

State: Pennsylvania **Filing Company:** CMFG Life Insurance Company
TOI/Sub-TOI: LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified
Product Name: 2002 LTC Product
Project Name/Number: 2018 LTC Rate Increase/

Filing at a Glance

Company: CMFG Life Insurance Company
Product Name: 2002 LTC Product
State: Pennsylvania
TOI: LTC05I Individual Long Term Care - Nursing Home and Home Health Care
Sub-TOI: LTC05I.001 Qualified
Filing Type: Rate - Other (Not M.U. or G.I. Product)
Date Submitted: 07/23/2018
SERFF Tr Num: CUNA-131583467
SERFF Status: Assigned
State Tr Num: CUNA-131583467
State Status: Received Review in Progress
Co Tr Num: 2002-LTC-FAC(PA)

Implementation: On Approval
Date Requested:
Author(s): Lynn Weasner, Brandy Hoffman
Reviewer(s): Jim Laverty (primary)
Disposition Date:
Disposition Status:
Implementation Date:

State Filing Description:

Proposed 10% increase on 483 policyholders of CMFG Life forms 2002-LTC-FAC(PA) and 2002-LTCR-HCC(PA).

State: Pennsylvania **Filing Company:** CMFG Life Insurance Company
TOI/Sub-TOI: LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified
Product Name: 2002 LTC Product
Project Name/Number: 2018 LTC Rate Increase/

General Information

Project Name: 2018 LTC Rate Increase	Status of Filing in Domicile:
Project Number:	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Individual
Submission Type: New Submission	Individual Market Type:
Overall Rate Impact: 10%	Filing Status Changed: 07/24/2018
	State Status Changed: 07/24/2018
Deemer Date:	Created By: Lynn Weasner
Submitted By: Lynn Weasner	Corresponding Filing Tracking Number:
	State TOI: LTC05I Individual Long Term Care - Nursing Home and Home Health Care

Filing Description:
See attached cover letter.

Company and Contact

Filing Contact Information

Lynn Weasner,	lynn.weasner@cunamutual.com
5910 Mineral Point Road	608-665-7678 [Phone]
Madison, WI 53705	

Filing Company Information

CMFG Life Insurance Company	CoCode: 62626	State of Domicile: Iowa
2000 Heritage Way	Group Code: 306	Company Type:
Waverly, IA 50677	Group Name:	State ID Number: L0357
(319) 352-4090 ext. [Phone]	FEIN Number: 39-0230590	

Filing Fees

Fee Required?	No
Retaliatory?	No
Fee Explanation:	

SERFF Tracking #:

CUNA-131583467

State Tracking #:

CUNA-131583467

Company Tracking #:

2002-LTC-FAC(PA)

State: Pennsylvania
TOI/Sub-TOI: LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified
Product Name: 2002 LTC Product
Project Name/Number: 2018 LTC Rate Increase/

Filing Company: CMFG Life Insurance Company

Rate Information

Rate data applies to filing.

Filing Method: Review & Approval
Rate Change Type: Increase
Overall Percentage of Last Rate Revision: 40.000%
Effective Date of Last Rate Revision: 06/01/2018
Filing Method of Last Filing: Review & Approval
SERFF Tracking Number of Last Filing: CUNA-130205588

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):
CMFG Life Insurance Company	219.000%	10.000%	\$95,227	483	\$952,272	10.000%	10.000%

SERFF Tracking #:

CUNA-131583467

State Tracking #:

CUNA-131583467

Company Tracking #:

2002-LTC-FAC(PA)

State:

Pennsylvania

Filing Company:

CMFG Life Insurance Company

TOI/Sub-TOI:

LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified

Product Name:

2002 LTC Product

Project Name/Number:

2018 LTC Rate Increase/

Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1		2002 LTC New Rates	2002-LTC-FAC(PA), 2002-LTCR-HCC(PA)	Revised	Previous State Filing Number: CUNA-130205588 Percent Rate Change Request: 10	PA LTC 2002 New Rates 10+10+15+15+10+10. pdf,

CMFG Life Insurance Company

Individual Long Term Care

Form 2002-LTC-FAC (PA) & 2002-LTCR-HCC(PA)

MODAL PREMIUM FACTORS

<u>Premium Mode</u>	<u>Factor</u>
Annual	1.0000
Semi-Annual	0.5200
Quarterly	0.2700
Quarterly (Credit Union Deductions Only)	0.2350
Monthly	0.0900
Semi-Monthly	0.0450
Bi-Weekly	0.0415

Level modal premiums are obtained by multiplying the level annual premiums by the appropriate factor given above. Modal factors are derived using interest and lapsation.

SUBSTANDARD PREMIUM RATE FACTORS

Underwriting selection is primarily on an accept or decline basis. However, there are certain medical conditions that will be accepted on a substandard basis. The extra gross premium charged will be either an additional 25, 50 or 100 percent of the standard premium. Full protection will be provided; there will be no waiver of any condition.

**Nursing Facility Only Coverage
90 Day Elimination Period**

ANNUAL PREMIUMS PER \$10 OF MAXIMUM DAILY BENEFIT

<u>Issue Age</u>	<u>1 Year</u>	<u>2 Year</u>	<u>3 Year</u>	<u>4 Year</u>	<u>5 Year</u>	<u>Lifetime</u>
18-29	\$11.62	\$13.55	\$15.49	\$17.43	\$17.43	\$25.17
30-34	13.55	17.43	21.30	23.24	25.17	34.85
35-39	15.49	21.30	25.17	29.04	30.98	44.53
40-44	19.36	27.11	30.98	34.85	38.73	56.15
45	21.30	29.04	36.79	40.66	44.53	61.96
46	21.30	30.98	36.79	42.60	46.47	65.83
47	23.24	32.92	38.73	44.53	48.41	67.77
48	23.24	32.92	40.66	46.47	50.34	69.71
49	23.24	34.85	42.60	48.41	52.28	73.58
50	25.17	36.79	44.53	50.34	54.22	75.51
51	25.17	36.79	46.47	52.28	56.15	79.39
52	27.11	38.73	48.41	54.22	58.09	83.26
53	27.11	40.66	50.34	56.15	61.96	87.13
54	29.04	42.60	52.28	60.02	65.83	91.00
55	30.98	46.47	56.15	63.90	69.71	96.81
56	32.92	48.41	60.02	67.77	73.58	104.56
57	34.85	52.28	65.83	73.58	81.32	112.30
58	36.79	58.09	71.64	79.39	87.13	121.99
59	40.66	61.96	75.51	87.13	94.88	131.67
60	42.60	65.83	83.26	92.94	102.62	143.28
61	46.47	71.64	89.07	100.69	108.43	152.97
62	48.41	75.51	94.88	106.49	116.18	162.65
63	50.34	79.39	100.69	114.24	123.92	174.26
64	54.22	85.20	108.43	121.99	133.60	185.88
65	58.09	92.94	116.18	131.67	143.28	199.44
66	63.90	100.69	125.86	143.28	156.84	216.86
67	67.77	108.43	135.54	154.90	168.46	234.29
68	73.58	118.11	147.16	168.46	183.95	253.65
69	81.32	127.79	160.71	183.95	199.44	273.01
70	87.13	139.41	174.26	199.44	214.93	296.25
71	94.88	149.09	187.82	214.93	232.35	319.48
72	100.69	160.71	203.31	232.35	251.72	342.72
73	108.43	174.26	218.80	249.78	271.08	367.89
74	118.11	187.82	236.23	269.14	292.38	395.00
75	127.79	203.31	257.52	292.38	317.55	425.98
76	137.48	220.74	276.89	315.61	340.78	458.90
77	147.16	236.23	298.19	338.85	365.96	489.88
78	158.77	255.59	321.42	365.96	395.00	526.67
79	172.33	276.89	350.47	396.94	427.92	569.26
80	191.69	305.93	385.32	435.66	470.51	623.48
81	212.99	340.78	427.92	484.07	522.79	691.25
82	236.23	379.51	476.32	540.22	582.82	768.70
83	263.33	422.11	530.54	600.24	646.71	853.90
84	292.38	470.51	588.63	666.08	716.42	944.90
85	325.29	518.92	650.59	733.85	790.00	1,041.71
86	358.21	571.20	712.55	801.62	863.58	1,138.53
87	395.00	623.48	774.51	871.32	937.16	1,237.28
88	431.79	679.63	842.28	944.90	1,016.54	1,343.77
89	474.39	743.53	917.79	1,026.22	1,105.61	1,459.95
90	522.79	813.23	1,001.05	1,117.23	1,202.43	1,591.62

DISCOUNTS:

Spousal/ Partner: Multiply by .75 for two or .9 for one
 Preferred: Multiply by .9
 Employer Group: Multiply by .9

ELIMINATION PERIOD FACTORS:

30 Day 1.12
 60 Days 1.05
 90 Days 1.00
 180 Days 0.89

**Nursing Facility with 50% Home Health Care Coverage
90 Day Elimination Period**

ANNUAL PREMIUMS PER \$10 OF MAXIMUM DAILY BENEFIT

<u>Issue Age</u>	<u>1 Year</u>	<u>2 Year</u>	<u>3 Year</u>	<u>4 Year</u>	<u>5 Year</u>	<u>Lifetime</u>
18-29	\$13.55	\$17.43	\$19.36	\$21.30	\$23.24	\$32.92
30-34	17.43	23.24	27.11	29.04	32.92	46.47
35-39	21.30	29.04	32.92	38.73	40.66	60.02
40-44	25.17	34.85	42.60	48.41	52.28	75.51
45	27.11	38.73	48.41	54.22	60.02	87.13
46	29.04	40.66	50.34	58.09	61.96	91.00
47	29.04	42.60	52.28	60.02	65.83	94.88
48	30.98	44.53	54.22	61.96	67.77	98.75
49	30.98	46.47	58.09	65.83	71.64	102.62
50	32.92	48.41	60.02	69.71	73.58	108.43
51	34.85	50.34	63.90	71.64	77.45	112.30
52	36.79	52.28	65.83	75.51	81.32	118.11
53	36.79	56.15	69.71	79.39	85.20	121.99
54	38.73	58.09	73.58	83.26	91.00	129.73
55	40.66	61.96	77.45	89.07	96.81	137.48
56	44.53	67.77	83.26	94.88	104.56	149.09
57	48.41	71.64	91.00	104.56	112.30	162.65
58	52.28	79.39	98.75	112.30	121.99	176.20
59	56.15	85.20	106.49	121.99	133.60	191.69
60	60.02	92.94	116.18	131.67	143.28	207.18
61	63.90	98.75	123.92	143.28	154.90	222.67
62	67.77	106.49	133.60	152.97	166.52	238.16
63	73.58	114.24	143.28	164.58	180.07	255.59
64	79.39	121.99	154.90	178.14	193.63	276.89
65	85.20	133.60	168.46	193.63	211.05	300.12
66	92.94	145.22	183.95	211.05	230.42	327.23
67	100.69	158.77	201.37	232.35	251.72	358.21
68	110.37	174.26	220.74	253.65	274.95	391.13
69	121.99	189.75	242.03	276.89	300.12	425.98
70	133.60	209.12	265.27	303.99	329.17	464.71
71	145.22	228.48	288.50	331.10	360.15	505.37
72	156.84	247.84	313.68	360.15	389.19	547.97
73	170.39	269.14	340.78	391.13	424.04	592.50
74	185.88	294.31	371.76	425.98	462.77	644.78
75	203.31	323.36	408.55	468.58	507.30	704.80
76	222.67	352.40	447.28	511.18	553.77	768.70
77	242.03	383.38	486.00	557.65	602.18	832.60
78	265.27	420.17	532.47	607.99	656.40	908.11
79	292.38	464.71	588.63	671.89	726.10	1,002.99
80	329.17	522.79	660.27	753.21	813.23	1,124.97
81	371.76	592.50	751.27	855.83	919.73	1,276.00
82	422.11	675.76	853.90	972.01	1,045.59	1,452.20
83	478.26	766.76	968.14	1,101.74	1,183.06	1,649.70
84	540.22	865.51	1,093.99	1,241.15	1,332.16	1,864.63
85	606.05	972.01	1,227.60	1,390.24	1,490.93	2,096.98
86	675.76	1,082.38	1,363.14	1,541.27	1,651.64	2,335.14
87	747.40	1,196.62	1,504.48	1,698.11	1,818.16	2,584.92
88	824.85	1,322.47	1,657.45	1,864.63	1,998.23	2,854.07
89	913.92	1,461.89	1,829.78	2,054.38	2,197.67	3,160.00
90	1,014.61	1,622.60	2,025.34	2,269.31	2,426.15	3,510.46

DISCOUNTS:

Spousal/ Partner: Multiply by .75 for two or .9 for one
 Preferred: Multiply by .9
 Employer Group: Multiply by .9

ELIMINATION PERIOD FACTORS:

30 Day 1.12
 60 Days 1.05
 90 Days 1.00
 180 Days 0.89

**Nursing Facility with 75% Home Health Care Coverage
90 Day Elimination Period**

ANNUAL PREMIUMS PER \$10 OF MAXIMUM DAILY BENEFIT

<u>Issue Age</u>	<u>1 Year</u>	<u>2 Year</u>	<u>3 Year</u>	<u>4 Year</u>	<u>5 Year</u>	<u>Lifetime</u>
18-29	\$13.55	\$17.43	\$21.30	\$23.24	\$25.17	\$34.85
30-34	17.43	23.24	29.04	30.98	34.85	50.34
35-39	21.30	29.04	36.79	40.66	44.53	65.83
40-44	25.17	36.79	46.47	52.28	56.15	83.26
45	29.04	42.60	52.28	60.02	65.83	96.81
46	30.98	44.53	54.22	61.96	67.77	100.69
47	30.98	46.47	56.15	65.83	71.64	104.56
48	32.92	48.41	60.02	67.77	75.51	108.43
49	32.92	50.34	61.96	71.64	77.45	114.24
50	34.85	52.28	65.83	75.51	81.32	120.05
51	36.79	54.22	67.77	79.39	85.20	123.92
52	38.73	56.15	71.64	81.32	89.07	129.73
53	38.73	60.02	75.51	85.20	94.88	135.54
54	40.66	61.96	79.39	91.00	98.75	143.28
55	44.53	67.77	83.26	96.81	106.49	152.97
56	46.47	71.64	91.00	104.56	114.24	166.52
57	50.34	77.45	98.75	114.24	123.92	180.07
58	54.22	85.20	106.49	123.92	135.54	195.56
59	60.02	91.00	116.18	133.60	147.16	212.99
60	63.90	98.75	125.86	145.22	158.77	230.42
61	67.77	106.49	135.54	156.84	172.33	247.84
62	73.58	114.24	145.22	168.46	185.88	267.21
63	77.45	123.92	156.84	182.01	199.44	288.50
64	83.26	133.60	170.39	197.50	216.86	311.74
65	91.00	145.22	185.88	214.93	236.23	338.85
66	98.75	158.77	203.31	236.23	259.46	369.83
67	108.43	172.33	222.67	257.52	282.70	404.68
68	120.05	189.75	242.03	282.70	309.80	443.41
69	131.67	207.18	267.21	309.80	340.78	486.00
70	143.28	228.48	292.38	340.78	371.76	530.54
71	156.84	249.78	319.48	371.76	406.62	578.95
72	170.39	271.08	348.53	404.68	443.41	627.35
73	183.95	294.31	379.51	439.53	482.13	679.63
74	201.37	323.36	414.36	482.13	526.67	739.66
75	220.74	354.34	456.96	530.54	578.95	813.23
76	242.03	389.19	501.49	580.88	635.10	888.75
77	263.33	424.04	546.03	633.16	693.19	968.14
78	288.50	464.71	598.31	695.12	759.02	1,059.14
79	319.48	515.05	664.14	770.64	840.34	1,173.38
80	360.15	580.88	747.40	867.45	944.90	1,322.47
81	408.55	660.27	851.96	985.56	1,074.63	1,506.42
82	462.77	753.21	972.01	1,124.97	1,225.66	1,721.35
83	524.73	855.83	1,105.61	1,277.94	1,392.18	1,961.44
84	592.50	968.14	1,250.83	1,444.46	1,572.25	2,222.84
85	664.14	1,086.25	1,403.80	1,620.66	1,762.01	2,507.47
86	739.66	1,210.17	1,560.64	1,798.80	1,957.57	2,799.85
87	817.11	1,337.96	1,723.28	1,984.68	2,157.01	3,103.84
88	902.30	1,475.44	1,899.48	2,182.18	2,371.93	3,434.95
89	997.18	1,630.34	2,096.98	2,404.85	2,612.03	3,810.58
90	1,107.55	1,808.48	2,323.53	2,660.44	2,888.92	4,242.37

DISCOUNTS:

Spousal/ Partner: Multiply by .75 for two or .9 for one
 Preferred: Multiply by .9
 Employer Group: Multiply by .9

ELIMINATION PERIOD FACTORS:

30 Day 1.12
 60 Days 1.05
 90 Days 1.00
 180 Days 0.89

**Nursing Facility with 100% Home Health Care Coverage
90 Day Elimination Period**

ANNUAL PREMIUMS PER \$10 OF MAXIMUM DAILY BENEFIT

<u>Issue Age</u>	<u>1 Year</u>	<u>2 Year</u>	<u>3 Year</u>	<u>4 Year</u>	<u>5 Year</u>	<u>Lifetime</u>
18-29	\$13.55	\$19.36	\$21.30	\$25.17	\$27.11	\$38.73
30-34	19.36	25.17	29.04	34.85	36.79	56.15
35-39	23.24	30.98	38.73	44.53	48.41	73.58
40-44	27.11	38.73	48.41	56.15	61.96	92.94
45	30.98	44.53	56.15	65.83	71.64	108.43
46	30.98	46.47	58.09	67.77	75.51	112.30
47	32.92	48.41	61.96	71.64	77.45	118.11
48	34.85	50.34	63.90	73.58	81.32	121.99
49	34.85	54.22	67.77	77.45	85.20	127.79
50	36.79	56.15	69.71	81.32	89.07	133.60
51	38.73	58.09	73.58	85.20	94.88	139.41
52	40.66	60.02	77.45	89.07	98.75	145.22
53	42.60	63.90	81.32	92.94	102.62	152.97
54	44.53	67.77	85.20	98.75	108.43	162.65
55	46.47	71.64	91.00	106.49	116.18	172.33
56	50.34	77.45	98.75	114.24	125.86	185.88
57	54.22	83.26	106.49	123.92	137.48	203.31
58	58.09	91.00	116.18	135.54	149.09	220.74
59	63.90	98.75	125.86	147.16	160.71	240.10
60	67.77	106.49	135.54	158.77	176.20	259.46
61	73.58	114.24	147.16	172.33	189.75	280.76
62	77.45	123.92	158.77	185.88	205.24	302.06
63	83.26	131.67	170.39	199.44	220.74	327.23
64	89.07	143.28	185.88	216.86	240.10	354.34
65	96.81	156.84	201.37	236.23	261.40	385.32
66	106.49	170.39	220.74	259.46	286.57	424.04
67	116.18	187.82	242.03	284.63	315.61	464.71
68	127.79	205.24	265.27	311.74	346.59	509.24
69	139.41	224.61	292.38	342.72	379.51	559.58
70	152.97	247.84	321.42	377.57	416.30	613.80
71	168.46	271.08	350.47	412.43	456.96	668.01
72	182.01	294.31	383.38	449.22	497.62	726.10
73	199.44	321.42	416.30	489.88	542.16	788.06
74	216.86	352.40	456.96	538.28	592.50	861.64
75	238.16	387.25	503.43	592.50	654.46	948.77
76	261.40	425.98	553.77	652.52	720.29	1,039.78
77	286.57	464.71	606.05	712.55	786.13	1,136.59
78	313.68	511.18	666.08	784.19	863.58	1,246.96
79	348.53	567.33	739.66	871.32	960.39	1,388.31
80	391.13	638.97	834.53	983.63	1,084.31	1,570.32
81	443.41	728.04	952.65	1,121.10	1,237.28	1,798.80
82	505.37	830.66	1,090.12	1,281.81	1,413.48	2,062.13
83	573.14	944.90	1,241.15	1,461.89	1,610.98	2,356.44
84	646.71	1,070.76	1,405.73	1,655.51	1,823.97	2,681.74
85	726.10	1,202.43	1,581.93	1,858.82	2,048.58	3,032.20
86	807.43	1,337.96	1,758.14	2,066.00	2,277.06	3,394.29
87	892.62	1,479.31	1,942.08	2,278.99	2,511.35	3,771.86
88	983.63	1,630.34	2,139.58	2,509.41	2,765.00	4,186.22
89	1,086.25	1,800.73	2,362.25	2,766.93	3,049.63	4,652.86
90	1,206.30	1,998.23	2,617.84	3,063.18	3,376.86	5,196.95

DISCOUNTS:

Spousal/ Partner: Multiply by .75 for two or .9 for one
 Preferred: Multiply by .9
 Employer Group: Multiply by .9

ELIMINATION PERIOD FACTORS:

30 Day 1.12
 60 Days 1.05
 90 Days 1.00
 180 Days 0.89

**Nursing Facility with 125% Home Health Care Coverage
90 Day Elimination Period**

ANNUAL PREMIUMS PER \$10 OF MAXIMUM DAILY BENEFIT

<u>Issue Age</u>	<u>1 Year</u>	<u>2 Year</u>	<u>3 Year</u>	<u>4 Year</u>	<u>5 Year</u>	<u>Lifetime</u>
18-29	\$15.49	\$19.36	\$23.24	\$25.17	\$27.11	\$42.60
30-34	19.36	27.11	30.98	36.79	38.73	61.96
35-39	23.24	32.92	40.66	46.47	52.28	81.32
40-44	29.04	42.60	52.28	60.02	67.77	104.56
45	32.92	48.41	60.02	69.71	77.45	121.99
46	32.92	50.34	63.90	73.58	81.32	127.79
47	34.85	52.28	65.83	77.45	85.20	131.67
48	36.79	54.22	69.71	79.39	89.07	137.48
49	38.73	56.15	71.64	83.26	92.94	143.28
50	38.73	60.02	75.51	89.07	96.81	151.03
51	40.66	61.96	79.39	92.94	102.62	158.77
52	42.60	65.83	83.26	96.81	106.49	164.58
53	44.53	67.77	87.13	100.69	112.30	174.26
54	46.47	71.64	91.00	106.49	120.05	183.95
55	50.34	75.51	96.81	114.24	127.79	195.56
56	52.28	81.32	104.56	123.92	137.48	211.05
57	58.09	89.07	114.24	133.60	149.09	230.42
58	61.96	96.81	123.92	147.16	162.65	249.78
59	67.77	104.56	135.54	158.77	176.20	273.01
60	71.64	114.24	147.16	172.33	191.69	296.25
61	77.45	121.99	158.77	187.82	209.12	321.42
62	83.26	131.67	170.39	201.37	224.61	346.59
63	89.07	141.35	183.95	218.80	243.97	373.70
64	96.81	154.90	201.37	238.16	265.27	406.62
65	104.56	168.46	218.80	259.46	290.44	445.34
66	114.24	183.95	240.10	284.63	317.55	487.94
67	125.86	201.37	263.33	313.68	348.53	536.35
68	137.48	220.74	288.50	342.72	383.38	588.63
69	151.03	242.03	317.55	377.57	422.11	648.65
70	166.52	267.21	350.47	416.30	464.71	712.55
71	182.01	292.38	383.38	455.02	509.24	778.38
72	197.50	319.48	418.23	497.62	553.77	846.15
73	214.93	348.53	456.96	542.16	606.05	921.67
74	236.23	381.45	501.49	596.37	664.14	1,008.80
75	259.46	422.11	553.77	658.33	733.85	1,113.36
76	284.63	464.71	609.93	726.10	809.36	1,227.60
77	311.74	507.30	668.01	793.87	886.81	1,343.77
78	342.72	557.65	735.78	875.20	975.88	1,479.31
79	379.51	621.54	819.04	975.88	1,088.19	1,653.58
80	427.92	700.93	925.54	1,103.68	1,231.47	1,880.12
81	486.00	799.68	1,057.20	1,262.45	1,409.61	2,160.88
82	553.77	913.92	1,212.11	1,446.40	1,614.85	2,486.17
83	627.35	1,041.71	1,382.50	1,651.64	1,845.27	2,852.13
84	708.68	1,179.19	1,568.38	1,874.31	2,093.11	3,254.87
85	795.81	1,326.35	1,763.94	2,106.66	2,354.51	3,692.47
86	886.81	1,477.38	1,963.38	2,344.83	2,621.71	4,147.50
87	979.75	1,630.34	2,168.62	2,588.80	2,894.73	4,621.88
88	1,080.44	1,798.80	2,389.36	2,850.19	3,189.04	5,142.74
89	1,192.74	1,986.62	2,639.14	3,146.44	3,520.14	5,733.30
90	1,322.47	2,203.48	2,925.71	3,485.29	3,901.59	6,424.55

DISCOUNTS:

Spousal/ Partner: Multiply by .75 for two or .9 for one
 Preferred: Multiply by .9
 Employer Group: Multiply by .9

ELIMINATION PERIOD FACTORS:

30 Day 1.12
 60 Days 1.05
 90 Days 1.00
 180 Days 0.89

**Nursing Facility with 150% Home Health Care Coverage
90 Day Elimination Period**

ANNUAL PREMIUMS PER \$10 OF MAXIMUM DAILY BENEFIT

<u>Issue Age</u>	<u>1 Year</u>	<u>2 Year</u>	<u>3 Year</u>	<u>4 Year</u>	<u>5 Year</u>	<u>Lifetime</u>
18-29	\$15.49	\$19.36	\$23.24	\$27.11	\$29.04	\$46.47
30-34	19.36	27.11	32.92	38.73	42.60	67.77
35-39	25.17	34.85	42.60	50.34	54.22	89.07
40-44	29.04	44.53	54.22	63.90	71.64	116.18
45	32.92	50.34	63.90	73.58	83.26	133.60
46	34.85	52.28	65.83	77.45	87.13	141.35
47	36.79	54.22	69.71	81.32	91.00	147.16
48	38.73	58.09	71.64	85.20	94.88	152.97
49	38.73	60.02	75.51	89.07	98.75	160.71
50	40.66	61.96	79.39	92.94	104.56	168.46
51	42.60	65.83	83.26	96.81	110.37	176.20
52	44.53	67.77	87.13	102.62	114.24	183.95
53	46.47	71.64	91.00	106.49	120.05	193.63
54	48.41	75.51	96.81	114.24	127.79	203.31
55	52.28	79.39	102.62	121.99	135.54	218.80
56	56.15	87.13	110.37	131.67	147.16	236.23
57	60.02	92.94	120.05	141.35	160.71	255.59
58	63.90	100.69	129.73	154.90	174.26	278.82
59	69.71	110.37	141.35	168.46	189.75	303.99
60	75.51	120.05	154.90	183.95	205.24	331.10
61	81.32	129.73	166.52	199.44	224.61	358.21
62	87.13	139.41	180.07	214.93	242.03	387.25
63	92.94	149.09	195.56	232.35	261.40	418.23
64	100.69	162.65	211.05	251.72	284.63	455.02
65	110.37	178.14	230.42	276.89	311.74	499.56
66	120.05	193.63	253.65	303.99	342.72	547.97
67	131.67	212.99	278.82	333.04	375.64	604.12
68	143.28	234.29	305.93	365.96	412.43	664.14
69	158.77	257.52	336.91	402.74	455.02	731.91
70	174.26	282.70	369.83	443.41	501.49	805.49
71	189.75	309.80	406.62	486.00	549.90	881.00
72	207.18	338.85	443.41	530.54	600.24	958.45
73	226.54	369.83	484.07	578.95	654.46	1,043.65
74	247.84	404.68	532.47	635.10	718.36	1,144.34
75	273.01	447.28	588.63	702.87	795.81	1,266.32
76	300.12	491.81	648.65	776.45	877.13	1,396.05
77	327.23	540.22	710.61	850.02	962.33	1,531.59
78	360.15	592.50	782.25	937.16	1,061.08	1,692.30
79	398.87	660.27	871.32	1,045.59	1,183.06	1,893.67
80	449.22	745.46	985.56	1,183.06	1,339.90	2,157.01
81	511.18	850.02	1,126.91	1,353.45	1,535.46	2,482.30
82	580.88	972.01	1,291.49	1,552.89	1,762.01	2,861.81
83	660.27	1,107.55	1,473.50	1,773.63	2,013.72	3,287.79
84	745.46	1,254.70	1,671.00	2,011.79	2,284.80	3,756.37
85	838.41	1,411.54	1,878.18	2,261.57	2,571.37	4,267.54
86	931.35	1,570.32	2,089.24	2,515.22	2,861.81	4,798.08
87	1,030.10	1,732.96	2,306.10	2,776.61	3,158.06	5,351.86
88	1,134.66	1,909.16	2,540.39	3,055.44	3,479.48	5,957.91
89	1,252.77	2,108.60	2,801.79	3,369.11	3,837.69	6,649.16
90	1,388.31	2,337.08	3,103.84	3,729.26	4,252.05	7,456.58

DISCOUNTS:

Spousal/ Partner: Multiply by .75 for two or .9 for one
 Preferred: Multiply by .9
 Employer Group: Multiply by .9

ELIMINATION PERIOD FACTORS:

30 Day 1.12
 60 Days 1.05
 90 Days 1.00
 180 Days 0.89

**Nursing Facility with 200% Home Health Care Coverage
90 Day Elimination Period**

ANNUAL PREMIUMS PER \$10 OF MAXIMUM DAILY BENEFIT

<u>Issue Age</u>	<u>1 Year</u>	<u>2 Year</u>	<u>3 Year</u>	<u>4 Year</u>	<u>5 Year</u>	<u>Lifetime</u>
18-29	\$15.49	\$21.30	\$25.17	\$29.04	\$30.98	\$52.28
30-34	21.30	29.04	34.85	40.66	44.53	77.45
35-39	25.17	36.79	44.53	52.28	58.09	104.56
40-44	30.98	46.47	58.09	67.77	75.51	135.54
45	34.85	52.28	67.77	79.39	89.07	158.77
46	36.79	56.15	69.71	83.26	92.94	164.58
47	38.73	58.09	73.58	87.13	96.81	172.33
48	40.66	60.02	77.45	91.00	102.62	180.07
49	40.66	61.96	79.39	94.88	106.49	187.82
50	42.60	65.83	83.26	98.75	112.30	197.50
51	44.53	69.71	87.13	104.56	118.11	207.18
52	46.47	71.64	91.00	110.37	123.92	216.86
53	48.41	75.51	96.81	114.24	129.73	226.54
54	50.34	79.39	102.62	121.99	137.48	240.10
55	54.22	85.20	108.43	129.73	147.16	257.52
56	58.09	91.00	118.11	141.35	158.77	278.82
57	61.96	98.75	127.79	152.97	172.33	302.06
58	67.77	106.49	139.41	166.52	187.82	329.17
59	73.58	116.18	151.03	180.07	205.24	358.21
60	79.39	125.86	164.58	197.50	222.67	391.13
61	85.20	135.54	178.14	212.99	242.03	424.04
62	91.00	147.16	191.69	230.42	261.40	460.83
63	98.75	158.77	207.18	249.78	282.70	499.56
64	106.49	172.33	224.61	271.08	307.87	544.09
65	116.18	187.82	245.91	298.19	338.85	596.37
66	125.86	205.24	271.08	327.23	371.76	656.40
67	139.41	224.61	296.25	358.21	408.55	722.23
68	152.97	247.84	325.29	395.00	449.22	797.74
69	166.52	271.08	358.21	433.72	493.75	877.13
70	183.95	300.12	395.00	478.26	544.09	968.14
71	201.37	329.17	433.72	524.73	596.37	1,061.08
72	218.80	358.21	472.45	573.14	652.52	1,154.02
73	238.16	391.13	516.98	625.42	712.55	1,258.58
74	261.40	429.85	567.33	687.38	782.25	1,382.50
75	288.50	474.39	627.35	760.95	867.45	1,531.59
76	317.55	522.79	693.19	838.41	956.52	1,694.24
77	346.59	573.14	759.02	919.73	1,049.46	1,862.69
78	381.45	629.29	836.47	1,014.61	1,157.89	2,058.26
79	422.11	700.93	931.35	1,130.78	1,291.49	2,308.04
80	476.32	791.94	1,053.33	1,279.88	1,461.89	2,633.33
81	540.22	902.30	1,204.36	1,463.82	1,674.88	3,036.07
82	615.73	1,030.10	1,378.63	1,678.75	1,920.78	3,500.78
83	698.99	1,173.38	1,572.25	1,914.97	2,193.80	4,025.51
84	788.06	1,328.28	1,781.37	2,170.56	2,488.11	4,600.58
85	884.88	1,490.93	2,000.17	2,435.83	2,794.04	5,226.00
86	981.69	1,655.51	2,220.90	2,704.97	3,103.84	5,874.65
87	1,084.31	1,825.90	2,447.45	2,977.99	3,421.39	6,548.47
88	1,192.74	2,007.91	2,689.48	3,274.24	3,760.24	7,286.19
89	1,316.67	2,213.16	2,962.50	3,601.47	4,141.69	8,128.47
90	1,458.01	2,449.38	3,274.24	3,979.04	4,579.28	9,110.16

DISCOUNTS:

Spousal/ Partner: Multiply by .75 for two or .9 for one
 Preferred: Multiply by .9
 Employer Group: Multiply by .9

ELIMINATION PERIOD FACTORS:

30 Day 1.12
 60 Days 1.05
 90 Days 1.00
 180 Days 0.89

**MULTIPLICATIVE PREMIUM FACTORS FOR
RETURN OF PREMIUM, NONFORFEITURE & PAID UP AT 65 OR TEN PAY OPTIONS**

<u>Issue Age</u>	<u>Return of Premium at Death Factors</u>	<u>Nonforfeiture at Lapse Factors</u>	<u>Paid Up at 65 or Ten Pay Factors</u>
18-29	1.05	1.08	1.27
30-34	1.07	1.09	1.27
35-39	1.08	1.10	1.27
40-44	1.09	1.11	1.28
45	1.10	1.12	1.28
46	1.10	1.12	1.29
47	1.10	1.12	1.29
48	1.10	1.12	1.31
49	1.09	1.12	1.34
50	1.09	1.12	1.37
51	1.09	1.12	1.41
52	1.09	1.12	1.45
53	1.09	1.12	1.48
54	1.08	1.13	1.51
55	1.08	1.13	1.52
56	1.08	1.13	1.53
57	1.07	1.14	1.52
58	1.07	1.14	1.5
59	1.07	1.14	1.46
60	1.06	1.14	1.43
61	1.05	1.14	1.38
62	1.04	1.14	1.34
63	1.04	1.13	1.3
64	1.03	1.13	1.26
65	1.02	1.13	1.24
66	1.02	1.13	1.21
67	1.01	1.13	1.19
68	1.01	1.13	1.18
69	1.01	1.13	1.16
70	N/A	1.13	1.15
71	N/A	1.13	1.14
72	N/A	1.13	1.13
73	N/A	1.13	1.11
74	N/A	1.13	1.1
75	N/A	1.13	1.09
76	N/A	1.12	1.08
77	N/A	1.12	1.08
78	N/A	1.12	1.07
79	N/A	1.12	1.06
80	N/A	1.12	1.06
81	N/A	1.12	1.05
82	N/A	1.12	1.04
83	N/A	1.12	1.04
84	N/A	1.12	1.03
85	N/A	1.12	1.03
86	N/A	1.11	1.02
87	N/A	1.11	1.02
88	N/A	1.11	1.01
89	N/A	1.11	1.01
90	N/A	1.11	1

**MULTIPLICATIVE PREMIUM FACTORS FOR
INFLATION PROTECTION RIDERS**

<u>Issue Age</u>	<u>5% CIPO</u>	<u>5% CIPO for 15 years</u>
18-29	3.40	1.50
30-34	3.29	1.57
35-39	3.10	1.61
40-44	2.91	1.63
45	2.80	1.64
46	2.76	1.65
47	2.72	1.65
48	2.69	1.66
49	2.65	1.67
50	2.61	1.68
51	2.57	1.69
52	2.54	1.70
53	2.50	1.71
54	2.46	1.72
55	2.40	1.72
56	2.34	1.72
57	2.28	1.72
58	2.22	1.71
59	2.16	1.71
60	2.10	1.71
61	2.06	1.71
62	2.02	1.72
63	1.98	1.72
64	1.94	1.72
65	1.89	1.71
66	1.84	1.71
67	1.79	1.70
68	1.75	1.68
69	1.70	1.67
70	1.65	1.64
71	1.60	1.60
72	1.56	1.56
73	1.51	1.51
74	1.47	1.47
75	1.43	1.43
76	1.40	1.40
77	1.37	1.37
78	1.35	1.35
79	1.32	1.32
80	1.29	1.29
81	1.26	1.26
82	1.23	1.23
83	1.21	1.21
84	1.19	1.19
85	1.17	1.17
86	1.15	1.15
87	1.13	1.13
88	1.11	1.11
89	1.10	1.10
90	1.08	1.08

**MULTIPLICATIVE PREMIUM FACTORS FOR
SHARED EXTENDED EXPENSE BENEFIT, RESTORATION OF BENEFITS AND
HOME HEALTH CARE 10 DAY ELIMINATION PERIOD RIDERS**

<u>Shared Benefit Amount</u>	<u>Factors</u>
1 Year	1.44
2 Years	1.35
3 Years	1.27
4 Years	1.19
5 Years	1.13

<u>Restoration of Benefits</u>	<u>Factors</u>
1 Year	1.10
2 Years	1.08
3 Years	1.06
4 Years	1.04
5 Years	1.02

<u>Home Health Care 10 Day Elimination Period</u>	<u>Factors</u>
30 Days	1.05
60 Days	1.08
90 Days	1.11
180 Days	1.18

SERFF Tracking #:

CUNA-131583467

State Tracking #:

CUNA-131583467

Company Tracking #:

2002-LTC-FAC(PA)

State: Pennsylvania

Filing Company:

CMFG Life Insurance Company

TOI/Sub-TOI: LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified

Product Name: 2002 LTC Product

Project Name/Number: 2018 LTC Rate Increase/

Supporting Document Schedules

Satisfied - Item:	Transmittal Letter (A&H)
Comments:	
Attachment(s):	PA Cover Ltr 2002.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Actuarial Certification (A&H)
Comments:	
Attachment(s):	Checklist.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Actuarial Memorandum and Explanatory Information (A&H)
Comments:	
Attachment(s):	Act Memo - 2002 Series - 2017 (PA).pdf PA Rate Basis Appendix - 2002 (blended).xlsx
Item Status:	
Status Date:	

Bypassed - Item:	Advertisements (A&H)
Bypass Reason:	Not applicable.
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Authorization to File (A&H)
Bypass Reason:	Not applicable.
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Insert Page Explanation (A&H)
Bypass Reason:	Not applicable.
Attachment(s):	
Item Status:	

SERFF Tracking #:

CUNA-131583467

State Tracking #:

CUNA-131583467

Company Tracking #:

2002-LTC-FAC(PA)

State: Pennsylvania

Filing Company:

CMFG Life Insurance Company

TOI/Sub-TOI: LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified

Product Name: 2002 LTC Product

Project Name/Number: 2018 LTC Rate Increase/

Status Date:	
Bypassed - Item:	Rate Table (A&H)
Bypass Reason:	Not applicable - not filing new forms.
Attachment(s):	
Item Status:	
Status Date:	
Bypassed - Item:	Replacement Form with Highlighted Changes (A&H)
Bypass Reason:	Not applicable.
Attachment(s):	
Item Status:	
Status Date:	
Satisfied - Item:	Reserve Calculation (A&H)
Comments:	Please see Actuarial Memorandum and other Supporting Documentation.
Attachment(s):	
Item Status:	
Status Date:	
Bypassed - Item:	Variability Explanation (A&H)
Bypass Reason:	Not applicable.
Attachment(s):	
Item Status:	
Status Date:	
Satisfied - Item:	Policyholder Communication
Comments:	
Attachment(s):	02 PP PA 1.8.16 0913 3rd.pdf
Item Status:	
Status Date:	
Satisfied - Item:	State Filing Grid
Comments:	
Attachment(s):	2002 Increases by state.xlsx
Item Status:	
Status Date:	

SERFF Tracking #:

CUNA-131583467

State Tracking #:

CUNA-131583467

Company Tracking #:

2002-LTC-FAC(PA)

State: Pennsylvania **Filing Company:** CMFG Life Insurance Company
TOI/Sub-TOI: LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified
Product Name: 2002 LTC Product
Project Name/Number: 2018 LTC Rate Increase/

Satisfied - Item:	Supplemental Info
Comments:	
Attachment(s):	Morbidity Analysis Details (Dec 2017) - new product factors.xlsx Assumptions Details Descriptions 123117.pdf Claim Reserve Retro Test (Dec 2017).pdf Claim Reserve Retro Test (Dec 2017).xlsx DOB Exhibit.xlsx DOB Exhibit.pdf Inforce as of 12-31-2017.pdf Inforce as of 12-31-2017.xlsx Lapse Analysis Details (Dec 2017).xlsx Lapse Analysis Details (Dec 2017).pdf Model Formulas 123117.pdf Total Persistency Comparisons (App D) (Dec2017).pdf Morbidity Analysis Details (Dec 2017) - new product factors.pdf Mortality Analysis Details (Dec 2017).pdf Mortality Analysis Details (Dec 2017).xlsx Total Persistency Comparisons (App D) (Dec2017).xlsx
Item Status:	
Status Date:	

State:	Pennsylvania	Filing Company:	CMFG Life Insurance Company
TOI/Sub-TOI:	LTC05I Individual Long Term Care - Nursing Home and Home Health Care/LTC05I.001 Qualified		
Product Name:	2002 LTC Product		
Project Name/Number:	2018 LTC Rate Increase/		

Attachment PA Rate Basis Appendix - 2002 (blended).xlsx is not a PDF document and cannot be reproduced here.

Attachment 2002 Increases by state.xlsx is not a PDF document and cannot be reproduced here.

Attachment Morbidity Analysis Details (Dec 2017) - new product factors.xlsx is not a PDF document and cannot be reproduced here.

Attachment Claim Reserve Retro Test (Dec 2017).xlsx is not a PDF document and cannot be reproduced here.

Attachment DOB Exhibit.xlsx is not a PDF document and cannot be reproduced here.

Attachment Inforce as of 12-31-2017.xlsx is not a PDF document and cannot be reproduced here.

Attachment Lapse Analysis Details (Dec 2017).xlsx is not a PDF document and cannot be reproduced here.

Attachment Mortality Analysis Details (Dec 2017).xlsx is not a PDF document and cannot be reproduced here.

Attachment Total Persistency Comparisons (App D) (Dec2017).xlsx is not a PDF document and cannot be reproduced here.

Lynn Weasner
Compliance Operations Analyst
Telephone: 608.665.7678
E-mail: corpcompliance@cunamutual.com
Fax: 608.233.4932



CMFG Life Insurance Company

July 20, 2018

Pennsylvania Insurance Department
Bureau of Rate & Policies
1326 Strawberry Square, 13th Floor
Harrisburg, PA 17120

RE: CMFG Life Insurance Company
FEIN Number: 39-0230590
NAIC Number: 306-62626
Individual Long-Term Care Insurance Rate Revision for 2002-LTC-FAC(PA)
SERFF Tracking Number: CUNA-131583467

Dear Sir or Madam:

The purpose of this filing is to request a rate increase on our Long Term Care insurance policy forms 2002-LTC-FAC(PA), 2002-LTCR-HCC(PA) and associated riders, which were approved by the Department on November 7, 2002, File #HL-019002. The Company is requesting a 10% rate increase.

CMFG Life is seeking rate increases on its Long Term Care Insurance (LTC) products because current estimates of lifetime loss ratios are in excess of expected. Persistency experience is the primary driver of our higher-than-expected loss ratios. Although morbidity projections are also less favorable than expected in original pricing, the overwhelming issues are lower lapse and mortality rates; as a result, the Company will ultimately pay out much more in claims than was originally expected. We are projecting lifetime loss ratios far in excess of what was assumed when the product was priced.

CMFG Life has requested or intends to request at least a 100% rate increase on all LTC plans in all states and the District of Columbia. In states where the entire increase is not acceptable all at one time, an additional rate increase will be requested in successive years.

CMFG Life no longer markets proprietary Long Term Care insurance in any state.

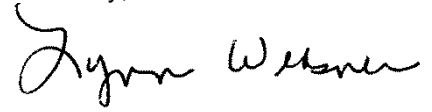
Once state approval is received, action will be taken to implement the rate increase in a timely manner. We will offer affected policy owners some alternative options to reduce their benefits in order to possibly maintain their current premium levels.

Attached to the Supporting Documentation tab is the actuarial memorandum with corresponding appendices to support this request. Also attached to the Rate/Rule Schedule tab is a new rate table for this form, with a 10% increase applied.

Pennsylvania Insurance Department
July 20, 2018
Page 2

Thank you for your time in reviewing this submission.

Sincerely,

A handwritten signature in black ink that reads "Lynn Weasner". The signature is written in a cursive style with a large initial 'L'.

Lynn Weasner
Compliance Operations Analyst
CUNA Mutual Group

Company Name: CMFG Life Insurance Company

Contact: Lynn Weasner

SERFF TRACKING #: CUNA-131583467

Date Filed: 7/18/18

2002-LTC-FAC(PA)

**ACCIDENT & HEALTH FORMS & RATES FILING SUBMISSION REQUIREMENTS CHECKLIST
INDIVIDUAL LONG TERM CARE
Updated October 14, 2008**

This checklist applies to Individual Long Term Care policies, rates, rules and supplementary rating. Form, rates, rules, and other supplementary information proposed to be issued in this Commonwealth shall be submitted for approval. This checklist is not considered all inclusive and only functions as a guide. For a complete understanding of the filing requirements and instructions, please refer to the applicable laws and regulations. (40 P.S. § 991.1101 and 40 P.S § 3801 et Seq.)

X	REVIEW REQUIREMENTS	REFERENCE	COMMENTS
SUBMISSION REQUIREMENTS			
N/A	FILING FEES	40 P.S. § 50	Any filing fee as required by the retaliatory requirements of Section 212 of the Insurance Department Act.
X	TRANSMITTAL LETTER Transmittal Letter Requirements below for complete requirements)	31 Pa. code § 89b4(a) 31 Pa. Code § 89b.5	Duplicate copies of the Letter of Submission for hard copy submissions. Company must supply a listing of forms as required.
N/A	FORMS REQUIREMENTS (See Form Requirements Section below for complete requirements)	31 Pa. Code §89b.4	Duplicate copies of the form(s) if submitted in hard copy. For electronic submissions, only one copy of form(s) is required.
N/A	ADVERTISEMENTS	31 Pa. Code § 51 31 Pa. Code § 89a.120 40 P.S. § 1171.1 – § 1171.15 40 P.S. § 991.1113	Advertisements are included or will be filed.
X	ACTUARIAL DOCUMENTATION RATE TABLE NUMERICAL DATA (see Actuarial Requirements section below for complete requirements)	31 Pa. Code § 89a.109(b) 31 Pa. Code § 89a.108	Actuarial certification, memorandum and explanatory exhibits for new forms and/or rate changes are required. A rate table must be included with the submission. Numerical Data must be provided on Microsoft Excel spreadsheets (version 2000 or less), on a CD or electronically.
TRANSMITTAL LETTER REQUIREMENTS			
X	REPRESENTATIVE/INSURER IDENTITY & AUTHORIZATION TO FILE	31 Pa. Code § 89b.4(f) 31 Pa. Code § 89b.5 & § 89b.11(a)	1. Identify the insurer whose name appears on each filed form. 2. Identify the representative of the insurer or other party authorized to make the filing. 3. If the filing is being submitted by a separate party on behalf of the insurer, a letter of authorization is needed from the insurer authorizing the separate party to submit the filing.
N/A	FORMS REQUIREMENT FOR EACH SUBMITTED FORM	31 Pa. Code § 89b.4 31 Pa. Code § 89b.5 31 Pa. Code § 89b.11 40 P.S. § 752	Duplicate copies of the form(s) if submitted in hard copy. For electronic submissions, only one copy of form(s) is required. A separate listing of all the submitted forms is required. When listing all submitted forms, identify each form by: 1. Type of form. 2. Form number. 3. Product category. Identify whether it is an individual or group policy form and the coverage of each policy form filed 4. State whether or not each submitted form is intended to replace a previously approved or filed form. If replacement is involved, the submission letter must identify: (a). The form number of the form to be replaced.

			(b). The date that the form was approved or filed. (c). All replacement forms that have the same form number as the original filing need a revision date as part of the form number. The form number shall be adequate to distinguish the policy from all others used by the insurer and placed in the lower left-hand corner of the document. (d). A description of the changes made to the form to be replaced. **The Department requires that a highlighted copy representing changes be submitted.
N/A	STATEMENT OF ANY INTENDED VARIABILITY	31 Pa. Code § 89b.11(e)	An explanation of the variability of any information appearing in the contract which is noted as variable. All such information shall be bracketed to clearly denote variability.
N/A	INNOVATIVE FEATURES	31 Pa. Code § 89b.5(4)	Briefly describe any new or innovative benefits to be offered in the policy form in addition to the benefits provided in the policy form that otherwise complies with the applicable Long Term Care standards.
N/A	INSERT PAGE REQUIREMENTS	31 Pa. Code §153.2	If the filing includes an insert page(s), an explanation of when the insert page(s) will be used.
X	RATE ADJUSTMENT REQUIREMENTS		Company must identify adjustment percentage and if the adjustment varies by age, benefit, etc., the range of variation, Pennsylvania form numbers affected and the number of Pennsylvania policyholders affected.

FORMS REQUIREMENTS

FORMS REQUIRED BY PRODUCT LINE:

LONG TERM CARE:

LONG TERM CARE PARTNERSHIP PROGRAM CERTIFICATION:

READABILITY REQUIREMENTS

N/A	GENERAL READABILITY	31 Pa. Code § 89b.11(f) 31 Pa. Code § 89b.4(b)	Forms shall be clearly legible, concise, accurate and consistent.
N/A	TYPE (FONT)	40 P.S. § 752(A)(4) 31 Pa. Code § 89.783(d)(3) 31 Pa. Code § 89.784(4)	Each form shall be presented in at least 10 point type with the exception of the Outline of Coverage and the Notice Regarding Replacement which are to be 12 point type.
N/A	PROMINENCE	40 P.S. § 752(A)(4) 31 Pa. Code § 89b.1	The style, arrangement and overall appearance of the policy shall give no undue prominence to any portion of the text of the policy or to any endorsements or riders.
N/A	VARIABILITY	31 Pa. Code § 89b.11(e)	1. The blank spaces of each form, except an application, shall be filled in with hypothetical data to indicate the purpose of the form. 2. The data shall be realistic and consistent with the other contents of the form. 3. Information appearing in a form, except an application, which is variable shall be bracketed or otherwise marked to denote variability.
N/A	FORM NUMBER	31 Pa. Code § 89b.11(b) 40 P.S. § 752(A)(6)	Each form must encompass a form number in the lower left hand corner which is adequate to distinguish such form from all others used by the Insurer.

POLICY FORM GENERAL REQUIREMENTS

NA	COVER PAGE: COMPANY NAME & ADDRESS LOGO SIGNATURES	31 Pa. Code § 89b.11(a) 40 P.S. § 440	1. The full corporate name of the insuring company shall appear prominently on the first page of the policy. 2. The insuring company address, consisting of at least a city and state shall appear on the first page of the policy. 3. A marketing name or logo may be used on the first page of the policy provided that neither misleads as to the identity of the Insuring company. 4. Signatures of two company officers shall appear on the first page of the policy.
N/A	COVER PAGE: FREE LOOK	40 P.S. § 991.1110	The policy shall contain a right to examine provision that shall appear on the cover page of the policy or is visible without opening the policy. This must include the address of the company so that the policy can be returned directly to the company rather than through the Producer.
N/A	COVER PAGE: FORM NUMBER	31 Pa. Code § 89b.11(b) 40 P.S. § 752(A)(6)	A form identification number shall appear at the bottom of the policy. The form number shall be adequate to distinguish the form from all others used by the insurer and placed in the lower left-hand corner of the document.
			The policy shall contain a brief description that shall

N/A	COVER PAGE: DESCRIPTION OF COVERAGE	31 Pa. Code § 89a. 107 31 Pa. Code § 89a. 108 31 Pa. Code § 89b.11(c)	appear prominently on the cover page of the policy or is visible without opening the policy. The brief description shall contain at least the following information: 1. A caption of the type of coverage provided (i.e.: Long Term Care Policy providing Nursing Home and Home Health Care Benefits.) 2. A provision indicating that the policy coverage shall be guaranteed renewable. 3. A provision that the insurer reserves the right to change premiums and a provision regarding any renewal premium increases.
N/A	COVER PAGE: PARTICIPATING/NONPARTICIPATING	31 Pa. Code § 89b.11(c)(3)	Disclose whether or not the policy is participating or non-participating.
N/A	COVER PAGE: NOTICE TO BUYER	31 Pa. Code § 89a.120(a)(2)	The policy shall display a notice that states "Notice to buyer: This policy may not cover all your medical expenses." Such notice shall appear prominently on the first page of the policy by type, stamp or other appropriate means.
N/A	COVER PAGE: RENEWABILITY	31 Pa. Code § 88.11 31 Pa. Code § 89.74 31 Pa. Code § 89a.105(a) 31 Pa. Code § 89a.107(a) 31 Pa. Code § 89a.108(a) 31 Pa. Code § 89a.120	A Renewability provision must be appropriately captioned. It must include the insurers' right to change premiums. If applicable, it must include any automatic renewal premiums increases based on age and give 45 days prior notice of premium change.
N/A	COVER PAGE: TAX-QUALIFIED/NON TAX-QUALIFIED	31 Pa. Code § 89a.107(g)&(h)	A disclosure statement must appear, stating that the policy is intended to be or not intended to be a qualified long-term care insurance contract.
N/A	COVER PAGE: ASSESSABLE POLICY	31 Pa. Code § 88.122 31 Pa. Code § 89.73	A disclosure is required if the policy is assessable.
N/A	COVER: CAUTION	31 Pa. Code § 89a.110	A "caution" notice of accuracy if the application contains medical questions.
N/A	SCHEDULE OF BENEFITS PAGE	31 Pa. Code § 89b.11(e) 31 Pa. Code § 153.2 40 P.S. § 752	1. If the specifications page of the policy is submitted, it shall be completed with hypothetical data. This data must be realistic and consistent with the other contents of the policy. 2. Any variable information appearing in the policy shall be bracketed to clearly denote variability. 3. A complete statement of variability is required. **This information is required to be in the Policy: 1. Entire Money and Consideration. 2. Effective date of coverage. 3. Identification of Insured. 4. All eligible family members. 5. Overview of Coverage
POLICY FORM REQUIRED PROVISIONS			
40 P.S. § 753(C) Inapplicable or Inconsistent Provisions. If any provision of this section (40 P.S. § 753) is in whole or in part inapplicable to or inconsistent with the coverage provided by a particular form of policy, the insurer, with the approval of the commissioner, shall omit from such policy any inapplicable provision or part of a provision, and shall modify any inconsistent provision of part of the provision in such manner as to make the provision as contained in the policy consistent with the coverage provided by the policy. (D) Order of Certain Policy Provisions. The provisions which are the subject of subsections (A) and (B) of this section, or any corresponding provisions which are used in lieu there of in accordance with such subsections, shall be printed in the consecutive order of the provisions in such subsections or, at the option of the insurer, any such provision may appear as a unit in any part of the policy, with other provisions to which it may be logically related, provided the resulting policy shall not be in whole or in part unintelligible, uncertain, ambiguous, abstruse, or likely to mislead a person to whom the policy is offered, delivered or issued.			
N/A	ENTIRE CONTRACT	40 P.S. § 753(a)(1) P.L. 682, No. 284 § 618	The policy shall contain a provision regarding what constitutes the entire contract between the insurer and the policyholder. If the application is to be a part of the policy the entire contract provision shall state that the application is a part of the policy.
N/A	TIME LIMITS ON CERTAIN DEFENSES(Non-Tax Qualified)		1. The policy shall contain a provision regarding time limits on certain defenses. 2. The contestable period shall be no greater than 3 years from the date of policy issue. 3. Coverage may be contested based on a statement contained in an application made a part of the policy, therefore if the issuing company expects to rely on an application to contest the policy, the company must attach

N/A	INCONTESTABILITY (Tax Qualified)	40 P.S. § 753(a)(2) 40 P.S. § 991.1107 HIPAA § 326	or otherwise make the application a part of the policy. 4. The policy may only include the following exception to the time limit on certain defense provisions: fraudulent misstatement. 5. Exclusionary riders are prohibited. 6. Previously paid LTC qualified benefits may NOT be recovered. 7. For tax qualified policies, use Incontestability Period instead of Time Limit on Certain Defenses.
N/A	GRACE PERIOD	40 P.S. § 753 31 Pa. Code § 89a.106 P.L. 682, No. 284 § 618	1. The policy shall contain a grace period provision and include the conditions of the provision. 2. A minimum of 65 days grace period shall be provided for the payment of any premium due except the first. 3. The coverage shall continue in force during the grace period and may not be back-dated.
N/A	REINSTATEMENT- GENERAL AND COGNITIVE IMPAIRMENT	31 Pa. Code § 89a.106 40 P.S. § 753(a)(4) P.L. 682, No. 284 § 618	1. The policy shall contain a reinstatement of the policy for nonpayment of premiums provision and include the conditions of the reinstatement. 2. Application/evidence of insurability may be required.
N/A	NOTICE OF CLAIM	40 P.S. § 753(a)(5) P.L. 682, No. 284 § 618	1. The policy shall contain a notice of claim provision that provides for written notice of the claim by the policyholder within 20 days after the occurrence or commencement of any loss covered by the policy, or as soon thereafter as is reasonably possible. 2. The provision shall contain an address to which the policyholder shall submit the notice of claim.
N/A	CLAIMS FORMS	40 P.S. § 753(a)(6) 40 P.S. § 991.1202 40 P.S. § 991.1205 P.L. 682, No.284 § 618	The policy shall contain a claim forms provision which provides the following: 1. The insurer, upon receipt of a notice of claim, will furnish to the claimant such forms as are usually furnished by it for filing proofs of loss. 2. If such forms are not furnished within fifteen (15) days after such notice, the claimant shall be deemed to have complied with the requirements of the policy as to proof of loss.
N/A	PROOF OF LOSS	40 P.S. § 753(a)(7) P.L. 682, No. 284 § 618	1. The policy shall contain a proof of loss provision and include the conditions of the provision. 2. The provision shall provide that notice to the insurer be made within 90 days of the date of such loss. 3. The provision shall also provide that failure to furnish such proof within the time required shall not invalidate nor reduce any claim if it was not reasonably possible to give proof within such time.
N/A	TIME OF PAYMENT OF CLAIMS	40 P.S. § 753(a)(8) P.L. 682, No. 284 § 618	The policy shall contain a time of payment of claims provision which shall provide for the immediate payment upon receipt of written proof of loss.
N/A	PAYMENT OF CLAIMS	40 P.S. § 753(a)(9) P.L. 682, No. 284 § 618	The policy shall contain a payment of claims provision that includes conditions for payment of claims in the event where there is no beneficiary designation.
N/A	PHYSICAL EXAMINATIONS	40 P.S. § 753(a)(10) 31 Pa. Code § 89a. 125 P.L. 682, No. 284 § 618	1. The policy shall contain a physical examination provision. 2. The provision shall indicate that the insurer, at its own expenses, shall have the right and opportunity to examine the person of the insured when and as often as it may reasonable require during the pendency of a claim. The initial certification by a Licensed Health Care Practitioner may not be rescinded and additional examinations/assessments may not occur until after the expiration of the 90-day certification period.
N/A	LEGAL ACTIONS	40 P.S. § 753(a)911) P.L. 682, No. 284 § 618	1. The policy shall contain a legal actions provision. The provision shall indicate that no action at law or in equity shall be brought to recover on this policy prior to the expiration of sixty (60) days after written proof of loss has been furnished in accordance with the requirements of this policy. 2. In addition, the provision shall indicate that no such action shall be brought after the expiration of three (3) years after the time written proof of loss is required to be furnished.
N/A	MISSTATEMENT OF AGE	40 P.S. § 753(b)(2) & § 754 P.L. 682, No. 284 § 618 & § 619 31 Pa. Code § 88.41	The policy shall contain a misstatement of age provision providing that the amount payable shall be such as the premiums would have purchased at the correct age.

N/A	OTHER INSURANCE WITH THIS INSURER AND OTHER INSURERS	40 P.S. § 753(B)	Sets forth requirements.
N/A	CONFORMITY WITH STATE STATUTES	40 P.S. § 753(B)(9)	All provisions of this policy must conform with State Statutes.
BENEFIT PROVISIONS AND STANDARDS			
N/A	POLICY DEFINITIONS	31 Pa. Code § 89a.103 & 104 31 Pa. Code § 89a.107 & 125 26 U.S.C.A. § 7702B(c)(2) 26 U.S.C.A. § 7702(c)(1) 40 P.S. § 991.1101(a)(7) 40 P.S. § 991.1103 & 1201 IRS Notice 9731	The policy definitions must contain at least the minimum language of the regulations. Thereafter, the company may add more liberal language in addition to the required minimum language.
N/A	BENEFIT STANDARDS	31 Pa. Code § 89a.105(b) 31 Pa. Code § 89a.106 31 Pa. Code § 89a.107(f)(e) 31 Pa. Code § 89a.111 & 112 31 Pa. Code § 89a.123, 124, 125 40 P.S. § 991.1105	The policy provisions shall comply with all the standards provided, including: 1. A section captioned “Eligibility for the Payment of Benefits” is required. 2. A section titled “Limitations or Conditions on Eligibility for Benefits” is required of any limitations/conditions apply. 3. Benefit triggers, pre-existing requirements and the fact that services must be qualified LTC service shall be addressed.
N/A	PRE-EXISTING CONDITIONS	31 Pa. Code § 88.51 & § 88.52 31 Pa. Code § 89a.107 40 P.S. § 753(a)(2) 40 P.S. § 991.1105 & 1107 P.L. 682, No. 284 § 618(a)(2)	Covered or Excluded?
N/A	HOME HEALTH & COMMUNITY CARE STANDARDS	40 P.S. 991.1101 et. seq. 31 Pa. Code § 89a.111	If included, can be no less than 50% of the facility benefit.
N/A	INFLATION PROTECTION	31 Pa. Code § 89a.112	Must be offered to the policyholder/certificate holder. Minimum requirements established.
N/A	NONFORFEITURE REQUIREMENTS	31 Pa. Code § 89a.123	Required to be offered to the policyholder/certificate holder. Minimum requirements established. If insured does not elect nonforfeiture, they automatically receive contingent nonforfeiture benefits.
N/A	EXTENSION OF BENEFITS AND TERMINATION OF COVERAGE	40 P.S. § 752 31 Pa. Code § 88.41 (6 – 9) 31 Pa. Code § 89a.105 31 Pa. Code § 89a.106 40 P.S. § 991.1105	Disclosure of when insurance terminates required. Unintentional lapse – insurer must provide “Notice Before Lapse or Termination”. Insured may name a third party to receive such notice. Notice cannot be given until 30 days after a premium is due and unpaid. Extension of coverage is required if insured was institutionalized while policy was in force, then lapses during institutionalization.
N/A	EXCLUSIONS AND LIMITATIONS	31 Pa. Code § 89a.105 & 107 & 122 31 Pa. Code § 89a.126(10) 40 P.S. § 991.1107 & § 991.1105	Cannot limit or exclude coverage by type of illness, by type of treatment, by medical condition or accident unless permitted in these cites.
N/A	DISCLOSURE: PERSON(S) INSURED	31 Pa. Code § 88.31 31 Pa. Code § 113.81 40 P.S. § 752	Disclose who is insured / named insured.
N/A	DISCLOSURE: RATE INCREASE	31 Pa. Code § 89a.108	45-day notification required.
N/A	DISCLOSURE: COPY OF REQUIRED DISCLOSURE OF RATING PRACTICES TO CONSUMERS	31 Pa. Code § 89a.108	Sets forth requirements.
N/A	REPLACEMENT/PRE-EXISTING OR PROBATIONARY PERIODS	31 Pa. Code § 89a.122	If a LTC policy or certificate replaced another LTC policy or certificate, the replacing insurer shall waive time periods applicable to pre-existing conditions and probationary periods in the new LTC policy for similar benefits to the extent that similar exclusions have been satisfied under the original policy.
			Can't establish a new waiting period when existing

N/A	REPLACEMENT/WAITING PERIOD	40 P.S. § 991.1105	coverage is converted or replaced by a new or other form within the same Company – except in respect to any increase in benefits voluntarily selected by the insured individual or group policyholder.
N/A	CONVERSION/CONTINUATION	31 Pa. Code § 89a.105	Sets forth requirements.
N/A	REPLACEMENT OF GROUP POLICY	31 Pa. Code § 89a.105	Sets forth requirements.
N/A	MISCELLANEOUS PROVISIONS	40 P.S. § 991.1101 – § 991.1115	<ol style="list-style-type: none"> 1. Alternative Plan of Care is permitted. Alternative Plan of Care must provide the insured the ability at any time to discontinue the Alternative Plan of Care and resume the benefits provided in the policy. 2. Care Coordination is permitted. It must be at the option of the insured and cannot be a mandatory requirement. All benefits provided in the policy must be available to insureds whether or not care coordination is used. Disclosure must be made that the policy contains care coordination requirements. The policy must identify the appeal process and any other requirements relating to care coordination. 3. References to Tax Qualification should not be made in Non-Tax Qualified Policies.
REQUIREMENTS FOR APPLICATION			
N/A	FRAUD LANGUAGE	18 Pa. C.S.A. § 4117	Applications for insurance must contain the required Pennsylvania fraud language.
N/A	MEDICAL QUESTIONS APPLICATION/POST CLAIMS UNDERWRITING	<p>31 Pa. Code § 88.121 31 Pa. Code § 89.12 31 Pa. Code § 89.72 31 Pa. Code § 89a.110</p>	<ol style="list-style-type: none"> 1. Applications shall contain clear and direct questions by the insurer permitting answers by the applicant only in the form of direct statements of known facts. 2. Applications may not contain questions or representations based on indefinite or ambiguous terms (i.e.: Questions should be designed to elicit information as to whether the applicant has been medically diagnosed and/or advised by a member of the medical profession) 3. Opinion-type questions regarding the past or present health of the applicant should provide that the applicant answer to the best of his knowledge. 4. Except Guaranteed Issue Policy Forms, the application form must contain clear and unambiguous questions designed to ascertain the health condition of the applicant. 5. If the application questions whether the applicant has had medication prescribed by a physician, it must also ask the applicant to list the medication. 6. The Policy or Certificate may not be rescinded if the medication listed in the application were known by the insurer or should have been known at the time of the application to be directly related to the medical condition for which coverage would otherwise be denied.
N/A	FRATERNAL BENEFIT SOCIETY		Refer to Fraternal Benefit Society Checklist
N/A	APPLICATION TERMINOLOGY & NOTICE REQUIREMENTS	<p>31 Pa. Code § 88.53 & 88.121 31 Pa. Code § 89.12 & 89.72 31 Pa. Code § 89a.106(a)(2) 31 Pa. Code § 89a. 108 31 Pa. Code § 89a.113 Title 18 Crimes and Offenses 4117(k)(1) 31 Pa. Code § 89b.11</p>	<ol style="list-style-type: none"> 1. The application or enrollment form must clearly indicate the payment plan selected by the applicant. 2. Requirements/questions to elicit whether, as of the date of the application, the applicant has other insurance policies related to Long Term Care insurance currently in force.
N/A	REQUIRED QUESTIONS	31 Pa. Code § 89a.113	Questions required to be answered by applicant and producer, if producer is involved in the sale.
N/A	REPLACEMENT COVERAGE & NOTICE REQUIREMENTS	<p>31 Pa. Code § 88.101 31 Pa. Code § 89a. 113 40 P.S. § 991.1103</p>	Requirements for replacement coverage and notice of replacement.
N/A	UNDERWRITING	40 P.S. § 991.1107	Insurer may use an application to elicit the complete health history of the applicant and on the basis of such answers, underwrite the applicant in accordance with the insurer's established underwriting standards.
N/A	INFLATION PROTECTION REJECTION STATEMENT/ SIGNATURE REQUIREMENT	31 Pa. Code § 89a.112	Rejection statement with signature line required.
N/A	CAUTION	31 Pa. Code § 89a.110	Must be set out conspicuously and in close conjunction to

			the applicant's signature block on the application for a LTC policy or certificate.
ADDITIONAL FORMS REQUIRED			
N/A	OUTLINE OF COVERAGE	31 Pa. Code § 89.783(e) 31 Pa. Code § 89a.126 31 Pa. Code § 89a.107(g)&(h)	Filing must include an outline of coverage. It shall have: 1. A unique form number that is not the same as the policy number. 2. Standard Format Notice – This is not a Med Supp. 3. A disclosure statement must appear, stating that the policy is intended to be or not intended to be a qualified insurance product.
N/A	APPENDIX B	31 Pa. Code § 89a.108(b), (c) 31 Pa. Code § 89a.120(a)(3) & 121 31 Pa. Code § 89a. Appendix B	LTCI Personal Worksheet required in format provided.
N/A	APPENDIX C	31 Pa. Code § 89a.121(e) 31 Pa. Code § 89a. Appendix C	Things You Should Know Before Buying LTCI required in format provided. Must be given at same time Personal Worksheet is provided to the applicant. Must be in 12 point type.
N/A	APPENDIX D	31 Pa. Code § 89a.121(f) 31 Pa. Code § 89a. Appendix D	LTCI Suitability Letter required in format provided or substantially similar language conveying same content.
N/A	APPENDIX F	31 Pa. Code § 89a.108 (b), (c) 31 Pa. Code § 89a. Appendix F	Potential Rate Increase Disclosure form required in format provided.
N/A	DISCLOSURE / SHOPPER'S GUIDE	31 Pa. Code § 89a. 127	Producer shall deliver the shopper's guide prior to the presentation of an application or enrollment form. Direct Response Solicitations must present a shopper's guide with an application or enrollment form.
N/A	NOTICE: REPLACEMENT	31 Pa. Code § 88.102 & 103	Notice to applicant regarding replacement of accident and sickness insurance.

ELECTRONIC TRANSACTIONS ACT

****NOTICE REGARDING FILINGS SUBMITTED FOR ELECTRONIC TRANSACTIONS:

Electronic commerce is expanding rapidly and is an engine for economic growth in this Commonwealth and the United States. State laws recognizing the validity and enforceability of electronic signatures, records and writings are important to the continued expansion of electronic commerce. The rights of consumers under existing laws need to be protected and preserved; therefore the insurer must comply with the Unconsolidated Pennsylvania Statutes, Title 73 (Trade and Commerce), Electronic Transactions Act.

X	REVIEW REQUIREMENTS	REFERENCE	COMMENTS
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LONG TERM CARE PARTNERSHIP PROGRAM CERTIFICATION

Act 40 of 2007: On September 28, 2007, the Secretary of the Department of Public Welfare (DPW) submitted a State Plan Amendment (SPA) to the Centers for Medicare and Medicaid Services for approval of Pennsylvania's qualified long-term care insurance partnership (Qualified Partnership). The SPA was approved on December 19, 2007, with an effective date of the Qualified Partnership of July 1, 2007. For information regarding the Long Term Care Partnership Program, please refer to Pa. Bulletin, Notice 2008-05 (38 Pa.B. 1907). This information can be found on the Department website at www.ins.state.pa.us. Forms to be completed, and additional information regarding the Long Term Care Partnership Program, can be found on the above referenced website under the Accident & Health Checklists - Long Term Care Partnership Program. Once a Carrier has a filing approved for use, the contact information for that carrier will be placed on a listing on the Department website. This listing is accessible by the general public.

N/A	ISSUER CERTIFICATION FORM	Pa. Bulletin, Notice 2008-05, Attachment A Send Completed copy of all pages of the "PA Issuer Certification Form" found on the PA Insurance Department Website.	Under the DRA, at 42 U.S.C. § 1396p(b)(5)(B)(iii), the Insurance Commissioner may certify that policies identified as Qualified Partnership Policies meet certain consumer protection requirements set forth in the DRA. To provide to the Insurance Commissioner the information necessary to provide such certification, issuers of long-term care insurance policies identified as Qualified Partnership Policies may provide the Department information and a certification as described in Attachment A which is available on the Department's web site.
N/A	LISTING OF FORMS AND FORM #	Pa. Bulletin, Notice 2008-05, Attachment A Send Completed copy of all pages of the "PA Issuer Certification Form" found on	1. Policy form number(s) (or other identifying information, such as certificate series) for policies covered by this Issuer Certification Form. 2. All Policies must be Tax qualified and comprehensive. 3. Specimen copies of each of the above policy forms, including any riders and endorsements, shall be provided with the filing.

		the PA Insurance Department Website. Act 40 of 2007, Section 1103	4. Previously approved LTC Policies and Forms presented for Certification shall be presented with disclosure of the Department's approval stamp as part of the form.
N/A	INFLATION PROTECTION RIDERS	Pa. Bulletin, Notice 2008-05, Attachment A Send Completed copy of all pages of the "PA Issuer Certification Form" found on the PA Insurance Department Website.	All Riders that will be used to comply with the above requirements must be listed and a copy included with filing. If the rider has been previously approved, include a copy of the rider with the Department's approval stamp shown on the form. Identify the policy number the rider was approved to be used with.
N/A	INFLATION PROTECTION REQUIREMENTS	Pa. Bulletin, Notice 2008-05 DRA at 42 U.S.C. § 1396p(b)(1)(A)(iii)(IV) 31 Pa. Code § 89a.112 Send Completed copy of all pages of the "PA Issuer Certification Form" found on the PA Insurance Department Website.	Inflation Protection must meet the requirements stipulated by the Deficit Reduction Act. On a separate page, stating the full corporate or legal name of the company, association, exchange or society, provide the Department with an explanation of how Inflation Protection Offers identified in the filing will be used by Issue Age of the Insured. The explanation must list compliance by issue age. The following is an example of acceptable Inflation Protection by issue age: 1. <u>Issue age 60 and under</u> : The policy must be <i>issued</i> with Annual <i>Compound</i> Inflation that automatically increases annually at a rate equal to the Consumer Price Index (CPI) or at a fixed compound rate of not less than 3%. Note: 31 Pa. Code Section 89a.112 requires an offer of a 5% Compound annual inflation protection be made on all long term care policies offered in Pennsylvania. 2. <u>Issue Ages 61 – 75</u> : The policy must be <i>issued</i> with some form of inflation protection –either compound or simple inflation protection at a rate equal to the Consumer Price Index (CPI) or at a fixed rate not less than 3%. 3. <u>Issue Age 76+</u> : Inflation protection must be <i>offered</i> . 4. <u>All issue ages</u> : 5% annual compound (lifetime) option must be <i>offered</i> . Note: A future or guaranteed purchase option for inflation protection does <i>not</i> meet the requirements of the Deficit Reduction Act except for Applicant's age 76+. Note: Inflation Protection with a limited term (that is, 10-years or 20-years) does <i>not</i> meet the requirements of the Deficit Reduction Act.
N/A	IMPORTANT POLICY LTCP STATUS NOTICE	Pa. Bulletin, Notice 2008-05, Attachment B	A copy of Attachment B on Issuer letterhead should be submitted with filing.
N/A	LTCP PROGRAM POLICY SUMMARY	Pa. Bulletin, Notice 2008-05, Attachment C	A copy of Attachment C on Issuer letterhead should be submitted with filing.
N/A	REQUIREMENT FOR POLICY EXCHANGES	Act 40 of 2007 (40-39-710.1) 40 P.S. § 991.1111	The Insurer must offer to exchange any policy or certificate issued between February 8, 2006 and the effective date of the State Plan Amendment with a Qualified LTC Partnership Program policy.
X	REVIEW REQUIREMENTS	REFERENCE	COMMENTS
ACTUARIAL CERTIFICATION			
X	STATEMENTS TO BE CERTIFIED IN ACTUARIAL CERTIFICATION	31 Pa. Code § 89a.109(b)(2)(i) 31 Pa. Code § 89a.109(b)(2)(ii) 31 Pa. Code § 89a.109(b)(2)(iii)	A statement that the initial premium rate schedule is sufficient to cover anticipated costs under moderately adverse experience and that the premium rate schedule is reasonably expected to be sustainable over the life of the form with no future premium increases anticipated. A statement that the policy design and coverage provided have been reviewed and taken into consideration. A statement that the underwriting and claims adjudication processes have been reviewed and taken into consideration. A complete description of the basis for contract reserves that are anticipated to be held under the form. To include the following: Sufficient detail or sample calculations provided so as to have a complete depiction of the reserve

		31 Pa. Code § 89a.109(b)(2)(iv)	amounts to be held. A statement that the assumptions used for reserves contain reasonable margins for adverse experience. A statement that the net valuation premium for renewal years does not increase (except for attained-age rating where permitted). A statement that the difference between the gross premium and the net valuation premium for renewal years is sufficient to cover expected renewal expenses; or if this statement cannot be made, a complete description of the situations where this does not occur. A statement that the premium rate schedule is not less than the premium rate schedule for existing similar policy forms also available from the insurer except for reasonable differences attributable to benefits and a comparison of the premium schedules for similar policy forms that are currently available from the insurer with an explanation of the differences.
		31 Pa. Code § 89a.109(b)(2)(v)	
X	NET-TO-GROSS TEST	31 Pa. Code § 89a.109(b)(2)(iv)	The following information must be provided to show that the requirement that the present value of the difference between the renewal-year gross premiums and the renewal-year net valuation premiums exceeds the present value of the renewal expenses is met. 1.) A table that shows the present value of the gross premiums in renewal years, the present value of the net valuation premiums in renewal years, and the present value of the expenses in renewal years using issue ages 25, 30, 35, 40, 45, 50, 55, 60, 65, 70 and 75. The table should show values for each age for each combination of available benefit periods, elimination periods, inflation options (including the no inflation option) and HHC and Assisted Living Facility options of the nursing home daily maximum. 2.) Estimate the percent of expected sales that would come from pricing cells that fail this test. 3.) Include the expected distributional weight for each cell in the table.
ACTUARIAL MEMORANDUM			
	SCOPE AND PURPOSE		The scope and purpose of the rate filing must be clearly indicated.
X	GENERAL DESCRIPTION		A general description of the policy and benefits included either within the policy or by optional rider should be provided and include the following items: Issuer name; Pennsylvania form number of the policy and any optional riders; Type of policy (i.e., comprehensive, nursing home, home health care, tax-qualified, non-tax qualified, etc.); Benefit description; Renewal provisions; Marketing approach; Underwriting method; Pre-existing condition exclusion; Issue-age limits; Premium basis (i.e., attained age or issue age); The date the form being submitted was approved by the issuer's domiciliary state (if it was filed in that state).
X	METHODOLOGY AND ASSUMPTIONS	31 Pa. Code § 89a.109(c) 31 Pa. Code § 89a.129 31 Pa. Code § 89a.109(c) 31 Pa. Code § 89a.129	The methodology and assumptions used to determine the rates should be provided and include the following items: The general rate methodology used to calculate the rates; The degree to which provisions for inflation trends, aging, and the wearing-off of the effects of selection have been provided for in the pricing; The commission schedule which must be in compliance with Section 89a.129 of Title 31; Actuarial assumptions, including: 1. Voluntary lapse rates and the basis for choosing the lapse rates. 2. Mortality assumptions. 3. Morbidity assumptions, including the source of the assumptions and the effects of selection year by year. 4. Expected distribution of insureds by type of inflation protection purchased. 6. Expected percentage of policyholders that will choose various optional riders to be offered with the policy. 7. Interest rate used to discount cash flows. 8. Expense assumptions by general expense application categories (i.e., percent of premium, cost per policy, percent of claims). 9. Average annual premium.
X	PRODUCER COMPENSATION LIMITS	31 Pa. Code § 89a.129	Commission or other compensation to a producer is limited to a first year commission or other compensation to an amount not greater than 50% of the first year premium. Renewal compensation for the next 5 subsequent years may not exceed 10% of the renewal

			premium. Replacement or Duplication of coverage shall be limited to the renewal compensation payable.
RATE TABLE			
X	RATE TABLE		A rate table showing the proposed rates for the state must be provided. This table should include all of the following: a.) Complete Pennsylvania form number for the policy and all riders to be offered with the policy, b). All applicable rating factors such as area, smoker/non-smoker, standard/substandard, modal, etc., c.) Policy fees, if applicable, d.) Notation indicating if rates are based on issue age or attained age.
RATE ADJUSTMENTS			
ACTUARIAL CERTIFICATION FOR FORMS ISSUED AFTER 09/16/2002			
X	STATEMENTS TO BE CERTIFIED IN ACTUARIAL CERTIFICATION	31 Pa. Code § 89a.118(b)(2)(i) 31 Pa. Code § 89a.118(b)(2)(ii)	If the requested premium rate schedule increase is implemented and the underlying assumptions, which reflect moderately adverse conditions, are realized, no further premium rate schedule increases are anticipated. The premium rate filing is in compliance with this section.
ACTUARIAL MEMORANDUM FOR FORMS ISSUED ON OR AFTER 09/16/2002			
X	STATEMENT OF PURPOSE		A statement that the purpose of the filing is to request a rate revision (increase, decrease, change in methodology) and demonstrate compliance with loss ratio standards. The reason for the rate revision must be clearly described.
X	SCOPE OF RATE REVISION		The reason for the rate revision must be clearly described. The scope of the rate revision must be clearly indicated – whether it applies uniformly or varies by area, age, etc. If there are variations, a strong justification based on actual company experience must be provided. The current average annual premium and expected average annual premium after the rate increase. The effective date and timing of the rate revision should be described.
X	GENERAL DESCRIPTION		A general description of the policy and benefits included either within the policy or by optional rider should be provided and include the following items: Issuer name; Pennsylvania form number of the policy and any optional riders; Type of policy (i.e., comprehensive, nursing home, home health care; tax-qualified, non-tax qualified), Benefit description, Renewal provision, Marketing approach, Underwriting method, Pre-existing condition exclusion, Issue-age limits, Premium basis (e.g., attained age or issue age).
X	NUMBER OF POLICIES		The number of policies in force for the policy form(s) in Pennsylvania and nationally must be shown.
X	HISTORY OF RATE CHANGES		The history of rate changes in Pennsylvania and nationally for the form(s) must be provided. The history needs to include the implementation dates and amount of change. If the rate revisions were not applied uniformly across all rating factors, this should be noted.
X	LIFETIME PROJECTIONS WHEN INCREASE IS NOT AN EXCEPTIONAL INCREASE	31 Pa. Code § 89a.118(b)(3)(i) 31 Pa. Code § 89a.118(b)(3)(i)(b)	Lifetime projections of earned premiums and incurred claims based on the filed premium rate schedule increase; and the method and assumptions (morbidity, mortality, voluntary lapse, trend) used in determining the projected values, including reflection of assumptions that deviate from those used for pricing other forms currently available for sale. The projections shall include the development of the lifetime loss ratio.
X	EXHIBITS OF HISTORICAL EXPERIENCE	31 Pa. Code § 89a.118(c)(2)(i) 31 Pa. Code §	Two exhibits, one for the entire nation and one for Pennsylvania alone, of historical experience by calendar year that includes the following information for each year since policy inception: i. Earned premiums, separated into premium earned at original rate level and premium earned at each rate

		89a.118(c)(2)(iii)	increase level, ii. Paid claims, iii. Claim reserves (separated into reported and unreported accrued claim liabilities), iv. Incurred claims, v. Active life reserves held (as of a recent valuation date).
X	EXHIBITS OF PROJECTED EXPERIENCE	31 Pa. Code § 89a.118(c)(2)(ii) 31 Pa. Code § 89a.118(c)(2)(iv)	Two exhibits, one for the entire nation and one for Pennsylvania alone, of projected future calendar year experience for at least 25 years which include: i. Earned premiums, separated into premium earned at original rate level and premium earned at each rate increase level. ii. Incurred claims.
X	LOSS RATIO	31 Pa. Code § 89a.118(c)(2)(i) 31 Pa. Code § 89a.118(c)(2)(ii) 31 Pa. Code § 89a.118(c)(2)(iii) 31 Pa. Code § 89a.118(c)(2)(iv) 31 Pa. Code § 891.118(c)(3)	The increase shall be calculated so that the sum of the accumulated value of incurred claims, without the inclusion of active life reserves, and the present value of future projected incurred claims, without the inclusion of active life reserves, will not be less than the sum of 58% of the accumulated and discounted original premium plus 85% of the accumulated and discounted premium from non-exceptional rate increases plus 70% of the accumulated and discounted exceptional increase premium.
X	INTEREST RATE	31 Pa. Code § 89a.118(c)(4)	The calculation of the present and accumulated values used in the loss ratio calculation will use the maximum valuation interest rate for contract reserves as specified in Chapter 84a (relating to minimum reserve standards for individual and group health and accident insurance contracts). The actuary shall disclose as part of the actuarial memorandum the use of appropriate averages.
X	DISCLOSURE OF WHY INCREASE IS NECESSARY	31 Pa. Code § 89a.118(b)(3)(iii)	Disclosure of the analysis performed to determine why a rate adjustment is necessary, which pricing assumptions were not realized and why, and what other actions taken by the company have been relied on by the actuary.
X	DISCLOSURE OF RESERVES	31 Pa. Code § 89a.118(b)(3)(ii)	Disclosure of how reserves have been incorporated in this rate increase whenever the rate increase will trigger contingent benefit upon lapse.
X	POLICY DESIGN AND CLAIMS ADJUDICATION STATEMENT	31 Pa. Code § 89a.118(b)(3)(iv)	A statement that policy design, underwriting and claims adjudication practices have been taken into consideration.
X	RATE COMPARISON STATEMENT	31 Pa. Code § 89a.118(g)(4)	A statement that renewal premium rate schedules are not greater than new business premium rate schedules except for differences attributable to benefits, unless sufficient justification is provided to the Commissioner.
X	INFORMATION TO BE FILED WHEN MAJORITY OF POLICIES ARE ELIGIBLE FOR CONTINGENT NONFORFEITURE	31 Pa. Code § 89a.118(g)(1) 31 Pa. Code § 89a.118(g)(2)	A plan for improved administration and/or claims processing designed to eliminate the potential for further deterioration of the policy form requiring further premium rate schedule increases, or a plan that demonstrates that appropriate administration and claims processing have been implemented or are in effect. The original anticipated lifetime loss ratio, and the premium rate schedule increase that would have been calculated according to subsection (c) had the greater of the original anticipated lifetime loss ratio or 58% been used in the calculations described in 31 Pa. Code 89a.118(c)(2)(i) and (iii).
X	INFORMATION TO BE FILED WHEN RATE INCREASE REQUESTED IS NOT THE FIRST REQUESTED FOR FORM AND MAJORITY OF POLICIES ARE ELIGIBLE FOR CONTINGENT BENEFIT UPON LAPSE	31 Pa. Code § 89a.118(h)	Provide the projected lapse rates and the past lapse rates during the 12 months following each increase.
X	RATE TABLE	40 P.S. § 3803(c)	One copy of the current rate table must be provided with the filing. Two copies of a rate table showing the proposed rates for the state must also be provided. For electronic submissions, only one copy of the proposed rate table is required. The proposed rate table should include all of the following: a. Complete Pennsylvania form number

			<p>b. All applicable rating factors such as area, standard/substandard, modal, and spousal discounts, etc.</p> <p>c. Policy fee, if applicable</p> <p>d. Notation indicating if rates are based on issue age or attained age</p>
ACTUARIAL MEMORANDUM FOR FORMS ISSUED PRIOR TO 09/16/2002			
N/A	DEMONSTRATION OF RATE CHANGES		An actuarial memorandum that demonstrates that the proposed rates are expected to comply with the loss ratio standards of Section 89.117(b) of Title 31 (i.e. produce an expected loss ratio of 60% over the life of the policy).
N/A	STATEMENT OF PURPOSE		A statement that the purpose of the filing is to request a rate revision (increase, decrease, change in methodology) and demonstrate compliance with loss ratio standards.
N/A	GENERAL DESCRIPTION		A general description of the policy and benefits should be provided and include the following items: Issuer name; Form number; Type of policy (i.e., facility, home health, or comprehensive), Benefit description, Disclosure of whether or not the policy form is open or closed and if closed the date it was closed, The date the rate request being submitted was approved by the issuer's domiciliary state (if it was filed in that state). The name, address, and phone number of an insurance company representative who will be available to answer questions relating to the rate revision.
N/A	SCOPE OF RATE REVISION		The reason for the rate revision must be clearly described. The scope of the rate revision must be clearly indicated – whether it applies uniformly or varies by area, age, etc. If there are variations, a strong justification based on actual company experience must be provided. The current average annual premium and expected average annual premium after the rate increase. The effective date and timing of the rate revision should be described.
N/A	HISTORY OF RATE CHANGES	31 Pa. Code § 89a.117	The history of rate changes in Pennsylvania and nationally for the form(s) must be provided. The history needs to include the implementation dates and amount of change. If the rate revisions were not applied uniformly across all rating factors, this should be noted.
N/A	NUMBER OF POLICIES		The number of policies in force for the policy form(s) in Pennsylvania and nationally must be shown.
N/A	METHODOLOGY AND ASSUMPTIONS	31 Pa. code § 89a.117	The methodology and assumptions used to determine the new rates should be provided and include the following items: The general rate methodology used to calculate the revised rates, The basis of any change in the morbidity assumption, The voluntary lapse rates assumed, The mortality rates assumed, The interest rate used to discount cash flows A description of the original pricing assumptions, including: 1) Voluntary lapse rates, 2) Mortality assumptions, 3) Sample claim costs, 4) Interest rate used to discount cash flows. A description of any other change in the original pricing assumptions that materially affects the requested rate revision.
N/A	EXHIBITS OF HISTORICAL EXPERIENCE	31 Pa. Code § 89a.117	Two exhibits, one for the entire nation and one for Pennsylvania alone, of historical experience by calendar year that includes the following information for each year since policy inception: i. Earned premiums. ii. Paid claims. iii. Claim reserves (separated into reported and unreported accrued claim liabilities). iv. Incurred claims. v. Active life reserves held (as of a recent valuation date).
N/A	EXHIBITS OF PROJECTED EXPERIENCE	31 Pa. Code § 89a.117	Four exhibits, two for the entire nation and two for Pennsylvania alone, of projected future calendar year experience. i. Two calendar year projections of future experience (for at least 25 years) on a nationwide basis must include: 1) Earned premiums, 2) Incurred claims, 3) The first national projection must assume the requested rate change is

			<p>granted, 4) The second national projection must assume no rate change occurs.</p> <p>ii. Two projections of future experience (for at least 25 years) for Pennsylvania policyholders must include: 1) Earned premiums, 2) Incurred claims, 3) The first Pennsylvania projection must assume the requested rate change is granted, 4) The second Pennsylvania projection must assume no rate change occurs.</p>
N/A	LOSS RATIO INFORMATION	31 Pa. Code § 89a.117	<p>The exhibits of historical and projected experience must demonstrate that the following loss ratio standards are expected to be met.</p> <p>The sum of accumulated past incurred claims plus the present value of projected future claims divided by the sum of accumulated past earned premiums plus projected future earned premiums must equal or exceed the 60% loss ratio required by Section 89.117 (b) of Title 31.</p> <p>If the anticipated loss ratio are expected to differ by age or age band or other rating factors, separate demonstrations of loss ratio compliance must be included by age band or rating factor as applicable.</p>
N/A	ACTUARIAL CERTIFICATION		<p>An actuarial certification should state that, to the best of the actuary's knowledge and judgment, the following items are true with respect to the filing:</p> <p>i. The assumptions present the actuary's best judgment as to the expected value for each assumption and are consistent with the issuer's business plan at the time of the filing,</p> <p>ii. The anticipated lifetime loss ratio will exceed the applicable ratio,</p> <p>iii. The filing was prepared based on the current standards of practice as promulgated by the Actuarial Standards Board including the data quality standard of practice,</p> <p>iv. The filing is in compliance with applicable laws and regulations in the state,</p> <p>v. The rates are reasonable in relationship to the benefits.</p>
N/A	RATE TABLE	40 P.S. § 3803(c)	<p>One copy of the current rate table must be provided with the filing. Two copies of a rate table showing the proposed rates for the state must also be provided. For electronic submissions, only one copy of the proposed rate table is required. The proposed rate table should include all of the following:</p> <p>a. Complete Pennsylvania form number</p> <p>b. All applicable rating factors such as area, standard/substandard, modal, and spousal discounts, etc.</p> <p>c. Policy fee, if applicable</p> <p>d. Notation indicating if rates are based on issue age or attained age</p>

Extra/Additional information may be needed at a later date.

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July 10, 2018

**Actuarial Memorandum Supporting Rate Revision for
CMFG Life Insurance Company
Individual Long-Term Care Insurance Plan
2002 Product
(Page 1 of 5)**

1. SCOPE AND PURPOSE

The purpose of this memorandum is to provide actuarial information supporting a rate revision to premiums for CMFG Life Insurance Company's (the Company) individual long-term care product form series 2002-LTC-FAC, 2002-LTCR-HCC and associated riders. This product is referred to as the 2002 Product. (Some riders may not be available in all states.)

This product was sold nationwide from 2002 to 2009 and is no longer being marketed in any state.

The Company is requesting a 10% rate increase. The rate increase is necessary because the current estimate of the nationwide lifetime loss ratio is in excess of expected. This rate filing is not intended to be used for other purposes.

The body of this actuarial memorandum was written to apply to each state where this product was issued. Any reference to information that is specific to a particular state is included in Appendix A.

Please refer to Section 27 for a description of the information contained in each Appendix.

2. DESCRIPTION OF BENEFITS

This product provides long-term care coverage on an expense reimbursement basis up to policy limits. Depending on the state, the product provides either facility only coverage with the option to add a home and community care service rider or comprehensive coverage (providing both facility coverage and home and community care coverage). A benefit period, elimination period, daily benefit, home health care percentage and inflation protection option were selected at issue. Several additional optional benefits were available such as nonforfeiture benefits, expanded spousal benefits and limited premium payment options. The benefit eligibility criteria are based on the insured's loss of the ability to perform Activities of Daily Living (ADLs) or having a severe cognitive impairment. The available benefit choices can be found in the rate tables that accompany this filing. A complete description of the benefit provisions and conditions for eligibility is contained in the policy forms and riders on file with the state.

3. RENEWABILITY CLAUSE

This product is a Guaranteed Renewable, Individual Long Term Care policy.

4. MARKETING METHOD

This product was marketed to individuals by licensed agents. This product is not currently being marketed.

5. UNDERWRITING

All policies subject to this rate revision were subject to full medical underwriting in accordance with

Company standards in place at the time of issue. Those underwriting standards were taken into consideration when projecting future experience.

6. APPLICABILITY

The revised rates will be applicable to the product described in Section 1.

7. MORBIDITY

The morbidity assumptions are based on a combination of the Company's historical claim experience from 2002 through December 31, 2017, the Milliman 2017 *Long Term Care Guidelines (Guidelines)* and judgment. The *Guidelines* reflect 800,000 claims representing nearly \$50 billion of incurred claims and 49 million life years of exposure and the experience and judgment of Milliman actuaries. The morbidity assumptions reflect the Company's current best estimate of future morbidity. The assumptions do not include any adverse selection resulting from the rate increase or loads for moderately adverse experience.

8. MORTALITY

Mortality assumptions are based on Company experience from 2002 through December 31, 2017 and judgment. The best estimate mortality assumption is the Annuity 2000 Mortality Table on a sex distinct basis, projected forward with mortality improvement to 2030. Mortality improvement was based on 100% of Scale G for males and 50% of Scale G for females. The ultimate mortality table in 2030 was smoothed slightly to maintain a reasonable relationship of mortality rates between males and females. Mortality selection factors are also applied, starting at 0.20 in duration 1 and grading up to 0.90 in duration 14.

9. PERSISTENCY

Voluntary lapse assumptions are based on Company experience from 2002 through December 31, 2017 and judgment. Lapse rates are combined with mortality rates to derive the total termination rate. We assumed all remaining policies would terminate at attained age 120. The lapse assumptions represent the best estimate expectations of future experience and do not include any provisions for adverse experience. Lapse rates are shown below and vary by premium payment option and policy duration.

<u>Policy Duration</u>	<u>Premium Payment Option:</u>	
	<u>Limited Pay</u>	<u>Lifetime Pay</u>
1	2.0%	6.0%
2	2.0	4.0
3	2.0	3.0
4	1.0	2.0
5	1.0	2.0
6	1.0	1.5
7	0.0	1.5
8	0.0	1.5
9	0.0	1.0
10+	0.0	1.0

Appendix D contains a comparison of the actual total termination rates to both the original pricing assumptions and current assumptions.

10. EXPENSES

Expenses are not being projected. It is assumed that the originally filed expense assumptions are appropriate.

11. PREMIUM CLASSES

The rate revision will be applied as a consistent percentage to all premium classes.

12. ISSUE AGE RANGE

This product was available for issue ages 18 to 90. Premiums are based on issue age.

13. AREA FACTORS

The Company did not use area factors within the state in the premium scale for this product.

14. AVERAGE ANNUAL PREMIUM

The average annual premium for this product both prior to the impact of the requested rate increases, and after, is indicated in Appendix A to this memorandum.

15. MODAL PREMIUM FACTORS

The modal premium factors will remain unchanged from the current factors.

16. CLAIM LIABILITY AND RESERVE

Claim reserves were calculated using appropriate actuarial methods for IBNR and for open claims on a disabled life basis. The claim reserves were discounted to the date of incurral for each claim and have been included in the historical incurred claims.

17. ACTIVE LIFE RESERVES

We have provided supporting evidence for the justification of the proposed increase based on the relationship of incurred claims divided by earned premium compared to the minimum loss ratio. Incurred claims are calculated without the impact of the change in active life reserves.

18. TREND ASSUMPTION

Benefits payable are equal to or less than the daily benefit limit. We have not included any medical trend in the projections.

19. MAXIMUM ALLOWABLE RATE INCREASE

The maximum allowable rate increase is shown in Appendix A. Appendix A shows the maximum allowable increase based on a 58% loss ratio on the initial premium and an 85% loss ratio on the increased premium. While these policies are not subject to the minimum loss ratio regulation, for reference, the maximum allowable increase based on a minimum loss ratio is also shown. The requested

rate increase is less than the maximum allowed increase under either approach.

20. DISTRIBUTION OF BUSINESS

The historical experience reflects the actual distribution of policies during the experience period. The projected future experience is based on a seriatim projection of the current inforce policies.

21. EXPERIENCE – PAST AND FUTURE

The historical and projected experience, both with and without the requested rate increase(s), is contained in Appendices B and C. The premium in Appendix B is shown on this state's rate basis (applying the level of this state's rate increase(s) to every state).

22. LIFETIME LOSS RATIO

The development of the anticipated nationwide lifetime loss ratio, both without a rate increase and with the requested rate increase(s), is shown in Appendix B. An annual interest rate of 4.22% was used to calculate the lifetime loss ratio in the supporting appendices and was determined based on a weighted average of statutory valuation rates by policies sold by issue year. The rate increase is assumed effective June 1, 2019 (for simplicity, in the projections only, the impact of any rate guarantee period has not been modeled and the rate increase is conservatively assumed to occur on June 1, 2019).

23. HISTORY OF RATE ADJUSTMENTS

Please refer to Appendix A for the history of any rate adjustments that have been approved in this state.

24. NUMBER OF POLICYHOLDERS

Please refer to Appendix A for the current number of policyholders as of December 31, 2017 in this state.

25. PROPOSED EFFECTIVE DATE

This rate will be implemented as soon as possible after approval has been granted as allowed based on regulation. For policies still inside a rate guarantee period, the rate increase will become effective after the rate guarantee period has expired.

26. RELATIONSHIP OF RENEWAL PREMIUM TO NEW BUSINESS PREMIUM

The Company is no longer selling any new proprietary long-term care products. Therefore, the comparison of renewal premium rates after the rate increases to the Company's current new business premium rate schedule is not applicable.

27. SUMMARY OF APPENDICES

Appendix A contains information that is specific to the state in which this filing is made, such as the average annual premium, the number of policyholders inforce, etc.

Appendix B contains historical and projected nationwide experience for all policies issued under this product. The appendix also includes the projected lifetime loss ratios both without and with the proposed increase.

Appendix C contains the historical and projected experience of only the policies issued in the state.

Appendix D contains a comparison of the actual total termination rates to both the original pricing assumptions and current assumptions.

28. ACTUARIAL CERTIFICATION

I, John Svedberg, 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.

To the best of my knowledge and judgment this rate filing is in compliance with the applicable laws and regulations of this State as they relate to premium rate developments and revisions. This memorandum complies with all applicable Actuarial Standards of Practice, including ASOP No. 8.

The projected experience shown in this Memorandum is based on best estimate assumptions and does not include any provision for moderately adverse experience. If the experience does not improve, the Company will need to file for future rate increases. In my opinion, the rates are not excessive or unfairly discriminatory.



John Svedberg, FSA, MAAA
Director and Actuary, Legacy & Exit Products

**CMFG Life Insurance Company
2002 Product
Appendix A
State-Specific Information**

**CMFG Life Insurance Company
2002 Product
Appendix B
Historical and Projected Experience
Nationwide**

**CMFG Life Insurance Company
2002 Product
Appendix C
Historical and Projected Experience
State-Specific**

**CMFG Life Insurance Company
2002 Product
Appendix D
Comparison of actual total termination rates
to original pricing and current assumptions**

CMFG Life Insurance Company
c/o Long-Term Care Services
411 N Baylen St
Pensacola FL 32501-3901

<Policyholder Name>
<Address1>
<Address2>
<Address 3>

RE: Important Changes to Your Long-Term Care Insurance Policy
<Policy #>

Dear <Policyholder Name>:

The purpose of this letter is to inform you that CMFG Life Insurance Company (CMFG Life) will soon increase the premium on the Long-Term Care product that you purchased. If your policy is currently on claim and your premiums are being waived, the premium increase will have no impact on you at this time. If in the future you no longer qualify for waiver of premium benefits, the new premium rate would be in effect. While it has been a difficult decision to increase premiums, we find it necessary to ensure that we have a sustainable, economically sound product to support the needs of our policyholders.

Your state Insurance Department approved an overall percentage increase in premium rates of 45.5%, to be implemented over a three-year period. The first increase occurred two years ago and the second increase occurred one year ago. This letter is notification of the third increase of 10% that will occur on the date shown below.

When will my premium change and what will my new premium be?

- Your premium will change on <Premium Due Date>.
- Your new premium will be <New Premium Amount> per <Billing Mode> based on your current benefits.

What are my options?

- There is nothing additional you need to do if you want to continue your current coverage other than pay your new premium when due.
- If your premiums are currently being waived, CMFG Life will continue to pay the premiums for your Long-Term Care coverage as long as you qualify for waiver of premium benefits.
- If you want to keep your premium as close to your premium prior to the increase, there are options you may want to consider such as:
 - Reduce your maximum Daily Benefit Amount
 - Reduce your Benefit Period
 - Increase your Elimination Period
 - Remove any optional riders/benefits
- Exercise the Nonforfeiture Rider if included on your policy.
- Exercise the Contingent Benefit Upon Lapse Option if eligible.

If you have any questions, want additional details, or would like a revised schedule of benefits for your policy please contact us toll free at 1.866.245.7133. Our business hours are 7 a.m. to 7 p.m., Monday-Friday, Central time.

Following is CMFG Life's history with respect to adjusting premium rates on our Long-Term Care insurance products.

CMFG Life has sold Long-Term Care insurance since 1992. CMFG Life is no longer offering new Long-Term Care insurance policies at this time, including increases to existing coverage. CMFG Life recently obtained acceptance to increase its rates for the Long-Term Care insurance policies, which include your policy, shown in the chart below.

Base Policy Form	Years Available	Year of Increase	Increase Percentage
5701	1992 - 1999	2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018	1.5% - 75%
97-LTC-HHC1	1997 - 2004	2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018	1.5% - 100%
2002-LTC-FAC	2002 - 2008	2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018	1.5% - 100%
2006-LTC-COMP	2006 - 2010	2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018	1.5% - 100%

Future premium rate increases could be possible. In the event of such an increase, options similar to those being offered now will be available, if permitted under state law.

We continue to believe in the value of Long-Term Care insurance as an important part of any financial plan. Long-Term Care insurance can help you protect your income and assets, enabling you to use them for retirements needs. It also helps you preserve your independence and avoid depending on your family for care. Thank you for choosing CMFG Life for your Long-Term Care insurance needs.

Sincerely,

Long-Term Care Services
CMFG Life Insurance Company

02 PP PA 1.8.16 0913

CMFG Life Insurance Company Long Term Care Insurance Rate Increase Filings

SUPPLEMENTAL INFORMATION – KEY ASSUMPTIONS

CONFIDENTIAL

CMFG Life Insurance Company (CMFG Life) is seeking rate increases on its Long Term Care Insurance (LTC) products because current estimates of lifetime loss ratios are in excess of expected. Persistency experience is the *primary* driver of our higher-than-expected loss ratios. The Company's LTC policy voluntary lapse rates and mortality experience are both emerging well below initial pricing assumptions, especially for older products.

Lapses, mortality and morbidity business drivers are inter-related, and we have not isolated each assumption to determine the independent impact of each. Although morbidity projections are also less favorable than expected in original pricing, the overwhelming issues are lower lapse and mortality rates; as a result, the Company will ultimately pay out much more in claims than was originally expected. We are now projecting lifetime loss ratios far in excess of what was assumed when the product was priced.

Model

The projections of future experience were modeled using Milliman's modeling software, MG-ALFA. The assumptions and methodology are listed in the Actuarial Memorandum supporting the rate increase filing and described in further detail in this document. The attached file called "Model Formulas" provides further information on the formulas used to calculate the key components of the loss ratio. The model used the inforce policies as of 12/31/2017. The file called "DOB Exhibit" contains a distribution of business for each product by the key demographic and benefit characteristics.

Lapse Study Details

Voluntary lapse rates were determined based on two approaches. First, "actual lapses" were determined by subtracting actual deaths from total terminations. Second, "implied lapses" were determined by subtracting expected deaths from total terminations. To the extent that the actual deaths are understated (due to incorrect coding of Social Security Numbers), actual mortality will increase under the second method, while actual lapses will decrease. The total termination rates will not change.

The lapse study is based fully upon CMFG Life's own experience, for all four proprietary LTC products, from inception. All of the business is individual; no group LTC experience is included. The study includes *only lifetime pay* policies; it excludes policies that were issued as single pay, 10 year pay and paid-up at 65.

Detailed results of CMFG Life's internal lapse study are provided in the attached file called "Lapse Analysis Details". Exhibits provide the number of exposures and *total terminations* for each policy duration, in total (for the entire LTC block of four products), by gender, by product (for each of the four products), by marital status, and by inflation protection option. The current voluntary lapse rate assumptions are shown alongside the actual and *implied* voluntary lapse rates for each duration on each exhibit. Also included in this response is a file called "Total Persistency Comparisons (App D)", which contains a persistency summary. It shows a comparison of actual persistency experience to what was assumed in original pricing and to our current assumptions -- in total and by product.

Lapse experience has been higher recently than the long run expected assumption due to shock lapse from recent rate increases. We anticipate lapse rates to come down from the current

elevated levels once the rate increases are complete and will match our long run assumption of 1% per year.

Mortality Study Details

The analysis was built on the exposure calculations used in our incurred claim analysis. Actual deaths were determined using two techniques. First, an individual's Social Security Number was compared against the Social Security Death Master File to identify deceased individuals. Second, the policy termination reason code of "death" was used. A terminated policy was considered a death if the policyholder was determined to have died under either approach.

Expected mortality is based upon the Annuity 2000 table projected forward using Scale G (100% for males and 50% for females), along with mortality selection factors. The 2002 and 2006 Products have slightly lower mortality experience than the 1993 and 1997 Products. The mortality selection factors for the 1993 and 1997 Products start at 0.20 in year 1, grading up by 0.1 per year to 1.0 in year 9. The mortality selection factors for the 2002 and 2006 Products also start at 0.20 in duration 1 but grade to an ultimate of 0.90 in duration 14. The central point of the study period was 2009; therefore, the mortality table was projected to 2009 and used throughout the study. (Note that the *projections* assume continued mortality improvement, on same bases, to 2030.)

The mortality study is based fully upon CMFG Life's own experience, for all four proprietary LTC products, from inception. All of the business is individual; no group experience is included.

Detailed results of CMFG Life's internal mortality study are provided in the attached file called "**Mortality Analysis Details**". Exhibits provide the number of exposures and *total terminations* for the entire LTC block of four products, by policy duration, by attained age, by gender, by product (for each of the four products), and by marital status. "Actual to Expected" mortality ratios are shown alongside the actual and expected mortality rates on each exhibit. As noted above, also included is a file called "**Total Persistency Comparisons (App D)**", which contains a persistency summary. It shows a comparison of actual persistency experience to what was assumed in original pricing and to our current assumptions -- in total and by LTC plan.

Morbidity Study Details

A claim experience analysis was performed on all of the Company's LTC business in order to develop appropriate morbidity assumptions for the loss ratio projections. Projection assumptions are based on a combination of CMFG Life's LTC historical claim experience, Milliman's 2017 LTC *Guidelines* and judgment. The *Guidelines* provide a flexible, but consistent, basis for the determination of claim costs for a wide variety of long term care benefit packages and are based directly on 800,000 claims representing nearly \$50 billion of incurred claims and 49 million life years of exposure. In addition to the information provided in this section, please see the file called "**Morbidity Analysis Details**", included with this response.

CMFG Life's claim experience was analyzed by incidence, severity, and incurred claims. The primary finding from the claim analysis was that the Company's overall claim experience fit reasonably well to the *Guidelines*. Limited adjustments were then made to the *Guidelines*, to develop a better fit to actual experience by product.

Claim Reserve Review

As almost half the incurred claims is derived from the claim reserve (\$94 million incurred claims is made up of approximately \$49 million paid claims and \$45 remaining claim reserve), any assessment of the Company's incurred claims would be heavily impacted by the accuracy of the claim reserves. Therefore, a high level retrospective test was conducted to review the claim reserves. Historical reserve balances, along with historical claim payment amounts, were used.

Over the ten prior year-ends tested (2007 - 2016), the claim reserve has been sufficient in all years. Please see the file called "Claim Reserve Retro Test" for further details. Given the level of sufficiency of the reserves, we dampened the reported reserves by 10% for the purposes of setting product factors.

Claim Analysis Approach

The approach to developing a set of morbidity assumptions for projections was first to establish initial Baseline Expectations, based on the underwriting, claim management practices, and benefit design for each of CMFG Life's products. The starting assumptions were based on Milliman's *Guidelines*. Next, factors were established for each of our products.

More specifically, Baseline Expectations were comprised of the following factors:

- 1) Ultimate Claim Costs – Claim costs were generated using Milliman's claim cost model which reflected differences in benefit design, age, and gender.
- 2) Selection Factors – The underwriting for each product was aligned to one of Milliman's underwriting categories. Underwriting for the 1993 and 1997 products was approximately done at the "Moderate" level. Underwriting for the 2002 and 2006 products was a blend of "Tight" and "Moderate" levels, with higher proportions of "Tight" as issue ages increased.
- 3) Salvage Factors – Salvage factors were used to reflect that the CMFG Life maximum benefits will not be paid out, depending on the benefit design. An LTC inflation rate of 5.0% was assumed in determining the rate at which LTC expenses increase (and resulting salvage values).
- 4) Claim Management Factor – Based on the level of claim management CMFG Life conducts, a 5% reduction to claims was assumed.
- 5) Area Factors – For each product, the actual utilization differences by state were determined and a composite area factor was developed.
- 6) Risk Class Factors – The morbidity difference for each risk class was reflected in the risk class factor. Outside of the substandard factors, the risk class factors composite approximately to 1.00.
- 7) Additional Rider Factors – Several products have riders which include benefits above what is normally included in the *Guidelines*. The general approach was to apply a claim cost factor equal to the premium loads for the rider.

Table 1 shows that, overall, CMFG Life's claim experience (01/01/02 – 12/31/17) fits reasonably well to the Baseline Expectations. (Note that incurred claims on Waiver of Premium are not included in the Table 1 numbers.)

	<u>Actual</u>	<u>Baseline Expected*</u>	<u>Actual to Expected</u>
Life Yrs of Exposure	359,982	N/A	N/A
Count of Claims	1,067	1,095	97%
Severity per Claim	\$87,737	\$88,705	99%
Incurred Claims	\$94 million	\$97 million	96%

* The Baseline Expected is based on Milliman's LTC Guidelines without any Product fitting factors.

Table 2 provides additional insights about the variability of experience by product. (Note that incurred claims on Waiver of Premium are not included in the Table 2 numbers.)

Table 2
 CMFG Life LTC Products – Actual to “Baseline Expected” Claims
 Baseline Expected*

<u>Product</u>	<u>Actual Incurred Claims</u>	<u>Baseline Expected* Incurred Claims</u>	<u>Actual to Expected</u>
1993	\$ 8.8 Million	\$ 8.6 Million	102%
1997	18.5	15.4	120%
2002	48.3	53.5	90%
2006	18.0	19.6	92%
Total	\$94 Million	\$97 Million	96%

* The Baseline Expected is based on Milliman’s LTC Guidelines without any Product fitting factors.

Please note that the expected claims in Tables 1 and 2 do not include any Product fitting factors. The expected claims shown in the file “**Morbidity Analysis Details**” do include the Product fitting factors.

8) Product Factors – The final step of the claim analysis was to review the experience by product. Since the experience of each product was not credible by itself, judgment, along with the experience on each product, was considered. The 1993 Product has very little credibility and experience in recent years has been fairly close to the “baseline expectations”, so a constant factor of 1.00 was selected. The 1997 Product has significantly worse experience, although not fully credible. It is anticipated that over time, the experience will trend back towards the Guidelines; however, it likely will remain at an elevated level. Therefore, the product factor for 1997 Product starts at 1.20 and grades down to 1.10 by 2022. The 2002 Product has lower actual claims than expected, although the majority of the experience is in the underwriting select period. Therefore, a product factor of 0.75 was selected for 2010 and prior years, grading up to 0.85 by 2022. The 2006 Product shows volatility in recent years; therefore a product factor of 1.00 was selected.

**Exhibit 8
CMFG Life Insurance Company
Long Term Care Insurance
Claim Reserve Retrospective Test**

Test Valuation Date	IBNR	IBNR / Total	DLR + ICOS	Starting Claim Reserve	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	Present Value Of Paid Claims	Present Value of Remaining Claim Reserve	Percent Remaining	Retrospective Test Reserve	Amount of Excess / (Deficiency)	Percent Excess / (Deficiency)
12/31/2007	1,156,000	16%	6,253,520	7,409,520	1,409,626	1,125,668	800,959	575,368	301,229	294,061	258,659	150,871	131,363	77,618	4,458,258	151,569	2%	4,609,827	2,799,694	38%
12/31/2008	960,000	12%	6,914,698	7,874,698		1,801,588	1,334,797	985,909	588,569	517,664	404,755	250,485	229,214	153,496	5,472,164	307,774	4%	5,779,937	2,094,760	27%
12/31/2009	1,027,000	11%	8,208,685	9,235,685			2,275,882	1,830,489	1,253,359	1,023,998	721,124	444,130	301,666	193,177	7,090,207	631,618	7%	7,721,826	1,513,860	16%
12/31/2010	566,000	5%	10,914,592	11,480,592				2,764,753	2,134,209	1,727,007	1,151,957	739,426	473,358	271,656	8,252,526	888,265	8%	9,140,791	2,339,801	20%
12/31/2011	559,000	4%	14,925,454	15,484,454					3,724,289	3,078,596	2,200,346	1,412,832	954,248	422,051	10,627,353	1,220,595	8%	11,847,948	3,636,506	23%
12/31/2012	721,000	4%	18,086,848	18,807,848						4,727,111	3,846,450	2,640,672	1,639,715	851,688	12,490,561	2,536,836	13%	15,027,397	3,780,451	20%
12/31/2013	3,181,950	12%	22,536,617	25,718,568							5,663,726	4,439,831	3,138,395	1,772,858	13,826,447	4,947,137	19%	18,773,585	6,944,983	27%
12/31/2014	3,744,020	11%	29,919,291	33,663,311								6,754,640	4,894,977	3,251,106	13,937,248	9,089,333	27%	23,026,581	10,636,729	32%
12/31/2015	4,197,630	13%	27,579,852	31,777,482									7,517,511	5,839,292	12,707,603	16,165,325	51%	28,872,928	2,904,554	9%
12/31/2016	4,856,223	12%	36,880,396	41,736,619										9,069,179	8,829,615	26,445,863	63%	35,275,478	6,461,141	15%
																		Average =	4,311,248	23%

- Notes:
- 1) Starting Claim Reserve is made up of ICOS, DLR, and IBNR.
 - 2) Claims Paid include only claim payments for claims incurred before the test valuation date.
 - 3) Present Value of Paid Claims assume middle of year payment and are discounted back to the test valuation date.
 - 4) Remaining Claim Reserve as of 12/31/2017 for claims incurred prior to the test valuation date, discounted back to the test valuation date.
 - 5) Present values calculated at 5.50% (both paid claims and remaining claim reserve).
 - 6) Retrospective Test Reserve is the sum of present value of paid claim plus the present value of remaining claim reserve.
 - 7) A minor inconsistency exists between claim incurred dates. The claim reserves are based on CMFG Life's incurred date while the paid claims are based on Milliman's date.

Exhibit 2A
CMFG Life Insurance Company
Distribution of Inforce Business as of December 31, 2017
All Policies - Nationwide

Issue Year	1993 Product				1997 Product			
	Count	% of Count	Premium	% of Premium	Count	% of Count	Premium	% of Premium
1993	18	7.4%	25,152	6.8%	0	0.0%	0	0.0%
1994	38	15.6%	51,493	13.9%	0	0.0%	0	0.0%
1995	63	25.9%	102,626	27.7%	0	0.0%	0	0.0%
1996	82	33.7%	129,165	34.9%	0	0.0%	0	0.0%
1997	32	13.2%	48,411	13.1%	23	1.1%	32,590	1.2%
1998	8	3.3%	11,482	3.1%	196	9.3%	246,836	8.8%
1999	2	0.8%	1,691	0.5%	556	26.4%	569,467	20.4%
2000	0	0.0%	0	0.0%	417	19.8%	513,913	18.4%
2001	0	0.0%	0	0.0%	410	19.5%	656,470	23.5%
2002	0	0.0%	0	0.0%	348	16.5%	522,051	18.7%
2003	0	0.0%	0	0.0%	141	6.7%	225,487	8.1%
2004	0	0.0%	0	0.0%	12	0.6%	23,228	0.8%
Total	243	100.0%	370,020	100.0%	2,103	100.0%	2,790,040	100.0%

Issue Age	Count	% of Count	Premium	% of Premium	Count	% of Count	Premium	% of Premium
20-25	0	0.0%	0	0.0%	1	0.0%	0	0.0%
25-30	0	0.0%	0	0.0%	28	1.3%	11,354	0.4%
30-35	0	0.0%	0	0.0%	120	5.7%	45,109	1.6%
35-40	2	0.8%	1,480	0.4%	162	7.7%	70,845	2.5%
40-45	1	0.4%	1,026	0.3%	199	9.5%	138,807	5.0%
45-50	11	4.5%	10,632	2.9%	308	14.6%	280,094	10.0%
50-55	41	16.9%	46,734	12.6%	432	20.5%	509,642	18.3%
55-60	47	19.3%	62,828	17.0%	401	19.0%	614,606	22.0%
60-65	76	31.3%	116,358	31.4%	280	13.3%	569,739	20.4%
65-70	46	18.9%	86,367	23.3%	122	5.8%	390,660	14.0%
70-75	19	7.8%	44,596	12.1%	43	2.0%	125,517	4.5%
75-80	0	0.0%	0	0.0%	9	0.4%	35,584	1.3%
80-85	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Total	243	100.0%	370,020	100.0%	2,105	100.0%	2,791,956	100.0%

Average Issue Age 60.1 51.3

Attained Age	Count	% of Count	Premium	% of Premium	Count	% of Count	Premium	% of Premium
20-25	0	0.0%	0	0.0%	0	0.0%	0	0.0%
25-30	0	0.0%	0	0.0%	0	0.0%	0	0.0%
30-35	0	0.0%	0	0.0%	0	0.0%	0	0.0%
35-40	0	0.0%	0	0.0%	1	0.0%	1,588	0.1%
40-45	0	0.0%	0	0.0%	18	0.9%	9,024	0.3%
45-50	0	0.0%	0	0.0%	102	4.8%	44,711	1.6%
50-55	0	0.0%	0	0.0%	153	7.3%	61,773	2.2%
55-60	1	0.4%	1,001	0.3%	210	10.0%	148,348	5.3%
60-65	2	0.8%	1,505	0.4%	288	13.7%	248,517	8.9%
65-70	9	3.7%	8,629	2.3%	439	20.9%	511,080	18.3%
70-75	39	16.0%	42,029	11.4%	398	18.9%	593,782	21.3%
75-80	47	19.3%	64,768	17.5%	286	13.6%	552,359	19.8%
80-85	145	59.7%	252,088	68.1%	210	10.0%	620,774	22.2%
Total	243	100.0%	370,020	100.0%	2,105	100.0%	2,791,956	100.0%

Average Attained Age 80.7 67.1

Gender	Count	% of Count	Premium	% of Premium	Count	% of Count	Premium	% of Premium
Male	81	33.3%	120,952	32.7%	798	37.9%	1,077,841	38.6%
Female	162	66.7%	249,068	67.3%	1,307	62.1%	1,714,114	61.4%
Total	243	100.0%	370,020	100.0%	2,105	100.0%	2,791,956	100.0%

Exhibit 2A
CMFG Life Insurance Company
Distribution of Inforce Business as of December 31, 2017
All Policies - Nationwide

	1993 Product				1997 Product			
	Count	% of Count	Premium	% of Premium	Count	% of Count	Premium	% of Premium
Inflation Protection								
None	98	40.3%	127,701	34.5%	677	32.2%	717,555	25.7%
Future Purchase Option	42	17.3%	76,359	20.6%	83	3.9%	161,102	5.8%
5% Simple - Twenty Years	0	0.0%	0	0.0%	225	10.7%	398,317	14.3%
5% Simple - Lifetime	0	0.0%	0	0.0%	276	13.1%	351,042	12.6%
5% Compound - Twenty Years	83	34.2%	130,486	35.3%	118	5.6%	285,242	10.2%
5% Compound - Lifetime	20	8.2%	35,474	9.6%	726	34.5%	878,697	31.5%
Total	243	100.0%	370,020	100.0%	2,105	100.0%	2,791,956	100.0%
Other Optional Riders								
Return of Premium	5	2.1%	3,859	1.0%	108	5.1%	111,730	4.0%
Nonforfeiture Rider	0	0.0%	0	0.0%	119	5.7%	66,119	2.4%
Limited Payment Options								
Single Pay	0	0.0%	0	0.0%	2	0.1%	111,929	4.0%
10 Pay	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Paid up 65	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Lifetime	243	100.0%	370,020	100.0%	2,103	99.9%	2,680,027	96.0%
Total	243	100.0%	370,020	100.0%	2,105	100.0%	2,791,956	100.0%
Elimination Period								
0	0	0.0%	0	0.0%	468	22.2%	405,590	14.5%
10	0	0.0%	0	0.0%	31	1.5%	53,315	1.9%
20	0	0.0%	0	0.0%	590	28.0%	683,064	24.5%
30	118	48.6%	174,529	47.2%	0	0.0%	0	0.0%
60	0	0.0%	0	0.0%	342	16.2%	552,571	19.8%
90	100	41.2%	151,060	40.8%	585	27.8%	985,723	35.3%
180	25	10.3%	44,432	12.0%	89	4.2%	111,693	4.0%
Total	243	100.0%	370,020	100.0%	2,105	100.0%	2,791,956	100.0%
Benefit Period								
730	17	7.0%	20,190	5.5%	135	6.4%	131,501	4.7%
1095	0	0.0%	0	0.0%	19	0.9%	26,266	0.9%
1460	59	24.3%	81,232	22.0%	408	19.4%	515,600	18.5%
2190	35	14.4%	52,507	14.2%	723	34.3%	688,348	24.7%
10950	132	54.3%	216,091	58.4%	820	39.0%	1,430,240	51.2%
Total	243	100.0%	370,020	100.0%	2,105	100.0%	2,791,956	100.0%
Marital Status								
Single	243	100.0%	370,020	100.0%	823	39.1%	1,353,270	48.5%
Married 1-insured	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Married 2-insureds	0	0.0%	0	0.0%	1,282	60.9%	1,438,686	51.5%
Total	243	100.0%	370,020	100.0%	2,105	100.0%	2,791,956	100.0%

Exhibit 2A
CMFG Life Insurance Company
Distribution of Inforce Business as of December 31, 2017
All Policies - Nationwide

Issue Year	2002 Product				2006 Product			
	Count	% of Count	Premium	% of Premium	Count	% of Count	Premium	% of Premium
2002	2	0.0%	2,561	0.0%	0	0.0%	0	0.0%
2003	932	6.9%	2,313,571	8.5%	0	0.0%	0	0.0%
2004	1,983	14.8%	4,460,114	16.4%	0	0.0%	0	0.0%
2005	2,805	20.9%	5,691,081	20.9%	0	0.0%	0	0.0%
2006	3,835	28.6%	7,420,176	27.3%	4	0.0%	8,864	0.0%
2007	2,812	21.0%	5,386,245	19.8%	2,010	15.3%	3,499,052	16.0%
2008	1,002	7.5%	1,874,860	6.9%	3,310	25.1%	5,617,177	25.7%
2009	43	0.3%	71,271	0.3%	4,040	30.7%	6,424,842	29.4%
2010	0	0.0%	0	0.0%	3,813	28.9%	6,264,592	28.7%
2011	0	0.0%	0	0.0%	2	0.0%	3,153	0.0%
Total	13,414	100.0%	27,219,880	100.0%	13,179	100.0%	21,817,680	100.0%

Issue Age	Count	% of Count	Premium	% of Premium	Count	% of Count	Premium	% of Premium
20-25	14	0.1%	8,694	0.0%	2	0.0%	949	0.0%
25-30	9	0.1%	5,609	0.0%	7	0.1%	3,843	0.0%
30-35	28	0.2%	21,047	0.1%	13	0.1%	13,753	0.1%
35-40	53	0.4%	53,851	0.2%	44	0.3%	51,758	0.2%
40-45	156	1.2%	187,194	0.7%	88	0.7%	108,385	0.5%
45-50	863	6.4%	1,269,940	4.7%	596	4.5%	708,052	3.2%
50-55	2,723	20.3%	4,312,703	15.8%	2,214	16.8%	2,888,446	13.2%
55-60	3,923	29.2%	7,507,581	27.6%	3,597	27.3%	5,320,959	24.4%
60-65	3,203	23.9%	7,228,846	26.6%	3,828	29.0%	6,593,823	30.2%
65-70	1,606	12.0%	4,012,085	14.7%	2,017	15.3%	4,121,078	18.9%
70-75	676	5.0%	2,014,152	7.4%	662	5.0%	1,645,598	7.5%
75-80	155	1.2%	573,519	2.1%	105	0.8%	339,896	1.6%
80-85	5	0.0%	24,657	0.1%	6	0.0%	21,139	0.1%
Total	13,414	100.0%	27,219,880	100.0%	13,179	100.0%	21,817,680	100.0%

Average Age 58.4 59.4

Attained Age	Count	% of Count	Premium	% of Premium	Count	% of Count	Premium	% of Premium
20-25	0	0.0%	0	0.0%	0	0.0%	0	0.0%
25-30	4	0.0%	2,401	0.0%	0	0.0%	0	0.0%
30-35	11	0.1%	6,491	0.0%	5	0.0%	3,296	0.0%
35-40	9	0.1%	5,683	0.0%	8	0.1%	3,726	0.0%
40-45	24	0.2%	15,429	0.1%	30	0.2%	35,123	0.2%
45-50	54	0.4%	56,413	0.2%	54	0.4%	65,610	0.3%
50-55	154	1.1%	181,356	0.7%	252	1.9%	302,727	1.4%
55-60	809	6.0%	1,148,255	4.2%	1,443	10.9%	1,787,555	8.2%
60-65	2,570	19.2%	4,056,818	14.9%	2,974	22.6%	4,137,256	19.0%
65-70	3,895	29.0%	7,317,113	26.9%	4,117	31.2%	6,599,181	30.2%
70-75	3,251	24.2%	7,225,019	26.5%	2,807	21.3%	5,341,803	24.5%
75-80	1,675	12.5%	4,232,788	15.6%	1,158	8.8%	2,550,714	11.7%
80-85	958	7.1%	2,972,114	10.9%	331	2.5%	990,689	4.5%
Total	13,414	100.0%	27,219,880	100.0%	13,179	100.0%	21,817,680	100.0%

Average Attained Age 68.7 66.7

Gender	Count	% of Count	Premium	% of Premium	Count	% of Count	Premium	% of Premium
Male	5,442	40.6%	11,202,289	41.2%	5,497	41.7%	9,077,170	41.6%
Female	7,972	59.4%	16,017,591	58.8%	7,682	58.3%	12,740,510	58.4%
Total	13,414	100.0%	27,219,880	100.0%	13,179	100.0%	21,817,680	100.0%

Inflation Protection

Exhibit 2A
CMFG Life Insurance Company
Distribution of Inforce Business as of December 31, 2017
All Policies - Nationwide

	2002 Product				2006 Product			
	Count	% of Count	Premium	% of Premium	Count	% of Count	Premium	% of Premium
None	1,562	11.6%	2,846,969	10.5%	1,726	13.1%	2,588,146	11.9%
3% Compound - Lifetime	5,428	40.5%	10,251,788	37.7%	5,200	39.5%	8,373,063	38.4%
5% Simple - Lifetime	0	0.0%	0	0.0%	3,458	26.2%	5,682,628	26.0%
5% Compound - Fifteen Years	422	3.1%	913,426	3.4%	0	0.0%	0	0.0%
5% Compound - Twenty Years	74	0.6%	126,944	0.5%	0	0.0%	0	0.0%
5% Compound - Lifetime	5,928	44.2%	13,080,753	48.1%	2,795	21.2%	5,173,843	23.7%
Total	13,414	100.0%	27,219,880	100.0%	13,179	100.0%	21,817,680	100.0%

Other Optional Riders

Return of Premium	135	1.0%	213,262	0.8%	92	0.7%	139,299	0.6%
Nonforfeiture Rider	66	0.5%	121,837	0.4%	55	0.4%	111,846	0.5%
HHEP 10 Day	2,855	21.3%	5,917,531	21.7%	4,467	33.9%	7,737,423	35.5%
Restoration of Benefits	2,639	19.7%	5,047,354	18.5%	2,595	19.7%	4,391,980	20.1%
Shared Extended Expense	2,804	20.9%	5,505,219	20.2%	1,810	13.7%	2,944,256	13.5%
Surviving Spousal	8,731	65.1%	16,641,279	61.1%	1,429	10.8%	2,228,161	10.2%
Living at Home	0	0.0%	0	0.0%	1,015	7.7%	1,941,288	8.9%

Limited Payment Options

Single Pay	0	0.0%	0	0.0%	0	0.0%	0	0.0%
10 Pay	1,086	8.1%	3,451,150	12.7%	61	0.5%	239,495	1.1%
Paid up 65	783	5.8%	1,451,351	5.3%	58	0.4%	199,845	0.9%
Lifetime	11,545	86.1%	22,317,379	82.0%	13,060	99.1%	21,378,340	98.0%
Total	13,414	100.0%	27,219,880	100.0%	13,179	100.0%	21,817,680	100.0%

Elimination Period

30	3,790	28.3%	7,872,247	28.9%	1,111	8.4%	1,940,031	8.9%
60	1,838	13.7%	3,945,993	14.5%	1,931	14.7%	3,306,884	15.2%
90	7,566	56.4%	14,947,017	54.9%	7,945	60.3%	13,127,605	60.2%
100	0	0.0%	0	0.0%	1,946	14.8%	3,051,384	14.0%
180	220	1.6%	454,623	1.7%	246	1.9%	391,776	1.8%
Total	13,414	100.0%	27,219,880	100.0%	13,179	100.0%	21,817,680	100.0%

Benefit Period

365	207	1.5%	204,186	0.8%	199	1.5%	135,550	0.6%
730	1,374	10.2%	2,222,962	8.2%	2,137	16.2%	2,894,875	13.3%
1095	5,205	38.8%	9,558,388	35.1%	6,253	47.4%	9,759,556	44.7%
1460	1,855	13.8%	3,916,762	14.4%	1,862	14.1%	3,457,944	15.8%
1825	3,185	23.7%	6,852,567	25.2%	2,106	16.0%	4,034,563	18.5%
10950	1,588	11.8%	4,465,016	16.4%	622	4.7%	1,535,192	7.0%
Total	13,414	100.0%	27,219,880	100.0%	13,179	100.0%	21,817,680	100.0%

Marital Status

Single	2,362	17.6%	5,564,842	20.4%	2,009	15.2%	4,129,659	18.9%
Married 1-insured	2,323	17.3%	5,017,233	18.4%	2,333	17.7%	4,443,438	20.4%
Married 2-insureds	8,729	65.1%	16,637,805	61.1%	8,837	67.1%	13,244,583	60.7%
Total	13,414	100.0%	27,219,880	100.0%	13,179	100.0%	21,817,680	100.0%

CMFG Life Insurance Company					
Number of Policyholders as of December 31, 2017					
State	Product Series				Total
	1993	1997*	2002	2006	
AL	4	5	22	142	173
AK	1	7	8	2	18
AZ	10	64	659	346	1,079
AR	-	2	13	4	19
CA	8	30	2,425	1,145	3,608
CO	21	17	30	252	320
CT	-	1	676	528	1,205
DE	-	5	115	216	336
DC	-	4	92	50	146
FL	1	96	1,176	1,422	2,695
GA	12	38	623	485	1,158
HI	3	19	9	13	44
ID	-	25	18	2	45
IL	14	72	372	655	1,113
IN	2	7	9	22	40
IA	12	163	210	153	538
KS	2	23	141	262	428
KY	-	5	20	9	34
LA	5	5	13	60	83
ME	-	-	-	-	-
MD	-	21	842	782	1,645
MA	-	5	176	232	413
MI	7	93	505	705	1,310
MN	-	42	329	247	618
MS	-	-	6	4	10
MO	2	51	286	443	782
MT	1	9	1	-	11
NE	1	2	6	1	10
NV	1	25	30	7	63
NH	-	2	11	50	63
NJ	-	9	217	415	641
NM	-	11	93	45	149
NY	-	-	-	-	-
NC	-	30	465	537	1,032
ND	3	-	-	-	3
OH	37	86	27	26	176
OK	4	17	7	2	30
OR	8	96	106	2	212
PA	12	93	483	935	1,523
RI	-	-	32	30	62
SC	-	48	200	568	816
SD	-	-	-	-	-
TN	9	85	100	17	211
TX	25	149	787	1,116	2,077
UT	10	23	29	39	101
VT	1	23	16	-	40
VA	11	73	1,827	1,130	3,041
WA	11	42	104	30	187
WV	-	-	4	11	15
WI	5	480	85	33	603
WY	-	-	9	4	13
Total	243	2,103	13,414	13,179	28,939

*Excludes policies with single-pay premium option

CMFG Life Insurance Company					
Annualized Premium as of December 31, 2017					
State	Product Series				Total
	1993	1997*	2002	2006	
AL	3,625	7,295	46,127	235,503	292,550
AK	2,700	9,863	42,804	4,177	59,544
AZ	11,821	105,473	1,480,064	643,337	2,240,695
AR	-	1,790	12,730	2,700	17,220
CA	12,186	34,686	4,312,454	1,882,742	6,242,068
CO	38,791	35,680	91,741	423,281	589,492
CT	-	2,147	1,423,727	1,038,780	2,464,654
DE	-	6,310	258,043	270,012	534,365
DC	-	8,015	181,854	89,695	279,564
FL	1,243	97,535	2,186,360	2,669,673	4,954,811
GA	19,220	59,554	1,718,372	1,493,572	3,290,718
HI	4,826	36,439	15,251	21,253	77,769
ID	-	33,863	22,747	1,066	57,676
IL	27,794	141,088	754,020	944,618	1,867,521
IN	2,342	9,999	13,687	40,312	66,339
IA	11,346	153,547	442,073	226,512	833,479
KS	4,285	35,672	209,968	360,729	610,653
KY	-	3,227	46,028	21,472	70,727
LA	5,451	5,632	21,029	77,056	109,168
ME	-	-	-	-	-
MD	-	44,964	1,703,949	1,236,770	2,985,683
MA	-	7,326	347,839	423,368	778,532
MI	11,373	169,926	1,062,461	1,058,403	2,302,162
MN	-	71,992	636,947	401,078	1,110,016
MS	-	-	13,653	5,333	18,985
MO	2,220	62,180	452,715	507,972	1,025,087
MT	1,603	9,893	3,232	-	14,729
NE	2,742	972	27,413	2,246	33,373
NV	1,437	43,088	64,711	15,046	124,282
NH	-	3,267	21,277	78,736	103,280
NJ	-	15,958	610,246	732,869	1,359,073
NM	-	13,184	211,284	82,539	307,007
NY	-	-	-	-	-
NC	-	39,131	772,635	831,137	1,642,903
ND	8,563	-	-	-	8,563
OH	51,446	113,708	42,419	45,739	253,312
OK	4,857	26,852	19,350	1,023	52,082
OR	12,651	167,515	210,895	6,439	397,501
PA	23,277	159,900	952,272	1,309,531	2,444,980
RI	-	-	62,296	56,175	118,471
SC	-	65,059	357,904	843,130	1,266,093
SD	-	-	-	-	-
TN	9,139	85,299	263,710	66,929	425,077
TX	39,634	245,070	1,612,365	1,690,528	3,587,597
UT	10,414	39,533	66,182	59,329	175,457
VT	792	23,439	36,383	-	60,614
VA	15,859	95,860	3,893,097	1,737,317	5,742,133
WA	18,230	76,140	208,480	50,085	352,936
WV	-	-	9,953	17,032	26,986
WI	10,153	311,958	255,383	100,532	678,026
WY	-	-	21,750	11,902	33,651
Total	370,020	2,680,027	27,219,880	21,817,680	52,087,607

*Excludes policies with single-pay premium option

**Exhibit 3A - Voluntary Lapse Study
CMFG Life Insurance Company
Experience by Policy Duration
All Business**

Policy Duration	Total Lives	Total Terminations		Mortality Rate		Voluntary Lapse Rate		
		Count	Rate	Actual	Expected	Actual	Implied	"Current"
1	37,465	2,337	6.2%	0.1%	0.1%	6.1%	6.1%	6.0%
2	35,128	1,441	4.1%	0.2%	0.2%	3.9%	3.9%	4.0%
3	33,687	983	2.9%	0.3%	0.3%	2.7%	2.7%	3.0%
4	32,702	840	2.6%	0.3%	0.3%	2.3%	2.2%	2.0%
5	31,862	718	2.3%	0.3%	0.4%	1.9%	1.9%	2.0%
6	31,142	653	2.1%	0.5%	0.5%	1.6%	1.6%	1.5%
7	30,467	624	2.0%	0.6%	0.6%	1.5%	1.4%	1.5%
8	25,298	481	1.9%	0.6%	0.7%	1.3%	1.2%	1.5%
9	20,757	401	1.9%	0.7%	0.9%	1.3%	1.1%	1.0%
10	15,929	471	3.0%	0.7%	1.0%	2.3%	1.9%	1.0%
11	10,593	342	3.2%	0.9%	1.2%	2.4%	2.0%	1.0%
12	6,535	214	3.3%	1.1%	1.5%	2.2%	1.8%	1.0%
13	4,468	143	3.2%	1.2%	1.6%	2.0%	1.6%	1.0%
14	3,192	95	3.0%	1.2%	1.7%	1.8%	1.3%	1.0%
15	2,472	74	3.0%	1.3%	1.8%	1.7%	1.2%	1.0%
16	2,023	59	2.9%	1.4%	1.9%	1.5%	1.0%	1.0%
17	1,560	46	2.9%	1.8%	2.1%	1.2%	0.8%	1.0%
18	1,126	71	6.3%	3.0%	2.4%	3.3%	3.9%	1.0%
19	506	15	3.0%	2.0%	3.6%	1.0%	-0.7%	1.0%
20	277	18	6.5%	4.0%	4.8%	2.5%	1.7%	1.0%
21	206	11	5.3%	3.9%	5.2%	1.5%	0.1%	1.0%
22	133	11	8.3%	8.3%	5.8%	0.0%	2.5%	1.0%
23	51	4	7.8%	7.8%	5.9%	0.0%	1.9%	1.0%
24	15	0	0.0%	0.0%	5.9%	0.0%	-5.9%	1.0%
Total	327,594	10,052	3.1%	0.5%	0.6%	2.6%	2.5%	

Weighted Average Lapse Rate Durations 6+ =>	1.7%	1.5%
Weighted Average Lapse Rate Durations 8+ =>	1.7%	1.4%
Weighted Average Lapse Rate Durations 10+ =>	2.1%	1.8%

Notes:

- 1) Experience from inception through December 31, 2017
- 2) Actual Mortality Rate based on either match to Death Master File or termination reason coded as "death"
- 3) Expected Mortality Rate based on Annuity 2000 table projected to 2009 along with selection factors
- 4) Actual Voluntary Lapse Rate is the Total Termination Rate minus the Actual Mortality Rate
- 5) Implied Voluntary Lapse Rate is the Total Termination Rate minus the Expected Mortality Rate
- 6) Current Voluntary Lapse Rate is the set provided by CMFG Life Insurance Company
- 7) Includes only lifetime pay policies (excludes single pay, 10 pay and paid-up at 65)

**Exhibit 3B - Voluntary Lapse Study
CMFG Life Insurance Company
Experience by Policy Duration
Female**

Policy Duration	Total Lives	Total Terminations		Mortality Rate		Voluntary Lapse Rate		
		Count	Rate	Actual	Expected	Actual	Implied	"Current"
1	22,094	1,460	6.6%	0.1%	0.1%	6.5%	6.5%	6.0%
2	20,634	864	4.2%	0.2%	0.2%	4.0%	4.0%	4.0%
3	19,770	604	3.1%	0.2%	0.2%	2.8%	2.9%	3.0%
4	19,165	476	2.5%	0.2%	0.3%	2.3%	2.2%	2.0%
5	18,689	409	2.2%	0.2%	0.3%	2.0%	1.9%	2.0%
6	18,278	351	1.9%	0.4%	0.4%	1.6%	1.5%	1.5%
7	17,912	355	2.0%	0.5%	0.5%	1.5%	1.5%	1.5%
8	14,933	257	1.7%	0.4%	0.6%	1.3%	1.1%	1.5%
9	12,273	208	1.7%	0.5%	0.7%	1.2%	1.0%	1.0%
10	9,504	274	2.9%	0.6%	0.9%	2.3%	2.0%	1.0%
11	6,371	197	3.1%	0.7%	1.0%	2.4%	2.1%	1.0%
12	3,981	122	3.1%	0.7%	1.2%	2.4%	1.8%	1.0%
13	2,750	86	3.1%	1.1%	1.4%	2.1%	1.7%	1.0%
14	1,978	58	2.9%	1.1%	1.5%	1.9%	1.4%	1.0%
15	1,517	44	2.9%	1.2%	1.5%	1.7%	1.4%	1.0%
16	1,238	29	2.3%	1.1%	1.7%	1.3%	0.6%	1.0%
17	954	23	2.4%	1.3%	1.8%	1.2%	0.6%	1.0%
18	693	45	6.5%	3.0%	2.1%	3.5%	4.4%	1.0%
19	313	7	2.2%	1.6%	3.2%	0.6%	-0.9%	1.0%
20	180	7	3.9%	1.7%	4.3%	2.2%	-0.5%	1.0%
21	133	8	6.0%	4.5%	4.9%	1.5%	1.1%	1.0%
22	88	6	6.8%	6.8%	5.6%	0.0%	1.2%	1.0%
23	36	3	8.3%	8.3%	6.0%	0.0%	2.4%	1.0%
24	9	0	0.0%	0.0%	5.8%	0.0%	-5.8%	1.0%
Total	193,493	5,893	3.0%	0.4%	0.5%	2.7%	2.6%	

Weighted Average Lapse Rate Durations 6+ =>	1.7%	1.5%
Weighted Average Lapse Rate Durations 8+ =>	1.8%	1.5%
Weighted Average Lapse Rate Durations 10+ =>	2.2%	1.8%

Notes:

- 1) Experience from inception through December 31, 2017
- 2) Actual Mortality Rate based on either match to Death Master File or termination reason coded as "death"
- 3) Expected Mortality Rate based on Annuity 2000 table projected to 2009 along with selection factors
- 4) Actual Voluntary Lapse Rate is the Total Termination Rate minus the Actual Mortality Rate
- 5) Implied Voluntary Lapse Rate is the Total Termination Rate minus the Expected Mortality Rate
- 6) Current Voluntary Lapse Rate is the set provided by CMFG Life Insurance Company
- 7) Includes only lifetime pay policies (excludes single pay, 10 pay and paid-up at 65)

Exhibit 3C - Voluntary Lapse Study
CMFG Life Insurance Company
Experience by Policy Duration
Male

Policy Duration	Total Lives	Total Terminations		Mortality Rate		Voluntary Lapse Rate		
		Count	Rate	Actual	Expected	Actual	Implied	"Current"
1	15,371	877	5.7%	0.2%	0.2%	5.5%	5.6%	6.0%
2	14,494	577	4.0%	0.4%	0.3%	3.6%	3.7%	4.0%
3	13,917	379	2.7%	0.4%	0.3%	2.4%	2.4%	3.0%
4	13,537	364	2.7%	0.4%	0.4%	2.3%	2.3%	2.0%
5	13,173	309	2.3%	0.5%	0.5%	1.9%	1.8%	2.0%
6	12,864	302	2.3%	0.7%	0.6%	1.7%	1.7%	1.5%
7	12,555	269	2.1%	0.7%	0.8%	1.4%	1.4%	1.5%
8	10,364	224	2.2%	0.8%	0.9%	1.3%	1.2%	1.5%
9	8,484	193	2.3%	1.0%	1.1%	1.3%	1.2%	1.0%
10	6,425	197	3.1%	0.8%	1.3%	2.3%	1.8%	1.0%
11	4,222	145	3.4%	1.2%	1.6%	2.3%	1.9%	1.0%
12	2,554	92	3.6%	1.8%	1.8%	1.8%	1.8%	1.0%
13	1,718	57	3.3%	1.5%	2.0%	1.8%	1.4%	1.0%
14	1,214	37	3.0%	1.4%	2.0%	1.6%	1.1%	1.0%
15	955	30	3.1%	1.5%	2.1%	1.7%	1.0%	1.0%
16	785	30	3.8%	2.0%	2.3%	1.8%	1.5%	1.0%
17	606	23	3.8%	2.6%	2.5%	1.2%	1.3%	1.0%
18	433	26	6.0%	3.0%	2.8%	3.0%	3.2%	1.0%
19	193	8	4.1%	2.6%	4.4%	1.6%	-0.2%	1.0%
20	97	11	11.3%	8.2%	5.6%	3.1%	5.7%	1.0%
21	73	3	4.1%	2.7%	5.7%	1.4%	-1.6%	1.0%
22	45	5	11.1%	11.1%	6.1%	0.0%	5.0%	1.0%
23	15	1	6.7%	6.7%	5.8%	0.0%	0.8%	1.0%
24	6	0	0.0%	0.0%	5.9%	0.0%	-5.9%	1.0%
Total	134,101	4,159	3.1%	0.6%	0.7%	2.5%	2.4%	

Weighted Average Lapse Rate Durations 6+ =>	1.6%	1.5%
Weighted Average Lapse Rate Durations 8+ =>	1.7%	1.4%
Weighted Average Lapse Rate Durations 10+ =>	2.0%	1.7%

Notes:

- 1) Experience from inception through December 31, 2017
- 2) Actual Mortality Rate based on either match to Death Master File or termination reason coded as "death"
- 3) Expected Mortality Rate based on Annuity 2000 table projected to 2009 along with selection factors
- 4) Actual Voluntary Lapse Rate is the Total Termination Rate minus the Actual Mortality Rate
- 5) Implied Voluntary Lapse Rate is the Total Termination Rate minus the Expected Mortality Rate
- 6) Current Voluntary Lapse Rate is the set provided by CMFG Life Insurance Company
- 7) Includes only lifetime pay policies (excludes single pay, 10 pay and paid-up at 65)

**Exhibit 3D - Voluntary Lapse Study
CMFG Life Insurance Company
Experience by Policy Duration
1993 Product**

Policy Duration	Total Lives	Total Terminations		Mortality Rate		Voluntary Lapse Rate		
		Count	Rate	Actual	Expected	Actual	Implied	"Current"
1	547	22	4.0%	0.5%	0.2%	3.5%	3.8%	6.0%
2	525	15	2.9%	0.4%	0.3%	2.5%	2.6%	4.0%
3	510	11	2.2%	1.0%	0.4%	1.2%	1.7%	3.0%
4	499	14	2.8%	2.0%	0.6%	0.8%	2.2%	2.0%
5	485	5	1.0%	0.4%	0.8%	0.6%	0.2%	2.0%
6	480	4	0.8%	0.8%	1.0%	0.0%	-0.2%	1.5%
7	476	11	2.3%	1.5%	1.3%	0.8%	1.0%	1.5%
8	465	4	0.9%	0.9%	1.6%	0.0%	-0.7%	1.5%
9	461	16	3.5%	2.6%	1.9%	0.9%	1.6%	1.0%
10	445	9	2.0%	1.3%	2.1%	0.7%	-0.1%	1.0%
11	436	16	3.7%	2.5%	2.3%	1.1%	1.4%	1.0%
12	420	13	3.1%	1.2%	2.5%	1.9%	0.6%	1.0%
13	407	17	4.2%	2.5%	2.7%	1.7%	1.4%	1.0%
14	390	13	3.3%	2.8%	3.0%	0.5%	0.4%	1.0%
15	377	18	4.8%	2.9%	3.2%	1.9%	1.6%	1.0%
16	359	11	3.1%	1.9%	3.5%	1.1%	-0.4%	1.0%
17	348	13	3.7%	2.9%	3.8%	0.9%	0.0%	1.0%
18	337	35	10.4%	6.8%	4.1%	3.6%	6.3%	1.0%
19	300	9	3.0%	1.7%	4.4%	1.3%	-1.4%	1.0%
20	271	18	6.6%	4.1%	4.8%	2.6%	1.8%	1.0%
21	206	11	5.3%	3.9%	5.2%	1.5%	0.1%	1.0%
22	133	11	8.3%	8.3%	5.8%	0.0%	2.5%	1.0%
23	51	4	7.8%	7.8%	5.9%	0.0%	1.9%	1.0%
24	15	0	0.0%	0.0%	5.9%	0.0%	-5.9%	1.0%
Total	8,943	300	3.4%	2.0%	2.1%	1.3%	1.2%	

Weighted Average Lapse Rate Durations 6+ =>	1.1%	0.8%
Weighted Average Lapse Rate Durations 8+ =>	1.3%	0.9%
Weighted Average Lapse Rate Durations 10+ =>	1.4%	1.0%

Notes:

- 1) Experience from inception through December 31, 2017
- 2) Actual Mortality Rate based on either match to Death Master File or termination reason coded as "death"
- 3) Expected Mortality Rate based on Annuity 2000 table projected to 2009 along with selection factors
- 4) Actual Voluntary Lapse Rate is the Total Termination Rate minus the Actual Mortality Rate
- 5) Implied Voluntary Lapse Rate is the Total Termination Rate minus the Expected Mortality Rate
- 6) Current Voluntary Lapse Rate is the set provided by CMFG Life Insurance Company
- 7) Includes only lifetime pay policies (excludes single pay, 10 pay and paid-up at 65)

**Exhibit 3E - Voluntary Lapse Study
CMFG Life Insurance Company
Experience by Policy Duration
1997 Product**

Policy Duration	Total Lives	Total Terminations		Mortality Rate		Voluntary Lapse Rate		
		Count	Rate	Actual	Expected	Actual	Implied	"Current"
1	3,333	135	4.1%	0.2%	0.1%	3.9%	4.0%	6.0%
2	3,198	98	3.1%	0.3%	0.1%	2.7%	2.9%	4.0%
3	3,100	80	2.6%	0.2%	0.2%	2.4%	2.4%	3.0%
4	3,018	68	2.3%	0.3%	0.3%	2.0%	2.0%	2.0%
5	2,950	63	2.1%	0.4%	0.4%	1.7%	1.8%	2.0%
6	2,886	55	1.9%	0.6%	0.5%	1.4%	1.4%	1.5%
7	2,831	69	2.4%	0.7%	0.6%	1.7%	1.8%	1.5%
8	2,762	62	2.2%	0.7%	0.7%	1.6%	1.5%	1.5%
9	2,700	60	2.2%	0.7%	0.9%	1.5%	1.3%	1.0%
10	2,640	61	2.3%	0.5%	1.0%	1.8%	1.3%	1.0%
11	2,579	57	2.2%	0.6%	1.1%	1.6%	1.1%	1.0%
12	2,522	73	2.9%	0.7%	1.2%	2.2%	1.7%	1.0%
13	2,449	74	3.0%	1.1%	1.3%	1.9%	1.7%	1.0%
14	2,362	69	2.9%	1.0%	1.4%	1.9%	1.5%	1.0%
15	2,095	56	2.7%	1.0%	1.5%	1.7%	1.2%	1.0%
16	1,664	48	2.9%	1.3%	1.6%	1.6%	1.3%	1.0%
17	1,212	33	2.7%	1.5%	1.6%	1.2%	1.1%	1.0%
18	789	36	4.6%	1.4%	1.6%	3.2%	2.9%	1.0%
19	206	6	2.9%	2.4%	2.5%	0.5%	0.4%	1.0%
20	6	0	0.0%	0.0%	4.0%	0.0%	-4.0%	1.0%
Total	45,302	1,203	2.7%	0.6%	0.8%	2.0%	1.9%	

Weighted Average Lapse Rate Durations 6+ =>	1.7%	1.5%
Weighted Average Lapse Rate Durations 8+ =>	1.8%	1.4%
Weighted Average Lapse Rate Durations 10+ =>	1.8%	1.5%

Notes:

- 1) Experience from inception through December 31, 2017
- 2) Actual Mortality Rate based on either match to Death Master File or termination reason coded as "death"
- 3) Expected Mortality Rate based on Annuity 2000 table projected to 2009 along with selection factors
- 4) Actual Voluntary Lapse Rate is the Total Termination Rate minus the Actual Mortality Rate
- 5) Implied Voluntary Lapse Rate is the Total Termination Rate minus the Expected Mortality Rate
- 6) Current Voluntary Lapse Rate is the set provided by CMFG Life Insurance Company
- 7) Includes only lifetime pay policies (excludes single pay, 10 pay and paid-up at 65)

**Exhibit 3F - Voluntary Lapse Study
CMFG Life Insurance Company
Experience by Policy Duration
2002 Product**

Policy Duration	Total Lives	Total Terminations		Mortality Rate		Voluntary Lapse Rate		
		Count	Rate	Actual	Expected	Actual	Implied	"Current"
1	16,663	1,136	6.8%	0.1%	0.1%	6.7%	6.7%	6.0%
2	15,527	682	4.4%	0.2%	0.2%	4.2%	4.2%	4.0%
3	14,845	479	3.2%	0.3%	0.3%	2.9%	3.0%	3.0%
4	14,366	400	2.8%	0.3%	0.3%	2.5%	2.5%	2.0%
5	13,966	325	2.3%	0.3%	0.4%	2.0%	1.9%	2.0%
6	13,641	293	2.1%	0.5%	0.5%	1.6%	1.7%	1.5%
7	13,348	284	2.1%	0.7%	0.6%	1.4%	1.5%	1.5%
8	13,064	233	1.8%	0.5%	0.7%	1.3%	1.1%	1.5%
9	12,632	211	1.7%	0.5%	0.8%	1.1%	0.8%	1.5%
10	11,292	350	3.1%	0.7%	1.0%	2.4%	2.1%	1.5%
11	7,578	269	3.5%	0.9%	1.2%	2.7%	2.3%	1.5%
12	3,593	128	3.6%	1.4%	1.5%	2.2%	2.0%	1.5%
13	1,612	52	3.2%	1.1%	1.8%	2.1%	1.4%	1.5%
14	440	13	3.0%	0.7%	2.1%	2.3%	0.9%	1.5%
Total	152,567	4,855	3.2%	0.5%	0.6%	2.7%	2.6%	

Notes:

- 1) Experience from inception through December 31, 2017
- 2) Actual Mortality Rate based on either match to Death Master File or termination reason coded as "death"
- 3) Expected Mortality Rate based on Annuity 2000 table projected to 2009 along with selection factors
- 4) Actual Voluntary Lapse Rate is the Total Termination Rate minus the Actual Mortality Rate
- 5) Implied Voluntary Lapse Rate is the Total Termination Rate minus the Expected Mortality Rate
- 6) Current Voluntary Lapse Rate is the set provided by CMFG Life Insurance Company
- 7) Includes only lifetime pay policies (excludes single pay, 10 pay and paid-up at 65)

**Exhibit 3G - Voluntary Lapse Study
CMFG Life Insurance Company
Experience by Policy Duration
2006 Product**

Policy Duration	Total Lives	Total Terminations		Mortality Rate		Voluntary Lapse Rate		
		Count	Rate	Actual	Expected	Actual	Implied	"Current"
1	16,922	1,044	6.2%	0.1%	0.1%	6.1%	6.1%	6.0%
2	15,878	646	4.1%	0.2%	0.2%	3.8%	3.9%	4.0%
3	15,232	413	2.7%	0.2%	0.3%	2.5%	2.5%	4.0%
4	14,819	358	2.4%	0.2%	0.3%	2.2%	2.1%	4.0%
5	14,461	325	2.2%	0.3%	0.4%	1.9%	1.9%	4.0%
6	14,135	301	2.1%	0.4%	0.5%	1.7%	1.6%	4.0%
7	13,812	260	1.9%	0.4%	0.6%	1.5%	1.3%	4.0%
8	9,007	182	2.0%	0.6%	0.7%	1.4%	1.3%	4.0%
9	4,964	114	2.3%	0.7%	0.9%	1.6%	1.4%	4.0%
10	1,552	51	3.3%	0.5%	1.0%	2.8%	2.3%	4.0%
Total	120,782	3,694	3.1%	0.3%	0.4%	2.7%	2.7%	

Notes:

- 1) Experience from inception through December 31, 2017
- 2) Actual Mortality Rate based on either match to Death Master File or termination reason coded as "death"
- 3) Expected Mortality Rate based on Annuity 2000 table projected to 2009 along with selection factors
- 4) Actual Voluntary Lapse Rate is the Total Termination Rate minus the Actual Mortality Rate
- 5) Implied Voluntary Lapse Rate is the Total Termination Rate minus the Expected Mortality Rate
- 6) Current Voluntary Lapse Rate is the set provided by CMFG Life Insurance Company
- 7) Includes only lifetime pay policies (excludes single pay, 10 pay and paid-up at 65)

**Exhibit 3H - Voluntary Lapse Study
CMFG Life Insurance Company
Experience by Policy Duration
Single**

Policy Duration	Total Lives	Total Terminations		Mortality Rate		Voluntary Lapse Rate		
		Count	Rate	Actual	Expected	Actual	Implied	"Current"
1	8,282	694	8.4%	0.2%	0.1%	8.2%	8.3%	6.0%
2	7,588	443	5.8%	0.2%	0.2%	5.6%	5.6%	4.0%
3	7,145	283	4.0%	0.3%	0.3%	3.7%	3.7%	3.0%
4	6,862	234	3.4%	0.3%	0.3%	3.1%	3.1%	2.0%
5	6,628	208	3.1%	0.4%	0.4%	2.7%	2.7%	2.0%
6	6,419	161	2.5%	0.6%	0.5%	1.9%	2.0%	1.5%
7	6,254	185	3.0%	0.9%	0.7%	2.1%	2.3%	1.5%
8	5,334	148	2.8%	0.7%	0.8%	2.1%	2.0%	1.5%
9	4,579	129	2.8%	0.9%	1.0%	1.9%	1.8%	1.0%
10	3,774	137	3.6%	0.8%	1.2%	2.8%	2.4%	1.0%
11	2,876	111	3.9%	1.1%	1.5%	2.7%	2.4%	1.0%
12	2,107	81	3.8%	1.0%	1.7%	2.8%	2.2%	1.0%
13	1,705	57	3.3%	1.8%	1.9%	1.5%	1.5%	1.0%
14	1,429	46	3.2%	1.5%	2.0%	1.7%	1.2%	1.0%
15	1,190	44	3.7%	1.8%	2.2%	1.8%	1.5%	1.0%
16	988	36	3.6%	1.7%	2.5%	1.9%	1.2%	1.0%
17	789	29	3.7%	2.5%	2.7%	1.1%	0.9%	1.0%
18	612	49	8.0%	4.6%	3.2%	3.4%	4.9%	1.0%
19	372	11	3.0%	1.9%	4.2%	1.1%	-1.2%	1.0%
20	272	18	6.6%	4.0%	4.8%	2.6%	1.8%	1.0%
21	206	11	5.3%	3.9%	5.2%	1.5%	0.1%	1.0%
22	133	11	8.3%	8.3%	5.8%	0.0%	2.5%	1.0%
23	51	4	7.8%	7.8%	5.9%	0.0%	1.9%	1.0%
24	15	0	0.0%	0.0%	5.9%	0.0%	-5.9%	1.0%
Total	75,610	3,130	4.1%	0.7%	0.8%	3.4%	3.4%	

Weighted Average Lapse Rate Durations 6+ =>	2.1%	2.0%
Weighted Average Lapse Rate Durations 8+ =>	2.2%	1.9%
Weighted Average Lapse Rate Durations 10+ =>	2.3%	1.9%

Notes:

- 1) Experience from inception through December 31, 2017
- 2) Actual Mortality Rate based on either match to Death Master File or termination reason coded as "death"
- 3) Expected Mortality Rate based on Annuity 2000 table projected to 2009 along with selection factors
- 4) Actual Voluntary Lapse Rate is the Total Termination Rate minus the Actual Mortality Rate
- 5) Implied Voluntary Lapse Rate is the Total Termination Rate minus the Expected Mortality Rate
- 6) Current Voluntary Lapse Rate is the set provided by CMFG Life Insurance Company
- 7) Includes only lifetime pay policies (excludes single pay, 10 pay and paid-up at 65)

**Exhibit 3I - Voluntary Lapse Study
CMFG Life Insurance Company
Experience by Policy Duration
Married**

Policy Duration	Total Lives	Total Terminations		Mortality Rate		Voluntary Lapse Rate		
		Count	Rate	Actual	Expected	Actual	Implied	"Current"
1	29,183	1,643	5.6%	0.1%	0.1%	5.5%	5.5%	6.0%
2	27,540	998	3.6%	0.3%	0.2%	3.4%	3.4%	4.0%
3	26,542	700	2.6%	0.3%	0.2%	2.4%	2.4%	3.0%
4	25,840	606	2.3%	0.3%	0.3%	2.1%	2.0%	2.0%
5	25,234	510	2.0%	0.3%	0.4%	1.7%	1.6%	2.0%
6	24,723	492	2.0%	0.5%	0.5%	1.5%	1.5%	1.5%
7	24,213	439	1.8%	0.5%	0.6%	1.3%	1.2%	1.5%
8	19,963	333	1.7%	0.5%	0.7%	1.1%	1.0%	1.5%
9	16,178	272	1.7%	0.6%	0.8%	1.1%	0.8%	1.0%
10	12,156	334	2.7%	0.6%	1.0%	2.1%	1.8%	1.0%
11	7,717	231	3.0%	0.8%	1.2%	2.2%	1.8%	1.0%
12	4,428	133	3.0%	1.2%	1.4%	1.9%	1.6%	1.0%
13	2,763	86	3.1%	0.9%	1.5%	2.2%	1.7%	1.0%
14	1,763	49	2.8%	0.9%	1.4%	1.9%	1.4%	1.0%
15	1,282	30	2.3%	0.8%	1.3%	1.6%	1.0%	1.0%
16	1,035	23	2.2%	1.2%	1.4%	1.1%	0.8%	1.0%
17	771	17	2.2%	1.0%	1.5%	1.2%	0.7%	1.0%
18	514	22	4.3%	1.2%	1.4%	3.1%	2.9%	1.0%
19	134	4	3.0%	2.2%	2.1%	0.7%	0.9%	1.0%
20	5	0	0.0%	0.0%	3.6%	0.0%	-3.6%	1.0%
Total	251,984	6,922	2.7%	0.4%	0.5%	2.3%	2.2%	

Weighted Average Lapse Rate Durations 6+ =>	1.5%	1.3%
Weighted Average Lapse Rate Durations 8+ =>	1.6%	1.3%
Weighted Average Lapse Rate Durations 10+ =>	2.0%	1.7%

Notes:

- 1) Experience from inception through December 31, 2017
- 2) Actual Mortality Rate based on either match to Death Master File or termination reason coded as "death"
- 3) Expected Mortality Rate based on Annuity 2000 table projected to 2009 along with selection factors
- 4) Actual Voluntary Lapse Rate is the Total Termination Rate minus the Actual Mortality Rate
- 5) Implied Voluntary Lapse Rate is the Total Termination Rate minus the Expected Mortality Rate
- 6) Current Voluntary Lapse Rate is the set provided by CMFG Life Insurance Company
- 7) Includes only lifetime pay policies (excludes single pay, 10 pay and paid-up at 65)

**Exhibit 3K - Voluntary Lapse Study
CMFG Life Insurance Company
Experience by Policy Duration
Policies without Inflation Protection**

Policy Duration	Total Lives	Total Terminations		Mortality Rate		Voluntary Lapse Rate		
		Count	Rate	Actual	Expected	Actual	Implied	"Current"
1	6,356	471	7.4%	0.2%	0.2%	7.2%	7.2%	6.0%
2	5,885	280	4.8%	0.4%	0.3%	4.3%	4.4%	4.0%
3	5,605	181	3.2%	0.6%	0.4%	2.6%	2.8%	3.0%
4	5,424	157	2.9%	0.6%	0.5%	2.3%	2.4%	2.0%
5	5,267	158	3.0%	0.6%	0.7%	2.4%	2.3%	2.0%
6	5,108	137	2.7%	0.9%	0.8%	1.8%	1.9%	1.5%
7	4,971	152	3.1%	1.0%	1.0%	2.1%	2.0%	1.5%
8	4,233	122	2.9%	1.3%	1.2%	1.5%	1.6%	1.5%
9	3,638	105	2.9%	1.3%	1.5%	1.6%	1.4%	1.0%
10	2,997	120	4.0%	1.1%	1.7%	2.9%	2.3%	1.0%
11	2,344	98	4.2%	1.6%	2.0%	2.6%	2.2%	1.0%
12	1,823	87	4.8%	1.9%	2.2%	2.9%	2.6%	1.0%
13	1,448	64	4.4%	2.3%	2.3%	2.1%	2.1%	1.0%
14	1,121	58	5.2%	2.1%	2.3%	3.0%	2.9%	1.0%
15	922	39	4.2%	2.2%	2.4%	2.1%	1.9%	1.0%
16	795	30	3.8%	1.9%	2.5%	1.9%	1.2%	1.0%
17	620	27	4.4%	2.6%	2.7%	1.8%	1.7%	1.0%
18	424	42	9.9%	5.0%	3.1%	5.0%	6.8%	1.0%
19	210	8	3.8%	2.9%	4.5%	1.0%	-0.7%	1.0%
20	119	11	9.2%	6.7%	5.6%	2.5%	3.6%	1.0%
21	84	6	7.1%	6.0%	6.2%	1.2%	0.9%	1.0%
22	51	6	11.8%	11.8%	7.2%	0.0%	4.6%	1.0%
23	21	2	9.5%	9.5%	7.1%	0.0%	2.4%	1.0%
24	6	0	0.0%	0.0%	7.2%	0.0%	-7.2%	1.0%
Total	59,472	2,361	4.0%	1.0%	1.0%	3.0%	2.9%	

Weighted Average Lapse Rate Durations 6+ =>	2.1%	2.0%
Weighted Average Lapse Rate Durations 8+ =>	2.2%	2.0%
Weighted Average Lapse Rate Durations 10+ =>	2.6%	2.3%

Notes:

- 1) Experience from inception through December 31, 2017
- 2) Actual Mortality Rate based on either match to Death Master File or termination reason coded as "death"
- 3) Expected Mortality Rate based on Annuity 2000 table projected to 2009 along with selection factors
- 4) Actual Voluntary Lapse Rate is the Total Termination Rate minus the Actual Mortality Rate
- 5) Implied Voluntary Lapse Rate is the Total Termination Rate minus the Expected Mortality Rate
- 6) Current Voluntary Lapse Rate is the set provided by CMFG Life Insurance Company
- 7) Includes only lifetime pay policies (excludes single pay, 10 pay and paid-up at 65)

**Exhibit 3J - Voluntary Lapse Study
CMFG Life Insurance Company
Experience by Policy Duration
Policies with Inflation Protection**

Policy Duration	Total Lives	Total Terminations		Mortality Rate		Voluntary Lapse Rate		
		Count	Rate	Actual	Expected	Actual	Implied	"Current"
1	31,109	1,866	6.0%	0.1%	0.1%	5.9%	5.9%	6.0%
2	29,243	1,161	4.0%	0.2%	0.2%	3.8%	3.8%	4.0%
3	28,082	802	2.9%	0.2%	0.2%	2.7%	2.6%	3.0%
4	27,278	683	2.5%	0.2%	0.3%	2.3%	2.2%	2.0%
5	26,595	560	2.1%	0.3%	0.3%	1.8%	1.8%	2.0%
6	26,034	516	2.0%	0.4%	0.4%	1.6%	1.6%	1.5%
7	25,496	472	1.9%	0.5%	0.5%	1.4%	1.3%	1.5%
8	21,064	359	1.7%	0.4%	0.6%	1.3%	1.1%	1.5%
9	17,119	296	1.7%	0.5%	0.7%	1.2%	1.0%	1.0%
10	12,932	351	2.7%	0.6%	0.9%	2.2%	1.8%	1.0%
11	8,249	244	3.0%	0.7%	1.0%	2.3%	1.9%	1.0%
12	4,712	127	2.7%	0.8%	1.2%	1.9%	1.5%	1.0%
13	3,020	79	2.6%	0.7%	1.3%	1.9%	1.3%	1.0%
14	2,071	37	1.8%	0.7%	1.3%	1.1%	0.5%	1.0%
15	1,550	35	2.3%	0.8%	1.4%	1.5%	0.9%	1.0%
16	1,228	29	2.4%	1.1%	1.6%	1.2%	0.8%	1.0%
17	940	19	2.0%	1.3%	1.7%	0.7%	0.3%	1.0%
18	702	29	4.1%	1.9%	1.9%	2.3%	2.2%	1.0%
19	296	7	2.4%	1.4%	3.0%	1.0%	-0.7%	1.0%
20	158	7	4.4%	1.9%	4.2%	2.5%	0.3%	1.0%
21	122	5	4.1%	2.5%	4.5%	1.6%	-0.4%	1.0%
22	82	5	6.1%	6.1%	5.0%	0.0%	1.1%	1.0%
23	30	2	6.7%	6.7%	5.1%	0.0%	1.6%	1.0%
24	9	0	0.0%	0.0%	5.0%	0.0%	-5.0%	1.0%
Total	268,122	7,691	2.9%	0.4%	0.5%	2.5%	2.4%	

Weighted Average Lapse Rate Durations 6+ =>	1.5%	1.4%
Weighted Average Lapse Rate Durations 8+ =>	1.6%	1.3%
Weighted Average Lapse Rate Durations 10+ =>	2.0%	1.5%

Notes:

- 1) Experience from inception through December 31, 2017
- 2) Actual Mortality Rate based on either match to Death Master File or termination reason coded as "death"
- 3) Expected Mortality Rate based on Annuity 2000 table projected to 2009 along with selection factors
- 4) Actual Voluntary Lapse Rate is the Total Termination Rate minus the Actual Mortality Rate
- 5) Implied Voluntary Lapse Rate is the Total Termination Rate minus the Expected Mortality Rate
- 6) Current Voluntary Lapse Rate is the set provided by CMFG Life Insurance Company
- 7) Includes only lifetime pay policies (excludes single pay, 10 pay and paid-up at 65)

General Model Framework

The formulas listed below describe the calculations used in the model to determine the lifetime loss ratio. The model makes further, more complex calculations in order to consider the timing related to different modal options. The assumptions and other methodologies are further described in the Actuarial Memorandum filed with the state.

Lives Calculations

$$lx(t) = lx(t-1) * (1-qxd(t)) * (1-qxw(t)),$$

where,

$lx(t)$ is the number of lives at time t
 x is the issue age of the policy
 $qxd(t)$ is the mortality rate for time t
 $qxw(t)$ is the voluntary lapse rate for time t

Note: Policies that exhaust benefits are also decremented from the population.

Premium Calculation

$$PP(t) = lx(t-1) * modal_premium * modal_indicator$$
$$EP(t) = PP(t) + [UePR(t) - UePR(t-1)]$$

where,

$PP(t)$ is the paid premium in month t .
 $modal_indicator$ is the a flag used to indicate if a premium is paid during the month, based on the bill mode of the policy.

$EP(t)$ is the earned premium in month t .

$UePR(t)$ is the unearned premium reserve at time t .

Note: Waived premium is included in the premium calculation

Incurred Claim Calculation

$$IC(t) = lx(t-1) * CC(t) * SF(t) * salvage(t) * clm_mgt * composite_area * risk_class * j_prime(t) * DB(t) * WOP_load$$

where,

$IC(t)$ is the incurred claims in month t

$CC(t)$ is the claim cost per \$1 daily benefit at time t (based on the policy benefits and demographics such as product, benefit period, elimination period, type of coverage and various riders).

$SF(t)$ is the selection factor for month t .

$salvage(t)$ is the salvage factor for month t (reflects that the full daily benefits are not paid out).

clm_mgt is the claim management factor to reflect the level of claim management CUNA Mutual conducts.

$composite_area$ is the composite area factor for a product to reflect the utilization differences by state (one composite factor is used for each product based on the distribution by state).

General Model Framework

Risk_class is the risk class factor which reflects the different morbidity levels for each risk class.

$j\text{-prime}(t)$ is the factor to convert all lives ($l_x(t-1)$) to active, healthy lives. The claim cost assumptions should only be applied to those people not already on claim.

DB(t) is the current daily benefit at time t (i.e. daily benefit increased for any inflation benefit option).

WOP_Load is the load to include waiver of premium costs in incurred claims.

Lifetime Loss Ratio

$$LR = (\text{Accum_IC} + \text{PV_IC}) / (\text{Accum_EP} + \text{PV_EP}),$$

where,

LR is the lifetime loss ratio as of 12/31/2017.

Accum_IC is the historical incurred claims accumulated with interest to 12/31/2017.

PV_IC is the future incurred claims discounted with interest to 12/31/2017.

Accum_EP is the historical earned premium accumulated with interest to 12/31/2017.

PV_EP is the future earned premium discounted with interest to 12/31/2017.

For the purposes of accumulating and discounting, a middle of the year timing is assumed.

Appendix D
CMFG Life Insurance Company
Policy Persistency Comparison
Nationwide Experience
All Products

Policy Duration	Total Lives	Actual Results			Original Pricing Assumptions					Current Assumptions		
		Lapse	Number of Expected Lapses	Mortality	Number of Expected Deaths	Total Terminations	Lapse	Mortality	Total Terminations			
1	37,465	6.2%	3,208	0.5%	188	9.1%	6.0%	0.1%	6.1%			
2	35,128	4.1%	2,453	0.6%	206	7.6%	4.0%	0.2%	4.2%			
3	33,687	2.9%	1,860	0.7%	231	6.2%	3.0%	0.3%	3.3%			
4	32,702	2.6%	1,470	0.8%	262	5.3%	2.0%	0.3%	2.3%			
5	31,862	2.3%	1,258	0.9%	297	4.9%	2.0%	0.4%	2.4%			
6	31,142	2.1%	1,024	1.1%	337	4.4%	1.5%	0.5%	2.0%			
7	30,467	2.0%	776	1.3%	381	3.8%	1.5%	0.6%	2.1%			
8	25,298	1.9%	638	1.5%	367	4.0%	1.5%	0.7%	2.2%			
9	20,757	1.6%	494	1.4%	293	3.8%	0.8%	0.8%	1.6%			
10	15,929	2.6%	415	1.7%	264	4.3%	0.9%	0.9%	1.8%			
11	10,593	3.2%	337	2.0%	216	5.2%	1.0%	1.2%	2.2%			
12	6,535	3.3%	252	2.2%	144	6.1%	1.0%	1.5%	2.5%			
13	4,468	2.3%	184	1.5%	69	5.7%	0.7%	1.2%	1.9%			
14	3,192	2.6%	169	1.8%	58	7.1%	0.9%	1.4%	2.3%			
15	2,472	3.0%	152	2.3%	57	8.4%	1.0%	1.8%	2.8%			
16	2,023	2.9%	125	2.5%	51	8.7%	1.0%	1.9%	2.9%			
17	1,560	2.9%	97	2.7%	43	9.0%	1.0%	2.1%	3.1%			
18	1,126	3.6%	36	2.2%	24	5.4%	0.5%	1.7%	2.2%			
19	506	1.8%	21	3.4%	17	7.6%	0.6%	2.7%	3.3%			
20	277	6.5%	19	6.0%	17	12.8%	1.0%	4.7%	5.7%			
21	206	5.3%	14	6.6%	14	13.6%	1.0%	5.2%	6.2%			
22	133	8.3%	9	7.3%	10	14.3%	1.0%	5.8%	6.8%			
23	51	7.8%	4	7.4%	4	14.4%	1.0%	5.9%	6.9%			
24	15	0.0%	1	7.5%	1	14.5%	1.0%	5.9%	6.9%			

Notes:

- 1) The results shown above include only lifetime pay policies (excludes single pay, 10 pay and paid-up at 65)
- 2) The "Actual Results" are the historical total policy termination rates observed by the Company.
- 3) The "Original Pricing Assumptions" are those assumptions originally used to price each product.
- 4) The "Current Assumptions" are those used in the projection for the current rate filing. The mortality assumptions are based on the Annuity 2000 table projected to 2009 (Scale G 100% Male, 50% Female, no smoothing), with selection factors.
- 5) Experience is through December 31, 2017

Appendix D
CMFG Life Insurance Company
Policy Persistency Comparison
Nationwide Experience
1993 Product

Policy Duration	Total Lives	Actual Results		Original Pricing Assumptions					Current Assumptions		
		Total Terminations		Lapse	Number of Expected Lapses	Mortality	Number of Expected Deaths	Total Terminations	Lapse	Mortality	Total Terminations
1	547		4.0%	22.4%	123	1.2%	7	23.6%	6.0%	0.2%	6.2%
2	525		2.9%	17.4%	91	1.3%	7	18.7%	4.0%	0.3%	4.3%
3	510		2.2%	13.5%	69	1.5%	7	14.9%	3.0%	0.4%	3.4%
4	499		2.8%	11.9%	60	1.6%	8	13.5%	2.0%	0.6%	2.6%
5	485		1.0%	10.4%	51	1.7%	8	12.2%	2.0%	0.8%	2.8%
6	480		0.8%	8.9%	43	1.9%	9	10.8%	1.5%	1.0%	2.5%
7	476		2.3%	8.4%	40	2.1%	10	10.5%	1.5%	1.3%	2.8%
8	465		0.9%	7.9%	37	2.3%	11	10.2%	1.5%	1.6%	3.1%
9	461		3.5%	7.5%	34	2.5%	12	10.0%	1.0%	1.9%	2.9%
10	445		2.0%	7.0%	31	2.7%	12	9.7%	1.0%	2.1%	3.1%
11	436		3.7%	7.0%	30	3.0%	13	10.0%	1.0%	2.3%	3.3%
12	420		3.1%	7.0%	29	3.3%	14	10.2%	1.0%	2.5%	3.5%
13	407		4.2%	7.0%	28	3.6%	14	10.5%	1.0%	2.7%	3.7%
14	390		3.3%	7.0%	27	3.8%	15	10.8%	1.0%	3.0%	4.0%
15	377		4.8%	7.0%	26	4.1%	16	11.1%	1.0%	3.2%	4.2%
16	359		3.1%	7.0%	25	4.5%	16	11.5%	1.0%	3.5%	4.5%
17	348		3.7%	7.0%	24	4.9%	17	11.9%	1.0%	3.8%	4.8%
18	337		10.4%	7.0%	23	5.3%	18	12.2%	1.0%	4.1%	5.1%
19	300		3.0%	7.0%	21	5.7%	17	12.6%	1.0%	4.4%	5.4%
20	271		6.6%	7.0%	19	6.1%	17	13.1%	1.0%	4.8%	5.8%
21	206		5.3%	7.0%	14	6.6%	14	13.6%	1.0%	5.2%	6.2%
22	133		8.3%	7.0%	9	7.3%	10	14.3%	1.0%	5.8%	6.8%
23	51		7.8%	7.0%	4	7.4%	4	14.4%	1.0%	5.9%	6.9%
24	15		0.0%	7.0%	1	7.5%	1	14.5%	1.0%	5.9%	6.9%

Notes:

- 1) The results shown above include only lifetime pay policies (excludes single pay, 10 pay and paid-up at 65)
- 2) The "Actual Results" are the historical total policy termination rates observed by the Company.
- 3) The "Original Pricing Assumptions" are those assumptions originally used to price the product. The mortality assumptions are based on the 1983 IAM table.
The original ultimate lapse assumption was 6.0% for issue ages 62 and younger and 8.0% for issue ages 63 and older.
- 4) The "Current Assumptions" are those used in the projection for the current rate filing. The mortality assumptions are based on the Annuity 2000 table projected to 2009 (Scale G 100% Male, 50% Female, no smoothing), with selection factors.
- 5) Experience is through December 31, 2017

Appendix D
CMFG Life Insurance Company
Policy Persistency Comparison
Nationwide Experience
1997 Product

Policy Duration	Total Lives	Actual Results		Original Pricing Assumptions					Current Assumptions			
		Total Terminations		Lapse	Number of Expected Lapses	Mortality	Number of Expected Deaths	Total Terminations	Lapse	Mortality	Total Terminations	
1	3,333		4.1%	10.8%	359	0.6%	18	11.3%		6.0%	0.1%	6.1%
2	3,198		3.1%	8.8%	280	0.6%	20	9.4%		4.0%	0.1%	4.1%
3	3,100		2.6%	6.8%	210	0.7%	21	7.4%		3.0%	0.2%	3.2%
4	3,018		2.3%	6.6%	199	0.7%	22	7.3%		2.0%	0.3%	2.3%
5	2,950		2.1%	6.4%	188	0.8%	24	7.2%		2.0%	0.4%	2.4%
6	2,886		1.9%	6.2%	179	0.9%	26	7.1%		1.5%	0.5%	2.0%
7	2,831		2.4%	6.0%	170	1.0%	28	7.0%		1.5%	0.6%	2.1%
8	2,762		2.2%	6.0%	166	1.1%	30	7.1%		1.5%	0.7%	2.2%
9	2,700		2.2%	6.0%	162	1.2%	32	7.2%		1.0%	0.9%	1.9%
10	2,640		2.3%	6.0%	158	1.3%	35	7.3%		1.0%	1.0%	2.0%
11	2,579		2.2%	6.0%	155	1.4%	37	7.4%		1.0%	1.1%	2.1%
12	2,522		2.9%	6.0%	151	1.6%	40	7.6%		1.0%	1.2%	2.2%
13	2,449		3.0%	6.0%	147	1.7%	41	7.7%		1.0%	1.3%	2.3%
14	2,362		2.9%	6.0%	142	1.8%	43	7.8%		1.0%	1.4%	2.4%
15	2,095		2.7%	6.0%	126	2.0%	41	8.0%		1.0%	1.5%	2.5%
16	1,664		2.9%	6.0%	100	2.1%	35	8.1%		1.0%	1.6%	2.6%
17	1,212		2.7%	6.0%	73	2.1%	26	8.1%		1.0%	1.6%	2.6%
18	789		4.6%	6.0%	47	2.1%	17	8.1%		1.0%	1.6%	2.6%
19	206		2.9%	6.0%	12	3.3%	7	9.3%		1.0%	2.5%	3.5%
20	6		0.0%	6.0%	0	5.1%	0	11.1%		1.0%	4.0%	5.0%

Notes:

- 1) The results shown above include only lifetime pay policies (excludes single pay, 10 pay and paid-up at 65)
- 2) The "Actual Results" are the historical total policy termination rates observed by the Company.
- 3) The "Original Pricing Assumptions" are those assumptions originally used to price the product. The mortality assumptions are based on the 1983 GAM table.
The original ultimate lapse assumption was 6.0%.
- 4) The "Current Assumptions" are those used in the projection for the current rate filing. The mortality assumptions are based on the Annuity 2000 table projected to 2009 (Scale G 100% Male, 50% Female, no smoothing), with selection factors.
- 5) Experience is through December 31, 2017

Appendix D
CMFG Life Insurance Company
Policy Persistency Comparison
Nationwide Experience
2002 Product

Policy Duration	Total Lives	Actual Results			Original Pricing Assumptions						Current Assumptions		
		Total Terminations	Lapse	Number of Expected Lapses	Mortality	Number of Expected Deaths	Total Terminations	Lapse	Mortality	Total Terminations			
1	16,663	6.8%	10.3%	1,711	0.8%	139	11.1%	6.0%	0.1%	6.1%			
2	15,527	4.4%	8.3%	1,287	0.9%	142	9.2%	4.0%	0.2%	4.2%			
3	14,845	3.2%	6.5%	972	1.0%	149	7.6%	3.0%	0.3%	3.3%			
4	14,366	2.8%	5.3%	767	1.1%	158	6.4%	2.0%	0.3%	2.3%			
5	13,966	2.3%	4.7%	657	1.2%	169	5.9%	2.0%	0.4%	2.4%			
6	13,641	2.1%	4.3%	591	1.3%	182	5.7%	1.5%	0.5%	2.0%			
7	13,348	2.1%	3.2%	428	1.5%	195	4.7%	1.5%	0.6%	2.1%			
8	13,064	1.8%	2.6%	345	1.6%	208	4.2%	1.5%	0.7%	2.2%			
9	12,632	1.7%	2.2%	282	1.7%	221	4.0%	1.0%	0.8%	1.8%			
10	11,292	3.1%	2.0%	226	1.9%	217	3.9%	1.0%	1.0%	2.0%			
11	7,578	3.5%	2.0%	152	2.2%	166	4.2%	1.0%	1.2%	2.2%			
12	3,593	3.6%	2.0%	72	2.5%	91	4.5%	1.0%	1.5%	2.5%			
13	1,612	3.2%	2.0%	32	2.8%	46	4.8%	1.0%	1.8%	2.8%			
14	440	3.0%	2.0%	9	3.0%	13	5.0%	1.0%	2.1%	3.1%			

Notes:

- 1) The results shown above include only lifetime pay policies (excludes single pay, 10 pay and paid-up at 65)
- 2) The "Actual Results" are the historical total policy termination rates observed by the Company.
- 3) The "Original Pricing Assumptions" are those assumptions originally used to price the product. The mortality assumptions are based on the 1983 GAM table.
The original ultimate lapse assumption reached 2.0% by duration 10.
- 4) The "Current Assumptions" are those used in the projection for the current rate filing. The mortality assumptions are based on the Annuity 2000 table projected to 2009 (Scale G 100% Male, 50% Female, no smoothing), with selection factors. The current assumed ultimate lapse rate is 1.0% starting in duration 9.
- 5) Experience is through December 31, 2017

Appendix D
CMFG Life Insurance Company
Policy Persistency Comparison
Nationwide Experience
2006 Product

		Actual Results			Original Pricing Assumptions						Current Assumptions		
Policy Duration	Total Lives		Total Terminations	Lapse	Number of Expected Lapses	Mortality	Number of Expected Deaths	Total Terminations		Lapse	Mortality	Total Terminations	
1	16,922		6.2%	6.0%	1,015	0.1%	24	6.1%		6.0%	0.1%	6.1%	
2	15,878		4.1%	5.0%	794	0.2%	38	5.2%		4.0%	0.2%	4.2%	
3	15,232		2.7%	4.0%	609	0.4%	54	4.4%		3.0%	0.3%	3.3%	
4	14,819		2.4%	3.0%	445	0.5%	73	3.5%		2.0%	0.3%	2.3%	
5	14,461		2.2%	2.5%	362	0.7%	95	3.2%		2.0%	0.4%	2.4%	
6	14,135		2.1%	1.5%	212	0.8%	120	2.3%		1.5%	0.5%	2.0%	
7	13,812		1.9%	1.0%	138	1.1%	148	2.1%		1.5%	0.6%	2.1%	
8	9,007		2.0%	1.0%	90	1.3%	119	2.3%		1.5%	0.7%	2.2%	
9	4,964		2.3%	1.0%	50	1.7%	82	2.7%		1.0%	0.9%	1.9%	
10	1,552		3.3%	1.0%	16	1.8%	28	2.8%		1.0%	1.0%	2.0%	

Notes:

- 1) The results shown above include only lifetime pay policies (excludes single pay, 10 pay and paid-up at 65)
- 2) The "Actual Results" are the historical total policy termination rates observed by the Company.
- 3) The "Original Pricing Assumptions" are those assumptions originally used to price the product. The mortality assumptions are based on the 1994 GAM table, projected to 2006. The original ultimate lapse assumption reached 1.0% by duration 7.
- 4) The "Current Assumptions" are those used in the projection for the current rate filing. The mortality assumptions are based on the Annuity 2000 table projected to 2009 (Scale G 100% Male, 50% Female, no smoothing), with selection factors. The current assumed ultimate lapse rate is 1.0% starting in duration 9.
- 5) Experience is through December 31, 2017

**Exhibit 1A - Claim Study
CMFG Life Insurance Company
Experience by Calendar Year
All Business**

Calendar Year	Total Lives	2017 Long Term Care Guidelines										Actual to Expected		
		Count	Actual Claims			Expected Claims			Credibility Measure	Incidence	Severity	Incurred		
			Paid	Reserve	Severity	Count	Severity	Incurred						
2002	3,142	8	1,045,693	-	130,712	1,045,693	7	62,814	457,660	13%	110%	208%	228%	
2003	3,930	16	527,034	-	32,940	527,034	9	65,523	605,586	14%	173%	50%	87%	
2004	6,192	2	123,092	-	61,546	123,092	12	67,848	840,551	18%	16%	91%	15%	
2005	9,240	15	1,616,597	-	107,773	1,616,597	16	70,045	1,153,101	21%	91%	154%	140%	
2006	13,577	18	1,360,610	-	75,589	1,360,610	21	72,143	1,543,160	26%	84%	105%	88%	
2007	19,106	28	1,424,687	159,506	56,578	1,584,193	28	73,737	2,060,683	31%	100%	77%	77%	
2008	24,300	34	2,436,293	155,183	76,220	2,591,476	36	75,544	2,701,732	35%	95%	101%	96%	
2009	28,667	46	3,409,937	316,485	81,009	3,726,421	45	77,618	3,481,714	38%	103%	104%	107%	
2010	32,948	54	3,398,543	224,735	67,098	3,623,278	55	80,094	4,424,970	41%	98%	84%	82%	
2011	33,606	82	5,271,223	285,001	67,759	5,556,225	67	83,089	5,532,793	41%	123%	82%	100%	
2012	32,694	88	5,616,466	1,222,655	77,717	6,839,121	78	86,464	6,710,663	40%	113%	90%	102%	
2013	32,009	91	5,959,249	2,190,661	89,559	8,149,910	90	90,263	8,139,560	40%	101%	99%	100%	
2014	31,152	107	5,672,581	3,670,293	87,317	9,342,874	103	93,769	9,667,616	39%	104%	93%	97%	
2015	30,549	117	5,493,678	6,171,915	99,706	11,665,592	119	97,366	11,598,278	39%	98%	102%	101%	
2016	29,804	137	3,994,820	8,683,515	92,543	12,678,335	135	101,240	13,708,300	39%	101%	91%	92%	
2017	29,066	224	1,109,209	22,055,691	103,518	23,164,899	154	105,501	16,240,050	38%	145%	98%	143%	
Total	359,982	1,067	48,459,711	45,135,639	87,737	93,595,350	977	91,003	88,866,417	100%	109%	96%	105%	

Notes:

- 1) Experience from January 1, 2002 through December 31, 2017
- 2) Paid claims represent the present value of paid claims discounted to the claim incurred date
- 3) Reserve amounts represent the present value of the remaining claim reserve (including IBNR) discounted to the claim incurred rate
- 4) Severity is defined as incurred claims divided by the count of claims
- 5) Expected Claims are based on the Milliman 2017 Long-Term Care Guidelines
- 6) Claim dollar amounts are discounted using a 4.00% interest rate (both actual and expected)
- 7) Credibility Measure is based on the following formula = (Total Lives / 200,000) ^ 0.5
- 8) Expected values include product fitting factors

**Exhibit 1B - Claim Study
CMFG Life Insurance Company
Experience by Product Series
All Business**

2017 Long Term Care Guidelines													
Product Series	Total Lives	Actual Claims					Expected Claims			Credibility Measure	Actual to Expected		
		Count	Paid	Reserve	Severity	Incurred	Count	Severity	Incurred		Incidence	Severity	Incurred
1993	5,669	99	5,806,419	2,962,400	88,197	8,768,819	115	74,904	8,603,041	17%	87%	118%	102%
1997	41,064	190	11,864,777	6,669,575	97,391	18,534,352	195	94,255	18,409,948	45%	97%	103%	101%
2002	184,284	535	23,001,783	25,272,917	90,207	48,274,701	437	96,850	42,276,358	96%	123%	93%	114%
2006	128,965	242	7,786,732	10,230,746	74,485	18,017,478	230	85,180	19,577,070	80%	105%	87%	92%
Total	359,982	1,067	48,459,711	45,135,639	87,737	93,595,350	977	91,003	88,866,417	100%	109%	96%	105%

Notes:

- 1) Experience from January 1, 2002 through December 31, 2017
- 2) Paid claims represent the present value of paid claims discounted to the claim incurred date
- 3) Reserve amounts represent the present value of the remaining claim reserve (including IBNR) discounted to the claim incurred rate
- 4) Severity is defined as incurred claims divided by the count of claims
- 5) Expected Claims are based on the Milliman 2017 Long-Term Care Guidelines
- 6) Claim dollar amounts are discounted using a 4.00% interest rate (both actual and expected)
- 7) Credibility Measure is based on the following formula = (Total Lives / 200,000) ^ 0.5
- 8) Expected values include product fitting factors

Exhibit 1C - Claim Study
CMFG Life Insurance Company
Experience by Calendar Year
Product Series: 1993

2017 Long Term Care Guidelines													
Calendar Year	Total Lives	Actual Claims					Expected Claims			Credibility Measure	Actual to Expected		
		Count	Paid	Reserve	Severity	Incurred	Count	Severity	Incurred		Incidence	Severity	Incurred
2002	462	6	581,029	-	96,838	581,029	4	58,102	219,583	5%	159%	167%	265%
2003	450	5	112,377	-	22,475	112,377	4	59,632	258,686	5%	115%	38%	43%
2004	443	0	-	-	-	-	5	61,524	314,288	5%	0%	0%	0%
2005	433	4	247,713	-	61,928	247,713	6	63,264	374,815	5%	68%	98%	66%
2006	415	2	137,255	-	68,627	137,255	6	65,041	420,244	5%	31%	106%	33%
2007	398	2	156,622	-	78,311	156,622	7	67,051	467,702	4%	29%	117%	33%
2008	388	2	16,609	-	8,304	16,609	7	68,480	502,893	4%	27%	12%	3%
2009	376	11	1,038,077	-	94,371	1,038,077	8	70,030	544,587	4%	141%	135%	191%
2010	356	2	225,132	-	112,566	225,132	8	72,960	582,794	4%	25%	154%	39%
2011	337	8	392,372	-	49,046	392,372	8	76,028	619,920	4%	98%	65%	63%
2012	315	11	920,773	41,261	87,458	962,035	8	77,896	645,566	4%	133%	112%	149%
2013	291	8	658,674	293,004	118,960	951,678	8	82,252	674,880	4%	98%	145%	141%
2014	274	3	391,730	255,345	215,692	647,075	8	84,280	697,951	4%	36%	256%	93%
2015	260	12	677,040	928,555	133,800	1,605,595	9	85,132	739,205	4%	138%	157%	217%
2016	242	6	171,704	129,817	50,254	301,521	9	86,126	751,726	3%	69%	58%	40%
2017	229	17	79,311	1,314,418	79,994	1,393,729	9	89,359	788,199	3%	198%	90%	177%
Total	5,669	99	5,806,419	2,962,400	88,197.10	8,768,819	115	74,904	8,603,041	17%	87%	118%	102%

Notes:

- 1) Experience from January 1, 2002 through December 31, 2017
- 2) Paid claims represent the present value of paid claims discounted to the claim incurred date
- 3) Reserve amounts represent the present value of the remaining claim reserve (including IBNR) discounted to the claim incurred date
- 4) Severity is defined as incurred claims divided by the count of claims
- 5) Expected Claims are based on the Milliman 2017 Long-Term Care Guidelines
- 6) Claim dollar amounts are discounted using a 4.00% interest rate (both actual and expected)
- 7) Credibility Measure is based on the following formula = (Total Lives / 200,000) ^ 0.5
- 8) Expected values include product fitting factors

Exhibit 1D - Claim Study
CMFG Life Insurance Company
Experience by Calendar Year
Product Series: 1997

2017 Long Term Care Guidelines													
Calendar Year	Total Lives	Actual Claims					Expected Claims			Credibility Measure	Actual to Expected		
		Count	Paid	Reserve	Severity	Incurred	Count	Severity	Incurred		Incidence	Severity	Incurred
2002	2,680	2	464,663	-	232,332	464,663	4	67,894	238,044	12%	57%	342%	195%
2003	2,999	9	410,840	-	45,649	410,840	5	71,102	331,317	12%	193%	64%	124%
2004	2,989	1	20,568	-	20,568	20,568	6	73,755	430,680	12%	17%	28%	5%
2005	2,916	5	1,076,771	-	215,354	1,076,771	7	76,200	531,290	12%	72%	283%	203%
2006	2,827	9	706,872	-	78,541	706,872	8	78,328	638,729	12%	110%	100%	111%
2007	2,757	11	497,863	-	45,260	497,863	9	79,800	756,493	12%	116%	57%	66%
2008	2,691	10	1,071,036	155,183	122,622	1,226,219	11	82,085	885,894	12%	93%	149%	138%
2009	2,633	12	888,128	316,485	100,384	1,204,613	12	84,624	1,027,117	11%	99%	119%	117%
2010	2,581	16	905,115	-	56,570	905,115	13	87,562	1,179,449	11%	119%	65%	77%
2011	2,526	13	1,004,400	35,284	79,976	1,039,684	15	90,626	1,349,581	11%	87%	88%	77%
2012	2,413	12	1,018,624	193,815	101,037	1,212,439	15	94,857	1,467,529	11%	78%	107%	83%
2013	2,336	15	1,551,132	595,491	143,108	2,146,624	16	99,099	1,615,295	11%	92%	144%	133%
2014	2,269	20	888,979	983,860	93,642	1,872,839	17	101,643	1,719,880	11%	118%	92%	109%
2015	2,213	14	812,672	1,005,998	129,905	1,818,670	18	105,868	1,891,295	11%	78%	123%	96%
2016	2,144	16	426,150	929,365	84,720	1,355,515	19	109,614	2,050,697	10%	86%	77%	66%
2017	2,089	25	120,965	2,454,094	101,743	2,575,059	20	113,962	2,296,658	10%	1,255876	89%	112%
Total	41,064	190	11,864,777	6,669,575	97,390.59	18,534,352	195	94,255	18,409,948	45%	97%	103%	101%

Notes:

- 1) Experience from January 1, 2002 through December 31, 2017
- 2) Paid claims represent the present value of paid claims discounted to the claim incurred date
- 3) Reserve amounts represent the present value of the remaining claim reserve (including IBNR) discounted to the claim incurred rate
- 4) Severity is defined as incurred claims divided by the count of claims
- 5) Expected Claims are based on the Milliman 2017 Long-Term Care Guidelines
- 6) Claim dollar amounts are discounted using a 4.00% interest rate (both actual and expected)
- 7) Credibility Measure is based on the following formula = (Total Lives / 200,000) ^ 0.5
- 8) Expected values include product fitting factors

Exhibit 1E - Claim Study
CMFG Life Insurance Company
Experience by Calendar Year
Product Series: 2002

2017 Long Term Care Guidelines													
Calendar Year	Total Lives	Actual Claims					Expected Claims			Credibility Measure	Actual to Expected		
		Count	Paid	Reserve	Severity	Incurred	Count	Severity	Incurred		Incidence	Severity	Incurred
2002	0	0	-	-	-	-	0	54,910	32	0%	0%	0%	0%
2003	480	2	3,816	-	1,908	3,816	0	63,702	15,583	5%	818%	3%	24%
2004	2,760	1	102,525	-	102,525	102,525	1	66,331	95,582	12%	69%	155%	107%
2005	5,891	6	292,112	-	48,685	292,112	4	69,278	246,995	17%	168%	70%	118%
2006	10,335	7	516,484	-	73,783	516,484	7	71,471	484,167	23%	103%	103%	107%
2007	14,771	15	770,202	159,506	61,981	929,708	11	73,607	808,795	27%	137%	84%	115%
2008	16,286	18	1,175,846	-	65,325	1,175,846	15	76,454	1,169,253	29%	118%	85%	101%
2009	16,325	18	1,412,544	-	78,475	1,412,544	20	79,514	1,553,555	29%	92%	99%	91%
2010	15,831	26	1,882,565	-	72,406	1,882,565	24	82,762	1,977,896	28%	109%	87%	95%
2011	15,452	44	2,702,236	-	61,414	2,702,236	29	86,481	2,517,939	28%	151%	71%	107%
2012	15,124	38	2,418,680	720,797	82,618	3,139,477	35	90,409	3,181,382	27%	108%	91%	99%
2013	14,880	40	2,392,583	711,890	77,612	3,104,473	42	94,431	4,000,718	27%	94%	82%	78%
2014	14,518	57	2,879,224	1,520,519	77,188	4,399,743	50	98,366	4,873,425	27%	115%	78%	90%
2015	14,246	57	2,977,693	2,699,770	99,605	5,677,463	58	102,527	5,926,955	27%	99%	97%	96%
2016	13,886	82	2,787,409	6,271,923	110,480	9,059,333	66	107,106	7,063,595	26%	124%	103%	128%
2017	13,500	124	687,863	13,188,513	111,769	13,876,376	75	111,778	8,360,486	26%	166%	100%	166%
Total	184,284	535	23,001,783	25,272,917	90,207.48	48,274,701	437	96,850	42,276,358	96%	123%	93%	114%

Notes:

- 1) Experience from January 1, 2002 through December 31, 2017
- 2) Paid claims represent the present value of paid claims discounted to the claim incurred date
- 3) Reserve amounts represent the present value of the remaining claim reserve (including IBNR) discounted to the claim incurred rate
- 4) Severity is defined as incurred claims divided by the count of claims
- 5) Expected Claims are based on the Milliman 2017 Long-Term Care Guidelines
- 6) Claim dollar amounts are discounted using a 4.00% interest rate (both actual and expected)
- 7) Credibility Measure is based on the following formula = (Total Lives / 200,000) ^ 0.5
- 8) Expected values include product fitting factors

Exhibit 1F - Claim Study
CMFG Life Insurance Company
Experience by Calendar Year
Product Series: 2006

2017 Long Term Care Guidelines													
Calendar Year	Total Lives	Actual Claims					Expected Claims			Credibility Measure	Actual to Expected		
		Count	Paid	Reserve	Severity	Incurred	Count	Severity	Incurred		Incidence	Severity	Incurred
2006	0	0	-	-	-	-	0	56,268	19	0%	0%	0%	0%
2007	1,180	0	-	-	-	-	1	55,032	27,694	8%	0%	0%	0%
2008	4,935	4	172,802	-	43,200	172,802	2	61,567	143,692	16%	171%	70%	120%
2009	9,333	5	71,188	-	14,238	71,188	5	65,947	356,455	22%	93%	22%	20%
2010	14,180	10	385,732	224,735	61,047	610,466	10	69,238	684,831	27%	101%	88%	89%
2011	15,291	17	1,172,216	249,717	83,643	1,421,933	14	72,453	1,045,352	28%	118%	115%	136%
2012	14,842	27	1,258,389	266,781	56,488	1,525,170	19	75,876	1,416,187	27%	145%	74%	108%
2013	14,502	28	1,356,859	590,276	69,541	1,947,135	23	79,327	1,848,668	27%	120%	88%	105%
2014	14,091	27	1,512,648	910,570	89,749	2,423,218	28	83,810	2,376,360	27%	95%	107%	102%
2015	13,830	34	1,026,273	1,537,592	75,408	2,563,865	35	87,470	3,040,823	26%	98%	86%	84%
2016	13,533	33	609,557	1,352,410	59,454	1,961,966	42	91,443	3,842,283	26%	79%	65%	51%
2017	13,248	57	221,070	5,098,665	93,505	5,319,736	50	95,581	4,794,707	26%	113%	98%	111%
Total	128,965	242	7,786,732	10,230,746	74,485.48	18,017,478	230	85,180	19,577,070	80%	105%	87%	92%

Notes:

- 1) Experience from January 1, 2002 through December 31, 2017
- 2) Paid claims represent the present value of paid claims discounted to the claim incurred date
- 3) Reserve amounts represent the present value of the remaining claim reserve (including IBNR) discounted to the claim incurred rate
- 4) Severity is defined as incurred claims divided by the count of claims
- 5) Expected Claims are based on the Milliman 2017 Long-Term Care Guidelines
- 6) Claim dollar amounts are discounted using a 4.00% interest rate (both actual and expected)
- 7) Credibility Measure is based on the following formula = (Total Lives / 200,000) ^ 0.5
- 8) Expected values include product fitting factors

**Exhibit 1G - Claim Study
CMFG Life Insurance Company
Experience by Attained Age
All Business**

2017 Long Term Care Guidelines													
Attained Age	Total Lives	Actual Claims					Expected Claims			Credibility Measure	Actual to Expected		
		Count	Paid	Reserve	Severity	Incurred	Count	Severity	Incurred		Incidence	Severity	Incurred
<60	109,011	48	3,646,216	1,497,701	107,673	5,143,918	36	103,581	3,709,405	74%	133%	104%	139%
60 - 69	168,814	206	9,250,276	10,098,804	93,776	19,349,081	195	106,732	20,799,374	92%	106%	88%	93%
70 - 79	72,453	456	20,473,094	18,946,099	86,433	39,419,193	422	93,984	39,636,001	60%	108%	92%	99%
80 - 89	9,437	333	14,042,478	13,584,151	82,997	27,626,629	295	77,992	22,971,507	22%	113%	106%	120%
90 +	266	24	1,047,646	1,008,883	86,622	2,056,529	30	59,197	1,750,130	4%	80%	146%	118%
Total	359,982	1,067	48,459,711	45,135,639	87,737	93,595,350	977	91,003	88,866,417	100%	109%	96%	105%

Notes:

- 1) Experience from January 1, 2002 through December 31, 2017
- 2) Paid claims represent the present value of paid claims discounted to the claim incurred date
- 3) Reserve amounts represent the present value of the remaining claim reserve (including IBNR) discounted to the claim incurred rate
- 4) Severity is defined as incurred claims divided by the count of claims
- 5) Expected Claims are based on the Milliman 2017 Long-Term Care Guidelines
- 6) Claim dollar amounts are discounted using a 4.00% interest rate (both actual and expected)
- 7) Credibility Measure is based on the following formula = (Total Lives / 200,000) ^ 0.5
- 8) Expected values include product fitting factors

**Exhibit 1H - Claim Study
CMFG Life Insurance Company
Experience by Policy Duration
All Business**

2017 Long Term Care Guidelines													
Policy Duration	Total Lives	Count	Actual Claims				Expected Claims			Credibility Measure	Actual to Expected		
			Paid	Reserve	Severity	Incurred	Count	Severity	Incurred		Incidence	Severity	Incurred
1 - 3	104,552	90	5,255,557	784,888	67,116	6,040,445	70	72,159	5,045,888	72%	129%	93%	120%
4 - 6	99,523	196	10,676,073	2,170,149	65,541	12,846,222	162	81,252	13,123,391	71%	121%	81%	98%
7 - 9	87,360	254	12,936,400	10,360,459	91,643	23,296,859	269	90,608	24,369,184	66%	95%	101%	96%
10 - 12	46,857	269	9,564,711	15,039,190	91,423	24,603,901	244	98,603	24,078,651	48%	110%	93%	102%
13 +	21,689	257	10,026,970	16,780,952	104,132	26,807,923	232	95,932	22,249,304	33%	111%	109%	120%
Total	359,982	1,067	48,459,711	45,135,639	87,737	93,595,350	977	91,003	88,866,417	100%	109%	96%	105%

Notes:

- 1) Experience from January 1, 2002 through December 31, 2017
- 2) Paid claims represent the present value of paid claims discounted to the claim incurred date
- 3) Reserve amounts represent the present value of the remaining claim reserve (including IBNR) discounted to the claim incurred rate
- 4) Severity is defined as incurred claims divided by the count of claims
- 5) Expected Claims are based on the Milliman 2017 Long-Term Care Guidelines
- 6) Claim dollar amounts are discounted using a 4.00% interest rate (both actual and expected)
- 7) Credibility Measure is based on the following formula = (Total Lives / 200,000) ^ 0.5
- 8) Expected values include product fitting factors

**Exhibit 1I - Claim Study
CMFG Life Insurance Company
Experience by Policy Duration
Single Insureds**

2017 Long Term Care Guidelines													
Policy Duration	Total Lives	Actual Claims					Expected Claims			Credibility Measure	Actual to Expected		
		Count	Paid	Reserve	Severity	Incurred	Count	Severity	Incurred		Incidence	Severity	Incurred
1 - 3	20,296	28	2,885,858	474,167	120,001	3,360,025	27	69,279	1,891,819	32%	103%	173%	178%
4 - 6	19,579	74	4,541,009	417,178	67,003	4,958,187	59	77,503	4,589,979	31%	125%	86%	108%
7 - 9	17,720	83	4,986,916	2,617,989	92,092	7,604,905	96	84,377	8,058,115	30%	86%	109%	94%
10 - 12	10,987	100	4,873,042	4,369,974	92,123	9,243,016	97	90,483	8,821,337	23%	103%	102%	105%
13 +	8,949	167	7,825,627	9,002,567	100,647	16,828,194	158	90,044	14,263,019	21%	106%	112%	118%
Total	77,531	452	25,112,452	16,881,875	92,885	41,994,326	438	85,915	37,624,269	62%	103%	108%	112%

Notes:

- 1) Experience from January 1, 2002 through December 31, 2017
- 2) Paid claims represent the present value of paid claims discounted to the claim incurred date
- 3) Reserve amounts represent the present value of the remaining claim reserve (including IBNR) discounted to the claim incurred rate
- 4) Severity is defined as incurred claims divided by the count of claims
- 5) Expected Claims are based on the Milliman 2017 Long-Term Care Guidelines
- 6) Claim dollar amounts are discounted using a 4.00% interest rate (both actual and expected)
- 7) Credibility Measure is based on the following formula = (Total Lives / 200,000) ^ 0.5
- 8) Expected values include product fitting factors

**Exhibit 1J - Claim Study
CMFG Life Insurance Company
Experience by Policy Duration
Married Insureds**

2017 Long Term Care Guidelines													
Policy Duration	Total Lives	Count	Actual Claims				Expected Claims			Credibility Measure	Actual to Expected		
			Paid	Reserve	Severity	Incurred	Count	Severity	Incurred		Incidence	Severity	Incurred
1 - 3	84,256	62	2,369,699	310,721	43,233	2,680,419	43	74,005	3,154,069	65%	145%	58%	85%
4 - 6	79,944	122	6,135,064	1,752,972	64,655	7,888,035	102	83,424	8,533,412	63%	119%	78%	92%
7 - 9	69,640	172	7,949,484	7,742,470	91,427	15,691,954	173	94,039	16,311,069	59%	99%	97%	96%
10 - 12	35,870	169	4,691,669	10,669,217	91,008	15,360,886	147	103,999	15,257,314	42%	115%	88%	101%
13 +	12,740	90	2,201,344	7,778,385	110,590	9,979,729	74	108,615	7,986,285	25%	123%	102%	125%
Total	282,451	615	23,347,259	28,253,764	83,950	51,601,023	539	95,140	51,242,149	100%	114%	88%	101%

Notes:

- 1) Experience from January 1, 2002 through December 31, 2017
- 2) Paid claims represent the present value of paid claims discounted to the claim incurred date
- 3) Reserve amounts represent the present value of the remaining claim reserve (including IBNR) discounted to the claim incurred rate
- 4) Severity is defined as incurred claims divided by the count of claims
- 5) Expected Claims are based on the Milliman 2017 Long-Term Care Guidelines
- 6) Claim dollar amounts are discounted using a 4.00% interest rate (both actual and expected)
- 7) Credibility Measure is based on the following formula = (Total Lives / 200,000) ^ 0.5
- 8) Expected values include product fitting factors

Exhibit 1K - Claim Study
CMFG Life Insurance Company
Experience by Issue Age
All Business

2017 Long Term Care Guidelines													
Issue Age	Total Lives	Actual Claims					Expected Claims			Credibility Measure	Actual to Expected		
		Count	Paid	Reserve	Severity	Incurred	Count	Severity	Incurred		Incidence	Severity	Incurred
<=49	37,882	22	2,392,310	1,034,011	153,717	3,426,321	16	119,914	1,948,312	44%	137%	128%	176%
50-54	66,345	58	2,457,541	4,179,384	114,654	6,636,924	42	121,978	5,121,769	58%	138%	94%	130%
55-59	95,078	99	4,166,558	5,859,647	100,866	10,026,205	102	116,075	11,800,892	69%	98%	87%	85%
60-64	87,993	207	7,714,832	9,505,855	83,035	17,220,686	192	104,828	20,080,901	66%	108%	79%	86%
65-69	47,564	278	13,330,828	12,809,093	94,161	26,139,920	249	90,462	22,555,387	49%	111%	104%	116%
70-74	20,108	265	12,766,686	8,755,595	81,112	21,522,281	249	75,632	18,815,823	32%	107%	107%	114%
75-79	4,607	114	4,421,227	2,857,722	64,007	7,278,949	106	69,789	7,413,286	15%	107%	92%	98%
80+	405	23	1,209,730	134,334	58,089	1,344,064	21	54,549	1,130,047	4%	112%	106%	119%
Total	359,982	1,067	48,459,711	45,135,639	87,737	93,595,350	977	91,003	88,866,417	100%	109%	96%	105%

Notes:

- 1) Experience from January 1, 2002 through December 31, 2017
- 2) Paid claims represent the present value of paid claims discounted to the claim incurred date
- 3) Reserve amounts represent the present value of the remaining claim reserve (including IBNR) discounted to the claim incurred rate
- 4) Severity is defined as incurred claims divided by the count of claims
- 5) Expected Claims are based on the Milliman 2017 Long-Term Care Guidelines
- 6) Claim dollar amounts are discounted using a 4.00% interest rate (both actual and expected)
- 7) Credibility Measure is based on the following formula = (Total Lives / 200,000) ^ 0.5
- 8) Expected values include product fitting factors

**Exhibit 1L - Claim Study
CMFG Life Insurance Company
Experience by Coverage Type
All Business**

2017 Long Term Care Guidelines													
Coverage Type	Total Lives	Count	Actual Claims				Expected Claims			Credibility Measure	Actual to Expected		
			Paid	Reserve	Severity	Incurred	Count	Severity	Incurred		Incidence	Severity	Incurred
Home Care Only	6,169	10	474,577	243,878	69,095	718,455	24	70,782	1,709,457	18%	43%	98%	42%
Facility Only	14,213	51	2,746,120	2,327,018	98,508	5,073,138	57	98,549	5,646,226	27%	90%	100%	90%
Comprehensive	339,599	1,005	45,239,013	42,564,743	87,377	87,803,757	895	91,066	81,510,735	100%	112%	96%	108%
Total	359,982	1,067	48,459,711	45,135,639	87,737	93,595,350	977	91,003	88,866,417	100%	109%	96%	105%

Notes:

- 1) Experience from January 1, 2002 through December 31, 2017
- 2) Paid claims represent the present value of paid claims discounted to the claim incurred date
- 3) Reserve amounts represent the present value of the remaining claim reserve (including IBNR) discounted to the claim incurred rate
- 4) Severity is defined as incurred claims divided by the count of claims
- 5) Expected Claims are based on the Milliman 2017 Long-Term Care Guidelines
- 6) Claim dollar amounts are discounted using a 4.00% interest rate (both actual and expected)
- 7) Credibility Measure is based on the following formula = (Total Lives / 200,000) ^ 0.5
- 8) Expected values include product fitting factors

**Exhibit 1M - Claim Study
CMFG Life Insurance Company
Experience by Benefit Period
All Business**

2017 Long Term Care Guidelines													
Benefit Period	Total Lives	Count	Actual Claims				Expected Claims			Credibility Measure	Actual to Expected		
			Paid	Reserve	Severity	Incurred	Count	Severity	Incurred		Incidence	Severity	Incurred
Lifetime	46,751	194	11,729,085	11,071,851	117,796	22,800,936	188	128,068	24,104,876	48%	103%	92%	95%
Non-Lifetime	313,231	873	36,730,626	34,063,788	81,073	70,794,414	788	82,154	64,761,541	100%	111%	99%	109%
Total	359,982	1,067	48,459,711	45,135,639	87,737	93,595,350	977	91,003	88,866,417	100%	109%	96%	105%

Notes:

- 1) Experience from January 1, 2002 through December 31, 2017
- 2) Paid claims represent the present value of paid claims discounted to the claim incurred date
- 3) Reserve amounts represent the present value of the remaining claim reserve (including IBNR) discounted to the claim incurred rate
- 4) Severity is defined as incurred claims divided by the count of claims
- 5) Expected Claims are based on the Milliman 2017 Long-Term Care Guidelines
- 6) Claim dollar amounts are discounted using a 4.00% interest rate (both actual and expected)
- 7) Credibility Measure is based on the following formula = $(\text{Total Lives} / 200,000)^{0.5}$
- 8) Expected values include product fitting factors

**Exhibit 1N - Claim Study
CMFG Life Insurance Company
Experience by Elimination Period
All Business**

2017 Long Term Care Guidelines													
Elimination Period (days)	Total Lives	Count	Actual Claims				Expected Claims			Credibility Measure	Actual to Expected		
			Paid	Reserve	Severity	Incurred	Count	Severity	Incurred		Incidence	Severity	Incurred
0 and 30	85,320	261	11,911,198	11,308,994	88,938	23,220,192	272	85,222	23,201,916	65%	96%	104%	100%
31 to 90	247,019	713	32,797,517	30,911,226	89,323	63,708,743	622	94,382	58,746,178	100%	115%	95%	108%
91 +	27,643	92	3,750,995	2,915,419	72,104	6,666,415	82	84,539	6,918,324	37%	113%	85%	96%
Total	359,982	1,067	48,459,711	45,135,639	87,737	93,595,350	977	91,003	88,866,417	100%	109%	96%	105%

Notes:

- 1) Experience from January 1, 2002 through December 31, 2017
- 2) Paid claims represent the present value of paid claims discounted to the claim incurred date
- 3) Reserve amounts represent the present value of the remaining claim reserve (including IBNR) discounted to the claim incurred rate
- 4) Severity is defined as incurred claims divided by the count of claims
- 5) Expected Claims are based on the Milliman 2017 Long-Term Care Guidelines
- 6) Claim dollar amounts are discounted using a 4.00% interest rate (both actual and expected)
- 7) Credibility Measure is based on the following formula = (Total Lives / 200,000) ^ 0.5
- 8) Expected values include product fitting factors

**Exhibit 10 - Claim Study
CMFG Life Insurance Company
Experience by Daily Benefit
All Business**

2017 Long Term Care Guidelines													
Daily Benefit	Total Lives	Count	Actual Claims				Expected Claims			Credibility Measure	Actual to Expected		
			Paid	Reserve	Severity	Incurred	Count	Severity	Incurred		Incidence	Severity	Incurred
0 to 99	45,960	256	11,665,665	6,994,964	72,923	18,660,629	265	61,665	16,343,852	48%	97%	118%	114%
100 to 149	155,042	480	20,422,317	18,564,905	81,253	38,987,221	446	89,603	39,983,210	88%	108%	91%	98%
150 +	158,980	331	16,371,729	19,575,770	108,583	35,947,499	265	122,673	32,539,355	89%	125%	89%	110%
Total	359,982	1,067	48,459,711	45,135,639	87,737	93,595,350	977	91,003	88,866,417	100%	109%	96%	105%

Notes:

- 1) Experience from January 1, 2002 through December 31, 2017
- 2) Paid claims represent the present value of paid claims discounted to the claim incurred date
- 3) Reserve amounts represent the present value of the remaining claim reserve (including IBNR) discounted to the claim incurred rate
- 4) Severity is defined as incurred claims divided by the count of claims
- 5) Expected Claims are based on the Milliman 2017 Long-Term Care Guidelines
- 6) Claim dollar amounts are discounted using a 4.00% interest rate (both actual and expected)
- 7) Credibility Measure is based on the following formula = (Total Lives / 200,000) ^ 0.5
- 8) Expected values include product fitting factors

**Exhibit 1P - Claim Study
CMFG Life Insurance Company
Experience by Inflation Protection Option
All Business**

2017 Long Term Care Guidelines													
Inflation Type	Total Lives	Count	Actual Claims				Expected Claims			Credibility Measure	Actual to Expected		
			Paid	Reserve	Severity	Incurred	Count	Severity	Incurred		Incidence	Severity	Incurred
None	60,208	428	18,504,756	11,038,514	68,969	29,543,269	409	67,418	27,552,909	55%	105%	102%	107%
Simple	43,577	90	4,598,271	4,153,389	97,558	8,751,661	94	112,503	10,597,057	47%	95%	87%	83%
Compound	255,632	536	24,830,999	29,600,904	101,571	54,431,904	464	107,604	49,879,975	100%	116%	94%	109%
GPO	564	13	525,685	342,832	67,789	868,516	10	82,913	836,476	5%	127%	82%	104%
Total	359,982	1,067	48,459,711	45,135,639	87,737	93,595,350	977	91,003	88,866,417	100%	109%	96%	105%

Notes:

- 1) Experience from January 1, 2002 through December 31, 2017
- 2) Paid claims represent the present value of paid claims discounted to the claim incurred date
- 3) Reserve amounts represent the present value of the remaining claim reserve (including IBNR) discounted to the claim incurred rate
- 4) Severity is defined as incurred claims divided by the count of claims
- 5) Expected Claims are based on the Milliman 2017 Long-Term Care Guidelines
- 6) Claim dollar amounts are discounted using a 4.00% interest rate (both actual and expected)
- 7) Credibility Measure is based on the following formula = $(\text{Total Lives} / 200,000) ^{0.5}$
- 8) Expected values include product fitting factors

**Exhibit 1Q - Claim Study
CMFG Life Insurance Company
Experience by Home Health Percentage
All Business**

2017 Long Term Care Guidelines													
Home Health Percentage	Total Lives	Actual Claims					Expected Claims			Credibility Measure	Actual to Expected		
		Count	Paid	Reserve	Severity	Incurred	Count	Severity	Incurred		Incidence	Severity	Incurred
0 pct	14,213	51	2,746,120	2,327,018	98,508	5,073,138	57	98,549	5,646,226	27%	90%	100%	90%
1 to 99 pct	74,729	320	16,937,927	10,469,288	85,726	27,407,215	318	83,598	26,602,319	61%	100%	103%	103%
100 pct	256,595	624	26,269,250	30,596,909	91,191	56,866,159	553	94,713	52,405,133	100%	113%	96%	109%
101+ pct	14,444	72	2,506,414	1,742,424	59,034	4,248,838	48	88,309	4,212,740	27%	151%	67%	101%
Total	359,982	1,067	48,459,711	45,135,639	87,737	93,595,350	977	91,003	88,866,417	100%	109%	96%	105%

Notes:

- 1) Experience from January 1, 2002 through December 31, 2017
- 2) Paid claims represent the present value of paid claims discounted to the claim incurred date
- 3) Reserve amounts represent the present value of the remaining claim reserve (including IBNR) discounted to the claim incurred rate
- 4) Severity is defined as incurred claims divided by the count of claims
- 5) Expected Claims are based on the Milliman 2017 Long-Term Care Guidelines
- 6) Claim dollar amounts are discounted using a 4.00% interest rate (both actual and expected)
- 7) Credibility Measure is based on the following formula = (Total Lives / 200,000) ^ 0.5
- 8) Expected values include product fitting factors

**Exhibit 1R - Claim Study
CMFG Life Insurance Company
Experience by Gender
All Business**

2017 Long Term Care Guidelines													
Gender	Total Lives	Count	Actual Claims				Expected Claims			Credibility Measure	Actual to Expected		
			Paid	Reserve	Severity	Incurred	Count	Severity	Incurred		Incidence	Severity	Incurred
Female	212,239	687	32,382,807	31,443,765	92,902	63,826,572	634	96,156	60,963,355	100%	108%	97%	105%
Male	147,743	380	16,076,904	13,691,874	78,391	29,768,778	343	81,465	27,903,063	86%	111%	96%	107%
Total	359,982	1,067	48,459,711	45,135,639	87,737	93,595,350	977	91,003	88,866,417	100%	109%	96%	105%

Notes:

- 1) Experience from January 1, 2002 through December 31, 2017
- 2) Paid claims represent the present value of paid claims discounted to the claim incurred date
- 3) Reserve amounts represent the present value of the remaining claim reserve (including IBNR) discounted to the claim incurred rate
- 4) Severity is defined as incurred claims divided by the count of claims
- 5) Expected Claims are based on the Milliman 2017 Long-Term Care Guidelines
- 6) Claim dollar amounts are discounted using a 4.00% interest rate (both actual and expected)
- 7) Credibility Measure is based on the following formula = (Total Lives / 200,000) ^ 0.5
- 8) Expected values include product fitting factors

**Exhibit 1S - Claim Study
CMFG Life Insurance Company
Experience by Risk Class
All Business**

2017 Long Term Care Guidelines													
Risk Class	Total Lives	Actual Claims					Expected Claims			Credibility Measure	Actual to Expected		
		Count	Paid	Reserve	Severity	Incurred	Count	Severity	Incurred		Incidence	Severity	Incurred
Preferred	130,822	267	12,064,690	13,111,942	94,351	25,176,633	286	92,925	26,604,152	81%	93%	102%	95%
Standard	215,536	756	34,203,738	30,231,084	85,189	64,434,822	648	90,849	58,897,165	100%	117%	94%	109%
Sub Standard	13,623	44	2,191,282	1,792,613	91,451	3,983,895	42	80,270	3,365,100	26%	104%	114%	118%
Total	359,982	1,067	48,459,711	45,135,639	87,737	93,595,350	977	91,003	88,866,417	100%	109%	96%	105%

Notes:

- 1) Experience from January 1, 2002 through December 31, 2017
- 2) Paid claims represent the present value of paid claims discounted to the claim incurred date
- 3) Reserve amounts represent the present value of the remaining claim reserve (including IBNR) discounted to the claim incurred rate
- 4) Severity is defined as incurred claims divided by the count of claims
- 5) Expected Claims are based on the Milliman 2017 Long-Term Care Guidelines
- 6) Claim dollar amounts are discounted using a 4.00% interest rate (both actual and expected)
- 7) Credibility Measure is based on the following formula = (Total Lives / 200,000) ^ 0.5
- 8) Expected values include product fitting factors

**Exhibit 1T - Claim Study
CMFG Life Insurance Company
Experience by Marital Status
All Business**

2017 Long Term Care Guidelines													
Marital Status	Total Lives	Count	Actual Claims				Expected Claims			Credibility Measure	Actual to Expected		
			Paid	Reserve	Severity	Incurred	Count	Severity	Incurred		Incidence	Severity	Incurred
Single	77,531	452	25,112,452	16,881,875	92,885	41,994,326	438	85,915	37,624,269	62%	103%	108%	112%
Married - 1 Insured	56,456	183	7,117,474	8,305,233	84,056	15,422,707	171	87,712	14,961,252	53%	108%	96%	103%
Married - 2 Insureds	225,995	431	16,229,785	19,948,531	83,905	36,178,316	368	98,583	36,280,897	100%	117%	85%	100%
Total	359,982	1,067	48,459,711	45,135,639	87,737	93,595,350	977	91,003	88,866,417	100%	109%	96%	105%

Notes:

- 1) Experience from January 1, 2002 through December 31, 2017
- 2) Paid claims represent the present value of paid claims discounted to the claim incurred date
- 3) Reserve amounts represent the present value of the remaining claim reserve (including IBNR) discounted to the claim incurred rate
- 4) Severity is defined as incurred claims divided by the count of claims
- 5) Expected Claims are based on the Milliman 2017 Long-Term Care Guidelines
- 6) Claim dollar amounts are discounted using a 4.00% interest rate (both actual and expected)
- 7) Credibility Measure is based on the following formula = (Total Lives / 200,000) ^ 0.5
- 8) Expected values include product fitting factors

**Exhibit 2A - Mortality Study
CMFG Life Insurance Company
Experience by Policy Duration**

Policy Duration	Total Lives	Total Terminations	Actual Deaths	Expected Deaths	Mortality Rate		A:E
					Actual	Expected	
1 to 3	113,014	4,895	232	206	0.21%	0.18%	112%
4 to 6	102,129	2,294	361	405	0.35%	0.40%	89%
7 to 9	82,562	1,561	483	580	0.59%	0.70%	83%
10 to 12	38,655	1,056	288	442	0.75%	1.14%	65%
13+	17,317	552	264	338	1.52%	1.95%	78%
Total	353,678	10,358	1,628	1,972	0.46%	0.56%	83%

Notes:

- 1) Experience from inception through December 31, 2017
- 2) Actual Deaths based on either match to Death Master File or termination reason coded as "death"
- 3) Expected mortality based on Annuity 2000 table projected to 2009 along with selection factors

**Exhibit 2B - Mortality Study
CMFG Life Insurance Company
Experience by Attained Age**

Attained Age	Total Lives	Total Terminations	Actual Deaths	Expected Deaths	Mortality Rate		A:E
					Actual	Expected	
<=49	17,568	718	8	10	0.05%	0.06%	78%
50-54	31,518	1,177	36	33	0.11%	0.10%	111%
55-59	63,706	1,759	92	109	0.14%	0.17%	84%
60-64	86,339	2,095	172	244	0.20%	0.28%	71%
65-69	77,509	1,852	334	391	0.43%	0.50%	85%
70-74	46,617	1,333	321	432	0.69%	0.93%	74%
75-79	21,165	798	303	368	1.43%	1.74%	82%
80-84	7,295	410	229	246	3.14%	3.37%	93%
85-89	1,692	168	101	107	5.97%	6.32%	94%
90+	269	48	32	31	11.90%	11.70%	102%
Total	353,678	10,358	1,628	1,972	0.46%	0.56%	83%

Notes:

- 1) Experience from inception through December 31, 2017
- 2) Actual Deaths based on either match to Death Master File or termination reason coded as "death"
- 3) Expected mortality based on Annuity 2000 table projected to 2009 along with selection factors

**Exhibit 2C - Mortality Study
CMFG Life Insurance Company
Experience by Gender**

Gender	Total Lives	Total Terminations	Actual Deaths	Expected Deaths	Mortality Rate		A:E
					Actual	Expected	
Female	208,822	6,072	720	957	0.34%	0.46%	75%
Male	144,856	4,286	908	1,015	0.63%	0.70%	89%
Total	353,678	10,358	1,628	1,972	0.46%	0.56%	83%

Notes:

- 1) Experience from inception through December 31, 2017
- 2) Actual Deaths based on either match to Death Master File or termination reason coded as "death"
- 3) Expected mortality based on Annuity 2000 table projected to 2009 along with selection factors

**Exhibit 2D - Mortality Study
CMFG Life Insurance Company
Experience by Product**

Product	Total Lives	Total Terminations	Actual Deaths	Expected Deaths	Mortality Rate		A:E
					Actual	Expected	
2006	121,820	3,719	383	465	0.31%	0.38%	82%
2002	177,579	5,136	770	964	0.43%	0.54%	80%
1997	45,336	1,203	293	351	0.65%	0.78%	83%
1993	8,943	300	182	191	2.04%	2.14%	95%
Total	353,678	10,358	1,628	1,972	0.46%	0.56%	83%

Notes:

- 1) Experience from inception through December 31, 2017
- 2) Actual Deaths based on either match to Death Master File or termination reason coded as "death"
- 3) Expected mortality based on Annuity 2000 table projected to 2009 along with selection factors

**Exhibit 2E - Mortality Study
CMFG Life Insurance Company
Experience by Marital Status**

Marital Status	Total Lives	Total Terminations	Actual Deaths	Expected Deaths	Mortality Rate		A:E
					Actual	Expected	
Single	80,939	3,222	548	615	0.68%	0.76%	89%
Married - 1 Insured	54,421	2,284	222	291	0.41%	0.53%	76%
Married - 2 Insured	218,318	4,852	858	1,066	0.39%	0.49%	81%
Total	353,678	10,358	1,628	1,972	0.46%	0.56%	83%

Notes:

- 1) Experience from inception through December 31, 2017
- 2) Actual Deaths based on either match to Death Master File or termination reason coded as "death"
- 3) Expected mortality based on Annuity 2000 table projected to 2009 along with selection factors

**Exhibit 2F - Mortality Study
CMFG Life Insurance Company
Experience by Policy Duration**

Policy Duration	Mortality Rate - Actual to Expected				Total
	1993	1997	2002	2006	
1 to 3	210%	175%	112%	99%	112%
4 to 6	137%	117%	90%	79%	89%
7 to 9	104%	97%	81%	80%	83%
10 to 12	73%	54%	68%	51%	65%
13+	90%	80%	46%		78%
Total	95%	83%	80%	82%	83%

Notes:

- 1) Experience from inception through December 31, 2017
- 2) Actual Deaths based on either match to Death Master File or termination reason coded as "death"
- 3) Expected mortality based on Annuity 2000 table projected to 2009 along with selection factors