

State: Pennsylvania **Filing Company:** The Cincinnati Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long Term Care
Project Name/Number: 2020 Rate Increase/2020 Rate Increase

Filing at a Glance

Company: The Cincinnati Life Insurance Company
Product Name: Long Term Care
State: Pennsylvania
TOI: LTC03I Individual Long Term Care
Sub-TOI: LTC03I.001 Qualified
Filing Type: Rate - Other (Not M.U. or G.I. Product)
Date Submitted: 07/17/2020
SERFF Tr Num: GRJR-132447960
SERFF Status: Assigned
State Tr Num: GRJR-132447960
State Status: Received Review in Progress
Co Tr Num: LTC 2020 RATES

Implementation: On Approval
Date Requested:
Author(s): Sheana Roginski, Cindy Stubblefield, Paula Gentry, Jeannine Williams
Reviewer(s): Jim Laverty (primary)
Disposition Date:
Disposition Status:
Implementation Date:

State Filing Description:
Proposed 50% increase on 53 policyholders of Cincinnati Life form LTC-100-PA (4/99).

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General Information

Project Name: 2020 Rate Increase Status of Filing in Domicile: Pending
 Project Number: 2020 Rate Increase Date Approved in Domicile:
 Requested Filing Mode: Review & Approval Domicile Status Comments: This filing will be filed in the state of domicile in July 2020.
 Explanation for Combination/Other: Market Type: Individual
 Submission Type: New Submission Individual Market Type:
 Overall Rate Impact: 50% Filing Status Changed: 07/17/2020
 State Status Changed: 07/17/2020
 Deemer Date: Created By: Cindy Stubblefield
 Submitted By: Cindy Stubblefield Corresponding Filing Tracking Number:
 State TOI: LTC03I Individual Long Term Care

Filing Description:
 Please see the attached cover letter.

Company and Contact

Filing Contact Information

Cindy Stubblefield, Filing Analyst III cindy.stubblefield@cinfin.com
 6200 Glimore Rd 513-603-5353 [Phone]
 Fairfield, OH 45014

Filing Company Information

The Cincinnati Life Insurance Company CoCode: 76236 State of Domicile: Ohio
 6200 S. Gilmore Road Group Code: 244 Company Type:
 Fairfield, OH 45014 Group Name: State ID Number:
 (513) 603-5563 ext. [Phone] FEIN Number: 31-1213778

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? Yes
 Fee Explanation: \$50.00 per filing
 Per Company: Yes

Company	Amount	Date Processed	Transaction #
The Cincinnati Life Insurance Company	\$50.00	07/17/2020	180934694

State: Pennsylvania **Filing Company:** The Cincinnati Life Insurance Company
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Rate Information

Rate data applies to filing.

Filing Method: Review and Approval
Rate Change Type: Increase
Overall Percentage of Last Rate Revision: 25.000%
Effective Date of Last Rate Revision: 01/18/2018
Filing Method of Last Filing: Review and Approval
SERFF Tracking Number of Last Filing: GRJR-131229441

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):
The Cincinnati Life Insurance Company	731.000%	50.000%	\$61,384	53	\$122,767	50.000%	50.000%

SERFF Tracking #:

GRJR-132447960

State Tracking #:

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Company Tracking #:

LTC 2020 RATES

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Filing Company:

The Cincinnati Life Insurance Company

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

Product Name: Long Term Care

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Supporting Document Schedules

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

Bypassed - Item:	Actuarial Certification (A&H)
Bypass Reason:	N/A - Rate Filing
Attachment(s):	
Item Status:	
Status Date:	

Satisfied - Item:	Actuarial Memorandum and Explanatory Information (A&H)
Comments:	
Attachment(s):	CLIC PA Actuarial Memorandum with Exhibits.pdf Exhibit A.xlsx
Item Status:	
Status Date:	

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

Satisfied - Item:	Authorization to File (A&H)
Comments:	
Attachment(s):	CLIC Third Party Filer Authorization 2020.pdf
Item Status:	
Status Date:	

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

SERFF Tracking #:

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LTC 2020 RATES

State:

Pennsylvania

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The Cincinnati Life Insurance Company

TOI/Sub-TOI:

LTC03I Individual Long Term Care/LTC03I.001 Qualified

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Long Term Care

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2020 Rate Increase/2020 Rate Increase

Status Date:	
Satisfied - Item:	Rate Table (A&H)
Comments:	
Attachment(s):	Proposed Rate Sheets.pdf
Item Status:	
Status Date:	
Bypassed - Item:	Replacement Form with Highlighted Changes (A&H)
Bypass Reason:	N/A - Rate Filing
Attachment(s):	
Item Status:	
Status Date:	
Bypassed - Item:	Advertisement Compliance Certification
Bypass Reason:	N/A
Attachment(s):	
Item Status:	
Status Date:	
Bypassed - Item:	Reserve Calculation (A&H)
Bypass Reason:	N/A - Not initial filing
Attachment(s):	
Item Status:	
Status Date:	
Bypassed - Item:	Variability Explanation (A&H)
Bypass Reason:	N/A - Rate Filing
Attachment(s):	
Item Status:	
Status Date:	
Satisfied - Item:	Policyholder Notification Letter
Comments:	
Attachment(s):	CLIC PA Policyholder Notification Letter.pdf
Item Status:	
Status Date:	

SERFF Tracking #:

GRJR-132447960

State Tracking #:

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Company Tracking #:

LTC 2020 RATES

State:

Pennsylvania

Filing Company:

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TOI/Sub-TOI:

LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name:

Long Term Care

Project Name/Number:

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



20975 Swenson Drive
Suite 420
Waukesha, WI 53186
(877) 431-5824

July 15, 2020

Pennsylvania Insurance Department
Attn: Life and Health Rate Review Section

Re: The Cincinnati Life Insurance Company
NAIC # 76236

Rate Increase for:

Policy Form LTC-100-PA (4/99) Tax Qualified
Rider Form LTC-301-PA (4/99) (Restoration of Benefits)
Rider Form LTC-312 (1/02) (Contingent Benefit Upon Lapse)

Dear Sir or Madam:

On behalf of Cincinnati Life Insurance Company ("Cincinnati Life"), we at Long Term Care Group, Inc. (LTCG) are submitting the enclosed actuarial memorandum for your review and approval. A letter from Cincinnati Life authorizing LTCG to make this rate filing on behalf of Cincinnati Life is included.

The enclosed actuarial memorandum details the request for a 50% increase for Cincinnati Life's long term care insurance Policy Form Series 100 as noted above.

The company discontinued sales of this form series in calendar year 2004. We are requesting this rate increase because claims are higher than expected and produce a lifetime loss ratio significantly greater than the original pricing loss ratio. Your department has approved previous rate increases on this business.

The company will offer insureds affected by the premium increase several options to change their benefits. These options will allow insureds the flexibility to maintain their current premium level, if desired. Additionally, Cincinnati Life will offer a contingent benefit upon lapse to all insureds affected by the rate increase.

We trust that you will find our filing to be in order and hope that you will grant your Department's approval to this submission. If you have any questions or would like to discuss any of the materials included in this submission, please feel free to call me directly at (952) 826-7243 or send me an email at Lynn.Manchester@ltcg.com.

Thank you for your assistance in reviewing this filing.

Respectfully,

Lynn Manchester, FSA, MAAA
Principal Consulting Actuary
LTCG

Cincinnati Life Insurance Company

Actuarial Memorandum Policy Form Series LTC-100

1. PURPOSE OF FILING

This is a rate increase filing for Cincinnati Life Insurance Company's existing Long Term Care policy form series LTC-100. The purpose of this filing is to demonstrate that the anticipated loss ratio for this form meets the minimum requirements of the jurisdiction and demonstrates compliance with loss ratio regulation and rate stability regulation. This rate filing is not intended to be used for any other purposes.

2. SCOPE OF FILING

This filing applies to the Company's Long Term Care policy and rider forms summarized below:

Policy Form LTC-100-PA (4/99) Tax Qualified
Rider Form LTC-301-PA (4/99) (Restoration of Benefits)
Rider Form LTC-312 (1/02) (Contingent Benefit Upon Lapse)

The rate increase will apply to all insureds issued coverage under the above referenced forms in this state. These policy forms were issued in Pennsylvania by The Cincinnati Life Insurance Company ("Cincinnati Life") from March 2000 through February 2004 and are no longer being marketed in any jurisdiction.

3. DESCRIPTION OF BENEFITS

These are federally tax-qualified, individually underwritten policy forms that provide comprehensive long term care (LTC) coverage. Each form has benefit eligibility requirements which involve activities of daily living (ADL) deficiencies or cognitive impairment. Waiver of premium is provided when certain benefits are being paid. A daily benefit, benefit period, and elimination period were selected at issue.

At issue the insured may have had the option to choose one of three benefit increase options: no benefit increases, equal benefit increases, or compound benefit increases. The equal benefit increases option provides for benefit levels that increase on each policy anniversary date by 5% of the daily benefit amount chosen at issue for the life of the insured. The compound benefit increases option provides for benefit levels that increase on each policy anniversary date by 5% compounded annually for the life of the insured. The increasing benefits apply even when the policy is in claim status.

At issue, the insured had the option to choose either a 50-day or 100-day elimination period. The insured also had the option to choose a lifetime payment maximum equal to 730 days (2 years), 1,095 days (3 years), 1,460 days (4 years), or 2,190 days (6 years) multiplied by the daily payment amount, or an unlimited lifetime payment maximum.

Cincinnati Life Insurance Company

Actuarial Memorandum Policy Form Series LTC-100

At issue the insured may have had the option of selecting a non-forfeiture benefit rider or restoration of benefits rider.

A contingent benefit upon lapse rider has been provided to all insureds.

4. RENEWABILITY

These policy forms are guaranteed renewable for life.

5. APPLICABILITY

As these policy forms are no longer marketed, this filing is applicable to inforce policies only.

6. MARKETING METHOD

These policy forms were marketed by agents and brokers of Cincinnati Life.

7. UNDERWRITING

These policies were underwritten with the use of various underwriting tool in addition to the application, which may have included medical records, an attending physician statement, telephone interview and/or face to face interview.

8. AREA FACTORS

Area factors are not used for the product.

9. PREMIUMS

Premiums are unisex and payable for life. The premiums may vary by issue age, lifetime payment maximum, initial daily payment maximum, elimination period, benefit increase option, risk class, group/spousal discounts, and the selection of any riders.

10. PREMIUM MODALIZATION RULES

The following modal factors were applied to the annual premium:

Premium Mode	Factor
Annual	1.00
Semi-Annual	.51
Quarterly	.26
Monthly	.09

Cincinnati Life Insurance Company

Actuarial Memorandum Policy Form Series LTC-100

11. RESERVES

Active life reserves have not been used in this rate increase analysis. Claim reserves as of December 31, 2019 have been discounted to the incurral date of each respective claim and included in historical incurred claims. An estimate of the incurred but not reported (IBNR) reserve balance as of December 31, 2019, has been allocated to the 2019 calendar year of incurral and included in historic incurred claims.

12. CONTINGENCY AND RISK MARGIN

Contingency and risk margins have not been included in the justification for this rate increase.

13. RATE INCREASE REQUEST

This rate filing is a request for a 50% increase. This rate increase is necessary due to higher than expected claims that produce a lifetime loss ratio significantly greater than the original pricing loss ratio. This filing demonstrates that if the current trends continue, and nationwide earned premiums are restated to the historical Pennsylvania rate level, the actual lifetime loss ratio will be 142%

The proposed effective date is as soon as possible following approval and fulfillment of all statutory and contractual requirements.

While a larger rate increase can be justified at this time, the company is currently not seeking a higher increase. Instead the company will continue to monitor emerging experience and will determine the need for an additional premium increase as experience emerges.

14. RATE INCREASE HISTORY

There have been two prior rate increases on these policy forms in Pennsylvania as noted in the table below:

Approved Rate Increase	Approval Date
29.9%	10/7/2010
25%	1/18/2018

The experience and projections in Exhibits A and B reflect all approved rate increases filed by Pennsylvania, on a nationwide basis.

Cincinnati Life Insurance Company

Actuarial Memorandum Policy Form Series LTC-100

15. ANNUALIZED PREMIUM

The number of policies inforce and average annualized premium in Pennsylvania and nationwide as of December 31, 2019 is shown in the table below:

	Policies Inforce	Average Annualized Premium*	Average Annualized Premium with Requested 50% Increase*
Pennsylvania	53	\$2,316	\$3,475
Nationwide	1,107	\$2,874	\$4,311

**Based on premium paying policyholders.*

16. MINIMUM REQUIRED LIFETIME LOSS RATIO

The minimum required lifetime loss ratio for these forms is 60%.

17. ASSUMPTIONS

Interest

The effective annual rate of interest assumed for accumulating historical experience and for discounting projected future experience is 4.0%.

Mortality

Best estimate mortality assumptions for active lives are based on the 2012 Individual Annuity Mortality (IAM) table with selection factors developed from the selection patterns in the 2001 CSO table. To determine the expected active mortality rate, the base mortality rate from the 2012 IAM table is multiplied by an adjustment factor equal to: the select mortality rate from the CSO table using the policy's issue age and duration divided by the ultimate CSO mortality rate for the same attained age. No mortality improvement was assumed.

Disabled life mortality assumptions are based on a percentage of claim terminations.

Voluntary Lapse Rates

Best estimate voluntary lapse rates are derived from a total termination study based on actual experience and are shown in the following table:

	Marital Status at Issue	
	Married	Single
All Issue Ages	0.50%	0.85%

Cincinnati Life Insurance Company

Actuarial Memorandum Policy Form Series LTC-100

Morbidity

Morbidity assumptions are based on company experience and other long term care industry experience from General Re Life Corporation, the reinsurer for this business. Morbidity assumptions are composed of three main components: claim incidence, utilization and claim continuance. Claim incidence rates measure the likelihood of a claim for an LTC policyholder. Utilization rates measure the proportion of contractually available benefits that a policyholder uses while on claim, once eligibility requirements have been met. Claim continuance refers to the length of time that a policyholder stays on claim once benefit eligibility requirements have been met. Claim incidence, utilization, and claim continuance assumptions are used to estimate claim costs. Morbidity assumptions do not include morbidity improvement.

18. LIFETIME LOSS RATIO

Exhibit A includes calendar year historical experience through December 31, 2019 as well as projected future experience for sixty years both with and without the requested rate increase. The historical incurred claims reflect claim payment run off through December 31, 2019.

The historical and projected future experience is based on nationwide experience for policy form LTC-100, and a similar policy form LTC-120 which was issued during the same time period. Nationwide earned premiums are restated to the historical and projected Pennsylvania rate levels.

A summary of the historical, future and lifetime loss ratios with the requested 50% increase is shown in the table below:

Lifetime Experience the 50% Requested Increase			
Basis	Earned Premium Historical/Projected PA Rate Levels	Incurred Claims	Loss Ratio
Accumulated Past	60,985,007	31,812,307	52.2%
Discounted Future	19,612,885	74,483,561	379.8%
Lifetime	80,597,893	106,295,867	131.9%

The above demonstrates that both the anticipated future loss ratio and the lifetime anticipated loss ratio are in compliance with the minimum loss ratio requirements after implementation of the rate increases.

19. RATE STABILIZATION DEMONSTRATION

The table below provides a demonstration that the accumulated value of incurred claims without the inclusion of active life reserves, and the present value of future projected incurred claims, without the inclusion of active life reserves, will not be less than the sum of the following:

1. Accumulated value of the initial earned premium times 58%,
2. 85% if the accumulated value of prior premium rate schedule increases,
3. Present value of future projected initial earned premium times 58%, and

Cincinnati Life Insurance Company

Actuarial Memorandum Policy Form Series LTC-100

4. 85% of the present value of future projected premium in excess of the projected initial earned premium.

The present and accumulated values in the demonstration are determined at the maximum valuation interest rate for contract reserves applicable to the year of issue, which is 4.5%.

Rate Stabilization Loss Ratio Demonstration					
1. Accumulated value of initial earned premium	59,911,279	x	58%	=	34,748,542
2a. Accumulated value of earned premium	64,388,534				
2b. Accumulated value of prior premium rate schedule increases (2a – 1)	4,477,255	x	85%	=	3,805,667
3. Present value of future projected initial earned premium	8,363,728	x	58%	=	4,850,962
4a. Present value of future projected premium	19,030,776				
4b. Present value of future projected premium in excess of the projected initial earned premiums (4a-3)	10,667,049	x	85%	=	9,066,991
5. Lifetime Earned Premium Times Prescribed Factor: (1+2b+3+4b)					52,472,162
6a. Accumulated value of incurred claims without the inclusion of active life reserves	32,873,348				
6b. Present value of future projected incurred claims without the inclusion of active life reserves	70,497,159				
7. Lifetime Incurred Claims with Rate Increase: (6a+6b)					103,370,507
8. Test: 7 is not less than 5					TRUE

An increase larger than requested is necessary to certify that the 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.

The majority of policyholders covered by this policy form series were issued before the effective date of rate stabilization regulations. The company is asking for a 50% increase now in the event an additional increase is not necessary. As a result, all policyholders will be treated consistently and fairly.

Cincinnati Life Insurance Company

Actuarial Memorandum Policy Form Series LTC-100

20. ACTUARIAL CERTIFICATION

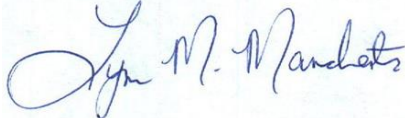
I am a Fellow of the Society of Actuaries and a Member of the American Academy of Actuaries, and I meet the Academy's qualification standards for preparing health rate filings.

This memorandum has been prepared in conformity with all applicable Actuarial Standards of Practice, including Actuarial Standards of Practice No.8.

I have relied on insured and projection information provided by General Re Life Corporation, the reinsurer for this business. I have not audited or independently verified the data provided, but have reviewed it for reasonableness.

I hereby certify that, to the best of my knowledge and judgment, this rate submission is in compliance with the applicable laws and regulations of Pennsylvania and the rules of the Department of Insurance. Policy design, underwriting and claims adjudication practices have been taken into consideration. In my opinion the rates are not excessive or unfairly discriminatory. The company will continue to monitor experience and reserves the right to take additional rate action if necessary.

Respectfully submitted,



Lynn Manchester, FSA, MAAA
Principal Consulting Actuary
LTCG

Attachments:

- Exhibit A – Lifetime Experience Without and With Requested Rate Increase (Nationwide)
- Exhibit B – Lifetime Experience Without and With Requested Rate Increase (Pennsylvania)
- Exhibit C – Rate Increase History and Status of Filings
- Proposed Rate Sheets

July 15, 2020

CINCINNATI LIFE INSURANCE COMPANY
Proposed Rates for Policy Form Series LTC-100
Annual Premium per \$10 of Daily Payment Maximum

730 x Daily Payment Maximum Plan

Issue Age	No Benefit Increases		Equal Benefit Increases		Compound Benefit Increases	
	50 Day	100 Day	50 Day	100 Day	50 Day	100 Day
	E.P.	E.P.	E.P.	E.P.	E.P.	E.P.
18-24	58	54	80	75	117	105
25-29	63	56	85	80	124	114
30-34	71	61	95	85	136	122
35-39	75	66	102	93	146	131
40-44	80	73	112	100	158	141
45	80	73	112	100	158	141
46	80	75	114	102	161	144
47	83	75	117	105	163	146
48	83	75	119	107	166	151
49	85	78	119	107	166	151
50	85	78	122	112	170	153
51	85	78	124	114	170	153
52	88	80	127	117	175	158
53	93	83	136	124	180	163
54	95	85	144	131	190	170
55	102	93	153	139	195	178
56	105	95	161	146	202	183
57	114	100	175	158	217	195
58	122	107	185	170	231	209
59	134	119	197	178	243	219
60	144	131	214	192	261	236
61	156	141	226	205	280	256
62	173	156	243	219	297	270
63	183	168	263	236	317	290
64	195	178	285	256	334	304
65	207	190	304	273	358	324
66	224	207	329	297	377	343
67	243	222	353	319	409	373
68	270	246	387	348	446	404
69	299	273	426	385	487	441
70	336	307	463	421	531	477
71	373	343	509	460	582	528
72	419	382	562	511	640	577
73	465	426	623	567	701	636
74	516	470	694	628	769	701
75	575	519	769	696	840	767
76	636	575	847	769	923	842
77	709	640	930	845	1,001	916
78	779	706	1,008	916	1,079	986
79	855	777	1,088	989	1,157	1,052
80	937	857	1,171	1,066	1,239	1,125
81	1,028	942	1,264	1,149	1,329	1,205
82	1,130	1,040	1,371	1,247	1,432	1,295
83	1,244	1,142	1,490	1,359	1,544	1,395
84	1,373	1,261	1,634	1,488	1,675	1,519
85	1,497	1,376	1,782	1,619	1,829	1,653
86	1,634	1,500	1,943	1,765	1,992	1,802
87	1,782	1,636	2,118	1,924	2,172	1,963
88	1,943	1,785	2,311	2,096	2,367	2,140
89	2,118	1,945	2,518	2,286	2,579	2,333
90	2,311	2,121	2,742	2,493	2,810	2,542
91	2,518	2,313	2,990	2,717	3,065	2,771
92	2,742	2,520	3,260	2,963	3,341	3,022
93	2,990	2,747	3,552	3,229	3,640	3,294
94	3,260	2,992	3,871	3,518	3,966	3,589

Semi-annual, quarterly, and monthly premiums are 51%, 26%, and 9% of annual premiums
Spousal Discount 20% Preferred Discount 10% Restoration of Benefits Rider Rate 8%

CINCINNATI LIFE INSURANCE COMPANY
Proposed Rates for Policy Form Series LTC-100
Annual Premium per \$10 of Daily Payment Maximum

1,095 x Daily Payment Maximum Plan

Issue Age	No Benefit Increases		Equal Benefit Increases		Compound Benefit Increases	
	50 Day	100 Day	50 Day	100 Day	50 Day	100 Day
	E.P.	E.P.	E.P.	E.P.	E.P.	E.P.
18-24	73	66	105	97	151	139
25-29	78	73	114	105	161	151
30-34	83	78	122	114	175	161
35-39	88	83	134	122	190	175
40-44	97	88	144	134	202	190
45	97	88	144	134	202	190
46	107	93	146	136	205	192
47	112	95	151	139	212	195
48	112	95	151	139	214	197
49	112	95	153	141	217	200
50	114	97	156	144	217	200
51	117	100	158	146	219	202
52	119	100	163	153	224	209
53	122	102	173	158	231	214
54	127	107	183	170	239	219
55	134	114	195	178	251	226
56	141	122	205	190	261	239
57	153	131	219	202	275	253
58	163	139	236	217	292	263
59	178	151	253	231	312	282
60	192	163	270	246	334	302
61	205	178	292	263	358	324
62	222	190	314	285	377	343
63	239	207	334	307	404	368
64	256	219	360	329	426	387
65	273	234	382	351	453	414
66	295	251	414	380	480	438
67	321	275	448	411	516	470
68	355	304	492	450	562	514
69	397	338	541	494	616	565
70	441	380	594	545	677	618
71	494	424	660	604	745	682
72	555	477	730	667	821	752
73	618	531	808	738	901	828
74	692	592	891	816	991	911
75	772	660	984	898	1,091	998
76	857	730	1,081	989	1,188	1,091
77	952	816	1,191	1,088	1,303	1,193
78	1,049	896	1,295	1,188	1,407	1,290
79	1,144	981	1,405	1,290	1,512	1,388
80	1,249	1,074	1,522	1,398	1,626	1,490
81	1,371	1,176	1,651	1,519	1,751	1,605
82	1,502	1,293	1,794	1,651	1,889	1,731
83	1,658	1,424	1,958	1,802	2,048	1,877
84	1,836	1,578	2,145	1,977	2,225	2,040
85	2,001	1,719	2,337	2,155	2,428	2,223
86	2,179	1,875	2,547	2,350	2,647	2,425
87	2,374	2,043	2,776	2,561	2,885	2,644
88	2,588	2,225	3,027	2,793	3,146	2,883
89	2,820	2,428	3,299	3,044	3,428	3,141
90	3,073	2,647	3,596	3,319	3,738	3,423
91	3,348	2,885	3,920	3,618	4,076	3,733
92	3,650	3,146	4,273	3,942	4,444	4,069
93	3,976	3,428	4,658	4,298	4,843	4,434
94	4,337	3,738	5,077	4,685	5,279	4,833

Semi-annual, quarterly, and monthly premiums are 51%, 26%, and 9% of annual premiums
Spousal Discount 20% Preferred Discount 10% Restoration of Benefits Rider Rate 5%

CINCINNATI LIFE INSURANCE COMPANY
Proposed Rates for Policy Form Series LTC-100
Annual Premium per \$10 of Daily Payment Maximum

1,460 x Daily Payment Maximum Plan

Issue Age	No Benefit Increases		Equal Benefit Increases		Compound Benefit Increases	
	50 Day	100 Day	50 Day	100 Day	50 Day	100 Day
	E.P.	E.P.	E.P.	E.P.	E.P.	E.P.
18-24	80	75	122	114	173	161
25-29	85	80	131	122	185	175
30-34	95	85	141	134	200	190
35-39	102	93	153	144	217	202
40-44	112	100	163	156	234	219
45	112	100	163	156	234	219
46	112	100	166	158	236	222
47	114	102	170	161	241	226
48	117	105	173	163	243	231
49	117	105	175	163	243	231
50	119	107	178	166	246	234
51	119	107	180	170	253	236
52	124	114	190	178	256	239
53	131	119	197	183	263	246
54	136	124	205	192	275	256
55	144	134	219	202	282	261
56	151	139	234	217	297	273
57	161	151	251	231	314	290
58	175	161	265	246	331	302
59	190	173	285	263	355	324
60	200	183	312	285	380	348
61	217	200	334	304	404	373
62	236	217	358	331	436	397
63	251	229	385	353	463	419
64	268	246	409	380	487	446
65	285	261	438	404	514	470
66	309	282	467	433	548	499
67	336	309	506	470	589	538
68	375	343	560	516	645	587
69	416	382	616	570	706	648
70	463	426	687	631	777	711
71	521	480	760	699	852	786
72	584	536	845	772	940	869
73	655	604	933	852	1,037	954
74	730	674	1,023	937	1,140	1,049
75	818	755	1,127	1,035	1,252	1,152
76	913	840	1,242	1,140	1,373	1,259
77	1,010	930	1,366	1,256	1,502	1,378
78	1,113	1,023	1,488	1,371	1,624	1,490
79	1,215	1,120	1,614	1,488	1,751	1,607
80	1,325	1,217	1,753	1,617	1,887	1,734
81	1,446	1,332	1,909	1,763	2,031	1,870
82	1,590	1,463	2,077	1,921	2,196	2,023
83	1,751	1,612	2,269	2,099	2,384	2,196
84	1,945	1,790	2,486	2,301	2,596	2,391
85	2,121	1,950	2,710	2,508	2,829	2,608
86	2,313	2,128	2,953	2,734	3,083	2,841
87	2,520	2,320	3,219	2,980	3,360	3,100
88	2,747	2,530	3,509	3,251	3,664	3,377
89	2,992	2,759	3,825	3,543	3,996	3,679
90	3,263	3,005	4,168	3,862	4,354	4,010
91	3,557	3,275	4,543	4,207	4,746	4,373
92	3,879	3,570	4,950	4,585	5,174	4,765
93	4,227	3,891	5,396	4,996	5,639	5,196
94	4,607	4,239	5,883	5,444	6,148	5,661

Semi-annual, quarterly, and monthly premiums are 51%, 26%, and 9% of annual premiums
Spousal Discount 20% Preferred Discount 10% Restoration of Benefits Rider Rate 4%

CINCINNATI LIFE INSURANCE COMPANY
Proposed Rates for Policy Form Series LTC-100
Annual Premium per \$10 of Daily Payment Maximum

2,190 x Daily Payment Maximum Plan

Issue Age	No Benefit Increases		Equal Benefit Increases		Compound Benefit Increases	
	50 Day	100 Day	50 Day	100 Day	50 Day	100 Day
	E.P.	E.P.	E.P.	E.P.	E.P.	E.P.
18-24	97	93	144	134	202	192
25-29	105	100	156	144	219	205
30-34	114	107	170	156	236	222
35-39	122	117	183	170	256	239
40-44	134	124	197	183	275	258
45	134	124	197	183	275	258
46	136	127	202	185	280	263
47	139	131	205	190	285	265
48	141	131	209	195	290	273
49	144	134	214	197	292	273
50	144	134	217	200	295	275
51	146	136	222	205	299	280
52	151	139	226	212	309	290
53	156	144	239	222	319	297
54	163	153	253	236	331	309
55	175	163	270	253	343	321
56	185	173	285	265	360	336
57	197	183	304	285	382	355
58	212	197	329	304	404	377
59	226	212	353	331	431	399
60	243	224	377	353	460	429
61	263	241	404	377	492	455
62	282	261	433	404	523	489
63	302	280	458	431	560	521
64	326	302	487	453	597	555
65	348	324	514	480	633	589
66	377	351	548	511	677	631
67	411	380	594	555	728	677
68	460	426	662	616	794	740
69	509	472	738	687	867	804
70	565	526	825	769	947	879
71	633	589	925	860	1,037	962
72	713	662	1,030	959	1,142	1,057
73	796	735	1,137	1,054	1,252	1,161
74	889	823	1,254	1,161	1,378	1,278
75	989	913	1,381	1,283	1,512	1,405
76	1,098	1,013	1,517	1,407	1,653	1,539
77	1,215	1,125	1,661	1,544	1,807	1,682
78	1,327	1,227	1,809	1,682	1,948	1,819
79	1,441	1,337	1,958	1,824	2,096	1,955
80	1,558	1,446	2,118	1,977	2,252	2,099
81	1,697	1,578	2,294	2,143	2,418	2,257
82	1,855	1,726	2,496	2,335	2,610	2,437
83	2,038	1,897	2,725	2,547	2,824	2,637
84	2,257	2,099	2,988	2,795	3,070	2,871
85	2,462	2,289	3,255	3,046	3,346	3,129
86	2,683	2,496	3,550	3,321	3,645	3,411
87	2,924	2,722	3,869	3,621	3,974	3,718
88	3,187	2,966	4,217	3,947	4,332	4,052
89	3,475	3,231	4,597	4,302	4,721	4,417
90	3,789	3,523	5,013	4,687	5,145	4,814
91	4,127	3,840	5,464	5,108	5,610	5,247
92	4,500	4,188	5,956	5,569	6,114	5,722
93	4,904	4,565	6,491	6,070	6,664	6,238
94	5,347	4,974	7,076	6,618	7,263	6,801

Semi-annual, quarterly, and monthly premiums are 51%, 26%, and 9% of annual premiums
Spousal Discount 20% Preferred Discount 10% Restoration of Benefits Rider Rate 4%

CINCINNATI LIFE INSURANCE COMPANY
Proposed Rates for Policy Form Series LTC-100
Annual Premium per \$10 of Daily Payment Maximum

Unlimited Plan

Issue Age	No Benefit Increases		Equal Benefit Increases		Compound Benefit Increases	
	50 Day	100 Day	50 Day	100 Day	50 Day	100 Day
	E.P.	E.P.	E.P.	E.P.	E.P.	E.P.
18-24	114	107	173	156	234	219
25-29	122	117	185	170	253	236
30-34	134	124	200	183	273	256
35-39	144	136	217	197	295	275
40-44	156	146	234	214	319	297
45	156	146	234	214	319	297
46	161	151	239	217	324	302
47	163	153	241	219	331	309
48	163	156	246	224	336	314
49	166	158	251	226	338	317
50	170	158	253	231	341	319
51	173	163	261	239	348	324
52	180	170	270	246	358	336
53	185	175	282	261	373	348
54	195	183	299	278	385	360
55	205	192	319	297	404	377
56	219	205	341	319	429	399
57	236	219	363	341	453	421
58	246	231	390	370	480	450
59	270	251	416	394	509	475
60	285	263	443	421	538	504
61	309	285	477	455	575	538
62	331	309	509	482	614	575
63	358	334	536	509	657	618
64	382	355	562	533	701	662
65	414	385	592	558	750	711
66	448	419	628	589	806	762
67	489	460	684	640	869	821
68	543	509	760	716	942	889
69	601	565	855	804	1,028	964
70	672	628	967	908	1,118	1,042
71	748	699	1,086	1,020	1,220	1,135
72	835	782	1,213	1,137	1,342	1,247
73	935	872	1,344	1,259	1,468	1,366
74	1,040	967	1,483	1,390	1,612	1,505
75	1,161	1,074	1,631	1,524	1,768	1,658
76	1,286	1,193	1,792	1,675	1,936	1,821
77	1,417	1,315	1,960	1,833	2,109	1,989
78	1,539	1,432	2,128	1,992	2,272	2,143
79	1,663	1,553	2,299	2,155	2,440	2,301
80	1,797	1,680	2,481	2,333	2,613	2,464
81	1,948	1,824	2,681	2,527	2,805	2,644
82	2,121	1,989	2,912	2,749	3,022	2,849
83	2,325	2,184	3,180	3,000	3,265	3,080
84	2,569	2,408	3,489	3,290	3,548	3,348
85	2,803	2,625	3,803	3,587	3,867	3,650
86	3,056	2,861	4,147	3,908	4,215	3,976
87	3,331	3,117	4,522	4,261	4,595	4,337
88	3,630	3,399	4,928	4,646	5,009	4,726
89	3,959	3,703	5,371	5,062	5,461	5,152
90	4,315	4,039	5,853	5,517	5,953	5,615
91	4,704	4,402	6,379	6,014	6,486	6,119
92	5,128	4,799	6,954	6,555	7,071	6,669
93	5,588	5,233	7,580	7,146	7,709	7,271
94	6,092	5,702	8,262	7,789	8,403	7,925

Semi-annual, quarterly, and monthly premiums are 51%, 26%, and 9% of annual premiums
Spousal Discount 20% Preferred Discount 10%

CINCINNATI LIFE INSURANCE COMPANY
Proposed Rates for Policy Form Series LTC-100
Annual Nonforfeiture Premium per \$10 of Daily Payment Maximum

730 x Daily Payment Maximum Plan

Issue Age	No Benefit Increases		Equal Benefit Increases		Compound Benefit Increases	
	50 Day	100 Day	50 Day	100 Day	50 Day	100 Day
	E.P.	E.P.	E.P.	E.P.	E.P.	E.P.
18-24	17	17	24	22	34	32
25-29	19	17	27	24	37	34
30-34	22	19	29	27	41	37
35-39	22	19	32	27	44	39
40-44	24	22	34	29	49	41
45	24	22	34	29	49	41
46	24	22	34	32	49	44
47	24	22	34	32	49	44
48	24	22	37	32	49	46
49	27	24	37	32	49	46
50	27	24	37	34	51	46
51	27	24	37	34	51	46
52	27	24	39	34	54	49
53	27	24	41	37	54	49
54	29	27	44	39	56	51
55	32	27	46	41	58	54
56	32	29	49	44	61	56
57	34	29	54	49	66	58
58	37	32	56	51	71	63
59	41	37	58	54	73	66
60	44	39	63	58	78	71
61	46	41	68	61	85	78
62	51	46	73	66	90	80
63	56	51	78	71	95	88
64	58	54	85	78	100	93
65	63	56	93	83	107	97
66	66	61	95	85	110	100
67	68	61	100	90	114	105
68	73	66	105	95	119	110
69	78	71	112	100	127	114
70	85	78	117	105	134	119
71	90	83	122	110	139	127
72	97	88	129	117	146	134
73	102	95	136	124	153	139
74	110	100	146	131	161	146
75	114	105	153	139	168	153
76	122	110	161	146	175	161
77	127	114	168	151	180	166
78	131	119	170	156	183	168
79	136	124	175	158	185	168
80	141	129	175	161	185	168
81	153	141	190	173	200	180
82	170	156	205	187	214	195
83	187	170	224	205	231	209
84	207	190	246	224	251	229
85	224	207	268	243	275	248
86	246	224	292	265	299	270
87	268	246	319	290	326	295
88	292	268	346	314	355	321
89	319	292	377	343	387	351
90	346	319	411	375	421	382
91	377	348	448	407	460	416
92	411	377	489	446	502	453
93	448	411	533	485	545	494
94	489	448	582	528	594	538

Semi-annual, quarterly, and monthly premiums are 51%, 26%, and 9% of annual premiums
Spousal Discount 20% Preferred Discount 10% Restoration of Benefits Rider Rate 8%

CINCINNATI LIFE INSURANCE COMPANY
Proposed Rates for Policy Form Series LTC-100
Annual Nonforfeiture Premium per \$10 of Daily Payment Maximum

1,095 x Daily Payment Maximum Plan

Issue Age	No Benefit Increases		Equal Benefit Increases		Compound Benefit Increases	
	50 Day	100 Day	50 Day	100 Day	50 Day	100 Day
	E.P.	E.P.	E.P.	E.P.	E.P.	E.P.
18-24	22	19	32	29	46	41
25-29	24	22	34	32	49	46
30-34	24	24	37	34	54	49
35-39	27	24	41	37	56	54
40-44	29	27	44	41	61	56
45	29	27	44	41	61	56
46	32	27	44	41	61	58
47	34	29	46	41	63	58
48	34	29	46	41	63	58
49	34	29	46	41	66	61
50	34	29	46	44	66	61
51	34	29	49	44	66	61
52	37	29	49	46	68	63
53	37	32	51	49	71	63
54	39	32	56	51	71	66
55	41	34	58	54	75	68
56	41	37	61	56	78	71
57	46	39	66	61	83	75
58	49	41	71	66	88	78
59	54	46	75	71	93	85
60	58	49	80	73	100	90
61	61	54	88	78	107	97
62	66	56	95	85	114	102
63	71	63	100	93	122	110
64	78	66	107	100	129	117
65	83	71	114	105	136	124
66	85	73	119	110	139	127
67	90	78	127	114	144	131
68	95	83	134	122	151	139
69	102	88	141	129	161	146
70	110	95	149	136	170	156
71	119	102	158	146	178	163
72	127	110	168	153	190	173
73	136	117	178	163	197	183
74	146	124	187	170	207	192
75	153	131	197	180	219	200
76	163	139	205	187	226	207
77	170	146	214	195	234	214
78	178	153	219	202	239	219
79	183	156	224	207	241	222
80	187	161	229	209	243	224
81	205	175	248	229	263	241
82	226	195	270	248	282	261
83	248	214	295	270	307	282
84	275	236	321	297	334	307
85	299	258	351	324	365	334
86	326	282	382	353	397	363
87	355	307	416	385	433	397
88	387	334	453	419	472	433
89	424	365	494	458	514	472
90	460	397	541	497	560	514
91	502	433	589	543	611	560
92	548	472	640	592	667	611
93	597	514	699	645	726	665
94	650	560	762	704	791	726

Semi-annual, quarterly, and monthly premiums are 51%, 26%, and 9% of annual premiums
Spousal Discount 20% Preferred Discount 10% Restoration of Benefits Rider Rate 5%

CINCINNATI LIFE INSURANCE COMPANY
Proposed Rates for Policy Form Series LTC-100
Annual Nonforfeiture Premium per \$10 of Daily Payment Maximum

1,460 x Daily Payment Maximum Plan

Issue Age	No Benefit Increases		Equal Benefit Increases		Compound Benefit Increases	
	50 Day E.P.	100 Day E.P.	50 Day E.P.	100 Day E.P.	50 Day E.P.	100 Day E.P.
18-24	24	22	37	34	51	49
25-29	27	24	39	37	56	54
30-34	29	27	41	41	61	56
35-39	32	27	46	44	66	61
40-44	34	29	49	46	71	66
45	34	29	49	46	71	66
46	34	29	49	49	71	66
47	34	32	51	49	73	68
48	34	32	51	49	73	71
49	34	32	54	49	73	71
50	37	32	54	49	73	71
51	37	32	54	51	75	71
52	37	34	56	54	78	71
53	39	37	58	56	78	73
54	41	37	61	58	83	78
55	44	41	66	61	85	78
56	46	41	71	66	90	83
57	49	46	75	71	95	88
58	54	49	80	73	100	90
59	56	51	85	78	107	97
60	61	56	93	85	114	105
61	66	61	100	93	122	112
62	71	66	107	100	131	119
63	75	68	114	107	139	127
64	80	73	122	114	146	134
65	85	78	131	122	153	141
66	90	83	136	127	158	144
67	95	88	141	131	166	151
68	102	93	151	139	175	158
69	107	100	161	149	183	168
70	117	107	173	158	195	178
71	124	114	183	168	205	190
72	134	124	195	178	217	200
73	144	134	205	187	229	209
74	153	141	214	197	239	222
75	163	151	226	207	251	231
76	173	161	236	217	261	239
77	183	168	246	226	270	248
78	190	173	253	234	275	253
79	195	180	258	239	280	258
80	200	183	263	243	282	261
81	217	200	287	265	304	280
82	239	219	312	287	329	304
83	263	241	341	314	358	329
84	292	268	373	346	390	358
85	319	292	407	377	424	392
86	348	319	443	409	463	426
87	377	348	482	448	504	465
88	411	380	526	487	550	506
89	448	414	575	531	599	553
90	489	450	626	579	653	601
91	533	492	682	631	711	655
92	582	536	743	687	777	716
93	633	584	808	750	845	779
94	692	636	881	816	923	850

Semi-annual, quarterly, and monthly premiums are 51%, 26%, and 9% of annual premiums
Spousal Discount 20% Preferred Discount 10% Restoration of Benefits Rider Rate 4%

CINCINNATI LIFE INSURANCE COMPANY
Proposed Rates for Policy Form Series LTC-100
Annual Nonforfeiture Premium per \$10 of Daily Payment Maximum

2,190 x Daily Payment Maximum Plan

Issue Age	No Benefit Increases		Equal Benefit Increases		Compound Benefit Increases	
	50 Day	100 Day	50 Day	100 Day	50 Day	100 Day
	E.P.	E.P.	E.P.	E.P.	E.P.	E.P.
18-24	29	27	44	41	61	58
25-29	32	29	46	44	66	61
30-34	34	32	51	46	71	66
35-39	37	34	56	51	78	71
40-44	41	37	58	56	83	78
45	41	37	58	56	83	78
46	41	39	61	56	85	78
47	41	39	61	56	85	80
48	41	39	63	58	88	83
49	44	41	63	58	88	83
50	44	41	66	61	88	83
51	44	41	66	61	90	85
52	46	41	68	63	93	88
53	46	44	71	66	95	90
54	49	46	75	71	100	93
55	54	49	80	75	102	97
56	56	51	85	80	107	100
57	58	56	93	85	114	107
58	63	58	100	93	122	114
59	68	63	107	100	129	119
60	73	68	114	107	139	129
61	78	73	122	114	149	136
62	85	78	129	122	158	146
63	90	85	136	129	168	156
64	97	90	146	136	180	166
65	105	97	153	144	190	178
66	110	102	158	149	197	183
67	114	107	166	156	205	190
68	124	114	178	166	214	200
69	131	122	192	178	226	209
70	141	131	207	192	236	219
71	151	141	222	207	248	231
72	163	153	236	222	263	243
73	175	161	251	231	275	256
74	187	173	263	243	290	268
75	197	183	275	256	302	280
76	209	192	287	268	314	292
77	219	202	299	278	326	302
78	226	209	307	285	331	309
79	231	214	314	292	336	312
80	234	217	319	297	338	314
81	256	236	343	321	363	338
82	278	258	375	351	392	365
83	307	285	409	382	424	394
84	338	314	448	419	460	431
85	370	343	489	458	502	470
86	402	375	533	499	548	511
87	438	409	579	543	597	558
88	477	446	633	592	650	609
89	521	485	689	645	709	662
90	567	528	752	704	772	723
91	618	577	821	767	842	786
92	674	628	894	835	918	860
93	735	684	974	911	1,001	935
94	801	745	1,062	993	1,088	1,020

Semi-annual, quarterly, and monthly premiums are 51%, 26%, and 9% of annual premiums
Spousal Discount 20% Preferred Discount 10% Restoration of Benefits Rider Rate 4%

CINCINNATI LIFE INSURANCE COMPANY
Proposed Rates for Policy Form Series LTC-100
Annual Nonforfeiture Premium per \$10 of Daily Payment Maximum

Unlimited Plan

Issue Age	No Benefit Increases		Equal Benefit Increases		Compound Benefit Increases	
	50 Day	100 Day	50 Day	100 Day	50 Day	100 Day
	E.P.	E.P.	E.P.	E.P.	E.P.	E.P.
18-24	34	32	51	46	71	66
25-29	37	34	56	51	75	71
30-34	41	37	61	56	83	78
35-39	44	41	66	58	88	83
40-44	46	44	71	63	95	90
45	46	44	71	63	95	90
46	49	46	71	66	97	90
47	49	46	73	66	100	93
48	49	46	73	68	100	95
49	49	49	75	68	102	95
50	51	49	75	71	102	95
51	51	49	78	71	105	97
52	54	51	80	73	107	100
53	56	54	85	78	112	105
54	58	56	90	83	114	107
55	61	58	95	90	122	114
56	66	61	102	95	129	119
57	71	66	110	102	136	127
58	73	71	117	112	144	136
59	80	75	124	119	153	144
60	85	78	134	127	161	151
61	93	85	144	136	173	161
62	100	93	153	144	185	173
63	107	100	161	153	197	185
64	114	107	168	161	209	200
65	124	114	178	168	224	214
66	129	122	183	170	234	222
67	136	129	192	180	243	229
68	146	136	205	192	253	241
69	156	146	222	209	268	251
70	168	158	241	226	280	261
71	180	168	261	246	292	273
72	192	180	280	261	309	287
73	205	192	295	278	324	299
74	219	202	312	292	338	317
75	231	214	326	304	353	331
76	243	226	341	319	368	346
77	256	236	353	331	380	358
78	261	243	363	338	387	365
79	265	248	368	346	390	368
80	270	253	373	351	392	370
81	292	273	402	380	421	397
82	319	299	436	411	453	429
83	348	329	477	450	489	463
84	385	360	523	494	533	502
85	421	394	570	538	579	548
86	458	429	621	587	633	597
87	499	467	679	640	689	650
88	545	509	740	696	752	709
89	594	555	806	760	818	772
90	648	606	879	828	894	842
91	706	660	957	903	974	918
92	769	721	1,042	984	1,062	1,001
93	838	784	1,137	1,071	1,157	1,091
94	913	855	1,239	1,169	1,261	1,188

Semi-annual, quarterly, and monthly premiums are 51%, 26%, and 9% of annual premiums
Spousal Discount 20% Preferred Discount 10%



A subsidiary of The Cincinnati Insurance Company

Affiliated with: The Cincinnati Indemnity Company ■ The Cincinnati Casualty Company
The Cincinnati Specialty Underwriters Insurance Company

Letter of Authorization

To: Department of Insurance

The Cincinnati Life Insurance Company ("Cincinnati Life") has an agreement with LTCCG to administer its long-term care book of business. This letter authorizes LTCCG to make various policy form filings, including premium rate filings on behalf of Cincinnati Life. This authorization will remain in full force and effect until the earlier of (a) your receipt of a written notification from Cincinnati Life expressly terminating this authorization; or (b) 31st of December 2021.

Please accept this letter of authorization for the purposes stated above. Should you have any questions regarding the above, please forward your comments to:

The Cincinnati Life Insurance Company
6200 South Gilmore Road
Fairfield, OH 45014

Michael T. Tiernan, FSA, MAAA
Assistant Vice President
and Chief Actuary

July 15, 2020

Date

CINCINNATI LIFE INSURANCE COMPANY
Proposed Rates for Policy Form Series LTC-100
Annual Premium per \$10 of Daily Payment Maximum

730 x Daily Payment Maximum Plan

Issue Age	No Benefit Increases		Equal Benefit Increases		Compound Benefit Increases	
	50 Day	100 Day	50 Day	100 Day	50 Day	100 Day
	E.P.	E.P.	E.P.	E.P.	E.P.	E.P.
18-24	58	54	80	75	117	105
25-29	63	56	85	80	124	114
30-34	71	61	95	85	136	122
35-39	75	66	102	93	146	131
40-44	80	73	112	100	158	141
45	80	73	112	100	158	141
46	80	75	114	102	161	144
47	83	75	117	105	163	146
48	83	75	119	107	166	151
49	85	78	119	107	166	151
50	85	78	122	112	170	153
51	85	78	124	114	170	153
52	88	80	127	117	175	158
53	93	83	136	124	180	163
54	95	85	144	131	190	170
55	102	93	153	139	195	178
56	105	95	161	146	202	183
57	114	100	175	158	217	195
58	122	107	185	170	231	209
59	134	119	197	178	243	219
60	144	131	214	192	261	236
61	156	141	226	205	280	256
62	173	156	243	219	297	270
63	183	168	263	236	317	290
64	195	178	285	256	334	304
65	207	190	304	273	358	324
66	224	207	329	297	377	343
67	243	222	353	319	409	373
68	270	246	387	348	446	404
69	299	273	426	385	487	441
70	336	307	463	421	531	477
71	373	343	509	460	582	528
72	419	382	562	511	640	577
73	465	426	623	567	701	636
74	516	470	694	628	769	701
75	575	519	769	696	840	767
76	636	575	847	769	923	842
77	709	640	930	845	1,001	916
78	779	706	1,008	916	1,079	986
79	855	777	1,088	989	1,157	1,052
80	937	857	1,171	1,066	1,239	1,125
81	1,028	942	1,264	1,149	1,329	1,205
82	1,130	1,040	1,371	1,247	1,432	1,295
83	1,244	1,142	1,490	1,359	1,544	1,395
84	1,373	1,261	1,634	1,488	1,675	1,519
85	1,497	1,376	1,782	1,619	1,829	1,653
86	1,634	1,500	1,943	1,765	1,992	1,802
87	1,782	1,636	2,118	1,924	2,172	1,963
88	1,943	1,785	2,311	2,096	2,367	2,140
89	2,118	1,945	2,518	2,286	2,579	2,333
90	2,311	2,121	2,742	2,493	2,810	2,542
91	2,518	2,313	2,990	2,717	3,065	2,771
92	2,742	2,520	3,260	2,963	3,341	3,022
93	2,990	2,747	3,552	3,229	3,640	3,294
94	3,260	2,992	3,871	3,518	3,966	3,589

Semi-annual, quarterly, and monthly premiums are 51%, 26%, and 9% of annual premiums
Spousal Discount 20% Preferred Discount 10% Restoration of Benefits Rider Rate 8%

CINCINNATI LIFE INSURANCE COMPANY
Proposed Rates for Policy Form Series LTC-100
Annual Premium per \$10 of Daily Payment Maximum

1,095 x Daily Payment Maximum Plan

Issue Age	No Benefit Increases		Equal Benefit Increases		Compound Benefit Increases	
	50 Day	100 Day	50 Day	100 Day	50 Day	100 Day
	E.P.	E.P.	E.P.	E.P.	E.P.	E.P.
18-24	73	66	105	97	151	139
25-29	78	73	114	105	161	151
30-34	83	78	122	114	175	161
35-39	88	83	134	122	190	175
40-44	97	88	144	134	202	190
45	97	88	144	134	202	190
46	107	93	146	136	205	192
47	112	95	151	139	212	195
48	112	95	151	139	214	197
49	112	95	153	141	217	200
50	114	97	156	144	217	200
51	117	100	158	146	219	202
52	119	100	163	153	224	209
53	122	102	173	158	231	214
54	127	107	183	170	239	219
55	134	114	195	178	251	226
56	141	122	205	190	261	239
57	153	131	219	202	275	253
58	163	139	236	217	292	263
59	178	151	253	231	312	282
60	192	163	270	246	334	302
61	205	178	292	263	358	324
62	222	190	314	285	377	343
63	239	207	334	307	404	368
64	256	219	360	329	426	387
65	273	234	382	351	453	414
66	295	251	414	380	480	438
67	321	275	448	411	516	470
68	355	304	492	450	562	514
69	397	338	541	494	616	565
70	441	380	594	545	677	618
71	494	424	660	604	745	682
72	555	477	730	667	821	752
73	618	531	808	738	901	828
74	692	592	891	816	991	911
75	772	660	984	898	1,091	998
76	857	730	1,081	989	1,188	1,091
77	952	816	1,191	1,088	1,303	1,193
78	1,049	896	1,295	1,188	1,407	1,290
79	1,144	981	1,405	1,290	1,512	1,388
80	1,249	1,074	1,522	1,398	1,626	1,490
81	1,371	1,176	1,651	1,519	1,751	1,605
82	1,502	1,293	1,794	1,651	1,889	1,731
83	1,658	1,424	1,958	1,802	2,048	1,877
84	1,836	1,578	2,145	1,977	2,225	2,040
85	2,001	1,719	2,337	2,155	2,428	2,223
86	2,179	1,875	2,547	2,350	2,647	2,425
87	2,374	2,043	2,776	2,561	2,885	2,644
88	2,588	2,225	3,027	2,793	3,146	2,883
89	2,820	2,428	3,299	3,044	3,428	3,141
90	3,073	2,647	3,596	3,319	3,738	3,423
91	3,348	2,885	3,920	3,618	4,076	3,733
92	3,650	3,146	4,273	3,942	4,444	4,069
93	3,976	3,428	4,658	4,298	4,843	4,434
94	4,337	3,738	5,077	4,685	5,279	4,833

Semi-annual, quarterly, and monthly premiums are 51%, 26%, and 9% of annual premiums
Spousal Discount 20% Preferred Discount 10% Restoration of Benefits Rider Rate 5%

CINCINNATI LIFE INSURANCE COMPANY
Proposed Rates for Policy Form Series LTC-100
Annual Premium per \$10 of Daily Payment Maximum

1,460 x Daily Payment Maximum Plan

Issue Age	No Benefit Increases		Equal Benefit Increases		Compound Benefit Increases	
	50 Day	100 Day	50 Day	100 Day	50 Day	100 Day
	E.P.	E.P.	E.P.	E.P.	E.P.	E.P.
18-24	80	75	122	114	173	161
25-29	85	80	131	122	185	175
30-34	95	85	141	134	200	190
35-39	102	93	153	144	217	202
40-44	112	100	163	156	234	219
45	112	100	163	156	234	219
46	112	100	166	158	236	222
47	114	102	170	161	241	226
48	117	105	173	163	243	231
49	117	105	175	163	243	231
50	119	107	178	166	246	234
51	119	107	180	170	253	236
52	124	114	190	178	256	239
53	131	119	197	183	263	246
54	136	124	205	192	275	256
55	144	134	219	202	282	261
56	151	139	234	217	297	273
57	161	151	251	231	314	290
58	175	161	265	246	331	302
59	190	173	285	263	355	324
60	200	183	312	285	380	348
61	217	200	334	304	404	373
62	236	217	358	331	436	397
63	251	229	385	353	463	419
64	268	246	409	380	487	446
65	285	261	438	404	514	470
66	309	282	467	433	548	499
67	336	309	506	470	589	538
68	375	343	560	516	645	587
69	416	382	616	570	706	648
70	463	426	687	631	777	711
71	521	480	760	699	852	786
72	584	536	845	772	940	869
73	655	604	933	852	1,037	954
74	730	674	1,023	937	1,140	1,049
75	818	755	1,127	1,035	1,252	1,152
76	913	840	1,242	1,140	1,373	1,259
77	1,010	930	1,366	1,256	1,502	1,378
78	1,113	1,023	1,488	1,371	1,624	1,490
79	1,215	1,120	1,614	1,488	1,751	1,607
80	1,325	1,217	1,753	1,617	1,887	1,734
81	1,446	1,332	1,909	1,763	2,031	1,870
82	1,590	1,463	2,077	1,921	2,196	2,023
83	1,751	1,612	2,269	2,099	2,384	2,196
84	1,945	1,790	2,486	2,301	2,596	2,391
85	2,121	1,950	2,710	2,508	2,829	2,608
86	2,313	2,128	2,953	2,734	3,083	2,841
87	2,520	2,320	3,219	2,980	3,360	3,100
88	2,747	2,530	3,509	3,251	3,664	3,377
89	2,992	2,759	3,825	3,543	3,996	3,679
90	3,263	3,005	4,168	3,862	4,354	4,010
91	3,557	3,275	4,543	4,207	4,746	4,373
92	3,879	3,570	4,950	4,585	5,174	4,765
93	4,227	3,891	5,396	4,996	5,639	5,196
94	4,607	4,239	5,883	5,444	6,148	5,661

Semi-annual, quarterly, and monthly premiums are 51%, 26%, and 9% of annual premiums
Spousal Discount 20% Preferred Discount 10% Restoration of Benefits Rider Rate 4%

CINCINNATI LIFE INSURANCE COMPANY
Proposed Rates for Policy Form Series LTC-100
Annual Premium per \$10 of Daily Payment Maximum

2,190 x Daily Payment Maximum Plan

Issue Age	No Benefit Increases		Equal Benefit Increases		Compound Benefit Increases	
	50 Day	100 Day	50 Day	100 Day	50 Day	100 Day
	E.P.	E.P.	E.P.	E.P.	E.P.	E.P.
18-24	97	93	144	134	202	192
25-29	105	100	156	144	219	205
30-34	114	107	170	156	236	222
35-39	122	117	183	170	256	239
40-44	134	124	197	183	275	258
45	134	124	197	183	275	258
46	136	127	202	185	280	263
47	139	131	205	190	285	265
48	141	131	209	195	290	273
49	144	134	214	197	292	273
50	144	134	217	200	295	275
51	146	136	222	205	299	280
52	151	139	226	212	309	290
53	156	144	239	222	319	297
54	163	153	253	236	331	309
55	175	163	270	253	343	321
56	185	173	285	265	360	336
57	197	183	304	285	382	355
58	212	197	329	304	404	377
59	226	212	353	331	431	399
60	243	224	377	353	460	429
61	263	241	404	377	492	455
62	282	261	433	404	523	489
63	302	280	458	431	560	521
64	326	302	487	453	597	555
65	348	324	514	480	633	589
66	377	351	548	511	677	631
67	411	380	594	555	728	677
68	460	426	662	616	794	740
69	509	472	738	687	867	804
70	565	526	825	769	947	879
71	633	589	925	860	1,037	962
72	713	662	1,030	959	1,142	1,057
73	796	735	1,137	1,054	1,252	1,161
74	889	823	1,254	1,161	1,378	1,278
75	989	913	1,381	1,283	1,512	1,405
76	1,098	1,013	1,517	1,407	1,653	1,539
77	1,215	1,125	1,661	1,544	1,807	1,682
78	1,327	1,227	1,809	1,682	1,948	1,819
79	1,441	1,337	1,958	1,824	2,096	1,955
80	1,558	1,446	2,118	1,977	2,252	2,099
81	1,697	1,578	2,294	2,143	2,418	2,257
82	1,855	1,726	2,496	2,335	2,610	2,437
83	2,038	1,897	2,725	2,547	2,824	2,637
84	2,257	2,099	2,988	2,795	3,070	2,871
85	2,462	2,289	3,255	3,046	3,346	3,129
86	2,683	2,496	3,550	3,321	3,645	3,411
87	2,924	2,722	3,869	3,621	3,974	3,718
88	3,187	2,966	4,217	3,947	4,332	4,052
89	3,475	3,231	4,597	4,302	4,721	4,417
90	3,789	3,523	5,013	4,687	5,145	4,814
91	4,127	3,840	5,464	5,108	5,610	5,247
92	4,500	4,188	5,956	5,569	6,114	5,722
93	4,904	4,565	6,491	6,070	6,664	6,238
94	5,347	4,974	7,076	6,618	7,263	6,801

Semi-annual, quarterly, and monthly premiums are 51%, 26%, and 9% of annual premiums
Spousal Discount 20% Preferred Discount 10% Restoration of Benefits Rider Rate 4%

CINCINNATI LIFE INSURANCE COMPANY
Proposed Rates for Policy Form Series LTC-100
Annual Premium per \$10 of Daily Payment Maximum

Unlimited Plan

Issue Age	No Benefit Increases		Equal Benefit Increases		Compound Benefit Increases	
	50 Day	100 Day	50 Day	100 Day	50 Day	100 Day
	E.P.	E.P.	E.P.	E.P.	E.P.	E.P.
18-24	114	107	173	156	234	219
25-29	122	117	185	170	253	236
30-34	134	124	200	183	273	256
35-39	144	136	217	197	295	275
40-44	156	146	234	214	319	297
45	156	146	234	214	319	297
46	161	151	239	217	324	302
47	163	153	241	219	331	309
48	163	156	246	224	336	314
49	166	158	251	226	338	317
50	170	158	253	231	341	319
51	173	163	261	239	348	324
52	180	170	270	246	358	336
53	185	175	282	261	373	348
54	195	183	299	278	385	360
55	205	192	319	297	404	377
56	219	205	341	319	429	399
57	236	219	363	341	453	421
58	246	231	390	370	480	450
59	270	251	416	394	509	475
60	285	263	443	421	538	504
61	309	285	477	455	575	538
62	331	309	509	482	614	575
63	358	334	536	509	657	618
64	382	355	562	533	701	662
65	414	385	592	558	750	711
66	448	419	628	589	806	762
67	489	460	684	640	869	821
68	543	509	760	716	942	889
69	601	565	855	804	1,028	964
70	672	628	967	908	1,118	1,042
71	748	699	1,086	1,020	1,220	1,135
72	835	782	1,213	1,137	1,342	1,247
73	935	872	1,344	1,259	1,468	1,366
74	1,040	967	1,483	1,390	1,612	1,505
75	1,161	1,074	1,631	1,524	1,768	1,658
76	1,286	1,193	1,792	1,675	1,936	1,821
77	1,417	1,315	1,960	1,833	2,109	1,989
78	1,539	1,432	2,128	1,992	2,272	2,143
79	1,663	1,553	2,299	2,155	2,440	2,301
80	1,797	1,680	2,481	2,333	2,613	2,464
81	1,948	1,824	2,681	2,527	2,805	2,644
82	2,121	1,989	2,912	2,749	3,022	2,849
83	2,325	2,184	3,180	3,000	3,265	3,080
84	2,569	2,408	3,489	3,290	3,548	3,348
85	2,803	2,625	3,803	3,587	3,867	3,650
86	3,056	2,861	4,147	3,908	4,215	3,976
87	3,331	3,117	4,522	4,261	4,595	4,337
88	3,630	3,399	4,928	4,646	5,009	4,726
89	3,959	3,703	5,371	5,062	5,461	5,152
90	4,315	4,039	5,853	5,517	5,953	5,615
91	4,704	4,402	6,379	6,014	6,486	6,119
92	5,128	4,799	6,954	6,555	7,071	6,669
93	5,588	5,233	7,580	7,146	7,709	7,271
94	6,092	5,702	8,262	7,789	8,403	7,925

Semi-annual, quarterly, and monthly premiums are 51%, 26%, and 9% of annual premiums
Spousal Discount 20% Preferred Discount 10%

CINCINNATI LIFE INSURANCE COMPANY
Proposed Rates for Policy Form Series LTC-100
Annual Nonforfeiture Premium per \$10 of Daily Payment Maximum

730 x Daily Payment Maximum Plan

Issue Age	No Benefit Increases		Equal Benefit Increases		Compound Benefit Increases	
	50 Day	100 Day	50 Day	100 Day	50 Day	100 Day
	E.P.	E.P.	E.P.	E.P.	E.P.	E.P.
18-24	17	17	24	22	34	32
25-29	19	17	27	24	37	34
30-34	22	19	29	27	41	37
35-39	22	19	32	27	44	39
40-44	24	22	34	29	49	41
45	24	22	34	29	49	41
46	24	22	34	32	49	44
47	24	22	34	32	49	44
48	24	22	37	32	49	46
49	27	24	37	32	49	46
50	27	24	37	34	51	46
51	27	24	37	34	51	46
52	27	24	39	34	54	49
53	27	24	41	37	54	49
54	29	27	44	39	56	51
55	32	27	46	41	58	54
56	32	29	49	44	61	56
57	34	29	54	49	66	58
58	37	32	56	51	71	63
59	41	37	58	54	73	66
60	44	39	63	58	78	71
61	46	41	68	61	85	78
62	51	46	73	66	90	80
63	56	51	78	71	95	88
64	58	54	85	78	100	93
65	63	56	93	83	107	97
66	66	61	95	85	110	100
67	68	61	100	90	114	105
68	73	66	105	95	119	110
69	78	71	112	100	127	114
70	85	78	117	105	134	119
71	90	83	122	110	139	127
72	97	88	129	117	146	134
73	102	95	136	124	153	139
74	110	100	146	131	161	146
75	114	105	153	139	168	153
76	122	110	161	146	175	161
77	127	114	168	151	180	166
78	131	119	170	156	183	168
79	136	124	175	158	185	168
80	141	129	175	161	185	168
81	153	141	190	173	200	180
82	170	156	205	187	214	195
83	187	170	224	205	231	209
84	207	190	246	224	251	229
85	224	207	268	243	275	248
86	246	224	292	265	299	270
87	268	246	319	290	326	295
88	292	268	346	314	355	321
89	319	292	377	343	387	351
90	346	319	411	375	421	382
91	377	348	448	407	460	416
92	411	377	489	446	502	453
93	448	411	533	485	545	494
94	489	448	582	528	594	538

Semi-annual, quarterly, and monthly premiums are 51%, 26%, and 9% of annual premiums
Spousal Discount 20% Preferred Discount 10% Restoration of Benefits Rider Rate 8%

CINCINNATI LIFE INSURANCE COMPANY
Proposed Rates for Policy Form Series LTC-100
Annual Nonforfeiture Premium per \$10 of Daily Payment Maximum

1,095 x Daily Payment Maximum Plan

Issue Age	No Benefit Increases		Equal Benefit Increases		Compound Benefit Increases	
	50 Day	100 Day	50 Day	100 Day	50 Day	100 Day
	E.P.	E.P.	E.P.	E.P.	E.P.	E.P.
18-24	22	19	32	29	46	41
25-29	24	22	34	32	49	46
30-34	24	24	37	34	54	49
35-39	27	24	41	37	56	54
40-44	29	27	44	41	61	56
45	29	27	44	41	61	56
46	32	27	44	41	61	58
47	34	29	46	41	63	58
48	34	29	46	41	63	58
49	34	29	46	41	66	61
50	34	29	46	44	66	61
51	34	29	49	44	66	61
52	37	29	49	46	68	63
53	37	32	51	49	71	63
54	39	32	56	51	71	66
55	41	34	58	54	75	68
56	41	37	61	56	78	71
57	46	39	66	61	83	75
58	49	41	71	66	88	78
59	54	46	75	71	93	85
60	58	49	80	73	100	90
61	61	54	88	78	107	97
62	66	56	95	85	114	102
63	71	63	100	93	122	110
64	78	66	107	100	129	117
65	83	71	114	105	136	124
66	85	73	119	110	139	127
67	90	78	127	114	144	131
68	95	83	134	122	151	139
69	102	88	141	129	161	146
70	110	95	149	136	170	156
71	119	102	158	146	178	163
72	127	110	168	153	190	173
73	136	117	178	163	197	183
74	146	124	187	170	207	192
75	153	131	197	180	219	200
76	163	139	205	187	226	207
77	170	146	214	195	234	214
78	178	153	219	202	239	219
79	183	156	224	207	241	222
80	187	161	229	209	243	224
81	205	175	248	229	263	241
82	226	195	270	248	282	261
83	248	214	295	270	307	282
84	275	236	321	297	334	307
85	299	258	351	324	365	334
86	326	282	382	353	397	363
87	355	307	416	385	433	397
88	387	334	453	419	472	433
89	424	365	494	458	514	472
90	460	397	541	497	560	514
91	502	433	589	543	611	560
92	548	472	640	592	667	611
93	597	514	699	645	726	665
94	650	560	762	704	791	726

Semi-annual, quarterly, and monthly premiums are 51%, 26%, and 9% of annual premiums
Spousal Discount 20% Preferred Discount 10% Restoration of Benefits Rider Rate 5%

CINCINNATI LIFE INSURANCE COMPANY
Proposed Rates for Policy Form Series LTC-100
Annual Nonforfeiture Premium per \$10 of Daily Payment Maximum

1,460 x Daily Payment Maximum Plan

Issue Age	No Benefit Increases		Equal Benefit Increases		Compound Benefit Increases	
	50 Day	100 Day	50 Day	100 Day	50 Day	100 Day
	E.P.	E.P.	E.P.	E.P.	E.P.	E.P.
18-24	24	22	37	34	51	49
25-29	27	24	39	37	56	54
30-34	29	27	41	41	61	56
35-39	32	27	46	44	66	61
40-44	34	29	49	46	71	66
45	34	29	49	46	71	66
46	34	29	49	49	71	66
47	34	32	51	49	73	68
48	34	32	51	49	73	71
49	34	32	54	49	73	71
50	37	32	54	49	73	71
51	37	32	54	51	75	71
52	37	34	56	54	78	71
53	39	37	58	56	78	73
54	41	37	61	58	83	78
55	44	41	66	61	85	78
56	46	41	71	66	90	83
57	49	46	75	71	95	88
58	54	49	80	73	100	90
59	56	51	85	78	107	97
60	61	56	93	85	114	105
61	66	61	100	93	122	112
62	71	66	107	100	131	119
63	75	68	114	107	139	127
64	80	73	122	114	146	134
65	85	78	131	122	153	141
66	90	83	136	127	158	144
67	95	88	141	131	166	151
68	102	93	151	139	175	158
69	107	100	161	149	183	168
70	117	107	173	158	195	178
71	124	114	183	168	205	190
72	134	124	195	178	217	200
73	144	134	205	187	229	209
74	153	141	214	197	239	222
75	163	151	226	207	251	231
76	173	161	236	217	261	239
77	183	168	246	226	270	248
78	190	173	253	234	275	253
79	195	180	258	239	280	258
80	200	183	263	243	282	261
81	217	200	287	265	304	280
82	239	219	312	287	329	304
83	263	241	341	314	358	329
84	292	268	373	346	390	358
85	319	292	407	377	424	392
86	348	319	443	409	463	426
87	377	348	482	448	504	465
88	411	380	526	487	550	506
89	448	414	575	531	599	553
90	489	450	626	579	653	601
91	533	492	682	631	711	655
92	582	536	743	687	777	716
93	633	584	808	750	845	779
94	692	636	881	816	923	850

Semi-annual, quarterly, and monthly premiums are 51%, 26%, and 9% of annual premiums
Spousal Discount 20% Preferred Discount 10% Restoration of Benefits Rider Rate 4%

CINCINNATI LIFE INSURANCE COMPANY
Proposed Rates for Policy Form Series LTC-100
Annual Nonforfeiture Premium per \$10 of Daily Payment Maximum

2,190 x Daily Payment Maximum Plan

Issue Age	No Benefit Increases		Equal Benefit Increases		Compound Benefit Increases	
	50 Day	100 Day	50 Day	100 Day	50 Day	100 Day
	E.P.	E.P.	E.P.	E.P.	E.P.	E.P.
18-24	29	27	44	41	61	58
25-29	32	29	46	44	66	61
30-34	34	32	51	46	71	66
35-39	37	34	56	51	78	71
40-44	41	37	58	56	83	78
45	41	37	58	56	83	78
46	41	39	61	56	85	78
47	41	39	61	56	85	80
48	41	39	63	58	88	83
49	44	41	63	58	88	83
50	44	41	66	61	88	83
51	44	41	66	61	90	85
52	46	41	68	63	93	88
53	46	44	71	66	95	90
54	49	46	75	71	100	93
55	54	49	80	75	102	97
56	56	51	85	80	107	100
57	58	56	93	85	114	107
58	63	58	100	93	122	114
59	68	63	107	100	129	119
60	73	68	114	107	139	129
61	78	73	122	114	149	136
62	85	78	129	122	158	146
63	90	85	136	129	168	156
64	97	90	146	136	180	166
65	105	97	153	144	190	178
66	110	102	158	149	197	183
67	114	107	166	156	205	190
68	124	114	178	166	214	200
69	131	122	192	178	226	209
70	141	131	207	192	236	219
71	151	141	222	207	248	231
72	163	153	236	222	263	243
73	175	161	251	231	275	256
74	187	173	263	243	290	268
75	197	183	275	256	302	280
76	209	192	287	268	314	292
77	219	202	299	278	326	302
78	226	209	307	285	331	309
79	231	214	314	292	336	312
80	234	217	319	297	338	314
81	256	236	343	321	363	338
82	278	258	375	351	392	365
83	307	285	409	382	424	394
84	338	314	448	419	460	431
85	370	343	489	458	502	470
86	402	375	533	499	548	511
87	438	409	579	543	597	558
88	477	446	633	592	650	609
89	521	485	689	645	709	662
90	567	528	752	704	772	723
91	618	577	821	767	842	786
92	674	628	894	835	918	860
93	735	684	974	911	1,001	935
94	801	745	1,062	993	1,088	1,020

Semi-annual, quarterly, and monthly premiums are 51%, 26%, and 9% of annual premiums
Spousal Discount 20% Preferred Discount 10% Restoration of Benefits Rider Rate 4%

CINCINNATI LIFE INSURANCE COMPANY
Proposed Rates for Policy Form Series LTC-100
Annual Nonforfeiture Premium per \$10 of Daily Payment Maximum

Unlimited Plan

Issue Age	No Benefit Increases		Equal Benefit Increases		Compound Benefit Increases	
	50 Day	100 Day	50 Day	100 Day	50 Day	100 Day
	E.P.	E.P.	E.P.	E.P.	E.P.	E.P.
18-24	34	32	51	46	71	66
25-29	37	34	56	51	75	71
30-34	41	37	61	56	83	78
35-39	44	41	66	58	88	83
40-44	46	44	71	63	95	90
45	46	44	71	63	95	90
46	49	46	71	66	97	90
47	49	46	73	66	100	93
48	49	46	73	68	100	95
49	49	49	75	68	102	95
50	51	49	75	71	102	95
51	51	49	78	71	105	97
52	54	51	80	73	107	100
53	56	54	85	78	112	105
54	58	56	90	83	114	107
55	61	58	95	90	122	114
56	66	61	102	95	129	119
57	71	66	110	102	136	127
58	73	71	117	112	144	136
59	80	75	124	119	153	144
60	85	78	134	127	161	151
61	93	85	144	136	173	161
62	100	93	153	144	185	173
63	107	100	161	153	197	185
64	114	107	168	161	209	200
65	124	114	178	168	224	214
66	129	122	183	170	234	222
67	136	129	192	180	243	229
68	146	136	205	192	253	241
69	156	146	222	209	268	251
70	168	158	241	226	280	261
71	180	168	261	246	292	273
72	192	180	280	261	309	287
73	205	192	295	278	324	299
74	219	202	312	292	338	317
75	231	214	326	304	353	331
76	243	226	341	319	368	346
77	256	236	353	331	380	358
78	261	243	363	338	387	365
79	265	248	368	346	390	368
80	270	253	373	351	392	370
81	292	273	402	380	421	397
82	319	299	436	411	453	429
83	348	329	477	450	489	463
84	385	360	523	494	533	502
85	421	394	570	538	579	548
86	458	429	621	587	633	597
87	499	467	679	640	689	650
88	545	509	740	696	752	709
89	594	555	806	760	818	772
90	648	606	879	828	894	842
91	706	660	957	903	974	918
92	769	721	1,042	984	1,062	1,001
93	838	784	1,137	1,071	1,157	1,091
94	913	855	1,239	1,169	1,261	1,188

Semi-annual, quarterly, and monthly premiums are 51%, 26%, and 9% of annual premiums
Spousal Discount 20% Preferred Discount 10%

Mm/dd/yyyy

«FIELD_2» «FIELD_3» «FIELD_4»
«FIELD_6»
«FIELD_7»
«FIELD_8» «FIELD_9» «FIELD_10»

RE: Long-Term Care Insurance Plan
Policy Number: «FIELD_13»

Dear «FIELD_2» «FIELD_4»:

Important Change in Your Long-Term Care Insurance Policy

This letter is to notify you that your long-term care insurance policy's premium rate is increasing.

We periodically review the current and projected results and other critical performance assumptions of our long-term care policies. Based on our nationwide review of experience on these policies, an increase in the renewal premium rates for all policies is justified. The increase in renewal premiums has been presented to and approved by your state Department of Insurance and will apply to all policies in your state of issue in accordance with the terms of your policy contract. The amount of the premium increase and your options are outlined below.

What are my Options?

We know how important your long-term care coverage is to you and that this action may affect individual policyholders in different ways. Your options and the action you must take to select one of them are explained below. The effective date of your selected option is «FIELD_16».

Option 1: Your premium automatically increases and your coverage amounts continue as reflected under Option 1 in the benefits chart on the following page. This option is automatic and does not require any action on your part.

Your premium will automatically increase by «FIELD_17» «FIELD_18». Your «FIELD_18» premium will be adjusted to «FIELD_19» beginning «FIELD_16». If you pay premiums through electronic fund transfer, your premiums will be adjusted automatically to reflect the new amount. If you pay premiums through direct billing, your new premium amount will be reflected on your «FIELD_16» billing.

Option 2: You may take a one-time decrease to your coverage amounts and your current premium remains the same as reflected under Option 2 in the chart below.

To select this option, please sign, date, and return the enclosed "Coverage Decrease Election Form" in the envelope provided no later than **30 days** from the date of this letter.

Option 3: You may convert your coverage to a paid-up status with a reduced total coverage amount equaling the greater of the cumulative premiums paid since inception including the premiums paid prior to any changes in benefits, but excluding any waived premiums; or 30 times the Nursing Home Care Daily Maximum. Please note that this option limits the amount of future benefits you are eligible to receive.

To select this option, please complete and return the enclosed "Paid-Up Status Election Form" in the enclosed envelope no later than 120 days.

Benefits Chart

Feature	Current	Option 1	Option 2	Option 3
Nursing Home Care Daily Maximum	\$«FIELD_20»	\$«FIELD_20»	\$«FIELD_26»	\$«FIELD_20»
Assisted Living Facility Care Daily Maximum	\$«FIELD_21»	\$«FIELD_21»	\$«FIELD_27»	\$«FIELD_21»
Home Health Care Daily Maximum	\$«FIELD_22»	\$«FIELD_22»	\$«FIELD_28»	\$«FIELD_22»
Total Coverage Amount	«FIELD_34»	«FIELD_34»	«FIELD_35»	«FIELD_32»
«FIELD_18» Premium	\$«FIELD_23»	\$«FIELD_25»	\$«FIELD_23»	\$0

NOTE: Your premium will automatically increase effective «FIELD_16» if you don't return either of the enclosed election forms.

However, if your policy were to lapse within 120 days of the due date of your first increased premium, you would automatically receive Option 3.

We realize that this offer is complicated. Please call our special toll-free number «grp_cs_phone» and speak to our customer service representatives Monday through Friday, 8 a.m. to 6 p.m. Eastern Time or email us at Cincilifeltc@ltcg.com. We thank you for your business and look forward to serving you for many years.

Sincerely,

A

Administrator
«grp_program»

Enclosure

cc: «Agent_FName» «Agent_MName» «Agent_LName»
«Agency»
«Agent_Addr1»
«Agent_Addr2»
«Agent_City» «Agent_State» «Agent_Zip»

Detach and return in separate envelope

Address Change Reminder:

If your address has changed from that printed above, please indicate your correct address below and return this page to the address provided:

Street/P. O. BOX _____
City _____
State _____ ZIP Code _____
Telephone (____) _____ - _____ Date: _____

Return To: Cincinnati Life Long-Term Care Program
Administrator
P.O. Box 64904
St. Paul, MN 55164

Field 16: Enter effective date
Field 17: Enter percentage of increase
Field 18: Enter premium mode
Field 19: Enter increased modal premium
Field 20: Enter Nursing Home Care Maximum Daily Benefit Amount as of next policy anniversary due date without rate increase
Field 21: Assisted Living Facility Care Maximum Daily Benefit Amount as of next policy anniversary due date without rate increase
Field 22: Enter Home Health Care Maximum Daily Benefit Amount as of next policy anniversary due date without rate increase
Field 23: Premium for coverage as of next policy anniversary due date without rate increase
Field 25: Enter new increased premium as of next policy anniversary due date
Field 26: Enter decreased Nursing Home Maximum Daily Benefit Amount
Field 27: Enter Decreased Assisted Living Maximum Daily Benefit Amount
Field 28: Enter Decreased Home Care Maximum Monthly Benefit Amount
Field 30: Enter Effective date of premium rate or coverage decrease change defined by the policy anniversary due date
Field 31: Enter date of letter plus 30 days
Field 32: Greater of the cumulative premiums paid since inception and 30 times the Nursing Home Care Daily Maximum Or the remaining benefit amount of the policy, if less.
Field 34: Enter Current Lifetime Maximum
Field 35: Enter Decreased Lifetime Maximum

The Cincinnati Life Insurance Company Life Horizons Long-Term Care Plan

COVERAGE DECREASE ELECTION FORM

To select the one-time decrease to your coverage amounts and maintain your current premium, please sign and date in the box below. Return the completed form in the envelope provided no later than 30 days from the date of this letter.

Decreased Nursing Home Maximum Daily Benefit Amount: \$«FIELD_26»
Decreased Assisted Living Facility Maximum Daily Amount: \$«FIELD_27»
Decreased Home Care Maximum Monthly Amount: \$«FIELD_28»
Decreased Total Coverage Amount: \$«FIELD_35»
Premium/Premium Mode: «FIELD_23» / «FIELD_18»

Insured: «FIELD_2» «FIELD_3» «FIELD_4»
Policy Number: «FIELD_13»

My signature below affirms my selection of Option 2, a one-time decrease to my coverage amounts with my current premium remaining the same as shown above. I understand my decreased coverage amounts will be effective «FIELD_31».

Signature of Policy Owner

Date

PLEASE RETURN THIS FORM NO LATER THAN 30 DAYS
FROM THE DATE OF THIS LETTER.

For questions regarding your options, please call «grp_cs_phone».

Please make sure address shows through the envelope window.

The Cincinnati Life Insurance Company
P.O. Box 64904
St. Paul, MN 55164

The Cincinnati Life Insurance Company Life Horizons Long-Term Care Plan

PAID-UP STATUS ELECTION FORM

To convert your coverage to a paid-up status with a reduced coverage amount of «FIELD_32», you must sign and date this form in the box below and return this form in the envelope provided no later than 120 days after «FIELD_16».

Nursing Home Care Maximum Daily Amount:	\$«FIELD_20»
Assisted Living Facility Care Maximum Daily Amount:	\$«FIELD_21»
Home Health Care Maximum Daily Amount:	\$«FIELD_22»
Decreased Total Coverage Amount:	\$«FIELD_32»
Premium:	\$0

Insured: «FIELD_2» «FIELD_3» «FIELD_4»
Policy Number: «FIELD_13»

My signature below affirms my selection of Option 3 to convert my coverage to a paid-up status with a decreased Total Coverage Amount and no future Premium as shown above. I understand my decreased Total Coverage Amount will be effective «FIELD_30».

Signature of Policy Owner

Date

PLEASE RETURN THIS FORM NO LATER THAN 15 days prior to «FIELD_31».

For questions regarding your options, please call «grp_cs_phone».

Please make sure address shows through the envelope window.

The Cincinnati Life Insurance Company
P.O. Box 64904
St. Paul, MN 55164