

State: Pennsylvania **Filing Company:** RiverSource Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long Term Care
Project Name/Number: 30160A 2016/30160A 2016

Filing at a Glance

Company: RiverSource Life Insurance Company
Product Name: Long Term Care
State: Pennsylvania
TOI: LTC03I Individual Long Term Care
Sub-TOI: LTC03I.001 Qualified
Filing Type: Rate - M.U. (Medically underwritten)
Date Submitted: 12/06/2016
SERFF Tr Num: AERS-130772851
SERFF Status: Assigned
State Tr Num: AERS-130772851
State Status: Received Review in Progress
Co Tr Num: 30160A 2016
Implementation: On Approval
Date Requested:
Author(s): Jeff Pederson, Cheryl Meyer, Kathleen Felton, Peg VanDrisse, Elaine Zurovski, Erik Stone, Lynn Blount
Reviewer(s): Jim Laverty (primary)
Disposition Date:
Disposition Status:
Implementation Date:

State Filing Description:

Proposed 15% increase on 1,646 PA policyholders of RiverSource LTC form 30160A-PA. These forms were issued without endorsement 32100-PA.

State: Pennsylvania **Filing Company:** RiverSource Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long Term Care
Project Name/Number: 30160A 2016/30160A 2016

General Information

Project Name: 30160A 2016	Status of Filing in Domicile: Not Filed
Project Number: 30160A 2016	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Individual
Submission Type: New Submission	Individual Market Type:
Overall Rate Impact: 15%	Filing Status Changed: 12/07/2016
	State Status Changed: 12/07/2016
Deemer Date:	Created By: Cheryl Meyer
Submitted By: Cheryl Meyer	Corresponding Filing Tracking Number:
	State TOI: LTC03I Individual Long Term Care

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

Company and Contact

Filing Contact Information

Cheryl Meyer, Sr. Contract Analyst	Cheryl.D.Meyer@ampf.com
9550 Ameriprise Financial Center	612-671-5583 [Phone]
H25/9550	612-678-0034 [FAX]
Minneapolis, MN 55474	

Filing Company Information

RiverSource Life Insurance Company	CoCode: 65005	State of Domicile: Minnesota
9550 Ameriprise Financial Center, H22/9550	Group Code: 4	Company Type: Life Insurance
Minneapolis, MN 55474	Group Name:	State ID Number:
(612) 671-2465 ext. [Phone]	FEIN Number: 41-0823832	

Filing Fees

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

Company	Amount	Date Processed	Transaction #
RiverSource Life Insurance Company	\$125.00	12/06/2016	117474494

SERFF Tracking #:

AERS-130772851

State Tracking #:

AERS-130772851

Company Tracking #:

30160A 2016

State:

Pennsylvania

Filing Company:

RiverSource Life Insurance Company

TOI/Sub-TOI:

LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name:

Long Term Care

Project Name/Number:

30160A 2016/30160A 2016

Rate Information

Rate data applies to filing.

Filing Method:

Review and Approve

Rate Change Type:

Increase

Overall Percentage of Last Rate Revision:

15.000%

Effective Date of Last Rate Revision:

08/01/2015

Filing Method of Last Filing:

Review and Approve

Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	Number of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
RiverSource Life Insurance Company	%	15.000%	\$545,980	1,646	\$3,639,869	15.000%	15.000%

SERFF Tracking #:

AERS-130772851

State Tracking #:

AERS-130772851

Company Tracking #:

30160A 2016

State:

Pennsylvania

Filing Company:

RiverSource Life Insurance Company

TOI/Sub-TOI:

LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name:

Long Term Care

Project Name/Number:

30160A 2016/30160A 2016

Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1		PA Premiums 30160A	30160A-PA	Revised	Previous State Filing Number: AERS-129644829 Percent Rate Change Request: 15	PA Premiums_30160A_20 161206.pdf,

EXHIBIT VII

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

Annual Premiums with 15% Rate Increase

Comprehensive Reimbursement Policy
FORM: 30160A-PA

Annual Premiums Per \$10 Daily Benefit

LIFETIME BENEFIT PERIOD																		
Issue Age	No Benefit Increase Option						Simple Benefit Option						Compound Benefit Option					
	20 Day Deductible Period			90 Day Deductible Period			20 Day Deductible Period			90 Day Deductible Period			20 Day Deductible Period			90 Day Deductible Period		
	Home Care Percentage			Home Care Percentage			Home Care Percentage			Home Care Percentage			Home Care Percentage			Home Care Percentage		
	50%	75%	100%	50%	75%	100%	50%	75%	100%	50%	75%	100%	50%	75%	100%	50%	75%	100%
40	97.16	111.36	125.52	80.96	93.10	105.28	157.92	180.20	202.42	143.76	162.98	182.20	210.52	236.86	263.18	192.32	215.60	238.88
41	97.16	111.36	125.52	80.96	93.10	105.28	157.92	180.20	202.42	143.76	162.98	182.20	210.52	236.86	263.18	192.32	215.60	238.88
42	97.16	111.36	125.52	80.96	93.10	105.28	157.92	180.20	202.42	143.76	162.98	182.20	210.52	236.86	263.18	192.32	215.60	238.88
43	97.16	111.36	125.52	80.96	93.10	105.28	157.92	180.20	202.42	143.76	162.98	182.20	210.52	236.86	263.18	192.32	215.60	238.88
44	97.16	111.36	125.52	80.96	93.10	105.28	157.92	180.20	202.42	143.76	162.98	182.20	210.52	236.86	263.18	192.32	215.60	238.88
45	97.16	111.36	125.52	80.96	93.10	105.28	157.92	180.20	202.42	143.76	162.98	182.20	210.52	236.86	263.18	192.32	215.60	238.88
46	97.16	111.36	125.52	80.96	93.10	105.28	161.94	184.26	206.48	143.76	162.98	182.20	218.62	244.96	271.26	196.38	219.68	242.92
47	99.22	114.40	129.56	83.00	96.14	109.32	168.04	191.34	214.56	149.82	170.04	190.28	228.76	256.08	283.40	202.42	226.74	251.02
48	99.22	114.40	129.56	87.06	100.22	113.36	174.06	198.38	222.68	153.88	174.06	194.32	238.88	267.22	295.52	208.50	233.82	259.10
49	105.28	121.46	137.66	89.06	103.28	117.42	178.12	202.42	226.74	155.90	177.10	198.38	249.00	278.36	307.70	216.60	241.92	267.22
50	105.28	121.46	137.66	93.10	107.32	121.46	184.26	209.50	234.84	159.94	181.22	202.42	263.18	293.54	323.88	222.68	249.00	275.32
51	107.32	124.50	141.72	95.16	110.36	125.52	190.28	216.60	242.92	166.00	188.30	210.52	271.26	301.66	331.98	228.76	256.08	283.40
52	111.36	128.54	145.78	95.16	110.36	125.52	194.32	220.66	246.98	166.00	188.30	210.52	281.40	312.78	344.14	236.86	264.20	291.48
53	113.36	131.58	149.82	101.22	117.42	133.60	200.42	227.76	255.04	172.08	195.36	218.62	291.48	323.88	356.30	242.92	271.26	299.58
54	113.36	131.58	149.82	101.22	117.42	133.60	206.48	234.84	263.18	176.14	199.42	222.68	301.66	335.02	368.42	249.00	278.36	307.70
55	119.44	138.72	157.92	107.32	124.50	141.72	212.54	241.92	271.26	182.20	206.48	230.78	315.80	350.22	384.62	259.10	289.50	319.84
56	129.56	149.82	170.04	111.36	128.54	145.78	226.74	257.10	287.46	196.38	221.68	246.98	334.00	369.44	404.86	277.36	308.76	340.08
57	139.70	160.96	182.20	121.46	139.70	157.92	240.90	272.30	303.64	210.52	236.86	263.18	352.24	388.68	425.10	295.52	327.94	360.32
58	149.82	172.08	194.32	131.58	150.84	170.04	255.04	287.46	319.84	224.72	252.04	279.36	370.46	407.90	445.34	313.76	347.18	380.56
59	159.94	183.24	206.48	137.66	157.92	178.12	273.30	306.68	340.08	238.88	267.22	295.52	388.68	427.14	465.58	331.98	366.42	400.82
60	170.04	194.32	218.62	147.80	169.06	190.28	287.46	321.86	356.30	259.10	289.50	319.84	406.92	446.36	485.82	350.22	385.66	421.04
61	180.20	205.46	230.78	155.90	177.10	198.38	301.66	337.04	372.46	273.30	304.70	336.04	425.10	465.58	506.10	368.42	404.86	441.30
62	190.28	216.60	242.92	161.94	184.26	206.48	319.84	356.30	392.72	287.46	319.84	352.24	443.32	484.84	526.30	386.68	424.10	461.52
63	200.42	227.76	255.04	172.08	195.36	218.62	334.00	371.48	408.90	301.66	335.02	368.42	461.52	504.10	546.58	404.86	443.32	481.78
64	210.52	238.88	267.22	182.20	206.48	230.78	348.20	386.68	425.10	315.80	350.22	384.62	479.78	523.32	566.78	423.14	462.58	502.02
65	222.68	253.04	283.40	192.32	217.60	242.92	368.42	408.90	449.40	336.04	372.46	408.90	502.02	546.58	591.10	443.32	484.84	526.30
66	263.18	295.52	327.94	224.72	252.04	279.36	427.14	470.68	514.18	384.62	423.14	461.52	568.84	616.42	663.94	497.98	542.50	587.06
67	305.72	341.14	376.52	263.18	293.54	323.88	485.82	532.38	578.94	435.22	476.74	518.24	639.70	690.30	740.90	552.64	600.24	647.78
68	348.20	386.68	425.10	297.58	330.98	364.36	544.54	594.14	643.72	485.82	530.36	574.88	706.52	760.16	813.76	607.30	657.90	708.52
69	394.78	436.24	477.74	336.04	372.46	408.90	603.24	655.84	708.52	540.48	588.08	635.66	779.36	837.06	894.72	661.94	715.60	769.22
70	437.26	481.78	526.30	370.46	409.96	449.40	663.94	720.66	777.30	591.10	641.72	692.30	850.22	910.94	971.66	716.62	773.26	829.98
71	477.74	524.30	570.84	406.92	448.38	489.88	722.68	782.40	842.12	639.70	692.30	744.94	917.04	980.78	999.98	771.26	831.02	890.68
72	524.30	573.90	623.48	441.30	485.82	530.36	781.36	844.14	906.86	694.34	750.06	805.66	989.92	999.98	999.98	825.90	888.68	951.44
73	566.78	619.44	672.06	479.78	527.36	574.88	840.10	905.86	971.66	744.94	803.66	862.34	999.98	999.98	999.98	880.60	946.36	999.98
74	609.34	665.00	720.66	514.18	564.78	615.38	898.78	967.62	999.98	795.58	857.30	919.04	999.98	999.98	999.98	935.22	999.98	999.98
75	655.84	714.62	773.26	552.64	606.28	659.90	963.58	999.98	999.98	850.22	914.98	979.76	999.98	999.98	999.98	995.94	999.98	999.98
76	710.56	776.32	842.12	599.20	659.90	720.66	999.98	999.98	999.98	914.98	987.82	999.98	999.98	999.98	999.98	999.98	999.98	999.98
77	765.16	838.08	910.94	645.78	713.60	781.36	999.98	999.98	999.98	979.76	999.98	999.98	999.98	999.98	999.98	999.98	999.98	999.98
78	819.84	899.80	979.76	692.30	767.22	842.12	999.98	999.98	999.98	999.98	999.98	999.98	999.98	999.98	999.98	999.98	999.98	999.98
79	874.50	961.56	999.98	738.88	820.84	902.82	999.98	999.98	999.98	999.98	999.98	999.98	999.98	999.98	999.98	999.98	999.98	999.98

EXHIBIT VII

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

Annual Premiums with 15% Rate Increase

Comprehensive Reimbursement Policy
FORM: 30160A-PA

Annual Premiums Per \$10 Daily Benefit

6 YEAR BENEFIT PERIOD																		
Issue Age	No Benefit Increase Option						Simple Benefit Option						Compound Benefit Option					
	20 Day Deductible Period			90 Day Deductible Period			20 Day Deductible Period			90 Day Deductible Period			20 Day Deductible Period			90 Day Deductible Period		
	Home Care Percentage			Home Care Percentage			Home Care Percentage			Home Care Percentage			Home Care Percentage			Home Care Percentage		
	50%	75%	100%	50%	75%	100%	50%	75%	100%	50%	75%	100%	50%	75%	100%	50%	75%	100%
40	80.96	93.10	105.28	68.82	78.96	89.06	117.42	133.60	149.82	97.16	111.36	125.52	168.04	189.26	210.52	139.70	156.90	174.06
41	80.96	93.10	105.28	68.82	78.96	89.06	117.42	133.60	149.82	97.16	111.36	125.52	168.04	189.26	210.52	139.70	156.90	174.06
42	80.96	93.10	105.28	68.82	78.96	89.06	117.42	133.60	149.82	97.16	111.36	125.52	168.04	189.26	210.52	139.70	156.90	174.06
43	80.96	93.10	105.28	68.82	78.96	89.06	117.42	133.60	149.82	97.16	111.36	125.52	168.04	189.26	210.52	139.70	156.90	174.06
44	80.96	93.10	105.28	68.82	78.96	89.06	117.42	133.60	149.82	97.16	111.36	125.52	168.04	189.26	210.52	139.70	156.90	174.06
45	80.96	93.10	105.28	68.82	78.96	89.06	117.42	133.60	149.82	97.16	111.36	125.52	168.04	189.26	210.52	139.70	156.90	174.06
46	80.96	93.10	105.28	68.82	78.96	89.06	117.42	133.60	149.82	97.16	111.36	125.52	168.04	189.26	210.52	143.76	160.96	178.12
47	83.00	96.14	109.32	68.82	78.96	89.06	123.48	140.72	157.92	101.22	115.40	129.56	174.06	196.38	218.62	149.82	168.04	186.24
48	83.00	96.14	109.32	70.88	82.00	93.10	129.56	147.80	166.00	107.32	122.50	137.66	178.12	200.42	222.68	153.88	172.08	190.28
49	85.00	99.22	113.36	70.88	82.00	93.10	133.60	151.84	170.04	111.36	126.54	141.72	184.26	207.50	230.78	159.94	179.20	198.38
50	89.06	103.28	117.42	76.92	89.06	101.22	139.70	158.94	178.12	117.42	133.60	149.82	188.30	211.56	234.84	170.04	190.28	210.52
51	91.10	106.30	121.46	76.92	89.06	101.22	145.78	166.00	186.24	117.42	133.60	149.82	194.32	218.62	242.92	174.06	194.32	214.56
52	91.10	106.30	121.46	76.92	89.06	101.22	149.82	170.04	190.28	121.46	137.66	153.88	198.38	222.68	246.98	180.20	201.42	222.68
53	93.10	109.32	125.52	78.96	92.10	105.28	155.90	177.10	198.38	127.54	144.76	161.94	204.48	229.78	255.04	184.26	205.46	226.74
54	93.10	109.32	125.52	78.96	92.10	105.28	161.94	184.26	206.48	131.58	148.82	166.00	208.50	233.82	259.10	190.28	212.54	234.84
55	99.22	116.40	133.60	85.00	99.22	113.36	168.04	191.34	214.56	137.66	155.90	174.06	214.56	240.90	267.22	200.42	223.72	246.98
56	103.28	120.46	137.66	89.06	103.28	117.42	178.12	202.42	226.74	147.80	167.02	186.24	228.76	256.08	283.40	210.52	234.84	259.10
57	113.36	131.58	149.82	95.16	110.36	125.52	188.30	213.56	238.88	157.92	178.12	198.38	242.92	271.26	299.58	224.72	250.02	275.32
58	123.48	142.76	161.94	101.22	117.42	133.60	202.42	228.76	255.04	172.08	193.32	214.56	261.16	290.50	319.84	238.88	265.22	291.48
59	129.56	149.82	170.04	111.36	128.54	145.78	212.54	239.92	267.22	182.20	204.48	226.74	275.32	305.72	336.04	253.04	280.40	307.70
60	139.70	160.96	182.20	117.42	135.64	153.88	226.74	255.04	283.40	196.38	219.68	242.92	293.54	324.92	356.30	267.22	295.52	323.88
61	147.80	169.06	190.28	121.46	139.70	157.92	236.86	266.22	295.52	206.48	230.78	255.04	307.70	340.08	372.46	281.40	310.74	340.08
62	153.88	176.14	198.38	131.58	150.84	170.04	246.98	277.36	307.70	216.60	241.92	267.22	321.86	355.28	388.68	295.52	325.92	356.30
63	164.00	187.28	210.52	137.66	157.92	178.12	261.16	292.54	323.88	230.78	257.10	283.40	340.08	374.50	408.90	309.74	341.14	372.46
64	174.06	198.38	222.68	143.76	165.00	186.24	271.26	303.64	336.04	240.90	268.24	295.52	354.26	389.72	425.10	323.88	356.30	388.68
65	184.26	209.50	234.84	153.88	176.14	198.38	287.46	321.86	356.30	257.10	286.46	315.80	374.50	411.94	449.40	338.06	371.48	404.86
66	212.54	239.92	267.22	178.12	202.42	226.74	325.92	363.38	400.82	293.54	324.92	356.30	425.10	465.58	506.10	376.52	412.94	449.40
67	242.92	273.30	303.64	206.48	232.80	259.10	368.42	408.90	449.40	336.04	370.46	404.86	477.74	522.28	566.78	417.00	457.48	497.98
68	271.26	303.64	336.04	230.78	259.10	287.46	410.96	454.46	497.98	374.50	411.94	449.40	528.36	575.92	623.48	459.52	503.08	546.58
69	301.66	337.04	372.46	261.16	292.54	323.88	449.40	495.98	542.50	414.96	454.46	493.92	580.98	632.64	684.20	500.02	547.58	595.14
70	331.98	370.46	408.90	289.50	322.88	356.30	491.92	541.48	591.10	453.42	495.98	538.46	631.60	686.26	740.90	544.54	596.18	647.78
71	360.32	400.82	441.30	313.76	349.20	384.62	534.40	587.06	639.70	495.98	541.48	587.06	684.20	742.92	801.62	582.98	637.68	692.30
72	390.72	434.24	477.74	344.14	382.62	421.04	572.88	628.60	684.20	532.38	579.96	627.56	734.82	796.56	858.32	623.48	682.20	740.90
73	419.02	464.60	510.14	368.42	408.90	449.40	615.38	674.10	732.80	574.88	625.56	676.10	787.48	853.26	919.04	666.02	727.74	789.48
74	449.40	497.98	546.58	396.78	439.28	481.78	657.90	719.64	781.36	613.38	667.02	720.66	838.08	906.86	975.70	706.52	772.28	838.08
75	483.82	535.42	587.06	427.14	472.70	518.24	702.44	768.22	834.02	655.84	712.56	769.22	894.72	967.62	1039.98	751.04	820.84	890.68
76	544.54	600.24	655.84	487.88	537.44	587.06	781.36	852.24	923.08	734.82	796.56	858.32	979.76	1059.98	1139.98	836.06	911.98	987.82
77	605.30	665.00	724.70	548.60	602.24	655.84	864.38	940.30	1019.98	817.82	884.62	951.44	1099.98	1189.98	1279.98	921.06	999.98	1079.98
78	666.02	729.80	793.52	609.34	667.02	724.70	949.42	1039.98	1139.98	902.82	975.70	1059.98	1219.98	1319.98	1419.98	999.98	1099.98	1199.98
79	732.80	801.62	870.48	676.10	738.88	801.62	1039.98	1139.98	1239.98	985.84	1079.98	1179.98	1339.98	1439.98	1539.98	1099.98	1199.98	1299.98

EXHIBIT VII

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

Annual Premiums with 15% Rate Increase

Comprehensive Reimbursement Policy
 FORM: 30160A-PA

Annual Premiums Per \$10 Daily Benefit

4 YEAR BENEFIT PERIOD																		
Issue Age	No Benefit Increase Option						Simple Benefit Option						Compound Benefit Option					
	20 Day Deductible Period			90 Day Deductible Period			20 Day Deductible Period			90 Day Deductible Period			20 Day Deductible Period			90 Day Deductible Period		
	Home Care Percentage			Home Care Percentage			Home Care Percentage			Home Care Percentage			Home Care Percentage			Home Care Percentage		
	50%	75%	100%	50%	75%	100%	50%	75%	100%	50%	75%	100%	50%	75%	100%	50%	75%	100%
40	64.82	74.92	85.00	48.60	56.64	64.82	97.16	111.36	125.52	80.96	93.10	105.28	151.84	169.06	186.24	133.60	147.80	161.94
41	64.82	74.92	85.00	48.60	56.64	64.82	97.16	111.36	125.52	80.96	93.10	105.28	151.84	169.06	186.24	133.60	147.80	161.94
42	64.82	74.92	85.00	48.60	56.64	64.82	97.16	111.36	125.52	80.96	93.10	105.28	151.84	169.06	186.24	133.60	147.80	161.94
43	64.82	74.92	85.00	48.60	56.64	64.82	97.16	111.36	125.52	80.96	93.10	105.28	151.84	169.06	186.24	133.60	147.80	161.94
44	64.82	74.92	85.00	48.60	56.64	64.82	97.16	111.36	125.52	80.96	93.10	105.28	151.84	169.06	186.24	133.60	147.80	161.94
45	64.82	74.92	85.00	48.60	56.64	64.82	97.16	111.36	125.52	80.96	93.10	105.28	151.84	169.06	186.24	133.60	147.80	161.94
46	64.82	74.92	85.00	48.60	56.64	64.82	97.16	111.36	125.52	80.96	93.10	105.28	151.84	169.06	186.24	133.60	147.80	161.94
47	64.82	74.92	85.00	48.60	56.64	64.82	101.22	115.40	129.56	80.96	93.10	105.28	155.90	173.10	190.28	133.60	147.80	161.94
48	66.84	77.94	89.06	50.62	59.76	68.82	103.28	118.46	133.60	85.00	97.16	109.32	157.92	176.14	194.32	139.70	154.88	170.04
49	70.88	82.00	93.10	54.68	63.80	72.86	107.32	122.50	137.66	87.06	100.22	113.36	161.94	180.20	198.38	139.70	154.88	170.04
50	72.86	85.00	97.16	56.64	66.84	76.92	113.36	129.56	145.78	91.10	104.26	117.42	168.04	187.28	206.48	145.78	161.94	178.12
51	72.86	85.00	97.16	56.64	66.84	76.92	113.36	129.56	145.78	91.10	104.26	117.42	168.04	187.28	206.48	145.78	161.94	178.12
52	76.92	89.06	101.22	60.76	70.88	80.96	117.42	133.60	149.82	93.10	107.32	121.46	172.08	191.34	210.52	145.78	161.94	178.12
53	78.96	92.10	105.28	62.80	73.92	85.00	119.44	136.64	153.88	97.16	111.36	125.52	174.06	194.32	214.56	151.84	169.06	186.24
54	78.96	92.10	105.28	62.80	73.92	85.00	123.48	140.72	157.92	97.16	111.36	125.52	178.12	198.38	218.62	151.84	169.06	186.24
55	85.00	99.22	113.36	68.82	80.96	93.10	129.56	147.80	166.00	103.28	118.46	133.60	184.26	205.46	226.74	157.92	176.14	194.32
56	89.06	103.28	117.42	72.86	85.00	97.16	139.70	158.94	178.12	113.36	129.56	145.78	194.32	216.60	238.88	168.04	187.28	206.48
57	95.16	110.36	125.52	78.96	92.10	105.28	149.82	170.04	190.28	123.48	140.72	157.92	204.48	227.76	251.02	178.12	198.38	218.62
58	101.22	117.42	133.60	85.00	99.22	113.36	159.94	181.22	202.42	133.60	151.84	170.04	220.66	245.96	271.26	188.30	209.50	230.78
59	111.36	128.54	145.78	91.10	106.30	121.46	170.04	192.32	214.56	143.76	162.98	182.20	230.78	257.10	283.40	204.48	227.76	251.02
60	117.42	135.64	153.88	101.22	117.42	133.60	182.20	206.48	230.78	159.94	181.22	202.42	246.98	275.32	303.64	214.56	238.88	263.18
61	123.48	142.76	161.94	105.28	121.46	137.66	192.32	217.60	242.92	170.04	192.32	214.56	257.10	286.46	315.80	224.72	250.02	275.32
62	133.60	153.88	174.06	111.36	128.54	145.78	202.42	228.76	255.04	180.20	203.46	226.74	267.22	297.58	327.94	240.90	268.24	295.52
63	139.70	160.96	182.20	117.42	135.64	153.88	212.54	239.92	267.22	190.28	214.56	238.88	283.40	315.80	348.20	251.02	279.36	307.70
64	145.78	168.04	190.28	123.48	142.76	161.94	222.68	251.02	279.36	200.42	225.72	251.02	293.54	326.92	360.32	261.16	290.50	319.84
65	155.90	179.20	202.42	133.60	153.88	174.06	238.88	269.26	299.58	216.60	243.94	271.26	309.74	345.18	380.56	277.36	308.76	340.08
66	180.20	205.46	230.78	153.88	176.14	198.38	271.26	303.64	336.04	244.96	274.32	303.64	348.20	386.68	425.10	311.74	346.18	380.56
67	206.48	234.84	263.18	178.12	202.42	226.74	305.72	341.14	376.52	279.36	311.74	344.14	390.72	432.20	473.68	350.22	387.68	425.10
68	230.78	261.16	291.48	202.42	228.76	255.04	344.14	382.62	421.04	311.74	346.18	380.56	433.20	477.74	522.28	388.68	429.16	469.64
69	257.10	290.50	323.88	222.68	251.02	279.36	378.56	420.02	461.52	342.12	379.56	417.00	477.74	526.30	574.88	429.16	473.68	518.24
70	283.40	319.84	356.30	249.00	280.40	311.74	417.00	461.52	506.10	376.52	417.00	457.48	520.28	571.88	623.48	467.64	515.22	562.74
71	307.70	346.18	384.62	273.30	306.68	340.08	451.42	499.00	546.58	408.90	451.42	493.92	558.70	613.38	668.02	502.02	552.64	603.24
72	334.00	375.52	417.00	293.54	328.96	364.36	485.82	536.42	587.06	439.28	484.84	530.36	603.24	661.94	720.66	542.50	597.20	651.80
73	358.32	401.86	445.34	317.82	355.28	392.72	524.30	577.94	631.60	471.68	519.28	566.78	645.78	707.50	769.22	580.98	638.68	696.34
74	384.62	431.18	477.74	342.12	381.62	421.04	558.70	615.38	672.06	506.10	556.70	607.30	688.26	753.06	817.82	619.44	680.16	740.90
75	414.96	464.60	514.18	368.42	410.96	453.42	597.20	656.88	716.62	540.48	594.14	647.78	732.80	801.62	870.48	659.90	724.70	789.48
76	471.68	525.32	578.94	425.10	471.68	518.24	659.90	724.70	789.48	603.24	661.94	720.66	797.58	872.50	947.38	724.70	795.58	866.36
77	528.36	586.06	643.72	481.78	532.38	582.98	726.74	796.56	866.36	670.06	733.84	797.58	862.34	943.32	999.98	789.48	866.36	943.32
78	589.10	650.80	712.56	542.50	597.20	651.80	795.58	871.50	947.38	738.88	808.70	878.54	931.18	999.98	999.98	858.32	941.30	999.98
79	647.78	714.62	781.36	601.24	660.92	720.66	862.34	943.32	999.98	805.66	880.60	955.48	995.94	999.98	999.98	923.08	999.98	999.98
80				661.94	725.74					874.50	955.48					991.92	999.98	
81				718.66	786.46					941.30	999.98					999.98	999.98	
82				781.36	854.26					999.98	999.98					999.98	999.98	
83				844.14	922.08					999.98	999.98					999.98	999.98	
84				906.86	989.92					999.98	999.98					999.98	999.98	

EXHIBIT VII

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

Annual Premiums with 15% Rate Increase

Comprehensive Reimbursement Policy
FORM: 30160A-PA

Annual Premiums Per \$10 Daily Benefit

2 YEAR BENEFIT PERIOD																		
Issue Age	No Benefit Increase Option						Simple Benefit Option						Compound Benefit Option					
	20 Day Deductible Period			90 Day Deductible Period			20 Day Deductible Period			90 Day Deductible Period			20 Day Deductible Period			90 Day Deductible Period		
	Home Care Percentage			Home Care Percentage			Home Care Percentage			Home Care Percentage			Home Care Percentage			Home Care Percentage		
	50%	75%	100%	50%	75%	100%	50%	75%	100%	50%	75%	100%	50%	75%	100%	50%	75%	100%
40	48.60	56.64	64.82	36.46	42.52	48.60	74.92	86.04	97.16	58.74	67.86	76.92	107.32	120.46	133.60	87.06	98.22	109.32
41	48.60	56.64	64.82	36.46	42.52	48.60	74.92	86.04	97.16	58.74	67.86	76.92	107.32	120.46	133.60	87.06	98.22	109.32
42	48.60	56.64	64.82	36.46	42.52	48.60	74.92	86.04	97.16	58.74	67.86	76.92	107.32	120.46	133.60	87.06	98.22	109.32
43	48.60	56.64	64.82	36.46	42.52	48.60	74.92	86.04	97.16	58.74	67.86	76.92	107.32	120.46	133.60	87.06	98.22	109.32
44	48.60	56.64	64.82	36.46	42.52	48.60	74.92	86.04	97.16	58.74	67.86	76.92	107.32	120.46	133.60	87.06	98.22	109.32
45	48.60	56.64	64.82	36.46	42.52	48.60	74.92	86.04	97.16	58.74	67.86	76.92	107.32	120.46	133.60	87.06	98.22	109.32
46	48.60	56.64	64.82	36.46	42.52	48.60	74.92	86.04	97.16	58.74	67.86	76.92	107.32	120.46	133.60	87.06	98.22	109.32
47	48.60	56.64	64.82	36.46	42.52	48.60	78.96	90.10	101.22	62.80	71.88	80.96	113.36	127.54	141.72	91.10	102.26	113.36
48	50.62	59.76	68.82	38.48	45.56	52.64	80.96	93.10	105.28	64.82	74.92	85.00	113.36	127.54	141.72	97.16	109.32	121.46
49	50.62	59.76	68.82	38.48	45.56	52.64	85.00	97.16	109.32	68.82	78.96	89.06	119.44	134.64	149.82	97.16	109.32	121.46
50	56.64	66.84	76.92	44.56	52.64	60.76	91.10	104.26	117.42	74.92	86.04	97.16	119.44	134.64	149.82	103.28	116.40	129.56
51	56.64	66.84	76.92	44.56	52.64	60.76	91.10	104.26	117.42	74.92	86.04	97.16	125.52	141.72	157.92	107.32	120.46	133.60
52	56.64	66.84	76.92	44.56	52.64	60.76	95.16	108.30	121.46	78.96	90.10	101.22	125.52	141.72	157.92	107.32	120.46	133.60
53	58.74	69.88	80.96	46.58	55.68	64.82	97.16	111.36	125.52	80.96	93.10	105.28	131.58	148.82	166.00	113.36	127.54	141.72
54	58.74	69.88	80.96	46.58	55.68	64.82	101.22	115.40	129.56	85.00	97.16	109.32	131.58	148.82	166.00	117.42	131.58	145.78
55	64.82	76.92	89.06	52.64	62.80	72.86	107.32	122.50	137.66	91.10	104.26	117.42	137.66	155.90	174.06	123.48	138.72	153.88
56	68.82	80.96	93.10	52.64	62.80	72.86	111.36	126.54	141.72	95.16	108.30	121.46	143.76	162.98	182.20	129.56	145.78	161.94
57	74.92	88.04	101.22	58.74	69.88	80.96	121.46	137.66	153.88	105.28	119.44	133.60	153.88	174.06	194.32	135.64	152.86	170.04
58	80.96	95.16	109.32	64.82	76.92	89.06	127.54	144.76	161.94	111.36	126.54	141.72	164.00	185.26	206.48	145.78	164.00	182.20
59	87.06	102.26	117.42	68.82	80.96	93.10	137.66	155.90	174.06	121.46	137.66	153.88	174.06	196.38	218.62	151.84	171.08	190.28
60	97.16	113.36	129.56	74.92	88.04	101.22	143.76	162.98	182.20	127.54	144.76	161.94	184.26	207.50	230.78	161.94	182.20	202.42
61	101.22	117.42	133.60	80.96	95.16	109.32	153.88	174.06	194.32	137.66	155.90	174.06	194.32	218.62	242.92	168.04	189.26	210.52
62	107.32	124.50	141.72	85.00	99.22	113.36	159.94	181.22	202.42	143.76	162.98	182.20	204.48	229.78	255.04	174.06	196.38	218.62
63	113.36	131.58	149.82	91.10	106.30	121.46	170.04	192.32	214.56	153.88	174.06	194.32	214.56	240.90	267.22	184.26	207.50	230.78
64	119.44	138.72	157.92	97.16	113.36	129.56	176.14	199.42	222.68	159.94	181.22	202.42	224.72	252.04	279.36	190.28	214.56	238.88
65	129.56	149.82	170.04	103.28	120.46	137.66	186.24	210.52	234.84	170.04	192.32	214.56	234.84	263.18	291.48	200.42	225.72	251.02
66	145.78	168.04	190.28	119.44	138.72	157.92	206.48	232.80	259.10	186.24	210.52	234.84	263.18	293.54	323.88	220.66	247.98	275.32
67	161.94	186.24	210.52	135.64	156.90	178.12	226.74	255.04	283.40	202.42	228.76	255.04	291.48	323.88	356.30	240.90	270.28	299.58
68	182.20	208.50	234.84	151.84	175.12	198.38	249.00	280.40	311.74	218.62	246.98	275.32	321.86	357.30	392.72	263.18	295.52	327.94
69	198.38	226.74	255.04	168.04	193.32	218.62	269.26	302.66	336.04	234.84	265.22	295.52	350.22	387.68	425.10	283.40	317.82	352.24
70	220.66	252.04	283.40	184.26	211.56	238.88	295.52	331.98	368.42	251.02	283.40	315.80	380.56	421.04	461.52	305.72	343.14	380.56
71	236.86	270.28	303.64	200.42	229.78	259.10	315.80	354.26	392.72	267.22	301.66	336.04	408.90	451.42	493.92	325.92	365.40	404.86
72	253.04	288.48	323.88	216.60	247.98	279.36	336.04	376.52	417.00	283.40	319.84	356.30	437.26	481.78	526.30	346.18	387.68	429.16
73	273.30	310.74	348.20	232.80	266.22	299.58	358.32	401.86	445.34	299.58	338.06	376.52	467.64	515.22	562.74	368.42	412.94	457.48
74	289.50	328.96	368.42	249.00	284.44	319.84	378.56	424.10	469.64	315.80	356.30	396.78	495.98	545.56	595.14	388.68	435.22	481.78
75	311.74	354.26	396.78	269.26	306.68	344.14	404.86	453.42	502.02	331.98	374.50	417.00	526.30	578.94	631.60	414.96	464.60	514.18
76	352.24	398.82	445.34	309.74	351.24	392.72	441.30	493.92	546.58	368.42	414.96	461.52	570.84	627.56	684.20	459.52	513.18	566.78
77	396.78	447.38	497.98	354.26	399.80	445.34	481.78	538.46	595.14	408.90	459.52	510.14	615.38	676.10	736.86	504.10	561.76	619.44
78	443.32	499.00	554.66	400.82	451.42	502.02	518.24	578.94	639.70	445.34	500.02	554.66	659.90	724.70	789.48	548.60	610.32	672.06
79	483.82	543.58	603.24	441.30	495.98	550.62	560.74	626.54	692.30	487.88	547.58	607.30	704.44	773.26	842.12	593.14	658.90	724.70
80				487.88	547.58					524.30	588.08					637.68	707.50	
81				532.38	596.18					564.78	632.64					682.20	756.10	
82				578.94	647.78					607.30	680.16					726.74	804.66	
83				625.56	699.38					649.80	727.74					771.26	853.26	
84				672.06	751.04					692.30	775.30					815.78	901.80	

SERFF Tracking #:

AERS-130772851

State Tracking #:

AERS-130772851

Company Tracking #:

30160A 2016

State: Pennsylvania

Filing Company:

RiverSource Life Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name: Long Term Care

Project Name/Number: 30160A 2016/30160A 2016

Supporting Document Schedules

Satisfied - Item:	Transmittal Letter (A&H)
Comments:	
Attachment(s):	PA CovLtr_30160A_20161206.pdf
Item Status:	
Status Date:	

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

Satisfied - Item:	Actuarial Memorandum and Explanatory Information (A&H)
Comments:	
Attachment(s):	PA ActMem_30160A_20161206.pdf PA ActMem_Supplement_30160A_20161206.pdf PA Supplement_Exhibits_30160A_20161206.xlsx
Item Status:	
Status Date:	

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

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

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

SERFF Tracking #:

AERS-130772851

State Tracking #:

AERS-130772851

Company Tracking #:

30160A 2016

State:

Pennsylvania

Filing Company:

RiverSource Life Insurance Company

TOI/Sub-TOI:

LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name:

Long Term Care

Project Name/Number:

30160A 2016/30160A 2016

Item Status:	
Status Date:	

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

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

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

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

Satisfied - Item:	Third Party Document
Comments:	
Attachment(s):	Milliman_Involvement_PA_30160A_20161205.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Policy Forms
Comments:	.

State: Pennsylvania **Filing Company:** RiverSource Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long Term Care
Project Name/Number: 30160A 2016/30160A 2016

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

Satisfied - Item:	Sample Policy Holder Letters
Comments:	
Attachment(s):	Sample LTC Policyholder Notification Letter - On Waiver.pdf Sample LTC Policyholder Notification Letter - Not On Waiver.pdf
Item Status:	
Status Date:	

SERFF Tracking #: AERS-130772851 **State Tracking #:** AERS-130772851 **Company Tracking #:** 30160A 2016

State: Pennsylvania **Filing Company:** RiverSource Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long Term Care
Project Name/Number: 30160A 2016/30160A 2016

Attachment PA Supplement_Exhibits_30160A_20161206.xlsx is not a PDF document and cannot be reproduced here.

December 6, 2016

Honorable Teresa D. Miller
Insurance Commissioner
Pennsylvania Insurance Department

Via SERFF

RE: RiverSource Life Insurance Company ("RiverSource Life")
Company NAIC # 65005
Company FEIN # 41-0823832
SERFF Tracking # AERS-130772851
Policy Form: Long Term Care Policy Form 30160A-PA

Dear Commissioner Miller:

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

30160A-PA is an existing individual policy form providing benefits for confinement in a nursing home with home care services and was previously approved in 1997. This form was issued in Pennsylvania from March 1998 through January 2001, and is no longer being marketed in any state, and outside of Pennsylvania, the last policies were issued in 2003.

For applications received May 19, 2000 and later, policies were issued with a different set of rates and endorsement 32100-PA, which provided for waiver of premium while receiving home care and allowed for a 20% spousal premium discount. This rate filing does not apply to policies with the endorsement.

The company is requesting the approval of a premium rate increase on the above-listed form and all associated riders. At this time, a premium rate increase of 15% is being requested for policies issued in Pennsylvania without endorsement. Although a larger premium rate increase is currently supportable, to minimize the impact on policyowners to the extent we can, an increase of only 15% is being requested at this time. Unless emerging experience improves, we believe it likely that additional rate increases will be requested in the future.

As noted in the Actuarial Memorandum, six prior increases have been approved and implemented on this form. A 10% increase was approved in September 2007 and implemented on each contract's next policy anniversary beginning in December 2007. A 10% increase was approved in September 2008 and implemented on each contract's next policy anniversary beginning in December 2008. A 10% increase was approved in April 2010 and implemented on each contract's next policy anniversary beginning in July 2010. A 10% increase was approved in March 2012 and implemented on each contract's next policy anniversary beginning in June 2012. A 4.6% increase was approved in May 2013 and implemented on each contract's next policy anniversary beginning in

August 2013. A 15% increase was approved in April 2015 and implemented on each contract's next policy anniversary beginning in August 2015.

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

The following electronic items are included in this submission:

- this letter;
- a letter from Milliman Inc. describing their involvement and review of this filing;
- an Actuarial Memorandum and Rate Schedules;
- a Supplement to the Actuarial Memorandum;
- a copy of policy form 30160A-PA, Simple Benefit Increase Option Rider 30273A, Compound Benefit Increase Option Rider 30274A, Nonforfeiture Benefit Rider 30165A-PA;
- a Microsoft Excel workbook containing all numerical data; and
- copies of sample rate increase notification letters¹.

¹ In the future, slight variations in language in the letters may occur that do not materially change the information being provided to the policyholder. As the letters do not require Department approval, we understand that it will not be necessary to file each of these minor variations with the state of Pennsylvania.

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

The contact person for this filing is:

Cheryl Meyer
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Thank you for your assistance in reviewing this filing.

Respectfully,



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

RIVERSOURCE LIFE INSURANCE COMPANY

Address: 227 Ameriprise Financial Center, Minneapolis MN 55474

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Policy form 30160A-PA is an individual policy form providing benefits to individuals for confinement in a nursing home with home care services. This form was issued in Pennsylvania from March 15, 1998 to January 15, 2001. It was updated with endorsement form 32100-PA for applications received starting May 19, 2000; this memorandum does not apply to policies with the endorsement.

1. Purpose of Filing

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

2. Description of Benefits

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

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

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

INFLATION PROTECTION

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

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

ELIMINATION PERIOD

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

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

BENEFIT ELIGIBILITY AND CONDITIONS

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

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

FACILITY CARE BENEFITS

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

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

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

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

HOME CARE BENEFITS

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

ADDITIONAL BENEFITS

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

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

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

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

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

NONFORFEITURE BENEFIT RIDER

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

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

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

3. Renewability

This policy form is guaranteed renewable for life.

4. Applicability

This filing is applicable to inforce policies only, except for those issued with endorsement form 32100-PA (applications received on or after May 19, 2000), as this policy form is no longer being sold in the market.

5. Actuarial Assumptions

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

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

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

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

Morbidity

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

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

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

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

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

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

Actual-to-expected adjustment factors have been developed from actual emerging experience through anniversaries ending December 2015 and are shown in the following tables:

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Lifetime Benefit Actual-to-Expected Adjustment Factors

Duration	Age at Issue						
	<53	53-57	58-62	63-67	68-72	73-77	78+
1	0.110	0.370	0.880	1.520	2.070	2.650	2.360
2	0.110	0.370	0.880	1.520	2.070	2.650	2.360
3	0.110	0.370	0.880	1.520	2.070	2.650	2.360
4	0.132	0.452	0.928	1.538	2.082	2.562	2.364
5	0.154	0.534	0.976	1.556	2.094	2.474	2.368
6	0.176	0.616	1.024	1.574	2.106	2.386	2.372
7	0.198	0.698	1.072	1.592	2.118	2.298	2.376
8	0.220	0.780	1.120	1.610	2.130	2.210	2.380
9	0.242	0.800	1.180	1.668	2.132	2.224	2.380
10	0.264	0.820	1.240	1.726	2.134	2.238	2.380
11	0.286	0.840	1.300	1.784	2.136	2.252	2.380
12	0.308	0.860	1.360	1.842	2.138	2.266	2.380
13	0.330	0.880	1.420	1.900	2.140	2.280	2.380
14	0.368	0.894	1.424	1.902	2.134	2.292	2.374
15	0.406	0.908	1.428	1.904	2.128	2.304	2.368
16	0.444	0.922	1.432	1.906	2.122	2.316	2.362
17	0.482	0.936	1.436	1.908	2.116	2.328	2.356
18	0.520	0.950	1.440	1.910	2.110	2.340	2.350
19	0.524	0.954	1.432	1.906	2.110	2.348	2.356
20	0.528	0.958	1.424	1.902	2.110	2.356	2.362
21	0.532	0.962	1.416	1.898	2.110	2.364	2.368
22	0.536	0.966	1.408	1.894	2.110	2.372	2.374
23	0.540	0.970	1.400	1.890	2.110	2.380	2.380
24	0.604	0.982	1.400	1.890	2.098	2.380	2.380
25	0.668	0.994	1.400	1.890	2.086	2.380	2.380
26	0.732	1.006	1.400	1.890	2.074	2.380	2.380
27	0.796	1.018	1.400	1.890	2.062	2.380	2.380
28	0.860	1.030	1.400	1.890	2.050	2.380	2.380
29	0.881	1.036	1.402	1.891	2.048	2.376	2.376
30	0.902	1.042	1.403	1.892	2.047	2.372	2.372
31	0.923	1.048	1.405	1.893	2.045	2.368	2.368
32	0.943	1.053	1.407	1.893	2.043	2.363	2.363
33	0.964	1.059	1.408	1.894	2.042	2.359	2.359
34	0.985	1.065	1.410	1.895	2.040	2.355	2.355
35	1.006	1.071	1.412	1.896	2.038	2.351	2.351
36	1.027	1.077	1.413	1.897	2.037	2.347	2.347
37	1.048	1.083	1.415	1.898	2.035	2.343	2.343
38	1.068	1.088	1.417	1.898	2.033	2.338	2.338
39	1.089	1.094	1.418	1.899	2.032	2.334	2.334
40+	1.110	1.100	1.420	1.900	2.030	2.330	2.330

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Non-Lifetime Benefit Actual-to-Expected Adjustment Factors

Duration	Age at Issue							
	<53	53-57	58-62	63-67	68-72	73-77	78-82	83+
1	0.150	0.160	0.210	0.520	0.980	1.560	2.480	2.620
2	0.150	0.160	0.210	0.520	0.980	1.560	2.480	2.620
3	0.150	0.160	0.210	0.520	0.980	1.560	2.480	2.620
4	0.186	0.192	0.262	0.644	1.126	1.642	2.470	2.618
5	0.222	0.224	0.314	0.768	1.272	1.724	2.460	2.616
6	0.258	0.256	0.366	0.892	1.418	1.806	2.450	2.614
7	0.294	0.288	0.418	1.016	1.564	1.888	2.440	2.612
8	0.330	0.320	0.470	1.140	1.710	1.970	2.430	2.610
9	0.328	0.394	0.630	1.268	1.816	2.074	2.430	2.626
10	0.326	0.468	0.790	1.396	1.922	2.178	2.430	2.642
11	0.324	0.542	0.950	1.524	2.028	2.282	2.430	2.658
12	0.322	0.616	1.110	1.652	2.134	2.386	2.430	2.674
13	0.320	0.690	1.270	1.780	2.240	2.490	2.430	2.690
14	0.342	0.732	1.272	1.786	2.234	2.516	2.432	2.696
15	0.364	0.774	1.274	1.792	2.228	2.542	2.434	2.702
16	0.386	0.816	1.276	1.798	2.222	2.568	2.436	2.708
17	0.408	0.858	1.278	1.804	2.216	2.594	2.438	2.714
18	0.430	0.900	1.280	1.810	2.210	2.620	2.440	2.720
19	0.470	0.908	1.274	1.804	2.208	2.618	2.444	2.720
20	0.510	0.916	1.268	1.798	2.206	2.616	2.448	2.720
21	0.550	0.924	1.262	1.792	2.204	2.614	2.452	2.720
22	0.590	0.932	1.256	1.786	2.202	2.612	2.456	2.720
23	0.630	0.940	1.250	1.780	2.200	2.610	2.460	2.720
24	0.672	0.950	1.262	1.800	2.200	2.610	2.460	2.720
25	0.714	0.960	1.274	1.820	2.200	2.610	2.460	2.720
26	0.756	0.970	1.286	1.840	2.200	2.610	2.460	2.720
27	0.798	0.980	1.298	1.860	2.200	2.610	2.460	2.720
28	0.840	0.990	1.310	1.880	2.200	2.610	2.460	2.720
29	0.860	0.996	1.311	1.881	2.199	2.609	2.458	2.716
30	0.880	1.002	1.312	1.882	2.198	2.608	2.455	2.712
31	0.900	1.008	1.313	1.883	2.198	2.608	2.453	2.708
32	0.920	1.013	1.313	1.883	2.197	2.607	2.450	2.703
33	0.940	1.019	1.314	1.884	2.196	2.606	2.448	2.699
34	0.960	1.025	1.315	1.885	2.195	2.605	2.445	2.695
35	0.980	1.031	1.316	1.886	2.194	2.604	2.443	2.691
36	1.000	1.037	1.317	1.887	2.193	2.603	2.440	2.687
37	1.020	1.043	1.318	1.888	2.193	2.603	2.438	2.683
38	1.040	1.048	1.318	1.888	2.192	2.602	2.435	2.678
39	1.060	1.054	1.319	1.889	2.191	2.601	2.433	2.674
40+	1.080	1.060	1.320	1.890	2.190	2.600	2.430	2.670

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Beginning in 2003, we have taken steps to improve claim experience by reviewing and tightening claim adjudication and care coordination practices where possible. To reflect these improvements, we have reduced our expected claim costs by 5% for 2004 and later.

We conduct a morbidity study every year to analyze the current actual-to-expected adjustment factors ("A/E factors"). Our analysis is done on a claim cost basis, rather than on a frequency and severity basis, which is not readily available.

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

Exhibit II displays "expected" experience using our current adjustment factors compared to actual incurred claims. The expected basis shown in this exhibit reflects the currently assumed claim costs. As shown in Exhibit II, the total actual-to-expected ratio using the A/E factors described above is 101.6%. This experience is based on 6,498 actual claims (2,268 lifetime and 4,230 non-lifetime). Actual claim counts split by issue age band are also displayed in Exhibit II.

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

Mortality

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

Exhibit III is based on deaths on all LTC policies incurred from policy anniversaries in 2000 through policy anniversaries in 2015. The expected basis shown in this exhibit reflects 1983 IAM Basic mortality with the currently assumed selection factors. The selection factors fit the observed data very well with the resulting A/E at or near 100%.

The data was used in the development of the current selection factors, subject to the constraint that the factors must be non-decreasing by duration.

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

At the older issue ages, mortality increases to approximately 100% of the table. In general, that has not been the case through duration 23 for younger issue ages, but we expect that it would as insureds reach a very advanced age. For this reason the effect of

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selection is extended up to duration 35 for younger issue ages. This experience includes 48,645 deaths.

Lapse Rates

Ultimate lapse rates range from 1.1% to 6.0% based on issue age band and benefit category (lifetime and non-lifetime). In the year of rate increase notification to policyholders, an additional 1.25% of inforce policyholders is assumed to lapse, and a 0.7% reduction in benefits due to election of reduced benefit options is also assumed. Exhibit IV provides the additional lapses and risk amount reductions experienced by the company at different levels of rate increase.

Exhibit V provides the lapse experience across all LTC forms combined from policy anniversaries in 2000 through policy anniversaries in 2015. The expected basis shown in this exhibit reflects the currently assumed lapse rates.

Lapse experience varies by issue age and benefit type (lifetime benefit versus non-lifetime benefit). We applied judgment to the data contained in this exhibit to derive the best estimate lapse assumption. For later durations, we often looked at several durations' experience together to improve credibility. We also made an effort to reflect that lapse rates seem to increase some at older attained ages. This experience includes 37,181 lapses, including 12,646 in durations 8 and later. The exposure and actual lapses close to the implementation of rate increases are excluded from this analysis. For non-lifetime benefits, lapses include policies that have maximized their benefits.

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

Adverse Selection

1.95% in the year of rate increase notification to policyholders, grading down to 0% in the 3rd year after rate increase notification.

Expenses

Expenses have not been explicitly projected. It is assumed that the originally filed expense assumptions remain appropriate, except that commission rates were reduced in 2008, 2012 and 2016 so that total commissions paid before and after the prior increases in premium are similar. In addition, as part of this rate increase process, the company anticipates adjusting commission rates so that the total commissions paid before and after this increase in premium are similar.

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

6. Marketing Method

This policy form was marketed by agents of RiverSource Life.

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7. Underwriting Description

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

8. Premiums

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

9. Issue Age Range

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

10. Area Factors

Area factors are not used for this product.

11. Premium Modalization Rules

The following modal factors and nationwide percent distributions (based on inforce count as of 6/30/2016) are applied to the annual premium ("AP"):

Premium Mode	Modal Factors	Percent Distribution
Annual	$1.0000*AP + 0.0$	44.7%
Semi-Annual	$0.5020*AP + 0.4$	7.1%
Quarterly	$0.2580*AP + 0.5$	7.1%
Monthly	$0.0868*AP + 0.6$	41.1%

12. Active Life Reserves

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

13. Trend Assumptions

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

RIVERSOURCE LIFE INSURANCE COMPANY

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Actuarial Memorandum for 30160A

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14. Past and Future Policy Experience

Nationwide experience for policy form 30160A is shown in Exhibit VI, including any previously implemented rate increases as described below in section 15.

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

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

LR_j = loss ratio for year j

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

${}_j CR_{ValDate}^k$ = open claim reserve held on June 30, 2016 for claims incurred at time k in year j

${}_j IBNR_{ValDate}^k$ = incurred but not reported reserve as of June 30, 2016 attributable to claims incurred at time k in year j

EP_j = earned premium in year j

$ValDate$ = June 30, 2016

j = year of claim incurral

k = date of claim incurral

t = date of claim payment

$v = 1 / 1.045 = 0.956938$

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

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

RIVERSOURCE LIFE INSURANCE COMPANY

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December 2016

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

A lifetime loss ratio as of June 30, 2016 is calculated as the sum of accumulated historical experience and discounted future experience where accumulation and discounting of the total for each calendar year occur at 4.5% and assume mid-year values.

15. History of Previous Rate Revisions

Six prior increases have been approved and implemented on this form. A 10% increase was approved in September 2007 and implemented on each contract's next policy anniversary beginning in December 2007. A 10% increase was approved in September 2008 and implemented on each contract's next policy anniversary beginning in December 2008. A 10% increase was approved in April 2010 and implemented on each contract's next policy anniversary beginning in July 2010. A 10% increase was approved in March 2012 and implemented on each contract's next policy anniversary beginning in June 2012. A 4.6% increase was approved in May 2013 and implemented on each contract's next policy anniversary beginning in August 2013. A 15% increase was approved in April 2015 and implemented on each contract's next policy anniversary beginning in August 2015.

The actual and projected premiums in Exhibit VI reflect the accumulated rate increases as approved in Pennsylvania and implemented from 2007 through 2016 on a nationwide basis.

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

The company is requesting an increase of 15%.

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

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

17. Pennsylvania Average Annual Premium (Annual Premium Based on June 30, 2016 Inforce)

Before increase:	\$2,211
After increase:	\$2,543

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

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18. Proposed Effective Date

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

19. Nationwide Distribution of Business as of 6/30/2016 (based on inforce count)

By Issue Age:

Issue Ages	Percent Distribution
<55	31.0%
55-59	27.0%
60-64	23.7%
65-69	12.3%
70-74	4.7%
75-79	1.2%
>79	0.1%

By Elimination Period:

Elimination Period	Percent Distribution
20-day	18.7%
90-day	81.3%

By Benefit Period:

Benefit Period	Percent Distribution
2-Year	3.8%
4-Year	30.8%
6-Year	25.4%
Unlimited	40.0%

By Inflation Protection Option:

Inflation Option	Percent Distribution
None	8.5%
Simple	39.7%
Compound	51.8%

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20. Number of Policyholders

As of June 30, 2016, the number of policies and annual premium inforce, assuming all premium increases previously approved in Pennsylvania have been implemented in both the state and nationwide is:

	Number of Insureds	Annual Premium
Pennsylvania	1,646	\$3,639,869
Nationwide	28,225	\$67,874,585

21. Actuarial Certification

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

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

I hereby certify that, to the best of my knowledge and judgment, this rate submission is in compliance with the applicable laws and regulations of the state where it is filed. Furthermore, the actuarial assumptions are appropriate. In my opinion, the rates are not excessive or unfairly discriminatory. This rate filing will progress toward premium adequacy but may not be sufficient to prevent future rate action. Therefore, benefits cannot be certified as reasonable in relation to premiums.



Anju Gupta-Lavey, FSA, MAAA
Director - Actuary
RiverSource Life Insurance Company
Date: December 6, 2016

EXHIBIT I
RiverSource Life Insurance Company
Original Pricing & Current Assumptions Comparison
Policy Form: 30160A

Morbidity Assumptions

Original Pricing Assumptions:

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

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

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

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

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

The following selection factors were used:

Duration	Factor
1	40%
2	50%
3	60%
4	70%
5	80%
6	90%
7+	100%

EXHIBIT I
RiverSource Life Insurance Company
Original Pricing & Current Assumptions Comparison
Policy Form: 30160A

Morbidity Assumptions							
Current Assumptions:							
Expected Claim Costs are the product of original pricing expected claim costs and an actual-to-expected adjustment factor. Actual-to-expected adjustment factors were developed from actual emerging experience through anniversaries ending December 2015. Morbidity used in the projections has also been reduced by 5% for anticipated improved claim experience from changes in claim management starting in 2003.							
Lifetime Benefit Actual-to-Expected Adjustment Factors							
Duration	Issue Age Band						
	<53	53-57	58-62	63-67	68-72	73-77	78+
1	0.110	0.370	0.880	1.520	2.070	2.650	2.360
2	0.110	0.370	0.880	1.520	2.070	2.650	2.360
3	0.110	0.370	0.880	1.520	2.070	2.650	2.360
4	0.132	0.452	0.928	1.538	2.082	2.562	2.364
5	0.154	0.534	0.976	1.556	2.094	2.474	2.368
6	0.176	0.616	1.024	1.574	2.106	2.386	2.372
7	0.198	0.698	1.072	1.592	2.118	2.298	2.376
8	0.220	0.780	1.120	1.610	2.130	2.210	2.380
9	0.242	0.800	1.180	1.668	2.132	2.224	2.380
10	0.264	0.820	1.240	1.726	2.134	2.238	2.380
11	0.286	0.840	1.300	1.784	2.136	2.252	2.380
12	0.308	0.860	1.360	1.842	2.138	2.266	2.380
13	0.330	0.880	1.420	1.900	2.140	2.280	2.380
14	0.368	0.894	1.424	1.902	2.134	2.292	2.374
15	0.406	0.908	1.428	1.904	2.128	2.304	2.368
16	0.444	0.922	1.432	1.906	2.122	2.316	2.362
17	0.482	0.936	1.436	1.908	2.116	2.328	2.356
18	0.520	0.950	1.440	1.910	2.110	2.340	2.350
19	0.524	0.954	1.432	1.906	2.110	2.348	2.356
20	0.528	0.958	1.424	1.902	2.110	2.356	2.362
21	0.532	0.962	1.416	1.898	2.110	2.364	2.368
22	0.536	0.966	1.408	1.894	2.110	2.372	2.374
23	0.540	0.970	1.400	1.890	2.110	2.380	2.380
24	0.604	0.982	1.400	1.890	2.098	2.380	2.380
25	0.668	0.994	1.400	1.890	2.086	2.380	2.380
26	0.732	1.006	1.400	1.890	2.074	2.380	2.380
27	0.796	1.018	1.400	1.890	2.062	2.380	2.380
28	0.860	1.030	1.400	1.890	2.050	2.380	2.380
29	0.881	1.036	1.402	1.891	2.048	2.376	2.376
30	0.902	1.042	1.403	1.892	2.047	2.372	2.372
31	0.923	1.048	1.405	1.893	2.045	2.368	2.368
32	0.943	1.053	1.407	1.893	2.043	2.363	2.363
33	0.964	1.059	1.408	1.894	2.042	2.359	2.359
34	0.985	1.065	1.410	1.895	2.040	2.355	2.355
35	1.006	1.071	1.412	1.896	2.038	2.351	2.351
36	1.027	1.077	1.413	1.897	2.037	2.347	2.347
37	1.048	1.083	1.415	1.898	2.035	2.343	2.343
38	1.068	1.088	1.417	1.898	2.033	2.338	2.338
39	1.089	1.094	1.418	1.899	2.032	2.334	2.334
40+	1.110	1.100	1.420	1.900	2.030	2.330	2.330

EXHIBIT I
RiverSource Life Insurance Company
Original Pricing & Current Assumptions Comparison
Policy Form: 30160A

Morbidity Assumptions								
Current Assumptions (continued):								
Non-Lifetime Benefit Actual-to-Expected Adjustment Factors								
Duration	Issue Age Band							
	<53	53-57	58-62	63-67	68-72	73-77	78-82	83+
1	0.150	0.160	0.210	0.520	0.980	1.560	2.480	2.620
2	0.150	0.160	0.210	0.520	0.980	1.560	2.480	2.620
3	0.150	0.160	0.210	0.520	0.980	1.560	2.480	2.620
4	0.186	0.192	0.262	0.644	1.126	1.642	2.470	2.618
5	0.222	0.224	0.314	0.768	1.272	1.724	2.460	2.616
6	0.258	0.256	0.366	0.892	1.418	1.806	2.450	2.614
7	0.294	0.288	0.418	1.016	1.564	1.888	2.440	2.612
8	0.330	0.320	0.470	1.140	1.710	1.970	2.430	2.610
9	0.328	0.394	0.630	1.268	1.816	2.074	2.430	2.626
10	0.326	0.468	0.790	1.396	1.922	2.178	2.430	2.642
11	0.324	0.542	0.950	1.524	2.028	2.282	2.430	2.658
12	0.322	0.616	1.110	1.652	2.134	2.386	2.430	2.674
13	0.320	0.690	1.270	1.780	2.240	2.490	2.430	2.690
14	0.342	0.732	1.272	1.786	2.234	2.516	2.432	2.696
15	0.364	0.774	1.274	1.792	2.228	2.542	2.434	2.702
16	0.386	0.816	1.276	1.798	2.222	2.568	2.436	2.708
17	0.408	0.858	1.278	1.804	2.216	2.594	2.438	2.714
18	0.430	0.900	1.280	1.810	2.210	2.620	2.440	2.720
19	0.470	0.908	1.274	1.804	2.208	2.618	2.444	2.720
20	0.510	0.916	1.268	1.798	2.206	2.616	2.448	2.720
21	0.550	0.924	1.262	1.792	2.204	2.614	2.452	2.720
22	0.590	0.932	1.256	1.786	2.202	2.612	2.456	2.720
23	0.630	0.940	1.250	1.780	2.200	2.610	2.460	2.720
24	0.672	0.950	1.262	1.800	2.200	2.610	2.460	2.720
25	0.714	0.960	1.274	1.820	2.200	2.610	2.460	2.720
26	0.756	0.970	1.286	1.840	2.200	2.610	2.460	2.720
27	0.798	0.980	1.298	1.860	2.200	2.610	2.460	2.720
28	0.840	0.990	1.310	1.880	2.200	2.610	2.460	2.720
29	0.860	0.996	1.311	1.881	2.199	2.609	2.458	2.716
30	0.880	1.002	1.312	1.882	2.198	2.608	2.455	2.712
31	0.900	1.008	1.313	1.883	2.198	2.608	2.453	2.708
32	0.920	1.013	1.313	1.883	2.197	2.607	2.450	2.703
33	0.940	1.019	1.314	1.884	2.196	2.606	2.448	2.699
34	0.960	1.025	1.315	1.885	2.195	2.605	2.445	2.695
35	0.980	1.031	1.316	1.886	2.194	2.604	2.443	2.691
36	1.000	1.037	1.317	1.887	2.193	2.603	2.440	2.687
37	1.020	1.043	1.318	1.888	2.193	2.603	2.438	2.683
38	1.040	1.048	1.318	1.888	2.192	2.602	2.435	2.678
39	1.060	1.054	1.319	1.889	2.191	2.601	2.433	2.674
40+	1.080	1.060	1.320	1.890	2.190	2.600	2.430	2.670

The following adverse selection factors are used:	
Year of Policyholder Notification	With Requested Increase
1	1.95%
2	0.95%
3	0.00%

EXHIBIT I
RiverSource Life Insurance Company
Original Pricing & Current Assumptions Comparison
Policy Form: 30160A

Mortality Assumptions						
Original Pricing Assumptions:						
1983 Individual Annuity Mortality Table						
Current Assumptions:						
1983 Individual Annuity Mortality Basic Table with selection consistent with experience						
Mortality Selection Factors						
Duration	Issue Age Band					
	<58	58-62	63-67	68-72	73-77	78+
1	20%	20%	25%	20%	20%	25%
2	25%	35%	40%	30%	25%	25%
3	35%	45%	45%	40%	40%	40%
4	40%	50%	45%	45%	45%	45%
5	45%	50%	45%	55%	50%	55%
6	50%	50%	55%	55%	60%	60%
7	50%	55%	60%	60%	65%	65%
8	50%	55%	60%	60%	70%	75%
9	50%	55%	66%	71%	73%	88%
10	55%	66%	66%	74%	73%	88%
11	57%	66%	71%	78%	74%	88%
12	57%	66%	71%	78%	88%	89%
13	57%	66%	73%	83%	88%	94%
14	57%	67%	73%	88%	89%	94%
15	57%	67%	74%	88%	95%	94%
16	57%	67%	81%	88%	95%	100%
17	59%	69%	81%	91%	101%	101%
18	59%	69%	84%	95%	101%	101%
19	68%	73%	84%	96%	101%	101%
20	68%	75%	85%	96%	101%	105%
21	72%	78%	85%	100%	105%	105%
22	75%	80%	90%	105%	105%	110%
23	78%	85%	90%	105%	110%	110%
24	83%	87%	90%	105%	110%	110%
25	83%	90%	100%	105%	110%	110%
26	85%	90%	100%	105%	110%	110%
27	87%	90%	100%	105%	110%	110%
28	87%	95%	100%	105%	110%	110%
29	90%	95%	100%	105%	110%	110%
30	90%	100%	100%	105%	110%	110%
31	90%	100%	100%	105%	110%	110%
32	95%	100%	100%	105%	110%	110%
33	95%	100%	100%	105%	110%	110%
34	95%	100%	100%	105%	110%	110%
35+	100%	100%	100%	105%	110%	110%

EXHIBIT I
RiverSource Life Insurance Company
Original Pricing & Current Assumptions Comparison
Policy Form: 30160A

Lapse Assumptions			
Original Pricing Assumptions:			
	Duration	Rate	
	1	8%	
	2	7%	
	3	6%	
	4+	5%	
Current Assumptions:			
Lifetime Benefit		Non-Lifetime Benefit	
	Issue Age Band		
Duration	<63	63-72	73+
1	6.90%	6.80%	7.00%
2	6.50%	4.50%	3.50%
3	4.80%	3.50%	3.50%
4	3.60%	2.60%	1.90%
5	2.60%	1.90%	1.30%
6	1.90%	1.60%	1.30%
7	1.50%	1.10%	1.30%
8	1.10%	1.10%	1.30%
9	1.06%	1.08%	1.30%
10	0.85%	1.15%	1.30%
11	0.80%	1.00%	1.30%
12	0.65%	0.85%	1.40%
13	0.65%	0.87%	1.40%
14	0.65%	0.87%	1.50%
15	0.60%	0.95%	1.50%
16	0.60%	1.05%	1.70%
17	0.60%	1.05%	1.70%
18	0.60%	1.20%	1.80%
19	0.60%	1.20%	1.80%
20	0.65%	1.20%	1.90%
21	0.70%	1.20%	1.90%
22	0.75%	1.20%	2.00%
23	0.80%	1.20%	2.00%
24	0.90%	1.25%	2.00%
25	0.95%	1.25%	2.00%
26	0.95%	1.25%	2.00%
27	1.00%	1.25%	2.00%
28	1.00%	1.25%	2.00%
29	1.00%	1.25%	2.00%
30	1.00%	1.30%	2.00%
31	1.10%	1.30%	2.00%
32	1.10%	1.30%	2.00%
33	1.10%	1.30%	2.00%
34	1.10%	1.30%	2.00%
35	1.10%	1.35%	2.00%
36	1.10%	1.35%	2.00%
37	1.10%	1.35%	2.00%
38	1.10%	1.35%	2.00%
39	1.10%	1.35%	2.00%
40+	1.10%	1.40%	2.00%
	Duration	Issue Age Band	
	1	<63	63-72
1	6.9%	7.1%	5.3%
2	6.0%	4.8%	4.6%
3	4.2%	3.3%	3.1%
4	3.1%	2.9%	2.9%
5	2.3%	2.0%	2.2%
6	1.7%	1.9%	2.1%
7	1.5%	1.6%	2.3%
8	1.2%	1.4%	2.4%
9	1.1%	1.3%	2.5%
10	1.0%	1.3%	3.3%
11	1.0%	1.4%	3.6%
12	0.9%	1.4%	3.8%
13	0.8%	1.4%	3.8%
14	0.8%	1.4%	4.8%
15	0.8%	1.7%	4.8%
16	0.8%	1.7%	5.2%
17	1.0%	1.9%	5.2%
18	1.1%	2.0%	6.0%
19	1.1%	2.3%	6.0%
20	1.1%	2.8%	6.0%
21	1.1%	3.0%	6.0%
22	1.1%	3.3%	6.0%
23	1.1%	3.4%	6.0%
24	1.2%	3.5%	6.0%
25	1.4%	3.6%	6.0%
26	1.5%	3.8%	6.0%
27	1.6%	4.0%	6.0%
28	2.1%	4.2%	6.0%
29	2.4%	4.4%	6.0%
30	2.6%	4.5%	6.0%
31	2.9%	4.5%	6.0%
32	3.1%	4.5%	6.0%
33	3.2%	4.5%	6.0%
34	3.3%	4.5%	6.0%
35	3.4%	4.5%	6.0%
36	3.5%	4.5%	6.0%
37	3.5%	4.5%	6.0%
38	3.5%	4.5%	6.0%
39	3.5%	4.5%	6.0%
40+	3.5%	4.5%	6.0%
In the year of rate increase notification to policyholders, an additional 1.25% of inforce policyholders is assumed to lapse, and a 0.7% reduction in benefits due to election of reduced benefit options is also assumed.			

Interest Rate Assumptions	
Original Pricing Assumption:	5.00%
Current Assumption:	4.50%

EXHIBIT II
RiverSource Life Insurance Company
Nationwide Long Term Care Claim Experience
For Policy Anniversaries through 2015
Policy Form: 30160A
Expected Claims Based on Current Assumptions

SPLIT BY BENEFIT PERIOD AND DURATION									
Duration	Lifetime Benefit Period			Non-Lifetime Benefit Period			All		
	Actual	Expected	A/E	Actual	Expected	A/E	Actual	Expected	A/E
1	2,358,364	2,554,730	92.3%	751,395	2,178,762	34.5%	3,109,760	4,733,491	65.7%
2	1,976,169	3,305,411	59.8%	2,895,869	2,780,545	104.1%	4,872,038	6,085,956	80.1%
3	6,200,883	4,320,347	143.5%	4,399,977	3,665,443	120.0%	10,600,860	7,985,789	132.7%
4	4,419,578	5,596,613	79.0%	3,635,097	5,097,966	71.3%	8,054,675	10,694,578	75.3%
5	7,611,770	7,114,010	107.0%	7,595,307	6,878,287	110.4%	15,207,078	13,992,297	108.7%
6	5,581,667	8,797,021	63.4%	7,605,248	8,975,267	84.7%	13,186,915	17,772,288	74.2%
7	10,947,111	10,870,318	100.7%	10,636,099	11,657,665	91.2%	21,583,210	22,527,983	95.8%
8	10,341,441	12,199,667	84.8%	13,434,806	13,660,578	98.3%	23,776,247	25,860,246	91.9%
9	15,401,128	13,805,917	111.6%	15,107,584	16,267,521	92.9%	30,508,712	30,073,438	101.4%
10	16,240,609	15,473,453	105.0%	19,647,403	19,144,638	102.6%	35,888,012	34,618,091	103.7%
11	17,218,376	17,382,586	99.1%	22,146,368	22,239,528	99.6%	39,364,744	39,622,113	99.4%
12	22,835,369	19,408,210	117.7%	22,709,683	25,606,470	88.7%	45,545,052	45,014,681	101.2%
13	23,815,625	21,549,783	110.5%	31,307,987	29,444,063	106.3%	55,123,613	50,993,846	108.1%
14	23,963,383	23,326,444	102.7%	37,637,577	31,398,086	119.9%	61,600,960	54,724,530	112.6%
15	24,139,455	24,991,564	96.6%	34,256,168	32,853,383	104.3%	58,395,624	57,844,947	101.0%
16	22,210,988	21,446,997	103.6%	29,700,330	27,228,295	109.1%	51,911,317	48,675,292	106.6%
17	10,543,083	9,708,085	108.6%	10,627,491	11,070,218	96.0%	21,170,574	20,778,303	101.9%
18	600,149	315,763	190.1%	149,040	306,214	48.7%	749,189	621,977	120.5%
Total	226,405,148	222,166,919	101.9%	274,243,431	270,452,927	101.4%	500,648,579	492,619,846	101.6%

SPLIT BY ISSUE AGE				
Issue Age	Actual	Expected	A/E	Claim Count
<43	1,249	192,747	0.6%	2
43-47	2,309,018	1,281,446	180.2%	16
48-52	6,356,587	6,118,486	103.9%	79
53-57	30,591,652	30,492,020	100.3%	327
58-62	78,725,533	76,712,812	102.6%	876
63-67	132,387,581	131,850,597	100.4%	1,553
68-72	121,152,294	119,965,836	101.0%	1,587
73-77	91,597,994	88,731,308	103.2%	1,385
78-82	33,602,415	33,545,069	100.2%	587
83+	3,924,256	3,765,800	104.2%	86
Total	500,648,579	492,656,122	101.6%	6,498

EXHIBIT III
RiverSource Life Insurance Company
Long-Term Care Mortality Experience
For Policy Anniversaries in 2000 through Policy Anniversaries in 2015
Experience Includes All Long-Term Care Forms Combined
Expressing Deaths in Terms of Policy Count
Expected Deaths Based on Current Assumptions

SUMMARY BY DURATION				
Duration	Actual Deaths	Expected Deaths	A/E	Difference
1	100	98	102%	2
2	216	218	99%	(2)
3	418	399	105%	19
4	531	544	98%	(13)
5	811	800	101%	11
6	1,130	1,114	101%	16
7	1,470	1,434	103%	36
8	1,731	1,726	100%	5
9	2,152	2,173	99%	(21)
10	2,638	2,657	99%	(19)
11	3,205	3,200	100%	5
12	3,474	3,507	99%	(33)
13	3,652	3,681	99%	(29)
14	3,631	3,686	99%	(55)
15	3,549	3,637	98%	(88)
16	3,436	3,455	99%	(19)
17	3,149	3,157	100%	(8)
18	2,895	2,876	101%	19
19	2,619	2,637	99%	(18)
20	2,129	2,142	99%	(13)
21	1,773	1,784	99%	(11)
22	1,478	1,486	99%	(8)
23	1,139	1,130	101%	9
24	771	803	96%	(32)
25	471	466	101%	5
26	77	71	109%	6
Total	48,645	48,881	100%	(236)

SUMMARY BY ISSUE AGE				
Issue Age	Actual Deaths	Expected Deaths	A/E	Difference
<43	27	31	88%	(4)
43-47	174	185	94%	(11)
48-52	1,212	1,258	96%	(46)
53-57	3,740	3,724	100%	16
58-62	8,573	8,612	100%	(39)
63-67	12,554	12,580	100%	(26)
68-72	11,825	11,875	100%	(50)
73-77	7,381	7,413	100%	(32)
78-82	2,793	2,826	99%	(33)
83+	366	377	97%	(11)
Total	48,645	48,881	100%	(236)

SUMMARY BY ALL DURATION / ISSUE AGE CELLS			
Actual Deaths	Expected Deaths	A/E	Difference
48,645	48,881	100%	(236)

EXHIBIT IV
RiverSource Life Insurance Company
Lapses and Benefit Reductions¹
Nationwide Experience
Experience Includes All Long-Term Care Forms Combined

Additional Lapses Due to Rate Increase													
Increase Percent	Average Increase	Year of Increase											Weighted Average
		2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	
< 10%	6.6%			0.9%	1.5%	1.4%	0.7%	1.2%	1.0%	0.7%	1.1%	0.5%	1.1%
10% - 19.9%	14.1%	0.7%	2.1%	1.4%	1.7%	1.9%	1.4%	1.3%	1.2%	1.1%	1.0%	1.1%	1.4%
20% - 29.9%	22.4%	1.8%	1.7%	1.2%	1.6%	2.5%		4.4%	2.6%	1.8%	2.0%	0.7%	1.8%
30%+	33.2%	2.9%	2.7%	2.4%	2.8%	2.3%	1.4%	1.6%				1.7%	2.6%
Total	17.4%	2.6%	2.5%	1.3%	1.8%	1.9%	1.4%	1.3%	1.2%	1.2%	1.2%	1.1%	1.7%

Overall Reduction in Benefits in Relation to Rate Increase Percentage													
Increase Percent	Average Increase	Year of Increase											Weighted Average
		2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	
< 10%	6.6%			0.3%	0.2%	0.2%	0.4%	0.3%	0.3%	0.3%	0.3%		0.2%
10% - 19.9%	14.1%	0.9%	0.8%	0.6%	0.6%	0.7%	0.5%	0.7%	0.7%	0.8%	0.6%	0.4%	0.6%
20% - 29.9%	22.4%	1.6%	1.7%	1.7%	1.3%	2.4%		1.7%	1.0%	1.0%	1.0%	0.3%	1.2%
30%+	33.2%	3.0%	2.7%	2.6%	2.4%	2.3%	1.8%	1.4%				0.6%	2.2%
Total	17.4%	1.5%	1.4%	0.8%	0.8%	0.8%	0.7%	0.9%	0.9%	0.9%	0.8%	0.5%	0.8%

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

EXHIBIT V
RiverSource Life Insurance Company
Long-Term Care Lapse Experience
For Policy Anniversaries in 2000 through Policy Anniversaries in 2015
Experience Includes All Long-Term Care Forms Combined
Expressing Lapses in Terms of Policy Count
Expected Lapses Based on Current Assumptions

Duration	LIFETIME BENEFIT PERIOD															
	Issue Ages 35-62				Issue Ages 63-72				Issue Ages 73+				All Issue Ages			
	Lapses	Exposure	Rate	Expected Lapses	Lapses	Exposure	Rate	Expected Lapses	Lapses	Exposure	Rate	Expected Lapses	Lapses	Exposure	Rate	Expected Lapses
1	1,352	19,701	6.9%	6.9%	261	3,859	6.8%	6.8%	37	529	7.0%	7.0%	1,650	24,088	6.8%	6.9%
2	1,669	25,851	6.5%	6.5%	265	5,869	4.5%	4.5%	30	856	3.5%	3.5%	1,964	32,576	6.0%	6.1%
3	1,552	32,493	4.8%	4.8%	287	8,144	3.5%	3.5%	42	1,213	3.5%	3.5%	1,881	41,850	4.5%	4.5%
4	1,416	39,280	3.6%	3.6%	265	10,078	2.6%	2.6%	29	1,494	1.9%	1.9%	1,710	50,852	3.4%	3.4%
5	1,270	48,520	2.6%	2.6%	254	13,213	1.9%	1.9%	27	2,028	1.3%	1.3%	1,551	63,762	2.4%	2.4%
6	967	52,208	1.9%	1.9%	255	15,516	1.6%	1.6%	31	2,497	1.2%	1.3%	1,253	70,220	1.8%	1.8%
7	773	52,358	1.5%	1.5%	195	16,645	1.2%	1.1%	48	2,770	1.7%	1.3%	1,016	71,773	1.4%	1.4%
8	550	50,915	1.1%	1.1%	195	17,353	1.1%	1.1%	38	2,869	1.3%	1.3%	783	71,137	1.1%	1.1%
9	498	47,453	1.0%	1.1%	187	17,441	1.1%	1.1%	31	2,893	1.1%	1.3%	716	67,788	1.1%	1.1%
10	371	42,435	0.9%	0.9%	212	17,566	1.2%	1.2%	32	2,936	1.1%	1.3%	615	62,938	1.0%	1.0%
11	355	41,269	0.9%	0.8%	200	19,265	1.0%	1.0%	34	3,307	1.0%	1.3%	589	63,841	0.9%	0.9%
12	243	36,912	0.7%	0.7%	155	18,214	0.9%	0.9%	43	3,020	1.4%	1.4%	441	58,145	0.8%	0.8%
13	231	34,262	0.7%	0.7%	147	16,539	0.9%	0.9%	32	2,558	1.3%	1.4%	410	53,359	0.8%	0.8%
14	188	30,016	0.6%	0.7%	117	13,924	0.8%	0.9%	31	1,988	1.6%	1.5%	336	45,928	0.7%	0.8%
15	149	25,866	0.6%	0.6%	107	11,248	1.0%	1.0%	20	1,468	1.4%	1.5%	276	38,581	0.7%	0.7%
16	137	22,261	0.6%	0.6%	94	9,180	1.0%	1.1%	25	1,082	2.3%	1.7%	256	32,523	0.8%	0.8%
17	126	20,705	0.6%	0.6%	85	8,451	1.0%	1.1%	19	886	2.1%	1.7%	230	30,042	0.8%	0.8%
18	99	16,753	0.6%	0.6%	77	6,837	1.1%	1.2%	19	621	3.1%	1.8%	195	24,210	0.8%	0.8%
19	65	13,501	0.5%	0.6%	65	5,044	1.3%	1.2%	5	399	1.3%	1.8%	135	18,944	0.7%	0.8%
20	50	9,028	0.6%	0.7%	47	3,830	1.2%	1.2%	5	247	2.0%	1.9%	102	13,104	0.8%	0.8%
21	51	7,368	0.7%	0.7%	49	3,889	1.3%	1.2%	8	229	3.5%	1.9%	108	11,485	0.9%	0.9%
22	51	5,677	0.9%	0.8%	35	3,656	1.0%	1.2%	6	225	2.7%	2.0%	92	9,558	1.0%	1.0%
23	26	3,489	0.7%	0.8%	31	2,438	1.3%	1.2%	3	122	2.5%	2.0%	60	6,049	1.0%	1.0%
24	14	1,985	0.7%	0.9%	27	1,347	2.0%	1.3%	3	54	5.6%	2.0%	44	3,386	1.3%	1.1%
25	10	829	1.2%	1.0%	10	513	2.0%	1.3%	1	18	5.5%	2.0%	21	1,360	1.5%	1.1%
26	2	163	1.2%	1.0%	1	127	0.8%	1.3%	0	8	0.0%	2.0%	3	298	1.0%	1.1%
All Durations	12,215	681,297	1.8%	1.8%	3,623	250,185	1.4%	1.4%	599	36,317	1.6%	1.6%	16,437	967,799	1.7%	1.7%
Durations 8 and later	3,216	410,886	0.8%	0.8%	1,841	176,862	1.0%	1.0%	355	24,930	1.4%	1.4%	5,412	612,678	0.9%	0.9%

Duration	NON-LIFETIME BENEFIT PERIOD															
	Issue Ages 35-62				Issue Ages 63-72				Issue Ages 73+				All Issue Ages			
	Lapses	Exposure	Rate	Expected Lapses	Lapses	Exposure	Rate	Expected Lapses	Lapses	Exposure	Rate	Expected Lapses	Lapses	Exposure	Rate	Expected Lapses
1	1,927	27,994	6.9%	6.9%	677	9,598	7.1%	7.1%	116	2,177	5.3%	5.3%	2,720	39,770	6.8%	6.9%
2	2,079	34,647	6.0%	6.0%	644	13,309	4.8%	4.8%	151	3,289	4.6%	4.6%	2,874	51,244	5.6%	5.6%
3	1,599	38,297	4.2%	4.2%	542	16,222	3.3%	3.3%	128	4,194	3.1%	3.1%	2,269	58,713	3.9%	3.9%
4	1,227	39,300	3.1%	3.1%	503	17,424	2.9%	2.9%	134	4,614	2.9%	2.9%	1,864	61,338	3.0%	3.0%
5	975	41,636	2.3%	2.3%	391	19,997	2.0%	2.0%	124	5,566	2.2%	2.2%	1,490	67,199	2.2%	2.2%
6	712	40,884	1.7%	1.7%	408	21,641	1.9%	1.9%	133	6,387	2.1%	2.1%	1,253	68,912	1.8%	1.8%
7	566	37,665	1.5%	1.5%	325	21,705	1.5%	1.6%	149	6,647	2.2%	2.3%	1,040	66,016	1.6%	1.6%
8	431	36,886	1.2%	1.2%	316	22,005	1.4%	1.4%	150	6,595	2.3%	2.4%	897	65,486	1.4%	1.4%
9	386	36,096	1.1%	1.1%	292	21,699	1.3%	1.3%	156	6,334	2.5%	2.5%	834	64,129	1.3%	1.3%
10	278	30,581	0.9%	1.0%	225	20,119	1.1%	1.3%	188	5,892	3.2%	3.3%	691	56,592	1.2%	1.3%
11	254	27,953	0.9%	1.0%	296	20,158	1.5%	1.4%	206	5,793	3.6%	3.6%	756	53,904	1.4%	1.4%
12	260	26,872	1.0%	0.9%	260	19,069	1.4%	1.4%	199	5,107	3.9%	3.8%	719	51,048	1.4%	1.4%
13	212	27,362	0.8%	0.8%	259	18,010	1.4%	1.4%	169	4,394	3.8%	3.8%	640	49,766	1.3%	1.3%
14	173	21,697	0.8%	0.8%	198	15,077	1.3%	1.4%	173	3,409	5.1%	4.8%	544	40,183	1.4%	1.3%
15	123	17,140	0.7%	0.8%	202	12,255	1.6%	1.7%	103	2,437	4.2%	4.8%	428	31,832	1.3%	1.4%
16	97	13,509	0.7%	0.8%	164	9,586	1.7%	1.7%	96	1,732	5.5%	5.2%	357	24,827	1.4%	1.4%
17	94	9,882	1.0%	1.0%	146	7,742	1.9%	1.9%	62	1,322	4.7%	5.2%	302	18,946	1.6%	1.6%
18	83	7,108	1.2%	1.1%	106	5,893	1.8%	2.0%	57	921	6.2%	6.0%	246	13,922	1.8%	1.8%
19	51	6,105	0.8%	1.1%	110	4,730	2.3%	2.3%	41	616	6.7%	6.0%	202	11,451	1.8%	1.8%
20	43	4,506	1.0%	1.1%	98	3,598	2.7%	2.8%	24	422	5.7%	6.0%	165	8,527	1.9%	2.0%
21	42	3,412	1.2%	1.1%	90	3,099	2.9%	3.0%	24	308	7.8%	6.0%	156	6,820	2.3%	2.1%
22	24	2,477	1.0%	1.1%	84	2,544	3.3%	3.3%	29	225	12.9%	6.0%	137	5,245	2.6%	2.3%
23	11	1,484	0.7%	1.1%	61	1,652	3.7%	3.4%	11	110	10.0%	6.0%	83	3,246	2.6%	2.4%
24	14	817	1.7%	1.2%	26	875	3.0%	3.5%	6	44	13.8%	6.0%	46	1,735	2.7%	2.5%
25	7	272	2.6%	1.4%	13	322	4.0%	3.6%	0	13	0.0%	6.0%	20	607	3.3%	2.7%
26	2	75	2.7%	1.5%	8	61	13.1%	3.8%	1	3	36.4%	6.0%	11	138	8.0%	2.6%
All Durations	11,670	534,655	2.2%	2.2%	6,444	308,390	2.1%	2.1%	2,630	78,551	3.3%	3.3%	20,744	921,597	2.3%	2.3%
Durations 8 and later	2,585	274,233	0.9%	1.0%	2,954	188,495	1.6%	1.6%	1,695	45,678	3.7%	3.7%	7,234	508,405	1.4%	1.4%

EXHIBIT VI
RiverSource Life Insurance Company
Nationwide Experience Projections with No Increase
Adjusted for Cumulative Prior Approved Rate Increases on a Nationwide Basis
Policy Form: 30160A

	Calendar Year	Ending Policies Inforce	Loss Ratio Demonstration						Factors Derived from Projected Values for Illustrative Purposes Only				Interest Rate Factors	
			Without Interest			With Interest			Premium Rate Increase Factor	Morbidity Factor	Persistence Factors		Calendar Year Effective Int Rate	Mid-Year Disc / Accum Factor
			Earned Premiums	Incurred Claims	Loss Ratio	Earned Premiums	Incurred Claims	Loss Ratio			Policy Lapse & Mortality	Policy Persistence		
Historical Experience	1997	420	48,954	0	0.0%	112,978	0	0.0%			0.0000	1.000	4.50%	2.3079
	1998	13,882	8,485,413	227,638	2.7%	18,739,855	502,733	2.7%			0.0146	0.985	4.50%	2.2085
	1999	35,115	36,839,540	2,132,424	5.8%	77,855,831	4,506,615	5.8%			0.0260	0.974	4.50%	2.1134
	2000	44,448	64,451,630	5,039,141	7.8%	130,345,052	10,191,009	7.8%			0.0509	0.949	4.50%	2.0224
	2001	43,584	67,439,792	7,077,818	10.5%	130,515,046	13,697,577	10.5%			0.0447	0.955	4.50%	1.9353
	2002	42,906	66,535,160	11,221,828	16.9%	123,219,451	20,782,207	16.9%			0.0403	0.960	4.50%	1.8519
	2003	41,096	64,639,775	12,687,447	19.6%	114,554,356	22,484,643	19.6%			0.0449	0.955	4.50%	1.7722
	2004	40,002	62,391,639	15,912,781	25.5%	105,808,821	26,986,190	25.5%			0.0266	0.973	4.50%	1.6959
	2005	39,014	60,591,747	15,235,860	25.1%	98,331,501	24,725,562	25.1%			0.0247	0.975	4.50%	1.6229
	2006	38,169	59,037,005	28,390,669	48.1%	91,682,664	44,089,842	48.1%			0.0217	0.978	4.50%	1.5530
	2007	37,373	57,514,309	28,103,865	48.9%	85,471,736	41,765,017	48.9%			0.0209	0.979	4.50%	1.4861
	2008	36,071	56,969,168	29,300,057	51.4%	81,015,889	41,667,630	51.4%			0.0348	0.965	4.50%	1.4221
	2009	34,743	59,738,197	42,480,349	71.1%	81,295,432	57,809,886	71.1%			0.0368	0.963	4.50%	1.3609
	2010	33,665	60,338,516	52,098,235	86.3%	78,576,443	67,845,454	86.3%			0.0310	0.969	4.50%	1.3023
	2011	32,713	62,283,385	48,311,414	77.6%	77,616,429	60,204,811	77.6%			0.0283	0.972	4.50%	1.2462
	2012	31,737	61,975,363	64,296,202	103.7%	73,906,774	76,674,416	103.7%			0.0298	0.970	4.50%	1.1925
	2013	30,724	63,998,827	61,823,175	96.6%	73,033,293	70,550,513	96.6%			0.0319	0.968	4.50%	1.1412
	2014	29,716	63,958,252	67,881,863	106.1%	69,844,011	74,128,692	106.1%			0.0328	0.967	4.50%	1.0920
	2015	28,689	63,675,766	72,479,497	113.8%	66,541,175	75,741,074	113.8%			0.0352	0.965	4.50%	1.0450
	2016	28,225	33,581,231	48,604,584	144.7%	33,952,807	49,142,393	144.7%			n/a	n/a	4.50%	1.0111
Projected Future Experience	7/1/2016-12/31/2016	27,591	33,640,591	37,486,918	111.4%	33,272,432	37,076,665	111.4%	1.0000	1.2342	0.0376	0.962	4.50%	0.9891
	2017	26,400	64,648,016	77,240,117	119.5%	61,864,130	73,913,988	119.5%	1.0000	0.9377	0.0432	0.957	4.50%	0.9569
	2018	25,179	61,129,437	80,309,681	131.4%	55,978,057	73,541,980	131.4%	1.0000	1.0902	0.0463	0.954	4.50%	0.9157
	2019	23,921	57,593,082	83,414,869	144.8%	50,468,622	73,096,166	144.8%	1.0000	1.0933	0.0500	0.950	4.50%	0.8763
	2020	22,630	54,027,118	86,096,644	159.4%	45,305,053	72,197,317	159.4%	1.0000	1.0910	0.0540	0.946	4.50%	0.8386
	2021	21,328	50,475,352	88,504,518	175.3%	40,503,999	71,020,543	175.3%	1.0000	1.0907	0.0575	0.942	4.50%	0.8025
	2022	20,017	46,984,352	90,929,388	193.5%	36,079,084	69,824,289	193.5%	1.0000	1.0947	0.0614	0.939	4.50%	0.7679
	2023	18,694	43,547,569	93,336,737	214.3%	31,999,993	68,586,490	214.3%	1.0000	1.0992	0.0661	0.934	4.50%	0.7348
	2024	17,371	40,171,948	95,413,769	237.5%	28,248,316	67,093,543	237.5%	1.0000	1.1001	0.0707	0.929	4.50%	0.7032
	2025	16,059	36,886,231	97,109,342	263.3%	24,820,908	65,345,307	263.3%	1.0000	1.1009	0.0755	0.924	4.50%	0.6729
	2026	14,754	33,692,124	98,247,009	291.6%	21,695,291	63,263,969	291.6%	1.0000	1.1012	0.0813	0.919	4.50%	0.6439
	2027	13,462	30,588,569	98,510,257	322.0%	18,848,638	60,701,896	322.0%	1.0000	1.0989	0.0876	0.912	4.50%	0.6162
	2028	12,201	27,594,818	97,801,795	354.4%	16,271,667	57,670,184	354.4%	1.0000	1.0955	0.0937	0.906	4.50%	0.5897
	2029	10,982	24,736,927	96,362,877	389.6%	13,958,346	54,374,838	389.6%	1.0000	1.0946	0.0999	0.900	4.50%	0.5643
	2030	9,814	22,029,422	94,284,921	428.0%	11,895,290	50,911,298	428.0%	1.0000	1.0949	0.1064	0.894	4.50%	0.5400
	2031	8,708	19,484,533	91,653,559	470.4%	10,068,057	47,359,267	470.4%	1.0000	1.0956	0.1127	0.887	4.50%	0.5167
	2032	7,675	17,122,903	88,534,433	517.1%	8,466,750	43,777,561	517.1%	1.0000	1.0959	0.1186	0.881	4.50%	0.4945
	2033	6,713	14,945,915	84,930,772	568.3%	7,072,054	40,187,236	568.3%	1.0000	1.0968	0.1254	0.875	4.50%	0.4732
	2034	5,823	12,944,899	80,862,273	624.7%	5,861,455	36,614,467	624.7%	1.0000	1.0976	0.1326	0.867	4.50%	0.4528
	2035	5,014	11,128,610	76,454,266	687.0%	4,822,046	33,127,770	687.0%	1.0000	1.0980	0.1389	0.861	4.50%	0.4333
	2036	4,287	9,501,378	71,813,846	755.8%	3,939,679	29,777,098	755.8%	1.0000	1.0986	0.1450	0.855	4.50%	0.4146
	2037	3,639	8,055,170	67,000,999	831.8%	3,196,190	26,585,154	831.8%	1.0000	1.0993	0.1513	0.849	4.50%	0.3968
	2038	3,065	6,780,474	62,024,189	914.7%	2,574,552	23,550,640	914.7%	1.0000	1.0989	0.1576	0.842	4.50%	0.3797
	2039	2,562	5,665,882	56,770,218	1002.0%	2,068,699	20,627,466	1002.0%	1.0000	1.0949	0.1641	0.836	4.50%	0.3634
	2040	2,125	4,698,930	51,292,555	1091.6%	1,633,834	17,834,600	1091.6%	1.0000	1.0895	0.1707	0.829	4.50%	0.3477
	2041	1,748	3,866,822	45,895,182	1186.9%	1,286,610	15,270,731	1186.9%	1.0000	1.0878	0.1774	0.823	4.50%	0.3327
	2042	1,426	3,156,696	40,669,294	1288.4%	1,005,100	12,949,204	1288.4%	1.0000	1.0864	0.1844	0.816	4.50%	0.3184
	2043	1,153	2,555,835	35,689,690	1396.4%	778,741	10,874,341	1396.4%	1.0000	1.0853	0.1914	0.809	4.50%	0.3047
	2044	924	2,051,878	31,017,622	1511.7%	598,267	9,043,830	1511.7%	1.0000	1.0845	0.1986	0.801	4.50%	0.2916
	2045	734	1,632,985	26,695,553	1634.8%	455,627	7,448,460	1634.8%	1.0000	1.0839	0.2059	0.794	4.50%	0.2790
	2046	577	1,287,982	22,753,436	1766.6%	343,891	6,075,168	1766.6%	1.0000	1.0836	0.2134	0.787	4.50%	0.2670
	2047	449	1,006,474	19,192,526	1906.9%	257,156	4,903,737	1906.9%	1.0000	1.0830	0.2212	0.779	4.50%	0.2555
	2048	346	778,952	16,012,370	2055.6%	190,454	3,915,023	2055.6%	1.0000	1.0823	0.2291	0.771	4.50%	0.2445
	2049	264	596,850	13,205,691	2212.6%	139,646	3,089,751	2212.6%	1.0000	1.0813	0.2373	0.763	4.50%	0.2340
	2050	199	452,558	10,759,345	2377.5%	101,326	2,408,973	2377.5%	1.0000	1.0802	0.2458	0.754	4.50%	0.2239
	2051	149	339,412	8,657,633	2550.8%	72,720	1,854,936	2550.8%	1.0000	1.0794	0.2545	0.745	4.50%	0.2143
	2052	109	251,646	6,873,826	2731.5%	51,595	1,409,328	2731.5%	1.0000	1.0782	0.2636	0.736	4.50%	0.2050
	2053	80	184,339	5,382,554	2919.9%	36,167	1,056,053	2919.9%	1.0000	1.0771	0.2730	0.727	4.50%	0.1962
	2054	57	133,332	4,155,188	3116.4%	25,033	780,138	3116.4%	1.0000	1.0763	0.2828	0.717	4.50%	0.1878
2055	40	95,161	3,160,549	3321.3%	17,097	567,842	3321.3%	1.0000	1.0757	0.2929	0.707	4.50%	0.1797	
2056	28	66,969	2,366,563	3533.8%	11,514	406,880	3533.8%	1.0000	1.0749	0.3034	0.697	4.50%	0.1719	
2057	19	46,432	1,742,949	3753.8%	7,639	286,759	3753.8%	1.0000	1.0744	0.3145	0.686	4.50%	0.1645	
2058	13	31,683	1,260,793	3979.4%	4,988	198,500	3979.4%	1.0000	1.0736	0.3263	0.674	4.50%	0.1574	
2059	9	21,247	894,089	4208.1%	3,201	134,704	4208.1%	1.0000	1.0727	0.3389	0.661	4.50%	0.1507	
2060	6	13,978	620,204	4436.9%	2,015	89,417	4436.9%	1.0000	1.0717	0.3527	0.647	4.50%	0.1442	
2061	4	9,001	419,774	4663.4%	1,242	57,914	4663.4%	1.0000	1.0709	0.3680	0.632	4.50%	0.1380	
2062	2	5,657	276,877	4894.6%	747	36,554	4894.6%	1.0000	1.0725	0.3850	0.615	4.50%	0.1320	
2063	1	3,457	177,262	5128.3%	437	22,395	5128.3%	1.0000	1.0742	0.4040	0.596	4.50%	0.1263	
2064	1	2,044	109,746											

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

	Calendar Year	Ending Policies Inforce	Loss Ratio Demonstration						Factors Derived from Projected Values for Illustrative Purposes Only				Interest Rate Factors	
			Without Interest			With Interest			Premium Rate Increase Factor	Morbidity Factor	Persistency Factors		Calendar Year Effective Int Rate	Mid-Year Disc / Accum Factor
			Earned Premiums	Incurred Claims	Loss Ratio	Earned Premiums	Incurred Claims	Loss Ratio			Policy Lapse & Mortality	Policy Persistency		
Historical Experience	1997	420	48,954	0	0.0%	112,978	0	0.0%			0.0000	1.000	4.50%	2.3079
	1998	13,882	8,485,413	227,638	2.7%	18,739,855	502,733	2.7%			0.0146	0.985	4.50%	2.2085
	1999	35,115	36,839,540	2,132,424	5.8%	77,855,831	4,506,615	5.8%			0.0260	0.974	4.50%	2.1134
	2000	44,448	64,451,630	5,039,141	7.8%	130,345,052	10,191,009	7.8%			0.0509	0.949	4.50%	2.0224
	2001	43,584	67,439,792	7,077,818	10.5%	130,515,046	13,697,577	10.5%			0.0447	0.955	4.50%	1.9353
	2002	42,906	66,535,160	11,221,828	16.9%	123,219,451	20,782,207	16.9%			0.0403	0.960	4.50%	1.8519
	2003	41,096	64,639,775	12,687,447	19.6%	114,554,356	22,484,643	19.6%			0.0449	0.955	4.50%	1.7722
	2004	40,002	62,391,639	15,912,781	25.5%	105,808,821	26,986,190	25.5%			0.0266	0.973	4.50%	1.6959
	2005	39,014	60,591,747	15,235,860	25.1%	98,331,501	24,725,562	25.1%			0.0247	0.975	4.50%	1.6229
	2006	38,169	59,037,005	28,390,669	48.1%	91,682,664	44,089,842	48.1%			0.0217	0.978	4.50%	1.5530
	2007	37,373	57,514,309	28,103,865	48.9%	85,471,736	41,765,017	48.9%			0.0209	0.979	4.50%	1.4861
	2008	36,071	56,969,168	29,300,057	51.4%	81,015,889	41,667,630	51.4%			0.0348	0.965	4.50%	1.4221
	2009	34,743	59,738,197	42,480,349	71.1%	81,295,432	57,809,886	71.1%			0.0368	0.963	4.50%	1.3609
	2010	33,665	60,338,516	52,098,235	86.3%	78,576,443	67,845,454	86.3%			0.0310	0.969	4.50%	1.3023
	2011	32,713	62,283,385	48,311,414	77.6%	77,616,429	60,204,811	77.6%			0.0283	0.972	4.50%	1.2462
	2012	31,737	61,975,363	64,296,202	103.7%	73,906,774	78,674,416	103.7%			0.0298	0.970	4.50%	1.1925
	2013	30,724	63,998,827	61,823,175	96.6%	73,033,293	70,550,513	96.6%			0.0319	0.968	4.50%	1.1412
2014	29,716	63,958,252	67,881,863	106.1%	69,844,011	74,128,692	106.1%			0.0328	0.967	4.50%	1.0920	
2015	28,669	63,675,766	72,479,497	113.8%	66,541,175	75,741,074	113.8%			0.0352	0.965	4.50%	1.0450	
1/1/2016-6/30/2016	28,225	33,581,231	48,604,584	144.7%	33,952,807	49,142,393	144.7%			n/a	n/a	4.50%	1.0111	
Projected Future Experience	7/1/2016-12/31/2016	27,591	33,640,591	37,486,918	111.4%	33,272,432	37,076,665	111.4%	1.0000	1.2342	0.0376	0.962	4.50%	0.9891
	2017	26,122	67,257,037	77,291,315	114.9%	64,360,801	73,962,981	114.9%	1.0534	0.9483	0.0533	0.947	4.50%	0.9569
	2018	24,862	68,766,027	80,552,678	117.1%	62,971,111	73,764,500	117.1%	1.0917	0.9482	0.0482	0.952	4.50%	0.9157
	2019	23,620	64,941,978	82,907,369	127.7%	56,908,435	72,651,446	127.7%	1.0000	1.0834	0.0500	0.950	4.50%	0.8763
	2020	22,345	60,921,230	84,944,399	139.4%	51,086,189	71,231,089	139.4%	1.0000	1.0830	0.0540	0.946	4.50%	0.8386
	2021	21,060	56,916,437	87,252,015	153.3%	45,672,655	70,015,471	153.3%	1.0000	1.0899	0.0575	0.942	4.50%	0.8025
	2022	19,766	52,980,133	89,609,525	169.1%	40,683,218	68,810,772	169.1%	1.0000	1.0942	0.0614	0.939	4.50%	0.7679
	2023	18,459	49,104,931	91,950,108	187.3%	36,083,701	67,567,556	187.3%	1.0000	1.0988	0.0661	0.934	4.50%	0.7348
	2024	17,153	45,298,659	93,966,129	207.4%	31,853,343	66,075,584	207.4%	1.0000	1.0997	0.0707	0.929	4.50%	0.7032
	2025	15,858	41,593,739	95,607,628	229.9%	27,988,611	64,334,796	229.9%	1.0000	1.1006	0.0755	0.924	4.50%	0.6729
	2026	14,569	37,992,092	96,701,391	254.5%	24,464,160	62,268,703	254.5%	1.0000	1.1009	0.0813	0.919	4.50%	0.6439
	2027	13,293	34,492,527	96,936,475	281.0%	21,254,251	59,732,133	281.0%	1.0000	1.0986	0.0876	0.912	4.50%	0.6162
	2028	12,047	31,116,754	96,217,532	309.2%	18,348,426	56,736,002	309.2%	1.0000	1.0952	0.0937	0.906	4.50%	0.5897
	2029	10,844	27,894,160	94,782,027	339.8%	15,739,883	53,482,810	339.8%	1.0000	1.0944	0.0999	0.900	4.50%	0.5643
	2030	9,691	24,841,131	92,720,068	373.3%	13,413,537	50,066,320	373.3%	1.0000	1.0947	0.1064	0.894	4.50%	0.5400
	2031	8,599	21,971,459	90,115,997	410.2%	11,353,102	46,564,778	410.2%	1.0000	1.0954	0.1127	0.887	4.50%	0.5167
	2032	7,579	19,308,423	87,034,463	450.8%	9,547,423	43,035,872	450.8%	1.0000	1.0957	0.1186	0.881	4.50%	0.4945
	2033	6,629	16,853,590	83,478,712	495.3%	7,974,721	39,500,155	495.3%	1.0000	1.0967	0.1254	0.875	4.50%	0.4732
	2034	5,750	14,597,183	79,468,130	544.4%	6,609,610	35,983,199	544.4%	1.0000	1.0975	0.1326	0.867	4.50%	0.4528
	2035	4,951	12,549,071	75,125,863	598.7%	5,437,535	32,552,171	598.7%	1.0000	1.0978	0.1389	0.861	4.50%	0.4333
	2036	4,233	10,714,145	70,557,075	658.5%	4,442,544	29,255,987	658.5%	1.0000	1.0985	0.1450	0.855	4.50%	0.4146
	2037	3,593	9,083,345	65,820,625	724.6%	3,604,157	26,116,796	724.6%	1.0000	1.0991	0.1513	0.849	4.50%	0.3968
	2038	3,027	7,645,947	60,924,760	796.8%	2,903,173	23,133,185	796.8%	1.0000	1.0988	0.1576	0.842	4.50%	0.3797
	2039	2,530	6,389,088	55,758,231	872.7%	2,321,476	20,259,760	872.7%	1.0000	1.0948	0.1641	0.836	4.50%	0.3634
	2040	2,098	5,298,713	50,373,454	950.7%	1,842,381	17,515,025	950.7%	1.0000	1.0894	0.1707	0.829	4.50%	0.3477
	2041	1,726	4,360,393	45,068,815	1033.6%	1,450,836	14,995,774	1033.6%	1.0000	1.0877	0.1774	0.823	4.50%	0.3327
	2042	1,408	3,559,625	39,933,722	1121.9%	1,133,393	12,714,996	1121.9%	1.0000	1.0863	0.1844	0.816	4.50%	0.3184
	2043	1,138	2,882,069	35,041,473	1215.8%	878,142	10,676,835	1215.8%	1.0000	1.0852	0.1914	0.809	4.50%	0.3047
	2044	912	2,313,785	30,452,060	1316.1%	674,632	8,878,928	1316.1%	1.0000	1.0844	0.1986	0.801	4.50%	0.2916
	2045	724	1,841,424	26,207,026	1423.2%	513,785	7,312,154	1423.2%	1.0000	1.0838	0.2059	0.794	4.50%	0.2790
	2046	570	1,452,383	22,335,635	1537.9%	387,786	5,963,615	1537.9%	1.0000	1.0836	0.2134	0.787	4.50%	0.2670
	2047	444	1,134,943	18,838,997	1659.9%	289,981	4,813,409	1659.9%	1.0000	1.0830	0.2212	0.779	4.50%	0.2555
	2048	342	878,379	15,716,552	1789.3%	214,764	3,842,695	1789.3%	1.0000	1.0822	0.2291	0.771	4.50%	0.2445
	2049	261	673,033	12,961,053	1925.8%	157,470	3,032,513	1925.8%	1.0000	1.0813	0.2373	0.763	4.50%	0.2340
	2050	197	510,324	10,559,516	2069.2%	114,259	2,364,232	2069.2%	1.0000	1.0802	0.2458	0.754	4.50%	0.2239
	2051	147	382,735	8,496,453	2219.9%	82,003	1,820,403	2219.9%	1.0000	1.0794	0.2545	0.745	4.50%	0.2143
	2052	108	283,767	6,745,568	2377.1%	58,180	1,383,031	2377.1%	1.0000	1.0781	0.2636	0.736	4.50%	0.2050
2053	79	207,868	5,281,910	2541.0%	40,783	1,036,307	2541.0%	1.0000	1.0771	0.2730	0.727	4.50%	0.1962	
2054	56	150,351	4,077,341	2711.9%	28,228	765,523	2711.9%	1.0000	1.0763	0.2828	0.717	4.50%	0.1878	
2055	40	107,308	3,101,227	2890.0%	19,279	557,184	2890.0%	1.0000	1.0756	0.2929	0.707	4.50%	0.1797	
2056	28	75,517	2,322,067	3074.9%	12,984	399,230	3074.9%	1.0000	1.0749	0.3034	0.697	4.50%	0.1719	
2057	19	52,359	1,710,126	3266.2%	8,614	281,359	3266.2%	1.0000	1.0743	0.3145	0.686	4.50%	0.1645	
2058	13	35,727	1,237,014	3462.4%	5,625	194,756	3462.4%	1.0000	1.0736	0.3263	0.674	4.50%	0.1574	
2059	8	23,959	877,202	3661.3%	3,610	132,160	3661.3%	1.0000	1.0727	0.3389	0.661	4.50%	0.1507	
2060	5	15,763	608,475	3860.2%	2,273	87,725	3860.2%	1.0000	1.0717	0.3527	0.647	4.50%	0.1442	
2061	3	10,150	411,825	4057.2%	1,400	56,817	4057.2%	1.0000	1.0709	0.3680	0.632	4.50%	0.1380	
2062	2	6,379	271,628	4258.2%	842	35,861	4258.2%	1.0000	1.0725	0.3850	0.615	4.50%	0.1320	
2063	1	3,898	173,897	4461.5%	492	21,970	4461.5%	1.0000	1.0742	0.4040	0.596	4.50%	0.1263	
2064	1	2,30												

EXHIBIT VII

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

Annual Premiums with 15% Rate Increase

Comprehensive Reimbursement Policy
FORM: 30160A-PA

Annual Premiums Per \$10 Daily Benefit

LIFETIME BENEFIT PERIOD																		
Issue Age	No Benefit Increase Option						Simple Benefit Option						Compound Benefit Option					
	20 Day Deductible Period			90 Day Deductible Period			20 Day Deductible Period			90 Day Deductible Period			20 Day Deductible Period			90 Day Deductible Period		
	Home Care Percentage			Home Care Percentage			Home Care Percentage			Home Care Percentage			Home Care Percentage			Home Care Percentage		
	50%	75%	100%	50%	75%	100%	50%	75%	100%	50%	75%	100%	50%	75%	100%	50%	75%	100%
40	97.16	111.36	125.52	80.96	93.10	105.28	157.92	180.20	202.42	143.76	162.98	182.20	210.52	236.86	263.18	192.32	215.60	238.88
41	97.16	111.36	125.52	80.96	93.10	105.28	157.92	180.20	202.42	143.76	162.98	182.20	210.52	236.86	263.18	192.32	215.60	238.88
42	97.16	111.36	125.52	80.96	93.10	105.28	157.92	180.20	202.42	143.76	162.98	182.20	210.52	236.86	263.18	192.32	215.60	238.88
43	97.16	111.36	125.52	80.96	93.10	105.28	157.92	180.20	202.42	143.76	162.98	182.20	210.52	236.86	263.18	192.32	215.60	238.88
44	97.16	111.36	125.52	80.96	93.10	105.28	157.92	180.20	202.42	143.76	162.98	182.20	210.52	236.86	263.18	192.32	215.60	238.88
45	97.16	111.36	125.52	80.96	93.10	105.28	157.92	180.20	202.42	143.76	162.98	182.20	210.52	236.86	263.18	192.32	215.60	238.88
46	97.16	111.36	125.52	80.96	93.10	105.28	161.94	184.26	206.48	143.76	162.98	182.20	218.62	244.96	271.26	196.38	219.68	242.92
47	99.22	114.40	129.56	83.00	96.14	109.32	168.04	191.34	214.56	149.82	170.04	190.28	228.76	256.08	283.40	202.42	226.74	251.02
48	99.22	114.40	129.56	87.06	100.22	113.36	174.06	198.38	222.68	153.88	174.06	194.32	238.88	267.22	295.52	208.50	233.82	259.10
49	105.28	121.46	137.66	89.06	103.28	117.42	178.12	202.42	226.74	155.90	177.10	198.38	249.00	278.36	307.70	216.60	241.92	267.22
50	105.28	121.46	137.66	93.10	107.32	121.46	184.26	209.50	234.84	159.94	181.22	202.42	263.18	293.54	323.88	222.68	249.00	275.32
51	107.32	124.50	141.72	95.16	110.36	125.52	190.28	216.60	242.92	166.00	188.30	210.52	271.26	301.66	331.98	228.76	256.08	283.40
52	111.36	128.54	145.78	95.16	110.36	125.52	194.32	220.66	246.98	166.00	188.30	210.52	281.40	312.78	344.14	236.86	264.20	291.48
53	113.36	131.58	149.82	101.22	117.42	133.60	200.42	227.76	255.04	172.08	195.36	218.62	291.48	323.88	356.30	242.92	271.26	299.58
54	113.36	131.58	149.82	101.22	117.42	133.60	206.48	234.84	263.18	176.14	199.42	222.68	301.66	335.02	368.42	249.00	278.36	307.70
55	119.44	138.72	157.92	107.32	124.50	141.72	212.54	241.92	271.26	182.20	206.48	230.78	315.80	350.22	384.62	259.10	289.50	319.84
56	129.56	149.82	170.04	111.36	128.54	145.78	226.74	257.10	287.46	196.38	221.68	246.98	334.00	369.44	404.86	277.36	308.76	340.08
57	139.70	160.96	182.20	121.46	139.70	157.92	240.90	272.30	303.64	210.52	236.86	263.18	352.24	388.68	425.10	295.52	327.94	360.32
58	149.82	172.08	194.32	131.58	150.84	170.04	255.04	287.46	319.84	224.72	252.04	279.36	370.46	407.90	445.34	313.76	347.18	380.56
59	159.94	183.24	206.48	137.66	157.92	178.12	273.30	306.68	340.08	238.88	267.22	295.52	388.68	427.14	465.58	331.98	366.42	400.82
60	170.04	194.32	218.62	147.80	169.06	190.28	287.46	321.86	356.30	259.10	289.50	319.84	406.92	446.36	485.82	350.22	385.66	421.04
61	180.20	205.46	230.78	155.90	177.10	198.38	301.66	337.04	372.46	273.30	304.70	336.04	425.10	465.58	506.10	368.42	404.86	441.30
62	190.28	216.60	242.92	161.94	184.26	206.48	319.84	356.30	392.72	287.46	319.84	352.24	443.32	484.84	526.30	386.68	424.10	461.52
63	200.42	227.76	255.04	172.08	195.36	218.62	334.00	371.48	408.90	301.66	335.02	368.42	461.52	504.10	546.58	404.86	443.32	481.78
64	210.52	238.88	267.22	182.20	206.48	230.78	348.20	386.68	425.10	315.80	350.22	384.62	479.78	523.32	566.78	423.14	462.58	502.02
65	222.68	253.04	283.40	192.32	217.60	242.92	368.42	408.90	449.40	336.04	372.46	408.90	502.02	546.58	591.10	443.32	484.84	526.30
66	263.18	295.52	327.94	224.72	252.04	279.36	427.14	470.68	514.18	384.62	423.14	461.52	568.84	616.42	663.94	497.98	542.50	587.06
67	305.72	341.14	376.52	263.18	293.54	323.88	485.82	532.38	578.94	435.22	476.74	518.24	639.70	690.30	740.90	552.64	600.24	647.78
68	348.20	386.68	425.10	297.58	330.98	364.36	544.54	594.14	643.72	485.82	530.36	574.88	706.52	760.16	813.76	607.30	657.90	708.52
69	394.78	436.24	477.74	336.04	372.46	408.90	603.24	655.84	708.52	540.48	588.08	635.66	779.36	837.06	894.72	661.94	715.60	769.22
70	437.26	481.78	526.30	370.46	409.96	449.40	663.94	720.66	777.30	591.10	641.72	692.30	850.22	910.94	971.66	716.62	773.26	829.98
71	477.74	524.30	570.84	406.92	448.38	489.88	722.68	782.40	842.12	639.70	692.30	744.94	917.04	980.78	999.98	771.26	831.02	890.68
72	524.30	573.90	623.48	441.30	485.82	530.36	781.36	844.14	906.86	694.34	750.06	805.66	989.92	999.98	999.98	825.90	888.68	951.44
73	566.78	619.44	672.06	479.78	527.36	574.88	840.10	905.86	971.66	744.94	803.66	862.34	999.98	999.98	999.98	880.60	946.36	999.98
74	609.34	665.00	720.66	514.18	564.78	615.38	898.78	967.62	999.98	795.58	857.30	919.04	999.98	999.98	999.98	935.22	999.98	999.98
75	655.84	714.62	773.26	552.64	606.28	659.90	963.58	999.98	999.98	850.22	914.98	979.76	999.98	999.98	999.98	995.94	999.98	999.98
76	710.56	776.32	842.12	599.20	659.90	720.66	999.98	999.98	999.98	914.98	987.82	999.98	999.98	999.98	999.98	999.98	999.98	999.98
77	765.16	838.08	910.94	645.78	713.60	781.36	999.98	999.98	999.98	979.76	999.98	999.98	999.98	999.98	999.98	999.98	999.98	999.98
78	819.84	899.80	979.76	692.30	767.22	842.12	999.98	999.98	999.98	999.98	999.98	999.98	999.98	999.98	999.98	999.98	999.98	999.98
79	874.50	961.56	999.98	738.88	820.84	902.82	999.98	999.98	999.98	999.98	999.98	999.98	999.98	999.98	999.98	999.98	999.98	999.98

EXHIBIT VII

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

Annual Premiums with 15% Rate Increase

Comprehensive Reimbursement Policy
FORM: 30160A-PA

Annual Premiums Per \$10 Daily Benefit

6 YEAR BENEFIT PERIOD																		
Issue Age	No Benefit Increase Option						Simple Benefit Option						Compound Benefit Option					
	20 Day Deductible Period			90 Day Deductible Period			20 Day Deductible Period			90 Day Deductible Period			20 Day Deductible Period			90 Day Deductible Period		
	Home Care Percentage			Home Care Percentage			Home Care Percentage			Home Care Percentage			Home Care Percentage			Home Care Percentage		
	50%	75%	100%	50%	75%	100%	50%	75%	100%	50%	75%	100%	50%	75%	100%	50%	75%	100%
40	80.96	93.10	105.28	68.82	78.96	89.06	117.42	133.60	149.82	97.16	111.36	125.52	168.04	189.26	210.52	139.70	156.90	174.06
41	80.96	93.10	105.28	68.82	78.96	89.06	117.42	133.60	149.82	97.16	111.36	125.52	168.04	189.26	210.52	139.70	156.90	174.06
42	80.96	93.10	105.28	68.82	78.96	89.06	117.42	133.60	149.82	97.16	111.36	125.52	168.04	189.26	210.52	139.70	156.90	174.06
43	80.96	93.10	105.28	68.82	78.96	89.06	117.42	133.60	149.82	97.16	111.36	125.52	168.04	189.26	210.52	139.70	156.90	174.06
44	80.96	93.10	105.28	68.82	78.96	89.06	117.42	133.60	149.82	97.16	111.36	125.52	168.04	189.26	210.52	139.70	156.90	174.06
45	80.96	93.10	105.28	68.82	78.96	89.06	117.42	133.60	149.82	97.16	111.36	125.52	168.04	189.26	210.52	139.70	156.90	174.06
46	80.96	93.10	105.28	68.82	78.96	89.06	117.42	133.60	149.82	97.16	111.36	125.52	168.04	189.26	210.52	143.76	160.96	178.12
47	83.00	96.14	109.32	68.82	78.96	89.06	123.48	140.72	157.92	101.22	115.40	129.56	174.06	196.38	218.62	149.82	168.04	186.24
48	83.00	96.14	109.32	70.88	82.00	93.10	129.56	147.80	166.00	107.32	122.50	137.66	178.12	200.42	222.68	153.88	172.08	190.28
49	85.00	99.22	113.36	70.88	82.00	93.10	133.60	151.84	170.04	111.36	126.54	141.72	184.26	207.50	230.78	159.94	179.20	198.38
50	89.06	103.28	117.42	76.92	89.06	101.22	139.70	158.94	178.12	117.42	133.60	149.82	188.30	211.56	234.84	170.04	190.28	210.52
51	91.10	106.30	121.46	76.92	89.06	101.22	145.78	166.00	186.24	117.42	133.60	149.82	194.32	218.62	242.92	174.06	194.32	214.56
52	91.10	106.30	121.46	76.92	89.06	101.22	149.82	170.04	190.28	121.46	137.66	153.88	198.38	222.68	246.98	180.20	201.42	222.68
53	93.10	109.32	125.52	78.96	92.10	105.28	155.90	177.10	198.38	127.54	144.76	161.94	204.48	229.78	255.04	184.26	205.46	226.74
54	93.10	109.32	125.52	78.96	92.10	105.28	161.94	184.26	206.48	131.58	148.82	166.00	208.50	233.82	259.10	190.28	212.54	234.84
55	99.22	116.40	133.60	85.00	99.22	113.36	168.04	191.34	214.56	137.66	155.90	174.06	214.56	240.90	267.22	200.42	223.72	246.98
56	103.28	120.46	137.66	89.06	103.28	117.42	178.12	202.42	226.74	147.80	167.02	186.24	228.76	256.08	283.40	210.52	234.84	259.10
57	113.36	131.58	149.82	95.16	110.36	125.52	188.30	213.56	238.88	157.92	178.12	198.38	242.92	271.26	299.58	224.72	250.02	275.32
58	123.48	142.76	161.94	101.22	117.42	133.60	202.42	228.76	255.04	172.08	193.32	214.56	261.16	290.50	319.84	238.88	265.22	291.48
59	129.56	149.82	170.04	111.36	128.54	145.78	212.54	239.92	267.22	182.20	204.48	226.74	275.32	305.72	336.04	253.04	280.40	307.70
60	139.70	160.96	182.20	117.42	135.64	153.88	226.74	255.04	283.40	196.38	219.68	242.92	293.54	324.92	356.30	267.22	295.52	323.88
61	147.80	169.06	190.28	121.46	139.70	157.92	236.86	266.22	295.52	206.48	230.78	255.04	307.70	340.08	372.46	281.40	310.74	340.08
62	153.88	176.14	198.38	131.58	150.84	170.04	246.98	277.36	307.70	216.60	241.92	267.22	321.86	355.28	388.68	295.52	325.92	356.30
63	164.00	187.28	210.52	137.66	157.92	178.12	261.16	292.54	323.88	230.78	257.10	283.40	340.08	374.50	408.90	309.74	341.14	372.46
64	174.06	198.38	222.68	143.76	165.00	186.24	271.26	303.64	336.04	240.90	268.24	295.52	354.26	389.72	425.10	323.88	356.30	388.68
65	184.26	209.50	234.84	153.88	176.14	198.38	287.46	321.86	356.30	257.10	286.46	315.80	374.50	411.94	449.40	338.06	371.48	404.86
66	212.54	239.92	267.22	178.12	202.42	226.74	325.92	363.38	400.82	293.54	324.92	356.30	425.10	465.58	506.10	376.52	412.94	449.40
67	242.92	273.30	303.64	206.48	232.80	259.10	368.42	408.90	449.40	336.04	370.46	404.86	477.74	522.28	566.78	417.00	457.48	497.98
68	271.26	303.64	336.04	230.78	259.10	287.46	410.96	454.46	497.98	374.50	411.94	449.40	528.36	575.92	623.48	459.52	503.08	546.58
69	301.66	337.04	372.46	261.16	292.54	323.88	449.40	495.98	542.50	414.96	454.46	493.92	580.98	632.64	684.20	500.02	547.58	595.14
70	331.98	370.46	408.90	289.50	322.88	356.30	491.92	541.48	591.10	453.42	495.98	538.46	631.60	686.26	740.90	544.54	596.18	647.78
71	360.32	400.82	441.30	313.76	349.20	384.62	534.40	587.06	639.70	495.98	541.48	587.06	684.20	742.92	801.62	582.98	637.68	692.30
72	390.72	434.24	477.74	344.14	382.62	421.04	572.88	628.60	684.20	532.38	579.96	627.56	734.82	796.56	858.32	623.48	682.20	740.90
73	419.02	464.60	510.14	368.42	408.90	449.40	615.38	674.10	732.80	574.88	625.56	676.10	787.48	853.26	919.04	666.02	727.74	789.48
74	449.40	497.98	546.58	396.78	439.28	481.78	657.90	719.64	781.36	613.38	667.02	720.66	838.08	906.86	975.70	706.52	772.28	838.08
75	483.82	535.42	587.06	427.14	472.70	518.24	702.44	768.22	834.02	655.84	712.56	769.22	894.72	967.62	1039.98	751.04	820.84	890.68
76	544.54	600.24	655.84	487.88	537.44	587.06	781.36	852.24	923.08	734.82	796.56	858.32	979.76	1059.98	1139.98	836.06	911.98	987.82
77	605.30	665.00	724.70	548.60	602.24	655.84	864.38	940.30	1019.98	817.82	884.62	951.44	1099.98	1189.98	1279.98	921.06	999.98	1079.98
78	666.02	729.80	793.52	609.34	667.02	724.70	949.42	1039.98	1139.98	902.82	975.70	1059.98	1219.98	1319.98	1419.98	999.98	1099.98	1199.98
79	732.80	801.62	870.48	676.10	738.88	801.62	1039.98	1139.98	1239.98	985.84	1079.98	1179.98	1339.98	1439.98	1539.98	1099.98	1199.98	1299.98

EXHIBIT VII

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

Annual Premiums with 15% Rate Increase

Comprehensive Reimbursement Policy
FORM: 30160A-PA

Annual Premiums Per \$10 Daily Benefit

4 YEAR BENEFIT PERIOD																		
Issue Age	No Benefit Increase Option						Simple Benefit Option						Compound Benefit Option					
	20 Day Deductible Period			90 Day Deductible Period			20 Day Deductible Period			90 Day Deductible Period			20 Day Deductible Period			90 Day Deductible Period		
	Home Care Percentage			Home Care Percentage			Home Care Percentage			Home Care Percentage			Home Care Percentage			Home Care Percentage		
	50%	75%	100%	50%	75%	100%	50%	75%	100%	50%	75%	100%	50%	75%	100%	50%	75%	100%
40	64.82	74.92	85.00	48.60	56.64	64.82	97.16	111.36	125.52	80.96	93.10	105.28	151.84	169.06	186.24	133.60	147.80	161.94
41	64.82	74.92	85.00	48.60	56.64	64.82	97.16	111.36	125.52	80.96	93.10	105.28	151.84	169.06	186.24	133.60	147.80	161.94
42	64.82	74.92	85.00	48.60	56.64	64.82	97.16	111.36	125.52	80.96	93.10	105.28	151.84	169.06	186.24	133.60	147.80	161.94
43	64.82	74.92	85.00	48.60	56.64	64.82	97.16	111.36	125.52	80.96	93.10	105.28	151.84	169.06	186.24	133.60	147.80	161.94
44	64.82	74.92	85.00	48.60	56.64	64.82	97.16	111.36	125.52	80.96	93.10	105.28	151.84	169.06	186.24	133.60	147.80	161.94
45	64.82	74.92	85.00	48.60	56.64	64.82	97.16	111.36	125.52	80.96	93.10	105.28	151.84	169.06	186.24	133.60	147.80	161.94
46	64.82	74.92	85.00	48.60	56.64	64.82	97.16	111.36	125.52	80.96	93.10	105.28	151.84	169.06	186.24	133.60	147.80	161.94
47	64.82	74.92	85.00	48.60	56.64	64.82	101.22	115.40	129.56	80.96	93.10	105.28	155.90	173.10	190.28	133.60	147.80	161.94
48	66.84	77.94	89.06	50.62	59.76	68.82	103.28	118.46	133.60	85.00	97.16	109.32	157.92	176.14	194.32	139.70	154.88	170.04
49	70.88	82.00	93.10	54.68	63.80	72.86	107.32	122.50	137.66	87.06	100.22	113.36	161.94	180.20	198.38	139.70	154.88	170.04
50	72.86	85.00	97.16	56.64	66.84	76.92	113.36	129.56	145.78	91.10	104.26	117.42	168.04	187.28	206.48	145.78	161.94	178.12
51	72.86	85.00	97.16	56.64	66.84	76.92	113.36	129.56	145.78	91.10	104.26	117.42	168.04	187.28	206.48	145.78	161.94	178.12
52	76.92	89.06	101.22	60.76	70.88	80.96	117.42	133.60	149.82	93.10	107.32	121.46	172.08	191.34	210.52	145.78	161.94	178.12
53	78.96	92.10	105.28	62.80	73.92	85.00	119.44	136.64	153.88	97.16	111.36	125.52	174.06	194.32	214.56	151.84	169.06	186.24
54	78.96	92.10	105.28	62.80	73.92	85.00	123.48	140.72	157.92	97.16	111.36	125.52	178.12	198.38	218.62	151.84	169.06	186.24
55	85.00	99.22	113.36	68.82	80.96	93.10	129.56	147.80	166.00	103.28	118.46	133.60	184.26	205.46	226.74	157.92	176.14	194.32
56	89.06	103.28	117.42	72.86	85.00	97.16	139.70	158.94	178.12	113.36	129.56	145.78	194.32	216.60	238.88	168.04	187.28	206.48
57	95.16	110.36	125.52	78.96	92.10	105.28	149.82	170.04	190.28	123.48	140.72	157.92	204.48	227.76	251.02	178.12	198.38	218.62
58	101.22	117.42	133.60	85.00	99.22	113.36	159.94	181.22	202.42	133.60	151.84	170.04	220.66	245.96	271.26	188.30	209.50	230.78
59	111.36	128.54	145.78	91.10	106.30	121.46	170.04	192.32	214.56	143.76	162.98	182.20	230.78	257.10	283.40	204.48	227.76	251.02
60	117.42	135.64	153.88	101.22	117.42	133.60	182.20	206.48	230.78	159.94	181.22	202.42	246.98	275.32	303.64	214.56	238.88	263.18
61	123.48	142.76	161.94	105.28	121.46	137.66	192.32	217.60	242.92	170.04	192.32	214.56	257.10	286.46	315.80	224.72	250.02	275.32
62	133.60	153.88	174.06	111.36	128.54	145.78	202.42	228.76	255.04	180.20	203.46	226.74	267.22	297.58	327.94	240.90	268.24	295.52
63	139.70	160.96	182.20	117.42	135.64	153.88	212.54	239.92	267.22	190.28	214.56	238.88	283.40	315.80	348.20	251.02	279.36	307.70
64	145.78	168.04	190.28	123.48	142.76	161.94	222.68	251.02	279.36	200.42	225.72	251.02	293.54	326.92	360.32	261.16	290.50	319.84
65	155.90	179.20	202.42	133.60	153.88	174.06	238.88	269.26	299.58	216.60	243.94	271.26	309.74	345.18	380.56	277.36	308.76	340.08
66	180.20	205.46	230.78	153.88	176.14	198.38	271.26	303.64	336.04	244.96	274.32	303.64	348.20	386.68	425.10	311.74	346.18	380.56
67	206.48	234.84	263.18	178.12	202.42	226.74	305.72	341.14	376.52	279.36	311.74	344.14	390.72	432.20	473.68	350.22	387.68	425.10
68	230.78	261.16	291.48	202.42	228.76	255.04	344.14	382.62	421.04	311.74	346.18	380.56	433.20	477.74	522.28	388.68	429.16	469.64
69	257.10	290.50	323.88	222.68	251.02	279.36	378.56	420.02	461.52	342.12	379.56	417.00	477.74	526.30	574.88	429.16	473.68	518.24
70	283.40	319.84	356.30	249.00	280.40	311.74	417.00	461.52	506.10	376.52	417.00	457.48	520.28	571.88	623.48	467.64	515.22	562.74
71	307.70	346.18	384.62	273.30	306.68	340.08	451.42	499.00	546.58	408.90	451.42	493.92	558.70	613.38	668.02	502.02	552.64	603.24
72	334.00	375.52	417.00	293.54	328.96	364.36	485.82	536.42	587.06	439.28	484.84	530.36	603.24	661.94	720.66	542.50	597.20	651.80
73	358.32	401.86	445.34	317.82	355.28	392.72	524.30	577.94	631.60	471.68	519.28	566.78	645.78	707.50	769.22	580.98	638.68	696.34
74	384.62	431.18	477.74	342.12	381.62	421.04	558.70	615.38	672.06	506.10	556.70	607.30	688.26	753.06	817.82	619.44	680.16	740.90
75	414.96	464.60	514.18	368.42	410.96	453.42	597.20	656.88	716.62	540.48	594.14	647.78	732.80	801.62	870.48	659.90	724.70	789.48
76	471.68	525.32	578.94	425.10	471.68	518.24	659.90	724.70	789.48	603.24	661.94	720.66	797.58	872.50	947.38	724.70	795.58	866.36
77	528.36	586.06	643.72	481.78	532.38	582.98	726.74	796.56	866.36	670.06	733.84	797.58	862.34	943.32	999.98	789.48	866.36	943.32
78	589.10	650.80	712.56	542.50	597.20	651.80	795.58	871.50	947.38	738.88	808.70	878.54	931.18	999.98	999.98	858.32	941.30	999.98
79	647.78	714.62	781.36	601.24	660.92	720.66	862.34	943.32	999.98	805.66	880.60	955.48	995.94	999.98	999.98	923.08	999.98	999.98
80				661.94	725.74					874.50	955.48					991.92	999.98	
81				718.66	786.46					941.30	999.98					999.98	999.98	
82				781.36	854.26					999.98	999.98					999.98	999.98	
83				844.14	922.08					999.98	999.98					999.98	999.98	
84				906.86	989.92					999.98	999.98					999.98	999.98	

EXHIBIT VII

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

Annual Premiums with 15% Rate Increase

Comprehensive Reimbursement Policy
FORM: 30160A-PA

Annual Premiums Per \$10 Daily Benefit

2 YEAR BENEFIT PERIOD																		
Issue Age	No Benefit Increase Option						Simple Benefit Option						Compound Benefit Option					
	20 Day Deductible Period			90 Day Deductible Period			20 Day Deductible Period			90 Day Deductible Period			20 Day Deductible Period			90 Day Deductible Period		
	Home Care Percentage			Home Care Percentage			Home Care Percentage			Home Care Percentage			Home Care Percentage			Home Care Percentage		
	50%	75%	100%	50%	75%	100%	50%	75%	100%	50%	75%	100%	50%	75%	100%	50%	75%	100%
40	48.60	56.64	64.82	36.46	42.52	48.60	74.92	86.04	97.16	58.74	67.86	76.92	107.32	120.46	133.60	87.06	98.22	109.32
41	48.60	56.64	64.82	36.46	42.52	48.60	74.92	86.04	97.16	58.74	67.86	76.92	107.32	120.46	133.60	87.06	98.22	109.32
42	48.60	56.64	64.82	36.46	42.52	48.60	74.92	86.04	97.16	58.74	67.86	76.92	107.32	120.46	133.60	87.06	98.22	109.32
43	48.60	56.64	64.82	36.46	42.52	48.60	74.92	86.04	97.16	58.74	67.86	76.92	107.32	120.46	133.60	87.06	98.22	109.32
44	48.60	56.64	64.82	36.46	42.52	48.60	74.92	86.04	97.16	58.74	67.86	76.92	107.32	120.46	133.60	87.06	98.22	109.32
45	48.60	56.64	64.82	36.46	42.52	48.60	74.92	86.04	97.16	58.74	67.86	76.92	107.32	120.46	133.60	87.06	98.22	109.32
46	48.60	56.64	64.82	36.46	42.52	48.60	74.92	86.04	97.16	58.74	67.86	76.92	107.32	120.46	133.60	87.06	98.22	109.32
47	48.60	56.64	64.82	36.46	42.52	48.60	78.96	90.10	101.22	62.80	71.88	80.96	113.36	127.54	141.72	91.10	102.26	113.36
48	50.62	59.76	68.82	38.48	45.56	52.64	80.96	93.10	105.28	64.82	74.92	85.00	113.36	127.54	141.72	97.16	109.32	121.46
49	50.62	59.76	68.82	38.48	45.56	52.64	85.00	97.16	109.32	68.82	78.96	89.06	119.44	134.64	149.82	97.16	109.32	121.46
50	56.64	66.84	76.92	44.56	52.64	60.76	91.10	104.26	117.42	74.92	86.04	97.16	119.44	134.64	149.82	103.28	116.40	129.56
51	56.64	66.84	76.92	44.56	52.64	60.76	91.10	104.26	117.42	74.92	86.04	97.16	125.52	141.72	157.92	107.32	120.46	133.60
52	56.64	66.84	76.92	44.56	52.64	60.76	95.16	108.30	121.46	78.96	90.10	101.22	125.52	141.72	157.92	107.32	120.46	133.60
53	58.74	69.88	80.96	46.58	55.68	64.82	97.16	111.36	125.52	80.96	93.10	105.28	131.58	148.82	166.00	113.36	127.54	141.72
54	58.74	69.88	80.96	46.58	55.68	64.82	101.22	115.40	129.56	85.00	97.16	109.32	131.58	148.82	166.00	117.42	131.58	145.78
55	64.82	76.92	89.06	52.64	62.80	72.86	107.32	122.50	137.66	91.10	104.26	117.42	137.66	155.90	174.06	123.48	138.72	153.88
56	68.82	80.96	93.10	52.64	62.80	72.86	111.36	126.54	141.72	95.16	108.30	121.46	143.76	162.98	182.20	129.56	145.78	161.94
57	74.92	88.04	101.22	58.74	69.88	80.96	121.46	137.66	153.88	105.28	119.44	133.60	153.88	174.06	194.32	135.64	152.86	170.04
58	80.96	95.16	109.32	64.82	76.92	89.06	127.54	144.76	161.94	111.36	126.54	141.72	164.00	185.26	206.48	145.78	164.00	182.20
59	87.06	102.26	117.42	68.82	80.96	93.10	137.66	155.90	174.06	121.46	137.66	153.88	174.06	196.38	218.62	151.84	171.08	190.28
60	97.16	113.36	129.56	74.92	88.04	101.22	143.76	162.98	182.20	127.54	144.76	161.94	184.26	207.50	230.78	161.94	182.20	202.42
61	101.22	117.42	133.60	80.96	95.16	109.32	153.88	174.06	194.32	137.66	155.90	174.06	194.32	218.62	242.92	168.04	189.26	210.52
62	107.32	124.50	141.72	85.00	99.22	113.36	159.94	181.22	202.42	143.76	162.98	182.20	204.48	229.78	255.04	174.06	196.38	218.62
63	113.36	131.58	149.82	91.10	106.30	121.46	170.04	192.32	214.56	153.88	174.06	194.32	214.56	240.90	267.22	184.26	207.50	230.78
64	119.44	138.72	157.92	97.16	113.36	129.56	176.14	199.42	222.68	159.94	181.22	202.42	224.72	252.04	279.36	190.28	214.56	238.88
65	129.56	149.82	170.04	103.28	120.46	137.66	186.24	210.52	234.84	170.04	192.32	214.56	234.84	263.18	291.48	200.42	225.72	251.02
66	145.78	168.04	190.28	119.44	138.72	157.92	206.48	232.80	259.10	186.24	210.52	234.84	263.18	293.54	323.88	220.66	247.98	275.32
67	161.94	186.24	210.52	135.64	156.90	178.12	226.74	255.04	283.40	202.42	228.76	255.04	291.48	323.88	356.30	240.90	270.28	299.58
68	182.20	208.50	234.84	151.84	175.12	198.38	249.00	280.40	311.74	218.62	246.98	275.32	321.86	357.30	392.72	263.18	295.52	327.94
69	198.38	226.74	255.04	168.04	193.32	218.62	269.26	302.66	336.04	234.84	265.22	295.52	350.22	387.68	425.10	283.40	317.82	352.24
70	220.66	252.04	283.40	184.26	211.56	238.88	295.52	331.98	368.42	251.02	283.40	315.80	380.56	421.04	461.52	305.72	343.14	380.56
71	236.86	270.28	303.64	200.42	229.78	259.10	315.80	354.26	392.72	267.22	301.66	336.04	408.90	451.42	493.92	325.92	365.40	404.86
72	253.04	288.48	323.88	216.60	247.98	279.36	336.04	376.52	417.00	283.40	319.84	356.30	437.26	481.78	526.30	346.18	387.68	429.16
73	273.30	310.74	348.20	232.80	266.22	299.58	358.32	401.86	445.34	299.58	338.06	376.52	467.64	515.22	562.74	368.42	412.94	457.48
74	289.50	328.96	368.42	249.00	284.44	319.84	378.56	424.10	469.64	315.80	356.30	396.78	495.98	545.56	595.14	388.68	435.22	481.78
75	311.74	354.26	396.78	269.26	306.68	344.14	404.86	453.42	502.02	331.98	374.50	417.00	526.30	578.94	631.60	414.96	464.60	514.18
76	352.24	398.82	445.34	309.74	351.24	392.72	441.30	493.92	546.58	368.42	414.96	461.52	570.84	627.56	684.20	459.52	513.18	566.78
77	396.78	447.38	497.98	354.26	399.80	445.34	481.78	538.46	595.14	408.90	459.52	510.14	615.38	676.10	736.86	504.10	561.76	619.44
78	443.32	499.00	554.66	400.82	451.42	502.02	518.24	578.94	639.70	445.34	500.02	554.66	659.90	724.70	789.48	548.60	610.32	672.06
79	483.82	543.58	603.24	441.30	495.98	550.62	560.74	626.54	692.30	487.88	547.58	607.30	704.44	773.26	842.12	593.14	658.90	724.70
80				487.88	547.58					524.30	588.08					637.68	707.50	
81				532.38	596.18					564.78	632.64					682.20	756.10	
82				578.94	647.78					607.30	680.16					726.74	804.66	
83				625.56	699.38					649.80	727.74					771.26	853.26	
84				672.06	751.04					692.30	775.30					815.78	901.80	

RIVERSOURCE LIFE INSURANCE COMPANY

Address: 227 Ameriprise Financial Center, Minneapolis, MN 55474

**Pennsylvania Supplement to
Actuarial Memorandum for 30160A**

December 2016

Product or Rider
Long Term Care Policy Form

Form Number
30160A-PA

1. Purpose of Filing

This supplement has been prepared for the purpose of demonstrating the compliance of the requested rate increase with Chapter 18, Section 3801.303(c) and Regulation 89.83 of the Insurance Regulations for the state of Pennsylvania. It may not be appropriate for other purposes.

2. Demonstration of Compliance with Chapter 18, Section 3801.303(c)

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

3. Demonstration of Compliance with Regulation 89.83

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

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

89.83(c): Revision of Current Rates.

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

(2): Section 2 of the Actuarial Memorandum provides a description of benefits. A copy of the policy form is enclosed with this filing.

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

At this time, a premium rate increase of 15% is being requested on the above-referenced form and all associated riders, except for those issued with endorsement form 32100-PA (applications received on or after May 19, 2000).

Existing rates can be found in Attachment 1 to this supplement, and revised rates are shown in Attachment 2 to this supplement. As shown in Section 17 of the Actuarial Memorandum, the Pennsylvania average annual premium based on June 30, 2016 in force before and after the requested rate increase is as follows:

Before increase:	\$2,211
After increase:	\$2,543

RIVERSOURCE LIFE INSURANCE COMPANY

Address: 227 Ameriprise Financial Center, Minneapolis, MN 55474

**Pennsylvania Supplement to
Actuarial Memorandum for 30160A**

December 2016

Attachment 3 to this supplement displays nationwide experience showing earned premiums and incurred claims, both with and without the requested rate increase. Attachment 4 to this supplement displays nationwide experience showing written premiums and paid claims, both with and without the requested rate increase. The actual and projected premiums in Attachments 3 and 4 reflect the accumulated rate increases as approved in Pennsylvania and implemented from 2007 through 2016 on a nationwide basis.

Attachments 5 and 6 display corresponding Pennsylvania-specific experience.

(2)(ii)(A): As shown in Section 15 of the Actuarial Memorandum, six prior increases have been approved and implemented on this form. A 10% increase was approved in September 2007 and implemented on each contract's next policy anniversary beginning in December 2007. A 10% increase was approved in September 2008 and implemented on each contract's next policy anniversary beginning in December 2008. A 10% increase was approved in April 2010 and implemented in each contract's next policy anniversary beginning in July 2010. A 10% increase was approved in March 2012 and implemented in each contract's next policy anniversary beginning in June 2012. A 4.6% increase was approved in May 2013 and implemented in each contract's next policy anniversary beginning in August 2013. A 15% increase was approved in April 2015 and implemented in each contract's next policy anniversary beginning in August 2015.

(2)(ii)(B): RiverSource Life currently pays a commission of 3.4% of premium in most states. This rate was reduced in 2008, 2012 and 2016 so that commissions paid before and after prior increases in premium are similar. In addition, as part of this rate increase process, the company anticipates adjusting commission rates so that the total commissions paid before and after this increase in premium are similar.

(2)(ii)(C)(I): Premiums earned and written since inception for nationwide experience can be found in Attachments 3 and 4 to this supplement, respectively. The actual and projected premiums in Attachments 3 and 4 reflect the accumulated rate increases as approved in Pennsylvania and implemented from 2007 through 2016 on a nationwide basis.

Premiums earned and written since inception for Pennsylvania-specific experience can be found in Attachments 5 and 6 to this supplement, respectively. Details of reserve balances and calculation basis for both nationwide and Pennsylvania-specific experience can be found in Attachment 7.

(2)(ii)(C)(II): Claims incurred and paid since inception for nationwide experience can be found in Attachments 3 and 4 to this supplement, respectively. Claims incurred and paid since inception for Pennsylvania-specific experience can be found in Attachments 5 and 6 to this supplement, respectively.

Attachments 8 and 9 provide a durational loss ratio analysis for nationwide and Pennsylvania-specific experience, respectively. The actual and projected premiums

RIVERSOURCE LIFE INSURANCE COMPANY

Address: 227 Ameriprise Financial Center, Minneapolis, MN 55474

**Pennsylvania Supplement to
Actuarial Memorandum for 30160A**

December 2016

in Attachment 8 reflect the accumulated rate increases as approved in Pennsylvania and implemented from 2007 through 2016 on a nationwide basis.

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

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

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

Attachment 1

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

Current Annual Premiums

Comprehensive Reimbursement Policy
FORM: 30160A-PA

Annual Premiums Per \$10 Daily Benefit

Issue Age	LIFETIME BENEFIT PERIOD																	
	No Benefit Increase Option						Simple Benefit Option						Compound Benefit Option					
	20 Day Deductible Period			90 Day Deductible Period			20 Day Deductible Period			90 Day Deductible Period			20 Day Deductible Period			90 Day Deductible Period		
	Home Care Percentage			Home Care Percentage			Home Care Percentage			Home Care Percentage			Home Care Percentage			Home Care Percentage		
50%	75%	100%	50%	75%	100%	50%	75%	100%	50%	75%	100%	50%	75%	100%	50%	75%	100%	
40	84.48	96.84	109.14	70.40	80.96	91.54	137.32	156.70	176.02	125.00	141.72	158.44	183.06	205.96	228.86	167.24	187.48	207.72
41	84.48	96.84	109.14	70.40	80.96	91.54	137.32	156.70	176.02	125.00	141.72	158.44	183.06	205.96	228.86	167.24	187.48	207.72
42	84.48	96.84	109.14	70.40	80.96	91.54	137.32	156.70	176.02	125.00	141.72	158.44	183.06	205.96	228.86	167.24	187.48	207.72
43	84.48	96.84	109.14	70.40	80.96	91.54	137.32	156.70	176.02	125.00	141.72	158.44	183.06	205.96	228.86	167.24	187.48	207.72
44	84.48	96.84	109.14	70.40	80.96	91.54	137.32	156.70	176.02	125.00	141.72	158.44	183.06	205.96	228.86	167.24	187.48	207.72
45	84.48	96.84	109.14	70.40	80.96	91.54	137.32	156.70	176.02	125.00	141.72	158.44	183.06	205.96	228.86	167.24	187.48	207.72
46	84.48	96.84	109.14	70.40	80.96	91.54	140.82	160.22	179.54	125.00	141.72	158.44	190.10	213.00	235.88	170.76	191.02	211.24
47	86.28	99.48	112.66	72.18	83.60	95.06	146.12	166.38	186.58	130.28	147.86	165.46	198.92	222.68	246.44	176.02	197.16	218.28
48	86.28	99.48	112.66	75.70	87.14	98.58	151.36	172.50	193.64	133.80	151.36	168.98	207.72	232.36	256.98	181.30	203.32	225.30
49	91.54	105.62	119.70	77.44	89.80	102.10	154.88	176.02	197.16	135.56	154.00	172.50	216.52	242.06	267.56	188.34	210.36	232.36
50	91.54	105.62	119.70	80.96	93.32	105.62	160.22	182.18	204.20	139.08	157.58	176.02	228.86	255.26	281.64	193.64	216.52	239.40
51	93.32	108.26	123.24	82.74	95.96	109.14	165.46	188.34	211.24	144.34	163.74	183.06	235.88	262.32	288.68	198.92	222.68	246.44
52	96.84	111.78	126.76	82.74	95.96	109.14	168.98	191.88	214.76	144.34	163.74	183.06	244.70	271.98	299.26	205.96	229.74	253.46
53	98.58	114.42	130.28	88.02	102.10	116.18	174.28	198.06	221.78	149.64	169.88	190.10	253.46	281.64	309.82	211.24	235.88	260.50
54	98.58	114.42	130.28	88.02	102.10	116.18	179.54	204.20	228.86	153.16	173.40	193.64	262.32	291.32	320.36	216.52	242.06	267.56
55	103.86	120.62	137.32	93.32	108.26	123.24	184.82	210.36	235.88	158.44	179.54	200.68	274.60	304.54	334.46	225.30	251.74	278.12
56	112.66	130.28	147.86	96.84	111.78	126.76	197.16	223.56	249.96	170.76	192.76	214.76	290.44	321.26	352.06	241.18	268.48	295.72
57	121.48	139.96	158.44	105.62	121.48	137.32	209.48	236.78	264.04	183.06	205.96	228.86	306.30	337.98	369.66	256.98	285.16	313.32
58	130.28	149.64	168.98	114.42	131.16	147.86	221.78	249.96	278.12	195.40	219.16	242.92	322.14	354.70	387.26	272.84	301.90	330.92
59	139.08	159.34	179.54	119.70	137.32	154.88	237.66	266.68	295.72	207.72	232.36	256.98	337.98	371.42	404.86	288.68	318.62	348.54
60	147.86	168.98	190.10	128.52	147.00	165.46	249.96	279.88	309.82	225.30	251.74	278.12	353.84	388.14	422.46	304.54	335.36	366.12
61	156.70	178.66	200.68	135.56	154.00	172.50	262.32	293.08	323.88	237.66	264.96	292.20	369.66	404.86	440.08	320.36	352.06	383.74
62	165.46	188.34	211.24	140.82	160.22	179.54	278.12	309.82	341.50	249.96	278.12	306.30	385.50	421.60	457.66	336.24	368.78	401.32
63	174.28	198.06	221.78	149.64	169.88	190.10	290.44	323.02	355.56	262.32	291.32	320.36	401.32	438.34	475.28	352.06	385.50	418.94
64	183.06	207.72	232.36	158.44	179.54	200.68	302.78	336.24	369.66	274.60	304.54	334.46	417.20	455.06	492.86	367.94	402.24	436.54
65	193.64	220.04	246.44	167.24	189.22	211.24	320.36	355.56	390.78	292.20	323.88	355.56	436.54	475.28	514.00	385.50	421.60	457.66
66	228.86	256.98	285.16	195.40	219.16	242.92	371.42	409.28	447.12	334.46	367.94	401.32	494.64	536.02	577.34	433.02	471.74	510.48
67	265.84	296.64	327.40	228.86	255.26	281.64	422.46	462.94	503.42	378.46	414.56	450.64	556.26	600.26	644.26	480.56	521.94	563.28
68	302.78	336.24	369.66	258.76	287.80	316.84	473.52	516.64	559.76	422.46	461.18	499.90	614.36	661.00	707.62	528.08	572.08	616.10
69	343.28	379.34	415.42	292.20	323.88	355.56	524.56	570.30	616.10	469.98	511.38	552.74	677.70	727.88	778.02	575.60	622.26	668.88
70	380.22	418.94	457.66	322.14	356.48	390.78	577.34	626.66	675.92	514.00	558.02	602.00	739.32	792.12	844.92	623.14	672.40	721.72
71	415.42	455.92	496.38	353.84	389.90	425.98	628.42	680.34	732.28	556.26	602.00	647.78	797.42	852.86	908.30	670.66	722.62	774.50
72	455.92	499.04	542.16	383.74	422.46	461.18	679.44	734.04	788.58	603.78	652.22	700.58	860.80	919.74	978.70	718.18	772.76	827.34
73	492.86	538.64	584.40	417.20	458.58	499.90	730.52	787.70	844.92	647.78	698.84	749.86	918.86	980.46	999.98	765.74	822.92	880.12
74	529.86	578.26	626.66	447.12	491.12	535.12	781.54	841.40	901.26	691.80	745.48	799.16	980.46	999.98	999.98	813.24	873.08	932.94
75	570.30	621.40	672.40	480.56	527.20	573.82	837.90	901.26	964.60	739.32	795.64	851.96	999.98	999.98	999.98	866.04	929.40	992.78
76	617.88	675.06	732.28	521.04	573.82	626.66	901.26	971.66	999.98	795.64	858.98	922.36	999.98	999.98	999.98	925.88	996.30	999.98
77	665.36	728.76	792.12	561.54	620.52	679.44	964.60	999.98	999.98	851.96	922.36	992.78	999.98	999.98	999.98	985.74	999.98	999.98
78	712.90	782.44	851.96	602.00	667.14	732.28	999.98	999.98	999.98	908.30	985.74	999.98	999.98	999.98	999.98	999.98	999.98	999.98
79	760.44	836.14	911.82	642.50	713.78	785.06	999.98	999.98	999.98	966.42	999.98	999.98	999.98	999.98	999.98	999.98	999.98	999.98

Attachment 1

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

Current Annual Premiums

Comprehensive Reimbursement Policy
FORM: 30160A-PA

Annual Premiums Per \$10 Daily Benefit

Issue Age	6 YEAR BENEFIT PERIOD																	
	No Benefit Increase Option						Simple Benefit Option						Compound Benefit Option					
	20 Day Deductible Period			90 Day Deductible Period			20 Day Deductible Period			90 Day Deductible Period			20 Day Deductible Period			90 Day Deductible Period		
	Home Care Percentage			Home Care Percentage			Home Care Percentage			Home Care Percentage			Home Care Percentage			Home Care Percentage		
	50%	75%	100%	50%	75%	100%	50%	75%	100%	50%	75%	100%	50%	75%	100%	50%	75%	100%
40	70.40	80.96	91.54	59.84	68.66	77.44	102.10	116.18	130.28	84.48	96.84	109.14	146.12	164.58	183.06	121.48	136.44	151.36
41	70.40	80.96	91.54	59.84	68.66	77.44	102.10	116.18	130.28	84.48	96.84	109.14	146.12	164.58	183.06	121.48	136.44	151.36
42	70.40	80.96	91.54	59.84	68.66	77.44	102.10	116.18	130.28	84.48	96.84	109.14	146.12	164.58	183.06	121.48	136.44	151.36
43	70.40	80.96	91.54	59.84	68.66	77.44	102.10	116.18	130.28	84.48	96.84	109.14	146.12	164.58	183.06	121.48	136.44	151.36
44	70.40	80.96	91.54	59.84	68.66	77.44	102.10	116.18	130.28	84.48	96.84	109.14	146.12	164.58	183.06	121.48	136.44	151.36
45	70.40	80.96	91.54	59.84	68.66	77.44	102.10	116.18	130.28	84.48	96.84	109.14	146.12	164.58	183.06	121.48	136.44	151.36
46	70.40	80.96	91.54	59.84	68.66	77.44	102.10	116.18	130.28	84.48	96.84	109.14	146.12	164.58	183.06	125.00	139.96	154.88
47	72.18	83.60	95.06	59.84	68.66	77.44	107.38	122.36	137.32	88.02	100.34	112.66	151.36	170.76	190.10	130.28	146.12	161.94
48	72.18	83.60	95.06	61.64	71.30	80.96	112.66	128.52	144.34	93.32	106.52	119.70	154.88	174.28	193.64	133.80	149.64	165.46
49	73.92	86.28	98.58	61.64	71.30	80.96	116.18	132.04	147.86	96.84	110.04	123.24	160.22	180.44	200.68	139.08	155.82	172.50
50	77.44	89.80	102.10	66.88	77.44	88.02	121.48	138.20	154.88	102.10	116.18	130.28	163.74	183.96	204.20	147.86	165.46	183.06
51	79.22	92.44	105.62	66.88	77.44	88.02	126.76	144.34	161.94	102.10	116.18	130.28	168.98	190.10	211.24	151.36	168.98	186.58
52	79.22	92.44	105.62	66.88	77.44	88.02	130.28	147.86	165.46	105.62	119.70	133.80	172.50	193.64	214.76	156.70	175.14	193.64
53	80.96	95.06	109.14	68.66	80.08	91.54	135.56	154.00	172.50	110.90	125.88	140.82	177.80	199.80	221.78	160.22	178.66	197.16
54	80.96	95.06	109.14	68.66	80.08	91.54	140.82	160.22	179.54	114.42	129.40	144.34	181.30	203.32	225.30	165.46	184.82	204.20
55	86.28	101.22	116.18	73.92	86.28	98.58	146.12	166.38	186.58	119.70	135.56	151.36	186.58	209.48	232.36	174.28	194.54	214.76
56	89.80	104.74	119.70	77.44	89.80	102.10	154.88	176.02	197.16	128.52	145.24	161.94	198.92	222.68	246.44	183.06	204.20	225.30
57	98.58	114.42	130.28	82.74	95.96	109.14	163.74	185.70	207.72	137.32	154.88	172.50	211.24	235.88	260.50	195.40	217.40	239.40
58	107.38	124.14	140.82	88.02	102.10	116.18	176.02	198.92	221.78	149.64	168.10	186.58	227.10	252.60	278.12	207.72	230.62	253.46
59	112.66	130.28	147.86	96.84	111.78	126.76	184.82	208.62	232.36	158.44	177.80	197.16	239.40	265.84	292.20	220.04	243.82	267.56
60	121.48	139.96	158.44	102.10	117.94	133.80	197.16	221.78	246.44	170.76	191.02	211.24	255.26	282.54	309.82	232.36	256.98	281.64
61	128.52	147.00	165.46	105.62	121.48	137.32	205.96	231.50	256.98	179.54	200.68	221.78	267.56	295.72	323.88	244.70	270.20	295.72
62	133.80	153.16	172.50	114.42	131.16	147.86	214.76	241.18	267.56	188.34	210.36	232.36	279.88	308.94	337.98	256.98	283.40	309.82
63	142.60	162.86	183.06	119.70	137.32	154.88	227.10	254.38	281.64	200.68	223.56	246.44	295.72	325.66	355.56	269.34	296.64	323.88
64	151.36	172.50	193.64	125.00	143.48	161.94	235.88	264.04	292.20	209.48	233.26	256.98	308.06	338.88	369.66	281.64	309.82	337.98
65	160.22	182.18	204.20	133.80	153.16	172.50	249.96	279.88	309.82	223.56	249.10	274.60	325.66	358.20	390.78	293.96	323.02	352.06
66	184.82	208.62	232.36	154.88	176.02	197.16	283.40	315.98	348.54	255.26	282.54	309.82	369.66	404.86	440.08	327.40	359.08	390.78
67	211.24	237.66	264.04	179.54	202.44	225.30	320.36	355.56	390.78	292.20	322.14	352.06	415.42	454.16	492.86	362.60	397.80	433.02
68	235.88	264.04	292.20	200.68	225.30	249.96	357.36	395.18	433.02	325.66	358.20	390.78	459.44	500.80	542.16	399.58	437.46	475.28
69	262.32	293.08	323.88	227.10	254.38	281.64	390.78	431.28	471.74	360.84	395.18	429.50	505.20	550.12	594.96	434.80	476.16	517.52
70	288.68	322.14	355.56	251.74	280.76	309.82	427.76	470.86	514.00	394.28	431.28	468.22	549.22	596.74	644.26	473.52	518.42	563.28
71	313.32	348.54	383.74	272.84	303.66	334.46	464.70	510.48	556.26	431.28	470.86	510.48	594.96	646.02	697.06	506.94	554.50	602.00
72	339.76	377.60	415.42	299.26	332.72	366.12	498.16	546.60	594.96	462.94	504.32	545.70	638.98	692.66	746.36	542.16	593.22	644.26
73	364.36	404.00	443.60	320.36	355.56	390.78	535.12	586.18	637.22	499.90	543.96	587.92	684.76	741.96	799.16	579.14	632.82	686.50
74	390.78	433.02	475.28	345.02	381.98	418.94	572.08	625.78	679.44	533.38	580.02	626.66	728.76	788.58	848.44	614.36	671.54	728.76
75	420.72	465.58	510.48	371.42	411.04	450.64	610.82	668.02	725.24	570.30	619.62	668.88	778.02	841.40	904.78	653.08	713.78	774.50
76	473.52	521.94	570.30	424.24	467.34	510.48	679.44	741.08	802.68	638.98	692.66	746.36	851.96	920.62	989.26	727.00	793.02	858.98
77	526.34	578.26	630.18	477.04	523.68	570.30	751.64	817.66	883.64	711.14	769.24	827.34	925.88	999.82	1069.98	800.92	872.20	943.50
78	579.14	634.60	690.02	529.86	580.02	630.18	825.58	896.86	968.14	785.06	848.44	911.82	999.82	1069.98	1140.18	874.86	951.44	1022.98
79	637.22	697.06	756.94	587.92	642.50	697.06	897.74	973.42	1059.98	857.26	925.02	992.78	1069.98	1140.18	1210.44	948.80	1022.98	1099.98

Attachment 1

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

Current Annual Premiums

Comprehensive Reimbursement Policy
FORM: 30160A-PA

Annual Premiums Per \$10 Daily Benefit

Issue Age	4 YEAR BENEFIT PERIOD																	
	No Benefit Increase Option						Simple Benefit Option						Compound Benefit Option					
	20 Day Deductible Period			90 Day Deductible Period			20 Day Deductible Period			90 Day Deductible Period			20 Day Deductible Period			90 Day Deductible Period		
	Home Care Percentage			Home Care Percentage			Home Care Percentage			Home Care Percentage			Home Care Percentage			Home Care Percentage		
50%	75%	100%	50%	75%	100%	50%	75%	100%	50%	75%	100%	50%	75%	100%	50%	75%	100%	
40	56.36	65.14	73.92	42.26	49.26	56.36	84.48	96.84	109.14	70.40	80.96	91.54	132.04	147.00	161.94	116.18	128.52	140.82
41	56.36	65.14	73.92	42.26	49.26	56.36	84.48	96.84	109.14	70.40	80.96	91.54	132.04	147.00	161.94	116.18	128.52	140.82
42	56.36	65.14	73.92	42.26	49.26	56.36	84.48	96.84	109.14	70.40	80.96	91.54	132.04	147.00	161.94	116.18	128.52	140.82
43	56.36	65.14	73.92	42.26	49.26	56.36	84.48	96.84	109.14	70.40	80.96	91.54	132.04	147.00	161.94	116.18	128.52	140.82
44	56.36	65.14	73.92	42.26	49.26	56.36	84.48	96.84	109.14	70.40	80.96	91.54	132.04	147.00	161.94	116.18	128.52	140.82
45	56.36	65.14	73.92	42.26	49.26	56.36	84.48	96.84	109.14	70.40	80.96	91.54	132.04	147.00	161.94	116.18	128.52	140.82
46	56.36	65.14	73.92	42.26	49.26	56.36	84.48	96.84	109.14	70.40	80.96	91.54	132.04	147.00	161.94	116.18	128.52	140.82
47	56.36	65.14	73.92	42.26	49.26	56.36	88.02	100.34	112.66	70.40	80.96	91.54	135.56	150.52	165.46	116.18	128.52	140.82
48	58.12	67.78	77.44	44.02	51.96	59.84	89.80	103.00	116.18	73.92	84.48	95.06	137.32	153.16	168.98	121.48	134.68	147.86
49	61.64	71.30	80.96	47.54	55.48	63.36	93.32	106.52	119.70	75.70	87.14	98.58	140.82	156.70	172.50	121.48	134.68	147.86
50	63.36	73.92	84.48	49.26	58.12	66.88	98.58	112.66	126.76	79.22	90.66	102.10	146.12	162.86	179.54	126.76	140.82	154.88
51	63.36	73.92	84.48	49.26	58.12	66.88	98.58	112.66	126.76	79.22	90.66	102.10	146.12	162.86	179.54	126.76	140.82	154.88
52	66.88	77.44	88.02	52.84	61.64	70.40	102.10	116.18	130.28	80.96	93.32	105.62	149.64	166.38	183.06	126.76	140.82	154.88
53	68.66	80.08	91.54	54.60	64.28	73.92	103.86	118.82	133.80	84.48	96.84	109.14	151.36	168.98	186.58	132.04	147.00	161.94
54	68.66	80.08	91.54	54.60	64.28	73.92	107.38	122.36	137.32	84.48	96.84	109.14	154.88	172.50	190.10	132.04	147.00	161.94
55	73.92	86.28	98.58	59.84	70.40	80.96	112.66	128.52	144.34	89.80	103.00	116.18	160.22	178.66	197.16	137.32	153.16	168.98
56	77.44	89.80	102.10	63.36	73.92	84.48	121.48	138.20	154.88	98.58	112.66	126.76	168.98	188.34	207.72	146.12	162.86	179.54
57	82.74	95.96	109.14	68.66	80.08	91.54	130.28	147.86	165.46	107.38	122.36	137.32	177.80	198.06	218.28	154.88	172.50	190.10
58	88.02	102.10	116.18	73.92	86.28	98.58	139.08	157.58	176.02	116.18	132.04	147.86	191.88	213.88	235.88	163.74	182.18	200.68
59	96.84	111.78	126.76	79.22	92.44	105.62	147.86	167.24	186.58	125.00	141.72	158.44	200.68	223.56	246.44	177.80	198.06	218.28
60	102.10	117.94	133.80	88.02	102.10	116.18	158.44	179.54	200.68	139.08	157.58	176.02	214.76	239.40	264.04	186.58	207.72	228.86
61	107.38	124.14	140.82	91.54	105.62	119.70	167.24	189.22	211.24	147.86	167.24	186.58	223.56	249.10	274.60	195.40	217.40	239.40
62	116.18	133.80	151.36	96.84	111.78	126.76	176.02	198.92	221.78	156.70	176.92	197.16	232.36	258.76	285.16	209.48	233.26	256.98
63	121.48	139.96	158.44	102.10	117.94	133.80	184.82	208.62	232.36	165.46	186.58	207.72	246.44	274.60	302.78	218.28	242.92	267.56
64	126.76	146.12	165.46	107.38	124.14	140.82	193.64	218.28	242.92	174.28	196.28	218.28	255.26	284.28	313.32	227.10	252.60	278.12
65	135.56	155.82	176.02	116.18	133.80	151.36	207.72	234.14	260.50	188.34	212.12	235.88	269.34	300.16	330.92	241.18	268.48	295.72
66	156.70	178.66	200.68	133.80	153.16	172.50	235.88	264.04	292.20	213.00	238.54	264.04	302.78	336.24	369.66	271.08	301.02	330.92
67	179.54	204.20	228.86	154.88	176.02	197.16	265.84	296.64	327.40	242.92	271.08	299.26	339.76	375.82	411.90	304.54	337.12	369.66
68	200.68	227.10	253.46	176.02	198.92	221.78	299.26	332.72	366.12	271.08	301.02	330.92	376.70	415.42	454.16	337.98	373.18	408.38
69	223.56	252.60	281.64	193.64	218.28	242.92	329.18	365.24	401.32	297.50	330.06	362.60	415.42	457.66	499.90	373.18	411.90	450.64
70	246.44	278.12	309.82	216.52	243.82	271.08	362.60	401.32	440.08	327.40	362.60	397.80	452.42	497.28	542.16	406.64	448.02	489.34
71	267.56	301.02	334.46	237.66	266.68	295.72	392.54	433.92	475.28	355.56	392.54	429.50	485.82	533.38	580.88	436.54	480.56	524.56
72	290.44	326.54	362.60	255.26	286.06	316.84	422.46	466.46	510.48	381.98	421.60	461.18	524.56	575.60	626.66	471.74	519.30	566.78
73	311.58	349.44	387.26	276.36	308.94	341.50	455.92	502.56	549.22	410.16	451.54	492.86	561.54	615.22	668.88	505.20	555.38	605.52
74	334.46	374.94	415.42	297.50	331.84	366.12	485.82	535.12	584.40	440.08	484.08	528.08	598.48	654.84	711.14	538.64	591.44	644.26
75	360.84	404.00	447.12	320.36	357.36	394.28	519.30	571.20	623.14	469.98	516.64	563.28	637.22	697.06	756.94	573.82	630.18	686.50
76	410.16	456.80	503.42	369.66	410.16	450.64	573.82	630.18	686.50	524.56	575.60	626.66	693.54	758.70	823.80	630.18	691.80	753.36
77	459.44	509.62	559.76	418.94	462.94	506.94	631.94	692.66	753.36	582.66	638.12	693.54	749.86	820.28	890.68	686.50	753.36	820.28
78	512.26	565.92	619.62	471.74	519.30	566.78	691.80	757.82	823.80	642.50	703.22	763.94	809.72	885.40	961.08	746.36	818.52	890.68
79	563.28	621.40	679.44	522.82	574.72	626.66	749.86	820.28	890.68	700.58	765.74	830.86	866.04	947.02	999.98	802.68	880.12	957.56
80				575.60	631.08					760.44	830.86					862.54	945.28	
81				624.92	683.88					818.52	893.32					918.86	999.98	
82				679.44	742.84					878.38	958.48					978.70	999.98	
83				734.04	801.80					938.24	999.98					999.98	999.98	
84				788.58	860.80					998.06	999.98					999.98	999.98	

Attachment 1

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

Current Annual Premiums

Comprehensive Reimbursement Policy
FORM: 30160A-PA

Annual Premiums Per \$10 Daily Benefit

		2 YEAR BENEFIT PERIOD																	
Issue Age	No Benefit Increase Option						Simple Benefit Option						Compound Benefit Option						
	20 Day Deductible Period			90 Day Deductible Period			20 Day Deductible Period			90 Day Deductible Period			20 Day Deductible Period			90 Day Deductible Period			
	Home Care Percentage			Home Care Percentage			Home Care Percentage			Home Care Percentage			Home Care Percentage			Home Care Percentage			
	50%	75%	100%	50%	75%	100%	50%	75%	100%	50%	75%	100%	50%	75%	100%	50%	75%	100%	
40	42.26	49.26	56.36	31.70	36.98	42.26	65.14	74.82	84.48	51.08	59.00	66.88	93.32	104.74	116.18	75.70	85.40	95.06	
41	42.26	49.26	56.36	31.70	36.98	42.26	65.14	74.82	84.48	51.08	59.00	66.88	93.32	104.74	116.18	75.70	85.40	95.06	
42	42.26	49.26	56.36	31.70	36.98	42.26	65.14	74.82	84.48	51.08	59.00	66.88	93.32	104.74	116.18	75.70	85.40	95.06	
43	42.26	49.26	56.36	31.70	36.98	42.26	65.14	74.82	84.48	51.08	59.00	66.88	93.32	104.74	116.18	75.70	85.40	95.06	
44	42.26	49.26	56.36	31.70	36.98	42.26	65.14	74.82	84.48	51.08	59.00	66.88	93.32	104.74	116.18	75.70	85.40	95.06	
45	42.26	49.26	56.36	31.70	36.98	42.26	65.14	74.82	84.48	51.08	59.00	66.88	93.32	104.74	116.18	75.70	85.40	95.06	
46	42.26	49.26	56.36	31.70	36.98	42.26	65.14	74.82	84.48	51.08	59.00	66.88	93.32	104.74	116.18	75.70	85.40	95.06	
47	42.26	49.26	56.36	31.70	36.98	42.26	68.66	78.34	88.02	54.60	62.50	70.40	98.58	110.90	123.24	79.22	88.92	98.58	
48	44.02	51.96	59.84	33.46	39.62	45.78	70.40	80.96	91.54	56.36	65.14	73.92	98.58	110.90	123.24	84.48	95.06	105.62	
49	44.02	51.96	59.84	33.46	39.62	45.78	73.92	84.48	95.06	59.84	68.66	77.44	103.86	117.08	130.28	84.48	95.06	105.62	
50	49.26	58.12	66.88	38.74	45.78	52.84	79.22	90.66	102.10	65.14	74.82	84.48	103.86	117.08	130.28	89.80	101.22	112.66	
51	49.26	58.12	66.88	38.74	45.78	52.84	79.22	90.66	102.10	65.14	74.82	84.48	109.14	123.24	137.32	93.32	104.74	116.18	
52	49.26	58.12	66.88	38.74	45.78	52.84	82.74	94.18	105.62	68.66	78.34	88.02	109.14	123.24	137.32	93.32	104.74	116.18	
53	51.08	60.76	70.40	40.50	48.42	56.36	84.48	96.84	109.14	70.40	80.96	91.54	114.42	129.40	144.34	98.58	110.90	123.24	
54	51.08	60.76	70.40	40.50	48.42	56.36	88.02	100.34	112.66	73.92	84.48	95.06	114.42	129.40	144.34	102.10	114.42	126.76	
55	56.36	66.88	77.44	45.78	54.60	63.36	93.32	106.52	119.70	79.22	90.66	102.10	119.70	135.56	151.36	107.38	120.62	133.80	
56	59.84	70.40	80.96	45.78	54.60	63.36	96.84	110.04	123.24	82.74	94.18	105.62	125.00	141.72	158.44	112.66	126.76	140.82	
57	65.14	76.56	88.02	51.08	60.76	70.40	105.62	119.70	133.80	91.54	103.86	116.18	133.80	151.36	168.98	117.94	132.92	147.86	
58	70.40	82.74	95.06	56.36	66.88	77.44	110.90	125.88	140.82	96.84	110.04	123.24	142.60	161.10	179.54	126.76	142.60	158.44	
59	75.70	88.92	102.10	59.84	70.40	80.96	119.70	135.56	151.36	105.62	119.70	133.80	151.36	170.76	190.10	132.04	148.76	165.46	
60	84.48	98.58	112.66	65.14	76.56	88.02	125.00	141.72	158.44	110.90	125.88	140.82	160.22	180.44	200.68	140.82	158.44	176.02	
61	88.02	102.10	116.18	70.40	82.74	95.06	133.80	151.36	168.98	119.70	135.56	151.36	168.98	190.10	211.24	146.12	164.58	183.06	
62	93.32	108.26	123.24	73.92	86.28	98.58	139.08	157.58	176.02	125.00	141.72	158.44	177.80	199.80	221.78	151.36	170.76	190.10	
63	98.58	114.42	130.28	79.22	92.44	105.62	147.86	167.24	186.58	133.80	151.36	168.98	186.58	209.48	232.36	160.22	180.44	200.68	
64	103.86	120.62	137.32	84.48	98.58	112.66	153.16	173.40	193.64	139.08	157.58	176.02	195.40	219.16	242.92	165.46	186.58	207.72	
65	112.66	130.28	147.86	89.80	104.74	119.70	161.94	183.06	204.20	147.86	167.24	186.58	204.20	228.86	253.46	174.28	196.28	218.28	
66	126.76	146.12	165.46	103.86	120.62	137.32	179.54	202.44	225.30	161.94	183.06	204.20	228.86	255.26	281.64	191.88	215.64	239.40	
67	140.82	161.94	183.06	117.94	136.44	154.88	197.16	221.78	246.44	176.02	198.92	221.78	253.46	281.64	309.82	209.48	235.02	260.50	
68	158.44	181.30	204.20	132.04	152.28	172.50	216.52	243.82	271.08	190.10	214.76	239.40	279.88	310.70	341.50	228.86	256.98	285.16	
69	172.50	197.16	221.78	146.12	168.10	190.10	234.14	263.18	292.20	204.20	230.62	256.98	304.54	337.12	369.66	246.44	276.36	306.30	
70	191.88	219.16	246.44	160.22	183.96	207.72	256.98	288.68	320.36	218.28	246.44	274.60	330.92	366.12	401.32	265.84	298.38	330.92	
71	205.96	235.02	264.04	174.28	199.80	225.30	274.60	308.06	341.50	232.36	262.32	292.20	355.56	392.54	429.50	283.40	317.74	352.06	
72	220.04	250.86	281.64	188.34	215.64	242.92	292.20	327.40	362.60	246.44	278.12	309.82	380.22	418.94	457.66	301.02	337.12	373.18	
73	237.66	270.20	302.78	202.44	231.50	260.50	311.58	349.44	387.26	260.50	293.96	327.40	406.64	448.02	489.34	320.36	359.08	397.80	
74	251.74	286.06	320.36	216.52	247.34	278.12	329.18	368.78	408.38	274.60	309.82	345.02	431.28	474.40	517.52	337.98	378.46	418.94	
75	271.08	308.06	345.02	234.14	266.68	299.26	352.06	394.28	436.54	288.68	325.66	362.60	457.66	503.42	549.22	360.84	404.00	447.12	
76	306.30	346.80	387.26	269.34	305.42	341.50	383.74	429.50	475.28	320.36	360.84	401.32	496.38	545.70	594.96	399.58	446.24	492.86	
77	345.02	389.02	433.02	308.06	347.66	387.26	418.94	468.22	517.52	355.56	399.58	443.60	535.12	587.92	640.74	438.34	488.48	538.64	
78	385.50	433.92	482.32	348.54	392.54	436.54	450.64	503.42	556.26	387.26	434.80	482.32	573.82	630.18	686.50	477.04	530.72	584.40	
79	420.72	472.68	524.56	383.74	431.28	478.80	487.60	544.82	602.00	424.24	476.16	528.08	612.56	672.40	732.28	515.78	572.96	630.18	
80				424.24	476.16					455.92	511.38					554.50	615.22		
81				462.94	518.42					491.12	550.12					593.22	657.48		
82				503.42	563.28					528.08	591.44					631.94	699.70		
83				543.96	608.16					565.04	632.82					670.66	741.96		
84				584.40	653.08					602.00	674.18					709.38	784.18		

Attachment 2

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

Annual Premiums with 15% Rate Increase

Comprehensive Reimbursement Policy
FORM: 30160A-PA

Annual Premiums Per \$10 Daily Benefit

Issue Age	LIFETIME BENEFIT PERIOD																	
	No Benefit Increase Option						Simple Benefit Option						Compound Benefit Option					
	20 Day Deductible Period			90 Day Deductible Period			20 Day Deductible Period			90 Day Deductible Period			20 Day Deductible Period			90 Day Deductible Period		
	Home Care Percentage			Home Care Percentage			Home Care Percentage			Home Care Percentage			Home Care Percentage			Home Care Percentage		
50%	75%	100%	50%	75%	100%	50%	75%	100%	50%	75%	100%	50%	75%	100%	50%	75%	100%	
40	97.16	111.36	125.52	80.96	93.10	105.28	157.92	180.20	202.42	143.76	162.98	182.20	210.52	236.86	263.18	192.32	215.60	238.88
41	97.16	111.36	125.52	80.96	93.10	105.28	157.92	180.20	202.42	143.76	162.98	182.20	210.52	236.86	263.18	192.32	215.60	238.88
42	97.16	111.36	125.52	80.96	93.10	105.28	157.92	180.20	202.42	143.76	162.98	182.20	210.52	236.86	263.18	192.32	215.60	238.88
43	97.16	111.36	125.52	80.96	93.10	105.28	157.92	180.20	202.42	143.76	162.98	182.20	210.52	236.86	263.18	192.32	215.60	238.88
44	97.16	111.36	125.52	80.96	93.10	105.28	157.92	180.20	202.42	143.76	162.98	182.20	210.52	236.86	263.18	192.32	215.60	238.88
45	97.16	111.36	125.52	80.96	93.10	105.28	157.92	180.20	202.42	143.76	162.98	182.20	210.52	236.86	263.18	192.32	215.60	238.88
46	97.16	111.36	125.52	80.96	93.10	105.28	161.94	184.26	206.48	143.76	162.98	182.20	218.62	244.96	271.26	196.38	219.68	242.92
47	99.22	114.40	129.56	83.00	96.14	109.32	168.04	191.34	214.56	149.82	170.04	190.28	228.76	256.08	283.40	202.42	226.74	251.02
48	99.22	114.40	129.56	87.06	100.22	113.36	174.06	198.38	222.68	153.88	174.06	194.32	238.88	267.22	295.52	208.50	233.82	259.10
49	105.28	121.46	137.66	89.06	103.28	117.42	178.12	202.42	226.74	155.90	177.10	198.38	249.00	278.36	307.70	216.60	241.92	267.22
50	105.28	121.46	137.66	93.10	107.32	121.46	184.26	209.50	234.84	159.94	181.22	202.42	263.18	293.54	323.88	222.68	249.00	275.32
51	107.32	124.50	141.72	95.16	110.36	125.52	190.28	216.60	242.92	166.00	188.30	210.52	271.26	301.66	331.98	228.76	256.08	283.40
52	111.36	128.54	145.78	95.16	110.36	125.52	194.32	220.66	246.98	166.00	188.30	210.52	281.40	312.78	344.14	236.86	264.20	291.48
53	113.36	131.58	149.82	101.22	117.42	133.60	200.42	227.76	255.04	172.08	195.36	218.62	291.48	323.88	356.30	242.92	271.26	299.58
54	113.36	131.58	149.82	101.22	117.42	133.60	206.48	234.84	263.18	176.14	199.42	222.68	301.66	335.02	368.42	249.00	278.36	307.70
55	119.44	138.72	157.92	107.32	124.50	141.72	212.54	241.92	271.26	182.20	206.48	230.78	315.80	350.22	384.62	259.10	289.50	319.84
56	129.56	149.82	170.04	111.36	128.54	145.78	226.74	257.10	287.46	196.38	221.68	246.98	334.00	369.44	404.86	277.36	308.76	340.08
57	139.70	160.96	182.20	121.46	139.70	157.92	240.90	272.30	303.64	210.52	236.86	263.18	352.24	388.68	425.10	295.52	327.94	360.32
58	149.82	172.08	194.32	131.58	150.84	170.04	255.04	287.46	319.84	224.72	252.04	279.36	370.46	407.90	445.34	313.76	347.18	380.56
59	159.94	183.24	206.48	137.66	157.92	178.12	273.30	306.68	340.08	238.88	267.22	295.52	388.68	427.14	465.58	331.98	366.42	400.82
60	170.04	194.32	218.62	147.80	169.06	190.28	287.46	321.86	356.30	259.10	289.50	319.84	406.92	446.36	485.82	350.22	385.66	421.04
61	180.20	205.46	230.78	155.90	177.10	198.38	301.66	337.04	372.46	273.30	304.70	336.04	425.10	465.58	506.10	368.42	404.86	441.30
62	190.28	216.60	242.92	161.94	184.26	206.48	319.84	356.30	392.72	287.46	319.84	352.24	443.32	484.84	526.30	386.68	424.10	461.52
63	200.42	227.76	255.04	172.08	195.36	218.62	334.00	371.48	408.90	301.66	335.02	368.42	461.52	504.10	546.58	404.86	443.32	481.78
64	210.52	238.88	267.22	182.20	206.48	230.78	348.20	386.68	425.10	315.80	350.22	384.62	479.78	523.32	566.78	423.14	462.58	502.02
65	222.68	253.04	283.40	192.32	217.60	242.92	368.42	408.90	449.40	336.04	372.46	408.90	502.02	546.58	591.10	443.32	484.84	526.30
66	263.18	295.52	327.94	224.72	252.04	279.36	427.14	470.68	514.18	384.62	423.14	461.52	568.84	616.42	663.94	497.98	542.50	587.06
67	305.72	341.14	376.52	263.18	293.54	323.88	485.82	532.38	578.94	435.22	476.74	518.24	639.70	690.30	740.90	552.64	600.24	647.78
68	348.20	386.68	425.10	297.58	330.98	364.36	544.54	594.14	643.72	485.82	530.36	574.88	706.52	760.16	813.76	607.30	657.90	708.52
69	394.78	436.24	477.74	336.04	372.46	408.90	603.24	655.84	708.52	540.48	588.08	635.66	779.36	837.06	894.72	661.94	715.60	769.22
70	437.26	481.78	526.30	370.46	409.96	449.40	663.94	720.66	777.30	591.10	641.72	692.30	850.22	910.94	971.66	716.62	773.26	829.98
71	477.74	524.30	570.84	406.92	448.38	489.88	722.68	782.40	842.12	639.70	692.30	744.94	917.04	980.78	999.98	771.26	831.02	890.68
72	524.30	573.90	623.48	441.30	485.82	530.36	781.36	844.14	906.86	694.34	750.06	805.66	989.92	999.98	999.98	825.90	888.68	951.44
73	566.78	619.44	672.06	479.78	527.36	574.88	840.10	905.86	971.66	744.94	803.66	862.34	999.98	999.98	999.98	885.60	946.36	999.98
74	609.34	665.00	720.66	514.18	564.78	615.38	898.78	967.62	999.98	795.58	857.30	919.04	999.98	999.98	999.98	935.22	999.98	999.98
75	655.84	714.62	773.26	552.64	606.28	659.90	963.58	999.98	999.98	850.22	914.98	979.76	999.98	999.98	999.98	995.94	999.98	999.98
76	710.56	776.32	842.12	599.20	659.90	720.66	999.98	999.98	999.98	914.98	987.82	999.98	999.98	999.98	999.98	999.98	999.98	999.98
77	765.16	838.08	910.94	645.78	713.60	781.36	999.98	999.98	999.98	979.76	999.98	999.98	999.98	999.98	999.98	999.98	999.98	999.98
78	819.84	899.80	979.76	692.30	767.22	842.12	999.98	999.98	999.98	999.98	999.98	999.98	999.98	999.98	999.98	999.98	999.98	999.98
79	874.50	961.56	999.98	738.88	820.84	902.82	999.98	999.98	999.98	999.98	999.98	999.98	999.98	999.98	999.98	999.98	999.98	999.98

Attachment 2

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

Annual Premiums with 15% Rate Increase

Comprehensive Reimbursement Policy
FORM: 30160A-PA

Annual Premiums Per \$10 Daily Benefit

Issue Age	6 YEAR BENEFIT PERIOD																	
	No Benefit Increase Option						Simple Benefit Option						Compound Benefit Option					
	20 Day Deductible Period			90 Day Deductible Period			20 Day Deductible Period			90 Day Deductible Period			20 Day Deductible Period			90 Day Deductible Period		
	Home Care Percentage			Home Care Percentage			Home Care Percentage			Home Care Percentage			Home Care Percentage			Home Care Percentage		
50%	75%	100%	50%	75%	100%	50%	75%	100%	50%	75%	100%	50%	75%	100%	50%	75%	100%	
40	80.96	93.10	105.28	68.82	78.96	89.06	117.42	133.60	149.82	97.16	111.36	125.52	168.04	189.26	210.52	139.70	156.90	174.06
41	80.96	93.10	105.28	68.82	78.96	89.06	117.42	133.60	149.82	97.16	111.36	125.52	168.04	189.26	210.52	139.70	156.90	174.06
42	80.96	93.10	105.28	68.82	78.96	89.06	117.42	133.60	149.82	97.16	111.36	125.52	168.04	189.26	210.52	139.70	156.90	174.06
43	80.96	93.10	105.28	68.82	78.96	89.06	117.42	133.60	149.82	97.16	111.36	125.52	168.04	189.26	210.52	139.70	156.90	174.06
44	80.96	93.10	105.28	68.82	78.96	89.06	117.42	133.60	149.82	97.16	111.36	125.52	168.04	189.26	210.52	139.70	156.90	174.06
45	80.96	93.10	105.28	68.82	78.96	89.06	117.42	133.60	149.82	97.16	111.36	125.52	168.04	189.26	210.52	139.70	156.90	174.06
46	80.96	93.10	105.28	68.82	78.96	89.06	117.42	133.60	149.82	97.16	111.36	125.52	168.04	189.26	210.52	143.76	160.96	178.12
47	83.00	96.14	109.32	68.82	78.96	89.06	123.48	140.72	157.92	101.22	115.40	129.56	174.06	196.38	218.62	149.82	168.04	186.24
48	83.00	96.14	109.32	70.88	82.00	93.10	129.56	147.80	166.00	107.32	122.50	137.66	178.12	200.42	222.68	153.88	172.08	190.28
49	85.00	99.22	113.36	70.88	82.00	93.10	133.60	151.84	170.04	111.36	126.54	141.72	184.26	207.50	230.78	159.94	179.20	198.38
50	89.06	103.28	117.42	76.92	89.06	101.22	139.70	158.94	178.12	117.42	133.60	149.82	188.30	211.56	234.84	170.04	190.28	210.52
51	91.10	106.30	121.46	76.92	89.06	101.22	145.78	166.00	186.24	117.42	133.60	149.82	194.32	218.62	242.92	174.06	194.32	214.56
52	91.10	106.30	121.46	76.92	89.06	101.22	149.82	170.04	190.28	121.46	137.66	153.88	198.38	222.68	246.98	180.20	201.42	222.68
53	93.10	109.32	125.52	78.96	92.10	105.28	155.90	177.10	198.38	127.54	144.76	161.94	204.48	229.78	255.04	184.26	205.46	226.74
54	93.10	109.32	125.52	78.96	92.10	105.28	161.94	184.26	206.48	131.58	148.82	166.00	208.50	233.82	259.10	190.28	212.54	234.84
55	99.22	116.40	133.60	85.00	99.22	113.36	168.04	191.34	214.56	137.66	155.90	174.06	214.56	240.90	267.22	200.42	223.72	246.98
56	103.28	120.46	137.66	89.06	103.28	117.42	178.12	202.42	226.74	147.80	167.02	186.24	228.76	256.08	283.40	210.52	234.84	259.10
57	113.36	131.58	149.82	95.16	110.36	125.52	188.30	213.56	238.88	157.92	178.12	198.38	242.92	271.26	299.58	224.72	250.02	275.32
58	123.48	142.76	161.94	101.22	117.42	133.60	202.42	228.76	255.04	172.08	193.32	214.56	261.16	290.50	319.84	238.88	265.22	291.48
59	129.56	149.82	170.04	111.36	128.54	145.78	212.54	239.92	267.22	182.20	204.48	226.74	275.32	305.72	336.04	253.04	280.40	307.70
60	139.70	160.96	182.20	117.42	135.64	153.88	226.74	255.04	283.40	196.38	219.68	242.92	293.54	324.92	356.30	267.22	295.52	323.88
61	147.80	169.06	190.28	121.46	139.70	157.92	236.86	266.22	295.52	206.48	230.78	255.04	307.70	340.08	372.46	281.40	310.74	340.08
62	153.88	176.14	198.38	131.58	150.84	170.04	246.98	277.36	307.70	216.60	241.92	267.22	321.86	355.28	388.68	295.52	325.92	356.30
63	164.00	187.28	210.52	137.66	157.92	178.12	261.16	292.54	323.88	230.78	257.10	283.40	340.08	374.50	408.90	309.74	341.14	372.46
64	174.06	198.38	222.68	143.76	165.00	186.24	271.26	303.64	336.04	240.90	268.24	295.52	354.26	389.72	425.10	323.88	356.30	388.68
65	184.26	209.50	234.84	153.88	176.14	198.38	287.46	321.86	356.30	257.10	286.46	315.80	374.50	411.94	449.40	338.06	371.48	404.86
66	212.54	239.92	267.22	178.12	202.42	226.74	325.92	363.38	400.82	293.54	324.92	356.30	425.10	465.58	506.10	376.52	412.94	449.40
67	242.92	273.30	303.64	206.48	232.80	259.10	368.42	408.90	449.40	336.04	370.46	404.86	477.74	522.28	566.78	417.00	457.48	497.98
68	271.26	303.64	336.04	230.78	259.10	287.46	410.96	454.46	497.98	374.50	411.94	449.40	528.36	575.92	623.48	459.52	503.08	546.58
69	301.66	337.04	372.46	261.16	292.54	323.88	449.40	495.98	542.50	414.96	454.46	493.92	580.98	632.64	684.20	500.02	547.58	595.14
70	331.98	370.46	408.90	289.50	322.88	356.30	491.92	541.48	591.10	453.42	495.98	538.46	631.60	686.26	740.90	544.54	596.18	647.78
71	360.32	400.82	441.30	313.76	349.20	384.62	534.40	587.06	639.70	495.98	541.48	587.06	684.20	742.92	801.62	582.98	637.68	692.30
72	390.72	434.24	477.74	344.14	382.62	421.04	572.88	628.60	684.20	532.38	579.96	627.56	734.82	796.56	858.32	623.48	682.20	740.90
73	419.02	464.60	510.14	368.42	408.90	449.40	615.38	674.10	732.80	574.88	625.56	676.10	787.48	853.26	919.04	666.02	727.74	789.48
74	449.40	497.98	546.58	396.78	439.28	481.78	657.90	719.64	781.36	613.38	667.02	720.66	838.08	906.86	975.70	706.52	772.28	838.08
75	483.82	535.42	587.06	427.14	472.70	518.24	702.44	768.22	834.02	655.84	712.56	769.22	894.72	967.62	1039.98	751.04	820.84	890.68
76	544.54	600.24	655.84	487.88	537.44	587.06	781.36	852.24	923.08	734.82	796.56	858.32	979.76	1059.98	1139.98	836.06	911.98	987.82
77	605.30	665.00	724.70	548.60	602.24	655.84	864.38	940.30	1019.98	817.82	884.62	951.44	1099.98	1179.98	1259.98	921.06	999.98	1079.98
78	666.02	729.80	793.52	609.34	667.02	724.70	949.42	1029.98	1109.98	902.82	975.70	1049.98	1209.98	1289.98	1369.98	999.98	1079.98	1159.98
79	732.80	801.62	870.48	676.10	738.88	801.62	1029.98	1109.98	1189.98	985.84	1069.98	1149.98	1329.98	1409.98	1489.98	1079.98	1159.98	1239.98

Attachment 2

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

Annual Premiums with 15% Rate Increase

Comprehensive Reimbursement Policy
FORM: 30160A-PA

Annual Premiums Per \$10 Daily Benefit

Issue Age	4 YEAR BENEFIT PERIOD																	
	No Benefit Increase Option						Simple Benefit Option						Compound Benefit Option					
	20 Day Deductible Period			90 Day Deductible Period			20 Day Deductible Period			90 Day Deductible Period			20 Day Deductible Period			90 Day Deductible Period		
	Home Care Percentage			Home Care Percentage			Home Care Percentage			Home Care Percentage			Home Care Percentage			Home Care Percentage		
50%	75%	100%	50%	75%	100%	50%	75%	100%	50%	75%	100%	50%	75%	100%	50%	75%	100%	
40	64.82	74.92	85.00	48.60	56.64	64.82	97.16	111.36	125.52	80.96	93.10	105.28	151.84	169.06	186.24	133.60	147.80	161.94
41	64.82	74.92	85.00	48.60	56.64	64.82	97.16	111.36	125.52	80.96	93.10	105.28	151.84	169.06	186.24	133.60	147.80	161.94
42	64.82	74.92	85.00	48.60	56.64	64.82	97.16	111.36	125.52	80.96	93.10	105.28	151.84	169.06	186.24	133.60	147.80	161.94
43	64.82	74.92	85.00	48.60	56.64	64.82	97.16	111.36	125.52	80.96	93.10	105.28	151.84	169.06	186.24	133.60	147.80	161.94
44	64.82	74.92	85.00	48.60	56.64	64.82	97.16	111.36	125.52	80.96	93.10	105.28	151.84	169.06	186.24	133.60	147.80	161.94
45	64.82	74.92	85.00	48.60	56.64	64.82	97.16	111.36	125.52	80.96	93.10	105.28	151.84	169.06	186.24	133.60	147.80	161.94
46	64.82	74.92	85.00	48.60	56.64	64.82	97.16	111.36	125.52	80.96	93.10	105.28	151.84	169.06	186.24	133.60	147.80	161.94
47	64.82	74.92	85.00	48.60	56.64	64.82	101.22	115.40	129.56	80.96	93.10	105.28	155.90	173.10	190.28	133.60	147.80	161.94
48	66.84	77.94	89.06	50.62	59.76	68.82	103.28	118.46	133.60	85.00	97.16	109.32	157.92	176.14	194.32	139.70	154.88	170.04
49	70.88	82.00	93.10	54.68	63.80	72.86	107.32	122.50	137.66	87.06	100.22	113.36	161.94	180.20	198.38	139.70	154.88	170.04
50	72.86	85.00	97.16	56.64	66.84	76.92	113.36	129.56	145.78	91.10	104.26	117.42	168.04	187.28	206.48	145.78	161.94	178.12
51	72.86	85.00	97.16	56.64	66.84	76.92	113.36	129.56	145.78	91.10	104.26	117.42	168.04	187.28	206.48	145.78	161.94	178.12
52	76.92	89.06	101.22	60.76	70.88	80.96	117.42	133.60	149.82	93.10	107.32	121.46	172.08	191.34	210.52	145.78	161.94	178.12
53	78.96	92.10	105.28	62.80	73.92	85.00	119.44	136.64	153.88	97.16	111.36	125.52	174.06	194.32	214.56	151.84	169.06	186.24
54	78.96	92.10	105.28	62.80	73.92	85.00	123.48	140.72	157.92	97.16	111.36	125.52	178.12	198.38	218.62	151.84	169.06	186.24
55	85.00	99.22	113.36	68.82	80.96	93.10	129.56	147.80	166.00	103.28	118.46	133.60	184.26	205.46	226.74	157.92	176.14	194.32
56	89.06	103.28	117.42	72.86	85.00	97.16	139.70	158.94	178.12	113.36	129.56	145.78	194.32	216.60	238.88	168.04	187.28	206.48
57	95.16	110.36	125.52	78.96	92.10	105.28	149.82	170.04	190.28	123.48	140.72	157.92	204.48	227.76	251.02	178.12	198.38	218.62
58	101.22	117.42	133.60	85.00	99.22	113.36	159.94	181.22	202.42	133.60	151.84	170.04	220.66	245.96	271.26	188.30	209.50	230.78
59	111.36	128.54	145.78	91.10	106.30	121.46	170.04	192.32	214.56	143.76	162.98	182.20	230.78	257.10	283.40	204.48	227.76	251.02
60	117.42	135.64	153.88	101.22	117.42	133.60	182.20	206.48	230.78	159.94	181.22	202.42	246.98	275.32	303.64	214.56	238.88	263.18
61	123.48	142.76	161.94	105.28	121.46	137.66	192.32	217.60	242.92	170.04	192.32	214.56	257.10	286.46	315.80	224.72	250.02	275.32
62	133.60	153.88	174.06	111.36	128.54	145.78	202.42	228.76	255.04	180.20	203.46	226.74	267.22	297.58	327.94	240.90	268.24	295.52
63	139.70	160.96	182.20	117.42	135.64	153.88	212.54	239.92	267.22	190.28	214.56	238.88	283.40	315.80	348.20	251.02	279.36	307.70
64	145.78	168.04	190.28	123.48	142.76	161.94	222.68	251.02	279.36	200.42	225.72	251.02	293.54	326.92	360.32	261.16	290.50	319.84
65	155.90	179.20	202.42	133.60	153.88	174.06	238.88	269.26	299.58	216.60	243.94	271.26	309.74	345.18	380.56	277.36	308.76	340.08
66	180.20	205.46	230.78	153.88	176.14	198.38	271.26	303.64	336.04	244.96	274.32	303.64	348.20	386.68	425.10	311.74	346.18	380.56
67	206.48	234.84	263.18	178.12	202.42	226.74	305.72	341.14	376.52	279.36	311.74	344.14	390.72	432.20	473.68	350.22	387.68	425.10
68	230.78	261.16	291.48	202.42	228.76	255.04	344.14	382.62	421.04	311.74	346.18	380.56	433.20	477.74	522.28	388.68	429.16	469.64
69	257.10	290.50	323.88	222.68	251.02	279.36	378.56	420.02	461.52	342.12	379.56	417.00	477.74	526.30	574.88	429.16	473.68	518.24
70	283.40	319.84	356.30	249.00	280.40	311.74	417.00	461.52	506.10	376.52	417.00	457.48	520.28	571.88	623.48	467.64	515.22	562.74
71	307.70	346.18	384.62	273.30	306.68	340.08	451.42	499.00	546.58	408.90	451.42	493.92	558.70	613.38	668.02	502.02	552.64	603.24
72	334.00	375.52	417.00	293.54	328.96	364.36	485.82	536.42	587.06	439.28	484.84	530.36	603.24	661.94	720.66	542.50	597.20	651.80
73	358.32	401.86	445.34	317.82	355.28	392.72	524.30	577.94	631.60	471.68	519.28	566.78	645.78	707.50	769.22	580.98	638.68	696.34
74	384.62	431.18	477.74	342.12	381.62	421.04	558.70	615.38	672.06	506.10	556.70	607.30	688.26	753.06	817.82	619.44	680.16	740.90
75	414.96	464.60	514.18	368.42	410.96	453.42	597.20	656.88	716.62	540.48	594.14	647.78	732.80	801.62	870.48	659.90	724.70	789.48
76	471.68	525.32	578.94	425.10	471.68	518.24	659.90	724.70	789.48	603.24	661.94	720.66	797.58	872.50	947.38	724.70	795.58	866.36
77	528.36	586.06	643.72	481.78	532.38	582.98	726.74	796.56	866.36	670.06	733.84	797.58	862.34	943.32	999.98	789.48	866.36	943.32
78	589.10	650.80	712.56	542.50	597.20	651.80	795.58	871.50	947.38	738.88	808.70	878.54	931.18	999.98	999.98	858.32	941.30	999.98
79	647.78	714.62	781.36	601.24	660.92	720.66	862.34	943.32	999.98	805.66	880.60	955.48	995.94	999.98	999.98	923.08	999.98	999.98
80				661.94	725.74					874.50	955.48					991.92	999.98	
81				718.66	786.46					941.30	999.98					999.98	999.98	
82				781.36	854.26					999.98	999.98					999.98	999.98	
83				844.14	922.08					999.98	999.98					999.98	999.98	
84				906.86	989.92					999.98	999.98					999.98	999.98	

Attachment 2

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

Annual Premiums with 15% Rate Increase

Comprehensive Reimbursement Policy
FORM: 30160A-PA

Annual Premiums Per \$10 Daily Benefit

Issue Age	2 YEAR BENEFIT PERIOD																	
	No Benefit Increase Option						Simple Benefit Option						Compound Benefit Option					
	20 Day Deductible Period			90 Day Deductible Period			20 Day Deductible Period			90 Day Deductible Period			20 Day Deductible Period			90 Day Deductible Period		
	Home Care Percentage			Home Care Percentage			Home Care Percentage			Home Care Percentage			Home Care Percentage			Home Care Percentage		
	50%	75%	100%	50%	75%	100%	50%	75%	100%	50%	75%	100%	50%	75%	100%	50%	75%	100%
40	48.60	56.64	64.82	36.46	42.52	48.60	74.92	86.04	97.16	58.74	67.86	76.92	107.32	120.46	133.60	87.06	98.22	109.32
41	48.60	56.64	64.82	36.46	42.52	48.60	74.92	86.04	97.16	58.74	67.86	76.92	107.32	120.46	133.60	87.06	98.22	109.32
42	48.60	56.64	64.82	36.46	42.52	48.60	74.92	86.04	97.16	58.74	67.86	76.92	107.32	120.46	133.60	87.06	98.22	109.32
43	48.60	56.64	64.82	36.46	42.52	48.60	74.92	86.04	97.16	58.74	67.86	76.92	107.32	120.46	133.60	87.06	98.22	109.32
44	48.60	56.64	64.82	36.46	42.52	48.60	74.92	86.04	97.16	58.74	67.86	76.92	107.32	120.46	133.60	87.06	98.22	109.32
45	48.60	56.64	64.82	36.46	42.52	48.60	74.92	86.04	97.16	58.74	67.86	76.92	107.32	120.46	133.60	87.06	98.22	109.32
46	48.60	56.64	64.82	36.46	42.52	48.60	74.92	86.04	97.16	58.74	67.86	76.92	107.32	120.46	133.60	87.06	98.22	109.32
47	48.60	56.64	64.82	36.46	42.52	48.60	78.96	90.10	101.22	62.80	71.88	80.96	113.36	127.54	141.72	91.10	102.26	113.36
48	50.62	59.76	68.82	38.48	45.56	52.64	80.96	93.10	105.28	64.82	74.92	85.00	113.36	127.54	141.72	97.16	109.32	121.46
49	50.62	59.76	68.82	38.48	45.56	52.64	85.00	97.16	109.32	68.82	78.96	89.06	119.44	134.64	149.82	97.16	109.32	121.46
50	56.64	66.84	76.92	44.56	52.64	60.76	91.10	104.26	117.42	74.92	86.04	97.16	119.44	134.64	149.82	103.28	116.40	129.56
51	56.64	66.84	76.92	44.56	52.64	60.76	91.10	104.26	117.42	74.92	86.04	97.16	125.52	141.72	157.92	107.32	120.46	133.60
52	56.64	66.84	76.92	44.56	52.64	60.76	95.16	108.30	121.46	78.96	90.10	101.22	125.52	141.72	157.92	107.32	120.46	133.60
53	58.74	69.88	80.96	46.58	55.68	64.82	97.16	111.36	125.52	80.96	93.10	105.28	131.58	148.82	166.00	113.36	127.54	141.72
54	58.74	69.88	80.96	46.58	55.68	64.82	101.22	115.40	129.56	85.00	97.16	109.32	131.58	148.82	166.00	117.42	131.58	145.78
55	64.82	76.92	89.06	52.64	62.80	72.86	107.32	122.50	137.66	91.10	104.26	117.42	137.66	155.90	174.06	123.48	138.72	153.88
56	68.82	80.96	93.10	52.64	62.80	72.86	111.36	126.54	141.72	95.16	108.30	121.46	143.76	162.98	182.20	129.56	145.78	161.94
57	74.92	88.04	101.22	58.74	69.88	80.96	121.46	137.66	153.88	105.28	119.44	133.60	153.88	174.06	194.32	135.64	152.86	170.04
58	80.96	95.16	109.32	64.82	76.92	89.06	127.54	144.76	161.94	111.36	126.54	141.72	164.00	185.26	206.48	145.78	164.00	182.20
59	87.06	102.26	117.42	68.82	80.96	93.10	137.66	155.90	174.06	121.46	137.66	153.88	174.06	196.38	218.62	151.84	171.08	190.28
60	97.16	113.36	129.56	74.92	88.04	101.22	143.76	162.98	182.20	127.54	144.76	161.94	184.26	207.50	230.78	161.94	182.20	202.42
61	101.22	117.42	133.60	80.96	95.16	109.32	153.88	174.06	194.32	137.66	155.90	174.06	194.32	218.62	242.92	168.04	189.26	210.52
62	107.32	124.50	141.72	85.00	99.22	113.36	159.94	181.22	202.42	143.76	162.98	182.20	204.48	229.78	255.04	174.06	196.38	218.62
63	113.36	131.58	149.82	91.10	106.30	121.46	170.04	192.32	214.56	153.88	174.06	194.32	214.56	240.90	267.22	184.26	207.50	230.78
64	119.44	138.72	157.92	97.16	113.36	129.56	176.14	199.42	222.68	159.94	181.22	202.42	224.72	252.04	279.36	190.28	214.56	238.88
65	129.56	149.82	170.04	103.28	120.46	137.66	186.24	210.52	234.84	170.04	192.32	214.56	234.84	263.18	291.48	200.42	225.72	251.02
66	145.78	168.04	190.28	119.44	138.72	157.92	206.48	232.80	259.10	186.24	210.52	234.84	263.18	293.54	323.88	220.66	247.98	275.32
67	161.94	186.24	210.52	135.64	156.90	178.12	226.74	255.04	283.40	202.42	228.76	255.04	291.48	323.88	356.30	240.90	270.28	299.58
68	182.20	208.50	234.84	151.84	175.12	198.38	249.00	280.40	311.74	218.62	246.98	275.32	321.86	357.30	392.72	263.18	295.52	327.94
69	198.38	226.74	255.04	168.04	193.32	218.62	269.26	302.66	336.04	234.84	265.22	295.52	350.22	387.68	425.10	283.40	317.82	352.24
70	220.66	252.04	283.40	184.26	211.56	238.88	295.52	331.98	368.42	251.02	283.40	315.80	380.56	421.04	461.52	305.72	343.14	380.56
71	236.86	270.28	303.64	200.42	229.78	259.10	315.80	354.26	392.72	267.22	301.66	336.04	408.90	451.42	493.92	325.92	365.40	404.86
72	253.04	288.48	323.88	216.60	247.98	279.36	336.04	376.52	417.00	283.40	319.84	356.30	437.26	481.78	526.30	346.18	387.68	429.16
73	273.30	310.74	348.20	232.80	266.22	299.58	358.32	401.86	445.34	299.58	338.06	376.52	467.64	515.22	562.74	368.42	412.94	457.48
74	289.50	328.96	368.42	249.00	284.44	319.84	378.56	424.10	469.64	315.80	356.30	396.78	495.98	545.56	595.14	388.68	435.22	481.78
75	311.74	354.26	396.78	269.26	306.68	344.14	404.86	453.42	502.02	331.98	374.50	417.00	526.30	578.94	631.60	414.96	464.60	514.18
76	352.24	398.82	445.34	309.74	351.24	392.72	441.30	493.92	546.58	368.42	414.96	461.52	570.84	627.56	684.20	459.52	513.18	566.78
77	396.78	447.38	497.98	354.26	399.80	445.34	481.78	538.46	595.14	408.90	459.52	510.14	615.38	676.10	736.86	504.10	561.76	619.44
78	443.32	499.00	554.66	400.82	451.42	502.02	518.24	578.94	639.70	445.34	500.02	554.66	659.90	724.70	789.48	548.60	610.32	672.06
79	483.82	543.58	603.24	441.30	495.98	550.62	560.74	626.54	692.30	487.88	547.58	607.30	704.44	773.26	842.12	593.14	658.90	724.70
80				487.88	547.58					524.30	588.08					637.68	707.50	
81				532.38	596.18					564.78	632.64					682.20	756.10	
82				578.94	647.78					607.30	680.16					726.74	804.66	
83				625.56	699.38					649.80	727.74					771.26	853.26	
84				672.06	751.04					692.30	775.30					815.78	901.80	

Attachment 3
RiverSource Life Insurance Company
Nationwide Experience Projections with No Increase
Adjusted for Cumulative Prior Approved Rate Increases on a Nationwide Basis
Policy Form: 30160A

	Calendar Year	Loss Ratio Demonstration						Interest Rate Factors	
		Without Interest			With Interest			Calendar Year	Mid-Year
		Earned Premiums	Incurred Claims	Loss Ratio	Earned Premiums	Incurred Claims	Loss Ratio	Effective Int Rate	Disc / Accum Factor
Historical Experience	1997	48,954	0	0.0%	112,978	0	0.0%	4.50%	2.3079
	1998	8,485,413	227,638	2.7%	18,739,855	502,733	2.7%	4.50%	2.2085
	1999	36,839,540	2,132,424	5.8%	77,855,831	4,506,615	5.8%	4.50%	2.1134
	2000	64,451,630	5,039,141	7.8%	130,345,052	10,191,009	7.8%	4.50%	2.0224
	2001	67,439,792	7,077,818	10.5%	130,515,046	13,697,577	10.5%	4.50%	1.9353
	2002	66,535,160	11,221,828	16.9%	123,219,451	20,782,207	16.9%	4.50%	1.8519
	2003	64,639,775	12,687,447	19.6%	114,554,356	22,484,643	19.6%	4.50%	1.7722
	2004	62,391,639	15,912,781	25.5%	105,808,821	26,986,190	25.5%	4.50%	1.6959
	2005	60,591,747	15,235,860	25.1%	98,331,501	24,725,562	25.1%	4.50%	1.6229
	2006	59,037,005	28,390,669	48.1%	91,682,664	44,089,842	48.1%	4.50%	1.5530
	2007	57,514,309	28,103,865	48.9%	85,471,736	41,765,017	48.9%	4.50%	1.4861
	2008	56,969,168	29,300,057	51.4%	81,015,889	41,667,630	51.4%	4.50%	1.4221
	2009	59,738,197	42,480,349	71.1%	81,295,432	57,809,886	71.1%	4.50%	1.3609
	2010	60,338,516	52,098,235	86.3%	78,576,443	67,845,454	86.3%	4.50%	1.3023
	2011	62,283,385	48,311,414	77.6%	77,616,429	60,204,811	77.6%	4.50%	1.2462
	2012	61,975,363	64,296,202	103.7%	73,906,774	76,674,416	103.7%	4.50%	1.1925
2013	63,998,827	61,823,175	96.6%	73,033,293	70,550,513	96.6%	4.50%	1.1412	
2014	63,958,252	67,881,863	106.1%	69,844,011	74,128,692	106.1%	4.50%	1.0920	
2015	63,675,766	72,479,497	113.8%	66,541,175	75,741,074	113.8%	4.50%	1.0450	
	1/1/2016-6/30/2016	33,581,231	48,604,584	144.7%	33,952,807	49,142,393	144.7%	4.50%	1.0111
Projected Future Experience	7/1/2016-12/31/2016	33,640,591	37,486,918	111.4%	33,272,432	37,076,665	111.4%	4.50%	0.9891
	2017	64,648,016	77,240,117	119.5%	61,864,130	73,913,988	119.5%	4.50%	0.9569
	2018	61,129,437	80,309,681	131.4%	55,978,057	73,541,980	131.4%	4.50%	0.9157
	2019	57,593,082	83,414,869	144.8%	50,468,622	73,096,166	144.8%	4.50%	0.8763
	2020	54,027,118	86,096,644	159.4%	45,305,053	72,197,317	159.4%	4.50%	0.8386
	2021	50,475,352	88,504,518	175.3%	40,503,999	71,020,543	175.3%	4.50%	0.8025
	2022	46,984,352	90,929,388	193.5%	36,079,084	69,824,289	193.5%	4.50%	0.7679
	2023	43,547,569	93,336,737	214.3%	31,999,993	68,586,490	214.3%	4.50%	0.7348
	2024	40,171,948	95,413,769	237.5%	28,248,316	67,093,543	237.5%	4.50%	0.7032
	2025	36,886,231	97,109,342	263.3%	24,820,908	65,345,307	263.3%	4.50%	0.6729
	2026	33,692,124	98,247,009	291.6%	21,695,291	63,263,969	291.6%	4.50%	0.6439
	2027	30,588,569	98,510,257	322.0%	18,848,638	60,701,896	322.0%	4.50%	0.6162
	2028	27,594,818	97,801,795	354.4%	16,271,667	57,670,184	354.4%	4.50%	0.5897
	2029	24,736,927	96,362,877	389.6%	13,958,346	54,374,838	389.6%	4.50%	0.5643
	2030	22,029,422	94,284,921	428.0%	11,895,290	50,911,298	428.0%	4.50%	0.5400
	2031	19,484,533	91,653,559	470.4%	10,068,057	47,359,267	470.4%	4.50%	0.5167
	2032	17,122,903	88,534,433	517.1%	8,466,750	43,777,561	517.1%	4.50%	0.4945
	2033	14,945,915	84,930,772	568.3%	7,072,054	40,187,236	568.3%	4.50%	0.4732
	2034	12,944,899	80,862,273	624.7%	5,861,455	36,614,467	624.7%	4.50%	0.4528
	2035	11,128,610	76,454,266	687.0%	4,822,046	33,127,770	687.0%	4.50%	0.4333
	2036	9,501,378	71,813,846	755.8%	3,939,679	29,777,098	755.8%	4.50%	0.4146
	2037	8,055,170	67,000,999	831.8%	3,196,190	26,585,154	831.8%	4.50%	0.3968
	2038	6,780,474	62,024,189	914.7%	2,574,552	23,550,640	914.7%	4.50%	0.3797
	2039	5,665,882	56,770,218	1002.0%	2,058,699	20,627,466	1002.0%	4.50%	0.3634
	2040	4,698,930	51,292,555	1091.6%	1,633,834	17,834,600	1091.6%	4.50%	0.3477
	2041	3,866,822	45,895,182	1186.9%	1,286,610	15,270,731	1186.9%	4.50%	0.3327
	2042	3,156,696	40,669,294	1288.4%	1,005,100	12,949,204	1288.4%	4.50%	0.3184
	2043	2,555,835	35,689,690	1396.4%	778,741	10,874,341	1396.4%	4.50%	0.3047
	2044	2,051,878	31,017,622	1511.7%	598,267	9,043,830	1511.7%	4.50%	0.2916
	2045	1,632,985	26,695,553	1634.8%	455,627	7,448,460	1634.8%	4.50%	0.2790
	2046	1,287,982	22,753,436	1766.6%	343,891	6,075,168	1766.6%	4.50%	0.2670
	2047	1,006,474	19,192,526	1906.9%	257,156	4,903,737	1906.9%	4.50%	0.2555
	2048	778,952	16,012,370	2055.6%	190,454	3,915,023	2055.6%	4.50%	0.2445
	2049	596,850	13,205,691	2212.6%	139,646	3,089,751	2212.6%	4.50%	0.2340
2050	452,558	10,759,345	2377.5%	101,326	2,408,973	2377.5%	4.50%	0.2239	
2051	339,412	8,657,633	2550.8%	72,720	1,854,936	2550.8%	4.50%	0.2143	
2052	251,646	6,873,826	2731.5%	51,595	1,409,328	2731.5%	4.50%	0.2050	
2053	184,339	5,382,554	2919.9%	36,167	1,056,053	2919.9%	4.50%	0.1962	
2054	133,332	4,155,188	3116.4%	25,033	780,138	3116.4%	4.50%	0.1878	
2055	95,161	3,160,549	3321.3%	17,097	567,842	3321.3%	4.50%	0.1797	
2056	66,969	2,366,563	3533.8%	11,514	406,880	3533.8%	4.50%	0.1719	
2057	46,432	1,742,949	3753.8%	7,639	286,759	3753.8%	4.50%	0.1645	
2058	31,683	1,260,793	3979.4%	4,988	198,500	3979.4%	4.50%	0.1574	
2059	21,247	894,089	4208.1%	3,201	134,704	4208.1%	4.50%	0.1507	
2060	13,978	620,204	4436.9%	2,015	89,417	4436.9%	4.50%	0.1442	
2061	9,001	419,774	4663.4%	1,242	57,914	4663.4%	4.50%	0.1380	
2062	5,657	276,877	4894.6%	747	36,554	4894.6%	4.50%	0.1320	
2063	3,457	177,262	5128.3%	437	22,395	5128.3%	4.50%	0.1263	
2064	2,044	109,746	5368.3%	247	13,268	5368.3%	4.50%	0.1209	
2065	1,164	65,380	5617.1%	135	7,564	5617.1%	4.50%	0.1157	
Past		1,074,493,668	613,304,847	57.1%	1,612,419,543	783,496,264	48.6%		
Future		756,666,804	2,344,440,049	309.8%	546,294,738	1,360,961,205	249.1%		
Lifetime		1,831,160,472	2,957,744,896	161.5%	2,158,714,281	2,144,457,468	99.3%		

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

	Calendar Year	Loss Ratio Demonstration						Interest Rate Factors	
		Without Interest			With Interest			Calendar Year Effective Int Rate	Mid-Year Disc / Accum Factor
		Earned Premiums	Incurred Claims	Loss Ratio	Earned Premiums	Incurred Claims	Loss Ratio		
Historical Experience	1997	48,954	0	0.0%	112,978	0	0.0%	4.50%	2.3079
	1998	8,485,413	227,638	2.7%	18,739,855	502,733	2.7%	4.50%	2.2085
	1999	36,839,540	2,132,424	5.8%	77,855,831	4,506,615	5.8%	4.50%	2.1134
	2000	64,451,630	5,039,141	7.8%	130,345,052	10,191,009	7.8%	4.50%	2.0224
	2001	67,439,792	7,077,818	10.5%	130,515,046	13,697,577	10.5%	4.50%	1.9353
	2002	66,535,160	11,221,828	16.9%	123,219,451	20,782,207	16.9%	4.50%	1.8519
	2003	64,639,775	12,687,447	19.6%	114,554,356	22,484,643	19.6%	4.50%	1.7722
	2004	62,391,639	15,912,781	25.5%	105,808,821	26,986,190	25.5%	4.50%	1.6959
	2005	60,591,747	15,235,860	25.1%	98,331,501	24,725,562	25.1%	4.50%	1.6229
	2006	59,037,005	28,390,669	48.1%	91,682,664	44,089,842	48.1%	4.50%	1.5530
	2007	57,514,309	28,103,865	48.9%	85,471,736	41,765,017	48.9%	4.50%	1.4861
	2008	56,969,168	29,300,057	51.4%	81,015,889	41,667,630	51.4%	4.50%	1.4221
	2009	59,738,197	42,480,349	71.1%	81,295,432	57,809,886	71.1%	4.50%	1.3609
	2010	60,338,516	52,098,235	86.3%	78,576,443	67,845,454	86.3%	4.50%	1.3023
	2011	62,283,385	48,311,414	77.6%	77,616,429	60,204,811	77.6%	4.50%	1.2462
	2012	61,975,363	64,296,202	103.7%	73,906,774	76,674,416	103.7%	4.50%	1.1925
2013	63,998,827	61,823,175	96.6%	73,033,293	70,550,513	96.6%	4.50%	1.1412	
2014	63,958,252	67,881,863	106.1%	69,844,011	74,128,692	106.1%	4.50%	1.0920	
2015	63,675,766	72,479,497	113.8%	66,541,175	75,741,074	113.8%	4.50%	1.0450	
	1/1/2016-6/30/2016	33,581,231	48,604,584	144.7%	33,952,807	49,142,393	144.7%	4.50%	1.0111
Projected Future Experience	7/1/2016-12/31/2016	33,640,591	37,486,918	111.4%	33,272,432	37,076,665	111.4%	4.50%	0.9891
	2017	67,257,037	77,291,315	114.9%	64,360,801	73,962,981	114.9%	4.50%	0.9569
	2018	68,766,027	80,552,678	117.1%	62,971,111	73,764,500	117.1%	4.50%	0.9157
	2019	64,941,978	82,907,369	127.7%	56,908,435	72,651,446	127.7%	4.50%	0.8763
	2020	60,921,230	84,944,399	139.4%	51,086,189	71,231,089	139.4%	4.50%	0.8386
	2021	56,916,437	87,252,015	153.3%	45,672,655	70,015,471	153.3%	4.50%	0.8025
	2022	52,980,133	89,609,525	169.1%	40,683,218	68,810,772	169.1%	4.50%	0.7679
	2023	49,104,931	91,950,108	187.3%	36,083,701	67,567,556	187.3%	4.50%	0.7348
	2024	45,298,659	93,966,129	207.4%	31,853,343	66,075,584	207.4%	4.50%	0.7032
	2025	41,593,739	95,607,628	229.9%	27,988,611	64,334,796	229.9%	4.50%	0.6729
	2026	37,992,092	96,701,391	254.5%	24,464,160	62,268,703	254.5%	4.50%	0.6439
	2027	34,492,527	96,936,475	281.0%	21,254,251	59,732,133	281.0%	4.50%	0.6162
	2028	31,116,754	96,217,532	309.2%	18,348,426	56,736,002	309.2%	4.50%	0.5897
	2029	27,894,160	94,782,027	339.8%	15,739,883	53,482,810	339.8%	4.50%	0.5643
	2030	24,841,131	92,720,068	373.3%	13,413,537	50,066,320	373.3%	4.50%	0.5400
	2031	21,971,459	90,115,997	410.2%	11,353,102	46,564,778	410.2%	4.50%	0.5167
	2032	19,308,423	87,034,463	450.8%	9,547,423	43,035,872	450.8%	4.50%	0.4945
	2033	16,853,590	83,478,712	495.3%	7,974,721	39,500,155	495.3%	4.50%	0.4732
	2034	14,597,183	79,468,130	544.4%	6,609,610	35,983,199	544.4%	4.50%	0.4528
	2035	12,549,071	75,125,863	598.7%	5,437,535	32,552,171	598.7%	4.50%	0.4333
	2036	10,714,145	70,557,075	658.5%	4,442,544	29,255,987	658.5%	4.50%	0.4146
	2037	9,083,345	65,820,625	724.6%	3,604,157	26,116,796	724.6%	4.50%	0.3968
	2038	7,645,947	60,924,760	796.8%	2,903,173	23,133,185	796.8%	4.50%	0.3797
	2039	6,389,088	55,758,231	872.7%	2,321,476	20,259,760	872.7%	4.50%	0.3634
	2040	5,298,713	50,373,454	950.7%	1,842,381	17,515,025	950.7%	4.50%	0.3477
	2041	4,360,393	45,068,815	1033.6%	1,450,836	14,995,774	1033.6%	4.50%	0.3327
	2042	3,559,625	39,933,722	1121.9%	1,133,393	12,714,996	1121.9%	4.50%	0.3184
	2043	2,882,069	35,041,473	1215.8%	878,142	10,676,835	1215.8%	4.50%	0.3047
	2044	2,313,785	30,452,060	1316.1%	674,632	8,878,928	1316.1%	4.50%	0.2916
	2045	1,841,424	26,207,026	1423.2%	513,785	7,312,154	1423.2%	4.50%	0.2790
	2046	1,452,383	22,335,635	1537.9%	387,786	5,963,615	1537.9%	4.50%	0.2670
	2047	1,134,943	18,838,997	1659.9%	289,981	4,813,409	1659.9%	4.50%	0.2555
	2048	878,379	15,716,552	1789.3%	214,764	3,842,695	1789.3%	4.50%	0.2445
	2049	673,033	12,961,053	1925.8%	157,470	3,032,513	1925.8%	4.50%	0.2340
2050	510,324	10,559,516	2069.2%	114,259	2,364,232	2069.2%	4.50%	0.2239	
2051	382,735	8,496,453	2219.9%	82,003	1,820,403	2219.9%	4.50%	0.2143	
2052	283,767	6,745,568	2377.1%	58,180	1,383,031	2377.1%	4.50%	0.2050	
2053	207,868	5,281,910	2541.0%	40,783	1,036,307	2541.0%	4.50%	0.1962	
2054	150,351	4,077,341	2711.9%	28,228	765,523	2711.9%	4.50%	0.1878	
2055	107,308	3,101,227	2890.0%	19,279	557,184	2890.0%	4.50%	0.1797	
2056	75,517	2,322,067	3074.9%	12,984	399,230	3074.9%	4.50%	0.1719	
2057	52,359	1,710,126	3266.2%	8,614	281,359	3266.2%	4.50%	0.1645	
2058	35,727	1,237,014	3462.4%	5,625	194,756	3462.4%	4.50%	0.1574	
2059	23,959	877,202	3661.3%	3,610	132,160	3661.3%	4.50%	0.1507	
2060	15,763	608,475	3860.2%	2,273	87,725	3860.2%	4.50%	0.1442	
2061	10,150	411,825	4057.2%	1,400	56,817	4057.2%	4.50%	0.1380	
2062	6,379	271,628	4258.2%	842	35,861	4258.2%	4.50%	0.1320	
2063	3,898	173,897	4461.5%	492	21,970	4461.5%	4.50%	0.1263	
2064	2,305	107,661	4670.2%	279	13,016	4670.2%	4.50%	0.1209	
2065	1,312	64,136	4886.6%	152	7,420	4886.6%	4.50%	0.1157	
Past		1,074,493,668	613,304,847	57.1%	1,612,419,543	783,496,264	48.6%		
Future		843,134,146	2,310,184,265	274.0%	606,216,666	1,343,081,669	221.6%		
Lifetime		1,917,627,814	2,923,489,112	152.5%	2,218,636,209	2,126,577,933	95.9%		

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

	Calendar Year	Loss Ratio Demonstration						Interest Rate Factors	
		Without Interest			With Interest			Calendar Year Effective Int Rate	Mid-Year Disc / Accum Factor
		Written Premiums	Paid Claims	Loss Ratio	Written Premiums	Paid Claims	Loss Ratio		
Historical Experience	1997	361,156	0	0.0%	833,499	0	0.0%	4.50%	2.3079
	1998	15,414,714	605	0.0%	34,043,069	1,336	0.0%	4.50%	2.2085
	1999	45,926,246	183,316	0.4%	97,059,464	387,416	0.4%	4.50%	2.1134
	2000	66,847,572	725,867	1.1%	135,190,534	1,467,972	1.1%	4.50%	2.0224
	2001	67,085,310	1,815,171	2.7%	129,829,023	3,512,869	2.7%	4.50%	1.9353
	2002	66,232,714	3,343,169	5.0%	122,659,339	6,191,365	5.0%	4.50%	1.8519
	2003	63,984,212	5,504,774	8.6%	113,392,571	9,755,539	8.6%	4.50%	1.7722
	2004	61,803,329	7,907,140	12.8%	104,811,118	13,409,572	12.8%	4.50%	1.6959
	2005	60,171,066	10,890,772	18.1%	97,648,798	17,674,122	18.1%	4.50%	1.6229
	2006	58,592,141	13,120,464	22.4%	90,991,803	20,375,680	22.4%	4.50%	1.5530
	2007	57,289,532	17,012,143	29.7%	85,137,696	25,281,663	29.7%	4.50%	1.4861
	2008	57,685,007	20,967,985	36.3%	82,033,884	29,818,584	36.3%	4.50%	1.4221
	2009	60,591,630	25,126,428	41.5%	82,456,837	34,193,596	41.5%	4.50%	1.3609
	2010	63,806,749	30,980,357	48.6%	83,092,985	40,344,483	48.6%	4.50%	1.3023
	2011	62,489,225	37,621,401	60.2%	77,872,943	46,883,111	60.2%	4.50%	1.2462
	2012	60,493,249	43,585,240	72.0%	72,139,325	51,976,210	72.0%	4.50%	1.1925
2013	63,935,988	49,946,167	78.1%	72,961,584	56,996,873	78.1%	4.50%	1.1412	
2014	62,530,163	55,728,758	89.1%	68,284,501	60,857,197	89.1%	4.50%	1.0920	
2015	59,807,129	61,330,018	102.5%	62,498,450	64,089,869	102.5%	4.50%	1.0450	
	1/1/2016-6/30/2016	29,658,356	29,787,278	100.4%	29,986,525	30,116,874	100.4%	4.50%	1.0111
Projected Future Experience	7/1/2016-12/31/2016	32,792,448	53,519,476	163.2%	32,433,571	52,933,764	163.2%	4.50%	0.9891
	2017	64,595,256	82,362,577	127.5%	61,813,642	78,815,863	127.5%	4.50%	0.9569
	2018	61,076,211	85,619,655	140.2%	55,929,316	78,404,482	140.2%	4.50%	0.9157
	2019	57,543,527	91,195,696	158.5%	50,425,197	79,914,479	158.5%	4.50%	0.8763
	2020	53,982,167	96,100,926	178.0%	45,267,358	80,586,522	178.0%	4.50%	0.8386
	2021	50,432,618	98,339,737	195.0%	40,469,707	78,912,825	195.0%	4.50%	0.8025
	2022	46,945,364	100,124,362	213.3%	36,049,145	76,885,071	213.3%	4.50%	0.7679
	2023	43,509,996	101,438,629	233.1%	31,972,383	74,539,991	233.1%	4.50%	0.7348
	2024	40,135,305	102,861,449	256.3%	28,222,549	72,330,641	256.3%	4.50%	0.7032
	2025	36,852,825	104,302,820	283.0%	24,798,429	70,185,829	283.0%	4.50%	0.6729
	2026	33,658,706	105,634,406	313.8%	21,673,773	68,020,918	313.8%	4.50%	0.6439
	2027	30,553,460	106,688,354	349.2%	18,827,003	65,741,229	349.2%	4.50%	0.6162
	2028	27,560,191	107,245,362	389.1%	16,251,249	63,238,715	389.1%	4.50%	0.5897
	2029	24,703,442	107,343,548	434.5%	13,939,452	60,570,920	434.5%	4.50%	0.5643
	2030	21,997,412	106,999,000	486.4%	11,878,006	57,776,556	486.4%	4.50%	0.5400
	2031	19,455,549	105,983,951	544.7%	10,053,080	54,764,074	544.7%	4.50%	0.5167
	2032	17,097,983	104,274,950	609.9%	8,454,428	51,560,764	609.9%	4.50%	0.4945
	2033	14,925,418	101,928,780	682.9%	7,062,355	48,230,291	682.9%	4.50%	0.4732
	2034	12,927,768	98,986,855	765.7%	5,853,698	44,821,284	765.7%	4.50%	0.4528
	2035	11,114,417	95,498,640	859.2%	4,815,897	41,379,732	859.2%	4.50%	0.4333
	2036	9,490,206	91,535,433	964.5%	3,935,046	37,954,514	964.5%	4.50%	0.4146
	2037	8,046,463	87,173,300	1083.4%	3,192,736	34,589,269	1083.4%	4.50%	0.3968
	2038	6,773,848	82,487,035	1217.7%	2,572,036	31,320,400	1217.7%	4.50%	0.3797
	2039	5,660,950	77,515,672	1369.3%	2,056,907	28,165,329	1369.3%	4.50%	0.3634
	2040	4,695,338	72,262,208	1539.0%	1,632,585	25,125,821	1539.0%	4.50%	0.3477
	2041	3,864,271	66,779,244	1728.1%	1,285,761	22,219,498	1728.1%	4.50%	0.3327
	2042	3,154,939	61,171,027	1938.9%	1,004,540	19,477,007	1938.9%	4.50%	0.3184
	2043	2,554,672	55,536,648	2173.9%	778,386	16,921,538	2173.9%	4.50%	0.3047
	2044	2,051,146	49,975,685	2436.5%	598,054	14,571,445	2436.5%	4.50%	0.2916
	2045	1,632,560	44,574,892	2730.4%	455,509	12,437,064	2730.4%	4.50%	0.2790
	2046	1,287,769	39,409,270	3060.3%	343,834	10,522,276	3060.3%	4.50%	0.2670
	2047	1,006,402	34,536,174	3431.6%	257,138	8,824,076	3431.6%	4.50%	0.2555
	2048	778,969	29,994,486	3850.5%	190,458	7,333,649	3850.5%	4.50%	0.2445
	2049	596,918	25,811,456	4324.1%	139,662	6,039,138	4324.1%	4.50%	0.2340
2050	452,651	22,002,348	4860.8%	101,347	4,926,235	4860.8%	4.50%	0.2239	
2051	339,511	18,573,959	5470.8%	72,742	3,979,553	5470.8%	4.50%	0.2143	
2052	251,741	15,523,868	6166.6%	51,614	3,182,830	6166.6%	4.50%	0.2050	
2053	184,422	12,841,404	6963.0%	36,184	2,519,473	6963.0%	4.50%	0.1962	
2054	133,402	10,510,009	7878.4%	25,046	1,973,259	7878.4%	4.50%	0.1878	
2055	95,217	8,508,212	8935.6%	17,107	1,528,632	8935.6%	4.50%	0.1797	
2056	67,012	6,810,389	10162.9%	11,521	1,170,901	10162.9%	4.50%	0.1719	
2057	46,463	5,388,202	11596.6%	7,644	886,494	11596.6%	4.50%	0.1645	
2058	31,705	4,211,858	13284.4%	4,992	663,116	13284.4%	4.50%	0.1574	
2059	21,263	3,251,212	15290.6%	3,203	489,829	15290.6%	4.50%	0.1507	
2060	13,989	2,476,902	17705.4%	2,017	357,102	17705.4%	4.50%	0.1442	
2061	9,009	1,861,135	20658.9%	1,243	256,770	20658.9%	4.50%	0.1380	
2062	5,662	1,378,348	24345.8%	747	181,974	24345.8%	4.50%	0.1320	
2063	3,459	1,005,446	29065.1%	437	127,026	29065.1%	4.50%	0.1263	
2064	2,046	721,826	35285.2%	247	87,267	35285.2%	4.50%	0.1209	
2065	1,164	509,597	43767.9%	135	58,956	43767.9%	4.50%	0.1157	
Past		1,084,705,489	415,577,052	38.3%	1,642,923,947	513,334,330	31.2%		
Future		755,113,230	2,890,786,418	382.8%	544,969,117	1,597,504,394	293.1%		
Lifetime		1,839,818,719	3,306,363,470	179.7%	2,187,893,063	2,110,838,724	96.5%		

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

	Calendar Year	Loss Ratio Demonstration						Interest Rate Factors	
		Without Interest			With Interest			Calendar Year	Mid-Year
		Written Premiums	Paid Claims	Loss Ratio	Written Premiums	Paid Claims	Loss Ratio	Effective Int Rate	Disc / Accum Factor
Historical Experience	1997	361,156	0	0.0%	833,499	0	0.0%	4.50%	2.3079
	1998	15,414,714	605	0.0%	34,043,069	1,336	0.0%	4.50%	2.2085
	1999	45,926,246	183,316	0.4%	97,059,464	387,416	0.4%	4.50%	2.1134
	2000	66,847,572	725,867	1.1%	135,190,534	1,467,972	1.1%	4.50%	2.0224
	2001	67,085,310	1,815,171	2.7%	129,829,023	3,512,869	2.7%	4.50%	1.9353
	2002	66,232,714	3,343,169	5.0%	122,659,339	6,191,365	5.0%	4.50%	1.8519
	2003	63,984,212	5,504,774	8.6%	113,392,571	9,755,539	8.6%	4.50%	1.7722
	2004	61,803,329	7,907,140	12.8%	104,811,118	13,409,572	12.8%	4.50%	1.6959
	2005	60,171,066	10,890,772	18.1%	97,648,798	17,674,122	18.1%	4.50%	1.6229
	2006	58,592,141	13,120,464	22.4%	90,991,803	20,375,680	22.4%	4.50%	1.5530
	2007	57,289,532	17,012,143	29.7%	85,137,696	25,281,663	29.7%	4.50%	1.4861
	2008	57,685,007	20,967,985	36.3%	82,033,884	29,818,584	36.3%	4.50%	1.4221
	2009	60,591,630	25,126,428	41.5%	82,456,837	34,193,596	41.5%	4.50%	1.3609
	2010	63,806,749	30,980,357	48.6%	83,092,985	40,344,483	48.6%	4.50%	1.3023
	2011	62,489,225	37,621,401	60.2%	77,872,943	46,883,111	60.2%	4.50%	1.2462
	2012	60,493,249	43,585,240	72.0%	72,139,325	51,976,210	72.0%	4.50%	1.1925
	2013	63,935,988	49,946,167	78.1%	72,961,584	56,996,873	78.1%	4.50%	1.1412
2014	62,530,163	55,728,758	89.1%	68,284,501	60,857,197	89.1%	4.50%	1.0920	
2015	59,807,129	61,330,018	102.5%	62,498,450	64,089,869	102.5%	4.50%	1.0450	
	1/1/2016-6/30/2016	29,658,356	29,787,278	100.4%	29,986,525	30,116,874	100.4%	4.50%	1.0111
Projected Future Experience	7/1/2016-12/31/2016	32,792,448	53,519,476	163.2%	32,433,571	52,933,764	163.2%	4.50%	0.9891
	2017	68,953,384	82,357,183	119.4%	65,984,100	78,810,702	119.4%	4.50%	0.9569
	2018	68,804,579	85,672,005	124.5%	63,006,414	78,452,421	124.5%	4.50%	0.9157
	2019	64,884,832	91,229,511	140.6%	56,858,358	79,944,110	140.6%	4.50%	0.8763
	2020	60,869,353	95,857,544	157.5%	51,042,687	80,382,431	157.5%	4.50%	0.8386
	2021	56,867,151	97,759,165	171.9%	45,633,105	78,446,944	171.9%	4.50%	0.8025
	2022	52,935,149	99,259,061	187.5%	40,648,675	76,220,610	187.5%	4.50%	0.7679
	2023	49,061,615	100,344,432	204.5%	36,051,871	73,735,944	204.5%	4.50%	0.7348
	2024	45,256,466	101,598,048	224.5%	31,823,674	71,442,237	224.5%	4.50%	0.7032
	2025	41,555,264	102,910,730	247.6%	27,962,721	69,249,086	247.6%	4.50%	0.6729
	2026	37,953,671	104,142,501	274.4%	24,439,419	67,060,239	274.4%	4.50%	0.6439
	2027	34,452,265	105,117,065	305.1%	21,229,442	64,773,003	305.1%	4.50%	0.6162
	2028	31,077,104	105,611,374	339.8%	18,325,045	62,275,211	339.8%	4.50%	0.5897
	2029	27,855,865	105,664,778	379.3%	15,718,275	59,623,638	379.3%	4.50%	0.5643
	2030	24,804,563	105,293,365	424.5%	13,393,791	56,855,559	424.5%	4.50%	0.5400
	2031	21,938,362	104,268,862	475.3%	11,336,000	53,877,853	475.3%	4.50%	0.5167
	2032	19,279,967	102,566,231	532.0%	9,533,352	50,715,855	532.0%	4.50%	0.4945
	2033	16,830,171	100,239,892	595.6%	7,963,639	47,431,150	595.6%	4.50%	0.4732
	2034	14,577,604	97,329,949	667.7%	6,600,745	44,071,037	667.7%	4.50%	0.4528
	2035	12,532,849	93,885,051	749.1%	5,430,506	40,680,561	749.1%	4.50%	0.4333
	2036	10,701,367	89,975,323	840.8%	4,437,246	37,307,625	840.8%	4.50%	0.4146
	2037	9,073,381	85,675,526	944.3%	3,600,204	33,994,972	944.3%	4.50%	0.3968
	2038	7,638,358	81,059,150	1061.2%	2,900,291	30,778,231	1061.2%	4.50%	0.3797
	2039	6,383,432	76,164,531	1193.2%	2,319,421	27,674,392	1193.2%	4.50%	0.3634
	2040	5,294,588	70,994,586	1340.9%	1,840,947	24,685,064	1340.9%	4.50%	0.3477
	2041	4,357,458	65,600,905	1505.5%	1,449,860	21,827,428	1505.5%	4.50%	0.3327
	2042	3,557,599	60,085,770	1688.9%	1,132,748	19,131,458	1688.9%	4.50%	0.3184
	2043	2,880,722	54,546,381	1893.5%	877,731	16,619,812	1893.5%	4.50%	0.3047
	2044	2,312,933	49,080,396	2122.0%	674,384	14,310,405	2122.0%	4.50%	0.2916
	2045	1,840,925	43,772,868	2377.8%	513,646	12,213,287	2377.8%	4.50%	0.2790
	2046	1,452,129	38,697,299	2664.9%	387,718	10,332,179	2664.9%	4.50%	0.2670
	2047	1,134,851	33,909,862	2988.0%	289,957	8,664,051	2988.0%	4.50%	0.2555
	2048	878,391	29,448,599	3352.6%	214,767	7,200,180	3352.6%	4.50%	0.2445
	2049	673,105	25,340,133	3764.7%	157,487	5,928,862	3764.7%	4.50%	0.2340
2050	510,425	21,599,327	4231.6%	114,282	4,836,001	4231.6%	4.50%	0.2239	
2051	382,845	18,232,744	4762.4%	82,026	3,906,446	4762.4%	4.50%	0.2143	
2052	283,872	15,237,907	5367.9%	58,202	3,124,200	5367.9%	4.50%	0.2050	
2053	207,961	12,604,252	6060.9%	40,802	2,472,944	6060.9%	4.50%	0.1962	
2054	150,429	10,315,449	6857.4%	28,243	1,936,730	6857.4%	4.50%	0.1878	
2055	107,370	8,350,357	7777.2%	19,291	1,500,271	7777.2%	4.50%	0.1797	
2056	75,565	6,683,770	8845.0%	12,992	1,149,132	8845.0%	4.50%	0.1719	
2057	52,394	5,287,827	10092.5%	8,620	869,980	10092.5%	4.50%	0.1645	
2058	35,752	4,133,253	11560.9%	5,629	650,740	11560.9%	4.50%	0.1574	
2059	23,977	3,190,431	13306.4%	3,612	480,672	13306.4%	4.50%	0.1507	
2060	15,775	2,430,522	15407.4%	2,274	350,415	15407.4%	4.50%	0.1442	
2061	10,159	1,826,232	17977.0%	1,402	251,955	17977.0%	4.50%	0.1380	
2062	6,384	1,352,463	21184.6%	843	178,557	21184.6%	4.50%	0.1320	
2063	3,901	986,539	25290.5%	493	124,637	25290.5%	4.50%	0.1263	
2064	2,307	708,235	30702.1%	279	85,624	30702.1%	4.50%	0.1209	
2065	1,313	499,991	38082.2%	152	57,845	38082.2%	4.50%	0.1157	
	Past	1,084,705,489	415,577,052	38.3%	1,642,923,947	513,334,330	31.2%		
	Future	843,332,332	2,852,416,849	338.2%	606,590,937	1,579,626,451	260.4%		
	Lifetime	1,928,037,821	3,267,993,902	169.5%	2,249,514,884	2,092,960,781	93.0%		

Attachment 5
RiverSource Life Insurance Company
Pennsylvania Experience Projections with No Increase
Policy Form: 30160A-PA

	Calendar Year	Loss Ratio Demonstration						Interest Rate Factors	
		Without Interest			With Interest			Calendar Year	Mid-Year
		Earned Premiums	Incurred Claims	Loss Ratio	Earned Premiums	Incurred Claims	Loss Ratio	Effective Int Rate	Disc / Accum Factor
Historical Experience	1997	0	0	0.0%	0	0	0.0%	4.50%	2.3079
	1998	505,625	0	0.0%	1,116,662	0	0.0%	4.50%	2.2085
	1999	2,460,165	85,598	3.5%	5,199,256	180,901	3.5%	4.50%	2.1134
	2000	4,005,678	303,580	7.6%	8,100,964	613,952	7.6%	4.50%	2.0224
	2001	4,052,225	223,856	5.5%	7,842,199	433,224	5.5%	4.50%	1.9353
	2002	3,865,813	953,309	24.7%	7,159,273	1,765,475	24.7%	4.50%	1.8519
	2003	3,663,211	261,736	7.1%	6,491,928	463,848	7.1%	4.50%	1.7722
	2004	3,520,609	1,599,462	45.4%	5,970,536	2,712,499	45.4%	4.50%	1.6959
	2005	3,427,942	1,463,508	42.7%	5,563,046	2,375,058	42.7%	4.50%	1.6229
	2006	3,358,337	1,350,812	40.2%	5,215,395	2,097,770	40.2%	4.50%	1.5530
	2007	3,294,976	1,577,915	47.9%	4,896,648	2,344,932	47.9%	4.50%	1.4861
	2008	3,288,227	2,125,547	64.6%	4,676,190	3,022,742	64.6%	4.50%	1.4221
	2009	3,366,944	2,235,445	66.4%	4,581,945	3,042,132	66.4%	4.50%	1.3609
	2010	3,389,574	1,669,106	49.2%	4,414,107	2,173,611	49.2%	4.50%	1.3023
	2011	3,451,732	2,319,951	67.2%	4,301,486	2,891,081	67.2%	4.50%	1.2462
	2012	3,405,949	4,109,567	120.7%	4,061,657	4,900,736	120.7%	4.50%	1.1925
2013	3,489,372	1,761,426	50.5%	3,981,953	2,010,079	50.5%	4.50%	1.1412	
2014	3,472,033	3,302,363	95.1%	3,791,547	3,606,263	95.1%	4.50%	1.0920	
2015	3,376,203	4,371,741	129.5%	3,528,133	4,568,470	129.5%	4.50%	1.0450	
	1/1/2016-6/30/2016	1,744,375	2,459,657	141.0%	1,763,676	2,486,873	141.0%	4.50%	1.0111
Projected Future Experience	7/1/2016-12/31/2016	1,819,079	2,015,093	110.8%	1,799,171	1,993,040	110.8%	4.50%	0.9891
	2017	3,493,865	4,152,165	118.8%	3,343,411	3,973,364	118.8%	4.50%	0.9569
	2018	3,301,006	4,324,774	131.0%	3,022,830	3,960,325	131.0%	4.50%	0.9157
	2019	3,106,869	4,490,658	144.5%	2,722,539	3,935,148	144.5%	4.50%	0.8763
	2020	2,910,901	4,634,520	159.2%	2,440,969	3,886,329	159.2%	4.50%	0.8386
	2021	2,715,999	4,765,789	175.5%	2,179,457	3,824,312	175.5%	4.50%	0.8025
	2022	2,524,631	4,903,389	194.2%	1,938,653	3,765,292	194.2%	4.50%	0.7679
	2023	2,336,058	5,033,592	215.5%	1,716,602	3,698,826	215.5%	4.50%	0.7348
	2024	2,150,867	5,141,501	239.0%	1,512,457	3,615,427	239.0%	4.50%	0.7032
	2025	1,970,629	5,231,812	265.5%	1,326,045	3,520,509	265.5%	4.50%	0.6729
	2026	1,795,394	5,291,643	294.7%	1,156,104	3,407,436	294.7%	4.50%	0.6439
	2027	1,625,076	5,295,510	325.9%	1,001,370	3,263,087	325.9%	4.50%	0.6162
	2028	1,460,846	5,243,276	358.9%	861,408	3,091,770	358.9%	4.50%	0.5897
	2029	1,304,515	5,151,704	394.9%	736,101	2,906,961	394.9%	4.50%	0.5643
	2030	1,156,876	5,029,645	434.8%	624,682	2,715,872	434.8%	4.50%	0.5400
	2031	1,018,593	4,878,482	478.9%	526,328	2,520,811	478.9%	4.50%	0.5167
	2032	890,868	4,698,798	527.4%	440,507	2,323,412	527.4%	4.50%	0.4945
	2033	773,573	4,493,237	580.8%	366,037	2,126,093	580.8%	4.50%	0.4732
	2034	666,172	4,260,713	639.6%	301,643	1,929,253	639.6%	4.50%	0.4528
	2035	569,129	4,011,322	704.8%	246,605	1,738,113	704.8%	4.50%	0.4333
	2036	482,690	3,750,582	777.0%	200,144	1,555,152	777.0%	4.50%	0.4146
	2037	406,346	3,480,036	856.4%	161,233	1,380,834	856.4%	4.50%	0.3968
	2038	339,436	3,197,723	942.1%	128,884	1,214,178	942.1%	4.50%	0.3797
	2039	281,267	2,899,706	1030.9%	102,198	1,053,609	1030.9%	4.50%	0.3634
	2040	231,129	2,592,386	1121.6%	80,364	901,381	1121.6%	4.50%	0.3477
	2041	188,300	2,292,593	1217.5%	62,653	762,816	1217.5%	4.50%	0.3327
	2042	152,054	2,006,807	1319.8%	48,414	638,972	1319.8%	4.50%	0.3184
	2043	121,674	1,739,641	1429.8%	37,073	530,054	1429.8%	4.50%	0.3047
	2044	96,460	1,492,831	1547.6%	28,125	435,266	1547.6%	4.50%	0.2916
	2045	75,745	1,266,970	1672.7%	21,134	353,504	1672.7%	4.50%	0.2790
	2046	58,898	1,063,976	1806.5%	15,726	284,081	1806.5%	4.50%	0.2670
	2047	45,338	883,901	1949.6%	11,584	225,839	1949.6%	4.50%	0.2555
	2048	34,535	725,628	2101.1%	8,444	177,416	2101.1%	4.50%	0.2445
	2049	26,021	588,373	2261.2%	6,088	137,662	2261.2%	4.50%	0.2340
2050	19,383	470,617	2428.0%	4,340	105,369	2428.0%	4.50%	0.2239	
2051	14,268	371,940	2606.9%	3,057	79,690	2606.9%	4.50%	0.2143	
2052	10,373	290,335	2799.0%	2,127	59,527	2799.0%	4.50%	0.2050	
2053	7,444	223,401	3001.1%	1,461	43,831	3001.1%	4.50%	0.1962	
2054	5,271	169,323	3212.4%	990	31,790	3212.4%	4.50%	0.1878	
2055	3,680	126,330	3432.9%	661	22,697	3432.9%	4.50%	0.1797	
2056	2,532	92,730	3662.8%	435	15,943	3662.8%	4.50%	0.1719	
2057	1,715	66,904	3901.7%	282	11,007	3901.7%	4.50%	0.1645	
2058	1,142	47,363	4146.5%	180	7,457	4146.5%	4.50%	0.1574	
2059	747	32,914	4405.1%	113	4,959	4405.1%	4.50%	0.1507	
2060	479	22,414	4679.1%	69	3,231	4679.1%	4.50%	0.1442	
2061	300	14,857	4948.8%	41	2,050	4948.8%	4.50%	0.1380	
2062	183	9,596	5233.4%	24	1,267	5233.4%	4.50%	0.1320	
2063	109	6,030	5544.4%	14	762	5544.4%	4.50%	0.1263	
2064	62	3,675	5889.6%	8	444	5889.6%	4.50%	0.1209	
2065	34	2,164	6277.0%	4	250	6277.0%	4.50%	0.1157	
Past		61,138,989	32,174,581	52.6%	92,656,600	41,689,645	45.0%		
Future		40,198,560	122,979,366	305.9%	29,188,786	72,236,419	247.5%		
Lifetime		101,337,549	155,153,946	153.1%	121,845,386	113,926,064	93.5%		

Attachment 5
RiverSource Life Insurance Company
Pennsylvania Experience Projections with 15% Increase
Policy Form: 30160A-PA

	Calendar Year	Loss Ratio Demonstration						Interest Rate Factors	
		Without Interest			With Interest			Calendar Year Effective Int Rate	Mid-Year Disc / Accum Factor
		Earned Premiums	Incurred Claims	Loss Ratio	Earned Premiums	Incurred Claims	Loss Ratio		
Historical Experience	1997	0	0	0.0%	0	0	0.0%	4.50%	2.3079
	1998	505,625	0	0.0%	1,116,662	0	0.0%	4.50%	2.2085
	1999	2,460,165	85,598	3.5%	5,199,256	180,901	3.5%	4.50%	2.1134
	2000	4,005,678	303,580	7.6%	8,100,964	613,952	7.6%	4.50%	2.0224
	2001	4,052,225	223,856	5.5%	7,842,199	433,224	5.5%	4.50%	1.9353
	2002	3,865,813	953,309	24.7%	7,159,273	1,765,475	24.7%	4.50%	1.8519
	2003	3,663,211	261,736	7.1%	6,491,928	463,848	7.1%	4.50%	1.7722
	2004	3,520,609	1,599,462	45.4%	5,970,536	2,712,499	45.4%	4.50%	1.6959
	2005	3,427,942	1,463,508	42.7%	5,563,046	2,375,058	42.7%	4.50%	1.6229
	2006	3,358,337	1,350,812	40.2%	5,215,395	2,097,770	40.2%	4.50%	1.5530
	2007	3,294,976	1,577,915	47.9%	4,896,648	2,344,932	47.9%	4.50%	1.4861
	2008	3,288,227	2,125,547	64.6%	4,676,190	3,022,742	64.6%	4.50%	1.4221
	2009	3,366,944	2,235,445	66.4%	4,581,945	3,042,132	66.4%	4.50%	1.3609
	2010	3,389,574	1,669,106	49.2%	4,414,107	2,173,611	49.2%	4.50%	1.3023
	2011	3,451,732	2,319,951	67.2%	4,301,486	2,891,081	67.2%	4.50%	1.2462
	2012	3,405,949	4,109,567	120.7%	4,061,657	4,900,736	120.7%	4.50%	1.1925
	2013	3,489,372	1,761,426	50.5%	3,981,953	2,010,079	50.5%	4.50%	1.1412
2014	3,472,033	3,302,363	95.1%	3,791,547	3,606,263	95.1%	4.50%	1.0920	
2015	3,376,203	4,371,741	129.5%	3,528,133	4,568,470	129.5%	4.50%	1.0450	
	1/1/2016-6/30/2016	1,744,375	2,459,657	141.0%	1,763,676	2,486,873	141.0%	4.50%	1.0111
Projected Future Experience	7/1/2016-12/31/2016	1,819,079	2,015,093	110.8%	1,799,171	1,993,040	110.8%	4.50%	0.9891
	2017	3,640,184	4,154,391	114.1%	3,483,429	3,975,494	114.1%	4.50%	0.9569
	2018	3,713,891	4,334,708	116.7%	3,400,921	3,969,422	116.7%	4.50%	0.9157
	2019	3,503,293	4,459,716	127.3%	3,069,924	3,908,034	127.3%	4.50%	0.8763
	2020	3,282,331	4,570,010	139.2%	2,752,436	3,832,234	139.2%	4.50%	0.8386
	2021	3,062,570	4,696,300	153.3%	2,457,562	3,768,551	153.3%	4.50%	0.8025
	2022	2,846,791	4,830,370	169.7%	2,186,039	3,709,220	169.7%	4.50%	0.7679
	2023	2,634,163	4,957,163	188.2%	1,935,658	3,642,664	188.2%	4.50%	0.7348
	2024	2,425,346	5,062,024	208.7%	1,705,467	3,559,540	208.7%	4.50%	0.7032
	2025	2,222,113	5,149,593	231.7%	1,495,270	3,465,184	231.7%	4.50%	0.6729
	2026	2,024,521	5,207,221	257.2%	1,303,645	3,353,073	257.2%	4.50%	0.6439
	2027	1,832,472	5,209,866	284.3%	1,129,167	3,210,313	284.3%	4.50%	0.6162
	2028	1,647,285	5,157,420	313.1%	971,345	3,041,144	313.1%	4.50%	0.5897
	2029	1,471,005	5,066,376	344.4%	830,047	2,858,812	344.4%	4.50%	0.5643
	2030	1,304,526	4,945,444	379.1%	704,409	2,670,406	379.1%	4.50%	0.5400
	2031	1,148,596	4,796,005	417.6%	593,503	2,478,194	417.6%	4.50%	0.5167
	2032	1,004,570	4,618,637	459.8%	496,729	2,283,774	459.8%	4.50%	0.4945
	2033	872,307	4,415,936	506.2%	412,755	2,089,517	506.2%	4.50%	0.4732
	2034	751,198	4,186,844	557.4%	340,143	1,895,805	557.4%	4.50%	0.4528
	2035	641,770	3,941,273	614.1%	278,080	1,707,760	614.1%	4.50%	0.4333
	2036	544,298	3,684,645	677.0%	225,689	1,527,812	677.0%	4.50%	0.4146
	2037	458,210	3,418,472	746.0%	181,812	1,356,407	746.0%	4.50%	0.3968
	2038	382,760	3,140,827	820.6%	145,334	1,192,575	820.6%	4.50%	0.3797
	2039	317,167	2,847,839	897.9%	115,243	1,034,763	897.9%	4.50%	0.3634
	2040	260,629	2,545,786	976.8%	90,622	885,179	976.8%	4.50%	0.3477
	2041	212,334	2,251,190	1060.2%	70,650	749,040	1060.2%	4.50%	0.3327
	2042	171,462	1,970,407	1149.2%	54,594	627,383	1149.2%	4.50%	0.3184
	2043	137,204	1,707,958	1244.8%	41,805	520,400	1244.8%	4.50%	0.3047
	2044	108,772	1,465,539	1347.3%	31,715	427,308	1347.3%	4.50%	0.2916
	2045	85,413	1,243,724	1456.1%	23,831	347,018	1456.1%	4.50%	0.2790
	2046	66,416	1,044,388	1572.5%	17,733	278,852	1572.5%	4.50%	0.2670
	2047	51,125	867,577	1697.0%	13,062	221,668	1697.0%	4.50%	0.2555
	2048	38,943	712,187	1828.8%	9,522	174,130	1828.8%	4.50%	0.2445
	2049	29,342	577,444	1968.0%	6,865	135,105	1968.0%	4.50%	0.2340
2050	21,857	461,852	2113.1%	4,894	103,407	2113.1%	4.50%	0.2239	
2051	16,088	364,996	2268.7%	3,447	78,202	2268.7%	4.50%	0.2143	
2052	11,696	284,901	2435.8%	2,398	58,413	2435.8%	4.50%	0.2050	
2053	8,394	219,211	2611.5%	1,647	43,009	2611.5%	4.50%	0.1962	
2054	5,944	166,140	2795.3%	1,116	31,193	2795.3%	4.50%	0.1878	
2055	4,150	123,951	2987.0%	746	22,270	2987.0%	4.50%	0.1797	
2056	2,855	90,981	3187.0%	491	15,642	3187.0%	4.50%	0.1719	
2057	1,934	65,640	3394.7%	318	10,799	3394.7%	4.50%	0.1645	
2058	1,288	46,466	3607.6%	203	7,316	3607.6%	4.50%	0.1574	
2059	843	32,290	3832.5%	127	4,865	3832.5%	4.50%	0.1507	
2060	540	21,988	4070.8%	78	3,170	4070.8%	4.50%	0.1442	
2061	339	14,574	4305.3%	47	2,011	4305.3%	4.50%	0.1380	
2062	207	9,413	4552.8%	27	1,243	4552.8%	4.50%	0.1320	
2063	123	5,915	4823.3%	15	747	4823.3%	4.50%	0.1263	
2064	70	3,605	5123.4%	9	436	5123.4%	4.50%	0.1209	
2065	39	2,123	5460.3%	4	246	5460.3%	4.50%	0.1157	
	Past	61,138,989	32,174,581	52.6%	92,656,600	41,689,645	45.0%		
	Future	44,788,449	121,166,421	270.5%	32,389,742	71,272,787	220.0%		
	Lifetime	105,927,439	153,341,001	144.8%	125,046,342	112,962,432	90.3%		

Attachment 6
RiverSource Life Insurance Company
Pennsylvania Written Premiums and Paid Claim Experience Projections with No Increase
Policy Form: 30160A-PA

	Calendar Year	Loss Ratio Demonstration						Interest Rate Factors	
		Without Interest			With Interest			Calendar Year Effective Int Rate	Mid-Year Disc / Accum Factor
		Written Premiums	Paid Claims	Loss Ratio	Written Premiums	Paid Claims	Loss Ratio		
Historical Experience	1997	0	0	0.0%	0	0	0.0%	4.50%	2.3079
	1998	1,035,028	0	0.0%	2,285,838	0	0.0%	4.50%	2.2085
	1999	3,016,007	15,831	0.5%	6,373,959	33,457	0.5%	4.50%	2.1134
	2000	4,108,604	31,390	0.8%	8,309,118	63,481	0.8%	4.50%	2.0224
	2001	4,003,314	126,696	3.2%	7,747,543	245,192	3.2%	4.50%	1.9353
	2002	3,809,010	201,483	5.3%	7,054,077	373,135	5.3%	4.50%	1.8519
	2003	3,613,507	327,110	9.1%	6,403,843	579,703	9.1%	4.50%	1.7722
	2004	3,484,569	406,021	11.7%	5,909,416	688,563	11.7%	4.50%	1.6959
	2005	3,406,395	660,568	19.4%	5,528,079	1,072,005	19.4%	4.50%	1.6229
	2006	3,342,344	826,665	24.7%	5,190,558	1,283,786	24.7%	4.50%	1.5530
	2007	3,275,335	1,235,107	37.7%	4,867,460	1,835,487	37.7%	4.50%	1.4861
	2008	3,288,259	1,442,644	43.9%	4,676,234	2,051,585	43.9%	4.50%	1.4221
	2009	3,393,491	1,722,533	50.8%	4,618,073	2,344,129	50.8%	4.50%	1.3609
	2010	3,391,670	1,982,836	58.5%	4,416,837	2,582,168	58.5%	4.50%	1.3023
	2011	3,448,738	1,913,537	55.5%	4,297,755	2,384,616	55.5%	4.50%	1.2462
	2012	3,428,612	2,076,627	60.6%	4,088,683	2,476,416	60.6%	4.50%	1.1925
2013	3,476,236	2,276,022	65.5%	3,966,963	2,597,319	65.5%	4.50%	1.1412	
2014	3,443,163	2,611,043	75.8%	3,760,020	2,851,324	75.8%	4.50%	1.0920	
2015	3,404,334	3,024,073	88.8%	3,557,529	3,160,156	88.8%	4.50%	1.0450	
	1/1/2016-6/30/2016	1,870,847	1,470,528	78.6%	1,891,548	1,486,800	78.6%	4.50%	1.0111
Projected Future Experience	7/1/2016-12/31/2016	1,744,432	3,193,722	183.1%	1,725,342	3,158,770	183.1%	4.50%	0.9891
	2017	3,490,729	4,810,729	137.8%	3,340,411	4,603,569	137.8%	4.50%	0.9569
	2018	3,297,795	4,964,456	150.5%	3,019,890	4,546,101	150.5%	4.50%	0.9157
	2019	3,103,891	5,219,877	168.2%	2,719,929	4,574,160	168.2%	4.50%	0.8763
	2020	2,908,248	5,403,698	185.8%	2,438,744	4,531,332	185.8%	4.50%	0.8386
	2021	2,713,490	5,446,332	200.7%	2,177,443	4,370,415	200.7%	4.50%	0.8025
	2022	2,522,308	5,486,743	217.5%	1,936,870	4,213,246	217.5%	4.50%	0.7679
	2023	2,333,796	5,526,913	236.8%	1,714,939	4,061,333	236.8%	4.50%	0.7348
	2024	2,148,612	5,570,347	259.3%	1,510,872	3,916,985	259.3%	4.50%	0.7032
	2025	1,968,531	5,609,568	285.0%	1,324,633	3,774,703	285.0%	4.50%	0.6729
	2026	1,793,253	5,683,404	316.9%	1,154,725	3,659,701	316.9%	4.50%	0.6439
	2027	1,622,758	5,735,561	353.4%	999,942	3,534,245	353.4%	4.50%	0.6162
	2028	1,458,509	5,742,018	393.7%	860,030	3,385,860	393.7%	4.50%	0.5897
	2029	1,302,252	5,735,371	440.4%	734,824	3,236,307	440.4%	4.50%	0.5643
	2030	1,154,719	5,704,186	494.0%	623,517	3,080,106	494.0%	4.50%	0.5400
	2031	1,016,626	5,636,925	554.5%	525,311	2,912,715	554.5%	4.50%	0.5167
	2032	889,168	5,531,958	622.2%	439,666	2,735,383	622.2%	4.50%	0.4945
	2033	772,170	5,392,517	698.4%	365,372	2,551,612	698.4%	4.50%	0.4732
	2034	664,967	5,220,684	785.1%	301,097	2,363,928	785.1%	4.50%	0.4528
	2035	568,099	5,018,993	883.5%	246,158	2,174,739	883.5%	4.50%	0.4333
	2036	481,838	4,792,075	994.5%	199,791	1,987,000	994.5%	4.50%	0.4146
	2037	405,642	4,544,412	1120.3%	160,953	1,803,166	1120.3%	4.50%	0.3968
	2038	338,850	4,279,342	1262.9%	128,662	1,624,870	1262.9%	4.50%	0.3797
	2039	280,776	3,998,198	1424.0%	102,020	1,452,746	1424.0%	4.50%	0.3634
	2040	230,715	3,701,605	1604.4%	80,221	1,287,061	1604.4%	4.50%	0.3477
	2041	187,951	3,393,280	1805.4%	62,537	1,129,048	1805.4%	4.50%	0.3327
	2042	151,761	3,079,879	2029.4%	48,321	980,641	2029.4%	4.50%	0.3184
	2043	121,430	2,768,054	2279.6%	36,999	843,402	2279.6%	4.50%	0.3047
	2044	96,258	2,464,005	2559.8%	28,066	718,432	2559.8%	4.50%	0.2916
	2045	75,580	2,172,586	2874.6%	21,088	606,184	2874.6%	4.50%	0.2790
	2046	58,764	1,897,513	3229.0%	15,690	506,636	3229.0%	4.50%	0.2670
	2047	45,230	1,641,656	3629.6%	11,556	419,447	3629.6%	4.50%	0.2555
	2048	34,449	1,406,695	4083.4%	8,423	343,937	4083.4%	4.50%	0.2445
	2049	25,951	1,193,570	4599.3%	6,072	279,261	4599.3%	4.50%	0.2340
2050	19,327	1,002,478	5186.8%	4,327	224,451	5186.8%	4.50%	0.2239	
2051	14,223	833,266	5858.4%	3,047	178,531	5858.4%	4.50%	0.2143	
2052	10,338	685,423	6630.2%	2,120	140,531	6630.2%	4.50%	0.2050	
2053	7,417	557,860	7521.3%	1,455	109,452	7521.3%	4.50%	0.1962	
2054	5,250	449,090	8553.8%	986	84,317	8553.8%	4.50%	0.1878	
2055	3,664	357,463	9754.9%	658	64,224	9754.9%	4.50%	0.1797	
2056	2,520	281,239	11159.3%	433	48,353	11159.3%	4.50%	0.1719	
2057	1,706	218,617	12811.5%	281	35,968	12811.5%	4.50%	0.1645	
2058	1,136	167,837	14771.5%	179	26,424	14771.5%	4.50%	0.1574	
2059	743	127,197	17123.2%	112	19,164	17123.2%	4.50%	0.1507	
2060	476	95,127	19990.6%	69	13,715	19990.6%	4.50%	0.1442	
2061	298	70,163	23552.1%	41	9,680	23552.1%	4.50%	0.1380	
2062	182	50,997	28068.8%	24	6,733	28068.8%	4.50%	0.1320	
2063	108	36,507	33940.7%	14	4,612	33940.7%	4.50%	0.1263	
2064	62	25,723	41777.6%	7	3,110	41777.6%	4.50%	0.1209	
2065	34	17,829	52551.8%	4	2,063	52551.8%	4.50%	0.1157	
Past		62,239,463	22,350,714	35.9%	94,943,532	28,109,323	29.6%		
Future		40,077,032	152,943,689	381.6%	29,083,871	86,338,367	296.9%		
Lifetime		102,316,495	175,294,402	171.3%	124,027,404	114,447,689	92.3%		

Attachment 6
RiverSource Life Insurance Company
Pennsylvania Written Premiums and Paid Claim Experience Projections with 15% Increase
Policy Form: 30160A-PA

	Calendar Year	Loss Ratio Demonstration						Interest Rate Factors	
		Without Interest			With Interest			Calendar Year Effective Int Rate	Mid-Year Disc / Accum Factor
		Written Premiums	Paid Claims	Loss Ratio	Written Premiums	Paid Claims	Loss Ratio		
Historical Experience	1997	0	0	0.0%	0	0	0.0%	4.50%	2.3079
	1998	1,035,028	0	0.0%	2,285,838	0	0.0%	4.50%	2.2085
	1999	3,016,007	15,831	0.5%	6,373,959	33,457	0.5%	4.50%	2.1134
	2000	4,108,604	31,390	0.8%	8,309,118	63,481	0.8%	4.50%	2.0224
	2001	4,003,314	126,696	3.2%	7,747,543	245,192	3.2%	4.50%	1.9353
	2002	3,809,010	201,483	5.3%	7,054,077	373,135	5.3%	4.50%	1.8519
	2003	3,613,507	327,110	9.1%	6,403,843	579,703	9.1%	4.50%	1.7722
	2004	3,484,569	406,021	11.7%	5,909,416	688,563	11.7%	4.50%	1.6959
	2005	3,406,395	660,568	19.4%	5,528,079	1,072,005	19.4%	4.50%	1.6229
	2006	3,342,344	826,665	24.7%	5,190,558	1,283,786	24.7%	4.50%	1.5530
	2007	3,275,335	1,235,107	37.7%	4,867,460	1,835,487	37.7%	4.50%	1.4861
	2008	3,288,259	1,442,644	43.9%	4,676,234	2,051,585	43.9%	4.50%	1.4221
	2009	3,393,491	1,722,533	50.8%	4,618,073	2,344,129	50.8%	4.50%	1.3609
	2010	3,391,670	1,982,836	58.5%	4,416,837	2,582,168	58.5%	4.50%	1.3023
	2011	3,448,738	1,913,537	55.5%	4,297,755	2,384,616	55.5%	4.50%	1.2462
	2012	3,428,612	2,076,627	60.6%	4,088,683	2,476,416	60.6%	4.50%	1.1925
	2013	3,476,236	2,276,022	65.5%	3,966,963	2,597,319	65.5%	4.50%	1.1412
2014	3,443,163	2,611,043	75.8%	3,760,020	2,851,324	75.8%	4.50%	1.0920	
2015	3,404,334	3,024,073	88.8%	3,557,529	3,160,156	88.8%	4.50%	1.0450	
	1/1/2016-6/30/2016	1,870,847	1,470,528	78.6%	1,891,548	1,486,800	78.6%	4.50%	1.0111
Projected Future Experience	7/1/2016-12/31/2016	1,744,432	3,193,722	183.1%	1,725,342	3,158,770	183.1%	4.50%	0.9891
	2017	3,736,643	4,810,340	128.7%	3,575,735	4,603,196	128.7%	4.50%	0.9569
	2018	3,715,519	4,966,952	133.7%	3,402,412	4,548,386	133.7%	4.50%	0.9157
	2019	3,499,866	5,220,105	149.2%	3,066,920	4,574,360	149.2%	4.50%	0.8763
	2020	3,279,275	5,387,566	164.3%	2,749,873	4,517,804	164.3%	4.50%	0.8386
	2021	3,059,680	5,411,359	176.9%	2,455,244	4,342,351	176.9%	4.50%	0.8025
	2022	2,844,116	5,436,350	191.1%	2,183,985	4,174,550	191.1%	4.50%	0.7679
	2023	2,631,560	5,464,463	207.7%	1,933,745	4,015,443	207.7%	4.50%	0.7348
	2024	2,422,756	5,499,198	227.0%	1,703,646	3,866,955	227.0%	4.50%	0.7032
	2025	2,219,705	5,531,961	249.2%	1,493,649	3,722,481	249.2%	4.50%	0.6729
	2026	2,022,067	5,600,884	277.0%	1,302,065	3,606,564	277.0%	4.50%	0.6439
	2027	1,829,822	5,649,205	308.7%	1,127,534	3,481,033	308.7%	4.50%	0.6162
	2028	1,644,618	5,652,729	343.7%	969,772	3,333,210	343.7%	4.50%	0.5897
	2029	1,468,425	5,644,124	384.4%	828,591	3,184,819	384.4%	4.50%	0.5643
	2030	1,302,069	5,611,932	431.0%	703,082	3,030,291	431.0%	4.50%	0.5400
	2031	1,146,357	5,544,561	483.7%	592,346	2,864,988	483.7%	4.50%	0.5167
	2032	1,002,635	5,440,307	542.6%	495,772	2,690,065	542.6%	4.50%	0.4945
	2033	870,708	5,302,288	609.0%	411,999	2,508,918	609.0%	4.50%	0.4732
	2034	749,826	5,132,530	684.5%	339,521	2,324,011	684.5%	4.50%	0.4528
	2035	640,597	4,933,524	770.1%	277,572	2,137,705	770.1%	4.50%	0.4333
	2036	543,328	4,709,826	866.8%	225,287	1,952,896	866.8%	4.50%	0.4146
	2037	457,409	4,465,839	976.3%	181,494	1,771,989	976.3%	4.50%	0.3968
	2038	382,093	4,204,844	1100.5%	145,081	1,596,583	1100.5%	4.50%	0.3797
	2039	316,608	3,928,152	1240.7%	115,040	1,427,295	1240.7%	4.50%	0.3634
	2040	260,159	3,636,375	1397.7%	90,458	1,264,380	1397.7%	4.50%	0.3477
	2041	211,938	3,333,159	1572.7%	70,518	1,109,044	1572.7%	4.50%	0.3327
	2042	171,129	3,025,035	1767.7%	54,488	963,179	1767.7%	4.50%	0.3184
	2043	136,927	2,718,530	1985.4%	41,720	828,313	1985.4%	4.50%	0.3047
	2044	108,543	2,419,727	2229.3%	31,648	705,521	2229.3%	4.50%	0.2916
	2045	85,225	2,133,383	2503.2%	23,779	595,246	2503.2%	4.50%	0.2790
	2046	66,264	1,863,141	2811.7%	17,692	497,459	2811.7%	4.50%	0.2670
	2047	51,002	1,611,809	3160.3%	13,031	411,821	3160.3%	4.50%	0.2555
	2048	38,845	1,381,032	3555.2%	9,498	337,662	3555.2%	4.50%	0.2445
	2049	29,263	1,171,723	4004.1%	6,847	274,150	4004.1%	4.50%	0.2340
2050	21,794	984,073	4515.3%	4,880	220,330	4515.3%	4.50%	0.2239	
2051	16,039	817,924	5099.7%	3,436	175,244	5099.7%	4.50%	0.2143	
2052	11,657	672,768	5771.3%	2,390	137,936	5771.3%	4.50%	0.2050	
2053	8,364	547,534	6546.6%	1,641	107,426	6546.6%	4.50%	0.1962	
2054	5,920	440,757	7445.0%	1,112	82,752	7445.0%	4.50%	0.1878	
2055	4,132	350,815	8490.0%	742	63,029	8490.0%	4.50%	0.1797	
2056	2,842	275,997	9711.9%	489	47,452	9711.9%	4.50%	0.1719	
2057	1,924	214,534	11149.4%	317	35,296	11149.4%	4.50%	0.1645	
2058	1,281	164,696	12854.7%	202	25,930	12854.7%	4.50%	0.1574	
2059	838	124,813	14900.7%	126	18,804	14900.7%	4.50%	0.1507	
2060	537	93,341	17395.4%	77	13,457	17395.4%	4.50%	0.1442	
2061	336	68,844	20493.9%	46	9,498	20493.9%	4.50%	0.1380	
2062	205	50,036	24423.4%	27	6,606	24423.4%	4.50%	0.1320	
2063	121	35,818	29532.0%	15	4,525	29532.0%	4.50%	0.1263	
2064	69	25,237	36350.0%	8	3,051	36350.0%	4.50%	0.1209	
2065	38	17,491	45723.4%	4	2,024	45723.4%	4.50%	0.1157	
Past		62,239,463	22,350,714	35.9%	94,943,532	28,109,323	29.6%		
Future		44,765,507	150,921,350	337.1%	32,380,899	85,374,796	263.7%		
Lifetime		107,004,971	173,272,063	161.9%	127,324,431	113,484,118	89.1%		

Attachment 7
RiverSource Life Insurance Company
Reserve Balance as of June 30, 2016

Incurred Year	Nationwide Form 30160A		Pennsylvania Form 30160A-PA	
	Claim Reserve ¹	Active Life Reserve ²	Claim Reserve ¹	Active Life Reserve ²
1997	0		0	
1998	0		0	
1999	0		0	
2000	0		0	
2001	147,637		0	
2002	487,000		0	
2003	290,838		0	
2004	617,147		83,128	
2005	326,297		0	
2006	1,869,818		0	
2007	973,750		122,561	
2008	2,911,910		263,361	
2009	5,740,983		424,992	
2010	10,218,349		219,923	
2011	10,878,048		816,338	
2012	22,005,897		1,465,774	
2013	28,912,140		588,548	
2014	43,842,578		1,835,700	
2015	61,030,743		3,728,298	
6/30/2016	47,930,446	705,234,835	2,436,049	38,290,651

¹ Claim reserve is the sum of disabled life reserve and incurred but not reported reserve (IBNR). Disabled life reserve is discounted to the original loss date using 4.50%, and IBNR is allocated to calendar years 2013 through 2016 then discounted to the time it is assumed to incur at 4.50%.

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

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

Policy Duration	Earned Premiums	Incurred Claims	Loss Ratio
1	76,112,750	3,437,645	4.5%
2	71,831,469	5,440,878	7.6%
3	68,608,354	11,248,672	16.4%
4	65,594,286	8,563,511	13.1%
5	63,117,302	16,135,981	25.6%
6	61,260,331	13,730,515	22.4%
7	59,850,643	22,794,389	38.1%
8	58,466,926	25,293,003	43.3%
9	57,632,485	32,320,034	56.1%
10	58,638,001	37,934,234	64.7%
11	60,113,215	41,529,603	69.1%
12	61,732,578	47,680,443	77.2%
13	62,375,077	58,205,912	93.3%
14	63,324,148	65,190,840	102.9%
15	64,444,572	64,539,588	100.1%
16	64,180,525	69,881,285	108.9%
17	64,368,096	78,767,233	122.4%
18	64,704,483	80,884,277	125.0%
19	62,712,705	80,467,142	128.3%
20	59,421,883	82,512,169	138.9%
21	55,850,380	85,573,566	153.2%
22	52,238,060	88,024,225	168.5%
23	48,673,013	90,144,963	185.2%
24	45,195,943	93,005,896	205.8%
25	41,748,709	95,413,491	228.5%
26	38,379,583	97,394,836	253.8%
27	35,119,206	98,931,150	281.7%
28	31,942,872	99,930,843	312.8%
29	28,857,932	99,458,753	344.6%
30	25,899,830	98,245,730	379.3%
31	23,099,947	96,403,621	417.3%
32	20,451,979	93,861,772	458.9%
33	17,982,291	90,811,896	505.0%
34	15,718,885	87,398,572	556.0%
35	13,631,478	83,416,669	611.9%
36	11,722,075	78,966,661	673.7%
37	10,010,368	74,283,177	742.1%
38	8,489,823	69,392,578	817.4%
39	7,148,927	64,411,733	901.0%
40	5,975,418	59,365,835	993.5%
41	4,956,483	53,632,021	1082.1%
42	4,079,001	48,016,205	1177.2%
43	3,329,695	42,588,639	1279.1%
44	2,695,381	37,432,098	1388.7%
45	2,163,179	32,576,645	1506.0%
46	1,720,715	28,061,988	1630.8%
47	1,356,281	23,942,343	1765.3%
48	1,058,964	20,213,952	1908.8%
49	818,751	16,880,376	2061.7%
50	626,600	13,934,282	2223.8%
51	474,460	11,356,345	2393.5%
52	355,274	9,141,020	2572.9%
53	262,930	7,259,113	2760.9%
54	192,206	5,683,408	2956.9%
55	138,695	4,385,879	3162.3%
56	98,720	3,334,206	3377.5%
57	69,254	2,494,505	3601.9%
58	47,839	1,834,823	3835.4%
59	32,502	1,324,660	4075.7%
60	21,685	937,206	4321.9%
Total	1,831,125,161	2,956,023,036	161.4%

Attachment 9
RiverSource Life Insurance Company
Pennsylvania Experience Projections by Duration, with No Increase
Policy Form: 30160A-PA

Policy Duration	Earned Premiums	Incurred Claims	Loss Ratio
1	4,365,048	85,598	2.0%
2	4,131,896	303,580	7.3%
3	3,981,387	879,273	22.1%
4	3,796,435	297,891	7.8%
5	3,624,568	1,068,442	29.5%
6	3,483,686	920,033	26.4%
7	3,394,313	1,355,834	39.9%
8	3,330,394	1,716,172	51.5%
9	3,299,678	1,497,433	45.4%
10	3,318,973	1,917,396	57.8%
11	3,370,478	3,058,523	90.7%
12	3,441,794	1,029,838	29.9%
13	3,433,578	2,387,602	69.5%
14	3,446,798	4,297,422	124.7%
15	3,487,355	3,125,958	89.6%
16	3,432,747	2,113,653	61.6%
17	3,404,417	5,455,495	160.2%
18	3,463,492	3,680,965	106.3%
19	3,422,545	4,337,672	126.7%
20	3,242,750	4,393,760	135.5%
21	3,047,596	4,564,958	149.8%
22	2,850,060	4,701,590	165.0%
23	2,654,899	4,819,079	181.5%
24	2,464,456	4,976,659	201.9%
25	2,275,440	5,104,548	224.3%
26	2,090,477	5,208,996	249.2%
27	1,911,404	5,294,715	277.0%
28	1,736,881	5,346,494	307.8%
29	1,567,097	5,319,904	339.5%
30	1,404,303	5,249,647	373.8%
31	1,250,378	5,145,413	411.5%
32	1,104,931	5,007,285	453.2%
33	969,442	4,838,540	499.1%
34	845,486	4,649,266	549.9%
35	731,356	4,429,202	605.6%
36	627,131	4,183,951	667.2%
37	533,869	3,927,568	735.7%
38	451,197	3,657,097	810.5%
39	378,451	3,380,447	893.2%
40	314,941	3,099,814	984.3%
41	259,953	2,782,867	1070.5%
42	212,758	2,475,080	1163.3%
43	172,619	2,179,123	1262.4%
44	138,804	1,899,451	1368.4%
45	110,591	1,639,704	1482.7%
46	87,286	1,399,925	1603.8%
47	68,228	1,183,670	1734.9%
48	52,802	990,335	1875.6%
49	40,444	819,019	2025.1%
50	30,647	669,402	2184.3%
51	22,963	539,867	2351.1%
52	17,004	430,044	2529.1%
53	12,436	338,237	2719.8%
54	8,978	262,328	2921.8%
55	6,395	200,522	3135.8%
56	4,490	151,061	3364.7%
57	3,105	111,874	3602.8%
58	2,114	81,503	3856.1%
59	1,414	58,209	4115.9%
60	929	40,696	4382.1%
Total	101,336,086	155,080,632	153.0%



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milliman.com

December 5, 2016

To: Pennsylvania Insurance Department

RE: RiverSource Life Insurance Company
Company NAIC # 65005
SERFF Tracking # AERS-130772851
Policy Form: Long Term Care Policy Form 30160A-PA

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

RiverSource Life prepared and submitted the above referenced rate filing in December 2016. Milliman has conducted a high-level review of the cover letter, actuarial memorandum, and supplement to the actuarial memorandum items of this filing and believes them to be in compliance with the applicable laws of this state as indicated in the filing. However, Milliman has not performed any technical checking of the filing for accuracy.

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

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

Respectfully,

A handwritten signature in blue ink that reads "Amy Pahl".

Amy Pahl, FSA, MAAA
Principal and Consulting Actuary

AP/mag

IDS Life Insurance Company
 IDS Tower 10
 Minneapolis, Minnesota 55440

11-17-97

Long-Term Care Insurance Policy

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

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

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

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

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

30 DAY RIGHT TO EXAMINE YOUR POLICY

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

CAUTION ABOUT APPLICATION ANSWERS

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

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

President:

Richard W. Kling

Secretary:

William A. Stutzmann

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

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

Approved, Effective DEC 31 1997
 PID # A09779001
 Pennsylvania Insurance Department
 By *Richard W. Storer*

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

Schedule

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

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

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

FACILITY CARE BENEFIT

Daily Maximum Benefit Amount: \$(100.00)

HOME AND COMMUNITY CARE BENEFIT

Daily Maximum Benefit Amount:

- \$(100) (100% of Facility Care Daily Maximum)
- \$(75.00) (75% of Facility Care Daily Maximum)
- \$(50.00) (50% of Facility Care Daily Maximum)

LIFETIME MAXIMUM BENEFIT AMOUNT:
 (Lifetime limit for all Facility Care and Home and Community Care Benefits Combined)

- \$(73,000) (730 days x \$100)
- \$(146,000) (1460 days x \$100)
- \$(219,000) (2190 days x \$100)
- \$(Lifetime/Unlimited)

ELIMINATION PERIOD: (20)(90) Days

MONTHLY WAIVER OF PREMIUM FOR FACILITY CARE: Automatically Included

(NONFORFEITURE BENEFIT OPTION):
 (Do You have this Option?) (Yes - see attached rider)

BENEFIT INCREASE OPTION:
 Do You have this Option? (Yes - see attached rider)

Basic Contract Provisions

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

The Contract

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

Contesting Coverage

Time Limit on Certain Defenses:

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

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

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

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

Other Provisions

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

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

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

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

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

Glossary Of Important Terms

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

Activities of Daily Living (ADLs)

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

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

Adult Day Care Center

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

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

Assisted Living Facility

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

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

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

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

Case Management Services

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

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

Chore Services

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

Custodial Care

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

Daily Maximum Benefit Amount

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

Elimination Period

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

Doctor

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

Home Health Aide and Personal Attendant Services

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

Homemaker Services

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

Immediate Family

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

Intermediate Nursing Care

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

Licensed Health Care Practitioner

Any of the following who is not a member of the Immediate Family:

- a physician (as defined in section 1861(r)(1) of the Social Security Act);
- a registered professional nurse;
- a licensed social worker; or
- any other individual who meets such requirements as may be prescribed by the Secretary of the Treasury.

Licensed Therapist

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

Lifetime Maximum Benefit Amount

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

Nurse

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

Nursing Home

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

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

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

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

Plan of Care

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

Policy Date

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

Qualified Long-Term Care Services

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

Respite Care

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

Severe Cognitive Impairment

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

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

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

Skilled Nursing Care

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

Substantial Assistance

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

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

Substantial Supervision

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

We, Us, Our

IDS Life Insurance Company, A Stock Company.

You, Your

The Insured named in the Schedule.

Exclusions and Limitations

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

What's Not Covered

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

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

Non-Duplication

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

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

Facility Care Benefit Provisions

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

LIMITATIONS OR CONDITIONS ON ELIGIBILITY FOR BENEFITS

Policy in Force

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

Conditions

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

Confined in a Nursing Home or Assisted Living Facility

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

Stay is Necessary

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

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

All Levels of Care Covered

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

How Much We Pay

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

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

How Long Benefits Will Be Paid

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

Bed Reservation Feature

If You become hospitalized during a Nursing Home or Assisted Living Facility stay and You are charged to reserve Your accommodations in the Nursing Home or Assisted Living Facility, We will:

- pay the same benefits; and

- give the same Elimination Period credit;

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

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

Home And Community Care Benefit Provisions

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

LIMITATIONS OR CONDITIONS ON ELIGIBILITY FOR BENEFITS

Policy in Force

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

Conditions

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

Covered Care

Covered Care is any of the following:

100% of the expenses You incur for:

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

80% of the expenses You incur for:

- Homemaker Services; or
- Chore Services.

when the care is necessary because of Your:

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

Determining When Care is Necessary

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

How Much We Pay

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

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

How Long Will Benefits Be Paid

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

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

LIMITATIONS OR CONDITIONS ON ELIGIBILITY FOR BENEFITS

Covered Community Care

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

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

Determining When Care is Necessary

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

How Long Benefits Will Be Paid

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

Covered Respite Care

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

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

Covered Equipment Purchases

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

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

Covered Equipment Purchases will NOT include:

- Any equipment that will, other than incidentally, increase the value of the residence in which it is installed; or
- Artificial limbs, teeth or equipment that is placed in Your body, temporarily or permanently.

Examples of Eligible Equipment: Based on Your situation, the eligible equipment may include such items as:

- Pumps and other devices for intravenous injection;
- Grab bars to assist in toileting;
- Special hospital style beds; crutches; or wheelchairs;
- Interior and exterior ramps to permit movement from one level of the residence to another; or
- Other mechanical aids.

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

Caregiver Training Benefit

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

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

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

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

Alternate Plan of Care

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

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

Examples of an Alternate Plan of Care: An Alternate Plan of Care may indicate the use of providers, facilities, or supports not otherwise covered by the policy. Examples include, but are not limited to:

- In-home safety devices.
- Home delivered meals.
- Stays in other types of facilities.
- Additional Equipment Benefits.

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

Case Management Services

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

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

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

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

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

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

Claims Information

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

Telling Us About a Claim

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

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

How to File a Claim

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

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

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

When to File a Claim

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

Our Evaluation Criteria and Claims Payment Process

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

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

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

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

How to Appeal A Claim

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

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

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

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

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

Effective Date And Premium Payment Provisions

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

The Policy Taking Effect

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

Your Right to Cancel the Policy at Any Time

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

Refund of Premium Paid Beyond Your Death

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

Paying Premiums

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

Monthly Waiver of Premium During Covered Confinements

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

- refund the pro rata premium paid for monthly periods beyond that for which the waiver begins; and
- waive the payment of premium for each coverage month which begins while You continue to receive uninterrupted Nursing Home or Assisted Living Facility Benefits.

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

What Happens When Premiums are Not Paid

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Long-Term Care Insurance Policy

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

**IDS Life Insurance Company
IDS Tower 10
Minneapolis, Minnesota 55440**

11-5-97

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

Nonforfeiture Benefit Rider

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

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

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

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

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

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

In no case will the sum of:

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

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

IDS Life Insurance Company

William A. Stutzman

Secretary

Approved, Effective DEC 31 1997
 PID # A09779001
 Pennsylvania Insurance Department

By *Richard W. Stoner*

30165A-PA

9/97

IDS Life Insurance Company
 IDS Tower 10
 Minneapolis, MN 55440

11-5-97

Benefit Increases Option Rider

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

Simple Increases Option

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

Your Lifetime Maximum Benefit Amount will also increase on each anniversary of the Policy Date. It will be increased by an amount equal to (a) times (b), where:

- (a) is the remaining amount of the Maximum Lifetime Benefit Amount before the increase; and
- (b) is the percent of increase in the Facility Care Daily Maximum Benefit Amount from the previous year to the current year.

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

IDS Life Insurance Company

William R. Stutzmann

Secretary

Approved, Effective DEC 31 1997

PID FILE # A09772001
 Pennsylvania Insurance Department

By *Richard W. Stoner*

11-5-97

IDS Life Insurance Company
 IDS Tower 10
 Minneapolis, MN 55440

Benefit Increases Option Rider

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

Compound Increases Option

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

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

- (a) is the remaining amount of the Maximum Lifetime Benefit Amount before the increase; and
- (b) is the percent of increase in the Facility Care Daily Maximum Benefit Amount from the previous year to the current year.

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

IDS Life Insurance Company

William A. Stutzman

Secretary

Approved Effective DEC 31 1997
 PDA A09779001
 Pennsylvania Insurance Department

By *Richard W. Stoner*

Sample Rate Increase Notification Letter to Clients On Waiver of Premium

<DATE>

Policy Number:
<POLICY NUMBER>

<POLICYOWNER NAME>
<ADDRESS1>
<ADDRESS2>

Notice of Premium Rate Increase

Re: RiverSource Life Insurance Company Long Term Care Insurance Policy
<POLICY NUMBER>

Dear <POLICYOWNER NAME>,

This letter is to inform you that the premium for your long-term care insurance policy will increase effective <EFFECTDATE>, which is your next policy anniversary date.

Your premium payments currently waived

While this increase applies to all policies like yours, your premium is currently being waived while you are receiving long-term care benefits from your policy. Your obligation to pay premium on the policy, which includes this increase, won't restart as long as you meet the policy's provisions for having your premium waived.

Reasons for this increase

Rates are being raised on all policies like yours to offset anticipated claims that are higher than expected. This premium increase is designed to offset some of these anticipated costs and in no way reflects on the integrity of your policy, nor is it based on your individual claims history, age, health status, or any other personal factor.

As required, we have filed our request for this premium increase with the appropriate insurance regulators. We periodically review anticipated claims and other experience for our long-term care business. Based on our current view, we may request regulatory approval for additional premium increases in the future.

It is important to note the premium on your policy is always subject to change so long as we change the rates for all policies like yours. The provision "We Have the Right to Change Premiums" is on the cover page of your policy.

Your new premium

When this increase takes effect, your <PREMMODE> premium payment will increase from \$<OLDPREMAMT> to \$<NEWPREMAMT>, beginning with the premium payment that is due <EFFECTDATE>. As described above, the new premium will only be due if you no longer meet the policy's provisions for having your premium waived.

You have options

Please be assured that we remain committed to helping meet your long-term protection needs. When you begin paying premiums again, feel free to contact us to discuss potential options that may offset this premium increase.

Sample Rate Increase Notification Letter to Clients On Waiver of Premium

For more information or assistance, please contact:

- > your financial advisor, <Advisor Name> <designations>, at <phone number>
- > an Ameriprise Financial client service representative at 1 (866) 863-9497, Monday through Friday, 7 a.m. to 6 p.m. Central time

You may provide us with written designation of an individual, other than yourself, who is to receive notice if premium payments have been missed or your insurance policy has lapsed. If you have already provided us a written designation, you can change it at any time. If you would like to add a designee or change a designation, please contact your financial advisor or an Ameriprise Financial client service representative. We will then send you the form you must complete and return to us. If you live in the state of New York, any designation must include a written acceptance by the third party designee to receive these notices and the third party's mailing address.

We value you as a client and look forward to continuing to serve you.

Sincerely,

RiverSource Life Insurance Company

<ADVISOR NUMBER AND NAME>

Insurance and annuity products are issued by RiverSource Life Insurance Company, an affiliate of Ameriprise Financial Services, Inc.

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Sample Rate Increase Notification Letter to Clients Not on Waiver of Premium

<DATE>

Policy Number:
<POLICY NUMBER>

<POLICYOWNER NAME>
<ADDRESS1>
<ADDRESS2>

Notice of Premium Rate Increase

Re: RiverSource Life Insurance Company Long Term Care Insurance Policy
<POLICY NUMBER>

Dear <POLICYOWNER NAME>,

This letter is to inform you that the premium for your long-term care insurance policy will increase effective <EFFECTDATE>, which is your next policy anniversary date.

Reasons for this increase

Rates are being raised on all policies like yours to offset anticipated claims that are higher than expected. This premium increase is designed to offset some of these anticipated costs and in no way reflects on the integrity of your policy, nor is it based on your individual claims history, age, health status, or any other personal factor.

As required, we have filed our request for this premium increase with the appropriate insurance regulators. We periodically review anticipated claims and other experience for our long-term care business. Based on our current view, we may request regulatory approval for additional premium increases in the future.

It is important to note the premium on your policy is always subject to change so long as we change the rates for all policies like yours. The provision "We Have the Right to Change Premiums" is on the cover page of your policy.

Your new premium

When this increase takes effect, your <PREMMODE> premium payment will increase from \$<OLDPREMAMT> to \$<NEWPREMAMT>, beginning with the premium payment that is due <EFFECTDATE>. Note that the new premium payment will be processed on your regularly scheduled payment date, which may be on, before or after the <EFFECTDATE> due date.

You have options

We remain committed to helping meet your long-term protection needs. Although the premium for your policy is increasing, there are options available to you that may help offset the increase. Because your long-term care policy represents an important piece of a sound financial plan, we urge you to consider these options carefully.

Keep your benefits as they are: You can continue your policy in force at the current level of benefits by paying the increased premium.

Modify your benefits: You can also modify your benefits to decrease your premium. Please keep in mind that if you reduce your benefits, you cannot increase them in the future.

Sample Rate Increase Notification Letter to Clients Not on Waiver of Premium

- **Daily Benefit Amount Reduction:** By reducing your current daily benefit amount from \$<NHDBAMT> to \$<ALTDDBAMT>, your <PREMMODE> premium would be \$<ALTPREM>. This is approximately the same rate as your current payment. Keep in mind that your policy may contain other benefit amounts that will decrease proportionally if you reduce your daily benefit amount.
- **Benefit Adjustments:** Adjusting other policy features may also help reduce your premium costs. One example is to lengthen your elimination period, which is the waiting period before benefits begin. Another example is to shorten your overall maximum benefit period.

(Comment: this statement appears only if the client has Home Care coverage through Rider)

You may also consider reducing your Home Care coverage benefits.

(Comment: this statement appears only if the client has a Non-forfeiture option through Rider)

Because you purchased the Nonforfeiture Benefit Rider, you may also choose to stop paying premium and have a reduced lifetime benefit. Please refer to your policy for details about how this rider works.

(Comment: this statement appears only if the client is eligible for Contingent Benefit Upon Lapse)

Lapsing your policy: As a result of this premium increase, you are eligible for a contingent nonforfeiture benefit upon lapse. This means that if you stop paying the premium due for your policy within 120 days after the effective date of this premium increase, and as a result your policy lapses for non-payment of premium, your policy will be considered fully paid-up with a reduced lifetime benefit with no further premiums due. In this event, your policy's Benefit Increase Option, if applicable, will continue to apply to the daily benefit amount, but the maximum lifetime benefit payable will be reduced to an amount equal to the greater of (1) 100% of the sum of all premiums you have paid for your policy, and (2) 30 times your policy's current nursing home daily benefit amount. Once benefits paid on your policy reach this reduced maximum benefit limit, no additional benefits are payable.

If you pay premiums covering the period more than 120 days after the effective date of this premium increase, you will not be eligible for this benefit unless the premium for your policy increases again.

Please consult with your advisor or an Ameriprise Financial client service representative before you stop paying premiums and reduce your benefit period.

Carefully consider your options

It is important that you determine which option best suits your individual circumstances and anticipated future needs. Please carefully consider the need and expenses associated with long-term care before you adjust your benefits or decide to forgo this coverage completely. Several documents are enclosed that will assist you in understanding the rate increase and your available options. Read these carefully. Please keep in mind that if you reduce your benefits, you will be unable to increase them in the future.

Sample Rate Increase Notification Letter to Clients Not on Waiver of Premium

Your next step

If you decide to keep your present coverage

Should you wish to continue your policy at its current level of benefits at the increased premium, no action other than paying the indicated premium before its due date is required by you at this time.

If you decide to modify your coverage

Please complete the enclosed Long-Term Care Coverage Change Request Form and return it to us. We must receive this form from you no later than <EFFDATE1> to ensure your requested changes are processed before <EFFECTDATE>, when the premium increase for your policy takes effect.

If your Long-Term Care Coverage Change Request Form is not received before <EFFDATE1>, your requested changes may not be processed before the date on which the increased premium is due. You are responsible for paying the full increased premium until your requested benefit change is processed. If a benefit change is processed after the increased premium due date and you paid the increased premium, you will receive a refund for any overpaid premium.

For more information or assistance, please contact:

- > your financial advisor, <Advisor Name> <designations>, at <phone number>
- > an Ameriprise Financial client service representative at 1 (866) 863-9497, Monday through Friday, 7 a.m. to 6 p.m. Central time

You may provide us with written designation of an individual, other than yourself, who is to receive notice if premium payments have been missed or your insurance policy has lapsed. If you have already provided us a written designation, you can change it at any time. If you would like to add a designee or change a designation, please contact your financial advisor or an Ameriprise Financial client service representative. We will then send you the form you must complete and return to us. If you live in the state of New York, any designation must include a written acceptance by the third party designee to receive these notices and the third party's mailing address.

We value you as a client and look forward to continuing to serve you.

Sincerely,

<ADMINCO>

<DSO NUMBER> <REP NAM NUM>

Insurance and annuity products are issued by RiverSource Life Insurance Company, an affiliate of Ameriprise Financial Services, Inc.

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Sample Rate Increase Notification Letter to Clients Not on Waiver of Premium

Long-Term Care Coverage Change Request Form

<DATE>

<POLICY NUMBER >

<POLICYOWNER NAME>

<ADDRESS1>

<ADDRESS1>

Dear <POLICYOWNER NAME>:

You have options to modify your existing coverage to offset the upcoming premium increase on your policy. If you want to elect one of these options, please indicate your choice in the space provided below and return this form in the enclosed postage-paid envelope to:

RiverSource Life Insurance Company
70100 Ameriprise Financial Center
P.O. Box 10
Minneapolis, MN 55440-8902

If you decide to modify your coverage at this time

Please complete this Long-Term Care Coverage Change Request Form and return it to us. We must receive this form from you no later than <EFFDATE1> to ensure your requested changes are processed before <EFFECTDATE>, when the premium increase for your policy takes effect.

If your Long-Term Care Coverage Change Request Form is not received before <EFFDATE1>, your requested changes may not be processed before the date on which the increased premium is due. You are responsible for paying the full increased premium until your requested benefit change is processed. If a benefit change is processed after the increased premium due date and you paid the premium, you will receive a refund for any overpaid premium.

Because your long-term care policy represents an important piece of a sound financial plan, we urge you to consider these options carefully. Please keep in mind that if you reduce your benefits, you cannot increase them in the future.

Your options

Please indicate your choice by checking one of the options below:

- Reduce my current daily benefit amount from \$<NHDBAMT> to \$<ALTDDBAMT> which will result in a <PREMMODE> premium of \$<ALTPREM> beginning with the premium payment that is due <EFFECTDATE>. I understand that my policy may contain other benefit amounts that will decrease proportionally if I reduce my daily benefit amount.

(Comment: this statement appears only if the client has Home Care coverage through Rider)
Your Home Care coverage and premium will remain unchanged.

(Comment: this statement appears only if the client has Simple Benefit Increase Option)
The Benefit Increase Option on your policy remains intact and will result in an increase of \$<ALTSIMBIO> in your daily benefit amount in one year.

(Comment: this statement appears only if the client has Compound Benefit Increase Option)

Sample Rate Increase Notification Letter to Clients Not on Waiver of Premium

The Benefit Increase Option on your policy of 5% per year will remain intact and will continue to increase your daily benefit amount annually.

(Comment: this statement appears only if the client has a Non-forfeiture option through Rider)

Because I purchased the Nonforfeiture Benefit Rider, I want to stop paying premiums and have a reduced lifetime benefit, as described in my policy.

(Comment: this statement appears only if the client eligible for Contingent Benefit Upon Lapse)

Because I am eligible for a contingent nonforfeiture benefit upon lapse, I want to stop paying premiums and have a reduced lifetime benefit equal to the greater of (1) 100% of the sum of all premiums paid over the life of the policy, and (2) 30 times my policy's current nursing home daily benefit amount.

Please make the following change(s) to my policy:

You will receive a new policy schedule after these changes are processed.

Signature of Policyholder

Date

For more information or assistance, please contact:

- > your financial advisor, <Advisor Name> <designations>, at <phone number>
- > an Ameriprise Financial client service representative at 1 (866) 863-9497, Monday through Friday, 7 a.m. to 6 p.m. Central time

We value you as a client and look forward to continuing to serve you.

Sincerely,

<ADMINCO>

<DSONUMBER> <REPNUM>

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