Filing at a Glance

Company:	RiverSource Life Insurance Company
Product Name:	Long Term Care
State:	Pennsylvania
TOI:	LTC03I Individual Long Term Care
Sub-TOI:	LTC03I.001 Qualified
Filing Type:	Rate - M.U. (Medically underwritten)
Date Submitted:	06/20/2017
SERFF Tr Num:	AERS-130983724
SERFF Status:	Assigned
State Tr Num:	AERS-130983724
State Status:	Received Review in Progress
Co Tr Num:	30160A END 32100 2017
Implementation Date Requested:	On Approval
Author(s):	Jeff Pederson, Cheryl Meyer, Kathleen Felton, Peg VanDrisse, Lynn Blount
Reviewer(s):	Jim Laverty (primary)
Disposition Date:	
Disposition Status:	
Implementation Date:	

State Filing Description:

Proposed aggregate 15% increase on 1,430 policyholders of RiverSource LTC Policy Form 30160A-PA with Endorsement 32100-PA issued before 9-16-2002.

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 End 32100 2017/30160A End 32100 2017*

General Information

Project Name: 30160A End 32100 2017
Project Number: 30160A End 32100 2017
Requested Filing Mode: Review & Approval
Explanation for Combination/Other:
Submission Type: New Submission
Overall Rate Impact: 15%

Deemer Date:
Submitted By: Peg VanDrisse

Status of Filing in Domicile: Not Filed
Date Approved in Domicile:
Domicile Status Comments: State specific filing.
Market Type: Individual
Individual Market Type:
Filing Status Changed: 06/20/2017
State Status Changed: 06/20/2017
Created By: Peg VanDrisse
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

Peg VanDrisse, Sr. Contract Analyst
9550 Ameriprise Financial Center
H25/9550
Minneapolis, MN 55474

peg.vandrisse@ampf.com
612-671-8584 [Phone]
612-678-0034 [FAX]

Filing Company Information

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

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

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

Filing Fees

Fee Required? Yes
Fee Amount: $125.00
Retaliatory? Yes
Fee Explanation: Submitting MN retaliatory rate filing fee of $125.
Per Company: Yes

Company	Amount	Date Processed	Transaction #
RiverSource Life Insurance Company	$125.00	06/20/2017	125033312

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 End 32100 2017/30160A End 32100 2017*

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: 12/01/2015
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	%	%	$456,331	1,430	$3,042,208	15.000%	15.000%

State: *Pennsylvania* **Filing Company:** *RiverSource Life Insurance Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *Long Term Care*
Project Name/Number: *30160A End 32100 2017/30160A End 32100 2017*

Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1		PA PremiumRates 30160A 32100	30160A-PA, endorsement 32100-PA	Revised	Previous State Filing Number: AERS-129957728 Percent Rate Change Request: 15	PA PremiumRates_30160A_32100_LR_20170620.pdf,

EXHIBIT VII

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

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

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

Annual Premiums Per $10 Daily Benefit

LIFETIME BENEFIT PERIOD																		
	No Benefit Increase Option						Simple Benefit Option						Compound Benefit Option					
	20 Day Elimination Period			*90 Day Elimination Period*			*20 Day Elimination Period*			*90 Day Elimination Period*			*20 Day Elimination Period*			*90 Day Elimination Period*		
Issue	*Home Care Percentage*			*Home Care Percentage*			*Home Care Percentage*			*Home Care Percentage*			*Home Care Percentage*			*Home Care Percentage*		
Age	*50%*	*75%*	*100%*	*50%*	*75%*	*100%*	*50%*	*75%*	*100%*	*50%*	*75%*	*100%*	*50%*	*75%*	*100%*	*50%*	*75%*	*100%*
40	98.58	112.66	126.76	80.96	93.32	105.62	156.70	178.66	200.68	144.34	163.74	183.06	211.24	237.66	264.04	190.10	213.00	235.88
41	98.58	112.66	126.76	80.96	93.32	105.62	156.70	178.66	200.68	144.34	163.74	183.06	211.24	237.66	264.04	190.10	213.00	235.88
42	98.58	112.66	126.76	80.96	93.32	105.62	156.70	178.66	200.68	144.34	163.74	183.06	211.24	237.66	264.04	190.10	213.00	235.88
43	98.58	112.66	126.76	80.96	93.32	105.62	156.70	178.66	200.68	144.34	163.74	183.06	211.24	237.66	264.04	190.10	213.00	235.88
44	98.58	112.66	126.76	80.96	93.32	105.62	156.70	178.66	200.68	144.34	163.74	183.06	211.24	237.66	264.04	190.10	213.00	235.88
45	98.58	112.66	126.76	80.96	93.32	105.62	156.70	178.66	200.68	144.34	163.74	183.06	211.24	237.66	264.04	190.10	213.00	235.88
46	98.58	112.66	126.76	80.96	93.32	105.62	160.22	182.18	204.20	144.34	163.74	183.06	218.28	244.70	271.08	197.16	220.04	242.92
47	100.34	115.30	130.28	82.74	95.96	109.14	168.98	191.88	214.76	149.64	169.88	190.10	227.10	254.38	281.64	204.20	228.86	253.46
48	100.34	115.30	130.28	86.28	99.48	112.66	176.02	200.68	225.30	153.16	173.40	193.64	239.40	267.56	295.72	209.48	235.02	260.50
49	105.62	121.48	137.32	88.02	102.10	116.18	179.54	204.20	228.86	154.88	176.02	197.16	248.22	277.24	306.30	216.52	242.06	267.56
50	105.62	121.48	137.32	91.54	105.62	119.70	184.82	210.36	235.88	158.44	179.54	200.68	265.84	296.64	327.40	221.78	248.22	274.60
51	109.14	126.76	144.34	93.32	108.26	123.24	190.10	216.52	242.92	167.24	189.22	211.24	272.84	303.66	334.46	227.10	254.38	281.64
52	112.66	130.28	147.86	93.32	108.26	123.24	193.64	220.04	246.44	167.24	189.22	211.24	281.64	313.32	345.02	237.66	264.96	292.20
53	114.42	132.92	151.36	102.10	117.94	133.80	198.92	226.22	253.46	172.50	195.40	218.28	290.44	323.02	355.56	242.92	271.08	299.26
54	114.42	132.92	151.36	102.10	117.94	133.80	207.72	235.88	264.04	176.02	198.92	221.78	302.78	336.24	369.66	248.22	277.24	306.30
55	119.70	139.08	158.44	109.14	126.76	144.34	213.00	242.06	271.08	183.06	207.72	232.36	315.10	349.44	383.74	258.76	289.58	320.36
56	128.52	148.76	168.98	112.66	130.28	147.86	227.10	257.90	288.68	195.40	220.92	246.44	334.46	369.66	404.86	278.12	309.82	341.50
57	140.82	161.94	183.06	121.48	139.96	158.44	242.92	274.60	306.30	211.24	237.66	264.04	350.32	386.38	422.46	297.50	330.06	362.60
58	149.64	171.62	193.64	130.28	149.64	168.98	255.26	287.80	320.36	223.56	250.86	278.12	371.42	409.28	447.12	313.32	346.80	380.22
59	158.44	181.30	204.20	139.08	159.34	179.54	274.60	308.06	341.50	239.40	267.56	295.72	390.78	429.50	468.22	332.72	367.06	401.32
60	172.50	197.16	221.78	147.86	168.98	190.10	286.92	321.26	355.56	258.76	289.58	320.36	406.64	446.24	485.82	348.54	383.74	418.94
61	181.30	206.84	232.36	154.88	176.02	197.16	302.78	337.98	373.18	274.60	306.30	337.98	425.98	466.46	506.94	367.94	404.00	440.08
62	190.10	216.52	242.92	160.22	182.18	204.20	318.62	354.70	390.78	286.92	319.50	352.06	441.86	483.20	524.56	389.02	426.88	464.70
63	198.92	226.22	253.46	172.50	195.40	218.28	336.24	374.08	411.90	302.78	336.24	369.66	461.18	503.42	545.70	404.86	443.60	482.32
64	211.24	239.40	267.56	183.06	207.72	232.36	348.54	387.26	425.98	315.10	349.44	383.74	480.56	523.68	566.78	424.24	463.82	503.42
65	223.56	254.38	285.16	191.88	217.40	242.92	369.66	410.16	450.64	336.24	372.30	408.38	501.68	546.60	591.44	441.86	483.20	524.56
66	262.32	294.84	327.40	223.56	250.86	278.12	427.76	470.86	514.00	383.74	422.46	461.18	570.30	617.88	665.36	498.16	543.08	587.92
67	306.30	341.50	376.70	265.84	296.64	327.40	487.60	534.24	580.88	434.80	476.16	517.52	640.74	691.80	742.84	552.74	600.26	647.78
68	348.54	387.26	425.98	299.26	332.72	366.12	545.70	594.96	644.26	487.60	532.50	577.34	705.88	759.58	813.24	609.04	660.12	711.14
69	396.06	437.46	478.80	336.24	372.30	408.38	602.00	654.84	707.62	542.16	589.70	637.22	781.54	839.66	897.74	663.64	717.30	770.98
70	438.34	483.20	528.08	371.42	411.04	450.64	661.84	718.18	774.50	591.44	642.50	693.54	850.22	910.94	971.66	714.66	770.98	827.34
71	477.04	523.68	570.30	406.64	448.02	489.34	721.72	781.54	841.40	640.74	693.54	746.36	915.34	978.70	999.98	770.98	830.86	890.68
72	524.56	573.82	623.14	441.86	486.72	531.60	779.80	842.30	904.78	695.32	750.76	806.20	991.02	999.98	999.98	825.58	888.06	950.54
73	566.78	619.62	672.40	478.80	526.34	573.82	839.66	905.68	971.66	744.60	803.58	862.54	999.98	999.98	999.98	881.88	947.92	999.98
74	607.30	662.76	718.18	514.00	565.04	616.10	897.74	966.42	999.98	795.64	857.26	918.86	999.98	999.98	999.98	936.46	999.98	999.98
75	656.60	715.56	774.50	554.50	608.16	661.84	962.84	999.98	999.98	851.96	917.10	982.22	999.98	999.98	999.98	998.06	999.98	999.98
76	709.38	775.40	841.40	600.26	661.00	721.72	999.98	999.98	999.98	917.10	990.16	999.98	999.98	999.98	999.98	999.98	999.98	999.98
77	765.74	838.78	911.82	646.02	713.78	781.54	999.98	999.98	999.98	978.70	999.98	999.98	999.98	999.98	999.98	999.98	999.98	999.98
78	818.52	898.64	978.70	691.80	766.60	841.40	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	874.86	962.00	999.98	737.56	819.40	901.26	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, MN 55474

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

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

Annual Premiums Per $10 Daily Benefit

6 YEAR BENEFIT PERIOD																		
	No Benefit Increase Option						Simple Benefit Option						Compound Benefit Option					
	20 Day Elimination Period			*90 Day Elimination Period*			*20 Day Elimination Period*			*90 Day Elimination Period*			*20 Day Elimination Period*			*90 Day Elimination Period*		
Issue	*Home Care Percentage*			*Home Care Percentage*			*Home Care Percentage*			*Home Care Percentage*			*Home Care Percentage*			*Home Care Percentage*		
Age	*50%*	*75%*	*100%*	*50%*	*75%*	*100%*	*50%*	*75%*	*100%*	*50%*	*75%*	*100%*	*50%*	*75%*	*100%*	*50%*	*75%*	*100%*
40	80.96	93.32	105.62	70.40	80.96	91.54	116.18	132.04	147.86	98.58	112.66	126.76	168.98	190.10	211.24	140.82	158.44	176.02
41	80.96	93.32	105.62	70.40	80.96	91.54	116.18	132.04	147.86	98.58	112.66	126.76	168.98	190.10	211.24	140.82	158.44	176.02
42	80.96	93.32	105.62	70.40	80.96	91.54	116.18	132.04	147.86	98.58	112.66	126.76	168.98	190.10	211.24	140.82	158.44	176.02
43	80.96	93.32	105.62	70.40	80.96	91.54	116.18	132.04	147.86	98.58	112.66	126.76	168.98	190.10	211.24	140.82	158.44	176.02
44	80.96	93.32	105.62	70.40	80.96	91.54	116.18	132.04	147.86	98.58	112.66	126.76	168.98	190.10	211.24	140.82	158.44	176.02
45	80.96	93.32	105.62	70.40	80.96	91.54	116.18	132.04	147.86	98.58	112.66	126.76	168.98	190.10	211.24	140.82	158.44	176.02
46	80.96	93.32	105.62	70.40	80.96	91.54	116.18	132.04	147.86	98.58	112.66	126.76	168.98	190.10	211.24	144.34	161.94	179.54
47	82.74	95.96	109.14	70.40	80.96	91.54	123.24	140.82	158.44	102.10	116.18	130.28	174.28	196.28	218.28	149.64	168.10	186.58
48	82.74	95.96	109.14	72.18	83.60	95.06	128.52	147.00	165.46	107.38	122.36	137.32	177.80	199.80	221.78	153.16	171.62	190.10
49	84.48	98.58	112.66	72.18	83.60	95.06	135.56	154.00	172.50	110.90	125.88	140.82	183.06	205.96	228.86	161.94	181.30	200.68
50	88.02	102.10	116.18	77.44	89.80	102.10	140.82	160.22	179.54	116.18	132.04	147.86	186.58	209.48	232.36	170.76	191.02	211.24
51	89.80	104.74	119.70	77.44	89.80	102.10	146.12	166.38	186.58	116.18	132.04	147.86	193.64	218.28	242.92	174.28	194.54	214.76
52	89.80	104.74	119.70	77.44	89.80	102.10	149.64	169.88	190.10	119.70	135.56	151.36	200.68	225.30	249.96	179.54	200.68	221.78
53	91.54	107.38	123.24	79.22	92.44	105.62	154.88	176.02	197.16	126.76	144.34	161.94	205.96	231.50	256.98	183.06	204.20	225.30
54	91.54	107.38	123.24	79.22	92.44	105.62	160.22	182.18	204.20	133.80	151.36	168.98	209.48	235.02	260.50	188.34	210.36	232.36
55	98.58	116.18	133.80	84.48	98.58	112.66	168.98	191.88	214.76	139.08	157.58	176.02	214.76	241.18	267.56	200.68	223.56	246.44
56	105.62	123.24	140.82	88.02	102.10	116.18	179.54	204.20	228.86	147.86	167.24	186.58	227.10	254.38	281.64	211.24	235.88	260.50
57	114.42	132.92	151.36	93.32	108.26	123.24	188.34	213.88	239.40	156.70	176.92	197.16	242.92	271.08	299.26	223.56	249.10	274.60
58	123.24	142.60	161.94	102.10	117.94	133.80	204.20	230.62	256.98	172.50	193.64	214.76	262.32	291.32	320.36	239.40	265.84	292.20
59	128.52	148.76	168.98	112.66	130.28	147.86	213.00	240.30	267.56	181.30	203.32	225.30	276.36	307.18	337.98	251.74	279.02	306.30
60	140.82	161.94	183.06	117.94	136.44	154.88	225.30	253.46	281.64	197.16	220.04	242.92	295.72	327.40	359.08	267.56	295.72	323.88
61	147.86	168.98	190.10	121.48	139.96	158.44	237.66	266.68	295.72	207.72	232.36	256.98	308.06	340.64	373.18	279.88	308.94	337.98
62	153.16	175.14	197.16	130.28	149.64	168.98	248.22	279.02	309.82	216.52	242.06	267.56	320.36	353.84	387.26	297.50	328.30	359.08
63	161.94	184.82	207.72	139.08	159.34	179.54	260.50	292.20	323.88	232.36	258.76	285.16	339.76	374.08	408.38	309.82	341.50	373.18
64	176.02	200.68	225.30	144.34	165.46	186.58	272.84	305.42	337.98	241.18	268.48	295.72	355.56	390.78	425.98	325.66	358.20	390.78
65	184.82	210.36	235.88	153.16	175.14	197.16	286.92	321.26	355.56	255.26	284.28	313.32	374.94	412.80	450.64	337.98	371.42	404.86
66	213.00	240.30	267.56	179.54	204.20	228.86	325.66	363.50	401.32	295.72	327.40	359.08	425.98	466.46	506.94	374.94	411.04	447.12
67	244.70	275.50	306.30	207.72	234.14	260.50	369.66	410.16	450.64	336.24	370.58	404.86	477.04	521.94	566.78	415.42	455.92	496.38
68	272.84	305.42	337.98	228.86	256.98	285.16	410.16	453.28	496.38	374.94	412.80	450.64	528.08	575.60	623.14	459.44	502.56	545.70
69	302.78	337.98	373.18	260.50	292.20	323.88	448.90	495.52	542.16	413.68	453.28	492.86	582.66	634.60	686.50	499.90	547.46	594.96
70	330.92	369.66	408.38	288.68	322.14	355.56	492.86	542.16	591.44	454.16	496.38	538.64	630.18	684.76	739.32	543.96	595.86	647.78
71	359.08	399.58	440.08	313.32	348.54	383.74	535.12	587.92	640.74	496.38	542.16	587.92	684.76	743.72	802.68	584.40	638.98	693.54
72	389.02	432.14	475.28	345.02	383.74	422.46	572.08	627.56	682.96	531.60	579.14	626.66	735.80	797.42	858.98	624.92	683.88	742.84
73	418.94	464.70	510.48	369.66	410.16	450.64	614.36	673.30	732.28	577.34	628.42	679.44	786.84	852.86	918.86	665.36	727.00	788.58
74	448.90	497.28	545.70	397.80	440.08	482.32	658.36	719.96	781.54	614.36	668.02	721.72	837.90	906.54	975.18	705.88	771.88	837.90
75	484.08	536.02	587.92	425.98	471.74	517.52	702.36	768.38	834.38	654.84	711.14	767.46	895.98	969.06	999.98	751.64	821.16	890.68
76	543.96	599.38	654.84	485.82	535.12	584.40	783.32	854.62	925.88	735.80	797.42	858.98	978.70	999.98	999.98	834.38	910.06	985.74
77	605.52	665.36	725.24	547.46	601.12	654.84	862.54	938.24	999.98	816.76	883.64	950.54	999.98	999.98	999.98	920.62	999.98	999.98
78	665.36	728.76	792.12	609.04	667.14	725.24	948.80	999.98	999.98	903.02	976.08	999.98	999.98	999.98	999.98	999.98	999.98	999.98
79	732.28	800.92	869.56	674.18	736.70	799.16	999.98	999.98	999.98	987.50	999.98	999.98	999.98	999.98	999.98	999.98	999.98	999.98

EXHIBIT VII

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

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

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

Annual Premiums Per $10 Daily Benefit

4 YEAR BENEFIT PERIOD																		
	No Benefit Increase Option						Simple Benefit Option						Compound Benefit Option					
	20 Day Elimination Period			*90 Day Elimination Period*			*20 Day Elimination Period*			*90 Day Elimination Period*			*20 Day Elimination Period*			*90 Day Elimination Period*		
Issue	*Home Care Percentage*			*Home Care Percentage*			*Home Care Percentage*			*Home Care Percentage*			*Home Care Percentage*			*Home Care Percentage*		
Age	*50%*	*75%*	*100%*	*50%*	*75%*	*100%*	*50%*	*75%*	*100%*	*50%*	*75%*	*100%*	*50%*	*75%*	*100%*	*50%*	*75%*	*100%*
40	66.88	77.44	88.02	47.54	55.48	63.36	98.58	112.66	126.76	80.96	93.32	105.62	151.36	168.98	186.58	133.80	147.86	161.94
41	66.88	77.44	88.02	47.54	55.48	63.36	98.58	112.66	126.76	80.96	93.32	105.62	151.36	168.98	186.58	133.80	147.86	161.94
42	66.88	77.44	88.02	47.54	55.48	63.36	98.58	112.66	126.76	80.96	93.32	105.62	151.36	168.98	186.58	133.80	147.86	161.94
43	66.88	77.44	88.02	47.54	55.48	63.36	98.58	112.66	126.76	80.96	93.32	105.62	151.36	168.98	186.58	133.80	147.86	161.94
44	66.88	77.44	88.02	47.54	55.48	63.36	98.58	112.66	126.76	80.96	93.32	105.62	151.36	168.98	186.58	133.80	147.86	161.94
45	66.88	77.44	88.02	47.54	55.48	63.36	98.58	112.66	126.76	80.96	93.32	105.62	151.36	168.98	186.58	133.80	147.86	161.94
46	66.88	77.44	88.02	47.54	55.48	63.36	98.58	112.66	126.76	80.96	93.32	105.62	151.36	168.98	186.58	133.80	147.86	161.94
47	66.88	77.44	88.02	47.54	55.48	63.36	102.10	116.18	130.28	80.96	93.32	105.62	158.44	176.02	193.64	133.80	147.86	161.94
48	68.66	80.08	91.54	49.26	58.12	66.88	103.86	118.82	133.80	84.48	96.84	109.14	160.22	178.66	197.16	139.08	154.00	168.98
49	72.18	83.60	95.06	52.84	61.64	70.40	107.38	122.36	137.32	86.28	99.48	112.66	163.74	182.18	200.68	139.08	154.00	168.98
50	73.92	86.28	98.58	56.36	66.88	77.44	112.66	128.52	144.34	89.80	103.00	116.18	168.98	188.34	207.72	144.34	160.22	176.02
51	73.92	86.28	98.58	56.36	66.88	77.44	112.66	128.52	144.34	89.80	103.00	116.18	168.98	188.34	207.72	144.34	160.22	176.02
52	77.44	89.80	102.10	63.36	73.92	84.48	116.18	132.04	147.86	91.54	105.62	119.70	172.50	191.88	211.24	144.34	160.22	176.02
53	79.22	92.44	105.62	65.14	76.56	88.02	119.70	137.32	154.88	98.58	112.66	126.76	174.28	194.54	214.76	151.36	168.98	186.58
54	79.22	92.44	105.62	65.14	76.56	88.02	123.24	140.82	158.44	98.58	112.66	126.76	177.80	198.06	218.28	151.36	168.98	186.58
55	84.48	98.58	112.66	70.40	82.74	95.06	128.52	147.00	165.46	103.86	118.82	133.80	183.06	204.20	225.30	160.22	178.66	197.16
56	88.02	102.10	116.18	73.92	86.28	98.58	140.82	160.22	179.54	112.66	128.52	144.34	195.40	217.40	239.40	168.98	188.34	207.72
57	93.32	108.26	123.24	79.22	92.44	105.62	149.64	169.88	190.10	123.24	140.82	158.44	204.20	227.10	249.96	177.80	198.06	218.28
58	102.10	117.94	133.80	84.48	98.58	112.66	158.44	179.54	200.68	135.56	154.00	172.50	220.04	245.58	271.08	186.58	207.72	228.86
59	112.66	130.28	147.86	89.80	104.74	119.70	170.76	192.76	214.76	144.34	163.74	183.06	232.36	258.76	285.16	204.20	227.10	249.96
60	117.94	136.44	154.88	102.10	117.94	133.80	183.06	207.72	232.36	158.44	179.54	200.68	246.44	274.60	302.78	214.76	239.40	264.04
61	123.24	142.60	161.94	105.62	121.48	137.32	191.88	217.40	242.92	170.76	192.76	214.76	255.26	284.28	313.32	223.56	249.10	274.60
62	132.04	152.28	172.50	112.66	130.28	147.86	204.20	230.62	256.98	179.54	202.44	225.30	269.34	300.16	330.92	241.18	268.48	295.72
63	140.82	161.94	183.06	117.94	136.44	154.88	213.00	240.30	267.56	190.10	214.76	239.40	283.40	315.98	348.54	249.96	278.12	306.30
64	146.12	168.10	190.10	123.24	142.60	161.94	221.78	249.96	278.12	202.44	227.98	253.46	292.20	325.66	359.08	262.32	291.32	320.36
65	154.88	177.80	200.68	132.04	152.28	172.50	241.18	271.98	302.78	216.52	243.82	271.08	309.82	345.02	380.22	278.12	309.82	341.50
66	181.30	206.84	232.36	153.16	175.14	197.16	272.84	305.42	337.98	244.70	273.72	302.78	348.54	387.26	425.98	311.58	345.92	380.22
67	207.72	235.88	264.04	179.54	204.20	228.86	306.30	341.50	376.70	279.88	312.46	345.02	389.02	430.40	471.74	350.32	388.14	425.98
68	230.62	261.44	292.20	204.20	230.62	256.98	345.02	383.74	422.46	311.58	345.92	380.22	434.80	479.68	524.56	387.26	427.76	468.22
69	256.98	290.44	323.88	221.78	249.96	278.12	378.46	419.84	461.18	343.28	381.12	418.94	477.04	525.46	573.82	431.28	476.16	521.04
70	283.40	319.50	355.56	249.96	281.64	313.32	417.20	462.10	506.94	376.70	417.20	457.66	519.30	571.20	623.14	468.22	515.78	563.28
71	309.82	348.54	387.26	274.60	308.06	341.50	450.64	498.16	545.70	408.38	450.64	492.86	559.76	614.36	668.88	503.42	554.50	605.52
72	332.72	374.08	415.42	292.20	327.40	362.60	485.82	536.88	587.92	440.08	485.82	531.60	603.78	662.76	721.72	542.16	596.74	651.32
73	357.36	400.46	443.60	318.62	356.48	394.28	522.82	576.48	630.18	471.74	519.30	566.78	644.26	705.88	767.46	580.88	638.98	697.06
74	385.50	432.14	478.80	343.28	382.86	422.46	559.76	616.10	672.40	506.94	558.02	609.04	690.02	755.18	820.28	617.88	678.56	739.32
75	415.42	464.70	514.00	369.66	411.90	454.16	598.48	658.36	718.18	540.40	594.10	647.78	732.28	800.92	869.56	661.84	727.00	792.12
76	473.52	527.20	580.88	424.24	470.86	517.52	661.84	727.00	792.12	603.78	662.76	721.72	797.42	872.20	947.02	727.00	798.28	869.56
77	528.08	586.18	644.26	482.32	533.38	584.40	727.00	796.54	866.04	668.88	732.28	795.64	862.54	943.50	999.98	790.38	866.96	943.50
78	587.92	649.56	711.14	542.16	596.74	651.32	795.64	871.34	947.02	737.56	807.10	876.60	931.20	999.98	999.98	858.98	941.76	999.98
79	647.78	714.66	781.54	602.00	661.84	721.72	862.54	943.50	999.98	804.44	879.24	954.06	996.30	999.98	999.98	924.14	999.98	999.98
80				661.84	725.24					873.08	954.06					992.78	999.98	
81				719.96	787.70					943.50	999.98					999.98	999.98	
82				783.32	856.38					999.98	999.98					999.98	999.98	
83				846.70	925.02					999.98	999.98					999.98	999.98	
84				904.78	987.50					999.98	999.98					999.98	999.98	

EXHIBIT VII

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

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

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

Annual Premiums Per $10 Daily Benefit

2 YEAR BENEFIT PERIOD																		
	No Benefit Increase Option						Simple Benefit Option						Compound Benefit Option					
	20 Day Elimination Period			*90 Day Elimination Period*			*20 Day Elimination Period*			*90 Day Elimination Period*			*20 Day Elimination Period*			*90 Day Elimination Period*		
Issue	*Home Care Percentage*			*Home Care Percentage*			*Home Care Percentage*			*Home Care Percentage*			*Home Care Percentage*			*Home Care Percentage*		
Age	*50%*	*75%*	*100%*	*50%*	*75%*	*100%*	*50%*	*75%*	*100%*	*50%*	*75%*	*100%*	*50%*	*75%*	*100%*	*50%*	*75%*	*100%*
40	47.54	55.48	63.36	36.98	43.14	49.26	75.70	87.14	98.58	59.84	68.66	77.44	107.38	120.62	133.80	86.28	97.70	109.14
41	47.54	55.48	63.36	36.98	43.14	49.26	75.70	87.14	98.58	59.84	68.66	77.44	107.38	120.62	133.80	86.28	97.70	109.14
42	47.54	55.48	63.36	36.98	43.14	49.26	75.70	87.14	98.58	59.84	68.66	77.44	107.38	120.62	133.80	86.28	97.70	109.14
43	47.54	55.48	63.36	36.98	43.14	49.26	75.70	87.14	98.58	59.84	68.66	77.44	107.38	120.62	133.80	86.28	97.70	109.14
44	47.54	55.48	63.36	36.98	43.14	49.26	75.70	87.14	98.58	59.84	68.66	77.44	107.38	120.62	133.80	86.28	97.70	109.14
45	47.54	55.48	63.36	36.98	43.14	49.26	75.70	87.14	98.58	59.84	68.66	77.44	107.38	120.62	133.80	86.28	97.70	109.14
46	47.54	55.48	63.36	36.98	43.14	49.26	75.70	87.14	98.58	59.84	68.66	77.44	107.38	120.62	133.80	86.28	97.70	109.14
47	47.54	55.48	63.36	36.98	43.14	49.26	79.22	90.66	102.10	63.36	72.18	80.96	112.66	126.76	140.82	93.32	104.74	116.18
48	49.26	58.12	66.88	38.74	45.78	52.84	80.96	93.32	105.62	66.88	77.44	88.02	112.66	126.76	140.82	98.58	110.90	123.24
49	49.26	58.12	66.88	38.74	45.78	52.84	84.48	96.84	109.14	70.40	80.96	91.54	117.94	132.92	147.86	98.58	110.90	123.24
50	56.36	66.88	77.44	44.02	51.96	59.84	89.80	103.00	116.18	75.70	87.14	98.58	117.94	132.92	147.86	103.86	117.08	130.28
51	56.36	66.88	77.44	44.02	51.96	59.84	89.80	103.00	116.18	75.70	87.14	98.58	123.24	139.08	154.88	107.38	120.62	133.80
52	56.36	66.88	77.44	44.02	51.96	59.84	96.84	110.04	123.24	79.22	90.66	102.10	123.24	139.08	154.88	107.38	120.62	133.80
53	58.12	69.52	80.96	45.78	54.60	63.36	98.58	112.66	126.76	80.96	93.32	105.62	133.80	151.36	168.98	112.66	126.76	140.82
54	58.12	69.52	80.96	45.78	54.60	63.36	102.10	116.18	130.28	84.48	96.84	109.14	133.80	151.36	168.98	116.18	130.28	144.34
55	66.88	79.22	91.54	52.84	63.36	73.92	107.38	122.36	137.32	89.80	103.00	116.18	139.08	157.58	176.02	121.48	136.44	151.36
56	70.40	82.74	95.06	52.84	63.36	73.92	110.90	125.88	140.82	96.84	110.04	123.24	144.34	163.74	183.06	130.28	146.12	161.94
57	75.70	88.92	102.10	58.12	69.52	80.96	119.70	135.56	151.36	105.62	119.70	133.80	153.16	173.40	193.64	137.32	154.88	172.50
58	80.96	95.06	109.14	66.88	79.22	91.54	126.76	144.34	161.94	110.90	125.88	140.82	165.46	186.58	207.72	146.12	164.58	183.06
59	86.28	101.22	116.18	70.40	82.74	95.06	139.08	157.58	176.02	119.70	135.56	151.36	174.28	196.28	218.28	151.36	170.76	190.10
60	95.06	110.90	126.76	75.70	88.92	102.10	144.34	163.74	183.06	126.76	144.34	161.94	183.06	205.96	228.86	163.74	183.96	204.20
61	102.10	117.94	133.80	80.96	95.06	109.14	153.16	173.40	193.64	139.08	157.58	176.02	193.64	218.28	242.92	168.98	190.10	211.24
62	109.14	126.76	144.34	84.48	98.58	112.66	158.44	179.54	200.68	144.34	163.74	183.06	205.96	231.50	256.98	174.28	196.28	218.28
63	114.42	132.92	151.36	89.80	104.74	119.70	170.76	192.76	214.76	153.16	173.40	193.64	214.76	241.18	267.56	183.06	205.96	228.86
64	119.70	139.08	158.44	95.06	110.90	126.76	176.02	198.92	221.78	158.44	179.54	200.68	223.56	250.86	278.12	190.10	214.76	239.40
65	128.52	148.76	168.98	105.62	123.24	140.82	186.58	211.24	235.88	170.76	192.76	214.76	235.88	264.04	292.20	202.44	227.98	253.46
66	146.12	168.10	190.10	119.70	139.08	158.44	207.72	234.14	260.50	186.58	211.24	235.88	265.84	296.64	327.40	220.04	247.34	274.60
67	161.94	186.58	211.24	133.80	154.88	176.02	225.30	253.46	281.64	204.20	230.62	256.98	290.44	323.02	355.56	241.18	270.20	299.26
68	183.06	209.48	235.88	151.36	174.28	197.16	249.96	281.64	313.32	218.28	246.44	274.60	320.36	355.56	390.78	262.32	294.84	327.40
69	197.16	225.30	253.46	167.24	192.76	218.28	271.08	304.54	337.98	234.14	264.96	295.72	350.32	388.14	425.98	283.40	317.74	352.06
70	221.78	253.46	285.16	184.82	212.12	239.40	293.96	330.06	366.12	251.74	284.28	316.84	380.22	420.72	461.18	308.06	345.92	383.74
71	235.88	269.34	302.78	198.92	227.98	256.98	316.84	355.56	394.28	265.84	300.16	334.46	408.38	450.64	492.86	325.66	365.24	404.86
72	253.46	288.68	323.88	218.28	249.96	281.64	334.46	374.94	415.42	283.40	319.50	355.56	438.34	483.20	528.08	346.80	388.14	429.50
73	272.84	310.70	348.54	232.36	265.84	299.26	357.36	400.46	443.60	299.26	337.98	376.70	468.22	515.78	563.28	367.94	412.80	457.66
74	290.44	330.06	369.66	249.96	285.16	320.36	380.22	425.98	471.74	316.84	357.36	397.80	496.38	545.70	594.96	389.02	435.66	482.32
75	309.82	352.06	394.28	269.34	307.18	345.02	403.12	451.54	499.90	330.92	373.18	415.42	528.08	580.88	633.70	415.42	464.70	514.00
76	353.84	400.46	447.12	308.06	349.44	390.78	440.08	492.86	545.70	367.94	414.56	461.18	570.30	626.66	682.96	459.44	513.14	566.78
77	397.80	448.90	499.90	355.56	401.32	447.12	482.32	538.64	594.96	408.38	459.44	510.48	614.36	675.06	735.80	503.42	561.54	619.62
78	441.86	497.28	552.74	401.32	452.42	503.42	519.30	580.02	640.74	443.60	498.16	552.74	661.84	727.00	792.12	549.22	610.82	672.40
79	485.82	545.70	605.52	440.08	494.64	549.22	561.54	627.56	693.54	489.34	549.22	609.04	704.10	772.76	841.40	593.22	659.24	725.24
80				489.34	549.22					524.56	587.92					635.46	705.00	
81				531.60	594.96					565.04	632.82					682.96	756.94	
82				577.34	646.02					607.30	680.34					727.00	805.32	
83				626.66	700.58					649.56	727.88					772.76	854.62	
84				672.40	751.64					693.54	776.28					816.76	903.02	

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 End 32100 2017/30160A End 32100 2017

Supporting Document Schedules

Satisfied - Item:	Transmittal Letter (A&H)
Comments:	
Attachment(s):	PA CovLtr_30160A_32100_LR_20170620.pdf
Item Status:	
Status Date:	

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

Satisfied - Item:	Actuarial Memorandum and Explanatory Information (A&H)
Comments:	
Attachment(s):	PA ActMem_30160A_32100_LR_20170620.pdf PA ActMem_ExhibitVI_30160A_32100_LR_20170620.xlsx PA Supplement_30160A_32100_LR_20170620.pdf PA Supplement_Attachments_30160A_32100_LR_20170620.xlsx
Item Status:	
Status Date:	

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

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

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

State: Pennsylvania **Filing Company:** RiverSource Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long Term Care
Project Name/Number: 30160A End 32100 2017/30160A End 32100 2017

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_32100_LR_20170619.pdf
Item Status:	
Status Date:	

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

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 End 32100 2017/30160A End 32100 2017

Status Date:	

Satisfied - Item:	Policy Forms
Comments:	
Attachment(s):	30274A.pdf 30160A-PA.pdf 30165A-PA.pdf 30273A.pdf 32100-PA.pdf
Item Status:	
Status Date:	

State: Pennsylvania
Filing Company: RiverSource Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long Term Care
Project Name/Number: 30160A End 32100 2017/30160A End 32100 2017

Attachment PA ActMem_ExhibitVI_30160A_32100_LR_20170620.xlsx is not a PDF document and cannot be reproduced here.

Attachment PA Supplement_Attachments_30160A_32100_LR_20170620.xlsx is not a PDF document and cannot be reproduced here.

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

June 20, 2017

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- 130983724
Policy Form: Long Term Care Policy Form 30160A-PA
Long Term Care Insurance Endorsement Form 32100-PA

Dear Commissioner Miller:

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

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

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

The company is requesting the approval of a premium rate increase of 15% on the above-listed form and all associated riders for policies issued in Pennsylvania with endorsement form 32100-PA prior to September 16, 2002. 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 premium rate increases will be requested in the future.

As noted in the Actuarial Memorandum, four prior premium rate increases have been approved and implemented on this form with endorsement for policies issued prior to September 16, 2002. A 10% increase was approved in September 2007 and implemented on each contract's next policy anniversary beginning in December 2007. A 10% increase was approved in March 2011 and implemented on each contract's next policy anniversary beginning in June 2011. A 10% increase

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

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

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

The following electronic items are included in this submission:

- this cover letter;
- a letter from Milliman Inc. describing their involvement and review of this filing;
- an Actuarial Memorandum and Rate Schedules;
- a Supplement to the Actuarial Memorandum;
- copies of policy form 30160A-PA, endorsement form 32100-PA, Simple Benefit Increase Option Rider 30273A, Compound Benefit Increase Option Rider 30274A, Nonforfeiture Benefit Rider 30165A-PA;
- a Microsoft Excel workbook containing Exhibit VI of the Actuarial Memorandum;
- a Microsoft Excel workbook containing Attachments 3 through 9 of the Supplement; and
- copies of sample rate increase notification letters[1].

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

Thank you for your assistance in reviewing this filing.

Respectfully,

Anju Gupta-Lavey

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

RIVERSOURCE LIFE INSURANCE COMPANY

Address: 227 Ameriprise Financial Center, Minneapolis MN 55474

Actuarial Memorandum for 30160A, Subject to Endorsement Form 32100

June 2017

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

1. Purpose of Filing

This Actuarial Memorandum has been prepared for the purpose of demonstrating the compliance of the requested premium rate increase with the applicable laws of the State of Pennsylvania and with the rules of the Department and that the anticipated loss ratio of this policy form issued with endorsement meets the minimum requirements of the state. It may not be appropriate for other purposes.

2. Description of Benefits

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

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

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

INFLATION PROTECTION

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

increasing benefits apply even when the policy is in claim status. Also, the remaining lifetime maximum benefit amount, before the increase, will increase each policy year by the same percentage that the facility care daily maximum benefit amount increases. When the total amount paid under a policy is equal to the current lifetime maximum benefit amount, the policy is terminated.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

3. Renewability

This policy form is guaranteed renewable for life.

4. Applicability

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

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

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

Morbidity

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

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

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

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

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

Currently assumed expected claim costs are the product of original pricing expected claim costs and actual-to-expected morbidity adjustment factors ("morbidity A/E factors"). The company took steps beginning in 2003 to improve claim experience by reviewing and tightening claim adjudication and care coordination practices where possible, which is reflected in a 5% reduction in expected claim costs for 2004 and later.

We conduct a morbidity study every year to analyze the current morbidity A/E factors. The analysis is done on a claim cost basis, rather than on a frequency and severity basis, which is not readily available. The current study includes actual emerging experience through anniversaries ending December 2015 and is based on 2,675 actual claims (826 lifetime and 1,849 non-lifetime).

The morbidity study compares 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 morbidity 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 morbidity 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 morbidity A/E factors and retest them until a good fit is found (measured by actual-to-expected ratio and squared error).

The currently assumed morbidity A/E factors are shown in the following tables:

RIVERSOURCE LIFE INSURANCE COMPANY

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Actuarial Memorandum for 30160A, Subject to Endorsement Form 32100

June 2017

Lifetime Benefit Morbidity Actual-to-Expected Adjustment Factors

	Age at Issue						
Duration	**<53**	**53–57**	**58–62**	**63–67**	**68–72**	**73–77**	**78+**
1	0.050	0.760	0.430	1.400	1.160	1.590	2.620
2	0.050	0.760	0.430	1.400	1.160	1.590	2.620
3	0.050	0.760	0.430	1.400	1.160	1.590	2.620
4	0.086	0.696	0.430	1.380	1.216	1.582	2.566
5	0.122	0.632	0.430	1.360	1.272	1.574	2.512
6	0.158	0.568	0.430	1.340	1.328	1.566	2.458
7	0.194	0.504	0.430	1.320	1.384	1.558	2.404
8	0.230	0.440	0.430	1.300	1.440	1.550	2.350
9	0.242	0.464	0.522	1.324	1.454	1.538	2.356
10	0.254	0.488	0.614	1.348	1.468	1.526	2.362
11	0.266	0.512	0.706	1.372	1.482	1.514	2.368
12	0.278	0.536	0.798	1.396	1.496	1.502	2.374
13	0.290	0.560	0.890	1.420	1.510	1.490	2.380
14	0.308	0.578	0.886	1.420	1.524	1.524	2.340
15	0.326	0.596	0.882	1.420	1.538	1.558	2.300
16	0.344	0.614	0.878	1.420	1.552	1.592	2.260
17	0.362	0.632	0.874	1.420	1.566	1.626	2.220
18	0.380	0.650	0.870	1.420	1.580	1.660	2.180
19	0.434	0.694	0.892	1.420	1.580	1.698	2.180
20	0.488	0.738	0.914	1.420	1.580	1.736	2.180
21	0.542	0.782	0.936	1.420	1.580	1.774	2.180
22	0.596	0.826	0.958	1.420	1.580	1.812	2.180
23	0.650	0.870	0.980	1.420	1.580	1.850	2.180
24	0.706	0.892	1.002	1.420	1.580	1.872	2.180
25	0.762	0.914	1.024	1.420	1.580	1.894	2.180
26	0.818	0.936	1.046	1.420	1.580	1.916	2.180
27	0.874	0.958	1.068	1.420	1.580	1.938	2.180
28	0.930	0.980	1.090	1.420	1.580	1.960	2.180
29	0.948	0.991	1.091	1.419	1.578	1.966	2.178
30	0.965	1.002	1.092	1.418	1.577	1.972	2.175
31	0.983	1.013	1.093	1.418	1.575	1.978	2.173
32	1.000	1.023	1.093	1.417	1.573	1.983	2.170
33	1.018	1.034	1.094	1.416	1.572	1.989	2.168
34	1.035	1.045	1.095	1.415	1.570	1.995	2.165
35	1.053	1.056	1.096	1.414	1.568	2.001	2.163
36	1.070	1.067	1.097	1.413	1.567	2.007	2.160
37	1.088	1.078	1.098	1.413	1.565	2.013	2.158
38	1.105	1.088	1.098	1.412	1.563	2.018	2.155
39	1.123	1.099	1.099	1.411	1.562	2.024	2.153
40+	1.140	1.110	1.100	1.410	1.560	2.030	2.150

RIVERSOURCE LIFE INSURANCE COMPANY

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Actuarial Memorandum for 30160A, Subject to Endorsement Form 32100

June 2017

Non-Lifetime Benefit Morbidity Actual-to-Expected Adjustment Factors

	Age at Issue							
Duration	**<53**	**53–57**	**58–62**	**63–67**	**68–72**	**73–77**	**78-82**	**83+**
1	0.220	0.100	0.430	0.370	0.570	1.060	0.670	2.210
2	0.220	0.100	0.430	0.370	0.570	1.060	0.670	2.210
3	0.220	0.100	0.430	0.370	0.570	1.060	0.670	2.210
4	0.242	0.164	0.492	0.462	0.736	1.200	1.092	2.260
5	0.264	0.228	0.554	0.554	0.902	1.340	1.514	2.310
6	0.286	0.292	0.616	0.646	1.068	1.480	1.936	2.360
7	0.308	0.356	0.678	0.738	1.234	1.620	2.358	2.410
8	0.330	0.420	0.740	0.830	1.400	1.760	2.780	2.460
9	0.350	0.444	0.816	0.908	1.420	1.892	2.796	2.490
10	0.370	0.468	0.892	0.986	1.440	2.024	2.812	2.520
11	0.390	0.492	0.968	1.064	1.460	2.156	2.828	2.550
12	0.410	0.516	1.044	1.142	1.480	2.288	2.844	2.580
13	0.430	0.540	1.120	1.220	1.500	2.420	2.860	2.610
14	0.450	0.558	1.116	1.218	1.500	2.420	2.866	2.614
15	0.470	0.576	1.112	1.216	1.500	2.420	2.872	2.618
16	0.490	0.594	1.108	1.214	1.500	2.420	2.878	2.622
17	0.510	0.612	1.104	1.212	1.500	2.420	2.884	2.626
18	0.530	0.630	1.100	1.210	1.500	2.420	2.890	2.630
19	0.550	0.672	1.100	1.210	1.504	2.408	2.890	2.630
20	0.570	0.714	1.100	1.210	1.508	2.396	2.890	2.630
21	0.590	0.756	1.100	1.210	1.512	2.384	2.890	2.630
22	0.610	0.798	1.100	1.210	1.516	2.372	2.890	2.630
23	0.630	0.840	1.100	1.210	1.520	2.360	2.890	2.630
24	0.672	0.862	1.100	1.210	1.520	2.350	2.890	2.630
25	0.714	0.884	1.100	1.210	1.520	2.340	2.890	2.630
26	0.756	0.906	1.100	1.210	1.520	2.330	2.890	2.630
27	0.798	0.928	1.100	1.210	1.520	2.320	2.890	2.630
28	0.840	0.950	1.100	1.210	1.520	2.310	2.890	2.630
29	0.859	0.960	1.102	1.214	1.520	2.309	2.887	2.626
30	0.878	0.970	1.103	1.218	1.520	2.308	2.883	2.622
31	0.898	0.980	1.105	1.223	1.520	2.308	2.880	2.618
32	0.917	0.990	1.107	1.227	1.520	2.307	2.877	2.613
33	0.936	1.000	1.108	1.231	1.520	2.306	2.873	2.609
34	0.955	1.010	1.110	1.235	1.520	2.305	2.870	2.605
35	0.974	1.020	1.112	1.239	1.520	2.304	2.867	2.601
36	0.993	1.030	1.113	1.243	1.520	2.303	2.863	2.597
37	1.013	1.040	1.115	1.248	1.520	2.303	2.860	2.593
38	1.032	1.050	1.117	1.252	1.520	2.302	2.857	2.588
39	1.051	1.060	1.118	1.256	1.520	2.301	2.853	2.584
40+	1.070	1.070	1.120	1.260	1.520	2.300	2.850	2.580

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

Exhibit II provides a comparison of actual and expected experience, where expected experience reflects the claim costs using current morbidity A/E factors. As shown in this exhibit, the ratio of total actual-to-expected claims using the current morbidity A/E factors is 104.0%. Actual claim counts split by issue age band are also displayed in Exhibit II.

Mortality

We conduct a mortality study every year to develop durational mortality actual-to-expected adjustment factors ("mortality A/E factors") that are applied to the 1983 Individual Annuity Mortality ("IAM") Basic table. The mortality study is based on actual experience for all long-term care ("LTC") policies combined. The current study includes all 48,645 deaths on LTC policies incurred for policy anniversaries in 2000 through policy anniversaries in 2015.

The current mortality A/E factors were developed subject to the constraint that the factors must be non-decreasing by duration. The mortality A/E factors are assumed to differ by issue age band, since the selection period is expected to be shorter at older issue ages.

At the older issue ages, mortality increases to approximately 100% of the table. In general, that has not been the case through duration 23 for younger issue ages, but we expect that it would as insureds reach a very advanced age. For this reason the effect of selection is extended up to duration 35 for younger issue ages.
Exhibit III provides a comparison of the actual and expected deaths, where the expected basis reflects the 1983 IAM Basic mortality with the currently assumed mortality A/E factors. The mortality A/E factors fit the observed data very well with the resulting ratio of actual-to-expected deaths at or near 100%.

Lapse Rates

We conduct a lapse study each year to develop a best estimate lapse assumption. The lapse study is based on actual experience for all LTC policies combined. The current study includes all 37,181 lapses on LTC policies for policy anniversaries in 2000 through policy anniversaries in 2015, including 12,646 lapses 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.

Lapse experience varies by issue age and benefit type (lifetime benefit versus non-lifetime benefit). We applied judgment to the results of the lapse study to develop 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.

Exhibit IV provides a comparison of the actual and expected lapse experience, where the expected basis shown in this exhibit reflects the currently assumed lapse rates. As shown in this exhibit, currently assumed ultimate lapse rates range from 1.1% to 6.0% based on issue age band and benefit category (lifetime and non-lifetime).

We also conduct a study each year to develop best estimate assumptions for shock lapses and benefit reductions associated with different levels of rate increase. Exhibit V provides the additional lapses and risk amount reductions experienced by the company at different levels of rate increase. Based on our actual experience, 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.

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

Expenses
Expenses have not been explicitly projected. It is assumed that the originally filed expense assumptions remain appropriate, except that commission rates were reduced in 2008, 2011, 2013 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.

7. Underwriting Description

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

8. Premiums

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

the maximum lifetime benefit amount, the elimination period, the Benefit Increase Option, and marital status at issue.

9. Issue Age Range

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

10. Area Factors

Area factors are not used for this product.

11. Premium Modalization Rules

The following modal factors and nationwide percent distributions (based on inforce count as of December 31, 2016) are applied to the annual premium ("AP"):

Premium Mode	Modal Factors	Percent Distribution
Annual	1.0000*AP + 0.0	39.9%
Semi-Annual	0.5020*AP+ 0.4	6.2%
Quarterly	0.2580*AP+ 0.5	7.1%
Monthly	0.0868*AP+ 0.6	46.8%

12. Active Life Reserves

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

13. Trend Assumptions

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

14. Past and Future Policy Experience

Nationwide experience for policy form 30160A, subject to endorsement form 32100, is shown in Exhibit VI, including any previously implemented premium 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 December 31, 2016 for claims incurred at time *k* in year *j*

${}_j IBNR_{ValDate}^k$ = incurred but not reported reserve as of December 31, 2016 attributable to claims incurred at time *k* in year *j*

EP_j = earned premium in year *j*

ValDate = December 31, 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, without and with interest, as historical incurred claims divided by historical earned premiums. Historical earned premiums used in Exhibit VI are calculated based on the issue and, if appropriate, termination date for each policy. 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, without and with interest, as anticipated incurred claims divided by anticipated earned premiums. Anticipated earned premiums and incurred claims are projected on a seriatim basis and then summed to produce a total for each calendar year. For purposes of discounting projected future experience for an anticipated or for a lifetime loss ratio calculation, these calendar year totals are assumed to represent a mid-year value.

A lifetime loss ratio as of December 31, 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

Four prior premium rate increases have been approved and implemented on this form, subject to endorsement, for policies issued prior to September 16, 2002. A 10% increase was approved in September 2007 and implemented on each contract's next policy anniversary beginning in December 2007. A 10% increase was approved in March 2011 and implemented on each contract's next policy anniversary beginning in June 2011. A 10% increase was approved in May 2013 and implemented on each contract's next policy anniversary beginning in August 2013. A 15% increase was approved in September 2015 and implemented on each contract's next policy anniversary beginning in December 2015.

The actual and projected premiums in Exhibit VI reflect the accumulated rate increases as approved in Pennsylvania and implemented on all policies, regardless of issue date, from 2007 through 2016 on a nationwide basis.

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

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

Projected experience assuming the requested premium rate increase is implemented on all policies, regardless of issue date, is shown in Exhibit VI. As shown in this exhibit, the expected lifetime loss ratio before and after the requested premium rate increase exceeds the minimum loss ratio of 60%.

Corresponding premium rate tables with the requested rate increase are provided in Exhibit VII.

17. Pennsylvania Average Annual Premium for Policies Issued Prior to September 16, 2002 (Annual Premium Based on December 31, 2016 Inforce)

Before increase: $2,127
After increase: $2,446

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

18. Proposed Effective Date

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

19. Nationwide Distribution of Business as of December 31, 2016 (based on inforce count)

<u>By Issue Age:</u>

RIVERSOURCE LIFE INSURANCE COMPANY

Address: 227 Ameriprise Financial Center, Minneapolis MN 55474

Actuarial Memorandum for 30160A, Subject to Endorsement Form 32100

June 2017

Issue Ages	Percent Distribution
<55	39.1%
55-59	28.2%
60-64	20.3%
65-69	8.5%
70-74	2.9%
75-79	0.9%
>79	0.1%

By Elimination Period:

Elimination Period	Percent Distribution
20-day	19.0%
90-day	81.0%

By Benefit Period:

Benefit Period	Percent Distribution
2-Year	2.9%
4-Year	29.1%
6-Year	30.9%
Unlimited	37.1%

By Inflation Protection Option:

Inflation Option	Percent Distribution
None	5.7%
Simple	35.4%
Compound	58.9%

By Gender :

Gender	Percent Distribution
Female	60.3%
Male	39.7%

20. Number of Policyholders

As of December 31, 2016, the number of policies and annual premium inforce, assuming all premium rate increases previously approved in Pennsylvania have been implemented in both the state[1] and nationwide, is:

	Number of Insureds	Annual Premium
Pennsylvania:		
Issued prior to September 16, 2002	1,430	$3,042,209
Issued on or after September 16, 2002	243	415,498[1]
Total	1,673	$3,457,706
Nationwide	27,914	$58,854,855

[1] This premium for Pennsylvania policies issued on or after September 16, 2002 only reflects the 20% premium rate increase previously approved in Pennsylvania for these policies.

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 Actuarial 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 of Pennsylvania. 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

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Anju Gupta-Lavey, FSA, MAAA
Director - Actuary
RiverSource Life Insurance Company
Date: June 20, 2017

EXHIBIT I
RiverSource Life Insurance Company
Original Pricing & Current Assumptions Comparison
Policy Form: 30160A, Subject to Endorsement Form 32100

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

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

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

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

The following selection factors were used:

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

EXHIBIT I
RiverSource Life Insurance Company
Original Pricing & Current Assumptions Comparison
Policy Form: 30160A, Subject to Endorsement Form 32100

Morbidity Assumptions

Current Assumptions:
Currently assumed claim costs are the product of original pricing expected claim costs and actual-to-expected morbidity adjustment factor. The company took steps beginning in 2003 to improve claim experience by reviewing and tightening claim adjudication and care coordination practices where possible, which is reflected in a 5% reduction in expected claim costs for 2004 and later. The morbidity actual-to-expected adjustment factors were developed from actual emerging experience through anniversaries ending December 2015.

Lifetime Benefit Actual-to-Expected Adjustment Factors

	Issue Age Band						
Duration	<53	53–57	58–62	63–67	68–72	73–77	78+
1	0.050	0.760	0.430	1.400	1.160	1.590	2.620
2	0.050	0.760	0.430	1.400	1.160	1.590	2.620
3	0.050	0.760	0.430	1.400	1.160	1.590	2.620
4	0.086	0.696	0.430	1.380	1.216	1.582	2.566
5	0.122	0.632	0.430	1.360	1.272	1.574	2.512
6	0.158	0.568	0.430	1.340	1.328	1.566	2.458
7	0.194	0.504	0.430	1.320	1.384	1.558	2.404
8	0.230	0.440	0.430	1.300	1.440	1.550	2.350
9	0.242	0.464	0.522	1.324	1.454	1.538	2.356
10	0.254	0.488	0.614	1.348	1.468	1.526	2.362
11	0.266	0.512	0.706	1.372	1.482	1.514	2.368
12	0.278	0.536	0.798	1.396	1.496	1.502	2.374
13	0.290	0.560	0.890	1.420	1.510	1.490	2.380
14	0.308	0.578	0.886	1.420	1.524	1.524	2.340
15	0.326	0.596	0.882	1.420	1.538	1.558	2.300
16	0.344	0.614	0.878	1.420	1.552	1.592	2.260
17	0.362	0.632	0.874	1.420	1.566	1.626	2.220
18	0.380	0.650	0.870	1.420	1.580	1.660	2.180
19	0.434	0.694	0.892	1.420	1.580	1.698	2.180
20	0.488	0.738	0.914	1.420	1.580	1.736	2.180
21	0.542	0.782	0.936	1.420	1.580	1.774	2.180
22	0.596	0.826	0.958	1.420	1.580	1.812	2.180
23	0.650	0.870	0.980	1.420	1.580	1.850	2.180
24	0.706	0.892	1.002	1.420	1.580	1.872	2.180
25	0.762	0.914	1.024	1.420	1.580	1.894	2.180
26	0.818	0.936	1.046	1.420	1.580	1.916	2.180
27	0.874	0.958	1.068	1.420	1.580	1.938	2.180
28	0.930	0.980	1.090	1.420	1.580	1.960	2.180
29	0.948	0.991	1.091	1.419	1.578	1.966	2.178
30	0.965	1.002	1.092	1.418	1.577	1.972	2.175
31	0.983	1.013	1.093	1.418	1.575	1.978	2.173
32	1.000	1.023	1.093	1.417	1.573	1.983	2.170
33	1.018	1.034	1.094	1.416	1.572	1.989	2.168
34	1.035	1.045	1.095	1.415	1.570	1.995	2.165
35	1.053	1.056	1.096	1.414	1.568	2.001	2.163
36	1.070	1.067	1.097	1.413	1.567	2.007	2.160
37	1.088	1.078	1.098	1.413	1.565	2.013	2.158
38	1.105	1.088	1.098	1.412	1.563	2.018	2.155
39	1.123	1.099	1.099	1.411	1.562	2.024	2.153
40+	1.140	1.110	1.100	1.410	1.560	2.030	2.150

EXHIBIT I
RiverSource Life Insurance Company
Original Pricing & Current Assumptions Comparison
Policy Form: 30160A, Subject to Endorsement Form 32100

Morbidity Assumptions

Current Assumptions (continued):

Non-Lifetime Benefit Actual-to-Expected Adjustment Factors

	Issue Age Band							
Duration	<53	53–57	58–62	63–67	68–72	73–77	78-82	83+
1	0.220	0.100	0.430	0.370	0.570	1.060	0.670	2.210
2	0.220	0.100	0.430	0.370	0.570	1.060	0.670	2.210
3	0.220	0.100	0.430	0.370	0.570	1.060	0.670	2.210
4	0.242	0.164	0.492	0.462	0.736	1.200	1.092	2.260
5	0.264	0.228	0.554	0.554	0.902	1.340	1.514	2.310
6	0.286	0.292	0.616	0.646	1.068	1.480	1.936	2.360
7	0.308	0.356	0.678	0.738	1.234	1.620	2.358	2.410
8	0.330	0.420	0.740	0.830	1.400	1.760	2.780	2.460
9	0.350	0.444	0.816	0.908	1.420	1.892	2.796	2.490
10	0.370	0.468	0.892	0.986	1.440	2.024	2.812	2.520
11	0.390	0.492	0.968	1.064	1.460	2.156	2.828	2.550
12	0.410	0.516	1.044	1.142	1.480	2.288	2.844	2.580
13	0.430	0.540	1.120	1.220	1.500	2.420	2.860	2.610
14	0.450	0.558	1.116	1.218	1.500	2.420	2.866	2.614
15	0.470	0.576	1.112	1.216	1.500	2.420	2.872	2.618
16	0.490	0.594	1.108	1.214	1.500	2.420	2.878	2.622
17	0.510	0.612	1.104	1.212	1.500	2.420	2.884	2.626
18	0.530	0.630	1.100	1.210	1.500	2.420	2.890	2.630
19	0.550	0.672	1.100	1.210	1.504	2.408	2.890	2.630
20	0.570	0.714	1.100	1.210	1.508	2.396	2.890	2.630
21	0.590	0.756	1.100	1.210	1.512	2.384	2.890	2.630
22	0.610	0.798	1.100	1.210	1.516	2.372	2.890	2.630
23	0.630	0.840	1.100	1.210	1.520	2.360	2.890	2.630
24	0.672	0.862	1.100	1.210	1.520	2.350	2.890	2.630
25	0.714	0.884	1.100	1.210	1.520	2.340	2.890	2.630
26	0.756	0.906	1.100	1.210	1.520	2.330	2.890	2.630
27	0.798	0.928	1.100	1.210	1.520	2.320	2.890	2.630
28	0.840	0.950	1.100	1.210	1.520	2.310	2.890	2.630
29	0.859	0.960	1.102	1.214	1.520	2.309	2.887	2.626
30	0.878	0.970	1.103	1.218	1.520	2.308	2.883	2.622
31	0.898	0.980	1.105	1.223	1.520	2.308	2.880	2.618
32	0.917	0.990	1.107	1.227	1.520	2.307	2.877	2.613
33	0.936	1.000	1.108	1.231	1.520	2.306	2.873	2.609
34	0.955	1.010	1.110	1.235	1.520	2.305	2.870	2.605
35	0.974	1.020	1.112	1.239	1.520	2.304	2.867	2.601
36	0.993	1.030	1.113	1.243	1.520	2.303	2.863	2.597
37	1.013	1.040	1.115	1.248	1.520	2.303	2.860	2.593
38	1.032	1.050	1.117	1.252	1.520	2.302	2.857	2.588
39	1.051	1.060	1.118	1.256	1.520	2.301	2.853	2.584
40+	1.070	1.070	1.120	1.260	1.520	2.300	2.850	2.580

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, Subject to Endorsement Form 32100

Mortality Assumptions

Original Pricing Assumptions:
1983 Individual Annuity Mortality Basic Table

Current Assumptions:
1983 Individual Annuity Mortality Basic Table with A/E adjustment factors consistent with experience

Mortality Actual-to-Expected Adjustment Factors

	Issue Age Band					
Duration	<58	58-62	63-67	68-72	73-77	78+
1	20%	20%	25%	20%	20%	25%
2	25%	35%	40%	30%	25%	25%
3	35%	45%	45%	40%	40%	40%
4	40%	50%	45%	45%	45%	45%
5	45%	50%	45%	55%	50%	55%
6	50%	50%	55%	55%	60%	60%
7	50%	55%	60%	60%	65%	65%
8	50%	55%	60%	60%	70%	75%
9	50%	55%	66%	71%	73%	88%
10	55%	66%	66%	74%	73%	88%
11	57%	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, Subject to Endorsement Form 32100

Lapse Assumptions

Original Pricing Assumptions:

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

Current Assumptions:

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%

Non-Lifetime Benefit

	Issue Age Band		
Duration	<63	63-72	73+
1	6.90%	7.10%	5.30%
2	6.00%	4.80%	4.60%
3	4.20%	3.30%	3.10%
4	3.10%	2.90%	2.90%
5	2.30%	2.00%	2.20%
6	1.70%	1.90%	2.10%
7	1.50%	1.60%	2.30%
8	1.20%	1.40%	2.35%
9	1.08%	1.33%	2.50%
10	0.95%	1.25%	3.25%
11	0.96%	1.40%	3.60%
12	0.94%	1.40%	3.80%
13	0.75%	1.40%	3.80%
14	0.75%	1.40%	4.80%
15	0.75%	1.65%	4.80%
16	0.75%	1.70%	5.20%
17	0.95%	1.90%	5.20%
18	1.05%	2.00%	6.00%
19	1.05%	2.30%	6.00%
20	1.05%	2.75%	6.00%
21	1.05%	2.95%	6.00%
22	1.05%	3.25%	6.00%
23	1.05%	3.40%	6.00%
24	1.20%	3.50%	6.00%
25	1.40%	3.60%	6.00%
26	1.50%	3.80%	6.00%
27	1.60%	4.00%	6.00%
28	2.10%	4.20%	6.00%
29	2.40%	4.40%	6.00%
30	2.60%	4.50%	6.00%
31	2.90%	4.50%	6.00%
32	3.10%	4.50%	6.00%
33	3.20%	4.50%	6.00%
34	3.30%	4.50%	6.00%
35	3.40%	4.50%	6.00%
36	3.50%	4.50%	6.00%
37	3.50%	4.50%	6.00%
38	3.50%	4.50%	6.00%
39	3.50%	4.50%	6.00%
40+	3.50%	4.50%	6.00%

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, Subject to Endorsement Form 32100
Expected Claims Based on Current Assumptions

SPLIT BY BENEFIT PERIOD AND DURATION

	Lifetime Benefit Period			Non-Lifetime Benefit Period			All		
Duration	**Actual**	**Expected**	**A/E**	**Actual**	**Expected**	**A/E**	**Actual**	**Expected**	**A/E**
1	646,798	1,095,201	59.1%	197,412	797,479	24.8%	844,210	1,892,681	44.6%
2	1,538,556	1,737,657	88.5%	978,154	1,453,186	67.3%	2,516,710	3,190,843	78.9%
3	510,274	2,070,133	24.6%	2,127,739	1,848,972	115.1%	2,638,012	3,919,105	67.3%
4	4,067,093	2,496,590	162.9%	2,610,310	2,764,826	94.4%	6,677,403	5,261,417	126.9%
5	3,983,934	2,929,536	136.0%	3,016,160	3,916,254	77.0%	7,000,094	6,845,790	102.3%
6	2,144,243	3,489,138	61.5%	6,701,363	5,272,881	127.1%	8,845,606	8,762,019	101.0%
7	5,689,878	4,101,589	138.7%	5,526,709	6,924,287	79.8%	11,216,587	11,025,876	101.7%
8	2,874,233	4,795,702	59.9%	7,633,532	8,910,600	85.7%	10,507,765	13,706,303	76.7%
9	6,649,050	5,788,891	114.9%	13,472,918	10,633,412	126.7%	20,121,969	16,422,303	122.5%
10	6,980,535	6,993,029	99.8%	11,853,454	12,678,813	93.5%	18,833,989	19,671,842	95.7%
11	10,952,634	8,064,578	135.8%	14,227,391	14,656,801	97.1%	25,180,024	22,721,379	110.8%
12	9,282,903	9,250,553	100.3%	18,538,425	16,859,834	110.0%	27,821,328	26,110,387	106.6%
13	10,415,343	10,328,137	100.8%	18,705,771	18,454,995	101.4%	29,121,114	28,783,132	101.2%
14	7,396,625	7,672,126	96.4%	16,145,808	12,972,146	124.5%	23,542,434	20,644,272	114.0%
15	5,438,942	3,364,295	161.7%	5,273,060	5,265,297	100.1%	10,712,002	8,629,592	124.1%
Total	**78,571,040**	**74,177,157**	**105.9%**	**127,008,207**	**123,409,783**	**102.9%**	**205,579,246**	**197,586,939**	**104.0%**

SPLIT BY ISSUE AGE

Issue Age	**Actual**	**Expected**	**A/E**	**Claim Count**
<43	667,212	178,531	373.7%	5
43-47	1,493,767	1,118,043	133.6%	20
48-52	5,251,118	5,275,712	99.5%	67
53-57	19,816,070	19,698,606	100.6%	232
58-62	38,766,238	38,831,679	99.8%	506
63-67	52,220,993	49,802,235	104.9%	582
68-72	39,661,053	37,147,214	106.8%	566
73-77	32,554,085	30,873,030	105.4%	482
78-82	13,520,560	13,166,052	102.7%	189
83+	1,628,151	1,495,838	108.8%	26
Total	**205,579,246**	**197,586,939**	**104.0%**	**2,675**

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
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

LIFETIME BENEFIT PERIOD

	Issue Ages 35-62				Issue Ages 63-72				Issue Ages 73+				All Issue Ages			
Duration	Lapses	Actual Exposure	Rate	Expected Lapses	Lapses	Actual Exposure	Rate	Expected Lapses	Lapses	Actual Exposure	Rate	Expected Lapses	Lapses	Actual 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%**

NON-LIFETIME BENEFIT PERIOD

	Issue Ages 35-62				Issue Ages 63-72				Issue Ages 73+				All Issue Ages			
Duration	Lapses	Actual Exposure	Rate	Expected Lapses	Lapses	Actual Exposure	Rate	Expected Lapses	Lapses	Actual Exposure	Rate	Expected Lapses	Lapses	Actual 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%	1.4%
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%	1.5%
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%	1.5%
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%	1.7%
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%	1.9%
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%	2.1%
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%	2.2%
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%	2.4%
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 V
RiverSource Life Insurance Company
Lapses and Benefit Reductions[1]
Nationwide Experience
Experience Includes All Long-Term Care Forms Combined

Additional Lapses Due to Rate Increase													
Increase	Average	Year of Increase											Weighted
Percent	Increase	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	Average
< 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	Average	Year of Increase											Weighted
Percent	Increase	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	Average
< 10%	6.6%			0.3%	0.2%	0.2%	0.4%	0.3%	0.3%	0.3%	0.3%	0.2%	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%	0.8%	0.7%
20% - 29.9%	22.4%	1.6%	1.7%	1.7%	1.3%	2.4%		1.7%	1.0%	1.0%	1.0%	1.2%	1.4%
30%+	33.2%	3.0%	2.7%	2.6%	2.4%	2.3%	1.8%	1.4%				2.2%	2.7%
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%	0.9%

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

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

			Loss Ratio Demonstration						Factors Derived from Projected Values for Illustrative Purposes Only				Interest Rate Factors	
			Without Interest			With Interest					Persistency Factors		Calendar Year	Mid-Year
	Calendar Year	Ending Policies Inforce	Earned Premiums	Incurred Claims	Loss Ratio	Earned Premiums	Incurred Claims	Loss Ratio	Premium Rate Increas Factor	Morbidity Factor	Policy Lapse & Mortality	Policy Persistency	Effective Int Rate	Disc / Accum Factor
Historical Experience	2000	9,836	3,315,277	0	0.0%	6,853,913	0	0.0%			0.0075	0.993	4.50%	2.0674
	2001	25,543	26,853,063	521,781	1.9%	53,124,680	1,032,264	1.9%			0.0308	0.969	4.50%	1.9783
	2002	39,113	48,216,250	2,022,911	4.2%	91,280,843	3,829,685	4.2%			0.0397	0.960	4.50%	1.8932
	2003	37,806	58,072,841	1,472,260	2.5%	105,206,602	2,667,193	2.5%			0.0736	0.926	4.50%	1.8116
	2004	36,450	55,093,233	4,387,605	8.0%	95,510,669	7,606,435	8.0%			0.0359	0.964	4.50%	1.7336
	2005	35,452	53,271,422	7,130,941	13.4%	88,375,448	11,829,984	13.4%			0.0274	0.973	4.50%	1.6590
	2006	34,703	51,921,930	6,277,520	12.1%	82,427,452	9,965,731	12.1%			0.0211	0.979	4.50%	1.5875
	2007	34,072	50,894,571	13,543,924	26.6%	77,317,218	20,575,446	26.6%			0.0182	0.982	4.50%	1.5192
	2008	33,149	52,273,899	9,376,809	17.9%	75,992,961	13,631,497	17.9%			0.0271	0.973	4.50%	1.4537
	2009	32,432	51,630,345	18,077,400	35.0%	71,825,260	25,148,272	35.0%			0.0216	0.978	4.50%	1.3911
	2010	31,770	50,395,824	18,410,403	36.5%	67,088,865	24,508,638	36.5%			0.0204	0.980	4.50%	1.3312
	2011	31,154	50,246,372	26,819,222	53.4%	64,009,482	34,165,343	53.4%			0.0194	0.981	4.50%	1.2739
	2012	30,485	52,584,364	26,721,148	50.8%	64,103,232	32,574,549	50.8%			0.0215	0.979	4.50%	1.2191
	2013	29,850	52,659,808	27,155,307	51.6%	61,430,817	31,678,290	51.6%			0.0208	0.979	4.50%	1.1666
	2014	29,189	54,781,726	30,086,008	54.9%	61,154,220	33,585,769	54.9%			0.0221	0.978	4.50%	1.1163
	2015	28,567	53,955,004	44,873,243	83.2%	57,637,636	47,936,011	83.2%			0.0213	0.979	4.50%	1.0683
	2016	27,914	58,118,759	48,612,634	83.6%	59,412,042	49,694,383	83.6%			0.0229	0.977	4.50%	1.0223
Projected Future Experience	2017	27,057	58,091,394	41,629,678	71.7%	56,826,859	40,723,482	71.7%	1.0000	0.8835	0.0307	0.969	4.50%	0.9782
	2018	26,185	55,891,254	44,422,632	79.5%	52,320,202	41,584,343	79.5%	1.0000	1.1026	0.0322	0.968	4.50%	0.9361
	2019	25,267	53,619,348	47,866,162	89.3%	48,032,015	42,878,332	89.3%	1.0000	1.1166	0.0350	0.965	4.50%	0.8958
	2020	24,312	51,288,295	51,916,226	101.2%	43,965,422	44,503,698	101.2%	1.0000	1.1272	0.0378	0.962	4.50%	0.8572
	2021	23,313	48,897,490	56,390,850	115.3%	40,110,979	46,257,838	115.3%	1.0000	1.1327	0.0411	0.959	4.50%	0.8203
	2022	22,270	46,441,007	60,963,586	131.3%	36,455,413	47,855,395	131.3%	1.0000	1.1317	0.0447	0.955	4.50%	0.7850
	2023	21,196	43,935,392	65,667,300	149.5%	33,003,395	49,327,974	149.5%	1.0000	1.1318	0.0482	0.952	4.50%	0.7512
	2024	20,091	41,408,056	70,485,332	170.2%	29,765,465	50,667,161	170.2%	1.0000	1.1324	0.0521	0.948	4.50%	0.7188
	2025	18,954	38,860,583	75,366,066	193.9%	26,731,347	51,842,672	193.9%	1.0000	1.1334	0.0566	0.943	4.50%	0.6879
	2026	17,791	36,296,568	80,211,926	221.0%	23,892,456	52,800,032	221.0%	1.0000	1.1338	0.0613	0.939	4.50%	0.6583
	2027	16,612	33,733,835	84,978,010	251.9%	21,249,302	53,528,554	251.9%	1.0000	1.1346	0.0663	0.934	4.50%	0.6299
	2028	15,417	31,183,393	89,476,322	286.9%	18,796,891	53,935,012	286.9%	1.0000	1.1346	0.0719	0.928	4.50%	0.6028
	2029	14,209	28,645,951	93,180,605	325.3%	16,523,788	53,749,186	325.3%	1.0000	1.1299	0.0783	0.922	4.50%	0.5768
	2030	13,002	26,135,971	95,924,912	367.0%	14,426,757	52,949,454	367.0%	1.0000	1.1250	0.0850	0.915	4.50%	0.5520
	2031	11,815	23,684,211	97,782,482	412.9%	12,510,444	51,650,537	412.9%	1.0000	1.1218	0.0913	0.909	4.50%	0.5282
	2032	10,656	21,312,432	98,826,444	463.7%	10,772,848	49,954,045	463.7%	1.0000	1.1206	0.0981	0.902	4.50%	0.5055
	2033	9,539	19,040,460	99,046,163	520.2%	9,209,979	47,909,194	520.2%	1.0000	1.1195	0.1048	0.895	4.50%	0.4837
	2034	8,479	16,890,150	98,523,232	583.3%	7,818,050	45,604,066	583.3%	1.0000	1.1191	0.1112	0.889	4.50%	0.4629
	2035	7,477	14,875,336	97,203,650	653.5%	6,588,938	43,055,754	653.5%	1.0000	1.1187	0.1181	0.882	4.50%	0.4429
	2036	6,539	12,997,526	95,022,779	731.1%	5,509,257	40,277,274	731.1%	1.0000	1.1178	0.1255	0.875	4.50%	0.4239
	2037	5,672	11,263,123	92,006,469	816.9%	4,568,513	37,319,379	816.9%	1.0000	1.1163	0.1326	0.867	4.50%	0.4056
	2038	4,884	9,686,620	88,302,372	911.6%	3,759,863	34,274,579	911.6%	1.0000	1.1147	0.1390	0.861	4.50%	0.3882
	2039	4,173	8,269,926	84,044,068	1016.3%	3,071,745	31,216,955	1016.3%	1.0000	1.1138	0.1454	0.855	4.50%	0.3714
	2040	3,539	7,007,578	79,204,372	1130.3%	2,490,778	28,152,459	1130.3%	1.0000	1.1114	0.1521	0.848	4.50%	0.3554
	2041	2,977	5,892,004	73,629,505	1249.7%	2,004,075	25,043,946	1249.7%	1.0000	1.1052	0.1589	0.841	4.50%	0.3401
	2042	2,483	4,914,555	67,457,659	1372.6%	1,599,627	21,956,639	1372.6%	1.0000	1.0983	0.1658	0.834	4.50%	0.3255
	2043	2,054	4,065,689	60,995,006	1500.2%	1,266,346	18,998,205	1500.2%	1.0000	1.0932	0.1729	0.827	4.50%	0.3115
	2044	1,684	3,335,191	54,589,826	1636.8%	994,083	16,270,981	1636.8%	1.0000	1.0916	0.1801	0.820	4.50%	0.2981
	2045	1,368	2,712,403	48,347,337	1782.5%	773,642	13,789,810	1782.5%	1.0000	1.0899	0.1874	0.813	4.50%	0.2852
	2046	1,102	2,186,463	42,373,042	1938.0%	596,776	11,565,358	1938.0%	1.0000	1.0886	0.1949	0.805	4.50%	0.2729
	2047	879	1,746,558	36,743,371	2103.8%	456,180	9,596,926	2103.8%	1.0000	1.0873	0.2025	0.797	4.50%	0.2612
	2048	694	1,382,175	31,515,229	2280.1%	345,462	7,876,936	2280.1%	1.0000	1.0861	0.2103	0.790	4.50%	0.2499
	2049	542	1,083,306	26,730,310	2467.5%	259,103	6,393,292	2467.5%	1.0000	1.0850	0.2183	0.782	4.50%	0.2392
	2050	420	840,618	22,407,402	2665.6%	192,399	5,128,564	2665.6%	1.0000	1.0837	0.2264	0.774	4.50%	0.2289
	2051	321	645,560	18,555,112	2874.3%	141,392	4,063,980	2874.3%	1.0000	1.0823	0.2349	0.765	4.50%	0.2190
	2052	243	490,430	15,172,772	3093.8%	102,789	3,180,069	3093.8%	1.0000	1.0810	0.2436	0.756	4.50%	0.2096
	2053	182	368,397	12,243,610	3323.5%	73,888	2,455,641	3323.5%	1.0000	1.0796	0.2525	0.747	4.50%	0.2006
	2054	134	273,488	9,747,320	3564.1%	52,490	1,870,787	3564.1%	1.0000	1.0784	0.2618	0.738	4.50%	0.1919
	2055	98	200,546	7,651,994	3815.6%	36,833	1,405,392	3815.6%	1.0000	1.0773	0.2713	0.729	4.50%	0.1837
	2056	70	145,175	5,920,710	4078.3%	25,515	1,040,592	4078.3%	1.0000	1.0764	0.2812	0.719	4.50%	0.1758
	2057	50	103,680	4,512,825	4352.6%	17,438	758,995	4352.6%	1.0000	1.0757	0.2914	0.709	4.50%	0.1682
	2058	35	72,998	3,386,125	4638.7%	11,749	544,975	4638.7%	1.0000	1.0752	0.3021	0.698	4.50%	0.1609
	2059	24	50,623	2,497,727	4934.0%	7,797	384,683	4934.0%	1.0000	1.0743	0.3134	0.687	4.50%	0.1540
	2060	16	34,538	1,808,692	5236.8%	5,090	266,567	5236.8%	1.0000	1.0733	0.3253	0.675	4.50%	0.1474
	2061	11	23,148	1,282,755	5541.6%	3,265	180,913	5541.6%	1.0000	1.0718	0.3383	0.662	4.50%	0.1410
	2062	7	15,210	888,930	5844.3%	2,053	119,971	5844.3%	1.0000	1.0701	0.3524	0.648	4.50%	0.1350
	2063	4	9,775	600,532	6143.6%	1,262	77,558	6143.6%	1.0000	1.0689	0.3680	0.632	4.50%	0.1291
	2064	3	6,125	394,407	6439.1%	757	48,744	6439.1%	1.0000	1.0685	0.3853	0.615	4.50%	0.1236
	2065	2	3,728	251,259	6739.0%	441	29,715	6739.0%	1.0000	1.0701	0.4047	0.595	4.50%	0.1183
	2066	1	2,195	154,542	7041.6%	248	17,490	7041.6%	1.0000	1.0722	0.4263	0.574	4.50%	0.1132
	Past		824,284,689	285,489,117	34.6%	1,182,751,342	350,429,490	29.6%						
	Future		770,060,476	2,438,299,634	316.6%	537,371,405	1,245,084,103	231.7%						
	Lifetime		1,594,345,165	2,723,788,751	170.8%	1,720,122,747	1,595,513,593	92.8%						

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

			Loss Ratio Demonstration						Factors Derived from Projected Values for Illustrative Purposes Only				Interest Rate Factors	
		Ending	Without Interest			With Interest			Premium		Persistency Factors		Calendar Year	Mid-Year
	Calendar Year	Policies Inforce	Earned Premiums	Incurred Claims	Loss Ratio	Earned Premiums	Incurred Claims	Loss Ratio	Premium Rate Increas Factor	Morbidity Factor	Policy Lapse & Mortality	Policy Persistency	Effective Int Rate	Disc / Accum Factor
Historical Experience	2000	9,836	3,315,277	0	0.0%	6,853,913	0	0.0%			0.0075	0.993	4.50%	2.0674
	2001	25,543	26,853,063	521,781	1.9%	53,124,680	1,032,264	1.9%			0.0308	0.969	4.50%	1.9783
	2002	39,113	48,216,250	2,022,911	4.2%	91,280,843	3,829,685	4.2%			0.0397	0.960	4.50%	1.8932
	2003	37,806	58,072,841	1,472,260	2.5%	105,206,602	2,667,193	2.5%			0.0736	0.926	4.50%	1.8116
	2004	36,450	55,093,233	4,387,605	8.0%	95,510,669	7,606,435	8.0%			0.0359	0.964	4.50%	1.7336
	2005	35,452	53,271,422	7,130,941	13.4%	88,375,448	11,829,984	13.4%			0.0274	0.973	4.50%	1.6590
	2006	34,703	51,921,930	6,277,520	12.1%	82,427,452	9,965,731	12.1%			0.0211	0.979	4.50%	1.5875
	2007	34,072	50,894,571	13,543,924	26.6%	77,317,218	20,575,446	26.6%			0.0182	0.982	4.50%	1.5192
	2008	33,149	52,273,899	9,376,809	17.9%	75,992,961	13,631,497	17.9%			0.0271	0.973	4.50%	1.4537
	2009	32,432	51,630,345	18,077,400	35.0%	71,825,260	25,148,272	35.0%			0.0216	0.978	4.50%	1.3911
	2010	31,770	50,395,824	18,410,403	36.5%	67,088,865	24,508,638	36.5%			0.0204	0.980	4.50%	1.3312
	2011	31,154	50,246,372	26,819,222	53.4%	64,009,482	34,165,343	53.4%			0.0194	0.981	4.50%	1.2739
	2012	30,485	52,584,364	26,721,148	50.8%	64,103,232	32,574,549	50.8%			0.0215	0.979	4.50%	1.2191
	2013	29,850	52,659,808	27,155,307	51.6%	61,430,817	31,678,290	51.6%			0.0208	0.979	4.50%	1.1666
	2014	29,189	54,781,726	30,086,008	54.9%	61,154,220	33,585,769	54.9%			0.0221	0.978	4.50%	1.1163
	2015	28,567	53,955,004	44,873,243	83.2%	57,637,636	47,936,011	83.2%			0.0213	0.979	4.50%	1.0683
	2016	27,914	58,118,759	48,612,634	83.6%	59,412,042	49,694,383	83.6%			0.0229	0.977	4.50%	1.0223
Projected Future Experience	2017	26,890	58,724,547	41,613,685	70.9%	57,446,230	40,707,838	70.9%	1.0235	0.8886	0.0367	0.963	4.50%	0.9782
	2018	25,856	61,780,947	44,566,538	72.1%	57,833,587	41,719,055	72.1%	1.1192	1.1138	0.0384	0.962	4.50%	0.9361
	2019	24,950	60,517,588	47,725,754	78.9%	54,211,433	42,752,555	78.9%	1.0039	1.1098	0.0350	0.965	4.50%	0.8958
	2020	24,007	57,886,793	51,278,972	88.6%	49,621,795	43,957,430	88.6%	1.0000	1.1167	0.0378	0.962	4.50%	0.8572
	2021	23,020	55,188,552	55,560,540	100.7%	45,271,584	45,576,729	100.7%	1.0000	1.1299	0.0411	0.959	4.50%	0.8203
	2022	21,991	52,416,165	60,045,011	114.6%	41,145,813	47,134,329	114.6%	1.0000	1.1313	0.0447	0.955	4.50%	0.7850
	2023	20,930	49,588,300	64,657,116	130.4%	37,249,747	48,569,143	130.4%	1.0000	1.1314	0.0482	0.952	4.50%	0.7512
	2024	19,839	46,735,898	69,380,689	148.5%	33,595,291	49,873,108	148.5%	1.0000	1.1321	0.0521	0.948	4.50%	0.7188
	2025	18,716	43,860,749	74,165,094	169.1%	30,170,852	51,016,550	169.1%	1.0000	1.1331	0.0566	0.943	4.50%	0.6879
	2026	17,568	40,966,910	78,914,503	192.6%	26,966,740	51,945,994	192.6%	1.0000	1.1336	0.0613	0.939	4.50%	0.6583
	2027	16,404	38,074,502	83,584,852	219.5%	23,983,534	52,650,989	219.5%	1.0000	1.1343	0.0663	0.934	4.50%	0.6299
	2028	15,224	35,195,950	87,991,516	250.0%	21,215,602	53,039,993	250.0%	1.0000	1.1343	0.0719	0.928	4.50%	0.6028
	2029	14,031	32,332,055	91,617,432	283.4%	18,650,036	52,847,504	283.4%	1.0000	1.1297	0.0783	0.922	4.50%	0.5768
	2030	12,839	29,499,139	94,299,808	319.7%	16,283,187	52,052,415	319.7%	1.0000	1.1249	0.0850	0.915	4.50%	0.5520
	2031	11,666	26,731,920	96,110,963	359.5%	14,120,300	50,767,610	359.5%	1.0000	1.1217	0.0913	0.909	4.50%	0.5282
	2032	10,522	24,054,965	97,123,100	403.8%	12,159,122	49,093,052	403.8%	1.0000	1.1204	0.0981	0.902	4.50%	0.5055
	2033	9,419	21,490,651	97,326,062	452.9%	10,395,150	47,077,171	452.9%	1.0000	1.1194	0.1048	0.895	4.50%	0.4837
	2034	8,372	19,063,647	96,800,204	507.8%	8,824,110	44,806,517	507.8%	1.0000	1.1190	0.1112	0.889	4.50%	0.4629
	2035	7,384	16,789,570	95,492,684	568.8%	7,436,836	42,297,892	568.8%	1.0000	1.1186	0.1181	0.882	4.50%	0.4429
	2036	6,457	14,670,123	93,340,181	636.3%	6,218,220	39,564,071	636.3%	1.0000	1.1177	0.1255	0.875	4.50%	0.4239
	2037	5,601	12,712,533	90,368,227	710.9%	5,156,418	36,654,880	710.9%	1.0000	1.1162	0.1326	0.867	4.50%	0.4056
	2038	4,822	10,933,156	86,721,954	793.2%	4,243,706	33,661,139	793.2%	1.0000	1.1146	0.1390	0.861	4.50%	0.3882
	2039	4,121	9,334,155	82,532,602	884.2%	3,467,037	30,655,542	884.2%	1.0000	1.1137	0.1454	0.855	4.50%	0.3714
	2040	3,494	7,909,359	77,773,545	983.3%	2,811,308	27,643,884	983.3%	1.0000	1.1113	0.1521	0.848	4.50%	0.3554
	2041	2,939	6,650,225	72,293,850	1087.1%	2,261,972	24,589,644	1087.1%	1.0000	1.1051	0.1589	0.841	4.50%	0.3401
	2042	2,452	5,546,991	66,229,214	1194.0%	1,805,478	21,556,795	1194.0%	1.0000	1.0982	0.1658	0.834	4.50%	0.3255
	2043	2,028	4,588,888	59,880,213	1304.9%	1,429,308	18,650,979	1304.9%	1.0000	1.0931	0.1729	0.827	4.50%	0.3115
	2044	1,663	3,764,384	53,588,692	1423.6%	1,122,008	15,972,584	1423.6%	1.0000	1.0915	0.1801	0.820	4.50%	0.2981
	2045	1,351	3,061,452	47,457,840	1550.2%	873,199	13,536,104	1550.2%	1.0000	1.0899	0.1874	0.813	4.50%	0.2852
	2046	1,088	2,467,830	41,591,111	1685.3%	673,573	11,351,936	1685.3%	1.0000	1.0885	0.1949	0.805	4.50%	0.2729
	2047	868	1,971,315	36,063,407	1829.4%	514,884	9,419,328	1829.4%	1.0000	1.0873	0.2025	0.797	4.50%	0.2612
	2048	685	1,560,041	30,930,467	1982.7%	389,918	7,730,780	1982.7%	1.0000	1.0860	0.2103	0.790	4.50%	0.2499
	2049	536	1,222,712	26,233,093	2145.5%	292,445	6,274,369	2145.5%	1.0000	1.0849	0.2183	0.782	4.50%	0.2392
	2050	414	948,793	21,989,619	2317.6%	217,158	5,032,943	2317.6%	1.0000	1.0836	0.2264	0.774	4.50%	0.2289
	2051	317	728,634	18,208,393	2499.0%	159,587	3,988,041	2499.0%	1.0000	1.0822	0.2349	0.765	4.50%	0.2190
	2052	240	553,540	14,888,670	2689.7%	116,017	3,120,524	2689.7%	1.0000	1.0810	0.2436	0.756	4.50%	0.2096
	2053	179	415,804	12,013,911	2889.3%	83,396	2,409,571	2889.3%	1.0000	1.0795	0.2525	0.747	4.50%	0.2006
	2054	132	308,682	9,564,120	3098.4%	59,245	1,835,626	3098.4%	1.0000	1.0784	0.2618	0.738	4.50%	0.1919
	2055	96	226,353	7,507,930	3316.9%	41,573	1,378,933	3316.9%	1.0000	1.0773	0.2713	0.729	4.50%	0.1837
	2056	69	163,856	5,809,061	3545.2%	28,798	1,020,969	3545.2%	1.0000	1.0764	0.2812	0.719	4.50%	0.1758
	2057	49	117,022	4,427,596	3783.6%	19,682	744,660	3783.6%	1.0000	1.0757	0.2914	0.709	4.50%	0.1682
	2058	34	82,392	3,322,085	4032.1%	13,260	534,669	4032.1%	1.0000	1.0751	0.3021	0.698	4.50%	0.1609
	2059	24	57,137	2,450,426	4288.7%	8,800	377,398	4288.7%	1.0000	1.0742	0.3134	0.687	4.50%	0.1540
	2060	16	38,982	1,774,397	4551.8%	5,745	261,512	4551.8%	1.0000	1.0733	0.3253	0.675	4.50%	0.1474
	2061	11	26,126	1,258,404	4816.6%	3,685	177,478	4816.6%	1.0000	1.0717	0.3383	0.662	4.50%	0.1410
	2062	7	17,168	872,036	5079.6%	2,317	117,691	5079.6%	1.0000	1.0701	0.3524	0.648	4.50%	0.1350
	2063	4	11,033	589,107	5339.6%	1,425	76,083	5339.6%	1.0000	1.0689	0.3680	0.632	4.50%	0.1291
	2064	3	6,913	386,897	5596.4%	854	47,816	5596.4%	1.0000	1.0684	0.3853	0.615	4.50%	0.1236
	2065	2	4,208	246,471	5856.9%	498	29,149	5856.9%	1.0000	1.0700	0.4047	0.595	4.50%	0.1183
	2066	1	2,477	151,594	6119.8%	280	17,156	6119.8%	1.0000	1.0721	0.4263	0.574	4.50%	0.1132
	Past		824,284,689	285,489,117	34.6%	1,182,751,342	350,429,490	29.6%						
	Future		861,001,131	2,398,719,638	278.6%	598,602,743	1,226,318,131	204.9%						
	Lifetime		1,685,285,820	2,684,208,755	159.3%	1,781,354,084	1,576,747,622	88.5%						

EXHIBIT VII

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

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

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

Annual Premiums Per $10 Daily Benefit

LIFETIME BENEFIT PERIOD																		
	No Benefit Increase Option						Simple Benefit Option						Compound Benefit Option					
	20 Day Elimination Period			*90 Day Elimination Period*			*20 Day Elimination Period*			*90 Day Elimination Period*			*20 Day Elimination Period*			*90 Day Elimination Period*		
Issue	*Home Care Percentage*			*Home Care Percentage*			*Home Care Percentage*			*Home Care Percentage*			*Home Care Percentage*			*Home Care Percentage*		
Age	*50%*	*75%*	*100%*	*50%*	*75%*	*100%*	*50%*	*75%*	*100%*	*50%*	*75%*	*100%*	*50%*	*75%*	*100%*	*50%*	*75%*	*100%*
40	98.58	112.66	126.76	80.96	93.32	105.62	156.70	178.66	200.68	144.34	163.74	183.06	211.24	237.66	264.04	190.10	213.00	235.88
41	98.58	112.66	126.76	80.96	93.32	105.62	156.70	178.66	200.68	144.34	163.74	183.06	211.24	237.66	264.04	190.10	213.00	235.88
42	98.58	112.66	126.76	80.96	93.32	105.62	156.70	178.66	200.68	144.34	163.74	183.06	211.24	237.66	264.04	190.10	213.00	235.88
43	98.58	112.66	126.76	80.96	93.32	105.62	156.70	178.66	200.68	144.34	163.74	183.06	211.24	237.66	264.04	190.10	213.00	235.88
44	98.58	112.66	126.76	80.96	93.32	105.62	156.70	178.66	200.68	144.34	163.74	183.06	211.24	237.66	264.04	190.10	213.00	235.88
45	98.58	112.66	126.76	80.96	93.32	105.62	156.70	178.66	200.68	144.34	163.74	183.06	211.24	237.66	264.04	190.10	213.00	235.88
46	98.58	112.66	126.76	80.96	93.32	105.62	160.22	182.18	204.20	144.34	163.74	183.06	218.28	244.70	271.08	197.16	220.04	242.92
47	100.34	115.30	130.28	82.74	95.96	109.14	168.98	191.88	214.76	149.64	169.88	190.10	227.10	254.38	281.64	204.20	228.86	253.46
48	100.34	115.30	130.28	86.28	99.48	112.66	176.02	200.68	225.30	153.16	173.40	193.64	239.40	267.56	295.72	209.48	235.02	260.50
49	105.62	121.48	137.32	88.02	102.10	116.18	179.54	204.20	228.86	154.88	176.02	197.16	248.22	277.24	306.30	216.52	242.06	267.56
50	105.62	121.48	137.32	91.54	105.62	119.70	184.82	210.36	235.88	158.44	179.54	200.68	265.84	296.64	327.40	221.78	248.22	274.60
51	109.14	126.76	144.34	93.32	108.26	123.24	190.10	216.52	242.92	167.24	189.22	211.24	272.84	303.66	334.46	227.10	254.38	281.64
52	112.66	130.28	147.86	93.32	108.26	123.24	193.64	220.04	246.44	167.24	189.22	211.24	281.64	313.32	345.02	237.66	264.96	292.20
53	114.42	132.92	151.36	102.10	117.94	133.80	198.92	226.22	253.46	172.50	195.40	218.28	290.44	323.02	355.56	242.92	271.08	299.26
54	114.42	132.92	151.36	102.10	117.94	133.80	207.72	235.88	264.04	176.02	198.92	221.78	302.78	336.24	369.66	248.22	277.24	306.30
55	119.70	139.08	158.44	109.14	126.76	144.34	213.00	242.06	271.08	183.06	207.72	232.36	315.10	349.44	383.74	258.76	289.58	320.36
56	128.52	148.76	168.98	112.66	130.28	147.86	227.10	257.90	288.68	195.40	220.92	246.44	334.46	369.66	404.86	278.12	309.82	341.50
57	140.82	161.94	183.06	121.48	139.96	158.44	242.92	274.60	306.30	211.24	237.66	264.04	350.32	386.38	422.46	297.50	330.06	362.60
58	149.64	171.62	193.64	130.28	149.64	168.98	255.26	287.80	320.36	223.56	250.86	278.12	371.42	409.28	447.12	313.32	346.80	380.22
59	158.44	181.30	204.20	139.08	159.34	179.54	274.60	308.06	341.50	239.40	267.56	295.72	390.78	429.50	468.22	332.72	367.06	401.32
60	172.50	197.16	221.78	147.86	168.98	190.10	286.92	321.26	355.56	258.76	289.58	320.36	406.64	446.24	485.82	348.54	383.74	418.94
61	181.30	206.84	232.36	154.88	176.02	197.16	302.78	337.98	373.18	274.60	306.30	337.98	425.98	466.46	506.94	367.94	404.00	440.08
62	190.10	216.52	242.92	160.22	182.18	204.20	318.62	354.70	390.78	286.92	319.50	352.06	441.86	483.20	524.56	389.02	426.88	464.70
63	198.92	226.22	253.46	172.50	195.40	218.28	336.24	374.08	411.90	302.78	336.24	369.66	461.18	503.42	545.70	404.86	443.60	482.32
64	211.24	239.40	267.56	183.06	207.72	232.36	348.54	387.26	425.98	315.10	349.44	383.74	480.56	523.68	566.78	424.24	463.82	503.42
65	223.56	254.38	285.16	191.88	217.40	242.92	369.66	410.16	450.64	336.24	372.30	408.38	501.68	546.60	591.44	441.86	483.20	524.56
66	262.32	294.84	327.40	223.56	250.86	278.12	427.76	470.86	514.00	383.74	422.46	461.18	570.30	617.88	665.36	498.16	543.08	587.92
67	306.30	341.50	376.70	265.84	296.64	327.40	487.60	534.24	580.88	434.80	476.16	517.52	640.74	691.80	742.84	552.74	600.26	647.78
68	348.54	387.26	425.98	299.26	332.72	366.12	545.70	594.96	644.26	487.60	532.50	577.34	705.88	759.58	813.24	609.04	660.12	711.14
69	396.06	437.46	478.80	336.24	372.30	408.38	602.00	654.84	707.62	542.16	589.70	637.22	781.54	839.66	897.74	663.64	717.30	770.98
70	438.34	483.20	528.08	371.42	411.04	450.64	661.84	718.18	774.50	591.44	642.50	693.54	850.22	910.94	971.66	714.66	770.98	827.34
71	477.04	523.68	570.30	406.64	448.02	489.34	721.72	781.54	841.40	640.74	693.54	746.36	915.34	978.70	999.98	770.98	830.86	890.68
72	524.56	573.82	623.14	441.86	486.72	531.60	779.80	842.30	904.78	695.32	750.76	806.20	991.02	999.98	999.98	825.58	888.06	950.54
73	566.78	619.62	672.40	478.80	526.34	573.82	839.66	905.68	971.66	744.60	803.58	862.54	999.98	999.98	999.98	881.88	947.92	999.98
74	607.30	662.76	718.18	514.00	565.04	616.10	897.74	966.42	999.98	795.64	857.26	918.86	999.98	999.98	999.98	936.46	999.98	999.98
75	656.60	715.56	774.50	554.50	608.16	661.84	962.84	999.98	999.98	851.96	917.10	982.22	999.98	999.98	999.98	998.06	999.98	999.98
76	709.38	775.40	841.40	600.26	661.00	721.72	999.98	999.98	999.98	917.10	990.16	999.98	999.98	999.98	999.98	999.98	999.98	999.98
77	765.74	838.78	911.82	646.02	713.78	781.54	999.98	999.98	999.98	978.70	999.98	999.98	999.98	999.98	999.98	999.98	999.98	999.98
78	818.52	898.64	978.70	691.80	766.60	841.40	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	874.86	962.00	999.98	737.56	819.40	901.26	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, MN 55474

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

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

Annual Premiums Per $10 Daily Benefit

6 YEAR BENEFIT PERIOD																		
	No Benefit Increase Option						Simple Benefit Option						Compound Benefit Option					
	20 Day Elimination Period			*90 Day Elimination Period*			*20 Day Elimination Period*			*90 Day Elimination Period*			*20 Day Elimination Period*			*90 Day Elimination Period*		
Issue	*Home Care Percentage*			*Home Care Percentage*			*Home Care Percentage*			*Home Care Percentage*			*Home Care Percentage*			*Home Care Percentage*		
Age	*50%*	*75%*	*100%*	*50%*	*75%*	*100%*	*50%*	*75%*	*100%*	*50%*	*75%*	*100%*	*50%*	*75%*	*100%*	*50%*	*75%*	*100%*
40	80.96	93.32	105.62	70.40	80.96	91.54	116.18	132.04	147.86	98.58	112.66	126.76	168.98	190.10	211.24	140.82	158.44	176.02
41	80.96	93.32	105.62	70.40	80.96	91.54	116.18	132.04	147.86	98.58	112.66	126.76	168.98	190.10	211.24	140.82	158.44	176.02
42	80.96	93.32	105.62	70.40	80.96	91.54	116.18	132.04	147.86	98.58	112.66	126.76	168.98	190.10	211.24	140.82	158.44	176.02
43	80.96	93.32	105.62	70.40	80.96	91.54	116.18	132.04	147.86	98.58	112.66	126.76	168.98	190.10	211.24	140.82	158.44	176.02
44	80.96	93.32	105.62	70.40	80.96	91.54	116.18	132.04	147.86	98.58	112.66	126.76	168.98	190.10	211.24	140.82	158.44	176.02
45	80.96	93.32	105.62	70.40	80.96	91.54	116.18	132.04	147.86	98.58	112.66	126.76	168.98	190.10	211.24	140.82	158.44	176.02
46	80.96	93.32	105.62	70.40	80.96	91.54	116.18	132.04	147.86	98.58	112.66	126.76	168.98	190.10	211.24	144.34	161.94	179.54
47	82.74	95.96	109.14	70.40	80.96	91.54	123.24	140.82	158.44	102.10	116.18	130.28	174.28	196.28	218.28	149.64	168.10	186.58
48	82.74	95.96	109.14	72.18	83.60	95.06	128.52	147.00	165.46	107.38	122.36	137.32	177.80	199.80	221.78	153.16	171.62	190.10
49	84.48	98.58	112.66	72.18	83.60	95.06	135.56	154.00	172.50	110.90	125.88	140.82	183.06	205.96	228.86	161.94	181.30	200.68
50	88.02	102.10	116.18	77.44	89.80	102.10	140.82	160.22	179.54	116.18	132.04	147.86	186.58	209.48	232.36	170.76	191.02	211.24
51	89.80	104.74	119.70	77.44	89.80	102.10	146.12	166.38	186.58	116.18	132.04	147.86	193.64	218.28	242.92	174.28	194.54	214.76
52	89.80	104.74	119.70	77.44	89.80	102.10	149.64	169.88	190.10	119.70	135.56	151.36	200.68	225.30	249.96	179.54	200.68	221.78
53	91.54	107.38	123.24	79.22	92.44	105.62	154.88	176.02	197.16	126.76	144.34	161.94	205.96	231.50	256.98	183.06	204.20	225.30
54	91.54	107.38	123.24	79.22	92.44	105.62	160.22	182.18	204.20	133.80	151.36	168.98	209.48	235.02	260.50	188.34	210.36	232.36
55	98.58	116.18	133.80	84.48	98.58	112.66	168.98	191.88	214.76	139.08	157.58	176.02	214.76	241.18	267.56	200.68	223.56	246.44
56	105.62	123.24	140.82	88.02	102.10	116.18	179.54	204.20	228.86	147.86	167.24	186.58	227.10	254.38	281.64	211.24	235.88	260.50
57	114.42	132.92	151.36	93.32	108.26	123.24	188.34	213.88	239.40	156.70	176.92	197.16	242.92	271.08	299.26	223.56	249.10	274.60
58	123.24	142.60	161.94	102.10	117.94	133.80	204.20	230.62	256.98	172.50	193.64	214.76	262.32	291.32	320.36	239.40	265.84	292.20
59	128.52	148.76	168.98	112.66	130.28	147.86	213.00	240.30	267.56	181.30	203.32	225.30	276.36	307.18	337.98	251.74	279.02	306.30
60	140.82	161.94	183.06	117.94	136.44	154.88	225.30	253.46	281.64	197.16	220.04	242.92	295.72	327.40	359.08	267.56	295.72	323.88
61	147.86	168.98	190.10	121.48	139.96	158.44	237.66	266.68	295.72	207.72	232.36	256.98	308.06	340.64	373.18	279.88	308.94	337.98
62	153.16	175.14	197.16	130.28	149.64	168.98	248.22	279.02	309.82	216.52	242.06	267.56	320.36	353.84	387.26	297.50	328.30	359.08
63	161.94	184.82	207.72	139.08	159.34	179.54	260.50	292.20	323.88	232.36	258.76	285.16	339.76	374.08	408.38	309.82	341.50	373.18
64	176.02	200.68	225.30	144.34	165.46	186.58	272.84	305.42	337.98	241.18	268.48	295.72	355.56	390.78	425.98	325.66	358.20	390.78
65	184.82	210.36	235.88	153.16	175.14	197.16	286.92	321.26	355.56	255.26	284.28	313.32	374.94	412.80	450.64	337.98	371.42	404.86
66	213.00	240.30	267.56	179.54	204.20	228.86	325.66	363.50	401.32	295.72	327.40	359.08	425.98	466.46	506.94	374.94	411.04	447.12
67	244.70	275.50	306.30	207.72	234.14	260.50	369.66	410.16	450.64	336.24	370.58	404.86	477.04	521.94	566.78	415.42	455.92	496.38
68	272.84	305.42	337.98	228.86	256.98	285.16	410.16	453.28	496.38	374.94	412.80	450.64	528.08	575.60	623.14	459.44	502.56	545.70
69	302.78	337.98	373.18	260.50	292.20	323.88	448.90	495.52	542.16	413.68	453.28	492.86	582.66	634.60	686.50	499.90	547.46	594.96
70	330.92	369.66	408.38	288.68	322.14	355.56	492.86	542.16	591.44	454.16	496.38	538.64	630.18	684.76	739.32	543.96	595.86	647.78
71	359.08	399.58	440.08	313.32	348.54	383.74	535.12	587.92	640.74	496.38	542.16	587.92	684.76	743.72	802.68	584.40	638.98	693.54
72	389.02	432.14	475.28	345.02	383.74	422.46	572.08	627.56	682.96	531.60	579.14	626.66	735.80	797.42	858.98	624.92	683.88	742.84
73	418.94	464.70	510.48	369.66	410.16	450.64	614.36	673.30	732.28	577.34	628.42	679.44	786.84	852.86	918.86	665.36	727.00	788.58
74	448.90	497.28	545.70	397.80	440.08	482.32	658.36	719.96	781.54	614.36	668.02	721.72	837.90	906.54	975.18	705.88	771.88	837.90
75	484.08	536.02	587.92	425.98	471.74	517.52	702.36	768.38	834.38	654.84	711.14	767.46	895.98	969.06	999.98	751.64	821.16	890.68
76	543.96	599.38	654.84	485.82	535.12	584.40	783.32	854.62	925.88	735.80	797.42	858.98	978.70	999.98	999.98	834.38	910.06	985.74
77	605.52	665.36	725.24	547.46	601.12	654.84	862.54	938.24	999.98	816.76	883.64	950.54	999.98	999.98	999.98	920.62	999.98	999.98
78	665.36	728.76	792.12	609.04	667.14	725.24	948.80	999.98	999.98	903.02	976.08	999.98	999.98	999.98	999.98	999.98	999.98	999.98
79	732.28	800.92	869.56	674.18	736.70	799.16	999.98	999.98	999.98	987.50	999.98	999.98	999.98	999.98	999.98	999.98	999.98	999.98

EXHIBIT VII

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

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

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

Annual Premiums Per $10 Daily Benefit

4 YEAR BENEFIT PERIOD																		
	No Benefit Increase Option						Simple Benefit Option						Compound Benefit Option					
	20 Day Elimination Period			*90 Day Elimination Period*			*20 Day Elimination Period*			*90 Day Elimination Period*			*20 Day Elimination Period*			*90 Day Elimination Period*		
Issue	*Home Care Percentage*			*Home Care Percentage*			*Home Care Percentage*			*Home Care Percentage*			*Home Care Percentage*			*Home Care Percentage*		
Age	*50%*	*75%*	*100%*	*50%*	*75%*	*100%*	*50%*	*75%*	*100%*	*50%*	*75%*	*100%*	*50%*	*75%*	*100%*	*50%*	*75%*	*100%*
40	66.88	77.44	88.02	47.54	55.48	63.36	98.58	112.66	126.76	80.96	93.32	105.62	151.36	168.98	186.58	133.80	147.86	161.94
41	66.88	77.44	88.02	47.54	55.48	63.36	98.58	112.66	126.76	80.96	93.32	105.62	151.36	168.98	186.58	133.80	147.86	161.94
42	66.88	77.44	88.02	47.54	55.48	63.36	98.58	112.66	126.76	80.96	93.32	105.62	151.36	168.98	186.58	133.80	147.86	161.94
43	66.88	77.44	88.02	47.54	55.48	63.36	98.58	112.66	126.76	80.96	93.32	105.62	151.36	168.98	186.58	133.80	147.86	161.94
44	66.88	77.44	88.02	47.54	55.48	63.36	98.58	112.66	126.76	80.96	93.32	105.62	151.36	168.98	186.58	133.80	147.86	161.94
45	66.88	77.44	88.02	47.54	55.48	63.36	98.58	112.66	126.76	80.96	93.32	105.62	151.36	168.98	186.58	133.80	147.86	161.94
46	66.88	77.44	88.02	47.54	55.48	63.36	98.58	112.66	126.76	80.96	93.32	105.62	151.36	168.98	186.58	133.80	147.86	161.94
47	66.88	77.44	88.02	47.54	55.48	63.36	102.10	116.18	130.28	80.96	93.32	105.62	158.44	176.02	193.64	133.80	147.86	161.94
48	68.66	80.08	91.54	49.26	58.12	66.88	103.86	118.82	133.80	84.48	96.84	109.14	160.22	178.66	197.16	139.08	154.00	168.98
49	72.18	83.60	95.06	52.84	61.64	70.40	107.38	122.36	137.32	86.28	99.48	112.66	163.74	182.18	200.68	139.08	154.00	168.98
50	73.92	86.28	98.58	56.36	66.88	77.44	112.66	128.52	144.34	89.80	103.00	116.18	168.98	188.34	207.72	144.34	160.22	176.02
51	73.92	86.28	98.58	56.36	66.88	77.44	112.66	128.52	144.34	89.80	103.00	116.18	168.98	188.34	207.72	144.34	160.22	176.02
52	77.44	89.80	102.10	63.36	73.92	84.48	116.18	132.04	147.86	91.54	105.62	119.70	172.50	191.88	211.24	144.34	160.22	176.02
53	79.22	92.44	105.62	65.14	76.56	88.02	119.70	137.32	154.88	98.58	112.66	126.76	174.28	194.54	214.76	151.36	168.98	186.58
54	79.22	92.44	105.62	65.14	76.56	88.02	123.24	140.82	158.44	98.58	112.66	126.76	177.80	198.06	218.28	151.36	168.98	186.58
55	84.48	98.58	112.66	70.40	82.74	95.06	128.52	147.00	165.46	103.86	118.82	133.80	183.06	204.20	225.30	160.22	178.66	197.16
56	88.02	102.10	116.18	73.92	86.28	98.58	140.82	160.22	179.54	112.66	128.52	144.34	195.40	217.40	239.40	168.98	188.34	207.72
57	93.32	108.26	123.24	79.22	92.44	105.62	149.64	169.88	190.10	123.24	140.82	158.44	204.20	227.10	249.96	177.80	198.06	218.28
58	102.10	117.94	133.80	84.48	98.58	112.66	158.44	179.54	200.68	135.56	154.00	172.50	220.04	245.58	271.08	186.58	207.72	228.86
59	112.66	130.28	147.86	89.80	104.74	119.70	170.76	192.76	214.76	144.34	163.74	183.06	232.36	258.76	285.16	204.20	227.10	249.96
60	117.94	136.44	154.88	102.10	117.94	133.80	183.06	207.72	232.36	158.44	179.54	200.68	246.44	274.60	302.78	214.76	239.40	264.04
61	123.24	142.60	161.94	105.62	121.48	137.32	191.88	217.40	242.92	170.76	192.76	214.76	255.26	284.28	313.32	223.56	249.10	274.60
62	132.04	152.28	172.50	112.66	130.28	147.86	204.20	230.62	256.98	179.54	202.44	225.30	269.34	300.16	330.92	241.18	268.48	295.72
63	140.82	161.94	183.06	117.94	136.44	154.88	213.00	240.30	267.56	190.10	214.76	239.40	283.40	315.98	348.54	249.96	278.12	306.30
64	146.12	168.10	190.10	123.24	142.60	161.94	221.78	249.96	278.12	202.44	227.98	253.46	292.20	325.66	359.08	262.32	291.32	320.36
65	154.88	177.80	200.68	132.04	152.28	172.50	241.18	271.98	302.78	216.52	243.82	271.08	309.82	345.02	380.22	278.12	309.82	341.50
66	181.30	206.84	232.36	153.16	175.14	197.16	272.84	305.42	337.98	244.70	273.72	302.78	348.54	387.26	425.98	311.58	345.92	380.22
67	207.72	235.88	264.04	179.54	204.20	228.86	306.30	341.50	376.70	279.88	312.46	345.02	389.02	430.40	471.74	350.32	388.14	425.98
68	230.62	261.44	292.20	204.20	230.62	256.98	345.02	383.74	422.46	311.58	345.92	380.22	434.80	479.68	524.56	387.26	427.76	468.22
69	256.98	290.44	323.88	221.78	249.96	278.12	378.46	419.84	461.18	343.28	381.12	418.94	477.04	525.46	573.82	431.28	476.16	521.04
70	283.40	319.50	355.56	249.96	281.64	313.32	417.20	462.10	506.94	376.70	417.20	457.66	519.30	571.20	623.14	468.22	515.78	563.28
71	309.82	348.54	387.26	274.60	308.06	341.50	450.64	498.16	545.70	408.38	450.64	492.86	559.76	614.36	668.88	503.42	554.50	605.52
72	332.72	374.08	415.42	292.20	327.40	362.60	485.82	536.88	587.92	440.08	485.82	531.60	603.78	662.76	721.72	542.16	596.74	651.32
73	357.36	400.46	443.60	318.62	356.48	394.28	522.82	576.48	630.18	471.74	519.30	566.78	644.26	705.88	767.46	580.88	638.98	697.06
74	385.50	432.14	478.80	343.28	382.86	422.46	559.76	616.10	672.40	506.94	558.02	609.04	690.02	755.18	820.28	617.88	678.56	739.32
75	415.42	464.70	514.00	369.66	411.90	454.16	598.48	658.36	718.18	540.40	594.10	647.78	732.28	800.92	869.56	661.84	727.00	792.12
76	473.52	527.20	580.88	424.24	470.86	517.52	661.84	727.00	792.12	603.78	662.76	721.72	797.42	872.20	947.02	727.00	798.28	869.56
77	528.08	586.18	644.26	482.32	533.38	584.40	727.00	796.54	866.04	668.88	732.28	795.64	862.54	943.50	999.98	790.38	866.96	943.50
78	587.92	649.56	711.14	542.16	596.74	651.32	795.64	871.34	947.02	737.56	807.10	876.60	931.20	999.98	999.98	858.98	941.76	999.98
79	647.78	714.66	781.54	602.00	661.84	721.72	862.54	943.50	999.98	804.44	879.24	954.06	996.30	999.98	999.98	924.14	999.98	999.98
80				661.84	725.24					873.08	954.06					992.78	999.98	
81				719.96	787.70					943.50	999.98					999.98	999.98	
82				783.32	856.38					999.98	999.98					999.98	999.98	
83				846.70	925.02					999.98	999.98					999.98	999.98	
84				904.78	987.50					999.98	999.98					999.98	999.98	

EXHIBIT VII

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

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

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

Annual Premiums Per $10 Daily Benefit

2 YEAR BENEFIT PERIOD																		
	No Benefit Increase Option						Simple Benefit Option						Compound Benefit Option					
	20 Day Elimination Period			*90 Day Elimination Period*			*20 Day Elimination Period*			*90 Day Elimination Period*			*20 Day Elimination Period*			*90 Day Elimination Period*		
Issue	*Home Care Percentage*			*Home Care Percentage*			*Home Care Percentage*			*Home Care Percentage*			*Home Care Percentage*			*Home Care Percentage*		
Age	*50%*	*75%*	*100%*	*50%*	*75%*	*100%*	*50%*	*75%*	*100%*	*50%*	*75%*	*100%*	*50%*	*75%*	*100%*	*50%*	*75%*	*100%*
40	47.54	55.48	63.36	36.98	43.14	49.26	75.70	87.14	98.58	59.84	68.66	77.44	107.38	120.62	133.80	86.28	97.70	109.14
41	47.54	55.48	63.36	36.98	43.14	49.26	75.70	87.14	98.58	59.84	68.66	77.44	107.38	120.62	133.80	86.28	97.70	109.14
42	47.54	55.48	63.36	36.98	43.14	49.26	75.70	87.14	98.58	59.84	68.66	77.44	107.38	120.62	133.80	86.28	97.70	109.14
43	47.54	55.48	63.36	36.98	43.14	49.26	75.70	87.14	98.58	59.84	68.66	77.44	107.38	120.62	133.80	86.28	97.70	109.14
44	47.54	55.48	63.36	36.98	43.14	49.26	75.70	87.14	98.58	59.84	68.66	77.44	107.38	120.62	133.80	86.28	97.70	109.14
45	47.54	55.48	63.36	36.98	43.14	49.26	75.70	87.14	98.58	59.84	68.66	77.44	107.38	120.62	133.80	86.28	97.70	109.14
46	47.54	55.48	63.36	36.98	43.14	49.26	75.70	87.14	98.58	59.84	68.66	77.44	107.38	120.62	133.80	86.28	97.70	109.14
47	47.54	55.48	63.36	36.98	43.14	49.26	79.22	90.66	102.10	63.36	72.18	80.96	112.66	126.76	140.82	93.32	104.74	116.18
48	49.26	58.12	66.88	38.74	45.78	52.84	80.96	93.32	105.62	66.88	77.44	88.02	112.66	126.76	140.82	98.58	110.90	123.24
49	49.26	58.12	66.88	38.74	45.78	52.84	84.48	96.84	109.14	70.40	80.96	91.54	117.94	132.92	147.86	98.58	110.90	123.24
50	56.36	66.88	77.44	44.02	51.96	59.84	89.80	103.00	116.18	75.70	87.14	98.58	117.94	132.92	147.86	103.86	117.08	130.28
51	56.36	66.88	77.44	44.02	51.96	59.84	89.80	103.00	116.18	75.70	87.14	98.58	123.24	139.08	154.88	107.38	120.62	133.80
52	56.36	66.88	77.44	44.02	51.96	59.84	96.84	110.04	123.24	79.22	90.66	102.10	123.24	139.08	154.88	107.38	120.62	133.80
53	58.12	69.52	80.96	45.78	54.60	63.36	98.58	112.66	126.76	80.96	93.32	105.62	133.80	151.36	168.98	112.66	126.76	140.82
54	58.12	69.52	80.96	45.78	54.60	63.36	102.10	116.18	130.28	84.48	96.84	109.14	133.80	151.36	168.98	116.18	130.28	144.34
55	66.88	79.22	91.54	52.84	63.36	73.92	107.38	122.36	137.32	89.80	103.00	116.18	139.08	157.58	176.02	121.48	136.44	151.36
56	70.40	82.74	95.06	52.84	63.36	73.92	110.90	125.88	140.82	96.84	110.04	123.24	144.34	163.74	183.06	130.28	146.12	161.94
57	75.70	88.92	102.10	58.12	69.52	80.96	119.70	135.56	151.36	105.62	119.70	133.80	153.16	173.40	193.64	137.32	154.88	172.50
58	80.96	95.06	109.14	66.88	79.22	91.54	126.76	144.34	161.94	110.90	125.88	140.82	165.46	186.58	207.72	146.12	164.58	183.06
59	86.28	101.22	116.18	70.40	82.74	95.06	139.08	157.58	176.02	119.70	135.56	151.36	174.28	196.28	218.28	151.36	170.76	190.10
60	95.06	110.90	126.76	75.70	88.92	102.10	144.34	163.74	183.06	126.76	144.34	161.94	183.06	205.96	228.86	163.74	183.96	204.20
61	102.10	117.94	133.80	80.96	95.06	109.14	153.16	173.40	193.64	139.08	157.58	176.02	193.64	218.28	242.92	168.98	190.10	211.24
62	109.14	126.76	144.34	84.48	98.58	112.66	158.44	179.54	200.68	144.34	163.74	183.06	205.96	231.50	256.98	174.28	196.28	218.28
63	114.42	132.92	151.36	89.80	104.74	119.70	170.76	192.76	214.76	153.16	173.40	193.64	214.76	241.18	267.56	183.06	205.96	228.86
64	119.70	139.08	158.44	95.06	110.90	126.76	176.02	198.92	221.78	158.44	179.54	200.68	223.56	250.86	278.12	190.10	214.76	239.40
65	128.52	148.76	168.98	105.62	123.24	140.82	186.58	211.24	235.88	170.76	192.76	214.76	235.88	264.04	292.20	202.44	227.98	253.46
66	146.12	168.10	190.10	119.70	139.08	158.44	207.72	234.14	260.50	186.58	211.24	235.88	265.84	296.64	327.40	220.04	247.34	274.60
67	161.94	186.58	211.24	133.80	154.88	176.02	225.30	253.46	281.64	204.20	230.62	256.98	290.44	323.02	355.56	241.18	270.20	299.26
68	183.06	209.48	235.88	151.36	174.28	197.16	249.96	281.64	313.32	218.28	246.44	274.60	320.36	355.56	390.78	262.32	294.84	327.40
69	197.16	225.30	253.46	167.24	192.76	218.28	271.08	304.54	337.98	234.14	264.96	295.72	350.32	388.14	425.98	283.40	317.74	352.06
70	221.78	253.46	285.16	184.82	212.12	239.40	293.96	330.06	366.12	251.74	284.28	316.84	380.22	420.72	461.18	308.06	345.92	383.74
71	235.88	269.34	302.78	198.92	227.98	256.98	316.84	355.56	394.28	265.84	300.16	334.46	408.38	450.64	492.86	325.66	365.24	404.86
72	253.46	288.68	323.88	218.28	249.96	281.64	334.46	374.94	415.42	283.40	319.50	355.56	438.34	483.20	528.08	346.80	388.14	429.50
73	272.84	310.70	348.54	232.36	265.84	299.26	357.36	400.46	443.60	299.26	337.98	376.70	468.22	515.78	563.28	367.94	412.80	457.66
74	290.44	330.06	369.66	249.96	285.16	320.36	380.22	425.98	471.74	316.84	357.36	397.80	496.38	545.70	594.96	389.02	435.66	482.32
75	309.82	352.06	394.28	269.34	307.18	345.02	403.12	451.54	499.90	330.92	373.18	415.42	528.08	580.88	633.70	415.42	464.70	514.00
76	353.84	400.46	447.12	308.06	349.44	390.78	440.08	492.86	545.70	367.94	414.56	461.18	570.30	626.66	682.96	459.44	513.14	566.78
77	397.80	448.90	499.90	355.56	401.32	447.12	482.32	538.64	594.96	408.38	459.44	510.48	614.36	675.06	735.80	503.42	561.54	619.62
78	441.86	497.28	552.74	401.32	452.42	503.42	519.30	580.02	640.74	443.60	498.16	552.74	661.84	727.00	792.12	549.22	610.82	672.40
79	485.82	545.70	605.52	440.08	494.64	549.22	561.54	627.56	693.54	489.34	549.22	609.04	704.10	772.76	841.40	593.22	659.24	725.24
80				489.34	549.22					524.56	587.92					635.46	705.00	
81				531.60	594.96					565.04	632.82					682.96	756.94	
82				577.34	646.02					607.30	680.34					727.00	805.32	
83				626.66	700.58					649.56	727.88					772.76	854.62	
84				672.40	751.64					693.54	776.28					816.76	903.02	

RIVERSOURCE LIFE INSURANCE COMPANY

Address: 227 Ameriprise Financial Center, Minneapolis, MN 55474

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

June 2017

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

1. Purpose of Filing

This supplement has been prepared for the purpose of demonstrating the compliance of the requested premium 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 premium rates before they are being used.

3. Demonstration of Compliance with Regulation 89.83

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

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

89.83(c): Revision of Current Rates.

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

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

(2)(i): The reason for 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 premium rate increase is considered an effective way to reduce projected losses.

The company is requesting a premium rate increase of 15% for policies issued with endorsement prior to September 16, 2002.

Tables with current premium rates are provided in Attachment 1, and premium rate tables with the requested rate increase are provided in Attachment 2. The average annual premium based on December 31, 2016 inforce before and after the requested premium rate increase for policies issued prior to September 16, 2002 is:

Before increase:	$2,127
After increase:	$2,446

These values assume all previously approved premium rate increases have been

implemented.

Attachment 3 provides nationwide experience for earned premiums and incurred claims, both before and after the requested premium rate increase. Attachment 4 provides nationwide experience for written premiums and paid claims, both before and after the requested premium rate increase. The actual and projected premiums in these attachments reflect the accumulated rate increases as approved in Pennsylvania and implemented on all policies from 2007 through 2016 on a nationwide basis.

Attachments 5 and 6 provide corresponding Pennsylvania-specific experience, where the actual and projected premiums reflect the accumulated rate increases previously approved in Pennsylvania and implemented on all policies, regardless of issue date, from 2007 through 2016.

Note that RiverSource Life does not view Pennsylvania-specific experience as fully credible but is providing it as required.

(2)(ii)(A): Four prior premium rate increases have been approved and implemented on this form, subject to endorsement, for policies issued prior to September 16, 2002. A 10% increase was approved in September 2007 and implemented on each contract's next policy anniversary beginning in December 2007. A 10% increase was approved in March 2011 and implemented on each contract's next policy anniversary beginning in June 2011. A 10% increase was approved in May 2013 and implemented on each contract's next policy anniversary beginning in August 2013. A 15% increase was approved in September 2015 and implemented on each contract's next policy anniversary beginning in December 2015.

(2)(ii)(B): A commission of 3.95% of premium is currently paid in most states. Commission rates were reduced in 2008, 2011, 2013 and 2016 so that commissions paid before and after the prior increases in premium are similar. In addition, as part of this rate increase process, the company anticipates adjusting commission rates so that the total commissions paid before and after this increase in premium are similar.

(2)(ii)(C)(I): Premiums earned and written since inception for nationwide experience are provided in Attachments 3 and 4, respectively. The actual and projected premiums in these attachments reflect the accumulated rate increases as approved in Pennsylvania and implemented on all policies from 2007 through 2016 on a nationwide basis.

Premiums earned and written since inception for Pennsylvania-specific experience are provided in Attachments 5 and 6, respectively. Note that the actual and projected premiums in these attachments reflect the accumulated rate increases previously approved in Pennsylvania and implemented on all policies, regardless of issue date, from 2007 through 2016.

Details of reserve balances and calculation basis for both nationwide and

Pennsylvania-specific experience are provided in Attachment 7.

(2)(ii)(C)(II): Claims incurred and paid since inception for nationwide experience are provided in Attachments 3 and 4, respectively.

Claims incurred and paid since inception for Pennsylvania-specific experience are provided in Attachments 5 and 6, respectively.

Attachments 8 and 9 provide a durational loss ratio analysis for nationwide and Pennsylvania-specific experience, respectively. The actual and projected premiums in Attachment 8 reflect the accumulated rate increases as approved in Pennsylvania and implemented on all policies from 2007 through 2016 on a nationwide basis, and the actual and projected premiums in Attachment 9 reflect the accumulated rate increases previously approved in Pennsylvania and implemented on all policies, regardless of issue date, from 2007 through 2016.

(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 premium rate increase filing is in agreement with those used in the annual statement filed with the Department.

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

Attachment 1

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

Current Annual Premiums
Policies Issued Prior to September 16, 2002

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

Annual Premiums Per $10 Daily Benefit

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

Attachment 1

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

Current Annual Premiums
Policies Issued Prior to September 16, 2002

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

Annual Premiums Per $10 Daily Benefit

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

Attachment 1

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

Current Annual Premiums
Policies Issued Prior to September 16, 2002

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

Annual Premiums Per $10 Daily Benefit

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

Attachment 1

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

Current Annual Premiums
Policies Issued Prior to September 16, 2002

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

Annual Premiums Per $10 Daily Benefit

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

Attachment 2

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

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

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

Annual Premiums Per $10 Daily Benefit

LIFETIME BENEFIT PERIOD																		
	No Benefit Increase Option						Simple Benefit Option						Compound Benefit Option					
	20 Day Elimination Period			*90 Day Elimination Period*			*20 Day Elimination Period*			*90 Day Elimination Period*			*20 Day Elimination Period*			*90 Day Elimination Period*		
Issue	*Home Care Percentage*			*Home Care Percentage*			*Home Care Percentage*			*Home Care Percentage*			*Home Care Percentage*			*Home Care Percentage*		
Age	*50%*	*75%*	*100%*	*50%*	*75%*	*100%*	*50%*	*75%*	*100%*	*50%*	*75%*	*100%*	*50%*	*75%*	*100%*	*50%*	*75%*	*100%*
40	98.58	112.66	126.76	80.96	93.32	105.62	156.70	178.66	200.68	144.34	163.74	183.06	211.24	237.66	264.04	190.10	213.00	235.88
41	98.58	112.66	126.76	80.96	93.32	105.62	156.70	178.66	200.68	144.34	163.74	183.06	211.24	237.66	264.04	190.10	213.00	235.88
42	98.58	112.66	126.76	80.96	93.32	105.62	156.70	178.66	200.68	144.34	163.74	183.06	211.24	237.66	264.04	190.10	213.00	235.88
43	98.58	112.66	126.76	80.96	93.32	105.62	156.70	178.66	200.68	144.34	163.74	183.06	211.24	237.66	264.04	190.10	213.00	235.88
44	98.58	112.66	126.76	80.96	93.32	105.62	156.70	178.66	200.68	144.34	163.74	183.06	211.24	237.66	264.04	190.10	213.00	235.88
45	98.58	112.66	126.76	80.96	93.32	105.62	156.70	178.66	200.68	144.34	163.74	183.06	211.24	237.66	264.04	190.10	213.00	235.88
46	98.58	112.66	126.76	80.96	93.32	105.62	160.22	182.18	204.20	144.34	163.74	183.06	218.28	244.70	271.08	197.16	220.04	242.92
47	100.34	115.30	130.28	82.74	95.96	109.14	168.98	191.88	214.76	149.64	169.88	190.10	227.10	254.38	281.64	204.20	228.86	253.46
48	100.34	115.30	130.28	86.28	99.48	112.66	176.02	200.68	225.30	153.16	173.40	193.64	239.40	267.56	295.72	209.48	235.02	260.50
49	105.62	121.48	137.32	88.02	102.10	116.18	179.54	204.20	228.86	154.88	176.02	197.16	248.22	277.24	306.30	216.52	242.06	267.56
50	105.62	121.48	137.32	91.54	105.62	119.70	184.82	210.36	235.88	158.44	179.54	200.68	265.84	296.64	327.40	221.78	248.22	274.60
51	109.14	126.76	144.34	93.32	108.26	123.24	190.10	216.52	242.92	167.24	189.22	211.24	272.84	303.66	334.46	227.10	254.38	281.64
52	112.66	130.28	147.86	93.32	108.26	123.24	193.64	220.04	246.44	167.24	189.22	211.24	281.64	313.32	345.02	237.66	264.96	292.20
53	114.42	132.92	151.36	102.10	117.94	133.80	198.92	226.22	253.46	172.50	195.40	218.28	290.44	323.02	355.56	242.92	271.08	299.26
54	114.42	132.92	151.36	102.10	117.94	133.80	207.72	235.88	264.04	176.02	198.92	221.78	302.78	336.24	369.66	248.22	277.24	306.30
55	119.70	139.08	158.44	109.14	126.76	144.34	213.00	242.06	271.08	183.06	207.72	232.36	315.10	349.44	383.74	258.76	289.58	320.36
56	128.52	148.76	168.98	112.66	130.28	147.86	227.10	257.90	288.68	195.40	220.92	246.44	334.46	369.66	404.86	278.12	309.82	341.50
57	140.82	161.94	183.06	121.48	139.96	158.44	242.92	274.60	306.30	211.24	237.66	264.04	350.32	386.38	422.46	297.50	330.06	362.60
58	149.64	171.62	193.64	130.28	149.64	168.98	255.26	287.80	320.36	223.56	250.86	278.12	371.42	409.28	447.12	313.32	346.80	380.22
59	158.44	181.30	204.20	139.08	159.34	179.54	274.60	308.06	341.50	239.40	267.56	295.72	390.78	429.50	468.22	332.72	367.06	401.32
60	172.50	197.16	221.78	147.86	168.98	190.10	286.92	321.26	355.56	258.76	289.58	320.36	406.64	446.24	485.82	348.54	383.74	418.94
61	181.30	206.84	232.36	154.88	176.02	197.16	302.78	337.98	373.18	274.60	306.30	337.98	425.98	466.46	506.94	367.94	404.00	440.08
62	190.10	216.52	242.92	160.22	182.18	204.20	318.62	354.70	390.78	286.92	319.50	352.06	441.86	483.20	524.56	389.02	426.88	464.70
63	198.92	226.22	253.46	172.50	195.40	218.28	336.24	374.08	411.90	302.78	336.24	369.66	461.18	503.42	545.70	404.86	443.60	482.32
64	211.24	239.40	267.56	183.06	207.72	232.36	348.54	387.26	425.98	315.10	349.44	383.74	480.56	523.68	566.78	424.24	463.82	503.42
65	223.56	254.38	285.16	191.88	217.40	242.92	369.66	410.16	450.64	336.24	372.30	408.38	501.68	546.60	591.44	441.86	483.20	524.56
66	262.32	294.84	327.40	223.56	250.86	278.12	427.76	470.86	514.00	383.74	422.46	461.18	570.30	617.88	665.36	498.16	543.08	587.92
67	306.30	341.50	376.70	265.84	296.64	327.40	487.60	534.24	580.88	434.80	476.16	517.52	640.74	691.80	742.84	552.74	600.26	647.78
68	348.54	387.26	425.98	299.26	332.72	366.12	545.70	594.96	644.26	487.60	532.50	577.34	705.88	759.58	813.24	609.04	660.12	711.14
69	396.06	437.46	478.80	336.24	372.30	408.38	602.00	654.84	707.62	542.16	589.70	637.22	781.54	839.66	897.74	663.64	717.30	770.98
70	438.34	483.20	528.08	371.42	411.04	450.64	661.84	718.18	774.50	591.44	642.50	693.54	850.22	910.94	971.66	714.66	770.98	827.34
71	477.04	523.68	570.30	406.64	448.02	489.34	721.72	781.54	841.40	640.74	693.54	746.36	915.34	978.70	999.98	770.98	830.86	890.68
72	524.56	573.82	623.14	441.86	486.72	531.60	779.80	842.30	904.78	695.32	750.76	806.20	991.02	999.98	999.98	825.58	888.06	950.54
73	566.78	619.62	672.40	478.80	526.34	573.82	839.66	905.68	971.66	744.60	803.58	862.54	999.98	999.98	999.98	881.88	947.92	999.98
74	607.30	662.76	718.18	514.00	565.04	616.10	897.74	966.42	999.98	795.64	857.26	918.86	999.98	999.98	999.98	936.46	999.98	999.98
75	656.60	715.56	774.50	554.50	608.16	661.84	962.84	999.98	999.98	851.96	917.10	982.22	999.98	999.98	999.98	998.06	999.98	999.98
76	709.38	775.40	841.40	600.26	661.00	721.72	999.98	999.98	999.98	917.10	990.16	999.98	999.98	999.98	999.98	999.98	999.98	999.98
77	765.74	838.78	911.82	646.02	713.78	781.54	999.98	999.98	999.98	978.70	999.98	999.98	999.98	999.98	999.98	999.98	999.98	999.98
78	818.52	898.64	978.70	691.80	766.60	841.40	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	874.86	962.00	999.98	737.56	819.40	901.26	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, MN 55474

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

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

Annual Premiums Per $10 Daily Benefit

6 YEAR BENEFIT PERIOD																		
	No Benefit Increase Option						Simple Benefit Option						Compound Benefit Option					
	20 Day Elimination Period			*90 Day Elimination Period*			*20 Day Elimination Period*			*90 Day Elimination Period*			*20 Day Elimination Period*			*90 Day Elimination Period*		
Issue	*Home Care Percentage*			*Home Care Percentage*			*Home Care Percentage*			*Home Care Percentage*			*Home Care Percentage*			*Home Care Percentage*		
Age	*50%*	*75%*	*100%*	*50%*	*75%*	*100%*	*50%*	*75%*	*100%*	*50%*	*75%*	*100%*	*50%*	*75%*	*100%*	*50%*	*75%*	*100%*
40	80.96	93.32	105.62	70.40	80.96	91.54	116.18	132.04	147.86	98.58	112.66	126.76	168.98	190.10	211.24	140.82	158.44	176.02
41	80.96	93.32	105.62	70.40	80.96	91.54	116.18	132.04	147.86	98.58	112.66	126.76	168.98	190.10	211.24	140.82	158.44	176.02
42	80.96	93.32	105.62	70.40	80.96	91.54	116.18	132.04	147.86	98.58	112.66	126.76	168.98	190.10	211.24	140.82	158.44	176.02
43	80.96	93.32	105.62	70.40	80.96	91.54	116.18	132.04	147.86	98.58	112.66	126.76	168.98	190.10	211.24	140.82	158.44	176.02
44	80.96	93.32	105.62	70.40	80.96	91.54	116.18	132.04	147.86	98.58	112.66	126.76	168.98	190.10	211.24	140.82	158.44	176.02
45	80.96	93.32	105.62	70.40	80.96	91.54	116.18	132.04	147.86	98.58	112.66	126.76	168.98	190.10	211.24	140.82	158.44	176.02
46	80.96	93.32	105.62	70.40	80.96	91.54	116.18	132.04	147.86	98.58	112.66	126.76	168.98	190.10	211.24	144.34	161.94	179.54
47	82.74	95.96	109.14	70.40	80.96	91.54	123.24	140.82	158.44	102.10	116.18	130.28	174.28	196.28	218.28	149.64	168.10	186.58
48	82.74	95.96	109.14	72.18	83.60	95.06	128.52	147.00	165.46	107.38	122.36	137.32	177.80	199.80	221.78	153.16	171.62	190.10
49	84.48	98.58	112.66	72.18	83.60	95.06	135.56	154.00	172.50	110.90	125.88	140.82	183.06	205.96	228.86	161.94	181.30	200.68
50	88.02	102.10	116.18	77.44	89.80	102.10	140.82	160.22	179.54	116.18	132.04	147.86	186.58	209.48	232.36	170.76	191.02	211.24
51	89.80	104.74	119.70	77.44	89.80	102.10	146.12	166.38	186.58	116.18	132.04	147.86	193.64	218.28	242.92	174.28	194.54	214.76
52	89.80	104.74	119.70	77.44	89.80	102.10	149.64	169.88	190.10	119.70	135.56	151.36	200.68	225.30	249.96	179.54	200.68	221.78
53	91.54	107.38	123.24	79.22	92.44	105.62	154.88	176.02	197.16	126.76	144.34	161.94	205.96	231.50	256.98	183.06	204.20	225.30
54	91.54	107.38	123.24	79.22	92.44	105.62	160.22	182.18	204.20	133.80	151.36	168.98	209.48	235.02	260.50	188.34	210.36	232.36
55	98.58	116.18	133.80	84.48	98.58	112.66	168.98	191.88	214.76	139.08	157.58	176.02	214.76	241.18	267.56	200.68	223.56	246.44
56	105.62	123.24	140.82	88.02	102.10	116.18	179.54	204.20	228.86	147.86	167.24	186.58	227.10	254.38	281.64	211.24	235.88	260.50
57	114.42	132.92	151.36	93.32	108.26	123.24	188.34	213.88	239.40	156.70	176.92	197.16	242.92	271.08	299.26	223.56	249.10	274.60
58	123.24	142.60	161.94	102.10	117.94	133.80	204.20	230.62	256.98	172.50	193.64	214.76	262.32	291.32	320.36	239.40	265.84	292.20
59	128.52	148.76	168.98	112.66	130.28	147.86	213.00	240.30	267.56	181.30	203.32	225.30	276.36	307.18	337.98	251.74	279.02	306.30
60	140.82	161.94	183.06	117.94	136.44	154.88	225.30	253.46	281.64	197.16	220.04	242.92	295.72	327.40	359.08	267.56	295.72	323.88
61	147.86	168.98	190.10	121.48	139.96	158.44	237.66	266.68	295.72	207.72	232.36	256.98	308.06	340.64	373.18	279.88	308.94	337.98
62	153.16	175.14	197.16	130.28	149.64	168.98	248.22	279.02	309.82	216.52	242.06	267.56	320.36	353.84	387.26	297.50	328.30	359.08
63	161.94	184.82	207.72	139.08	159.34	179.54	260.50	292.20	323.88	232.36	258.76	285.16	339.76	374.08	408.38	309.82	341.50	373.18
64	176.02	200.68	225.30	144.34	165.46	186.58	272.84	305.42	337.98	241.18	268.48	295.72	355.56	390.78	425.98	325.66	358.20	390.78
65	184.82	210.36	235.88	153.16	175.14	197.16	286.92	321.26	355.56	255.26	284.28	313.32	374.94	412.80	450.64	337.98	371.42	404.86
66	213.00	240.30	267.56	179.54	204.20	228.86	325.66	363.50	401.32	295.72	327.40	359.08	425.98	466.46	506.94	374.94	411.04	447.12
67	244.70	275.50	306.30	207.72	234.14	260.50	369.66	410.16	450.64	336.24	370.58	404.86	477.04	521.94	566.78	415.42	455.92	496.38
68	272.84	305.42	337.98	228.86	256.98	285.16	410.16	453.28	496.38	374.94	412.80	450.64	528.08	575.60	623.14	459.44	502.56	545.70
69	302.78	337.98	373.18	260.50	292.20	323.88	448.90	495.52	542.16	413.68	453.28	492.86	582.66	634.60	686.50	499.90	547.46	594.96
70	330.92	369.66	408.38	288.68	322.14	355.56	492.86	542.16	591.44	454.16	496.38	538.64	630.18	684.76	739.32	543.96	595.86	647.78
71	359.08	399.58	440.08	313.32	348.54	383.74	535.12	587.92	640.74	496.38	542.16	587.92	684.76	743.72	802.68	584.40	638.98	693.54
72	389.02	432.14	475.28	345.02	383.74	422.46	572.08	627.56	682.96	531.60	579.14	626.66	735.80	797.42	858.98	624.92	683.88	742.84
73	418.94	464.70	510.48	369.66	410.16	450.64	614.36	673.30	732.28	577.34	628.42	679.44	786.84	852.86	918.86	665.36	727.00	788.58
74	448.90	497.28	545.70	397.80	440.08	482.32	658.36	719.96	781.54	614.36	668.02	721.72	837.90	906.54	975.18	705.88	771.88	837.90
75	484.08	536.02	587.92	425.98	471.74	517.52	702.36	768.38	834.38	654.84	711.14	767.46	895.98	969.06	999.98	751.64	821.16	890.68
76	543.96	599.38	654.84	485.82	535.12	584.40	783.32	854.62	925.88	735.80	797.42	858.98	978.70	999.98	999.98	834.38	910.06	985.74
77	605.52	665.36	725.24	547.46	601.12	654.84	862.54	938.24	999.98	816.76	883.64	950.54	999.98	999.98	999.98	920.62	999.98	999.98
78	665.36	728.76	792.12	609.04	667.14	725.24	948.80	999.98	999.98	903.02	976.08	999.98	999.98	999.98	999.98	999.98	999.98	999.98
79	732.28	800.92	869.56	674.18	736.70	799.16	999.98	999.98	999.98	987.50	999.98	999.98	999.98	999.98	999.98	999.98	999.98	999.98

Attachment 2

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

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

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

Annual Premiums Per $10 Daily Benefit

4 YEAR BENEFIT PERIOD																		
	No Benefit Increase Option						Simple Benefit Option						Compound Benefit Option					
	20 Day Elimination Period			*90 Day Elimination Period*			*20 Day Elimination Period*			*90 Day Elimination Period*			*20 Day Elimination Period*			*90 Day Elimination Period*		
Issue	*Home Care Percentage*			*Home Care Percentage*			*Home Care Percentage*			*Home Care Percentage*			*Home Care Percentage*			*Home Care Percentage*		
Age	*50%*	*75%*	*100%*	*50%*	*75%*	*100%*	*50%*	*75%*	*100%*	*50%*	*75%*	*100%*	*50%*	*75%*	*100%*	*50%*	*75%*	*100%*
40	66.88	77.44	88.02	47.54	55.48	63.36	98.58	112.66	126.76	80.96	93.32	105.62	151.36	168.98	186.58	133.80	147.86	161.94
41	66.88	77.44	88.02	47.54	55.48	63.36	98.58	112.66	126.76	80.96	93.32	105.62	151.36	168.98	186.58	133.80	147.86	161.94
42	66.88	77.44	88.02	47.54	55.48	63.36	98.58	112.66	126.76	80.96	93.32	105.62	151.36	168.98	186.58	133.80	147.86	161.94
43	66.88	77.44	88.02	47.54	55.48	63.36	98.58	112.66	126.76	80.96	93.32	105.62	151.36	168.98	186.58	133.80	147.86	161.94
44	66.88	77.44	88.02	47.54	55.48	63.36	98.58	112.66	126.76	80.96	93.32	105.62	151.36	168.98	186.58	133.80	147.86	161.94
45	66.88	77.44	88.02	47.54	55.48	63.36	98.58	112.66	126.76	80.96	93.32	105.62	151.36	168.98	186.58	133.80	147.86	161.94
46	66.88	77.44	88.02	47.54	55.48	63.36	98.58	112.66	126.76	80.96	93.32	105.62	151.36	168.98	186.58	133.80	147.86	161.94
47	66.88	77.44	88.02	47.54	55.48	63.36	102.10	116.18	130.28	80.96	93.32	105.62	158.44	176.02	193.64	133.80	147.86	161.94
48	68.66	80.08	91.54	49.26	58.12	66.88	103.86	118.82	133.80	84.48	96.84	109.14	160.22	178.66	197.16	139.08	154.00	168.98
49	72.18	83.60	95.06	52.84	61.64	70.40	107.38	122.36	137.32	86.28	99.48	112.66	163.74	182.18	200.68	139.08	154.00	168.98
50	73.92	86.28	98.58	56.36	66.88	77.44	112.66	128.52	144.34	89.80	103.00	116.18	168.98	188.34	207.72	144.34	160.22	176.02
51	73.92	86.28	98.58	56.36	66.88	77.44	112.66	128.52	144.34	89.80	103.00	116.18	168.98	188.34	207.72	144.34	160.22	176.02
52	77.44	89.80	102.10	63.36	73.92	84.48	116.18	132.04	147.86	91.54	105.62	119.70	172.50	191.88	211.24	144.34	160.22	176.02
53	79.22	92.44	105.62	65.14	76.56	88.02	119.70	137.32	154.88	98.58	112.66	126.76	174.28	194.54	214.76	151.36	168.98	186.58
54	79.22	92.44	105.62	65.14	76.56	88.02	123.24	140.82	158.44	98.58	112.66	126.76	177.80	198.06	218.28	151.36	168.98	186.58
55	84.48	98.58	112.66	70.40	82.74	95.06	128.52	147.00	165.46	103.86	118.82	133.80	183.06	204.20	225.30	160.22	178.66	197.16
56	88.02	102.10	116.18	73.92	86.28	98.58	140.82	160.22	179.54	112.66	128.52	144.34	195.40	217.40	239.40	168.98	188.34	207.72
57	93.32	108.26	123.24	79.22	92.44	105.62	149.64	169.88	190.10	123.24	140.82	158.44	204.20	227.10	249.96	177.80	198.06	218.28
58	102.10	117.94	133.80	84.48	98.58	112.66	158.44	179.54	200.68	135.56	154.00	172.50	220.04	245.58	271.08	186.58	207.72	228.86
59	112.66	130.28	147.86	89.80	104.74	119.70	170.76	192.76	214.76	144.34	163.74	183.06	232.36	258.76	285.16	204.20	227.10	249.96
60	117.94	136.44	154.88	102.10	117.94	133.80	183.06	207.72	232.36	158.44	179.54	200.68	246.44	274.60	302.78	214.76	239.40	264.04
61	123.24	142.60	161.94	105.62	121.48	137.32	191.88	217.40	242.92	170.76	192.76	214.76	255.26	284.28	313.32	223.56	249.10	274.60
62	132.04	152.28	172.50	112.66	130.28	147.86	204.20	230.62	256.98	179.54	202.44	225.30	269.34	300.16	330.92	241.18	268.48	295.72
63	140.82	161.94	183.06	117.94	136.44	154.88	213.00	240.30	267.56	190.10	214.76	239.40	283.40	315.98	348.54	249.96	278.12	306.30
64	146.12	168.10	190.10	123.24	142.60	161.94	221.78	249.96	278.12	202.44	227.98	253.46	292.20	325.66	359.08	262.32	291.32	320.36
65	154.88	177.80	200.68	132.04	152.28	172.50	241.18	271.98	302.78	216.52	243.82	271.08	309.82	345.02	380.22	278.12	309.82	341.50
66	181.30	206.84	232.36	153.16	175.14	197.16	272.84	305.42	337.98	244.70	273.72	302.78	348.54	387.26	425.98	311.58	345.92	380.22
67	207.72	235.88	264.04	179.54	204.20	228.86	306.30	341.50	376.70	279.88	312.46	345.02	389.02	430.40	471.74	350.32	388.14	425.98
68	230.62	261.44	292.20	204.20	230.62	256.98	345.02	383.74	422.46	311.58	345.92	380.22	434.80	479.68	524.56	387.26	427.76	468.22
69	256.98	290.44	323.88	221.78	249.96	278.12	378.46	419.84	461.18	343.28	381.12	418.94	477.04	525.46	573.82	431.28	476.16	521.04
70	283.40	319.50	355.56	249.96	281.64	313.32	417.20	462.10	506.94	376.70	417.20	457.66	519.30	571.20	623.14	468.22	515.78	563.28
71	309.82	348.54	387.26	274.60	308.06	341.50	450.64	498.16	545.70	408.38	450.64	492.86	559.76	614.36	668.88	503.42	554.50	605.52
72	332.72	374.08	415.42	292.20	327.40	362.60	485.82	536.88	587.92	440.08	485.82	531.60	603.78	662.76	721.72	542.16	596.74	651.32
73	357.36	400.46	443.60	318.62	356.48	394.28	522.82	576.48	630.18	471.74	519.30	566.78	644.26	705.88	767.46	580.88	638.98	697.06
74	385.50	432.14	478.80	343.28	382.86	422.46	559.76	616.10	672.40	506.94	558.02	609.04	690.02	755.18	820.28	617.88	678.56	739.32
75	415.42	464.70	514.00	369.66	411.90	454.16	598.48	658.36	718.18	540.40	594.10	647.78	732.28	800.92	869.56	661.84	727.00	792.12
76	473.52	527.20	580.88	424.24	470.86	517.52	661.84	727.00	792.12	603.78	662.76	721.72	797.42	872.20	947.02	727.00	798.28	869.56
77	528.08	586.18	644.26	482.32	533.38	584.40	727.00	796.54	866.04	668.88	732.28	795.64	862.54	943.50	999.98	790.38	866.96	943.50
78	587.92	649.56	711.14	542.16	596.74	651.32	795.64	871.34	947.02	737.56	807.10	876.60	931.20	999.98	999.98	858.98	941.76	999.98
79	647.78	714.66	781.54	602.00	661.84	721.72	862.54	943.50	999.98	804.44	879.24	954.06	996.30	999.98	999.98	924.14	999.98	999.98
80				661.84	725.24					873.08	954.06					992.78	999.98	
81				719.96	787.70					943.50	999.98					999.98	999.98	
82				783.32	856.38					999.98	999.98					999.98	999.98	
83				846.70	925.02					999.98	999.98					999.98	999.98	
84				904.78	987.50					999.98	999.98					999.98	999.98	

Attachment 2

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

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

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

Annual Premiums Per $10 Daily Benefit

2 YEAR BENEFIT PERIOD																		
	No Benefit Increase Option						Simple Benefit Option						Compound Benefit Option					
	20 Day Elimination Period			*90 Day Elimination Period*			*20 Day Elimination Period*			*90 Day Elimination Period*			*20 Day Elimination Period*			*90 Day Elimination Period*		
Issue	*Home Care Percentage*			*Home Care Percentage*			*Home Care Percentage*			*Home Care Percentage*			*Home Care Percentage*			*Home Care Percentage*		
Age	*50%*	*75%*	*100%*	*50%*	*75%*	*100%*	*50%*	*75%*	*100%*	*50%*	*75%*	*100%*	*50%*	*75%*	*100%*	*50%*	*75%*	*100%*
40	47.54	55.48	63.36	36.98	43.14	49.26	75.70	87.14	98.58	59.84	68.66	77.44	107.38	120.62	133.80	86.28	97.70	109.14
41	47.54	55.48	63.36	36.98	43.14	49.26	75.70	87.14	98.58	59.84	68.66	77.44	107.38	120.62	133.80	86.28	97.70	109.14
42	47.54	55.48	63.36	36.98	43.14	49.26	75.70	87.14	98.58	59.84	68.66	77.44	107.38	120.62	133.80	86.28	97.70	109.14
43	47.54	55.48	63.36	36.98	43.14	49.26	75.70	87.14	98.58	59.84	68.66	77.44	107.38	120.62	133.80	86.28	97.70	109.14
44	47.54	55.48	63.36	36.98	43.14	49.26	75.70	87.14	98.58	59.84	68.66	77.44	107.38	120.62	133.80	86.28	97.70	109.14
45	47.54	55.48	63.36	36.98	43.14	49.26	75.70	87.14	98.58	59.84	68.66	77.44	107.38	120.62	133.80	86.28	97.70	109.14
46	47.54	55.48	63.36	36.98	43.14	49.26	75.70	87.14	98.58	59.84	68.66	77.44	107.38	120.62	133.80	86.28	97.70	109.14
47	47.54	55.48	63.36	36.98	43.14	49.26	79.22	90.66	102.10	63.36	72.18	80.96	112.66	126.76	140.82	93.32	104.74	116.18
48	49.26	58.12	66.88	38.74	45.78	52.84	80.96	93.32	105.62	66.88	77.44	88.02	112.66	126.76	140.82	98.58	110.90	123.24
49	49.26	58.12	66.88	38.74	45.78	52.84	84.48	96.84	109.14	70.40	80.96	91.54	117.94	132.92	147.86	98.58	110.90	123.24
50	56.36	66.88	77.44	44.02	51.96	59.84	89.80	103.00	116.18	75.70	87.14	98.58	117.94	132.92	147.86	103.86	117.08	130.28
51	56.36	66.88	77.44	44.02	51.96	59.84	89.80	103.00	116.18	75.70	87.14	98.58	123.24	139.08	154.88	107.38	120.62	133.80
52	56.36	66.88	77.44	44.02	51.96	59.84	96.84	110.04	123.24	79.22	90.66	102.10	123.24	139.08	154.88	107.38	120.62	133.80
53	58.12	69.52	80.96	45.78	54.60	63.36	98.58	112.66	126.76	80.96	93.32	105.62	133.80	151.36	168.98	112.66	126.76	140.82
54	58.12	69.52	80.96	45.78	54.60	63.36	102.10	116.18	130.28	84.48	96.84	109.14	133.80	151.36	168.98	116.18	130.28	144.34
55	66.88	79.22	91.54	52.84	63.36	73.92	107.38	122.36	137.32	89.80	103.00	116.18	139.08	157.58	176.02	121.48	136.44	151.36
56	70.40	82.74	95.06	52.84	63.36	73.92	110.90	125.88	140.82	96.84	110.04	123.24	144.34	163.74	183.06	130.28	146.12	161.94
57	75.70	88.92	102.10	58.12	69.52	80.96	119.70	135.56	151.36	105.62	119.70	133.80	153.16	173.40	193.64	137.32	154.88	172.50
58	80.96	95.06	109.14	66.88	79.22	91.54	126.76	144.34	161.94	110.90	125.88	140.82	165.46	186.58	207.72	146.12	164.58	183.06
59	86.28	101.22	116.18	70.40	82.74	95.06	139.08	157.58	176.02	119.70	135.56	151.36	174.28	196.28	218.28	151.36	170.76	190.10
60	95.06	110.90	126.76	75.70	88.92	102.10	144.34	163.74	183.06	126.76	144.34	161.94	183.06	205.96	228.86	163.74	183.96	204.20
61	102.10	117.94	133.80	80.96	95.06	109.14	153.16	173.40	193.64	139.08	157.58	176.02	193.64	218.28	242.92	168.98	190.10	211.24
62	109.14	126.76	144.34	84.48	98.58	112.66	158.44	179.54	200.68	144.34	163.74	183.06	205.96	231.50	256.98	174.28	196.28	218.28
63	114.42	132.92	151.36	89.80	104.74	119.70	170.76	192.76	214.76	153.16	173.40	193.64	214.76	241.18	267.56	183.06	205.96	228.86
64	119.70	139.08	158.44	95.06	110.90	126.76	176.02	198.92	221.78	158.44	179.54	200.68	223.56	250.86	278.12	190.10	214.76	239.40
65	128.52	148.76	168.98	105.62	123.24	140.82	186.58	211.24	235.88	170.76	192.76	214.76	235.88	264.04	292.20	202.44	227.98	253.46
66	146.12	168.10	190.10	119.70	139.08	158.44	207.72	234.14	260.50	186.58	211.24	235.88	265.84	296.64	327.40	220.04	247.34	274.60
67	161.94	186.58	211.24	133.80	154.88	176.02	225.30	253.46	281.64	204.20	230.62	256.98	290.44	323.02	355.56	241.18	270.20	299.26
68	183.06	209.48	235.88	151.36	174.28	197.16	249.96	281.64	313.32	218.28	246.44	274.60	320.36	355.56	390.78	262.32	294.84	327.40
69	197.16	225.30	253.46	167.24	192.76	218.28	271.08	304.54	337.98	234.14	264.96	295.72	350.32	388.14	425.98	283.40	317.74	352.06
70	221.78	253.46	285.16	184.82	212.12	239.40	293.96	330.06	366.12	251.74	284.28	316.84	380.22	420.72	461.18	308.06	345.92	383.74
71	235.88	269.34	302.78	198.92	227.98	256.98	316.84	355.56	394.28	265.84	300.16	334.46	408.38	450.64	492.86	325.66	365.24	404.86
72	253.46	288.68	323.88	218.28	249.96	281.64	334.46	374.94	415.42	283.40	319.50	355.56	438.34	483.20	528.08	346.80	388.14	429.50
73	272.84	310.70	348.54	232.36	265.84	299.26	357.36	400.46	443.60	299.26	337.98	376.70	468.22	515.78	563.28	367.94	412.80	457.66
74	290.44	330.06	369.66	249.96	285.16	320.36	380.22	425.98	471.74	316.84	357.36	397.80	496.38	545.70	594.96	389.02	435.66	482.32
75	309.82	352.06	394.28	269.34	307.18	345.02	403.12	451.54	499.90	330.92	373.18	415.42	528.08	580.88	633.70	415.42	464.70	514.00
76	353.84	400.46	447.12	308.06	349.44	390.78	440.08	492.86	545.70	367.94	414.56	461.18	570.30	626.66	682.96	459.44	513.14	566.78
77	397.80	448.90	499.90	355.56	401.32	447.12	482.32	538.64	594.96	408.38	459.44	510.48	614.36	675.06	735.80	503.42	561.54	619.62
78	441.86	497.28	552.74	401.32	452.42	503.42	519.30	580.02	640.74	443.60	498.16	552.74	661.84	727.00	792.12	549.22	610.82	672.40
79	485.82	545.70	605.52	440.08	494.64	549.22	561.54	627.56	693.54	489.34	549.22	609.04	704.10	772.76	841.40	593.22	659.24	725.24
80				489.34	549.22					524.56	587.92					635.46	705.00	
81				531.60	594.96					565.04	632.82					682.96	756.94	
82				577.34	646.02					607.30	680.34					727.00	805.32	
83				626.66	700.58					649.56	727.88					772.76	854.62	
84				672.40	751.64					693.54	776.28					816.76	903.02	

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

		Loss Ratio Demonstration						Interest Rate Factors	
		Without Interest			With Interest				
	Calendar Year	Earned Premiums	Incurred Claims	Loss Ratio	Earned Premiums	Incurred Claims	Loss Ratio	Calendar Year Effective Int Rate	Mid-Year Disc / Accum Factor
Historical Experience	2000	3,315,277	0	0.0%	6,853,913	0	0.0%	4.50%	2.0674
	2001	26,853,063	521,781	1.9%	53,124,680	1,032,264	1.9%	4.50%	1.9783
	2002	48,216,250	2,022,911	4.2%	91,280,843	3,829,685	4.2%	4.50%	1.8932
	2003	58,072,841	1,472,260	2.5%	105,206,602	2,667,193	2.5%	4.50%	1.8116
	2004	55,093,233	4,387,605	8.0%	95,510,669	7,606,435	8.0%	4.50%	1.7336
	2005	53,271,422	7,130,941	13.4%	88,375,448	11,829,984	13.4%	4.50%	1.6590
	2006	51,921,930	6,277,520	12.1%	82,427,452	9,965,731	12.1%	4.50%	1.5875
	2007	50,894,571	13,543,924	26.6%	77,317,218	20,575,446	26.6%	4.50%	1.5192
	2008	52,273,899	9,376,809	17.9%	75,992,961	13,631,497	17.9%	4.50%	1.4537
	2009	51,630,345	18,077,400	35.0%	71,825,260	25,148,272	35.0%	4.50%	1.3911
	2010	50,395,824	18,410,403	36.5%	67,088,865	24,508,638	36.5%	4.50%	1.3312
	2011	50,246,372	26,819,222	53.4%	64,009,482	34,165,343	53.4%	4.50%	1.2739
	2012	52,584,364	26,721,148	50.8%	64,103,232	32,574,549	50.8%	4.50%	1.2191
	2013	52,659,808	27,155,307	51.6%	61,430,817	31,678,290	51.6%	4.50%	1.1666
	2014	54,781,726	30,086,008	54.9%	61,154,220	33,585,769	54.9%	4.50%	1.1163
	2015	53,955,004	44,873,243	83.2%	57,637,636	47,936,011	83.2%	4.50%	1.0683
	2016	58,118,759	48,612,634	83.6%	59,412,042	49,694,383	83.6%	4.50%	1.0223
Projected Future Experience	2017	58,091,394	41,629,678	71.7%	56,826,859	40,723,482	71.7%	4.50%	0.9782
	2018	55,891,254	44,422,632	79.5%	52,320,202	41,584,343	79.5%	4.50%	0.9361
	2019	53,619,348	47,866,162	89.3%	48,032,015	42,878,332	89.3%	4.50%	0.8958
	2020	51,288,295	51,916,226	101.2%	43,965,422	44,503,698	101.2%	4.50%	0.8572
	2021	48,897,490	56,390,850	115.3%	40,110,979	46,257,838	115.3%	4.50%	0.8203
	2022	46,441,007	60,963,586	131.3%	36,455,413	47,855,395	131.3%	4.50%	0.7850
	2023	43,935,392	65,667,300	149.5%	33,003,395	49,327,974	149.5%	4.50%	0.7512
	2024	41,408,056	70,485,332	170.2%	29,765,465	50,667,161	170.2%	4.50%	0.7188
	2025	38,860,583	75,366,066	193.9%	26,731,347	51,842,672	193.9%	4.50%	0.6879
	2026	36,296,568	80,211,926	221.0%	23,892,456	52,800,032	221.0%	4.50%	0.6583
	2027	33,733,835	84,978,010	251.9%	21,249,302	53,528,554	251.9%	4.50%	0.6299
	2028	31,183,393	89,476,322	286.9%	18,796,891	53,935,012	286.9%	4.50%	0.6028
	2029	28,645,951	93,180,605	325.3%	16,523,788	53,749,186	325.3%	4.50%	0.5768
	2030	26,135,971	95,924,912	367.0%	14,426,757	52,949,454	367.0%	4.50%	0.5520
	2031	23,684,211	97,782,482	412.9%	12,510,444	51,650,537	412.9%	4.50%	0.5282
	2032	21,312,432	98,826,444	463.7%	10,772,848	49,954,045	463.7%	4.50%	0.5055
	2033	19,040,460	99,046,163	520.2%	9,209,979	47,909,194	520.2%	4.50%	0.4837
	2034	16,890,150	98,523,232	583.3%	7,818,050	45,604,066	583.3%	4.50%	0.4629
	2035	14,875,336	97,203,650	653.5%	6,588,938	43,055,754	653.5%	4.50%	0.4429
	2036	12,997,526	95,022,779	731.1%	5,509,257	40,277,274	731.1%	4.50%	0.4239
	2037	11,263,123	92,006,469	816.9%	4,568,513	37,319,379	816.9%	4.50%	0.4056
	2038	9,686,620	88,302,372	911.6%	3,759,863	34,274,579	911.6%	4.50%	0.3882
	2039	8,269,926	84,044,068	1016.3%	3,071,745	31,216,955	1016.3%	4.50%	0.3714
	2040	7,007,578	79,204,372	1130.3%	2,490,778	28,152,459	1130.3%	4.50%	0.3554
	2041	5,892,004	73,629,505	1249.7%	2,004,075	25,043,946	1249.7%	4.50%	0.3401
	2042	4,914,555	67,457,659	1372.6%	1,599,627	21,956,639	1372.6%	4.50%	0.3255
	2043	4,065,689	60,995,006	1500.2%	1,266,346	18,998,205	1500.2%	4.50%	0.3115
	2044	3,335,191	54,589,826	1636.8%	994,083	16,270,981	1636.8%	4.50%	0.2981
	2045	2,712,403	48,347,337	1782.5%	773,642	13,789,810	1782.5%	4.50%	0.2852
	2046	2,186,463	42,373,042	1938.0%	596,776	11,565,358	1938.0%	4.50%	0.2729
	2047	1,746,558	36,743,371	2103.8%	456,180	9,596,926	2103.8%	4.50%	0.2612
	2048	1,382,175	31,515,229	2280.1%	345,462	7,876,936	2280.1%	4.50%	0.2499
	2049	1,083,306	26,730,310	2467.5%	259,103	6,393,292	2467.5%	4.50%	0.2392
	2050	840,618	22,407,402	2665.6%	192,399	5,128,564	2665.6%	4.50%	0.2289
	2051	645,560	18,555,112	2874.3%	141,392	4,063,980	2874.3%	4.50%	0.2190
	2052	490,430	15,172,772	3093.8%	102,789	3,180,069	3093.8%	4.50%	0.2096
	2053	368,397	12,243,610	3323.5%	73,888	2,455,641	3323.5%	4.50%	0.2006
	2054	273,488	9,747,320	3564.1%	52,490	1,870,787	3564.1%	4.50%	0.1919
	2055	200,546	7,651,994	3815.6%	36,833	1,405,392	3815.6%	4.50%	0.1837
	2056	145,175	5,920,710	4078.3%	25,515	1,040,592	4078.3%	4.50%	0.1758
	2057	103,680	4,512,825	4352.6%	17,438	758,995	4352.6%	4.50%	0.1682
	2058	72,998	3,386,125	4638.7%	11,749	544,975	4638.7%	4.50%	0.1609
	2059	50,623	2,497,727	4934.0%	7,797	384,683	4934.0%	4.50%	0.1540
	2060	34,538	1,808,692	5236.8%	5,090	266,567	5236.8%	4.50%	0.1474
	2061	23,148	1,282,755	5541.6%	3,265	180,913	5541.6%	4.50%	0.1410
	2062	15,210	888,930	5844.3%	2,053	119,971	5844.3%	4.50%	0.1350
	2063	9,775	600,532	6143.6%	1,262	77,558	6143.6%	4.50%	0.1291
	2064	6,125	394,407	6439.1%	757	48,744	6439.1%	4.50%	0.1236
	2065	3,728	251,259	6739.0%	441	29,715	6739.0%	4.50%	0.1183
	2066	2,195	154,542	7041.6%	248	17,490	7041.6%	4.50%	0.1132
	Past	824,284,689	285,489,117	34.6%	1,182,751,342	350,429,490	29.6%		
	Future	770,060,476	2,438,299,634	316.6%	537,371,405	1,245,084,103	231.7%		
	Lifetime	1,594,345,165	2,723,788,751	170.8%	1,720,122,747	1,595,513,593	92.8%		

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

		Loss Ratio Demonstration						Interest Rate Factors	
		Without Interest			With Interest				
	Calendar Year	Earned Premiums	Incurred Claims	Loss Ratio	Earned Premiums	Incurred Claims	Loss Ratio	Calendar Year Effective Int Rate	Mid-Year Disc / Accum Factor
Historical Experience	2000	3,315,277	0	0.0%	6,853,913	0	0.0%	4.50%	2.0674
	2001	26,853,063	521,781	1.9%	53,124,680	1,032,264	1.9%	4.50%	1.9783
	2002	48,216,250	2,022,911	4.2%	91,280,843	3,829,685	4.2%	4.50%	1.8932
	2003	58,072,841	1,472,260	2.5%	105,206,602	2,667,193	2.5%	4.50%	1.8116
	2004	55,093,233	4,387,605	8.0%	95,510,669	7,606,435	8.0%	4.50%	1.7336
	2005	53,271,422	7,130,941	13.4%	88,375,448	11,829,984	13.4%	4.50%	1.6590
	2006	51,921,930	6,277,520	12.1%	82,427,452	9,965,731	12.1%	4.50%	1.5875
	2007	50,894,571	13,543,924	26.6%	77,317,218	20,575,446	26.6%	4.50%	1.5192
	2008	52,273,899	9,376,809	17.9%	75,992,961	13,631,497	17.9%	4.50%	1.4537
	2009	51,630,345	18,077,400	35.0%	71,825,260	25,148,272	35.0%	4.50%	1.3911
	2010	50,395,824	18,410,403	36.5%	67,088,865	24,508,638	36.5%	4.50%	1.3312
	2011	50,246,372	26,819,222	53.4%	64,009,482	34,165,343	53.4%	4.50%	1.2739
	2012	52,584,364	26,721,148	50.8%	64,103,232	32,574,549	50.8%	4.50%	1.2191
	2013	52,659,808	27,155,307	51.6%	61,430,817	31,678,290	51.6%	4.50%	1.1666
	2014	54,781,726	30,086,008	54.9%	61,154,220	33,585,769	54.9%	4.50%	1.1163
	2015	53,955,004	44,873,243	83.2%	57,637,636	47,936,011	83.2%	4.50%	1.0683
	2016	58,118,759	48,612,634	83.6%	59,412,042	49,694,383	83.6%	4.50%	1.0223
Projected Future Experience	2017	58,724,547	41,613,685	70.9%	57,446,230	40,707,838	70.9%	4.50%	0.9782
	2018	61,780,947	44,566,538	72.1%	57,833,587	41,719,055	72.1%	4.50%	0.9361
	2019	60,517,588	47,725,754	78.9%	54,211,433	42,752,555	78.9%	4.50%	0.8958
	2020	57,886,793	51,278,972	88.6%	49,621,795	43,957,430	88.6%	4.50%	0.8572
	2021	55,188,552	55,560,540	100.7%	45,271,584	45,576,729	100.7%	4.50%	0.8203
	2022	52,416,165	60,045,011	114.6%	41,145,813	47,134,329	114.6%	4.50%	0.7850
	2023	49,588,300	64,657,116	130.4%	37,249,747	48,569,143	130.4%	4.50%	0.7512
	2024	46,735,898	69,380,689	148.5%	33,595,291	49,873,108	148.5%	4.50%	0.7188
	2025	43,860,749	74,165,094	169.1%	30,170,852	51,016,550	169.1%	4.50%	0.6879
	2026	40,966,910	78,914,503	192.6%	26,966,740	51,945,994	192.6%	4.50%	0.6583
	2027	38,074,502	83,584,852	219.5%	23,983,534	52,650,989	219.5%	4.50%	0.6299
	2028	35,195,950	87,991,516	250.0%	21,215,602	53,039,993	250.0%	4.50%	0.6028
	2029	32,332,055	91,617,432	283.4%	18,650,036	52,847,504	283.4%	4.50%	0.5768
	2030	29,499,139	94,299,808	319.7%	16,283,187	52,052,415	319.7%	4.50%	0.5520
	2031	26,731,920	96,110,963	359.5%	14,120,300	50,767,610	359.5%	4.50%	0.5282
	2032	24,054,965	97,123,100	403.8%	12,159,122	49,093,052	403.8%	4.50%	0.5055
	2033	21,490,651	97,326,062	452.9%	10,395,150	47,077,171	452.9%	4.50%	0.4837
	2034	19,063,647	96,800,204	507.8%	8,824,110	44,806,517	507.8%	4.50%	0.4629
	2035	16,789,570	95,492,684	568.8%	7,436,836	42,297,892	568.8%	4.50%	0.4429
	2036	14,670,123	93,340,181	636.3%	6,218,220	39,564,071	636.3%	4.50%	0.4239
	2037	12,712,533	90,368,227	710.9%	5,156,418	36,654,880	710.9%	4.50%	0.4056
	2038	10,933,156	86,721,954	793.2%	4,243,706	33,661,139	793.2%	4.50%	0.3882
	2039	9,334,155	82,532,602	884.2%	3,467,037	30,655,542	884.2%	4.50%	0.3714
	2040	7,909,359	77,773,545	983.3%	2,811,308	27,643,884	983.3%	4.50%	0.3554
	2041	6,650,225	72,293,850	1087.1%	2,261,972	24,589,644	1087.1%	4.50%	0.3401
	2042	5,546,991	66,229,214	1194.0%	1,805,478	21,556,795	1194.0%	4.50%	0.3255
	2043	4,588,888	59,880,213	1304.9%	1,429,308	18,650,979	1304.9%	4.50%	0.3115
	2044	3,764,384	53,588,692	1423.6%	1,122,008	15,972,584	1423.6%	4.50%	0.2981
	2045	3,061,452	47,457,840	1550.2%	873,199	13,536,104	1550.2%	4.50%	0.2852
	2046	2,467,830	41,591,111	1685.3%	673,573	11,351,936	1685.3%	4.50%	0.2729
	2047	1,971,315	36,063,407	1829.4%	514,884	9,419,328	1829.4%	4.50%	0.2612
	2048	1,560,041	30,930,467	1982.7%	389,918	7,730,780	1982.7%	4.50%	0.2499
	2049	1,222,712	26,233,093	2145.5%	292,445	6,274,369	2145.5%	4.50%	0.2392
	2050	948,793	21,989,619	2317.6%	217,158	5,032,943	2317.6%	4.50%	0.2289
	2051	728,634	18,208,393	2499.0%	159,587	3,988,041	2499.0%	4.50%	0.2190
	2052	553,540	14,888,670	2689.7%	116,017	3,120,524	2689.7%	4.50%	0.2096
	2053	415,804	12,013,911	2889.3%	83,396	2,409,571	2889.3%	4.50%	0.2006
	2054	308,682	9,564,120	3098.4%	59,245	1,835,626	3098.4%	4.50%	0.1919
	2055	226,353	7,507,930	3316.9%	41,573	1,378,933	3316.9%	4.50%	0.1837
	2056	163,856	5,809,061	3545.2%	28,798	1,020,969	3545.2%	4.50%	0.1758
	2057	117,022	4,427,596	3783.6%	19,682	744,660	3783.6%	4.50%	0.1682
	2058	82,392	3,322,085	4032.1%	13,260	534,669	4032.1%	4.50%	0.1609
	2059	57,137	2,450,426	4288.7%	8,800	377,398	4288.7%	4.50%	0.1540
	2060	38,982	1,774,397	4551.8%	5,745	261,512	4551.8%	4.50%	0.1474
	2061	26,126	1,258,404	4816.6%	3,685	177,478	4816.6%	4.50%	0.1410
	2062	17,168	872,036	5079.6%	2,317	117,691	5079.6%	4.50%	0.1350
	2063	11,033	589,107	5339.6%	1,425	76,083	5339.6%	4.50%	0.1291
	2064	6,913	386,897	5596.4%	854	47,816	5596.4%	4.50%	0.1236
	2065	4,208	246,471	5856.9%	498	29,149	5856.9%	4.50%	0.1183
	2066	2,477	151,594	6119.8%	280	17,156	6119.8%	4.50%	0.1132
	Past	824,284,689	285,489,117	34.6%	1,182,751,342	350,429,490	29.6%		
	Future	861,001,131	2,398,719,638	278.6%	598,602,743	1,226,318,131	204.9%		
	Lifetime	1,685,285,820	2,684,208,755	159.3%	1,781,354,084	1,576,747,622	88.5%		

Attachment 4
RiverSource Life Insurance Company
Nationwide Experience, All Policies - Before Rate Increase
Adjusted for Cumulative Prior Approved Rate Increases on a Nationwide Basis
Policy Form: 30160A, Subject to Endorsement Form 32100

		Loss Ratio Demonstration						Interest Rate Factors	
		Without Interest			With Interest				
	Calendar Year	Written Premiums	Paid Claims	Loss Ratio	Written Premiums	Paid Claims	Loss Ratio	Calendar Year Effective Int Rate	Mid-Year Disc / Accum Factor
Historical Experience	2000	9,086,216	0	0.0%	18,784,595	0	0.0%	4.50%	2.0674
	2001	32,608,894	21,276	0.1%	64,511,713	42,092	0.1%	4.50%	1.9783
	2002	52,874,280	136,954	0.3%	100,099,217	259,274	0.3%	4.50%	1.8932
	2003	57,309,933	556,372	1.0%	103,824,493	1,007,942	1.0%	4.50%	1.8116
	2004	54,596,004	985,329	1.8%	94,648,663	1,708,185	1.8%	4.50%	1.7336
	2005	52,861,531	1,787,976	3.4%	87,695,454	2,966,191	3.4%	4.50%	1.6590
	2006	51,615,347	2,925,405	5.7%	81,940,744	4,644,159	5.7%	4.50%	1.5875
	2007	50,872,144	4,416,093	8.7%	77,283,147	6,708,771	8.7%	4.50%	1.5192
	2008	52,313,948	6,430,138	12.3%	76,051,182	9,347,786	12.3%	4.50%	1.4537
	2009	51,275,753	8,365,521	16.3%	71,331,971	11,637,647	16.3%	4.50%	1.3911
	2010	50,048,420	11,342,039	22.7%	66,626,386	15,098,960	22.7%	4.50%	1.3312
	2011	51,092,837	14,677,836	28.7%	65,087,804	18,698,279	28.7%	4.50%	1.2739
	2012	52,238,740	17,923,390	34.3%	63,681,898	21,849,599	34.3%	4.50%	1.2191
	2013	53,539,752	20,869,068	39.0%	62,457,323	24,345,017	39.0%	4.50%	1.1666
	2014	54,452,202	23,335,324	42.9%	60,786,365	26,049,810	42.9%	4.50%	1.1163
	2015	54,835,711	27,834,289	50.8%	58,578,455	29,734,085	50.8%	4.50%	1.0683
	2016	58,449,365	30,797,052	52.7%	59,750,005	31,482,361	52.7%	4.50%	1.0223
Projected Future Experience	2017	57,983,405	46,170,705	79.6%	56,721,221	45,165,660	79.6%	4.50%	0.9782
	2018	55,780,427	49,153,048	88.1%	52,216,457	46,012,520	88.1%	4.50%	0.9361
	2019	53,506,111	49,486,374	92.5%	47,930,577	44,329,711	92.5%	4.50%	0.8958
	2020	51,174,643	53,213,398	104.0%	43,867,997	45,615,661	104.0%	4.50%	0.8572
	2021	48,786,482	57,256,567	117.4%	40,019,918	46,967,993	117.4%	4.50%	0.8203
	2022	46,333,006	60,600,405	130.8%	36,370,635	47,570,304	130.8%	4.50%	0.7850
	2023	43,831,140	64,265,169	146.6%	32,925,083	48,274,720	146.6%	4.50%	0.7512
	2024	41,306,308	67,979,766	164.6%	29,692,324	48,866,078	164.6%	4.50%	0.7188
	2025	38,761,155	72,150,054	186.1%	26,662,953	49,630,447	186.1%	4.50%	0.6879
	2026	36,198,740	76,634,208	211.7%	23,828,060	50,444,975	211.7%	4.50%	0.6583
	2027	33,638,417	81,314,784	241.7%	21,189,197	51,221,048	241.7%	4.50%	0.6299
	2028	31,089,926	86,043,876	276.8%	18,740,551	51,865,984	276.8%	4.50%	0.6028
	2029	28,552,549	90,792,109	318.0%	16,469,911	52,371,435	318.0%	4.50%	0.5768
	2030	26,042,721	95,345,112	366.1%	14,375,284	52,629,411	366.1%	4.50%	0.5520
	2031	23,593,597	99,342,435	421.1%	12,462,579	52,474,534	421.1%	4.50%	0.5282
	2032	21,225,663	102,668,278	483.7%	10,728,988	51,895,987	483.7%	4.50%	0.5055
	2033	18,959,027	105,180,418	554.8%	9,170,589	50,876,368	554.8%	4.50%	0.4837
	2034	16,815,276	106,847,925	635.4%	7,783,392	49,457,369	635.4%	4.50%	0.4629
	2035	14,808,094	107,668,544	727.1%	6,559,153	47,691,114	727.1%	4.50%	0.4429
	2036	12,937,551	107,621,467	831.9%	5,483,836	45,617,475	831.9%	4.50%	0.4239
	2037	11,209,477	106,689,223	951.8%	4,546,753	43,274,952	951.8%	4.50%	0.4056
	2038	9,639,697	104,878,737	1088.0%	3,741,650	40,708,697	1088.0%	4.50%	0.3882
	2039	8,229,449	102,251,571	1242.5%	3,056,710	37,979,868	1242.5%	4.50%	0.3714
	2040	6,972,919	98,873,973	1418.0%	2,478,459	35,143,836	1418.0%	4.50%	0.3554
	2041	5,862,567	94,767,699	1616.5%	1,994,062	32,233,779	1616.5%	4.50%	0.3401
	2042	4,889,770	89,933,097	1839.2%	1,591,560	29,272,118	1839.2%	4.50%	0.3255
	2043	4,045,015	84,423,011	2087.1%	1,259,907	26,295,361	2087.1%	4.50%	0.3115
	2044	3,318,114	78,394,128	2362.6%	988,993	23,366,063	2362.6%	4.50%	0.2981
	2045	2,698,444	72,028,964	2669.3%	769,660	20,544,373	2669.3%	4.50%	0.2852
	2046	2,175,173	65,500,233	3011.3%	593,695	17,877,726	3011.3%	4.50%	0.2729
	2047	1,737,529	58,965,816	3393.7%	453,822	15,401,161	3393.7%	4.50%	0.2612
	2048	1,375,035	52,558,518	3822.3%	343,677	13,136,509	3822.3%	4.50%	0.2499
	2049	1,077,729	46,389,098	4304.3%	257,769	11,095,235	4304.3%	4.50%	0.2392
	2050	836,315	40,540,470	4847.5%	191,414	9,278,826	4847.5%	4.50%	0.2289
	2051	642,282	35,074,745	5461.0%	140,674	7,682,145	5461.0%	4.50%	0.2190
	2052	487,967	30,037,239	6155.6%	102,273	6,295,521	6155.6%	4.50%	0.2096
	2053	366,575	25,456,717	6944.5%	73,522	5,105,729	6944.5%	4.50%	0.2006
	2054	272,160	21,346,836	7843.5%	52,235	4,097,063	7843.5%	4.50%	0.1919
	2055	199,594	17,707,508	8871.8%	36,658	3,252,223	8871.8%	4.50%	0.1837
	2056	144,504	14,526,626	10052.8%	25,397	2,553,120	10052.8%	4.50%	0.1758
	2057	103,216	11,782,490	11415.4%	17,359	1,981,652	11415.4%	4.50%	0.1682
	2058	72,683	9,446,104	12996.4%	11,698	1,520,291	12996.4%	4.50%	0.1609
	2059	50,413	7,482,649	14842.8%	7,764	1,152,426	14842.8%	4.50%	0.1540
	2060	34,401	5,854,256	17017.5%	5,070	862,806	17017.5%	4.50%	0.1474
	2061	23,061	4,521,464	19606.3%	3,252	637,682	19606.3%	4.50%	0.1410
	2062	15,157	3,445,131	22729.3%	2,046	464,959	22729.3%	4.50%	0.1350
	2063	9,744	2,587,930	26560.2%	1,258	334,230	26560.2%	4.50%	0.1291
	2064	6,108	1,915,101	31356.1%	755	236,683	31356.1%	4.50%	0.1236
	2065	3,719	1,395,090	37511.0%	440	164,992	37511.0%	4.50%	0.1183
	2066	2,190	999,653	45644.2%	248	113,134	45644.2%	4.50%	0.1132
	Past	840,071,077	172,404,064	20.5%	1,213,139,416	205,580,156	16.9%		
	Future	767,825,245	2,869,508,713	373.7%	535,947,490	1,371,041,954	255.8%		
	Lifetime	1,607,896,323	3,041,912,777	189.2%	1,749,086,906	1,576,622,110	90.1%		

Attachment 4
RiverSource Life Insurance Company
Nationwide Experience, All Policies - With 15% Rate Increase
Adjusted for Cumulative Prior Approved Rate Increases on a Nationwide Basis
Policy Form: 30160A, Subject to Endorsement Form 32100

		Loss Ratio Demonstration						Interest Rate Factors	
		Without Interest			With Interest				
	Calendar Year	Written Premiums	Paid Claims	Loss Ratio	Written Premiums	Paid Claims	Loss Ratio	Calendar Year Effective Int Rate	Mid-Year Disc / Accum Factor
Historical Experience	2000	9,086,216	0	0.0%	18,784,595	0	0.0%	4.50%	2.0674
	2001	32,608,894	21,276	0.1%	64,511,713	42,092	0.1%	4.50%	1.9783
	2002	52,874,280	136,954	0.3%	100,099,217	259,274	0.3%	4.50%	1.8932
	2003	57,309,933	556,372	1.0%	103,824,493	1,007,942	1.0%	4.50%	1.8116
	2004	54,596,004	985,329	1.8%	94,648,663	1,708,185	1.8%	4.50%	1.7336
	2005	52,861,531	1,787,976	3.4%	87,695,454	2,966,191	3.4%	4.50%	1.6590
	2006	51,615,347	2,925,405	5.7%	81,940,744	4,644,159	5.7%	4.50%	1.5875
	2007	50,872,144	4,416,093	8.7%	77,283,147	6,708,771	8.7%	4.50%	1.5192
	2008	52,313,948	6,430,138	12.3%	76,051,182	9,347,786	12.3%	4.50%	1.4537
	2009	51,275,753	8,365,521	16.3%	71,331,971	11,637,647	16.3%	4.50%	1.3911
	2010	50,048,420	11,342,039	22.7%	66,626,386	15,098,960	22.7%	4.50%	1.3312
	2011	51,092,837	14,677,836	28.7%	65,087,804	18,698,279	28.7%	4.50%	1.2739
	2012	52,238,740	17,923,390	34.3%	63,681,898	21,849,599	34.3%	4.50%	1.2191
	2013	53,539,752	20,869,068	39.0%	62,457,323	24,345,017	39.0%	4.50%	1.1666
	2014	54,452,202	23,335,324	42.9%	60,786,365	26,049,810	42.9%	4.50%	1.1163
	2015	54,835,711	27,834,289	50.8%	58,578,455	29,734,085	50.8%	4.50%	1.0683
	2016	58,449,365	30,797,052	52.7%	59,750,005	31,482,361	52.7%	4.50%	1.0223
Projected Future Experience	2017	59,691,754	46,169,494	77.3%	58,392,383	45,164,476	77.3%	4.50%	0.9782
	2018	62,267,743	49,160,002	78.9%	58,289,279	46,019,029	78.9%	4.50%	0.9361
	2019	60,388,952	49,518,067	82.0%	54,096,201	44,358,103	82.0%	4.50%	0.8958
	2020	57,757,711	53,123,187	92.0%	49,511,144	45,538,331	92.0%	4.50%	0.8572
	2021	55,062,466	56,942,079	103.4%	45,168,155	46,710,015	103.4%	4.50%	0.8203
	2022	52,293,485	60,074,237	114.9%	41,049,511	47,157,271	114.9%	4.50%	0.7850
	2023	49,469,873	63,549,156	128.5%	37,160,787	47,736,866	128.5%	4.50%	0.7512
	2024	46,620,321	67,104,282	143.9%	33,512,211	48,236,751	143.9%	4.50%	0.7188
	2025	43,747,818	71,137,266	162.6%	30,093,169	48,933,773	162.6%	4.50%	0.6879
	2026	40,855,815	75,498,335	184.8%	26,893,611	49,697,279	184.8%	4.50%	0.6583
	2027	37,966,160	80,064,808	210.9%	23,915,288	50,433,675	210.9%	4.50%	0.6299
	2028	35,089,846	84,682,621	241.3%	21,151,644	51,045,440	241.3%	4.50%	0.6028
	2029	32,226,064	89,323,732	277.2%	18,588,898	51,524,434	277.2%	4.50%	0.5768
	2030	29,393,365	93,777,826	319.0%	16,224,801	51,764,287	319.0%	4.50%	0.5520
	2031	26,629,170	97,688,062	366.8%	14,066,026	51,600,663	366.8%	4.50%	0.5282
	2032	23,956,603	100,940,654	421.3%	12,109,403	51,022,721	421.3%	4.50%	0.5055
	2033	21,398,359	103,394,361	483.2%	10,350,508	50,012,442	483.2%	4.50%	0.4837
	2034	18,978,804	105,018,493	553.3%	8,784,838	48,610,568	553.3%	4.50%	0.4629
	2035	16,713,385	105,810,975	633.1%	7,403,090	46,868,316	633.1%	4.50%	0.4429
	2036	14,602,180	105,751,623	724.2%	6,189,421	44,824,905	724.2%	4.50%	0.4239
	2037	12,651,771	104,823,497	828.5%	5,131,772	42,518,182	828.5%	4.50%	0.4056
	2038	10,880,020	103,033,599	947.0%	4,223,081	39,992,507	947.0%	4.50%	0.3882
	2039	9,288,324	100,442,557	1081.4%	3,450,014	37,307,936	1081.4%	4.50%	0.3714
	2040	7,870,123	97,115,578	1234.0%	2,797,362	34,518,831	1234.0%	4.50%	0.3554
	2041	6,616,907	93,074,153	1406.6%	2,250,639	31,657,745	1406.6%	4.50%	0.3401
	2042	5,518,942	88,318,722	1600.3%	1,796,348	28,746,658	1600.3%	4.50%	0.3255
	2043	4,565,494	82,901,233	1815.8%	1,422,021	25,821,371	1815.8%	4.50%	0.3115
	2044	3,745,064	76,975,543	2055.4%	1,116,250	22,943,241	2055.4%	4.50%	0.2981
	2045	3,045,661	70,720,837	2322.0%	868,695	20,171,264	2322.0%	4.50%	0.2852
	2046	2,455,061	64,306,631	2619.3%	670,088	17,551,943	2619.3%	4.50%	0.2729
	2047	1,961,104	57,887,857	2951.8%	512,217	15,119,611	2951.8%	4.50%	0.2612
	2048	1,551,968	51,594,802	3324.5%	387,900	12,895,637	3324.5%	4.50%	0.2499
	2049	1,216,406	45,536,094	3743.5%	290,937	10,891,215	3743.5%	4.50%	0.2392
	2050	943,928	39,793,017	4215.7%	216,044	9,107,751	4215.7%	4.50%	0.2289
	2051	724,928	34,426,435	4748.9%	158,775	7,540,151	4748.9%	4.50%	0.2190
	2052	550,758	29,480,721	5352.8%	115,434	6,178,880	5352.8%	4.50%	0.2096
	2053	413,745	24,984,009	6038.5%	82,983	5,010,921	6038.5%	4.50%	0.2006
	2054	307,181	20,949,610	6820.0%	58,957	4,020,824	6820.0%	4.50%	0.1919
	2055	225,277	17,377,350	7713.8%	41,375	3,191,585	7713.8%	4.50%	0.1837
	2056	163,098	14,255,271	8740.3%	28,665	2,505,428	8740.3%	4.50%	0.1758
	2057	116,498	11,562,008	9924.7%	19,593	1,944,570	9924.7%	4.50%	0.1682
	2058	82,035	9,269,050	11298.9%	13,203	1,491,795	11298.9%	4.50%	0.1609
	2059	56,900	7,342,179	12903.7%	8,763	1,130,792	12903.7%	4.50%	0.1540
	2060	38,828	5,744,196	14793.9%	5,723	846,585	14793.9%	4.50%	0.1474
	2061	26,029	4,436,343	17044.0%	3,671	625,677	17044.0%	4.50%	0.1410
	2062	17,108	3,380,189	19758.3%	2,309	456,194	19758.3%	4.50%	0.1350
	2063	10,997	2,539,088	23088.0%	1,420	327,922	23088.0%	4.50%	0.1291
	2064	6,893	1,878,917	27256.4%	852	232,212	27256.4%	4.50%	0.1236
	2065	4,198	1,368,704	32605.8%	496	161,871	32605.8%	4.50%	0.1183
	2066	2,472	980,727	39674.8%	280	110,992	39674.8%	4.50%	0.1132
	Past	840,071,077	172,404,064	20.5%	1,213,139,416	205,580,156	16.9%		
	Future	860,167,592	2,825,228,176	328.5%	598,626,237	1,352,279,635	225.9%		
	Lifetime	1,700,238,670	2,997,632,240	176.3%	1,811,765,653	1,557,859,791	86.0%		

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

		Loss Ratio Demonstration						Interest Rate Factors	
		Without Interest			With Interest				
	Calendar Year	Earned Premiums	Incurred Claims	Loss Ratio	Earned Premiums	Incurred Claims	Loss Ratio	Calendar Year Effective Int Rate	Mid-Year Disc / Accum Factor
Historical Experience	2000	191,975	0	0.0%	396,884	0	0.0%	4.50%	2.0674
	2001	1,614,032	0	0.0%	3,193,115	0	0.0%	4.50%	1.9783
	2002	2,856,333	0	0.0%	5,407,482	0	0.0%	4.50%	1.8932
	2003	3,513,296	0	0.0%	6,364,798	0	0.0%	4.50%	1.8116
	2004	3,394,016	423,802	12.5%	5,883,930	734,712	12.5%	4.50%	1.7336
	2005	3,302,853	850,620	25.8%	5,479,319	1,411,149	25.8%	4.50%	1.6590
	2006	3,208,643	247,267	7.7%	5,093,806	392,543	7.7%	4.50%	1.5875
	2007	3,147,184	1,705,675	54.2%	4,781,089	2,591,200	54.2%	4.50%	1.5192
	2008	3,216,572	16,445	0.5%	4,676,078	23,907	0.5%	4.50%	1.4537
	2009	3,177,138	918,792	28.9%	4,419,857	1,278,172	28.9%	4.50%	1.3911
	2010	3,110,065	1,764,684	56.7%	4,140,239	2,349,215	56.7%	4.50%	1.3312
	2011	3,091,408	2,124,982	68.7%	3,938,183	2,707,042	68.7%	4.50%	1.2739
	2012	3,203,698	1,730,415	54.0%	3,905,484	2,109,471	54.0%	4.50%	1.2191
	2013	3,220,669	476,496	14.8%	3,757,103	555,861	14.8%	4.50%	1.1666
	2014	3,330,244	1,496,622	44.9%	3,717,636	1,670,717	44.9%	4.50%	1.1163
	2015	3,277,516	1,297,246	39.6%	3,501,218	1,385,788	39.6%	4.50%	1.0683
	2016	3,524,212	3,312,324	94.0%	3,602,634	3,386,031	94.0%	4.50%	1.0223
Projected Future Experience	2017	3,501,432	2,714,087	77.5%	3,425,213	2,655,007	77.5%	4.50%	0.9782
	2018	3,360,192	2,885,576	85.9%	3,145,500	2,701,209	85.9%	4.50%	0.9361
	2019	3,213,980	3,083,343	95.9%	2,879,072	2,762,048	95.9%	4.50%	0.8958
	2020	3,063,827	3,313,924	108.2%	2,626,378	2,840,767	108.2%	4.50%	0.8572
	2021	2,910,061	3,566,469	122.6%	2,387,145	2,925,601	122.6%	4.50%	0.8203
	2022	2,752,623	3,813,275	138.5%	2,160,763	2,993,357	138.5%	4.50%	0.7850
	2023	2,592,678	4,058,261	156.5%	1,947,568	3,048,485	156.5%	4.50%	0.7512
	2024	2,432,432	4,305,642	177.0%	1,748,512	3,095,037	177.0%	4.50%	0.7188
	2025	2,272,342	4,548,898	200.2%	1,563,094	3,129,088	200.2%	4.50%	0.6879
	2026	2,112,721	4,789,581	226.7%	1,390,712	3,152,773	226.7%	4.50%	0.6583
	2027	1,954,710	5,024,423	257.0%	1,231,293	3,164,938	257.0%	4.50%	0.6299
	2028	1,799,006	5,240,781	291.3%	1,084,414	3,159,066	291.3%	4.50%	0.6028
	2029	1,645,561	5,414,668	329.0%	949,206	3,123,332	329.0%	4.50%	0.5768
	2030	1,494,989	5,529,475	369.9%	825,217	3,052,207	369.9%	4.50%	0.5520
	2031	1,349,091	5,596,974	414.9%	712,615	2,956,426	414.9%	4.50%	0.5282
	2032	1,209,111	5,621,312	464.9%	611,172	2,841,419	464.9%	4.50%	0.5055
	2033	1,076,022	5,599,078	520.3%	520,478	2,708,306	520.3%	4.50%	0.4837
	2034	950,925	5,538,822	582.5%	440,161	2,563,789	582.5%	4.50%	0.4629
	2035	834,515	5,436,759	651.5%	369,643	2,408,179	651.5%	4.50%	0.4429
	2036	726,693	5,288,415	727.7%	308,023	2,241,599	727.7%	4.50%	0.4239
	2037	627,657	5,099,023	812.4%	254,588	2,068,250	812.4%	4.50%	0.4056
	2038	538,086	4,872,696	905.6%	208,858	1,891,338	905.6%	4.50%	0.3882
	2039	457,979	4,618,501	1008.5%	170,110	1,715,475	1008.5%	4.50%	0.3714
	2040	386,928	4,337,504	1121.0%	137,530	1,541,725	1121.0%	4.50%	0.3554
	2041	324,414	4,017,059	1238.3%	110,344	1,366,341	1238.3%	4.50%	0.3401
	2042	269,870	3,670,054	1359.9%	87,839	1,194,557	1359.9%	4.50%	0.3255
	2043	222,691	3,310,989	1486.8%	69,362	1,031,279	1486.8%	4.50%	0.3115
	2044	182,246	2,955,181	1621.5%	54,320	880,818	1621.5%	4.50%	0.2981
	2045	147,890	2,611,008	1765.5%	42,182	744,721	1765.5%	4.50%	0.2852
	2046	118,976	2,282,833	1918.7%	32,474	623,080	1918.7%	4.50%	0.2729
	2047	94,869	1,975,427	2082.3%	24,779	515,958	2082.3%	4.50%	0.2612
	2048	74,959	1,690,675	2255.5%	18,735	422,568	2255.5%	4.50%	0.2499
	2049	58,673	1,430,725	2438.5%	14,033	342,198	2438.5%	4.50%	0.2392
	2050	45,478	1,196,678	2631.3%	10,409	273,893	2631.3%	4.50%	0.2289
	2051	34,895	988,437	2832.6%	7,643	216,489	2832.6%	4.50%	0.2190
	2052	26,493	806,388	3043.8%	5,553	169,011	3043.8%	4.50%	0.2096
	2053	19,894	649,342	3264.0%	3,990	130,235	3264.0%	4.50%	0.2006
	2054	14,769	515,770	3492.3%	2,835	98,991	3492.3%	4.50%	0.1919
	2055	10,833	403,863	3728.0%	1,990	74,175	3728.0%	4.50%	0.1837
	2056	7,847	311,656	3971.6%	1,379	54,775	3971.6%	4.50%	0.1758
	2057	5,610	236,804	4221.4%	943	39,827	4221.4%	4.50%	0.1682
	2058	3,954	177,143	4479.6%	636	28,510	4479.6%	4.50%	0.1609
	2059	2,746	130,307	4744.7%	423	20,069	4744.7%	4.50%	0.1540
	2060	1,877	94,027	5009.8%	277	13,858	5009.8%	4.50%	0.1474
	2061	1,260	66,353	5265.0%	178	9,358	5265.0%	4.50%	0.1410
	2062	830	45,742	5512.0%	112	6,173	5512.0%	4.50%	0.1350
	2063	535	30,734	5748.5%	69	3,969	5748.5%	4.50%	0.1291
	2064	336	20,050	5965.8%	42	2,478	5965.8%	4.50%	0.1236
	2065	205	12,683	6173.1%	24	1,500	6173.1%	4.50%	0.1183
	2066	122	7,744	6365.7%	14	876	6365.7%	4.50%	0.1132
	Past	50,379,852	16,365,369	32.5%	72,258,855	20,595,807	28.5%		
	Future	44,935,833	139,935,162	311.4%	31,587,848	73,005,129	231.1%		
	Lifetime	95,315,685	156,300,531	164.0%	103,846,704	93,600,936	90.1%		

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

		Loss Ratio Demonstration						Interest Rate Factors	
		Without Interest			With Interest				
	Calendar Year	Earned Premiums	Incurred Claims	Loss Ratio	Earned Premiums	Incurred Claims	Loss Ratio	Calendar Year Effective Int Rate	Mid-Year Disc / Accum Factor
Historical Experience	2000	191,975	0	0.0%	396,884	0	0.0%	4.50%	2.0674
	2001	1,614,032	0	0.0%	3,193,115	0	0.0%	4.50%	1.9783
	2002	2,856,333	0	0.0%	5,407,482	0	0.0%	4.50%	1.8932
	2003	3,513,296	0	0.0%	6,364,798	0	0.0%	4.50%	1.8116
	2004	3,394,016	423,802	12.5%	5,883,930	734,712	12.5%	4.50%	1.7336
	2005	3,302,853	850,620	25.8%	5,479,319	1,411,149	25.8%	4.50%	1.6590
	2006	3,208,643	247,267	7.7%	5,093,806	392,543	7.7%	4.50%	1.5875
	2007	3,147,184	1,705,675	54.2%	4,781,089	2,591,200	54.2%	4.50%	1.5192
	2008	3,216,572	16,445	0.5%	4,676,078	23,907	0.5%	4.50%	1.4537
	2009	3,177,138	918,792	28.9%	4,419,857	1,278,172	28.9%	4.50%	1.3911
	2010	3,110,065	1,764,684	56.7%	4,140,239	2,349,215	56.7%	4.50%	1.3312
	2011	3,091,408	2,124,982	68.7%	3,938,183	2,707,042	68.7%	4.50%	1.2739
	2012	3,203,698	1,730,415	54.0%	3,905,484	2,109,471	54.0%	4.50%	1.2191
	2013	3,220,669	476,496	14.8%	3,757,103	555,861	14.8%	4.50%	1.1666
	2014	3,330,244	1,496,622	44.9%	3,717,636	1,670,717	44.9%	4.50%	1.1163
	2015	3,277,516	1,297,246	39.6%	3,501,218	1,385,788	39.6%	4.50%	1.0683
	2016	3,524,212	3,312,324	94.0%	3,602,634	3,386,031	94.0%	4.50%	1.0223
Projected Future Experience	2017	3,540,251	2,713,146	76.6%	3,463,187	2,654,086	76.6%	4.50%	0.9782
	2018	3,708,679	2,894,777	78.1%	3,471,721	2,709,821	78.1%	4.50%	0.9361
	2019	3,627,432	3,075,038	84.8%	3,249,440	2,754,608	84.8%	4.50%	0.8958
	2020	3,457,973	3,274,031	94.7%	2,964,248	2,806,569	94.7%	4.50%	0.8572
	2021	3,284,435	3,514,296	107.0%	2,694,247	2,882,804	107.0%	4.50%	0.8203
	2022	3,106,752	3,756,154	120.9%	2,438,749	2,948,518	120.9%	4.50%	0.7850
	2023	2,926,238	3,996,142	136.6%	2,198,132	3,001,823	136.6%	4.50%	0.7512
	2024	2,745,383	4,238,430	154.4%	1,973,471	3,046,722	154.4%	4.50%	0.7188
	2025	2,564,703	4,476,623	174.5%	1,764,203	3,079,371	174.5%	4.50%	0.6879
	2026	2,384,550	4,712,265	197.6%	1,569,646	3,101,879	197.6%	4.50%	0.6583
	2027	2,206,215	4,942,151	224.0%	1,389,718	3,113,113	224.0%	4.50%	0.6299
	2028	2,030,481	5,153,861	253.8%	1,223,944	3,106,672	253.8%	4.50%	0.6028
	2029	1,857,297	5,323,832	286.6%	1,071,341	3,070,935	286.6%	4.50%	0.5768
	2030	1,687,354	5,435,756	322.1%	931,400	3,000,475	322.1%	4.50%	0.5520
	2031	1,522,684	5,501,225	361.3%	804,310	2,905,850	361.3%	4.50%	0.5282
	2032	1,364,694	5,524,329	404.8%	689,815	2,792,396	404.8%	4.50%	0.5055
	2033	1,214,482	5,501,729	453.0%	587,452	2,661,218	453.0%	4.50%	0.4837
	2034	1,073,289	5,441,834	507.0%	496,800	2,518,896	507.0%	4.50%	0.4629
	2035	941,900	5,340,933	567.0%	417,209	2,365,733	567.0%	4.50%	0.4429
	2036	820,205	5,194,642	633.3%	347,660	2,201,851	633.3%	4.50%	0.4239
	2037	708,425	5,008,103	706.9%	287,349	2,031,371	706.9%	4.50%	0.4056
	2038	607,328	4,785,361	787.9%	235,734	1,857,439	787.9%	4.50%	0.3882
	2039	516,913	4,535,322	877.4%	192,000	1,684,580	877.4%	4.50%	0.3714
	2040	436,718	4,259,033	975.2%	155,228	1,513,834	975.2%	4.50%	0.3554
	2041	366,160	3,944,084	1077.1%	124,544	1,341,520	1077.1%	4.50%	0.3401
	2042	304,597	3,603,123	1182.9%	99,143	1,172,772	1182.9%	4.50%	0.3255
	2043	251,347	3,250,387	1293.2%	78,288	1,012,403	1293.2%	4.50%	0.3115
	2044	205,698	2,900,907	1410.3%	61,310	864,641	1410.3%	4.50%	0.2981
	2045	166,921	2,562,902	1535.4%	47,610	731,001	1535.4%	4.50%	0.2852
	2046	134,286	2,240,648	1668.6%	36,652	611,566	1668.6%	4.50%	0.2729
	2047	107,077	1,938,822	1810.7%	27,967	506,397	1810.7%	4.50%	0.2612
	2048	84,605	1,659,265	1961.2%	21,146	414,718	1961.2%	4.50%	0.2499
	2049	66,223	1,404,080	2120.2%	15,839	335,825	2120.2%	4.50%	0.2392
	2050	51,330	1,174,341	2287.8%	11,748	268,781	2287.8%	4.50%	0.2289
	2051	39,385	969,947	2462.7%	8,626	212,440	2462.7%	4.50%	0.2190
	2052	29,902	791,274	2646.2%	6,267	165,844	2646.2%	4.50%	0.2096
	2053	22,454	637,149	2837.6%	4,504	127,790	2837.6%	4.50%	0.2006
	2054	16,669	506,068	3036.0%	3,199	97,129	3036.0%	4.50%	0.1919
	2055	12,227	396,254	3240.7%	2,246	72,777	3240.7%	4.50%	0.1837
	2056	8,857	305,776	3452.4%	1,557	53,741	3452.4%	4.50%	0.1758
	2057	6,331	232,329	3669.4%	1,065	39,075	3669.4%	4.50%	0.1682
	2058	4,463	173,791	3893.8%	718	27,971	3893.8%	4.50%	0.1609
	2059	3,100	127,839	4124.2%	477	19,689	4124.2%	4.50%	0.1540
	2060	2,118	92,244	4354.4%	312	13,595	4354.4%	4.50%	0.1474
	2061	1,422	65,094	4576.2%	201	9,180	4576.2%	4.50%	0.1410
	2062	937	44,873	4790.8%	126	6,056	4790.8%	4.50%	0.1350
	2063	603	30,150	4996.3%	78	3,894	4996.3%	4.50%	0.1291
	2064	379	19,668	5185.0%	47	2,431	5185.0%	4.50%	0.1236
	2065	232	12,441	5365.1%	27	1,471	5365.1%	4.50%	0.1183
	2066	137	7,597	5532.5%	16	860	5532.5%	4.50%	0.1132
	Past	50,379,852	16,365,369	32.5%	72,258,855	20,595,807	28.5%		
	Future	50,221,842	137,690,065	274.2%	35,170,716	71,924,129	204.5%		
	Lifetime	100,601,695	154,055,434	153.1%	107,429,572	92,519,936	86.1%		

Attachment 6
RiverSource Life Insurance Company
Pennsylvania Experience, All Policies - Before Rate Increase
Adjusted for Cumulative Prior Approved Rate Increases on All Policies
Policy Form: 30160A-PA, Subject to Endorsement Form 32100-PA

		Loss Ratio Demonstration						Interest Rate Factors	
		Without Interest			With Interest				
	Calendar Year	Written Premiums	Paid Claims	Loss Ratio	Written Premiums	Paid Claims	Loss Ratio	Calendar Year Effective Int Rate	Mid-Year Disc / Accum Factor
Historical Experience	2000	582,187	0	0.0%	1,203,598	0	0.0%	4.50%	2.0674
	2001	1,992,797	0	0.0%	3,942,445	0	0.0%	4.50%	1.9783
	2002	3,194,642	0	0.0%	6,047,954	0	0.0%	4.50%	1.8932
	2003	3,480,030	0	0.0%	6,304,533	0	0.0%	4.50%	1.8116
	2004	3,366,576	5,916	0.2%	5,836,359	10,256	0.2%	4.50%	1.7336
	2005	3,274,860	135,976	4.2%	5,432,880	225,580	4.2%	4.50%	1.6590
	2006	3,179,948	272,023	8.6%	5,048,252	431,844	8.6%	4.50%	1.5875
	2007	3,146,306	293,713	9.3%	4,779,756	446,198	9.3%	4.50%	1.5192
	2008	3,222,634	426,708	13.2%	4,684,891	620,325	13.2%	4.50%	1.4537
	2009	3,152,983	519,146	16.5%	4,386,254	722,207	16.5%	4.50%	1.3911
	2010	3,086,505	759,720	24.6%	4,108,875	1,011,368	24.6%	4.50%	1.3312
	2011	3,156,593	930,466	29.5%	4,021,224	1,185,332	29.5%	4.50%	1.2739
	2012	3,177,058	1,217,670	38.3%	3,873,009	1,484,407	38.3%	4.50%	1.2191
	2013	3,272,393	1,393,203	42.6%	3,817,442	1,625,255	42.6%	4.50%	1.1666
	2014	3,307,616	1,269,501	38.4%	3,692,375	1,417,175	38.4%	4.50%	1.1163
	2015	3,334,936	1,493,626	44.8%	3,562,558	1,595,572	44.8%	4.50%	1.0683
	2016	3,545,035	1,829,289	51.6%	3,623,921	1,869,995	51.6%	4.50%	1.0223
Projected Future Experience	2017	3,489,756	2,993,309	85.8%	3,413,791	2,928,150	85.8%	4.50%	0.9782
	2018	3,348,344	3,234,008	96.6%	3,134,409	3,027,378	96.6%	4.50%	0.9361
	2019	3,202,070	3,263,688	101.9%	2,868,402	2,923,599	101.9%	4.50%	0.8958
	2020	3,051,938	3,471,707	113.8%	2,616,186	2,976,022	113.8%	4.50%	0.8572
	2021	2,898,446	3,699,455	127.6%	2,377,617	3,034,691	127.6%	4.50%	0.8203
	2022	2,741,393	3,882,429	141.6%	2,151,948	3,047,642	141.6%	4.50%	0.7850
	2023	2,581,908	4,069,706	157.6%	1,939,478	3,057,082	157.6%	4.50%	0.7512
	2024	2,422,144	4,240,317	175.1%	1,741,116	3,048,079	175.1%	4.50%	0.7188
	2025	2,262,657	4,456,446	197.0%	1,556,433	3,065,492	197.0%	4.50%	0.6879
	2026	2,103,462	4,692,272	223.1%	1,384,617	3,088,719	223.1%	4.50%	0.6583
	2027	1,945,909	4,936,236	253.7%	1,225,749	3,109,387	253.7%	4.50%	0.6299
	2028	1,790,660	5,171,163	288.8%	1,079,384	3,117,101	288.8%	4.50%	0.6028
	2029	1,637,481	5,398,958	329.7%	944,545	3,114,270	329.7%	4.50%	0.5768
	2030	1,487,143	5,616,852	377.7%	820,886	3,100,438	377.7%	4.50%	0.5520
	2031	1,341,653	5,800,318	432.3%	708,686	3,063,836	432.3%	4.50%	0.5282
	2032	1,202,122	5,945,637	494.6%	607,640	3,005,356	494.6%	4.50%	0.5055
	2033	1,069,590	6,044,901	565.2%	517,367	2,923,953	565.2%	4.50%	0.4837
	2034	945,095	6,097,298	645.2%	437,462	2,822,295	645.2%	4.50%	0.4629
	2035	829,339	6,103,541	736.0%	367,351	2,703,526	736.0%	4.50%	0.4429
	2036	722,160	6,063,211	839.6%	306,102	2,570,011	839.6%	4.50%	0.4239
	2037	623,659	5,976,501	958.3%	252,966	2,424,170	958.3%	4.50%	0.4056
	2038	534,639	5,843,897	1093.1%	207,520	2,268,310	1093.1%	4.50%	0.3882
	2039	455,052	5,668,448	1245.7%	169,023	2,105,463	1245.7%	4.50%	0.3714
	2040	384,464	5,454,739	1418.8%	136,654	1,938,836	1418.8%	4.50%	0.3554
	2041	322,357	5,203,761	1614.3%	109,645	1,769,979	1614.3%	4.50%	0.3401
	2042	268,169	4,916,400	1833.3%	87,286	1,600,228	1833.3%	4.50%	0.3255
	2043	221,298	4,595,908	2076.8%	68,928	1,431,494	2076.8%	4.50%	0.3115
	2044	181,117	4,250,646	2346.9%	53,984	1,266,943	2346.9%	4.50%	0.2981
	2045	146,984	3,890,315	2646.8%	41,923	1,109,610	2646.8%	4.50%	0.2852
	2046	118,257	3,524,176	2980.1%	32,277	961,894	2980.1%	4.50%	0.2729
	2047	94,306	3,161,118	3352.0%	24,631	825,646	3352.0%	4.50%	0.2612
	2048	74,523	2,807,848	3767.8%	18,626	701,795	3767.8%	4.50%	0.2499
	2049	58,338	2,469,767	4233.5%	13,953	590,713	4233.5%	4.50%	0.2392
	2050	45,224	2,151,119	4756.5%	10,351	492,344	4756.5%	4.50%	0.2289
	2051	34,705	1,854,751	5344.4%	7,601	406,232	5344.4%	4.50%	0.2190
	2052	26,352	1,582,905	6006.8%	5,523	331,762	6006.8%	4.50%	0.2096
	2053	19,790	1,336,824	6754.9%	3,969	268,120	6754.9%	4.50%	0.2006
	2054	14,693	1,116,884	7601.4%	2,820	214,362	7601.4%	4.50%	0.1919
	2055	10,779	922,838	8561.7%	1,980	169,492	8561.7%	4.50%	0.1837
	2056	7,808	753,872	9655.0%	1,372	132,496	9655.0%	4.50%	0.1758
	2057	5,582	608,639	10903.9%	939	102,365	10903.9%	4.50%	0.1682
	2058	3,935	485,471	12337.9%	633	78,134	12337.9%	4.50%	0.1609
	2059	2,733	382,429	13995.3%	421	58,899	13995.3%	4.50%	0.1540
	2060	1,867	297,379	15926.1%	275	43,828	15926.1%	4.50%	0.1474
	2061	1,254	228,129	18198.1%	177	32,174	18198.1%	4.50%	0.1410
	2062	825	172,494	20901.6%	111	23,280	20901.6%	4.50%	0.1350
	2063	532	128,465	24169.1%	69	16,591	24169.1%	4.50%	0.1291
	2064	334	94,143	28186.0%	41	11,635	28186.0%	4.50%	0.1236
	2065	204	67,815	33224.6%	24	8,020	33224.6%	4.50%	0.1183
	2066	121	47,972	39708.0%	14	5,429	39708.0%	4.50%	0.1132
	Past	51,473,100	10,546,956	20.5%	74,366,324	12,645,514	17.0%		
	Future	44,733,169	165,177,104	369.2%	31,452,904	81,117,270	257.9%		
	Lifetime	96,206,268	175,724,061	182.7%	105,819,228	93,762,784	88.6%		

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

		Loss Ratio Demonstration						Interest Rate Factors	
		Without Interest			With Interest				
	Calendar Year	Written Premiums	Paid Claims	Loss Ratio	Written Premiums	Paid Claims	Loss Ratio	Calendar Year Effective Int Rate	Mid-Year Disc / Accum Factor
Historical Experience	2000	582,187	0	0.0%	1,203,598	0	0.0%	4.50%	2.0674
	2001	1,992,797	0	0.0%	3,942,445	0	0.0%	4.50%	1.9783
	2002	3,194,642	0	0.0%	6,047,954	0	0.0%	4.50%	1.8932
	2003	3,480,030	0	0.0%	6,304,533	0	0.0%	4.50%	1.8116
	2004	3,366,576	5,916	0.2%	5,836,359	10,256	0.2%	4.50%	1.7336
	2005	3,274,860	135,976	4.2%	5,432,880	225,580	4.2%	4.50%	1.6590
	2006	3,179,948	272,023	8.6%	5,048,252	431,844	8.6%	4.50%	1.5875
	2007	3,146,306	293,713	9.3%	4,779,756	446,198	9.3%	4.50%	1.5192
	2008	3,222,634	426,708	13.2%	4,684,891	620,325	13.2%	4.50%	1.4537
	2009	3,152,983	519,146	16.5%	4,386,254	722,207	16.5%	4.50%	1.3911
	2010	3,086,505	759,720	24.6%	4,108,875	1,011,368	24.6%	4.50%	1.3312
	2011	3,156,593	930,466	29.5%	4,021,224	1,185,332	29.5%	4.50%	1.2739
	2012	3,177,058	1,217,670	38.3%	3,873,009	1,484,407	38.3%	4.50%	1.2191
	2013	3,272,393	1,393,203	42.6%	3,817,442	1,625,255	42.6%	4.50%	1.1666
	2014	3,307,616	1,269,501	38.4%	3,692,375	1,417,175	38.4%	4.50%	1.1163
	2015	3,334,936	1,493,626	44.8%	3,562,558	1,595,572	44.8%	4.50%	1.0683
	2016	3,545,035	1,829,289	51.6%	3,623,921	1,869,995	51.6%	4.50%	1.0223
Projected Future Experience	2017	3,605,362	2,993,223	83.0%	3,526,880	2,928,066	83.0%	4.50%	0.9782
	2018	3,737,855	3,234,427	86.5%	3,499,033	3,027,770	86.5%	4.50%	0.9361
	2019	3,613,937	3,265,774	90.4%	3,237,351	2,925,469	90.4%	4.50%	0.8958
	2020	3,444,503	3,466,102	100.6%	2,952,701	2,971,217	100.6%	4.50%	0.8572
	2021	3,271,276	3,679,547	112.5%	2,683,452	3,018,360	112.5%	4.50%	0.8203
	2022	3,094,029	3,849,112	124.4%	2,428,761	3,021,489	124.4%	4.50%	0.7850
	2023	2,914,036	4,024,517	138.1%	2,188,966	3,023,137	138.1%	4.50%	0.7512
	2024	2,733,727	4,185,520	153.1%	1,965,092	3,008,689	153.1%	4.50%	0.7188
	2025	2,553,730	4,393,774	172.1%	1,756,655	3,022,381	172.1%	4.50%	0.6879
	2026	2,374,060	4,622,788	194.7%	1,562,741	3,042,981	194.7%	4.50%	0.6583
	2027	2,196,244	4,860,593	221.3%	1,383,438	3,061,739	221.3%	4.50%	0.6299
	2028	2,021,026	5,089,622	251.8%	1,218,245	3,067,950	251.8%	4.50%	0.6028
	2029	1,848,144	5,311,825	287.4%	1,066,061	3,064,009	287.4%	4.50%	0.5768
	2030	1,678,468	5,524,658	329.1%	926,495	3,049,548	329.1%	4.50%	0.5520
	2031	1,514,263	5,703,796	376.7%	799,862	3,012,852	376.7%	4.50%	0.5282
	2032	1,356,782	5,845,608	430.8%	685,816	2,954,794	430.8%	4.50%	0.5055
	2033	1,207,201	5,942,227	492.2%	583,930	2,874,289	492.2%	4.50%	0.4837
	2034	1,066,690	5,992,836	561.8%	493,745	2,773,942	561.8%	4.50%	0.4629
	2035	936,042	5,998,145	640.8%	414,614	2,656,841	640.8%	4.50%	0.4429
	2036	815,074	5,957,752	730.9%	345,485	2,525,310	730.9%	4.50%	0.4239
	2037	703,900	5,871,858	834.2%	285,514	2,381,725	834.2%	4.50%	0.4056
	2038	603,427	5,740,948	951.4%	234,220	2,228,350	951.4%	4.50%	0.3882
	2039	513,601	5,568,024	1084.1%	190,770	2,068,162	1084.1%	4.50%	0.3714
	2040	433,931	5,357,592	1234.7%	154,237	1,904,306	1234.7%	4.50%	0.3554
	2041	363,834	5,110,632	1404.7%	123,752	1,738,303	1404.7%	4.50%	0.3401
	2042	302,674	4,828,018	1595.1%	98,517	1,571,461	1595.1%	4.50%	0.3255
	2043	249,772	4,512,943	1806.8%	77,797	1,405,653	1806.8%	4.50%	0.3115
	2044	204,421	4,173,616	2041.7%	60,929	1,243,983	2041.7%	4.50%	0.2981
	2045	165,896	3,819,560	2302.4%	47,318	1,089,429	2302.4%	4.50%	0.2852
	2046	133,473	3,459,863	2592.2%	36,430	944,340	2592.2%	4.50%	0.2729
	2047	106,440	3,103,246	2915.5%	27,801	810,531	2915.5%	4.50%	0.2612
	2048	84,112	2,756,291	3276.9%	21,023	688,909	3276.9%	4.50%	0.2499
	2049	65,844	2,424,291	3681.8%	15,749	579,836	3681.8%	4.50%	0.2392
	2050	51,044	2,111,406	4136.5%	11,683	483,255	4136.5%	4.50%	0.2289
	2051	39,170	1,820,424	4647.5%	8,579	398,713	4647.5%	4.50%	0.2190
	2052	29,743	1,553,541	5223.3%	6,234	325,608	5223.3%	4.50%	0.2096
	2053	22,337	1,311,971	5873.6%	4,480	263,136	5873.6%	4.50%	0.2006
	2054	16,584	1,096,078	6609.3%	3,183	210,368	6609.3%	4.50%	0.1919
	2055	12,166	905,614	7444.1%	2,234	166,328	7444.1%	4.50%	0.1837
	2056	8,813	739,777	8394.3%	1,549	130,019	8394.3%	4.50%	0.1758
	2057	6,300	597,240	9479.9%	1,060	100,448	9479.9%	4.50%	0.1682
	2058	4,441	476,365	10726.3%	715	76,668	10726.3%	4.50%	0.1609
	2059	3,084	375,246	12166.8%	475	57,793	12166.8%	4.50%	0.1540
	2060	2,108	291,786	13845.0%	311	43,004	13845.0%	4.50%	0.1474
	2061	1,415	223,832	15819.7%	200	31,568	15819.7%	4.50%	0.1410
	2062	931	169,242	18169.5%	126	22,841	18169.5%	4.50%	0.1350
	2063	600	126,040	21009.4%	77	16,278	21009.4%	4.50%	0.1291
	2064	377	92,364	24500.7%	47	11,415	24500.7%	4.50%	0.1236
	2065	230	66,533	28880.1%	27	7,869	28880.1%	4.50%	0.1183
	2066	136	47,064	34515.1%	15	5,326	34515.1%	4.50%	0.1132
	Past	51,473,100	10,546,956	20.5%	74,366,324	12,645,514	17.0%		
	Future	50,113,252	162,673,252	324.6%	35,134,375	80,036,457	227.8%		
	Lifetime	101,586,352	173,220,209	170.5%	109,500,698	92,681,970	84.6%		

Attachment 7
RiverSource Life Insurance Company
Reserve Balance as of December 31, 2016, All Policies

	Nationwide Form 30160A, Subject to Endorsement Form 32100		Pennsylvania Form 30160A-PA, Subject to Endorsement Form 32100-PA	
Incurred Year	Claim Reserve [1]	Active Life Reserve [2]	Claim Reserve [1]	Active Life Reserve [2]
2000	0		0	
2001	0		0	
2002	35,501		0	
2003	0		0	
2004	83,747		0	
2005	431,439		0	
2006	288,868		0	
2007	1,051,116		306,867	
2008	303,009		0	
2009	1,790,289		69,803	
2010	3,827,040		370,977	
2011	6,466,440		808,031	
2012	7,487,847		499,033	
2013	10,791,406		164,557	
2014	16,963,700		698,973	
2015	33,771,394		982,361	
2016	46,201,338	670,520,492	3,050,836	39,398,177

[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, All Policies - Before Rate Increase
Adjusted for Cumulative Prior Approved Rate Increases on a Nationwide Basis
Policy Form: 30160A, Subject to Endorsement Form 32100

Policy Duration	Earned Premiums	Incurred Claims	Loss Ratio
1	63,248,018	779,392	1.2%
2	59,030,832	2,678,222	4.5%
3	55,772,645	2,815,231	5.0%
4	53,712,312	7,088,693	13.2%
5	52,322,520	7,453,062	14.2%
6	51,545,183	9,452,103	18.3%
7	51,513,852	11,913,042	23.1%
8	51,766,140	11,228,636	21.7%
9	50,804,211	21,086,595	41.5%
10	51,080,411	19,703,709	38.6%
11	51,518,401	26,395,455	51.2%
12	53,391,347	29,057,215	54.4%
13	53,795,293	32,238,604	59.9%
14	55,097,047	37,201,173	67.5%
15	55,724,863	46,361,913	83.2%
16	57,237,786	43,628,949	76.2%
17	56,120,655	45,882,438	81.8%
18	54,360,260	46,600,374	85.7%
19	52,032,019	50,650,346	97.3%
20	49,665,647	55,097,233	110.9%
21	47,224,776	59,726,715	126.5%
22	44,707,580	64,380,880	144.0%
23	42,172,329	69,296,921	164.3%
24	39,632,262	74,197,565	187.2%
25	37,049,434	79,083,412	213.5%
26	34,466,907	83,921,217	243.5%
27	31,907,697	88,650,132	277.8%
28	29,353,549	93,084,289	317.1%
29	26,810,059	95,815,240	357.4%
30	24,319,190	97,844,813	402.3%
31	21,916,578	99,183,939	452.6%
32	19,597,763	99,578,126	508.1%
33	17,395,663	99,231,492	570.4%
34	15,346,156	98,209,313	640.0%
35	13,424,815	96,213,227	716.7%
36	11,640,253	93,279,976	801.4%
37	10,019,362	89,750,081	895.8%
38	8,561,743	85,560,403	999.3%
39	7,261,252	80,872,267	1113.8%
40	6,110,480	75,704,389	1238.9%
41	5,100,883	69,287,678	1358.3%
42	4,222,984	62,769,617	1486.4%
43	3,466,558	56,272,952	1623.3%
44	2,820,892	49,930,586	1770.0%
45	2,275,019	43,816,689	1926.0%
46	1,817,981	38,030,345	2091.9%
47	1,439,070	32,665,125	2269.9%
48	1,128,052	27,737,150	2458.9%
49	875,340	23,270,296	2658.4%
50	672,125	19,283,977	2869.1%
51	510,453	15,772,726	3089.9%
52	383,249	12,733,610	3322.5%
53	284,315	10,137,086	3565.4%
54	208,289	7,953,268	3818.4%
55	150,598	6,149,333	4083.3%
56	107,393	4,683,903	4361.5%
57	75,476	3,510,590	4651.3%
58	52,232	2,586,407	4951.7%
59	35,552	1,870,258	5260.7%
60	23,763	1,325,089	5576.2%
Total	1,594,307,511	2,720,683,466	170.6%

Attachment 9
RiverSource Life Insurance Company
Pennsylvania Experience, All Policies - Before Rate Increase
Adjusted for Cumulative Prior Approved Rate Increases on All Policies
Policy Form: 30160A-PA, Subject to Endorsement Form 32100-PA

Policy Duration	Earned Premiums	Incurred Claims	Loss Ratio
1	3,761,274	0	0.0%
2	3,556,852	0	0.0%
3	3,408,659	0	0.0%
4	3,327,249	539,388	16.2%
5	3,245,269	1,973,438	60.8%
6	3,196,010	666,221	20.8%
7	3,190,129	152,343	4.8%
8	3,202,528	4,894	0.2%
9	3,137,562	2,316,581	73.8%
10	3,146,498	951,397	30.2%
11	3,153,488	1,423,477	45.1%
12	3,259,997	2,083,304	63.9%
13	3,282,635	1,040,891	31.7%
14	3,345,229	1,122,800	33.6%
15	3,369,384	2,787,358	82.7%
16	3,452,204	2,944,027	85.3%
17	3,374,260	2,949,252	87.4%
18	3,258,047	3,011,443	92.4%
19	3,108,228	3,243,541	104.4%
20	2,956,227	3,491,909	118.1%
21	2,799,796	3,745,627	133.8%
22	2,639,182	3,989,840	151.2%
23	2,478,395	4,247,061	171.4%
24	2,318,828	4,498,257	194.0%
25	2,158,108	4,744,040	219.8%
26	1,998,740	4,981,011	249.2%
27	1,842,190	5,217,337	283.2%
28	1,687,283	5,433,046	322.0%
29	1,534,270	5,549,870	361.7%
30	1,385,594	5,625,250	406.0%
31	1,243,287	5,660,588	455.3%
32	1,107,060	5,647,139	510.1%
33	978,650	5,594,791	571.7%
34	859,919	5,504,677	640.1%
35	749,376	5,363,574	715.7%
36	647,349	5,173,885	799.2%
37	555,182	4,954,302	892.4%
38	472,741	4,703,355	994.9%
39	399,563	4,424,645	1107.4%
40	335,131	4,124,134	1230.6%
41	278,878	3,759,613	1348.1%
42	230,193	3,393,699	1474.3%
43	188,436	3,035,367	1610.8%
44	152,949	2,684,870	1755.4%
45	123,069	2,350,183	1909.6%
46	98,147	2,035,842	2074.3%
47	77,556	1,744,976	2250.0%
48	60,704	1,479,130	2436.6%
49	47,047	1,238,607	2632.7%
50	36,089	1,024,613	2839.2%
51	27,386	836,685	3055.1%
52	20,550	674,638	3282.9%
53	15,240	536,118	3517.8%
54	11,164	420,012	3762.1%
55	8,074	324,137	4014.7%
56	5,760	246,486	4279.1%
57	4,051	184,366	4550.9%
58	2,806	135,560	4830.9%
59	1,912	97,881	5119.8%
60	1,279	69,202	5410.7%
Total	95,313,664	156,156,680	163.8%

8500 Normandale Lake Blvd.
Suite 1850
Minneapolis, MN 55437
USA

Tel +1 952 897 5300
Fax +1 952 897 5301

milliman.com

June 19, 2017

To: Pennsylvania Insurance Department

RE: RiverSource Life Insurance Company
Company NAIC # 65005
SERFF Tracking # AERS-130983724
Policy Form: Long Term Care Policy Form 30160A-PA
Long Term Care Insurance Endorsement Form 32100-PA

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

RiverSource Life prepared and submitted the above referenced rate filing in June 2017. Milliman has conducted a high-level review of the cover letter, actuarial memorandum, and supplement to the actuarial memorandum items of this filing and believes them to be in compliance with the applicable laws of this state as indicated in the filing. However, Milliman has not performed any technical checking of the filing for accuracy.

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

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

Respectfully,

Amy Pahl, FSA, MAAA
Principal and Consulting Actuary

AP/mag

RiverSource Life Insurance Company
70100 Ameriprise Financial Center
Minneapolis, MN 55474
ameriprise.com

RiverSource

<DXBDate>

<Policynumb><code>

<Name Here>
<Name Here>
<Name Here>
<Address>
<Address>
<Address>
<Address>

Notice of Premium Rate Increase

Re: <ADMINCO> Long Term Care Insurance Policy
<POLICYNUMB> <CODE>

Dear <Greeting>,

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.

For more information or assistance, please contact:

> your financial advisor, <**Advisor Name**> <**designations**>, at <**phone number**>
> a RiverSource client service representative at **1-800-862-7919**. Representatives are available 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 a RiverSource 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>

<DSONUMBER> <REPNAMNUM>

Issued by RiverSource Life Insurance Company, Minneapolis, Minnesota, and in New York only, by RiverSource Life Insurance Co. of New York, Albany, New York. Variable products are distributed by RiverSource Distributors, Inc., member FINRA. These companies are affiliated with Ameriprise Financial, Inc.

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132107 E(2/17)

RiverSource Life Insurance Company
70100 Ameriprise Financial Center
Minneapolis, MN 55474
ameriprise.com

RiverSource

<DXBDate>

<Policynumb><code>

<Name Here>
<Name Here>
<Name Here>
<Address>
<Address>
<Address>
<Address>

Notice of Premium Rate Increase

Re: <ADMINCO> Long Term Care Insurance Policy
<POLICYNUMB CODE>

Dear <Greeting>,

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.

SAMPLE

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.

- **Daily Benefit Amount Reduction:** By reducing your current daily benefit amount from $<NHDBAMT> to $<ALTDBAMT>, 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 a RiverSource 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

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**>
> a RiverSource client service representative at **1-800-862-7919**. Representatives are available 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 a RiverSource 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>

<DSONUMBER> <REPNAMNUM>

Issued by RiverSource Life Insurance Company, Minneapolis, Minnesota, and in New York only, by RiverSource Life Insurance Co. of New York, Albany, New York. Variable products are distributed by RiverSource Distributors, Inc., member FINRA. These companies are affiliated with Ameriprise Financial, Inc.

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SAMPLE

Long-Term Care Coverage Change Request Form

<Date>

<Policynumb><code>

<Name Here>
<Name Here>
<Name Here>
<Address>
<Address>
<Address>
<Address>

Dear <Greeting>:

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:

<ADMINCO>
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 $<ALTDBAMT> 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.

SAMPLE

(Comment: this statement appears only if the client has Compound Benefit Increase Option)
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**>
> a RiverSource client service representative at **1-800-862-7919**. Representatives are available 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> <REPNAMNUM>

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SAMPLE

11-5-97

IDS Life Insurance Company
IDS Tower 10
Minneapolis, MN 55440

Benefit Increases Option Rider

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

Compound Increases Option

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

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

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

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

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

IDS Life Insurance Company

William A. Stoltzmann

Secretary

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

30274A

IDS Life Insurance Compan
IDS Tower 10
Minneapolis, Minnesota 55440

11-17-97

Long-Term Care Insurance Policy

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

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

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

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

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

30 DAY RIGHT TO EXAMINE YOUR POLICY

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

CAUTION ABOUT APPLICATION ANSWERS

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

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

President: Richard W Kling

Secretary: William A. Stoltzmann

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

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

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

30160A-PA

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

Schedule

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

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

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

FACILITY CARE BENEFIT

Daily Maximum Benefit Amount: $(100.00)

HOME AND COMMUNITY CARE BENEFIT

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

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

ELIMINATION PERIOD: (20)(90) Days

MONTHLY WAIVER OF PREMIUM FOR FACILITY CARE: Automatically Included

(NONFORFEITURE BENEFIT OPTION:)

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

BENEFIT INCREASE OPTION:

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

Basic Contract Provisions

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

The Contract

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

Contesting Coverage

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

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

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

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

Other Provisions

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

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

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

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

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

Glossary Of Important Terms

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

Activities of Daily Living (ADLs)

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

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

Adult Day Care Center

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

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

Assisted Living Facility

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

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

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

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

Case Management Services

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

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

Chore Services

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

Custodial Care

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

Daily Maximum Benefit Amount

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

Elimination Period

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

Doctor

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

Home Health Aide and Personal Attendant Services

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

Homemaker Services

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

Immediate Family

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

Intermediate Nursing Care

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

Licensed Health Care Prac loner

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

Licensed Therapist

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

Lifetime Maximum Benefit Amount

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

Nurse

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

Nursing Home

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

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

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

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

Plan of Care

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

Policy Date

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

Qualified Long-Term Care Services

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

Respite Care

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

Severe Cognitive Impairment

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

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

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

Skilled Nursing Care

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

Substantial Assistance

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

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

Substantial Supervision

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

We, Us, Our

IDS Life Insurance Company, A Stock Company.

You, Your

The Insured named in the Schedule.

Exclusions and Limitations

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

What's Not Covered

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

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

Non-Duplication

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

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

Facility Care Benefit Provisions

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

LIMITATIONS OR CONDITIONS ON ELIGIBILITY FOR BENEFITS

Policy in Force

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

Conditions

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

Confined in a Nursing Home or Assisted Living Facility

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

Stay is Necessary

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

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

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

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

All Levels of Care Covered

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

How Much We Pay

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

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

How Long Benefits Will Be Paid

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

Bed Reservation Feature

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

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

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

Home And Community Care Benefit Provisions

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

LIMITATIONS OR CONDITIONS ON ELIGIBILITY FOR BENEFITS

Policy in Force

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

Conditions

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

Covered Care

Covered Care is any of the following:

100% of the expenses You incur for:

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

80% of the expenses You incur for:

- Homemaker Services; or
- Chore Services.

when the care is necessary because of Your:

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

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

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

Determining When Care is Necessary

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

How Much We Pay

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

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

How Long Will Benefits Be Paid

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

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

LIMITATIONS OR CONDITIONS ON ELIGIBILITY FOR BENEFITS

Covered Community Care

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

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

Determining When Care is Necessary

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

How Long Benefits Will Be Paid

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

Covered Respite Care

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

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

Covered Equipment Purchases

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

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

Covered Equipment Purchases will NOT include:

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

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

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

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

Caregiver Training Benefit

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

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

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

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

Alternate Plan of Care

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

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

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

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

Case Management Services

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

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

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

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

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

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

Claims Information

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

Telling Us About a Claim

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

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

How to File a Claim

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

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

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

When to File a Claim

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

Our Evaluation Criteria and Claims Payment Process

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

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

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

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

How to Appeal A Claim

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

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

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

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

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

Effective Date And Premium Payment Provisions

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

The Policy Taking Effect

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

Your Right to Cancel the Policy at Any Time

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

Refund of Premium Paid Beyond Your Death

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

Paying Premiums

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

Monthly Waiver of Premium During Covered Confinements

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

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

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

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

What Happens When Premiums are Not Paid

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

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

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

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

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

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

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

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

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

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

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

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

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

Long-Term Care Insurance Policy

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

IDS Life Insurance Company
IDS Tower 10
Minneapolis, Minnesota 55440

11-5-97

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

Nonforfeiture Benefit Rider

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

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

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

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

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

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

In no case will the sum of:

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

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

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

IDS Life Insurance Company

William A. Stoltzmann

Secretary

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

30165A-PA

9/97

11-5-97

IDS Life Insurance Company
IDS Tower 10
Minneapolis, MN 55440

Benefit Increases Option Rider

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

Simple Increases Option

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

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

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

IDS Life Insurance Company

William A. Stoltzmann

Secretary

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

30273A

A&H - Pennsylvania 2/22/2000

Form # 32100-PA

IDS Life Insurance Company
IDS Tower 10
Minneapolis, Minnesota 55440

Long-Term Care Insurance Endorsement

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

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

Stay is Necessary

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

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

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

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

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

Covered Care

Covered Care is any of the following:

100% of the expenses You incur for:

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

80% of the expenses You incur for:

-Homemaker Services; or
-Chore Services.

when the care is necessary because of Your:

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

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

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

ENDORSEMENT TO LTC POL. # 30160-A-PA

PID # A3795200 / IDS LIFE

Approved, Effective MAR 2 2 2000
PID # A3795200 / Pennsylvania Insurance Department
By Richard L. Stover

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

Covered Community Care

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

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

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

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

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

Monthly Reimbursement of Premium During Covered Home and Community Care

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

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

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

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

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

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

- Receive Homemaker and Chore Services only; or

- Have reached Your Lifetime Maximum Benefit amount.

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

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

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

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

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

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

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

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

IDS Life Insurance Company

William A. Stoltzmann

Secretary