.15
78	341.25	439.95	515.55	564.90	740.25
79	372.75	483.00	564.90	620.55	810.60
80	405.30				
81	439.95				
82	475.65				
83	513.45				
84	553.35				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0085-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	36.75	46.20	52.50	57.75	75.60
45-49	40.95	50.40	58.80	64.05	84.00
50-54	51.45	64.05	74.55	80.85	106.05
55	59.85	74.55	85.05	93.45	126.00
56	63.00	78.75	90.30	97.65	134.40
57	66.15	82.95	95.55	103.95	142.80
58	71.40	89.25	102.90	112.35	153.30
59	76.65	96.60	111.30	120.75	163.80
60	82.95	103.95	119.70	130.20	175.35
61	89.25	111.30	129.15	140.70	187.95
62	96.60	120.75	139.65	152.25	202.65
63	102.90	129.15	150.15	162.75	217.35
64	110.25	137.55	160.65	174.30	233.10
65	118.65	148.05	171.15	185.85	249.90
66	127.05	158.55	183.75	200.55	269.85
67	137.55	172.20	200.55	217.35	292.95
68	149.10	186.90	218.40	237.30	320.25
69	161.70	204.75	238.35	259.35	349.65
70	176.40	223.65	261.45	284.55	383.25
71	193.20	245.70	286.65	312.90	420.00
72	212.10	270.90	317.10	346.50	463.05
73	234.15	299.25	350.70	383.25	511.35
74	259.35	331.80	388.50	425.25	564.90
75	286.65	366.45	429.45	470.40	622.65
76	316.05	404.25	473.55	519.75	686.70
77	346.50	445.20	521.85	573.30	753.90
78	379.05	488.25	573.30	630.00	826.35
79	412.65	535.50	628.95	690.90	904.05
80	448.35				
81	485.10				
82	525.00				
83	565.95				
84	609.00				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0085-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	39.90	49.35	56.70	61.95	80.85
45-49	44.10	54.60	63.00	68.25	89.25
50-54	54.60	68.25	78.75	86.10	112.35
55	63.00	78.75	90.30	98.70	133.35
56	66.15	82.95	95.55	103.95	141.75
57	70.35	88.20	101.85	110.25	151.20
58	75.60	94.50	109.20	118.65	161.70
59	80.85	101.85	117.60	127.05	172.20
60	87.15	109.20	127.05	137.55	183.75
61	93.45	117.60	136.50	148.05	197.40
62	100.80	127.05	147.00	159.60	212.10
63	108.15	136.50	157.50	171.15	227.85
64	115.50	144.90	168.00	182.70	243.60
65	123.90	155.40	179.55	195.30	261.45
66	132.30	166.95	193.20	210.00	281.40
67	143.85	180.60	210.00	227.85	306.60
68	156.45	196.35	228.90	248.85	334.95
69	169.05	214.20	249.90	271.95	365.40
70	184.80	234.15	274.05	298.20	400.05
71	201.60	257.25	300.30	327.60	438.90
72	221.55	283.50	331.80	362.25	484.05
73	244.65	312.90	367.50	401.10	534.45
74	270.90	346.50	406.35	444.15	590.10
75	299.25	382.20	448.35	491.40	651.00
76	329.70	422.10	494.55	542.85	717.15
77	361.20	464.10	544.95	598.50	787.50
78	394.80	509.25	598.50	658.35	863.10
79	429.45	558.60	656.25	721.35	943.95
80	466.20				
81	505.05				
82	546.00				
83	588.00				
84	632.10				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0085-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	26.25	29.40	34.65	36.75	47.25
45-49	28.35	33.60	37.80	40.95	51.45
50-54	34.65	40.95	47.25	50.40	64.05
55	39.90	47.25	54.60	57.75	76.65
56	42.00	50.40	57.75	61.95	81.90
57	46.20	54.60	61.95	67.20	88.20
58	49.35	58.80	67.20	72.45	95.55
59	54.60	64.05	72.45	78.75	103.95
60	58.80	70.35	79.80	88.20	112.35
61	64.05	77.70	88.20	95.55	121.80
62	69.30	84.00	95.55	103.95	133.35
63	74.55	90.30	102.90	111.30	142.80
64	78.75	96.60	110.25	118.65	154.35
65	84.00	103.95	117.60	127.05	165.90
66	91.35	111.30	127.05	137.55	179.55
67	98.70	120.75	138.60	149.10	195.30
68	107.10	132.30	152.25	163.80	215.25
69	117.60	144.90	166.95	180.60	236.25
70	128.10	158.55	182.70	198.45	259.35
71	141.75	175.35	202.65	221.55	286.65
72	158.55	195.30	225.75	246.75	320.25
73	176.40	218.40	253.05	277.20	358.05
74	196.35	244.65	284.55	309.75	400.05
75	219.45	274.05	319.20	347.55	446.25
76	244.65	306.60	355.95	387.45	496.65
77	271.95	341.25	396.90	431.55	552.30
78	301.35	379.05	441.00	477.75	611.10
79	333.90	418.95	488.25	529.20	676.20
80	366.45				
81	404.25				
82	442.05				
83	483.00				
84	526.05				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0085-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	30.45	36.75	42.00	44.10	56.70
45-49	33.60	40.95	46.20	49.35	63.00
50-54	39.90	48.30	55.65	60.90	78.75
55	47.25	55.65	63.00	68.25	90.30
56	49.35	58.80	67.20	71.40	95.55
57	53.55	63.00	71.40	76.65	100.80
58	56.70	68.25	76.65	82.95	109.20
59	61.95	74.55	84.00	90.30	117.60
60	67.20	79.80	91.35	98.70	128.10
61	71.40	88.20	99.75	107.10	138.60
62	77.70	93.45	109.20	117.60	151.20
63	84.00	100.80	116.55	124.95	161.70
64	89.25	109.20	123.90	134.40	174.30
65	95.55	117.60	132.30	142.80	187.95
66	102.90	124.95	142.80	155.40	202.65
67	111.30	137.55	155.40	169.05	221.55
68	120.75	149.10	170.10	186.90	242.55
69	132.30	162.75	187.95	203.70	266.70
70	144.90	179.55	205.80	223.65	292.95
71	158.55	197.40	228.90	247.80	324.45
72	176.40	219.45	254.10	278.25	362.25
73	196.35	245.70	285.60	309.75	404.25
74	218.40	275.10	320.25	348.60	450.45
75	244.65	307.65	358.05	389.55	502.95
76	271.95	342.30	400.05	435.75	560.70
77	302.40	382.20	445.20	484.05	622.65
78	334.95	424.20	494.55	537.60	687.75
79	369.60	469.35	547.05	595.35	761.25
80	406.35				
81	446.25				
82	487.20				
83	531.30				
84	578.55				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0085-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	32.55	39.90	44.10	48.30	61.95
45-49	35.70	43.05	49.35	53.55	68.25
50-54	42.00	51.45	58.80	64.05	85.05
55	49.35	58.80	67.20	72.45	95.55
56	51.45	63.00	70.35	76.65	99.75
57	55.65	67.20	75.60	81.90	106.05
58	58.80	71.40	81.90	88.20	114.45
59	64.05	77.70	89.25	95.55	123.90
60	70.35	84.00	96.60	103.95	134.40
61	75.60	91.35	105.00	112.35	145.95
62	81.90	98.70	113.40	121.80	158.55
63	88.20	106.05	121.80	131.25	170.10
64	92.40	113.40	130.20	140.70	182.70
65	99.75	121.80	138.60	151.20	196.35
66	107.10	131.25	149.10	162.75	212.10
67	116.55	142.80	162.75	177.45	232.05
68	126.00	156.45	179.55	195.30	254.10
69	138.60	170.10	196.35	214.20	279.30
70	151.20	187.95	216.30	235.20	307.65
71	165.90	205.80	239.40	260.40	341.25
72	183.75	229.95	266.70	289.80	379.05
73	204.75	257.25	299.25	324.45	424.20
74	228.90	287.70	334.95	364.35	473.55
75	256.20	321.30	373.80	407.40	527.10
76	284.55	358.05	418.95	455.70	588.00
77	315.00	399.00	466.20	508.20	652.05
78	348.60	442.05	516.60	562.80	721.35
79	384.30	490.35	572.25	623.70	796.95
80	422.10				
81	463.05				
82	506.10				
83	552.30				
84	600.60				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0085-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	49.35	60.90	69.30	74.55	100.80
45-49	54.60	67.20	76.65	82.95	112.35
50-54	67.20	82.95	95.55	105.00	142.80
55	77.70	96.60	111.30	120.75	165.90
56	81.90	100.80	117.60	128.10	175.35
57	86.10	107.10	124.95	135.45	184.80
58	92.40	114.45	133.35	144.90	196.35
59	97.65	121.80	141.75	154.35	208.95
60	105.00	131.25	151.20	163.80	222.60
61	112.35	139.65	161.70	175.35	237.30
62	119.70	149.10	173.25	187.95	253.05
63	127.05	159.60	184.80	200.55	270.90
64	135.45	169.05	196.35	214.20	287.70
65	144.90	180.60	210.00	228.90	307.65
66	154.35	194.25	224.70	244.65	330.75
67	166.95	208.95	243.60	264.60	357.00
68	180.60	225.75	263.55	286.65	386.40
69	194.25	244.65	284.55	309.75	417.90
70	210.00	265.65	308.70	337.05	453.60
71	226.80	288.75	336.00	366.45	492.45
72	247.80	316.05	368.55	403.20	538.65
73	273.00	347.55	405.30	443.10	590.10
74	300.30	382.20	446.25	488.25	646.80
75	329.70	418.95	490.35	536.55	709.80
76	361.20	459.90	538.65	590.10	778.05
77	393.75	504.00	592.20	646.80	851.55
78	428.40	551.25	648.90	708.75	929.25
79	466.20	601.65	708.75	774.90	1013.25
80	504.00				
81	543.90				
82	585.90				
83	628.95				
84	674.10				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0085-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	56.70	70.35	81.90	89.25	117.60
45-49	63.00	78.75	90.30	98.70	131.25
50-54	77.70	97.65	112.35	121.80	165.90
55	88.20	111.30	128.10	139.65	190.05
56	91.35	117.60	135.45	147.00	200.55
57	96.60	123.90	142.80	155.40	210.00
58	102.90	131.25	152.25	165.90	222.60
59	110.25	138.60	160.65	176.40	236.25
60	118.65	147.00	172.20	186.90	249.90
61	126.00	156.45	182.70	198.45	266.70
62	134.40	168.00	195.30	212.10	284.55
63	142.80	177.45	208.95	226.80	303.45
64	152.25	190.05	221.55	242.55	323.40
65	161.70	202.65	237.30	258.30	345.45
66	173.25	217.35	253.05	277.20	370.65
67	184.80	235.20	274.05	299.25	400.05
68	200.55	253.05	296.10	323.40	433.65
69	216.30	275.10	320.25	350.70	468.30
70	235.20	299.25	348.60	382.20	508.20
71	254.10	324.45	379.05	414.75	552.30
72	278.25	355.95	414.75	454.65	603.75
73	305.55	389.55	455.70	499.80	660.45
74	334.95	427.35	499.80	548.10	723.45
75	366.45	469.35	550.20	601.65	793.80
76	401.10	512.40	602.70	660.45	869.40
77	436.80	561.75	659.40	723.45	950.25
78	475.65	613.20	722.40	790.65	1036.35
79	515.55	669.90	786.45	862.05	1127.70
80	557.55				
81	600.60				
82	644.70				
83	693.00				
84	742.35				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0085-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	60.90	75.60	86.10	95.55	124.95
45-49	67.20	84.00	96.60	106.05	138.60
50-54	82.95	103.95	119.70	130.20	175.35
55	92.40	117.60	135.45	148.05	200.55
56	96.60	123.90	142.80	155.40	210.00
57	100.80	130.20	151.20	163.80	221.55
58	107.10	137.55	159.60	174.30	233.10
59	114.45	145.95	169.05	184.80	246.75
60	123.90	154.35	180.60	196.35	261.45
61	132.30	163.80	191.10	208.95	279.30
62	140.70	175.35	204.75	223.65	298.20
63	149.10	186.90	218.40	238.35	317.10
64	159.60	198.45	232.05	254.10	338.10
65	169.05	212.10	247.80	270.90	362.25
66	180.60	226.80	265.65	289.80	387.45
67	194.25	245.70	286.65	313.95	418.95
68	208.95	265.65	309.75	340.20	453.60
69	225.75	287.70	336.00	368.55	490.35
70	244.65	312.90	364.35	400.05	531.30
71	265.65	340.20	397.95	435.75	578.55
72	289.80	371.70	434.70	476.70	631.05
73	319.20	407.40	476.70	523.95	691.95
74	349.65	447.30	523.95	574.35	757.05
75	383.25	490.35	574.35	630.00	830.55
76	418.95	536.55	630.00	690.90	908.25
77	455.70	586.95	688.80	756.00	992.25
78	495.60	639.45	753.90	825.30	1082.55
79	536.55	698.25	820.05	900.90	1177.05
80	579.60				
81	623.70				
82	670.95				
83	720.30				
84	770.70				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0085-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	35.70	44.10	51.45	56.70	75.60
45-49	39.90	49.35	57.75	63.00	84.00
50-54	53.55	65.10	74.55	79.80	107.10
55	60.90	75.60	85.05	93.45	127.05
56	64.05	78.75	90.30	98.70	135.45
57	68.25	84.00	96.60	106.05	145.95
58	72.45	90.30	103.95	114.45	156.45
59	78.75	97.65	112.35	123.90	169.05
60	85.05	106.05	121.80	133.35	182.70
61	92.40	114.45	133.35	144.90	196.35
62	99.75	124.95	144.90	156.45	212.10
63	107.10	133.35	155.40	169.05	228.90
64	114.45	142.80	166.95	180.60	244.65
65	123.90	153.30	177.45	194.25	263.55
66	133.35	163.80	191.10	208.95	284.55
67	144.90	179.55	208.95	226.80	308.70
68	156.45	195.30	228.90	247.80	337.05
69	170.10	214.20	249.90	271.95	368.55
70	184.80	233.10	273.00	298.20	403.20
71	202.65	257.25	300.30	328.65	441.00
72	223.65	284.55	331.80	363.30	487.20
73	246.75	315.00	368.55	403.20	537.60
74	274.05	348.60	408.45	447.30	594.30
75	302.40	386.40	452.55	495.60	656.25
76	333.90	427.35	498.75	547.05	722.40
77	366.45	470.40	551.25	603.75	793.80
78	401.10	517.65	606.90	664.65	870.45
79	438.90	568.05	664.65	729.75	953.40
80	476.70				
81	517.65				
82	559.65				
83	603.75				
84	651.00				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0085-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	43.05	54.60	61.95	68.25	89.25
45-49	48.30	58.80	69.30	75.60	98.70
50-54	60.90	75.60	88.20	95.55	124.95
55	70.35	88.20	99.75	110.25	148.05
56	74.55	92.40	106.05	114.45	158.55
57	77.70	97.65	112.35	121.80	168.00
58	84.00	105.00	120.75	132.30	180.60
59	90.30	113.40	131.25	141.75	193.20
60	97.65	121.80	140.70	153.30	205.80
61	105.00	131.25	152.25	165.90	221.55
62	113.40	141.75	163.80	179.55	238.35
63	120.75	152.25	176.40	191.10	256.20
64	130.20	161.70	189.00	204.75	274.05
65	139.65	174.30	201.60	218.40	294.00
66	149.10	186.90	216.30	236.25	317.10
67	161.70	202.65	236.25	256.20	344.40
68	175.35	219.45	257.25	279.30	376.95
69	190.05	240.45	280.35	305.55	411.60
70	207.90	263.55	307.65	334.95	450.45
71	226.80	288.75	337.05	368.55	494.55
72	249.90	319.20	372.75	407.40	544.95
73	275.10	351.75	412.65	450.45	601.65
74	305.55	390.60	456.75	499.80	664.65
75	337.05	431.55	505.05	553.35	732.90
76	371.70	475.65	557.55	611.10	807.45
77	407.40	523.95	614.25	674.10	887.25
78	446.25	574.35	674.10	741.30	972.30
79	485.10	630.00	740.25	812.70	1063.65
80	527.10				
81	571.20				
82	617.40				
83	665.70				
84	716.10				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0085-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	47.25	57.75	67.20	72.45	95.55
45-49	51.45	64.05	74.55	79.80	105.00
50-54	64.05	79.80	92.40	100.80	132.30
55	74.55	92.40	106.05	116.55	156.45
56	77.70	97.65	112.35	121.80	166.95
57	82.95	103.95	119.70	130.20	177.45
58	89.25	111.30	128.10	139.65	190.05
59	95.55	119.70	138.60	149.10	202.65
60	102.90	128.10	149.10	161.70	216.30
61	110.25	138.60	160.65	174.30	232.05
62	118.65	149.10	173.25	187.95	249.90
63	127.05	160.65	184.80	201.60	267.75
64	135.45	170.10	197.40	215.25	286.65
65	145.95	182.70	211.05	229.95	307.65
66	155.40	196.35	226.80	246.75	330.75
67	169.05	212.10	246.75	267.75	361.20
68	183.75	231.00	268.80	292.95	393.75
69	198.45	252.00	294.00	320.25	429.45
70	217.35	275.10	322.35	350.70	470.40
71	237.30	302.40	352.80	385.35	516.60
72	260.40	333.90	390.60	426.30	569.10
73	287.70	368.55	432.60	471.45	628.95
74	319.20	407.40	477.75	522.90	694.05
75	351.75	449.40	527.10	578.55	765.45
76	387.45	496.65	581.70	638.40	844.20
77	425.25	546.00	641.55	704.55	926.10
78	464.10	599.55	704.55	774.90	1015.35
79	505.05	657.30	771.75	848.40	1110.90
80	548.10				
81	594.30				
82	642.60				
83	691.95				
84	743.40				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0085-B87
Long-Term Care Policy

WITH SURVIVORSHIP BENEFIT RIDER R1-N0103-SERIES

When this rider is chosen, multiply the final premium by the appropriate factor.

ISSUE AGE	NO INFLATION PROTECTION	SIMPLE INFLATION PROTECTION	COMPOUND INFLATION PROTECTION
18-44	1.11	1.17	1.17
45-49	1.14	1.21	1.21
50-54	1.18	1.28	1.28
55	1.20	1.30	1.30
56	1.20	1.30	1.30
57	1.21	1.30	1.30
58	1.21	1.30	1.30
59	1.21	1.30	1.30
60	1.21	1.30	1.30
61	1.21	1.30	1.30
62	1.21	1.29	1.29
63	1.21	1.29	1.29
64	1.21	1.28	1.28
65	1.20	1.27	1.27
66	1.20	1.26	1.26
67	1.20	1.26	1.26
68	1.19	1.25	1.25
69	1.19	1.24	1.24
70	1.18	1.23	1.23
71	1.18	1.22	1.22
72	1.17	1.20	1.20
73	1.16	1.19	1.19
74	1.16	1.18	1.18
75	1.15	1.17	1.17
76	1.14	1.16	1.16
77	1.13	1.15	1.15
78	1.12	1.14	1.14
79	1.11	1.13	1.13
80	1.10	1.12	1.12
81	1.09	1.11	1.11
82	1.08	1.10	1.10
83	1.07	1.09	1.09
84	1.06	1.08	1.08

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0085-B87
Long-Term Care Policy

Elimination Period Factors

Rates shown are for 30 day elimination period. Rates for other elimination periods are calculated by multiplying the 30 day rates by the appropriate factor from the following table:

Benefit Maximum	0	14	20	60	90	100	180	365
730x,1095x	1.11	1.06	1.03	0.95	0.91	0.90	0.80	0.71
1460x,1825x	1.09	1.05	1.03	0.95	0.91	0.90	0.81	0.72
Lifetime	1.07	1.04	1.03	0.96	0.93	0.92	0.85	0.78

Table Rating Health Rating Group Factors

Rates shown are for Preferred Rating Group and Select Rating Group. Rates for Table Rating Health Groups 1, 2, 3 and 4 are calculated by multiplying Select rates by 1.25, 1.50, 1.75 and 2.00 respectively.

Multi-Life Discount

A 5%, 10%, 15% or 20% discount to the rates is available for qualifying Associations of 10 or more lives.

Spousal Discount

A 20% discount to the rates is available to married couples if both spouses apply for coverage.

Dual Waiver of Premium Rider R1-N0104-Series

An optional dual waiver of premium rider will be offered. If one spouse qualifies for a waiver of premium, the premium of the other spouse will also be waived. If chosen, multiply the final premium by 1.06.

Shared Advantage Rider R1-N0105-Series

This rider will allow two covered spouses to purchase an additional benefit amount that can be used by either spouse after their base benefits are exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	No Inflation Protection	With Inflation Protection
730x	1.30	1.35
1095x	1.21	1.25
1460x	1.15	1.18
1825x	1.12	1.14

Restoration of Benefits Rider R1-N0108-Series

This rider restores the maximum lifetime benefit if the insured has not met the stipulated conditions for a period of 180 consecutive days and the maximum lifetime benefit has not been exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	Factor
730x	1.08
1095x	1.06
1460x,1825x	1.04

Cost of Living Increase Rider R1-N0107-Series

This rider allows the insured to increase their policy limits, subject to the terms of the rider, every three years without additional underwriting. The additional premium charged is based on the attained age and incremental increase in the maximum daily facility benefit when exercised. If chosen, multiply the final premium by the appropriate factor:

Age	Factor
18-44	1.15
45-49	1.12
50-55	1.10
56-58	1.09
59-61	1.08
62-64	1.07
65-67	1.06
68-70	1.05
71-73	1.04
74-76	1.03

Modal Factors

Semi-Annual: 0.52; Quarterly: 0.27; Check-A-Matic: 0.09

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604

Supplement to Rate Sheets for Policy Form P1-N0086-B87
PENNSYLVANIA

All rates for this form should be multiplied by a factor of: 1.9425

This factor represents the **proposed** increase of: 29.5%

And the following prior approved rate increases:

Policy Form	Increase Applies to all Policies or Subsets	Rate Increase Approved	Approval Date of Rate Increase
P1-N0086-B87	--Yes--	20.00%	3/14/2013
P1-N0086-B87	--Yes--	25.00%	12/3/2014

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0086-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	27.56	31.50	36.75	39.38	49.88
45-49	30.19	35.44	40.69	43.31	55.13
50-54	36.75	43.31	49.88	53.81	68.25
55	42.00	49.88	57.75	61.69	81.38
56	44.63	53.81	61.69	65.63	86.63
57	48.56	57.75	65.63	70.88	93.19
58	52.50	63.00	70.88	77.44	101.06
59	57.75	68.25	77.44	84.00	110.25
60	63.00	74.81	85.31	93.19	119.44
61	68.25	82.69	93.19	101.06	129.94
62	73.50	89.25	101.06	110.25	141.75
63	78.75	95.81	108.94	118.13	152.25
64	84.00	102.38	116.81	126.00	164.06
65	89.25	110.25	124.69	135.19	175.88
66	97.13	118.13	135.19	145.69	190.31
67	105.00	128.63	147.00	158.81	207.38
68	114.19	140.44	161.44	174.56	228.38
69	124.69	153.56	177.19	191.63	250.69
70	136.50	168.00	194.25	211.31	275.63
71	150.94	186.38	215.25	234.94	304.50
72	168.00	207.38	240.19	262.50	339.94
73	187.69	232.31	269.06	294.00	380.63
74	208.69	259.88	301.88	329.44	425.25
75	233.63	291.38	338.63	368.81	473.81
76	259.88	325.50	378.00	412.13	527.63
77	288.75	362.25	421.31	458.06	586.69
78	320.25	402.94	468.56	507.94	649.69
79	354.38	444.94	518.44	561.75	717.94
80	389.81				
81	429.19				
82	469.88				
83	513.19				
84	559.13				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0086-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	32.81	39.38	44.63	47.25	60.38
45-49	35.44	43.31	48.56	52.50	66.94
50-54	42.00	51.19	59.06	64.31	84.00
55	49.88	59.06	66.94	72.19	95.81
56	52.50	63.00	70.88	76.13	101.06
57	56.44	66.94	76.13	81.38	107.63
58	60.38	72.19	81.38	87.94	115.50
59	65.63	78.75	89.25	95.81	124.69
60	70.88	85.31	97.13	105.00	136.50
61	76.13	93.19	106.31	114.19	147.00
62	82.69	99.75	115.50	124.69	160.13
63	89.25	107.63	123.38	132.56	171.94
64	94.50	115.50	131.25	143.06	185.06
65	101.06	124.69	140.44	152.25	199.50
66	108.94	132.56	152.25	165.38	215.25
67	118.13	145.69	165.38	179.81	234.94
68	128.63	158.81	181.13	198.19	257.25
69	140.44	173.25	199.50	216.56	283.50
70	153.56	190.31	219.19	237.56	311.06
71	168.00	210.00	242.81	263.81	345.19
72	187.69	233.63	270.38	295.31	384.56
73	208.69	261.19	303.19	329.44	429.19
74	232.31	292.69	339.94	370.13	479.06
75	259.88	326.81	380.63	413.44	534.19
76	288.75	363.56	425.25	463.31	595.88
77	321.56	405.56	472.50	514.50	661.50
78	355.69	450.19	525.00	570.94	731.06
79	392.44	498.75	581.44	632.63	808.50
80	431.81				
81	473.81				
82	517.13				
83	564.38				
84	614.25				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0086-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	34.13	42.00	47.25	51.19	65.63
45-49	38.06	45.94	52.50	56.44	72.19
50-54	44.63	55.13	63.00	68.25	90.56
55	52.50	63.00	70.88	77.44	101.06
56	55.13	66.94	74.81	81.38	106.31
57	59.06	70.88	80.06	86.63	112.88
58	63.00	76.13	86.63	93.19	122.06
59	68.25	82.69	94.50	101.06	131.25
60	74.81	89.25	102.38	110.25	143.06
61	80.06	97.13	111.56	119.44	154.88
62	86.63	105.00	120.75	129.94	168.00
63	93.19	112.88	129.94	139.13	181.13
64	98.44	120.75	137.81	149.63	194.25
65	106.31	129.94	147.00	160.13	208.69
66	114.19	139.13	158.81	173.25	225.75
67	123.38	152.25	173.25	189.00	246.75
68	133.88	166.69	190.31	207.38	270.38
69	147.00	181.13	208.69	227.06	296.63
70	160.13	199.50	229.69	249.38	326.81
71	175.88	219.19	254.63	276.94	362.25
72	195.56	244.13	283.50	308.44	402.94
73	217.88	273.00	317.63	345.19	450.19
74	242.81	305.81	355.69	387.19	502.69
75	271.69	341.25	397.69	433.13	560.44
76	301.88	380.63	444.94	484.31	624.75
77	334.69	423.94	494.81	539.44	693.00
78	370.13	469.88	548.63	598.50	766.50
79	408.19	521.06	607.69	662.81	846.56
80	448.88				
81	492.19				
82	538.13				
83	586.69				
84	637.88				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0086-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	52.50	64.31	73.50	78.75	107.63
45-49	57.75	70.88	81.38	87.94	119.44
50-54	70.88	87.94	101.06	111.56	152.25
55	82.69	102.38	118.13	128.63	175.88
56	86.63	107.63	124.69	136.50	186.38
57	91.88	114.19	132.56	144.38	196.88
58	98.44	122.06	141.75	153.56	208.69
59	103.69	129.94	150.94	164.06	221.81
60	111.56	139.13	160.13	174.56	236.25
61	119.44	148.31	171.94	186.38	252.00
62	127.31	158.81	183.75	199.50	269.06
63	135.19	169.31	196.88	212.63	287.44
64	144.38	179.81	208.69	227.06	305.81
65	153.56	191.63	223.13	242.81	326.81
66	164.06	206.06	238.88	259.88	351.75
67	177.19	221.81	258.56	280.88	379.31
68	191.63	240.19	279.56	304.50	410.81
69	206.06	259.88	301.88	329.44	443.63
70	223.13	282.19	328.13	358.31	481.69
71	241.50	307.13	357.00	389.81	523.69
72	263.81	336.00	391.13	427.88	572.25
73	290.06	368.81	430.50	471.19	627.38
74	318.94	405.56	473.81	518.44	687.75
75	350.44	444.94	521.06	569.63	754.69
76	383.25	488.25	572.25	627.38	826.88
77	418.69	535.50	628.69	687.75	904.31
78	455.44	585.38	689.06	753.38	987.00
79	494.81	639.19	753.38	822.94	1076.25
80	535.50				
81	577.50				
82	622.13				
83	668.06				
84	716.63				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0086-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	60.38	74.81	86.63	94.50	124.69
45-49	66.94	84.00	95.81	105.00	139.13
50-54	82.69	103.69	119.44	129.94	175.88
55	93.19	118.13	136.50	148.31	202.13
56	97.13	124.69	144.38	156.19	212.63
57	102.38	131.25	152.25	165.38	223.13
58	108.94	139.13	161.44	175.88	236.25
59	116.81	147.00	170.63	187.69	250.69
60	126.00	156.19	182.44	198.19	265.13
61	133.88	166.69	194.25	211.31	283.50
62	143.06	178.50	207.38	225.75	301.88
63	152.25	189.00	221.81	241.50	322.88
64	161.44	202.13	234.94	257.25	343.88
65	171.94	215.25	252.00	274.31	367.50
66	183.75	231.00	269.06	294.00	393.75
67	196.88	249.38	291.38	317.63	425.25
68	212.63	269.06	315.00	343.88	460.69
69	229.69	292.69	339.94	372.75	497.44
70	249.38	317.63	370.13	405.56	539.44
71	270.38	345.19	402.94	441.00	586.69
72	295.31	378.00	441.00	483.00	641.81
73	324.19	413.44	484.31	531.56	702.19
74	355.69	454.13	531.56	582.75	769.13
75	389.81	498.75	584.06	639.19	843.94
76	426.56	544.69	640.50	702.19	924.00
77	464.63	597.19	700.88	769.13	1009.31
78	505.31	651.00	767.81	840.00	1101.19
79	547.31	711.38	836.06	916.13	1198.31
80	591.94				
81	637.88				
82	685.13				
83	736.31				
84	788.81				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0086-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	64.31	80.06	91.88	101.06	132.56
45-49	70.88	89.25	102.38	112.88	147.00
50-54	87.94	110.25	127.31	137.81	186.38
55	98.44	124.69	144.38	157.50	212.63
56	102.38	131.25	152.25	165.38	223.13
57	107.63	137.81	160.13	174.56	234.94
58	114.19	145.69	169.31	185.06	248.06
59	122.06	154.88	179.81	196.88	262.50
60	131.25	164.06	191.63	208.69	278.25
61	140.44	174.56	203.44	221.81	296.63
62	149.63	186.38	217.88	237.56	316.31
63	158.81	198.19	232.31	253.31	337.31
64	169.31	211.31	246.75	270.38	359.63
65	179.81	225.75	263.81	287.44	384.56
66	191.63	241.50	282.19	308.44	412.13
67	206.06	261.19	304.50	333.38	444.94
68	221.81	282.19	329.44	360.94	481.69
69	240.19	305.81	357.00	391.13	521.06
70	259.88	332.06	387.19	425.25	564.38
71	282.19	360.94	422.63	463.31	614.25
72	308.44	395.06	462.00	506.63	670.69
73	338.63	433.13	506.63	556.50	735.00
74	371.44	475.13	556.50	610.31	804.56
75	406.88	521.06	610.31	669.38	882.00
76	444.94	569.63	669.38	733.69	964.69
77	484.31	623.44	732.38	803.25	1053.94
78	526.31	679.88	800.63	876.75	1149.75
79	569.63	741.56	871.50	956.81	1250.81
80	615.56				
81	662.81				
82	712.69				
83	765.19				
84	819.00				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0086-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	38.06	47.25	55.13	60.38	80.06
45-49	42.00	52.50	61.69	66.94	89.25
50-54	56.44	69.56	78.75	85.31	114.19
55	64.31	80.06	90.56	99.75	135.19
56	68.25	84.00	95.81	105.00	144.38
57	72.19	89.25	102.38	112.88	154.88
58	77.44	95.81	110.25	122.06	166.69
59	84.00	103.69	119.44	131.25	179.81
60	90.56	112.88	129.94	141.75	194.25
61	98.44	122.06	141.75	153.56	208.69
62	106.31	132.56	153.56	166.69	225.75
63	114.19	141.75	165.38	179.81	242.81
64	122.06	152.25	177.19	191.63	259.88
65	131.25	162.75	189.00	206.06	279.56
66	141.75	174.56	203.44	221.81	301.88
67	153.56	190.31	221.81	241.50	328.13
68	166.69	207.38	242.81	263.81	358.31
69	181.13	227.06	265.13	288.75	391.13
70	196.88	248.06	290.06	316.31	427.88
71	215.25	273.00	318.94	349.13	468.56
72	237.56	301.88	353.06	385.88	517.13
73	262.50	334.69	391.13	427.88	570.94
74	291.38	370.13	434.44	475.13	631.31
75	321.56	410.81	480.38	526.31	696.94
76	354.38	454.13	530.25	581.44	767.81
77	389.81	500.06	585.38	641.81	843.94
78	426.56	549.94	644.44	706.13	925.31
79	465.94	603.75	706.13	775.69	1013.25
80	506.63				
81	549.94				
82	594.56				
83	641.81				
84	691.69				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0086-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	45.94	57.75	65.63	72.19	94.50
45-49	51.19	63.00	73.50	80.06	105.00
50-54	64.31	80.06	93.19	101.06	132.56
55	74.81	93.19	106.31	116.81	157.50
56	78.75	98.44	112.88	122.06	168.00
57	82.69	103.69	119.44	129.94	178.50
58	89.25	111.56	128.63	140.44	191.63
59	95.81	120.75	139.13	150.94	204.75
60	103.69	129.94	149.63	162.75	219.19
61	111.56	139.13	161.44	175.88	234.94
62	120.75	150.94	174.56	190.31	253.31
63	128.63	161.44	187.69	203.44	271.69
64	137.81	171.94	200.81	217.88	291.38
65	148.31	185.06	213.94	232.31	312.38
66	158.81	198.19	229.69	250.69	337.31
67	171.94	215.25	250.69	271.69	366.19
68	186.38	233.63	273.00	296.63	400.31
69	202.13	255.94	297.94	324.19	437.06
70	220.50	279.56	326.81	355.69	479.06
71	241.50	307.13	358.31	391.13	525.00
72	265.13	338.63	396.38	433.13	578.81
73	292.69	374.06	438.38	479.06	639.19
74	324.19	414.75	485.63	531.56	706.13
75	358.31	458.06	536.81	588.00	778.31
76	395.06	505.31	591.94	649.69	858.38
77	433.13	556.50	652.31	716.63	942.38
78	473.81	610.31	716.63	787.50	1032.94
79	515.81	669.38	786.19	863.63	1130.06
80	560.44				
81	606.38				
82	656.25				
83	707.44				
84	761.25				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0086-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	49.88	61.69	70.88	77.44	101.06
45-49	55.13	68.25	78.75	85.31	111.56
50-54	68.25	85.31	98.44	107.63	140.44
55	78.75	98.44	112.88	123.38	166.69
56	82.69	103.69	119.44	129.94	177.19
57	87.94	110.25	127.31	137.81	189.00
58	94.50	118.13	136.50	148.31	202.13
59	101.06	127.31	147.00	158.81	215.25
60	108.94	136.50	158.81	171.94	229.69
61	116.81	147.00	170.63	185.06	246.75
62	126.00	158.81	183.75	199.50	265.13
63	135.19	170.63	196.88	213.94	284.81
64	144.38	181.13	210.00	228.38	304.50
65	154.88	194.25	224.44	244.13	326.81
66	165.38	208.69	241.50	262.50	351.75
67	179.81	225.75	262.50	284.81	383.25
68	195.56	245.44	286.13	311.06	418.69
69	211.31	267.75	312.38	339.94	456.75
70	231.00	292.69	342.56	372.75	500.06
71	252.00	321.56	375.38	409.50	548.63
72	276.94	354.38	414.75	452.81	605.06
73	305.81	391.13	459.38	501.38	668.06
74	338.63	433.13	507.94	555.19	737.63
75	374.06	477.75	560.44	614.25	813.75
76	412.13	527.63	618.19	678.56	896.44
77	451.50	580.13	681.19	748.13	984.38
78	493.50	636.56	748.13	822.94	1078.88
79	536.81	698.25	820.31	901.69	1179.94
80	582.75				
81	631.31				
82	682.50				
83	735.00				
84	790.13				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0086-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	32.81	36.75	43.31	45.94	59.06
45-49	35.44	42.00	47.25	51.19	64.31
50-54	43.31	51.19	59.06	63.00	80.06
55	49.88	59.06	68.25	72.19	95.81
56	52.50	63.00	72.19	77.44	102.38
57	57.75	68.25	77.44	84.00	110.25
58	61.69	73.50	84.00	90.56	119.44
59	68.25	80.06	90.56	98.44	129.94
60	73.50	87.94	99.75	110.25	140.44
61	80.06	97.13	110.25	119.44	152.25
62	86.63	105.00	119.44	129.94	166.69
63	93.19	112.88	128.63	139.13	178.50
64	98.44	120.75	137.81	148.31	192.94
65	105.00	129.94	147.00	158.81	207.38
66	114.19	139.13	158.81	171.94	224.44
67	123.38	150.94	173.25	186.38	244.13
68	133.88	165.38	190.31	204.75	269.06
69	147.00	181.13	208.69	225.75	295.31
70	160.13	198.19	228.38	248.06	324.19
71	177.19	219.19	253.31	276.94	358.31
72	198.19	244.13	282.19	308.44	400.31
73	220.50	273.00	316.31	346.50	447.56
74	245.44	305.81	355.69	387.19	500.06
75	274.31	342.56	399.00	434.44	557.81
76	305.81	383.25	444.94	484.31	620.81
77	339.94	426.56	496.13	539.44	690.38
78	376.69	473.81	551.25	597.19	763.88
79	417.38	523.69	610.31	661.50	845.25
80	458.06				
81	505.31				
82	552.56				
83	603.75				
84	657.56				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0086-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	38.06	45.94	52.50	55.13	70.88
45-49	42.00	51.19	57.75	61.69	78.75
50-54	49.88	60.38	69.56	76.13	98.44
55	59.06	69.56	78.75	85.31	112.88
56	61.69	73.50	84.00	89.25	119.44
57	66.94	78.75	89.25	95.81	126.00
58	70.88	85.31	95.81	103.69	136.50
59	77.44	93.19	105.00	112.88	147.00
60	84.00	99.75	114.19	123.38	160.13
61	89.25	110.25	124.69	133.88	173.25
62	97.13	116.81	136.50	147.00	189.00
63	105.00	126.00	145.69	156.19	202.13
64	111.56	136.50	154.88	168.00	217.88
65	119.44	147.00	165.38	178.50	234.94
66	128.63	156.19	178.50	194.25	253.31
67	139.13	171.94	194.25	211.31	276.94
68	150.94	186.38	212.63	233.63	303.19
69	165.38	203.44	234.94	254.63	333.38
70	181.13	224.44	257.25	279.56	366.19
71	198.19	246.75	286.13	309.75	405.56
72	220.50	274.31	317.63	347.81	452.81
73	245.44	307.13	357.00	387.19	505.31
74	273.00	343.88	400.31	435.75	563.06
75	305.81	384.56	447.56	486.94	628.69
76	339.94	427.88	500.06	544.69	700.88
77	378.00	477.75	556.50	605.06	778.31
78	418.69	530.25	618.19	672.00	859.69
79	462.00	586.69	683.81	744.19	951.56
80	507.94				
81	557.81				
82	609.00				
83	664.13				
84	723.19				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0086-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	40.69	49.88	55.13	60.38	77.44
45-49	44.63	53.81	61.69	66.94	85.31
50-54	52.50	64.31	73.50	80.06	106.31
55	61.69	73.50	84.00	90.56	119.44
56	64.31	78.75	87.94	95.81	124.69
57	69.56	84.00	94.50	102.38	132.56
58	73.50	89.25	102.38	110.25	143.06
59	80.06	97.13	111.56	119.44	154.88
60	87.94	105.00	120.75	129.94	168.00
61	94.50	114.19	131.25	140.44	182.44
62	102.38	123.38	141.75	152.25	198.19
63	110.25	132.56	152.25	164.06	212.63
64	115.50	141.75	162.75	175.88	228.38
65	124.69	152.25	173.25	189.00	245.44
66	133.88	164.06	186.38	203.44	265.13
67	145.69	178.50	203.44	221.81	290.06
68	157.50	195.56	224.44	244.13	317.63
69	173.25	212.63	245.44	267.75	349.13
70	189.00	234.94	270.38	294.00	384.56
71	207.38	257.25	299.25	325.50	426.56
72	229.69	287.44	333.38	362.25	473.81
73	255.94	321.56	374.06	405.56	530.25
74	286.13	359.63	418.69	455.44	591.94
75	320.25	401.63	467.25	509.25	658.88
76	355.69	447.56	523.69	569.63	735.00
77	393.75	498.75	582.75	635.25	815.06
78	435.75	552.56	645.75	703.50	901.69
79	480.38	612.94	715.31	779.63	996.19
80	527.63				
81	578.81				
82	632.63				
83	690.38				
84	750.75				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0086-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	61.69	76.13	86.63	93.19	126.00
45-49	68.25	84.00	95.81	103.69	140.44
50-54	84.00	103.69	119.44	131.25	178.50
55	97.13	120.75	139.13	150.94	207.38
56	102.38	126.00	147.00	160.13	219.19
57	107.63	133.88	156.19	169.31	231.00
58	115.50	143.06	166.69	181.13	245.44
59	122.06	152.25	177.19	192.94	261.19
60	131.25	164.06	189.00	204.75	278.25
61	140.44	174.56	202.13	219.19	296.63
62	149.63	186.38	216.56	234.94	316.31
63	158.81	199.50	231.00	250.69	338.63
64	169.31	211.31	245.44	267.75	359.63
65	181.13	225.75	262.50	286.13	384.56
66	192.94	242.81	280.88	305.81	413.44
67	208.69	261.19	304.50	330.75	446.25
68	225.75	282.19	329.44	358.31	483.00
69	242.81	305.81	355.69	387.19	522.38
70	262.50	332.06	385.88	421.31	567.00
71	283.50	360.94	420.00	458.06	615.56
72	309.75	395.06	460.69	504.00	673.31
73	341.25	434.44	506.63	553.88	737.63
74	375.38	477.75	557.81	610.31	808.50
75	412.13	523.69	612.94	670.69	887.25
76	451.50	574.88	673.31	737.63	972.56
77	492.19	630.00	740.25	808.50	1064.44
78	535.50	689.06	811.13	885.94	1161.56
79	582.75	752.06	885.94	968.63	1266.56
80	630.00				
81	679.88				
82	732.38				
83	786.19				
84	842.63				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0086-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	70.88	87.94	102.38	111.56	147.00
45-49	78.75	98.44	112.88	123.38	164.06
50-54	97.13	122.06	140.44	152.25	207.38
55	110.25	139.13	160.13	174.56	237.56
56	114.19	147.00	169.31	183.75	250.69
57	120.75	154.88	178.50	194.25	262.50
58	128.63	164.06	190.31	207.38	278.25
59	137.81	173.25	200.81	220.50	295.31
60	148.31	183.75	215.25	233.63	312.38
61	157.50	195.56	228.38	248.06	333.38
62	168.00	210.00	244.13	265.13	355.69
63	178.50	221.81	261.19	283.50	379.31
64	190.31	237.56	276.94	303.19	404.25
65	202.13	253.31	296.63	322.88	431.81
66	216.56	271.69	316.31	346.50	463.31
67	231.00	294.00	342.56	374.06	500.06
68	250.69	316.31	370.13	404.25	542.06
69	270.38	343.88	400.31	438.38	585.38
70	294.00	374.06	435.75	477.75	635.25
71	317.63	405.56	473.81	518.44	690.38
72	347.81	444.94	518.44	568.31	754.69
73	381.94	486.94	569.63	624.75	825.56
74	418.69	534.19	624.75	685.13	904.31
75	458.06	586.69	687.75	752.06	992.25
76	501.38	640.50	753.38	825.56	1086.75
77	546.00	702.19	824.25	904.31	1187.81
78	594.56	766.50	903.00	988.31	1295.44
79	644.44	837.38	983.06	1077.56	1409.63
80	696.94				
81	750.75				
82	805.88				
83	866.25				
84	927.94				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0086-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	76.13	94.50	107.63	119.44	156.19
45-49	84.00	105.00	120.75	132.56	173.25
50-54	103.69	129.94	149.63	162.75	219.19
55	115.50	147.00	169.31	185.06	250.69
56	120.75	154.88	178.50	194.25	262.50
57	126.00	162.75	189.00	204.75	276.94
58	133.88	171.94	199.50	217.88	291.38
59	143.06	182.44	211.31	231.00	308.44
60	154.88	192.94	225.75	245.44	326.81
61	165.38	204.75	238.88	261.19	349.13
62	175.88	219.19	255.94	279.56	372.75
63	186.38	233.63	273.00	297.94	396.38
64	199.50	248.06	290.06	317.63	422.63
65	211.31	265.13	309.75	338.63	452.81
66	225.75	283.50	332.06	362.25	484.31
67	242.81	307.13	358.31	392.44	523.69
68	261.19	332.06	387.19	425.25	567.00
69	282.19	359.63	420.00	460.69	612.94
70	305.81	391.13	455.44	500.06	664.13
71	332.06	425.25	497.44	544.69	723.19
72	362.25	464.63	543.38	595.88	788.81
73	399.00	509.25	595.88	654.94	864.94
74	437.06	559.13	654.94	717.94	946.31
75	479.06	612.94	717.94	787.50	1038.19
76	523.69	670.69	787.50	863.63	1135.31
77	569.63	733.69	861.00	945.00	1240.31
78	619.50	799.31	942.38	1031.63	1353.19
79	670.69	872.81	1025.06	1126.13	1471.31
80	724.50				
81	779.63				
82	838.69				
83	900.38				
84	963.38				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0086-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	44.63	55.13	64.31	70.88	94.50
45-49	49.88	61.69	72.19	78.75	105.00
50-54	66.94	81.38	93.19	99.75	133.88
55	76.13	94.50	106.31	116.81	158.81
56	80.06	98.44	112.88	123.38	169.31
57	85.31	105.00	120.75	132.56	182.44
58	90.56	112.88	129.94	143.06	195.56
59	98.44	122.06	140.44	154.88	211.31
60	106.31	132.56	152.25	166.69	228.38
61	115.50	143.06	166.69	181.13	245.44
62	124.69	156.19	181.13	195.56	265.13
63	133.88	166.69	194.25	211.31	286.13
64	143.06	178.50	208.69	225.75	305.81
65	154.88	191.63	221.81	242.81	329.44
66	166.69	204.75	238.88	261.19	355.69
67	181.13	224.44	261.19	283.50	385.88
68	195.56	244.13	286.13	309.75	421.31
69	212.63	267.75	312.38	339.94	460.69
70	231.00	291.38	341.25	372.75	504.00
71	253.31	321.56	375.38	410.81	551.25
72	279.56	355.69	414.75	454.13	609.00
73	308.44	393.75	460.69	504.00	672.00
74	342.56	435.75	510.56	559.13	742.88
75	378.00	483.00	565.69	619.50	820.31
76	417.38	534.19	623.44	683.81	903.00
77	458.06	588.00	689.06	754.69	992.25
78	501.38	647.06	758.63	830.81	1088.06
79	548.63	710.06	830.81	912.19	1191.75
80	595.88				
81	647.06				
82	699.56				
83	754.69				
84	813.75				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0086-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	53.81	68.25	77.44	85.31	111.56
45-49	60.38	73.50	86.63	94.50	123.38
50-54	76.13	94.50	110.25	119.44	156.19
55	87.94	110.25	124.69	137.81	185.06
56	93.19	115.50	132.56	143.06	198.19
57	97.13	122.06	140.44	152.25	210.00
58	105.00	131.25	150.94	165.38	225.75
59	112.88	141.75	164.06	177.19	241.50
60	122.06	152.25	175.88	191.63	257.25
61	131.25	164.06	190.31	207.38	276.94
62	141.75	177.19	204.75	224.44	297.94
63	150.94	190.31	220.50	238.88	320.25
64	162.75	202.13	236.25	255.94	342.56
65	174.56	217.88	252.00	273.00	367.50
66	186.38	233.63	270.38	295.31	396.38
67	202.13	253.31	295.31	320.25	430.50
68	219.19	274.31	321.56	349.13	471.19
69	237.56	300.56	350.44	381.94	514.50
70	259.88	329.44	384.56	418.69	563.06
71	283.50	360.94	421.31	460.69	618.19
72	312.38	399.00	465.94	509.25	681.19
73	343.88	439.69	515.81	563.06	752.06
74	381.94	488.25	570.94	624.75	830.81
75	421.31	539.44	631.31	691.69	916.13
76	464.63	594.56	696.94	763.88	1009.31
77	509.25	654.94	767.81	842.63	1109.06
78	557.81	717.94	842.63	926.63	1215.38
79	606.38	787.50	925.31	1015.88	1329.56
80	658.88				
81	714.00				
82	771.75				
83	832.13				
84	895.13				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0086-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	59.06	72.19	84.00	90.56	119.44
45-49	64.31	80.06	93.19	99.75	131.25
50-54	80.06	99.75	115.50	126.00	165.38
55	93.19	115.50	132.56	145.69	195.56
56	97.13	122.06	140.44	152.25	208.69
57	103.69	129.94	149.63	162.75	221.81
58	111.56	139.13	160.13	174.56	237.56
59	119.44	149.63	173.25	186.38	253.31
60	128.63	160.13	186.38	202.13	270.38
61	137.81	173.25	200.81	217.88	290.06
62	148.31	186.38	216.56	234.94	312.38
63	158.81	200.81	231.00	252.00	334.69
64	169.31	212.63	246.75	269.06	358.31
65	182.44	228.38	263.81	287.44	384.56
66	194.25	245.44	283.50	308.44	413.44
67	211.31	265.13	308.44	334.69	451.50
68	229.69	288.75	336.00	366.19	492.19
69	248.06	315.00	367.50	400.31	536.81
70	271.69	343.88	402.94	438.38	588.00
71	296.63	378.00	441.00	481.69	645.75
72	325.50	417.38	488.25	532.88	711.38
73	359.63	460.69	540.75	589.31	786.19
74	399.00	509.25	597.19	653.63	867.56
75	439.69	561.75	658.88	723.19	956.81
76	484.31	620.81	727.13	798.00	1055.25
77	531.56	682.50	801.94	880.69	1157.63
78	580.13	749.44	880.69	968.63	1269.19
79	631.31	821.63	964.69	1060.50	1388.63
80	685.13				
81	742.88				
82	803.25				
83	864.94				
84	929.25				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0086-B87
Long-Term Care Policy

WITH SURVIVORSHIP BENEFIT RIDER R1-N0103-SERIES

When this rider is chosen, multiply the final premium by the appropriate factor.

ISSUE AGE	NO INFLATION PROTECTION	SIMPLE INFLATION PROTECTION	COMPOUND INFLATION PROTECTION
18-44	1.11	1.17	1.17
45-49	1.14	1.21	1.21
50-54	1.18	1.28	1.28
55	1.20	1.30	1.30
56	1.20	1.30	1.30
57	1.21	1.30	1.30
58	1.21	1.30	1.30
59	1.21	1.30	1.30
60	1.21	1.30	1.30
61	1.21	1.30	1.30
62	1.21	1.29	1.29
63	1.21	1.29	1.29
64	1.21	1.28	1.28
65	1.20	1.27	1.27
66	1.20	1.26	1.26
67	1.20	1.26	1.26
68	1.19	1.25	1.25
69	1.19	1.24	1.24
70	1.18	1.23	1.23
71	1.18	1.22	1.22
72	1.17	1.20	1.20
73	1.16	1.19	1.19
74	1.16	1.18	1.18
75	1.15	1.17	1.17
76	1.14	1.16	1.16
77	1.13	1.15	1.15
78	1.12	1.14	1.14
79	1.11	1.13	1.13
80	1.10	1.12	1.12
81	1.09	1.11	1.11
82	1.08	1.10	1.10
83	1.07	1.09	1.09
84	1.06	1.08	1.08

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0086-B87
Long-Term Care Policy

Elimination Period Factors

Rates shown are for 30 day elimination period. Rates for other elimination periods are calculated by multiplying the 30 day rates by the appropriate factor from the following table:

Benefit Maximum	0	14	20	60	90	100	180	365
730x,1095x	1.11	1.06	1.03	0.95	0.91	0.90	0.80	0.71
1460x,1825x	1.09	1.05	1.03	0.95	0.91	0.90	0.81	0.72
Lifetime	1.07	1.04	1.03	0.96	0.93	0.92	0.85	0.78

Table Rating Health Rating Group Factors

Rates shown are for Preferred Rating Group and Select Rating Group. Rates for Table Rating Health Groups 1, 2, 3 and 4 are calculated by multiplying Select rates by 1.25, 1.50, 1.75 and 2.00 respectively.

Multi-Life Discount

A 5%, 10%, 15% or 20% discount to the rates is available for qualifying Associations of 10 or more lives.

Spousal Discount

A 20% discount to the rates is available to married couples if both spouses apply for coverage.

Dual Waiver of Premium Rider R1-N0104-Series

An optional dual waiver of premium rider will be offered. If one spouse qualifies for a waiver of premium, the premium of the other spouse will also be waived. If chosen, multiply the final premium by 1.06.

Shared Advantage Rider R1-N0105-Series

This rider will allow two covered spouses to purchase an additional benefit amount that can be used by either spouse after their base benefits are exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	No Inflation Protection	With Inflation Protection
730x	1.30	1.35
1095x	1.21	1.25
1460x	1.15	1.18
1825x	1.12	1.14

Restoration of Benefits Rider R1-N0108-Series

This rider restores the maximum lifetime benefit if the insured has not met the stipulated conditions for a period of 180 consecutive days and the maximum lifetime benefit has not been exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	Factor
730x	1.08
1095x	1.06
1460x,1825x	1.04

Cost of Living Increase Rider R1-N0107-Series

This rider allows the insured to increase their policy limits, subject to the terms of the rider, every three years without additional underwriting. The additional premium charged is based on the attained age and incremental increase in the maximum daily facility benefit when exercised. If chosen, multiply the final premium by the appropriate factor:

Age	Factor
18-44	1.15
45-49	1.12
50-55	1.10
56-58	1.09
59-61	1.08
62-64	1.07
65-67	1.06
68-70	1.05
71-73	1.04
74-76	1.03

Modal Factors

Semi-Annual: 0.52; Quarterly: 0.27; Check-A-Matic: 0.09

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604

Supplement to Rate Sheets for Policy Form P1-N0090-B87
PENNSYLVANIA

All rates for this form should be multiplied by a factor of: 1.9425

This factor represents the **proposed** increase of: 29.5%

And the following prior approved rate increases:

Policy Form	Increase Applies to all Policies or Subsets	Rate Increase Approved	Approval Date of Rate Increase
P1-N0090-B87	--Yes--	20.00%	3/14/2013
P1-N0090-B87	--Yes--	25.00%	12/3/2014

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0090-B87
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	17	19	22	23	24
45-49	19	21	24	25	27
50-54	23	26	29	31	35
55	26	30	34	37	44
56	28	32	37	40	48
57	30	35	40	43	53
58	33	38	44	47	58
59	36	42	48	51	64
60	40	47	53	56	70
61	43	51	58	61	76
62	47	56	63	67	83
63	50	60	68	72	89
64	53	64	73	78	95
65	57	68	78	84	102
66	61	74	84	91	110
67	66	80	92	99	120
68	72	88	101	109	132
69	79	96	111	119	144
70	86	105	122	131	159
71	95	116	134	145	176
72	105	129	149	161	195
73	117	144	166	179	217
74	130	160	185	200	242
75	145	178	205	222	269
76	161	198	228	246	298
77	178	219	252	272	330
78	196	242	278	300	364
79	216	266	306	330	401
80	236				
81	258				
82	281				
83	305				
84	331				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0090-B87
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	32	39	45	49	59
45-49	35	43	50	54	66
50-54	43	53	62	67	84
55	52	63	73	78	100
56	55	67	77	83	107
57	59	72	82	88	114
58	63	77	88	94	122
59	67	82	94	101	130
60	71	88	101	109	139
61	76	94	108	117	148
62	81	100	116	126	159
63	86	107	124	134	170
64	92	113	132	143	182
65	98	121	140	152	195
66	105	129	150	162	209
67	113	139	161	174	225
68	122	150	174	188	243
69	131	162	187	203	262
70	142	176	203	220	282
71	154	191	220	239	306
72	167	208	240	261	333
73	182	227	263	286	363
74	199	249	288	314	397
75	217	272	316	344	433
76	236	297	346	377	473
77	256	324	378	413	515
78	277	353	413	451	560
79	299	384	450	492	609
80	323				
81	347				
82	373				
83	400				
84	428				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0090-B87
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	23	28	32	35	42
45-49	25	31	36	39	47
50-54	35	42	49	53	64
55	40	49	56	60	77
56	42	52	59	64	82
57	45	56	63	68	88
58	49	61	68	74	95
59	53	66	74	80	104
60	58	72	81	88	113
61	63	78	89	96	123
62	68	84	96	104	133
63	73	90	103	112	143
64	78	96	110	120	154
65	83	103	118	128	165
66	90	111	127	138	179
67	97	120	138	150	194
68	105	131	151	164	211
69	115	143	165	179	230
70	125	156	180	196	252
71	137	171	198	215	275
72	150	188	218	237	302
73	165	207	240	262	332
74	182	228	265	289	365
75	200	251	292	318	400
76	219	276	321	350	439
77	239	302	352	384	480
78	260	330	385	421	524
79	282	360	421	460	571
80	306				
81	330				
82	356				
83	383				
84	411				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0090-B87
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	20	22	26	27	28
45-49	22	25	28	29	32
50-54	27	31	34	36	41
55	31	35	40	44	52
56	33	38	44	47	56
57	35	41	47	51	62
58	39	45	52	55	68
59	42	49	56	60	75
60	47	55	62	66	82
61	51	60	68	72	89
62	55	66	74	79	98
63	59	71	80	85	105
64	62	75	86	92	112
65	67	80	92	99	120
66	72	87	99	107	129
67	78	94	108	116	141
68	85	104	119	128	155
69	93	113	131	140	169
70	101	124	144	154	187
71	112	136	158	171	207
72	124	152	175	189	229
73	138	169	195	211	255
74	153	188	218	235	285
75	171	209	241	261	316
76	189	233	268	289	351
77	209	258	296	320	388
78	231	285	327	353	428
79	254	313	360	388	472
80	278				
81	304				
82	331				
83	359				
84	389				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0090-B87
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	38	46	53	58	69
45-49	41	51	59	64	78
50-54	51	62	73	79	99
55	61	74	86	92	118
56	65	79	91	98	126
57	69	85	96	104	134
58	74	91	104	111	144
59	79	96	111	119	153
60	84	104	119	128	164
61	89	111	127	138	174
62	95	118	136	148	187
63	101	126	146	158	200
64	108	133	155	168	214
65	115	142	165	179	229
66	124	152	176	191	246
67	133	164	189	205	265
68	144	176	205	221	286
69	154	191	220	239	308
70	167	207	239	259	332
71	181	225	259	281	360
72	196	245	282	307	392
73	214	267	309	336	427
74	234	293	339	369	467
75	255	320	372	405	509
76	278	349	407	444	556
77	301	381	445	486	606
78	326	415	486	531	659
79	352	452	529	579	716
80	380				
81	408				
82	439				
83	471				
84	504				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0090-B87
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	27	33	38	41	49
45-49	29	36	42	46	55
50-54	41	49	58	62	75
55	47	58	66	71	91
56	49	61	69	75	96
57	53	66	74	80	104
58	58	72	80	87	112
59	62	78	87	94	122
60	68	85	95	104	133
61	74	92	105	113	145
62	80	99	113	122	156
63	86	106	121	132	168
64	92	113	129	141	181
65	98	121	139	151	194
66	106	131	149	162	211
67	114	141	162	176	228
68	124	154	178	193	248
69	135	168	194	211	271
70	147	184	212	231	296
71	161	201	233	253	324
72	176	221	256	279	355
73	194	244	282	308	391
74	214	268	312	340	429
75	235	295	344	374	471
76	258	325	378	412	516
77	281	355	414	452	565
78	306	388	453	495	616
79	332	424	495	541	672
80	360				
81	388				
82	419				
83	451				
84	484				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0090-B87
Long-Term Care Policy: Facility Only Coverage

WITH SURVIVORSHIP BENEFIT RIDER R1-N0103-SERIES

When this rider is chosen, multiply the final premium by the appropriate factor.

ISSUE AGE	NO INFLATION PROTECTION	SIMPLE INFLATION PROTECTION	COMPOUND INFLATION PROTECTION
18-44	1.11	1.17	1.17
45-49	1.14	1.21	1.21
50-54	1.18	1.28	1.28
55	1.20	1.30	1.30
56	1.20	1.30	1.30
57	1.21	1.30	1.30
58	1.21	1.30	1.30
59	1.21	1.30	1.30
60	1.21	1.30	1.30
61	1.21	1.30	1.30
62	1.21	1.29	1.29
63	1.21	1.29	1.29
64	1.21	1.28	1.28
65	1.20	1.27	1.27
66	1.20	1.26	1.26
67	1.20	1.26	1.26
68	1.19	1.25	1.25
69	1.19	1.24	1.24
70	1.18	1.23	1.23
71	1.18	1.22	1.22
72	1.17	1.20	1.20
73	1.16	1.19	1.19
74	1.16	1.18	1.18
75	1.15	1.17	1.17
76	1.14	1.16	1.16
77	1.13	1.15	1.15
78	1.12	1.14	1.14
79	1.11	1.13	1.13
80	1.10	1.12	1.12
81	1.09	1.11	1.11
82	1.08	1.10	1.10
83	1.07	1.09	1.09
84	1.06	1.08	1.08

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0090-B87
Long-Term Care Policy: Facility Only Coverage

Elimination Period Factors

Rates shown are for 30 day elimination period. Rates for other elimination periods are calculated by multiplying the 30 day rates by the appropriate factor from the following table:

Benefit Maximum	0	14	20	60	90	100	180	365
730x,1095x	1.12	1.07	1.03	0.94	0.90	0.89	0.78	0.67
1460x,1825x	1.10	1.05	1.03	0.95	0.90	0.89	0.79	0.69
Lifetime	1.08	1.04	1.03	0.96	0.92	0.91	0.84	0.75

Table Rating Health Rating Group Factors

Rates shown are for Preferred Rating Group and Select Rating Group. Rates for Table Rating Health Groups 1, 2, 3 and 4 are calculated by multiplying Select rates by 1.25, 1.50, 1.75 and 2.00 respectively.

Multi-Life Discount

A 5%, 10%, 15% or 20% discount to the rates is available for qualifying Associations of 10 or more lives.

Spousal Discount

A 20% discount to the rates is available to married couples if both spouses apply for coverage.

Dual Waiver of Premium Rider R1-N0104-Series

An optional dual waiver of premium rider will be offered. If one spouse qualifies for a waiver of premium, the premium of the other spouse will also be waived. If chosen, multiply the final premium by 1.06.

Shared Advantage Rider R1-N0105-Series

This rider will allow two covered spouses to purchase an additional benefit amount that can be used by either spouse after their base benefits are exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	No Inflation Protection	With Inflation Protection
730x	1.30	1.35
1095x	1.21	1.25
1460x	1.15	1.18
1825x	1.12	1.14

Restoration of Benefits Rider R1-N0106-Series

This rider restores the maximum lifetime benefit if the insured has not met the stipulated conditions for a period of 180 consecutive days and the maximum lifetime benefit has not been exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	Factor
730x	1.08
1095x	1.06
1460x,1825x	1.04

Cost of Living Increase Rider R1-N0107-Series

This rider allows the insured to increase their policy limits, subject to the terms of the rider, every three years without additional underwriting. The additional premium charged is based on the attained age and incremental increase in the maximum daily facility benefit when exercised. If chosen, multiply the final premium by the appropriate factor:

Age	Factor
18-44	1.15
45-49	1.12
50-55	1.10
56-58	1.09
59-61	1.08
62-64	1.07
65-67	1.06
68-70	1.05
71-73	1.04
74-76	1.03

Modal Factors

Semi-Annual: 0.52; Quarterly: 0.27; Check-A-Matic: 0.09

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604

Supplement to Rate Sheets for Policy Form P1-N0091-B87
PENNSYLVANIA

All rates for this form should be multiplied by a factor of: 1.9425

This factor represents the **proposed** increase of: 29.5%

And the following prior approved rate increases:

Policy Form	Increase Applies to all Policies or Subsets	Rate Increase Approved	Approval Date of Rate Increase
P1-N0091-B87	--Yes--	20.00%	3/14/2013
P1-N0091-B87	--Yes--	25.00%	12/3/2014

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0091-B87
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	21.25	23.75	27.50	28.75	30.00
45-49	23.75	26.25	30.00	31.25	33.75
50-54	28.75	32.50	36.25	38.75	43.75
55	32.50	37.50	42.50	46.25	55.00
56	35.00	40.00	46.25	50.00	60.00
57	37.50	43.75	50.00	53.75	66.25
58	41.25	47.50	55.00	58.75	72.50
59	45.00	52.50	60.00	63.75	80.00
60	50.00	58.75	66.25	70.00	87.50
61	53.75	63.75	72.50	76.25	95.00
62	58.75	70.00	78.75	83.75	103.75
63	62.50	75.00	85.00	90.00	111.25
64	66.25	80.00	91.25	97.50	118.75
65	71.25	85.00	97.50	105.00	127.50
66	76.25	92.50	105.00	113.75	137.50
67	82.50	100.00	115.00	123.75	150.00
68	90.00	110.00	126.25	136.25	165.00
69	98.75	120.00	138.75	148.75	180.00
70	107.50	131.25	152.50	163.75	198.75
71	118.75	145.00	167.50	181.25	220.00
72	131.25	161.25	186.25	201.25	243.75
73	146.25	180.00	207.50	223.75	271.25
74	162.50	200.00	231.25	250.00	302.50
75	181.25	222.50	256.25	277.50	336.25
76	201.25	247.50	285.00	307.50	372.50
77	222.50	273.75	315.00	340.00	412.50
78	245.00	302.50	347.50	375.00	455.00
79	270.00	332.50	382.50	412.50	501.25
80	295.00				
81	322.50				
82	351.25				
83	381.25				
84	413.75				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0091-B87
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	40.00	48.75	56.25	61.25	73.75
45-49	43.75	53.75	62.50	67.50	82.50
50-54	53.75	66.25	77.50	83.75	105.00
55	65.00	78.75	91.25	97.50	125.00
56	68.75	83.75	96.25	103.75	133.75
57	73.75	90.00	102.50	110.00	142.50
58	78.75	96.25	110.00	117.50	152.50
59	83.75	102.50	117.50	126.25	162.50
60	88.75	110.00	126.25	136.25	173.75
61	95.00	117.50	135.00	146.25	185.00
62	101.25	125.00	145.00	157.50	198.75
63	107.50	133.75	155.00	167.50	212.50
64	115.00	141.25	165.00	178.75	227.50
65	122.50	151.25	175.00	190.00	243.75
66	131.25	161.25	187.50	202.50	261.25
67	141.25	173.75	201.25	217.50	281.25
68	152.50	187.50	217.50	235.00	303.75
69	163.75	202.50	233.75	253.75	327.50
70	177.50	220.00	253.75	275.00	352.50
71	192.50	238.75	275.00	298.75	382.50
72	208.75	260.00	300.00	326.25	416.25
73	227.50	283.75	328.75	357.50	453.75
74	248.75	311.25	360.00	392.50	496.25
75	271.25	340.00	395.00	430.00	541.25
76	295.00	371.25	432.50	471.25	591.25
77	320.00	405.00	472.50	516.25	643.75
78	346.25	441.25	516.25	563.75	700.00
79	373.75	480.00	562.50	615.00	761.25
80	403.75				
81	433.75				
82	466.25				
83	500.00				
84	535.00				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0091-B87
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	28.75	35.00	40.00	43.75	52.50
45-49	31.25	38.75	45.00	48.75	58.75
50-54	43.75	52.50	61.25	66.25	80.00
55	50.00	61.25	70.00	75.00	96.25
56	52.50	65.00	73.75	80.00	102.50
57	56.25	70.00	78.75	85.00	110.00
58	61.25	76.25	85.00	92.50	118.75
59	66.25	82.50	92.50	100.00	130.00
60	72.50	90.00	101.25	110.00	141.25
61	78.75	97.50	111.25	120.00	153.75
62	85.00	105.00	120.00	130.00	166.25
63	91.25	112.50	128.75	140.00	178.75
64	97.50	120.00	137.50	150.00	192.50
65	103.75	128.75	147.50	160.00	206.25
66	112.50	138.75	158.75	172.50	223.75
67	121.25	150.00	172.50	187.50	242.50
68	131.25	163.75	188.75	205.00	263.75
69	143.75	178.75	206.25	223.75	287.50
70	156.25	195.00	225.00	245.00	315.00
71	171.25	213.75	247.50	268.75	343.75
72	187.50	235.00	272.50	296.25	377.50
73	206.25	258.75	300.00	327.50	415.00
74	227.50	285.00	331.25	361.25	456.25
75	250.00	313.75	365.00	397.50	500.00
76	273.75	345.00	401.25	437.50	548.75
77	298.75	377.50	440.00	480.00	600.00
78	325.00	412.50	481.25	526.25	655.00
79	352.50	450.00	526.25	575.00	713.75
80	382.50				
81	412.50				
82	445.00				
83	478.75				
84	513.75				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0091-B87
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	25.00	27.50	32.50	33.75	35.00
45-49	27.50	31.25	35.00	36.25	40.00
50-54	33.75	38.75	42.50	45.00	51.25
55	38.75	43.75	50.00	55.00	65.00
56	41.25	47.50	55.00	58.75	70.00
57	43.75	51.25	58.75	63.75	77.50
58	48.75	56.25	65.00	68.75	85.00
59	52.50	61.25	70.00	75.00	93.75
60	58.75	68.75	77.50	82.50	102.50
61	63.75	75.00	85.00	90.00	111.25
62	68.75	82.50	92.50	98.75	122.50
63	73.75	88.75	100.00	106.25	131.25
64	77.50	93.75	107.50	115.00	140.00
65	83.75	100.00	115.00	123.75	150.00
66	90.00	108.75	123.75	133.75	161.25
67	97.50	117.50	135.00	145.00	176.25
68	106.25	130.00	148.75	160.00	193.75
69	116.25	141.25	163.75	175.00	211.25
70	126.25	155.00	180.00	192.50	233.75
71	140.00	170.00	197.50	213.75	258.75
72	155.00	190.00	218.75	236.25	286.25
73	172.50	211.25	243.75	263.75	318.75
74	191.25	235.00	272.50	293.75	356.25
75	213.75	261.25	301.25	326.25	395.00
76	236.25	291.25	335.00	361.25	438.75
77	261.25	322.50	370.00	400.00	485.00
78	288.75	356.25	408.75	441.25	535.00
79	317.50	391.25	450.00	485.00	590.00
80	347.50				
81	380.00				
82	413.75				
83	448.75				
84	486.25				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0091-B87
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	47.50	57.50	66.25	72.50	86.25
45-49	51.25	63.75	73.75	80.00	97.50
50-54	63.75	77.50	91.25	98.75	123.75
55	76.25	92.50	107.50	115.00	147.50
56	81.25	98.75	113.75	122.50	157.50
57	86.25	106.25	120.00	130.00	167.50
58	92.50	113.75	130.00	138.75	180.00
59	98.75	120.00	138.75	148.75	191.25
60	105.00	130.00	148.75	160.00	205.00
61	111.25	138.75	158.75	172.50	217.50
62	118.75	147.50	170.00	185.00	233.75
63	126.25	157.50	182.50	197.50	250.00
64	135.00	166.25	193.75	210.00	267.50
65	143.75	177.50	206.25	223.75	286.25
66	155.00	190.00	220.00	238.75	307.50
67	166.25	205.00	236.25	256.25	331.25
68	180.00	220.00	256.25	276.25	357.50
69	192.50	238.75	275.00	298.75	385.00
70	208.75	258.75	298.75	323.75	415.00
71	226.25	281.25	323.75	351.25	450.00
72	245.00	306.25	352.50	383.75	490.00
73	267.50	333.75	386.25	420.00	533.75
74	292.50	366.25	423.75	461.25	583.75
75	318.75	400.00	465.00	506.25	636.25
76	347.50	436.25	508.75	555.00	695.00
77	376.25	476.25	556.25	607.50	757.50
78	407.50	518.75	607.50	663.75	823.75
79	440.00	565.00	661.25	723.75	895.00
80	475.00				
81	510.00				
82	548.75				
83	588.75				
84	630.00				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0091-B87
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	33.75	41.25	47.50	51.25	61.25
45-49	36.25	45.00	52.50	57.50	68.75
50-54	51.25	61.25	72.50	77.50	93.75
55	58.75	72.50	82.50	88.75	113.75
56	61.25	76.25	86.25	93.75	120.00
57	66.25	82.50	92.50	100.00	130.00
58	72.50	90.00	100.00	108.75	140.00
59	77.50	97.50	108.75	117.50	152.50
60	85.00	106.25	118.75	130.00	166.25
61	92.50	115.00	131.25	141.25	181.25
62	100.00	123.75	141.25	152.50	195.00
63	107.50	132.50	151.25	165.00	210.00
64	115.00	141.25	161.25	176.25	226.25
65	122.50	151.25	173.75	188.75	242.50
66	132.50	163.75	186.25	202.50	263.75
67	142.50	176.25	202.50	220.00	285.00
68	155.00	192.50	222.50	241.25	310.00
69	168.75	210.00	242.50	263.75	338.75
70	183.75	230.00	265.00	288.75	370.00
71	201.25	251.25	291.25	316.25	405.00
72	220.00	276.25	320.00	348.75	443.75
73	242.50	305.00	352.50	385.00	488.75
74	267.50	335.00	390.00	425.00	536.25
75	293.75	368.75	430.00	467.50	588.75
76	322.50	406.25	472.50	515.00	645.00
77	351.25	443.75	517.50	565.00	706.25
78	382.50	485.00	566.25	618.75	770.00
79	415.00	530.00	618.75	676.25	840.00
80	450.00				
81	485.00				
82	523.75				
83	563.75				
84	605.00				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0091-B87
Long-Term Care Policy: Facility Only Coverage

WITH SURVIVORSHIP BENEFIT RIDER R1-N0103-SERIES

When this rider is chosen, multiply the final premium by the appropriate factor.

ISSUE AGE	NO INFLATION PROTECTION	SIMPLE INFLATION PROTECTION	COMPOUND INFLATION PROTECTION
18-44	1.11	1.17	1.17
45-49	1.14	1.21	1.21
50-54	1.18	1.28	1.28
55	1.20	1.30	1.30
56	1.20	1.30	1.30
57	1.21	1.30	1.30
58	1.21	1.30	1.30
59	1.21	1.30	1.30
60	1.21	1.30	1.30
61	1.21	1.30	1.30
62	1.21	1.29	1.29
63	1.21	1.29	1.29
64	1.21	1.28	1.28
65	1.20	1.27	1.27
66	1.20	1.26	1.26
67	1.20	1.26	1.26
68	1.19	1.25	1.25
69	1.19	1.24	1.24
70	1.18	1.23	1.23
71	1.18	1.22	1.22
72	1.17	1.20	1.20
73	1.16	1.19	1.19
74	1.16	1.18	1.18
75	1.15	1.17	1.17
76	1.14	1.16	1.16
77	1.13	1.15	1.15
78	1.12	1.14	1.14
79	1.11	1.13	1.13
80	1.10	1.12	1.12
81	1.09	1.11	1.11
82	1.08	1.10	1.10
83	1.07	1.09	1.09
84	1.06	1.08	1.08

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0091-B87
Long-Term Care Policy: Facility Only Coverage

Elimination Period Factors

Rates shown are for 30 day elimination period. Rates for other elimination periods are calculated by multiplying the 30 day rates by the appropriate factor from the following table:

Benefit Maximum	0	14	20	60	90	100	180	365
730x,1095x	1.12	1.07	1.03	0.94	0.90	0.89	0.78	0.67
1460x,1825x	1.10	1.05	1.03	0.95	0.90	0.89	0.79	0.69
Lifetime	1.08	1.04	1.03	0.96	0.92	0.91	0.84	0.75

Table Rating Health Rating Group Factors

Rates shown are for Preferred Rating Group and Select Rating Group. Rates for Table Rating Health Groups 1, 2, 3 and 4 are calculated by multiplying Select rates by 1.25, 1.50, 1.75 and 2.00 respectively.

Multi-Life Discount

A 5%, 10%, 15% or 20% discount to the rates is available for qualifying Associations of 10 or more lives.

Spousal Discount

A 20% discount to the rates is available to married couples if both spouses apply for coverage.

Dual Waiver of Premium Rider R1-N0104-Series

An optional dual waiver of premium rider will be offered. If one spouse qualifies for a waiver of premium, the premium of the other spouse will also be waived. If chosen, multiply the final premium by 1.06.

Shared Advantage Rider R1-N0105-Series

This rider will allow two covered spouses to purchase an additional benefit amount that can be used by either spouse after their base benefits are exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Period	No Inflation Protection	With Inflation Protection
730x	1.30	1.35
1095x	1.21	1.25
1460x	1.15	1.18
1825x	1.12	1.14

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
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Long-Term Care Policy: Facility Only Coverage

Restoration of Benefits Rider R1-N0106-Series

This rider restores the maximum lifetime benefit if the insured has not met the stipulated conditions for a period of 180 consecutive days and the maximum lifetime benefit has not been exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	Factor
730x	1.08
1095x	1.06
1460x,1825x	1.04

Cost of Living Increase Rider R1-N0107-Series

This rider allows the insured to increase their policy limits, subject to the terms of the rider, every three years without additional underwriting. The additional premium charged is based on the attained age and incremental increase in the maximum daily facility benefit when exercised. If chosen, multiply the final premium by the appropriate factor:

Age	Factor
18-44	1.15
45-49	1.12
50-55	1.10
56-58	1.09
59-61	1.08
62-64	1.07
65-67	1.06
68-70	1.05
71-73	1.04
74-76	1.03

Modal Factors

Semi-Annual: 0.52; Quarterly: 0.27; Check-A-Matic: 0.09

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604

Supplement to Rate Sheets for Policy Form P1-N0095-B87
PENNSYLVANIA

All rates for this form should be multiplied by a factor of: 1.9425

This factor represents the **proposed** increase of: 29.5%

And the following prior approved rate increases:

Policy Form	Increase Applies to all Policies or Subsets	Rate Increase Approved	Approval Date of Rate Increase
P1-N0095-B87	--Yes--	20.00%	3/14/2013
P1-N0095-B87	--Yes--	25.00%	12/3/2014

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0095-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	19	23	25	27	35
45-49	21	26	28	30	39
50-54	26	31	35	37	48
55	30	36	40	43	57
56	32	38	43	46	60
57	34	41	46	49	65
58	37	44	50	53	70
59	40	48	54	58	76
60	43	52	59	63	83
61	47	56	64	69	90
62	51	61	70	75	98
63	55	66	75	81	106
64	58	70	81	87	113
65	62	75	87	93	121
66	66	81	94	101	131
67	72	88	102	110	143
68	79	96	111	121	157
69	86	105	122	132	172
70	94	115	133	145	189
71	103	127	147	160	208
72	114	141	163	178	231
73	126	157	182	198	257
74	140	175	202	221	285
75	156	194	225	246	316
76	172	215	250	273	350
77	190	238	277	302	387
78	209	263	306	334	426
79	230	289	337	367	468
80	252				
81	275				
82	300				
83	326				
84	354				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0095-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	22	27	30	31	41
45-49	25	30	33	35	45
50-54	29	35	40	43	56
55	34	40	45	49	65
56	36	42	48	52	68
57	38	45	51	55	73
58	41	49	55	59	78
59	44	53	60	65	84
60	47	58	65	70	91
61	51	62	71	77	99
62	55	67	77	83	107
63	59	72	83	89	116
64	63	77	88	95	124
65	68	82	95	101	133
66	72	88	102	109	144
67	78	96	110	119	157
68	85	104	121	131	172
69	93	114	132	143	188
70	102	126	144	157	207
71	111	138	160	173	228
72	123	154	177	193	252
73	137	171	197	215	280
74	151	190	220	239	310
75	168	211	245	266	344
76	185	234	272	296	381
77	205	258	301	328	421
78	225	285	333	363	463
79	247	314	366	399	509
80	270				
81	295				
82	321				
83	348				
84	377				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0095-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	23	28	32	33	43
45-49	26	31	35	37	48
50-54	30	37	42	45	60
55	35	42	47	51	68
56	37	44	50	54	72
57	39	47	53	58	76
58	42	51	57	62	82
59	45	55	62	68	88
60	49	60	68	73	95
61	53	65	74	80	103
62	57	70	80	86	111
63	61	75	86	92	120
64	65	80	91	98	128
65	70	85	98	105	138
66	75	91	105	113	149
67	81	99	114	123	163
68	88	108	125	135	178
69	96	118	136	148	195
70	105	130	149	162	214
71	115	143	165	179	236
72	127	159	183	199	261
73	141	177	204	222	290
74	156	196	227	247	321
75	173	218	253	275	356
76	191	242	281	306	394
77	211	267	311	339	435
78	232	294	344	375	479
79	254	324	379	413	526
80	278				
81	303				
82	330				
83	358				
84	387				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0095-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	36	45	52	57	75
45-49	40	50	58	63	83
50-54	49	61	71	77	106
55	56	71	82	89	123
56	59	75	87	94	129
57	63	80	92	100	137
58	67	85	98	107	145
59	72	91	105	114	154
60	77	97	112	121	164
61	82	104	120	130	175
62	88	111	128	139	187
63	94	118	136	148	200
64	100	126	145	158	213
65	106	134	155	168	227
66	114	143	165	180	243
67	122	154	178	194	262
68	131	166	192	210	283
69	141	178	208	227	305
70	152	193	225	246	329
71	165	209	244	267	357
72	179	227	266	291	388
73	195	248	291	318	423
74	213	271	318	348	461
75	233	296	347	380	503
76	253	324	379	415	548
77	275	353	413	453	596
78	297	385	449	493	647
79	321	418	488	536	702
80	346				
81	371				
82	398				
83	426				
84	455				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0095-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	40	51	59	65	84
45-49	45	56	66	71	94
50-54	55	69	81	88	119
55	62	79	93	101	136
56	65	83	98	106	142
57	69	88	103	112	150
58	73	93	109	119	159
59	78	99	116	126	169
60	84	106	123	134	179
61	90	113	131	142	191
62	96	121	139	152	204
63	102	129	148	161	218
64	108	137	158	172	231
65	115	145	168	183	247
66	123	155	180	197	263
67	132	167	194	212	284
68	142	180	210	230	306
69	153	193	226	248	330
70	165	210	245	268	356
71	178	227	266	291	386
72	194	247	289	317	420
73	211	270	316	346	458
74	230	294	345	378	499
75	251	321	376	412	544
76	273	350	410	449	591
77	295	380	446	489	643
78	319	413	485	532	697
79	343	448	526	577	756
80	370				
81	396				
82	425				
83	454				
84	484				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0095-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	42	53	62	68	88
45-49	47	59	69	75	98
50-54	58	73	85	92	124
55	65	82	97	106	141
56	68	86	102	111	148
57	72	91	107	117	156
58	76	97	113	124	165
59	81	103	120	131	175
60	87	110	127	139	186
61	93	117	135	147	198
62	99	125	144	157	211
63	105	133	153	167	225
64	112	141	163	178	239
65	119	150	174	190	255
66	127	160	187	204	272
67	136	172	201	220	293
68	146	186	217	238	316
69	158	200	234	257	341
70	170	217	253	278	368
71	184	235	275	301	399
72	200	256	299	328	434
73	218	279	326	358	473
74	237	304	356	391	515
75	258	331	388	426	561
76	281	361	423	464	610
77	304	392	460	505	663
78	328	425	500	549	719
79	353	461	542	595	779
80	380				
81	407				
82	436				
83	466				
84	497				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0095-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	27	33	39	42	56
45-49	30	37	43	47	62
50-54	39	48	55	61	80
55	45	55	64	70	95
56	47	58	67	73	101
57	50	62	72	78	108
58	54	67	78	84	116
59	58	72	84	91	125
60	63	79	91	99	134
61	69	85	99	107	145
62	74	92	107	116	156
63	79	99	115	124	168
64	85	106	123	133	180
65	90	113	131	142	193
66	97	122	141	153	208
67	105	132	153	166	226
68	114	144	167	181	246
69	124	157	182	198	268
70	135	171	199	217	293
71	148	188	218	238	320
72	162	206	240	262	351
73	178	227	264	289	386
74	196	249	291	318	423
75	215	274	320	350	464
76	236	300	351	385	509
77	257	329	385	422	556
78	279	359	421	462	607
79	303	392	459	504	660
80	328				
81	354				
82	381				
83	409				
84	439				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0095-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	31	39	45	48	64
45-49	35	43	49	54	71
50-54	43	54	63	69	90
55	50	62	72	78	106
56	53	66	76	83	112
57	56	70	81	88	120
58	60	75	87	95	128
59	64	80	93	102	137
60	69	87	101	110	147
61	75	93	109	119	158
62	80	100	117	128	169
63	86	107	126	137	182
64	92	115	134	146	195
65	98	123	143	156	208
66	106	133	154	168	225
67	115	143	167	181	244
68	125	156	182	198	266
69	135	170	198	216	290
70	146	185	216	235	316
71	159	203	236	258	346
72	174	222	260	284	379
73	191	245	286	313	416
74	210	269	314	344	457
75	231	295	346	379	501
76	253	323	380	417	549
77	276	354	416	456	600
78	299	387	455	499	655
79	325	422	496	545	713
80	351				
81	379				
82	407				
83	436				
84	468				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0095-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	33	41	47	51	68
45-49	37	45	52	57	75
50-54	45	56	66	72	94
55	52	65	76	82	111
56	55	69	80	87	117
57	58	73	85	92	125
58	62	78	91	99	133
59	67	84	97	106	142
60	72	90	105	115	152
61	77	97	113	124	163
62	83	104	121	133	175
63	89	111	130	142	188
64	95	119	139	152	201
65	102	127	148	162	215
66	110	137	160	174	232
67	119	148	173	188	252
68	129	161	188	205	274
69	139	175	205	223	299
70	151	191	223	243	326
71	164	209	244	267	357
72	179	229	268	293	391
73	197	252	295	323	429
74	216	277	324	355	472
75	238	304	357	391	517
76	260	333	392	430	566
77	284	365	429	471	619
78	308	399	469	515	675
79	334	435	512	563	735
80	361				
81	389				
82	418				
83	448				
84	480				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0095-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	22	27	29	32	41
45-49	25	31	33	35	46
50-54	31	36	41	44	56
55	35	42	47	51	67
56	38	45	51	54	71
57	40	48	54	58	76
58	44	52	59	62	82
59	47	56	64	68	89
60	51	61	69	74	98
61	55	66	75	81	106
62	60	72	82	88	115
63	65	78	88	95	125
64	68	82	95	102	133
65	73	88	102	109	142
66	78	95	111	119	154
67	85	104	120	129	168
68	93	113	131	142	185
69	101	124	144	155	202
70	111	135	156	171	222
71	121	149	173	188	245
72	134	166	192	209	272
73	148	185	214	233	302
74	165	206	238	260	335
75	184	228	265	289	372
76	202	253	294	321	412
77	224	280	326	355	455
78	246	309	360	393	501
79	271	340	396	432	551
80	296				
81	324				
82	353				
83	384				
84	416				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0095-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	26	32	35	36	48
45-49	29	35	39	41	53
50-54	34	41	47	51	66
55	40	47	53	58	76
56	42	49	56	61	80
57	45	53	60	65	86
58	48	58	65	69	92
59	52	62	71	76	99
60	55	68	76	82	107
61	60	73	84	91	116
62	65	79	91	98	126
63	69	85	98	105	136
64	74	91	104	112	146
65	80	96	112	119	156
66	85	104	120	128	169
67	92	113	129	140	185
68	100	122	142	154	202
69	109	134	155	168	221
70	120	148	169	185	244
71	131	162	188	204	268
72	145	181	208	227	296
73	161	201	232	253	329
74	178	224	259	281	365
75	198	248	288	313	405
76	218	275	320	348	448
77	241	304	354	386	495
78	265	335	392	427	545
79	291	369	431	469	599
80	318				
81	347				
82	378				
83	409				
84	444				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0095-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	27	33	38	39	51
45-49	31	36	41	44	56
50-54	35	44	49	53	71
55	41	49	55	60	80
56	44	52	59	64	85
57	46	55	62	68	89
58	49	60	67	73	96
59	53	65	73	80	104
60	58	71	80	86	112
61	62	76	87	94	121
62	67	82	94	101	131
63	72	88	101	108	141
64	76	94	107	115	151
65	82	100	115	124	162
66	88	107	124	133	175
67	95	116	134	145	192
68	104	127	147	159	209
69	113	139	160	174	229
70	124	153	175	191	252
71	135	168	194	211	278
72	149	187	215	234	307
73	166	208	240	261	341
74	184	231	267	291	378
75	204	256	298	324	419
76	225	285	331	360	464
77	248	314	366	399	512
78	273	346	405	441	564
79	299	381	446	486	619
80	327				
81	356				
82	388				
83	421				
84	455				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0095-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	42	53	61	67	88
45-49	47	59	68	74	98
50-54	58	72	84	91	125
55	66	84	96	105	145
56	69	88	102	111	152
57	74	94	108	118	161
58	79	100	115	126	171
59	85	107	124	134	181
60	91	114	132	142	193
61	96	122	141	153	206
62	104	131	151	164	220
63	111	139	160	174	235
64	118	148	171	186	251
65	125	158	182	198	267
66	134	168	194	212	286
67	144	181	209	228	308
68	154	195	226	247	333
69	166	209	245	267	359
70	179	227	265	289	387
71	194	246	287	314	420
72	211	267	313	342	456
73	229	292	342	374	498
74	251	319	374	409	542
75	274	348	408	447	592
76	298	381	446	488	645
77	324	415	486	533	701
78	349	453	528	580	761
79	378	492	574	631	826
80	407				
81	436				
82	468				
83	501				
84	535				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
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Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	47	60	69	76	99
45-49	53	66	78	84	111
50-54	65	81	95	104	140
55	73	93	109	119	160
56	76	98	115	125	167
57	81	104	121	132	176
58	86	109	128	140	187
59	92	116	136	148	199
60	99	125	145	158	211
61	106	133	154	167	225
62	113	142	164	179	240
63	120	152	174	189	256
64	127	161	186	202	272
65	135	171	198	215	291
66	145	182	212	232	309
67	155	196	228	249	334
68	167	212	247	271	360
69	180	227	266	292	388
70	194	247	288	315	419
71	209	267	313	342	454
72	228	291	340	373	494
73	248	318	372	407	539
74	271	346	406	445	587
75	295	378	442	485	640
76	321	412	482	528	695
77	347	447	525	575	756
78	375	486	571	626	820
79	404	527	619	679	889
80	435				
81	466				
82	500				
83	534				
84	569				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
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Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	49	62	73	80	104
45-49	55	69	81	88	115
50-54	68	86	100	108	146
55	76	96	114	125	166
56	80	101	120	131	174
57	85	107	126	138	184
58	89	114	133	146	194
59	95	121	141	154	206
60	102	129	149	164	219
61	109	138	159	173	233
62	116	147	169	185	248
63	124	156	180	196	265
64	132	166	192	209	281
65	140	176	205	224	300
66	149	188	220	240	320
67	160	202	236	259	345
68	172	219	255	280	372
69	186	235	275	302	401
70	200	255	298	327	433
71	216	276	324	354	469
72	235	301	352	386	511
73	256	328	384	421	556
74	279	358	419	460	606
75	304	389	456	501	660
76	331	425	498	546	718
77	358	461	541	594	780
78	386	500	588	646	846
79	415	542	638	700	916
80	447				
81	479				
82	513				
83	548				
84	585				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
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Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	32	39	46	49	66
45-49	35	44	51	55	73
50-54	46	56	65	72	94
55	53	65	75	82	112
56	55	68	79	86	119
57	59	73	85	92	127
58	64	79	92	99	136
59	68	85	99	107	147
60	74	93	107	116	158
61	81	100	116	126	171
62	87	108	126	136	184
63	93	116	135	146	198
64	100	125	145	156	212
65	106	133	154	167	227
66	114	144	166	180	245
67	124	155	180	195	266
68	134	169	196	213	289
69	146	185	214	233	315
70	159	201	234	255	345
71	174	221	256	280	376
72	191	242	282	308	413
73	209	267	311	340	454
74	231	293	342	374	498
75	253	322	376	412	546
76	278	353	413	453	599
77	302	387	453	496	654
78	328	422	495	544	714
79	356	461	540	593	776
80	386				
81	416				
82	448				
83	481				
84	516				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0095-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	36	46	53	56	75
45-49	41	51	58	64	84
50-54	51	64	74	81	106
55	59	73	85	92	125
56	62	78	89	98	132
57	66	82	95	104	141
58	71	88	102	112	151
59	75	94	109	120	161
60	81	102	119	129	173
61	88	109	128	140	186
62	94	118	138	151	199
63	101	126	148	161	214
64	108	135	158	172	229
65	115	145	168	184	245
66	125	156	181	198	265
67	135	168	196	213	287
68	147	184	214	233	313
69	159	200	233	254	341
70	172	218	254	276	372
71	187	239	278	304	407
72	205	261	306	334	446
73	225	288	336	368	489
74	247	316	369	405	538
75	272	347	407	446	589
76	298	380	447	491	646
77	325	416	489	536	706
78	352	455	535	587	771
79	382	496	584	641	839
80	413				
81	446				
82	479				
83	513				
84	551				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0095-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	39	48	55	60	80
45-49	44	53	61	67	88
50-54	53	66	78	85	111
55	61	76	89	96	131
56	65	81	94	102	138
57	68	86	100	108	147
58	73	92	107	116	156
59	79	99	114	125	167
60	85	106	124	135	179
61	91	114	133	146	192
62	98	122	142	156	206
63	105	131	153	167	221
64	112	140	164	179	236
65	120	149	174	191	253
66	129	161	188	205	273
67	140	174	204	221	296
68	152	189	221	241	322
69	164	206	241	262	352
70	178	225	262	286	384
71	193	246	287	314	420
72	211	269	315	345	460
73	232	296	347	380	505
74	254	326	381	418	555
75	280	358	420	460	608
76	306	392	461	506	666
77	334	429	505	554	728
78	362	469	552	606	794
79	393	512	602	662	865
80	425				
81	458				
82	492				
83	527				
84	565				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0095-B87
Long-Term Care Policy

WITH SURVIVORSHIP BENEFIT RIDER R1-N0103-SERIES

When this rider is chosen, multiply the final premium by the appropriate factor.

ISSUE AGE	NO INFLATION PROTECTION	SIMPLE INFLATION PROTECTION	COMPOUND INFLATION PROTECTION
18-44	1.11	1.17	1.17
45-49	1.14	1.21	1.21
50-54	1.18	1.28	1.28
55	1.20	1.30	1.30
56	1.20	1.30	1.30
57	1.21	1.30	1.30
58	1.21	1.30	1.30
59	1.21	1.30	1.30
60	1.21	1.30	1.30
61	1.21	1.30	1.30
62	1.21	1.29	1.29
63	1.21	1.29	1.29
64	1.21	1.28	1.28
65	1.20	1.27	1.27
66	1.20	1.26	1.26
67	1.20	1.26	1.26
68	1.19	1.25	1.25
69	1.19	1.24	1.24
70	1.18	1.23	1.23
71	1.18	1.22	1.22
72	1.17	1.20	1.20
73	1.16	1.19	1.19
74	1.16	1.18	1.18
75	1.15	1.17	1.17
76	1.14	1.16	1.16
77	1.13	1.15	1.15
78	1.12	1.14	1.14
79	1.11	1.13	1.13
80	1.10	1.12	1.12
81	1.09	1.11	1.11
82	1.08	1.10	1.10
83	1.07	1.09	1.09
84	1.06	1.08	1.08

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0095-B87
Long-Term Care Policy

Elimination Period Factors

Rates shown are for 30 day elimination period. Rates for other elimination periods are calculated by multiplying the 30 day rates by the appropriate factor from the following table:

Benefit Maximum	0	14	20	60	90	100	180	365
730x,1095x	1.12	1.07	1.03	0.94	0.90	0.89	0.78	0.67
1460x,1825x	1.10	1.05	1.03	0.95	0.90	0.89	0.79	0.69
Lifetime	1.08	1.04	1.03	0.96	0.92	0.91	0.84	0.75

Table Rating Health Rating Group Factors

Rates shown are for Preferred Rating Group and Select Rating Group. Rates for Table Rating Health Groups 1, 2, 3 and 4 are calculated by multiplying Select rates by 1.25, 1.50, 1.75 and 2.00 respectively.

Multi-Life Discount

A 5%, 10%, 15% or 20% discount to the rates is available for qualifying Associations of 10 or more lives.

Spousal Discount

A 20% discount to the rates is available to married couples if both spouses apply for coverage.

Dual Waiver of Premium Rider R1-N0104-Series

An optional dual waiver of premium rider will be offered. If one spouse qualifies for a waiver of premium, the premium of the other spouse will also be waived. If chosen, multiply the final premium by 1.06.

Shared Advantage Rider R1-N0105-Series

This rider will allow two covered spouses to purchase an additional benefit amount that can be used by either spouse after their base benefits are exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	No Inflation Protection	With Inflation Protection
730x	1.30	1.35
1095x	1.21	1.25
1460x	1.15	1.18
1825x	1.12	1.14

Restoration of Benefits Rider R1-N0106-Series

This rider restores the maximum lifetime benefit if the insured has not met the stipulated conditions for a period of 180 consecutive days and the maximum lifetime benefit has not been exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	Factor
730x	1.08
1095x	1.06
1460x,1825x	1.04

Cost of Living Increase Rider R1-N0107-Series

This rider allows the insured to increase their policy limits, subject to the terms of the rider, every three years without additional underwriting. The additional premium charged is based on the attained age and incremental increase in the maximum daily facility benefit when exercised. If chosen, multiply the final premium by the appropriate factor:

Age	Factor
18-44	1.15
45-49	1.12
50-55	1.10
56-58	1.09
59-61	1.08
62-64	1.07
65-67	1.06
68-70	1.05
71-73	1.04
74-76	1.03

Modal Factors

Semi-Annual: 0.52; Quarterly: 0.27; Check-A-Matic: 0.09

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604

Supplement to Rate Sheets for Policy Form P1-N0096-B87
PENNSYLVANIA

All rates for this form should be multiplied by a factor of: 1.9425

This factor represents the **proposed** increase of: 29.5%

And the following prior approved rate increases:

Policy Form	Increase Applies to all Policies or Subsets	Rate Increase Approved	Approval Date of Rate Increase
P1-N0096-B87	--Yes--	20.00%	3/14/2013
P1-N0096-B87	--Yes--	25.00%	12/3/2014

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0096-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	23.75	28.75	31.25	33.75	43.75
45-49	26.25	32.50	35.00	37.50	48.75
50-54	32.50	38.75	43.75	46.25	60.00
55	37.50	45.00	50.00	53.75	71.25
56	40.00	47.50	53.75	57.50	75.00
57	42.50	51.25	57.50	61.25	81.25
58	46.25	55.00	62.50	66.25	87.50
59	50.00	60.00	67.50	72.50	95.00
60	53.75	65.00	73.75	78.75	103.75
61	58.75	70.00	80.00	86.25	112.50
62	63.75	76.25	87.50	93.75	122.50
63	68.75	82.50	93.75	101.25	132.50
64	72.50	87.50	101.25	108.75	141.25
65	77.50	93.75	108.75	116.25	151.25
66	82.50	101.25	117.50	126.25	163.75
67	90.00	110.00	127.50	137.50	178.75
68	98.75	120.00	138.75	151.25	196.25
69	107.50	131.25	152.50	165.00	215.00
70	117.50	143.75	166.25	181.25	236.25
71	128.75	158.75	183.75	200.00	260.00
72	142.50	176.25	203.75	222.50	288.75
73	157.50	196.25	227.50	247.50	321.25
74	175.00	218.75	252.50	276.25	356.25
75	195.00	242.50	281.25	307.50	395.00
76	215.00	268.75	312.50	341.25	437.50
77	237.50	297.50	346.25	377.50	483.75
78	261.25	328.75	382.50	417.50	532.50
79	287.50	361.25	421.25	458.75	585.00
80	315.00				
81	343.75				
82	375.00				
83	407.50				
84	442.50				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0096-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	27.50	33.75	37.50	38.75	51.25
45-49	31.25	37.50	41.25	43.75	56.25
50-54	36.25	43.75	50.00	53.75	70.00
55	42.50	50.00	56.25	61.25	81.25
56	45.00	52.50	60.00	65.00	85.00
57	47.50	56.25	63.75	68.75	91.25
58	51.25	61.25	68.75	73.75	97.50
59	55.00	66.25	75.00	81.25	105.00
60	58.75	72.50	81.25	87.50	113.75
61	63.75	77.50	88.75	96.25	123.75
62	68.75	83.75	96.25	103.75	133.75
63	73.75	90.00	103.75	111.25	145.00
64	78.75	96.25	110.00	118.75	155.00
65	85.00	102.50	118.75	126.25	166.25
66	90.00	110.00	127.50	136.25	180.00
67	97.50	120.00	137.50	148.75	196.25
68	106.25	130.00	151.25	163.75	215.00
69	116.25	142.50	165.00	178.75	235.00
70	127.50	157.50	180.00	196.25	258.75
71	138.75	172.50	200.00	216.25	285.00
72	153.75	192.50	221.25	241.25	315.00
73	171.25	213.75	246.25	268.75	350.00
74	188.75	237.50	275.00	298.75	387.50
75	210.00	263.75	306.25	332.50	430.00
76	231.25	292.50	340.00	370.00	476.25
77	256.25	322.50	376.25	410.00	526.25
78	281.25	356.25	416.25	453.75	578.75
79	308.75	392.50	457.50	498.75	636.25
80	337.50				
81	368.75				
82	401.25				
83	435.00				
84	471.25				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0096-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	28.75	35.00	40.00	41.25	53.75
45-49	32.50	38.75	43.75	46.25	60.00
50-54	37.50	46.25	52.50	56.25	75.00
55	43.75	52.50	58.75	63.75	85.00
56	46.25	55.00	62.50	67.50	90.00
57	48.75	58.75	66.25	72.50	95.00
58	52.50	63.75	71.25	77.50	102.50
59	56.25	68.75	77.50	85.00	110.00
60	61.25	75.00	85.00	91.25	118.75
61	66.25	81.25	92.50	100.00	128.75
62	71.25	87.50	100.00	107.50	138.75
63	76.25	93.75	107.50	115.00	150.00
64	81.25	100.00	113.75	122.50	160.00
65	87.50	106.25	122.50	131.25	172.50
66	93.75	113.75	131.25	141.25	186.25
67	101.25	123.75	142.50	153.75	203.75
68	110.00	135.00	156.25	168.75	222.50
69	120.00	147.50	170.00	185.00	243.75
70	131.25	162.50	186.25	202.50	267.50
71	143.75	178.75	206.25	223.75	295.00
72	158.75	198.75	228.75	248.75	326.25
73	176.25	221.25	255.00	277.50	362.50
74	195.00	245.00	283.75	308.75	401.25
75	216.25	272.50	316.25	343.75	445.00
76	238.75	302.50	351.25	382.50	492.50
77	263.75	333.75	388.75	423.75	543.75
78	290.00	367.50	430.00	468.75	598.75
79	317.50	405.00	473.75	516.25	657.50
80	347.50				
81	378.75				
82	412.50				
83	447.50				
84	483.75				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0096-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	45.00	56.25	65.00	71.25	93.75
45-49	50.00	62.50	72.50	78.75	103.75
50-54	61.25	76.25	88.75	96.25	132.50
55	70.00	88.75	102.50	111.25	153.75
56	73.75	93.75	108.75	117.50	161.25
57	78.75	100.00	115.00	125.00	171.25
58	83.75	106.25	122.50	133.75	181.25
59	90.00	113.75	131.25	142.50	192.50
60	96.25	121.25	140.00	151.25	205.00
61	102.50	130.00	150.00	162.50	218.75
62	110.00	138.75	160.00	173.75	233.75
63	117.50	147.50	170.00	185.00	250.00
64	125.00	157.50	181.25	197.50	266.25
65	132.50	167.50	193.75	210.00	283.75
66	142.50	178.75	206.25	225.00	303.75
67	152.50	192.50	222.50	242.50	327.50
68	163.75	207.50	240.00	262.50	353.75
69	176.25	222.50	260.00	283.75	381.25
70	190.00	241.25	281.25	307.50	411.25
71	206.25	261.25	305.00	333.75	446.25
72	223.75	283.75	332.50	363.75	485.00
73	243.75	310.00	363.75	397.50	528.75
74	266.25	338.75	397.50	435.00	576.25
75	291.25	370.00	433.75	475.00	628.75
76	316.25	405.00	473.75	518.75	685.00
77	343.75	441.25	516.25	566.25	745.00
78	371.25	481.25	561.25	616.25	808.75
79	401.25	522.50	610.00	670.00	877.50
80	432.50				
81	463.75				
82	497.50				
83	532.50				
84	568.75				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0096-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	50.00	63.75	73.75	81.25	105.00
45-49	56.25	70.00	82.50	88.75	117.50
50-54	68.75	86.25	101.25	110.00	148.75
55	77.50	98.75	116.25	126.25	170.00
56	81.25	103.75	122.50	132.50	177.50
57	86.25	110.00	128.75	140.00	187.50
58	91.25	116.25	136.25	148.75	198.75
59	97.50	123.75	145.00	157.50	211.25
60	105.00	132.50	153.75	167.50	223.75
61	112.50	141.25	163.75	177.50	238.75
62	120.00	151.25	173.75	190.00	255.00
63	127.50	161.25	185.00	201.25	272.50
64	135.00	171.25	197.50	215.00	288.75
65	143.75	181.25	210.00	228.75	308.75
66	153.75	193.75	225.00	246.25	328.75
67	165.00	208.75	242.50	265.00	355.00
68	177.50	225.00	262.50	287.50	382.50
69	191.25	241.25	282.50	310.00	412.50
70	206.25	262.50	306.25	335.00	445.00
71	222.50	283.75	332.50	363.75	482.50
72	242.50	308.75	361.25	396.25	525.00
73	263.75	337.50	395.00	432.50	572.50
74	287.50	367.50	431.25	472.50	623.75
75	313.75	401.25	470.00	515.00	680.00
76	341.25	437.50	512.50	561.25	738.75
77	368.75	475.00	557.50	611.25	803.75
78	398.75	516.25	606.25	665.00	871.25
79	428.75	560.00	657.50	721.25	945.00
80	462.50				
81	495.00				
82	531.25				
83	567.50				
84	605.00				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0096-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	52.50	66.25	77.50	85.00	110.00
45-49	58.75	73.75	86.25	93.75	122.50
50-54	72.50	91.25	106.25	115.00	155.00
55	81.25	102.50	121.25	132.50	176.25
56	85.00	107.50	127.50	138.75	185.00
57	90.00	113.75	133.75	146.25	195.00
58	95.00	121.25	141.25	155.00	206.25
59	101.25	128.75	150.00	163.75	218.75
60	108.75	137.50	158.75	173.75	232.50
61	116.25	146.25	168.75	183.75	247.50
62	123.75	156.25	180.00	196.25	263.75
63	131.25	166.25	191.25	208.75	281.25
64	140.00	176.25	203.75	222.50	298.75
65	148.75	187.50	217.50	237.50	318.75
66	158.75	200.00	233.75	255.00	340.00
67	170.00	215.00	251.25	275.00	366.25
68	182.50	232.50	271.25	297.50	395.00
69	197.50	250.00	292.50	321.25	426.25
70	212.50	271.25	316.25	347.50	460.00
71	230.00	293.75	343.75	376.25	498.75
72	250.00	320.00	373.75	410.00	542.50
73	272.50	348.75	407.50	447.50	591.25
74	296.25	380.00	445.00	488.75	643.75
75	322.50	413.75	485.00	532.50	701.25
76	351.25	451.25	528.75	580.00	762.50
77	380.00	490.00	575.00	631.25	828.75
78	410.00	531.25	625.00	686.25	898.75
79	441.25	576.25	677.50	743.75	973.75
80	475.00				
81	508.75				
82	545.00				
83	582.50				
84	621.25				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0096-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	33.75	41.25	48.75	52.50	70.00
45-49	37.50	46.25	53.75	58.75	77.50
50-54	48.75	60.00	68.75	76.25	100.00
55	56.25	68.75	80.00	87.50	118.75
56	58.75	72.50	83.75	91.25	126.25
57	62.50	77.50	90.00	97.50	135.00
58	67.50	83.75	97.50	105.00	145.00
59	72.50	90.00	105.00	113.75	156.25
60	78.75	98.75	113.75	123.75	167.50
61	86.25	106.25	123.75	133.75	181.25
62	92.50	115.00	133.75	145.00	195.00
63	98.75	123.75	143.75	155.00	210.00
64	106.25	132.50	153.75	166.25	225.00
65	112.50	141.25	163.75	177.50	241.25
66	121.25	152.50	176.25	191.25	260.00
67	131.25	165.00	191.25	207.50	282.50
68	142.50	180.00	208.75	226.25	307.50
69	155.00	196.25	227.50	247.50	335.00
70	168.75	213.75	248.75	271.25	366.25
71	185.00	235.00	272.50	297.50	400.00
72	202.50	257.50	300.00	327.50	438.75
73	222.50	283.75	330.00	361.25	482.50
74	245.00	311.25	363.75	397.50	528.75
75	268.75	342.50	400.00	437.50	580.00
76	295.00	375.00	438.75	481.25	636.25
77	321.25	411.25	481.25	527.50	695.00
78	348.75	448.75	526.25	577.50	758.75
79	378.75	490.00	573.75	630.00	825.00
80	410.00				
81	442.50				
82	476.25				
83	511.25				
84	548.75				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0096-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	38.75	48.75	56.25	60.00	80.00
45-49	43.75	53.75	61.25	67.50	88.75
50-54	53.75	67.50	78.75	86.25	112.50
55	62.50	77.50	90.00	97.50	132.50
56	66.25	82.50	95.00	103.75	140.00
57	70.00	87.50	101.25	110.00	150.00
58	75.00	93.75	108.75	118.75	160.00
59	80.00	100.00	116.25	127.50	171.25
60	86.25	108.75	126.25	137.50	183.75
61	93.75	116.25	136.25	148.75	197.50
62	100.00	125.00	146.25	160.00	211.25
63	107.50	133.75	157.50	171.25	227.50
64	115.00	143.75	167.50	182.50	243.75
65	122.50	153.75	178.75	195.00	260.00
66	132.50	166.25	192.50	210.00	281.25
67	143.75	178.75	208.75	226.25	305.00
68	156.25	195.00	227.50	247.50	332.50
69	168.75	212.50	247.50	270.00	362.50
70	182.50	231.25	270.00	293.75	395.00
71	198.75	253.75	295.00	322.50	432.50
72	217.50	277.50	325.00	355.00	473.75
73	238.75	306.25	357.50	391.25	520.00
74	262.50	336.25	392.50	430.00	571.25
75	288.75	368.75	432.50	473.75	626.25
76	316.25	403.75	475.00	521.25	686.25
77	345.00	442.50	520.00	570.00	750.00
78	373.75	483.75	568.75	623.75	818.75
79	406.25	527.50	620.00	681.25	891.25
80	438.75				
81	473.75				
82	508.75				
83	545.00				
84	585.00				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0096-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	41.25	51.25	58.75	63.75	85.00
45-49	46.25	56.25	65.00	71.25	93.75
50-54	56.25	70.00	82.50	90.00	117.50
55	65.00	81.25	95.00	102.50	138.75
56	68.75	86.25	100.00	108.75	146.25
57	72.50	91.25	106.25	115.00	156.25
58	77.50	97.50	113.75	123.75	166.25
59	83.75	105.00	121.25	132.50	177.50
60	90.00	112.50	131.25	143.75	190.00
61	96.25	121.25	141.25	155.00	203.75
62	103.75	130.00	151.25	166.25	218.75
63	111.25	138.75	162.50	177.50	235.00
64	118.75	148.75	173.75	190.00	251.25
65	127.50	158.75	185.00	202.50	268.75
66	137.50	171.25	200.00	217.50	290.00
67	148.75	185.00	216.25	235.00	315.00
68	161.25	201.25	235.00	256.25	342.50
69	173.75	218.75	256.25	278.75	373.75
70	188.75	238.75	278.75	303.75	407.50
71	205.00	261.25	305.00	333.75	446.25
72	223.75	286.25	335.00	366.25	488.75
73	246.25	315.00	368.75	403.75	536.25
74	270.00	346.25	405.00	443.75	590.00
75	297.50	380.00	446.25	488.75	646.25
76	325.00	416.25	490.00	537.50	707.50
77	355.00	456.25	536.25	588.75	773.75
78	385.00	498.75	586.25	643.75	843.75
79	417.50	543.75	640.00	703.75	918.75
80	451.25				
81	486.25				
82	522.50				
83	560.00				
84	600.00				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0096-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	27.50	33.75	36.25	40.00	51.25
45-49	31.25	38.75	41.25	43.75	57.50
50-54	38.75	45.00	51.25	55.00	70.00
55	43.75	52.50	58.75	63.75	83.75
56	47.50	56.25	63.75	67.50	88.75
57	50.00	60.00	67.50	72.50	95.00
58	55.00	65.00	73.75	77.50	102.50
59	58.75	70.00	80.00	85.00	111.25
60	63.75	76.25	86.25	92.50	122.50
61	68.75	82.50	93.75	101.25	132.50
62	75.00	90.00	102.50	110.00	143.75
63	81.25	97.50	110.00	118.75	156.25
64	85.00	102.50	118.75	127.50	166.25
65	91.25	110.00	127.50	136.25	177.50
66	97.50	118.75	138.75	148.75	192.50
67	106.25	130.00	150.00	161.25	210.00
68	116.25	141.25	163.75	177.50	231.25
69	126.25	155.00	180.00	193.75	252.50
70	138.75	168.75	195.00	213.75	277.50
71	151.25	186.25	216.25	235.00	306.25
72	167.50	207.50	240.00	261.25	340.00
73	185.00	231.25	267.50	291.25	377.50
74	206.25	257.50	297.50	325.00	418.75
75	230.00	285.00	331.25	361.25	465.00
76	252.50	316.25	367.50	401.25	515.00
77	280.00	350.00	407.50	443.75	568.75
78	307.50	386.25	450.00	491.25	626.25
79	338.75	425.00	495.00	540.00	688.75
80	370.00				
81	405.00				
82	441.25				
83	480.00				
84	520.00				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0096-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	32.50	40.00	43.75	45.00	60.00
45-49	36.25	43.75	48.75	51.25	66.25
50-54	42.50	51.25	58.75	63.75	82.50
55	50.00	58.75	66.25	72.50	95.00
56	52.50	61.25	70.00	76.25	100.00
57	56.25	66.25	75.00	81.25	107.50
58	60.00	72.50	81.25	86.25	115.00
59	65.00	77.50	88.75	95.00	123.75
60	68.75	85.00	95.00	102.50	133.75
61	75.00	91.25	105.00	113.75	145.00
62	81.25	98.75	113.75	122.50	157.50
63	86.25	106.25	122.50	131.25	170.00
64	92.50	113.75	130.00	140.00	182.50
65	100.00	120.00	140.00	148.75	195.00
66	106.25	130.00	150.00	160.00	211.25
67	115.00	141.25	161.25	175.00	231.25
68	125.00	152.50	177.50	192.50	252.50
69	136.25	167.50	193.75	210.00	276.25
70	150.00	185.00	211.25	231.25	305.00
71	163.75	202.50	235.00	255.00	335.00
72	181.25	226.25	260.00	283.75	370.00
73	201.25	251.25	290.00	316.25	411.25
74	222.50	280.00	323.75	351.25	456.25
75	247.50	310.00	360.00	391.25	506.25
76	272.50	343.75	400.00	435.00	560.00
77	301.25	380.00	442.50	482.50	618.75
78	331.25	418.75	490.00	533.75	681.25
79	363.75	461.25	538.75	586.25	748.75
80	397.50				
81	433.75				
82	472.50				
83	511.25				
84	555.00				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0096-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	33.75	41.25	47.50	48.75	63.75
45-49	38.75	45.00	51.25	55.00	70.00
50-54	43.75	55.00	61.25	66.25	88.75
55	51.25	61.25	68.75	75.00	100.00
56	55.00	65.00	73.75	80.00	106.25
57	57.50	68.75	77.50	85.00	111.25
58	61.25	75.00	83.75	91.25	120.00
59	66.25	81.25	91.25	100.00	130.00
60	72.50	88.75	100.00	107.50	140.00
61	77.50	95.00	108.75	117.50	151.25
62	83.75	102.50	117.50	126.25	163.75
63	90.00	110.00	126.25	135.00	176.25
64	95.00	117.50	133.75	143.75	188.75
65	102.50	125.00	143.75	155.00	202.50
66	110.00	133.75	155.00	166.25	218.75
67	118.75	145.00	167.50	181.25	240.00
68	130.00	158.75	183.75	198.75	261.25
69	141.25	173.75	200.00	217.50	286.25
70	155.00	191.25	218.75	238.75	315.00
71	168.75	210.00	242.50	263.75	347.50
72	186.25	233.75	268.75	292.50	383.75
73	207.50	260.00	300.00	326.25	426.25
74	230.00	288.75	333.75	363.75	472.50
75	255.00	320.00	372.50	405.00	523.75
76	281.25	356.25	413.75	450.00	580.00
77	310.00	392.50	457.50	498.75	640.00
78	341.25	432.50	506.25	551.25	705.00
79	373.75	476.25	557.50	607.50	773.75
80	408.75				
81	445.00				
82	485.00				
83	526.25				
84	568.75				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0096-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	52.50	66.25	76.25	83.75	110.00
45-49	58.75	73.75	85.00	92.50	122.50
50-54	72.50	90.00	105.00	113.75	156.25
55	82.50	105.00	120.00	131.25	181.25
56	86.25	110.00	127.50	138.75	190.00
57	92.50	117.50	135.00	147.50	201.25
58	98.75	125.00	143.75	157.50	213.75
59	106.25	133.75	155.00	167.50	226.25
60	113.75	142.50	165.00	177.50	241.25
61	120.00	152.50	176.25	191.25	257.50
62	130.00	163.75	188.75	205.00	275.00
63	138.75	173.75	200.00	217.50	293.75
64	147.50	185.00	213.75	232.50	313.75
65	156.25	197.50	227.50	247.50	333.75
66	167.50	210.00	242.50	265.00	357.50
67	180.00	226.25	261.25	285.00	385.00
68	192.50	243.75	282.50	308.75	416.25
69	207.50	261.25	306.25	333.75	448.75
70	223.75	283.75	331.25	361.25	483.75
71	242.50	307.50	358.75	392.50	525.00
72	263.75	333.75	391.25	427.50	570.00
73	286.25	365.00	427.50	467.50	622.50
74	313.75	398.75	467.50	511.25	677.50
75	342.50	435.00	510.00	558.75	740.00
76	372.50	476.25	557.50	610.00	806.25
77	405.00	518.75	607.50	666.25	876.25
78	436.25	566.25	660.00	725.00	951.25
79	472.50	615.00	717.50	788.75	1032.50
80	508.75				
81	545.00				
82	585.00				
83	626.25				
84	668.75				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0096-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	58.75	75.00	86.25	95.00	123.75
45-49	66.25	82.50	97.50	105.00	138.75
50-54	81.25	101.25	118.75	130.00	175.00
55	91.25	116.25	136.25	148.75	200.00
56	95.00	122.50	143.75	156.25	208.75
57	101.25	130.00	151.25	165.00	220.00
58	107.50	136.25	160.00	175.00	233.75
59	115.00	145.00	170.00	185.00	248.75
60	123.75	156.25	181.25	197.50	263.75
61	132.50	166.25	192.50	208.75	281.25
62	141.25	177.50	205.00	223.75	300.00
63	150.00	190.00	217.50	236.25	320.00
64	158.75	201.25	232.50	252.50	340.00
65	168.75	213.75	247.50	268.75	363.75
66	181.25	227.50	265.00	290.00	386.25
67	193.75	245.00	285.00	311.25	417.50
68	208.75	265.00	308.75	338.75	450.00
69	225.00	283.75	332.50	365.00	485.00
70	242.50	308.75	360.00	393.75	523.75
71	261.25	333.75	391.25	427.50	567.50
72	285.00	363.75	425.00	466.25	617.50
73	310.00	397.50	465.00	508.75	673.75
74	338.75	432.50	507.50	556.25	733.75
75	368.75	472.50	552.50	606.25	800.00
76	401.25	515.00	602.50	660.00	868.75
77	433.75	558.75	656.25	718.75	945.00
78	468.75	607.50	713.75	782.50	1025.00
79	505.00	658.75	773.75	848.75	1111.25
80	543.75				
81	582.50				
82	625.00				
83	667.50				
84	711.25				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0096-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	61.25	77.50	91.25	100.00	130.00
45-49	68.75	86.25	101.25	110.00	143.75
50-54	85.00	107.50	125.00	135.00	182.50
55	95.00	120.00	142.50	156.25	207.50
56	100.00	126.25	150.00	163.75	217.50
57	106.25	133.75	157.50	172.50	230.00
58	111.25	142.50	166.25	182.50	242.50
59	118.75	151.25	176.25	192.50	257.50
60	127.50	161.25	186.25	205.00	273.75
61	136.25	172.50	198.75	216.25	291.25
62	145.00	183.75	211.25	231.25	310.00
63	155.00	195.00	225.00	245.00	331.25
64	165.00	207.50	240.00	261.25	351.25
65	175.00	220.00	256.25	280.00	375.00
66	186.25	235.00	275.00	300.00	400.00
67	200.00	252.50	295.00	323.75	431.25
68	215.00	273.75	318.75	350.00	465.00
69	232.50	293.75	343.75	377.50	501.25
70	250.00	318.75	372.50	408.75	541.25
71	270.00	345.00	405.00	442.50	586.25
72	293.75	376.25	440.00	482.50	638.75
73	320.00	410.00	480.00	526.25	695.00
74	348.75	447.50	523.75	575.00	757.50
75	380.00	486.25	570.00	626.25	825.00
76	413.75	531.25	622.50	682.50	897.50
77	447.50	576.25	676.25	742.50	975.00
78	482.50	625.00	735.00	807.50	1057.50
79	518.75	677.50	797.50	875.00	1145.00
80	558.75				
81	598.75				
82	641.25				
83	685.00				
84	731.25				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0096-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	40.00	48.75	57.50	61.25	82.50
45-49	43.75	55.00	63.75	68.75	91.25
50-54	57.50	70.00	81.25	90.00	117.50
55	66.25	81.25	93.75	102.50	140.00
56	68.75	85.00	98.75	107.50	148.75
57	73.75	91.25	106.25	115.00	158.75
58	80.00	98.75	115.00	123.75	170.00
59	85.00	106.25	123.75	133.75	183.75
60	92.50	116.25	133.75	145.00	197.50
61	101.25	125.00	145.00	157.50	213.75
62	108.75	135.00	157.50	170.00	230.00
63	116.25	145.00	168.75	182.50	247.50
64	125.00	156.25	181.25	195.00	265.00
65	132.50	166.25	192.50	208.75	283.75
66	142.50	180.00	207.50	225.00	306.25
67	155.00	193.75	225.00	243.75	332.50
68	167.50	211.25	245.00	266.25	361.25
69	182.50	231.25	267.50	291.25	393.75
70	198.75	251.25	292.50	318.75	431.25
71	217.50	276.25	320.00	350.00	470.00
72	238.75	302.50	352.50	385.00	516.25
73	261.25	333.75	388.75	425.00	567.50
74	288.75	366.25	427.50	467.50	622.50
75	316.25	402.50	470.00	515.00	682.50
76	347.50	441.25	516.25	566.25	748.75
77	377.50	483.75	566.25	620.00	817.50
78	410.00	527.50	618.75	680.00	892.50
79	445.00	576.25	675.00	741.25	970.00
80	482.50				
81	520.00				
82	560.00				
83	601.25				
84	645.00				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0096-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	45.00	57.50	66.25	70.00	93.75
45-49	51.25	63.75	72.50	80.00	105.00
50-54	63.75	80.00	92.50	101.25	132.50
55	73.75	91.25	106.25	115.00	156.25
56	77.50	97.50	111.25	122.50	165.00
57	82.50	102.50	118.75	130.00	176.25
58	88.75	110.00	127.50	140.00	188.75
59	93.75	117.50	136.25	150.00	201.25
60	101.25	127.50	148.75	161.25	216.25
61	110.00	136.25	160.00	175.00	232.50
62	117.50	147.50	172.50	188.75	248.75
63	126.25	157.50	185.00	201.25	267.50
64	135.00	168.75	197.50	215.00	286.25
65	143.75	181.25	210.00	230.00	306.25
66	156.25	195.00	226.25	247.50	331.25
67	168.75	210.00	245.00	266.25	358.75
68	183.75	230.00	267.50	291.25	391.25
69	198.75	250.00	291.25	317.50	426.25
70	215.00	272.50	317.50	345.00	465.00
71	233.75	298.75	347.50	380.00	508.75
72	256.25	326.25	382.50	417.50	557.50
73	281.25	360.00	420.00	460.00	611.25
74	308.75	395.00	461.25	506.25	672.50
75	340.00	433.75	508.75	557.50	736.25
76	372.50	475.00	558.75	613.75	807.50
77	406.25	520.00	611.25	670.00	882.50
78	440.00	568.75	668.75	733.75	963.75
79	477.50	620.00	730.00	801.25	1048.75
80	516.25				
81	557.50				
82	598.75				
83	641.25				
84	688.75				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0096-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	48.75	60.00	68.75	75.00	100.00
45-49	55.00	66.25	76.25	83.75	110.00
50-54	66.25	82.50	97.50	106.25	138.75
55	76.25	95.00	111.25	120.00	163.75
56	81.25	101.25	117.50	127.50	172.50
57	85.00	107.50	125.00	135.00	183.75
58	91.25	115.00	133.75	145.00	195.00
59	98.75	123.75	142.50	156.25	208.75
60	106.25	132.50	155.00	168.75	223.75
61	113.75	142.50	166.25	182.50	240.00
62	122.50	152.50	177.50	195.00	257.50
63	131.25	163.75	191.25	208.75	276.25
64	140.00	175.00	205.00	223.75	295.00
65	150.00	186.25	217.50	238.75	316.25
66	161.25	201.25	235.00	256.25	341.25
67	175.00	217.50	255.00	276.25	370.00
68	190.00	236.25	276.25	301.25	402.50
69	205.00	257.50	301.25	327.50	440.00
70	222.50	281.25	327.50	357.50	480.00
71	241.25	307.50	358.75	392.50	525.00
72	263.75	336.25	393.75	431.25	575.00
73	290.00	370.00	433.75	475.00	631.25
74	317.50	407.50	476.25	522.50	693.75
75	350.00	447.50	525.00	575.00	760.00
76	382.50	490.00	576.25	632.50	832.50
77	417.50	536.25	631.25	692.50	910.00
78	452.50	586.25	690.00	757.50	992.50
79	491.25	640.00	752.50	827.50	1081.25
80	531.25				
81	572.50				
82	615.00				
83	658.75				
84	706.25				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0096-B87
Long-Term Care Policy

WITH SURVIVORSHIP BENEFIT RIDER R1-N0103-SERIES

When this rider is chosen, multiply the final premium by the appropriate factor.

ISSUE AGE	NO INFLATION PROTECTION	SIMPLE INFLATION PROTECTION	COMPOUND INFLATION PROTECTION
18-44	1.11	1.17	1.17
45-49	1.14	1.21	1.21
50-54	1.18	1.28	1.28
55	1.20	1.30	1.30
56	1.20	1.30	1.30
57	1.21	1.30	1.30
58	1.21	1.30	1.30
59	1.21	1.30	1.30
60	1.21	1.30	1.30
61	1.21	1.30	1.30
62	1.21	1.29	1.29
63	1.21	1.29	1.29
64	1.21	1.28	1.28
65	1.20	1.27	1.27
66	1.20	1.26	1.26
67	1.20	1.26	1.26
68	1.19	1.25	1.25
69	1.19	1.24	1.24
70	1.18	1.23	1.23
71	1.18	1.22	1.22
72	1.17	1.20	1.20
73	1.16	1.19	1.19
74	1.16	1.18	1.18
75	1.15	1.17	1.17
76	1.14	1.16	1.16
77	1.13	1.15	1.15
78	1.12	1.14	1.14
79	1.11	1.13	1.13
80	1.10	1.12	1.12
81	1.09	1.11	1.11
82	1.08	1.10	1.10
83	1.07	1.09	1.09
84	1.06	1.08	1.08

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0096-B87
Long-Term Care Policy

Elimination Period Factors

Rates shown are for 30 day elimination period. Rates for other elimination periods are calculated by multiplying the 30 day rates by the appropriate factor from the following table:

Benefit Maximum	0	14	20	60	90	100	180	365
730x,1095x	1.12	1.07	1.03	0.94	0.90	0.89	0.78	0.67
1460x,1825x	1.10	1.05	1.03	0.95	0.90	0.89	0.79	0.69
Lifetime	1.08	1.04	1.03	0.96	0.92	0.91	0.84	0.75

Table Rating Health Rating Group Factors

Rates shown are for Preferred Rating Group and Select Rating Group. Rates for Table Rating Health Groups 1, 2, 3 and 4 are calculated by multiplying Select rates by 1.25, 1.50, 1.75 and 2.00 respectively.

Multi-Life Discount

A 5%, 10%, 15% or 20% discount to the rates is available for qualifying Associations of 10 or more lives.

Spousal Discount

A 20% discount to the rates is available to married couples if both spouses apply for coverage.

Dual Waiver of Premium Rider R1-N0104-Series

An optional dual waiver of premium rider will be offered. If one spouse qualifies for a waiver of premium, the premium of the other spouse will also be waived. If chosen, multiply the final premium by 1.06.

Shared Advantage Rider R1-N0105-Series

This rider will allow two covered spouses to purchase an additional benefit amount that can be used by either spouse after their base benefits are exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	No Inflation Protection	With Inflation Protection
730x	1.30	1.35
1095x	1.21	1.25
1460x	1.15	1.18
1825x	1.12	1.14

Restoration of Benefits Rider R1-N0106-Series

This rider restores the maximum lifetime benefit if the insured has not met the stipulated conditions for a period of 180 consecutive days and the maximum lifetime benefit has not been exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	Factor
730x	1.08
1095x	1.06
1460x,1825x	1.04

Cost of Living Increase Rider R1-N0107-Series

This rider allows the insured to increase their policy limits, subject to the terms of the rider, every three years without additional underwriting. The additional premium charged is based on the attained age and incremental increase in the maximum daily facility benefit when exercised. If chosen, multiply the final premium by the appropriate factor:

Age	Factor
18-44	1.15
45-49	1.12
50-55	1.10
56-58	1.09
59-61	1.08
62-64	1.07
65-67	1.06
68-70	1.05
71-73	1.04
74-76	1.03

Modal Factors

Semi-Annual: 0.52; Quarterly: 0.27; Check-A-Matic: 0.09

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604

Supplement to Rate Sheets for Policy Form P1-N0100-B87
PENNSYLVANIA

All rates for this form should be multiplied by a factor of: 1.9425

This factor represents the **proposed** increase of: 29.5%

And the following prior approved rate increases:

Policy Form	Increase Applies to all Policies or Subsets	Rate Increase Approved	Approval Date of Rate Increase
P1-N0100-B87	--Yes--	20.00%	3/14/2013
P1-N0100-B87	--Yes--	25.00%	12/3/2014

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0100-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	21	24	28	30	38
45-49	23	27	31	33	42
50-54	28	33	38	41	52
55	32	38	44	47	62
56	34	41	47	50	66
57	37	44	50	54	71
58	40	48	54	59	77
59	44	52	59	64	84
60	48	57	65	71	91
61	52	63	71	77	99
62	56	68	77	84	108
63	60	73	83	90	116
64	64	78	89	96	125
65	68	84	95	103	134
66	74	90	103	111	145
67	80	98	112	121	158
68	87	107	123	133	174
69	95	117	135	146	191
70	104	128	148	161	210
71	115	142	164	179	232
72	128	158	183	200	259
73	143	177	205	224	290
74	159	198	230	251	324
75	178	222	258	281	361
76	198	248	288	314	402
77	220	276	321	349	447
78	244	307	357	387	495
79	270	339	395	428	547
80	297				
81	327				
82	358				
83	391				
84	426				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0100-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	25	30	34	36	46
45-49	27	33	37	40	51
50-54	32	39	45	49	64
55	38	45	51	55	73
56	40	48	54	58	77
57	43	51	58	62	82
58	46	55	62	67	88
59	50	60	68	73	95
60	54	65	74	80	104
61	58	71	81	87	112
62	63	76	88	95	122
63	68	82	94	101	131
64	72	88	100	109	141
65	77	95	107	116	152
66	83	101	116	126	164
67	90	111	126	137	179
68	98	121	138	151	196
69	107	132	152	165	216
70	117	145	167	181	237
71	128	160	185	201	263
72	143	178	206	225	293
73	159	199	231	251	327
74	177	223	259	282	365
75	198	249	290	315	407
76	220	277	324	353	454
77	245	309	360	392	504
78	271	343	400	435	557
79	299	380	443	482	616
80	329				
81	361				
82	394				
83	430				
84	468				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0100-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	26	32	36	39	50
45-49	29	35	40	43	55
50-54	34	42	48	52	69
55	40	48	54	59	77
56	42	51	57	62	81
57	45	54	61	66	86
58	48	58	66	71	93
59	52	63	72	77	100
60	57	68	78	84	109
61	61	74	85	91	118
62	66	80	92	99	128
63	71	86	99	106	138
64	75	92	105	114	148
65	81	99	112	122	159
66	87	106	121	132	172
67	94	116	132	144	188
68	102	127	145	158	206
69	112	138	159	173	226
70	122	152	175	190	249
71	134	167	194	211	276
72	149	186	216	235	307
73	166	208	242	263	343
74	185	233	271	295	383
75	207	260	303	330	427
76	230	290	339	369	476
77	255	323	377	411	528
78	282	358	418	456	584
79	311	397	463	505	645
80	342				
81	375				
82	410				
83	447				
84	486				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0100-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	40	49	56	60	82
45-49	44	54	62	67	91
50-54	54	67	77	85	116
55	63	78	90	98	134
56	66	82	95	104	142
57	70	87	101	110	150
58	75	93	108	117	159
59	79	99	115	125	169
60	85	106	122	133	180
61	91	113	131	142	192
62	97	121	140	152	205
63	103	129	150	162	219
64	110	137	159	173	233
65	117	146	170	185	249
66	125	157	182	198	268
67	135	169	197	214	289
68	146	183	213	232	313
69	157	198	230	251	338
70	170	215	250	273	367
71	184	234	272	297	399
72	201	256	298	326	436
73	221	281	328	359	478
74	243	309	361	395	524
75	267	339	397	434	575
76	292	372	436	478	630
77	319	408	479	524	689
78	347	446	525	574	752
79	377	487	574	627	820
80	408				
81	440				
82	474				
83	509				
84	546				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0100-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	46	57	66	72	95
45-49	51	64	73	80	106
50-54	63	79	91	99	134
55	71	90	104	113	154
56	74	95	110	119	162
57	78	100	116	126	170
58	83	106	123	134	180
59	89	112	130	143	191
60	96	119	139	151	202
61	102	127	148	161	216
62	109	136	158	172	230
63	116	144	169	184	246
64	123	154	179	196	262
65	131	164	192	209	280
66	140	176	205	224	300
67	150	190	222	242	324
68	162	205	240	262	351
69	175	223	259	284	379
70	190	242	282	309	411
71	206	263	307	336	447
72	225	288	336	368	489
73	247	315	369	405	535
74	271	346	405	444	586
75	297	380	445	487	643
76	325	415	488	535	704
77	354	455	534	586	769
78	385	496	585	640	839
79	417	542	637	698	913
80	451				
81	486				
82	522				
83	561				
84	601				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0100-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	49	61	70	77	101
45-49	54	68	78	86	112
50-54	67	84	97	105	142
55	75	95	110	120	162
56	78	100	116	126	170
57	82	105	122	133	179
58	87	111	129	141	189
59	93	118	137	150	200
60	100	125	146	159	212
61	107	133	155	169	226
62	114	142	166	181	241
63	121	151	177	193	257
64	129	161	188	206	274
65	137	172	201	219	293
66	146	184	215	235	314
67	157	199	232	254	339
68	169	215	251	275	367
69	183	233	272	298	397
70	198	253	295	324	430
71	215	275	322	353	468
72	235	301	352	386	511
73	258	330	386	424	560
74	283	362	424	465	613
75	310	397	465	510	672
76	339	434	510	559	735
77	369	475	558	612	803
78	401	518	610	668	876
79	434	565	664	729	953
80	469				
81	505				
82	543				
83	583				
84	624				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0100-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	29	36	42	46	61
45-49	32	40	47	51	68
50-54	43	53	60	65	87
55	49	61	69	76	103
56	52	64	73	80	110
57	55	68	78	86	118
58	59	73	84	93	127
59	64	79	91	100	137
60	69	86	99	108	148
61	75	93	108	117	159
62	81	101	117	127	172
63	87	108	126	137	185
64	93	116	135	146	198
65	100	124	144	157	213
66	108	133	155	169	230
67	117	145	169	184	250
68	127	158	185	201	273
69	138	173	202	220	298
70	150	189	221	241	326
71	164	208	243	266	357
72	181	230	269	294	394
73	200	255	298	326	435
74	222	282	331	362	481
75	245	313	366	401	531
76	270	346	404	443	585
77	297	381	446	489	643
78	325	419	491	538	705
79	355	460	538	591	772
80	386				
81	419				
82	453				
83	489				
84	527				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0100-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	35	44	50	55	72
45-49	39	48	56	61	80
50-54	49	61	71	77	101
55	57	71	81	89	120
56	60	75	86	93	128
57	63	79	91	99	136
58	68	85	98	107	146
59	73	92	106	115	156
60	79	99	114	124	167
61	85	106	123	134	179
62	92	115	133	145	193
63	98	123	143	155	207
64	105	131	153	166	222
65	113	141	163	177	238
66	121	151	175	191	257
67	131	164	191	207	279
68	142	178	208	226	305
69	154	195	227	247	333
70	168	213	249	271	365
71	184	234	273	298	400
72	202	258	302	330	441
73	223	285	334	365	487
74	247	316	370	405	538
75	273	349	409	448	593
76	301	385	451	495	654
77	330	424	497	546	718
78	361	465	546	600	787
79	393	510	599	658	861
80	427				
81	462				
82	500				
83	539				
84	580				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0100-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	38	47	54	59	77
45-49	42	52	60	65	85
50-54	52	65	75	82	107
55	60	75	86	94	127
56	63	79	91	99	135
57	67	84	97	105	144
58	72	90	104	113	154
59	77	97	112	121	164
60	83	104	121	131	175
61	89	112	130	141	188
62	96	121	140	152	202
63	103	130	150	163	217
64	110	138	160	174	232
65	118	148	171	186	249
66	126	159	184	200	268
67	137	172	200	217	292
68	149	187	218	237	319
69	161	204	238	259	348
70	176	223	261	284	381
71	192	245	286	312	418
72	211	270	316	345	461
73	233	298	350	382	509
74	258	330	387	423	562
75	285	364	427	468	620
76	314	402	471	517	683
77	344	442	519	570	750
78	376	485	570	627	822
79	409	532	625	687	899
80	444				
81	481				
82	520				
83	560				
84	602				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0100-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	25	28	33	35	45
45-49	27	32	36	39	49
50-54	33	39	45	48	61
55	38	45	52	55	73
56	40	48	55	59	78
57	44	52	59	64	84
58	47	56	64	69	91
59	52	61	69	75	99
60	56	67	76	84	107
61	61	74	84	91	116
62	66	80	91	99	127
63	71	86	98	106	136
64	75	92	105	113	147
65	80	99	112	121	158
66	87	106	121	131	171
67	94	115	132	142	186
68	102	126	145	156	205
69	112	138	159	172	225
70	122	151	174	189	247
71	135	167	193	211	273
72	151	186	215	235	305
73	168	208	241	264	341
74	187	233	271	295	381
75	209	261	304	331	425
76	233	292	339	369	473
77	259	325	378	411	526
78	287	361	420	455	582
79	318	399	465	504	644
80	349				
81	385				
82	421				
83	460				
84	501				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0100-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	29	35	40	42	54
45-49	32	39	44	47	60
50-54	38	46	53	58	75
55	45	53	60	65	86
56	47	56	64	68	91
57	51	60	68	73	96
58	54	65	73	79	104
59	59	71	80	86	112
60	64	76	87	94	122
61	68	84	95	102	132
62	74	89	104	112	144
63	80	96	111	119	154
64	85	104	118	128	166
65	91	112	126	136	179
66	98	119	136	148	193
67	106	131	148	161	211
68	115	142	162	178	231
69	126	155	179	194	254
70	138	171	196	213	279
71	151	188	218	236	309
72	168	209	242	265	345
73	187	234	272	295	385
74	208	262	305	332	429
75	233	293	341	371	479
76	259	326	381	415	534
77	288	364	424	461	593
78	319	404	471	512	655
79	352	447	521	567	725
80	387				
81	425				
82	464				
83	506				
84	551				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0100-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	31	38	42	46	59
45-49	34	41	47	51	65
50-54	40	49	56	61	81
55	47	56	64	69	91
56	49	60	67	73	95
57	53	64	72	78	101
58	56	68	78	84	109
59	61	74	85	91	118
60	67	80	92	99	128
61	72	87	100	107	139
62	78	94	108	116	151
63	84	101	116	125	162
64	88	108	124	134	174
65	95	116	132	144	187
66	102	125	142	155	202
67	111	136	155	169	221
68	120	149	171	186	242
69	132	162	187	204	266
70	144	179	206	224	293
71	158	196	228	248	325
72	175	219	254	276	361
73	195	245	285	309	404
74	218	274	319	347	451
75	244	306	356	388	502
76	271	341	399	434	560
77	300	380	444	484	621
78	332	421	492	536	687
79	366	467	545	594	759
80	402				
81	441				
82	482				
83	526				
84	572				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0100-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	47	58	66	71	96
45-49	52	64	73	79	107
50-54	64	79	91	100	136
55	74	92	106	115	158
56	78	96	112	122	167
57	82	102	119	129	176
58	88	109	127	138	187
59	93	116	135	147	199
60	100	125	144	156	212
61	107	133	154	167	226
62	114	142	165	179	241
63	121	152	176	191	258
64	129	161	187	204	274
65	138	172	200	218	293
66	147	185	214	233	315
67	159	199	232	252	340
68	172	215	251	273	368
69	185	233	271	295	398
70	200	253	294	321	432
71	216	275	320	349	469
72	236	301	351	384	513
73	260	331	386	422	562
74	286	364	425	465	616
75	314	399	467	511	676
76	344	438	513	562	741
77	375	480	564	616	811
78	408	525	618	675	885
79	444	573	675	738	965
80	480				
81	518				
82	558				
83	599				
84	642				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0100-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	54	67	78	85	112
45-49	60	75	86	94	125
50-54	74	93	107	116	158
55	84	106	122	133	181
56	87	112	129	140	191
57	92	118	136	148	200
58	98	125	145	158	212
59	105	132	153	168	225
60	113	140	164	178	238
61	120	149	174	189	254
62	128	160	186	202	271
63	136	169	199	216	289
64	145	181	211	231	308
65	154	193	226	246	329
66	165	207	241	264	353
67	176	224	261	285	381
68	191	241	282	308	413
69	206	262	305	334	446
70	224	285	332	364	484
71	242	309	361	395	526
72	265	339	395	433	575
73	291	371	434	476	629
74	319	407	476	522	689
75	349	447	524	573	756
76	382	488	574	629	828
77	416	535	628	689	905
78	453	584	688	753	987
79	491	638	749	821	1074
80	531				
81	572				
82	614				
83	660				
84	707				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0100-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	58	72	82	91	119
45-49	64	80	92	101	132
50-54	79	99	114	124	167
55	88	112	129	141	191
56	92	118	136	148	200
57	96	124	144	156	211
58	102	131	152	166	222
59	109	139	161	176	235
60	118	147	172	187	249
61	126	156	182	199	266
62	134	167	195	213	284
63	142	178	208	227	302
64	152	189	221	242	322
65	161	202	236	258	345
66	172	216	253	276	369
67	185	234	273	299	399
68	199	253	295	324	432
69	215	274	320	351	467
70	233	298	347	381	506
71	253	324	379	415	551
72	276	354	414	454	601
73	304	388	454	499	659
74	333	426	499	547	721
75	365	467	547	600	791
76	399	511	600	658	865
77	434	559	656	720	945
78	472	609	718	786	1031
79	511	665	781	858	1121
80	552				
81	594				
82	639				
83	686				
84	734				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0100-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	34	42	49	54	72
45-49	38	47	55	60	80
50-54	51	62	71	76	102
55	58	72	81	89	121
56	61	75	86	94	129
57	65	80	92	101	139
58	69	86	99	109	149
59	75	93	107	118	161
60	81	101	116	127	174
61	88	109	127	138	187
62	95	119	138	149	202
63	102	127	148	161	218
64	109	136	159	172	233
65	118	146	169	185	251
66	127	156	182	199	271
67	138	171	199	216	294
68	149	186	218	236	321
69	162	204	238	259	351
70	176	222	260	284	384
71	193	245	286	313	420
72	213	271	316	346	464
73	235	300	351	384	512
74	261	332	389	426	566
75	288	368	431	472	625
76	318	407	475	521	688
77	349	448	525	575	756
78	382	493	578	633	829
79	418	541	633	695	908
80	454				
81	493				
82	533				
83	575				
84	620				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0100-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	41	52	59	65	85
45-49	46	56	66	72	94
50-54	58	72	84	91	119
55	67	84	95	105	141
56	71	88	101	109	151
57	74	93	107	116	160
58	80	100	115	126	172
59	86	108	125	135	184
60	93	116	134	146	196
61	100	125	145	158	211
62	108	135	156	171	227
63	115	145	168	182	244
64	124	154	180	195	261
65	133	166	192	208	280
66	142	178	206	225	302
67	154	193	225	244	328
68	167	209	245	266	359
69	181	229	267	291	392
70	198	251	293	319	429
71	216	275	321	351	471
72	238	304	355	388	519
73	262	335	393	429	573
74	291	372	435	476	633
75	321	411	481	527	698
76	354	453	531	582	769
77	388	499	585	642	845
78	425	547	642	706	926
79	462	600	705	774	1013
80	502				
81	544				
82	588				
83	634				
84	682				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0100-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	45	55	64	69	91
45-49	49	61	71	76	100
50-54	61	76	88	96	126
55	71	88	101	111	149
56	74	93	107	116	159
57	79	99	114	124	169
58	85	106	122	133	181
59	91	114	132	142	193
60	98	122	142	154	206
61	105	132	153	166	221
62	113	142	165	179	238
63	121	153	176	192	255
64	129	162	188	205	273
65	139	174	201	219	293
66	148	187	216	235	315
67	161	202	235	255	344
68	175	220	256	279	375
69	189	240	280	305	409
70	207	262	307	334	448
71	226	288	336	367	492
72	248	318	372	406	542
73	274	351	412	449	599
74	304	388	455	498	661
75	335	428	502	551	729
76	369	473	554	608	804
77	405	520	611	671	882
78	442	571	671	738	967
79	481	626	735	808	1058
80	522				
81	566				
82	612				
83	659				
84	708				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0100-B87
Long-Term Care Policy

WITH SURVIVORSHIP BENEFIT RIDER R1-N0103-SERIES

When this rider is chosen, multiply the final premium by the appropriate factor.

ISSUE AGE	NO INFLATION PROTECTION	SIMPLE INFLATION PROTECTION	COMPOUND INFLATION PROTECTION
18-44	1.11	1.17	1.17
45-49	1.14	1.21	1.21
50-54	1.18	1.28	1.28
55	1.20	1.30	1.30
56	1.20	1.30	1.30
57	1.21	1.30	1.30
58	1.21	1.30	1.30
59	1.21	1.30	1.30
60	1.21	1.30	1.30
61	1.21	1.30	1.30
62	1.21	1.29	1.29
63	1.21	1.29	1.29
64	1.21	1.28	1.28
65	1.20	1.27	1.27
66	1.20	1.26	1.26
67	1.20	1.26	1.26
68	1.19	1.25	1.25
69	1.19	1.24	1.24
70	1.18	1.23	1.23
71	1.18	1.22	1.22
72	1.17	1.20	1.20
73	1.16	1.19	1.19
74	1.16	1.18	1.18
75	1.15	1.17	1.17
76	1.14	1.16	1.16
77	1.13	1.15	1.15
78	1.12	1.14	1.14
79	1.11	1.13	1.13
80	1.10	1.12	1.12
81	1.09	1.11	1.11
82	1.08	1.10	1.10
83	1.07	1.09	1.09
84	1.06	1.08	1.08

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0100-B87
Long-Term Care Policy

Elimination Period Factors

Rates shown are for 30 day elimination period. Rates for other elimination periods are calculated by multiplying the 30 day rates by the appropriate factor from the following table:

Benefit Maximum	0	14	20	60	90	100	180	365
730x,1095x	1.11	1.06	1.03	0.95	0.91	0.90	0.80	0.71
1460x,1825x	1.09	1.05	1.03	0.95	0.91	0.90	0.81	0.72
Lifetime	1.07	1.04	1.03	0.96	0.93	0.92	0.85	0.78

Table Rating Health Rating Group Factors

Rates shown are for Preferred Rating Group and Select Rating Group. Rates for Table Rating Health Groups 1, 2, 3 and 4 are calculated by multiplying Select rates by 1.25, 1.50, 1.75 and 2.00 respectively.

Multi-Life Discount

A 5%, 10%, 15% or 20% discount to the rates is available for qualifying Associations of 10 or more lives.

Spousal Discount

A 20% discount to the rates is available to married couples if both spouses apply for coverage.

Dual Waiver of Premium Rider R1-N0104-Series

An optional dual waiver of premium rider will be offered. If one spouse qualifies for a waiver of premium, the premium of the other spouse will also be waived. If chosen, multiply the final premium by 1.06.

Shared Advantage Rider R1-N0105-Series

This rider will allow two covered spouses to purchase an additional benefit amount that can be used by either spouse after their base benefits are exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	No Inflation Protection	With Inflation Protection
730x	1.30	1.35
1095x	1.21	1.25
1460x	1.15	1.18
1825x	1.12	1.14

Restoration of Benefits Rider R1-N0106-Series

This rider restores the maximum lifetime benefit if the insured has not met the stipulated conditions for a period of 180 consecutive days and the maximum lifetime benefit has not been exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	Factor
730x	1.08
1095x	1.06
1460x,1825x	1.04

Cost of Living Increase Rider R1-N0107-Series

This rider allows the insured to increase their policy limits, subject to the terms of the rider, every three years without additional underwriting. The additional premium charged is based on the attained age and incremental increase in the maximum daily facility benefit when exercised. If chosen, multiply the final premium by the appropriate factor:

Age	Factor
18-44	1.15
45-49	1.12
50-55	1.10
56-58	1.09
59-61	1.08
62-64	1.07
65-67	1.06
68-70	1.05
71-73	1.04
74-76	1.03

Modal Factors

Semi-Annual: 0.52; Quarterly: 0.27; Check-A-Matic: 0.09

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604

Supplement to Rate Sheets for Policy Form P1-N0101-B87
PENNSYLVANIA

All rates for this form should be multiplied by a factor of: 1.9425

This factor represents the **proposed** increase of: 29.5%

And the following prior approved rate increases:

Policy Form	Increase Applies to all Policies or Subsets	Rate Increase Approved	Approval Date of Rate Increase
P1-N0101-B87	--Yes--	20.00%	3/14/2013
P1-N0101-B87	--Yes--	25.00%	12/3/2014

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0101-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	26.25	30.00	35.00	37.50	47.50
45-49	28.75	33.75	38.75	41.25	52.50
50-54	35.00	41.25	47.50	51.25	65.00
55	40.00	47.50	55.00	58.75	77.50
56	42.50	51.25	58.75	62.50	82.50
57	46.25	55.00	62.50	67.50	88.75
58	50.00	60.00	67.50	73.75	96.25
59	55.00	65.00	73.75	80.00	105.00
60	60.00	71.25	81.25	88.75	113.75
61	65.00	78.75	88.75	96.25	123.75
62	70.00	85.00	96.25	105.00	135.00
63	75.00	91.25	103.75	112.50	145.00
64	80.00	97.50	111.25	120.00	156.25
65	85.00	105.00	118.75	128.75	167.50
66	92.50	112.50	128.75	138.75	181.25
67	100.00	122.50	140.00	151.25	197.50
68	108.75	133.75	153.75	166.25	217.50
69	118.75	146.25	168.75	182.50	238.75
70	130.00	160.00	185.00	201.25	262.50
71	143.75	177.50	205.00	223.75	290.00
72	160.00	197.50	228.75	250.00	323.75
73	178.75	221.25	256.25	280.00	362.50
74	198.75	247.50	287.50	313.75	405.00
75	222.50	277.50	322.50	351.25	451.25
76	247.50	310.00	360.00	392.50	502.50
77	275.00	345.00	401.25	436.25	558.75
78	305.00	383.75	446.25	483.75	618.75
79	337.50	423.75	493.75	535.00	683.75
80	371.25				
81	408.75				
82	447.50				
83	488.75				
84	532.50				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0101-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	31.25	37.50	42.50	45.00	57.50
45-49	33.75	41.25	46.25	50.00	63.75
50-54	40.00	48.75	56.25	61.25	80.00
55	47.50	56.25	63.75	68.75	91.25
56	50.00	60.00	67.50	72.50	96.25
57	53.75	63.75	72.50	77.50	102.50
58	57.50	68.75	77.50	83.75	110.00
59	62.50	75.00	85.00	91.25	118.75
60	67.50	81.25	92.50	100.00	130.00
61	72.50	88.75	101.25	108.75	140.00
62	78.75	95.00	110.00	118.75	152.50
63	85.00	102.50	117.50	126.25	163.75
64	90.00	110.00	125.00	136.25	176.25
65	96.25	118.75	133.75	145.00	190.00
66	103.75	126.25	145.00	157.50	205.00
67	112.50	138.75	157.50	171.25	223.75
68	122.50	151.25	172.50	188.75	245.00
69	133.75	165.00	190.00	206.25	270.00
70	146.25	181.25	208.75	226.25	296.25
71	160.00	200.00	231.25	251.25	328.75
72	178.75	222.50	257.50	281.25	366.25
73	198.75	248.75	288.75	313.75	408.75
74	221.25	278.75	323.75	352.50	456.25
75	247.50	311.25	362.50	393.75	508.75
76	275.00	346.25	405.00	441.25	567.50
77	306.25	386.25	450.00	490.00	630.00
78	338.75	428.75	500.00	543.75	696.25
79	373.75	475.00	553.75	602.50	770.00
80	411.25				
81	451.25				
82	492.50				
83	537.50				
84	585.00				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0101-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	32.50	40.00	45.00	48.75	62.50
45-49	36.25	43.75	50.00	53.75	68.75
50-54	42.50	52.50	60.00	65.00	86.25
55	50.00	60.00	67.50	73.75	96.25
56	52.50	63.75	71.25	77.50	101.25
57	56.25	67.50	76.25	82.50	107.50
58	60.00	72.50	82.50	88.75	116.25
59	65.00	78.75	90.00	96.25	125.00
60	71.25	85.00	97.50	105.00	136.25
61	76.25	92.50	106.25	113.75	147.50
62	82.50	100.00	115.00	123.75	160.00
63	88.75	107.50	123.75	132.50	172.50
64	93.75	115.00	131.25	142.50	185.00
65	101.25	123.75	140.00	152.50	198.75
66	108.75	132.50	151.25	165.00	215.00
67	117.50	145.00	165.00	180.00	235.00
68	127.50	158.75	181.25	197.50	257.50
69	140.00	172.50	198.75	216.25	282.50
70	152.50	190.00	218.75	237.50	311.25
71	167.50	208.75	242.50	263.75	345.00
72	186.25	232.50	270.00	293.75	383.75
73	207.50	260.00	302.50	328.75	428.75
74	231.25	291.25	338.75	368.75	478.75
75	258.75	325.00	378.75	412.50	533.75
76	287.50	362.50	423.75	461.25	595.00
77	318.75	403.75	471.25	513.75	660.00
78	352.50	447.50	522.50	570.00	730.00
79	388.75	496.25	578.75	631.25	806.25
80	427.50				
81	468.75				
82	512.50				
83	558.75				
84	607.50				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0101-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	50.00	61.25	70.00	75.00	102.50
45-49	55.00	67.50	77.50	83.75	113.75
50-54	67.50	83.75	96.25	106.25	145.00
55	78.75	97.50	112.50	122.50	167.50
56	82.50	102.50	118.75	130.00	177.50
57	87.50	108.75	126.25	137.50	187.50
58	93.75	116.25	135.00	146.25	198.75
59	98.75	123.75	143.75	156.25	211.25
60	106.25	132.50	152.50	166.25	225.00
61	113.75	141.25	163.75	177.50	240.00
62	121.25	151.25	175.00	190.00	256.25
63	128.75	161.25	187.50	202.50	273.75
64	137.50	171.25	198.75	216.25	291.25
65	146.25	182.50	212.50	231.25	311.25
66	156.25	196.25	227.50	247.50	335.00
67	168.75	211.25	246.25	267.50	361.25
68	182.50	228.75	266.25	290.00	391.25
69	196.25	247.50	287.50	313.75	422.50
70	212.50	268.75	312.50	341.25	458.75
71	230.00	292.50	340.00	371.25	498.75
72	251.25	320.00	372.50	407.50	545.00
73	276.25	351.25	410.00	448.75	597.50
74	303.75	386.25	451.25	493.75	655.00
75	333.75	423.75	496.25	542.50	718.75
76	365.00	465.00	545.00	597.50	787.50
77	398.75	510.00	598.75	655.00	861.25
78	433.75	557.50	656.25	717.50	940.00
79	471.25	608.75	717.50	783.75	1025.00
80	510.00				
81	550.00				
82	592.50				
83	636.25				
84	682.50				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0101-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	57.50	71.25	82.50	90.00	118.75
45-49	63.75	80.00	91.25	100.00	132.50
50-54	78.75	98.75	113.75	123.75	167.50
55	88.75	112.50	130.00	141.25	192.50
56	92.50	118.75	137.50	148.75	202.50
57	97.50	125.00	145.00	157.50	212.50
58	103.75	132.50	153.75	167.50	225.00
59	111.25	140.00	162.50	178.75	238.75
60	120.00	148.75	173.75	188.75	252.50
61	127.50	158.75	185.00	201.25	270.00
62	136.25	170.00	197.50	215.00	287.50
63	145.00	180.00	211.25	230.00	307.50
64	153.75	192.50	223.75	245.00	327.50
65	163.75	205.00	240.00	261.25	350.00
66	175.00	220.00	256.25	280.00	375.00
67	187.50	237.50	277.50	302.50	405.00
68	202.50	256.25	300.00	327.50	438.75
69	218.75	278.75	323.75	355.00	473.75
70	237.50	302.50	352.50	386.25	513.75
71	257.50	328.75	383.75	420.00	558.75
72	281.25	360.00	420.00	460.00	611.25
73	308.75	393.75	461.25	506.25	668.75
74	338.75	432.50	506.25	555.00	732.50
75	371.25	475.00	556.25	608.75	803.75
76	406.25	518.75	610.00	668.75	880.00
77	442.50	568.75	667.50	732.50	961.25
78	481.25	620.00	731.25	800.00	1048.75
79	521.25	677.50	796.25	872.50	1141.25
80	563.75				
81	607.50				
82	652.50				
83	701.25				
84	751.25				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0101-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	61.25	76.25	87.50	96.25	126.25
45-49	67.50	85.00	97.50	107.50	140.00
50-54	83.75	105.00	121.25	131.25	177.50
55	93.75	118.75	137.50	150.00	202.50
56	97.50	125.00	145.00	157.50	212.50
57	102.50	131.25	152.50	166.25	223.75
58	108.75	138.75	161.25	176.25	236.25
59	116.25	147.50	171.25	187.50	250.00
60	125.00	156.25	182.50	198.75	265.00
61	133.75	166.25	193.75	211.25	282.50
62	142.50	177.50	207.50	226.25	301.25
63	151.25	188.75	221.25	241.25	321.25
64	161.25	201.25	235.00	257.50	342.50
65	171.25	215.00	251.25	273.75	366.25
66	182.50	230.00	268.75	293.75	392.50
67	196.25	248.75	290.00	317.50	423.75
68	211.25	268.75	313.75	343.75	458.75
69	228.75	291.25	340.00	372.50	496.25
70	247.50	316.25	368.75	405.00	537.50
71	268.75	343.75	402.50	441.25	585.00
72	293.75	376.25	440.00	482.50	638.75
73	322.50	412.50	482.50	530.00	700.00
74	353.75	452.50	530.00	581.25	766.25
75	387.50	496.25	581.25	637.50	840.00
76	423.75	542.50	637.50	698.75	918.75
77	461.25	593.75	697.50	765.00	1003.75
78	501.25	647.50	762.50	835.00	1095.00
79	542.50	706.25	830.00	911.25	1191.25
80	586.25				
81	631.25				
82	678.75				
83	728.75				
84	780.00				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0101-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	36.25	45.00	52.50	57.50	76.25
45-49	40.00	50.00	58.75	63.75	85.00
50-54	53.75	66.25	75.00	81.25	108.75
55	61.25	76.25	86.25	95.00	128.75
56	65.00	80.00	91.25	100.00	137.50
57	68.75	85.00	97.50	107.50	147.50
58	73.75	91.25	105.00	116.25	158.75
59	80.00	98.75	113.75	125.00	171.25
60	86.25	107.50	123.75	135.00	185.00
61	93.75	116.25	135.00	146.25	198.75
62	101.25	126.25	146.25	158.75	215.00
63	108.75	135.00	157.50	171.25	231.25
64	116.25	145.00	168.75	182.50	247.50
65	125.00	155.00	180.00	196.25	266.25
66	135.00	166.25	193.75	211.25	287.50
67	146.25	181.25	211.25	230.00	312.50
68	158.75	197.50	231.25	251.25	341.25
69	172.50	216.25	252.50	275.00	372.50
70	187.50	236.25	276.25	301.25	407.50
71	205.00	260.00	303.75	332.50	446.25
72	226.25	287.50	336.25	367.50	492.50
73	250.00	318.75	372.50	407.50	543.75
74	277.50	352.50	413.75	452.50	601.25
75	306.25	391.25	457.50	501.25	663.75
76	337.50	432.50	505.00	553.75	731.25
77	371.25	476.25	557.50	611.25	803.75
78	406.25	523.75	613.75	672.50	881.25
79	443.75	575.00	672.50	738.75	965.00
80	482.50				
81	523.75				
82	566.25				
83	611.25				
84	658.75				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0101-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	43.75	55.00	62.50	68.75	90.00
45-49	48.75	60.00	70.00	76.25	100.00
50-54	61.25	76.25	88.75	96.25	126.25
55	71.25	88.75	101.25	111.25	150.00
56	75.00	93.75	107.50	116.25	160.00
57	78.75	98.75	113.75	123.75	170.00
58	85.00	106.25	122.50	133.75	182.50
59	91.25	115.00	132.50	143.75	195.00
60	98.75	123.75	142.50	155.00	208.75
61	106.25	132.50	153.75	167.50	223.75
62	115.00	143.75	166.25	181.25	241.25
63	122.50	153.75	178.75	193.75	258.75
64	131.25	163.75	191.25	207.50	277.50
65	141.25	176.25	203.75	221.25	297.50
66	151.25	188.75	218.75	238.75	321.25
67	163.75	205.00	238.75	258.75	348.75
68	177.50	222.50	260.00	282.50	381.25
69	192.50	243.75	283.75	308.75	416.25
70	210.00	266.25	311.25	338.75	456.25
71	230.00	292.50	341.25	372.50	500.00
72	252.50	322.50	377.50	412.50	551.25
73	278.75	356.25	417.50	456.25	608.75
74	308.75	395.00	462.50	506.25	672.50
75	341.25	436.25	511.25	560.00	741.25
76	376.25	481.25	563.75	618.75	817.50
77	412.50	530.00	621.25	682.50	897.50
78	451.25	581.25	682.50	750.00	983.75
79	491.25	637.50	748.75	822.50	1076.25
80	533.75				
81	577.50				
82	625.00				
83	673.75				
84	725.00				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0101-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	47.50	58.75	67.50	73.75	96.25
45-49	52.50	65.00	75.00	81.25	106.25
50-54	65.00	81.25	93.75	102.50	133.75
55	75.00	93.75	107.50	117.50	158.75
56	78.75	98.75	113.75	123.75	168.75
57	83.75	105.00	121.25	131.25	180.00
58	90.00	112.50	130.00	141.25	192.50
59	96.25	121.25	140.00	151.25	205.00
60	103.75	130.00	151.25	163.75	218.75
61	111.25	140.00	162.50	176.25	235.00
62	120.00	151.25	175.00	190.00	252.50
63	128.75	162.50	187.50	203.75	271.25
64	137.50	172.50	200.00	217.50	290.00
65	147.50	185.00	213.75	232.50	311.25
66	157.50	198.75	230.00	250.00	335.00
67	171.25	215.00	250.00	271.25	365.00
68	186.25	233.75	272.50	296.25	398.75
69	201.25	255.00	297.50	323.75	435.00
70	220.00	278.75	326.25	355.00	476.25
71	240.00	306.25	357.50	390.00	522.50
72	263.75	337.50	395.00	431.25	576.25
73	291.25	372.50	437.50	477.50	636.25
74	322.50	412.50	483.75	528.75	702.50
75	356.25	455.00	533.75	585.00	775.00
76	392.50	502.50	588.75	646.25	853.75
77	430.00	552.50	648.75	712.50	937.50
78	470.00	606.25	712.50	783.75	1027.50
79	511.25	665.00	781.25	858.75	1123.75
80	555.00				
81	601.25				
82	650.00				
83	700.00				
84	752.50				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0101-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	31.25	35.00	41.25	43.75	56.25
45-49	33.75	40.00	45.00	48.75	61.25
50-54	41.25	48.75	56.25	60.00	76.25
55	47.50	56.25	65.00	68.75	91.25
56	50.00	60.00	68.75	73.75	97.50
57	55.00	65.00	73.75	80.00	105.00
58	58.75	70.00	80.00	86.25	113.75
59	65.00	76.25	86.25	93.75	123.75
60	70.00	83.75	95.00	105.00	133.75
61	76.25	92.50	105.00	113.75	145.00
62	82.50	100.00	113.75	123.75	158.75
63	88.75	107.50	122.50	132.50	170.00
64	93.75	115.00	131.25	141.25	183.75
65	100.00	123.75	140.00	151.25	197.50
66	108.75	132.50	151.25	163.75	213.75
67	117.50	143.75	165.00	177.50	232.50
68	127.50	157.50	181.25	195.00	256.25
69	140.00	172.50	198.75	215.00	281.25
70	152.50	188.75	217.50	236.25	308.75
71	168.75	208.75	241.25	263.75	341.25
72	188.75	232.50	268.75	293.75	381.25
73	210.00	260.00	301.25	330.00	426.25
74	233.75	291.25	338.75	368.75	476.25
75	261.25	326.25	380.00	413.75	531.25
76	291.25	365.00	423.75	461.25	591.25
77	323.75	406.25	472.50	513.75	657.50
78	358.75	451.25	525.00	568.75	727.50
79	397.50	498.75	581.25	630.00	805.00
80	436.25				
81	481.25				
82	526.25				
83	575.00				
84	626.25				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0101-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	36.25	43.75	50.00	52.50	67.50
45-49	40.00	48.75	55.00	58.75	75.00
50-54	47.50	57.50	66.25	72.50	93.75
55	56.25	66.25	75.00	81.25	107.50
56	58.75	70.00	80.00	85.00	113.75
57	63.75	75.00	85.00	91.25	120.00
58	67.50	81.25	91.25	98.75	130.00
59	73.75	88.75	100.00	107.50	140.00
60	80.00	95.00	108.75	117.50	152.50
61	85.00	105.00	118.75	127.50	165.00
62	92.50	111.25	130.00	140.00	180.00
63	100.00	120.00	138.75	148.75	192.50
64	106.25	130.00	147.50	160.00	207.50
65	113.75	140.00	157.50	170.00	223.75
66	122.50	148.75	170.00	185.00	241.25
67	132.50	163.75	185.00	201.25	263.75
68	143.75	177.50	202.50	222.50	288.75
69	157.50	193.75	223.75	242.50	317.50
70	172.50	213.75	245.00	266.25	348.75
71	188.75	235.00	272.50	295.00	386.25
72	210.00	261.25	302.50	331.25	431.25
73	233.75	292.50	340.00	368.75	481.25
74	260.00	327.50	381.25	415.00	536.25
75	291.25	366.25	426.25	463.75	598.75
76	323.75	407.50	476.25	518.75	667.50
77	360.00	455.00	530.00	576.25	741.25
78	398.75	505.00	588.75	640.00	818.75
79	440.00	558.75	651.25	708.75	906.25
80	483.75				
81	531.25				
82	580.00				
83	632.50				
84	688.75				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0101-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	38.75	47.50	52.50	57.50	73.75
45-49	42.50	51.25	58.75	63.75	81.25
50-54	50.00	61.25	70.00	76.25	101.25
55	58.75	70.00	80.00	86.25	113.75
56	61.25	75.00	83.75	91.25	118.75
57	66.25	80.00	90.00	97.50	126.25
58	70.00	85.00	97.50	105.00	136.25
59	76.25	92.50	106.25	113.75	147.50
60	83.75	100.00	115.00	123.75	160.00
61	90.00	108.75	125.00	133.75	173.75
62	97.50	117.50	135.00	145.00	188.75
63	105.00	126.25	145.00	156.25	202.50
64	110.00	135.00	155.00	167.50	217.50
65	118.75	145.00	165.00	180.00	233.75
66	127.50	156.25	177.50	193.75	252.50
67	138.75	170.00	193.75	211.25	276.25
68	150.00	186.25	213.75	232.50	302.50
69	165.00	202.50	233.75	255.00	332.50
70	180.00	223.75	257.50	280.00	366.25
71	197.50	245.00	285.00	310.00	406.25
72	218.75	273.75	317.50	345.00	451.25
73	243.75	306.25	356.25	386.25	505.00
74	272.50	342.50	398.75	433.75	563.75
75	305.00	382.50	445.00	485.00	627.50
76	338.75	426.25	498.75	542.50	700.00
77	375.00	475.00	555.00	605.00	776.25
78	415.00	526.25	615.00	670.00	858.75
79	457.50	583.75	681.25	742.50	948.75
80	502.50				
81	551.25				
82	602.50				
83	657.50				
84	715.00				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0101-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	58.75	72.50	82.50	88.75	120.00
45-49	65.00	80.00	91.25	98.75	133.75
50-54	80.00	98.75	113.75	125.00	170.00
55	92.50	115.00	132.50	143.75	197.50
56	97.50	120.00	140.00	152.50	208.75
57	102.50	127.50	148.75	161.25	220.00
58	110.00	136.25	158.75	172.50	233.75
59	116.25	145.00	168.75	183.75	248.75
60	125.00	156.25	180.00	195.00	265.00
61	133.75	166.25	192.50	208.75	282.50
62	142.50	177.50	206.25	223.75	301.25
63	151.25	190.00	220.00	238.75	322.50
64	161.25	201.25	233.75	255.00	342.50
65	172.50	215.00	250.00	272.50	366.25
66	183.75	231.25	267.50	291.25	393.75
67	198.75	248.75	290.00	315.00	425.00
68	215.00	268.75	313.75	341.25	460.00
69	231.25	291.25	338.75	368.75	497.50
70	250.00	316.25	367.50	401.25	540.00
71	270.00	343.75	400.00	436.25	586.25
72	295.00	376.25	438.75	480.00	641.25
73	325.00	413.75	482.50	527.50	702.50
74	357.50	455.00	531.25	581.25	770.00
75	392.50	498.75	583.75	638.75	845.00
76	430.00	547.50	641.25	702.50	926.25
77	468.75	600.00	705.00	770.00	1013.75
78	510.00	656.25	772.50	843.75	1106.25
79	555.00	716.25	843.75	922.50	1206.25
80	600.00				
81	647.50				
82	697.50				
83	748.75				
84	802.50				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0101-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	67.50	83.75	97.50	106.25	140.00
45-49	75.00	93.75	107.50	117.50	156.25
50-54	92.50	116.25	133.75	145.00	197.50
55	105.00	132.50	152.50	166.25	226.25
56	108.75	140.00	161.25	175.00	238.75
57	115.00	147.50	170.00	185.00	250.00
58	122.50	156.25	181.25	197.50	265.00
59	131.25	165.00	191.25	210.00	281.25
60	141.25	175.00	205.00	222.50	297.50
61	150.00	186.25	217.50	236.25	317.50
62	160.00	200.00	232.50	252.50	338.75
63	170.00	211.25	248.75	270.00	361.25
64	181.25	226.25	263.75	288.75	385.00
65	192.50	241.25	282.50	307.50	411.25
66	206.25	258.75	301.25	330.00	441.25
67	220.00	280.00	326.25	356.25	476.25
68	238.75	301.25	352.50	385.00	516.25
69	257.50	327.50	381.25	417.50	557.50
70	280.00	356.25	415.00	455.00	605.00
71	302.50	386.25	451.25	493.75	657.50
72	331.25	423.75	493.75	541.25	718.75
73	363.75	463.75	542.50	595.00	786.25
74	398.75	508.75	595.00	652.50	861.25
75	436.25	558.75	655.00	716.25	945.00
76	477.50	610.00	717.50	786.25	1035.00
77	520.00	668.75	785.00	861.25	1131.25
78	566.25	730.00	860.00	941.25	1233.75
79	613.75	797.50	936.25	1026.25	1342.50
80	663.75				
81	715.00				
82	767.50				
83	825.00				
84	883.75				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0101-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	72.50	90.00	102.50	113.75	148.75
45-49	80.00	100.00	115.00	126.25	165.00
50-54	98.75	123.75	142.50	155.00	208.75
55	110.00	140.00	161.25	176.25	238.75
56	115.00	147.50	170.00	185.00	250.00
57	120.00	155.00	180.00	195.00	263.75
58	127.50	163.75	190.00	207.50	277.50
59	136.25	173.75	201.25	220.00	293.75
60	147.50	183.75	215.00	233.75	311.25
61	157.50	195.00	227.50	248.75	332.50
62	167.50	208.75	243.75	266.25	355.00
63	177.50	222.50	260.00	283.75	377.50
64	190.00	236.25	276.25	302.50	402.50
65	201.25	252.50	295.00	322.50	431.25
66	215.00	270.00	316.25	345.00	461.25
67	231.25	292.50	341.25	373.75	498.75
68	248.75	316.25	368.75	405.00	540.00
69	268.75	342.50	400.00	438.75	583.75
70	291.25	372.50	433.75	476.25	632.50
71	316.25	405.00	473.75	518.75	688.75
72	345.00	442.50	517.50	567.50	751.25
73	380.00	485.00	567.50	623.75	823.75
74	416.25	532.50	623.75	683.75	901.25
75	456.25	583.75	683.75	750.00	988.75
76	498.75	638.75	750.00	822.50	1081.25
77	542.50	698.75	820.00	900.00	1181.25
78	590.00	761.25	897.50	982.50	1288.75
79	638.75	831.25	976.25	1072.50	1401.25
80	690.00				
81	742.50				
82	798.75				
83	857.50				
84	917.50				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0101-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	42.50	52.50	61.25	67.50	90.00
45-49	47.50	58.75	68.75	75.00	100.00
50-54	63.75	77.50	88.75	95.00	127.50
55	72.50	90.00	101.25	111.25	151.25
56	76.25	93.75	107.50	117.50	161.25
57	81.25	100.00	115.00	126.25	173.75
58	86.25	107.50	123.75	136.25	186.25
59	93.75	116.25	133.75	147.50	201.25
60	101.25	126.25	145.00	158.75	217.50
61	110.00	136.25	158.75	172.50	233.75
62	118.75	148.75	172.50	186.25	252.50
63	127.50	158.75	185.00	201.25	272.50
64	136.25	170.00	198.75	215.00	291.25
65	147.50	182.50	211.25	231.25	313.75
66	158.75	195.00	227.50	248.75	338.75
67	172.50	213.75	248.75	270.00	367.50
68	186.25	232.50	272.50	295.00	401.25
69	202.50	255.00	297.50	323.75	438.75
70	220.00	277.50	325.00	355.00	480.00
71	241.25	306.25	357.50	391.25	525.00
72	266.25	338.75	395.00	432.50	580.00
73	293.75	375.00	438.75	480.00	640.00
74	326.25	415.00	486.25	532.50	707.50
75	360.00	460.00	538.75	590.00	781.25
76	397.50	508.75	593.75	651.25	860.00
77	436.25	560.00	656.25	718.75	945.00
78	477.50	616.25	722.50	791.25	1036.25
79	522.50	676.25	791.25	868.75	1135.00
80	567.50				
81	616.25				
82	666.25				
83	718.75				
84	775.00				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0101-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	51.25	65.00	73.75	81.25	106.25
45-49	57.50	70.00	82.50	90.00	117.50
50-54	72.50	90.00	105.00	113.75	148.75
55	83.75	105.00	118.75	131.25	176.25
56	88.75	110.00	126.25	136.25	188.75
57	92.50	116.25	133.75	145.00	200.00
58	100.00	125.00	143.75	157.50	215.00
59	107.50	135.00	156.25	168.75	230.00
60	116.25	145.00	167.50	182.50	245.00
61	125.00	156.25	181.25	197.50	263.75
62	135.00	168.75	195.00	213.75	283.75
63	143.75	181.25	210.00	227.50	305.00
64	155.00	192.50	225.00	243.75	326.25
65	166.25	207.50	240.00	260.00	350.00
66	177.50	222.50	257.50	281.25	377.50
67	192.50	241.25	281.25	305.00	410.00
68	208.75	261.25	306.25	332.50	448.75
69	226.25	286.25	333.75	363.75	490.00
70	247.50	313.75	366.25	398.75	536.25
71	270.00	343.75	401.25	438.75	588.75
72	297.50	380.00	443.75	485.00	648.75
73	327.50	418.75	491.25	536.25	716.25
74	363.75	465.00	543.75	595.00	791.25
75	401.25	513.75	601.25	658.75	872.50
76	442.50	566.25	663.75	727.50	961.25
77	485.00	623.75	731.25	802.50	1056.25
78	531.25	683.75	802.50	882.50	1157.50
79	577.50	750.00	881.25	967.50	1266.25
80	627.50				
81	680.00				
82	735.00				
83	792.50				
84	852.50				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0101-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	56.25	68.75	80.00	86.25	113.75
45-49	61.25	76.25	88.75	95.00	125.00
50-54	76.25	95.00	110.00	120.00	157.50
55	88.75	110.00	126.25	138.75	186.25
56	92.50	116.25	133.75	145.00	198.75
57	98.75	123.75	142.50	155.00	211.25
58	106.25	132.50	152.50	166.25	226.25
59	113.75	142.50	165.00	177.50	241.25
60	122.50	152.50	177.50	192.50	257.50
61	131.25	165.00	191.25	207.50	276.25
62	141.25	177.50	206.25	223.75	297.50
63	151.25	191.25	220.00	240.00	318.75
64	161.25	202.50	235.00	256.25	341.25
65	173.75	217.50	251.25	273.75	366.25
66	185.00	233.75	270.00	293.75	393.75
67	201.25	252.50	293.75	318.75	430.00
68	218.75	275.00	320.00	348.75	468.75
69	236.25	300.00	350.00	381.25	511.25
70	258.75	327.50	383.75	417.50	560.00
71	282.50	360.00	420.00	458.75	615.00
72	310.00	397.50	465.00	507.50	677.50
73	342.50	438.75	515.00	561.25	748.75
74	380.00	485.00	568.75	622.50	826.25
75	418.75	535.00	627.50	688.75	911.25
76	461.25	591.25	692.50	760.00	1005.00
77	506.25	650.00	763.75	838.75	1102.50
78	552.50	713.75	838.75	922.50	1208.75
79	601.25	782.50	918.75	1010.00	1322.50
80	652.50				
81	707.50				
82	765.00				
83	823.75				
84	885.00				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0101-B87
Long-Term Care Policy

WITH SURVIVORSHIP BENEFIT RIDER R1-N0103-SERIES

When this rider is chosen, multiply the final premium by the appropriate factor.

ISSUE AGE	NO INFLATION PROTECTION	SIMPLE INFLATION PROTECTION	COMPOUND INFLATION PROTECTION
18-44	1.11	1.17	1.17
45-49	1.14	1.21	1.21
50-54	1.18	1.28	1.28
55	1.20	1.30	1.30
56	1.20	1.30	1.30
57	1.21	1.30	1.30
58	1.21	1.30	1.30
59	1.21	1.30	1.30
60	1.21	1.30	1.30
61	1.21	1.30	1.30
62	1.21	1.29	1.29
63	1.21	1.29	1.29
64	1.21	1.28	1.28
65	1.20	1.27	1.27
66	1.20	1.26	1.26
67	1.20	1.26	1.26
68	1.19	1.25	1.25
69	1.19	1.24	1.24
70	1.18	1.23	1.23
71	1.18	1.22	1.22
72	1.17	1.20	1.20
73	1.16	1.19	1.19
74	1.16	1.18	1.18
75	1.15	1.17	1.17
76	1.14	1.16	1.16
77	1.13	1.15	1.15
78	1.12	1.14	1.14
79	1.11	1.13	1.13
80	1.10	1.12	1.12
81	1.09	1.11	1.11
82	1.08	1.10	1.10
83	1.07	1.09	1.09
84	1.06	1.08	1.08

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0101-B87
Long-Term Care Policy

Elimination Period Factors

Rates shown are for 30 day elimination period. Rates for other elimination periods are calculated by multiplying the 30 day rates by the appropriate factor from the following table:

Benefit Maximum	0	14	20	60	90	100	180	365
730x,1095x	1.11	1.06	1.03	0.95	0.91	0.90	0.80	0.71
1460x,1825x	1.09	1.05	1.03	0.95	0.91	0.90	0.81	0.72
Lifetime	1.07	1.04	1.03	0.96	0.93	0.92	0.85	0.78

Table Rating Health Rating Group Factors

Rates shown are for Preferred Rating Group and Select Rating Group. Rates for Table Rating Health Groups 1, 2, 3 and 4 are calculated by multiplying Select rates by 1.25, 1.50, 1.75 and 2.00 respectively.

Multi-Life Discount

A 5%, 10%, 15% or 20% discount to the rates is available for qualifying Associations of 10 or more lives.

Spousal Discount

A 20% discount to the rates is available to married couples if both spouses apply for coverage.

Dual Waiver of Premium Rider R1-N0104-Series

An optional dual waiver of premium rider will be offered. If one spouse qualifies for a waiver of premium, the premium of the other spouse will also be waived. If chosen, multiply the final premium by 1.06.

Shared Advantage Rider R1-N0105-Series

This rider will allow two covered spouses to purchase an additional benefit amount that can be used by either spouse after their base benefits are exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	No Inflation Protection	With Inflation Protection
730x	1.30	1.35
1095x	1.21	1.25
1460x	1.15	1.18
1825x	1.12	1.14

Restoration of Benefits Rider R1-N0106-Series

This rider restores the maximum lifetime benefit if the insured has not met the stipulated conditions for a period of 180 consecutive days and the maximum lifetime benefit has not been exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	Factor
730x	1.08
1095x	1.06
1460x,1825x	1.04

Cost of Living Increase Rider R1-N0107-Series

This rider allows the insured to increase their policy limits, subject to the terms of the rider, every three years without additional underwriting. The additional premium charged is based on the attained age and incremental increase in the maximum daily facility benefit when exercised. If chosen, multiply the final premium by the appropriate factor:

Age	Factor
18-44	1.15
45-49	1.12
50-55	1.10
56-58	1.09
59-61	1.08
62-64	1.07
65-67	1.06
68-70	1.05
71-73	1.04
74-76	1.03

Modal Factors

Semi-Annual: 0.52; Quarterly: 0.27; Check-A-Matic: 0.09

State: Pennsylvania **Filing Company:** Continental Casualty Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: Long-Term Care
Project Name/Number: 2015 Rate Increase/0091CNA45-11.01

Supporting Document Schedules

Satisfied - Item:	Transmittal Letter (A&H)
Comments:	
Attachment(s):	PA_PS CovLtr_RS_20150923.pdf
Item Status:	
Status Date:	

Bypassed - Item:	Actuarial Certification (A&H)
Bypass Reason:	Not applicable as this is not a form filing.
Attachment(s):	
Item Status:	
Status Date:	

Satisfied - Item:	Actuarial Memorandum and Explanatory Information (A&H)
Comments:	
Attachment(s):	PA_PS Act Memo_RS_20150923.pdf PA_PS Supplement_20150923.pdf P1_N0XXX_A37.zip P1_N0XXX_A87.zip P1_N0XXX_B37.zip P1_N0XXX_B87.zip
Item Status:	
Status Date:	

Bypassed - Item:	Advertisements (A&H)
Bypass Reason:	Not applicable as this is not an advertisement filing.
Attachment(s):	
Item Status:	
Status Date:	

Satisfied - Item:	Authorization to File (A&H)
Comments:	
Attachment(s):	Signed Authorization - CCC 2015.pdf
Item Status:	
Status Date:	

Bypassed - Item:	Insert Page Explanation (A&H)

State: Pennsylvania **Filing Company:** Continental Casualty Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: Long-Term Care
Project Name/Number: 2015 Rate Increase/0091CNA45-11.01

Bypass Reason:	Not applicable as there are no insert pages.
Attachment(s):	
Item Status:	
Status Date:	

Satisfied - Item:	Rate Table (A&H)
Comments:	
Attachment(s):	RS_PS_PA_A37_29.5%_20150923.pdf RS_PS_PA_A87_29.5%_20150923.pdf RS_PS_PA_B37_29.5%_20150923.pdf RS_PS_PA_B87_29.5%_20150923.pdf
Item Status:	
Status Date:	

Bypassed - Item:	Replacement Form with Highlighted Changes (A&H)
Bypass Reason:	Not applicable as this is not a form filing.
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Reserve Calculation (A&H)
Bypass Reason:	Not applicable as this is not a form filing.
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Variability Explanation (A&H)
Bypass Reason:	Not applicable as this is not a form filing.
Attachment(s):	
Item Status:	
Status Date:	

Satisfied - Item:	Numerical Data in Excel
Comments:	
Attachment(s):	PA_Supplement Attachments_20150923.xlsx
Item Status:	
Status Date:	

State: Pennsylvania **Filing Company:** Continental Casualty Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: Long-Term Care
Project Name/Number: 2015 Rate Increase/0091CNA45-11.01

Attachment P1_N0XXX_A37.zip is not a PDF document and cannot be reproduced here.

Attachment P1_N0XXX_A87.zip is not a PDF document and cannot be reproduced here.

Attachment P1_N0XXX_B37.zip is not a PDF document and cannot be reproduced here.

Attachment P1_N0XXX_B87.zip is not a PDF document and cannot be reproduced here.

Attachment PA_Supplement Attachments_20150923.xlsx is not a PDF document and cannot be reproduced here.

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September 23, 2015

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

RE: Continental Casualty Company (CCC)
Company NAIC # 20443
SERFF Tracking # MILL-130055810
Policy Forms:

Comprehensive Long Term Care	P1-N0080-A37, -B37, -A87, -B87
Comprehensive Long Term Care	P1-N0081-A37, -B37, -A87, -B87
Comprehensive Long Term Care	P1-N0085-A37, -B37, -A87, -B87
Comprehensive Long Term Care	P1-N0086-A37, -B37, -A87, -B87
Comprehensive Long Term Care	P1-N0095-A37, -B37, -A87, -B87
Comprehensive Long Term Care	P1-N0096-A37, -B37, -A87, -B87
Comprehensive Long Term Care	P1-N0100-A37, -B37, -A87, -B87
Comprehensive Long Term Care	P1-N0101-A37, -B37, -A87, -B87
Nursing Home Only	P1-N0075-A37, -B37, -A87, -B87
Nursing Home Only	P1-N0076-A37, -B37, -A87, -B87
Nursing Home Only	P1-N0090-A37, -B37, -A87, -B87
Nursing Home Only	P1-N0091-A37, -B37, -A87, -B87

Dear Commissioner Miller:

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

These forms are existing individual policy forms providing comprehensive and facility only long-term care coverage. These policy forms were issued in Pennsylvania from November 1998 through July 2003 and are no longer being marketed in any jurisdiction.

CCC is requesting the approval of a premium rate increase on the above-listed forms. The increase is needed due to actual persistency running higher than expected in original pricing. As noted in the attached actuarial memorandum, two prior increases have been approved and implemented on these forms and associated riders. A 20.0% increase was approved in March 2013 and implemented on each contract's next policy anniversary beginning August 1, 2013. A 25.0% increase was approved in December 2014 and implemented on each contract's next policy

This work product was prepared to provide assistance to CCC. Milliman does not intend to benefit and assumes no duty or liability to other parties who receive this work. Milliman recommends Recipient be aided by its own actuary or other qualified professional when reviewing the Milliman work product.

anniversary beginning May 1, 2015. A premium increase of 29.5% for policies and all associated riders for policyholders is being requested at this time. This level of increase will enhance premium adequacy, but may not be sufficient to prevent future rate action.

Similar to the prior increase, CCC will offer insureds affected by the premium increase the option of reducing their policy benefits to provide flexibility of choice for those insureds who wish to maintain a premium level reasonably similar to what they were paying prior to the rate increase.

If the Department approves a rate increase, the company will offer insureds a contingent nonforfeiture benefit if the policy was issued on or after March 16, 2002 and the cumulative rate increase for that policy triggers the definition of a substantial rate increase.

The following electronic items are included with this submission:

- this cover letter;
- a letter from CCC authorizing us to submit this filing on their behalf;
- an actuarial memorandum;
- a supplement to the actuarial memorandum;
- a Microsoft Excel workbook containing all numerical data; and
- rate schedules.

No filing fee is required for this submission.

The contact person for this filing is:

Amy Pahl, FSA, MAAA
Principal and Consulting Actuary
8500 Normandale Lake Blvd., Suite 1850
Minneapolis, MN 55437
(952) 820-2419
amy.pahl@milliman.com

Thank you for your assistance in reviewing this filing.

Respectfully,

Amy Pahl, FSA, MAAA
Principal and Consulting Actuary

AP/mse

Enclosures

This work product was prepared to provide assistance to CCC. Milliman does not intend to benefit and assumes no duty or liability to other parties who receive this work. Milliman recommends Recipient be aided by its own actuary or other qualified professional when reviewing the Milliman work product.

Continental Casualty Company (CCC)
Address: 333 S. Wabash Ave, Chicago, IL 60604

Actuarial Memorandum for the Preferred Solution Series
September 23, 2015

Product	Number
Comprehensive Long Term Care	P1-N0080-A37, -B37, -A87, -B87
Comprehensive Long Term Care	P1-N0081-A37, -B37, -A87, -B87
Comprehensive Long Term Care	P1-N0085-A37, -B37, -A87, -B87
Comprehensive Long Term Care	P1-N0086-A37, -B37, -A87, -B87
Comprehensive Long Term Care	P1-N0095-A37, -B37, -A87, -B87
Comprehensive Long Term Care	P1-N0096-A37, -B37, -A87, -B87
Comprehensive Long Term Care	P1-N0100-A37, -B37, -A87, -B87
Comprehensive Long Term Care	P1-N0101-A37, -B37, -A87, -B87
Nursing Home Only	P1-N0075-A37, -B37, -A87, -B87
Nursing Home Only	P1-N0076-A37, -B37, -A87, -B87
Nursing Home Only	P1-N0090-A37, -B37, -A87, -B87
Nursing Home Only	P1-N0091-A37, -B37, -A87, -B87

The above captioned policy forms provide comprehensive or facility only coverage. These forms were sold concurrently with identical original pricing assumptions and have been grouped into policy group “Preferred Solution” for experience purposes. These policy forms were issued in Pennsylvania by CCC from November 1998 through July 2003 and are no longer being marketed in any jurisdiction.

1. Purpose of Filing

This actuarial memorandum has been prepared for the purpose of documenting the rates and demonstrating that the anticipated loss ratio of these policy forms with those rates meets the minimum requirements of the jurisdiction and demonstrating compliance with its rate stability regulation. It may not be suitable for other purposes.

This is a rate increase filing for the above captioned forms. A 29.5% rate increase is being requested for all policyholders covered under these policy forms including all associated riders.

2. Description of Benefits

All of the forms are guaranteed renewable individual long term care policies sold through non-captive agents. These tax qualified and non-tax qualified forms provide long-term care confinement and home health care benefits with lifetime limits. Benefits are limited to the policy’s lifetime maximum which is equal to the following multipliers times the facility daily benefit amount: 365x, 730x, 1095x, 1460x, 1825x, or Unlimited. Benefit eligibility for the tax qualified forms requires inability to perform two or more activities of daily living or being cognitively impaired. Benefit eligibility for the non-tax qualified forms requires inability to perform two or more activities of daily living, being cognitively impaired, or medical necessity.

Long-Term Care Benefits: This policy pays the Long-Term Care Daily Benefit Amount, as shown on insured’s policy schedule, for each day of Long-Term Care confinement in a nursing home or assisted living facility, limited to the Benefit Lifetime Maximum.

Home Health Care Benefits: For comprehensive policy forms, this policy pays 100% of the expenses incurred for each day of care for therapist or nurse, 100% or 80% (percentage varies by form) of the expenses incurred for each day of care for home health aide, medical social worker, or homemaker, and 100% or 80% (percentage varies

by form) of expenses incurred for each day of care for Adult Day Care or Alternate Care Facility. The total benefits payable each day for Home Health Care benefits are limited to the daily benefit amount shown on the insured's application and are subject to the policy's Benefit Lifetime Maximum.

Other Benefits: The policies may include a bed reservation, waiver of premium, nonforfeiture, and alternate plan of care benefit.

Optional Benefits: Optional riders may include inflation protection, survivorship, shared benefit, dual waiver of premium, and restoration of benefits.

3. Renewability

These forms are guaranteed renewable long-term care policy forms.

4. Applicability

This filing applies to in-force insureds only, as these forms are no longer being marketed. The premium change will apply to the base forms and all riders associated with the base forms.

5. Actuarial Assumptions

a. Morbidity. The Milliman 2002 *Long-Term Care Guidelines* (Milliman *LTCGs*) provide the basis for the claim costs. The Milliman *LTCGs* provide a flexible, but consistent, basis for the determination of claim costs for a wide variety of long-term care benefit packages. These rating structures can be used to anticipate future claim levels, evaluate past experience, and establish inter-relationships between different long-term care coverages. Milliman analyzed nearly $1.8 billion in long-term care insurance incurred claims to develop the Milliman *LTCGs*.

Adjustments were then made to incorporate CCC individual long-term care actual claim experience which is deemed 100% credible on a nationwide basis. A global actual-to-expected (A/E) scalar of 110.3% was derived and is applied to the Milliman *LTCGs* claim costs. An A/E adjustment based on issue age is also applied to the base claim costs, shown in the table below.

Issue Ages	A/E Adjustment
<60	86.7%
60-69	103.2
70-74	112.2
75+	113.2

A 1.6% annual improvement in projected morbidity is assumed to apply for 15 years, starting in 2012 as supported by the National Long Term Care Survey results, and presented at the Society of Actuaries 2004 Spring Meeting, "Morbidity Improvement and Its Impact on LTC Insurance Pricing and Valuation".

A scalar experience adjustment of 97.0% was applied to all claim costs based on the comparison of projected incurred claims to actual experience. The adjustment was

developed by inspection of the progression of the historical to projected values and smoothing the transition of annual loss ratios from the historical period to the projection period.

Additional adjustments for inflation protection (if applicable), underwriting risk classification, selection, and election of other riders were also used.

b. Persistency. Mortality is assumed to follow the 1994 Group Annuitant Mortality (1994 GAM) Static table, with selection consistent with experience. Additionally, projected mortality rates are assumed to improve by 0.6% annually for 15 years starting in 2012.

The projected annual voluntary lapse rates are 0% for limited-pay policies that are fully paid up. For all other policies the projected annual lapse rates range from 0.5% to 1.5% depending on duration, plus an additional lapse in later durations to account for benefit exhaustions for non-lifetime benefit period policies.

c. Policyholder Behavior Due to the Rate Increase. In the year of rate increase notification to policyholders, an additional 1.25% of in-force policyholders are assumed to lapse. An additional portion of policyholders will elect to reduce benefits resulting in a cumulative 4.83% reduction in premiums and benefits. We assume a cumulative 0.63% increase in morbidity due to adverse selection from the rate increase.

d. Expenses. Expenses have not been explicitly projected. It is assumed that the originally filed expense assumptions remain appropriate, except that commissions will not be paid on the increased premium.

The assumptions in this filing are based on the experience of CCC, industry experience, and judgment. The experience period is inception through June 30, 2014. These assumptions are based on the nationwide experience of the particular policy forms in this filing and similar nationwide forms and are deemed reasonable for the particular policy forms in this filing. The assumptions described above reflect an estimate of the most likely outcome and do not include a margin for moderately adverse conditions.

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

6. Marketing Method

These policies were sold through non-captive agents.

7. Underwriting Description

These policy forms were fully underwritten with the use of various tools in addition to the application which may have included medical records, an attending physician's statement, telephone interviews, and/or face-to-face assessments.

8. Premiums

Premiums are unisex, level, and payable for life. The premiums may vary by issue age, elimination period, benefit period / lifetime maximum, initial daily benefit amount, level of home health care coverage, inflation protection option, premium mode, underwriting class, marital status, and optional coverages chosen.

9. Issue Age Range

Issue ages range from 18 to 84.

10. Area Factors

Area factors are not used for these products.

11. Premium Modalization Rules

The following modal factors remain unchanged and are applied to the annual premium (AP) to obtain the modal premium. The nationwide percent distribution (based on CCC's in-force count as of 12/31/2014) is shown below:

Premium Mode	Modal Factor	Percent Distribution
Annual	1.00*AP	60.9%
Semi-Annual	0.52*AP	7.8
Quarterly	0.27*AP	11.3
Monthly	0.09*AP	20.0

12. Reserves

Active life reserves have not been used in this rate increase demonstration, except as described in the supplement to the actuarial memorandum.

Reserves for known open claims are computed using a continuance table derived from Milliman *LTCGs*, adjusted for CCC-specific experience. The discount rate used to calculate the reserves varies by year of claim incurral as summarized in the table below. Incurred but not reported (IBNR) reserves are computed using standard lag techniques.

Incurral Year	Discount Rate
1998-2001	3.5%
2002-2005	4.5
2006-2012	4.0
2013-2014	3.5

Reserves for known open claims as of December 31, 2014 have been discounted to the incurral date for each respective claim using a 5.0% interest rate and included in the historical incurred claims. IBNR reserve balances as of December 31, 2014 have been allocated to a calendar year of incurral and included in the historical incurred claims.

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 Experience

Nationwide experience of CCC, across the above-listed forms and corresponding nationwide Preferred Solution forms, is shown in Exhibit I. The experience and projections in Exhibit I have been restated to reflect the rate level approved in Pennsylvania on a nationwide basis as described in Section 15.

The company has chosen a credibility standard of 1,082 claims. Based on this parameter, Pennsylvania-specific experience for the above-referenced forms is not considered fully credible.

Historical experience is shown by claim incurral year with the loss ratio for each loss year calculated by the following formula:

$$LR_j = \frac{\sum_k \sum_t {}_jPmt_t^k * v^{t-k} + \sum_k ({}_jCR_{ValDate}^k + {}_jIBNR_{ValDate}^k) * v^{ValDate-k}}{EP_j}$$

LR_j = loss ratio for year *j*

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

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

${}_jIBNR_{ValDate}^k$ = 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 / 1.050 = 0.95238

Exhibit I also shows future anticipated experience for calendar years 2015 to 2054, based on in-force experience as of December 31, 2014, using the assumptions in this filing.

Exhibit I provides historical and projected values for premium, claims and policy count. Accumulated past, discounted future, and lifetime values both without and with the proposed rate increase are shown. Historical and future values are accumulated and discounted using an interest rate of 5.0%.

For projection purposes, the rate increase is assumed to occur on each policy's first anniversary on or after January 1, 2016. The increase will be effective on the insured's policy anniversary date following approval, after the appropriate policyholder notification period, and no sooner than 12 months after the prior rate increase was effective.

15. History of Previous Rate Revisions

In Pennsylvania, two prior rate increases have been approved and implemented on the above-listed forms and all associated riders. A 20.0% increase was approved in March 2013 and implemented on each contract's next policy anniversary beginning August 1, 2013. A 25.0% increase was approved in December 2014 and implemented on each contract's next policy anniversary beginning May 1, 2015.

The experience and projections in Exhibit I have been restated to reflect the rate level approved in Pennsylvania on a nationwide basis. The restated nationwide projections assume the previously approved rate increases in Pennsylvania were implemented on each policy's first anniversary on or after the effective dates of the prior rate increases in Pennsylvania.

Exhibit II provides the rate increase history, the current proposed rate increase percentage, and the status of the current rate filing for each jurisdiction in which these policies are in force. The company is currently in its second round of follow-up filings for most jurisdictions nationwide in which the initial 80.0% increase and the follow-up requested increase were not fully achieved. Please note that the prior and current requested increases in certain jurisdictions may be limited due to regulatory restrictions.

16. Analysis Performed to Consider a Rate Increase

The initial premium schedules were based on pricing assumptions believed to be appropriate, given industry experience available when the initial rate schedules were developed. The original pricing assumptions for claim costs, voluntary termination rates, mortality, and interest were as follows:

a. Original Pricing Claim Costs. The underlying claim costs were based on data from several sources, each of which is listed below. Claim frequency and average length of stay were determined separately.

   Claim frequency was based on actual claim experience of similar policy forms issued by CCC from 1984 to 1993. To determine average length of stay, continuance tables by age were developed based on data provided in NCHS publication Vital and Health Statistics, Series 13, No. 54 and the article "Recent Experience Under the Medicare Program" by Gresch and Leong, Transactions SOA, Volume XXXIV. A composite table was generated by weighting various continuance tables for stays in skilled nursing and intermediate care facilities by the number of discharges from each type of facility and combining this with CCC's experience. Average lengths of stay for each benefit period and elimination period were calculated from this composite table. Length of stay data provided in the article "Length of Stay Pattern of Nursing Home

Admissions" by Liu & Manton, Medical Care, December 1983, Volume 21, Number 12, indicated that the composite continuance table underestimated length of stay. Therefore, an upward adjustment of approximately 10% was applied to the length of stay generated by the composite table. Claim costs were calculated by multiplying attained age claim frequencies by average length of stay.

Claim costs were adjusted to reflect the impact of a no prior hospitalization requirement using data contained in NCHS Advance data, Number 135, and CCC's claims payment experience on policy forms P1-54076 and P1-59433.

b. Original Pricing Voluntary Termination Rates. Vary by duration and issue age as shown in the following table.

Issue Ages	Year 1	Year 2	Years 3+
18-59	4.0%	4.0%	4.0%
60-64	4.8	4.0	4.0
65-69	5.9	4.0	4.0
70-74	7.2	4.0	4.0
75-79	9.0	4.1	4.0
80-84	10.0	5.4	4.0

c. Original Pricing Mortality. 1983 GAM blended 60% female/40% male

d. Original Pricing Investment Earnings. 5.0%

As part of the in-force management of the business, CCC monitors the performance of the business by completing periodic analysis of morbidity and persistency. An analysis of the projected lifetime loss ratio based on current assumptions compared to that assumed at the time of original pricing revealed that experience has deteriorated significantly.

The assumptions used in this filing (described in Section 5) are based on actual in-force experience of CCC, industry experience, and judgment. Actual persistency has been higher than that assumed in original pricing, while actual morbidity has been lower than expected in original pricing.

17. Requested Rate Increase and Demonstration of Satisfaction of Requirements

The company is requesting a 29.5% rate increase for all forms included in this rate increase request.

This rate increase request is a follow-up to a 2012 rate increase request. At the time of the 2012 request, an analysis of the business was performed, as described below, which determined that a rate increase could be considered.

The company believed at the time of the 2012 rate increase request that if an 80.0% rate increase had been implemented on this block of business, no future premium rate increases would have been anticipated unless experience developed beyond moderately adverse conditions. Moderately adverse conditions were defined as a 10% deviation in

the lifetime loss ratio, due to any combination of deterioration in the experience from that expected using best-estimate assumptions.

The 80.0% rate increase was determined by targeting a 71.0% lifetime loss ratio using best-estimate assumptions. The margin for moderately adverse experience was then the 10% deterioration in the lifetime loss ratio (71.0% * (1 + 10%) = 78.1%) that the company would have allowed before the 78.1% lifetime loss ratio threshold was met.

Projected experience assuming the requested 29.5% rate increase is implemented is shown in Exhibit I. As shown in Exhibit I, the expected lifetime loss ratio with and without the requested rate increase exceeds the 60.0% minimum required by loss ratio regulation.

Exhibit III provides a demonstration that the requested rate increase meets the 58%/85% test required by rate stability regulation. This exhibit shows that the sum of the accumulated value of incurred claims without the inclusion of active life reserves, and the present value of future projected incurred claims, without the inclusion of active life reserves, will not be less than the sum of the following:

1. Accumulated value of the initial earned premium times 58%,
2. 85% of the accumulated value of prior premium rate schedule increases,
3. Present value of future projected initial earned premium times 58%, and
4. 85% of the present value of future projected premium in excess of the projected initial earned premium.

The historical and future projected incurred claims were increased by 10% from the best-estimate projections in Exhibit I to reflect assumptions that include moderately adverse conditions (equates to a 10% deterioration in the lifetime loss ratio as described earlier in this section). Present and accumulated values in Exhibit III are determined at the maximum valuation interest rate for contract reserves over the issue period, which is 4.5% for all policies. The values shown in Exhibit III do not tie to those in Exhibit I because of differences in the interest rates used to accumulate and discount the values and because the incurred claims in Exhibit III were increased by 10% to reflect moderately adverse conditions.

Rate pages are enclosed with this memorandum. The proposed rates represent the cumulative requested increase in Pennsylvania and are uniformly 94.3% higher than the original rates. The company is no longer issuing new business on any individual long-term care policy forms. Therefore, the requirement to cap the renewal premium rate schedules by the new business rate schedules is not applicable. The company still issues new certificates to existing group policies, but a comparison to these true group policies is not considered applicable.

18. Average Annual Premium in Pennsylvania
(Annualized Premium Based on 12/31/2014 In-force)

	Pennsylvania
Before the Rate Increase[1]	$2,385
After the Rate Increase	$3,088

[1] Before increase premiums reflect the prior rate increases approved in Pennsylvania, as described in Section 15.

19. Proposed Effective Date

The rate increase will apply to policies on their policy anniversary date following a policyholder notification period at least as long as required in your state following approval, but no sooner than 12 months after the prior rate increase was effective.

20. Nationwide Distribution of Business as of 12/31/2014 (based on in-force insured count)

By Issue Age:

Issue Ages	Percent Distribution
<45	2.7%
45-49	6.7
50-54	16.7
55-59	25.8
60-64	23.8
65-69	15.3
70-74	6.9
75-79	2.0
80+	0.2

By Elimination Period:

Elimination Period	Percent Distribution
0-Day	9.9%
30-Day	37.3
60-Day	0.9
90-Day	48.9
180-Day	2.4
365-Day	0.5

By Benefit Period:

Benefit Period	Percent Distribution
365x	0.1%
730x	5.7
1095x	22.1
1460x	14.4
1825x	21.3
Lifetime	36.4

By Inflation Protection Option:

Inflation Option	Percent Distribution
None	15.3%
5% Simple for Life	28.2
5% Compound for Life	55.3
Guaranteed Purchase Option	1.1

By Coverage Type:

Home Health Care Coverage	Percent Distribution
0%	4.7%
50%	11.6
75%	6.2
100%	77.6

21. Number of Insureds and Annualized Premium

Based on CCC's 12/31/2014 in-force count, the number of insureds and annualized premium that will be affected by this increase in this jurisdiction and nationwide are:

Jurisdiction	Number of Insured	Annualized Premium[1]
Pennsylvania	6,133	$14,624,516
Subject to Loss Ratio Regulation	4,909	$11,625,630
Subject to Rate Stability Regulation	1,224	$2,998,887
Nationwide	85,183	$187,973,527

[1] Annualized premiums reflect all prior rate increases approved as of March 31, 2015, including those not yet implemented and any pre-approved increases that are part of a tiered increase plan.

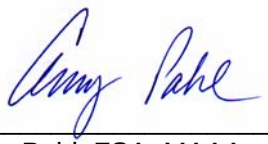
22. Actuarial Certification

I am a Principal and Consulting Actuary for Milliman, Inc. and have been retained by CCC to prepare this memorandum on their behalf. I am a Fellow of the Society of Actuaries and a Member of the American Academy of Actuaries. I meet the Academy's qualification standards to render this actuarial opinion and am familiar with the requirements for filing long-term care insurance premium and rate increases. This memorandum has been prepared for the sole purpose stated, and it may not be appropriate for other purposes.

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

I have relied on data and information provided by CCC to develop this actuarial memorandum. I have not audited or independently verified the data provided, but have reviewed it for reasonableness.

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 Pennsylvania and the rules of the Department. In my opinion, the rates are not unfairly discriminatory and the gross premiums are not excessive and bear reasonable relationship to the benefits. This filing will enhance premium adequacy, but may not be sufficient to prevent future rate action. Therefore, rates cannot be certified as required by regulation.



Amy Pahl, FSA, MAAA
Principal and Consulting Actuary, Milliman, Inc.

Date: September 23, 2015

Exhibit I
Continental Casualty Company
Nationwide Experience Projections with No Increase
All Policy Forms

		Loss Ratio Demonstration							Factors Derived from Projected Values for Illustrative Purposes Only							Interest Rate Factors	
		Without Interest				With Interest			Premium	Morbidity Factors		Persistency Factors				Calendar Year	Mid-Year
	Calendar Year	Earned Premium	Incurred Claims	Loss Ratio	Life Years	Earned Premium	Incurred Claims	Loss Ratio	Rate Increase Factor	Claim Factor	Adverse Selection	Policy Lapse & Mortality	Policy Shock Lapse	Policy Persistency	Premium Persistency	Effective Int Rate	Disc / Accum Factor
Historical Experience	1998	47,993	0	0.0%	218	107,351	0	0.0%				0.0000		1.000		5.0%	2.2368
	1999	11,312,894	126,537	1.1%	17,666	24,099,489	269,557	1.1%				0.0084		0.992		5.0%	2.1303
	2000	52,980,629	2,507,328	4.7%	44,837	107,488,486	5,086,932	4.7%				0.0301		0.970		5.0%	2.0288
	2001	103,095,219	4,630,594	4.5%	75,880	199,202,169	8,947,305	4.5%				0.0381		0.962		5.0%	1.9322
	2002	162,305,037	10,554,427	6.5%	111,263	298,674,563	19,422,311	6.5%				0.0379		0.962		5.0%	1.8402
	2003	204,991,583	14,181,460	6.9%	116,094	359,263,394	24,854,091	6.9%				0.0485		0.951		5.0%	1.7526
	2004	197,286,870	20,362,282	10.3%	111,357	329,295,520	33,987,098	10.3%				0.0408		0.959		5.0%	1.6691
	2005	189,986,684	23,444,541	12.3%	108,039	302,010,126	37,268,342	12.3%				0.0298		0.970		5.0%	1.5896
	2006	184,666,689	33,763,685	18.3%	105,511	279,574,531	51,116,239	18.3%				0.0234		0.977		5.0%	1.5139
	2007	180,124,929	37,633,224	20.9%	103,353	259,712,926	54,261,422	20.9%				0.0205		0.980		5.0%	1.4418
	2008	175,909,501	53,001,784	30.1%	101,155	241,557,063	72,781,489	30.1%				0.0213		0.979		5.0%	1.3732
	2009	171,035,293	54,411,372	31.8%	98,666	223,679,860	71,159,161	31.8%				0.0246		0.975		5.0%	1.3078
	2010	166,161,824	67,743,947	40.8%	96,371	206,958,418	84,376,662	40.8%				0.0233		0.977		5.0%	1.2455
	2011	161,124,646	80,716,387	50.1%	94,243	191,128,091	95,746,799	50.1%				0.0221		0.978		5.0%	1.1862
	2012	155,271,275	96,326,084	62.0%	92,092	175,414,047	108,822,112	62.0%				0.0228		0.977		5.0%	1.1297
	2013	150,779,423	112,696,325	74.7%	88,544	162,228,079	121,253,338	74.7%				0.0385		0.961		5.0%	1.0759
	2014	162,481,037	148,944,883	91.7%	85,183	166,493,519	152,623,088	91.7%				0.0380		0.962		5.0%	1.0247
Projected Future Experience	2015	166,235,884	136,991,400	82.4%	81,600	162,229,611	133,689,918	82.4%	1.0559	0.9587	1.0015	0.0343	0.0080	0.958	0.918	5.0%	0.9759
	2016	179,081,840	147,216,826	82.2%	78,244	166,443,791	136,827,535	82.2%	1.1718	1.1158	1.0059	0.0373	0.0040	0.959	0.919	5.0%	0.9294
	2017	172,541,209	162,332,249	94.1%	75,091	152,728,325	143,691,659	94.1%	1.0103	1.1486	1.0062	0.0403	0.0000	0.960	0.954	5.0%	0.8852
	2018	164,224,706	178,370,399	108.6%	71,781	138,444,576	150,369,667	108.6%	1.0000	1.1495	1.0062	0.0441	0.0000	0.956	0.952	5.0%	0.8430
	2019	155,558,332	194,518,249	125.0%	68,325	124,893,959	156,173,918	125.0%	1.0000	1.1457	1.0062	0.0481	0.0000	0.952	0.947	5.0%	0.8029
	2020	146,597,909	209,844,905	143.1%	64,741	112,095,100	160,456,489	143.1%	1.0000	1.1385	1.0062	0.0524	0.0000	0.948	0.942	5.0%	0.7646
	2021	137,461,075	223,867,852	162.9%	61,095	100,103,507	163,027,657	162.9%	1.0000	1.1305	1.0062	0.0563	0.0000	0.944	0.938	5.0%	0.7282
	2022	128,323,154	236,230,802	184.1%	57,459	88,999,032	163,838,809	184.1%	1.0000	1.1220	1.0062	0.0595	0.0000	0.940	0.934	5.0%	0.6936
	2023	119,386,191	247,184,003	207.0%	53,905	78,857,872	163,271,852	207.0%	1.0000	1.1154	1.0062	0.0619	0.0000	0.938	0.930	5.0%	0.6605
	2024	110,820,043	257,793,500	232.6%	50,498	69,713,995	162,171,160	232.6%	1.0000	1.1133	1.0062	0.0632	0.0000	0.937	0.928	5.0%	0.6291
	2025	102,708,935	268,036,226	261.0%	47,225	61,534,770	160,585,325	261.0%	1.0000	1.1118	1.0062	0.0648	0.0000	0.935	0.927	5.0%	0.5991
	2026	94,983,482	279,886,393	294.7%	44,057	54,196,488	159,699,974	294.7%	1.0000	1.1193	1.0062	0.0671	0.0000	0.933	0.925	5.0%	0.5706
	2027	87,583,768	293,150,986	334.7%	40,965	47,594,567	159,303,428	334.7%	1.0000	1.1265	1.0062	0.0702	0.0000	0.930	0.922	5.0%	0.5434
	2028	80,455,164	305,469,949	379.7%	37,934	41,638,817	158,093,114	379.7%	1.0000	1.1253	1.0062	0.0740	0.0000	0.926	0.919	5.0%	0.5175
	2029	73,583,271	316,368,990	429.9%	34,974	36,268,889	155,936,963	429.9%	1.0000	1.1234	1.0062	0.0780	0.0000	0.922	0.915	5.0%	0.4929
	2030	66,989,346	325,432,586	485.8%	32,096	31,446,448	152,766,068	485.8%	1.0000	1.1209	1.0062	0.0823	0.0000	0.918	0.910	5.0%	0.4694
	2031	60,697,380	332,227,529	547.4%	29,316	27,136,042	148,529,316	547.4%	1.0000	1.1177	1.0062	0.0866	0.0000	0.913	0.906	5.0%	0.4471
	2032	54,724,202	336,562,403	615.0%	26,643	23,300,579	143,302,203	615.0%	1.0000	1.1147	1.0062	0.0912	0.0000	0.909	0.902	5.0%	0.4258
	2033	49,083,968	338,567,728	689.8%	24,089	19,903,875	137,291,461	689.8%	1.0000	1.1126	1.0062	0.0959	0.0000	0.904	0.897	5.0%	0.4055
	2034	43,789,996	338,084,060	772.1%	21,663	16,911,556	130,566,981	772.1%	1.0000	1.1104	1.0062	0.1007	0.0000	0.899	0.892	5.0%	0.3862
	2035	38,851,572	334,689,046	861.5%	19,373	14,289,860	123,100,798	861.5%	1.0000	1.1070	1.0062	0.1057	0.0000	0.894	0.887	5.0%	0.3678
	2036	34,272,947	328,075,226	957.2%	17,225	12,005,535	114,922,088	957.2%	1.0000	1.1024	1.0062	0.1108	0.0000	0.889	0.882	5.0%	0.3503
	2037	30,055,312	318,607,510	1060.1%	15,224	10,026,792	106,291,070	1060.1%	1.0000	1.0988	1.0062	0.1162	0.0000	0.884	0.877	5.0%	0.3336
	2038	26,195,582	306,878,466	1171.5%	13,374	8,322,993	97,502,979	1171.5%	1.0000	1.0964	1.0062	0.1215	0.0000	0.878	0.872	5.0%	0.3177
	2039	22,689,834	293,164,719	1292.1%	11,676	6,865,837	88,710,265	1292.1%	1.0000	1.0943	1.0062	0.1270	0.0000	0.873	0.866	5.0%	0.3026
	2040	19,528,557	277,371,720	1420.3%	10,128	5,627,857	79,934,645	1420.3%	1.0000	1.0907	1.0062	0.1325	0.0000	0.867	0.861	5.0%	0.2882
	2041	16,699,673	259,510,194	1554.0%	8,730	4,583,440	71,225,908	1554.0%	1.0000	1.0855	1.0061	0.1381	0.0000	0.862	0.855	5.0%	0.2745
	2042	14,187,654	240,358,967	1694.1%	7,475	3,708,556	62,828,198	1694.1%	1.0000	1.0816	1.0061	0.1437	0.0000	0.856	0.850	5.0%	0.2614
	2043	11,973,664	220,722,477	1843.4%	6,359	2,980,795	54,947,955	1843.4%	1.0000	1.0795	1.0061	0.1493	0.0000	0.851	0.844	5.0%	0.2489
	2044	10,038,651	201,059,746	2002.9%	5,375	2,380,077	47,669,523	2002.9%	1.0000	1.0778	1.0061	0.1548	0.0000	0.845	0.838	5.0%	0.2371
	2045	8,361,772	181,614,329	2172.0%	4,513	1,888,099	41,008,746	2172.0%	1.0000	1.0757	1.0061	0.1603	0.0000	0.840	0.833	5.0%	0.2258
	2046	6,919,590	162,488,229	2348.2%	3,766	1,488,050	34,942,903	2348.2%	1.0000	1.0723	1.0061	0.1657	0.0000	0.834	0.828	5.0%	0.2150
	2047	5,689,112	143,978,491	2530.8%	3,122	1,165,178	29,488,005	2530.8%	1.0000	1.0689	1.0061	0.1711	0.0000	0.829	0.822	5.0%	0.2048
	2048	4,647,316	126,499,021	2722.0%	2,571	906,485	24,674,346	2722.0%	1.0000	1.0667	1.0061	0.1763	0.0000	0.824	0.817	5.0%	0.1951
	2049	3,772,636	110,268,780	2922.9%	2,105	700,832	20,484,329	2922.9%	1.0000	1.0647	1.0061	0.1813	0.0000	0.819	0.812	5.0%	0.1858
	2050	3,044,964	95,331,402	3130.8%	1,713	538,719	16,866,146	3130.8%	1.0000	1.0624	1.0061	0.1862	0.0000	0.814	0.807	5.0%	0.1769
	2051	2,443,126	81,742,071	3345.8%	1,386	411,658	13,773,243	3345.8%	1.0000	1.0600	1.0061	0.1911	0.0000	0.809	0.802	5.0%	0.1685
	2052	1,948,958	69,524,131	3567.2%	1,114	312,755	11,156,728	3567.2%	1.0000	1.0577	1.0061	0.1959	0.0000	0.804	0.798	5.0%	0.1605
	2053	1,545,615	58,682,698	3796.7%	891	236,218	8,968,546	3796.7%	1.0000	1.0560	1.0061	0.2007	0.0000	0.799	0.793	5.0%	0.1528
	2054	1,219,435	49,181,672	4033.2%	708	177,493	7,158,565	4033.2%	1.0000	1.0537	1.0061	0.2046	0.0000	0.795	0.789	5.0%	0.1456
	Past	2,429,561,526	761,044,860	31.3%	1,450,472	3,526,887,631	941,975,946	26.7%									
	Future	2,458,915,825	8,987,885,932	365.5%	1,138,528	1,633,059,030	4,095,248,486	250.8%									
	Lifetime	4,888,477,351	9,748,930,792	199.4%	2,589,000	5,159,946,661	5,037,224,432	97.6%									

Exhibit I
Continental Casualty Company
Nationwide Experience Projections with 29.5% Increase
All Policy Forms

		Loss Ratio Demonstration							Factors Derived from Projected Values for Illustrative Purposes Only							Interest Rate Factors	
		Without Interest				With Interest			Premium	Morbidity Factors		Persistency Factors				Calendar Year	Mid-Year
	Calendar Year	Earned Premium	Incurred Claims	Loss Ratio	Life Years	Earned Premium	Incurred Claims	Loss Ratio	Rate Increase Factor	Claim Factor	Adverse Selection	Policy Lapse & Mortality	Policy Shock Lapse	Policy Persistency	Premium Persistency	Effective Int Rate	Disc / Accum Factor
Historical Experience	1998	47,993	0	0.0%	218	107,351	0	0.0%				0.0000		1.000		5.0%	2.2368
	1999	11,312,894	126,537	1.1%	17,666	24,099,489	269,557	1.1%				0.0084		0.992		5.0%	2.1303
	2000	52,980,629	2,507,328	4.7%	44,837	107,488,486	5,086,932	4.7%				0.0301		0.970		5.0%	2.0288
	2001	103,095,219	4,630,594	4.5%	75,880	199,202,169	8,947,305	4.5%				0.0381		0.962		5.0%	1.9322
	2002	162,305,037	10,554,427	6.5%	111,263	298,674,563	19,422,311	6.5%				0.0379		0.962		5.0%	1.8402
	2003	204,991,583	14,181,460	6.9%	116,094	359,263,394	24,854,091	6.9%				0.0485		0.951		5.0%	1.7526
	2004	197,286,870	20,362,282	10.3%	111,357	329,295,520	33,987,098	10.3%				0.0408		0.959		5.0%	1.6691
	2005	189,986,684	23,444,541	12.3%	108,039	302,010,126	37,268,342	12.3%				0.0298		0.970		5.0%	1.5896
	2006	184,666,689	33,763,685	18.3%	105,511	279,574,531	51,116,239	18.3%				0.0234		0.977		5.0%	1.5139
	2007	180,124,929	37,633,224	20.9%	103,353	259,712,926	54,261,422	20.9%				0.0205		0.980		5.0%	1.4418
	2008	175,909,501	53,001,784	30.1%	101,155	241,557,063	72,781,489	30.1%				0.0213		0.979		5.0%	1.3732
	2009	171,035,293	54,411,372	31.8%	98,666	223,679,860	71,159,161	31.8%				0.0246		0.975		5.0%	1.3078
	2010	166,161,824	67,743,947	40.8%	96,371	206,958,418	84,376,662	40.8%				0.0233		0.977		5.0%	1.2455
	2011	161,124,646	80,716,387	50.1%	94,243	191,128,091	95,746,799	50.1%				0.0221		0.978		5.0%	1.1862
	2012	155,271,275	96,326,084	62.0%	92,092	175,414,047	108,822,112	62.0%				0.0228		0.977		5.0%	1.1297
	2013	150,779,423	112,696,325	74.7%	88,544	162,228,079	121,253,338	74.7%				0.0385		0.961		5.0%	1.0759
	2014	162,481,037	148,944,883	91.7%	85,183	166,493,519	152,623,088	91.7%				0.0380		0.962		5.0%	1.0247
Projected Future Experience	2015	166,235,884	136,991,400	82.4%	81,600	162,229,611	133,689,918	82.4%	1.0000	0.9601	1.0000	0.0421	0.0000	0.958	0.910	5.0%	0.9759
	2016	187,619,914	145,694,630	77.7%	77,609	174,379,322	135,412,762	77.7%	1.0659	1.1166	1.0015	0.0412	0.0080	0.951	0.904	5.0%	0.9294
	2017	208,017,060	155,687,579	74.8%	74,161	184,130,489	137,809,995	74.8%	1.2008	1.1134	1.0059	0.0406	0.0040	0.956	0.914	5.0%	0.8852
	2018	199,862,004	170,596,032	85.4%	70,892	168,487,502	143,815,727	85.4%	1.0117	1.1460	1.0062	0.0441	0.0000	0.956	0.950	5.0%	0.8430
	2019	189,314,999	185,908,195	98.2%	67,479	151,996,356	149,261,118	98.2%	1.0000	1.1449	1.0062	0.0481	0.0000	0.952	0.947	5.0%	0.8029
	2020	178,410,135	200,420,883	112.3%	63,940	136,420,104	153,250,474	112.3%	1.0000	1.1377	1.0062	0.0524	0.0000	0.948	0.942	5.0%	0.7646
	2021	167,290,578	213,676,632	127.7%	60,339	121,826,295	155,606,088	127.7%	1.0000	1.1298	1.0062	0.0563	0.0000	0.944	0.938	5.0%	0.7282
	2022	156,169,699	225,339,552	144.3%	56,748	108,312,114	156,285,139	144.3%	1.0000	1.1213	1.0062	0.0595	0.0000	0.940	0.934	5.0%	0.6936
	2023	145,293,386	235,652,398	162.2%	53,238	95,970,289	155,654,909	162.2%	1.0000	1.1147	1.0062	0.0619	0.0000	0.938	0.930	5.0%	0.6605
	2024	134,868,355	245,635,287	182.1%	49,874	84,842,161	154,522,745	182.1%	1.0000	1.1127	1.0062	0.0632	0.0000	0.937	0.928	5.0%	0.6291
	2025	124,997,110	255,268,282	204.2%	46,642	74,888,017	152,935,820	204.2%	1.0000	1.1112	1.0062	0.0648	0.0000	0.935	0.927	5.0%	0.5991
	2026	115,595,208	266,431,546	230.5%	43,513	65,957,304	152,022,792	230.5%	1.0000	1.1188	1.0062	0.0671	0.0000	0.933	0.925	5.0%	0.5706
	2027	106,589,732	278,940,430	261.7%	40,459	57,922,744	151,581,161	261.7%	1.0000	1.1260	1.0062	0.0702	0.0000	0.930	0.922	5.0%	0.5434
	2028	97,914,198	290,548,947	296.7%	37,466	50,674,577	150,370,889	296.7%	1.0000	1.1248	1.0062	0.0740	0.0000	0.926	0.919	5.0%	0.5175
	2029	89,551,082	300,808,032	335.9%	34,542	44,139,357	148,267,031	335.9%	1.0000	1.1229	1.0062	0.0780	0.0000	0.922	0.915	5.0%	0.4929
	2030	81,526,253	309,323,802	379.4%	31,700	38,270,431	145,204,209	379.4%	1.0000	1.1205	1.0062	0.0823	0.0000	0.918	0.910	5.0%	0.4694
	2031	73,868,910	315,686,150	427.4%	28,954	33,024,652	141,134,144	427.4%	1.0000	1.1174	1.0062	0.0866	0.0000	0.913	0.906	5.0%	0.4471
	2032	66,599,534	319,715,603	480.1%	26,314	28,356,881	136,129,139	480.1%	1.0000	1.1144	1.0062	0.0912	0.0000	0.909	0.902	5.0%	0.4258
	2033	59,735,350	321,537,847	538.3%	23,792	24,223,081	130,385,731	538.3%	1.0000	1.1123	1.0062	0.0959	0.0000	0.904	0.897	5.0%	0.4055
	2034	53,292,568	321,003,468	602.3%	21,396	20,581,419	123,970,512	602.3%	1.0000	1.1101	1.0062	0.1007	0.0000	0.899	0.892	5.0%	0.3862
	2035	47,282,490	317,712,604	671.9%	19,134	17,390,806	116,856,753	671.9%	1.0000	1.1068	1.0062	0.1057	0.0000	0.894	0.887	5.0%	0.3678
	2036	41,710,289	311,373,870	746.5%	17,013	14,610,775	109,071,738	746.5%	1.0000	1.1022	1.0062	0.1108	0.0000	0.889	0.882	5.0%	0.3503
	2037	36,577,413	302,334,579	826.6%	15,037	12,202,639	100,862,236	826.6%	1.0000	1.0986	1.0062	0.1161	0.0000	0.884	0.877	5.0%	0.3336
	2038	31,880,109	291,158,023	913.3%	13,210	10,129,110	92,508,201	913.3%	1.0000	1.0963	1.0062	0.1215	0.0000	0.878	0.872	5.0%	0.3177
	2039	27,613,603	278,107,197	1007.1%	11,532	8,355,746	84,153,930	1007.1%	1.0000	1.0941	1.0062	0.1270	0.0000	0.873	0.866	5.0%	0.3026
	2040	23,766,318	263,091,685	1107.0%	10,004	6,849,120	75,819,339	1107.0%	1.0000	1.0905	1.0062	0.1325	0.0000	0.867	0.861	5.0%	0.2882
	2041	20,323,557	246,121,311	1211.0%	8,623	5,578,061	67,551,158	1211.0%	1.0000	1.0853	1.0061	0.1381	0.0000	0.862	0.855	5.0%	0.2745
	2042	17,266,422	227,934,118	1320.1%	7,384	4,513,325	59,580,427	1320.1%	1.0000	1.0815	1.0061	0.1437	0.0000	0.856	0.850	5.0%	0.2614
	2043	14,571,988	209,293,003	1436.3%	6,281	3,627,637	52,102,635	1436.3%	1.0000	1.0794	1.0061	0.1493	0.0000	0.851	0.844	5.0%	0.2489
	2044	12,217,071	190,632,560	1560.4%	5,309	2,896,562	45,197,328	1560.4%	1.0000	1.0777	1.0061	0.1548	0.0000	0.845	0.838	5.0%	0.2371
	2045	10,176,304	172,182,543	1692.0%	4,458	2,297,822	38,879,037	1692.0%	1.0000	1.0756	1.0061	0.1603	0.0000	0.840	0.833	5.0%	0.2258
	2046	8,421,163	154,038,997	1829.2%	3,720	1,810,961	33,125,906	1829.2%	1.0000	1.0723	1.0061	0.1657	0.0000	0.834	0.828	5.0%	0.2150
	2047	6,923,668	136,483,050	1971.3%	3,083	1,418,025	27,952,876	1971.3%	1.0000	1.0689	1.0061	0.1711	0.0000	0.829	0.822	5.0%	0.2048
	2048	5,655,799	119,906,715	2120.1%	2,540	1,103,195	23,388,479	2120.1%	1.0000	1.0666	1.0061	0.1763	0.0000	0.824	0.817	5.0%	0.1951
	2049	4,591,310	104,517,152	2276.4%	2,079	852,915	19,415,865	2276.4%	1.0000	1.0647	1.0061	0.1813	0.0000	0.819	0.812	5.0%	0.1858
	2050	3,705,731	90,355,018	2438.3%	1,692	655,622	15,985,718	2438.3%	1.0000	1.0623	1.0061	0.1862	0.0000	0.814	0.807	5.0%	0.1769
	2051	2,973,293	77,471,918	2605.6%	1,369	500,989	13,053,738	2605.6%	1.0000	1.0599	1.0061	0.1911	0.0000	0.809	0.802	5.0%	0.1685
	2052	2,371,889	65,889,704	2777.9%	1,101	380,623	10,573,502	2777.9%	1.0000	1.0577	1.0061	0.1959	0.0000	0.804	0.798	5.0%	0.1605
	2053	1,881,019	55,613,199	2956.5%	880	287,478	8,499,431	2956.5%	1.0000	1.0560	1.0061	0.2007	0.0000	0.799	0.793	5.0%	0.1528
	2054	1,484,056	46,608,000	3140.6%	700	216,010	6,783,958	3140.6%	1.0000	1.0537	1.0061	0.2046	0.0000	0.795	0.789	5.0%	0.1456
	Past	2,429,561,526	761,044,860	31.3%	1,450,472	3,526,887,631	941,975,946	26.7%									
	Future	2,924,145,450	8,555,691,942	292.6%	1,125,804	1,922,310,129	3,908,672,557	203.3%									
	Lifetime	5,353,706,976	9,316,736,802	174.0%	2,576,276	5,449,197,760	4,850,648,503	89.0%									

Exhibit II
Continental Casualty Company
Status of Filings as of September 22, 2015
All Jurisdictions in which these Forms are Active
All Policy Forms

	First Increase			Second Increase				Current Increase					
Jurisdiction	Requested Increase	Date Approved or Filed	Amount Approved or Filed	Requested Increase[1]	Date of Submission	Date Approved or Filed	Amount Approved or Filed	Requested Increase[1]	Date of Submission	Date Approved or Filed	Amount Approved or Filed	12/31/2014 In-force Premium[2]	Proportion of Nationwide
Alaska*	80.0%	12/18/2012	80.0%	Not Filing				Not Filing				$ 368,748	0.20%
Alabama	80.0%	3/18/2013	80.0%	Not Filing				Not Filing				1,638,477	0.87%
Arkansas	80.0%	9/30/2013	15.0%	65.0%	2/9/2015	3/10/2015	20.0%	46.7%	Not Yet Filed			1,178,774	0.63%
Arizona	80.0%	2/7/2013	50.0%	30.0%	9/25/2014	10/23/2014	16.0%	Not Filing				2,455,778	1.31%
California - LR**	80.0%	8/19/2014	20.0%	Not Filing				Not Filing				11,592,973	6.17%
California - RS**	80.0%	Not Yet Filed		TBD				TBD				3,125,069	1.66%
California - PTNR**	80.0%	Not Yet Filed		TBD				TBD				3,358,981	1.79%
Colorado - COMP**	80.0%	3/1/2013	22.0%	58.0%	6/15/2015	8/18/2015	25.0%	TBD				2,867,775	1.53%
Colorado - NHO**	80.0%	3/1/2013	22.0%	58.0%	6/15/2015	8/18/2015	25.0%	TBD				138,607	0.07%
Connecticut	80.0%	Disapproved	0.0%	80.0%	10/15/2014	Disapproved	0.0%	101.6%	Not Yet Filed			1,819,007	0.97%
District of Columbia	80.0%	5/9/2013	10.0%	10.0%	11/20/2014	2/12/2015	10.0%	10.0%	Not Yet Filed			197,458	0.11%
Delaware	90.8%	3/21/2013	25.0%	25.0%	10/20/2014	5/20/2015	25.0%	25.0%	Not Yet Filed			142,268	0.08%
Florida	51.0%	Not Yet Filed		TBD				TBD				7,611,600	4.05%
Georgia	80.0%	3/27/2013	15.0%	65.0%	9/17/2014	1/28/2015	15.0%	51.3%	9/21/2015	Pending		3,118,517	1.66%
Hawaii	80.0%	7/18/2014	32.3%	Not Filing				57.7%	Not Yet Filed			1,076,777	0.57%
Iowa	80.0%	5/13/2013	18.0%	62.0%	9/18/2014	12/23/2014	56.1%	Not Filing				1,768,662	0.94%
Idaho	80.0%	5/29/2013	25.0%	55.0%	9/18/2014	1/15/2015	20.0%	30.4%	Not Yet Filed			530,969	0.28%
Illinois	80.0%	4/16/2013	76.5%	Not Filing				Not Filing				13,594,576	7.23%
Indiana - non-PTNR**	80.0%	Disapproved	0.0%	80.0%	12/23/2014	6/5/2015	10.0%	TBD				639,405	0.34%
Indiana - PTNR**	80.0%	Not Yet Filed		TBD				TBD				4,213,617	2.24%
Kansas	80.0%	4/11/2014	60.0%	Not Filing				Not Filing				3,625,824	1.93%
Kentucky	80.0%	2/4/2013	16.1%	63.9%	10/20/2014	1/8/2015	25.9%	TBD				1,801,553	0.96%
Louisiana	30.0%	11/7/2013	20.0%	69.0%	6/10/2015	Pending		TBD				1,040,987	0.55%
Massachusetts	80.0%	Pending		TBD				TBD				3,016,427	1.60%
Maryland	15.0%	6/26/2013	15.0%	15.0%	10/9/2014	3/25/2015	15.0%	15.0%	Not Yet Filed			9,978,446	5.31%
Maine	41.7%	5/14/2013	38.9%	Not Filing				23.5%	Not Yet Filed			1,224,978	0.65%
Michigan	80.0%	11/19/2012	80.0%	Not Filing				Not Filing				10,396,305	5.53%
Minnesota	80.0%	2/20/2014	25.0%	55.0%	3/9/2015	Pending		TBD				2,139,376	1.14%
Missouri	80.0%	5/7/2013	25.0%	25.0%	8/27/2014	8/28/2014	25.0%	22.1%	5/11/2015	5/13/2015	22.1%	3,836,656	2.04%
Mississippi	90.8%	4/23/2013	25.0%	25.0%	10/16/2014	12/9/2014	25.0%	24.0%	Not Yet Filed			620,783	0.33%
Montana	80.0%	3/11/2013	20.0%	60.0%	9/2/2014	3/31/2015	18.5%	39.2%	Not Yet Filed			500,063	0.27%
North Carolina	80.0%	7/23/2013	30.0%	50.0%	11/18/2014	12/16/2014	16.9%	27.8%	Not Yet Filed			4,491,462	2.39%
North Dakota	80.0%	9/6/2013	20.0%	60.0%	2/13/2015	3/30/2015	20.0%	38.7%	Not Yet Filed			280,274	0.15%
Nebraska	80.0%	5/21/2013	80.0%	Not Filing				Not Filing				1,862,211	0.99%
New Hampshire	80.0%	10/10/2013	33.1%	Not Filing				TBD				739,439	0.39%
New Jersey	80.0%	7/28/2014	23.1%	Not Filing				70.3%	Not Yet Filed			6,292,225	3.35%
New Mexico	80.0%	10/24/2013	15.0%	65.0%	11/24/2014	1/23/2015	15.0%	52.6%	Not Yet Filed			529,637	0.28%
Nevada	80.0%	8/9/2013	80.0%	Not Filing				Not Filing				1,097,526	0.58%
New York	80.0%	Disapproved	0.0%	80.0%	9/17/2014	2/20/2015	2.0%	105.6%	Not Yet Filed			9,856,130	5.24%
Ohio	80.0%	11/27/2013	116.2%	Not Filing				Not Filing				11,061,916	5.88%
Oklahoma	80.0%	3/25/2013	25.0%	55.0%	10/1/2014	2/10/2015	25.0%	24.7%	Not Yet Filed			1,351,778	0.72%
Oregon	80.0%	3/26/2014	30.0%	50.0%	10/17/2014	4/13/2015	15.0%	34.1%	Not Yet Filed			4,395,291	2.34%
Pennsylvania	80.0%	3/14/2013	20.0%	60.0%	9/11/2014	12/3/2014	25.0%	29.5%	Not Yet Filed			14,624,516	7.78%
Rhode Island	80.0%	Pending		TBD				TBD				191,311	0.10%
South Carolina	80.0%	8/2/2013	20.0%	60.0%	11/25/2014	3/25/2015	20.0%	38.6%	Not Yet Filed			1,904,215	1.01%
South Dakota	80.0%	1/28/2013	80.0%	Not Filing				Not Filing				1,007,134	0.54%
Tennessee	80.0%	2/20/2013	77.2%	Not Filing				Not Filing				5,915,437	3.15%
Texas - LR**	80.0%	5/24/2013	50.0%	30.0%	7/2/2015	9/21/2015	30.0%	TBD				5,870,909	3.12%
Texas - RS**	80.0%	9/10/2013	80.0%	Not Filing				Not Filing				2,036,011	1.08%
Utah	80.0%	6/26/2013	50.0%	30.0%	12/10/2014	Disapproved	0.0%	25.1%	Not Yet Filed			471,083	0.25%
Virginia	80.0%	Pending		TBD				TBD				5,445,352	2.90%
Vermont	80.0%	Disapproved	0.0%	Not Filing				TBD				123,313	0.07%
Washington	80.0%	10/23/2013	80.0%	Not Filing				Not Filing				5,782,641	3.08%
Wisconsin	80.0%	2/6/2013	80.0%	Not Filing				Not Filing				2,525,847	1.34%
West Virginia	80.0%	4/18/2014	88.4%	Not Filing				Not Filing				316,969	0.17%
Wyoming	80.0%	8/16/2013	80.0%	Not Filing				Not Filing				181,463	0.10%
											Total	**$ 187,973,527**	**100.00%**

** Alaska does not require Long Term Care rates to be filed before use.*
*** LR = policies issued prior to the effective date of rate stability in that state.*
RS = policies issued on or after the effective date of rate stability in that state.
PTNR = policies issued under the partnership program.
non-PTNR = policies not issued under the partnership program.
COMP = Comprehensive policy forms
NHO = Nursing home only policy forms

[1] Not filing in states where the original 80% request (or a similar level) was approved, a tiered increase plan was pre-approved, or a rate guarantee was agreed to in the prior filing.

[2] Annualized premiums reflect all prior rate increases approved as of March 31, 2015, including those not yet implemented and any pre-approved increases that are part of a tiered increase plan.

Exhibit III
Continental Casualty Company
Nationwide 58/85 Test with 29.5% Increase
All Policy Forms

1	Accumulated value of initial earned premium	3,368,325,652	x	58%	=	1,953,628,878
2a	Accumulated value of earned premium	3,394,941,579				
2b	Accumulated value of prior premium rate schedule increases (2a - 1)	26,615,928	x	85%	=	22,623,538
3	Present value of future projected initial earned premium	1,154,429,157	x	58%	=	669,568,911
4a	Present value of future projected premium	1,993,510,292				
4b	Present value of future projected premium in excess of the projected initial earned premiums (4a - 3)	839,081,136	x	85%	=	713,218,965
5	**Lifetime Earned Premium Times Prescribed Factor: Sum of 1, 2b, 3, and 4b**					**3,359,040,293**
6a	Accumulated value of incurred claims without the inclusion of active life reserves					1,013,523,482
6b	Present value of future projected incurred claims without the inclusion of active life reserves					4,797,569,667
7	**Lifetime Incurred Claims with Rate Increase: Sum 6a and 6b**					**5,811,093,149**
8	Test: 7 is not less than 5					TRUE

All values are accumulated or discounted at the maximum valuation interest rate for contract reserves.
The incurred claims (items 6a and 6b) were increased by 10% to reflect moderately adverse experience.

Continental Casualty Company (CCC)
Address: 333 S. Wabash Ave, Chicago, IL 60604

Supplement to the Actuarial Memorandum for the Preferred Solution Series
September 23, 2015

Product	Number
Comprehensive Long Term Care	P1-N0080-A37, -B37, -A87, -B87
Comprehensive Long Term Care	P1-N0081-A37, -B37, -A87, -B87
Comprehensive Long Term Care	P1-N0085-A37, -B37, -A87, -B87
Comprehensive Long Term Care	P1-N0086-A37, -B37, -A87, -B87
Comprehensive Long Term Care	P1-N0095-A37, -B37, -A87, -B87
Comprehensive Long Term Care	P1-N0096-A37, -B37, -A87, -B87
Comprehensive Long Term Care	P1-N0100-A37, -B37, -A87, -B87
Comprehensive Long Term Care	P1-N0101-A37, -B37, -A87, -B87
Nursing Home Only	P1-N0075-A37, -B37, -A87, -B87
Nursing Home Only	P1-N0076-A37, -B37, -A87, -B87
Nursing Home Only	P1-N0090-A37, -B37, -A87, -B87
Nursing Home Only	P1-N0091-A37, -B37, -A87, -B87

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 Reg. 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 Reg. 89.83

89.83 (a): This subsection requires no action.

89.83 (b): This subsection is not applicable since this filing is not for rates for new policy forms.

89.83 (c): Revision of Current Rates

(*1):* This rate increase filing complies with the minimum loss ratio requirement of 60.0%, as specified in Reg. 89a.117, based on the nationwide experience.

(*2):* Section 2 of the attached actuarial memorandum provides a description of benefits. Copies of the affected policy forms are enclosed with this supplement.

(2)(i): The increase is needed due to actual persistency running higher than expected in original pricing. The company is requesting a 29.5% rate increase for all policyholders covered under these policy forms including all associated riders.

Original rate pages are enclosed with this filing, along with a supplemental page indicating the prior rate increases and current requested increase. Current and proposed rates are uniformly 50.0% and 94.3% higher than original rates, respectively. As described in the actuarial memorandum, the proposed rates represent the cumulative requested increase in Pennsylvania.

Continental Casualty Company (CCC)
Address: 333 S. Wabash Ave, Chicago, IL 60604

Supplement to the Actuarial Memorandum for the Preferred Solution Series
September 23, 2015

Attachment 1 to this supplement displays nationwide experience showing earned premium and incurred claims, both with and without the requested rate increase. This attachment is identical to Exhibit I of the actuarial memorandum. Attachment 2 to this supplement displays nationwide experience showing written premium and paid claims, both with and without the requested rate increase.

Attachments 3 and 4 to this supplement display similar Pennsylvania-specific experience as Attachments 1 and 2, respectively. Please note that Pennsylvania-specific experience is not considered fully credible, but is being provided as required.

(2)(ii)(A): There have been two prior increases approved and implemented on these forms and associated riders. A 20% increase was approved on March 14, 2013 and implemented on each contract's next policy anniversary beginning August 1, 2013. A 25.0% increase was approved in December 2014 and implemented on each contract's next policy anniversary beginning May 1, 2015.

(2)(ii)(B): Table 1 shows the maximum commission scales by policy year. Actual scales vary by policyholder age at issue. All commissions are paid on original gross premium. Commissions will not be paid on the increased premium.

Table 1 – Maximum Commission Scales by Form

	Supervising General Agents			Soliciting Agents		
	Policy Year			Policy Year		
Policy Form	**1**	**2-10**	**11+**	**1**	**2-10**	**11+**
P1-N0075-A37/-B37 P1-N0080-A37/-B37 P1-N0085-A37/-B37 P1-N0090-A37/-B37 P1-N0095-A37/-B37 P1-N0100-A37/-B37	95%	17.5%	7%	50%	10%	3%
P1-N0076-A37/-B37 P1-N0081-A37/-B37 P1-N0086-A37/-B37 P1-N0091-A37/-B37 P1-N0096-A37/-B37 P1-N0101-A37/-B37	75%	14%	5.5%	50%	8%	2.5%
P1-N0075-A87/-B87 P1-N0080-A87/-B87 P1-N0085-A87/-B87 P1-N0090-A87/-B87 P1-N0095-A87/-B87 P1-N0100-A87/-B87	90%	12.5%	7%	45%	5%	3%
P1-N0076-A87/-B87 P1-N0081-A87/-B87 P1-N0086-A87/-B87 P1-N0091-A87/-B87 P1-N0096-A87/-B87 P1-N0101-A87/-B87	70%	9%	5.5%	45%	3%	2.5%

(2)(ii)(C)(I): Premiums earned and written since inception for nationwide experience can be found in Attachments 1 and 2 to this supplement, respectively. Premiums earned and written since inception for Pennsylvania-specific experience can be found in Attachments 3 and 4 to this supplement, respectively. Attachment 5 to this supplement provides reserve balances and the calculation basis for both nationwide and Pennsylvania-specific experience. Please note that Pennsylvania-specific experience is not considered fully credible, but is being provided as required.

(2)(ii)(C)(II): Claims incurred and paid since inception for nationwide experience can be found in Attachments 1 and 2 to this supplement, respectively. Claims incurred and paid since inception for Pennsylvania-specific experience can be found in Attachments 3 and 4 to this supplement, respectively. Please note that Pennsylvania-specific experience is not considered fully credible, but is being provided as required.

Attachments 6 and 7 to this supplement provide a durational loss ratio analysis for nationwide and Pennsylvania-specific experience, respectively. Please note that Pennsylvania-specific experience is not considered fully credible, but is being provided as 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): Proposed rate tables intended to comply with this subsection are included with this filing.

Attachment 1
Continental Casualty Company
Nationwide Earned Premium and Incurred Claim Experience Projections with No Increase
All Policy Forms

		Loss Ratio Demonstration							Factors Derived from Projected Values for Illustrative Purposes Only							Interest Rate Factors	
		Without Interest				With Interest			Premium	Morbidity Factors		Persistency Factors				Calendar Year	Mid-Year
	Calendar Year	Earned Premium	Incurred Claims	Loss Ratio	Life Years	Earned Premium	Incurred Claims	Loss Ratio	Rate Increase Factor	Claim Factor	Adverse Selection	Policy Lapse & Mortality	Policy Shock Lapse	Policy Persistency	Premium Persistency	Effective Int Rate	Disc / Accum Factor
Historical Experience	1998	47,993	0	0.0%	218	107,351	0	0.0%				0.0000		1.000		5.0%	2.2368
	1999	11,312,894	126,537	1.1%	17,666	24,099,489	269,557	1.1%				0.0084		0.992		5.0%	2.1303
	2000	52,980,629	2,507,328	4.7%	44,837	107,488,486	5,086,932	4.7%				0.0301		0.970		5.0%	2.0288
	2001	103,095,219	4,630,594	4.5%	75,880	199,202,169	8,947,305	4.5%				0.0381		0.962		5.0%	1.9322
	2002	162,305,037	10,554,427	6.5%	111,263	298,674,563	19,422,311	6.5%				0.0379		0.962		5.0%	1.8402
	2003	204,991,583	14,181,460	6.9%	116,094	359,263,394	24,854,091	6.9%				0.0485		0.951		5.0%	1.7526
	2004	197,286,870	20,362,282	10.3%	111,357	329,295,520	33,987,098	10.3%				0.0408		0.959		5.0%	1.6691
	2005	189,986,684	23,444,541	12.3%	108,039	302,010,126	37,268,342	12.3%				0.0298		0.970		5.0%	1.5896
	2006	184,666,689	33,763,685	18.3%	105,511	279,574,531	51,116,239	18.3%				0.0234		0.977		5.0%	1.5139
	2007	180,124,929	37,633,224	20.9%	103,353	259,712,926	54,261,422	20.9%				0.0205		0.980		5.0%	1.4418
	2008	175,909,501	53,001,784	30.1%	101,155	241,557,063	72,781,489	30.1%				0.0213		0.979		5.0%	1.3732
	2009	171,035,293	54,411,372	31.8%	98,666	223,679,860	71,159,161	31.8%				0.0246		0.975		5.0%	1.3078
	2010	166,161,824	67,743,947	40.8%	96,371	206,958,418	84,376,662	40.8%				0.0233		0.977		5.0%	1.2455
	2011	161,124,646	80,716,387	50.1%	94,243	191,128,091	95,746,799	50.1%				0.0221		0.978		5.0%	1.1862
	2012	155,271,275	96,326,084	62.0%	92,092	175,414,047	108,822,112	62.0%				0.0228		0.977		5.0%	1.1297
	2013	150,779,423	112,696,325	74.7%	88,544	162,228,079	121,253,338	74.7%				0.0385		0.961		5.0%	1.0759
	2014	162,481,037	148,944,883	91.7%	85,183	166,493,519	152,623,088	91.7%				0.0380		0.962		5.0%	1.0247
Projected Future Experience	2015	166,235,884	136,991,400	82.4%	81,600	162,229,611	133,689,918	82.4%	1.0559	0.9587	1.0015	0.0343	0.0080	0.958	0.918	5.0%	0.9759
	2016	179,081,840	147,216,826	82.2%	78,244	166,443,791	136,827,535	82.2%	1.1718	1.1158	1.0059	0.0373	0.0040	0.959	0.919	5.0%	0.9294
	2017	172,541,209	162,332,249	94.1%	75,091	152,728,325	143,691,659	94.1%	1.0103	1.1486	1.0062	0.0403	0.0000	0.960	0.954	5.0%	0.8852
	2018	164,224,706	178,370,399	108.6%	71,781	138,444,576	150,369,667	108.6%	1.0000	1.1495	1.0062	0.0441	0.0000	0.956	0.952	5.0%	0.8430
	2019	155,558,332	194,518,249	125.0%	68,325	124,893,959	156,173,918	125.0%	1.0000	1.1457	1.0062	0.0481	0.0000	0.952	0.947	5.0%	0.8029
	2020	146,597,909	209,844,905	143.1%	64,741	112,095,100	160,456,489	143.1%	1.0000	1.1385	1.0062	0.0524	0.0000	0.948	0.942	5.0%	0.7646
	2021	137,461,075	223,867,852	162.9%	61,095	100,103,507	163,027,657	162.9%	1.0000	1.1305	1.0062	0.0563	0.0000	0.944	0.938	5.0%	0.7282
	2022	128,323,154	236,230,802	184.1%	57,459	88,999,032	163,838,809	184.1%	1.0000	1.1220	1.0062	0.0595	0.0000	0.940	0.934	5.0%	0.6936
	2023	119,386,191	247,184,003	207.0%	53,905	78,857,872	163,271,852	207.0%	1.0000	1.1154	1.0062	0.0619	0.0000	0.938	0.930	5.0%	0.6605
	2024	110,820,043	257,793,500	232.6%	50,498	69,713,995	162,171,160	232.6%	1.0000	1.1133	1.0062	0.0632	0.0000	0.937	0.928	5.0%	0.6291
	2025	102,708,935	268,036,226	261.0%	47,225	61,534,770	160,585,325	261.0%	1.0000	1.1118	1.0062	0.0648	0.0000	0.935	0.927	5.0%	0.5991
	2026	94,983,482	279,886,393	294.7%	44,057	54,196,488	159,699,974	294.7%	1.0000	1.1193	1.0062	0.0671	0.0000	0.933	0.925	5.0%	0.5706
	2027	87,583,768	293,150,986	334.7%	40,965	47,594,567	159,303,428	334.7%	1.0000	1.1265	1.0062	0.0702	0.0000	0.930	0.922	5.0%	0.5434
	2028	80,455,164	305,469,949	379.7%	37,934	41,638,817	158,093,114	379.7%	1.0000	1.1253	1.0062	0.0740	0.0000	0.926	0.919	5.0%	0.5175
	2029	73,583,271	316,368,990	429.9%	34,974	36,268,889	155,936,963	429.9%	1.0000	1.1234	1.0062	0.0780	0.0000	0.922	0.915	5.0%	0.4929
	2030	66,989,346	325,432,586	485.8%	32,096	31,446,448	152,766,068	485.8%	1.0000	1.1209	1.0062	0.0823	0.0000	0.918	0.910	5.0%	0.4694
	2031	60,697,380	332,227,529	547.4%	29,316	27,136,042	148,529,316	547.4%	1.0000	1.1177	1.0062	0.0866	0.0000	0.913	0.906	5.0%	0.4471
	2032	54,724,202	336,562,403	615.0%	26,643	23,300,579	143,302,203	615.0%	1.0000	1.1147	1.0062	0.0912	0.0000	0.909	0.902	5.0%	0.4258
	2033	49,083,968	338,567,728	689.8%	24,089	19,903,875	137,291,461	689.8%	1.0000	1.1126	1.0062	0.0959	0.0000	0.904	0.897	5.0%	0.4055
	2034	43,789,996	338,084,060	772.1%	21,663	16,911,556	130,566,981	772.1%	1.0000	1.1104	1.0062	0.1007	0.0000	0.899	0.892	5.0%	0.3862
	2035	38,851,572	334,689,046	861.5%	19,373	14,289,860	123,100,798	861.5%	1.0000	1.1070	1.0062	0.1057	0.0000	0.894	0.887	5.0%	0.3678
	2036	34,272,947	328,075,226	957.2%	17,225	12,005,535	114,922,088	957.2%	1.0000	1.1024	1.0062	0.1108	0.0000	0.889	0.882	5.0%	0.3503
	2037	30,055,312	318,607,510	1060.1%	15,224	10,026,792	106,291,070	1060.1%	1.0000	1.0988	1.0062	0.1162	0.0000	0.884	0.877	5.0%	0.3336
	2038	26,195,582	306,878,466	1171.5%	13,374	8,322,993	97,502,979	1171.5%	1.0000	1.0964	1.0062	0.1215	0.0000	0.878	0.872	5.0%	0.3177
	2039	22,689,834	293,164,719	1292.1%	11,676	6,865,837	88,710,265	1292.1%	1.0000	1.0943	1.0062	0.1270	0.0000	0.873	0.866	5.0%	0.3026
	2040	19,528,557	277,371,720	1420.3%	10,128	5,627,857	79,934,645	1420.3%	1.0000	1.0907	1.0062	0.1325	0.0000	0.867	0.861	5.0%	0.2882
	2041	16,699,673	259,510,194	1554.0%	8,730	4,583,440	71,225,908	1554.0%	1.0000	1.0855	1.0061	0.1381	0.0000	0.862	0.855	5.0%	0.2745
	2042	14,187,654	240,358,967	1694.1%	7,475	3,708,556	62,828,198	1694.1%	1.0000	1.0816	1.0061	0.1437	0.0000	0.856	0.850	5.0%	0.2614
	2043	11,973,664	220,722,477	1843.4%	6,359	2,980,795	54,947,955	1843.4%	1.0000	1.0795	1.0061	0.1493	0.0000	0.851	0.844	5.0%	0.2489
	2044	10,038,651	201,059,746	2002.9%	5,375	2,380,077	47,669,523	2002.9%	1.0000	1.0778	1.0061	0.1548	0.0000	0.845	0.838	5.0%	0.2371
	2045	8,361,772	181,614,329	2172.0%	4,513	1,888,099	41,008,746	2172.0%	1.0000	1.0757	1.0061	0.1603	0.0000	0.840	0.833	5.0%	0.2258
	2046	6,919,590	162,488,229	2348.2%	3,766	1,488,050	34,942,903	2348.2%	1.0000	1.0723	1.0061	0.1657	0.0000	0.834	0.828	5.0%	0.2150
	2047	5,689,112	143,978,491	2530.8%	3,122	1,165,178	29,488,005	2530.8%	1.0000	1.0689	1.0061	0.1711	0.0000	0.829	0.822	5.0%	0.2048
	2048	4,647,316	126,499,021	2722.0%	2,571	906,485	24,674,346	2722.0%	1.0000	1.0667	1.0061	0.1763	0.0000	0.824	0.817	5.0%	0.1951
	2049	3,772,636	110,268,780	2922.9%	2,105	700,832	20,484,329	2922.9%	1.0000	1.0647	1.0061	0.1813	0.0000	0.819	0.812	5.0%	0.1858
	2050	3,044,964	95,331,402	3130.8%	1,713	538,719	16,866,146	3130.8%	1.0000	1.0624	1.0061	0.1862	0.0000	0.814	0.807	5.0%	0.1769
	2051	2,443,126	81,742,071	3345.8%	1,386	411,658	13,773,243	3345.8%	1.0000	1.0600	1.0061	0.1911	0.0000	0.809	0.802	5.0%	0.1685
	2052	1,948,958	69,524,131	3567.2%	1,114	312,755	11,156,728	3567.2%	1.0000	1.0577	1.0061	0.1959	0.0000	0.804	0.798	5.0%	0.1605
	2053	1,545,615	58,682,698	3796.7%	891	236,218	8,968,546	3796.7%	1.0000	1.0560	1.0061	0.2007	0.0000	0.799	0.793	5.0%	0.1528
	2054	1,219,435	49,181,672	4033.2%	708	177,493	7,158,565	4033.2%	1.0000	1.0537	1.0061	0.2046	0.0000	0.795	0.789	5.0%	0.1456
	Past	2,429,561,526	761,044,860	31.3%	1,450,472	3,526,887,631	941,975,946	26.7%									
	Future	2,458,915,825	8,987,885,932	365.5%	1,138,528	1,633,059,030	4,095,248,486	250.8%									
	Lifetime	4,888,477,351	9,748,930,792	199.4%	2,589,000	5,159,946,661	5,037,224,432	97.6%									

Attachment 1
Continental Casualty Company
Nationwide Earned Premium and Incurred Claim Experience Projections with 29.5% Increase
All Policy Forms

		Loss Ratio Demonstration							Factors Derived from Projected Values for Illustrative Purposes Only							Interest Rate Factors	
		Without Interest				With Interest			Premium	Morbidity Factors		Persistency Factors				Calendar Year	Mid-Year
	Calendar Year	Earned Premium	Incurred Claims	Loss Ratio	Life Years	Earned Premium	Incurred Claims	Loss Ratio	Rate Increase Factor	Claim Factor	Adverse Selection	Policy Lapse & Mortality	Policy Shock Lapse	Policy Persistency	Premium Persistency	Effective Int Rate	Disc / Accum Factor
Historical Experience	1998	47,993	0	0.0%	218	107,351	0	0.0%				0.0000		1.000		5.0%	2.2368
	1999	11,312,894	126,537	1.1%	17,666	24,099,489	269,557	1.1%				0.0084		0.992		5.0%	2.1303
	2000	52,980,629	2,507,328	4.7%	44,837	107,488,486	5,086,932	4.7%				0.0301		0.970		5.0%	2.0288
	2001	103,095,219	4,630,594	4.5%	75,880	199,202,169	8,947,305	4.5%				0.0381		0.962		5.0%	1.9322
	2002	162,305,037	10,554,427	6.5%	111,263	298,674,563	19,422,311	6.5%				0.0379		0.962		5.0%	1.8402
	2003	204,991,583	14,181,460	6.9%	116,094	359,263,394	24,854,091	6.9%				0.0485		0.951		5.0%	1.7526
	2004	197,286,870	20,362,282	10.3%	111,357	329,295,520	33,987,098	10.3%				0.0408		0.959		5.0%	1.6691
	2005	189,986,684	23,444,541	12.3%	108,039	302,010,126	37,268,342	12.3%				0.0298		0.970		5.0%	1.5896
	2006	184,666,689	33,763,685	18.3%	105,511	279,574,531	51,116,239	18.3%				0.0234		0.977		5.0%	1.5139
	2007	180,124,929	37,633,224	20.9%	103,353	259,712,926	54,261,422	20.9%				0.0205		0.980		5.0%	1.4418
	2008	175,909,501	53,001,784	30.1%	101,155	241,557,063	72,781,489	30.1%				0.0213		0.979		5.0%	1.3732
	2009	171,035,293	54,411,372	31.8%	98,666	223,679,860	71,159,161	31.8%				0.0246		0.975		5.0%	1.3078
	2010	166,161,824	67,743,947	40.8%	96,371	206,958,418	84,376,662	40.8%				0.0233		0.977		5.0%	1.2455
	2011	161,124,646	80,716,387	50.1%	94,243	191,128,091	95,746,799	50.1%				0.0221		0.978		5.0%	1.1862
	2012	155,271,275	96,326,084	62.0%	92,092	175,414,047	108,822,112	62.0%				0.0228		0.977		5.0%	1.1297
	2013	150,779,423	112,696,325	74.7%	88,544	162,228,079	121,253,338	74.7%				0.0385		0.961		5.0%	1.0759
	2014	162,481,037	148,944,883	91.7%	85,183	166,493,519	152,623,088	91.7%				0.0380		0.962		5.0%	1.0247
Projected Future Experience	2015	166,235,884	136,991,400	82.4%	81,600	162,229,611	133,689,918	82.4%	1.0000	0.9601	1.0000	0.0421	0.0000	0.958	0.910	5.0%	0.9759
	2016	187,619,914	145,694,630	77.7%	77,609	174,379,322	135,412,762	77.7%	1.0659	1.1166	1.0015	0.0412	0.0080	0.951	0.904	5.0%	0.9294
	2017	208,017,060	155,687,579	74.8%	74,161	184,130,489	137,809,995	74.8%	1.2008	1.1134	1.0059	0.0406	0.0040	0.956	0.914	5.0%	0.8852
	2018	199,862,004	170,596,032	85.4%	70,892	168,487,502	143,815,727	85.4%	1.0117	1.1460	1.0062	0.0441	0.0000	0.956	0.950	5.0%	0.8430
	2019	189,314,999	185,908,195	98.2%	67,479	151,996,356	149,261,118	98.2%	1.0000	1.1449	1.0062	0.0481	0.0000	0.952	0.947	5.0%	0.8029
	2020	178,410,135	200,420,883	112.3%	63,940	136,420,104	153,250,474	112.3%	1.0000	1.1377	1.0062	0.0524	0.0000	0.948	0.942	5.0%	0.7646
	2021	167,290,578	213,676,632	127.7%	60,339	121,826,295	155,606,088	127.7%	1.0000	1.1298	1.0062	0.0563	0.0000	0.944	0.938	5.0%	0.7282
	2022	156,169,699	225,339,552	144.3%	56,748	108,312,114	156,285,139	144.3%	1.0000	1.1213	1.0062	0.0595	0.0000	0.940	0.934	5.0%	0.6936
	2023	145,293,386	235,652,398	162.2%	53,238	95,970,289	155,654,909	162.2%	1.0000	1.1147	1.0062	0.0619	0.0000	0.938	0.930	5.0%	0.6605
	2024	134,868,355	245,635,287	182.1%	49,874	84,842,161	154,522,745	182.1%	1.0000	1.1127	1.0062	0.0632	0.0000	0.937	0.928	5.0%	0.6291
	2025	124,997,110	255,268,282	204.2%	46,642	74,888,017	152,935,820	204.2%	1.0000	1.1112	1.0062	0.0648	0.0000	0.935	0.927	5.0%	0.5991
	2026	115,595,208	266,431,546	230.5%	43,513	65,957,304	152,022,792	230.5%	1.0000	1.1188	1.0062	0.0671	0.0000	0.933	0.925	5.0%	0.5706
	2027	106,589,732	278,940,430	261.7%	40,459	57,922,744	151,581,161	261.7%	1.0000	1.1260	1.0062	0.0702	0.0000	0.930	0.922	5.0%	0.5434
	2028	97,914,198	290,548,947	296.7%	37,466	50,674,577	150,370,889	296.7%	1.0000	1.1248	1.0062	0.0740	0.0000	0.926	0.919	5.0%	0.5175
	2029	89,551,082	300,808,032	335.9%	34,542	44,139,357	148,267,031	335.9%	1.0000	1.1229	1.0062	0.0780	0.0000	0.922	0.915	5.0%	0.4929
	2030	81,526,253	309,323,802	379.4%	31,700	38,270,431	145,204,209	379.4%	1.0000	1.1205	1.0062	0.0823	0.0000	0.918	0.910	5.0%	0.4694
	2031	73,868,910	315,686,150	427.4%	28,954	33,024,652	141,134,144	427.4%	1.0000	1.1174	1.0062	0.0866	0.0000	0.913	0.906	5.0%	0.4471
	2032	66,599,534	319,715,603	480.1%	26,314	28,356,881	136,129,139	480.1%	1.0000	1.1144	1.0062	0.0912	0.0000	0.909	0.902	5.0%	0.4258
	2033	59,735,350	321,537,847	538.3%	23,792	24,223,081	130,385,731	538.3%	1.0000	1.1123	1.0062	0.0959	0.0000	0.904	0.897	5.0%	0.4055
	2034	53,292,568	321,003,468	602.3%	21,396	20,581,419	123,970,512	602.3%	1.0000	1.1101	1.0062	0.1007	0.0000	0.899	0.892	5.0%	0.3862
	2035	47,282,490	317,712,604	671.9%	19,134	17,390,806	116,856,753	671.9%	1.0000	1.1068	1.0062	0.1057	0.0000	0.894	0.887	5.0%	0.3678
	2036	41,710,289	311,373,870	746.5%	17,013	14,610,775	109,071,738	746.5%	1.0000	1.1022	1.0062	0.1108	0.0000	0.889	0.882	5.0%	0.3503
	2037	36,577,413	302,334,579	826.6%	15,037	12,202,639	100,862,236	826.6%	1.0000	1.0986	1.0062	0.1161	0.0000	0.884	0.877	5.0%	0.3336
	2038	31,880,109	291,158,023	913.3%	13,210	10,129,110	92,508,201	913.3%	1.0000	1.0963	1.0062	0.1215	0.0000	0.878	0.872	5.0%	0.3177
	2039	27,613,603	278,107,197	1007.1%	11,532	8,355,746	84,153,930	1007.1%	1.0000	1.0941	1.0062	0.1270	0.0000	0.873	0.866	5.0%	0.3026
	2040	23,766,318	263,091,685	1107.0%	10,004	6,849,120	75,819,339	1107.0%	1.0000	1.0905	1.0062	0.1325	0.0000	0.867	0.861	5.0%	0.2882
	2041	20,323,557	246,121,311	1211.0%	8,623	5,578,061	67,551,158	1211.0%	1.0000	1.0853	1.0061	0.1381	0.0000	0.862	0.855	5.0%	0.2745
	2042	17,266,422	227,934,118	1320.1%	7,384	4,513,325	59,580,427	1320.1%	1.0000	1.0815	1.0061	0.1437	0.0000	0.856	0.850	5.0%	0.2614
	2043	14,571,988	209,293,003	1436.3%	6,281	3,627,637	52,102,635	1436.3%	1.0000	1.0794	1.0061	0.1493	0.0000	0.851	0.844	5.0%	0.2489
	2044	12,217,071	190,632,560	1560.4%	5,309	2,896,562	45,197,328	1560.4%	1.0000	1.0777	1.0061	0.1548	0.0000	0.845	0.838	5.0%	0.2371
	2045	10,176,304	172,182,543	1692.0%	4,458	2,297,822	38,879,037	1692.0%	1.0000	1.0756	1.0061	0.1603	0.0000	0.840	0.833	5.0%	0.2258
	2046	8,421,163	154,038,997	1829.2%	3,720	1,810,961	33,125,906	1829.2%	1.0000	1.0723	1.0061	0.1657	0.0000	0.834	0.828	5.0%	0.2150
	2047	6,923,668	136,483,050	1971.3%	3,083	1,418,025	27,952,876	1971.3%	1.0000	1.0689	1.0061	0.1711	0.0000	0.829	0.822	5.0%	0.2048
	2048	5,655,799	119,906,715	2120.1%	2,540	1,103,195	23,388,479	2120.1%	1.0000	1.0666	1.0061	0.1763	0.0000	0.824	0.817	5.0%	0.1951
	2049	4,591,310	104,517,152	2276.4%	2,079	852,915	19,415,865	2276.4%	1.0000	1.0647	1.0061	0.1813	0.0000	0.819	0.812	5.0%	0.1858
	2050	3,705,731	90,355,018	2438.3%	1,692	655,622	15,985,718	2438.3%	1.0000	1.0623	1.0061	0.1862	0.0000	0.814	0.807	5.0%	0.1769
	2051	2,973,293	77,471,918	2605.6%	1,369	500,989	13,053,738	2605.6%	1.0000	1.0599	1.0061	0.1911	0.0000	0.809	0.802	5.0%	0.1685
	2052	2,371,889	65,889,704	2777.9%	1,101	380,623	10,573,502	2777.9%	1.0000	1.0577	1.0061	0.1959	0.0000	0.804	0.798	5.0%	0.1605
	2053	1,881,019	55,613,199	2956.5%	880	287,478	8,499,431	2956.5%	1.0000	1.0560	1.0061	0.2007	0.0000	0.799	0.793	5.0%	0.1528
	2054	1,484,056	46,608,000	3140.6%	700	216,010	6,783,958	3140.6%	1.0000	1.0537	1.0061	0.2046	0.0000	0.795	0.789	5.0%	0.1456
	Past	2,429,561,526	761,044,860	31.3%	1,450,472	3,526,887,631	941,975,946	26.7%									
	Future	2,924,145,450	8,555,691,942	292.6%	1,125,804	1,922,310,129	3,908,672,557	203.3%									
	Lifetime	5,353,706,976	9,316,736,802	174.0%	2,576,276	5,449,197,760	4,850,648,503	89.0%									

Attachment 2
Continental Casualty Company
Nationwide Written Premium and Paid Claim Experience Projections with No Increase
All Policy Forms

		Loss Ratio Demonstration								Interest Rate Factors	
		Without Interest				With Interest					
	Calendar Year	Written Premium	Paid Claims	Loss Ratio	Accumulated Loss Ratio	Written Premium	Paid Claims	Loss Ratio	Accumulated Loss Ratio	Calendar Year Effective Int Rate	Mid-Year Disc / Accum Factor
Historical Experience	1998	264,058	0	0.0%	0.0%	590,640	0	0.0%	0.0%	5.0%	2.2368
	1999	23,253,386	838	0.0%	0.0%	49,535,932	1,784	0.0%	0.0%	5.0%	2.1303
	2000	68,370,519	60,019	0.1%	0.1%	138,711,898	121,768	0.1%	0.1%	5.0%	2.0288
	2001	121,819,269	767,023	0.6%	0.4%	235,381,066	1,482,053	0.6%	0.4%	5.0%	1.9322
	2002	183,971,623	2,027,120	1.1%	0.7%	338,545,526	3,730,317	1.1%	0.7%	5.0%	1.8402
	2003	203,347,049	4,567,338	2.2%	1.2%	356,381,223	8,004,609	2.2%	1.2%	5.0%	1.7526
	2004	194,498,283	7,706,004	4.0%	1.9%	324,641,033	12,862,248	4.0%	1.8%	5.0%	1.6691
	2005	188,244,876	11,659,227	6.2%	2.7%	299,241,281	18,533,954	6.2%	2.6%	5.0%	1.5896
	2006	183,224,656	16,690,646	9.1%	3.7%	277,391,377	25,268,659	9.1%	3.5%	5.0%	1.5139
	2007	178,854,716	22,137,765	12.4%	4.9%	257,881,471	31,919,311	12.4%	4.5%	5.0%	1.4418
	2008	174,537,109	29,594,420	17.0%	6.3%	239,672,509	40,638,743	17.0%	5.7%	5.0%	1.3732
	2009	169,495,837	37,737,494	22.3%	7.9%	221,666,560	49,353,073	22.3%	7.0%	5.0%	1.3078
	2010	164,560,200	46,067,344	28.0%	9.7%	204,963,559	57,377,949	28.0%	8.5%	5.0%	1.2455
	2011	159,286,510	56,565,714	35.5%	11.7%	188,947,671	67,098,965	35.5%	10.1%	5.0%	1.1862
	2012	153,038,113	64,919,427	42.4%	13.9%	172,891,185	73,341,185	42.4%	11.8%	5.0%	1.1297
	2013	154,311,242	78,594,106	50.9%	16.3%	166,028,069	84,561,743	50.9%	13.7%	5.0%	1.0759
	2014	163,148,779	86,440,749	53.0%	18.7%	167,177,750	88,575,410	53.0%	15.5%	5.0%	1.0247
Projected Future Experience	2015	172,022,877	128,223,422	74.5%	22.4%	167,877,139	125,133,247	74.5%	18.1%	5.0%	0.9759
	2016	177,521,914	156,108,783	87.9%	26.5%	164,993,951	145,091,974	87.9%	21.0%	5.0%	0.9294
	2017	169,718,010	177,226,596	104.4%	30.9%	150,229,313	156,875,690	104.4%	24.0%	5.0%	0.8852
	2018	161,273,624	171,516,942	106.4%	34.7%	135,956,757	144,592,071	106.4%	26.6%	5.0%	0.8430
	2019	152,503,986	182,069,322	119.4%	38.6%	122,441,700	146,178,980	119.4%	29.2%	5.0%	0.8029
	2020	143,462,821	192,631,077	134.3%	42.6%	109,697,876	147,294,052	134.3%	31.8%	5.0%	0.7646
	2021	134,307,976	206,411,144	153.7%	46.7%	97,807,320	150,315,130	153.7%	34.4%	5.0%	0.7282
	2022	125,219,081	220,259,995	175.9%	51.1%	86,846,190	152,762,192	175.9%	37.0%	5.0%	0.6936
	2023	116,392,146	233,449,271	200.6%	55.6%	76,880,223	154,199,683	200.6%	39.7%	5.0%	0.6605
	2024	107,993,715	245,602,565	227.4%	60.3%	67,936,026	154,502,160	227.4%	42.3%	5.0%	0.6291
	2025	100,034,235	257,189,232	257.1%	65.2%	59,932,309	154,086,695	257.1%	45.0%	5.0%	0.5991
	2026	92,438,476	268,641,492	290.6%	70.2%	52,744,337	153,283,762	290.6%	47.6%	5.0%	0.5706
	2027	85,144,191	280,541,827	329.5%	75.4%	46,268,859	152,451,388	329.5%	50.2%	5.0%	0.5434
	2028	78,108,159	292,935,154	375.0%	80.9%	40,424,147	151,605,849	375.0%	52.8%	5.0%	0.5175
	2029	71,334,918	305,333,015	428.0%	86.5%	35,160,685	150,497,377	428.0%	55.4%	5.0%	0.4929
	2030	64,846,543	317,202,299	489.2%	92.4%	30,440,564	148,902,569	489.2%	58.0%	5.0%	0.4694
	2031	58,666,303	328,000,393	559.1%	98.5%	26,228,007	146,639,486	559.1%	60.6%	5.0%	0.4471
	2032	52,808,741	337,246,025	638.6%	104.8%	22,485,010	143,593,277	638.6%	63.1%	5.0%	0.4258
	2033	47,288,151	344,621,440	728.8%	111.2%	19,175,659	139,746,281	728.8%	65.6%	5.0%	0.4055
	2034	42,116,852	349,932,114	830.9%	117.8%	16,265,393	135,142,662	830.9%	68.0%	5.0%	0.3862
	2035	37,301,854	352,962,975	946.2%	124.4%	13,719,863	129,822,067	946.2%	70.3%	5.0%	0.3678
	2036	32,847,669	353,465,213	1076.1%	131.0%	11,506,272	123,815,994	1076.1%	72.6%	5.0%	0.3503
	2037	28,751,956	351,256,690	1221.7%	137.6%	9,591,978	117,183,206	1221.7%	74.7%	5.0%	0.3336
	2038	25,013,028	346,348,071	1384.7%	144.2%	7,947,266	110,043,462	1384.7%	76.7%	5.0%	0.3177
	2039	21,624,875	338,882,501	1567.1%	150.6%	6,543,585	102,544,251	1567.1%	78.5%	5.0%	0.3026
	2040	18,576,569	329,011,493	1771.1%	156.9%	5,353,507	94,816,505	1771.1%	80.3%	5.0%	0.2882
	2041	15,855,788	316,841,407	1998.3%	162.9%	4,351,825	86,961,197	1998.3%	81.9%	5.0%	0.2745
	2042	13,444,613	302,533,113	2250.2%	168.7%	3,514,330	79,080,097	2250.2%	83.3%	5.0%	0.2614
	2043	11,325,158	286,441,162	2529.2%	174.3%	2,819,352	71,308,353	2529.2%	84.7%	5.0%	0.2489
	2044	9,477,541	268,999,470	2838.3%	179.5%	2,247,043	63,777,443	2838.3%	85.8%	5.0%	0.2371
	2045	7,880,090	250,652,919	3180.8%	184.3%	1,779,334	56,597,747	3180.8%	86.9%	5.0%	0.2258
	2046	6,509,349	231,754,548	3560.3%	188.9%	1,399,828	49,838,544	3560.3%	87.8%	5.0%	0.2150
	2047	5,342,474	212,618,246	3979.8%	193.0%	1,094,184	43,546,004	3979.8%	88.6%	5.0%	0.2048
	2048	4,356,683	193,556,431	4442.7%	196.8%	849,796	37,754,271	4442.7%	89.3%	5.0%	0.1951
	2049	3,531,550	174,873,683	4951.8%	200.3%	656,046	32,485,806	4951.8%	89.9%	5.0%	0.1858
	2050	2,846,111	156,828,919	5510.3%	203.3%	503,537	27,746,361	5510.3%	90.5%	5.0%	0.1769
	2051	2,280,288	139,624,816	6123.1%	206.1%	384,220	23,526,276	6123.1%	90.9%	5.0%	0.1685
	2052	1,816,526	123,422,148	6794.4%	208.6%	291,503	19,805,891	6794.4%	91.3%	5.0%	0.1605
	2053	1,438,697	108,339,122	7530.4%	210.7%	219,878	16,557,597	7530.4%	91.6%	5.0%	0.1528
	2054	1,134,307	94,453,991	8327.0%	212.6%	165,102	13,748,110	8327.0%	91.8%	5.0%	0.1456
	Past	2,484,226,226	465,535,232	18.7%		3,639,648,750	562,871,771	15.5%			
	Future	2,404,557,842	9,928,009,028	412.9%		1,604,729,914	4,253,853,706	265.1%			
	Lifetime	4,888,784,068	10,393,544,260	212.6%		5,244,378,664	4,816,725,477	91.8%			

Attachment 2
Continental Casualty Company
Nationwide Written Premium and Paid Claim Experience Projections with 29.5% Increase
All Policy Forms

		Loss Ratio Demonstration								Interest Rate Factors	
		Without Interest				With Interest					
	Calendar Year	Written Premium	Paid Claims	Loss Ratio	Accumulated Loss Ratio	Written Premium	Paid Claims	Loss Ratio	Accumulated Loss Ratio	Calendar Year Effective Int Rate	Mid-Year Disc / Accum Factor
Historical Experience	1998	264,058	0	0.0%	0.0%	590,640	0	0.0%	0.0%	5.0%	2.2368
	1999	23,253,386	838	0.0%	0.0%	49,535,932	1,784	0.0%	0.0%	5.0%	2.1303
	2000	68,370,519	60,019	0.1%	0.1%	138,711,898	121,768	0.1%	0.1%	5.0%	2.0288
	2001	121,819,269	767,023	0.6%	0.4%	235,381,066	1,482,053	0.6%	0.4%	5.0%	1.9322
	2002	183,971,623	2,027,120	1.1%	0.7%	338,545,526	3,730,317	1.1%	0.7%	5.0%	1.8402
	2003	203,347,049	4,567,338	2.2%	1.2%	356,381,223	8,004,609	2.2%	1.2%	5.0%	1.7526
	2004	194,498,283	7,706,004	4.0%	1.9%	324,641,033	12,862,248	4.0%	1.8%	5.0%	1.6691
	2005	188,244,876	11,659,227	6.2%	2.7%	299,241,281	18,533,954	6.2%	2.6%	5.0%	1.5896
	2006	183,224,656	16,690,646	9.1%	3.7%	277,391,377	25,268,659	9.1%	3.5%	5.0%	1.5139
	2007	178,854,716	22,137,765	12.4%	4.9%	257,881,471	31,919,311	12.4%	4.5%	5.0%	1.4418
	2008	174,537,109	29,594,420	17.0%	6.3%	239,672,509	40,638,743	17.0%	5.7%	5.0%	1.3732
	2009	169,495,837	37,737,494	22.3%	7.9%	221,666,560	49,353,073	22.3%	7.0%	5.0%	1.3078
	2010	164,560,200	46,067,344	28.0%	9.7%	204,963,559	57,377,949	28.0%	8.5%	5.0%	1.2455
	2011	159,286,510	56,565,714	35.5%	11.7%	188,947,671	67,098,965	35.5%	10.1%	5.0%	1.1862
	2012	153,038,113	64,919,427	42.4%	13.9%	172,891,185	73,341,185	42.4%	11.8%	5.0%	1.1297
	2013	154,311,242	78,594,106	50.9%	16.3%	166,028,069	84,561,743	50.9%	13.7%	5.0%	1.0759
	2014	163,148,779	86,440,749	53.0%	18.7%	167,177,750	88,575,410	53.0%	15.5%	5.0%	1.0247
Projected Future Experience	2015	172,026,930	128,223,422	74.5%	22.4%	167,881,094	125,133,247	74.5%	18.1%	5.0%	0.9759
	2016	197,208,501	155,831,224	79.0%	26.3%	183,291,229	144,834,002	79.0%	20.9%	5.0%	0.9294
	2017	206,181,688	175,492,642	85.1%	30.2%	182,505,872	155,340,846	85.1%	23.7%	5.0%	0.8852
	2018	196,274,202	167,871,557	85.5%	33.6%	165,462,916	141,518,941	85.5%	26.0%	5.0%	0.8430
	2019	185,601,132	176,561,118	95.1%	36.9%	149,014,584	141,756,579	95.1%	28.3%	5.0%	0.8029
	2020	174,597,620	185,555,417	106.3%	40.2%	133,504,891	141,883,696	106.3%	30.6%	5.0%	0.7646
	2021	163,455,781	198,065,248	121.2%	43.7%	119,033,675	144,237,385	121.2%	32.9%	5.0%	0.7282
	2022	152,394,232	210,867,606	138.4%	47.4%	105,693,624	146,248,064	138.4%	35.2%	5.0%	0.6936
	2023	141,651,523	223,170,044	157.5%	51.2%	93,564,738	147,409,969	157.5%	37.5%	5.0%	0.6605
	2024	131,430,341	234,518,761	178.4%	55.2%	82,679,396	147,529,629	178.4%	39.8%	5.0%	0.6291
	2025	121,743,397	245,358,702	201.5%	59.3%	72,938,659	146,998,812	201.5%	42.1%	5.0%	0.5991
	2026	112,499,130	256,093,506	227.6%	63.6%	64,190,717	146,124,025	227.6%	44.4%	5.0%	0.5706
	2027	103,621,784	267,271,563	257.9%	68.0%	56,309,909	145,240,092	257.9%	46.7%	5.0%	0.5434
	2028	95,058,753	278,930,409	293.4%	72.6%	49,196,768	144,357,824	293.4%	49.0%	5.0%	0.5175
	2029	86,815,560	290,600,929	334.7%	77.5%	42,791,030	143,235,992	334.7%	51.3%	5.0%	0.4929
	2030	78,919,068	301,774,112	382.4%	82.5%	37,046,554	141,660,198	382.4%	53.6%	5.0%	0.4694
	2031	71,397,594	311,932,867	436.9%	87.7%	31,919,799	139,456,160	436.9%	55.9%	5.0%	0.4471
	2032	64,268,835	320,619,599	498.9%	93.0%	27,364,511	136,514,044	498.9%	58.1%	5.0%	0.4258
	2033	57,550,185	327,532,867	569.1%	98.5%	23,336,982	132,816,751	569.1%	60.3%	5.0%	0.4055
	2034	51,256,634	332,489,049	648.7%	104.1%	19,795,148	128,406,206	648.7%	62.5%	5.0%	0.3862
	2035	45,396,713	335,284,991	738.6%	109.7%	16,697,205	123,319,990	738.6%	64.5%	5.0%	0.3678
	2036	39,975,911	335,685,733	839.7%	115.4%	14,003,237	117,587,987	839.7%	66.5%	5.0%	0.3503
	2037	34,991,378	333,519,247	953.1%	121.1%	11,673,520	111,265,794	953.1%	68.4%	5.0%	0.3336
	2038	30,441,060	328,796,512	1080.1%	126.7%	9,671,888	104,466,892	1080.1%	70.2%	5.0%	0.3177
	2039	26,317,641	321,654,140	1222.2%	132.2%	7,963,594	97,331,030	1222.2%	71.9%	5.0%	0.3026
	2040	22,607,822	312,236,429	1381.1%	137.6%	6,515,258	89,982,167	1381.1%	73.4%	5.0%	0.2882
	2041	19,296,606	300,644,465	1558.0%	142.8%	5,296,202	82,515,738	1558.0%	74.8%	5.0%	0.2745
	2042	16,362,185	287,029,905	1754.2%	147.8%	4,276,964	75,027,664	1754.2%	76.1%	5.0%	0.2614
	2043	13,782,791	271,729,482	1971.5%	152.5%	3,431,169	67,645,940	1971.5%	77.3%	5.0%	0.2489
	2044	11,534,225	255,154,866	2212.2%	157.0%	2,734,665	60,495,007	2212.2%	78.4%	5.0%	0.2371
	2045	9,590,116	237,728,872	2478.9%	161.2%	2,165,460	53,679,481	2478.9%	79.3%	5.0%	0.2258
	2046	7,921,915	219,785,303	2774.4%	165.1%	1,703,599	47,264,572	2774.4%	80.1%	5.0%	0.2150
	2047	6,501,820	201,621,084	3101.0%	168.7%	1,331,627	41,293,693	3101.0%	80.9%	5.0%	0.2048
	2048	5,302,106	183,531,745	3461.5%	171.9%	1,034,206	35,798,899	3461.5%	81.5%	5.0%	0.1951
	2049	4,297,914	165,805,525	3857.8%	174.9%	798,412	30,801,238	3857.8%	82.0%	5.0%	0.1858
	2050	3,463,731	148,687,402	4292.7%	177.6%	612,807	26,305,954	4292.7%	82.5%	5.0%	0.1769
	2051	2,775,121	132,369,034	4769.8%	180.0%	467,598	22,303,704	4769.8%	82.9%	5.0%	0.1685
	2052	2,210,720	117,002,369	5292.5%	182.1%	354,760	18,775,691	5292.5%	83.2%	5.0%	0.1605
	2053	1,750,900	102,699,078	5865.5%	183.9%	267,592	15,695,622	5865.5%	83.5%	5.0%	0.1528
	2054	1,380,457	89,533,012	6485.8%	185.6%	200,930	13,031,844	6485.8%	83.7%	5.0%	0.1456
	Past	2,484,226,226	465,535,232	18.7%		3,639,648,750	562,871,771	15.5%			
	Future	2,869,854,026	9,469,259,836	330.0%		1,898,722,788	4,075,291,370	214.6%			
	Lifetime	5,354,080,252	9,934,795,068	185.6%		5,538,371,537	4,638,163,141	83.7%			

Attachment 3
Continental Casualty Company
Pennsylvania Earned Premium and Incurred Claim Experience Projections with No Increase
All Policy Forms

		Loss Ratio Demonstration							Factors Derived from Projected Values for Illustrative Purposes Only							Interest Rate Factors	
		Without Interest				With Interest			Premium	Morbidity Factors		Persistency Factors				Calendar Year	Mid-Year
	Calendar Year	Earned Premium	Incurred Claims	Loss Ratio	Life Years	Earned Premium	Incurred Claims	Loss Ratio	Rate Increase Factor	Claim Factor	Adverse Selection	Policy Lapse & Mortality	Policy Shock Lapse	Policy Persistency	Premium Persistency	Effective Int Rate	Disc / Accum Factor
Historical Experience	1998	573	0	0.0%	3	1,281	0	0.0%				0.0000		1.000		5.0%	2.2368
	1999	460,857	0	0.0%	854	981,748	0	0.0%				0.0035		0.996		5.0%	2.1303
	2000	2,687,854	496,634	18.5%	2,485	5,453,189	1,007,583	18.5%				0.0189		0.981		5.0%	2.0288
	2001	5,713,850	255,169	4.5%	4,540	11,040,390	493,041	4.5%				0.0251		0.975		5.0%	1.9322
	2002	9,955,294	570,461	5.7%	7,409	18,319,783	1,049,766	5.7%				0.0245		0.976		5.0%	1.8402
	2003	13,452,031	678,431	5.0%	7,959	23,575,712	1,189,002	5.0%				0.0371		0.963		5.0%	1.7526
	2004	13,084,017	703,197	5.4%	7,702	21,838,799	1,173,720	5.4%				0.0323		0.968		5.0%	1.6691
	2005	12,664,670	805,744	6.4%	7,480	20,132,245	1,280,841	6.4%				0.0288		0.971		5.0%	1.5896
	2006	12,360,105	1,910,660	15.5%	7,330	18,712,474	2,892,626	15.5%				0.0201		0.980		5.0%	1.5139
	2007	12,086,295	1,409,226	11.7%	7,200	17,426,611	2,031,892	11.7%				0.0177		0.982		5.0%	1.4418
	2008	11,847,520	2,849,909	24.1%	7,079	16,268,889	3,913,464	24.1%				0.0168		0.983		5.0%	1.3732
	2009	11,600,222	3,227,792	27.8%	6,949	15,170,763	4,221,304	27.8%				0.0184		0.982		5.0%	1.3078
	2010	11,307,356	4,005,765	35.4%	6,786	14,083,575	4,989,274	35.4%				0.0235		0.977		5.0%	1.2455
	2011	10,975,121	4,789,600	43.6%	6,640	13,018,828	5,681,484	43.6%				0.0215		0.978		5.0%	1.1862
	2012	10,671,635	4,824,941	45.2%	6,494	12,056,027	5,450,863	45.2%				0.0220		0.978		5.0%	1.1297
	2013	10,552,890	8,363,582	79.3%	6,300	11,354,169	8,998,628	79.3%				0.0299		0.970		5.0%	1.0759
	2014	11,556,579	8,979,751	77.7%	6,133	11,841,970	9,201,506	77.7%				0.0265		0.973		5.0%	1.0247
Projected Future Experience	2015	11,925,285	9,590,923	80.4%	5,879	11,637,886	9,359,782	80.4%	1.0568	1.1125	1.0015	0.0337	0.0080	0.959	0.920	5.0%	0.9759
	2016	12,863,379	10,345,442	80.4%	5,642	11,955,593	9,615,350	80.4%	1.1714	1.1189	1.0060	0.0364	0.0040	0.960	0.921	5.0%	0.9294
	2017	12,410,271	11,454,243	92.3%	5,421	10,985,202	10,138,954	92.3%	1.0098	1.1522	1.0063	0.0393	0.0000	0.961	0.955	5.0%	0.8852
	2018	11,833,194	12,625,543	106.7%	5,187	9,975,609	10,643,575	106.7%	1.0000	1.1518	1.0063	0.0430	0.0000	0.957	0.954	5.0%	0.8430
	2019	11,229,076	13,812,057	123.0%	4,943	9,015,549	11,089,361	123.0%	1.0000	1.1480	1.0063	0.0471	0.0000	0.953	0.949	5.0%	0.8029
	2020	10,601,493	14,951,143	141.0%	4,689	8,106,360	11,432,291	141.0%	1.0000	1.1411	1.0063	0.0514	0.0000	0.949	0.944	5.0%	0.7646
	2021	9,957,543	16,000,689	160.7%	4,430	7,251,398	11,652,208	160.7%	1.0000	1.1330	1.0063	0.0554	0.0000	0.945	0.939	5.0%	0.7282
	2022	9,309,170	16,919,568	181.8%	4,169	6,456,412	11,734,633	181.8%	1.0000	1.1236	1.0063	0.0589	0.0000	0.941	0.935	5.0%	0.6936
	2023	8,669,694	17,710,476	204.3%	3,913	5,726,572	11,698,258	204.3%	1.0000	1.1153	1.0063	0.0614	0.0000	0.939	0.931	5.0%	0.6605
	2024	8,054,145	18,473,530	229.4%	3,667	5,066,653	11,621,216	229.4%	1.0000	1.1130	1.0063	0.0628	0.0000	0.937	0.929	5.0%	0.6291
	2025	7,470,270	19,220,356	257.3%	3,431	4,475,573	11,515,261	257.3%	1.0000	1.1120	1.0063	0.0644	0.0000	0.936	0.928	5.0%	0.5991
	2026	6,914,264	20,083,678	290.5%	3,202	3,945,200	11,459,517	290.5%	1.0000	1.1195	1.0063	0.0666	0.0000	0.933	0.926	5.0%	0.5706
	2027	6,381,325	21,046,476	329.8%	2,979	3,467,725	11,437,027	329.8%	1.0000	1.1264	1.0063	0.0696	0.0000	0.930	0.923	5.0%	0.5434
	2028	5,867,450	21,940,871	373.9%	2,760	3,036,644	11,355,292	373.9%	1.0000	1.1251	1.0062	0.0735	0.0000	0.927	0.919	5.0%	0.5175
	2029	5,371,140	22,731,278	423.2%	2,546	2,647,413	11,204,153	423.2%	1.0000	1.1232	1.0063	0.0776	0.0000	0.922	0.915	5.0%	0.4929
	2030	4,894,068	23,383,193	477.8%	2,338	2,297,396	10,976,646	477.8%	1.0000	1.1204	1.0063	0.0819	0.0000	0.918	0.911	5.0%	0.4694
	2031	4,437,951	23,863,345	537.7%	2,136	1,984,079	10,668,611	537.7%	1.0000	1.1169	1.0062	0.0863	0.0000	0.914	0.907	5.0%	0.4471
	2032	4,004,331	24,152,360	603.2%	1,942	1,704,972	10,283,639	603.2%	1.0000	1.1133	1.0063	0.0909	0.0000	0.909	0.902	5.0%	0.4258
	2033	3,594,302	24,262,902	675.0%	1,756	1,457,513	9,838,768	675.0%	1.0000	1.1108	1.0063	0.0956	0.0000	0.904	0.898	5.0%	0.4055
	2034	3,208,919	24,189,787	753.8%	1,580	1,239,274	9,342,018	753.8%	1.0000	1.1084	1.0063	0.1005	0.0000	0.899	0.893	5.0%	0.3862
	2035	2,848,938	23,917,524	839.5%	1,413	1,047,858	8,797,020	839.5%	1.0000	1.1054	1.0063	0.1055	0.0000	0.895	0.888	5.0%	0.3678
	2036	2,514,963	23,419,435	931.2%	1,257	880,971	8,203,638	931.2%	1.0000	1.1009	1.0063	0.1106	0.0000	0.889	0.883	5.0%	0.3503
	2037	2,207,142	22,722,235	1029.5%	1,111	736,327	7,580,395	1029.5%	1.0000	1.0973	1.0063	0.1158	0.0000	0.884	0.878	5.0%	0.3336
	2038	1,925,342	21,871,010	1136.0%	977	611,729	6,948,968	1136.0%	1.0000	1.0951	1.0063	0.1211	0.0000	0.879	0.872	5.0%	0.3177
	2039	1,669,251	20,884,458	1251.1%	853	505,108	6,319,539	1251.1%	1.0000	1.0931	1.0063	0.1264	0.0000	0.874	0.867	5.0%	0.3026
	2040	1,438,202	19,767,151	1374.4%	741	414,470	5,696,616	1374.4%	1.0000	1.0901	1.0063	0.1317	0.0000	0.868	0.862	5.0%	0.2882
	2041	1,231,542	18,517,566	1503.6%	639	338,012	5,082,384	1503.6%	1.0000	1.0855	1.0063	0.1370	0.0000	0.863	0.856	5.0%	0.2745
	2042	1,048,043	17,182,571	1639.5%	548	273,951	4,491,407	1639.5%	1.0000	1.0820	1.0063	0.1424	0.0000	0.858	0.851	5.0%	0.2614
	2043	886,167	15,822,529	1785.5%	467	220,608	3,938,954	1785.5%	1.0000	1.0804	1.0063	0.1477	0.0000	0.852	0.846	5.0%	0.2489
	2044	744,600	14,458,807	1941.8%	396	176,538	3,428,058	1941.8%	1.0000	1.0788	1.0063	0.1529	0.0000	0.847	0.840	5.0%	0.2371
	2045	621,826	13,105,790	2107.6%	333	140,409	2,959,304	2107.6%	1.0000	1.0766	1.0063	0.1581	0.0000	0.842	0.835	5.0%	0.2258
	2046	516,064	11,776,756	2282.0%	279	110,979	2,532,577	2282.0%	1.0000	1.0738	1.0063	0.1631	0.0000	0.837	0.830	5.0%	0.2150
	2047	425,687	10,493,863	2465.2%	232	87,184	2,149,231	2465.2%	1.0000	1.0713	1.0063	0.1682	0.0000	0.832	0.825	5.0%	0.2048
	2048	349,035	9,278,129	2658.2%	192	68,081	1,809,751	2658.2%	1.0000	1.0693	1.0063	0.1732	0.0000	0.827	0.820	5.0%	0.1951
	2049	284,455	8,135,846	2860.2%	158	52,842	1,511,374	2860.2%	1.0000	1.0667	1.0063	0.1779	0.0000	0.822	0.815	5.0%	0.1858
	2050	230,590	7,081,717	3071.1%	129	40,796	1,252,906	3071.1%	1.0000	1.0649	1.0063	0.1826	0.0000	0.817	0.811	5.0%	0.1769
	2051	185,877	6,113,361	3288.9%	105	31,320	1,030,079	3288.9%	1.0000	1.0620	1.0063	0.1871	0.0000	0.813	0.806	5.0%	0.1685
	2052	149,014	5,241,866	3517.7%	85	23,913	841,177	3517.7%	1.0000	1.0608	1.0063	0.1917	0.0000	0.808	0.802	5.0%	0.1605
	2053	118,784	4,460,080	3754.8%	68	18,154	681,639	3754.8%	1.0000	1.0587	1.0063	0.1963	0.0000	0.804	0.797	5.0%	0.1528
	2054	94,171	3,769,440	4002.8%	54	13,707	548,655	4002.8%	1.0000	1.0570	1.0063	0.2004	0.0000	0.800	0.793	5.0%	0.1456
	Past	160,976,869	43,870,861	27.3%	99,343	231,276,451	53,574,995	23.2%									
	Future	178,486,961	644,777,995	361.2%	82,646	118,225,980	292,870,234	247.7%									
	Lifetime	339,463,830	688,648,856	202.9%	181,989	349,502,431	346,445,229	99.1%									

Attachment 3
Continental Casualty Company
Pennsylvania Earned Premium and Incurred Claim Experience Projections with 29.5% Increase
All Policy Forms

		Loss Ratio Demonstration							Factors Derived from Projected Values for Illustrative Purposes Only							Interest Rate Factors	
		Without Interest				With Interest			Premium	Morbidity Factors		Persistency Factors				Calendar Year	Mid-Year
	Calendar Year	Earned Premium	Incurred Claims	Loss Ratio	Life Years	Earned Premium	Incurred Claims	Loss Ratio	Rate Increase Factor	Claim Factor	Adverse Selection	Policy Lapse & Mortality	Policy Shock Lapse	Policy Persistency	Premium Persistency	Effective Int Rate	Disc / Accum Factor
Historical Experience	1998	573	0	0.0%	3	1,281	0	0.0%				0.0000		1.000		5.0%	2.2368
	1999	460,857	0	0.0%	854	981,748	0	0.0%				0.0035		0.996		5.0%	2.1303
	2000	2,687,854	496,634	18.5%	2,485	5,453,189	1,007,583	18.5%				0.0189		0.981		5.0%	2.0288
	2001	5,713,850	255,169	4.5%	4,540	11,040,390	493,041	4.5%				0.0251		0.975		5.0%	1.9322
	2002	9,955,294	570,461	5.7%	7,409	18,319,783	1,049,766	5.7%				0.0245		0.976		5.0%	1.8402
	2003	13,452,031	678,431	5.0%	7,959	23,575,712	1,189,002	5.0%				0.0371		0.963		5.0%	1.7526
	2004	13,084,017	703,197	5.4%	7,702	21,838,799	1,173,720	5.4%				0.0323		0.968		5.0%	1.6691
	2005	12,664,670	805,744	6.4%	7,480	20,132,245	1,280,841	6.4%				0.0288		0.971		5.0%	1.5896
	2006	12,360,105	1,910,660	15.5%	7,330	18,712,474	2,892,626	15.5%				0.0201		0.980		5.0%	1.5139
	2007	12,086,295	1,409,226	11.7%	7,200	17,426,611	2,031,892	11.7%				0.0177		0.982		5.0%	1.4418
	2008	11,847,520	2,849,909	24.1%	7,079	16,268,889	3,913,464	24.1%				0.0168		0.983		5.0%	1.3732
	2009	11,600,222	3,227,792	27.8%	6,949	15,170,763	4,221,304	27.8%				0.0184		0.982		5.0%	1.3078
	2010	11,307,356	4,005,765	35.4%	6,786	14,083,575	4,989,274	35.4%				0.0235		0.977		5.0%	1.2455
	2011	10,975,121	4,789,600	43.6%	6,640	13,018,828	5,681,484	43.6%				0.0215		0.978		5.0%	1.1862
	2012	10,671,635	4,824,941	45.2%	6,494	12,056,027	5,450,863	45.2%				0.0220		0.978		5.0%	1.1297
	2013	10,552,890	8,363,582	79.3%	6,300	11,354,169	8,998,628	79.3%				0.0299		0.970		5.0%	1.0759
	2014	11,556,579	8,979,751	77.7%	6,133	11,841,970	9,201,506	77.7%				0.0265		0.973		5.0%	1.0247
Projected Future Experience	2015	11,925,285	9,590,923	80.4%	5,879	11,637,886	9,359,782	80.4%	1.0000	1.1142	1.0000	0.0414	0.0000	0.959	0.911	5.0%	0.9759
	2016	13,486,328	10,233,443	75.9%	5,596	12,534,580	9,511,255	75.9%	1.0670	1.1192	1.0016	0.0405	0.0080	0.952	0.905	5.0%	0.9294
	2017	14,967,804	10,973,682	73.3%	5,353	13,249,053	9,713,576	73.3%	1.2003	1.1161	1.0060	0.0396	0.0040	0.957	0.916	5.0%	0.8852
	2018	14,401,036	12,064,760	83.8%	5,123	12,140,349	10,170,824	83.8%	1.0112	1.1486	1.0063	0.0430	0.0000	0.957	0.951	5.0%	0.8430
	2019	13,665,823	13,189,907	96.5%	4,881	10,971,953	10,589,852	96.5%	1.0000	1.1472	1.0063	0.0471	0.0000	0.953	0.949	5.0%	0.8029
	2020	12,902,052	14,268,608	110.6%	4,631	9,865,467	10,910,394	110.6%	1.0000	1.1404	1.0063	0.0514	0.0000	0.949	0.944	5.0%	0.7646
	2021	12,118,362	15,260,905	125.9%	4,374	8,824,975	11,113,474	125.9%	1.0000	1.1323	1.0063	0.0554	0.0000	0.945	0.939	5.0%	0.7282
	2022	11,329,291	16,127,830	142.4%	4,117	7,857,474	11,185,521	142.4%	1.0000	1.1229	1.0062	0.0589	0.0000	0.941	0.935	5.0%	0.6936
	2023	10,551,046	16,872,221	159.9%	3,864	6,969,257	11,144,568	159.9%	1.0000	1.1146	1.0063	0.0614	0.0000	0.939	0.931	5.0%	0.6605
	2024	9,801,921	17,589,830	179.5%	3,621	6,166,133	11,065,303	179.5%	1.0000	1.1124	1.0062	0.0628	0.0000	0.937	0.929	5.0%	0.6291
	2025	9,091,344	18,291,941	201.2%	3,388	5,446,787	10,959,031	201.2%	1.0000	1.1115	1.0063	0.0644	0.0000	0.936	0.928	5.0%	0.5991
	2026	8,414,682	19,104,841	227.0%	3,162	4,801,321	10,901,004	227.0%	1.0000	1.1190	1.0063	0.0666	0.0000	0.933	0.926	5.0%	0.5706
	2027	7,766,093	20,012,284	257.7%	2,942	4,220,232	10,875,029	257.7%	1.0000	1.1259	1.0063	0.0696	0.0000	0.930	0.923	5.0%	0.5434
	2028	7,140,706	20,854,615	292.1%	2,726	3,695,605	10,793,111	292.1%	1.0000	1.1247	1.0063	0.0735	0.0000	0.927	0.919	5.0%	0.5175
	2029	6,536,695	21,598,116	330.4%	2,514	3,221,910	10,645,622	330.4%	1.0000	1.1228	1.0063	0.0776	0.0000	0.922	0.915	5.0%	0.4929
	2030	5,956,096	22,210,124	372.9%	2,308	2,795,938	10,425,979	372.9%	1.0000	1.1200	1.0063	0.0819	0.0000	0.918	0.911	5.0%	0.4694
	2031	5,401,001	22,659,187	419.5%	2,109	2,414,631	10,130,267	419.5%	1.0000	1.1166	1.0063	0.0863	0.0000	0.914	0.907	5.0%	0.4471
	2032	4,873,284	22,927,021	470.5%	1,917	2,074,956	9,761,912	470.5%	1.0000	1.1130	1.0063	0.0909	0.0000	0.909	0.902	5.0%	0.4258
	2033	4,374,277	23,025,819	526.4%	1,734	1,773,798	9,337,122	526.4%	1.0000	1.1105	1.0063	0.0956	0.0000	0.904	0.898	5.0%	0.4055
	2034	3,905,265	22,950,769	587.7%	1,560	1,508,201	8,863,513	587.7%	1.0000	1.1081	1.0062	0.1005	0.0000	0.899	0.893	5.0%	0.3862
	2035	3,467,167	22,687,271	654.3%	1,395	1,275,246	8,344,525	654.3%	1.0000	1.1051	1.0063	0.1055	0.0000	0.895	0.888	5.0%	0.3678
	2036	3,060,719	22,210,118	725.7%	1,241	1,072,145	7,780,024	725.7%	1.0000	1.1007	1.0063	0.1106	0.0000	0.889	0.883	5.0%	0.3503
	2037	2,686,099	21,544,694	802.1%	1,097	896,113	7,187,554	802.1%	1.0000	1.0971	1.0063	0.1158	0.0000	0.884	0.878	5.0%	0.3336
	2038	2,343,147	20,733,800	884.9%	964	744,477	6,587,648	884.9%	1.0000	1.0949	1.0063	0.1211	0.0000	0.879	0.872	5.0%	0.3177
	2039	2,031,484	19,795,196	974.4%	843	614,718	5,989,933	974.4%	1.0000	1.0929	1.0063	0.1264	0.0000	0.874	0.867	5.0%	0.3026
	2040	1,750,297	18,733,236	1070.3%	732	504,411	5,398,656	1070.3%	1.0000	1.0899	1.0063	0.1317	0.0000	0.868	0.862	5.0%	0.2882
	2041	1,498,790	17,546,479	1170.7%	631	411,362	4,815,857	1170.7%	1.0000	1.0853	1.0063	0.1370	0.0000	0.863	0.856	5.0%	0.2745
	2042	1,275,472	16,279,312	1276.3%	541	333,400	4,255,301	1276.3%	1.0000	1.0818	1.0063	0.1424	0.0000	0.858	0.851	5.0%	0.2614
	2043	1,078,468	14,988,892	1389.8%	461	268,480	3,731,423	1389.8%	1.0000	1.0803	1.0063	0.1477	0.0000	0.852	0.846	5.0%	0.2489
	2044	906,181	13,695,429	1511.3%	391	214,848	3,247,068	1511.3%	1.0000	1.0786	1.0063	0.1529	0.0000	0.847	0.840	5.0%	0.2371
	2045	756,764	12,412,504	1640.2%	329	170,878	2,802,759	1640.2%	1.0000	1.0765	1.0063	0.1581	0.0000	0.842	0.835	5.0%	0.2258
	2046	628,052	11,152,655	1775.8%	275	135,062	2,398,365	1775.8%	1.0000	1.0737	1.0063	0.1631	0.0000	0.837	0.830	5.0%	0.2150
	2047	518,062	9,936,822	1918.1%	229	106,103	2,035,145	1918.1%	1.0000	1.0712	1.0063	0.1682	0.0000	0.832	0.825	5.0%	0.2048
	2048	424,776	8,784,865	2068.1%	189	82,855	1,713,537	2068.1%	1.0000	1.0692	1.0063	0.1732	0.0000	0.827	0.820	5.0%	0.1951
	2049	346,182	7,702,691	2225.0%	156	64,309	1,430,908	2225.0%	1.0000	1.0666	1.0063	0.1779	0.0000	0.822	0.815	5.0%	0.1858
	2050	280,628	6,704,182	2389.0%	127	49,649	1,186,112	2389.0%	1.0000	1.0648	1.0063	0.1826	0.0000	0.817	0.811	5.0%	0.1769
	2051	226,213	5,787,049	2558.2%	103	38,116	975,097	2558.2%	1.0000	1.0619	1.0063	0.1871	0.0000	0.813	0.806	5.0%	0.1685
	2052	181,351	4,961,755	2736.0%	84	29,102	796,226	2736.0%	1.0000	1.0607	1.0063	0.1917	0.0000	0.808	0.802	5.0%	0.1605
	2053	144,560	4,221,497	2920.2%	67	22,093	645,176	2920.2%	1.0000	1.0586	1.0063	0.1963	0.0000	0.804	0.797	5.0%	0.1528
	2054	114,607	3,567,607	3112.9%	54	16,681	519,278	3112.9%	1.0000	1.0570	1.0063	0.2004	0.0000	0.800	0.793	5.0%	0.1456
	Past	160,976,869	43,870,861	27.3%	99,343	231,276,451	53,574,995	23.2%									
	Future	212,327,407	613,252,882	288.8%	81,710	139,220,556	279,297,732	200.6%									
	Lifetime	373,304,276	657,123,743	176.0%	181,053	370,497,007	332,872,727	89.8%									

Attachment 4
Continental Casualty Company
Pennsylvania Written Premium and Paid Claim Experience Projections with No Increase
All Policy Forms

		Loss Ratio Demonstration								Interest Rate Factors	
		Without Interest				With Interest					
	Calendar Year	Written Premium	Paid Claims	Loss Ratio	Accumulated Loss Ratio	Written Premium	Paid Claims	Loss Ratio	Accumulated Loss Ratio	Calendar Year Effective Int Rate	Mid-Year Disc / Accum Factor
Historical Experience	1998	4,898	0	0.0%	0.0%	10,956	0	0.0%	0.0%	5.0%	2.2368
	1999	1,150,581	0	0.0%	0.0%	2,451,045	0	0.0%	0.0%	5.0%	2.1303
	2000	3,602,675	4,864	0.1%	0.1%	7,309,200	9,868	0.1%	0.1%	5.0%	2.0288
	2001	7,069,823	64,794	0.9%	0.6%	13,660,421	125,196	0.9%	0.6%	5.0%	1.9322
	2002	11,789,298	101,901	0.9%	0.7%	21,694,728	187,519	0.9%	0.7%	5.0%	1.8402
	2003	13,405,552	213,145	1.6%	1.0%	23,494,252	373,554	1.6%	1.0%	5.0%	1.7526
	2004	12,923,698	338,277	2.6%	1.4%	21,571,207	564,625	2.6%	1.4%	5.0%	1.6691
	2005	12,543,619	491,525	3.9%	1.9%	19,939,819	781,347	3.9%	1.9%	5.0%	1.5896
	2006	12,290,799	706,417	5.7%	2.6%	18,607,549	1,069,474	5.7%	2.4%	5.0%	1.5139
	2007	11,996,804	952,193	7.9%	3.3%	17,297,578	1,372,918	7.9%	3.1%	5.0%	1.4418
	2008	11,760,942	1,391,969	11.8%	4.3%	16,150,001	1,911,437	11.8%	3.9%	5.0%	1.3732
	2009	11,510,117	2,183,676	19.0%	5.9%	15,052,925	2,855,811	19.0%	5.2%	5.0%	1.3078
	2010	11,189,495	2,959,449	26.4%	7.8%	13,936,777	3,686,063	26.4%	6.8%	5.0%	1.2455
	2011	10,852,490	3,155,397	29.1%	9.5%	12,873,360	3,742,972	29.1%	8.2%	5.0%	1.1862
	2012	10,578,355	3,796,839	35.9%	11.5%	11,950,646	4,289,389	35.9%	9.7%	5.0%	1.1297
	2013	10,870,763	4,594,327	42.3%	13.6%	11,696,178	4,943,174	42.3%	11.4%	5.0%	1.0759
	2014	11,666,793	5,246,324	45.0%	15.9%	11,954,905	5,375,883	45.0%	13.1%	5.0%	1.0247
Projected Future Experience	2015	12,383,180	8,115,994	65.5%	19.3%	12,084,746	7,920,399	65.5%	15.6%	5.0%	0.9759
	2016	12,742,223	10,324,835	81.0%	23.5%	11,842,987	9,596,198	81.0%	18.5%	5.0%	0.9294
	2017	12,196,551	11,906,434	97.6%	27.9%	10,796,023	10,539,220	97.6%	21.6%	5.0%	0.8852
	2018	11,609,436	11,574,812	99.7%	31.8%	9,786,977	9,757,788	99.7%	24.3%	5.0%	0.8430
	2019	10,996,505	12,443,601	113.2%	35.8%	8,828,823	9,990,661	113.2%	27.0%	5.0%	0.8029
	2020	10,362,037	13,388,148	129.2%	39.9%	7,923,261	10,237,157	129.2%	29.7%	5.0%	0.7646
	2021	9,715,542	14,483,319	149.1%	44.2%	7,075,165	10,547,211	149.1%	32.4%	5.0%	0.7282
	2022	9,068,709	15,561,557	171.6%	48.8%	6,289,639	10,792,779	171.6%	35.2%	5.0%	0.6936
	2023	8,436,843	16,570,544	196.4%	53.5%	5,572,768	10,945,301	196.4%	38.0%	5.0%	0.6605
	2024	7,834,045	17,490,138	223.3%	58.4%	4,928,193	11,002,589	223.3%	40.8%	5.0%	0.6291
	2025	7,262,060	18,352,388	252.7%	63.5%	4,350,831	10,995,246	252.7%	43.6%	5.0%	0.5991
	2026	6,716,227	19,195,852	285.8%	68.7%	3,832,202	10,952,933	285.8%	46.4%	5.0%	0.5706
	2027	6,191,681	20,067,889	324.1%	74.2%	3,364,669	10,905,246	324.1%	49.2%	5.0%	0.5434
	2028	5,684,930	20,973,532	368.9%	79.8%	2,942,182	10,854,655	368.9%	52.0%	5.0%	0.5175
	2029	5,196,213	21,879,030	421.1%	85.7%	2,561,192	10,784,083	421.1%	54.7%	5.0%	0.4929
	2030	4,727,316	22,744,432	481.1%	91.8%	2,219,118	10,676,797	481.1%	57.5%	5.0%	0.4694
	2031	4,279,904	23,528,057	549.7%	98.1%	1,913,421	10,518,714	549.7%	60.2%	5.0%	0.4471
	2032	3,855,300	24,192,299	627.5%	104.6%	1,641,517	10,300,645	627.5%	62.9%	5.0%	0.4258
	2033	3,454,591	24,712,378	715.3%	111.3%	1,400,860	10,021,033	715.3%	65.5%	5.0%	0.4055
	2034	3,078,731	25,074,664	814.4%	118.0%	1,188,996	9,683,755	814.4%	68.1%	5.0%	0.3862
	2035	2,728,405	25,267,845	926.1%	124.8%	1,003,525	9,293,677	926.1%	70.5%	5.0%	0.3678
	2036	2,404,190	25,277,438	1051.4%	131.6%	842,168	8,854,481	1051.4%	72.8%	5.0%	0.3503
	2037	2,105,890	25,093,542	1191.6%	138.4%	702,549	8,371,490	1191.6%	75.1%	5.0%	0.3336
	2038	1,833,498	24,719,483	1348.2%	145.2%	582,548	7,853,999	1348.2%	77.2%	5.0%	0.3177
	2039	1,586,436	24,168,009	1523.4%	151.8%	480,048	7,313,126	1523.4%	79.1%	5.0%	0.3026
	2040	1,364,218	23,452,431	1719.1%	158.2%	393,149	6,758,662	1719.1%	81.0%	5.0%	0.2882
	2041	1,165,943	22,582,376	1936.8%	164.4%	320,008	6,198,023	1936.8%	82.6%	5.0%	0.2745
	2042	990,133	21,570,698	2178.6%	170.3%	258,814	5,638,434	2178.6%	84.2%	5.0%	0.2614
	2043	835,506	20,441,151	2446.6%	176.0%	207,996	5,088,741	2446.6%	85.5%	5.0%	0.2489
	2044	700,658	19,223,419	2743.6%	181.3%	166,120	4,557,706	2743.6%	86.8%	5.0%	0.2371
	2045	583,908	17,944,266	3073.1%	186.3%	131,847	4,051,838	3073.1%	87.9%	5.0%	0.2258
	2046	483,615	16,627,788	3438.2%	191.0%	104,001	3,575,786	3438.2%	88.9%	5.0%	0.2150
	2047	398,113	15,295,974	3842.1%	195.3%	81,537	3,132,744	3842.1%	89.7%	5.0%	0.2048
	2048	325,747	13,969,644	4288.5%	199.2%	63,539	2,724,858	4288.5%	90.5%	5.0%	0.1951
	2049	264,975	12,668,274	4780.9%	202.8%	49,224	2,353,351	4780.9%	91.1%	5.0%	0.1858
	2050	214,377	11,409,181	5322.0%	206.1%	37,928	2,018,526	5322.0%	91.7%	5.0%	0.1769
	2051	172,461	10,205,647	5917.6%	209.0%	29,059	1,719,615	5917.6%	92.2%	5.0%	0.1685
	2052	138,005	9,068,331	6571.0%	211.5%	22,146	1,455,220	6571.0%	92.6%	5.0%	0.1605
	2053	109,789	8,004,949	7291.2%	213.8%	16,779	1,223,406	7291.2%	92.9%	5.0%	0.1528
	2054	86,880	7,020,605	8080.8%	215.8%	12,646	1,021,874	8080.8%	93.2%	5.0%	0.1456
	Past	165,206,701	26,201,098	15.9%		239,651,546	31,289,229	13.1%			
	Future	174,284,770	706,590,952	405.4%		116,049,201	300,227,966	258.7%			
	Lifetime	339,491,471	732,792,051	215.8%		355,700,747	331,517,194	93.2%			

Attachment 4
Continental Casualty Company
Pennsylvania Written Premium and Paid Claim Experience Projections with 29.5% Increase
All Policy Forms

		Loss Ratio Demonstration								Interest Rate Factors	
		Without Interest				With Interest					
	Calendar Year	Written Premium	Paid Claims	Loss Ratio	Accumulated Loss Ratio	Written Premium	Paid Claims	Loss Ratio	Accumulated Loss Ratio	Calendar Year Effective Int Rate	Mid-Year Disc / Accum Factor
Historical Experience	1998	4,898	0	0.0%	0.0%	10,956	0	0.0%	0.0%	5.0%	2.2368
	1999	1,150,581	0	0.0%	0.0%	2,451,045	0	0.0%	0.0%	5.0%	2.1303
	2000	3,602,675	4,864	0.1%	0.1%	7,309,200	9,868	0.1%	0.1%	5.0%	2.0288
	2001	7,069,823	64,794	0.9%	0.6%	13,660,421	125,196	0.9%	0.6%	5.0%	1.9322
	2002	11,789,298	101,901	0.9%	0.7%	21,694,728	187,519	0.9%	0.7%	5.0%	1.8402
	2003	13,405,552	213,145	1.6%	1.0%	23,494,252	373,554	1.6%	1.0%	5.0%	1.7526
	2004	12,923,698	338,277	2.6%	1.4%	21,571,207	564,625	2.6%	1.4%	5.0%	1.6691
	2005	12,543,619	491,525	3.9%	1.9%	19,939,819	781,347	3.9%	1.9%	5.0%	1.5896
	2006	12,290,799	706,417	5.7%	2.6%	18,607,549	1,069,474	5.7%	2.4%	5.0%	1.5139
	2007	11,996,804	952,193	7.9%	3.3%	17,297,578	1,372,918	7.9%	3.1%	5.0%	1.4418
	2008	11,760,942	1,391,969	11.8%	4.3%	16,150,001	1,911,437	11.8%	3.9%	5.0%	1.3732
	2009	11,510,117	2,183,676	19.0%	5.9%	15,052,925	2,855,811	19.0%	5.2%	5.0%	1.3078
	2010	11,189,495	2,959,449	26.4%	7.8%	13,936,777	3,686,063	26.4%	6.8%	5.0%	1.2455
	2011	10,852,490	3,155,397	29.1%	9.5%	12,873,360	3,742,972	29.1%	8.2%	5.0%	1.1862
	2012	10,578,355	3,796,839	35.9%	11.5%	11,950,646	4,289,389	35.9%	9.7%	5.0%	1.1297
	2013	10,870,763	4,594,327	42.3%	13.6%	11,696,178	4,943,174	42.3%	11.4%	5.0%	1.0759
	2014	11,666,793	5,246,324	45.0%	15.9%	11,954,905	5,375,883	45.0%	13.1%	5.0%	1.0247
Projected Future Experience	2015	12,383,498	8,115,994	65.5%	19.3%	12,085,057	7,920,399	65.5%	15.6%	5.0%	0.9759
	2016	14,237,349	10,304,620	72.4%	23.3%	13,232,600	9,577,409	72.4%	18.4%	5.0%	0.9294
	2017	14,824,035	11,781,294	79.5%	27.3%	13,121,793	10,428,450	79.5%	21.3%	5.0%	0.8852
	2018	14,129,015	11,310,618	80.1%	30.7%	11,911,030	9,535,068	80.1%	23.7%	5.0%	0.8430
	2019	13,383,044	12,043,858	90.0%	34.1%	10,744,917	9,669,717	90.0%	26.1%	5.0%	0.8029
	2020	12,610,865	12,873,893	102.1%	37.5%	9,642,813	9,843,935	102.1%	28.4%	5.0%	0.7646
	2021	11,824,051	13,876,853	117.4%	41.2%	8,610,648	10,105,564	117.4%	30.8%	5.0%	0.7282
	2022	11,036,826	14,879,054	134.8%	45.0%	7,654,634	10,319,427	134.8%	33.3%	5.0%	0.6936
	2023	10,267,819	15,823,615	154.1%	49.0%	6,782,178	10,451,934	154.1%	35.7%	5.0%	0.6605
	2024	9,534,191	16,684,890	175.0%	53.2%	5,997,711	10,496,029	175.0%	38.2%	5.0%	0.6291
	2025	8,838,065	17,493,025	197.9%	57.5%	5,295,044	10,480,386	197.9%	40.6%	5.0%	0.5991
	2026	8,173,768	18,284,382	223.7%	61.9%	4,663,858	10,432,859	223.7%	43.1%	5.0%	0.5706
	2027	7,535,379	19,103,800	253.5%	66.5%	4,094,858	10,381,342	253.5%	45.5%	5.0%	0.5434
	2028	6,918,648	19,955,779	288.4%	71.3%	3,580,682	10,327,927	288.4%	48.0%	5.0%	0.5175
	2029	6,323,867	20,807,993	329.0%	76.3%	3,117,008	10,256,173	329.0%	50.4%	5.0%	0.4929
	2030	5,753,208	21,622,360	375.8%	81.4%	2,700,697	10,150,068	375.8%	52.8%	5.0%	0.4694
	2031	5,208,698	22,359,224	429.3%	86.8%	2,328,658	9,996,162	429.3%	55.2%	5.0%	0.4471
	2032	4,691,946	22,982,871	489.8%	92.3%	1,997,746	9,785,692	489.8%	57.6%	5.0%	0.4258
	2033	4,204,277	23,469,821	558.2%	98.0%	1,704,862	9,517,168	558.2%	59.9%	5.0%	0.4055
	2034	3,746,848	23,807,224	635.4%	103.7%	1,447,021	9,194,274	635.4%	62.1%	5.0%	0.3862
	2035	3,320,496	23,984,428	722.3%	109.5%	1,221,300	8,821,628	722.3%	64.3%	5.0%	0.3678
	2036	2,925,922	23,987,790	819.8%	115.3%	1,024,927	8,402,728	819.8%	66.4%	5.0%	0.3503
	2037	2,562,886	23,808,002	929.0%	121.1%	855,008	7,942,619	929.0%	68.4%	5.0%	0.3336
	2038	2,231,382	23,448,290	1050.8%	126.8%	708,966	7,450,109	1050.8%	70.2%	5.0%	0.3177
	2039	1,930,705	22,920,804	1187.2%	132.5%	584,222	6,935,727	1187.2%	72.0%	5.0%	0.3026
	2040	1,660,264	22,238,215	1339.4%	138.0%	478,465	6,408,742	1339.4%	73.6%	5.0%	0.2882
	2041	1,418,961	21,409,684	1508.8%	143.3%	389,452	5,876,163	1508.8%	75.1%	5.0%	0.2745
	2042	1,204,998	20,447,379	1696.9%	148.3%	314,978	5,344,806	1696.9%	76.4%	5.0%	0.2614
	2043	1,016,817	19,373,834	1905.3%	153.2%	253,132	4,823,037	1905.3%	77.7%	5.0%	0.2489
	2044	852,705	18,217,185	2136.4%	157.8%	202,169	4,319,137	2136.4%	78.8%	5.0%	0.2371
	2045	710,620	17,002,832	2392.7%	162.0%	160,459	3,839,261	2392.7%	79.8%	5.0%	0.2258
	2046	588,563	15,753,573	2676.6%	166.0%	126,570	3,387,787	2676.6%	80.6%	5.0%	0.2150
	2047	484,505	14,490,205	2990.7%	169.7%	99,231	2,967,716	2990.7%	81.4%	5.0%	0.2048
	2048	396,436	13,232,406	3337.8%	173.1%	77,327	2,581,055	3337.8%	82.1%	5.0%	0.1951
	2049	322,477	11,998,581	3720.8%	176.2%	59,906	2,228,944	3720.8%	82.6%	5.0%	0.1858
	2050	260,897	10,805,094	4141.5%	178.9%	46,158	1,911,650	4141.5%	83.1%	5.0%	0.1769
	2051	209,886	9,664,487	4604.6%	181.4%	35,365	1,628,431	4604.6%	83.6%	5.0%	0.1685
	2052	167,952	8,586,816	5112.7%	183.6%	26,952	1,377,950	5112.7%	83.9%	5.0%	0.1605
	2053	133,614	7,579,353	5672.6%	185.6%	20,420	1,158,361	5672.6%	84.2%	5.0%	0.1528
	2054	105,733	6,646,898	6286.5%	187.3%	15,390	967,479	6286.5%	84.5%	5.0%	0.1456
	Past	165,206,701	26,201,098	15.9%		239,651,546	31,289,229	13.1%			
	Future	208,131,214	673,177,019	323.4%		137,414,210	287,243,312	209.0%			
	Lifetime	373,337,915	699,378,118	187.3%		377,065,756	318,532,541	84.5%			

Attachment 5
Continental Casualty Company
Reserve Balance at December 31, 2014
All Policy Forms

	Nationwide		Pennsylvania	
Incurred Year	Claim Reserve*	Year-End Active Life Reserve**	Claim Reserve*	Year-End Active Life Reserve**
1998	0		0	
1999	0		0	
2000	64,541		0	
2001	0		0	
2002	193,812		0	
2003	1,339,523		0	
2004	1,118,081		0	
2005	1,353,517		0	
2006	2,620,867		418,637	
2007	3,053,611		325,336	
2008	7,126,708		0	
2009	10,107,727		564,037	
2010	15,420,085		498,059	
2011	27,712,034		1,790,793	
2012	48,701,792		2,195,506	
2013	82,890,598		6,017,033	
2014	141,699,244	2,511,190,514	8,564,167	174,374,890

** Claim reserve is the sum of disabled life reserve and incurred but not reported reserve. Each of these items are discounted to incurral using 5.0%.*
***ALR is calculated using 1-year Full Preliminary Term, mid-terminal plus unearned gross premium.*

Attachment 6
Continental Casualty Company
Nationwide Actual Experience through December 31, 2014
and Projected Experience Thereafter, with No Increase
By Duration with No Interest
All Policy Forms

Policy Duration	Earned Premium	Incurred Claims	IC/EP Loss Ratio
1	225,279,957	6,183,192	2.7%
2	209,903,106	12,618,485	6.0%
3	199,922,437	19,937,107	10.0%
4	192,895,149	21,072,763	10.9%
5	187,208,813	22,528,327	12.0%
6	182,284,611	37,139,657	20.4%
7	178,090,056	41,960,785	23.6%
8	173,525,664	54,079,836	31.2%
9	168,890,374	61,270,096	36.3%
10	164,468,519	71,002,484	43.2%
11	156,518,754	82,832,145	52.9%
12	156,571,495	108,564,761	69.3%
13	159,180,888	125,692,712	79.0%
14	165,792,016	132,755,646	80.1%
15	171,305,934	150,213,960	87.7%
16	171,474,400	154,181,390	89.9%
17	168,012,195	169,867,335	101.1%
18	160,644,295	186,037,212	115.8%
19	151,873,746	202,973,171	133.6%
20	142,750,327	219,284,444	153.6%
21	133,436,513	231,902,643	173.8%
22	124,172,856	243,088,140	195.8%
23	115,328,764	254,177,776	220.4%
24	106,959,499	265,566,813	248.3%
25	99,026,740	277,588,536	280.3%
26	91,465,776	290,243,580	317.3%
27	84,157,764	302,956,294	360.0%
28	77,090,461	314,943,252	408.5%
29	70,291,832	325,316,549	462.8%
30	63,789,032	333,309,075	522.5%
31	57,599,002	338,951,926	588.5%
32	51,739,000	342,231,744	661.5%
33	46,222,891	342,973,245	742.0%
34	41,063,749	340,835,702	830.0%
35	36,273,652	335,288,071	924.3%
36	31,850,347	326,673,661	1025.7%
37	27,792,903	315,568,556	1135.4%
38	24,098,797	302,414,306	1254.9%
39	20,761,260	287,185,488	1383.3%
40	17,771,178	269,433,262	1516.1%
41	15,110,135	250,012,948	1654.6%
42	12,759,575	229,903,940	1801.8%
43	10,701,855	209,792,230	1960.3%
44	8,916,237	189,903,139	2129.9%
45	7,380,721	170,009,939	2303.4%
46	6,068,453	150,665,527	2482.8%
47	4,954,981	132,436,921	2672.8%
48	4,020,712	115,502,381	2872.7%
49	3,242,785	99,923,461	3081.4%
50	2,600,078	85,656,610	3294.4%
Total	4,883,240,283	9,554,651,221	195.7%

Attachment 7
Continental Casualty Company
Pennsylvania Actual Experience through December 31, 2014
and Projected Experience Thereafter, with No Increase
By Duration with No Interest
All Policy Forms

Policy Duration	Earned Premium	Incurred Claims	IC/EP Loss Ratio
1	14,382,974	563,018	3.9%
2	13,612,155	380,919	2.8%
3	13,156,132	918,158	7.0%
4	12,788,437	684,409	5.4%
5	12,429,567	1,396,574	11.2%
6	12,158,694	1,845,707	15.2%
7	11,910,526	1,975,928	16.6%
8	11,671,150	3,449,454	29.6%
9	11,386,197	4,401,870	38.7%
10	11,094,559	2,750,782	24.8%
11	10,803,705	5,291,780	49.0%
12	10,938,188	7,565,566	69.2%
13	11,289,403	8,556,130	75.8%
14	11,881,926	9,182,060	77.3%
15	12,317,714	10,413,718	84.5%
16	12,293,290	10,755,471	87.5%
17	12,009,017	12,153,773	101.2%
18	11,470,148	13,344,491	116.3%
19	10,849,980	14,575,579	134.3%
20	10,207,618	15,756,648	154.4%
21	9,550,682	16,664,699	174.5%
22	8,894,800	17,459,669	196.3%
23	8,267,103	18,247,289	220.7%
24	7,672,365	19,072,465	248.6%
25	7,108,322	19,955,573	280.7%
26	6,569,490	20,884,623	317.9%
27	6,047,883	21,799,258	360.4%
28	5,542,970	22,646,274	408.6%
29	5,056,478	23,374,628	462.3%
30	4,590,603	23,913,009	520.9%
31	4,146,656	24,271,731	585.3%
32	3,725,991	24,454,738	656.3%
33	3,329,735	24,448,931	734.3%
34	2,958,850	24,239,888	819.2%
35	2,614,322	23,790,278	910.0%
36	2,296,177	23,131,106	1007.4%
37	2,004,402	22,304,587	1112.8%
38	1,738,876	21,345,959	1227.6%
39	1,499,080	20,255,856	1351.2%
40	1,284,461	19,007,965	1479.8%
41	1,093,555	17,662,483	1615.1%
42	924,982	16,274,126	1759.4%
43	777,391	14,887,798	1915.1%
44	649,241	13,523,059	2082.9%
45	538,970	12,157,265	2255.6%
46	444,655	10,830,507	2435.7%
47	364,438	9,579,376	2628.5%
48	296,983	8,406,610	2830.7%
49	240,651	7,326,445	3044.4%
50	193,914	6,330,504	3264.6%
Total	339,075,405	674,208,733	198.8%

333 S. Wabash Ave. Chicago IL 60604

Philip A Sanchez, FSA, MAAA
Vice President & Actuary
Life and Health Actuarial
Telephone 312-822-1414
Facsimile 312-260-4401
Internet Philip.Sanchez@cna.com

Date: May 18, 2015

To: Department of Insurance

Re: Letter of Authorization

Subject to the terms and conditions of the Consulting Services Agreement entered into between Continental Casualty Company (CCC) and Milliman, Inc. (Milliman), CCC has contracted with Milliman for long-term care rate filing services. The agreement provides, in part, that Milliman is responsible for preparing and filing for approval with state insurance departments CCC's long-term care rate increase filings. Milliman is also authorized to receive, on CCC's behalf, written and oral communication from each state department of insurance for the purpose of completing the rate increase filing process.

Please accept this letter of authorization for the purpose stated above. Should you have any questions regarding the above, please forward your comments to me at the address above.

Sincerely,

Philip A Sanchez

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604

Supplement to Rate Sheets for Policy Form P1-N0075-A37
PENNSYLVANIA

All rates for this form should be multiplied by a factor of: 1.9425

This factor represents the **proposed** increase of: 29.5%

And the following prior approved rate increases:

Policy Form	Increase Applies to all Policies or Subsets	Rate Increase Approved	Approval Date of Rate Increase
P1-N0075-A37	--Yes--	20.00%	3/14/2013
P1-N0075-A37	--Yes--	25.00%	12/3/2014

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0075-A37
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	17.34	19.38	22.44	23.46	24.48
45-49	19.38	21.42	24.48	25.50	27.54
50-54	23.46	26.52	29.58	31.62	35.70
55	26.52	30.60	34.68	37.74	44.88
56	28.56	32.64	37.74	40.80	48.96
57	30.60	35.70	40.80	43.86	54.06
58	33.66	38.76	44.88	47.94	59.16
59	36.72	42.84	48.96	52.02	65.28
60	40.80	47.94	54.06	57.12	71.40
61	43.86	52.02	59.16	62.22	77.52
62	47.94	57.12	64.26	68.34	84.66
63	51.00	61.20	69.36	73.44	90.78
64	54.06	65.28	74.46	79.56	96.90
65	58.14	69.36	79.56	85.68	104.04
66	62.22	75.48	85.68	92.82	112.20
67	67.32	81.60	93.84	100.98	122.40
68	73.44	89.76	103.02	111.18	134.64
69	80.58	97.92	113.22	121.38	146.88
70	87.72	107.10	124.44	133.62	162.18
71	96.90	118.32	136.68	147.90	179.52
72	107.10	131.58	151.98	164.22	198.90
73	119.34	146.88	169.32	182.58	221.34
74	132.60	163.20	188.70	204.00	246.84
75	147.90	181.56	209.10	226.44	274.38
76	164.22	201.96	232.56	250.92	303.96
77	181.56	223.38	257.04	277.44	336.60
78	199.92	246.84	283.56	306.00	371.28
79	220.32	271.32	312.12	336.60	409.02
80	240.72				
81	263.16				
82	286.62				
83	311.10				
84	337.62				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0075-A37
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	32.64	39.78	45.90	49.98	60.18
45-49	35.70	43.86	51.00	55.08	67.32
50-54	43.86	54.06	63.24	68.34	85.68
55	53.04	64.26	74.46	79.56	102.00
56	56.10	68.34	78.54	84.66	109.14
57	60.18	73.44	83.64	89.76	116.28
58	64.26	78.54	89.76	95.88	124.44
59	68.34	83.64	95.88	103.02	132.60
60	72.42	89.76	103.02	111.18	141.78
61	77.52	95.88	110.16	119.34	150.96
62	82.62	102.00	118.32	128.52	162.18
63	87.72	109.14	126.48	136.68	173.40
64	93.84	115.26	134.64	145.86	185.64
65	99.96	123.42	142.80	155.04	198.90
66	107.10	131.58	153.00	165.24	213.18
67	115.26	141.78	164.22	177.48	229.50
68	124.44	153.00	177.48	191.76	247.86
69	133.62	165.24	190.74	207.06	267.24
70	144.84	179.52	207.06	224.40	287.64
71	157.08	194.82	224.40	243.78	312.12
72	170.34	212.16	244.80	266.22	339.66
73	185.64	231.54	268.26	291.72	370.26
74	202.98	253.98	293.76	320.28	404.94
75	221.34	277.44	322.32	350.88	441.66
76	240.72	302.94	352.92	384.54	482.46
77	261.12	330.48	385.56	421.26	525.30
78	282.54	360.06	421.26	460.02	571.20
79	304.98	391.68	459.00	501.84	621.18
80	329.46				
81	353.94				
82	380.46				
83	408.00				
84	436.56				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0075-A37
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	23.46	28.56	32.64	35.70	42.84
45-49	25.50	31.62	36.72	39.78	47.94
50-54	35.70	42.84	49.98	54.06	65.28
55	40.80	49.98	57.12	61.20	78.54
56	42.84	53.04	60.18	65.28	83.64
57	45.90	57.12	64.26	69.36	89.76
58	49.98	62.22	69.36	75.48	96.90
59	54.06	67.32	75.48	81.60	106.08
60	59.16	73.44	82.62	89.76	115.26
61	64.26	79.56	90.78	97.92	125.46
62	69.36	85.68	97.92	106.08	135.66
63	74.46	91.80	105.06	114.24	145.86
64	79.56	97.92	112.20	122.40	157.08
65	84.66	105.06	120.36	130.56	168.30
66	91.80	113.22	129.54	140.76	182.58
67	98.94	122.40	140.76	153.00	197.88
68	107.10	133.62	154.02	167.28	215.22
69	117.30	145.86	168.30	182.58	234.60
70	127.50	159.12	183.60	199.92	257.04
71	139.74	174.42	201.96	219.30	280.50
72	153.00	191.76	222.36	241.74	308.04
73	168.30	211.14	244.80	267.24	338.64
74	185.64	232.56	270.30	294.78	372.30
75	204.00	256.02	297.84	324.36	408.00
76	223.38	281.52	327.42	357.00	447.78
77	243.78	308.04	359.04	391.68	489.60
78	265.20	336.60	392.70	429.42	534.48
79	287.64	367.20	429.42	469.20	582.42
80	312.12				
81	336.60				
82	363.12				
83	390.66				
84	419.22				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0075-A37
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	20.40	22.44	26.52	27.54	28.56
45-49	22.44	25.50	28.56	29.58	32.64
50-54	27.54	31.62	34.68	36.72	41.82
55	31.62	35.70	40.80	44.88	53.04
56	33.66	38.76	44.88	47.94	57.12
57	35.70	41.82	47.94	52.02	63.24
58	39.78	45.90	53.04	56.10	69.36
59	42.84	49.98	57.12	61.20	76.50
60	47.94	56.10	63.24	67.32	83.64
61	52.02	61.20	69.36	73.44	90.78
62	56.10	67.32	75.48	80.58	99.96
63	60.18	72.42	81.60	86.70	107.10
64	63.24	76.50	87.72	93.84	114.24
65	68.34	81.60	93.84	100.98	122.40
66	73.44	88.74	100.98	109.14	131.58
67	79.56	95.88	110.16	118.32	143.82
68	86.70	106.08	121.38	130.56	158.10
69	94.86	115.26	133.62	142.80	172.38
70	103.02	126.48	146.88	157.08	190.74
71	114.24	138.72	161.16	174.42	211.14
72	126.48	155.04	178.50	192.78	233.58
73	140.76	172.38	198.90	215.22	260.10
74	156.06	191.76	222.36	239.70	290.70
75	174.42	213.18	245.82	266.22	322.32
76	192.78	237.66	273.36	294.78	358.02
77	213.18	263.16	301.92	326.40	395.76
78	235.62	290.70	333.54	360.06	436.56
79	259.08	319.26	367.20	395.76	481.44
80	283.56				
81	310.08				
82	337.62				
83	366.18				
84	396.78				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0075-A37
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	38.76	46.92	54.06	59.16	70.38
45-49	41.82	52.02	60.18	65.28	79.56
50-54	52.02	63.24	74.46	80.58	100.98
55	62.22	75.48	87.72	93.84	120.36
56	66.30	80.58	92.82	99.96	128.52
57	70.38	86.70	97.92	106.08	136.68
58	75.48	92.82	106.08	113.22	146.88
59	80.58	97.92	113.22	121.38	156.06
60	85.68	106.08	121.38	130.56	167.28
61	90.78	113.22	129.54	140.76	177.48
62	96.90	120.36	138.72	150.96	190.74
63	103.02	128.52	148.92	161.16	204.00
64	110.16	135.66	158.10	171.36	218.28
65	117.30	144.84	168.30	182.58	233.58
66	126.48	155.04	179.52	194.82	250.92
67	135.66	167.28	192.78	209.10	270.30
68	146.88	179.52	209.10	225.42	291.72
69	157.08	194.82	224.40	243.78	314.16
70	170.34	211.14	243.78	264.18	338.64
71	184.62	229.50	264.18	286.62	367.20
72	199.92	249.90	287.64	313.14	399.84
73	218.28	272.34	315.18	342.72	435.54
74	238.68	298.86	345.78	376.38	476.34
75	260.10	326.40	379.44	413.10	519.18
76	283.56	355.98	415.14	452.88	567.12
77	307.02	388.62	453.90	495.72	618.12
78	332.52	423.30	495.72	541.62	672.18
79	359.04	461.04	539.58	590.58	730.32
80	387.60				
81	416.16				
82	447.78				
83	480.42				
84	514.08				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0075-A37
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	27.54	33.66	38.76	41.82	49.98
45-49	29.58	36.72	42.84	46.92	56.10
50-54	41.82	49.98	59.16	63.24	76.50
55	47.94	59.16	67.32	72.42	92.82
56	49.98	62.22	70.38	76.50	97.92
57	54.06	67.32	75.48	81.60	106.08
58	59.16	73.44	81.60	88.74	114.24
59	63.24	79.56	88.74	95.88	124.44
60	69.36	86.70	96.90	106.08	135.66
61	75.48	93.84	107.10	115.26	147.90
62	81.60	100.98	115.26	124.44	159.12
63	87.72	108.12	123.42	134.64	171.36
64	93.84	115.26	131.58	143.82	184.62
65	99.96	123.42	141.78	154.02	197.88
66	108.12	133.62	151.98	165.24	215.22
67	116.28	143.82	165.24	179.52	232.56
68	126.48	157.08	181.56	196.86	252.96
69	137.70	171.36	197.88	215.22	276.42
70	149.94	187.68	216.24	235.62	301.92
71	164.22	205.02	237.66	258.06	330.48
72	179.52	225.42	261.12	284.58	362.10
73	197.88	248.88	287.64	314.16	398.82
74	218.28	273.36	318.24	346.80	437.58
75	239.70	300.90	350.88	381.48	480.42
76	263.16	331.50	385.56	420.24	526.32
77	286.62	362.10	422.28	461.04	576.30
78	312.12	395.76	462.06	504.90	628.32
79	338.64	432.48	504.90	551.82	685.44
80	367.20				
81	395.76				
82	427.38				
83	460.02				
84	493.68				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0075-A37
Long-Term Care Policy: Facility Only Coverage

WITH SURVIVORSHIP BENEFIT RIDER R1-N0103-SERIES

When this rider is chosen, multiply the final premium by the appropriate factor.

ISSUE AGE	NO INFLATION PROTECTION	SIMPLE INFLATION PROTECTION	COMPOUND INFLATION PROTECTION
18-44	1.11	1.17	1.17
45-49	1.14	1.21	1.21
50-54	1.18	1.28	1.28
55	1.20	1.30	1.30
56	1.20	1.30	1.30
57	1.21	1.30	1.30
58	1.21	1.30	1.30
59	1.21	1.30	1.30
60	1.21	1.30	1.30
61	1.21	1.30	1.30
62	1.21	1.29	1.29
63	1.21	1.29	1.29
64	1.21	1.28	1.28
65	1.20	1.27	1.27
66	1.20	1.26	1.26
67	1.20	1.26	1.26
68	1.19	1.25	1.25
69	1.19	1.24	1.24
70	1.18	1.23	1.23
71	1.18	1.22	1.22
72	1.17	1.20	1.20
73	1.16	1.19	1.19
74	1.16	1.18	1.18
75	1.15	1.17	1.17
76	1.14	1.16	1.16
77	1.13	1.15	1.15
78	1.12	1.14	1.14
79	1.11	1.13	1.13
80	1.10	1.12	1.12
81	1.09	1.11	1.11
82	1.08	1.10	1.10
83	1.07	1.09	1.09
84	1.06	1.08	1.08

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0075-A37
Long-Term Care Policy: Facility Only Coverage

Elimination Period Factors

Rates shown are for 30 day elimination period. Rates for other elimination periods are calculated by multiplying the 30 day rates by the appropriate factor from the following table:

Benefit Maximum	0	14	20	60	90	100	180	365
730x,1095x	1.12	1.07	1.03	0.94	0.90	0.89	0.78	0.67
1460x,1825x	1.10	1.05	1.03	0.95	0.90	0.89	0.79	0.69
Lifetime	1.08	1.04	1.03	0.96	0.92	0.91	0.84	0.75

Spousal Discount

A 20% discount to the rates is available to married couples if both spouses apply for coverage.

Dual Waiver of Premium Rider R1-N0104-Series

An optional dual waiver of premium rider will be offered. If one spouse qualifies for a waiver of premium, the premium of the other spouse will also be waived. If chosen, multiply the final premium by 1.06.

Shared Advantage Rider R1-N0105-Series

This rider will allow two covered spouses to purchase an additional benefit amount that can be used by either spouse after their base benefits are exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	No Inflation Protection	With Inflation Protection
730x	1.30	1.35
1095x	1.21	1.25
1460x	1.15	1.18
1825x	1.12	1.14

Restoration of Benefits Rider R1-N0108-Series

This rider restores the maximum lifetime benefit if the insured has not met the stipulated conditions for a period of 180 consecutive days and the maximum lifetime benefit has not been exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	Factor
730x	1.08
1095x	1.06
1460x,1825x	1.04

Cost of Living Increase Rider R1-N0107-Series

This rider allows the insured to increase their policy limits, subject to the terms of the rider, every three years without additional underwriting. The additional premium charged is based on the attained age and incremental increase in the maximum daily facility benefit when exercised. If chosen, multiply the final premium by the appropriate factor:

Age	Factor
18-44	1.15
45-49	1.12
50-55	1.10
56-58	1.09
59-61	1.08
62-64	1.07
65-67	1.06
68-70	1.05
71-73	1.04
74-76	1.03

Modal Factors

Semi-Annual: 0.52; Quarterly: 0.27; Check-A-Matic: 0.09

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604

Supplement to Rate Sheets for Policy Form P1-N0076-A37
PENNSYLVANIA

All rates for this form should be multiplied by a factor of: 1.9425

This factor represents the **proposed** increase of: 29.5%

And the following prior approved rate increases:

Policy Form	Increase Applies to all Policies or Subsets	Rate Increase Approved	Approval Date of Rate Increase
P1-N0076-A37	--Yes--	20.00%	3/14/2013
P1-N0076-A37	--Yes--	25.00%	12/3/2014

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0076-A37
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	21.68	24.23	28.05	29.33	30.60
45-49	24.23	26.78	30.60	31.88	34.43
50-54	29.33	33.15	36.98	39.53	44.63
55	33.15	38.25	43.35	47.18	56.10
56	35.70	40.80	47.18	51.00	61.20
57	38.25	44.63	51.00	54.83	67.58
58	42.08	48.45	56.10	59.93	73.95
59	45.90	53.55	61.20	65.03	81.60
60	51.00	59.93	67.58	71.40	89.25
61	54.83	65.03	73.95	77.78	96.90
62	59.93	71.40	80.33	85.43	105.83
63	63.75	76.50	86.70	91.80	113.48
64	67.58	81.60	93.08	99.45	121.13
65	72.68	86.70	99.45	107.10	130.05
66	77.78	94.35	107.10	116.03	140.25
67	84.15	102.00	117.30	126.23	153.00
68	91.80	112.20	128.78	138.98	168.30
69	100.73	122.40	141.53	151.73	183.60
70	109.65	133.88	155.55	167.03	202.73
71	121.13	147.90	170.85	184.88	224.40
72	133.88	164.48	189.98	205.28	248.63
73	149.18	183.60	211.65	228.23	276.68
74	165.75	204.00	235.88	255.00	308.55
75	184.88	226.95	261.38	283.05	342.98
76	205.28	252.45	290.70	313.65	379.95
77	226.95	279.23	321.30	346.80	420.75
78	249.90	308.55	354.45	382.50	464.10
79	275.40	339.15	390.15	420.75	511.28
80	300.90				
81	328.95				
82	358.28				
83	388.88				
84	422.03				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0076-A37
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	40.80	49.73	57.38	62.48	75.23
45-49	44.63	54.83	63.75	68.85	84.15
50-54	54.83	67.58	79.05	85.43	107.10
55	66.30	80.33	93.08	99.45	127.50
56	70.13	85.43	98.18	105.83	136.43
57	75.23	91.80	104.55	112.20	145.35
58	80.33	98.18	112.20	119.85	155.55
59	85.43	104.55	119.85	128.78	165.75
60	90.53	112.20	128.78	138.98	177.23
61	96.90	119.85	137.70	149.18	188.70
62	103.28	127.50	147.90	160.65	202.73
63	109.65	136.43	158.10	170.85	216.75
64	117.30	144.08	168.30	182.33	232.05
65	124.95	154.28	178.50	193.80	248.63
66	133.88	164.48	191.25	206.55	266.48
67	144.08	177.23	205.28	221.85	286.88
68	155.55	191.25	221.85	239.70	309.83
69	167.03	206.55	238.43	258.83	334.05
70	181.05	224.40	258.83	280.50	359.55
71	196.35	243.53	280.50	304.73	390.15
72	212.93	265.20	306.00	332.78	424.58
73	232.05	289.43	335.33	364.65	462.83
74	253.73	317.48	367.20	400.35	506.18
75	276.68	346.80	402.90	438.60	552.08
76	300.90	378.68	441.15	480.68	603.08
77	326.40	413.10	481.95	526.58	656.63
78	353.18	450.08	526.58	575.03	714.00
79	381.23	489.60	573.75	627.30	776.48
80	411.83				
81	442.43				
82	475.58				
83	510.00				
84	545.70				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0076-A37
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	29.33	35.70	40.80	44.63	53.55
45-49	31.88	39.53	45.90	49.73	59.93
50-54	44.63	53.55	62.48	67.58	81.60
55	51.00	62.48	71.40	76.50	98.18
56	53.55	66.30	75.23	81.60	104.55
57	57.38	71.40	80.33	86.70	112.20
58	62.48	77.78	86.70	94.35	121.13
59	67.58	84.15	94.35	102.00	132.60
60	73.95	91.80	103.28	112.20	144.08
61	80.33	99.45	113.48	122.40	156.83
62	86.70	107.10	122.40	132.60	169.58
63	93.08	114.75	131.33	142.80	182.33
64	99.45	122.40	140.25	153.00	196.35
65	105.83	131.33	150.45	163.20	210.38
66	114.75	141.53	161.93	175.95	228.23
67	123.68	153.00	175.95	191.25	247.35
68	133.88	167.03	192.53	209.10	269.03
69	146.63	182.33	210.38	228.23	293.25
70	159.38	198.90	229.50	249.90	321.30
71	174.68	218.03	252.45	274.13	350.63
72	191.25	239.70	277.95	302.18	385.05
73	210.38	263.93	306.00	334.05	423.30
74	232.05	290.70	337.88	368.48	465.38
75	255.00	320.03	372.30	405.45	510.00
76	279.23	351.90	409.28	446.25	559.73
77	304.73	385.05	448.80	489.60	612.00
78	331.50	420.75	490.88	536.78	668.10
79	359.55	459.00	536.78	586.50	728.03
80	390.15				
81	420.75				
82	453.90				
83	488.33				
84	524.03				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0076-A37
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	25.50	28.05	33.15	34.43	35.70
45-49	28.05	31.88	35.70	36.98	40.80
50-54	34.43	39.53	43.35	45.90	52.28
55	39.53	44.63	51.00	56.10	66.30
56	42.08	48.45	56.10	59.93	71.40
57	44.63	52.28	59.93	65.03	79.05
58	49.73	57.38	66.30	70.13	86.70
59	53.55	62.48	71.40	76.50	95.63
60	59.93	70.13	79.05	84.15	104.55
61	65.03	76.50	86.70	91.80	113.48
62	70.13	84.15	94.35	100.73	124.95
63	75.23	90.53	102.00	108.38	133.88
64	79.05	95.63	109.65	117.30	142.80
65	85.43	102.00	117.30	126.23	153.00
66	91.80	110.93	126.23	136.43	164.48
67	99.45	119.85	137.70	147.90	179.78
68	108.38	132.60	151.73	163.20	197.63
69	118.58	144.08	167.03	178.50	215.48
70	128.78	158.10	183.60	196.35	238.43
71	142.80	173.40	201.45	218.03	263.93
72	158.10	193.80	223.13	240.98	291.98
73	175.95	215.48	248.63	269.03	325.13
74	195.08	239.70	277.95	299.63	363.38
75	218.03	266.48	307.28	332.78	402.90
76	240.98	297.08	341.70	368.48	447.53
77	266.48	328.95	377.40	408.00	494.70
78	294.53	363.38	416.93	450.08	545.70
79	323.85	399.08	459.00	494.70	601.80
80	354.45				
81	387.60				
82	422.03				
83	457.73				
84	495.98				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0076-A37
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	48.45	58.65	67.58	73.95	87.98
45-49	52.28	65.03	75.23	81.60	99.45
50-54	65.03	79.05	93.08	100.73	126.23
55	77.78	94.35	109.65	117.30	150.45
56	82.88	100.73	116.03	124.95	160.65
57	87.98	108.38	122.40	132.60	170.85
58	94.35	116.03	132.60	141.53	183.60
59	100.73	122.40	141.53	151.73	195.08
60	107.10	132.60	151.73	163.20	209.10
61	113.48	141.53	161.93	175.95	221.85
62	121.13	150.45	173.40	188.70	238.43
63	128.78	160.65	186.15	201.45	255.00
64	137.70	169.58	197.63	214.20	272.85
65	146.63	181.05	210.38	228.23	291.98
66	158.10	193.80	224.40	243.53	313.65
67	169.58	209.10	240.98	261.38	337.88
68	183.60	224.40	261.38	281.78	364.65
69	196.35	243.53	280.50	304.73	392.70
70	212.93	263.93	304.73	330.23	423.30
71	230.78	286.88	330.23	358.28	459.00
72	249.90	312.38	359.55	391.43	499.80
73	272.85	340.43	393.98	428.40	544.43
74	298.35	373.58	432.23	470.48	595.43
75	325.13	408.00	474.30	516.38	648.98
76	354.45	444.98	518.93	566.10	708.90
77	383.78	485.78	567.38	619.65	772.65
78	415.65	529.13	619.65	677.03	840.23
79	448.80	576.30	674.48	738.23	912.90
80	484.50				
81	520.20				
82	559.73				
83	600.53				
84	642.60				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0076-A37
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	34.43	42.08	48.45	52.28	62.48
45-49	36.98	45.90	53.55	58.65	70.13
50-54	52.28	62.48	73.95	79.05	95.63
55	59.93	73.95	84.15	90.53	116.03
56	62.48	77.78	87.98	95.63	122.40
57	67.58	84.15	94.35	102.00	132.60
58	73.95	91.80	102.00	110.93	142.80
59	79.05	99.45	110.93	119.85	155.55
60	86.70	108.38	121.13	132.60	169.58
61	94.35	117.30	133.88	144.08	184.88
62	102.00	126.23	144.08	155.55	198.90
63	109.65	135.15	154.28	168.30	214.20
64	117.30	144.08	164.48	179.78	230.78
65	124.95	154.28	177.23	192.53	247.35
66	135.15	167.03	189.98	206.55	269.03
67	145.35	179.78	206.55	224.40	290.70
68	158.10	196.35	226.95	246.08	316.20
69	172.13	214.20	247.35	269.03	345.53
70	187.43	234.60	270.30	294.53	377.40
71	205.28	256.28	297.08	322.58	413.10
72	224.40	281.78	326.40	355.73	452.63
73	247.35	311.10	359.55	392.70	498.53
74	272.85	341.70	397.80	433.50	546.98
75	299.63	376.13	438.60	476.85	600.53
76	328.95	414.38	481.95	525.30	657.90
77	358.28	452.63	527.85	576.30	720.38
78	390.15	494.70	577.58	631.13	785.40
79	423.30	540.60	631.13	689.78	856.80
80	459.00				
81	494.70				
82	534.23				
83	575.03				
84	617.10				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0076-A37
Long-Term Care Policy: Facility Only Coverage

WITH SURVIVORSHIP BENEFIT RIDER R1-N0103-SERIES

When this rider is chosen, multiply the final premium by the appropriate factor.

ISSUE AGE	NO INFLATION PROTECTION	SIMPLE INFLATION PROTECTION	COMPOUND INFLATION PROTECTION
18-44	1.11	1.17	1.17
45-49	1.14	1.21	1.21
50-54	1.18	1.28	1.28
55	1.20	1.30	1.30
56	1.20	1.30	1.30
57	1.21	1.30	1.30
58	1.21	1.30	1.30
59	1.21	1.30	1.30
60	1.21	1.30	1.30
61	1.21	1.30	1.30
62	1.21	1.29	1.29
63	1.21	1.29	1.29
64	1.21	1.28	1.28
65	1.20	1.27	1.27
66	1.20	1.26	1.26
67	1.20	1.26	1.26
68	1.19	1.25	1.25
69	1.19	1.24	1.24
70	1.18	1.23	1.23
71	1.18	1.22	1.22
72	1.17	1.20	1.20
73	1.16	1.19	1.19
74	1.16	1.18	1.18
75	1.15	1.17	1.17
76	1.14	1.16	1.16
77	1.13	1.15	1.15
78	1.12	1.14	1.14
79	1.11	1.13	1.13
80	1.10	1.12	1.12
81	1.09	1.11	1.11
82	1.08	1.10	1.10
83	1.07	1.09	1.09
84	1.06	1.08	1.08

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0076-A37
Long-Term Care Policy: Facility Only Coverage

Elimination Period Factors

Rates shown are for 30 day elimination period. Rates for other elimination periods are calculated by multiplying the 30 day rates by the appropriate factor from the following table:

Benefit Maximum	0	14	20	60	90	100	180	365
730x,1095x	1.12	1.07	1.03	0.94	0.90	0.89	0.78	0.67
1460x,1825x	1.10	1.05	1.03	0.95	0.90	0.89	0.79	0.69
Lifetime	1.08	1.04	1.03	0.96	0.92	0.91	0.84	0.75

Spousal Discount

A 20% discount to the rates is available to married couples if both spouses apply for coverage.

Dual Waiver of Premium Rider R1-N0104-Series

An optional dual waiver of premium rider will be offered. If one spouse qualifies for a waiver of premium, the premium of the other spouse will also be waived. If chosen, multiply the final premium by 1.06.

Shared Advantage Rider R1-N0105-Series

This rider will allow two covered spouses to purchase an additional benefit amount that can be used by either spouse after their base benefits are exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	No Inflation Protection	With Inflation Protection
730x	1.30	1.35
1095x	1.21	1.25
1460x	1.15	1.18
1825x	1.12	1.14

Restoration of Benefits Rider R1-N0108-Series

This rider restores the maximum lifetime benefit if the insured has not met the stipulated conditions for a period of 180 consecutive days and the maximum lifetime benefit has not been exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	Factor
730x	1.08
1095x	1.06
1460x,1825x	1.04

Cost of Living Increase Rider R1-N0107-Series

This rider allows the insured to increase their policy limits, subject to the terms of the rider, every three years without additional underwriting. The additional premium charged is based on the attained age and incremental increase in the maximum daily facility benefit when exercised. If chosen, multiply the final premium by the appropriate factor:

Age	Factor
18-44	1.15
45-49	1.12
50-55	1.10
56-58	1.09
59-61	1.08
62-64	1.07
65-67	1.06
68-70	1.05
71-73	1.04
74-76	1.03

Modal Factors

Semi-Annual: 0.52; Quarterly: 0.27; Check-A-Matic: 0.09

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604

Supplement to Rate Sheets for Policy Form P1-N0080-A37
PENNSYLVANIA

All rates for this form should be multiplied by a factor of: 1.9425

This factor represents the **proposed** increase of: 29.5%

And the following prior approved rate increases:

Policy Form	Increase Applies to all Policies or Subsets	Rate Increase Approved	Approval Date of Rate Increase
P1-N0080-A37	--Yes--	20.00%	3/14/2013
P1-N0080-A37	--Yes--	25.00%	12/3/2014

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0080-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	19.95	24.15	26.25	28.35	36.75
45-49	22.05	27.30	29.40	31.50	40.95
50-54	27.30	32.55	36.75	38.85	50.40
55	31.50	37.80	42.00	45.15	59.85
56	33.60	39.90	45.15	48.30	63.00
57	35.70	43.05	48.30	51.45	68.25
58	38.85	46.20	52.50	55.65	73.50
59	42.00	50.40	56.70	60.90	79.80
60	45.15	54.60	61.95	66.15	87.15
61	49.35	58.80	67.20	72.45	94.50
62	53.55	64.05	73.50	78.75	102.90
63	57.75	69.30	78.75	85.05	111.30
64	60.90	73.50	85.05	91.35	118.65
65	65.10	78.75	91.35	97.65	127.05
66	69.30	85.05	98.70	106.05	137.55
67	75.60	92.40	107.10	115.50	150.15
68	82.95	100.80	116.55	127.05	164.85
69	90.30	110.25	128.10	138.60	180.60
70	98.70	120.75	139.65	152.25	198.45
71	108.15	133.35	154.35	168.00	218.40
72	119.70	148.05	171.15	186.90	242.55
73	132.30	164.85	191.10	207.90	269.85
74	147.00	183.75	212.10	232.05	299.25
75	163.80	203.70	236.25	258.30	331.80
76	180.60	225.75	262.50	286.65	367.50
77	199.50	249.90	290.85	317.10	406.35
78	219.45	276.15	321.30	350.70	447.30
79	241.50	303.45	353.85	385.35	491.40
80	264.60				
81	288.75				
82	315.00				
83	342.30				
84	371.70				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0080-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	23.10	28.35	31.50	32.55	43.05
45-49	26.25	31.50	34.65	36.75	47.25
50-54	30.45	36.75	42.00	45.15	58.80
55	35.70	42.00	47.25	51.45	68.25
56	37.80	44.10	50.40	54.60	71.40
57	39.90	47.25	53.55	57.75	76.65
58	43.05	51.45	57.75	61.95	81.90
59	46.20	55.65	63.00	68.25	88.20
60	49.35	60.90	68.25	73.50	95.55
61	53.55	65.10	74.55	80.85	103.95
62	57.75	70.35	80.85	87.15	112.35
63	61.95	75.60	87.15	93.45	121.80
64	66.15	80.85	92.40	99.75	130.20
65	71.40	86.10	99.75	106.05	139.65
66	75.60	92.40	107.10	114.45	151.20
67	81.90	100.80	115.50	124.95	164.85
68	89.25	109.20	127.05	137.55	180.60
69	97.65	119.70	138.60	150.15	197.40
70	107.10	132.30	151.20	164.85	217.35
71	116.55	144.90	168.00	181.65	239.40
72	129.15	161.70	185.85	202.65	264.60
73	143.85	179.55	206.85	225.75	294.00
74	158.55	199.50	231.00	250.95	325.50
75	176.40	221.55	257.25	279.30	361.20
76	194.25	245.70	285.60	310.80	400.05
77	215.25	270.90	316.05	344.40	442.05
78	236.25	299.25	349.65	381.15	486.15
79	259.35	329.70	384.30	418.95	534.45
80	283.50				
81	309.75				
82	337.05				
83	365.40				
84	395.85				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0080-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	24.15	29.40	33.60	34.65	45.15
45-49	27.30	32.55	36.75	38.85	50.40
50-54	31.50	38.85	44.10	47.25	63.00
55	36.75	44.10	49.35	53.55	71.40
56	38.85	46.20	52.50	56.70	75.60
57	40.95	49.35	55.65	60.90	79.80
58	44.10	53.55	59.85	65.10	86.10
59	47.25	57.75	65.10	71.40	92.40
60	51.45	63.00	71.40	76.65	99.75
61	55.65	68.25	77.70	84.00	108.15
62	59.85	73.50	84.00	90.30	116.55
63	64.05	78.75	90.30	96.60	126.00
64	68.25	84.00	95.55	102.90	134.40
65	73.50	89.25	102.90	110.25	144.90
66	78.75	95.55	110.25	118.65	156.45
67	85.05	103.95	119.70	129.15	171.15
68	92.40	113.40	131.25	141.75	186.90
69	100.80	123.90	142.80	155.40	204.75
70	110.25	136.50	156.45	170.10	224.70
71	120.75	150.15	173.25	187.95	247.80
72	133.35	166.95	192.15	208.95	274.05
73	148.05	185.85	214.20	233.10	304.50
74	163.80	205.80	238.35	259.35	337.05
75	181.65	228.90	265.65	288.75	373.80
76	200.55	254.10	295.05	321.30	413.70
77	221.55	280.35	326.55	355.95	456.75
78	243.60	308.70	361.20	393.75	502.95
79	266.70	340.20	397.95	433.65	552.30
80	291.90				
81	318.15				
82	346.50				
83	375.90				
84	406.35				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0080-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	37.80	47.25	54.60	59.85	78.75
45-49	42.00	52.50	60.90	66.15	87.15
50-54	51.45	64.05	74.55	80.85	111.30
55	58.80	74.55	86.10	93.45	129.15
56	61.95	78.75	91.35	98.70	135.45
57	66.15	84.00	96.60	105.00	143.85
58	70.35	89.25	102.90	112.35	152.25
59	75.60	95.55	110.25	119.70	161.70
60	80.85	101.85	117.60	127.05	172.20
61	86.10	109.20	126.00	136.50	183.75
62	92.40	116.55	134.40	145.95	196.35
63	98.70	123.90	142.80	155.40	210.00
64	105.00	132.30	152.25	165.90	223.65
65	111.30	140.70	162.75	176.40	238.35
66	119.70	150.15	173.25	189.00	255.15
67	128.10	161.70	186.90	203.70	275.10
68	137.55	174.30	201.60	220.50	297.15
69	148.05	186.90	218.40	238.35	320.25
70	159.60	202.65	236.25	258.30	345.45
71	173.25	219.45	256.20	280.35	374.85
72	187.95	238.35	279.30	305.55	407.40
73	204.75	260.40	305.55	333.90	444.15
74	223.65	284.55	333.90	365.40	484.05
75	244.65	310.80	364.35	399.00	528.15
76	265.65	340.20	397.95	435.75	575.40
77	288.75	370.65	433.65	475.65	625.80
78	311.85	404.25	471.45	517.65	679.35
79	337.05	438.90	512.40	562.80	737.10
80	363.30				
81	389.55				
82	417.90				
83	447.30				
84	477.75				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0080-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	42.00	53.55	61.95	68.25	88.20
45-49	47.25	58.80	69.30	74.55	98.70
50-54	57.75	72.45	85.05	92.40	124.95
55	65.10	82.95	97.65	106.05	142.80
56	68.25	87.15	102.90	111.30	149.10
57	72.45	92.40	108.15	117.60	157.50
58	76.65	97.65	114.45	124.95	166.95
59	81.90	103.95	121.80	132.30	177.45
60	88.20	111.30	129.15	140.70	187.95
61	94.50	118.65	137.55	149.10	200.55
62	100.80	127.05	145.95	159.60	214.20
63	107.10	135.45	155.40	169.05	228.90
64	113.40	143.85	165.90	180.60	242.55
65	120.75	152.25	176.40	192.15	259.35
66	129.15	162.75	189.00	206.85	276.15
67	138.60	175.35	203.70	222.60	298.20
68	149.10	189.00	220.50	241.50	321.30
69	160.65	202.65	237.30	260.40	346.50
70	173.25	220.50	257.25	281.40	373.80
71	186.90	238.35	279.30	305.55	405.30
72	203.70	259.35	303.45	332.85	441.00
73	221.55	283.50	331.80	363.30	480.90
74	241.50	308.70	362.25	396.90	523.95
75	263.55	337.05	394.80	432.60	571.20
76	286.65	367.50	430.50	471.45	620.55
77	309.75	399.00	468.30	513.45	675.15
78	334.95	433.65	509.25	558.60	731.85
79	360.15	470.40	552.30	605.85	793.80
80	388.50				
81	415.80				
82	446.25				
83	476.70				
84	508.20				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0080-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	44.10	55.65	65.10	71.40	92.40
45-49	49.35	61.95	72.45	78.75	102.90
50-54	60.90	76.65	89.25	96.60	130.20
55	68.25	86.10	101.85	111.30	148.05
56	71.40	90.30	107.10	116.55	155.40
57	75.60	95.55	112.35	122.85	163.80
58	79.80	101.85	118.65	130.20	173.25
59	85.05	108.15	126.00	137.55	183.75
60	91.35	115.50	133.35	145.95	195.30
61	97.65	122.85	141.75	154.35	207.90
62	103.95	131.25	151.20	164.85	221.55
63	110.25	139.65	160.65	175.35	236.25
64	117.60	148.05	171.15	186.90	250.95
65	124.95	157.50	182.70	199.50	267.75
66	133.35	168.00	196.35	214.20	285.60
67	142.80	180.60	211.05	231.00	307.65
68	153.30	195.30	227.85	249.90	331.80
69	165.90	210.00	245.70	269.85	358.05
70	178.50	227.85	265.65	291.90	386.40
71	193.20	246.75	288.75	316.05	418.95
72	210.00	268.80	313.95	344.40	455.70
73	228.90	292.95	342.30	375.90	496.65
74	248.85	319.20	373.80	410.55	540.75
75	270.90	347.55	407.40	447.30	589.05
76	295.05	379.05	444.15	487.20	640.50
77	319.20	411.60	483.00	530.25	696.15
78	344.40	446.25	525.00	576.45	754.95
79	370.65	484.05	569.10	624.75	817.95
80	399.00				
81	427.35				
82	457.80				
83	489.30				
84	521.85				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0080-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	28.35	34.65	40.95	44.10	58.80
45-49	31.50	38.85	45.15	49.35	65.10
50-54	40.95	50.40	57.75	64.05	84.00
55	47.25	57.75	67.20	73.50	99.75
56	49.35	60.90	70.35	76.65	106.05
57	52.50	65.10	75.60	81.90	113.40
58	56.70	70.35	81.90	88.20	121.80
59	60.90	75.60	88.20	95.55	131.25
60	66.15	82.95	95.55	103.95	140.70
61	72.45	89.25	103.95	112.35	152.25
62	77.70	96.60	112.35	121.80	163.80
63	82.95	103.95	120.75	130.20	176.40
64	89.25	111.30	129.15	139.65	189.00
65	94.50	118.65	137.55	149.10	202.65
66	101.85	128.10	148.05	160.65	218.40
67	110.25	138.60	160.65	174.30	237.30
68	119.70	151.20	175.35	190.05	258.30
69	130.20	164.85	191.10	207.90	281.40
70	141.75	179.55	208.95	227.85	307.65
71	155.40	197.40	228.90	249.90	336.00
72	170.10	216.30	252.00	275.10	368.55
73	186.90	238.35	277.20	303.45	405.30
74	205.80	261.45	305.55	333.90	444.15
75	225.75	287.70	336.00	367.50	487.20
76	247.80	315.00	368.55	404.25	534.45
77	269.85	345.45	404.25	443.10	583.80
78	292.95	376.95	442.05	485.10	637.35
79	318.15	411.60	481.95	529.20	693.00
80	344.40				
81	371.70				
82	400.05				
83	429.45				
84	460.95				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0080-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	32.55	40.95	47.25	50.40	67.20
45-49	36.75	45.15	51.45	56.70	74.55
50-54	45.15	56.70	66.15	72.45	94.50
55	52.50	65.10	75.60	81.90	111.30
56	55.65	69.30	79.80	87.15	117.60
57	58.80	73.50	85.05	92.40	126.00
58	63.00	78.75	91.35	99.75	134.40
59	67.20	84.00	97.65	107.10	143.85
60	72.45	91.35	106.05	115.50	154.35
61	78.75	97.65	114.45	124.95	165.90
62	84.00	105.00	122.85	134.40	177.45
63	90.30	112.35	132.30	143.85	191.10
64	96.60	120.75	140.70	153.30	204.75
65	102.90	129.15	150.15	163.80	218.40
66	111.30	139.65	161.70	176.40	236.25
67	120.75	150.15	175.35	190.05	256.20
68	131.25	163.80	191.10	207.90	279.30
69	141.75	178.50	207.90	226.80	304.50
70	153.30	194.25	226.80	246.75	331.80
71	166.95	213.15	247.80	270.90	363.30
72	182.70	233.10	273.00	298.20	397.95
73	200.55	257.25	300.30	328.65	436.80
74	220.50	282.45	329.70	361.20	479.85
75	242.55	309.75	363.30	397.95	526.05
76	265.65	339.15	399.00	437.85	576.45
77	289.80	371.70	436.80	478.80	630.00
78	313.95	406.35	477.75	523.95	687.75
79	341.25	443.10	520.80	572.25	748.65
80	368.55				
81	397.95				
82	427.35				
83	457.80				
84	491.40				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0080-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	34.65	43.05	49.35	53.55	71.40
45-49	38.85	47.25	54.60	59.85	78.75
50-54	47.25	58.80	69.30	75.60	98.70
55	54.60	68.25	79.80	86.10	116.55
56	57.75	72.45	84.00	91.35	122.85
57	60.90	76.65	89.25	96.60	131.25
58	65.10	81.90	95.55	103.95	139.65
59	70.35	88.20	101.85	111.30	149.10
60	75.60	94.50	110.25	120.75	159.60
61	80.85	101.85	118.65	130.20	171.15
62	87.15	109.20	127.05	139.65	183.75
63	93.45	116.55	136.50	149.10	197.40
64	99.75	124.95	145.95	159.60	211.05
65	107.10	133.35	155.40	170.10	225.75
66	115.50	143.85	168.00	182.70	243.60
67	124.95	155.40	181.65	197.40	264.60
68	135.45	169.05	197.40	215.25	287.70
69	145.95	183.75	215.25	234.15	313.95
70	158.55	200.55	234.15	255.15	342.30
71	172.20	219.45	256.20	280.35	374.85
72	187.95	240.45	281.40	307.65	410.55
73	206.85	264.60	309.75	339.15	450.45
74	226.80	290.85	340.20	372.75	495.60
75	249.90	319.20	374.85	410.55	542.85
76	273.00	349.65	411.60	451.50	594.30
77	298.20	383.25	450.45	494.55	649.95
78	323.40	418.95	492.45	540.75	708.75
79	350.70	456.75	537.60	591.15	771.75
80	379.05				
81	408.45				
82	438.90				
83	470.40				
84	504.00				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0080-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	23.10	28.35	30.45	33.60	43.05
45-49	26.25	32.55	34.65	36.75	48.30
50-54	32.55	37.80	43.05	46.20	58.80
55	36.75	44.10	49.35	53.55	70.35
56	39.90	47.25	53.55	56.70	74.55
57	42.00	50.40	56.70	60.90	79.80
58	46.20	54.60	61.95	65.10	86.10
59	49.35	58.80	67.20	71.40	93.45
60	53.55	64.05	72.45	77.70	102.90
61	57.75	69.30	78.75	85.05	111.30
62	63.00	75.60	86.10	92.40	120.75
63	68.25	81.90	92.40	99.75	131.25
64	71.40	86.10	99.75	107.10	139.65
65	76.65	92.40	107.10	114.45	149.10
66	81.90	99.75	116.55	124.95	161.70
67	89.25	109.20	126.00	135.45	176.40
68	97.65	118.65	137.55	149.10	194.25
69	106.05	130.20	151.20	162.75	212.10
70	116.55	141.75	163.80	179.55	233.10
71	127.05	156.45	181.65	197.40	257.25
72	140.70	174.30	201.60	219.45	285.60
73	155.40	194.25	224.70	244.65	317.10
74	173.25	216.30	249.90	273.00	351.75
75	193.20	239.40	278.25	303.45	390.60
76	212.10	265.65	308.70	337.05	432.60
77	235.20	294.00	342.30	372.75	477.75
78	258.30	324.45	378.00	412.65	526.05
79	284.55	357.00	415.80	453.60	578.55
80	310.80				
81	340.20				
82	370.65				
83	403.20				
84	436.80				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0080-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	27.30	33.60	36.75	37.80	50.40
45-49	30.45	36.75	40.95	43.05	55.65
50-54	35.70	43.05	49.35	53.55	69.30
55	42.00	49.35	55.65	60.90	79.80
56	44.10	51.45	58.80	64.05	84.00
57	47.25	55.65	63.00	68.25	90.30
58	50.40	60.90	68.25	72.45	96.60
59	54.60	65.10	74.55	79.80	103.95
60	57.75	71.40	79.80	86.10	112.35
61	63.00	76.65	88.20	95.55	121.80
62	68.25	82.95	95.55	102.90	132.30
63	72.45	89.25	102.90	110.25	142.80
64	77.70	95.55	109.20	117.60	153.30
65	84.00	100.80	117.60	124.95	163.80
66	89.25	109.20	126.00	134.40	177.45
67	96.60	118.65	135.45	147.00	194.25
68	105.00	128.10	149.10	161.70	212.10
69	114.45	140.70	162.75	176.40	232.05
70	126.00	155.40	177.45	194.25	256.20
71	137.55	170.10	197.40	214.20	281.40
72	152.25	190.05	218.40	238.35	310.80
73	169.05	211.05	243.60	265.65	345.45
74	186.90	235.20	271.95	295.05	383.25
75	207.90	260.40	302.40	328.65	425.25
76	228.90	288.75	336.00	365.40	470.40
77	253.05	319.20	371.70	405.30	519.75
78	278.25	351.75	411.60	448.35	572.25
79	305.55	387.45	452.55	492.45	628.95
80	333.90				
81	364.35				
82	396.90				
83	429.45				
84	466.20				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0080-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	28.35	34.65	39.90	40.95	53.55
45-49	32.55	37.80	43.05	46.20	58.80
50-54	36.75	46.20	51.45	55.65	74.55
55	43.05	51.45	57.75	63.00	84.00
56	46.20	54.60	61.95	67.20	89.25
57	48.30	57.75	65.10	71.40	93.45
58	51.45	63.00	70.35	76.65	100.80
59	55.65	68.25	76.65	84.00	109.20
60	60.90	74.55	84.00	90.30	117.60
61	65.10	79.80	91.35	98.70	127.05
62	70.35	86.10	98.70	106.05	137.55
63	75.60	92.40	106.05	113.40	148.05
64	79.80	98.70	112.35	120.75	158.55
65	86.10	105.00	120.75	130.20	170.10
66	92.40	112.35	130.20	139.65	183.75
67	99.75	121.80	140.70	152.25	201.60
68	109.20	133.35	154.35	166.95	219.45
69	118.65	145.95	168.00	182.70	240.45
70	130.20	160.65	183.75	200.55	264.60
71	141.75	176.40	203.70	221.55	291.90
72	156.45	196.35	225.75	245.70	322.35
73	174.30	218.40	252.00	274.05	358.05
74	193.20	242.55	280.35	305.55	396.90
75	214.20	268.80	312.90	340.20	439.95
76	236.25	299.25	347.55	378.00	487.20
77	260.40	329.70	384.30	418.95	537.60
78	286.65	363.30	425.25	463.05	592.20
79	313.95	400.05	468.30	510.30	649.95
80	343.35				
81	373.80				
82	407.40				
83	442.05				
84	477.75				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0080-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	44.10	55.65	64.05	70.35	92.40
45-49	49.35	61.95	71.40	77.70	102.90
50-54	60.90	75.60	88.20	95.55	131.25
55	69.30	88.20	100.80	110.25	152.25
56	72.45	92.40	107.10	116.55	159.60
57	77.70	98.70	113.40	123.90	169.05
58	82.95	105.00	120.75	132.30	179.55
59	89.25	112.35	130.20	140.70	190.05
60	95.55	119.70	138.60	149.10	202.65
61	100.80	128.10	148.05	160.65	216.30
62	109.20	137.55	158.55	172.20	231.00
63	116.55	145.95	168.00	182.70	246.75
64	123.90	155.40	179.55	195.30	263.55
65	131.25	165.90	191.10	207.90	280.35
66	140.70	176.40	203.70	222.60	300.30
67	151.20	190.05	219.45	239.40	323.40
68	161.70	204.75	237.30	259.35	349.65
69	174.30	219.45	257.25	280.35	376.95
70	187.95	238.35	278.25	303.45	406.35
71	203.70	258.30	301.35	329.70	441.00
72	221.55	280.35	328.65	359.10	478.80
73	240.45	306.60	359.10	392.70	522.90
74	263.55	334.95	392.70	429.45	569.10
75	287.70	365.40	428.40	469.35	621.60
76	312.90	400.05	468.30	512.40	677.25
77	340.20	435.75	510.30	559.65	736.05
78	366.45	475.65	554.40	609.00	799.05
79	396.90	516.60	602.70	662.55	867.30
80	427.35				
81	457.80				
82	491.40				
83	526.05				
84	561.75				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0080-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	49.35	63.00	72.45	79.80	103.95
45-49	55.65	69.30	81.90	88.20	116.55
50-54	68.25	85.05	99.75	109.20	147.00
55	76.65	97.65	114.45	124.95	168.00
56	79.80	102.90	120.75	131.25	175.35
57	85.05	109.20	127.05	138.60	184.80
58	90.30	114.45	134.40	147.00	196.35
59	96.60	121.80	142.80	155.40	208.95
60	103.95	131.25	152.25	165.90	221.55
61	111.30	139.65	161.70	175.35	236.25
62	118.65	149.10	172.20	187.95	252.00
63	126.00	159.60	182.70	198.45	268.80
64	133.35	169.05	195.30	212.10	285.60
65	141.75	179.55	207.90	225.75	305.55
66	152.25	191.10	222.60	243.60	324.45
67	162.75	205.80	239.40	261.45	350.70
68	175.35	222.60	259.35	284.55	378.00
69	189.00	238.35	279.30	306.60	407.40
70	203.70	259.35	302.40	330.75	439.95
71	219.45	280.35	328.65	359.10	476.70
72	239.40	305.55	357.00	391.65	518.70
73	260.40	333.90	390.60	427.35	565.95
74	284.55	363.30	426.30	467.25	616.35
75	309.75	396.90	464.10	509.25	672.00
76	337.05	432.60	506.10	554.40	729.75
77	364.35	469.35	551.25	603.75	793.80
78	393.75	510.30	599.55	657.30	861.00
79	424.20	553.35	649.95	712.95	933.45
80	456.75				
81	489.30				
82	525.00				
83	560.70				
84	597.45				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0080-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	51.45	65.10	76.65	84.00	109.20
45-49	57.75	72.45	85.05	92.40	120.75
50-54	71.40	90.30	105.00	113.40	153.30
55	79.80	100.80	119.70	131.25	174.30
56	84.00	106.05	126.00	137.55	182.70
57	89.25	112.35	132.30	144.90	193.20
58	93.45	119.70	139.65	153.30	203.70
59	99.75	127.05	148.05	161.70	216.30
60	107.10	135.45	156.45	172.20	229.95
61	114.45	144.90	166.95	181.65	244.65
62	121.80	154.35	177.45	194.25	260.40
63	130.20	163.80	189.00	205.80	278.25
64	138.60	174.30	201.60	219.45	295.05
65	147.00	184.80	215.25	235.20	315.00
66	156.45	197.40	231.00	252.00	336.00
67	168.00	212.10	247.80	271.95	362.25
68	180.60	229.95	267.75	294.00	390.60
69	195.30	246.75	288.75	317.10	421.05
70	210.00	267.75	312.90	343.35	454.65
71	226.80	289.80	340.20	371.70	492.45
72	246.75	316.05	369.60	405.30	536.55
73	268.80	344.40	403.20	442.05	583.80
74	292.95	375.90	439.95	483.00	636.30
75	319.20	408.45	478.80	526.05	693.00
76	347.55	446.25	522.90	573.30	753.90
77	375.90	484.05	568.05	623.70	819.00
78	405.30	525.00	617.40	678.30	888.30
79	435.75	569.10	669.90	735.00	961.80
80	469.35				
81	502.95				
82	538.65				
83	575.40				
84	614.25				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0080-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	33.60	40.95	48.30	51.45	69.30
45-49	36.75	46.20	53.55	57.75	76.65
50-54	48.30	58.80	68.25	75.60	98.70
55	55.65	68.25	78.75	86.10	117.60
56	57.75	71.40	82.95	90.30	124.95
57	61.95	76.65	89.25	96.60	133.35
58	67.20	82.95	96.60	103.95	142.80
59	71.40	89.25	103.95	112.35	154.35
60	77.70	97.65	112.35	121.80	165.90
61	85.05	105.00	121.80	132.30	179.55
62	91.35	113.40	132.30	142.80	193.20
63	97.65	121.80	141.75	153.30	207.90
64	105.00	131.25	152.25	163.80	222.60
65	111.30	139.65	161.70	175.35	238.35
66	119.70	151.20	174.30	189.00	257.25
67	130.20	162.75	189.00	204.75	279.30
68	140.70	177.45	205.80	223.65	303.45
69	153.30	194.25	224.70	244.65	330.75
70	166.95	211.05	245.70	267.75	362.25
71	182.70	232.05	268.80	294.00	394.80
72	200.55	254.10	296.10	323.40	433.65
73	219.45	280.35	326.55	357.00	476.70
74	242.55	307.65	359.10	392.70	522.90
75	265.65	338.10	394.80	432.60	573.30
76	291.90	370.65	433.65	475.65	628.95
77	317.10	406.35	475.65	520.80	686.70
78	344.40	443.10	519.75	571.20	749.70
79	373.80	484.05	567.00	622.65	814.80
80	405.30				
81	436.80				
82	470.40				
83	505.05				
84	541.80				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0080-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	37.80	48.30	55.65	58.80	78.75
45-49	43.05	53.55	60.90	67.20	88.20
50-54	53.55	67.20	77.70	85.05	111.30
55	61.95	76.65	89.25	96.60	131.25
56	65.10	81.90	93.45	102.90	138.60
57	69.30	86.10	99.75	109.20	148.05
58	74.55	92.40	107.10	117.60	158.55
59	78.75	98.70	114.45	126.00	169.05
60	85.05	107.10	124.95	135.45	181.65
61	92.40	114.45	134.40	147.00	195.30
62	98.70	123.90	144.90	158.55	208.95
63	106.05	132.30	155.40	169.05	224.70
64	113.40	141.75	165.90	180.60	240.45
65	120.75	152.25	176.40	193.20	257.25
66	131.25	163.80	190.05	207.90	278.25
67	141.75	176.40	205.80	223.65	301.35
68	154.35	193.20	224.70	244.65	328.65
69	166.95	210.00	244.65	266.70	358.05
70	180.60	228.90	266.70	289.80	390.60
71	196.35	250.95	291.90	319.20	427.35
72	215.25	274.05	321.30	350.70	468.30
73	236.25	302.40	352.80	386.40	513.45
74	259.35	331.80	387.45	425.25	564.90
75	285.60	364.35	427.35	468.30	618.45
76	312.90	399.00	469.35	515.55	678.30
77	341.25	436.80	513.45	562.80	741.30
78	369.60	477.75	561.75	616.35	809.55
79	401.10	520.80	613.20	673.05	880.95
80	433.65				
81	468.30				
82	502.95				
83	538.65				
84	578.55				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0080-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	40.95	50.40	57.75	63.00	84.00
45-49	46.20	55.65	64.05	70.35	92.40
50-54	55.65	69.30	81.90	89.25	116.55
55	64.05	79.80	93.45	100.80	137.55
56	68.25	85.05	98.70	107.10	144.90
57	71.40	90.30	105.00	113.40	154.35
58	76.65	96.60	112.35	121.80	163.80
59	82.95	103.95	119.70	131.25	175.35
60	89.25	111.30	130.20	141.75	187.95
61	95.55	119.70	139.65	153.30	201.60
62	102.90	128.10	149.10	163.80	216.30
63	110.25	137.55	160.65	175.35	232.05
64	117.60	147.00	172.20	187.95	247.80
65	126.00	156.45	182.70	200.55	265.65
66	135.45	169.05	197.40	215.25	286.65
67	147.00	182.70	214.20	232.05	310.80
68	159.60	198.45	232.05	253.05	338.10
69	172.20	216.30	253.05	275.10	369.60
70	186.90	236.25	275.10	300.30	403.20
71	202.65	258.30	301.35	329.70	441.00
72	221.55	282.45	330.75	362.25	483.00
73	243.60	310.80	364.35	399.00	530.25
74	266.70	342.30	400.05	438.90	582.75
75	294.00	375.90	441.00	483.00	638.40
76	321.30	411.60	484.05	531.30	699.30
77	350.70	450.45	530.25	581.70	764.40
78	380.10	492.45	579.60	636.30	833.70
79	412.65	537.60	632.10	695.10	908.25
80	446.25				
81	480.90				
82	516.60				
83	553.35				
84	593.25				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0080-A37
Long-Term Care Policy

WITH SURVIVORSHIP BENEFIT RIDER R1-N0103-SERIES

When this rider is chosen, multiply the final premium by the appropriate factor.

ISSUE AGE	NO INFLATION PROTECTION	SIMPLE INFLATION PROTECTION	COMPOUND INFLATION PROTECTION
18-44	1.11	1.17	1.17
45-49	1.14	1.21	1.21
50-54	1.18	1.28	1.28
55	1.20	1.30	1.30
56	1.20	1.30	1.30
57	1.21	1.30	1.30
58	1.21	1.30	1.30
59	1.21	1.30	1.30
60	1.21	1.30	1.30
61	1.21	1.30	1.30
62	1.21	1.29	1.29
63	1.21	1.29	1.29
64	1.21	1.28	1.28
65	1.20	1.27	1.27
66	1.20	1.26	1.26
67	1.20	1.26	1.26
68	1.19	1.25	1.25
69	1.19	1.24	1.24
70	1.18	1.23	1.23
71	1.18	1.22	1.22
72	1.17	1.20	1.20
73	1.16	1.19	1.19
74	1.16	1.18	1.18
75	1.15	1.17	1.17
76	1.14	1.16	1.16
77	1.13	1.15	1.15
78	1.12	1.14	1.14
79	1.11	1.13	1.13
80	1.10	1.12	1.12
81	1.09	1.11	1.11
82	1.08	1.10	1.10
83	1.07	1.09	1.09
84	1.06	1.08	1.08

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0080-A37
Long-Term Care Policy

Elimination Period Factors

Rates shown are for 30 day elimination period. Rates for other elimination periods are calculated by multiplying the 30 day rates by the appropriate factor from the following table:

Benefit Maximum	0	14	20	60	90	100	180	365
730x,1095x	1.12	1.07	1.03	0.94	0.90	0.89	0.78	0.67
1460x,1825x	1.10	1.05	1.03	0.95	0.90	0.89	0.79	0.69
Lifetime	1.08	1.04	1.03	0.96	0.92	0.91	0.84	0.75

Spousal Discount

A 20% discount to the rates is available to married couples if both spouses apply for coverage.

Dual Waiver of Premium Rider R1-N0104-Series

An optional dual waiver of premium rider will be offered. If one spouse qualifies for a waiver of premium, the premium of the other spouse will also be waived. If chosen, multiply the final premium by 1.06.

Shared Advantage Rider R1-N0105-Series

This rider will allow two covered spouses to purchase an additional benefit amount that can be used by either spouse after their base benefits are exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	No Inflation Protection	With Inflation Protection
730x	1.30	1.35
1095x	1.21	1.25
1460x	1.15	1.18
1825x	1.12	1.14

Restoration of Benefits Rider R1-N0108-Series

This rider restores the maximum lifetime benefit if the insured has not met the stipulated conditions for a period of 180 consecutive days and the maximum lifetime benefit has not been exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	Factor
730x	1.08
1095x	1.06
1460x,1825x	1.04

Cost of Living Increase Rider R1-N0107-Series

This rider allows the insured to increase their policy limits, subject to the terms of the rider, every three years without additional underwriting. The additional premium charged is based on the attained age and incremental increase in the maximum daily facility benefit when exercised. If chosen, multiply the final premium by the appropriate factor:

Age	Factor
18-44	1.15
45-49	1.12
50-55	1.10
56-58	1.09
59-61	1.08
62-64	1.07
65-67	1.06
68-70	1.05
71-73	1.04
74-76	1.03

Modal Factors

Semi-Annual: 0.52; Quarterly: 0.27; Check-A-Matic: 0.09

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604

Supplement to Rate Sheets for Policy Form P1-N0081-A37
PENNSYLVANIA

All rates for this form should be multiplied by a factor of: 1.9425

This factor represents the **proposed** increase of: 29.5%

And the following prior approved rate increases:

Policy Form	Increase Applies to all Policies or Subsets	Rate Increase Approved	Approval Date of Rate Increase
P1-N0081-A37	--Yes--	20.00%	3/14/2013
P1-N0081-A37	--Yes--	25.00%	12/3/2014

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0081-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	24.94	30.19	32.81	35.44	45.94
45-49	27.56	34.13	36.75	39.38	51.19
50-54	34.13	40.69	45.94	48.56	63.00
55	39.38	47.25	52.50	56.44	74.81
56	42.00	49.88	56.44	60.38	78.75
57	44.63	53.81	60.38	64.31	85.31
58	48.56	57.75	65.63	69.56	91.88
59	52.50	63.00	70.88	76.13	99.75
60	56.44	68.25	77.44	82.69	108.94
61	61.69	73.50	84.00	90.56	118.13
62	66.94	80.06	91.88	98.44	128.63
63	72.19	86.63	98.44	106.31	139.13
64	76.13	91.88	106.31	114.19	148.31
65	81.38	98.44	114.19	122.06	158.81
66	86.63	106.31	123.38	132.56	171.94
67	94.50	115.50	133.88	144.38	187.69
68	103.69	126.00	145.69	158.81	206.06
69	112.88	137.81	160.13	173.25	225.75
70	123.38	150.94	174.56	190.31	248.06
71	135.19	166.69	192.94	210.00	273.00
72	149.63	185.06	213.94	233.63	303.19
73	165.38	206.06	238.88	259.88	337.31
74	183.75	229.69	265.13	290.06	374.06
75	204.75	254.63	295.31	322.88	414.75
76	225.75	282.19	328.13	358.31	459.38
77	249.38	312.38	363.56	396.38	507.94
78	274.31	345.19	401.63	438.38	559.13
79	301.88	379.31	442.31	481.69	614.25
80	330.75				
81	360.94				
82	393.75				
83	427.88				
84	464.63				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0081-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	28.88	35.44	39.38	40.69	53.81
45-49	32.81	39.38	43.31	45.94	59.06
50-54	38.06	45.94	52.50	56.44	73.50
55	44.63	52.50	59.06	64.31	85.31
56	47.25	55.13	63.00	68.25	89.25
57	49.88	59.06	66.94	72.19	95.81
58	53.81	64.31	72.19	77.44	102.38
59	57.75	69.56	78.75	85.31	110.25
60	61.69	76.13	85.31	91.88	119.44
61	66.94	81.38	93.19	101.06	129.94
62	72.19	87.94	101.06	108.94	140.44
63	77.44	94.50	108.94	116.81	152.25
64	82.69	101.06	115.50	124.69	162.75
65	89.25	107.63	124.69	132.56	174.56
66	94.50	115.50	133.88	143.06	189.00
67	102.38	126.00	144.38	156.19	206.06
68	111.56	136.50	158.81	171.94	225.75
69	122.06	149.63	173.25	187.69	246.75
70	133.88	165.38	189.00	206.06	271.69
71	145.69	181.13	210.00	227.06	299.25
72	161.44	202.13	232.31	253.31	330.75
73	179.81	224.44	258.56	282.19	367.50
74	198.19	249.38	288.75	313.69	406.88
75	220.50	276.94	321.56	349.13	451.50
76	242.81	307.13	357.00	388.50	500.06
77	269.06	338.63	395.06	430.50	552.56
78	295.31	374.06	437.06	476.44	607.69
79	324.19	412.13	480.38	523.69	668.06
80	354.38				
81	387.19				
82	421.31				
83	456.75				
84	494.81				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0081-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	30.19	36.75	42.00	43.31	56.44
45-49	34.13	40.69	45.94	48.56	63.00
50-54	39.38	48.56	55.13	59.06	78.75
55	45.94	55.13	61.69	66.94	89.25
56	48.56	57.75	65.63	70.88	94.50
57	51.19	61.69	69.56	76.13	99.75
58	55.13	66.94	74.81	81.38	107.63
59	59.06	72.19	81.38	89.25	115.50
60	64.31	78.75	89.25	95.81	124.69
61	69.56	85.31	97.13	105.00	135.19
62	74.81	91.88	105.00	112.88	145.69
63	80.06	98.44	112.88	120.75	157.50
64	85.31	105.00	119.44	128.63	168.00
65	91.88	111.56	128.63	137.81	181.13
66	98.44	119.44	137.81	148.31	195.56
67	106.31	129.94	149.63	161.44	213.94
68	115.50	141.75	164.06	177.19	233.63
69	126.00	154.88	178.50	194.25	255.94
70	137.81	170.63	195.56	212.63	280.88
71	150.94	187.69	216.56	234.94	309.75
72	166.69	208.69	240.19	261.19	342.56
73	185.06	232.31	267.75	291.38	380.63
74	204.75	257.25	297.94	324.19	421.31
75	227.06	286.13	332.06	360.94	467.25
76	250.69	317.63	368.81	401.63	517.13
77	276.94	350.44	408.19	444.94	570.94
78	304.50	385.88	451.50	492.19	628.69
79	333.38	425.25	497.44	542.06	690.38
80	364.88				
81	397.69				
82	433.13				
83	469.88				
84	507.94				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0081-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	47.25	59.06	68.25	74.81	98.44
45-49	52.50	65.63	76.13	82.69	108.94
50-54	64.31	80.06	93.19	101.06	139.13
55	73.50	93.19	107.63	116.81	161.44
56	77.44	98.44	114.19	123.38	169.31
57	82.69	105.00	120.75	131.25	179.81
58	87.94	111.56	128.63	140.44	190.31
59	94.50	119.44	137.81	149.63	202.13
60	101.06	127.31	147.00	158.81	215.25
61	107.63	136.50	157.50	170.63	229.69
62	115.50	145.69	168.00	182.44	245.44
63	123.38	154.88	178.50	194.25	262.50
64	131.25	165.38	190.31	207.38	279.56
65	139.13	175.88	203.44	220.50	297.94
66	149.63	187.69	216.56	236.25	318.94
67	160.13	202.13	233.63	254.63	343.88
68	171.94	217.88	252.00	275.63	371.44
69	185.06	233.63	273.00	297.94	400.31
70	199.50	253.31	295.31	322.88	431.81
71	216.56	274.31	320.25	350.44	468.56
72	234.94	297.94	349.13	381.94	509.25
73	255.94	325.50	381.94	417.38	555.19
74	279.56	355.69	417.38	456.75	605.06
75	305.81	388.50	455.44	498.75	660.19
76	332.06	425.25	497.44	544.69	719.25
77	360.94	463.31	542.06	594.56	782.25
78	389.81	505.31	589.31	647.06	849.19
79	421.31	548.63	640.50	703.50	921.38
80	454.13				
81	486.94				
82	522.38				
83	559.13				
84	597.19				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0081-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	52.50	66.94	77.44	85.31	110.25
45-49	59.06	73.50	86.63	93.19	123.38
50-54	72.19	90.56	106.31	115.50	156.19
55	81.38	103.69	122.06	132.56	178.50
56	85.31	108.94	128.63	139.13	186.38
57	90.56	115.50	135.19	147.00	196.88
58	95.81	122.06	143.06	156.19	208.69
59	102.38	129.94	152.25	165.38	221.81
60	110.25	139.13	161.44	175.88	234.94
61	118.13	148.31	171.94	186.38	250.69
62	126.00	158.81	182.44	199.50	267.75
63	133.88	169.31	194.25	211.31	286.13
64	141.75	179.81	207.38	225.75	303.19
65	150.94	190.31	220.50	240.19	324.19
66	161.44	203.44	236.25	258.56	345.19
67	173.25	219.19	254.63	278.25	372.75
68	186.38	236.25	275.63	301.88	401.63
69	200.81	253.31	296.63	325.50	433.13
70	216.56	275.63	321.56	351.75	467.25
71	233.63	297.94	349.13	381.94	506.63
72	254.63	324.19	379.31	416.06	551.25
73	276.94	354.38	414.75	454.13	601.13
74	301.88	385.88	452.81	496.13	654.94
75	329.44	421.31	493.50	540.75	714.00
76	358.31	459.38	538.13	589.31	775.69
77	387.19	498.75	585.38	641.81	843.94
78	418.69	542.06	636.56	698.25	914.81
79	450.19	588.00	690.38	757.31	992.25
80	485.63				
81	519.75				
82	557.81				
83	595.88				
84	635.25				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0081-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	55.13	69.56	81.38	89.25	115.50
45-49	61.69	77.44	90.56	98.44	128.63
50-54	76.13	95.81	111.56	120.75	162.75
55	85.31	107.63	127.31	139.13	185.06
56	89.25	112.88	133.88	145.69	194.25
57	94.50	119.44	140.44	153.56	204.75
58	99.75	127.31	148.31	162.75	216.56
59	106.31	135.19	157.50	171.94	229.69
60	114.19	144.38	166.69	182.44	244.13
61	122.06	153.56	177.19	192.94	259.88
62	129.94	164.06	189.00	206.06	276.94
63	137.81	174.56	200.81	219.19	295.31
64	147.00	185.06	213.94	233.63	313.69
65	156.19	196.88	228.38	249.38	334.69
66	166.69	210.00	245.44	267.75	357.00
67	178.50	225.75	263.81	288.75	384.56
68	191.63	244.13	284.81	312.38	414.75
69	207.38	262.50	307.13	337.31	447.56
70	223.13	284.81	332.06	364.88	483.00
71	241.50	308.44	360.94	395.06	523.69
72	262.50	336.00	392.44	430.50	569.63
73	286.13	366.19	427.88	469.88	620.81
74	311.06	399.00	467.25	513.19	675.94
75	338.63	434.44	509.25	559.13	736.31
76	368.81	473.81	555.19	609.00	800.63
77	399.00	514.50	603.75	662.81	870.19
78	430.50	557.81	656.25	720.56	943.69
79	463.31	605.06	711.38	780.94	1022.44
80	498.75				
81	534.19				
82	572.25				
83	611.63				
84	652.31				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0081-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	35.44	43.31	51.19	55.13	73.50
45-49	39.38	48.56	56.44	61.69	81.38
50-54	51.19	63.00	72.19	80.06	105.00
55	59.06	72.19	84.00	91.88	124.69
56	61.69	76.13	87.94	95.81	132.56
57	65.63	81.38	94.50	102.38	141.75
58	70.88	87.94	102.38	110.25	152.25
59	76.13	94.50	110.25	119.44	164.06
60	82.69	103.69	119.44	129.94	175.88
61	90.56	111.56	129.94	140.44	190.31
62	97.13	120.75	140.44	152.25	204.75
63	103.69	129.94	150.94	162.75	220.50
64	111.56	139.13	161.44	174.56	236.25
65	118.13	148.31	171.94	186.38	253.31
66	127.31	160.13	185.06	200.81	273.00
67	137.81	173.25	200.81	217.88	296.63
68	149.63	189.00	219.19	237.56	322.88
69	162.75	206.06	238.88	259.88	351.75
70	177.19	224.44	261.19	284.81	384.56
71	194.25	246.75	286.13	312.38	420.00
72	212.63	270.38	315.00	343.88	460.69
73	233.63	297.94	346.50	379.31	506.63
74	257.25	326.81	381.94	417.38	555.19
75	282.19	359.63	420.00	459.38	609.00
76	309.75	393.75	460.69	505.31	668.06
77	337.31	431.81	505.31	553.88	729.75
78	366.19	471.19	552.56	606.38	796.69
79	397.69	514.50	602.44	661.50	866.25
80	430.50				
81	464.63				
82	500.06				
83	536.81				
84	576.19				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0081-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	40.69	51.19	59.06	63.00	84.00
45-49	45.94	56.44	64.31	70.88	93.19
50-54	56.44	70.88	82.69	90.56	118.13
55	65.63	81.38	94.50	102.38	139.13
56	69.56	86.63	99.75	108.94	147.00
57	73.50	91.88	106.31	115.50	157.50
58	78.75	98.44	114.19	124.69	168.00
59	84.00	105.00	122.06	133.88	179.81
60	90.56	114.19	132.56	144.38	192.94
61	98.44	122.06	143.06	156.19	207.38
62	105.00	131.25	153.56	168.00	221.81
63	112.88	140.44	165.38	179.81	238.88
64	120.75	150.94	175.88	191.63	255.94
65	128.63	161.44	187.69	204.75	273.00
66	139.13	174.56	202.13	220.50	295.31
67	150.94	187.69	219.19	237.56	320.25
68	164.06	204.75	238.88	259.88	349.13
69	177.19	223.13	259.88	283.50	380.63
70	191.63	242.81	283.50	308.44	414.75
71	208.69	266.44	309.75	338.63	454.13
72	228.38	291.38	341.25	372.75	497.44
73	250.69	321.56	375.38	410.81	546.00
74	275.63	353.06	412.13	451.50	599.81
75	303.19	387.19	454.13	497.44	657.56
76	332.06	423.94	498.75	547.31	720.56
77	362.25	464.63	546.00	598.50	787.50
78	392.44	507.94	597.19	654.94	859.69
79	426.56	553.88	651.00	715.31	935.81
80	460.69				
81	497.44				
82	534.19				
83	572.25				
84	614.25				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0081-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	43.31	53.81	61.69	66.94	89.25
45-49	48.56	59.06	68.25	74.81	98.44
50-54	59.06	73.50	86.63	94.50	123.38
55	68.25	85.31	99.75	107.63	145.69
56	72.19	90.56	105.00	114.19	153.56
57	76.13	95.81	111.56	120.75	164.06
58	81.38	102.38	119.44	129.94	174.56
59	87.94	110.25	127.31	139.13	186.38
60	94.50	118.13	137.81	150.94	199.50
61	101.06	127.31	148.31	162.75	213.94
62	108.94	136.50	158.81	174.56	229.69
63	116.81	145.69	170.63	186.38	246.75
64	124.69	156.19	182.44	199.50	263.81
65	133.88	166.69	194.25	212.63	282.19
66	144.38	179.81	210.00	228.38	304.50
67	156.19	194.25	227.06	246.75	330.75
68	169.31	211.31	246.75	269.06	359.63
69	182.44	229.69	269.06	292.69	392.44
70	198.19	250.69	292.69	318.94	427.88
71	215.25	274.31	320.25	350.44	468.56
72	234.94	300.56	351.75	384.56	513.19
73	258.56	330.75	387.19	423.94	563.06
74	283.50	363.56	425.25	465.94	619.50
75	312.38	399.00	468.56	513.19	678.56
76	341.25	437.06	514.50	564.38	742.88
77	372.75	479.06	563.06	618.19	812.44
78	404.25	523.69	615.56	675.94	885.94
79	438.38	570.94	672.00	738.94	964.69
80	473.81				
81	510.56				
82	548.63				
83	588.00				
84	630.00				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0081-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	28.88	35.44	38.06	42.00	53.81
45-49	32.81	40.69	43.31	45.94	60.38
50-54	40.69	47.25	53.81	57.75	73.50
55	45.94	55.13	61.69	66.94	87.94
56	49.88	59.06	66.94	70.88	93.19
57	52.50	63.00	70.88	76.13	99.75
58	57.75	68.25	77.44	81.38	107.63
59	61.69	73.50	84.00	89.25	116.81
60	66.94	80.06	90.56	97.13	128.63
61	72.19	86.63	98.44	106.31	139.13
62	78.75	94.50	107.63	115.50	150.94
63	85.31	102.38	115.50	124.69	164.06
64	89.25	107.63	124.69	133.88	174.56
65	95.81	115.50	133.88	143.06	186.38
66	102.38	124.69	145.69	156.19	202.13
67	111.56	136.50	157.50	169.31	220.50
68	122.06	148.31	171.94	186.38	242.81
69	132.56	162.75	189.00	203.44	265.13
70	145.69	177.19	204.75	224.44	291.38
71	158.81	195.56	227.06	246.75	321.56
72	175.88	217.88	252.00	274.31	357.00
73	194.25	242.81	280.88	305.81	396.38
74	216.56	270.38	312.38	341.25	439.69
75	241.50	299.25	347.81	379.31	488.25
76	265.13	332.06	385.88	421.31	540.75
77	294.00	367.50	427.88	465.94	597.19
78	322.88	405.56	472.50	515.81	657.56
79	355.69	446.25	519.75	567.00	723.19
80	388.50				
81	425.25				
82	463.31				
83	504.00				
84	546.00				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0081-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	34.13	42.00	45.94	47.25	63.00
45-49	38.06	45.94	51.19	53.81	69.56
50-54	44.63	53.81	61.69	66.94	86.63
55	52.50	61.69	69.56	76.13	99.75
56	55.13	64.31	73.50	80.06	105.00
57	59.06	69.56	78.75	85.31	112.88
58	63.00	76.13	85.31	90.56	120.75
59	68.25	81.38	93.19	99.75	129.94
60	72.19	89.25	99.75	107.63	140.44
61	78.75	95.81	110.25	119.44	152.25
62	85.31	103.69	119.44	128.63	165.38
63	90.56	111.56	128.63	137.81	178.50
64	97.13	119.44	136.50	147.00	191.63
65	105.00	126.00	147.00	156.19	204.75
66	111.56	136.50	157.50	168.00	221.81
67	120.75	148.31	169.31	183.75	242.81
68	131.25	160.13	186.38	202.13	265.13
69	143.06	175.88	203.44	220.50	290.06
70	157.50	194.25	221.81	242.81	320.25
71	171.94	212.63	246.75	267.75	351.75
72	190.31	237.56	273.00	297.94	388.50
73	211.31	263.81	304.50	332.06	431.81
74	233.63	294.00	339.94	368.81	479.06
75	259.88	325.50	378.00	410.81	531.56
76	286.13	360.94	420.00	456.75	588.00
77	316.31	399.00	464.63	506.63	649.69
78	347.81	439.69	514.50	560.44	715.31
79	381.94	484.31	565.69	615.56	786.19
80	417.38				
81	455.44				
82	496.13				
83	536.81				
84	582.75				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0081-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	35.44	43.31	49.88	51.19	66.94
45-49	40.69	47.25	53.81	57.75	73.50
50-54	45.94	57.75	64.31	69.56	93.19
55	53.81	64.31	72.19	78.75	105.00
56	57.75	68.25	77.44	84.00	111.56
57	60.38	72.19	81.38	89.25	116.81
58	64.31	78.75	87.94	95.81	126.00
59	69.56	85.31	95.81	105.00	136.50
60	76.13	93.19	105.00	112.88	147.00
61	81.38	99.75	114.19	123.38	158.81
62	87.94	107.63	123.38	132.56	171.94
63	94.50	115.50	132.56	141.75	185.06
64	99.75	123.38	140.44	150.94	198.19
65	107.63	131.25	150.94	162.75	212.63
66	115.50	140.44	162.75	174.56	229.69
67	124.69	152.25	175.88	190.31	252.00
68	136.50	166.69	192.94	208.69	274.31
69	148.31	182.44	210.00	228.38	300.56
70	162.75	200.81	229.69	250.69	330.75
71	177.19	220.50	254.63	276.94	364.88
72	195.56	245.44	282.19	307.13	402.94
73	217.88	273.00	315.00	342.56	447.56
74	241.50	303.19	350.44	381.94	496.13
75	267.75	336.00	391.13	425.25	549.94
76	295.31	374.06	434.44	472.50	609.00
77	325.50	412.13	480.38	523.69	672.00
78	358.31	454.13	531.56	578.81	740.25
79	392.44	500.06	585.38	637.88	812.44
80	429.19				
81	467.25				
82	509.25				
83	552.56				
84	597.19				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0081-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	55.13	69.56	80.06	87.94	115.50
45-49	61.69	77.44	89.25	97.13	128.63
50-54	76.13	94.50	110.25	119.44	164.06
55	86.63	110.25	126.00	137.81	190.31
56	90.56	115.50	133.88	145.69	199.50
57	97.13	123.38	141.75	154.88	211.31
58	103.69	131.25	150.94	165.38	224.44
59	111.56	140.44	162.75	175.88	237.56
60	119.44	149.63	173.25	186.38	253.31
61	126.00	160.13	185.06	200.81	270.38
62	136.50	171.94	198.19	215.25	288.75
63	145.69	182.44	210.00	228.38	308.44
64	154.88	194.25	224.44	244.13	329.44
65	164.06	207.38	238.88	259.88	350.44
66	175.88	220.50	254.63	278.25	375.38
67	189.00	237.56	274.31	299.25	404.25
68	202.13	255.94	296.63	324.19	437.06
69	217.88	274.31	321.56	350.44	471.19
70	234.94	297.94	347.81	379.31	507.94
71	254.63	322.88	376.69	412.13	551.25
72	276.94	350.44	410.81	448.88	598.50
73	300.56	383.25	448.88	490.88	653.63
74	329.44	418.69	490.88	536.81	711.38
75	359.63	456.75	535.50	586.69	777.00
76	391.13	500.06	585.38	640.50	846.56
77	425.25	544.69	637.88	699.56	920.06
78	458.06	594.56	693.00	761.25	998.81
79	496.13	645.75	753.38	828.19	1084.13
80	534.19				
81	572.25				
82	614.25				
83	657.56				
84	702.19				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0081-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	61.69	78.75	90.56	99.75	129.94
45-49	69.56	86.63	102.38	110.25	145.69
50-54	85.31	106.31	124.69	136.50	183.75
55	95.81	122.06	143.06	156.19	210.00
56	99.75	128.63	150.94	164.06	219.19
57	106.31	136.50	158.81	173.25	231.00
58	112.88	143.06	168.00	183.75	245.44
59	120.75	152.25	178.50	194.25	261.19
60	129.94	164.06	190.31	207.38	276.94
61	139.13	174.56	202.13	219.19	295.31
62	148.31	186.38	215.25	234.94	315.00
63	157.50	199.50	228.38	248.06	336.00
64	166.69	211.31	244.13	265.13	357.00
65	177.19	224.44	259.88	282.19	381.94
66	190.31	238.88	278.25	304.50	405.56
67	203.44	257.25	299.25	326.81	438.38
68	219.19	278.25	324.19	355.69	472.50
69	236.25	297.94	349.13	383.25	509.25
70	254.63	324.19	378.00	413.44	549.94
71	274.31	350.44	410.81	448.88	595.88
72	299.25	381.94	446.25	489.56	648.38
73	325.50	417.38	488.25	534.19	707.44
74	355.69	454.13	532.88	584.06	770.44
75	387.19	496.13	580.13	636.56	840.00
76	421.31	540.75	632.63	693.00	912.19
77	455.44	586.69	689.06	754.69	992.25
78	492.19	637.88	749.44	821.63	1076.25
79	530.25	691.69	812.44	891.19	1166.81
80	570.94				
81	611.63				
82	656.25				
83	700.88				
84	746.81				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0081-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	64.31	81.38	95.81	105.00	136.50
45-49	72.19	90.56	106.31	115.50	150.94
50-54	89.25	112.88	131.25	141.75	191.63
55	99.75	126.00	149.63	164.06	217.88
56	105.00	132.56	157.50	171.94	228.38
57	111.56	140.44	165.38	181.13	241.50
58	116.81	149.63	174.56	191.63	254.63
59	124.69	158.81	185.06	202.13	270.38
60	133.88	169.31	195.56	215.25	287.44
61	143.06	181.13	208.69	227.06	305.81
62	152.25	192.94	221.81	242.81	325.50
63	162.75	204.75	236.25	257.25	347.81
64	173.25	217.88	252.00	274.31	368.81
65	183.75	231.00	269.06	294.00	393.75
66	195.56	246.75	288.75	315.00	420.00
67	210.00	265.13	309.75	339.94	452.81
68	225.75	287.44	334.69	367.50	488.25
69	244.13	308.44	360.94	396.38	526.31
70	262.50	334.69	391.13	429.19	568.31
71	283.50	362.25	425.25	464.63	615.56
72	308.44	395.06	462.00	506.63	670.69
73	336.00	430.50	504.00	552.56	729.75
74	366.19	469.88	549.94	603.75	795.38
75	399.00	510.56	598.50	657.56	866.25
76	434.44	557.81	653.63	716.63	942.38
77	469.88	605.06	710.06	779.63	1023.75
78	506.63	656.25	771.75	847.88	1110.38
79	544.69	711.38	837.38	918.75	1202.25
80	586.69				
81	628.69				
82	673.31				
83	719.25				
84	767.81				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0081-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	42.00	51.19	60.38	64.31	86.63
45-49	45.94	57.75	66.94	72.19	95.81
50-54	60.38	73.50	85.31	94.50	123.38
55	69.56	85.31	98.44	107.63	147.00
56	72.19	89.25	103.69	112.88	156.19
57	77.44	95.81	111.56	120.75	166.69
58	84.00	103.69	120.75	129.94	178.50
59	89.25	111.56	129.94	140.44	192.94
60	97.13	122.06	140.44	152.25	207.38
61	106.31	131.25	152.25	165.38	224.44
62	114.19	141.75	165.38	178.50	241.50
63	122.06	152.25	177.19	191.63	259.88
64	131.25	164.06	190.31	204.75	278.25
65	139.13	174.56	202.13	219.19	297.94
66	149.63	189.00	217.88	236.25	321.56
67	162.75	203.44	236.25	255.94	349.13
68	175.88	221.81	257.25	279.56	379.31
69	191.63	242.81	280.88	305.81	413.44
70	208.69	263.81	307.13	334.69	452.81
71	228.38	290.06	336.00	367.50	493.50
72	250.69	317.63	370.13	404.25	542.06
73	274.31	350.44	408.19	446.25	595.88
74	303.19	384.56	448.88	490.88	653.63
75	332.06	422.63	493.50	540.75	716.63
76	364.88	463.31	542.06	594.56	786.19
77	396.38	507.94	594.56	651.00	858.38
78	430.50	553.88	649.69	714.00	937.13
79	467.25	605.06	708.75	778.31	1018.50
80	506.63				
81	546.00				
82	588.00				
83	631.31				
84	677.25				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0081-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	47.25	60.38	69.56	73.50	98.44
45-49	53.81	66.94	76.13	84.00	110.25
50-54	66.94	84.00	97.13	106.31	139.13
55	77.44	95.81	111.56	120.75	164.06
56	81.38	102.38	116.81	128.63	173.25
57	86.63	107.63	124.69	136.50	185.06
58	93.19	115.50	133.88	147.00	198.19
59	98.44	123.38	143.06	157.50	211.31
60	106.31	133.88	156.19	169.31	227.06
61	115.50	143.06	168.00	183.75	244.13
62	123.38	154.88	181.13	198.19	261.19
63	132.56	165.38	194.25	211.31	280.88
64	141.75	177.19	207.38	225.75	300.56
65	150.94	190.31	220.50	241.50	321.56
66	164.06	204.75	237.56	259.88	347.81
67	177.19	220.50	257.25	279.56	376.69
68	192.94	241.50	280.88	305.81	410.81
69	208.69	262.50	305.81	333.38	447.56
70	225.75	286.13	333.38	362.25	488.25
71	245.44	313.69	364.88	399.00	534.19
72	269.06	342.56	401.63	438.38	585.38
73	295.31	378.00	441.00	483.00	641.81
74	324.19	414.75	484.31	531.56	706.13
75	357.00	455.44	534.19	585.38	773.06
76	391.13	498.75	586.69	644.44	847.88
77	426.56	546.00	641.81	703.50	926.63
78	462.00	597.19	702.19	770.44	1011.94
79	501.38	651.00	766.50	841.31	1101.19
80	542.06				
81	585.38				
82	628.69				
83	673.31				
84	723.19				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0081-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	51.19	63.00	72.19	78.75	105.00
45-49	57.75	69.56	80.06	87.94	115.50
50-54	69.56	86.63	102.38	111.56	145.69
55	80.06	99.75	116.81	126.00	171.94
56	85.31	106.31	123.38	133.88	181.13
57	89.25	112.88	131.25	141.75	192.94
58	95.81	120.75	140.44	152.25	204.75
59	103.69	129.94	149.63	164.06	219.19
60	111.56	139.13	162.75	177.19	234.94
61	119.44	149.63	174.56	191.63	252.00
62	128.63	160.13	186.38	204.75	270.38
63	137.81	171.94	200.81	219.19	290.06
64	147.00	183.75	215.25	234.94	309.75
65	157.50	195.56	228.38	250.69	332.06
66	169.31	211.31	246.75	269.06	358.31
67	183.75	228.38	267.75	290.06	388.50
68	199.50	248.06	290.06	316.31	422.63
69	215.25	270.38	316.31	343.88	462.00
70	233.63	295.31	343.88	375.38	504.00
71	253.31	322.88	376.69	412.13	551.25
72	276.94	353.06	413.44	452.81	603.75
73	304.50	388.50	455.44	498.75	662.81
74	333.38	427.88	500.06	548.63	728.44
75	367.50	469.88	551.25	603.75	798.00
76	401.63	514.50	605.06	664.13	874.13
77	438.38	563.06	662.81	727.13	955.50
78	475.13	615.56	724.50	795.38	1042.13
79	515.81	672.00	790.13	868.88	1135.31
80	557.81				
81	601.13				
82	645.75				
83	691.69				
84	741.56				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0081-A37
Long-Term Care Policy

WITH SURVIVORSHIP BENEFIT RIDER R1-N0103-SERIES

When this rider is chosen, multiply the final premium by the appropriate factor.

ISSUE AGE	NO INFLATION PROTECTION	SIMPLE INFLATION PROTECTION	COMPOUND INFLATION PROTECTION
18-44	1.11	1.17	1.17
45-49	1.14	1.21	1.21
50-54	1.18	1.28	1.28
55	1.20	1.30	1.30
56	1.20	1.30	1.30
57	1.21	1.30	1.30
58	1.21	1.30	1.30
59	1.21	1.30	1.30
60	1.21	1.30	1.30
61	1.21	1.30	1.30
62	1.21	1.29	1.29
63	1.21	1.29	1.29
64	1.21	1.28	1.28
65	1.20	1.27	1.27
66	1.20	1.26	1.26
67	1.20	1.26	1.26
68	1.19	1.25	1.25
69	1.19	1.24	1.24
70	1.18	1.23	1.23
71	1.18	1.22	1.22
72	1.17	1.20	1.20
73	1.16	1.19	1.19
74	1.16	1.18	1.18
75	1.15	1.17	1.17
76	1.14	1.16	1.16
77	1.13	1.15	1.15
78	1.12	1.14	1.14
79	1.11	1.13	1.13
80	1.10	1.12	1.12
81	1.09	1.11	1.11
82	1.08	1.10	1.10
83	1.07	1.09	1.09
84	1.06	1.08	1.08

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0081-A37
Long-Term Care Policy

Elimination Period Factors

Rates shown are for 30 day elimination period. Rates for other elimination periods are calculated by multiplying the 30 day rates by the appropriate factor from the following table:

Benefit Maximum	0	14	20	60	90	100	180	365
730x,1095x	1.12	1.07	1.03	0.94	0.90	0.89	0.78	0.67
1460x,1825x	1.10	1.05	1.03	0.95	0.90	0.89	0.79	0.69
Lifetime	1.08	1.04	1.03	0.96	0.92	0.91	0.84	0.75

Spousal Discount

A 20% discount to the rates is available to married couples if both spouses apply for coverage.

Dual Waiver of Premium Rider R1-N0104-Series

An optional dual waiver of premium rider will be offered. If one spouse qualifies for a waiver of premium, the premium of the other spouse will also be waived. If chosen, multiply the final premium by 1.06.

Shared Advantage Rider R1-N0105-Series

This rider will allow two covered spouses to purchase an additional benefit amount that can be used by either spouse after their base benefits are exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	No Inflation Protection	With Inflation Protection
730x	1.30	1.35
1095x	1.21	1.25
1460x	1.15	1.18
1825x	1.12	1.14

Restoration of Benefits Rider R1-N0108-Series

This rider restores the maximum lifetime benefit if the insured has not met the stipulated conditions for a period of 180 consecutive days and the maximum lifetime benefit has not been exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	Factor
730x	1.08
1095x	1.06
1460x,1825x	1.04

Cost of Living Increase Rider R1-N0107-Series

This rider allows the insured to increase their policy limits, subject to the terms of the rider, every three years without additional underwriting. The additional premium charged is based on the attained age and incremental increase in the maximum daily facility benefit when exercised. If chosen, multiply the final premium by the appropriate factor:

Age	Factor
18-44	1.15
45-49	1.12
50-55	1.10
56-58	1.09
59-61	1.08
62-64	1.07
65-67	1.06
68-70	1.05
71-73	1.04
74-76	1.03

Modal Factors

Semi-Annual: 0.52; Quarterly: 0.27; Check-A-Matic: 0.09

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604

Supplement to Rate Sheets for Policy Form P1-N0085-A37
PENNSYLVANIA

All rates for this form should be multiplied by a factor of: 1.9425

This factor represents the **proposed** increase of: 29.5%

And the following prior approved rate increases:

Policy Form	Increase Applies to all Policies or Subsets	Rate Increase Approved	Approval Date of Rate Increase
P1-N0085-A37	--Yes--	20.00%	3/14/2013
P1-N0085-A37	--Yes--	25.00%	12/3/2014

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0085-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	22.05	25.20	29.40	31.50	39.90
45-49	24.15	28.35	32.55	34.65	44.10
50-54	29.40	34.65	39.90	43.05	54.60
55	33.60	39.90	46.20	49.35	65.10
56	35.70	43.05	49.35	52.50	69.30
57	38.85	46.20	52.50	56.70	74.55
58	42.00	50.40	56.70	61.95	80.85
59	46.20	54.60	61.95	67.20	88.20
60	50.40	59.85	68.25	74.55	95.55
61	54.60	66.15	74.55	80.85	103.95
62	58.80	71.40	80.85	88.20	113.40
63	63.00	76.65	87.15	94.50	121.80
64	67.20	81.90	93.45	100.80	131.25
65	71.40	88.20	99.75	108.15	140.70
66	77.70	94.50	108.15	116.55	152.25
67	84.00	102.90	117.60	127.05	165.90
68	91.35	112.35	129.15	139.65	182.70
69	99.75	122.85	141.75	153.30	200.55
70	109.20	134.40	155.40	169.05	220.50
71	120.75	149.10	172.20	187.95	243.60
72	134.40	165.90	192.15	210.00	271.95
73	150.15	185.85	215.25	235.20	304.50
74	166.95	207.90	241.50	263.55	340.20
75	186.90	233.10	270.90	295.05	379.05
76	207.90	260.40	302.40	329.70	422.10
77	231.00	289.80	337.05	366.45	469.35
78	256.20	322.35	374.85	406.35	519.75
79	283.50	355.95	414.75	449.40	574.35
80	311.85				
81	343.35				
82	375.90				
83	410.55				
84	447.30				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0085-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	26.25	31.50	35.70	37.80	48.30
45-49	28.35	34.65	38.85	42.00	53.55
50-54	33.60	40.95	47.25	51.45	67.20
55	39.90	47.25	53.55	57.75	76.65
56	42.00	50.40	56.70	60.90	80.85
57	45.15	53.55	60.90	65.10	86.10
58	48.30	57.75	65.10	70.35	92.40
59	52.50	63.00	71.40	76.65	99.75
60	56.70	68.25	77.70	84.00	109.20
61	60.90	74.55	85.05	91.35	117.60
62	66.15	79.80	92.40	99.75	128.10
63	71.40	86.10	98.70	106.05	137.55
64	75.60	92.40	105.00	114.45	148.05
65	80.85	99.75	112.35	121.80	159.60
66	87.15	106.05	121.80	132.30	172.20
67	94.50	116.55	132.30	143.85	187.95
68	102.90	127.05	144.90	158.55	205.80
69	112.35	138.60	159.60	173.25	226.80
70	122.85	152.25	175.35	190.05	248.85
71	134.40	168.00	194.25	211.05	276.15
72	150.15	186.90	216.30	236.25	307.65
73	166.95	208.95	242.55	263.55	343.35
74	185.85	234.15	271.95	296.10	383.25
75	207.90	261.45	304.50	330.75	427.35
76	231.00	290.85	340.20	370.65	476.70
77	257.25	324.45	378.00	411.60	529.20
78	284.55	360.15	420.00	456.75	584.85
79	313.95	399.00	465.15	506.10	646.80
80	345.45				
81	379.05				
82	413.70				
83	451.50				
84	491.40				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0085-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	27.30	33.60	37.80	40.95	52.50
45-49	30.45	36.75	42.00	45.15	57.75
50-54	35.70	44.10	50.40	54.60	72.45
55	42.00	50.40	56.70	61.95	80.85
56	44.10	53.55	59.85	65.10	85.05
57	47.25	56.70	64.05	69.30	90.30
58	50.40	60.90	69.30	74.55	97.65
59	54.60	66.15	75.60	80.85	105.00
60	59.85	71.40	81.90	88.20	114.45
61	64.05	77.70	89.25	95.55	123.90
62	69.30	84.00	96.60	103.95	134.40
63	74.55	90.30	103.95	111.30	144.90
64	78.75	96.60	110.25	119.70	155.40
65	85.05	103.95	117.60	128.10	166.95
66	91.35	111.30	127.05	138.60	180.60
67	98.70	121.80	138.60	151.20	197.40
68	107.10	133.35	152.25	165.90	216.30
69	117.60	144.90	166.95	181.65	237.30
70	128.10	159.60	183.75	199.50	261.45
71	140.70	175.35	203.70	221.55	289.80
72	156.45	195.30	226.80	246.75	322.35
73	174.30	218.40	254.10	276.15	360.15
74	194.25	244.65	284.55	309.75	402.15
75	217.35	273.00	318.15	346.50	448.35
76	241.50	304.50	355.95	387.45	499.80
77	267.75	339.15	395.85	431.55	554.40
78	296.10	375.90	438.90	478.80	613.20
79	326.55	416.85	486.15	530.25	677.25
80	359.10				
81	393.75				
82	430.50				
83	469.35				
84	510.30				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0085-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	42.00	51.45	58.80	63.00	86.10
45-49	46.20	56.70	65.10	70.35	95.55
50-54	56.70	70.35	80.85	89.25	121.80
55	66.15	81.90	94.50	102.90	140.70
56	69.30	86.10	99.75	109.20	149.10
57	73.50	91.35	106.05	115.50	157.50
58	78.75	97.65	113.40	122.85	166.95
59	82.95	103.95	120.75	131.25	177.45
60	89.25	111.30	128.10	139.65	189.00
61	95.55	118.65	137.55	149.10	201.60
62	101.85	127.05	147.00	159.60	215.25
63	108.15	135.45	157.50	170.10	229.95
64	115.50	143.85	166.95	181.65	244.65
65	122.85	153.30	178.50	194.25	261.45
66	131.25	164.85	191.10	207.90	281.40
67	141.75	177.45	206.85	224.70	303.45
68	153.30	192.15	223.65	243.60	328.65
69	164.85	207.90	241.50	263.55	354.90
70	178.50	225.75	262.50	286.65	385.35
71	193.20	245.70	285.60	311.85	418.95
72	211.05	268.80	312.90	342.30	457.80
73	232.05	295.05	344.40	376.95	501.90
74	255.15	324.45	379.05	414.75	550.20
75	280.35	355.95	416.85	455.70	603.75
76	306.60	390.60	457.80	501.90	661.50
77	334.95	428.40	502.95	550.20	723.45
78	364.35	468.30	551.25	602.70	789.60
79	395.85	511.35	602.70	658.35	861.00
80	428.40				
81	462.00				
82	497.70				
83	534.45				
84	573.30				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0085-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	48.30	59.85	69.30	75.60	99.75
45-49	53.55	67.20	76.65	84.00	111.30
50-54	66.15	82.95	95.55	103.95	140.70
55	74.55	94.50	109.20	118.65	161.70
56	77.70	99.75	115.50	124.95	170.10
57	81.90	105.00	121.80	132.30	178.50
58	87.15	111.30	129.15	140.70	189.00
59	93.45	117.60	136.50	150.15	200.55
60	100.80	124.95	145.95	158.55	212.10
61	107.10	133.35	155.40	169.05	226.80
62	114.45	142.80	165.90	180.60	241.50
63	121.80	151.20	177.45	193.20	258.30
64	129.15	161.70	187.95	205.80	275.10
65	137.55	172.20	201.60	219.45	294.00
66	147.00	184.80	215.25	235.20	315.00
67	157.50	199.50	233.10	254.10	340.20
68	170.10	215.25	252.00	275.10	368.55
69	183.75	234.15	271.95	298.20	397.95
70	199.50	254.10	296.10	324.45	431.55
71	216.30	276.15	322.35	352.80	469.35
72	236.25	302.40	352.80	386.40	513.45
73	259.35	330.75	387.45	425.25	561.75
74	284.55	363.30	425.25	466.20	615.30
75	311.85	399.00	467.25	511.35	675.15
76	341.25	435.75	512.40	561.75	739.20
77	371.70	477.75	560.70	615.30	807.45
78	404.25	520.80	614.25	672.00	880.95
79	437.85	569.10	668.85	732.90	958.65
80	473.55				
81	510.30				
82	548.10				
83	589.05				
84	631.05				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0085-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	51.45	64.05	73.50	80.85	106.05
45-49	56.70	71.40	81.90	90.30	117.60
50-54	70.35	88.20	101.85	110.25	149.10
55	78.75	99.75	115.50	126.00	170.10
56	81.90	105.00	121.80	132.30	178.50
57	86.10	110.25	128.10	139.65	187.95
58	91.35	116.55	135.45	148.05	198.45
59	97.65	123.90	143.85	157.50	210.00
60	105.00	131.25	153.30	166.95	222.60
61	112.35	139.65	162.75	177.45	237.30
62	119.70	149.10	174.30	190.05	253.05
63	127.05	158.55	185.85	202.65	269.85
64	135.45	169.05	197.40	216.30	287.70
65	143.85	180.60	211.05	229.95	307.65
66	153.30	193.20	225.75	246.75	329.70
67	164.85	208.95	243.60	266.70	355.95
68	177.45	225.75	263.55	288.75	385.35
69	192.15	244.65	285.60	312.90	416.85
70	207.90	265.65	309.75	340.20	451.50
71	225.75	288.75	338.10	370.65	491.40
72	246.75	316.05	369.60	405.30	536.55
73	270.90	346.50	405.30	445.20	588.00
74	297.15	380.10	445.20	488.25	643.65
75	325.50	416.85	488.25	535.50	705.60
76	355.95	455.70	535.50	586.95	771.75
77	387.45	498.75	585.90	642.60	843.15
78	421.05	543.90	640.50	701.40	919.80
79	455.70	593.25	697.20	765.45	1000.65
80	492.45				
81	530.25				
82	570.15				
83	612.15				
84	655.20				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0085-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	30.45	37.80	44.10	48.30	64.05
45-49	33.60	42.00	49.35	53.55	71.40
50-54	45.15	55.65	63.00	68.25	91.35
55	51.45	64.05	72.45	79.80	108.15
56	54.60	67.20	76.65	84.00	115.50
57	57.75	71.40	81.90	90.30	123.90
58	61.95	76.65	88.20	97.65	133.35
59	67.20	82.95	95.55	105.00	143.85
60	72.45	90.30	103.95	113.40	155.40
61	78.75	97.65	113.40	122.85	166.95
62	85.05	106.05	122.85	133.35	180.60
63	91.35	113.40	132.30	143.85	194.25
64	97.65	121.80	141.75	153.30	207.90
65	105.00	130.20	151.20	164.85	223.65
66	113.40	139.65	162.75	177.45	241.50
67	122.85	152.25	177.45	193.20	262.50
68	133.35	165.90	194.25	211.05	286.65
69	144.90	181.65	212.10	231.00	312.90
70	157.50	198.45	232.05	253.05	342.30
71	172.20	218.40	255.15	279.30	374.85
72	190.05	241.50	282.45	308.70	413.70
73	210.00	267.75	312.90	342.30	456.75
74	233.10	296.10	347.55	380.10	505.05
75	257.25	328.65	384.30	421.05	557.55
76	283.50	363.30	424.20	465.15	614.25
77	311.85	400.05	468.30	513.45	675.15
78	341.25	439.95	515.55	564.90	740.25
79	372.75	483.00	564.90	620.55	810.60
80	405.30				
81	439.95				
82	475.65				
83	513.45				
84	553.35				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0085-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	36.75	46.20	52.50	57.75	75.60
45-49	40.95	50.40	58.80	64.05	84.00
50-54	51.45	64.05	74.55	80.85	106.05
55	59.85	74.55	85.05	93.45	126.00
56	63.00	78.75	90.30	97.65	134.40
57	66.15	82.95	95.55	103.95	142.80
58	71.40	89.25	102.90	112.35	153.30
59	76.65	96.60	111.30	120.75	163.80
60	82.95	103.95	119.70	130.20	175.35
61	89.25	111.30	129.15	140.70	187.95
62	96.60	120.75	139.65	152.25	202.65
63	102.90	129.15	150.15	162.75	217.35
64	110.25	137.55	160.65	174.30	233.10
65	118.65	148.05	171.15	185.85	249.90
66	127.05	158.55	183.75	200.55	269.85
67	137.55	172.20	200.55	217.35	292.95
68	149.10	186.90	218.40	237.30	320.25
69	161.70	204.75	238.35	259.35	349.65
70	176.40	223.65	261.45	284.55	383.25
71	193.20	245.70	286.65	312.90	420.00
72	212.10	270.90	317.10	346.50	463.05
73	234.15	299.25	350.70	383.25	511.35
74	259.35	331.80	388.50	425.25	564.90
75	286.65	366.45	429.45	470.40	622.65
76	316.05	404.25	473.55	519.75	686.70
77	346.50	445.20	521.85	573.30	753.90
78	379.05	488.25	573.30	630.00	826.35
79	412.65	535.50	628.95	690.90	904.05
80	448.35				
81	485.10				
82	525.00				
83	565.95				
84	609.00				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0085-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	39.90	49.35	56.70	61.95	80.85
45-49	44.10	54.60	63.00	68.25	89.25
50-54	54.60	68.25	78.75	86.10	112.35
55	63.00	78.75	90.30	98.70	133.35
56	66.15	82.95	95.55	103.95	141.75
57	70.35	88.20	101.85	110.25	151.20
58	75.60	94.50	109.20	118.65	161.70
59	80.85	101.85	117.60	127.05	172.20
60	87.15	109.20	127.05	137.55	183.75
61	93.45	117.60	136.50	148.05	197.40
62	100.80	127.05	147.00	159.60	212.10
63	108.15	136.50	157.50	171.15	227.85
64	115.50	144.90	168.00	182.70	243.60
65	123.90	155.40	179.55	195.30	261.45
66	132.30	166.95	193.20	210.00	281.40
67	143.85	180.60	210.00	227.85	306.60
68	156.45	196.35	228.90	248.85	334.95
69	169.05	214.20	249.90	271.95	365.40
70	184.80	234.15	274.05	298.20	400.05
71	201.60	257.25	300.30	327.60	438.90
72	221.55	283.50	331.80	362.25	484.05
73	244.65	312.90	367.50	401.10	534.45
74	270.90	346.50	406.35	444.15	590.10
75	299.25	382.20	448.35	491.40	651.00
76	329.70	422.10	494.55	542.85	717.15
77	361.20	464.10	544.95	598.50	787.50
78	394.80	509.25	598.50	658.35	863.10
79	429.45	558.60	656.25	721.35	943.95
80	466.20				
81	505.05				
82	546.00				
83	588.00				
84	632.10				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0085-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	26.25	29.40	34.65	36.75	47.25
45-49	28.35	33.60	37.80	40.95	51.45
50-54	34.65	40.95	47.25	50.40	64.05
55	39.90	47.25	54.60	57.75	76.65
56	42.00	50.40	57.75	61.95	81.90
57	46.20	54.60	61.95	67.20	88.20
58	49.35	58.80	67.20	72.45	95.55
59	54.60	64.05	72.45	78.75	103.95
60	58.80	70.35	79.80	88.20	112.35
61	64.05	77.70	88.20	95.55	121.80
62	69.30	84.00	95.55	103.95	133.35
63	74.55	90.30	102.90	111.30	142.80
64	78.75	96.60	110.25	118.65	154.35
65	84.00	103.95	117.60	127.05	165.90
66	91.35	111.30	127.05	137.55	179.55
67	98.70	120.75	138.60	149.10	195.30
68	107.10	132.30	152.25	163.80	215.25
69	117.60	144.90	166.95	180.60	236.25
70	128.10	158.55	182.70	198.45	259.35
71	141.75	175.35	202.65	221.55	286.65
72	158.55	195.30	225.75	246.75	320.25
73	176.40	218.40	253.05	277.20	358.05
74	196.35	244.65	284.55	309.75	400.05
75	219.45	274.05	319.20	347.55	446.25
76	244.65	306.60	355.95	387.45	496.65
77	271.95	341.25	396.90	431.55	552.30
78	301.35	379.05	441.00	477.75	611.10
79	333.90	418.95	488.25	529.20	676.20
80	366.45				
81	404.25				
82	442.05				
83	483.00				
84	526.05				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0085-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	30.45	36.75	42.00	44.10	56.70
45-49	33.60	40.95	46.20	49.35	63.00
50-54	39.90	48.30	55.65	60.90	78.75
55	47.25	55.65	63.00	68.25	90.30
56	49.35	58.80	67.20	71.40	95.55
57	53.55	63.00	71.40	76.65	100.80
58	56.70	68.25	76.65	82.95	109.20
59	61.95	74.55	84.00	90.30	117.60
60	67.20	79.80	91.35	98.70	128.10
61	71.40	88.20	99.75	107.10	138.60
62	77.70	93.45	109.20	117.60	151.20
63	84.00	100.80	116.55	124.95	161.70
64	89.25	109.20	123.90	134.40	174.30
65	95.55	117.60	132.30	142.80	187.95
66	102.90	124.95	142.80	155.40	202.65
67	111.30	137.55	155.40	169.05	221.55
68	120.75	149.10	170.10	186.90	242.55
69	132.30	162.75	187.95	203.70	266.70
70	144.90	179.55	205.80	223.65	292.95
71	158.55	197.40	228.90	247.80	324.45
72	176.40	219.45	254.10	278.25	362.25
73	196.35	245.70	285.60	309.75	404.25
74	218.40	275.10	320.25	348.60	450.45
75	244.65	307.65	358.05	389.55	502.95
76	271.95	342.30	400.05	435.75	560.70
77	302.40	382.20	445.20	484.05	622.65
78	334.95	424.20	494.55	537.60	687.75
79	369.60	469.35	547.05	595.35	761.25
80	406.35				
81	446.25				
82	487.20				
83	531.30				
84	578.55				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0085-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	32.55	39.90	44.10	48.30	61.95
45-49	35.70	43.05	49.35	53.55	68.25
50-54	42.00	51.45	58.80	64.05	85.05
55	49.35	58.80	67.20	72.45	95.55
56	51.45	63.00	70.35	76.65	99.75
57	55.65	67.20	75.60	81.90	106.05
58	58.80	71.40	81.90	88.20	114.45
59	64.05	77.70	89.25	95.55	123.90
60	70.35	84.00	96.60	103.95	134.40
61	75.60	91.35	105.00	112.35	145.95
62	81.90	98.70	113.40	121.80	158.55
63	88.20	106.05	121.80	131.25	170.10
64	92.40	113.40	130.20	140.70	182.70
65	99.75	121.80	138.60	151.20	196.35
66	107.10	131.25	149.10	162.75	212.10
67	116.55	142.80	162.75	177.45	232.05
68	126.00	156.45	179.55	195.30	254.10
69	138.60	170.10	196.35	214.20	279.30
70	151.20	187.95	216.30	235.20	307.65
71	165.90	205.80	239.40	260.40	341.25
72	183.75	229.95	266.70	289.80	379.05
73	204.75	257.25	299.25	324.45	424.20
74	228.90	287.70	334.95	364.35	473.55
75	256.20	321.30	373.80	407.40	527.10
76	284.55	358.05	418.95	455.70	588.00
77	315.00	399.00	466.20	508.20	652.05
78	348.60	442.05	516.60	562.80	721.35
79	384.30	490.35	572.25	623.70	796.95
80	422.10				
81	463.05				
82	506.10				
83	552.30				
84	600.60				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0085-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	49.35	60.90	69.30	74.55	100.80
45-49	54.60	67.20	76.65	82.95	112.35
50-54	67.20	82.95	95.55	105.00	142.80
55	77.70	96.60	111.30	120.75	165.90
56	81.90	100.80	117.60	128.10	175.35
57	86.10	107.10	124.95	135.45	184.80
58	92.40	114.45	133.35	144.90	196.35
59	97.65	121.80	141.75	154.35	208.95
60	105.00	131.25	151.20	163.80	222.60
61	112.35	139.65	161.70	175.35	237.30
62	119.70	149.10	173.25	187.95	253.05
63	127.05	159.60	184.80	200.55	270.90
64	135.45	169.05	196.35	214.20	287.70
65	144.90	180.60	210.00	228.90	307.65
66	154.35	194.25	224.70	244.65	330.75
67	166.95	208.95	243.60	264.60	357.00
68	180.60	225.75	263.55	286.65	386.40
69	194.25	244.65	284.55	309.75	417.90
70	210.00	265.65	308.70	337.05	453.60
71	226.80	288.75	336.00	366.45	492.45
72	247.80	316.05	368.55	403.20	538.65
73	273.00	347.55	405.30	443.10	590.10
74	300.30	382.20	446.25	488.25	646.80
75	329.70	418.95	490.35	536.55	709.80
76	361.20	459.90	538.65	590.10	778.05
77	393.75	504.00	592.20	646.80	851.55
78	428.40	551.25	648.90	708.75	929.25
79	466.20	601.65	708.75	774.90	1013.25
80	504.00				
81	543.90				
82	585.90				
83	628.95				
84	674.10				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0085-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	56.70	70.35	81.90	89.25	117.60
45-49	63.00	78.75	90.30	98.70	131.25
50-54	77.70	97.65	112.35	121.80	165.90
55	88.20	111.30	128.10	139.65	190.05
56	91.35	117.60	135.45	147.00	200.55
57	96.60	123.90	142.80	155.40	210.00
58	102.90	131.25	152.25	165.90	222.60
59	110.25	138.60	160.65	176.40	236.25
60	118.65	147.00	172.20	186.90	249.90
61	126.00	156.45	182.70	198.45	266.70
62	134.40	168.00	195.30	212.10	284.55
63	142.80	177.45	208.95	226.80	303.45
64	152.25	190.05	221.55	242.55	323.40
65	161.70	202.65	237.30	258.30	345.45
66	173.25	217.35	253.05	277.20	370.65
67	184.80	235.20	274.05	299.25	400.05
68	200.55	253.05	296.10	323.40	433.65
69	216.30	275.10	320.25	350.70	468.30
70	235.20	299.25	348.60	382.20	508.20
71	254.10	324.45	379.05	414.75	552.30
72	278.25	355.95	414.75	454.65	603.75
73	305.55	389.55	455.70	499.80	660.45
74	334.95	427.35	499.80	548.10	723.45
75	366.45	469.35	550.20	601.65	793.80
76	401.10	512.40	602.70	660.45	869.40
77	436.80	561.75	659.40	723.45	950.25
78	475.65	613.20	722.40	790.65	1036.35
79	515.55	669.90	786.45	862.05	1127.70
80	557.55				
81	600.60				
82	644.70				
83	693.00				
84	742.35				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0085-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	60.90	75.60	86.10	95.55	124.95
45-49	67.20	84.00	96.60	106.05	138.60
50-54	82.95	103.95	119.70	130.20	175.35
55	92.40	117.60	135.45	148.05	200.55
56	96.60	123.90	142.80	155.40	210.00
57	100.80	130.20	151.20	163.80	221.55
58	107.10	137.55	159.60	174.30	233.10
59	114.45	145.95	169.05	184.80	246.75
60	123.90	154.35	180.60	196.35	261.45
61	132.30	163.80	191.10	208.95	279.30
62	140.70	175.35	204.75	223.65	298.20
63	149.10	186.90	218.40	238.35	317.10
64	159.60	198.45	232.05	254.10	338.10
65	169.05	212.10	247.80	270.90	362.25
66	180.60	226.80	265.65	289.80	387.45
67	194.25	245.70	286.65	313.95	418.95
68	208.95	265.65	309.75	340.20	453.60
69	225.75	287.70	336.00	368.55	490.35
70	244.65	312.90	364.35	400.05	531.30
71	265.65	340.20	397.95	435.75	578.55
72	289.80	371.70	434.70	476.70	631.05
73	319.20	407.40	476.70	523.95	691.95
74	349.65	447.30	523.95	574.35	757.05
75	383.25	490.35	574.35	630.00	830.55
76	418.95	536.55	630.00	690.90	908.25
77	455.70	586.95	688.80	756.00	992.25
78	495.60	639.45	753.90	825.30	1082.55
79	536.55	698.25	820.05	900.90	1177.05
80	579.60				
81	623.70				
82	670.95				
83	720.30				
84	770.70				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0085-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	35.70	44.10	51.45	56.70	75.60
45-49	39.90	49.35	57.75	63.00	84.00
50-54	53.55	65.10	74.55	79.80	107.10
55	60.90	75.60	85.05	93.45	127.05
56	64.05	78.75	90.30	98.70	135.45
57	68.25	84.00	96.60	106.05	145.95
58	72.45	90.30	103.95	114.45	156.45
59	78.75	97.65	112.35	123.90	169.05
60	85.05	106.05	121.80	133.35	182.70
61	92.40	114.45	133.35	144.90	196.35
62	99.75	124.95	144.90	156.45	212.10
63	107.10	133.35	155.40	169.05	228.90
64	114.45	142.80	166.95	180.60	244.65
65	123.90	153.30	177.45	194.25	263.55
66	133.35	163.80	191.10	208.95	284.55
67	144.90	179.55	208.95	226.80	308.70
68	156.45	195.30	228.90	247.80	337.05
69	170.10	214.20	249.90	271.95	368.55
70	184.80	233.10	273.00	298.20	403.20
71	202.65	257.25	300.30	328.65	441.00
72	223.65	284.55	331.80	363.30	487.20
73	246.75	315.00	368.55	403.20	537.60
74	274.05	348.60	408.45	447.30	594.30
75	302.40	386.40	452.55	495.60	656.25
76	333.90	427.35	498.75	547.05	722.40
77	366.45	470.40	551.25	603.75	793.80
78	401.10	517.65	606.90	664.65	870.45
79	438.90	568.05	664.65	729.75	953.40
80	476.70				
81	517.65				
82	559.65				
83	603.75				
84	651.00				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0085-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	43.05	54.60	61.95	68.25	89.25
45-49	48.30	58.80	69.30	75.60	98.70
50-54	60.90	75.60	88.20	95.55	124.95
55	70.35	88.20	99.75	110.25	148.05
56	74.55	92.40	106.05	114.45	158.55
57	77.70	97.65	112.35	121.80	168.00
58	84.00	105.00	120.75	132.30	180.60
59	90.30	113.40	131.25	141.75	193.20
60	97.65	121.80	140.70	153.30	205.80
61	105.00	131.25	152.25	165.90	221.55
62	113.40	141.75	163.80	179.55	238.35
63	120.75	152.25	176.40	191.10	256.20
64	130.20	161.70	189.00	204.75	274.05
65	139.65	174.30	201.60	218.40	294.00
66	149.10	186.90	216.30	236.25	317.10
67	161.70	202.65	236.25	256.20	344.40
68	175.35	219.45	257.25	279.30	376.95
69	190.05	240.45	280.35	305.55	411.60
70	207.90	263.55	307.65	334.95	450.45
71	226.80	288.75	337.05	368.55	494.55
72	249.90	319.20	372.75	407.40	544.95
73	275.10	351.75	412.65	450.45	601.65
74	305.55	390.60	456.75	499.80	664.65
75	337.05	431.55	505.05	553.35	732.90
76	371.70	475.65	557.55	611.10	807.45
77	407.40	523.95	614.25	674.10	887.25
78	446.25	574.35	674.10	741.30	972.30
79	485.10	630.00	740.25	812.70	1063.65
80	527.10				
81	571.20				
82	617.40				
83	665.70				
84	716.10				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0085-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	47.25	57.75	67.20	72.45	95.55
45-49	51.45	64.05	74.55	79.80	105.00
50-54	64.05	79.80	92.40	100.80	132.30
55	74.55	92.40	106.05	116.55	156.45
56	77.70	97.65	112.35	121.80	166.95
57	82.95	103.95	119.70	130.20	177.45
58	89.25	111.30	128.10	139.65	190.05
59	95.55	119.70	138.60	149.10	202.65
60	102.90	128.10	149.10	161.70	216.30
61	110.25	138.60	160.65	174.30	232.05
62	118.65	149.10	173.25	187.95	249.90
63	127.05	160.65	184.80	201.60	267.75
64	135.45	170.10	197.40	215.25	286.65
65	145.95	182.70	211.05	229.95	307.65
66	155.40	196.35	226.80	246.75	330.75
67	169.05	212.10	246.75	267.75	361.20
68	183.75	231.00	268.80	292.95	393.75
69	198.45	252.00	294.00	320.25	429.45
70	217.35	275.10	322.35	350.70	470.40
71	237.30	302.40	352.80	385.35	516.60
72	260.40	333.90	390.60	426.30	569.10
73	287.70	368.55	432.60	471.45	628.95
74	319.20	407.40	477.75	522.90	694.05
75	351.75	449.40	527.10	578.55	765.45
76	387.45	496.65	581.70	638.40	844.20
77	425.25	546.00	641.55	704.55	926.10
78	464.10	599.55	704.55	774.90	1015.35
79	505.05	657.30	771.75	848.40	1110.90
80	548.10				
81	594.30				
82	642.60				
83	691.95				
84	743.40				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0085-A37
Long-Term Care Policy

WITH SURVIVORSHIP BENEFIT RIDER R1-N0103-SERIES

When this rider is chosen, multiply the final premium by the appropriate factor.

ISSUE AGE	NO INFLATION PROTECTION	SIMPLE INFLATION PROTECTION	COMPOUND INFLATION PROTECTION
18-44	1.11	1.17	1.17
45-49	1.14	1.21	1.21
50-54	1.18	1.28	1.28
55	1.20	1.30	1.30
56	1.20	1.30	1.30
57	1.21	1.30	1.30
58	1.21	1.30	1.30
59	1.21	1.30	1.30
60	1.21	1.30	1.30
61	1.21	1.30	1.30
62	1.21	1.29	1.29
63	1.21	1.29	1.29
64	1.21	1.28	1.28
65	1.20	1.27	1.27
66	1.20	1.26	1.26
67	1.20	1.26	1.26
68	1.19	1.25	1.25
69	1.19	1.24	1.24
70	1.18	1.23	1.23
71	1.18	1.22	1.22
72	1.17	1.20	1.20
73	1.16	1.19	1.19
74	1.16	1.18	1.18
75	1.15	1.17	1.17
76	1.14	1.16	1.16
77	1.13	1.15	1.15
78	1.12	1.14	1.14
79	1.11	1.13	1.13
80	1.10	1.12	1.12
81	1.09	1.11	1.11
82	1.08	1.10	1.10
83	1.07	1.09	1.09
84	1.06	1.08	1.08

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0085-A37
Long-Term Care Policy

Elimination Period Factors

Rates shown are for 30 day elimination period. Rates for other elimination periods are calculated by multiplying the 30 day rates by the appropriate factor from the following table:

Benefit Maximum	0	14	20	60	90	100	180	365
730x,1095x	1.11	1.06	1.03	0.95	0.91	0.90	0.80	0.71
1460x,1825x	1.09	1.05	1.03	0.95	0.91	0.90	0.81	0.72
Lifetime	1.07	1.04	1.03	0.96	0.93	0.92	0.85	0.78

Spousal Discount

A 20% discount to the rates is available to married couples if both spouses apply for coverage.

Dual Waiver of Premium Rider R1-N0104-Series

An optional dual waiver of premium rider will be offered. If one spouse qualifies for a waiver of premium, the premium of the other spouse will also be waived. If chosen, multiply the final premium by 1.06.

Shared Advantage Rider R1-N0105-Series

This rider will allow two covered spouses to purchase an additional benefit amount that can be used by either spouse after their base benefits are exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	No Inflation Protection	With Inflation Protection
730x	1.30	1.35
1095x	1.21	1.25
1460x	1.15	1.18
1825x	1.12	1.14

Restoration of Benefits Rider R1-N0108-Series

This rider restores the maximum lifetime benefit if the insured has not met the stipulated conditions for a period of 180 consecutive days and the maximum lifetime benefit has not been exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	Factor
730x	1.08
1095x	1.06
1460x,1825x	1.04

Cost of Living Increase Rider R1-N0107-Series

This rider allows the insured to increase their policy limits, subject to the terms of the rider, every three years without additional underwriting. The additional premium charged is based on the attained age and incremental increase in the maximum daily facility benefit when exercised. If chosen, multiply the final premium by the appropriate factor:

Age	Factor
18-44	1.15
45-49	1.12
50-55	1.10
56-58	1.09
59-61	1.08
62-64	1.07
65-67	1.06
68-70	1.05
71-73	1.04
74-76	1.03

Modal Factors

Semi-Annual: 0.52; Quarterly: 0.27; Check-A-Matic: 0.09

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604

Supplement to Rate Sheets for Policy Form P1-N0086-A37
PENNSYLVANIA

All rates for this form should be multiplied by a factor of: 1.9425

This factor represents the **proposed** increase of: 29.5%

And the following prior approved rate increases:

Policy Form	Increase Applies to all Policies or Subsets	Rate Increase Approved	Approval Date of Rate Increase
P1-N0086-A37	--Yes--	20.00%	3/14/2013
P1-N0086-A37	--Yes--	25.00%	12/3/2014

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0086-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	27.56	31.50	36.75	39.38	49.88
45-49	30.19	35.44	40.69	43.31	55.13
50-54	36.75	43.31	49.88	53.81	68.25
55	42.00	49.88	57.75	61.69	81.38
56	44.63	53.81	61.69	65.63	86.63
57	48.56	57.75	65.63	70.88	93.19
58	52.50	63.00	70.88	77.44	101.06
59	57.75	68.25	77.44	84.00	110.25
60	63.00	74.81	85.31	93.19	119.44
61	68.25	82.69	93.19	101.06	129.94
62	73.50	89.25	101.06	110.25	141.75
63	78.75	95.81	108.94	118.13	152.25
64	84.00	102.38	116.81	126.00	164.06
65	89.25	110.25	124.69	135.19	175.88
66	97.13	118.13	135.19	145.69	190.31
67	105.00	128.63	147.00	158.81	207.38
68	114.19	140.44	161.44	174.56	228.38
69	124.69	153.56	177.19	191.63	250.69
70	136.50	168.00	194.25	211.31	275.63
71	150.94	186.38	215.25	234.94	304.50
72	168.00	207.38	240.19	262.50	339.94
73	187.69	232.31	269.06	294.00	380.63
74	208.69	259.88	301.88	329.44	425.25
75	233.63	291.38	338.63	368.81	473.81
76	259.88	325.50	378.00	412.13	527.63
77	288.75	362.25	421.31	458.06	586.69
78	320.25	402.94	468.56	507.94	649.69
79	354.38	444.94	518.44	561.75	717.94
80	389.81				
81	429.19				
82	469.88				
83	513.19				
84	559.13				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0086-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	32.81	39.38	44.63	47.25	60.38
45-49	35.44	43.31	48.56	52.50	66.94
50-54	42.00	51.19	59.06	64.31	84.00
55	49.88	59.06	66.94	72.19	95.81
56	52.50	63.00	70.88	76.13	101.06
57	56.44	66.94	76.13	81.38	107.63
58	60.38	72.19	81.38	87.94	115.50
59	65.63	78.75	89.25	95.81	124.69
60	70.88	85.31	97.13	105.00	136.50
61	76.13	93.19	106.31	114.19	147.00
62	82.69	99.75	115.50	124.69	160.13
63	89.25	107.63	123.38	132.56	171.94
64	94.50	115.50	131.25	143.06	185.06
65	101.06	124.69	140.44	152.25	199.50
66	108.94	132.56	152.25	165.38	215.25
67	118.13	145.69	165.38	179.81	234.94
68	128.63	158.81	181.13	198.19	257.25
69	140.44	173.25	199.50	216.56	283.50
70	153.56	190.31	219.19	237.56	311.06
71	168.00	210.00	242.81	263.81	345.19
72	187.69	233.63	270.38	295.31	384.56
73	208.69	261.19	303.19	329.44	429.19
74	232.31	292.69	339.94	370.13	479.06
75	259.88	326.81	380.63	413.44	534.19
76	288.75	363.56	425.25	463.31	595.88
77	321.56	405.56	472.50	514.50	661.50
78	355.69	450.19	525.00	570.94	731.06
79	392.44	498.75	581.44	632.63	808.50
80	431.81				
81	473.81				
82	517.13				
83	564.38				
84	614.25				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0086-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	34.13	42.00	47.25	51.19	65.63
45-49	38.06	45.94	52.50	56.44	72.19
50-54	44.63	55.13	63.00	68.25	90.56
55	52.50	63.00	70.88	77.44	101.06
56	55.13	66.94	74.81	81.38	106.31
57	59.06	70.88	80.06	86.63	112.88
58	63.00	76.13	86.63	93.19	122.06
59	68.25	82.69	94.50	101.06	131.25
60	74.81	89.25	102.38	110.25	143.06
61	80.06	97.13	111.56	119.44	154.88
62	86.63	105.00	120.75	129.94	168.00
63	93.19	112.88	129.94	139.13	181.13
64	98.44	120.75	137.81	149.63	194.25
65	106.31	129.94	147.00	160.13	208.69
66	114.19	139.13	158.81	173.25	225.75
67	123.38	152.25	173.25	189.00	246.75
68	133.88	166.69	190.31	207.38	270.38
69	147.00	181.13	208.69	227.06	296.63
70	160.13	199.50	229.69	249.38	326.81
71	175.88	219.19	254.63	276.94	362.25
72	195.56	244.13	283.50	308.44	402.94
73	217.88	273.00	317.63	345.19	450.19
74	242.81	305.81	355.69	387.19	502.69
75	271.69	341.25	397.69	433.13	560.44
76	301.88	380.63	444.94	484.31	624.75
77	334.69	423.94	494.81	539.44	693.00
78	370.13	469.88	548.63	598.50	766.50
79	408.19	521.06	607.69	662.81	846.56
80	448.88				
81	492.19				
82	538.13				
83	586.69				
84	637.88				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0086-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	52.50	64.31	73.50	78.75	107.63
45-49	57.75	70.88	81.38	87.94	119.44
50-54	70.88	87.94	101.06	111.56	152.25
55	82.69	102.38	118.13	128.63	175.88
56	86.63	107.63	124.69	136.50	186.38
57	91.88	114.19	132.56	144.38	196.88
58	98.44	122.06	141.75	153.56	208.69
59	103.69	129.94	150.94	164.06	221.81
60	111.56	139.13	160.13	174.56	236.25
61	119.44	148.31	171.94	186.38	252.00
62	127.31	158.81	183.75	199.50	269.06
63	135.19	169.31	196.88	212.63	287.44
64	144.38	179.81	208.69	227.06	305.81
65	153.56	191.63	223.13	242.81	326.81
66	164.06	206.06	238.88	259.88	351.75
67	177.19	221.81	258.56	280.88	379.31
68	191.63	240.19	279.56	304.50	410.81
69	206.06	259.88	301.88	329.44	443.63
70	223.13	282.19	328.13	358.31	481.69
71	241.50	307.13	357.00	389.81	523.69
72	263.81	336.00	391.13	427.88	572.25
73	290.06	368.81	430.50	471.19	627.38
74	318.94	405.56	473.81	518.44	687.75
75	350.44	444.94	521.06	569.63	754.69
76	383.25	488.25	572.25	627.38	826.88
77	418.69	535.50	628.69	687.75	904.31
78	455.44	585.38	689.06	753.38	987.00
79	494.81	639.19	753.38	822.94	1076.25
80	535.50				
81	577.50				
82	622.13				
83	668.06				
84	716.63				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0086-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	60.38	74.81	86.63	94.50	124.69
45-49	66.94	84.00	95.81	105.00	139.13
50-54	82.69	103.69	119.44	129.94	175.88
55	93.19	118.13	136.50	148.31	202.13
56	97.13	124.69	144.38	156.19	212.63
57	102.38	131.25	152.25	165.38	223.13
58	108.94	139.13	161.44	175.88	236.25
59	116.81	147.00	170.63	187.69	250.69
60	126.00	156.19	182.44	198.19	265.13
61	133.88	166.69	194.25	211.31	283.50
62	143.06	178.50	207.38	225.75	301.88
63	152.25	189.00	221.81	241.50	322.88
64	161.44	202.13	234.94	257.25	343.88
65	171.94	215.25	252.00	274.31	367.50
66	183.75	231.00	269.06	294.00	393.75
67	196.88	249.38	291.38	317.63	425.25
68	212.63	269.06	315.00	343.88	460.69
69	229.69	292.69	339.94	372.75	497.44
70	249.38	317.63	370.13	405.56	539.44
71	270.38	345.19	402.94	441.00	586.69
72	295.31	378.00	441.00	483.00	641.81
73	324.19	413.44	484.31	531.56	702.19
74	355.69	454.13	531.56	582.75	769.13
75	389.81	498.75	584.06	639.19	843.94
76	426.56	544.69	640.50	702.19	924.00
77	464.63	597.19	700.88	769.13	1009.31
78	505.31	651.00	767.81	840.00	1101.19
79	547.31	711.38	836.06	916.13	1198.31
80	591.94				
81	637.88				
82	685.13				
83	736.31				
84	788.81				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0086-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	64.31	80.06	91.88	101.06	132.56
45-49	70.88	89.25	102.38	112.88	147.00
50-54	87.94	110.25	127.31	137.81	186.38
55	98.44	124.69	144.38	157.50	212.63
56	102.38	131.25	152.25	165.38	223.13
57	107.63	137.81	160.13	174.56	234.94
58	114.19	145.69	169.31	185.06	248.06
59	122.06	154.88	179.81	196.88	262.50
60	131.25	164.06	191.63	208.69	278.25
61	140.44	174.56	203.44	221.81	296.63
62	149.63	186.38	217.88	237.56	316.31
63	158.81	198.19	232.31	253.31	337.31
64	169.31	211.31	246.75	270.38	359.63
65	179.81	225.75	263.81	287.44	384.56
66	191.63	241.50	282.19	308.44	412.13
67	206.06	261.19	304.50	333.38	444.94
68	221.81	282.19	329.44	360.94	481.69
69	240.19	305.81	357.00	391.13	521.06
70	259.88	332.06	387.19	425.25	564.38
71	282.19	360.94	422.63	463.31	614.25
72	308.44	395.06	462.00	506.63	670.69
73	338.63	433.13	506.63	556.50	735.00
74	371.44	475.13	556.50	610.31	804.56
75	406.88	521.06	610.31	669.38	882.00
76	444.94	569.63	669.38	733.69	964.69
77	484.31	623.44	732.38	803.25	1053.94
78	526.31	679.88	800.63	876.75	1149.75
79	569.63	741.56	871.50	956.81	1250.81
80	615.56				
81	662.81				
82	712.69				
83	765.19				
84	819.00				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0086-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	38.06	47.25	55.13	60.38	80.06
45-49	42.00	52.50	61.69	66.94	89.25
50-54	56.44	69.56	78.75	85.31	114.19
55	64.31	80.06	90.56	99.75	135.19
56	68.25	84.00	95.81	105.00	144.38
57	72.19	89.25	102.38	112.88	154.88
58	77.44	95.81	110.25	122.06	166.69
59	84.00	103.69	119.44	131.25	179.81
60	90.56	112.88	129.94	141.75	194.25
61	98.44	122.06	141.75	153.56	208.69
62	106.31	132.56	153.56	166.69	225.75
63	114.19	141.75	165.38	179.81	242.81
64	122.06	152.25	177.19	191.63	259.88
65	131.25	162.75	189.00	206.06	279.56
66	141.75	174.56	203.44	221.81	301.88
67	153.56	190.31	221.81	241.50	328.13
68	166.69	207.38	242.81	263.81	358.31
69	181.13	227.06	265.13	288.75	391.13
70	196.88	248.06	290.06	316.31	427.88
71	215.25	273.00	318.94	349.13	468.56
72	237.56	301.88	353.06	385.88	517.13
73	262.50	334.69	391.13	427.88	570.94
74	291.38	370.13	434.44	475.13	631.31
75	321.56	410.81	480.38	526.31	696.94
76	354.38	454.13	530.25	581.44	767.81
77	389.81	500.06	585.38	641.81	843.94
78	426.56	549.94	644.44	706.13	925.31
79	465.94	603.75	706.13	775.69	1013.25
80	506.63				
81	549.94				
82	594.56				
83	641.81				
84	691.69				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0086-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	45.94	57.75	65.63	72.19	94.50
45-49	51.19	63.00	73.50	80.06	105.00
50-54	64.31	80.06	93.19	101.06	132.56
55	74.81	93.19	106.31	116.81	157.50
56	78.75	98.44	112.88	122.06	168.00
57	82.69	103.69	119.44	129.94	178.50
58	89.25	111.56	128.63	140.44	191.63
59	95.81	120.75	139.13	150.94	204.75
60	103.69	129.94	149.63	162.75	219.19
61	111.56	139.13	161.44	175.88	234.94
62	120.75	150.94	174.56	190.31	253.31
63	128.63	161.44	187.69	203.44	271.69
64	137.81	171.94	200.81	217.88	291.38
65	148.31	185.06	213.94	232.31	312.38
66	158.81	198.19	229.69	250.69	337.31
67	171.94	215.25	250.69	271.69	366.19
68	186.38	233.63	273.00	296.63	400.31
69	202.13	255.94	297.94	324.19	437.06
70	220.50	279.56	326.81	355.69	479.06
71	241.50	307.13	358.31	391.13	525.00
72	265.13	338.63	396.38	433.13	578.81
73	292.69	374.06	438.38	479.06	639.19
74	324.19	414.75	485.63	531.56	706.13
75	358.31	458.06	536.81	588.00	778.31
76	395.06	505.31	591.94	649.69	858.38
77	433.13	556.50	652.31	716.63	942.38
78	473.81	610.31	716.63	787.50	1032.94
79	515.81	669.38	786.19	863.63	1130.06
80	560.44				
81	606.38				
82	656.25				
83	707.44				
84	761.25				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0086-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	49.88	61.69	70.88	77.44	101.06
45-49	55.13	68.25	78.75	85.31	111.56
50-54	68.25	85.31	98.44	107.63	140.44
55	78.75	98.44	112.88	123.38	166.69
56	82.69	103.69	119.44	129.94	177.19
57	87.94	110.25	127.31	137.81	189.00
58	94.50	118.13	136.50	148.31	202.13
59	101.06	127.31	147.00	158.81	215.25
60	108.94	136.50	158.81	171.94	229.69
61	116.81	147.00	170.63	185.06	246.75
62	126.00	158.81	183.75	199.50	265.13
63	135.19	170.63	196.88	213.94	284.81
64	144.38	181.13	210.00	228.38	304.50
65	154.88	194.25	224.44	244.13	326.81
66	165.38	208.69	241.50	262.50	351.75
67	179.81	225.75	262.50	284.81	383.25
68	195.56	245.44	286.13	311.06	418.69
69	211.31	267.75	312.38	339.94	456.75
70	231.00	292.69	342.56	372.75	500.06
71	252.00	321.56	375.38	409.50	548.63
72	276.94	354.38	414.75	452.81	605.06
73	305.81	391.13	459.38	501.38	668.06
74	338.63	433.13	507.94	555.19	737.63
75	374.06	477.75	560.44	614.25	813.75
76	412.13	527.63	618.19	678.56	896.44
77	451.50	580.13	681.19	748.13	984.38
78	493.50	636.56	748.13	822.94	1078.88
79	536.81	698.25	820.31	901.69	1179.94
80	582.75				
81	631.31				
82	682.50				
83	735.00				
84	790.13				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0086-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	32.81	36.75	43.31	45.94	59.06
45-49	35.44	42.00	47.25	51.19	64.31
50-54	43.31	51.19	59.06	63.00	80.06
55	49.88	59.06	68.25	72.19	95.81
56	52.50	63.00	72.19	77.44	102.38
57	57.75	68.25	77.44	84.00	110.25
58	61.69	73.50	84.00	90.56	119.44
59	68.25	80.06	90.56	98.44	129.94
60	73.50	87.94	99.75	110.25	140.44
61	80.06	97.13	110.25	119.44	152.25
62	86.63	105.00	119.44	129.94	166.69
63	93.19	112.88	128.63	139.13	178.50
64	98.44	120.75	137.81	148.31	192.94
65	105.00	129.94	147.00	158.81	207.38
66	114.19	139.13	158.81	171.94	224.44
67	123.38	150.94	173.25	186.38	244.13
68	133.88	165.38	190.31	204.75	269.06
69	147.00	181.13	208.69	225.75	295.31
70	160.13	198.19	228.38	248.06	324.19
71	177.19	219.19	253.31	276.94	358.31
72	198.19	244.13	282.19	308.44	400.31
73	220.50	273.00	316.31	346.50	447.56
74	245.44	305.81	355.69	387.19	500.06
75	274.31	342.56	399.00	434.44	557.81
76	305.81	383.25	444.94	484.31	620.81
77	339.94	426.56	496.13	539.44	690.38
78	376.69	473.81	551.25	597.19	763.88
79	417.38	523.69	610.31	661.50	845.25
80	458.06				
81	505.31				
82	552.56				
83	603.75				
84	657.56				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0086-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	38.06	45.94	52.50	55.13	70.88
45-49	42.00	51.19	57.75	61.69	78.75
50-54	49.88	60.38	69.56	76.13	98.44
55	59.06	69.56	78.75	85.31	112.88
56	61.69	73.50	84.00	89.25	119.44
57	66.94	78.75	89.25	95.81	126.00
58	70.88	85.31	95.81	103.69	136.50
59	77.44	93.19	105.00	112.88	147.00
60	84.00	99.75	114.19	123.38	160.13
61	89.25	110.25	124.69	133.88	173.25
62	97.13	116.81	136.50	147.00	189.00
63	105.00	126.00	145.69	156.19	202.13
64	111.56	136.50	154.88	168.00	217.88
65	119.44	147.00	165.38	178.50	234.94
66	128.63	156.19	178.50	194.25	253.31
67	139.13	171.94	194.25	211.31	276.94
68	150.94	186.38	212.63	233.63	303.19
69	165.38	203.44	234.94	254.63	333.38
70	181.13	224.44	257.25	279.56	366.19
71	198.19	246.75	286.13	309.75	405.56
72	220.50	274.31	317.63	347.81	452.81
73	245.44	307.13	357.00	387.19	505.31
74	273.00	343.88	400.31	435.75	563.06
75	305.81	384.56	447.56	486.94	628.69
76	339.94	427.88	500.06	544.69	700.88
77	378.00	477.75	556.50	605.06	778.31
78	418.69	530.25	618.19	672.00	859.69
79	462.00	586.69	683.81	744.19	951.56
80	507.94				
81	557.81				
82	609.00				
83	664.13				
84	723.19				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0086-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	40.69	49.88	55.13	60.38	77.44
45-49	44.63	53.81	61.69	66.94	85.31
50-54	52.50	64.31	73.50	80.06	106.31
55	61.69	73.50	84.00	90.56	119.44
56	64.31	78.75	87.94	95.81	124.69
57	69.56	84.00	94.50	102.38	132.56
58	73.50	89.25	102.38	110.25	143.06
59	80.06	97.13	111.56	119.44	154.88
60	87.94	105.00	120.75	129.94	168.00
61	94.50	114.19	131.25	140.44	182.44
62	102.38	123.38	141.75	152.25	198.19
63	110.25	132.56	152.25	164.06	212.63
64	115.50	141.75	162.75	175.88	228.38
65	124.69	152.25	173.25	189.00	245.44
66	133.88	164.06	186.38	203.44	265.13
67	145.69	178.50	203.44	221.81	290.06
68	157.50	195.56	224.44	244.13	317.63
69	173.25	212.63	245.44	267.75	349.13
70	189.00	234.94	270.38	294.00	384.56
71	207.38	257.25	299.25	325.50	426.56
72	229.69	287.44	333.38	362.25	473.81
73	255.94	321.56	374.06	405.56	530.25
74	286.13	359.63	418.69	455.44	591.94
75	320.25	401.63	467.25	509.25	658.88
76	355.69	447.56	523.69	569.63	735.00
77	393.75	498.75	582.75	635.25	815.06
78	435.75	552.56	645.75	703.50	901.69
79	480.38	612.94	715.31	779.63	996.19
80	527.63				
81	578.81				
82	632.63				
83	690.38				
84	750.75				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0086-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	61.69	76.13	86.63	93.19	126.00
45-49	68.25	84.00	95.81	103.69	140.44
50-54	84.00	103.69	119.44	131.25	178.50
55	97.13	120.75	139.13	150.94	207.38
56	102.38	126.00	147.00	160.13	219.19
57	107.63	133.88	156.19	169.31	231.00
58	115.50	143.06	166.69	181.13	245.44
59	122.06	152.25	177.19	192.94	261.19
60	131.25	164.06	189.00	204.75	278.25
61	140.44	174.56	202.13	219.19	296.63
62	149.63	186.38	216.56	234.94	316.31
63	158.81	199.50	231.00	250.69	338.63
64	169.31	211.31	245.44	267.75	359.63
65	181.13	225.75	262.50	286.13	384.56
66	192.94	242.81	280.88	305.81	413.44
67	208.69	261.19	304.50	330.75	446.25
68	225.75	282.19	329.44	358.31	483.00
69	242.81	305.81	355.69	387.19	522.38
70	262.50	332.06	385.88	421.31	567.00
71	283.50	360.94	420.00	458.06	615.56
72	309.75	395.06	460.69	504.00	673.31
73	341.25	434.44	506.63	553.88	737.63
74	375.38	477.75	557.81	610.31	808.50
75	412.13	523.69	612.94	670.69	887.25
76	451.50	574.88	673.31	737.63	972.56
77	492.19	630.00	740.25	808.50	1064.44
78	535.50	689.06	811.13	885.94	1161.56
79	582.75	752.06	885.94	968.63	1266.56
80	630.00				
81	679.88				
82	732.38				
83	786.19				
84	842.63				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0086-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	70.88	87.94	102.38	111.56	147.00
45-49	78.75	98.44	112.88	123.38	164.06
50-54	97.13	122.06	140.44	152.25	207.38
55	110.25	139.13	160.13	174.56	237.56
56	114.19	147.00	169.31	183.75	250.69
57	120.75	154.88	178.50	194.25	262.50
58	128.63	164.06	190.31	207.38	278.25
59	137.81	173.25	200.81	220.50	295.31
60	148.31	183.75	215.25	233.63	312.38
61	157.50	195.56	228.38	248.06	333.38
62	168.00	210.00	244.13	265.13	355.69
63	178.50	221.81	261.19	283.50	379.31
64	190.31	237.56	276.94	303.19	404.25
65	202.13	253.31	296.63	322.88	431.81
66	216.56	271.69	316.31	346.50	463.31
67	231.00	294.00	342.56	374.06	500.06
68	250.69	316.31	370.13	404.25	542.06
69	270.38	343.88	400.31	438.38	585.38
70	294.00	374.06	435.75	477.75	635.25
71	317.63	405.56	473.81	518.44	690.38
72	347.81	444.94	518.44	568.31	754.69
73	381.94	486.94	569.63	624.75	825.56
74	418.69	534.19	624.75	685.13	904.31
75	458.06	586.69	687.75	752.06	992.25
76	501.38	640.50	753.38	825.56	1086.75
77	546.00	702.19	824.25	904.31	1187.81
78	594.56	766.50	903.00	988.31	1295.44
79	644.44	837.38	983.06	1077.56	1409.63
80	696.94				
81	750.75				
82	805.88				
83	866.25				
84	927.94				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0086-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	76.13	94.50	107.63	119.44	156.19
45-49	84.00	105.00	120.75	132.56	173.25
50-54	103.69	129.94	149.63	162.75	219.19
55	115.50	147.00	169.31	185.06	250.69
56	120.75	154.88	178.50	194.25	262.50
57	126.00	162.75	189.00	204.75	276.94
58	133.88	171.94	199.50	217.88	291.38
59	143.06	182.44	211.31	231.00	308.44
60	154.88	192.94	225.75	245.44	326.81
61	165.38	204.75	238.88	261.19	349.13
62	175.88	219.19	255.94	279.56	372.75
63	186.38	233.63	273.00	297.94	396.38
64	199.50	248.06	290.06	317.63	422.63
65	211.31	265.13	309.75	338.63	452.81
66	225.75	283.50	332.06	362.25	484.31
67	242.81	307.13	358.31	392.44	523.69
68	261.19	332.06	387.19	425.25	567.00
69	282.19	359.63	420.00	460.69	612.94
70	305.81	391.13	455.44	500.06	664.13
71	332.06	425.25	497.44	544.69	723.19
72	362.25	464.63	543.38	595.88	788.81
73	399.00	509.25	595.88	654.94	864.94
74	437.06	559.13	654.94	717.94	946.31
75	479.06	612.94	717.94	787.50	1038.19
76	523.69	670.69	787.50	863.63	1135.31
77	569.63	733.69	861.00	945.00	1240.31
78	619.50	799.31	942.38	1031.63	1353.19
79	670.69	872.81	1025.06	1126.13	1471.31
80	724.50				
81	779.63				
82	838.69				
83	900.38				
84	963.38				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0086-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	44.63	55.13	64.31	70.88	94.50
45-49	49.88	61.69	72.19	78.75	105.00
50-54	66.94	81.38	93.19	99.75	133.88
55	76.13	94.50	106.31	116.81	158.81
56	80.06	98.44	112.88	123.38	169.31
57	85.31	105.00	120.75	132.56	182.44
58	90.56	112.88	129.94	143.06	195.56
59	98.44	122.06	140.44	154.88	211.31
60	106.31	132.56	152.25	166.69	228.38
61	115.50	143.06	166.69	181.13	245.44
62	124.69	156.19	181.13	195.56	265.13
63	133.88	166.69	194.25	211.31	286.13
64	143.06	178.50	208.69	225.75	305.81
65	154.88	191.63	221.81	242.81	329.44
66	166.69	204.75	238.88	261.19	355.69
67	181.13	224.44	261.19	283.50	385.88
68	195.56	244.13	286.13	309.75	421.31
69	212.63	267.75	312.38	339.94	460.69
70	231.00	291.38	341.25	372.75	504.00
71	253.31	321.56	375.38	410.81	551.25
72	279.56	355.69	414.75	454.13	609.00
73	308.44	393.75	460.69	504.00	672.00
74	342.56	435.75	510.56	559.13	742.88
75	378.00	483.00	565.69	619.50	820.31
76	417.38	534.19	623.44	683.81	903.00
77	458.06	588.00	689.06	754.69	992.25
78	501.38	647.06	758.63	830.81	1088.06
79	548.63	710.06	830.81	912.19	1191.75
80	595.88				
81	647.06				
82	699.56				
83	754.69				
84	813.75				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0086-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	53.81	68.25	77.44	85.31	111.56
45-49	60.38	73.50	86.63	94.50	123.38
50-54	76.13	94.50	110.25	119.44	156.19
55	87.94	110.25	124.69	137.81	185.06
56	93.19	115.50	132.56	143.06	198.19
57	97.13	122.06	140.44	152.25	210.00
58	105.00	131.25	150.94	165.38	225.75
59	112.88	141.75	164.06	177.19	241.50
60	122.06	152.25	175.88	191.63	257.25
61	131.25	164.06	190.31	207.38	276.94
62	141.75	177.19	204.75	224.44	297.94
63	150.94	190.31	220.50	238.88	320.25
64	162.75	202.13	236.25	255.94	342.56
65	174.56	217.88	252.00	273.00	367.50
66	186.38	233.63	270.38	295.31	396.38
67	202.13	253.31	295.31	320.25	430.50
68	219.19	274.31	321.56	349.13	471.19
69	237.56	300.56	350.44	381.94	514.50
70	259.88	329.44	384.56	418.69	563.06
71	283.50	360.94	421.31	460.69	618.19
72	312.38	399.00	465.94	509.25	681.19
73	343.88	439.69	515.81	563.06	752.06
74	381.94	488.25	570.94	624.75	830.81
75	421.31	539.44	631.31	691.69	916.13
76	464.63	594.56	696.94	763.88	1009.31
77	509.25	654.94	767.81	842.63	1109.06
78	557.81	717.94	842.63	926.63	1215.38
79	606.38	787.50	925.31	1015.88	1329.56
80	658.88				
81	714.00				
82	771.75				
83	832.13				
84	895.13				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0086-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	59.06	72.19	84.00	90.56	119.44
45-49	64.31	80.06	93.19	99.75	131.25
50-54	80.06	99.75	115.50	126.00	165.38
55	93.19	115.50	132.56	145.69	195.56
56	97.13	122.06	140.44	152.25	208.69
57	103.69	129.94	149.63	162.75	221.81
58	111.56	139.13	160.13	174.56	237.56
59	119.44	149.63	173.25	186.38	253.31
60	128.63	160.13	186.38	202.13	270.38
61	137.81	173.25	200.81	217.88	290.06
62	148.31	186.38	216.56	234.94	312.38
63	158.81	200.81	231.00	252.00	334.69
64	169.31	212.63	246.75	269.06	358.31
65	182.44	228.38	263.81	287.44	384.56
66	194.25	245.44	283.50	308.44	413.44
67	211.31	265.13	308.44	334.69	451.50
68	229.69	288.75	336.00	366.19	492.19
69	248.06	315.00	367.50	400.31	536.81
70	271.69	343.88	402.94	438.38	588.00
71	296.63	378.00	441.00	481.69	645.75
72	325.50	417.38	488.25	532.88	711.38
73	359.63	460.69	540.75	589.31	786.19
74	399.00	509.25	597.19	653.63	867.56
75	439.69	561.75	658.88	723.19	956.81
76	484.31	620.81	727.13	798.00	1055.25
77	531.56	682.50	801.94	880.69	1157.63
78	580.13	749.44	880.69	968.63	1269.19
79	631.31	821.63	964.69	1060.50	1388.63
80	685.13				
81	742.88				
82	803.25				
83	864.94				
84	929.25				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0086-A37
Long-Term Care Policy

WITH SURVIVORSHIP BENEFIT RIDER R1-N0103-SERIES

When this rider is chosen, multiply the final premium by the appropriate factor.

ISSUE AGE	NO INFLATION PROTECTION	SIMPLE INFLATION PROTECTION	COMPOUND INFLATION PROTECTION
18-44	1.11	1.17	1.17
45-49	1.14	1.21	1.21
50-54	1.18	1.28	1.28
55	1.20	1.30	1.30
56	1.20	1.30	1.30
57	1.21	1.30	1.30
58	1.21	1.30	1.30
59	1.21	1.30	1.30
60	1.21	1.30	1.30
61	1.21	1.30	1.30
62	1.21	1.29	1.29
63	1.21	1.29	1.29
64	1.21	1.28	1.28
65	1.20	1.27	1.27
66	1.20	1.26	1.26
67	1.20	1.26	1.26
68	1.19	1.25	1.25
69	1.19	1.24	1.24
70	1.18	1.23	1.23
71	1.18	1.22	1.22
72	1.17	1.20	1.20
73	1.16	1.19	1.19
74	1.16	1.18	1.18
75	1.15	1.17	1.17
76	1.14	1.16	1.16
77	1.13	1.15	1.15
78	1.12	1.14	1.14
79	1.11	1.13	1.13
80	1.10	1.12	1.12
81	1.09	1.11	1.11
82	1.08	1.10	1.10
83	1.07	1.09	1.09
84	1.06	1.08	1.08

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0086-A37
Long-Term Care Policy

Elimination Period Factors

Rates shown are for 30 day elimination period. Rates for other elimination periods are calculated by multiplying the 30 day rates by the appropriate factor from the following table:

Benefit Maximum	0	14	20	60	90	100	180	365
730x,1095x	1.11	1.06	1.03	0.95	0.91	0.90	0.80	0.71
1460x,1825x	1.09	1.05	1.03	0.95	0.91	0.90	0.81	0.72
Lifetime	1.07	1.04	1.03	0.96	0.93	0.92	0.85	0.78

Spousal Discount

A 20% discount to the rates is available to married couples if both spouses apply for coverage.

Dual Waiver of Premium Rider R1-N0104-Series

An optional dual waiver of premium rider will be offered. If one spouse qualifies for a waiver of premium, the premium of the other spouse will also be waived. If chosen, multiply the final premium by 1.06.

Shared Advantage Rider R1-N0105-Series

This rider will allow two covered spouses to purchase an additional benefit amount that can be used by either spouse after their base benefits are exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	No Inflation Protection	With Inflation Protection
730x	1.30	1.35
1095x	1.21	1.25
1460x	1.15	1.18
1825x	1.12	1.14

Restoration of Benefits Rider R1-N0108-Series

This rider restores the maximum lifetime benefit if the insured has not met the stipulated conditions for a period of 180 consecutive days and the maximum lifetime benefit has not been exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	Factor
730x	1.08
1095x	1.06
1460x,1825x	1.04

Cost of Living Increase Rider R1-N0107-Series

This rider allows the insured to increase their policy limits, subject to the terms of the rider, every three years without additional underwriting. The additional premium charged is based on the attained age and incremental increase in the maximum daily facility benefit when exercised. If chosen, multiply the final premium by the appropriate factor:

Age	Factor
18-44	1.15
45-49	1.12
50-55	1.10
56-58	1.09
59-61	1.08
62-64	1.07
65-67	1.06
68-70	1.05
71-73	1.04
74-76	1.03

Modal Factors

Semi-Annual: 0.52; Quarterly: 0.27; Check-A-Matic: 0.09

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604

Supplement to Rate Sheets for Policy Form P1-N0090-A37
PENNSYLVANIA

All rates for this form should be multiplied by a factor of: 1.9425

This factor represents the **proposed** increase of: 29.5%

And the following prior approved rate increases:

Policy Form	Increase Applies to all Policies or Subsets	Rate Increase Approved	Approval Date of Rate Increase
P1-N0090-A37	--Yes--	20.00%	3/14/2013
P1-N0090-A37	--Yes--	25.00%	12/3/2014

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0090-A37
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	17	19	22	23	24
45-49	19	21	24	25	27
50-54	23	26	29	31	35
55	26	30	34	37	44
56	28	32	37	40	48
57	30	35	40	43	53
58	33	38	44	47	58
59	36	42	48	51	64
60	40	47	53	56	70
61	43	51	58	61	76
62	47	56	63	67	83
63	50	60	68	72	89
64	53	64	73	78	95
65	57	68	78	84	102
66	61	74	84	91	110
67	66	80	92	99	120
68	72	88	101	109	132
69	79	96	111	119	144
70	86	105	122	131	159
71	95	116	134	145	176
72	105	129	149	161	195
73	117	144	166	179	217
74	130	160	185	200	242
75	145	178	205	222	269
76	161	198	228	246	298
77	178	219	252	272	330
78	196	242	278	300	364
79	216	266	306	330	401
80	236				
81	258				
82	281				
83	305				
84	331				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0090-A37
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	32	39	45	49	59
45-49	35	43	50	54	66
50-54	43	53	62	67	84
55	52	63	73	78	100
56	55	67	77	83	107
57	59	72	82	88	114
58	63	77	88	94	122
59	67	82	94	101	130
60	71	88	101	109	139
61	76	94	108	117	148
62	81	100	116	126	159
63	86	107	124	134	170
64	92	113	132	143	182
65	98	121	140	152	195
66	105	129	150	162	209
67	113	139	161	174	225
68	122	150	174	188	243
69	131	162	187	203	262
70	142	176	203	220	282
71	154	191	220	239	306
72	167	208	240	261	333
73	182	227	263	286	363
74	199	249	288	314	397
75	217	272	316	344	433
76	236	297	346	377	473
77	256	324	378	413	515
78	277	353	413	451	560
79	299	384	450	492	609
80	323				
81	347				
82	373				
83	400				
84	428				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0090-A37
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	23	28	32	35	42
45-49	25	31	36	39	47
50-54	35	42	49	53	64
55	40	49	56	60	77
56	42	52	59	64	82
57	45	56	63	68	88
58	49	61	68	74	95
59	53	66	74	80	104
60	58	72	81	88	113
61	63	78	89	96	123
62	68	84	96	104	133
63	73	90	103	112	143
64	78	96	110	120	154
65	83	103	118	128	165
66	90	111	127	138	179
67	97	120	138	150	194
68	105	131	151	164	211
69	115	143	165	179	230
70	125	156	180	196	252
71	137	171	198	215	275
72	150	188	218	237	302
73	165	207	240	262	332
74	182	228	265	289	365
75	200	251	292	318	400
76	219	276	321	350	439
77	239	302	352	384	480
78	260	330	385	421	524
79	282	360	421	460	571
80	306				
81	330				
82	356				
83	383				
84	411				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0090-A37
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	20	22	26	27	28
45-49	22	25	28	29	32
50-54	27	31	34	36	41
55	31	35	40	44	52
56	33	38	44	47	56
57	35	41	47	51	62
58	39	45	52	55	68
59	42	49	56	60	75
60	47	55	62	66	82
61	51	60	68	72	89
62	55	66	74	79	98
63	59	71	80	85	105
64	62	75	86	92	112
65	67	80	92	99	120
66	72	87	99	107	129
67	78	94	108	116	141
68	85	104	119	128	155
69	93	113	131	140	169
70	101	124	144	154	187
71	112	136	158	171	207
72	124	152	175	189	229
73	138	169	195	211	255
74	153	188	218	235	285
75	171	209	241	261	316
76	189	233	268	289	351
77	209	258	296	320	388
78	231	285	327	353	428
79	254	313	360	388	472
80	278				
81	304				
82	331				
83	359				
84	389				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0090-A37
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	38	46	53	58	69
45-49	41	51	59	64	78
50-54	51	62	73	79	99
55	61	74	86	92	118
56	65	79	91	98	126
57	69	85	96	104	134
58	74	91	104	111	144
59	79	96	111	119	153
60	84	104	119	128	164
61	89	111	127	138	174
62	95	118	136	148	187
63	101	126	146	158	200
64	108	133	155	168	214
65	115	142	165	179	229
66	124	152	176	191	246
67	133	164	189	205	265
68	144	176	205	221	286
69	154	191	220	239	308
70	167	207	239	259	332
71	181	225	259	281	360
72	196	245	282	307	392
73	214	267	309	336	427
74	234	293	339	369	467
75	255	320	372	405	509
76	278	349	407	444	556
77	301	381	445	486	606
78	326	415	486	531	659
79	352	452	529	579	716
80	380				
81	408				
82	439				
83	471				
84	504				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0090-A37
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	27	33	38	41	49
45-49	29	36	42	46	55
50-54	41	49	58	62	75
55	47	58	66	71	91
56	49	61	69	75	96
57	53	66	74	80	104
58	58	72	80	87	112
59	62	78	87	94	122
60	68	85	95	104	133
61	74	92	105	113	145
62	80	99	113	122	156
63	86	106	121	132	168
64	92	113	129	141	181
65	98	121	139	151	194
66	106	131	149	162	211
67	114	141	162	176	228
68	124	154	178	193	248
69	135	168	194	211	271
70	147	184	212	231	296
71	161	201	233	253	324
72	176	221	256	279	355
73	194	244	282	308	391
74	214	268	312	340	429
75	235	295	344	374	471
76	258	325	378	412	516
77	281	355	414	452	565
78	306	388	453	495	616
79	332	424	495	541	672
80	360				
81	388				
82	419				
83	451				
84	484				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0090-A37
Long-Term Care Policy: Facility Only Coverage

WITH SURVIVORSHIP BENEFIT RIDER R1-N0103-SERIES

When this rider is chosen, multiply the final premium by the appropriate factor.

ISSUE AGE	NO INFLATION PROTECTION	SIMPLE INFLATION PROTECTION	COMPOUND INFLATION PROTECTION
18-44	1.11	1.17	1.17
45-49	1.14	1.21	1.21
50-54	1.18	1.28	1.28
55	1.20	1.30	1.30
56	1.20	1.30	1.30
57	1.21	1.30	1.30
58	1.21	1.30	1.30
59	1.21	1.30	1.30
60	1.21	1.30	1.30
61	1.21	1.30	1.30
62	1.21	1.29	1.29
63	1.21	1.29	1.29
64	1.21	1.28	1.28
65	1.20	1.27	1.27
66	1.20	1.26	1.26
67	1.20	1.26	1.26
68	1.19	1.25	1.25
69	1.19	1.24	1.24
70	1.18	1.23	1.23
71	1.18	1.22	1.22
72	1.17	1.20	1.20
73	1.16	1.19	1.19
74	1.16	1.18	1.18
75	1.15	1.17	1.17
76	1.14	1.16	1.16
77	1.13	1.15	1.15
78	1.12	1.14	1.14
79	1.11	1.13	1.13
80	1.10	1.12	1.12
81	1.09	1.11	1.11
82	1.08	1.10	1.10
83	1.07	1.09	1.09
84	1.06	1.08	1.08

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0090-A37
Long-Term Care Policy: Facility Only Coverage

Elimination Period Factors

Rates shown are for 30 day elimination period. Rates for other elimination periods are calculated by multiplying the 30 day rates by the appropriate factor from the following table:

Benefit Maximum	0	14	20	60	90	100	180	365
730x,1095x	1.12	1.07	1.03	0.94	0.90	0.89	0.78	0.67
1460x,1825x	1.10	1.05	1.03	0.95	0.90	0.89	0.79	0.69
Lifetime	1.08	1.04	1.03	0.96	0.92	0.91	0.84	0.75

Spousal Discount

A 20% discount to the rates is available to married couples if both spouses apply for coverage.

Dual Waiver of Premium Rider R1-N0104-Series

An optional dual waiver of premium rider will be offered. If one spouse qualifies for a waiver of premium, the premium of the other spouse will also be waived. If chosen, multiply the final premium by 1.06.

Shared Advantage Rider R1-N0105-Series

This rider will allow two covered spouses to purchase an additional benefit amount that can be used by either spouse after their base benefits are exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	No Inflation Protection	With Inflation Protection
730x	1.30	1.35
1095x	1.21	1.25
1460x	1.15	1.18
1825x	1.12	1.14

Restoration of Benefits Rider R1-N0106-Series

This rider restores the maximum lifetime benefit if the insured has not met the stipulated conditions for a period of 180 consecutive days and the maximum lifetime benefit has not been exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	Factor
730x	1.08
1095x	1.06
1460x,1825x	1.04

Cost of Living Increase Rider R1-N0107-Series

This rider allows the insured to increase their policy limits, subject to the terms of the rider, every three years without additional underwriting. The additional premium charged is based on the attained age and incremental increase in the maximum daily facility benefit when exercised. If chosen, multiply the final premium by the appropriate factor:

Age	Factor
18-44	1.15
45-49	1.12
50-55	1.10
56-58	1.09
59-61	1.08
62-64	1.07
65-67	1.06
68-70	1.05
71-73	1.04
74-76	1.03

Modal Factors

Semi-Annual: 0.52; Quarterly: 0.27; Check-A-Matic: 0.09

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604

Supplement to Rate Sheets for Policy Form P1-N0091-A37
PENNSYLVANIA

All rates for this form should be multiplied by a factor of: 1.9425

This factor represents the **proposed** increase of: 29.5%

And the following prior approved rate increases:

Policy Form	Increase Applies to all Policies or Subsets	Rate Increase Approved	Approval Date of Rate Increase
P1-N0091-A37	--Yes--	20.00%	3/14/2013
P1-N0091-A37	--Yes--	25.00%	12/3/2014

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0091-A37
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	21.25	23.75	27.50	28.75	30.00
45-49	23.75	26.25	30.00	31.25	33.75
50-54	28.75	32.50	36.25	38.75	43.75
55	32.50	37.50	42.50	46.25	55.00
56	35.00	40.00	46.25	50.00	60.00
57	37.50	43.75	50.00	53.75	66.25
58	41.25	47.50	55.00	58.75	72.50
59	45.00	52.50	60.00	63.75	80.00
60	50.00	58.75	66.25	70.00	87.50
61	53.75	63.75	72.50	76.25	95.00
62	58.75	70.00	78.75	83.75	103.75
63	62.50	75.00	85.00	90.00	111.25
64	66.25	80.00	91.25	97.50	118.75
65	71.25	85.00	97.50	105.00	127.50
66	76.25	92.50	105.00	113.75	137.50
67	82.50	100.00	115.00	123.75	150.00
68	90.00	110.00	126.25	136.25	165.00
69	98.75	120.00	138.75	148.75	180.00
70	107.50	131.25	152.50	163.75	198.75
71	118.75	145.00	167.50	181.25	220.00
72	131.25	161.25	186.25	201.25	243.75
73	146.25	180.00	207.50	223.75	271.25
74	162.50	200.00	231.25	250.00	302.50
75	181.25	222.50	256.25	277.50	336.25
76	201.25	247.50	285.00	307.50	372.50
77	222.50	273.75	315.00	340.00	412.50
78	245.00	302.50	347.50	375.00	455.00
79	270.00	332.50	382.50	412.50	501.25
80	295.00				
81	322.50				
82	351.25				
83	381.25				
84	413.75				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0091-A37
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	40.00	48.75	56.25	61.25	73.75
45-49	43.75	53.75	62.50	67.50	82.50
50-54	53.75	66.25	77.50	83.75	105.00
55	65.00	78.75	91.25	97.50	125.00
56	68.75	83.75	96.25	103.75	133.75
57	73.75	90.00	102.50	110.00	142.50
58	78.75	96.25	110.00	117.50	152.50
59	83.75	102.50	117.50	126.25	162.50
60	88.75	110.00	126.25	136.25	173.75
61	95.00	117.50	135.00	146.25	185.00
62	101.25	125.00	145.00	157.50	198.75
63	107.50	133.75	155.00	167.50	212.50
64	115.00	141.25	165.00	178.75	227.50
65	122.50	151.25	175.00	190.00	243.75
66	131.25	161.25	187.50	202.50	261.25
67	141.25	173.75	201.25	217.50	281.25
68	152.50	187.50	217.50	235.00	303.75
69	163.75	202.50	233.75	253.75	327.50
70	177.50	220.00	253.75	275.00	352.50
71	192.50	238.75	275.00	298.75	382.50
72	208.75	260.00	300.00	326.25	416.25
73	227.50	283.75	328.75	357.50	453.75
74	248.75	311.25	360.00	392.50	496.25
75	271.25	340.00	395.00	430.00	541.25
76	295.00	371.25	432.50	471.25	591.25
77	320.00	405.00	472.50	516.25	643.75
78	346.25	441.25	516.25	563.75	700.00
79	373.75	480.00	562.50	615.00	761.25
80	403.75				
81	433.75				
82	466.25				
83	500.00				
84	535.00				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0091-A37
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	28.75	35.00	40.00	43.75	52.50
45-49	31.25	38.75	45.00	48.75	58.75
50-54	43.75	52.50	61.25	66.25	80.00
55	50.00	61.25	70.00	75.00	96.25
56	52.50	65.00	73.75	80.00	102.50
57	56.25	70.00	78.75	85.00	110.00
58	61.25	76.25	85.00	92.50	118.75
59	66.25	82.50	92.50	100.00	130.00
60	72.50	90.00	101.25	110.00	141.25
61	78.75	97.50	111.25	120.00	153.75
62	85.00	105.00	120.00	130.00	166.25
63	91.25	112.50	128.75	140.00	178.75
64	97.50	120.00	137.50	150.00	192.50
65	103.75	128.75	147.50	160.00	206.25
66	112.50	138.75	158.75	172.50	223.75
67	121.25	150.00	172.50	187.50	242.50
68	131.25	163.75	188.75	205.00	263.75
69	143.75	178.75	206.25	223.75	287.50
70	156.25	195.00	225.00	245.00	315.00
71	171.25	213.75	247.50	268.75	343.75
72	187.50	235.00	272.50	296.25	377.50
73	206.25	258.75	300.00	327.50	415.00
74	227.50	285.00	331.25	361.25	456.25
75	250.00	313.75	365.00	397.50	500.00
76	273.75	345.00	401.25	437.50	548.75
77	298.75	377.50	440.00	480.00	600.00
78	325.00	412.50	481.25	526.25	655.00
79	352.50	450.00	526.25	575.00	713.75
80	382.50				
81	412.50				
82	445.00				
83	478.75				
84	513.75				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0091-A37
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	25.00	27.50	32.50	33.75	35.00
45-49	27.50	31.25	35.00	36.25	40.00
50-54	33.75	38.75	42.50	45.00	51.25
55	38.75	43.75	50.00	55.00	65.00
56	41.25	47.50	55.00	58.75	70.00
57	43.75	51.25	58.75	63.75	77.50
58	48.75	56.25	65.00	68.75	85.00
59	52.50	61.25	70.00	75.00	93.75
60	58.75	68.75	77.50	82.50	102.50
61	63.75	75.00	85.00	90.00	111.25
62	68.75	82.50	92.50	98.75	122.50
63	73.75	88.75	100.00	106.25	131.25
64	77.50	93.75	107.50	115.00	140.00
65	83.75	100.00	115.00	123.75	150.00
66	90.00	108.75	123.75	133.75	161.25
67	97.50	117.50	135.00	145.00	176.25
68	106.25	130.00	148.75	160.00	193.75
69	116.25	141.25	163.75	175.00	211.25
70	126.25	155.00	180.00	192.50	233.75
71	140.00	170.00	197.50	213.75	258.75
72	155.00	190.00	218.75	236.25	286.25
73	172.50	211.25	243.75	263.75	318.75
74	191.25	235.00	272.50	293.75	356.25
75	213.75	261.25	301.25	326.25	395.00
76	236.25	291.25	335.00	361.25	438.75
77	261.25	322.50	370.00	400.00	485.00
78	288.75	356.25	408.75	441.25	535.00
79	317.50	391.25	450.00	485.00	590.00
80	347.50				
81	380.00				
82	413.75				
83	448.75				
84	486.25				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0091-A37
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	47.50	57.50	66.25	72.50	86.25
45-49	51.25	63.75	73.75	80.00	97.50
50-54	63.75	77.50	91.25	98.75	123.75
55	76.25	92.50	107.50	115.00	147.50
56	81.25	98.75	113.75	122.50	157.50
57	86.25	106.25	120.00	130.00	167.50
58	92.50	113.75	130.00	138.75	180.00
59	98.75	120.00	138.75	148.75	191.25
60	105.00	130.00	148.75	160.00	205.00
61	111.25	138.75	158.75	172.50	217.50
62	118.75	147.50	170.00	185.00	233.75
63	126.25	157.50	182.50	197.50	250.00
64	135.00	166.25	193.75	210.00	267.50
65	143.75	177.50	206.25	223.75	286.25
66	155.00	190.00	220.00	238.75	307.50
67	166.25	205.00	236.25	256.25	331.25
68	180.00	220.00	256.25	276.25	357.50
69	192.50	238.75	275.00	298.75	385.00
70	208.75	258.75	298.75	323.75	415.00
71	226.25	281.25	323.75	351.25	450.00
72	245.00	306.25	352.50	383.75	490.00
73	267.50	333.75	386.25	420.00	533.75
74	292.50	366.25	423.75	461.25	583.75
75	318.75	400.00	465.00	506.25	636.25
76	347.50	436.25	508.75	555.00	695.00
77	376.25	476.25	556.25	607.50	757.50
78	407.50	518.75	607.50	663.75	823.75
79	440.00	565.00	661.25	723.75	895.00
80	475.00				
81	510.00				
82	548.75				
83	588.75				
84	630.00				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0091-A37
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	33.75	41.25	47.50	51.25	61.25
45-49	36.25	45.00	52.50	57.50	68.75
50-54	51.25	61.25	72.50	77.50	93.75
55	58.75	72.50	82.50	88.75	113.75
56	61.25	76.25	86.25	93.75	120.00
57	66.25	82.50	92.50	100.00	130.00
58	72.50	90.00	100.00	108.75	140.00
59	77.50	97.50	108.75	117.50	152.50
60	85.00	106.25	118.75	130.00	166.25
61	92.50	115.00	131.25	141.25	181.25
62	100.00	123.75	141.25	152.50	195.00
63	107.50	132.50	151.25	165.00	210.00
64	115.00	141.25	161.25	176.25	226.25
65	122.50	151.25	173.75	188.75	242.50
66	132.50	163.75	186.25	202.50	263.75
67	142.50	176.25	202.50	220.00	285.00
68	155.00	192.50	222.50	241.25	310.00
69	168.75	210.00	242.50	263.75	338.75
70	183.75	230.00	265.00	288.75	370.00
71	201.25	251.25	291.25	316.25	405.00
72	220.00	276.25	320.00	348.75	443.75
73	242.50	305.00	352.50	385.00	488.75
74	267.50	335.00	390.00	425.00	536.25
75	293.75	368.75	430.00	467.50	588.75
76	322.50	406.25	472.50	515.00	645.00
77	351.25	443.75	517.50	565.00	706.25
78	382.50	485.00	566.25	618.75	770.00
79	415.00	530.00	618.75	676.25	840.00
80	450.00				
81	485.00				
82	523.75				
83	563.75				
84	605.00				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0091-A37
Long-Term Care Policy: Facility Only Coverage

WITH SURVIVORSHIP BENEFIT RIDER R1-N0103-SERIES

When this rider is chosen, multiply the final premium by the appropriate factor.

ISSUE AGE	NO INFLATION PROTECTION	SIMPLE INFLATION PROTECTION	COMPOUND INFLATION PROTECTION
18-44	1.11	1.17	1.17
45-49	1.14	1.21	1.21
50-54	1.18	1.28	1.28
55	1.20	1.30	1.30
56	1.20	1.30	1.30
57	1.21	1.30	1.30
58	1.21	1.30	1.30
59	1.21	1.30	1.30
60	1.21	1.30	1.30
61	1.21	1.30	1.30
62	1.21	1.29	1.29
63	1.21	1.29	1.29
64	1.21	1.28	1.28
65	1.20	1.27	1.27
66	1.20	1.26	1.26
67	1.20	1.26	1.26
68	1.19	1.25	1.25
69	1.19	1.24	1.24
70	1.18	1.23	1.23
71	1.18	1.22	1.22
72	1.17	1.20	1.20
73	1.16	1.19	1.19
74	1.16	1.18	1.18
75	1.15	1.17	1.17
76	1.14	1.16	1.16
77	1.13	1.15	1.15
78	1.12	1.14	1.14
79	1.11	1.13	1.13
80	1.10	1.12	1.12
81	1.09	1.11	1.11
82	1.08	1.10	1.10
83	1.07	1.09	1.09
84	1.06	1.08	1.08

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0091-A37
Long-Term Care Policy: Facility Only Coverage

Elimination Period Factors

Rates shown are for 30 day elimination period. Rates for other elimination periods are calculated by multiplying the 30 day rates by the appropriate factor from the following table:

Benefit Maximum	0	14	20	60	90	100	180	365
730x,1095x	1.12	1.07	1.03	0.94	0.90	0.89	0.78	0.67
1460x,1825x	1.10	1.05	1.03	0.95	0.90	0.89	0.79	0.69
Lifetime	1.08	1.04	1.03	0.96	0.92	0.91	0.84	0.75

Spousal Discount

A 20% discount to the rates is available to married couples if both spouses apply for coverage.

Dual Waiver of Premium Rider R1-N0104-Series

An optional dual waiver of premium rider will be offered. If one spouse qualifies for a waiver of premium, the premium of the other spouse will also be waived. If chosen, multiply the final premium by 1.06.

Shared Advantage Rider R1-N0105-Series

This rider will allow two covered spouses to purchase an additional benefit amount that can be used by either spouse after their base benefits are exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Period	No Inflation Protection	With Inflation Protection
730x	1.30	1.35
1095x	1.21	1.25
1460x	1.15	1.18
1825x	1.12	1.14

Restoration of Benefits Rider R1-N0106-Series

This rider restores the maximum lifetime benefit if the insured has not met the stipulated conditions for a period of 180 consecutive days and the maximum lifetime benefit has not been exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	Factor
730x	1.08
1095x	1.06
1460x,1825x	1.04

Cost of Living Increase Rider R1-N0107-Series

This rider allows the insured to increase their policy limits, subject to the terms of the rider, every three years without additional underwriting. The additional premium charged is based on the attained age and incremental increase in the maximum daily facility benefit when exercised. If chosen, multiply the final premium by the appropriate factor:

Age	Factor
18-44	1.15
45-49	1.12
50-55	1.10
56-58	1.09
59-61	1.08
62-64	1.07
65-67	1.06
68-70	1.05
71-73	1.04
74-76	1.03

Modal Factors

Semi-Annual: 0.52; Quarterly: 0.27; Check-A-Matic: 0.09

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604

Supplement to Rate Sheets for Policy Form P1-N0095-A37
PENNSYLVANIA

All rates for this form should be multiplied by a factor of: 1.9425

This factor represents the **proposed** increase of: 29.5%

And the following prior approved rate increases:

Policy Form	Increase Applies to all Policies or Subsets	Rate Increase Approved	Approval Date of Rate Increase
P1-N0095-A37	--Yes--	20.00%	3/14/2013
P1-N0095-A37	--Yes--	25.00%	12/3/2014

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0095-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	19	23	25	27	35
45-49	21	26	28	30	39
50-54	26	31	35	37	48
55	30	36	40	43	57
56	32	38	43	46	60
57	34	41	46	49	65
58	37	44	50	53	70
59	40	48	54	58	76
60	43	52	59	63	83
61	47	56	64	69	90
62	51	61	70	75	98
63	55	66	75	81	106
64	58	70	81	87	113
65	62	75	87	93	121
66	66	81	94	101	131
67	72	88	102	110	143
68	79	96	111	121	157
69	86	105	122	132	172
70	94	115	133	145	189
71	103	127	147	160	208
72	114	141	163	178	231
73	126	157	182	198	257
74	140	175	202	221	285
75	156	194	225	246	316
76	172	215	250	273	350
77	190	238	277	302	387
78	209	263	306	334	426
79	230	289	337	367	468
80	252				
81	275				
82	300				
83	326				
84	354				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0095-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	22	27	30	31	41
45-49	25	30	33	35	45
50-54	29	35	40	43	56
55	34	40	45	49	65
56	36	42	48	52	68
57	38	45	51	55	73
58	41	49	55	59	78
59	44	53	60	65	84
60	47	58	65	70	91
61	51	62	71	77	99
62	55	67	77	83	107
63	59	72	83	89	116
64	63	77	88	95	124
65	68	82	95	101	133
66	72	88	102	109	144
67	78	96	110	119	157
68	85	104	121	131	172
69	93	114	132	143	188
70	102	126	144	157	207
71	111	138	160	173	228
72	123	154	177	193	252
73	137	171	197	215	280
74	151	190	220	239	310
75	168	211	245	266	344
76	185	234	272	296	381
77	205	258	301	328	421
78	225	285	333	363	463
79	247	314	366	399	509
80	270				
81	295				
82	321				
83	348				
84	377				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0095-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	23	28	32	33	43
45-49	26	31	35	37	48
50-54	30	37	42	45	60
55	35	42	47	51	68
56	37	44	50	54	72
57	39	47	53	58	76
58	42	51	57	62	82
59	45	55	62	68	88
60	49	60	68	73	95
61	53	65	74	80	103
62	57	70	80	86	111
63	61	75	86	92	120
64	65	80	91	98	128
65	70	85	98	105	138
66	75	91	105	113	149
67	81	99	114	123	163
68	88	108	125	135	178
69	96	118	136	148	195
70	105	130	149	162	214
71	115	143	165	179	236
72	127	159	183	199	261
73	141	177	204	222	290
74	156	196	227	247	321
75	173	218	253	275	356
76	191	242	281	306	394
77	211	267	311	339	435
78	232	294	344	375	479
79	254	324	379	413	526
80	278				
81	303				
82	330				
83	358				
84	387				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0095-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	36	45	52	57	75
45-49	40	50	58	63	83
50-54	49	61	71	77	106
55	56	71	82	89	123
56	59	75	87	94	129
57	63	80	92	100	137
58	67	85	98	107	145
59	72	91	105	114	154
60	77	97	112	121	164
61	82	104	120	130	175
62	88	111	128	139	187
63	94	118	136	148	200
64	100	126	145	158	213
65	106	134	155	168	227
66	114	143	165	180	243
67	122	154	178	194	262
68	131	166	192	210	283
69	141	178	208	227	305
70	152	193	225	246	329
71	165	209	244	267	357
72	179	227	266	291	388
73	195	248	291	318	423
74	213	271	318	348	461
75	233	296	347	380	503
76	253	324	379	415	548
77	275	353	413	453	596
78	297	385	449	493	647
79	321	418	488	536	702
80	346				
81	371				
82	398				
83	426				
84	455				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0095-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	40	51	59	65	84
45-49	45	56	66	71	94
50-54	55	69	81	88	119
55	62	79	93	101	136
56	65	83	98	106	142
57	69	88	103	112	150
58	73	93	109	119	159
59	78	99	116	126	169
60	84	106	123	134	179
61	90	113	131	142	191
62	96	121	139	152	204
63	102	129	148	161	218
64	108	137	158	172	231
65	115	145	168	183	247
66	123	155	180	197	263
67	132	167	194	212	284
68	142	180	210	230	306
69	153	193	226	248	330
70	165	210	245	268	356
71	178	227	266	291	386
72	194	247	289	317	420
73	211	270	316	346	458
74	230	294	345	378	499
75	251	321	376	412	544
76	273	350	410	449	591
77	295	380	446	489	643
78	319	413	485	532	697
79	343	448	526	577	756
80	370				
81	396				
82	425				
83	454				
84	484				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0095-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	42	53	62	68	88
45-49	47	59	69	75	98
50-54	58	73	85	92	124
55	65	82	97	106	141
56	68	86	102	111	148
57	72	91	107	117	156
58	76	97	113	124	165
59	81	103	120	131	175
60	87	110	127	139	186
61	93	117	135	147	198
62	99	125	144	157	211
63	105	133	153	167	225
64	112	141	163	178	239
65	119	150	174	190	255
66	127	160	187	204	272
67	136	172	201	220	293
68	146	186	217	238	316
69	158	200	234	257	341
70	170	217	253	278	368
71	184	235	275	301	399
72	200	256	299	328	434
73	218	279	326	358	473
74	237	304	356	391	515
75	258	331	388	426	561
76	281	361	423	464	610
77	304	392	460	505	663
78	328	425	500	549	719
79	353	461	542	595	779
80	380				
81	407				
82	436				
83	466				
84	497				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0095-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	27	33	39	42	56
45-49	30	37	43	47	62
50-54	39	48	55	61	80
55	45	55	64	70	95
56	47	58	67	73	101
57	50	62	72	78	108
58	54	67	78	84	116
59	58	72	84	91	125
60	63	79	91	99	134
61	69	85	99	107	145
62	74	92	107	116	156
63	79	99	115	124	168
64	85	106	123	133	180
65	90	113	131	142	193
66	97	122	141	153	208
67	105	132	153	166	226
68	114	144	167	181	246
69	124	157	182	198	268
70	135	171	199	217	293
71	148	188	218	238	320
72	162	206	240	262	351
73	178	227	264	289	386
74	196	249	291	318	423
75	215	274	320	350	464
76	236	300	351	385	509
77	257	329	385	422	556
78	279	359	421	462	607
79	303	392	459	504	660
80	328				
81	354				
82	381				
83	409				
84	439				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0095-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	31	39	45	48	64
45-49	35	43	49	54	71
50-54	43	54	63	69	90
55	50	62	72	78	106
56	53	66	76	83	112
57	56	70	81	88	120
58	60	75	87	95	128
59	64	80	93	102	137
60	69	87	101	110	147
61	75	93	109	119	158
62	80	100	117	128	169
63	86	107	126	137	182
64	92	115	134	146	195
65	98	123	143	156	208
66	106	133	154	168	225
67	115	143	167	181	244
68	125	156	182	198	266
69	135	170	198	216	290
70	146	185	216	235	316
71	159	203	236	258	346
72	174	222	260	284	379
73	191	245	286	313	416
74	210	269	314	344	457
75	231	295	346	379	501
76	253	323	380	417	549
77	276	354	416	456	600
78	299	387	455	499	655
79	325	422	496	545	713
80	351				
81	379				
82	407				
83	436				
84	468				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0095-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	33	41	47	51	68
45-49	37	45	52	57	75
50-54	45	56	66	72	94
55	52	65	76	82	111
56	55	69	80	87	117
57	58	73	85	92	125
58	62	78	91	99	133
59	67	84	97	106	142
60	72	90	105	115	152
61	77	97	113	124	163
62	83	104	121	133	175
63	89	111	130	142	188
64	95	119	139	152	201
65	102	127	148	162	215
66	110	137	160	174	232
67	119	148	173	188	252
68	129	161	188	205	274
69	139	175	205	223	299
70	151	191	223	243	326
71	164	209	244	267	357
72	179	229	268	293	391
73	197	252	295	323	429
74	216	277	324	355	472
75	238	304	357	391	517
76	260	333	392	430	566
77	284	365	429	471	619
78	308	399	469	515	675
79	334	435	512	563	735
80	361				
81	389				
82	418				
83	448				
84	480				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0095-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	22	27	29	32	41
45-49	25	31	33	35	46
50-54	31	36	41	44	56
55	35	42	47	51	67
56	38	45	51	54	71
57	40	48	54	58	76
58	44	52	59	62	82
59	47	56	64	68	89
60	51	61	69	74	98
61	55	66	75	81	106
62	60	72	82	88	115
63	65	78	88	95	125
64	68	82	95	102	133
65	73	88	102	109	142
66	78	95	111	119	154
67	85	104	120	129	168
68	93	113	131	142	185
69	101	124	144	155	202
70	111	135	156	171	222
71	121	149	173	188	245
72	134	166	192	209	272
73	148	185	214	233	302
74	165	206	238	260	335
75	184	228	265	289	372
76	202	253	294	321	412
77	224	280	326	355	455
78	246	309	360	393	501
79	271	340	396	432	551
80	296				
81	324				
82	353				
83	384				
84	416				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0095-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	26	32	35	36	48
45-49	29	35	39	41	53
50-54	34	41	47	51	66
55	40	47	53	58	76
56	42	49	56	61	80
57	45	53	60	65	86
58	48	58	65	69	92
59	52	62	71	76	99
60	55	68	76	82	107
61	60	73	84	91	116
62	65	79	91	98	126
63	69	85	98	105	136
64	74	91	104	112	146
65	80	96	112	119	156
66	85	104	120	128	169
67	92	113	129	140	185
68	100	122	142	154	202
69	109	134	155	168	221
70	120	148	169	185	244
71	131	162	188	204	268
72	145	181	208	227	296
73	161	201	232	253	329
74	178	224	259	281	365
75	198	248	288	313	405
76	218	275	320	348	448
77	241	304	354	386	495
78	265	335	392	427	545
79	291	369	431	469	599
80	318				
81	347				
82	378				
83	409				
84	444				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0095-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	27	33	38	39	51
45-49	31	36	41	44	56
50-54	35	44	49	53	71
55	41	49	55	60	80
56	44	52	59	64	85
57	46	55	62	68	89
58	49	60	67	73	96
59	53	65	73	80	104
60	58	71	80	86	112
61	62	76	87	94	121
62	67	82	94	101	131
63	72	88	101	108	141
64	76	94	107	115	151
65	82	100	115	124	162
66	88	107	124	133	175
67	95	116	134	145	192
68	104	127	147	159	209
69	113	139	160	174	229
70	124	153	175	191	252
71	135	168	194	211	278
72	149	187	215	234	307
73	166	208	240	261	341
74	184	231	267	291	378
75	204	256	298	324	419
76	225	285	331	360	464
77	248	314	366	399	512
78	273	346	405	441	564
79	299	381	446	486	619
80	327				
81	356				
82	388				
83	421				
84	455				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0095-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	42	53	61	67	88
45-49	47	59	68	74	98
50-54	58	72	84	91	125
55	66	84	96	105	145
56	69	88	102	111	152
57	74	94	108	118	161
58	79	100	115	126	171
59	85	107	124	134	181
60	91	114	132	142	193
61	96	122	141	153	206
62	104	131	151	164	220
63	111	139	160	174	235
64	118	148	171	186	251
65	125	158	182	198	267
66	134	168	194	212	286
67	144	181	209	228	308
68	154	195	226	247	333
69	166	209	245	267	359
70	179	227	265	289	387
71	194	246	287	314	420
72	211	267	313	342	456
73	229	292	342	374	498
74	251	319	374	409	542
75	274	348	408	447	592
76	298	381	446	488	645
77	324	415	486	533	701
78	349	453	528	580	761
79	378	492	574	631	826
80	407				
81	436				
82	468				
83	501				
84	535				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0095-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	47	60	69	76	99
45-49	53	66	78	84	111
50-54	65	81	95	104	140
55	73	93	109	119	160
56	76	98	115	125	167
57	81	104	121	132	176
58	86	109	128	140	187
59	92	116	136	148	199
60	99	125	145	158	211
61	106	133	154	167	225
62	113	142	164	179	240
63	120	152	174	189	256
64	127	161	186	202	272
65	135	171	198	215	291
66	145	182	212	232	309
67	155	196	228	249	334
68	167	212	247	271	360
69	180	227	266	292	388
70	194	247	288	315	419
71	209	267	313	342	454
72	228	291	340	373	494
73	248	318	372	407	539
74	271	346	406	445	587
75	295	378	442	485	640
76	321	412	482	528	695
77	347	447	525	575	756
78	375	486	571	626	820
79	404	527	619	679	889
80	435				
81	466				
82	500				
83	534				
84	569				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0095-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	49	62	73	80	104
45-49	55	69	81	88	115
50-54	68	86	100	108	146
55	76	96	114	125	166
56	80	101	120	131	174
57	85	107	126	138	184
58	89	114	133	146	194
59	95	121	141	154	206
60	102	129	149	164	219
61	109	138	159	173	233
62	116	147	169	185	248
63	124	156	180	196	265
64	132	166	192	209	281
65	140	176	205	224	300
66	149	188	220	240	320
67	160	202	236	259	345
68	172	219	255	280	372
69	186	235	275	302	401
70	200	255	298	327	433
71	216	276	324	354	469
72	235	301	352	386	511
73	256	328	384	421	556
74	279	358	419	460	606
75	304	389	456	501	660
76	331	425	498	546	718
77	358	461	541	594	780
78	386	500	588	646	846
79	415	542	638	700	916
80	447				
81	479				
82	513				
83	548				
84	585				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
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Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	32	39	46	49	66
45-49	35	44	51	55	73
50-54	46	56	65	72	94
55	53	65	75	82	112
56	55	68	79	86	119
57	59	73	85	92	127
58	64	79	92	99	136
59	68	85	99	107	147
60	74	93	107	116	158
61	81	100	116	126	171
62	87	108	126	136	184
63	93	116	135	146	198
64	100	125	145	156	212
65	106	133	154	167	227
66	114	144	166	180	245
67	124	155	180	195	266
68	134	169	196	213	289
69	146	185	214	233	315
70	159	201	234	255	345
71	174	221	256	280	376
72	191	242	282	308	413
73	209	267	311	340	454
74	231	293	342	374	498
75	253	322	376	412	546
76	278	353	413	453	599
77	302	387	453	496	654
78	328	422	495	544	714
79	356	461	540	593	776
80	386				
81	416				
82	448				
83	481				
84	516				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0095-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	36	46	53	56	75
45-49	41	51	58	64	84
50-54	51	64	74	81	106
55	59	73	85	92	125
56	62	78	89	98	132
57	66	82	95	104	141
58	71	88	102	112	151
59	75	94	109	120	161
60	81	102	119	129	173
61	88	109	128	140	186
62	94	118	138	151	199
63	101	126	148	161	214
64	108	135	158	172	229
65	115	145	168	184	245
66	125	156	181	198	265
67	135	168	196	213	287
68	147	184	214	233	313
69	159	200	233	254	341
70	172	218	254	276	372
71	187	239	278	304	407
72	205	261	306	334	446
73	225	288	336	368	489
74	247	316	369	405	538
75	272	347	407	446	589
76	298	380	447	491	646
77	325	416	489	536	706
78	352	455	535	587	771
79	382	496	584	641	839
80	413				
81	446				
82	479				
83	513				
84	551				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0095-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	39	48	55	60	80
45-49	44	53	61	67	88
50-54	53	66	78	85	111
55	61	76	89	96	131
56	65	81	94	102	138
57	68	86	100	108	147
58	73	92	107	116	156
59	79	99	114	125	167
60	85	106	124	135	179
61	91	114	133	146	192
62	98	122	142	156	206
63	105	131	153	167	221
64	112	140	164	179	236
65	120	149	174	191	253
66	129	161	188	205	273
67	140	174	204	221	296
68	152	189	221	241	322
69	164	206	241	262	352
70	178	225	262	286	384
71	193	246	287	314	420
72	211	269	315	345	460
73	232	296	347	380	505
74	254	326	381	418	555
75	280	358	420	460	608
76	306	392	461	506	666
77	334	429	505	554	728
78	362	469	552	606	794
79	393	512	602	662	865
80	425				
81	458				
82	492				
83	527				
84	565				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0095-A37
Long-Term Care Policy

WITH SURVIVORSHIP BENEFIT RIDER R1-N0103-SERIES

When this rider is chosen, multiply the final premium by the appropriate factor.

ISSUE AGE	NO INFLATION PROTECTION	SIMPLE INFLATION PROTECTION	COMPOUND INFLATION PROTECTION
18-44	1.11	1.17	1.17
45-49	1.14	1.21	1.21
50-54	1.18	1.28	1.28
55	1.20	1.30	1.30
56	1.20	1.30	1.30
57	1.21	1.30	1.30
58	1.21	1.30	1.30
59	1.21	1.30	1.30
60	1.21	1.30	1.30
61	1.21	1.30	1.30
62	1.21	1.29	1.29
63	1.21	1.29	1.29
64	1.21	1.28	1.28
65	1.20	1.27	1.27
66	1.20	1.26	1.26
67	1.20	1.26	1.26
68	1.19	1.25	1.25
69	1.19	1.24	1.24
70	1.18	1.23	1.23
71	1.18	1.22	1.22
72	1.17	1.20	1.20
73	1.16	1.19	1.19
74	1.16	1.18	1.18
75	1.15	1.17	1.17
76	1.14	1.16	1.16
77	1.13	1.15	1.15
78	1.12	1.14	1.14
79	1.11	1.13	1.13
80	1.10	1.12	1.12
81	1.09	1.11	1.11
82	1.08	1.10	1.10
83	1.07	1.09	1.09
84	1.06	1.08	1.08

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0095-A37
Long-Term Care Policy

Elimination Period Factors

Rates shown are for 30 day elimination period. Rates for other elimination periods are calculated by multiplying the 30 day rates by the appropriate factor from the following table:

Benefit Maximum	0	14	20	60	90	100	180	365
730x,1095x	1.12	1.07	1.03	0.94	0.90	0.89	0.78	0.67
1460x,1825x	1.10	1.05	1.03	0.95	0.90	0.89	0.79	0.69
Lifetime	1.08	1.04	1.03	0.96	0.92	0.91	0.84	0.75

Spousal Discount

A 20% discount to the rates is available to married couples if both spouses apply for coverage.

Dual Waiver of Premium Rider R1-N0104-Series

An optional dual waiver of premium rider will be offered. If one spouse qualifies for a waiver of premium, the premium of the other spouse will also be waived. If chosen, multiply the final premium by 1.06.

Shared Advantage Rider R1-N0105-Series

This rider will allow two covered spouses to purchase an additional benefit amount that can be used by either spouse after their base benefits are exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	No Inflation Protection	With Inflation Protection
730x	1.30	1.35
1095x	1.21	1.25
1460x	1.15	1.18
1825x	1.12	1.14

Restoration of Benefits Rider R1-N0106-Series

This rider restores the maximum lifetime benefit if the insured has not met the stipulated conditions for a period of 180 consecutive days and the maximum lifetime benefit has not been exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	Factor
730x	1.08
1095x	1.06
1460x,1825x	1.04

Cost of Living Increase Rider R1-N0107-Series

This rider allows the insured to increase their policy limits, subject to the terms of the rider, every three years without additional underwriting. The additional premium charged is based on the attained age and incremental increase in the maximum daily facility benefit when exercised. If chosen, multiply the final premium by the appropriate factor:

Age	Factor
18-44	1.15
45-49	1.12
50-55	1.10
56-58	1.09
59-61	1.08
62-64	1.07
65-67	1.06
68-70	1.05
71-73	1.04
74-76	1.03

Modal Factors

Semi-Annual: 0.52; Quarterly: 0.27; Check-A-Matic: 0.09

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604

Supplement to Rate Sheets for Policy Form P1-N0096-A37
PENNSYLVANIA

All rates for this form should be multiplied by a factor of: 1.9425

This factor represents the **proposed** increase of: 29.5%

And the following prior approved rate increases:

Policy Form	Increase Applies to all Policies or Subsets	Rate Increase Approved	Approval Date of Rate Increase
P1-N0096-A37	--Yes--	20.00%	3/14/2013
P1-N0096-A37	--Yes--	25.00%	12/3/2014

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0096-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	23.75	28.75	31.25	33.75	43.75
45-49	26.25	32.50	35.00	37.50	48.75
50-54	32.50	38.75	43.75	46.25	60.00
55	37.50	45.00	50.00	53.75	71.25
56	40.00	47.50	53.75	57.50	75.00
57	42.50	51.25	57.50	61.25	81.25
58	46.25	55.00	62.50	66.25	87.50
59	50.00	60.00	67.50	72.50	95.00
60	53.75	65.00	73.75	78.75	103.75
61	58.75	70.00	80.00	86.25	112.50
62	63.75	76.25	87.50	93.75	122.50
63	68.75	82.50	93.75	101.25	132.50
64	72.50	87.50	101.25	108.75	141.25
65	77.50	93.75	108.75	116.25	151.25
66	82.50	101.25	117.50	126.25	163.75
67	90.00	110.00	127.50	137.50	178.75
68	98.75	120.00	138.75	151.25	196.25
69	107.50	131.25	152.50	165.00	215.00
70	117.50	143.75	166.25	181.25	236.25
71	128.75	158.75	183.75	200.00	260.00
72	142.50	176.25	203.75	222.50	288.75
73	157.50	196.25	227.50	247.50	321.25
74	175.00	218.75	252.50	276.25	356.25
75	195.00	242.50	281.25	307.50	395.00
76	215.00	268.75	312.50	341.25	437.50
77	237.50	297.50	346.25	377.50	483.75
78	261.25	328.75	382.50	417.50	532.50
79	287.50	361.25	421.25	458.75	585.00
80	315.00				
81	343.75				
82	375.00				
83	407.50				
84	442.50				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0096-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	27.50	33.75	37.50	38.75	51.25
45-49	31.25	37.50	41.25	43.75	56.25
50-54	36.25	43.75	50.00	53.75	70.00
55	42.50	50.00	56.25	61.25	81.25
56	45.00	52.50	60.00	65.00	85.00
57	47.50	56.25	63.75	68.75	91.25
58	51.25	61.25	68.75	73.75	97.50
59	55.00	66.25	75.00	81.25	105.00
60	58.75	72.50	81.25	87.50	113.75
61	63.75	77.50	88.75	96.25	123.75
62	68.75	83.75	96.25	103.75	133.75
63	73.75	90.00	103.75	111.25	145.00
64	78.75	96.25	110.00	118.75	155.00
65	85.00	102.50	118.75	126.25	166.25
66	90.00	110.00	127.50	136.25	180.00
67	97.50	120.00	137.50	148.75	196.25
68	106.25	130.00	151.25	163.75	215.00
69	116.25	142.50	165.00	178.75	235.00
70	127.50	157.50	180.00	196.25	258.75
71	138.75	172.50	200.00	216.25	285.00
72	153.75	192.50	221.25	241.25	315.00
73	171.25	213.75	246.25	268.75	350.00
74	188.75	237.50	275.00	298.75	387.50
75	210.00	263.75	306.25	332.50	430.00
76	231.25	292.50	340.00	370.00	476.25
77	256.25	322.50	376.25	410.00	526.25
78	281.25	356.25	416.25	453.75	578.75
79	308.75	392.50	457.50	498.75	636.25
80	337.50				
81	368.75				
82	401.25				
83	435.00				
84	471.25				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0096-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	28.75	35.00	40.00	41.25	53.75
45-49	32.50	38.75	43.75	46.25	60.00
50-54	37.50	46.25	52.50	56.25	75.00
55	43.75	52.50	58.75	63.75	85.00
56	46.25	55.00	62.50	67.50	90.00
57	48.75	58.75	66.25	72.50	95.00
58	52.50	63.75	71.25	77.50	102.50
59	56.25	68.75	77.50	85.00	110.00
60	61.25	75.00	85.00	91.25	118.75
61	66.25	81.25	92.50	100.00	128.75
62	71.25	87.50	100.00	107.50	138.75
63	76.25	93.75	107.50	115.00	150.00
64	81.25	100.00	113.75	122.50	160.00
65	87.50	106.25	122.50	131.25	172.50
66	93.75	113.75	131.25	141.25	186.25
67	101.25	123.75	142.50	153.75	203.75
68	110.00	135.00	156.25	168.75	222.50
69	120.00	147.50	170.00	185.00	243.75
70	131.25	162.50	186.25	202.50	267.50
71	143.75	178.75	206.25	223.75	295.00
72	158.75	198.75	228.75	248.75	326.25
73	176.25	221.25	255.00	277.50	362.50
74	195.00	245.00	283.75	308.75	401.25
75	216.25	272.50	316.25	343.75	445.00
76	238.75	302.50	351.25	382.50	492.50
77	263.75	333.75	388.75	423.75	543.75
78	290.00	367.50	430.00	468.75	598.75
79	317.50	405.00	473.75	516.25	657.50
80	347.50				
81	378.75				
82	412.50				
83	447.50				
84	483.75				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0096-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	45.00	56.25	65.00	71.25	93.75
45-49	50.00	62.50	72.50	78.75	103.75
50-54	61.25	76.25	88.75	96.25	132.50
55	70.00	88.75	102.50	111.25	153.75
56	73.75	93.75	108.75	117.50	161.25
57	78.75	100.00	115.00	125.00	171.25
58	83.75	106.25	122.50	133.75	181.25
59	90.00	113.75	131.25	142.50	192.50
60	96.25	121.25	140.00	151.25	205.00
61	102.50	130.00	150.00	162.50	218.75
62	110.00	138.75	160.00	173.75	233.75
63	117.50	147.50	170.00	185.00	250.00
64	125.00	157.50	181.25	197.50	266.25
65	132.50	167.50	193.75	210.00	283.75
66	142.50	178.75	206.25	225.00	303.75
67	152.50	192.50	222.50	242.50	327.50
68	163.75	207.50	240.00	262.50	353.75
69	176.25	222.50	260.00	283.75	381.25
70	190.00	241.25	281.25	307.50	411.25
71	206.25	261.25	305.00	333.75	446.25
72	223.75	283.75	332.50	363.75	485.00
73	243.75	310.00	363.75	397.50	528.75
74	266.25	338.75	397.50	435.00	576.25
75	291.25	370.00	433.75	475.00	628.75
76	316.25	405.00	473.75	518.75	685.00
77	343.75	441.25	516.25	566.25	745.00
78	371.25	481.25	561.25	616.25	808.75
79	401.25	522.50	610.00	670.00	877.50
80	432.50				
81	463.75				
82	497.50				
83	532.50				
84	568.75				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0096-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	50.00	63.75	73.75	81.25	105.00
45-49	56.25	70.00	82.50	88.75	117.50
50-54	68.75	86.25	101.25	110.00	148.75
55	77.50	98.75	116.25	126.25	170.00
56	81.25	103.75	122.50	132.50	177.50
57	86.25	110.00	128.75	140.00	187.50
58	91.25	116.25	136.25	148.75	198.75
59	97.50	123.75	145.00	157.50	211.25
60	105.00	132.50	153.75	167.50	223.75
61	112.50	141.25	163.75	177.50	238.75
62	120.00	151.25	173.75	190.00	255.00
63	127.50	161.25	185.00	201.25	272.50
64	135.00	171.25	197.50	215.00	288.75
65	143.75	181.25	210.00	228.75	308.75
66	153.75	193.75	225.00	246.25	328.75
67	165.00	208.75	242.50	265.00	355.00
68	177.50	225.00	262.50	287.50	382.50
69	191.25	241.25	282.50	310.00	412.50
70	206.25	262.50	306.25	335.00	445.00
71	222.50	283.75	332.50	363.75	482.50
72	242.50	308.75	361.25	396.25	525.00
73	263.75	337.50	395.00	432.50	572.50
74	287.50	367.50	431.25	472.50	623.75
75	313.75	401.25	470.00	515.00	680.00
76	341.25	437.50	512.50	561.25	738.75
77	368.75	475.00	557.50	611.25	803.75
78	398.75	516.25	606.25	665.00	871.25
79	428.75	560.00	657.50	721.25	945.00
80	462.50				
81	495.00				
82	531.25				
83	567.50				
84	605.00				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0096-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	52.50	66.25	77.50	85.00	110.00
45-49	58.75	73.75	86.25	93.75	122.50
50-54	72.50	91.25	106.25	115.00	155.00
55	81.25	102.50	121.25	132.50	176.25
56	85.00	107.50	127.50	138.75	185.00
57	90.00	113.75	133.75	146.25	195.00
58	95.00	121.25	141.25	155.00	206.25
59	101.25	128.75	150.00	163.75	218.75
60	108.75	137.50	158.75	173.75	232.50
61	116.25	146.25	168.75	183.75	247.50
62	123.75	156.25	180.00	196.25	263.75
63	131.25	166.25	191.25	208.75	281.25
64	140.00	176.25	203.75	222.50	298.75
65	148.75	187.50	217.50	237.50	318.75
66	158.75	200.00	233.75	255.00	340.00
67	170.00	215.00	251.25	275.00	366.25
68	182.50	232.50	271.25	297.50	395.00
69	197.50	250.00	292.50	321.25	426.25
70	212.50	271.25	316.25	347.50	460.00
71	230.00	293.75	343.75	376.25	498.75
72	250.00	320.00	373.75	410.00	542.50
73	272.50	348.75	407.50	447.50	591.25
74	296.25	380.00	445.00	488.75	643.75
75	322.50	413.75	485.00	532.50	701.25
76	351.25	451.25	528.75	580.00	762.50
77	380.00	490.00	575.00	631.25	828.75
78	410.00	531.25	625.00	686.25	898.75
79	441.25	576.25	677.50	743.75	973.75
80	475.00				
81	508.75				
82	545.00				
83	582.50				
84	621.25				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0096-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	33.75	41.25	48.75	52.50	70.00
45-49	37.50	46.25	53.75	58.75	77.50
50-54	48.75	60.00	68.75	76.25	100.00
55	56.25	68.75	80.00	87.50	118.75
56	58.75	72.50	83.75	91.25	126.25
57	62.50	77.50	90.00	97.50	135.00
58	67.50	83.75	97.50	105.00	145.00
59	72.50	90.00	105.00	113.75	156.25
60	78.75	98.75	113.75	123.75	167.50
61	86.25	106.25	123.75	133.75	181.25
62	92.50	115.00	133.75	145.00	195.00
63	98.75	123.75	143.75	155.00	210.00
64	106.25	132.50	153.75	166.25	225.00
65	112.50	141.25	163.75	177.50	241.25
66	121.25	152.50	176.25	191.25	260.00
67	131.25	165.00	191.25	207.50	282.50
68	142.50	180.00	208.75	226.25	307.50
69	155.00	196.25	227.50	247.50	335.00
70	168.75	213.75	248.75	271.25	366.25
71	185.00	235.00	272.50	297.50	400.00
72	202.50	257.50	300.00	327.50	438.75
73	222.50	283.75	330.00	361.25	482.50
74	245.00	311.25	363.75	397.50	528.75
75	268.75	342.50	400.00	437.50	580.00
76	295.00	375.00	438.75	481.25	636.25
77	321.25	411.25	481.25	527.50	695.00
78	348.75	448.75	526.25	577.50	758.75
79	378.75	490.00	573.75	630.00	825.00
80	410.00				
81	442.50				
82	476.25				
83	511.25				
84	548.75				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0096-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	38.75	48.75	56.25	60.00	80.00
45-49	43.75	53.75	61.25	67.50	88.75
50-54	53.75	67.50	78.75	86.25	112.50
55	62.50	77.50	90.00	97.50	132.50
56	66.25	82.50	95.00	103.75	140.00
57	70.00	87.50	101.25	110.00	150.00
58	75.00	93.75	108.75	118.75	160.00
59	80.00	100.00	116.25	127.50	171.25
60	86.25	108.75	126.25	137.50	183.75
61	93.75	116.25	136.25	148.75	197.50
62	100.00	125.00	146.25	160.00	211.25
63	107.50	133.75	157.50	171.25	227.50
64	115.00	143.75	167.50	182.50	243.75
65	122.50	153.75	178.75	195.00	260.00
66	132.50	166.25	192.50	210.00	281.25
67	143.75	178.75	208.75	226.25	305.00
68	156.25	195.00	227.50	247.50	332.50
69	168.75	212.50	247.50	270.00	362.50
70	182.50	231.25	270.00	293.75	395.00
71	198.75	253.75	295.00	322.50	432.50
72	217.50	277.50	325.00	355.00	473.75
73	238.75	306.25	357.50	391.25	520.00
74	262.50	336.25	392.50	430.00	571.25
75	288.75	368.75	432.50	473.75	626.25
76	316.25	403.75	475.00	521.25	686.25
77	345.00	442.50	520.00	570.00	750.00
78	373.75	483.75	568.75	623.75	818.75
79	406.25	527.50	620.00	681.25	891.25
80	438.75				
81	473.75				
82	508.75				
83	545.00				
84	585.00				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0096-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	41.25	51.25	58.75	63.75	85.00
45-49	46.25	56.25	65.00	71.25	93.75
50-54	56.25	70.00	82.50	90.00	117.50
55	65.00	81.25	95.00	102.50	138.75
56	68.75	86.25	100.00	108.75	146.25
57	72.50	91.25	106.25	115.00	156.25
58	77.50	97.50	113.75	123.75	166.25
59	83.75	105.00	121.25	132.50	177.50
60	90.00	112.50	131.25	143.75	190.00
61	96.25	121.25	141.25	155.00	203.75
62	103.75	130.00	151.25	166.25	218.75
63	111.25	138.75	162.50	177.50	235.00
64	118.75	148.75	173.75	190.00	251.25
65	127.50	158.75	185.00	202.50	268.75
66	137.50	171.25	200.00	217.50	290.00
67	148.75	185.00	216.25	235.00	315.00
68	161.25	201.25	235.00	256.25	342.50
69	173.75	218.75	256.25	278.75	373.75
70	188.75	238.75	278.75	303.75	407.50
71	205.00	261.25	305.00	333.75	446.25
72	223.75	286.25	335.00	366.25	488.75
73	246.25	315.00	368.75	403.75	536.25
74	270.00	346.25	405.00	443.75	590.00
75	297.50	380.00	446.25	488.75	646.25
76	325.00	416.25	490.00	537.50	707.50
77	355.00	456.25	536.25	588.75	773.75
78	385.00	498.75	586.25	643.75	843.75
79	417.50	543.75	640.00	703.75	918.75
80	451.25				
81	486.25				
82	522.50				
83	560.00				
84	600.00				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0096-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	27.50	33.75	36.25	40.00	51.25
45-49	31.25	38.75	41.25	43.75	57.50
50-54	38.75	45.00	51.25	55.00	70.00
55	43.75	52.50	58.75	63.75	83.75
56	47.50	56.25	63.75	67.50	88.75
57	50.00	60.00	67.50	72.50	95.00
58	55.00	65.00	73.75	77.50	102.50
59	58.75	70.00	80.00	85.00	111.25
60	63.75	76.25	86.25	92.50	122.50
61	68.75	82.50	93.75	101.25	132.50
62	75.00	90.00	102.50	110.00	143.75
63	81.25	97.50	110.00	118.75	156.25
64	85.00	102.50	118.75	127.50	166.25
65	91.25	110.00	127.50	136.25	177.50
66	97.50	118.75	138.75	148.75	192.50
67	106.25	130.00	150.00	161.25	210.00
68	116.25	141.25	163.75	177.50	231.25
69	126.25	155.00	180.00	193.75	252.50
70	138.75	168.75	195.00	213.75	277.50
71	151.25	186.25	216.25	235.00	306.25
72	167.50	207.50	240.00	261.25	340.00
73	185.00	231.25	267.50	291.25	377.50
74	206.25	257.50	297.50	325.00	418.75
75	230.00	285.00	331.25	361.25	465.00
76	252.50	316.25	367.50	401.25	515.00
77	280.00	350.00	407.50	443.75	568.75
78	307.50	386.25	450.00	491.25	626.25
79	338.75	425.00	495.00	540.00	688.75
80	370.00				
81	405.00				
82	441.25				
83	480.00				
84	520.00				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0096-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	32.50	40.00	43.75	45.00	60.00
45-49	36.25	43.75	48.75	51.25	66.25
50-54	42.50	51.25	58.75	63.75	82.50
55	50.00	58.75	66.25	72.50	95.00
56	52.50	61.25	70.00	76.25	100.00
57	56.25	66.25	75.00	81.25	107.50
58	60.00	72.50	81.25	86.25	115.00
59	65.00	77.50	88.75	95.00	123.75
60	68.75	85.00	95.00	102.50	133.75
61	75.00	91.25	105.00	113.75	145.00
62	81.25	98.75	113.75	122.50	157.50
63	86.25	106.25	122.50	131.25	170.00
64	92.50	113.75	130.00	140.00	182.50
65	100.00	120.00	140.00	148.75	195.00
66	106.25	130.00	150.00	160.00	211.25
67	115.00	141.25	161.25	175.00	231.25
68	125.00	152.50	177.50	192.50	252.50
69	136.25	167.50	193.75	210.00	276.25
70	150.00	185.00	211.25	231.25	305.00
71	163.75	202.50	235.00	255.00	335.00
72	181.25	226.25	260.00	283.75	370.00
73	201.25	251.25	290.00	316.25	411.25
74	222.50	280.00	323.75	351.25	456.25
75	247.50	310.00	360.00	391.25	506.25
76	272.50	343.75	400.00	435.00	560.00
77	301.25	380.00	442.50	482.50	618.75
78	331.25	418.75	490.00	533.75	681.25
79	363.75	461.25	538.75	586.25	748.75
80	397.50				
81	433.75				
82	472.50				
83	511.25				
84	555.00				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0096-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	33.75	41.25	47.50	48.75	63.75
45-49	38.75	45.00	51.25	55.00	70.00
50-54	43.75	55.00	61.25	66.25	88.75
55	51.25	61.25	68.75	75.00	100.00
56	55.00	65.00	73.75	80.00	106.25
57	57.50	68.75	77.50	85.00	111.25
58	61.25	75.00	83.75	91.25	120.00
59	66.25	81.25	91.25	100.00	130.00
60	72.50	88.75	100.00	107.50	140.00
61	77.50	95.00	108.75	117.50	151.25
62	83.75	102.50	117.50	126.25	163.75
63	90.00	110.00	126.25	135.00	176.25
64	95.00	117.50	133.75	143.75	188.75
65	102.50	125.00	143.75	155.00	202.50
66	110.00	133.75	155.00	166.25	218.75
67	118.75	145.00	167.50	181.25	240.00
68	130.00	158.75	183.75	198.75	261.25
69	141.25	173.75	200.00	217.50	286.25
70	155.00	191.25	218.75	238.75	315.00
71	168.75	210.00	242.50	263.75	347.50
72	186.25	233.75	268.75	292.50	383.75
73	207.50	260.00	300.00	326.25	426.25
74	230.00	288.75	333.75	363.75	472.50
75	255.00	320.00	372.50	405.00	523.75
76	281.25	356.25	413.75	450.00	580.00
77	310.00	392.50	457.50	498.75	640.00
78	341.25	432.50	506.25	551.25	705.00
79	373.75	476.25	557.50	607.50	773.75
80	408.75				
81	445.00				
82	485.00				
83	526.25				
84	568.75				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0096-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	52.50	66.25	76.25	83.75	110.00
45-49	58.75	73.75	85.00	92.50	122.50
50-54	72.50	90.00	105.00	113.75	156.25
55	82.50	105.00	120.00	131.25	181.25
56	86.25	110.00	127.50	138.75	190.00
57	92.50	117.50	135.00	147.50	201.25
58	98.75	125.00	143.75	157.50	213.75
59	106.25	133.75	155.00	167.50	226.25
60	113.75	142.50	165.00	177.50	241.25
61	120.00	152.50	176.25	191.25	257.50
62	130.00	163.75	188.75	205.00	275.00
63	138.75	173.75	200.00	217.50	293.75
64	147.50	185.00	213.75	232.50	313.75
65	156.25	197.50	227.50	247.50	333.75
66	167.50	210.00	242.50	265.00	357.50
67	180.00	226.25	261.25	285.00	385.00
68	192.50	243.75	282.50	308.75	416.25
69	207.50	261.25	306.25	333.75	448.75
70	223.75	283.75	331.25	361.25	483.75
71	242.50	307.50	358.75	392.50	525.00
72	263.75	333.75	391.25	427.50	570.00
73	286.25	365.00	427.50	467.50	622.50
74	313.75	398.75	467.50	511.25	677.50
75	342.50	435.00	510.00	558.75	740.00
76	372.50	476.25	557.50	610.00	806.25
77	405.00	518.75	607.50	666.25	876.25
78	436.25	566.25	660.00	725.00	951.25
79	472.50	615.00	717.50	788.75	1032.50
80	508.75				
81	545.00				
82	585.00				
83	626.25				
84	668.75				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0096-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	58.75	75.00	86.25	95.00	123.75
45-49	66.25	82.50	97.50	105.00	138.75
50-54	81.25	101.25	118.75	130.00	175.00
55	91.25	116.25	136.25	148.75	200.00
56	95.00	122.50	143.75	156.25	208.75
57	101.25	130.00	151.25	165.00	220.00
58	107.50	136.25	160.00	175.00	233.75
59	115.00	145.00	170.00	185.00	248.75
60	123.75	156.25	181.25	197.50	263.75
61	132.50	166.25	192.50	208.75	281.25
62	141.25	177.50	205.00	223.75	300.00
63	150.00	190.00	217.50	236.25	320.00
64	158.75	201.25	232.50	252.50	340.00
65	168.75	213.75	247.50	268.75	363.75
66	181.25	227.50	265.00	290.00	386.25
67	193.75	245.00	285.00	311.25	417.50
68	208.75	265.00	308.75	338.75	450.00
69	225.00	283.75	332.50	365.00	485.00
70	242.50	308.75	360.00	393.75	523.75
71	261.25	333.75	391.25	427.50	567.50
72	285.00	363.75	425.00	466.25	617.50
73	310.00	397.50	465.00	508.75	673.75
74	338.75	432.50	507.50	556.25	733.75
75	368.75	472.50	552.50	606.25	800.00
76	401.25	515.00	602.50	660.00	868.75
77	433.75	558.75	656.25	718.75	945.00
78	468.75	607.50	713.75	782.50	1025.00
79	505.00	658.75	773.75	848.75	1111.25
80	543.75				
81	582.50				
82	625.00				
83	667.50				
84	711.25				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0096-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	61.25	77.50	91.25	100.00	130.00
45-49	68.75	86.25	101.25	110.00	143.75
50-54	85.00	107.50	125.00	135.00	182.50
55	95.00	120.00	142.50	156.25	207.50
56	100.00	126.25	150.00	163.75	217.50
57	106.25	133.75	157.50	172.50	230.00
58	111.25	142.50	166.25	182.50	242.50
59	118.75	151.25	176.25	192.50	257.50
60	127.50	161.25	186.25	205.00	273.75
61	136.25	172.50	198.75	216.25	291.25
62	145.00	183.75	211.25	231.25	310.00
63	155.00	195.00	225.00	245.00	331.25
64	165.00	207.50	240.00	261.25	351.25
65	175.00	220.00	256.25	280.00	375.00
66	186.25	235.00	275.00	300.00	400.00
67	200.00	252.50	295.00	323.75	431.25
68	215.00	273.75	318.75	350.00	465.00
69	232.50	293.75	343.75	377.50	501.25
70	250.00	318.75	372.50	408.75	541.25
71	270.00	345.00	405.00	442.50	586.25
72	293.75	376.25	440.00	482.50	638.75
73	320.00	410.00	480.00	526.25	695.00
74	348.75	447.50	523.75	575.00	757.50
75	380.00	486.25	570.00	626.25	825.00
76	413.75	531.25	622.50	682.50	897.50
77	447.50	576.25	676.25	742.50	975.00
78	482.50	625.00	735.00	807.50	1057.50
79	518.75	677.50	797.50	875.00	1145.00
80	558.75				
81	598.75				
82	641.25				
83	685.00				
84	731.25				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0096-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	40.00	48.75	57.50	61.25	82.50
45-49	43.75	55.00	63.75	68.75	91.25
50-54	57.50	70.00	81.25	90.00	117.50
55	66.25	81.25	93.75	102.50	140.00
56	68.75	85.00	98.75	107.50	148.75
57	73.75	91.25	106.25	115.00	158.75
58	80.00	98.75	115.00	123.75	170.00
59	85.00	106.25	123.75	133.75	183.75
60	92.50	116.25	133.75	145.00	197.50
61	101.25	125.00	145.00	157.50	213.75
62	108.75	135.00	157.50	170.00	230.00
63	116.25	145.00	168.75	182.50	247.50
64	125.00	156.25	181.25	195.00	265.00
65	132.50	166.25	192.50	208.75	283.75
66	142.50	180.00	207.50	225.00	306.25
67	155.00	193.75	225.00	243.75	332.50
68	167.50	211.25	245.00	266.25	361.25
69	182.50	231.25	267.50	291.25	393.75
70	198.75	251.25	292.50	318.75	431.25
71	217.50	276.25	320.00	350.00	470.00
72	238.75	302.50	352.50	385.00	516.25
73	261.25	333.75	388.75	425.00	567.50
74	288.75	366.25	427.50	467.50	622.50
75	316.25	402.50	470.00	515.00	682.50
76	347.50	441.25	516.25	566.25	748.75
77	377.50	483.75	566.25	620.00	817.50
78	410.00	527.50	618.75	680.00	892.50
79	445.00	576.25	675.00	741.25	970.00
80	482.50				
81	520.00				
82	560.00				
83	601.25				
84	645.00				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0096-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	45.00	57.50	66.25	70.00	93.75
45-49	51.25	63.75	72.50	80.00	105.00
50-54	63.75	80.00	92.50	101.25	132.50
55	73.75	91.25	106.25	115.00	156.25
56	77.50	97.50	111.25	122.50	165.00
57	82.50	102.50	118.75	130.00	176.25
58	88.75	110.00	127.50	140.00	188.75
59	93.75	117.50	136.25	150.00	201.25
60	101.25	127.50	148.75	161.25	216.25
61	110.00	136.25	160.00	175.00	232.50
62	117.50	147.50	172.50	188.75	248.75
63	126.25	157.50	185.00	201.25	267.50
64	135.00	168.75	197.50	215.00	286.25
65	143.75	181.25	210.00	230.00	306.25
66	156.25	195.00	226.25	247.50	331.25
67	168.75	210.00	245.00	266.25	358.75
68	183.75	230.00	267.50	291.25	391.25
69	198.75	250.00	291.25	317.50	426.25
70	215.00	272.50	317.50	345.00	465.00
71	233.75	298.75	347.50	380.00	508.75
72	256.25	326.25	382.50	417.50	557.50
73	281.25	360.00	420.00	460.00	611.25
74	308.75	395.00	461.25	506.25	672.50
75	340.00	433.75	508.75	557.50	736.25
76	372.50	475.00	558.75	613.75	807.50
77	406.25	520.00	611.25	670.00	882.50
78	440.00	568.75	668.75	733.75	963.75
79	477.50	620.00	730.00	801.25	1048.75
80	516.25				
81	557.50				
82	598.75				
83	641.25				
84	688.75				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0096-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	48.75	60.00	68.75	75.00	100.00
45-49	55.00	66.25	76.25	83.75	110.00
50-54	66.25	82.50	97.50	106.25	138.75
55	76.25	95.00	111.25	120.00	163.75
56	81.25	101.25	117.50	127.50	172.50
57	85.00	107.50	125.00	135.00	183.75
58	91.25	115.00	133.75	145.00	195.00
59	98.75	123.75	142.50	156.25	208.75
60	106.25	132.50	155.00	168.75	223.75
61	113.75	142.50	166.25	182.50	240.00
62	122.50	152.50	177.50	195.00	257.50
63	131.25	163.75	191.25	208.75	276.25
64	140.00	175.00	205.00	223.75	295.00
65	150.00	186.25	217.50	238.75	316.25
66	161.25	201.25	235.00	256.25	341.25
67	175.00	217.50	255.00	276.25	370.00
68	190.00	236.25	276.25	301.25	402.50
69	205.00	257.50	301.25	327.50	440.00
70	222.50	281.25	327.50	357.50	480.00
71	241.25	307.50	358.75	392.50	525.00
72	263.75	336.25	393.75	431.25	575.00
73	290.00	370.00	433.75	475.00	631.25
74	317.50	407.50	476.25	522.50	693.75
75	350.00	447.50	525.00	575.00	760.00
76	382.50	490.00	576.25	632.50	832.50
77	417.50	536.25	631.25	692.50	910.00
78	452.50	586.25	690.00	757.50	992.50
79	491.25	640.00	752.50	827.50	1081.25
80	531.25				
81	572.50				
82	615.00				
83	658.75				
84	706.25				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0096-A37
Long-Term Care Policy

WITH SURVIVORSHIP BENEFIT RIDER R1-N0103-SERIES

When this rider is chosen, multiply the final premium by the appropriate factor.

ISSUE AGE	NO INFLATION PROTECTION	SIMPLE INFLATION PROTECTION	COMPOUND INFLATION PROTECTION
18-44	1.11	1.17	1.17
45-49	1.14	1.21	1.21
50-54	1.18	1.28	1.28
55	1.20	1.30	1.30
56	1.20	1.30	1.30
57	1.21	1.30	1.30
58	1.21	1.30	1.30
59	1.21	1.30	1.30
60	1.21	1.30	1.30
61	1.21	1.30	1.30
62	1.21	1.29	1.29
63	1.21	1.29	1.29
64	1.21	1.28	1.28
65	1.20	1.27	1.27
66	1.20	1.26	1.26
67	1.20	1.26	1.26
68	1.19	1.25	1.25
69	1.19	1.24	1.24
70	1.18	1.23	1.23
71	1.18	1.22	1.22
72	1.17	1.20	1.20
73	1.16	1.19	1.19
74	1.16	1.18	1.18
75	1.15	1.17	1.17
76	1.14	1.16	1.16
77	1.13	1.15	1.15
78	1.12	1.14	1.14
79	1.11	1.13	1.13
80	1.10	1.12	1.12
81	1.09	1.11	1.11
82	1.08	1.10	1.10
83	1.07	1.09	1.09
84	1.06	1.08	1.08

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0096-A37
Long-Term Care Policy

Elimination Period Factors

Rates shown are for 30 day elimination period. Rates for other elimination periods are calculated by multiplying the 30 day rates by the appropriate factor from the following table:

Benefit Maximum	0	14	20	60	90	100	180	365
730x,1095x	1.12	1.07	1.03	0.94	0.90	0.89	0.78	0.67
1460x,1825x	1.10	1.05	1.03	0.95	0.90	0.89	0.79	0.69
Lifetime	1.08	1.04	1.03	0.96	0.92	0.91	0.84	0.75

Spousal Discount

A 20% discount to the rates is available to married couples if both spouses apply for coverage.

Dual Waiver of Premium Rider R1-N0104-Series

An optional dual waiver of premium rider will be offered. If one spouse qualifies for a waiver of premium, the premium of the other spouse will also be waived. If chosen, multiply the final premium by 1.06.

Shared Advantage Rider R1-N0105-Series

This rider will allow two covered spouses to purchase an additional benefit amount that can be used by either spouse after their base benefits are exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	No Inflation Protection	With Inflation Protection
730x	1.30	1.35
1095x	1.21	1.25
1460x	1.15	1.18
1825x	1.12	1.14

Restoration of Benefits Rider R1-N0106-Series

This rider restores the maximum lifetime benefit if the insured has not met the stipulated conditions for a period of 180 consecutive days and the maximum lifetime benefit has not been exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	Factor
730x	1.08
1095x	1.06
1460x,1825x	1.04

Cost of Living Increase Rider R1-N0107-Series

This rider allows the insured to increase their policy limits, subject to the terms of the rider, every three years without additional underwriting. The additional premium charged is based on the attained age and incremental increase in the maximum daily facility benefit when exercised. If chosen, multiply the final premium by the appropriate factor:

Age	Factor
18-44	1.15
45-49	1.12
50-55	1.10
56-58	1.09
59-61	1.08
62-64	1.07
65-67	1.06
68-70	1.05
71-73	1.04
74-76	1.03

Modal Factors

Semi-Annual: 0.52; Quarterly: 0.27; Check-A-Matic: 0.09

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604

Supplement to Rate Sheets for Policy Form P1-N0100-A37
PENNSYLVANIA

All rates for this form should be multiplied by a factor of: 1.9425

This factor represents the **proposed** increase of: 29.5%

And the following prior approved rate increases:

Policy Form	Increase Applies to all Policies or Subsets	Rate Increase Approved	Approval Date of Rate Increase
P1-N0100-A37	--Yes--	20.00%	3/14/2013
P1-N0100-A37	--Yes--	25.00%	12/3/2014

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0100-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	21	24	28	30	38
45-49	23	27	31	33	42
50-54	28	33	38	41	52
55	32	38	44	47	62
56	34	41	47	50	66
57	37	44	50	54	71
58	40	48	54	59	77
59	44	52	59	64	84
60	48	57	65	71	91
61	52	63	71	77	99
62	56	68	77	84	108
63	60	73	83	90	116
64	64	78	89	96	125
65	68	84	95	103	134
66	74	90	103	111	145
67	80	98	112	121	158
68	87	107	123	133	174
69	95	117	135	146	191
70	104	128	148	161	210
71	115	142	164	179	232
72	128	158	183	200	259
73	143	177	205	224	290
74	159	198	230	251	324
75	178	222	258	281	361
76	198	248	288	314	402
77	220	276	321	349	447
78	244	307	357	387	495
79	270	339	395	428	547
80	297				
81	327				
82	358				
83	391				
84	426				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0100-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	25	30	34	36	46
45-49	27	33	37	40	51
50-54	32	39	45	49	64
55	38	45	51	55	73
56	40	48	54	58	77
57	43	51	58	62	82
58	46	55	62	67	88
59	50	60	68	73	95
60	54	65	74	80	104
61	58	71	81	87	112
62	63	76	88	95	122
63	68	82	94	101	131
64	72	88	100	109	141
65	77	95	107	116	152
66	83	101	116	126	164
67	90	111	126	137	179
68	98	121	138	151	196
69	107	132	152	165	216
70	117	145	167	181	237
71	128	160	185	201	263
72	143	178	206	225	293
73	159	199	231	251	327
74	177	223	259	282	365
75	198	249	290	315	407
76	220	277	324	353	454
77	245	309	360	392	504
78	271	343	400	435	557
79	299	380	443	482	616
80	329				
81	361				
82	394				
83	430				
84	468				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0100-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	26	32	36	39	50
45-49	29	35	40	43	55
50-54	34	42	48	52	69
55	40	48	54	59	77
56	42	51	57	62	81
57	45	54	61	66	86
58	48	58	66	71	93
59	52	63	72	77	100
60	57	68	78	84	109
61	61	74	85	91	118
62	66	80	92	99	128
63	71	86	99	106	138
64	75	92	105	114	148
65	81	99	112	122	159
66	87	106	121	132	172
67	94	116	132	144	188
68	102	127	145	158	206
69	112	138	159	173	226
70	122	152	175	190	249
71	134	167	194	211	276
72	149	186	216	235	307
73	166	208	242	263	343
74	185	233	271	295	383
75	207	260	303	330	427
76	230	290	339	369	476
77	255	323	377	411	528
78	282	358	418	456	584
79	311	397	463	505	645
80	342				
81	375				
82	410				
83	447				
84	486				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0100-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	40	49	56	60	82
45-49	44	54	62	67	91
50-54	54	67	77	85	116
55	63	78	90	98	134
56	66	82	95	104	142
57	70	87	101	110	150
58	75	93	108	117	159
59	79	99	115	125	169
60	85	106	122	133	180
61	91	113	131	142	192
62	97	121	140	152	205
63	103	129	150	162	219
64	110	137	159	173	233
65	117	146	170	185	249
66	125	157	182	198	268
67	135	169	197	214	289
68	146	183	213	232	313
69	157	198	230	251	338
70	170	215	250	273	367
71	184	234	272	297	399
72	201	256	298	326	436
73	221	281	328	359	478
74	243	309	361	395	524
75	267	339	397	434	575
76	292	372	436	478	630
77	319	408	479	524	689
78	347	446	525	574	752
79	377	487	574	627	820
80	408				
81	440				
82	474				
83	509				
84	546				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0100-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	46	57	66	72	95
45-49	51	64	73	80	106
50-54	63	79	91	99	134
55	71	90	104	113	154
56	74	95	110	119	162
57	78	100	116	126	170
58	83	106	123	134	180
59	89	112	130	143	191
60	96	119	139	151	202
61	102	127	148	161	216
62	109	136	158	172	230
63	116	144	169	184	246
64	123	154	179	196	262
65	131	164	192	209	280
66	140	176	205	224	300
67	150	190	222	242	324
68	162	205	240	262	351
69	175	223	259	284	379
70	190	242	282	309	411
71	206	263	307	336	447
72	225	288	336	368	489
73	247	315	369	405	535
74	271	346	405	444	586
75	297	380	445	487	643
76	325	415	488	535	704
77	354	455	534	586	769
78	385	496	585	640	839
79	417	542	637	698	913
80	451				
81	486				
82	522				
83	561				
84	601				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0100-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	49	61	70	77	101
45-49	54	68	78	86	112
50-54	67	84	97	105	142
55	75	95	110	120	162
56	78	100	116	126	170
57	82	105	122	133	179
58	87	111	129	141	189
59	93	118	137	150	200
60	100	125	146	159	212
61	107	133	155	169	226
62	114	142	166	181	241
63	121	151	177	193	257
64	129	161	188	206	274
65	137	172	201	219	293
66	146	184	215	235	314
67	157	199	232	254	339
68	169	215	251	275	367
69	183	233	272	298	397
70	198	253	295	324	430
71	215	275	322	353	468
72	235	301	352	386	511
73	258	330	386	424	560
74	283	362	424	465	613
75	310	397	465	510	672
76	339	434	510	559	735
77	369	475	558	612	803
78	401	518	610	668	876
79	434	565	664	729	953
80	469				
81	505				
82	543				
83	583				
84	624				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0100-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	29	36	42	46	61
45-49	32	40	47	51	68
50-54	43	53	60	65	87
55	49	61	69	76	103
56	52	64	73	80	110
57	55	68	78	86	118
58	59	73	84	93	127
59	64	79	91	100	137
60	69	86	99	108	148
61	75	93	108	117	159
62	81	101	117	127	172
63	87	108	126	137	185
64	93	116	135	146	198
65	100	124	144	157	213
66	108	133	155	169	230
67	117	145	169	184	250
68	127	158	185	201	273
69	138	173	202	220	298
70	150	189	221	241	326
71	164	208	243	266	357
72	181	230	269	294	394
73	200	255	298	326	435
74	222	282	331	362	481
75	245	313	366	401	531
76	270	346	404	443	585
77	297	381	446	489	643
78	325	419	491	538	705
79	355	460	538	591	772
80	386				
81	419				
82	453				
83	489				
84	527				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0100-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	35	44	50	55	72
45-49	39	48	56	61	80
50-54	49	61	71	77	101
55	57	71	81	89	120
56	60	75	86	93	128
57	63	79	91	99	136
58	68	85	98	107	146
59	73	92	106	115	156
60	79	99	114	124	167
61	85	106	123	134	179
62	92	115	133	145	193
63	98	123	143	155	207
64	105	131	153	166	222
65	113	141	163	177	238
66	121	151	175	191	257
67	131	164	191	207	279
68	142	178	208	226	305
69	154	195	227	247	333
70	168	213	249	271	365
71	184	234	273	298	400
72	202	258	302	330	441
73	223	285	334	365	487
74	247	316	370	405	538
75	273	349	409	448	593
76	301	385	451	495	654
77	330	424	497	546	718
78	361	465	546	600	787
79	393	510	599	658	861
80	427				
81	462				
82	500				
83	539				
84	580				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0100-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	38	47	54	59	77
45-49	42	52	60	65	85
50-54	52	65	75	82	107
55	60	75	86	94	127
56	63	79	91	99	135
57	67	84	97	105	144
58	72	90	104	113	154
59	77	97	112	121	164
60	83	104	121	131	175
61	89	112	130	141	188
62	96	121	140	152	202
63	103	130	150	163	217
64	110	138	160	174	232
65	118	148	171	186	249
66	126	159	184	200	268
67	137	172	200	217	292
68	149	187	218	237	319
69	161	204	238	259	348
70	176	223	261	284	381
71	192	245	286	312	418
72	211	270	316	345	461
73	233	298	350	382	509
74	258	330	387	423	562
75	285	364	427	468	620
76	314	402	471	517	683
77	344	442	519	570	750
78	376	485	570	627	822
79	409	532	625	687	899
80	444				
81	481				
82	520				
83	560				
84	602				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0100-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	25	28	33	35	45
45-49	27	32	36	39	49
50-54	33	39	45	48	61
55	38	45	52	55	73
56	40	48	55	59	78
57	44	52	59	64	84
58	47	56	64	69	91
59	52	61	69	75	99
60	56	67	76	84	107
61	61	74	84	91	116
62	66	80	91	99	127
63	71	86	98	106	136
64	75	92	105	113	147
65	80	99	112	121	158
66	87	106	121	131	171
67	94	115	132	142	186
68	102	126	145	156	205
69	112	138	159	172	225
70	122	151	174	189	247
71	135	167	193	211	273
72	151	186	215	235	305
73	168	208	241	264	341
74	187	233	271	295	381
75	209	261	304	331	425
76	233	292	339	369	473
77	259	325	378	411	526
78	287	361	420	455	582
79	318	399	465	504	644
80	349				
81	385				
82	421				
83	460				
84	501				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0100-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	29	35	40	42	54
45-49	32	39	44	47	60
50-54	38	46	53	58	75
55	45	53	60	65	86
56	47	56	64	68	91
57	51	60	68	73	96
58	54	65	73	79	104
59	59	71	80	86	112
60	64	76	87	94	122
61	68	84	95	102	132
62	74	89	104	112	144
63	80	96	111	119	154
64	85	104	118	128	166
65	91	112	126	136	179
66	98	119	136	148	193
67	106	131	148	161	211
68	115	142	162	178	231
69	126	155	179	194	254
70	138	171	196	213	279
71	151	188	218	236	309
72	168	209	242	265	345
73	187	234	272	295	385
74	208	262	305	332	429
75	233	293	341	371	479
76	259	326	381	415	534
77	288	364	424	461	593
78	319	404	471	512	655
79	352	447	521	567	725
80	387				
81	425				
82	464				
83	506				
84	551				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0100-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	31	38	42	46	59
45-49	34	41	47	51	65
50-54	40	49	56	61	81
55	47	56	64	69	91
56	49	60	67	73	95
57	53	64	72	78	101
58	56	68	78	84	109
59	61	74	85	91	118
60	67	80	92	99	128
61	72	87	100	107	139
62	78	94	108	116	151
63	84	101	116	125	162
64	88	108	124	134	174
65	95	116	132	144	187
66	102	125	142	155	202
67	111	136	155	169	221
68	120	149	171	186	242
69	132	162	187	204	266
70	144	179	206	224	293
71	158	196	228	248	325
72	175	219	254	276	361
73	195	245	285	309	404
74	218	274	319	347	451
75	244	306	356	388	502
76	271	341	399	434	560
77	300	380	444	484	621
78	332	421	492	536	687
79	366	467	545	594	759
80	402				
81	441				
82	482				
83	526				
84	572				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0100-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	47	58	66	71	96
45-49	52	64	73	79	107
50-54	64	79	91	100	136
55	74	92	106	115	158
56	78	96	112	122	167
57	82	102	119	129	176
58	88	109	127	138	187
59	93	116	135	147	199
60	100	125	144	156	212
61	107	133	154	167	226
62	114	142	165	179	241
63	121	152	176	191	258
64	129	161	187	204	274
65	138	172	200	218	293
66	147	185	214	233	315
67	159	199	232	252	340
68	172	215	251	273	368
69	185	233	271	295	398
70	200	253	294	321	432
71	216	275	320	349	469
72	236	301	351	384	513
73	260	331	386	422	562
74	286	364	425	465	616
75	314	399	467	511	676
76	344	438	513	562	741
77	375	480	564	616	811
78	408	525	618	675	885
79	444	573	675	738	965
80	480				
81	518				
82	558				
83	599				
84	642				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0100-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	54	67	78	85	112
45-49	60	75	86	94	125
50-54	74	93	107	116	158
55	84	106	122	133	181
56	87	112	129	140	191
57	92	118	136	148	200
58	98	125	145	158	212
59	105	132	153	168	225
60	113	140	164	178	238
61	120	149	174	189	254
62	128	160	186	202	271
63	136	169	199	216	289
64	145	181	211	231	308
65	154	193	226	246	329
66	165	207	241	264	353
67	176	224	261	285	381
68	191	241	282	308	413
69	206	262	305	334	446
70	224	285	332	364	484
71	242	309	361	395	526
72	265	339	395	433	575
73	291	371	434	476	629
74	319	407	476	522	689
75	349	447	524	573	756
76	382	488	574	629	828
77	416	535	628	689	905
78	453	584	688	753	987
79	491	638	749	821	1074
80	531				
81	572				
82	614				
83	660				
84	707				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0100-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	58	72	82	91	119
45-49	64	80	92	101	132
50-54	79	99	114	124	167
55	88	112	129	141	191
56	92	118	136	148	200
57	96	124	144	156	211
58	102	131	152	166	222
59	109	139	161	176	235
60	118	147	172	187	249
61	126	156	182	199	266
62	134	167	195	213	284
63	142	178	208	227	302
64	152	189	221	242	322
65	161	202	236	258	345
66	172	216	253	276	369
67	185	234	273	299	399
68	199	253	295	324	432
69	215	274	320	351	467
70	233	298	347	381	506
71	253	324	379	415	551
72	276	354	414	454	601
73	304	388	454	499	659
74	333	426	499	547	721
75	365	467	547	600	791
76	399	511	600	658	865
77	434	559	656	720	945
78	472	609	718	786	1031
79	511	665	781	858	1121
80	552				
81	594				
82	639				
83	686				
84	734				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0100-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	34	42	49	54	72
45-49	38	47	55	60	80
50-54	51	62	71	76	102
55	58	72	81	89	121
56	61	75	86	94	129
57	65	80	92	101	139
58	69	86	99	109	149
59	75	93	107	118	161
60	81	101	116	127	174
61	88	109	127	138	187
62	95	119	138	149	202
63	102	127	148	161	218
64	109	136	159	172	233
65	118	146	169	185	251
66	127	156	182	199	271
67	138	171	199	216	294
68	149	186	218	236	321
69	162	204	238	259	351
70	176	222	260	284	384
71	193	245	286	313	420
72	213	271	316	346	464
73	235	300	351	384	512
74	261	332	389	426	566
75	288	368	431	472	625
76	318	407	475	521	688
77	349	448	525	575	756
78	382	493	578	633	829
79	418	541	633	695	908
80	454				
81	493				
82	533				
83	575				
84	620				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0100-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	41	52	59	65	85
45-49	46	56	66	72	94
50-54	58	72	84	91	119
55	67	84	95	105	141
56	71	88	101	109	151
57	74	93	107	116	160
58	80	100	115	126	172
59	86	108	125	135	184
60	93	116	134	146	196
61	100	125	145	158	211
62	108	135	156	171	227
63	115	145	168	182	244
64	124	154	180	195	261
65	133	166	192	208	280
66	142	178	206	225	302
67	154	193	225	244	328
68	167	209	245	266	359
69	181	229	267	291	392
70	198	251	293	319	429
71	216	275	321	351	471
72	238	304	355	388	519
73	262	335	393	429	573
74	291	372	435	476	633
75	321	411	481	527	698
76	354	453	531	582	769
77	388	499	585	642	845
78	425	547	642	706	926
79	462	600	705	774	1013
80	502				
81	544				
82	588				
83	634				
84	682				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0100-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	45	55	64	69	91
45-49	49	61	71	76	100
50-54	61	76	88	96	126
55	71	88	101	111	149
56	74	93	107	116	159
57	79	99	114	124	169
58	85	106	122	133	181
59	91	114	132	142	193
60	98	122	142	154	206
61	105	132	153	166	221
62	113	142	165	179	238
63	121	153	176	192	255
64	129	162	188	205	273
65	139	174	201	219	293
66	148	187	216	235	315
67	161	202	235	255	344
68	175	220	256	279	375
69	189	240	280	305	409
70	207	262	307	334	448
71	226	288	336	367	492
72	248	318	372	406	542
73	274	351	412	449	599
74	304	388	455	498	661
75	335	428	502	551	729
76	369	473	554	608	804
77	405	520	611	671	882
78	442	571	671	738	967
79	481	626	735	808	1058
80	522				
81	566				
82	612				
83	659				
84	708				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0100-A37
Long-Term Care Policy

WITH SURVIVORSHIP BENEFIT RIDER R1-N0103-SERIES

When this rider is chosen, multiply the final premium by the appropriate factor.

ISSUE AGE	NO INFLATION PROTECTION	SIMPLE INFLATION PROTECTION	COMPOUND INFLATION PROTECTION
18-44	1.11	1.17	1.17
45-49	1.14	1.21	1.21
50-54	1.18	1.28	1.28
55	1.20	1.30	1.30
56	1.20	1.30	1.30
57	1.21	1.30	1.30
58	1.21	1.30	1.30
59	1.21	1.30	1.30
60	1.21	1.30	1.30
61	1.21	1.30	1.30
62	1.21	1.29	1.29
63	1.21	1.29	1.29
64	1.21	1.28	1.28
65	1.20	1.27	1.27
66	1.20	1.26	1.26
67	1.20	1.26	1.26
68	1.19	1.25	1.25
69	1.19	1.24	1.24
70	1.18	1.23	1.23
71	1.18	1.22	1.22
72	1.17	1.20	1.20
73	1.16	1.19	1.19
74	1.16	1.18	1.18
75	1.15	1.17	1.17
76	1.14	1.16	1.16
77	1.13	1.15	1.15
78	1.12	1.14	1.14
79	1.11	1.13	1.13
80	1.10	1.12	1.12
81	1.09	1.11	1.11
82	1.08	1.10	1.10
83	1.07	1.09	1.09
84	1.06	1.08	1.08

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0100-A37
Long-Term Care Policy

Elimination Period Factors

Rates shown are for 30 day elimination period. Rates for other elimination periods are calculated by multiplying the 30 day rates by the appropriate factor from the following table:

Benefit Maximum	0	14	20	60	90	100	180	365
730x,1095x	1.11	1.06	1.03	0.95	0.91	0.90	0.80	0.71
1460x,1825x	1.09	1.05	1.03	0.95	0.91	0.90	0.81	0.72
Lifetime	1.07	1.04	1.03	0.96	0.93	0.92	0.85	0.78

Spousal Discount

A 20% discount to the rates is available to married couples if both spouses apply for coverage.

Dual Waiver of Premium Rider R1-N0104-Series

An optional dual waiver of premium rider will be offered. If one spouse qualifies for a waiver of premium, the premium of the other spouse will also be waived. If chosen, multiply the final premium by 1.06.

Shared Advantage Rider R1-N0105-Series

This rider will allow two covered spouses to purchase an additional benefit amount that can be used by either spouse after their base benefits are exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	No Inflation Protection	With Inflation Protection
730x	1.30	1.35
1095x	1.21	1.25
1460x	1.15	1.18
1825x	1.12	1.14

Restoration of Benefits Rider R1-N0106-Series

This rider restores the maximum lifetime benefit if the insured has not met the stipulated conditions for a period of 180 consecutive days and the maximum lifetime benefit has not been exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	Factor
730x	1.08
1095x	1.06
1460x,1825x	1.04

Cost of Living Increase Rider R1-N0107-Series

This rider allows the insured to increase their policy limits, subject to the terms of the rider, every three years without additional underwriting. The additional premium charged is based on the attained age and incremental increase in the maximum daily facility benefit when exercised. If chosen, multiply the final premium by the appropriate factor:

Age	Factor
18-44	1.15
45-49	1.12
50-55	1.10
56-58	1.09
59-61	1.08
62-64	1.07
65-67	1.06
68-70	1.05
71-73	1.04
74-76	1.03

Modal Factors

Semi-Annual: 0.52; Quarterly: 0.27; Check-A-Matic: 0.09

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604

Supplement to Rate Sheets for Policy Form P1-N0101-A37
PENNSYLVANIA

All rates for this form should be multiplied by a factor of: 1.9425

This factor represents the **proposed** increase of: 29.5%

And the following prior approved rate increases:

Policy Form	Increase Applies to all Policies or Subsets	Rate Increase Approved	Approval Date of Rate Increase
P1-N0101-A37	--Yes--	20.00%	3/14/2013
P1-N0101-A37	--Yes--	25.00%	12/3/2014

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0101-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	26.25	30.00	35.00	37.50	47.50
45-49	28.75	33.75	38.75	41.25	52.50
50-54	35.00	41.25	47.50	51.25	65.00
55	40.00	47.50	55.00	58.75	77.50
56	42.50	51.25	58.75	62.50	82.50
57	46.25	55.00	62.50	67.50	88.75
58	50.00	60.00	67.50	73.75	96.25
59	55.00	65.00	73.75	80.00	105.00
60	60.00	71.25	81.25	88.75	113.75
61	65.00	78.75	88.75	96.25	123.75
62	70.00	85.00	96.25	105.00	135.00
63	75.00	91.25	103.75	112.50	145.00
64	80.00	97.50	111.25	120.00	156.25
65	85.00	105.00	118.75	128.75	167.50
66	92.50	112.50	128.75	138.75	181.25
67	100.00	122.50	140.00	151.25	197.50
68	108.75	133.75	153.75	166.25	217.50
69	118.75	146.25	168.75	182.50	238.75
70	130.00	160.00	185.00	201.25	262.50
71	143.75	177.50	205.00	223.75	290.00
72	160.00	197.50	228.75	250.00	323.75
73	178.75	221.25	256.25	280.00	362.50
74	198.75	247.50	287.50	313.75	405.00
75	222.50	277.50	322.50	351.25	451.25
76	247.50	310.00	360.00	392.50	502.50
77	275.00	345.00	401.25	436.25	558.75
78	305.00	383.75	446.25	483.75	618.75
79	337.50	423.75	493.75	535.00	683.75
80	371.25				
81	408.75				
82	447.50				
83	488.75				
84	532.50				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0101-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	31.25	37.50	42.50	45.00	57.50
45-49	33.75	41.25	46.25	50.00	63.75
50-54	40.00	48.75	56.25	61.25	80.00
55	47.50	56.25	63.75	68.75	91.25
56	50.00	60.00	67.50	72.50	96.25
57	53.75	63.75	72.50	77.50	102.50
58	57.50	68.75	77.50	83.75	110.00
59	62.50	75.00	85.00	91.25	118.75
60	67.50	81.25	92.50	100.00	130.00
61	72.50	88.75	101.25	108.75	140.00
62	78.75	95.00	110.00	118.75	152.50
63	85.00	102.50	117.50	126.25	163.75
64	90.00	110.00	125.00	136.25	176.25
65	96.25	118.75	133.75	145.00	190.00
66	103.75	126.25	145.00	157.50	205.00
67	112.50	138.75	157.50	171.25	223.75
68	122.50	151.25	172.50	188.75	245.00
69	133.75	165.00	190.00	206.25	270.00
70	146.25	181.25	208.75	226.25	296.25
71	160.00	200.00	231.25	251.25	328.75
72	178.75	222.50	257.50	281.25	366.25
73	198.75	248.75	288.75	313.75	408.75
74	221.25	278.75	323.75	352.50	456.25
75	247.50	311.25	362.50	393.75	508.75
76	275.00	346.25	405.00	441.25	567.50
77	306.25	386.25	450.00	490.00	630.00
78	338.75	428.75	500.00	543.75	696.25
79	373.75	475.00	553.75	602.50	770.00
80	411.25				
81	451.25				
82	492.50				
83	537.50				
84	585.00				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0101-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	32.50	40.00	45.00	48.75	62.50
45-49	36.25	43.75	50.00	53.75	68.75
50-54	42.50	52.50	60.00	65.00	86.25
55	50.00	60.00	67.50	73.75	96.25
56	52.50	63.75	71.25	77.50	101.25
57	56.25	67.50	76.25	82.50	107.50
58	60.00	72.50	82.50	88.75	116.25
59	65.00	78.75	90.00	96.25	125.00
60	71.25	85.00	97.50	105.00	136.25
61	76.25	92.50	106.25	113.75	147.50
62	82.50	100.00	115.00	123.75	160.00
63	88.75	107.50	123.75	132.50	172.50
64	93.75	115.00	131.25	142.50	185.00
65	101.25	123.75	140.00	152.50	198.75
66	108.75	132.50	151.25	165.00	215.00
67	117.50	145.00	165.00	180.00	235.00
68	127.50	158.75	181.25	197.50	257.50
69	140.00	172.50	198.75	216.25	282.50
70	152.50	190.00	218.75	237.50	311.25
71	167.50	208.75	242.50	263.75	345.00
72	186.25	232.50	270.00	293.75	383.75
73	207.50	260.00	302.50	328.75	428.75
74	231.25	291.25	338.75	368.75	478.75
75	258.75	325.00	378.75	412.50	533.75
76	287.50	362.50	423.75	461.25	595.00
77	318.75	403.75	471.25	513.75	660.00
78	352.50	447.50	522.50	570.00	730.00
79	388.75	496.25	578.75	631.25	806.25
80	427.50				
81	468.75				
82	512.50				
83	558.75				
84	607.50				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0101-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	50.00	61.25	70.00	75.00	102.50
45-49	55.00	67.50	77.50	83.75	113.75
50-54	67.50	83.75	96.25	106.25	145.00
55	78.75	97.50	112.50	122.50	167.50
56	82.50	102.50	118.75	130.00	177.50
57	87.50	108.75	126.25	137.50	187.50
58	93.75	116.25	135.00	146.25	198.75
59	98.75	123.75	143.75	156.25	211.25
60	106.25	132.50	152.50	166.25	225.00
61	113.75	141.25	163.75	177.50	240.00
62	121.25	151.25	175.00	190.00	256.25
63	128.75	161.25	187.50	202.50	273.75
64	137.50	171.25	198.75	216.25	291.25
65	146.25	182.50	212.50	231.25	311.25
66	156.25	196.25	227.50	247.50	335.00
67	168.75	211.25	246.25	267.50	361.25
68	182.50	228.75	266.25	290.00	391.25
69	196.25	247.50	287.50	313.75	422.50
70	212.50	268.75	312.50	341.25	458.75
71	230.00	292.50	340.00	371.25	498.75
72	251.25	320.00	372.50	407.50	545.00
73	276.25	351.25	410.00	448.75	597.50
74	303.75	386.25	451.25	493.75	655.00
75	333.75	423.75	496.25	542.50	718.75
76	365.00	465.00	545.00	597.50	787.50
77	398.75	510.00	598.75	655.00	861.25
78	433.75	557.50	656.25	717.50	940.00
79	471.25	608.75	717.50	783.75	1025.00
80	510.00				
81	550.00				
82	592.50				
83	636.25				
84	682.50				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0101-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	57.50	71.25	82.50	90.00	118.75
45-49	63.75	80.00	91.25	100.00	132.50
50-54	78.75	98.75	113.75	123.75	167.50
55	88.75	112.50	130.00	141.25	192.50
56	92.50	118.75	137.50	148.75	202.50
57	97.50	125.00	145.00	157.50	212.50
58	103.75	132.50	153.75	167.50	225.00
59	111.25	140.00	162.50	178.75	238.75
60	120.00	148.75	173.75	188.75	252.50
61	127.50	158.75	185.00	201.25	270.00
62	136.25	170.00	197.50	215.00	287.50
63	145.00	180.00	211.25	230.00	307.50
64	153.75	192.50	223.75	245.00	327.50
65	163.75	205.00	240.00	261.25	350.00
66	175.00	220.00	256.25	280.00	375.00
67	187.50	237.50	277.50	302.50	405.00
68	202.50	256.25	300.00	327.50	438.75
69	218.75	278.75	323.75	355.00	473.75
70	237.50	302.50	352.50	386.25	513.75
71	257.50	328.75	383.75	420.00	558.75
72	281.25	360.00	420.00	460.00	611.25
73	308.75	393.75	461.25	506.25	668.75
74	338.75	432.50	506.25	555.00	732.50
75	371.25	475.00	556.25	608.75	803.75
76	406.25	518.75	610.00	668.75	880.00
77	442.50	568.75	667.50	732.50	961.25
78	481.25	620.00	731.25	800.00	1048.75
79	521.25	677.50	796.25	872.50	1141.25
80	563.75				
81	607.50				
82	652.50				
83	701.25				
84	751.25				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0101-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	61.25	76.25	87.50	96.25	126.25
45-49	67.50	85.00	97.50	107.50	140.00
50-54	83.75	105.00	121.25	131.25	177.50
55	93.75	118.75	137.50	150.00	202.50
56	97.50	125.00	145.00	157.50	212.50
57	102.50	131.25	152.50	166.25	223.75
58	108.75	138.75	161.25	176.25	236.25
59	116.25	147.50	171.25	187.50	250.00
60	125.00	156.25	182.50	198.75	265.00
61	133.75	166.25	193.75	211.25	282.50
62	142.50	177.50	207.50	226.25	301.25
63	151.25	188.75	221.25	241.25	321.25
64	161.25	201.25	235.00	257.50	342.50
65	171.25	215.00	251.25	273.75	366.25
66	182.50	230.00	268.75	293.75	392.50
67	196.25	248.75	290.00	317.50	423.75
68	211.25	268.75	313.75	343.75	458.75
69	228.75	291.25	340.00	372.50	496.25
70	247.50	316.25	368.75	405.00	537.50
71	268.75	343.75	402.50	441.25	585.00
72	293.75	376.25	440.00	482.50	638.75
73	322.50	412.50	482.50	530.00	700.00
74	353.75	452.50	530.00	581.25	766.25
75	387.50	496.25	581.25	637.50	840.00
76	423.75	542.50	637.50	698.75	918.75
77	461.25	593.75	697.50	765.00	1003.75
78	501.25	647.50	762.50	835.00	1095.00
79	542.50	706.25	830.00	911.25	1191.25
80	586.25				
81	631.25				
82	678.75				
83	728.75				
84	780.00				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0101-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	36.25	45.00	52.50	57.50	76.25
45-49	40.00	50.00	58.75	63.75	85.00
50-54	53.75	66.25	75.00	81.25	108.75
55	61.25	76.25	86.25	95.00	128.75
56	65.00	80.00	91.25	100.00	137.50
57	68.75	85.00	97.50	107.50	147.50
58	73.75	91.25	105.00	116.25	158.75
59	80.00	98.75	113.75	125.00	171.25
60	86.25	107.50	123.75	135.00	185.00
61	93.75	116.25	135.00	146.25	198.75
62	101.25	126.25	146.25	158.75	215.00
63	108.75	135.00	157.50	171.25	231.25
64	116.25	145.00	168.75	182.50	247.50
65	125.00	155.00	180.00	196.25	266.25
66	135.00	166.25	193.75	211.25	287.50
67	146.25	181.25	211.25	230.00	312.50
68	158.75	197.50	231.25	251.25	341.25
69	172.50	216.25	252.50	275.00	372.50
70	187.50	236.25	276.25	301.25	407.50
71	205.00	260.00	303.75	332.50	446.25
72	226.25	287.50	336.25	367.50	492.50
73	250.00	318.75	372.50	407.50	543.75
74	277.50	352.50	413.75	452.50	601.25
75	306.25	391.25	457.50	501.25	663.75
76	337.50	432.50	505.00	553.75	731.25
77	371.25	476.25	557.50	611.25	803.75
78	406.25	523.75	613.75	672.50	881.25
79	443.75	575.00	672.50	738.75	965.00
80	482.50				
81	523.75				
82	566.25				
83	611.25				
84	658.75				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0101-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	43.75	55.00	62.50	68.75	90.00
45-49	48.75	60.00	70.00	76.25	100.00
50-54	61.25	76.25	88.75	96.25	126.25
55	71.25	88.75	101.25	111.25	150.00
56	75.00	93.75	107.50	116.25	160.00
57	78.75	98.75	113.75	123.75	170.00
58	85.00	106.25	122.50	133.75	182.50
59	91.25	115.00	132.50	143.75	195.00
60	98.75	123.75	142.50	155.00	208.75
61	106.25	132.50	153.75	167.50	223.75
62	115.00	143.75	166.25	181.25	241.25
63	122.50	153.75	178.75	193.75	258.75
64	131.25	163.75	191.25	207.50	277.50
65	141.25	176.25	203.75	221.25	297.50
66	151.25	188.75	218.75	238.75	321.25
67	163.75	205.00	238.75	258.75	348.75
68	177.50	222.50	260.00	282.50	381.25
69	192.50	243.75	283.75	308.75	416.25
70	210.00	266.25	311.25	338.75	456.25
71	230.00	292.50	341.25	372.50	500.00
72	252.50	322.50	377.50	412.50	551.25
73	278.75	356.25	417.50	456.25	608.75
74	308.75	395.00	462.50	506.25	672.50
75	341.25	436.25	511.25	560.00	741.25
76	376.25	481.25	563.75	618.75	817.50
77	412.50	530.00	621.25	682.50	897.50
78	451.25	581.25	682.50	750.00	983.75
79	491.25	637.50	748.75	822.50	1076.25
80	533.75				
81	577.50				
82	625.00				
83	673.75				
84	725.00				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0101-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	47.50	58.75	67.50	73.75	96.25
45-49	52.50	65.00	75.00	81.25	106.25
50-54	65.00	81.25	93.75	102.50	133.75
55	75.00	93.75	107.50	117.50	158.75
56	78.75	98.75	113.75	123.75	168.75
57	83.75	105.00	121.25	131.25	180.00
58	90.00	112.50	130.00	141.25	192.50
59	96.25	121.25	140.00	151.25	205.00
60	103.75	130.00	151.25	163.75	218.75
61	111.25	140.00	162.50	176.25	235.00
62	120.00	151.25	175.00	190.00	252.50
63	128.75	162.50	187.50	203.75	271.25
64	137.50	172.50	200.00	217.50	290.00
65	147.50	185.00	213.75	232.50	311.25
66	157.50	198.75	230.00	250.00	335.00
67	171.25	215.00	250.00	271.25	365.00
68	186.25	233.75	272.50	296.25	398.75
69	201.25	255.00	297.50	323.75	435.00
70	220.00	278.75	326.25	355.00	476.25
71	240.00	306.25	357.50	390.00	522.50
72	263.75	337.50	395.00	431.25	576.25
73	291.25	372.50	437.50	477.50	636.25
74	322.50	412.50	483.75	528.75	702.50
75	356.25	455.00	533.75	585.00	775.00
76	392.50	502.50	588.75	646.25	853.75
77	430.00	552.50	648.75	712.50	937.50
78	470.00	606.25	712.50	783.75	1027.50
79	511.25	665.00	781.25	858.75	1123.75
80	555.00				
81	601.25				
82	650.00				
83	700.00				
84	752.50				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0101-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	31.25	35.00	41.25	43.75	56.25
45-49	33.75	40.00	45.00	48.75	61.25
50-54	41.25	48.75	56.25	60.00	76.25
55	47.50	56.25	65.00	68.75	91.25
56	50.00	60.00	68.75	73.75	97.50
57	55.00	65.00	73.75	80.00	105.00
58	58.75	70.00	80.00	86.25	113.75
59	65.00	76.25	86.25	93.75	123.75
60	70.00	83.75	95.00	105.00	133.75
61	76.25	92.50	105.00	113.75	145.00
62	82.50	100.00	113.75	123.75	158.75
63	88.75	107.50	122.50	132.50	170.00
64	93.75	115.00	131.25	141.25	183.75
65	100.00	123.75	140.00	151.25	197.50
66	108.75	132.50	151.25	163.75	213.75
67	117.50	143.75	165.00	177.50	232.50
68	127.50	157.50	181.25	195.00	256.25
69	140.00	172.50	198.75	215.00	281.25
70	152.50	188.75	217.50	236.25	308.75
71	168.75	208.75	241.25	263.75	341.25
72	188.75	232.50	268.75	293.75	381.25
73	210.00	260.00	301.25	330.00	426.25
74	233.75	291.25	338.75	368.75	476.25
75	261.25	326.25	380.00	413.75	531.25
76	291.25	365.00	423.75	461.25	591.25
77	323.75	406.25	472.50	513.75	657.50
78	358.75	451.25	525.00	568.75	727.50
79	397.50	498.75	581.25	630.00	805.00
80	436.25				
81	481.25				
82	526.25				
83	575.00				
84	626.25				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0101-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	36.25	43.75	50.00	52.50	67.50
45-49	40.00	48.75	55.00	58.75	75.00
50-54	47.50	57.50	66.25	72.50	93.75
55	56.25	66.25	75.00	81.25	107.50
56	58.75	70.00	80.00	85.00	113.75
57	63.75	75.00	85.00	91.25	120.00
58	67.50	81.25	91.25	98.75	130.00
59	73.75	88.75	100.00	107.50	140.00
60	80.00	95.00	108.75	117.50	152.50
61	85.00	105.00	118.75	127.50	165.00
62	92.50	111.25	130.00	140.00	180.00
63	100.00	120.00	138.75	148.75	192.50
64	106.25	130.00	147.50	160.00	207.50
65	113.75	140.00	157.50	170.00	223.75
66	122.50	148.75	170.00	185.00	241.25
67	132.50	163.75	185.00	201.25	263.75
68	143.75	177.50	202.50	222.50	288.75
69	157.50	193.75	223.75	242.50	317.50
70	172.50	213.75	245.00	266.25	348.75
71	188.75	235.00	272.50	295.00	386.25
72	210.00	261.25	302.50	331.25	431.25
73	233.75	292.50	340.00	368.75	481.25
74	260.00	327.50	381.25	415.00	536.25
75	291.25	366.25	426.25	463.75	598.75
76	323.75	407.50	476.25	518.75	667.50
77	360.00	455.00	530.00	576.25	741.25
78	398.75	505.00	588.75	640.00	818.75
79	440.00	558.75	651.25	708.75	906.25
80	483.75				
81	531.25				
82	580.00				
83	632.50				
84	688.75				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0101-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	38.75	47.50	52.50	57.50	73.75
45-49	42.50	51.25	58.75	63.75	81.25
50-54	50.00	61.25	70.00	76.25	101.25
55	58.75	70.00	80.00	86.25	113.75
56	61.25	75.00	83.75	91.25	118.75
57	66.25	80.00	90.00	97.50	126.25
58	70.00	85.00	97.50	105.00	136.25
59	76.25	92.50	106.25	113.75	147.50
60	83.75	100.00	115.00	123.75	160.00
61	90.00	108.75	125.00	133.75	173.75
62	97.50	117.50	135.00	145.00	188.75
63	105.00	126.25	145.00	156.25	202.50
64	110.00	135.00	155.00	167.50	217.50
65	118.75	145.00	165.00	180.00	233.75
66	127.50	156.25	177.50	193.75	252.50
67	138.75	170.00	193.75	211.25	276.25
68	150.00	186.25	213.75	232.50	302.50
69	165.00	202.50	233.75	255.00	332.50
70	180.00	223.75	257.50	280.00	366.25
71	197.50	245.00	285.00	310.00	406.25
72	218.75	273.75	317.50	345.00	451.25
73	243.75	306.25	356.25	386.25	505.00
74	272.50	342.50	398.75	433.75	563.75
75	305.00	382.50	445.00	485.00	627.50
76	338.75	426.25	498.75	542.50	700.00
77	375.00	475.00	555.00	605.00	776.25
78	415.00	526.25	615.00	670.00	858.75
79	457.50	583.75	681.25	742.50	948.75
80	502.50				
81	551.25				
82	602.50				
83	657.50				
84	715.00				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0101-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	58.75	72.50	82.50	88.75	120.00
45-49	65.00	80.00	91.25	98.75	133.75
50-54	80.00	98.75	113.75	125.00	170.00
55	92.50	115.00	132.50	143.75	197.50
56	97.50	120.00	140.00	152.50	208.75
57	102.50	127.50	148.75	161.25	220.00
58	110.00	136.25	158.75	172.50	233.75
59	116.25	145.00	168.75	183.75	248.75
60	125.00	156.25	180.00	195.00	265.00
61	133.75	166.25	192.50	208.75	282.50
62	142.50	177.50	206.25	223.75	301.25
63	151.25	190.00	220.00	238.75	322.50
64	161.25	201.25	233.75	255.00	342.50
65	172.50	215.00	250.00	272.50	366.25
66	183.75	231.25	267.50	291.25	393.75
67	198.75	248.75	290.00	315.00	425.00
68	215.00	268.75	313.75	341.25	460.00
69	231.25	291.25	338.75	368.75	497.50
70	250.00	316.25	367.50	401.25	540.00
71	270.00	343.75	400.00	436.25	586.25
72	295.00	376.25	438.75	480.00	641.25
73	325.00	413.75	482.50	527.50	702.50
74	357.50	455.00	531.25	581.25	770.00
75	392.50	498.75	583.75	638.75	845.00
76	430.00	547.50	641.25	702.50	926.25
77	468.75	600.00	705.00	770.00	1013.75
78	510.00	656.25	772.50	843.75	1106.25
79	555.00	716.25	843.75	922.50	1206.25
80	600.00				
81	647.50				
82	697.50				
83	748.75				
84	802.50				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0101-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	67.50	83.75	97.50	106.25	140.00
45-49	75.00	93.75	107.50	117.50	156.25
50-54	92.50	116.25	133.75	145.00	197.50
55	105.00	132.50	152.50	166.25	226.25
56	108.75	140.00	161.25	175.00	238.75
57	115.00	147.50	170.00	185.00	250.00
58	122.50	156.25	181.25	197.50	265.00
59	131.25	165.00	191.25	210.00	281.25
60	141.25	175.00	205.00	222.50	297.50
61	150.00	186.25	217.50	236.25	317.50
62	160.00	200.00	232.50	252.50	338.75
63	170.00	211.25	248.75	270.00	361.25
64	181.25	226.25	263.75	288.75	385.00
65	192.50	241.25	282.50	307.50	411.25
66	206.25	258.75	301.25	330.00	441.25
67	220.00	280.00	326.25	356.25	476.25
68	238.75	301.25	352.50	385.00	516.25
69	257.50	327.50	381.25	417.50	557.50
70	280.00	356.25	415.00	455.00	605.00
71	302.50	386.25	451.25	493.75	657.50
72	331.25	423.75	493.75	541.25	718.75
73	363.75	463.75	542.50	595.00	786.25
74	398.75	508.75	595.00	652.50	861.25
75	436.25	558.75	655.00	716.25	945.00
76	477.50	610.00	717.50	786.25	1035.00
77	520.00	668.75	785.00	861.25	1131.25
78	566.25	730.00	860.00	941.25	1233.75
79	613.75	797.50	936.25	1026.25	1342.50
80	663.75				
81	715.00				
82	767.50				
83	825.00				
84	883.75				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0101-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	72.50	90.00	102.50	113.75	148.75
45-49	80.00	100.00	115.00	126.25	165.00
50-54	98.75	123.75	142.50	155.00	208.75
55	110.00	140.00	161.25	176.25	238.75
56	115.00	147.50	170.00	185.00	250.00
57	120.00	155.00	180.00	195.00	263.75
58	127.50	163.75	190.00	207.50	277.50
59	136.25	173.75	201.25	220.00	293.75
60	147.50	183.75	215.00	233.75	311.25
61	157.50	195.00	227.50	248.75	332.50
62	167.50	208.75	243.75	266.25	355.00
63	177.50	222.50	260.00	283.75	377.50
64	190.00	236.25	276.25	302.50	402.50
65	201.25	252.50	295.00	322.50	431.25
66	215.00	270.00	316.25	345.00	461.25
67	231.25	292.50	341.25	373.75	498.75
68	248.75	316.25	368.75	405.00	540.00
69	268.75	342.50	400.00	438.75	583.75
70	291.25	372.50	433.75	476.25	632.50
71	316.25	405.00	473.75	518.75	688.75
72	345.00	442.50	517.50	567.50	751.25
73	380.00	485.00	567.50	623.75	823.75
74	416.25	532.50	623.75	683.75	901.25
75	456.25	583.75	683.75	750.00	988.75
76	498.75	638.75	750.00	822.50	1081.25
77	542.50	698.75	820.00	900.00	1181.25
78	590.00	761.25	897.50	982.50	1288.75
79	638.75	831.25	976.25	1072.50	1401.25
80	690.00				
81	742.50				
82	798.75				
83	857.50				
84	917.50				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0101-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	42.50	52.50	61.25	67.50	90.00
45-49	47.50	58.75	68.75	75.00	100.00
50-54	63.75	77.50	88.75	95.00	127.50
55	72.50	90.00	101.25	111.25	151.25
56	76.25	93.75	107.50	117.50	161.25
57	81.25	100.00	115.00	126.25	173.75
58	86.25	107.50	123.75	136.25	186.25
59	93.75	116.25	133.75	147.50	201.25
60	101.25	126.25	145.00	158.75	217.50
61	110.00	136.25	158.75	172.50	233.75
62	118.75	148.75	172.50	186.25	252.50
63	127.50	158.75	185.00	201.25	272.50
64	136.25	170.00	198.75	215.00	291.25
65	147.50	182.50	211.25	231.25	313.75
66	158.75	195.00	227.50	248.75	338.75
67	172.50	213.75	248.75	270.00	367.50
68	186.25	232.50	272.50	295.00	401.25
69	202.50	255.00	297.50	323.75	438.75
70	220.00	277.50	325.00	355.00	480.00
71	241.25	306.25	357.50	391.25	525.00
72	266.25	338.75	395.00	432.50	580.00
73	293.75	375.00	438.75	480.00	640.00
74	326.25	415.00	486.25	532.50	707.50
75	360.00	460.00	538.75	590.00	781.25
76	397.50	508.75	593.75	651.25	860.00
77	436.25	560.00	656.25	718.75	945.00
78	477.50	616.25	722.50	791.25	1036.25
79	522.50	676.25	791.25	868.75	1135.00
80	567.50				
81	616.25				
82	666.25				
83	718.75				
84	775.00				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0101-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	51.25	65.00	73.75	81.25	106.25
45-49	57.50	70.00	82.50	90.00	117.50
50-54	72.50	90.00	105.00	113.75	148.75
55	83.75	105.00	118.75	131.25	176.25
56	88.75	110.00	126.25	136.25	188.75
57	92.50	116.25	133.75	145.00	200.00
58	100.00	125.00	143.75	157.50	215.00
59	107.50	135.00	156.25	168.75	230.00
60	116.25	145.00	167.50	182.50	245.00
61	125.00	156.25	181.25	197.50	263.75
62	135.00	168.75	195.00	213.75	283.75
63	143.75	181.25	210.00	227.50	305.00
64	155.00	192.50	225.00	243.75	326.25
65	166.25	207.50	240.00	260.00	350.00
66	177.50	222.50	257.50	281.25	377.50
67	192.50	241.25	281.25	305.00	410.00
68	208.75	261.25	306.25	332.50	448.75
69	226.25	286.25	333.75	363.75	490.00
70	247.50	313.75	366.25	398.75	536.25
71	270.00	343.75	401.25	438.75	588.75
72	297.50	380.00	443.75	485.00	648.75
73	327.50	418.75	491.25	536.25	716.25
74	363.75	465.00	543.75	595.00	791.25
75	401.25	513.75	601.25	658.75	872.50
76	442.50	566.25	663.75	727.50	961.25
77	485.00	623.75	731.25	802.50	1056.25
78	531.25	683.75	802.50	882.50	1157.50
79	577.50	750.00	881.25	967.50	1266.25
80	627.50				
81	680.00				
82	735.00				
83	792.50				
84	852.50				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0101-A37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	56.25	68.75	80.00	86.25	113.75
45-49	61.25	76.25	88.75	95.00	125.00
50-54	76.25	95.00	110.00	120.00	157.50
55	88.75	110.00	126.25	138.75	186.25
56	92.50	116.25	133.75	145.00	198.75
57	98.75	123.75	142.50	155.00	211.25
58	106.25	132.50	152.50	166.25	226.25
59	113.75	142.50	165.00	177.50	241.25
60	122.50	152.50	177.50	192.50	257.50
61	131.25	165.00	191.25	207.50	276.25
62	141.25	177.50	206.25	223.75	297.50
63	151.25	191.25	220.00	240.00	318.75
64	161.25	202.50	235.00	256.25	341.25
65	173.75	217.50	251.25	273.75	366.25
66	185.00	233.75	270.00	293.75	393.75
67	201.25	252.50	293.75	318.75	430.00
68	218.75	275.00	320.00	348.75	468.75
69	236.25	300.00	350.00	381.25	511.25
70	258.75	327.50	383.75	417.50	560.00
71	282.50	360.00	420.00	458.75	615.00
72	310.00	397.50	465.00	507.50	677.50
73	342.50	438.75	515.00	561.25	748.75
74	380.00	485.00	568.75	622.50	826.25
75	418.75	535.00	627.50	688.75	911.25
76	461.25	591.25	692.50	760.00	1005.00
77	506.25	650.00	763.75	838.75	1102.50
78	552.50	713.75	838.75	922.50	1208.75
79	601.25	782.50	918.75	1010.00	1322.50
80	652.50				
81	707.50				
82	765.00				
83	823.75				
84	885.00				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0101-A37
Long-Term Care Policy

WITH SURVIVORSHIP BENEFIT RIDER R1-N0103-SERIES

When this rider is chosen, multiply the final premium by the appropriate factor.

ISSUE AGE	NO INFLATION PROTECTION	SIMPLE INFLATION PROTECTION	COMPOUND INFLATION PROTECTION
18-44	1.11	1.17	1.17
45-49	1.14	1.21	1.21
50-54	1.18	1.28	1.28
55	1.20	1.30	1.30
56	1.20	1.30	1.30
57	1.21	1.30	1.30
58	1.21	1.30	1.30
59	1.21	1.30	1.30
60	1.21	1.30	1.30
61	1.21	1.30	1.30
62	1.21	1.29	1.29
63	1.21	1.29	1.29
64	1.21	1.28	1.28
65	1.20	1.27	1.27
66	1.20	1.26	1.26
67	1.20	1.26	1.26
68	1.19	1.25	1.25
69	1.19	1.24	1.24
70	1.18	1.23	1.23
71	1.18	1.22	1.22
72	1.17	1.20	1.20
73	1.16	1.19	1.19
74	1.16	1.18	1.18
75	1.15	1.17	1.17
76	1.14	1.16	1.16
77	1.13	1.15	1.15
78	1.12	1.14	1.14
79	1.11	1.13	1.13
80	1.10	1.12	1.12
81	1.09	1.11	1.11
82	1.08	1.10	1.10
83	1.07	1.09	1.09
84	1.06	1.08	1.08

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0101-A37
Long-Term Care Policy

Elimination Period Factors

Rates shown are for 30 day elimination period. Rates for other elimination periods are calculated by multiplying the 30 day rates by the appropriate factor from the following table:

Benefit Maximum	0	14	20	60	90	100	180	365
730x,1095x	1.11	1.06	1.03	0.95	0.91	0.90	0.80	0.71
1460x,1825x	1.09	1.05	1.03	0.95	0.91	0.90	0.81	0.72
Lifetime	1.07	1.04	1.03	0.96	0.93	0.92	0.85	0.78

Spousal Discount

A 20% discount to the rates is available to married couples if both spouses apply for coverage.

Dual Waiver of Premium Rider R1-N0104-Series

An optional dual waiver of premium rider will be offered. If one spouse qualifies for a waiver of premium, the premium of the other spouse will also be waived. If chosen, multiply the final premium by 1.06.

Shared Advantage Rider R1-N0105-Series

This rider will allow two covered spouses to purchase an additional benefit amount that can be used by either spouse after their base benefits are exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	No Inflation Protection	With Inflation Protection
730x	1.30	1.35
1095x	1.21	1.25
1460x	1.15	1.18
1825x	1.12	1.14

Restoration of Benefits Rider R1-N0106-Series

This rider restores the maximum lifetime benefit if the insured has not met the stipulated conditions for a period of 180 consecutive days and the maximum lifetime benefit has not been exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	Factor
730x	1.08
1095x	1.06
1460x,1825x	1.04

Cost of Living Increase Rider R1-N0107-Series

This rider allows the insured to increase their policy limits, subject to the terms of the rider, every three years without additional underwriting. The additional premium charged is based on the attained age and incremental increase in the maximum daily facility benefit when exercised. If chosen, multiply the final premium by the appropriate factor:

Age	Factor
18-44	1.15
45-49	1.12
50-55	1.10
56-58	1.09
59-61	1.08
62-64	1.07
65-67	1.06
68-70	1.05
71-73	1.04
74-76	1.03

Modal Factors

Semi-Annual: 0.52; Quarterly: 0.27; Check-A-Matic: 0.09

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604

Supplement to Rate Sheets for Policy Form P1-N0075-A87
PENNSYLVANIA

All rates for this form should be multiplied by a factor of: 1.9425

This factor represents the **proposed** increase of: 29.5%

And the following prior approved rate increases:

Policy Form	Increase Applies to all Policies or Subsets	Rate Increase Approved	Approval Date of Rate Increase
P1-N0075-A87	--Yes--	20.00%	3/14/2013
P1-N0075-A87	--Yes--	25.00%	12/3/2014

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0075-A87
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	17.34	19.38	22.44	23.46	24.48
45-49	19.38	21.42	24.48	25.50	27.54
50-54	23.46	26.52	29.58	31.62	35.70
55	26.52	30.60	34.68	37.74	44.88
56	28.56	32.64	37.74	40.80	48.96
57	30.60	35.70	40.80	43.86	54.06
58	33.66	38.76	44.88	47.94	59.16
59	36.72	42.84	48.96	52.02	65.28
60	40.80	47.94	54.06	57.12	71.40
61	43.86	52.02	59.16	62.22	77.52
62	47.94	57.12	64.26	68.34	84.66
63	51.00	61.20	69.36	73.44	90.78
64	54.06	65.28	74.46	79.56	96.90
65	58.14	69.36	79.56	85.68	104.04
66	62.22	75.48	85.68	92.82	112.20
67	67.32	81.60	93.84	100.98	122.40
68	73.44	89.76	103.02	111.18	134.64
69	80.58	97.92	113.22	121.38	146.88
70	87.72	107.10	124.44	133.62	162.18
71	96.90	118.32	136.68	147.90	179.52
72	107.10	131.58	151.98	164.22	198.90
73	119.34	146.88	169.32	182.58	221.34
74	132.60	163.20	188.70	204.00	246.84
75	147.90	181.56	209.10	226.44	274.38
76	164.22	201.96	232.56	250.92	303.96
77	181.56	223.38	257.04	277.44	336.60
78	199.92	246.84	283.56	306.00	371.28
79	220.32	271.32	312.12	336.60	409.02
80	240.72				
81	263.16				
82	286.62				
83	311.10				
84	337.62				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0075-A87
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	32.64	39.78	45.90	49.98	60.18
45-49	35.70	43.86	51.00	55.08	67.32
50-54	43.86	54.06	63.24	68.34	85.68
55	53.04	64.26	74.46	79.56	102.00
56	56.10	68.34	78.54	84.66	109.14
57	60.18	73.44	83.64	89.76	116.28
58	64.26	78.54	89.76	95.88	124.44
59	68.34	83.64	95.88	103.02	132.60
60	72.42	89.76	103.02	111.18	141.78
61	77.52	95.88	110.16	119.34	150.96
62	82.62	102.00	118.32	128.52	162.18
63	87.72	109.14	126.48	136.68	173.40
64	93.84	115.26	134.64	145.86	185.64
65	99.96	123.42	142.80	155.04	198.90
66	107.10	131.58	153.00	165.24	213.18
67	115.26	141.78	164.22	177.48	229.50
68	124.44	153.00	177.48	191.76	247.86
69	133.62	165.24	190.74	207.06	267.24
70	144.84	179.52	207.06	224.40	287.64
71	157.08	194.82	224.40	243.78	312.12
72	170.34	212.16	244.80	266.22	339.66
73	185.64	231.54	268.26	291.72	370.26
74	202.98	253.98	293.76	320.28	404.94
75	221.34	277.44	322.32	350.88	441.66
76	240.72	302.94	352.92	384.54	482.46
77	261.12	330.48	385.56	421.26	525.30
78	282.54	360.06	421.26	460.02	571.20
79	304.98	391.68	459.00	501.84	621.18
80	329.46				
81	353.94				
82	380.46				
83	408.00				
84	436.56				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0075-A87
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	23.46	28.56	32.64	35.70	42.84
45-49	25.50	31.62	36.72	39.78	47.94
50-54	35.70	42.84	49.98	54.06	65.28
55	40.80	49.98	57.12	61.20	78.54
56	42.84	53.04	60.18	65.28	83.64
57	45.90	57.12	64.26	69.36	89.76
58	49.98	62.22	69.36	75.48	96.90
59	54.06	67.32	75.48	81.60	106.08
60	59.16	73.44	82.62	89.76	115.26
61	64.26	79.56	90.78	97.92	125.46
62	69.36	85.68	97.92	106.08	135.66
63	74.46	91.80	105.06	114.24	145.86
64	79.56	97.92	112.20	122.40	157.08
65	84.66	105.06	120.36	130.56	168.30
66	91.80	113.22	129.54	140.76	182.58
67	98.94	122.40	140.76	153.00	197.88
68	107.10	133.62	154.02	167.28	215.22
69	117.30	145.86	168.30	182.58	234.60
70	127.50	159.12	183.60	199.92	257.04
71	139.74	174.42	201.96	219.30	280.50
72	153.00	191.76	222.36	241.74	308.04
73	168.30	211.14	244.80	267.24	338.64
74	185.64	232.56	270.30	294.78	372.30
75	204.00	256.02	297.84	324.36	408.00
76	223.38	281.52	327.42	357.00	447.78
77	243.78	308.04	359.04	391.68	489.60
78	265.20	336.60	392.70	429.42	534.48
79	287.64	367.20	429.42	469.20	582.42
80	312.12				
81	336.60				
82	363.12				
83	390.66				
84	419.22				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0075-A87
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	20.40	22.44	26.52	27.54	28.56
45-49	22.44	25.50	28.56	29.58	32.64
50-54	27.54	31.62	34.68	36.72	41.82
55	31.62	35.70	40.80	44.88	53.04
56	33.66	38.76	44.88	47.94	57.12
57	35.70	41.82	47.94	52.02	63.24
58	39.78	45.90	53.04	56.10	69.36
59	42.84	49.98	57.12	61.20	76.50
60	47.94	56.10	63.24	67.32	83.64
61	52.02	61.20	69.36	73.44	90.78
62	56.10	67.32	75.48	80.58	99.96
63	60.18	72.42	81.60	86.70	107.10
64	63.24	76.50	87.72	93.84	114.24
65	68.34	81.60	93.84	100.98	122.40
66	73.44	88.74	100.98	109.14	131.58
67	79.56	95.88	110.16	118.32	143.82
68	86.70	106.08	121.38	130.56	158.10
69	94.86	115.26	133.62	142.80	172.38
70	103.02	126.48	146.88	157.08	190.74
71	114.24	138.72	161.16	174.42	211.14
72	126.48	155.04	178.50	192.78	233.58
73	140.76	172.38	198.90	215.22	260.10
74	156.06	191.76	222.36	239.70	290.70
75	174.42	213.18	245.82	266.22	322.32
76	192.78	237.66	273.36	294.78	358.02
77	213.18	263.16	301.92	326.40	395.76
78	235.62	290.70	333.54	360.06	436.56
79	259.08	319.26	367.20	395.76	481.44
80	283.56				
81	310.08				
82	337.62				
83	366.18				
84	396.78				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0075-A87
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	38.76	46.92	54.06	59.16	70.38
45-49	41.82	52.02	60.18	65.28	79.56
50-54	52.02	63.24	74.46	80.58	100.98
55	62.22	75.48	87.72	93.84	120.36
56	66.30	80.58	92.82	99.96	128.52
57	70.38	86.70	97.92	106.08	136.68
58	75.48	92.82	106.08	113.22	146.88
59	80.58	97.92	113.22	121.38	156.06
60	85.68	106.08	121.38	130.56	167.28
61	90.78	113.22	129.54	140.76	177.48
62	96.90	120.36	138.72	150.96	190.74
63	103.02	128.52	148.92	161.16	204.00
64	110.16	135.66	158.10	171.36	218.28
65	117.30	144.84	168.30	182.58	233.58
66	126.48	155.04	179.52	194.82	250.92
67	135.66	167.28	192.78	209.10	270.30
68	146.88	179.52	209.10	225.42	291.72
69	157.08	194.82	224.40	243.78	314.16
70	170.34	211.14	243.78	264.18	338.64
71	184.62	229.50	264.18	286.62	367.20
72	199.92	249.90	287.64	313.14	399.84
73	218.28	272.34	315.18	342.72	435.54
74	238.68	298.86	345.78	376.38	476.34
75	260.10	326.40	379.44	413.10	519.18
76	283.56	355.98	415.14	452.88	567.12
77	307.02	388.62	453.90	495.72	618.12
78	332.52	423.30	495.72	541.62	672.18
79	359.04	461.04	539.58	590.58	730.32
80	387.60				
81	416.16				
82	447.78				
83	480.42				
84	514.08				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0075-A87
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	27.54	33.66	38.76	41.82	49.98
45-49	29.58	36.72	42.84	46.92	56.10
50-54	41.82	49.98	59.16	63.24	76.50
55	47.94	59.16	67.32	72.42	92.82
56	49.98	62.22	70.38	76.50	97.92
57	54.06	67.32	75.48	81.60	106.08
58	59.16	73.44	81.60	88.74	114.24
59	63.24	79.56	88.74	95.88	124.44
60	69.36	86.70	96.90	106.08	135.66
61	75.48	93.84	107.10	115.26	147.90
62	81.60	100.98	115.26	124.44	159.12
63	87.72	108.12	123.42	134.64	171.36
64	93.84	115.26	131.58	143.82	184.62
65	99.96	123.42	141.78	154.02	197.88
66	108.12	133.62	151.98	165.24	215.22
67	116.28	143.82	165.24	179.52	232.56
68	126.48	157.08	181.56	196.86	252.96
69	137.70	171.36	197.88	215.22	276.42
70	149.94	187.68	216.24	235.62	301.92
71	164.22	205.02	237.66	258.06	330.48
72	179.52	225.42	261.12	284.58	362.10
73	197.88	248.88	287.64	314.16	398.82
74	218.28	273.36	318.24	346.80	437.58
75	239.70	300.90	350.88	381.48	480.42
76	263.16	331.50	385.56	420.24	526.32
77	286.62	362.10	422.28	461.04	576.30
78	312.12	395.76	462.06	504.90	628.32
79	338.64	432.48	504.90	551.82	685.44
80	367.20				
81	395.76				
82	427.38				
83	460.02				
84	493.68				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0075-A87
Long-Term Care Policy: Facility Only Coverage

WITH SURVIVORSHIP BENEFIT RIDER R1-N0103-SERIES

When this rider is chosen, multiply the final premium by the appropriate factor.

ISSUE AGE	NO INFLATION PROTECTION	SIMPLE INFLATION PROTECTION	COMPOUND INFLATION PROTECTION
18-44	1.11	1.17	1.17
45-49	1.14	1.21	1.21
50-54	1.18	1.28	1.28
55	1.20	1.30	1.30
56	1.20	1.30	1.30
57	1.21	1.30	1.30
58	1.21	1.30	1.30
59	1.21	1.30	1.30
60	1.21	1.30	1.30
61	1.21	1.30	1.30
62	1.21	1.29	1.29
63	1.21	1.29	1.29
64	1.21	1.28	1.28
65	1.20	1.27	1.27
66	1.20	1.26	1.26
67	1.20	1.26	1.26
68	1.19	1.25	1.25
69	1.19	1.24	1.24
70	1.18	1.23	1.23
71	1.18	1.22	1.22
72	1.17	1.20	1.20
73	1.16	1.19	1.19
74	1.16	1.18	1.18
75	1.15	1.17	1.17
76	1.14	1.16	1.16
77	1.13	1.15	1.15
78	1.12	1.14	1.14
79	1.11	1.13	1.13
80	1.10	1.12	1.12
81	1.09	1.11	1.11
82	1.08	1.10	1.10
83	1.07	1.09	1.09
84	1.06	1.08	1.08

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0075-A87
Long-Term Care Policy: Facility Only Coverage

Elimination Period Factors

Rates shown are for 30 day elimination period. Rates for other elimination periods are calculated by multiplying the 30 day rates by the appropriate factor from the following table:

Benefit Maximum	0	14	20	60	90	100	180	365
730x,1095x	1.12	1.07	1.03	0.94	0.90	0.89	0.78	0.67
1460x,1825x	1.10	1.05	1.03	0.95	0.90	0.89	0.79	0.69
Lifetime	1.08	1.04	1.03	0.96	0.92	0.91	0.84	0.75

Multi-Life Discount

A 5%, 10%, 15% or 20% discount to the rates is available for qualifying Associations of 10 or more lives.

Spousal Discount

A 20% discount to the rates is available to married couples if both spouses apply for coverage.

Dual Waiver of Premium Rider R1-N0104-Series

An optional dual waiver of premium rider will be offered. If one spouse qualifies for a waiver of premium, the premium of the other spouse will also be waived. If chosen, multiply the final premium by 1.06.

Shared Advantage Rider R1-N0105-Series

This rider will allow two covered spouses to purchase an additional benefit amount that can be used by either spouse after their base benefits are exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	No Inflation Protection	With Inflation Protection
730x	1.30	1.35
1095x	1.21	1.25
1460x	1.15	1.18
1825x	1.12	1.14

Restoration of Benefits Rider R1-N0108-Series

This rider restores the maximum lifetime benefit if the insured has not met the stipulated conditions for a period of 180 consecutive days and the maximum lifetime benefit has not been exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	Factor
730x	1.08
1095x	1.06
1460x,1825x	1.04

Cost of Living Increase Rider R1-N0107-Series

This rider allows the insured to increase their policy limits, subject to the terms of the rider, every three years without additional underwriting. The additional premium charged is based on the attained age and incremental increase in the maximum daily facility benefit when exercised. If chosen, multiply the final premium by the appropriate factor:

Age	Factor
18-44	1.15
45-49	1.12
50-55	1.10
56-58	1.09
59-61	1.08
62-64	1.07
65-67	1.06
68-70	1.05
71-73	1.04
74-76	1.03

Modal Factors

Semi-Annual: 0.52; Quarterly: 0.27; Check-A-Matic: 0.09

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604

Supplement to Rate Sheets for Policy Form P1-N0076-A87
PENNSYLVANIA

All rates for this form should be multiplied by a factor of: 1.9425

This factor represents the **proposed** increase of: 29.5%

And the following prior approved rate increases:

Policy Form	Increase Applies to all Policies or Subsets	Rate Increase Approved	Approval Date of Rate Increase
P1-N0076-A87	--Yes--	20.00%	3/14/2013
P1-N0076-A87	--Yes--	25.00%	12/3/2014

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0076-A87
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	21.68	24.23	28.05	29.33	30.60
45-49	24.23	26.78	30.60	31.88	34.43
50-54	29.33	33.15	36.98	39.53	44.63
55	33.15	38.25	43.35	47.18	56.10
56	35.70	40.80	47.18	51.00	61.20
57	38.25	44.63	51.00	54.83	67.58
58	42.08	48.45	56.10	59.93	73.95
59	45.90	53.55	61.20	65.03	81.60
60	51.00	59.93	67.58	71.40	89.25
61	54.83	65.03	73.95	77.78	96.90
62	59.93	71.40	80.33	85.43	105.83
63	63.75	76.50	86.70	91.80	113.48
64	67.58	81.60	93.08	99.45	121.13
65	72.68	86.70	99.45	107.10	130.05
66	77.78	94.35	107.10	116.03	140.25
67	84.15	102.00	117.30	126.23	153.00
68	91.80	112.20	128.78	138.98	168.30
69	100.73	122.40	141.53	151.73	183.60
70	109.65	133.88	155.55	167.03	202.73
71	121.13	147.90	170.85	184.88	224.40
72	133.88	164.48	189.98	205.28	248.63
73	149.18	183.60	211.65	228.23	276.68
74	165.75	204.00	235.88	255.00	308.55
75	184.88	226.95	261.38	283.05	342.98
76	205.28	252.45	290.70	313.65	379.95
77	226.95	279.23	321.30	346.80	420.75
78	249.90	308.55	354.45	382.50	464.10
79	275.40	339.15	390.15	420.75	511.28
80	300.90				
81	328.95				
82	358.28				
83	388.88				
84	422.03				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0076-A87
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	40.80	49.73	57.38	62.48	75.23
45-49	44.63	54.83	63.75	68.85	84.15
50-54	54.83	67.58	79.05	85.43	107.10
55	66.30	80.33	93.08	99.45	127.50
56	70.13	85.43	98.18	105.83	136.43
57	75.23	91.80	104.55	112.20	145.35
58	80.33	98.18	112.20	119.85	155.55
59	85.43	104.55	119.85	128.78	165.75
60	90.53	112.20	128.78	138.98	177.23
61	96.90	119.85	137.70	149.18	188.70
62	103.28	127.50	147.90	160.65	202.73
63	109.65	136.43	158.10	170.85	216.75
64	117.30	144.08	168.30	182.33	232.05
65	124.95	154.28	178.50	193.80	248.63
66	133.88	164.48	191.25	206.55	266.48
67	144.08	177.23	205.28	221.85	286.88
68	155.55	191.25	221.85	239.70	309.83
69	167.03	206.55	238.43	258.83	334.05
70	181.05	224.40	258.83	280.50	359.55
71	196.35	243.53	280.50	304.73	390.15
72	212.93	265.20	306.00	332.78	424.58
73	232.05	289.43	335.33	364.65	462.83
74	253.73	317.48	367.20	400.35	506.18
75	276.68	346.80	402.90	438.60	552.08
76	300.90	378.68	441.15	480.68	603.08
77	326.40	413.10	481.95	526.58	656.63
78	353.18	450.08	526.58	575.03	714.00
79	381.23	489.60	573.75	627.30	776.48
80	411.83				
81	442.43				
82	475.58				
83	510.00				
84	545.70				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0076-A87
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	29.33	35.70	40.80	44.63	53.55
45-49	31.88	39.53	45.90	49.73	59.93
50-54	44.63	53.55	62.48	67.58	81.60
55	51.00	62.48	71.40	76.50	98.18
56	53.55	66.30	75.23	81.60	104.55
57	57.38	71.40	80.33	86.70	112.20
58	62.48	77.78	86.70	94.35	121.13
59	67.58	84.15	94.35	102.00	132.60
60	73.95	91.80	103.28	112.20	144.08
61	80.33	99.45	113.48	122.40	156.83
62	86.70	107.10	122.40	132.60	169.58
63	93.08	114.75	131.33	142.80	182.33
64	99.45	122.40	140.25	153.00	196.35
65	105.83	131.33	150.45	163.20	210.38
66	114.75	141.53	161.93	175.95	228.23
67	123.68	153.00	175.95	191.25	247.35
68	133.88	167.03	192.53	209.10	269.03
69	146.63	182.33	210.38	228.23	293.25
70	159.38	198.90	229.50	249.90	321.30
71	174.68	218.03	252.45	274.13	350.63
72	191.25	239.70	277.95	302.18	385.05
73	210.38	263.93	306.00	334.05	423.30
74	232.05	290.70	337.88	368.48	465.38
75	255.00	320.03	372.30	405.45	510.00
76	279.23	351.90	409.28	446.25	559.73
77	304.73	385.05	448.80	489.60	612.00
78	331.50	420.75	490.88	536.78	668.10
79	359.55	459.00	536.78	586.50	728.03
80	390.15				
81	420.75				
82	453.90				
83	488.33				
84	524.03				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0076-A87
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	25.50	28.05	33.15	34.43	35.70
45-49	28.05	31.88	35.70	36.98	40.80
50-54	34.43	39.53	43.35	45.90	52.28
55	39.53	44.63	51.00	56.10	66.30
56	42.08	48.45	56.10	59.93	71.40
57	44.63	52.28	59.93	65.03	79.05
58	49.73	57.38	66.30	70.13	86.70
59	53.55	62.48	71.40	76.50	95.63
60	59.93	70.13	79.05	84.15	104.55
61	65.03	76.50	86.70	91.80	113.48
62	70.13	84.15	94.35	100.73	124.95
63	75.23	90.53	102.00	108.38	133.88
64	79.05	95.63	109.65	117.30	142.80
65	85.43	102.00	117.30	126.23	153.00
66	91.80	110.93	126.23	136.43	164.48
67	99.45	119.85	137.70	147.90	179.78
68	108.38	132.60	151.73	163.20	197.63
69	118.58	144.08	167.03	178.50	215.48
70	128.78	158.10	183.60	196.35	238.43
71	142.80	173.40	201.45	218.03	263.93
72	158.10	193.80	223.13	240.98	291.98
73	175.95	215.48	248.63	269.03	325.13
74	195.08	239.70	277.95	299.63	363.38
75	218.03	266.48	307.28	332.78	402.90
76	240.98	297.08	341.70	368.48	447.53
77	266.48	328.95	377.40	408.00	494.70
78	294.53	363.38	416.93	450.08	545.70
79	323.85	399.08	459.00	494.70	601.80
80	354.45				
81	387.60				
82	422.03				
83	457.73				
84	495.98				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0076-A87
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	48.45	58.65	67.58	73.95	87.98
45-49	52.28	65.03	75.23	81.60	99.45
50-54	65.03	79.05	93.08	100.73	126.23
55	77.78	94.35	109.65	117.30	150.45
56	82.88	100.73	116.03	124.95	160.65
57	87.98	108.38	122.40	132.60	170.85
58	94.35	116.03	132.60	141.53	183.60
59	100.73	122.40	141.53	151.73	195.08
60	107.10	132.60	151.73	163.20	209.10
61	113.48	141.53	161.93	175.95	221.85
62	121.13	150.45	173.40	188.70	238.43
63	128.78	160.65	186.15	201.45	255.00
64	137.70	169.58	197.63	214.20	272.85
65	146.63	181.05	210.38	228.23	291.98
66	158.10	193.80	224.40	243.53	313.65
67	169.58	209.10	240.98	261.38	337.88
68	183.60	224.40	261.38	281.78	364.65
69	196.35	243.53	280.50	304.73	392.70
70	212.93	263.93	304.73	330.23	423.30
71	230.78	286.88	330.23	358.28	459.00
72	249.90	312.38	359.55	391.43	499.80
73	272.85	340.43	393.98	428.40	544.43
74	298.35	373.58	432.23	470.48	595.43
75	325.13	408.00	474.30	516.38	648.98
76	354.45	444.98	518.93	566.10	708.90
77	383.78	485.78	567.38	619.65	772.65
78	415.65	529.13	619.65	677.03	840.23
79	448.80	576.30	674.48	738.23	912.90
80	484.50				
81	520.20				
82	559.73				
83	600.53				
84	642.60				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0076-A87
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	34.43	42.08	48.45	52.28	62.48
45-49	36.98	45.90	53.55	58.65	70.13
50-54	52.28	62.48	73.95	79.05	95.63
55	59.93	73.95	84.15	90.53	116.03
56	62.48	77.78	87.98	95.63	122.40
57	67.58	84.15	94.35	102.00	132.60
58	73.95	91.80	102.00	110.93	142.80
59	79.05	99.45	110.93	119.85	155.55
60	86.70	108.38	121.13	132.60	169.58
61	94.35	117.30	133.88	144.08	184.88
62	102.00	126.23	144.08	155.55	198.90
63	109.65	135.15	154.28	168.30	214.20
64	117.30	144.08	164.48	179.78	230.78
65	124.95	154.28	177.23	192.53	247.35
66	135.15	167.03	189.98	206.55	269.03
67	145.35	179.78	206.55	224.40	290.70
68	158.10	196.35	226.95	246.08	316.20
69	172.13	214.20	247.35	269.03	345.53
70	187.43	234.60	270.30	294.53	377.40
71	205.28	256.28	297.08	322.58	413.10
72	224.40	281.78	326.40	355.73	452.63
73	247.35	311.10	359.55	392.70	498.53
74	272.85	341.70	397.80	433.50	546.98
75	299.63	376.13	438.60	476.85	600.53
76	328.95	414.38	481.95	525.30	657.90
77	358.28	452.63	527.85	576.30	720.38
78	390.15	494.70	577.58	631.13	785.40
79	423.30	540.60	631.13	689.78	856.80
80	459.00				
81	494.70				
82	534.23				
83	575.03				
84	617.10				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0076-A87
Long-Term Care Policy: Facility Only Coverage

WITH SURVIVORSHIP BENEFIT RIDER R1-N0103-SERIES

When this rider is chosen, multiply the final premium by the appropriate factor.

ISSUE AGE	NO INFLATION PROTECTION	SIMPLE INFLATION PROTECTION	COMPOUND INFLATION PROTECTION
18-44	1.11	1.17	1.17
45-49	1.14	1.21	1.21
50-54	1.18	1.28	1.28
55	1.20	1.30	1.30
56	1.20	1.30	1.30
57	1.21	1.30	1.30
58	1.21	1.30	1.30
59	1.21	1.30	1.30
60	1.21	1.30	1.30
61	1.21	1.30	1.30
62	1.21	1.29	1.29
63	1.21	1.29	1.29
64	1.21	1.28	1.28
65	1.20	1.27	1.27
66	1.20	1.26	1.26
67	1.20	1.26	1.26
68	1.19	1.25	1.25
69	1.19	1.24	1.24
70	1.18	1.23	1.23
71	1.18	1.22	1.22
72	1.17	1.20	1.20
73	1.16	1.19	1.19
74	1.16	1.18	1.18
75	1.15	1.17	1.17
76	1.14	1.16	1.16
77	1.13	1.15	1.15
78	1.12	1.14	1.14
79	1.11	1.13	1.13
80	1.10	1.12	1.12
81	1.09	1.11	1.11
82	1.08	1.10	1.10
83	1.07	1.09	1.09
84	1.06	1.08	1.08

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0076-A87
Long-Term Care Policy: Facility Only Coverage

Elimination Period Factors

Rates shown are for 30 day elimination period. Rates for other elimination periods are calculated by multiplying the 30 day rates by the appropriate factor from the following table:

Benefit Maximum	0	14	20	60	90	100	180	365
730x,1095x	1.12	1.07	1.03	0.94	0.90	0.89	0.78	0.67
1460x,1825x	1.10	1.05	1.03	0.95	0.90	0.89	0.79	0.69
Lifetime	1.08	1.04	1.03	0.96	0.92	0.91	0.84	0.75

Multi-Life Discount

A 5%, 10%, 15% or 20% discount to the rates is available for qualifying Associations of 10 or more lives.

Spousal Discount

A 20% discount to the rates is available to married couples if both spouses apply for coverage.

Dual Waiver of Premium Rider R1-N0104-Series

An optional dual waiver of premium rider will be offered. If one spouse qualifies for a waiver of premium, the premium of the other spouse will also be waived. If chosen, multiply the final premium by 1.06.

Shared Advantage Rider R1-N0105-Series

This rider will allow two covered spouses to purchase an additional benefit amount that can be used by either spouse after their base benefits are exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	No Inflation Protection	With Inflation Protection
730x	1.30	1.35
1095x	1.21	1.25
1460x	1.15	1.18
1825x	1.12	1.14

Restoration of Benefits Rider R1-N0108-Series

This rider restores the maximum lifetime benefit if the insured has not met the stipulated conditions for a period of 180 consecutive days and the maximum lifetime benefit has not been exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	Factor
730x	1.08
1095x	1.06
1460x,1825x	1.04

Cost of Living Increase Rider R1-N0107-Series

This rider allows the insured to increase their policy limits, subject to the terms of the rider, every three years without additional underwriting. The additional premium charged is based on the attained age and incremental increase in the maximum daily facility benefit when exercised. If chosen, multiply the final premium by the appropriate factor:

Age	Factor
18-44	1.15
45-49	1.12
50-55	1.10
56-58	1.09
59-61	1.08
62-64	1.07
65-67	1.06
68-70	1.05
71-73	1.04
74-76	1.03

Modal Factors

Semi-Annual: 0.52; Quarterly: 0.27; Check-A-Matic: 0.09

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604

Supplement to Rate Sheets for Policy Form P1-N0080-A87
PENNSYLVANIA

All rates for this form should be multiplied by a factor of: 1.9425

This factor represents the **proposed** increase of: 29.5%

And the following prior approved rate increases:

Policy Form	Increase Applies to all Policies or Subsets	Rate Increase Approved	Approval Date of Rate Increase
P1-N0080-A87	--Yes--	20.00%	3/14/2013
P1-N0080-A87	--Yes--	25.00%	12/3/2014

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0080-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	19.95	24.15	26.25	28.35	36.75
45-49	22.05	27.30	29.40	31.50	40.95
50-54	27.30	32.55	36.75	38.85	50.40
55	31.50	37.80	42.00	45.15	59.85
56	33.60	39.90	45.15	48.30	63.00
57	35.70	43.05	48.30	51.45	68.25
58	38.85	46.20	52.50	55.65	73.50
59	42.00	50.40	56.70	60.90	79.80
60	45.15	54.60	61.95	66.15	87.15
61	49.35	58.80	67.20	72.45	94.50
62	53.55	64.05	73.50	78.75	102.90
63	57.75	69.30	78.75	85.05	111.30
64	60.90	73.50	85.05	91.35	118.65
65	65.10	78.75	91.35	97.65	127.05
66	69.30	85.05	98.70	106.05	137.55
67	75.60	92.40	107.10	115.50	150.15
68	82.95	100.80	116.55	127.05	164.85
69	90.30	110.25	128.10	138.60	180.60
70	98.70	120.75	139.65	152.25	198.45
71	108.15	133.35	154.35	168.00	218.40
72	119.70	148.05	171.15	186.90	242.55
73	132.30	164.85	191.10	207.90	269.85
74	147.00	183.75	212.10	232.05	299.25
75	163.80	203.70	236.25	258.30	331.80
76	180.60	225.75	262.50	286.65	367.50
77	199.50	249.90	290.85	317.10	406.35
78	219.45	276.15	321.30	350.70	447.30
79	241.50	303.45	353.85	385.35	491.40
80	264.60				
81	288.75				
82	315.00				
83	342.30				
84	371.70				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0080-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	23.10	28.35	31.50	32.55	43.05
45-49	26.25	31.50	34.65	36.75	47.25
50-54	30.45	36.75	42.00	45.15	58.80
55	35.70	42.00	47.25	51.45	68.25
56	37.80	44.10	50.40	54.60	71.40
57	39.90	47.25	53.55	57.75	76.65
58	43.05	51.45	57.75	61.95	81.90
59	46.20	55.65	63.00	68.25	88.20
60	49.35	60.90	68.25	73.50	95.55
61	53.55	65.10	74.55	80.85	103.95
62	57.75	70.35	80.85	87.15	112.35
63	61.95	75.60	87.15	93.45	121.80
64	66.15	80.85	92.40	99.75	130.20
65	71.40	86.10	99.75	106.05	139.65
66	75.60	92.40	107.10	114.45	151.20
67	81.90	100.80	115.50	124.95	164.85
68	89.25	109.20	127.05	137.55	180.60
69	97.65	119.70	138.60	150.15	197.40
70	107.10	132.30	151.20	164.85	217.35
71	116.55	144.90	168.00	181.65	239.40
72	129.15	161.70	185.85	202.65	264.60
73	143.85	179.55	206.85	225.75	294.00
74	158.55	199.50	231.00	250.95	325.50
75	176.40	221.55	257.25	279.30	361.20
76	194.25	245.70	285.60	310.80	400.05
77	215.25	270.90	316.05	344.40	442.05
78	236.25	299.25	349.65	381.15	486.15
79	259.35	329.70	384.30	418.95	534.45
80	283.50				
81	309.75				
82	337.05				
83	365.40				
84	395.85				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0080-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	24.15	29.40	33.60	34.65	45.15
45-49	27.30	32.55	36.75	38.85	50.40
50-54	31.50	38.85	44.10	47.25	63.00
55	36.75	44.10	49.35	53.55	71.40
56	38.85	46.20	52.50	56.70	75.60
57	40.95	49.35	55.65	60.90	79.80
58	44.10	53.55	59.85	65.10	86.10
59	47.25	57.75	65.10	71.40	92.40
60	51.45	63.00	71.40	76.65	99.75
61	55.65	68.25	77.70	84.00	108.15
62	59.85	73.50	84.00	90.30	116.55
63	64.05	78.75	90.30	96.60	126.00
64	68.25	84.00	95.55	102.90	134.40
65	73.50	89.25	102.90	110.25	144.90
66	78.75	95.55	110.25	118.65	156.45
67	85.05	103.95	119.70	129.15	171.15
68	92.40	113.40	131.25	141.75	186.90
69	100.80	123.90	142.80	155.40	204.75
70	110.25	136.50	156.45	170.10	224.70
71	120.75	150.15	173.25	187.95	247.80
72	133.35	166.95	192.15	208.95	274.05
73	148.05	185.85	214.20	233.10	304.50
74	163.80	205.80	238.35	259.35	337.05
75	181.65	228.90	265.65	288.75	373.80
76	200.55	254.10	295.05	321.30	413.70
77	221.55	280.35	326.55	355.95	456.75
78	243.60	308.70	361.20	393.75	502.95
79	266.70	340.20	397.95	433.65	552.30
80	291.90				
81	318.15				
82	346.50				
83	375.90				
84	406.35				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0080-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	37.80	47.25	54.60	59.85	78.75
45-49	42.00	52.50	60.90	66.15	87.15
50-54	51.45	64.05	74.55	80.85	111.30
55	58.80	74.55	86.10	93.45	129.15
56	61.95	78.75	91.35	98.70	135.45
57	66.15	84.00	96.60	105.00	143.85
58	70.35	89.25	102.90	112.35	152.25
59	75.60	95.55	110.25	119.70	161.70
60	80.85	101.85	117.60	127.05	172.20
61	86.10	109.20	126.00	136.50	183.75
62	92.40	116.55	134.40	145.95	196.35
63	98.70	123.90	142.80	155.40	210.00
64	105.00	132.30	152.25	165.90	223.65
65	111.30	140.70	162.75	176.40	238.35
66	119.70	150.15	173.25	189.00	255.15
67	128.10	161.70	186.90	203.70	275.10
68	137.55	174.30	201.60	220.50	297.15
69	148.05	186.90	218.40	238.35	320.25
70	159.60	202.65	236.25	258.30	345.45
71	173.25	219.45	256.20	280.35	374.85
72	187.95	238.35	279.30	305.55	407.40
73	204.75	260.40	305.55	333.90	444.15
74	223.65	284.55	333.90	365.40	484.05
75	244.65	310.80	364.35	399.00	528.15
76	265.65	340.20	397.95	435.75	575.40
77	288.75	370.65	433.65	475.65	625.80
78	311.85	404.25	471.45	517.65	679.35
79	337.05	438.90	512.40	562.80	737.10
80	363.30				
81	389.55				
82	417.90				
83	447.30				
84	477.75				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0080-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	42.00	53.55	61.95	68.25	88.20
45-49	47.25	58.80	69.30	74.55	98.70
50-54	57.75	72.45	85.05	92.40	124.95
55	65.10	82.95	97.65	106.05	142.80
56	68.25	87.15	102.90	111.30	149.10
57	72.45	92.40	108.15	117.60	157.50
58	76.65	97.65	114.45	124.95	166.95
59	81.90	103.95	121.80	132.30	177.45
60	88.20	111.30	129.15	140.70	187.95
61	94.50	118.65	137.55	149.10	200.55
62	100.80	127.05	145.95	159.60	214.20
63	107.10	135.45	155.40	169.05	228.90
64	113.40	143.85	165.90	180.60	242.55
65	120.75	152.25	176.40	192.15	259.35
66	129.15	162.75	189.00	206.85	276.15
67	138.60	175.35	203.70	222.60	298.20
68	149.10	189.00	220.50	241.50	321.30
69	160.65	202.65	237.30	260.40	346.50
70	173.25	220.50	257.25	281.40	373.80
71	186.90	238.35	279.30	305.55	405.30
72	203.70	259.35	303.45	332.85	441.00
73	221.55	283.50	331.80	363.30	480.90
74	241.50	308.70	362.25	396.90	523.95
75	263.55	337.05	394.80	432.60	571.20
76	286.65	367.50	430.50	471.45	620.55
77	309.75	399.00	468.30	513.45	675.15
78	334.95	433.65	509.25	558.60	731.85
79	360.15	470.40	552.30	605.85	793.80
80	388.50				
81	415.80				
82	446.25				
83	476.70				
84	508.20				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0080-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	44.10	55.65	65.10	71.40	92.40
45-49	49.35	61.95	72.45	78.75	102.90
50-54	60.90	76.65	89.25	96.60	130.20
55	68.25	86.10	101.85	111.30	148.05
56	71.40	90.30	107.10	116.55	155.40
57	75.60	95.55	112.35	122.85	163.80
58	79.80	101.85	118.65	130.20	173.25
59	85.05	108.15	126.00	137.55	183.75
60	91.35	115.50	133.35	145.95	195.30
61	97.65	122.85	141.75	154.35	207.90
62	103.95	131.25	151.20	164.85	221.55
63	110.25	139.65	160.65	175.35	236.25
64	117.60	148.05	171.15	186.90	250.95
65	124.95	157.50	182.70	199.50	267.75
66	133.35	168.00	196.35	214.20	285.60
67	142.80	180.60	211.05	231.00	307.65
68	153.30	195.30	227.85	249.90	331.80
69	165.90	210.00	245.70	269.85	358.05
70	178.50	227.85	265.65	291.90	386.40
71	193.20	246.75	288.75	316.05	418.95
72	210.00	268.80	313.95	344.40	455.70
73	228.90	292.95	342.30	375.90	496.65
74	248.85	319.20	373.80	410.55	540.75
75	270.90	347.55	407.40	447.30	589.05
76	295.05	379.05	444.15	487.20	640.50
77	319.20	411.60	483.00	530.25	696.15
78	344.40	446.25	525.00	576.45	754.95
79	370.65	484.05	569.10	624.75	817.95
80	399.00				
81	427.35				
82	457.80				
83	489.30				
84	521.85				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0080-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	28.35	34.65	40.95	44.10	58.80
45-49	31.50	38.85	45.15	49.35	65.10
50-54	40.95	50.40	57.75	64.05	84.00
55	47.25	57.75	67.20	73.50	99.75
56	49.35	60.90	70.35	76.65	106.05
57	52.50	65.10	75.60	81.90	113.40
58	56.70	70.35	81.90	88.20	121.80
59	60.90	75.60	88.20	95.55	131.25
60	66.15	82.95	95.55	103.95	140.70
61	72.45	89.25	103.95	112.35	152.25
62	77.70	96.60	112.35	121.80	163.80
63	82.95	103.95	120.75	130.20	176.40
64	89.25	111.30	129.15	139.65	189.00
65	94.50	118.65	137.55	149.10	202.65
66	101.85	128.10	148.05	160.65	218.40
67	110.25	138.60	160.65	174.30	237.30
68	119.70	151.20	175.35	190.05	258.30
69	130.20	164.85	191.10	207.90	281.40
70	141.75	179.55	208.95	227.85	307.65
71	155.40	197.40	228.90	249.90	336.00
72	170.10	216.30	252.00	275.10	368.55
73	186.90	238.35	277.20	303.45	405.30
74	205.80	261.45	305.55	333.90	444.15
75	225.75	287.70	336.00	367.50	487.20
76	247.80	315.00	368.55	404.25	534.45
77	269.85	345.45	404.25	443.10	583.80
78	292.95	376.95	442.05	485.10	637.35
79	318.15	411.60	481.95	529.20	693.00
80	344.40				
81	371.70				
82	400.05				
83	429.45				
84	460.95				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0080-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	32.55	40.95	47.25	50.40	67.20
45-49	36.75	45.15	51.45	56.70	74.55
50-54	45.15	56.70	66.15	72.45	94.50
55	52.50	65.10	75.60	81.90	111.30
56	55.65	69.30	79.80	87.15	117.60
57	58.80	73.50	85.05	92.40	126.00
58	63.00	78.75	91.35	99.75	134.40
59	67.20	84.00	97.65	107.10	143.85
60	72.45	91.35	106.05	115.50	154.35
61	78.75	97.65	114.45	124.95	165.90
62	84.00	105.00	122.85	134.40	177.45
63	90.30	112.35	132.30	143.85	191.10
64	96.60	120.75	140.70	153.30	204.75
65	102.90	129.15	150.15	163.80	218.40
66	111.30	139.65	161.70	176.40	236.25
67	120.75	150.15	175.35	190.05	256.20
68	131.25	163.80	191.10	207.90	279.30
69	141.75	178.50	207.90	226.80	304.50
70	153.30	194.25	226.80	246.75	331.80
71	166.95	213.15	247.80	270.90	363.30
72	182.70	233.10	273.00	298.20	397.95
73	200.55	257.25	300.30	328.65	436.80
74	220.50	282.45	329.70	361.20	479.85
75	242.55	309.75	363.30	397.95	526.05
76	265.65	339.15	399.00	437.85	576.45
77	289.80	371.70	436.80	478.80	630.00
78	313.95	406.35	477.75	523.95	687.75
79	341.25	443.10	520.80	572.25	748.65
80	368.55				
81	397.95				
82	427.35				
83	457.80				
84	491.40				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0080-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	34.65	43.05	49.35	53.55	71.40
45-49	38.85	47.25	54.60	59.85	78.75
50-54	47.25	58.80	69.30	75.60	98.70
55	54.60	68.25	79.80	86.10	116.55
56	57.75	72.45	84.00	91.35	122.85
57	60.90	76.65	89.25	96.60	131.25
58	65.10	81.90	95.55	103.95	139.65
59	70.35	88.20	101.85	111.30	149.10
60	75.60	94.50	110.25	120.75	159.60
61	80.85	101.85	118.65	130.20	171.15
62	87.15	109.20	127.05	139.65	183.75
63	93.45	116.55	136.50	149.10	197.40
64	99.75	124.95	145.95	159.60	211.05
65	107.10	133.35	155.40	170.10	225.75
66	115.50	143.85	168.00	182.70	243.60
67	124.95	155.40	181.65	197.40	264.60
68	135.45	169.05	197.40	215.25	287.70
69	145.95	183.75	215.25	234.15	313.95
70	158.55	200.55	234.15	255.15	342.30
71	172.20	219.45	256.20	280.35	374.85
72	187.95	240.45	281.40	307.65	410.55
73	206.85	264.60	309.75	339.15	450.45
74	226.80	290.85	340.20	372.75	495.60
75	249.90	319.20	374.85	410.55	542.85
76	273.00	349.65	411.60	451.50	594.30
77	298.20	383.25	450.45	494.55	649.95
78	323.40	418.95	492.45	540.75	708.75
79	350.70	456.75	537.60	591.15	771.75
80	379.05				
81	408.45				
82	438.90				
83	470.40				
84	504.00				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0080-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	23.10	28.35	30.45	33.60	43.05
45-49	26.25	32.55	34.65	36.75	48.30
50-54	32.55	37.80	43.05	46.20	58.80
55	36.75	44.10	49.35	53.55	70.35
56	39.90	47.25	53.55	56.70	74.55
57	42.00	50.40	56.70	60.90	79.80
58	46.20	54.60	61.95	65.10	86.10
59	49.35	58.80	67.20	71.40	93.45
60	53.55	64.05	72.45	77.70	102.90
61	57.75	69.30	78.75	85.05	111.30
62	63.00	75.60	86.10	92.40	120.75
63	68.25	81.90	92.40	99.75	131.25
64	71.40	86.10	99.75	107.10	139.65
65	76.65	92.40	107.10	114.45	149.10
66	81.90	99.75	116.55	124.95	161.70
67	89.25	109.20	126.00	135.45	176.40
68	97.65	118.65	137.55	149.10	194.25
69	106.05	130.20	151.20	162.75	212.10
70	116.55	141.75	163.80	179.55	233.10
71	127.05	156.45	181.65	197.40	257.25
72	140.70	174.30	201.60	219.45	285.60
73	155.40	194.25	224.70	244.65	317.10
74	173.25	216.30	249.90	273.00	351.75
75	193.20	239.40	278.25	303.45	390.60
76	212.10	265.65	308.70	337.05	432.60
77	235.20	294.00	342.30	372.75	477.75
78	258.30	324.45	378.00	412.65	526.05
79	284.55	357.00	415.80	453.60	578.55
80	310.80				
81	340.20				
82	370.65				
83	403.20				
84	436.80				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0080-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	27.30	33.60	36.75	37.80	50.40
45-49	30.45	36.75	40.95	43.05	55.65
50-54	35.70	43.05	49.35	53.55	69.30
55	42.00	49.35	55.65	60.90	79.80
56	44.10	51.45	58.80	64.05	84.00
57	47.25	55.65	63.00	68.25	90.30
58	50.40	60.90	68.25	72.45	96.60
59	54.60	65.10	74.55	79.80	103.95
60	57.75	71.40	79.80	86.10	112.35
61	63.00	76.65	88.20	95.55	121.80
62	68.25	82.95	95.55	102.90	132.30
63	72.45	89.25	102.90	110.25	142.80
64	77.70	95.55	109.20	117.60	153.30
65	84.00	100.80	117.60	124.95	163.80
66	89.25	109.20	126.00	134.40	177.45
67	96.60	118.65	135.45	147.00	194.25
68	105.00	128.10	149.10	161.70	212.10
69	114.45	140.70	162.75	176.40	232.05
70	126.00	155.40	177.45	194.25	256.20
71	137.55	170.10	197.40	214.20	281.40
72	152.25	190.05	218.40	238.35	310.80
73	169.05	211.05	243.60	265.65	345.45
74	186.90	235.20	271.95	295.05	383.25
75	207.90	260.40	302.40	328.65	425.25
76	228.90	288.75	336.00	365.40	470.40
77	253.05	319.20	371.70	405.30	519.75
78	278.25	351.75	411.60	448.35	572.25
79	305.55	387.45	452.55	492.45	628.95
80	333.90				
81	364.35				
82	396.90				
83	429.45				
84	466.20				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0080-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	28.35	34.65	39.90	40.95	53.55
45-49	32.55	37.80	43.05	46.20	58.80
50-54	36.75	46.20	51.45	55.65	74.55
55	43.05	51.45	57.75	63.00	84.00
56	46.20	54.60	61.95	67.20	89.25
57	48.30	57.75	65.10	71.40	93.45
58	51.45	63.00	70.35	76.65	100.80
59	55.65	68.25	76.65	84.00	109.20
60	60.90	74.55	84.00	90.30	117.60
61	65.10	79.80	91.35	98.70	127.05
62	70.35	86.10	98.70	106.05	137.55
63	75.60	92.40	106.05	113.40	148.05
64	79.80	98.70	112.35	120.75	158.55
65	86.10	105.00	120.75	130.20	170.10
66	92.40	112.35	130.20	139.65	183.75
67	99.75	121.80	140.70	152.25	201.60
68	109.20	133.35	154.35	166.95	219.45
69	118.65	145.95	168.00	182.70	240.45
70	130.20	160.65	183.75	200.55	264.60
71	141.75	176.40	203.70	221.55	291.90
72	156.45	196.35	225.75	245.70	322.35
73	174.30	218.40	252.00	274.05	358.05
74	193.20	242.55	280.35	305.55	396.90
75	214.20	268.80	312.90	340.20	439.95
76	236.25	299.25	347.55	378.00	487.20
77	260.40	329.70	384.30	418.95	537.60
78	286.65	363.30	425.25	463.05	592.20
79	313.95	400.05	468.30	510.30	649.95
80	343.35				
81	373.80				
82	407.40				
83	442.05				
84	477.75				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0080-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	44.10	55.65	64.05	70.35	92.40
45-49	49.35	61.95	71.40	77.70	102.90
50-54	60.90	75.60	88.20	95.55	131.25
55	69.30	88.20	100.80	110.25	152.25
56	72.45	92.40	107.10	116.55	159.60
57	77.70	98.70	113.40	123.90	169.05
58	82.95	105.00	120.75	132.30	179.55
59	89.25	112.35	130.20	140.70	190.05
60	95.55	119.70	138.60	149.10	202.65
61	100.80	128.10	148.05	160.65	216.30
62	109.20	137.55	158.55	172.20	231.00
63	116.55	145.95	168.00	182.70	246.75
64	123.90	155.40	179.55	195.30	263.55
65	131.25	165.90	191.10	207.90	280.35
66	140.70	176.40	203.70	222.60	300.30
67	151.20	190.05	219.45	239.40	323.40
68	161.70	204.75	237.30	259.35	349.65
69	174.30	219.45	257.25	280.35	376.95
70	187.95	238.35	278.25	303.45	406.35
71	203.70	258.30	301.35	329.70	441.00
72	221.55	280.35	328.65	359.10	478.80
73	240.45	306.60	359.10	392.70	522.90
74	263.55	334.95	392.70	429.45	569.10
75	287.70	365.40	428.40	469.35	621.60
76	312.90	400.05	468.30	512.40	677.25
77	340.20	435.75	510.30	559.65	736.05
78	366.45	475.65	554.40	609.00	799.05
79	396.90	516.60	602.70	662.55	867.30
80	427.35				
81	457.80				
82	491.40				
83	526.05				
84	561.75				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0080-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	49.35	63.00	72.45	79.80	103.95
45-49	55.65	69.30	81.90	88.20	116.55
50-54	68.25	85.05	99.75	109.20	147.00
55	76.65	97.65	114.45	124.95	168.00
56	79.80	102.90	120.75	131.25	175.35
57	85.05	109.20	127.05	138.60	184.80
58	90.30	114.45	134.40	147.00	196.35
59	96.60	121.80	142.80	155.40	208.95
60	103.95	131.25	152.25	165.90	221.55
61	111.30	139.65	161.70	175.35	236.25
62	118.65	149.10	172.20	187.95	252.00
63	126.00	159.60	182.70	198.45	268.80
64	133.35	169.05	195.30	212.10	285.60
65	141.75	179.55	207.90	225.75	305.55
66	152.25	191.10	222.60	243.60	324.45
67	162.75	205.80	239.40	261.45	350.70
68	175.35	222.60	259.35	284.55	378.00
69	189.00	238.35	279.30	306.60	407.40
70	203.70	259.35	302.40	330.75	439.95
71	219.45	280.35	328.65	359.10	476.70
72	239.40	305.55	357.00	391.65	518.70
73	260.40	333.90	390.60	427.35	565.95
74	284.55	363.30	426.30	467.25	616.35
75	309.75	396.90	464.10	509.25	672.00
76	337.05	432.60	506.10	554.40	729.75
77	364.35	469.35	551.25	603.75	793.80
78	393.75	510.30	599.55	657.30	861.00
79	424.20	553.35	649.95	712.95	933.45
80	456.75				
81	489.30				
82	525.00				
83	560.70				
84	597.45				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0080-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	51.45	65.10	76.65	84.00	109.20
45-49	57.75	72.45	85.05	92.40	120.75
50-54	71.40	90.30	105.00	113.40	153.30
55	79.80	100.80	119.70	131.25	174.30
56	84.00	106.05	126.00	137.55	182.70
57	89.25	112.35	132.30	144.90	193.20
58	93.45	119.70	139.65	153.30	203.70
59	99.75	127.05	148.05	161.70	216.30
60	107.10	135.45	156.45	172.20	229.95
61	114.45	144.90	166.95	181.65	244.65
62	121.80	154.35	177.45	194.25	260.40
63	130.20	163.80	189.00	205.80	278.25
64	138.60	174.30	201.60	219.45	295.05
65	147.00	184.80	215.25	235.20	315.00
66	156.45	197.40	231.00	252.00	336.00
67	168.00	212.10	247.80	271.95	362.25
68	180.60	229.95	267.75	294.00	390.60
69	195.30	246.75	288.75	317.10	421.05
70	210.00	267.75	312.90	343.35	454.65
71	226.80	289.80	340.20	371.70	492.45
72	246.75	316.05	369.60	405.30	536.55
73	268.80	344.40	403.20	442.05	583.80
74	292.95	375.90	439.95	483.00	636.30
75	319.20	408.45	478.80	526.05	693.00
76	347.55	446.25	522.90	573.30	753.90
77	375.90	484.05	568.05	623.70	819.00
78	405.30	525.00	617.40	678.30	888.30
79	435.75	569.10	669.90	735.00	961.80
80	469.35				
81	502.95				
82	538.65				
83	575.40				
84	614.25				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0080-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	33.60	40.95	48.30	51.45	69.30
45-49	36.75	46.20	53.55	57.75	76.65
50-54	48.30	58.80	68.25	75.60	98.70
55	55.65	68.25	78.75	86.10	117.60
56	57.75	71.40	82.95	90.30	124.95
57	61.95	76.65	89.25	96.60	133.35
58	67.20	82.95	96.60	103.95	142.80
59	71.40	89.25	103.95	112.35	154.35
60	77.70	97.65	112.35	121.80	165.90
61	85.05	105.00	121.80	132.30	179.55
62	91.35	113.40	132.30	142.80	193.20
63	97.65	121.80	141.75	153.30	207.90
64	105.00	131.25	152.25	163.80	222.60
65	111.30	139.65	161.70	175.35	238.35
66	119.70	151.20	174.30	189.00	257.25
67	130.20	162.75	189.00	204.75	279.30
68	140.70	177.45	205.80	223.65	303.45
69	153.30	194.25	224.70	244.65	330.75
70	166.95	211.05	245.70	267.75	362.25
71	182.70	232.05	268.80	294.00	394.80
72	200.55	254.10	296.10	323.40	433.65
73	219.45	280.35	326.55	357.00	476.70
74	242.55	307.65	359.10	392.70	522.90
75	265.65	338.10	394.80	432.60	573.30
76	291.90	370.65	433.65	475.65	628.95
77	317.10	406.35	475.65	520.80	686.70
78	344.40	443.10	519.75	571.20	749.70
79	373.80	484.05	567.00	622.65	814.80
80	405.30				
81	436.80				
82	470.40				
83	505.05				
84	541.80				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0080-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	37.80	48.30	55.65	58.80	78.75
45-49	43.05	53.55	60.90	67.20	88.20
50-54	53.55	67.20	77.70	85.05	111.30
55	61.95	76.65	89.25	96.60	131.25
56	65.10	81.90	93.45	102.90	138.60
57	69.30	86.10	99.75	109.20	148.05
58	74.55	92.40	107.10	117.60	158.55
59	78.75	98.70	114.45	126.00	169.05
60	85.05	107.10	124.95	135.45	181.65
61	92.40	114.45	134.40	147.00	195.30
62	98.70	123.90	144.90	158.55	208.95
63	106.05	132.30	155.40	169.05	224.70
64	113.40	141.75	165.90	180.60	240.45
65	120.75	152.25	176.40	193.20	257.25
66	131.25	163.80	190.05	207.90	278.25
67	141.75	176.40	205.80	223.65	301.35
68	154.35	193.20	224.70	244.65	328.65
69	166.95	210.00	244.65	266.70	358.05
70	180.60	228.90	266.70	289.80	390.60
71	196.35	250.95	291.90	319.20	427.35
72	215.25	274.05	321.30	350.70	468.30
73	236.25	302.40	352.80	386.40	513.45
74	259.35	331.80	387.45	425.25	564.90
75	285.60	364.35	427.35	468.30	618.45
76	312.90	399.00	469.35	515.55	678.30
77	341.25	436.80	513.45	562.80	741.30
78	369.60	477.75	561.75	616.35	809.55
79	401.10	520.80	613.20	673.05	880.95
80	433.65				
81	468.30				
82	502.95				
83	538.65				
84	578.55				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0080-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	40.95	50.40	57.75	63.00	84.00
45-49	46.20	55.65	64.05	70.35	92.40
50-54	55.65	69.30	81.90	89.25	116.55
55	64.05	79.80	93.45	100.80	137.55
56	68.25	85.05	98.70	107.10	144.90
57	71.40	90.30	105.00	113.40	154.35
58	76.65	96.60	112.35	121.80	163.80
59	82.95	103.95	119.70	131.25	175.35
60	89.25	111.30	130.20	141.75	187.95
61	95.55	119.70	139.65	153.30	201.60
62	102.90	128.10	149.10	163.80	216.30
63	110.25	137.55	160.65	175.35	232.05
64	117.60	147.00	172.20	187.95	247.80
65	126.00	156.45	182.70	200.55	265.65
66	135.45	169.05	197.40	215.25	286.65
67	147.00	182.70	214.20	232.05	310.80
68	159.60	198.45	232.05	253.05	338.10
69	172.20	216.30	253.05	275.10	369.60
70	186.90	236.25	275.10	300.30	403.20
71	202.65	258.30	301.35	329.70	441.00
72	221.55	282.45	330.75	362.25	483.00
73	243.60	310.80	364.35	399.00	530.25
74	266.70	342.30	400.05	438.90	582.75
75	294.00	375.90	441.00	483.00	638.40
76	321.30	411.60	484.05	531.30	699.30
77	350.70	450.45	530.25	581.70	764.40
78	380.10	492.45	579.60	636.30	833.70
79	412.65	537.60	632.10	695.10	908.25
80	446.25				
81	480.90				
82	516.60				
83	553.35				
84	593.25				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0080-A87
Long-Term Care Policy

WITH SURVIVORSHIP BENEFIT RIDER R1-N0103-SERIES

When this rider is chosen, multiply the final premium by the appropriate factor.

ISSUE AGE	NO INFLATION PROTECTION	SIMPLE INFLATION PROTECTION	COMPOUND INFLATION PROTECTION
18-44	1.11	1.17	1.17
45-49	1.14	1.21	1.21
50-54	1.18	1.28	1.28
55	1.20	1.30	1.30
56	1.20	1.30	1.30
57	1.21	1.30	1.30
58	1.21	1.30	1.30
59	1.21	1.30	1.30
60	1.21	1.30	1.30
61	1.21	1.30	1.30
62	1.21	1.29	1.29
63	1.21	1.29	1.29
64	1.21	1.28	1.28
65	1.20	1.27	1.27
66	1.20	1.26	1.26
67	1.20	1.26	1.26
68	1.19	1.25	1.25
69	1.19	1.24	1.24
70	1.18	1.23	1.23
71	1.18	1.22	1.22
72	1.17	1.20	1.20
73	1.16	1.19	1.19
74	1.16	1.18	1.18
75	1.15	1.17	1.17
76	1.14	1.16	1.16
77	1.13	1.15	1.15
78	1.12	1.14	1.14
79	1.11	1.13	1.13
80	1.10	1.12	1.12
81	1.09	1.11	1.11
82	1.08	1.10	1.10
83	1.07	1.09	1.09
84	1.06	1.08	1.08

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0080-A87
Long-Term Care Policy

Elimination Period Factors

Rates shown are for 30 day elimination period. Rates for other elimination periods are calculated by multiplying the 30 day rates by the appropriate factor from the following table:

Benefit Maximum	0	14	20	60	90	100	180	365
730x,1095x	1.12	1.07	1.03	0.94	0.90	0.89	0.78	0.67
1460x,1825x	1.10	1.05	1.03	0.95	0.90	0.89	0.79	0.69
Lifetime	1.08	1.04	1.03	0.96	0.92	0.91	0.84	0.75

Multi-Life Discount

A 5%, 10%, 15% or 20% discount to the rates is available for qualifying Associations of 10 or more lives.

Spousal Discount

A 20% discount to the rates is available to married couples if both spouses apply for coverage.

Dual Waiver of Premium Rider R1-N0104-Series

An optional dual waiver of premium rider will be offered. If one spouse qualifies for a waiver of premium, the premium of the other spouse will also be waived. If chosen, multiply the final premium by 1.06.

Shared Advantage Rider R1-N0105-Series

This rider will allow two covered spouses to purchase an additional benefit amount that can be used by either spouse after their base benefits are exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	No Inflation Protection	With Inflation Protection
730x	1.30	1.35
1095x	1.21	1.25
1460x	1.15	1.18
1825x	1.12	1.14

Restoration of Benefits Rider R1-N0108-Series

This rider restores the maximum lifetime benefit if the insured has not met the stipulated conditions for a period of 180 consecutive days and the maximum lifetime benefit has not been exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	Factor
730x	1.08
1095x	1.06
1460x,1825x	1.04

Cost of Living Increase Rider R1-N0107-Series

This rider allows the insured to increase their policy limits, subject to the terms of the rider, every three years without additional underwriting. The additional premium charged is based on the attained age and incremental increase in the maximum daily facility benefit when exercised. If chosen, multiply the final premium by the appropriate factor:

Age	Factor
18-44	1.15
45-49	1.12
50-55	1.10
56-58	1.09
59-61	1.08
62-64	1.07
65-67	1.06
68-70	1.05
71-73	1.04
74-76	1.03

Modal Factors

Semi-Annual: 0.52; Quarterly: 0.27; Check-A-Matic: 0.09

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604

Supplement to Rate Sheets for Policy Form P1-N0081-A87
PENNSYLVANIA

All rates for this form should be multiplied by a factor of: 1.9425

This factor represents the **proposed** increase of: 29.5%

And the following prior approved rate increases:

Policy Form	Increase Applies to all Policies or Subsets	Rate Increase Approved	Approval Date of Rate Increase
P1-N0081-A87	--Yes--	20.00%	3/14/2013
P1-N0081-A87	--Yes--	25.00%	12/3/2014

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0081-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	24.94	30.19	32.81	35.44	45.94
45-49	27.56	34.13	36.75	39.38	51.19
50-54	34.13	40.69	45.94	48.56	63.00
55	39.38	47.25	52.50	56.44	74.81
56	42.00	49.88	56.44	60.38	78.75
57	44.63	53.81	60.38	64.31	85.31
58	48.56	57.75	65.63	69.56	91.88
59	52.50	63.00	70.88	76.13	99.75
60	56.44	68.25	77.44	82.69	108.94
61	61.69	73.50	84.00	90.56	118.13
62	66.94	80.06	91.88	98.44	128.63
63	72.19	86.63	98.44	106.31	139.13
64	76.13	91.88	106.31	114.19	148.31
65	81.38	98.44	114.19	122.06	158.81
66	86.63	106.31	123.38	132.56	171.94
67	94.50	115.50	133.88	144.38	187.69
68	103.69	126.00	145.69	158.81	206.06
69	112.88	137.81	160.13	173.25	225.75
70	123.38	150.94	174.56	190.31	248.06
71	135.19	166.69	192.94	210.00	273.00
72	149.63	185.06	213.94	233.63	303.19
73	165.38	206.06	238.88	259.88	337.31
74	183.75	229.69	265.13	290.06	374.06
75	204.75	254.63	295.31	322.88	414.75
76	225.75	282.19	328.13	358.31	459.38
77	249.38	312.38	363.56	396.38	507.94
78	274.31	345.19	401.63	438.38	559.13
79	301.88	379.31	442.31	481.69	614.25
80	330.75				
81	360.94				
82	393.75				
83	427.88				
84	464.63				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0081-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	28.88	35.44	39.38	40.69	53.81
45-49	32.81	39.38	43.31	45.94	59.06
50-54	38.06	45.94	52.50	56.44	73.50
55	44.63	52.50	59.06	64.31	85.31
56	47.25	55.13	63.00	68.25	89.25
57	49.88	59.06	66.94	72.19	95.81
58	53.81	64.31	72.19	77.44	102.38
59	57.75	69.56	78.75	85.31	110.25
60	61.69	76.13	85.31	91.88	119.44
61	66.94	81.38	93.19	101.06	129.94
62	72.19	87.94	101.06	108.94	140.44
63	77.44	94.50	108.94	116.81	152.25
64	82.69	101.06	115.50	124.69	162.75
65	89.25	107.63	124.69	132.56	174.56
66	94.50	115.50	133.88	143.06	189.00
67	102.38	126.00	144.38	156.19	206.06
68	111.56	136.50	158.81	171.94	225.75
69	122.06	149.63	173.25	187.69	246.75
70	133.88	165.38	189.00	206.06	271.69
71	145.69	181.13	210.00	227.06	299.25
72	161.44	202.13	232.31	253.31	330.75
73	179.81	224.44	258.56	282.19	367.50
74	198.19	249.38	288.75	313.69	406.88
75	220.50	276.94	321.56	349.13	451.50
76	242.81	307.13	357.00	388.50	500.06
77	269.06	338.63	395.06	430.50	552.56
78	295.31	374.06	437.06	476.44	607.69
79	324.19	412.13	480.38	523.69	668.06
80	354.38				
81	387.19				
82	421.31				
83	456.75				
84	494.81				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0081-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	30.19	36.75	42.00	43.31	56.44
45-49	34.13	40.69	45.94	48.56	63.00
50-54	39.38	48.56	55.13	59.06	78.75
55	45.94	55.13	61.69	66.94	89.25
56	48.56	57.75	65.63	70.88	94.50
57	51.19	61.69	69.56	76.13	99.75
58	55.13	66.94	74.81	81.38	107.63
59	59.06	72.19	81.38	89.25	115.50
60	64.31	78.75	89.25	95.81	124.69
61	69.56	85.31	97.13	105.00	135.19
62	74.81	91.88	105.00	112.88	145.69
63	80.06	98.44	112.88	120.75	157.50
64	85.31	105.00	119.44	128.63	168.00
65	91.88	111.56	128.63	137.81	181.13
66	98.44	119.44	137.81	148.31	195.56
67	106.31	129.94	149.63	161.44	213.94
68	115.50	141.75	164.06	177.19	233.63
69	126.00	154.88	178.50	194.25	255.94
70	137.81	170.63	195.56	212.63	280.88
71	150.94	187.69	216.56	234.94	309.75
72	166.69	208.69	240.19	261.19	342.56
73	185.06	232.31	267.75	291.38	380.63
74	204.75	257.25	297.94	324.19	421.31
75	227.06	286.13	332.06	360.94	467.25
76	250.69	317.63	368.81	401.63	517.13
77	276.94	350.44	408.19	444.94	570.94
78	304.50	385.88	451.50	492.19	628.69
79	333.38	425.25	497.44	542.06	690.38
80	364.88				
81	397.69				
82	433.13				
83	469.88				
84	507.94				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0081-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	47.25	59.06	68.25	74.81	98.44
45-49	52.50	65.63	76.13	82.69	108.94
50-54	64.31	80.06	93.19	101.06	139.13
55	73.50	93.19	107.63	116.81	161.44
56	77.44	98.44	114.19	123.38	169.31
57	82.69	105.00	120.75	131.25	179.81
58	87.94	111.56	128.63	140.44	190.31
59	94.50	119.44	137.81	149.63	202.13
60	101.06	127.31	147.00	158.81	215.25
61	107.63	136.50	157.50	170.63	229.69
62	115.50	145.69	168.00	182.44	245.44
63	123.38	154.88	178.50	194.25	262.50
64	131.25	165.38	190.31	207.38	279.56
65	139.13	175.88	203.44	220.50	297.94
66	149.63	187.69	216.56	236.25	318.94
67	160.13	202.13	233.63	254.63	343.88
68	171.94	217.88	252.00	275.63	371.44
69	185.06	233.63	273.00	297.94	400.31
70	199.50	253.31	295.31	322.88	431.81
71	216.56	274.31	320.25	350.44	468.56
72	234.94	297.94	349.13	381.94	509.25
73	255.94	325.50	381.94	417.38	555.19
74	279.56	355.69	417.38	456.75	605.06
75	305.81	388.50	455.44	498.75	660.19
76	332.06	425.25	497.44	544.69	719.25
77	360.94	463.31	542.06	594.56	782.25
78	389.81	505.31	589.31	647.06	849.19
79	421.31	548.63	640.50	703.50	921.38
80	454.13				
81	486.94				
82	522.38				
83	559.13				
84	597.19				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0081-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	52.50	66.94	77.44	85.31	110.25
45-49	59.06	73.50	86.63	93.19	123.38
50-54	72.19	90.56	106.31	115.50	156.19
55	81.38	103.69	122.06	132.56	178.50
56	85.31	108.94	128.63	139.13	186.38
57	90.56	115.50	135.19	147.00	196.88
58	95.81	122.06	143.06	156.19	208.69
59	102.38	129.94	152.25	165.38	221.81
60	110.25	139.13	161.44	175.88	234.94
61	118.13	148.31	171.94	186.38	250.69
62	126.00	158.81	182.44	199.50	267.75
63	133.88	169.31	194.25	211.31	286.13
64	141.75	179.81	207.38	225.75	303.19
65	150.94	190.31	220.50	240.19	324.19
66	161.44	203.44	236.25	258.56	345.19
67	173.25	219.19	254.63	278.25	372.75
68	186.38	236.25	275.63	301.88	401.63
69	200.81	253.31	296.63	325.50	433.13
70	216.56	275.63	321.56	351.75	467.25
71	233.63	297.94	349.13	381.94	506.63
72	254.63	324.19	379.31	416.06	551.25
73	276.94	354.38	414.75	454.13	601.13
74	301.88	385.88	452.81	496.13	654.94
75	329.44	421.31	493.50	540.75	714.00
76	358.31	459.38	538.13	589.31	775.69
77	387.19	498.75	585.38	641.81	843.94
78	418.69	542.06	636.56	698.25	914.81
79	450.19	588.00	690.38	757.31	992.25
80	485.63				
81	519.75				
82	557.81				
83	595.88				
84	635.25				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0081-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	55.13	69.56	81.38	89.25	115.50
45-49	61.69	77.44	90.56	98.44	128.63
50-54	76.13	95.81	111.56	120.75	162.75
55	85.31	107.63	127.31	139.13	185.06
56	89.25	112.88	133.88	145.69	194.25
57	94.50	119.44	140.44	153.56	204.75
58	99.75	127.31	148.31	162.75	216.56
59	106.31	135.19	157.50	171.94	229.69
60	114.19	144.38	166.69	182.44	244.13
61	122.06	153.56	177.19	192.94	259.88
62	129.94	164.06	189.00	206.06	276.94
63	137.81	174.56	200.81	219.19	295.31
64	147.00	185.06	213.94	233.63	313.69
65	156.19	196.88	228.38	249.38	334.69
66	166.69	210.00	245.44	267.75	357.00
67	178.50	225.75	263.81	288.75	384.56
68	191.63	244.13	284.81	312.38	414.75
69	207.38	262.50	307.13	337.31	447.56
70	223.13	284.81	332.06	364.88	483.00
71	241.50	308.44	360.94	395.06	523.69
72	262.50	336.00	392.44	430.50	569.63
73	286.13	366.19	427.88	469.88	620.81
74	311.06	399.00	467.25	513.19	675.94
75	338.63	434.44	509.25	559.13	736.31
76	368.81	473.81	555.19	609.00	800.63
77	399.00	514.50	603.75	662.81	870.19
78	430.50	557.81	656.25	720.56	943.69
79	463.31	605.06	711.38	780.94	1022.44
80	498.75				
81	534.19				
82	572.25				
83	611.63				
84	652.31				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0081-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	35.44	43.31	51.19	55.13	73.50
45-49	39.38	48.56	56.44	61.69	81.38
50-54	51.19	63.00	72.19	80.06	105.00
55	59.06	72.19	84.00	91.88	124.69
56	61.69	76.13	87.94	95.81	132.56
57	65.63	81.38	94.50	102.38	141.75
58	70.88	87.94	102.38	110.25	152.25
59	76.13	94.50	110.25	119.44	164.06
60	82.69	103.69	119.44	129.94	175.88
61	90.56	111.56	129.94	140.44	190.31
62	97.13	120.75	140.44	152.25	204.75
63	103.69	129.94	150.94	162.75	220.50
64	111.56	139.13	161.44	174.56	236.25
65	118.13	148.31	171.94	186.38	253.31
66	127.31	160.13	185.06	200.81	273.00
67	137.81	173.25	200.81	217.88	296.63
68	149.63	189.00	219.19	237.56	322.88
69	162.75	206.06	238.88	259.88	351.75
70	177.19	224.44	261.19	284.81	384.56
71	194.25	246.75	286.13	312.38	420.00
72	212.63	270.38	315.00	343.88	460.69
73	233.63	297.94	346.50	379.31	506.63
74	257.25	326.81	381.94	417.38	555.19
75	282.19	359.63	420.00	459.38	609.00
76	309.75	393.75	460.69	505.31	668.06
77	337.31	431.81	505.31	553.88	729.75
78	366.19	471.19	552.56	606.38	796.69
79	397.69	514.50	602.44	661.50	866.25
80	430.50				
81	464.63				
82	500.06				
83	536.81				
84	576.19				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0081-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	40.69	51.19	59.06	63.00	84.00
45-49	45.94	56.44	64.31	70.88	93.19
50-54	56.44	70.88	82.69	90.56	118.13
55	65.63	81.38	94.50	102.38	139.13
56	69.56	86.63	99.75	108.94	147.00
57	73.50	91.88	106.31	115.50	157.50
58	78.75	98.44	114.19	124.69	168.00
59	84.00	105.00	122.06	133.88	179.81
60	90.56	114.19	132.56	144.38	192.94
61	98.44	122.06	143.06	156.19	207.38
62	105.00	131.25	153.56	168.00	221.81
63	112.88	140.44	165.38	179.81	238.88
64	120.75	150.94	175.88	191.63	255.94
65	128.63	161.44	187.69	204.75	273.00
66	139.13	174.56	202.13	220.50	295.31
67	150.94	187.69	219.19	237.56	320.25
68	164.06	204.75	238.88	259.88	349.13
69	177.19	223.13	259.88	283.50	380.63
70	191.63	242.81	283.50	308.44	414.75
71	208.69	266.44	309.75	338.63	454.13
72	228.38	291.38	341.25	372.75	497.44
73	250.69	321.56	375.38	410.81	546.00
74	275.63	353.06	412.13	451.50	599.81
75	303.19	387.19	454.13	497.44	657.56
76	332.06	423.94	498.75	547.31	720.56
77	362.25	464.63	546.00	598.50	787.50
78	392.44	507.94	597.19	654.94	859.69
79	426.56	553.88	651.00	715.31	935.81
80	460.69				
81	497.44				
82	534.19				
83	572.25				
84	614.25				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0081-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	43.31	53.81	61.69	66.94	89.25
45-49	48.56	59.06	68.25	74.81	98.44
50-54	59.06	73.50	86.63	94.50	123.38
55	68.25	85.31	99.75	107.63	145.69
56	72.19	90.56	105.00	114.19	153.56
57	76.13	95.81	111.56	120.75	164.06
58	81.38	102.38	119.44	129.94	174.56
59	87.94	110.25	127.31	139.13	186.38
60	94.50	118.13	137.81	150.94	199.50
61	101.06	127.31	148.31	162.75	213.94
62	108.94	136.50	158.81	174.56	229.69
63	116.81	145.69	170.63	186.38	246.75
64	124.69	156.19	182.44	199.50	263.81
65	133.88	166.69	194.25	212.63	282.19
66	144.38	179.81	210.00	228.38	304.50
67	156.19	194.25	227.06	246.75	330.75
68	169.31	211.31	246.75	269.06	359.63
69	182.44	229.69	269.06	292.69	392.44
70	198.19	250.69	292.69	318.94	427.88
71	215.25	274.31	320.25	350.44	468.56
72	234.94	300.56	351.75	384.56	513.19
73	258.56	330.75	387.19	423.94	563.06
74	283.50	363.56	425.25	465.94	619.50
75	312.38	399.00	468.56	513.19	678.56
76	341.25	437.06	514.50	564.38	742.88
77	372.75	479.06	563.06	618.19	812.44
78	404.25	523.69	615.56	675.94	885.94
79	438.38	570.94	672.00	738.94	964.69
80	473.81				
81	510.56				
82	548.63				
83	588.00				
84	630.00				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0081-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	28.88	35.44	38.06	42.00	53.81
45-49	32.81	40.69	43.31	45.94	60.38
50-54	40.69	47.25	53.81	57.75	73.50
55	45.94	55.13	61.69	66.94	87.94
56	49.88	59.06	66.94	70.88	93.19
57	52.50	63.00	70.88	76.13	99.75
58	57.75	68.25	77.44	81.38	107.63
59	61.69	73.50	84.00	89.25	116.81
60	66.94	80.06	90.56	97.13	128.63
61	72.19	86.63	98.44	106.31	139.13
62	78.75	94.50	107.63	115.50	150.94
63	85.31	102.38	115.50	124.69	164.06
64	89.25	107.63	124.69	133.88	174.56
65	95.81	115.50	133.88	143.06	186.38
66	102.38	124.69	145.69	156.19	202.13
67	111.56	136.50	157.50	169.31	220.50
68	122.06	148.31	171.94	186.38	242.81
69	132.56	162.75	189.00	203.44	265.13
70	145.69	177.19	204.75	224.44	291.38
71	158.81	195.56	227.06	246.75	321.56
72	175.88	217.88	252.00	274.31	357.00
73	194.25	242.81	280.88	305.81	396.38
74	216.56	270.38	312.38	341.25	439.69
75	241.50	299.25	347.81	379.31	488.25
76	265.13	332.06	385.88	421.31	540.75
77	294.00	367.50	427.88	465.94	597.19
78	322.88	405.56	472.50	515.81	657.56
79	355.69	446.25	519.75	567.00	723.19
80	388.50				
81	425.25				
82	463.31				
83	504.00				
84	546.00				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0081-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	34.13	42.00	45.94	47.25	63.00
45-49	38.06	45.94	51.19	53.81	69.56
50-54	44.63	53.81	61.69	66.94	86.63
55	52.50	61.69	69.56	76.13	99.75
56	55.13	64.31	73.50	80.06	105.00
57	59.06	69.56	78.75	85.31	112.88
58	63.00	76.13	85.31	90.56	120.75
59	68.25	81.38	93.19	99.75	129.94
60	72.19	89.25	99.75	107.63	140.44
61	78.75	95.81	110.25	119.44	152.25
62	85.31	103.69	119.44	128.63	165.38
63	90.56	111.56	128.63	137.81	178.50
64	97.13	119.44	136.50	147.00	191.63
65	105.00	126.00	147.00	156.19	204.75
66	111.56	136.50	157.50	168.00	221.81
67	120.75	148.31	169.31	183.75	242.81
68	131.25	160.13	186.38	202.13	265.13
69	143.06	175.88	203.44	220.50	290.06
70	157.50	194.25	221.81	242.81	320.25
71	171.94	212.63	246.75	267.75	351.75
72	190.31	237.56	273.00	297.94	388.50
73	211.31	263.81	304.50	332.06	431.81
74	233.63	294.00	339.94	368.81	479.06
75	259.88	325.50	378.00	410.81	531.56
76	286.13	360.94	420.00	456.75	588.00
77	316.31	399.00	464.63	506.63	649.69
78	347.81	439.69	514.50	560.44	715.31
79	381.94	484.31	565.69	615.56	786.19
80	417.38				
81	455.44				
82	496.13				
83	536.81				
84	582.75				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0081-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	35.44	43.31	49.88	51.19	66.94
45-49	40.69	47.25	53.81	57.75	73.50
50-54	45.94	57.75	64.31	69.56	93.19
55	53.81	64.31	72.19	78.75	105.00
56	57.75	68.25	77.44	84.00	111.56
57	60.38	72.19	81.38	89.25	116.81
58	64.31	78.75	87.94	95.81	126.00
59	69.56	85.31	95.81	105.00	136.50
60	76.13	93.19	105.00	112.88	147.00
61	81.38	99.75	114.19	123.38	158.81
62	87.94	107.63	123.38	132.56	171.94
63	94.50	115.50	132.56	141.75	185.06
64	99.75	123.38	140.44	150.94	198.19
65	107.63	131.25	150.94	162.75	212.63
66	115.50	140.44	162.75	174.56	229.69
67	124.69	152.25	175.88	190.31	252.00
68	136.50	166.69	192.94	208.69	274.31
69	148.31	182.44	210.00	228.38	300.56
70	162.75	200.81	229.69	250.69	330.75
71	177.19	220.50	254.63	276.94	364.88
72	195.56	245.44	282.19	307.13	402.94
73	217.88	273.00	315.00	342.56	447.56
74	241.50	303.19	350.44	381.94	496.13
75	267.75	336.00	391.13	425.25	549.94
76	295.31	374.06	434.44	472.50	609.00
77	325.50	412.13	480.38	523.69	672.00
78	358.31	454.13	531.56	578.81	740.25
79	392.44	500.06	585.38	637.88	812.44
80	429.19				
81	467.25				
82	509.25				
83	552.56				
84	597.19				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0081-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	55.13	69.56	80.06	87.94	115.50
45-49	61.69	77.44	89.25	97.13	128.63
50-54	76.13	94.50	110.25	119.44	164.06
55	86.63	110.25	126.00	137.81	190.31
56	90.56	115.50	133.88	145.69	199.50
57	97.13	123.38	141.75	154.88	211.31
58	103.69	131.25	150.94	165.38	224.44
59	111.56	140.44	162.75	175.88	237.56
60	119.44	149.63	173.25	186.38	253.31
61	126.00	160.13	185.06	200.81	270.38
62	136.50	171.94	198.19	215.25	288.75
63	145.69	182.44	210.00	228.38	308.44
64	154.88	194.25	224.44	244.13	329.44
65	164.06	207.38	238.88	259.88	350.44
66	175.88	220.50	254.63	278.25	375.38
67	189.00	237.56	274.31	299.25	404.25
68	202.13	255.94	296.63	324.19	437.06
69	217.88	274.31	321.56	350.44	471.19
70	234.94	297.94	347.81	379.31	507.94
71	254.63	322.88	376.69	412.13	551.25
72	276.94	350.44	410.81	448.88	598.50
73	300.56	383.25	448.88	490.88	653.63
74	329.44	418.69	490.88	536.81	711.38
75	359.63	456.75	535.50	586.69	777.00
76	391.13	500.06	585.38	640.50	846.56
77	425.25	544.69	637.88	699.56	920.06
78	458.06	594.56	693.00	761.25	998.81
79	496.13	645.75	753.38	828.19	1084.13
80	534.19				
81	572.25				
82	614.25				
83	657.56				
84	702.19				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0081-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	61.69	78.75	90.56	99.75	129.94
45-49	69.56	86.63	102.38	110.25	145.69
50-54	85.31	106.31	124.69	136.50	183.75
55	95.81	122.06	143.06	156.19	210.00
56	99.75	128.63	150.94	164.06	219.19
57	106.31	136.50	158.81	173.25	231.00
58	112.88	143.06	168.00	183.75	245.44
59	120.75	152.25	178.50	194.25	261.19
60	129.94	164.06	190.31	207.38	276.94
61	139.13	174.56	202.13	219.19	295.31
62	148.31	186.38	215.25	234.94	315.00
63	157.50	199.50	228.38	248.06	336.00
64	166.69	211.31	244.13	265.13	357.00
65	177.19	224.44	259.88	282.19	381.94
66	190.31	238.88	278.25	304.50	405.56
67	203.44	257.25	299.25	326.81	438.38
68	219.19	278.25	324.19	355.69	472.50
69	236.25	297.94	349.13	383.25	509.25
70	254.63	324.19	378.00	413.44	549.94
71	274.31	350.44	410.81	448.88	595.88
72	299.25	381.94	446.25	489.56	648.38
73	325.50	417.38	488.25	534.19	707.44
74	355.69	454.13	532.88	584.06	770.44
75	387.19	496.13	580.13	636.56	840.00
76	421.31	540.75	632.63	693.00	912.19
77	455.44	586.69	689.06	754.69	992.25
78	492.19	637.88	749.44	821.63	1076.25
79	530.25	691.69	812.44	891.19	1166.81
80	570.94				
81	611.63				
82	656.25				
83	700.88				
84	746.81				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0081-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	64.31	81.38	95.81	105.00	136.50
45-49	72.19	90.56	106.31	115.50	150.94
50-54	89.25	112.88	131.25	141.75	191.63
55	99.75	126.00	149.63	164.06	217.88
56	105.00	132.56	157.50	171.94	228.38
57	111.56	140.44	165.38	181.13	241.50
58	116.81	149.63	174.56	191.63	254.63
59	124.69	158.81	185.06	202.13	270.38
60	133.88	169.31	195.56	215.25	287.44
61	143.06	181.13	208.69	227.06	305.81
62	152.25	192.94	221.81	242.81	325.50
63	162.75	204.75	236.25	257.25	347.81
64	173.25	217.88	252.00	274.31	368.81
65	183.75	231.00	269.06	294.00	393.75
66	195.56	246.75	288.75	315.00	420.00
67	210.00	265.13	309.75	339.94	452.81
68	225.75	287.44	334.69	367.50	488.25
69	244.13	308.44	360.94	396.38	526.31
70	262.50	334.69	391.13	429.19	568.31
71	283.50	362.25	425.25	464.63	615.56
72	308.44	395.06	462.00	506.63	670.69
73	336.00	430.50	504.00	552.56	729.75
74	366.19	469.88	549.94	603.75	795.38
75	399.00	510.56	598.50	657.56	866.25
76	434.44	557.81	653.63	716.63	942.38
77	469.88	605.06	710.06	779.63	1023.75
78	506.63	656.25	771.75	847.88	1110.38
79	544.69	711.38	837.38	918.75	1202.25
80	586.69				
81	628.69				
82	673.31				
83	719.25				
84	767.81				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0081-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	42.00	51.19	60.38	64.31	86.63
45-49	45.94	57.75	66.94	72.19	95.81
50-54	60.38	73.50	85.31	94.50	123.38
55	69.56	85.31	98.44	107.63	147.00
56	72.19	89.25	103.69	112.88	156.19
57	77.44	95.81	111.56	120.75	166.69
58	84.00	103.69	120.75	129.94	178.50
59	89.25	111.56	129.94	140.44	192.94
60	97.13	122.06	140.44	152.25	207.38
61	106.31	131.25	152.25	165.38	224.44
62	114.19	141.75	165.38	178.50	241.50
63	122.06	152.25	177.19	191.63	259.88
64	131.25	164.06	190.31	204.75	278.25
65	139.13	174.56	202.13	219.19	297.94
66	149.63	189.00	217.88	236.25	321.56
67	162.75	203.44	236.25	255.94	349.13
68	175.88	221.81	257.25	279.56	379.31
69	191.63	242.81	280.88	305.81	413.44
70	208.69	263.81	307.13	334.69	452.81
71	228.38	290.06	336.00	367.50	493.50
72	250.69	317.63	370.13	404.25	542.06
73	274.31	350.44	408.19	446.25	595.88
74	303.19	384.56	448.88	490.88	653.63
75	332.06	422.63	493.50	540.75	716.63
76	364.88	463.31	542.06	594.56	786.19
77	396.38	507.94	594.56	651.00	858.38
78	430.50	553.88	649.69	714.00	937.13
79	467.25	605.06	708.75	778.31	1018.50
80	506.63				
81	546.00				
82	588.00				
83	631.31				
84	677.25				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0081-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	47.25	60.38	69.56	73.50	98.44
45-49	53.81	66.94	76.13	84.00	110.25
50-54	66.94	84.00	97.13	106.31	139.13
55	77.44	95.81	111.56	120.75	164.06
56	81.38	102.38	116.81	128.63	173.25
57	86.63	107.63	124.69	136.50	185.06
58	93.19	115.50	133.88	147.00	198.19
59	98.44	123.38	143.06	157.50	211.31
60	106.31	133.88	156.19	169.31	227.06
61	115.50	143.06	168.00	183.75	244.13
62	123.38	154.88	181.13	198.19	261.19
63	132.56	165.38	194.25	211.31	280.88
64	141.75	177.19	207.38	225.75	300.56
65	150.94	190.31	220.50	241.50	321.56
66	164.06	204.75	237.56	259.88	347.81
67	177.19	220.50	257.25	279.56	376.69
68	192.94	241.50	280.88	305.81	410.81
69	208.69	262.50	305.81	333.38	447.56
70	225.75	286.13	333.38	362.25	488.25
71	245.44	313.69	364.88	399.00	534.19
72	269.06	342.56	401.63	438.38	585.38
73	295.31	378.00	441.00	483.00	641.81
74	324.19	414.75	484.31	531.56	706.13
75	357.00	455.44	534.19	585.38	773.06
76	391.13	498.75	586.69	644.44	847.88
77	426.56	546.00	641.81	703.50	926.63
78	462.00	597.19	702.19	770.44	1011.94
79	501.38	651.00	766.50	841.31	1101.19
80	542.06				
81	585.38				
82	628.69				
83	673.31				
84	723.19				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0081-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	51.19	63.00	72.19	78.75	105.00
45-49	57.75	69.56	80.06	87.94	115.50
50-54	69.56	86.63	102.38	111.56	145.69
55	80.06	99.75	116.81	126.00	171.94
56	85.31	106.31	123.38	133.88	181.13
57	89.25	112.88	131.25	141.75	192.94
58	95.81	120.75	140.44	152.25	204.75
59	103.69	129.94	149.63	164.06	219.19
60	111.56	139.13	162.75	177.19	234.94
61	119.44	149.63	174.56	191.63	252.00
62	128.63	160.13	186.38	204.75	270.38
63	137.81	171.94	200.81	219.19	290.06
64	147.00	183.75	215.25	234.94	309.75
65	157.50	195.56	228.38	250.69	332.06
66	169.31	211.31	246.75	269.06	358.31
67	183.75	228.38	267.75	290.06	388.50
68	199.50	248.06	290.06	316.31	422.63
69	215.25	270.38	316.31	343.88	462.00
70	233.63	295.31	343.88	375.38	504.00
71	253.31	322.88	376.69	412.13	551.25
72	276.94	353.06	413.44	452.81	603.75
73	304.50	388.50	455.44	498.75	662.81
74	333.38	427.88	500.06	548.63	728.44
75	367.50	469.88	551.25	603.75	798.00
76	401.63	514.50	605.06	664.13	874.13
77	438.38	563.06	662.81	727.13	955.50
78	475.13	615.56	724.50	795.38	1042.13
79	515.81	672.00	790.13	868.88	1135.31
80	557.81				
81	601.13				
82	645.75				
83	691.69				
84	741.56				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0081-A87
Long-Term Care Policy

WITH SURVIVORSHIP BENEFIT RIDER R1-N0103-SERIES

When this rider is chosen, multiply the final premium by the appropriate factor.

ISSUE AGE	NO INFLATION PROTECTION	SIMPLE INFLATION PROTECTION	COMPOUND INFLATION PROTECTION
18-44	1.11	1.17	1.17
45-49	1.14	1.21	1.21
50-54	1.18	1.28	1.28
55	1.20	1.30	1.30
56	1.20	1.30	1.30
57	1.21	1.30	1.30
58	1.21	1.30	1.30
59	1.21	1.30	1.30
60	1.21	1.30	1.30
61	1.21	1.30	1.30
62	1.21	1.29	1.29
63	1.21	1.29	1.29
64	1.21	1.28	1.28
65	1.20	1.27	1.27
66	1.20	1.26	1.26
67	1.20	1.26	1.26
68	1.19	1.25	1.25
69	1.19	1.24	1.24
70	1.18	1.23	1.23
71	1.18	1.22	1.22
72	1.17	1.20	1.20
73	1.16	1.19	1.19
74	1.16	1.18	1.18
75	1.15	1.17	1.17
76	1.14	1.16	1.16
77	1.13	1.15	1.15
78	1.12	1.14	1.14
79	1.11	1.13	1.13
80	1.10	1.12	1.12
81	1.09	1.11	1.11
82	1.08	1.10	1.10
83	1.07	1.09	1.09
84	1.06	1.08	1.08

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0081-A87
Long-Term Care Policy

Elimination Period Factors

Rates shown are for 30 day elimination period. Rates for other elimination periods are calculated by multiplying the 30 day rates by the appropriate factor from the following table:

Benefit Maximum	0	14	20	60	90	100	180	365
730x,1095x	1.12	1.07	1.03	0.94	0.90	0.89	0.78	0.67
1460x,1825x	1.10	1.05	1.03	0.95	0.90	0.89	0.79	0.69
Lifetime	1.08	1.04	1.03	0.96	0.92	0.91	0.84	0.75

Multi-Life Discount

A 5%, 10%, 15% or 20% discount to the rates is available for qualifying Associations of 10 or more lives.

Spousal Discount

A 20% discount to the rates is available to married couples if both spouses apply for coverage.

Dual Waiver of Premium Rider R1-N0104-Series

An optional dual waiver of premium rider will be offered. If one spouse qualifies for a waiver of premium, the premium of the other spouse will also be waived. If chosen, multiply the final premium by 1.06.

Shared Advantage Rider R1-N0105-Series

This rider will allow two covered spouses to purchase an additional benefit amount that can be used by either spouse after their base benefits are exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	No Inflation Protection	With Inflation Protection
730x	1.30	1.35
1095x	1.21	1.25
1460x	1.15	1.18
1825x	1.12	1.14

Restoration of Benefits Rider R1-N0108-Series

This rider restores the maximum lifetime benefit if the insured has not met the stipulated conditions for a period of 180 consecutive days and the maximum lifetime benefit has not been exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	Factor
730x	1.08
1095x	1.06
1460x,1825x	1.04

Cost of Living Increase Rider R1-N0107-Series

This rider allows the insured to increase their policy limits, subject to the terms of the rider, every three years without additional underwriting. The additional premium charged is based on the attained age and incremental increase in the maximum daily facility benefit when exercised. If chosen, multiply the final premium by the appropriate factor:

Age	Factor
18-44	1.15
45-49	1.12
50-55	1.10
56-58	1.09
59-61	1.08
62-64	1.07
65-67	1.06
68-70	1.05
71-73	1.04
74-76	1.03

Modal Factors

Semi-Annual: 0.52; Quarterly: 0.27; Check-A-Matic: 0.09

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604

Supplement to Rate Sheets for Policy Form P1-N0085-A87
PENNSYLVANIA

All rates for this form should be multiplied by a factor of: 1.9425

This factor represents the **proposed** increase of: 29.5%

And the following prior approved rate increases:

Policy Form	Increase Applies to all Policies or Subsets	Rate Increase Approved	Approval Date of Rate Increase
P1-N0085-A87	--Yes--	20.00%	3/14/2013
P1-N0085-A87	--Yes--	25.00%	12/3/2014

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0085-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	22.05	25.20	29.40	31.50	39.90
45-49	24.15	28.35	32.55	34.65	44.10
50-54	29.40	34.65	39.90	43.05	54.60
55	33.60	39.90	46.20	49.35	65.10
56	35.70	43.05	49.35	52.50	69.30
57	38.85	46.20	52.50	56.70	74.55
58	42.00	50.40	56.70	61.95	80.85
59	46.20	54.60	61.95	67.20	88.20
60	50.40	59.85	68.25	74.55	95.55
61	54.60	66.15	74.55	80.85	103.95
62	58.80	71.40	80.85	88.20	113.40
63	63.00	76.65	87.15	94.50	121.80
64	67.20	81.90	93.45	100.80	131.25
65	71.40	88.20	99.75	108.15	140.70
66	77.70	94.50	108.15	116.55	152.25
67	84.00	102.90	117.60	127.05	165.90
68	91.35	112.35	129.15	139.65	182.70
69	99.75	122.85	141.75	153.30	200.55
70	109.20	134.40	155.40	169.05	220.50
71	120.75	149.10	172.20	187.95	243.60
72	134.40	165.90	192.15	210.00	271.95
73	150.15	185.85	215.25	235.20	304.50
74	166.95	207.90	241.50	263.55	340.20
75	186.90	233.10	270.90	295.05	379.05
76	207.90	260.40	302.40	329.70	422.10
77	231.00	289.80	337.05	366.45	469.35
78	256.20	322.35	374.85	406.35	519.75
79	283.50	355.95	414.75	449.40	574.35
80	311.85				
81	343.35				
82	375.90				
83	410.55				
84	447.30				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0085-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	26.25	31.50	35.70	37.80	48.30
45-49	28.35	34.65	38.85	42.00	53.55
50-54	33.60	40.95	47.25	51.45	67.20
55	39.90	47.25	53.55	57.75	76.65
56	42.00	50.40	56.70	60.90	80.85
57	45.15	53.55	60.90	65.10	86.10
58	48.30	57.75	65.10	70.35	92.40
59	52.50	63.00	71.40	76.65	99.75
60	56.70	68.25	77.70	84.00	109.20
61	60.90	74.55	85.05	91.35	117.60
62	66.15	79.80	92.40	99.75	128.10
63	71.40	86.10	98.70	106.05	137.55
64	75.60	92.40	105.00	114.45	148.05
65	80.85	99.75	112.35	121.80	159.60
66	87.15	106.05	121.80	132.30	172.20
67	94.50	116.55	132.30	143.85	187.95
68	102.90	127.05	144.90	158.55	205.80
69	112.35	138.60	159.60	173.25	226.80
70	122.85	152.25	175.35	190.05	248.85
71	134.40	168.00	194.25	211.05	276.15
72	150.15	186.90	216.30	236.25	307.65
73	166.95	208.95	242.55	263.55	343.35
74	185.85	234.15	271.95	296.10	383.25
75	207.90	261.45	304.50	330.75	427.35
76	231.00	290.85	340.20	370.65	476.70
77	257.25	324.45	378.00	411.60	529.20
78	284.55	360.15	420.00	456.75	584.85
79	313.95	399.00	465.15	506.10	646.80
80	345.45				
81	379.05				
82	413.70				
83	451.50				
84	491.40				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0085-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	27.30	33.60	37.80	40.95	52.50
45-49	30.45	36.75	42.00	45.15	57.75
50-54	35.70	44.10	50.40	54.60	72.45
55	42.00	50.40	56.70	61.95	80.85
56	44.10	53.55	59.85	65.10	85.05
57	47.25	56.70	64.05	69.30	90.30
58	50.40	60.90	69.30	74.55	97.65
59	54.60	66.15	75.60	80.85	105.00
60	59.85	71.40	81.90	88.20	114.45
61	64.05	77.70	89.25	95.55	123.90
62	69.30	84.00	96.60	103.95	134.40
63	74.55	90.30	103.95	111.30	144.90
64	78.75	96.60	110.25	119.70	155.40
65	85.05	103.95	117.60	128.10	166.95
66	91.35	111.30	127.05	138.60	180.60
67	98.70	121.80	138.60	151.20	197.40
68	107.10	133.35	152.25	165.90	216.30
69	117.60	144.90	166.95	181.65	237.30
70	128.10	159.60	183.75	199.50	261.45
71	140.70	175.35	203.70	221.55	289.80
72	156.45	195.30	226.80	246.75	322.35
73	174.30	218.40	254.10	276.15	360.15
74	194.25	244.65	284.55	309.75	402.15
75	217.35	273.00	318.15	346.50	448.35
76	241.50	304.50	355.95	387.45	499.80
77	267.75	339.15	395.85	431.55	554.40
78	296.10	375.90	438.90	478.80	613.20
79	326.55	416.85	486.15	530.25	677.25
80	359.10				
81	393.75				
82	430.50				
83	469.35				
84	510.30				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0085-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	42.00	51.45	58.80	63.00	86.10
45-49	46.20	56.70	65.10	70.35	95.55
50-54	56.70	70.35	80.85	89.25	121.80
55	66.15	81.90	94.50	102.90	140.70
56	69.30	86.10	99.75	109.20	149.10
57	73.50	91.35	106.05	115.50	157.50
58	78.75	97.65	113.40	122.85	166.95
59	82.95	103.95	120.75	131.25	177.45
60	89.25	111.30	128.10	139.65	189.00
61	95.55	118.65	137.55	149.10	201.60
62	101.85	127.05	147.00	159.60	215.25
63	108.15	135.45	157.50	170.10	229.95
64	115.50	143.85	166.95	181.65	244.65
65	122.85	153.30	178.50	194.25	261.45
66	131.25	164.85	191.10	207.90	281.40
67	141.75	177.45	206.85	224.70	303.45
68	153.30	192.15	223.65	243.60	328.65
69	164.85	207.90	241.50	263.55	354.90
70	178.50	225.75	262.50	286.65	385.35
71	193.20	245.70	285.60	311.85	418.95
72	211.05	268.80	312.90	342.30	457.80
73	232.05	295.05	344.40	376.95	501.90
74	255.15	324.45	379.05	414.75	550.20
75	280.35	355.95	416.85	455.70	603.75
76	306.60	390.60	457.80	501.90	661.50
77	334.95	428.40	502.95	550.20	723.45
78	364.35	468.30	551.25	602.70	789.60
79	395.85	511.35	602.70	658.35	861.00
80	428.40				
81	462.00				
82	497.70				
83	534.45				
84	573.30				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0085-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	48.30	59.85	69.30	75.60	99.75
45-49	53.55	67.20	76.65	84.00	111.30
50-54	66.15	82.95	95.55	103.95	140.70
55	74.55	94.50	109.20	118.65	161.70
56	77.70	99.75	115.50	124.95	170.10
57	81.90	105.00	121.80	132.30	178.50
58	87.15	111.30	129.15	140.70	189.00
59	93.45	117.60	136.50	150.15	200.55
60	100.80	124.95	145.95	158.55	212.10
61	107.10	133.35	155.40	169.05	226.80
62	114.45	142.80	165.90	180.60	241.50
63	121.80	151.20	177.45	193.20	258.30
64	129.15	161.70	187.95	205.80	275.10
65	137.55	172.20	201.60	219.45	294.00
66	147.00	184.80	215.25	235.20	315.00
67	157.50	199.50	233.10	254.10	340.20
68	170.10	215.25	252.00	275.10	368.55
69	183.75	234.15	271.95	298.20	397.95
70	199.50	254.10	296.10	324.45	431.55
71	216.30	276.15	322.35	352.80	469.35
72	236.25	302.40	352.80	386.40	513.45
73	259.35	330.75	387.45	425.25	561.75
74	284.55	363.30	425.25	466.20	615.30
75	311.85	399.00	467.25	511.35	675.15
76	341.25	435.75	512.40	561.75	739.20
77	371.70	477.75	560.70	615.30	807.45
78	404.25	520.80	614.25	672.00	880.95
79	437.85	569.10	668.85	732.90	958.65
80	473.55				
81	510.30				
82	548.10				
83	589.05				
84	631.05				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0085-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	51.45	64.05	73.50	80.85	106.05
45-49	56.70	71.40	81.90	90.30	117.60
50-54	70.35	88.20	101.85	110.25	149.10
55	78.75	99.75	115.50	126.00	170.10
56	81.90	105.00	121.80	132.30	178.50
57	86.10	110.25	128.10	139.65	187.95
58	91.35	116.55	135.45	148.05	198.45
59	97.65	123.90	143.85	157.50	210.00
60	105.00	131.25	153.30	166.95	222.60
61	112.35	139.65	162.75	177.45	237.30
62	119.70	149.10	174.30	190.05	253.05
63	127.05	158.55	185.85	202.65	269.85
64	135.45	169.05	197.40	216.30	287.70
65	143.85	180.60	211.05	229.95	307.65
66	153.30	193.20	225.75	246.75	329.70
67	164.85	208.95	243.60	266.70	355.95
68	177.45	225.75	263.55	288.75	385.35
69	192.15	244.65	285.60	312.90	416.85
70	207.90	265.65	309.75	340.20	451.50
71	225.75	288.75	338.10	370.65	491.40
72	246.75	316.05	369.60	405.30	536.55
73	270.90	346.50	405.30	445.20	588.00
74	297.15	380.10	445.20	488.25	643.65
75	325.50	416.85	488.25	535.50	705.60
76	355.95	455.70	535.50	586.95	771.75
77	387.45	498.75	585.90	642.60	843.15
78	421.05	543.90	640.50	701.40	919.80
79	455.70	593.25	697.20	765.45	1000.65
80	492.45				
81	530.25				
82	570.15				
83	612.15				
84	655.20				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0085-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	30.45	37.80	44.10	48.30	64.05
45-49	33.60	42.00	49.35	53.55	71.40
50-54	45.15	55.65	63.00	68.25	91.35
55	51.45	64.05	72.45	79.80	108.15
56	54.60	67.20	76.65	84.00	115.50
57	57.75	71.40	81.90	90.30	123.90
58	61.95	76.65	88.20	97.65	133.35
59	67.20	82.95	95.55	105.00	143.85
60	72.45	90.30	103.95	113.40	155.40
61	78.75	97.65	113.40	122.85	166.95
62	85.05	106.05	122.85	133.35	180.60
63	91.35	113.40	132.30	143.85	194.25
64	97.65	121.80	141.75	153.30	207.90
65	105.00	130.20	151.20	164.85	223.65
66	113.40	139.65	162.75	177.45	241.50
67	122.85	152.25	177.45	193.20	262.50
68	133.35	165.90	194.25	211.05	286.65
69	144.90	181.65	212.10	231.00	312.90
70	157.50	198.45	232.05	253.05	342.30
71	172.20	218.40	255.15	279.30	374.85
72	190.05	241.50	282.45	308.70	413.70
73	210.00	267.75	312.90	342.30	456.75
74	233.10	296.10	347.55	380.10	505.05
75	257.25	328.65	384.30	421.05	557.55
76	283.50	363.30	424.20	465.15	614.25
77	311.85	400.05	468.30	513.45	675.15
78	341.25	439.95	515.55	564.90	740.25
79	372.75	483.00	564.90	620.55	810.60
80	405.30				
81	439.95				
82	475.65				
83	513.45				
84	553.35				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0085-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	36.75	46.20	52.50	57.75	75.60
45-49	40.95	50.40	58.80	64.05	84.00
50-54	51.45	64.05	74.55	80.85	106.05
55	59.85	74.55	85.05	93.45	126.00
56	63.00	78.75	90.30	97.65	134.40
57	66.15	82.95	95.55	103.95	142.80
58	71.40	89.25	102.90	112.35	153.30
59	76.65	96.60	111.30	120.75	163.80
60	82.95	103.95	119.70	130.20	175.35
61	89.25	111.30	129.15	140.70	187.95
62	96.60	120.75	139.65	152.25	202.65
63	102.90	129.15	150.15	162.75	217.35
64	110.25	137.55	160.65	174.30	233.10
65	118.65	148.05	171.15	185.85	249.90
66	127.05	158.55	183.75	200.55	269.85
67	137.55	172.20	200.55	217.35	292.95
68	149.10	186.90	218.40	237.30	320.25
69	161.70	204.75	238.35	259.35	349.65
70	176.40	223.65	261.45	284.55	383.25
71	193.20	245.70	286.65	312.90	420.00
72	212.10	270.90	317.10	346.50	463.05
73	234.15	299.25	350.70	383.25	511.35
74	259.35	331.80	388.50	425.25	564.90
75	286.65	366.45	429.45	470.40	622.65
76	316.05	404.25	473.55	519.75	686.70
77	346.50	445.20	521.85	573.30	753.90
78	379.05	488.25	573.30	630.00	826.35
79	412.65	535.50	628.95	690.90	904.05
80	448.35				
81	485.10				
82	525.00				
83	565.95				
84	609.00				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0085-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	39.90	49.35	56.70	61.95	80.85
45-49	44.10	54.60	63.00	68.25	89.25
50-54	54.60	68.25	78.75	86.10	112.35
55	63.00	78.75	90.30	98.70	133.35
56	66.15	82.95	95.55	103.95	141.75
57	70.35	88.20	101.85	110.25	151.20
58	75.60	94.50	109.20	118.65	161.70
59	80.85	101.85	117.60	127.05	172.20
60	87.15	109.20	127.05	137.55	183.75
61	93.45	117.60	136.50	148.05	197.40
62	100.80	127.05	147.00	159.60	212.10
63	108.15	136.50	157.50	171.15	227.85
64	115.50	144.90	168.00	182.70	243.60
65	123.90	155.40	179.55	195.30	261.45
66	132.30	166.95	193.20	210.00	281.40
67	143.85	180.60	210.00	227.85	306.60
68	156.45	196.35	228.90	248.85	334.95
69	169.05	214.20	249.90	271.95	365.40
70	184.80	234.15	274.05	298.20	400.05
71	201.60	257.25	300.30	327.60	438.90
72	221.55	283.50	331.80	362.25	484.05
73	244.65	312.90	367.50	401.10	534.45
74	270.90	346.50	406.35	444.15	590.10
75	299.25	382.20	448.35	491.40	651.00
76	329.70	422.10	494.55	542.85	717.15
77	361.20	464.10	544.95	598.50	787.50
78	394.80	509.25	598.50	658.35	863.10
79	429.45	558.60	656.25	721.35	943.95
80	466.20				
81	505.05				
82	546.00				
83	588.00				
84	632.10				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0085-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	26.25	29.40	34.65	36.75	47.25
45-49	28.35	33.60	37.80	40.95	51.45
50-54	34.65	40.95	47.25	50.40	64.05
55	39.90	47.25	54.60	57.75	76.65
56	42.00	50.40	57.75	61.95	81.90
57	46.20	54.60	61.95	67.20	88.20
58	49.35	58.80	67.20	72.45	95.55
59	54.60	64.05	72.45	78.75	103.95
60	58.80	70.35	79.80	88.20	112.35
61	64.05	77.70	88.20	95.55	121.80
62	69.30	84.00	95.55	103.95	133.35
63	74.55	90.30	102.90	111.30	142.80
64	78.75	96.60	110.25	118.65	154.35
65	84.00	103.95	117.60	127.05	165.90
66	91.35	111.30	127.05	137.55	179.55
67	98.70	120.75	138.60	149.10	195.30
68	107.10	132.30	152.25	163.80	215.25
69	117.60	144.90	166.95	180.60	236.25
70	128.10	158.55	182.70	198.45	259.35
71	141.75	175.35	202.65	221.55	286.65
72	158.55	195.30	225.75	246.75	320.25
73	176.40	218.40	253.05	277.20	358.05
74	196.35	244.65	284.55	309.75	400.05
75	219.45	274.05	319.20	347.55	446.25
76	244.65	306.60	355.95	387.45	496.65
77	271.95	341.25	396.90	431.55	552.30
78	301.35	379.05	441.00	477.75	611.10
79	333.90	418.95	488.25	529.20	676.20
80	366.45				
81	404.25				
82	442.05				
83	483.00				
84	526.05				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0085-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	30.45	36.75	42.00	44.10	56.70
45-49	33.60	40.95	46.20	49.35	63.00
50-54	39.90	48.30	55.65	60.90	78.75
55	47.25	55.65	63.00	68.25	90.30
56	49.35	58.80	67.20	71.40	95.55
57	53.55	63.00	71.40	76.65	100.80
58	56.70	68.25	76.65	82.95	109.20
59	61.95	74.55	84.00	90.30	117.60
60	67.20	79.80	91.35	98.70	128.10
61	71.40	88.20	99.75	107.10	138.60
62	77.70	93.45	109.20	117.60	151.20
63	84.00	100.80	116.55	124.95	161.70
64	89.25	109.20	123.90	134.40	174.30
65	95.55	117.60	132.30	142.80	187.95
66	102.90	124.95	142.80	155.40	202.65
67	111.30	137.55	155.40	169.05	221.55
68	120.75	149.10	170.10	186.90	242.55
69	132.30	162.75	187.95	203.70	266.70
70	144.90	179.55	205.80	223.65	292.95
71	158.55	197.40	228.90	247.80	324.45
72	176.40	219.45	254.10	278.25	362.25
73	196.35	245.70	285.60	309.75	404.25
74	218.40	275.10	320.25	348.60	450.45
75	244.65	307.65	358.05	389.55	502.95
76	271.95	342.30	400.05	435.75	560.70
77	302.40	382.20	445.20	484.05	622.65
78	334.95	424.20	494.55	537.60	687.75
79	369.60	469.35	547.05	595.35	761.25
80	406.35				
81	446.25				
82	487.20				
83	531.30				
84	578.55				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0085-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	32.55	39.90	44.10	48.30	61.95
45-49	35.70	43.05	49.35	53.55	68.25
50-54	42.00	51.45	58.80	64.05	85.05
55	49.35	58.80	67.20	72.45	95.55
56	51.45	63.00	70.35	76.65	99.75
57	55.65	67.20	75.60	81.90	106.05
58	58.80	71.40	81.90	88.20	114.45
59	64.05	77.70	89.25	95.55	123.90
60	70.35	84.00	96.60	103.95	134.40
61	75.60	91.35	105.00	112.35	145.95
62	81.90	98.70	113.40	121.80	158.55
63	88.20	106.05	121.80	131.25	170.10
64	92.40	113.40	130.20	140.70	182.70
65	99.75	121.80	138.60	151.20	196.35
66	107.10	131.25	149.10	162.75	212.10
67	116.55	142.80	162.75	177.45	232.05
68	126.00	156.45	179.55	195.30	254.10
69	138.60	170.10	196.35	214.20	279.30
70	151.20	187.95	216.30	235.20	307.65
71	165.90	205.80	239.40	260.40	341.25
72	183.75	229.95	266.70	289.80	379.05
73	204.75	257.25	299.25	324.45	424.20
74	228.90	287.70	334.95	364.35	473.55
75	256.20	321.30	373.80	407.40	527.10
76	284.55	358.05	418.95	455.70	588.00
77	315.00	399.00	466.20	508.20	652.05
78	348.60	442.05	516.60	562.80	721.35
79	384.30	490.35	572.25	623.70	796.95
80	422.10				
81	463.05				
82	506.10				
83	552.30				
84	600.60				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0085-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	49.35	60.90	69.30	74.55	100.80
45-49	54.60	67.20	76.65	82.95	112.35
50-54	67.20	82.95	95.55	105.00	142.80
55	77.70	96.60	111.30	120.75	165.90
56	81.90	100.80	117.60	128.10	175.35
57	86.10	107.10	124.95	135.45	184.80
58	92.40	114.45	133.35	144.90	196.35
59	97.65	121.80	141.75	154.35	208.95
60	105.00	131.25	151.20	163.80	222.60
61	112.35	139.65	161.70	175.35	237.30
62	119.70	149.10	173.25	187.95	253.05
63	127.05	159.60	184.80	200.55	270.90
64	135.45	169.05	196.35	214.20	287.70
65	144.90	180.60	210.00	228.90	307.65
66	154.35	194.25	224.70	244.65	330.75
67	166.95	208.95	243.60	264.60	357.00
68	180.60	225.75	263.55	286.65	386.40
69	194.25	244.65	284.55	309.75	417.90
70	210.00	265.65	308.70	337.05	453.60
71	226.80	288.75	336.00	366.45	492.45
72	247.80	316.05	368.55	403.20	538.65
73	273.00	347.55	405.30	443.10	590.10
74	300.30	382.20	446.25	488.25	646.80
75	329.70	418.95	490.35	536.55	709.80
76	361.20	459.90	538.65	590.10	778.05
77	393.75	504.00	592.20	646.80	851.55
78	428.40	551.25	648.90	708.75	929.25
79	466.20	601.65	708.75	774.90	1013.25
80	504.00				
81	543.90				
82	585.90				
83	628.95				
84	674.10				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0085-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	56.70	70.35	81.90	89.25	117.60
45-49	63.00	78.75	90.30	98.70	131.25
50-54	77.70	97.65	112.35	121.80	165.90
55	88.20	111.30	128.10	139.65	190.05
56	91.35	117.60	135.45	147.00	200.55
57	96.60	123.90	142.80	155.40	210.00
58	102.90	131.25	152.25	165.90	222.60
59	110.25	138.60	160.65	176.40	236.25
60	118.65	147.00	172.20	186.90	249.90
61	126.00	156.45	182.70	198.45	266.70
62	134.40	168.00	195.30	212.10	284.55
63	142.80	177.45	208.95	226.80	303.45
64	152.25	190.05	221.55	242.55	323.40
65	161.70	202.65	237.30	258.30	345.45
66	173.25	217.35	253.05	277.20	370.65
67	184.80	235.20	274.05	299.25	400.05
68	200.55	253.05	296.10	323.40	433.65
69	216.30	275.10	320.25	350.70	468.30
70	235.20	299.25	348.60	382.20	508.20
71	254.10	324.45	379.05	414.75	552.30
72	278.25	355.95	414.75	454.65	603.75
73	305.55	389.55	455.70	499.80	660.45
74	334.95	427.35	499.80	548.10	723.45
75	366.45	469.35	550.20	601.65	793.80
76	401.10	512.40	602.70	660.45	869.40
77	436.80	561.75	659.40	723.45	950.25
78	475.65	613.20	722.40	790.65	1036.35
79	515.55	669.90	786.45	862.05	1127.70
80	557.55				
81	600.60				
82	644.70				
83	693.00				
84	742.35				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0085-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	60.90	75.60	86.10	95.55	124.95
45-49	67.20	84.00	96.60	106.05	138.60
50-54	82.95	103.95	119.70	130.20	175.35
55	92.40	117.60	135.45	148.05	200.55
56	96.60	123.90	142.80	155.40	210.00
57	100.80	130.20	151.20	163.80	221.55
58	107.10	137.55	159.60	174.30	233.10
59	114.45	145.95	169.05	184.80	246.75
60	123.90	154.35	180.60	196.35	261.45
61	132.30	163.80	191.10	208.95	279.30
62	140.70	175.35	204.75	223.65	298.20
63	149.10	186.90	218.40	238.35	317.10
64	159.60	198.45	232.05	254.10	338.10
65	169.05	212.10	247.80	270.90	362.25
66	180.60	226.80	265.65	289.80	387.45
67	194.25	245.70	286.65	313.95	418.95
68	208.95	265.65	309.75	340.20	453.60
69	225.75	287.70	336.00	368.55	490.35
70	244.65	312.90	364.35	400.05	531.30
71	265.65	340.20	397.95	435.75	578.55
72	289.80	371.70	434.70	476.70	631.05
73	319.20	407.40	476.70	523.95	691.95
74	349.65	447.30	523.95	574.35	757.05
75	383.25	490.35	574.35	630.00	830.55
76	418.95	536.55	630.00	690.90	908.25
77	455.70	586.95	688.80	756.00	992.25
78	495.60	639.45	753.90	825.30	1082.55
79	536.55	698.25	820.05	900.90	1177.05
80	579.60				
81	623.70				
82	670.95				
83	720.30				
84	770.70				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0085-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	35.70	44.10	51.45	56.70	75.60
45-49	39.90	49.35	57.75	63.00	84.00
50-54	53.55	65.10	74.55	79.80	107.10
55	60.90	75.60	85.05	93.45	127.05
56	64.05	78.75	90.30	98.70	135.45
57	68.25	84.00	96.60	106.05	145.95
58	72.45	90.30	103.95	114.45	156.45
59	78.75	97.65	112.35	123.90	169.05
60	85.05	106.05	121.80	133.35	182.70
61	92.40	114.45	133.35	144.90	196.35
62	99.75	124.95	144.90	156.45	212.10
63	107.10	133.35	155.40	169.05	228.90
64	114.45	142.80	166.95	180.60	244.65
65	123.90	153.30	177.45	194.25	263.55
66	133.35	163.80	191.10	208.95	284.55
67	144.90	179.55	208.95	226.80	308.70
68	156.45	195.30	228.90	247.80	337.05
69	170.10	214.20	249.90	271.95	368.55
70	184.80	233.10	273.00	298.20	403.20
71	202.65	257.25	300.30	328.65	441.00
72	223.65	284.55	331.80	363.30	487.20
73	246.75	315.00	368.55	403.20	537.60
74	274.05	348.60	408.45	447.30	594.30
75	302.40	386.40	452.55	495.60	656.25
76	333.90	427.35	498.75	547.05	722.40
77	366.45	470.40	551.25	603.75	793.80
78	401.10	517.65	606.90	664.65	870.45
79	438.90	568.05	664.65	729.75	953.40
80	476.70				
81	517.65				
82	559.65				
83	603.75				
84	651.00				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0085-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	43.05	54.60	61.95	68.25	89.25
45-49	48.30	58.80	69.30	75.60	98.70
50-54	60.90	75.60	88.20	95.55	124.95
55	70.35	88.20	99.75	110.25	148.05
56	74.55	92.40	106.05	114.45	158.55
57	77.70	97.65	112.35	121.80	168.00
58	84.00	105.00	120.75	132.30	180.60
59	90.30	113.40	131.25	141.75	193.20
60	97.65	121.80	140.70	153.30	205.80
61	105.00	131.25	152.25	165.90	221.55
62	113.40	141.75	163.80	179.55	238.35
63	120.75	152.25	176.40	191.10	256.20
64	130.20	161.70	189.00	204.75	274.05
65	139.65	174.30	201.60	218.40	294.00
66	149.10	186.90	216.30	236.25	317.10
67	161.70	202.65	236.25	256.20	344.40
68	175.35	219.45	257.25	279.30	376.95
69	190.05	240.45	280.35	305.55	411.60
70	207.90	263.55	307.65	334.95	450.45
71	226.80	288.75	337.05	368.55	494.55
72	249.90	319.20	372.75	407.40	544.95
73	275.10	351.75	412.65	450.45	601.65
74	305.55	390.60	456.75	499.80	664.65
75	337.05	431.55	505.05	553.35	732.90
76	371.70	475.65	557.55	611.10	807.45
77	407.40	523.95	614.25	674.10	887.25
78	446.25	574.35	674.10	741.30	972.30
79	485.10	630.00	740.25	812.70	1063.65
80	527.10				
81	571.20				
82	617.40				
83	665.70				
84	716.10				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0085-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	47.25	57.75	67.20	72.45	95.55
45-49	51.45	64.05	74.55	79.80	105.00
50-54	64.05	79.80	92.40	100.80	132.30
55	74.55	92.40	106.05	116.55	156.45
56	77.70	97.65	112.35	121.80	166.95
57	82.95	103.95	119.70	130.20	177.45
58	89.25	111.30	128.10	139.65	190.05
59	95.55	119.70	138.60	149.10	202.65
60	102.90	128.10	149.10	161.70	216.30
61	110.25	138.60	160.65	174.30	232.05
62	118.65	149.10	173.25	187.95	249.90
63	127.05	160.65	184.80	201.60	267.75
64	135.45	170.10	197.40	215.25	286.65
65	145.95	182.70	211.05	229.95	307.65
66	155.40	196.35	226.80	246.75	330.75
67	169.05	212.10	246.75	267.75	361.20
68	183.75	231.00	268.80	292.95	393.75
69	198.45	252.00	294.00	320.25	429.45
70	217.35	275.10	322.35	350.70	470.40
71	237.30	302.40	352.80	385.35	516.60
72	260.40	333.90	390.60	426.30	569.10
73	287.70	368.55	432.60	471.45	628.95
74	319.20	407.40	477.75	522.90	694.05
75	351.75	449.40	527.10	578.55	765.45
76	387.45	496.65	581.70	638.40	844.20
77	425.25	546.00	641.55	704.55	926.10
78	464.10	599.55	704.55	774.90	1015.35
79	505.05	657.30	771.75	848.40	1110.90
80	548.10				
81	594.30				
82	642.60				
83	691.95				
84	743.40				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0085-A87
Long-Term Care Policy

WITH SURVIVORSHIP BENEFIT RIDER R1-N0103-SERIES

When this rider is chosen, multiply the final premium by the appropriate factor.

ISSUE AGE	NO INFLATION PROTECTION	SIMPLE INFLATION PROTECTION	COMPOUND INFLATION PROTECTION
18-44	1.11	1.17	1.17
45-49	1.14	1.21	1.21
50-54	1.18	1.28	1.28
55	1.20	1.30	1.30
56	1.20	1.30	1.30
57	1.21	1.30	1.30
58	1.21	1.30	1.30
59	1.21	1.30	1.30
60	1.21	1.30	1.30
61	1.21	1.30	1.30
62	1.21	1.29	1.29
63	1.21	1.29	1.29
64	1.21	1.28	1.28
65	1.20	1.27	1.27
66	1.20	1.26	1.26
67	1.20	1.26	1.26
68	1.19	1.25	1.25
69	1.19	1.24	1.24
70	1.18	1.23	1.23
71	1.18	1.22	1.22
72	1.17	1.20	1.20
73	1.16	1.19	1.19
74	1.16	1.18	1.18
75	1.15	1.17	1.17
76	1.14	1.16	1.16
77	1.13	1.15	1.15
78	1.12	1.14	1.14
79	1.11	1.13	1.13
80	1.10	1.12	1.12
81	1.09	1.11	1.11
82	1.08	1.10	1.10
83	1.07	1.09	1.09
84	1.06	1.08	1.08

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0085-A87
Long-Term Care Policy

Elimination Period Factors

Rates shown are for 30 day elimination period. Rates for other elimination periods are calculated by multiplying the 30 day rates by the appropriate factor from the following table:

Benefit Maximum	0	14	20	60	90	100	180	365
730x,1095x	1.11	1.06	1.03	0.95	0.91	0.90	0.80	0.71
1460x,1825x	1.09	1.05	1.03	0.95	0.91	0.90	0.81	0.72
Lifetime	1.07	1.04	1.03	0.96	0.93	0.92	0.85	0.78

Multi-Life Discount

A 5%, 10%, 15% or 20% discount to the rates is available for qualifying Associations of 10 or more lives.

Spousal Discount

A 20% discount to the rates is available to married couples if both spouses apply for coverage.

Dual Waiver of Premium Rider R1-N0104-Series

An optional dual waiver of premium rider will be offered. If one spouse qualifies for a waiver of premium, the premium of the other spouse will also be waived. If chosen, multiply the final premium by 1.06.

Shared Advantage Rider R1-N0105-Series

This rider will allow two covered spouses to purchase an additional benefit amount that can be used by either spouse after their base benefits are exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	No Inflation Protection	With Inflation Protection
730x	1.30	1.35
1095x	1.21	1.25
1460x	1.15	1.18
1825x	1.12	1.14

Restoration of Benefits Rider R1-N0108-Series

This rider restores the maximum lifetime benefit if the insured has not met the stipulated conditions for a period of 180 consecutive days and the maximum lifetime benefit has not been exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	Factor
730x	1.08
1095x	1.06
1460x,1825x	1.04

Cost of Living Increase Rider R1-N0107-Series

This rider allows the insured to increase their policy limits, subject to the terms of the rider, every three years without additional underwriting. The additional premium charged is based on the attained age and incremental increase in the maximum daily facility benefit when exercised. If chosen, multiply the final premium by the appropriate factor:

Age	Factor
18-44	1.15
45-49	1.12
50-55	1.10
56-58	1.09
59-61	1.08
62-64	1.07
65-67	1.06
68-70	1.05
71-73	1.04
74-76	1.03

Modal Factors

Semi-Annual: 0.52; Quarterly: 0.27; Check-A-Matic: 0.09

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604

Supplement to Rate Sheets for Policy Form P1-N0086-A87
PENNSYLVANIA

All rates for this form should be multiplied by a factor of: 1.9425

This factor represents the **proposed** increase of: 29.5%

And the following prior approved rate increases:

Policy Form	Increase Applies to all Policies or Subsets	Rate Increase Approved	Approval Date of Rate Increase
P1-N0086-A87	--Yes--	20.00%	3/14/2013
P1-N0086-A87	--Yes--	25.00%	12/3/2014

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0086-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	27.56	31.50	36.75	39.38	49.88
45-49	30.19	35.44	40.69	43.31	55.13
50-54	36.75	43.31	49.88	53.81	68.25
55	42.00	49.88	57.75	61.69	81.38
56	44.63	53.81	61.69	65.63	86.63
57	48.56	57.75	65.63	70.88	93.19
58	52.50	63.00	70.88	77.44	101.06
59	57.75	68.25	77.44	84.00	110.25
60	63.00	74.81	85.31	93.19	119.44
61	68.25	82.69	93.19	101.06	129.94
62	73.50	89.25	101.06	110.25	141.75
63	78.75	95.81	108.94	118.13	152.25
64	84.00	102.38	116.81	126.00	164.06
65	89.25	110.25	124.69	135.19	175.88
66	97.13	118.13	135.19	145.69	190.31
67	105.00	128.63	147.00	158.81	207.38
68	114.19	140.44	161.44	174.56	228.38
69	124.69	153.56	177.19	191.63	250.69
70	136.50	168.00	194.25	211.31	275.63
71	150.94	186.38	215.25	234.94	304.50
72	168.00	207.38	240.19	262.50	339.94
73	187.69	232.31	269.06	294.00	380.63
74	208.69	259.88	301.88	329.44	425.25
75	233.63	291.38	338.63	368.81	473.81
76	259.88	325.50	378.00	412.13	527.63
77	288.75	362.25	421.31	458.06	586.69
78	320.25	402.94	468.56	507.94	649.69
79	354.38	444.94	518.44	561.75	717.94
80	389.81				
81	429.19				
82	469.88				
83	513.19				
84	559.13				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0086-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	32.81	39.38	44.63	47.25	60.38
45-49	35.44	43.31	48.56	52.50	66.94
50-54	42.00	51.19	59.06	64.31	84.00
55	49.88	59.06	66.94	72.19	95.81
56	52.50	63.00	70.88	76.13	101.06
57	56.44	66.94	76.13	81.38	107.63
58	60.38	72.19	81.38	87.94	115.50
59	65.63	78.75	89.25	95.81	124.69
60	70.88	85.31	97.13	105.00	136.50
61	76.13	93.19	106.31	114.19	147.00
62	82.69	99.75	115.50	124.69	160.13
63	89.25	107.63	123.38	132.56	171.94
64	94.50	115.50	131.25	143.06	185.06
65	101.06	124.69	140.44	152.25	199.50
66	108.94	132.56	152.25	165.38	215.25
67	118.13	145.69	165.38	179.81	234.94
68	128.63	158.81	181.13	198.19	257.25
69	140.44	173.25	199.50	216.56	283.50
70	153.56	190.31	219.19	237.56	311.06
71	168.00	210.00	242.81	263.81	345.19
72	187.69	233.63	270.38	295.31	384.56
73	208.69	261.19	303.19	329.44	429.19
74	232.31	292.69	339.94	370.13	479.06
75	259.88	326.81	380.63	413.44	534.19
76	288.75	363.56	425.25	463.31	595.88
77	321.56	405.56	472.50	514.50	661.50
78	355.69	450.19	525.00	570.94	731.06
79	392.44	498.75	581.44	632.63	808.50
80	431.81				
81	473.81				
82	517.13				
83	564.38				
84	614.25				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0086-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	34.13	42.00	47.25	51.19	65.63
45-49	38.06	45.94	52.50	56.44	72.19
50-54	44.63	55.13	63.00	68.25	90.56
55	52.50	63.00	70.88	77.44	101.06
56	55.13	66.94	74.81	81.38	106.31
57	59.06	70.88	80.06	86.63	112.88
58	63.00	76.13	86.63	93.19	122.06
59	68.25	82.69	94.50	101.06	131.25
60	74.81	89.25	102.38	110.25	143.06
61	80.06	97.13	111.56	119.44	154.88
62	86.63	105.00	120.75	129.94	168.00
63	93.19	112.88	129.94	139.13	181.13
64	98.44	120.75	137.81	149.63	194.25
65	106.31	129.94	147.00	160.13	208.69
66	114.19	139.13	158.81	173.25	225.75
67	123.38	152.25	173.25	189.00	246.75
68	133.88	166.69	190.31	207.38	270.38
69	147.00	181.13	208.69	227.06	296.63
70	160.13	199.50	229.69	249.38	326.81
71	175.88	219.19	254.63	276.94	362.25
72	195.56	244.13	283.50	308.44	402.94
73	217.88	273.00	317.63	345.19	450.19
74	242.81	305.81	355.69	387.19	502.69
75	271.69	341.25	397.69	433.13	560.44
76	301.88	380.63	444.94	484.31	624.75
77	334.69	423.94	494.81	539.44	693.00
78	370.13	469.88	548.63	598.50	766.50
79	408.19	521.06	607.69	662.81	846.56
80	448.88				
81	492.19				
82	538.13				
83	586.69				
84	637.88				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0086-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	52.50	64.31	73.50	78.75	107.63
45-49	57.75	70.88	81.38	87.94	119.44
50-54	70.88	87.94	101.06	111.56	152.25
55	82.69	102.38	118.13	128.63	175.88
56	86.63	107.63	124.69	136.50	186.38
57	91.88	114.19	132.56	144.38	196.88
58	98.44	122.06	141.75	153.56	208.69
59	103.69	129.94	150.94	164.06	221.81
60	111.56	139.13	160.13	174.56	236.25
61	119.44	148.31	171.94	186.38	252.00
62	127.31	158.81	183.75	199.50	269.06
63	135.19	169.31	196.88	212.63	287.44
64	144.38	179.81	208.69	227.06	305.81
65	153.56	191.63	223.13	242.81	326.81
66	164.06	206.06	238.88	259.88	351.75
67	177.19	221.81	258.56	280.88	379.31
68	191.63	240.19	279.56	304.50	410.81
69	206.06	259.88	301.88	329.44	443.63
70	223.13	282.19	328.13	358.31	481.69
71	241.50	307.13	357.00	389.81	523.69
72	263.81	336.00	391.13	427.88	572.25
73	290.06	368.81	430.50	471.19	627.38
74	318.94	405.56	473.81	518.44	687.75
75	350.44	444.94	521.06	569.63	754.69
76	383.25	488.25	572.25	627.38	826.88
77	418.69	535.50	628.69	687.75	904.31
78	455.44	585.38	689.06	753.38	987.00
79	494.81	639.19	753.38	822.94	1076.25
80	535.50				
81	577.50				
82	622.13				
83	668.06				
84	716.63				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0086-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	60.38	74.81	86.63	94.50	124.69
45-49	66.94	84.00	95.81	105.00	139.13
50-54	82.69	103.69	119.44	129.94	175.88
55	93.19	118.13	136.50	148.31	202.13
56	97.13	124.69	144.38	156.19	212.63
57	102.38	131.25	152.25	165.38	223.13
58	108.94	139.13	161.44	175.88	236.25
59	116.81	147.00	170.63	187.69	250.69
60	126.00	156.19	182.44	198.19	265.13
61	133.88	166.69	194.25	211.31	283.50
62	143.06	178.50	207.38	225.75	301.88
63	152.25	189.00	221.81	241.50	322.88
64	161.44	202.13	234.94	257.25	343.88
65	171.94	215.25	252.00	274.31	367.50
66	183.75	231.00	269.06	294.00	393.75
67	196.88	249.38	291.38	317.63	425.25
68	212.63	269.06	315.00	343.88	460.69
69	229.69	292.69	339.94	372.75	497.44
70	249.38	317.63	370.13	405.56	539.44
71	270.38	345.19	402.94	441.00	586.69
72	295.31	378.00	441.00	483.00	641.81
73	324.19	413.44	484.31	531.56	702.19
74	355.69	454.13	531.56	582.75	769.13
75	389.81	498.75	584.06	639.19	843.94
76	426.56	544.69	640.50	702.19	924.00
77	464.63	597.19	700.88	769.13	1009.31
78	505.31	651.00	767.81	840.00	1101.19
79	547.31	711.38	836.06	916.13	1198.31
80	591.94				
81	637.88				
82	685.13				
83	736.31				
84	788.81				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0086-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	64.31	80.06	91.88	101.06	132.56
45-49	70.88	89.25	102.38	112.88	147.00
50-54	87.94	110.25	127.31	137.81	186.38
55	98.44	124.69	144.38	157.50	212.63
56	102.38	131.25	152.25	165.38	223.13
57	107.63	137.81	160.13	174.56	234.94
58	114.19	145.69	169.31	185.06	248.06
59	122.06	154.88	179.81	196.88	262.50
60	131.25	164.06	191.63	208.69	278.25
61	140.44	174.56	203.44	221.81	296.63
62	149.63	186.38	217.88	237.56	316.31
63	158.81	198.19	232.31	253.31	337.31
64	169.31	211.31	246.75	270.38	359.63
65	179.81	225.75	263.81	287.44	384.56
66	191.63	241.50	282.19	308.44	412.13
67	206.06	261.19	304.50	333.38	444.94
68	221.81	282.19	329.44	360.94	481.69
69	240.19	305.81	357.00	391.13	521.06
70	259.88	332.06	387.19	425.25	564.38
71	282.19	360.94	422.63	463.31	614.25
72	308.44	395.06	462.00	506.63	670.69
73	338.63	433.13	506.63	556.50	735.00
74	371.44	475.13	556.50	610.31	804.56
75	406.88	521.06	610.31	669.38	882.00
76	444.94	569.63	669.38	733.69	964.69
77	484.31	623.44	732.38	803.25	1053.94
78	526.31	679.88	800.63	876.75	1149.75
79	569.63	741.56	871.50	956.81	1250.81
80	615.56				
81	662.81				
82	712.69				
83	765.19				
84	819.00				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0086-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	38.06	47.25	55.13	60.38	80.06
45-49	42.00	52.50	61.69	66.94	89.25
50-54	56.44	69.56	78.75	85.31	114.19
55	64.31	80.06	90.56	99.75	135.19
56	68.25	84.00	95.81	105.00	144.38
57	72.19	89.25	102.38	112.88	154.88
58	77.44	95.81	110.25	122.06	166.69
59	84.00	103.69	119.44	131.25	179.81
60	90.56	112.88	129.94	141.75	194.25
61	98.44	122.06	141.75	153.56	208.69
62	106.31	132.56	153.56	166.69	225.75
63	114.19	141.75	165.38	179.81	242.81
64	122.06	152.25	177.19	191.63	259.88
65	131.25	162.75	189.00	206.06	279.56
66	141.75	174.56	203.44	221.81	301.88
67	153.56	190.31	221.81	241.50	328.13
68	166.69	207.38	242.81	263.81	358.31
69	181.13	227.06	265.13	288.75	391.13
70	196.88	248.06	290.06	316.31	427.88
71	215.25	273.00	318.94	349.13	468.56
72	237.56	301.88	353.06	385.88	517.13
73	262.50	334.69	391.13	427.88	570.94
74	291.38	370.13	434.44	475.13	631.31
75	321.56	410.81	480.38	526.31	696.94
76	354.38	454.13	530.25	581.44	767.81
77	389.81	500.06	585.38	641.81	843.94
78	426.56	549.94	644.44	706.13	925.31
79	465.94	603.75	706.13	775.69	1013.25
80	506.63				
81	549.94				
82	594.56				
83	641.81				
84	691.69				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0086-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	45.94	57.75	65.63	72.19	94.50
45-49	51.19	63.00	73.50	80.06	105.00
50-54	64.31	80.06	93.19	101.06	132.56
55	74.81	93.19	106.31	116.81	157.50
56	78.75	98.44	112.88	122.06	168.00
57	82.69	103.69	119.44	129.94	178.50
58	89.25	111.56	128.63	140.44	191.63
59	95.81	120.75	139.13	150.94	204.75
60	103.69	129.94	149.63	162.75	219.19
61	111.56	139.13	161.44	175.88	234.94
62	120.75	150.94	174.56	190.31	253.31
63	128.63	161.44	187.69	203.44	271.69
64	137.81	171.94	200.81	217.88	291.38
65	148.31	185.06	213.94	232.31	312.38
66	158.81	198.19	229.69	250.69	337.31
67	171.94	215.25	250.69	271.69	366.19
68	186.38	233.63	273.00	296.63	400.31
69	202.13	255.94	297.94	324.19	437.06
70	220.50	279.56	326.81	355.69	479.06
71	241.50	307.13	358.31	391.13	525.00
72	265.13	338.63	396.38	433.13	578.81
73	292.69	374.06	438.38	479.06	639.19
74	324.19	414.75	485.63	531.56	706.13
75	358.31	458.06	536.81	588.00	778.31
76	395.06	505.31	591.94	649.69	858.38
77	433.13	556.50	652.31	716.63	942.38
78	473.81	610.31	716.63	787.50	1032.94
79	515.81	669.38	786.19	863.63	1130.06
80	560.44				
81	606.38				
82	656.25				
83	707.44				
84	761.25				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0086-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	49.88	61.69	70.88	77.44	101.06
45-49	55.13	68.25	78.75	85.31	111.56
50-54	68.25	85.31	98.44	107.63	140.44
55	78.75	98.44	112.88	123.38	166.69
56	82.69	103.69	119.44	129.94	177.19
57	87.94	110.25	127.31	137.81	189.00
58	94.50	118.13	136.50	148.31	202.13
59	101.06	127.31	147.00	158.81	215.25
60	108.94	136.50	158.81	171.94	229.69
61	116.81	147.00	170.63	185.06	246.75
62	126.00	158.81	183.75	199.50	265.13
63	135.19	170.63	196.88	213.94	284.81
64	144.38	181.13	210.00	228.38	304.50
65	154.88	194.25	224.44	244.13	326.81
66	165.38	208.69	241.50	262.50	351.75
67	179.81	225.75	262.50	284.81	383.25
68	195.56	245.44	286.13	311.06	418.69
69	211.31	267.75	312.38	339.94	456.75
70	231.00	292.69	342.56	372.75	500.06
71	252.00	321.56	375.38	409.50	548.63
72	276.94	354.38	414.75	452.81	605.06
73	305.81	391.13	459.38	501.38	668.06
74	338.63	433.13	507.94	555.19	737.63
75	374.06	477.75	560.44	614.25	813.75
76	412.13	527.63	618.19	678.56	896.44
77	451.50	580.13	681.19	748.13	984.38
78	493.50	636.56	748.13	822.94	1078.88
79	536.81	698.25	820.31	901.69	1179.94
80	582.75				
81	631.31				
82	682.50				
83	735.00				
84	790.13				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0086-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	32.81	36.75	43.31	45.94	59.06
45-49	35.44	42.00	47.25	51.19	64.31
50-54	43.31	51.19	59.06	63.00	80.06
55	49.88	59.06	68.25	72.19	95.81
56	52.50	63.00	72.19	77.44	102.38
57	57.75	68.25	77.44	84.00	110.25
58	61.69	73.50	84.00	90.56	119.44
59	68.25	80.06	90.56	98.44	129.94
60	73.50	87.94	99.75	110.25	140.44
61	80.06	97.13	110.25	119.44	152.25
62	86.63	105.00	119.44	129.94	166.69
63	93.19	112.88	128.63	139.13	178.50
64	98.44	120.75	137.81	148.31	192.94
65	105.00	129.94	147.00	158.81	207.38
66	114.19	139.13	158.81	171.94	224.44
67	123.38	150.94	173.25	186.38	244.13
68	133.88	165.38	190.31	204.75	269.06
69	147.00	181.13	208.69	225.75	295.31
70	160.13	198.19	228.38	248.06	324.19
71	177.19	219.19	253.31	276.94	358.31
72	198.19	244.13	282.19	308.44	400.31
73	220.50	273.00	316.31	346.50	447.56
74	245.44	305.81	355.69	387.19	500.06
75	274.31	342.56	399.00	434.44	557.81
76	305.81	383.25	444.94	484.31	620.81
77	339.94	426.56	496.13	539.44	690.38
78	376.69	473.81	551.25	597.19	763.88
79	417.38	523.69	610.31	661.50	845.25
80	458.06				
81	505.31				
82	552.56				
83	603.75				
84	657.56				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0086-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	38.06	45.94	52.50	55.13	70.88
45-49	42.00	51.19	57.75	61.69	78.75
50-54	49.88	60.38	69.56	76.13	98.44
55	59.06	69.56	78.75	85.31	112.88
56	61.69	73.50	84.00	89.25	119.44
57	66.94	78.75	89.25	95.81	126.00
58	70.88	85.31	95.81	103.69	136.50
59	77.44	93.19	105.00	112.88	147.00
60	84.00	99.75	114.19	123.38	160.13
61	89.25	110.25	124.69	133.88	173.25
62	97.13	116.81	136.50	147.00	189.00
63	105.00	126.00	145.69	156.19	202.13
64	111.56	136.50	154.88	168.00	217.88
65	119.44	147.00	165.38	178.50	234.94
66	128.63	156.19	178.50	194.25	253.31
67	139.13	171.94	194.25	211.31	276.94
68	150.94	186.38	212.63	233.63	303.19
69	165.38	203.44	234.94	254.63	333.38
70	181.13	224.44	257.25	279.56	366.19
71	198.19	246.75	286.13	309.75	405.56
72	220.50	274.31	317.63	347.81	452.81
73	245.44	307.13	357.00	387.19	505.31
74	273.00	343.88	400.31	435.75	563.06
75	305.81	384.56	447.56	486.94	628.69
76	339.94	427.88	500.06	544.69	700.88
77	378.00	477.75	556.50	605.06	778.31
78	418.69	530.25	618.19	672.00	859.69
79	462.00	586.69	683.81	744.19	951.56
80	507.94				
81	557.81				
82	609.00				
83	664.13				
84	723.19				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0086-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	40.69	49.88	55.13	60.38	77.44
45-49	44.63	53.81	61.69	66.94	85.31
50-54	52.50	64.31	73.50	80.06	106.31
55	61.69	73.50	84.00	90.56	119.44
56	64.31	78.75	87.94	95.81	124.69
57	69.56	84.00	94.50	102.38	132.56
58	73.50	89.25	102.38	110.25	143.06
59	80.06	97.13	111.56	119.44	154.88
60	87.94	105.00	120.75	129.94	168.00
61	94.50	114.19	131.25	140.44	182.44
62	102.38	123.38	141.75	152.25	198.19
63	110.25	132.56	152.25	164.06	212.63
64	115.50	141.75	162.75	175.88	228.38
65	124.69	152.25	173.25	189.00	245.44
66	133.88	164.06	186.38	203.44	265.13
67	145.69	178.50	203.44	221.81	290.06
68	157.50	195.56	224.44	244.13	317.63
69	173.25	212.63	245.44	267.75	349.13
70	189.00	234.94	270.38	294.00	384.56
71	207.38	257.25	299.25	325.50	426.56
72	229.69	287.44	333.38	362.25	473.81
73	255.94	321.56	374.06	405.56	530.25
74	286.13	359.63	418.69	455.44	591.94
75	320.25	401.63	467.25	509.25	658.88
76	355.69	447.56	523.69	569.63	735.00
77	393.75	498.75	582.75	635.25	815.06
78	435.75	552.56	645.75	703.50	901.69
79	480.38	612.94	715.31	779.63	996.19
80	527.63				
81	578.81				
82	632.63				
83	690.38				
84	750.75				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0086-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	61.69	76.13	86.63	93.19	126.00
45-49	68.25	84.00	95.81	103.69	140.44
50-54	84.00	103.69	119.44	131.25	178.50
55	97.13	120.75	139.13	150.94	207.38
56	102.38	126.00	147.00	160.13	219.19
57	107.63	133.88	156.19	169.31	231.00
58	115.50	143.06	166.69	181.13	245.44
59	122.06	152.25	177.19	192.94	261.19
60	131.25	164.06	189.00	204.75	278.25
61	140.44	174.56	202.13	219.19	296.63
62	149.63	186.38	216.56	234.94	316.31
63	158.81	199.50	231.00	250.69	338.63
64	169.31	211.31	245.44	267.75	359.63
65	181.13	225.75	262.50	286.13	384.56
66	192.94	242.81	280.88	305.81	413.44
67	208.69	261.19	304.50	330.75	446.25
68	225.75	282.19	329.44	358.31	483.00
69	242.81	305.81	355.69	387.19	522.38
70	262.50	332.06	385.88	421.31	567.00
71	283.50	360.94	420.00	458.06	615.56
72	309.75	395.06	460.69	504.00	673.31
73	341.25	434.44	506.63	553.88	737.63
74	375.38	477.75	557.81	610.31	808.50
75	412.13	523.69	612.94	670.69	887.25
76	451.50	574.88	673.31	737.63	972.56
77	492.19	630.00	740.25	808.50	1064.44
78	535.50	689.06	811.13	885.94	1161.56
79	582.75	752.06	885.94	968.63	1266.56
80	630.00				
81	679.88				
82	732.38				
83	786.19				
84	842.63				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0086-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	70.88	87.94	102.38	111.56	147.00
45-49	78.75	98.44	112.88	123.38	164.06
50-54	97.13	122.06	140.44	152.25	207.38
55	110.25	139.13	160.13	174.56	237.56
56	114.19	147.00	169.31	183.75	250.69
57	120.75	154.88	178.50	194.25	262.50
58	128.63	164.06	190.31	207.38	278.25
59	137.81	173.25	200.81	220.50	295.31
60	148.31	183.75	215.25	233.63	312.38
61	157.50	195.56	228.38	248.06	333.38
62	168.00	210.00	244.13	265.13	355.69
63	178.50	221.81	261.19	283.50	379.31
64	190.31	237.56	276.94	303.19	404.25
65	202.13	253.31	296.63	322.88	431.81
66	216.56	271.69	316.31	346.50	463.31
67	231.00	294.00	342.56	374.06	500.06
68	250.69	316.31	370.13	404.25	542.06
69	270.38	343.88	400.31	438.38	585.38
70	294.00	374.06	435.75	477.75	635.25
71	317.63	405.56	473.81	518.44	690.38
72	347.81	444.94	518.44	568.31	754.69
73	381.94	486.94	569.63	624.75	825.56
74	418.69	534.19	624.75	685.13	904.31
75	458.06	586.69	687.75	752.06	992.25
76	501.38	640.50	753.38	825.56	1086.75
77	546.00	702.19	824.25	904.31	1187.81
78	594.56	766.50	903.00	988.31	1295.44
79	644.44	837.38	983.06	1077.56	1409.63
80	696.94				
81	750.75				
82	805.88				
83	866.25				
84	927.94				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0086-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	76.13	94.50	107.63	119.44	156.19
45-49	84.00	105.00	120.75	132.56	173.25
50-54	103.69	129.94	149.63	162.75	219.19
55	115.50	147.00	169.31	185.06	250.69
56	120.75	154.88	178.50	194.25	262.50
57	126.00	162.75	189.00	204.75	276.94
58	133.88	171.94	199.50	217.88	291.38
59	143.06	182.44	211.31	231.00	308.44
60	154.88	192.94	225.75	245.44	326.81
61	165.38	204.75	238.88	261.19	349.13
62	175.88	219.19	255.94	279.56	372.75
63	186.38	233.63	273.00	297.94	396.38
64	199.50	248.06	290.06	317.63	422.63
65	211.31	265.13	309.75	338.63	452.81
66	225.75	283.50	332.06	362.25	484.31
67	242.81	307.13	358.31	392.44	523.69
68	261.19	332.06	387.19	425.25	567.00
69	282.19	359.63	420.00	460.69	612.94
70	305.81	391.13	455.44	500.06	664.13
71	332.06	425.25	497.44	544.69	723.19
72	362.25	464.63	543.38	595.88	788.81
73	399.00	509.25	595.88	654.94	864.94
74	437.06	559.13	654.94	717.94	946.31
75	479.06	612.94	717.94	787.50	1038.19
76	523.69	670.69	787.50	863.63	1135.31
77	569.63	733.69	861.00	945.00	1240.31
78	619.50	799.31	942.38	1031.63	1353.19
79	670.69	872.81	1025.06	1126.13	1471.31
80	724.50				
81	779.63				
82	838.69				
83	900.38				
84	963.38				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0086-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	44.63	55.13	64.31	70.88	94.50
45-49	49.88	61.69	72.19	78.75	105.00
50-54	66.94	81.38	93.19	99.75	133.88
55	76.13	94.50	106.31	116.81	158.81
56	80.06	98.44	112.88	123.38	169.31
57	85.31	105.00	120.75	132.56	182.44
58	90.56	112.88	129.94	143.06	195.56
59	98.44	122.06	140.44	154.88	211.31
60	106.31	132.56	152.25	166.69	228.38
61	115.50	143.06	166.69	181.13	245.44
62	124.69	156.19	181.13	195.56	265.13
63	133.88	166.69	194.25	211.31	286.13
64	143.06	178.50	208.69	225.75	305.81
65	154.88	191.63	221.81	242.81	329.44
66	166.69	204.75	238.88	261.19	355.69
67	181.13	224.44	261.19	283.50	385.88
68	195.56	244.13	286.13	309.75	421.31
69	212.63	267.75	312.38	339.94	460.69
70	231.00	291.38	341.25	372.75	504.00
71	253.31	321.56	375.38	410.81	551.25
72	279.56	355.69	414.75	454.13	609.00
73	308.44	393.75	460.69	504.00	672.00
74	342.56	435.75	510.56	559.13	742.88
75	378.00	483.00	565.69	619.50	820.31
76	417.38	534.19	623.44	683.81	903.00
77	458.06	588.00	689.06	754.69	992.25
78	501.38	647.06	758.63	830.81	1088.06
79	548.63	710.06	830.81	912.19	1191.75
80	595.88				
81	647.06				
82	699.56				
83	754.69				
84	813.75				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0086-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	53.81	68.25	77.44	85.31	111.56
45-49	60.38	73.50	86.63	94.50	123.38
50-54	76.13	94.50	110.25	119.44	156.19
55	87.94	110.25	124.69	137.81	185.06
56	93.19	115.50	132.56	143.06	198.19
57	97.13	122.06	140.44	152.25	210.00
58	105.00	131.25	150.94	165.38	225.75
59	112.88	141.75	164.06	177.19	241.50
60	122.06	152.25	175.88	191.63	257.25
61	131.25	164.06	190.31	207.38	276.94
62	141.75	177.19	204.75	224.44	297.94
63	150.94	190.31	220.50	238.88	320.25
64	162.75	202.13	236.25	255.94	342.56
65	174.56	217.88	252.00	273.00	367.50
66	186.38	233.63	270.38	295.31	396.38
67	202.13	253.31	295.31	320.25	430.50
68	219.19	274.31	321.56	349.13	471.19
69	237.56	300.56	350.44	381.94	514.50
70	259.88	329.44	384.56	418.69	563.06
71	283.50	360.94	421.31	460.69	618.19
72	312.38	399.00	465.94	509.25	681.19
73	343.88	439.69	515.81	563.06	752.06
74	381.94	488.25	570.94	624.75	830.81
75	421.31	539.44	631.31	691.69	916.13
76	464.63	594.56	696.94	763.88	1009.31
77	509.25	654.94	767.81	842.63	1109.06
78	557.81	717.94	842.63	926.63	1215.38
79	606.38	787.50	925.31	1015.88	1329.56
80	658.88				
81	714.00				
82	771.75				
83	832.13				
84	895.13				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0086-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	59.06	72.19	84.00	90.56	119.44
45-49	64.31	80.06	93.19	99.75	131.25
50-54	80.06	99.75	115.50	126.00	165.38
55	93.19	115.50	132.56	145.69	195.56
56	97.13	122.06	140.44	152.25	208.69
57	103.69	129.94	149.63	162.75	221.81
58	111.56	139.13	160.13	174.56	237.56
59	119.44	149.63	173.25	186.38	253.31
60	128.63	160.13	186.38	202.13	270.38
61	137.81	173.25	200.81	217.88	290.06
62	148.31	186.38	216.56	234.94	312.38
63	158.81	200.81	231.00	252.00	334.69
64	169.31	212.63	246.75	269.06	358.31
65	182.44	228.38	263.81	287.44	384.56
66	194.25	245.44	283.50	308.44	413.44
67	211.31	265.13	308.44	334.69	451.50
68	229.69	288.75	336.00	366.19	492.19
69	248.06	315.00	367.50	400.31	536.81
70	271.69	343.88	402.94	438.38	588.00
71	296.63	378.00	441.00	481.69	645.75
72	325.50	417.38	488.25	532.88	711.38
73	359.63	460.69	540.75	589.31	786.19
74	399.00	509.25	597.19	653.63	867.56
75	439.69	561.75	658.88	723.19	956.81
76	484.31	620.81	727.13	798.00	1055.25
77	531.56	682.50	801.94	880.69	1157.63
78	580.13	749.44	880.69	968.63	1269.19
79	631.31	821.63	964.69	1060.50	1388.63
80	685.13				
81	742.88				
82	803.25				
83	864.94				
84	929.25				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0086-A87
Long-Term Care Policy

WITH SURVIVORSHIP BENEFIT RIDER R1-N0103-SERIES

When this rider is chosen, multiply the final premium by the appropriate factor.

ISSUE AGE	NO INFLATION PROTECTION	SIMPLE INFLATION PROTECTION	COMPOUND INFLATION PROTECTION
18-44	1.11	1.17	1.17
45-49	1.14	1.21	1.21
50-54	1.18	1.28	1.28
55	1.20	1.30	1.30
56	1.20	1.30	1.30
57	1.21	1.30	1.30
58	1.21	1.30	1.30
59	1.21	1.30	1.30
60	1.21	1.30	1.30
61	1.21	1.30	1.30
62	1.21	1.29	1.29
63	1.21	1.29	1.29
64	1.21	1.28	1.28
65	1.20	1.27	1.27
66	1.20	1.26	1.26
67	1.20	1.26	1.26
68	1.19	1.25	1.25
69	1.19	1.24	1.24
70	1.18	1.23	1.23
71	1.18	1.22	1.22
72	1.17	1.20	1.20
73	1.16	1.19	1.19
74	1.16	1.18	1.18
75	1.15	1.17	1.17
76	1.14	1.16	1.16
77	1.13	1.15	1.15
78	1.12	1.14	1.14
79	1.11	1.13	1.13
80	1.10	1.12	1.12
81	1.09	1.11	1.11
82	1.08	1.10	1.10
83	1.07	1.09	1.09
84	1.06	1.08	1.08

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0086-A87
Long-Term Care Policy

Elimination Period Factors

Rates shown are for 30 day elimination period. Rates for other elimination periods are calculated by multiplying the 30 day rates by the appropriate factor from the following table:

Benefit Maximum	0	14	20	60	90	100	180	365
730x,1095x	1.11	1.06	1.03	0.95	0.91	0.90	0.80	0.71
1460x,1825x	1.09	1.05	1.03	0.95	0.91	0.90	0.81	0.72
Lifetime	1.07	1.04	1.03	0.96	0.93	0.92	0.85	0.78

Multi-Life Discount

A 5%, 10%, 15% or 20% discount to the rates is available for qualifying Associations of 10 or more lives.

Spousal Discount

A 20% discount to the rates is available to married couples if both spouses apply for coverage.

Dual Waiver of Premium Rider R1-N0104-Series

An optional dual waiver of premium rider will be offered. If one spouse qualifies for a waiver of premium, the premium of the other spouse will also be waived. If chosen, multiply the final premium by 1.06.

Shared Advantage Rider R1-N0105-Series

This rider will allow two covered spouses to purchase an additional benefit amount that can be used by either spouse after their base benefits are exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	No Inflation Protection	With Inflation Protection
730x	1.30	1.35
1095x	1.21	1.25
1460x	1.15	1.18
1825x	1.12	1.14

Restoration of Benefits Rider R1-N0108-Series

This rider restores the maximum lifetime benefit if the insured has not met the stipulated conditions for a period of 180 consecutive days and the maximum lifetime benefit has not been exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	Factor
730x	1.08
1095x	1.06
1460x,1825x	1.04

Cost of Living Increase Rider R1-N0107-Series

This rider allows the insured to increase their policy limits, subject to the terms of the rider, every three years without additional underwriting. The additional premium charged is based on the attained age and incremental increase in the maximum daily facility benefit when exercised. If chosen, multiply the final premium by the appropriate factor:

Age	Factor
18-44	1.15
45-49	1.12
50-55	1.10
56-58	1.09
59-61	1.08
62-64	1.07
65-67	1.06
68-70	1.05
71-73	1.04
74-76	1.03

Modal Factors

Semi-Annual: 0.52; Quarterly: 0.27; Check-A-Matic: 0.09

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604

Supplement to Rate Sheets for Policy Form P1-N0090-A87
PENNSYLVANIA

All rates for this form should be multiplied by a factor of: 1.9425

This factor represents the **proposed** increase of: 29.5%

And the following prior approved rate increases:

Policy Form	Increase Applies to all Policies or Subsets	Rate Increase Approved	Approval Date of Rate Increase
P1-N0090-A87	--Yes--	20.00%	3/14/2013
P1-N0090-A87	--Yes--	25.00%	12/3/2014

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0090-A87
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	17	19	22	23	24
45-49	19	21	24	25	27
50-54	23	26	29	31	35
55	26	30	34	37	44
56	28	32	37	40	48
57	30	35	40	43	53
58	33	38	44	47	58
59	36	42	48	51	64
60	40	47	53	56	70
61	43	51	58	61	76
62	47	56	63	67	83
63	50	60	68	72	89
64	53	64	73	78	95
65	57	68	78	84	102
66	61	74	84	91	110
67	66	80	92	99	120
68	72	88	101	109	132
69	79	96	111	119	144
70	86	105	122	131	159
71	95	116	134	145	176
72	105	129	149	161	195
73	117	144	166	179	217
74	130	160	185	200	242
75	145	178	205	222	269
76	161	198	228	246	298
77	178	219	252	272	330
78	196	242	278	300	364
79	216	266	306	330	401
80	236				
81	258				
82	281				
83	305				
84	331				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0090-A87
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	32	39	45	49	59
45-49	35	43	50	54	66
50-54	43	53	62	67	84
55	52	63	73	78	100
56	55	67	77	83	107
57	59	72	82	88	114
58	63	77	88	94	122
59	67	82	94	101	130
60	71	88	101	109	139
61	76	94	108	117	148
62	81	100	116	126	159
63	86	107	124	134	170
64	92	113	132	143	182
65	98	121	140	152	195
66	105	129	150	162	209
67	113	139	161	174	225
68	122	150	174	188	243
69	131	162	187	203	262
70	142	176	203	220	282
71	154	191	220	239	306
72	167	208	240	261	333
73	182	227	263	286	363
74	199	249	288	314	397
75	217	272	316	344	433
76	236	297	346	377	473
77	256	324	378	413	515
78	277	353	413	451	560
79	299	384	450	492	609
80	323				
81	347				
82	373				
83	400				
84	428				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0090-A87
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	23	28	32	35	42
45-49	25	31	36	39	47
50-54	35	42	49	53	64
55	40	49	56	60	77
56	42	52	59	64	82
57	45	56	63	68	88
58	49	61	68	74	95
59	53	66	74	80	104
60	58	72	81	88	113
61	63	78	89	96	123
62	68	84	96	104	133
63	73	90	103	112	143
64	78	96	110	120	154
65	83	103	118	128	165
66	90	111	127	138	179
67	97	120	138	150	194
68	105	131	151	164	211
69	115	143	165	179	230
70	125	156	180	196	252
71	137	171	198	215	275
72	150	188	218	237	302
73	165	207	240	262	332
74	182	228	265	289	365
75	200	251	292	318	400
76	219	276	321	350	439
77	239	302	352	384	480
78	260	330	385	421	524
79	282	360	421	460	571
80	306				
81	330				
82	356				
83	383				
84	411				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0090-A87
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	20	22	26	27	28
45-49	22	25	28	29	32
50-54	27	31	34	36	41
55	31	35	40	44	52
56	33	38	44	47	56
57	35	41	47	51	62
58	39	45	52	55	68
59	42	49	56	60	75
60	47	55	62	66	82
61	51	60	68	72	89
62	55	66	74	79	98
63	59	71	80	85	105
64	62	75	86	92	112
65	67	80	92	99	120
66	72	87	99	107	129
67	78	94	108	116	141
68	85	104	119	128	155
69	93	113	131	140	169
70	101	124	144	154	187
71	112	136	158	171	207
72	124	152	175	189	229
73	138	169	195	211	255
74	153	188	218	235	285
75	171	209	241	261	316
76	189	233	268	289	351
77	209	258	296	320	388
78	231	285	327	353	428
79	254	313	360	388	472
80	278				
81	304				
82	331				
83	359				
84	389				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0090-A87
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	38	46	53	58	69
45-49	41	51	59	64	78
50-54	51	62	73	79	99
55	61	74	86	92	118
56	65	79	91	98	126
57	69	85	96	104	134
58	74	91	104	111	144
59	79	96	111	119	153
60	84	104	119	128	164
61	89	111	127	138	174
62	95	118	136	148	187
63	101	126	146	158	200
64	108	133	155	168	214
65	115	142	165	179	229
66	124	152	176	191	246
67	133	164	189	205	265
68	144	176	205	221	286
69	154	191	220	239	308
70	167	207	239	259	332
71	181	225	259	281	360
72	196	245	282	307	392
73	214	267	309	336	427
74	234	293	339	369	467
75	255	320	372	405	509
76	278	349	407	444	556
77	301	381	445	486	606
78	326	415	486	531	659
79	352	452	529	579	716
80	380				
81	408				
82	439				
83	471				
84	504				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0090-A87
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	27	33	38	41	49
45-49	29	36	42	46	55
50-54	41	49	58	62	75
55	47	58	66	71	91
56	49	61	69	75	96
57	53	66	74	80	104
58	58	72	80	87	112
59	62	78	87	94	122
60	68	85	95	104	133
61	74	92	105	113	145
62	80	99	113	122	156
63	86	106	121	132	168
64	92	113	129	141	181
65	98	121	139	151	194
66	106	131	149	162	211
67	114	141	162	176	228
68	124	154	178	193	248
69	135	168	194	211	271
70	147	184	212	231	296
71	161	201	233	253	324
72	176	221	256	279	355
73	194	244	282	308	391
74	214	268	312	340	429
75	235	295	344	374	471
76	258	325	378	412	516
77	281	355	414	452	565
78	306	388	453	495	616
79	332	424	495	541	672
80	360				
81	388				
82	419				
83	451				
84	484				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0090-A87
Long-Term Care Policy: Facility Only Coverage

WITH SURVIVORSHIP BENEFIT RIDER R1-N0103-SERIES

When this rider is chosen, multiply the final premium by the appropriate factor.

ISSUE AGE	NO INFLATION PROTECTION	SIMPLE INFLATION PROTECTION	COMPOUND INFLATION PROTECTION
18-44	1.11	1.17	1.17
45-49	1.14	1.21	1.21
50-54	1.18	1.28	1.28
55	1.20	1.30	1.30
56	1.20	1.30	1.30
57	1.21	1.30	1.30
58	1.21	1.30	1.30
59	1.21	1.30	1.30
60	1.21	1.30	1.30
61	1.21	1.30	1.30
62	1.21	1.29	1.29
63	1.21	1.29	1.29
64	1.21	1.28	1.28
65	1.20	1.27	1.27
66	1.20	1.26	1.26
67	1.20	1.26	1.26
68	1.19	1.25	1.25
69	1.19	1.24	1.24
70	1.18	1.23	1.23
71	1.18	1.22	1.22
72	1.17	1.20	1.20
73	1.16	1.19	1.19
74	1.16	1.18	1.18
75	1.15	1.17	1.17
76	1.14	1.16	1.16
77	1.13	1.15	1.15
78	1.12	1.14	1.14
79	1.11	1.13	1.13
80	1.10	1.12	1.12
81	1.09	1.11	1.11
82	1.08	1.10	1.10
83	1.07	1.09	1.09
84	1.06	1.08	1.08

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0090-A87
Long-Term Care Policy: Facility Only Coverage

Elimination Period Factors

Rates shown are for 30 day elimination period. Rates for other elimination periods are calculated by multiplying the 30 day rates by the appropriate factor from the following table:

Benefit Maximum	0	14	20	60	90	100	180	365
730x,1095x	1.12	1.07	1.03	0.94	0.90	0.89	0.78	0.67
1460x,1825x	1.10	1.05	1.03	0.95	0.90	0.89	0.79	0.69
Lifetime	1.08	1.04	1.03	0.96	0.92	0.91	0.84	0.75

Multi-Life Discount

A 5%, 10%, 15% or 20% discount to the rates is available for qualifying Associations of 10 or more lives.

Spousal Discount

A 20% discount to the rates is available to married couples if both spouses apply for coverage.

Dual Waiver of Premium Rider R1-N0104-Series

An optional dual waiver of premium rider will be offered. If one spouse qualifies for a waiver of premium, the premium of the other spouse will also be waived. If chosen, multiply the final premium by 1.06.

Shared Advantage Rider R1-N0105-Series

This rider will allow two covered spouses to purchase an additional benefit amount that can be used by either spouse after their base benefits are exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	No Inflation Protection	With Inflation Protection
730x	1.30	1.35
1095x	1.21	1.25
1460x	1.15	1.18
1825x	1.12	1.14

Restoration of Benefits Rider R1-N0106-Series

This rider restores the maximum lifetime benefit if the insured has not met the stipulated conditions for a period of 180 consecutive days and the maximum lifetime benefit has not been exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	Factor
730x	1.08
1095x	1.06
1460x,1825x	1.04

Cost of Living Increase Rider R1-N0107-Series

This rider allows the insured to increase their policy limits, subject to the terms of the rider, every three years without additional underwriting. The additional premium charged is based on the attained age and incremental increase in the maximum daily facility benefit when exercised. If chosen, multiply the final premium by the appropriate factor:

Age	Factor
18-44	1.15
45-49	1.12
50-55	1.10
56-58	1.09
59-61	1.08
62-64	1.07
65-67	1.06
68-70	1.05
71-73	1.04
74-76	1.03

Modal Factors

Semi-Annual: 0.52; Quarterly: 0.27; Check-A-Matic: 0.09

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604

Supplement to Rate Sheets for Policy Form P1-N0091-A87
PENNSYLVANIA

All rates for this form should be multiplied by a factor of: 1.9425

This factor represents the **proposed** increase of: 29.5%

And the following prior approved rate increases:

Policy Form	Increase Applies to all Policies or Subsets	Rate Increase Approved	Approval Date of Rate Increase
P1-N0091-A87	--Yes--	20.00%	3/14/2013
P1-N0091-A87	--Yes--	25.00%	12/3/2014

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0091-A87
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	21.25	23.75	27.50	28.75	30.00
45-49	23.75	26.25	30.00	31.25	33.75
50-54	28.75	32.50	36.25	38.75	43.75
55	32.50	37.50	42.50	46.25	55.00
56	35.00	40.00	46.25	50.00	60.00
57	37.50	43.75	50.00	53.75	66.25
58	41.25	47.50	55.00	58.75	72.50
59	45.00	52.50	60.00	63.75	80.00
60	50.00	58.75	66.25	70.00	87.50
61	53.75	63.75	72.50	76.25	95.00
62	58.75	70.00	78.75	83.75	103.75
63	62.50	75.00	85.00	90.00	111.25
64	66.25	80.00	91.25	97.50	118.75
65	71.25	85.00	97.50	105.00	127.50
66	76.25	92.50	105.00	113.75	137.50
67	82.50	100.00	115.00	123.75	150.00
68	90.00	110.00	126.25	136.25	165.00
69	98.75	120.00	138.75	148.75	180.00
70	107.50	131.25	152.50	163.75	198.75
71	118.75	145.00	167.50	181.25	220.00
72	131.25	161.25	186.25	201.25	243.75
73	146.25	180.00	207.50	223.75	271.25
74	162.50	200.00	231.25	250.00	302.50
75	181.25	222.50	256.25	277.50	336.25
76	201.25	247.50	285.00	307.50	372.50
77	222.50	273.75	315.00	340.00	412.50
78	245.00	302.50	347.50	375.00	455.00
79	270.00	332.50	382.50	412.50	501.25
80	295.00				
81	322.50				
82	351.25				
83	381.25				
84	413.75				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0091-A87
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	40.00	48.75	56.25	61.25	73.75
45-49	43.75	53.75	62.50	67.50	82.50
50-54	53.75	66.25	77.50	83.75	105.00
55	65.00	78.75	91.25	97.50	125.00
56	68.75	83.75	96.25	103.75	133.75
57	73.75	90.00	102.50	110.00	142.50
58	78.75	96.25	110.00	117.50	152.50
59	83.75	102.50	117.50	126.25	162.50
60	88.75	110.00	126.25	136.25	173.75
61	95.00	117.50	135.00	146.25	185.00
62	101.25	125.00	145.00	157.50	198.75
63	107.50	133.75	155.00	167.50	212.50
64	115.00	141.25	165.00	178.75	227.50
65	122.50	151.25	175.00	190.00	243.75
66	131.25	161.25	187.50	202.50	261.25
67	141.25	173.75	201.25	217.50	281.25
68	152.50	187.50	217.50	235.00	303.75
69	163.75	202.50	233.75	253.75	327.50
70	177.50	220.00	253.75	275.00	352.50
71	192.50	238.75	275.00	298.75	382.50
72	208.75	260.00	300.00	326.25	416.25
73	227.50	283.75	328.75	357.50	453.75
74	248.75	311.25	360.00	392.50	496.25
75	271.25	340.00	395.00	430.00	541.25
76	295.00	371.25	432.50	471.25	591.25
77	320.00	405.00	472.50	516.25	643.75
78	346.25	441.25	516.25	563.75	700.00
79	373.75	480.00	562.50	615.00	761.25
80	403.75				
81	433.75				
82	466.25				
83	500.00				
84	535.00				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0091-A87
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	28.75	35.00	40.00	43.75	52.50
45-49	31.25	38.75	45.00	48.75	58.75
50-54	43.75	52.50	61.25	66.25	80.00
55	50.00	61.25	70.00	75.00	96.25
56	52.50	65.00	73.75	80.00	102.50
57	56.25	70.00	78.75	85.00	110.00
58	61.25	76.25	85.00	92.50	118.75
59	66.25	82.50	92.50	100.00	130.00
60	72.50	90.00	101.25	110.00	141.25
61	78.75	97.50	111.25	120.00	153.75
62	85.00	105.00	120.00	130.00	166.25
63	91.25	112.50	128.75	140.00	178.75
64	97.50	120.00	137.50	150.00	192.50
65	103.75	128.75	147.50	160.00	206.25
66	112.50	138.75	158.75	172.50	223.75
67	121.25	150.00	172.50	187.50	242.50
68	131.25	163.75	188.75	205.00	263.75
69	143.75	178.75	206.25	223.75	287.50
70	156.25	195.00	225.00	245.00	315.00
71	171.25	213.75	247.50	268.75	343.75
72	187.50	235.00	272.50	296.25	377.50
73	206.25	258.75	300.00	327.50	415.00
74	227.50	285.00	331.25	361.25	456.25
75	250.00	313.75	365.00	397.50	500.00
76	273.75	345.00	401.25	437.50	548.75
77	298.75	377.50	440.00	480.00	600.00
78	325.00	412.50	481.25	526.25	655.00
79	352.50	450.00	526.25	575.00	713.75
80	382.50				
81	412.50				
82	445.00				
83	478.75				
84	513.75				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0091-A87
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	25.00	27.50	32.50	33.75	35.00
45-49	27.50	31.25	35.00	36.25	40.00
50-54	33.75	38.75	42.50	45.00	51.25
55	38.75	43.75	50.00	55.00	65.00
56	41.25	47.50	55.00	58.75	70.00
57	43.75	51.25	58.75	63.75	77.50
58	48.75	56.25	65.00	68.75	85.00
59	52.50	61.25	70.00	75.00	93.75
60	58.75	68.75	77.50	82.50	102.50
61	63.75	75.00	85.00	90.00	111.25
62	68.75	82.50	92.50	98.75	122.50
63	73.75	88.75	100.00	106.25	131.25
64	77.50	93.75	107.50	115.00	140.00
65	83.75	100.00	115.00	123.75	150.00
66	90.00	108.75	123.75	133.75	161.25
67	97.50	117.50	135.00	145.00	176.25
68	106.25	130.00	148.75	160.00	193.75
69	116.25	141.25	163.75	175.00	211.25
70	126.25	155.00	180.00	192.50	233.75
71	140.00	170.00	197.50	213.75	258.75
72	155.00	190.00	218.75	236.25	286.25
73	172.50	211.25	243.75	263.75	318.75
74	191.25	235.00	272.50	293.75	356.25
75	213.75	261.25	301.25	326.25	395.00
76	236.25	291.25	335.00	361.25	438.75
77	261.25	322.50	370.00	400.00	485.00
78	288.75	356.25	408.75	441.25	535.00
79	317.50	391.25	450.00	485.00	590.00
80	347.50				
81	380.00				
82	413.75				
83	448.75				
84	486.25				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0091-A87
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	47.50	57.50	66.25	72.50	86.25
45-49	51.25	63.75	73.75	80.00	97.50
50-54	63.75	77.50	91.25	98.75	123.75
55	76.25	92.50	107.50	115.00	147.50
56	81.25	98.75	113.75	122.50	157.50
57	86.25	106.25	120.00	130.00	167.50
58	92.50	113.75	130.00	138.75	180.00
59	98.75	120.00	138.75	148.75	191.25
60	105.00	130.00	148.75	160.00	205.00
61	111.25	138.75	158.75	172.50	217.50
62	118.75	147.50	170.00	185.00	233.75
63	126.25	157.50	182.50	197.50	250.00
64	135.00	166.25	193.75	210.00	267.50
65	143.75	177.50	206.25	223.75	286.25
66	155.00	190.00	220.00	238.75	307.50
67	166.25	205.00	236.25	256.25	331.25
68	180.00	220.00	256.25	276.25	357.50
69	192.50	238.75	275.00	298.75	385.00
70	208.75	258.75	298.75	323.75	415.00
71	226.25	281.25	323.75	351.25	450.00
72	245.00	306.25	352.50	383.75	490.00
73	267.50	333.75	386.25	420.00	533.75
74	292.50	366.25	423.75	461.25	583.75
75	318.75	400.00	465.00	506.25	636.25
76	347.50	436.25	508.75	555.00	695.00
77	376.25	476.25	556.25	607.50	757.50
78	407.50	518.75	607.50	663.75	823.75
79	440.00	565.00	661.25	723.75	895.00
80	475.00				
81	510.00				
82	548.75				
83	588.75				
84	630.00				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0091-A87
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	33.75	41.25	47.50	51.25	61.25
45-49	36.25	45.00	52.50	57.50	68.75
50-54	51.25	61.25	72.50	77.50	93.75
55	58.75	72.50	82.50	88.75	113.75
56	61.25	76.25	86.25	93.75	120.00
57	66.25	82.50	92.50	100.00	130.00
58	72.50	90.00	100.00	108.75	140.00
59	77.50	97.50	108.75	117.50	152.50
60	85.00	106.25	118.75	130.00	166.25
61	92.50	115.00	131.25	141.25	181.25
62	100.00	123.75	141.25	152.50	195.00
63	107.50	132.50	151.25	165.00	210.00
64	115.00	141.25	161.25	176.25	226.25
65	122.50	151.25	173.75	188.75	242.50
66	132.50	163.75	186.25	202.50	263.75
67	142.50	176.25	202.50	220.00	285.00
68	155.00	192.50	222.50	241.25	310.00
69	168.75	210.00	242.50	263.75	338.75
70	183.75	230.00	265.00	288.75	370.00
71	201.25	251.25	291.25	316.25	405.00
72	220.00	276.25	320.00	348.75	443.75
73	242.50	305.00	352.50	385.00	488.75
74	267.50	335.00	390.00	425.00	536.25
75	293.75	368.75	430.00	467.50	588.75
76	322.50	406.25	472.50	515.00	645.00
77	351.25	443.75	517.50	565.00	706.25
78	382.50	485.00	566.25	618.75	770.00
79	415.00	530.00	618.75	676.25	840.00
80	450.00				
81	485.00				
82	523.75				
83	563.75				
84	605.00				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0091-A87
Long-Term Care Policy: Facility Only Coverage

WITH SURVIVORSHIP BENEFIT RIDER R1-N0103-SERIES

When this rider is chosen, multiply the final premium by the appropriate factor.

ISSUE AGE	NO INFLATION PROTECTION	SIMPLE INFLATION PROTECTION	COMPOUND INFLATION PROTECTION
18-44	1.11	1.17	1.17
45-49	1.14	1.21	1.21
50-54	1.18	1.28	1.28
55	1.20	1.30	1.30
56	1.20	1.30	1.30
57	1.21	1.30	1.30
58	1.21	1.30	1.30
59	1.21	1.30	1.30
60	1.21	1.30	1.30
61	1.21	1.30	1.30
62	1.21	1.29	1.29
63	1.21	1.29	1.29
64	1.21	1.28	1.28
65	1.20	1.27	1.27
66	1.20	1.26	1.26
67	1.20	1.26	1.26
68	1.19	1.25	1.25
69	1.19	1.24	1.24
70	1.18	1.23	1.23
71	1.18	1.22	1.22
72	1.17	1.20	1.20
73	1.16	1.19	1.19
74	1.16	1.18	1.18
75	1.15	1.17	1.17
76	1.14	1.16	1.16
77	1.13	1.15	1.15
78	1.12	1.14	1.14
79	1.11	1.13	1.13
80	1.10	1.12	1.12
81	1.09	1.11	1.11
82	1.08	1.10	1.10
83	1.07	1.09	1.09
84	1.06	1.08	1.08

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0091-A87
Long-Term Care Policy: Facility Only Coverage

Elimination Period Factors

Rates shown are for 30 day elimination period. Rates for other elimination periods are calculated by multiplying the 30 day rates by the appropriate factor from the following table:

Benefit Maximum	0	14	20	60	90	100	180	365
730x,1095x	1.12	1.07	1.03	0.94	0.90	0.89	0.78	0.67
1460x,1825x	1.10	1.05	1.03	0.95	0.90	0.89	0.79	0.69
Lifetime	1.08	1.04	1.03	0.96	0.92	0.91	0.84	0.75

Multi-Life Discount

A 5%, 10%, 15% or 20% discount to the rates is available for qualifying Associations of 10 or more lives.

Spousal Discount

A 20% discount to the rates is available to married couples if both spouses apply for coverage.

Dual Waiver of Premium Rider R1-N0104-Series

An optional dual waiver of premium rider will be offered. If one spouse qualifies for a waiver of premium, the premium of the other spouse will also be waived. If chosen, multiply the final premium by 1.06.

Shared Advantage Rider R1-N0105-Series

This rider will allow two covered spouses to purchase an additional benefit amount that can be used by either spouse after their base benefits are exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Period	No Inflation Protection	With Inflation Protection
730x	1.30	1.35
1095x	1.21	1.25
1460x	1.15	1.18
1825x	1.12	1.14

Restoration of Benefits Rider R1-N0106-Series

This rider restores the maximum lifetime benefit if the insured has not met the stipulated conditions for a period of 180 consecutive days and the maximum lifetime benefit has not been exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	Factor
730x	1.08
1095x	1.06
1460x,1825x	1.04

Cost of Living Increase Rider R1-N0107-Series

This rider allows the insured to increase their policy limits, subject to the terms of the rider, every three years without additional underwriting. The additional premium charged is based on the attained age and incremental increase in the maximum daily facility benefit when exercised. If chosen, multiply the final premium by the appropriate factor:

Age	Factor
18-44	1.15
45-49	1.12
50-55	1.10
56-58	1.09
59-61	1.08
62-64	1.07
65-67	1.06
68-70	1.05
71-73	1.04
74-76	1.03

Modal Factors

Semi-Annual: 0.52; Quarterly: 0.27; Check-A-Matic: 0.09

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604

Supplement to Rate Sheets for Policy Form P1-N0095-A87
PENNSYLVANIA

All rates for this form should be multiplied by a factor of: 1.9425

This factor represents the **proposed** increase of: 29.5%

And the following prior approved rate increases:

Policy Form	Increase Applies to all Policies or Subsets	Rate Increase Approved	Approval Date of Rate Increase
P1-N0095-A87	--Yes--	20.00%	3/14/2013
P1-N0095-A87	--Yes--	25.00%	12/3/2014

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0095-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	19	23	25	27	35
45-49	21	26	28	30	39
50-54	26	31	35	37	48
55	30	36	40	43	57
56	32	38	43	46	60
57	34	41	46	49	65
58	37	44	50	53	70
59	40	48	54	58	76
60	43	52	59	63	83
61	47	56	64	69	90
62	51	61	70	75	98
63	55	66	75	81	106
64	58	70	81	87	113
65	62	75	87	93	121
66	66	81	94	101	131
67	72	88	102	110	143
68	79	96	111	121	157
69	86	105	122	132	172
70	94	115	133	145	189
71	103	127	147	160	208
72	114	141	163	178	231
73	126	157	182	198	257
74	140	175	202	221	285
75	156	194	225	246	316
76	172	215	250	273	350
77	190	238	277	302	387
78	209	263	306	334	426
79	230	289	337	367	468
80	252				
81	275				
82	300				
83	326				
84	354				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0095-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	22	27	30	31	41
45-49	25	30	33	35	45
50-54	29	35	40	43	56
55	34	40	45	49	65
56	36	42	48	52	68
57	38	45	51	55	73
58	41	49	55	59	78
59	44	53	60	65	84
60	47	58	65	70	91
61	51	62	71	77	99
62	55	67	77	83	107
63	59	72	83	89	116
64	63	77	88	95	124
65	68	82	95	101	133
66	72	88	102	109	144
67	78	96	110	119	157
68	85	104	121	131	172
69	93	114	132	143	188
70	102	126	144	157	207
71	111	138	160	173	228
72	123	154	177	193	252
73	137	171	197	215	280
74	151	190	220	239	310
75	168	211	245	266	344
76	185	234	272	296	381
77	205	258	301	328	421
78	225	285	333	363	463
79	247	314	366	399	509
80	270				
81	295				
82	321				
83	348				
84	377				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0095-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	23	28	32	33	43
45-49	26	31	35	37	48
50-54	30	37	42	45	60
55	35	42	47	51	68
56	37	44	50	54	72
57	39	47	53	58	76
58	42	51	57	62	82
59	45	55	62	68	88
60	49	60	68	73	95
61	53	65	74	80	103
62	57	70	80	86	111
63	61	75	86	92	120
64	65	80	91	98	128
65	70	85	98	105	138
66	75	91	105	113	149
67	81	99	114	123	163
68	88	108	125	135	178
69	96	118	136	148	195
70	105	130	149	162	214
71	115	143	165	179	236
72	127	159	183	199	261
73	141	177	204	222	290
74	156	196	227	247	321
75	173	218	253	275	356
76	191	242	281	306	394
77	211	267	311	339	435
78	232	294	344	375	479
79	254	324	379	413	526
80	278				
81	303				
82	330				
83	358				
84	387				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0095-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	36	45	52	57	75
45-49	40	50	58	63	83
50-54	49	61	71	77	106
55	56	71	82	89	123
56	59	75	87	94	129
57	63	80	92	100	137
58	67	85	98	107	145
59	72	91	105	114	154
60	77	97	112	121	164
61	82	104	120	130	175
62	88	111	128	139	187
63	94	118	136	148	200
64	100	126	145	158	213
65	106	134	155	168	227
66	114	143	165	180	243
67	122	154	178	194	262
68	131	166	192	210	283
69	141	178	208	227	305
70	152	193	225	246	329
71	165	209	244	267	357
72	179	227	266	291	388
73	195	248	291	318	423
74	213	271	318	348	461
75	233	296	347	380	503
76	253	324	379	415	548
77	275	353	413	453	596
78	297	385	449	493	647
79	321	418	488	536	702
80	346				
81	371				
82	398				
83	426				
84	455				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0095-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	40	51	59	65	84
45-49	45	56	66	71	94
50-54	55	69	81	88	119
55	62	79	93	101	136
56	65	83	98	106	142
57	69	88	103	112	150
58	73	93	109	119	159
59	78	99	116	126	169
60	84	106	123	134	179
61	90	113	131	142	191
62	96	121	139	152	204
63	102	129	148	161	218
64	108	137	158	172	231
65	115	145	168	183	247
66	123	155	180	197	263
67	132	167	194	212	284
68	142	180	210	230	306
69	153	193	226	248	330
70	165	210	245	268	356
71	178	227	266	291	386
72	194	247	289	317	420
73	211	270	316	346	458
74	230	294	345	378	499
75	251	321	376	412	544
76	273	350	410	449	591
77	295	380	446	489	643
78	319	413	485	532	697
79	343	448	526	577	756
80	370				
81	396				
82	425				
83	454				
84	484				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0095-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	42	53	62	68	88
45-49	47	59	69	75	98
50-54	58	73	85	92	124
55	65	82	97	106	141
56	68	86	102	111	148
57	72	91	107	117	156
58	76	97	113	124	165
59	81	103	120	131	175
60	87	110	127	139	186
61	93	117	135	147	198
62	99	125	144	157	211
63	105	133	153	167	225
64	112	141	163	178	239
65	119	150	174	190	255
66	127	160	187	204	272
67	136	172	201	220	293
68	146	186	217	238	316
69	158	200	234	257	341
70	170	217	253	278	368
71	184	235	275	301	399
72	200	256	299	328	434
73	218	279	326	358	473
74	237	304	356	391	515
75	258	331	388	426	561
76	281	361	423	464	610
77	304	392	460	505	663
78	328	425	500	549	719
79	353	461	542	595	779
80	380				
81	407				
82	436				
83	466				
84	497				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0095-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	27	33	39	42	56
45-49	30	37	43	47	62
50-54	39	48	55	61	80
55	45	55	64	70	95
56	47	58	67	73	101
57	50	62	72	78	108
58	54	67	78	84	116
59	58	72	84	91	125
60	63	79	91	99	134
61	69	85	99	107	145
62	74	92	107	116	156
63	79	99	115	124	168
64	85	106	123	133	180
65	90	113	131	142	193
66	97	122	141	153	208
67	105	132	153	166	226
68	114	144	167	181	246
69	124	157	182	198	268
70	135	171	199	217	293
71	148	188	218	238	320
72	162	206	240	262	351
73	178	227	264	289	386
74	196	249	291	318	423
75	215	274	320	350	464
76	236	300	351	385	509
77	257	329	385	422	556
78	279	359	421	462	607
79	303	392	459	504	660
80	328				
81	354				
82	381				
83	409				
84	439				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0095-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	31	39	45	48	64
45-49	35	43	49	54	71
50-54	43	54	63	69	90
55	50	62	72	78	106
56	53	66	76	83	112
57	56	70	81	88	120
58	60	75	87	95	128
59	64	80	93	102	137
60	69	87	101	110	147
61	75	93	109	119	158
62	80	100	117	128	169
63	86	107	126	137	182
64	92	115	134	146	195
65	98	123	143	156	208
66	106	133	154	168	225
67	115	143	167	181	244
68	125	156	182	198	266
69	135	170	198	216	290
70	146	185	216	235	316
71	159	203	236	258	346
72	174	222	260	284	379
73	191	245	286	313	416
74	210	269	314	344	457
75	231	295	346	379	501
76	253	323	380	417	549
77	276	354	416	456	600
78	299	387	455	499	655
79	325	422	496	545	713
80	351				
81	379				
82	407				
83	436				
84	468				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0095-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	33	41	47	51	68
45-49	37	45	52	57	75
50-54	45	56	66	72	94
55	52	65	76	82	111
56	55	69	80	87	117
57	58	73	85	92	125
58	62	78	91	99	133
59	67	84	97	106	142
60	72	90	105	115	152
61	77	97	113	124	163
62	83	104	121	133	175
63	89	111	130	142	188
64	95	119	139	152	201
65	102	127	148	162	215
66	110	137	160	174	232
67	119	148	173	188	252
68	129	161	188	205	274
69	139	175	205	223	299
70	151	191	223	243	326
71	164	209	244	267	357
72	179	229	268	293	391
73	197	252	295	323	429
74	216	277	324	355	472
75	238	304	357	391	517
76	260	333	392	430	566
77	284	365	429	471	619
78	308	399	469	515	675
79	334	435	512	563	735
80	361				
81	389				
82	418				
83	448				
84	480				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0095-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	22	27	29	32	41
45-49	25	31	33	35	46
50-54	31	36	41	44	56
55	35	42	47	51	67
56	38	45	51	54	71
57	40	48	54	58	76
58	44	52	59	62	82
59	47	56	64	68	89
60	51	61	69	74	98
61	55	66	75	81	106
62	60	72	82	88	115
63	65	78	88	95	125
64	68	82	95	102	133
65	73	88	102	109	142
66	78	95	111	119	154
67	85	104	120	129	168
68	93	113	131	142	185
69	101	124	144	155	202
70	111	135	156	171	222
71	121	149	173	188	245
72	134	166	192	209	272
73	148	185	214	233	302
74	165	206	238	260	335
75	184	228	265	289	372
76	202	253	294	321	412
77	224	280	326	355	455
78	246	309	360	393	501
79	271	340	396	432	551
80	296				
81	324				
82	353				
83	384				
84	416				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0095-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	26	32	35	36	48
45-49	29	35	39	41	53
50-54	34	41	47	51	66
55	40	47	53	58	76
56	42	49	56	61	80
57	45	53	60	65	86
58	48	58	65	69	92
59	52	62	71	76	99
60	55	68	76	82	107
61	60	73	84	91	116
62	65	79	91	98	126
63	69	85	98	105	136
64	74	91	104	112	146
65	80	96	112	119	156
66	85	104	120	128	169
67	92	113	129	140	185
68	100	122	142	154	202
69	109	134	155	168	221
70	120	148	169	185	244
71	131	162	188	204	268
72	145	181	208	227	296
73	161	201	232	253	329
74	178	224	259	281	365
75	198	248	288	313	405
76	218	275	320	348	448
77	241	304	354	386	495
78	265	335	392	427	545
79	291	369	431	469	599
80	318				
81	347				
82	378				
83	409				
84	444				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0095-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	27	33	38	39	51
45-49	31	36	41	44	56
50-54	35	44	49	53	71
55	41	49	55	60	80
56	44	52	59	64	85
57	46	55	62	68	89
58	49	60	67	73	96
59	53	65	73	80	104
60	58	71	80	86	112
61	62	76	87	94	121
62	67	82	94	101	131
63	72	88	101	108	141
64	76	94	107	115	151
65	82	100	115	124	162
66	88	107	124	133	175
67	95	116	134	145	192
68	104	127	147	159	209
69	113	139	160	174	229
70	124	153	175	191	252
71	135	168	194	211	278
72	149	187	215	234	307
73	166	208	240	261	341
74	184	231	267	291	378
75	204	256	298	324	419
76	225	285	331	360	464
77	248	314	366	399	512
78	273	346	405	441	564
79	299	381	446	486	619
80	327				
81	356				
82	388				
83	421				
84	455				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0095-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	42	53	61	67	88
45-49	47	59	68	74	98
50-54	58	72	84	91	125
55	66	84	96	105	145
56	69	88	102	111	152
57	74	94	108	118	161
58	79	100	115	126	171
59	85	107	124	134	181
60	91	114	132	142	193
61	96	122	141	153	206
62	104	131	151	164	220
63	111	139	160	174	235
64	118	148	171	186	251
65	125	158	182	198	267
66	134	168	194	212	286
67	144	181	209	228	308
68	154	195	226	247	333
69	166	209	245	267	359
70	179	227	265	289	387
71	194	246	287	314	420
72	211	267	313	342	456
73	229	292	342	374	498
74	251	319	374	409	542
75	274	348	408	447	592
76	298	381	446	488	645
77	324	415	486	533	701
78	349	453	528	580	761
79	378	492	574	631	826
80	407				
81	436				
82	468				
83	501				
84	535				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0095-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	47	60	69	76	99
45-49	53	66	78	84	111
50-54	65	81	95	104	140
55	73	93	109	119	160
56	76	98	115	125	167
57	81	104	121	132	176
58	86	109	128	140	187
59	92	116	136	148	199
60	99	125	145	158	211
61	106	133	154	167	225
62	113	142	164	179	240
63	120	152	174	189	256
64	127	161	186	202	272
65	135	171	198	215	291
66	145	182	212	232	309
67	155	196	228	249	334
68	167	212	247	271	360
69	180	227	266	292	388
70	194	247	288	315	419
71	209	267	313	342	454
72	228	291	340	373	494
73	248	318	372	407	539
74	271	346	406	445	587
75	295	378	442	485	640
76	321	412	482	528	695
77	347	447	525	575	756
78	375	486	571	626	820
79	404	527	619	679	889
80	435				
81	466				
82	500				
83	534				
84	569				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0095-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	49	62	73	80	104
45-49	55	69	81	88	115
50-54	68	86	100	108	146
55	76	96	114	125	166
56	80	101	120	131	174
57	85	107	126	138	184
58	89	114	133	146	194
59	95	121	141	154	206
60	102	129	149	164	219
61	109	138	159	173	233
62	116	147	169	185	248
63	124	156	180	196	265
64	132	166	192	209	281
65	140	176	205	224	300
66	149	188	220	240	320
67	160	202	236	259	345
68	172	219	255	280	372
69	186	235	275	302	401
70	200	255	298	327	433
71	216	276	324	354	469
72	235	301	352	386	511
73	256	328	384	421	556
74	279	358	419	460	606
75	304	389	456	501	660
76	331	425	498	546	718
77	358	461	541	594	780
78	386	500	588	646	846
79	415	542	638	700	916
80	447				
81	479				
82	513				
83	548				
84	585				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0095-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	32	39	46	49	66
45-49	35	44	51	55	73
50-54	46	56	65	72	94
55	53	65	75	82	112
56	55	68	79	86	119
57	59	73	85	92	127
58	64	79	92	99	136
59	68	85	99	107	147
60	74	93	107	116	158
61	81	100	116	126	171
62	87	108	126	136	184
63	93	116	135	146	198
64	100	125	145	156	212
65	106	133	154	167	227
66	114	144	166	180	245
67	124	155	180	195	266
68	134	169	196	213	289
69	146	185	214	233	315
70	159	201	234	255	345
71	174	221	256	280	376
72	191	242	282	308	413
73	209	267	311	340	454
74	231	293	342	374	498
75	253	322	376	412	546
76	278	353	413	453	599
77	302	387	453	496	654
78	328	422	495	544	714
79	356	461	540	593	776
80	386				
81	416				
82	448				
83	481				
84	516				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0095-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	36	46	53	56	75
45-49	41	51	58	64	84
50-54	51	64	74	81	106
55	59	73	85	92	125
56	62	78	89	98	132
57	66	82	95	104	141
58	71	88	102	112	151
59	75	94	109	120	161
60	81	102	119	129	173
61	88	109	128	140	186
62	94	118	138	151	199
63	101	126	148	161	214
64	108	135	158	172	229
65	115	145	168	184	245
66	125	156	181	198	265
67	135	168	196	213	287
68	147	184	214	233	313
69	159	200	233	254	341
70	172	218	254	276	372
71	187	239	278	304	407
72	205	261	306	334	446
73	225	288	336	368	489
74	247	316	369	405	538
75	272	347	407	446	589
76	298	380	447	491	646
77	325	416	489	536	706
78	352	455	535	587	771
79	382	496	584	641	839
80	413				
81	446				
82	479				
83	513				
84	551				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0095-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	39	48	55	60	80
45-49	44	53	61	67	88
50-54	53	66	78	85	111
55	61	76	89	96	131
56	65	81	94	102	138
57	68	86	100	108	147
58	73	92	107	116	156
59	79	99	114	125	167
60	85	106	124	135	179
61	91	114	133	146	192
62	98	122	142	156	206
63	105	131	153	167	221
64	112	140	164	179	236
65	120	149	174	191	253
66	129	161	188	205	273
67	140	174	204	221	296
68	152	189	221	241	322
69	164	206	241	262	352
70	178	225	262	286	384
71	193	246	287	314	420
72	211	269	315	345	460
73	232	296	347	380	505
74	254	326	381	418	555
75	280	358	420	460	608
76	306	392	461	506	666
77	334	429	505	554	728
78	362	469	552	606	794
79	393	512	602	662	865
80	425				
81	458				
82	492				
83	527				
84	565				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0095-A87
Long-Term Care Policy

WITH SURVIVORSHIP BENEFIT RIDER R1-N0103-SERIES

When this rider is chosen, multiply the final premium by the appropriate factor.

ISSUE AGE	NO INFLATION PROTECTION	SIMPLE INFLATION PROTECTION	COMPOUND INFLATION PROTECTION
18-44	1.11	1.17	1.17
45-49	1.14	1.21	1.21
50-54	1.18	1.28	1.28
55	1.20	1.30	1.30
56	1.20	1.30	1.30
57	1.21	1.30	1.30
58	1.21	1.30	1.30
59	1.21	1.30	1.30
60	1.21	1.30	1.30
61	1.21	1.30	1.30
62	1.21	1.29	1.29
63	1.21	1.29	1.29
64	1.21	1.28	1.28
65	1.20	1.27	1.27
66	1.20	1.26	1.26
67	1.20	1.26	1.26
68	1.19	1.25	1.25
69	1.19	1.24	1.24
70	1.18	1.23	1.23
71	1.18	1.22	1.22
72	1.17	1.20	1.20
73	1.16	1.19	1.19
74	1.16	1.18	1.18
75	1.15	1.17	1.17
76	1.14	1.16	1.16
77	1.13	1.15	1.15
78	1.12	1.14	1.14
79	1.11	1.13	1.13
80	1.10	1.12	1.12
81	1.09	1.11	1.11
82	1.08	1.10	1.10
83	1.07	1.09	1.09
84	1.06	1.08	1.08

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0095-A87
Long-Term Care Policy

Elimination Period Factors

Rates shown are for 30 day elimination period. Rates for other elimination periods are calculated by multiplying the 30 day rates by the appropriate factor from the following table:

Benefit Maximum	0	14	20	60	90	100	180	365
730x,1095x	1.12	1.07	1.03	0.94	0.90	0.89	0.78	0.67
1460x,1825x	1.10	1.05	1.03	0.95	0.90	0.89	0.79	0.69
Lifetime	1.08	1.04	1.03	0.96	0.92	0.91	0.84	0.75

Multi-Life Discount

A 5%, 10%, 15% or 20% discount to the rates is available for qualifying Associations of 10 or more lives.

Spousal Discount

A 20% discount to the rates is available to married couples if both spouses apply for coverage.

Dual Waiver of Premium Rider R1-N0104-Series

An optional dual waiver of premium rider will be offered. If one spouse qualifies for a waiver of premium, the premium of the other spouse will also be waived. If chosen, multiply the final premium by 1.06.

Shared Advantage Rider R1-N0105-Series

This rider will allow two covered spouses to purchase an additional benefit amount that can be used by either spouse after their base benefits are exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	No Inflation Protection	With Inflation Protection
730x	1.30	1.35
1095x	1.21	1.25
1460x	1.15	1.18
1825x	1.12	1.14

Restoration of Benefits Rider R1-N0106-Series

This rider restores the maximum lifetime benefit if the insured has not met the stipulated conditions for a period of 180 consecutive days and the maximum lifetime benefit has not been exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	Factor
730x	1.08
1095x	1.06
1460x,1825x	1.04

Cost of Living Increase Rider R1-N0107-Series

This rider allows the insured to increase their policy limits, subject to the terms of the rider, every three years without additional underwriting. The additional premium charged is based on the attained age and incremental increase in the maximum daily facility benefit when exercised. If chosen, multiply the final premium by the appropriate factor:

Age	Factor
18-44	1.15
45-49	1.12
50-55	1.10
56-58	1.09
59-61	1.08
62-64	1.07
65-67	1.06
68-70	1.05
71-73	1.04
74-76	1.03

Modal Factors

Semi-Annual: 0.52; Quarterly: 0.27; Check-A-Matic: 0.09

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604

Supplement to Rate Sheets for Policy Form P1-N0096-A87
PENNSYLVANIA

All rates for this form should be multiplied by a factor of: 1.9425

This factor represents the **proposed** increase of: 29.5%

And the following prior approved rate increases:

Policy Form	Increase Applies to all Policies or Subsets	Rate Increase Approved	Approval Date of Rate Increase
P1-N0096-A87	--Yes--	20.00%	3/14/2013
P1-N0096-A87	--Yes--	25.00%	12/3/2014

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0096-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	23.75	28.75	31.25	33.75	43.75
45-49	26.25	32.50	35.00	37.50	48.75
50-54	32.50	38.75	43.75	46.25	60.00
55	37.50	45.00	50.00	53.75	71.25
56	40.00	47.50	53.75	57.50	75.00
57	42.50	51.25	57.50	61.25	81.25
58	46.25	55.00	62.50	66.25	87.50
59	50.00	60.00	67.50	72.50	95.00
60	53.75	65.00	73.75	78.75	103.75
61	58.75	70.00	80.00	86.25	112.50
62	63.75	76.25	87.50	93.75	122.50
63	68.75	82.50	93.75	101.25	132.50
64	72.50	87.50	101.25	108.75	141.25
65	77.50	93.75	108.75	116.25	151.25
66	82.50	101.25	117.50	126.25	163.75
67	90.00	110.00	127.50	137.50	178.75
68	98.75	120.00	138.75	151.25	196.25
69	107.50	131.25	152.50	165.00	215.00
70	117.50	143.75	166.25	181.25	236.25
71	128.75	158.75	183.75	200.00	260.00
72	142.50	176.25	203.75	222.50	288.75
73	157.50	196.25	227.50	247.50	321.25
74	175.00	218.75	252.50	276.25	356.25
75	195.00	242.50	281.25	307.50	395.00
76	215.00	268.75	312.50	341.25	437.50
77	237.50	297.50	346.25	377.50	483.75
78	261.25	328.75	382.50	417.50	532.50
79	287.50	361.25	421.25	458.75	585.00
80	315.00				
81	343.75				
82	375.00				
83	407.50				
84	442.50				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0096-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	27.50	33.75	37.50	38.75	51.25
45-49	31.25	37.50	41.25	43.75	56.25
50-54	36.25	43.75	50.00	53.75	70.00
55	42.50	50.00	56.25	61.25	81.25
56	45.00	52.50	60.00	65.00	85.00
57	47.50	56.25	63.75	68.75	91.25
58	51.25	61.25	68.75	73.75	97.50
59	55.00	66.25	75.00	81.25	105.00
60	58.75	72.50	81.25	87.50	113.75
61	63.75	77.50	88.75	96.25	123.75
62	68.75	83.75	96.25	103.75	133.75
63	73.75	90.00	103.75	111.25	145.00
64	78.75	96.25	110.00	118.75	155.00
65	85.00	102.50	118.75	126.25	166.25
66	90.00	110.00	127.50	136.25	180.00
67	97.50	120.00	137.50	148.75	196.25
68	106.25	130.00	151.25	163.75	215.00
69	116.25	142.50	165.00	178.75	235.00
70	127.50	157.50	180.00	196.25	258.75
71	138.75	172.50	200.00	216.25	285.00
72	153.75	192.50	221.25	241.25	315.00
73	171.25	213.75	246.25	268.75	350.00
74	188.75	237.50	275.00	298.75	387.50
75	210.00	263.75	306.25	332.50	430.00
76	231.25	292.50	340.00	370.00	476.25
77	256.25	322.50	376.25	410.00	526.25
78	281.25	356.25	416.25	453.75	578.75
79	308.75	392.50	457.50	498.75	636.25
80	337.50				
81	368.75				
82	401.25				
83	435.00				
84	471.25				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0096-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	28.75	35.00	40.00	41.25	53.75
45-49	32.50	38.75	43.75	46.25	60.00
50-54	37.50	46.25	52.50	56.25	75.00
55	43.75	52.50	58.75	63.75	85.00
56	46.25	55.00	62.50	67.50	90.00
57	48.75	58.75	66.25	72.50	95.00
58	52.50	63.75	71.25	77.50	102.50
59	56.25	68.75	77.50	85.00	110.00
60	61.25	75.00	85.00	91.25	118.75
61	66.25	81.25	92.50	100.00	128.75
62	71.25	87.50	100.00	107.50	138.75
63	76.25	93.75	107.50	115.00	150.00
64	81.25	100.00	113.75	122.50	160.00
65	87.50	106.25	122.50	131.25	172.50
66	93.75	113.75	131.25	141.25	186.25
67	101.25	123.75	142.50	153.75	203.75
68	110.00	135.00	156.25	168.75	222.50
69	120.00	147.50	170.00	185.00	243.75
70	131.25	162.50	186.25	202.50	267.50
71	143.75	178.75	206.25	223.75	295.00
72	158.75	198.75	228.75	248.75	326.25
73	176.25	221.25	255.00	277.50	362.50
74	195.00	245.00	283.75	308.75	401.25
75	216.25	272.50	316.25	343.75	445.00
76	238.75	302.50	351.25	382.50	492.50
77	263.75	333.75	388.75	423.75	543.75
78	290.00	367.50	430.00	468.75	598.75
79	317.50	405.00	473.75	516.25	657.50
80	347.50				
81	378.75				
82	412.50				
83	447.50				
84	483.75				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0096-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	45.00	56.25	65.00	71.25	93.75
45-49	50.00	62.50	72.50	78.75	103.75
50-54	61.25	76.25	88.75	96.25	132.50
55	70.00	88.75	102.50	111.25	153.75
56	73.75	93.75	108.75	117.50	161.25
57	78.75	100.00	115.00	125.00	171.25
58	83.75	106.25	122.50	133.75	181.25
59	90.00	113.75	131.25	142.50	192.50
60	96.25	121.25	140.00	151.25	205.00
61	102.50	130.00	150.00	162.50	218.75
62	110.00	138.75	160.00	173.75	233.75
63	117.50	147.50	170.00	185.00	250.00
64	125.00	157.50	181.25	197.50	266.25
65	132.50	167.50	193.75	210.00	283.75
66	142.50	178.75	206.25	225.00	303.75
67	152.50	192.50	222.50	242.50	327.50
68	163.75	207.50	240.00	262.50	353.75
69	176.25	222.50	260.00	283.75	381.25
70	190.00	241.25	281.25	307.50	411.25
71	206.25	261.25	305.00	333.75	446.25
72	223.75	283.75	332.50	363.75	485.00
73	243.75	310.00	363.75	397.50	528.75
74	266.25	338.75	397.50	435.00	576.25
75	291.25	370.00	433.75	475.00	628.75
76	316.25	405.00	473.75	518.75	685.00
77	343.75	441.25	516.25	566.25	745.00
78	371.25	481.25	561.25	616.25	808.75
79	401.25	522.50	610.00	670.00	877.50
80	432.50				
81	463.75				
82	497.50				
83	532.50				
84	568.75				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0096-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	50.00	63.75	73.75	81.25	105.00
45-49	56.25	70.00	82.50	88.75	117.50
50-54	68.75	86.25	101.25	110.00	148.75
55	77.50	98.75	116.25	126.25	170.00
56	81.25	103.75	122.50	132.50	177.50
57	86.25	110.00	128.75	140.00	187.50
58	91.25	116.25	136.25	148.75	198.75
59	97.50	123.75	145.00	157.50	211.25
60	105.00	132.50	153.75	167.50	223.75
61	112.50	141.25	163.75	177.50	238.75
62	120.00	151.25	173.75	190.00	255.00
63	127.50	161.25	185.00	201.25	272.50
64	135.00	171.25	197.50	215.00	288.75
65	143.75	181.25	210.00	228.75	308.75
66	153.75	193.75	225.00	246.25	328.75
67	165.00	208.75	242.50	265.00	355.00
68	177.50	225.00	262.50	287.50	382.50
69	191.25	241.25	282.50	310.00	412.50
70	206.25	262.50	306.25	335.00	445.00
71	222.50	283.75	332.50	363.75	482.50
72	242.50	308.75	361.25	396.25	525.00
73	263.75	337.50	395.00	432.50	572.50
74	287.50	367.50	431.25	472.50	623.75
75	313.75	401.25	470.00	515.00	680.00
76	341.25	437.50	512.50	561.25	738.75
77	368.75	475.00	557.50	611.25	803.75
78	398.75	516.25	606.25	665.00	871.25
79	428.75	560.00	657.50	721.25	945.00
80	462.50				
81	495.00				
82	531.25				
83	567.50				
84	605.00				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0096-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	52.50	66.25	77.50	85.00	110.00
45-49	58.75	73.75	86.25	93.75	122.50
50-54	72.50	91.25	106.25	115.00	155.00
55	81.25	102.50	121.25	132.50	176.25
56	85.00	107.50	127.50	138.75	185.00
57	90.00	113.75	133.75	146.25	195.00
58	95.00	121.25	141.25	155.00	206.25
59	101.25	128.75	150.00	163.75	218.75
60	108.75	137.50	158.75	173.75	232.50
61	116.25	146.25	168.75	183.75	247.50
62	123.75	156.25	180.00	196.25	263.75
63	131.25	166.25	191.25	208.75	281.25
64	140.00	176.25	203.75	222.50	298.75
65	148.75	187.50	217.50	237.50	318.75
66	158.75	200.00	233.75	255.00	340.00
67	170.00	215.00	251.25	275.00	366.25
68	182.50	232.50	271.25	297.50	395.00
69	197.50	250.00	292.50	321.25	426.25
70	212.50	271.25	316.25	347.50	460.00
71	230.00	293.75	343.75	376.25	498.75
72	250.00	320.00	373.75	410.00	542.50
73	272.50	348.75	407.50	447.50	591.25
74	296.25	380.00	445.00	488.75	643.75
75	322.50	413.75	485.00	532.50	701.25
76	351.25	451.25	528.75	580.00	762.50
77	380.00	490.00	575.00	631.25	828.75
78	410.00	531.25	625.00	686.25	898.75
79	441.25	576.25	677.50	743.75	973.75
80	475.00				
81	508.75				
82	545.00				
83	582.50				
84	621.25				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0096-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	33.75	41.25	48.75	52.50	70.00
45-49	37.50	46.25	53.75	58.75	77.50
50-54	48.75	60.00	68.75	76.25	100.00
55	56.25	68.75	80.00	87.50	118.75
56	58.75	72.50	83.75	91.25	126.25
57	62.50	77.50	90.00	97.50	135.00
58	67.50	83.75	97.50	105.00	145.00
59	72.50	90.00	105.00	113.75	156.25
60	78.75	98.75	113.75	123.75	167.50
61	86.25	106.25	123.75	133.75	181.25
62	92.50	115.00	133.75	145.00	195.00
63	98.75	123.75	143.75	155.00	210.00
64	106.25	132.50	153.75	166.25	225.00
65	112.50	141.25	163.75	177.50	241.25
66	121.25	152.50	176.25	191.25	260.00
67	131.25	165.00	191.25	207.50	282.50
68	142.50	180.00	208.75	226.25	307.50
69	155.00	196.25	227.50	247.50	335.00
70	168.75	213.75	248.75	271.25	366.25
71	185.00	235.00	272.50	297.50	400.00
72	202.50	257.50	300.00	327.50	438.75
73	222.50	283.75	330.00	361.25	482.50
74	245.00	311.25	363.75	397.50	528.75
75	268.75	342.50	400.00	437.50	580.00
76	295.00	375.00	438.75	481.25	636.25
77	321.25	411.25	481.25	527.50	695.00
78	348.75	448.75	526.25	577.50	758.75
79	378.75	490.00	573.75	630.00	825.00
80	410.00				
81	442.50				
82	476.25				
83	511.25				
84	548.75				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0096-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	38.75	48.75	56.25	60.00	80.00
45-49	43.75	53.75	61.25	67.50	88.75
50-54	53.75	67.50	78.75	86.25	112.50
55	62.50	77.50	90.00	97.50	132.50
56	66.25	82.50	95.00	103.75	140.00
57	70.00	87.50	101.25	110.00	150.00
58	75.00	93.75	108.75	118.75	160.00
59	80.00	100.00	116.25	127.50	171.25
60	86.25	108.75	126.25	137.50	183.75
61	93.75	116.25	136.25	148.75	197.50
62	100.00	125.00	146.25	160.00	211.25
63	107.50	133.75	157.50	171.25	227.50
64	115.00	143.75	167.50	182.50	243.75
65	122.50	153.75	178.75	195.00	260.00
66	132.50	166.25	192.50	210.00	281.25
67	143.75	178.75	208.75	226.25	305.00
68	156.25	195.00	227.50	247.50	332.50
69	168.75	212.50	247.50	270.00	362.50
70	182.50	231.25	270.00	293.75	395.00
71	198.75	253.75	295.00	322.50	432.50
72	217.50	277.50	325.00	355.00	473.75
73	238.75	306.25	357.50	391.25	520.00
74	262.50	336.25	392.50	430.00	571.25
75	288.75	368.75	432.50	473.75	626.25
76	316.25	403.75	475.00	521.25	686.25
77	345.00	442.50	520.00	570.00	750.00
78	373.75	483.75	568.75	623.75	818.75
79	406.25	527.50	620.00	681.25	891.25
80	438.75				
81	473.75				
82	508.75				
83	545.00				
84	585.00				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0096-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	41.25	51.25	58.75	63.75	85.00
45-49	46.25	56.25	65.00	71.25	93.75
50-54	56.25	70.00	82.50	90.00	117.50
55	65.00	81.25	95.00	102.50	138.75
56	68.75	86.25	100.00	108.75	146.25
57	72.50	91.25	106.25	115.00	156.25
58	77.50	97.50	113.75	123.75	166.25
59	83.75	105.00	121.25	132.50	177.50
60	90.00	112.50	131.25	143.75	190.00
61	96.25	121.25	141.25	155.00	203.75
62	103.75	130.00	151.25	166.25	218.75
63	111.25	138.75	162.50	177.50	235.00
64	118.75	148.75	173.75	190.00	251.25
65	127.50	158.75	185.00	202.50	268.75
66	137.50	171.25	200.00	217.50	290.00
67	148.75	185.00	216.25	235.00	315.00
68	161.25	201.25	235.00	256.25	342.50
69	173.75	218.75	256.25	278.75	373.75
70	188.75	238.75	278.75	303.75	407.50
71	205.00	261.25	305.00	333.75	446.25
72	223.75	286.25	335.00	366.25	488.75
73	246.25	315.00	368.75	403.75	536.25
74	270.00	346.25	405.00	443.75	590.00
75	297.50	380.00	446.25	488.75	646.25
76	325.00	416.25	490.00	537.50	707.50
77	355.00	456.25	536.25	588.75	773.75
78	385.00	498.75	586.25	643.75	843.75
79	417.50	543.75	640.00	703.75	918.75
80	451.25				
81	486.25				
82	522.50				
83	560.00				
84	600.00				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0096-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	27.50	33.75	36.25	40.00	51.25
45-49	31.25	38.75	41.25	43.75	57.50
50-54	38.75	45.00	51.25	55.00	70.00
55	43.75	52.50	58.75	63.75	83.75
56	47.50	56.25	63.75	67.50	88.75
57	50.00	60.00	67.50	72.50	95.00
58	55.00	65.00	73.75	77.50	102.50
59	58.75	70.00	80.00	85.00	111.25
60	63.75	76.25	86.25	92.50	122.50
61	68.75	82.50	93.75	101.25	132.50
62	75.00	90.00	102.50	110.00	143.75
63	81.25	97.50	110.00	118.75	156.25
64	85.00	102.50	118.75	127.50	166.25
65	91.25	110.00	127.50	136.25	177.50
66	97.50	118.75	138.75	148.75	192.50
67	106.25	130.00	150.00	161.25	210.00
68	116.25	141.25	163.75	177.50	231.25
69	126.25	155.00	180.00	193.75	252.50
70	138.75	168.75	195.00	213.75	277.50
71	151.25	186.25	216.25	235.00	306.25
72	167.50	207.50	240.00	261.25	340.00
73	185.00	231.25	267.50	291.25	377.50
74	206.25	257.50	297.50	325.00	418.75
75	230.00	285.00	331.25	361.25	465.00
76	252.50	316.25	367.50	401.25	515.00
77	280.00	350.00	407.50	443.75	568.75
78	307.50	386.25	450.00	491.25	626.25
79	338.75	425.00	495.00	540.00	688.75
80	370.00				
81	405.00				
82	441.25				
83	480.00				
84	520.00				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0096-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	32.50	40.00	43.75	45.00	60.00
45-49	36.25	43.75	48.75	51.25	66.25
50-54	42.50	51.25	58.75	63.75	82.50
55	50.00	58.75	66.25	72.50	95.00
56	52.50	61.25	70.00	76.25	100.00
57	56.25	66.25	75.00	81.25	107.50
58	60.00	72.50	81.25	86.25	115.00
59	65.00	77.50	88.75	95.00	123.75
60	68.75	85.00	95.00	102.50	133.75
61	75.00	91.25	105.00	113.75	145.00
62	81.25	98.75	113.75	122.50	157.50
63	86.25	106.25	122.50	131.25	170.00
64	92.50	113.75	130.00	140.00	182.50
65	100.00	120.00	140.00	148.75	195.00
66	106.25	130.00	150.00	160.00	211.25
67	115.00	141.25	161.25	175.00	231.25
68	125.00	152.50	177.50	192.50	252.50
69	136.25	167.50	193.75	210.00	276.25
70	150.00	185.00	211.25	231.25	305.00
71	163.75	202.50	235.00	255.00	335.00
72	181.25	226.25	260.00	283.75	370.00
73	201.25	251.25	290.00	316.25	411.25
74	222.50	280.00	323.75	351.25	456.25
75	247.50	310.00	360.00	391.25	506.25
76	272.50	343.75	400.00	435.00	560.00
77	301.25	380.00	442.50	482.50	618.75
78	331.25	418.75	490.00	533.75	681.25
79	363.75	461.25	538.75	586.25	748.75
80	397.50				
81	433.75				
82	472.50				
83	511.25				
84	555.00				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0096-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	33.75	41.25	47.50	48.75	63.75
45-49	38.75	45.00	51.25	55.00	70.00
50-54	43.75	55.00	61.25	66.25	88.75
55	51.25	61.25	68.75	75.00	100.00
56	55.00	65.00	73.75	80.00	106.25
57	57.50	68.75	77.50	85.00	111.25
58	61.25	75.00	83.75	91.25	120.00
59	66.25	81.25	91.25	100.00	130.00
60	72.50	88.75	100.00	107.50	140.00
61	77.50	95.00	108.75	117.50	151.25
62	83.75	102.50	117.50	126.25	163.75
63	90.00	110.00	126.25	135.00	176.25
64	95.00	117.50	133.75	143.75	188.75
65	102.50	125.00	143.75	155.00	202.50
66	110.00	133.75	155.00	166.25	218.75
67	118.75	145.00	167.50	181.25	240.00
68	130.00	158.75	183.75	198.75	261.25
69	141.25	173.75	200.00	217.50	286.25
70	155.00	191.25	218.75	238.75	315.00
71	168.75	210.00	242.50	263.75	347.50
72	186.25	233.75	268.75	292.50	383.75
73	207.50	260.00	300.00	326.25	426.25
74	230.00	288.75	333.75	363.75	472.50
75	255.00	320.00	372.50	405.00	523.75
76	281.25	356.25	413.75	450.00	580.00
77	310.00	392.50	457.50	498.75	640.00
78	341.25	432.50	506.25	551.25	705.00
79	373.75	476.25	557.50	607.50	773.75
80	408.75				
81	445.00				
82	485.00				
83	526.25				
84	568.75				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0096-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	52.50	66.25	76.25	83.75	110.00
45-49	58.75	73.75	85.00	92.50	122.50
50-54	72.50	90.00	105.00	113.75	156.25
55	82.50	105.00	120.00	131.25	181.25
56	86.25	110.00	127.50	138.75	190.00
57	92.50	117.50	135.00	147.50	201.25
58	98.75	125.00	143.75	157.50	213.75
59	106.25	133.75	155.00	167.50	226.25
60	113.75	142.50	165.00	177.50	241.25
61	120.00	152.50	176.25	191.25	257.50
62	130.00	163.75	188.75	205.00	275.00
63	138.75	173.75	200.00	217.50	293.75
64	147.50	185.00	213.75	232.50	313.75
65	156.25	197.50	227.50	247.50	333.75
66	167.50	210.00	242.50	265.00	357.50
67	180.00	226.25	261.25	285.00	385.00
68	192.50	243.75	282.50	308.75	416.25
69	207.50	261.25	306.25	333.75	448.75
70	223.75	283.75	331.25	361.25	483.75
71	242.50	307.50	358.75	392.50	525.00
72	263.75	333.75	391.25	427.50	570.00
73	286.25	365.00	427.50	467.50	622.50
74	313.75	398.75	467.50	511.25	677.50
75	342.50	435.00	510.00	558.75	740.00
76	372.50	476.25	557.50	610.00	806.25
77	405.00	518.75	607.50	666.25	876.25
78	436.25	566.25	660.00	725.00	951.25
79	472.50	615.00	717.50	788.75	1032.50
80	508.75				
81	545.00				
82	585.00				
83	626.25				
84	668.75				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0096-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	58.75	75.00	86.25	95.00	123.75
45-49	66.25	82.50	97.50	105.00	138.75
50-54	81.25	101.25	118.75	130.00	175.00
55	91.25	116.25	136.25	148.75	200.00
56	95.00	122.50	143.75	156.25	208.75
57	101.25	130.00	151.25	165.00	220.00
58	107.50	136.25	160.00	175.00	233.75
59	115.00	145.00	170.00	185.00	248.75
60	123.75	156.25	181.25	197.50	263.75
61	132.50	166.25	192.50	208.75	281.25
62	141.25	177.50	205.00	223.75	300.00
63	150.00	190.00	217.50	236.25	320.00
64	158.75	201.25	232.50	252.50	340.00
65	168.75	213.75	247.50	268.75	363.75
66	181.25	227.50	265.00	290.00	386.25
67	193.75	245.00	285.00	311.25	417.50
68	208.75	265.00	308.75	338.75	450.00
69	225.00	283.75	332.50	365.00	485.00
70	242.50	308.75	360.00	393.75	523.75
71	261.25	333.75	391.25	427.50	567.50
72	285.00	363.75	425.00	466.25	617.50
73	310.00	397.50	465.00	508.75	673.75
74	338.75	432.50	507.50	556.25	733.75
75	368.75	472.50	552.50	606.25	800.00
76	401.25	515.00	602.50	660.00	868.75
77	433.75	558.75	656.25	718.75	945.00
78	468.75	607.50	713.75	782.50	1025.00
79	505.00	658.75	773.75	848.75	1111.25
80	543.75				
81	582.50				
82	625.00				
83	667.50				
84	711.25				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0096-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	61.25	77.50	91.25	100.00	130.00
45-49	68.75	86.25	101.25	110.00	143.75
50-54	85.00	107.50	125.00	135.00	182.50
55	95.00	120.00	142.50	156.25	207.50
56	100.00	126.25	150.00	163.75	217.50
57	106.25	133.75	157.50	172.50	230.00
58	111.25	142.50	166.25	182.50	242.50
59	118.75	151.25	176.25	192.50	257.50
60	127.50	161.25	186.25	205.00	273.75
61	136.25	172.50	198.75	216.25	291.25
62	145.00	183.75	211.25	231.25	310.00
63	155.00	195.00	225.00	245.00	331.25
64	165.00	207.50	240.00	261.25	351.25
65	175.00	220.00	256.25	280.00	375.00
66	186.25	235.00	275.00	300.00	400.00
67	200.00	252.50	295.00	323.75	431.25
68	215.00	273.75	318.75	350.00	465.00
69	232.50	293.75	343.75	377.50	501.25
70	250.00	318.75	372.50	408.75	541.25
71	270.00	345.00	405.00	442.50	586.25
72	293.75	376.25	440.00	482.50	638.75
73	320.00	410.00	480.00	526.25	695.00
74	348.75	447.50	523.75	575.00	757.50
75	380.00	486.25	570.00	626.25	825.00
76	413.75	531.25	622.50	682.50	897.50
77	447.50	576.25	676.25	742.50	975.00
78	482.50	625.00	735.00	807.50	1057.50
79	518.75	677.50	797.50	875.00	1145.00
80	558.75				
81	598.75				
82	641.25				
83	685.00				
84	731.25				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0096-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	40.00	48.75	57.50	61.25	82.50
45-49	43.75	55.00	63.75	68.75	91.25
50-54	57.50	70.00	81.25	90.00	117.50
55	66.25	81.25	93.75	102.50	140.00
56	68.75	85.00	98.75	107.50	148.75
57	73.75	91.25	106.25	115.00	158.75
58	80.00	98.75	115.00	123.75	170.00
59	85.00	106.25	123.75	133.75	183.75
60	92.50	116.25	133.75	145.00	197.50
61	101.25	125.00	145.00	157.50	213.75
62	108.75	135.00	157.50	170.00	230.00
63	116.25	145.00	168.75	182.50	247.50
64	125.00	156.25	181.25	195.00	265.00
65	132.50	166.25	192.50	208.75	283.75
66	142.50	180.00	207.50	225.00	306.25
67	155.00	193.75	225.00	243.75	332.50
68	167.50	211.25	245.00	266.25	361.25
69	182.50	231.25	267.50	291.25	393.75
70	198.75	251.25	292.50	318.75	431.25
71	217.50	276.25	320.00	350.00	470.00
72	238.75	302.50	352.50	385.00	516.25
73	261.25	333.75	388.75	425.00	567.50
74	288.75	366.25	427.50	467.50	622.50
75	316.25	402.50	470.00	515.00	682.50
76	347.50	441.25	516.25	566.25	748.75
77	377.50	483.75	566.25	620.00	817.50
78	410.00	527.50	618.75	680.00	892.50
79	445.00	576.25	675.00	741.25	970.00
80	482.50				
81	520.00				
82	560.00				
83	601.25				
84	645.00				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0096-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	45.00	57.50	66.25	70.00	93.75
45-49	51.25	63.75	72.50	80.00	105.00
50-54	63.75	80.00	92.50	101.25	132.50
55	73.75	91.25	106.25	115.00	156.25
56	77.50	97.50	111.25	122.50	165.00
57	82.50	102.50	118.75	130.00	176.25
58	88.75	110.00	127.50	140.00	188.75
59	93.75	117.50	136.25	150.00	201.25
60	101.25	127.50	148.75	161.25	216.25
61	110.00	136.25	160.00	175.00	232.50
62	117.50	147.50	172.50	188.75	248.75
63	126.25	157.50	185.00	201.25	267.50
64	135.00	168.75	197.50	215.00	286.25
65	143.75	181.25	210.00	230.00	306.25
66	156.25	195.00	226.25	247.50	331.25
67	168.75	210.00	245.00	266.25	358.75
68	183.75	230.00	267.50	291.25	391.25
69	198.75	250.00	291.25	317.50	426.25
70	215.00	272.50	317.50	345.00	465.00
71	233.75	298.75	347.50	380.00	508.75
72	256.25	326.25	382.50	417.50	557.50
73	281.25	360.00	420.00	460.00	611.25
74	308.75	395.00	461.25	506.25	672.50
75	340.00	433.75	508.75	557.50	736.25
76	372.50	475.00	558.75	613.75	807.50
77	406.25	520.00	611.25	670.00	882.50
78	440.00	568.75	668.75	733.75	963.75
79	477.50	620.00	730.00	801.25	1048.75
80	516.25				
81	557.50				
82	598.75				
83	641.25				
84	688.75				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0096-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	48.75	60.00	68.75	75.00	100.00
45-49	55.00	66.25	76.25	83.75	110.00
50-54	66.25	82.50	97.50	106.25	138.75
55	76.25	95.00	111.25	120.00	163.75
56	81.25	101.25	117.50	127.50	172.50
57	85.00	107.50	125.00	135.00	183.75
58	91.25	115.00	133.75	145.00	195.00
59	98.75	123.75	142.50	156.25	208.75
60	106.25	132.50	155.00	168.75	223.75
61	113.75	142.50	166.25	182.50	240.00
62	122.50	152.50	177.50	195.00	257.50
63	131.25	163.75	191.25	208.75	276.25
64	140.00	175.00	205.00	223.75	295.00
65	150.00	186.25	217.50	238.75	316.25
66	161.25	201.25	235.00	256.25	341.25
67	175.00	217.50	255.00	276.25	370.00
68	190.00	236.25	276.25	301.25	402.50
69	205.00	257.50	301.25	327.50	440.00
70	222.50	281.25	327.50	357.50	480.00
71	241.25	307.50	358.75	392.50	525.00
72	263.75	336.25	393.75	431.25	575.00
73	290.00	370.00	433.75	475.00	631.25
74	317.50	407.50	476.25	522.50	693.75
75	350.00	447.50	525.00	575.00	760.00
76	382.50	490.00	576.25	632.50	832.50
77	417.50	536.25	631.25	692.50	910.00
78	452.50	586.25	690.00	757.50	992.50
79	491.25	640.00	752.50	827.50	1081.25
80	531.25				
81	572.50				
82	615.00				
83	658.75				
84	706.25				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0096-A87
Long-Term Care Policy

WITH SURVIVORSHIP BENEFIT RIDER R1-N0103-SERIES

When this rider is chosen, multiply the final premium by the appropriate factor.

ISSUE AGE	NO INFLATION PROTECTION	SIMPLE INFLATION PROTECTION	COMPOUND INFLATION PROTECTION
18-44	1.11	1.17	1.17
45-49	1.14	1.21	1.21
50-54	1.18	1.28	1.28
55	1.20	1.30	1.30
56	1.20	1.30	1.30
57	1.21	1.30	1.30
58	1.21	1.30	1.30
59	1.21	1.30	1.30
60	1.21	1.30	1.30
61	1.21	1.30	1.30
62	1.21	1.29	1.29
63	1.21	1.29	1.29
64	1.21	1.28	1.28
65	1.20	1.27	1.27
66	1.20	1.26	1.26
67	1.20	1.26	1.26
68	1.19	1.25	1.25
69	1.19	1.24	1.24
70	1.18	1.23	1.23
71	1.18	1.22	1.22
72	1.17	1.20	1.20
73	1.16	1.19	1.19
74	1.16	1.18	1.18
75	1.15	1.17	1.17
76	1.14	1.16	1.16
77	1.13	1.15	1.15
78	1.12	1.14	1.14
79	1.11	1.13	1.13
80	1.10	1.12	1.12
81	1.09	1.11	1.11
82	1.08	1.10	1.10
83	1.07	1.09	1.09
84	1.06	1.08	1.08

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0096-A87
Long-Term Care Policy

Elimination Period Factors

Rates shown are for 30 day elimination period. Rates for other elimination periods are calculated by multiplying the 30 day rates by the appropriate factor from the following table:

Benefit Maximum	0	14	20	60	90	100	180	365
730x,1095x	1.12	1.07	1.03	0.94	0.90	0.89	0.78	0.67
1460x,1825x	1.10	1.05	1.03	0.95	0.90	0.89	0.79	0.69
Lifetime	1.08	1.04	1.03	0.96	0.92	0.91	0.84	0.75

Multi-Life Discount

A 5%, 10%, 15% or 20% discount to the rates is available for qualifying Associations of 10 or more lives.

Spousal Discount

A 20% discount to the rates is available to married couples if both spouses apply for coverage.

Dual Waiver of Premium Rider R1-N0104-Series

An optional dual waiver of premium rider will be offered. If one spouse qualifies for a waiver of premium, the premium of the other spouse will also be waived. If chosen, multiply the final premium by 1.06.

Shared Advantage Rider R1-N0105-Series

This rider will allow two covered spouses to purchase an additional benefit amount that can be used by either spouse after their base benefits are exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	No Inflation Protection	With Inflation Protection
730x	1.30	1.35
1095x	1.21	1.25
1460x	1.15	1.18
1825x	1.12	1.14

Restoration of Benefits Rider R1-N0106-Series

This rider restores the maximum lifetime benefit if the insured has not met the stipulated conditions for a period of 180 consecutive days and the maximum lifetime benefit has not been exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	Factor
730x	1.08
1095x	1.06
1460x,1825x	1.04

Cost of Living Increase Rider R1-N0107-Series

This rider allows the insured to increase their policy limits, subject to the terms of the rider, every three years without additional underwriting. The additional premium charged is based on the attained age and incremental increase in the maximum daily facility benefit when exercised. If chosen, multiply the final premium by the appropriate factor:

Age	Factor
18-44	1.15
45-49	1.12
50-55	1.10
56-58	1.09
59-61	1.08
62-64	1.07
65-67	1.06
68-70	1.05
71-73	1.04
74-76	1.03

Modal Factors

Semi-Annual: 0.52; Quarterly: 0.27; Check-A-Matic: 0.09

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604

Supplement to Rate Sheets for Policy Form P1-N0100-A87
PENNSYLVANIA

All rates for this form should be multiplied by a factor of: 1.9425

This factor represents the **proposed** increase of: 29.5%

And the following prior approved rate increases:

Policy Form	Increase Applies to all Policies or Subsets	Rate Increase Approved	Approval Date of Rate Increase
P1-N0100-A87	--Yes--	20.00%	3/14/2013
P1-N0100-A87	--Yes--	25.00%	12/3/2014

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0100-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	21	24	28	30	38
45-49	23	27	31	33	42
50-54	28	33	38	41	52
55	32	38	44	47	62
56	34	41	47	50	66
57	37	44	50	54	71
58	40	48	54	59	77
59	44	52	59	64	84
60	48	57	65	71	91
61	52	63	71	77	99
62	56	68	77	84	108
63	60	73	83	90	116
64	64	78	89	96	125
65	68	84	95	103	134
66	74	90	103	111	145
67	80	98	112	121	158
68	87	107	123	133	174
69	95	117	135	146	191
70	104	128	148	161	210
71	115	142	164	179	232
72	128	158	183	200	259
73	143	177	205	224	290
74	159	198	230	251	324
75	178	222	258	281	361
76	198	248	288	314	402
77	220	276	321	349	447
78	244	307	357	387	495
79	270	339	395	428	547
80	297				
81	327				
82	358				
83	391				
84	426				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0100-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	25	30	34	36	46
45-49	27	33	37	40	51
50-54	32	39	45	49	64
55	38	45	51	55	73
56	40	48	54	58	77
57	43	51	58	62	82
58	46	55	62	67	88
59	50	60	68	73	95
60	54	65	74	80	104
61	58	71	81	87	112
62	63	76	88	95	122
63	68	82	94	101	131
64	72	88	100	109	141
65	77	95	107	116	152
66	83	101	116	126	164
67	90	111	126	137	179
68	98	121	138	151	196
69	107	132	152	165	216
70	117	145	167	181	237
71	128	160	185	201	263
72	143	178	206	225	293
73	159	199	231	251	327
74	177	223	259	282	365
75	198	249	290	315	407
76	220	277	324	353	454
77	245	309	360	392	504
78	271	343	400	435	557
79	299	380	443	482	616
80	329				
81	361				
82	394				
83	430				
84	468				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0100-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	26	32	36	39	50
45-49	29	35	40	43	55
50-54	34	42	48	52	69
55	40	48	54	59	77
56	42	51	57	62	81
57	45	54	61	66	86
58	48	58	66	71	93
59	52	63	72	77	100
60	57	68	78	84	109
61	61	74	85	91	118
62	66	80	92	99	128
63	71	86	99	106	138
64	75	92	105	114	148
65	81	99	112	122	159
66	87	106	121	132	172
67	94	116	132	144	188
68	102	127	145	158	206
69	112	138	159	173	226
70	122	152	175	190	249
71	134	167	194	211	276
72	149	186	216	235	307
73	166	208	242	263	343
74	185	233	271	295	383
75	207	260	303	330	427
76	230	290	339	369	476
77	255	323	377	411	528
78	282	358	418	456	584
79	311	397	463	505	645
80	342				
81	375				
82	410				
83	447				
84	486				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0100-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	40	49	56	60	82
45-49	44	54	62	67	91
50-54	54	67	77	85	116
55	63	78	90	98	134
56	66	82	95	104	142
57	70	87	101	110	150
58	75	93	108	117	159
59	79	99	115	125	169
60	85	106	122	133	180
61	91	113	131	142	192
62	97	121	140	152	205
63	103	129	150	162	219
64	110	137	159	173	233
65	117	146	170	185	249
66	125	157	182	198	268
67	135	169	197	214	289
68	146	183	213	232	313
69	157	198	230	251	338
70	170	215	250	273	367
71	184	234	272	297	399
72	201	256	298	326	436
73	221	281	328	359	478
74	243	309	361	395	524
75	267	339	397	434	575
76	292	372	436	478	630
77	319	408	479	524	689
78	347	446	525	574	752
79	377	487	574	627	820
80	408				
81	440				
82	474				
83	509				
84	546				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0100-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	46	57	66	72	95
45-49	51	64	73	80	106
50-54	63	79	91	99	134
55	71	90	104	113	154
56	74	95	110	119	162
57	78	100	116	126	170
58	83	106	123	134	180
59	89	112	130	143	191
60	96	119	139	151	202
61	102	127	148	161	216
62	109	136	158	172	230
63	116	144	169	184	246
64	123	154	179	196	262
65	131	164	192	209	280
66	140	176	205	224	300
67	150	190	222	242	324
68	162	205	240	262	351
69	175	223	259	284	379
70	190	242	282	309	411
71	206	263	307	336	447
72	225	288	336	368	489
73	247	315	369	405	535
74	271	346	405	444	586
75	297	380	445	487	643
76	325	415	488	535	704
77	354	455	534	586	769
78	385	496	585	640	839
79	417	542	637	698	913
80	451				
81	486				
82	522				
83	561				
84	601				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
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Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	49	61	70	77	101
45-49	54	68	78	86	112
50-54	67	84	97	105	142
55	75	95	110	120	162
56	78	100	116	126	170
57	82	105	122	133	179
58	87	111	129	141	189
59	93	118	137	150	200
60	100	125	146	159	212
61	107	133	155	169	226
62	114	142	166	181	241
63	121	151	177	193	257
64	129	161	188	206	274
65	137	172	201	219	293
66	146	184	215	235	314
67	157	199	232	254	339
68	169	215	251	275	367
69	183	233	272	298	397
70	198	253	295	324	430
71	215	275	322	353	468
72	235	301	352	386	511
73	258	330	386	424	560
74	283	362	424	465	613
75	310	397	465	510	672
76	339	434	510	559	735
77	369	475	558	612	803
78	401	518	610	668	876
79	434	565	664	729	953
80	469				
81	505				
82	543				
83	583				
84	624				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0100-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	29	36	42	46	61
45-49	32	40	47	51	68
50-54	43	53	60	65	87
55	49	61	69	76	103
56	52	64	73	80	110
57	55	68	78	86	118
58	59	73	84	93	127
59	64	79	91	100	137
60	69	86	99	108	148
61	75	93	108	117	159
62	81	101	117	127	172
63	87	108	126	137	185
64	93	116	135	146	198
65	100	124	144	157	213
66	108	133	155	169	230
67	117	145	169	184	250
68	127	158	185	201	273
69	138	173	202	220	298
70	150	189	221	241	326
71	164	208	243	266	357
72	181	230	269	294	394
73	200	255	298	326	435
74	222	282	331	362	481
75	245	313	366	401	531
76	270	346	404	443	585
77	297	381	446	489	643
78	325	419	491	538	705
79	355	460	538	591	772
80	386				
81	419				
82	453				
83	489				
84	527				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0100-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	35	44	50	55	72
45-49	39	48	56	61	80
50-54	49	61	71	77	101
55	57	71	81	89	120
56	60	75	86	93	128
57	63	79	91	99	136
58	68	85	98	107	146
59	73	92	106	115	156
60	79	99	114	124	167
61	85	106	123	134	179
62	92	115	133	145	193
63	98	123	143	155	207
64	105	131	153	166	222
65	113	141	163	177	238
66	121	151	175	191	257
67	131	164	191	207	279
68	142	178	208	226	305
69	154	195	227	247	333
70	168	213	249	271	365
71	184	234	273	298	400
72	202	258	302	330	441
73	223	285	334	365	487
74	247	316	370	405	538
75	273	349	409	448	593
76	301	385	451	495	654
77	330	424	497	546	718
78	361	465	546	600	787
79	393	510	599	658	861
80	427				
81	462				
82	500				
83	539				
84	580				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0100-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	38	47	54	59	77
45-49	42	52	60	65	85
50-54	52	65	75	82	107
55	60	75	86	94	127
56	63	79	91	99	135
57	67	84	97	105	144
58	72	90	104	113	154
59	77	97	112	121	164
60	83	104	121	131	175
61	89	112	130	141	188
62	96	121	140	152	202
63	103	130	150	163	217
64	110	138	160	174	232
65	118	148	171	186	249
66	126	159	184	200	268
67	137	172	200	217	292
68	149	187	218	237	319
69	161	204	238	259	348
70	176	223	261	284	381
71	192	245	286	312	418
72	211	270	316	345	461
73	233	298	350	382	509
74	258	330	387	423	562
75	285	364	427	468	620
76	314	402	471	517	683
77	344	442	519	570	750
78	376	485	570	627	822
79	409	532	625	687	899
80	444				
81	481				
82	520				
83	560				
84	602				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0100-A87
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Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	25	28	33	35	45
45-49	27	32	36	39	49
50-54	33	39	45	48	61
55	38	45	52	55	73
56	40	48	55	59	78
57	44	52	59	64	84
58	47	56	64	69	91
59	52	61	69	75	99
60	56	67	76	84	107
61	61	74	84	91	116
62	66	80	91	99	127
63	71	86	98	106	136
64	75	92	105	113	147
65	80	99	112	121	158
66	87	106	121	131	171
67	94	115	132	142	186
68	102	126	145	156	205
69	112	138	159	172	225
70	122	151	174	189	247
71	135	167	193	211	273
72	151	186	215	235	305
73	168	208	241	264	341
74	187	233	271	295	381
75	209	261	304	331	425
76	233	292	339	369	473
77	259	325	378	411	526
78	287	361	420	455	582
79	318	399	465	504	644
80	349				
81	385				
82	421				
83	460				
84	501				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0100-A87
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Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	29	35	40	42	54
45-49	32	39	44	47	60
50-54	38	46	53	58	75
55	45	53	60	65	86
56	47	56	64	68	91
57	51	60	68	73	96
58	54	65	73	79	104
59	59	71	80	86	112
60	64	76	87	94	122
61	68	84	95	102	132
62	74	89	104	112	144
63	80	96	111	119	154
64	85	104	118	128	166
65	91	112	126	136	179
66	98	119	136	148	193
67	106	131	148	161	211
68	115	142	162	178	231
69	126	155	179	194	254
70	138	171	196	213	279
71	151	188	218	236	309
72	168	209	242	265	345
73	187	234	272	295	385
74	208	262	305	332	429
75	233	293	341	371	479
76	259	326	381	415	534
77	288	364	424	461	593
78	319	404	471	512	655
79	352	447	521	567	725
80	387				
81	425				
82	464				
83	506				
84	551				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0100-A87
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Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	31	38	42	46	59
45-49	34	41	47	51	65
50-54	40	49	56	61	81
55	47	56	64	69	91
56	49	60	67	73	95
57	53	64	72	78	101
58	56	68	78	84	109
59	61	74	85	91	118
60	67	80	92	99	128
61	72	87	100	107	139
62	78	94	108	116	151
63	84	101	116	125	162
64	88	108	124	134	174
65	95	116	132	144	187
66	102	125	142	155	202
67	111	136	155	169	221
68	120	149	171	186	242
69	132	162	187	204	266
70	144	179	206	224	293
71	158	196	228	248	325
72	175	219	254	276	361
73	195	245	285	309	404
74	218	274	319	347	451
75	244	306	356	388	502
76	271	341	399	434	560
77	300	380	444	484	621
78	332	421	492	536	687
79	366	467	545	594	759
80	402				
81	441				
82	482				
83	526				
84	572				

CONTINENTAL CASUALTY COMPANY
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Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	47	58	66	71	96
45-49	52	64	73	79	107
50-54	64	79	91	100	136
55	74	92	106	115	158
56	78	96	112	122	167
57	82	102	119	129	176
58	88	109	127	138	187
59	93	116	135	147	199
60	100	125	144	156	212
61	107	133	154	167	226
62	114	142	165	179	241
63	121	152	176	191	258
64	129	161	187	204	274
65	138	172	200	218	293
66	147	185	214	233	315
67	159	199	232	252	340
68	172	215	251	273	368
69	185	233	271	295	398
70	200	253	294	321	432
71	216	275	320	349	469
72	236	301	351	384	513
73	260	331	386	422	562
74	286	364	425	465	616
75	314	399	467	511	676
76	344	438	513	562	741
77	375	480	564	616	811
78	408	525	618	675	885
79	444	573	675	738	965
80	480				
81	518				
82	558				
83	599				
84	642				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
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Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	54	67	78	85	112
45-49	60	75	86	94	125
50-54	74	93	107	116	158
55	84	106	122	133	181
56	87	112	129	140	191
57	92	118	136	148	200
58	98	125	145	158	212
59	105	132	153	168	225
60	113	140	164	178	238
61	120	149	174	189	254
62	128	160	186	202	271
63	136	169	199	216	289
64	145	181	211	231	308
65	154	193	226	246	329
66	165	207	241	264	353
67	176	224	261	285	381
68	191	241	282	308	413
69	206	262	305	334	446
70	224	285	332	364	484
71	242	309	361	395	526
72	265	339	395	433	575
73	291	371	434	476	629
74	319	407	476	522	689
75	349	447	524	573	756
76	382	488	574	629	828
77	416	535	628	689	905
78	453	584	688	753	987
79	491	638	749	821	1074
80	531				
81	572				
82	614				
83	660				
84	707				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
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Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	58	72	82	91	119
45-49	64	80	92	101	132
50-54	79	99	114	124	167
55	88	112	129	141	191
56	92	118	136	148	200
57	96	124	144	156	211
58	102	131	152	166	222
59	109	139	161	176	235
60	118	147	172	187	249
61	126	156	182	199	266
62	134	167	195	213	284
63	142	178	208	227	302
64	152	189	221	242	322
65	161	202	236	258	345
66	172	216	253	276	369
67	185	234	273	299	399
68	199	253	295	324	432
69	215	274	320	351	467
70	233	298	347	381	506
71	253	324	379	415	551
72	276	354	414	454	601
73	304	388	454	499	659
74	333	426	499	547	721
75	365	467	547	600	791
76	399	511	600	658	865
77	434	559	656	720	945
78	472	609	718	786	1031
79	511	665	781	858	1121
80	552				
81	594				
82	639				
83	686				
84	734				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0100-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	34	42	49	54	72
45-49	38	47	55	60	80
50-54	51	62	71	76	102
55	58	72	81	89	121
56	61	75	86	94	129
57	65	80	92	101	139
58	69	86	99	109	149
59	75	93	107	118	161
60	81	101	116	127	174
61	88	109	127	138	187
62	95	119	138	149	202
63	102	127	148	161	218
64	109	136	159	172	233
65	118	146	169	185	251
66	127	156	182	199	271
67	138	171	199	216	294
68	149	186	218	236	321
69	162	204	238	259	351
70	176	222	260	284	384
71	193	245	286	313	420
72	213	271	316	346	464
73	235	300	351	384	512
74	261	332	389	426	566
75	288	368	431	472	625
76	318	407	475	521	688
77	349	448	525	575	756
78	382	493	578	633	829
79	418	541	633	695	908
80	454				
81	493				
82	533				
83	575				
84	620				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0100-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	41	52	59	65	85
45-49	46	56	66	72	94
50-54	58	72	84	91	119
55	67	84	95	105	141
56	71	88	101	109	151
57	74	93	107	116	160
58	80	100	115	126	172
59	86	108	125	135	184
60	93	116	134	146	196
61	100	125	145	158	211
62	108	135	156	171	227
63	115	145	168	182	244
64	124	154	180	195	261
65	133	166	192	208	280
66	142	178	206	225	302
67	154	193	225	244	328
68	167	209	245	266	359
69	181	229	267	291	392
70	198	251	293	319	429
71	216	275	321	351	471
72	238	304	355	388	519
73	262	335	393	429	573
74	291	372	435	476	633
75	321	411	481	527	698
76	354	453	531	582	769
77	388	499	585	642	845
78	425	547	642	706	926
79	462	600	705	774	1013
80	502				
81	544				
82	588				
83	634				
84	682				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0100-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	45	55	64	69	91
45-49	49	61	71	76	100
50-54	61	76	88	96	126
55	71	88	101	111	149
56	74	93	107	116	159
57	79	99	114	124	169
58	85	106	122	133	181
59	91	114	132	142	193
60	98	122	142	154	206
61	105	132	153	166	221
62	113	142	165	179	238
63	121	153	176	192	255
64	129	162	188	205	273
65	139	174	201	219	293
66	148	187	216	235	315
67	161	202	235	255	344
68	175	220	256	279	375
69	189	240	280	305	409
70	207	262	307	334	448
71	226	288	336	367	492
72	248	318	372	406	542
73	274	351	412	449	599
74	304	388	455	498	661
75	335	428	502	551	729
76	369	473	554	608	804
77	405	520	611	671	882
78	442	571	671	738	967
79	481	626	735	808	1058
80	522				
81	566				
82	612				
83	659				
84	708				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0100-A87
Long-Term Care Policy

WITH SURVIVORSHIP BENEFIT RIDER R1-N0103-SERIES

When this rider is chosen, multiply the final premium by the appropriate factor.

ISSUE AGE	NO INFLATION PROTECTION	SIMPLE INFLATION PROTECTION	COMPOUND INFLATION PROTECTION
18-44	1.11	1.17	1.17
45-49	1.14	1.21	1.21
50-54	1.18	1.28	1.28
55	1.20	1.30	1.30
56	1.20	1.30	1.30
57	1.21	1.30	1.30
58	1.21	1.30	1.30
59	1.21	1.30	1.30
60	1.21	1.30	1.30
61	1.21	1.30	1.30
62	1.21	1.29	1.29
63	1.21	1.29	1.29
64	1.21	1.28	1.28
65	1.20	1.27	1.27
66	1.20	1.26	1.26
67	1.20	1.26	1.26
68	1.19	1.25	1.25
69	1.19	1.24	1.24
70	1.18	1.23	1.23
71	1.18	1.22	1.22
72	1.17	1.20	1.20
73	1.16	1.19	1.19
74	1.16	1.18	1.18
75	1.15	1.17	1.17
76	1.14	1.16	1.16
77	1.13	1.15	1.15
78	1.12	1.14	1.14
79	1.11	1.13	1.13
80	1.10	1.12	1.12
81	1.09	1.11	1.11
82	1.08	1.10	1.10
83	1.07	1.09	1.09
84	1.06	1.08	1.08

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0100-A87
Long-Term Care Policy

Elimination Period Factors

Rates shown are for 30 day elimination period. Rates for other elimination periods are calculated by multiplying the 30 day rates by the appropriate factor from the following table:

Benefit Maximum	0	14	20	60	90	100	180	365
730x,1095x	1.11	1.06	1.03	0.95	0.91	0.90	0.80	0.71
1460x,1825x	1.09	1.05	1.03	0.95	0.91	0.90	0.81	0.72
Lifetime	1.07	1.04	1.03	0.96	0.93	0.92	0.85	0.78

Multi-Life Discount

A 5%, 10%, 15% or 20% discount to the rates is available for qualifying Associations of 10 or more lives.

Spousal Discount

A 20% discount to the rates is available to married couples if both spouses apply for coverage.

Dual Waiver of Premium Rider R1-N0104-Series

An optional dual waiver of premium rider will be offered. If one spouse qualifies for a waiver of premium, the premium of the other spouse will also be waived. If chosen, multiply the final premium by 1.06.

Shared Advantage Rider R1-N0105-Series

This rider will allow two covered spouses to purchase an additional benefit amount that can be used by either spouse after their base benefits are exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	No Inflation Protection	With Inflation Protection
730x	1.30	1.35
1095x	1.21	1.25
1460x	1.15	1.18
1825x	1.12	1.14

Restoration of Benefits Rider R1-N0106-Series

This rider restores the maximum lifetime benefit if the insured has not met the stipulated conditions for a period of 180 consecutive days and the maximum lifetime benefit has not been exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	Factor
730x	1.08
1095x	1.06
1460x,1825x	1.04

Cost of Living Increase Rider R1-N0107-Series

This rider allows the insured to increase their policy limits, subject to the terms of the rider, every three years without additional underwriting. The additional premium charged is based on the attained age and incremental increase in the maximum daily facility benefit when exercised. If chosen, multiply the final premium by the appropriate factor:

Age	Factor
18-44	1.15
45-49	1.12
50-55	1.10
56-58	1.09
59-61	1.08
62-64	1.07
65-67	1.06
68-70	1.05
71-73	1.04
74-76	1.03

Modal Factors

Semi-Annual: 0.52; Quarterly: 0.27; Check-A-Matic: 0.09

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604

Supplement to Rate Sheets for Policy Form P1-N0101-A87
PENNSYLVANIA

All rates for this form should be multiplied by a factor of: 1.9425

This factor represents the **proposed** increase of: 29.5%

And the following prior approved rate increases:

Policy Form	Increase Applies to all Policies or Subsets	Rate Increase Approved	Approval Date of Rate Increase
P1-N0101-A87	--Yes--	20.00%	3/14/2013
P1-N0101-A87	--Yes--	25.00%	12/3/2014

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0101-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	26.25	30.00	35.00	37.50	47.50
45-49	28.75	33.75	38.75	41.25	52.50
50-54	35.00	41.25	47.50	51.25	65.00
55	40.00	47.50	55.00	58.75	77.50
56	42.50	51.25	58.75	62.50	82.50
57	46.25	55.00	62.50	67.50	88.75
58	50.00	60.00	67.50	73.75	96.25
59	55.00	65.00	73.75	80.00	105.00
60	60.00	71.25	81.25	88.75	113.75
61	65.00	78.75	88.75	96.25	123.75
62	70.00	85.00	96.25	105.00	135.00
63	75.00	91.25	103.75	112.50	145.00
64	80.00	97.50	111.25	120.00	156.25
65	85.00	105.00	118.75	128.75	167.50
66	92.50	112.50	128.75	138.75	181.25
67	100.00	122.50	140.00	151.25	197.50
68	108.75	133.75	153.75	166.25	217.50
69	118.75	146.25	168.75	182.50	238.75
70	130.00	160.00	185.00	201.25	262.50
71	143.75	177.50	205.00	223.75	290.00
72	160.00	197.50	228.75	250.00	323.75
73	178.75	221.25	256.25	280.00	362.50
74	198.75	247.50	287.50	313.75	405.00
75	222.50	277.50	322.50	351.25	451.25
76	247.50	310.00	360.00	392.50	502.50
77	275.00	345.00	401.25	436.25	558.75
78	305.00	383.75	446.25	483.75	618.75
79	337.50	423.75	493.75	535.00	683.75
80	371.25				
81	408.75				
82	447.50				
83	488.75				
84	532.50				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0101-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	31.25	37.50	42.50	45.00	57.50
45-49	33.75	41.25	46.25	50.00	63.75
50-54	40.00	48.75	56.25	61.25	80.00
55	47.50	56.25	63.75	68.75	91.25
56	50.00	60.00	67.50	72.50	96.25
57	53.75	63.75	72.50	77.50	102.50
58	57.50	68.75	77.50	83.75	110.00
59	62.50	75.00	85.00	91.25	118.75
60	67.50	81.25	92.50	100.00	130.00
61	72.50	88.75	101.25	108.75	140.00
62	78.75	95.00	110.00	118.75	152.50
63	85.00	102.50	117.50	126.25	163.75
64	90.00	110.00	125.00	136.25	176.25
65	96.25	118.75	133.75	145.00	190.00
66	103.75	126.25	145.00	157.50	205.00
67	112.50	138.75	157.50	171.25	223.75
68	122.50	151.25	172.50	188.75	245.00
69	133.75	165.00	190.00	206.25	270.00
70	146.25	181.25	208.75	226.25	296.25
71	160.00	200.00	231.25	251.25	328.75
72	178.75	222.50	257.50	281.25	366.25
73	198.75	248.75	288.75	313.75	408.75
74	221.25	278.75	323.75	352.50	456.25
75	247.50	311.25	362.50	393.75	508.75
76	275.00	346.25	405.00	441.25	567.50
77	306.25	386.25	450.00	490.00	630.00
78	338.75	428.75	500.00	543.75	696.25
79	373.75	475.00	553.75	602.50	770.00
80	411.25				
81	451.25				
82	492.50				
83	537.50				
84	585.00				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0101-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	32.50	40.00	45.00	48.75	62.50
45-49	36.25	43.75	50.00	53.75	68.75
50-54	42.50	52.50	60.00	65.00	86.25
55	50.00	60.00	67.50	73.75	96.25
56	52.50	63.75	71.25	77.50	101.25
57	56.25	67.50	76.25	82.50	107.50
58	60.00	72.50	82.50	88.75	116.25
59	65.00	78.75	90.00	96.25	125.00
60	71.25	85.00	97.50	105.00	136.25
61	76.25	92.50	106.25	113.75	147.50
62	82.50	100.00	115.00	123.75	160.00
63	88.75	107.50	123.75	132.50	172.50
64	93.75	115.00	131.25	142.50	185.00
65	101.25	123.75	140.00	152.50	198.75
66	108.75	132.50	151.25	165.00	215.00
67	117.50	145.00	165.00	180.00	235.00
68	127.50	158.75	181.25	197.50	257.50
69	140.00	172.50	198.75	216.25	282.50
70	152.50	190.00	218.75	237.50	311.25
71	167.50	208.75	242.50	263.75	345.00
72	186.25	232.50	270.00	293.75	383.75
73	207.50	260.00	302.50	328.75	428.75
74	231.25	291.25	338.75	368.75	478.75
75	258.75	325.00	378.75	412.50	533.75
76	287.50	362.50	423.75	461.25	595.00
77	318.75	403.75	471.25	513.75	660.00
78	352.50	447.50	522.50	570.00	730.00
79	388.75	496.25	578.75	631.25	806.25
80	427.50				
81	468.75				
82	512.50				
83	558.75				
84	607.50				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0101-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	50.00	61.25	70.00	75.00	102.50
45-49	55.00	67.50	77.50	83.75	113.75
50-54	67.50	83.75	96.25	106.25	145.00
55	78.75	97.50	112.50	122.50	167.50
56	82.50	102.50	118.75	130.00	177.50
57	87.50	108.75	126.25	137.50	187.50
58	93.75	116.25	135.00	146.25	198.75
59	98.75	123.75	143.75	156.25	211.25
60	106.25	132.50	152.50	166.25	225.00
61	113.75	141.25	163.75	177.50	240.00
62	121.25	151.25	175.00	190.00	256.25
63	128.75	161.25	187.50	202.50	273.75
64	137.50	171.25	198.75	216.25	291.25
65	146.25	182.50	212.50	231.25	311.25
66	156.25	196.25	227.50	247.50	335.00
67	168.75	211.25	246.25	267.50	361.25
68	182.50	228.75	266.25	290.00	391.25
69	196.25	247.50	287.50	313.75	422.50
70	212.50	268.75	312.50	341.25	458.75
71	230.00	292.50	340.00	371.25	498.75
72	251.25	320.00	372.50	407.50	545.00
73	276.25	351.25	410.00	448.75	597.50
74	303.75	386.25	451.25	493.75	655.00
75	333.75	423.75	496.25	542.50	718.75
76	365.00	465.00	545.00	597.50	787.50
77	398.75	510.00	598.75	655.00	861.25
78	433.75	557.50	656.25	717.50	940.00
79	471.25	608.75	717.50	783.75	1025.00
80	510.00				
81	550.00				
82	592.50				
83	636.25				
84	682.50				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0101-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	57.50	71.25	82.50	90.00	118.75
45-49	63.75	80.00	91.25	100.00	132.50
50-54	78.75	98.75	113.75	123.75	167.50
55	88.75	112.50	130.00	141.25	192.50
56	92.50	118.75	137.50	148.75	202.50
57	97.50	125.00	145.00	157.50	212.50
58	103.75	132.50	153.75	167.50	225.00
59	111.25	140.00	162.50	178.75	238.75
60	120.00	148.75	173.75	188.75	252.50
61	127.50	158.75	185.00	201.25	270.00
62	136.25	170.00	197.50	215.00	287.50
63	145.00	180.00	211.25	230.00	307.50
64	153.75	192.50	223.75	245.00	327.50
65	163.75	205.00	240.00	261.25	350.00
66	175.00	220.00	256.25	280.00	375.00
67	187.50	237.50	277.50	302.50	405.00
68	202.50	256.25	300.00	327.50	438.75
69	218.75	278.75	323.75	355.00	473.75
70	237.50	302.50	352.50	386.25	513.75
71	257.50	328.75	383.75	420.00	558.75
72	281.25	360.00	420.00	460.00	611.25
73	308.75	393.75	461.25	506.25	668.75
74	338.75	432.50	506.25	555.00	732.50
75	371.25	475.00	556.25	608.75	803.75
76	406.25	518.75	610.00	668.75	880.00
77	442.50	568.75	667.50	732.50	961.25
78	481.25	620.00	731.25	800.00	1048.75
79	521.25	677.50	796.25	872.50	1141.25
80	563.75				
81	607.50				
82	652.50				
83	701.25				
84	751.25				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0101-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	61.25	76.25	87.50	96.25	126.25
45-49	67.50	85.00	97.50	107.50	140.00
50-54	83.75	105.00	121.25	131.25	177.50
55	93.75	118.75	137.50	150.00	202.50
56	97.50	125.00	145.00	157.50	212.50
57	102.50	131.25	152.50	166.25	223.75
58	108.75	138.75	161.25	176.25	236.25
59	116.25	147.50	171.25	187.50	250.00
60	125.00	156.25	182.50	198.75	265.00
61	133.75	166.25	193.75	211.25	282.50
62	142.50	177.50	207.50	226.25	301.25
63	151.25	188.75	221.25	241.25	321.25
64	161.25	201.25	235.00	257.50	342.50
65	171.25	215.00	251.25	273.75	366.25
66	182.50	230.00	268.75	293.75	392.50
67	196.25	248.75	290.00	317.50	423.75
68	211.25	268.75	313.75	343.75	458.75
69	228.75	291.25	340.00	372.50	496.25
70	247.50	316.25	368.75	405.00	537.50
71	268.75	343.75	402.50	441.25	585.00
72	293.75	376.25	440.00	482.50	638.75
73	322.50	412.50	482.50	530.00	700.00
74	353.75	452.50	530.00	581.25	766.25
75	387.50	496.25	581.25	637.50	840.00
76	423.75	542.50	637.50	698.75	918.75
77	461.25	593.75	697.50	765.00	1003.75
78	501.25	647.50	762.50	835.00	1095.00
79	542.50	706.25	830.00	911.25	1191.25
80	586.25				
81	631.25				
82	678.75				
83	728.75				
84	780.00				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0101-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	36.25	45.00	52.50	57.50	76.25
45-49	40.00	50.00	58.75	63.75	85.00
50-54	53.75	66.25	75.00	81.25	108.75
55	61.25	76.25	86.25	95.00	128.75
56	65.00	80.00	91.25	100.00	137.50
57	68.75	85.00	97.50	107.50	147.50
58	73.75	91.25	105.00	116.25	158.75
59	80.00	98.75	113.75	125.00	171.25
60	86.25	107.50	123.75	135.00	185.00
61	93.75	116.25	135.00	146.25	198.75
62	101.25	126.25	146.25	158.75	215.00
63	108.75	135.00	157.50	171.25	231.25
64	116.25	145.00	168.75	182.50	247.50
65	125.00	155.00	180.00	196.25	266.25
66	135.00	166.25	193.75	211.25	287.50
67	146.25	181.25	211.25	230.00	312.50
68	158.75	197.50	231.25	251.25	341.25
69	172.50	216.25	252.50	275.00	372.50
70	187.50	236.25	276.25	301.25	407.50
71	205.00	260.00	303.75	332.50	446.25
72	226.25	287.50	336.25	367.50	492.50
73	250.00	318.75	372.50	407.50	543.75
74	277.50	352.50	413.75	452.50	601.25
75	306.25	391.25	457.50	501.25	663.75
76	337.50	432.50	505.00	553.75	731.25
77	371.25	476.25	557.50	611.25	803.75
78	406.25	523.75	613.75	672.50	881.25
79	443.75	575.00	672.50	738.75	965.00
80	482.50				
81	523.75				
82	566.25				
83	611.25				
84	658.75				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0101-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	43.75	55.00	62.50	68.75	90.00
45-49	48.75	60.00	70.00	76.25	100.00
50-54	61.25	76.25	88.75	96.25	126.25
55	71.25	88.75	101.25	111.25	150.00
56	75.00	93.75	107.50	116.25	160.00
57	78.75	98.75	113.75	123.75	170.00
58	85.00	106.25	122.50	133.75	182.50
59	91.25	115.00	132.50	143.75	195.00
60	98.75	123.75	142.50	155.00	208.75
61	106.25	132.50	153.75	167.50	223.75
62	115.00	143.75	166.25	181.25	241.25
63	122.50	153.75	178.75	193.75	258.75
64	131.25	163.75	191.25	207.50	277.50
65	141.25	176.25	203.75	221.25	297.50
66	151.25	188.75	218.75	238.75	321.25
67	163.75	205.00	238.75	258.75	348.75
68	177.50	222.50	260.00	282.50	381.25
69	192.50	243.75	283.75	308.75	416.25
70	210.00	266.25	311.25	338.75	456.25
71	230.00	292.50	341.25	372.50	500.00
72	252.50	322.50	377.50	412.50	551.25
73	278.75	356.25	417.50	456.25	608.75
74	308.75	395.00	462.50	506.25	672.50
75	341.25	436.25	511.25	560.00	741.25
76	376.25	481.25	563.75	618.75	817.50
77	412.50	530.00	621.25	682.50	897.50
78	451.25	581.25	682.50	750.00	983.75
79	491.25	637.50	748.75	822.50	1076.25
80	533.75				
81	577.50				
82	625.00				
83	673.75				
84	725.00				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0101-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	47.50	58.75	67.50	73.75	96.25
45-49	52.50	65.00	75.00	81.25	106.25
50-54	65.00	81.25	93.75	102.50	133.75
55	75.00	93.75	107.50	117.50	158.75
56	78.75	98.75	113.75	123.75	168.75
57	83.75	105.00	121.25	131.25	180.00
58	90.00	112.50	130.00	141.25	192.50
59	96.25	121.25	140.00	151.25	205.00
60	103.75	130.00	151.25	163.75	218.75
61	111.25	140.00	162.50	176.25	235.00
62	120.00	151.25	175.00	190.00	252.50
63	128.75	162.50	187.50	203.75	271.25
64	137.50	172.50	200.00	217.50	290.00
65	147.50	185.00	213.75	232.50	311.25
66	157.50	198.75	230.00	250.00	335.00
67	171.25	215.00	250.00	271.25	365.00
68	186.25	233.75	272.50	296.25	398.75
69	201.25	255.00	297.50	323.75	435.00
70	220.00	278.75	326.25	355.00	476.25
71	240.00	306.25	357.50	390.00	522.50
72	263.75	337.50	395.00	431.25	576.25
73	291.25	372.50	437.50	477.50	636.25
74	322.50	412.50	483.75	528.75	702.50
75	356.25	455.00	533.75	585.00	775.00
76	392.50	502.50	588.75	646.25	853.75
77	430.00	552.50	648.75	712.50	937.50
78	470.00	606.25	712.50	783.75	1027.50
79	511.25	665.00	781.25	858.75	1123.75
80	555.00				
81	601.25				
82	650.00				
83	700.00				
84	752.50				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0101-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	31.25	35.00	41.25	43.75	56.25
45-49	33.75	40.00	45.00	48.75	61.25
50-54	41.25	48.75	56.25	60.00	76.25
55	47.50	56.25	65.00	68.75	91.25
56	50.00	60.00	68.75	73.75	97.50
57	55.00	65.00	73.75	80.00	105.00
58	58.75	70.00	80.00	86.25	113.75
59	65.00	76.25	86.25	93.75	123.75
60	70.00	83.75	95.00	105.00	133.75
61	76.25	92.50	105.00	113.75	145.00
62	82.50	100.00	113.75	123.75	158.75
63	88.75	107.50	122.50	132.50	170.00
64	93.75	115.00	131.25	141.25	183.75
65	100.00	123.75	140.00	151.25	197.50
66	108.75	132.50	151.25	163.75	213.75
67	117.50	143.75	165.00	177.50	232.50
68	127.50	157.50	181.25	195.00	256.25
69	140.00	172.50	198.75	215.00	281.25
70	152.50	188.75	217.50	236.25	308.75
71	168.75	208.75	241.25	263.75	341.25
72	188.75	232.50	268.75	293.75	381.25
73	210.00	260.00	301.25	330.00	426.25
74	233.75	291.25	338.75	368.75	476.25
75	261.25	326.25	380.00	413.75	531.25
76	291.25	365.00	423.75	461.25	591.25
77	323.75	406.25	472.50	513.75	657.50
78	358.75	451.25	525.00	568.75	727.50
79	397.50	498.75	581.25	630.00	805.00
80	436.25				
81	481.25				
82	526.25				
83	575.00				
84	626.25				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0101-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	36.25	43.75	50.00	52.50	67.50
45-49	40.00	48.75	55.00	58.75	75.00
50-54	47.50	57.50	66.25	72.50	93.75
55	56.25	66.25	75.00	81.25	107.50
56	58.75	70.00	80.00	85.00	113.75
57	63.75	75.00	85.00	91.25	120.00
58	67.50	81.25	91.25	98.75	130.00
59	73.75	88.75	100.00	107.50	140.00
60	80.00	95.00	108.75	117.50	152.50
61	85.00	105.00	118.75	127.50	165.00
62	92.50	111.25	130.00	140.00	180.00
63	100.00	120.00	138.75	148.75	192.50
64	106.25	130.00	147.50	160.00	207.50
65	113.75	140.00	157.50	170.00	223.75
66	122.50	148.75	170.00	185.00	241.25
67	132.50	163.75	185.00	201.25	263.75
68	143.75	177.50	202.50	222.50	288.75
69	157.50	193.75	223.75	242.50	317.50
70	172.50	213.75	245.00	266.25	348.75
71	188.75	235.00	272.50	295.00	386.25
72	210.00	261.25	302.50	331.25	431.25
73	233.75	292.50	340.00	368.75	481.25
74	260.00	327.50	381.25	415.00	536.25
75	291.25	366.25	426.25	463.75	598.75
76	323.75	407.50	476.25	518.75	667.50
77	360.00	455.00	530.00	576.25	741.25
78	398.75	505.00	588.75	640.00	818.75
79	440.00	558.75	651.25	708.75	906.25
80	483.75				
81	531.25				
82	580.00				
83	632.50				
84	688.75				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0101-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	38.75	47.50	52.50	57.50	73.75
45-49	42.50	51.25	58.75	63.75	81.25
50-54	50.00	61.25	70.00	76.25	101.25
55	58.75	70.00	80.00	86.25	113.75
56	61.25	75.00	83.75	91.25	118.75
57	66.25	80.00	90.00	97.50	126.25
58	70.00	85.00	97.50	105.00	136.25
59	76.25	92.50	106.25	113.75	147.50
60	83.75	100.00	115.00	123.75	160.00
61	90.00	108.75	125.00	133.75	173.75
62	97.50	117.50	135.00	145.00	188.75
63	105.00	126.25	145.00	156.25	202.50
64	110.00	135.00	155.00	167.50	217.50
65	118.75	145.00	165.00	180.00	233.75
66	127.50	156.25	177.50	193.75	252.50
67	138.75	170.00	193.75	211.25	276.25
68	150.00	186.25	213.75	232.50	302.50
69	165.00	202.50	233.75	255.00	332.50
70	180.00	223.75	257.50	280.00	366.25
71	197.50	245.00	285.00	310.00	406.25
72	218.75	273.75	317.50	345.00	451.25
73	243.75	306.25	356.25	386.25	505.00
74	272.50	342.50	398.75	433.75	563.75
75	305.00	382.50	445.00	485.00	627.50
76	338.75	426.25	498.75	542.50	700.00
77	375.00	475.00	555.00	605.00	776.25
78	415.00	526.25	615.00	670.00	858.75
79	457.50	583.75	681.25	742.50	948.75
80	502.50				
81	551.25				
82	602.50				
83	657.50				
84	715.00				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0101-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	58.75	72.50	82.50	88.75	120.00
45-49	65.00	80.00	91.25	98.75	133.75
50-54	80.00	98.75	113.75	125.00	170.00
55	92.50	115.00	132.50	143.75	197.50
56	97.50	120.00	140.00	152.50	208.75
57	102.50	127.50	148.75	161.25	220.00
58	110.00	136.25	158.75	172.50	233.75
59	116.25	145.00	168.75	183.75	248.75
60	125.00	156.25	180.00	195.00	265.00
61	133.75	166.25	192.50	208.75	282.50
62	142.50	177.50	206.25	223.75	301.25
63	151.25	190.00	220.00	238.75	322.50
64	161.25	201.25	233.75	255.00	342.50
65	172.50	215.00	250.00	272.50	366.25
66	183.75	231.25	267.50	291.25	393.75
67	198.75	248.75	290.00	315.00	425.00
68	215.00	268.75	313.75	341.25	460.00
69	231.25	291.25	338.75	368.75	497.50
70	250.00	316.25	367.50	401.25	540.00
71	270.00	343.75	400.00	436.25	586.25
72	295.00	376.25	438.75	480.00	641.25
73	325.00	413.75	482.50	527.50	702.50
74	357.50	455.00	531.25	581.25	770.00
75	392.50	498.75	583.75	638.75	845.00
76	430.00	547.50	641.25	702.50	926.25
77	468.75	600.00	705.00	770.00	1013.75
78	510.00	656.25	772.50	843.75	1106.25
79	555.00	716.25	843.75	922.50	1206.25
80	600.00				
81	647.50				
82	697.50				
83	748.75				
84	802.50				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0101-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	67.50	83.75	97.50	106.25	140.00
45-49	75.00	93.75	107.50	117.50	156.25
50-54	92.50	116.25	133.75	145.00	197.50
55	105.00	132.50	152.50	166.25	226.25
56	108.75	140.00	161.25	175.00	238.75
57	115.00	147.50	170.00	185.00	250.00
58	122.50	156.25	181.25	197.50	265.00
59	131.25	165.00	191.25	210.00	281.25
60	141.25	175.00	205.00	222.50	297.50
61	150.00	186.25	217.50	236.25	317.50
62	160.00	200.00	232.50	252.50	338.75
63	170.00	211.25	248.75	270.00	361.25
64	181.25	226.25	263.75	288.75	385.00
65	192.50	241.25	282.50	307.50	411.25
66	206.25	258.75	301.25	330.00	441.25
67	220.00	280.00	326.25	356.25	476.25
68	238.75	301.25	352.50	385.00	516.25
69	257.50	327.50	381.25	417.50	557.50
70	280.00	356.25	415.00	455.00	605.00
71	302.50	386.25	451.25	493.75	657.50
72	331.25	423.75	493.75	541.25	718.75
73	363.75	463.75	542.50	595.00	786.25
74	398.75	508.75	595.00	652.50	861.25
75	436.25	558.75	655.00	716.25	945.00
76	477.50	610.00	717.50	786.25	1035.00
77	520.00	668.75	785.00	861.25	1131.25
78	566.25	730.00	860.00	941.25	1233.75
79	613.75	797.50	936.25	1026.25	1342.50
80	663.75				
81	715.00				
82	767.50				
83	825.00				
84	883.75				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0101-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	72.50	90.00	102.50	113.75	148.75
45-49	80.00	100.00	115.00	126.25	165.00
50-54	98.75	123.75	142.50	155.00	208.75
55	110.00	140.00	161.25	176.25	238.75
56	115.00	147.50	170.00	185.00	250.00
57	120.00	155.00	180.00	195.00	263.75
58	127.50	163.75	190.00	207.50	277.50
59	136.25	173.75	201.25	220.00	293.75
60	147.50	183.75	215.00	233.75	311.25
61	157.50	195.00	227.50	248.75	332.50
62	167.50	208.75	243.75	266.25	355.00
63	177.50	222.50	260.00	283.75	377.50
64	190.00	236.25	276.25	302.50	402.50
65	201.25	252.50	295.00	322.50	431.25
66	215.00	270.00	316.25	345.00	461.25
67	231.25	292.50	341.25	373.75	498.75
68	248.75	316.25	368.75	405.00	540.00
69	268.75	342.50	400.00	438.75	583.75
70	291.25	372.50	433.75	476.25	632.50
71	316.25	405.00	473.75	518.75	688.75
72	345.00	442.50	517.50	567.50	751.25
73	380.00	485.00	567.50	623.75	823.75
74	416.25	532.50	623.75	683.75	901.25
75	456.25	583.75	683.75	750.00	988.75
76	498.75	638.75	750.00	822.50	1081.25
77	542.50	698.75	820.00	900.00	1181.25
78	590.00	761.25	897.50	982.50	1288.75
79	638.75	831.25	976.25	1072.50	1401.25
80	690.00				
81	742.50				
82	798.75				
83	857.50				
84	917.50				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0101-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	42.50	52.50	61.25	67.50	90.00
45-49	47.50	58.75	68.75	75.00	100.00
50-54	63.75	77.50	88.75	95.00	127.50
55	72.50	90.00	101.25	111.25	151.25
56	76.25	93.75	107.50	117.50	161.25
57	81.25	100.00	115.00	126.25	173.75
58	86.25	107.50	123.75	136.25	186.25
59	93.75	116.25	133.75	147.50	201.25
60	101.25	126.25	145.00	158.75	217.50
61	110.00	136.25	158.75	172.50	233.75
62	118.75	148.75	172.50	186.25	252.50
63	127.50	158.75	185.00	201.25	272.50
64	136.25	170.00	198.75	215.00	291.25
65	147.50	182.50	211.25	231.25	313.75
66	158.75	195.00	227.50	248.75	338.75
67	172.50	213.75	248.75	270.00	367.50
68	186.25	232.50	272.50	295.00	401.25
69	202.50	255.00	297.50	323.75	438.75
70	220.00	277.50	325.00	355.00	480.00
71	241.25	306.25	357.50	391.25	525.00
72	266.25	338.75	395.00	432.50	580.00
73	293.75	375.00	438.75	480.00	640.00
74	326.25	415.00	486.25	532.50	707.50
75	360.00	460.00	538.75	590.00	781.25
76	397.50	508.75	593.75	651.25	860.00
77	436.25	560.00	656.25	718.75	945.00
78	477.50	616.25	722.50	791.25	1036.25
79	522.50	676.25	791.25	868.75	1135.00
80	567.50				
81	616.25				
82	666.25				
83	718.75				
84	775.00				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0101-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	51.25	65.00	73.75	81.25	106.25
45-49	57.50	70.00	82.50	90.00	117.50
50-54	72.50	90.00	105.00	113.75	148.75
55	83.75	105.00	118.75	131.25	176.25
56	88.75	110.00	126.25	136.25	188.75
57	92.50	116.25	133.75	145.00	200.00
58	100.00	125.00	143.75	157.50	215.00
59	107.50	135.00	156.25	168.75	230.00
60	116.25	145.00	167.50	182.50	245.00
61	125.00	156.25	181.25	197.50	263.75
62	135.00	168.75	195.00	213.75	283.75
63	143.75	181.25	210.00	227.50	305.00
64	155.00	192.50	225.00	243.75	326.25
65	166.25	207.50	240.00	260.00	350.00
66	177.50	222.50	257.50	281.25	377.50
67	192.50	241.25	281.25	305.00	410.00
68	208.75	261.25	306.25	332.50	448.75
69	226.25	286.25	333.75	363.75	490.00
70	247.50	313.75	366.25	398.75	536.25
71	270.00	343.75	401.25	438.75	588.75
72	297.50	380.00	443.75	485.00	648.75
73	327.50	418.75	491.25	536.25	716.25
74	363.75	465.00	543.75	595.00	791.25
75	401.25	513.75	601.25	658.75	872.50
76	442.50	566.25	663.75	727.50	961.25
77	485.00	623.75	731.25	802.50	1056.25
78	531.25	683.75	802.50	882.50	1157.50
79	577.50	750.00	881.25	967.50	1266.25
80	627.50				
81	680.00				
82	735.00				
83	792.50				
84	852.50				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0101-A87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	56.25	68.75	80.00	86.25	113.75
45-49	61.25	76.25	88.75	95.00	125.00
50-54	76.25	95.00	110.00	120.00	157.50
55	88.75	110.00	126.25	138.75	186.25
56	92.50	116.25	133.75	145.00	198.75
57	98.75	123.75	142.50	155.00	211.25
58	106.25	132.50	152.50	166.25	226.25
59	113.75	142.50	165.00	177.50	241.25
60	122.50	152.50	177.50	192.50	257.50
61	131.25	165.00	191.25	207.50	276.25
62	141.25	177.50	206.25	223.75	297.50
63	151.25	191.25	220.00	240.00	318.75
64	161.25	202.50	235.00	256.25	341.25
65	173.75	217.50	251.25	273.75	366.25
66	185.00	233.75	270.00	293.75	393.75
67	201.25	252.50	293.75	318.75	430.00
68	218.75	275.00	320.00	348.75	468.75
69	236.25	300.00	350.00	381.25	511.25
70	258.75	327.50	383.75	417.50	560.00
71	282.50	360.00	420.00	458.75	615.00
72	310.00	397.50	465.00	507.50	677.50
73	342.50	438.75	515.00	561.25	748.75
74	380.00	485.00	568.75	622.50	826.25
75	418.75	535.00	627.50	688.75	911.25
76	461.25	591.25	692.50	760.00	1005.00
77	506.25	650.00	763.75	838.75	1102.50
78	552.50	713.75	838.75	922.50	1208.75
79	601.25	782.50	918.75	1010.00	1322.50
80	652.50				
81	707.50				
82	765.00				
83	823.75				
84	885.00				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0101-A87
Long-Term Care Policy

WITH SURVIVORSHIP BENEFIT RIDER R1-N0103-SERIES

When this rider is chosen, multiply the final premium by the appropriate factor.

ISSUE AGE	NO INFLATION PROTECTION	SIMPLE INFLATION PROTECTION	COMPOUND INFLATION PROTECTION
18-44	1.11	1.17	1.17
45-49	1.14	1.21	1.21
50-54	1.18	1.28	1.28
55	1.20	1.30	1.30
56	1.20	1.30	1.30
57	1.21	1.30	1.30
58	1.21	1.30	1.30
59	1.21	1.30	1.30
60	1.21	1.30	1.30
61	1.21	1.30	1.30
62	1.21	1.29	1.29
63	1.21	1.29	1.29
64	1.21	1.28	1.28
65	1.20	1.27	1.27
66	1.20	1.26	1.26
67	1.20	1.26	1.26
68	1.19	1.25	1.25
69	1.19	1.24	1.24
70	1.18	1.23	1.23
71	1.18	1.22	1.22
72	1.17	1.20	1.20
73	1.16	1.19	1.19
74	1.16	1.18	1.18
75	1.15	1.17	1.17
76	1.14	1.16	1.16
77	1.13	1.15	1.15
78	1.12	1.14	1.14
79	1.11	1.13	1.13
80	1.10	1.12	1.12
81	1.09	1.11	1.11
82	1.08	1.10	1.10
83	1.07	1.09	1.09
84	1.06	1.08	1.08

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0101-A87
Long-Term Care Policy

Elimination Period Factors

Rates shown are for 30 day elimination period. Rates for other elimination periods are calculated by multiplying the 30 day rates by the appropriate factor from the following table:

Benefit Maximum	0	14	20	60	90	100	180	365
730x,1095x	1.11	1.06	1.03	0.95	0.91	0.90	0.80	0.71
1460x,1825x	1.09	1.05	1.03	0.95	0.91	0.90	0.81	0.72
Lifetime	1.07	1.04	1.03	0.96	0.93	0.92	0.85	0.78

Multi-Life Discount

A 5%, 10%, 15% or 20% discount to the rates is available for qualifying Associations of 10 or more lives.

Spousal Discount

A 20% discount to the rates is available to married couples if both spouses apply for coverage.

Dual Waiver of Premium Rider R1-N0104-Series

An optional dual waiver of premium rider will be offered. If one spouse qualifies for a waiver of premium, the premium of the other spouse will also be waived. If chosen, multiply the final premium by 1.06.

Shared Advantage Rider R1-N0105-Series

This rider will allow two covered spouses to purchase an additional benefit amount that can be used by either spouse after their base benefits are exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	No Inflation Protection	With Inflation Protection
730x	1.30	1.35
1095x	1.21	1.25
1460x	1.15	1.18
1825x	1.12	1.14

Restoration of Benefits Rider R1-N0106-Series

This rider restores the maximum lifetime benefit if the insured has not met the stipulated conditions for a period of 180 consecutive days and the maximum lifetime benefit has not been exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	Factor
730x	1.08
1095x	1.06
1460x,1825x	1.04

Cost of Living Increase Rider R1-N0107-Series

This rider allows the insured to increase their policy limits, subject to the terms of the rider, every three years without additional underwriting. The additional premium charged is based on the attained age and incremental increase in the maximum daily facility benefit when exercised. If chosen, multiply the final premium by the appropriate factor:

Age	Factor
18-44	1.15
45-49	1.12
50-55	1.10
56-58	1.09
59-61	1.08
62-64	1.07
65-67	1.06
68-70	1.05
71-73	1.04
74-76	1.03

Modal Factors

Semi-Annual: 0.52; Quarterly: 0.27; Check-A-Matic: 0.09

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604

Supplement to Rate Sheets for Policy Form P1-N0075-B37
PENNSYLVANIA

All rates for this form should be multiplied by a factor of: 1.9425

This factor represents the **proposed** increase of: 29.5%

And the following prior approved rate increases:

Policy Form	Increase Applies to all Policies or Subsets	Rate Increase Approved	Approval Date of Rate Increase
P1-N0075-B37	--Yes--	20.00%	3/14/2013
P1-N0075-B37	--Yes--	25.00%	12/3/2014

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0075-B37
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	17.34	19.38	22.44	23.46	24.48
45-49	19.38	21.42	24.48	25.50	27.54
50-54	23.46	26.52	29.58	31.62	35.70
55	26.52	30.60	34.68	37.74	44.88
56	28.56	32.64	37.74	40.80	48.96
57	30.60	35.70	40.80	43.86	54.06
58	33.66	38.76	44.88	47.94	59.16
59	36.72	42.84	48.96	52.02	65.28
60	40.80	47.94	54.06	57.12	71.40
61	43.86	52.02	59.16	62.22	77.52
62	47.94	57.12	64.26	68.34	84.66
63	51.00	61.20	69.36	73.44	90.78
64	54.06	65.28	74.46	79.56	96.90
65	58.14	69.36	79.56	85.68	104.04
66	62.22	75.48	85.68	92.82	112.20
67	67.32	81.60	93.84	100.98	122.40
68	73.44	89.76	103.02	111.18	134.64
69	80.58	97.92	113.22	121.38	146.88
70	87.72	107.10	124.44	133.62	162.18
71	96.90	118.32	136.68	147.90	179.52
72	107.10	131.58	151.98	164.22	198.90
73	119.34	146.88	169.32	182.58	221.34
74	132.60	163.20	188.70	204.00	246.84
75	147.90	181.56	209.10	226.44	274.38
76	164.22	201.96	232.56	250.92	303.96
77	181.56	223.38	257.04	277.44	336.60
78	199.92	246.84	283.56	306.00	371.28
79	220.32	271.32	312.12	336.60	409.02
80	240.72				
81	263.16				
82	286.62				
83	311.10				
84	337.62				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0075-B37
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	32.64	39.78	45.90	49.98	60.18
45-49	35.70	43.86	51.00	55.08	67.32
50-54	43.86	54.06	63.24	68.34	85.68
55	53.04	64.26	74.46	79.56	102.00
56	56.10	68.34	78.54	84.66	109.14
57	60.18	73.44	83.64	89.76	116.28
58	64.26	78.54	89.76	95.88	124.44
59	68.34	83.64	95.88	103.02	132.60
60	72.42	89.76	103.02	111.18	141.78
61	77.52	95.88	110.16	119.34	150.96
62	82.62	102.00	118.32	128.52	162.18
63	87.72	109.14	126.48	136.68	173.40
64	93.84	115.26	134.64	145.86	185.64
65	99.96	123.42	142.80	155.04	198.90
66	107.10	131.58	153.00	165.24	213.18
67	115.26	141.78	164.22	177.48	229.50
68	124.44	153.00	177.48	191.76	247.86
69	133.62	165.24	190.74	207.06	267.24
70	144.84	179.52	207.06	224.40	287.64
71	157.08	194.82	224.40	243.78	312.12
72	170.34	212.16	244.80	266.22	339.66
73	185.64	231.54	268.26	291.72	370.26
74	202.98	253.98	293.76	320.28	404.94
75	221.34	277.44	322.32	350.88	441.66
76	240.72	302.94	352.92	384.54	482.46
77	261.12	330.48	385.56	421.26	525.30
78	282.54	360.06	421.26	460.02	571.20
79	304.98	391.68	459.00	501.84	621.18
80	329.46				
81	353.94				
82	380.46				
83	408.00				
84	436.56				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0075-B37
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	23.46	28.56	32.64	35.70	42.84
45-49	25.50	31.62	36.72	39.78	47.94
50-54	35.70	42.84	49.98	54.06	65.28
55	40.80	49.98	57.12	61.20	78.54
56	42.84	53.04	60.18	65.28	83.64
57	45.90	57.12	64.26	69.36	89.76
58	49.98	62.22	69.36	75.48	96.90
59	54.06	67.32	75.48	81.60	106.08
60	59.16	73.44	82.62	89.76	115.26
61	64.26	79.56	90.78	97.92	125.46
62	69.36	85.68	97.92	106.08	135.66
63	74.46	91.80	105.06	114.24	145.86
64	79.56	97.92	112.20	122.40	157.08
65	84.66	105.06	120.36	130.56	168.30
66	91.80	113.22	129.54	140.76	182.58
67	98.94	122.40	140.76	153.00	197.88
68	107.10	133.62	154.02	167.28	215.22
69	117.30	145.86	168.30	182.58	234.60
70	127.50	159.12	183.60	199.92	257.04
71	139.74	174.42	201.96	219.30	280.50
72	153.00	191.76	222.36	241.74	308.04
73	168.30	211.14	244.80	267.24	338.64
74	185.64	232.56	270.30	294.78	372.30
75	204.00	256.02	297.84	324.36	408.00
76	223.38	281.52	327.42	357.00	447.78
77	243.78	308.04	359.04	391.68	489.60
78	265.20	336.60	392.70	429.42	534.48
79	287.64	367.20	429.42	469.20	582.42
80	312.12				
81	336.60				
82	363.12				
83	390.66				
84	419.22				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0075-B37
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	20.40	22.44	26.52	27.54	28.56
45-49	22.44	25.50	28.56	29.58	32.64
50-54	27.54	31.62	34.68	36.72	41.82
55	31.62	35.70	40.80	44.88	53.04
56	33.66	38.76	44.88	47.94	57.12
57	35.70	41.82	47.94	52.02	63.24
58	39.78	45.90	53.04	56.10	69.36
59	42.84	49.98	57.12	61.20	76.50
60	47.94	56.10	63.24	67.32	83.64
61	52.02	61.20	69.36	73.44	90.78
62	56.10	67.32	75.48	80.58	99.96
63	60.18	72.42	81.60	86.70	107.10
64	63.24	76.50	87.72	93.84	114.24
65	68.34	81.60	93.84	100.98	122.40
66	73.44	88.74	100.98	109.14	131.58
67	79.56	95.88	110.16	118.32	143.82
68	86.70	106.08	121.38	130.56	158.10
69	94.86	115.26	133.62	142.80	172.38
70	103.02	126.48	146.88	157.08	190.74
71	114.24	138.72	161.16	174.42	211.14
72	126.48	155.04	178.50	192.78	233.58
73	140.76	172.38	198.90	215.22	260.10
74	156.06	191.76	222.36	239.70	290.70
75	174.42	213.18	245.82	266.22	322.32
76	192.78	237.66	273.36	294.78	358.02
77	213.18	263.16	301.92	326.40	395.76
78	235.62	290.70	333.54	360.06	436.56
79	259.08	319.26	367.20	395.76	481.44
80	283.56				
81	310.08				
82	337.62				
83	366.18				
84	396.78				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0075-B37
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	38.76	46.92	54.06	59.16	70.38
45-49	41.82	52.02	60.18	65.28	79.56
50-54	52.02	63.24	74.46	80.58	100.98
55	62.22	75.48	87.72	93.84	120.36
56	66.30	80.58	92.82	99.96	128.52
57	70.38	86.70	97.92	106.08	136.68
58	75.48	92.82	106.08	113.22	146.88
59	80.58	97.92	113.22	121.38	156.06
60	85.68	106.08	121.38	130.56	167.28
61	90.78	113.22	129.54	140.76	177.48
62	96.90	120.36	138.72	150.96	190.74
63	103.02	128.52	148.92	161.16	204.00
64	110.16	135.66	158.10	171.36	218.28
65	117.30	144.84	168.30	182.58	233.58
66	126.48	155.04	179.52	194.82	250.92
67	135.66	167.28	192.78	209.10	270.30
68	146.88	179.52	209.10	225.42	291.72
69	157.08	194.82	224.40	243.78	314.16
70	170.34	211.14	243.78	264.18	338.64
71	184.62	229.50	264.18	286.62	367.20
72	199.92	249.90	287.64	313.14	399.84
73	218.28	272.34	315.18	342.72	435.54
74	238.68	298.86	345.78	376.38	476.34
75	260.10	326.40	379.44	413.10	519.18
76	283.56	355.98	415.14	452.88	567.12
77	307.02	388.62	453.90	495.72	618.12
78	332.52	423.30	495.72	541.62	672.18
79	359.04	461.04	539.58	590.58	730.32
80	387.60				
81	416.16				
82	447.78				
83	480.42				
84	514.08				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0075-B37
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	27.54	33.66	38.76	41.82	49.98
45-49	29.58	36.72	42.84	46.92	56.10
50-54	41.82	49.98	59.16	63.24	76.50
55	47.94	59.16	67.32	72.42	92.82
56	49.98	62.22	70.38	76.50	97.92
57	54.06	67.32	75.48	81.60	106.08
58	59.16	73.44	81.60	88.74	114.24
59	63.24	79.56	88.74	95.88	124.44
60	69.36	86.70	96.90	106.08	135.66
61	75.48	93.84	107.10	115.26	147.90
62	81.60	100.98	115.26	124.44	159.12
63	87.72	108.12	123.42	134.64	171.36
64	93.84	115.26	131.58	143.82	184.62
65	99.96	123.42	141.78	154.02	197.88
66	108.12	133.62	151.98	165.24	215.22
67	116.28	143.82	165.24	179.52	232.56
68	126.48	157.08	181.56	196.86	252.96
69	137.70	171.36	197.88	215.22	276.42
70	149.94	187.68	216.24	235.62	301.92
71	164.22	205.02	237.66	258.06	330.48
72	179.52	225.42	261.12	284.58	362.10
73	197.88	248.88	287.64	314.16	398.82
74	218.28	273.36	318.24	346.80	437.58
75	239.70	300.90	350.88	381.48	480.42
76	263.16	331.50	385.56	420.24	526.32
77	286.62	362.10	422.28	461.04	576.30
78	312.12	395.76	462.06	504.90	628.32
79	338.64	432.48	504.90	551.82	685.44
80	367.20				
81	395.76				
82	427.38				
83	460.02				
84	493.68				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0075-B37
Long-Term Care Policy: Facility Only Coverage

WITH SURVIVORSHIP BENEFIT RIDER R1-N0103-SERIES

When this rider is chosen, multiply the final premium by the appropriate factor.

ISSUE AGE	NO INFLATION PROTECTION	SIMPLE INFLATION PROTECTION	COMPOUND INFLATION PROTECTION
18-44	1.11	1.17	1.17
45-49	1.14	1.21	1.21
50-54	1.18	1.28	1.28
55	1.20	1.30	1.30
56	1.20	1.30	1.30
57	1.21	1.30	1.30
58	1.21	1.30	1.30
59	1.21	1.30	1.30
60	1.21	1.30	1.30
61	1.21	1.30	1.30
62	1.21	1.29	1.29
63	1.21	1.29	1.29
64	1.21	1.28	1.28
65	1.20	1.27	1.27
66	1.20	1.26	1.26
67	1.20	1.26	1.26
68	1.19	1.25	1.25
69	1.19	1.24	1.24
70	1.18	1.23	1.23
71	1.18	1.22	1.22
72	1.17	1.20	1.20
73	1.16	1.19	1.19
74	1.16	1.18	1.18
75	1.15	1.17	1.17
76	1.14	1.16	1.16
77	1.13	1.15	1.15
78	1.12	1.14	1.14
79	1.11	1.13	1.13
80	1.10	1.12	1.12
81	1.09	1.11	1.11
82	1.08	1.10	1.10
83	1.07	1.09	1.09
84	1.06	1.08	1.08

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0075-B37
Long-Term Care Policy: Facility Only Coverage

Elimination Period Factors

Rates shown are for 30 day elimination period. Rates for other elimination periods are calculated by multiplying the 30 day rates by the appropriate factor from the following table:

Benefit Maximum	0	14	20	60	90	100	180	365
730x,1095x	1.12	1.07	1.03	0.94	0.90	0.89	0.78	0.67
1460x,1825x	1.10	1.05	1.03	0.95	0.90	0.89	0.79	0.69
Lifetime	1.08	1.04	1.03	0.96	0.92	0.91	0.84	0.75

Table Rating Health Rating Group Factors

Rates shown are for Preferred Rating Group and Select Rating Group. Rates for Table Rating Health Groups 1, 2, 3 and 4 are calculated by multiplying Select rates by 1.25, 1.50, 1.75 and 2.00 respectively.

Spousal Discount

A 20% discount to the rates is available to married couples if both spouses apply for coverage.

Dual Waiver of Premium Rider R1-N0104-Series

An optional dual waiver of premium rider will be offered. If one spouse qualifies for a waiver of premium, the premium of the other spouse will also be waived. If chosen, multiply the final premium by 1.06.

Shared Advantage Rider R1-N0105-Series

This rider will allow two covered spouses to purchase an additional benefit amount that can be used by either spouse after their base benefits are exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	No Inflation Protection	With Inflation Protection
730x	1.30	1.35
1095x	1.21	1.25
1460x	1.15	1.18
1825x	1.12	1.14

Restoration of Benefits Rider R1-N0108-Series

This rider restores the maximum lifetime benefit if the insured has not met the stipulated conditions for a period of 180 consecutive days and the maximum lifetime benefit has not been exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	Factor
730x	1.08
1095x	1.06
1460x,1825x	1.04

Cost of Living Increase Rider R1-N0107-Series

This rider allows the insured to increase their policy limits, subject to the terms of the rider, every three years without additional underwriting. The additional premium charged is based on the attained age and incremental increase in the maximum daily facility benefit when exercised. If chosen, multiply the final premium by the appropriate factor:

Age	Factor
18-44	1.15
45-49	1.12
50-55	1.10
56-58	1.09
59-61	1.08
62-64	1.07
65-67	1.06
68-70	1.05
71-73	1.04
74-76	1.03

Modal Factors

Semi-Annual: 0.52; Quarterly: 0.27; Check-A-Matic: 0.09

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604

Supplement to Rate Sheets for Policy Form P1-N0076-B37
PENNSYLVANIA

All rates for this form should be multiplied by a factor of: 1.9425

This factor represents the **proposed** increase of: 29.5%

And the following prior approved rate increases:

Policy Form	Increase Applies to all Policies or Subsets	Rate Increase Approved	Approval Date of Rate Increase
P1-N0076-B37	--Yes--	20.00%	3/14/2013
P1-N0076-B37	--Yes--	25.00%	12/3/2014

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0076-B37
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	21.68	24.23	28.05	29.33	30.60
45-49	24.23	26.78	30.60	31.88	34.43
50-54	29.33	33.15	36.98	39.53	44.63
55	33.15	38.25	43.35	47.18	56.10
56	35.70	40.80	47.18	51.00	61.20
57	38.25	44.63	51.00	54.83	67.58
58	42.08	48.45	56.10	59.93	73.95
59	45.90	53.55	61.20	65.03	81.60
60	51.00	59.93	67.58	71.40	89.25
61	54.83	65.03	73.95	77.78	96.90
62	59.93	71.40	80.33	85.43	105.83
63	63.75	76.50	86.70	91.80	113.48
64	67.58	81.60	93.08	99.45	121.13
65	72.68	86.70	99.45	107.10	130.05
66	77.78	94.35	107.10	116.03	140.25
67	84.15	102.00	117.30	126.23	153.00
68	91.80	112.20	128.78	138.98	168.30
69	100.73	122.40	141.53	151.73	183.60
70	109.65	133.88	155.55	167.03	202.73
71	121.13	147.90	170.85	184.88	224.40
72	133.88	164.48	189.98	205.28	248.63
73	149.18	183.60	211.65	228.23	276.68
74	165.75	204.00	235.88	255.00	308.55
75	184.88	226.95	261.38	283.05	342.98
76	205.28	252.45	290.70	313.65	379.95
77	226.95	279.23	321.30	346.80	420.75
78	249.90	308.55	354.45	382.50	464.10
79	275.40	339.15	390.15	420.75	511.28
80	300.90				
81	328.95				
82	358.28				
83	388.88				
84	422.03				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0076-B37
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	40.80	49.73	57.38	62.48	75.23
45-49	44.63	54.83	63.75	68.85	84.15
50-54	54.83	67.58	79.05	85.43	107.10
55	66.30	80.33	93.08	99.45	127.50
56	70.13	85.43	98.18	105.83	136.43
57	75.23	91.80	104.55	112.20	145.35
58	80.33	98.18	112.20	119.85	155.55
59	85.43	104.55	119.85	128.78	165.75
60	90.53	112.20	128.78	138.98	177.23
61	96.90	119.85	137.70	149.18	188.70
62	103.28	127.50	147.90	160.65	202.73
63	109.65	136.43	158.10	170.85	216.75
64	117.30	144.08	168.30	182.33	232.05
65	124.95	154.28	178.50	193.80	248.63
66	133.88	164.48	191.25	206.55	266.48
67	144.08	177.23	205.28	221.85	286.88
68	155.55	191.25	221.85	239.70	309.83
69	167.03	206.55	238.43	258.83	334.05
70	181.05	224.40	258.83	280.50	359.55
71	196.35	243.53	280.50	304.73	390.15
72	212.93	265.20	306.00	332.78	424.58
73	232.05	289.43	335.33	364.65	462.83
74	253.73	317.48	367.20	400.35	506.18
75	276.68	346.80	402.90	438.60	552.08
76	300.90	378.68	441.15	480.68	603.08
77	326.40	413.10	481.95	526.58	656.63
78	353.18	450.08	526.58	575.03	714.00
79	381.23	489.60	573.75	627.30	776.48
80	411.83				
81	442.43				
82	475.58				
83	510.00				
84	545.70				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0076-B37
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	29.33	35.70	40.80	44.63	53.55
45-49	31.88	39.53	45.90	49.73	59.93
50-54	44.63	53.55	62.48	67.58	81.60
55	51.00	62.48	71.40	76.50	98.18
56	53.55	66.30	75.23	81.60	104.55
57	57.38	71.40	80.33	86.70	112.20
58	62.48	77.78	86.70	94.35	121.13
59	67.58	84.15	94.35	102.00	132.60
60	73.95	91.80	103.28	112.20	144.08
61	80.33	99.45	113.48	122.40	156.83
62	86.70	107.10	122.40	132.60	169.58
63	93.08	114.75	131.33	142.80	182.33
64	99.45	122.40	140.25	153.00	196.35
65	105.83	131.33	150.45	163.20	210.38
66	114.75	141.53	161.93	175.95	228.23
67	123.68	153.00	175.95	191.25	247.35
68	133.88	167.03	192.53	209.10	269.03
69	146.63	182.33	210.38	228.23	293.25
70	159.38	198.90	229.50	249.90	321.30
71	174.68	218.03	252.45	274.13	350.63
72	191.25	239.70	277.95	302.18	385.05
73	210.38	263.93	306.00	334.05	423.30
74	232.05	290.70	337.88	368.48	465.38
75	255.00	320.03	372.30	405.45	510.00
76	279.23	351.90	409.28	446.25	559.73
77	304.73	385.05	448.80	489.60	612.00
78	331.50	420.75	490.88	536.78	668.10
79	359.55	459.00	536.78	586.50	728.03
80	390.15				
81	420.75				
82	453.90				
83	488.33				
84	524.03				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0076-B37
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	25.50	28.05	33.15	34.43	35.70
45-49	28.05	31.88	35.70	36.98	40.80
50-54	34.43	39.53	43.35	45.90	52.28
55	39.53	44.63	51.00	56.10	66.30
56	42.08	48.45	56.10	59.93	71.40
57	44.63	52.28	59.93	65.03	79.05
58	49.73	57.38	66.30	70.13	86.70
59	53.55	62.48	71.40	76.50	95.63
60	59.93	70.13	79.05	84.15	104.55
61	65.03	76.50	86.70	91.80	113.48
62	70.13	84.15	94.35	100.73	124.95
63	75.23	90.53	102.00	108.38	133.88
64	79.05	95.63	109.65	117.30	142.80
65	85.43	102.00	117.30	126.23	153.00
66	91.80	110.93	126.23	136.43	164.48
67	99.45	119.85	137.70	147.90	179.78
68	108.38	132.60	151.73	163.20	197.63
69	118.58	144.08	167.03	178.50	215.48
70	128.78	158.10	183.60	196.35	238.43
71	142.80	173.40	201.45	218.03	263.93
72	158.10	193.80	223.13	240.98	291.98
73	175.95	215.48	248.63	269.03	325.13
74	195.08	239.70	277.95	299.63	363.38
75	218.03	266.48	307.28	332.78	402.90
76	240.98	297.08	341.70	368.48	447.53
77	266.48	328.95	377.40	408.00	494.70
78	294.53	363.38	416.93	450.08	545.70
79	323.85	399.08	459.00	494.70	601.80
80	354.45				
81	387.60				
82	422.03				
83	457.73				
84	495.98				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0076-B37
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	48.45	58.65	67.58	73.95	87.98
45-49	52.28	65.03	75.23	81.60	99.45
50-54	65.03	79.05	93.08	100.73	126.23
55	77.78	94.35	109.65	117.30	150.45
56	82.88	100.73	116.03	124.95	160.65
57	87.98	108.38	122.40	132.60	170.85
58	94.35	116.03	132.60	141.53	183.60
59	100.73	122.40	141.53	151.73	195.08
60	107.10	132.60	151.73	163.20	209.10
61	113.48	141.53	161.93	175.95	221.85
62	121.13	150.45	173.40	188.70	238.43
63	128.78	160.65	186.15	201.45	255.00
64	137.70	169.58	197.63	214.20	272.85
65	146.63	181.05	210.38	228.23	291.98
66	158.10	193.80	224.40	243.53	313.65
67	169.58	209.10	240.98	261.38	337.88
68	183.60	224.40	261.38	281.78	364.65
69	196.35	243.53	280.50	304.73	392.70
70	212.93	263.93	304.73	330.23	423.30
71	230.78	286.88	330.23	358.28	459.00
72	249.90	312.38	359.55	391.43	499.80
73	272.85	340.43	393.98	428.40	544.43
74	298.35	373.58	432.23	470.48	595.43
75	325.13	408.00	474.30	516.38	648.98
76	354.45	444.98	518.93	566.10	708.90
77	383.78	485.78	567.38	619.65	772.65
78	415.65	529.13	619.65	677.03	840.23
79	448.80	576.30	674.48	738.23	912.90
80	484.50				
81	520.20				
82	559.73				
83	600.53				
84	642.60				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0076-B37
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	34.43	42.08	48.45	52.28	62.48
45-49	36.98	45.90	53.55	58.65	70.13
50-54	52.28	62.48	73.95	79.05	95.63
55	59.93	73.95	84.15	90.53	116.03
56	62.48	77.78	87.98	95.63	122.40
57	67.58	84.15	94.35	102.00	132.60
58	73.95	91.80	102.00	110.93	142.80
59	79.05	99.45	110.93	119.85	155.55
60	86.70	108.38	121.13	132.60	169.58
61	94.35	117.30	133.88	144.08	184.88
62	102.00	126.23	144.08	155.55	198.90
63	109.65	135.15	154.28	168.30	214.20
64	117.30	144.08	164.48	179.78	230.78
65	124.95	154.28	177.23	192.53	247.35
66	135.15	167.03	189.98	206.55	269.03
67	145.35	179.78	206.55	224.40	290.70
68	158.10	196.35	226.95	246.08	316.20
69	172.13	214.20	247.35	269.03	345.53
70	187.43	234.60	270.30	294.53	377.40
71	205.28	256.28	297.08	322.58	413.10
72	224.40	281.78	326.40	355.73	452.63
73	247.35	311.10	359.55	392.70	498.53
74	272.85	341.70	397.80	433.50	546.98
75	299.63	376.13	438.60	476.85	600.53
76	328.95	414.38	481.95	525.30	657.90
77	358.28	452.63	527.85	576.30	720.38
78	390.15	494.70	577.58	631.13	785.40
79	423.30	540.60	631.13	689.78	856.80
80	459.00				
81	494.70				
82	534.23				
83	575.03				
84	617.10				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0076-B37
Long-Term Care Policy: Facility Only Coverage

WITH SURVIVORSHIP BENEFIT RIDER R1-N0103-SERIES

When this rider is chosen, multiply the final premium by the appropriate factor.

ISSUE AGE	NO INFLATION PROTECTION	SIMPLE INFLATION PROTECTION	COMPOUND INFLATION PROTECTION
18-44	1.11	1.17	1.17
45-49	1.14	1.21	1.21
50-54	1.18	1.28	1.28
55	1.20	1.30	1.30
56	1.20	1.30	1.30
57	1.21	1.30	1.30
58	1.21	1.30	1.30
59	1.21	1.30	1.30
60	1.21	1.30	1.30
61	1.21	1.30	1.30
62	1.21	1.29	1.29
63	1.21	1.29	1.29
64	1.21	1.28	1.28
65	1.20	1.27	1.27
66	1.20	1.26	1.26
67	1.20	1.26	1.26
68	1.19	1.25	1.25
69	1.19	1.24	1.24
70	1.18	1.23	1.23
71	1.18	1.22	1.22
72	1.17	1.20	1.20
73	1.16	1.19	1.19
74	1.16	1.18	1.18
75	1.15	1.17	1.17
76	1.14	1.16	1.16
77	1.13	1.15	1.15
78	1.12	1.14	1.14
79	1.11	1.13	1.13
80	1.10	1.12	1.12
81	1.09	1.11	1.11
82	1.08	1.10	1.10
83	1.07	1.09	1.09
84	1.06	1.08	1.08

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0076-B37
Long-Term Care Policy: Facility Only Coverage

Elimination Period Factors

Rates shown are for 30 day elimination period. Rates for other elimination periods are calculated by multiplying the 30 day rates by the appropriate factor from the following table:

Benefit Maximum	0	14	20	60	90	100	180	365
730x,1095x	1.12	1.07	1.03	0.94	0.90	0.89	0.78	0.67
1460x,1825x	1.10	1.05	1.03	0.95	0.90	0.89	0.79	0.69
Lifetime	1.08	1.04	1.03	0.96	0.92	0.91	0.84	0.75

Table Rating Health Rating Group Factors

Rates shown are for Preferred Rating Group and Select Rating Group. Rates for Table Rating Health Groups 1, 2, 3 and 4 are calculated by multiplying Select rates by 1.25, 1.50, 1.75 and 2.00 respectively.

Spousal Discount

A 20% discount to the rates is available to married couples if both spouses apply for coverage.

Dual Waiver of Premium Rider R1-N0104-Series

An optional dual waiver of premium rider will be offered. If one spouse qualifies for a waiver of premium, the premium of the other spouse will also be waived. If chosen, multiply the final premium by 1.06.

Shared Advantage Rider R1-N0105-Series

This rider will allow two covered spouses to purchase an additional benefit amount that can be used by either spouse after their base benefits are exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	No Inflation Protection	With Inflation Protection
730x	1.30	1.35
1095x	1.21	1.25
1460x	1.15	1.18
1825x	1.12	1.14

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0076-B37
Long-Term Care Policy: Facility Only Coverage

Restoration of Benefits Rider R1-N0108-Series

This rider restores the maximum lifetime benefit if the insured has not met the stipulated conditions for a period of 180 consecutive days and the maximum lifetime benefit has not been exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	Factor
730x	1.08
1095x	1.06
1460x,1825x	1.04

Cost of Living Increase Rider R1-N0107-Series

This rider allows the insured to increase their policy limits, subject to the terms of the rider, every three years without additional underwriting. The additional premium charged is based on the attained age and incremental increase in the maximum daily facility benefit when exercised. If chosen, multiply the final premium by the appropriate factor:

Age	Factor
18-44	1.15
45-49	1.12
50-55	1.10
56-58	1.09
59-61	1.08
62-64	1.07
65-67	1.06
68-70	1.05
71-73	1.04
74-76	1.03

Modal Factors

Semi-Annual: 0.52; Quarterly: 0.27; Check-A-Matic: 0.09

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604

Supplement to Rate Sheets for Policy Form P1-N0080-B37
PENNSYLVANIA

All rates for this form should be multiplied by a factor of: 1.9425

This factor represents the **proposed** increase of: 29.5%

And the following prior approved rate increases:

Policy Form	Increase Applies to all Policies or Subsets	Rate Increase Approved	Approval Date of Rate Increase
P1-N0080-B37	--Yes--	20.00%	3/14/2013
P1-N0080-B37	--Yes--	25.00%	12/3/2014

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0080-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	19.95	24.15	26.25	28.35	36.75
45-49	22.05	27.30	29.40	31.50	40.95
50-54	27.30	32.55	36.75	38.85	50.40
55	31.50	37.80	42.00	45.15	59.85
56	33.60	39.90	45.15	48.30	63.00
57	35.70	43.05	48.30	51.45	68.25
58	38.85	46.20	52.50	55.65	73.50
59	42.00	50.40	56.70	60.90	79.80
60	45.15	54.60	61.95	66.15	87.15
61	49.35	58.80	67.20	72.45	94.50
62	53.55	64.05	73.50	78.75	102.90
63	57.75	69.30	78.75	85.05	111.30
64	60.90	73.50	85.05	91.35	118.65
65	65.10	78.75	91.35	97.65	127.05
66	69.30	85.05	98.70	106.05	137.55
67	75.60	92.40	107.10	115.50	150.15
68	82.95	100.80	116.55	127.05	164.85
69	90.30	110.25	128.10	138.60	180.60
70	98.70	120.75	139.65	152.25	198.45
71	108.15	133.35	154.35	168.00	218.40
72	119.70	148.05	171.15	186.90	242.55
73	132.30	164.85	191.10	207.90	269.85
74	147.00	183.75	212.10	232.05	299.25
75	163.80	203.70	236.25	258.30	331.80
76	180.60	225.75	262.50	286.65	367.50
77	199.50	249.90	290.85	317.10	406.35
78	219.45	276.15	321.30	350.70	447.30
79	241.50	303.45	353.85	385.35	491.40
80	264.60				
81	288.75				
82	315.00				
83	342.30				
84	371.70				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0080-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	23.10	28.35	31.50	32.55	43.05
45-49	26.25	31.50	34.65	36.75	47.25
50-54	30.45	36.75	42.00	45.15	58.80
55	35.70	42.00	47.25	51.45	68.25
56	37.80	44.10	50.40	54.60	71.40
57	39.90	47.25	53.55	57.75	76.65
58	43.05	51.45	57.75	61.95	81.90
59	46.20	55.65	63.00	68.25	88.20
60	49.35	60.90	68.25	73.50	95.55
61	53.55	65.10	74.55	80.85	103.95
62	57.75	70.35	80.85	87.15	112.35
63	61.95	75.60	87.15	93.45	121.80
64	66.15	80.85	92.40	99.75	130.20
65	71.40	86.10	99.75	106.05	139.65
66	75.60	92.40	107.10	114.45	151.20
67	81.90	100.80	115.50	124.95	164.85
68	89.25	109.20	127.05	137.55	180.60
69	97.65	119.70	138.60	150.15	197.40
70	107.10	132.30	151.20	164.85	217.35
71	116.55	144.90	168.00	181.65	239.40
72	129.15	161.70	185.85	202.65	264.60
73	143.85	179.55	206.85	225.75	294.00
74	158.55	199.50	231.00	250.95	325.50
75	176.40	221.55	257.25	279.30	361.20
76	194.25	245.70	285.60	310.80	400.05
77	215.25	270.90	316.05	344.40	442.05
78	236.25	299.25	349.65	381.15	486.15
79	259.35	329.70	384.30	418.95	534.45
80	283.50				
81	309.75				
82	337.05				
83	365.40				
84	395.85				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0080-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	24.15	29.40	33.60	34.65	45.15
45-49	27.30	32.55	36.75	38.85	50.40
50-54	31.50	38.85	44.10	47.25	63.00
55	36.75	44.10	49.35	53.55	71.40
56	38.85	46.20	52.50	56.70	75.60
57	40.95	49.35	55.65	60.90	79.80
58	44.10	53.55	59.85	65.10	86.10
59	47.25	57.75	65.10	71.40	92.40
60	51.45	63.00	71.40	76.65	99.75
61	55.65	68.25	77.70	84.00	108.15
62	59.85	73.50	84.00	90.30	116.55
63	64.05	78.75	90.30	96.60	126.00
64	68.25	84.00	95.55	102.90	134.40
65	73.50	89.25	102.90	110.25	144.90
66	78.75	95.55	110.25	118.65	156.45
67	85.05	103.95	119.70	129.15	171.15
68	92.40	113.40	131.25	141.75	186.90
69	100.80	123.90	142.80	155.40	204.75
70	110.25	136.50	156.45	170.10	224.70
71	120.75	150.15	173.25	187.95	247.80
72	133.35	166.95	192.15	208.95	274.05
73	148.05	185.85	214.20	233.10	304.50
74	163.80	205.80	238.35	259.35	337.05
75	181.65	228.90	265.65	288.75	373.80
76	200.55	254.10	295.05	321.30	413.70
77	221.55	280.35	326.55	355.95	456.75
78	243.60	308.70	361.20	393.75	502.95
79	266.70	340.20	397.95	433.65	552.30
80	291.90				
81	318.15				
82	346.50				
83	375.90				
84	406.35				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0080-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	37.80	47.25	54.60	59.85	78.75
45-49	42.00	52.50	60.90	66.15	87.15
50-54	51.45	64.05	74.55	80.85	111.30
55	58.80	74.55	86.10	93.45	129.15
56	61.95	78.75	91.35	98.70	135.45
57	66.15	84.00	96.60	105.00	143.85
58	70.35	89.25	102.90	112.35	152.25
59	75.60	95.55	110.25	119.70	161.70
60	80.85	101.85	117.60	127.05	172.20
61	86.10	109.20	126.00	136.50	183.75
62	92.40	116.55	134.40	145.95	196.35
63	98.70	123.90	142.80	155.40	210.00
64	105.00	132.30	152.25	165.90	223.65
65	111.30	140.70	162.75	176.40	238.35
66	119.70	150.15	173.25	189.00	255.15
67	128.10	161.70	186.90	203.70	275.10
68	137.55	174.30	201.60	220.50	297.15
69	148.05	186.90	218.40	238.35	320.25
70	159.60	202.65	236.25	258.30	345.45
71	173.25	219.45	256.20	280.35	374.85
72	187.95	238.35	279.30	305.55	407.40
73	204.75	260.40	305.55	333.90	444.15
74	223.65	284.55	333.90	365.40	484.05
75	244.65	310.80	364.35	399.00	528.15
76	265.65	340.20	397.95	435.75	575.40
77	288.75	370.65	433.65	475.65	625.80
78	311.85	404.25	471.45	517.65	679.35
79	337.05	438.90	512.40	562.80	737.10
80	363.30				
81	389.55				
82	417.90				
83	447.30				
84	477.75				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0080-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	42.00	53.55	61.95	68.25	88.20
45-49	47.25	58.80	69.30	74.55	98.70
50-54	57.75	72.45	85.05	92.40	124.95
55	65.10	82.95	97.65	106.05	142.80
56	68.25	87.15	102.90	111.30	149.10
57	72.45	92.40	108.15	117.60	157.50
58	76.65	97.65	114.45	124.95	166.95
59	81.90	103.95	121.80	132.30	177.45
60	88.20	111.30	129.15	140.70	187.95
61	94.50	118.65	137.55	149.10	200.55
62	100.80	127.05	145.95	159.60	214.20
63	107.10	135.45	155.40	169.05	228.90
64	113.40	143.85	165.90	180.60	242.55
65	120.75	152.25	176.40	192.15	259.35
66	129.15	162.75	189.00	206.85	276.15
67	138.60	175.35	203.70	222.60	298.20
68	149.10	189.00	220.50	241.50	321.30
69	160.65	202.65	237.30	260.40	346.50
70	173.25	220.50	257.25	281.40	373.80
71	186.90	238.35	279.30	305.55	405.30
72	203.70	259.35	303.45	332.85	441.00
73	221.55	283.50	331.80	363.30	480.90
74	241.50	308.70	362.25	396.90	523.95
75	263.55	337.05	394.80	432.60	571.20
76	286.65	367.50	430.50	471.45	620.55
77	309.75	399.00	468.30	513.45	675.15
78	334.95	433.65	509.25	558.60	731.85
79	360.15	470.40	552.30	605.85	793.80
80	388.50				
81	415.80				
82	446.25				
83	476.70				
84	508.20				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0080-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	44.10	55.65	65.10	71.40	92.40
45-49	49.35	61.95	72.45	78.75	102.90
50-54	60.90	76.65	89.25	96.60	130.20
55	68.25	86.10	101.85	111.30	148.05
56	71.40	90.30	107.10	116.55	155.40
57	75.60	95.55	112.35	122.85	163.80
58	79.80	101.85	118.65	130.20	173.25
59	85.05	108.15	126.00	137.55	183.75
60	91.35	115.50	133.35	145.95	195.30
61	97.65	122.85	141.75	154.35	207.90
62	103.95	131.25	151.20	164.85	221.55
63	110.25	139.65	160.65	175.35	236.25
64	117.60	148.05	171.15	186.90	250.95
65	124.95	157.50	182.70	199.50	267.75
66	133.35	168.00	196.35	214.20	285.60
67	142.80	180.60	211.05	231.00	307.65
68	153.30	195.30	227.85	249.90	331.80
69	165.90	210.00	245.70	269.85	358.05
70	178.50	227.85	265.65	291.90	386.40
71	193.20	246.75	288.75	316.05	418.95
72	210.00	268.80	313.95	344.40	455.70
73	228.90	292.95	342.30	375.90	496.65
74	248.85	319.20	373.80	410.55	540.75
75	270.90	347.55	407.40	447.30	589.05
76	295.05	379.05	444.15	487.20	640.50
77	319.20	411.60	483.00	530.25	696.15
78	344.40	446.25	525.00	576.45	754.95
79	370.65	484.05	569.10	624.75	817.95
80	399.00				
81	427.35				
82	457.80				
83	489.30				
84	521.85				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0080-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	28.35	34.65	40.95	44.10	58.80
45-49	31.50	38.85	45.15	49.35	65.10
50-54	40.95	50.40	57.75	64.05	84.00
55	47.25	57.75	67.20	73.50	99.75
56	49.35	60.90	70.35	76.65	106.05
57	52.50	65.10	75.60	81.90	113.40
58	56.70	70.35	81.90	88.20	121.80
59	60.90	75.60	88.20	95.55	131.25
60	66.15	82.95	95.55	103.95	140.70
61	72.45	89.25	103.95	112.35	152.25
62	77.70	96.60	112.35	121.80	163.80
63	82.95	103.95	120.75	130.20	176.40
64	89.25	111.30	129.15	139.65	189.00
65	94.50	118.65	137.55	149.10	202.65
66	101.85	128.10	148.05	160.65	218.40
67	110.25	138.60	160.65	174.30	237.30
68	119.70	151.20	175.35	190.05	258.30
69	130.20	164.85	191.10	207.90	281.40
70	141.75	179.55	208.95	227.85	307.65
71	155.40	197.40	228.90	249.90	336.00
72	170.10	216.30	252.00	275.10	368.55
73	186.90	238.35	277.20	303.45	405.30
74	205.80	261.45	305.55	333.90	444.15
75	225.75	287.70	336.00	367.50	487.20
76	247.80	315.00	368.55	404.25	534.45
77	269.85	345.45	404.25	443.10	583.80
78	292.95	376.95	442.05	485.10	637.35
79	318.15	411.60	481.95	529.20	693.00
80	344.40				
81	371.70				
82	400.05				
83	429.45				
84	460.95				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0080-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	32.55	40.95	47.25	50.40	67.20
45-49	36.75	45.15	51.45	56.70	74.55
50-54	45.15	56.70	66.15	72.45	94.50
55	52.50	65.10	75.60	81.90	111.30
56	55.65	69.30	79.80	87.15	117.60
57	58.80	73.50	85.05	92.40	126.00
58	63.00	78.75	91.35	99.75	134.40
59	67.20	84.00	97.65	107.10	143.85
60	72.45	91.35	106.05	115.50	154.35
61	78.75	97.65	114.45	124.95	165.90
62	84.00	105.00	122.85	134.40	177.45
63	90.30	112.35	132.30	143.85	191.10
64	96.60	120.75	140.70	153.30	204.75
65	102.90	129.15	150.15	163.80	218.40
66	111.30	139.65	161.70	176.40	236.25
67	120.75	150.15	175.35	190.05	256.20
68	131.25	163.80	191.10	207.90	279.30
69	141.75	178.50	207.90	226.80	304.50
70	153.30	194.25	226.80	246.75	331.80
71	166.95	213.15	247.80	270.90	363.30
72	182.70	233.10	273.00	298.20	397.95
73	200.55	257.25	300.30	328.65	436.80
74	220.50	282.45	329.70	361.20	479.85
75	242.55	309.75	363.30	397.95	526.05
76	265.65	339.15	399.00	437.85	576.45
77	289.80	371.70	436.80	478.80	630.00
78	313.95	406.35	477.75	523.95	687.75
79	341.25	443.10	520.80	572.25	748.65
80	368.55				
81	397.95				
82	427.35				
83	457.80				
84	491.40				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0080-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	34.65	43.05	49.35	53.55	71.40
45-49	38.85	47.25	54.60	59.85	78.75
50-54	47.25	58.80	69.30	75.60	98.70
55	54.60	68.25	79.80	86.10	116.55
56	57.75	72.45	84.00	91.35	122.85
57	60.90	76.65	89.25	96.60	131.25
58	65.10	81.90	95.55	103.95	139.65
59	70.35	88.20	101.85	111.30	149.10
60	75.60	94.50	110.25	120.75	159.60
61	80.85	101.85	118.65	130.20	171.15
62	87.15	109.20	127.05	139.65	183.75
63	93.45	116.55	136.50	149.10	197.40
64	99.75	124.95	145.95	159.60	211.05
65	107.10	133.35	155.40	170.10	225.75
66	115.50	143.85	168.00	182.70	243.60
67	124.95	155.40	181.65	197.40	264.60
68	135.45	169.05	197.40	215.25	287.70
69	145.95	183.75	215.25	234.15	313.95
70	158.55	200.55	234.15	255.15	342.30
71	172.20	219.45	256.20	280.35	374.85
72	187.95	240.45	281.40	307.65	410.55
73	206.85	264.60	309.75	339.15	450.45
74	226.80	290.85	340.20	372.75	495.60
75	249.90	319.20	374.85	410.55	542.85
76	273.00	349.65	411.60	451.50	594.30
77	298.20	383.25	450.45	494.55	649.95
78	323.40	418.95	492.45	540.75	708.75
79	350.70	456.75	537.60	591.15	771.75
80	379.05				
81	408.45				
82	438.90				
83	470.40				
84	504.00				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0080-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	23.10	28.35	30.45	33.60	43.05
45-49	26.25	32.55	34.65	36.75	48.30
50-54	32.55	37.80	43.05	46.20	58.80
55	36.75	44.10	49.35	53.55	70.35
56	39.90	47.25	53.55	56.70	74.55
57	42.00	50.40	56.70	60.90	79.80
58	46.20	54.60	61.95	65.10	86.10
59	49.35	58.80	67.20	71.40	93.45
60	53.55	64.05	72.45	77.70	102.90
61	57.75	69.30	78.75	85.05	111.30
62	63.00	75.60	86.10	92.40	120.75
63	68.25	81.90	92.40	99.75	131.25
64	71.40	86.10	99.75	107.10	139.65
65	76.65	92.40	107.10	114.45	149.10
66	81.90	99.75	116.55	124.95	161.70
67	89.25	109.20	126.00	135.45	176.40
68	97.65	118.65	137.55	149.10	194.25
69	106.05	130.20	151.20	162.75	212.10
70	116.55	141.75	163.80	179.55	233.10
71	127.05	156.45	181.65	197.40	257.25
72	140.70	174.30	201.60	219.45	285.60
73	155.40	194.25	224.70	244.65	317.10
74	173.25	216.30	249.90	273.00	351.75
75	193.20	239.40	278.25	303.45	390.60
76	212.10	265.65	308.70	337.05	432.60
77	235.20	294.00	342.30	372.75	477.75
78	258.30	324.45	378.00	412.65	526.05
79	284.55	357.00	415.80	453.60	578.55
80	310.80				
81	340.20				
82	370.65				
83	403.20				
84	436.80				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0080-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	27.30	33.60	36.75	37.80	50.40
45-49	30.45	36.75	40.95	43.05	55.65
50-54	35.70	43.05	49.35	53.55	69.30
55	42.00	49.35	55.65	60.90	79.80
56	44.10	51.45	58.80	64.05	84.00
57	47.25	55.65	63.00	68.25	90.30
58	50.40	60.90	68.25	72.45	96.60
59	54.60	65.10	74.55	79.80	103.95
60	57.75	71.40	79.80	86.10	112.35
61	63.00	76.65	88.20	95.55	121.80
62	68.25	82.95	95.55	102.90	132.30
63	72.45	89.25	102.90	110.25	142.80
64	77.70	95.55	109.20	117.60	153.30
65	84.00	100.80	117.60	124.95	163.80
66	89.25	109.20	126.00	134.40	177.45
67	96.60	118.65	135.45	147.00	194.25
68	105.00	128.10	149.10	161.70	212.10
69	114.45	140.70	162.75	176.40	232.05
70	126.00	155.40	177.45	194.25	256.20
71	137.55	170.10	197.40	214.20	281.40
72	152.25	190.05	218.40	238.35	310.80
73	169.05	211.05	243.60	265.65	345.45
74	186.90	235.20	271.95	295.05	383.25
75	207.90	260.40	302.40	328.65	425.25
76	228.90	288.75	336.00	365.40	470.40
77	253.05	319.20	371.70	405.30	519.75
78	278.25	351.75	411.60	448.35	572.25
79	305.55	387.45	452.55	492.45	628.95
80	333.90				
81	364.35				
82	396.90				
83	429.45				
84	466.20				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0080-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	28.35	34.65	39.90	40.95	53.55
45-49	32.55	37.80	43.05	46.20	58.80
50-54	36.75	46.20	51.45	55.65	74.55
55	43.05	51.45	57.75	63.00	84.00
56	46.20	54.60	61.95	67.20	89.25
57	48.30	57.75	65.10	71.40	93.45
58	51.45	63.00	70.35	76.65	100.80
59	55.65	68.25	76.65	84.00	109.20
60	60.90	74.55	84.00	90.30	117.60
61	65.10	79.80	91.35	98.70	127.05
62	70.35	86.10	98.70	106.05	137.55
63	75.60	92.40	106.05	113.40	148.05
64	79.80	98.70	112.35	120.75	158.55
65	86.10	105.00	120.75	130.20	170.10
66	92.40	112.35	130.20	139.65	183.75
67	99.75	121.80	140.70	152.25	201.60
68	109.20	133.35	154.35	166.95	219.45
69	118.65	145.95	168.00	182.70	240.45
70	130.20	160.65	183.75	200.55	264.60
71	141.75	176.40	203.70	221.55	291.90
72	156.45	196.35	225.75	245.70	322.35
73	174.30	218.40	252.00	274.05	358.05
74	193.20	242.55	280.35	305.55	396.90
75	214.20	268.80	312.90	340.20	439.95
76	236.25	299.25	347.55	378.00	487.20
77	260.40	329.70	384.30	418.95	537.60
78	286.65	363.30	425.25	463.05	592.20
79	313.95	400.05	468.30	510.30	649.95
80	343.35				
81	373.80				
82	407.40				
83	442.05				
84	477.75				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0080-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	44.10	55.65	64.05	70.35	92.40
45-49	49.35	61.95	71.40	77.70	102.90
50-54	60.90	75.60	88.20	95.55	131.25
55	69.30	88.20	100.80	110.25	152.25
56	72.45	92.40	107.10	116.55	159.60
57	77.70	98.70	113.40	123.90	169.05
58	82.95	105.00	120.75	132.30	179.55
59	89.25	112.35	130.20	140.70	190.05
60	95.55	119.70	138.60	149.10	202.65
61	100.80	128.10	148.05	160.65	216.30
62	109.20	137.55	158.55	172.20	231.00
63	116.55	145.95	168.00	182.70	246.75
64	123.90	155.40	179.55	195.30	263.55
65	131.25	165.90	191.10	207.90	280.35
66	140.70	176.40	203.70	222.60	300.30
67	151.20	190.05	219.45	239.40	323.40
68	161.70	204.75	237.30	259.35	349.65
69	174.30	219.45	257.25	280.35	376.95
70	187.95	238.35	278.25	303.45	406.35
71	203.70	258.30	301.35	329.70	441.00
72	221.55	280.35	328.65	359.10	478.80
73	240.45	306.60	359.10	392.70	522.90
74	263.55	334.95	392.70	429.45	569.10
75	287.70	365.40	428.40	469.35	621.60
76	312.90	400.05	468.30	512.40	677.25
77	340.20	435.75	510.30	559.65	736.05
78	366.45	475.65	554.40	609.00	799.05
79	396.90	516.60	602.70	662.55	867.30
80	427.35				
81	457.80				
82	491.40				
83	526.05				
84	561.75				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0080-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	49.35	63.00	72.45	79.80	103.95
45-49	55.65	69.30	81.90	88.20	116.55
50-54	68.25	85.05	99.75	109.20	147.00
55	76.65	97.65	114.45	124.95	168.00
56	79.80	102.90	120.75	131.25	175.35
57	85.05	109.20	127.05	138.60	184.80
58	90.30	114.45	134.40	147.00	196.35
59	96.60	121.80	142.80	155.40	208.95
60	103.95	131.25	152.25	165.90	221.55
61	111.30	139.65	161.70	175.35	236.25
62	118.65	149.10	172.20	187.95	252.00
63	126.00	159.60	182.70	198.45	268.80
64	133.35	169.05	195.30	212.10	285.60
65	141.75	179.55	207.90	225.75	305.55
66	152.25	191.10	222.60	243.60	324.45
67	162.75	205.80	239.40	261.45	350.70
68	175.35	222.60	259.35	284.55	378.00
69	189.00	238.35	279.30	306.60	407.40
70	203.70	259.35	302.40	330.75	439.95
71	219.45	280.35	328.65	359.10	476.70
72	239.40	305.55	357.00	391.65	518.70
73	260.40	333.90	390.60	427.35	565.95
74	284.55	363.30	426.30	467.25	616.35
75	309.75	396.90	464.10	509.25	672.00
76	337.05	432.60	506.10	554.40	729.75
77	364.35	469.35	551.25	603.75	793.80
78	393.75	510.30	599.55	657.30	861.00
79	424.20	553.35	649.95	712.95	933.45
80	456.75				
81	489.30				
82	525.00				
83	560.70				
84	597.45				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0080-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	51.45	65.10	76.65	84.00	109.20
45-49	57.75	72.45	85.05	92.40	120.75
50-54	71.40	90.30	105.00	113.40	153.30
55	79.80	100.80	119.70	131.25	174.30
56	84.00	106.05	126.00	137.55	182.70
57	89.25	112.35	132.30	144.90	193.20
58	93.45	119.70	139.65	153.30	203.70
59	99.75	127.05	148.05	161.70	216.30
60	107.10	135.45	156.45	172.20	229.95
61	114.45	144.90	166.95	181.65	244.65
62	121.80	154.35	177.45	194.25	260.40
63	130.20	163.80	189.00	205.80	278.25
64	138.60	174.30	201.60	219.45	295.05
65	147.00	184.80	215.25	235.20	315.00
66	156.45	197.40	231.00	252.00	336.00
67	168.00	212.10	247.80	271.95	362.25
68	180.60	229.95	267.75	294.00	390.60
69	195.30	246.75	288.75	317.10	421.05
70	210.00	267.75	312.90	343.35	454.65
71	226.80	289.80	340.20	371.70	492.45
72	246.75	316.05	369.60	405.30	536.55
73	268.80	344.40	403.20	442.05	583.80
74	292.95	375.90	439.95	483.00	636.30
75	319.20	408.45	478.80	526.05	693.00
76	347.55	446.25	522.90	573.30	753.90
77	375.90	484.05	568.05	623.70	819.00
78	405.30	525.00	617.40	678.30	888.30
79	435.75	569.10	669.90	735.00	961.80
80	469.35				
81	502.95				
82	538.65				
83	575.40				
84	614.25				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0080-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	33.60	40.95	48.30	51.45	69.30
45-49	36.75	46.20	53.55	57.75	76.65
50-54	48.30	58.80	68.25	75.60	98.70
55	55.65	68.25	78.75	86.10	117.60
56	57.75	71.40	82.95	90.30	124.95
57	61.95	76.65	89.25	96.60	133.35
58	67.20	82.95	96.60	103.95	142.80
59	71.40	89.25	103.95	112.35	154.35
60	77.70	97.65	112.35	121.80	165.90
61	85.05	105.00	121.80	132.30	179.55
62	91.35	113.40	132.30	142.80	193.20
63	97.65	121.80	141.75	153.30	207.90
64	105.00	131.25	152.25	163.80	222.60
65	111.30	139.65	161.70	175.35	238.35
66	119.70	151.20	174.30	189.00	257.25
67	130.20	162.75	189.00	204.75	279.30
68	140.70	177.45	205.80	223.65	303.45
69	153.30	194.25	224.70	244.65	330.75
70	166.95	211.05	245.70	267.75	362.25
71	182.70	232.05	268.80	294.00	394.80
72	200.55	254.10	296.10	323.40	433.65
73	219.45	280.35	326.55	357.00	476.70
74	242.55	307.65	359.10	392.70	522.90
75	265.65	338.10	394.80	432.60	573.30
76	291.90	370.65	433.65	475.65	628.95
77	317.10	406.35	475.65	520.80	686.70
78	344.40	443.10	519.75	571.20	749.70
79	373.80	484.05	567.00	622.65	814.80
80	405.30				
81	436.80				
82	470.40				
83	505.05				
84	541.80				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0080-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	37.80	48.30	55.65	58.80	78.75
45-49	43.05	53.55	60.90	67.20	88.20
50-54	53.55	67.20	77.70	85.05	111.30
55	61.95	76.65	89.25	96.60	131.25
56	65.10	81.90	93.45	102.90	138.60
57	69.30	86.10	99.75	109.20	148.05
58	74.55	92.40	107.10	117.60	158.55
59	78.75	98.70	114.45	126.00	169.05
60	85.05	107.10	124.95	135.45	181.65
61	92.40	114.45	134.40	147.00	195.30
62	98.70	123.90	144.90	158.55	208.95
63	106.05	132.30	155.40	169.05	224.70
64	113.40	141.75	165.90	180.60	240.45
65	120.75	152.25	176.40	193.20	257.25
66	131.25	163.80	190.05	207.90	278.25
67	141.75	176.40	205.80	223.65	301.35
68	154.35	193.20	224.70	244.65	328.65
69	166.95	210.00	244.65	266.70	358.05
70	180.60	228.90	266.70	289.80	390.60
71	196.35	250.95	291.90	319.20	427.35
72	215.25	274.05	321.30	350.70	468.30
73	236.25	302.40	352.80	386.40	513.45
74	259.35	331.80	387.45	425.25	564.90
75	285.60	364.35	427.35	468.30	618.45
76	312.90	399.00	469.35	515.55	678.30
77	341.25	436.80	513.45	562.80	741.30
78	369.60	477.75	561.75	616.35	809.55
79	401.10	520.80	613.20	673.05	880.95
80	433.65				
81	468.30				
82	502.95				
83	538.65				
84	578.55				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0080-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	40.95	50.40	57.75	63.00	84.00
45-49	46.20	55.65	64.05	70.35	92.40
50-54	55.65	69.30	81.90	89.25	116.55
55	64.05	79.80	93.45	100.80	137.55
56	68.25	85.05	98.70	107.10	144.90
57	71.40	90.30	105.00	113.40	154.35
58	76.65	96.60	112.35	121.80	163.80
59	82.95	103.95	119.70	131.25	175.35
60	89.25	111.30	130.20	141.75	187.95
61	95.55	119.70	139.65	153.30	201.60
62	102.90	128.10	149.10	163.80	216.30
63	110.25	137.55	160.65	175.35	232.05
64	117.60	147.00	172.20	187.95	247.80
65	126.00	156.45	182.70	200.55	265.65
66	135.45	169.05	197.40	215.25	286.65
67	147.00	182.70	214.20	232.05	310.80
68	159.60	198.45	232.05	253.05	338.10
69	172.20	216.30	253.05	275.10	369.60
70	186.90	236.25	275.10	300.30	403.20
71	202.65	258.30	301.35	329.70	441.00
72	221.55	282.45	330.75	362.25	483.00
73	243.60	310.80	364.35	399.00	530.25
74	266.70	342.30	400.05	438.90	582.75
75	294.00	375.90	441.00	483.00	638.40
76	321.30	411.60	484.05	531.30	699.30
77	350.70	450.45	530.25	581.70	764.40
78	380.10	492.45	579.60	636.30	833.70
79	412.65	537.60	632.10	695.10	908.25
80	446.25				
81	480.90				
82	516.60				
83	553.35				
84	593.25				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0080-B37
Long-Term Care Policy

WITH SURVIVORSHIP BENEFIT RIDER R1-N0103-SERIES

When this rider is chosen, multiply the final premium by the appropriate factor.

ISSUE AGE	NO INFLATION PROTECTION	SIMPLE INFLATION PROTECTION	COMPOUND INFLATION PROTECTION
18-44	1.11	1.17	1.17
45-49	1.14	1.21	1.21
50-54	1.18	1.28	1.28
55	1.20	1.30	1.30
56	1.20	1.30	1.30
57	1.21	1.30	1.30
58	1.21	1.30	1.30
59	1.21	1.30	1.30
60	1.21	1.30	1.30
61	1.21	1.30	1.30
62	1.21	1.29	1.29
63	1.21	1.29	1.29
64	1.21	1.28	1.28
65	1.20	1.27	1.27
66	1.20	1.26	1.26
67	1.20	1.26	1.26
68	1.19	1.25	1.25
69	1.19	1.24	1.24
70	1.18	1.23	1.23
71	1.18	1.22	1.22
72	1.17	1.20	1.20
73	1.16	1.19	1.19
74	1.16	1.18	1.18
75	1.15	1.17	1.17
76	1.14	1.16	1.16
77	1.13	1.15	1.15
78	1.12	1.14	1.14
79	1.11	1.13	1.13
80	1.10	1.12	1.12
81	1.09	1.11	1.11
82	1.08	1.10	1.10
83	1.07	1.09	1.09
84	1.06	1.08	1.08

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0080-B37
Long-Term Care Policy

Elimination Period Factors

Rates shown are for 30 day elimination period. Rates for other elimination periods are calculated by multiplying the 30 day rates by the appropriate factor from the following table:

Benefit Maximum	0	14	20	60	90	100	180	365
730x,1095x	1.12	1.07	1.03	0.94	0.90	0.89	0.78	0.67
1460x,1825x	1.10	1.05	1.03	0.95	0.90	0.89	0.79	0.69
Lifetime	1.08	1.04	1.03	0.96	0.92	0.91	0.84	0.75

Table Rating Health Rating Group Factors

Rates shown are for Preferred Rating Group and Select Rating Group. Rates for Table Rating Health Groups 1, 2, 3 and 4 are calculated by multiplying Select rates by 1.25, 1.50, 1.75 and 2.00 respectively.

Spousal Discount

A 20% discount to the rates is available to married couples if both spouses apply for coverage.

Dual Waiver of Premium Rider R1-N0104-Series

An optional dual waiver of premium rider will be offered. If one spouse qualifies for a waiver of premium, the premium of the other spouse will also be waived. If chosen, multiply the final premium by 1.06.

Shared Advantage Rider R1-N0105-Series

This rider will allow two covered spouses to purchase an additional benefit amount that can be used by either spouse after their base benefits are exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	No Inflation Protection	With Inflation Protection
730x	1.30	1.35
1095x	1.21	1.25
1460x	1.15	1.18
1825x	1.12	1.14

Restoration of Benefits Rider R1-N0108-Series

This rider restores the maximum lifetime benefit if the insured has not met the stipulated conditions for a period of 180 consecutive days and the maximum lifetime benefit has not been exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	Factor
730x	1.08
1095x	1.06
1460x,1825x	1.04

Cost of Living Increase Rider R1-N0107-Series

This rider allows the insured to increase their policy limits, subject to the terms of the rider, every three years without additional underwriting. The additional premium charged is based on the attained age and incremental increase in the maximum daily facility benefit when exercised. If chosen, multiply the final premium by the appropriate factor:

Age	Factor
18-44	1.15
45-49	1.12
50-55	1.10
56-58	1.09
59-61	1.08
62-64	1.07
65-67	1.06
68-70	1.05
71-73	1.04
74-76	1.03

Modal Factors

Semi-Annual: 0.52; Quarterly: 0.27; Check-A-Matic: 0.09

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604

Supplement to Rate Sheets for Policy Form P1-N0081-B37
PENNSYLVANIA

All rates for this form should be multiplied by a factor of: 1.9425

This factor represents the **proposed** increase of: 29.5%

And the following prior approved rate increases:

Policy Form	Increase Applies to all Policies or Subsets	Rate Increase Approved	Approval Date of Rate Increase
P1-N0081-B37	--Yes--	20.00%	3/14/2013
P1-N0081-B37	--Yes--	25.00%	12/3/2014

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0081-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	24.94	30.19	32.81	35.44	45.94
45-49	27.56	34.13	36.75	39.38	51.19
50-54	34.13	40.69	45.94	48.56	63.00
55	39.38	47.25	52.50	56.44	74.81
56	42.00	49.88	56.44	60.38	78.75
57	44.63	53.81	60.38	64.31	85.31
58	48.56	57.75	65.63	69.56	91.88
59	52.50	63.00	70.88	76.13	99.75
60	56.44	68.25	77.44	82.69	108.94
61	61.69	73.50	84.00	90.56	118.13
62	66.94	80.06	91.88	98.44	128.63
63	72.19	86.63	98.44	106.31	139.13
64	76.13	91.88	106.31	114.19	148.31
65	81.38	98.44	114.19	122.06	158.81
66	86.63	106.31	123.38	132.56	171.94
67	94.50	115.50	133.88	144.38	187.69
68	103.69	126.00	145.69	158.81	206.06
69	112.88	137.81	160.13	173.25	225.75
70	123.38	150.94	174.56	190.31	248.06
71	135.19	166.69	192.94	210.00	273.00
72	149.63	185.06	213.94	233.63	303.19
73	165.38	206.06	238.88	259.88	337.31
74	183.75	229.69	265.13	290.06	374.06
75	204.75	254.63	295.31	322.88	414.75
76	225.75	282.19	328.13	358.31	459.38
77	249.38	312.38	363.56	396.38	507.94
78	274.31	345.19	401.63	438.38	559.13
79	301.88	379.31	442.31	481.69	614.25
80	330.75				
81	360.94				
82	393.75				
83	427.88				
84	464.63				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0081-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	28.88	35.44	39.38	40.69	53.81
45-49	32.81	39.38	43.31	45.94	59.06
50-54	38.06	45.94	52.50	56.44	73.50
55	44.63	52.50	59.06	64.31	85.31
56	47.25	55.13	63.00	68.25	89.25
57	49.88	59.06	66.94	72.19	95.81
58	53.81	64.31	72.19	77.44	102.38
59	57.75	69.56	78.75	85.31	110.25
60	61.69	76.13	85.31	91.88	119.44
61	66.94	81.38	93.19	101.06	129.94
62	72.19	87.94	101.06	108.94	140.44
63	77.44	94.50	108.94	116.81	152.25
64	82.69	101.06	115.50	124.69	162.75
65	89.25	107.63	124.69	132.56	174.56
66	94.50	115.50	133.88	143.06	189.00
67	102.38	126.00	144.38	156.19	206.06
68	111.56	136.50	158.81	171.94	225.75
69	122.06	149.63	173.25	187.69	246.75
70	133.88	165.38	189.00	206.06	271.69
71	145.69	181.13	210.00	227.06	299.25
72	161.44	202.13	232.31	253.31	330.75
73	179.81	224.44	258.56	282.19	367.50
74	198.19	249.38	288.75	313.69	406.88
75	220.50	276.94	321.56	349.13	451.50
76	242.81	307.13	357.00	388.50	500.06
77	269.06	338.63	395.06	430.50	552.56
78	295.31	374.06	437.06	476.44	607.69
79	324.19	412.13	480.38	523.69	668.06
80	354.38				
81	387.19				
82	421.31				
83	456.75				
84	494.81				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0081-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	30.19	36.75	42.00	43.31	56.44
45-49	34.13	40.69	45.94	48.56	63.00
50-54	39.38	48.56	55.13	59.06	78.75
55	45.94	55.13	61.69	66.94	89.25
56	48.56	57.75	65.63	70.88	94.50
57	51.19	61.69	69.56	76.13	99.75
58	55.13	66.94	74.81	81.38	107.63
59	59.06	72.19	81.38	89.25	115.50
60	64.31	78.75	89.25	95.81	124.69
61	69.56	85.31	97.13	105.00	135.19
62	74.81	91.88	105.00	112.88	145.69
63	80.06	98.44	112.88	120.75	157.50
64	85.31	105.00	119.44	128.63	168.00
65	91.88	111.56	128.63	137.81	181.13
66	98.44	119.44	137.81	148.31	195.56
67	106.31	129.94	149.63	161.44	213.94
68	115.50	141.75	164.06	177.19	233.63
69	126.00	154.88	178.50	194.25	255.94
70	137.81	170.63	195.56	212.63	280.88
71	150.94	187.69	216.56	234.94	309.75
72	166.69	208.69	240.19	261.19	342.56
73	185.06	232.31	267.75	291.38	380.63
74	204.75	257.25	297.94	324.19	421.31
75	227.06	286.13	332.06	360.94	467.25
76	250.69	317.63	368.81	401.63	517.13
77	276.94	350.44	408.19	444.94	570.94
78	304.50	385.88	451.50	492.19	628.69
79	333.38	425.25	497.44	542.06	690.38
80	364.88				
81	397.69				
82	433.13				
83	469.88				
84	507.94				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0081-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	47.25	59.06	68.25	74.81	98.44
45-49	52.50	65.63	76.13	82.69	108.94
50-54	64.31	80.06	93.19	101.06	139.13
55	73.50	93.19	107.63	116.81	161.44
56	77.44	98.44	114.19	123.38	169.31
57	82.69	105.00	120.75	131.25	179.81
58	87.94	111.56	128.63	140.44	190.31
59	94.50	119.44	137.81	149.63	202.13
60	101.06	127.31	147.00	158.81	215.25
61	107.63	136.50	157.50	170.63	229.69
62	115.50	145.69	168.00	182.44	245.44
63	123.38	154.88	178.50	194.25	262.50
64	131.25	165.38	190.31	207.38	279.56
65	139.13	175.88	203.44	220.50	297.94
66	149.63	187.69	216.56	236.25	318.94
67	160.13	202.13	233.63	254.63	343.88
68	171.94	217.88	252.00	275.63	371.44
69	185.06	233.63	273.00	297.94	400.31
70	199.50	253.31	295.31	322.88	431.81
71	216.56	274.31	320.25	350.44	468.56
72	234.94	297.94	349.13	381.94	509.25
73	255.94	325.50	381.94	417.38	555.19
74	279.56	355.69	417.38	456.75	605.06
75	305.81	388.50	455.44	498.75	660.19
76	332.06	425.25	497.44	544.69	719.25
77	360.94	463.31	542.06	594.56	782.25
78	389.81	505.31	589.31	647.06	849.19
79	421.31	548.63	640.50	703.50	921.38
80	454.13				
81	486.94				
82	522.38				
83	559.13				
84	597.19				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0081-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	52.50	66.94	77.44	85.31	110.25
45-49	59.06	73.50	86.63	93.19	123.38
50-54	72.19	90.56	106.31	115.50	156.19
55	81.38	103.69	122.06	132.56	178.50
56	85.31	108.94	128.63	139.13	186.38
57	90.56	115.50	135.19	147.00	196.88
58	95.81	122.06	143.06	156.19	208.69
59	102.38	129.94	152.25	165.38	221.81
60	110.25	139.13	161.44	175.88	234.94
61	118.13	148.31	171.94	186.38	250.69
62	126.00	158.81	182.44	199.50	267.75
63	133.88	169.31	194.25	211.31	286.13
64	141.75	179.81	207.38	225.75	303.19
65	150.94	190.31	220.50	240.19	324.19
66	161.44	203.44	236.25	258.56	345.19
67	173.25	219.19	254.63	278.25	372.75
68	186.38	236.25	275.63	301.88	401.63
69	200.81	253.31	296.63	325.50	433.13
70	216.56	275.63	321.56	351.75	467.25
71	233.63	297.94	349.13	381.94	506.63
72	254.63	324.19	379.31	416.06	551.25
73	276.94	354.38	414.75	454.13	601.13
74	301.88	385.88	452.81	496.13	654.94
75	329.44	421.31	493.50	540.75	714.00
76	358.31	459.38	538.13	589.31	775.69
77	387.19	498.75	585.38	641.81	843.94
78	418.69	542.06	636.56	698.25	914.81
79	450.19	588.00	690.38	757.31	992.25
80	485.63				
81	519.75				
82	557.81				
83	595.88				
84	635.25				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0081-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	55.13	69.56	81.38	89.25	115.50
45-49	61.69	77.44	90.56	98.44	128.63
50-54	76.13	95.81	111.56	120.75	162.75
55	85.31	107.63	127.31	139.13	185.06
56	89.25	112.88	133.88	145.69	194.25
57	94.50	119.44	140.44	153.56	204.75
58	99.75	127.31	148.31	162.75	216.56
59	106.31	135.19	157.50	171.94	229.69
60	114.19	144.38	166.69	182.44	244.13
61	122.06	153.56	177.19	192.94	259.88
62	129.94	164.06	189.00	206.06	276.94
63	137.81	174.56	200.81	219.19	295.31
64	147.00	185.06	213.94	233.63	313.69
65	156.19	196.88	228.38	249.38	334.69
66	166.69	210.00	245.44	267.75	357.00
67	178.50	225.75	263.81	288.75	384.56
68	191.63	244.13	284.81	312.38	414.75
69	207.38	262.50	307.13	337.31	447.56
70	223.13	284.81	332.06	364.88	483.00
71	241.50	308.44	360.94	395.06	523.69
72	262.50	336.00	392.44	430.50	569.63
73	286.13	366.19	427.88	469.88	620.81
74	311.06	399.00	467.25	513.19	675.94
75	338.63	434.44	509.25	559.13	736.31
76	368.81	473.81	555.19	609.00	800.63
77	399.00	514.50	603.75	662.81	870.19
78	430.50	557.81	656.25	720.56	943.69
79	463.31	605.06	711.38	780.94	1022.44
80	498.75				
81	534.19				
82	572.25				
83	611.63				
84	652.31				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0081-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	35.44	43.31	51.19	55.13	73.50
45-49	39.38	48.56	56.44	61.69	81.38
50-54	51.19	63.00	72.19	80.06	105.00
55	59.06	72.19	84.00	91.88	124.69
56	61.69	76.13	87.94	95.81	132.56
57	65.63	81.38	94.50	102.38	141.75
58	70.88	87.94	102.38	110.25	152.25
59	76.13	94.50	110.25	119.44	164.06
60	82.69	103.69	119.44	129.94	175.88
61	90.56	111.56	129.94	140.44	190.31
62	97.13	120.75	140.44	152.25	204.75
63	103.69	129.94	150.94	162.75	220.50
64	111.56	139.13	161.44	174.56	236.25
65	118.13	148.31	171.94	186.38	253.31
66	127.31	160.13	185.06	200.81	273.00
67	137.81	173.25	200.81	217.88	296.63
68	149.63	189.00	219.19	237.56	322.88
69	162.75	206.06	238.88	259.88	351.75
70	177.19	224.44	261.19	284.81	384.56
71	194.25	246.75	286.13	312.38	420.00
72	212.63	270.38	315.00	343.88	460.69
73	233.63	297.94	346.50	379.31	506.63
74	257.25	326.81	381.94	417.38	555.19
75	282.19	359.63	420.00	459.38	609.00
76	309.75	393.75	460.69	505.31	668.06
77	337.31	431.81	505.31	553.88	729.75
78	366.19	471.19	552.56	606.38	796.69
79	397.69	514.50	602.44	661.50	866.25
80	430.50				
81	464.63				
82	500.06				
83	536.81				
84	576.19				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0081-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	40.69	51.19	59.06	63.00	84.00
45-49	45.94	56.44	64.31	70.88	93.19
50-54	56.44	70.88	82.69	90.56	118.13
55	65.63	81.38	94.50	102.38	139.13
56	69.56	86.63	99.75	108.94	147.00
57	73.50	91.88	106.31	115.50	157.50
58	78.75	98.44	114.19	124.69	168.00
59	84.00	105.00	122.06	133.88	179.81
60	90.56	114.19	132.56	144.38	192.94
61	98.44	122.06	143.06	156.19	207.38
62	105.00	131.25	153.56	168.00	221.81
63	112.88	140.44	165.38	179.81	238.88
64	120.75	150.94	175.88	191.63	255.94
65	128.63	161.44	187.69	204.75	273.00
66	139.13	174.56	202.13	220.50	295.31
67	150.94	187.69	219.19	237.56	320.25
68	164.06	204.75	238.88	259.88	349.13
69	177.19	223.13	259.88	283.50	380.63
70	191.63	242.81	283.50	308.44	414.75
71	208.69	266.44	309.75	338.63	454.13
72	228.38	291.38	341.25	372.75	497.44
73	250.69	321.56	375.38	410.81	546.00
74	275.63	353.06	412.13	451.50	599.81
75	303.19	387.19	454.13	497.44	657.56
76	332.06	423.94	498.75	547.31	720.56
77	362.25	464.63	546.00	598.50	787.50
78	392.44	507.94	597.19	654.94	859.69
79	426.56	553.88	651.00	715.31	935.81
80	460.69				
81	497.44				
82	534.19				
83	572.25				
84	614.25				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0081-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	43.31	53.81	61.69	66.94	89.25
45-49	48.56	59.06	68.25	74.81	98.44
50-54	59.06	73.50	86.63	94.50	123.38
55	68.25	85.31	99.75	107.63	145.69
56	72.19	90.56	105.00	114.19	153.56
57	76.13	95.81	111.56	120.75	164.06
58	81.38	102.38	119.44	129.94	174.56
59	87.94	110.25	127.31	139.13	186.38
60	94.50	118.13	137.81	150.94	199.50
61	101.06	127.31	148.31	162.75	213.94
62	108.94	136.50	158.81	174.56	229.69
63	116.81	145.69	170.63	186.38	246.75
64	124.69	156.19	182.44	199.50	263.81
65	133.88	166.69	194.25	212.63	282.19
66	144.38	179.81	210.00	228.38	304.50
67	156.19	194.25	227.06	246.75	330.75
68	169.31	211.31	246.75	269.06	359.63
69	182.44	229.69	269.06	292.69	392.44
70	198.19	250.69	292.69	318.94	427.88
71	215.25	274.31	320.25	350.44	468.56
72	234.94	300.56	351.75	384.56	513.19
73	258.56	330.75	387.19	423.94	563.06
74	283.50	363.56	425.25	465.94	619.50
75	312.38	399.00	468.56	513.19	678.56
76	341.25	437.06	514.50	564.38	742.88
77	372.75	479.06	563.06	618.19	812.44
78	404.25	523.69	615.56	675.94	885.94
79	438.38	570.94	672.00	738.94	964.69
80	473.81				
81	510.56				
82	548.63				
83	588.00				
84	630.00				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0081-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	28.88	35.44	38.06	42.00	53.81
45-49	32.81	40.69	43.31	45.94	60.38
50-54	40.69	47.25	53.81	57.75	73.50
55	45.94	55.13	61.69	66.94	87.94
56	49.88	59.06	66.94	70.88	93.19
57	52.50	63.00	70.88	76.13	99.75
58	57.75	68.25	77.44	81.38	107.63
59	61.69	73.50	84.00	89.25	116.81
60	66.94	80.06	90.56	97.13	128.63
61	72.19	86.63	98.44	106.31	139.13
62	78.75	94.50	107.63	115.50	150.94
63	85.31	102.38	115.50	124.69	164.06
64	89.25	107.63	124.69	133.88	174.56
65	95.81	115.50	133.88	143.06	186.38
66	102.38	124.69	145.69	156.19	202.13
67	111.56	136.50	157.50	169.31	220.50
68	122.06	148.31	171.94	186.38	242.81
69	132.56	162.75	189.00	203.44	265.13
70	145.69	177.19	204.75	224.44	291.38
71	158.81	195.56	227.06	246.75	321.56
72	175.88	217.88	252.00	274.31	357.00
73	194.25	242.81	280.88	305.81	396.38
74	216.56	270.38	312.38	341.25	439.69
75	241.50	299.25	347.81	379.31	488.25
76	265.13	332.06	385.88	421.31	540.75
77	294.00	367.50	427.88	465.94	597.19
78	322.88	405.56	472.50	515.81	657.56
79	355.69	446.25	519.75	567.00	723.19
80	388.50				
81	425.25				
82	463.31				
83	504.00				
84	546.00				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0081-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	34.13	42.00	45.94	47.25	63.00
45-49	38.06	45.94	51.19	53.81	69.56
50-54	44.63	53.81	61.69	66.94	86.63
55	52.50	61.69	69.56	76.13	99.75
56	55.13	64.31	73.50	80.06	105.00
57	59.06	69.56	78.75	85.31	112.88
58	63.00	76.13	85.31	90.56	120.75
59	68.25	81.38	93.19	99.75	129.94
60	72.19	89.25	99.75	107.63	140.44
61	78.75	95.81	110.25	119.44	152.25
62	85.31	103.69	119.44	128.63	165.38
63	90.56	111.56	128.63	137.81	178.50
64	97.13	119.44	136.50	147.00	191.63
65	105.00	126.00	147.00	156.19	204.75
66	111.56	136.50	157.50	168.00	221.81
67	120.75	148.31	169.31	183.75	242.81
68	131.25	160.13	186.38	202.13	265.13
69	143.06	175.88	203.44	220.50	290.06
70	157.50	194.25	221.81	242.81	320.25
71	171.94	212.63	246.75	267.75	351.75
72	190.31	237.56	273.00	297.94	388.50
73	211.31	263.81	304.50	332.06	431.81
74	233.63	294.00	339.94	368.81	479.06
75	259.88	325.50	378.00	410.81	531.56
76	286.13	360.94	420.00	456.75	588.00
77	316.31	399.00	464.63	506.63	649.69
78	347.81	439.69	514.50	560.44	715.31
79	381.94	484.31	565.69	615.56	786.19
80	417.38				
81	455.44				
82	496.13				
83	536.81				
84	582.75				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0081-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	35.44	43.31	49.88	51.19	66.94
45-49	40.69	47.25	53.81	57.75	73.50
50-54	45.94	57.75	64.31	69.56	93.19
55	53.81	64.31	72.19	78.75	105.00
56	57.75	68.25	77.44	84.00	111.56
57	60.38	72.19	81.38	89.25	116.81
58	64.31	78.75	87.94	95.81	126.00
59	69.56	85.31	95.81	105.00	136.50
60	76.13	93.19	105.00	112.88	147.00
61	81.38	99.75	114.19	123.38	158.81
62	87.94	107.63	123.38	132.56	171.94
63	94.50	115.50	132.56	141.75	185.06
64	99.75	123.38	140.44	150.94	198.19
65	107.63	131.25	150.94	162.75	212.63
66	115.50	140.44	162.75	174.56	229.69
67	124.69	152.25	175.88	190.31	252.00
68	136.50	166.69	192.94	208.69	274.31
69	148.31	182.44	210.00	228.38	300.56
70	162.75	200.81	229.69	250.69	330.75
71	177.19	220.50	254.63	276.94	364.88
72	195.56	245.44	282.19	307.13	402.94
73	217.88	273.00	315.00	342.56	447.56
74	241.50	303.19	350.44	381.94	496.13
75	267.75	336.00	391.13	425.25	549.94
76	295.31	374.06	434.44	472.50	609.00
77	325.50	412.13	480.38	523.69	672.00
78	358.31	454.13	531.56	578.81	740.25
79	392.44	500.06	585.38	637.88	812.44
80	429.19				
81	467.25				
82	509.25				
83	552.56				
84	597.19				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0081-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	55.13	69.56	80.06	87.94	115.50
45-49	61.69	77.44	89.25	97.13	128.63
50-54	76.13	94.50	110.25	119.44	164.06
55	86.63	110.25	126.00	137.81	190.31
56	90.56	115.50	133.88	145.69	199.50
57	97.13	123.38	141.75	154.88	211.31
58	103.69	131.25	150.94	165.38	224.44
59	111.56	140.44	162.75	175.88	237.56
60	119.44	149.63	173.25	186.38	253.31
61	126.00	160.13	185.06	200.81	270.38
62	136.50	171.94	198.19	215.25	288.75
63	145.69	182.44	210.00	228.38	308.44
64	154.88	194.25	224.44	244.13	329.44
65	164.06	207.38	238.88	259.88	350.44
66	175.88	220.50	254.63	278.25	375.38
67	189.00	237.56	274.31	299.25	404.25
68	202.13	255.94	296.63	324.19	437.06
69	217.88	274.31	321.56	350.44	471.19
70	234.94	297.94	347.81	379.31	507.94
71	254.63	322.88	376.69	412.13	551.25
72	276.94	350.44	410.81	448.88	598.50
73	300.56	383.25	448.88	490.88	653.63
74	329.44	418.69	490.88	536.81	711.38
75	359.63	456.75	535.50	586.69	777.00
76	391.13	500.06	585.38	640.50	846.56
77	425.25	544.69	637.88	699.56	920.06
78	458.06	594.56	693.00	761.25	998.81
79	496.13	645.75	753.38	828.19	1084.13
80	534.19				
81	572.25				
82	614.25				
83	657.56				
84	702.19				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0081-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	61.69	78.75	90.56	99.75	129.94
45-49	69.56	86.63	102.38	110.25	145.69
50-54	85.31	106.31	124.69	136.50	183.75
55	95.81	122.06	143.06	156.19	210.00
56	99.75	128.63	150.94	164.06	219.19
57	106.31	136.50	158.81	173.25	231.00
58	112.88	143.06	168.00	183.75	245.44
59	120.75	152.25	178.50	194.25	261.19
60	129.94	164.06	190.31	207.38	276.94
61	139.13	174.56	202.13	219.19	295.31
62	148.31	186.38	215.25	234.94	315.00
63	157.50	199.50	228.38	248.06	336.00
64	166.69	211.31	244.13	265.13	357.00
65	177.19	224.44	259.88	282.19	381.94
66	190.31	238.88	278.25	304.50	405.56
67	203.44	257.25	299.25	326.81	438.38
68	219.19	278.25	324.19	355.69	472.50
69	236.25	297.94	349.13	383.25	509.25
70	254.63	324.19	378.00	413.44	549.94
71	274.31	350.44	410.81	448.88	595.88
72	299.25	381.94	446.25	489.56	648.38
73	325.50	417.38	488.25	534.19	707.44
74	355.69	454.13	532.88	584.06	770.44
75	387.19	496.13	580.13	636.56	840.00
76	421.31	540.75	632.63	693.00	912.19
77	455.44	586.69	689.06	754.69	992.25
78	492.19	637.88	749.44	821.63	1076.25
79	530.25	691.69	812.44	891.19	1166.81
80	570.94				
81	611.63				
82	656.25				
83	700.88				
84	746.81				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0081-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	64.31	81.38	95.81	105.00	136.50
45-49	72.19	90.56	106.31	115.50	150.94
50-54	89.25	112.88	131.25	141.75	191.63
55	99.75	126.00	149.63	164.06	217.88
56	105.00	132.56	157.50	171.94	228.38
57	111.56	140.44	165.38	181.13	241.50
58	116.81	149.63	174.56	191.63	254.63
59	124.69	158.81	185.06	202.13	270.38
60	133.88	169.31	195.56	215.25	287.44
61	143.06	181.13	208.69	227.06	305.81
62	152.25	192.94	221.81	242.81	325.50
63	162.75	204.75	236.25	257.25	347.81
64	173.25	217.88	252.00	274.31	368.81
65	183.75	231.00	269.06	294.00	393.75
66	195.56	246.75	288.75	315.00	420.00
67	210.00	265.13	309.75	339.94	452.81
68	225.75	287.44	334.69	367.50	488.25
69	244.13	308.44	360.94	396.38	526.31
70	262.50	334.69	391.13	429.19	568.31
71	283.50	362.25	425.25	464.63	615.56
72	308.44	395.06	462.00	506.63	670.69
73	336.00	430.50	504.00	552.56	729.75
74	366.19	469.88	549.94	603.75	795.38
75	399.00	510.56	598.50	657.56	866.25
76	434.44	557.81	653.63	716.63	942.38
77	469.88	605.06	710.06	779.63	1023.75
78	506.63	656.25	771.75	847.88	1110.38
79	544.69	711.38	837.38	918.75	1202.25
80	586.69				
81	628.69				
82	673.31				
83	719.25				
84	767.81				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0081-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	42.00	51.19	60.38	64.31	86.63
45-49	45.94	57.75	66.94	72.19	95.81
50-54	60.38	73.50	85.31	94.50	123.38
55	69.56	85.31	98.44	107.63	147.00
56	72.19	89.25	103.69	112.88	156.19
57	77.44	95.81	111.56	120.75	166.69
58	84.00	103.69	120.75	129.94	178.50
59	89.25	111.56	129.94	140.44	192.94
60	97.13	122.06	140.44	152.25	207.38
61	106.31	131.25	152.25	165.38	224.44
62	114.19	141.75	165.38	178.50	241.50
63	122.06	152.25	177.19	191.63	259.88
64	131.25	164.06	190.31	204.75	278.25
65	139.13	174.56	202.13	219.19	297.94
66	149.63	189.00	217.88	236.25	321.56
67	162.75	203.44	236.25	255.94	349.13
68	175.88	221.81	257.25	279.56	379.31
69	191.63	242.81	280.88	305.81	413.44
70	208.69	263.81	307.13	334.69	452.81
71	228.38	290.06	336.00	367.50	493.50
72	250.69	317.63	370.13	404.25	542.06
73	274.31	350.44	408.19	446.25	595.88
74	303.19	384.56	448.88	490.88	653.63
75	332.06	422.63	493.50	540.75	716.63
76	364.88	463.31	542.06	594.56	786.19
77	396.38	507.94	594.56	651.00	858.38
78	430.50	553.88	649.69	714.00	937.13
79	467.25	605.06	708.75	778.31	1018.50
80	506.63				
81	546.00				
82	588.00				
83	631.31				
84	677.25				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0081-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	47.25	60.38	69.56	73.50	98.44
45-49	53.81	66.94	76.13	84.00	110.25
50-54	66.94	84.00	97.13	106.31	139.13
55	77.44	95.81	111.56	120.75	164.06
56	81.38	102.38	116.81	128.63	173.25
57	86.63	107.63	124.69	136.50	185.06
58	93.19	115.50	133.88	147.00	198.19
59	98.44	123.38	143.06	157.50	211.31
60	106.31	133.88	156.19	169.31	227.06
61	115.50	143.06	168.00	183.75	244.13
62	123.38	154.88	181.13	198.19	261.19
63	132.56	165.38	194.25	211.31	280.88
64	141.75	177.19	207.38	225.75	300.56
65	150.94	190.31	220.50	241.50	321.56
66	164.06	204.75	237.56	259.88	347.81
67	177.19	220.50	257.25	279.56	376.69
68	192.94	241.50	280.88	305.81	410.81
69	208.69	262.50	305.81	333.38	447.56
70	225.75	286.13	333.38	362.25	488.25
71	245.44	313.69	364.88	399.00	534.19
72	269.06	342.56	401.63	438.38	585.38
73	295.31	378.00	441.00	483.00	641.81
74	324.19	414.75	484.31	531.56	706.13
75	357.00	455.44	534.19	585.38	773.06
76	391.13	498.75	586.69	644.44	847.88
77	426.56	546.00	641.81	703.50	926.63
78	462.00	597.19	702.19	770.44	1011.94
79	501.38	651.00	766.50	841.31	1101.19
80	542.06				
81	585.38				
82	628.69				
83	673.31				
84	723.19				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0081-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	51.19	63.00	72.19	78.75	105.00
45-49	57.75	69.56	80.06	87.94	115.50
50-54	69.56	86.63	102.38	111.56	145.69
55	80.06	99.75	116.81	126.00	171.94
56	85.31	106.31	123.38	133.88	181.13
57	89.25	112.88	131.25	141.75	192.94
58	95.81	120.75	140.44	152.25	204.75
59	103.69	129.94	149.63	164.06	219.19
60	111.56	139.13	162.75	177.19	234.94
61	119.44	149.63	174.56	191.63	252.00
62	128.63	160.13	186.38	204.75	270.38
63	137.81	171.94	200.81	219.19	290.06
64	147.00	183.75	215.25	234.94	309.75
65	157.50	195.56	228.38	250.69	332.06
66	169.31	211.31	246.75	269.06	358.31
67	183.75	228.38	267.75	290.06	388.50
68	199.50	248.06	290.06	316.31	422.63
69	215.25	270.38	316.31	343.88	462.00
70	233.63	295.31	343.88	375.38	504.00
71	253.31	322.88	376.69	412.13	551.25
72	276.94	353.06	413.44	452.81	603.75
73	304.50	388.50	455.44	498.75	662.81
74	333.38	427.88	500.06	548.63	728.44
75	367.50	469.88	551.25	603.75	798.00
76	401.63	514.50	605.06	664.13	874.13
77	438.38	563.06	662.81	727.13	955.50
78	475.13	615.56	724.50	795.38	1042.13
79	515.81	672.00	790.13	868.88	1135.31
80	557.81				
81	601.13				
82	645.75				
83	691.69				
84	741.56				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0081-B37
Long-Term Care Policy

WITH SURVIVORSHIP BENEFIT RIDER R1-N0103-SERIES

When this rider is chosen, multiply the final premium by the appropriate factor.

ISSUE AGE	NO INFLATION PROTECTION	SIMPLE INFLATION PROTECTION	COMPOUND INFLATION PROTECTION
18-44	1.11	1.17	1.17
45-49	1.14	1.21	1.21
50-54	1.18	1.28	1.28
55	1.20	1.30	1.30
56	1.20	1.30	1.30
57	1.21	1.30	1.30
58	1.21	1.30	1.30
59	1.21	1.30	1.30
60	1.21	1.30	1.30
61	1.21	1.30	1.30
62	1.21	1.29	1.29
63	1.21	1.29	1.29
64	1.21	1.28	1.28
65	1.20	1.27	1.27
66	1.20	1.26	1.26
67	1.20	1.26	1.26
68	1.19	1.25	1.25
69	1.19	1.24	1.24
70	1.18	1.23	1.23
71	1.18	1.22	1.22
72	1.17	1.20	1.20
73	1.16	1.19	1.19
74	1.16	1.18	1.18
75	1.15	1.17	1.17
76	1.14	1.16	1.16
77	1.13	1.15	1.15
78	1.12	1.14	1.14
79	1.11	1.13	1.13
80	1.10	1.12	1.12
81	1.09	1.11	1.11
82	1.08	1.10	1.10
83	1.07	1.09	1.09
84	1.06	1.08	1.08

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0081-B37
Long-Term Care Policy

Elimination Period Factors

Rates shown are for 30 day elimination period. Rates for other elimination periods are calculated by multiplying the 30 day rates by the appropriate factor from the following table:

Benefit Maximum	0	14	20	60	90	100	180	365
730x,1095x	1.12	1.07	1.03	0.94	0.90	0.89	0.78	0.67
1460x,1825x	1.10	1.05	1.03	0.95	0.90	0.89	0.79	0.69
Lifetime	1.08	1.04	1.03	0.96	0.92	0.91	0.84	0.75

Table Rating Health Rating Group Factors

Rates shown are for Preferred Rating Group and Select Rating Group. Rates for Table Rating Health Groups 1, 2, 3 and 4 are calculated by multiplying Select rates by 1.25, 1.50, 1.75 and 2.00 respectively.

Spousal Discount

A 20% discount to the rates is available to married couples if both spouses apply for coverage.

Dual Waiver of Premium Rider R1-N0104-Series

An optional dual waiver of premium rider will be offered. If one spouse qualifies for a waiver of premium, the premium of the other spouse will also be waived. If chosen, multiply the final premium by 1.06.

Shared Advantage Rider R1-N0105-Series

This rider will allow two covered spouses to purchase an additional benefit amount that can be used by either spouse after their base benefits are exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	No Inflation Protection	With Inflation Protection
730x	1.30	1.35
1095x	1.21	1.25
1460x	1.15	1.18
1825x	1.12	1.14

Restoration of Benefits Rider R1-N0108-Series

This rider restores the maximum lifetime benefit if the insured has not met the stipulated conditions for a period of 180 consecutive days and the maximum lifetime benefit has not been exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	Factor
730x	1.08
1095x	1.06
1460x,1825x	1.04

Cost of Living Increase Rider R1-N0107-Series

This rider allows the insured to increase their policy limits, subject to the terms of the rider, every three years without additional underwriting. The additional premium charged is based on the attained age and incremental increase in the maximum daily facility benefit when exercised. If chosen, multiply the final premium by the appropriate factor:

Age	Factor
18-44	1.15
45-49	1.12
50-55	1.10
56-58	1.09
59-61	1.08
62-64	1.07
65-67	1.06
68-70	1.05
71-73	1.04
74-76	1.03

Modal Factors

Semi-Annual: 0.52; Quarterly: 0.27; Check-A-Matic: 0.09

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604

Supplement to Rate Sheets for Policy Form P1-N0085-B37
PENNSYLVANIA

All rates for this form should be multiplied by a factor of: 1.9425

This factor represents the **proposed** increase of: 29.5%

And the following prior approved rate increases:

Policy Form	Increase Applies to all Policies or Subsets	Rate Increase Approved	Approval Date of Rate Increase
P1-N0085-B37	--Yes--	20.00%	3/14/2013
P1-N0085-B37	--Yes--	25.00%	12/3/2014

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0085-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	22.05	25.20	29.40	31.50	39.90
45-49	24.15	28.35	32.55	34.65	44.10
50-54	29.40	34.65	39.90	43.05	54.60
55	33.60	39.90	46.20	49.35	65.10
56	35.70	43.05	49.35	52.50	69.30
57	38.85	46.20	52.50	56.70	74.55
58	42.00	50.40	56.70	61.95	80.85
59	46.20	54.60	61.95	67.20	88.20
60	50.40	59.85	68.25	74.55	95.55
61	54.60	66.15	74.55	80.85	103.95
62	58.80	71.40	80.85	88.20	113.40
63	63.00	76.65	87.15	94.50	121.80
64	67.20	81.90	93.45	100.80	131.25
65	71.40	88.20	99.75	108.15	140.70
66	77.70	94.50	108.15	116.55	152.25
67	84.00	102.90	117.60	127.05	165.90
68	91.35	112.35	129.15	139.65	182.70
69	99.75	122.85	141.75	153.30	200.55
70	109.20	134.40	155.40	169.05	220.50
71	120.75	149.10	172.20	187.95	243.60
72	134.40	165.90	192.15	210.00	271.95
73	150.15	185.85	215.25	235.20	304.50
74	166.95	207.90	241.50	263.55	340.20
75	186.90	233.10	270.90	295.05	379.05
76	207.90	260.40	302.40	329.70	422.10
77	231.00	289.80	337.05	366.45	469.35
78	256.20	322.35	374.85	406.35	519.75
79	283.50	355.95	414.75	449.40	574.35
80	311.85				
81	343.35				
82	375.90				
83	410.55				
84	447.30				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0085-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	26.25	31.50	35.70	37.80	48.30
45-49	28.35	34.65	38.85	42.00	53.55
50-54	33.60	40.95	47.25	51.45	67.20
55	39.90	47.25	53.55	57.75	76.65
56	42.00	50.40	56.70	60.90	80.85
57	45.15	53.55	60.90	65.10	86.10
58	48.30	57.75	65.10	70.35	92.40
59	52.50	63.00	71.40	76.65	99.75
60	56.70	68.25	77.70	84.00	109.20
61	60.90	74.55	85.05	91.35	117.60
62	66.15	79.80	92.40	99.75	128.10
63	71.40	86.10	98.70	106.05	137.55
64	75.60	92.40	105.00	114.45	148.05
65	80.85	99.75	112.35	121.80	159.60
66	87.15	106.05	121.80	132.30	172.20
67	94.50	116.55	132.30	143.85	187.95
68	102.90	127.05	144.90	158.55	205.80
69	112.35	138.60	159.60	173.25	226.80
70	122.85	152.25	175.35	190.05	248.85
71	134.40	168.00	194.25	211.05	276.15
72	150.15	186.90	216.30	236.25	307.65
73	166.95	208.95	242.55	263.55	343.35
74	185.85	234.15	271.95	296.10	383.25
75	207.90	261.45	304.50	330.75	427.35
76	231.00	290.85	340.20	370.65	476.70
77	257.25	324.45	378.00	411.60	529.20
78	284.55	360.15	420.00	456.75	584.85
79	313.95	399.00	465.15	506.10	646.80
80	345.45				
81	379.05				
82	413.70				
83	451.50				
84	491.40				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0085-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	27.30	33.60	37.80	40.95	52.50
45-49	30.45	36.75	42.00	45.15	57.75
50-54	35.70	44.10	50.40	54.60	72.45
55	42.00	50.40	56.70	61.95	80.85
56	44.10	53.55	59.85	65.10	85.05
57	47.25	56.70	64.05	69.30	90.30
58	50.40	60.90	69.30	74.55	97.65
59	54.60	66.15	75.60	80.85	105.00
60	59.85	71.40	81.90	88.20	114.45
61	64.05	77.70	89.25	95.55	123.90
62	69.30	84.00	96.60	103.95	134.40
63	74.55	90.30	103.95	111.30	144.90
64	78.75	96.60	110.25	119.70	155.40
65	85.05	103.95	117.60	128.10	166.95
66	91.35	111.30	127.05	138.60	180.60
67	98.70	121.80	138.60	151.20	197.40
68	107.10	133.35	152.25	165.90	216.30
69	117.60	144.90	166.95	181.65	237.30
70	128.10	159.60	183.75	199.50	261.45
71	140.70	175.35	203.70	221.55	289.80
72	156.45	195.30	226.80	246.75	322.35
73	174.30	218.40	254.10	276.15	360.15
74	194.25	244.65	284.55	309.75	402.15
75	217.35	273.00	318.15	346.50	448.35
76	241.50	304.50	355.95	387.45	499.80
77	267.75	339.15	395.85	431.55	554.40
78	296.10	375.90	438.90	478.80	613.20
79	326.55	416.85	486.15	530.25	677.25
80	359.10				
81	393.75				
82	430.50				
83	469.35				
84	510.30				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0085-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	42.00	51.45	58.80	63.00	86.10
45-49	46.20	56.70	65.10	70.35	95.55
50-54	56.70	70.35	80.85	89.25	121.80
55	66.15	81.90	94.50	102.90	140.70
56	69.30	86.10	99.75	109.20	149.10
57	73.50	91.35	106.05	115.50	157.50
58	78.75	97.65	113.40	122.85	166.95
59	82.95	103.95	120.75	131.25	177.45
60	89.25	111.30	128.10	139.65	189.00
61	95.55	118.65	137.55	149.10	201.60
62	101.85	127.05	147.00	159.60	215.25
63	108.15	135.45	157.50	170.10	229.95
64	115.50	143.85	166.95	181.65	244.65
65	122.85	153.30	178.50	194.25	261.45
66	131.25	164.85	191.10	207.90	281.40
67	141.75	177.45	206.85	224.70	303.45
68	153.30	192.15	223.65	243.60	328.65
69	164.85	207.90	241.50	263.55	354.90
70	178.50	225.75	262.50	286.65	385.35
71	193.20	245.70	285.60	311.85	418.95
72	211.05	268.80	312.90	342.30	457.80
73	232.05	295.05	344.40	376.95	501.90
74	255.15	324.45	379.05	414.75	550.20
75	280.35	355.95	416.85	455.70	603.75
76	306.60	390.60	457.80	501.90	661.50
77	334.95	428.40	502.95	550.20	723.45
78	364.35	468.30	551.25	602.70	789.60
79	395.85	511.35	602.70	658.35	861.00
80	428.40				
81	462.00				
82	497.70				
83	534.45				
84	573.30				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0085-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	48.30	59.85	69.30	75.60	99.75
45-49	53.55	67.20	76.65	84.00	111.30
50-54	66.15	82.95	95.55	103.95	140.70
55	74.55	94.50	109.20	118.65	161.70
56	77.70	99.75	115.50	124.95	170.10
57	81.90	105.00	121.80	132.30	178.50
58	87.15	111.30	129.15	140.70	189.00
59	93.45	117.60	136.50	150.15	200.55
60	100.80	124.95	145.95	158.55	212.10
61	107.10	133.35	155.40	169.05	226.80
62	114.45	142.80	165.90	180.60	241.50
63	121.80	151.20	177.45	193.20	258.30
64	129.15	161.70	187.95	205.80	275.10
65	137.55	172.20	201.60	219.45	294.00
66	147.00	184.80	215.25	235.20	315.00
67	157.50	199.50	233.10	254.10	340.20
68	170.10	215.25	252.00	275.10	368.55
69	183.75	234.15	271.95	298.20	397.95
70	199.50	254.10	296.10	324.45	431.55
71	216.30	276.15	322.35	352.80	469.35
72	236.25	302.40	352.80	386.40	513.45
73	259.35	330.75	387.45	425.25	561.75
74	284.55	363.30	425.25	466.20	615.30
75	311.85	399.00	467.25	511.35	675.15
76	341.25	435.75	512.40	561.75	739.20
77	371.70	477.75	560.70	615.30	807.45
78	404.25	520.80	614.25	672.00	880.95
79	437.85	569.10	668.85	732.90	958.65
80	473.55				
81	510.30				
82	548.10				
83	589.05				
84	631.05				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0085-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	51.45	64.05	73.50	80.85	106.05
45-49	56.70	71.40	81.90	90.30	117.60
50-54	70.35	88.20	101.85	110.25	149.10
55	78.75	99.75	115.50	126.00	170.10
56	81.90	105.00	121.80	132.30	178.50
57	86.10	110.25	128.10	139.65	187.95
58	91.35	116.55	135.45	148.05	198.45
59	97.65	123.90	143.85	157.50	210.00
60	105.00	131.25	153.30	166.95	222.60
61	112.35	139.65	162.75	177.45	237.30
62	119.70	149.10	174.30	190.05	253.05
63	127.05	158.55	185.85	202.65	269.85
64	135.45	169.05	197.40	216.30	287.70
65	143.85	180.60	211.05	229.95	307.65
66	153.30	193.20	225.75	246.75	329.70
67	164.85	208.95	243.60	266.70	355.95
68	177.45	225.75	263.55	288.75	385.35
69	192.15	244.65	285.60	312.90	416.85
70	207.90	265.65	309.75	340.20	451.50
71	225.75	288.75	338.10	370.65	491.40
72	246.75	316.05	369.60	405.30	536.55
73	270.90	346.50	405.30	445.20	588.00
74	297.15	380.10	445.20	488.25	643.65
75	325.50	416.85	488.25	535.50	705.60
76	355.95	455.70	535.50	586.95	771.75
77	387.45	498.75	585.90	642.60	843.15
78	421.05	543.90	640.50	701.40	919.80
79	455.70	593.25	697.20	765.45	1000.65
80	492.45				
81	530.25				
82	570.15				
83	612.15				
84	655.20				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0085-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	30.45	37.80	44.10	48.30	64.05
45-49	33.60	42.00	49.35	53.55	71.40
50-54	45.15	55.65	63.00	68.25	91.35
55	51.45	64.05	72.45	79.80	108.15
56	54.60	67.20	76.65	84.00	115.50
57	57.75	71.40	81.90	90.30	123.90
58	61.95	76.65	88.20	97.65	133.35
59	67.20	82.95	95.55	105.00	143.85
60	72.45	90.30	103.95	113.40	155.40
61	78.75	97.65	113.40	122.85	166.95
62	85.05	106.05	122.85	133.35	180.60
63	91.35	113.40	132.30	143.85	194.25
64	97.65	121.80	141.75	153.30	207.90
65	105.00	130.20	151.20	164.85	223.65
66	113.40	139.65	162.75	177.45	241.50
67	122.85	152.25	177.45	193.20	262.50
68	133.35	165.90	194.25	211.05	286.65
69	144.90	181.65	212.10	231.00	312.90
70	157.50	198.45	232.05	253.05	342.30
71	172.20	218.40	255.15	279.30	374.85
72	190.05	241.50	282.45	308.70	413.70
73	210.00	267.75	312.90	342.30	456.75
74	233.10	296.10	347.55	380.10	505.05
75	257.25	328.65	384.30	421.05	557.55
76	283.50	363.30	424.20	465.15	614.25
77	311.85	400.05	468.30	513.45	675.15
78	341.25	439.95	515.55	564.90	740.25
79	372.75	483.00	564.90	620.55	810.60
80	405.30				
81	439.95				
82	475.65				
83	513.45				
84	553.35				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0085-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	36.75	46.20	52.50	57.75	75.60
45-49	40.95	50.40	58.80	64.05	84.00
50-54	51.45	64.05	74.55	80.85	106.05
55	59.85	74.55	85.05	93.45	126.00
56	63.00	78.75	90.30	97.65	134.40
57	66.15	82.95	95.55	103.95	142.80
58	71.40	89.25	102.90	112.35	153.30
59	76.65	96.60	111.30	120.75	163.80
60	82.95	103.95	119.70	130.20	175.35
61	89.25	111.30	129.15	140.70	187.95
62	96.60	120.75	139.65	152.25	202.65
63	102.90	129.15	150.15	162.75	217.35
64	110.25	137.55	160.65	174.30	233.10
65	118.65	148.05	171.15	185.85	249.90
66	127.05	158.55	183.75	200.55	269.85
67	137.55	172.20	200.55	217.35	292.95
68	149.10	186.90	218.40	237.30	320.25
69	161.70	204.75	238.35	259.35	349.65
70	176.40	223.65	261.45	284.55	383.25
71	193.20	245.70	286.65	312.90	420.00
72	212.10	270.90	317.10	346.50	463.05
73	234.15	299.25	350.70	383.25	511.35
74	259.35	331.80	388.50	425.25	564.90
75	286.65	366.45	429.45	470.40	622.65
76	316.05	404.25	473.55	519.75	686.70
77	346.50	445.20	521.85	573.30	753.90
78	379.05	488.25	573.30	630.00	826.35
79	412.65	535.50	628.95	690.90	904.05
80	448.35				
81	485.10				
82	525.00				
83	565.95				
84	609.00				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0085-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	39.90	49.35	56.70	61.95	80.85
45-49	44.10	54.60	63.00	68.25	89.25
50-54	54.60	68.25	78.75	86.10	112.35
55	63.00	78.75	90.30	98.70	133.35
56	66.15	82.95	95.55	103.95	141.75
57	70.35	88.20	101.85	110.25	151.20
58	75.60	94.50	109.20	118.65	161.70
59	80.85	101.85	117.60	127.05	172.20
60	87.15	109.20	127.05	137.55	183.75
61	93.45	117.60	136.50	148.05	197.40
62	100.80	127.05	147.00	159.60	212.10
63	108.15	136.50	157.50	171.15	227.85
64	115.50	144.90	168.00	182.70	243.60
65	123.90	155.40	179.55	195.30	261.45
66	132.30	166.95	193.20	210.00	281.40
67	143.85	180.60	210.00	227.85	306.60
68	156.45	196.35	228.90	248.85	334.95
69	169.05	214.20	249.90	271.95	365.40
70	184.80	234.15	274.05	298.20	400.05
71	201.60	257.25	300.30	327.60	438.90
72	221.55	283.50	331.80	362.25	484.05
73	244.65	312.90	367.50	401.10	534.45
74	270.90	346.50	406.35	444.15	590.10
75	299.25	382.20	448.35	491.40	651.00
76	329.70	422.10	494.55	542.85	717.15
77	361.20	464.10	544.95	598.50	787.50
78	394.80	509.25	598.50	658.35	863.10
79	429.45	558.60	656.25	721.35	943.95
80	466.20				
81	505.05				
82	546.00				
83	588.00				
84	632.10				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0085-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	26.25	29.40	34.65	36.75	47.25
45-49	28.35	33.60	37.80	40.95	51.45
50-54	34.65	40.95	47.25	50.40	64.05
55	39.90	47.25	54.60	57.75	76.65
56	42.00	50.40	57.75	61.95	81.90
57	46.20	54.60	61.95	67.20	88.20
58	49.35	58.80	67.20	72.45	95.55
59	54.60	64.05	72.45	78.75	103.95
60	58.80	70.35	79.80	88.20	112.35
61	64.05	77.70	88.20	95.55	121.80
62	69.30	84.00	95.55	103.95	133.35
63	74.55	90.30	102.90	111.30	142.80
64	78.75	96.60	110.25	118.65	154.35
65	84.00	103.95	117.60	127.05	165.90
66	91.35	111.30	127.05	137.55	179.55
67	98.70	120.75	138.60	149.10	195.30
68	107.10	132.30	152.25	163.80	215.25
69	117.60	144.90	166.95	180.60	236.25
70	128.10	158.55	182.70	198.45	259.35
71	141.75	175.35	202.65	221.55	286.65
72	158.55	195.30	225.75	246.75	320.25
73	176.40	218.40	253.05	277.20	358.05
74	196.35	244.65	284.55	309.75	400.05
75	219.45	274.05	319.20	347.55	446.25
76	244.65	306.60	355.95	387.45	496.65
77	271.95	341.25	396.90	431.55	552.30
78	301.35	379.05	441.00	477.75	611.10
79	333.90	418.95	488.25	529.20	676.20
80	366.45				
81	404.25				
82	442.05				
83	483.00				
84	526.05				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0085-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	30.45	36.75	42.00	44.10	56.70
45-49	33.60	40.95	46.20	49.35	63.00
50-54	39.90	48.30	55.65	60.90	78.75
55	47.25	55.65	63.00	68.25	90.30
56	49.35	58.80	67.20	71.40	95.55
57	53.55	63.00	71.40	76.65	100.80
58	56.70	68.25	76.65	82.95	109.20
59	61.95	74.55	84.00	90.30	117.60
60	67.20	79.80	91.35	98.70	128.10
61	71.40	88.20	99.75	107.10	138.60
62	77.70	93.45	109.20	117.60	151.20
63	84.00	100.80	116.55	124.95	161.70
64	89.25	109.20	123.90	134.40	174.30
65	95.55	117.60	132.30	142.80	187.95
66	102.90	124.95	142.80	155.40	202.65
67	111.30	137.55	155.40	169.05	221.55
68	120.75	149.10	170.10	186.90	242.55
69	132.30	162.75	187.95	203.70	266.70
70	144.90	179.55	205.80	223.65	292.95
71	158.55	197.40	228.90	247.80	324.45
72	176.40	219.45	254.10	278.25	362.25
73	196.35	245.70	285.60	309.75	404.25
74	218.40	275.10	320.25	348.60	450.45
75	244.65	307.65	358.05	389.55	502.95
76	271.95	342.30	400.05	435.75	560.70
77	302.40	382.20	445.20	484.05	622.65
78	334.95	424.20	494.55	537.60	687.75
79	369.60	469.35	547.05	595.35	761.25
80	406.35				
81	446.25				
82	487.20				
83	531.30				
84	578.55				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0085-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	32.55	39.90	44.10	48.30	61.95
45-49	35.70	43.05	49.35	53.55	68.25
50-54	42.00	51.45	58.80	64.05	85.05
55	49.35	58.80	67.20	72.45	95.55
56	51.45	63.00	70.35	76.65	99.75
57	55.65	67.20	75.60	81.90	106.05
58	58.80	71.40	81.90	88.20	114.45
59	64.05	77.70	89.25	95.55	123.90
60	70.35	84.00	96.60	103.95	134.40
61	75.60	91.35	105.00	112.35	145.95
62	81.90	98.70	113.40	121.80	158.55
63	88.20	106.05	121.80	131.25	170.10
64	92.40	113.40	130.20	140.70	182.70
65	99.75	121.80	138.60	151.20	196.35
66	107.10	131.25	149.10	162.75	212.10
67	116.55	142.80	162.75	177.45	232.05
68	126.00	156.45	179.55	195.30	254.10
69	138.60	170.10	196.35	214.20	279.30
70	151.20	187.95	216.30	235.20	307.65
71	165.90	205.80	239.40	260.40	341.25
72	183.75	229.95	266.70	289.80	379.05
73	204.75	257.25	299.25	324.45	424.20
74	228.90	287.70	334.95	364.35	473.55
75	256.20	321.30	373.80	407.40	527.10
76	284.55	358.05	418.95	455.70	588.00
77	315.00	399.00	466.20	508.20	652.05
78	348.60	442.05	516.60	562.80	721.35
79	384.30	490.35	572.25	623.70	796.95
80	422.10				
81	463.05				
82	506.10				
83	552.30				
84	600.60				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0085-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	49.35	60.90	69.30	74.55	100.80
45-49	54.60	67.20	76.65	82.95	112.35
50-54	67.20	82.95	95.55	105.00	142.80
55	77.70	96.60	111.30	120.75	165.90
56	81.90	100.80	117.60	128.10	175.35
57	86.10	107.10	124.95	135.45	184.80
58	92.40	114.45	133.35	144.90	196.35
59	97.65	121.80	141.75	154.35	208.95
60	105.00	131.25	151.20	163.80	222.60
61	112.35	139.65	161.70	175.35	237.30
62	119.70	149.10	173.25	187.95	253.05
63	127.05	159.60	184.80	200.55	270.90
64	135.45	169.05	196.35	214.20	287.70
65	144.90	180.60	210.00	228.90	307.65
66	154.35	194.25	224.70	244.65	330.75
67	166.95	208.95	243.60	264.60	357.00
68	180.60	225.75	263.55	286.65	386.40
69	194.25	244.65	284.55	309.75	417.90
70	210.00	265.65	308.70	337.05	453.60
71	226.80	288.75	336.00	366.45	492.45
72	247.80	316.05	368.55	403.20	538.65
73	273.00	347.55	405.30	443.10	590.10
74	300.30	382.20	446.25	488.25	646.80
75	329.70	418.95	490.35	536.55	709.80
76	361.20	459.90	538.65	590.10	778.05
77	393.75	504.00	592.20	646.80	851.55
78	428.40	551.25	648.90	708.75	929.25
79	466.20	601.65	708.75	774.90	1013.25
80	504.00				
81	543.90				
82	585.90				
83	628.95				
84	674.10				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0085-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	56.70	70.35	81.90	89.25	117.60
45-49	63.00	78.75	90.30	98.70	131.25
50-54	77.70	97.65	112.35	121.80	165.90
55	88.20	111.30	128.10	139.65	190.05
56	91.35	117.60	135.45	147.00	200.55
57	96.60	123.90	142.80	155.40	210.00
58	102.90	131.25	152.25	165.90	222.60
59	110.25	138.60	160.65	176.40	236.25
60	118.65	147.00	172.20	186.90	249.90
61	126.00	156.45	182.70	198.45	266.70
62	134.40	168.00	195.30	212.10	284.55
63	142.80	177.45	208.95	226.80	303.45
64	152.25	190.05	221.55	242.55	323.40
65	161.70	202.65	237.30	258.30	345.45
66	173.25	217.35	253.05	277.20	370.65
67	184.80	235.20	274.05	299.25	400.05
68	200.55	253.05	296.10	323.40	433.65
69	216.30	275.10	320.25	350.70	468.30
70	235.20	299.25	348.60	382.20	508.20
71	254.10	324.45	379.05	414.75	552.30
72	278.25	355.95	414.75	454.65	603.75
73	305.55	389.55	455.70	499.80	660.45
74	334.95	427.35	499.80	548.10	723.45
75	366.45	469.35	550.20	601.65	793.80
76	401.10	512.40	602.70	660.45	869.40
77	436.80	561.75	659.40	723.45	950.25
78	475.65	613.20	722.40	790.65	1036.35
79	515.55	669.90	786.45	862.05	1127.70
80	557.55				
81	600.60				
82	644.70				
83	693.00				
84	742.35				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0085-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	60.90	75.60	86.10	95.55	124.95
45-49	67.20	84.00	96.60	106.05	138.60
50-54	82.95	103.95	119.70	130.20	175.35
55	92.40	117.60	135.45	148.05	200.55
56	96.60	123.90	142.80	155.40	210.00
57	100.80	130.20	151.20	163.80	221.55
58	107.10	137.55	159.60	174.30	233.10
59	114.45	145.95	169.05	184.80	246.75
60	123.90	154.35	180.60	196.35	261.45
61	132.30	163.80	191.10	208.95	279.30
62	140.70	175.35	204.75	223.65	298.20
63	149.10	186.90	218.40	238.35	317.10
64	159.60	198.45	232.05	254.10	338.10
65	169.05	212.10	247.80	270.90	362.25
66	180.60	226.80	265.65	289.80	387.45
67	194.25	245.70	286.65	313.95	418.95
68	208.95	265.65	309.75	340.20	453.60
69	225.75	287.70	336.00	368.55	490.35
70	244.65	312.90	364.35	400.05	531.30
71	265.65	340.20	397.95	435.75	578.55
72	289.80	371.70	434.70	476.70	631.05
73	319.20	407.40	476.70	523.95	691.95
74	349.65	447.30	523.95	574.35	757.05
75	383.25	490.35	574.35	630.00	830.55
76	418.95	536.55	630.00	690.90	908.25
77	455.70	586.95	688.80	756.00	992.25
78	495.60	639.45	753.90	825.30	1082.55
79	536.55	698.25	820.05	900.90	1177.05
80	579.60				
81	623.70				
82	670.95				
83	720.30				
84	770.70				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0085-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	35.70	44.10	51.45	56.70	75.60
45-49	39.90	49.35	57.75	63.00	84.00
50-54	53.55	65.10	74.55	79.80	107.10
55	60.90	75.60	85.05	93.45	127.05
56	64.05	78.75	90.30	98.70	135.45
57	68.25	84.00	96.60	106.05	145.95
58	72.45	90.30	103.95	114.45	156.45
59	78.75	97.65	112.35	123.90	169.05
60	85.05	106.05	121.80	133.35	182.70
61	92.40	114.45	133.35	144.90	196.35
62	99.75	124.95	144.90	156.45	212.10
63	107.10	133.35	155.40	169.05	228.90
64	114.45	142.80	166.95	180.60	244.65
65	123.90	153.30	177.45	194.25	263.55
66	133.35	163.80	191.10	208.95	284.55
67	144.90	179.55	208.95	226.80	308.70
68	156.45	195.30	228.90	247.80	337.05
69	170.10	214.20	249.90	271.95	368.55
70	184.80	233.10	273.00	298.20	403.20
71	202.65	257.25	300.30	328.65	441.00
72	223.65	284.55	331.80	363.30	487.20
73	246.75	315.00	368.55	403.20	537.60
74	274.05	348.60	408.45	447.30	594.30
75	302.40	386.40	452.55	495.60	656.25
76	333.90	427.35	498.75	547.05	722.40
77	366.45	470.40	551.25	603.75	793.80
78	401.10	517.65	606.90	664.65	870.45
79	438.90	568.05	664.65	729.75	953.40
80	476.70				
81	517.65				
82	559.65				
83	603.75				
84	651.00				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0085-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	43.05	54.60	61.95	68.25	89.25
45-49	48.30	58.80	69.30	75.60	98.70
50-54	60.90	75.60	88.20	95.55	124.95
55	70.35	88.20	99.75	110.25	148.05
56	74.55	92.40	106.05	114.45	158.55
57	77.70	97.65	112.35	121.80	168.00
58	84.00	105.00	120.75	132.30	180.60
59	90.30	113.40	131.25	141.75	193.20
60	97.65	121.80	140.70	153.30	205.80
61	105.00	131.25	152.25	165.90	221.55
62	113.40	141.75	163.80	179.55	238.35
63	120.75	152.25	176.40	191.10	256.20
64	130.20	161.70	189.00	204.75	274.05
65	139.65	174.30	201.60	218.40	294.00
66	149.10	186.90	216.30	236.25	317.10
67	161.70	202.65	236.25	256.20	344.40
68	175.35	219.45	257.25	279.30	376.95
69	190.05	240.45	280.35	305.55	411.60
70	207.90	263.55	307.65	334.95	450.45
71	226.80	288.75	337.05	368.55	494.55
72	249.90	319.20	372.75	407.40	544.95
73	275.10	351.75	412.65	450.45	601.65
74	305.55	390.60	456.75	499.80	664.65
75	337.05	431.55	505.05	553.35	732.90
76	371.70	475.65	557.55	611.10	807.45
77	407.40	523.95	614.25	674.10	887.25
78	446.25	574.35	674.10	741.30	972.30
79	485.10	630.00	740.25	812.70	1063.65
80	527.10				
81	571.20				
82	617.40				
83	665.70				
84	716.10				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0085-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	47.25	57.75	67.20	72.45	95.55
45-49	51.45	64.05	74.55	79.80	105.00
50-54	64.05	79.80	92.40	100.80	132.30
55	74.55	92.40	106.05	116.55	156.45
56	77.70	97.65	112.35	121.80	166.95
57	82.95	103.95	119.70	130.20	177.45
58	89.25	111.30	128.10	139.65	190.05
59	95.55	119.70	138.60	149.10	202.65
60	102.90	128.10	149.10	161.70	216.30
61	110.25	138.60	160.65	174.30	232.05
62	118.65	149.10	173.25	187.95	249.90
63	127.05	160.65	184.80	201.60	267.75
64	135.45	170.10	197.40	215.25	286.65
65	145.95	182.70	211.05	229.95	307.65
66	155.40	196.35	226.80	246.75	330.75
67	169.05	212.10	246.75	267.75	361.20
68	183.75	231.00	268.80	292.95	393.75
69	198.45	252.00	294.00	320.25	429.45
70	217.35	275.10	322.35	350.70	470.40
71	237.30	302.40	352.80	385.35	516.60
72	260.40	333.90	390.60	426.30	569.10
73	287.70	368.55	432.60	471.45	628.95
74	319.20	407.40	477.75	522.90	694.05
75	351.75	449.40	527.10	578.55	765.45
76	387.45	496.65	581.70	638.40	844.20
77	425.25	546.00	641.55	704.55	926.10
78	464.10	599.55	704.55	774.90	1015.35
79	505.05	657.30	771.75	848.40	1110.90
80	548.10				
81	594.30				
82	642.60				
83	691.95				
84	743.40				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0085-B37
Long-Term Care Policy

WITH SURVIVORSHIP BENEFIT RIDER R1-N0103-SERIES

When this rider is chosen, multiply the final premium by the appropriate factor.

ISSUE AGE	NO INFLATION PROTECTION	SIMPLE INFLATION PROTECTION	COMPOUND INFLATION PROTECTION
18-44	1.11	1.17	1.17
45-49	1.14	1.21	1.21
50-54	1.18	1.28	1.28
55	1.20	1.30	1.30
56	1.20	1.30	1.30
57	1.21	1.30	1.30
58	1.21	1.30	1.30
59	1.21	1.30	1.30
60	1.21	1.30	1.30
61	1.21	1.30	1.30
62	1.21	1.29	1.29
63	1.21	1.29	1.29
64	1.21	1.28	1.28
65	1.20	1.27	1.27
66	1.20	1.26	1.26
67	1.20	1.26	1.26
68	1.19	1.25	1.25
69	1.19	1.24	1.24
70	1.18	1.23	1.23
71	1.18	1.22	1.22
72	1.17	1.20	1.20
73	1.16	1.19	1.19
74	1.16	1.18	1.18
75	1.15	1.17	1.17
76	1.14	1.16	1.16
77	1.13	1.15	1.15
78	1.12	1.14	1.14
79	1.11	1.13	1.13
80	1.10	1.12	1.12
81	1.09	1.11	1.11
82	1.08	1.10	1.10
83	1.07	1.09	1.09
84	1.06	1.08	1.08

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0085-B37
Long-Term Care Policy

Elimination Period Factors

Rates shown are for 30 day elimination period. Rates for other elimination periods are calculated by multiplying the 30 day rates by the appropriate factor from the following table:

Benefit Maximum	0	14	20	60	90	100	180	365
730x,1095x	1.11	1.06	1.03	0.95	0.91	0.90	0.80	0.71
1460x,1825x	1.09	1.05	1.03	0.95	0.91	0.90	0.81	0.72
Lifetime	1.07	1.04	1.03	0.96	0.93	0.92	0.85	0.78

Table Rating Health Rating Group Factors

Rates shown are for Preferred Rating Group and Select Rating Group. Rates for Table Rating Health Groups 1, 2, 3 and 4 are calculated by multiplying Select rates by 1.25, 1.50, 1.75 and 2.00 respectively.

Spousal Discount

A 20% discount to the rates is available to married couples if both spouses apply for coverage.

Dual Waiver of Premium Rider R1-N0104-Series

An optional dual waiver of premium rider will be offered. If one spouse qualifies for a waiver of premium, the premium of the other spouse will also be waived. If chosen, multiply the final premium by 1.06.

Shared Advantage Rider R1-N0105-Series

This rider will allow two covered spouses to purchase an additional benefit amount that can be used by either spouse after their base benefits are exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	No Inflation Protection	With Inflation Protection
730x	1.30	1.35
1095x	1.21	1.25
1460x	1.15	1.18
1825x	1.12	1.14

Restoration of Benefits Rider R1-N0108-Series

This rider restores the maximum lifetime benefit if the insured has not met the stipulated conditions for a period of 180 consecutive days and the maximum lifetime benefit has not been exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	Factor
730x	1.08
1095x	1.06
1460x,1825x	1.04

Cost of Living Increase Rider R1-N0107-Series

This rider allows the insured to increase their policy limits, subject to the terms of the rider, every three years without additional underwriting. The additional premium charged is based on the attained age and incremental increase in the maximum daily facility benefit when exercised. If chosen, multiply the final premium by the appropriate factor:

Age	Factor
18-44	1.15
45-49	1.12
50-55	1.10
56-58	1.09
59-61	1.08
62-64	1.07
65-67	1.06
68-70	1.05
71-73	1.04
74-76	1.03

Modal Factors

Semi-Annual: 0.52; Quarterly: 0.27; Check-A-Matic: 0.09

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604

Supplement to Rate Sheets for Policy Form P1-N0086-B37
PENNSYLVANIA

All rates for this form should be multiplied by a factor of: 1.9425

This factor represents the **proposed** increase of: 29.5%

And the following prior approved rate increases:

Policy Form	Increase Applies to all Policies or Subsets	Rate Increase Approved	Approval Date of Rate Increase
P1-N0086-B37	--Yes--	20.00%	3/14/2013
P1-N0086-B37	--Yes--	25.00%	12/3/2014

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0086-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	27.56	31.50	36.75	39.38	49.88
45-49	30.19	35.44	40.69	43.31	55.13
50-54	36.75	43.31	49.88	53.81	68.25
55	42.00	49.88	57.75	61.69	81.38
56	44.63	53.81	61.69	65.63	86.63
57	48.56	57.75	65.63	70.88	93.19
58	52.50	63.00	70.88	77.44	101.06
59	57.75	68.25	77.44	84.00	110.25
60	63.00	74.81	85.31	93.19	119.44
61	68.25	82.69	93.19	101.06	129.94
62	73.50	89.25	101.06	110.25	141.75
63	78.75	95.81	108.94	118.13	152.25
64	84.00	102.38	116.81	126.00	164.06
65	89.25	110.25	124.69	135.19	175.88
66	97.13	118.13	135.19	145.69	190.31
67	105.00	128.63	147.00	158.81	207.38
68	114.19	140.44	161.44	174.56	228.38
69	124.69	153.56	177.19	191.63	250.69
70	136.50	168.00	194.25	211.31	275.63
71	150.94	186.38	215.25	234.94	304.50
72	168.00	207.38	240.19	262.50	339.94
73	187.69	232.31	269.06	294.00	380.63
74	208.69	259.88	301.88	329.44	425.25
75	233.63	291.38	338.63	368.81	473.81
76	259.88	325.50	378.00	412.13	527.63
77	288.75	362.25	421.31	458.06	586.69
78	320.25	402.94	468.56	507.94	649.69
79	354.38	444.94	518.44	561.75	717.94
80	389.81				
81	429.19				
82	469.88				
83	513.19				
84	559.13				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0086-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	32.81	39.38	44.63	47.25	60.38
45-49	35.44	43.31	48.56	52.50	66.94
50-54	42.00	51.19	59.06	64.31	84.00
55	49.88	59.06	66.94	72.19	95.81
56	52.50	63.00	70.88	76.13	101.06
57	56.44	66.94	76.13	81.38	107.63
58	60.38	72.19	81.38	87.94	115.50
59	65.63	78.75	89.25	95.81	124.69
60	70.88	85.31	97.13	105.00	136.50
61	76.13	93.19	106.31	114.19	147.00
62	82.69	99.75	115.50	124.69	160.13
63	89.25	107.63	123.38	132.56	171.94
64	94.50	115.50	131.25	143.06	185.06
65	101.06	124.69	140.44	152.25	199.50
66	108.94	132.56	152.25	165.38	215.25
67	118.13	145.69	165.38	179.81	234.94
68	128.63	158.81	181.13	198.19	257.25
69	140.44	173.25	199.50	216.56	283.50
70	153.56	190.31	219.19	237.56	311.06
71	168.00	210.00	242.81	263.81	345.19
72	187.69	233.63	270.38	295.31	384.56
73	208.69	261.19	303.19	329.44	429.19
74	232.31	292.69	339.94	370.13	479.06
75	259.88	326.81	380.63	413.44	534.19
76	288.75	363.56	425.25	463.31	595.88
77	321.56	405.56	472.50	514.50	661.50
78	355.69	450.19	525.00	570.94	731.06
79	392.44	498.75	581.44	632.63	808.50
80	431.81				
81	473.81				
82	517.13				
83	564.38				
84	614.25				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0086-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	34.13	42.00	47.25	51.19	65.63
45-49	38.06	45.94	52.50	56.44	72.19
50-54	44.63	55.13	63.00	68.25	90.56
55	52.50	63.00	70.88	77.44	101.06
56	55.13	66.94	74.81	81.38	106.31
57	59.06	70.88	80.06	86.63	112.88
58	63.00	76.13	86.63	93.19	122.06
59	68.25	82.69	94.50	101.06	131.25
60	74.81	89.25	102.38	110.25	143.06
61	80.06	97.13	111.56	119.44	154.88
62	86.63	105.00	120.75	129.94	168.00
63	93.19	112.88	129.94	139.13	181.13
64	98.44	120.75	137.81	149.63	194.25
65	106.31	129.94	147.00	160.13	208.69
66	114.19	139.13	158.81	173.25	225.75
67	123.38	152.25	173.25	189.00	246.75
68	133.88	166.69	190.31	207.38	270.38
69	147.00	181.13	208.69	227.06	296.63
70	160.13	199.50	229.69	249.38	326.81
71	175.88	219.19	254.63	276.94	362.25
72	195.56	244.13	283.50	308.44	402.94
73	217.88	273.00	317.63	345.19	450.19
74	242.81	305.81	355.69	387.19	502.69
75	271.69	341.25	397.69	433.13	560.44
76	301.88	380.63	444.94	484.31	624.75
77	334.69	423.94	494.81	539.44	693.00
78	370.13	469.88	548.63	598.50	766.50
79	408.19	521.06	607.69	662.81	846.56
80	448.88				
81	492.19				
82	538.13				
83	586.69				
84	637.88				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0086-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	52.50	64.31	73.50	78.75	107.63
45-49	57.75	70.88	81.38	87.94	119.44
50-54	70.88	87.94	101.06	111.56	152.25
55	82.69	102.38	118.13	128.63	175.88
56	86.63	107.63	124.69	136.50	186.38
57	91.88	114.19	132.56	144.38	196.88
58	98.44	122.06	141.75	153.56	208.69
59	103.69	129.94	150.94	164.06	221.81
60	111.56	139.13	160.13	174.56	236.25
61	119.44	148.31	171.94	186.38	252.00
62	127.31	158.81	183.75	199.50	269.06
63	135.19	169.31	196.88	212.63	287.44
64	144.38	179.81	208.69	227.06	305.81
65	153.56	191.63	223.13	242.81	326.81
66	164.06	206.06	238.88	259.88	351.75
67	177.19	221.81	258.56	280.88	379.31
68	191.63	240.19	279.56	304.50	410.81
69	206.06	259.88	301.88	329.44	443.63
70	223.13	282.19	328.13	358.31	481.69
71	241.50	307.13	357.00	389.81	523.69
72	263.81	336.00	391.13	427.88	572.25
73	290.06	368.81	430.50	471.19	627.38
74	318.94	405.56	473.81	518.44	687.75
75	350.44	444.94	521.06	569.63	754.69
76	383.25	488.25	572.25	627.38	826.88
77	418.69	535.50	628.69	687.75	904.31
78	455.44	585.38	689.06	753.38	987.00
79	494.81	639.19	753.38	822.94	1076.25
80	535.50				
81	577.50				
82	622.13				
83	668.06				
84	716.63				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0086-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	60.38	74.81	86.63	94.50	124.69
45-49	66.94	84.00	95.81	105.00	139.13
50-54	82.69	103.69	119.44	129.94	175.88
55	93.19	118.13	136.50	148.31	202.13
56	97.13	124.69	144.38	156.19	212.63
57	102.38	131.25	152.25	165.38	223.13
58	108.94	139.13	161.44	175.88	236.25
59	116.81	147.00	170.63	187.69	250.69
60	126.00	156.19	182.44	198.19	265.13
61	133.88	166.69	194.25	211.31	283.50
62	143.06	178.50	207.38	225.75	301.88
63	152.25	189.00	221.81	241.50	322.88
64	161.44	202.13	234.94	257.25	343.88
65	171.94	215.25	252.00	274.31	367.50
66	183.75	231.00	269.06	294.00	393.75
67	196.88	249.38	291.38	317.63	425.25
68	212.63	269.06	315.00	343.88	460.69
69	229.69	292.69	339.94	372.75	497.44
70	249.38	317.63	370.13	405.56	539.44
71	270.38	345.19	402.94	441.00	586.69
72	295.31	378.00	441.00	483.00	641.81
73	324.19	413.44	484.31	531.56	702.19
74	355.69	454.13	531.56	582.75	769.13
75	389.81	498.75	584.06	639.19	843.94
76	426.56	544.69	640.50	702.19	924.00
77	464.63	597.19	700.88	769.13	1009.31
78	505.31	651.00	767.81	840.00	1101.19
79	547.31	711.38	836.06	916.13	1198.31
80	591.94				
81	637.88				
82	685.13				
83	736.31				
84	788.81				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0086-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	64.31	80.06	91.88	101.06	132.56
45-49	70.88	89.25	102.38	112.88	147.00
50-54	87.94	110.25	127.31	137.81	186.38
55	98.44	124.69	144.38	157.50	212.63
56	102.38	131.25	152.25	165.38	223.13
57	107.63	137.81	160.13	174.56	234.94
58	114.19	145.69	169.31	185.06	248.06
59	122.06	154.88	179.81	196.88	262.50
60	131.25	164.06	191.63	208.69	278.25
61	140.44	174.56	203.44	221.81	296.63
62	149.63	186.38	217.88	237.56	316.31
63	158.81	198.19	232.31	253.31	337.31
64	169.31	211.31	246.75	270.38	359.63
65	179.81	225.75	263.81	287.44	384.56
66	191.63	241.50	282.19	308.44	412.13
67	206.06	261.19	304.50	333.38	444.94
68	221.81	282.19	329.44	360.94	481.69
69	240.19	305.81	357.00	391.13	521.06
70	259.88	332.06	387.19	425.25	564.38
71	282.19	360.94	422.63	463.31	614.25
72	308.44	395.06	462.00	506.63	670.69
73	338.63	433.13	506.63	556.50	735.00
74	371.44	475.13	556.50	610.31	804.56
75	406.88	521.06	610.31	669.38	882.00
76	444.94	569.63	669.38	733.69	964.69
77	484.31	623.44	732.38	803.25	1053.94
78	526.31	679.88	800.63	876.75	1149.75
79	569.63	741.56	871.50	956.81	1250.81
80	615.56				
81	662.81				
82	712.69				
83	765.19				
84	819.00				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0086-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	38.06	47.25	55.13	60.38	80.06
45-49	42.00	52.50	61.69	66.94	89.25
50-54	56.44	69.56	78.75	85.31	114.19
55	64.31	80.06	90.56	99.75	135.19
56	68.25	84.00	95.81	105.00	144.38
57	72.19	89.25	102.38	112.88	154.88
58	77.44	95.81	110.25	122.06	166.69
59	84.00	103.69	119.44	131.25	179.81
60	90.56	112.88	129.94	141.75	194.25
61	98.44	122.06	141.75	153.56	208.69
62	106.31	132.56	153.56	166.69	225.75
63	114.19	141.75	165.38	179.81	242.81
64	122.06	152.25	177.19	191.63	259.88
65	131.25	162.75	189.00	206.06	279.56
66	141.75	174.56	203.44	221.81	301.88
67	153.56	190.31	221.81	241.50	328.13
68	166.69	207.38	242.81	263.81	358.31
69	181.13	227.06	265.13	288.75	391.13
70	196.88	248.06	290.06	316.31	427.88
71	215.25	273.00	318.94	349.13	468.56
72	237.56	301.88	353.06	385.88	517.13
73	262.50	334.69	391.13	427.88	570.94
74	291.38	370.13	434.44	475.13	631.31
75	321.56	410.81	480.38	526.31	696.94
76	354.38	454.13	530.25	581.44	767.81
77	389.81	500.06	585.38	641.81	843.94
78	426.56	549.94	644.44	706.13	925.31
79	465.94	603.75	706.13	775.69	1013.25
80	506.63				
81	549.94				
82	594.56				
83	641.81				
84	691.69				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0086-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	45.94	57.75	65.63	72.19	94.50
45-49	51.19	63.00	73.50	80.06	105.00
50-54	64.31	80.06	93.19	101.06	132.56
55	74.81	93.19	106.31	116.81	157.50
56	78.75	98.44	112.88	122.06	168.00
57	82.69	103.69	119.44	129.94	178.50
58	89.25	111.56	128.63	140.44	191.63
59	95.81	120.75	139.13	150.94	204.75
60	103.69	129.94	149.63	162.75	219.19
61	111.56	139.13	161.44	175.88	234.94
62	120.75	150.94	174.56	190.31	253.31
63	128.63	161.44	187.69	203.44	271.69
64	137.81	171.94	200.81	217.88	291.38
65	148.31	185.06	213.94	232.31	312.38
66	158.81	198.19	229.69	250.69	337.31
67	171.94	215.25	250.69	271.69	366.19
68	186.38	233.63	273.00	296.63	400.31
69	202.13	255.94	297.94	324.19	437.06
70	220.50	279.56	326.81	355.69	479.06
71	241.50	307.13	358.31	391.13	525.00
72	265.13	338.63	396.38	433.13	578.81
73	292.69	374.06	438.38	479.06	639.19
74	324.19	414.75	485.63	531.56	706.13
75	358.31	458.06	536.81	588.00	778.31
76	395.06	505.31	591.94	649.69	858.38
77	433.13	556.50	652.31	716.63	942.38
78	473.81	610.31	716.63	787.50	1032.94
79	515.81	669.38	786.19	863.63	1130.06
80	560.44				
81	606.38				
82	656.25				
83	707.44				
84	761.25				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0086-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	49.88	61.69	70.88	77.44	101.06
45-49	55.13	68.25	78.75	85.31	111.56
50-54	68.25	85.31	98.44	107.63	140.44
55	78.75	98.44	112.88	123.38	166.69
56	82.69	103.69	119.44	129.94	177.19
57	87.94	110.25	127.31	137.81	189.00
58	94.50	118.13	136.50	148.31	202.13
59	101.06	127.31	147.00	158.81	215.25
60	108.94	136.50	158.81	171.94	229.69
61	116.81	147.00	170.63	185.06	246.75
62	126.00	158.81	183.75	199.50	265.13
63	135.19	170.63	196.88	213.94	284.81
64	144.38	181.13	210.00	228.38	304.50
65	154.88	194.25	224.44	244.13	326.81
66	165.38	208.69	241.50	262.50	351.75
67	179.81	225.75	262.50	284.81	383.25
68	195.56	245.44	286.13	311.06	418.69
69	211.31	267.75	312.38	339.94	456.75
70	231.00	292.69	342.56	372.75	500.06
71	252.00	321.56	375.38	409.50	548.63
72	276.94	354.38	414.75	452.81	605.06
73	305.81	391.13	459.38	501.38	668.06
74	338.63	433.13	507.94	555.19	737.63
75	374.06	477.75	560.44	614.25	813.75
76	412.13	527.63	618.19	678.56	896.44
77	451.50	580.13	681.19	748.13	984.38
78	493.50	636.56	748.13	822.94	1078.88
79	536.81	698.25	820.31	901.69	1179.94
80	582.75				
81	631.31				
82	682.50				
83	735.00				
84	790.13				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0086-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	32.81	36.75	43.31	45.94	59.06
45-49	35.44	42.00	47.25	51.19	64.31
50-54	43.31	51.19	59.06	63.00	80.06
55	49.88	59.06	68.25	72.19	95.81
56	52.50	63.00	72.19	77.44	102.38
57	57.75	68.25	77.44	84.00	110.25
58	61.69	73.50	84.00	90.56	119.44
59	68.25	80.06	90.56	98.44	129.94
60	73.50	87.94	99.75	110.25	140.44
61	80.06	97.13	110.25	119.44	152.25
62	86.63	105.00	119.44	129.94	166.69
63	93.19	112.88	128.63	139.13	178.50
64	98.44	120.75	137.81	148.31	192.94
65	105.00	129.94	147.00	158.81	207.38
66	114.19	139.13	158.81	171.94	224.44
67	123.38	150.94	173.25	186.38	244.13
68	133.88	165.38	190.31	204.75	269.06
69	147.00	181.13	208.69	225.75	295.31
70	160.13	198.19	228.38	248.06	324.19
71	177.19	219.19	253.31	276.94	358.31
72	198.19	244.13	282.19	308.44	400.31
73	220.50	273.00	316.31	346.50	447.56
74	245.44	305.81	355.69	387.19	500.06
75	274.31	342.56	399.00	434.44	557.81
76	305.81	383.25	444.94	484.31	620.81
77	339.94	426.56	496.13	539.44	690.38
78	376.69	473.81	551.25	597.19	763.88
79	417.38	523.69	610.31	661.50	845.25
80	458.06				
81	505.31				
82	552.56				
83	603.75				
84	657.56				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0086-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	38.06	45.94	52.50	55.13	70.88
45-49	42.00	51.19	57.75	61.69	78.75
50-54	49.88	60.38	69.56	76.13	98.44
55	59.06	69.56	78.75	85.31	112.88
56	61.69	73.50	84.00	89.25	119.44
57	66.94	78.75	89.25	95.81	126.00
58	70.88	85.31	95.81	103.69	136.50
59	77.44	93.19	105.00	112.88	147.00
60	84.00	99.75	114.19	123.38	160.13
61	89.25	110.25	124.69	133.88	173.25
62	97.13	116.81	136.50	147.00	189.00
63	105.00	126.00	145.69	156.19	202.13
64	111.56	136.50	154.88	168.00	217.88
65	119.44	147.00	165.38	178.50	234.94
66	128.63	156.19	178.50	194.25	253.31
67	139.13	171.94	194.25	211.31	276.94
68	150.94	186.38	212.63	233.63	303.19
69	165.38	203.44	234.94	254.63	333.38
70	181.13	224.44	257.25	279.56	366.19
71	198.19	246.75	286.13	309.75	405.56
72	220.50	274.31	317.63	347.81	452.81
73	245.44	307.13	357.00	387.19	505.31
74	273.00	343.88	400.31	435.75	563.06
75	305.81	384.56	447.56	486.94	628.69
76	339.94	427.88	500.06	544.69	700.88
77	378.00	477.75	556.50	605.06	778.31
78	418.69	530.25	618.19	672.00	859.69
79	462.00	586.69	683.81	744.19	951.56
80	507.94				
81	557.81				
82	609.00				
83	664.13				
84	723.19				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0086-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	40.69	49.88	55.13	60.38	77.44
45-49	44.63	53.81	61.69	66.94	85.31
50-54	52.50	64.31	73.50	80.06	106.31
55	61.69	73.50	84.00	90.56	119.44
56	64.31	78.75	87.94	95.81	124.69
57	69.56	84.00	94.50	102.38	132.56
58	73.50	89.25	102.38	110.25	143.06
59	80.06	97.13	111.56	119.44	154.88
60	87.94	105.00	120.75	129.94	168.00
61	94.50	114.19	131.25	140.44	182.44
62	102.38	123.38	141.75	152.25	198.19
63	110.25	132.56	152.25	164.06	212.63
64	115.50	141.75	162.75	175.88	228.38
65	124.69	152.25	173.25	189.00	245.44
66	133.88	164.06	186.38	203.44	265.13
67	145.69	178.50	203.44	221.81	290.06
68	157.50	195.56	224.44	244.13	317.63
69	173.25	212.63	245.44	267.75	349.13
70	189.00	234.94	270.38	294.00	384.56
71	207.38	257.25	299.25	325.50	426.56
72	229.69	287.44	333.38	362.25	473.81
73	255.94	321.56	374.06	405.56	530.25
74	286.13	359.63	418.69	455.44	591.94
75	320.25	401.63	467.25	509.25	658.88
76	355.69	447.56	523.69	569.63	735.00
77	393.75	498.75	582.75	635.25	815.06
78	435.75	552.56	645.75	703.50	901.69
79	480.38	612.94	715.31	779.63	996.19
80	527.63				
81	578.81				
82	632.63				
83	690.38				
84	750.75				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0086-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	61.69	76.13	86.63	93.19	126.00
45-49	68.25	84.00	95.81	103.69	140.44
50-54	84.00	103.69	119.44	131.25	178.50
55	97.13	120.75	139.13	150.94	207.38
56	102.38	126.00	147.00	160.13	219.19
57	107.63	133.88	156.19	169.31	231.00
58	115.50	143.06	166.69	181.13	245.44
59	122.06	152.25	177.19	192.94	261.19
60	131.25	164.06	189.00	204.75	278.25
61	140.44	174.56	202.13	219.19	296.63
62	149.63	186.38	216.56	234.94	316.31
63	158.81	199.50	231.00	250.69	338.63
64	169.31	211.31	245.44	267.75	359.63
65	181.13	225.75	262.50	286.13	384.56
66	192.94	242.81	280.88	305.81	413.44
67	208.69	261.19	304.50	330.75	446.25
68	225.75	282.19	329.44	358.31	483.00
69	242.81	305.81	355.69	387.19	522.38
70	262.50	332.06	385.88	421.31	567.00
71	283.50	360.94	420.00	458.06	615.56
72	309.75	395.06	460.69	504.00	673.31
73	341.25	434.44	506.63	553.88	737.63
74	375.38	477.75	557.81	610.31	808.50
75	412.13	523.69	612.94	670.69	887.25
76	451.50	574.88	673.31	737.63	972.56
77	492.19	630.00	740.25	808.50	1064.44
78	535.50	689.06	811.13	885.94	1161.56
79	582.75	752.06	885.94	968.63	1266.56
80	630.00				
81	679.88				
82	732.38				
83	786.19				
84	842.63				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0086-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	70.88	87.94	102.38	111.56	147.00
45-49	78.75	98.44	112.88	123.38	164.06
50-54	97.13	122.06	140.44	152.25	207.38
55	110.25	139.13	160.13	174.56	237.56
56	114.19	147.00	169.31	183.75	250.69
57	120.75	154.88	178.50	194.25	262.50
58	128.63	164.06	190.31	207.38	278.25
59	137.81	173.25	200.81	220.50	295.31
60	148.31	183.75	215.25	233.63	312.38
61	157.50	195.56	228.38	248.06	333.38
62	168.00	210.00	244.13	265.13	355.69
63	178.50	221.81	261.19	283.50	379.31
64	190.31	237.56	276.94	303.19	404.25
65	202.13	253.31	296.63	322.88	431.81
66	216.56	271.69	316.31	346.50	463.31
67	231.00	294.00	342.56	374.06	500.06
68	250.69	316.31	370.13	404.25	542.06
69	270.38	343.88	400.31	438.38	585.38
70	294.00	374.06	435.75	477.75	635.25
71	317.63	405.56	473.81	518.44	690.38
72	347.81	444.94	518.44	568.31	754.69
73	381.94	486.94	569.63	624.75	825.56
74	418.69	534.19	624.75	685.13	904.31
75	458.06	586.69	687.75	752.06	992.25
76	501.38	640.50	753.38	825.56	1086.75
77	546.00	702.19	824.25	904.31	1187.81
78	594.56	766.50	903.00	988.31	1295.44
79	644.44	837.38	983.06	1077.56	1409.63
80	696.94				
81	750.75				
82	805.88				
83	866.25				
84	927.94				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0086-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	76.13	94.50	107.63	119.44	156.19
45-49	84.00	105.00	120.75	132.56	173.25
50-54	103.69	129.94	149.63	162.75	219.19
55	115.50	147.00	169.31	185.06	250.69
56	120.75	154.88	178.50	194.25	262.50
57	126.00	162.75	189.00	204.75	276.94
58	133.88	171.94	199.50	217.88	291.38
59	143.06	182.44	211.31	231.00	308.44
60	154.88	192.94	225.75	245.44	326.81
61	165.38	204.75	238.88	261.19	349.13
62	175.88	219.19	255.94	279.56	372.75
63	186.38	233.63	273.00	297.94	396.38
64	199.50	248.06	290.06	317.63	422.63
65	211.31	265.13	309.75	338.63	452.81
66	225.75	283.50	332.06	362.25	484.31
67	242.81	307.13	358.31	392.44	523.69
68	261.19	332.06	387.19	425.25	567.00
69	282.19	359.63	420.00	460.69	612.94
70	305.81	391.13	455.44	500.06	664.13
71	332.06	425.25	497.44	544.69	723.19
72	362.25	464.63	543.38	595.88	788.81
73	399.00	509.25	595.88	654.94	864.94
74	437.06	559.13	654.94	717.94	946.31
75	479.06	612.94	717.94	787.50	1038.19
76	523.69	670.69	787.50	863.63	1135.31
77	569.63	733.69	861.00	945.00	1240.31
78	619.50	799.31	942.38	1031.63	1353.19
79	670.69	872.81	1025.06	1126.13	1471.31
80	724.50				
81	779.63				
82	838.69				
83	900.38				
84	963.38				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0086-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	44.63	55.13	64.31	70.88	94.50
45-49	49.88	61.69	72.19	78.75	105.00
50-54	66.94	81.38	93.19	99.75	133.88
55	76.13	94.50	106.31	116.81	158.81
56	80.06	98.44	112.88	123.38	169.31
57	85.31	105.00	120.75	132.56	182.44
58	90.56	112.88	129.94	143.06	195.56
59	98.44	122.06	140.44	154.88	211.31
60	106.31	132.56	152.25	166.69	228.38
61	115.50	143.06	166.69	181.13	245.44
62	124.69	156.19	181.13	195.56	265.13
63	133.88	166.69	194.25	211.31	286.13
64	143.06	178.50	208.69	225.75	305.81
65	154.88	191.63	221.81	242.81	329.44
66	166.69	204.75	238.88	261.19	355.69
67	181.13	224.44	261.19	283.50	385.88
68	195.56	244.13	286.13	309.75	421.31
69	212.63	267.75	312.38	339.94	460.69
70	231.00	291.38	341.25	372.75	504.00
71	253.31	321.56	375.38	410.81	551.25
72	279.56	355.69	414.75	454.13	609.00
73	308.44	393.75	460.69	504.00	672.00
74	342.56	435.75	510.56	559.13	742.88
75	378.00	483.00	565.69	619.50	820.31
76	417.38	534.19	623.44	683.81	903.00
77	458.06	588.00	689.06	754.69	992.25
78	501.38	647.06	758.63	830.81	1088.06
79	548.63	710.06	830.81	912.19	1191.75
80	595.88				
81	647.06				
82	699.56				
83	754.69				
84	813.75				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0086-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	53.81	68.25	77.44	85.31	111.56
45-49	60.38	73.50	86.63	94.50	123.38
50-54	76.13	94.50	110.25	119.44	156.19
55	87.94	110.25	124.69	137.81	185.06
56	93.19	115.50	132.56	143.06	198.19
57	97.13	122.06	140.44	152.25	210.00
58	105.00	131.25	150.94	165.38	225.75
59	112.88	141.75	164.06	177.19	241.50
60	122.06	152.25	175.88	191.63	257.25
61	131.25	164.06	190.31	207.38	276.94
62	141.75	177.19	204.75	224.44	297.94
63	150.94	190.31	220.50	238.88	320.25
64	162.75	202.13	236.25	255.94	342.56
65	174.56	217.88	252.00	273.00	367.50
66	186.38	233.63	270.38	295.31	396.38
67	202.13	253.31	295.31	320.25	430.50
68	219.19	274.31	321.56	349.13	471.19
69	237.56	300.56	350.44	381.94	514.50
70	259.88	329.44	384.56	418.69	563.06
71	283.50	360.94	421.31	460.69	618.19
72	312.38	399.00	465.94	509.25	681.19
73	343.88	439.69	515.81	563.06	752.06
74	381.94	488.25	570.94	624.75	830.81
75	421.31	539.44	631.31	691.69	916.13
76	464.63	594.56	696.94	763.88	1009.31
77	509.25	654.94	767.81	842.63	1109.06
78	557.81	717.94	842.63	926.63	1215.38
79	606.38	787.50	925.31	1015.88	1329.56
80	658.88				
81	714.00				
82	771.75				
83	832.13				
84	895.13				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0086-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	59.06	72.19	84.00	90.56	119.44
45-49	64.31	80.06	93.19	99.75	131.25
50-54	80.06	99.75	115.50	126.00	165.38
55	93.19	115.50	132.56	145.69	195.56
56	97.13	122.06	140.44	152.25	208.69
57	103.69	129.94	149.63	162.75	221.81
58	111.56	139.13	160.13	174.56	237.56
59	119.44	149.63	173.25	186.38	253.31
60	128.63	160.13	186.38	202.13	270.38
61	137.81	173.25	200.81	217.88	290.06
62	148.31	186.38	216.56	234.94	312.38
63	158.81	200.81	231.00	252.00	334.69
64	169.31	212.63	246.75	269.06	358.31
65	182.44	228.38	263.81	287.44	384.56
66	194.25	245.44	283.50	308.44	413.44
67	211.31	265.13	308.44	334.69	451.50
68	229.69	288.75	336.00	366.19	492.19
69	248.06	315.00	367.50	400.31	536.81
70	271.69	343.88	402.94	438.38	588.00
71	296.63	378.00	441.00	481.69	645.75
72	325.50	417.38	488.25	532.88	711.38
73	359.63	460.69	540.75	589.31	786.19
74	399.00	509.25	597.19	653.63	867.56
75	439.69	561.75	658.88	723.19	956.81
76	484.31	620.81	727.13	798.00	1055.25
77	531.56	682.50	801.94	880.69	1157.63
78	580.13	749.44	880.69	968.63	1269.19
79	631.31	821.63	964.69	1060.50	1388.63
80	685.13				
81	742.88				
82	803.25				
83	864.94				
84	929.25				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0086-B37
Long-Term Care Policy

WITH SURVIVORSHIP BENEFIT RIDER R1-N0103-SERIES

When this rider is chosen, multiply the final premium by the appropriate factor.

ISSUE AGE	NO INFLATION PROTECTION	SIMPLE INFLATION PROTECTION	COMPOUND INFLATION PROTECTION
18-44	1.11	1.17	1.17
45-49	1.14	1.21	1.21
50-54	1.18	1.28	1.28
55	1.20	1.30	1.30
56	1.20	1.30	1.30
57	1.21	1.30	1.30
58	1.21	1.30	1.30
59	1.21	1.30	1.30
60	1.21	1.30	1.30
61	1.21	1.30	1.30
62	1.21	1.29	1.29
63	1.21	1.29	1.29
64	1.21	1.28	1.28
65	1.20	1.27	1.27
66	1.20	1.26	1.26
67	1.20	1.26	1.26
68	1.19	1.25	1.25
69	1.19	1.24	1.24
70	1.18	1.23	1.23
71	1.18	1.22	1.22
72	1.17	1.20	1.20
73	1.16	1.19	1.19
74	1.16	1.18	1.18
75	1.15	1.17	1.17
76	1.14	1.16	1.16
77	1.13	1.15	1.15
78	1.12	1.14	1.14
79	1.11	1.13	1.13
80	1.10	1.12	1.12
81	1.09	1.11	1.11
82	1.08	1.10	1.10
83	1.07	1.09	1.09
84	1.06	1.08	1.08

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0086-B37
Long-Term Care Policy

Elimination Period Factors

Rates shown are for 30 day elimination period. Rates for other elimination periods are calculated by multiplying the 30 day rates by the appropriate factor from the following table:

Benefit Maximum	0	14	20	60	90	100	180	365
730x,1095x	1.11	1.06	1.03	0.95	0.91	0.90	0.80	0.71
1460x,1825x	1.09	1.05	1.03	0.95	0.91	0.90	0.81	0.72
Lifetime	1.07	1.04	1.03	0.96	0.93	0.92	0.85	0.78

Table Rating Health Rating Group Factors

Rates shown are for Preferred Rating Group and Select Rating Group. Rates for Table Rating Health Groups 1, 2, 3 and 4 are calculated by multiplying Select rates by 1.25, 1.50, 1.75 and 2.00 respectively.

Spousal Discount

A 20% discount to the rates is available to married couples if both spouses apply for coverage.

Dual Waiver of Premium Rider R1-N0104-Series

An optional dual waiver of premium rider will be offered. If one spouse qualifies for a waiver of premium, the premium of the other spouse will also be waived. If chosen, multiply the final premium by 1.06.

Shared Advantage Rider R1-N0105-Series

This rider will allow two covered spouses to purchase an additional benefit amount that can be used by either spouse after their base benefits are exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	No Inflation Protection	With Inflation Protection
730x	1.30	1.35
1095x	1.21	1.25
1460x	1.15	1.18
1825x	1.12	1.14

Restoration of Benefits Rider R1-N0108-Series

This rider restores the maximum lifetime benefit if the insured has not met the stipulated conditions for a period of 180 consecutive days and the maximum lifetime benefit has not been exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	Factor
730x	1.08
1095x	1.06
1460x,1825x	1.04

Cost of Living Increase Rider R1-N0107-Series

This rider allows the insured to increase their policy limits, subject to the terms of the rider, every three years without additional underwriting. The additional premium charged is based on the attained age and incremental increase in the maximum daily facility benefit when exercised. If chosen, multiply the final premium by the appropriate factor:

Age	Factor
18-44	1.15
45-49	1.12
50-55	1.10
56-58	1.09
59-61	1.08
62-64	1.07
65-67	1.06
68-70	1.05
71-73	1.04
74-76	1.03

Modal Factors

Semi-Annual: 0.52; Quarterly: 0.27; Check-A-Matic: 0.09

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604

Supplement to Rate Sheets for Policy Form P1-N0090-B37
PENNSYLVANIA

All rates for this form should be multiplied by a factor of: 1.9425

This factor represents the **proposed** increase of: 29.5%

And the following prior approved rate increases:

Policy Form	Increase Applies to all Policies or Subsets	Rate Increase Approved	Approval Date of Rate Increase
P1-N0090-B37	--Yes--	20.00%	3/14/2013
P1-N0090-B37	--Yes--	25.00%	12/3/2014

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0090-B37
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	17	19	22	23	24
45-49	19	21	24	25	27
50-54	23	26	29	31	35
55	26	30	34	37	44
56	28	32	37	40	48
57	30	35	40	43	53
58	33	38	44	47	58
59	36	42	48	51	64
60	40	47	53	56	70
61	43	51	58	61	76
62	47	56	63	67	83
63	50	60	68	72	89
64	53	64	73	78	95
65	57	68	78	84	102
66	61	74	84	91	110
67	66	80	92	99	120
68	72	88	101	109	132
69	79	96	111	119	144
70	86	105	122	131	159
71	95	116	134	145	176
72	105	129	149	161	195
73	117	144	166	179	217
74	130	160	185	200	242
75	145	178	205	222	269
76	161	198	228	246	298
77	178	219	252	272	330
78	196	242	278	300	364
79	216	266	306	330	401
80	236				
81	258				
82	281				
83	305				
84	331				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0090-B37
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	32	39	45	49	59
45-49	35	43	50	54	66
50-54	43	53	62	67	84
55	52	63	73	78	100
56	55	67	77	83	107
57	59	72	82	88	114
58	63	77	88	94	122
59	67	82	94	101	130
60	71	88	101	109	139
61	76	94	108	117	148
62	81	100	116	126	159
63	86	107	124	134	170
64	92	113	132	143	182
65	98	121	140	152	195
66	105	129	150	162	209
67	113	139	161	174	225
68	122	150	174	188	243
69	131	162	187	203	262
70	142	176	203	220	282
71	154	191	220	239	306
72	167	208	240	261	333
73	182	227	263	286	363
74	199	249	288	314	397
75	217	272	316	344	433
76	236	297	346	377	473
77	256	324	378	413	515
78	277	353	413	451	560
79	299	384	450	492	609
80	323				
81	347				
82	373				
83	400				
84	428				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0090-B37
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	23	28	32	35	42
45-49	25	31	36	39	47
50-54	35	42	49	53	64
55	40	49	56	60	77
56	42	52	59	64	82
57	45	56	63	68	88
58	49	61	68	74	95
59	53	66	74	80	104
60	58	72	81	88	113
61	63	78	89	96	123
62	68	84	96	104	133
63	73	90	103	112	143
64	78	96	110	120	154
65	83	103	118	128	165
66	90	111	127	138	179
67	97	120	138	150	194
68	105	131	151	164	211
69	115	143	165	179	230
70	125	156	180	196	252
71	137	171	198	215	275
72	150	188	218	237	302
73	165	207	240	262	332
74	182	228	265	289	365
75	200	251	292	318	400
76	219	276	321	350	439
77	239	302	352	384	480
78	260	330	385	421	524
79	282	360	421	460	571
80	306				
81	330				
82	356				
83	383				
84	411				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0090-B37
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	20	22	26	27	28
45-49	22	25	28	29	32
50-54	27	31	34	36	41
55	31	35	40	44	52
56	33	38	44	47	56
57	35	41	47	51	62
58	39	45	52	55	68
59	42	49	56	60	75
60	47	55	62	66	82
61	51	60	68	72	89
62	55	66	74	79	98
63	59	71	80	85	105
64	62	75	86	92	112
65	67	80	92	99	120
66	72	87	99	107	129
67	78	94	108	116	141
68	85	104	119	128	155
69	93	113	131	140	169
70	101	124	144	154	187
71	112	136	158	171	207
72	124	152	175	189	229
73	138	169	195	211	255
74	153	188	218	235	285
75	171	209	241	261	316
76	189	233	268	289	351
77	209	258	296	320	388
78	231	285	327	353	428
79	254	313	360	388	472
80	278				
81	304				
82	331				
83	359				
84	389				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0090-B37
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	38	46	53	58	69
45-49	41	51	59	64	78
50-54	51	62	73	79	99
55	61	74	86	92	118
56	65	79	91	98	126
57	69	85	96	104	134
58	74	91	104	111	144
59	79	96	111	119	153
60	84	104	119	128	164
61	89	111	127	138	174
62	95	118	136	148	187
63	101	126	146	158	200
64	108	133	155	168	214
65	115	142	165	179	229
66	124	152	176	191	246
67	133	164	189	205	265
68	144	176	205	221	286
69	154	191	220	239	308
70	167	207	239	259	332
71	181	225	259	281	360
72	196	245	282	307	392
73	214	267	309	336	427
74	234	293	339	369	467
75	255	320	372	405	509
76	278	349	407	444	556
77	301	381	445	486	606
78	326	415	486	531	659
79	352	452	529	579	716
80	380				
81	408				
82	439				
83	471				
84	504				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0090-B37
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	27	33	38	41	49
45-49	29	36	42	46	55
50-54	41	49	58	62	75
55	47	58	66	71	91
56	49	61	69	75	96
57	53	66	74	80	104
58	58	72	80	87	112
59	62	78	87	94	122
60	68	85	95	104	133
61	74	92	105	113	145
62	80	99	113	122	156
63	86	106	121	132	168
64	92	113	129	141	181
65	98	121	139	151	194
66	106	131	149	162	211
67	114	141	162	176	228
68	124	154	178	193	248
69	135	168	194	211	271
70	147	184	212	231	296
71	161	201	233	253	324
72	176	221	256	279	355
73	194	244	282	308	391
74	214	268	312	340	429
75	235	295	344	374	471
76	258	325	378	412	516
77	281	355	414	452	565
78	306	388	453	495	616
79	332	424	495	541	672
80	360				
81	388				
82	419				
83	451				
84	484				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0090-B37
Long-Term Care Policy: Facility Only Coverage

WITH SURVIVORSHIP BENEFIT RIDER R1-N0103-SERIES

When this rider is chosen, multiply the final premium by the appropriate factor.

ISSUE AGE	NO INFLATION PROTECTION	SIMPLE INFLATION PROTECTION	COMPOUND INFLATION PROTECTION
18-44	1.11	1.17	1.17
45-49	1.14	1.21	1.21
50-54	1.18	1.28	1.28
55	1.20	1.30	1.30
56	1.20	1.30	1.30
57	1.21	1.30	1.30
58	1.21	1.30	1.30
59	1.21	1.30	1.30
60	1.21	1.30	1.30
61	1.21	1.30	1.30
62	1.21	1.29	1.29
63	1.21	1.29	1.29
64	1.21	1.28	1.28
65	1.20	1.27	1.27
66	1.20	1.26	1.26
67	1.20	1.26	1.26
68	1.19	1.25	1.25
69	1.19	1.24	1.24
70	1.18	1.23	1.23
71	1.18	1.22	1.22
72	1.17	1.20	1.20
73	1.16	1.19	1.19
74	1.16	1.18	1.18
75	1.15	1.17	1.17
76	1.14	1.16	1.16
77	1.13	1.15	1.15
78	1.12	1.14	1.14
79	1.11	1.13	1.13
80	1.10	1.12	1.12
81	1.09	1.11	1.11
82	1.08	1.10	1.10
83	1.07	1.09	1.09
84	1.06	1.08	1.08

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0090-B37
Long-Term Care Policy: Facility Only Coverage

Elimination Period Factors

Rates shown are for 30 day elimination period. Rates for other elimination periods are calculated by multiplying the 30 day rates by the appropriate factor from the following table:

Benefit Maximum	0	14	20	60	90	100	180	365
730x,1095x	1.12	1.07	1.03	0.94	0.90	0.89	0.78	0.67
1460x,1825x	1.10	1.05	1.03	0.95	0.90	0.89	0.79	0.69
Lifetime	1.08	1.04	1.03	0.96	0.92	0.91	0.84	0.75

Table Rating Health Rating Group Factors

Rates shown are for Preferred Rating Group and Select Rating Group. Rates for Table Rating Health Groups 1, 2, 3 and 4 are calculated by multiplying Select rates by 1.25, 1.50, 1.75 and 2.00 respectively.

Spousal Discount

A 20% discount to the rates is available to married couples if both spouses apply for coverage.

Dual Waiver of Premium Rider R1-N0104-Series

An optional dual waiver of premium rider will be offered. If one spouse qualifies for a waiver of premium, the premium of the other spouse will also be waived. If chosen, multiply the final premium by 1.06.

Shared Advantage Rider R1-N0105-Series

This rider will allow two covered spouses to purchase an additional benefit amount that can be used by either spouse after their base benefits are exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	No Inflation Protection	With Inflation Protection
730x	1.30	1.35
1095x	1.21	1.25
1460x	1.15	1.18
1825x	1.12	1.14

Restoration of Benefits Rider R1-N0106-Series

This rider restores the maximum lifetime benefit if the insured has not met the stipulated conditions for a period of 180 consecutive days and the maximum lifetime benefit has not been exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	Factor
730x	1.08
1095x	1.06
1460x,1825x	1.04

Cost of Living Increase Rider R1-N0107-Series

This rider allows the insured to increase their policy limits, subject to the terms of the rider, every three years without additional underwriting. The additional premium charged is based on the attained age and incremental increase in the maximum daily facility benefit when exercised. If chosen, multiply the final premium by the appropriate factor:

Age	Factor
18-44	1.15
45-49	1.12
50-55	1.10
56-58	1.09
59-61	1.08
62-64	1.07
65-67	1.06
68-70	1.05
71-73	1.04
74-76	1.03

Modal Factors

Semi-Annual: 0.52; Quarterly: 0.27; Check-A-Matic: 0.09

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604

Supplement to Rate Sheets for Policy Form P1-N0091-B37
PENNSYLVANIA

All rates for this form should be multiplied by a factor of: 1.9425

This factor represents the **proposed** increase of: 29.5%

And the following prior approved rate increases:

Policy Form	Increase Applies to all Policies or Subsets	Rate Increase Approved	Approval Date of Rate Increase
P1-N0091-B37	--Yes--	20.00%	3/14/2013
P1-N0091-B37	--Yes--	25.00%	12/3/2014

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0091-B37
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	21.25	23.75	27.50	28.75	30.00
45-49	23.75	26.25	30.00	31.25	33.75
50-54	28.75	32.50	36.25	38.75	43.75
55	32.50	37.50	42.50	46.25	55.00
56	35.00	40.00	46.25	50.00	60.00
57	37.50	43.75	50.00	53.75	66.25
58	41.25	47.50	55.00	58.75	72.50
59	45.00	52.50	60.00	63.75	80.00
60	50.00	58.75	66.25	70.00	87.50
61	53.75	63.75	72.50	76.25	95.00
62	58.75	70.00	78.75	83.75	103.75
63	62.50	75.00	85.00	90.00	111.25
64	66.25	80.00	91.25	97.50	118.75
65	71.25	85.00	97.50	105.00	127.50
66	76.25	92.50	105.00	113.75	137.50
67	82.50	100.00	115.00	123.75	150.00
68	90.00	110.00	126.25	136.25	165.00
69	98.75	120.00	138.75	148.75	180.00
70	107.50	131.25	152.50	163.75	198.75
71	118.75	145.00	167.50	181.25	220.00
72	131.25	161.25	186.25	201.25	243.75
73	146.25	180.00	207.50	223.75	271.25
74	162.50	200.00	231.25	250.00	302.50
75	181.25	222.50	256.25	277.50	336.25
76	201.25	247.50	285.00	307.50	372.50
77	222.50	273.75	315.00	340.00	412.50
78	245.00	302.50	347.50	375.00	455.00
79	270.00	332.50	382.50	412.50	501.25
80	295.00				
81	322.50				
82	351.25				
83	381.25				
84	413.75				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0091-B37
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	40.00	48.75	56.25	61.25	73.75
45-49	43.75	53.75	62.50	67.50	82.50
50-54	53.75	66.25	77.50	83.75	105.00
55	65.00	78.75	91.25	97.50	125.00
56	68.75	83.75	96.25	103.75	133.75
57	73.75	90.00	102.50	110.00	142.50
58	78.75	96.25	110.00	117.50	152.50
59	83.75	102.50	117.50	126.25	162.50
60	88.75	110.00	126.25	136.25	173.75
61	95.00	117.50	135.00	146.25	185.00
62	101.25	125.00	145.00	157.50	198.75
63	107.50	133.75	155.00	167.50	212.50
64	115.00	141.25	165.00	178.75	227.50
65	122.50	151.25	175.00	190.00	243.75
66	131.25	161.25	187.50	202.50	261.25
67	141.25	173.75	201.25	217.50	281.25
68	152.50	187.50	217.50	235.00	303.75
69	163.75	202.50	233.75	253.75	327.50
70	177.50	220.00	253.75	275.00	352.50
71	192.50	238.75	275.00	298.75	382.50
72	208.75	260.00	300.00	326.25	416.25
73	227.50	283.75	328.75	357.50	453.75
74	248.75	311.25	360.00	392.50	496.25
75	271.25	340.00	395.00	430.00	541.25
76	295.00	371.25	432.50	471.25	591.25
77	320.00	405.00	472.50	516.25	643.75
78	346.25	441.25	516.25	563.75	700.00
79	373.75	480.00	562.50	615.00	761.25
80	403.75				
81	433.75				
82	466.25				
83	500.00				
84	535.00				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0091-B37
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	28.75	35.00	40.00	43.75	52.50
45-49	31.25	38.75	45.00	48.75	58.75
50-54	43.75	52.50	61.25	66.25	80.00
55	50.00	61.25	70.00	75.00	96.25
56	52.50	65.00	73.75	80.00	102.50
57	56.25	70.00	78.75	85.00	110.00
58	61.25	76.25	85.00	92.50	118.75
59	66.25	82.50	92.50	100.00	130.00
60	72.50	90.00	101.25	110.00	141.25
61	78.75	97.50	111.25	120.00	153.75
62	85.00	105.00	120.00	130.00	166.25
63	91.25	112.50	128.75	140.00	178.75
64	97.50	120.00	137.50	150.00	192.50
65	103.75	128.75	147.50	160.00	206.25
66	112.50	138.75	158.75	172.50	223.75
67	121.25	150.00	172.50	187.50	242.50
68	131.25	163.75	188.75	205.00	263.75
69	143.75	178.75	206.25	223.75	287.50
70	156.25	195.00	225.00	245.00	315.00
71	171.25	213.75	247.50	268.75	343.75
72	187.50	235.00	272.50	296.25	377.50
73	206.25	258.75	300.00	327.50	415.00
74	227.50	285.00	331.25	361.25	456.25
75	250.00	313.75	365.00	397.50	500.00
76	273.75	345.00	401.25	437.50	548.75
77	298.75	377.50	440.00	480.00	600.00
78	325.00	412.50	481.25	526.25	655.00
79	352.50	450.00	526.25	575.00	713.75
80	382.50				
81	412.50				
82	445.00				
83	478.75				
84	513.75				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0091-B37
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	25.00	27.50	32.50	33.75	35.00
45-49	27.50	31.25	35.00	36.25	40.00
50-54	33.75	38.75	42.50	45.00	51.25
55	38.75	43.75	50.00	55.00	65.00
56	41.25	47.50	55.00	58.75	70.00
57	43.75	51.25	58.75	63.75	77.50
58	48.75	56.25	65.00	68.75	85.00
59	52.50	61.25	70.00	75.00	93.75
60	58.75	68.75	77.50	82.50	102.50
61	63.75	75.00	85.00	90.00	111.25
62	68.75	82.50	92.50	98.75	122.50
63	73.75	88.75	100.00	106.25	131.25
64	77.50	93.75	107.50	115.00	140.00
65	83.75	100.00	115.00	123.75	150.00
66	90.00	108.75	123.75	133.75	161.25
67	97.50	117.50	135.00	145.00	176.25
68	106.25	130.00	148.75	160.00	193.75
69	116.25	141.25	163.75	175.00	211.25
70	126.25	155.00	180.00	192.50	233.75
71	140.00	170.00	197.50	213.75	258.75
72	155.00	190.00	218.75	236.25	286.25
73	172.50	211.25	243.75	263.75	318.75
74	191.25	235.00	272.50	293.75	356.25
75	213.75	261.25	301.25	326.25	395.00
76	236.25	291.25	335.00	361.25	438.75
77	261.25	322.50	370.00	400.00	485.00
78	288.75	356.25	408.75	441.25	535.00
79	317.50	391.25	450.00	485.00	590.00
80	347.50				
81	380.00				
82	413.75				
83	448.75				
84	486.25				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0091-B37
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	47.50	57.50	66.25	72.50	86.25
45-49	51.25	63.75	73.75	80.00	97.50
50-54	63.75	77.50	91.25	98.75	123.75
55	76.25	92.50	107.50	115.00	147.50
56	81.25	98.75	113.75	122.50	157.50
57	86.25	106.25	120.00	130.00	167.50
58	92.50	113.75	130.00	138.75	180.00
59	98.75	120.00	138.75	148.75	191.25
60	105.00	130.00	148.75	160.00	205.00
61	111.25	138.75	158.75	172.50	217.50
62	118.75	147.50	170.00	185.00	233.75
63	126.25	157.50	182.50	197.50	250.00
64	135.00	166.25	193.75	210.00	267.50
65	143.75	177.50	206.25	223.75	286.25
66	155.00	190.00	220.00	238.75	307.50
67	166.25	205.00	236.25	256.25	331.25
68	180.00	220.00	256.25	276.25	357.50
69	192.50	238.75	275.00	298.75	385.00
70	208.75	258.75	298.75	323.75	415.00
71	226.25	281.25	323.75	351.25	450.00
72	245.00	306.25	352.50	383.75	490.00
73	267.50	333.75	386.25	420.00	533.75
74	292.50	366.25	423.75	461.25	583.75
75	318.75	400.00	465.00	506.25	636.25
76	347.50	436.25	508.75	555.00	695.00
77	376.25	476.25	556.25	607.50	757.50
78	407.50	518.75	607.50	663.75	823.75
79	440.00	565.00	661.25	723.75	895.00
80	475.00				
81	510.00				
82	548.75				
83	588.75				
84	630.00				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0091-B37
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	33.75	41.25	47.50	51.25	61.25
45-49	36.25	45.00	52.50	57.50	68.75
50-54	51.25	61.25	72.50	77.50	93.75
55	58.75	72.50	82.50	88.75	113.75
56	61.25	76.25	86.25	93.75	120.00
57	66.25	82.50	92.50	100.00	130.00
58	72.50	90.00	100.00	108.75	140.00
59	77.50	97.50	108.75	117.50	152.50
60	85.00	106.25	118.75	130.00	166.25
61	92.50	115.00	131.25	141.25	181.25
62	100.00	123.75	141.25	152.50	195.00
63	107.50	132.50	151.25	165.00	210.00
64	115.00	141.25	161.25	176.25	226.25
65	122.50	151.25	173.75	188.75	242.50
66	132.50	163.75	186.25	202.50	263.75
67	142.50	176.25	202.50	220.00	285.00
68	155.00	192.50	222.50	241.25	310.00
69	168.75	210.00	242.50	263.75	338.75
70	183.75	230.00	265.00	288.75	370.00
71	201.25	251.25	291.25	316.25	405.00
72	220.00	276.25	320.00	348.75	443.75
73	242.50	305.00	352.50	385.00	488.75
74	267.50	335.00	390.00	425.00	536.25
75	293.75	368.75	430.00	467.50	588.75
76	322.50	406.25	472.50	515.00	645.00
77	351.25	443.75	517.50	565.00	706.25
78	382.50	485.00	566.25	618.75	770.00
79	415.00	530.00	618.75	676.25	840.00
80	450.00				
81	485.00				
82	523.75				
83	563.75				
84	605.00				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0091-B37
Long-Term Care Policy: Facility Only Coverage

WITH SURVIVORSHIP BENEFIT RIDER R1-N0103-SERIES

When this rider is chosen, multiply the final premium by the appropriate factor.

ISSUE AGE	NO INFLATION PROTECTION	SIMPLE INFLATION PROTECTION	COMPOUND INFLATION PROTECTION
18-44	1.11	1.17	1.17
45-49	1.14	1.21	1.21
50-54	1.18	1.28	1.28
55	1.20	1.30	1.30
56	1.20	1.30	1.30
57	1.21	1.30	1.30
58	1.21	1.30	1.30
59	1.21	1.30	1.30
60	1.21	1.30	1.30
61	1.21	1.30	1.30
62	1.21	1.29	1.29
63	1.21	1.29	1.29
64	1.21	1.28	1.28
65	1.20	1.27	1.27
66	1.20	1.26	1.26
67	1.20	1.26	1.26
68	1.19	1.25	1.25
69	1.19	1.24	1.24
70	1.18	1.23	1.23
71	1.18	1.22	1.22
72	1.17	1.20	1.20
73	1.16	1.19	1.19
74	1.16	1.18	1.18
75	1.15	1.17	1.17
76	1.14	1.16	1.16
77	1.13	1.15	1.15
78	1.12	1.14	1.14
79	1.11	1.13	1.13
80	1.10	1.12	1.12
81	1.09	1.11	1.11
82	1.08	1.10	1.10
83	1.07	1.09	1.09
84	1.06	1.08	1.08

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0091-B37
Long-Term Care Policy: Facility Only Coverage

Elimination Period Factors

Rates shown are for 30 day elimination period. Rates for other elimination periods are calculated by multiplying the 30 day rates by the appropriate factor from the following table:

Benefit Maximum	0	14	20	60	90	100	180	365
730x,1095x	1.12	1.07	1.03	0.94	0.90	0.89	0.78	0.67
1460x,1825x	1.10	1.05	1.03	0.95	0.90	0.89	0.79	0.69
Lifetime	1.08	1.04	1.03	0.96	0.92	0.91	0.84	0.75

Table Rating Health Rating Group Factors

Rates shown are for Preferred Rating Group and Select Rating Group. Rates for Table Rating Health Groups 1, 2, 3 and 4 are calculated by multiplying Select rates by 1.25, 1.50, 1.75 and 2.00 respectively.

Spousal Discount

A 20% discount to the rates is available to married couples if both spouses apply for coverage.

Dual Waiver of Premium Rider R1-N0104-Series

An optional dual waiver of premium rider will be offered. If one spouse qualifies for a waiver of premium, the premium of the other spouse will also be waived. If chosen, multiply the final premium by 1.06.

Shared Advantage Rider R1-N0105-Series

This rider will allow two covered spouses to purchase an additional benefit amount that can be used by either spouse after their base benefits are exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Period	No Inflation Protection	With Inflation Protection
730x	1.30	1.35
1095x	1.21	1.25
1460x	1.15	1.18
1825x	1.12	1.14

Restoration of Benefits Rider R1-N0106-Series

This rider restores the maximum lifetime benefit if the insured has not met the stipulated conditions for a period of 180 consecutive days and the maximum lifetime benefit has not been exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	Factor
730x	1.08
1095x	1.06
1460x,1825x	1.04

Cost of Living Increase Rider R1-N0107-Series

This rider allows the insured to increase their policy limits, subject to the terms of the rider, every three years without additional underwriting. The additional premium charged is based on the attained age and incremental increase in the maximum daily facility benefit when exercised. If chosen, multiply the final premium by the appropriate factor:

Age	Factor
18-44	1.15
45-49	1.12
50-55	1.10
56-58	1.09
59-61	1.08
62-64	1.07
65-67	1.06
68-70	1.05
71-73	1.04
74-76	1.03

Modal Factors

Semi-Annual: 0.52; Quarterly: 0.27; Check-A-Matic: 0.09

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604

Supplement to Rate Sheets for Policy Form P1-N0095-B37
PENNSYLVANIA

All rates for this form should be multiplied by a factor of: 1.9425

This factor represents the **proposed** increase of: 29.5%

And the following prior approved rate increases:

Policy Form	Increase Applies to all Policies or Subsets	Rate Increase Approved	Approval Date of Rate Increase
P1-N0095-B37	--Yes--	20.00%	3/14/2013
P1-N0095-B37	--Yes--	25.00%	12/3/2014

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0095-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	19	23	25	27	35
45-49	21	26	28	30	39
50-54	26	31	35	37	48
55	30	36	40	43	57
56	32	38	43	46	60
57	34	41	46	49	65
58	37	44	50	53	70
59	40	48	54	58	76
60	43	52	59	63	83
61	47	56	64	69	90
62	51	61	70	75	98
63	55	66	75	81	106
64	58	70	81	87	113
65	62	75	87	93	121
66	66	81	94	101	131
67	72	88	102	110	143
68	79	96	111	121	157
69	86	105	122	132	172
70	94	115	133	145	189
71	103	127	147	160	208
72	114	141	163	178	231
73	126	157	182	198	257
74	140	175	202	221	285
75	156	194	225	246	316
76	172	215	250	273	350
77	190	238	277	302	387
78	209	263	306	334	426
79	230	289	337	367	468
80	252				
81	275				
82	300				
83	326				
84	354				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0095-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	22	27	30	31	41
45-49	25	30	33	35	45
50-54	29	35	40	43	56
55	34	40	45	49	65
56	36	42	48	52	68
57	38	45	51	55	73
58	41	49	55	59	78
59	44	53	60	65	84
60	47	58	65	70	91
61	51	62	71	77	99
62	55	67	77	83	107
63	59	72	83	89	116
64	63	77	88	95	124
65	68	82	95	101	133
66	72	88	102	109	144
67	78	96	110	119	157
68	85	104	121	131	172
69	93	114	132	143	188
70	102	126	144	157	207
71	111	138	160	173	228
72	123	154	177	193	252
73	137	171	197	215	280
74	151	190	220	239	310
75	168	211	245	266	344
76	185	234	272	296	381
77	205	258	301	328	421
78	225	285	333	363	463
79	247	314	366	399	509
80	270				
81	295				
82	321				
83	348				
84	377				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0095-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	23	28	32	33	43
45-49	26	31	35	37	48
50-54	30	37	42	45	60
55	35	42	47	51	68
56	37	44	50	54	72
57	39	47	53	58	76
58	42	51	57	62	82
59	45	55	62	68	88
60	49	60	68	73	95
61	53	65	74	80	103
62	57	70	80	86	111
63	61	75	86	92	120
64	65	80	91	98	128
65	70	85	98	105	138
66	75	91	105	113	149
67	81	99	114	123	163
68	88	108	125	135	178
69	96	118	136	148	195
70	105	130	149	162	214
71	115	143	165	179	236
72	127	159	183	199	261
73	141	177	204	222	290
74	156	196	227	247	321
75	173	218	253	275	356
76	191	242	281	306	394
77	211	267	311	339	435
78	232	294	344	375	479
79	254	324	379	413	526
80	278				
81	303				
82	330				
83	358				
84	387				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0095-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	36	45	52	57	75
45-49	40	50	58	63	83
50-54	49	61	71	77	106
55	56	71	82	89	123
56	59	75	87	94	129
57	63	80	92	100	137
58	67	85	98	107	145
59	72	91	105	114	154
60	77	97	112	121	164
61	82	104	120	130	175
62	88	111	128	139	187
63	94	118	136	148	200
64	100	126	145	158	213
65	106	134	155	168	227
66	114	143	165	180	243
67	122	154	178	194	262
68	131	166	192	210	283
69	141	178	208	227	305
70	152	193	225	246	329
71	165	209	244	267	357
72	179	227	266	291	388
73	195	248	291	318	423
74	213	271	318	348	461
75	233	296	347	380	503
76	253	324	379	415	548
77	275	353	413	453	596
78	297	385	449	493	647
79	321	418	488	536	702
80	346				
81	371				
82	398				
83	426				
84	455				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0095-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	40	51	59	65	84
45-49	45	56	66	71	94
50-54	55	69	81	88	119
55	62	79	93	101	136
56	65	83	98	106	142
57	69	88	103	112	150
58	73	93	109	119	159
59	78	99	116	126	169
60	84	106	123	134	179
61	90	113	131	142	191
62	96	121	139	152	204
63	102	129	148	161	218
64	108	137	158	172	231
65	115	145	168	183	247
66	123	155	180	197	263
67	132	167	194	212	284
68	142	180	210	230	306
69	153	193	226	248	330
70	165	210	245	268	356
71	178	227	266	291	386
72	194	247	289	317	420
73	211	270	316	346	458
74	230	294	345	378	499
75	251	321	376	412	544
76	273	350	410	449	591
77	295	380	446	489	643
78	319	413	485	532	697
79	343	448	526	577	756
80	370				
81	396				
82	425				
83	454				
84	484				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0095-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	42	53	62	68	88
45-49	47	59	69	75	98
50-54	58	73	85	92	124
55	65	82	97	106	141
56	68	86	102	111	148
57	72	91	107	117	156
58	76	97	113	124	165
59	81	103	120	131	175
60	87	110	127	139	186
61	93	117	135	147	198
62	99	125	144	157	211
63	105	133	153	167	225
64	112	141	163	178	239
65	119	150	174	190	255
66	127	160	187	204	272
67	136	172	201	220	293
68	146	186	217	238	316
69	158	200	234	257	341
70	170	217	253	278	368
71	184	235	275	301	399
72	200	256	299	328	434
73	218	279	326	358	473
74	237	304	356	391	515
75	258	331	388	426	561
76	281	361	423	464	610
77	304	392	460	505	663
78	328	425	500	549	719
79	353	461	542	595	779
80	380				
81	407				
82	436				
83	466				
84	497				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0095-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	27	33	39	42	56
45-49	30	37	43	47	62
50-54	39	48	55	61	80
55	45	55	64	70	95
56	47	58	67	73	101
57	50	62	72	78	108
58	54	67	78	84	116
59	58	72	84	91	125
60	63	79	91	99	134
61	69	85	99	107	145
62	74	92	107	116	156
63	79	99	115	124	168
64	85	106	123	133	180
65	90	113	131	142	193
66	97	122	141	153	208
67	105	132	153	166	226
68	114	144	167	181	246
69	124	157	182	198	268
70	135	171	199	217	293
71	148	188	218	238	320
72	162	206	240	262	351
73	178	227	264	289	386
74	196	249	291	318	423
75	215	274	320	350	464
76	236	300	351	385	509
77	257	329	385	422	556
78	279	359	421	462	607
79	303	392	459	504	660
80	328				
81	354				
82	381				
83	409				
84	439				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0095-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	31	39	45	48	64
45-49	35	43	49	54	71
50-54	43	54	63	69	90
55	50	62	72	78	106
56	53	66	76	83	112
57	56	70	81	88	120
58	60	75	87	95	128
59	64	80	93	102	137
60	69	87	101	110	147
61	75	93	109	119	158
62	80	100	117	128	169
63	86	107	126	137	182
64	92	115	134	146	195
65	98	123	143	156	208
66	106	133	154	168	225
67	115	143	167	181	244
68	125	156	182	198	266
69	135	170	198	216	290
70	146	185	216	235	316
71	159	203	236	258	346
72	174	222	260	284	379
73	191	245	286	313	416
74	210	269	314	344	457
75	231	295	346	379	501
76	253	323	380	417	549
77	276	354	416	456	600
78	299	387	455	499	655
79	325	422	496	545	713
80	351				
81	379				
82	407				
83	436				
84	468				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0095-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	33	41	47	51	68
45-49	37	45	52	57	75
50-54	45	56	66	72	94
55	52	65	76	82	111
56	55	69	80	87	117
57	58	73	85	92	125
58	62	78	91	99	133
59	67	84	97	106	142
60	72	90	105	115	152
61	77	97	113	124	163
62	83	104	121	133	175
63	89	111	130	142	188
64	95	119	139	152	201
65	102	127	148	162	215
66	110	137	160	174	232
67	119	148	173	188	252
68	129	161	188	205	274
69	139	175	205	223	299
70	151	191	223	243	326
71	164	209	244	267	357
72	179	229	268	293	391
73	197	252	295	323	429
74	216	277	324	355	472
75	238	304	357	391	517
76	260	333	392	430	566
77	284	365	429	471	619
78	308	399	469	515	675
79	334	435	512	563	735
80	361				
81	389				
82	418				
83	448				
84	480				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0095-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	22	27	29	32	41
45-49	25	31	33	35	46
50-54	31	36	41	44	56
55	35	42	47	51	67
56	38	45	51	54	71
57	40	48	54	58	76
58	44	52	59	62	82
59	47	56	64	68	89
60	51	61	69	74	98
61	55	66	75	81	106
62	60	72	82	88	115
63	65	78	88	95	125
64	68	82	95	102	133
65	73	88	102	109	142
66	78	95	111	119	154
67	85	104	120	129	168
68	93	113	131	142	185
69	101	124	144	155	202
70	111	135	156	171	222
71	121	149	173	188	245
72	134	166	192	209	272
73	148	185	214	233	302
74	165	206	238	260	335
75	184	228	265	289	372
76	202	253	294	321	412
77	224	280	326	355	455
78	246	309	360	393	501
79	271	340	396	432	551
80	296				
81	324				
82	353				
83	384				
84	416				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0095-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	26	32	35	36	48
45-49	29	35	39	41	53
50-54	34	41	47	51	66
55	40	47	53	58	76
56	42	49	56	61	80
57	45	53	60	65	86
58	48	58	65	69	92
59	52	62	71	76	99
60	55	68	76	82	107
61	60	73	84	91	116
62	65	79	91	98	126
63	69	85	98	105	136
64	74	91	104	112	146
65	80	96	112	119	156
66	85	104	120	128	169
67	92	113	129	140	185
68	100	122	142	154	202
69	109	134	155	168	221
70	120	148	169	185	244
71	131	162	188	204	268
72	145	181	208	227	296
73	161	201	232	253	329
74	178	224	259	281	365
75	198	248	288	313	405
76	218	275	320	348	448
77	241	304	354	386	495
78	265	335	392	427	545
79	291	369	431	469	599
80	318				
81	347				
82	378				
83	409				
84	444				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0095-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	27	33	38	39	51
45-49	31	36	41	44	56
50-54	35	44	49	53	71
55	41	49	55	60	80
56	44	52	59	64	85
57	46	55	62	68	89
58	49	60	67	73	96
59	53	65	73	80	104
60	58	71	80	86	112
61	62	76	87	94	121
62	67	82	94	101	131
63	72	88	101	108	141
64	76	94	107	115	151
65	82	100	115	124	162
66	88	107	124	133	175
67	95	116	134	145	192
68	104	127	147	159	209
69	113	139	160	174	229
70	124	153	175	191	252
71	135	168	194	211	278
72	149	187	215	234	307
73	166	208	240	261	341
74	184	231	267	291	378
75	204	256	298	324	419
76	225	285	331	360	464
77	248	314	366	399	512
78	273	346	405	441	564
79	299	381	446	486	619
80	327				
81	356				
82	388				
83	421				
84	455				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0095-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	42	53	61	67	88
45-49	47	59	68	74	98
50-54	58	72	84	91	125
55	66	84	96	105	145
56	69	88	102	111	152
57	74	94	108	118	161
58	79	100	115	126	171
59	85	107	124	134	181
60	91	114	132	142	193
61	96	122	141	153	206
62	104	131	151	164	220
63	111	139	160	174	235
64	118	148	171	186	251
65	125	158	182	198	267
66	134	168	194	212	286
67	144	181	209	228	308
68	154	195	226	247	333
69	166	209	245	267	359
70	179	227	265	289	387
71	194	246	287	314	420
72	211	267	313	342	456
73	229	292	342	374	498
74	251	319	374	409	542
75	274	348	408	447	592
76	298	381	446	488	645
77	324	415	486	533	701
78	349	453	528	580	761
79	378	492	574	631	826
80	407				
81	436				
82	468				
83	501				
84	535				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0095-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	47	60	69	76	99
45-49	53	66	78	84	111
50-54	65	81	95	104	140
55	73	93	109	119	160
56	76	98	115	125	167
57	81	104	121	132	176
58	86	109	128	140	187
59	92	116	136	148	199
60	99	125	145	158	211
61	106	133	154	167	225
62	113	142	164	179	240
63	120	152	174	189	256
64	127	161	186	202	272
65	135	171	198	215	291
66	145	182	212	232	309
67	155	196	228	249	334
68	167	212	247	271	360
69	180	227	266	292	388
70	194	247	288	315	419
71	209	267	313	342	454
72	228	291	340	373	494
73	248	318	372	407	539
74	271	346	406	445	587
75	295	378	442	485	640
76	321	412	482	528	695
77	347	447	525	575	756
78	375	486	571	626	820
79	404	527	619	679	889
80	435				
81	466				
82	500				
83	534				
84	569				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0095-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	49	62	73	80	104
45-49	55	69	81	88	115
50-54	68	86	100	108	146
55	76	96	114	125	166
56	80	101	120	131	174
57	85	107	126	138	184
58	89	114	133	146	194
59	95	121	141	154	206
60	102	129	149	164	219
61	109	138	159	173	233
62	116	147	169	185	248
63	124	156	180	196	265
64	132	166	192	209	281
65	140	176	205	224	300
66	149	188	220	240	320
67	160	202	236	259	345
68	172	219	255	280	372
69	186	235	275	302	401
70	200	255	298	327	433
71	216	276	324	354	469
72	235	301	352	386	511
73	256	328	384	421	556
74	279	358	419	460	606
75	304	389	456	501	660
76	331	425	498	546	718
77	358	461	541	594	780
78	386	500	588	646	846
79	415	542	638	700	916
80	447				
81	479				
82	513				
83	548				
84	585				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
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Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	32	39	46	49	66
45-49	35	44	51	55	73
50-54	46	56	65	72	94
55	53	65	75	82	112
56	55	68	79	86	119
57	59	73	85	92	127
58	64	79	92	99	136
59	68	85	99	107	147
60	74	93	107	116	158
61	81	100	116	126	171
62	87	108	126	136	184
63	93	116	135	146	198
64	100	125	145	156	212
65	106	133	154	167	227
66	114	144	166	180	245
67	124	155	180	195	266
68	134	169	196	213	289
69	146	185	214	233	315
70	159	201	234	255	345
71	174	221	256	280	376
72	191	242	282	308	413
73	209	267	311	340	454
74	231	293	342	374	498
75	253	322	376	412	546
76	278	353	413	453	599
77	302	387	453	496	654
78	328	422	495	544	714
79	356	461	540	593	776
80	386				
81	416				
82	448				
83	481				
84	516				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
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Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	36	46	53	56	75
45-49	41	51	58	64	84
50-54	51	64	74	81	106
55	59	73	85	92	125
56	62	78	89	98	132
57	66	82	95	104	141
58	71	88	102	112	151
59	75	94	109	120	161
60	81	102	119	129	173
61	88	109	128	140	186
62	94	118	138	151	199
63	101	126	148	161	214
64	108	135	158	172	229
65	115	145	168	184	245
66	125	156	181	198	265
67	135	168	196	213	287
68	147	184	214	233	313
69	159	200	233	254	341
70	172	218	254	276	372
71	187	239	278	304	407
72	205	261	306	334	446
73	225	288	336	368	489
74	247	316	369	405	538
75	272	347	407	446	589
76	298	380	447	491	646
77	325	416	489	536	706
78	352	455	535	587	771
79	382	496	584	641	839
80	413				
81	446				
82	479				
83	513				
84	551				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
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Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	39	48	55	60	80
45-49	44	53	61	67	88
50-54	53	66	78	85	111
55	61	76	89	96	131
56	65	81	94	102	138
57	68	86	100	108	147
58	73	92	107	116	156
59	79	99	114	125	167
60	85	106	124	135	179
61	91	114	133	146	192
62	98	122	142	156	206
63	105	131	153	167	221
64	112	140	164	179	236
65	120	149	174	191	253
66	129	161	188	205	273
67	140	174	204	221	296
68	152	189	221	241	322
69	164	206	241	262	352
70	178	225	262	286	384
71	193	246	287	314	420
72	211	269	315	345	460
73	232	296	347	380	505
74	254	326	381	418	555
75	280	358	420	460	608
76	306	392	461	506	666
77	334	429	505	554	728
78	362	469	552	606	794
79	393	512	602	662	865
80	425				
81	458				
82	492				
83	527				
84	565				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0095-B37
Long-Term Care Policy

WITH SURVIVORSHIP BENEFIT RIDER R1-N0103-SERIES

When this rider is chosen, multiply the final premium by the appropriate factor.

ISSUE AGE	NO INFLATION PROTECTION	SIMPLE INFLATION PROTECTION	COMPOUND INFLATION PROTECTION
18-44	1.11	1.17	1.17
45-49	1.14	1.21	1.21
50-54	1.18	1.28	1.28
55	1.20	1.30	1.30
56	1.20	1.30	1.30
57	1.21	1.30	1.30
58	1.21	1.30	1.30
59	1.21	1.30	1.30
60	1.21	1.30	1.30
61	1.21	1.30	1.30
62	1.21	1.29	1.29
63	1.21	1.29	1.29
64	1.21	1.28	1.28
65	1.20	1.27	1.27
66	1.20	1.26	1.26
67	1.20	1.26	1.26
68	1.19	1.25	1.25
69	1.19	1.24	1.24
70	1.18	1.23	1.23
71	1.18	1.22	1.22
72	1.17	1.20	1.20
73	1.16	1.19	1.19
74	1.16	1.18	1.18
75	1.15	1.17	1.17
76	1.14	1.16	1.16
77	1.13	1.15	1.15
78	1.12	1.14	1.14
79	1.11	1.13	1.13
80	1.10	1.12	1.12
81	1.09	1.11	1.11
82	1.08	1.10	1.10
83	1.07	1.09	1.09
84	1.06	1.08	1.08

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0095-B37
Long-Term Care Policy

Elimination Period Factors

Rates shown are for 30 day elimination period. Rates for other elimination periods are calculated by multiplying the 30 day rates by the appropriate factor from the following table:

Benefit Maximum	0	14	20	60	90	100	180	365
730x,1095x	1.12	1.07	1.03	0.94	0.90	0.89	0.78	0.67
1460x,1825x	1.10	1.05	1.03	0.95	0.90	0.89	0.79	0.69
Lifetime	1.08	1.04	1.03	0.96	0.92	0.91	0.84	0.75

Table Rating Health Rating Group Factors

Rates shown are for Preferred Rating Group and Select Rating Group. Rates for Table Rating Health Groups 1, 2, 3 and 4 are calculated by multiplying Select rates by 1.25, 1.50, 1.75 and 2.00 respectively.

Spousal Discount

A 20% discount to the rates is available to married couples if both spouses apply for coverage.

Dual Waiver of Premium Rider R1-N0104-Series

An optional dual waiver of premium rider will be offered. If one spouse qualifies for a waiver of premium, the premium of the other spouse will also be waived. If chosen, multiply the final premium by 1.06.

Shared Advantage Rider R1-N0105-Series

This rider will allow two covered spouses to purchase an additional benefit amount that can be used by either spouse after their base benefits are exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	No Inflation Protection	With Inflation Protection
730x	1.30	1.35
1095x	1.21	1.25
1460x	1.15	1.18
1825x	1.12	1.14

Restoration of Benefits Rider R1-N0106-Series

This rider restores the maximum lifetime benefit if the insured has not met the stipulated conditions for a period of 180 consecutive days and the maximum lifetime benefit has not been exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	Factor
730x	1.08
1095x	1.06
1460x,1825x	1.04

Cost of Living Increase Rider R1-N0107-Series

This rider allows the insured to increase their policy limits, subject to the terms of the rider, every three years without additional underwriting. The additional premium charged is based on the attained age and incremental increase in the maximum daily facility benefit when exercised. If chosen, multiply the final premium by the appropriate factor:

Age	Factor
18-44	1.15
45-49	1.12
50-55	1.10
56-58	1.09
59-61	1.08
62-64	1.07
65-67	1.06
68-70	1.05
71-73	1.04
74-76	1.03

Modal Factors

Semi-Annual: 0.52; Quarterly: 0.27; Check-A-Matic: 0.09

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604

Supplement to Rate Sheets for Policy Form P1-N0096-B37
PENNSYLVANIA

All rates for this form should be multiplied by a factor of: 1.9425

This factor represents the **proposed** increase of: 29.5%

And the following prior approved rate increases:

Policy Form	Increase Applies to all Policies or Subsets	Rate Increase Approved	Approval Date of Rate Increase
P1-N0096-B37	--Yes--	20.00%	3/14/2013
P1-N0096-B37	--Yes--	25.00%	12/3/2014

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0096-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	23.75	28.75	31.25	33.75	43.75
45-49	26.25	32.50	35.00	37.50	48.75
50-54	32.50	38.75	43.75	46.25	60.00
55	37.50	45.00	50.00	53.75	71.25
56	40.00	47.50	53.75	57.50	75.00
57	42.50	51.25	57.50	61.25	81.25
58	46.25	55.00	62.50	66.25	87.50
59	50.00	60.00	67.50	72.50	95.00
60	53.75	65.00	73.75	78.75	103.75
61	58.75	70.00	80.00	86.25	112.50
62	63.75	76.25	87.50	93.75	122.50
63	68.75	82.50	93.75	101.25	132.50
64	72.50	87.50	101.25	108.75	141.25
65	77.50	93.75	108.75	116.25	151.25
66	82.50	101.25	117.50	126.25	163.75
67	90.00	110.00	127.50	137.50	178.75
68	98.75	120.00	138.75	151.25	196.25
69	107.50	131.25	152.50	165.00	215.00
70	117.50	143.75	166.25	181.25	236.25
71	128.75	158.75	183.75	200.00	260.00
72	142.50	176.25	203.75	222.50	288.75
73	157.50	196.25	227.50	247.50	321.25
74	175.00	218.75	252.50	276.25	356.25
75	195.00	242.50	281.25	307.50	395.00
76	215.00	268.75	312.50	341.25	437.50
77	237.50	297.50	346.25	377.50	483.75
78	261.25	328.75	382.50	417.50	532.50
79	287.50	361.25	421.25	458.75	585.00
80	315.00				
81	343.75				
82	375.00				
83	407.50				
84	442.50				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0096-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	27.50	33.75	37.50	38.75	51.25
45-49	31.25	37.50	41.25	43.75	56.25
50-54	36.25	43.75	50.00	53.75	70.00
55	42.50	50.00	56.25	61.25	81.25
56	45.00	52.50	60.00	65.00	85.00
57	47.50	56.25	63.75	68.75	91.25
58	51.25	61.25	68.75	73.75	97.50
59	55.00	66.25	75.00	81.25	105.00
60	58.75	72.50	81.25	87.50	113.75
61	63.75	77.50	88.75	96.25	123.75
62	68.75	83.75	96.25	103.75	133.75
63	73.75	90.00	103.75	111.25	145.00
64	78.75	96.25	110.00	118.75	155.00
65	85.00	102.50	118.75	126.25	166.25
66	90.00	110.00	127.50	136.25	180.00
67	97.50	120.00	137.50	148.75	196.25
68	106.25	130.00	151.25	163.75	215.00
69	116.25	142.50	165.00	178.75	235.00
70	127.50	157.50	180.00	196.25	258.75
71	138.75	172.50	200.00	216.25	285.00
72	153.75	192.50	221.25	241.25	315.00
73	171.25	213.75	246.25	268.75	350.00
74	188.75	237.50	275.00	298.75	387.50
75	210.00	263.75	306.25	332.50	430.00
76	231.25	292.50	340.00	370.00	476.25
77	256.25	322.50	376.25	410.00	526.25
78	281.25	356.25	416.25	453.75	578.75
79	308.75	392.50	457.50	498.75	636.25
80	337.50				
81	368.75				
82	401.25				
83	435.00				
84	471.25				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0096-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	28.75	35.00	40.00	41.25	53.75
45-49	32.50	38.75	43.75	46.25	60.00
50-54	37.50	46.25	52.50	56.25	75.00
55	43.75	52.50	58.75	63.75	85.00
56	46.25	55.00	62.50	67.50	90.00
57	48.75	58.75	66.25	72.50	95.00
58	52.50	63.75	71.25	77.50	102.50
59	56.25	68.75	77.50	85.00	110.00
60	61.25	75.00	85.00	91.25	118.75
61	66.25	81.25	92.50	100.00	128.75
62	71.25	87.50	100.00	107.50	138.75
63	76.25	93.75	107.50	115.00	150.00
64	81.25	100.00	113.75	122.50	160.00
65	87.50	106.25	122.50	131.25	172.50
66	93.75	113.75	131.25	141.25	186.25
67	101.25	123.75	142.50	153.75	203.75
68	110.00	135.00	156.25	168.75	222.50
69	120.00	147.50	170.00	185.00	243.75
70	131.25	162.50	186.25	202.50	267.50
71	143.75	178.75	206.25	223.75	295.00
72	158.75	198.75	228.75	248.75	326.25
73	176.25	221.25	255.00	277.50	362.50
74	195.00	245.00	283.75	308.75	401.25
75	216.25	272.50	316.25	343.75	445.00
76	238.75	302.50	351.25	382.50	492.50
77	263.75	333.75	388.75	423.75	543.75
78	290.00	367.50	430.00	468.75	598.75
79	317.50	405.00	473.75	516.25	657.50
80	347.50				
81	378.75				
82	412.50				
83	447.50				
84	483.75				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0096-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	45.00	56.25	65.00	71.25	93.75
45-49	50.00	62.50	72.50	78.75	103.75
50-54	61.25	76.25	88.75	96.25	132.50
55	70.00	88.75	102.50	111.25	153.75
56	73.75	93.75	108.75	117.50	161.25
57	78.75	100.00	115.00	125.00	171.25
58	83.75	106.25	122.50	133.75	181.25
59	90.00	113.75	131.25	142.50	192.50
60	96.25	121.25	140.00	151.25	205.00
61	102.50	130.00	150.00	162.50	218.75
62	110.00	138.75	160.00	173.75	233.75
63	117.50	147.50	170.00	185.00	250.00
64	125.00	157.50	181.25	197.50	266.25
65	132.50	167.50	193.75	210.00	283.75
66	142.50	178.75	206.25	225.00	303.75
67	152.50	192.50	222.50	242.50	327.50
68	163.75	207.50	240.00	262.50	353.75
69	176.25	222.50	260.00	283.75	381.25
70	190.00	241.25	281.25	307.50	411.25
71	206.25	261.25	305.00	333.75	446.25
72	223.75	283.75	332.50	363.75	485.00
73	243.75	310.00	363.75	397.50	528.75
74	266.25	338.75	397.50	435.00	576.25
75	291.25	370.00	433.75	475.00	628.75
76	316.25	405.00	473.75	518.75	685.00
77	343.75	441.25	516.25	566.25	745.00
78	371.25	481.25	561.25	616.25	808.75
79	401.25	522.50	610.00	670.00	877.50
80	432.50				
81	463.75				
82	497.50				
83	532.50				
84	568.75				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0096-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	50.00	63.75	73.75	81.25	105.00
45-49	56.25	70.00	82.50	88.75	117.50
50-54	68.75	86.25	101.25	110.00	148.75
55	77.50	98.75	116.25	126.25	170.00
56	81.25	103.75	122.50	132.50	177.50
57	86.25	110.00	128.75	140.00	187.50
58	91.25	116.25	136.25	148.75	198.75
59	97.50	123.75	145.00	157.50	211.25
60	105.00	132.50	153.75	167.50	223.75
61	112.50	141.25	163.75	177.50	238.75
62	120.00	151.25	173.75	190.00	255.00
63	127.50	161.25	185.00	201.25	272.50
64	135.00	171.25	197.50	215.00	288.75
65	143.75	181.25	210.00	228.75	308.75
66	153.75	193.75	225.00	246.25	328.75
67	165.00	208.75	242.50	265.00	355.00
68	177.50	225.00	262.50	287.50	382.50
69	191.25	241.25	282.50	310.00	412.50
70	206.25	262.50	306.25	335.00	445.00
71	222.50	283.75	332.50	363.75	482.50
72	242.50	308.75	361.25	396.25	525.00
73	263.75	337.50	395.00	432.50	572.50
74	287.50	367.50	431.25	472.50	623.75
75	313.75	401.25	470.00	515.00	680.00
76	341.25	437.50	512.50	561.25	738.75
77	368.75	475.00	557.50	611.25	803.75
78	398.75	516.25	606.25	665.00	871.25
79	428.75	560.00	657.50	721.25	945.00
80	462.50				
81	495.00				
82	531.25				
83	567.50				
84	605.00				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0096-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	52.50	66.25	77.50	85.00	110.00
45-49	58.75	73.75	86.25	93.75	122.50
50-54	72.50	91.25	106.25	115.00	155.00
55	81.25	102.50	121.25	132.50	176.25
56	85.00	107.50	127.50	138.75	185.00
57	90.00	113.75	133.75	146.25	195.00
58	95.00	121.25	141.25	155.00	206.25
59	101.25	128.75	150.00	163.75	218.75
60	108.75	137.50	158.75	173.75	232.50
61	116.25	146.25	168.75	183.75	247.50
62	123.75	156.25	180.00	196.25	263.75
63	131.25	166.25	191.25	208.75	281.25
64	140.00	176.25	203.75	222.50	298.75
65	148.75	187.50	217.50	237.50	318.75
66	158.75	200.00	233.75	255.00	340.00
67	170.00	215.00	251.25	275.00	366.25
68	182.50	232.50	271.25	297.50	395.00
69	197.50	250.00	292.50	321.25	426.25
70	212.50	271.25	316.25	347.50	460.00
71	230.00	293.75	343.75	376.25	498.75
72	250.00	320.00	373.75	410.00	542.50
73	272.50	348.75	407.50	447.50	591.25
74	296.25	380.00	445.00	488.75	643.75
75	322.50	413.75	485.00	532.50	701.25
76	351.25	451.25	528.75	580.00	762.50
77	380.00	490.00	575.00	631.25	828.75
78	410.00	531.25	625.00	686.25	898.75
79	441.25	576.25	677.50	743.75	973.75
80	475.00				
81	508.75				
82	545.00				
83	582.50				
84	621.25				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0096-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	33.75	41.25	48.75	52.50	70.00
45-49	37.50	46.25	53.75	58.75	77.50
50-54	48.75	60.00	68.75	76.25	100.00
55	56.25	68.75	80.00	87.50	118.75
56	58.75	72.50	83.75	91.25	126.25
57	62.50	77.50	90.00	97.50	135.00
58	67.50	83.75	97.50	105.00	145.00
59	72.50	90.00	105.00	113.75	156.25
60	78.75	98.75	113.75	123.75	167.50
61	86.25	106.25	123.75	133.75	181.25
62	92.50	115.00	133.75	145.00	195.00
63	98.75	123.75	143.75	155.00	210.00
64	106.25	132.50	153.75	166.25	225.00
65	112.50	141.25	163.75	177.50	241.25
66	121.25	152.50	176.25	191.25	260.00
67	131.25	165.00	191.25	207.50	282.50
68	142.50	180.00	208.75	226.25	307.50
69	155.00	196.25	227.50	247.50	335.00
70	168.75	213.75	248.75	271.25	366.25
71	185.00	235.00	272.50	297.50	400.00
72	202.50	257.50	300.00	327.50	438.75
73	222.50	283.75	330.00	361.25	482.50
74	245.00	311.25	363.75	397.50	528.75
75	268.75	342.50	400.00	437.50	580.00
76	295.00	375.00	438.75	481.25	636.25
77	321.25	411.25	481.25	527.50	695.00
78	348.75	448.75	526.25	577.50	758.75
79	378.75	490.00	573.75	630.00	825.00
80	410.00				
81	442.50				
82	476.25				
83	511.25				
84	548.75				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0096-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	38.75	48.75	56.25	60.00	80.00
45-49	43.75	53.75	61.25	67.50	88.75
50-54	53.75	67.50	78.75	86.25	112.50
55	62.50	77.50	90.00	97.50	132.50
56	66.25	82.50	95.00	103.75	140.00
57	70.00	87.50	101.25	110.00	150.00
58	75.00	93.75	108.75	118.75	160.00
59	80.00	100.00	116.25	127.50	171.25
60	86.25	108.75	126.25	137.50	183.75
61	93.75	116.25	136.25	148.75	197.50
62	100.00	125.00	146.25	160.00	211.25
63	107.50	133.75	157.50	171.25	227.50
64	115.00	143.75	167.50	182.50	243.75
65	122.50	153.75	178.75	195.00	260.00
66	132.50	166.25	192.50	210.00	281.25
67	143.75	178.75	208.75	226.25	305.00
68	156.25	195.00	227.50	247.50	332.50
69	168.75	212.50	247.50	270.00	362.50
70	182.50	231.25	270.00	293.75	395.00
71	198.75	253.75	295.00	322.50	432.50
72	217.50	277.50	325.00	355.00	473.75
73	238.75	306.25	357.50	391.25	520.00
74	262.50	336.25	392.50	430.00	571.25
75	288.75	368.75	432.50	473.75	626.25
76	316.25	403.75	475.00	521.25	686.25
77	345.00	442.50	520.00	570.00	750.00
78	373.75	483.75	568.75	623.75	818.75
79	406.25	527.50	620.00	681.25	891.25
80	438.75				
81	473.75				
82	508.75				
83	545.00				
84	585.00				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0096-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	41.25	51.25	58.75	63.75	85.00
45-49	46.25	56.25	65.00	71.25	93.75
50-54	56.25	70.00	82.50	90.00	117.50
55	65.00	81.25	95.00	102.50	138.75
56	68.75	86.25	100.00	108.75	146.25
57	72.50	91.25	106.25	115.00	156.25
58	77.50	97.50	113.75	123.75	166.25
59	83.75	105.00	121.25	132.50	177.50
60	90.00	112.50	131.25	143.75	190.00
61	96.25	121.25	141.25	155.00	203.75
62	103.75	130.00	151.25	166.25	218.75
63	111.25	138.75	162.50	177.50	235.00
64	118.75	148.75	173.75	190.00	251.25
65	127.50	158.75	185.00	202.50	268.75
66	137.50	171.25	200.00	217.50	290.00
67	148.75	185.00	216.25	235.00	315.00
68	161.25	201.25	235.00	256.25	342.50
69	173.75	218.75	256.25	278.75	373.75
70	188.75	238.75	278.75	303.75	407.50
71	205.00	261.25	305.00	333.75	446.25
72	223.75	286.25	335.00	366.25	488.75
73	246.25	315.00	368.75	403.75	536.25
74	270.00	346.25	405.00	443.75	590.00
75	297.50	380.00	446.25	488.75	646.25
76	325.00	416.25	490.00	537.50	707.50
77	355.00	456.25	536.25	588.75	773.75
78	385.00	498.75	586.25	643.75	843.75
79	417.50	543.75	640.00	703.75	918.75
80	451.25				
81	486.25				
82	522.50				
83	560.00				
84	600.00				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0096-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	27.50	33.75	36.25	40.00	51.25
45-49	31.25	38.75	41.25	43.75	57.50
50-54	38.75	45.00	51.25	55.00	70.00
55	43.75	52.50	58.75	63.75	83.75
56	47.50	56.25	63.75	67.50	88.75
57	50.00	60.00	67.50	72.50	95.00
58	55.00	65.00	73.75	77.50	102.50
59	58.75	70.00	80.00	85.00	111.25
60	63.75	76.25	86.25	92.50	122.50
61	68.75	82.50	93.75	101.25	132.50
62	75.00	90.00	102.50	110.00	143.75
63	81.25	97.50	110.00	118.75	156.25
64	85.00	102.50	118.75	127.50	166.25
65	91.25	110.00	127.50	136.25	177.50
66	97.50	118.75	138.75	148.75	192.50
67	106.25	130.00	150.00	161.25	210.00
68	116.25	141.25	163.75	177.50	231.25
69	126.25	155.00	180.00	193.75	252.50
70	138.75	168.75	195.00	213.75	277.50
71	151.25	186.25	216.25	235.00	306.25
72	167.50	207.50	240.00	261.25	340.00
73	185.00	231.25	267.50	291.25	377.50
74	206.25	257.50	297.50	325.00	418.75
75	230.00	285.00	331.25	361.25	465.00
76	252.50	316.25	367.50	401.25	515.00
77	280.00	350.00	407.50	443.75	568.75
78	307.50	386.25	450.00	491.25	626.25
79	338.75	425.00	495.00	540.00	688.75
80	370.00				
81	405.00				
82	441.25				
83	480.00				
84	520.00				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0096-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	32.50	40.00	43.75	45.00	60.00
45-49	36.25	43.75	48.75	51.25	66.25
50-54	42.50	51.25	58.75	63.75	82.50
55	50.00	58.75	66.25	72.50	95.00
56	52.50	61.25	70.00	76.25	100.00
57	56.25	66.25	75.00	81.25	107.50
58	60.00	72.50	81.25	86.25	115.00
59	65.00	77.50	88.75	95.00	123.75
60	68.75	85.00	95.00	102.50	133.75
61	75.00	91.25	105.00	113.75	145.00
62	81.25	98.75	113.75	122.50	157.50
63	86.25	106.25	122.50	131.25	170.00
64	92.50	113.75	130.00	140.00	182.50
65	100.00	120.00	140.00	148.75	195.00
66	106.25	130.00	150.00	160.00	211.25
67	115.00	141.25	161.25	175.00	231.25
68	125.00	152.50	177.50	192.50	252.50
69	136.25	167.50	193.75	210.00	276.25
70	150.00	185.00	211.25	231.25	305.00
71	163.75	202.50	235.00	255.00	335.00
72	181.25	226.25	260.00	283.75	370.00
73	201.25	251.25	290.00	316.25	411.25
74	222.50	280.00	323.75	351.25	456.25
75	247.50	310.00	360.00	391.25	506.25
76	272.50	343.75	400.00	435.00	560.00
77	301.25	380.00	442.50	482.50	618.75
78	331.25	418.75	490.00	533.75	681.25
79	363.75	461.25	538.75	586.25	748.75
80	397.50				
81	433.75				
82	472.50				
83	511.25				
84	555.00				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0096-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	33.75	41.25	47.50	48.75	63.75
45-49	38.75	45.00	51.25	55.00	70.00
50-54	43.75	55.00	61.25	66.25	88.75
55	51.25	61.25	68.75	75.00	100.00
56	55.00	65.00	73.75	80.00	106.25
57	57.50	68.75	77.50	85.00	111.25
58	61.25	75.00	83.75	91.25	120.00
59	66.25	81.25	91.25	100.00	130.00
60	72.50	88.75	100.00	107.50	140.00
61	77.50	95.00	108.75	117.50	151.25
62	83.75	102.50	117.50	126.25	163.75
63	90.00	110.00	126.25	135.00	176.25
64	95.00	117.50	133.75	143.75	188.75
65	102.50	125.00	143.75	155.00	202.50
66	110.00	133.75	155.00	166.25	218.75
67	118.75	145.00	167.50	181.25	240.00
68	130.00	158.75	183.75	198.75	261.25
69	141.25	173.75	200.00	217.50	286.25
70	155.00	191.25	218.75	238.75	315.00
71	168.75	210.00	242.50	263.75	347.50
72	186.25	233.75	268.75	292.50	383.75
73	207.50	260.00	300.00	326.25	426.25
74	230.00	288.75	333.75	363.75	472.50
75	255.00	320.00	372.50	405.00	523.75
76	281.25	356.25	413.75	450.00	580.00
77	310.00	392.50	457.50	498.75	640.00
78	341.25	432.50	506.25	551.25	705.00
79	373.75	476.25	557.50	607.50	773.75
80	408.75				
81	445.00				
82	485.00				
83	526.25				
84	568.75				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0096-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	52.50	66.25	76.25	83.75	110.00
45-49	58.75	73.75	85.00	92.50	122.50
50-54	72.50	90.00	105.00	113.75	156.25
55	82.50	105.00	120.00	131.25	181.25
56	86.25	110.00	127.50	138.75	190.00
57	92.50	117.50	135.00	147.50	201.25
58	98.75	125.00	143.75	157.50	213.75
59	106.25	133.75	155.00	167.50	226.25
60	113.75	142.50	165.00	177.50	241.25
61	120.00	152.50	176.25	191.25	257.50
62	130.00	163.75	188.75	205.00	275.00
63	138.75	173.75	200.00	217.50	293.75
64	147.50	185.00	213.75	232.50	313.75
65	156.25	197.50	227.50	247.50	333.75
66	167.50	210.00	242.50	265.00	357.50
67	180.00	226.25	261.25	285.00	385.00
68	192.50	243.75	282.50	308.75	416.25
69	207.50	261.25	306.25	333.75	448.75
70	223.75	283.75	331.25	361.25	483.75
71	242.50	307.50	358.75	392.50	525.00
72	263.75	333.75	391.25	427.50	570.00
73	286.25	365.00	427.50	467.50	622.50
74	313.75	398.75	467.50	511.25	677.50
75	342.50	435.00	510.00	558.75	740.00
76	372.50	476.25	557.50	610.00	806.25
77	405.00	518.75	607.50	666.25	876.25
78	436.25	566.25	660.00	725.00	951.25
79	472.50	615.00	717.50	788.75	1032.50
80	508.75				
81	545.00				
82	585.00				
83	626.25				
84	668.75				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0096-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	58.75	75.00	86.25	95.00	123.75
45-49	66.25	82.50	97.50	105.00	138.75
50-54	81.25	101.25	118.75	130.00	175.00
55	91.25	116.25	136.25	148.75	200.00
56	95.00	122.50	143.75	156.25	208.75
57	101.25	130.00	151.25	165.00	220.00
58	107.50	136.25	160.00	175.00	233.75
59	115.00	145.00	170.00	185.00	248.75
60	123.75	156.25	181.25	197.50	263.75
61	132.50	166.25	192.50	208.75	281.25
62	141.25	177.50	205.00	223.75	300.00
63	150.00	190.00	217.50	236.25	320.00
64	158.75	201.25	232.50	252.50	340.00
65	168.75	213.75	247.50	268.75	363.75
66	181.25	227.50	265.00	290.00	386.25
67	193.75	245.00	285.00	311.25	417.50
68	208.75	265.00	308.75	338.75	450.00
69	225.00	283.75	332.50	365.00	485.00
70	242.50	308.75	360.00	393.75	523.75
71	261.25	333.75	391.25	427.50	567.50
72	285.00	363.75	425.00	466.25	617.50
73	310.00	397.50	465.00	508.75	673.75
74	338.75	432.50	507.50	556.25	733.75
75	368.75	472.50	552.50	606.25	800.00
76	401.25	515.00	602.50	660.00	868.75
77	433.75	558.75	656.25	718.75	945.00
78	468.75	607.50	713.75	782.50	1025.00
79	505.00	658.75	773.75	848.75	1111.25
80	543.75				
81	582.50				
82	625.00				
83	667.50				
84	711.25				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0096-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	61.25	77.50	91.25	100.00	130.00
45-49	68.75	86.25	101.25	110.00	143.75
50-54	85.00	107.50	125.00	135.00	182.50
55	95.00	120.00	142.50	156.25	207.50
56	100.00	126.25	150.00	163.75	217.50
57	106.25	133.75	157.50	172.50	230.00
58	111.25	142.50	166.25	182.50	242.50
59	118.75	151.25	176.25	192.50	257.50
60	127.50	161.25	186.25	205.00	273.75
61	136.25	172.50	198.75	216.25	291.25
62	145.00	183.75	211.25	231.25	310.00
63	155.00	195.00	225.00	245.00	331.25
64	165.00	207.50	240.00	261.25	351.25
65	175.00	220.00	256.25	280.00	375.00
66	186.25	235.00	275.00	300.00	400.00
67	200.00	252.50	295.00	323.75	431.25
68	215.00	273.75	318.75	350.00	465.00
69	232.50	293.75	343.75	377.50	501.25
70	250.00	318.75	372.50	408.75	541.25
71	270.00	345.00	405.00	442.50	586.25
72	293.75	376.25	440.00	482.50	638.75
73	320.00	410.00	480.00	526.25	695.00
74	348.75	447.50	523.75	575.00	757.50
75	380.00	486.25	570.00	626.25	825.00
76	413.75	531.25	622.50	682.50	897.50
77	447.50	576.25	676.25	742.50	975.00
78	482.50	625.00	735.00	807.50	1057.50
79	518.75	677.50	797.50	875.00	1145.00
80	558.75				
81	598.75				
82	641.25				
83	685.00				
84	731.25				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0096-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	40.00	48.75	57.50	61.25	82.50
45-49	43.75	55.00	63.75	68.75	91.25
50-54	57.50	70.00	81.25	90.00	117.50
55	66.25	81.25	93.75	102.50	140.00
56	68.75	85.00	98.75	107.50	148.75
57	73.75	91.25	106.25	115.00	158.75
58	80.00	98.75	115.00	123.75	170.00
59	85.00	106.25	123.75	133.75	183.75
60	92.50	116.25	133.75	145.00	197.50
61	101.25	125.00	145.00	157.50	213.75
62	108.75	135.00	157.50	170.00	230.00
63	116.25	145.00	168.75	182.50	247.50
64	125.00	156.25	181.25	195.00	265.00
65	132.50	166.25	192.50	208.75	283.75
66	142.50	180.00	207.50	225.00	306.25
67	155.00	193.75	225.00	243.75	332.50
68	167.50	211.25	245.00	266.25	361.25
69	182.50	231.25	267.50	291.25	393.75
70	198.75	251.25	292.50	318.75	431.25
71	217.50	276.25	320.00	350.00	470.00
72	238.75	302.50	352.50	385.00	516.25
73	261.25	333.75	388.75	425.00	567.50
74	288.75	366.25	427.50	467.50	622.50
75	316.25	402.50	470.00	515.00	682.50
76	347.50	441.25	516.25	566.25	748.75
77	377.50	483.75	566.25	620.00	817.50
78	410.00	527.50	618.75	680.00	892.50
79	445.00	576.25	675.00	741.25	970.00
80	482.50				
81	520.00				
82	560.00				
83	601.25				
84	645.00				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0096-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	45.00	57.50	66.25	70.00	93.75
45-49	51.25	63.75	72.50	80.00	105.00
50-54	63.75	80.00	92.50	101.25	132.50
55	73.75	91.25	106.25	115.00	156.25
56	77.50	97.50	111.25	122.50	165.00
57	82.50	102.50	118.75	130.00	176.25
58	88.75	110.00	127.50	140.00	188.75
59	93.75	117.50	136.25	150.00	201.25
60	101.25	127.50	148.75	161.25	216.25
61	110.00	136.25	160.00	175.00	232.50
62	117.50	147.50	172.50	188.75	248.75
63	126.25	157.50	185.00	201.25	267.50
64	135.00	168.75	197.50	215.00	286.25
65	143.75	181.25	210.00	230.00	306.25
66	156.25	195.00	226.25	247.50	331.25
67	168.75	210.00	245.00	266.25	358.75
68	183.75	230.00	267.50	291.25	391.25
69	198.75	250.00	291.25	317.50	426.25
70	215.00	272.50	317.50	345.00	465.00
71	233.75	298.75	347.50	380.00	508.75
72	256.25	326.25	382.50	417.50	557.50
73	281.25	360.00	420.00	460.00	611.25
74	308.75	395.00	461.25	506.25	672.50
75	340.00	433.75	508.75	557.50	736.25
76	372.50	475.00	558.75	613.75	807.50
77	406.25	520.00	611.25	670.00	882.50
78	440.00	568.75	668.75	733.75	963.75
79	477.50	620.00	730.00	801.25	1048.75
80	516.25				
81	557.50				
82	598.75				
83	641.25				
84	688.75				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0096-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	48.75	60.00	68.75	75.00	100.00
45-49	55.00	66.25	76.25	83.75	110.00
50-54	66.25	82.50	97.50	106.25	138.75
55	76.25	95.00	111.25	120.00	163.75
56	81.25	101.25	117.50	127.50	172.50
57	85.00	107.50	125.00	135.00	183.75
58	91.25	115.00	133.75	145.00	195.00
59	98.75	123.75	142.50	156.25	208.75
60	106.25	132.50	155.00	168.75	223.75
61	113.75	142.50	166.25	182.50	240.00
62	122.50	152.50	177.50	195.00	257.50
63	131.25	163.75	191.25	208.75	276.25
64	140.00	175.00	205.00	223.75	295.00
65	150.00	186.25	217.50	238.75	316.25
66	161.25	201.25	235.00	256.25	341.25
67	175.00	217.50	255.00	276.25	370.00
68	190.00	236.25	276.25	301.25	402.50
69	205.00	257.50	301.25	327.50	440.00
70	222.50	281.25	327.50	357.50	480.00
71	241.25	307.50	358.75	392.50	525.00
72	263.75	336.25	393.75	431.25	575.00
73	290.00	370.00	433.75	475.00	631.25
74	317.50	407.50	476.25	522.50	693.75
75	350.00	447.50	525.00	575.00	760.00
76	382.50	490.00	576.25	632.50	832.50
77	417.50	536.25	631.25	692.50	910.00
78	452.50	586.25	690.00	757.50	992.50
79	491.25	640.00	752.50	827.50	1081.25
80	531.25				
81	572.50				
82	615.00				
83	658.75				
84	706.25				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0096-B37
Long-Term Care Policy

WITH SURVIVORSHIP BENEFIT RIDER R1-N0103-SERIES

When this rider is chosen, multiply the final premium by the appropriate factor.

ISSUE AGE	NO INFLATION PROTECTION	SIMPLE INFLATION PROTECTION	COMPOUND INFLATION PROTECTION
18-44	1.11	1.17	1.17
45-49	1.14	1.21	1.21
50-54	1.18	1.28	1.28
55	1.20	1.30	1.30
56	1.20	1.30	1.30
57	1.21	1.30	1.30
58	1.21	1.30	1.30
59	1.21	1.30	1.30
60	1.21	1.30	1.30
61	1.21	1.30	1.30
62	1.21	1.29	1.29
63	1.21	1.29	1.29
64	1.21	1.28	1.28
65	1.20	1.27	1.27
66	1.20	1.26	1.26
67	1.20	1.26	1.26
68	1.19	1.25	1.25
69	1.19	1.24	1.24
70	1.18	1.23	1.23
71	1.18	1.22	1.22
72	1.17	1.20	1.20
73	1.16	1.19	1.19
74	1.16	1.18	1.18
75	1.15	1.17	1.17
76	1.14	1.16	1.16
77	1.13	1.15	1.15
78	1.12	1.14	1.14
79	1.11	1.13	1.13
80	1.10	1.12	1.12
81	1.09	1.11	1.11
82	1.08	1.10	1.10
83	1.07	1.09	1.09
84	1.06	1.08	1.08

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0096-B37
Long-Term Care Policy

Elimination Period Factors

Rates shown are for 30 day elimination period. Rates for other elimination periods are calculated by multiplying the 30 day rates by the appropriate factor from the following table:

Benefit Maximum	0	14	20	60	90	100	180	365
730x,1095x	1.12	1.07	1.03	0.94	0.90	0.89	0.78	0.67
1460x,1825x	1.10	1.05	1.03	0.95	0.90	0.89	0.79	0.69
Lifetime	1.08	1.04	1.03	0.96	0.92	0.91	0.84	0.75

Table Rating Health Rating Group Factors

Rates shown are for Preferred Rating Group and Select Rating Group. Rates for Table Rating Health Groups 1, 2, 3 and 4 are calculated by multiplying Select rates by 1.25, 1.50, 1.75 and 2.00 respectively.

Spousal Discount

A 20% discount to the rates is available to married couples if both spouses apply for coverage.

Dual Waiver of Premium Rider R1-N0104-Series

An optional dual waiver of premium rider will be offered. If one spouse qualifies for a waiver of premium, the premium of the other spouse will also be waived. If chosen, multiply the final premium by 1.06.

Shared Advantage Rider R1-N0105-Series

This rider will allow two covered spouses to purchase an additional benefit amount that can be used by either spouse after their base benefits are exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	No Inflation Protection	With Inflation Protection
730x	1.30	1.35
1095x	1.21	1.25
1460x	1.15	1.18
1825x	1.12	1.14

Restoration of Benefits Rider R1-N0106-Series

This rider restores the maximum lifetime benefit if the insured has not met the stipulated conditions for a period of 180 consecutive days and the maximum lifetime benefit has not been exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	Factor
730x	1.08
1095x	1.06
1460x,1825x	1.04

Cost of Living Increase Rider R1-N0107-Series

This rider allows the insured to increase their policy limits, subject to the terms of the rider, every three years without additional underwriting. The additional premium charged is based on the attained age and incremental increase in the maximum daily facility benefit when exercised. If chosen, multiply the final premium by the appropriate factor:

Age	Factor
18-44	1.15
45-49	1.12
50-55	1.10
56-58	1.09
59-61	1.08
62-64	1.07
65-67	1.06
68-70	1.05
71-73	1.04
74-76	1.03

Modal Factors

Semi-Annual: 0.52; Quarterly: 0.27; Check-A-Matic: 0.09

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604

Supplement to Rate Sheets for Policy Form P1-N0100-B37
PENNSYLVANIA

All rates for this form should be multiplied by a factor of: 1.9425

This factor represents the **proposed** increase of: 29.5%

And the following prior approved rate increases:

Policy Form	Increase Applies to all Policies or Subsets	Rate Increase Approved	Approval Date of Rate Increase
P1-N0100-B37	--Yes--	20.00%	3/14/2013
P1-N0100-B37	--Yes--	25.00%	12/3/2014

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0100-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	21	24	28	30	38
45-49	23	27	31	33	42
50-54	28	33	38	41	52
55	32	38	44	47	62
56	34	41	47	50	66
57	37	44	50	54	71
58	40	48	54	59	77
59	44	52	59	64	84
60	48	57	65	71	91
61	52	63	71	77	99
62	56	68	77	84	108
63	60	73	83	90	116
64	64	78	89	96	125
65	68	84	95	103	134
66	74	90	103	111	145
67	80	98	112	121	158
68	87	107	123	133	174
69	95	117	135	146	191
70	104	128	148	161	210
71	115	142	164	179	232
72	128	158	183	200	259
73	143	177	205	224	290
74	159	198	230	251	324
75	178	222	258	281	361
76	198	248	288	314	402
77	220	276	321	349	447
78	244	307	357	387	495
79	270	339	395	428	547
80	297				
81	327				
82	358				
83	391				
84	426				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0100-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	25	30	34	36	46
45-49	27	33	37	40	51
50-54	32	39	45	49	64
55	38	45	51	55	73
56	40	48	54	58	77
57	43	51	58	62	82
58	46	55	62	67	88
59	50	60	68	73	95
60	54	65	74	80	104
61	58	71	81	87	112
62	63	76	88	95	122
63	68	82	94	101	131
64	72	88	100	109	141
65	77	95	107	116	152
66	83	101	116	126	164
67	90	111	126	137	179
68	98	121	138	151	196
69	107	132	152	165	216
70	117	145	167	181	237
71	128	160	185	201	263
72	143	178	206	225	293
73	159	199	231	251	327
74	177	223	259	282	365
75	198	249	290	315	407
76	220	277	324	353	454
77	245	309	360	392	504
78	271	343	400	435	557
79	299	380	443	482	616
80	329				
81	361				
82	394				
83	430				
84	468				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0100-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	26	32	36	39	50
45-49	29	35	40	43	55
50-54	34	42	48	52	69
55	40	48	54	59	77
56	42	51	57	62	81
57	45	54	61	66	86
58	48	58	66	71	93
59	52	63	72	77	100
60	57	68	78	84	109
61	61	74	85	91	118
62	66	80	92	99	128
63	71	86	99	106	138
64	75	92	105	114	148
65	81	99	112	122	159
66	87	106	121	132	172
67	94	116	132	144	188
68	102	127	145	158	206
69	112	138	159	173	226
70	122	152	175	190	249
71	134	167	194	211	276
72	149	186	216	235	307
73	166	208	242	263	343
74	185	233	271	295	383
75	207	260	303	330	427
76	230	290	339	369	476
77	255	323	377	411	528
78	282	358	418	456	584
79	311	397	463	505	645
80	342				
81	375				
82	410				
83	447				
84	486				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0100-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	40	49	56	60	82
45-49	44	54	62	67	91
50-54	54	67	77	85	116
55	63	78	90	98	134
56	66	82	95	104	142
57	70	87	101	110	150
58	75	93	108	117	159
59	79	99	115	125	169
60	85	106	122	133	180
61	91	113	131	142	192
62	97	121	140	152	205
63	103	129	150	162	219
64	110	137	159	173	233
65	117	146	170	185	249
66	125	157	182	198	268
67	135	169	197	214	289
68	146	183	213	232	313
69	157	198	230	251	338
70	170	215	250	273	367
71	184	234	272	297	399
72	201	256	298	326	436
73	221	281	328	359	478
74	243	309	361	395	524
75	267	339	397	434	575
76	292	372	436	478	630
77	319	408	479	524	689
78	347	446	525	574	752
79	377	487	574	627	820
80	408				
81	440				
82	474				
83	509				
84	546				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0100-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	46	57	66	72	95
45-49	51	64	73	80	106
50-54	63	79	91	99	134
55	71	90	104	113	154
56	74	95	110	119	162
57	78	100	116	126	170
58	83	106	123	134	180
59	89	112	130	143	191
60	96	119	139	151	202
61	102	127	148	161	216
62	109	136	158	172	230
63	116	144	169	184	246
64	123	154	179	196	262
65	131	164	192	209	280
66	140	176	205	224	300
67	150	190	222	242	324
68	162	205	240	262	351
69	175	223	259	284	379
70	190	242	282	309	411
71	206	263	307	336	447
72	225	288	336	368	489
73	247	315	369	405	535
74	271	346	405	444	586
75	297	380	445	487	643
76	325	415	488	535	704
77	354	455	534	586	769
78	385	496	585	640	839
79	417	542	637	698	913
80	451				
81	486				
82	522				
83	561				
84	601				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0100-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	49	61	70	77	101
45-49	54	68	78	86	112
50-54	67	84	97	105	142
55	75	95	110	120	162
56	78	100	116	126	170
57	82	105	122	133	179
58	87	111	129	141	189
59	93	118	137	150	200
60	100	125	146	159	212
61	107	133	155	169	226
62	114	142	166	181	241
63	121	151	177	193	257
64	129	161	188	206	274
65	137	172	201	219	293
66	146	184	215	235	314
67	157	199	232	254	339
68	169	215	251	275	367
69	183	233	272	298	397
70	198	253	295	324	430
71	215	275	322	353	468
72	235	301	352	386	511
73	258	330	386	424	560
74	283	362	424	465	613
75	310	397	465	510	672
76	339	434	510	559	735
77	369	475	558	612	803
78	401	518	610	668	876
79	434	565	664	729	953
80	469				
81	505				
82	543				
83	583				
84	624				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0100-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	29	36	42	46	61
45-49	32	40	47	51	68
50-54	43	53	60	65	87
55	49	61	69	76	103
56	52	64	73	80	110
57	55	68	78	86	118
58	59	73	84	93	127
59	64	79	91	100	137
60	69	86	99	108	148
61	75	93	108	117	159
62	81	101	117	127	172
63	87	108	126	137	185
64	93	116	135	146	198
65	100	124	144	157	213
66	108	133	155	169	230
67	117	145	169	184	250
68	127	158	185	201	273
69	138	173	202	220	298
70	150	189	221	241	326
71	164	208	243	266	357
72	181	230	269	294	394
73	200	255	298	326	435
74	222	282	331	362	481
75	245	313	366	401	531
76	270	346	404	443	585
77	297	381	446	489	643
78	325	419	491	538	705
79	355	460	538	591	772
80	386				
81	419				
82	453				
83	489				
84	527				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0100-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	35	44	50	55	72
45-49	39	48	56	61	80
50-54	49	61	71	77	101
55	57	71	81	89	120
56	60	75	86	93	128
57	63	79	91	99	136
58	68	85	98	107	146
59	73	92	106	115	156
60	79	99	114	124	167
61	85	106	123	134	179
62	92	115	133	145	193
63	98	123	143	155	207
64	105	131	153	166	222
65	113	141	163	177	238
66	121	151	175	191	257
67	131	164	191	207	279
68	142	178	208	226	305
69	154	195	227	247	333
70	168	213	249	271	365
71	184	234	273	298	400
72	202	258	302	330	441
73	223	285	334	365	487
74	247	316	370	405	538
75	273	349	409	448	593
76	301	385	451	495	654
77	330	424	497	546	718
78	361	465	546	600	787
79	393	510	599	658	861
80	427				
81	462				
82	500				
83	539				
84	580				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0100-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	38	47	54	59	77
45-49	42	52	60	65	85
50-54	52	65	75	82	107
55	60	75	86	94	127
56	63	79	91	99	135
57	67	84	97	105	144
58	72	90	104	113	154
59	77	97	112	121	164
60	83	104	121	131	175
61	89	112	130	141	188
62	96	121	140	152	202
63	103	130	150	163	217
64	110	138	160	174	232
65	118	148	171	186	249
66	126	159	184	200	268
67	137	172	200	217	292
68	149	187	218	237	319
69	161	204	238	259	348
70	176	223	261	284	381
71	192	245	286	312	418
72	211	270	316	345	461
73	233	298	350	382	509
74	258	330	387	423	562
75	285	364	427	468	620
76	314	402	471	517	683
77	344	442	519	570	750
78	376	485	570	627	822
79	409	532	625	687	899
80	444				
81	481				
82	520				
83	560				
84	602				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0100-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	25	28	33	35	45
45-49	27	32	36	39	49
50-54	33	39	45	48	61
55	38	45	52	55	73
56	40	48	55	59	78
57	44	52	59	64	84
58	47	56	64	69	91
59	52	61	69	75	99
60	56	67	76	84	107
61	61	74	84	91	116
62	66	80	91	99	127
63	71	86	98	106	136
64	75	92	105	113	147
65	80	99	112	121	158
66	87	106	121	131	171
67	94	115	132	142	186
68	102	126	145	156	205
69	112	138	159	172	225
70	122	151	174	189	247
71	135	167	193	211	273
72	151	186	215	235	305
73	168	208	241	264	341
74	187	233	271	295	381
75	209	261	304	331	425
76	233	292	339	369	473
77	259	325	378	411	526
78	287	361	420	455	582
79	318	399	465	504	644
80	349				
81	385				
82	421				
83	460				
84	501				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0100-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	29	35	40	42	54
45-49	32	39	44	47	60
50-54	38	46	53	58	75
55	45	53	60	65	86
56	47	56	64	68	91
57	51	60	68	73	96
58	54	65	73	79	104
59	59	71	80	86	112
60	64	76	87	94	122
61	68	84	95	102	132
62	74	89	104	112	144
63	80	96	111	119	154
64	85	104	118	128	166
65	91	112	126	136	179
66	98	119	136	148	193
67	106	131	148	161	211
68	115	142	162	178	231
69	126	155	179	194	254
70	138	171	196	213	279
71	151	188	218	236	309
72	168	209	242	265	345
73	187	234	272	295	385
74	208	262	305	332	429
75	233	293	341	371	479
76	259	326	381	415	534
77	288	364	424	461	593
78	319	404	471	512	655
79	352	447	521	567	725
80	387				
81	425				
82	464				
83	506				
84	551				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0100-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	31	38	42	46	59
45-49	34	41	47	51	65
50-54	40	49	56	61	81
55	47	56	64	69	91
56	49	60	67	73	95
57	53	64	72	78	101
58	56	68	78	84	109
59	61	74	85	91	118
60	67	80	92	99	128
61	72	87	100	107	139
62	78	94	108	116	151
63	84	101	116	125	162
64	88	108	124	134	174
65	95	116	132	144	187
66	102	125	142	155	202
67	111	136	155	169	221
68	120	149	171	186	242
69	132	162	187	204	266
70	144	179	206	224	293
71	158	196	228	248	325
72	175	219	254	276	361
73	195	245	285	309	404
74	218	274	319	347	451
75	244	306	356	388	502
76	271	341	399	434	560
77	300	380	444	484	621
78	332	421	492	536	687
79	366	467	545	594	759
80	402				
81	441				
82	482				
83	526				
84	572				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0100-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	47	58	66	71	96
45-49	52	64	73	79	107
50-54	64	79	91	100	136
55	74	92	106	115	158
56	78	96	112	122	167
57	82	102	119	129	176
58	88	109	127	138	187
59	93	116	135	147	199
60	100	125	144	156	212
61	107	133	154	167	226
62	114	142	165	179	241
63	121	152	176	191	258
64	129	161	187	204	274
65	138	172	200	218	293
66	147	185	214	233	315
67	159	199	232	252	340
68	172	215	251	273	368
69	185	233	271	295	398
70	200	253	294	321	432
71	216	275	320	349	469
72	236	301	351	384	513
73	260	331	386	422	562
74	286	364	425	465	616
75	314	399	467	511	676
76	344	438	513	562	741
77	375	480	564	616	811
78	408	525	618	675	885
79	444	573	675	738	965
80	480				
81	518				
82	558				
83	599				
84	642				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0100-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	54	67	78	85	112
45-49	60	75	86	94	125
50-54	74	93	107	116	158
55	84	106	122	133	181
56	87	112	129	140	191
57	92	118	136	148	200
58	98	125	145	158	212
59	105	132	153	168	225
60	113	140	164	178	238
61	120	149	174	189	254
62	128	160	186	202	271
63	136	169	199	216	289
64	145	181	211	231	308
65	154	193	226	246	329
66	165	207	241	264	353
67	176	224	261	285	381
68	191	241	282	308	413
69	206	262	305	334	446
70	224	285	332	364	484
71	242	309	361	395	526
72	265	339	395	433	575
73	291	371	434	476	629
74	319	407	476	522	689
75	349	447	524	573	756
76	382	488	574	629	828
77	416	535	628	689	905
78	453	584	688	753	987
79	491	638	749	821	1074
80	531				
81	572				
82	614				
83	660				
84	707				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0100-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	58	72	82	91	119
45-49	64	80	92	101	132
50-54	79	99	114	124	167
55	88	112	129	141	191
56	92	118	136	148	200
57	96	124	144	156	211
58	102	131	152	166	222
59	109	139	161	176	235
60	118	147	172	187	249
61	126	156	182	199	266
62	134	167	195	213	284
63	142	178	208	227	302
64	152	189	221	242	322
65	161	202	236	258	345
66	172	216	253	276	369
67	185	234	273	299	399
68	199	253	295	324	432
69	215	274	320	351	467
70	233	298	347	381	506
71	253	324	379	415	551
72	276	354	414	454	601
73	304	388	454	499	659
74	333	426	499	547	721
75	365	467	547	600	791
76	399	511	600	658	865
77	434	559	656	720	945
78	472	609	718	786	1031
79	511	665	781	858	1121
80	552				
81	594				
82	639				
83	686				
84	734				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0100-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	34	42	49	54	72
45-49	38	47	55	60	80
50-54	51	62	71	76	102
55	58	72	81	89	121
56	61	75	86	94	129
57	65	80	92	101	139
58	69	86	99	109	149
59	75	93	107	118	161
60	81	101	116	127	174
61	88	109	127	138	187
62	95	119	138	149	202
63	102	127	148	161	218
64	109	136	159	172	233
65	118	146	169	185	251
66	127	156	182	199	271
67	138	171	199	216	294
68	149	186	218	236	321
69	162	204	238	259	351
70	176	222	260	284	384
71	193	245	286	313	420
72	213	271	316	346	464
73	235	300	351	384	512
74	261	332	389	426	566
75	288	368	431	472	625
76	318	407	475	521	688
77	349	448	525	575	756
78	382	493	578	633	829
79	418	541	633	695	908
80	454				
81	493				
82	533				
83	575				
84	620				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0100-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	41	52	59	65	85
45-49	46	56	66	72	94
50-54	58	72	84	91	119
55	67	84	95	105	141
56	71	88	101	109	151
57	74	93	107	116	160
58	80	100	115	126	172
59	86	108	125	135	184
60	93	116	134	146	196
61	100	125	145	158	211
62	108	135	156	171	227
63	115	145	168	182	244
64	124	154	180	195	261
65	133	166	192	208	280
66	142	178	206	225	302
67	154	193	225	244	328
68	167	209	245	266	359
69	181	229	267	291	392
70	198	251	293	319	429
71	216	275	321	351	471
72	238	304	355	388	519
73	262	335	393	429	573
74	291	372	435	476	633
75	321	411	481	527	698
76	354	453	531	582	769
77	388	499	585	642	845
78	425	547	642	706	926
79	462	600	705	774	1013
80	502				
81	544				
82	588				
83	634				
84	682				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0100-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	45	55	64	69	91
45-49	49	61	71	76	100
50-54	61	76	88	96	126
55	71	88	101	111	149
56	74	93	107	116	159
57	79	99	114	124	169
58	85	106	122	133	181
59	91	114	132	142	193
60	98	122	142	154	206
61	105	132	153	166	221
62	113	142	165	179	238
63	121	153	176	192	255
64	129	162	188	205	273
65	139	174	201	219	293
66	148	187	216	235	315
67	161	202	235	255	344
68	175	220	256	279	375
69	189	240	280	305	409
70	207	262	307	334	448
71	226	288	336	367	492
72	248	318	372	406	542
73	274	351	412	449	599
74	304	388	455	498	661
75	335	428	502	551	729
76	369	473	554	608	804
77	405	520	611	671	882
78	442	571	671	738	967
79	481	626	735	808	1058
80	522				
81	566				
82	612				
83	659				
84	708				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0100-B37
Long-Term Care Policy

WITH SURVIVORSHIP BENEFIT RIDER R1-N0103-SERIES

When this rider is chosen, multiply the final premium by the appropriate factor.

ISSUE AGE	NO INFLATION PROTECTION	SIMPLE INFLATION PROTECTION	COMPOUND INFLATION PROTECTION
18-44	1.11	1.17	1.17
45-49	1.14	1.21	1.21
50-54	1.18	1.28	1.28
55	1.20	1.30	1.30
56	1.20	1.30	1.30
57	1.21	1.30	1.30
58	1.21	1.30	1.30
59	1.21	1.30	1.30
60	1.21	1.30	1.30
61	1.21	1.30	1.30
62	1.21	1.29	1.29
63	1.21	1.29	1.29
64	1.21	1.28	1.28
65	1.20	1.27	1.27
66	1.20	1.26	1.26
67	1.20	1.26	1.26
68	1.19	1.25	1.25
69	1.19	1.24	1.24
70	1.18	1.23	1.23
71	1.18	1.22	1.22
72	1.17	1.20	1.20
73	1.16	1.19	1.19
74	1.16	1.18	1.18
75	1.15	1.17	1.17
76	1.14	1.16	1.16
77	1.13	1.15	1.15
78	1.12	1.14	1.14
79	1.11	1.13	1.13
80	1.10	1.12	1.12
81	1.09	1.11	1.11
82	1.08	1.10	1.10
83	1.07	1.09	1.09
84	1.06	1.08	1.08

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0100-B37
Long-Term Care Policy

Elimination Period Factors

Rates shown are for 30 day elimination period. Rates for other elimination periods are calculated by multiplying the 30 day rates by the appropriate factor from the following table:

Benefit Maximum	0	14	20	60	90	100	180	365
730x,1095x	1.11	1.06	1.03	0.95	0.91	0.90	0.80	0.71
1460x,1825x	1.09	1.05	1.03	0.95	0.91	0.90	0.81	0.72
Lifetime	1.07	1.04	1.03	0.96	0.93	0.92	0.85	0.78

Table Rating Health Rating Group Factors

Rates shown are for Preferred Rating Group and Select Rating Group. Rates for Table Rating Health Groups 1, 2, 3 and 4 are calculated by multiplying Select rates by 1.25, 1.50, 1.75 and 2.00 respectively.

Spousal Discount

A 20% discount to the rates is available to married couples if both spouses apply for coverage.

Dual Waiver of Premium Rider R1-N0104-Series

An optional dual waiver of premium rider will be offered. If one spouse qualifies for a waiver of premium, the premium of the other spouse will also be waived. If chosen, multiply the final premium by 1.06.

Shared Advantage Rider R1-N0105-Series

This rider will allow two covered spouses to purchase an additional benefit amount that can be used by either spouse after their base benefits are exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	No Inflation Protection	With Inflation Protection
730x	1.30	1.35
1095x	1.21	1.25
1460x	1.15	1.18
1825x	1.12	1.14

Restoration of Benefits Rider R1-N0106-Series

This rider restores the maximum lifetime benefit if the insured has not met the stipulated conditions for a period of 180 consecutive days and the maximum lifetime benefit has not been exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	Factor
730x	1.08
1095x	1.06
1460x,1825x	1.04

Cost of Living Increase Rider R1-N0107-Series

This rider allows the insured to increase their policy limits, subject to the terms of the rider, every three years without additional underwriting. The additional premium charged is based on the attained age and incremental increase in the maximum daily facility benefit when exercised. If chosen, multiply the final premium by the appropriate factor:

Age	Factor
18-44	1.15
45-49	1.12
50-55	1.10
56-58	1.09
59-61	1.08
62-64	1.07
65-67	1.06
68-70	1.05
71-73	1.04
74-76	1.03

Modal Factors

Semi-Annual: 0.52; Quarterly: 0.27; Check-A-Matic: 0.09

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604

Supplement to Rate Sheets for Policy Form P1-N0101-B37
PENNSYLVANIA

All rates for this form should be multiplied by a factor of: 1.9425

This factor represents the **proposed** increase of: 29.5%

And the following prior approved rate increases:

Policy Form	Increase Applies to all Policies or Subsets	Rate Increase Approved	Approval Date of Rate Increase
P1-N0101-B37	--Yes--	20.00%	3/14/2013
P1-N0101-B37	--Yes--	25.00%	12/3/2014

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0101-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	26.25	30.00	35.00	37.50	47.50
45-49	28.75	33.75	38.75	41.25	52.50
50-54	35.00	41.25	47.50	51.25	65.00
55	40.00	47.50	55.00	58.75	77.50
56	42.50	51.25	58.75	62.50	82.50
57	46.25	55.00	62.50	67.50	88.75
58	50.00	60.00	67.50	73.75	96.25
59	55.00	65.00	73.75	80.00	105.00
60	60.00	71.25	81.25	88.75	113.75
61	65.00	78.75	88.75	96.25	123.75
62	70.00	85.00	96.25	105.00	135.00
63	75.00	91.25	103.75	112.50	145.00
64	80.00	97.50	111.25	120.00	156.25
65	85.00	105.00	118.75	128.75	167.50
66	92.50	112.50	128.75	138.75	181.25
67	100.00	122.50	140.00	151.25	197.50
68	108.75	133.75	153.75	166.25	217.50
69	118.75	146.25	168.75	182.50	238.75
70	130.00	160.00	185.00	201.25	262.50
71	143.75	177.50	205.00	223.75	290.00
72	160.00	197.50	228.75	250.00	323.75
73	178.75	221.25	256.25	280.00	362.50
74	198.75	247.50	287.50	313.75	405.00
75	222.50	277.50	322.50	351.25	451.25
76	247.50	310.00	360.00	392.50	502.50
77	275.00	345.00	401.25	436.25	558.75
78	305.00	383.75	446.25	483.75	618.75
79	337.50	423.75	493.75	535.00	683.75
80	371.25				
81	408.75				
82	447.50				
83	488.75				
84	532.50				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0101-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	31.25	37.50	42.50	45.00	57.50
45-49	33.75	41.25	46.25	50.00	63.75
50-54	40.00	48.75	56.25	61.25	80.00
55	47.50	56.25	63.75	68.75	91.25
56	50.00	60.00	67.50	72.50	96.25
57	53.75	63.75	72.50	77.50	102.50
58	57.50	68.75	77.50	83.75	110.00
59	62.50	75.00	85.00	91.25	118.75
60	67.50	81.25	92.50	100.00	130.00
61	72.50	88.75	101.25	108.75	140.00
62	78.75	95.00	110.00	118.75	152.50
63	85.00	102.50	117.50	126.25	163.75
64	90.00	110.00	125.00	136.25	176.25
65	96.25	118.75	133.75	145.00	190.00
66	103.75	126.25	145.00	157.50	205.00
67	112.50	138.75	157.50	171.25	223.75
68	122.50	151.25	172.50	188.75	245.00
69	133.75	165.00	190.00	206.25	270.00
70	146.25	181.25	208.75	226.25	296.25
71	160.00	200.00	231.25	251.25	328.75
72	178.75	222.50	257.50	281.25	366.25
73	198.75	248.75	288.75	313.75	408.75
74	221.25	278.75	323.75	352.50	456.25
75	247.50	311.25	362.50	393.75	508.75
76	275.00	346.25	405.00	441.25	567.50
77	306.25	386.25	450.00	490.00	630.00
78	338.75	428.75	500.00	543.75	696.25
79	373.75	475.00	553.75	602.50	770.00
80	411.25				
81	451.25				
82	492.50				
83	537.50				
84	585.00				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0101-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	32.50	40.00	45.00	48.75	62.50
45-49	36.25	43.75	50.00	53.75	68.75
50-54	42.50	52.50	60.00	65.00	86.25
55	50.00	60.00	67.50	73.75	96.25
56	52.50	63.75	71.25	77.50	101.25
57	56.25	67.50	76.25	82.50	107.50
58	60.00	72.50	82.50	88.75	116.25
59	65.00	78.75	90.00	96.25	125.00
60	71.25	85.00	97.50	105.00	136.25
61	76.25	92.50	106.25	113.75	147.50
62	82.50	100.00	115.00	123.75	160.00
63	88.75	107.50	123.75	132.50	172.50
64	93.75	115.00	131.25	142.50	185.00
65	101.25	123.75	140.00	152.50	198.75
66	108.75	132.50	151.25	165.00	215.00
67	117.50	145.00	165.00	180.00	235.00
68	127.50	158.75	181.25	197.50	257.50
69	140.00	172.50	198.75	216.25	282.50
70	152.50	190.00	218.75	237.50	311.25
71	167.50	208.75	242.50	263.75	345.00
72	186.25	232.50	270.00	293.75	383.75
73	207.50	260.00	302.50	328.75	428.75
74	231.25	291.25	338.75	368.75	478.75
75	258.75	325.00	378.75	412.50	533.75
76	287.50	362.50	423.75	461.25	595.00
77	318.75	403.75	471.25	513.75	660.00
78	352.50	447.50	522.50	570.00	730.00
79	388.75	496.25	578.75	631.25	806.25
80	427.50				
81	468.75				
82	512.50				
83	558.75				
84	607.50				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0101-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	50.00	61.25	70.00	75.00	102.50
45-49	55.00	67.50	77.50	83.75	113.75
50-54	67.50	83.75	96.25	106.25	145.00
55	78.75	97.50	112.50	122.50	167.50
56	82.50	102.50	118.75	130.00	177.50
57	87.50	108.75	126.25	137.50	187.50
58	93.75	116.25	135.00	146.25	198.75
59	98.75	123.75	143.75	156.25	211.25
60	106.25	132.50	152.50	166.25	225.00
61	113.75	141.25	163.75	177.50	240.00
62	121.25	151.25	175.00	190.00	256.25
63	128.75	161.25	187.50	202.50	273.75
64	137.50	171.25	198.75	216.25	291.25
65	146.25	182.50	212.50	231.25	311.25
66	156.25	196.25	227.50	247.50	335.00
67	168.75	211.25	246.25	267.50	361.25
68	182.50	228.75	266.25	290.00	391.25
69	196.25	247.50	287.50	313.75	422.50
70	212.50	268.75	312.50	341.25	458.75
71	230.00	292.50	340.00	371.25	498.75
72	251.25	320.00	372.50	407.50	545.00
73	276.25	351.25	410.00	448.75	597.50
74	303.75	386.25	451.25	493.75	655.00
75	333.75	423.75	496.25	542.50	718.75
76	365.00	465.00	545.00	597.50	787.50
77	398.75	510.00	598.75	655.00	861.25
78	433.75	557.50	656.25	717.50	940.00
79	471.25	608.75	717.50	783.75	1025.00
80	510.00				
81	550.00				
82	592.50				
83	636.25				
84	682.50				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0101-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	57.50	71.25	82.50	90.00	118.75
45-49	63.75	80.00	91.25	100.00	132.50
50-54	78.75	98.75	113.75	123.75	167.50
55	88.75	112.50	130.00	141.25	192.50
56	92.50	118.75	137.50	148.75	202.50
57	97.50	125.00	145.00	157.50	212.50
58	103.75	132.50	153.75	167.50	225.00
59	111.25	140.00	162.50	178.75	238.75
60	120.00	148.75	173.75	188.75	252.50
61	127.50	158.75	185.00	201.25	270.00
62	136.25	170.00	197.50	215.00	287.50
63	145.00	180.00	211.25	230.00	307.50
64	153.75	192.50	223.75	245.00	327.50
65	163.75	205.00	240.00	261.25	350.00
66	175.00	220.00	256.25	280.00	375.00
67	187.50	237.50	277.50	302.50	405.00
68	202.50	256.25	300.00	327.50	438.75
69	218.75	278.75	323.75	355.00	473.75
70	237.50	302.50	352.50	386.25	513.75
71	257.50	328.75	383.75	420.00	558.75
72	281.25	360.00	420.00	460.00	611.25
73	308.75	393.75	461.25	506.25	668.75
74	338.75	432.50	506.25	555.00	732.50
75	371.25	475.00	556.25	608.75	803.75
76	406.25	518.75	610.00	668.75	880.00
77	442.50	568.75	667.50	732.50	961.25
78	481.25	620.00	731.25	800.00	1048.75
79	521.25	677.50	796.25	872.50	1141.25
80	563.75				
81	607.50				
82	652.50				
83	701.25				
84	751.25				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0101-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	61.25	76.25	87.50	96.25	126.25
45-49	67.50	85.00	97.50	107.50	140.00
50-54	83.75	105.00	121.25	131.25	177.50
55	93.75	118.75	137.50	150.00	202.50
56	97.50	125.00	145.00	157.50	212.50
57	102.50	131.25	152.50	166.25	223.75
58	108.75	138.75	161.25	176.25	236.25
59	116.25	147.50	171.25	187.50	250.00
60	125.00	156.25	182.50	198.75	265.00
61	133.75	166.25	193.75	211.25	282.50
62	142.50	177.50	207.50	226.25	301.25
63	151.25	188.75	221.25	241.25	321.25
64	161.25	201.25	235.00	257.50	342.50
65	171.25	215.00	251.25	273.75	366.25
66	182.50	230.00	268.75	293.75	392.50
67	196.25	248.75	290.00	317.50	423.75
68	211.25	268.75	313.75	343.75	458.75
69	228.75	291.25	340.00	372.50	496.25
70	247.50	316.25	368.75	405.00	537.50
71	268.75	343.75	402.50	441.25	585.00
72	293.75	376.25	440.00	482.50	638.75
73	322.50	412.50	482.50	530.00	700.00
74	353.75	452.50	530.00	581.25	766.25
75	387.50	496.25	581.25	637.50	840.00
76	423.75	542.50	637.50	698.75	918.75
77	461.25	593.75	697.50	765.00	1003.75
78	501.25	647.50	762.50	835.00	1095.00
79	542.50	706.25	830.00	911.25	1191.25
80	586.25				
81	631.25				
82	678.75				
83	728.75				
84	780.00				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0101-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	36.25	45.00	52.50	57.50	76.25
45-49	40.00	50.00	58.75	63.75	85.00
50-54	53.75	66.25	75.00	81.25	108.75
55	61.25	76.25	86.25	95.00	128.75
56	65.00	80.00	91.25	100.00	137.50
57	68.75	85.00	97.50	107.50	147.50
58	73.75	91.25	105.00	116.25	158.75
59	80.00	98.75	113.75	125.00	171.25
60	86.25	107.50	123.75	135.00	185.00
61	93.75	116.25	135.00	146.25	198.75
62	101.25	126.25	146.25	158.75	215.00
63	108.75	135.00	157.50	171.25	231.25
64	116.25	145.00	168.75	182.50	247.50
65	125.00	155.00	180.00	196.25	266.25
66	135.00	166.25	193.75	211.25	287.50
67	146.25	181.25	211.25	230.00	312.50
68	158.75	197.50	231.25	251.25	341.25
69	172.50	216.25	252.50	275.00	372.50
70	187.50	236.25	276.25	301.25	407.50
71	205.00	260.00	303.75	332.50	446.25
72	226.25	287.50	336.25	367.50	492.50
73	250.00	318.75	372.50	407.50	543.75
74	277.50	352.50	413.75	452.50	601.25
75	306.25	391.25	457.50	501.25	663.75
76	337.50	432.50	505.00	553.75	731.25
77	371.25	476.25	557.50	611.25	803.75
78	406.25	523.75	613.75	672.50	881.25
79	443.75	575.00	672.50	738.75	965.00
80	482.50				
81	523.75				
82	566.25				
83	611.25				
84	658.75				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0101-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	43.75	55.00	62.50	68.75	90.00
45-49	48.75	60.00	70.00	76.25	100.00
50-54	61.25	76.25	88.75	96.25	126.25
55	71.25	88.75	101.25	111.25	150.00
56	75.00	93.75	107.50	116.25	160.00
57	78.75	98.75	113.75	123.75	170.00
58	85.00	106.25	122.50	133.75	182.50
59	91.25	115.00	132.50	143.75	195.00
60	98.75	123.75	142.50	155.00	208.75
61	106.25	132.50	153.75	167.50	223.75
62	115.00	143.75	166.25	181.25	241.25
63	122.50	153.75	178.75	193.75	258.75
64	131.25	163.75	191.25	207.50	277.50
65	141.25	176.25	203.75	221.25	297.50
66	151.25	188.75	218.75	238.75	321.25
67	163.75	205.00	238.75	258.75	348.75
68	177.50	222.50	260.00	282.50	381.25
69	192.50	243.75	283.75	308.75	416.25
70	210.00	266.25	311.25	338.75	456.25
71	230.00	292.50	341.25	372.50	500.00
72	252.50	322.50	377.50	412.50	551.25
73	278.75	356.25	417.50	456.25	608.75
74	308.75	395.00	462.50	506.25	672.50
75	341.25	436.25	511.25	560.00	741.25
76	376.25	481.25	563.75	618.75	817.50
77	412.50	530.00	621.25	682.50	897.50
78	451.25	581.25	682.50	750.00	983.75
79	491.25	637.50	748.75	822.50	1076.25
80	533.75				
81	577.50				
82	625.00				
83	673.75				
84	725.00				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0101-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	47.50	58.75	67.50	73.75	96.25
45-49	52.50	65.00	75.00	81.25	106.25
50-54	65.00	81.25	93.75	102.50	133.75
55	75.00	93.75	107.50	117.50	158.75
56	78.75	98.75	113.75	123.75	168.75
57	83.75	105.00	121.25	131.25	180.00
58	90.00	112.50	130.00	141.25	192.50
59	96.25	121.25	140.00	151.25	205.00
60	103.75	130.00	151.25	163.75	218.75
61	111.25	140.00	162.50	176.25	235.00
62	120.00	151.25	175.00	190.00	252.50
63	128.75	162.50	187.50	203.75	271.25
64	137.50	172.50	200.00	217.50	290.00
65	147.50	185.00	213.75	232.50	311.25
66	157.50	198.75	230.00	250.00	335.00
67	171.25	215.00	250.00	271.25	365.00
68	186.25	233.75	272.50	296.25	398.75
69	201.25	255.00	297.50	323.75	435.00
70	220.00	278.75	326.25	355.00	476.25
71	240.00	306.25	357.50	390.00	522.50
72	263.75	337.50	395.00	431.25	576.25
73	291.25	372.50	437.50	477.50	636.25
74	322.50	412.50	483.75	528.75	702.50
75	356.25	455.00	533.75	585.00	775.00
76	392.50	502.50	588.75	646.25	853.75
77	430.00	552.50	648.75	712.50	937.50
78	470.00	606.25	712.50	783.75	1027.50
79	511.25	665.00	781.25	858.75	1123.75
80	555.00				
81	601.25				
82	650.00				
83	700.00				
84	752.50				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0101-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	31.25	35.00	41.25	43.75	56.25
45-49	33.75	40.00	45.00	48.75	61.25
50-54	41.25	48.75	56.25	60.00	76.25
55	47.50	56.25	65.00	68.75	91.25
56	50.00	60.00	68.75	73.75	97.50
57	55.00	65.00	73.75	80.00	105.00
58	58.75	70.00	80.00	86.25	113.75
59	65.00	76.25	86.25	93.75	123.75
60	70.00	83.75	95.00	105.00	133.75
61	76.25	92.50	105.00	113.75	145.00
62	82.50	100.00	113.75	123.75	158.75
63	88.75	107.50	122.50	132.50	170.00
64	93.75	115.00	131.25	141.25	183.75
65	100.00	123.75	140.00	151.25	197.50
66	108.75	132.50	151.25	163.75	213.75
67	117.50	143.75	165.00	177.50	232.50
68	127.50	157.50	181.25	195.00	256.25
69	140.00	172.50	198.75	215.00	281.25
70	152.50	188.75	217.50	236.25	308.75
71	168.75	208.75	241.25	263.75	341.25
72	188.75	232.50	268.75	293.75	381.25
73	210.00	260.00	301.25	330.00	426.25
74	233.75	291.25	338.75	368.75	476.25
75	261.25	326.25	380.00	413.75	531.25
76	291.25	365.00	423.75	461.25	591.25
77	323.75	406.25	472.50	513.75	657.50
78	358.75	451.25	525.00	568.75	727.50
79	397.50	498.75	581.25	630.00	805.00
80	436.25				
81	481.25				
82	526.25				
83	575.00				
84	626.25				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0101-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	36.25	43.75	50.00	52.50	67.50
45-49	40.00	48.75	55.00	58.75	75.00
50-54	47.50	57.50	66.25	72.50	93.75
55	56.25	66.25	75.00	81.25	107.50
56	58.75	70.00	80.00	85.00	113.75
57	63.75	75.00	85.00	91.25	120.00
58	67.50	81.25	91.25	98.75	130.00
59	73.75	88.75	100.00	107.50	140.00
60	80.00	95.00	108.75	117.50	152.50
61	85.00	105.00	118.75	127.50	165.00
62	92.50	111.25	130.00	140.00	180.00
63	100.00	120.00	138.75	148.75	192.50
64	106.25	130.00	147.50	160.00	207.50
65	113.75	140.00	157.50	170.00	223.75
66	122.50	148.75	170.00	185.00	241.25
67	132.50	163.75	185.00	201.25	263.75
68	143.75	177.50	202.50	222.50	288.75
69	157.50	193.75	223.75	242.50	317.50
70	172.50	213.75	245.00	266.25	348.75
71	188.75	235.00	272.50	295.00	386.25
72	210.00	261.25	302.50	331.25	431.25
73	233.75	292.50	340.00	368.75	481.25
74	260.00	327.50	381.25	415.00	536.25
75	291.25	366.25	426.25	463.75	598.75
76	323.75	407.50	476.25	518.75	667.50
77	360.00	455.00	530.00	576.25	741.25
78	398.75	505.00	588.75	640.00	818.75
79	440.00	558.75	651.25	708.75	906.25
80	483.75				
81	531.25				
82	580.00				
83	632.50				
84	688.75				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0101-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	38.75	47.50	52.50	57.50	73.75
45-49	42.50	51.25	58.75	63.75	81.25
50-54	50.00	61.25	70.00	76.25	101.25
55	58.75	70.00	80.00	86.25	113.75
56	61.25	75.00	83.75	91.25	118.75
57	66.25	80.00	90.00	97.50	126.25
58	70.00	85.00	97.50	105.00	136.25
59	76.25	92.50	106.25	113.75	147.50
60	83.75	100.00	115.00	123.75	160.00
61	90.00	108.75	125.00	133.75	173.75
62	97.50	117.50	135.00	145.00	188.75
63	105.00	126.25	145.00	156.25	202.50
64	110.00	135.00	155.00	167.50	217.50
65	118.75	145.00	165.00	180.00	233.75
66	127.50	156.25	177.50	193.75	252.50
67	138.75	170.00	193.75	211.25	276.25
68	150.00	186.25	213.75	232.50	302.50
69	165.00	202.50	233.75	255.00	332.50
70	180.00	223.75	257.50	280.00	366.25
71	197.50	245.00	285.00	310.00	406.25
72	218.75	273.75	317.50	345.00	451.25
73	243.75	306.25	356.25	386.25	505.00
74	272.50	342.50	398.75	433.75	563.75
75	305.00	382.50	445.00	485.00	627.50
76	338.75	426.25	498.75	542.50	700.00
77	375.00	475.00	555.00	605.00	776.25
78	415.00	526.25	615.00	670.00	858.75
79	457.50	583.75	681.25	742.50	948.75
80	502.50				
81	551.25				
82	602.50				
83	657.50				
84	715.00				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0101-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	58.75	72.50	82.50	88.75	120.00
45-49	65.00	80.00	91.25	98.75	133.75
50-54	80.00	98.75	113.75	125.00	170.00
55	92.50	115.00	132.50	143.75	197.50
56	97.50	120.00	140.00	152.50	208.75
57	102.50	127.50	148.75	161.25	220.00
58	110.00	136.25	158.75	172.50	233.75
59	116.25	145.00	168.75	183.75	248.75
60	125.00	156.25	180.00	195.00	265.00
61	133.75	166.25	192.50	208.75	282.50
62	142.50	177.50	206.25	223.75	301.25
63	151.25	190.00	220.00	238.75	322.50
64	161.25	201.25	233.75	255.00	342.50
65	172.50	215.00	250.00	272.50	366.25
66	183.75	231.25	267.50	291.25	393.75
67	198.75	248.75	290.00	315.00	425.00
68	215.00	268.75	313.75	341.25	460.00
69	231.25	291.25	338.75	368.75	497.50
70	250.00	316.25	367.50	401.25	540.00
71	270.00	343.75	400.00	436.25	586.25
72	295.00	376.25	438.75	480.00	641.25
73	325.00	413.75	482.50	527.50	702.50
74	357.50	455.00	531.25	581.25	770.00
75	392.50	498.75	583.75	638.75	845.00
76	430.00	547.50	641.25	702.50	926.25
77	468.75	600.00	705.00	770.00	1013.75
78	510.00	656.25	772.50	843.75	1106.25
79	555.00	716.25	843.75	922.50	1206.25
80	600.00				
81	647.50				
82	697.50				
83	748.75				
84	802.50				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0101-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	67.50	83.75	97.50	106.25	140.00
45-49	75.00	93.75	107.50	117.50	156.25
50-54	92.50	116.25	133.75	145.00	197.50
55	105.00	132.50	152.50	166.25	226.25
56	108.75	140.00	161.25	175.00	238.75
57	115.00	147.50	170.00	185.00	250.00
58	122.50	156.25	181.25	197.50	265.00
59	131.25	165.00	191.25	210.00	281.25
60	141.25	175.00	205.00	222.50	297.50
61	150.00	186.25	217.50	236.25	317.50
62	160.00	200.00	232.50	252.50	338.75
63	170.00	211.25	248.75	270.00	361.25
64	181.25	226.25	263.75	288.75	385.00
65	192.50	241.25	282.50	307.50	411.25
66	206.25	258.75	301.25	330.00	441.25
67	220.00	280.00	326.25	356.25	476.25
68	238.75	301.25	352.50	385.00	516.25
69	257.50	327.50	381.25	417.50	557.50
70	280.00	356.25	415.00	455.00	605.00
71	302.50	386.25	451.25	493.75	657.50
72	331.25	423.75	493.75	541.25	718.75
73	363.75	463.75	542.50	595.00	786.25
74	398.75	508.75	595.00	652.50	861.25
75	436.25	558.75	655.00	716.25	945.00
76	477.50	610.00	717.50	786.25	1035.00
77	520.00	668.75	785.00	861.25	1131.25
78	566.25	730.00	860.00	941.25	1233.75
79	613.75	797.50	936.25	1026.25	1342.50
80	663.75				
81	715.00				
82	767.50				
83	825.00				
84	883.75				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0101-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	72.50	90.00	102.50	113.75	148.75
45-49	80.00	100.00	115.00	126.25	165.00
50-54	98.75	123.75	142.50	155.00	208.75
55	110.00	140.00	161.25	176.25	238.75
56	115.00	147.50	170.00	185.00	250.00
57	120.00	155.00	180.00	195.00	263.75
58	127.50	163.75	190.00	207.50	277.50
59	136.25	173.75	201.25	220.00	293.75
60	147.50	183.75	215.00	233.75	311.25
61	157.50	195.00	227.50	248.75	332.50
62	167.50	208.75	243.75	266.25	355.00
63	177.50	222.50	260.00	283.75	377.50
64	190.00	236.25	276.25	302.50	402.50
65	201.25	252.50	295.00	322.50	431.25
66	215.00	270.00	316.25	345.00	461.25
67	231.25	292.50	341.25	373.75	498.75
68	248.75	316.25	368.75	405.00	540.00
69	268.75	342.50	400.00	438.75	583.75
70	291.25	372.50	433.75	476.25	632.50
71	316.25	405.00	473.75	518.75	688.75
72	345.00	442.50	517.50	567.50	751.25
73	380.00	485.00	567.50	623.75	823.75
74	416.25	532.50	623.75	683.75	901.25
75	456.25	583.75	683.75	750.00	988.75
76	498.75	638.75	750.00	822.50	1081.25
77	542.50	698.75	820.00	900.00	1181.25
78	590.00	761.25	897.50	982.50	1288.75
79	638.75	831.25	976.25	1072.50	1401.25
80	690.00				
81	742.50				
82	798.75				
83	857.50				
84	917.50				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0101-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	42.50	52.50	61.25	67.50	90.00
45-49	47.50	58.75	68.75	75.00	100.00
50-54	63.75	77.50	88.75	95.00	127.50
55	72.50	90.00	101.25	111.25	151.25
56	76.25	93.75	107.50	117.50	161.25
57	81.25	100.00	115.00	126.25	173.75
58	86.25	107.50	123.75	136.25	186.25
59	93.75	116.25	133.75	147.50	201.25
60	101.25	126.25	145.00	158.75	217.50
61	110.00	136.25	158.75	172.50	233.75
62	118.75	148.75	172.50	186.25	252.50
63	127.50	158.75	185.00	201.25	272.50
64	136.25	170.00	198.75	215.00	291.25
65	147.50	182.50	211.25	231.25	313.75
66	158.75	195.00	227.50	248.75	338.75
67	172.50	213.75	248.75	270.00	367.50
68	186.25	232.50	272.50	295.00	401.25
69	202.50	255.00	297.50	323.75	438.75
70	220.00	277.50	325.00	355.00	480.00
71	241.25	306.25	357.50	391.25	525.00
72	266.25	338.75	395.00	432.50	580.00
73	293.75	375.00	438.75	480.00	640.00
74	326.25	415.00	486.25	532.50	707.50
75	360.00	460.00	538.75	590.00	781.25
76	397.50	508.75	593.75	651.25	860.00
77	436.25	560.00	656.25	718.75	945.00
78	477.50	616.25	722.50	791.25	1036.25
79	522.50	676.25	791.25	868.75	1135.00
80	567.50				
81	616.25				
82	666.25				
83	718.75				
84	775.00				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0101-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	51.25	65.00	73.75	81.25	106.25
45-49	57.50	70.00	82.50	90.00	117.50
50-54	72.50	90.00	105.00	113.75	148.75
55	83.75	105.00	118.75	131.25	176.25
56	88.75	110.00	126.25	136.25	188.75
57	92.50	116.25	133.75	145.00	200.00
58	100.00	125.00	143.75	157.50	215.00
59	107.50	135.00	156.25	168.75	230.00
60	116.25	145.00	167.50	182.50	245.00
61	125.00	156.25	181.25	197.50	263.75
62	135.00	168.75	195.00	213.75	283.75
63	143.75	181.25	210.00	227.50	305.00
64	155.00	192.50	225.00	243.75	326.25
65	166.25	207.50	240.00	260.00	350.00
66	177.50	222.50	257.50	281.25	377.50
67	192.50	241.25	281.25	305.00	410.00
68	208.75	261.25	306.25	332.50	448.75
69	226.25	286.25	333.75	363.75	490.00
70	247.50	313.75	366.25	398.75	536.25
71	270.00	343.75	401.25	438.75	588.75
72	297.50	380.00	443.75	485.00	648.75
73	327.50	418.75	491.25	536.25	716.25
74	363.75	465.00	543.75	595.00	791.25
75	401.25	513.75	601.25	658.75	872.50
76	442.50	566.25	663.75	727.50	961.25
77	485.00	623.75	731.25	802.50	1056.25
78	531.25	683.75	802.50	882.50	1157.50
79	577.50	750.00	881.25	967.50	1266.25
80	627.50				
81	680.00				
82	735.00				
83	792.50				
84	852.50				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0101-B37
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	56.25	68.75	80.00	86.25	113.75
45-49	61.25	76.25	88.75	95.00	125.00
50-54	76.25	95.00	110.00	120.00	157.50
55	88.75	110.00	126.25	138.75	186.25
56	92.50	116.25	133.75	145.00	198.75
57	98.75	123.75	142.50	155.00	211.25
58	106.25	132.50	152.50	166.25	226.25
59	113.75	142.50	165.00	177.50	241.25
60	122.50	152.50	177.50	192.50	257.50
61	131.25	165.00	191.25	207.50	276.25
62	141.25	177.50	206.25	223.75	297.50
63	151.25	191.25	220.00	240.00	318.75
64	161.25	202.50	235.00	256.25	341.25
65	173.75	217.50	251.25	273.75	366.25
66	185.00	233.75	270.00	293.75	393.75
67	201.25	252.50	293.75	318.75	430.00
68	218.75	275.00	320.00	348.75	468.75
69	236.25	300.00	350.00	381.25	511.25
70	258.75	327.50	383.75	417.50	560.00
71	282.50	360.00	420.00	458.75	615.00
72	310.00	397.50	465.00	507.50	677.50
73	342.50	438.75	515.00	561.25	748.75
74	380.00	485.00	568.75	622.50	826.25
75	418.75	535.00	627.50	688.75	911.25
76	461.25	591.25	692.50	760.00	1005.00
77	506.25	650.00	763.75	838.75	1102.50
78	552.50	713.75	838.75	922.50	1208.75
79	601.25	782.50	918.75	1010.00	1322.50
80	652.50				
81	707.50				
82	765.00				
83	823.75				
84	885.00				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0101-B37
Long-Term Care Policy

WITH SURVIVORSHIP BENEFIT RIDER R1-N0103-SERIES

When this rider is chosen, multiply the final premium by the appropriate factor.

ISSUE AGE	NO INFLATION PROTECTION	SIMPLE INFLATION PROTECTION	COMPOUND INFLATION PROTECTION
18-44	1.11	1.17	1.17
45-49	1.14	1.21	1.21
50-54	1.18	1.28	1.28
55	1.20	1.30	1.30
56	1.20	1.30	1.30
57	1.21	1.30	1.30
58	1.21	1.30	1.30
59	1.21	1.30	1.30
60	1.21	1.30	1.30
61	1.21	1.30	1.30
62	1.21	1.29	1.29
63	1.21	1.29	1.29
64	1.21	1.28	1.28
65	1.20	1.27	1.27
66	1.20	1.26	1.26
67	1.20	1.26	1.26
68	1.19	1.25	1.25
69	1.19	1.24	1.24
70	1.18	1.23	1.23
71	1.18	1.22	1.22
72	1.17	1.20	1.20
73	1.16	1.19	1.19
74	1.16	1.18	1.18
75	1.15	1.17	1.17
76	1.14	1.16	1.16
77	1.13	1.15	1.15
78	1.12	1.14	1.14
79	1.11	1.13	1.13
80	1.10	1.12	1.12
81	1.09	1.11	1.11
82	1.08	1.10	1.10
83	1.07	1.09	1.09
84	1.06	1.08	1.08

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0101-B37
Long-Term Care Policy

Elimination Period Factors

Rates shown are for 30 day elimination period. Rates for other elimination periods are calculated by multiplying the 30 day rates by the appropriate factor from the following table:

Benefit Maximum	0	14	20	60	90	100	180	365
730x,1095x	1.11	1.06	1.03	0.95	0.91	0.90	0.80	0.71
1460x,1825x	1.09	1.05	1.03	0.95	0.91	0.90	0.81	0.72
Lifetime	1.07	1.04	1.03	0.96	0.93	0.92	0.85	0.78

Table Rating Health Rating Group Factors

Rates shown are for Preferred Rating Group and Select Rating Group. Rates for Table Rating Health Groups 1, 2, 3 and 4 are calculated by multiplying Select rates by 1.25, 1.50, 1.75 and 2.00 respectively.

Spousal Discount

A 20% discount to the rates is available to married couples if both spouses apply for coverage.

Dual Waiver of Premium Rider R1-N0104-Series

An optional dual waiver of premium rider will be offered. If one spouse qualifies for a waiver of premium, the premium of the other spouse will also be waived. If chosen, multiply the final premium by 1.06.

Shared Advantage Rider R1-N0105-Series

This rider will allow two covered spouses to purchase an additional benefit amount that can be used by either spouse after their base benefits are exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	No Inflation Protection	With Inflation Protection
730x	1.30	1.35
1095x	1.21	1.25
1460x	1.15	1.18
1825x	1.12	1.14

Restoration of Benefits Rider R1-N0106-Series

This rider restores the maximum lifetime benefit if the insured has not met the stipulated conditions for a period of 180 consecutive days and the maximum lifetime benefit has not been exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	Factor
730x	1.08
1095x	1.06
1460x,1825x	1.04

Cost of Living Increase Rider R1-N0107-Series

This rider allows the insured to increase their policy limits, subject to the terms of the rider, every three years without additional underwriting. The additional premium charged is based on the attained age and incremental increase in the maximum daily facility benefit when exercised. If chosen, multiply the final premium by the appropriate factor:

Age	Factor
18-44	1.15
45-49	1.12
50-55	1.10
56-58	1.09
59-61	1.08
62-64	1.07
65-67	1.06
68-70	1.05
71-73	1.04
74-76	1.03

Modal Factors

Semi-Annual: 0.52; Quarterly: 0.27; Check-A-Matic: 0.09

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604

Supplement to Rate Sheets for Policy Form P1-N0075-B87
PENNSYLVANIA

All rates for this form should be multiplied by a factor of: 1.9425

This factor represents the **proposed** increase of: 29.5%

And the following prior approved rate increases:

Policy Form	Increase Applies to all Policies or Subsets	Rate Increase Approved	Approval Date of Rate Increase
P1-N0075-B87	--Yes--	20.00%	3/14/2013
P1-N0075-B87	--Yes--	25.00%	12/3/2014

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0075-B87
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	17.34	19.38	22.44	23.46	24.48
45-49	19.38	21.42	24.48	25.50	27.54
50-54	23.46	26.52	29.58	31.62	35.70
55	26.52	30.60	34.68	37.74	44.88
56	28.56	32.64	37.74	40.80	48.96
57	30.60	35.70	40.80	43.86	54.06
58	33.66	38.76	44.88	47.94	59.16
59	36.72	42.84	48.96	52.02	65.28
60	40.80	47.94	54.06	57.12	71.40
61	43.86	52.02	59.16	62.22	77.52
62	47.94	57.12	64.26	68.34	84.66
63	51.00	61.20	69.36	73.44	90.78
64	54.06	65.28	74.46	79.56	96.90
65	58.14	69.36	79.56	85.68	104.04
66	62.22	75.48	85.68	92.82	112.20
67	67.32	81.60	93.84	100.98	122.40
68	73.44	89.76	103.02	111.18	134.64
69	80.58	97.92	113.22	121.38	146.88
70	87.72	107.10	124.44	133.62	162.18
71	96.90	118.32	136.68	147.90	179.52
72	107.10	131.58	151.98	164.22	198.90
73	119.34	146.88	169.32	182.58	221.34
74	132.60	163.20	188.70	204.00	246.84
75	147.90	181.56	209.10	226.44	274.38
76	164.22	201.96	232.56	250.92	303.96
77	181.56	223.38	257.04	277.44	336.60
78	199.92	246.84	283.56	306.00	371.28
79	220.32	271.32	312.12	336.60	409.02
80	240.72				
81	263.16				
82	286.62				
83	311.10				
84	337.62				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0075-B87
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	32.64	39.78	45.90	49.98	60.18
45-49	35.70	43.86	51.00	55.08	67.32
50-54	43.86	54.06	63.24	68.34	85.68
55	53.04	64.26	74.46	79.56	102.00
56	56.10	68.34	78.54	84.66	109.14
57	60.18	73.44	83.64	89.76	116.28
58	64.26	78.54	89.76	95.88	124.44
59	68.34	83.64	95.88	103.02	132.60
60	72.42	89.76	103.02	111.18	141.78
61	77.52	95.88	110.16	119.34	150.96
62	82.62	102.00	118.32	128.52	162.18
63	87.72	109.14	126.48	136.68	173.40
64	93.84	115.26	134.64	145.86	185.64
65	99.96	123.42	142.80	155.04	198.90
66	107.10	131.58	153.00	165.24	213.18
67	115.26	141.78	164.22	177.48	229.50
68	124.44	153.00	177.48	191.76	247.86
69	133.62	165.24	190.74	207.06	267.24
70	144.84	179.52	207.06	224.40	287.64
71	157.08	194.82	224.40	243.78	312.12
72	170.34	212.16	244.80	266.22	339.66
73	185.64	231.54	268.26	291.72	370.26
74	202.98	253.98	293.76	320.28	404.94
75	221.34	277.44	322.32	350.88	441.66
76	240.72	302.94	352.92	384.54	482.46
77	261.12	330.48	385.56	421.26	525.30
78	282.54	360.06	421.26	460.02	571.20
79	304.98	391.68	459.00	501.84	621.18
80	329.46				
81	353.94				
82	380.46				
83	408.00				
84	436.56				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0075-B87
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	23.46	28.56	32.64	35.70	42.84
45-49	25.50	31.62	36.72	39.78	47.94
50-54	35.70	42.84	49.98	54.06	65.28
55	40.80	49.98	57.12	61.20	78.54
56	42.84	53.04	60.18	65.28	83.64
57	45.90	57.12	64.26	69.36	89.76
58	49.98	62.22	69.36	75.48	96.90
59	54.06	67.32	75.48	81.60	106.08
60	59.16	73.44	82.62	89.76	115.26
61	64.26	79.56	90.78	97.92	125.46
62	69.36	85.68	97.92	106.08	135.66
63	74.46	91.80	105.06	114.24	145.86
64	79.56	97.92	112.20	122.40	157.08
65	84.66	105.06	120.36	130.56	168.30
66	91.80	113.22	129.54	140.76	182.58
67	98.94	122.40	140.76	153.00	197.88
68	107.10	133.62	154.02	167.28	215.22
69	117.30	145.86	168.30	182.58	234.60
70	127.50	159.12	183.60	199.92	257.04
71	139.74	174.42	201.96	219.30	280.50
72	153.00	191.76	222.36	241.74	308.04
73	168.30	211.14	244.80	267.24	338.64
74	185.64	232.56	270.30	294.78	372.30
75	204.00	256.02	297.84	324.36	408.00
76	223.38	281.52	327.42	357.00	447.78
77	243.78	308.04	359.04	391.68	489.60
78	265.20	336.60	392.70	429.42	534.48
79	287.64	367.20	429.42	469.20	582.42
80	312.12				
81	336.60				
82	363.12				
83	390.66				
84	419.22				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0075-B87
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	20.40	22.44	26.52	27.54	28.56
45-49	22.44	25.50	28.56	29.58	32.64
50-54	27.54	31.62	34.68	36.72	41.82
55	31.62	35.70	40.80	44.88	53.04
56	33.66	38.76	44.88	47.94	57.12
57	35.70	41.82	47.94	52.02	63.24
58	39.78	45.90	53.04	56.10	69.36
59	42.84	49.98	57.12	61.20	76.50
60	47.94	56.10	63.24	67.32	83.64
61	52.02	61.20	69.36	73.44	90.78
62	56.10	67.32	75.48	80.58	99.96
63	60.18	72.42	81.60	86.70	107.10
64	63.24	76.50	87.72	93.84	114.24
65	68.34	81.60	93.84	100.98	122.40
66	73.44	88.74	100.98	109.14	131.58
67	79.56	95.88	110.16	118.32	143.82
68	86.70	106.08	121.38	130.56	158.10
69	94.86	115.26	133.62	142.80	172.38
70	103.02	126.48	146.88	157.08	190.74
71	114.24	138.72	161.16	174.42	211.14
72	126.48	155.04	178.50	192.78	233.58
73	140.76	172.38	198.90	215.22	260.10
74	156.06	191.76	222.36	239.70	290.70
75	174.42	213.18	245.82	266.22	322.32
76	192.78	237.66	273.36	294.78	358.02
77	213.18	263.16	301.92	326.40	395.76
78	235.62	290.70	333.54	360.06	436.56
79	259.08	319.26	367.20	395.76	481.44
80	283.56				
81	310.08				
82	337.62				
83	366.18				
84	396.78				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0075-B87
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	38.76	46.92	54.06	59.16	70.38
45-49	41.82	52.02	60.18	65.28	79.56
50-54	52.02	63.24	74.46	80.58	100.98
55	62.22	75.48	87.72	93.84	120.36
56	66.30	80.58	92.82	99.96	128.52
57	70.38	86.70	97.92	106.08	136.68
58	75.48	92.82	106.08	113.22	146.88
59	80.58	97.92	113.22	121.38	156.06
60	85.68	106.08	121.38	130.56	167.28
61	90.78	113.22	129.54	140.76	177.48
62	96.90	120.36	138.72	150.96	190.74
63	103.02	128.52	148.92	161.16	204.00
64	110.16	135.66	158.10	171.36	218.28
65	117.30	144.84	168.30	182.58	233.58
66	126.48	155.04	179.52	194.82	250.92
67	135.66	167.28	192.78	209.10	270.30
68	146.88	179.52	209.10	225.42	291.72
69	157.08	194.82	224.40	243.78	314.16
70	170.34	211.14	243.78	264.18	338.64
71	184.62	229.50	264.18	286.62	367.20
72	199.92	249.90	287.64	313.14	399.84
73	218.28	272.34	315.18	342.72	435.54
74	238.68	298.86	345.78	376.38	476.34
75	260.10	326.40	379.44	413.10	519.18
76	283.56	355.98	415.14	452.88	567.12
77	307.02	388.62	453.90	495.72	618.12
78	332.52	423.30	495.72	541.62	672.18
79	359.04	461.04	539.58	590.58	730.32
80	387.60				
81	416.16				
82	447.78				
83	480.42				
84	514.08				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0075-B87
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	27.54	33.66	38.76	41.82	49.98
45-49	29.58	36.72	42.84	46.92	56.10
50-54	41.82	49.98	59.16	63.24	76.50
55	47.94	59.16	67.32	72.42	92.82
56	49.98	62.22	70.38	76.50	97.92
57	54.06	67.32	75.48	81.60	106.08
58	59.16	73.44	81.60	88.74	114.24
59	63.24	79.56	88.74	95.88	124.44
60	69.36	86.70	96.90	106.08	135.66
61	75.48	93.84	107.10	115.26	147.90
62	81.60	100.98	115.26	124.44	159.12
63	87.72	108.12	123.42	134.64	171.36
64	93.84	115.26	131.58	143.82	184.62
65	99.96	123.42	141.78	154.02	197.88
66	108.12	133.62	151.98	165.24	215.22
67	116.28	143.82	165.24	179.52	232.56
68	126.48	157.08	181.56	196.86	252.96
69	137.70	171.36	197.88	215.22	276.42
70	149.94	187.68	216.24	235.62	301.92
71	164.22	205.02	237.66	258.06	330.48
72	179.52	225.42	261.12	284.58	362.10
73	197.88	248.88	287.64	314.16	398.82
74	218.28	273.36	318.24	346.80	437.58
75	239.70	300.90	350.88	381.48	480.42
76	263.16	331.50	385.56	420.24	526.32
77	286.62	362.10	422.28	461.04	576.30
78	312.12	395.76	462.06	504.90	628.32
79	338.64	432.48	504.90	551.82	685.44
80	367.20				
81	395.76				
82	427.38				
83	460.02				
84	493.68				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0075-B87
Long-Term Care Policy: Facility Only Coverage

WITH SURVIVORSHIP BENEFIT RIDER R1-N0103-SERIES

When this rider is chosen, multiply the final premium by the appropriate factor.

ISSUE AGE	NO INFLATION PROTECTION	SIMPLE INFLATION PROTECTION	COMPOUND INFLATION PROTECTION
18-44	1.11	1.17	1.17
45-49	1.14	1.21	1.21
50-54	1.18	1.28	1.28
55	1.20	1.30	1.30
56	1.20	1.30	1.30
57	1.21	1.30	1.30
58	1.21	1.30	1.30
59	1.21	1.30	1.30
60	1.21	1.30	1.30
61	1.21	1.30	1.30
62	1.21	1.29	1.29
63	1.21	1.29	1.29
64	1.21	1.28	1.28
65	1.20	1.27	1.27
66	1.20	1.26	1.26
67	1.20	1.26	1.26
68	1.19	1.25	1.25
69	1.19	1.24	1.24
70	1.18	1.23	1.23
71	1.18	1.22	1.22
72	1.17	1.20	1.20
73	1.16	1.19	1.19
74	1.16	1.18	1.18
75	1.15	1.17	1.17
76	1.14	1.16	1.16
77	1.13	1.15	1.15
78	1.12	1.14	1.14
79	1.11	1.13	1.13
80	1.10	1.12	1.12
81	1.09	1.11	1.11
82	1.08	1.10	1.10
83	1.07	1.09	1.09
84	1.06	1.08	1.08

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0075-B87
Long-Term Care Policy: Facility Only Coverage

Elimination Period Factors

Rates shown are for 30 day elimination period. Rates for other elimination periods are calculated by multiplying the 30 day rates by the appropriate factor from the following table:

Benefit Maximum	0	14	20	60	90	100	180	365
730x,1095x	1.12	1.07	1.03	0.94	0.90	0.89	0.78	0.67
1460x,1825x	1.10	1.05	1.03	0.95	0.90	0.89	0.79	0.69
Lifetime	1.08	1.04	1.03	0.96	0.92	0.91	0.84	0.75

Table Rating Health Rating Group Factors

Rates shown are for Preferred Rating Group and Select Rating Group. Rates for Table Rating Health Groups 1, 2, 3 and 4 are calculated by multiplying Select rates by 1.25, 1.50, 1.75 and 2.00 respectively.

Multi-Life Discount

A 5%, 10%, 15% or 20% discount to the rates is available for qualifying Associations of 10 or more lives.

Spousal Discount

A 20% discount to the rates is available to married couples if both spouses apply for coverage.

Dual Waiver of Premium Rider R1-N0104-Series

An optional dual waiver of premium rider will be offered. If one spouse qualifies for a waiver of premium, the premium of the other spouse will also be waived. If chosen, multiply the final premium by 1.06.

Shared Advantage Rider R1-N0105-Series

This rider will allow two covered spouses to purchase an additional benefit amount that can be used by either spouse after their base benefits are exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	No Inflation Protection	With Inflation Protection
730x	1.30	1.35
1095x	1.21	1.25
1460x	1.15	1.18
1825x	1.12	1.14

Restoration of Benefits Rider R1-N0108-Series

This rider restores the maximum lifetime benefit if the insured has not met the stipulated conditions for a period of 180 consecutive days and the maximum lifetime benefit has not been exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	Factor
730x	1.08
1095x	1.06
1460x,1825x	1.04

Cost of Living Increase Rider R1-N0107-Series

This rider allows the insured to increase their policy limits, subject to the terms of the rider, every three years without additional underwriting. The additional premium charged is based on the attained age and incremental increase in the maximum daily facility benefit when exercised. If chosen, multiply the final premium by the appropriate factor:

Age	Factor
18-44	1.15
45-49	1.12
50-55	1.10
56-58	1.09
59-61	1.08
62-64	1.07
65-67	1.06
68-70	1.05
71-73	1.04
74-76	1.03

Modal Factors

Semi-Annual: 0.52; Quarterly: 0.27; Check-A-Matic: 0.09

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604

Supplement to Rate Sheets for Policy Form P1-N0076-B87
PENNSYLVANIA

All rates for this form should be multiplied by a factor of: 1.9425

This factor represents the **proposed** increase of: 29.5%

And the following prior approved rate increases:

Policy Form	Increase Applies to all Policies or Subsets	Rate Increase Approved	Approval Date of Rate Increase
P1-N0076-B87	--Yes--	20.00%	3/14/2013
P1-N0076-B87	--Yes--	25.00%	12/3/2014

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0076-B87
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	21.68	24.23	28.05	29.33	30.60
45-49	24.23	26.78	30.60	31.88	34.43
50-54	29.33	33.15	36.98	39.53	44.63
55	33.15	38.25	43.35	47.18	56.10
56	35.70	40.80	47.18	51.00	61.20
57	38.25	44.63	51.00	54.83	67.58
58	42.08	48.45	56.10	59.93	73.95
59	45.90	53.55	61.20	65.03	81.60
60	51.00	59.93	67.58	71.40	89.25
61	54.83	65.03	73.95	77.78	96.90
62	59.93	71.40	80.33	85.43	105.83
63	63.75	76.50	86.70	91.80	113.48
64	67.58	81.60	93.08	99.45	121.13
65	72.68	86.70	99.45	107.10	130.05
66	77.78	94.35	107.10	116.03	140.25
67	84.15	102.00	117.30	126.23	153.00
68	91.80	112.20	128.78	138.98	168.30
69	100.73	122.40	141.53	151.73	183.60
70	109.65	133.88	155.55	167.03	202.73
71	121.13	147.90	170.85	184.88	224.40
72	133.88	164.48	189.98	205.28	248.63
73	149.18	183.60	211.65	228.23	276.68
74	165.75	204.00	235.88	255.00	308.55
75	184.88	226.95	261.38	283.05	342.98
76	205.28	252.45	290.70	313.65	379.95
77	226.95	279.23	321.30	346.80	420.75
78	249.90	308.55	354.45	382.50	464.10
79	275.40	339.15	390.15	420.75	511.28
80	300.90				
81	328.95				
82	358.28				
83	388.88				
84	422.03				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0076-B87
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	40.80	49.73	57.38	62.48	75.23
45-49	44.63	54.83	63.75	68.85	84.15
50-54	54.83	67.58	79.05	85.43	107.10
55	66.30	80.33	93.08	99.45	127.50
56	70.13	85.43	98.18	105.83	136.43
57	75.23	91.80	104.55	112.20	145.35
58	80.33	98.18	112.20	119.85	155.55
59	85.43	104.55	119.85	128.78	165.75
60	90.53	112.20	128.78	138.98	177.23
61	96.90	119.85	137.70	149.18	188.70
62	103.28	127.50	147.90	160.65	202.73
63	109.65	136.43	158.10	170.85	216.75
64	117.30	144.08	168.30	182.33	232.05
65	124.95	154.28	178.50	193.80	248.63
66	133.88	164.48	191.25	206.55	266.48
67	144.08	177.23	205.28	221.85	286.88
68	155.55	191.25	221.85	239.70	309.83
69	167.03	206.55	238.43	258.83	334.05
70	181.05	224.40	258.83	280.50	359.55
71	196.35	243.53	280.50	304.73	390.15
72	212.93	265.20	306.00	332.78	424.58
73	232.05	289.43	335.33	364.65	462.83
74	253.73	317.48	367.20	400.35	506.18
75	276.68	346.80	402.90	438.60	552.08
76	300.90	378.68	441.15	480.68	603.08
77	326.40	413.10	481.95	526.58	656.63
78	353.18	450.08	526.58	575.03	714.00
79	381.23	489.60	573.75	627.30	776.48
80	411.83				
81	442.43				
82	475.58				
83	510.00				
84	545.70				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0076-B87
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	29.33	35.70	40.80	44.63	53.55
45-49	31.88	39.53	45.90	49.73	59.93
50-54	44.63	53.55	62.48	67.58	81.60
55	51.00	62.48	71.40	76.50	98.18
56	53.55	66.30	75.23	81.60	104.55
57	57.38	71.40	80.33	86.70	112.20
58	62.48	77.78	86.70	94.35	121.13
59	67.58	84.15	94.35	102.00	132.60
60	73.95	91.80	103.28	112.20	144.08
61	80.33	99.45	113.48	122.40	156.83
62	86.70	107.10	122.40	132.60	169.58
63	93.08	114.75	131.33	142.80	182.33
64	99.45	122.40	140.25	153.00	196.35
65	105.83	131.33	150.45	163.20	210.38
66	114.75	141.53	161.93	175.95	228.23
67	123.68	153.00	175.95	191.25	247.35
68	133.88	167.03	192.53	209.10	269.03
69	146.63	182.33	210.38	228.23	293.25
70	159.38	198.90	229.50	249.90	321.30
71	174.68	218.03	252.45	274.13	350.63
72	191.25	239.70	277.95	302.18	385.05
73	210.38	263.93	306.00	334.05	423.30
74	232.05	290.70	337.88	368.48	465.38
75	255.00	320.03	372.30	405.45	510.00
76	279.23	351.90	409.28	446.25	559.73
77	304.73	385.05	448.80	489.60	612.00
78	331.50	420.75	490.88	536.78	668.10
79	359.55	459.00	536.78	586.50	728.03
80	390.15				
81	420.75				
82	453.90				
83	488.33				
84	524.03				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0076-B87
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	25.50	28.05	33.15	34.43	35.70
45-49	28.05	31.88	35.70	36.98	40.80
50-54	34.43	39.53	43.35	45.90	52.28
55	39.53	44.63	51.00	56.10	66.30
56	42.08	48.45	56.10	59.93	71.40
57	44.63	52.28	59.93	65.03	79.05
58	49.73	57.38	66.30	70.13	86.70
59	53.55	62.48	71.40	76.50	95.63
60	59.93	70.13	79.05	84.15	104.55
61	65.03	76.50	86.70	91.80	113.48
62	70.13	84.15	94.35	100.73	124.95
63	75.23	90.53	102.00	108.38	133.88
64	79.05	95.63	109.65	117.30	142.80
65	85.43	102.00	117.30	126.23	153.00
66	91.80	110.93	126.23	136.43	164.48
67	99.45	119.85	137.70	147.90	179.78
68	108.38	132.60	151.73	163.20	197.63
69	118.58	144.08	167.03	178.50	215.48
70	128.78	158.10	183.60	196.35	238.43
71	142.80	173.40	201.45	218.03	263.93
72	158.10	193.80	223.13	240.98	291.98
73	175.95	215.48	248.63	269.03	325.13
74	195.08	239.70	277.95	299.63	363.38
75	218.03	266.48	307.28	332.78	402.90
76	240.98	297.08	341.70	368.48	447.53
77	266.48	328.95	377.40	408.00	494.70
78	294.53	363.38	416.93	450.08	545.70
79	323.85	399.08	459.00	494.70	601.80
80	354.45				
81	387.60				
82	422.03				
83	457.73				
84	495.98				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0076-B87
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	48.45	58.65	67.58	73.95	87.98
45-49	52.28	65.03	75.23	81.60	99.45
50-54	65.03	79.05	93.08	100.73	126.23
55	77.78	94.35	109.65	117.30	150.45
56	82.88	100.73	116.03	124.95	160.65
57	87.98	108.38	122.40	132.60	170.85
58	94.35	116.03	132.60	141.53	183.60
59	100.73	122.40	141.53	151.73	195.08
60	107.10	132.60	151.73	163.20	209.10
61	113.48	141.53	161.93	175.95	221.85
62	121.13	150.45	173.40	188.70	238.43
63	128.78	160.65	186.15	201.45	255.00
64	137.70	169.58	197.63	214.20	272.85
65	146.63	181.05	210.38	228.23	291.98
66	158.10	193.80	224.40	243.53	313.65
67	169.58	209.10	240.98	261.38	337.88
68	183.60	224.40	261.38	281.78	364.65
69	196.35	243.53	280.50	304.73	392.70
70	212.93	263.93	304.73	330.23	423.30
71	230.78	286.88	330.23	358.28	459.00
72	249.90	312.38	359.55	391.43	499.80
73	272.85	340.43	393.98	428.40	544.43
74	298.35	373.58	432.23	470.48	595.43
75	325.13	408.00	474.30	516.38	648.98
76	354.45	444.98	518.93	566.10	708.90
77	383.78	485.78	567.38	619.65	772.65
78	415.65	529.13	619.65	677.03	840.23
79	448.80	576.30	674.48	738.23	912.90
80	484.50				
81	520.20				
82	559.73				
83	600.53				
84	642.60				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0076-B87
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	34.43	42.08	48.45	52.28	62.48
45-49	36.98	45.90	53.55	58.65	70.13
50-54	52.28	62.48	73.95	79.05	95.63
55	59.93	73.95	84.15	90.53	116.03
56	62.48	77.78	87.98	95.63	122.40
57	67.58	84.15	94.35	102.00	132.60
58	73.95	91.80	102.00	110.93	142.80
59	79.05	99.45	110.93	119.85	155.55
60	86.70	108.38	121.13	132.60	169.58
61	94.35	117.30	133.88	144.08	184.88
62	102.00	126.23	144.08	155.55	198.90
63	109.65	135.15	154.28	168.30	214.20
64	117.30	144.08	164.48	179.78	230.78
65	124.95	154.28	177.23	192.53	247.35
66	135.15	167.03	189.98	206.55	269.03
67	145.35	179.78	206.55	224.40	290.70
68	158.10	196.35	226.95	246.08	316.20
69	172.13	214.20	247.35	269.03	345.53
70	187.43	234.60	270.30	294.53	377.40
71	205.28	256.28	297.08	322.58	413.10
72	224.40	281.78	326.40	355.73	452.63
73	247.35	311.10	359.55	392.70	498.53
74	272.85	341.70	397.80	433.50	546.98
75	299.63	376.13	438.60	476.85	600.53
76	328.95	414.38	481.95	525.30	657.90
77	358.28	452.63	527.85	576.30	720.38
78	390.15	494.70	577.58	631.13	785.40
79	423.30	540.60	631.13	689.78	856.80
80	459.00				
81	494.70				
82	534.23				
83	575.03				
84	617.10				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0076-B87
Long-Term Care Policy: Facility Only Coverage

WITH SURVIVORSHIP BENEFIT RIDER R1-N0103-SERIES

When this rider is chosen, multiply the final premium by the appropriate factor.

ISSUE AGE	NO INFLATION PROTECTION	SIMPLE INFLATION PROTECTION	COMPOUND INFLATION PROTECTION
18-44	1.11	1.17	1.17
45-49	1.14	1.21	1.21
50-54	1.18	1.28	1.28
55	1.20	1.30	1.30
56	1.20	1.30	1.30
57	1.21	1.30	1.30
58	1.21	1.30	1.30
59	1.21	1.30	1.30
60	1.21	1.30	1.30
61	1.21	1.30	1.30
62	1.21	1.29	1.29
63	1.21	1.29	1.29
64	1.21	1.28	1.28
65	1.20	1.27	1.27
66	1.20	1.26	1.26
67	1.20	1.26	1.26
68	1.19	1.25	1.25
69	1.19	1.24	1.24
70	1.18	1.23	1.23
71	1.18	1.22	1.22
72	1.17	1.20	1.20
73	1.16	1.19	1.19
74	1.16	1.18	1.18
75	1.15	1.17	1.17
76	1.14	1.16	1.16
77	1.13	1.15	1.15
78	1.12	1.14	1.14
79	1.11	1.13	1.13
80	1.10	1.12	1.12
81	1.09	1.11	1.11
82	1.08	1.10	1.10
83	1.07	1.09	1.09
84	1.06	1.08	1.08

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0076-B87
Long-Term Care Policy: Facility Only Coverage

Elimination Period Factors

Rates shown are for 30 day elimination period. Rates for other elimination periods are calculated by multiplying the 30 day rates by the appropriate factor from the following table:

Benefit Maximum	0	14	20	60	90	100	180	365
730x,1095x	1.12	1.07	1.03	0.94	0.90	0.89	0.78	0.67
1460x,1825x	1.10	1.05	1.03	0.95	0.90	0.89	0.79	0.69
Lifetime	1.08	1.04	1.03	0.96	0.92	0.91	0.84	0.75

Table Rating Health Rating Group Factors

Rates shown are for Preferred Rating Group and Select Rating Group. Rates for Table Rating Health Groups 1, 2, 3 and 4 are calculated by multiplying Select rates by 1.25, 1.50, 1.75 and 2.00 respectively.

Multi-Life Discount

A 5%, 10%, 15% or 20% discount to the rates is available for qualifying Associations of 10 or more lives.

Spousal Discount

A 20% discount to the rates is available to married couples if both spouses apply for coverage.

Dual Waiver of Premium Rider R1-N0104-Series

An optional dual waiver of premium rider will be offered. If one spouse qualifies for a waiver of premium, the premium of the other spouse will also be waived. If chosen, multiply the final premium by 1.06.

Shared Advantage Rider R1-N0105-Series

This rider will allow two covered spouses to purchase an additional benefit amount that can be used by either spouse after their base benefits are exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	No Inflation Protection	With Inflation Protection
730x	1.30	1.35
1095x	1.21	1.25
1460x	1.15	1.18
1825x	1.12	1.14

Restoration of Benefits Rider R1-N0108-Series

This rider restores the maximum lifetime benefit if the insured has not met the stipulated conditions for a period of 180 consecutive days and the maximum lifetime benefit has not been exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	Factor
730x	1.08
1095x	1.06
1460x,1825x	1.04

Cost of Living Increase Rider R1-N0107-Series

This rider allows the insured to increase their policy limits, subject to the terms of the rider, every three years without additional underwriting. The additional premium charged is based on the attained age and incremental increase in the maximum daily facility benefit when exercised. If chosen, multiply the final premium by the appropriate factor:

Age	Factor
18-44	1.15
45-49	1.12
50-55	1.10
56-58	1.09
59-61	1.08
62-64	1.07
65-67	1.06
68-70	1.05
71-73	1.04
74-76	1.03

Modal Factors

Semi-Annual: 0.52; Quarterly: 0.27; Check-A-Matic: 0.09

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604

Supplement to Rate Sheets for Policy Form P1-N0080-B87
PENNSYLVANIA

All rates for this form should be multiplied by a factor of: 1.9425

This factor represents the **proposed** increase of: 29.5%

And the following prior approved rate increases:

Policy Form	Increase Applies to all Policies or Subsets	Rate Increase Approved	Approval Date of Rate Increase
P1-N0080-B87	--Yes--	20.00%	3/14/2013
P1-N0080-B87	--Yes--	25.00%	12/3/2014

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0080-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	19.95	24.15	26.25	28.35	36.75
45-49	22.05	27.30	29.40	31.50	40.95
50-54	27.30	32.55	36.75	38.85	50.40
55	31.50	37.80	42.00	45.15	59.85
56	33.60	39.90	45.15	48.30	63.00
57	35.70	43.05	48.30	51.45	68.25
58	38.85	46.20	52.50	55.65	73.50
59	42.00	50.40	56.70	60.90	79.80
60	45.15	54.60	61.95	66.15	87.15
61	49.35	58.80	67.20	72.45	94.50
62	53.55	64.05	73.50	78.75	102.90
63	57.75	69.30	78.75	85.05	111.30
64	60.90	73.50	85.05	91.35	118.65
65	65.10	78.75	91.35	97.65	127.05
66	69.30	85.05	98.70	106.05	137.55
67	75.60	92.40	107.10	115.50	150.15
68	82.95	100.80	116.55	127.05	164.85
69	90.30	110.25	128.10	138.60	180.60
70	98.70	120.75	139.65	152.25	198.45
71	108.15	133.35	154.35	168.00	218.40
72	119.70	148.05	171.15	186.90	242.55
73	132.30	164.85	191.10	207.90	269.85
74	147.00	183.75	212.10	232.05	299.25
75	163.80	203.70	236.25	258.30	331.80
76	180.60	225.75	262.50	286.65	367.50
77	199.50	249.90	290.85	317.10	406.35
78	219.45	276.15	321.30	350.70	447.30
79	241.50	303.45	353.85	385.35	491.40
80	264.60				
81	288.75				
82	315.00				
83	342.30				
84	371.70				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0080-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	23.10	28.35	31.50	32.55	43.05
45-49	26.25	31.50	34.65	36.75	47.25
50-54	30.45	36.75	42.00	45.15	58.80
55	35.70	42.00	47.25	51.45	68.25
56	37.80	44.10	50.40	54.60	71.40
57	39.90	47.25	53.55	57.75	76.65
58	43.05	51.45	57.75	61.95	81.90
59	46.20	55.65	63.00	68.25	88.20
60	49.35	60.90	68.25	73.50	95.55
61	53.55	65.10	74.55	80.85	103.95
62	57.75	70.35	80.85	87.15	112.35
63	61.95	75.60	87.15	93.45	121.80
64	66.15	80.85	92.40	99.75	130.20
65	71.40	86.10	99.75	106.05	139.65
66	75.60	92.40	107.10	114.45	151.20
67	81.90	100.80	115.50	124.95	164.85
68	89.25	109.20	127.05	137.55	180.60
69	97.65	119.70	138.60	150.15	197.40
70	107.10	132.30	151.20	164.85	217.35
71	116.55	144.90	168.00	181.65	239.40
72	129.15	161.70	185.85	202.65	264.60
73	143.85	179.55	206.85	225.75	294.00
74	158.55	199.50	231.00	250.95	325.50
75	176.40	221.55	257.25	279.30	361.20
76	194.25	245.70	285.60	310.80	400.05
77	215.25	270.90	316.05	344.40	442.05
78	236.25	299.25	349.65	381.15	486.15
79	259.35	329.70	384.30	418.95	534.45
80	283.50				
81	309.75				
82	337.05				
83	365.40				
84	395.85				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0080-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	24.15	29.40	33.60	34.65	45.15
45-49	27.30	32.55	36.75	38.85	50.40
50-54	31.50	38.85	44.10	47.25	63.00
55	36.75	44.10	49.35	53.55	71.40
56	38.85	46.20	52.50	56.70	75.60
57	40.95	49.35	55.65	60.90	79.80
58	44.10	53.55	59.85	65.10	86.10
59	47.25	57.75	65.10	71.40	92.40
60	51.45	63.00	71.40	76.65	99.75
61	55.65	68.25	77.70	84.00	108.15
62	59.85	73.50	84.00	90.30	116.55
63	64.05	78.75	90.30	96.60	126.00
64	68.25	84.00	95.55	102.90	134.40
65	73.50	89.25	102.90	110.25	144.90
66	78.75	95.55	110.25	118.65	156.45
67	85.05	103.95	119.70	129.15	171.15
68	92.40	113.40	131.25	141.75	186.90
69	100.80	123.90	142.80	155.40	204.75
70	110.25	136.50	156.45	170.10	224.70
71	120.75	150.15	173.25	187.95	247.80
72	133.35	166.95	192.15	208.95	274.05
73	148.05	185.85	214.20	233.10	304.50
74	163.80	205.80	238.35	259.35	337.05
75	181.65	228.90	265.65	288.75	373.80
76	200.55	254.10	295.05	321.30	413.70
77	221.55	280.35	326.55	355.95	456.75
78	243.60	308.70	361.20	393.75	502.95
79	266.70	340.20	397.95	433.65	552.30
80	291.90				
81	318.15				
82	346.50				
83	375.90				
84	406.35				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0080-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	37.80	47.25	54.60	59.85	78.75
45-49	42.00	52.50	60.90	66.15	87.15
50-54	51.45	64.05	74.55	80.85	111.30
55	58.80	74.55	86.10	93.45	129.15
56	61.95	78.75	91.35	98.70	135.45
57	66.15	84.00	96.60	105.00	143.85
58	70.35	89.25	102.90	112.35	152.25
59	75.60	95.55	110.25	119.70	161.70
60	80.85	101.85	117.60	127.05	172.20
61	86.10	109.20	126.00	136.50	183.75
62	92.40	116.55	134.40	145.95	196.35
63	98.70	123.90	142.80	155.40	210.00
64	105.00	132.30	152.25	165.90	223.65
65	111.30	140.70	162.75	176.40	238.35
66	119.70	150.15	173.25	189.00	255.15
67	128.10	161.70	186.90	203.70	275.10
68	137.55	174.30	201.60	220.50	297.15
69	148.05	186.90	218.40	238.35	320.25
70	159.60	202.65	236.25	258.30	345.45
71	173.25	219.45	256.20	280.35	374.85
72	187.95	238.35	279.30	305.55	407.40
73	204.75	260.40	305.55	333.90	444.15
74	223.65	284.55	333.90	365.40	484.05
75	244.65	310.80	364.35	399.00	528.15
76	265.65	340.20	397.95	435.75	575.40
77	288.75	370.65	433.65	475.65	625.80
78	311.85	404.25	471.45	517.65	679.35
79	337.05	438.90	512.40	562.80	737.10
80	363.30				
81	389.55				
82	417.90				
83	447.30				
84	477.75				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0080-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	42.00	53.55	61.95	68.25	88.20
45-49	47.25	58.80	69.30	74.55	98.70
50-54	57.75	72.45	85.05	92.40	124.95
55	65.10	82.95	97.65	106.05	142.80
56	68.25	87.15	102.90	111.30	149.10
57	72.45	92.40	108.15	117.60	157.50
58	76.65	97.65	114.45	124.95	166.95
59	81.90	103.95	121.80	132.30	177.45
60	88.20	111.30	129.15	140.70	187.95
61	94.50	118.65	137.55	149.10	200.55
62	100.80	127.05	145.95	159.60	214.20
63	107.10	135.45	155.40	169.05	228.90
64	113.40	143.85	165.90	180.60	242.55
65	120.75	152.25	176.40	192.15	259.35
66	129.15	162.75	189.00	206.85	276.15
67	138.60	175.35	203.70	222.60	298.20
68	149.10	189.00	220.50	241.50	321.30
69	160.65	202.65	237.30	260.40	346.50
70	173.25	220.50	257.25	281.40	373.80
71	186.90	238.35	279.30	305.55	405.30
72	203.70	259.35	303.45	332.85	441.00
73	221.55	283.50	331.80	363.30	480.90
74	241.50	308.70	362.25	396.90	523.95
75	263.55	337.05	394.80	432.60	571.20
76	286.65	367.50	430.50	471.45	620.55
77	309.75	399.00	468.30	513.45	675.15
78	334.95	433.65	509.25	558.60	731.85
79	360.15	470.40	552.30	605.85	793.80
80	388.50				
81	415.80				
82	446.25				
83	476.70				
84	508.20				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0080-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	44.10	55.65	65.10	71.40	92.40
45-49	49.35	61.95	72.45	78.75	102.90
50-54	60.90	76.65	89.25	96.60	130.20
55	68.25	86.10	101.85	111.30	148.05
56	71.40	90.30	107.10	116.55	155.40
57	75.60	95.55	112.35	122.85	163.80
58	79.80	101.85	118.65	130.20	173.25
59	85.05	108.15	126.00	137.55	183.75
60	91.35	115.50	133.35	145.95	195.30
61	97.65	122.85	141.75	154.35	207.90
62	103.95	131.25	151.20	164.85	221.55
63	110.25	139.65	160.65	175.35	236.25
64	117.60	148.05	171.15	186.90	250.95
65	124.95	157.50	182.70	199.50	267.75
66	133.35	168.00	196.35	214.20	285.60
67	142.80	180.60	211.05	231.00	307.65
68	153.30	195.30	227.85	249.90	331.80
69	165.90	210.00	245.70	269.85	358.05
70	178.50	227.85	265.65	291.90	386.40
71	193.20	246.75	288.75	316.05	418.95
72	210.00	268.80	313.95	344.40	455.70
73	228.90	292.95	342.30	375.90	496.65
74	248.85	319.20	373.80	410.55	540.75
75	270.90	347.55	407.40	447.30	589.05
76	295.05	379.05	444.15	487.20	640.50
77	319.20	411.60	483.00	530.25	696.15
78	344.40	446.25	525.00	576.45	754.95
79	370.65	484.05	569.10	624.75	817.95
80	399.00				
81	427.35				
82	457.80				
83	489.30				
84	521.85				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0080-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	28.35	34.65	40.95	44.10	58.80
45-49	31.50	38.85	45.15	49.35	65.10
50-54	40.95	50.40	57.75	64.05	84.00
55	47.25	57.75	67.20	73.50	99.75
56	49.35	60.90	70.35	76.65	106.05
57	52.50	65.10	75.60	81.90	113.40
58	56.70	70.35	81.90	88.20	121.80
59	60.90	75.60	88.20	95.55	131.25
60	66.15	82.95	95.55	103.95	140.70
61	72.45	89.25	103.95	112.35	152.25
62	77.70	96.60	112.35	121.80	163.80
63	82.95	103.95	120.75	130.20	176.40
64	89.25	111.30	129.15	139.65	189.00
65	94.50	118.65	137.55	149.10	202.65
66	101.85	128.10	148.05	160.65	218.40
67	110.25	138.60	160.65	174.30	237.30
68	119.70	151.20	175.35	190.05	258.30
69	130.20	164.85	191.10	207.90	281.40
70	141.75	179.55	208.95	227.85	307.65
71	155.40	197.40	228.90	249.90	336.00
72	170.10	216.30	252.00	275.10	368.55
73	186.90	238.35	277.20	303.45	405.30
74	205.80	261.45	305.55	333.90	444.15
75	225.75	287.70	336.00	367.50	487.20
76	247.80	315.00	368.55	404.25	534.45
77	269.85	345.45	404.25	443.10	583.80
78	292.95	376.95	442.05	485.10	637.35
79	318.15	411.60	481.95	529.20	693.00
80	344.40				
81	371.70				
82	400.05				
83	429.45				
84	460.95				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0080-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	32.55	40.95	47.25	50.40	67.20
45-49	36.75	45.15	51.45	56.70	74.55
50-54	45.15	56.70	66.15	72.45	94.50
55	52.50	65.10	75.60	81.90	111.30
56	55.65	69.30	79.80	87.15	117.60
57	58.80	73.50	85.05	92.40	126.00
58	63.00	78.75	91.35	99.75	134.40
59	67.20	84.00	97.65	107.10	143.85
60	72.45	91.35	106.05	115.50	154.35
61	78.75	97.65	114.45	124.95	165.90
62	84.00	105.00	122.85	134.40	177.45
63	90.30	112.35	132.30	143.85	191.10
64	96.60	120.75	140.70	153.30	204.75
65	102.90	129.15	150.15	163.80	218.40
66	111.30	139.65	161.70	176.40	236.25
67	120.75	150.15	175.35	190.05	256.20
68	131.25	163.80	191.10	207.90	279.30
69	141.75	178.50	207.90	226.80	304.50
70	153.30	194.25	226.80	246.75	331.80
71	166.95	213.15	247.80	270.90	363.30
72	182.70	233.10	273.00	298.20	397.95
73	200.55	257.25	300.30	328.65	436.80
74	220.50	282.45	329.70	361.20	479.85
75	242.55	309.75	363.30	397.95	526.05
76	265.65	339.15	399.00	437.85	576.45
77	289.80	371.70	436.80	478.80	630.00
78	313.95	406.35	477.75	523.95	687.75
79	341.25	443.10	520.80	572.25	748.65
80	368.55				
81	397.95				
82	427.35				
83	457.80				
84	491.40				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0080-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	34.65	43.05	49.35	53.55	71.40
45-49	38.85	47.25	54.60	59.85	78.75
50-54	47.25	58.80	69.30	75.60	98.70
55	54.60	68.25	79.80	86.10	116.55
56	57.75	72.45	84.00	91.35	122.85
57	60.90	76.65	89.25	96.60	131.25
58	65.10	81.90	95.55	103.95	139.65
59	70.35	88.20	101.85	111.30	149.10
60	75.60	94.50	110.25	120.75	159.60
61	80.85	101.85	118.65	130.20	171.15
62	87.15	109.20	127.05	139.65	183.75
63	93.45	116.55	136.50	149.10	197.40
64	99.75	124.95	145.95	159.60	211.05
65	107.10	133.35	155.40	170.10	225.75
66	115.50	143.85	168.00	182.70	243.60
67	124.95	155.40	181.65	197.40	264.60
68	135.45	169.05	197.40	215.25	287.70
69	145.95	183.75	215.25	234.15	313.95
70	158.55	200.55	234.15	255.15	342.30
71	172.20	219.45	256.20	280.35	374.85
72	187.95	240.45	281.40	307.65	410.55
73	206.85	264.60	309.75	339.15	450.45
74	226.80	290.85	340.20	372.75	495.60
75	249.90	319.20	374.85	410.55	542.85
76	273.00	349.65	411.60	451.50	594.30
77	298.20	383.25	450.45	494.55	649.95
78	323.40	418.95	492.45	540.75	708.75
79	350.70	456.75	537.60	591.15	771.75
80	379.05				
81	408.45				
82	438.90				
83	470.40				
84	504.00				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0080-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	23.10	28.35	30.45	33.60	43.05
45-49	26.25	32.55	34.65	36.75	48.30
50-54	32.55	37.80	43.05	46.20	58.80
55	36.75	44.10	49.35	53.55	70.35
56	39.90	47.25	53.55	56.70	74.55
57	42.00	50.40	56.70	60.90	79.80
58	46.20	54.60	61.95	65.10	86.10
59	49.35	58.80	67.20	71.40	93.45
60	53.55	64.05	72.45	77.70	102.90
61	57.75	69.30	78.75	85.05	111.30
62	63.00	75.60	86.10	92.40	120.75
63	68.25	81.90	92.40	99.75	131.25
64	71.40	86.10	99.75	107.10	139.65
65	76.65	92.40	107.10	114.45	149.10
66	81.90	99.75	116.55	124.95	161.70
67	89.25	109.20	126.00	135.45	176.40
68	97.65	118.65	137.55	149.10	194.25
69	106.05	130.20	151.20	162.75	212.10
70	116.55	141.75	163.80	179.55	233.10
71	127.05	156.45	181.65	197.40	257.25
72	140.70	174.30	201.60	219.45	285.60
73	155.40	194.25	224.70	244.65	317.10
74	173.25	216.30	249.90	273.00	351.75
75	193.20	239.40	278.25	303.45	390.60
76	212.10	265.65	308.70	337.05	432.60
77	235.20	294.00	342.30	372.75	477.75
78	258.30	324.45	378.00	412.65	526.05
79	284.55	357.00	415.80	453.60	578.55
80	310.80				
81	340.20				
82	370.65				
83	403.20				
84	436.80				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0080-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	27.30	33.60	36.75	37.80	50.40
45-49	30.45	36.75	40.95	43.05	55.65
50-54	35.70	43.05	49.35	53.55	69.30
55	42.00	49.35	55.65	60.90	79.80
56	44.10	51.45	58.80	64.05	84.00
57	47.25	55.65	63.00	68.25	90.30
58	50.40	60.90	68.25	72.45	96.60
59	54.60	65.10	74.55	79.80	103.95
60	57.75	71.40	79.80	86.10	112.35
61	63.00	76.65	88.20	95.55	121.80
62	68.25	82.95	95.55	102.90	132.30
63	72.45	89.25	102.90	110.25	142.80
64	77.70	95.55	109.20	117.60	153.30
65	84.00	100.80	117.60	124.95	163.80
66	89.25	109.20	126.00	134.40	177.45
67	96.60	118.65	135.45	147.00	194.25
68	105.00	128.10	149.10	161.70	212.10
69	114.45	140.70	162.75	176.40	232.05
70	126.00	155.40	177.45	194.25	256.20
71	137.55	170.10	197.40	214.20	281.40
72	152.25	190.05	218.40	238.35	310.80
73	169.05	211.05	243.60	265.65	345.45
74	186.90	235.20	271.95	295.05	383.25
75	207.90	260.40	302.40	328.65	425.25
76	228.90	288.75	336.00	365.40	470.40
77	253.05	319.20	371.70	405.30	519.75
78	278.25	351.75	411.60	448.35	572.25
79	305.55	387.45	452.55	492.45	628.95
80	333.90				
81	364.35				
82	396.90				
83	429.45				
84	466.20				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0080-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	28.35	34.65	39.90	40.95	53.55
45-49	32.55	37.80	43.05	46.20	58.80
50-54	36.75	46.20	51.45	55.65	74.55
55	43.05	51.45	57.75	63.00	84.00
56	46.20	54.60	61.95	67.20	89.25
57	48.30	57.75	65.10	71.40	93.45
58	51.45	63.00	70.35	76.65	100.80
59	55.65	68.25	76.65	84.00	109.20
60	60.90	74.55	84.00	90.30	117.60
61	65.10	79.80	91.35	98.70	127.05
62	70.35	86.10	98.70	106.05	137.55
63	75.60	92.40	106.05	113.40	148.05
64	79.80	98.70	112.35	120.75	158.55
65	86.10	105.00	120.75	130.20	170.10
66	92.40	112.35	130.20	139.65	183.75
67	99.75	121.80	140.70	152.25	201.60
68	109.20	133.35	154.35	166.95	219.45
69	118.65	145.95	168.00	182.70	240.45
70	130.20	160.65	183.75	200.55	264.60
71	141.75	176.40	203.70	221.55	291.90
72	156.45	196.35	225.75	245.70	322.35
73	174.30	218.40	252.00	274.05	358.05
74	193.20	242.55	280.35	305.55	396.90
75	214.20	268.80	312.90	340.20	439.95
76	236.25	299.25	347.55	378.00	487.20
77	260.40	329.70	384.30	418.95	537.60
78	286.65	363.30	425.25	463.05	592.20
79	313.95	400.05	468.30	510.30	649.95
80	343.35				
81	373.80				
82	407.40				
83	442.05				
84	477.75				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0080-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	44.10	55.65	64.05	70.35	92.40
45-49	49.35	61.95	71.40	77.70	102.90
50-54	60.90	75.60	88.20	95.55	131.25
55	69.30	88.20	100.80	110.25	152.25
56	72.45	92.40	107.10	116.55	159.60
57	77.70	98.70	113.40	123.90	169.05
58	82.95	105.00	120.75	132.30	179.55
59	89.25	112.35	130.20	140.70	190.05
60	95.55	119.70	138.60	149.10	202.65
61	100.80	128.10	148.05	160.65	216.30
62	109.20	137.55	158.55	172.20	231.00
63	116.55	145.95	168.00	182.70	246.75
64	123.90	155.40	179.55	195.30	263.55
65	131.25	165.90	191.10	207.90	280.35
66	140.70	176.40	203.70	222.60	300.30
67	151.20	190.05	219.45	239.40	323.40
68	161.70	204.75	237.30	259.35	349.65
69	174.30	219.45	257.25	280.35	376.95
70	187.95	238.35	278.25	303.45	406.35
71	203.70	258.30	301.35	329.70	441.00
72	221.55	280.35	328.65	359.10	478.80
73	240.45	306.60	359.10	392.70	522.90
74	263.55	334.95	392.70	429.45	569.10
75	287.70	365.40	428.40	469.35	621.60
76	312.90	400.05	468.30	512.40	677.25
77	340.20	435.75	510.30	559.65	736.05
78	366.45	475.65	554.40	609.00	799.05
79	396.90	516.60	602.70	662.55	867.30
80	427.35				
81	457.80				
82	491.40				
83	526.05				
84	561.75				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0080-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	49.35	63.00	72.45	79.80	103.95
45-49	55.65	69.30	81.90	88.20	116.55
50-54	68.25	85.05	99.75	109.20	147.00
55	76.65	97.65	114.45	124.95	168.00
56	79.80	102.90	120.75	131.25	175.35
57	85.05	109.20	127.05	138.60	184.80
58	90.30	114.45	134.40	147.00	196.35
59	96.60	121.80	142.80	155.40	208.95
60	103.95	131.25	152.25	165.90	221.55
61	111.30	139.65	161.70	175.35	236.25
62	118.65	149.10	172.20	187.95	252.00
63	126.00	159.60	182.70	198.45	268.80
64	133.35	169.05	195.30	212.10	285.60
65	141.75	179.55	207.90	225.75	305.55
66	152.25	191.10	222.60	243.60	324.45
67	162.75	205.80	239.40	261.45	350.70
68	175.35	222.60	259.35	284.55	378.00
69	189.00	238.35	279.30	306.60	407.40
70	203.70	259.35	302.40	330.75	439.95
71	219.45	280.35	328.65	359.10	476.70
72	239.40	305.55	357.00	391.65	518.70
73	260.40	333.90	390.60	427.35	565.95
74	284.55	363.30	426.30	467.25	616.35
75	309.75	396.90	464.10	509.25	672.00
76	337.05	432.60	506.10	554.40	729.75
77	364.35	469.35	551.25	603.75	793.80
78	393.75	510.30	599.55	657.30	861.00
79	424.20	553.35	649.95	712.95	933.45
80	456.75				
81	489.30				
82	525.00				
83	560.70				
84	597.45				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0080-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	51.45	65.10	76.65	84.00	109.20
45-49	57.75	72.45	85.05	92.40	120.75
50-54	71.40	90.30	105.00	113.40	153.30
55	79.80	100.80	119.70	131.25	174.30
56	84.00	106.05	126.00	137.55	182.70
57	89.25	112.35	132.30	144.90	193.20
58	93.45	119.70	139.65	153.30	203.70
59	99.75	127.05	148.05	161.70	216.30
60	107.10	135.45	156.45	172.20	229.95
61	114.45	144.90	166.95	181.65	244.65
62	121.80	154.35	177.45	194.25	260.40
63	130.20	163.80	189.00	205.80	278.25
64	138.60	174.30	201.60	219.45	295.05
65	147.00	184.80	215.25	235.20	315.00
66	156.45	197.40	231.00	252.00	336.00
67	168.00	212.10	247.80	271.95	362.25
68	180.60	229.95	267.75	294.00	390.60
69	195.30	246.75	288.75	317.10	421.05
70	210.00	267.75	312.90	343.35	454.65
71	226.80	289.80	340.20	371.70	492.45
72	246.75	316.05	369.60	405.30	536.55
73	268.80	344.40	403.20	442.05	583.80
74	292.95	375.90	439.95	483.00	636.30
75	319.20	408.45	478.80	526.05	693.00
76	347.55	446.25	522.90	573.30	753.90
77	375.90	484.05	568.05	623.70	819.00
78	405.30	525.00	617.40	678.30	888.30
79	435.75	569.10	669.90	735.00	961.80
80	469.35				
81	502.95				
82	538.65				
83	575.40				
84	614.25				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0080-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	33.60	40.95	48.30	51.45	69.30
45-49	36.75	46.20	53.55	57.75	76.65
50-54	48.30	58.80	68.25	75.60	98.70
55	55.65	68.25	78.75	86.10	117.60
56	57.75	71.40	82.95	90.30	124.95
57	61.95	76.65	89.25	96.60	133.35
58	67.20	82.95	96.60	103.95	142.80
59	71.40	89.25	103.95	112.35	154.35
60	77.70	97.65	112.35	121.80	165.90
61	85.05	105.00	121.80	132.30	179.55
62	91.35	113.40	132.30	142.80	193.20
63	97.65	121.80	141.75	153.30	207.90
64	105.00	131.25	152.25	163.80	222.60
65	111.30	139.65	161.70	175.35	238.35
66	119.70	151.20	174.30	189.00	257.25
67	130.20	162.75	189.00	204.75	279.30
68	140.70	177.45	205.80	223.65	303.45
69	153.30	194.25	224.70	244.65	330.75
70	166.95	211.05	245.70	267.75	362.25
71	182.70	232.05	268.80	294.00	394.80
72	200.55	254.10	296.10	323.40	433.65
73	219.45	280.35	326.55	357.00	476.70
74	242.55	307.65	359.10	392.70	522.90
75	265.65	338.10	394.80	432.60	573.30
76	291.90	370.65	433.65	475.65	628.95
77	317.10	406.35	475.65	520.80	686.70
78	344.40	443.10	519.75	571.20	749.70
79	373.80	484.05	567.00	622.65	814.80
80	405.30				
81	436.80				
82	470.40				
83	505.05				
84	541.80				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0080-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	37.80	48.30	55.65	58.80	78.75
45-49	43.05	53.55	60.90	67.20	88.20
50-54	53.55	67.20	77.70	85.05	111.30
55	61.95	76.65	89.25	96.60	131.25
56	65.10	81.90	93.45	102.90	138.60
57	69.30	86.10	99.75	109.20	148.05
58	74.55	92.40	107.10	117.60	158.55
59	78.75	98.70	114.45	126.00	169.05
60	85.05	107.10	124.95	135.45	181.65
61	92.40	114.45	134.40	147.00	195.30
62	98.70	123.90	144.90	158.55	208.95
63	106.05	132.30	155.40	169.05	224.70
64	113.40	141.75	165.90	180.60	240.45
65	120.75	152.25	176.40	193.20	257.25
66	131.25	163.80	190.05	207.90	278.25
67	141.75	176.40	205.80	223.65	301.35
68	154.35	193.20	224.70	244.65	328.65
69	166.95	210.00	244.65	266.70	358.05
70	180.60	228.90	266.70	289.80	390.60
71	196.35	250.95	291.90	319.20	427.35
72	215.25	274.05	321.30	350.70	468.30
73	236.25	302.40	352.80	386.40	513.45
74	259.35	331.80	387.45	425.25	564.90
75	285.60	364.35	427.35	468.30	618.45
76	312.90	399.00	469.35	515.55	678.30
77	341.25	436.80	513.45	562.80	741.30
78	369.60	477.75	561.75	616.35	809.55
79	401.10	520.80	613.20	673.05	880.95
80	433.65				
81	468.30				
82	502.95				
83	538.65				
84	578.55				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0080-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	40.95	50.40	57.75	63.00	84.00
45-49	46.20	55.65	64.05	70.35	92.40
50-54	55.65	69.30	81.90	89.25	116.55
55	64.05	79.80	93.45	100.80	137.55
56	68.25	85.05	98.70	107.10	144.90
57	71.40	90.30	105.00	113.40	154.35
58	76.65	96.60	112.35	121.80	163.80
59	82.95	103.95	119.70	131.25	175.35
60	89.25	111.30	130.20	141.75	187.95
61	95.55	119.70	139.65	153.30	201.60
62	102.90	128.10	149.10	163.80	216.30
63	110.25	137.55	160.65	175.35	232.05
64	117.60	147.00	172.20	187.95	247.80
65	126.00	156.45	182.70	200.55	265.65
66	135.45	169.05	197.40	215.25	286.65
67	147.00	182.70	214.20	232.05	310.80
68	159.60	198.45	232.05	253.05	338.10
69	172.20	216.30	253.05	275.10	369.60
70	186.90	236.25	275.10	300.30	403.20
71	202.65	258.30	301.35	329.70	441.00
72	221.55	282.45	330.75	362.25	483.00
73	243.60	310.80	364.35	399.00	530.25
74	266.70	342.30	400.05	438.90	582.75
75	294.00	375.90	441.00	483.00	638.40
76	321.30	411.60	484.05	531.30	699.30
77	350.70	450.45	530.25	581.70	764.40
78	380.10	492.45	579.60	636.30	833.70
79	412.65	537.60	632.10	695.10	908.25
80	446.25				
81	480.90				
82	516.60				
83	553.35				
84	593.25				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0080-B87
Long-Term Care Policy

WITH SURVIVORSHIP BENEFIT RIDER R1-N0103-SERIES

When this rider is chosen, multiply the final premium by the appropriate factor.

ISSUE AGE	NO INFLATION PROTECTION	SIMPLE INFLATION PROTECTION	COMPOUND INFLATION PROTECTION
18-44	1.11	1.17	1.17
45-49	1.14	1.21	1.21
50-54	1.18	1.28	1.28
55	1.20	1.30	1.30
56	1.20	1.30	1.30
57	1.21	1.30	1.30
58	1.21	1.30	1.30
59	1.21	1.30	1.30
60	1.21	1.30	1.30
61	1.21	1.30	1.30
62	1.21	1.29	1.29
63	1.21	1.29	1.29
64	1.21	1.28	1.28
65	1.20	1.27	1.27
66	1.20	1.26	1.26
67	1.20	1.26	1.26
68	1.19	1.25	1.25
69	1.19	1.24	1.24
70	1.18	1.23	1.23
71	1.18	1.22	1.22
72	1.17	1.20	1.20
73	1.16	1.19	1.19
74	1.16	1.18	1.18
75	1.15	1.17	1.17
76	1.14	1.16	1.16
77	1.13	1.15	1.15
78	1.12	1.14	1.14
79	1.11	1.13	1.13
80	1.10	1.12	1.12
81	1.09	1.11	1.11
82	1.08	1.10	1.10
83	1.07	1.09	1.09
84	1.06	1.08	1.08

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0080-B87
Long-Term Care Policy

Elimination Period Factors

Rates shown are for 30 day elimination period. Rates for other elimination periods are calculated by multiplying the 30 day rates by the appropriate factor from the following table:

Benefit Maximum	0	14	20	60	90	100	180	365
730x,1095x	1.12	1.07	1.03	0.94	0.90	0.89	0.78	0.67
1460x,1825x	1.10	1.05	1.03	0.95	0.90	0.89	0.79	0.69
Lifetime	1.08	1.04	1.03	0.96	0.92	0.91	0.84	0.75

Table Rating Health Rating Group Factors

Rates shown are for Preferred Rating Group and Select Rating Group. Rates for Table Rating Health Groups 1, 2, 3 and 4 are calculated by multiplying Select rates by 1.25, 1.50, 1.75 and 2.00 respectively.

Multi-Life Discount

A 5%, 10%, 15% or 20% discount to the rates is available for qualifying Associations of 10 or more lives.

Spousal Discount

A 20% discount to the rates is available to married couples if both spouses apply for coverage.

Dual Waiver of Premium Rider R1-N0104-Series

An optional dual waiver of premium rider will be offered. If one spouse qualifies for a waiver of premium, the premium of the other spouse will also be waived. If chosen, multiply the final premium by 1.06.

Shared Advantage Rider R1-N0105-Series

This rider will allow two covered spouses to purchase an additional benefit amount that can be used by either spouse after their base benefits are exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	No Inflation Protection	With Inflation Protection
730x	1.30	1.35
1095x	1.21	1.25
1460x	1.15	1.18
1825x	1.12	1.14

Restoration of Benefits Rider R1-N0108-Series

This rider restores the maximum lifetime benefit if the insured has not met the stipulated conditions for a period of 180 consecutive days and the maximum lifetime benefit has not been exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	Factor
730x	1.08
1095x	1.06
1460x,1825x	1.04

Cost of Living Increase Rider R1-N0107-Series

This rider allows the insured to increase their policy limits, subject to the terms of the rider, every three years without additional underwriting. The additional premium charged is based on the attained age and incremental increase in the maximum daily facility benefit when exercised. If chosen, multiply the final premium by the appropriate factor:

Age	Factor
18-44	1.15
45-49	1.12
50-55	1.10
56-58	1.09
59-61	1.08
62-64	1.07
65-67	1.06
68-70	1.05
71-73	1.04
74-76	1.03

Modal Factors

Semi-Annual: 0.52; Quarterly: 0.27; Check-A-Matic: 0.09

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604

Supplement to Rate Sheets for Policy Form P1-N0081-B87
PENNSYLVANIA

All rates for this form should be multiplied by a factor of: 1.9425

This factor represents the **proposed** increase of: 29.5%

And the following prior approved rate increases:

Policy Form	Increase Applies to all Policies or Subsets	Rate Increase Approved	Approval Date of Rate Increase
P1-N0081-B87	--Yes--	20.00%	3/14/2013
P1-N0081-B87	--Yes--	25.00%	12/3/2014

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0081-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	24.94	30.19	32.81	35.44	45.94
45-49	27.56	34.13	36.75	39.38	51.19
50-54	34.13	40.69	45.94	48.56	63.00
55	39.38	47.25	52.50	56.44	74.81
56	42.00	49.88	56.44	60.38	78.75
57	44.63	53.81	60.38	64.31	85.31
58	48.56	57.75	65.63	69.56	91.88
59	52.50	63.00	70.88	76.13	99.75
60	56.44	68.25	77.44	82.69	108.94
61	61.69	73.50	84.00	90.56	118.13
62	66.94	80.06	91.88	98.44	128.63
63	72.19	86.63	98.44	106.31	139.13
64	76.13	91.88	106.31	114.19	148.31
65	81.38	98.44	114.19	122.06	158.81
66	86.63	106.31	123.38	132.56	171.94
67	94.50	115.50	133.88	144.38	187.69
68	103.69	126.00	145.69	158.81	206.06
69	112.88	137.81	160.13	173.25	225.75
70	123.38	150.94	174.56	190.31	248.06
71	135.19	166.69	192.94	210.00	273.00
72	149.63	185.06	213.94	233.63	303.19
73	165.38	206.06	238.88	259.88	337.31
74	183.75	229.69	265.13	290.06	374.06
75	204.75	254.63	295.31	322.88	414.75
76	225.75	282.19	328.13	358.31	459.38
77	249.38	312.38	363.56	396.38	507.94
78	274.31	345.19	401.63	438.38	559.13
79	301.88	379.31	442.31	481.69	614.25
80	330.75				
81	360.94				
82	393.75				
83	427.88				
84	464.63				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0081-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	28.88	35.44	39.38	40.69	53.81
45-49	32.81	39.38	43.31	45.94	59.06
50-54	38.06	45.94	52.50	56.44	73.50
55	44.63	52.50	59.06	64.31	85.31
56	47.25	55.13	63.00	68.25	89.25
57	49.88	59.06	66.94	72.19	95.81
58	53.81	64.31	72.19	77.44	102.38
59	57.75	69.56	78.75	85.31	110.25
60	61.69	76.13	85.31	91.88	119.44
61	66.94	81.38	93.19	101.06	129.94
62	72.19	87.94	101.06	108.94	140.44
63	77.44	94.50	108.94	116.81	152.25
64	82.69	101.06	115.50	124.69	162.75
65	89.25	107.63	124.69	132.56	174.56
66	94.50	115.50	133.88	143.06	189.00
67	102.38	126.00	144.38	156.19	206.06
68	111.56	136.50	158.81	171.94	225.75
69	122.06	149.63	173.25	187.69	246.75
70	133.88	165.38	189.00	206.06	271.69
71	145.69	181.13	210.00	227.06	299.25
72	161.44	202.13	232.31	253.31	330.75
73	179.81	224.44	258.56	282.19	367.50
74	198.19	249.38	288.75	313.69	406.88
75	220.50	276.94	321.56	349.13	451.50
76	242.81	307.13	357.00	388.50	500.06
77	269.06	338.63	395.06	430.50	552.56
78	295.31	374.06	437.06	476.44	607.69
79	324.19	412.13	480.38	523.69	668.06
80	354.38				
81	387.19				
82	421.31				
83	456.75				
84	494.81				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0081-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	30.19	36.75	42.00	43.31	56.44
45-49	34.13	40.69	45.94	48.56	63.00
50-54	39.38	48.56	55.13	59.06	78.75
55	45.94	55.13	61.69	66.94	89.25
56	48.56	57.75	65.63	70.88	94.50
57	51.19	61.69	69.56	76.13	99.75
58	55.13	66.94	74.81	81.38	107.63
59	59.06	72.19	81.38	89.25	115.50
60	64.31	78.75	89.25	95.81	124.69
61	69.56	85.31	97.13	105.00	135.19
62	74.81	91.88	105.00	112.88	145.69
63	80.06	98.44	112.88	120.75	157.50
64	85.31	105.00	119.44	128.63	168.00
65	91.88	111.56	128.63	137.81	181.13
66	98.44	119.44	137.81	148.31	195.56
67	106.31	129.94	149.63	161.44	213.94
68	115.50	141.75	164.06	177.19	233.63
69	126.00	154.88	178.50	194.25	255.94
70	137.81	170.63	195.56	212.63	280.88
71	150.94	187.69	216.56	234.94	309.75
72	166.69	208.69	240.19	261.19	342.56
73	185.06	232.31	267.75	291.38	380.63
74	204.75	257.25	297.94	324.19	421.31
75	227.06	286.13	332.06	360.94	467.25
76	250.69	317.63	368.81	401.63	517.13
77	276.94	350.44	408.19	444.94	570.94
78	304.50	385.88	451.50	492.19	628.69
79	333.38	425.25	497.44	542.06	690.38
80	364.88				
81	397.69				
82	433.13				
83	469.88				
84	507.94				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0081-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	47.25	59.06	68.25	74.81	98.44
45-49	52.50	65.63	76.13	82.69	108.94
50-54	64.31	80.06	93.19	101.06	139.13
55	73.50	93.19	107.63	116.81	161.44
56	77.44	98.44	114.19	123.38	169.31
57	82.69	105.00	120.75	131.25	179.81
58	87.94	111.56	128.63	140.44	190.31
59	94.50	119.44	137.81	149.63	202.13
60	101.06	127.31	147.00	158.81	215.25
61	107.63	136.50	157.50	170.63	229.69
62	115.50	145.69	168.00	182.44	245.44
63	123.38	154.88	178.50	194.25	262.50
64	131.25	165.38	190.31	207.38	279.56
65	139.13	175.88	203.44	220.50	297.94
66	149.63	187.69	216.56	236.25	318.94
67	160.13	202.13	233.63	254.63	343.88
68	171.94	217.88	252.00	275.63	371.44
69	185.06	233.63	273.00	297.94	400.31
70	199.50	253.31	295.31	322.88	431.81
71	216.56	274.31	320.25	350.44	468.56
72	234.94	297.94	349.13	381.94	509.25
73	255.94	325.50	381.94	417.38	555.19
74	279.56	355.69	417.38	456.75	605.06
75	305.81	388.50	455.44	498.75	660.19
76	332.06	425.25	497.44	544.69	719.25
77	360.94	463.31	542.06	594.56	782.25
78	389.81	505.31	589.31	647.06	849.19
79	421.31	548.63	640.50	703.50	921.38
80	454.13				
81	486.94				
82	522.38				
83	559.13				
84	597.19				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0081-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	52.50	66.94	77.44	85.31	110.25
45-49	59.06	73.50	86.63	93.19	123.38
50-54	72.19	90.56	106.31	115.50	156.19
55	81.38	103.69	122.06	132.56	178.50
56	85.31	108.94	128.63	139.13	186.38
57	90.56	115.50	135.19	147.00	196.88
58	95.81	122.06	143.06	156.19	208.69
59	102.38	129.94	152.25	165.38	221.81
60	110.25	139.13	161.44	175.88	234.94
61	118.13	148.31	171.94	186.38	250.69
62	126.00	158.81	182.44	199.50	267.75
63	133.88	169.31	194.25	211.31	286.13
64	141.75	179.81	207.38	225.75	303.19
65	150.94	190.31	220.50	240.19	324.19
66	161.44	203.44	236.25	258.56	345.19
67	173.25	219.19	254.63	278.25	372.75
68	186.38	236.25	275.63	301.88	401.63
69	200.81	253.31	296.63	325.50	433.13
70	216.56	275.63	321.56	351.75	467.25
71	233.63	297.94	349.13	381.94	506.63
72	254.63	324.19	379.31	416.06	551.25
73	276.94	354.38	414.75	454.13	601.13
74	301.88	385.88	452.81	496.13	654.94
75	329.44	421.31	493.50	540.75	714.00
76	358.31	459.38	538.13	589.31	775.69
77	387.19	498.75	585.38	641.81	843.94
78	418.69	542.06	636.56	698.25	914.81
79	450.19	588.00	690.38	757.31	992.25
80	485.63				
81	519.75				
82	557.81				
83	595.88				
84	635.25				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0081-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	55.13	69.56	81.38	89.25	115.50
45-49	61.69	77.44	90.56	98.44	128.63
50-54	76.13	95.81	111.56	120.75	162.75
55	85.31	107.63	127.31	139.13	185.06
56	89.25	112.88	133.88	145.69	194.25
57	94.50	119.44	140.44	153.56	204.75
58	99.75	127.31	148.31	162.75	216.56
59	106.31	135.19	157.50	171.94	229.69
60	114.19	144.38	166.69	182.44	244.13
61	122.06	153.56	177.19	192.94	259.88
62	129.94	164.06	189.00	206.06	276.94
63	137.81	174.56	200.81	219.19	295.31
64	147.00	185.06	213.94	233.63	313.69
65	156.19	196.88	228.38	249.38	334.69
66	166.69	210.00	245.44	267.75	357.00
67	178.50	225.75	263.81	288.75	384.56
68	191.63	244.13	284.81	312.38	414.75
69	207.38	262.50	307.13	337.31	447.56
70	223.13	284.81	332.06	364.88	483.00
71	241.50	308.44	360.94	395.06	523.69
72	262.50	336.00	392.44	430.50	569.63
73	286.13	366.19	427.88	469.88	620.81
74	311.06	399.00	467.25	513.19	675.94
75	338.63	434.44	509.25	559.13	736.31
76	368.81	473.81	555.19	609.00	800.63
77	399.00	514.50	603.75	662.81	870.19
78	430.50	557.81	656.25	720.56	943.69
79	463.31	605.06	711.38	780.94	1022.44
80	498.75				
81	534.19				
82	572.25				
83	611.63				
84	652.31				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
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Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	35.44	43.31	51.19	55.13	73.50
45-49	39.38	48.56	56.44	61.69	81.38
50-54	51.19	63.00	72.19	80.06	105.00
55	59.06	72.19	84.00	91.88	124.69
56	61.69	76.13	87.94	95.81	132.56
57	65.63	81.38	94.50	102.38	141.75
58	70.88	87.94	102.38	110.25	152.25
59	76.13	94.50	110.25	119.44	164.06
60	82.69	103.69	119.44	129.94	175.88
61	90.56	111.56	129.94	140.44	190.31
62	97.13	120.75	140.44	152.25	204.75
63	103.69	129.94	150.94	162.75	220.50
64	111.56	139.13	161.44	174.56	236.25
65	118.13	148.31	171.94	186.38	253.31
66	127.31	160.13	185.06	200.81	273.00
67	137.81	173.25	200.81	217.88	296.63
68	149.63	189.00	219.19	237.56	322.88
69	162.75	206.06	238.88	259.88	351.75
70	177.19	224.44	261.19	284.81	384.56
71	194.25	246.75	286.13	312.38	420.00
72	212.63	270.38	315.00	343.88	460.69
73	233.63	297.94	346.50	379.31	506.63
74	257.25	326.81	381.94	417.38	555.19
75	282.19	359.63	420.00	459.38	609.00
76	309.75	393.75	460.69	505.31	668.06
77	337.31	431.81	505.31	553.88	729.75
78	366.19	471.19	552.56	606.38	796.69
79	397.69	514.50	602.44	661.50	866.25
80	430.50				
81	464.63				
82	500.06				
83	536.81				
84	576.19				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0081-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	40.69	51.19	59.06	63.00	84.00
45-49	45.94	56.44	64.31	70.88	93.19
50-54	56.44	70.88	82.69	90.56	118.13
55	65.63	81.38	94.50	102.38	139.13
56	69.56	86.63	99.75	108.94	147.00
57	73.50	91.88	106.31	115.50	157.50
58	78.75	98.44	114.19	124.69	168.00
59	84.00	105.00	122.06	133.88	179.81
60	90.56	114.19	132.56	144.38	192.94
61	98.44	122.06	143.06	156.19	207.38
62	105.00	131.25	153.56	168.00	221.81
63	112.88	140.44	165.38	179.81	238.88
64	120.75	150.94	175.88	191.63	255.94
65	128.63	161.44	187.69	204.75	273.00
66	139.13	174.56	202.13	220.50	295.31
67	150.94	187.69	219.19	237.56	320.25
68	164.06	204.75	238.88	259.88	349.13
69	177.19	223.13	259.88	283.50	380.63
70	191.63	242.81	283.50	308.44	414.75
71	208.69	266.44	309.75	338.63	454.13
72	228.38	291.38	341.25	372.75	497.44
73	250.69	321.56	375.38	410.81	546.00
74	275.63	353.06	412.13	451.50	599.81
75	303.19	387.19	454.13	497.44	657.56
76	332.06	423.94	498.75	547.31	720.56
77	362.25	464.63	546.00	598.50	787.50
78	392.44	507.94	597.19	654.94	859.69
79	426.56	553.88	651.00	715.31	935.81
80	460.69				
81	497.44				
82	534.19				
83	572.25				
84	614.25				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0081-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	43.31	53.81	61.69	66.94	89.25
45-49	48.56	59.06	68.25	74.81	98.44
50-54	59.06	73.50	86.63	94.50	123.38
55	68.25	85.31	99.75	107.63	145.69
56	72.19	90.56	105.00	114.19	153.56
57	76.13	95.81	111.56	120.75	164.06
58	81.38	102.38	119.44	129.94	174.56
59	87.94	110.25	127.31	139.13	186.38
60	94.50	118.13	137.81	150.94	199.50
61	101.06	127.31	148.31	162.75	213.94
62	108.94	136.50	158.81	174.56	229.69
63	116.81	145.69	170.63	186.38	246.75
64	124.69	156.19	182.44	199.50	263.81
65	133.88	166.69	194.25	212.63	282.19
66	144.38	179.81	210.00	228.38	304.50
67	156.19	194.25	227.06	246.75	330.75
68	169.31	211.31	246.75	269.06	359.63
69	182.44	229.69	269.06	292.69	392.44
70	198.19	250.69	292.69	318.94	427.88
71	215.25	274.31	320.25	350.44	468.56
72	234.94	300.56	351.75	384.56	513.19
73	258.56	330.75	387.19	423.94	563.06
74	283.50	363.56	425.25	465.94	619.50
75	312.38	399.00	468.56	513.19	678.56
76	341.25	437.06	514.50	564.38	742.88
77	372.75	479.06	563.06	618.19	812.44
78	404.25	523.69	615.56	675.94	885.94
79	438.38	570.94	672.00	738.94	964.69
80	473.81				
81	510.56				
82	548.63				
83	588.00				
84	630.00				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0081-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	28.88	35.44	38.06	42.00	53.81
45-49	32.81	40.69	43.31	45.94	60.38
50-54	40.69	47.25	53.81	57.75	73.50
55	45.94	55.13	61.69	66.94	87.94
56	49.88	59.06	66.94	70.88	93.19
57	52.50	63.00	70.88	76.13	99.75
58	57.75	68.25	77.44	81.38	107.63
59	61.69	73.50	84.00	89.25	116.81
60	66.94	80.06	90.56	97.13	128.63
61	72.19	86.63	98.44	106.31	139.13
62	78.75	94.50	107.63	115.50	150.94
63	85.31	102.38	115.50	124.69	164.06
64	89.25	107.63	124.69	133.88	174.56
65	95.81	115.50	133.88	143.06	186.38
66	102.38	124.69	145.69	156.19	202.13
67	111.56	136.50	157.50	169.31	220.50
68	122.06	148.31	171.94	186.38	242.81
69	132.56	162.75	189.00	203.44	265.13
70	145.69	177.19	204.75	224.44	291.38
71	158.81	195.56	227.06	246.75	321.56
72	175.88	217.88	252.00	274.31	357.00
73	194.25	242.81	280.88	305.81	396.38
74	216.56	270.38	312.38	341.25	439.69
75	241.50	299.25	347.81	379.31	488.25
76	265.13	332.06	385.88	421.31	540.75
77	294.00	367.50	427.88	465.94	597.19
78	322.88	405.56	472.50	515.81	657.56
79	355.69	446.25	519.75	567.00	723.19
80	388.50				
81	425.25				
82	463.31				
83	504.00				
84	546.00				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0081-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	34.13	42.00	45.94	47.25	63.00
45-49	38.06	45.94	51.19	53.81	69.56
50-54	44.63	53.81	61.69	66.94	86.63
55	52.50	61.69	69.56	76.13	99.75
56	55.13	64.31	73.50	80.06	105.00
57	59.06	69.56	78.75	85.31	112.88
58	63.00	76.13	85.31	90.56	120.75
59	68.25	81.38	93.19	99.75	129.94
60	72.19	89.25	99.75	107.63	140.44
61	78.75	95.81	110.25	119.44	152.25
62	85.31	103.69	119.44	128.63	165.38
63	90.56	111.56	128.63	137.81	178.50
64	97.13	119.44	136.50	147.00	191.63
65	105.00	126.00	147.00	156.19	204.75
66	111.56	136.50	157.50	168.00	221.81
67	120.75	148.31	169.31	183.75	242.81
68	131.25	160.13	186.38	202.13	265.13
69	143.06	175.88	203.44	220.50	290.06
70	157.50	194.25	221.81	242.81	320.25
71	171.94	212.63	246.75	267.75	351.75
72	190.31	237.56	273.00	297.94	388.50
73	211.31	263.81	304.50	332.06	431.81
74	233.63	294.00	339.94	368.81	479.06
75	259.88	325.50	378.00	410.81	531.56
76	286.13	360.94	420.00	456.75	588.00
77	316.31	399.00	464.63	506.63	649.69
78	347.81	439.69	514.50	560.44	715.31
79	381.94	484.31	565.69	615.56	786.19
80	417.38				
81	455.44				
82	496.13				
83	536.81				
84	582.75				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0081-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	35.44	43.31	49.88	51.19	66.94
45-49	40.69	47.25	53.81	57.75	73.50
50-54	45.94	57.75	64.31	69.56	93.19
55	53.81	64.31	72.19	78.75	105.00
56	57.75	68.25	77.44	84.00	111.56
57	60.38	72.19	81.38	89.25	116.81
58	64.31	78.75	87.94	95.81	126.00
59	69.56	85.31	95.81	105.00	136.50
60	76.13	93.19	105.00	112.88	147.00
61	81.38	99.75	114.19	123.38	158.81
62	87.94	107.63	123.38	132.56	171.94
63	94.50	115.50	132.56	141.75	185.06
64	99.75	123.38	140.44	150.94	198.19
65	107.63	131.25	150.94	162.75	212.63
66	115.50	140.44	162.75	174.56	229.69
67	124.69	152.25	175.88	190.31	252.00
68	136.50	166.69	192.94	208.69	274.31
69	148.31	182.44	210.00	228.38	300.56
70	162.75	200.81	229.69	250.69	330.75
71	177.19	220.50	254.63	276.94	364.88
72	195.56	245.44	282.19	307.13	402.94
73	217.88	273.00	315.00	342.56	447.56
74	241.50	303.19	350.44	381.94	496.13
75	267.75	336.00	391.13	425.25	549.94
76	295.31	374.06	434.44	472.50	609.00
77	325.50	412.13	480.38	523.69	672.00
78	358.31	454.13	531.56	578.81	740.25
79	392.44	500.06	585.38	637.88	812.44
80	429.19				
81	467.25				
82	509.25				
83	552.56				
84	597.19				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0081-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	55.13	69.56	80.06	87.94	115.50
45-49	61.69	77.44	89.25	97.13	128.63
50-54	76.13	94.50	110.25	119.44	164.06
55	86.63	110.25	126.00	137.81	190.31
56	90.56	115.50	133.88	145.69	199.50
57	97.13	123.38	141.75	154.88	211.31
58	103.69	131.25	150.94	165.38	224.44
59	111.56	140.44	162.75	175.88	237.56
60	119.44	149.63	173.25	186.38	253.31
61	126.00	160.13	185.06	200.81	270.38
62	136.50	171.94	198.19	215.25	288.75
63	145.69	182.44	210.00	228.38	308.44
64	154.88	194.25	224.44	244.13	329.44
65	164.06	207.38	238.88	259.88	350.44
66	175.88	220.50	254.63	278.25	375.38
67	189.00	237.56	274.31	299.25	404.25
68	202.13	255.94	296.63	324.19	437.06
69	217.88	274.31	321.56	350.44	471.19
70	234.94	297.94	347.81	379.31	507.94
71	254.63	322.88	376.69	412.13	551.25
72	276.94	350.44	410.81	448.88	598.50
73	300.56	383.25	448.88	490.88	653.63
74	329.44	418.69	490.88	536.81	711.38
75	359.63	456.75	535.50	586.69	777.00
76	391.13	500.06	585.38	640.50	846.56
77	425.25	544.69	637.88	699.56	920.06
78	458.06	594.56	693.00	761.25	998.81
79	496.13	645.75	753.38	828.19	1084.13
80	534.19				
81	572.25				
82	614.25				
83	657.56				
84	702.19				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0081-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	61.69	78.75	90.56	99.75	129.94
45-49	69.56	86.63	102.38	110.25	145.69
50-54	85.31	106.31	124.69	136.50	183.75
55	95.81	122.06	143.06	156.19	210.00
56	99.75	128.63	150.94	164.06	219.19
57	106.31	136.50	158.81	173.25	231.00
58	112.88	143.06	168.00	183.75	245.44
59	120.75	152.25	178.50	194.25	261.19
60	129.94	164.06	190.31	207.38	276.94
61	139.13	174.56	202.13	219.19	295.31
62	148.31	186.38	215.25	234.94	315.00
63	157.50	199.50	228.38	248.06	336.00
64	166.69	211.31	244.13	265.13	357.00
65	177.19	224.44	259.88	282.19	381.94
66	190.31	238.88	278.25	304.50	405.56
67	203.44	257.25	299.25	326.81	438.38
68	219.19	278.25	324.19	355.69	472.50
69	236.25	297.94	349.13	383.25	509.25
70	254.63	324.19	378.00	413.44	549.94
71	274.31	350.44	410.81	448.88	595.88
72	299.25	381.94	446.25	489.56	648.38
73	325.50	417.38	488.25	534.19	707.44
74	355.69	454.13	532.88	584.06	770.44
75	387.19	496.13	580.13	636.56	840.00
76	421.31	540.75	632.63	693.00	912.19
77	455.44	586.69	689.06	754.69	992.25
78	492.19	637.88	749.44	821.63	1076.25
79	530.25	691.69	812.44	891.19	1166.81
80	570.94				
81	611.63				
82	656.25				
83	700.88				
84	746.81				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0081-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	64.31	81.38	95.81	105.00	136.50
45-49	72.19	90.56	106.31	115.50	150.94
50-54	89.25	112.88	131.25	141.75	191.63
55	99.75	126.00	149.63	164.06	217.88
56	105.00	132.56	157.50	171.94	228.38
57	111.56	140.44	165.38	181.13	241.50
58	116.81	149.63	174.56	191.63	254.63
59	124.69	158.81	185.06	202.13	270.38
60	133.88	169.31	195.56	215.25	287.44
61	143.06	181.13	208.69	227.06	305.81
62	152.25	192.94	221.81	242.81	325.50
63	162.75	204.75	236.25	257.25	347.81
64	173.25	217.88	252.00	274.31	368.81
65	183.75	231.00	269.06	294.00	393.75
66	195.56	246.75	288.75	315.00	420.00
67	210.00	265.13	309.75	339.94	452.81
68	225.75	287.44	334.69	367.50	488.25
69	244.13	308.44	360.94	396.38	526.31
70	262.50	334.69	391.13	429.19	568.31
71	283.50	362.25	425.25	464.63	615.56
72	308.44	395.06	462.00	506.63	670.69
73	336.00	430.50	504.00	552.56	729.75
74	366.19	469.88	549.94	603.75	795.38
75	399.00	510.56	598.50	657.56	866.25
76	434.44	557.81	653.63	716.63	942.38
77	469.88	605.06	710.06	779.63	1023.75
78	506.63	656.25	771.75	847.88	1110.38
79	544.69	711.38	837.38	918.75	1202.25
80	586.69				
81	628.69				
82	673.31				
83	719.25				
84	767.81				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0081-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	42.00	51.19	60.38	64.31	86.63
45-49	45.94	57.75	66.94	72.19	95.81
50-54	60.38	73.50	85.31	94.50	123.38
55	69.56	85.31	98.44	107.63	147.00
56	72.19	89.25	103.69	112.88	156.19
57	77.44	95.81	111.56	120.75	166.69
58	84.00	103.69	120.75	129.94	178.50
59	89.25	111.56	129.94	140.44	192.94
60	97.13	122.06	140.44	152.25	207.38
61	106.31	131.25	152.25	165.38	224.44
62	114.19	141.75	165.38	178.50	241.50
63	122.06	152.25	177.19	191.63	259.88
64	131.25	164.06	190.31	204.75	278.25
65	139.13	174.56	202.13	219.19	297.94
66	149.63	189.00	217.88	236.25	321.56
67	162.75	203.44	236.25	255.94	349.13
68	175.88	221.81	257.25	279.56	379.31
69	191.63	242.81	280.88	305.81	413.44
70	208.69	263.81	307.13	334.69	452.81
71	228.38	290.06	336.00	367.50	493.50
72	250.69	317.63	370.13	404.25	542.06
73	274.31	350.44	408.19	446.25	595.88
74	303.19	384.56	448.88	490.88	653.63
75	332.06	422.63	493.50	540.75	716.63
76	364.88	463.31	542.06	594.56	786.19
77	396.38	507.94	594.56	651.00	858.38
78	430.50	553.88	649.69	714.00	937.13
79	467.25	605.06	708.75	778.31	1018.50
80	506.63				
81	546.00				
82	588.00				
83	631.31				
84	677.25				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0081-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	47.25	60.38	69.56	73.50	98.44
45-49	53.81	66.94	76.13	84.00	110.25
50-54	66.94	84.00	97.13	106.31	139.13
55	77.44	95.81	111.56	120.75	164.06
56	81.38	102.38	116.81	128.63	173.25
57	86.63	107.63	124.69	136.50	185.06
58	93.19	115.50	133.88	147.00	198.19
59	98.44	123.38	143.06	157.50	211.31
60	106.31	133.88	156.19	169.31	227.06
61	115.50	143.06	168.00	183.75	244.13
62	123.38	154.88	181.13	198.19	261.19
63	132.56	165.38	194.25	211.31	280.88
64	141.75	177.19	207.38	225.75	300.56
65	150.94	190.31	220.50	241.50	321.56
66	164.06	204.75	237.56	259.88	347.81
67	177.19	220.50	257.25	279.56	376.69
68	192.94	241.50	280.88	305.81	410.81
69	208.69	262.50	305.81	333.38	447.56
70	225.75	286.13	333.38	362.25	488.25
71	245.44	313.69	364.88	399.00	534.19
72	269.06	342.56	401.63	438.38	585.38
73	295.31	378.00	441.00	483.00	641.81
74	324.19	414.75	484.31	531.56	706.13
75	357.00	455.44	534.19	585.38	773.06
76	391.13	498.75	586.69	644.44	847.88
77	426.56	546.00	641.81	703.50	926.63
78	462.00	597.19	702.19	770.44	1011.94
79	501.38	651.00	766.50	841.31	1101.19
80	542.06				
81	585.38				
82	628.69				
83	673.31				
84	723.19				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0081-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	51.19	63.00	72.19	78.75	105.00
45-49	57.75	69.56	80.06	87.94	115.50
50-54	69.56	86.63	102.38	111.56	145.69
55	80.06	99.75	116.81	126.00	171.94
56	85.31	106.31	123.38	133.88	181.13
57	89.25	112.88	131.25	141.75	192.94
58	95.81	120.75	140.44	152.25	204.75
59	103.69	129.94	149.63	164.06	219.19
60	111.56	139.13	162.75	177.19	234.94
61	119.44	149.63	174.56	191.63	252.00
62	128.63	160.13	186.38	204.75	270.38
63	137.81	171.94	200.81	219.19	290.06
64	147.00	183.75	215.25	234.94	309.75
65	157.50	195.56	228.38	250.69	332.06
66	169.31	211.31	246.75	269.06	358.31
67	183.75	228.38	267.75	290.06	388.50
68	199.50	248.06	290.06	316.31	422.63
69	215.25	270.38	316.31	343.88	462.00
70	233.63	295.31	343.88	375.38	504.00
71	253.31	322.88	376.69	412.13	551.25
72	276.94	353.06	413.44	452.81	603.75
73	304.50	388.50	455.44	498.75	662.81
74	333.38	427.88	500.06	548.63	728.44
75	367.50	469.88	551.25	603.75	798.00
76	401.63	514.50	605.06	664.13	874.13
77	438.38	563.06	662.81	727.13	955.50
78	475.13	615.56	724.50	795.38	1042.13
79	515.81	672.00	790.13	868.88	1135.31
80	557.81				
81	601.13				
82	645.75				
83	691.69				
84	741.56				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0081-B87
Long-Term Care Policy

WITH SURVIVORSHIP BENEFIT RIDER R1-N0103-SERIES

When this rider is chosen, multiply the final premium by the appropriate factor.

ISSUE AGE	NO INFLATION PROTECTION	SIMPLE INFLATION PROTECTION	COMPOUND INFLATION PROTECTION
18-44	1.11	1.17	1.17
45-49	1.14	1.21	1.21
50-54	1.18	1.28	1.28
55	1.20	1.30	1.30
56	1.20	1.30	1.30
57	1.21	1.30	1.30
58	1.21	1.30	1.30
59	1.21	1.30	1.30
60	1.21	1.30	1.30
61	1.21	1.30	1.30
62	1.21	1.29	1.29
63	1.21	1.29	1.29
64	1.21	1.28	1.28
65	1.20	1.27	1.27
66	1.20	1.26	1.26
67	1.20	1.26	1.26
68	1.19	1.25	1.25
69	1.19	1.24	1.24
70	1.18	1.23	1.23
71	1.18	1.22	1.22
72	1.17	1.20	1.20
73	1.16	1.19	1.19
74	1.16	1.18	1.18
75	1.15	1.17	1.17
76	1.14	1.16	1.16
77	1.13	1.15	1.15
78	1.12	1.14	1.14
79	1.11	1.13	1.13
80	1.10	1.12	1.12
81	1.09	1.11	1.11
82	1.08	1.10	1.10
83	1.07	1.09	1.09
84	1.06	1.08	1.08

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0081-B87
Long-Term Care Policy

Elimination Period Factors

Rates shown are for 30 day elimination period. Rates for other elimination periods are calculated by multiplying the 30 day rates by the appropriate factor from the following table:

Benefit Maximum	0	14	20	60	90	100	180	365
730x,1095x	1.12	1.07	1.03	0.94	0.90	0.89	0.78	0.67
1460x,1825x	1.10	1.05	1.03	0.95	0.90	0.89	0.79	0.69
Lifetime	1.08	1.04	1.03	0.96	0.92	0.91	0.84	0.75

Table Rating Health Rating Group Factors

Rates shown are for Preferred Rating Group and Select Rating Group. Rates for Table Rating Health Groups 1, 2, 3 and 4 are calculated by multiplying Select rates by 1.25, 1.50, 1.75 and 2.00 respectively.

Multi-Life Discount

A 5%, 10%, 15% or 20% discount to the rates is available for qualifying Associations of 10 or more lives.

Spousal Discount

A 20% discount to the rates is available to married couples if both spouses apply for coverage.

Dual Waiver of Premium Rider R1-N0104-Series

An optional dual waiver of premium rider will be offered. If one spouse qualifies for a waiver of premium, the premium of the other spouse will also be waived. If chosen, multiply the final premium by 1.06.

Shared Advantage Rider R1-N0105-Series

This rider will allow two covered spouses to purchase an additional benefit amount that can be used by either spouse after their base benefits are exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	No Inflation Protection	With Inflation Protection
730x	1.30	1.35
1095x	1.21	1.25
1460x	1.15	1.18
1825x	1.12	1.14

Restoration of Benefits Rider R1-N0108-Series

This rider restores the maximum lifetime benefit if the insured has not met the stipulated conditions for a period of 180 consecutive days and the maximum lifetime benefit has not been exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	Factor
730x	1.08
1095x	1.06
1460x,1825x	1.04

Cost of Living Increase Rider R1-N0107-Series

This rider allows the insured to increase their policy limits, subject to the terms of the rider, every three years without additional underwriting. The additional premium charged is based on the attained age and incremental increase in the maximum daily facility benefit when exercised. If chosen, multiply the final premium by the appropriate factor:

Age	Factor
18-44	1.15
45-49	1.12
50-55	1.10
56-58	1.09
59-61	1.08
62-64	1.07
65-67	1.06
68-70	1.05
71-73	1.04
74-76	1.03

Modal Factors

Semi-Annual: 0.52; Quarterly: 0.27; Check-A-Matic: 0.09

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604

Supplement to Rate Sheets for Policy Form P1-N0085-B87
PENNSYLVANIA

All rates for this form should be multiplied by a factor of: 1.9425

This factor represents the **proposed** increase of: 29.5%

And the following prior approved rate increases:

Policy Form	Increase Applies to all Policies or Subsets	Rate Increase Approved	Approval Date of Rate Increase
P1-N0085-B87	--Yes--	20.00%	3/14/2013
P1-N0085-B87	--Yes--	25.00%	12/3/2014

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0085-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	22.05	25.20	29.40	31.50	39.90
45-49	24.15	28.35	32.55	34.65	44.10
50-54	29.40	34.65	39.90	43.05	54.60
55	33.60	39.90	46.20	49.35	65.10
56	35.70	43.05	49.35	52.50	69.30
57	38.85	46.20	52.50	56.70	74.55
58	42.00	50.40	56.70	61.95	80.85
59	46.20	54.60	61.95	67.20	88.20
60	50.40	59.85	68.25	74.55	95.55
61	54.60	66.15	74.55	80.85	103.95
62	58.80	71.40	80.85	88.20	113.40
63	63.00	76.65	87.15	94.50	121.80
64	67.20	81.90	93.45	100.80	131.25
65	71.40	88.20	99.75	108.15	140.70
66	77.70	94.50	108.15	116.55	152.25
67	84.00	102.90	117.60	127.05	165.90
68	91.35	112.35	129.15	139.65	182.70
69	99.75	122.85	141.75	153.30	200.55
70	109.20	134.40	155.40	169.05	220.50
71	120.75	149.10	172.20	187.95	243.60
72	134.40	165.90	192.15	210.00	271.95
73	150.15	185.85	215.25	235.20	304.50
74	166.95	207.90	241.50	263.55	340.20
75	186.90	233.10	270.90	295.05	379.05
76	207.90	260.40	302.40	329.70	422.10
77	231.00	289.80	337.05	366.45	469.35
78	256.20	322.35	374.85	406.35	519.75
79	283.50	355.95	414.75	449.40	574.35
80	311.85				
81	343.35				
82	375.90				
83	410.55				
84	447.30				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0085-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	26.25	31.50	35.70	37.80	48.30
45-49	28.35	34.65	38.85	42.00	53.55
50-54	33.60	40.95	47.25	51.45	67.20
55	39.90	47.25	53.55	57.75	76.65
56	42.00	50.40	56.70	60.90	80.85
57	45.15	53.55	60.90	65.10	86.10
58	48.30	57.75	65.10	70.35	92.40
59	52.50	63.00	71.40	76.65	99.75
60	56.70	68.25	77.70	84.00	109.20
61	60.90	74.55	85.05	91.35	117.60
62	66.15	79.80	92.40	99.75	128.10
63	71.40	86.10	98.70	106.05	137.55
64	75.60	92.40	105.00	114.45	148.05
65	80.85	99.75	112.35	121.80	159.60
66	87.15	106.05	121.80	132.30	172.20
67	94.50	116.55	132.30	143.85	187.95
68	102.90	127.05	144.90	158.55	205.80
69	112.35	138.60	159.60	173.25	226.80
70	122.85	152.25	175.35	190.05	248.85
71	134.40	168.00	194.25	211.05	276.15
72	150.15	186.90	216.30	236.25	307.65
73	166.95	208.95	242.55	263.55	343.35
74	185.85	234.15	271.95	296.10	383.25
75	207.90	261.45	304.50	330.75	427.35
76	231.00	290.85	340.20	370.65	476.70
77	257.25	324.45	378.00	411.60	529.20
78	284.55	360.15	420.00	456.75	584.85
79	313.95	399.00	465.15	506.10	646.80
80	345.45				
81	379.05				
82	413.70				
83	451.50				
84	491.40				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0085-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	27.30	33.60	37.80	40.95	52.50
45-49	30.45	36.75	42.00	45.15	57.75
50-54	35.70	44.10	50.40	54.60	72.45
55	42.00	50.40	56.70	61.95	80.85
56	44.10	53.55	59.85	65.10	85.05
57	47.25	56.70	64.05	69.30	90.30
58	50.40	60.90	69.30	74.55	97.65
59	54.60	66.15	75.60	80.85	105.00
60	59.85	71.40	81.90	88.20	114.45
61	64.05	77.70	89.25	95.55	123.90
62	69.30	84.00	96.60	103.95	134.40
63	74.55	90.30	103.95	111.30	144.90
64	78.75	96.60	110.25	119.70	155.40
65	85.05	103.95	117.60	128.10	166.95
66	91.35	111.30	127.05	138.60	180.60
67	98.70	121.80	138.60	151.20	197.40
68	107.10	133.35	152.25	165.90	216.30
69	117.60	144.90	166.95	181.65	237.30
70	128.10	159.60	183.75	199.50	261.45
71	140.70	175.35	203.70	221.55	289.80
72	156.45	195.30	226.80	246.75	322.35
73	174.30	218.40	254.10	276.15	360.15
74	194.25	244.65	284.55	309.75	402.15
75	217.35	273.00	318.15	346.50	448.35
76	241.50	304.50	355.95	387.45	499.80
77	267.75	339.15	395.85	431.55	554.40
78	296.10	375.90	438.90	478.80	613.20
79	326.55	416.85	486.15	530.25	677.25
80	359.10				
81	393.75				
82	430.50				
83	469.35				
84	510.30				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0085-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	42.00	51.45	58.80	63.00	86.10
45-49	46.20	56.70	65.10	70.35	95.55
50-54	56.70	70.35	80.85	89.25	121.80
55	66.15	81.90	94.50	102.90	140.70
56	69.30	86.10	99.75	109.20	149.10
57	73.50	91.35	106.05	115.50	157.50
58	78.75	97.65	113.40	122.85	166.95
59	82.95	103.95	120.75	131.25	177.45
60	89.25	111.30	128.10	139.65	189.00
61	95.55	118.65	137.55	149.10	201.60
62	101.85	127.05	147.00	159.60	215.25
63	108.15	135.45	157.50	170.10	229.95
64	115.50	143.85	166.95	181.65	244.65
65	122.85	153.30	178.50	194.25	261.45
66	131.25	164.85	191.10	207.90	281.40
67	141.75	177.45	206.85	224.70	303.45
68	153.30	192.15	223.65	243.60	328.65
69	164.85	207.90	241.50	263.55	354.90
70	178.50	225.75	262.50	286.65	385.35
71	193.20	245.70	285.60	311.85	418.95
72	211.05	268.80	312.90	342.30	457.80
73	232.05	295.05	344.40	376.95	501.90
74	255.15	324.45	379.05	414.75	550.20
75	280.35	355.95	416.85	455.70	603.75
76	306.60	390.60	457.80	501.90	661.50
77	334.95	428.40	502.95	550.20	723.45
78	364.35	468.30	551.25	602.70	789.60
79	395.85	511.35	602.70	658.35	861.00
80	428.40				
81	462.00				
82	497.70				
83	534.45				
84	573.30				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0085-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	48.30	59.85	69.30	75.60	99.75
45-49	53.55	67.20	76.65	84.00	111.30
50-54	66.15	82.95	95.55	103.95	140.70
55	74.55	94.50	109.20	118.65	161.70
56	77.70	99.75	115.50	124.95	170.10
57	81.90	105.00	121.80	132.30	178.50
58	87.15	111.30	129.15	140.70	189.00
59	93.45	117.60	136.50	150.15	200.55
60	100.80	124.95	145.95	158.55	212.10
61	107.10	133.35	155.40	169.05	226.80
62	114.45	142.80	165.90	180.60	241.50
63	121.80	151.20	177.45	193.20	258.30
64	129.15	161.70	187.95	205.80	275.10
65	137.55	172.20	201.60	219.45	294.00
66	147.00	184.80	215.25	235.20	315.00
67	157.50	199.50	233.10	254.10	340.20
68	170.10	215.25	252.00	275.10	368.55
69	183.75	234.15	271.95	298.20	397.95
70	199.50	254.10	296.10	324.45	431.55
71	216.30	276.15	322.35	352.80	469.35
72	236.25	302.40	352.80	386.40	513.45
73	259.35	330.75	387.45	425.25	561.75
74	284.55	363.30	425.25	466.20	615.30
75	311.85	399.00	467.25	511.35	675.15
76	341.25	435.75	512.40	561.75	739.20
77	371.70	477.75	560.70	615.30	807.45
78	404.25	520.80	614.25	672.00	880.95
79	437.85	569.10	668.85	732.90	958.65
80	473.55				
81	510.30				
82	548.10				
83	589.05				
84	631.05				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0085-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	51.45	64.05	73.50	80.85	106.05
45-49	56.70	71.40	81.90	90.30	117.60
50-54	70.35	88.20	101.85	110.25	149.10
55	78.75	99.75	115.50	126.00	170.10
56	81.90	105.00	121.80	132.30	178.50
57	86.10	110.25	128.10	139.65	187.95
58	91.35	116.55	135.45	148.05	198.45
59	97.65	123.90	143.85	157.50	210.00
60	105.00	131.25	153.30	166.95	222.60
61	112.35	139.65	162.75	177.45	237.30
62	119.70	149.10	174.30	190.05	253.05
63	127.05	158.55	185.85	202.65	269.85
64	135.45	169.05	197.40	216.30	287.70
65	143.85	180.60	211.05	229.95	307.65
66	153.30	193.20	225.75	246.75	329.70
67	164.85	208.95	243.60	266.70	355.95
68	177.45	225.75	263.55	288.75	385.35
69	192.15	244.65	285.60	312.90	416.85
70	207.90	265.65	309.75	340.20	451.50
71	225.75	288.75	338.10	370.65	491.40
72	246.75	316.05	369.60	405.30	536.55
73	270.90	346.50	405.30	445.20	588.00
74	297.15	380.10	445.20	488.25	643.65
75	325.50	416.85	488.25	535.50	705.60
76	355.95	455.70	535.50	586.95	771.75
77	387.45	498.75	585.90	642.60	843.15
78	421.05	543.90	640.50	701.40	919.80
79	455.70	593.25	697.20	765.45	1000.65
80	492.45				
81	530.25				
82	570.15				
83	612.15				
84	655.20				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0085-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	30.45	37.80	44.10	48.30	64.05
45-49	33.60	42.00	49.35	53.55	71.40
50-54	45.15	55.65	63.00	68.25	91.35
55	51.45	64.05	72.45	79.80	108.15
56	54.60	67.20	76.65	84.00	115.50
57	57.75	71.40	81.90	90.30	123.90
58	61.95	76.65	88.20	97.65	133.35
59	67.20	82.95	95.55	105.00	143.85
60	72.45	90.30	103.95	113.40	155.40
61	78.75	97.65	113.40	122.85	166.95
62	85.05	106.05	122.85	133.35	180.60
63	91.35	113.40	132.30	143.85	194.25
64	97.65	121.80	141.75	153.30	207.90
65	105.00	130.20	151.20	164.85	223.65
66	113.40	139.65	162.75	177.45	241.50
67	122.85	152.25	177.45	193.20	262.50
68	133.35	165.90	194.25	211.05	286.65
69	144.90	181.65	212.10	231.00	312.90
70	157.50	198.45	232.05	253.05	342.30
71	172.20	218.40	255.15	279.30	374.85
72	190.05	241.50	282.45	308.70	413.70
73	210.00	267.75	312.90	342.30	456.75
74	233.10	296.10	347.55	380.10	505.05
75	257.25	328.65	384.30	421.05	557.55
76	283.50	363.30	424.20	465.15	614.25
77	311.85	400.05	468.30	513.45	675.15
78	341.25	439.95	515.55	564.90	740.25
79	372.75	483.00	564.90	620.55	810.60
80	405.30				
81	439.95				
82	475.65				
83	513.45				
84	553.35				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0085-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	36.75	46.20	52.50	57.75	75.60
45-49	40.95	50.40	58.80	64.05	84.00
50-54	51.45	64.05	74.55	80.85	106.05
55	59.85	74.55	85.05	93.45	126.00
56	63.00	78.75	90.30	97.65	134.40
57	66.15	82.95	95.55	103.95	142.80
58	71.40	89.25	102.90	112.35	153.30
59	76.65	96.60	111.30	120.75	163.80
60	82.95	103.95	119.70	130.20	175.35
61	89.25	111.30	129.15	140.70	187.95
62	96.60	120.75	139.65	152.25	202.65
63	102.90	129.15	150.15	162.75	217.35
64	110.25	137.55	160.65	174.30	233.10
65	118.65	148.05	171.15	185.85	249.90
66	127.05	158.55	183.75	200.55	269.85
67	137.55	172.20	200.55	217.35	292.95
68	149.10	186.90	218.40	237.30	320.25
69	161.70	204.75	238.35	259.35	349.65
70	176.40	223.65	261.45	284.55	383.25
71	193.20	245.70	286.65	312.90	420.00
72	212.10	270.90	317.10	346.50	463.05
73	234.15	299.25	350.70	383.25	511.35
74	259.35	331.80	388.50	425.25	564.90
75	286.65	366.45	429.45	470.40	622.65
76	316.05	404.25	473.55	519.75	686.70
77	346.50	445.20	521.85	573.30	753.90
78	379.05	488.25	573.30	630.00	826.35
79	412.65	535.50	628.95	690.90	904.05
80	448.35				
81	485.10				
82	525.00				
83	565.95				
84	609.00				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0085-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	39.90	49.35	56.70	61.95	80.85
45-49	44.10	54.60	63.00	68.25	89.25
50-54	54.60	68.25	78.75	86.10	112.35
55	63.00	78.75	90.30	98.70	133.35
56	66.15	82.95	95.55	103.95	141.75
57	70.35	88.20	101.85	110.25	151.20
58	75.60	94.50	109.20	118.65	161.70
59	80.85	101.85	117.60	127.05	172.20
60	87.15	109.20	127.05	137.55	183.75
61	93.45	117.60	136.50	148.05	197.40
62	100.80	127.05	147.00	159.60	212.10
63	108.15	136.50	157.50	171.15	227.85
64	115.50	144.90	168.00	182.70	243.60
65	123.90	155.40	179.55	195.30	261.45
66	132.30	166.95	193.20	210.00	281.40
67	143.85	180.60	210.00	227.85	306.60
68	156.45	196.35	228.90	248.85	334.95
69	169.05	214.20	249.90	271.95	365.40
70	184.80	234.15	274.05	298.20	400.05
71	201.60	257.25	300.30	327.60	438.90
72	221.55	283.50	331.80	362.25	484.05
73	244.65	312.90	367.50	401.10	534.45
74	270.90	346.50	406.35	444.15	590.10
75	299.25	382.20	448.35	491.40	651.00
76	329.70	422.10	494.55	542.85	717.15
77	361.20	464.10	544.95	598.50	787.50
78	394.80	509.25	598.50	658.35	863.10
79	429.45	558.60	656.25	721.35	943.95
80	466.20				
81	505.05				
82	546.00				
83	588.00				
84	632.10				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0085-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	26.25	29.40	34.65	36.75	47.25
45-49	28.35	33.60	37.80	40.95	51.45
50-54	34.65	40.95	47.25	50.40	64.05
55	39.90	47.25	54.60	57.75	76.65
56	42.00	50.40	57.75	61.95	81.90
57	46.20	54.60	61.95	67.20	88.20
58	49.35	58.80	67.20	72.45	95.55
59	54.60	64.05	72.45	78.75	103.95
60	58.80	70.35	79.80	88.20	112.35
61	64.05	77.70	88.20	95.55	121.80
62	69.30	84.00	95.55	103.95	133.35
63	74.55	90.30	102.90	111.30	142.80
64	78.75	96.60	110.25	118.65	154.35
65	84.00	103.95	117.60	127.05	165.90
66	91.35	111.30	127.05	137.55	179.55
67	98.70	120.75	138.60	149.10	195.30
68	107.10	132.30	152.25	163.80	215.25
69	117.60	144.90	166.95	180.60	236.25
70	128.10	158.55	182.70	198.45	259.35
71	141.75	175.35	202.65	221.55	286.65
72	158.55	195.30	225.75	246.75	320.25
73	176.40	218.40	253.05	277.20	358.05
74	196.35	244.65	284.55	309.75	400.05
75	219.45	274.05	319.20	347.55	446.25
76	244.65	306.60	355.95	387.45	496.65
77	271.95	341.25	396.90	431.55	552.30
78	301.35	379.05	441.00	477.75	611.10
79	333.90	418.95	488.25	529.20	676.20
80	366.45				
81	404.25				
82	442.05				
83	483.00				
84	526.05				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0085-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	30.45	36.75	42.00	44.10	56.70
45-49	33.60	40.95	46.20	49.35	63.00
50-54	39.90	48.30	55.65	60.90	78.75
55	47.25	55.65	63.00	68.25	90.30
56	49.35	58.80	67.20	71.40	95.55
57	53.55	63.00	71.40	76.65	100.80
58	56.70	68.25	76.65	82.95	109.20
59	61.95	74.55	84.00	90.30	117.60
60	67.20	79.80	91.35	98.70	128.10
61	71.40	88.20	99.75	107.10	138.60
62	77.70	93.45	109.20	117.60	151.20
63	84.00	100.80	116.55	124.95	161.70
64	89.25	109.20	123.90	134.40	174.30
65	95.55	117.60	132.30	142.80	187.95
66	102.90	124.95	142.80	155.40	202.65
67	111.30	137.55	155.40	169.05	221.55
68	120.75	149.10	170.10	186.90	242.55
69	132.30	162.75	187.95	203.70	266.70
70	144.90	179.55	205.80	223.65	292.95
71	158.55	197.40	228.90	247.80	324.45
72	176.40	219.45	254.10	278.25	362.25
73	196.35	245.70	285.60	309.75	404.25
74	218.40	275.10	320.25	348.60	450.45
75	244.65	307.65	358.05	389.55	502.95
76	271.95	342.30	400.05	435.75	560.70
77	302.40	382.20	445.20	484.05	622.65
78	334.95	424.20	494.55	537.60	687.75
79	369.60	469.35	547.05	595.35	761.25
80	406.35				
81	446.25				
82	487.20				
83	531.30				
84	578.55				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0085-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	32.55	39.90	44.10	48.30	61.95
45-49	35.70	43.05	49.35	53.55	68.25
50-54	42.00	51.45	58.80	64.05	85.05
55	49.35	58.80	67.20	72.45	95.55
56	51.45	63.00	70.35	76.65	99.75
57	55.65	67.20	75.60	81.90	106.05
58	58.80	71.40	81.90	88.20	114.45
59	64.05	77.70	89.25	95.55	123.90
60	70.35	84.00	96.60	103.95	134.40
61	75.60	91.35	105.00	112.35	145.95
62	81.90	98.70	113.40	121.80	158.55
63	88.20	106.05	121.80	131.25	170.10
64	92.40	113.40	130.20	140.70	182.70
65	99.75	121.80	138.60	151.20	196.35
66	107.10	131.25	149.10	162.75	212.10
67	116.55	142.80	162.75	177.45	232.05
68	126.00	156.45	179.55	195.30	254.10
69	138.60	170.10	196.35	214.20	279.30
70	151.20	187.95	216.30	235.20	307.65
71	165.90	205.80	239.40	260.40	341.25
72	183.75	229.95	266.70	289.80	379.05
73	204.75	257.25	299.25	324.45	424.20
74	228.90	287.70	334.95	364.35	473.55
75	256.20	321.30	373.80	407.40	527.10
76	284.55	358.05	418.95	455.70	588.00
77	315.00	399.00	466.20	508.20	652.05
78	348.60	442.05	516.60	562.80	721.35
79	384.30	490.35	572.25	623.70	796.95
80	422.10				
81	463.05				
82	506.10				
83	552.30				
84	600.60				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0085-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	49.35	60.90	69.30	74.55	100.80
45-49	54.60	67.20	76.65	82.95	112.35
50-54	67.20	82.95	95.55	105.00	142.80
55	77.70	96.60	111.30	120.75	165.90
56	81.90	100.80	117.60	128.10	175.35
57	86.10	107.10	124.95	135.45	184.80
58	92.40	114.45	133.35	144.90	196.35
59	97.65	121.80	141.75	154.35	208.95
60	105.00	131.25	151.20	163.80	222.60
61	112.35	139.65	161.70	175.35	237.30
62	119.70	149.10	173.25	187.95	253.05
63	127.05	159.60	184.80	200.55	270.90
64	135.45	169.05	196.35	214.20	287.70
65	144.90	180.60	210.00	228.90	307.65
66	154.35	194.25	224.70	244.65	330.75
67	166.95	208.95	243.60	264.60	357.00
68	180.60	225.75	263.55	286.65	386.40
69	194.25	244.65	284.55	309.75	417.90
70	210.00	265.65	308.70	337.05	453.60
71	226.80	288.75	336.00	366.45	492.45
72	247.80	316.05	368.55	403.20	538.65
73	273.00	347.55	405.30	443.10	590.10
74	300.30	382.20	446.25	488.25	646.80
75	329.70	418.95	490.35	536.55	709.80
76	361.20	459.90	538.65	590.10	778.05
77	393.75	504.00	592.20	646.80	851.55
78	428.40	551.25	648.90	708.75	929.25
79	466.20	601.65	708.75	774.90	1013.25
80	504.00				
81	543.90				
82	585.90				
83	628.95				
84	674.10				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0085-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	56.70	70.35	81.90	89.25	117.60
45-49	63.00	78.75	90.30	98.70	131.25
50-54	77.70	97.65	112.35	121.80	165.90
55	88.20	111.30	128.10	139.65	190.05
56	91.35	117.60	135.45	147.00	200.55
57	96.60	123.90	142.80	155.40	210.00
58	102.90	131.25	152.25	165.90	222.60
59	110.25	138.60	160.65	176.40	236.25
60	118.65	147.00	172.20	186.90	249.90
61	126.00	156.45	182.70	198.45	266.70
62	134.40	168.00	195.30	212.10	284.55
63	142.80	177.45	208.95	226.80	303.45
64	152.25	190.05	221.55	242.55	323.40
65	161.70	202.65	237.30	258.30	345.45
66	173.25	217.35	253.05	277.20	370.65
67	184.80	235.20	274.05	299.25	400.05
68	200.55	253.05	296.10	323.40	433.65
69	216.30	275.10	320.25	350.70	468.30
70	235.20	299.25	348.60	382.20	508.20
71	254.10	324.45	379.05	414.75	552.30
72	278.25	355.95	414.75	454.65	603.75
73	305.55	389.55	455.70	499.80	660.45
74	334.95	427.35	499.80	548.10	723.45
75	366.45	469.35	550.20	601.65	793.80
76	401.10	512.40	602.70	660.45	869.40
77	436.80	561.75	659.40	723.45	950.25
78	475.65	613.20	722.40	790.65	1036.35
79	515.55	669.90	786.45	862.05	1127.70
80	557.55				
81	600.60				
82	644.70				
83	693.00				
84	742.35				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0085-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	60.90	75.60	86.10	95.55	124.95
45-49	67.20	84.00	96.60	106.05	138.60
50-54	82.95	103.95	119.70	130.20	175.35
55	92.40	117.60	135.45	148.05	200.55
56	96.60	123.90	142.80	155.40	210.00
57	100.80	130.20	151.20	163.80	221.55
58	107.10	137.55	159.60	174.30	233.10
59	114.45	145.95	169.05	184.80	246.75
60	123.90	154.35	180.60	196.35	261.45
61	132.30	163.80	191.10	208.95	279.30
62	140.70	175.35	204.75	223.65	298.20
63	149.10	186.90	218.40	238.35	317.10
64	159.60	198.45	232.05	254.10	338.10
65	169.05	212.10	247.80	270.90	362.25
66	180.60	226.80	265.65	289.80	387.45
67	194.25	245.70	286.65	313.95	418.95
68	208.95	265.65	309.75	340.20	453.60
69	225.75	287.70	336.00	368.55	490.35
70	244.65	312.90	364.35	400.05	531.30
71	265.65	340.20	397.95	435.75	578.55
72	289.80	371.70	434.70	476.70	631.05
73	319.20	407.40	476.70	523.95	691.95
74	349.65	447.30	523.95	574.35	757.05
75	383.25	490.35	574.35	630.00	830.55
76	418.95	536.55	630.00	690.90	908.25
77	455.70	586.95	688.80	756.00	992.25
78	495.60	639.45	753.90	825.30	1082.55
79	536.55	698.25	820.05	900.90	1177.05
80	579.60				
81	623.70				
82	670.95				
83	720.30				
84	770.70				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0085-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	35.70	44.10	51.45	56.70	75.60
45-49	39.90	49.35	57.75	63.00	84.00
50-54	53.55	65.10	74.55	79.80	107.10
55	60.90	75.60	85.05	93.45	127.05
56	64.05	78.75	90.30	98.70	135.45
57	68.25	84.00	96.60	106.05	145.95
58	72.45	90.30	103.95	114.45	156.45
59	78.75	97.65	112.35	123.90	169.05
60	85.05	106.05	121.80	133.35	182.70
61	92.40	114.45	133.35	144.90	196.35
62	99.75	124.95	144.90	156.45	212.10
63	107.10	133.35	155.40	169.05	228.90
64	114.45	142.80	166.95	180.60	244.65
65	123.90	153.30	177.45	194.25	263.55
66	133.35	163.80	191.10	208.95	284.55
67	144.90	179.55	208.95	226.80	308.70
68	156.45	195.30	228.90	247.80	337.05
69	170.10	214.20	249.90	271.95	368.55
70	184.80	233.10	273.00	298.20	403.20
71	202.65	257.25	300.30	328.65	441.00
72	223.65	284.55	331.80	363.30	487.20
73	246.75	315.00	368.55	403.20	537.60
74	274.05	348.60	408.45	447.30	594.30
75	302.40	386.40	452.55	495.60	656.25
76	333.90	427.35	498.75	547.05	722.40
77	366.45	470.40	551.25	603.75	793.80
78	401.10	517.65	606.90	664.65	870.45
79	438.90	568.05	664.65	729.75	953.40
80	476.70				
81	517.65				
82	559.65				
83	603.75				
84	651.00				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0085-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	43.05	54.60	61.95	68.25	89.25
45-49	48.30	58.80	69.30	75.60	98.70
50-54	60.90	75.60	88.20	95.55	124.95
55	70.35	88.20	99.75	110.25	148.05
56	74.55	92.40	106.05	114.45	158.55
57	77.70	97.65	112.35	121.80	168.00
58	84.00	105.00	120.75	132.30	180.60
59	90.30	113.40	131.25	141.75	193.20
60	97.65	121.80	140.70	153.30	205.80
61	105.00	131.25	152.25	165.90	221.55
62	113.40	141.75	163.80	179.55	238.35
63	120.75	152.25	176.40	191.10	256.20
64	130.20	161.70	189.00	204.75	274.05
65	139.65	174.30	201.60	218.40	294.00
66	149.10	186.90	216.30	236.25	317.10
67	161.70	202.65	236.25	256.20	344.40
68	175.35	219.45	257.25	279.30	376.95
69	190.05	240.45	280.35	305.55	411.60
70	207.90	263.55	307.65	334.95	450.45
71	226.80	288.75	337.05	368.55	494.55
72	249.90	319.20	372.75	407.40	544.95
73	275.10	351.75	412.65	450.45	601.65
74	305.55	390.60	456.75	499.80	664.65
75	337.05	431.55	505.05	553.35	732.90
76	371.70	475.65	557.55	611.10	807.45
77	407.40	523.95	614.25	674.10	887.25
78	446.25	574.35	674.10	741.30	972.30
79	485.10	630.00	740.25	812.70	1063.65
80	527.10				
81	571.20				
82	617.40				
83	665.70				
84	716.10				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0085-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	47.25	57.75	67.20	72.45	95.55
45-49	51.45	64.05	74.55	79.80	105.00
50-54	64.05	79.80	92.40	100.80	132.30
55	74.55	92.40	106.05	116.55	156.45
56	77.70	97.65	112.35	121.80	166.95
57	82.95	103.95	119.70	130.20	177.45
58	89.25	111.30	128.10	139.65	190.05
59	95.55	119.70	138.60	149.10	202.65
60	102.90	128.10	149.10	161.70	216.30
61	110.25	138.60	160.65	174.30	232.05
62	118.65	149.10	173.25	187.95	249.90
63	127.05	160.65	184.80	201.60	267.75
64	135.45	170.10	197.40	215.25	286.65
65	145.95	182.70	211.05	229.95	307.65
66	155.40	196.35	226.80	246.75	330.75
67	169.05	212.10	246.75	267.75	361.20
68	183.75	231.00	268.80	292.95	393.75
69	198.45	252.00	294.00	320.25	429.45
70	217.35	275.10	322.35	350.70	470.40
71	237.30	302.40	352.80	385.35	516.60
72	260.40	333.90	390.60	426.30	569.10
73	287.70	368.55	432.60	471.45	628.95
74	319.20	407.40	477.75	522.90	694.05
75	351.75	449.40	527.10	578.55	765.45
76	387.45	496.65	581.70	638.40	844.20
77	425.25	546.00	641.55	704.55	926.10
78	464.10	599.55	704.55	774.90	1015.35
79	505.05	657.30	771.75	848.40	1110.90
80	548.10				
81	594.30				
82	642.60				
83	691.95				
84	743.40				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0085-B87
Long-Term Care Policy

WITH SURVIVORSHIP BENEFIT RIDER R1-N0103-SERIES

When this rider is chosen, multiply the final premium by the appropriate factor.

ISSUE AGE	NO INFLATION PROTECTION	SIMPLE INFLATION PROTECTION	COMPOUND INFLATION PROTECTION
18-44	1.11	1.17	1.17
45-49	1.14	1.21	1.21
50-54	1.18	1.28	1.28
55	1.20	1.30	1.30
56	1.20	1.30	1.30
57	1.21	1.30	1.30
58	1.21	1.30	1.30
59	1.21	1.30	1.30
60	1.21	1.30	1.30
61	1.21	1.30	1.30
62	1.21	1.29	1.29
63	1.21	1.29	1.29
64	1.21	1.28	1.28
65	1.20	1.27	1.27
66	1.20	1.26	1.26
67	1.20	1.26	1.26
68	1.19	1.25	1.25
69	1.19	1.24	1.24
70	1.18	1.23	1.23
71	1.18	1.22	1.22
72	1.17	1.20	1.20
73	1.16	1.19	1.19
74	1.16	1.18	1.18
75	1.15	1.17	1.17
76	1.14	1.16	1.16
77	1.13	1.15	1.15
78	1.12	1.14	1.14
79	1.11	1.13	1.13
80	1.10	1.12	1.12
81	1.09	1.11	1.11
82	1.08	1.10	1.10
83	1.07	1.09	1.09
84	1.06	1.08	1.08

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0085-B87
Long-Term Care Policy

Elimination Period Factors

Rates shown are for 30 day elimination period. Rates for other elimination periods are calculated by multiplying the 30 day rates by the appropriate factor from the following table:

Benefit Maximum	0	14	20	60	90	100	180	365
730x,1095x	1.11	1.06	1.03	0.95	0.91	0.90	0.80	0.71
1460x,1825x	1.09	1.05	1.03	0.95	0.91	0.90	0.81	0.72
Lifetime	1.07	1.04	1.03	0.96	0.93	0.92	0.85	0.78

Table Rating Health Rating Group Factors

Rates shown are for Preferred Rating Group and Select Rating Group. Rates for Table Rating Health Groups 1, 2, 3 and 4 are calculated by multiplying Select rates by 1.25, 1.50, 1.75 and 2.00 respectively.

Multi-Life Discount

A 5%, 10%, 15% or 20% discount to the rates is available for qualifying Associations of 10 or more lives.

Spousal Discount

A 20% discount to the rates is available to married couples if both spouses apply for coverage.

Dual Waiver of Premium Rider R1-N0104-Series

An optional dual waiver of premium rider will be offered. If one spouse qualifies for a waiver of premium, the premium of the other spouse will also be waived. If chosen, multiply the final premium by 1.06.

Shared Advantage Rider R1-N0105-Series

This rider will allow two covered spouses to purchase an additional benefit amount that can be used by either spouse after their base benefits are exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	No Inflation Protection	With Inflation Protection
730x	1.30	1.35
1095x	1.21	1.25
1460x	1.15	1.18
1825x	1.12	1.14

Restoration of Benefits Rider R1-N0108-Series

This rider restores the maximum lifetime benefit if the insured has not met the stipulated conditions for a period of 180 consecutive days and the maximum lifetime benefit has not been exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	Factor
730x	1.08
1095x	1.06
1460x,1825x	1.04

Cost of Living Increase Rider R1-N0107-Series

This rider allows the insured to increase their policy limits, subject to the terms of the rider, every three years without additional underwriting. The additional premium charged is based on the attained age and incremental increase in the maximum daily facility benefit when exercised. If chosen, multiply the final premium by the appropriate factor:

Age	Factor
18-44	1.15
45-49	1.12
50-55	1.10
56-58	1.09
59-61	1.08
62-64	1.07
65-67	1.06
68-70	1.05
71-73	1.04
74-76	1.03

Modal Factors

Semi-Annual: 0.52; Quarterly: 0.27; Check-A-Matic: 0.09

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604

Supplement to Rate Sheets for Policy Form P1-N0086-B87
PENNSYLVANIA

All rates for this form should be multiplied by a factor of: 1.9425

This factor represents the **proposed** increase of: 29.5%

And the following prior approved rate increases:

Policy Form	Increase Applies to all Policies or Subsets	Rate Increase Approved	Approval Date of Rate Increase
P1-N0086-B87	--Yes--	20.00%	3/14/2013
P1-N0086-B87	--Yes--	25.00%	12/3/2014

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0086-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	27.56	31.50	36.75	39.38	49.88
45-49	30.19	35.44	40.69	43.31	55.13
50-54	36.75	43.31	49.88	53.81	68.25
55	42.00	49.88	57.75	61.69	81.38
56	44.63	53.81	61.69	65.63	86.63
57	48.56	57.75	65.63	70.88	93.19
58	52.50	63.00	70.88	77.44	101.06
59	57.75	68.25	77.44	84.00	110.25
60	63.00	74.81	85.31	93.19	119.44
61	68.25	82.69	93.19	101.06	129.94
62	73.50	89.25	101.06	110.25	141.75
63	78.75	95.81	108.94	118.13	152.25
64	84.00	102.38	116.81	126.00	164.06
65	89.25	110.25	124.69	135.19	175.88
66	97.13	118.13	135.19	145.69	190.31
67	105.00	128.63	147.00	158.81	207.38
68	114.19	140.44	161.44	174.56	228.38
69	124.69	153.56	177.19	191.63	250.69
70	136.50	168.00	194.25	211.31	275.63
71	150.94	186.38	215.25	234.94	304.50
72	168.00	207.38	240.19	262.50	339.94
73	187.69	232.31	269.06	294.00	380.63
74	208.69	259.88	301.88	329.44	425.25
75	233.63	291.38	338.63	368.81	473.81
76	259.88	325.50	378.00	412.13	527.63
77	288.75	362.25	421.31	458.06	586.69
78	320.25	402.94	468.56	507.94	649.69
79	354.38	444.94	518.44	561.75	717.94
80	389.81				
81	429.19				
82	469.88				
83	513.19				
84	559.13				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0086-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	32.81	39.38	44.63	47.25	60.38
45-49	35.44	43.31	48.56	52.50	66.94
50-54	42.00	51.19	59.06	64.31	84.00
55	49.88	59.06	66.94	72.19	95.81
56	52.50	63.00	70.88	76.13	101.06
57	56.44	66.94	76.13	81.38	107.63
58	60.38	72.19	81.38	87.94	115.50
59	65.63	78.75	89.25	95.81	124.69
60	70.88	85.31	97.13	105.00	136.50
61	76.13	93.19	106.31	114.19	147.00
62	82.69	99.75	115.50	124.69	160.13
63	89.25	107.63	123.38	132.56	171.94
64	94.50	115.50	131.25	143.06	185.06
65	101.06	124.69	140.44	152.25	199.50
66	108.94	132.56	152.25	165.38	215.25
67	118.13	145.69	165.38	179.81	234.94
68	128.63	158.81	181.13	198.19	257.25
69	140.44	173.25	199.50	216.56	283.50
70	153.56	190.31	219.19	237.56	311.06
71	168.00	210.00	242.81	263.81	345.19
72	187.69	233.63	270.38	295.31	384.56
73	208.69	261.19	303.19	329.44	429.19
74	232.31	292.69	339.94	370.13	479.06
75	259.88	326.81	380.63	413.44	534.19
76	288.75	363.56	425.25	463.31	595.88
77	321.56	405.56	472.50	514.50	661.50
78	355.69	450.19	525.00	570.94	731.06
79	392.44	498.75	581.44	632.63	808.50
80	431.81				
81	473.81				
82	517.13				
83	564.38				
84	614.25				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0086-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	34.13	42.00	47.25	51.19	65.63
45-49	38.06	45.94	52.50	56.44	72.19
50-54	44.63	55.13	63.00	68.25	90.56
55	52.50	63.00	70.88	77.44	101.06
56	55.13	66.94	74.81	81.38	106.31
57	59.06	70.88	80.06	86.63	112.88
58	63.00	76.13	86.63	93.19	122.06
59	68.25	82.69	94.50	101.06	131.25
60	74.81	89.25	102.38	110.25	143.06
61	80.06	97.13	111.56	119.44	154.88
62	86.63	105.00	120.75	129.94	168.00
63	93.19	112.88	129.94	139.13	181.13
64	98.44	120.75	137.81	149.63	194.25
65	106.31	129.94	147.00	160.13	208.69
66	114.19	139.13	158.81	173.25	225.75
67	123.38	152.25	173.25	189.00	246.75
68	133.88	166.69	190.31	207.38	270.38
69	147.00	181.13	208.69	227.06	296.63
70	160.13	199.50	229.69	249.38	326.81
71	175.88	219.19	254.63	276.94	362.25
72	195.56	244.13	283.50	308.44	402.94
73	217.88	273.00	317.63	345.19	450.19
74	242.81	305.81	355.69	387.19	502.69
75	271.69	341.25	397.69	433.13	560.44
76	301.88	380.63	444.94	484.31	624.75
77	334.69	423.94	494.81	539.44	693.00
78	370.13	469.88	548.63	598.50	766.50
79	408.19	521.06	607.69	662.81	846.56
80	448.88				
81	492.19				
82	538.13				
83	586.69				
84	637.88				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0086-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	52.50	64.31	73.50	78.75	107.63
45-49	57.75	70.88	81.38	87.94	119.44
50-54	70.88	87.94	101.06	111.56	152.25
55	82.69	102.38	118.13	128.63	175.88
56	86.63	107.63	124.69	136.50	186.38
57	91.88	114.19	132.56	144.38	196.88
58	98.44	122.06	141.75	153.56	208.69
59	103.69	129.94	150.94	164.06	221.81
60	111.56	139.13	160.13	174.56	236.25
61	119.44	148.31	171.94	186.38	252.00
62	127.31	158.81	183.75	199.50	269.06
63	135.19	169.31	196.88	212.63	287.44
64	144.38	179.81	208.69	227.06	305.81
65	153.56	191.63	223.13	242.81	326.81
66	164.06	206.06	238.88	259.88	351.75
67	177.19	221.81	258.56	280.88	379.31
68	191.63	240.19	279.56	304.50	410.81
69	206.06	259.88	301.88	329.44	443.63
70	223.13	282.19	328.13	358.31	481.69
71	241.50	307.13	357.00	389.81	523.69
72	263.81	336.00	391.13	427.88	572.25
73	290.06	368.81	430.50	471.19	627.38
74	318.94	405.56	473.81	518.44	687.75
75	350.44	444.94	521.06	569.63	754.69
76	383.25	488.25	572.25	627.38	826.88
77	418.69	535.50	628.69	687.75	904.31
78	455.44	585.38	689.06	753.38	987.00
79	494.81	639.19	753.38	822.94	1076.25
80	535.50				
81	577.50				
82	622.13				
83	668.06				
84	716.63				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0086-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	60.38	74.81	86.63	94.50	124.69
45-49	66.94	84.00	95.81	105.00	139.13
50-54	82.69	103.69	119.44	129.94	175.88
55	93.19	118.13	136.50	148.31	202.13
56	97.13	124.69	144.38	156.19	212.63
57	102.38	131.25	152.25	165.38	223.13
58	108.94	139.13	161.44	175.88	236.25
59	116.81	147.00	170.63	187.69	250.69
60	126.00	156.19	182.44	198.19	265.13
61	133.88	166.69	194.25	211.31	283.50
62	143.06	178.50	207.38	225.75	301.88
63	152.25	189.00	221.81	241.50	322.88
64	161.44	202.13	234.94	257.25	343.88
65	171.94	215.25	252.00	274.31	367.50
66	183.75	231.00	269.06	294.00	393.75
67	196.88	249.38	291.38	317.63	425.25
68	212.63	269.06	315.00	343.88	460.69
69	229.69	292.69	339.94	372.75	497.44
70	249.38	317.63	370.13	405.56	539.44
71	270.38	345.19	402.94	441.00	586.69
72	295.31	378.00	441.00	483.00	641.81
73	324.19	413.44	484.31	531.56	702.19
74	355.69	454.13	531.56	582.75	769.13
75	389.81	498.75	584.06	639.19	843.94
76	426.56	544.69	640.50	702.19	924.00
77	464.63	597.19	700.88	769.13	1009.31
78	505.31	651.00	767.81	840.00	1101.19
79	547.31	711.38	836.06	916.13	1198.31
80	591.94				
81	637.88				
82	685.13				
83	736.31				
84	788.81				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0086-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	64.31	80.06	91.88	101.06	132.56
45-49	70.88	89.25	102.38	112.88	147.00
50-54	87.94	110.25	127.31	137.81	186.38
55	98.44	124.69	144.38	157.50	212.63
56	102.38	131.25	152.25	165.38	223.13
57	107.63	137.81	160.13	174.56	234.94
58	114.19	145.69	169.31	185.06	248.06
59	122.06	154.88	179.81	196.88	262.50
60	131.25	164.06	191.63	208.69	278.25
61	140.44	174.56	203.44	221.81	296.63
62	149.63	186.38	217.88	237.56	316.31
63	158.81	198.19	232.31	253.31	337.31
64	169.31	211.31	246.75	270.38	359.63
65	179.81	225.75	263.81	287.44	384.56
66	191.63	241.50	282.19	308.44	412.13
67	206.06	261.19	304.50	333.38	444.94
68	221.81	282.19	329.44	360.94	481.69
69	240.19	305.81	357.00	391.13	521.06
70	259.88	332.06	387.19	425.25	564.38
71	282.19	360.94	422.63	463.31	614.25
72	308.44	395.06	462.00	506.63	670.69
73	338.63	433.13	506.63	556.50	735.00
74	371.44	475.13	556.50	610.31	804.56
75	406.88	521.06	610.31	669.38	882.00
76	444.94	569.63	669.38	733.69	964.69
77	484.31	623.44	732.38	803.25	1053.94
78	526.31	679.88	800.63	876.75	1149.75
79	569.63	741.56	871.50	956.81	1250.81
80	615.56				
81	662.81				
82	712.69				
83	765.19				
84	819.00				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0086-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	38.06	47.25	55.13	60.38	80.06
45-49	42.00	52.50	61.69	66.94	89.25
50-54	56.44	69.56	78.75	85.31	114.19
55	64.31	80.06	90.56	99.75	135.19
56	68.25	84.00	95.81	105.00	144.38
57	72.19	89.25	102.38	112.88	154.88
58	77.44	95.81	110.25	122.06	166.69
59	84.00	103.69	119.44	131.25	179.81
60	90.56	112.88	129.94	141.75	194.25
61	98.44	122.06	141.75	153.56	208.69
62	106.31	132.56	153.56	166.69	225.75
63	114.19	141.75	165.38	179.81	242.81
64	122.06	152.25	177.19	191.63	259.88
65	131.25	162.75	189.00	206.06	279.56
66	141.75	174.56	203.44	221.81	301.88
67	153.56	190.31	221.81	241.50	328.13
68	166.69	207.38	242.81	263.81	358.31
69	181.13	227.06	265.13	288.75	391.13
70	196.88	248.06	290.06	316.31	427.88
71	215.25	273.00	318.94	349.13	468.56
72	237.56	301.88	353.06	385.88	517.13
73	262.50	334.69	391.13	427.88	570.94
74	291.38	370.13	434.44	475.13	631.31
75	321.56	410.81	480.38	526.31	696.94
76	354.38	454.13	530.25	581.44	767.81
77	389.81	500.06	585.38	641.81	843.94
78	426.56	549.94	644.44	706.13	925.31
79	465.94	603.75	706.13	775.69	1013.25
80	506.63				
81	549.94				
82	594.56				
83	641.81				
84	691.69				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0086-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	45.94	57.75	65.63	72.19	94.50
45-49	51.19	63.00	73.50	80.06	105.00
50-54	64.31	80.06	93.19	101.06	132.56
55	74.81	93.19	106.31	116.81	157.50
56	78.75	98.44	112.88	122.06	168.00
57	82.69	103.69	119.44	129.94	178.50
58	89.25	111.56	128.63	140.44	191.63
59	95.81	120.75	139.13	150.94	204.75
60	103.69	129.94	149.63	162.75	219.19
61	111.56	139.13	161.44	175.88	234.94
62	120.75	150.94	174.56	190.31	253.31
63	128.63	161.44	187.69	203.44	271.69
64	137.81	171.94	200.81	217.88	291.38
65	148.31	185.06	213.94	232.31	312.38
66	158.81	198.19	229.69	250.69	337.31
67	171.94	215.25	250.69	271.69	366.19
68	186.38	233.63	273.00	296.63	400.31
69	202.13	255.94	297.94	324.19	437.06
70	220.50	279.56	326.81	355.69	479.06
71	241.50	307.13	358.31	391.13	525.00
72	265.13	338.63	396.38	433.13	578.81
73	292.69	374.06	438.38	479.06	639.19
74	324.19	414.75	485.63	531.56	706.13
75	358.31	458.06	536.81	588.00	778.31
76	395.06	505.31	591.94	649.69	858.38
77	433.13	556.50	652.31	716.63	942.38
78	473.81	610.31	716.63	787.50	1032.94
79	515.81	669.38	786.19	863.63	1130.06
80	560.44				
81	606.38				
82	656.25				
83	707.44				
84	761.25				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0086-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	49.88	61.69	70.88	77.44	101.06
45-49	55.13	68.25	78.75	85.31	111.56
50-54	68.25	85.31	98.44	107.63	140.44
55	78.75	98.44	112.88	123.38	166.69
56	82.69	103.69	119.44	129.94	177.19
57	87.94	110.25	127.31	137.81	189.00
58	94.50	118.13	136.50	148.31	202.13
59	101.06	127.31	147.00	158.81	215.25
60	108.94	136.50	158.81	171.94	229.69
61	116.81	147.00	170.63	185.06	246.75
62	126.00	158.81	183.75	199.50	265.13
63	135.19	170.63	196.88	213.94	284.81
64	144.38	181.13	210.00	228.38	304.50
65	154.88	194.25	224.44	244.13	326.81
66	165.38	208.69	241.50	262.50	351.75
67	179.81	225.75	262.50	284.81	383.25
68	195.56	245.44	286.13	311.06	418.69
69	211.31	267.75	312.38	339.94	456.75
70	231.00	292.69	342.56	372.75	500.06
71	252.00	321.56	375.38	409.50	548.63
72	276.94	354.38	414.75	452.81	605.06
73	305.81	391.13	459.38	501.38	668.06
74	338.63	433.13	507.94	555.19	737.63
75	374.06	477.75	560.44	614.25	813.75
76	412.13	527.63	618.19	678.56	896.44
77	451.50	580.13	681.19	748.13	984.38
78	493.50	636.56	748.13	822.94	1078.88
79	536.81	698.25	820.31	901.69	1179.94
80	582.75				
81	631.31				
82	682.50				
83	735.00				
84	790.13				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0086-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	32.81	36.75	43.31	45.94	59.06
45-49	35.44	42.00	47.25	51.19	64.31
50-54	43.31	51.19	59.06	63.00	80.06
55	49.88	59.06	68.25	72.19	95.81
56	52.50	63.00	72.19	77.44	102.38
57	57.75	68.25	77.44	84.00	110.25
58	61.69	73.50	84.00	90.56	119.44
59	68.25	80.06	90.56	98.44	129.94
60	73.50	87.94	99.75	110.25	140.44
61	80.06	97.13	110.25	119.44	152.25
62	86.63	105.00	119.44	129.94	166.69
63	93.19	112.88	128.63	139.13	178.50
64	98.44	120.75	137.81	148.31	192.94
65	105.00	129.94	147.00	158.81	207.38
66	114.19	139.13	158.81	171.94	224.44
67	123.38	150.94	173.25	186.38	244.13
68	133.88	165.38	190.31	204.75	269.06
69	147.00	181.13	208.69	225.75	295.31
70	160.13	198.19	228.38	248.06	324.19
71	177.19	219.19	253.31	276.94	358.31
72	198.19	244.13	282.19	308.44	400.31
73	220.50	273.00	316.31	346.50	447.56
74	245.44	305.81	355.69	387.19	500.06
75	274.31	342.56	399.00	434.44	557.81
76	305.81	383.25	444.94	484.31	620.81
77	339.94	426.56	496.13	539.44	690.38
78	376.69	473.81	551.25	597.19	763.88
79	417.38	523.69	610.31	661.50	845.25
80	458.06				
81	505.31				
82	552.56				
83	603.75				
84	657.56				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0086-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	38.06	45.94	52.50	55.13	70.88
45-49	42.00	51.19	57.75	61.69	78.75
50-54	49.88	60.38	69.56	76.13	98.44
55	59.06	69.56	78.75	85.31	112.88
56	61.69	73.50	84.00	89.25	119.44
57	66.94	78.75	89.25	95.81	126.00
58	70.88	85.31	95.81	103.69	136.50
59	77.44	93.19	105.00	112.88	147.00
60	84.00	99.75	114.19	123.38	160.13
61	89.25	110.25	124.69	133.88	173.25
62	97.13	116.81	136.50	147.00	189.00
63	105.00	126.00	145.69	156.19	202.13
64	111.56	136.50	154.88	168.00	217.88
65	119.44	147.00	165.38	178.50	234.94
66	128.63	156.19	178.50	194.25	253.31
67	139.13	171.94	194.25	211.31	276.94
68	150.94	186.38	212.63	233.63	303.19
69	165.38	203.44	234.94	254.63	333.38
70	181.13	224.44	257.25	279.56	366.19
71	198.19	246.75	286.13	309.75	405.56
72	220.50	274.31	317.63	347.81	452.81
73	245.44	307.13	357.00	387.19	505.31
74	273.00	343.88	400.31	435.75	563.06
75	305.81	384.56	447.56	486.94	628.69
76	339.94	427.88	500.06	544.69	700.88
77	378.00	477.75	556.50	605.06	778.31
78	418.69	530.25	618.19	672.00	859.69
79	462.00	586.69	683.81	744.19	951.56
80	507.94				
81	557.81				
82	609.00				
83	664.13				
84	723.19				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0086-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	40.69	49.88	55.13	60.38	77.44
45-49	44.63	53.81	61.69	66.94	85.31
50-54	52.50	64.31	73.50	80.06	106.31
55	61.69	73.50	84.00	90.56	119.44
56	64.31	78.75	87.94	95.81	124.69
57	69.56	84.00	94.50	102.38	132.56
58	73.50	89.25	102.38	110.25	143.06
59	80.06	97.13	111.56	119.44	154.88
60	87.94	105.00	120.75	129.94	168.00
61	94.50	114.19	131.25	140.44	182.44
62	102.38	123.38	141.75	152.25	198.19
63	110.25	132.56	152.25	164.06	212.63
64	115.50	141.75	162.75	175.88	228.38
65	124.69	152.25	173.25	189.00	245.44
66	133.88	164.06	186.38	203.44	265.13
67	145.69	178.50	203.44	221.81	290.06
68	157.50	195.56	224.44	244.13	317.63
69	173.25	212.63	245.44	267.75	349.13
70	189.00	234.94	270.38	294.00	384.56
71	207.38	257.25	299.25	325.50	426.56
72	229.69	287.44	333.38	362.25	473.81
73	255.94	321.56	374.06	405.56	530.25
74	286.13	359.63	418.69	455.44	591.94
75	320.25	401.63	467.25	509.25	658.88
76	355.69	447.56	523.69	569.63	735.00
77	393.75	498.75	582.75	635.25	815.06
78	435.75	552.56	645.75	703.50	901.69
79	480.38	612.94	715.31	779.63	996.19
80	527.63				
81	578.81				
82	632.63				
83	690.38				
84	750.75				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0086-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	61.69	76.13	86.63	93.19	126.00
45-49	68.25	84.00	95.81	103.69	140.44
50-54	84.00	103.69	119.44	131.25	178.50
55	97.13	120.75	139.13	150.94	207.38
56	102.38	126.00	147.00	160.13	219.19
57	107.63	133.88	156.19	169.31	231.00
58	115.50	143.06	166.69	181.13	245.44
59	122.06	152.25	177.19	192.94	261.19
60	131.25	164.06	189.00	204.75	278.25
61	140.44	174.56	202.13	219.19	296.63
62	149.63	186.38	216.56	234.94	316.31
63	158.81	199.50	231.00	250.69	338.63
64	169.31	211.31	245.44	267.75	359.63
65	181.13	225.75	262.50	286.13	384.56
66	192.94	242.81	280.88	305.81	413.44
67	208.69	261.19	304.50	330.75	446.25
68	225.75	282.19	329.44	358.31	483.00
69	242.81	305.81	355.69	387.19	522.38
70	262.50	332.06	385.88	421.31	567.00
71	283.50	360.94	420.00	458.06	615.56
72	309.75	395.06	460.69	504.00	673.31
73	341.25	434.44	506.63	553.88	737.63
74	375.38	477.75	557.81	610.31	808.50
75	412.13	523.69	612.94	670.69	887.25
76	451.50	574.88	673.31	737.63	972.56
77	492.19	630.00	740.25	808.50	1064.44
78	535.50	689.06	811.13	885.94	1161.56
79	582.75	752.06	885.94	968.63	1266.56
80	630.00				
81	679.88				
82	732.38				
83	786.19				
84	842.63				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0086-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	70.88	87.94	102.38	111.56	147.00
45-49	78.75	98.44	112.88	123.38	164.06
50-54	97.13	122.06	140.44	152.25	207.38
55	110.25	139.13	160.13	174.56	237.56
56	114.19	147.00	169.31	183.75	250.69
57	120.75	154.88	178.50	194.25	262.50
58	128.63	164.06	190.31	207.38	278.25
59	137.81	173.25	200.81	220.50	295.31
60	148.31	183.75	215.25	233.63	312.38
61	157.50	195.56	228.38	248.06	333.38
62	168.00	210.00	244.13	265.13	355.69
63	178.50	221.81	261.19	283.50	379.31
64	190.31	237.56	276.94	303.19	404.25
65	202.13	253.31	296.63	322.88	431.81
66	216.56	271.69	316.31	346.50	463.31
67	231.00	294.00	342.56	374.06	500.06
68	250.69	316.31	370.13	404.25	542.06
69	270.38	343.88	400.31	438.38	585.38
70	294.00	374.06	435.75	477.75	635.25
71	317.63	405.56	473.81	518.44	690.38
72	347.81	444.94	518.44	568.31	754.69
73	381.94	486.94	569.63	624.75	825.56
74	418.69	534.19	624.75	685.13	904.31
75	458.06	586.69	687.75	752.06	992.25
76	501.38	640.50	753.38	825.56	1086.75
77	546.00	702.19	824.25	904.31	1187.81
78	594.56	766.50	903.00	988.31	1295.44
79	644.44	837.38	983.06	1077.56	1409.63
80	696.94				
81	750.75				
82	805.88				
83	866.25				
84	927.94				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0086-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	76.13	94.50	107.63	119.44	156.19
45-49	84.00	105.00	120.75	132.56	173.25
50-54	103.69	129.94	149.63	162.75	219.19
55	115.50	147.00	169.31	185.06	250.69
56	120.75	154.88	178.50	194.25	262.50
57	126.00	162.75	189.00	204.75	276.94
58	133.88	171.94	199.50	217.88	291.38
59	143.06	182.44	211.31	231.00	308.44
60	154.88	192.94	225.75	245.44	326.81
61	165.38	204.75	238.88	261.19	349.13
62	175.88	219.19	255.94	279.56	372.75
63	186.38	233.63	273.00	297.94	396.38
64	199.50	248.06	290.06	317.63	422.63
65	211.31	265.13	309.75	338.63	452.81
66	225.75	283.50	332.06	362.25	484.31
67	242.81	307.13	358.31	392.44	523.69
68	261.19	332.06	387.19	425.25	567.00
69	282.19	359.63	420.00	460.69	612.94
70	305.81	391.13	455.44	500.06	664.13
71	332.06	425.25	497.44	544.69	723.19
72	362.25	464.63	543.38	595.88	788.81
73	399.00	509.25	595.88	654.94	864.94
74	437.06	559.13	654.94	717.94	946.31
75	479.06	612.94	717.94	787.50	1038.19
76	523.69	670.69	787.50	863.63	1135.31
77	569.63	733.69	861.00	945.00	1240.31
78	619.50	799.31	942.38	1031.63	1353.19
79	670.69	872.81	1025.06	1126.13	1471.31
80	724.50				
81	779.63				
82	838.69				
83	900.38				
84	963.38				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0086-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	44.63	55.13	64.31	70.88	94.50
45-49	49.88	61.69	72.19	78.75	105.00
50-54	66.94	81.38	93.19	99.75	133.88
55	76.13	94.50	106.31	116.81	158.81
56	80.06	98.44	112.88	123.38	169.31
57	85.31	105.00	120.75	132.56	182.44
58	90.56	112.88	129.94	143.06	195.56
59	98.44	122.06	140.44	154.88	211.31
60	106.31	132.56	152.25	166.69	228.38
61	115.50	143.06	166.69	181.13	245.44
62	124.69	156.19	181.13	195.56	265.13
63	133.88	166.69	194.25	211.31	286.13
64	143.06	178.50	208.69	225.75	305.81
65	154.88	191.63	221.81	242.81	329.44
66	166.69	204.75	238.88	261.19	355.69
67	181.13	224.44	261.19	283.50	385.88
68	195.56	244.13	286.13	309.75	421.31
69	212.63	267.75	312.38	339.94	460.69
70	231.00	291.38	341.25	372.75	504.00
71	253.31	321.56	375.38	410.81	551.25
72	279.56	355.69	414.75	454.13	609.00
73	308.44	393.75	460.69	504.00	672.00
74	342.56	435.75	510.56	559.13	742.88
75	378.00	483.00	565.69	619.50	820.31
76	417.38	534.19	623.44	683.81	903.00
77	458.06	588.00	689.06	754.69	992.25
78	501.38	647.06	758.63	830.81	1088.06
79	548.63	710.06	830.81	912.19	1191.75
80	595.88				
81	647.06				
82	699.56				
83	754.69				
84	813.75				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0086-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	53.81	68.25	77.44	85.31	111.56
45-49	60.38	73.50	86.63	94.50	123.38
50-54	76.13	94.50	110.25	119.44	156.19
55	87.94	110.25	124.69	137.81	185.06
56	93.19	115.50	132.56	143.06	198.19
57	97.13	122.06	140.44	152.25	210.00
58	105.00	131.25	150.94	165.38	225.75
59	112.88	141.75	164.06	177.19	241.50
60	122.06	152.25	175.88	191.63	257.25
61	131.25	164.06	190.31	207.38	276.94
62	141.75	177.19	204.75	224.44	297.94
63	150.94	190.31	220.50	238.88	320.25
64	162.75	202.13	236.25	255.94	342.56
65	174.56	217.88	252.00	273.00	367.50
66	186.38	233.63	270.38	295.31	396.38
67	202.13	253.31	295.31	320.25	430.50
68	219.19	274.31	321.56	349.13	471.19
69	237.56	300.56	350.44	381.94	514.50
70	259.88	329.44	384.56	418.69	563.06
71	283.50	360.94	421.31	460.69	618.19
72	312.38	399.00	465.94	509.25	681.19
73	343.88	439.69	515.81	563.06	752.06
74	381.94	488.25	570.94	624.75	830.81
75	421.31	539.44	631.31	691.69	916.13
76	464.63	594.56	696.94	763.88	1009.31
77	509.25	654.94	767.81	842.63	1109.06
78	557.81	717.94	842.63	926.63	1215.38
79	606.38	787.50	925.31	1015.88	1329.56
80	658.88				
81	714.00				
82	771.75				
83	832.13				
84	895.13				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0086-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	59.06	72.19	84.00	90.56	119.44
45-49	64.31	80.06	93.19	99.75	131.25
50-54	80.06	99.75	115.50	126.00	165.38
55	93.19	115.50	132.56	145.69	195.56
56	97.13	122.06	140.44	152.25	208.69
57	103.69	129.94	149.63	162.75	221.81
58	111.56	139.13	160.13	174.56	237.56
59	119.44	149.63	173.25	186.38	253.31
60	128.63	160.13	186.38	202.13	270.38
61	137.81	173.25	200.81	217.88	290.06
62	148.31	186.38	216.56	234.94	312.38
63	158.81	200.81	231.00	252.00	334.69
64	169.31	212.63	246.75	269.06	358.31
65	182.44	228.38	263.81	287.44	384.56
66	194.25	245.44	283.50	308.44	413.44
67	211.31	265.13	308.44	334.69	451.50
68	229.69	288.75	336.00	366.19	492.19
69	248.06	315.00	367.50	400.31	536.81
70	271.69	343.88	402.94	438.38	588.00
71	296.63	378.00	441.00	481.69	645.75
72	325.50	417.38	488.25	532.88	711.38
73	359.63	460.69	540.75	589.31	786.19
74	399.00	509.25	597.19	653.63	867.56
75	439.69	561.75	658.88	723.19	956.81
76	484.31	620.81	727.13	798.00	1055.25
77	531.56	682.50	801.94	880.69	1157.63
78	580.13	749.44	880.69	968.63	1269.19
79	631.31	821.63	964.69	1060.50	1388.63
80	685.13				
81	742.88				
82	803.25				
83	864.94				
84	929.25				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0086-B87
Long-Term Care Policy

WITH SURVIVORSHIP BENEFIT RIDER R1-N0103-SERIES

When this rider is chosen, multiply the final premium by the appropriate factor.

ISSUE AGE	NO INFLATION PROTECTION	SIMPLE INFLATION PROTECTION	COMPOUND INFLATION PROTECTION
18-44	1.11	1.17	1.17
45-49	1.14	1.21	1.21
50-54	1.18	1.28	1.28
55	1.20	1.30	1.30
56	1.20	1.30	1.30
57	1.21	1.30	1.30
58	1.21	1.30	1.30
59	1.21	1.30	1.30
60	1.21	1.30	1.30
61	1.21	1.30	1.30
62	1.21	1.29	1.29
63	1.21	1.29	1.29
64	1.21	1.28	1.28
65	1.20	1.27	1.27
66	1.20	1.26	1.26
67	1.20	1.26	1.26
68	1.19	1.25	1.25
69	1.19	1.24	1.24
70	1.18	1.23	1.23
71	1.18	1.22	1.22
72	1.17	1.20	1.20
73	1.16	1.19	1.19
74	1.16	1.18	1.18
75	1.15	1.17	1.17
76	1.14	1.16	1.16
77	1.13	1.15	1.15
78	1.12	1.14	1.14
79	1.11	1.13	1.13
80	1.10	1.12	1.12
81	1.09	1.11	1.11
82	1.08	1.10	1.10
83	1.07	1.09	1.09
84	1.06	1.08	1.08

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0086-B87
Long-Term Care Policy

Elimination Period Factors

Rates shown are for 30 day elimination period. Rates for other elimination periods are calculated by multiplying the 30 day rates by the appropriate factor from the following table:

Benefit Maximum	0	14	20	60	90	100	180	365
730x,1095x	1.11	1.06	1.03	0.95	0.91	0.90	0.80	0.71
1460x,1825x	1.09	1.05	1.03	0.95	0.91	0.90	0.81	0.72
Lifetime	1.07	1.04	1.03	0.96	0.93	0.92	0.85	0.78

Table Rating Health Rating Group Factors

Rates shown are for Preferred Rating Group and Select Rating Group. Rates for Table Rating Health Groups 1, 2, 3 and 4 are calculated by multiplying Select rates by 1.25, 1.50, 1.75 and 2.00 respectively.

Multi-Life Discount

A 5%, 10%, 15% or 20% discount to the rates is available for qualifying Associations of 10 or more lives.

Spousal Discount

A 20% discount to the rates is available to married couples if both spouses apply for coverage.

Dual Waiver of Premium Rider R1-N0104-Series

An optional dual waiver of premium rider will be offered. If one spouse qualifies for a waiver of premium, the premium of the other spouse will also be waived. If chosen, multiply the final premium by 1.06.

Shared Advantage Rider R1-N0105-Series

This rider will allow two covered spouses to purchase an additional benefit amount that can be used by either spouse after their base benefits are exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	No Inflation Protection	With Inflation Protection
730x	1.30	1.35
1095x	1.21	1.25
1460x	1.15	1.18
1825x	1.12	1.14

Restoration of Benefits Rider R1-N0108-Series

This rider restores the maximum lifetime benefit if the insured has not met the stipulated conditions for a period of 180 consecutive days and the maximum lifetime benefit has not been exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	Factor
730x	1.08
1095x	1.06
1460x,1825x	1.04

Cost of Living Increase Rider R1-N0107-Series

This rider allows the insured to increase their policy limits, subject to the terms of the rider, every three years without additional underwriting. The additional premium charged is based on the attained age and incremental increase in the maximum daily facility benefit when exercised. If chosen, multiply the final premium by the appropriate factor:

Age	Factor
18-44	1.15
45-49	1.12
50-55	1.10
56-58	1.09
59-61	1.08
62-64	1.07
65-67	1.06
68-70	1.05
71-73	1.04
74-76	1.03

Modal Factors

Semi-Annual: 0.52; Quarterly: 0.27; Check-A-Matic: 0.09

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604

Supplement to Rate Sheets for Policy Form P1-N0090-B87
PENNSYLVANIA

All rates for this form should be multiplied by a factor of: 1.9425

This factor represents the **proposed** increase of: 29.5%

And the following prior approved rate increases:

Policy Form	Increase Applies to all Policies or Subsets	Rate Increase Approved	Approval Date of Rate Increase
P1-N0090-B87	--Yes--	20.00%	3/14/2013
P1-N0090-B87	--Yes--	25.00%	12/3/2014

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0090-B87
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	17	19	22	23	24
45-49	19	21	24	25	27
50-54	23	26	29	31	35
55	26	30	34	37	44
56	28	32	37	40	48
57	30	35	40	43	53
58	33	38	44	47	58
59	36	42	48	51	64
60	40	47	53	56	70
61	43	51	58	61	76
62	47	56	63	67	83
63	50	60	68	72	89
64	53	64	73	78	95
65	57	68	78	84	102
66	61	74	84	91	110
67	66	80	92	99	120
68	72	88	101	109	132
69	79	96	111	119	144
70	86	105	122	131	159
71	95	116	134	145	176
72	105	129	149	161	195
73	117	144	166	179	217
74	130	160	185	200	242
75	145	178	205	222	269
76	161	198	228	246	298
77	178	219	252	272	330
78	196	242	278	300	364
79	216	266	306	330	401
80	236				
81	258				
82	281				
83	305				
84	331				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0090-B87
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	32	39	45	49	59
45-49	35	43	50	54	66
50-54	43	53	62	67	84
55	52	63	73	78	100
56	55	67	77	83	107
57	59	72	82	88	114
58	63	77	88	94	122
59	67	82	94	101	130
60	71	88	101	109	139
61	76	94	108	117	148
62	81	100	116	126	159
63	86	107	124	134	170
64	92	113	132	143	182
65	98	121	140	152	195
66	105	129	150	162	209
67	113	139	161	174	225
68	122	150	174	188	243
69	131	162	187	203	262
70	142	176	203	220	282
71	154	191	220	239	306
72	167	208	240	261	333
73	182	227	263	286	363
74	199	249	288	314	397
75	217	272	316	344	433
76	236	297	346	377	473
77	256	324	378	413	515
78	277	353	413	451	560
79	299	384	450	492	609
80	323				
81	347				
82	373				
83	400				
84	428				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0090-B87
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	23	28	32	35	42
45-49	25	31	36	39	47
50-54	35	42	49	53	64
55	40	49	56	60	77
56	42	52	59	64	82
57	45	56	63	68	88
58	49	61	68	74	95
59	53	66	74	80	104
60	58	72	81	88	113
61	63	78	89	96	123
62	68	84	96	104	133
63	73	90	103	112	143
64	78	96	110	120	154
65	83	103	118	128	165
66	90	111	127	138	179
67	97	120	138	150	194
68	105	131	151	164	211
69	115	143	165	179	230
70	125	156	180	196	252
71	137	171	198	215	275
72	150	188	218	237	302
73	165	207	240	262	332
74	182	228	265	289	365
75	200	251	292	318	400
76	219	276	321	350	439
77	239	302	352	384	480
78	260	330	385	421	524
79	282	360	421	460	571
80	306				
81	330				
82	356				
83	383				
84	411				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0090-B87
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	20	22	26	27	28
45-49	22	25	28	29	32
50-54	27	31	34	36	41
55	31	35	40	44	52
56	33	38	44	47	56
57	35	41	47	51	62
58	39	45	52	55	68
59	42	49	56	60	75
60	47	55	62	66	82
61	51	60	68	72	89
62	55	66	74	79	98
63	59	71	80	85	105
64	62	75	86	92	112
65	67	80	92	99	120
66	72	87	99	107	129
67	78	94	108	116	141
68	85	104	119	128	155
69	93	113	131	140	169
70	101	124	144	154	187
71	112	136	158	171	207
72	124	152	175	189	229
73	138	169	195	211	255
74	153	188	218	235	285
75	171	209	241	261	316
76	189	233	268	289	351
77	209	258	296	320	388
78	231	285	327	353	428
79	254	313	360	388	472
80	278				
81	304				
82	331				
83	359				
84	389				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0090-B87
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	38	46	53	58	69
45-49	41	51	59	64	78
50-54	51	62	73	79	99
55	61	74	86	92	118
56	65	79	91	98	126
57	69	85	96	104	134
58	74	91	104	111	144
59	79	96	111	119	153
60	84	104	119	128	164
61	89	111	127	138	174
62	95	118	136	148	187
63	101	126	146	158	200
64	108	133	155	168	214
65	115	142	165	179	229
66	124	152	176	191	246
67	133	164	189	205	265
68	144	176	205	221	286
69	154	191	220	239	308
70	167	207	239	259	332
71	181	225	259	281	360
72	196	245	282	307	392
73	214	267	309	336	427
74	234	293	339	369	467
75	255	320	372	405	509
76	278	349	407	444	556
77	301	381	445	486	606
78	326	415	486	531	659
79	352	452	529	579	716
80	380				
81	408				
82	439				
83	471				
84	504				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0090-B87
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	27	33	38	41	49
45-49	29	36	42	46	55
50-54	41	49	58	62	75
55	47	58	66	71	91
56	49	61	69	75	96
57	53	66	74	80	104
58	58	72	80	87	112
59	62	78	87	94	122
60	68	85	95	104	133
61	74	92	105	113	145
62	80	99	113	122	156
63	86	106	121	132	168
64	92	113	129	141	181
65	98	121	139	151	194
66	106	131	149	162	211
67	114	141	162	176	228
68	124	154	178	193	248
69	135	168	194	211	271
70	147	184	212	231	296
71	161	201	233	253	324
72	176	221	256	279	355
73	194	244	282	308	391
74	214	268	312	340	429
75	235	295	344	374	471
76	258	325	378	412	516
77	281	355	414	452	565
78	306	388	453	495	616
79	332	424	495	541	672
80	360				
81	388				
82	419				
83	451				
84	484				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0090-B87
Long-Term Care Policy: Facility Only Coverage

WITH SURVIVORSHIP BENEFIT RIDER R1-N0103-SERIES

When this rider is chosen, multiply the final premium by the appropriate factor.

ISSUE AGE	NO INFLATION PROTECTION	SIMPLE INFLATION PROTECTION	COMPOUND INFLATION PROTECTION
18-44	1.11	1.17	1.17
45-49	1.14	1.21	1.21
50-54	1.18	1.28	1.28
55	1.20	1.30	1.30
56	1.20	1.30	1.30
57	1.21	1.30	1.30
58	1.21	1.30	1.30
59	1.21	1.30	1.30
60	1.21	1.30	1.30
61	1.21	1.30	1.30
62	1.21	1.29	1.29
63	1.21	1.29	1.29
64	1.21	1.28	1.28
65	1.20	1.27	1.27
66	1.20	1.26	1.26
67	1.20	1.26	1.26
68	1.19	1.25	1.25
69	1.19	1.24	1.24
70	1.18	1.23	1.23
71	1.18	1.22	1.22
72	1.17	1.20	1.20
73	1.16	1.19	1.19
74	1.16	1.18	1.18
75	1.15	1.17	1.17
76	1.14	1.16	1.16
77	1.13	1.15	1.15
78	1.12	1.14	1.14
79	1.11	1.13	1.13
80	1.10	1.12	1.12
81	1.09	1.11	1.11
82	1.08	1.10	1.10
83	1.07	1.09	1.09
84	1.06	1.08	1.08

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0090-B87
Long-Term Care Policy: Facility Only Coverage

Elimination Period Factors

Rates shown are for 30 day elimination period. Rates for other elimination periods are calculated by multiplying the 30 day rates by the appropriate factor from the following table:

Benefit Maximum	0	14	20	60	90	100	180	365
730x,1095x	1.12	1.07	1.03	0.94	0.90	0.89	0.78	0.67
1460x,1825x	1.10	1.05	1.03	0.95	0.90	0.89	0.79	0.69
Lifetime	1.08	1.04	1.03	0.96	0.92	0.91	0.84	0.75

Table Rating Health Rating Group Factors

Rates shown are for Preferred Rating Group and Select Rating Group. Rates for Table Rating Health Groups 1, 2, 3 and 4 are calculated by multiplying Select rates by 1.25, 1.50, 1.75 and 2.00 respectively.

Multi-Life Discount

A 5%, 10%, 15% or 20% discount to the rates is available for qualifying Associations of 10 or more lives.

Spousal Discount

A 20% discount to the rates is available to married couples if both spouses apply for coverage.

Dual Waiver of Premium Rider R1-N0104-Series

An optional dual waiver of premium rider will be offered. If one spouse qualifies for a waiver of premium, the premium of the other spouse will also be waived. If chosen, multiply the final premium by 1.06.

Shared Advantage Rider R1-N0105-Series

This rider will allow two covered spouses to purchase an additional benefit amount that can be used by either spouse after their base benefits are exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	No Inflation Protection	With Inflation Protection
730x	1.30	1.35
1095x	1.21	1.25
1460x	1.15	1.18
1825x	1.12	1.14

Restoration of Benefits Rider R1-N0106-Series

This rider restores the maximum lifetime benefit if the insured has not met the stipulated conditions for a period of 180 consecutive days and the maximum lifetime benefit has not been exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	Factor
730x	1.08
1095x	1.06
1460x,1825x	1.04

Cost of Living Increase Rider R1-N0107-Series

This rider allows the insured to increase their policy limits, subject to the terms of the rider, every three years without additional underwriting. The additional premium charged is based on the attained age and incremental increase in the maximum daily facility benefit when exercised. If chosen, multiply the final premium by the appropriate factor:

Age	Factor
18-44	1.15
45-49	1.12
50-55	1.10
56-58	1.09
59-61	1.08
62-64	1.07
65-67	1.06
68-70	1.05
71-73	1.04
74-76	1.03

Modal Factors

Semi-Annual: 0.52; Quarterly: 0.27; Check-A-Matic: 0.09

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604

Supplement to Rate Sheets for Policy Form P1-N0091-B87
PENNSYLVANIA

All rates for this form should be multiplied by a factor of: 1.9425

This factor represents the **proposed** increase of: 29.5%

And the following prior approved rate increases:

Policy Form	Increase Applies to all Policies or Subsets	Rate Increase Approved	Approval Date of Rate Increase
P1-N0091-B87	--Yes--	20.00%	3/14/2013
P1-N0091-B87	--Yes--	25.00%	12/3/2014

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0091-B87
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	21.25	23.75	27.50	28.75	30.00
45-49	23.75	26.25	30.00	31.25	33.75
50-54	28.75	32.50	36.25	38.75	43.75
55	32.50	37.50	42.50	46.25	55.00
56	35.00	40.00	46.25	50.00	60.00
57	37.50	43.75	50.00	53.75	66.25
58	41.25	47.50	55.00	58.75	72.50
59	45.00	52.50	60.00	63.75	80.00
60	50.00	58.75	66.25	70.00	87.50
61	53.75	63.75	72.50	76.25	95.00
62	58.75	70.00	78.75	83.75	103.75
63	62.50	75.00	85.00	90.00	111.25
64	66.25	80.00	91.25	97.50	118.75
65	71.25	85.00	97.50	105.00	127.50
66	76.25	92.50	105.00	113.75	137.50
67	82.50	100.00	115.00	123.75	150.00
68	90.00	110.00	126.25	136.25	165.00
69	98.75	120.00	138.75	148.75	180.00
70	107.50	131.25	152.50	163.75	198.75
71	118.75	145.00	167.50	181.25	220.00
72	131.25	161.25	186.25	201.25	243.75
73	146.25	180.00	207.50	223.75	271.25
74	162.50	200.00	231.25	250.00	302.50
75	181.25	222.50	256.25	277.50	336.25
76	201.25	247.50	285.00	307.50	372.50
77	222.50	273.75	315.00	340.00	412.50
78	245.00	302.50	347.50	375.00	455.00
79	270.00	332.50	382.50	412.50	501.25
80	295.00				
81	322.50				
82	351.25				
83	381.25				
84	413.75				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0091-B87
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	40.00	48.75	56.25	61.25	73.75
45-49	43.75	53.75	62.50	67.50	82.50
50-54	53.75	66.25	77.50	83.75	105.00
55	65.00	78.75	91.25	97.50	125.00
56	68.75	83.75	96.25	103.75	133.75
57	73.75	90.00	102.50	110.00	142.50
58	78.75	96.25	110.00	117.50	152.50
59	83.75	102.50	117.50	126.25	162.50
60	88.75	110.00	126.25	136.25	173.75
61	95.00	117.50	135.00	146.25	185.00
62	101.25	125.00	145.00	157.50	198.75
63	107.50	133.75	155.00	167.50	212.50
64	115.00	141.25	165.00	178.75	227.50
65	122.50	151.25	175.00	190.00	243.75
66	131.25	161.25	187.50	202.50	261.25
67	141.25	173.75	201.25	217.50	281.25
68	152.50	187.50	217.50	235.00	303.75
69	163.75	202.50	233.75	253.75	327.50
70	177.50	220.00	253.75	275.00	352.50
71	192.50	238.75	275.00	298.75	382.50
72	208.75	260.00	300.00	326.25	416.25
73	227.50	283.75	328.75	357.50	453.75
74	248.75	311.25	360.00	392.50	496.25
75	271.25	340.00	395.00	430.00	541.25
76	295.00	371.25	432.50	471.25	591.25
77	320.00	405.00	472.50	516.25	643.75
78	346.25	441.25	516.25	563.75	700.00
79	373.75	480.00	562.50	615.00	761.25
80	403.75				
81	433.75				
82	466.25				
83	500.00				
84	535.00				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0091-B87
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	28.75	35.00	40.00	43.75	52.50
45-49	31.25	38.75	45.00	48.75	58.75
50-54	43.75	52.50	61.25	66.25	80.00
55	50.00	61.25	70.00	75.00	96.25
56	52.50	65.00	73.75	80.00	102.50
57	56.25	70.00	78.75	85.00	110.00
58	61.25	76.25	85.00	92.50	118.75
59	66.25	82.50	92.50	100.00	130.00
60	72.50	90.00	101.25	110.00	141.25
61	78.75	97.50	111.25	120.00	153.75
62	85.00	105.00	120.00	130.00	166.25
63	91.25	112.50	128.75	140.00	178.75
64	97.50	120.00	137.50	150.00	192.50
65	103.75	128.75	147.50	160.00	206.25
66	112.50	138.75	158.75	172.50	223.75
67	121.25	150.00	172.50	187.50	242.50
68	131.25	163.75	188.75	205.00	263.75
69	143.75	178.75	206.25	223.75	287.50
70	156.25	195.00	225.00	245.00	315.00
71	171.25	213.75	247.50	268.75	343.75
72	187.50	235.00	272.50	296.25	377.50
73	206.25	258.75	300.00	327.50	415.00
74	227.50	285.00	331.25	361.25	456.25
75	250.00	313.75	365.00	397.50	500.00
76	273.75	345.00	401.25	437.50	548.75
77	298.75	377.50	440.00	480.00	600.00
78	325.00	412.50	481.25	526.25	655.00
79	352.50	450.00	526.25	575.00	713.75
80	382.50				
81	412.50				
82	445.00				
83	478.75				
84	513.75				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0091-B87
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	25.00	27.50	32.50	33.75	35.00
45-49	27.50	31.25	35.00	36.25	40.00
50-54	33.75	38.75	42.50	45.00	51.25
55	38.75	43.75	50.00	55.00	65.00
56	41.25	47.50	55.00	58.75	70.00
57	43.75	51.25	58.75	63.75	77.50
58	48.75	56.25	65.00	68.75	85.00
59	52.50	61.25	70.00	75.00	93.75
60	58.75	68.75	77.50	82.50	102.50
61	63.75	75.00	85.00	90.00	111.25
62	68.75	82.50	92.50	98.75	122.50
63	73.75	88.75	100.00	106.25	131.25
64	77.50	93.75	107.50	115.00	140.00
65	83.75	100.00	115.00	123.75	150.00
66	90.00	108.75	123.75	133.75	161.25
67	97.50	117.50	135.00	145.00	176.25
68	106.25	130.00	148.75	160.00	193.75
69	116.25	141.25	163.75	175.00	211.25
70	126.25	155.00	180.00	192.50	233.75
71	140.00	170.00	197.50	213.75	258.75
72	155.00	190.00	218.75	236.25	286.25
73	172.50	211.25	243.75	263.75	318.75
74	191.25	235.00	272.50	293.75	356.25
75	213.75	261.25	301.25	326.25	395.00
76	236.25	291.25	335.00	361.25	438.75
77	261.25	322.50	370.00	400.00	485.00
78	288.75	356.25	408.75	441.25	535.00
79	317.50	391.25	450.00	485.00	590.00
80	347.50				
81	380.00				
82	413.75				
83	448.75				
84	486.25				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0091-B87
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	47.50	57.50	66.25	72.50	86.25
45-49	51.25	63.75	73.75	80.00	97.50
50-54	63.75	77.50	91.25	98.75	123.75
55	76.25	92.50	107.50	115.00	147.50
56	81.25	98.75	113.75	122.50	157.50
57	86.25	106.25	120.00	130.00	167.50
58	92.50	113.75	130.00	138.75	180.00
59	98.75	120.00	138.75	148.75	191.25
60	105.00	130.00	148.75	160.00	205.00
61	111.25	138.75	158.75	172.50	217.50
62	118.75	147.50	170.00	185.00	233.75
63	126.25	157.50	182.50	197.50	250.00
64	135.00	166.25	193.75	210.00	267.50
65	143.75	177.50	206.25	223.75	286.25
66	155.00	190.00	220.00	238.75	307.50
67	166.25	205.00	236.25	256.25	331.25
68	180.00	220.00	256.25	276.25	357.50
69	192.50	238.75	275.00	298.75	385.00
70	208.75	258.75	298.75	323.75	415.00
71	226.25	281.25	323.75	351.25	450.00
72	245.00	306.25	352.50	383.75	490.00
73	267.50	333.75	386.25	420.00	533.75
74	292.50	366.25	423.75	461.25	583.75
75	318.75	400.00	465.00	506.25	636.25
76	347.50	436.25	508.75	555.00	695.00
77	376.25	476.25	556.25	607.50	757.50
78	407.50	518.75	607.50	663.75	823.75
79	440.00	565.00	661.25	723.75	895.00
80	475.00				
81	510.00				
82	548.75				
83	588.75				
84	630.00				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0091-B87
Long-Term Care Policy: Facility Only Coverage

Annual Premium per $10 of Maximum Daily Facility Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	33.75	41.25	47.50	51.25	61.25
45-49	36.25	45.00	52.50	57.50	68.75
50-54	51.25	61.25	72.50	77.50	93.75
55	58.75	72.50	82.50	88.75	113.75
56	61.25	76.25	86.25	93.75	120.00
57	66.25	82.50	92.50	100.00	130.00
58	72.50	90.00	100.00	108.75	140.00
59	77.50	97.50	108.75	117.50	152.50
60	85.00	106.25	118.75	130.00	166.25
61	92.50	115.00	131.25	141.25	181.25
62	100.00	123.75	141.25	152.50	195.00
63	107.50	132.50	151.25	165.00	210.00
64	115.00	141.25	161.25	176.25	226.25
65	122.50	151.25	173.75	188.75	242.50
66	132.50	163.75	186.25	202.50	263.75
67	142.50	176.25	202.50	220.00	285.00
68	155.00	192.50	222.50	241.25	310.00
69	168.75	210.00	242.50	263.75	338.75
70	183.75	230.00	265.00	288.75	370.00
71	201.25	251.25	291.25	316.25	405.00
72	220.00	276.25	320.00	348.75	443.75
73	242.50	305.00	352.50	385.00	488.75
74	267.50	335.00	390.00	425.00	536.25
75	293.75	368.75	430.00	467.50	588.75
76	322.50	406.25	472.50	515.00	645.00
77	351.25	443.75	517.50	565.00	706.25
78	382.50	485.00	566.25	618.75	770.00
79	415.00	530.00	618.75	676.25	840.00
80	450.00				
81	485.00				
82	523.75				
83	563.75				
84	605.00				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0091-B87
Long-Term Care Policy: Facility Only Coverage

WITH SURVIVORSHIP BENEFIT RIDER R1-N0103-SERIES

When this rider is chosen, multiply the final premium by the appropriate factor.

ISSUE AGE	NO INFLATION PROTECTION	SIMPLE INFLATION PROTECTION	COMPOUND INFLATION PROTECTION
18-44	1.11	1.17	1.17
45-49	1.14	1.21	1.21
50-54	1.18	1.28	1.28
55	1.20	1.30	1.30
56	1.20	1.30	1.30
57	1.21	1.30	1.30
58	1.21	1.30	1.30
59	1.21	1.30	1.30
60	1.21	1.30	1.30
61	1.21	1.30	1.30
62	1.21	1.29	1.29
63	1.21	1.29	1.29
64	1.21	1.28	1.28
65	1.20	1.27	1.27
66	1.20	1.26	1.26
67	1.20	1.26	1.26
68	1.19	1.25	1.25
69	1.19	1.24	1.24
70	1.18	1.23	1.23
71	1.18	1.22	1.22
72	1.17	1.20	1.20
73	1.16	1.19	1.19
74	1.16	1.18	1.18
75	1.15	1.17	1.17
76	1.14	1.16	1.16
77	1.13	1.15	1.15
78	1.12	1.14	1.14
79	1.11	1.13	1.13
80	1.10	1.12	1.12
81	1.09	1.11	1.11
82	1.08	1.10	1.10
83	1.07	1.09	1.09
84	1.06	1.08	1.08

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0091-B87
Long-Term Care Policy: Facility Only Coverage

Elimination Period Factors

Rates shown are for 30 day elimination period. Rates for other elimination periods are calculated by multiplying the 30 day rates by the appropriate factor from the following table:

Benefit Maximum	0	14	20	60	90	100	180	365
730x,1095x	1.12	1.07	1.03	0.94	0.90	0.89	0.78	0.67
1460x,1825x	1.10	1.05	1.03	0.95	0.90	0.89	0.79	0.69
Lifetime	1.08	1.04	1.03	0.96	0.92	0.91	0.84	0.75

Table Rating Health Rating Group Factors

Rates shown are for Preferred Rating Group and Select Rating Group. Rates for Table Rating Health Groups 1, 2, 3 and 4 are calculated by multiplying Select rates by 1.25, 1.50, 1.75 and 2.00 respectively.

Multi-Life Discount

A 5%, 10%, 15% or 20% discount to the rates is available for qualifying Associations of 10 or more lives.

Spousal Discount

A 20% discount to the rates is available to married couples if both spouses apply for coverage.

Dual Waiver of Premium Rider R1-N0104-Series

An optional dual waiver of premium rider will be offered. If one spouse qualifies for a waiver of premium, the premium of the other spouse will also be waived. If chosen, multiply the final premium by 1.06.

Shared Advantage Rider R1-N0105-Series

This rider will allow two covered spouses to purchase an additional benefit amount that can be used by either spouse after their base benefits are exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Period	No Inflation Protection	With Inflation Protection
730x	1.30	1.35
1095x	1.21	1.25
1460x	1.15	1.18
1825x	1.12	1.14

CONTINENTAL CASUALTY COMPANY
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Long-Term Care Policy: Facility Only Coverage

Restoration of Benefits Rider R1-N0106-Series

This rider restores the maximum lifetime benefit if the insured has not met the stipulated conditions for a period of 180 consecutive days and the maximum lifetime benefit has not been exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	Factor
730x	1.08
1095x	1.06
1460x,1825x	1.04

Cost of Living Increase Rider R1-N0107-Series

This rider allows the insured to increase their policy limits, subject to the terms of the rider, every three years without additional underwriting. The additional premium charged is based on the attained age and incremental increase in the maximum daily facility benefit when exercised. If chosen, multiply the final premium by the appropriate factor:

Age	Factor
18-44	1.15
45-49	1.12
50-55	1.10
56-58	1.09
59-61	1.08
62-64	1.07
65-67	1.06
68-70	1.05
71-73	1.04
74-76	1.03

Modal Factors

Semi-Annual: 0.52; Quarterly: 0.27; Check-A-Matic: 0.09

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604

Supplement to Rate Sheets for Policy Form P1-N0095-B87
PENNSYLVANIA

All rates for this form should be multiplied by a factor of: 1.9425

This factor represents the **proposed** increase of: 29.5%

And the following prior approved rate increases:

Policy Form	Increase Applies to all Policies or Subsets	Rate Increase Approved	Approval Date of Rate Increase
P1-N0095-B87	--Yes--	20.00%	3/14/2013
P1-N0095-B87	--Yes--	25.00%	12/3/2014

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0095-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	19	23	25	27	35
45-49	21	26	28	30	39
50-54	26	31	35	37	48
55	30	36	40	43	57
56	32	38	43	46	60
57	34	41	46	49	65
58	37	44	50	53	70
59	40	48	54	58	76
60	43	52	59	63	83
61	47	56	64	69	90
62	51	61	70	75	98
63	55	66	75	81	106
64	58	70	81	87	113
65	62	75	87	93	121
66	66	81	94	101	131
67	72	88	102	110	143
68	79	96	111	121	157
69	86	105	122	132	172
70	94	115	133	145	189
71	103	127	147	160	208
72	114	141	163	178	231
73	126	157	182	198	257
74	140	175	202	221	285
75	156	194	225	246	316
76	172	215	250	273	350
77	190	238	277	302	387
78	209	263	306	334	426
79	230	289	337	367	468
80	252				
81	275				
82	300				
83	326				
84	354				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0095-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	22	27	30	31	41
45-49	25	30	33	35	45
50-54	29	35	40	43	56
55	34	40	45	49	65
56	36	42	48	52	68
57	38	45	51	55	73
58	41	49	55	59	78
59	44	53	60	65	84
60	47	58	65	70	91
61	51	62	71	77	99
62	55	67	77	83	107
63	59	72	83	89	116
64	63	77	88	95	124
65	68	82	95	101	133
66	72	88	102	109	144
67	78	96	110	119	157
68	85	104	121	131	172
69	93	114	132	143	188
70	102	126	144	157	207
71	111	138	160	173	228
72	123	154	177	193	252
73	137	171	197	215	280
74	151	190	220	239	310
75	168	211	245	266	344
76	185	234	272	296	381
77	205	258	301	328	421
78	225	285	333	363	463
79	247	314	366	399	509
80	270				
81	295				
82	321				
83	348				
84	377				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0095-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	23	28	32	33	43
45-49	26	31	35	37	48
50-54	30	37	42	45	60
55	35	42	47	51	68
56	37	44	50	54	72
57	39	47	53	58	76
58	42	51	57	62	82
59	45	55	62	68	88
60	49	60	68	73	95
61	53	65	74	80	103
62	57	70	80	86	111
63	61	75	86	92	120
64	65	80	91	98	128
65	70	85	98	105	138
66	75	91	105	113	149
67	81	99	114	123	163
68	88	108	125	135	178
69	96	118	136	148	195
70	105	130	149	162	214
71	115	143	165	179	236
72	127	159	183	199	261
73	141	177	204	222	290
74	156	196	227	247	321
75	173	218	253	275	356
76	191	242	281	306	394
77	211	267	311	339	435
78	232	294	344	375	479
79	254	324	379	413	526
80	278				
81	303				
82	330				
83	358				
84	387				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0095-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	36	45	52	57	75
45-49	40	50	58	63	83
50-54	49	61	71	77	106
55	56	71	82	89	123
56	59	75	87	94	129
57	63	80	92	100	137
58	67	85	98	107	145
59	72	91	105	114	154
60	77	97	112	121	164
61	82	104	120	130	175
62	88	111	128	139	187
63	94	118	136	148	200
64	100	126	145	158	213
65	106	134	155	168	227
66	114	143	165	180	243
67	122	154	178	194	262
68	131	166	192	210	283
69	141	178	208	227	305
70	152	193	225	246	329
71	165	209	244	267	357
72	179	227	266	291	388
73	195	248	291	318	423
74	213	271	318	348	461
75	233	296	347	380	503
76	253	324	379	415	548
77	275	353	413	453	596
78	297	385	449	493	647
79	321	418	488	536	702
80	346				
81	371				
82	398				
83	426				
84	455				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0095-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	40	51	59	65	84
45-49	45	56	66	71	94
50-54	55	69	81	88	119
55	62	79	93	101	136
56	65	83	98	106	142
57	69	88	103	112	150
58	73	93	109	119	159
59	78	99	116	126	169
60	84	106	123	134	179
61	90	113	131	142	191
62	96	121	139	152	204
63	102	129	148	161	218
64	108	137	158	172	231
65	115	145	168	183	247
66	123	155	180	197	263
67	132	167	194	212	284
68	142	180	210	230	306
69	153	193	226	248	330
70	165	210	245	268	356
71	178	227	266	291	386
72	194	247	289	317	420
73	211	270	316	346	458
74	230	294	345	378	499
75	251	321	376	412	544
76	273	350	410	449	591
77	295	380	446	489	643
78	319	413	485	532	697
79	343	448	526	577	756
80	370				
81	396				
82	425				
83	454				
84	484				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0095-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	42	53	62	68	88
45-49	47	59	69	75	98
50-54	58	73	85	92	124
55	65	82	97	106	141
56	68	86	102	111	148
57	72	91	107	117	156
58	76	97	113	124	165
59	81	103	120	131	175
60	87	110	127	139	186
61	93	117	135	147	198
62	99	125	144	157	211
63	105	133	153	167	225
64	112	141	163	178	239
65	119	150	174	190	255
66	127	160	187	204	272
67	136	172	201	220	293
68	146	186	217	238	316
69	158	200	234	257	341
70	170	217	253	278	368
71	184	235	275	301	399
72	200	256	299	328	434
73	218	279	326	358	473
74	237	304	356	391	515
75	258	331	388	426	561
76	281	361	423	464	610
77	304	392	460	505	663
78	328	425	500	549	719
79	353	461	542	595	779
80	380				
81	407				
82	436				
83	466				
84	497				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0095-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	27	33	39	42	56
45-49	30	37	43	47	62
50-54	39	48	55	61	80
55	45	55	64	70	95
56	47	58	67	73	101
57	50	62	72	78	108
58	54	67	78	84	116
59	58	72	84	91	125
60	63	79	91	99	134
61	69	85	99	107	145
62	74	92	107	116	156
63	79	99	115	124	168
64	85	106	123	133	180
65	90	113	131	142	193
66	97	122	141	153	208
67	105	132	153	166	226
68	114	144	167	181	246
69	124	157	182	198	268
70	135	171	199	217	293
71	148	188	218	238	320
72	162	206	240	262	351
73	178	227	264	289	386
74	196	249	291	318	423
75	215	274	320	350	464
76	236	300	351	385	509
77	257	329	385	422	556
78	279	359	421	462	607
79	303	392	459	504	660
80	328				
81	354				
82	381				
83	409				
84	439				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0095-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	31	39	45	48	64
45-49	35	43	49	54	71
50-54	43	54	63	69	90
55	50	62	72	78	106
56	53	66	76	83	112
57	56	70	81	88	120
58	60	75	87	95	128
59	64	80	93	102	137
60	69	87	101	110	147
61	75	93	109	119	158
62	80	100	117	128	169
63	86	107	126	137	182
64	92	115	134	146	195
65	98	123	143	156	208
66	106	133	154	168	225
67	115	143	167	181	244
68	125	156	182	198	266
69	135	170	198	216	290
70	146	185	216	235	316
71	159	203	236	258	346
72	174	222	260	284	379
73	191	245	286	313	416
74	210	269	314	344	457
75	231	295	346	379	501
76	253	323	380	417	549
77	276	354	416	456	600
78	299	387	455	499	655
79	325	422	496	545	713
80	351				
81	379				
82	407				
83	436				
84	468				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0095-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	33	41	47	51	68
45-49	37	45	52	57	75
50-54	45	56	66	72	94
55	52	65	76	82	111
56	55	69	80	87	117
57	58	73	85	92	125
58	62	78	91	99	133
59	67	84	97	106	142
60	72	90	105	115	152
61	77	97	113	124	163
62	83	104	121	133	175
63	89	111	130	142	188
64	95	119	139	152	201
65	102	127	148	162	215
66	110	137	160	174	232
67	119	148	173	188	252
68	129	161	188	205	274
69	139	175	205	223	299
70	151	191	223	243	326
71	164	209	244	267	357
72	179	229	268	293	391
73	197	252	295	323	429
74	216	277	324	355	472
75	238	304	357	391	517
76	260	333	392	430	566
77	284	365	429	471	619
78	308	399	469	515	675
79	334	435	512	563	735
80	361				
81	389				
82	418				
83	448				
84	480				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0095-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	22	27	29	32	41
45-49	25	31	33	35	46
50-54	31	36	41	44	56
55	35	42	47	51	67
56	38	45	51	54	71
57	40	48	54	58	76
58	44	52	59	62	82
59	47	56	64	68	89
60	51	61	69	74	98
61	55	66	75	81	106
62	60	72	82	88	115
63	65	78	88	95	125
64	68	82	95	102	133
65	73	88	102	109	142
66	78	95	111	119	154
67	85	104	120	129	168
68	93	113	131	142	185
69	101	124	144	155	202
70	111	135	156	171	222
71	121	149	173	188	245
72	134	166	192	209	272
73	148	185	214	233	302
74	165	206	238	260	335
75	184	228	265	289	372
76	202	253	294	321	412
77	224	280	326	355	455
78	246	309	360	393	501
79	271	340	396	432	551
80	296				
81	324				
82	353				
83	384				
84	416				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0095-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	26	32	35	36	48
45-49	29	35	39	41	53
50-54	34	41	47	51	66
55	40	47	53	58	76
56	42	49	56	61	80
57	45	53	60	65	86
58	48	58	65	69	92
59	52	62	71	76	99
60	55	68	76	82	107
61	60	73	84	91	116
62	65	79	91	98	126
63	69	85	98	105	136
64	74	91	104	112	146
65	80	96	112	119	156
66	85	104	120	128	169
67	92	113	129	140	185
68	100	122	142	154	202
69	109	134	155	168	221
70	120	148	169	185	244
71	131	162	188	204	268
72	145	181	208	227	296
73	161	201	232	253	329
74	178	224	259	281	365
75	198	248	288	313	405
76	218	275	320	348	448
77	241	304	354	386	495
78	265	335	392	427	545
79	291	369	431	469	599
80	318				
81	347				
82	378				
83	409				
84	444				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0095-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	27	33	38	39	51
45-49	31	36	41	44	56
50-54	35	44	49	53	71
55	41	49	55	60	80
56	44	52	59	64	85
57	46	55	62	68	89
58	49	60	67	73	96
59	53	65	73	80	104
60	58	71	80	86	112
61	62	76	87	94	121
62	67	82	94	101	131
63	72	88	101	108	141
64	76	94	107	115	151
65	82	100	115	124	162
66	88	107	124	133	175
67	95	116	134	145	192
68	104	127	147	159	209
69	113	139	160	174	229
70	124	153	175	191	252
71	135	168	194	211	278
72	149	187	215	234	307
73	166	208	240	261	341
74	184	231	267	291	378
75	204	256	298	324	419
76	225	285	331	360	464
77	248	314	366	399	512
78	273	346	405	441	564
79	299	381	446	486	619
80	327				
81	356				
82	388				
83	421				
84	455				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0095-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	42	53	61	67	88
45-49	47	59	68	74	98
50-54	58	72	84	91	125
55	66	84	96	105	145
56	69	88	102	111	152
57	74	94	108	118	161
58	79	100	115	126	171
59	85	107	124	134	181
60	91	114	132	142	193
61	96	122	141	153	206
62	104	131	151	164	220
63	111	139	160	174	235
64	118	148	171	186	251
65	125	158	182	198	267
66	134	168	194	212	286
67	144	181	209	228	308
68	154	195	226	247	333
69	166	209	245	267	359
70	179	227	265	289	387
71	194	246	287	314	420
72	211	267	313	342	456
73	229	292	342	374	498
74	251	319	374	409	542
75	274	348	408	447	592
76	298	381	446	488	645
77	324	415	486	533	701
78	349	453	528	580	761
79	378	492	574	631	826
80	407				
81	436				
82	468				
83	501				
84	535				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0095-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	47	60	69	76	99
45-49	53	66	78	84	111
50-54	65	81	95	104	140
55	73	93	109	119	160
56	76	98	115	125	167
57	81	104	121	132	176
58	86	109	128	140	187
59	92	116	136	148	199
60	99	125	145	158	211
61	106	133	154	167	225
62	113	142	164	179	240
63	120	152	174	189	256
64	127	161	186	202	272
65	135	171	198	215	291
66	145	182	212	232	309
67	155	196	228	249	334
68	167	212	247	271	360
69	180	227	266	292	388
70	194	247	288	315	419
71	209	267	313	342	454
72	228	291	340	373	494
73	248	318	372	407	539
74	271	346	406	445	587
75	295	378	442	485	640
76	321	412	482	528	695
77	347	447	525	575	756
78	375	486	571	626	820
79	404	527	619	679	889
80	435				
81	466				
82	500				
83	534				
84	569				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0095-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	49	62	73	80	104
45-49	55	69	81	88	115
50-54	68	86	100	108	146
55	76	96	114	125	166
56	80	101	120	131	174
57	85	107	126	138	184
58	89	114	133	146	194
59	95	121	141	154	206
60	102	129	149	164	219
61	109	138	159	173	233
62	116	147	169	185	248
63	124	156	180	196	265
64	132	166	192	209	281
65	140	176	205	224	300
66	149	188	220	240	320
67	160	202	236	259	345
68	172	219	255	280	372
69	186	235	275	302	401
70	200	255	298	327	433
71	216	276	324	354	469
72	235	301	352	386	511
73	256	328	384	421	556
74	279	358	419	460	606
75	304	389	456	501	660
76	331	425	498	546	718
77	358	461	541	594	780
78	386	500	588	646	846
79	415	542	638	700	916
80	447				
81	479				
82	513				
83	548				
84	585				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0095-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	32	39	46	49	66
45-49	35	44	51	55	73
50-54	46	56	65	72	94
55	53	65	75	82	112
56	55	68	79	86	119
57	59	73	85	92	127
58	64	79	92	99	136
59	68	85	99	107	147
60	74	93	107	116	158
61	81	100	116	126	171
62	87	108	126	136	184
63	93	116	135	146	198
64	100	125	145	156	212
65	106	133	154	167	227
66	114	144	166	180	245
67	124	155	180	195	266
68	134	169	196	213	289
69	146	185	214	233	315
70	159	201	234	255	345
71	174	221	256	280	376
72	191	242	282	308	413
73	209	267	311	340	454
74	231	293	342	374	498
75	253	322	376	412	546
76	278	353	413	453	599
77	302	387	453	496	654
78	328	422	495	544	714
79	356	461	540	593	776
80	386				
81	416				
82	448				
83	481				
84	516				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0095-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	36	46	53	56	75
45-49	41	51	58	64	84
50-54	51	64	74	81	106
55	59	73	85	92	125
56	62	78	89	98	132
57	66	82	95	104	141
58	71	88	102	112	151
59	75	94	109	120	161
60	81	102	119	129	173
61	88	109	128	140	186
62	94	118	138	151	199
63	101	126	148	161	214
64	108	135	158	172	229
65	115	145	168	184	245
66	125	156	181	198	265
67	135	168	196	213	287
68	147	184	214	233	313
69	159	200	233	254	341
70	172	218	254	276	372
71	187	239	278	304	407
72	205	261	306	334	446
73	225	288	336	368	489
74	247	316	369	405	538
75	272	347	407	446	589
76	298	380	447	491	646
77	325	416	489	536	706
78	352	455	535	587	771
79	382	496	584	641	839
80	413				
81	446				
82	479				
83	513				
84	551				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0095-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	39	48	55	60	80
45-49	44	53	61	67	88
50-54	53	66	78	85	111
55	61	76	89	96	131
56	65	81	94	102	138
57	68	86	100	108	147
58	73	92	107	116	156
59	79	99	114	125	167
60	85	106	124	135	179
61	91	114	133	146	192
62	98	122	142	156	206
63	105	131	153	167	221
64	112	140	164	179	236
65	120	149	174	191	253
66	129	161	188	205	273
67	140	174	204	221	296
68	152	189	221	241	322
69	164	206	241	262	352
70	178	225	262	286	384
71	193	246	287	314	420
72	211	269	315	345	460
73	232	296	347	380	505
74	254	326	381	418	555
75	280	358	420	460	608
76	306	392	461	506	666
77	334	429	505	554	728
78	362	469	552	606	794
79	393	512	602	662	865
80	425				
81	458				
82	492				
83	527				
84	565				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0095-B87
Long-Term Care Policy

WITH SURVIVORSHIP BENEFIT RIDER R1-N0103-SERIES

When this rider is chosen, multiply the final premium by the appropriate factor.

ISSUE AGE	NO INFLATION PROTECTION	SIMPLE INFLATION PROTECTION	COMPOUND INFLATION PROTECTION
18-44	1.11	1.17	1.17
45-49	1.14	1.21	1.21
50-54	1.18	1.28	1.28
55	1.20	1.30	1.30
56	1.20	1.30	1.30
57	1.21	1.30	1.30
58	1.21	1.30	1.30
59	1.21	1.30	1.30
60	1.21	1.30	1.30
61	1.21	1.30	1.30
62	1.21	1.29	1.29
63	1.21	1.29	1.29
64	1.21	1.28	1.28
65	1.20	1.27	1.27
66	1.20	1.26	1.26
67	1.20	1.26	1.26
68	1.19	1.25	1.25
69	1.19	1.24	1.24
70	1.18	1.23	1.23
71	1.18	1.22	1.22
72	1.17	1.20	1.20
73	1.16	1.19	1.19
74	1.16	1.18	1.18
75	1.15	1.17	1.17
76	1.14	1.16	1.16
77	1.13	1.15	1.15
78	1.12	1.14	1.14
79	1.11	1.13	1.13
80	1.10	1.12	1.12
81	1.09	1.11	1.11
82	1.08	1.10	1.10
83	1.07	1.09	1.09
84	1.06	1.08	1.08

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0095-B87
Long-Term Care Policy

Elimination Period Factors

Rates shown are for 30 day elimination period. Rates for other elimination periods are calculated by multiplying the 30 day rates by the appropriate factor from the following table:

Benefit Maximum	0	14	20	60	90	100	180	365
730x,1095x	1.12	1.07	1.03	0.94	0.90	0.89	0.78	0.67
1460x,1825x	1.10	1.05	1.03	0.95	0.90	0.89	0.79	0.69
Lifetime	1.08	1.04	1.03	0.96	0.92	0.91	0.84	0.75

Table Rating Health Rating Group Factors

Rates shown are for Preferred Rating Group and Select Rating Group. Rates for Table Rating Health Groups 1, 2, 3 and 4 are calculated by multiplying Select rates by 1.25, 1.50, 1.75 and 2.00 respectively.

Multi-Life Discount

A 5%, 10%, 15% or 20% discount to the rates is available for qualifying Associations of 10 or more lives.

Spousal Discount

A 20% discount to the rates is available to married couples if both spouses apply for coverage.

Dual Waiver of Premium Rider R1-N0104-Series

An optional dual waiver of premium rider will be offered. If one spouse qualifies for a waiver of premium, the premium of the other spouse will also be waived. If chosen, multiply the final premium by 1.06.

Shared Advantage Rider R1-N0105-Series

This rider will allow two covered spouses to purchase an additional benefit amount that can be used by either spouse after their base benefits are exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	No Inflation Protection	With Inflation Protection
730x	1.30	1.35
1095x	1.21	1.25
1460x	1.15	1.18
1825x	1.12	1.14

Restoration of Benefits Rider R1-N0106-Series

This rider restores the maximum lifetime benefit if the insured has not met the stipulated conditions for a period of 180 consecutive days and the maximum lifetime benefit has not been exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	Factor
730x	1.08
1095x	1.06
1460x,1825x	1.04

Cost of Living Increase Rider R1-N0107-Series

This rider allows the insured to increase their policy limits, subject to the terms of the rider, every three years without additional underwriting. The additional premium charged is based on the attained age and incremental increase in the maximum daily facility benefit when exercised. If chosen, multiply the final premium by the appropriate factor:

Age	Factor
18-44	1.15
45-49	1.12
50-55	1.10
56-58	1.09
59-61	1.08
62-64	1.07
65-67	1.06
68-70	1.05
71-73	1.04
74-76	1.03

Modal Factors

Semi-Annual: 0.52; Quarterly: 0.27; Check-A-Matic: 0.09

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604

Supplement to Rate Sheets for Policy Form P1-N0096-B87
PENNSYLVANIA

All rates for this form should be multiplied by a factor of: 1.9425

This factor represents the **proposed** increase of: 29.5%

And the following prior approved rate increases:

Policy Form	Increase Applies to all Policies or Subsets	Rate Increase Approved	Approval Date of Rate Increase
P1-N0096-B87	--Yes--	20.00%	3/14/2013
P1-N0096-B87	--Yes--	25.00%	12/3/2014

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0096-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	23.75	28.75	31.25	33.75	43.75
45-49	26.25	32.50	35.00	37.50	48.75
50-54	32.50	38.75	43.75	46.25	60.00
55	37.50	45.00	50.00	53.75	71.25
56	40.00	47.50	53.75	57.50	75.00
57	42.50	51.25	57.50	61.25	81.25
58	46.25	55.00	62.50	66.25	87.50
59	50.00	60.00	67.50	72.50	95.00
60	53.75	65.00	73.75	78.75	103.75
61	58.75	70.00	80.00	86.25	112.50
62	63.75	76.25	87.50	93.75	122.50
63	68.75	82.50	93.75	101.25	132.50
64	72.50	87.50	101.25	108.75	141.25
65	77.50	93.75	108.75	116.25	151.25
66	82.50	101.25	117.50	126.25	163.75
67	90.00	110.00	127.50	137.50	178.75
68	98.75	120.00	138.75	151.25	196.25
69	107.50	131.25	152.50	165.00	215.00
70	117.50	143.75	166.25	181.25	236.25
71	128.75	158.75	183.75	200.00	260.00
72	142.50	176.25	203.75	222.50	288.75
73	157.50	196.25	227.50	247.50	321.25
74	175.00	218.75	252.50	276.25	356.25
75	195.00	242.50	281.25	307.50	395.00
76	215.00	268.75	312.50	341.25	437.50
77	237.50	297.50	346.25	377.50	483.75
78	261.25	328.75	382.50	417.50	532.50
79	287.50	361.25	421.25	458.75	585.00
80	315.00				
81	343.75				
82	375.00				
83	407.50				
84	442.50				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0096-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	27.50	33.75	37.50	38.75	51.25
45-49	31.25	37.50	41.25	43.75	56.25
50-54	36.25	43.75	50.00	53.75	70.00
55	42.50	50.00	56.25	61.25	81.25
56	45.00	52.50	60.00	65.00	85.00
57	47.50	56.25	63.75	68.75	91.25
58	51.25	61.25	68.75	73.75	97.50
59	55.00	66.25	75.00	81.25	105.00
60	58.75	72.50	81.25	87.50	113.75
61	63.75	77.50	88.75	96.25	123.75
62	68.75	83.75	96.25	103.75	133.75
63	73.75	90.00	103.75	111.25	145.00
64	78.75	96.25	110.00	118.75	155.00
65	85.00	102.50	118.75	126.25	166.25
66	90.00	110.00	127.50	136.25	180.00
67	97.50	120.00	137.50	148.75	196.25
68	106.25	130.00	151.25	163.75	215.00
69	116.25	142.50	165.00	178.75	235.00
70	127.50	157.50	180.00	196.25	258.75
71	138.75	172.50	200.00	216.25	285.00
72	153.75	192.50	221.25	241.25	315.00
73	171.25	213.75	246.25	268.75	350.00
74	188.75	237.50	275.00	298.75	387.50
75	210.00	263.75	306.25	332.50	430.00
76	231.25	292.50	340.00	370.00	476.25
77	256.25	322.50	376.25	410.00	526.25
78	281.25	356.25	416.25	453.75	578.75
79	308.75	392.50	457.50	498.75	636.25
80	337.50				
81	368.75				
82	401.25				
83	435.00				
84	471.25				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0096-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	28.75	35.00	40.00	41.25	53.75
45-49	32.50	38.75	43.75	46.25	60.00
50-54	37.50	46.25	52.50	56.25	75.00
55	43.75	52.50	58.75	63.75	85.00
56	46.25	55.00	62.50	67.50	90.00
57	48.75	58.75	66.25	72.50	95.00
58	52.50	63.75	71.25	77.50	102.50
59	56.25	68.75	77.50	85.00	110.00
60	61.25	75.00	85.00	91.25	118.75
61	66.25	81.25	92.50	100.00	128.75
62	71.25	87.50	100.00	107.50	138.75
63	76.25	93.75	107.50	115.00	150.00
64	81.25	100.00	113.75	122.50	160.00
65	87.50	106.25	122.50	131.25	172.50
66	93.75	113.75	131.25	141.25	186.25
67	101.25	123.75	142.50	153.75	203.75
68	110.00	135.00	156.25	168.75	222.50
69	120.00	147.50	170.00	185.00	243.75
70	131.25	162.50	186.25	202.50	267.50
71	143.75	178.75	206.25	223.75	295.00
72	158.75	198.75	228.75	248.75	326.25
73	176.25	221.25	255.00	277.50	362.50
74	195.00	245.00	283.75	308.75	401.25
75	216.25	272.50	316.25	343.75	445.00
76	238.75	302.50	351.25	382.50	492.50
77	263.75	333.75	388.75	423.75	543.75
78	290.00	367.50	430.00	468.75	598.75
79	317.50	405.00	473.75	516.25	657.50
80	347.50				
81	378.75				
82	412.50				
83	447.50				
84	483.75				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0096-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	45.00	56.25	65.00	71.25	93.75
45-49	50.00	62.50	72.50	78.75	103.75
50-54	61.25	76.25	88.75	96.25	132.50
55	70.00	88.75	102.50	111.25	153.75
56	73.75	93.75	108.75	117.50	161.25
57	78.75	100.00	115.00	125.00	171.25
58	83.75	106.25	122.50	133.75	181.25
59	90.00	113.75	131.25	142.50	192.50
60	96.25	121.25	140.00	151.25	205.00
61	102.50	130.00	150.00	162.50	218.75
62	110.00	138.75	160.00	173.75	233.75
63	117.50	147.50	170.00	185.00	250.00
64	125.00	157.50	181.25	197.50	266.25
65	132.50	167.50	193.75	210.00	283.75
66	142.50	178.75	206.25	225.00	303.75
67	152.50	192.50	222.50	242.50	327.50
68	163.75	207.50	240.00	262.50	353.75
69	176.25	222.50	260.00	283.75	381.25
70	190.00	241.25	281.25	307.50	411.25
71	206.25	261.25	305.00	333.75	446.25
72	223.75	283.75	332.50	363.75	485.00
73	243.75	310.00	363.75	397.50	528.75
74	266.25	338.75	397.50	435.00	576.25
75	291.25	370.00	433.75	475.00	628.75
76	316.25	405.00	473.75	518.75	685.00
77	343.75	441.25	516.25	566.25	745.00
78	371.25	481.25	561.25	616.25	808.75
79	401.25	522.50	610.00	670.00	877.50
80	432.50				
81	463.75				
82	497.50				
83	532.50				
84	568.75				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0096-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	50.00	63.75	73.75	81.25	105.00
45-49	56.25	70.00	82.50	88.75	117.50
50-54	68.75	86.25	101.25	110.00	148.75
55	77.50	98.75	116.25	126.25	170.00
56	81.25	103.75	122.50	132.50	177.50
57	86.25	110.00	128.75	140.00	187.50
58	91.25	116.25	136.25	148.75	198.75
59	97.50	123.75	145.00	157.50	211.25
60	105.00	132.50	153.75	167.50	223.75
61	112.50	141.25	163.75	177.50	238.75
62	120.00	151.25	173.75	190.00	255.00
63	127.50	161.25	185.00	201.25	272.50
64	135.00	171.25	197.50	215.00	288.75
65	143.75	181.25	210.00	228.75	308.75
66	153.75	193.75	225.00	246.25	328.75
67	165.00	208.75	242.50	265.00	355.00
68	177.50	225.00	262.50	287.50	382.50
69	191.25	241.25	282.50	310.00	412.50
70	206.25	262.50	306.25	335.00	445.00
71	222.50	283.75	332.50	363.75	482.50
72	242.50	308.75	361.25	396.25	525.00
73	263.75	337.50	395.00	432.50	572.50
74	287.50	367.50	431.25	472.50	623.75
75	313.75	401.25	470.00	515.00	680.00
76	341.25	437.50	512.50	561.25	738.75
77	368.75	475.00	557.50	611.25	803.75
78	398.75	516.25	606.25	665.00	871.25
79	428.75	560.00	657.50	721.25	945.00
80	462.50				
81	495.00				
82	531.25				
83	567.50				
84	605.00				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0096-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	52.50	66.25	77.50	85.00	110.00
45-49	58.75	73.75	86.25	93.75	122.50
50-54	72.50	91.25	106.25	115.00	155.00
55	81.25	102.50	121.25	132.50	176.25
56	85.00	107.50	127.50	138.75	185.00
57	90.00	113.75	133.75	146.25	195.00
58	95.00	121.25	141.25	155.00	206.25
59	101.25	128.75	150.00	163.75	218.75
60	108.75	137.50	158.75	173.75	232.50
61	116.25	146.25	168.75	183.75	247.50
62	123.75	156.25	180.00	196.25	263.75
63	131.25	166.25	191.25	208.75	281.25
64	140.00	176.25	203.75	222.50	298.75
65	148.75	187.50	217.50	237.50	318.75
66	158.75	200.00	233.75	255.00	340.00
67	170.00	215.00	251.25	275.00	366.25
68	182.50	232.50	271.25	297.50	395.00
69	197.50	250.00	292.50	321.25	426.25
70	212.50	271.25	316.25	347.50	460.00
71	230.00	293.75	343.75	376.25	498.75
72	250.00	320.00	373.75	410.00	542.50
73	272.50	348.75	407.50	447.50	591.25
74	296.25	380.00	445.00	488.75	643.75
75	322.50	413.75	485.00	532.50	701.25
76	351.25	451.25	528.75	580.00	762.50
77	380.00	490.00	575.00	631.25	828.75
78	410.00	531.25	625.00	686.25	898.75
79	441.25	576.25	677.50	743.75	973.75
80	475.00				
81	508.75				
82	545.00				
83	582.50				
84	621.25				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0096-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	33.75	41.25	48.75	52.50	70.00
45-49	37.50	46.25	53.75	58.75	77.50
50-54	48.75	60.00	68.75	76.25	100.00
55	56.25	68.75	80.00	87.50	118.75
56	58.75	72.50	83.75	91.25	126.25
57	62.50	77.50	90.00	97.50	135.00
58	67.50	83.75	97.50	105.00	145.00
59	72.50	90.00	105.00	113.75	156.25
60	78.75	98.75	113.75	123.75	167.50
61	86.25	106.25	123.75	133.75	181.25
62	92.50	115.00	133.75	145.00	195.00
63	98.75	123.75	143.75	155.00	210.00
64	106.25	132.50	153.75	166.25	225.00
65	112.50	141.25	163.75	177.50	241.25
66	121.25	152.50	176.25	191.25	260.00
67	131.25	165.00	191.25	207.50	282.50
68	142.50	180.00	208.75	226.25	307.50
69	155.00	196.25	227.50	247.50	335.00
70	168.75	213.75	248.75	271.25	366.25
71	185.00	235.00	272.50	297.50	400.00
72	202.50	257.50	300.00	327.50	438.75
73	222.50	283.75	330.00	361.25	482.50
74	245.00	311.25	363.75	397.50	528.75
75	268.75	342.50	400.00	437.50	580.00
76	295.00	375.00	438.75	481.25	636.25
77	321.25	411.25	481.25	527.50	695.00
78	348.75	448.75	526.25	577.50	758.75
79	378.75	490.00	573.75	630.00	825.00
80	410.00				
81	442.50				
82	476.25				
83	511.25				
84	548.75				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0096-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	38.75	48.75	56.25	60.00	80.00
45-49	43.75	53.75	61.25	67.50	88.75
50-54	53.75	67.50	78.75	86.25	112.50
55	62.50	77.50	90.00	97.50	132.50
56	66.25	82.50	95.00	103.75	140.00
57	70.00	87.50	101.25	110.00	150.00
58	75.00	93.75	108.75	118.75	160.00
59	80.00	100.00	116.25	127.50	171.25
60	86.25	108.75	126.25	137.50	183.75
61	93.75	116.25	136.25	148.75	197.50
62	100.00	125.00	146.25	160.00	211.25
63	107.50	133.75	157.50	171.25	227.50
64	115.00	143.75	167.50	182.50	243.75
65	122.50	153.75	178.75	195.00	260.00
66	132.50	166.25	192.50	210.00	281.25
67	143.75	178.75	208.75	226.25	305.00
68	156.25	195.00	227.50	247.50	332.50
69	168.75	212.50	247.50	270.00	362.50
70	182.50	231.25	270.00	293.75	395.00
71	198.75	253.75	295.00	322.50	432.50
72	217.50	277.50	325.00	355.00	473.75
73	238.75	306.25	357.50	391.25	520.00
74	262.50	336.25	392.50	430.00	571.25
75	288.75	368.75	432.50	473.75	626.25
76	316.25	403.75	475.00	521.25	686.25
77	345.00	442.50	520.00	570.00	750.00
78	373.75	483.75	568.75	623.75	818.75
79	406.25	527.50	620.00	681.25	891.25
80	438.75				
81	473.75				
82	508.75				
83	545.00				
84	585.00				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0096-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	41.25	51.25	58.75	63.75	85.00
45-49	46.25	56.25	65.00	71.25	93.75
50-54	56.25	70.00	82.50	90.00	117.50
55	65.00	81.25	95.00	102.50	138.75
56	68.75	86.25	100.00	108.75	146.25
57	72.50	91.25	106.25	115.00	156.25
58	77.50	97.50	113.75	123.75	166.25
59	83.75	105.00	121.25	132.50	177.50
60	90.00	112.50	131.25	143.75	190.00
61	96.25	121.25	141.25	155.00	203.75
62	103.75	130.00	151.25	166.25	218.75
63	111.25	138.75	162.50	177.50	235.00
64	118.75	148.75	173.75	190.00	251.25
65	127.50	158.75	185.00	202.50	268.75
66	137.50	171.25	200.00	217.50	290.00
67	148.75	185.00	216.25	235.00	315.00
68	161.25	201.25	235.00	256.25	342.50
69	173.75	218.75	256.25	278.75	373.75
70	188.75	238.75	278.75	303.75	407.50
71	205.00	261.25	305.00	333.75	446.25
72	223.75	286.25	335.00	366.25	488.75
73	246.25	315.00	368.75	403.75	536.25
74	270.00	346.25	405.00	443.75	590.00
75	297.50	380.00	446.25	488.75	646.25
76	325.00	416.25	490.00	537.50	707.50
77	355.00	456.25	536.25	588.75	773.75
78	385.00	498.75	586.25	643.75	843.75
79	417.50	543.75	640.00	703.75	918.75
80	451.25				
81	486.25				
82	522.50				
83	560.00				
84	600.00				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0096-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	27.50	33.75	36.25	40.00	51.25
45-49	31.25	38.75	41.25	43.75	57.50
50-54	38.75	45.00	51.25	55.00	70.00
55	43.75	52.50	58.75	63.75	83.75
56	47.50	56.25	63.75	67.50	88.75
57	50.00	60.00	67.50	72.50	95.00
58	55.00	65.00	73.75	77.50	102.50
59	58.75	70.00	80.00	85.00	111.25
60	63.75	76.25	86.25	92.50	122.50
61	68.75	82.50	93.75	101.25	132.50
62	75.00	90.00	102.50	110.00	143.75
63	81.25	97.50	110.00	118.75	156.25
64	85.00	102.50	118.75	127.50	166.25
65	91.25	110.00	127.50	136.25	177.50
66	97.50	118.75	138.75	148.75	192.50
67	106.25	130.00	150.00	161.25	210.00
68	116.25	141.25	163.75	177.50	231.25
69	126.25	155.00	180.00	193.75	252.50
70	138.75	168.75	195.00	213.75	277.50
71	151.25	186.25	216.25	235.00	306.25
72	167.50	207.50	240.00	261.25	340.00
73	185.00	231.25	267.50	291.25	377.50
74	206.25	257.50	297.50	325.00	418.75
75	230.00	285.00	331.25	361.25	465.00
76	252.50	316.25	367.50	401.25	515.00
77	280.00	350.00	407.50	443.75	568.75
78	307.50	386.25	450.00	491.25	626.25
79	338.75	425.00	495.00	540.00	688.75
80	370.00				
81	405.00				
82	441.25				
83	480.00				
84	520.00				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0096-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	32.50	40.00	43.75	45.00	60.00
45-49	36.25	43.75	48.75	51.25	66.25
50-54	42.50	51.25	58.75	63.75	82.50
55	50.00	58.75	66.25	72.50	95.00
56	52.50	61.25	70.00	76.25	100.00
57	56.25	66.25	75.00	81.25	107.50
58	60.00	72.50	81.25	86.25	115.00
59	65.00	77.50	88.75	95.00	123.75
60	68.75	85.00	95.00	102.50	133.75
61	75.00	91.25	105.00	113.75	145.00
62	81.25	98.75	113.75	122.50	157.50
63	86.25	106.25	122.50	131.25	170.00
64	92.50	113.75	130.00	140.00	182.50
65	100.00	120.00	140.00	148.75	195.00
66	106.25	130.00	150.00	160.00	211.25
67	115.00	141.25	161.25	175.00	231.25
68	125.00	152.50	177.50	192.50	252.50
69	136.25	167.50	193.75	210.00	276.25
70	150.00	185.00	211.25	231.25	305.00
71	163.75	202.50	235.00	255.00	335.00
72	181.25	226.25	260.00	283.75	370.00
73	201.25	251.25	290.00	316.25	411.25
74	222.50	280.00	323.75	351.25	456.25
75	247.50	310.00	360.00	391.25	506.25
76	272.50	343.75	400.00	435.00	560.00
77	301.25	380.00	442.50	482.50	618.75
78	331.25	418.75	490.00	533.75	681.25
79	363.75	461.25	538.75	586.25	748.75
80	397.50				
81	433.75				
82	472.50				
83	511.25				
84	555.00				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0096-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	33.75	41.25	47.50	48.75	63.75
45-49	38.75	45.00	51.25	55.00	70.00
50-54	43.75	55.00	61.25	66.25	88.75
55	51.25	61.25	68.75	75.00	100.00
56	55.00	65.00	73.75	80.00	106.25
57	57.50	68.75	77.50	85.00	111.25
58	61.25	75.00	83.75	91.25	120.00
59	66.25	81.25	91.25	100.00	130.00
60	72.50	88.75	100.00	107.50	140.00
61	77.50	95.00	108.75	117.50	151.25
62	83.75	102.50	117.50	126.25	163.75
63	90.00	110.00	126.25	135.00	176.25
64	95.00	117.50	133.75	143.75	188.75
65	102.50	125.00	143.75	155.00	202.50
66	110.00	133.75	155.00	166.25	218.75
67	118.75	145.00	167.50	181.25	240.00
68	130.00	158.75	183.75	198.75	261.25
69	141.25	173.75	200.00	217.50	286.25
70	155.00	191.25	218.75	238.75	315.00
71	168.75	210.00	242.50	263.75	347.50
72	186.25	233.75	268.75	292.50	383.75
73	207.50	260.00	300.00	326.25	426.25
74	230.00	288.75	333.75	363.75	472.50
75	255.00	320.00	372.50	405.00	523.75
76	281.25	356.25	413.75	450.00	580.00
77	310.00	392.50	457.50	498.75	640.00
78	341.25	432.50	506.25	551.25	705.00
79	373.75	476.25	557.50	607.50	773.75
80	408.75				
81	445.00				
82	485.00				
83	526.25				
84	568.75				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0096-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	52.50	66.25	76.25	83.75	110.00
45-49	58.75	73.75	85.00	92.50	122.50
50-54	72.50	90.00	105.00	113.75	156.25
55	82.50	105.00	120.00	131.25	181.25
56	86.25	110.00	127.50	138.75	190.00
57	92.50	117.50	135.00	147.50	201.25
58	98.75	125.00	143.75	157.50	213.75
59	106.25	133.75	155.00	167.50	226.25
60	113.75	142.50	165.00	177.50	241.25
61	120.00	152.50	176.25	191.25	257.50
62	130.00	163.75	188.75	205.00	275.00
63	138.75	173.75	200.00	217.50	293.75
64	147.50	185.00	213.75	232.50	313.75
65	156.25	197.50	227.50	247.50	333.75
66	167.50	210.00	242.50	265.00	357.50
67	180.00	226.25	261.25	285.00	385.00
68	192.50	243.75	282.50	308.75	416.25
69	207.50	261.25	306.25	333.75	448.75
70	223.75	283.75	331.25	361.25	483.75
71	242.50	307.50	358.75	392.50	525.00
72	263.75	333.75	391.25	427.50	570.00
73	286.25	365.00	427.50	467.50	622.50
74	313.75	398.75	467.50	511.25	677.50
75	342.50	435.00	510.00	558.75	740.00
76	372.50	476.25	557.50	610.00	806.25
77	405.00	518.75	607.50	666.25	876.25
78	436.25	566.25	660.00	725.00	951.25
79	472.50	615.00	717.50	788.75	1032.50
80	508.75				
81	545.00				
82	585.00				
83	626.25				
84	668.75				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0096-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	58.75	75.00	86.25	95.00	123.75
45-49	66.25	82.50	97.50	105.00	138.75
50-54	81.25	101.25	118.75	130.00	175.00
55	91.25	116.25	136.25	148.75	200.00
56	95.00	122.50	143.75	156.25	208.75
57	101.25	130.00	151.25	165.00	220.00
58	107.50	136.25	160.00	175.00	233.75
59	115.00	145.00	170.00	185.00	248.75
60	123.75	156.25	181.25	197.50	263.75
61	132.50	166.25	192.50	208.75	281.25
62	141.25	177.50	205.00	223.75	300.00
63	150.00	190.00	217.50	236.25	320.00
64	158.75	201.25	232.50	252.50	340.00
65	168.75	213.75	247.50	268.75	363.75
66	181.25	227.50	265.00	290.00	386.25
67	193.75	245.00	285.00	311.25	417.50
68	208.75	265.00	308.75	338.75	450.00
69	225.00	283.75	332.50	365.00	485.00
70	242.50	308.75	360.00	393.75	523.75
71	261.25	333.75	391.25	427.50	567.50
72	285.00	363.75	425.00	466.25	617.50
73	310.00	397.50	465.00	508.75	673.75
74	338.75	432.50	507.50	556.25	733.75
75	368.75	472.50	552.50	606.25	800.00
76	401.25	515.00	602.50	660.00	868.75
77	433.75	558.75	656.25	718.75	945.00
78	468.75	607.50	713.75	782.50	1025.00
79	505.00	658.75	773.75	848.75	1111.25
80	543.75				
81	582.50				
82	625.00				
83	667.50				
84	711.25				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0096-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	61.25	77.50	91.25	100.00	130.00
45-49	68.75	86.25	101.25	110.00	143.75
50-54	85.00	107.50	125.00	135.00	182.50
55	95.00	120.00	142.50	156.25	207.50
56	100.00	126.25	150.00	163.75	217.50
57	106.25	133.75	157.50	172.50	230.00
58	111.25	142.50	166.25	182.50	242.50
59	118.75	151.25	176.25	192.50	257.50
60	127.50	161.25	186.25	205.00	273.75
61	136.25	172.50	198.75	216.25	291.25
62	145.00	183.75	211.25	231.25	310.00
63	155.00	195.00	225.00	245.00	331.25
64	165.00	207.50	240.00	261.25	351.25
65	175.00	220.00	256.25	280.00	375.00
66	186.25	235.00	275.00	300.00	400.00
67	200.00	252.50	295.00	323.75	431.25
68	215.00	273.75	318.75	350.00	465.00
69	232.50	293.75	343.75	377.50	501.25
70	250.00	318.75	372.50	408.75	541.25
71	270.00	345.00	405.00	442.50	586.25
72	293.75	376.25	440.00	482.50	638.75
73	320.00	410.00	480.00	526.25	695.00
74	348.75	447.50	523.75	575.00	757.50
75	380.00	486.25	570.00	626.25	825.00
76	413.75	531.25	622.50	682.50	897.50
77	447.50	576.25	676.25	742.50	975.00
78	482.50	625.00	735.00	807.50	1057.50
79	518.75	677.50	797.50	875.00	1145.00
80	558.75				
81	598.75				
82	641.25				
83	685.00				
84	731.25				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0096-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	40.00	48.75	57.50	61.25	82.50
45-49	43.75	55.00	63.75	68.75	91.25
50-54	57.50	70.00	81.25	90.00	117.50
55	66.25	81.25	93.75	102.50	140.00
56	68.75	85.00	98.75	107.50	148.75
57	73.75	91.25	106.25	115.00	158.75
58	80.00	98.75	115.00	123.75	170.00
59	85.00	106.25	123.75	133.75	183.75
60	92.50	116.25	133.75	145.00	197.50
61	101.25	125.00	145.00	157.50	213.75
62	108.75	135.00	157.50	170.00	230.00
63	116.25	145.00	168.75	182.50	247.50
64	125.00	156.25	181.25	195.00	265.00
65	132.50	166.25	192.50	208.75	283.75
66	142.50	180.00	207.50	225.00	306.25
67	155.00	193.75	225.00	243.75	332.50
68	167.50	211.25	245.00	266.25	361.25
69	182.50	231.25	267.50	291.25	393.75
70	198.75	251.25	292.50	318.75	431.25
71	217.50	276.25	320.00	350.00	470.00
72	238.75	302.50	352.50	385.00	516.25
73	261.25	333.75	388.75	425.00	567.50
74	288.75	366.25	427.50	467.50	622.50
75	316.25	402.50	470.00	515.00	682.50
76	347.50	441.25	516.25	566.25	748.75
77	377.50	483.75	566.25	620.00	817.50
78	410.00	527.50	618.75	680.00	892.50
79	445.00	576.25	675.00	741.25	970.00
80	482.50				
81	520.00				
82	560.00				
83	601.25				
84	645.00				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0096-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	45.00	57.50	66.25	70.00	93.75
45-49	51.25	63.75	72.50	80.00	105.00
50-54	63.75	80.00	92.50	101.25	132.50
55	73.75	91.25	106.25	115.00	156.25
56	77.50	97.50	111.25	122.50	165.00
57	82.50	102.50	118.75	130.00	176.25
58	88.75	110.00	127.50	140.00	188.75
59	93.75	117.50	136.25	150.00	201.25
60	101.25	127.50	148.75	161.25	216.25
61	110.00	136.25	160.00	175.00	232.50
62	117.50	147.50	172.50	188.75	248.75
63	126.25	157.50	185.00	201.25	267.50
64	135.00	168.75	197.50	215.00	286.25
65	143.75	181.25	210.00	230.00	306.25
66	156.25	195.00	226.25	247.50	331.25
67	168.75	210.00	245.00	266.25	358.75
68	183.75	230.00	267.50	291.25	391.25
69	198.75	250.00	291.25	317.50	426.25
70	215.00	272.50	317.50	345.00	465.00
71	233.75	298.75	347.50	380.00	508.75
72	256.25	326.25	382.50	417.50	557.50
73	281.25	360.00	420.00	460.00	611.25
74	308.75	395.00	461.25	506.25	672.50
75	340.00	433.75	508.75	557.50	736.25
76	372.50	475.00	558.75	613.75	807.50
77	406.25	520.00	611.25	670.00	882.50
78	440.00	568.75	668.75	733.75	963.75
79	477.50	620.00	730.00	801.25	1048.75
80	516.25				
81	557.50				
82	598.75				
83	641.25				
84	688.75				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0096-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	48.75	60.00	68.75	75.00	100.00
45-49	55.00	66.25	76.25	83.75	110.00
50-54	66.25	82.50	97.50	106.25	138.75
55	76.25	95.00	111.25	120.00	163.75
56	81.25	101.25	117.50	127.50	172.50
57	85.00	107.50	125.00	135.00	183.75
58	91.25	115.00	133.75	145.00	195.00
59	98.75	123.75	142.50	156.25	208.75
60	106.25	132.50	155.00	168.75	223.75
61	113.75	142.50	166.25	182.50	240.00
62	122.50	152.50	177.50	195.00	257.50
63	131.25	163.75	191.25	208.75	276.25
64	140.00	175.00	205.00	223.75	295.00
65	150.00	186.25	217.50	238.75	316.25
66	161.25	201.25	235.00	256.25	341.25
67	175.00	217.50	255.00	276.25	370.00
68	190.00	236.25	276.25	301.25	402.50
69	205.00	257.50	301.25	327.50	440.00
70	222.50	281.25	327.50	357.50	480.00
71	241.25	307.50	358.75	392.50	525.00
72	263.75	336.25	393.75	431.25	575.00
73	290.00	370.00	433.75	475.00	631.25
74	317.50	407.50	476.25	522.50	693.75
75	350.00	447.50	525.00	575.00	760.00
76	382.50	490.00	576.25	632.50	832.50
77	417.50	536.25	631.25	692.50	910.00
78	452.50	586.25	690.00	757.50	992.50
79	491.25	640.00	752.50	827.50	1081.25
80	531.25				
81	572.50				
82	615.00				
83	658.75				
84	706.25				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0096-B87
Long-Term Care Policy

WITH SURVIVORSHIP BENEFIT RIDER R1-N0103-SERIES

When this rider is chosen, multiply the final premium by the appropriate factor.

ISSUE AGE	NO INFLATION PROTECTION	SIMPLE INFLATION PROTECTION	COMPOUND INFLATION PROTECTION
18-44	1.11	1.17	1.17
45-49	1.14	1.21	1.21
50-54	1.18	1.28	1.28
55	1.20	1.30	1.30
56	1.20	1.30	1.30
57	1.21	1.30	1.30
58	1.21	1.30	1.30
59	1.21	1.30	1.30
60	1.21	1.30	1.30
61	1.21	1.30	1.30
62	1.21	1.29	1.29
63	1.21	1.29	1.29
64	1.21	1.28	1.28
65	1.20	1.27	1.27
66	1.20	1.26	1.26
67	1.20	1.26	1.26
68	1.19	1.25	1.25
69	1.19	1.24	1.24
70	1.18	1.23	1.23
71	1.18	1.22	1.22
72	1.17	1.20	1.20
73	1.16	1.19	1.19
74	1.16	1.18	1.18
75	1.15	1.17	1.17
76	1.14	1.16	1.16
77	1.13	1.15	1.15
78	1.12	1.14	1.14
79	1.11	1.13	1.13
80	1.10	1.12	1.12
81	1.09	1.11	1.11
82	1.08	1.10	1.10
83	1.07	1.09	1.09
84	1.06	1.08	1.08

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0096-B87
Long-Term Care Policy

Elimination Period Factors

Rates shown are for 30 day elimination period. Rates for other elimination periods are calculated by multiplying the 30 day rates by the appropriate factor from the following table:

Benefit Maximum	0	14	20	60	90	100	180	365
730x,1095x	1.12	1.07	1.03	0.94	0.90	0.89	0.78	0.67
1460x,1825x	1.10	1.05	1.03	0.95	0.90	0.89	0.79	0.69
Lifetime	1.08	1.04	1.03	0.96	0.92	0.91	0.84	0.75

Table Rating Health Rating Group Factors

Rates shown are for Preferred Rating Group and Select Rating Group. Rates for Table Rating Health Groups 1, 2, 3 and 4 are calculated by multiplying Select rates by 1.25, 1.50, 1.75 and 2.00 respectively.

Multi-Life Discount

A 5%, 10%, 15% or 20% discount to the rates is available for qualifying Associations of 10 or more lives.

Spousal Discount

A 20% discount to the rates is available to married couples if both spouses apply for coverage.

Dual Waiver of Premium Rider R1-N0104-Series

An optional dual waiver of premium rider will be offered. If one spouse qualifies for a waiver of premium, the premium of the other spouse will also be waived. If chosen, multiply the final premium by 1.06.

Shared Advantage Rider R1-N0105-Series

This rider will allow two covered spouses to purchase an additional benefit amount that can be used by either spouse after their base benefits are exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	No Inflation Protection	With Inflation Protection
730x	1.30	1.35
1095x	1.21	1.25
1460x	1.15	1.18
1825x	1.12	1.14

Restoration of Benefits Rider R1-N0106-Series

This rider restores the maximum lifetime benefit if the insured has not met the stipulated conditions for a period of 180 consecutive days and the maximum lifetime benefit has not been exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	Factor
730x	1.08
1095x	1.06
1460x,1825x	1.04

Cost of Living Increase Rider R1-N0107-Series

This rider allows the insured to increase their policy limits, subject to the terms of the rider, every three years without additional underwriting. The additional premium charged is based on the attained age and incremental increase in the maximum daily facility benefit when exercised. If chosen, multiply the final premium by the appropriate factor:

Age	Factor
18-44	1.15
45-49	1.12
50-55	1.10
56-58	1.09
59-61	1.08
62-64	1.07
65-67	1.06
68-70	1.05
71-73	1.04
74-76	1.03

Modal Factors

Semi-Annual: 0.52; Quarterly: 0.27; Check-A-Matic: 0.09

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604

Supplement to Rate Sheets for Policy Form P1-N0100-B87
PENNSYLVANIA

All rates for this form should be multiplied by a factor of: 1.9425

This factor represents the **proposed** increase of: 29.5%

And the following prior approved rate increases:

Policy Form	Increase Applies to all Policies or Subsets	Rate Increase Approved	Approval Date of Rate Increase
P1-N0100-B87	--Yes--	20.00%	3/14/2013
P1-N0100-B87	--Yes--	25.00%	12/3/2014

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0100-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	21	24	28	30	38
45-49	23	27	31	33	42
50-54	28	33	38	41	52
55	32	38	44	47	62
56	34	41	47	50	66
57	37	44	50	54	71
58	40	48	54	59	77
59	44	52	59	64	84
60	48	57	65	71	91
61	52	63	71	77	99
62	56	68	77	84	108
63	60	73	83	90	116
64	64	78	89	96	125
65	68	84	95	103	134
66	74	90	103	111	145
67	80	98	112	121	158
68	87	107	123	133	174
69	95	117	135	146	191
70	104	128	148	161	210
71	115	142	164	179	232
72	128	158	183	200	259
73	143	177	205	224	290
74	159	198	230	251	324
75	178	222	258	281	361
76	198	248	288	314	402
77	220	276	321	349	447
78	244	307	357	387	495
79	270	339	395	428	547
80	297				
81	327				
82	358				
83	391				
84	426				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0100-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	25	30	34	36	46
45-49	27	33	37	40	51
50-54	32	39	45	49	64
55	38	45	51	55	73
56	40	48	54	58	77
57	43	51	58	62	82
58	46	55	62	67	88
59	50	60	68	73	95
60	54	65	74	80	104
61	58	71	81	87	112
62	63	76	88	95	122
63	68	82	94	101	131
64	72	88	100	109	141
65	77	95	107	116	152
66	83	101	116	126	164
67	90	111	126	137	179
68	98	121	138	151	196
69	107	132	152	165	216
70	117	145	167	181	237
71	128	160	185	201	263
72	143	178	206	225	293
73	159	199	231	251	327
74	177	223	259	282	365
75	198	249	290	315	407
76	220	277	324	353	454
77	245	309	360	392	504
78	271	343	400	435	557
79	299	380	443	482	616
80	329				
81	361				
82	394				
83	430				
84	468				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0100-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	26	32	36	39	50
45-49	29	35	40	43	55
50-54	34	42	48	52	69
55	40	48	54	59	77
56	42	51	57	62	81
57	45	54	61	66	86
58	48	58	66	71	93
59	52	63	72	77	100
60	57	68	78	84	109
61	61	74	85	91	118
62	66	80	92	99	128
63	71	86	99	106	138
64	75	92	105	114	148
65	81	99	112	122	159
66	87	106	121	132	172
67	94	116	132	144	188
68	102	127	145	158	206
69	112	138	159	173	226
70	122	152	175	190	249
71	134	167	194	211	276
72	149	186	216	235	307
73	166	208	242	263	343
74	185	233	271	295	383
75	207	260	303	330	427
76	230	290	339	369	476
77	255	323	377	411	528
78	282	358	418	456	584
79	311	397	463	505	645
80	342				
81	375				
82	410				
83	447				
84	486				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0100-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	40	49	56	60	82
45-49	44	54	62	67	91
50-54	54	67	77	85	116
55	63	78	90	98	134
56	66	82	95	104	142
57	70	87	101	110	150
58	75	93	108	117	159
59	79	99	115	125	169
60	85	106	122	133	180
61	91	113	131	142	192
62	97	121	140	152	205
63	103	129	150	162	219
64	110	137	159	173	233
65	117	146	170	185	249
66	125	157	182	198	268
67	135	169	197	214	289
68	146	183	213	232	313
69	157	198	230	251	338
70	170	215	250	273	367
71	184	234	272	297	399
72	201	256	298	326	436
73	221	281	328	359	478
74	243	309	361	395	524
75	267	339	397	434	575
76	292	372	436	478	630
77	319	408	479	524	689
78	347	446	525	574	752
79	377	487	574	627	820
80	408				
81	440				
82	474				
83	509				
84	546				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0100-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	46	57	66	72	95
45-49	51	64	73	80	106
50-54	63	79	91	99	134
55	71	90	104	113	154
56	74	95	110	119	162
57	78	100	116	126	170
58	83	106	123	134	180
59	89	112	130	143	191
60	96	119	139	151	202
61	102	127	148	161	216
62	109	136	158	172	230
63	116	144	169	184	246
64	123	154	179	196	262
65	131	164	192	209	280
66	140	176	205	224	300
67	150	190	222	242	324
68	162	205	240	262	351
69	175	223	259	284	379
70	190	242	282	309	411
71	206	263	307	336	447
72	225	288	336	368	489
73	247	315	369	405	535
74	271	346	405	444	586
75	297	380	445	487	643
76	325	415	488	535	704
77	354	455	534	586	769
78	385	496	585	640	839
79	417	542	637	698	913
80	451				
81	486				
82	522				
83	561				
84	601				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0100-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	49	61	70	77	101
45-49	54	68	78	86	112
50-54	67	84	97	105	142
55	75	95	110	120	162
56	78	100	116	126	170
57	82	105	122	133	179
58	87	111	129	141	189
59	93	118	137	150	200
60	100	125	146	159	212
61	107	133	155	169	226
62	114	142	166	181	241
63	121	151	177	193	257
64	129	161	188	206	274
65	137	172	201	219	293
66	146	184	215	235	314
67	157	199	232	254	339
68	169	215	251	275	367
69	183	233	272	298	397
70	198	253	295	324	430
71	215	275	322	353	468
72	235	301	352	386	511
73	258	330	386	424	560
74	283	362	424	465	613
75	310	397	465	510	672
76	339	434	510	559	735
77	369	475	558	612	803
78	401	518	610	668	876
79	434	565	664	729	953
80	469				
81	505				
82	543				
83	583				
84	624				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0100-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	29	36	42	46	61
45-49	32	40	47	51	68
50-54	43	53	60	65	87
55	49	61	69	76	103
56	52	64	73	80	110
57	55	68	78	86	118
58	59	73	84	93	127
59	64	79	91	100	137
60	69	86	99	108	148
61	75	93	108	117	159
62	81	101	117	127	172
63	87	108	126	137	185
64	93	116	135	146	198
65	100	124	144	157	213
66	108	133	155	169	230
67	117	145	169	184	250
68	127	158	185	201	273
69	138	173	202	220	298
70	150	189	221	241	326
71	164	208	243	266	357
72	181	230	269	294	394
73	200	255	298	326	435
74	222	282	331	362	481
75	245	313	366	401	531
76	270	346	404	443	585
77	297	381	446	489	643
78	325	419	491	538	705
79	355	460	538	591	772
80	386				
81	419				
82	453				
83	489				
84	527				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0100-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	35	44	50	55	72
45-49	39	48	56	61	80
50-54	49	61	71	77	101
55	57	71	81	89	120
56	60	75	86	93	128
57	63	79	91	99	136
58	68	85	98	107	146
59	73	92	106	115	156
60	79	99	114	124	167
61	85	106	123	134	179
62	92	115	133	145	193
63	98	123	143	155	207
64	105	131	153	166	222
65	113	141	163	177	238
66	121	151	175	191	257
67	131	164	191	207	279
68	142	178	208	226	305
69	154	195	227	247	333
70	168	213	249	271	365
71	184	234	273	298	400
72	202	258	302	330	441
73	223	285	334	365	487
74	247	316	370	405	538
75	273	349	409	448	593
76	301	385	451	495	654
77	330	424	497	546	718
78	361	465	546	600	787
79	393	510	599	658	861
80	427				
81	462				
82	500				
83	539				
84	580				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0100-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	38	47	54	59	77
45-49	42	52	60	65	85
50-54	52	65	75	82	107
55	60	75	86	94	127
56	63	79	91	99	135
57	67	84	97	105	144
58	72	90	104	113	154
59	77	97	112	121	164
60	83	104	121	131	175
61	89	112	130	141	188
62	96	121	140	152	202
63	103	130	150	163	217
64	110	138	160	174	232
65	118	148	171	186	249
66	126	159	184	200	268
67	137	172	200	217	292
68	149	187	218	237	319
69	161	204	238	259	348
70	176	223	261	284	381
71	192	245	286	312	418
72	211	270	316	345	461
73	233	298	350	382	509
74	258	330	387	423	562
75	285	364	427	468	620
76	314	402	471	517	683
77	344	442	519	570	750
78	376	485	570	627	822
79	409	532	625	687	899
80	444				
81	481				
82	520				
83	560				
84	602				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0100-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	25	28	33	35	45
45-49	27	32	36	39	49
50-54	33	39	45	48	61
55	38	45	52	55	73
56	40	48	55	59	78
57	44	52	59	64	84
58	47	56	64	69	91
59	52	61	69	75	99
60	56	67	76	84	107
61	61	74	84	91	116
62	66	80	91	99	127
63	71	86	98	106	136
64	75	92	105	113	147
65	80	99	112	121	158
66	87	106	121	131	171
67	94	115	132	142	186
68	102	126	145	156	205
69	112	138	159	172	225
70	122	151	174	189	247
71	135	167	193	211	273
72	151	186	215	235	305
73	168	208	241	264	341
74	187	233	271	295	381
75	209	261	304	331	425
76	233	292	339	369	473
77	259	325	378	411	526
78	287	361	420	455	582
79	318	399	465	504	644
80	349				
81	385				
82	421				
83	460				
84	501				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0100-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	29	35	40	42	54
45-49	32	39	44	47	60
50-54	38	46	53	58	75
55	45	53	60	65	86
56	47	56	64	68	91
57	51	60	68	73	96
58	54	65	73	79	104
59	59	71	80	86	112
60	64	76	87	94	122
61	68	84	95	102	132
62	74	89	104	112	144
63	80	96	111	119	154
64	85	104	118	128	166
65	91	112	126	136	179
66	98	119	136	148	193
67	106	131	148	161	211
68	115	142	162	178	231
69	126	155	179	194	254
70	138	171	196	213	279
71	151	188	218	236	309
72	168	209	242	265	345
73	187	234	272	295	385
74	208	262	305	332	429
75	233	293	341	371	479
76	259	326	381	415	534
77	288	364	424	461	593
78	319	404	471	512	655
79	352	447	521	567	725
80	387				
81	425				
82	464				
83	506				
84	551				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0100-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	31	38	42	46	59
45-49	34	41	47	51	65
50-54	40	49	56	61	81
55	47	56	64	69	91
56	49	60	67	73	95
57	53	64	72	78	101
58	56	68	78	84	109
59	61	74	85	91	118
60	67	80	92	99	128
61	72	87	100	107	139
62	78	94	108	116	151
63	84	101	116	125	162
64	88	108	124	134	174
65	95	116	132	144	187
66	102	125	142	155	202
67	111	136	155	169	221
68	120	149	171	186	242
69	132	162	187	204	266
70	144	179	206	224	293
71	158	196	228	248	325
72	175	219	254	276	361
73	195	245	285	309	404
74	218	274	319	347	451
75	244	306	356	388	502
76	271	341	399	434	560
77	300	380	444	484	621
78	332	421	492	536	687
79	366	467	545	594	759
80	402				
81	441				
82	482				
83	526				
84	572				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0100-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	47	58	66	71	96
45-49	52	64	73	79	107
50-54	64	79	91	100	136
55	74	92	106	115	158
56	78	96	112	122	167
57	82	102	119	129	176
58	88	109	127	138	187
59	93	116	135	147	199
60	100	125	144	156	212
61	107	133	154	167	226
62	114	142	165	179	241
63	121	152	176	191	258
64	129	161	187	204	274
65	138	172	200	218	293
66	147	185	214	233	315
67	159	199	232	252	340
68	172	215	251	273	368
69	185	233	271	295	398
70	200	253	294	321	432
71	216	275	320	349	469
72	236	301	351	384	513
73	260	331	386	422	562
74	286	364	425	465	616
75	314	399	467	511	676
76	344	438	513	562	741
77	375	480	564	616	811
78	408	525	618	675	885
79	444	573	675	738	965
80	480				
81	518				
82	558				
83	599				
84	642				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0100-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	54	67	78	85	112
45-49	60	75	86	94	125
50-54	74	93	107	116	158
55	84	106	122	133	181
56	87	112	129	140	191
57	92	118	136	148	200
58	98	125	145	158	212
59	105	132	153	168	225
60	113	140	164	178	238
61	120	149	174	189	254
62	128	160	186	202	271
63	136	169	199	216	289
64	145	181	211	231	308
65	154	193	226	246	329
66	165	207	241	264	353
67	176	224	261	285	381
68	191	241	282	308	413
69	206	262	305	334	446
70	224	285	332	364	484
71	242	309	361	395	526
72	265	339	395	433	575
73	291	371	434	476	629
74	319	407	476	522	689
75	349	447	524	573	756
76	382	488	574	629	828
77	416	535	628	689	905
78	453	584	688	753	987
79	491	638	749	821	1074
80	531				
81	572				
82	614				
83	660				
84	707				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0100-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	58	72	82	91	119
45-49	64	80	92	101	132
50-54	79	99	114	124	167
55	88	112	129	141	191
56	92	118	136	148	200
57	96	124	144	156	211
58	102	131	152	166	222
59	109	139	161	176	235
60	118	147	172	187	249
61	126	156	182	199	266
62	134	167	195	213	284
63	142	178	208	227	302
64	152	189	221	242	322
65	161	202	236	258	345
66	172	216	253	276	369
67	185	234	273	299	399
68	199	253	295	324	432
69	215	274	320	351	467
70	233	298	347	381	506
71	253	324	379	415	551
72	276	354	414	454	601
73	304	388	454	499	659
74	333	426	499	547	721
75	365	467	547	600	791
76	399	511	600	658	865
77	434	559	656	720	945
78	472	609	718	786	1031
79	511	665	781	858	1121
80	552				
81	594				
82	639				
83	686				
84	734				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0100-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	34	42	49	54	72
45-49	38	47	55	60	80
50-54	51	62	71	76	102
55	58	72	81	89	121
56	61	75	86	94	129
57	65	80	92	101	139
58	69	86	99	109	149
59	75	93	107	118	161
60	81	101	116	127	174
61	88	109	127	138	187
62	95	119	138	149	202
63	102	127	148	161	218
64	109	136	159	172	233
65	118	146	169	185	251
66	127	156	182	199	271
67	138	171	199	216	294
68	149	186	218	236	321
69	162	204	238	259	351
70	176	222	260	284	384
71	193	245	286	313	420
72	213	271	316	346	464
73	235	300	351	384	512
74	261	332	389	426	566
75	288	368	431	472	625
76	318	407	475	521	688
77	349	448	525	575	756
78	382	493	578	633	829
79	418	541	633	695	908
80	454				
81	493				
82	533				
83	575				
84	620				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0100-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	41	52	59	65	85
45-49	46	56	66	72	94
50-54	58	72	84	91	119
55	67	84	95	105	141
56	71	88	101	109	151
57	74	93	107	116	160
58	80	100	115	126	172
59	86	108	125	135	184
60	93	116	134	146	196
61	100	125	145	158	211
62	108	135	156	171	227
63	115	145	168	182	244
64	124	154	180	195	261
65	133	166	192	208	280
66	142	178	206	225	302
67	154	193	225	244	328
68	167	209	245	266	359
69	181	229	267	291	392
70	198	251	293	319	429
71	216	275	321	351	471
72	238	304	355	388	519
73	262	335	393	429	573
74	291	372	435	476	633
75	321	411	481	527	698
76	354	453	531	582	769
77	388	499	585	642	845
78	425	547	642	706	926
79	462	600	705	774	1013
80	502				
81	544				
82	588				
83	634				
84	682				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0100-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	45	55	64	69	91
45-49	49	61	71	76	100
50-54	61	76	88	96	126
55	71	88	101	111	149
56	74	93	107	116	159
57	79	99	114	124	169
58	85	106	122	133	181
59	91	114	132	142	193
60	98	122	142	154	206
61	105	132	153	166	221
62	113	142	165	179	238
63	121	153	176	192	255
64	129	162	188	205	273
65	139	174	201	219	293
66	148	187	216	235	315
67	161	202	235	255	344
68	175	220	256	279	375
69	189	240	280	305	409
70	207	262	307	334	448
71	226	288	336	367	492
72	248	318	372	406	542
73	274	351	412	449	599
74	304	388	455	498	661
75	335	428	502	551	729
76	369	473	554	608	804
77	405	520	611	671	882
78	442	571	671	738	967
79	481	626	735	808	1058
80	522				
81	566				
82	612				
83	659				
84	708				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0100-B87
Long-Term Care Policy

WITH SURVIVORSHIP BENEFIT RIDER R1-N0103-SERIES

When this rider is chosen, multiply the final premium by the appropriate factor.

ISSUE AGE	NO INFLATION PROTECTION	SIMPLE INFLATION PROTECTION	COMPOUND INFLATION PROTECTION
18-44	1.11	1.17	1.17
45-49	1.14	1.21	1.21
50-54	1.18	1.28	1.28
55	1.20	1.30	1.30
56	1.20	1.30	1.30
57	1.21	1.30	1.30
58	1.21	1.30	1.30
59	1.21	1.30	1.30
60	1.21	1.30	1.30
61	1.21	1.30	1.30
62	1.21	1.29	1.29
63	1.21	1.29	1.29
64	1.21	1.28	1.28
65	1.20	1.27	1.27
66	1.20	1.26	1.26
67	1.20	1.26	1.26
68	1.19	1.25	1.25
69	1.19	1.24	1.24
70	1.18	1.23	1.23
71	1.18	1.22	1.22
72	1.17	1.20	1.20
73	1.16	1.19	1.19
74	1.16	1.18	1.18
75	1.15	1.17	1.17
76	1.14	1.16	1.16
77	1.13	1.15	1.15
78	1.12	1.14	1.14
79	1.11	1.13	1.13
80	1.10	1.12	1.12
81	1.09	1.11	1.11
82	1.08	1.10	1.10
83	1.07	1.09	1.09
84	1.06	1.08	1.08

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0100-B87
Long-Term Care Policy

Elimination Period Factors

Rates shown are for 30 day elimination period. Rates for other elimination periods are calculated by multiplying the 30 day rates by the appropriate factor from the following table:

Benefit Maximum	0	14	20	60	90	100	180	365
730x,1095x	1.11	1.06	1.03	0.95	0.91	0.90	0.80	0.71
1460x,1825x	1.09	1.05	1.03	0.95	0.91	0.90	0.81	0.72
Lifetime	1.07	1.04	1.03	0.96	0.93	0.92	0.85	0.78

Table Rating Health Rating Group Factors

Rates shown are for Preferred Rating Group and Select Rating Group. Rates for Table Rating Health Groups 1, 2, 3 and 4 are calculated by multiplying Select rates by 1.25, 1.50, 1.75 and 2.00 respectively.

Multi-Life Discount

A 5%, 10%, 15% or 20% discount to the rates is available for qualifying Associations of 10 or more lives.

Spousal Discount

A 20% discount to the rates is available to married couples if both spouses apply for coverage.

Dual Waiver of Premium Rider R1-N0104-Series

An optional dual waiver of premium rider will be offered. If one spouse qualifies for a waiver of premium, the premium of the other spouse will also be waived. If chosen, multiply the final premium by 1.06.

Shared Advantage Rider R1-N0105-Series

This rider will allow two covered spouses to purchase an additional benefit amount that can be used by either spouse after their base benefits are exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	No Inflation Protection	With Inflation Protection
730x	1.30	1.35
1095x	1.21	1.25
1460x	1.15	1.18
1825x	1.12	1.14

Restoration of Benefits Rider R1-N0106-Series

This rider restores the maximum lifetime benefit if the insured has not met the stipulated conditions for a period of 180 consecutive days and the maximum lifetime benefit has not been exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	Factor
730x	1.08
1095x	1.06
1460x,1825x	1.04

Cost of Living Increase Rider R1-N0107-Series

This rider allows the insured to increase their policy limits, subject to the terms of the rider, every three years without additional underwriting. The additional premium charged is based on the attained age and incremental increase in the maximum daily facility benefit when exercised. If chosen, multiply the final premium by the appropriate factor:

Age	Factor
18-44	1.15
45-49	1.12
50-55	1.10
56-58	1.09
59-61	1.08
62-64	1.07
65-67	1.06
68-70	1.05
71-73	1.04
74-76	1.03

Modal Factors

Semi-Annual: 0.52; Quarterly: 0.27; Check-A-Matic: 0.09

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604

Supplement to Rate Sheets for Policy Form P1-N0101-B87
PENNSYLVANIA

All rates for this form should be multiplied by a factor of: 1.9425

This factor represents the **proposed** increase of: 29.5%

And the following prior approved rate increases:

Policy Form	Increase Applies to all Policies or Subsets	Rate Increase Approved	Approval Date of Rate Increase
P1-N0101-B87	--Yes--	20.00%	3/14/2013
P1-N0101-B87	--Yes--	25.00%	12/3/2014

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0101-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	26.25	30.00	35.00	37.50	47.50
45-49	28.75	33.75	38.75	41.25	52.50
50-54	35.00	41.25	47.50	51.25	65.00
55	40.00	47.50	55.00	58.75	77.50
56	42.50	51.25	58.75	62.50	82.50
57	46.25	55.00	62.50	67.50	88.75
58	50.00	60.00	67.50	73.75	96.25
59	55.00	65.00	73.75	80.00	105.00
60	60.00	71.25	81.25	88.75	113.75
61	65.00	78.75	88.75	96.25	123.75
62	70.00	85.00	96.25	105.00	135.00
63	75.00	91.25	103.75	112.50	145.00
64	80.00	97.50	111.25	120.00	156.25
65	85.00	105.00	118.75	128.75	167.50
66	92.50	112.50	128.75	138.75	181.25
67	100.00	122.50	140.00	151.25	197.50
68	108.75	133.75	153.75	166.25	217.50
69	118.75	146.25	168.75	182.50	238.75
70	130.00	160.00	185.00	201.25	262.50
71	143.75	177.50	205.00	223.75	290.00
72	160.00	197.50	228.75	250.00	323.75
73	178.75	221.25	256.25	280.00	362.50
74	198.75	247.50	287.50	313.75	405.00
75	222.50	277.50	322.50	351.25	451.25
76	247.50	310.00	360.00	392.50	502.50
77	275.00	345.00	401.25	436.25	558.75
78	305.00	383.75	446.25	483.75	618.75
79	337.50	423.75	493.75	535.00	683.75
80	371.25				
81	408.75				
82	447.50				
83	488.75				
84	532.50				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0101-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	31.25	37.50	42.50	45.00	57.50
45-49	33.75	41.25	46.25	50.00	63.75
50-54	40.00	48.75	56.25	61.25	80.00
55	47.50	56.25	63.75	68.75	91.25
56	50.00	60.00	67.50	72.50	96.25
57	53.75	63.75	72.50	77.50	102.50
58	57.50	68.75	77.50	83.75	110.00
59	62.50	75.00	85.00	91.25	118.75
60	67.50	81.25	92.50	100.00	130.00
61	72.50	88.75	101.25	108.75	140.00
62	78.75	95.00	110.00	118.75	152.50
63	85.00	102.50	117.50	126.25	163.75
64	90.00	110.00	125.00	136.25	176.25
65	96.25	118.75	133.75	145.00	190.00
66	103.75	126.25	145.00	157.50	205.00
67	112.50	138.75	157.50	171.25	223.75
68	122.50	151.25	172.50	188.75	245.00
69	133.75	165.00	190.00	206.25	270.00
70	146.25	181.25	208.75	226.25	296.25
71	160.00	200.00	231.25	251.25	328.75
72	178.75	222.50	257.50	281.25	366.25
73	198.75	248.75	288.75	313.75	408.75
74	221.25	278.75	323.75	352.50	456.25
75	247.50	311.25	362.50	393.75	508.75
76	275.00	346.25	405.00	441.25	567.50
77	306.25	386.25	450.00	490.00	630.00
78	338.75	428.75	500.00	543.75	696.25
79	373.75	475.00	553.75	602.50	770.00
80	411.25				
81	451.25				
82	492.50				
83	537.50				
84	585.00				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0101-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	32.50	40.00	45.00	48.75	62.50
45-49	36.25	43.75	50.00	53.75	68.75
50-54	42.50	52.50	60.00	65.00	86.25
55	50.00	60.00	67.50	73.75	96.25
56	52.50	63.75	71.25	77.50	101.25
57	56.25	67.50	76.25	82.50	107.50
58	60.00	72.50	82.50	88.75	116.25
59	65.00	78.75	90.00	96.25	125.00
60	71.25	85.00	97.50	105.00	136.25
61	76.25	92.50	106.25	113.75	147.50
62	82.50	100.00	115.00	123.75	160.00
63	88.75	107.50	123.75	132.50	172.50
64	93.75	115.00	131.25	142.50	185.00
65	101.25	123.75	140.00	152.50	198.75
66	108.75	132.50	151.25	165.00	215.00
67	117.50	145.00	165.00	180.00	235.00
68	127.50	158.75	181.25	197.50	257.50
69	140.00	172.50	198.75	216.25	282.50
70	152.50	190.00	218.75	237.50	311.25
71	167.50	208.75	242.50	263.75	345.00
72	186.25	232.50	270.00	293.75	383.75
73	207.50	260.00	302.50	328.75	428.75
74	231.25	291.25	338.75	368.75	478.75
75	258.75	325.00	378.75	412.50	533.75
76	287.50	362.50	423.75	461.25	595.00
77	318.75	403.75	471.25	513.75	660.00
78	352.50	447.50	522.50	570.00	730.00
79	388.75	496.25	578.75	631.25	806.25
80	427.50				
81	468.75				
82	512.50				
83	558.75				
84	607.50				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0101-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	50.00	61.25	70.00	75.00	102.50
45-49	55.00	67.50	77.50	83.75	113.75
50-54	67.50	83.75	96.25	106.25	145.00
55	78.75	97.50	112.50	122.50	167.50
56	82.50	102.50	118.75	130.00	177.50
57	87.50	108.75	126.25	137.50	187.50
58	93.75	116.25	135.00	146.25	198.75
59	98.75	123.75	143.75	156.25	211.25
60	106.25	132.50	152.50	166.25	225.00
61	113.75	141.25	163.75	177.50	240.00
62	121.25	151.25	175.00	190.00	256.25
63	128.75	161.25	187.50	202.50	273.75
64	137.50	171.25	198.75	216.25	291.25
65	146.25	182.50	212.50	231.25	311.25
66	156.25	196.25	227.50	247.50	335.00
67	168.75	211.25	246.25	267.50	361.25
68	182.50	228.75	266.25	290.00	391.25
69	196.25	247.50	287.50	313.75	422.50
70	212.50	268.75	312.50	341.25	458.75
71	230.00	292.50	340.00	371.25	498.75
72	251.25	320.00	372.50	407.50	545.00
73	276.25	351.25	410.00	448.75	597.50
74	303.75	386.25	451.25	493.75	655.00
75	333.75	423.75	496.25	542.50	718.75
76	365.00	465.00	545.00	597.50	787.50
77	398.75	510.00	598.75	655.00	861.25
78	433.75	557.50	656.25	717.50	940.00
79	471.25	608.75	717.50	783.75	1025.00
80	510.00				
81	550.00				
82	592.50				
83	636.25				
84	682.50				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0101-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	57.50	71.25	82.50	90.00	118.75
45-49	63.75	80.00	91.25	100.00	132.50
50-54	78.75	98.75	113.75	123.75	167.50
55	88.75	112.50	130.00	141.25	192.50
56	92.50	118.75	137.50	148.75	202.50
57	97.50	125.00	145.00	157.50	212.50
58	103.75	132.50	153.75	167.50	225.00
59	111.25	140.00	162.50	178.75	238.75
60	120.00	148.75	173.75	188.75	252.50
61	127.50	158.75	185.00	201.25	270.00
62	136.25	170.00	197.50	215.00	287.50
63	145.00	180.00	211.25	230.00	307.50
64	153.75	192.50	223.75	245.00	327.50
65	163.75	205.00	240.00	261.25	350.00
66	175.00	220.00	256.25	280.00	375.00
67	187.50	237.50	277.50	302.50	405.00
68	202.50	256.25	300.00	327.50	438.75
69	218.75	278.75	323.75	355.00	473.75
70	237.50	302.50	352.50	386.25	513.75
71	257.50	328.75	383.75	420.00	558.75
72	281.25	360.00	420.00	460.00	611.25
73	308.75	393.75	461.25	506.25	668.75
74	338.75	432.50	506.25	555.00	732.50
75	371.25	475.00	556.25	608.75	803.75
76	406.25	518.75	610.00	668.75	880.00
77	442.50	568.75	667.50	732.50	961.25
78	481.25	620.00	731.25	800.00	1048.75
79	521.25	677.50	796.25	872.50	1141.25
80	563.75				
81	607.50				
82	652.50				
83	701.25				
84	751.25				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0101-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	61.25	76.25	87.50	96.25	126.25
45-49	67.50	85.00	97.50	107.50	140.00
50-54	83.75	105.00	121.25	131.25	177.50
55	93.75	118.75	137.50	150.00	202.50
56	97.50	125.00	145.00	157.50	212.50
57	102.50	131.25	152.50	166.25	223.75
58	108.75	138.75	161.25	176.25	236.25
59	116.25	147.50	171.25	187.50	250.00
60	125.00	156.25	182.50	198.75	265.00
61	133.75	166.25	193.75	211.25	282.50
62	142.50	177.50	207.50	226.25	301.25
63	151.25	188.75	221.25	241.25	321.25
64	161.25	201.25	235.00	257.50	342.50
65	171.25	215.00	251.25	273.75	366.25
66	182.50	230.00	268.75	293.75	392.50
67	196.25	248.75	290.00	317.50	423.75
68	211.25	268.75	313.75	343.75	458.75
69	228.75	291.25	340.00	372.50	496.25
70	247.50	316.25	368.75	405.00	537.50
71	268.75	343.75	402.50	441.25	585.00
72	293.75	376.25	440.00	482.50	638.75
73	322.50	412.50	482.50	530.00	700.00
74	353.75	452.50	530.00	581.25	766.25
75	387.50	496.25	581.25	637.50	840.00
76	423.75	542.50	637.50	698.75	918.75
77	461.25	593.75	697.50	765.00	1003.75
78	501.25	647.50	762.50	835.00	1095.00
79	542.50	706.25	830.00	911.25	1191.25
80	586.25				
81	631.25				
82	678.75				
83	728.75				
84	780.00				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0101-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	36.25	45.00	52.50	57.50	76.25
45-49	40.00	50.00	58.75	63.75	85.00
50-54	53.75	66.25	75.00	81.25	108.75
55	61.25	76.25	86.25	95.00	128.75
56	65.00	80.00	91.25	100.00	137.50
57	68.75	85.00	97.50	107.50	147.50
58	73.75	91.25	105.00	116.25	158.75
59	80.00	98.75	113.75	125.00	171.25
60	86.25	107.50	123.75	135.00	185.00
61	93.75	116.25	135.00	146.25	198.75
62	101.25	126.25	146.25	158.75	215.00
63	108.75	135.00	157.50	171.25	231.25
64	116.25	145.00	168.75	182.50	247.50
65	125.00	155.00	180.00	196.25	266.25
66	135.00	166.25	193.75	211.25	287.50
67	146.25	181.25	211.25	230.00	312.50
68	158.75	197.50	231.25	251.25	341.25
69	172.50	216.25	252.50	275.00	372.50
70	187.50	236.25	276.25	301.25	407.50
71	205.00	260.00	303.75	332.50	446.25
72	226.25	287.50	336.25	367.50	492.50
73	250.00	318.75	372.50	407.50	543.75
74	277.50	352.50	413.75	452.50	601.25
75	306.25	391.25	457.50	501.25	663.75
76	337.50	432.50	505.00	553.75	731.25
77	371.25	476.25	557.50	611.25	803.75
78	406.25	523.75	613.75	672.50	881.25
79	443.75	575.00	672.50	738.75	965.00
80	482.50				
81	523.75				
82	566.25				
83	611.25				
84	658.75				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0101-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	43.75	55.00	62.50	68.75	90.00
45-49	48.75	60.00	70.00	76.25	100.00
50-54	61.25	76.25	88.75	96.25	126.25
55	71.25	88.75	101.25	111.25	150.00
56	75.00	93.75	107.50	116.25	160.00
57	78.75	98.75	113.75	123.75	170.00
58	85.00	106.25	122.50	133.75	182.50
59	91.25	115.00	132.50	143.75	195.00
60	98.75	123.75	142.50	155.00	208.75
61	106.25	132.50	153.75	167.50	223.75
62	115.00	143.75	166.25	181.25	241.25
63	122.50	153.75	178.75	193.75	258.75
64	131.25	163.75	191.25	207.50	277.50
65	141.25	176.25	203.75	221.25	297.50
66	151.25	188.75	218.75	238.75	321.25
67	163.75	205.00	238.75	258.75	348.75
68	177.50	222.50	260.00	282.50	381.25
69	192.50	243.75	283.75	308.75	416.25
70	210.00	266.25	311.25	338.75	456.25
71	230.00	292.50	341.25	372.50	500.00
72	252.50	322.50	377.50	412.50	551.25
73	278.75	356.25	417.50	456.25	608.75
74	308.75	395.00	462.50	506.25	672.50
75	341.25	436.25	511.25	560.00	741.25
76	376.25	481.25	563.75	618.75	817.50
77	412.50	530.00	621.25	682.50	897.50
78	451.25	581.25	682.50	750.00	983.75
79	491.25	637.50	748.75	822.50	1076.25
80	533.75				
81	577.50				
82	625.00				
83	673.75				
84	725.00				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0101-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	47.50	58.75	67.50	73.75	96.25
45-49	52.50	65.00	75.00	81.25	106.25
50-54	65.00	81.25	93.75	102.50	133.75
55	75.00	93.75	107.50	117.50	158.75
56	78.75	98.75	113.75	123.75	168.75
57	83.75	105.00	121.25	131.25	180.00
58	90.00	112.50	130.00	141.25	192.50
59	96.25	121.25	140.00	151.25	205.00
60	103.75	130.00	151.25	163.75	218.75
61	111.25	140.00	162.50	176.25	235.00
62	120.00	151.25	175.00	190.00	252.50
63	128.75	162.50	187.50	203.75	271.25
64	137.50	172.50	200.00	217.50	290.00
65	147.50	185.00	213.75	232.50	311.25
66	157.50	198.75	230.00	250.00	335.00
67	171.25	215.00	250.00	271.25	365.00
68	186.25	233.75	272.50	296.25	398.75
69	201.25	255.00	297.50	323.75	435.00
70	220.00	278.75	326.25	355.00	476.25
71	240.00	306.25	357.50	390.00	522.50
72	263.75	337.50	395.00	431.25	576.25
73	291.25	372.50	437.50	477.50	636.25
74	322.50	412.50	483.75	528.75	702.50
75	356.25	455.00	533.75	585.00	775.00
76	392.50	502.50	588.75	646.25	853.75
77	430.00	552.50	648.75	712.50	937.50
78	470.00	606.25	712.50	783.75	1027.50
79	511.25	665.00	781.25	858.75	1123.75
80	555.00				
81	601.25				
82	650.00				
83	700.00				
84	752.50				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0101-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	31.25	35.00	41.25	43.75	56.25
45-49	33.75	40.00	45.00	48.75	61.25
50-54	41.25	48.75	56.25	60.00	76.25
55	47.50	56.25	65.00	68.75	91.25
56	50.00	60.00	68.75	73.75	97.50
57	55.00	65.00	73.75	80.00	105.00
58	58.75	70.00	80.00	86.25	113.75
59	65.00	76.25	86.25	93.75	123.75
60	70.00	83.75	95.00	105.00	133.75
61	76.25	92.50	105.00	113.75	145.00
62	82.50	100.00	113.75	123.75	158.75
63	88.75	107.50	122.50	132.50	170.00
64	93.75	115.00	131.25	141.25	183.75
65	100.00	123.75	140.00	151.25	197.50
66	108.75	132.50	151.25	163.75	213.75
67	117.50	143.75	165.00	177.50	232.50
68	127.50	157.50	181.25	195.00	256.25
69	140.00	172.50	198.75	215.00	281.25
70	152.50	188.75	217.50	236.25	308.75
71	168.75	208.75	241.25	263.75	341.25
72	188.75	232.50	268.75	293.75	381.25
73	210.00	260.00	301.25	330.00	426.25
74	233.75	291.25	338.75	368.75	476.25
75	261.25	326.25	380.00	413.75	531.25
76	291.25	365.00	423.75	461.25	591.25
77	323.75	406.25	472.50	513.75	657.50
78	358.75	451.25	525.00	568.75	727.50
79	397.50	498.75	581.25	630.00	805.00
80	436.25				
81	481.25				
82	526.25				
83	575.00				
84	626.25				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0101-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	36.25	43.75	50.00	52.50	67.50
45-49	40.00	48.75	55.00	58.75	75.00
50-54	47.50	57.50	66.25	72.50	93.75
55	56.25	66.25	75.00	81.25	107.50
56	58.75	70.00	80.00	85.00	113.75
57	63.75	75.00	85.00	91.25	120.00
58	67.50	81.25	91.25	98.75	130.00
59	73.75	88.75	100.00	107.50	140.00
60	80.00	95.00	108.75	117.50	152.50
61	85.00	105.00	118.75	127.50	165.00
62	92.50	111.25	130.00	140.00	180.00
63	100.00	120.00	138.75	148.75	192.50
64	106.25	130.00	147.50	160.00	207.50
65	113.75	140.00	157.50	170.00	223.75
66	122.50	148.75	170.00	185.00	241.25
67	132.50	163.75	185.00	201.25	263.75
68	143.75	177.50	202.50	222.50	288.75
69	157.50	193.75	223.75	242.50	317.50
70	172.50	213.75	245.00	266.25	348.75
71	188.75	235.00	272.50	295.00	386.25
72	210.00	261.25	302.50	331.25	431.25
73	233.75	292.50	340.00	368.75	481.25
74	260.00	327.50	381.25	415.00	536.25
75	291.25	366.25	426.25	463.75	598.75
76	323.75	407.50	476.25	518.75	667.50
77	360.00	455.00	530.00	576.25	741.25
78	398.75	505.00	588.75	640.00	818.75
79	440.00	558.75	651.25	708.75	906.25
80	483.75				
81	531.25				
82	580.00				
83	632.50				
84	688.75				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0101-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	38.75	47.50	52.50	57.50	73.75
45-49	42.50	51.25	58.75	63.75	81.25
50-54	50.00	61.25	70.00	76.25	101.25
55	58.75	70.00	80.00	86.25	113.75
56	61.25	75.00	83.75	91.25	118.75
57	66.25	80.00	90.00	97.50	126.25
58	70.00	85.00	97.50	105.00	136.25
59	76.25	92.50	106.25	113.75	147.50
60	83.75	100.00	115.00	123.75	160.00
61	90.00	108.75	125.00	133.75	173.75
62	97.50	117.50	135.00	145.00	188.75
63	105.00	126.25	145.00	156.25	202.50
64	110.00	135.00	155.00	167.50	217.50
65	118.75	145.00	165.00	180.00	233.75
66	127.50	156.25	177.50	193.75	252.50
67	138.75	170.00	193.75	211.25	276.25
68	150.00	186.25	213.75	232.50	302.50
69	165.00	202.50	233.75	255.00	332.50
70	180.00	223.75	257.50	280.00	366.25
71	197.50	245.00	285.00	310.00	406.25
72	218.75	273.75	317.50	345.00	451.25
73	243.75	306.25	356.25	386.25	505.00
74	272.50	342.50	398.75	433.75	563.75
75	305.00	382.50	445.00	485.00	627.50
76	338.75	426.25	498.75	542.50	700.00
77	375.00	475.00	555.00	605.00	776.25
78	415.00	526.25	615.00	670.00	858.75
79	457.50	583.75	681.25	742.50	948.75
80	502.50				
81	551.25				
82	602.50				
83	657.50				
84	715.00				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0101-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	58.75	72.50	82.50	88.75	120.00
45-49	65.00	80.00	91.25	98.75	133.75
50-54	80.00	98.75	113.75	125.00	170.00
55	92.50	115.00	132.50	143.75	197.50
56	97.50	120.00	140.00	152.50	208.75
57	102.50	127.50	148.75	161.25	220.00
58	110.00	136.25	158.75	172.50	233.75
59	116.25	145.00	168.75	183.75	248.75
60	125.00	156.25	180.00	195.00	265.00
61	133.75	166.25	192.50	208.75	282.50
62	142.50	177.50	206.25	223.75	301.25
63	151.25	190.00	220.00	238.75	322.50
64	161.25	201.25	233.75	255.00	342.50
65	172.50	215.00	250.00	272.50	366.25
66	183.75	231.25	267.50	291.25	393.75
67	198.75	248.75	290.00	315.00	425.00
68	215.00	268.75	313.75	341.25	460.00
69	231.25	291.25	338.75	368.75	497.50
70	250.00	316.25	367.50	401.25	540.00
71	270.00	343.75	400.00	436.25	586.25
72	295.00	376.25	438.75	480.00	641.25
73	325.00	413.75	482.50	527.50	702.50
74	357.50	455.00	531.25	581.25	770.00
75	392.50	498.75	583.75	638.75	845.00
76	430.00	547.50	641.25	702.50	926.25
77	468.75	600.00	705.00	770.00	1013.75
78	510.00	656.25	772.50	843.75	1106.25
79	555.00	716.25	843.75	922.50	1206.25
80	600.00				
81	647.50				
82	697.50				
83	748.75				
84	802.50				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0101-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	67.50	83.75	97.50	106.25	140.00
45-49	75.00	93.75	107.50	117.50	156.25
50-54	92.50	116.25	133.75	145.00	197.50
55	105.00	132.50	152.50	166.25	226.25
56	108.75	140.00	161.25	175.00	238.75
57	115.00	147.50	170.00	185.00	250.00
58	122.50	156.25	181.25	197.50	265.00
59	131.25	165.00	191.25	210.00	281.25
60	141.25	175.00	205.00	222.50	297.50
61	150.00	186.25	217.50	236.25	317.50
62	160.00	200.00	232.50	252.50	338.75
63	170.00	211.25	248.75	270.00	361.25
64	181.25	226.25	263.75	288.75	385.00
65	192.50	241.25	282.50	307.50	411.25
66	206.25	258.75	301.25	330.00	441.25
67	220.00	280.00	326.25	356.25	476.25
68	238.75	301.25	352.50	385.00	516.25
69	257.50	327.50	381.25	417.50	557.50
70	280.00	356.25	415.00	455.00	605.00
71	302.50	386.25	451.25	493.75	657.50
72	331.25	423.75	493.75	541.25	718.75
73	363.75	463.75	542.50	595.00	786.25
74	398.75	508.75	595.00	652.50	861.25
75	436.25	558.75	655.00	716.25	945.00
76	477.50	610.00	717.50	786.25	1035.00
77	520.00	668.75	785.00	861.25	1131.25
78	566.25	730.00	860.00	941.25	1233.75
79	613.75	797.50	936.25	1026.25	1342.50
80	663.75				
81	715.00				
82	767.50				
83	825.00				
84	883.75				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0101-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	72.50	90.00	102.50	113.75	148.75
45-49	80.00	100.00	115.00	126.25	165.00
50-54	98.75	123.75	142.50	155.00	208.75
55	110.00	140.00	161.25	176.25	238.75
56	115.00	147.50	170.00	185.00	250.00
57	120.00	155.00	180.00	195.00	263.75
58	127.50	163.75	190.00	207.50	277.50
59	136.25	173.75	201.25	220.00	293.75
60	147.50	183.75	215.00	233.75	311.25
61	157.50	195.00	227.50	248.75	332.50
62	167.50	208.75	243.75	266.25	355.00
63	177.50	222.50	260.00	283.75	377.50
64	190.00	236.25	276.25	302.50	402.50
65	201.25	252.50	295.00	322.50	431.25
66	215.00	270.00	316.25	345.00	461.25
67	231.25	292.50	341.25	373.75	498.75
68	248.75	316.25	368.75	405.00	540.00
69	268.75	342.50	400.00	438.75	583.75
70	291.25	372.50	433.75	476.25	632.50
71	316.25	405.00	473.75	518.75	688.75
72	345.00	442.50	517.50	567.50	751.25
73	380.00	485.00	567.50	623.75	823.75
74	416.25	532.50	623.75	683.75	901.25
75	456.25	583.75	683.75	750.00	988.75
76	498.75	638.75	750.00	822.50	1081.25
77	542.50	698.75	820.00	900.00	1181.25
78	590.00	761.25	897.50	982.50	1288.75
79	638.75	831.25	976.25	1072.50	1401.25
80	690.00				
81	742.50				
82	798.75				
83	857.50				
84	917.50				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0101-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	42.50	52.50	61.25	67.50	90.00
45-49	47.50	58.75	68.75	75.00	100.00
50-54	63.75	77.50	88.75	95.00	127.50
55	72.50	90.00	101.25	111.25	151.25
56	76.25	93.75	107.50	117.50	161.25
57	81.25	100.00	115.00	126.25	173.75
58	86.25	107.50	123.75	136.25	186.25
59	93.75	116.25	133.75	147.50	201.25
60	101.25	126.25	145.00	158.75	217.50
61	110.00	136.25	158.75	172.50	233.75
62	118.75	148.75	172.50	186.25	252.50
63	127.50	158.75	185.00	201.25	272.50
64	136.25	170.00	198.75	215.00	291.25
65	147.50	182.50	211.25	231.25	313.75
66	158.75	195.00	227.50	248.75	338.75
67	172.50	213.75	248.75	270.00	367.50
68	186.25	232.50	272.50	295.00	401.25
69	202.50	255.00	297.50	323.75	438.75
70	220.00	277.50	325.00	355.00	480.00
71	241.25	306.25	357.50	391.25	525.00
72	266.25	338.75	395.00	432.50	580.00
73	293.75	375.00	438.75	480.00	640.00
74	326.25	415.00	486.25	532.50	707.50
75	360.00	460.00	538.75	590.00	781.25
76	397.50	508.75	593.75	651.25	860.00
77	436.25	560.00	656.25	718.75	945.00
78	477.50	616.25	722.50	791.25	1036.25
79	522.50	676.25	791.25	868.75	1135.00
80	567.50				
81	616.25				
82	666.25				
83	718.75				
84	775.00				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0101-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	51.25	65.00	73.75	81.25	106.25
45-49	57.50	70.00	82.50	90.00	117.50
50-54	72.50	90.00	105.00	113.75	148.75
55	83.75	105.00	118.75	131.25	176.25
56	88.75	110.00	126.25	136.25	188.75
57	92.50	116.25	133.75	145.00	200.00
58	100.00	125.00	143.75	157.50	215.00
59	107.50	135.00	156.25	168.75	230.00
60	116.25	145.00	167.50	182.50	245.00
61	125.00	156.25	181.25	197.50	263.75
62	135.00	168.75	195.00	213.75	283.75
63	143.75	181.25	210.00	227.50	305.00
64	155.00	192.50	225.00	243.75	326.25
65	166.25	207.50	240.00	260.00	350.00
66	177.50	222.50	257.50	281.25	377.50
67	192.50	241.25	281.25	305.00	410.00
68	208.75	261.25	306.25	332.50	448.75
69	226.25	286.25	333.75	363.75	490.00
70	247.50	313.75	366.25	398.75	536.25
71	270.00	343.75	401.25	438.75	588.75
72	297.50	380.00	443.75	485.00	648.75
73	327.50	418.75	491.25	536.25	716.25
74	363.75	465.00	543.75	595.00	791.25
75	401.25	513.75	601.25	658.75	872.50
76	442.50	566.25	663.75	727.50	961.25
77	485.00	623.75	731.25	802.50	1056.25
78	531.25	683.75	802.50	882.50	1157.50
79	577.50	750.00	881.25	967.50	1266.25
80	627.50				
81	680.00				
82	735.00				
83	792.50				
84	852.50				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0101-B87
Long-Term Care Policy

Annual Premium per $10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	56.25	68.75	80.00	86.25	113.75
45-49	61.25	76.25	88.75	95.00	125.00
50-54	76.25	95.00	110.00	120.00	157.50
55	88.75	110.00	126.25	138.75	186.25
56	92.50	116.25	133.75	145.00	198.75
57	98.75	123.75	142.50	155.00	211.25
58	106.25	132.50	152.50	166.25	226.25
59	113.75	142.50	165.00	177.50	241.25
60	122.50	152.50	177.50	192.50	257.50
61	131.25	165.00	191.25	207.50	276.25
62	141.25	177.50	206.25	223.75	297.50
63	151.25	191.25	220.00	240.00	318.75
64	161.25	202.50	235.00	256.25	341.25
65	173.75	217.50	251.25	273.75	366.25
66	185.00	233.75	270.00	293.75	393.75
67	201.25	252.50	293.75	318.75	430.00
68	218.75	275.00	320.00	348.75	468.75
69	236.25	300.00	350.00	381.25	511.25
70	258.75	327.50	383.75	417.50	560.00
71	282.50	360.00	420.00	458.75	615.00
72	310.00	397.50	465.00	507.50	677.50
73	342.50	438.75	515.00	561.25	748.75
74	380.00	485.00	568.75	622.50	826.25
75	418.75	535.00	627.50	688.75	911.25
76	461.25	591.25	692.50	760.00	1005.00
77	506.25	650.00	763.75	838.75	1102.50
78	552.50	713.75	838.75	922.50	1208.75
79	601.25	782.50	918.75	1010.00	1322.50
80	652.50				
81	707.50				
82	765.00				
83	823.75				
84	885.00				

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0101-B87
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WITH SURVIVORSHIP BENEFIT RIDER R1-N0103-SERIES

When this rider is chosen, multiply the final premium by the appropriate factor.

ISSUE AGE	NO INFLATION PROTECTION	SIMPLE INFLATION PROTECTION	COMPOUND INFLATION PROTECTION
18-44	1.11	1.17	1.17
45-49	1.14	1.21	1.21
50-54	1.18	1.28	1.28
55	1.20	1.30	1.30
56	1.20	1.30	1.30
57	1.21	1.30	1.30
58	1.21	1.30	1.30
59	1.21	1.30	1.30
60	1.21	1.30	1.30
61	1.21	1.30	1.30
62	1.21	1.29	1.29
63	1.21	1.29	1.29
64	1.21	1.28	1.28
65	1.20	1.27	1.27
66	1.20	1.26	1.26
67	1.20	1.26	1.26
68	1.19	1.25	1.25
69	1.19	1.24	1.24
70	1.18	1.23	1.23
71	1.18	1.22	1.22
72	1.17	1.20	1.20
73	1.16	1.19	1.19
74	1.16	1.18	1.18
75	1.15	1.17	1.17
76	1.14	1.16	1.16
77	1.13	1.15	1.15
78	1.12	1.14	1.14
79	1.11	1.13	1.13
80	1.10	1.12	1.12
81	1.09	1.11	1.11
82	1.08	1.10	1.10
83	1.07	1.09	1.09
84	1.06	1.08	1.08

CONTINENTAL CASUALTY COMPANY
333 S. Wabash Ave, Chicago, IL 60604
Rates for form P1-N0101-B87
Long-Term Care Policy

Elimination Period Factors

Rates shown are for 30 day elimination period. Rates for other elimination periods are calculated by multiplying the 30 day rates by the appropriate factor from the following table:

Benefit Maximum	0	14	20	60	90	100	180	365
730x,1095x	1.11	1.06	1.03	0.95	0.91	0.90	0.80	0.71
1460x,1825x	1.09	1.05	1.03	0.95	0.91	0.90	0.81	0.72
Lifetime	1.07	1.04	1.03	0.96	0.93	0.92	0.85	0.78

Table Rating Health Rating Group Factors

Rates shown are for Preferred Rating Group and Select Rating Group. Rates for Table Rating Health Groups 1, 2, 3 and 4 are calculated by multiplying Select rates by 1.25, 1.50, 1.75 and 2.00 respectively.

Multi-Life Discount

A 5%, 10%, 15% or 20% discount to the rates is available for qualifying Associations of 10 or more lives.

Spousal Discount

A 20% discount to the rates is available to married couples if both spouses apply for coverage.

Dual Waiver of Premium Rider R1-N0104-Series

An optional dual waiver of premium rider will be offered. If one spouse qualifies for a waiver of premium, the premium of the other spouse will also be waived. If chosen, multiply the final premium by 1.06.

Shared Advantage Rider R1-N0105-Series

This rider will allow two covered spouses to purchase an additional benefit amount that can be used by either spouse after their base benefits are exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	No Inflation Protection	With Inflation Protection
730x	1.30	1.35
1095x	1.21	1.25
1460x	1.15	1.18
1825x	1.12	1.14

Restoration of Benefits Rider R1-N0106-Series

This rider restores the maximum lifetime benefit if the insured has not met the stipulated conditions for a period of 180 consecutive days and the maximum lifetime benefit has not been exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	Factor
730x	1.08
1095x	1.06
1460x,1825x	1.04

Cost of Living Increase Rider R1-N0107-Series

This rider allows the insured to increase their policy limits, subject to the terms of the rider, every three years without additional underwriting. The additional premium charged is based on the attained age and incremental increase in the maximum daily facility benefit when exercised. If chosen, multiply the final premium by the appropriate factor:

Age	Factor
18-44	1.15
45-49	1.12
50-55	1.10
56-58	1.09
59-61	1.08
62-64	1.07
65-67	1.06
68-70	1.05
71-73	1.04
74-76	1.03

Modal Factors

Semi-Annual: 0.52; Quarterly: 0.27; Check-A-Matic: 0.09