State: *Pennsylvania* ***Filing Company:*** *SENIOR HEALTH INSURANCE COMPANY OF PENNSYLVANIA*

TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.003 Other*
Product Name: *Long Term Care Insurance*
Project Name/Number: *2016_PA/*

Filing at a Glance

Company:	SENIOR HEALTH INSURANCE COMPANY OF PENNSYLVANIA
Product Name:	Long Term Care Insurance
State:	Pennsylvania
TOI:	LTC03I Individual Long Term Care
Sub-TOI:	LTC03I.003 Other
Filing Type:	Rate - Other (Not M.U. or G.I. Product)
Date Submitted:	08/04/2016
SERFF Tr Num:	SHPT-130672701
SERFF Status:	Assigned
State Tr Num:	SHPT-130672701
State Status:	Received Review in Progress
Co Tr Num:	2016_PA
Implementation Date Requested:	On Approval
Author(s):	Chelsea Heaven
Reviewer(s):	Jim Laverty (primary)
Disposition Date:	
Disposition Status:	
Implementation Date:	

State Filing Description:

Proposed 40% increase on 1,378 PA policyholders of various SHIP LTC forms.

State: Pennsylvania **Filing Company:** SENIOR HEALTH INSURANCE COMPANY OF PENNSYLVANIA

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: Long Term Care Insurance
Project Name/Number: 2016_PA/

General Information

Project Name: 2016_PA
Project Number:
Requested Filing Mode: Review & Approval
Explanation for Combination/Other:
Submission Type: New Submission
Overall Rate Impact: 40%

Deemer Date:
Submitted By: Chelsea Heaven

Status of Filing in Domicile: Not Filed
Date Approved in Domicile:
Domicile Status Comments:
Market Type: Individual
Individual Market Type:
Filing Status Changed: 08/05/2016
State Status Changed: 08/05/2016
Created By: Chelsea Heaven
Corresponding Filing Tracking Number:
State TOI: LTC03I Individual Long Term Care

Filing Description:
NAIC No: 76325FEIN No.: 29-0704970
Rate Revision Filing on Long Term Care Insurance
5% Compound Lifetime Inflation Policies

Dear Sir or Madam:

The purpose of this letter is to introduce an offer that Senior Health Insurance Company of Pennsylvania (SHIP) is filing in your state to assist in maintaining the solvency of SHIP so that future policyholder obligations can be met. If you would like to set up a meeting to discuss this filing please feel free to contact us at your convenience.

The enclosed actuarial memorandum provides details of a request for approval of a rate action that would require policyholders with 5% compound lifetime inflation benefits to elect one of three options:

1.A 40% reduction in premium in exchange for a discontinuance of future inflationary daily benefit increases,

2.A Non-forfeiture Option (“NFO”) under which the lifetime maximum benefit would be reduced to an amount equal to the sum of all premiums paid less all claims that have been paid, or

3.A 40% premium rate increase.

The development of this offer involved the study of many combinations of benefit downgrades, rate increases, and rate decreases. The offer proposed was determined to be the set of options most effective in balancing policyholder premium and benefit interests with SHIP’s long-term solvency interests. Because inflated daily benefit amounts exceed the daily cost of care on a majority of the affected policies, an election of the premium reduction/downgrade option is expected to have a minimal impact on policyholders’ ability to meet care needs.

The rates will be effective upon approval and will apply to all existing policyholders covered with 5% compound lifetime inflation benefits. The rate increases will apply to inforce business only as SHIP no longer markets these policy forms.

Following is an overview of the history of SHIP, why this offer has a material impact on SHIP’s solvency, and why we are offering it to the SHIP policyholders in your state. Thank you for your consideration.

State: Pennsylvania **Filing Company:** SENIOR HEALTH INSURANCE COMPANY OF PENNSYLVANIA

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: Long Term Care Insurance
Project Name/Number: 2016_PA/

SHIP History

SHIP is a Pennsylvania domiciled stock life insurance company with its principal place of business in Carmel, Indiana. Its business consists solely of closed block long-term care insurance.

The Senior Health Care Oversight Trust ("Trust") was formed as a Pennsylvania business trust and took ownership of SHIP on November 12, 2008. The Trust board is comprised of five trustees, each with extensive insurance experience and with most having held positions as insurance commissioners.

The Trust charter sets forth three key objectives, which serve as principles to guide the Trust in its duties. Those objectives are:

(i)to have SHIP satisfy policyholder claims in accordance with the terms of the policies issued by SHIP,
(ii)to preserve the assets of SHIP for the benefit of SHIP's policyholders and seek to ensure that SHIP continues to remain solvent, and
(iii)to encourage SHIP to continue to treat its policyholders fairly and equitably in accordance with the terms of their policies.

In contrast to a privately or publicly held company, SHIP and the Trust operate without a profit motive. SHIP's sole focus is on its long-term care business.

Implicit in the Trust's stated objectives is that SHIP should be managed to avoid both a deficiency of surplus, in which case it would be unable to meet policyholder obligations, and excessive accumulation of surplus, in which case it would have collected more in premiums from policyholders than was necessary to meet obligations. Accordingly, the ideal outcome is for the last policyholder claim to be paid with the Company's last dollar. While this may not be practical, it serves as a principle by which the Company is managed.

SHIP Policy Overview

The Company's business consists exclusively of long-term care insurance, most of which originated in companies acquired by Conseco in the mid 1990's. Having experienced significant losses since these acquisitions, the Company ceased writing new business in 2003. As of December 31, 2015 there were 76,165 active members.

The business is comprised of more than 70 distinct policy forms with many state variations for each form. These forms include home health care, nursing home care, and comprehensive plans, covering both home health care and nursing home care. The policies are among the oldest in the industry with much richer benefit schedules than would be found in more recently designed policies.

The population that would be impacted by this offer would be policyholders who have 5%, compound, uncapped inflation who are premium paying determined at the time of the offer. As of December 31, 2015, 21% of all active policies or 16,341 active policies, would be impacted by the offer. In this population, 75% of the policies with home health care benefits only and 65% of nursing home benefit policies have daily benefit amounts that exceed the cost of care in their area. Therefore, a majority of policyholders, upon election of the option to freeze benefit levels and drop future inflationary increases, will remain adequately insured.

Through performing an in-depth gross premium valuation on the proposed population of policyholders it was determined that the downgrade would have an actuarially more favorable impact than the rate increase.

State: Pennsylvania **Filing Company:** SENIOR HEALTH INSURANCE COMPANY OF PENNSYLVANIA

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: Long Term Care Insurance
Project Name/Number: 2016_PA/

Reasons for Downgrade Action

While the long-term care business is complex with many factors affecting results, two key factors have led to the current need for an offer: premiums have been less than originally projected and morbidity has been greater than projected.

•Premiums have been lower because (i) on historical rate filings, approved rates have been lower than filed rates, (ii) planned premium rate increase filings were discontinued prior to a manifestation of increased morbidity, and (iii) NFOs were elected by a significant number of policyholders on historical rate actions.

•Morbidity has been greater than projected because of anti-selection arising from (i) imposition of rate increases, (ii) NFO elections, and (iii) indemnity daily benefit levels on certain policy forms that have inflated to amounts in excess of the daily cost of care.

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 or email me.

Sincerely,

Ginger Darrough
Chief Analytics Officer
Phone: (317) 413-6234
Email: gdarrough@shipltc.com

Company and Contact

Filing Contact Information

Ginger Darrough,
550 Congressional Blvd
Carmel, IN 46032

gdarrough@shipltc.com
317-413-6234 [Phone]

Filing Company Information

SENIOR HEALTH INSURANCE COMPANY OF PENNSYLVANIA
550 Congressional Blvd.
Ste. 200
Carmel, IN 46032
(317) 566-7527 ext. [Phone]

CoCode: 76325
Group Code:
Group Name:
FEIN Number: 23-0704970

State of Domicile: Pennsylvania
Company Type: LTC
State ID Number:

Filing Fees

Fee Required?	No
Retaliatory?	No

State:	*Pennsylvania*	***Filing Company:***	*SENIOR HEALTH INSURANCE COMPANY OF PENNSYLVANIA*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.003 Other*		
Product Name:	*Long Term Care Insurance*		
Project Name/Number:	*2016_PA/*		

Fee Explanation:

SERFF Tracking #:	*SHPT-130672701*	***State Tracking #:***	*SHPT-130672701*	***Company Tracking #:***	*2016_PA*

State:	*Pennsylvania*	***Filing Company:***	*SENIOR HEALTH INSURANCE COMPANY OF PENNSYLVANIA*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.003 Other*		
Product Name:	*Long Term Care Insurance*		
Project Name/Number:	*2016_PA/*		

Rate Information

Rate data applies to filing.

Filing Method:	Review/Approval
Rate Change Type:	Increase
Overall Percentage of Last Rate Revision:	20.000%
Effective Date of Last Rate Revision:	09/01/2012
Filing Method of Last Filing:	Review/Approval

Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	Number of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
SENIOR HEALTH INSURANCE COMPANY OF PENNSYLVANIA	151.000%	40.000%	$1,572,151	1,378	$3,930,377	40.000%	40.000%

SERFF Tracking #:	*SHPT-130672701*	***State Tracking #:***	*SHPT-130672701*	***Company Tracking #:***	*2016_PA*

State:	*Pennsylvania*	***Filing Company:***	*SENIOR HEALTH INSURANCE COMPANY OF PENNSYLVANIA*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.003 Other*		
Product Name:	*Long Term Care Insurance*		
Project Name/Number:	*2016_PA/*		

Rate/Rule Schedule

SERFF Tracking #: SHPT-130672701 **State Tracking #:** SHPT-130672701 **Company Tracking #:** 2016_PA

State: Pennsylvania **Filing Company:** SENIOR HEALTH INSURANCE COMPANY OF PENNSYLVANIA
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: Long Term Care Insurance
Project Name/Number: 2016_PA/

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1		PA_5003_Current_Proposed_Rates	CSHIC-5003	New		PA-5003.pdf,
2		PA_5004_Current_Proposed_Rates	CSHIC-5004	New		PA_5004.pdf,
3		PA_5005_Current_Proposed_Rates	CSHIC-5005	New		PA_5005.pdf,
4		PA_10955_Current_Proposed_Rates	10955	New		PA_10955.pdf,
5		PA_11001_Current_Proposed_Rates	11001	New		PA_11001.pdf,
6		PA_FQ-HHC_Current_Proposed_Rates	ATL-FQ-HHC	New		PA_FQ-HHC.pdf,
7		PA_FQ-LTC_Current_Proposed_Rates	ATL-FQ-LTC	New		PA_FQ-LTC.pdf,
8		PA_FQ-NH_Current_Proposed_Rates	ATL-FQ-NH	New		PA_FQ-NH.pdf,
9		PA_HHC-2_Current_Proposed_Rates	ATL-HHC-2	New		PA_HHC-2.pdf,
10		PA_HHC-3_Current_Proposed_Rates	ATL-HHC-3	New		PA_HHC-3.pdf,
11		PA_HHC-4_Current_Proposed_Rates	ATL-HHC-4	New		PA_HHC-4.pdf,
12		PA_LTC-1_Current_Proposed_Rates	ATL-LTC-1	New		PA_LTC-1.pdf,
13		PA_LTC-5_Current_Proposed_Rates	ATL-LTC-5	New		PA_LTC-5.pdf,
14		PA_LTC-6_Current_Proposed_Rates	ATL-LTC-6	New		PA_LTC-6.pdf,
15		PA_NFQ-HHC_Current_Proposed_Rates	ATL-NFQ-HHC	New		PA_NFQ-HHC.pdf,
16		PA_NFQ-LTC_Current_Proposed_Rates	ATL-NFQ-LTC	New		PA_NFQ-LTC.pdf,
17		PA_NFQ-	ATL-NFQ-NH	New		PA_NFQ-NH.pdf,

SERFF Tracking #:	*SHPT-130672701*	***State Tracking #:***	*SHPT-130672701*		***Company Tracking #:***	*2016_PA*

State:	*Pennsylvania*	***Filing Company:***	*SENIOR HEALTH INSURANCE COMPANY OF PENNSYLVANIA*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.003 Other*		
Product Name:	*Long Term Care Insurance*		
Project Name/Number:	*2016_PA/*		

		NH_Current_Proposed_Rates				

CSHIC-5003

Rate Schedule Prior to Rate Increase

HHC Benefit				50%			
Elimination Period		100 Day	100 Day	100 Day	100 Day	100 Day	100 Day
Benefit Account Value		365 Days	730 Days	1095 Days	1460 Days	1825 Days	Unlimited
Premium Rates		Preferred	Preferred	Preferred	Preferred	Preferred	Preferred
Issue Age							
	18-40	33.00	52.50	66.00	75.00	84.00	102.00
	41	34.50	55.50	70.50	79.50	87.00	108.00
	42	37.50	58.50	73.50	85.50	93.00	114.00
	43	40.50	61.50	78.00	91.50	99.00	120.00
	44	42.00	64.50	82.50	94.50	102.00	126.00
	45	43.50	67.50	87.00	100.50	108.00	135.00
	46	45.00	70.50	91.50	103.50	111.00	141.00
	47	48.00	73.50	94.50	109.50	117.00	147.00
	48	51.00	78.00	100.50	115.50	126.00	154.50
	49	54.00	81.00	105.00	121.50	135.00	163.50
	50	54.00	85.50	109.50	127.50	142.50	171.00
	51	57.00	88.50	114.00	135.00	150.00	181.50
	52	60.00	91.50	120.00	141.00	159.00	189.00
	53	63.00	96.00	124.50	147.00	163.50	198.00
	54	67.50	100.50	133.50	154.50	168.00	207.00
	55	72.00	103.50	138.00	159.00	172.50	213.00
	56	78.00	108.00	145.50	166.50	177.00	222.00
	57	81.00	112.50	150.00	172.50	183.00	232.50
	58	84.00	120.00	159.00	184.50	193.50	244.50
	59	88.50	127.50	166.50	195.00	202.50	259.50
	60	90.00	136.50	175.50	205.50	211.50	271.50
	61	94.50	144.00	184.50	216.00	220.50	288.00
	62	97.50	151.50	193.50	226.50	232.50	300.00
	63	103.50	160.50	204.00	241.50	246.00	318.00
	64	109.50	169.50	214.50	252.00	261.00	337.50
	65	114.00	178.50	228.00	265.50	273.00	354.00
	66	120.00	189.00	240.00	276.00	289.50	372.00
	67	126.00	198.00	250.50	291.00	303.00	391.50
	68	136.50	213.00	270.00	312.00	327.00	417.00
	69	144.00	229.50	291.00	333.00	354.00	442.50
	70	154.50	246.00	310.50	355.50	376.50	468.00
	71	162.00	262.50	330.00	376.50	403.50	493.50
	72	171.00	277.50	351.00	399.00	427.50	519.00
	73	189.00	301.50	376.50	429.00	459.00	550.50
	74	204.00	322.50	403.50	460.50	487.50	580.50
	75	219.00	345.00	429.00	492.00	519.00	613.50
	76	235.50	366.00	456.00	522.00	549.00	645.00
	77	252.00	390.00	481.50	553.50	579.00	675.00
	78	267.00	408.00	504.00	579.00	597.00	690.00
	79	285.00	424.50	525.00	604.50	613.50	708.00
	80	298.50	444.00	546.00	630.00	631.50	721.50
	81	315.00	460.50	567.00	655.50	649.50	738.00
	82	330.00	478.50	588.00	681.00	666.00	754.50
	83	348.00	496.50	607.50	702.00	684.00	768.00
	84	364.50	514.50	624.00	720.00	705.00	783.00
	85	379.50	532.50	645.00	741.00	721.50	799.50
	86	397.50	552.00	661.50	760.50	741.00	814.50
	87	414.00	568.50	679.50	780.00	760.50	828.00
	88	421.50	573.00	682.50	784.50	760.50	826.50
	89	429.00	579.00	682.50	789.00	759.00	825.00
	90	439.50	585.00	685.50	N/A	N/A	N/A
	91	447.00	591.00	685.50	N/A	N/A	N/A
	92	454.50	597.00	688.50	N/A	N/A	N/A
	93	462.00	601.50	691.50	N/A	N/A	N/A
	94	469.50	607.50	691.50	N/A	N/A	N/A
	95	478.50	613.50	696.00	N/A	N/A	N/A
	96	486.00	619.50	696.00	N/A	N/A	N/A
	97	495.00	624.00	702.00	N/A	N/A	N/A
	98	502.50	628.50	702.00	N/A	N/A	N/A
	99	510.00	634.50	702.00	N/A	N/A	N/A

CSHIC-5003

Rate Schedule Prior to Rate Increase

HHC Benefit				75%			
Elimination Period		100 Day	100 Day	100 Day	100 Day	100 Day	100 Day
Benefit Account Value		365 Days	730 Days	1095 Days	1460 Days	1825 Days	Unlimited
Premium Rates		Preferred	Preferred	Preferred	Preferred	Preferred	Preferred
Issue Age							
	18-40	48.00	73.50	96.00	103.50	117.00	147.00
	41	49.50	79.50	100.50	108.00	123.00	153.00
	42	52.50	82.50	105.00	114.00	130.50	160.50
	43	55.50	85.50	109.50	120.00	136.50	168.00
	44	57.00	90.00	114.00	124.50	142.50	174.00
	45	58.50	94.50	118.50	130.50	147.00	184.50
	46	60.00	99.00	123.00	135.00	153.00	190.50
	47	63.00	102.00	127.50	141.00	159.00	198.00
	48	66.00	105.00	135.00	147.00	166.50	205.50
	49	69.00	108.00	139.50	151.50	172.50	213.00
	50	70.50	112.50	145.50	159.00	183.00	223.50
	51	73.50	115.50	150.00	163.50	189.00	232.50
	52	76.50	118.50	156.00	169.50	196.50	240.00
	53	79.50	123.00	160.50	175.50	202.50	247.50
	54	84.00	127.50	166.50	184.50	208.50	256.50
	55	87.00	133.50	172.50	190.50	214.50	262.50
	56	91.50	138.00	178.50	198.00	220.50	271.50
	57	94.50	142.50	184.50	204.00	226.50	279.00
	58	97.50	150.00	192.00	214.50	237.00	294.00
	59	102.00	156.00	201.00	223.50	247.50	306.00
	60	106.50	165.00	210.00	235.50	258.00	319.50
	61	111.00	171.00	219.00	244.50	268.50	331.50
	62	114.00	178.50	226.50	255.00	277.50	346.50
	63	120.00	189.00	240.00	268.50	294.00	366.00
	64	126.00	199.50	250.50	282.00	309.00	382.50
	65	133.50	210.00	264.00	297.00	324.00	403.50
	66	139.50	220.50	274.50	310.50	340.50	420.00
	67	145.50	229.50	288.00	324.00	355.50	441.00
	68	154.50	247.50	309.00	348.00	381.00	468.00
	69	163.50	264.00	328.50	372.00	408.00	495.00
	70	174.00	280.50	351.00	394.50	432.00	520.50
	71	183.00	283.50	370.50	418.50	459.00	547.50
	72	192.00	315.00	393.00	442.50	484.50	574.50
	73	210.00	342.00	426.00	477.00	522.00	615.00
	74	228.00	367.50	459.00	511.50	558.00	657.00
	75	246.00	393.00	495.00	546.00	595.50	699.00
	76	264.00	418.50	526.50	579.00	630.00	739.50
	77	282.00	445.50	561.00	615.00	667.50	780.00
	78	300.00	468.00	586.50	648.00	691.50	804.00
	79	318.00	490.50	612.00	679.50	718.50	826.50
	80	336.00	514.50	637.50	712.50	742.50	850.50
	81	354.00	535.50	663.00	744.00	769.50	873.00
	82	372.00	559.50	688.50	777.00	793.50	895.50
	83	390.00	579.00	708.00	799.50	810.00	909.00
	84	406.50	597.00	726.00	822.00	828.00	922.50
	85	426.00	616.50	744.00	843.00	843.00	936.00
	86	442.50	633.00	763.50	867.00	862.50	949.50
	87	460.50	654.00	781.50	888.00	877.50	963.00
	88	469.50	660.00	783.00	892.50	879.00	964.50
	89	478.50	666.00	784.50	897.00	879.00	964.50
	90	486.00	669.00	784.50	N/A	N/A	N/A
	91	495.00	675.00	786.00	N/A	N/A	N/A
	92	504.00	681.00	787.50	N/A	N/A	N/A
	93	513.00	687.00	789.00	N/A	N/A	N/A
	94	522.00	693.00	790.50	N/A	N/A	N/A
	95	529.50	697.50	790.50	N/A	N/A	N/A
	96	538.50	703.50	792.00	N/A	N/A	N/A
	97	547.50	709.50	793.50	N/A	N/A	N/A
	98	556.50	715.50	795.00	N/A	N/A	N/A
	99	565.50	721.50	796.50	N/A	N/A	N/A

CSHIC-5003

Rate Schedule Prior to Rate Increase

HHC Benefit				100%			
Elimination Period		100 Day	100 Day	100 Day	100 Day	100 Day	100 Day
Benefit Account Value		365 Days	730 Days	1095 Days	1460 Days	1825 Days	Unlimited
Premium Rates		Preferred	Preferred	Preferred	Preferred	Preferred	Preferred
Issue Age							
	18-40	61.50	96.00	126.00	127.50	154.50	189.00
	41	64.50	100.50	130.50	135.00	160.50	198.00
	42	67.50	105.00	136.50	141.00	166.50	205.50
	43	70.50	109.50	142.50	147.00	172.50	213.00
	44	73.50	114.00	145.50	153.00	178.50	222.00
	45	73.50	118.50	151.50	157.50	187.50	228.00
	46	78.00	123.00	154.50	163.50	193.50	238.50
	47	81.00	127.50	160.50	169.50	199.50	246.00
	48	84.00	132.00	165.00	174.00	207.00	255.00
	49	87.00	135.00	171.00	181.50	213.00	262.50
	50	90.00	141.00	177.00	187.50	219.00	271.50
	51	93.00	144.00	184.50	193.50	225.00	279.00
	52	96.00	147.00	189.00	198.00	234.00	289.50
	53	100.50	151.50	193.50	204.00	241.50	297.00
	54	102.00	156.00	199.50	213.00	247.50	304.50
	55	106.50	162.00	205.50	219.00	256.50	310.50
	56	108.00	166.50	211.50	228.00	262.50	318.00
	57	112.50	171.00	216.00	235.50	270.00	325.50
	58	115.50	178.50	225.00	244.50	280.50	340.50
	59	121.50	186.00	234.00	253.50	292.50	352.50
	60	124.50	192.00	241.50	264.00	301.50	366.00
	61	132.00	198.00	249.00	273.00	312.00	378.00
	62	135.00	205.50	258.00	282.00	322.50	393.00
	63	142.50	216.00	270.00	298.50	340.50	411.00
	64	148.50	226.50	285.00	312.00	357.00	430.50
	65	156.00	238.50	298.50	327.00	373.50	450.00
	66	162.00	249.00	312.00	342.00	391.50	469.50
	67	169.50	259.50	324.00	357.00	408.00	487.50
	68	181.50	277.50	346.50	381.00	435.00	516.00
	69	192.00	295.50	367.50	408.00	460.50	544.50
	70	202.50	315.00	390.00	433.50	487.50	573.00
	71	213.00	331.50	411.00	460.50	513.00	601.50
	72	223.50	351.00	432.00	484.50	541.50	628.50
	73	246.00	379.50	472.50	523.50	583.50	679.50
	74	267.00	409.50	513.00	561.00	627.00	730.50
	75	286.50	441.00	556.50	598.50	669.00	781.50
	76	307.50	469.50	597.00	634.50	712.50	832.50
	77	328.50	499.50	636.00	673.50	756.00	883.50
	78	351.00	525.00	666.00	714.00	789.00	915.00
	79	370.50	555.00	699.00	754.50	820.50	943.50
	80	393.00	580.50	727.50	790.50	855.00	976.50
	81	412.50	610.50	760.50	831.00	885.00	1006.50
	82	433.50	636.00	789.00	871.50	919.50	1036.50
	83	454.50	657.00	808.50	895.50	933.00	1048.50
	84	474.00	676.50	826.50	919.50	948.00	1060.50
	85	495.00	697.50	844.50	945.00	963.00	1072.50
	86	514.50	717.00	864.00	969.00	978.00	1083.00
	87	534.00	736.50	882.00	993.00	991.50	1095.00
	88	544.50	741.00	882.00	996.00	994.50	1098.00
	89	553.50	748.50	883.50	1000.50	996.00	1101.00
	90	562.50	754.50	883.50	N/A	N/A	N/A
	91	571.50	760.50	885.00	N/A	N/A	N/A
	92	580.50	765.00	885.00	N/A	N/A	N/A
	93	589.50	769.50	885.00	N/A	N/A	N/A
	94	600.00	775.50	886.50	N/A	N/A	N/A
	95	609.00	781.50	886.50	N/A	N/A	N/A
	96	618.00	787.50	888.00	N/A	N/A	N/A
	97	627.00	792.00	888.00	N/A	N/A	N/A
	98	636.00	796.50	888.00	N/A	N/A	N/A
	99	646.50	804.00	889.50	N/A	N/A	N/A

CSHIC-5003

Rate Schedule Prior to Rate Increase

HHC Benefit				50%			
Elimination Period		100 Day	100 Day	100 Day	100 Day	100 Day	100 Day
Benefit Account Value		365 Days	730 Days	1095 Days	1460 Days	1825 Days	Unlimited
Premium Rates		Standard	Standard	Standard	Standard	Standard	Standard
Issue Age							
	18-40	39.00	63.00	79.50	91.50	100.50	123.00
	41	40.50	66.00	85.50	94.50	103.50	130.50
	42	45.00	70.50	88.50	102.00	111.00	136.50
	43	48.00	73.50	93.00	109.50	118.50	144.00
	44	49.50	78.00	99.00	112.50	123.00	151.50
	45	52.50	81.00	103.50	120.00	130.50	162.00
	46	54.00	85.50	109.50	124.50	133.50	168.00
	47	57.00	88.50	112.50	132.00	141.00	175.50
	48	61.50	93.00	120.00	139.50	151.50	186.00
	49	64.50	96.00	126.00	147.00	162.00	196.50
	50	64.50	102.00	132.00	154.50	171.00	205.50
	51	69.00	105.00	136.50	162.00	180.00	217.50
	52	72.00	109.50	144.00	168.00	190.50	226.50
	53	76.50	115.50	150.00	175.50	196.50	237.00
	54	81.00	120.00	159.00	186.00	202.50	249.00
	55	87.00	124.50	165.00	190.50	207.00	256.50
	56	93.00	130.50	174.00	199.50	213.00	267.00
	57	96.00	135.00	180.00	207.00	219.00	277.50
	58	100.50	144.00	190.50	220.50	232.50	292.50
	59	105.00	154.50	199.50	234.00	243.00	312.00
	60	108.00	163.50	211.50	246.00	253.50	327.00
	61	112.50	172.50	220.50	259.50	265.50	345.00
	62	117.00	181.50	232.50	273.00	277.50	360.00
	63	124.50	193.50	244.50	289.50	295.50	382.50
	64	132.00	204.00	258.00	301.50	313.50	403.50
	65	136.50	214.50	274.50	319.50	328.50	424.50
	66	144.00	226.50	288.00	331.50	346.50	447.00
	67	151.50	237.00	300.00	348.00	363.00	469.50
	68	163.50	256.50	324.00	375.00	393.00	501.00
	69	172.50	276.00	348.00	400.50	424.50	529.50
	70	186.00	295.50	372.00	426.00	453.00	562.50
	71	195.00	315.00	397.50	453.00	484.50	591.00
	72	205.50	333.00	421.50	478.50	513.00	622.50
	73	226.50	361.50	453.00	516.00	550.50	660.00
	74	244.50	387.00	484.50	552.00	586.50	697.50
	75	264.00	414.00	516.00	589.50	622.50	736.50
	76	282.00	439.50	547.50	627.00	658.50	772.50
	77	301.50	466.50	579.00	663.00	696.00	810.00
	78	321.00	489.00	604.50	696.00	715.50	828.00
	79	340.50	510.00	630.00	724.50	736.50	849.00
	80	358.50	532.50	654.00	756.00	759.00	865.50
	81	378.00	552.00	681.00	786.00	778.50	886.50
	82	397.50	574.50	706.50	817.50	799.50	904.50
	83	417.00	595.50	729.00	841.50	822.00	921.00
	84	438.00	618.00	748.50	864.00	846.00	940.50
	85	456.00	639.00	772.50	889.50	865.50	958.50
	86	477.00	661.50	793.50	912.00	889.50	976.50
	87	496.50	682.50	816.00	936.00	912.00	993.00
	88	505.50	688.50	819.00	942.00	912.00	991.50
	89	516.00	696.00	819.00	948.00	910.50	990.00
	90	526.50	702.00	823.50	N/A	N/A	N/A
	91	535.50	709.50	823.50	N/A	N/A	N/A
	92	544.50	715.50	826.50	N/A	N/A	N/A
	93	555.00	721.50	831.00	N/A	N/A	N/A
	94	564.00	729.00	831.00	N/A	N/A	N/A
	95	574.50	736.50	834.00	N/A	N/A	N/A
	96	583.50	744.00	834.00	N/A	N/A	N/A
	97	594.00	748.50	838.50	N/A	N/A	N/A
	98	603.00	754.50	841.50	N/A	N/A	N/A
	99	612.00	762.00	841.50	N/A	N/A	N/A

CSHIC-5003

Rate Schedule Prior to Rate Increase

HHC Benefit				75%			
Elimination Period		100 Day	100 Day	100 Day	100 Day	100 Day	100 Day
Benefit Account Value		365 Days	730 Days	1095 Days	1460 Days	1825 Days	Unlimited
Premium Rates		Standard	Standard	Standard	Standard	Standard	Standard
Issue Age							
	18-40	60.00	88.50	115.50	124.50	141.00	175.50
	41	61.50	94.50	120.00	130.50	148.50	183.00
	42	64.50	99.00	126.00	136.50	156.00	193.50
	43	69.00	102.00	132.00	144.00	163.50	202.50
	44	70.50	108.00	136.50	150.00	171.00	210.00
	45	72.00	112.50	142.50	156.00	175.50	220.50
	46	73.50	118.50	148.50	162.00	183.00	228.00
	47	78.00	123.00	154.50	168.00	190.50	237.00
	48	81.00	126.00	162.00	175.50	199.50	246.00
	49	85.50	130.50	166.50	181.50	207.00	256.50
	50	87.00	135.00	174.00	190.50	219.00	268.50
	51	91.50	139.50	180.00	196.50	226.50	277.50
	52	94.50	142.50	187.50	204.00	235.50	288.00
	53	99.00	148.50	193.50	211.50	243.00	297.00
	54	103.50	154.50	199.50	220.50	250.50	307.50
	55	108.00	159.00	207.00	228.00	258.00	315.00
	56	112.50	165.00	214.50	237.00	265.50	327.00
	57	117.00	171.00	220.50	244.50	273.00	336.00
	58	120.00	180.00	229.50	258.00	283.50	352.50
	59	126.00	187.50	241.50	268.50	297.00	367.50
	60	132.00	198.00	252.00	282.00	309.00	384.00
	61	136.50	205.50	264.00	292.50	322.50	399.00
	62	141.00	214.50	273.00	306.00	333.00	415.50
	63	148.50	226.50	288.00	322.50	352.50	439.50
	64	156.00	238.50	300.00	339.00	370.50	460.50
	65	165.00	252.00	316.50	355.50	390.00	484.50
	66	172.50	265.50	330.00	372.00	408.00	504.00
	67	180.00	276.00	345.00	390.00	426.00	528.00
	68	190.50	297.00	370.50	417.00	457.50	562.50
	69	202.50	316.50	394.50	447.00	489.00	594.00
	70	214.50	337.50	421.50	472.50	519.00	625.50
	71	226.50	358.50	445.50	502.50	550.50	657.00
	72	237.00	378.00	471.00	529.50	582.00	690.00
	73	259.50	409.50	511.50	573.00	627.00	738.00
	74	282.00	441.00	550.50	613.50	669.00	787.50
	75	304.50	471.00	594.00	654.00	714.00	838.50
	76	327.00	502.50	631.50	696.00	756.00	888.00
	77	348.00	534.00	673.50	738.00	801.00	936.00
	78	370.50	562.50	705.00	777.00	831.00	964.50
	79	393.00	588.00	733.50	816.00	862.50	991.50
	80	415.50	618.00	765.00	855.00	892.50	1020.00
	81	438.00	643.50	795.00	894.00	924.00	1047.00
	82	460.50	670.50	826.50	933.00	952.50	1075.50
	83	481.50	696.00	849.00	958.50	972.00	1090.50
	84	502.50	715.50	871.50	987.00	993.00	1107.00
	85	526.50	739.50	894.00	1012.50	1012.50	1123.50
	86	547.50	760.50	916.50	1039.50	1035.00	1140.00
	87	568.50	784.50	937.50	1066.50	1053.00	1155.00
	88	580.50	792.00	940.50	1071.00	1054.50	1156.50
	89	591.00	799.50	942.00	1077.00	1054.50	1156.50
	90	600.00	802.50	942.00	N/A	N/A	N/A
	91	612.00	810.00	943.50	N/A	N/A	N/A
	92	622.50	817.50	945.00	N/A	N/A	N/A
	93	634.50	825.00	948.00	N/A	N/A	N/A
	94	645.00	832.50	949.50	N/A	N/A	N/A
	95	654.00	835.50	949.50	N/A	N/A	N/A
	96	666.00	843.00	951.00	N/A	N/A	N/A
	97	676.50	850.50	952.50	N/A	N/A	N/A
	98	688.50	858.00	955.50	N/A	N/A	N/A
	99	699.00	865.50	957.00	N/A	N/A	N/A

CSHIC-5003

Rate Schedule Prior to Rate Increase

HHC Benefit				100%			
Elimination Period		100 Day	100 Day	100 Day	100 Day	100 Day	100 Day
Benefit Account Value		365 Days	730 Days	1095 Days	1460 Days	1825 Days	Unlimited
Premium Rates		Standard	Standard	Standard	Standard	Standard	Standard
Issue Age							
	18-40	73.50	115.50	151.50	154.50	186.00	226.50
	41	78.00	120.00	156.00	162.00	193.50	237.00
	42	81.00	126.00	163.50	168.00	199.50	246.00
	43	85.50	132.00	171.00	175.50	207.00	256.50
	44	88.50	136.50	174.00	183.00	214.50	267.00
	45	88.50	142.50	181.50	189.00	225.00	274.50
	46	93.00	148.50	186.00	196.50	232.50	285.00
	47	96.00	154.50	193.50	204.00	238.50	295.50
	48	100.50	157.50	198.00	210.00	249.00	306.00
	49	102.00	162.00	205.50	217.50	256.50	315.00
	50	108.00	168.00	213.00	225.00	264.00	327.00
	51	111.00	172.50	220.50	232.50	270.00	336.00
	52	115.50	175.50	226.50	237.00	280.50	346.50
	53	120.00	181.50	232.50	244.50	289.50	355.50
	54	123.00	187.50	238.50	256.50	297.00	364.50
	55	127.50	195.00	246.00	264.00	307.50	372.00
	56	130.50	199.50	253.50	274.50	315.00	382.50
	57	135.00	205.50	259.50	282.00	324.00	391.50
	58	139.50	214.50	270.00	292.50	337.50	408.00
	59	147.00	222.00	280.50	304.50	351.00	423.00
	60	150.00	229.50	289.50	316.50	361.50	439.50
	61	157.50	237.00	298.50	328.50	375.00	454.50
	62	162.00	246.00	309.00	339.00	387.00	471.00
	63	171.00	259.50	324.00	358.50	408.00	493.50
	64	178.50	273.00	340.50	375.00	429.00	517.50
	65	187.50	285.00	358.50	393.00	448.50	540.00
	66	195.00	298.50	375.00	409.50	469.50	564.00
	67	204.00	312.00	390.00	429.00	489.00	586.50
	68	217.50	333.00	415.50	457.50	523.50	619.50
	69	229.50	354.00	441.00	489.00	552.00	652.50
	70	243.00	378.00	466.50	520.50	586.50	688.50
	71	256.50	399.00	493.50	552.00	615.00	721.50
	72	268.50	421.50	519.00	582.00	649.50	754.50
	73	295.50	456.00	567.00	628.50	700.50	816.00
	74	321.00	492.00	615.00	673.50	753.00	877.50
	75	343.50	528.00	667.50	717.00	802.50	937.50
	76	369.00	564.00	715.50	762.00	855.00	999.00
	77	394.50	598.50	763.50	808.50	906.00	1060.50
	78	421.50	630.00	799.50	856.50	948.00	1098.00
	79	445.50	666.00	838.50	904.50	984.00	1132.50
	80	471.00	697.50	873.00	949.50	1026.00	1171.50
	81	495.00	732.00	912.00	997.50	1062.00	1207.50
	82	520.50	763.50	948.00	1045.50	1102.50	1243.50
	83	544.50	787.50	969.00	1075.50	1120.50	1258.50
	84	568.50	811.50	991.50	1102.50	1138.50	1272.00
	85	594.00	835.50	1014.00	1134.00	1155.00	1287.00
	86	618.00	861.00	1036.50	1162.50	1173.00	1299.00
	87	642.00	885.00	1059.00	1192.50	1191.00	1314.00
	88	652.50	889.50	1059.00	1195.50	1194.00	1318.50
	89	663.00	897.00	1060.50	1201.50	1195.50	1321.50
	90	675.00	904.50	1060.50	N/A	N/A	N/A
	91	685.50	912.00	1062.00	N/A	N/A	N/A
	92	697.50	918.00	1062.00	N/A	N/A	N/A
	93	708.00	924.00	1062.00	N/A	N/A	N/A
	94	720.00	930.00	1063.50	N/A	N/A	N/A
	95	730.50	937.50	1063.50	N/A	N/A	N/A
	96	741.00	945.00	1066.50	N/A	N/A	N/A
	97	753.00	951.00	1066.50	N/A	N/A	N/A
	98	763.50	957.00	1066.50	N/A	N/A	N/A
	99	775.50	964.50	1068.00	N/A	N/A	N/A

CSHIC-5003

Proposed Rate Schedule With Rate Increase

HHC Benefit				50%			
Elimination Period		100 Day	100 Day	100 Day	100 Day	100 Day	100 Day
Benefit Account Value		365 Days	730 Days	1095 Days	1460 Days	1825 Days	Unlimited
Premium Rates		Preferred	Preferred	Preferred	Preferred	Preferred	Preferred
Issue Age							
	18-40	46.20	73.50	92.40	105.00	117.60	142.80
	41	48.30	77.70	98.70	111.30	121.80	151.20
	42	52.50	81.90	102.90	119.70	130.20	159.60
	43	56.70	86.10	109.20	128.10	138.60	168.00
	44	58.80	90.30	115.50	132.30	142.80	176.40
	45	60.90	94.50	121.80	140.70	151.20	189.00
	46	63.00	98.70	128.10	144.90	155.40	197.40
	47	67.20	102.90	132.30	153.30	163.80	205.80
	48	71.40	109.20	140.70	161.70	176.40	216.30
	49	75.60	113.40	147.00	170.10	189.00	228.90
	50	75.60	119.70	153.30	178.50	199.50	239.40
	51	79.80	123.90	159.60	189.00	210.00	254.10
	52	84.00	128.10	168.00	197.40	222.60	264.60
	53	88.20	134.40	174.30	205.80	228.90	277.20
	54	94.50	140.70	186.90	216.30	235.20	289.80
	55	100.80	144.90	193.20	222.60	241.50	298.20
	56	109.20	151.20	203.70	233.10	247.80	310.80
	57	113.40	157.50	210.00	241.50	256.20	325.50
	58	117.60	168.00	222.60	258.30	270.90	342.30
	59	123.90	178.50	233.10	273.00	283.50	363.30
	60	126.00	191.10	245.70	287.70	296.10	380.10
	61	132.30	201.60	258.30	302.40	308.70	403.20
	62	136.50	212.10	270.90	317.10	325.50	420.00
	63	144.90	224.70	285.60	338.10	344.40	445.20
	64	153.30	237.30	300.30	352.80	365.40	472.50
	65	159.60	249.90	319.20	371.70	382.20	495.60
	66	168.00	264.60	336.00	386.40	405.30	520.80
	67	176.40	277.20	350.70	407.40	424.20	548.10
	68	191.10	298.20	378.00	436.80	457.80	583.80
	69	201.60	321.30	407.40	466.20	495.60	619.50
	70	216.30	344.40	434.70	497.70	527.10	655.20
	71	226.80	367.50	462.00	527.10	564.90	690.90
	72	239.40	388.50	491.40	558.60	598.50	726.60
	73	264.60	422.10	527.10	600.60	642.60	770.70
	74	285.60	451.50	564.90	644.70	682.50	812.70
	75	306.60	483.00	600.60	688.80	726.60	858.90
	76	329.70	512.40	638.40	730.80	768.60	903.00
	77	352.80	546.00	674.10	774.90	810.60	945.00
	78	373.80	571.20	705.60	810.60	835.80	966.00
	79	399.00	594.30	735.00	846.30	858.90	991.20
	80	417.90	621.60	764.40	882.00	884.10	1010.10
	81	441.00	644.70	793.80	917.70	909.30	1033.20
	82	462.00	669.90	823.20	953.40	932.40	1056.30
	83	487.20	695.10	850.50	982.80	957.60	1075.20
	84	510.30	720.30	873.60	1008.00	987.00	1096.20
	85	531.30	745.50	903.00	1037.40	1010.10	1119.30
	86	556.50	772.80	926.10	1064.70	1037.40	1140.30
	87	579.60	795.90	951.30	1092.00	1064.70	1159.20
	88	590.10	802.20	955.50	1098.30	1064.70	1157.10
	89	600.60	810.60	955.50	1104.60	1062.60	1155.00
	90	615.30	819.00	959.70	N/A	N/A	N/A
	91	625.80	827.40	959.70	N/A	N/A	N/A
	92	636.30	835.80	963.90	N/A	N/A	N/A
	93	646.80	842.10	968.10	N/A	N/A	N/A
	94	657.30	850.50	968.10	N/A	N/A	N/A
	95	669.90	858.90	974.40	N/A	N/A	N/A
	96	680.40	867.30	974.40	N/A	N/A	N/A
	97	693.00	873.60	982.80	N/A	N/A	N/A
	98	703.50	879.90	982.80	N/A	N/A	N/A
	99	714.00	888.30	982.80	N/A	N/A	N/A

CSHIC-5003

Proposed Rate Schedule With Rate Increase

HHC Benefit				75%			
Elimination Period		100 Day	100 Day	100 Day	100 Day	100 Day	100 Day
Benefit Account Value		365 Days	730 Days	1095 Days	1460 Days	1825 Days	Unlimited
Premium Rates		Preferred	Preferred	Preferred	Preferred	Preferred	Preferred
Issue Age							
	18-40	67.20	102.90	134.40	144.90	163.80	205.80
	41	69.30	111.30	140.70	151.20	172.20	214.20
	42	73.50	115.50	147.00	159.60	182.70	224.70
	43	77.70	119.70	153.30	168.00	191.10	235.20
	44	79.80	126.00	159.60	174.30	199.50	243.60
	45	81.90	132.30	165.90	182.70	205.80	258.30
	46	84.00	138.60	172.20	189.00	214.20	266.70
	47	88.20	142.80	178.50	197.40	222.60	277.20
	48	92.40	147.00	189.00	205.80	233.10	287.70
	49	96.60	151.20	195.30	212.10	241.50	298.20
	50	98.70	157.50	203.70	222.60	256.20	312.90
	51	102.90	161.70	210.00	228.90	264.60	325.50
	52	107.10	165.90	218.40	237.30	275.10	336.00
	53	111.30	172.20	224.70	245.70	283.50	346.50
	54	117.60	178.50	233.10	258.30	291.90	359.10
	55	121.80	186.90	241.50	266.70	300.30	367.50
	56	128.10	193.20	249.90	277.20	308.70	380.10
	57	132.30	199.50	258.30	285.60	317.10	390.60
	58	136.50	210.00	268.80	300.30	331.80	411.60
	59	142.80	218.40	281.40	312.90	346.50	428.40
	60	149.10	231.00	294.00	329.70	361.20	447.30
	61	155.40	239.40	306.60	342.30	375.90	464.10
	62	159.60	249.90	317.10	357.00	388.50	485.10
	63	168.00	264.60	336.00	375.90	411.60	512.40
	64	176.40	279.30	350.70	394.80	432.60	535.50
	65	186.90	294.00	369.60	415.80	453.60	564.90
	66	195.30	308.70	384.30	434.70	476.70	588.00
	67	203.70	321.30	403.20	453.60	497.70	617.40
	68	216.30	346.50	432.60	487.20	533.40	655.20
	69	228.90	369.60	459.90	520.80	571.20	693.00
	70	243.60	392.70	491.40	552.30	604.80	728.70
	71	256.20	396.90	518.70	585.90	642.60	766.50
	72	268.80	441.00	550.20	619.50	678.30	804.30
	73	294.00	478.80	596.40	667.80	730.80	861.00
	74	319.20	514.50	642.60	716.10	781.20	919.80
	75	344.40	550.20	693.00	764.40	833.70	978.60
	76	369.60	585.90	737.10	810.60	882.00	1035.30
	77	394.80	623.70	785.40	861.00	934.50	1092.00
	78	420.00	655.20	821.10	907.20	968.10	1125.60
	79	445.20	686.70	856.80	951.30	1005.90	1157.10
	80	470.40	720.30	892.50	997.50	1039.50	1190.70
	81	495.60	749.70	928.20	1041.60	1077.30	1222.20
	82	520.80	783.30	963.90	1087.80	1110.90	1253.70
	83	546.00	810.60	991.20	1119.30	1134.00	1272.60
	84	569.10	835.80	1016.40	1150.80	1159.20	1291.50
	85	596.40	863.10	1041.60	1180.20	1180.20	1310.40
	86	619.50	886.20	1068.90	1213.80	1207.50	1329.30
	87	644.70	915.60	1094.10	1243.20	1228.50	1348.20
	88	657.30	924.00	1096.20	1249.50	1230.60	1350.30
	89	669.90	932.40	1098.30	1255.80	1230.60	1350.30
	90	680.40	936.60	1098.30	N/A	N/A	N/A
	91	693.00	945.00	1100.40	N/A	N/A	N/A
	92	705.60	953.40	1102.50	N/A	N/A	N/A
	93	718.20	961.80	1104.60	N/A	N/A	N/A
	94	730.80	970.20	1106.70	N/A	N/A	N/A
	95	741.30	976.50	1106.70	N/A	N/A	N/A
	96	753.90	984.90	1108.80	N/A	N/A	N/A
	97	766.50	993.30	1110.90	N/A	N/A	N/A
	98	779.10	1001.70	1113.00	N/A	N/A	N/A
	99	791.70	1010.10	1115.10	N/A	N/A	N/A

CSHIC-5003

Proposed Rate Schedule With Rate Increase

HHC Benefit				100%			
Elimination Period		100 Day	100 Day	100 Day	100 Day	100 Day	100 Day
Benefit Account Value		365 Days	730 Days	1095 Days	1460 Days	1825 Days	Unlimited
Premium Rates		Preferred	Preferred	Preferred	Preferred	Preferred	Preferred
Issue Age							
	18-40	86.10	134.40	176.40	178.50	216.30	264.60
	41	90.30	140.70	182.70	189.00	224.70	277.20
	42	94.50	147.00	191.10	197.40	233.10	287.70
	43	98.70	153.30	199.50	205.80	241.50	298.20
	44	102.90	159.60	203.70	214.20	249.90	310.80
	45	102.90	165.90	212.10	220.50	262.50	319.20
	46	109.20	172.20	216.30	228.90	270.90	333.90
	47	113.40	178.50	224.70	237.30	279.30	344.40
	48	117.60	184.80	231.00	243.60	289.80	357.00
	49	121.80	189.00	239.40	254.10	298.20	367.50
	50	126.00	197.40	247.80	262.50	306.60	380.10
	51	130.20	201.60	258.30	270.90	315.00	390.60
	52	134.40	205.80	264.60	277.20	327.60	405.30
	53	140.70	212.10	270.90	285.60	338.10	415.80
	54	142.80	218.40	279.30	298.20	346.50	426.30
	55	149.10	226.80	287.70	306.60	359.10	434.70
	56	151.20	233.10	296.10	319.20	367.50	445.20
	57	157.50	239.40	302.40	329.70	378.00	455.70
	58	161.70	249.90	315.00	342.30	392.70	476.70
	59	170.10	260.40	327.60	354.90	409.50	493.50
	60	174.30	268.80	338.10	369.60	422.10	512.40
	61	184.80	277.20	348.60	382.20	436.80	529.20
	62	189.00	287.70	361.20	394.80	451.50	550.20
	63	199.50	302.40	378.00	417.90	476.70	575.40
	64	207.90	317.10	399.00	436.80	499.80	602.70
	65	218.40	333.90	417.90	457.80	522.90	630.00
	66	226.80	348.60	436.80	478.80	548.10	657.30
	67	237.30	363.30	453.60	499.80	571.20	682.50
	68	254.10	388.50	485.10	533.40	609.00	722.40
	69	268.80	413.70	514.50	571.20	644.70	762.30
	70	283.50	441.00	546.00	606.90	682.50	802.20
	71	298.20	464.10	575.40	644.70	718.20	842.10
	72	312.90	491.40	604.80	678.30	758.10	879.90
	73	344.40	531.30	661.50	732.90	816.90	951.30
	74	373.80	573.30	718.20	785.40	877.80	1022.70
	75	401.10	617.40	779.10	837.90	936.60	1094.10
	76	430.50	657.30	835.80	888.30	997.50	1165.50
	77	459.90	699.30	890.40	942.90	1058.40	1236.90
	78	491.40	735.00	932.40	999.60	1104.60	1281.00
	79	518.70	777.00	978.60	1056.30	1148.70	1320.90
	80	550.20	812.70	1018.50	1106.70	1197.00	1367.10
	81	577.50	854.70	1064.70	1163.40	1239.00	1409.10
	82	606.90	890.40	1104.60	1220.10	1287.30	1451.10
	83	636.30	919.80	1131.90	1253.70	1306.20	1467.90
	84	663.60	947.10	1157.10	1287.30	1327.20	1484.70
	85	693.00	976.50	1182.30	1323.00	1348.20	1501.50
	86	720.30	1003.80	1209.60	1356.60	1369.20	1516.20
	87	747.60	1031.10	1234.80	1390.20	1388.10	1533.00
	88	762.30	1037.40	1234.80	1394.40	1392.30	1537.20
	89	774.90	1047.90	1236.90	1400.70	1394.40	1541.40
	90	787.50	1056.30	1236.90	N/A	N/A	N/A
	91	800.10	1064.70	1239.00	N/A	N/A	N/A
	92	812.70	1071.00	1239.00	N/A	N/A	N/A
	93	825.30	1077.30	1239.00	N/A	N/A	N/A
	94	840.00	1085.70	1241.10	N/A	N/A	N/A
	95	852.60	1094.10	1241.10	N/A	N/A	N/A
	96	865.20	1102.50	1243.20	N/A	N/A	N/A
	97	877.80	1108.80	1243.20	N/A	N/A	N/A
	98	890.40	1115.10	1243.20	N/A	N/A	N/A
	99	905.10	1125.60	1245.30	N/A	N/A	N/A

CSHIC-5003

Proposed Rate Schedule With Rate Increase

HHC Benefit				50%			
Elimination Period		100 Day	100 Day	100 Day	100 Day	100 Day	100 Day
Benefit Account Value		365 Days	730 Days	1095 Days	1460 Days	1825 Days	Unlimited
Premium Rates		Standard	Standard	Standard	Standard	Standard	Standard
Issue Age							
	18-40	56.78	88.20	111.30	128.10	140.70	172.20
	41	58.97	92.40	119.70	132.30	144.90	182.70
	42	65.52	98.70	123.90	142.80	155.40	191.10
	43	69.89	102.90	130.20	153.30	165.90	201.60
	44	72.07	109.20	138.60	157.50	172.20	212.10
	45	76.44	113.40	144.90	168.00	182.70	226.80
	46	78.62	119.70	153.30	174.30	186.90	235.20
	47	82.99	123.90	157.50	184.80	197.40	245.70
	48	89.54	130.20	168.00	195.30	212.10	260.40
	49	93.91	134.40	176.40	205.80	226.80	275.10
	50	93.91	142.80	184.80	216.30	239.40	287.70
	51	100.46	147.00	191.10	226.80	252.00	304.50
	52	104.83	153.30	201.60	235.20	266.70	317.10
	53	111.38	161.70	210.00	245.70	275.10	331.80
	54	117.94	168.00	222.60	260.40	283.50	348.60
	55	126.67	174.30	231.00	266.70	289.80	359.10
	56	135.41	182.70	243.60	279.30	298.20	373.80
	57	139.78	189.00	252.00	289.80	306.60	388.50
	58	146.33	201.60	266.70	308.70	325.50	409.50
	59	152.88	216.30	279.30	327.60	340.20	436.80
	60	157.25	228.90	296.10	344.40	354.90	457.80
	61	163.8	241.50	308.70	363.30	371.70	483.00
	62	170.35	254.10	325.50	382.20	382.20	388.50
	63	181.27	270.90	342.30	405.30	405.30	413.70
	64	192.19	285.60	361.20	422.10	422.10	438.90
	65	198.74	300.30	384.30	447.30	447.30	459.90
	66	209.66	317.10	403.20	464.10	464.10	485.10
	67	220.58	331.80	420.00	487.20	508.20	657.30
	68	238.06	359.10	453.60	525.00	550.20	701.40
	69	251.16	386.40	487.20	560.70	594.30	741.30
	70	270.82	413.70	520.80	596.40	634.20	787.50
	71	283.92	441.00	556.50	634.20	678.30	827.40
	72	299.21	466.20	590.10	669.90	718.20	871.50
	73	329.78	506.10	634.20	722.40	770.70	924.00
	74	355.99	541.80	678.30	772.80	821.10	976.50
	75	384.38	579.60	722.40	825.30	871.50	1031.10
	76	410.59	615.30	766.50	877.80	921.90	1081.50
	77	438.98	653.10	810.60	928.20	974.40	1134.00
	78	467.38	684.60	846.30	974.40	1001.70	1159.20
	79	495.77	714.00	882.00	1014.30	1031.10	1188.60
	80	521.98	745.50	915.60	1058.40	1062.60	1211.70
	81	550.37	772.80	953.40	1100.40	1089.90	1241.10
	82	578.76	804.30	989.10	1144.50	1119.30	1266.30
	83	607.15	833.70	1020.60	1178.10	1150.80	1289.40
	84	637.73	865.20	1047.90	1209.60	1184.40	1316.70
	85	663.94	894.60	1081.50	1245.30	1211.70	1341.90
	86	694.51	926.10	1110.90	1276.80	1245.30	1367.10
	87	722.9	955.50	1142.40	1310.40	1276.80	1390.20
	88	736.01	963.90	1146.60	1318.80	1276.80	1388.10
	89	751.3	974.40	1146.60	1327.20	1274.70	1386.00
	90	766.58	982.80	1152.90	N/A	N/A	N/A
	91	779.69	993.30	1152.90	N/A	N/A	N/A
	92	792.79	1001.70	1157.10	N/A	N/A	N/A
	93	808.08	1010.10	1163.40	N/A	N/A	N/A
	94	821.18	1020.60	1163.40	N/A	N/A	N/A
	95	836.47	1031.10	1167.60	N/A	N/A	N/A
	96	849.58	1041.60	1167.60	N/A	N/A	N/A
	97	864.86	1047.90	1173.90	N/A	N/A	N/A
	98	877.97	1056.30	1178.10	N/A	N/A	N/A
	99	891.07	1066.80	1178.10	N/A	N/A	N/A

CSHIC-5003

Proposed Rate Schedule With Rate Increase

HHC Benefit				75%			
Elimination Period		100 Day	100 Day	100 Day	100 Day	100 Day	100 Day
Benefit Account Value		365 Days	730 Days	1095 Days	1460 Days	1825 Days	Unlimited
Premium Rates		Standard	Standard	Standard	Standard	Standard	Standard
Issue Age							
	18-40	87.36	128.86	168.17	181.27	205.30	255.53
	41	89.54	137.59	174.72	190.01	216.22	266.45
	42	93.91	144.14	183.46	198.74	227.14	281.74
	43	100.46	148.51	192.19	209.66	238.06	294.84
	44	102.65	157.25	198.74	218.40	248.98	305.76
	45	104.83	163.80	207.48	227.14	255.53	321.05
	46	107.02	172.54	216.22	235.87	266.45	331.97
	47	113.57	179.09	224.95	244.61	277.37	345.07
	48	117.94	183.46	235.87	255.53	290.47	358.18
	49	124.49	190.01	242.42	264.26	301.39	373.46
	50	126.67	196.56	253.34	277.37	318.86	390.94
	51	133.22	203.11	262.08	286.10	329.78	404.04
	52	137.59	207.48	273.00	297.02	342.89	419.33
	53	144.14	216.22	281.74	307.94	353.81	432.43
	54	150.70	224.95	290.47	321.05	364.73	447.72
	55	157.25	231.50	301.39	331.97	375.65	458.64
	56	163.80	240.24	312.31	345.07	386.57	476.11
	57	170.35	248.98	321.05	355.99	397.49	489.22
	58	174.72	262.08	334.15	375.65	412.78	513.24
	59	183.46	273.00	351.62	390.94	432.43	535.08
	60	192.19	288.29	366.91	410.59	449.90	559.10
	61	198.74	299.21	384.38	425.88	469.56	580.94
	62	205.30	312.31	397.49	445.54	484.85	604.97
	63	216.22	329.78	419.33	469.56	513.24	639.91
	64	227.14	347.26	436.80	493.58	539.45	670.49
	65	240.24	366.91	460.82	517.61	567.84	705.43
	66	251.16	386.57	480.48	541.63	594.05	733.82
	67	262.08	401.86	502.32	567.84	620.26	768.77
	68	277.37	432.43	539.45	607.15	666.12	819.00
	69	294.84	460.82	574.39	650.83	711.98	864.86
	70	312.31	491.40	613.70	687.96	755.66	910.73
	71	329.78	521.98	648.65	731.64	801.53	956.59
	72	345.07	550.37	685.78	770.95	847.39	1004.64
	73	377.83	596.23	744.74	834.29	912.91	1074.53
	74	410.59	642.10	801.53	893.26	974.06	1146.60
	75	443.35	685.78	864.86	952.22	1039.58	1220.86
	76	476.11	731.64	919.46	1013.38	1100.74	1292.93
	77	506.69	777.50	980.62	1074.53	1166.26	1362.82
	78	539.45	819.00	1026.48	1131.31	1209.94	1404.31
	79	572.21	856.13	1067.98	1188.10	1255.80	1443.62
	80	604.97	899.81	1113.84	1244.88	1299.48	1485.12
	81	637.73	936.94	1157.52	1301.66	1345.34	1524.43
	82	670.49	976.25	1203.38	1358.45	1386.84	1565.93
	83	701.06	1013.38	1236.14	1395.58	1415.23	1587.77
	84	731.64	1041.77	1268.90	1437.07	1445.81	1611.79
	85	766.58	1076.71	1301.66	1474.20	1474.20	1635.82
	86	797.16	1107.29	1334.42	1513.51	1506.96	1659.84
	87	827.74	1142.23	1365.00	1552.82	1533.17	1681.68
	88	845.21	1153.15	1369.37	1559.38	1535.35	1683.86
	89	860.50	1164.07	1371.55	1568.11	1535.35	1683.86
	90	873.60	1168.44	1371.55	N/A	N/A	N/A
	91	891.07	1179.36	1373.74	N/A	N/A	N/A
	92	906.36	1190.28	1375.92	N/A	N/A	N/A
	93	923.83	1201.20	1380.29	N/A	N/A	N/A
	94	939.12	1212.12	1382.47	N/A	N/A	N/A
	95	952.22	1216.49	1382.47	N/A	N/A	N/A
	96	969.70	1227.41	1384.66	N/A	N/A	N/A
	97	984.98	1238.33	1386.84	N/A	N/A	N/A
	98	1002.46	1249.25	1391.21	N/A	N/A	N/A
	99	1017.74	1260.17	1393.39	N/A	N/A	N/A

CSHIC-5003

Proposed Rate Schedule With Rate Increase

HHC Benefit				100%			
Elimination Period		100 Day	100 Day	100 Day	100 Day	100 Day	100 Day
Benefit Account Value		365 Days	730 Days	1095 Days	1460 Days	1825 Days	Unlimited
Premium Rates		Standard	Standard	Standard	Standard	Standard	Standard
Issue Age							
	18-40	102.90	161.70	212.10	216.30	260.40	317.10
	41	109.20	168.00	218.40	226.80	270.90	331.80
	42	113.40	176.40	228.90	235.20	279.30	344.40
	43	119.70	184.80	239.40	245.70	289.80	359.10
	44	123.90	191.10	243.60	256.20	300.30	373.80
	45	123.90	199.50	254.10	264.60	315.00	384.30
	46	130.20	207.90	260.40	275.10	325.50	399.00
	47	134.40	216.30	270.90	285.60	333.90	413.70
	48	140.70	220.50	277.20	294.00	348.60	428.40
	49	142.80	226.80	287.70	304.50	359.10	441.00
	50	151.20	235.20	298.20	315.00	369.60	457.80
	51	155.40	241.50	308.70	325.50	378.00	470.40
	52	161.70	245.70	317.10	331.80	392.70	485.10
	53	168.00	254.10	325.50	342.30	405.30	497.70
	54	172.20	262.50	333.90	359.10	415.80	510.30
	55	178.50	273.00	344.40	369.60	430.50	520.80
	56	182.70	279.30	354.90	384.30	441.00	535.50
	57	189.00	287.70	363.30	394.80	453.60	548.10
	58	195.30	300.30	378.00	409.50	472.50	571.20
	59	205.80	310.80	392.70	426.30	491.40	592.20
	60	210.00	321.30	405.30	443.10	506.10	615.30
	61	220.50	331.80	417.90	459.90	525.00	636.30
	62	226.80	344.40	432.60	474.60	541.80	659.40
	63	239.40	363.30	453.60	501.90	571.20	690.90
	64	249.90	382.20	476.70	525.00	600.60	724.50
	65	262.50	399.00	501.90	550.20	627.90	756.00
	66	273.00	417.90	525.00	573.30	657.30	789.60
	67	285.60	436.80	546.00	600.60	684.60	821.10
	68	304.50	466.20	581.70	640.50	732.90	867.30
	69	321.30	495.60	617.40	684.60	772.80	913.50
	70	340.20	529.20	653.10	728.70	821.10	963.90
	71	359.10	558.60	690.90	772.80	861.00	1010.10
	72	375.90	590.10	726.60	814.80	909.30	1056.30
	73	413.70	638.40	793.80	879.90	980.70	1142.40
	74	449.40	688.80	861.00	942.90	1054.20	1228.50
	75	480.90	739.20	934.50	1003.80	1123.50	1312.50
	76	516.60	789.60	1001.70	1066.80	1197.00	1398.60
	77	552.30	837.90	1068.90	1131.90	1268.40	1484.70
	78	590.10	882.00	1119.30	1199.10	1327.20	1537.20
	79	623.70	932.40	1173.90	1266.30	1377.60	1585.50
	80	659.40	976.50	1222.20	1329.30	1436.40	1640.10
	81	693.00	1024.80	1276.80	1396.50	1486.80	1690.50
	82	728.70	1068.90	1327.20	1463.70	1543.50	1740.90
	83	762.30	1102.50	1356.60	1505.70	1568.70	1761.90
	84	795.90	1136.10	1388.10	1543.50	1593.90	1780.80
	85	831.60	1169.70	1419.60	1587.60	1617.00	1801.80
	86	865.20	1205.40	1451.10	1627.50	1642.20	1818.60
	87	898.80	1239.00	1482.60	1669.50	1667.40	1839.60
	88	913.50	1245.30	1482.60	1673.70	1671.60	1845.90
	89	928.20	1255.80	1484.70	1682.10	1673.70	1850.10
	90	945.00	1266.30	N/A	N/A	N/A	N/A
	91	959.70	1276.80	N/A	N/A	N/A	N/A
	92	976.50	1285.20	N/A	N/A	N/A	N/A
	93	991.20	1293.60	N/A	N/A	N/A	N/A
	94	1008.00	1302.00	N/A	N/A	N/A	N/A
	95	1022.70	1312.50	N/A	N/A	N/A	N/A
	96	1037.40	1323.00	N/A	N/A	N/A	N/A
	97	1054.20	1331.40	N/A	N/A	N/A	N/A
	98	1068.90	1339.80	N/A	N/A	N/A	N/A
	99	1085.70	1350.30	N/A	N/A	N/A	N/A

CSHIC-5003

Proposed Rate Schedule With Downgrade

HHC Benefit				50%			
Elimination Period		100 Day	100 Day	100 Day	100 Day	100 Day	100 Day
Benefit Account Value		365 Days	730 Days	1095 Days	1460 Days	1825 Days	Unlimited
Premium Rates		Preferred	Preferred	Preferred	Preferred	Preferred	Preferred
Issue Age							
	18-40	19.80	31.50	39.60	45.00	50.40	61.20
	41	20.70	33.30	42.30	47.70	52.20	64.80
	42	22.50	35.10	44.10	51.30	55.80	68.40
	43	24.30	36.90	46.80	54.90	59.40	72.00
	44	25.20	38.70	49.50	56.70	61.20	75.60
	45	26.10	40.50	52.20	60.30	64.80	81.00
	46	27.00	42.30	54.90	62.10	66.60	84.60
	47	28.80	44.10	56.70	65.70	70.20	88.20
	48	30.60	46.80	60.30	69.30	75.60	92.70
	49	32.40	48.60	63.00	72.90	81.00	98.10
	50	32.40	51.30	65.70	76.50	85.50	102.60
	51	34.20	53.10	68.40	81.00	90.00	108.90
	52	36.00	54.90	72.00	84.60	95.40	113.40
	53	37.80	57.60	74.70	88.20	98.10	118.80
	54	40.50	60.30	80.10	92.70	100.80	124.20
	55	43.20	62.10	82.80	95.40	103.50	127.80
	56	46.80	64.80	87.30	99.90	106.20	133.20
	57	48.60	67.50	90.00	103.50	109.80	139.50
	58	50.40	72.00	95.40	110.70	116.10	146.70
	59	53.10	76.50	99.90	117.00	121.50	155.70
	60	54.00	81.90	105.30	123.30	126.90	162.90
	61	56.70	86.40	110.70	129.60	132.30	172.80
	62	58.50	90.90	116.10	135.90	139.50	180.00
	63	62.10	96.30	122.40	144.90	147.60	190.80
	64	65.70	101.70	128.70	151.20	156.60	202.50
	65	68.40	107.10	136.80	159.30	163.80	212.40
	66	72.00	113.40	144.00	165.60	173.70	223.20
	67	75.60	118.80	150.30	174.60	181.80	234.90
	68	81.90	127.80	162.00	187.20	196.20	250.20
	69	86.40	137.70	174.60	199.80	212.40	265.50
	70	92.70	147.60	186.30	213.30	225.90	280.80
	71	97.20	157.50	198.00	225.90	242.10	296.10
	72	102.60	166.50	210.60	239.40	256.50	311.40
	73	113.40	180.90	225.90	257.40	275.40	330.30
	74	122.40	193.50	242.10	276.30	292.50	348.30
	75	131.40	207.00	257.40	295.20	311.40	368.10
	76	141.30	219.60	273.60	313.20	329.40	387.00
	77	151.20	234.00	288.90	332.10	347.40	405.00
	78	160.20	244.80	302.40	347.40	358.20	414.00
	79	171.00	254.70	315.00	362.70	368.10	424.80
	80	179.10	266.40	327.60	378.00	378.90	432.90
	81	189.00	276.30	340.20	393.30	389.70	442.80
	82	198.00	287.10	352.80	408.60	399.60	452.70
	83	208.80	297.90	364.50	421.20	410.40	460.80
	84	218.70	308.70	374.40	432.00	423.00	469.80
	85	227.70	319.50	387.00	444.60	432.90	479.70
	86	238.50	331.20	396.90	456.30	444.60	488.70
	87	248.40	341.10	407.70	468.00	456.30	496.80
	88	252.90	343.80	409.50	470.70	456.30	495.90
	89	257.40	347.40	409.50	473.40	455.40	495.00
	90	263.70	351.00	411.30	N/A	N/A	N/A
	91	268.20	354.60	411.30	N/A	N/A	N/A
	92	272.70	358.20	413.10	N/A	N/A	N/A
	93	277.20	360.90	414.90	N/A	N/A	N/A
	94	281.70	364.50	414.90	N/A	N/A	N/A
	95	287.10	368.10	417.60	N/A	N/A	N/A
	96	291.60	371.70	417.60	N/A	N/A	N/A
	97	297.00	374.40	421.20	N/A	N/A	N/A
	98	301.50	377.10	421.20	N/A	N/A	N/A
	99	306.00	380.70	421.20	N/A	N/A	N/A

CSHIC-5003

Proposed Rate Schedule With Downgrade

HHC Benefit				75%			
Elimination Period		100 Day	100 Day	100 Day	100 Day	100 Day	100 Day
Benefit Account Value		365 Days	730 Days	1095 Days	1460 Days	1825 Days	Unlimited
Premium Rates		Preferred	Preferred	Preferred	Preferred	Preferred	Preferred
Issue Age							
	18-40	28.80	44.10	57.60	62.10	70.20	88.20
	41	29.70	47.70	60.30	64.80	73.80	91.80
	42	31.50	49.50	63.00	68.40	78.30	96.30
	43	33.30	51.30	65.70	72.00	81.90	100.80
	44	34.20	54.00	68.40	74.70	85.50	104.40
	45	35.10	56.70	71.10	78.30	88.20	110.70
	46	36.00	59.40	73.80	81.00	91.80	114.30
	47	37.80	61.20	76.50	84.60	95.40	118.80
	48	39.60	63.00	81.00	88.20	99.90	123.30
	49	41.40	64.80	83.70	90.90	103.50	127.80
	50	42.30	67.50	87.30	95.40	109.80	134.10
	51	44.10	69.30	90.00	98.10	113.40	139.50
	52	45.90	71.10	93.60	101.70	117.90	144.00
	53	47.70	73.80	96.30	105.30	121.50	148.50
	54	50.40	76.50	99.90	110.70	125.10	153.90
	55	52.20	80.10	103.50	114.30	128.70	157.50
	56	54.90	82.80	107.10	118.80	132.30	162.90
	57	56.70	85.50	110.70	122.40	135.90	167.40
	58	58.50	90.00	115.20	128.70	142.20	176.40
	59	61.20	93.60	120.60	134.10	148.50	183.60
	60	63.90	99.00	126.00	141.30	154.80	191.70
	61	66.60	102.60	131.40	146.70	161.10	198.90
	62	68.40	107.10	135.90	153.00	166.50	207.90
	63	72.00	113.40	144.00	161.10	176.40	219.60
	64	75.60	119.70	150.30	169.20	185.40	229.50
	65	80.10	126.00	158.40	178.20	194.40	242.10
	66	83.70	132.30	164.70	186.30	204.30	252.00
	67	87.30	137.70	172.80	194.40	213.30	264.60
	68	92.70	148.50	185.40	208.80	228.60	280.80
	69	98.10	158.40	197.10	223.20	244.80	297.00
	70	104.40	168.30	210.60	236.70	259.20	312.30
	71	109.80	170.10	222.30	251.10	275.40	328.50
	72	115.20	189.00	235.80	265.50	290.70	344.70
	73	126.00	205.20	255.60	286.20	313.20	369.00
	74	136.80	220.50	275.40	306.90	334.80	394.20
	75	147.60	235.80	297.00	327.60	357.30	419.40
	76	158.40	251.10	315.90	347.40	378.00	443.70
	77	169.20	267.30	336.60	369.00	400.50	468.00
	78	180.00	280.80	351.90	388.80	414.90	482.40
	79	190.80	294.30	367.20	407.70	431.10	495.90
	80	201.60	308.70	382.50	427.50	445.50	510.30
	81	212.40	321.30	397.80	446.40	461.70	523.80
	82	223.20	335.70	413.10	466.20	476.10	537.30
	83	234.00	347.40	424.80	479.70	486.00	545.40
	84	243.90	358.20	435.60	493.20	496.80	553.50
	85	255.60	369.90	446.40	505.80	505.80	561.60
	86	265.50	379.80	458.10	520.20	517.50	569.70
	87	276.30	392.40	468.90	532.80	526.50	577.80
	88	281.70	396.00	469.80	535.50	527.40	578.70
	89	287.10	399.60	470.70	538.20	527.40	578.70
	90	291.60	401.40	470.70	N/A	N/A	N/A
	91	297.00	405.00	471.60	N/A	N/A	N/A
	92	302.40	408.60	472.50	N/A	N/A	N/A
	93	307.80	412.20	473.40	N/A	N/A	N/A
	94	313.20	415.80	474.30	N/A	N/A	N/A
	95	317.70	418.50	474.30	N/A	N/A	N/A
	96	323.10	422.10	475.20	N/A	N/A	N/A
	97	328.50	425.70	476.10	N/A	N/A	N/A
	98	333.90	429.30	477.00	N/A	N/A	N/A
	99	339.30	432.90	477.90	N/A	N/A	N/A

CSHIC-5003

Proposed Rate Schedule With Downgrade

HHC Benefit				100%			
Elimination Period		100 Day	100 Day	100 Day	100 Day	100 Day	100 Day
Benefit Account Value		365 Days	730 Days	1095 Days	1460 Days	1825 Days	Unlimited
Premium Rates		Preferred	Preferred	Preferred	Preferred	Preferred	Preferred
Issue Age							
	18-40	36.90	57.60	75.60	76.50	92.70	113.40
	41	38.70	60.30	78.30	81.00	96.30	118.80
	42	40.50	63.00	81.90	84.60	99.90	123.30
	43	42.30	65.70	85.50	88.20	103.50	127.80
	44	44.10	68.40	87.30	91.80	107.10	133.20
	45	44.10	71.10	90.90	94.50	112.50	136.80
	46	46.80	73.80	92.70	98.10	116.10	143.10
	47	48.60	76.50	96.30	101.70	119.70	147.60
	48	50.40	79.20	99.00	104.40	124.20	153.00
	49	52.20	81.00	102.60	108.90	127.80	157.50
	50	54.00	84.60	106.20	112.50	131.40	162.90
	51	55.80	86.40	110.70	116.10	135.00	167.40
	52	57.60	88.20	113.40	118.80	140.40	173.70
	53	60.30	90.90	116.10	122.40	144.90	178.20
	54	61.20	93.60	119.70	127.80	148.50	182.70
	55	63.90	97.20	123.30	131.40	153.90	186.30
	56	64.80	99.90	126.90	136.80	157.50	190.80
	57	67.50	102.60	129.60	141.30	162.00	195.30
	58	69.30	107.10	135.00	146.70	168.30	204.30
	59	72.90	111.60	140.40	152.10	175.50	211.50
	60	74.70	115.20	144.90	158.40	180.90	219.60
	61	79.20	118.80	149.40	163.80	187.20	226.80
	62	81.00	123.30	154.80	169.20	193.50	235.80
	63	85.50	129.60	162.00	179.10	204.30	246.60
	64	89.10	135.90	171.00	187.20	214.20	258.30
	65	93.60	143.10	179.10	196.20	224.10	270.00
	66	97.20	149.40	187.20	205.20	234.90	281.70
	67	101.70	155.70	194.40	214.20	244.80	292.50
	68	108.90	166.50	207.90	228.60	261.00	309.60
	69	115.20	177.30	220.50	244.80	276.30	326.70
	70	121.50	189.00	234.00	260.10	292.50	343.80
	71	127.80	198.90	246.60	276.30	307.80	360.90
	72	134.10	210.60	259.20	290.70	324.90	377.10
	73	147.60	227.70	283.50	314.10	350.10	407.70
	74	160.20	245.70	307.80	336.60	376.20	438.30
	75	171.90	264.60	333.90	359.10	401.40	468.90
	76	184.50	281.70	358.20	380.70	427.50	499.50
	77	197.10	299.70	381.60	404.10	453.60	530.10
	78	210.60	315.00	399.60	428.40	473.40	549.00
	79	222.30	333.00	419.40	452.70	492.30	566.10
	80	235.80	348.30	436.50	474.30	513.00	585.90
	81	247.50	366.30	456.30	498.60	531.00	603.90
	82	260.10	381.60	473.40	522.90	551.70	621.90
	83	272.70	394.20	485.10	537.30	559.80	629.10
	84	284.40	405.90	495.90	551.70	568.80	636.30
	85	297.00	418.50	506.70	567.00	577.80	643.50
	86	308.70	430.20	518.40	581.40	586.80	649.80
	87	320.40	441.90	529.20	595.80	594.90	657.00
	88	326.70	444.60	529.20	597.60	596.70	658.80
	89	332.10	449.10	530.10	600.30	597.60	660.60
	90	337.50	452.70	530.10	N/A	N/A	N/A
	91	342.90	456.30	531.00	N/A	N/A	N/A
	92	348.30	459.00	531.00	N/A	N/A	N/A
	93	353.70	461.70	531.00	N/A	N/A	N/A
	94	360.00	465.30	531.90	N/A	N/A	N/A
	95	365.40	468.90	531.90	N/A	N/A	N/A
	96	370.80	472.50	532.80	N/A	N/A	N/A
	97	376.20	475.20	532.80	N/A	N/A	N/A
	98	381.60	477.90	532.80	N/A	N/A	N/A
	99	387.90	482.40	533.70	N/A	N/A	N/A

CSHIC-5003

Proposed Rate Schedule With Downgrade

HHC Benefit				50%			
Elimination Period		100 Day	100 Day	100 Day	100 Day	100 Day	100 Day
Benefit Account Value		365 Days	730 Days	1095 Days	1460 Days	1825 Days	Unlimited
Premium Rates		Standard	Standard	Standard	Standard	Standard	Standard
Issue Age							
	18-40	23.40	37.80	47.70	54.90	60.30	73.80
	41	24.30	39.60	51.30	56.70	62.10	78.30
	42	27.00	42.30	53.10	61.20	66.60	81.90
	43	28.80	44.10	55.80	65.70	71.10	86.40
	44	29.70	46.80	59.40	67.50	73.80	90.90
	45	31.50	48.60	62.10	72.00	78.30	97.20
	46	32.40	51.30	65.70	74.70	80.10	100.80
	47	34.20	53.10	67.50	79.20	84.60	105.30
	48	36.90	55.80	72.00	83.70	90.90	111.60
	49	38.70	57.60	75.60	88.20	97.20	117.90
	50	38.70	61.20	79.20	92.70	102.60	123.30
	51	41.40	63.00	81.90	97.20	108.00	130.50
	52	43.20	65.70	86.40	100.80	114.30	135.90
	53	45.90	69.30	90.00	105.30	117.90	142.20
	54	48.60	72.00	95.40	111.60	121.50	149.40
	55	52.20	74.70	99.00	114.30	124.20	153.90
	56	55.80	78.30	104.40	119.70	127.80	160.20
	57	57.60	81.00	108.00	124.20	131.40	166.50
	58	60.30	86.40	114.30	132.30	139.50	175.50
	59	63.00	92.70	119.70	140.40	145.80	187.20
	60	64.80	98.10	126.90	147.60	152.10	196.20
	61	67.50	103.50	132.30	155.70	159.30	207.00
	62	70.20	108.90	139.50	163.80	166.50	216.00
	63	74.70	116.10	146.70	173.70	177.30	229.50
	64	79.20	122.40	154.80	180.90	188.10	242.10
	65	81.90	128.70	164.70	191.70	197.10	254.70
	66	86.40	135.90	172.80	198.90	207.90	268.20
	67	90.90	142.20	180.00	208.80	217.80	281.70
	68	98.10	153.90	194.40	225.00	235.80	300.60
	69	103.50	165.60	208.80	240.30	254.70	317.70
	70	111.60	177.30	223.20	255.60	271.80	337.50
	71	117.00	189.00	238.50	271.80	290.70	354.60
	72	123.30	199.80	252.90	287.10	307.80	373.50
	73	135.90	216.90	271.80	309.60	330.30	396.00
	74	146.70	232.20	290.70	331.20	351.90	418.50
	75	158.40	248.40	309.60	353.70	373.50	441.90
	76	169.20	263.70	328.50	376.20	395.10	463.50
	77	180.90	279.90	347.40	397.80	417.60	486.00
	78	192.60	293.40	362.70	417.60	429.30	496.80
	79	204.30	306.00	378.00	434.70	441.90	509.40
	80	215.10	319.50	392.40	453.60	455.40	519.30
	81	226.80	331.20	408.60	471.60	467.10	531.90
	82	238.50	344.70	423.90	490.50	479.70	542.70
	83	250.20	357.30	437.40	504.90	493.20	552.60
	84	262.80	370.80	449.10	518.40	507.60	564.30
	85	273.60	383.40	463.50	533.70	519.30	575.10
	86	286.20	396.90	476.10	547.20	533.70	585.90
	87	297.90	409.50	489.60	561.60	547.20	595.80
	88	303.30	413.10	491.40	565.20	547.20	594.90
	89	309.60	417.60	491.40	568.80	546.30	594.00
	90	315.90	421.20	494.10	N/A	N/A	N/A
	91	321.30	425.70	494.10	N/A	N/A	N/A
	92	326.70	429.30	495.90	N/A	N/A	N/A
	93	333.00	432.90	498.60	N/A	N/A	N/A
	94	338.40	437.40	498.60	N/A	N/A	N/A
	95	344.70	441.90	500.40	N/A	N/A	N/A
	96	350.10	446.40	500.40	N/A	N/A	N/A
	97	356.40	449.10	503.10	N/A	N/A	N/A
	98	361.80	452.70	504.90	N/A	N/A	N/A
	99	367.20	457.20	504.90	N/A	N/A	N/A

CSHIC-5003

Proposed Rate Schedule With Downgrade

HHC Benefit				75%			
Elimination Period		100 Day	100 Day	100 Day	100 Day	100 Day	100 Day
Benefit Account Value		365 Days	730 Days	1095 Days	1460 Days	1825 Days	Unlimited
Premium Rates		Standard	Standard	Standard	Standard	Standard	Standard
Issue Age							
	18-40	36.00	53.10	69.30	74.70	84.60	105.30
	41	36.90	56.70	72.00	78.30	89.10	109.80
	42	38.70	59.40	75.60	81.90	93.60	116.10
	43	41.40	61.20	79.20	86.40	98.10	121.50
	44	42.30	64.80	81.90	90.00	102.60	126.00
	45	43.20	67.50	85.50	93.60	105.30	132.30
	46	44.10	71.10	89.10	97.20	109.80	136.80
	47	46.80	73.80	92.70	100.80	114.30	142.20
	48	48.60	75.60	97.20	105.30	119.70	147.60
	49	51.30	78.30	99.90	108.90	124.20	153.90
	50	52.20	81.00	104.40	114.30	131.40	161.10
	51	54.90	83.70	108.00	117.90	135.90	166.50
	52	56.70	85.50	112.50	122.40	141.30	172.80
	53	59.40	89.10	116.10	126.90	145.80	178.20
	54	62.10	92.70	119.70	132.30	150.30	184.50
	55	64.80	95.40	124.20	136.80	154.80	189.00
	56	67.50	99.00	128.70	142.20	159.30	196.20
	57	70.20	102.60	132.30	146.70	163.80	201.60
	58	72.00	108.00	137.70	154.80	170.10	211.50
	59	75.60	112.50	144.90	161.10	178.20	220.50
	60	79.20	118.80	151.20	169.20	185.40	230.40
	61	81.90	123.30	158.40	175.50	193.50	239.40
	62	84.60	128.70	163.80	183.60	199.80	249.30
	63	89.10	135.90	172.80	193.50	211.50	263.70
	64	93.60	143.10	180.00	203.40	222.30	276.30
	65	99.00	151.20	189.90	213.30	234.00	290.70
	66	103.50	159.30	198.00	223.20	244.80	302.40
	67	108.00	165.60	207.00	234.00	255.60	316.80
	68	114.30	178.20	222.30	250.20	274.50	337.50
	69	121.50	189.90	236.70	268.20	293.40	356.40
	70	128.70	202.50	252.90	283.50	311.40	375.30
	71	135.90	215.10	267.30	301.50	330.30	394.20
	72	142.20	226.80	282.60	317.70	349.20	414.00
	73	155.70	245.70	306.90	343.80	376.20	442.80
	74	169.20	264.60	330.30	368.10	401.40	472.50
	75	182.70	282.60	356.40	392.40	428.40	503.10
	76	196.20	301.50	378.90	417.60	453.60	532.80
	77	208.80	320.40	404.10	442.80	480.60	561.60
	78	222.30	337.50	423.00	466.20	498.60	578.70
	79	235.80	352.80	440.10	489.60	517.50	594.90
	80	249.30	370.80	459.00	513.00	535.50	612.00
	81	262.80	386.10	477.00	536.40	554.40	628.20
	82	276.30	402.30	495.90	559.80	571.50	645.30
	83	288.90	417.60	509.40	575.10	583.20	654.30
	84	301.50	429.30	522.90	592.20	595.80	664.20
	85	315.90	443.70	536.40	607.50	607.50	674.10
	86	328.50	456.30	549.90	623.70	621.00	684.00
	87	341.10	470.70	562.50	639.90	631.80	693.00
	88	348.30	475.20	564.30	642.60	632.70	693.90
	89	354.60	479.70	565.20	646.20	632.70	693.90
	90	360.00	481.50	565.20	N/A	N/A	N/A
	91	367.20	486.00	566.10	N/A	N/A	N/A
	92	373.50	490.50	567.00	N/A	N/A	N/A
	93	380.70	495.00	568.80	N/A	N/A	N/A
	94	387.00	499.50	569.70	N/A	N/A	N/A
	95	392.40	501.30	569.70	N/A	N/A	N/A
	96	399.60	505.80	570.60	N/A	N/A	N/A
	97	405.90	510.30	571.50	N/A	N/A	N/A
	98	413.10	514.80	573.30	N/A	N/A	N/A
	99	419.40	519.30	574.20	N/A	N/A	N/A

CSHIC-5003

Proposed Rate Schedule With Downgrade

HHC Benefit				100%			
Elimination Period		100 Day	100 Day	100 Day	100 Day	100 Day	100 Day
Benefit Account Value		365 Days	730 Days	1095 Days	1460 Days	1825 Days	Unlimited
Premium Rates		Standard	Standard	Standard	Standard	Standard	Standard
Issue Age							
	18-40	44.10	69.30	90.90	92.70	111.60	135.90
	41	46.80	72.00	93.60	97.20	116.10	142.20
	42	48.60	75.60	98.10	100.80	119.70	147.60
	43	51.30	79.20	102.60	105.30	124.20	153.90
	44	53.10	81.90	104.40	109.80	128.70	160.20
	45	53.10	85.50	108.90	113.40	135.00	164.70
	46	55.80	89.10	111.60	117.90	139.50	171.00
	47	57.60	92.70	116.10	122.40	143.10	177.30
	48	60.30	94.50	118.80	126.00	149.40	183.60
	49	61.20	97.20	123.30	130.50	153.90	189.00
	50	64.80	100.80	127.80	135.00	158.40	196.20
	51	66.60	103.50	132.30	139.50	162.00	201.60
	52	69.30	105.30	135.90	142.20	168.30	207.90
	53	72.00	108.90	139.50	146.70	173.70	213.30
	54	73.80	112.50	143.10	153.90	178.20	218.70
	55	76.50	117.00	147.60	158.40	184.50	223.20
	56	78.30	119.70	152.10	164.70	189.00	229.50
	57	81.00	123.30	155.70	169.20	194.40	234.90
	58	83.70	128.70	162.00	175.50	202.50	244.80
	59	88.20	133.20	168.30	182.70	210.60	253.80
	60	90.00	137.70	173.70	189.90	216.90	263.70
	61	94.50	142.20	179.10	197.10	225.00	272.70
	62	97.20	147.60	185.40	203.40	232.20	282.60
	63	102.60	155.70	194.40	215.10	244.80	296.10
	64	107.10	163.80	204.30	225.00	257.40	310.50
	65	112.50	171.00	215.10	235.80	269.10	324.00
	66	117.00	179.10	225.00	245.70	281.70	338.40
	67	122.40	187.20	234.00	257.40	293.40	351.90
	68	130.50	199.80	249.30	274.50	314.10	371.70
	69	137.70	212.40	264.60	293.40	331.20	391.50
	70	145.80	226.80	279.90	312.30	351.90	413.10
	71	153.90	239.40	296.10	331.20	369.00	432.90
	72	161.10	252.90	311.40	349.20	389.70	452.70
	73	177.30	273.60	340.20	377.10	420.30	489.60
	74	192.60	295.20	369.00	404.10	451.80	526.50
	75	206.10	316.80	400.50	430.20	481.50	562.50
	76	221.40	338.40	429.30	457.20	513.00	599.40
	77	236.70	359.10	458.10	485.10	543.60	636.30
	78	252.90	378.00	479.70	513.90	568.80	658.80
	79	267.30	399.60	503.10	542.70	590.40	679.50
	80	282.60	418.50	523.80	569.70	615.60	702.90
	81	297.00	439.20	547.20	598.50	637.20	724.50
	82	312.30	458.10	568.80	627.30	661.50	746.10
	83	326.70	472.50	581.40	645.30	672.30	755.10
	84	341.10	486.90	594.90	661.50	683.10	763.20
	85	356.40	501.30	608.40	680.40	693.00	772.20
	86	370.80	516.60	621.90	697.50	703.80	779.40
	87	385.20	531.00	635.40	715.50	714.60	788.40
	88	391.50	533.70	635.40	717.30	716.40	791.10
	89	397.80	538.20	636.30	720.90	717.30	792.90
	90	405.00	542.70	N/A	N/A	N/A	N/A
	91	411.30	547.20	N/A	N/A	N/A	N/A
	92	418.50	550.80	N/A	N/A	N/A	N/A
	93	424.80	554.40	N/A	N/A	N/A	N/A
	94	432.00	558.00	N/A	N/A	N/A	N/A
	95	438.30	562.50	N/A	N/A	N/A	N/A
	96	444.60	567.00	N/A	N/A	N/A	N/A
	97	451.80	570.60	N/A	N/A	N/A	N/A
	98	458.10	574.20	N/A	N/A	N/A	N/A
	99	465.30	578.70	N/A	N/A	N/A	N/A

CSHIC-5004

Rate Schedule Prior to Rate Increase

Elimination Period	100 Day	100 Day	100 Day	100 Day	100 Day	100 Day	100 Day	100 Day	100 Day	100 Day	100 Day	100 Day
Benefit Account Value	365 Days	730 Days	1095 Days	1460 Days	1825 Days	Unlimited	365 Days	730 Days	1095 Days	1460 Days	1825 Days	Unlimited
Premium Rates	Preferred	Preferred	Preferred	Preferred	Preferred	Preferred	Standard	Standard	Standard	Standard	Standard	Standard
Issue Age												
18-40	27	38	50	56	60	74	32	45	60	66	72	89
41	29	41	53	60	65	80	33	48	63	72	78	95
42	30	44	56	63	68	86	35	53	66	77	81	102
43	32	47	59	66	71	92	38	56	71	80	86	110
44	33	50	62	71	75	96	39	60	74	86	92	116
45	35	51	66	74	81	101	41	62	80	89	96	120
46	36	54	69	80	86	105	42	65	84	95	102	126
47	38	57	72	83	89	111	45	69	87	99	105	134
48	41	60	75	86	92	117	48	72	92	102	110	141
49	41	63	80	89	96	122	48	77	95	105	116	147
50	44	65	83	95	101	126	53	78	99	113	120	152
51	44	68	86	98	105	132	53	81	102	117	126	158
52	47	71	89	101	108	138	56	86	105	120	131	165
53	50	75	93	105	113	146	60	92	111	126	135	174
54	51	80	98	111	119	150	62	95	117	134	143	180
55	54	84	102	114	123	158	65	101	123	137	149	189
56	56	87	107	120	131	162	66	104	128	144	156	195
57	59	92	111	125	135	170	71	110	134	150	162	204
58	63	98	119	134	143	183	77	117	143	159	171	219
59	66	102	125	143	153	194	80	123	150	171	183	233
60	69	108	135	150	161	207	84	131	162	180	194	249
61	72	113	141	159	171	218	87	135	168	191	206	261
62	78	119	149	167	179	230	93	143	179	200	215	276
63	83	126	159	179	192	245	99	152	191	215	230	293
64	89	137	168	192	206	258	105	164	203	230	246	309
65	93	144	182	203	216	272	111	173	218	243	260	327
66	99	153	191	215	230	287	119	183	228	258	276	344
67	104	161	201	227	243	300	125	194	242	273	291	360
68	113	174	219	246	263	321	135	210	264	296	315	386
69	120	191	237	264	285	342	144	228	284	317	341	410
70	132	204	254	285	303	365	158	245	305	341	363	438
71	140	219	270	303	324	384	167	264	324	363	390	462
72	149	234	290	321	345	407	179	281	347	386	414	488
73	164	257	315	350	372	434	197	308	378	419	447	521
74	177	276	342	375	401	464	213	332	410	450	480	557
75	195	300	368	402	426	491	234	360	441	482	512	588
76	209	320	395	428	455	519	251	384	473	513	545	623
77	224	344	420	456	482	548	269	411	504	548	579	657
78	243	368	449	482	509	572	291	441	537	579	611	686
79	261	395	477	510	536	597	314	473	573	612	644	716
80	281	417	504	534	561	621	338	501	605	642	674	746
81	300	444	533	563	588	647	360	533	639	675	707	776
82	318	468	561	588	615	671	383	563	674	707	738	804
83	342	494	588	617	642	699	410	591	707	740	771	839
84	366	521	617	645	671	726	440	626	740	773	804	872
85	390	546	642	672	699	758	467	654	771	807	839	909
86	414	573	671	701	726	785	497	689	804	840	872	942
87	437	599	699	728	755	813	525	717	839	873	905	975
88	450	609	708	734	761	819	540	731	849	881	912	983
89	462	618	714	741	768	824	555	741	857	890	921	989
90	474	630	723	N/A	N/A	N/A	569	756	864	N/A	N/A	N/A
91	486	639	729	N/A	N/A	N/A	584	768	875	N/A	N/A	N/A
92	500	651	738	N/A	N/A	N/A	599	780	887	N/A	N/A	N/A
93	512	662	749	N/A	N/A	N/A	614	794	897	N/A	N/A	N/A
94	524	671	755	N/A	N/A	N/A	629	804	905	N/A	N/A	N/A
95	536	683	764	N/A	N/A	N/A	644	819	917	N/A	N/A	N/A
96	549	692	770	N/A	N/A	N/A	659	831	924	N/A	N/A	N/A
97	561	704	779	N/A	N/A	N/A	674	843	935	N/A	N/A	N/A
98	573	714	788	N/A	N/A	N/A	689	857	945	N/A	N/A	N/A
99	585	723	794	N/A	N/A	N/A	702	867	953	N/A	N/A	N/A

CSHIC-5004

Proposed Rate Schedule With Rate Increase

Elimination Period	100 Day	100 Day	100 Day	100 Day	100 Day	100 Day	100 Day	100 Day	100 Day	100 Day	100 Day	100 Day
Benefit Account Value	365 Days	730 Days	1095 Days	1460 Days	1825 Days	Unlimited	365 Days	730 Days	1095 Days	1460 Days	1825 Days	Unlimited
Premium Rates	Preferred	Preferred	Preferred	Preferred	Preferred	Preferred	Standard	Standard	Standard	Standard	Standard	Standard
Issue Age												
18-40	38	53	69	78	84	103	44	63	84	92	101	124
41	40	57	74	84	90	111	46	67	88	101	109	132
42	42	61	78	88	95	120	48	74	92	107	113	143
43	44	65	82	92	99	128	53	78	99	111	120	153
44	46	69	86	99	105	134	55	84	103	120	128	162
45	48	71	92	103	113	141	57	86	111	124	134	168
46	50	76	97	111	120	147	59	90	118	132	143	176
47	53	80	101	116	124	155	63	97	122	139	147	187
48	57	84	105	120	128	164	67	101	128	143	153	197
49	57	88	111	124	134	170	67	107	132	147	162	206
50	61	90	116	132	141	176	74	109	139	158	168	212
51	61	95	120	137	147	185	74	113	143	164	176	221
52	65	99	124	141	151	193	78	120	147	168	183	231
53	69	105	130	147	158	204	84	128	155	176	189	244
54	71	111	137	155	166	210	86	132	164	187	200	252
55	76	118	143	160	172	221	90	141	172	191	208	265
56	78	122	149	168	183	227	92	145	179	202	218	273
57	82	128	155	174	189	237	99	153	187	210	227	286
58	88	137	166	187	200	256	107	164	200	223	239	307
59	92	143	174	200	214	271	111	172	210	239	256	326
60	97	151	189	210	225	290	118	183	227	252	271	349
61	101	158	197	223	239	305	122	189	235	267	288	365
62	109	166	208	233	250	321	130	200	250	279	300	386
63	116	176	223	250	269	342	139	212	267	300	321	410
64	124	191	235	269	288	361	147	229	284	321	344	433
65	130	202	254	284	302	380	155	242	305	340	363	458
66	139	214	267	300	321	401	166	256	319	361	386	481
67	145	225	281	317	340	420	174	271	338	382	407	504
68	158	244	307	344	368	449	189	294	370	414	441	540
69	168	267	332	370	399	479	202	319	397	443	477	573
70	185	286	355	399	424	510	221	342	426	477	508	613
71	195	307	378	424	454	538	233	370	454	508	546	647
72	208	328	405	449	483	569	250	393	485	540	580	683
73	229	359	441	489	521	607	275	431	529	586	626	729
74	248	386	479	525	561	649	298	464	573	630	672	779
75	273	420	515	563	596	687	328	504	617	674	716	823
76	292	447	552	599	636	727	351	538	662	718	762	872
77	313	481	588	638	674	767	376	575	706	767	811	920
78	340	515	628	674	712	800	407	617	752	811	855	960
79	365	552	668	714	750	836	439	662	802	857	901	1002
80	393	584	706	748	785	869	473	701	846	899	943	1044
81	420	622	746	788	823	905	504	746	895	945	989	1086
82	445	655	785	823	861	939	536	788	943	989	1033	1126
83	479	691	823	863	899	979	573	827	989	1035	1079	1174
84	512	729	863	903	939	1016	615	876	1035	1082	1126	1220
85	546	764	899	941	979	1061	653	916	1079	1130	1174	1273
86	580	802	939	981	1016	1098	695	964	1126	1176	1220	1319
87	611	838	979	1019	1056	1138	735	1004	1174	1222	1266	1365
88	630	853	991	1027	1065	1147	756	1023	1189	1233	1277	1376
89	647	865	1000	1037	1075	1153	777	1037	1199	1245	1289	1384
90	664	882	1012	N/A	N/A	N/A	796	1058	1210	N/A	N/A	N/A
91	680	895	1021	N/A	N/A	N/A	817	1075	1224	N/A	N/A	N/A
92	699	911	1033	N/A	N/A	N/A	838	1092	1241	N/A	N/A	N/A
93	716	926	1048	N/A	N/A	N/A	859	1111	1256	N/A	N/A	N/A
94	733	939	1056	N/A	N/A	N/A	880	1126	1266	N/A	N/A	N/A
95	750	956	1069	N/A	N/A	N/A	901	1147	1283	N/A	N/A	N/A
96	769	968	1077	N/A	N/A	N/A	922	1163	1294	N/A	N/A	N/A
97	785	985	1090	N/A	N/A	N/A	943	1180	1308	N/A	N/A	N/A
98	802	1000	1103	N/A	N/A	N/A	964	1199	1323	N/A	N/A	N/A
99	819	1012	1111	N/A	N/A	N/A	983	1214	1334	N/A	N/A	N/A

CSHIC-5004

Proposed Rate Schedule With Downgrade

Elimination Period	100 Day	100 Day	100 Day	100 Day	100 Day	100 Day	100 Day	100 Day	100 Day	100 Day	100 Day	100 Day
Benefit Account Value	365 Days	730 Days	1095 Days	1460 Days	1825 Days	Unlimited	365 Days	730 Days	1095 Days	1460 Days	1825 Days	Unlimited
Premium Rates	Preferred	Preferred	Preferred	Preferred	Preferred	Preferred	Standard	Standard	Standard	Standard	Standard	Standard
Issue Age												
18-40	16	23	30	33	36	44	19	27	36	40	43	53
41	17	24	32	36	39	48	20	29	38	43	47	57
42	18	26	33	38	41	51	21	32	40	46	49	61
43	19	28	35	40	42	55	23	33	42	48	51	66
44	20	30	37	42	45	58	23	36	44	51	55	69
45	21	31	40	44	49	60	24	37	48	53	58	72
46	22	32	41	48	51	63	25	39	50	57	61	76
47	23	34	43	50	53	67	27	41	52	59	63	80
48	24	36	45	51	55	70	29	43	55	61	66	85
49	24	38	48	53	58	73	29	46	57	63	69	88
50	26	39	50	57	60	76	32	47	59	68	72	91
51	26	41	51	59	63	79	32	49	61	70	76	95
52	28	42	53	60	65	83	33	51	63	72	78	99
53	30	45	56	63	68	87	36	55	67	76	81	104
54	31	48	59	67	71	90	37	57	70	80	86	108
55	32	50	61	68	74	95	39	60	74	82	89	113
56	33	52	64	72	78	97	40	62	77	86	94	117
57	35	55	67	75	81	102	42	66	80	90	97	122
58	38	59	71	80	86	110	46	70	86	95	103	131
59	40	61	75	86	92	116	48	74	90	103	110	140
60	41	65	81	90	96	124	50	78	97	108	116	149
61	43	68	85	95	103	131	52	81	101	114	123	157
62	47	71	89	100	107	138	56	86	107	120	129	166
63	50	76	95	107	115	147	59	91	114	129	138	176
64	53	82	101	115	123	155	63	98	122	138	148	185
65	56	86	109	122	130	163	67	104	131	146	156	196
66	59	92	114	129	138	172	71	110	137	155	166	206
67	62	96	121	136	146	180	75	116	145	164	175	216
68	68	104	131	148	158	193	81	126	158	177	189	231
69	72	114	142	158	171	205	86	137	170	190	204	246
70	79	122	152	171	182	219	95	147	183	204	218	263
71	84	131	162	182	194	230	100	158	194	218	234	277
72	89	140	174	193	207	244	107	168	208	231	248	293
73	98	154	189	210	223	260	118	185	227	251	268	312
74	106	166	205	225	240	278	128	199	246	270	288	334
75	117	180	221	241	256	294	140	216	265	289	307	353
76	125	192	237	257	273	311	150	230	284	308	327	374
77	134	206	252	274	289	329	161	247	302	329	347	394
78	146	221	269	289	305	343	175	265	322	347	366	411
79	157	237	286	306	321	358	188	284	344	367	386	429
80	168	250	302	320	337	373	203	301	363	385	404	447
81	180	266	320	338	353	388	216	320	383	405	424	465
82	191	281	337	353	369	402	230	338	404	424	443	482
83	205	296	353	370	385	419	246	355	424	444	463	503
84	220	312	370	387	402	436	264	375	444	464	482	523
85	234	328	385	403	419	455	280	392	463	484	503	545
86	248	344	402	420	436	471	298	413	482	504	523	565
87	262	359	419	437	453	488	315	430	503	524	543	585
88	270	365	425	440	456	491	324	438	509	528	547	590
89	277	371	428	445	461	494	333	445	514	534	553	593
90	284	378	434	N/A	N/A	N/A	341	454	518	N/A	N/A	N/A
91	292	383	437	N/A	N/A	N/A	350	461	525	N/A	N/A	N/A
92	300	391	443	N/A	N/A	N/A	359	468	532	N/A	N/A	N/A
93	307	397	449	N/A	N/A	N/A	368	476	538	N/A	N/A	N/A
94	314	402	453	N/A	N/A	N/A	377	482	543	N/A	N/A	N/A
95	321	410	458	N/A	N/A	N/A	386	491	550	N/A	N/A	N/A
96	329	415	462	N/A	N/A	N/A	395	499	554	N/A	N/A	N/A
97	337	422	467	N/A	N/A	N/A	404	506	561	N/A	N/A	N/A
98	344	428	473	N/A	N/A	N/A	413	514	567	N/A	N/A	N/A
99	351	434	476	N/A	N/A	N/A	421	520	572	N/A	N/A	N/A

CSHIC-5005

Rate Schedule Prior to Rate Increase

Elimination Period	100 Day	100 Day	100 Day	100 Day	100 Day	100 Day	100 Day	100 Day	100 Day	100 Day	100 Day	100 Day
Benefit Account Value	365 Days	730 Days	1095 Days	1460 Days	1825 Days	Unlimited	365 Days	730 Days	1095 Days	1460 Days	1825 Days	Unlimited
Premium Rates	Preferred	Preferred	Preferred	Preferred	Preferred	Preferred	Standard	Standard	Standard	Standard	Standard	Standard
Issue Age												
18-40	24	32	42	47	54	66	30	38	50	56	65	80
41	27	33	45	50	57	69	32	39	54	60	69	84
42	27	36	48	53	60	72	32	42	57	63	72	87
43	27	39	51	56	63	75	32	47	62	66	77	92
44	29	41	54	59	66	80	33	48	65	71	80	95
45	30	42	56	60	72	84	35	50	66	72	84	101
46	32	44	59	63	72	87	38	53	71	77	87	104
47	32	47	62	66	75	90	38	56	74	80	92	108
48	33	48	65	71	80	95	39	57	78	86	95	113
49	35	51	66	74	84	99	41	62	80	89	101	119
50	36	51	69	80	86	102	42	62	84	95	102	123
51	38	54	71	83	90	107	45	65	86	99	108	128
52	39	56	74	87	93	111	47	66	89	104	111	134
53	41	59	80	92	98	116	48	71	95	110	117	140
54	42	60	83	95	102	122	50	72	99	113	123	147
55	44	63	86	99	105	128	53	77	102	119	126	155
56	45	65	89	102	110	135	54	78	105	123	132	162
57	47	68	93	107	114	140	56	81	111	128	137	167
58	48	72	98	113	120	149	57	87	117	135	144	179
59	51	78	102	117	128	155	62	93	123	141	155	186
60	54	80	108	123	135	164	65	95	131	149	162	197
61	57	84	113	128	143	170	69	101	135	155	171	204
62	59	89	117	135	149	179	71	105	141	162	179	215
63	62	93	123	141	156	189	74	111	149	168	188	227
64	65	98	128	149	164	197	78	117	155	179	197	236
65	68	104	137	155	171	206	81	125	164	186	206	246
66	71	108	141	162	179	213	86	131	168	195	215	257
67	74	113	147	168	188	222	89	135	176	203	225	267
68	80	120	156	179	200	239	95	144	188	215	239	285
69	84	131	167	194	213	254	101	156	200	233	257	305
70	89	137	177	204	225	269	105	164	213	245	270	323
71	93	146	189	218	240	285	111	174	227	261	288	341
72	98	153	198	228	252	300	117	183	237	275	302	360
73	107	165	216	248	273	326	128	198	260	294	329	392
74	116	177	236	267	296	354	140	213	282	321	354	425
75	125	191	254	287	317	380	150	228	305	344	380	456
76	135	203	272	306	339	408	162	243	327	368	407	489
77	144	215	291	324	360	434	173	258	348	390	432	521
78	155	230	308	345	384	461	186	276	369	414	462	552
79	167	249	324	366	408	485	200	299	390	440	489	582
80	176	264	342	389	432	513	212	317	410	465	519	615
81	189	282	359	410	456	537	227	339	431	489	548	645
82	200	299	375	429	480	564	239	359	450	516	576	677
83	213	315	398	450	500	584	257	378	477	540	599	701
84	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
85	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
86	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
87	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
88	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
89	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
90	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
91	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
92	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
93	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
94	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
95	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
96	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
97	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
98	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
99	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

CSHIC-5005

Proposed Rate Schedule with Rate Increase

Elimination Period	100 Day	100 Day	100 Day	100 Day	100 Day	100 Day	100 Day	100 Day	100 Day	100 Day	100 Day	100 Day
Benefit Account Value	365 Days	730 Days	1095 Days	1460 Days	1825 Days	Unlimited	365 Days	730 Days	1095 Days	1460 Days	1825 Days	Unlimited
Premium Rates	Preferred	Preferred	Preferred	Preferred	Preferred	Preferred	Standard	Standard	Standard	Standard	Standard	Standard
Issue Age												
18-40	34	44	59	65	76	92	42	53	69	78	90	111
41	38	46	63	69	80	97	44	55	76	84	97	118
42	38	50	67	74	84	101	44	59	80	88	101	122
43	38	55	71	78	88	105	44	65	86	92	107	128
44	40	57	76	82	92	111	46	67	90	99	111	132
45	42	59	78	84	101	118	48	69	92	101	118	141
46	44	61	82	88	101	122	53	74	99	107	122	145
47	44	65	86	92	105	126	53	78	103	111	128	151
48	46	67	90	99	111	132	55	80	109	120	132	158
49	48	71	92	103	118	139	57	86	111	124	141	166
50	50	71	97	111	120	143	59	86	118	132	143	172
51	53	76	99	116	126	149	63	90	120	139	151	179
52	55	78	103	122	130	155	65	92	124	145	155	187
53	57	82	111	128	137	162	67	99	132	153	164	195
54	59	84	116	132	143	170	69	101	139	158	172	206
55	61	88	120	139	147	179	74	107	143	166	176	216
56	63	90	124	143	153	189	76	109	147	172	185	227
57	65	95	130	149	160	195	78	113	155	179	191	233
58	67	101	137	158	168	208	80	122	164	189	202	250
59	71	109	143	164	179	216	86	130	172	197	216	260
60	76	111	151	172	189	229	90	132	183	208	227	275
61	80	118	158	179	200	237	97	141	189	216	239	286
62	82	124	164	189	208	250	99	147	197	227	250	300
63	86	130	172	197	218	265	103	155	208	235	263	317
64	90	137	179	208	229	275	109	164	216	250	275	330
65	95	145	191	216	239	288	113	174	229	260	288	344
66	99	151	197	227	250	298	120	183	235	273	300	359
67	103	158	206	235	263	311	124	189	246	284	315	374
68	111	168	218	250	279	334	132	202	263	300	334	399
69	118	183	233	271	298	355	141	218	279	326	359	426
70	124	191	248	286	315	376	147	229	298	342	378	452
71	130	204	265	305	336	399	155	244	317	365	403	477
72	137	214	277	319	353	420	164	256	332	384	422	504
73	149	231	302	347	382	456	179	277	363	412	460	548
74	162	248	330	374	414	496	195	298	395	449	496	594
75	174	267	355	401	443	531	210	319	426	481	531	638
76	189	284	380	428	475	571	227	340	458	515	569	685
77	202	300	407	454	504	607	242	361	487	546	605	729
78	216	321	431	483	538	645	260	386	517	580	647	773
79	233	349	454	512	571	678	279	418	546	615	685	815
80	246	370	479	544	605	718	296	443	573	651	727	861
81	265	395	502	573	638	752	317	475	603	685	767	903
82	279	418	525	601	672	790	334	502	630	722	806	947
83	298	441	557	630	699	817	359	529	668	756	838	981
84	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
85	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
86	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
87	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
88	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
89	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
90	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
91	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
92	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
93	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
94	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
95	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
96	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
97	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
98	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
99	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

CSHIC-5005

Proposed Rate Schedule with Downgrade

Elimination Period	100 Day	100 Day	100 Day	100 Day	100 Day	100 Day	100 Day	100 Day	100 Day	100 Day	100 Day	100 Day
Benefit Account Value	365 Days	730 Days	1095 Days	1460 Days	1825 Days	Unlimited	365 Days	730 Days	1095 Days	1460 Days	1825 Days	Unlimited
Premium Rates	Preferred	Preferred	Preferred	Preferred	Preferred	Preferred	Standard	Standard	Standard	Standard	Standard	Standard
Issue Age												
18-40	14	19	25	28	32	40	18	23	30	33	39	48
41	16	20	27	30	34	41	19	23	32	36	41	50
42	16	22	29	32	36	43	19	25	34	38	43	52
43	16	23	31	33	38	45	19	28	37	40	46	55
44	17	24	32	35	40	48	20	29	39	42	48	57
45	18	25	33	36	43	50	21	30	40	43	50	60
46	19	26	35	38	43	52	23	32	42	46	52	62
47	19	28	37	40	45	54	23	33	44	48	55	65
48	20	29	39	42	48	57	23	34	47	51	57	68
49	21	31	40	44	50	59	24	37	48	53	60	71
50	22	31	41	48	51	61	25	37	50	57	61	74
51	23	32	42	50	54	64	27	39	51	59	65	77
52	23	33	44	52	56	67	28	40	53	62	67	80
53	24	35	48	55	59	69	29	42	57	66	70	84
54	25	36	50	57	61	73	30	43	59	68	74	88
55	26	38	51	59	63	77	32	46	61	71	76	93
56	27	39	53	61	66	81	32	47	63	74	79	97
57	28	41	56	64	68	84	33	49	67	77	82	100
58	29	43	59	68	72	89	34	52	70	81	86	107
59	31	47	61	70	77	93	37	56	74	85	93	112
60	32	48	65	74	81	98	39	57	78	89	97	118
61	34	50	68	77	86	102	41	60	81	93	103	122
62	35	53	70	81	89	107	42	63	85	97	107	129
63	37	56	74	85	94	113	44	67	89	101	113	136
64	39	59	77	89	98	118	47	70	93	107	118	141
65	41	62	82	93	103	123	49	75	98	112	123	148
66	42	65	85	97	107	128	51	78	101	117	129	154
67	44	68	88	101	113	133	53	81	105	122	135	160
68	48	72	94	107	120	143	57	86	113	129	143	171
69	50	78	100	116	128	152	60	94	120	140	154	183
70	53	82	106	122	135	161	63	98	128	147	162	194
71	56	87	113	131	144	171	67	104	136	157	173	204
72	59	92	119	137	151	180	70	110	142	165	181	216
73	64	99	130	149	164	195	77	119	156	176	197	235
74	69	106	141	160	177	212	84	128	169	193	212	255
75	75	114	152	172	190	228	90	137	183	206	228	274
76	81	122	163	184	203	245	97	146	196	221	244	293
77	86	129	175	194	216	260	104	155	209	234	259	312
78	93	138	185	207	230	276	112	166	221	248	277	331
79	100	149	194	220	245	291	120	179	234	264	293	349
80	105	158	205	233	259	308	127	190	246	279	311	369
81	113	169	215	246	274	322	136	203	258	293	329	387
82	120	179	225	257	288	338	143	215	270	310	346	406
83	128	189	239	270	300	350	154	227	286	324	359	420
84	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
85	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
86	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
87	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
88	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
89	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
90	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
91	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
92	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
93	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
94	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
95	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
96	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
97	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
98	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
99	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

Transport Life Insurance Company, Fort Worth, Texas
Rate Schedule Prior to Rate Increase
Gross Premiums Per $10/Day Nursing Home Benefit
Form 10955 Without Home Health Care Rider

Area 1
Super Select Underwriting

	Elimination Period / Benefit Limit									
Issue Age	0/1	100/1	0/2	100/2	0/3	100/3	0/4	100/4	0/Life	100/Life
0-59	82.66	74.30	111.53	100.31	132.82	117.03	146.75	130.96	171.83	152.32
60-64	126.32	107.74	187.93	156.97	219.20	191.33	245.20	216.41	291.64	255.42
65-69	207.12	172.14	309.29	264.71	381.74	330.03	434.68	376.16	522.91	453.25
70	284.21	233.13	436.85	370.59	544.28	499.08	621.37	534.99	755.11	650.16
71	318.58	260.99	491.34	417.03	615.79	525.70	702.17	603.72	889.33	734.68
72	355.73	290.71	552.64	468.12	694.74	592.57	794.12	680.81	969.67	831.28
73	399.38	325.08	626.01	528.49	788.55	672.45	904.65	773.69	1,108.06	947.38
74	450.78	365.95	709.60	597.22	897.22	761.62	1,030.97	880.50	1,265.95	1,080.19
75	506.20	411.46	806.20	674.31	1,020.75	864.71	1,174.00	1,002.18	1,448.93	1,231.59
76	572.14	463.47	913.01	765.33	1,161.93	982.67	1,341.19	1,138.71	1,658.84	1,408.06
77	648.30	521.06	1,038.40	866.57	1,326.64	1,118.28	1,530.66	1,298.46	1,930.36	1,607.75
78	730.04	586.07	1,179.58	982.67	1,513.94	1,272.46	1,756.36	1,484.22	2,192.90	1,847.38
79	824.77	660.38	1,344.90	1,114.56	1,731.28	1,451.71	2,046.46	1,698.16	2,531.91	2,123.24
80	963.48	743.04	1,530.66	1,265.95	N/A	N/A	N/A	N/A	N/A	N/A
81	1,054.19	839.64	1,742.43	1,437.78	N/A	N/A	N/A	N/A	N/A	N/A
82	1,193.51	946.45	1,986.70	1,634.69	N/A	N/A	N/A	N/A	N/A	N/A
83	1,350.48	1,069.05	2,265.34	1,857.91	N/A	N/A	N/A	N/A	N/A	N/A
84	1,530.66	1,208.37	2,582.99	2,112.09	N/A	N/A	N/A	N/A	N/A	N/A

Transport Life Insurance Company, Fort Worth, Texas
Rate Schedule Prior to Rate Increase
Gross Premiums Per $10/Day Nursing Home Benefit
Form 10955 Without Home Health Care Rider

Area 1
Yes/No Underwriting

	Elimination Period / Benefit Limit									
Issue Age	0/1	100/1	0/2	100/2	0/3	100/3	0/4	100/4	0/Life	100/Life
0-59	100.31	87.31	143.04	125.39	169.97	149.54	190.40	168.11	225.70	197.83
60-64	161.61	134.68	237.77	204.34	291.64	253.56	328.80	286.07	393.81	342.73
65-69	273.07	225.70	417.96	355.73	520.13	445.82	590.72	510.84	715.18	618.58
70	381.74	312.08	595.36	504.34	747.68	639.01	854.50	734.68	1,040.26	894.43
71	430.03	349.23	672.45	566.57	845.21	720.75	968.74	830.35	1,182.36	1,013.32
72	482.05	392.88	759.76	639.01	956.66	813.63	1,095.98	939.02	1,341.19	1,148.00
73	544.28	441.49	860.07	723.54	1,089.48	924.16	1,249.55	1,068.12	1,533.45	1,310.54
74	613.94	496.91	978.96	820.13	1,239.95	1,050.47	1,426.64	1,216.73	1,758.22	1,496.30
75	695.67	561.00	1,112.70	928.80	1,414.56	1,196.29	1,630.35	1,386.70	2,013.64	1,709.92
76	784.84	631.89	1,264.10	1,055.12	1,611.47	1,359.76	1,861.32	1,578.96	2,306.21	1,955.12
77	889.79	714.25	1,437.78	1,197.22	1,838.10	1,549.24	2,126.02	1,800.94	2,645.22	2,234.69
78	1,005.89	806.20	1,637.47	1,359.76	2,102.80	1,765.65	2,443.05	2,061.01	3,054.82	2,570.92
79	1,137.78	909.30	1,865.03	1,545.52	2,409.31	2,045.99	2,805.29	2,358.22	3,530.37	2,956.37
80	1,289.17	1,104.03	2,126.02	1,756.36	N/A	N/A	N/A	N/A	N/A	N/A
81	1,461.00	1,160.07	2,425.10	1,996.92	N/A	N/A	N/A	N/A	N/A	N/A
82	1,654.19	1,310.54	2,766.90	2,270.92	N/A	N/A	N/A	N/A	N/A	N/A
83	1,875.25	1,481.44	3,156.06	2,584.85	N/A	N/A	N/A	N/A	N/A	N/A
84	2,126.02	1,676.48	3,600.03	2,942.44	N/A	N/A	N/A	N/A	N/A	N/A

Transport Life Insurance Company, Fort Worth, Texas
Rate Schedule Prior to Rate Increase
Gross Premiums Per $10/Day Nursing Home Benefit
Form 10955 With Home Health Care Rider

Area 1
Super Select Underwriting

	Elimination Period / Benefit Limit									
Issue Age	0/1	100/1	0/2	100/2	0/3	100/3	0/4	100/4	0/Life	100/Life
0-59	91.02	78.95	123.53	109.60	146.36	130.96	162.54	144.89	191.33	169.97
60-64	142.42	117.03	202.48	174.61	247.06	214.55	277.71	242.42	329.72	288.86
65-69	231.27	191.33	349.23	300.00	434.68	372.45	492.26	427.25	595.36	514.56
70	320.44	262.85	496.91	421.68	621.37	532.20	708.67	609.29	862.86	742.11
71	360.37	293.50	558.21	471.83	701.24	599.08	801.55	688.24	976.17	839.64
72	404.03	328.80	630.66	532.20	793.20	677.10	906.51	778.33	1,108.99	951.09
73	454.18	369.66	713.46	601.86	900.94	768.58	1,033.75	883.29	1,266.88	1,084.84
74	511.77	416.10	810.84	680.81	1,026.32	871.21	1,178.65	1,005.89	1,449.86	1,236.23
75	578.64	468.12	920.44	770.90	1,168.43	988.24	1,345.83	1,145.21	1,660.69	1,411.78
76	653.88	525.70	1,048.00	874.00	1,330.97	1,124.78	1,536.24	1,304.96	1,902.18	1,612.40
77	768.43	593.50	1,497.54	991.96	1,516.73	1,278.03	1,753.57	1,486.08	2,178.04	1,843.67
78	834.06	667.81	1,351.40	1,123.85	1,735.00	1,457.29	2,013.64	1,699.70	2,517.36	2,118.59
79	941.80	753.26	1,539.95	1,276.17	1,985.77	1,663.48	2,311.78	1,944.91	2,907.14	2,436.24
80	1,066.26	848.92	1,753.57	1,449.86	N/A	N/A	N/A	N/A	N/A	N/A
81	1,206.51	959.45	1,997.85	1,647.69	N/A	N/A	N/A	N/A	N/A	N/A
82	1,365.34	1,082.98	2,279.28	1,872.46	N/A	N/A	N/A	N/A	N/A	N/A
83	1,547.38	1,224.16	2,599.71	2,129.74	N/A	N/A	N/A	N/A	N/A	N/A
84	1,753.57	1,382.98	2,965.66	2,422.31	N/A	N/A	N/A	N/A	N/A	N/A

Transport Life Insurance Company, Fort Worth, Texas
Rate Schedule Prior to Rate Increase
Gross Premiums Per $10/Day Nursing Home Benefit
Form 10955 With Home Health Care Rider

Area 1
Yes/No Underwriting

	Elimination Period / Benefit Limit									
Issue Age	0/1	100/1	0/2	100/2	0/3	100/3	0/3	100/4	0/Life	100/Life
0-59	110.53	93.81	156.97	137.46	190.40	167.18	213.62	186.69	253.56	221.98
60-64	179.26	149.54	267.49	230.34	329.72	284.21	371.52	324.15	446.75	388.24
65-69	307.43	253.56	474.62	402.17	592.57	508.98	674.31	580.50	817.34	705.89
70	434.68	353.25	678.95	574.00	853.57	729.11	976.17	836.85	1,191.65	1,021.99
71	487.62	395.67	767.19	645.52	966.88	822.92	1,108.06	947.45	1,352.33	1,160.07
72	548.92	444.90	866.57	729.11	1,095.06	929.73	1,254.81	1,073.69	1,537.16	1,315.18
73	620.44	500.62	984.53	825.70	1,247.38	1,057.90	1,433.14	1,222.30	1,759.15	1,500.94
74	701.24	564.71	1,119.20	936.23	1,421.06	1,202.80	1,635.62	1,424.16	2,014.57	1,716.42
75	793.20	639.01	1,271.53	1,062.55	1,619.83	1,369.00	1,867.82	1,588.25	2,309.00	1,960.70
76	899.08	720.75	1,447.07	1,210.54	1,847.38	1,559.46	2,135.31	1,811.47	2,647.08	2,242.12
77	1,017.04	816.42	1,647.69	1,370.91	2,107.45	1,774.94	2,439.03	2,065.65	3,035.32	2,564.42
78	1,150.78	920.44	1,876.49	1,559.46	2,413.95	2,025.71	2,803.12	2,363.83	3,506.22	2,949.87
79	1,304.04	1,039.33	2,139.96	1,770.29	2,763.18	2,311.78	3,221.08	2,706.52	4,055.14	3,394.76
80	1,475.86	1,174.00	2,439.03	2,014.57	N/A	N/A	N/A	N/A	N/A	N/A
81	1,672.77	1,327.26	2,781.76	2,290.42	N/A	N/A	N/A	N/A	N/A	N/A
82	1,897.54	1,500.94	3,175.57	2,606.21	N/A	N/A	N/A	N/A	N/A	N/A
83	2,151.10	1,698.78	3,623.25	2,966.59	N/A	N/A	N/A	N/A	N/A	N/A
84	2,439.03	1,921.69	4,136.88	3,376.19	N/A	N/A	N/A	N/A	N/A	N/A

Transport Life Insurance Company
Proposed Rate Schedule With Rate Increase
Gross Premiums Per $10/Day Nursing Home Benefit
Form 10955 Without Home Health Care Rider

Area 1
Super Select Underwriting

	Elimination Period / Benefit Limit									
Issue Age	0/1	100/1	0/2	100/2	0/3	100/3	0/4	100/4	0/Life	100/Life
0-59	115.73	104.03	156.15	140.43	185.95	163.84	205.45	183.35	240.56	213.25
60-64	176.84	150.84	263.10	219.75	306.88	267.87	343.28	302.97	408.30	357.59
65-69	289.97	240.99	433.01	370.59	534.43	462.05	608.55	526.63	732.08	634.56
70	397.90	326.38	611.58	518.83	761.99	698.71	869.91	748.98	1,057.16	910.22
71	446.01	365.39	687.87	583.84	862.11	735.98	983.04	845.21	1,245.06	1,028.55
72	498.02	407.00	773.69	655.36	972.64	829.60	1,111.77	953.13	1,357.53	1,163.79
73	559.14	455.11	876.42	739.88	1,103.97	941.43	1,266.51	1,083.17	1,551.28	1,326.33
74	631.09	512.33	993.44	836.11	1,256.11	1,066.26	1,443.36	1,232.70	1,772.34	1,512.27
75	708.67	576.04	1,128.68	944.03	1,429.05	1,210.60	1,643.60	1,403.05	2,028.50	1,724.22
76	801.00	648.86	1,278.21	1,071.46	1,626.70	1,375.74	1,877.66	1,594.19	2,322.37	1,971.29
77	907.62	729.48	1,453.76	1,213.20	1,857.29	1,565.59	2,142.93	1,817.85	2,702.50	2,250.85
78	1,022.05	820.50	1,651.41	1,375.74	2,119.52	1,781.44	2,458.91	2,077.91	3,070.06	2,586.34
79	1,154.68	924.53	1,882.86	1,560.38	2,423.80	2,032.40	2,865.04	2,377.42	3,544.67	2,972.53
80	1,348.87	1,040.26	2,142.93	1,772.34	N/A	N/A	N/A	N/A	N/A	N/A
81	1,475.86	1,175.49	2,439.40	2,012.90	N/A	N/A	N/A	N/A	N/A	N/A
82	1,670.91	1,325.03	2,781.38	2,288.56	N/A	N/A	N/A	N/A	N/A	N/A
83	1,890.67	1,496.67	3,171.48	2,601.07	N/A	N/A	N/A	N/A	N/A	N/A
84	2,142.93	1,691.72	3,616.19	2,956.93	N/A	N/A	N/A	N/A	N/A	N/A

Transport Life Insurance Company
Proposed Rate Schedule With Rate Increase
Gross Premiums Per $10/Day Nursing Home Benefit
Form 10955 Without Home Health Care Rider

Area 1
Yes/No Underwriting

	Elimination Period / Benefit Limit									
Issue Age	0/1	100/1	0/2	100/2	0/3	100/3	0/4	100/4	0/Life	100/Life
0-59	140.43	122.23	200.25	175.54	237.96	209.35	266.57	235.36	315.98	276.97
60-64	226.26	188.55	332.88	286.07	408.30	354.99	460.31	400.50	551.34	479.82
65-69	382.29	315.98	585.14	498.02	728.18	624.15	827.00	715.18	1,001.25	866.01
70	534.43	436.91	833.51	706.07	1,046.76	894.62	1,196.29	1,028.55	1,456.36	1,252.21
71	602.05	488.92	941.43	793.20	1,183.29	1,009.05	1,356.23	1,162.49	1,655.31	1,418.65
72	674.87	550.04	1,063.66	894.62	1,339.33	1,139.08	1,534.38	1,314.62	1,877.66	1,607.20
73	761.99	618.09	1,204.10	1,012.95	1,525.28	1,293.82	1,749.36	1,495.37	2,146.83	1,834.75
74	859.51	695.67	1,370.54	1,148.18	1,735.93	1,470.66	1,997.29	1,703.42	2,461.51	2,094.82
75	973.94	785.39	1,557.78	1,300.32	1,980.39	1,674.81	2,282.50	1,941.38	2,819.09	2,393.89
76	1,098.77	884.65	1,769.74	1,477.16	2,256.06	1,903.67	2,605.84	2,210.54	3,228.69	2,737.17
77	1,245.71	999.95	2,012.90	1,676.11	2,573.33	2,168.93	2,976.43	2,521.32	3,703.31	3,128.57
78	1,408.25	1,128.68	2,292.46	1,903.67	2,943.92	2,471.91	3,420.28	2,885.41	4,276.75	3,599.29
79	1,592.89	1,273.01	2,611.04	2,163.73	3,373.03	2,864.39	3,927.40	3,301.51	4,942.52	4,138.92
80	1,804.84	1,545.65	2,976.43	2,458.91	N/A	N/A	N/A	N/A	N/A	N/A
81	2,045.40	1,624.10	3,395.14	2,795.69	N/A	N/A	N/A	N/A	N/A	N/A
82	2,315.87	1,834.75	3,873.65	3,179.28	N/A	N/A	N/A	N/A	N/A	N/A
83	2,625.35	2,074.01	4,418.49	3,618.79	N/A	N/A	N/A	N/A	N/A	N/A
84	2,976.43	2,347.08	5,040.04	4,119.41	N/A	N/A	N/A	N/A	N/A	N/A

Transport Life Insurance Company
Proposed Rate Schedule With Rate Increase
Gross Premiums Per $10/Day Nursing Home Benefit
Form 10955 With Home Health Care Rider

Area 1
Super Select Underwriting

	Elimination Period / Benefit Limit									
Issue Age	0/1	100/1	0/2	100/2	0/3	100/3	0/4	100/4	0/Life	100/Life
0-59	127.43	110.53	172.94	153.44	204.91	183.35	227.56	202.85	267.87	237.96
60-64	199.38	163.84	283.47	244.46	345.89	300.37	388.80	339.38	461.61	404.40
65-69	323.78	267.87	488.92	420.00	608.55	521.43	689.17	598.15	833.51	720.38
70	448.61	367.99	695.67	590.35	869.91	745.08	992.14	853.01	1,208.00	1,038.96
71	504.52	410.90	781.49	660.56	981.74	838.71	1,122.18	963.54	1,366.64	1,175.49
72	565.64	460.31	882.92	745.08	1,110.47	947.93	1,269.11	1,089.67	1,552.58	1,331.53
73	635.86	517.53	998.84	842.61	1,261.31	1,076.01	1,447.26	1,236.60	1,773.64	1,518.77
74	716.48	582.54	1,135.18	953.13	1,436.85	1,219.70	1,650.11	1,408.25	2,029.80	1,730.73
75	810.10	655.36	1,288.62	1,079.27	1,635.80	1,383.54	1,884.16	1,603.29	2,324.97	1,976.49
76	915.43	735.98	1,467.19	1,223.60	1,863.36	1,574.69	2,150.73	1,826.95	2,663.06	2,257.36
77	1,075.80	830.90	2,096.55	1,388.74	2,123.42	1,789.24	2,455.00	2,080.51	3,049.25	2,581.14
78	1,167.69	934.93	1,891.97	1,573.39	2,429.00	2,040.20	2,819.09	2,379.59	3,524.30	2,966.03
79	1,318.52	1,054.56	2,155.93	1,786.64	2,780.08	2,328.87	3,236.50	2,722.87	4,070.00	3,410.74
80	1,492.77	1,188.49	2,455.00	2,029.80	N/A	N/A	N/A	N/A	N/A	N/A
81	1,689.12	1,343.23	2,796.99	2,306.77	N/A	N/A	N/A	N/A	N/A	N/A
82	1,911.47	1,516.17	3,190.99	2,621.45	N/A	N/A	N/A	N/A	N/A	N/A
83	2,166.33	1,713.82	3,639.60	2,981.63	N/A	N/A	N/A	N/A	N/A	N/A
84	2,455.00	1,936.18	4,151.92	3,391.23	N/A	N/A	N/A	N/A	N/A	N/A

Transport Life Insurance Company
Proposed Rate Schedule With Rate Increase
Gross Premiums Per $10/Day Nursing Home Benefit
Form 10955 With Home Health Care Rider

Area 1
Yes/No Underwriting

	Elimination Period / Benefit Limit									
Issue Age	0/1	100/1	0/2	100/2	0/3	100/3	0/4	100/4	0/Life	100/Life
0-59	154.74	131.33	219.75	192.45	266.57	234.06	299.07	261.36	354.99	310.78
60-64	250.96	209.35	374.49	322.48	461.61	397.90	520.13	453.81	625.45	543.53
65-69	430.41	354.99	664.46	563.04	829.60	712.58	944.03	812.70	1,144.28	988.24
70	608.55	494.56	950.53	803.60	1,194.99	1,020.75	1,366.64	1,171.59	1,668.31	1,430.79
71	682.67	553.94	1,074.06	903.72	1,353.63	1,152.08	1,551.28	1,326.43	1,893.27	1,624.10
72	768.49	622.85	1,213.20	1,020.75	1,533.08	1,301.62	1,756.73	1,503.17	2,152.03	1,841.25
73	868.61	700.87	1,378.34	1,155.98	1,746.33	1,481.06	2,006.39	1,711.22	2,462.81	2,101.32
74	981.74	790.59	1,566.89	1,310.72	1,989.49	1,683.91	2,289.86	1,993.82	2,820.39	2,402.99
75	1,110.47	894.62	1,780.14	1,487.57	2,267.76	1,916.60	2,614.94	2,223.55	3,232.60	2,744.98
76	1,258.71	1,009.05	2,025.90	1,694.75	2,586.34	2,183.24	2,989.44	2,536.06	3,705.91	3,138.97
77	1,423.85	1,142.98	2,306.77	1,919.27	2,950.43	2,484.91	3,414.64	2,891.91	4,249.45	3,590.18
78	1,611.10	1,288.62	2,627.08	2,183.24	3,379.53	2,836.00	3,924.37	3,309.37	4,908.71	4,129.82
79	1,825.65	1,455.06	2,995.94	2,478.41	3,868.45	3,236.50	4,509.51	3,789.13	5,677.20	4,752.67
80	2,066.21	1,643.60	3,414.64	2,820.39	N/A	N/A	N/A	N/A	N/A	N/A
81	2,341.88	1,858.16	3,894.46	3,206.59	N/A	N/A	N/A	N/A	N/A	N/A
82	2,656.55	2,101.32	4,445.79	3,648.70	N/A	N/A	N/A	N/A	N/A	N/A
83	3,011.54	2,378.29	5,072.55	4,153.22	N/A	N/A	N/A	N/A	N/A	N/A
84	3,414.64	2,690.36	5,791.63	4,726.66	N/A	N/A	N/A	N/A	N/A	N/A

Transport Life Insurance Company
Proposed Rate Schedule With Downgrade
Gross Premiums Per $10/Day Nursing Home Benefit
Form 10955 Without Home Health Care Rider

Area 1
Super Select Underwriting

	Elimination Period / Benefit Limit									
Issue Age	0/1	100/1	0/2	100/2	0/3	100/3	0/4	100/4	0/Life	100/Life
0-59	49.60	44.58	66.92	60.19	79.69	70.22	88.05	78.58	103.10	91.39
60-64	75.79	64.64	112.76	94.18	131.52	114.80	147.12	129.85	174.99	153.25
65-69	124.27	103.28	185.57	158.82	229.04	198.02	260.81	225.70	313.75	271.95
70	170.53	139.88	262.11	222.35	326.57	299.45	372.82	320.99	453.07	390.10
71	191.15	156.60	294.80	250.22	369.48	315.42	421.30	362.23	533.60	440.81
72	213.44	174.43	331.58	280.87	416.85	355.54	476.47	408.49	581.80	498.77
73	239.63	195.05	375.61	317.09	473.13	403.47	542.79	464.21	664.84	568.43
74	270.47	219.57	425.76	358.33	538.33	456.97	618.58	528.30	759.57	648.12
75	303.72	246.88	483.72	404.59	612.45	518.83	704.40	601.31	869.36	738.95
76	343.28	278.08	547.81	459.20	697.16	589.60	804.71	683.23	995.30	844.84
77	388.98	312.63	623.04	519.94	795.98	670.97	918.40	779.08	1,158.21	964.65
78	438.02	351.64	707.75	589.60	908.37	763.47	1,053.82	890.53	1,315.74	1,108.43
79	494.86	396.23	806.94	668.74	1,038.77	871.03	1,227.87	1,018.89	1,519.15	1,273.94
80	578.09	445.82	918.40	759.57	N/A	N/A	N/A	N/A	N/A	N/A
81	632.51	503.78	1,045.46	862.67	N/A	N/A	N/A	N/A	N/A	N/A
82	716.10	567.87	1,192.02	980.81	N/A	N/A	N/A	N/A	N/A	N/A
83	810.29	641.43	1,359.21	1,114.75	N/A	N/A	N/A	N/A	N/A	N/A
84	918.40	725.02	1,549.80	1,267.25	N/A	N/A	N/A	N/A	N/A	N/A

Transport Life Insurance Company
Proposed Rate Schedule With Downgrade
Gross Premiums Per $10/Day Nursing Home Benefit
Form 10955 Without Home Health Care Rider

Area 1
Yes/No Underwriting

	Elimination Period / Benefit Limit									
Issue Age	0/1	100/1	0/2	100/2	0/3	100/3	0/4	100/4	0/Life	100/Life
0-59	60.19	52.38	85.82	75.23	101.98	89.72	114.24	100.87	135.42	118.70
60-64	96.97	80.81	142.66	122.60	174.99	152.14	197.28	171.64	236.29	205.64
65-69	163.84	135.42	250.78	213.44	312.08	267.49	354.43	306.50	429.11	371.15
70	229.04	187.25	357.22	302.60	448.61	383.41	512.70	440.81	624.15	536.66
71	258.02	209.54	403.47	339.94	507.12	432.45	581.24	498.21	709.42	607.99
72	289.23	235.73	455.86	383.41	574.00	488.18	657.59	563.41	804.71	688.80
73	326.57	264.89	516.04	434.12	653.69	554.49	749.73	640.87	920.07	786.32
74	368.36	298.14	587.37	492.08	743.97	630.28	855.98	730.04	1,054.93	897.78
75	417.40	336.60	667.62	557.28	848.74	717.78	978.21	832.02	1,208.18	1,025.95
76	470.90	379.14	758.46	633.07	966.88	815.86	1,116.79	947.38	1,383.73	1,173.07
77	533.87	428.55	862.67	718.33	1,102.86	929.54	1,275.61	1,080.57	1,587.13	1,340.82
78	603.53	483.72	982.48	815.86	1,261.68	1,059.39	1,465.83	1,236.60	1,832.89	1,542.55
79	682.67	545.58	1,119.02	927.31	1,445.58	1,227.59	1,683.17	1,414.93	2,118.22	1,773.82
80	773.50	662.42	1,275.61	1,053.82	N/A	N/A	N/A	N/A	N/A	N/A
81	876.60	696.04	1,455.06	1,198.15	N/A	N/A	N/A	N/A	N/A	N/A
82	992.52	786.32	1,660.14	1,362.55	N/A	N/A	N/A	N/A	N/A	N/A
83	1,125.15	888.86	1,893.64	1,550.91	N/A	N/A	N/A	N/A	N/A	N/A
84	1,275.61	1,005.89	2,160.02	1,765.46	N/A	N/A	N/A	N/A	N/A	N/A

Transport Life Insurance Company
Proposed Rate Schedule With Downgrade
Gross Premiums Per $10/Day Nursing Home Benefit
Form 10955 With Home Health Care Rider

Area 1
Super Select Underwriting

	Elimination Period / Benefit Limit									
Issue Age	0/1	100/1	0/2	100/2	0/3	100/3	0/4	100/4	0/Life	100/Life
0-59	54.61	47.37	74.12	65.76	87.82	78.58	97.52	86.94	114.80	101.98
60-64	85.45	70.22	121.49	104.77	148.24	128.73	166.63	145.45	197.83	173.31
65-69	138.76	114.80	209.54	180.00	260.81	223.47	295.36	256.35	357.22	308.73
70	192.26	157.71	298.14	253.01	372.82	319.32	425.20	365.58	517.71	445.27
71	216.22	176.10	334.93	283.10	420.75	359.45	480.93	412.94	585.70	503.78
72	242.42	197.28	378.39	319.32	475.92	406.26	543.91	467.00	665.39	570.65
73	272.51	221.80	428.07	361.12	540.56	461.15	620.25	529.97	760.13	650.90
74	307.06	249.66	486.51	408.49	615.79	522.73	707.19	603.53	869.91	741.74
75	347.19	280.87	552.26	462.54	701.06	592.95	807.50	687.13	996.42	847.07
76	392.33	315.42	628.80	524.40	798.58	674.87	921.74	782.98	1,141.31	967.44
77	461.06	356.10	898.52	595.18	910.04	766.82	1,052.14	891.65	1,306.82	1,106.20
78	500.44	400.68	810.84	674.31	1,041.00	874.37	1,208.18	1,019.82	1,510.41	1,271.16
79	565.08	451.95	923.97	765.70	1,191.46	998.09	1,387.07	1,166.94	1,744.29	1,461.75
80	639.76	509.35	1,052.14	869.91	N/A	N/A	N/A	N/A	N/A	N/A
81	723.91	575.67	1,198.71	988.61	N/A	N/A	N/A	N/A	N/A	N/A
82	819.20	649.79	1,367.57	1,123.48	N/A	N/A	N/A	N/A	N/A	N/A
83	928.43	734.50	1,559.83	1,277.84	N/A	N/A	N/A	N/A	N/A	N/A
84	1,052.14	829.79	1,779.40	1,453.39	N/A	N/A	N/A	N/A	N/A	N/A

Transport Life Insurance Company
Proposed Rate Schedule With Downgrade
Gross Premiums Per $10/Day Nursing Home Benefit
Form 10955 With Home Health Care Rider

Area 1
Yes/No Underwriting

	Elimination Period / Benefit Limit									
Issue Age	0/1	100/1	0/2	100/2	0/3	100/3	0/4	100/4	0/Life	100/Life
0-59	66.32	56.29	94.18	82.48	114.24	100.31	128.17	112.01	152.14	133.19
60-64	107.56	89.72	160.50	138.21	197.83	170.53	222.91	194.49	268.05	232.94
65-69	184.46	152.14	284.77	241.30	355.54	305.39	404.59	348.30	490.41	423.53
70	260.81	211.95	407.37	344.40	512.14	437.46	585.70	502.11	714.99	613.19
71	292.57	237.40	460.31	387.31	580.13	493.75	664.84	568.47	811.40	696.04
72	329.35	266.94	519.94	437.46	657.03	557.84	752.89	644.22	922.30	789.11
73	372.26	300.37	590.72	495.42	748.43	634.74	859.88	733.38	1,055.49	900.56
74	420.75	338.83	671.52	561.74	852.64	721.68	981.37	854.50	1,208.74	1,029.85
75	475.92	383.41	762.92	637.53	971.90	821.40	1,120.69	952.95	1,385.40	1,176.42
76	539.45	432.45	868.24	726.32	1,108.43	935.67	1,281.19	1,086.88	1,588.25	1,345.27
77	610.22	489.85	988.61	822.55	1,264.47	1,064.96	1,463.42	1,239.39	1,821.19	1,538.65
78	690.47	552.26	1,125.89	935.67	1,448.37	1,215.43	1,681.87	1,418.30	2,103.73	1,769.92
79	782.42	623.60	1,283.97	1,062.18	1,657.91	1,387.07	1,932.65	1,623.91	2,433.08	2,036.86
80	885.52	704.40	1,463.42	1,208.74	N/A	N/A	N/A	N/A	N/A	N/A
81	1,003.66	796.35	1,669.05	1,374.25	N/A	N/A	N/A	N/A	N/A	N/A
82	1,138.52	900.56	1,905.34	1,563.73	N/A	N/A	N/A	N/A	N/A	N/A
83	1,290.66	1,019.27	2,173.95	1,779.95	N/A	N/A	N/A	N/A	N/A	N/A
84	1,463.42	1,153.01	2,482.13	2,025.71	N/A	N/A	N/A	N/A	N/A	N/A

Transport Life Insurance Company
Rate Schedule Prior to Rate Increase
Gross Premiums - Form 11001 - With Inflation Rider, Without Return of Premium Rider
Area 1 - Super Select Underwriting

Nursing Home Rates Per $10/Day Benefit

Issue Age	0/1	100/1	0/2	100/2	0/3	100/3	0/4	100/4	0/Life	100/Life
0-59	96.58	86.41	130.47	116.91	155.04	136.40	171.13	152.50	235.52	208.41
60	118.61	103.36	165.20	145.72	199.09	174.52	221.97	196.55	303.30	267.15
61	127.08	109.29	179.61	156.73	216.88	189.77	242.30	214.34	330.69	289.74
62	135.55	116.07	194.01	168.59	235.52	205.87	264.33	232.98	359.21	314.31
63	147.41	125.39	213.49	184.69	259.24	228.32	292.28	256.70	393.95	343.96
64	160.97	136.40	233.83	202.48	286.35	249.08	322.78	282.96	431.22	376.16
65	175.37	147.41	256.70	221.97	315.16	273.65	356.67	311.77	472.74	411.74
66	190.62	159.27	282.12	243.15	340.57	301.60	394.80	343.12	517.64	449.86
67	207.56	172.83	310.08	266.02	375.87	331.26	436.31	377.85	567.62	492.22
68	228.74	189.77	344.81	294.83	426.99	368.53	486.29	420.21	621.84	537.97
69	251.62	208.41	382.93	326.17	476.13	409.20	543.06	468.50	680.30	587.11
70	277.88	228.74	425.29	361.75	530.35	454.95	605.75	521.03	744.69	641.33
71	305.84	251.62	471.89	400.73	591.35	505.78	675.22	580.33	815.85	701.48
72	337.19	276.19	524.42	443.93	659.12	562.54	753.16	645.57	892.95	765.87
73	376.16	307.53	588.80	497.31	742.15	632.01	850.59	727.74	1,009.02	863.30
74	420.21	341.42	661.66	556.61	836.19	710.80	960.72	819.24	1,143.16	972.59
75	469.35	380.39	742.99	623.54	942.09	798.91	1,084.42	923.45	1,288.59	1,096.28
76	524.42	422.75	834.49	698.94	1,061.54	898.03	1,224.20	1,040.36	1,456.34	1,236.06
77	585.42	470.20	937.85	782.81	1,195.40	1,009.86	1,382.63	1,172.52	1,646.11	1,392.80
78	655.73	525.26	1,059.00	881.09	1,346.20	1,135.25	1,561.39	1,321.63	1,860.45	1,569.01
79	735.37	587.11	1,195.40	992.07	1,515.64	1,275.88	1,763.02	1,489.38	2,102.75	1,767.26
80	823.48	656.58	1,350.44	1,117.46	N/A	N/A	N/A	N/A	N/A	N/A
81	923.45	733.68	1,524.96	1,258.09	N/A	N/A	N/A	N/A	N/A	N/A
82	1,034.43	820.09	1,721.51	1,416.52	N/A	N/A	N/A	N/A	N/A	N/A
83	1,158.97	916.67	1,943.48	1,595.28	N/A	N/A	N/A	N/A	N/A	N/A
84	1,298.76	1,024.26	2,194.25	1,796.91	N/A	N/A	N/A	N/A	N/A	N/A

Home Health Care Rider Rates Per $10/Day Benefit

Issue Age	0/1	100/1	0/2	100/2	0/3	100/3	0/4	100/4	0/Life	100/Life
0-59	19.49	11.01	27.96	22.03	32.19	32.19	37.28	32.19	53.37	48.29
60	24.57	16.10	38.97	30.50	46.88	41.51	54.22	44.90	74.55	66.08
61	26.26	17.79	43.21	33.89	53.37	45.75	61.85	49.98	83.87	72.65
62	27.96	20.33	48.29	38.12	62.27	49.98	70.32	55.92	94.04	82.11
63	30.30	22.87	53.37	43.21	68.06	55.92	77.87	56.48	104.21	90.65
64	34.74	26.26	59.30	49.14	75.40	61.85	85.57	71.16	115.22	99.97
65	38.97	29.65	65.23	55.07	84.72	68.62	94.89	80.48	127.93	109.29
66	43.21	33.89	72.86	62.69	94.89	77.10	104.21	90.65	142.33	121.15
67	48.29	38.97	77.66	71.16	105.90	85.57	115.22	104.63	157.58	133.01
68	55.07	44.05	90.65	79.64	118.61	96.58	130.47	115.22	173.68	147.41
69	62.69	49.98	102.51	88.11	133.01	110.14	147.41	129.62	191.47	165.49
70	71.16	55.92	116.07	98.28	148.26	124.54	166.90	145.72	210.95	180.45
71	80.48	63.54	131.32	109.29	166.05	144.31	188.93	164.36	232.98	199.94
72	91.50	72.01	148.26	122.00	185.61	160.12	213.49	184.69	256.70	221.12
73	105.34	83.45	166.83	138.09	210.95	180.45	242.30	208.41	291.44	249.92
74	114.37	91.50	188.93	155.88	239.76	202.48	275.34	235.52	330.41	282.96
75	128.77	102.51	212.65	177.06	271.95	227.90	312.62	266.02	375.31	320.24
76	141.20	116.07	239.76	199.94	307.53	256.70	354.13	299.91	425.29	361.75
77	161.25	130.47	270.26	228.96	347.88	288.90	402.70	338.88	482.90	409.20
78	182.43	146.57	306.69	255.01	396.49	325.32	457.77	382.93	548.14	462.57
79	205.87	165.20	347.35	287.20	450.71	365.99	520.18	432.92	621.84	525.83
80	232.98	186.53	394.09	323.63	N/A	N/A	N/A	N/A	N/A	N/A
81	263.48	210.11	447.32	365.14	N/A	N/A	N/A	N/A	N/A	N/A
82	298.21	236.37	507.47	411.74	N/A	N/A	N/A	N/A	N/A	N/A
83	337.19	266.02	576.10	464.27	N/A	N/A	N/A	N/A	N/A	N/A
84	381.24	299.06	654.04	523.57	N/A	N/A	N/A	N/A	N/A	N/A

Transport Life Insurance Company
Rate Schedule Prior to Rate Increase
Gross Premiums - Form 11001 - With Inflation Rider, With Return of Premium Rider
Area 1 - Super Select Underwriting

Nursing Home Rates Per $10/Day Benefit

Issue Age	0/1	100/1	0/2	100/2	0/3	100/3	0/4	100/4	0/Life	100/Life
0-59	128.77	115.22	173.68	155.88	205.87	181.30	227.90	202.48	313.46	277.03
60	157.58	137.25	219.42	194.01	265.17	232.13	294.83	261.78	403.27	354.98
61	169.72	145.72	238.91	208.41	288.05	252.47	321.94	284.66	439.70	385.48
62	180.45	154.19	258.40	224.51	313.46	273.65	351.59	310.08	477.82	417.67
63	195.70	166.90	283.81	245.69	344.81	300.76	388.86	341.42	523.57	457.49
64	214.34	181.30	313.04	269.41	381.24	331.26	429.53	376.16	573.55	500.70
65	232.98	195.70	341.42	294.83	416.54	364.30	474.43	414.28	628.62	547.29
66	253.31	211.80	375.31	323.63	461.72	400.73	525.26	456.64	688.77	598.12
67	276.19	229.59	412.59	354.13	509.17	440.54	580.33	502.39	754.86	654.89
68	304.14	252.47	458.34	392.25	567.62	490.53	646.41	559.15	826.87	715.88
69	332.10	269.97	509.17	433.77	632.86	543.90	722.66	622.69	904.81	781.12
70	369.38	304.14	565.93	481.21	705.72	604.90	805.69	693.01	990.38	853.13
71	406.66	334.64	627.78	532.89	786.20	672.68	898.03	771.80	1,085.26	932.77
72	448.17	367.68	697.25	590.22	876.85	748.08	1,001.39	858.21	1,187.77	1,018.33
73	499.99	409.20	782.81	661.66	986.99	842.96	1,131.01	967.50	1,341.96	1,147.96
74	559.15	454.10	880.24	740.45	1,112.37	945.48	1,277.58	1,089.50	1,516.49	1,293.67
75	624.39	505.78	987.84	829.41	1,253.01	1,062.39	1,441.93	1,228.44	1,713.89	1,458.03
76	697.25	562.54	1,109.83	929.38	1,411.44	1,194.55	1,628.32	1,383.48	1,936.70	1,643.85
77	778.58	625.23	1,247.08	1,041.21	1,590.19	1,342.81	1,839.27	1,559.70	2,189.16	1,852.83
78	871.77	691.88	1,408.89	1,171.68	1,790.13	1,509.71	2,076.49	1,757.94	2,474.67	2,086.65
79	977.67	781.12	1,590.19	1,319.09	2,043.73	1,696.94	2,345.05	1,980.75	2,796.61	2,350.13
80	1,095.43	873.46	1,796.06	1,485.99	N/A	N/A	N/A	N/A	N/A	N/A
81	1,228.44	975.97	2,028.20	1,673.22	N/A	N/A	N/A	N/A	N/A	N/A
82	1,375.85	1,090.35	2,289.98	1,884.17	N/A	N/A	N/A	N/A	N/A	N/A
83	1,541.06	1,219.12	2,584.81	2,121.39	N/A	N/A	N/A	N/A	N/A	N/A
84	1,727.44	1,362.30	2,918.60	2,389.95	N/A	N/A	N/A	N/A	N/A	N/A

Home Health Care Rider Rates Per $10/Day Benefit

Issue Age	0/1	100/1	0/2	100/2	0/3	100/3	0/4	100/4	0/Life	100/Life
0-59	26.26	14.40	37.28	29.65	43.21	43.21	49.98	43.21	71.16	64.39
60	33.04	21.18	51.68	40.67	61.85	55.07	72.01	59.30	99.12	88.11
61	34.74	23.72	57.61	44.90	71.16	61.00	82.18	66.08	111.83	98.28
62	37.28	27.11	64.39	50.83	79.64	66.08	93.19	74.55	125.39	109.29
63	41.51	30.50	71.16	57.61	89.80	74.55	103.36	84.72	138.94	120.30
64	46.60	34.74	78.79	65.23	99.97	82.18	113.52	94.89	153.34	133.01
65	51.68	39.82	86.41	72.86	112.68	91.50	126.23	106.75	170.29	145.72
66	57.61	44.90	96.58	83.03	126.23	102.51	138.94	120.02	188.93	160.97
67	64.39	51.68	106.75	94.89	140.64	113.52	153.34	136.40	209.26	177.06
68	72.86	58.46	120.30	105.90	157.58	128.77	173.68	153.34	231.29	195.70
69	83.03	66.08	136.40	116.91	177.06	146.57	195.70	171.98	255.01	216.04
70	94.89	74.55	154.19	130.47	197.40	166.05	221.97	194.01	280.42	239.76
71	106.75	84.72	174.52	145.72	221.12	188.08	251.62	218.58	310.08	266.02
72	122.00	95.73	197.40	162.66	248.23	212.65	283.81	245.69	341.42	293.98
73	136.40	108.44	221.97	183.84	280.42	239.76	321.94	277.03	388.02	332.10
74	152.50	122.00	251.62	206.86	318.55	269.41	365.99	313.46	439.70	376.16
75	171.13	136.40	282.96	235.52	361.75	303.30	415.98	354.13	499.00	426.14
76	191.47	154.19	318.55	266.02	409.20	341.42	471.04	399.03	565.93	481.21
77	214.34	173.68	359.21	300.76	464.27	384.63	535.43	450.71	642.18	543.90
78	242.30	194.86	407.50	338.88	526.96	432.92	608.29	509.17	729.44	615.07
79	273.65	219.42	461.72	382.09	599.82	487.14	692.16	576.10	826.87	695.55
80	310.08	248.23	525.26	430.38	N/A	N/A	N/A	N/A	N/A	N/A
81	350.74	279.58	594.73	485.45	N/A	N/A	N/A	N/A	N/A	N/A
82	396.49	314.31	675.22	547.29	N/A	N/A	N/A	N/A	N/A	N/A
83	448.17	354.13	765.87	617.61	N/A	N/A	N/A	N/A	N/A	N/A
84	507.47	397.34	870.07	696.40	N/A	N/A	N/A	N/A	N/A	N/A

Transport Life Insurance Company
Rate Schedule Prior to Rate Increase
Gross Premiums - Form 11001 - With Inflation Rider, Without Return of Premium Rider
Area 1 - Yes/No Underwriting

Nursing Home Rates Per $10/Day Benefit

Issue Age	0/1	100/1	0/2	100/2	0/3	100/3	0/4	100/4	0/Life	100/Life
0-59	116.91	101.66	166.90	146.57	198.24	174.52	221.97	196.55	309.23	271.10
60	148.26	125.39	216.04	187.23	261.78	227.90	293.98	256.70	404.96	353.28
61	160.12	134.70	234.67	203.33	286.35	249.08	322.78	281.27	443.09	386.32
62	173.68	144.87	255.85	220.27	314.31	272.80	354.13	307.53	484.60	421.91
63	190.62	158.43	282.12	242.30	348.20	300.76	392.25	340.57	532.04	463.42
64	208.41	172.83	311.77	266.87	384.63	332.10	435.46	377.00	585.42	508.32
65	227.90	188.93	343.96	293.98	426.14	366.84	482.90	417.67	643.02	557.46
66	249.92	206.72	379.55	323.63	471.89	404.96	534.58	462.57	706.56	612.53
67	273.65	226.20	419.36	356.67	521.88	447.32	593.04	512.56	776.04	671.83
68	303.30	249.92	467.65	396.49	582.87	499.00	663.36	572.71	851.44	735.37
69	336.34	276.19	521.03	441.39	651.50	556.61	742.15	639.64	934.46	805.69
70	372.77	304.99	580.33	490.53	726.90	620.15	830.26	714.19	1,025.96	881.94
71	412.59	337.19	647.26	545.60	812.46	692.16	929.38	797.22	1,125.93	965.81
72	457.49	372.77	720.97	606.60	907.35	743.56	1,039.51	890.41	1,235.22	1,057.31
73	511.71	415.98	810.77	681.15	1,023.42	869.23	1,175.07	1,004.78	1,397.88	1,193.70
74	572.71	464.27	912.43	764.17	1,155.58	979.36	1,328.41	1,132.71	1,581.44	1,347.05
75	641.33	517.64	1,025.96	858.21	1,303.84	1,103.05	1,502.09	1,278.42	1,790.13	1,519.88
76	717.58	577.79	1,154.73	963.27	1,470.74	1,242.00	1,697.79	1,441.93	2,025.66	1,715.58
77	803.15	644.72	1,298.76	1,081.03	1,659.66	1,398.73	1,919.76	1,626.84	2,292.52	1,936.70
78	901.42	721.81	1,468.20	1,218.27	1,873.16	1,574.94	2,170.53	1,835.04	2,594.13	2,186.62
79	1,012.40	808.23	1,659.66	1,374.16	2,113.76	1,773.19	2,454.34	2,070.56	2,935.55	2,468.74
80	1,136.94	905.66	1,876.55	1,548.68	N/A	N/A	N/A	N/A	N/A	N/A
81	1,276.73	1,014.10	2,120.54	1,746.08	N/A	N/A	N/A	N/A	N/A	N/A
82	1,433.46	1,135.25	2,397.58	1,968.05	N/A	N/A	N/A	N/A	N/A	N/A
83	1,609.68	1,270.80	2,711.04	2,217.97	N/A	N/A	N/A	N/A	N/A	N/A
84	1,807.92	1,422.45	3,065.17	2,499.24	N/A	N/A	N/A	N/A	N/A	N/A

Home Health Care Rider Rates Per $10/Day Benefit

Issue Age		100/1	0/2	100/2	0/3	100/3	0/4	100/4	0/Life	100/Life
0-59	23.72	15.25	32.19	27.96	47.44	41.51	54.22	43.21	76.25	66.08
60	31.35	23.72	49.14	42.36	66.08	55.07	74.55	63.54	105.05	90.65
61	34.74	27.96	55.92	48.29	73.71	60.15	83.03	72.01	116.91	100.82
62	38.12	32.19	64.39	55.92	82.18	66.08	92.34	82.18	130.47	111.83
63	43.21	35.58	72.01	61.85	92.34	75.40	104.21	91.50	144.87	124.54
64	48.29	39.82	80.48	68.62	103.36	85.57	116.91	101.66	160.97	138.09
65	54.22	44.90	90.65	76.25	116.00	97.43	132.16	112.68	179.61	153.34
66	61.00	49.98	101.98	83.87	129.62	111.83	149.11	125.39	199.94	171.13
67	68.62	55.92	113.52	93.19	145.72	127.36	167.75	139.79	221.97	189.77
68	77.94	62.69	127.08	105.05	164.36	144.31	188.93	157.58	244.84	209.26
69	88.11	70.32	143.18	118.61	184.69	158.43	212.08	177.91	269.41	230.44
70	99.05	78.79	160.97	133.86	204.74	177.06	238.91	200.79	297.37	254.16
71	112.68	88.11	180.45	151.65	233.83	197.40	268.56	227.05	327.87	279.58
72	127.08	98.28	202.48	170.85	262.63	220.27	301.60	255.85	360.91	308.38
73	143.18	111.83	229.59	193.16	297.37	249.08	342.27	289.74	409.20	349.05
74	160.97	126.23	259.94	217.45	336.34	282.12	388.02	328.71	464.27	394.80
75	181.30	143.18	294.83	245.69	380.39	318.55	439.70	371.92	526.11	446.47
76	204.18	162.66	333.80	277.88	429.53	360.06	498.15	421.91	596.43	504.93
77	229.59	184.69	378.70	310.64	486.29	407.50	565.08	477.82	676.07	571.01
78	259.24	207.56	429.53	354.98	550.68	460.88	641.33	541.36	766.72	645.57
79	293.13	232.98	486.29	401.57	623.54	521.03	727.74	613.37	869.23	729.44
80	330.41	261.78	551.53	454.10	N/A	N/A	N/A	N/A	N/A	N/A
81	373.62	293.13	625.23	513.40	N/A	N/A	N/A	N/A	N/A	N/A
82	421.91	329.56	708.26	581.18	N/A	N/A	N/A	N/A	N/A	N/A
83	476.13	370.23	802.30	658.27	N/A	N/A	N/A	N/A	N/A	N/A
84	537.12	415.98	909.05	745.54	N/A	N/A	N/A	N/A	N/A	N/A

Transport Life Insurance Company
Rate Schedule Prior to Rate Increase
Gross Premiums - Form 11001 - With Inflation Rider, With Return of Premium Rider
Area 1 - Yes/No Underwriting

Nursing Home Rates Per $10/Day Benefit

Issue Age	0/1	100/1	0/2	100/2	0/3	100/3	0/4	100/4	0/Life	100/Life
0-59	155.88	135.55	221.26	194.86	263.48	232.13	205.87	261.78	410.89	360.91
60	197.40	166.90	287.20	249.08	348.20	303.30	265.17	341.42	538.82	470.20
61	212.65	178.76	311.77	270.26	381.24	331.26	288.05	374.46	589.65	513.40
62	231.29	192.31	340.57	293.13	417.67	362.60	313.46	409.20	644.72	560.85
63	253.31	210.95	375.31	321.94	463.42	399.88	344.81	453.25	707.41	616.76
64	277.03	229.59	414.28	354.98	511.71	441.39	381.24	501.54	778.58	676.07
65	303.30	251.62	457.49	391.41	566.78	487.99	416.54	555.76	854.82	741.30
66	332.10	275.34	504.93	430.38	627.78	538.82	461.72	615.07	939.54	815.01
67	364.30	300.76	557.46	474.43	693.86	594.73	509.17	682.00	1,031.89	893.80
68	403.27	332.10	621.84	526.96	775.19	663.36	567.62	761.63	1,132.71	977.67
69	447.32	367.68	693.01	587.11	866.69	740.45	632.86	850.59	1,242.84	1,071.71
70	495.61	405.81	771.80	652.34	966.66	825.17	705.72	949.71	1,364.84	1,173.37
71	548.99	448.17	860.76	726.05	1,080.18	920.84	786.20	1,060.69	1,497.85	1,281.53
72	608.29	495.61	959.03	806.53	1,206.41	1,026.81	876.85	1,184.39	1,642.72	1,406.63
73	680.30	553.22	1,078.49	905.66	1,361.45	1,156.71	986.99	1,336.03	1,859.60	1,587.65
74	761.63	617.61	1,213.19	1,016.64	1,536.82	1,302.15	1,112.37	1,506.32	2,103.60	1,791.83
75	853.13	688.77	1,364.84	1,141.18	1,734.22	1,467.35	1,253.01	1,700.33	2,380.63	2,021.42
76	954.79	768.41	1,535.97	1,280.97	1,956.18	1,652.04	1,411.44	1,918.06	2,694.10	2,281.51
77	1,068.32	854.54	1,727.44	1,437.70	2,206.96	1,860.45	1,590.19	2,163.75	3,049.07	2,575.49
78	1,198.79	959.88	1,952.80	1,620.69	2,491.62	2,094.28	1,790.13	2,440.78	3,449.80	2,908.44
79	1,346.20	1,075.10	2,206.96	1,827.41	2,811.01	2,358.60	2,043.73	2,754.25	3,903.90	3,283.75
80	1,512.25	1,204.72	2,495.85	2,059.54	N/A	N/A	N/A	N/A	N/A	N/A
81	1,697.79	1,348.74	2,820.33	2,322.18	N/A	N/A	N/A	N/A	N/A	N/A
82	1,934.44	1,509.71	3,188.86	2,617.85	N/A	N/A	N/A	N/A	N/A	N/A
83	2,140.87	1,690.16	3,605.68	2,949.95	N/A	N/A	N/A	N/A	N/A	N/A
84	2,404.35	1,891.80	4,076.73	3,324.41	N/A	N/A	N/A	N/A	N/A	N/A

Home Health Care Rider Rates Per $10/Day Benefit

Issue Age	0/1	100/1	0/2	100/2	0/3	100/3	0/4	100/4	0/Life	100/Life
0-59	31.35	20.33	43.21	37.28	62.69	55.07	43.21	57.61	101.66	88.11
60	41.51	31.35	65.23	56.76	88.11	72.86	61.85	84.72	139.79	120.30
61	46.60	37.28	74.55	64.39	98.28	79.64	71.16	95.73	155.88	133.86
62	50.83	43.21	85.57	74.55	109.29	88.11	79.64	109.29	173.68	149.11
63	57.61	47.44	95.73	82.18	122.84	99.97	89.80	122.00	192.31	166.05
64	64.39	53.37	106.75	91.50	137.25	113.52	99.97	135.83	214.34	183.84
65	72.01	59.30	120.30	101.66	154.19	129.62	112.68	149.95	238.91	204.18
66	81.33	66.08	135.83	111.83	171.98	149.11	126.23	166.90	266.02	227.90
67	91.50	74.55	150.80	123.69	194.01	169.44	140.64	185.54	294.83	252.47
68	103.36	83.03	169.44	139.79	218.58	188.08	157.58	209.26	325.32	278.73
69	116.91	93.19	190.62	157.58	245.97	210.95	177.06	236.37	358.37	306.69
70	132.16	105.05	214.34	177.91	247.95	235.52	197.40	266.87	395.36	338.03
71	149.95	116.91	239.76	201.63	310.92	262.63	221.12	301.60	436.31	371.92
72	169.65	130.47	269.41	227.90	341.99	293.13	248.23	340.57	480.08	410.04
73	190.62	149.11	304.99	256.70	395.64	331.26	280.42	385.76	543.90	464.27
74	214.34	167.75	345.66	289.67	447.32	375.31	318.55	437.16	617.61	522.72
75	241.45	190.62	392.25	327.02	505.78	423.60	361.75	494.76	699.79	593.89
76	271.95	216.04	443.93	369.38	571.01	478.67	409.20	560.85	792.98	671.83
77	304.99	245.69	504.08	416.82	646.41	542.21	464.27	637.73	898.88	759.09
78	344.81	276.19	571.01	471.89	732.83	613.37	526.96	720.12	1,020.03	858.21
79	389.99	310.08	646.41	533.74	829.41	693.01	599.82	815.85	1,156.43	970.04
80	439.70	348.20	733.68	604.05	N/A	N/A	N/A	N/A	N/A	N/A
81	497.31	389.71	831.95	682.84	N/A	N/A	N/A	N/A	N/A	N/A
82	553.79	437.72	942.09	769.54	N/A	N/A	N/A	N/A	N/A	N/A
83	632.86	492.22	1,067.47	875.16	N/A	N/A	N/A	N/A	N/A	N/A
84	714.19	553.22	1,208.95	988.68	N/A	N/A	N/A	N/A	N/A	N/A

Transport Life Insurance Company
Rate Schedule Prior to Rate Increase
Gross Premiums - Form 11001 - With Inflation Rider, Without Return of Premium Rider
Area 1 - Super Select Underwriting - 10% Spousal Discount Premium

Nursing Home Rates Per $10/Day Benefit

Issue Age	0/1	100/1	0/2	100/2	0/3	100/3	0/4	100/4	0/Life	100/Life
0-59	87.26	77.94	117.76	105.05	139.79	123.16	154.19	137.25	211.97	187.23
60	106.75	93.19	149.11	131.32	179.61	156.73	199.94	177.06	272.80	240.60
61	114.37	98.28	161.82	141.48	194.86	171.13	217.73	193.16	297.37	260.94
62	122.00	104.21	174.52	151.65	211.80	185.54	238.06	210.11	323.63	282.96
63	133.01	112.68	192.31	166.05	232.98	203.33	263.48	231.29	354.98	309.23
64	144.87	122.84	210.11	182.15	257.55	224.51	290.59	255.01	388.02	338.99
65	157.58	133.01	231.29	199.94	283.81	246.54	321.09	280.42	425.29	370.23
66	171.98	143.18	254.16	218.58	312.62	271.42	354.98	309.55	465.96	404.96
67	187.23	155.88	278.73	239.76	344.81	298.13	393.10	339.73	510.86	443.09
68	205.87	171.13	310.08	265.17	384.63	332.10	438.00	377.85	560.00	484.60
69	226.20	187.23	344.81	293.70	428.68	368.53	488.83	421.91	612.53	528.65
70	250.14	205.87	382.76	325.32	476.97	409.20	545.60	469.35	670.14	576.94
71	275.55	226.20	424.45	360.91	532.04	454.95	607.44	522.72	734.52	631.16
72	303.30	248.23	471.89	399.88	593.04	506.63	678.04	581.18	803.99	689.62
73	338.88	277.03	530.35	447.32	667.59	568.47	765.87	654.89	908.20	776.88
74	377.85	307.53	595.58	500.70	752.31	639.64	864.99	737.06	1,025.96	875.16
75	422.75	342.27	668.44	560.85	848.05	719.27	975.97	831.10	1,159.82	986.99
76	471.89	380.39	751.47	629.47	955.64	808.23	1,102.21	936.16	1,310.62	1,112.37
77	526.96	423.60	846.64	704.87	1,076.23	909.05	1,244.54	1,055.61	1,481.75	1,253.86
78	590.50	472.74	953.10	792.98	1,211.50	1,021.72	1,405.50	1,189.47	1,674.07	1,412.11
79	661.66	528.65	1,075.94	892.95	1,363.99	1,147.96	1,586.81	1,340.27	1,892.64	1,590.55
80	741.30	591.35	1,215.73	1,005.63	N/A	N/A	N/A	N/A	N/A	N/A
81	831.10	659.97	1,372.46	1,132.71	N/A	N/A	N/A	N/A	N/A	N/A
82	931.00	738.08	1,549.53	1,275.04	N/A	N/A	N/A	N/A	N/A	N/A
83	1,042.90	825.17	1,749.47	1,433.18	N/A	N/A	N/A	N/A	N/A	N/A
84	1,169.14	921.75	1,974.82	1,617.30	N/A	N/A	N/A	N/A	N/A	N/A

Home Health Care Rider Rates Per $10/Day Benefit

Issue Age	0/1	100/1	0/2	100/2	0/3	100/3	0/4	100/4	0/Life	100/Life
0-59	17.79	9.91	25.42	19.49	28.80	28.80	33.89	28.80	48.29	43.21
60	22.03	14.40	34.74	27.11	42.36	37.28	49.14	40.67	66.93	59.30
61	23.72	16.10	38.97	30.50	48.29	41.51	55.92	44.90	75.40	66.08
62	25.42	18.64	43.21	34.74	54.22	44.90	63.54	49.98	84.72	73.71
63	27.96	20.33	48.29	38.97	61.00	49.98	70.32	57.61	94.04	81.33
64	31.35	23.72	53.37	44.05	67.86	55.92	77.10	64.39	103.36	89.80
65	34.74	27.11	58.46	49.98	76.25	61.85	85.57	72.86	115.22	98.28
66	38.97	30.50	65.23	56.76	85.57	69.47	94.04	81.33	127.93	109.29
67	43.21	34.74	72.86	64.39	95.73	77.10	103.36	92.34	141.82	119.46
68	49.98	39.82	81.33	72.01	106.75	87.26	117.76	103.36	156.73	133.01
69	56.76	44.90	92.34	79.64	119.46	99.12	133.01	116.91	171.98	146.57
70	64.39	49.98	104.21	88.11	133.86	111.83	149.95	131.32	189.77	162.66
71	72.86	57.61	118.89	98.28	149.11	127.08	170.29	148.26	210.11	179.61
72	82.18	65.23	133.86	110.14	167.75	144.02	192.31	166.05	231.29	199.09
73	92.34	72.86	149.95	124.54	189.77	165.49	217.73	187.23	262.63	225.36
74	103.36	82.18	170.29	140.64	216.04	182.15	248.23	211.97	297.37	255.01
75	116.07	92.34	191.47	159.27	244.84	205.02	281.27	239.76	338.03	288.33
76	129.62	104.21	216.04	179.61	277.03	231.29	318.55	270.26	382.76	325.32
77	144.87	117.76	243.15	203.33	314.31	260.09	362.60	304.99	434.61	368.81
78	164.36	132.16	276.19	229.59	356.67	293.13	411.74	344.81	493.07	415.98
79	185.54	149.11	312.62	258.40	405.81	329.56	468.50	389.71	560.00	470.20
80	210.11	167.75	354.98	291.44	N/A	N/A	N/A	N/A	N/A	N/A
81	237.22	188.93	402.70	328.71	N/A	N/A	N/A	N/A	N/A	N/A
82	268.56	212.65	456.64	370.23	N/A	N/A	N/A	N/A	N/A	N/A
83	303.30	239.76	518.49	417.67	N/A	N/A	N/A	N/A	N/A	N/A
84	343.12	269.41	588.80	471.04	N/A	N/A	N/A	N/A	N/A	N/A

Transport Life Insurance Company
Rate Schedule Prior to Rate Increase
Gross Premiums - Form 11001 - With Inflation Rider, With Return of Premium Rider
Area 1 - Super Select Underwriting - 10% Spousal Discount Premium

Nursing Home Rates Per $10/Day Benefit

Issue Age	0/1	100/1	0/2	100/2	0/3	100/3	0/4	100/4	0/Life	100/Life
0-59	116.07	103.36	156.73	140.64	185.54	163.51	205.02	182.15	282.12	249.08
60	141.48	123.69	197.40	174.52	238.91	209.26	265.17	235.52	362.60	319.39
61	152.50	131.32	215.19	187.23	259.24	227.05	289.74	255.85	395.64	347.35
62	162.66	138.94	232.98	202.48	282.12	246.54	316.85	278.73	430.38	376.16
63	176.22	149.95	255.85	221.12	310.08	271.10	349.89	307.53	471.04	411.74
64	193.16	163.51	279.58	242.30	343.12	298.21	386.32	338.88	515.94	450.71
65	210.11	176.22	307.53	265.17	377.85	327.87	426.99	372.77	565.93	492.22
66	227.90	190.62	338.03	291.44	415.98	360.91	472.74	410.89	620.15	537.97
67	248.23	206.72	371.07	318.55	458.34	396.49	522.72	452.40	679.45	589.65
68	273.65	227.05	412.59	353.28	510.86	441.39	582.03	503.24	743.84	644.72
69	301.60	249.08	458.34	390.56	569.04	489.68	650.65	560.85	814.16	703.18
70	332.10	273.65	509.17	432.92	635.40	544.75	725.20	623.54	891.25	767.56
71	365.99	301.60	565.00	479.52	707.41	605.75	808.23	694.70	976.82	839.58
72	403.27	331.26	627.78	531.19	789.59	673.52	901.42	772.65	1,069.17	916.67
73	450.71	368.81	704.87	595.58	888.71	756.55	1,018.33	870.92	1,208.11	1,033.58
74	503.24	408.35	792.13	666.75	1,001.39	850.59	1,149.65	980.21	1,364.84	1,164.05
75	561.69	454.95	888.71	746.38	1,127.62	956.49	1,297.91	1,105.60	1,542.75	1,312.31
76	627.78	506.63	998.85	836.19	1,269.95	1,075.10	1,465.66	1,245.67	1,742.69	1,479.21
77	700.63	562.54	1,122.54	937.00	1,430.92	1,208.95	1,655.43	1,403.81	1,970.59	1,667.29
78	785.07	629.47	1,268.26	1,054.76	1,611.37	1,358.91	1,868.92	1,582.57	2,227.29	1,878.24
79	880.24	703.18	1,430.92	1,186.93	1,813.86	1,527.50	2,110.38	1,782.51	2,517.03	2,115.46
80	986.14	786.20	1,616.46	1,337.73	N/A	N/A	N/A	N/A	N/A	N/A
81	1,105.60	878.55	1,825.72	1,506.32	N/A	N/A	N/A	N/A	N/A	N/A
82	1,238.61	981.06	2,061.24	1,696.09	N/A	N/A	N/A	N/A	N/A	N/A
83	1,386.87	1,125.58	2,326.41	1,909.59	N/A	N/A	N/A	N/A	N/A	N/A
84	1,582.85	1,225.90	2,627.17	2,151.04	N/A	N/A	N/A	N/A	N/A	N/A

Home Health Care Rider Rates Per $10/Day Benefit

Issue Age	0/1	100/1	0/2	100/2	0/3	100/3	0/4	100/4	0/Life	100/Life
0-59	23.72	12.71	33.89	27.11	38.97	38.97	44.90	38.97	64.39	57.61
60	29.65	19.49	46.60	36.43	55.92	49.98	65.23	53.37	88.96	79.64
61	31.35	24.29	51.68	40.67	64.39	55.07	73.71	59.30	100.82	88.11
62	33.89	24.57	57.61	45.75	72.01	59.30	83.87	66.93	112.68	98.28
63	37.28	27.11	64.39	51.68	79.78	66.93	93.19	76.25	125.39	108.44
64	42.36	31.35	71.16	58.46	89.80	73.71	102.51	85.57	138.09	119.46
65	46.60	35.58	77.66	65.23	101.66	82.18	113.52	95.73	153.34	131.32
66	51.68	40.67	87.26	74.55	113.52	92.34	125.39	108.44	170.29	144.87
67	57.61	46.60	95.73	85.57	126.23	102.51	138.09	122.84	188.08	159.27
68	65.23	52.53	108.44	95.73	141.48	116.07	156.73	138.09	208.41	176.22
69	74.55	59.59	122.84	105.05	159.27	132.16	176.22	155.04	229.59	194.86
70	85.57	66.93	138.94	117.76	177.91	149.11	199.94	174.52	252.47	216.04
71	95.73	76.25	157.01	131.32	199.09	169.44	226.20	196.55	278.73	239.76
72	110.14	86.41	177.91	146.57	223.66	191.47	255.85	221.12	307.53	264.33
73	122.84	97.43	199.94	165.20	252.47	216.04	289.74	249.08	349.05	299.06
74	137.25	110.14	228.96	187.23	286.35	242.30	329.56	282.12	395.64	338.88
75	154.19	122.84	255.01	211.80	325.32	272.80	374.46	318.55	449.02	383.78
76	171.98	138.94	286.35	239.76	368.81	307.53	423.60	359.21	509.17	432.92
77	193.16	156.73	323.63	271.10	417.67	346.50	482.06	405.81	577.79	489.68
78	217.73	175.37	366.84	304.99	474.43	389.71	547.29	458.34	656.58	553.22
79	246.54	197.40	415.98	343.96	539.67	438.85	622.69	518.49	743.84	626.08
80	278.73	223.66	472.74	387.17	N/A	N/A	N/A	N/A	N/A	N/A
81	316.01	251.62	535.43	437.16	N/A	N/A	N/A	N/A	N/A	N/A
82	356.67	282.96	607.44	492.22	N/A	N/A	N/A	N/A	N/A	N/A
83	403.27	318.55	689.62	555.76	N/A	N/A	N/A	N/A	N/A	N/A
84	456.64	357.52	782.81	626.93	N/A	N/A	N/A	N/A	N/A	N/A

Transport Life Insurance Company
Rate Schedule Prior to Rate Increase
Gross Premiums - Form 11001 - With Inflation Rider, Without Return of Premium Rider
Area 1 - Yes/No Underwriting - 10% Spousal Discount Premium

Nursing Home Rates Per $10/Day Benefit

Issue Age	0/1	100/1	0/2	100/2	0/3	100/3	0/4	100/4	0/Life	100/Life
0-59	105.05	91.50	149.95	132.16	178.76	157.01	199.94	177.06	278.73	243.99
60	133.86	112.68	194.86	168.59	235.52	207.85	264.33	231.29	364.30	320.81
61	144.02	121.15	210.95	183.00	257.55	224.51	290.59	253.31	399.03	347.63
62	156.73	130.47	230.44	198.24	282.96	245.69	318.55	277.03	436.59	379.55
63	171.98	142.33	254.16	217.73	313.46	271.10	353.28	306.69	478.95	416.82
64	187.23	155.88	280.42	240.60	346.50	299.06	392.25	339.73	526.96	457.49
65	205.02	170.29	309.51	264.33	383.78	330.41	434.61	376.16	578.64	501.54
66	225.36	186.38	341.42	291.44	424.45	364.30	481.21	415.98	636.25	551.53
67	246.54	203.33	377.85	321.09	469.35	402.42	533.74	461.72	698.09	604.90
68	272.80	225.36	421.06	356.67	524.42	449.02	597.28	515.10	766.72	661.66
69	302.45	248.23	469.35	397.34	588.80	500.70	667.59	576.10	841.27	725.20
70	335.49	274.49	522.72	441.39	654.04	558.30	747.23	643.02	923.45	793.83
71	371.07	303.30	582.87	491.38	731.13	622.69	836.19	717.58	1,013.25	869.23
72	411.74	335.49	648.96	545.60	816.70	694.70	935.31	801.45	1,111.53	951.41
73	460.88	374.46	729.44	613.37	918.08	781.97	1,057.31	903.96	1,258.09	1,074.25
74	515.10	417.67	820.94	687.93	1,040.36	881.09	1,195.40	1,019.18	1,423.30	1,212.34
75	576.94	465.96	923.45	772.65	1,173.37	992.92	1,352.13	1,150.50	1,611.37	1,368.23
76	645.57	520.18	1,039.51	866.69	1,323.33	1,117.46	1,528.35	1,297.91	1,823.17	1,544.45
77	722.66	580.33	1,169.14	972.59	1,493.61	1,258.94	1,727.44	1,463.96	2,062.93	1,742.69
78	811.62	649.80	1,321.63	1,096.28	1,685.93	1,417.37	1,953.64	1,651.19	2,334.88	1,968.05
79	911.59	727.74	1,493.61	1,236.91	1,902.81	1,596.12	2,208.65	1,867.02	2,642.42	2,222.21
80	1,023.42	815.01	1,689.32	1,393.64	N/A	N/A	N/A	N/A	N/A	N/A
81	1,148.80	912.43	1,908.74	1,571.56	N/A	N/A	N/A	N/A	N/A	N/A
82	1,290.29	1,021.72	2,157.82	1,771.50	N/A	N/A	N/A	N/A	N/A	N/A
83	1,448.71	1,143.72	2,439.94	1,996.00	N/A	N/A	N/A	N/A	N/A	N/A
84	1,627.47	1,280.12	2,758.48	2,249.32	N/A	N/A	N/A	N/A	N/A	N/A

Home Health Care Rider Rates Per $10/Day Benefit

Issue Age	0/1	100/1	0/2	100/2	0/3	100/3	0/4	100/4	0/Life	100/Life
0-59	21.18	13.56	28.80	25.42	42.36	37.28	49.14	38.97	68.62	59.30
60	27.96	21.18	44.05	38.41	59.30	49.98	66.93	57.61	94.89	81.33
61	31.35	25.42	49.98	43.21	66.08	54.22	74.55	65.23	105.05	90.65
62	34.74	28.80	57.61	49.98	73.71	59.30	83.03	73.71	117.76	100.82
63	38.97	32.19	65.23	55.92	83.03	67.78	94.04	82.18	130.47	111.83
64	43.21	35.58	72.86	61.85	93.47	77.10	105.05	91.50	144.87	124.54
65	49.14	40.67	81.33	68.62	104.21	88.11	118.61	101.66	161.82	138.09
66	55.07	44.90	91.50	75.40	116.91	100.82	133.86	112.68	179.61	154.19
67	61.85	49.98	102.51	83.87	131.32	114.37	150.80	126.23	199.94	171.13
68	70.32	56.76	114.37	94.89	148.26	127.08	170.29	141.48	220.27	188.08
69	79.64	63.54	128.77	106.75	168.88	142.33	190.62	160.12	242.30	207.56
70	88.96	71.16	147.70	120.30	187.23	159.27	215.19	180.45	267.72	228.74
71	101.66	79.64	162.66	136.40	210.11	177.91	241.45	204.18	294.83	251.62
72	114.37	88.11	182.15	154.19	236.37	198.24	271.10	230.44	324.48	277.88
73	128.77	100.82	206.72	173.68	267.72	224.51	308.38	260.94	368.53	314.31
74	144.87	113.52	233.83	195.70	302.45	254.16	349.05	295.67	417.67	354.98
75	163.51	128.77	265.17	221.12	342.27	286.35	398.47	334.64	473.58	401.57
76	183.84	146.57	300.76	278.16	386.32	324.48	448.17	379.55	537.12	454.10
77	206.72	168.88	340.57	282.12	438.00	366.84	508.32	430.38	608.29	514.25
78	232.98	190.06	386.32	319.39	495.61	415.13	576.94	487.14	690.47	581.18
79	263.48	210.11	438.00	361.75	560.85	469.35	654.89	552.37	781.97	656.58
80	297.37	235.52	496.46	408.35	N/A	N/A	N/A	N/A	N/A	N/A
81	336.34	263.48	562.54	461.72	N/A	N/A	N/A	N/A	N/A	N/A
82	379.55	296.52	637.09	522.65	N/A	N/A	N/A	N/A	N/A	N/A
83	428.68	332.95	721.81	592.19	N/A	N/A	N/A	N/A	N/A	N/A
84	483.75	374.46	818.40	670.98	N/A	N/A	N/A	N/A	N/A	N/A

Transport Life Insurance Company
Rate Schedule Prior to Rate Increase
Gross Premiums - Form 11001 - With Inflation Rider, With Return of Premium Rider
Area 1 - Yes/No Underwriting - 10% Spousal Discount Premium

Nursing Home Rates Per $10/Day Benefit

Issue Age	0/1	100/1	0/2	100/2	0/3	100/3	0/4	100/4	0/Life	100/Life
0-59	140.64	122.00	199.94	175.37	237.22	209.26	265.17	235.52	370.23	324.48
60	178.19	149.95	258.40	224.44	313.46	272.80	352.44	307.53	484.60	423.60
61	191.47	160.97	280.42	243.15	343.12	298.21	386.32	337.19	530.35	462.01
62	211.24	172.83	306.69	263.48	376.16	326.17	423.60	368.53	580.61	504.93
63	227.90	189.77	338.03	289.74	416.82	360.34	469.35	408.35	637.09	554.92
64	249.08	206.72	373.05	319.39	460.88	397.34	521.88	451.56	700.63	608.29
65	272.80	226.20	411.74	352.44	510.01	438.85	577.79	499.85	769.26	667.59
66	299.06	248.23	454.10	387.17	565.08	484.60	639.64	553.22	845.51	733.68
67	327.87	270.68	504.37	426.99	624.39	535.43	709.95	617.04	928.53	804.84
68	362.60	299.06	560.00	474.43	698.09	597.28	793.83	685.38	1,019.18	880.24
69	402.42	331.26	623.54	528.65	780.27	666.75	888.71	765.87	1,118.30	964.96
70	446.47	365.14	694.70	587.11	870.07	742.99	993.77	854.82	1,228.44	1,056.46
71	493.92	403.27	774.34	653.19	972.59	828.56	1,112.37	954.79	1,347.90	1,155.58
72	547.29	446.47	863.30	726.05	1,086.11	923.59	1,244.54	1,065.78	1,478.36	1,265.72
73	612.53	498.15	970.89	815.01	1,225.05	1,041.21	1,407.20	1,230.42	1,674.07	1,429.23
74	685.38	555.76	1,092.04	914.98	1,383.48	1,171.68	1,590.19	1,355.52	1,893.49	1,613.07
75	767.56	620.15	1,228.44	1,026.81	1,560.54	1,320.78	1,797.76	1,530.04	2,142.57	1,818.94
76	859.06	691.32	1,382.63	1,153.04	1,760.48	1,486.84	2,032.43	1,726.59	2,424.69	2,053.61
77	961.57	771.80	1,582.85	1,293.67	1,986.68	1,674.07	2,298.45	1,947.71	2,744.08	2,317.94
78	1,079.33	864.14	1,757.94	1,458.88	2,242.54	1,885.02	2,597.52	2,196.79	3,104.99	2,617.85
79	1,211.50	967.50	1,986.97	1,644.42	2,529.74	2,123.08	2,938.09	2,478.91	3,513.34	2,955.03
80	1,361.45	1,084.42	2,245.93	1,853.67	N/A	N/A	N/A	N/A	N/A	N/A
81	1,528.35	1,214.04	2,538.21	2,090.04	N/A	N/A	N/A	N/A	N/A	N/A
82	1,715.58	1,358.91	2,870.31	2,356.06	N/A	N/A	N/A	N/A	N/A	N/A
83	1,926.53	1,521.57	3,244.78	2,655.12	N/A	N/A	N/A	N/A	N/A	N/A
84	2,163.75	1,702.87	3,669.22	2,992.31	N/A	N/A	N/A	N/A	N/A	N/A

Home Health Care Rider Rates Per $10/Day Benefit

Issue Age	0/1	100/1	0/2	100/2	0/3	100/3	0/4	100/4	0/Life	100/Life
0-59	27.96	18.64	38.97	33.89	56.76	49.98	65.23	51.68	91.50	79.64
60	37.28	27.96	58.46	50.83	79.64	65.23	88.96	76.25	126.23	108.44
61	42.36	33.89	66.93	57.61	88.11	72.01	99.12	86.41	140.64	120.30
62	45.75	38.97	77.10	66.93	98.28	79.64	110.98	98.28	157.01	133.86
63	51.68	42.36	86.41	73.71	110.98	89.80	125.39	110.14	172.83	149.11
64	57.61	48.29	95.73	82.18	123.69	102.51	140.64	122.00	193.16	165.20
65	65.23	53.37	108.44	91.50	138.94	116.91	157.58	134.70	215.19	183.84
66	72.86	58.53	122.00	100.82	155.04	133.86	178.76	149.95	239.76	205.02
67	82.18	66.93	135.83	110.98	174.52	152.50	200.79	166.90	265.17	227.05
68	93.47	74.55	152.50	126.23	196.55	169.44	229.03	188.08	293.13	250.77
69	105.05	83.87	171.98	141.48	221.12	189.77	254.16	212.65	322.78	276.19
70	118.61	94.89	193.16	160.12	248.23	211.80	286.35	240.60	355.82	304.14
71	134.70	105.05	216.04	181.30	279.58	236.37	321.94	271.10	393.10	334.64
72	152.50	117.76	242.30	205.02	314.31	263.48	360.91	306.69	432.07	369.38
73	171.98	133.86	274.49	231.29	355.82	298.21	409.20	347.35	489.68	417.67
74	193.16	150.80	310.92	260.94	402.42	338.03	464.27	393.10	555.76	472.74
75	217.73	171.98	353.28	293.70	454.95	381.24	526.11	445.63	629.47	534.58
76	244.84	194.86	399.88	332.10	514.25	431.22	596.43	504.93	713.34	604.90
77	274.49	221.12	454.10	375.31	582.03	487.99	676.07	571.86	809.36	682.84
78	310.08	248.23	514.25	424.45	659.97	552.37	767.56	648.11	946.60	772.65
79	350.74	278.73	582.03	480.36	746.38	623.54	870.92	734.52	1,041.21	873.46
80	395.64	313.46	659.97	543.90	N/A	N/A	N/A	N/A	N/A	N/A
81	447.32	350.74	748.92	614.22	N/A	N/A	N/A	N/A	N/A	N/A
82	504.93	393.95	848.05	695.55	N/A	N/A	N/A	N/A	N/A	N/A
83	569.32	443.09	960.72	787.90	N/A	N/A	N/A	N/A	N/A	N/A
84	643.02	498.15	1,087.80	892.10	N/A	N/A	N/A	N/A	N/A	N/A

Transport Life Insurance Company
Proposed Rate Schedule With Rate Increase
Gross Premiums - Form 11001 - With Inflation Rider, Without Return of Premium Rider
Area 1 - Super Select Underwriting

Nursing Home Rates Per $10/Day Benefit

Issue Age	0/1	100/1	0/2	100/2	0/3	100/3	0/4	100/4	0/Life	100/Life
0-59	135.21	120.98	182.66	163.68	217.05	190.96	239.59	213.49	329.73	291.78
60	166.05	144.70	231.29	204.01	278.73	244.33	310.75	275.17	424.62	374.01
61	177.91	153.00	251.45	219.42	303.64	265.68	339.22	300.08	462.97	405.64
62	189.77	162.49	271.61	236.03	329.73	288.22	370.06	326.17	502.90	440.04
63	206.38	175.54	298.89	258.57	362.94	319.65	409.20	359.38	551.53	481.55
64	225.36	190.96	327.36	283.47	400.90	348.71	451.90	396.15	603.71	526.62
65	245.52	206.38	359.38	310.75	441.22	383.10	499.34	436.48	661.83	576.43
66	266.87	222.98	394.96	340.40	476.80	422.24	552.71	480.36	724.69	629.81
67	290.59	241.96	434.11	372.43	526.22	463.76	610.83	528.99	794.67	689.11
68	320.24	265.68	482.73	412.76	597.78	515.94	680.81	588.30	870.58	753.16
69	352.27	291.78	536.11	456.64	666.58	572.88	760.28	655.90	952.42	821.95
70	389.03	320.24	595.41	506.46	742.49	636.92	848.05	729.44	1,042.56	897.86
71	428.17	352.27	660.65	561.02	827.88	708.09	945.31	812.46	1,142.20	982.07
72	472.06	386.66	734.18	621.51	922.77	787.56	1,054.43	903.79	1,250.13	1,072.22
73	526.62	430.55	824.33	696.23	1,039.01	884.82	1,190.82	1,018.84	1,412.62	1,208.62
74	588.30	477.99	926.33	779.25	1,170.66	995.12	1,345.01	1,146.94	1,600.42	1,361.62
75	657.09	532.55	1,040.19	872.95	1,318.92	1,118.47	1,518.18	1,292.83	1,804.03	1,534.79
76	734.18	591.85	1,168.29	978.52	1,486.16	1,257.24	1,713.89	1,456.51	2,038.87	1,730.49
77	819.58	658.27	1,312.99	1,095.94	1,673.56	1,413.81	1,935.68	1,641.53	2,304.55	1,949.92
78	918.03	735.37	1,482.60	1,233.52	1,884.68	1,589.35	2,185.95	1,850.28	2,604.63	2,196.62
79	1,029.52	821.95	1,673.56	1,388.90	2,121.90	1,786.24	2,468.23	2,085.13	2,943.85	2,474.16
80	1,152.87	919.21	1,890.61	1,564.44	N/A	N/A	N/A	N/A	N/A	N/A
81	1,292.83	1,027.15	2,134.94	1,761.33	N/A	N/A	N/A	N/A	N/A	N/A
82	1,448.20	1,148.13	2,410.11	1,983.13	N/A	N/A	N/A	N/A	N/A	N/A
83	1,622.56	1,283.34	2,720.87	2,233.39	N/A	N/A	N/A	N/A	N/A	N/A
84	1,818.26	1,433.97	3,071.95	2,515.68	N/A	N/A	N/A	N/A	N/A	N/A

Home Health Care Rider Rates Per $10/Day Benefit

Issue Age	0/1	100/1	0/2	100/2	0/3	100/3	0/4	100/4	0/Life	100/Life
0-59	27.28	15.42	39.14	30.84	45.07	45.07	52.19	45.07	74.72	67.61
60	34.40	22.54	54.56	42.70	65.63	58.12	75.91	62.86	104.38	92.51
61	36.77	24.91	60.49	47.44	74.72	64.05	86.58	69.98	117.42	101.71
62	39.14	28.47	67.61	53.37	87.18	69.98	98.44	78.28	131.65	114.95
63	42.42	32.02	74.72	60.49	95.28	78.28	109.02	79.07	145.89	126.91
64	48.63	36.77	83.03	68.79	105.56	86.58	119.79	99.63	161.31	139.96
65	54.56	41.51	91.33	77.10	118.61	96.07	132.84	112.68	179.10	153.00
66	60.49	47.44	102.00	87.77	132.84	107.93	145.89	126.91	199.26	169.61
67	67.61	54.56	108.72	99.63	148.26	119.79	161.31	146.48	220.61	186.21
68	77.10	61.68	126.91	111.49	166.05	135.21	182.66	161.31	243.15	206.38
69	87.77	69.98	143.52	123.35	186.21	154.19	206.38	181.47	268.05	231.68
70	99.63	78.28	162.49	137.59	207.56	174.35	233.66	204.01	295.33	252.64
71	112.68	88.96	183.84	153.00	232.47	202.03	264.50	230.10	326.17	279.91
72	128.10	100.82	207.56	170.80	259.85	224.17	298.89	258.57	359.38	309.57
73	147.47	116.83	233.56	193.33	295.33	252.64	339.22	291.78	408.01	349.89
74	160.12	128.10	264.50	218.24	335.66	283.47	385.48	329.73	462.57	396.15
75	180.28	143.52	297.71	247.89	380.73	319.06	437.66	372.43	525.43	448.34
76	197.68	162.49	335.66	279.91	430.55	359.38	495.78	419.87	595.41	506.46
77	225.75	182.66	378.36	320.54	487.03	404.45	563.78	474.43	676.07	572.88
78	255.40	205.19	429.36	357.01	555.09	455.45	640.88	536.11	767.39	647.60
79	288.22	231.29	486.29	402.08	630.99	512.39	728.25	606.09	870.58	736.16
80	326.17	261.14	551.72	453.08	N/A	N/A	N/A	N/A	N/A	N/A
81	368.87	294.15	626.25	511.20	N/A	N/A	N/A	N/A	N/A	N/A
82	417.50	330.92	710.46	576.43	N/A	N/A	N/A	N/A	N/A	N/A
83	472.06	372.43	806.53	649.97	N/A	N/A	N/A	N/A	N/A	N/A
84	533.74	418.69	915.65	733.00	N/A	N/A	N/A	N/A	N/A	N/A

Transport Life Insurance Company
Proposed Rate Schedule With Rate Increase
Gross Premiums - Form 11001 - With Inflation Rider, With Return of Premium Rider
Area 1 - Super Select Underwriting

Nursing Home Rates Per $10/Day Benefit

Issue Age	0/1	100/1	0/2	100/2	0/3	100/3	0/4	100/4	0/Life	100/Life
0-59	180.28	161.31	243.15	218.24	288.22	253.82	319.06	283.47	438.85	387.85
60	220.61	192.14	307.19	271.61	371.24	324.99	412.76	366.50	564.57	496.97
61	237.61	204.01	334.47	291.78	403.27	353.45	450.71	398.52	615.58	539.67
62	252.64	215.87	361.75	314.31	438.85	383.10	492.22	434.11	668.95	584.74
63	273.98	233.66	397.34	343.96	482.73	421.06	544.41	477.99	733.00	640.48
64	300.08	253.82	438.26	377.17	533.74	463.76	601.34	526.62	802.98	700.97
65	326.17	273.98	477.99	412.76	583.16	510.01	664.20	579.99	880.07	766.21
66	354.64	296.52	525.43	453.08	646.41	561.02	735.37	639.30	964.28	837.37
67	386.66	321.43	577.62	495.78	712.83	616.76	812.46	703.35	1,056.80	916.84
68	425.80	353.45	641.67	549.16	794.67	686.74	904.98	782.81	1,157.61	1,002.24
69	464.94	377.96	712.83	607.27	886.00	761.46	1,011.73	871.77	1,266.73	1,093.57
70	517.13	425.80	792.30	673.69	988.00	846.86	1,127.96	970.21	1,386.53	1,194.38
71	569.32	468.50	878.89	746.04	1,100.68	941.75	1,257.24	1,080.52	1,519.37	1,305.87
72	627.44	514.76	976.14	826.30	1,227.59	1,047.31	1,401.95	1,201.50	1,662.88	1,425.67
73	699.98	572.88	1,095.94	926.33	1,381.78	1,180.15	1,583.42	1,354.50	1,878.75	1,607.14
74	782.81	635.74	1,232.34	1,036.63	1,557.32	1,323.67	1,788.61	1,525.30	2,123.08	1,811.14
75	874.14	708.09	1,382.97	1,161.17	1,754.21	1,487.34	2,018.71	1,719.82	2,399.44	2,041.24
76	976.14	787.56	1,553.76	1,301.13	1,976.01	1,672.37	2,279.65	1,936.87	2,711.38	2,301.39
77	1,090.01	875.33	1,745.91	1,457.69	2,226.27	1,879.94	2,574.98	2,183.57	3,064.83	2,593.96
78	1,220.48	968.63	1,972.45	1,640.35	2,506.19	2,113.59	2,907.08	2,461.12	3,464.54	2,921.32
79	1,368.74	1,093.57	2,226.27	1,846.73	2,861.22	2,375.72	3,283.07	2,773.06	3,915.25	3,290.19
80	1,533.60	1,222.85	2,514.49	2,080.38	N/A	N/A	N/A	N/A	N/A	N/A
81	1,719.82	1,366.36	2,839.48	2,342.51	N/A	N/A	N/A	N/A	N/A	N/A
82	1,926.19	1,526.48	3,205.97	2,637.84	N/A	N/A	N/A	N/A	N/A	N/A
83	2,157.48	1,706.77	3,618.73	2,969.94	N/A	N/A	N/A	N/A	N/A	N/A
84	2,418.42	1,907.22	4,086.05	3,345.93	N/A	N/A	N/A	N/A	N/A	N/A

Home Health Care Rider Rates Per $10/Day Benefit

Issue Age	0/1	100/1	0/2	100/2	0/3	100/3	0/4	100/4	0/Life	100/Life
0-59	36.77	20.16	52.19	41.51	60.49	60.49	69.98	60.49	99.63	90.14
60	46.26	29.65	72.35	56.93	86.58	77.10	100.82	83.03	138.77	123.35
61	48.63	33.21	80.65	62.86	99.63	85.40	115.05	92.51	156.56	137.59
62	52.19	37.95	90.14	71.16	111.49	92.51	130.47	104.38	175.54	153.00
63	58.12	42.70	99.63	80.65	125.72	104.38	144.70	118.61	194.52	168.42
64	65.23	48.63	110.31	91.33	139.96	115.05	158.93	132.84	214.68	186.21
65	72.35	55.75	120.98	102.00	157.75	128.10	176.73	149.45	238.40	204.01
66	80.65	62.86	135.21	116.24	176.73	143.52	194.52	168.03	264.50	225.36
67	90.14	72.35	149.45	132.84	196.89	158.93	214.68	190.96	292.96	247.89
68	102.00	81.84	168.42	148.26	220.61	180.28	243.15	214.68	323.80	273.98
69	116.24	92.51	190.96	163.68	247.89	205.19	273.98	240.77	357.01	302.45
70	132.84	104.38	215.87	182.66	276.36	232.47	310.75	271.61	392.59	335.66
71	149.45	118.61	244.33	204.01	309.57	263.31	352.27	306.01	434.11	372.43
72	170.80	134.03	276.36	227.73	347.52	297.71	397.34	343.96	477.99	411.57
73	190.96	151.82	310.75	257.38	392.59	335.66	450.71	387.85	543.22	464.94
74	213.49	170.80	352.27	289.60	445.97	377.17	512.39	438.85	615.58	526.62
75	239.59	190.96	396.15	329.73	506.46	424.62	582.37	495.78	698.60	596.60
76	268.05	215.87	445.97	372.43	572.88	477.99	659.46	558.64	792.30	673.69
77	300.08	243.15	502.90	421.06	649.97	538.48	749.60	630.99	899.05	761.46
78	339.22	272.80	570.50	474.43	737.74	606.09	851.61	712.83	1,021.21	861.09
79	383.10	307.19	646.41	534.92	839.74	682.00	969.03	806.53	1,157.61	973.77
80	434.11	347.52	735.37	602.53	N/A	N/A	N/A	N/A	N/A	N/A
81	491.04	391.41	832.63	679.62	N/A	N/A	N/A	N/A	N/A	N/A
82	555.09	440.04	945.31	766.21	N/A	N/A	N/A	N/A	N/A	N/A
83	627.44	495.78	1,072.22	864.65	N/A	N/A	N/A	N/A	N/A	N/A
84	710.46	556.27	1,218.10	974.96	N/A	N/A	N/A	N/A	N/A	N/A

Transport Life Insurance Company
Proposed Rate Schedule With Rate Increase
Gross Premiums - Form 11001 - With Inflation Rider, Without Return of Premium Rider
Area 1 - Yes/No Underwriting

Nursing Home Rates Per $10/Day Benefit

Issue Age	0/1	100/1	0/2	100/2	0/3	100/3	0/4	100/4	0/Life	100/Life
0-59	341.73	142.33	233.66	205.19	277.54	244.33	310.75	275.17	432.92	379.55
60	433.36	175.54	302.45	262.12	366.50	319.06	411.57	359.38	566.95	494.60
61	468.02	188.59	328.54	284.66	400.90	348.71	451.90	393.78	620.32	540.85
62	507.65	202.82	358.20	308.38	440.04	381.92	495.78	430.55	678.44	590.67
63	557.17	221.80	394.96	339.22	487.48	421.06	549.16	476.80	744.86	648.79
64	609.17	241.96	436.48	373.62	538.48	464.94	609.65	527.81	819.58	711.65
65	666.13	264.50	481.55	411.57	596.60	513.57	676.07	584.74	900.23	780.44
66	730.51	289.40	531.36	453.08	660.65	566.95	748.42	647.60	989.19	857.54
67	799.85	316.68	587.11	499.34	730.63	626.25	830.26	717.58	1,086.45	940.56
68	886.52	349.89	654.72	555.09	816.02	698.60	928.70	801.79	1,192.01	1,029.52
69	983.10	386.66	729.44	617.95	912.10	779.25	1,039.01	895.49	1,308.25	1,127.96
70	1089.58	426.99	812.46	686.74	1,017.66	868.21	1,162.36	999.87	1,436.34	1,234.71
71	1205.97	472.06	906.17	763.84	1,137.45	969.03	1,301.13	1,116.10	1,576.30	1,352.13
72	1337.21	521.88	1,009.35	849.23	1,270.29	1,040.98	1,455.32	1,246.57	1,729.30	1,480.23
73	1495.70	582.37	1,135.08	953.61	1,432.78	1,216.92	1,645.09	1,406.69	1,957.03	1,671.19
74	1673.99	649.97	1,277.41	1,069.84	1,617.81	1,371.11	1,859.77	1,585.79	2,214.02	1,885.87
75	1874.57	724.69	1,436.34	1,201.50	1,825.38	1,544.28	2,102.92	1,789.79	2,506.19	2,127.83
76	2097.44	808.91	1,616.63	1,348.57	2,059.03	1,738.79	2,376.90	2,018.71	2,835.92	2,401.81
77	2347.55	902.61	1,818.26	1,513.44	2,323.53	1,958.22	2,687.66	2,277.57	3,209.53	2,711.38
78	2634.80	1,010.54	2,055.48	1,705.58	2,622.42	2,204.92	3,038.74	2,569.05	3,631.78	3,061.27
79	2959.20	1,131.52	2,323.53	1,923.82	2,959.27	2,482.47	3,436.07	2,898.78	4,109.77	3,456.24
80	3323.22	1,267.92	2,627.17	2,168.15	N/A	N/A	N/A	N/A	N/A	N/A
81	3731.81	1,419.74	2,968.76	2,444.51	N/A	N/A	N/A	N/A	N/A	N/A
82	4189.93	1,589.35	3,356.61	2,755.26	N/A	N/A	N/A	N/A	N/A	N/A
83	4705.01	1,779.12	3,795.46	3,105.16	N/A	N/A	N/A	N/A	N/A	N/A
84	5284.47	1,991.43	4,291.24	3,498.94	N/A	N/A	N/A	N/A	N/A	N/A

Home Health Care Rider Rates Per $10/Day Benefit

Issue Age	0/1	100/1	0/2	100/2	0/3	100/3	0/4	100/4	0/Life	100/Life
0-59	69.34	21.35	45.07	39.14	66.42	58.12	75.91	60.49	106.75	92.51
60	91.62	33.21	68.79	59.30	92.51	77.10	104.38	88.96	147.07	126.91
61	101.53	39.14	78.28	67.61	103.19	84.21	116.24	100.82	163.68	141.14
62	111.43	45.07	90.14	78.28	115.05	92.51	129.28	115.05	182.66	156.56
63	126.29	49.82	100.82	86.58	129.28	105.56	145.89	128.10	202.82	174.35
64	141.15	55.75	112.68	96.07	144.70	119.79	163.68	142.33	225.36	193.33
65	158.48	62.86	126.91	106.75	162.39	136.40	185.03	157.75	251.45	214.68
66	178.30	69.98	142.77	117.42	181.47	156.56	208.75	175.54	279.91	239.59
67	200.58	78.28	158.93	130.47	204.01	178.31	234.84	195.70	310.75	265.68
68	227.82	87.77	177.91	147.07	230.10	202.03	264.50	220.61	342.78	292.96
69	257.54	98.44	200.45	166.05	258.57	221.80	296.92	249.08	377.17	322.61
70	289.52	110.31	225.36	187.40	286.64	247.89	334.47	281.10	416.31	355.82
71	329.35	123.35	252.64	212.31	327.36	276.36	375.99	317.87	459.01	391.41
72	371.45	137.59	283.47	239.19	367.68	308.38	422.24	358.20	505.27	431.73
73	418.50	156.56	321.43	270.43	416.31	348.71	479.18	405.64	572.88	488.66
74	470.50	176.73	363.92	304.43	470.87	394.96	543.22	460.20	649.97	552.71
75	529.93	200.45	412.76	343.96	532.55	445.97	615.58	520.69	736.56	625.06
76	596.79	227.73	467.32	389.03	601.34	504.08	697.42	590.67	835.00	706.90
77	671.08	258.57	530.18	434.90	680.81	570.50	791.12	668.95	946.49	799.42
78	757.75	290.59	601.34	496.97	770.95	645.23	897.86	757.91	1,073.40	903.79
79	856.81	326.17	680.81	562.20	872.95	729.44	1,018.84	858.72	1,216.92	1,021.21
80	965.76	366.50	772.14	635.74	N/A	N/A	N/A	N/A	N/A	N/A
81	1092.06	410.38	875.33	718.76	N/A	N/A	N/A	N/A	N/A	N/A
82	1233.21	461.39	991.56	813.65	N/A	N/A	N/A	N/A	N/A	N/A
83	1391.69	518.32	1,123.22	921.58	N/A	N/A	N/A	N/A	N/A	N/A
84	1569.99	582.37	1,272.66	1,043.75	N/A	N/A	N/A	N/A	N/A	N/A

Transport Life Insurance Company
Proposed Rate Schedule With Rate Increase
Gross Premiums - Form 11001 - With Inflation Rider, With Return of Premium Rider
Area 1 - Yes/No Underwriting

Nursing Home Rates Per $10/Day Benefit

Issue Age	0/1	100/1	0/2	100/2	0/3	100/3	0/4	100/4	0/Life	100/Life
0-59	218.24	189.77	309.76	272.80	368.87	324.99	288.22	366.50	575.25	505.27
60	276.36	233.66	402.08	348.71	487.48	424.62	371.24	477.99	754.35	658.27
61	297.71	250.26	436.48	378.36	533.74	463.76	403.27	524.25	825.51	718.76
62	323.80	269.24	476.80	410.38	584.74	507.64	438.85	572.88	902.61	785.18
63	354.64	295.33	525.43	450.71	648.79	559.83	482.73	634.55	990.38	863.47
64	387.85	321.43	579.99	496.97	716.39	617.95	533.74	702.16	1,090.01	946.49
65	424.62	352.27	640.48	547.97	793.49	683.18	583.16	778.07	1,196.75	1,037.82
66	464.94	385.48	706.90	602.53	878.89	754.35	646.41	861.09	1,315.36	1,141.01
67	510.01	421.06	780.44	664.20	971.40	832.63	712.83	954.79	1,444.65	1,251.31
68	564.57	464.94	870.58	737.74	1,085.26	928.70	794.67	1,066.29	1,585.79	1,368.74
69	626.25	514.76	970.21	821.95	1,213.36	1,036.63	886.00	1,190.82	1,739.98	1,500.39
70	693.86	568.13	1,080.52	913.28	1,353.32	1,155.24	988.00	1,329.60	1,910.77	1,642.72
71	768.58	627.44	1,205.06	1,016.47	1,512.25	1,289.17	1,100.68	1,484.97	2,096.99	1,794.14
72	851.61	693.86	1,342.64	1,129.15	1,688.98	1,437.53	1,227.59	1,658.14	2,299.81	1,969.29
73	952.42	774.51	1,509.88	1,267.92	1,906.03	1,619.39	1,381.78	1,870.45	2,603.45	2,222.71
74	1,066.29	864.65	1,698.47	1,423.30	2,151.55	1,823.00	1,557.32	2,108.85	2,945.04	2,508.56
75	1,194.38	964.28	1,910.77	1,597.65	2,427.91	2,054.29	1,754.21	2,380.46	3,332.88	2,829.99
76	1,336.71	1,075.77	2,150.36	1,793.35	2,738.66	2,312.86	1,976.01	2,685.29	3,771.73	3,194.11
77	1,495.65	1,196.36	2,418.42	2,012.78	3,089.74	2,604.63	2,226.27	3,029.25	4,268.70	3,605.68
78	1,678.30	1,343.83	2,733.91	2,268.97	3,488.26	2,931.99	2,506.19	3,417.10	4,829.72	4,071.81
79	1,884.68	1,505.14	3,089.74	2,558.37	3,935.41	3,302.05	2,861.22	3,855.95	5,465.46	4,597.25
80	2,117.15	1,686.61	3,494.19	2,883.36	N/A	N/A	N/A	N/A	N/A	N/A
81	2,376.90	1,888.24	3,948.46	3,251.05	N/A	N/A	N/A	N/A	N/A	N/A
82	2,708.22	2,113.59	4,464.41	3,664.99	N/A	N/A	N/A	N/A	N/A	N/A
83	2,997.22	2,366.23	5,047.96	4,129.93	N/A	N/A	N/A	N/A	N/A	N/A
84	3,366.10	2,648.52	5,707.42	4,654.18	N/A	N/A	N/A	N/A	N/A	N/A

Home Health Care Rider Rates Per $10/Day Benefit

Issue Age	0/1	100/1	0/2	100/2	0/3	100/3	0/4	100/4	0/Life	100/Life
0-59	43.88	28.47	60.49	52.19	87.77	77.10	60.49	80.65	142.33	123.35
60	58.12	43.88	91.33	79.47	123.35	102.00	86.58	118.61	195.70	168.42
61	65.23	52.19	104.38	90.14	137.59	111.49	99.63	134.03	218.24	187.40
62	71.16	60.49	119.79	104.38	153.00	123.35	111.49	153.00	243.15	208.75
63	80.65	66.42	134.03	115.05	171.98	139.96	125.72	170.80	269.24	232.47
64	90.14	74.72	149.45	128.10	192.14	158.93	139.96	190.17	300.08	257.38
65	100.82	83.03	168.42	142.33	215.87	181.47	157.75	209.94	334.47	285.85
66	113.86	92.51	190.17	156.56	240.77	208.75	176.73	233.66	372.43	319.06
67	128.10	104.38	211.12	173.17	271.61	237.22	196.89	259.75	412.76	353.45
68	144.70	116.24	237.22	195.70	306.01	263.31	220.61	292.96	455.45	390.22
69	163.68	130.47	266.87	220.61	344.36	295.33	247.89	330.92	501.71	429.36
70	185.03	147.07	300.08	249.08	347.13	329.73	276.36	373.62	553.50	473.25
71	209.94	163.68	335.66	282.29	435.29	367.68	309.57	422.24	610.83	520.69
72	237.51	182.66	377.17	319.06	478.78	410.38	347.52	476.80	672.11	574.06
73	266.87	208.75	426.99	359.38	553.90	463.76	392.59	540.06	761.46	649.97
74	300.08	234.84	483.92	405.54	626.25	525.43	445.97	612.02	864.65	731.81
75	338.03	266.87	549.16	457.83	708.09	593.04	506.46	692.67	979.70	831.44
76	380.73	302.45	621.51	517.13	799.42	670.14	572.88	785.18	1,110.17	940.56
77	426.99	343.96	705.72	583.55	904.98	759.09	649.97	892.82	1,258.43	1,062.73
78	482.73	386.66	799.42	660.65	1,025.96	858.72	737.74	1,008.17	1,428.04	1,201.50
79	545.99	434.11	904.98	747.23	1,161.17	970.21	839.74	1,142.20	1,619.00	1,358.06
80	615.58	487.48	1,027.15	845.68	N/A	N/A	N/A	N/A	N/A	N/A
81	696.23	545.60	1,164.73	955.98	N/A	N/A	N/A	N/A	N/A	N/A
82	775.30	612.81	1,318.92	1,077.36	N/A	N/A	N/A	N/A	N/A	N/A
83	886.00	689.11	1,494.46	1,225.22	N/A	N/A	N/A	N/A	N/A	N/A
84	999.87	774.51	1,692.54	1,384.16	N/A	N/A	N/A	N/A	N/A	N/A

Transport Life Insurance Company
Proposed Rate Schedule With Rate Increase
Gross Premiums - Form 11001 - With Inflation Rider, Without Return of Premium Rider
Area 1 - Super Select Underwriting - 10% Spousal Discount Premium

Nursing Home Rates Per $10/Day Benefit

Issue Age	0/1	100/1	0/2	100/2	0/3	100/3	0/4	100/4	0/Life	100/Life
0-59	122.17	109.12	164.87	147.07	195.70	172.43	215.87	192.14	296.76	262.12
60	149.45	130.47	208.75	183.84	251.45	219.42	279.91	247.89	381.92	336.85
61	160.12	137.59	226.54	198.08	272.80	239.59	304.82	270.43	416.31	365.31
62	170.80	145.89	244.33	212.31	296.52	259.75	333.29	294.15	453.08	396.15
63	186.21	157.75	269.24	232.47	326.17	284.66	368.87	323.80	496.97	432.92
64	202.82	171.98	294.15	255.01	360.57	314.31	406.83	357.01	543.22	474.58
65	220.61	186.21	323.80	279.91	397.34	345.15	449.52	392.59	595.41	518.32
66	240.77	200.45	355.82	306.01	437.66	379.99	496.97	433.36	652.34	566.95
67	262.12	218.24	390.22	335.66	482.73	417.38	550.34	475.62	715.21	620.32
68	288.22	239.59	434.11	371.24	538.48	464.94	613.20	528.99	784.00	678.44
69	316.68	262.12	482.73	411.17	600.16	515.94	684.37	590.67	857.54	740.11
70	350.19	288.22	535.87	455.45	667.76	572.88	763.84	657.09	938.19	807.72
71	385.77	316.68	594.23	505.27	744.86	636.92	850.42	731.81	1,028.33	883.63
72	424.62	347.52	660.65	559.83	830.26	709.28	949.26	813.65	1,125.59	965.47
73	474.43	387.85	742.49	626.25	934.63	795.86	1,072.22	916.84	1,271.48	1,087.64
74	528.99	430.55	833.81	700.97	1,053.24	895.49	1,210.99	1,031.89	1,436.34	1,225.22
75	591.85	479.18	935.82	785.18	1,187.27	1,006.98	1,366.36	1,163.54	1,623.74	1,381.78
76	660.65	532.55	1,052.05	881.26	1,337.90	1,131.52	1,543.09	1,310.62	1,834.87	1,557.32
77	737.74	593.04	1,185.29	986.82	1,506.72	1,272.66	1,742.35	1,477.86	2,074.45	1,755.40
78	826.70	661.83	1,334.34	1,110.17	1,696.09	1,430.41	1,967.71	1,665.26	2,343.69	1,976.96
79	926.33	740.11	1,506.32	1,250.13	1,909.59	1,607.14	2,221.53	1,876.38	2,649.70	2,226.77
80	1,037.82	827.88	1,702.02	1,407.88	N/A	N/A	N/A	N/A	N/A	N/A
81	1,163.54	923.96	1,921.45	1,585.79	N/A	N/A	N/A	N/A	N/A	N/A
82	1,303.40	1,033.31	2,169.34	1,785.05	N/A	N/A	N/A	N/A	N/A	N/A
83	1,460.06	1,155.24	2,449.26	2,006.45	N/A	N/A	N/A	N/A	N/A	N/A
84	1,636.79	1,290.46	2,764.75	2,264.23	N/A	N/A	N/A	N/A	N/A	N/A

Home Health Care Rider Rates Per $10/Day Benefit

Issue Age	0/1	100/1	0/2	100/2	0/3	100/3	0/4	100/4	0/Life	100/Life
0-59	24.91	13.88	35.58	27.28	40.33	40.33	47.44	40.33	67.61	60.49
60	30.84	20.16	48.63	37.95	59.30	52.19	68.79	56.93	93.70	83.03
61	33.21	22.54	54.56	42.70	67.61	58.12	78.28	62.86	105.56	92.51
62	35.58	26.09	60.49	48.63	75.91	62.86	88.96	69.98	118.61	103.19
63	39.14	28.47	67.61	54.56	85.40	69.98	98.44	80.65	131.65	113.86
64	43.88	33.21	74.72	61.68	95.01	78.28	107.93	90.14	144.70	125.72
65	48.63	37.95	81.84	69.98	106.75	86.58	119.79	102.00	161.31	137.59
66	54.56	42.70	91.33	79.47	119.79	97.26	131.65	113.86	179.10	153.00
67	60.49	48.63	102.00	90.14	134.03	107.93	144.70	129.28	198.55	167.24
68	69.98	55.75	113.86	100.82	149.45	122.17	164.87	144.70	219.42	186.21
69	79.47	62.86	129.28	111.49	167.24	138.77	186.21	163.68	240.77	205.19
70	90.14	69.98	145.89	123.35	187.40	156.56	209.94	183.84	265.68	227.73
71	102.00	80.65	166.45	137.59	208.75	177.91	238.40	207.56	294.15	251.45
72	115.05	91.33	187.40	154.19	234.84	201.63	269.24	232.47	323.80	278.73
73	129.28	102.00	209.94	174.35	265.68	231.68	304.82	262.12	367.68	315.50
74	144.70	115.05	238.40	196.89	302.45	255.01	347.52	296.76	416.31	357.01
75	162.49	129.28	268.05	222.98	342.78	287.03	393.78	335.66	473.25	403.66
76	181.47	145.89	302.45	251.45	387.85	323.80	445.97	378.36	535.87	455.45
77	202.82	164.87	340.40	284.66	440.04	364.13	507.64	426.99	608.46	516.34
78	230.10	185.03	386.66	321.43	499.34	410.38	576.43	482.73	690.30	582.37
79	259.75	208.75	437.66	361.75	568.13	461.39	655.90	545.60	784.00	658.27
80	294.15	234.84	496.97	408.01	N/A	N/A	N/A	N/A	N/A	N/A
81	332.10	264.50	563.78	460.20	N/A	N/A	N/A	N/A	N/A	N/A
82	375.99	297.71	639.30	518.32	N/A	N/A	N/A	N/A	N/A	N/A
83	424.62	335.66	725.88	584.74	N/A	N/A	N/A	N/A	N/A	N/A
84	480.36	377.17	824.33	659.46	N/A	N/A	N/A	N/A	N/A	N/A

Transport Life Insurance Company
Proposed Rate Schedule With Rate Increase
Gross Premiums - Form 11001 - With Inflation Rider, With Return of Premium Rider
Area 1 - Super Select Underwriting - 10% Spousal Discount Premium

Nursing Home Rates Per $10/Day Benefit

Issue Age	0/1	100/1	0/2	100/2	0/3	100/3	0/4	100/4	0/Life	100/Life
0-59	162.49	144.70	219.42	196.89	259.75	228.91	287.03	255.01	394.96	348.71
60	198.08	173.17	276.36	244.33	334.47	292.96	371.24	329.73	507.64	447.15
61	213.49	183.84	301.26	262.12	362.94	317.87	405.64	358.20	553.90	486.29
62	227.73	194.52	326.17	283.47	394.96	345.15	443.59	390.22	602.53	526.62
63	246.70	209.94	358.20	309.57	434.11	379.55	489.85	430.55	659.46	576.43
64	270.43	228.91	391.41	339.22	480.36	417.50	540.85	474.43	722.32	630.99
65	294.15	246.70	430.55	371.24	528.99	459.01	597.78	521.88	792.30	689.11
66	319.06	266.87	473.25	408.01	582.37	505.27	661.83	575.25	868.21	753.16
67	347.52	289.40	519.50	445.97	641.67	555.09	731.81	633.37	951.24	825.51
68	383.10	317.87	577.62	494.60	715.21	617.95	814.84	704.53	1,041.38	902.61
69	422.24	348.71	641.67	546.78	796.65	685.55	910.91	785.18	1,139.82	984.45
70	464.94	383.10	712.83	606.09	889.56	762.65	1,015.28	872.95	1,247.76	1,074.59
71	512.39	422.24	791.00	671.32	990.38	848.05	1,131.52	972.59	1,367.55	1,175.41
72	564.57	463.76	878.89	743.67	1,105.43	942.93	1,261.99	1,081.70	1,496.83	1,283.34
73	630.99	516.34	986.82	833.81	1,244.20	1,059.17	1,425.67	1,219.29	1,691.35	1,447.02
74	704.53	571.69	1,108.98	933.44	1,401.95	1,190.82	1,609.51	1,372.29	1,910.77	1,629.67
75	786.37	636.92	1,244.20	1,044.94	1,578.67	1,339.08	1,817.07	1,547.83	2,159.85	1,837.24
76	878.89	709.28	1,398.39	1,170.66	1,777.93	1,505.14	2,051.92	1,743.93	2,439.77	2,070.90
77	980.89	787.56	1,571.56	1,311.80	2,003.29	1,692.54	2,317.60	1,965.33	2,758.82	2,334.21
78	1,099.10	881.26	1,775.56	1,476.67	2,255.92	1,902.47	2,616.49	2,215.60	3,118.20	2,629.54
79	1,232.34	984.45	2,003.29	1,661.70	2,539.40	2,138.50	2,954.53	2,495.51	3,523.84	2,961.64
80	1,380.60	1,100.68	2,263.04	1,872.82	N/A	N/A	N/A	N/A	N/A	N/A
81	1,547.83	1,229.96	2,556.00	2,108.85	N/A	N/A	N/A	N/A	N/A	N/A
82	1,734.05	1,373.48	2,885.73	2,374.53	N/A	N/A	N/A	N/A	N/A	N/A
83	1,941.61	1,575.81	3,256.98	2,673.42	N/A	N/A	N/A	N/A	N/A	N/A
84	2,215.99	1,716.26	3,678.03	3,011.46	N/A	N/A	N/A	N/A	N/A	N/A

Home Health Care Rider Rates Per $10/Day Benefit

Issue Age	0/1	100/1	0/2	100/2	0/3	100/3	0/4	100/4	0/Life	100/Life
0-59	33.21	17.79	47.44	37.95	54.56	54.56	62.86	54.56	90.14	80.65
60	41.51	27.28	65.23	51.00	78.28	69.98	91.33	74.72	124.54	111.49
61	43.88	34.00	72.35	56.93	90.14	77.10	103.19	83.03	141.14	123.35
62	47.44	34.40	80.65	64.05	100.82	83.03	117.42	93.70	157.75	137.59
63	52.19	37.95	90.14	72.35	111.69	93.70	130.47	106.75	175.54	151.82
64	59.30	43.88	99.63	81.84	125.72	103.19	143.52	119.79	193.33	167.24
65	65.23	49.82	108.72	91.33	142.33	115.05	158.93	134.03	214.68	183.84
66	72.35	56.93	122.17	104.38	158.93	129.28	175.54	151.82	238.40	202.82
67	80.65	65.23	134.03	119.79	176.73	143.52	193.33	171.98	263.31	222.98
68	91.33	73.54	151.82	134.03	198.08	162.49	219.42	193.33	291.78	246.70
69	104.38	83.42	171.98	147.07	222.98	185.03	246.70	217.05	321.43	272.80
70	119.79	93.70	194.52	164.87	249.08	208.75	279.91	244.33	353.45	302.45
71	134.03	106.75	219.82	183.84	278.73	237.22	316.68	275.17	390.22	335.66
72	154.19	120.98	249.08	205.19	313.13	268.05	358.20	309.57	430.55	370.06
73	171.98	136.40	279.91	231.29	353.45	302.45	405.64	348.71	488.66	418.69
74	192.14	154.19	320.54	262.12	400.90	339.22	461.39	394.96	553.90	474.43
75	215.87	171.98	357.01	296.52	455.45	381.92	524.25	445.97	628.62	537.29
76	240.77	194.52	400.90	335.66	516.34	430.55	593.04	502.90	712.83	606.09
77	270.43	219.42	453.08	379.55	584.74	485.11	674.88	568.13	808.91	685.55
78	304.82	245.52	513.57	426.99	664.20	545.60	766.21	641.67	919.21	774.51
79	345.15	276.36	582.37	481.55	755.53	614.39	871.77	725.88	1,041.38	876.51
80	390.22	313.13	661.83	542.04	N/A	N/A	N/A	N/A	N/A	N/A
81	442.41	352.27	749.60	612.02	N/A	N/A	N/A	N/A	N/A	N/A
82	499.34	396.15	850.42	689.11	N/A	N/A	N/A	N/A	N/A	N/A
83	564.57	445.97	965.47	778.07	N/A	N/A	N/A	N/A	N/A	N/A
84	639.30	500.53	1,095.94	877.70	N/A	N/A	N/A	N/A	N/A	N/A

Transport Life Insurance Company
Proposed Rate Schedule With Rate Increase
Gross Premiums - Form 11001 - With Inflation Rider, Without Return of Premium Rider
Area 1 - Yes/No Underwriting - 10% Spousal Discount Premium

Nursing Home Rates Per $10/Day Benefit

Issue Age	0/1	100/1	0/2	100/2	0/3	100/3	0/4	100/4	0/Life	100/Life
0-59	147.07	128.10	209.94	185.03	250.26	219.82	279.91	247.89	390.22	341.59
60	187.40	157.75	272.80	236.03	329.73	290.98	370.06	323.80	510.01	449.13
61	201.63	169.61	295.33	256.19	360.57	314.31	406.83	354.64	558.64	486.69
62	219.42	182.66	322.61	277.54	396.15	343.96	445.97	387.85	611.23	531.36
63	240.77	199.26	355.82	304.82	438.85	379.55	494.60	429.36	670.53	583.55
64	262.12	218.24	392.59	336.85	485.11	418.69	549.16	475.62	737.74	640.48
65	287.03	238.40	433.31	370.06	537.29	462.57	608.46	526.62	810.09	702.16
66	315.50	260.94	477.99	408.01	594.23	510.01	673.69	582.37	890.75	772.14
67	345.15	284.66	528.99	449.52	657.09	563.39	747.23	646.41	977.33	846.86
68	381.92	315.50	589.48	499.34	734.18	628.62	836.19	721.14	1,073.40	926.33
69	423.43	347.52	657.09	556.27	824.33	700.97	934.63	806.53	1,177.78	1,015.28
70	469.69	384.29	731.81	617.95	915.65	781.63	1,046.12	900.23	1,292.83	1,111.36
71	519.50	424.62	816.02	687.93	1,023.59	871.77	1,170.66	1,004.61	1,418.55	1,216.92
72	576.43	469.69	908.54	763.84	1,143.38	972.59	1,309.43	1,122.03	1,556.14	1,331.97
73	645.23	524.25	1,021.21	858.72	1,285.32	1,094.75	1,480.23	1,265.55	1,761.33	1,503.95
74	721.14	584.74	1,149.31	963.10	1,456.51	1,233.52	1,673.56	1,426.85	1,992.61	1,697.28
75	807.72	652.34	1,292.83	1,081.70	1,642.72	1,390.09	1,892.98	1,610.70	2,255.92	1,915.52
76	903.79	728.25	1,455.32	1,213.36	1,852.66	1,564.44	2,139.69	1,817.07	2,552.44	2,162.22
77	1,011.73	812.46	1,636.79	1,361.62	2,091.06	1,762.51	2,418.42	2,049.55	2,888.10	2,439.77
78	1,136.26	909.72	1,850.28	1,534.79	2,360.30	1,984.31	2,735.10	2,311.67	3,268.84	2,755.26
79	1,276.22	1,018.84	2,091.06	1,731.68	2,663.94	2,234.57	3,092.11	2,613.82	3,699.38	3,111.09
80	1,432.78	1,141.01	2,365.04	1,951.10	N/A	N/A	N/A	N/A	N/A	N/A
81	1,608.32	1,277.41	2,672.24	2,200.18	N/A	N/A	N/A	N/A	N/A	N/A
82	1,806.40	1,430.41	3,020.95	2,480.09	N/A	N/A	N/A	N/A	N/A	N/A
83	2,028.20	1,601.21	3,415.91	2,794.40	N/A	N/A	N/A	N/A	N/A	N/A
84	2,278.46	1,792.17	3,861.88	3,149.04	N/A	N/A	N/A	N/A	N/A	N/A

Home Health Care Rider Rates Per $10/Day Benefit

Issue Age	0/1	100/1	0/2	100/2	0/3	100/3	0/4	100/4	0/Life	100/Life
0-59	29.65	18.98	40.33	35.58	59.30	52.19	68.79	54.56	96.07	83.03
60	39.14	29.65	61.68	53.77	83.03	69.98	93.70	80.65	132.84	113.86
61	43.88	35.58	69.98	60.49	92.51	75.91	104.38	91.33	147.07	126.91
62	48.63	40.33	80.65	69.98	103.19	83.03	116.24	103.19	164.87	141.14
63	54.56	45.07	91.33	78.28	116.24	94.89	131.65	115.05	182.66	156.56
64	60.49	49.82	102.00	86.58	130.86	107.93	147.07	128.10	202.82	174.35
65	68.79	56.93	113.86	96.07	145.89	123.35	166.05	142.33	226.54	193.33
66	77.10	62.86	128.10	105.56	163.68	141.14	187.40	157.75	251.45	215.87
67	86.58	69.98	143.52	117.42	183.84	160.12	211.12	176.73	279.91	239.59
68	98.44	79.47	160.12	132.84	207.56	177.91	238.40	198.08	308.38	263.31
69	111.49	88.96	180.28	149.45	236.43	199.26	266.87	224.17	339.22	290.59
70	124.54	99.63	206.77	168.42	262.12	222.98	301.26	252.64	374.80	320.24
71	142.33	111.49	227.73	190.96	294.15	249.08	338.03	285.85	412.76	352.27
72	160.12	123.35	255.01	215.87	330.92	277.54	379.55	322.61	454.27	389.03
73	180.28	141.14	289.40	243.15	374.80	314.31	431.73	365.31	515.94	440.04
74	202.82	158.93	327.36	273.98	423.43	355.82	488.66	413.94	584.74	496.97
75	228.91	180.28	371.24	309.57	479.18	400.90	557.85	468.50	663.02	562.20
76	257.38	205.19	421.06	389.43	540.85	454.27	627.44	531.36	751.97	635.74
77	289.40	236.43	476.80	394.96	613.20	513.57	711.65	602.53	851.61	719.95
78	326.17	266.08	540.85	447.15	693.86	581.18	807.72	682.00	966.66	813.65
79	368.87	294.15	613.20	506.46	785.18	657.09	916.84	773.32	1,094.75	919.21
80	416.31	329.73	695.04	571.69	N/A	N/A	N/A	N/A	N/A	N/A
81	470.87	368.87	787.56	646.41	N/A	N/A	N/A	N/A	N/A	N/A
82	531.36	415.13	891.93	731.71	N/A	N/A	N/A	N/A	N/A	N/A
83	600.16	466.13	1,010.54	829.07	N/A	N/A	N/A	N/A	N/A	N/A
84	677.25	524.25	1,145.75	939.38	N/A	N/A	N/A	N/A	N/A	N/A

Transport Life Insurance Company
Proposed Rate Schedule With Rate Increase
Gross Premiums - Form 11001 - With Inflation Rider, With Return of Premium Rider
Area 1 - Yes/No Underwriting - 10% Spousal Discount Premium

Nursing Home Rates Per $10/Day Benefit

Issue Age	0/1	100/1	0/2	100/2	0/3	100/3	0/4	100/4	0/Life	100/Life
0-59	196.89	170.80	279.91	245.52	332.10	292.96	371.24	329.73	518.32	454.27
60	249.47	209.94	361.75	314.21	438.85	381.92	493.41	430.55	678.44	593.04
61	268.05	225.36	392.59	340.40	480.36	417.50	540.85	472.06	742.49	646.81
62	295.73	241.96	429.36	368.87	526.62	456.64	593.04	515.94	812.86	706.90
63	319.06	265.68	473.25	405.64	583.55	504.48	657.09	571.69	891.93	776.88
64	348.71	289.40	522.27	447.15	645.23	556.27	730.63	632.18	980.89	851.61
65	381.92	316.68	576.43	493.41	714.02	614.39	808.91	699.79	1,076.96	934.63
66	418.69	347.52	635.74	542.04	791.12	678.44	895.49	774.51	1,183.71	1,027.15
67	459.01	378.95	706.11	597.78	874.14	749.60	993.94	863.86	1,299.94	1,126.78
68	507.64	418.69	784.00	664.20	977.33	836.19	1,111.36	959.54	1,426.85	1,232.34
69	563.39	463.76	872.95	740.11	1,092.38	933.44	1,244.20	1,072.22	1,565.63	1,350.95
70	625.06	511.20	972.59	821.95	1,218.10	1,040.19	1,391.27	1,196.75	1,719.82	1,479.04
71	691.48	564.57	1,084.08	914.47	1,361.62	1,159.99	1,557.32	1,336.71	1,887.05	1,617.81
72	766.21	625.06	1,208.62	1,016.47	1,520.55	1,293.02	1,742.35	1,492.09	2,069.71	1,772.00
73	857.54	697.42	1,359.25	1,141.01	1,715.07	1,457.69	1,970.08	1,722.58	2,343.69	2,000.92
74	959.54	778.07	1,528.86	1,280.97	1,936.87	1,640.35	2,226.27	1,897.73	2,650.89	2,258.30
75	1,074.59	868.21	1,719.82	1,437.53	2,184.76	1,849.10	2,516.86	2,142.06	2,999.60	2,546.51
76	1,202.69	967.84	1,935.68	1,614.25	2,464.67	2,081.57	2,845.41	2,417.23	3,394.56	2,875.06
77	1,346.20	1,080.52	2,215.99	1,811.14	2,781.36	2,343.69	3,217.84	2,726.80	3,841.71	3,245.11
78	1,511.07	1,209.80	2,461.12	2,042.43	3,139.55	2,639.03	3,636.52	3,075.51	4,346.98	3,664.99
79	1,696.09	1,354.50	2,781.75	2,302.18	3,541.63	2,972.32	4,113.33	3,470.47	4,918.67	4,137.05
80	1,906.03	1,518.18	3,144.30	2,595.14	N/A	N/A	N/A	N/A	N/A	N/A
81	2,139.69	1,699.65	3,553.50	2,926.06	N/A	N/A	N/A	N/A	N/A	N/A
82	2,401.81	1,902.47	4,018.44	3,298.49	N/A	N/A	N/A	N/A	N/A	N/A
83	2,697.15	2,130.20	4,542.69	3,717.17	N/A	N/A	N/A	N/A	N/A	N/A
84	3,029.25	2,384.02	5,136.91	4,189.23	N/A	N/A	N/A	N/A	N/A	N/A

Home Health Care Rider Rates Per $10/Day Benefit

Issue Age	0/1	100/1	0/2	100/2	0/3	100/3	0/4	100/4	0/Life	100/Life
0-59	39.14	26.09	54.56	47.44	79.47	69.98	91.33	72.35	128.10	111.49
60	52.19	39.14	81.84	71.16	111.49	91.33	124.54	106.75	176.73	151.82
61	59.30	47.44	93.70	80.65	123.35	100.82	138.77	120.98	196.89	168.42
62	64.05	54.56	107.93	93.70	137.59	111.49	155.38	137.59	219.82	187.40
63	72.35	59.30	120.98	103.19	155.38	125.72	175.54	154.19	241.96	208.75
64	80.65	67.61	134.03	115.05	173.17	143.52	196.89	170.80	270.43	231.29
65	91.33	74.72	151.82	128.10	194.52	163.68	220.61	188.59	301.26	257.38
66	102.00	81.94	170.80	141.14	217.05	187.40	250.26	209.94	335.66	287.03
67	115.05	93.70	190.17	155.38	244.33	213.49	281.10	233.66	371.24	317.87
68	130.86	104.38	213.49	176.73	275.17	237.22	320.64	263.31	410.38	351.08
69	147.07	117.42	240.77	198.08	309.57	265.68	355.82	297.71	451.90	386.66
70	166.05	132.84	270.43	224.17	347.52	296.52	400.90	336.85	498.15	425.80
71	188.59	147.07	302.45	253.82	391.41	330.92	450.71	379.55	550.34	468.50
72	213.49	164.87	339.22	287.03	440.04	368.87	505.27	429.36	604.90	517.13
73	240.77	187.40	384.29	323.80	498.15	417.50	572.88	486.29	685.55	584.74
74	270.43	211.12	435.29	365.31	563.39	473.25	649.97	550.34	778.07	661.83
75	304.82	240.77	494.60	411.17	636.92	533.74	736.56	623.88	881.26	748.42
76	342.78	272.80	559.83	464.94	719.95	603.71	835.00	706.90	998.68	846.86
77	384.29	309.57	635.74	525.43	814.84	683.18	946.49	800.60	1,133.10	955.98
78	434.11	347.52	719.95	594.23	923.96	773.32	1,074.59	907.35	1,325.25	1,081.70
79	491.04	390.22	814.84	672.51	1,044.94	872.95	1,219.29	1,028.33	1,457.69	1,222.85
80	553.90	438.85	923.96	761.46	N/A	N/A	N/A	N/A	N/A	N/A
81	626.25	491.04	1,048.49	859.91	N/A	N/A	N/A	N/A	N/A	N/A
82	706.90	551.53	1,187.27	973.77	N/A	N/A	N/A	N/A	N/A	N/A
83	797.05	620.32	1,345.01	1,103.05	N/A	N/A	N/A	N/A	N/A	N/A
84	900.23	697.42	1,522.93	1,248.94	N/A	N/A	N/A	N/A	N/A	N/A

Transport Life Insurance Company
Proposed Rate Schedule With Downgrade
Gross Premiums - Form 11001 - With Inflation Rider, Without Return of Premium Rider
Area 1 - Super Select Underwriting

Nursing Home Rates Per $10/Day Benefit

Issue Age	0/1	100/1	0/2	100/2	0/3	100/3	0/4	100/4	0/Life	100/Life
0-59	57.95	51.85	78.28	70.15	93.02	81.84	102.68	91.50	141.31	125.05
60	71.16	62.02	99.12	87.43	119.46	104.71	133.18	117.93	181.98	160.29
61	76.25	65.57	107.76	94.04	130.13	113.86	145.38	128.60	198.41	173.85
62	81.33	69.64	116.41	101.16	141.31	123.52	158.60	139.79	215.53	188.59
63	88.45	75.23	128.10	110.81	155.55	136.99	175.37	154.02	236.37	206.38
64	96.58	81.84	140.30	121.49	171.81	149.45	193.67	169.78	258.73	225.69
65	105.22	88.45	154.02	133.18	189.10	164.19	214.00	187.06	283.64	247.04
66	114.37	95.56	169.27	145.89	204.34	180.96	236.88	205.87	310.58	269.92
67	124.54	103.70	186.05	159.61	225.52	198.75	261.78	226.71	340.57	295.33
68	137.25	113.86	206.89	176.90	256.19	221.12	291.78	252.13	373.11	322.78
69	150.97	125.05	229.76	195.70	285.68	245.52	325.83	281.10	408.18	352.27
70	166.73	137.25	255.18	217.05	318.21	272.97	363.45	312.62	446.81	384.80
71	183.50	150.97	283.13	240.44	354.81	303.47	405.13	348.20	489.51	420.89
72	202.31	165.71	314.65	266.36	395.47	337.52	451.90	387.34	535.77	459.52
73	225.69	184.52	353.28	298.38	445.29	379.21	510.35	436.65	605.41	517.98
74	252.13	204.85	397.00	333.97	501.71	426.48	576.43	491.55	685.89	583.55
75	281.61	228.24	445.80	374.12	565.25	479.35	650.65	554.07	773.15	657.77
76	314.65	253.65	500.70	419.36	636.92	538.82	734.52	624.22	873.80	741.64
77	351.25	282.12	562.71	469.69	717.24	605.92	829.58	703.51	987.67	835.68
78	393.44	315.16	635.40	528.65	807.72	681.15	936.83	792.98	1,116.27	941.41
79	441.22	352.27	717.24	595.24	909.38	765.53	1,057.81	893.63	1,261.65	1,060.36
80	494.09	393.95	810.26	670.47	N/A	N/A	N/A	N/A	N/A	N/A
81	554.07	440.21	914.98	754.86	N/A	N/A	N/A	N/A	N/A	N/A
82	620.66	492.05	1,032.91	849.91	N/A	N/A	N/A	N/A	N/A	N/A
83	695.38	550.00	1,166.09	957.17	N/A	N/A	N/A	N/A	N/A	N/A
84	779.25	614.56	1,316.55	1,078.15	N/A	N/A	N/A	N/A	N/A	N/A

Home Health Care Rider Rates Per $10/Day Benefit

Issue Age	0/1	100/1	0/2	100/2	0/3	100/3	0/4	100/4	0/Life	100/Life
0-59	11.69	6.61	16.77	13.22	19.32	19.32	22.37	19.32	32.02	28.97
60	14.74	9.66	23.38	18.30	28.13	24.91	32.53	26.94	44.73	39.65
61	15.76	10.67	25.92	20.33	32.02	27.45	37.11	29.99	50.32	43.59
62	16.77	12.20	28.97	22.87	37.36	29.99	42.19	33.55	56.42	49.26
63	18.18	13.72	32.02	25.92	40.84	33.55	46.72	33.89	62.52	54.39
64	20.84	15.76	35.58	29.48	45.24	37.11	51.34	42.70	69.13	59.98
65	23.38	17.79	39.14	33.04	50.83	41.17	56.93	48.29	76.76	65.57
66	25.92	20.33	43.72	37.62	56.93	46.26	62.52	54.39	85.40	72.69
67	28.97	23.38	46.60	42.70	63.54	51.34	69.13	62.78	94.55	79.81
68	33.04	26.43	54.39	47.78	71.16	57.95	78.28	69.13	104.21	88.45
69	37.62	29.99	61.51	52.87	79.81	66.08	88.45	77.77	114.88	99.29
70	42.70	33.55	69.64	58.97	88.96	74.72	100.14	87.43	126.57	108.27
71	48.29	38.12	78.79	65.57	99.63	86.58	113.36	98.61	139.79	119.96
72	54.90	43.21	88.96	73.20	111.36	96.07	128.10	110.81	154.02	132.67
73	63.20	50.07	100.10	82.86	126.57	108.27	145.38	125.05	174.86	149.95
74	68.62	54.90	113.36	93.53	143.85	121.49	165.20	141.31	198.24	169.78
75	77.26	61.51	127.59	106.24	163.17	136.74	187.57	159.61	225.19	192.14
76	84.72	69.64	143.85	119.96	184.52	154.02	212.48	179.95	255.18	217.05
77	96.75	78.28	162.15	137.37	208.73	173.34	241.62	203.33	289.74	245.52
78	109.46	87.94	184.01	153.00	237.89	195.19	274.66	229.76	328.88	277.54
79	123.52	99.12	208.41	172.32	270.43	219.59	312.11	259.75	373.11	315.50
80	139.79	111.92	236.45	194.18	N/A	N/A	N/A	N/A	N/A	N/A
81	158.09	126.06	268.39	219.09	N/A	N/A	N/A	N/A	N/A	N/A
82	178.93	141.82	304.48	247.04	N/A	N/A	N/A	N/A	N/A	N/A
83	202.31	159.61	345.66	278.56	N/A	N/A	N/A	N/A	N/A	N/A
84	228.74	179.44	392.42	314.14	N/A	N/A	N/A	N/A	N/A	N/A

Transport Life Insurance Company
Proposed Rate Schedule With Downgrade
Gross Premiums - Form 11001 - With Inflation Rider, With Return of Premium Rider
Area 1 - Super Select Underwriting

Nursing Home Rates Per $10/Day Benefit

Issue Age	0/1	100/1	0/2	100/2	0/3	100/3	0/4	100/4	0/Life	100/Life
0-59	77.26	69.13	104.21	93.53	123.52	108.78	136.74	121.49	188.08	166.22
60	94.55	82.35	131.65	116.41	159.10	139.28	176.90	157.07	241.96	212.99
61	101.83	87.43	143.35	125.05	172.83	151.48	193.16	170.80	263.82	231.29
62	108.27	92.51	155.04	134.70	188.08	164.19	210.95	186.05	286.69	250.60
63	117.42	100.14	170.29	147.41	206.89	180.45	233.32	204.85	314.14	274.49
64	128.60	108.78	187.82	161.65	228.74	198.75	257.72	225.69	344.13	300.42
65	139.79	117.42	204.85	176.90	249.92	218.58	284.66	248.57	377.17	328.37
66	151.99	127.08	225.19	194.18	277.03	240.44	315.16	273.98	413.26	358.87
67	165.71	137.75	247.55	212.48	305.50	264.33	348.20	301.43	452.91	392.93
68	182.49	151.48	275.00	235.35	340.57	294.32	387.85	335.49	496.12	429.53
69	199.26	161.98	305.50	260.26	379.72	326.34	433.60	373.62	542.89	468.67
70	221.63	182.49	339.56	288.73	423.43	362.94	483.41	415.81	594.23	511.88
71	243.99	200.79	376.67	319.73	471.72	403.61	538.82	463.08	651.16	559.66
72	268.90	220.61	418.35	354.13	526.11	448.85	600.83	514.93	712.66	611.00
73	299.99	245.52	469.69	397.00	592.19	505.78	678.61	580.50	805.18	688.77
74	335.49	272.46	528.14	444.27	667.42	567.29	766.55	653.70	909.89	776.20
75	374.63	303.47	592.70	497.65	751.81	637.43	865.16	737.06	1,028.33	874.82
76	418.35	337.52	665.90	557.63	846.86	716.73	976.99	830.09	1,162.02	986.31
77	467.15	375.14	748.25	624.73	954.12	805.69	1,103.56	935.82	1,313.50	1,111.70
78	523.06	415.13	845.34	703.01	1,074.08	905.83	1,245.89	1,054.76	1,484.80	1,251.99
79	586.60	468.67	954.12	791.45	1,226.24	1,018.16	1,407.03	1,188.45	1,677.96	1,410.08
80	657.26	524.08	1,077.64	891.59	N/A	N/A	N/A	N/A	N/A	N/A
81	737.06	585.58	1,216.92	1,003.93	N/A	N/A	N/A	N/A	N/A	N/A
82	825.51	654.21	1,373.99	1,130.50	N/A	N/A	N/A	N/A	N/A	N/A
83	924.63	731.47	1,550.88	1,272.83	N/A	N/A	N/A	N/A	N/A	N/A
84	1,036.46	817.38	1,751.16	1,433.97	N/A	N/A	N/A	N/A	N/A	N/A

Home Health Care Rider Rates Per $10/Day Benefit

Issue Age	0/1	100/1	0/2	100/2	0/3	100/3	0/4	100/4	0/Life	100/Life
0-59	15.76	8.64	22.37	17.79	25.92	25.92	29.99	25.92	42.70	38.63
60	19.82	12.71	31.01	24.40	37.11	33.04	43.21	35.58	59.47	52.87
61	20.84	14.23	34.57	26.94	42.70	36.60	49.31	39.65	67.10	58.97
62	22.37	16.27	38.63	30.50	47.78	39.65	55.92	44.73	75.23	65.57
63	24.91	18.30	42.70	34.57	53.88	44.73	62.02	50.83	83.36	72.18
64	27.96	20.84	47.27	39.14	59.98	49.31	68.11	56.93	92.01	79.81
65	31.01	23.89	51.85	43.72	67.61	54.90	75.74	64.05	102.17	87.43
66	34.57	26.94	57.95	49.82	75.74	61.51	83.36	72.01	113.36	96.58
67	38.63	31.01	64.05	56.93	84.38	68.11	92.01	81.84	125.56	106.24
68	43.72	35.07	72.18	63.54	94.55	77.26	104.21	92.01	138.77	117.42
69	49.82	39.65	81.84	70.15	106.24	87.94	117.42	103.19	153.00	129.62
70	56.93	44.73	92.51	78.28	118.44	99.63	133.18	116.41	168.25	143.85
71	64.05	50.83	104.71	87.43	132.67	112.85	150.97	131.15	186.05	159.61
72	73.20	57.44	118.44	97.60	148.94	127.59	170.29	147.41	204.85	176.39
73	81.84	65.06	133.18	110.31	168.25	143.85	193.16	166.22	232.81	199.26
74	91.50	73.20	150.97	124.11	191.13	161.65	219.59	188.08	263.82	225.69
75	102.68	81.84	169.78	141.31	217.05	181.98	249.59	212.48	299.40	255.68
76	114.88	92.51	191.13	159.61	245.52	204.85	282.63	239.42	339.56	288.73
77	128.60	104.21	215.53	180.45	278.56	230.78	321.26	270.43	385.31	326.34
78	145.38	116.91	244.50	203.33	316.18	259.75	364.97	305.50	437.66	369.04
79	164.19	131.65	277.03	229.25	359.89	292.28	415.30	345.66	496.12	417.33
80	186.05	148.94	315.16	258.23	N/A	N/A	N/A	N/A	N/A	N/A
81	210.44	167.75	356.84	291.27	N/A	N/A	N/A	N/A	N/A	N/A
82	237.89	188.59	405.13	328.37	N/A	N/A	N/A	N/A	N/A	N/A
83	268.90	212.48	459.52	370.57	N/A	N/A	N/A	N/A	N/A	N/A
84	304.48	238.40	522.04	417.84	N/A	N/A	N/A	N/A	N/A	N/A

Transport Life Insurance Company
Proposed Rate Schedule With Downgrade
Gross Premiums - Form 11001 - With Inflation Rider, Without Return of Premium Rider
Area 1 - Yes/No Underwriting

Nursing Home Rates Per $10/Day Benefit

Issue Age	0/1	100/1	0/2	100/2	0/3	100/3	0/4	100/4	0/Life	100/Life
0-59	70.15	61.00	100.14	87.94	118.95	104.71	133.18	117.93	185.54	162.66
60	88.96	75.23	129.62	112.34	157.07	136.74	176.39	154.02	242.98	211.97
61	96.07	80.82	140.80	122.00	171.81	149.45	193.67	168.76	265.85	231.79
62	104.21	86.92	153.51	132.16	188.59	163.68	212.48	184.52	290.76	253.14
63	114.37	95.06	169.27	145.38	208.92	180.45	235.35	204.34	319.22	278.05
64	125.05	103.70	187.06	160.12	230.78	199.26	261.28	226.20	351.25	304.99
65	136.74	113.36	206.38	176.39	255.68	220.10	289.74	250.60	385.81	334.47
66	149.95	124.03	227.73	194.18	283.13	242.98	320.75	277.54	423.94	367.52
67	164.19	135.72	251.62	214.00	313.13	268.39	355.82	307.53	465.62	403.10
68	181.98	149.95	280.59	237.89	349.72	299.40	398.01	343.62	510.86	441.22
69	201.80	165.71	312.62	264.83	390.90	333.97	445.29	383.78	560.68	483.41
70	223.66	183.00	348.20	294.32	436.14	372.09	498.15	428.51	615.58	529.16
71	247.55	202.31	388.36	327.36	487.48	415.30	557.63	478.33	675.56	579.48
72	274.49	223.66	432.58	363.96	544.41	446.14	623.71	534.24	741.13	634.38
73	307.03	249.59	486.46	408.69	614.05	521.54	705.04	602.87	838.73	716.22
74	343.62	278.56	547.46	458.50	693.35	587.62	797.05	679.62	948.86	808.23
75	384.80	310.58	615.58	514.93	782.30	661.83	901.25	767.05	1074.08	911.93
76	430.55	346.67	692.84	577.96	882.44	745.20	1018.67	865.16	1215.39	1029.35
77	481.89	386.83	779.25	648.62	995.80	839.24	1151.85	976.10	1375.51	1162.02
78	540.85	433.09	880.92	730.96	1123.90	944.97	1302.32	1101.02	1556.48	1311.97
79	607.44	484.94	995.80	824.50	1268.26	1063.91	1472.60	1242.33	1761.33	1481.24
80	682.17	543.39	1125.93	929.21	N/A	N/A	N/A	N/A	N/A	N/A
81	766.04	608.46	1272.32	1047.65	N/A	N/A	N/A	N/A	N/A	N/A
82	860.08	681.15	1438.55	1180.83	N/A	N/A	N/A	N/A	N/A	N/A
83	965.81	762.48	1626.62	1330.78	N/A	N/A	N/A	N/A	N/A	N/A
84	1084.75	853.47	1839.10	1499.54	N/A	N/A	N/A	N/A	N/A	N/A

Home Health Care Rider Rates Per $10/Day Benefit

Issue Age	0/1	100/1	0/2	100/2	0/3	100/3	0/4	100/4	0/Life	100/Life
0-59	14.23	9.15	19.32	16.77	28.47	24.91	32.53	25.92	45.75	39.65
60	18.81	14.23	29.48	25.42	39.65	33.04	44.73	38.12	63.03	54.39
61	20.84	16.77	33.55	28.97	44.22	36.09	49.82	43.21	70.15	60.49
62	22.87	19.32	38.63	33.55	49.31	39.65	55.41	49.31	78.28	67.10
63	25.92	21.35	43.21	37.11	55.41	45.24	62.52	54.90	86.92	74.72
64	28.97	23.89	48.29	41.17	62.02	51.34	70.15	61.00	96.58	82.86
65	32.53	26.94	54.39	45.75	69.60	58.46	79.30	67.61	107.76	92.01
66	36.60	29.99	61.19	50.32	77.77	67.10	89.46	75.23	119.96	102.68
67	41.17	33.55	68.11	55.92	87.43	76.42	100.65	83.87	133.18	113.86
68	46.77	37.62	76.25	63.03	98.61	86.58	113.36	94.55	146.90	125.56
69	52.87	42.19	85.91	71.16	110.81	95.06	127.25	106.75	161.65	138.26
70	59.43	47.27	96.58	80.31	122.84	106.24	143.35	120.47	178.42	152.50
71	67.61	52.87	108.27	90.99	140.30	118.44	161.14	136.23	196.72	167.75
72	76.25	58.97	121.49	102.51	157.58	132.16	180.96	153.51	216.54	185.03
73	85.91	67.10	137.75	115.90	178.42	149.45	205.36	173.85	245.52	209.43
74	96.58	75.74	155.97	130.47	201.80	169.27	232.81	197.23	278.56	236.88
75	108.78	85.91	176.90	147.41	228.24	191.13	263.82	223.15	315.67	267.88
76	122.51	97.60	200.28	166.73	257.72	216.04	298.89	253.14	357.86	302.96
77	137.75	110.81	227.22	186.38	291.78	244.50	339.05	286.69	405.64	342.61
78	155.55	124.54	257.72	212.99	330.41	276.53	384.80	324.82	460.03	387.34
79	175.88	139.79	291.78	240.94	374.12	312.62	436.65	368.02	521.54	437.66
80	198.24	157.07	330.92	272.46	N/A	N/A	N/A	N/A	N/A	N/A
81	224.17	175.88	375.14	308.04	N/A	N/A	N/A	N/A	N/A	N/A
82	253.14	197.74	424.96	348.71	N/A	N/A	N/A	N/A	N/A	N/A
83	285.68	222.14	481.38	394.96	N/A	N/A	N/A	N/A	N/A	N/A
84	322.27	249.59	545.43	447.32	N/A	N/A	N/A	N/A	N/A	N/A

Transport Life Insurance Company
Proposed Rate Schedule With Downgrade
Gross Premiums - Form 11001 - With Inflation Rider, With Return of Premium Rider
Area 1 - Yes/No Underwriting

Nursing Home Rates Per $10/Day Benefit

Issue Age	0/1	100/1	0/2	100/2	0/3	100/3	0/4	100/4	0/Life	100/Life
0-59	93.53	81.33	132.76	116.91	158.09	139.28	123.52	157.07	246.54	216.54
60	118.44	100.14	172.32	149.45	208.92	181.98	159.10	204.85	323.29	282.12
61	127.59	107.26	187.06	162.15	228.74	198.75	172.83	224.68	353.79	308.04
62	138.77	115.39	204.34	175.88	250.60	217.56	188.08	245.52	386.83	336.51
63	151.99	126.57	225.19	193.16	278.05	239.93	206.89	271.95	424.45	370.06
64	166.22	137.75	248.57	212.99	307.03	264.83	228.74	300.93	467.15	405.64
65	181.98	150.97	274.49	234.84	340.07	292.79	249.92	333.46	512.89	444.78
66	199.26	165.20	302.96	258.23	376.67	323.29	277.03	369.04	563.73	489.00
67	218.58	180.45	334.47	284.66	416.31	356.84	305.50	409.20	619.13	536.28
68	241.96	199.26	373.11	316.18	465.11	398.01	340.57	456.98	679.62	586.60
69	268.39	220.61	415.81	352.27	520.01	444.27	379.72	510.35	745.71	643.02
70	297.37	243.49	463.08	391.41	579.99	495.10	423.43	569.83	818.90	704.02
71	329.39	268.90	516.45	435.63	648.11	552.50	471.72	636.42	898.71	768.92
72	364.97	297.37	575.42	483.92	723.85	616.08	526.11	710.63	985.63	843.98
73	408.18	331.93	647.09	543.39	816.87	694.03	592.19	801.62	1,115.76	952.59
74	456.98	370.57	727.91	609.98	922.09	781.29	667.42	903.79	1,262.16	1,075.10
75	511.88	413.26	818.90	684.71	1,040.53	880.41	751.81	1,020.20	1,428.38	1,212.85
76	572.88	461.05	921.58	768.58	1,173.71	991.22	846.86	1,150.84	1,616.46	1,368.91
77	640.99	512.73	1,036.46	862.62	1,324.17	1,116.27	954.12	1,298.25	1,829.44	1,545.29
78	719.27	575.93	1,171.68	972.42	1,494.97	1,256.57	1,074.08	1,464.47	2,069.88	1,745.06
79	807.72	645.06	1,324.17	1,096.45	1,686.61	1,415.16	1,226.24	1,652.55	2,342.34	1,970.25
80	907.35	722.83	1,497.51	1,235.73	N/A	N/A	N/A	N/A	N/A	N/A
81	1,018.67	809.25	1,692.20	1,393.31	N/A	N/A	N/A	N/A	N/A	N/A
82	1,160.66	905.83	1,913.32	1,570.71	N/A	N/A	N/A	N/A	N/A	N/A
83	1,284.52	1,014.10	2,163.41	1,769.97	N/A	N/A	N/A	N/A	N/A	N/A
84	1,442.61	1,135.08	2,446.04	1,994.65	N/A	N/A	N/A	N/A	N/A	N/A

Home Health Care Rider Rates Per $10/Day Benefit

Issue Age	0/1	100/1	0/2	100/2	0/3	100/3	0/4	100/4	0/Life	100/Life
0-59	18.81	12.20	25.92	22.37	37.62	33.04	25.92	34.57	61.00	52.87
60	24.91	18.81	39.14	34.06	52.87	43.72	37.11	50.83	83.87	72.18
61	27.96	22.37	44.73	38.63	58.97	47.78	42.70	57.44	93.53	80.31
62	30.50	25.92	51.34	44.73	65.57	52.87	47.78	65.57	104.21	89.46
63	34.57	28.47	57.44	49.31	73.71	59.98	53.88	73.20	115.39	99.63
64	38.63	32.02	64.05	54.90	82.35	68.11	59.98	81.50	128.60	110.31
65	43.21	35.58	72.18	61.00	92.51	77.77	67.61	89.97	143.35	122.51
66	48.80	39.65	81.50	67.10	103.19	89.46	75.74	100.14	159.61	136.74
67	54.90	44.73	90.48	74.21	116.41	101.66	84.38	111.32	176.90	151.48
68	62.02	49.82	101.66	83.87	131.15	112.85	94.55	125.56	195.19	167.24
69	70.15	55.92	114.37	94.55	147.58	126.57	106.24	141.82	215.02	184.01
70	79.30	63.03	128.60	106.75	148.77	141.31	118.44	160.12	237.22	202.82
71	89.97	70.15	143.85	120.98	186.55	157.58	132.67	180.96	261.78	223.15
72	101.79	78.28	161.65	136.74	205.19	175.88	148.94	204.34	288.05	246.03
73	114.37	89.46	183.00	154.02	237.39	198.75	168.25	231.46	326.34	278.56
74	128.60	100.65	207.39	173.80	268.39	225.19	191.13	262.29	370.57	313.63
75	144.87	114.37	235.35	196.21	303.47	254.16	217.05	296.86	419.87	356.33
76	163.17	129.62	266.36	221.63	342.61	287.20	245.52	336.51	475.79	403.10
77	183.00	147.41	302.45	250.09	387.85	325.32	278.56	382.64	539.33	455.45
78	206.89	165.71	342.61	283.13	439.70	368.02	316.18	432.07	612.02	514.93
79	234.00	186.05	387.85	320.24	497.65	415.81	359.89	489.51	693.86	582.03
80	263.82	208.92	440.21	362.43	N/A	N/A	N/A	N/A	N/A	N/A
81	298.38	233.83	499.17	409.71	N/A	N/A	N/A	N/A	N/A	N/A
82	332.27	262.63	565.25	461.72	N/A	N/A	N/A	N/A	N/A	N/A
83	379.72	295.33	640.48	525.09	N/A	N/A	N/A	N/A	N/A	N/A
84	428.51	331.93	725.37	593.21	N/A	N/A	N/A	N/A	N/A	N/A

Transport Life Insurance Company
Proposed Rate Schedule With Downgrade
Gross Premiums - Form 11001 - With Inflation Rider, Without Return of Premium Rider
Area 1 - Super Select Underwriting - 10% Spousal Discount Premium

Nursing Home Rates Per $10/Day Benefit

Issue Age	0/1	100/1	0/2	100/2	0/3	100/3	0/4	100/4	0/Life	100/Life
0-59	52.36	46.77	70.66	63.03	83.87	73.90	92.51	82.35	127.18	112.34
60	64.05	55.92	89.46	78.79	107.76	94.04	119.96	106.24	163.68	144.36
61	68.62	58.97	97.09	84.89	116.91	102.68	130.64	115.90	178.42	156.56
62	73.20	62.52	104.71	90.99	127.08	111.32	142.84	126.06	194.18	169.78
63	79.81	67.61	115.39	99.63	139.79	122.00	158.09	138.77	212.99	185.54
64	86.92	73.71	126.06	109.29	154.53	134.70	174.35	153.00	232.81	203.39
65	94.55	79.81	138.77	119.96	170.29	147.92	192.65	168.25	255.18	222.14
66	103.19	85.91	152.50	131.15	187.57	162.85	212.99	185.73	279.58	242.98
67	112.34	93.53	167.24	143.85	206.89	178.88	235.86	203.84	306.52	265.85
68	123.52	102.68	186.05	159.10	230.78	199.26	262.80	226.71	336.00	290.76
69	135.72	112.34	206.89	176.22	257.21	221.12	293.30	253.14	367.52	317.19
70	150.08	123.52	229.66	195.19	286.18	245.52	327.36	281.61	402.08	346.17
71	165.33	135.72	254.67	216.54	319.22	272.97	364.47	313.63	440.71	378.70
72	181.98	148.94	283.13	239.93	355.82	303.98	406.83	348.71	482.40	413.77
73	203.33	166.22	318.21	268.39	400.56	341.08	459.52	392.93	544.92	466.13
74	226.71	184.52	357.35	300.42	451.39	383.78	518.99	442.24	615.58	525.09
75	253.65	205.36	401.06	336.51	508.83	431.56	585.58	498.66	695.89	592.19
76	283.13	228.24	450.88	377.68	573.38	484.94	661.32	561.69	786.37	667.42
77	316.18	254.16	507.98	422.92	645.74	545.43	746.72	633.37	889.05	752.31
78	354.30	283.64	571.86	475.79	726.90	613.03	843.30	713.68	1,004.44	847.27
79	397.00	317.19	645.57	535.77	818.40	688.77	952.08	804.16	1,135.59	954.33
80	444.78	354.81	729.44	603.38	N/A	N/A	N/A	N/A	N/A	N/A
81	498.66	395.98	823.48	679.62	N/A	N/A	N/A	N/A	N/A	N/A
82	558.60	442.85	929.72	765.02	N/A	N/A	N/A	N/A	N/A	N/A
83	625.74	495.10	1,049.68	859.91	N/A	N/A	N/A	N/A	N/A	N/A
84	701.48	553.05	1,184.89	970.38	N/A	N/A	N/A	N/A	N/A	N/A

Home Health Care Rider Rates Per $10/Day Benefit

Issue Age	0/1	100/1	0/2	100/2	0/3	100/3	0/4	100/4	0/Life	100/Life
0-59	10.67	5.95	15.25	11.69	17.28	17.28	20.33	17.28	28.97	25.92
60	13.22	8.64	20.84	16.27	25.42	22.37	29.48	24.40	40.16	35.58
61	14.23	9.66	23.38	18.30	28.97	24.91	33.55	26.94	45.24	39.65
62	15.25	11.18	25.92	20.84	32.53	26.94	38.12	29.99	50.83	44.22
63	16.77	12.20	28.97	23.38	36.60	29.99	42.19	34.57	56.42	48.80
64	18.81	14.23	32.02	26.43	40.72	33.55	46.26	38.63	62.02	53.88
65	20.84	16.27	35.07	29.99	45.75	37.11	51.34	43.72	69.13	58.97
66	23.38	18.30	39.14	34.06	51.34	41.68	56.42	48.80	76.76	65.57
67	25.92	20.84	43.72	38.63	57.44	46.26	62.02	55.41	85.09	71.67
68	29.99	23.89	48.80	43.21	64.05	52.36	70.66	62.02	94.04	79.81
69	34.06	26.94	55.41	47.78	71.67	59.47	79.81	70.15	103.19	87.94
70	38.63	29.99	62.52	52.87	80.31	67.10	89.97	78.79	113.86	97.60
71	43.72	34.57	71.33	58.97	89.46	76.25	102.17	88.96	126.06	107.76
72	49.31	39.14	80.31	66.08	100.65	86.41	115.39	99.63	138.77	119.46
73	55.41	43.72	89.97	74.72	113.86	99.29	130.64	112.34	157.58	135.21
74	62.02	49.31	102.17	84.38	129.62	109.29	148.94	127.18	178.42	153.00
75	69.64	55.41	114.88	95.56	146.90	123.01	168.76	143.85	202.82	173.00
76	77.77	62.52	129.62	107.76	166.22	138.77	191.13	162.15	229.66	195.19
77	86.92	70.66	145.89	122.00	188.59	156.05	217.56	183.00	260.77	221.29
78	98.61	79.30	165.71	137.75	214.00	175.88	247.04	206.89	295.84	249.59
79	111.32	89.46	187.57	155.04	243.49	197.74	281.10	233.83	336.00	282.12
80	126.06	100.65	212.99	174.86	N/A	N/A	N/A	N/A	N/A	N/A
81	142.33	113.36	241.62	197.23	N/A	N/A	N/A	N/A	N/A	N/A
82	161.14	127.59	273.98	222.14	N/A	N/A	N/A	N/A	N/A	N/A
83	181.98	143.85	311.09	250.60	N/A	N/A	N/A	N/A	N/A	N/A
84	205.87	161.65	353.28	282.63	N/A	N/A	N/A	N/A	N/A	N/A

Transport Life Insurance Company
Proposed Rate Schedule With Downgrade
Gross Premiums - Form 11001 - With Inflation Rider, With Return of Premium Rider
Area 1 - Super Select Underwriting - 10% Spousal Discount Premium

Nursing Home Rates Per $10/Day Benefit

Issue Age	0/1	100/1	0/2	100/2	0/3	100/3	0/4	100/4	0/Life	100/Life
0-59	69.64	62.02	94.04	84.38	111.32	98.11	123.01	109.29	169.27	149.45
60	84.89	74.21	118.44	104.71	143.35	125.56	159.10	141.31	217.56	191.64
61	91.50	78.79	129.11	112.34	155.55	136.23	173.85	153.51	237.39	208.41
62	97.60	83.36	139.79	121.49	169.27	147.92	190.11	167.24	258.23	225.69
63	105.73	89.97	153.51	132.67	186.05	162.66	209.94	184.52	282.63	247.04
64	115.90	98.11	167.75	145.38	205.87	178.93	231.79	203.33	309.57	270.43
65	126.06	105.73	184.52	159.10	226.71	196.72	256.19	223.66	339.56	295.33
66	136.74	114.37	202.82	174.86	249.59	216.54	283.64	246.54	372.09	322.78
67	148.94	124.03	222.64	191.13	275.00	237.89	313.63	271.44	407.67	353.79
68	164.19	136.23	247.55	211.97	306.52	264.83	349.22	301.94	446.30	386.83
69	180.96	149.45	275.00	234.34	341.42	293.81	390.39	336.51	488.50	421.91
70	199.26	164.19	305.50	259.75	381.24	326.85	435.12	374.12	534.75	460.54
71	219.59	180.96	339.00	287.71	424.45	363.45	484.94	416.82	586.09	503.75
72	241.96	198.75	376.67	318.72	473.75	404.11	540.85	463.59	641.50	550.00
73	270.43	221.29	422.92	357.35	533.23	453.93	611.00	522.55	724.86	620.15
74	301.94	245.01	475.28	400.05	600.83	510.35	689.79	588.13	818.90	698.43
75	337.02	272.97	533.23	447.83	676.57	573.89	778.75	663.36	925.65	787.39
76	376.67	303.98	599.31	501.71	761.97	645.06	879.39	747.40	1,045.61	887.53
77	420.38	337.52	673.52	562.20	858.55	725.37	993.26	842.29	1,182.35	1,000.37
78	471.04	377.68	760.96	632.86	966.82	815.35	1,121.35	949.54	1,336.37	1,126.95
79	528.14	421.91	858.55	712.16	1,088.31	916.50	1,266.23	1,069.51	1,510.22	1,269.28
80	591.68	471.72	969.87	802.64	N/A	N/A	N/A	N/A	N/A	N/A
81	663.36	527.13	1,095.43	903.79	N/A	N/A	N/A	N/A	N/A	N/A
82	743.16	588.63	1,236.74	1,017.66	N/A	N/A	N/A	N/A	N/A	N/A
83	832.12	675.35	1,395.85	1,145.75	N/A	N/A	N/A	N/A	N/A	N/A
84	949.71	735.54	1,576.30	1,290.62	N/A	N/A	N/A	N/A	N/A	N/A

Home Health Care Rider Rates Per $10/Day Benefit

Issue Age	0/1	100/1	0/2	100/2	0/3	100/3	0/4	100/4	0/Life	100/Life
0-59	14.23	7.62	20.33	16.27	23.38	23.38	26.94	23.38	38.63	34.57
60	17.79	11.69	27.96	21.86	33.55	29.99	39.14	32.02	53.37	47.78
61	18.81	14.57	31.01	24.40	38.63	33.04	44.22	35.58	60.49	52.87
62	20.33	14.74	34.57	27.45	43.21	35.58	50.32	40.16	67.61	58.97
63	22.37	16.27	38.63	31.01	47.87	40.16	55.92	45.75	75.23	65.06
64	25.42	18.81	42.70	35.07	53.88	44.22	61.51	51.34	82.86	71.67
65	27.96	21.35	46.60	39.14	61.00	49.31	68.11	57.44	92.01	78.79
66	31.01	24.40	52.36	44.73	68.11	55.41	75.23	65.06	102.17	86.92
67	34.57	27.96	57.44	51.34	75.74	61.51	82.86	73.71	112.85	95.56
68	39.14	31.52	65.06	57.44	84.89	69.64	94.04	82.86	125.05	105.73
69	44.73	35.75	73.71	63.03	95.56	79.30	105.73	93.02	137.75	116.91
70	51.34	40.16	83.36	70.66	106.75	89.46	119.96	104.71	151.48	129.62
71	57.44	45.75	94.21	78.79	119.46	101.66	135.72	117.93	167.24	143.85
72	66.08	51.85	106.75	87.94	134.20	114.88	153.51	132.67	184.52	158.60
73	73.71	58.46	119.96	99.12	151.48	129.62	173.85	149.45	209.43	179.44
74	82.35	66.08	137.37	112.34	171.81	145.38	197.74	169.27	237.39	203.33
75	92.51	73.71	153.00	127.08	195.19	163.68	224.68	191.13	269.41	230.27
76	103.19	83.36	171.81	143.85	221.29	184.52	254.16	215.53	305.50	259.75
77	115.90	94.04	194.18	162.66	250.60	207.90	289.23	243.49	346.67	293.81
78	130.64	105.22	220.10	183.00	284.66	233.83	328.37	275.00	393.95	331.93
79	147.92	118.44	249.59	206.38	323.80	263.31	373.62	311.09	446.30	375.65
80	167.24	134.20	283.64	232.30	N/A	N/A	N/A	N/A	N/A	N/A
81	189.60	150.97	321.26	262.29	N/A	N/A	N/A	N/A	N/A	N/A
82	214.00	169.78	364.47	295.33	N/A	N/A	N/A	N/A	N/A	N/A
83	241.96	191.13	413.77	333.46	N/A	N/A	N/A	N/A	N/A	N/A
84	273.98	214.51	469.69	376.16	N/A	N/A	N/A	N/A	N/A	N/A

Transport Life Insurance Company
Proposed Rate Schedule With Downgrade
Gross Premiums - Form 11001 - With Inflation Rider, Without Return of Premium Rider
Area 1 - Yes/No Underwriting - 10% Spousal Discount Premium

Nursing Home Rates Per $10/Day Benefit

Issue Age	0/1	100/1	0/2	100/2	0/3	100/3	0/4	100/4	0/Life	100/Life
0-59	63.03	54.90	89.97	79.30	107.26	94.21	119.96	106.24	167.24	146.40
60	80.31	67.61	116.91	101.16	141.31	124.71	158.60	138.77	218.58	192.48
61	86.41	72.69	126.57	109.80	154.53	134.70	174.35	151.99	239.42	208.58
62	94.04	78.28	138.26	118.95	169.78	147.41	191.13	166.22	261.95	227.73
63	103.19	85.40	152.50	130.64	188.08	162.66	211.97	184.01	287.37	250.09
64	112.34	93.53	168.25	144.36	207.90	179.44	235.35	203.84	316.18	274.49
65	123.01	102.17	185.71	158.60	230.27	198.24	260.77	225.69	347.18	300.93
66	135.21	111.83	204.85	174.86	254.67	218.58	288.73	249.59	381.75	330.92
67	147.92	122.00	226.71	192.65	281.61	241.45	320.24	277.03	418.86	362.94
68	163.68	135.21	252.64	214.00	314.65	269.41	358.37	309.06	460.03	397.00
69	181.47	148.94	281.61	238.40	353.28	300.42	400.56	345.66	504.76	435.12
70	201.29	164.70	313.63	264.83	392.42	334.98	448.34	385.81	554.07	476.30
71	222.64	181.98	349.72	294.83	438.68	373.62	501.71	430.55	607.95	521.54
72	247.04	201.29	389.37	327.36	490.02	416.82	561.19	480.87	666.92	570.84
73	276.53	224.68	437.66	368.02	550.85	469.18	634.38	542.38	754.86	644.55
74	309.06	250.60	492.56	412.76	624.22	528.65	717.24	611.51	853.98	727.41
75	346.17	279.58	554.07	463.59	704.02	595.75	811.28	690.30	966.82	820.94
76	387.34	312.11	623.71	520.01	794.00	670.47	917.01	778.75	1,093.90	926.67
77	433.60	348.20	701.48	583.55	896.17	755.36	1,036.46	878.38	1,237.76	1,045.61
78	486.97	389.88	792.98	657.77	1,011.56	850.42	1,172.19	990.72	1,400.93	1,180.83
79	546.95	436.65	896.17	742.15	1,141.69	957.67	1,325.19	1,120.21	1,585.45	1,333.32
80	614.05	489.00	1,013.59	836.19	N/A	N/A	N/A	N/A	N/A	N/A
81	689.28	547.46	1,145.24	942.93	N/A	N/A	N/A	N/A	N/A	N/A
82	774.17	613.03	1,294.69	1,062.90	N/A	N/A	N/A	N/A	N/A	N/A
83	869.23	686.23	1,463.96	1,197.60	N/A	N/A	N/A	N/A	N/A	N/A
84	976.48	768.07	1,655.09	1,349.59	N/A	N/A	N/A	N/A	N/A	N/A

Home Health Care Rider Rates Per $10/Day Benefit

Issue Age	0/1	100/1	0/2	100/2	0/3	100/3	0/4	100/4	0/Life	100/Life
0-59	12.71	8.13	17.28	15.25	25.42	22.37	29.48	23.38	41.17	35.58
60	16.77	12.71	26.43	23.04	35.58	29.99	40.16	34.57	56.93	48.80
61	18.81	15.25	29.99	25.92	39.65	32.53	44.73	39.14	63.03	54.39
62	20.84	17.28	34.57	29.99	44.22	35.58	49.82	44.22	70.66	60.49
63	23.38	19.32	39.14	33.55	49.82	40.67	56.42	49.31	78.28	67.10
64	25.92	21.35	43.72	37.11	56.08	46.26	63.03	54.90	86.92	74.72
65	29.48	24.40	48.80	41.17	62.52	52.87	71.16	61.00	97.09	82.86
66	33.04	26.94	54.90	45.24	70.15	60.49	80.31	67.61	107.76	92.51
67	37.11	29.99	61.51	50.32	78.79	68.62	90.48	75.74	119.96	102.68
68	42.19	34.06	68.62	56.93	88.96	76.25	102.17	84.89	132.16	112.85
69	47.78	38.12	77.26	64.05	101.33	85.40	114.37	96.07	145.38	124.54
70	53.37	42.70	88.62	72.18	112.34	95.56	129.11	108.27	160.63	137.25
71	61.00	47.78	97.60	81.84	126.06	106.75	144.87	122.51	176.90	150.97
72	68.62	52.87	109.29	92.51	141.82	118.95	162.66	138.26	194.69	166.73
73	77.26	60.49	124.03	104.21	160.63	134.70	185.03	156.56	221.12	188.59
74	86.92	68.11	140.30	117.42	181.47	152.50	209.43	177.40	250.60	212.99
75	98.11	77.26	159.10	132.67	205.36	171.81	239.08	200.79	284.15	240.94
76	110.31	87.94	180.45	166.90	231.79	194.69	268.90	227.73	322.27	272.46
77	124.03	101.33	204.34	169.27	262.80	220.10	304.99	258.23	364.97	308.55
78	139.79	114.03	231.79	191.64	297.37	249.08	346.17	292.28	414.28	348.71
79	158.09	126.06	262.80	217.05	336.51	281.61	392.93	331.42	469.18	393.95
80	178.42	141.31	297.88	245.01	N/A	N/A	N/A	N/A	N/A	N/A
81	201.80	158.09	337.52	277.03	N/A	N/A	N/A	N/A	N/A	N/A
82	227.73	177.91	382.26	313.59	N/A	N/A	N/A	N/A	N/A	N/A
83	257.21	199.77	433.09	355.32	N/A	N/A	N/A	N/A	N/A	N/A
84	290.25	224.68	491.04	402.59	N/A	N/A	N/A	N/A	N/A	N/A

Transport Life Insurance Company
Proposed Rate Schedule With Downgrade
Gross Premiums - Form 11001 - With Inflation Rider, With Return of Premium Rider
Area 1 - Yes/No Underwriting - 10% Spousal Discount Premium

Nursing Home Rates Per $10/Day Benefit

Issue Age	0/1	100/1	0/2	100/2	0/3	100/3	0/4	100/4	0/Life	100/Life
0-59	84.38	73.20	119.96	105.22	142.33	125.56	159.10	141.31	222.14	194.69
60	106.92	89.97	155.04	134.66	188.08	163.68	211.46	184.52	290.76	254.16
61	114.88	96.58	168.25	145.89	205.87	178.93	231.79	202.31	318.21	277.20
62	126.74	103.70	184.01	158.09	225.69	195.70	254.16	221.12	348.37	302.96
63	136.74	113.86	202.82	173.85	250.09	216.21	281.61	245.01	382.26	332.95
64	149.45	124.03	223.83	191.64	276.53	238.40	313.13	270.93	420.38	364.97
65	163.68	135.72	247.04	211.46	306.01	263.31	346.67	299.91	461.55	400.56
66	179.44	148.94	272.46	232.30	339.05	290.76	383.78	331.93	507.30	440.21
67	196.72	162.41	302.62	256.19	374.63	321.26	425.97	370.23	557.12	482.90
68	217.56	179.44	336.00	284.66	418.86	358.37	476.30	411.23	611.51	528.14
69	241.45	198.75	374.12	317.19	468.16	400.05	533.23	459.52	670.98	578.98
70	267.88	219.09	416.82	352.27	522.04	445.80	596.26	512.89	737.06	633.88
71	296.35	241.96	464.60	391.91	583.55	497.14	667.42	572.88	808.74	693.35
72	328.37	267.88	517.98	435.63	651.67	554.15	746.72	639.47	887.02	759.43
73	367.52	298.89	582.53	489.00	735.03	624.73	844.32	738.25	1,004.44	857.54
74	411.23	333.46	655.22	548.99	830.09	703.01	954.12	813.31	1,136.10	967.84
75	460.54	372.09	737.06	616.08	936.33	792.47	1,078.66	918.03	1,285.54	1,091.36
76	515.44	414.79	829.58	691.82	1,056.29	892.10	1,219.46	1,035.96	1,454.81	1,232.17
77	576.94	463.08	949.71	776.20	1,192.01	1,004.44	1,379.07	1,168.63	1,646.45	1,390.76
78	647.60	518.49	1,054.76	875.33	1,345.52	1,131.01	1,558.51	1,318.07	1,862.99	1,570.71
79	726.90	580.50	1,192.18	986.65	1,517.84	1,273.85	1,762.85	1,487.34	2,108.00	1,773.02
80	816.87	650.65	1,347.56	1,112.20	N/A	N/A	N/A	N/A	N/A	N/A
81	917.01	728.42	1,522.93	1,254.03	N/A	N/A	N/A	N/A	N/A	N/A
82	1,029.35	815.35	1,722.19	1,413.64	N/A	N/A	N/A	N/A	N/A	N/A
83	1,155.92	912.94	1,946.87	1,593.07	N/A	N/A	N/A	N/A	N/A	N/A
84	1,298.25	1,021.72	2,201.53	1,795.39	N/A	N/A	N/A	N/A	N/A	N/A

Home Health Care Rider Rates Per $10/Day Benefit

Issue Age	0/1	100/1	0/2	100/2	0/3	100/3	0/4	100/4	0/Life	100/Life
0-59	16.77	11.18	23.38	20.33	34.06	29.99	39.14	31.01	54.90	47.78
60	22.37	16.77	35.07	30.50	47.78	39.14	53.37	45.75	75.74	65.06
61	25.42	20.33	40.16	34.57	52.87	43.21	59.47	51.85	84.38	72.18
62	27.45	23.38	46.26	40.16	58.97	47.78	66.59	58.97	94.21	80.31
63	31.01	25.42	51.85	44.22	66.59	53.88	75.23	66.08	103.70	89.46
64	34.57	28.97	57.44	49.31	74.21	61.51	84.38	73.20	115.90	99.12
65	39.14	32.02	65.06	54.90	83.36	70.15	94.55	80.82	129.11	110.31
66	43.72	35.12	73.20	60.49	93.02	80.31	107.26	89.97	143.85	123.01
67	49.31	40.16	81.50	66.59	104.71	91.50	120.47	100.14	159.10	136.23
68	56.08	44.73	91.50	75.74	117.93	101.66	137.42	112.85	175.88	150.46
69	63.03	50.32	103.19	84.89	132.67	113.86	152.50	127.59	193.67	165.71
70	71.16	56.93	115.90	96.07	148.94	127.08	171.81	144.36	213.49	182.49
71	80.82	63.03	129.62	108.78	167.75	141.82	193.16	162.66	235.86	200.79
72	91.50	70.66	145.38	123.01	188.59	158.09	216.54	184.01	259.24	221.63
73	103.19	80.31	164.70	138.77	213.49	178.93	245.52	208.41	293.81	250.60
74	115.90	90.48	186.55	156.56	241.45	202.82	278.56	235.86	333.46	283.64
75	130.64	103.19	211.97	176.22	272.97	228.74	315.67	267.38	377.68	320.75
76	146.90	116.91	239.93	199.26	308.55	258.73	357.86	302.96	428.01	362.94
77	164.70	132.67	272.46	225.19	349.22	292.79	405.64	343.12	485.62	409.71
78	186.05	148.94	308.55	254.67	395.98	331.42	460.54	388.86	567.96	463.59
79	210.44	167.24	349.22	288.22	447.83	374.12	522.55	440.71	624.73	524.08
80	237.39	188.08	395.98	326.34	N/A	N/A	N/A	N/A	N/A	N/A
81	268.39	210.44	449.35	368.53	N/A	N/A	N/A	N/A	N/A	N/A
82	302.96	236.37	508.83	417.33	N/A	N/A	N/A	N/A	N/A	N/A
83	341.59	265.85	576.43	472.74	N/A	N/A	N/A	N/A	N/A	N/A
84	385.81	298.89	652.68	535.26	N/A	N/A	N/A	N/A	N/A	N/A

American Travellers Life Insurance Company
Rate Schedule Prior to Rate Increase
Policy Form ATL-FQ-HHC
90 Day Elimination Period
With Compound Inflation
Preferred Annual Premium Rates per $10 Daily Maximum Benefit

	Maximum Benefit Period					
Issue Age	1 Year	2 Years	3 Years	4 Years	5 Years	Lifetime
18-44	47	62	77	88	101	118
45-49	58	77	95	110	125	146
50-54	73	95	118	135	153	181
55	73	97	120	140	157	185
56	77	103	127	146	166	196
57	82	108	133	155	176	206
58	86	114	140	161	183	215
59	90	118	146	170	191	226
60	95	125	155	178	202	237
61	97	127	157	183	206	243
62	99	131	161	187	213	249
63	103	133	166	191	217	256
64	105	138	170	198	224	262
65	108	142	176	204	230	271
66	114	151	185	215	243	286
67	120	159	198	228	258	303
68	129	168	209	241	273	320
69	135	176	219	254	286	338
70	144	189	234	269	305	359
71	155	204	252	290	329	280
72	168	221	273	316	359	421
73	185	243	301	346	393	462
74	202	267	329	381	432	507
75	224	292	361	417	473	557
76	241	316	391	452	512	602
77	262	344	426	490	555	654
78	284	372	462	533	604	710
79	307	404	501	578	654	770
80	333	439	542	626	710	834
81	357	469	581	671	761	894
82	383	503	621	718	813	957
83	409	535	664	765	869	1021
84	436	574	710	819	929	1092
85	469	615	761	877	993	1170
86	486	639	789	912	1032	1215
87	505	662	821	946	1073	1262
88	525	688	851	983	1114	1309
89	542	712	882	1017	1152	1357
90-94	649	854	1058	N/A	N/A	N/A
95-99	759	995	1234	N/A	N/A	N/A

American Travellers Life Insurance Company
Rate Schedule Prior to Rate Increase
Policy Form ATL-FQ-HHC
90 Day Elimination Period
With Compound Inflation
Standard Annual Premium Rates per $10 Daily Maximum Benefit

	Maximum Benefit Period					
Issue Age	1 Year	2 Years	3 Years	4 Years	5 Years	Lifetime
18-44	56	75	92	105	120	142
45-49	69	92	114	131	151	176
50-54	88	114	142	163	183	217
55	88	116	144	168	189	221
56	92	125	153	176	198	234
57	99	129	159	185	211	247
58	103	138	168	194	219	258
59	108	142	176	204	230	271
60	114	151	185	215	243	284
61	116	153	189	219	247	292
62	118	157	194	224	256	299
63	125	159	198	230	260	307
64	127	166	204	237	269	314
65	129	170	211	245	275	325
66	138	181	221	258	292	344
67	144	191	237	273	310	363
68	155	202	249	288	327	385
69	163	211	262	305	344	404
70	172	228	282	323	366	430
71	185	245	301	348	396	464
72	202	267	327	378	430	505
73	221	292	350	415	473	555
74	243	320	396	456	518	608
75	269	350	434	501	568	669
76	288	378	469	542	615	722
77	314	413	512	589	667	785
78	340	447	555	641	725	851
79	370	486	602	694	785	925
80	400	527	649	750	851	1002
81	428	563	697	804	914	1073
82	460	604	746	862	976	1148
83	490	643	798	918	1043	1226
84	525	688	851	983	1114	1312
85	563	737	914	1054	1191	1404
86	583	765	946	1094	1238	1458
87	606	796	985	1135	1288	1514
88	630	826	1021	1178	1337	1572
89	649	854	1058	1221	1382	1628
90-94	778	1023	1269	N/A	N/A	N/A
95-99	912	1195	1481	N/A	N/A	N/A

American Travellers Life Insurance Company
Proposed Rate Schedule With Rate Increase
Policy Form ATL-FQ-HHC
90 Day Elimination Period
With Compound Inflation
Preferred Annual Premium Rates per $10 Daily Maximum Benefit

	Maximum Benefit Period					
Issue Age	1 Year	2 Years	3 Years	4 Years	5 Years	Lifetime
18-44	66	87	108	123	141	166
45-49	81	108	132	154	175	205
50-54	102	132	166	190	214	253
55	102	135	169	196	220	259
56	108	144	178	205	232	274
57	114	151	187	217	247	289
58	120	160	196	226	256	301
59	126	166	205	238	268	316
60	132	175	217	250	283	331
61	135	178	220	256	289	340
62	138	184	226	262	298	349
63	144	187	232	268	304	358
64	147	193	238	277	313	367
65	151	199	247	286	322	379
66	160	211	259	301	340	400
67	169	223	277	319	361	424
68	181	235	292	337	382	448
69	190	247	307	355	400	473
70	202	265	328	376	427	503
71	217	286	352	406	461	391
72	235	310	382	442	503	590
73	259	340	421	485	551	647
74	283	373	461	533	605	710
75	313	409	506	584	662	780
76	337	442	548	632	716	843
77	367	482	596	686	777	915
78	397	521	647	746	846	993
79	430	566	701	810	915	1078
80	467	614	759	876	993	1168
81	500	656	813	939	1066	1252
82	536	704	870	1005	1138	1339
83	572	749	930	1072	1216	1430
84	611	804	993	1147	1300	1529
85	656	861	1066	1228	1391	1637
86	680	894	1105	1276	1445	1701
87	707	927	1150	1324	1502	1767
88	734	963	1192	1376	1559	1833
89	759	996	1234	1424	1613	1899
90-94	909	1195	1481	N/A	N/A	N/A
95-99	1063	1394	1728	N/A	N/A	N/A

American Travellers Life Insurance Company
Proposed Rate Schedule With Rate Increase
Policy Form ATL-FQ-HHC
90 Day Elimination Period
With Compound Inflation
Standard Annual Premium Rates per $10 Daily Maximum Benefit

	Maximum Benefit Period					
Issue Age	1 Year	2 Years	3 Years	4 Years	5 Years	Lifetime
18-44	78	105	129	147	169	199
45-49	96	129	160	184	211	247
50-54	123	160	199	229	256	304
55	123	163	202	235	265	310
56	129	175	214	247	277	328
57	138	181	223	259	295	346
58	144	193	235	271	307	361
59	151	199	247	286	322	379
60	160	211	259	301	340	397
61	163	214	265	307	346	409
62	166	220	271	313	358	418
63	175	223	277	322	364	430
64	178	232	286	331	376	439
65	181	238	295	343	385	455
66	193	253	310	361	409	482
67	202	268	331	382	433	509
68	217	283	349	403	458	539
69	229	295	367	427	482	566
70	241	319	394	452	512	602
71	259	343	421	488	554	650
72	283	373	458	530	602	707
73	310	409	491	581	662	777
74	340	448	554	638	725	852
75	376	491	608	701	795	936
76	403	530	656	759	861	1011
77	439	578	716	825	933	1099
78	476	626	777	897	1014	1192
79	518	680	843	972	1099	1294
80	560	737	909	1050	1192	1403
81	599	789	975	1126	1279	1502
82	644	846	1044	1207	1367	1607
83	686	900	1117	1285	1460	1716
84	734	963	1192	1376	1559	1836
85	789	1032	1279	1475	1668	1966
86	816	1072	1324	1532	1734	2041
87	849	1114	1379	1589	1803	2119
88	882	1156	1430	1649	1872	2200
89	909	1195	1481	1710	1935	2279
90-94	1090	1433	1776	N/A	N/A	N/A
95-99	1276	1674	2074	N/A	N/A	N/A

American Travellers Life Insurance Company
Proposed Rate Schedule With Downgrade
Policy Form ATL-FQ-HHC
90 Day Elimination Period
With Compound Inflation
Preferred Annual Premium Rates per $10 Daily Maximum Benefit

	Maximum Benefit Period					
Issue Age	1 Year	2 Years	3 Years	4 Years	5 Years	Lifetime
18-44	28	37	46	53	61	71
45-49	35	46	57	66	75	88
50-54	44	57	71	81	92	108
55	44	58	72	84	94	111
56	46	62	76	88	99	117
57	49	65	80	93	106	124
58	52	68	84	97	110	129
59	54	71	88	102	115	135
60	57	75	93	107	121	142
61	58	76	94	110	124	146
62	59	79	97	112	128	150
63	62	80	99	115	130	154
64	63	83	102	119	134	157
65	65	85	106	123	138	163
66	68	90	111	129	146	172
67	72	95	119	137	155	182
68	77	101	125	144	164	192
69	81	106	132	152	172	203
70	86	114	141	161	183	215
71	93	123	151	174	197	168
72	101	133	164	190	215	253
73	111	146	181	208	236	277
74	121	160	197	228	259	304
75	134	175	217	250	284	334
76	144	190	235	271	307	361
77	157	206	255	294	333	392
78	170	223	277	320	362	426
79	184	243	301	347	392	462
80	200	263	325	375	426	501
81	214	281	348	402	457	537
82	230	302	373	431	488	574
83	245	321	399	459	521	613
84	262	344	426	491	557	655
85	281	369	457	526	596	702
86	292	383	473	547	619	729
87	303	397	493	568	644	757
88	315	413	511	590	668	786
89	325	427	529	610	691	814
90-94	390	512	635	N/A	N/A	N/A
95-99	455	597	740	N/A	N/A	N/A

American Travellers Life Insurance Company
Proposed Rate Schedule With Downgrade
Policy Form ATL-FQ-HHC
90 Day Elimination Period
With Compound Inflation
Standard Annual Premium Rates per $10 Daily Maximum Benefit

	Maximum Benefit Period					
Issue Age	1 Year	2 Years	3 Years	4 Years	5 Years	Lifetime
18-44	34	45	55	63	72	85
45-49	41	55	68	79	90	106
50-54	53	68	85	98	110	130
55	53	70	86	101	114	133
56	55	75	92	106	119	141
57	59	77	95	111	126	148
58	62	83	101	116	132	155
59	65	85	106	123	138	163
60	68	90	111	129	146	170
61	70	92	114	132	148	175
62	71	94	116	134	154	179
63	75	95	119	138	156	184
64	76	99	123	142	161	188
65	77	102	126	147	165	195
66	83	108	133	155	175	206
67	86	115	142	164	186	218
68	93	121	150	173	196	231
69	98	126	157	183	206	243
70	103	137	169	194	219	258
71	111	147	181	209	237	279
72	121	160	196	227	258	303
73	133	175	210	249	284	333
74	146	192	237	273	311	365
75	161	210	261	301	341	401
76	173	227	281	325	369	433
77	188	248	307	353	400	471
78	204	268	333	384	435	511
79	222	292	361	417	471	555
80	240	316	390	450	511	601
81	257	338	418	482	548	644
82	276	362	448	517	586	689
83	294	386	479	551	626	735
84	315	413	511	590	668	787
85	338	442	548	632	715	842
86	350	459	568	657	743	875
87	364	477	591	681	773	908
88	378	495	613	707	802	943
89	390	512	635	733	829	977
90-94	467	614	761	N/A	N/A	N/A
95-99	547	717	889	N/A	N/A	N/A

American Travellers Life Insurance Company
Rate Schedule Prior to Rate Increase
Policy Form ATL-FQ-LTC
100% Home Health Care Benefit
90 Day Elimination Period
With Compound Inflation
Preferred Annual Premium Rates per $10 Daily Maximum Benefit

	Maximum Benefit Period					
Issue Age	1 Year	2 Years	3 Years	4 Years	5 Years	Lifetime
40-44	69	88	110	127	144	170
45-49	80	105	129	151	170	200
50-54	92	123	151	174	198	232
55	95	125	155	178	202	239
56	103	138	170	196	221	260
57	112	146	183	211	239	280
58	120	159	198	228	258	303
59	131	172	213	245	277	327
60	142	187	230	267	301	355
61	151	198	245	282	320	376
62	159	209	258	299	338	398
63	170	221	275	318	359	424
64	178	234	290	335	381	447
65	189	249	307	355	402	473
66	204	267	331	383	432	510
67	219	288	357	413	469	550
68	237	312	385	445	505	593
69	256	335	417	482	544	641
70	280	368	454	525	593	699
71	310	404	501	578	656	772
72	340	447	553	639	725	851
73	376	492	611	705	798	940
74	415	544	673	778	882	1036
75	458	602	744	860	974	1146
76	501	658	815	940	1066	1253
77	548	718	890	1028	1163	1370
78	600	787	974	1124	1273	1499
79	654	860	1064	1228	1391	1636
80	716	940	1163	1342	1520	1789
81	774	1015	1256	1449	1643	1933
82	836	1097	1359	1567	1776	2090
83	903	1185	1468	1694	1920	2258
84	976	1279	1585	1830	2073	2438
85	1062	1395	1726	1993	2260	2657
86	1114	1462	1810	2090	2369	2786
87	1170	1533	1898	2191	2483	2922
88	1226	1608	1991	2298	2604	3064
89	1284	1683	2086	2406	2726	3208
90-94	1539	2021	2503	N/A	N/A	N/A
95-99	1797	2356	2920	N/A	N/A	N/A

American Travellers Life Insurance Company
Rate Schedule Prior to Rate Increase
Policy Form ATL-FQ-LTC
100% Home Health Care Benefit
90 Day Elimination Period
With Compound Inflation
Standard Annual Premium Rates per $10 Daily Maximum Benefit

	Maximum Benefit Period					
Issue Age	1 Year	2 Years	3 Years	4 Years	5 Years	Lifetime
40-44	82	105	131	153	172	204
45-49	95	127	155	181	204	241
50-54	112	146	181	209	237	280
55	114	151	185	215	243	286
56	125	166	204	234	267	312
57	133	176	219	254	286	335
58	144	191	237	273	310	363
59	157	206	256	295	333	391
60	170	224	275	320	361	426
61	181	237	295	338	385	452
62	191	249	310	359	404	477
63	204	267	331	383	430	507
64	215	282	348	402	456	538
65	228	299	370	426	482	568
66	245	320	398	460	518	611
67	262	346	428	495	563	660
68	284	374	462	533	606	712
69	307	402	501	578	654	770
70	335	441	544	630	712	839
71	372	486	602	694	787	927
72	409	538	662	765	869	1021
73	452	591	733	847	957	1127
74	499	654	808	933	1058	1243
75	550	722	892	1032	1170	1376
76	602	789	978	1127	1279	1505
77	658	862	1069	1234	1395	1643
78	720	944	1170	1350	1527	1797
79	785	1032	1277	1473	1668	1963
80	860	1127	1395	1610	1823	2146
81	929	1217	1507	1739	1972	2320
82	1004	1316	1630	1881	2131	2507
83	1084	1421	1763	2034	2305	2709
84	1172	1535	1901	2195	2488	2926
85	1275	1675	2073	2391	2711	3188
86	1337	1754	2172	2507	2842	3343
87	1404	1840	2279	2629	2980	3507
88	1471	1931	2389	2758	3124	3677
89	1539	2021	2503	2887	3272	3849
90-94	1847	2425	3004	N/A	N/A	N/A
95-99	2156	2827	3505	N/A	N/A	N/A

American Travellers Life Insurance Company
Rate Schedule Prior to Rate Increase
Policy Form ATL-FQ-LTC
50% Home Health Care Benefit
90 Day Elimination Period
With Compound Inflation
Preferred Annual Premium Rates per $10 Daily Maximum Benefit

	Maximum Benefit Period					
Issue Age	1 Year	2 Years	3 Years	4 Years	5 Years	Lifetime
40-44	60	80	99	114	129	151
45-49	71	92	114	133	151	176
50-54	84	110	135	157	176	209
55	86	112	138	159	181	213
56	92	120	151	172	196	230
57	99	131	161	187	213	249
58	108	142	174	202	228	269
59	116	153	189	219	249	292
60	127	166	206	237	269	316
61	133	176	217	252	286	335
62	142	185	230	264	299	353
63	151	196	243	282	318	374
64	159	209	258	299	338	398
65	168	219	273	314	357	419
66	181	239	295	340	385	454
67	196	258	318	368	417	490
68	211	277	344	398	449	529
69	228	299	370	428	484	570
70	247	325	402	464	527	619
71	273	359	445	514	581	684
72	303	398	492	568	643	757
73	335	439	544	628	712	836
74	370	484	600	692	785	922
75	406	533	660	763	864	1017
76	445	585	725	836	946	1114
77	486	639	791	914	1034	1217
78	533	699	864	998	1131	1331
79	581	763	944	1090	1236	1453
80	636	836	1034	1193	1352	1591
81	688	901	1116	1288	1460	1718
82	744	976	1208	1393	1578	1858
83	802	1054	1303	1505	1705	2006
84	866	1137	1408	1625	1843	2167
85	944	1238	1535	1772	2006	2361
86	991	1301	1610	1858	2105	2477
87	1038	1363	1688	1948	2208	2597
88	1088	1430	1769	2043	2313	2722
89	1142	1499	1855	2139	2425	2853
90-94	1370	1797	2227	N/A	N/A	N/A
95-99	1597	2098	2597	N/A	N/A	N/A

American Travellers Life Insurance Company
Rate Schedule Prior to Rate Increase
Policy Form ATL-FQ-LTC
50% Home Health Care Benefit
90 Day Elimination Period
With Compound Inflation
Standard Annual Premium Rates per $10 Daily Maximum Benefit

	Maximum Benefit Period					
Issue Age	1 Year	2 Years	3 Years	4 Years	5 Years	Lifetime
40-44	73	95	118	138	155	181
45-49	86	112	138	159	181	211
50-54	101	131	163	189	211	249
55	103	133	166	191	217	256
56	112	144	181	206	234	275
57	118	157	194	224	256	299
58	129	170	209	243	273	323
59	140	183	228	262	299	350
60	153	198	247	284	323	378
61	159	211	260	301	344	402
62	170	221	275	318	359	424
63	181	234	292	338	383	449
64	191	249	310	359	404	477
65	202	262	327	376	428	503
66	217	286	353	409	462	544
67	234	310	383	441	501	589
68	254	333	413	477	540	634
69	273	359	443	514	581	684
70	297	389	482	557	632	744
71	327	430	533	617	697	821
72	363	477	591	682	772	907
73	402	527	654	753	854	1004
74	443	581	720	830	942	1107
75	488	641	791	916	1036	1221
76	533	701	869	1004	1135	1337
77	583	765	950	1097	1241	1460
78	641	839	1036	1198	1357	1597
79	697	916	1133	1307	1484	1744
80	763	1004	1241	1432	1623	1909
81	826	1081	1339	1546	1752	2062
82	892	1172	1449	1673	1894	2230
83	963	1264	1563	1806	2047	2408
84	1041	1365	1690	1950	2210	2602
85	1133	1486	1843	2126	2408	2834
86	1189	1561	1933	2230	2526	2971
87	1247	1636	2025	2337	2649	3118
88	1305	1716	2124	2451	2776	3266
89	1370	1797	2227	2567	2911	3423
90-94	1643	2156	2672	N/A	N/A	N/A
95-99	1918	2518	3118	N/A	N/A	N/A

American Travellers Life Insurance Company
Proposed Rate Schedule With Rate Increase
Policy Form ATL-FQ-LTC
100% Home Health Care Benefit
90 Day Elimination Period
With Compound Inflation
Preferred Annual Premium Rates per $10 Daily Maximum Benefit

	Maximum Benefit Period					
Issue Age	1 Year	2 Years	3 Years	4 Years	5 Years	Lifetime
40-44	96	123	154	178	202	238
45-49	111	147	181	211	238	280
50-54	129	172	211	244	277	325
55	132	175	217	250	283	334
56	144	193	238	274	310	364
57	157	205	256	295	334	391
58	169	223	277	319	361	424
59	184	241	298	343	388	458
60	199	262	322	373	421	497
61	211	277	343	394	448	527
62	223	292	361	418	473	557
63	238	310	385	445	503	593
64	250	328	406	470	533	626
65	265	349	430	497	563	662
66	286	373	464	536	605	713
67	307	403	500	578	656	771
68	331	436	539	623	707	831
69	358	470	584	674	762	897
70	391	515	635	734	831	978
71	433	566	701	810	918	1081
72	476	626	774	894	1014	1192
73	527	689	855	987	1117	1315
74	581	762	942	1090	1234	1451
75	641	843	1041	1204	1364	1604
76	701	921	1141	1315	1493	1755
77	768	1005	1246	1439	1628	1917
78	840	1102	1364	1574	1782	2098
79	915	1204	1490	1719	1947	2291
80	1002	1315	1628	1878	2128	2504
81	1084	1421	1758	2029	2300	2706
82	1171	1535	1902	2194	2486	2926
83	1264	1659	2056	2372	2688	3161
84	1367	1791	2218	2562	2902	3413
85	1487	1953	2417	2790	3164	3720
86	1559	2047	2534	2926	3317	3901
87	1637	2146	2658	3067	3477	4091
88	1716	2251	2787	3218	3645	4289
89	1797	2357	2920	3368	3817	4491
90-94	2155	2829	3504	N/A	N/A	N/A
95-99	2516	3299	4088	N/A	N/A	N/A

American Travellers Life Insurance Company
Proposed Rate Schedule With Rate Increase
Policy Form ATL-FQ-LTC
100% Home Health Care Benefit
90 Day Elimination Period
With Compound Inflation
Standard Annual Premium Rates per $10 Daily Maximum Benefit

	Maximum Benefit Period					
Issue Age	1 Year	2 Years	3 Years	4 Years	5 Years	Lifetime
40-44	114	147	184	214	241	286
45-49	132	178	217	253	286	337
50-54	157	205	253	292	331	391
55	160	211	259	301	340	400
56	175	232	286	328	373	436
57	187	247	307	355	400	470
58	202	268	331	382	433	509
59	220	289	358	412	467	548
60	238	313	385	448	506	596
61	253	331	412	473	539	632
62	268	349	433	503	566	668
63	286	373	464	536	602	710
64	301	394	488	563	638	753
65	319	418	518	596	674	795
66	343	448	557	644	725	855
67	367	485	599	692	789	924
68	397	524	647	746	849	996
69	430	563	701	810	915	1078
70	470	617	762	882	996	1174
71	521	680	843	972	1102	1297
72	572	753	927	1072	1216	1430
73	632	828	1026	1186	1339	1577
74	698	915	1132	1306	1481	1740
75	771	1011	1249	1445	1637	1926
76	843	1105	1370	1577	1791	2107
77	921	1207	1496	1728	1953	2300
78	1008	1321	1637	1890	2137	2516
79	1099	1445	1788	2062	2336	2748
80	1204	1577	1953	2254	2552	3004
81	1300	1704	2110	2435	2760	3248
82	1406	1842	2282	2634	2983	3510
83	1517	1990	2468	2847	3227	3793
84	1640	2149	2661	3073	3483	4097
85	1785	2345	2902	3347	3796	4464
86	1872	2456	3040	3510	3979	4681
87	1966	2577	3191	3681	4172	4909
88	2059	2703	3344	3862	4374	5147
89	2155	2829	3504	4042	4581	5388
90-94	2586	3395	4205	N/A	N/A	N/A
95-99	3019	3958	4906	N/A	N/A	N/A

American Travellers Life Insurance Company
Proposed Rate Schedule With Rate Increase
Policy Form ATL-FQ-LTC
100% Home Health Care Benefit
90 Day Elimination Period
With Compound Inflation
Preferred Annual Premium Rates per $10 Daily Maximum Benefit

	Maximum Benefit Period					
Issue Age	1 Year	2 Years	3 Years	4 Years	5 Years	Lifetime
40-44	84	111	138	160	181	211
45-49	99	129	160	187	211	247
50-54	117	154	190	220	247	292
55	120	157	193	223	253	298
56	129	169	211	241	274	322
57	138	184	226	262	298	349
58	151	199	244	283	319	376
59	163	214	265	307	349	409
60	178	232	289	331	376	442
61	187	247	304	352	400	470
62	199	259	322	370	418	494
63	211	274	340	394	445	524
64	223	292	361	418	473	557
65	235	307	382	439	500	587
66	253	334	412	476	539	635
67	274	361	445	515	584	686
68	295	388	482	557	629	740
69	319	418	518	599	677	798
70	346	455	563	650	737	867
71	382	503	623	719	813	957
72	424	557	689	795	900	1060
73	470	614	762	879	996	1171
74	518	677	840	969	1099	1291
75	569	746	924	1069	1210	1424
76	623	819	1014	1171	1324	1559
77	680	894	1108	1279	1448	1704
78	746	978	1210	1397	1583	1863
79	813	1069	1321	1526	1731	2035
80	891	1171	1448	1671	1893	2227
81	963	1261	1562	1803	2044	2405
82	1041	1367	1692	1950	2209	2601
83	1123	1475	1824	2107	2387	2808
84	1213	1592	1972	2276	2580	3034
85	1321	1734	2149	2480	2808	3305
86	1388	1821	2254	2601	2947	3468
87	1454	1908	2363	2727	3091	3636
88	1523	2002	2477	2860	3239	3811
89	1598	2098	2598	2995	3395	3994
90-94	1917	2516	3118	N/A	N/A	N/A
95-99	2236	2938	3636	N/A	N/A	N/A

American Travellers Life Insurance Company
Proposed Rate Schedule With Rate Increase
Policy Form ATL-FQ-LTC
100% Home Health Care Benefit
90 Day Elimination Period
With Compound Inflation
Standard Annual Premium Rates per $10 Daily Maximum Benefit

	Maximum Benefit Period					
Issue Age	1 Year	2 Years	3 Years	4 Years	5 Years	Lifetime
40-44	102	132	166	193	217	253
45-49	120	157	193	223	253	295
50-54	141	184	229	265	295	349
55	144	187	232	268	304	358
56	157	202	253	289	328	385
57	166	220	271	313	358	418
58	181	238	292	340	382	452
59	196	256	319	367	418	491
60	214	277	346	397	452	530
61	223	295	364	421	482	563
62	238	310	385	445	503	593
63	253	328	409	473	536	629
64	268	349	433	503	566	668
65	283	367	458	527	599	704
66	304	400	494	572	647	762
67	328	433	536	617	701	825
68	355	467	578	668	756	888
69	382	503	620	719	813	957
70	415	545	674	780	885	1041
71	458	602	746	864	975	1150
72	509	668	828	954	1081	1270
73	563	737	915	1054	1195	1406
74	620	813	1008	1162	1318	1550
75	683	897	1108	1282	1451	1710
76	746	981	1216	1406	1589	1872
77	816	1072	1330	1535	1737	2044
78	897	1174	1451	1677	1899	2236
79	975	1282	1586	1830	2077	2441
80	1069	1406	1737	2005	2273	2673
81	1156	1514	1875	2164	2453	2887
82	1249	1640	2029	2342	2652	3121
83	1348	1770	2188	2528	2866	3371
84	1457	1911	2366	2730	3094	3642
85	1586	2080	2580	2977	3371	3967
86	1665	2185	2706	3121	3537	4160
87	1746	2291	2835	3272	3708	4365
88	1827	2402	2974	3431	3886	4572
89	1917	2516	3118	3594	4076	4792
90-94	2300	3019	3741	N/A	N/A	N/A
95-99	2685	3525	4365	N/A	N/A	N/A

American Travellers Life Insurance Company
Proposed Rate Schedule With Downgrade
Policy Form ATL-FQ-LTC
100% Home Health Care Benefit
90 Day Elimination Period
With Compound Inflation
Preferred Annual Premium Rates per $10 Daily Maximum Benefit

	Maximum Benefit Period					
Issue Age	1 Year	2 Years	3 Years	4 Years	5 Years	Lifetime
40-44	41	53	66	76	86	102
45-49	48	63	77	90	102	120
50-54	55	74	90	104	119	139
55	57	75	93	107	121	143
56	62	83	102	117	133	156
57	67	88	110	126	143	168
58	72	95	119	137	155	182
59	79	103	128	147	166	196
60	85	112	138	160	181	213
61	90	119	147	169	192	226
62	95	125	155	179	203	239
63	102	133	165	191	215	254
64	107	141	174	201	228	268
65	114	150	184	213	241	284
66	123	160	199	230	259	306
67	132	173	214	248	281	330
68	142	187	231	267	303	356
69	154	201	250	289	326	384
70	168	221	272	315	356	419
71	186	243	301	347	393	463
72	204	268	332	383	435	511
73	226	295	366	423	479	564
74	249	326	404	467	529	622
75	275	361	446	516	584	688
76	301	395	489	564	640	752
77	329	431	534	617	698	822
78	360	472	584	675	764	899
79	392	516	639	737	835	982
80	430	564	698	805	912	1073
81	464	609	753	869	986	1160
82	502	658	815	940	1066	1254
83	542	711	881	1017	1152	1355
84	586	768	951	1098	1244	1463
85	637	837	1036	1196	1356	1594
86	668	877	1086	1254	1422	1672
87	702	920	1139	1315	1490	1753
88	735	965	1195	1379	1562	1838
89	770	1010	1251	1444	1636	1925
90-94	924	1213	1502	N/A	N/A	N/A
95-99	1078	1414	1752	N/A	N/A	N/A

American Travellers Life Insurance Company
Proposed Rate Schedule With Downgrade
Policy Form ATL-FQ-LTC
100% Home Health Care Benefit
90 Day Elimination Period
With Compound Inflation
Standard Annual Premium Rates per $10 Daily Maximum Benefit

	Maximum Benefit Period					
Issue Age	1 Year	2 Years	3 Years	4 Years	5 Years	Lifetime
40-44	49	63	79	92	103	123
45-49	57	76	93	108	123	144
50-54	67	88	108	125	142	168
55	68	90	111	129	146	172
56	75	99	123	141	160	187
57	80	106	132	152	172	201
58	86	115	142	164	186	218
59	94	124	154	177	200	235
60	102	134	165	192	217	255
61	108	142	177	203	231	271
62	115	150	186	215	243	286
63	123	160	199	230	258	304
64	129	169	209	241	273	323
65	137	179	222	255	289	341
66	147	192	239	276	311	366
67	157	208	257	297	338	396
68	170	224	277	320	364	427
69	184	241	301	347	392	462
70	201	264	326	378	427	503
71	223	292	361	417	472	556
72	245	323	397	459	521	613
73	271	355	440	508	574	676
74	299	392	485	560	635	746
75	330	433	535	619	702	826
76	361	473	587	676	768	903
77	395	517	641	740	837	986
78	432	566	702	810	916	1078
79	471	619	766	884	1001	1178
80	516	676	837	966	1094	1287
81	557	730	904	1044	1183	1392
82	602	789	978	1129	1278	1504
83	650	853	1058	1220	1383	1625
84	703	921	1140	1317	1493	1756
85	765	1005	1244	1434	1627	1913
86	802	1053	1303	1504	1705	2006
87	842	1104	1367	1578	1788	2104
88	882	1158	1433	1655	1874	2206
89	924	1213	1502	1732	1963	2309
90-94	1108	1455	1802	N/A	N/A	N/A
95-99	1294	1696	2103	N/A	N/A	N/A

American Travellers Life Insurance Company
Proposed Rate Schedule With Downgrade
Policy Form ATL-FQ-LTC
100% Home Health Care Benefit
90 Day Elimination Period
With Compound Inflation
Preferred Annual Premium Rates per $10 Daily Maximum Benefit

	Maximum Benefit Period					
Issue Age	1 Year	2 Years	3 Years	4 Years	5 Years	Lifetime
40-44	36	48	59	68	77	90
45-49	43	55	68	80	90	106
50-54	50	66	81	94	106	125
55	52	67	83	95	108	128
56	55	72	90	103	117	138
57	59	79	97	112	128	150
58	65	85	104	121	137	161
59	70	92	114	132	150	175
60	76	99	124	142	161	190
61	80	106	130	151	172	201
62	85	111	138	159	179	212
63	90	117	146	169	191	224
64	95	125	155	179	203	239
65	101	132	164	188	214	252
66	108	143	177	204	231	272
67	117	155	191	221	250	294
68	126	166	206	239	270	317
69	137	179	222	257	290	342
70	148	195	241	279	316	372
71	164	215	267	308	348	410
72	182	239	295	341	386	454
73	201	263	326	377	427	502
74	222	290	360	415	471	553
75	244	320	396	458	519	610
76	267	351	435	502	568	668
77	292	383	475	548	620	730
78	320	419	519	599	679	799
79	348	458	566	654	742	872
80	382	502	620	716	811	955
81	413	541	670	773	876	1031
82	446	586	725	836	947	1115
83	481	632	782	903	1023	1204
84	520	682	845	975	1106	1300
85	566	743	921	1063	1204	1416
86	595	780	966	1115	1263	1486
87	623	818	1013	1169	1325	1558
88	653	858	1062	1226	1388	1633
89	685	899	1113	1284	1455	1712
90-94	822	1078	1336	N/A	N/A	N/A
95-99	958	1259	1558	N/A	N/A	N/A

American Travellers Life Insurance Company
Proposed Rate Schedule With Downgrade
Policy Form ATL-FQ-LTC
100% Home Health Care Benefit
90 Day Elimination Period
With Compound Inflation
Standard Annual Premium Rates per $10 Daily Maximum Benefit

	Maximum Benefit Period					
Issue Age	1 Year	2 Years	3 Years	4 Years	5 Years	Lifetime
40-44	44	57	71	83	93	108
45-49	52	67	83	95	108	126
50-54	61	79	98	114	126	150
55	62	80	99	115	130	154
56	67	86	108	124	141	165
57	71	94	116	134	154	179
58	77	102	125	146	164	194
59	84	110	137	157	179	210
60	92	119	148	170	194	227
61	95	126	156	181	206	241
62	102	133	165	191	215	254
63	108	141	175	203	230	270
64	115	150	186	215	243	286
65	121	157	196	226	257	302
66	130	172	212	245	277	326
67	141	186	230	264	301	353
68	152	200	248	286	324	381
69	164	215	266	308	348	410
70	178	233	289	334	379	446
71	196	258	320	370	418	493
72	218	286	355	409	463	544
73	241	316	392	452	512	602
74	266	348	432	498	565	664
75	293	384	475	550	622	733
76	320	421	521	602	681	802
77	350	459	570	658	744	876
78	384	503	622	719	814	958
79	418	550	680	784	890	1046
80	458	602	744	859	974	1146
81	495	649	804	928	1051	1237
82	535	703	869	1004	1136	1338
83	578	759	938	1084	1228	1445
84	624	819	1014	1170	1326	1561
85	680	891	1106	1276	1445	1700
86	713	937	1160	1338	1516	1783
87	748	982	1215	1402	1589	1871
88	783	1029	1275	1471	1665	1960
89	822	1078	1336	1540	1747	2054
90-94	986	1294	1603	N/A	N/A	N/A
95-99	1151	1511	1871	N/A	N/A	N/A

American Travellers Life Insurance Company
Rate Schedule Prior to Rate Increase
Policy Form ATL-FQ-NH
90 Day Elimination Period
With Compound Inflation
Preferred Annual Premium Rates per $10 Daily Maximum Benefit

	Maximum Benefit Period					
Issue Age	1 Year	2 Years	3 Years	4 Years	5 Years	Lifetime
18-44	45	60	73	86	97	114
45-49	54	71	88	101	116	135
50-54	65	84	103	120	135	159
55	65	86	105	123	140	163
56	71	95	116	133	153	178
57	77	103	127	146	166	196
58	86	114	140	161	183	215
59	95	125	155	178	202	239
60	103	138	170	196	221	260
61	112	148	183	211	239	282
62	123	161	198	230	260	305
63	131	172	213	247	280	329
64	142	187	230	267	301	355
65	155	202	249	288	327	385
66	166	217	269	312	353	415
67	176	232	288	333	376	443
68	191	252	310	359	406	477
69	204	269	333	385	434	512
70	224	292	350	417	473	557
71	245	323	398	460	520	613
72	271	355	439	507	574	675
73	297	389	482	557	630	742
74	327	430	533	615	697	819
75	361	475	587	677	768	903
76	391	512	634	733	830	976
77	424	557	688	796	901	1060
78	460	604	748	862	978	1150
79	499	656	811	935	1060	1247
80	535	703	871	1004	1140	1339
81	572	753	931	1075	1217	1432
82	611	802	993	1146	1299	1529
83	654	860	1064	1228	1391	1636
84	699	918	1135	1312	1486	1748
85	761	998	1236	1425	1615	1901
86	796	1045	1292	1492	1690	1989
87	832	1092	1352	1561	1769	2081
88	871	1142	1415	1632	1849	2176
89	912	1195	1372	1707	1935	2277
90-94	1094	1434	1776	N/A	N/A	N/A
95-99	1277	1673	2070	N/A	N/A	N/A

American Travellers Life Insurance Company
Rate Schedule Prior to Rate Increase
Policy Form ATL-FQ-NH
90 Day Elimination Period
With Compound Inflation
Standard Annual Premium Rates per $10 Daily Maximum Benefit

	Maximum Benefit Period					
Issue Age	1 Year	2 Years	3 Years	4 Years	5 Years	Lifetime
18-44	54	73	88	103	116	138
45-49	65	86	105	120	140	163
50-54	77	101	125	144	163	191
55	77	103	127	146	168	196
56	86	114	140	159	183	215
57	92	125	153	176	198	234
58	92	138	168	194	219	258
59	114	151	185	215	243	286
60	125	166	204	234	267	312
61	133	178	219	254	286	338
62	135	194	237	275	312	366
63	157	206	256	297	335	288
64	170	224	275	320	361	426
65	185	243	299	346	391	462
66	198	260	323	374	424	499
67	211	280	346	400	452	531
68	230	301	372	430	488	572
69	245	323	400	462	520	615
70	269	350	434	501	568	669
71	295	387	477	553	624	735
72	325	426	527	608	688	811
73	357	467	578	669	757	890
74	391	516	641	737	836	983
75	434	548	705	813	920	1084
76	469	615	761	879	995	1172
77	507	669	826	955	1081	1273
78	553	725	899	1034	1174	1380
79	598	787	972	1122	1273	1496
80	643	843	1045	1204	1367	1608
81	686	903	1118	1290	1460	1718
82	733	963	1191	1376	1559	1834
83	785	1032	1277	1473	1668	1963
84	839	1101	1363	1574	1782	2098
85	914	1198	1484	1711	1937	2281
86	955	1253	1550	1791	2027	2387
87	998	1312	1623	1873	2124	2498
88	1045	1370	1699	1959	2219	2610
89	1094	1434	1776	2049	2322	2733
90-94	1314	1720	2131	N/A	N/A	N/A
95-99	1533	2008	2485	N/A	N/A	N/A

American Travellers Life Insurance Company
Proposed Rate Schedule With Rate Increase
Policy Form ATL-FQ-NH
90 Day Elimination Period
With Compound Inflation
Preferred Annual Premium Rates per $10 Daily Maximum Benefit

	Maximum Benefit Period					
Issue Age	1 Year	2 Years	3 Years	4 Years	5 Years	Lifetime
18-44	63	84	102	120	135	160
45-49	75	99	123	141	163	190
50-54	90	117	144	169	190	223
55	90	120	147	172	196	229
56	99	132	163	187	214	250
57	108	144	178	205	232	274
58	120	160	196	226	256	301
59	132	175	217	250	283	334
60	144	193	238	274	310	364
61	157	208	256	295	334	394
62	172	226	277	322	364	427
63	184	241	298	346	391	461
64	199	262	322	373	421	497
65	217	283	349	403	458	539
66	232	304	376	436	494	581
67	247	325	403	467	527	620
68	268	352	433	503	569	668
69	286	376	467	539	608	716
70	313	409	491	584	662	780
71	343	452	557	644	728	858
72	379	497	614	710	804	945
73	415	545	674	780	882	1038
74	458	602	746	861	975	1147
75	506	665	822	948	1075	1264
76	548	716	888	1026	1162	1367
77	593	780	963	1114	1261	1484
78	644	846	1047	1207	1370	1610
79	698	918	1135	1309	1484	1746
80	749	984	1219	1406	1595	1875
81	801	1054	1303	1505	1704	2005
82	855	1123	1391	1604	1818	2140
83	915	1204	1490	1719	1947	2291
84	978	1285	1589	1836	2080	2447
85	1066	1397	1731	1996	2261	2661
86	1114	1463	1809	2089	2366	2784
87	1165	1529	1893	2185	2477	2914
88	1219	1598	1981	2285	2589	3046
89	1276	1674	1920	2390	2709	3188
90-94	1532	2008	2486	N/A	N/A	N/A
95-99	1788	2342	2899	N/A	N/A	N/A

American Travellers Life Insurance Company
Proposed Rate Schedule With Rate Increase
Policy Form ATL-FQ-NH
90 Day Elimination Period
With Compound Inflation
Standard Annual Premium Rates per $10 Daily Maximum Benefit

	Maximum Benefit Period					
Issue Age	1 Year	2 Years	3 Years	4 Years	5 Years	Lifetime
18-44	75	102	123	144	163	193
45-49	90	120	147	169	196	229
50-54	108	141	175	202	229	268
55	108	144	178	205	235	274
56	120	160	196	223	256	301
57	129	175	214	247	277	328
58	129	193	235	271	307	361
59	160	211	259	301	340	400
60	175	232	286	328	373	436
61	187	250	307	355	400	473
62	190	271	331	385	436	512
63	220	289	358	415	470	403
64	238	313	385	448	506	596
65	259	340	418	485	548	647
66	277	364	452	524	593	698
67	295	391	485	560	632	743
68	322	421	521	602	683	801
69	343	452	560	647	728	861
70	376	491	608	701	795	936
71	412	542	668	774	873	1029
72	455	596	737	852	963	1135
73	500	653	810	936	1060	1246
74	548	722	897	1032	1171	1376
75	608	768	987	1138	1288	1517
76	656	861	1066	1231	1394	1640
77	710	936	1156	1336	1514	1782
78	774	1014	1258	1448	1643	1932
79	837	1102	1361	1571	1782	2095
80	900	1180	1463	1686	1914	2251
81	960	1264	1565	1806	2044	2405
82	1026	1348	1668	1926	2182	2568
83	1099	1445	1788	2062	2336	2748
84	1174	1541	1908	2203	2495	2938
85	1279	1677	2077	2396	2712	3194
86	1336	1755	2170	2507	2838	3341
87	1397	1836	2273	2622	2974	3498
88	1463	1917	2378	2742	3106	3654
89	1532	2008	2486	2869	3251	3826
90-94	1839	2408	2983	N/A	N/A	N/A
95-99	2146	2811	3480	N/A	N/A	N/A

American Travellers Life Insurance Company
Proposed Rate Schedule With Downgrade
Policy Form ATL-FQ-NH
90 Day Elimination Period
With Compound Inflation
Preferred Annual Premium Rates per $10 Daily Maximum Benefit

	Maximum Benefit Period					
Issue Age	1 Year	2 Years	3 Years	4 Years	5 Years	Lifetime
18-44	27	36	44	52	58	68
45-49	32	43	53	61	70	81
50-54	39	50	62	72	81	95
55	39	52	63	74	84	98
56	43	57	70	80	92	107
57	46	62	76	88	99	117
58	52	68	84	97	110	129
59	57	75	93	107	121	143
60	62	83	102	117	133	156
61	67	89	110	126	143	169
62	74	97	119	138	156	183
63	79	103	128	148	168	197
64	85	112	138	160	181	213
65	93	121	150	173	196	231
66	99	130	161	187	212	249
67	106	139	173	200	226	266
68	115	151	186	215	244	286
69	123	161	200	231	261	307
70	134	175	210	250	284	334
71	147	194	239	276	312	368
72	163	213	263	304	344	405
73	178	233	289	334	378	445
74	196	258	320	369	418	491
75	217	285	352	406	461	542
76	235	307	381	440	498	586
77	254	334	413	477	541	636
78	276	362	449	517	587	690
79	299	393	486	561	636	748
80	321	422	522	602	684	804
81	343	452	559	645	730	859
82	366	481	596	688	779	917
83	392	516	639	737	835	982
84	419	551	681	787	891	1049
85	457	599	742	855	969	1140
86	477	627	775	895	1014	1193
87	499	655	811	937	1062	1249
88	522	685	849	979	1109	1305
89	547	717	823	1024	1161	1366
90-94	657	860	1066	N/A	N/A	N/A
95-99	766	1004	1242	N/A	N/A	N/A

American Travellers Life Insurance Company
Proposed Rate Schedule With Downgrade
Policy Form ATL-FQ-NH
90 Day Elimination Period
With Compound Inflation
Standard Annual Premium Rates per $10 Daily Maximum Benefit

	Maximum Benefit Period					
Issue Age	1 Year	2 Years	3 Years	4 Years	5 Years	Lifetime
18-44	32	44	53	62	70	83
45-49	39	52	63	72	84	98
50-54	46	61	75	86	98	115
55	46	62	76	88	101	117
56	52	68	84	95	110	129
57	55	75	92	106	119	141
58	55	83	101	116	132	155
59	68	90	111	129	146	172
60	75	99	123	141	160	187
61	80	107	132	152	172	203
62	81	116	142	165	187	219
63	94	124	154	178	201	173
64	102	134	165	192	217	255
65	111	146	179	208	235	277
66	119	156	194	224	254	299
67	126	168	208	240	271	319
68	138	181	223	258	293	343
69	147	194	240	277	312	369
70	161	210	261	301	341	401
71	177	232	286	332	374	441
72	195	255	316	365	413	486
73	214	280	347	401	454	534
74	235	310	384	442	502	590
75	261	329	423	488	552	650
76	281	369	457	528	597	703
77	304	401	495	573	649	764
78	332	435	539	620	704	828
79	359	472	583	673	764	898
80	386	506	627	722	820	965
81	412	542	671	774	876	1031
82	440	578	715	826	935	1100
83	471	619	766	884	1001	1178
84	503	660	818	944	1069	1259
85	548	719	890	1027	1162	1369
86	573	752	930	1075	1216	1432
87	599	787	974	1124	1275	1499
88	627	822	1019	1175	1331	1566
89	657	860	1066	1229	1393	1640
90-94	788	1032	1278	N/A	N/A	N/A
95-99	920	1205	1491	N/A	N/A	N/A

American Travellers Life Ins Co
Rate Schedule Prior to Rate Increase
Rate Sheet
Home Health Care
Policy Form Series HHC-2
Annual Premium Per $100.00 a Day
0 Day Elimination Period

Benefit Period	Ages 18-59	Ages 60-64	Ages 65-69	Ages 70-74	Ages 75-79	Ages 80-84	Ages 85-89	Ages 90-94	Ages 95-99
6	497	716	1,031	1,300	1,674	2,191	3,099	4,793	7,189
12	565	812	1,165	1,468	1,892	2,481	3,479	5,383	8,076
18	645	928	1,336	1,689	2,173	2,857	3,972	6,140	9,213
24	702	1,012	1,457	1,842	2,367	3,124	4,302	6,653	9,982
30	752	1,083	1,560	1,979	2,538	3,361	4,585	7,091	10,636
36	809	1,163	1,671	2,125	2,725	3,614	4,891	7,560	11,338
42	846	1,218	1,746	2,223	2,848	3,789	5,082	7,855	11,781
48	882	1,268	1,824	2,328	2,982	3,974	5,283	8,162	12,246
54	930	1,336	1,922	2,458	3,142	4,204	5,534	8,552	12,830
60	978	1,407	2,022	2,595	3,315	4,444	5,796	8,958	13,436

American Travellers Life Ins Co
Rate Schedule Prior to Rate Increase
Rate Sheet
Home Health Care
Policy Form Series HHC-2
Annual Premium Per $100.00 a Day
7 Day Elimination Period

Benefit Period	Ages 18-59	Ages 60-64	Ages 65-69	Ages 70-74	Ages 75-79	Ages 80-84	Ages 85-89	Ages 90-94	Ages 95-99
6	481	691	996	1,254	1,617	2,118	2,994	4,631	6,945
12	543	784	1,126	1,418	1,829	2,396	3,361	5,198	7,800
18	625	896	1,290	1,630	2,098	2,761	3,835	5,933	8,901
24	682	978	1,404	1,781	2,287	3,016	4,156	6,427	9,642
30	727	1,047	1,505	1,913	2,451	3,247	4,430	6,851	10,276
36	782	1,122	1,612	2,052	2,633	3,491	4,722	7,303	10,953
42	819	1,174	1,689	2,148	2,750	3,662	4,909	7,586	11,382
48	850	1,224	1,762	2,248	2,882	3,840	5,105	7,887	11,829
54	901	1,293	1,856	2,373	3,037	4,061	5,347	8,263	12,392
60	944	1,359	1,952	2,506	3,201	4,293	5,600	8,653	12,980

American Travellers Life Ins Co
Rate Schedule Prior to Rate Increase
Rate Sheet
Home Health Care
Policy Form Series HHC-2
Annual Premium Per $100.00 a Day
14 Day Elimination Period

Benefit Period	Ages 18-59	Ages 60-64	Ages 65-69	Ages 70-74	Ages 75-79	Ages 80-84	Ages 85-89	Ages 90-94	Ages 95-99
6	463	668	960	1,211	456	2,047	2,891	4,471	6,710
12	527	755	1,088	1,370	1,765	2,314	3,247	5,023	7,535
18	602	866	1,247	1,578	2,025	2,668	3,707	5,732	8,600
24	654	942	1,357	1,719	2,209	2,916	4,015	6,211	9,314
30	702	1,010	1,455	1,847	2,367	3,137	4,280	6,619	9,927
36	752	1,083	1,560	1,984	2,542	3,372	4,562	7,054	10,579
42	789	1,133	1,630	2,075	2,656	3,539	4,740	7,328	10,994
48	825	1,183	1,703	2,173	2,784	3,710	4,929	7,617	11,425
54	869	1,249	1,794	2,291	2,934	3,922	5,164	7,980	11,972
60	912	1,311	1,886	2,421	3,094	4,145	5,408	8,358	12,535

American Travellers Life Ins Co
Proposed Rate Schedule With Rate Increase
Rate Sheet
Home Health Care
Policy Form Series HHC-2
Annual Premium Per $100.00 a Day
0 Day Elimination Period

Benefit Period	Ages 18-59	Ages 60-64	Ages 65-69	Ages 70-74	Ages 75-79	Ages 80-84	Ages 85-89	Ages 90-94	Ages 95-99
6	696	1,002	1,443	1,819	2,343	3,068	4,338	6,710	10,064
12	792	1,136	1,631	2,056	2,649	3,473	4,871	7,536	11,306
18	903	1,299	1,871	2,365	3,042	4,000	5,560	8,596	12,899
24	983	1,417	2,040	2,579	3,313	4,373	6,023	9,314	13,975
30	1,053	1,516	2,183	2,771	3,553	4,705	6,419	9,927	14,891
36	1,133	1,628	2,340	2,975	3,814	5,059	6,847	10,585	15,874
42	1,184	1,705	2,445	3,112	3,987	5,305	7,115	10,996	16,493
48	1,235	1,775	2,554	3,259	4,175	5,564	7,396	11,427	17,144
54	1,302	1,871	2,691	3,441	4,399	5,886	7,747	11,973	17,961
60	1,369	1,969	2,831	3,632	4,641	6,221	8,114	12,541	18,810

American Travellers Life Ins Co
Proposed Rate Schedule With Rate Increase
Rate Sheet
Home Health Care
Policy Form Series HHC-2
Annual Premium Per $100.00 a Day
7 Day Elimination Period

Benefit Period	Ages 18-59	Ages 60-64	Ages 65-69	Ages 70-74	Ages 75-79	Ages 80-84	Ages 85-89	Ages 90-94	Ages 95-99
6	674	967	1,395	1,756	2,263	2,965	4,191	6,483	9,723
12	760	1,098	1,577	1,985	2,560	3,355	4,705	7,278	10,920
18	875	1,254	1,807	2,282	2,937	3,866	5,369	8,306	12,462
24	954	1,369	1,966	2,493	3,202	4,223	5,819	8,998	13,499
30	1,018	1,465	2,107	2,678	3,431	4,545	6,202	9,592	14,386
36	1,095	1,570	2,257	2,873	3,687	4,887	6,611	10,224	15,334
42	1,146	1,644	2,365	3,007	3,850	5,126	6,872	10,620	15,934
48	1,191	1,714	2,467	3,147	4,035	5,375	7,147	11,041	16,560
54	1,261	1,810	2,598	3,323	4,252	5,685	7,485	11,568	17,349
60	1,321	1,902	2,732	3,508	4,482	6,011	7,840	12,114	18,172

American Travellers Life Ins Co
Proposed Rate Schedule With Rate Increase
Rate Sheet
Home Health Care
Policy Form Series HHC-2
Annual Premium Per $100.00 a Day
14 Day Elimination Period

Benefit Period	Ages 18-59	Ages 60-64	Ages 65-69	Ages 70-74	Ages 75-79	Ages 80-84	Ages 85-89	Ages 90-94	Ages 95-99
6	648	935	1,344	1,695	638	2,866	4,047	6,260	9,394
12	737	1,057	1,523	1,918	2,471	3,240	4,545	7,032	10,550
18	843	1,213	1,746	2,209	2,834	3,735	5,190	8,025	12,040
24	916	1,318	1,899	2,407	3,093	4,083	5,621	8,695	13,039
30	983	1,414	2,036	2,586	3,313	4,392	5,991	9,266	13,898
36	1,053	1,516	2,183	2,777	3,559	4,721	6,387	9,876	14,811
42	1,104	1,586	2,282	2,905	3,719	4,954	6,636	10,259	15,392
48	1,156	1,657	2,384	3,042	3,897	5,193	6,901	10,664	15,995
54	1,216	1,749	2,512	3,208	4,108	5,490	7,230	11,172	16,761
60	1,277	1,835	2,640	3,390	4,332	5,803	7,571	11,702	17,550

American Travellers Life Ins Co
Proposed Rate Schedule With Downgrade
Rate Sheet
Home Health Care
Policy Form Series HHC-2
Annual Premium Per $100.00 a Day
0 Day Elimination Period

Benefit Period	Ages 18-59	Ages 60-64	Ages 65-69	Ages 70-74	Ages 75-79	Ages 80-84	Ages 85-89	Ages 90-94	Ages 95-99
6	497	716	1,031	1,300	1,674	2,191	3,099	4,793	7,189
12	565	812	1,165	1,468	1,892	2,481	3,479	5,383	8,076
18	645	928	1,336	1,689	2,173	2,857	3,972	6,140	9,213
24	702	1,012	1,457	1,842	2,367	3,124	4,302	6,653	9,982
30	752	1,083	1,560	1,979	2,538	3,361	4,585	7,091	10,636
36	809	1,163	1,671	2,125	2,725	3,614	4,891	7,560	11,338
42	846	1,218	1,746	2,223	2,848	3,789	5,082	7,855	11,781
48	882	1,268	1,824	2,328	2,982	3,974	5,283	8,162	12,246
54	930	1,336	1,922	2,458	3,142	4,204	5,534	8,552	12,830
60	978	1,407	2,022	2,595	3,315	4,444	5,796	8,958	13,436

American Travellers Life Ins Co
Proposed Rate Schedule With Downgrade
Rate Sheet
Home Health Care
Policy Form Series HHC-2
Annual Premium Per $100.00 a Day
7 Day Elimination Period

Benefit Period	Ages 18-59	Ages 60-64	Ages 65-69	Ages 70-74	Ages 75-79	Ages 80-84	Ages 85-89	Ages 90-94	Ages 95-99
6	481	691	996	1,254	1,617	2,118	2,994	4,631	6,945
12	543	784	1,126	1,418	1,829	2,396	3,361	5,198	7,800
18	625	896	1,290	1,630	2,098	2,761	3,835	5,933	8,901
24	682	978	1,404	1,781	2,287	3,016	4,156	6,427	9,642
30	727	1,047	1,505	1,913	2,451	3,247	4,430	6,851	10,276
36	782	1,122	1,612	2,052	2,633	3,491	4,722	7,303	10,953
42	819	1,174	1,689	2,148	2,750	3,662	4,909	7,586	11,382
48	850	1,224	1,762	2,248	2,882	3,840	5,105	7,887	11,829
54	901	1,293	1,856	2,373	3,037	4,061	5,347	8,263	12,392
60	944	1,359	1,952	2,506	3,201	4,293	5,600	8,653	12,980

American Travellers Life Ins Co
Proposed Rate Schedule With Downgrade
Rate Sheet
Home Health Care
Policy Form Series HHC-2
Annual Premium Per $100.00 a Day
14 Day Elimination Period

Benefit Period	Ages 18-59	Ages 60-64	Ages 65-69	Ages 70-74	Ages 75-79	Ages 80-84	Ages 85-89	Ages 90-94	Ages 95-99
6	463	668	960	1,211	456	2,047	2,891	4,471	6,710
12	527	755	1,088	1,370	1,765	2,314	3,247	5,023	7,535
18	602	866	1,247	1,578	2,025	2,668	3,707	5,732	8,600
24	654	942	1,357	1,719	2,209	2,916	4,015	6,211	9,314
30	702	1,010	1,455	1,847	2,367	3,137	4,280	6,619	9,927
36	752	1,083	1,560	1,984	2,542	3,372	4,562	7,054	10,579
42	789	1,133	1,630	2,075	2,656	3,539	4,740	7,328	10,994
48	825	1,183	1,703	2,173	2,784	3,710	4,929	7,617	11,425
54	869	1,249	1,794	2,291	2,934	3,922	5,164	7,980	11,972
60	912	1,311	1,886	2,421	3,094	4,145	5,408	8,358	12,535

American Travellers Life Insurance Company
Policy Form Series ATL-HHC-3: Increasing Benefit
Home Health Care Policy
Rate Schedule Prior to Rate Increase
Annual Premiums per $10.00 of Daily Benefit
With Rider Form ATL-BIR-HHC-3
Hospitalization Not Required - Increase Benefit
Underwriting Table I, 0 Day Elim
Area 1

Issue Age	12	18	24	30	36	48	60	Lifetime
18-49	82.76	94.85	107.16	118.79	130.42	149.80	169.86	186.73
50-59	98.72	113.77	129.28	142.50	155.95	179.21	200.18	219.34
60-64	114.00	131.56	147.97	164.39	177.38	201.32	222.76	243.73
65-69	154.58	185.14	215.23	235.30	250.57	278.84	422.71	457.60
70	185.59	220.25	253.31	276.79	293.89	324.90	453.72	481.08
71	196.08	232.33	266.99	291.38	308.26	341.54	466.72	492.71
72	206.80	244.87	280.90	306.20	324.22	358.19	480.62	505.02
73	221.39	260.60	297.77	323.99	342.46	375.74	487.01	508.67
74	235.07	276.56	314.64	342.23	361.38	395.58	497.27	516.19
75	250.12	292.98	332.65	361.15	380.76	414.96	510.04	527.14
76	264.48	309.40	350.44	380.30	400.82	435.94	524.40	539.45
77	279.53	326.27	368.90	399.91	420.89	456.46	539.90	553.36
78	311.22	367.08	418.38	458.74	487.92	527.36	600.78	614.92
79	342.91	407.89	469.00	517.56	554.04	597.82	660.97	676.02
80	374.83	449.16	518.70	576.61	621.53	668.95	722.30	737.58
81	406.98	489.97	568.86	635.66	688.10	739.63	782.50	798.91
82	439.58	531.47	618.56	695.17	755.82	811.45	843.14	860.24
83	494.53	601.24	702.24	782.72	844.51	898.32	922.94	938.90
84	548.34	670.09	785.46	869.82	933.20	985.42	1001.83	1017.11
85	602.60	739.40	868.91	957.14	1021.44	1070.92	1080.95	1095.08
86	655.73	807.80	952.13	1044.01	1109.68	1157.10	1158.92	1172.60
87	709.08	876.89	1036.03	1131.11	1197.23	1242.83	1236.90	1249.21
88	749.66	932.06	1104.89	1189.48	1242.83	1289.11	1291.39	1304.39
89	789.34	986.56	1173.29	1247.39	1288.66	1335.62	1346.57	1360.25
90-94	923.63	1157.78	1377.12	1450.99	1486.79	1521.90	1528.74	1544.02
95-99	1020.07	1285.01	1529.42	1600.79	1636.81	1664.17	1668.96	1685.60

American Travellers Life Insurance Company
Policy Form Series ATL-HHC-3: Increasing Benefit
Home Health Care Policy
Rate Schedule Prior to Rate Increase
Annual Premiums per $10.00 of Daily Benefit
With Rider Form ATL-BIR-HHC-3
Hospitalization Not Required - Increase Benefit
Underwriting Table I, 100 Day Elim
Area 1

Issue Age	12	18	24	30	36	48	60	Lifetime
18-49	62.93	74.33	86.64	98.04	109.67	127.22	147.97	165.98
50-59	74.78	89.38	104.88	117.65	130.87	152.30	174.19	194.94
60-64	86.64	103.28	119.70	135.66	148.88	171.23	193.80	216.60
65-69	117.42	145.46	174.42	194.26	210.44	236.89	367.76	406.75
70	140.90	172.82	205.43	228.46	246.92	276.11	394.44	427.50
71	149.11	182.63	216.37	240.31	259.01	290.24	406.07	437.99
72	157.09	191.98	227.54	252.62	272.23	304.61	418.15	448.93
73	168.04	204.74	241.00	267.44	287.74	319.66	423.40	452.12
74	178.75	217.06	254.90	282.49	303.47	336.07	432.74	458.96
75	189.92	230.05	269.50	298.00	319.88	352.49	443.69	468.54
76	200.87	243.05	283.86	313.73	336.53	370.50	456.46	479.71
77	212.50	256.04	298.91	329.92	353.63	387.83	469.68	492.02
78	236.44	288.19	338.81	378.48	409.94	448.25	522.58	546.52
79	260.60	320.34	379.85	427.04	465.35	508.21	575.02	601.01
80	285.00	352.72	419.98	475.61	522.12	568.40	628.37	655.73
81	309.40	384.64	460.56	524.17	577.98	628.60	680.81	709.99
82	334.02	417.24	500.92	573.42	634.98	689.47	733.48	764.48
83	375.97	471.96	568.86	645.92	709.54	763.34	802.79	834.48
84	416.78	526.22	636.35	717.74	784.09	837.44	871.64	904.02
85	458.05	580.49	703.61	789.56	857.96	910.40	940.73	973.33
86	498.41	634.07	771.10	861.38	932.06	983.59	1008.22	1042.42
87	538.99	688.56	839.27	933.20	1005.48	1056.55	1076.16	1110.59
88	569.77	731.65	894.90	981.54	1044.01	1095.77	1123.36	1159.61
89	599.87	774.52	950.53	1029.19	1082.32	1135.21	1171.46	1209.08
90-94	702.01	909.04	1115.60	1197.00	1248.76	1293.44	1329.92	1372.56
95-99	775.20	1008.67	1238.72	1320.58	1374.61	1414.51	1452.13	1498.42

American Travellers Life Insurance Company
Policy Form Series ATL-HHC-3: Increasing Benefit
Home Health Care Policy
Proposed Rate Schedule With Rate Increase
Annual Premiums per $10.00 of Daily Benefit
With Rider Form ATL-BIR-HHC-3
Hospitalization Not Required - Increase Benefit
Underwriting Table I, 0 Day Elim
Area 1

Issue Age	12	18	24	30	36	48	60	Lifetime
18-49	115.87	132.79	150.02	166.30	182.58	209.71	237.80	261.42
50-59	138.21	159.28	180.99	199.50	218.33	250.89	280.26	307.07
60-64	159.60	184.18	207.16	230.14	248.34	281.85	311.86	341.22
65-69	216.42	259.19	301.32	329.41	350.80	390.38	591.80	640.63
70	259.83	308.35	354.63	387.51	411.45	454.86	635.21	673.51
71	274.51	325.26	373.78	407.94	431.56	478.16	653.40	689.79
72	289.51	342.82	393.25	428.69	453.90	501.46	672.87	707.03
73	309.94	364.85	416.88	453.58	479.44	526.04	681.81	712.14
74	329.10	387.19	440.50	479.12	505.93	553.81	696.18	722.67
75	350.16	410.17	465.71	505.61	533.06	580.94	714.05	737.99
76	370.27	433.15	490.61	532.43	561.15	610.31	734.16	755.23
77	391.34	456.78	516.47	559.88	589.24	639.04	755.87	774.70
78	435.71	513.91	585.73	642.23	683.09	738.31	841.09	860.88
79	480.08	571.05	656.59	724.58	775.66	836.94	925.36	946.43
80	524.76	628.82	726.18	807.26	870.14	936.53	1011.23	1032.61
81	569.77	685.96	796.40	889.93	963.35	1035.48	1095.49	1118.48
82	615.42	744.06	865.99	973.24	1058.15	1136.03	1180.40	1204.34
83	692.34	841.73	983.14	1095.81	1182.32	1257.65	1292.12	1314.47
84	767.68	938.13	1099.64	1217.75	1306.49	1379.58	1402.56	1423.95
85	843.65	1035.17	1216.47	1340.00	1430.02	1499.28	1513.33	1533.12
86	918.02	1130.93	1332.98	1461.62	1553.55	1619.94	1622.49	1641.65
87	992.71	1227.64	1450.44	1583.55	1676.12	1739.96	1731.66	1748.90
88	1049.53	1304.89	1546.84	1665.27	1739.96	1804.76	1807.95	1826.14
89	1105.07	1381.18	1642.60	1746.34	1804.12	1869.87	1885.20	1904.35
90-94	1293.08	1620.90	1927.97	2031.39	2081.50	2130.66	2140.24	2161.62
95-99	1428.10	1799.01	2141.19	2241.10	2291.54	2329.84	2336.54	2359.85

American Travellers Life Insurance Company
Policy Form Series ATL-HHC-3: Increasing Benefit
Home Health Care Policy
Proposed Rate Schedule With Rate Increase
Annual Premiums per $10.00 of Daily Benefit
With Rider Form ATL-BIR-HHC-3
Hospitalization Not Required - Increase Benefit
Underwriting Table I, 100 Day Elim
Area 1

Issue Age	12	18	24	30	36	48	60	Lifetime
18-49	88.10	104.06	121.30	137.26	153.54	178.11	207.16	232.38
50-59	104.70	125.13	146.83	164.71	183.22	213.23	243.87	272.92
60-64	121.30	144.60	167.58	189.92	208.44	239.72	271.32	303.24
65-69	164.39	203.65	244.19	271.96	294.62	331.65	514.87	569.45
70	197.27	241.95	287.60	319.84	345.69	386.55	552.22	598.50
71	208.76	255.68	302.92	336.44	362.61	406.34	568.50	613.18
72	219.93	268.77	318.56	353.67	381.12	426.45	585.41	628.50
73	235.25	286.64	337.39	374.42	402.83	447.52	592.75	632.97
74	250.25	303.88	356.87	395.49	424.86	470.50	605.84	642.55
75	265.89	322.07	377.29	417.19	447.84	493.48	621.16	655.96
76	281.22	340.27	397.40	439.22	471.14	518.70	639.04	671.60
77	297.49	358.46	418.47	461.88	495.08	542.96	657.55	688.83
78	331.01	403.47	474.33	529.87	573.92	627.55	731.61	765.12
79	364.85	448.48	531.79	597.86	651.49	711.50	805.02	841.41
80	399.00	493.80	587.97	665.85	730.97	795.77	879.72	918.02
81	433.15	538.49	644.78	733.84	809.17	880.03	953.13	993.99
82	467.63	584.14	701.28	802.79	888.97	965.26	1026.87	1070.28
83	526.36	660.74	796.40	904.29	993.35	1068.68	1123.90	1168.27
84	583.50	736.71	890.89	1004.84	1097.73	1172.42	1220.30	1265.63
85	641.27	812.68	985.05	1105.39	1201.15	1274.57	1317.02	1362.66
86	697.77	887.70	1079.53	1205.94	1304.89	1377.03	1411.50	1459.38
87	754.59	963.98	1174.98	1306.49	1407.67	1479.17	1506.62	1554.82
88	797.68	1024.31	1252.86	1374.16	1461.62	1534.08	1572.70	1623.45
89	839.82	1084.32	1330.74	1440.87	1515.24	1589.30	1640.05	1692.72
90-94	982.82	1272.65	1561.85	1675.80	1748.26	1810.82	1861.89	1921.58
95-99	1085.28	1412.14	1734.21	1848.81	1924.46	1980.32	2032.98	2097.78

American Travellers Life Insurance Company
Policy Form Series ATL-HHC-3: Increasing Benefit
Home Health Care Policy
Proposed Rate Schedule With Downgrade
Annual Premiums per $10.00 of Daily Benefit
With Rider Form ATL-BIR-HHC-3
Hospitalization Not Required - Increase Benefit
Underwriting Table I, 0 Day Elim
Area 1

Issue Age	12	18	24	30	36	48	60	Lifetime
18-49	49.66	56.91	64.30	71.27	78.25	89.88	101.92	112.04
50-59	59.23	68.26	77.57	85.50	93.57	107.52	120.11	131.60
60-64	68.40	78.93	88.78	98.63	106.43	120.79	133.65	146.24
65-69	92.75	111.08	129.14	141.18	150.34	167.31	253.63	274.56
70	111.36	132.15	151.98	166.08	176.34	194.94	272.23	288.65
71	117.65	139.40	160.19	174.83	184.95	204.93	280.03	295.62
72	124.08	146.92	168.54	183.72	194.53	214.91	288.37	303.01
73	132.83	156.36	178.66	194.39	205.47	225.45	292.20	305.20
74	141.04	165.94	188.78	205.34	216.83	237.35	298.36	309.72
75	150.07	175.79	199.59	216.69	228.46	248.98	306.02	316.28
76	158.69	185.64	210.26	228.18	240.49	261.56	314.64	323.67
77	167.72	195.76	221.34	239.95	252.53	273.87	323.94	332.01
78	186.73	220.25	251.03	275.24	292.75	316.42	360.47	368.95
79	205.75	244.74	281.40	310.54	332.42	358.69	396.58	405.61
80	224.90	269.50	311.22	345.97	372.92	401.37	433.38	442.55
81	244.19	293.98	341.32	381.40	412.86	443.78	469.50	479.35
82	263.75	318.88	371.14	417.10	453.49	486.87	505.89	516.15
83	296.72	360.74	421.34	469.63	506.71	538.99	553.77	563.34
84	329.00	402.06	471.28	521.89	559.92	591.25	601.10	610.26
85	361.56	443.64	521.34	574.29	612.86	642.55	648.57	657.05
86	393.44	484.68	571.28	626.41	665.81	694.26	695.35	703.56
87	425.45	526.13	621.62	678.66	718.34	745.70	742.14	749.53
88	449.80	559.24	662.93	713.69	745.70	773.47	774.84	782.63
89	473.60	591.93	703.97	748.43	773.19	801.37	807.94	816.15
90-94	554.18	694.67	826.27	870.60	892.07	913.14	917.24	926.41
95-99	612.04	771.00	917.65	960.47	982.09	998.50	1001.38	1011.36

American Travellers Life Insurance Company
Policy Form Series ATL-HHC-3: Increasing Benefit
Home Health Care Policy
Proposed Rate Schedule With Downgrade
Annual Premiums per $10.00 of Daily Benefit
With Rider Form ATL-BIR-HHC-3
Hospitalization Not Required - Increase Benefit
Underwriting Table I, 100 Day Elim
Area 1

Issue Age	12	18	24	30	36	48	60	Lifetime
18-49	37.76	44.60	51.98	58.82	65.80	76.33	88.78	99.59
50-59	44.87	53.63	62.93	70.59	78.52	91.38	104.52	116.96
60-64	51.98	61.97	71.82	81.40	89.33	102.74	116.28	129.96
65-69	70.45	87.28	104.65	116.55	126.27	142.14	220.66	244.05
70	84.54	103.69	123.26	137.07	148.15	165.66	236.66	256.50
71	89.47	109.58	129.82	144.19	155.40	174.15	243.64	262.79
72	94.26	115.19	136.53	151.57	163.34	182.76	250.89	269.36
73	100.82	122.85	144.60	160.47	172.64	191.79	254.04	271.27
74	107.25	130.23	152.94	169.50	182.08	201.64	259.65	275.38
75	113.95	138.03	161.70	178.80	191.93	211.49	266.21	281.12
76	120.52	145.83	170.32	188.24	201.92	222.30	273.87	287.83
77	127.50	153.63	179.34	197.95	212.18	232.70	281.81	295.21
78	141.86	172.92	203.28	227.09	245.97	268.95	313.55	327.91
79	156.36	192.20	227.91	256.23	279.21	304.93	345.01	360.60
80	171.00	211.63	251.99	285.36	313.27	341.04	377.02	393.44
81	185.64	230.78	276.34	314.50	346.79	377.16	408.48	426.00
82	200.41	250.34	300.55	344.05	380.99	413.68	440.09	458.69
83	225.58	283.18	341.32	387.55	425.72	458.01	481.67	500.69
84	250.07	315.73	381.81	430.65	470.46	502.47	522.99	542.41
85	274.83	348.29	422.16	473.74	514.78	546.24	564.44	584.00
86	299.04	380.44	462.66	516.83	559.24	590.16	604.93	625.45
87	323.40	413.14	503.56	559.92	603.29	633.93	645.70	666.35
88	341.86	438.99	536.94	588.92	626.41	657.46	674.01	695.76
89	359.92	464.71	570.32	617.52	649.39	681.13	702.88	725.45
90-94	421.21	545.42	669.36	718.20	749.25	776.07	797.95	823.54
95-99	465.12	605.20	743.23	792.35	824.77	848.71	871.28	899.05

American Travellers Life Insurance Company
Rate Schedule Prior to Rate Increase
Policy Form Series ATL-HHC-4: Increasing Benefit
Home Health Care Policy
Rate Sheet
Annual Premiums per $10.00 of Daily Benefit
With Rider Form ATL-BIR-HHC-4

Hospitalization Not Required - Increasing Benefit
Underwriting Table I, 0 Day Elim

Area 1

	Benefit Period Months							
Issue Age	12	18	24	30	36	48	60	Lifetime
18-49	78.43	89.60	101.23	111.95	123.12	141.36	160.51	176.02
50-59	93.02	107.39	121.75	134.29	147.29	169.40	189.24	207.25
60-64	107.84	124.26	139.54	154.81	167.35	190.15	209.99	230.28
65-69	145.92	175.10	202.92	222.30	236.44	263.11	399.23	431.83
70	175.10	207.94	238.94	261.29	277.48	307.12	427.96	454.18
71	184.91	219.56	251.94	274.74	291.16	322.62	440.72	464.89
72	195.17	230.96	264.94	288.88	305.98	338.35	453.72	476.29
73	208.85	246.24	280.67	305.75	322.85	355.00	459.88	479.71
74	222.07	261.06	297.08	323.08	340.86	373.46	469.45	487.24
75	235.98	276.34	313.73	341.09	359.33	391.48	481.31	497.27
76	249.66	291.84	330.83	359.10	378.25	411.31	494.76	509.35
77	264.02	308.03	348.38	377.80	397.18	430.69	509.58	522.35
78	293.66	346.56	395.35	432.97	460.56	497.72	567.04	580.26
79	323.76	385.09	442.55	488.60	522.80	564.07	623.81	637.72
80	353.86	424.08	489.74	544.46	586.64	631.56	681.72	696.31
81	384.18	462.61	536.71	600.10	649.12	698.14	738.26	753.77
82	414.73	501.83	583.91	656.18	713.41	765.85	795.72	811.68
83	466.49	567.72	662.80	738.72	797.09	847.93	870.73	886.01
84	517.56	632.47	741.23	821.03	881.22	930.01	945.74	959.88
85	568.63	697.91	820.12	903.34	963.98	1011.18	1020.30	1033.52
86	619.02	762.43	898.78	985.42	1047.43	1092.58	1094.17	1106.71
87	669.18	827.41	977.89	1067.72	1129.97	1173.29	1167.59	1179.22
88	707.48	879.62	1042.87	1122.67	1172.83	1216.84	1219.12	1231.20
89	745.10	930.92	1107.62	1177.62	1216.38	1260.61	1271.10	1283.64
90-94	871.64	1092.80	1299.83	1369.60	1403.34	1436.17	1442.78	1457.15
95-99	962.62	1212.73	1443.70	1510.73	1544.93	1570.92	1575.25	1590.98

American Travellers Life Insurance Company
Rate Schedule Prior to Rate Increase
Policy Form Series ATL-HHC-4: Increasing Benefit
Home Health Care Policy
Rate Sheet
Annual Premiums per $10.00 of Daily Benefit
With Rider Form ATL-BIR-HHC-4

Hospitalization Not Required - Increasing Benefit
Underwriting Table I, 0 Day Elim

Area 1

	Benefit Period Months							
Issue Age	12	18	24	30	36	48	60	Lifetime
18-49	59.51	70.45	82.08	92.57	103.28	120.16	139.76	156.64
50-59	70.68	84.13	98.50	110.81	123.80	143.87	164.62	184.22
60-64	81.85	97.81	113.09	127.68	140.45	161.65	182.40	204.74
65-69	110.81	137.48	164.62	183.54	198.82	223.44	347.24	383.72
70	132.92	163.48	193.57	215.69	233.24	261.06	372.55	403.79
71	140.68	172.14	204.06	226.63	244.64	274.28	383.27	413.14
72	148.43	181.26	214.78	238.49	256.96	287.28	394.67	423.17
73	158.69	193.12	227.32	252.17	271.09	301.64	399.91	426.36
74	168.72	204.74	240.54	266.53	286.37	317.60	408.35	433.20
75	179.44	216.83	254.22	281.35	301.64	332.65	418.61	442.09
76	189.70	229.14	267.90	296.17	317.83	349.52	430.46	452.81
77	200.64	241.68	282.26	311.68	333.56	366.17	443.23	464.44
78	222.98	272.23	320.11	357.05	386.69	423.17	493.39	515.96
79	246.01	302.33	358.42	403.10	439.13	479.48	542.64	566.81
80	268.81	332.88	396.72	449.16	492.71	536.71	593.03	619.02
81	291.84	363.43	434.80	494.99	545.38	593.48	642.28	670.32
82	315.32	393.76	472.87	541.27	599.18	650.94	692.44	721.62
83	354.54	445.74	536.71	609.44	669.64	720.94	757.64	787.74
84	393.53	496.58	600.55	677.39	740.09	790.48	822.85	853.40
85	432.06	547.66	664.16	745.33	809.86	859.33	887.38	918.84
86	470.36	598.50	727.78	813.05	879.85	928.87	952.13	983.82
87	508.67	649.57	792.30	880.76	949.16	997.27	1015.51	1048.34
88	537.62	690.61	844.74	926.14	985.42	1034.44	1060.66	1094.40
89	566.12	730.74	896.95	971.51	1021.67	1071.60	1105.80	1141.37
90-94	662.34	857.96	1052.90	1129.74	1178.99	1220.94	1255.37	1295.27
95-99	731.65	952.13	1169.41	1246.25	1297.78	1335.40	1370.28	1414.06

American Travellers Life Insurance Company
Rate Schedule With Rate Increase
Policy Form Series ATL-HHC-4: Increasing Benefit
Home Health Care Policy
Rate Sheet
Annual Premiums per $10.00 of Daily Benefit
With Rider Form ATL-BIR-HHC-4

Hospitalization Not Required - Increasing Benefit
Underwriting Table I, 0 Day Elim

Area 1

	Benefit Period Months							
Issue Age	12	18	24	30	36	48	60	Lifetime
18-49	109.80	125.45	141.72	156.73	172.37	197.90	224.72	246.42
50-59	130.23	150.34	170.45	188.01	206.20	237.17	264.94	290.15
60-64	150.98	173.96	195.35	216.74	234.29	266.21	293.98	322.39
65-69	204.29	245.15	284.09	311.22	331.01	368.36	558.92	604.56
70	245.15	291.11	334.52	365.80	388.47	429.96	599.14	635.85
71	258.87	307.39	352.72	384.64	407.62	451.67	617.01	650.85
72	273.24	323.35	370.91	404.43	428.37	473.69	635.21	666.81
73	292.39	344.74	392.94	428.05	451.99	496.99	643.83	671.60
74	310.90	365.48	415.92	452.31	477.20	522.85	657.23	682.13
75	330.37	386.87	439.22	477.52	503.06	548.07	673.83	696.18
76	349.52	408.58	463.16	502.74	529.55	575.84	692.66	713.09
77	369.63	431.24	487.74	528.91	556.05	602.97	713.41	731.29
78	411.13	485.18	553.49	606.16	644.78	696.81	793.85	812.36
79	453.26	539.13	619.57	684.05	731.93	789.70	873.33	892.80
80	495.40	593.71	685.64	762.25	821.30	884.18	954.41	974.84
81	537.85	647.66	751.40	840.13	908.76	977.39	1033.57	1055.28
82	580.62	702.56	817.47	918.66	998.78	1072.19	1114.01	1136.35
83	653.08	794.81	927.91	1034.21	1115.92	1187.10	1219.02	1240.41
84	724.58	885.46	1037.72	1149.44	1233.71	1302.02	1324.04	1343.83
85	796.08	977.07	1148.16	1264.67	1349.58	1415.65	1428.42	1446.93
86	866.63	1067.40	1258.29	1379.58	1466.40	1529.61	1531.84	1549.40
87	936.85	1158.38	1369.05	1494.81	1581.96	1642.60	1634.62	1650.90
88	990.48	1231.47	1460.02	1571.74	1641.96	1703.57	1706.76	1723.68
89	1043.15	1303.29	1550.67	1648.67	1702.93	1764.86	1779.54	1797.10
90-94	1220.30	1529.93	1819.76	1917.43	1964.68	2010.64	2019.90	2040.01
95-99	1347.66	1697.82	2021.17	2115.02	2162.90	2199.29	2205.35	2227.38

American Travellers Life Insurance Company
Rate Schedule With Rate Increase
Policy Form Series ATL-HHC-4: Increasing Benefit
Home Health Care Policy
Rate Sheet
Annual Premiums per $10.00 of Daily Benefit
With Rider Form ATL-BIR-HHC-4

Hospitalization Not Required - Increasing Benefit
Underwriting Table I, 0 Day Elim

Area 1

	Benefit Period Months							
Issue Age	12	18	24	30	36	48	60	Lifetime
18-49	83.31	98.63	114.91	129.60	144.60	205.10	195.67	219.29
50-59	98.95	117.78	137.89	155.13	173.33	245.60	230.46	257.91
60-64	114.59	136.94	158.32	178.75	196.63	275.90	255.36	286.64
65-69	155.13	192.48	230.46	256.96	278.34	381.40	486.14	537.21
70	186.09	228.87	271.00	301.96	326.54	445.60	521.57	565.30
71	196.95	241.00	285.68	317.28	342.50	468.20	536.58	578.39
72	207.80	253.76	300.69	333.88	359.74	490.40	552.54	592.44
73	222.16	270.36	318.24	353.04	379.53	514.90	559.88	596.90
74	236.21	286.64	336.76	373.14	400.92	542.20	571.69	606.48
75	251.21	303.56	355.91	393.89	422.30	567.80	586.05	618.93
76	265.57	320.80	375.06	414.64	444.96	596.60	602.65	633.93
77	280.90	338.35	395.17	436.35	466.99	625.10	620.52	650.21
78	312.18	381.12	448.16	499.87	541.36	722.40	690.75	722.35
79	344.42	423.26	501.78	564.35	614.78	818.50	759.70	793.53
80	376.34	466.03	555.41	628.82	689.79	916.20	830.24	866.63
81	408.58	508.80	608.71	692.98	763.53	1013.10	899.19	938.45
82	441.45	551.26	662.02	757.78	838.86	1111.20	969.41	1010.27
83	496.36	624.04	751.40	853.22	937.49	1230.70	1060.70	1102.84
84	550.94	695.22	840.77	948.34	1036.12	1349.40	1151.99	1194.77
85	604.88	766.72	929.83	1043.46	1133.80	1466.90	1242.33	1286.38
86	658.51	837.90	1018.89	1138.27	1231.79	1585.60	1332.98	1377.35
87	712.14	909.40	1109.22	1233.07	1328.83	1702.40	1421.72	1467.68
88	752.67	966.86	1182.64	1296.59	1379.58	1765.80	1484.92	1532.16
89	792.57	1023.04	1255.73	1360.11	1430.34	1829.20	1548.12	1597.92
90-94	927.28	1201.15	1474.07	1581.64	1650.58	2084.20	1757.52	1813.38
95-99	1024.31	1332.98	1637.18	1744.75	1816.89	2279.50	1918.39	1979.68

American Travellers Life Insurance Company
Rate Schedule With Downgrade
Policy Form Series ATL-HHC-4: Increasing Benefit
Home Health Care Policy
Rate Sheet
Annual Premiums per $10.00 of Daily Benefit
With Rider Form ATL-BIR-HHC-4

Hospitalization Not Required - Increasing Benefit
Underwriting Table I, 0 Day Elim

Area 1

	Benefit Period Months							
Issue Age	12	18	24	30	36	48	60	Lifetime
18-49	47.06	53.76	60.74	67.17	73.87	84.82	96.31	105.61
50-59	55.81	64.43	73.05	80.58	88.37	101.64	113.54	124.35
60-64	64.71	74.56	83.72	92.89	100.41	114.09	125.99	138.17
65-69	87.55	105.06	121.75	133.38	141.86	157.87	239.54	259.10
70	105.06	124.76	143.37	156.77	166.49	184.27	256.77	272.51
71	110.94	131.74	151.16	164.84	174.69	193.57	264.43	278.94
72	117.10	138.58	158.96	173.33	183.59	203.01	272.23	285.78
73	125.31	147.74	168.40	183.45	193.71	213.00	275.93	287.83
74	133.24	156.64	178.25	193.85	204.52	224.08	281.67	292.34
75	141.59	165.80	188.24	204.65	215.60	234.89	288.78	298.36
76	149.80	175.10	198.50	215.46	226.95	246.79	296.86	305.61
77	158.41	184.82	209.03	226.68	238.31	258.42	305.75	313.41
78	176.20	207.94	237.21	259.78	276.34	298.63	340.22	348.16
79	194.26	231.06	265.53	293.16	313.68	338.44	374.28	382.63
80	212.31	254.45	293.85	326.68	351.99	378.94	409.03	417.79
81	230.51	277.57	322.03	360.06	389.47	418.88	442.96	452.26
82	248.84	301.10	350.34	393.71	428.05	459.51	477.43	487.01
83	279.89	340.63	397.68	443.23	478.25	508.76	522.44	531.60
84	310.54	379.48	444.74	492.62	528.73	558.01	567.45	575.93
85	341.18	418.74	492.07	542.00	578.39	606.71	612.18	620.11
86	371.41	457.46	539.27	591.25	628.46	655.55	656.50	664.03
87	401.51	496.45	586.74	640.63	677.98	703.97	700.55	707.53
88	424.49	527.77	625.72	673.60	703.70	730.10	731.47	738.72
89	447.06	558.55	664.57	706.57	729.83	756.37	762.66	770.18
90-94	522.99	655.68	779.90	821.76	842.00	861.70	865.67	874.29
95-99	577.57	727.64	866.22	906.44	926.96	942.55	945.15	954.59

American Travellers Life Insurance Company
Rate Schedule With Downgrade
Policy Form Series ATL-HHC-4: Increasing Benefit
Home Health Care Policy
Rate Sheet
Annual Premiums per $10.00 of Daily Benefit
With Rider Form ATL-BIR-HHC-4

Hospitalization Not Required - Increasing Benefit
Underwriting Table I, 0 Day Elim

Area 1

	Benefit Period Months							
Issue Age	12	18	24	30	36	48	60	Lifetime
18-49	35.70	42.27	49.25	55.54	61.97	72.09	83.86	93.98
50-59	42.41	50.48	59.10	66.48	74.28	86.32	98.77	110.53
60-64	49.11	58.69	67.85	76.61	84.27	96.99	109.44	122.85
65-69	66.48	82.49	98.77	110.12	119.29	134.06	208.35	230.23
70	79.75	98.09	116.14	129.41	139.95	156.64	223.53	242.27
71	84.41	103.28	122.44	135.98	146.79	164.57	229.96	247.88
72	89.06	108.76	128.87	143.09	154.17	172.37	236.80	253.90
73	95.21	115.87	136.39	151.30	162.66	180.99	239.95	255.82
74	101.23	122.85	144.32	159.92	171.82	190.56	245.01	259.92
75	107.66	130.10	152.53	168.81	180.99	199.59	251.16	265.26
76	113.82	137.48	160.74	177.70	190.70	209.71	258.28	271.68
77	120.38	145.01	169.36	187.01	200.14	219.70	265.94	278.66
78	133.79	163.34	192.07	214.23	232.01	253.90	296.04	309.58
79	147.61	181.40	215.05	241.86	263.48	287.69	325.58	340.08
80	161.29	199.73	238.03	269.50	295.62	322.03	355.82	371.41
81	175.10	218.06	260.88	296.99	327.23	356.09	385.37	402.19
82	189.19	236.25	283.72	324.76	359.51	390.56	415.46	432.97
83	212.72	267.44	322.03	365.67	401.78	432.56	454.59	472.64
84	236.12	297.95	360.33	406.43	444.05	474.29	493.71	512.04
85	259.24	328.59	398.50	447.20	485.91	515.60	532.43	551.30
86	282.22	359.10	436.67	487.83	527.91	557.32	571.28	590.29
87	305.20	389.74	475.38	528.46	569.50	598.36	609.31	629.01
88	322.57	414.37	506.84	555.68	591.25	620.66	636.39	656.64
89	339.67	438.44	538.17	582.90	613.00	642.96	663.48	684.82
90-94	397.40	514.78	631.74	677.84	707.39	732.56	753.22	777.16
95-99	438.99	571.28	701.65	747.75	778.67	801.24	822.17	848.43

AMERICAN TRAVLERS LIFE INS. CO./ ATL LIFE INS. CO.

POLICY FORM SERIES ATL-LTC-1: INCREASING BENEFIT

LONG TERM CARE POLICY

RATE SHEET

Rate Schedule Prior to Rate Increase

Annual Premiums per $10.00 of Daily Benefit

With Rider Form ATL-BIR-LTC-1

Hospitalization Not Required - Increasing Benefit

Underwriting Table I, 0 Day Elimination Period

Area 1

Benefit Period

Issue Age	1	2	3	4	5	Lifetime
18-29	23.94	37.80	50.40	63.00	73.08	172.62
30-39	39.06	64.26	86.94	108.36	124.74	294.84
40-49	66.78	107.10	142.38	177.66	206.64	487.62
50-59	142.38	229.32	301.14	365.40	428.40	826.56
60-64	165.06	267.12	349.02	427.14	496.44	898.38
65-69	292.32	517.86	580.86	658.98	1040.76	1238.58
70	406.98	670.32	758.52	863.10	1268.82	1509.48
71	444.78	721.98	817.74	931.14	1345.68	1600.20
72	482.58	772.38	876.96	999.18	1421.28	1690.92
73	535.50	868.14	987.84	1135.26	1562.40	1850.94
74	588.42	962.64	1097.46	1271.34	1703.52	2010.96
75	640.08	1058.40	1208.34	1407.42	1843.38	2172.24
76	693.00	1152.90	1317.96	1543.50	1984.50	2332.26
77	745.92	1248.66	1428.84	1679.58	2125.62	2492.28
78	849.24	1374.66	1632.96	1922.76	2353.68	2847.60
79	952.56	1501.92	1835.82	2164.68	2580.48	3202.92
80	1057.14	1627.92	2039.94	2407.86	2808.54	3559.50
81	1160.46	1755.18	2242.80	2649.78	3035.34	3914.82
82	1263.78	1881.18	2446.92	2892.96	3263.40	4270.14
83	1340.64	2036.16	2640.96	3110.94	3490.20	4484.34
84	1417.50	2191.14	2836.26	3328.92	3717.00	4698.54
85	1494.36	2344.86	3030.30	3545.64	3943.80	4911.48
86	1571.22	2499.84	3225.60	3763.62	4170.60	5125.68
87	1648.08	2654.82	3419.64	3981.60	4397.40	5339.88
88	1748.88	2816.10	3616.20	4190.76	4605.30	5481.00
89	1848.42	2976.12	3811.50	4398.66	4813.20	5622.12
90-94	1949.22	3233.16	4141.62	4780.44	5230.26	6105.96
95-99	2048.76	3533.04	4523.40	5221.44	5712.84	6649.02

AMERICAN TRAVLERS LIFE INS. CO./ ATL LIFE INS. CO.

POLICY FORM SERIES ATL-LTC-1: INCREASING BENEFIT

LONG TERM CARE POLICY

RATE SHEET

Rate Schedule Prior to Rate Increase

Annual Premiums per $10.00 of Daily Benefit

With Rider Form ATL-BIR-LTC-1

Hospitalization Not Required - Increasing Benefit

Underwriting Table I, 7 Day Elimination Period

Area 1

Benefit Period

Issue Age	1	2	3	4	5	Lifetime
18-29	22.68	37.80	49.14	61.74	71.82	170.10
30-39	37.80	64.26	85.68	105.84	123.48	293.58
40-49	64.26	105.84	139.86	176.40	204.12	483.84
50-59	138.60	223.02	296.10	361.62	424.62	817.74
60-64	160.02	262.08	345.24	420.84	492.66	892.08
65-69	284.76	509.04	574.56	650.16	1029.42	1228.50
70	395.64	658.98	748.44	851.76	1254.96	1495.62
71	433.44	708.12	806.40	918.54	1329.30	1585.08
72	469.98	758.52	864.36	985.32	1404.90	1674.54
73	521.64	851.76	972.72	1118.88	1543.50	1833.30
74	573.30	945.00	1081.08	1253.70	1682.10	1992.06
75	626.22	1039.50	1189.44	1387.26	1819.44	2149.56
76	677.88	1132.74	1297.80	1522.08	1958.04	2308.32
77	729.54	1225.98	1406.16	1655.64	2096.64	2467.08
78	830.34	1349.46	1606.50	1895.04	2320.92	2817.36
79	931.14	1474.20	1808.10	2134.44	2546.46	3167.64
80	1031.94	1597.68	2008.44	2372.58	2770.74	3516.66
81	1132.74	1722.42	2210.04	2611.98	2996.28	3866.94
82	1233.54	1845.90	2410.38	2851.38	3220.56	4217.22
83	1309.14	1997.10	2600.64	3065.58	3443.58	4427.64
84	1383.48	2149.56	2790.90	3279.78	3665.34	4636.80
85	1459.08	2300.76	2982.42	3493.98	3888.36	4847.22
86	1533.42	2453.22	3172.68	3708.18	4110.12	5056.38
87	1609.02	2604.42	3362.94	3922.38	4333.14	5266.80
88	1707.30	2761.92	3554.46	4127.76	4536.00	5404.14
89	1804.32	2918.16	3744.72	4331.88	4738.86	5540.22
90-94	1903.86	3170.16	4068.54	4707.36	5149.62	6016.50
95-99	2000.88	3463.74	4444.02	5142.06	5624.64	6552.00

AMERICAN TRAVLERS LIFE INS. CO./ ATL LIFE INS. CO.

POLICY FORM SERIES ATL-LTC-1: INCREASING BENEFIT

LONG TERM CARE POLICY

RATE SHEET

Rate Schedule Prior to Rate Increase

Annual Premiums per $10.00 of Daily Benefit

With Rider Form ATL-BIR-LTC-1

Hospitalization Not Required - Increasing Benefit

Underwriting Table I, 30 Day Elimination Period

Area 1

Benefit Period

Issue Age	1	2	3	4	5	Lifetime
18-29	21.42	35.28	47.88	57.96	68.04	167.58
30-39	36.54	60.48	81.90	102.06	118.44	288.54
40-49	59.22	99.54	133.56	166.32	195.30	473.76
50-59	127.26	209.16	284.76	346.50	409.50	798.84
60-64	147.42	245.70	328.86	404.46	475.02	868.14
65-69	262.08	477.54	544.32	623.70	987.84	1191.96
70	364.14	617.40	710.64	815.22	1203.30	1449.00
71	398.16	664.02	766.08	879.48	1275.12	1534.68
72	432.18	710.64	821.52	943.74	1346.94	1620.36
73	480.06	798.84	924.84	1071.00	1479.24	1771.56
74	526.68	887.04	1028.16	1199.52	1611.54	1922.76
75	574.56	976.50	1130.22	1326.78	1745.10	2075.22
76	621.18	1064.70	1233.54	1455.30	1877.40	2226.42
77	669.06	1152.90	1336.86	1582.56	2009.70	2377.62
78	762.30	1268.82	1525.86	1809.36	2222.64	2711.52
79	855.54	1384.74	1714.86	2036.16	2436.84	3044.16
80	947.52	1501.92	1905.12	2261.70	2649.78	3378.06
81	1040.76	1617.84	2094.12	2488.50	2863.98	3710.70
82	1134.00	1733.76	2283.12	2715.30	3076.92	4044.60
83	1203.30	1874.88	2463.30	2916.90	3286.08	4239.90
84	1271.34	2016.00	2643.48	3118.50	3496.50	4435.20
85	1340.64	2158.38	2823.66	3321.36	3705.66	4631.76
86	1408.68	2299.50	3003.84	3522.96	3916.08	4827.06
87	1477.98	2440.62	3184.02	3724.56	4125.24	5022.36
88	1568.70	2586.78	3365.46	3917.34	4315.50	5147.10
89	1656.90	2732.94	3545.64	4108.86	4505.76	5271.84
90-94	1747.62	2968.56	3851.82	4464.18	4895.10	5725.44
95-99	1837.08	3243.24	4207.14	4876.20	5347.44	6235.74

AMERICAN TRAVLERS LIFE INS. CO./ ATL LIFE INS. CO.

POLICY FORM SERIES ATL-LTC-1: INCREASING BENEFIT

LONG TERM CARE POLICY

RATE SHEET

Rate Schedule Prior to Rate Increase

Annual Premiums per $10.00 of Daily Benefit

With Rider Form ATL-BIR-LTC-1

Hospitalization Not Required - Increasing Benefit

Underwriting Table I, 60 Day Elimination Period

Area 1

Benefit Period

Issue Age	1	2	3	4	5	Lifetime
18-29	20.16	34.02	44.10	55.44	66.78	165.06
30-39	34.02	55.44	75.60	98.28	115.92	282.24
40-49	54.18	93.24	126.00	160.02	191.52	464.94
50-59	115.92	196.56	268.38	332.64	393.12	778.68
60-64	134.82	231.84	312.48	386.82	454.86	842.94
65-69	243.18	449.82	516.60	597.24	950.04	1156.68
70	336.42	582.12	675.36	779.94	1154.16	1401.12
71	367.92	626.22	728.28	840.42	1222.20	1483.02
72	399.42	670.32	781.20	900.90	1290.24	1564.92
73	442.26	752.22	878.22	1021.86	1416.24	1709.82
74	485.10	835.38	975.24	1144.08	1543.50	1853.46
75	529.20	917.28	1073.52	1265.04	1669.50	1998.36
76	572.04	1000.44	1170.54	1387.26	1796.76	2142.00
77	614.88	1082.34	1267.56	1508.22	1922.76	2286.90
78	700.56	1190.70	1446.48	1723.68	2124.36	2604.42
79	787.50	1300.32	1625.40	1939.14	2325.96	2920.68
80	873.18	1408.68	1803.06	2153.34	2528.82	3238.20
81	960.12	1518.30	1981.98	2368.80	2730.42	3554.46
82	1045.80	1626.66	2160.90	2584.26	2932.02	3871.98
83	1108.80	1758.96	2329.74	2773.26	3128.58	4052.16
84	1171.80	1891.26	2498.58	2962.26	3325.14	4231.08
85	1236.06	2023.56	2667.42	3151.26	3521.70	4411.26
86	1299.06	2155.86	2836.26	3340.26	3718.26	4590.18
87	1362.06	2288.16	3005.10	3529.26	3914.82	4770.36
88	1443.96	2425.50	3173.94	3708.18	4091.22	4881.24
89	1525.86	2561.58	3342.78	3887.10	4266.36	4992.12
90-94	1610.28	2782.08	3631.32	4223.52	4635.54	5421.78
95-99	1692.18	3039.12	3966.48	4612.86	5063.94	5904.36

AMERICAN TRAVLERS LIFE INS. CO./ ATL LIFE INS. CO.
POLICY FORM SERIES ATL-LTC-1: INCREASING BENEFIT
LONG TERM CARE POLICY
RATE SHEET
Rate Schedule Prior to Rate Increase
Annual Premiums per $10.00 of Daily Benefit
With Rider Form ATL-BIR-LTC-1
Hospitalization Not Required - Increasing Benefit
Underwriting Table I, 100 Day Elimination Period
Area 1
Benefit Period

Issue Age	1	2	3	4	5	Lifetime
18-29	17.64	32.76	40.32	52.92	64.26	160.02
30-39	30.24	51.66	73.08	94.50	112.14	274.68
40-49	50.40	86.94	119.70	153.72	181.44	452.34
50-59	108.36	183.96	257.04	320.04	375.48	756.00
60-64	124.74	216.72	294.84	367.92	434.70	816.48
65-69	220.50	418.32	488.88	567.00	907.20	1115.10
70	306.18	541.80	637.56	740.88	1101.24	1348.20
71	333.90	582.12	687.96	798.84	1166.76	1426.32
72	362.88	623.70	737.10	856.80	1231.02	1504.44
73	403.20	700.56	829.08	971.46	1350.72	1640.52
74	443.52	777.42	921.06	1087.38	1470.42	1776.60
75	482.58	855.54	1011.78	1202.04	1588.86	1913.94
76	522.90	932.40	1103.76	1317.96	1708.56	2050.02
77	563.22	1009.26	1195.74	1432.62	1828.26	2186.10
78	641.34	1110.06	1363.32	1634.22	2017.26	2483.46
79	720.72	1210.86	1530.90	1835.82	2207.52	2780.82
80	798.84	1312.92	1698.48	2037.42	2396.52	3079.44
81	878.22	1413.72	1866.06	2239.02	2586.78	3376.80
82	956.34	1514.52	2033.64	2440.62	2775.78	3674.16
83	1014.30	1638.00	2188.62	2615.76	2957.22	3836.70
84	1072.26	1760.22	2344.86	2790.90	3138.66	4000.50
85	1128.96	1883.70	2499.84	2964.78	3318.84	4163.04
86	1186.92	2005.92	2656.08	3139.92	3500.28	4326.84
87	1244.88	2129.40	2811.06	3315.06	3681.72	4489.38
88	1320.48	2256.66	2966.04	3478.86	3841.74	4585.14
89	1396.08	2382.66	3119.76	3641.40	4000.50	4680.90
90-94	1470.42	2588.04	3388.14	3956.40	4345.74	5084.10
95-99	1546.02	2827.44	3701.88	4320.54	4747.68	5536.44

AMERICAN TRAVLERS LIFE INS. CO./ ATL LIFE INS. CO.

POLICY FORM SERIES ATL-LTC-1: INCREASING BENEFIT

LONG TERM CARE POLICY

RATE SHEET

Proposed Rate Schedule With Rate Increase

Annual Premiums per $10.00 of Daily Benefit

With Rider Form ATL-BIR-LTC-1

Hospitalization Not Required - Increasing Benefit

Underwriting Table I, 0 Day Elimination Period

Area 1

Benefit Period

Issue Age	1	2	3	4	5	Lifetime
18-29	33.52	52.92	70.56	88.20	102.31	241.67
30-39	54.68	89.96	121.72	151.70	174.64	412.78
40-49	93.49	149.94	199.33	248.72	289.30	682.67
50-59	199.33	321.05	421.60	511.56	599.76	1157.18
60-64	231.08	373.97	488.63	598.00	695.02	1257.73
65-69	409.25	725.00	813.20	922.57	1457.06	1734.01
70	569.77	938.45	1061.93	1208.34	1776.35	2113.27
71	622.69	1010.77	1144.84	1303.60	1883.95	2240.28
72	675.61	1081.33	1227.74	1398.85	1989.79	2367.29
73	749.70	1215.40	1382.98	1589.36	2187.36	2591.32
74	823.79	1347.70	1536.44	1779.88	2384.93	2815.34
75	896.11	1481.76	1691.68	1970.39	2580.73	3041.14
76	970.20	1614.06	1845.14	2160.90	2778.30	3265.16
77	1044.29	1748.12	2000.38	2351.41	2975.87	3489.19
78	1188.94	1924.52	2286.14	2691.86	3295.15	3986.64
79	1333.58	2102.69	2570.15	3030.55	3612.67	4484.09
80	1480.00	2279.09	2855.92	3371.00	3931.96	4983.30
81	1624.64	2457.25	3139.92	3709.69	4249.48	5480.75
82	1769.29	2633.65	3425.69	4050.14	4568.76	5978.20
83	1876.90	2850.62	3697.34	4355.32	4886.28	6278.08
84	1984.50	3067.60	3970.76	4660.49	5203.80	6577.96
85	2092.10	3282.80	4242.42	4963.90	5521.32	6876.07
86	2199.71	3499.78	4515.84	5269.07	5838.84	7175.95
87	2307.31	3716.75	4787.50	5574.24	6156.36	7475.83
88	2448.43	3942.54	5062.68	5867.06	6447.42	7673.40
89	2587.79	4166.57	5336.10	6158.12	6738.48	7870.97
90-94	2728.91	4526.42	5798.27	6692.62	7322.36	8548.34
95-99	2868.26	4946.26	6332.76	7310.02	7997.98	9308.63

AMERICAN TRAVLERS LIFE INS. CO./ ATL LIFE INS. CO.

POLICY FORM SERIES ATL-LTC-1: INCREASING BENEFIT

LONG TERM CARE POLICY

RATE SHEET

Proposed Rate Schedule With Rate Increase

Annual Premiums per $10.00 of Daily Benefit

With Rider Form ATL-BIR-LTC-1

Hospitalization Not Required - Increasing Benefit

Underwriting Table I, 7 Day Elimination Period

Area 1

Benefit Period

Issue Age	1	2	3	4	5	Lifetime
18-29	31.75	52.92	68.80	86.44	100.55	238.14
30-39	52.92	89.96	119.95	148.18	172.87	411.01
40-49	89.96	148.18	195.80	246.96	285.77	677.38
50-59	194.04	312.23	414.54	506.27	594.47	1144.84
60-64	224.03	366.91	483.34	589.18	689.72	1248.91
65-69	398.66	712.66	804.38	910.22	1441.19	1719.90
70	553.90	922.57	1047.82	1192.46	1756.94	2093.87
71	606.82	991.37	1128.96	1285.96	1861.02	2219.11
72	657.97	1061.93	1210.10	1379.45	1966.86	2344.36
73	730.30	1192.46	1361.81	1566.43	2160.90	2566.62
74	802.62	1323.00	1513.51	1755.18	2354.94	2788.88
75	876.71	1455.30	1665.22	1942.16	2547.22	3009.38
76	949.03	1585.84	1816.92	2130.91	2741.26	3231.65
77	1021.36	1716.37	1968.62	2317.90	2935.30	3453.91
78	1162.48	1889.24	2249.10	2653.06	3249.29	3944.30
79	1303.60	2063.88	2531.34	2988.22	3565.04	4434.70
80	1444.72	2236.75	2811.82	3321.61	3879.04	4923.32
81	1585.84	2411.39	3094.06	3656.77	4194.79	5413.72
82	1726.96	2584.26	3374.53	3991.93	4508.78	5904.11
83	1832.80	2795.94	3640.90	4291.81	4821.01	6198.70
84	1936.87	3009.38	3907.26	4591.69	5131.48	6491.52
85	2042.71	3221.06	4175.39	4891.57	5443.70	6786.11
86	2146.79	3434.51	4441.75	5191.45	5754.17	7078.93
87	2252.63	3646.19	4708.12	5491.33	6066.40	7373.52
88	2390.22	3866.69	4976.24	5778.86	6350.40	7565.80
89	2526.05	4085.42	5242.61	6064.63	6634.40	7756.31
90-94	2665.40	4438.22	5695.96	6590.30	7209.47	8423.10
95-99	2801.23	4849.24	6221.63	7198.88	7874.50	9172.80

AMERICAN TRAVLERS LIFE INS. CO./ ATL LIFE INS. CO.
POLICY FORM SERIES ATL-LTC-1: INCREASING BENEFIT
LONG TERM CARE POLICY
RATE SHEET
Proposed Rate Schedule With Rate Increase
Annual Premiums per $10.00 of Daily Benefit
With Rider Form ATL-BIR-LTC-1
Hospitalization Not Required - Increasing Benefit
Underwriting Table I, 30 Day Elimination Period
Area 1
Benefit Period

Issue Age	1	2	3	4	5	Lifetime
18-29	29.99	49.39	67.03	81.14	95.26	234.61
30-39	51.16	84.67	114.66	142.88	165.82	403.96
40-49	82.91	139.36	186.98	232.85	273.42	663.26
50-59	178.16	292.82	398.66	485.10	573.30	1118.38
60-64	206.39	343.98	460.40	566.24	665.03	1215.40
65-69	366.91	668.56	762.05	873.18	1382.98	1668.74
70	509.80	864.36	994.90	1141.31	1684.62	2028.60
71	557.42	929.63	1072.51	1231.27	1785.17	2148.55
72	605.05	994.90	1150.13	1321.24	1885.72	2268.50
73	672.08	1118.38	1294.78	1499.40	2070.94	2480.18
74	737.35	1241.86	1439.42	1679.33	2256.16	2691.86
75	804.38	1367.10	1582.31	1857.49	2443.14	2905.31
76	869.65	1490.58	1726.96	2037.42	2628.36	3116.99
77	936.68	1614.06	1871.60	2215.58	2813.58	3328.67
78	1067.22	1776.35	2136.20	2533.10	3111.70	3796.13
79	1197.76	1938.64	2400.80	2850.62	3411.58	4261.82
80	1326.53	2102.69	2667.17	3166.38	3709.69	4729.28
81	1457.06	2264.98	2931.77	3483.90	4009.57	5194.98
82	1587.60	2427.26	3196.37	3801.42	4307.69	5662.44
83	1684.62	2624.83	3448.62	4083.66	4600.51	5935.86
84	1779.88	2822.40	3700.87	4365.90	4895.10	6209.28
85	1876.90	3021.73	3953.12	4649.90	5187.92	6484.46
86	1972.15	3219.30	4205.38	4932.14	5482.51	6757.88
87	2069.17	3416.87	4457.63	5214.38	5775.34	7031.30
88	2196.18	3621.49	4711.64	5484.28	6041.70	7205.94
89	2319.66	3826.12	4963.90	5752.40	6308.06	7380.58
90-94	2446.67	4155.98	5392.55	6249.85	6853.14	8015.62
95-99	2571.91	4540.54	5890.00	6826.68	7486.42	8730.04

AMERICAN TRAVLERS LIFE INS. CO./ ATL LIFE INS. CO.
POLICY FORM SERIES ATL-LTC-1: INCREASING BENEFIT
LONG TERM CARE POLICY
RATE SHEET
Proposed Rate Schedule With Rate Increase
Annual Premiums per $10.00 of Daily Benefit
With Rider Form ATL-BIR-LTC-1
Hospitalization Not Required - Increasing Benefit
Underwriting Table I, 60 Day Elimination Period
Area 1
Benefit Period

Issue Age	1	2	3	4	5	Lifetime
18-29	28.22	47.63	61.74	77.62	93.49	231.08
30-39	47.63	77.62	105.84	137.59	162.29	395.14
40-49	75.85	130.54	176.40	224.03	268.13	650.92
50-59	162.29	275.18	375.73	465.70	550.37	1090.15
60-64	188.75	324.58	437.47	541.55	636.80	1180.12
65-69	340.45	629.75	723.24	836.14	1330.06	1619.35
70	470.99	814.97	945.50	1091.92	1615.82	1961.57
71	515.09	876.71	1019.59	1176.59	1711.08	2076.23
72	559.19	938.45	1093.68	1261.26	1806.34	2190.89
73	619.16	1053.11	1229.51	1430.60	1982.74	2393.75
74	679.14	1169.53	1365.34	1601.71	2160.90	2594.84
75	740.88	1284.19	1502.93	1771.06	2337.30	2797.70
76	800.86	1400.62	1638.76	1942.16	2515.46	2998.80
77	860.83	1515.28	1774.58	2111.51	2691.86	3201.66
78	980.78	1666.98	2025.07	2413.15	2974.10	3646.19
79	1102.50	1820.45	2275.56	2714.80	3256.34	4088.95
80	1222.45	1972.15	2524.28	3014.68	3540.35	4533.48
81	1344.17	2125.62	2774.77	3316.32	3822.59	4976.24
82	1464.12	2277.32	3025.26	3617.96	4104.83	5420.77
83	1552.32	2462.54	3261.64	3882.56	4380.01	5673.02
84	1640.52	2647.76	3498.01	4147.16	4655.20	5923.51
85	1730.48	2832.98	3734.39	4411.76	4930.38	6175.76
86	1818.68	3018.20	3970.76	4676.36	5205.56	6426.25
87	1906.88	3203.42	4207.14	4940.96	5480.75	6678.50
88	2021.54	3395.70	4443.52	5191.45	5727.71	6833.74
89	2136.20	3586.21	4679.89	5441.94	5972.90	6988.97
90-94	2254.39	3894.91	5083.85	5912.93	6489.76	7590.49
95-99	2369.05	4254.77	5553.07	6458.00	7089.52	8266.10

AMERICAN TRAVLERS LIFE INS. CO./ ATL LIFE INS. CO.

POLICY FORM SERIES ATL-LTC-1: INCREASING BENEFIT

LONG TERM CARE POLICY

RATE SHEET

Proposed Rate Schedule With Rate Increase

Annual Premiums per $10.00 of Daily Benefit

With Rider Form ATL-BIR-LTC-1

Hospitalization Not Required - Increasing Benefit

Underwriting Table I, 100 Day Elimination Period

Area 1

Benefit Period

Issue Age	1	2	3	4	5	Lifetime
18-29	24.70	45.86	56.45	74.09	89.96	224.03
30-39	42.34	72.32	102.31	132.30	157.00	384.55
40-49	70.56	121.72	167.58	215.21	254.02	633.28
50-59	151.70	257.54	359.86	448.06	525.67	1058.40
60-64	174.64	303.41	412.78	515.09	608.58	1143.07
65-69	308.70	585.65	684.43	793.80	1270.08	1561.14
70	428.65	758.52	892.58	1037.23	1541.74	1887.48
71	467.46	814.97	963.14	1118.38	1633.46	1996.85
72	508.03	873.18	1031.94	1199.52	1723.43	2106.22
73	564.48	980.78	1160.71	1360.04	1891.01	2296.73
74	620.93	1088.39	1289.48	1522.33	2058.59	2487.24
75	675.61	1197.76	1416.49	1682.86	2224.40	2679.52
76	732.06	1305.36	1545.26	1845.14	2391.98	2870.03
77	788.51	1412.96	1674.04	2005.67	2559.56	3060.54
78	897.88	1554.08	1908.65	2287.91	2824.16	3476.84
79	1009.01	1695.20	2143.26	2570.15	3090.53	3893.15
80	1118.38	1838.09	2377.87	2852.39	3355.13	4311.22
81	1229.51	1979.21	2612.48	3134.63	3621.49	4727.52
82	1338.88	2120.33	2847.10	3416.87	3886.09	5143.82
83	1420.02	2293.20	3064.07	3662.06	4140.11	5371.38
84	1501.16	2464.31	3282.80	3907.26	4394.12	5600.70
85	1580.54	2637.18	3499.78	4150.69	4646.38	5828.26
86	1661.69	2808.29	3718.51	4395.89	4900.39	6057.58
87	1742.83	2981.16	3935.48	4641.08	5154.41	6285.13
88	1848.67	3159.32	4152.46	4870.40	5378.44	6419.20
89	1954.51	3335.72	4367.66	5097.96	5600.70	6553.26
90-94	2058.59	3623.26	4743.40	5538.96	6084.04	7117.74
95-99	2164.43	3958.42	5182.63	6048.76	6646.75	7751.02

AMERICAN TRAVLERS LIFE INS. CO./ ATL LIFE INS. CO.

POLICY FORM SERIES ATL-LTC-1: INCREASING BENEFIT

LONG TERM CARE POLICY

RATE SHEET

Proposed Rate Schedule With Downgrade

Annual Premiums per $10.00 of Daily Benefit

With Rider Form ATL-BIR-LTC-1

Hospitalization Not Required - Increasing Benefit

Underwriting Table I, 0 Day Elimination Period

Area 1

Benefit Period

Issue Age	1	2	3	4	5	Lifetime
18-29	14.36	22.68	30.24	37.80	43.85	103.57
30-39	23.44	38.56	52.16	65.02	74.84	176.90
40-49	40.07	64.26	85.43	106.60	123.98	292.57
50-59	85.43	137.59	180.68	219.24	257.04	495.94
60-64	99.04	160.27	209.41	256.28	297.86	539.03
65-69	175.39	310.72	348.52	395.39	624.46	743.15
70	244.19	402.19	455.11	517.86	761.29	905.69
71	266.87	433.19	490.64	558.68	807.41	960.12
72	289.55	463.43	526.18	599.51	852.77	1014.55
73	321.30	520.88	592.70	681.16	937.44	1110.56
74	353.05	577.58	658.48	762.80	1022.11	1206.58
75	384.05	635.04	725.00	844.45	1106.03	1303.34
76	415.80	691.74	790.78	926.10	1190.70	1399.36
77	447.55	749.20	857.30	1007.75	1275.37	1495.37
78	509.54	824.80	979.78	1153.66	1412.21	1708.56
79	571.54	901.15	1101.49	1298.81	1548.29	1921.75
80	634.28	976.75	1223.96	1444.72	1685.12	2135.70
81	696.28	1053.11	1345.68	1589.87	1821.20	2348.89
82	758.27	1128.71	1468.15	1735.78	1958.04	2562.08
83	804.38	1221.70	1584.58	1866.56	2094.12	2690.60
84	850.50	1314.68	1701.76	1997.35	2230.20	2819.12
85	896.62	1406.92	1818.18	2127.38	2366.28	2946.89
86	942.73	1499.90	1935.36	2258.17	2502.36	3075.41
87	988.85	1592.89	2051.78	2388.96	2638.44	3203.93
88	1049.33	1689.66	2169.72	2514.46	2763.18	3288.60
89	1109.05	1785.67	2286.90	2639.20	2887.92	3373.27
90-94	1169.53	1939.90	2484.97	2868.26	3138.16	3663.58
95-99	1229.26	2119.82	2714.04	3132.86	3427.70	3989.41

AMERICAN TRAVLERS LIFE INS. CO./ ATL LIFE INS. CO.
POLICY FORM SERIES ATL-LTC-1: INCREASING BENEFIT
LONG TERM CARE POLICY
RATE SHEET
Proposed Rate Schedule With Downgrade
Annual Premiums per $10.00 of Daily Benefit
With Rider Form ATL-BIR-LTC-1
Hospitalization Not Required - Increasing Benefit
Underwriting Table I, 7 Day Elimination Period
Area 1
Benefit Period

Issue Age	1	2	3	4	5	Lifetime
18-29	13.61	22.68	29.48	37.04	43.09	102.06
30-39	22.68	38.56	51.41	63.50	74.09	176.15
40-49	38.56	63.50	83.92	105.84	122.47	290.30
50-59	83.16	133.81	177.66	216.97	254.77	490.64
60-64	96.01	157.25	207.14	252.50	295.60	535.25
65-69	170.86	305.42	344.74	390.10	617.65	737.10
70	237.38	395.39	449.06	511.06	752.98	897.37
71	260.06	424.87	483.84	551.12	797.58	951.05
72	281.99	455.11	518.62	591.19	842.94	1004.72
73	312.98	511.06	583.63	671.33	926.10	1099.98
74	343.98	567.00	648.65	752.22	1009.26	1195.24
75	375.73	623.70	713.66	832.36	1091.66	1289.74
76	406.73	679.64	778.68	913.25	1174.82	1384.99
77	437.72	735.59	843.70	993.38	1257.98	1480.25
78	498.20	809.68	963.90	1137.02	1392.55	1690.42
79	558.68	884.52	1084.86	1280.66	1527.88	1900.58
80	619.16	958.61	1205.06	1423.55	1662.44	2110.00
81	679.64	1033.45	1326.02	1567.19	1797.77	2320.16
82	740.12	1107.54	1446.23	1710.83	1932.34	2530.33
83	785.48	1198.26	1560.38	1839.35	2066.15	2656.58
84	830.09	1289.74	1674.54	1967.87	2199.20	2782.08
85	875.45	1380.46	1789.45	2096.39	2333.02	2908.33
86	920.05	1471.93	1903.61	2224.91	2466.07	3033.83
87	965.41	1562.65	2017.76	2353.43	2599.88	3160.08
88	1024.38	1657.15	2132.68	2476.66	2721.60	3242.48
89	1082.59	1750.90	2246.83	2599.13	2843.32	3324.13
90-94	1142.32	1902.10	2441.12	2824.42	3089.77	3609.90
95-99	1200.53	2078.24	2666.41	3085.24	3374.78	3931.20

AMERICAN TRAVLERS LIFE INS. CO./ ATL LIFE INS. CO.

POLICY FORM SERIES ATL-LTC-1: INCREASING BENEFIT

LONG TERM CARE POLICY

RATE SHEET

Proposed Rate Schedule With Downgrade

Annual Premiums per $10.00 of Daily Benefit

With Rider Form ATL-BIR-LTC-1

Hospitalization Not Required - Increasing Benefit

Underwriting Table I, 30 Day Elimination Period

Area 1

Benefit Period

Issue Age	1	2	3	4	5	Lifetime
18-29	12.85	21.17	28.73	34.78	40.82	100.55
30-39	21.92	36.29	49.14	61.24	71.06	173.12
40-49	35.53	59.72	80.14	99.79	117.18	284.26
50-59	76.36	125.50	170.86	207.90	245.70	479.30
60-64	88.45	147.42	197.32	242.68	285.01	520.88
65-69	157.25	286.52	326.59	374.22	592.70	715.18
70	218.48	370.44	426.38	489.13	721.98	869.40
71	238.90	398.41	459.65	527.69	765.07	920.81
72	259.31	426.38	492.91	566.24	808.16	972.22
73	288.04	479.30	554.90	642.60	887.54	1062.94
74	316.01	532.22	616.90	719.71	966.92	1153.66
75	344.74	585.90	678.13	796.07	1047.06	1245.13
76	372.71	638.82	740.12	873.18	1126.44	1335.85
77	401.44	691.74	802.12	949.54	1205.82	1426.57
78	457.38	761.29	915.52	1085.62	1333.58	1626.91
79	513.32	830.84	1028.92	1221.70	1462.10	1826.50
80	568.51	901.15	1143.07	1357.02	1589.87	2026.84
81	624.46	970.70	1256.47	1493.10	1718.39	2226.42
82	680.40	1040.26	1369.87	1629.18	1846.15	2426.76
83	721.98	1124.93	1477.98	1750.14	1971.65	2543.94
84	762.80	1209.60	1586.09	1871.10	2097.90	2661.12
85	804.38	1295.03	1694.20	1992.82	2223.40	2779.06
86	845.21	1379.70	1802.30	2113.78	2349.65	2896.24
87	886.79	1464.37	1910.41	2234.74	2475.14	3013.42
88	941.22	1552.07	2019.28	2350.40	2589.30	3088.26
89	994.14	1639.76	2127.38	2465.32	2703.46	3163.10
90-94	1048.57	1781.14	2311.09	2678.51	2937.06	3435.26
95-99	1102.25	1945.94	2524.28	2925.72	3208.46	3741.44

AMERICAN TRAVLERS LIFE INS. CO./ ATL LIFE INS. CO.
POLICY FORM SERIES ATL-LTC-1: INCREASING BENEFIT
LONG TERM CARE POLICY
RATE SHEET
Proposed Rate Schedule With Downgrade
Annual Premiums per $10.00 of Daily Benefit
With Rider Form ATL-BIR-LTC-1
Hospitalization Not Required - Increasing Benefit
Underwriting Table I, 60 Day Elimination Period
Area 1
Benefit Period

Issue Age	1	2	3	4	5	Lifetime
18-29	12.10	20.41	26.46	33.26	40.07	99.04
30-39	20.41	33.26	45.36	58.97	69.55	169.34
40-49	32.51	55.94	75.60	96.01	114.91	278.96
50-59	69.55	117.94	161.03	199.58	235.87	467.21
60-64	80.89	139.10	187.49	232.09	272.92	505.76
65-69	145.91	269.89	309.96	358.34	570.02	694.01
70	201.85	349.27	405.22	467.96	692.50	840.67
71	220.75	375.73	436.97	504.25	733.32	889.81
72	239.65	402.19	468.72	540.54	774.14	938.95
73	265.36	451.33	526.93	613.12	849.74	1025.89
74	291.06	501.23	585.14	686.45	926.10	1112.08
75	317.52	550.37	644.11	759.02	1001.70	1199.02
76	343.22	600.26	702.32	832.36	1078.06	1285.20
77	368.93	649.40	760.54	904.93	1153.66	1372.14
78	420.34	714.42	867.89	1034.21	1274.62	1562.65
79	472.50	780.19	975.24	1163.48	1395.58	1752.41
80	523.91	845.21	1081.84	1292.00	1517.29	1942.92
81	576.07	910.98	1189.19	1421.28	1638.25	2132.68
82	627.48	976.00	1296.54	1550.56	1759.21	2323.19
83	665.28	1055.38	1397.84	1663.96	1877.15	2431.30
84	703.08	1134.76	1499.15	1777.36	1995.08	2538.65
85	741.64	1214.14	1600.45	1890.76	2113.02	2646.76
86	779.44	1293.52	1701.76	2004.16	2230.96	2754.11
87	817.24	1372.90	1803.06	2117.56	2348.89	2862.22
88	866.38	1455.30	1904.36	2224.91	2454.73	2928.74
89	915.52	1536.95	2005.67	2332.26	2559.82	2995.27
90-94	966.17	1669.25	2178.79	2534.11	2781.32	3253.07
95-99	1015.31	1823.47	2379.89	2767.72	3038.36	3542.62

AMERICAN TRAVLERS LIFE INS. CO./ ATL LIFE INS. CO.
POLICY FORM SERIES ATL-LTC-1: INCREASING BENEFIT
LONG TERM CARE POLICY
RATE SHEET
Proposed Rate Schedule With Downgrade
Annual Premiums per $10.00 of Daily Benefit
With Rider Form ATL-BIR-LTC-1
Hospitalization Not Required - Increasing Benefit
Underwriting Table I, 100 Day Elimination Period
Area 1
Benefit Period

Issue Age	1	2	3	4	5	Lifetime
18-29	10.58	19.66	24.19	31.75	38.56	96.01
30-39	18.14	31.00	43.85	56.70	67.28	164.81
40-49	30.24	52.16	71.82	92.23	108.86	271.40
50-59	65.02	110.38	154.22	192.02	225.29	453.60
60-64	74.84	130.03	176.90	220.75	260.82	489.89
65-69	132.30	250.99	293.33	340.20	544.32	669.06
70	183.71	325.08	382.54	444.53	660.74	808.92
71	200.34	349.27	412.78	479.30	700.06	855.79
72	217.73	374.22	442.26	514.08	738.61	902.66
73	241.92	420.34	497.45	582.88	810.43	984.31
74	266.11	466.45	552.64	652.43	882.25	1065.96
75	289.55	513.32	607.07	721.22	953.32	1148.36
76	313.74	559.44	662.26	790.78	1025.14	1230.01
77	337.93	605.56	717.44	859.57	1096.96	1311.66
78	384.80	666.04	817.99	980.53	1210.36	1490.08
79	432.43	726.52	918.54	1101.49	1324.51	1668.49
80	479.30	787.75	1019.09	1222.45	1437.91	1847.66
81	526.93	848.23	1119.64	1343.41	1552.07	2026.08
82	573.80	908.71	1220.18	1464.37	1665.47	2204.50
83	608.58	982.80	1313.17	1569.46	1774.33	2302.02
84	643.36	1056.13	1406.92	1674.54	1883.20	2400.30
85	677.38	1130.22	1499.90	1778.87	1991.30	2497.82
86	712.15	1203.55	1593.65	1883.95	2100.17	2596.10
87	746.93	1277.64	1686.64	1989.04	2209.03	2693.63
88	792.29	1354.00	1779.62	2087.32	2305.04	2751.08
89	837.65	1429.60	1871.86	2184.84	2400.30	2808.54
90-94	882.25	1552.82	2032.88	2373.84	2607.44	3050.46
95-99	927.61	1696.46	2221.13	2592.32	2848.61	3321.86

American Travellers
Life Insurance Company
Series : LTC-5
Policy Form Series: ATL-LTC-1
Long Term Care Rates Per $10 Daily Benefit
Rate Schedule Prior to Rate Increase

A. Basic Benefits
B. Basic Benefits Plus Return of Premium Rider
C. Basic Benefits Plus Automatic Benefit Increase
D. Basic Benefits Plus Both Return of Premium & Automatic Benefit Increase Riders

* Important: Plans B & D are not available in IN, IA, MI, PA, SC & TX

PREFERRED RATES 0-DAY ELIMINATION PERIOD

	1 Year / 365 Day Benefit				2 Year / 730 Day Benefit				3 Year / 1095 Day Benefit			
Issue Age	A BASIC	*B BASIC+RPB	C BASIC+BIR	*D BASIC+BIR+RPB	A BASIC	*B BASIC+RPB	C BASIC+BIR	*D BASIC+BIR+RPB	A BASIC	*B BASIC+RPB	C BASIC+BIR	*D BASIC+BIR+RPB
40-49	42	64	57	91	68	106	95	148	87	136	125	197
50-59	87	144	136	220	129	212	208	337	167	273	269	436
60-64	102	167	155	254	155	250	239	390	201	326	311	504
65-69	186	299	273	440	277	443	462	739	311	496	515	826
70	303	481	421	663	432	682	663	1046	485	766	747	1179
71	337	534	455	720	470	747	713	1126	531	841	803	1270
72	371	584	493	781	512	811	762	1205	580	913	860	1361
73	417	659	550	864	587	929	857	1349	667	1054	966	1531
74	466	735	603	951	663	1050	948	1497	754	1190	1073	1698
75	515	788	659	1008	743	1137	1046	1599	845	1292	1186	1815
76	565	864	713	1092	819	1254	1137	1740	932	1425	1292	1978
77	610	936	766	1175	894	1372	1228	1880	1020	1558	1399	2141
78	705	1080	868	1327	985	1508	1353	2073	1133	1732	1599	2448
79	800	1228	970	1482	1076	1645	1482	2266	1247	1906	1796	2752
80	902	1342	1080	1607	1171	1743	1611	2403	1364	2031	2005	2990
81	997	1486	1179	1759	1262	1880	1740	2592	1478	2202	2206	3286
82	1092	1626	1281	1910	1349	2012	1865	2778	1588	2369	2407	3585
83	1171	1743	1361	2024	1459	2172	2016	3002	1724	2573	2592	3866
84	1251	1865	1436	2141	1565	2335	2168	3229	1865	2774	2782	4146
85	1338	1952	1520	2217	1679	2452	2323	3392	2005	2926	2979	4347
86	1417	2066	1596	2331	1785	2608	2475	3612	2141	3127	3168	4624
87	1497	2183	1675	2445	1895	2763	2626	3835	2278	3328	3354	4900
88	1603	2342	1774	2589	2005	2930	2786	4067	2452	3582	3544	5177
89	1709	2498	1872	2733	2119	3096	2945	4298	2626	3835	3733	5454
90-94	1986	2896	2149	3138	2509	3665	3483	5086	3112	4544	4427	6462
95-99	2107	3074	2263	3301	2736	3995	3801	5549	3396	4957	4828	7049

PREFERRED RATES 100-DAY ELIMINATION PERIOD

	1 Year / 365 Day Benefit				2 Year / 730 Day Benefit				3 Year / 1095 Day Benefit			
Issue Age	A BASIC	*B BASIC+RPB	C BASIC+BIR	*D BASIC+BIR+RPB	A BASIC	*B BASIC+RPB	C BASIC+BIR	*D BASIC+BIR+RPB	A BASIC	*B BASIC+RPB	C BASIC+BIR	*D BASIC+BIR+RPB
40-49	34	49	45	72	57	87	80	121	76	144	133	212
50-59	68	114	110	174	106	174	171	277	144	239	231	379
60-64	80	133	125	201	129	208	197	322	171	277	265	432
65-69	148	239	216	345	227	368	383	610	265	424	443	709
70	239	379	326	519	356	561	546	864	413	652	637	1004
71	265	421	356	561	387	614	587	929	451	716	686	1084
72	292	459	387	610	421	667	629	993	493	777	735	1160
73	330	519	428	678	485	766	705	1110	569	894	826	1304
74	364	576	470	743	546	864	781	1232	641	1012	913	1444
75	406	618	515	792	614	936	860	1319	716	1099	1008	1543
76	443	678	561	857	675	1035	936	1433	792	1213	1099	1683
77	478	735	603	921	739	1129	1012	1550	864	1323	1190	1819
78	553	845	682	1042	811	1243	1114	1706	959	1471	1357	2073
79	629	959	762	1164	883	1353	1217	1865	1054	1615	1524	2331
80	705	1050	845	1258	963	1436	1327	1978	1156	1721	1698	2528
81	781	1164	925	1380	1038	1546	1433	2130	1251	1861	1865	2778
82	853	1273	1004	1497	1110	1656	1531	2285	1345	2001	2031	3028
83	917	1364	1065	1588	1198	1785	1656	2467	1455	2168	2187	3256
84	978	1459	1126	1675	1285	1914	1778	2649	1569	2335	2338	3487
85	1050	1531	1190	1736	1376	2009	1906	2786	1683	2460	2498	3650
86	1110	1622	1251	1823	1463	2138	2028	2964	1796	2623	2653	3873
87	1175	1713	1308	1910	1550	2266	2153	3142	1906	2786	2805	4097
88	1258	1838	1387	2024	1641	2395	2282	3331	2047	2990	2960	4321
89	1342	1580	1463	2134	1732	2528	2407	3517	2187	3195	3112	4540
90-94	1546	2259	1675	2445	2047	2990	2846	4154	2589	3779	3680	5370
95-99	1645	2399	1762	2573	2232	3259	3100	4529	2824	4120	4014	5859

PREFERRED RATES 0-DAY ELIMINATION PERIOD

	4 Year / 1460 Day Benefit				5 Year / 1825 Day Benefit				Lifetime Benefit			
Issue Age	A BASIC	*B BASIC+RPB	C BASIC+BIR	*D BASIC+BIR+RPB	A BASIC	*B BASIC+RPB	C BASIC+BIR	*D BASIC+BIR+RPB	A BASIC	*B BASIC+RPB	C BASIC+BIR	*D BASIC+BIR+RPB
40-49	106	167	155	246	121	193	178	284	216	345	406	656
50-59	201	330	322	527	231	375	375	610	352	576	705	1148
60-64	239	390	375	614	273	447	432	705	394	644	766	1247
65-69	349	557	584	932	390	622	913	1459	459	731	1073	1717
70	550	868	845	1334	614	966	1232	1944	720	1141	1448	2285
71	603	951	910	1440	675	1065	1304	2062	792	1251	1535	2422
72	656	1038	978	1543	735	1160	1376	2175	864	1364	1618	2558
73	762	1205	1107	1747	853	1345	1512	2388	997	1577	1770	2797
74	868	1372	1239	1956	970	1531	1645	2600	1133	1789	1922	3036
75	978	1497	1372	2103	1092	1668	1785	2729	1270	1944	2081	3184
76	1084	1660	1505	2301	1209	1850	1918	2937	1406	2149	2232	3415
77	1190	1823	1637	2501	1327	2031	2054	3142	1539	2357	2384	3646
78	1323	2024	1872	2865	1474	2255	2274	3479	1698	2596	2725	4169
79	1455	2229	2107	3225	1622	2479	2494	3817	1853	2835	3066	4692
80	1592	2373	2293	3415	1770	2638	2657	3957	2016	3005	3335	4969
81	1724	2570	2524	3760	1922	2861	2873	4279	2172	3237	3665	5461
82	1857	2767	2755	4108	2069	3085	3089	4601	2331	3472	3998	5958
83	2016	3005	2960	4412	2244	3347	3301	4919	2498	3722	4199	6257
84	2175	3240	3168	4722	2422	3608	3517	5242	2668	3976	4404	6560

PREFERRED RATES 100-DAY ELIMINATION PERIOD

	4 Year / 1460 Day Benefit				5 Year / 1825 Day Benefit				Lifetime Benefit			
Issue Age	A BASIC	*B BASIC+RPB	C BASIC+BIR	*D BASIC+BIR+RPB	A BASIC	*B BASIC+RPB	C BASIC+BIR	*D BASIC+BIR+RPB	A BASIC	*B BASIC+RPB	C BASIC+BIR	*D BASIC+BIR+RPB
40-49	95	148	136	216	110	171	159	250	201	318	379	610
50-59	178	288	288	466	205	334	330	538	326	531	648	1054
60-64	208	341	330	534	243	394	383	625	360	587	701	1141
65-69	303	489	508	815	341	546	803	1289	417	663	974	1558
70	478	754	735	1160	538	849	1080	1706	648	1023	1304	2058
71	523	826	792	1251	591	932	1145	1804	713	1126	1376	2175
72	572	902	849	1338	644	1016	1205	1903	773	1224	1452	2293
73	663	1046	959	1516	743	1175	1319	2085	891	1410	1580	2498
74	750	1186	1073	1694	845	1334	1436	2266	1008	1592	1709	2702
75	845	1296	1190	1819	951	1455	1554	2380	1129	1724	1850	2827
76	936	1433	1300	1990	1050	1611	1671	2554	1243	1903	1978	3028
77	1027	1569	1414	2160	1152	1762	1785	2733	1361	2081	2107	3225
78	1137	1740	1611	2467	1277	1956	1971	3013	1493	2282	2395	3669
79	1251	1914	1812	2774	1402	2145	2157	3301	1626	2486	2687	4112
80	1364	2031	1959	2918	1531	2282	2285	3403	1759	2619	2899	4321
81	1478	2202	2153	3206	1656	2467	2467	3676	1891	2820	3180	4738
82	1592	2373	2346	3494	1781	2653	2649	3949	2024	3017	3460	5154
83	1721	2562	2513	3745	1925	2869	2820	4203	2160	3218	3616	5386
84	1853	2763	2683	3998	2069	3085	2994	4461	2297	3422	3775	5624

Modal Factors: SA .52; Q .265; Check-O-Matic .085

American Travellers
Life Insurance Company
Series : LTC-5
Policy Form Series: ATL-LTC-1
Long Term Care Rates Per $10 Daily Benefit
Proposed Rate Schedule With Rate Increase

A. Basic Benefits
B. Basic Benefits Plus Return of Premium Rider
C. Basic Benefits Plus Automatic Benefit Increase
D. Basic Benefits Plus Both Return of Premium & Automatic Benefit Increase Riders

* Important: Plans B & D are not available in IN, IA, MI, PA, SC & TX

PREFERRED RATES 0-DAY ELIMINATION PERIOD

	1 Year / 365 Day Benefit				2 Year / 730 Day Benefit				3 Year / 1095 Day Benefit			
Issue Age	A BASIC	*B BASIC+RPB	C BASIC+BIR	*D BASIC+BIR+RPB	A BASIC	*B BASIC+RPB	C BASIC+BIR	*D BASIC+BIR+RPB	A BASIC	*B BASIC+RPB	C BASIC+BIR	*D BASIC+BIR+RPB
40-49	58	90	80	127	96	149	133	207	122	191	175	276
50-59	122	202	191	308	180	297	292	472	233	382	377	610
60-64	143	233	218	356	218	350	334	547	281	456	435	706
65-69	260	419	382	615	387	621	647	1035	435	695	722	1157
70	424	674	589	929	605	955	929	1464	679	1072	1045	1650
71	472	748	637	1008	658	1045	998	1576	743	1178	1125	1778
72	520	817	690	1093	716	1135	1067	1687	812	1279	1204	1905
73	584	923	769	1210	822	1300	1199	1889	934	1475	1353	2144
74	653	1029	844	1332	929	1470	1327	2096	1056	1666	1502	2377
75	722	1104	923	1411	1040	1592	1464	2239	1183	1809	1661	2542
76	791	1210	998	1528	1146	1756	1592	2435	1305	1995	1809	2770
77	854	1311	1072	1645	1252	1921	1719	2632	1427	2181	1958	2998
78	987	1512	1215	1857	1380	2112	1894	2902	1586	2425	2239	3428
79	1120	1719	1358	2075	1507	2303	2075	3173	1746	2669	2515	3852
80	1263	1878	1512	2250	1640	2441	2255	3364	1910	2844	2807	4186
81	1395	2080	1650	2462	1767	2632	2435	3629	2069	3083	3088	4600
82	1528	2276	1793	2674	1889	2817	2611	3889	2223	3316	3369	5019
83	1640	2441	1905	2833	2043	3040	2823	4202	2414	3603	3629	5412
84	1751	2611	2011	2998	2191	3268	3035	4521	2611	3884	3895	5805
85	1873	2733	2128	3104	2351	3433	3253	4749	2807	4096	4171	6086
86	1984	2892	2234	3263	2499	3651	3465	5057	2998	4377	4436	6473
87	2096	3056	2345	3422	2653	3868	3677	5370	3189	4659	4696	6861
88	2244	3279	2483	3624	2807	4102	3900	5693	3433	5014	4961	7248
89	2393	3497	2621	3826	2966	4335	4123	6017	3677	5370	5226	7635
90-94	2780	4054	3009	4393	3513	5131	4876	7121	4356	6362	6197	9047
95-99	2950	4303	3168	4622	3831	5593	5322	7768	4754	6940	6760	9869

PREFERRED RATES 100-DAY ELIMINATION PERIOD

	1 Year / 365 Day Benefit				2 Year / 730 Day Benefit				3 Year / 1095 Day Benefit			
Issue Age	A BASIC	*B BASIC+RPB	C BASIC+BIR	*D BASIC+BIR+RPB	A BASIC	*B BASIC+RPB	C BASIC+BIR	*D BASIC+BIR+RPB	A BASIC	*B BASIC+RPB	C BASIC+BIR	*D BASIC+BIR+RPB
40-49	48	69	64	101	80	122	111	170	106	202	186	297
50-59	96	159	154	244	149	244	239	387	202	334	324	531
60-64	111	186	175	281	180	292	276	451	239	387	371	605
65-69	207	334	302	483	318	515	536	854	371	594	621	992
70	334	531	456	727	499	785	764	1210	578	913	891	1406
71	371	589	499	785	541	860	822	1300	631	1003	960	1518
72	409	642	541	854	589	934	881	1390	690	1088	1029	1624
73	462	727	600	950	679	1072	987	1555	796	1252	1157	1825
74	509	807	658	1040	764	1210	1093	1724	897	1417	1279	2022
75	568	865	722	1109	860	1311	1204	1846	1003	1539	1411	2160
76	621	950	785	1199	944	1449	1311	2006	1109	1698	1539	2356
77	669	1029	844	1289	1035	1581	1417	2170	1210	1852	1666	2547
78	775	1183	955	1459	1135	1740	1560	2388	1342	2059	1900	2902
79	881	1342	1067	1629	1236	1894	1703	2611	1475	2260	2133	3263
80	987	1470	1183	1762	1348	2011	1857	2770	1618	2409	2377	3539
81	1093	1629	1295	1931	1454	2165	2006	2982	1751	2605	2611	3889
82	1194	1783	1406	2096	1555	2319	2144	3200	1884	2802	2844	4239
83	1284	1910	1491	2223	1677	2499	2319	3454	2038	3035	3062	4558
84	1369	2043	1576	2345	1799	2680	2489	3709	2197	3268	3274	4882
85	1470	2144	1666	2430	1926	2812	2669	3900	2356	3444	3497	5110
86	1555	2271	1751	2552	2048	2993	2839	4149	2515	3672	3714	5423
87	1645	2398	1831	2674	2170	3173	3014	4399	2669	3900	3926	5736
88	1762	2573	1942	2833	2297	3353	3194	4664	2865	4186	4144	6049
89	1878	2213	2048	2987	2425	3539	3369	4924	3062	4473	4356	6357
90-94	2165	3162	2345	3422	2865	4186	3985	5815	3624	5290	5152	7519
95-99	2303	3359	2467	3603	3125	4563	4340	6341	3953	5768	5619	8203

PREFERRED RATES 0-DAY ELIMINATION PERIOD

	4 Year / 1460 Day Benefit				5 Year / 1825 Day Benefit				Lifetime Benefit			
Issue Age	A BASIC	*B BASIC+RPB	C BASIC+BIR	*D BASIC+BIR+RPB	A BASIC	*B BASIC+RPB	C BASIC+BIR	*D BASIC+BIR+RPB	A BASIC	*B BASIC+RPB	C BASIC+BIR	*D BASIC+BIR+RPB
40-49	149	233	218	345	170	271	249	398	302	483	568	918
50-59	281	462	451	738	324	525	525	854	493	807	987	1608
60-64	334	547	525	860	382	626	605	987	552	902	1072	1746
65-69	488	780	817	1305	547	870	1279	2043	642	1024	1502	2404
70	769	1215	1183	1868	860	1353	1724	2722	1008	1597	2027	3200
71	844	1332	1273	2016	944	1491	1825	2886	1109	1751	2149	3391
72	918	1454	1369	2160	1029	1624	1926	3046	1210	1910	2266	3582
73	1067	1687	1549	2446	1194	1884	2117	3343	1395	2207	2478	3916
74	1215	1921	1735	2738	1358	2144	2303	3640	1586	2504	2690	4250
75	1369	2096	1921	2945	1528	2335	2499	3820	1778	2722	2913	4457
76	1518	2324	2106	3221	1693	2589	2685	4112	1969	3009	3125	4781
77	1666	2552	2292	3502	1857	2844	2876	4399	2154	3300	3337	5104
78	1852	2833	2621	4011	2064	3157	3184	4871	2377	3635	3815	5837
79	2038	3120	2950	4515	2271	3470	3491	5343	2595	3969	4293	6569
80	2229	3322	3210	4781	2478	3693	3720	5539	2823	4208	4669	6956
81	2414	3597	3534	5264	2690	4006	4022	5990	3040	4531	5131	7646
82	2600	3873	3857	5752	2897	4319	4324	6441	3263	4860	5598	8341
83	2823	4208	4144	6176	3141	4685	4622	6887	3497	5210	5879	8760
84	3046	4537	4436	6611	3391	5051	4924	7338	3735	5566	6166	9185

PREFERRED RATES 100-DAY ELIMINATION PERIOD

	4 Year / 1460 Day Benefit				5 Year / 1825 Day Benefit				Lifetime Benefit			
Issue Age	A BASIC	*B BASIC+RPB	C BASIC+BIR	*D BASIC+BIR+RPB	A BASIC	*B BASIC+RPB	C BASIC+BIR	*D BASIC+BIR+RPB	A BASIC	*B BASIC+RPB	C BASIC+BIR	*D BASIC+BIR+RPB
40-49	133	207	191	302	154	239	223	350	281	446	531	854
50-59	249	403	403	653	287	467	462	753	456	743	907	1475
60-64	292	478	462	748	340	552	536	875	504	822	982	1597
65-69	424	684	711	1141	478	764	1125	1804	584	929	1364	2181
70	669	1056	1029	1624	753	1189	1512	2388	907	1433	1825	2881
71	732	1157	1109	1751	828	1305	1602	2526	998	1576	1926	3046
72	801	1263	1189	1873	902	1422	1687	2664	1082	1714	2032	3210
73	929	1464	1342	2122	1040	1645	1846	2918	1247	1974	2213	3497
74	1051	1661	1502	2372	1183	1868	2011	3173	1411	2229	2393	3783
75	1183	1815	1666	2547	1332	2038	2175	3332	1581	2414	2589	3958
76	1311	2006	1820	2786	1470	2255	2340	3576	1740	2664	2770	4239
77	1438	2197	1979	3024	1613	2467	2499	3826	1905	2913	2950	4515
78	1592	2435	2255	3454	1788	2738	2759	4218	2091	3194	3353	5136
79	1751	2680	2536	3884	1963	3003	3019	4622	2276	3481	3762	5757
80	1910	2844	2743	4086	2144	3194	3200	4765	2462	3666	4059	6049
81	2069	3083	3014	4489	2319	3454	3454	5147	2648	3948	4452	6633
82	2229	3322	3284	4892	2494	3714	3709	5529	2833	4224	4844	7216
83	2409	3587	3518	5242	2695	4017	3948	5884	3024	4505	5062	7540
84	2595	3868	3757	5598	2897	4319	4192	6245	3215	4791	5285	7874

Modal Factors: SA .52; Q .265; Check-O-Matic .085

American Travellers
Life Insurance Company
Series : LTC-5
Policy Form Series: ATL-LTC-1
Long Term Care Rates Per $10 Daily Benefit
Proposed Rate Schedule With Downgrade

A. Basic Benefits
B. Basic Benefits Plus Return of Premium Rider
C. Basic Benefits Plus Automatic Benefit Increase
D. Basic Benefits Plus Both Return of Premium & Automatic Benefit Increase Riders

* Important: Plans B & D are not available in IN, IA, MI, PA, SC & TX

PREFERRED RATES 0-DAY ELIMINATION PERIOD

	1 Year / 365 Day Benefit				2 Year / 730 Day Benefit				3 Year / 1095 Day Benefit			
Issue Age	A BASIC	*B BASIC+RPB	C BASIC+BIR	*D BASIC+BIR+RPB	A BASIC	*B BASIC+RPB	C BASIC+BIR	*D BASIC+BIR+RPB	A BASIC	*B BASIC+RPB	C BASIC+BIR	*D BASIC+BIR+RPB
40-49	25	39	34	55	41	64	57	89	52	82	75	118
50-59	52	86	82	132	77	127	125	202	100	164	161	262
60-64	61	100	93	152	93	150	143	234	121	196	186	302
65-69	111	180	164	264	166	266	277	443	186	298	309	496
70	182	289	252	398	259	409	398	628	291	459	448	707
71	202	321	273	432	282	448	428	675	318	505	482	762
72	223	350	296	468	307	487	457	723	348	548	516	816
73	250	396	330	518	352	557	514	810	400	632	580	919
74	280	441	362	571	398	630	569	898	453	714	644	1019
75	309	473	396	605	446	682	628	960	507	775	712	1089
76	339	518	428	655	491	753	682	1044	559	855	775	1187
77	366	562	459	705	537	823	737	1128	612	935	839	1285
78	423	648	521	796	591	905	812	1244	680	1039	960	1469
79	480	737	582	889	646	987	889	1360	748	1144	1078	1651
80	541	805	648	964	703	1046	966	1442	819	1219	1203	1794
81	598	891	707	1055	757	1128	1044	1555	887	1321	1323	1972
82	655	976	769	1146	810	1207	1119	1667	953	1421	1444	2151
83	703	1046	816	1214	875	1303	1210	1801	1035	1544	1555	2319
84	750	1119	862	1285	939	1401	1301	1937	1119	1665	1669	2488
85	803	1171	912	1330	1007	1471	1394	2035	1203	1756	1787	2608
86	850	1239	957	1399	1071	1565	1485	2167	1285	1876	1901	2774
87	898	1310	1005	1467	1137	1658	1576	2301	1367	1997	2012	2940
88	962	1405	1064	1553	1203	1758	1671	2440	1471	2149	2126	3106
89	1026	1499	1123	1640	1271	1858	1767	2579	1576	2301	2240	3272
90-94	1192	1737	1289	1883	1505	2199	2090	3052	1867	2727	2656	3877
95-99	1264	1844	1358	1981	1642	2397	2281	3329	2038	2974	2897	4230

PREFERRED RATES 100-DAY ELIMINATION PERIOD

	1 Year / 365 Day Benefit				2 Year / 730 Day Benefit				3 Year / 1095 Day Benefit			
Issue Age	A BASIC	*B BASIC+RPB	C BASIC+BIR	*D BASIC+BIR+RPB	A BASIC	*B BASIC+RPB	C BASIC+BIR	*D BASIC+BIR+RPB	A BASIC	*B BASIC+RPB	C BASIC+BIR	*D BASIC+BIR+RPB
40-49	20	30	27	43	34	52	48	73	45	86	80	127
50-59	41	68	66	105	64	105	102	166	86	143	139	227
60-64	48	80	75	121	77	125	118	193	102	166	159	259
65-69	89	143	130	207	136	221	230	366	159	255	266	425
70	143	227	196	312	214	337	327	518	248	391	382	603
71	159	252	214	337	232	368	352	557	271	430	412	650
72	175	275	232	366	252	400	377	596	296	466	441	696
73	198	312	257	407	291	459	423	666	341	537	496	782
74	218	346	282	446	327	518	468	739	384	607	548	866
75	243	371	309	475	368	562	516	791	430	659	605	926
76	266	407	337	514	405	621	562	860	475	728	659	1010
77	287	441	362	553	443	678	607	930	518	794	714	1092
78	332	507	409	625	487	746	669	1023	575	882	814	1244
79	377	575	457	698	530	812	730	1119	632	969	914	1399
80	423	630	507	755	578	862	796	1187	694	1032	1019	1517
81	468	698	555	828	623	928	860	1278	750	1117	1119	1667
82	512	764	603	898	666	994	919	1371	807	1201	1219	1817
83	550	819	639	953	719	1071	994	1480	873	1301	1312	1953
84	587	875	675	1005	771	1148	1067	1590	941	1401	1403	2092
85	630	919	714	1041	825	1205	1144	1671	1010	1476	1499	2190
86	666	973	750	1094	878	1283	1217	1778	1078	1574	1592	2324
87	705	1028	785	1146	930	1360	1292	1885	1144	1671	1683	2458
88	755	1103	832	1214	985	1437	1369	1999	1228	1794	1776	2592
89	805	948	878	1280	1039	1517	1444	2110	1312	1917	1867	2724
90-94	928	1355	1005	1467	1228	1794	1708	2492	1553	2267	2208	3222
95-99	987	1439	1057	1544	1339	1956	1860	2717	1694	2472	2408	3516

PREFERRED RATES 0-DAY ELIMINATION PERIOD

	4 Year / 1460 Day Benefit				5 Year / 1825 Day Benefit				Lifetime Benefit			
Issue Age	A BASIC	*B BASIC+RPB	C BASIC+BIR	*D BASIC+BIR+RPB	A BASIC	*B BASIC+RPB	C BASIC+BIR	*D BASIC+BIR+RPB	A BASIC	*B BASIC+RPB	C BASIC+BIR	*D BASIC+BIR+RPB
40-49	64	100	93	148	73	116	107	171	130	207	243	393
50-59	121	198	193	316	139	225	225	366	211	346	423	689
60-64	143	234	225	368	164	268	259	423	236	387	459	748
65-69	209	334	350	559	234	373	548	875	275	439	644	1030
70	330	521	507	800	368	580	739	1167	432	684	869	1371
71	362	571	546	864	405	639	782	1237	475	750	921	1453
72	393	623	587	926	441	696	825	1305	518	819	971	1535
73	457	723	664	1048	512	807	907	1433	598	946	1062	1678
74	521	823	744	1173	582	919	987	1560	680	1073	1153	1821
75	587	898	823	1262	655	1001	1071	1637	762	1167	1248	1910
76	650	996	903	1380	725	1110	1151	1762	844	1289	1339	2049
77	714	1094	982	1501	796	1219	1233	1885	923	1414	1430	2188
78	794	1214	1123	1719	885	1353	1364	2088	1019	1558	1635	2501
79	873	1337	1264	1935	973	1487	1496	2290	1112	1701	1840	2815
80	955	1424	1376	2049	1062	1583	1594	2374	1210	1803	2001	2981
81	1035	1542	1514	2256	1153	1717	1724	2567	1303	1942	2199	3277
82	1114	1660	1653	2465	1242	1851	1853	2761	1399	2083	2399	3575
83	1210	1803	1776	2647	1346	2008	1981	2952	1499	2233	2520	3754
84	1305	1944	1901	2833	1453	2165	2110	3145	1601	2385	2642	3936

PREFERRED RATES 100-DAY ELIMINATION PERIOD

	4 Year / 1460 Day Benefit				5 Year / 1825 Day Benefit				Lifetime Benefit			
Issue Age	A BASIC	*B BASIC+RPB	C BASIC+BIR	*D BASIC+BIR+RPB	A BASIC	*B BASIC+RPB	C BASIC+BIR	*D BASIC+BIR+RPB	A BASIC	*B BASIC+RPB	C BASIC+BIR	*D BASIC+BIR+RPB
40-49	57	89	82	130	66	102	96	150	121	191	227	366
50-59	107	173	173	280	123	200	198	323	196	318	389	632
60-64	125	205	198	321	146	236	230	375	216	352	421	684
65-69	182	293	305	489	205	327	482	773	250	398	584	935
70	287	453	441	696	323	509	648	1023	389	614	782	1235
71	314	496	475	750	355	559	687	1082	428	675	825	1305
72	343	541	509	803	387	609	723	1142	464	735	871	1376
73	398	628	575	910	446	705	791	1251	534	846	948	1499
74	450	712	644	1016	507	800	862	1360	605	955	1026	1621
75	507	778	714	1092	571	873	932	1428	678	1035	1110	1696
76	562	860	780	1194	630	966	1003	1533	746	1142	1187	1817
77	616	941	848	1296	691	1057	1071	1640	816	1248	1264	1935
78	682	1044	966	1480	766	1173	1182	1808	896	1369	1437	2201
79	750	1148	1087	1665	841	1287	1294	1981	976	1492	1612	2467
80	819	1219	1176	1751	919	1369	1371	2042	1055	1571	1740	2592
81	887	1321	1292	1924	994	1480	1480	2206	1135	1692	1908	2843
82	955	1424	1408	2097	1069	1592	1590	2370	1214	1810	2076	3093
83	1032	1537	1508	2247	1155	1721	1692	2522	1296	1931	2169	3231
84	1112	1658	1610	2399	1242	1851	1796	2676	1378	2053	2265	3375

Modal Factors: SA .52; Q .265; Check-O-Matic .085

Policy Form Series ATL-LTC-6: Increasing Benefit
Rate Schedule Prior to Rate Increase
Long Term Care Policy
Rate Sheet
Annual Premiums per $10.00 of Daily Benefit
$10.00 per Day Home Health Care
With Rider Form ATL-BIR-LTC-6: Increasing Benefit
Underwriting Table I, 0 Day Elimination Period
Area 1

	Benefit Period					
Issue Age	1	2	3	4	5	Lifetime
18-29	30.80	50.74	61.00	71.27	88.49	122.91
30-39	51.34	80.63	99.36	120.50	148.28	194.19
40-49	76.71	127.14	157.95	189.35	229.52	294.75
50-59	147.98	237.37	292.64	348.81	420.69	531.22
60-64	163.99	269.69	330.09	393.81	474.44	609.74
65-69	290.52	464.17	558.10	638.13	729.33	867.65
70	428.54	642.96	770.40	883.05	1,004.75	1,198.94
71	468.40	693.09	829.59	951.00	1,081.76	1,291.96
72	506.76	740.81	884.56	1,015.02	1,153.64	1,380.44
73	547.53	815.10	973.35	1,121.93	1,273.53	1,518.76
74	585.88	885.77	1,058.51	1,224.01	1,387.69	1,650.73
75	622.72	953.11	1,138.84	1,321.85	1,496.71	1,776.36
76	657.45	1,016.83	1,215.85	1,413.96	1,600.30	1,895.35
77	690.07	1,077.23	1,288.03	1,501.85	1,698.15	2,007.39
78	785.50	1,196.22	1,436.31	1,673.68	1,887.50	2,209.73
79	877.91	1,311.28	1,578.86	1,840.99	2,072.02	2,404.52
80	967.31	1,422.12	1,717.17	2,002.86	2,251.11	2,592.07
81	1,053.98	1,529.33	1,850.05	2,159.60	2,425.66	2,772.36
82	1,137.33	1,632.31	1,977.50	2,310.90	2,594.78	2,944.80
83	1,236.39	1,798.11	2,178.63	2,538.01	2,841.22	3,187.61
84	1,334.54	1,960.89	2,375.83	2,759.98	3,081.31	3,423.47
85	1,430.57	2,120.04	2,568.51	2,976.51	3,314.45	3,652.69
86	1,525.10	2,276.48	2,756.66	3,187.61	3,541.25	3,874.06
87	1,617.21	2,429.29	2,940.88	3,392.97	3,761.11	4,088.48
88	1,752.81	2,544.65	3,085.84	3,559.98	3,946.84	4,290.21
89	1,885.99	2,657.90	3,228.38	3,724.57	4,128.94	4,487.72
90-94	2,269.83	2,982.85	3,637.89	N/A	N/A	N/A
95-99	2,403.62	3,248.31	3,961.94	N/A	N/A	N/A

Policy Form Series ATL-LTC-6: Increasing Benefit
Rate Schedule Prior to Rate Increase
Long Term Care Policy
Rate Sheet
Annual Premiums per $10.00 of Daily Benefit
$5.00 per Day Home Health Care
With Rider Form ATL-BIR-LTC-6: Increasing Benefit
Underwriting Table I, 0 Day Elimination Period
Area 1

	Benefit Period					
Issue Age	1	2	3	4	5	Lifetime
18-29	25.67	42.58	51.34	59.80	73.69	103.59
30-39	42.88	67.65	83.65	101.17	123.52	163.38
40-49	64.02	106.61	132.88	158.85	190.86	248.24
50-59	123.82	199.32	246.43	292.64	350.02	447.26
60-64	137.11	226.20	277.84	330.39	394.71	513.40
65-69	242.51	389.58	469.61	535.75	606.42	730.84
70	353.04	532.43	642.05	724.50	852.24	1,026.80
71	384.75	572.59	689.77	776.44	921.70	1,111.06
72	415.25	610.34	734.16	825.06	986.63	1,191.39
73	456.32	683.12	821.44	929.25	1,103.21	1,326.38
74	495.28	752.58	905.09	1,029.22	1,214.64	1,454.73
75	532.43	819.02	984.52	1,124.95	1,321.25	1,577.35
76	567.76	882.14	1,060.32	1,215.85	1,422.72	1,693.92
77	601.28	941.64	1,131.90	1,302.53	1,518.46	1,803.85
78	693.09	1,059.42	1,279.88	1,481.91	1,711.13	2,011.32
79	782.48	1,172.36	1,421.82	1,655.26	1,896.86	2,208.53
80	868.85	1,281.08	1,558.62	1,822.57	2,076.25	2,396.37
81	952.51	1,385.58	1,689.99	1,983.84	2,250.50	2,576.06
82	1,032.84	1,485.84	1,815.93	2,139.37	2,418.42	2,747.29
83	1,118.91	1,631.10	1,994.11	2,342.31	2,640.39	2,965.64
84	1,203.77	1,773.34	2,168.66	2,540.42	2,856.01	3,177.04
85	1,287.12	1,912.26	2,338.99	2,733.40	3,065.60	3,382.10
86	1,368.97	2,049.07	2,505.39	2,921.25	3,268.85	3,579.61
87	1,448.69	2,182.25	2,667.87	3,103.96	3,466.05	3,771.07
88	1,570.40	2,285.84	2,799.24	3,257.07	3,636.99	3,956.80
89	1,689.39	2,387.61	2,928.49	3,407.47	3,804.90	4,138.31
90-94	2,033.37	2,679.34	3,299.95	N/A	N/A	N/A
95-99	2,153.26	2,917.92	3,594.10	N/A	N/A	N/A

Policy Form Series ATL-LTC-6: Increasing Benefit
Rate Schedule Prior to Rate Increase
Long Term Care Policy
Rate Sheet
Annual Premiums per $10.00 of Daily Benefit
$10.00 per Day Home Health Care
With Rider Form ATL-BIR-LTC-6: Increasing Benefit
Underwriting Table I, 20 Day Elimination Period
Area 1

	Benefit Period					
Issue Age	1	2	3	4	5	Lifetime
18-29	28.39	47.41	57.98	67.95	84.56	117.48
30-39	47.41	75.50	94.22	115.06	141.64	185.43
40-49	70.37	118.99	150.09	180.90	219.25	281.46
50-59	136.20	221.97	278.14	333.11	401.96	507.36
60-64	151.00	252.17	313.78	375.99	453.30	582.26
65-69	267.27	434.28	530.31	609.44	696.41	828.69
70	394.11	601.28	732.05	843.49	959.45	1,144.88
71	430.95	648.09	787.92	908.42	1,033.14	1,233.97
72	465.99	692.49	840.47	969.42	1,102.00	1,318.23
73	503.74	762.25	924.72	1,071.50	1,216.15	1,450.51
74	539.07	828.08	1,005.66	1,169.04	1,325.18	1,576.44
75	572.89	891.20	1,082.07	1,262.36	1,429.37	1,696.33
76	604.91	950.70	1,154.85	1,350.54	1,528.12	1,810.19
77	634.80	1,007.17	1,223.70	1,434.20	1,621.74	1,917.10
78	722.69	1,118.61	1,364.44	1,598.49	1,802.64	2,110.38
79	807.55	1,226.12	1,500.03	1,757.94	1,978.70	2,296.41
80	889.99	1,329.71	1,631.40	1,912.57	2,149.94	2,475.49
81	969.72	1,429.97	1,757.34	2,062.36	2,316.64	2,647.63
82	1,046.13	1,526.31	1,878.74	2,206.71	2,478.21	2,812.22
83	1,137.63	1,681.23	2,069.61	2,423.85	2,713.47	3,044.16
84	1,227.63	1,833.44	2,257.15	2,635.86	2,942.69	3,269.45
85	1,316.12	1,982.33	2,440.16	2,842.73	3,165.26	3,488.10
86	1,403.09	2,128.50	2,618.94	3,044.16	3,381.80	3,699.50
87	1,487.95	2,271.34	2,793.80	3,240.16	3,591.99	3,904.56
88	1,612.68	2,379.16	2,931.51	3,399.92	3,768.96	4,097.23
89	1,734.99	2,485.16	3,066.81	3,556.96	3,942.91	4,285.68
90-94	2,088.03	2,788.97	3,455.79	N/A	N/A	N/A
95-99	2,211.55	3,037.21	3,763.83	N/A	N/A	N/A

Policy Form Series ATL-LTC-6: Increasing Benefit
Rate Schedule Prior to Rate Increase
Long Term Care Policy
Rate Sheet
Annual Premiums per $10.00 of Daily Benefit
$5.00 per Day Home Health Care
With Rider Form ATL-BIR-LTC-6: Increasing Benefit
Underwriting Table I, 20 Day Elimination Period
Area 1

	Benefit Period					
Issue Age	1	2	3	4	5	Lifetime
18-29	23.56	39.86	48.92	57.08	70.37	98.75
30-39	39.56	63.42	79.43	96.64	117.78	156.13
40-49	58.89	99.96	126.24	151.60	182.41	237.07
50-59	113.85	186.33	234.05	279.65	334.31	427.33
60-64	126.24	211.40	263.95	315.59	376.90	490.45
65-69	223.18	364.51	446.36	511.59	579.24	697.92
70	324.65	498.00	610.04	691.88	813.89	980.59
71	353.94	535.14	655.34	741.41	880.33	1,061.23
72	382.03	570.48	697.62	787.92	942.24	1,137.94
73	419.78	638.73	780.37	887.58	1,053.68	1,266.59
74	455.72	703.66	859.79	983.01	1,159.98	1,389.50
75	489.84	765.87	935.29	1,074.52	1,261.76	1,506.38
76	522.46	824.76	1,007.17	1,161.19	1,358.70	1,617.81
77	552.96	880.63	1,075.12	1,243.94	1,450.20	1,722.61
78	637.82	990.56	1,215.85	1,415.47	1,634.12	1,920.72
79	719.67	1,096.26	1,350.54	1,580.97	1,811.40	2,109.17
80	799.39	1,197.73	1,480.71	1,740.43	1,982.93	2,288.56
81	876.10	1,295.58	1,605.43	1,894.45	2,149.03	2,460.09
82	950.09	1,389.20	1,725.02	2,043.03	2,309.70	2,623.78
83	1,029.22	1,525.10	1,894.45	2,236.91	2,521.70	2,832.16
84	1,107.43	1,657.98	2,060.24	2,425.97	2,727.66	3,033.89
85	1,184.14	1,788.14	2,222.12	2,610.49	2,927.59	3,229.89
86	1,259.34	1,915.89	2,380.06	2,789.88	3,121.77	3,418.64
87	1,333.03	2,040.31	2,534.38	2,964.13	3,309.92	3,601.35
88	1,444.77	2,137.25	2,659.41	3,110.30	3,473.30	3,778.62
89	1,554.39	2,232.38	2,782.02	3,254.05	3,633.66	3,952.27
90-94	1,870.59	2,505.09	3,135.06	N/A	N/A	N/A
95-99	1,981.12	2,728.27	3,414.41	N/A	N/A	N/A

Policy Form Series ATL-LTC-6: Increasing Benefit
Rate Schedule Prior to Rate Increase
Long Term Care Policy
Rate Sheet
Annual Premiums per $10.00 of Daily Benefit
$10.00 per Day Home Health Care
With Rider Form ATL-BIR-LTC-6: Increasing Benefit
Underwriting Table I, 100 Day Elimination Period
Area 1

	Benefit Period					
Issue Age	1	2	3	4	5	Lifetime
18-29	23.25	40.47	50.74	60.40	76.10	105.70
30-39	38.96	64.63	82.45	102.38	127.44	167.01
40-49	58.29	101.77	131.07	160.97	197.51	253.68
50-59	112.65	189.96	243.11	296.26	361.80	456.93
60-64	124.73	215.63	274.22	334.62	408.00	524.27
65-69	220.76	371.46	463.27	542.39	626.95	746.24
70	325.56	514.31	639.64	750.77	864.02	1,031.03
71	356.06	554.47	688.56	808.45	930.16	1,111.06
72	385.05	592.52	734.16	862.81	992.37	1,187.16
73	416.16	652.02	807.85	953.72	1,095.35	1,306.15
74	445.15	708.49	878.52	1,040.39	1,193.50	1,419.70
75	473.23	762.55	945.26	1,123.44	1,287.12	1,527.52
76	499.51	813.59	1,008.98	1,201.96	1,376.21	1,630.20
77	524.27	861.61	1,069.08	1,276.55	1,460.17	1,726.53
78	596.75	957.04	1,191.99	1,422.72	1,623.25	1,900.49
79	667.12	1,049.15	1,310.68	1,564.66	1,781.80	2,068.10
80	735.37	1,137.94	1,425.14	1,702.37	1,936.12	2,229.06
81	801.21	1,223.40	1,535.37	1,835.56	2,086.22	2,383.99
82	864.32	1,305.85	1,641.37	1,964.21	2,231.48	2,532.57
83	939.82	1,438.73	1,808.38	2,157.19	2,443.48	2,741.25
84	1,014.12	1,568.89	1,972.06	2,345.94	2,649.75	2,944.20
85	1,087.20	1,696.03	2,131.82	2,530.16	2,850.28	3,141.10
86	1,159.08	1,821.36	2,288.25	2,709.54	3,045.37	3,331.66
87	1,229.14	1,943.37	2,441.07	2,883.80	3,234.72	3,516.19
88	1,332.12	2,035.78	2,561.26	3,026.04	3,394.18	3,689.53
89	1,433.29	2,126.38	2,679.34	3,165.87	3,550.92	3,859.56
90-94	1,725.02	2,386.10	3,019.40	0.00	0.00	0.00
95-99	1,826.80	2,598.71	3,288.18	0.00	0.00	0.00

Policy Form Series ATL-LTC-6: Increasing Benefit
Rate Schedule Prior to Rate Increase
Long Term Care Policy
Rate Sheet
Annual Premiums per $10.00 of Daily Benefit
$5.00 per Day Home Health Care
With Rider Form ATL-BIR-LTC-6: Increasing Benefit
Underwriting Table I, 100 Day Elimination Period
Area 1

	Benefit Period					
Issue Age	1	2	3	4	5	Lifetime
18-29	19.63	34.13	42.58	50.74	63.42	89.09
30-39	32.62	54.06	69.46	86.07	106.00	140.73
40-49	48.62	85.47	110.23	134.99	164.29	213.51
50-59	93.92	159.46	204.45	248.85	301.09	384.75
60-64	104.19	180.90	230.73	280.86	339.45	441.52
65-69	184.52	311.66	389.88	455.42	521.55	628.46
70	268.18	426.12	533.03	615.78	732.95	883.05
71	292.34	457.83	572.59	659.87	792.75	955.53
72	315.59	488.03	609.44	701.24	848.62	1,024.69
73	346.70	546.62	681.61	790.03	948.88	1,140.65
74	376.29	602.19	751.07	874.89	1,044.62	1,251.19
75	404.68	655.34	816.91	956.43	1,136.12	1,356.58
76	431.56	705.77	880.03	1,033.44	1,223.40	1,456.85
77	456.93	753.49	939.52	1,107.13	1,305.85	1,551.37
78	526.69	847.71	1,062.13	1,259.64	1,471.65	1,729.86
79	594.64	938.01	1,179.91	1,407.02	1,631.40	1,899.28
80	660.17	1,024.99	1,293.77	1,549.26	1,785.73	2,060.85
81	723.89	1,108.34	1,402.49	1,686.37	1,935.22	2,215.17
82	784.90	1,188.67	1,507.28	1,818.34	2,079.87	2,362.55
83	850.43	1,304.94	1,655.26	1,990.78	2,270.74	2,550.39
84	914.76	1,418.80	1,799.92	2,159.30	2,456.17	2,732.19
85	978.18	1,529.93	1,941.26	2,323.59	2,636.46	2,908.56
86	1,040.39	1,639.26	2,079.27	2,483.04	2,811.32	3,078.59
87	1,101.09	1,745.86	2,214.26	2,638.27	2,980.74	3,243.18
88	1,193.50	1,828.61	2,323.59	2,768.43	3,127.81	3,402.63
89	1,284.10	1,909.85	2,430.80	2,896.18	3,272.17	3,559.07
90-94	1,545.33	2,143.60	2,739.14	N/A	N/A	N/A
95-99	1,636.54	2,334.46	2,982.85	N/A	N/A	N/A

Policy Form Series ATL-LTC-6: Increasing Benefit
Proposed Rate Schedule With Rate Increase
Long Term Care Policy
Rate Sheet
Annual Premiums per $10.00 of Daily Benefit
$10.00 per Day Home Health Care
With Rider Form ATL-BIR-LTC-6: Increasing Benefit
Underwriting Table I, 0 Day Elimination Period
Area 1

	Benefit Period					
Issue Age	1	2	3	4	5	Lifetime
18-29	43.13	71.03	85.41	99.78	123.88	172.08
30-39	71.88	112.89	139.10	168.70	207.59	271.86
40-49	107.39	178.00	221.12	265.10	321.33	412.65
50-59	207.17	332.32	409.69	488.33	588.96	743.71
60-64	229.58	377.56	462.12	551.33	664.22	853.63
65-69	406.73	649.84	781.33	893.38	1,021.06	1,214.70
70	599.95	900.14	1,078.56	1,236.27	1,406.66	1,678.52
71	655.76	970.33	1,161.43	1,331.40	1,514.47	1,808.74
72	709.46	1,037.13	1,238.38	1,421.03	1,615.10	1,932.62
73	766.54	1,141.14	1,362.68	1,570.70	1,782.95	2,126.26
74	820.23	1,240.07	1,481.91	1,713.61	1,942.77	2,311.02
75	871.81	1,334.36	1,594.38	1,850.60	2,095.40	2,486.91
76	920.44	1,423.57	1,702.19	1,979.55	2,240.42	2,653.49
77	966.10	1,508.13	1,803.24	2,102.58	2,377.40	2,810.35
78	1,099.70	1,674.71	2,010.84	2,343.16	2,642.50	3,093.63
79	1,229.08	1,835.80	2,210.40	2,577.39	2,900.83	3,366.33
80	1,354.23	1,990.97	2,404.04	2,804.01	3,151.55	3,628.89
81	1,475.57	2,141.06	2,590.07	3,023.44	3,395.93	3,881.30
82	1,592.26	2,285.23	2,768.49	3,235.27	3,632.70	4,122.72
83	1,730.94	2,517.35	3,050.08	3,553.21	3,977.70	4,462.65
84	1,868.35	2,745.24	3,326.17	3,863.97	4,313.83	4,792.86
85	2,002.80	2,968.06	3,595.91	4,167.12	4,640.23	5,113.77
86	2,135.14	3,187.07	3,859.32	4,462.65	4,957.75	5,423.68
87	2,264.09	3,401.00	4,117.23	4,750.16	5,265.55	5,723.87
88	2,453.93	3,562.51	4,320.17	4,983.97	5,525.57	6,006.30
89	2,640.39	3,721.06	4,519.73	5,214.39	5,780.52	6,282.81
90-94	3,177.76	4,176.00	5,093.05	N/A	N/A	N/A
95-99	3,365.07	4,547.64	5,546.71	N/A	N/A	N/A

Policy Form Series ATL-LTC-6: Increasing Benefit
Proposed Rate Schedule With Rate Increase
Long Term Care Policy
Rate Sheet
Annual Premiums per $10.00 of Daily Benefit
$5.00 per Day Home Health Care
With Rider Form ATL-BIR-LTC-6: Increasing Benefit
Underwriting Table I, 0 Day Elimination Period
Area 1

	Benefit Period					
Issue Age	1	2	3	4	5	Lifetime
18-29	35.94	59.61	71.88	83.71	103.16	145.02
30-39	60.04	94.71	117.12	141.64	172.93	228.73
40-49	89.63	149.25	186.03	222.39	267.21	347.54
50-59	173.35	279.05	345.00	409.69	490.03	626.17
60-64	191.95	316.68	388.98	462.54	552.60	718.76
65-69	339.51	545.41	657.45	750.05	848.98	1,023.18
70	494.25	745.40	898.87	1,014.30	1,193.14	1,437.52
71	538.65	801.63	965.68	1,087.02	1,290.39	1,555.48
72	581.35	854.48	1,027.83	1,155.09	1,381.29	1,667.95
73	638.85	956.37	1,150.02	1,300.96	1,544.49	1,856.94
74	693.39	1,053.62	1,267.13	1,440.90	1,700.50	2,036.63
75	745.40	1,146.63	1,378.33	1,574.93	1,849.75	2,208.28
76	794.86	1,235.00	1,484.45	1,702.19	1,991.81	2,371.49
77	841.79	1,318.29	1,584.65	1,823.54	2,125.84	2,525.38
78	970.33	1,483.18	1,791.83	2,074.68	2,395.58	2,815.85
79	1,095.47	1,641.31	1,990.54	2,317.37	2,655.61	3,091.94
80	1,216.40	1,793.52	2,182.07	2,551.60	2,906.75	3,354.92
81	1,333.51	1,939.81	2,365.99	2,777.37	3,150.71	3,606.48
82	1,445.98	2,080.18	2,542.30	2,995.12	3,385.78	3,846.21
83	1,566.47	2,283.54	2,791.75	3,279.24	3,696.54	4,151.90
84	1,685.28	2,482.68	3,036.13	3,556.59	3,998.42	4,447.86
85	1,801.97	2,677.17	3,274.59	3,826.76	4,291.84	4,734.94
86	1,916.55	2,868.70	3,507.55	4,089.74	4,576.39	5,011.45
87	2,028.17	3,055.15	3,735.02	4,345.54	4,852.48	5,279.50
88	2,198.56	3,200.17	3,918.93	4,559.90	5,091.78	5,539.53
89	2,365.14	3,342.66	4,099.89	4,770.45	5,326.86	5,793.63
90-94	2,846.71	3,751.08	4,619.94	N/A	N/A	N/A
95-99	3,014.56	4,085.09	5,031.74	N/A	N/A	N/A

Policy Form Series ATL-LTC-6: Increasing Benefit
Proposed Rate Schedule With Rate Increase
Long Term Care Policy
Rate Sheet
Annual Premiums per $10.00 of Daily Benefit
$10.00 per Day Home Health Care
With Rider Form ATL-BIR-LTC-6: Increasing Benefit
Underwriting Table I, 20 Day Elimination Period
Area 1

	Benefit Period					
Issue Age	1	2	3	4	5	Lifetime
18-29	39.74	66.38	81.18	95.13	118.38	164.47
30-39	66.38	105.70	131.91	161.09	198.29	259.60
40-49	98.51	166.58	210.13	253.26	306.95	394.05
50-59	190.68	310.76	389.40	466.35	562.75	710.30
60-64	211.40	353.04	439.29	526.39	634.62	815.16
65-69	374.18	607.99	742.44	853.21	974.98	1,160.16
70	551.75	841.79	1,024.87	1,180.88	1,343.24	1,602.83
71	603.34	907.33	1,103.09	1,271.78	1,446.40	1,727.56
72	652.38	969.48	1,176.65	1,357.19	1,542.80	1,845.52
73	705.23	1,067.15	1,294.61	1,500.09	1,702.62	2,030.71
74	754.70	1,159.32	1,407.92	1,636.66	1,855.25	2,207.02
75	802.05	1,247.68	1,514.89	1,767.30	2,001.11	2,374.87
76	846.87	1,330.97	1,616.79	1,890.76	2,139.37	2,534.26
77	888.73	1,410.04	1,713.19	2,007.88	2,270.44	2,683.93
78	1,011.76	1,566.05	1,910.21	2,237.88	2,523.69	2,954.53
79	1,130.57	1,716.57	2,100.05	2,461.12	2,770.19	3,214.97
80	1,245.99	1,861.59	2,283.97	2,677.59	3,009.91	3,465.69
81	1,357.61	2,001.96	2,460.27	2,887.30	3,243.30	3,706.69
82	1,464.58	2,136.83	2,630.24	3,089.40	3,469.50	3,937.11
83	1,592.69	2,353.73	2,897.45	3,393.39	3,798.86	4,261.82
84	1,718.68	2,566.82	3,160.01	3,690.20	4,119.76	4,577.23
85	1,842.56	2,775.26	3,416.22	3,979.82	4,431.37	4,883.34
86	1,964.33	2,979.89	3,666.52	4,261.82	4,734.51	5,179.30
87	2,083.14	3,179.88	3,911.32	4,536.22	5,028.78	5,466.38
88	2,257.75	3,330.82	4,104.12	4,759.88	5,276.54	5,736.13
89	2,428.99	3,479.22	4,293.53	4,979.74	5,520.08	5,999.95
90-94	2,923.24	3,904.56	4,838.10	N/A	N/A	N/A
95-99	3,096.16	4,252.10	5,269.36	N/A	N/A	N/A

Policy Form Series ATL-LTC-6: Increasing Benefit
Proposed Rate Schedule With Rate Increase
Long Term Care Policy
Rate Sheet
Annual Premiums per $10.00 of Daily Benefit
$5.00 per Day Home Health Care
With Rider Form ATL-BIR-LTC-6: Increasing Benefit
Underwriting Table I, 20 Day Elimination Period
Area 1

	Benefit Period					
Issue Age	1	2	3	4	5	Lifetime
18-29	32.98	55.81	68.49	79.91	98.51	138.26
30-39	55.39	88.79	111.20	135.30	164.89	218.59
40-49	82.45	139.95	176.73	212.25	255.37	331.90
50-59	159.40	260.87	327.67	391.51	468.04	598.26
60-64	176.73	295.96	369.53	441.83	527.65	686.63
65-69	312.45	510.32	624.90	716.22	810.93	977.09
70	454.51	697.20	854.06	968.63	1,139.45	1,372.83
71	495.52	749.20	917.48	1,037.97	1,232.46	1,485.72
72	534.84	798.67	976.67	1,103.09	1,319.14	1,593.11
73	587.69	894.22	1,092.52	1,242.61	1,475.15	1,773.22
74	638.01	985.12	1,203.71	1,376.21	1,623.97	1,945.30
75	685.78	1,072.22	1,309.41	1,504.32	1,766.46	2,108.93
76	731.44	1,154.67	1,410.04	1,625.67	1,902.18	2,264.94
77	774.15	1,232.88	1,505.17	1,741.51	2,030.29	2,411.65
78	892.95	1,386.78	1,702.19	1,981.66	2,287.77	2,689.01
79	1,007.53	1,534.76	1,890.76	2,213.36	2,535.95	2,952.84
80	1,119.15	1,676.82	2,072.99	2,436.60	2,776.10	3,203.98
81	1,226.54	1,813.81	2,247.60	2,652.22	3,008.64	3,444.13
82	1,330.13	1,944.88	2,415.03	2,860.24	3,233.57	3,673.29
83	1,440.90	2,135.14	2,652.22	3,131.68	3,530.38	3,965.02
84	1,550.41	2,321.17	2,884.34	3,396.35	3,818.73	4,247.45
85	1,657.80	2,503.40	3,110.96	3,654.68	4,098.62	4,521.85
86	1,763.08	2,682.24	3,332.09	3,905.83	4,370.48	4,786.10
87	1,866.24	2,856.44	3,548.14	4,149.78	4,633.89	5,041.89
88	2,022.68	2,992.16	3,723.18	4,354.42	4,862.62	5,290.07
89	2,176.15	3,125.34	3,894.83	4,555.67	5,087.13	5,533.18
90-94	2,618.82	3,507.13	4,389.09	N/A	N/A	N/A
95-99	2,773.57	3,819.58	4,780.18	N/A	N/A	N/A

Policy Form Series ATL-LTC-6: Increasing Benefit
Proposed Rate Schedule With Rate Increase
Long Term Care Policy
Rate Sheet
Annual Premiums per $10.00 of Daily Benefit
$10.00 per Day Home Health Care
With Rider Form ATL-BIR-LTC-6: Increasing Benefit
Underwriting Table I, 100 Day Elimination Period
Area 1

	Benefit Period					
Issue Age	1	2	3	4	5	Lifetime
18-29	32.56	56.66	71.03	84.56	106.55	147.98
30-39	54.54	90.48	115.42	143.33	178.42	233.81
40-49	81.60	142.48	183.50	225.35	276.51	355.15
50-59	157.70	265.94	340.35	414.77	506.51	639.70
60-64	174.62	301.88	383.90	468.46	571.20	733.98
65-69	309.07	520.04	648.58	759.35	877.73	1,044.74
70	455.78	720.03	895.49	1,051.08	1,209.63	1,443.44
71	498.48	776.26	963.98	1,131.84	1,302.22	1,555.48
72	539.07	829.53	1,027.83	1,207.94	1,389.32	1,662.03
73	582.62	912.83	1,130.99	1,335.20	1,533.50	1,828.61
74	623.21	991.89	1,229.93	1,456.55	1,670.91	1,987.58
75	662.53	1,067.57	1,323.36	1,572.82	1,801.97	2,138.52
76	699.31	1,139.02	1,412.57	1,682.74	1,926.70	2,282.27
77	733.98	1,206.25	1,496.71	1,787.18	2,044.24	2,417.15
78	835.45	1,339.85	1,668.79	1,991.81	2,272.55	2,660.68
79	933.97	1,468.81	1,834.95	2,190.53	2,494.52	2,895.33
80	1,029.52	1,593.11	1,995.19	2,383.32	2,710.57	3,120.69
81	1,121.69	1,712.76	2,149.52	2,569.78	2,920.70	3,337.58
82	1,210.05	1,828.19	2,297.92	2,749.89	3,124.07	3,545.60
83	1,315.75	2,014.22	2,531.73	3,020.06	3,420.87	3,837.76
84	1,419.76	2,196.45	2,760.88	3,284.31	3,709.65	4,121.88
85	1,522.08	2,374.44	2,984.55	3,542.22	3,990.39	4,397.54
86	1,622.71	2,549.91	3,203.56	3,793.36	4,263.52	4,664.33
87	1,720.80	2,720.72	3,417.49	4,037.32	4,528.61	4,922.66
88	1,864.97	2,850.09	3,585.77	4,236.46	4,751.85	5,165.35
89	2,006.61	2,976.93	3,751.08	4,432.21	4,971.28	5,403.38
90-94	2,415.03	3,340.54	4,227.15	N/A	N/A	N/A
95-99	2,557.52	3,638.19	4,603.45	N/A	N/A	N/A

Policy Form Series ATL-LTC-6: Increasing Benefit
Proposed Rate Schedule With Rate Increase
Long Term Care Policy
Rate Sheet
Annual Premiums per $10.00 of Daily Benefit
$5.00 per Day Home Health Care
With Rider Form ATL-BIR-LTC-6: Increasing Benefit
Underwriting Table I, 100 Day Elimination Period
Area 1

	Benefit Period					
Issue Age	1	2	3	4	5	Lifetime
18-29	27.48	47.78	59.61	71.03	88.79	124.73
30-39	45.66	75.68	97.24	120.50	148.40	197.02
40-49	68.07	119.65	154.32	188.99	230.00	298.92
50-59	131.49	223.24	286.24	348.39	421.53	538.65
60-64	145.87	253.26	323.02	393.20	475.23	618.13
65-69	258.33	436.33	545.83	637.58	730.18	879.85
70	375.45	596.57	746.24	862.09	1,026.14	1,236.27
71	409.27	640.96	801.63	923.82	1,109.85	1,337.74
72	441.83	683.24	853.21	981.74	1,188.07	1,434.56
73	485.37	765.27	954.26	1,106.04	1,328.44	1,596.92
74	526.81	843.06	1,051.50	1,224.85	1,462.47	1,751.66
75	566.55	917.48	1,143.67	1,339.01	1,590.57	1,899.22
76	604.18	988.08	1,232.04	1,446.82	1,712.76	2,039.59
77	639.70	1,054.89	1,315.33	1,549.98	1,828.19	2,171.92
78	737.36	1,186.80	1,486.99	1,763.50	2,060.30	2,421.80
79	832.49	1,313.22	1,651.88	1,969.83	2,283.97	2,658.99
80	924.24	1,434.98	1,811.28	2,168.96	2,500.02	2,885.19
81	1,013.45	1,551.68	1,963.48	2,360.92	2,709.30	3,101.24
82	1,098.86	1,664.14	2,110.19	2,545.68	2,911.82	3,307.56
83	1,190.60	1,826.92	2,317.37	2,787.10	3,179.03	3,570.55
84	1,280.66	1,986.31	2,519.89	3,023.02	3,438.63	3,825.07
85	1,369.45	2,141.90	2,717.76	3,253.02	3,691.04	4,071.99
86	1,456.55	2,294.96	2,910.98	3,476.26	3,935.85	4,310.02
87	1,541.53	2,444.21	3,099.97	3,693.58	4,173.04	4,540.45
88	1,670.91	2,560.05	3,253.02	3,875.81	4,378.94	4,763.69
89	1,797.75	2,673.79	3,403.12	4,054.65	4,581.04	4,982.70
90-94	2,163.47	3,001.03	3,834.80	N/A	N/A	N/A
95-99	2,291.15	3,268.24	4,176.00	N/A	N/A	N/A

Policy Form Series ATL-LTC-6: Increasing Benefit
Proposed Rate Schedule With Downgrade
Long Term Care Policy
Rate Sheet
Annual Premiums per $10.00 of Daily Benefit
$10.00 per Day Home Health Care
With Rider Form ATL-BIR-LTC-6: Increasing Benefit
Underwriting Table I, 0 Day Elimination Period
Area 1

	Benefit Period					
Issue Age	1	2	3	4	5	Lifetime
18-29	18.48	30.44	36.60	42.76	53.09	73.75
30-39	30.80	48.38	59.61	72.30	88.97	116.51
40-49	46.02	76.29	94.77	113.61	137.71	176.85
50-59	88.79	142.42	175.58	209.29	252.41	318.73
60-64	98.39	161.81	198.05	236.28	284.67	365.84
65-69	174.31	278.50	334.86	382.88	437.60	520.59
70	257.12	385.77	462.24	529.83	602.85	719.36
71	281.04	415.85	497.76	570.60	649.06	775.17
72	304.05	444.48	530.73	609.01	692.18	828.27
73	328.52	489.06	584.01	673.16	764.12	911.25
74	351.53	531.46	635.11	734.40	832.61	990.44
75	373.63	571.87	683.31	793.11	898.03	1,065.82
76	394.47	610.10	729.51	848.38	960.18	1,137.21
77	414.04	646.34	772.82	901.11	1,018.89	1,204.44
78	471.30	717.73	861.79	1,004.21	1,132.50	1,325.84
79	526.75	786.77	947.31	1,104.60	1,243.21	1,442.71
80	580.38	853.27	1,030.30	1,201.72	1,350.66	1,555.24
81	632.39	917.60	1,110.03	1,295.76	1,455.40	1,663.42
82	682.40	979.39	1,186.50	1,386.54	1,556.87	1,766.88
83	741.83	1,078.86	1,307.18	1,522.80	1,704.73	1,912.57
84	800.72	1,176.53	1,425.50	1,655.99	1,848.78	2,054.08
85	858.34	1,272.02	1,541.11	1,785.91	1,988.67	2,191.61
86	915.06	1,365.89	1,653.99	1,912.57	2,124.75	2,324.43
87	970.33	1,457.57	1,764.53	2,035.78	2,256.66	2,453.09
88	1,051.68	1,526.79	1,851.50	2,135.99	2,368.10	2,574.13
89	1,131.59	1,594.74	1,937.03	2,234.74	2,477.37	2,692.63
90-94	1,361.90	1,789.71	2,182.74	N/A	N/A	N/A
95-99	1,442.17	1,948.99	2,377.16	N/A	N/A	N/A

Policy Form Series ATL-LTC-6: Increasing Benefit
Proposed Rate Schedule With Downgrade
Long Term Care Policy
Rate Sheet
Annual Premiums per $10.00 of Daily Benefit
$5.00 per Day Home Health Care
With Rider Form ATL-BIR-LTC-6: Increasing Benefit
Underwriting Table I, 0 Day Elimination Period
Area 1

	Benefit Period					
Issue Age	1	2	3	4	5	Lifetime
18-29	15.40	25.55	30.80	35.88	44.21	62.15
30-39	25.73	40.59	50.19	60.70	74.11	98.03
40-49	38.41	63.96	79.73	95.31	114.52	148.95
50-59	74.29	119.59	147.86	175.58	210.01	268.36
60-64	82.26	135.72	166.70	198.23	236.83	308.04
65-69	145.50	233.75	281.77	321.45	363.85	1,023.18
70	211.82	319.46	385.23	434.70	511.35	1,437.52
71	230.85	343.56	413.86	465.87	553.02	1,555.48
72	249.15	366.21	440.50	495.04	591.98	1,667.95
73	273.79	409.87	492.86	557.55	661.92	1,856.94
74	297.17	451.55	543.06	617.53	728.79	2,036.63
75	319.46	491.41	590.71	674.97	792.75	2,208.28
76	340.66	529.29	636.19	729.51	853.63	2,371.49
77	360.77	564.98	679.14	781.52	911.07	2,525.38
78	415.85	635.65	767.93	889.15	1,026.68	2,815.85
79	469.49	703.42	853.09	993.16	1,138.12	3,091.94
80	521.31	768.65	935.17	1,093.54	1,245.75	3,354.92
81	571.50	831.35	1,014.00	1,190.30	1,350.30	3,606.48
82	619.70	891.50	1,089.56	1,283.62	1,451.05	3,846.21
83	671.35	978.66	1,196.46	1,405.39	1,584.23	4,151.90
84	722.26	1,064.01	1,301.20	1,524.25	1,713.61	4,447.86
85	772.27	1,147.36	1,403.39	1,640.04	1,839.36	4,734.94
86	821.38	1,229.44	1,503.24	1,752.75	1,961.31	5,011.45
87	869.22	1,309.35	1,600.72	1,862.37	2,079.63	5,279.50
88	942.24	1,371.50	1,679.54	1,954.24	2,182.19	5,539.53
89	1,013.63	1,432.57	1,757.10	2,044.48	2,282.94	5,793.63
90-94	1,220.02	1,607.61	1,979.97	N/A	N/A	N/A
95-99	1,291.96	1,750.75	2,156.46	N/A	N/A	N/A

Policy Form Series ATL-LTC-6: Increasing Benefit
Proposed Rate Schedule With Downgrade
Long Term Care Policy
Rate Sheet
Annual Premiums per $10.00 of Daily Benefit
$10.00 per Day Home Health Care
With Rider Form ATL-BIR-LTC-6: Increasing Benefit
Underwriting Table I, 20 Day Elimination Period
Area 1

	Benefit Period					
Issue Age	1	2	3	4	5	Lifetime
18-29	17.03	28.45	34.79	40.77	50.74	70.49
30-39	28.45	45.30	56.53	69.04	84.98	111.26
40-49	42.22	71.39	90.06	108.54	131.55	168.88
50-59	81.72	133.18	166.89	199.86	241.18	304.42
60-64	90.60	151.30	188.27	225.59	271.98	349.35
65-69	160.36	260.57	318.19	365.66	417.85	497.21
70	236.47	360.77	439.23	506.09	575.67	686.93
71	258.57	388.86	472.75	545.05	619.89	740.38
72	279.59	415.49	504.28	581.65	661.20	790.94
73	302.24	457.35	554.83	642.90	729.69	870.30
74	323.44	496.85	603.40	701.43	795.11	945.86
75	343.74	534.72	649.24	757.42	857.62	1,017.80
76	362.94	570.42	692.91	810.33	916.87	1,086.11
77	380.88	604.30	734.22	860.52	973.04	1,150.26
78	433.61	671.16	818.66	959.09	1,081.58	1,266.23
79	484.53	735.67	900.02	1,054.77	1,187.22	1,377.84
80	534.00	797.82	978.84	1,147.54	1,289.96	1,485.30
81	581.83	857.98	1,054.40	1,237.41	1,389.99	1,588.58
82	627.68	915.78	1,127.25	1,324.03	1,486.93	1,687.33
83	682.58	1,008.74	1,241.76	1,454.31	1,628.08	1,826.50
84	736.58	1,100.07	1,354.29	1,581.51	1,765.61	1,961.67
85	789.67	1,189.40	1,464.10	1,705.64	1,899.16	2,092.86
86	841.86	1,277.10	1,571.37	1,826.50	2,029.08	2,219.70
87	892.77	1,362.81	1,676.28	1,944.09	2,155.19	2,342.73
88	967.61	1,427.49	1,758.91	2,039.95	2,261.38	2,458.34
89	1,040.99	1,491.09	1,840.09	2,134.17	2,365.75	2,571.41
90-94	1,252.82	1,673.38	2,073.47	N/A	N/A	N/A
95-99	1,326.93	1,822.33	2,258.30	N/A	N/A	N/A

Policy Form Series ATL-LTC-6: Increasing Benefit
Proposed Rate Schedule With Downgrade
Long Term Care Policy
Rate Sheet
Annual Premiums per $10.00 of Daily Benefit
$5.00 per Day Home Health Care
With Rider Form ATL-BIR-LTC-6: Increasing Benefit
Underwriting Table I, 20 Day Elimination Period
Area 1

	Benefit Period					
Issue Age	1	2	3	4	5	Lifetime
18-29	14.13	23.92	29.35	34.25	42.22	59.25
30-39	23.74	38.05	47.66	57.98	70.67	93.68
40-49	35.33	59.98	75.74	90.96	109.44	142.24
50-59	68.31	111.80	140.43	167.79	200.59	256.40
60-64	75.74	126.84	158.37	189.35	226.14	294.27
65-69	133.91	218.71	267.81	306.95	347.54	418.75
70	194.79	298.80	366.02	415.13	488.33	1,372.83
71	212.37	321.09	393.20	444.85	528.20	1,485.72
72	229.22	342.29	418.57	472.75	565.34	1,593.11
73	251.87	383.24	468.22	532.55	632.21	1,773.22
74	273.43	422.20	515.88	589.81	695.99	1,945.30
75	293.91	459.52	561.18	644.71	757.05	2,108.93
76	313.48	494.86	604.30	696.71	815.22	2,264.94
77	331.78	528.38	645.07	746.36	870.12	2,411.65
78	382.69	594.34	729.51	849.28	980.47	2,689.01
79	431.80	657.76	810.33	948.58	1,086.84	2,952.84
80	479.64	718.64	888.42	1,044.26	1,189.76	3,203.98
81	525.66	777.35	963.26	1,136.67	1,289.42	3,444.13
82	570.06	833.52	1,035.01	1,225.82	1,385.82	3,673.29
83	617.53	915.06	1,136.67	1,342.15	1,513.02	3,965.02
84	664.46	994.79	1,236.15	1,455.58	1,636.60	4,247.45
85	710.49	1,072.89	1,333.27	1,566.29	1,756.55	4,521.85
86	755.60	1,149.53	1,428.04	1,673.93	1,873.06	4,786.10
87	799.82	1,224.19	1,520.63	1,778.48	1,985.95	5,041.89
88	866.86	1,282.35	1,595.65	1,866.18	2,083.98	5,290.07
89	932.64	1,339.43	1,669.21	1,952.43	2,180.20	5,533.18
90-94	1,122.35	1,503.05	1,881.04	N/A	N/A	N/A
95-99	1,188.67	1,636.96	2,048.65	N/A	N/A	N/A

Policy Form Series ATL-LTC-6: Increasing Benefit
Proposed Rate Schedule With Downgrade
Long Term Care Policy
Rate Sheet
Annual Premiums per $10.00 of Daily Benefit
$10.00 per Day Home Health Care
With Rider Form ATL-BIR-LTC-6: Increasing Benefit
Underwriting Table I, 100 Day Elimination Period
Area 1

	Benefit Period					
Issue Age	1	2	3	4	5	Lifetime
18-29	13.95	24.28	30.44	36.24	45.66	63.42
30-39	23.37	38.78	49.47	61.43	76.47	100.20
40-49	34.97	61.06	78.64	96.58	118.50	152.21
50-59	67.59	113.97	145.87	177.76	217.08	274.16
60-64	74.84	129.38	164.53	200.77	244.80	314.56
65-69	132.46	222.88	277.96	325.44	376.17	447.75
70	195.33	308.58	383.78	450.46	518.41	618.62
71	213.63	332.68	413.14	485.07	558.10	666.63
72	231.03	355.51	440.50	517.69	595.42	712.30
73	249.69	391.21	484.71	572.23	657.21	783.69
74	267.09	425.10	527.11	624.23	716.10	851.82
75	283.94	457.53	567.16	674.06	772.27	916.51
76	299.70	488.15	605.39	721.18	825.73	978.12
77	314.56	516.96	641.45	765.93	876.10	1,035.92
78	358.05	574.22	715.20	853.63	973.95	1,140.29
79	400.27	629.49	786.41	938.80	1,069.08	1,240.86
80	441.22	682.76	855.08	1,021.42	1,161.67	1,337.44
81	480.72	734.04	921.22	1,101.33	1,251.73	1,430.39
82	518.59	783.51	984.82	1,178.52	1,338.89	1,519.54
83	563.89	863.24	1,085.03	1,294.31	1,466.09	1,644.75
84	608.47	941.33	1,183.24	1,407.56	1,589.85	1,766.52
85	652.32	1,017.62	1,279.09	1,518.09	1,710.17	1,884.66
86	695.45	1,092.82	1,372.95	1,625.73	1,827.22	1,999.00
87	737.48	1,166.02	1,464.64	1,730.28	1,940.83	2,109.71
88	799.27	1,221.47	1,536.76	1,815.62	2,036.51	2,213.72
89	859.98	1,275.83	1,607.61	1,899.52	2,130.55	2,315.74
90-94	1,035.01	1,431.66	1,811.64	N/A	N/A	N/A
95-99	1,096.08	1,559.23	1,972.91	N/A	N/A	N/A

Policy Form Series ATL-LTC-6: Increasing Benefit
Proposed Rate Schedule With Downgrade
Long Term Care Policy
Rate Sheet
Annual Premiums per $10.00 of Daily Benefit
$5.00 per Day Home Health Care
With Rider Form ATL-BIR-LTC-6: Increasing Benefit
Underwriting Table I, 100 Day Elimination Period
Area 1

	Benefit Period					
Issue Age	1	2	3	4	5	Lifetime
18-29	11.78	20.48	25.55	30.44	38.05	53.45
30-39	19.57	32.43	41.68	51.64	63.60	84.44
40-49	29.17	51.28	66.14	81.00	98.57	128.11
50-59	56.35	95.67	122.67	149.31	180.66	230.85
60-64	62.51	108.54	138.44	168.52	203.67	264.91
65-69	110.71	187.00	233.93	273.25	312.93	377.08
70	160.91	255.67	319.82	369.47	439.77	1,236.27
71	175.40	274.70	343.56	395.92	475.65	1,337.74
72	189.35	292.82	365.66	420.75	509.17	1,434.56
73	208.02	327.97	408.97	474.02	569.33	1,596.92
74	225.78	361.31	450.64	524.94	626.77	1,751.66
75	242.81	393.20	490.15	573.86	681.67	1,899.22
76	258.93	423.46	528.02	620.07	734.04	2,039.59
77	274.16	452.09	563.71	664.28	783.51	2,171.92
78	316.01	508.63	637.28	755.79	882.99	2,421.80
79	356.78	562.81	707.95	844.21	978.84	2,658.99
80	396.10	614.99	776.26	929.56	1,071.44	2,885.19
81	434.34	665.00	841.49	1,011.82	1,161.13	3,101.24
82	470.94	713.20	904.37	1,091.01	1,247.92	3,307.56
83	510.26	782.97	993.16	1,194.47	1,362.44	3,570.55
84	548.85	851.28	1,079.95	1,295.58	1,473.70	3,825.07
85	586.91	917.96	1,164.75	1,394.15	1,581.88	4,071.99
86	624.23	983.55	1,247.56	1,489.83	1,686.79	4,310.02
87	660.66	1,047.52	1,328.56	1,582.96	1,788.44	4,540.45
88	716.10	1,097.17	1,394.15	1,661.06	1,876.69	4,763.69
89	770.46	1,145.91	1,458.48	1,737.71	1,963.30	4,982.70
90-94	927.20	1,286.16	1,643.48	N/A	N/A	N/A
95-99	981.92	1,400.68	1,789.71	N/A	N/A	N/A

American Travellers Life Insurance Company
Policy Form ATL-NFQ-HHC
Rate Schedule Prior to Rate Increase
90 Day Elimination Period
With Compound Inflation
Preferred Annual Premium Rates per $10 Daily Maximum Benefit

Issue Age	2 Years	3 Years	4 Years	5 Years	Lifetime
18-44	65	80	90	103	123
45-49	80	97	114	129	151
50-54	97	123	140	157	187
55	99	125	144	161	191
56	105	131	151	170	202
57	112	138	159	181	213
58	118	144	166	189	221
59	123	151	174	198	232
60	129	159	183	209	243
61	131	161	189	213	249
62	135	166	194	219	256
63	138	170	198	224	264
64	142	174	204	230	271
65	146	181	211	237	280
66	155	191	221	249	295
67	163	204	234	267	312
68	172	215	247	282	329
69	181	226	262	295	348
70	196	241	277	314	370
71	211	260	299	340	398
72	228	282	325	370	434
73	249	310	357	404	475
74	275	340	391	445	522
75	301	372	430	488	574
76	325	402	464	527	619
77	355	439	505	572	673
78	383	475	548	621	731
79	417	516	596	673	793
80	452	559	645	731	860
81	484	598	690	785	920
82	518	641	740	836	985
83	550	684	789	894	1051
84	591	731	843	957	1124
85	634	785	903	1023	1204
86	658	813	940	1062	1251
87	682	845	974	1105	1301
88	710	877	1013	1148	1348
89	733	907	1047	1187	1398
90-94	879	1090	N/A	N/A	N/A
95-99	1026	1271	N/A	N/A	N/A

American Travellers Life Insurance Company
Policy Form ATL-NFQ-HHC
Rate Schedule Prior to Rate Increase
90 Day Elimination Period
With Compound Inflation
Standard Annual Premium Rates per $10 Daily Maximum Benefit

Issue Age	2 Years	3 Years	4 Years	5 Years	Lifetime
18-44	77	95	108	125	146
45-49	95	116	138	155	181
50-54	116	146	168	189	224
55	118	151	172	194	230
56	127	157	181	204	243
57	133	166	191	217	256
58	142	172	198	228	267
59	146	181	209	237	280
60	155	191	219	249	292
61	157	194	228	256	299
62	163	198	232	262	307
63	166	204	237	269	318
64	170	209	245	275	325
65	176	217	254	284	335
66	185	230	267	299	353
67	196	245	282	320	374
68	206	258	297	338	396
69	217	271	314	353	417
70	234	288	333	376	443
71	254	312	359	409	477
72	273	338	389	443	520
73	299	372	428	486	570
74	331	409	469	533	628
75	361	447	516	585	688
76	389	482	557	632	744
77	426	527	606	686	808
78	460	570	658	746	877
79	501	619	714	808	952
80	542	671	774	877	1032
81	581	718	828	942	1105
82	621	770	888	1004	1183
83	660	821	946	1073	1262
84	710	877	1011	1148	1350
85	761	942	1084	1228	1445
86	789	976	1127	1275	1501
87	817	1015	1170	1327	1561
88	851	1054	1215	1378	1617
89	879	1088	1256	1423	1677
90-94	1056	1307	N/A	N/A	N/A
95-99	1230	1524	N/A	N/A	N/A

American Travellers Life Insurance Company
Policy Form ATL-NFQ-HHC
Proposed Rate Schedule With Rate Increase
90 Day Elimination Period
With Compound Inflation
Preferred Annual Premium Rates per $10 Daily Maximum Benefit

Issue Age	2 Years	3 Years	4 Years	5 Years	Lifetime
18-44	90	111	126	144	172
45-49	111	135	160	181	211
50-54	135	172	196	220	262
55	138	175	202	226	268
56	147	184	211	238	283
57	157	193	223	253	298
58	166	202	232	265	310
59	172	211	244	277	325
60	181	223	256	292	340
61	184	226	265	298	349
62	190	232	271	307	358
63	193	238	277	313	370
64	199	244	286	322	379
65	205	253	295	331	391
66	217	268	310	349	412
67	229	286	328	373	436
68	241	301	346	394	461
69	253	316	367	412	488
70	274	337	388	439	518
71	295	364	418	476	557
72	319	394	455	518	608
73	349	433	500	566	665
74	385	476	548	623	731
75	421	521	602	683	804
76	455	563	650	737	867
77	497	614	707	801	942
78	536	665	768	870	1023
79	584	722	834	942	1111
80	632	783	903	1023	1204
81	677	837	966	1099	1288
82	725	897	1035	1171	1379
83	771	957	1105	1252	1472
84	828	1023	1180	1339	1574
85	888	1099	1264	1433	1686
86	921	1138	1315	1487	1752
87	954	1183	1364	1547	1821
88	993	1228	1418	1607	1887
89	1026	1270	1466	1662	1957
90-94	1231	1526	N/A	N/A	N/A
95-99	1436	1779	N/A	N/A	N/A

American Travellers Life Insurance Company
Policy Form ATL-NFQ-HHC
Proposed Rate Schedule With Rate Increase
90 Day Elimination Period
With Compound Inflation
Standard Annual Premium Rates per $10 Daily Maximum Benefit

Issue Age	2 Years	3 Years	4 Years	5 Years	Lifetime
18-44	108	132	151	175	205
45-49	132	163	193	217	253
50-54	163	205	235	265	313
55	166	211	241	271	322
56	178	220	253	286	340
57	187	232	268	304	358
58	199	241	277	319	373
59	205	253	292	331	391
60	217	268	307	349	409
61	220	271	319	358	418
62	229	277	325	367	430
63	232	286	331	376	445
64	238	292	343	385	455
65	247	304	355	397	470
66	259	322	373	418	494
67	274	343	394	448	524
68	289	361	415	473	554
69	304	379	439	494	584
70	328	403	467	527	620
71	355	436	503	572	668
72	382	473	545	620	728
73	418	521	599	680	798
74	464	572	656	746	879
75	506	626	722	819	963
76	545	674	780	885	1041
77	596	737	849	960	1132
78	644	798	921	1044	1228
79	701	867	999	1132	1333
80	759	939	1084	1228	1445
81	813	1005	1159	1318	1547
82	870	1078	1243	1406	1656
83	924	1150	1324	1502	1767
84	993	1228	1415	1607	1890
85	1066	1318	1517	1719	2023
86	1105	1367	1577	1785	2101
87	1144	1421	1637	1857	2185
88	1192	1475	1701	1929	2264
89	1231	1523	1758	1993	2348
90-94	1478	1830	N/A	N/A	N/A
95-99	1722	2134	N/A	N/A	N/A

American Travellers Life Insurance Company
Policy Form ATL-NFQ-HHC
Proposed Rate Schedule With Downgrade
90 Day Elimination Period
With Compound Inflation
Preferred Annual Premium Rates per $10 Daily Maximum Benefit

Issue Age	2 Years	3 Years	4 Years	5 Years	Lifetime
18-44	39	48	54	62	74
45-49	48	58	68	77	90
50-54	58	74	84	94	112
55	59	75	86	97	115
56	63	79	90	102	121
57	67	83	95	108	128
58	71	86	99	114	133
59	74	90	104	119	139
60	77	95	110	125	146
61	79	97	114	128	150
62	81	99	116	132	154
63	83	102	119	134	159
64	85	104	123	138	163
65	88	108	126	142	168
66	93	115	133	150	177
67	98	123	141	160	187
68	103	129	148	169	197
69	108	135	157	177	209
70	117	144	166	188	222
71	126	156	179	204	239
72	137	169	195	222	261
73	150	186	214	243	285
74	165	204	235	267	313
75	181	223	258	293	344
76	195	241	279	316	372
77	213	263	303	343	404
78	230	285	329	373	439
79	250	310	357	404	476
80	271	335	387	439	516
81	290	359	414	471	552
82	311	384	444	502	591
83	330	410	473	537	631
84	355	439	506	574	675
85	381	471	542	614	722
86	395	488	564	637	751
87	409	507	584	663	780
88	426	526	608	689	809
89	440	544	628	712	839
90-94	528	654	N/A	N/A	N/A
95-99	615	762	N/A	N/A	N/A

American Travellers Life Insurance Company
Policy Form ATL-NFQ-HHC
Proposed Rate Schedule With Downgrade
90 Day Elimination Period
With Compound Inflation
Standard Annual Premium Rates per $10 Daily Maximum Benefit

Issue Age	2 Years	3 Years	4 Years	5 Years	Lifetime
18-44	46	57	65	75	88
45-49	57	70	83	93	108
50-54	70	88	101	114	134
55	71	90	103	116	138
56	76	94	108	123	146
57	80	99	115	130	154
58	85	103	119	137	160
59	88	108	125	142	168
60	93	115	132	150	175
61	94	116	137	154	179
62	98	119	139	157	184
63	99	123	142	161	191
64	102	125	147	165	195
65	106	130	152	170	201
66	111	138	160	179	212
67	117	147	169	192	224
68	124	155	178	203	237
69	130	163	188	212	250
70	141	173	200	226	266
71	152	187	215	245	286
72	164	203	233	266	312
73	179	223	257	292	342
74	199	245	281	320	377
75	217	268	310	351	413
76	233	289	334	379	446
77	255	316	364	412	485
78	276	342	395	448	526
79	301	372	428	485	571
80	325	402	464	526	619
81	348	431	497	565	663
82	373	462	533	602	710
83	396	493	568	644	757
84	426	526	606	689	810
85	457	565	650	737	867
86	473	586	676	765	900
87	490	609	702	796	937
88	511	632	729	827	970
89	528	653	753	854	1006
90-94	633	784	N/A	N/A	N/A
95-99	738	915	N/A	N/A	N/A

Conseco Senior Health Insurance Company
Policy Form ATL-NFQ-LTC
Rate Schedule Prior to Rate Increase
100% Home Health Care Benefit
90 Day Elimination Period With Compound Inflation
Preferred Annual Premium Rates per $10 Daily Maximum Benefit

Issue Age	Maximum Benefit Period					
	1 Year	2 Years	3 Years	4 Years	5 Years	Lifetime
18-44	71	90	114	131	148	174
45-49	82	108	133	155	174	206
50-54	95	127	155	178	204	239
55	97	129	159	183	209	245
56	105	142	174	202	228	269
57	116	151	189	217	245	288
58	125	163	204	234	267	312
59	135	176	219	252	286	338
60	146	194	237	275	310	366
61	155	204	252	290	329	387
62	163	215	267	307	348	411
63	174	228	284	327	370	436
64	183	241	299	346	391	460
65	196	256	316	366	415	488
66	211	275	342	393	445	525
67	226	297	368	426	484	568
68	243	320	396	458	520	611
69	264	346	430	497	561	660
70	288	378	467	540	611	720
71	318	417	516	596	675	796
72	350	460	570	658	746	877
73	387	507	630	727	821	968
74	428	561	692	802	907	1066
75	471	619	765	886	1004	1180
76	516	677	839	968	1099	1290
77	565	740	916	1058	1198	1410
78	617	811	1004	1159	1312	1544
79	673	886	1097	1264	1432	1686
80	737	968	1198	1382	1565	1843
81	798	1045	1294	1492	1692	1991
82	862	1129	1400	1615	1830	2152
83	931	1221	1511	1746	1978	2326
84	1006	1318	1632	1886	2135	2511
85	1094	1436	1778	2053	2328	2737
86	1148	1505	1864	2152	2440	2870
87	1204	1578	1954	2258	2559	3010
88	1262	1656	2051	2367	2681	3156
89	1322	1733	2148	2479	2808	3305
90-94	1585	2081	2578	N/A	N/A	N/A
95-99	1851	2427	3008	N/A	N/A	N/A

Conseco Senior Health Insurance Company
Policy Form ATL-NFQ-LTC
Rate Schedule Prior to Rate Increase
50% Home Health Care Benefit
90 Day Elimination Period With Compound Inflation
Preferred Annual Premium Rates per $10 Daily Maximum Benefit

Issue Age	Maximum Benefit Period					
	1 Year	2 Years	3 Years	4 Years	5 Years	Lifetime
18-44	62	82	101	118	133	155
45-49	73	95	118	138	155	181
50-54	86	114	140	161	181	215
55	88	116	142	163	187	219
56	95	125	155	176	202	237
57	101	135	166	194	219	256
58	112	146	178	209	234	277
59	120	157	196	226	256	301
60	131	170	213	243	277	325
61	138	181	224	260	295	346
62	146	191	237	273	307	363
63	155	202	249	290	327	385
64	163	215	267	307	348	411
65	172	226	282	323	368	432
66	187	245	303	350	396	467
67	202	267	327	378	430	505
68	217	286	355	411	462	544
69	234	307	381	441	499	587
70	254	335	415	477	542	639
71	282	370	458	529	598	705
72	312	411	507	585	662	780
73	346	452	561	647	733	862
74	381	499	617	714	808	950
75	419	548	679	787	890	1047
76	458	602	746	862	974	1148
77	501	658	815	942	1064	1253
78	548	720	890	1028	1165	1372
79	598	787	972	1122	1273	1496
80	656	862	1064	1230	1393	1638
81	710	929	1150	1327	1503	1769
82	765	1006	1245	1434	1625	1914
83	826	1086	1342	1550	1757	2066
84	892	1172	1451	1675	1898	2232
85	972	1275	1580	1825	2066	2432
86	1021	1339	1658	1914	2167	2552
87	1069	1404	1739	2006	2275	2675
88	1120	1473	1823	2105	2382	2804
89	1176	1544	1911	2204	2498	2939
90-94	1410	1851	2294	N/A	N/A	N/A
95-99	1645	2161	2675	N/A	N/A	N/A

Conseco Senior Health Insurance Company
Policy Form ATL-NFQ-LTC
Rate Schedule Prior to Rate Increase
100% Home Health Care Benefit
90 Day Elimination Period With Compound Inflation
Standard Annual Premium Rates per $10 Daily Maximum Benefit

Issue Age	Maximum Benefit Period					
	1 Year	2 Years	3 Years	4 Years	5 Years	Lifetime
18-44	86	108	138	157	178	209
45-49	99	129	159	185	209	247
50-54	114	153	185	215	245	286
55	116	155	191	219	249	295
56	127	170	209	243	273	323
57	140	181	228	260	295	346
58	151	196	245	282	320	374
59	163	211	262	301	344	404
60	176	232	284	331	372	439
61	185	245	301	348	396	464
62	196	258	320	370	417	492
63	209	273	340	391	443	525
64	219	288	359	415	469	553
65	234	307	378	439	499	585
66	254	331	411	473	533	630
67	271	357	441	512	581	682
68	292	385	475	550	624	733
69	318	415	516	596	673	791
70	346	454	559	647	733	864
71	383	501	619	714	811	955
72	421	553	684	789	894	1,054
73	464	608	757	873	985	1,161
74	514	673	830	963	1,088	1,279
75	565	744	918	1,062	1,204	1,417
76	619	813	1,006	1,161	1,318	1,548
77	679	888	1,099	1,269	1,436	1,692
78	740	972	1,204	1,391	1,574	1,853
79	808	1,062	1,316	1,518	1,718	2,023
80	886	1,161	1,436	1,660	1,879	2,210
81	957	1,253	1,552	1,791	2,030	2,389
82	1,034	1,355	1,679	1,937	2,195	2,582
83	1,118	1,466	1,815	2,094	2	2,791
84	1,208	1,582	1,959	2,262	2,563	3,014
85	1,314	1,724	2,133	2,464	2,795	3,285
86	1,378	1,806	2,236	2,582	2,928	3,444
87	1,445	1,894	2,346	2,709	3,070	3,612
88	1,514	1,987	2,462	2,840	3,216	3,788
89	1,587	2,079	2,578	2,976	3,369	3,965
90-94	1,901	2,498	3,094	N/A	N/A	N/A
95-99	2,221	2,913	3,610	N/A	N/A	N/A

Conseco Senior Health Insurance Company
Policy Form ATL-NFQ-LTC
Rate Schedule Prior to Rate Increase
50% Home Health Care Benefit
90 Day Elimination Period With Compound Inflation
Standard Annual Premium Rates per $10 Daily Maximum Benefit

Issue Age	Maximum Benefit Period					
	1 Year	2 Years	3 Years	4 Years	5 Years	Lifetime
18-44	75	99	120	142	159	185
45-49	88	114	142	166	185	217
50-54	103	138	168	194	217	258
55	105	140	170	196	224	262
56	114	151	185	211	243	284
57	120	163	198	232	262	307
58	133	176	215	249	282	333
59	144	189	234	271	307	361
60	157	204	256	292	333	389
61	166	217	269	312	353	415
62	176	230	284	327	370	436
63	185	243	299	348	391	462
64	196	258	320	370	417	492
65	206	271	338	387	441	518
66	224	295	363	421	475	559
67	243	320	391	454	516	606
68	260	344	426	492	555	654
69	282	370	456	529	598	705
70	305	402	499	572	649	765
71	338	443	550	634	718	847
72	374	492	608	701	796	937
73	415	542	673	776	879	1,034
74	456	598	740	856	970	1,140
75	503	658	815	944	1,069	1,256
76	550	722	894	1,034	1,170	1,378
77	602	789	978	1,131	1,277	1,505
78	658	864	1,069	1,234	1,398	1,647
79	718	944	1,165	1,346	1,527	1,795
80	787	1,034	1,277	1,475	1,673	1,965
81	851	1,114	1,380	1,591	1,804	2,124
82	918	1,208	1,494	1,720	1,950	2,296
83	991	1,303	1,610	1,860	2,107	2,479
84	1,071	1,406	1,742	2,010	2,279	2,679
85	1,165	1,531	1,896	2,191	2,479	2,918
86	1,226	1,608	1,989	2,296	2,602	3,062
87	1,281	1,686	2,088	2,408	2,731	3,210
88	1,344	1,767	2,189	2,526	2,860	3,365
89	1,410	1,853	2,294	2,645	2,997	3,526
90-94	1,692	2,221	2,752	N/A	N/A	N/A
95-99	1,974	2,593	3,210	N/A	N/A	N/A

Conseco Senior Health Insurance Company
Policy Form ATL-NFQ-LTC
Proposed Rate Schedule With Rate Increase
100% Home Health Care Benefit
90 Day Elimination Period With Compound Inflation
Preferred Annual Premium Rates per $10 Daily Maximum Benefit

Issue Age	Maximum Benefit Period					
	1 Year	2 Years	3 Years	4 Years	5 Years	Lifetime
18-44	99	126	160	184	208	244
45-49	114	151	187	217	244	289
50-54	132	178	217	250	286	334
55	135	181	223	256	292	343
56	147	199	244	283	319	376
57	163	211	265	304	343	403
58	175	229	286	328	373	436
59	190	247	307	352	400	473
60	205	271	331	385	433	512
61	217	286	352	406	461	542
62	229	301	373	430	488	575
63	244	319	397	458	518	611
64	256	337	418	485	548	644
65	274	358	442	512	581	683
66	295	385	479	551	623	734
67	316	415	515	596	677	795
68	340	448	554	641	728	855
69	370	485	602	695	786	924
70	403	530	653	756	855	1008
71	445	584	722	834	945	1114
72	491	644	798	921	1044	1228
73	542	710	882	1017	1150	1355
74	599	786	969	1123	1270	1493
75	659	867	1072	1240	1406	1652
76	722	948	1174	1355	1538	1806
77	792	1035	1282	1481	1677	1975
78	864	1135	1406	1622	1836	2161
79	942	1240	1535	1770	2005	2360
80	1032	1355	1677	1935	2191	2580
81	1117	1463	1812	2089	2369	2787
82	1207	1580	1960	2261	2562	3013
83	1303	1710	2116	2444	2769	3257
84	1409	1845	2285	2640	2989	3516
85	1532	2011	2489	2875	3260	3832
86	1607	2107	2610	3013	3416	4018
87	1686	2209	2736	3161	3582	4214
88	1767	2318	2872	3314	3753	4419
89	1851	2426	3007	3471	3931	4626
90-94	2218	2914	3609	N/A	N/A	N/A
95-99	2592	3398	4211	N/A	N/A	N/A

Conseco Senior Health Insurance Company
Policy Form ATL-NFQ-LTC
Proposed Rate Schedule With Rate Increase
50% Home Health Care Benefit
90 Day Elimination Period With Compound Inflation
Preferred Annual Premium Rates per $10 Daily Maximum Benefit

Issue Age	Maximum Benefit Period					
	1 Year	2 Years	3 Years	4 Years	5 Years	Lifetime
18-44	87	114	141	166	187	217
45-49	102	132	166	193	217	253
50-54	120	160	196	226	253	301
55	123	163	199	229	262	307
56	132	175	217	247	283	331
57	141	190	232	271	307	358
58	157	205	250	292	328	388
59	169	220	274	316	358	421
60	184	238	298	340	388	455
61	193	253	313	364	412	485
62	205	268	331	382	430	509
63	217	283	349	406	458	539
64	229	301	373	430	488	575
65	241	316	394	452	515	605
66	262	343	424	491	554	653
67	283	373	458	530	602	707
68	304	400	497	575	647	762
69	328	430	533	617	698	822
70	355	470	581	668	759	894
71	394	518	641	740	837	987
72	436	575	710	819	927	1093
73	485	632	786	906	1026	1207
74	533	698	864	999	1132	1330
75	587	768	951	1102	1246	1466
76	641	843	1044	1207	1364	1607
77	701	921	1141	1318	1490	1755
78	768	1008	1246	1439	1631	1920
79	837	1102	1361	1571	1782	2095
80	918	1207	1490	1722	1950	2294
81	993	1300	1610	1857	2104	2477
82	1072	1409	1743	2008	2276	2679
83	1156	1520	1878	2170	2459	2893
84	1249	1640	2032	2345	2658	3124
85	1361	1785	2212	2555	2893	3404
86	1430	1875	2321	2679	3034	3573
87	1496	1966	2435	2808	3185	3744
88	1568	2062	2552	2947	3335	3925
89	1646	2161	2676	3085	3498	4115
90-94	1975	2592	3212	N/A	N/A	N/A
95-99	2303	3025	3744	N/A	N/A	N/A

Conseco Senior Health Insurance Company
Policy Form ATL-NFQ-LTC
Proposed Rate Schedule With Rate Increase
100% Home Health Care Benefit
90 Day Elimination Period With Compound Inflation
Standard Annual Premium Rates per $10 Daily Maximum Benefit

Issue Age	Maximum Benefit Period					
	1 Year	2 Years	3 Years	4 Years	5 Years	Lifetime
18-44	120	151	193	220	250	292
45-49	138	181	223	259	292	346
50-54	160	214	259	301	343	400
55	163	217	268	307	349	412
56	178	238	292	340	382	452
57	196	253	319	364	412	485
58	211	274	343	394	448	524
59	229	295	367	421	482	566
60	247	325	397	464	521	614
61	259	343	421	488	554	650
62	274	361	448	518	584	689
63	292	382	476	548	620	734
64	307	403	503	581	656	774
65	328	430	530	614	698	819
66	355	464	575	662	746	882
67	379	500	617	716	813	954
68	409	539	665	771	873	1,026
69	445	581	722	834	942	1,108
70	485	635	783	906	1,026	1,210
71	536	701	867	999	1,135	1,336
72	590	774	957	1,105	1,252	1,475
73	650	852	1,060	1,222	1,379	1,625
74	719	942	1,162	1,348	1,523	1,791
75	792	1,041	1,285	1,487	1,686	1,984
76	867	1,138	1,409	1,625	1,845	2,167
77	951	1,243	1,538	1,776	2,011	2,369
78	1,035	1,361	1,686	1,947	2,203	2,595
79	1,132	1,487	1,842	2,125	2,405	2,832
80	1,240	1,625	2,011	2,324	2,631	3,094
81	1,339	1,755	2,173	2,507	2,841	3,344
82	1,448	1,896	2,351	2,712	3,073	3,615
83	1,565	2,053	2,540	2,932	3	3,907
84	1,692	2,215	2,742	3,167	3,588	4,220
85	1,839	2,414	2,986	3,449	3,913	4,599
86	1,929	2,528	3,130	3,615	4,100	4,822
87	2,023	2,652	3,284	3,793	4,298	5,057
88	2,119	2,781	3,446	3,976	4,503	5,304
89	2,221	2,911	3,609	4,166	4,717	5,550
90-94	2,661	3,498	4,331	N/A	N/A	N/A
95-99	3,109	4,079	5,054	N/A	N/A	N/A

Conseco Senior Health Insurance Company
Policy Form ATL-NFQ-LTC
Proposed Rate Schedule With Rate Increase
50% Home Health Care Benefit
90 Day Elimination Period With Compound Inflation
Standard Annual Premium Rates per $10 Daily Maximum Benefit

Issue Age	Maximum Benefit Period					
	1 Year	2 Years	3 Years	4 Years	5 Years	Lifetime
18-44	105	138	169	199	223	259
45-49	123	160	199	232	259	304
50-54	144	193	235	271	304	361
55	147	196	238	274	313	367
56	160	211	259	295	340	397
57	169	229	277	325	367	430
58	187	247	301	349	394	467
59	202	265	328	379	430	506
60	220	286	358	409	467	545
61	232	304	376	436	494	581
62	247	322	397	458	518	611
63	259	340	418	488	548	647
64	274	361	448	518	584	689
65	289	379	473	542	617	725
66	313	412	509	590	665	783
67	340	448	548	635	722	849
68	364	482	596	689	777	915
69	394	518	638	740	837	987
70	427	563	698	801	909	1,072
71	473	620	771	888	1,005	1,186
72	524	689	852	981	1,114	1,312
73	581	759	942	1,087	1,231	1,448
74	638	837	1,035	1,198	1,358	1,595
75	704	921	1,141	1,321	1,496	1,758
76	771	1,011	1,252	1,448	1,637	1,929
77	843	1,105	1,370	1,583	1,788	2,107
78	921	1,210	1,496	1,728	1,957	2,306
79	1,005	1,321	1,631	1,884	2,137	2,513
80	1,102	1,448	1,788	2,065	2,342	2,751
81	1,192	1,559	1,932	2,227	2,525	2,974
82	1,285	1,692	2,092	2,408	2,730	3,215
83	1,388	1,824	2,254	2,604	2,950	3,471
84	1,499	1,969	2,438	2,814	3,191	3,750
85	1,631	2,143	2,655	3,067	3,471	4,085
86	1,716	2,251	2,784	3,215	3,642	4,286
87	1,794	2,360	2,923	3,371	3,823	4,494
88	1,881	2,474	3,064	3,537	4,003	4,711
89	1,975	2,595	3,212	3,702	4,196	4,936
90-94	2,369	3,109	3,853	N/A	N/A	N/A
95-99	2,763	3,630	4,494	N/A	N/A	N/A

Conseco Senior Health Insurance Company
Policy Form ATL-NFQ-LTC
Proposed Rate Schedule With Downgrade
100% Home Health Care Benefit
90 Day Elimination Period With Compound Inflation
Preferred Annual Premium Rates per $10 Daily Maximum Benefit

Issue Age	Maximum Benefit Period					
	1 Year	2 Years	3 Years	4 Years	5 Years	Lifetime
18-44	43	54	68	79	89	104
45-49	49	65	80	93	104	124
50-54	57	76	93	107	123	143
55	58	77	95	110	125	147
56	63	85	104	121	137	161
57	70	90	114	130	147	173
58	75	98	123	141	160	187
59	81	106	132	151	172	203
60	88	116	142	165	186	219
61	93	123	151	174	197	232
62	98	129	160	184	209	246
63	104	137	170	196	222	262
64	110	144	179	208	235	276
65	117	154	190	219	249	293
66	126	165	205	236	267	315
67	135	178	221	255	290	341
68	146	192	237	275	312	366
69	159	208	258	298	337	396
70	173	227	280	324	366	432
71	191	250	310	357	405	477
72	210	276	342	395	448	526
73	232	304	378	436	493	581
74	257	337	415	481	544	640
75	283	372	459	531	602	708
76	310	406	503	581	659	774
77	339	444	550	635	719	846
78	370	486	602	695	787	926
79	404	531	658	759	859	1011
80	442	581	719	829	939	1106
81	479	627	777	895	1015	1195
82	517	677	840	969	1098	1291
83	559	733	907	1047	1187	1396
84	604	791	979	1131	1281	1507
85	657	862	1067	1232	1397	1642
86	689	903	1118	1291	1464	1722
87	722	947	1173	1355	1535	1806
88	757	993	1231	1420	1609	1894
89	793	1040	1289	1487	1685	1983
90-94	951	1249	1547	N/A	N/A	N/A
95-99	1111	1456	1805	N/A	N/A	N/A

Conseco Senior Health Insurance Company
Policy Form ATL-NFQ-LTC
Proposed Rate Schedule With Downgrade
50% Home Health Care Benefit
90 Day Elimination Period With Compound Inflation
Preferred Annual Premium Rates per $10 Daily Maximum Benefit

Issue Age	Maximum Benefit Period					
	1 Year	2 Years	3 Years	4 Years	5 Years	Lifetime
18-44	37	49	61	71	80	93
45-49	44	57	71	83	93	108
50-54	52	68	84	97	108	129
55	53	70	85	98	112	132
56	57	75	93	106	121	142
57	61	81	99	116	132	154
58	67	88	107	125	141	166
59	72	94	117	135	154	181
60	79	102	128	146	166	195
61	83	108	134	156	177	208
62	88	115	142	164	184	218
63	93	121	150	174	196	231
64	98	129	160	184	209	246
65	103	135	169	194	221	259
66	112	147	182	210	237	280
67	121	160	196	227	258	303
68	130	172	213	246	277	326
69	141	184	228	264	299	352
70	152	201	249	286	325	383
71	169	222	275	317	359	423
72	187	246	304	351	397	468
73	208	271	337	388	440	517
74	228	299	370	428	485	570
75	252	329	408	472	534	628
76	275	361	448	517	584	689
77	301	395	489	565	639	752
78	329	432	534	617	699	823
79	359	472	583	673	764	898
80	393	517	639	738	836	983
81	426	557	690	796	902	1062
82	459	604	747	860	975	1148
83	495	651	805	930	1054	1240
84	535	703	871	1005	1139	1339
85	583	765	948	1095	1240	1459
86	613	804	995	1148	1300	1531
87	641	842	1044	1204	1365	1605
88	672	884	1094	1263	1429	1682
89	706	926	1147	1322	1499	1763
90-94	846	1111	1376	N/A	N/A	N/A
95-99	987	1296	1605	N/A	N/A	N/A

Conseco Senior Health Insurance Company
Policy Form ATL-NFQ-LTC
Proposed Rate Schedule With Downgrade
100% Home Health Care Benefit
90 Day Elimination Period With Compound Inflation
Standard Annual Premium Rates per $10 Daily Maximum Benefit

Issue Age	Maximum Benefit Period					
	1 Year	2 Years	3 Years	4 Years	5 Years	Lifetime
18-44	52	65	83	94	107	125
45-49	59	77	95	111	125	148
50-54	68	92	111	129	147	172
55	70	93	115	132	150	177
56	76	102	125	146	164	194
57	84	108	137	156	177	208
58	90	117	147	169	192	224
59	98	126	157	181	206	243
60	106	139	170	199	223	263
61	111	147	181	209	237	279
62	117	155	192	222	250	295
63	125	164	204	235	266	315
64	132	173	215	249	281	332
65	141	184	227	263	299	351
66	152	199	246	284	320	378
67	163	214	264	307	348	409
68	175	231	285	330	374	440
69	191	249	310	357	404	475
70	208	272	335	388	440	519
71	230	301	372	428	486	573
72	253	332	410	473	537	632
73	279	365	454	524	591	697
74	308	404	498	578	653	768
75	339	446	551	637	722	850
76	372	488	604	697	791	929
77	408	533	659	761	862	1,015
78	444	583	722	835	944	1,112
79	485	637	789	911	1,031	1,214
80	531	697	862	996	1,127	1,326
81	574	752	931	1,075	1,218	1,433
82	620	813	1,007	1,162	1,317	1,549
83	671	880	1,089	1,256	1	1,674
84	725	949	1,175	1,357	1,538	1,809
85	788	1,035	1,280	1,478	1,677	1,971
86	827	1,084	1,342	1,549	1,757	2,067
87	867	1,136	1,407	1,625	1,842	2,167
88	908	1,192	1,477	1,704	1,930	2,273
89	952	1,247	1,547	1,785	2,021	2,379
90-94	1,140	1,499	1,856	N/A	N/A	N/A
95-99	1,333	1,748	2,166	N/A	N/A	N/A

Conseco Senior Health Insurance Company
Policy Form ATL-NFQ-LTC
Proposed Rate Schedule With Downgrade
50% Home Health Care Benefit
90 Day Elimination Period With Compound Inflation
Standard Annual Premium Rates per $10 Daily Maximum Benefit

Issue Age	Maximum Benefit Period					
	1 Year	2 Years	3 Years	4 Years	5 Years	Lifetime
18-44	45	59	72	85	95	111
45-49	53	68	85	99	111	130
50-54	62	83	101	116	130	155
55	63	84	102	117	134	157
56	68	90	111	126	146	170
57	72	98	119	139	157	184
58	80	106	129	150	169	200
59	86	114	141	163	184	217
60	94	123	154	175	200	233
61	99	130	161	187	212	249
62	106	138	170	196	222	262
63	111	146	179	209	235	277
64	117	155	192	222	250	295
65	124	163	203	232	264	311
66	134	177	218	253	285	335
67	146	192	235	272	310	364
68	156	206	255	295	333	392
69	169	222	273	317	359	423
70	183	241	299	343	390	459
71	203	266	330	381	431	508
72	224	295	365	421	477	562
73	249	325	404	466	528	620
74	273	359	444	513	582	684
75	302	395	489	566	641	753
76	330	433	537	620	702	827
77	361	473	587	679	766	903
78	395	519	641	740	839	988
79	431	566	699	808	916	1,077
80	472	620	766	885	1,004	1,179
81	511	668	828	955	1,082	1,275
82	551	725	897	1,032	1,170	1,378
83	595	782	966	1,116	1,264	1,487
84	642	844	1,045	1,206	1,367	1,607
85	699	918	1,138	1,315	1,487	1,751
86	735	965	1,193	1,378	1,561	1,837
87	769	1,011	1,253	1,445	1,638	1,926
88	806	1,060	1,313	1,516	1,716	2,019
89	846	1,112	1,376	1,587	1,798	2,116
90-94	1,015	1,333	1,651	N/A	N/A	N/A
95-99	1,184	1,556	1,926	N/A	N/A	N/A

American Travellers Life Insurance Company
Policy Form ATL-NFQ-NH
Rate Schedule Prior to Rate Increase
90 Day Elimination Period
With Compound Inflation
Preferred Annual Premium Rates per $10 Daily Maximum Benefit

Issue Age	1 Years	2 Years	3 Years	4 Years	5 Years	Lifetime
18-44	47	62	75	88	99	118
45-49	56	73	90	103	120	140
50-54	67	86	105	125	140	163
55	67	88	108	127	144	168
56	73	97	120	138	157	183
57	80	105	131	151	170	202
58	88	118	144	166	189	221
59	97	129	159	183	209	245
60	105	142	174	202	228	269
61	116	153	189	217	245	290
62	127	166	204	237	269	314
63	135	176	219	254	288	340
64	146	194	237	275	310	366
65	159	209	256	297	338	396
66	170	224	277	320	363	428
67	181	239	297	344	387	456
68	198	260	318	370	419	492
69	211	277	344	396	447	527
70	230	301	372	430	488	574
71	252	333	411	473	535	632
72	280	366	452	522	591	694
73	305	400	497	574	649	763
74	338	443	548	634	718	843
75	372	490	604	697	791	931
76	402	527	654	755	856	1006
77	436	574	710	819	929	1092
78	473	621	770	888	1008	1185
79	514	675	834	963	1092	1284
80	550	725	897	1034	1174	1380
81	589	776	959	1107	1253	1475
82	630	826	1023	1180	1337	1574
83	673	886	1097	1264	1432	1686
84	720	946	1170	1350	1531	1800
85	785	1028	1273	1468	1664	1959
86	819	1077	1331	1537	1742	2049
87	858	1124	1393	1608	1823	2144
88	897	1176	1458	1681	1905	2240
89	940	1232	1524	1759	1993	2346
90-94	1127	1477	1830	N/A	N/A	N/A
95-99	1316	1722	2133	N/A	N/A	N/A

American Travellers Life Insurance Company
Policy Form ATL-NFQ-NH
Rate Schedule Prior to Rate Increase
90 Day Elimination Period
With Compound Inflation
Standard Annual Premium Rates per $10 Daily Maximum Benefit

Issue Age	1 Years	2 Years	3 Years	4 Years	5 Years	Lifetime
18-44	56	75	90	105	118	142
45-49	67	88	108	125	144	168
50-54	80	103	127	151	168	196
55	80	105	129	153	172	202
56	88	116	144	166	189	219
57	95	127	157	181	204	243
58	105	142	172	198	228	267
59	116	155	191	219	249	295
60	127	170	209	243	273	323
61	140	183	228	260	295	348
62	153	198	245	284	323	376
63	163	211	262	305	346	409
64	176	232	284	331	372	439
65	191	249	307	357	404	475
66	204	269	333	385	436	514
67	217	286	357	413	464	546
68	237	312	383	443	503	591
69	254	333	413	475	538	632
70	275	361	447	516	585	688
71	301	400	492	568	643	759
72	335	439	542	628	710	834
73	366	479	596	688	778	916
74	404	531	658	761	862	1011
75	447	589	725	836	950	1118
76	482	632	785	905	1028	1208
77	525	688	851	983	1114	1312
78	568	746	925	1066	1210	1421
79	617	811	1002	1157	1312	1539
80	660	869	1075	1241	1408	1656
81	707	931	1150	1329	1505	1769
82	757	991	1228	1417	1604	1888
83	808	1062	1316	1518	1718	2023
84	864	1135	1404	1621	1836	2159
85	942	1234	1527	1763	1997	2350
86	983	1292	1597	1845	2090	2460
87	1030	1350	1673	1931	2189	2571
88	1075	1410	1750	2017	2285	2688
89	1127	1479	1830	2111	2391	2814
90-94	1352	1772	2195	N/A	N/A	N/A
95-99	1578	2066	2559	N/A	N/A	N/A

American Travellers Life Insurance Company
Policy Form ATL-NFQ-NH
Proposed Rate Schedule With Rate Increase
90 Day Elimination Period
With Compound Inflation
Preferred Annual Premium Rates per $10 Daily Maximum Benefit

Issue Age	1 Years	2 Years	3 Years	4 Years	5 Years	Lifetime
18-44	66	87	105	123	138	166
45-49	78	102	126	144	169	196
50-54	93	120	147	175	196	229
55	93	123	151	178	202	235
56	102	135	169	193	220	256
57	111	147	184	211	238	283
58	123	166	202	232	265	310
59	135	181	223	256	292	343
60	147	199	244	283	319	376
61	163	214	265	304	343	406
62	178	232	286	331	376	439
63	190	247	307	355	403	476
64	205	271	331	385	433	512
65	223	292	358	415	473	554
66	238	313	388	448	509	599
67	253	334	415	482	542	638
68	277	364	445	518	587	689
69	295	388	482	554	626	737
70	322	421	521	602	683	804
71	352	467	575	662	749	885
72	391	512	632	731	828	972
73	427	560	695	804	909	1069
74	473	620	768	888	1005	1180
75	521	686	846	975	1108	1303
76	563	737	915	1057	1198	1409
77	611	804	993	1147	1300	1529
78	662	870	1078	1243	1412	1659
79	719	945	1168	1348	1529	1797
80	771	1014	1255	1448	1643	1932
81	825	1087	1342	1550	1755	2065
82	882	1156	1433	1652	1872	2203
83	942	1240	1535	1770	2005	2360
84	1008	1324	1637	1890	2143	2519
85	1099	1439	1782	2056	2330	2742
86	1147	1508	1863	2152	2438	2869
87	1201	1574	1950	2251	2552	3001
88	1255	1646	2041	2354	2667	3136
89	1315	1725	2134	2462	2790	3284
90-94	1577	2068	2562	N/A	N/A	N/A
95-99	1842	2411	2986	N/A	N/A	N/A

American Travellers Life Insurance Company
Policy Form ATL-NFQ-NH
Proposed Rate Schedule With Rate Increase
90 Day Elimination Period
With Compound Inflation
Standard Annual Premium Rates per $10 Daily Maximum Benefit

Issue Age	1 Years	2 Years	3 Years	4 Years	5 Years	Lifetime
18-44	78	105	126	147	166	199
45-49	93	123	151	175	202	235
50-54	111	144	178	211	235	274
55	111	147	181	214	241	283
56	123	163	202	232	265	307
57	132	178	220	253	286	340
58	147	199	241	277	319	373
59	163	217	268	307	349	412
60	178	238	292	340	382	452
61	196	256	319	364	412	488
62	214	277	343	397	452	527
63	229	295	367	427	485	572
64	247	325	397	464	521	614
65	268	349	430	500	566	665
66	286	376	467	539	611	719
67	304	400	500	578	650	765
68	331	436	536	620	704	828
69	355	467	578	665	753	885
70	385	506	626	722	819	963
71	421	560	689	795	900	1063
72	470	614	759	879	993	1168
73	512	671	834	963	1090	1282
74	566	743	921	1066	1207	1415
75	626	825	1014	1171	1330	1565
76	674	885	1099	1267	1439	1692
77	734	963	1192	1376	1559	1836
78	795	1044	1294	1493	1695	1990
79	864	1135	1403	1619	1836	2155
80	924	1216	1505	1737	1972	2318
81	990	1303	1610	1860	2107	2477
82	1060	1388	1719	1984	2245	2643
83	1132	1487	1842	2125	2405	2832
84	1210	1589	1966	2270	2571	3022
85	1318	1728	2137	2468	2796	3290
86	1376	1809	2236	2583	2926	3443
87	1442	1890	2342	2703	3064	3600
88	1505	1975	2450	2823	3200	3763
89	1577	2071	2562	2956	3347	3940
90-94	1893	2480	3073	N/A	N/A	N/A
95-99	2209	2893	3582	N/A	N/A	N/A

American Travellers Life Insurance Company
Policy Form ATL-NFQ-NH
Proposed Rate Schedule With Downgrade
90 Day Elimination Period
With Compound Inflation
Preferred Annual Premium Rates per $10 Daily Maximum Benefit

Issue Age	1 Years	2 Years	3 Years	4 Years	5 Years	Lifetime
18-44	28	37	45	53	59	71
45-49	34	44	54	62	72	84
50-54	40	52	63	75	84	98
55	40	53	65	76	86	101
56	44	58	72	83	94	110
57	48	63	79	90	102	121
58	53	71	86	99	114	133
59	58	77	95	110	125	147
60	63	85	104	121	137	161
61	70	92	114	130	147	174
62	76	99	123	142	161	188
63	81	106	132	152	173	204
64	88	116	142	165	186	219
65	95	125	154	178	203	237
66	102	134	166	192	218	257
67	108	143	178	206	232	273
68	119	156	191	222	252	295
69	126	166	206	237	268	316
70	138	181	223	258	293	344
71	151	200	246	284	321	379
72	168	219	271	313	355	417
73	183	240	298	344	390	458
74	203	266	329	381	431	506
75	223	294	362	418	475	559
76	241	316	392	453	513	604
77	262	344	426	491	557	655
78	284	373	462	533	605	711
79	308	405	501	578	655	770
80	330	435	538	620	704	828
81	353	466	575	664	752	885
82	378	495	614	708	802	944
83	404	531	658	759	859	1011
84	432	568	702	810	918	1080
85	471	617	764	881	998	1175
86	491	646	799	922	1045	1229
87	515	675	836	965	1094	1286
88	538	706	875	1009	1143	1344
89	564	739	915	1055	1196	1407
90-94	676	886	1098	N/A	N/A	N/A
95-99	789	1033	1280	N/A	N/A	N/A

American Travellers Life Insurance Company
Policy Form ATL-NFQ-NH
Proposed Rate Schedule With Downgrade
90 Day Elimination Period
With Compound Inflation
Standard Annual Premium Rates per $10 Daily Maximum Benefit

Issue Age	1 Years	2 Years	3 Years	4 Years	5 Years	Lifetime
18-44	29	40	47	55	61	75
45-49	35	47	57	65	77	89
50-54	48	61	75	89	99	115
55	44	59	71	86	96	114
56	50	65	81	93	108	122
57	52	70	88	101	113	136
58	59	80	95	110	128	149
59	65	87	108	122	140	166
60	71	97	117	139	155	183
61	79	104	130	147	166	198
62	87	114	140	162	184	213
63	93	118	149	173	197	233
64	100	132	161	188	210	249
65	110	142	174	203	230	270
66	117	154	190	220	251	295
67	123	161	204	236	263	310
68	135	178	218	253	288	338
69	144	189	234	269	304	357
70	155	201	250	289	328	384
71	167	224	276	316	359	425
72	189	247	304	353	398	468
73	204	267	332	384	433	512
74	225	295	368	427	482	563
75	255	336	411	474	539	635
76	272	357	444	512	582	684
77	298	390	482	556	630	743
78	321	422	524	604	686	805
79	353	463	572	660	748	877
80	377	496	615	709	806	948
81	405	534	659	762	863	1014
82	433	566	701	810	917	1078
83	463	608	754	869	983	1160
84	488	642	793	916	1037	1219
85	549	717	888	1025	1161	1366
86	571	752	928	1072	1214	1431
87	600	786	973	1124	1275	1496
88	624	819	1018	1172	1329	1562
89	586	771	952	N/A	N/A	N/A
90-94	721	945	1172	N/A	N/A	N/A
95-99	1578	2066	2559	N/A	N/A	N/A

SERFF Tracking #:	*SHPT-130672701*	***State Tracking #:***	*SHPT-130672701*	***Company Tracking #:***	*2016_PA*

State:	*Pennsylvania*	***Filing Company:***	*SENIOR HEALTH INSURANCE COMPANY OF PENNSYLVANIA*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.003 Other*		
Product Name:	*Long Term Care Insurance*		
Project Name/Number:	*2016_PA/*		

Supporting Document Schedules

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

Satisfied - Item:	Actuarial Certification (A&H)
Comments:	Please see the Actuarial Certification on page 6 of the Actuarial Memorandum
Attachment(s):	
Item Status:	
Status Date:	

Satisfied - Item:	Actuarial Memorandum and Explanatory Information (A&H)
Comments:	
Attachment(s):	Rate Increase Memorandum - PA -2016 08 02x.pdf
Item Status:	
Status Date:	

Bypassed - Item:	Advertisements (A&H)
Bypass Reason:	Not required for a rate filing
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Authorization to File (A&H)
Bypass Reason:	Not required because a third party isn't filing
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Insert Page Explanation (A&H)
Bypass Reason:	Not applicable for a rate filing
Attachment(s):	
Item Status:	
Status Date:	

SERFF Tracking #:	*SHPT-130672701*	***State Tracking #:***	*SHPT-130672701*	***Company Tracking #:***	*2016_PA*

State:	*Pennsylvania*	***Filing Company:***	*SENIOR HEALTH INSURANCE COMPANY OF PENNSYLVANIA*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.003 Other*		
Product Name:	*Long Term Care Insurance*		
Project Name/Number:	*2016_PA/*		

Bypassed - Item:	Rate Table (A&H)
Bypass Reason:	Not required because we are not filing a new form
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Replacement Form with Highlighted Changes (A&H)
Bypass Reason:	Not required because we are not filing a new form
Attachment(s):	
Item Status:	
Status Date:	

Satisfied - Item:	Reserve Calculation (A&H)
Comments:	Please see the "Claim Liability and Reserve" section on page 3 of the Actuarial Memorandum for this information.
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Variability Explanation (A&H)
Bypass Reason:	Not required because we are not filing a new form
Attachment(s):	
Item Status:	
Status Date:	

Satisfied - Item:	Policyholder Notification Letter
Comments:	
Attachment(s):	2016 Downgrade Offer Policyholder Letter_PA.pdf
Item Status:	
Status Date:	

Satisfied - Item:	10955-PA-AMD-IPR-2016
Comments:	
Attachment(s):	10955-PA-AMD-IPR-2016.pdf
Item Status:	
Status Date:	

Satisfied - Item:	10955-PA-NFO-2016

SERFF Tracking #:	*SHPT-130672701*	***State Tracking #:***	*SHPT-130672701*	***Company Tracking #:***	*2016_PA*

State:	*Pennsylvania*	***Filing Company:***	*SENIOR HEALTH INSURANCE COMPANY OF PENNSYLVANIA*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.003 Other*		
Product Name:	*Long Term Care Insurance*		
Project Name/Number:	*2016_PA/*		

Comments:	
Attachment(s):	10955-PA-NFO-2016.pdf
Item Status:	
Status Date:	

Satisfied - Item:	11001-PA-AMD-CIPBR-2016
Comments:	
Attachment(s):	11001-PA-AMD-CIPBR-2016.pdf
Item Status:	
Status Date:	

Satisfied - Item:	11001-PA-NFO
Comments:	
Attachment(s):	11001-PA-NFO.pdf
Item Status:	
Status Date:	

Satisfied - Item:	ATL-HHC-2-PA-AMD-BIR-2016
Comments:	
Attachment(s):	ATL-HHC-2-PA-AMD-BIR-2016.pdf
Item Status:	
Status Date:	

Satisfied - Item:	ATL-HHC-2-PA-NFO-2016
Comments:	
Attachment(s):	ATL-HHC-2-PA-NFO-2016.pdf
Item Status:	
Status Date:	

Satisfied - Item:	ATL-HHC-4-PA-AMD-BIR-2016
Comments:	
Attachment(s):	ATL-HHC-4-PA-AMD-BIR-2016.pdf
Item Status:	
Status Date:	

Satisfied - Item:	ATL-HHC-4-PA-NFO-2016
Comments:	

SERFF Tracking #:	*SHPT-130672701*	***State Tracking #:***	*SHPT-130672701*	***Company Tracking #:***	*2016_PA*

State:	*Pennsylvania*	***Filing Company:***	*SENIOR HEALTH INSURANCE COMPANY OF PENNSYLVANIA*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.003 Other*		
Product Name:	*Long Term Care Insurance*		
Project Name/Number:	*2016_PA/*		

Attachment(s):	ATL-HHC-4-PA-NFO-2016.pdf
Item Status:	
Status Date:	

Satisfied - Item:	ATL-LTC-1-PA-AMD-BIR-2016
Comments:	
Attachment(s):	ATL-LTC-1-PA-AMD-BIR-2016.pdf
Item Status:	
Status Date:	

Satisfied - Item:	ATL-LTC-1-PA-NFO-2016
Comments:	
Attachment(s):	ATL-LTC-1-PA-NFO-2016.pdf
Item Status:	
Status Date:	

Satisfied - Item:	ATL-LTC-5-PA-AMD-BIR-2016
Comments:	
Attachment(s):	ATL-LTC-5-PA-AMD-BIR-2016.pdf
Item Status:	
Status Date:	

Satisfied - Item:	ATL-LTC-5-PA-NFO-2016
Comments:	
Attachment(s):	ATL-LTC-5-PA-NFO-2016.pdf
Item Status:	
Status Date:	

Satisfied - Item:	ATL-LTC-6-PA-AMD-BIR-2016
Comments:	
Attachment(s):	ATL-LTC-6-PA-AMD-BIR-2016.pdf
Item Status:	
Status Date:	

Satisfied - Item:	ATL-LTC-6-PA-NFO-2016
Comments:	
Attachment(s):	ATL-LTC-6-PA-NFO-2016.pdf

SERFF Tracking #:	*SHPT-130672701*	***State Tracking #:***	*SHPT-130672701*	***Company Tracking #:***	*2016_PA*

State:	*Pennsylvania*	***Filing Company:***	*SENIOR HEALTH INSURANCE COMPANY OF PENNSYLVANIA*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.003 Other*		
Product Name:	*Long Term Care Insurance*		
Project Name/Number:	*2016_PA/*		

Item Status:	
Status Date:	

Satisfied - Item:	ATL-NFQ-HHC-PA-AMD-BIR-2016
Comments:	
Attachment(s):	ATL-NFQ-HHC-PA-AMD-BIR-2016.pdf
Item Status:	
Status Date:	

Satisfied - Item:	ATL-NFQ-HHC-PA-AMD-NFO-BIR-2016
Comments:	
Attachment(s):	ATL-NFQ-HHC-PA-AMD-NFO-BIR-2016.pdf
Item Status:	
Status Date:	

Satisfied - Item:	ATL-NFQ-HHC-PA-NFO-2016
Comments:	
Attachment(s):	ATL-NFQ-HHC-PA-NFO-2016.pdf
Item Status:	
Status Date:	

Satisfied - Item:	ATL-NFQ-LTC-PA-AMD-BIR-2016
Comments:	
Attachment(s):	ATL-NFQ-LTC-PA-AMD-BIR-2016.pdf
Item Status:	
Status Date:	

Satisfied - Item:	ATL-NFQ-LTC-PA-AMD-NFO-BIR-2016
Comments:	
Attachment(s):	ATL-NFQ-LTC-PA-AMD-NFO-BIR-2016.pdf
Item Status:	
Status Date:	

Satisfied - Item:	ATL-NFQ-LTC-PA-NFO-2016
Comments:	
Attachment(s):	ATL-NFQ-LTC-PA-NFO-2016.pdf
Item Status:	
Status Date:	

SERFF Tracking #:	*SHPT-130672701*	***State Tracking #:***	*SHPT-130672701*	***Company Tracking #:***	*2016_PA*

State:	*Pennsylvania*	***Filing Company:***	*SENIOR HEALTH INSURANCE COMPANY OF PENNSYLVANIA*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.003 Other*		
Product Name:	*Long Term Care Insurance*		
Project Name/Number:	*2016_PA/*		

Satisfied - Item:	ATL-NFQ-NH-PA-AMD-BIR-2016
Comments:	
Attachment(s):	ATL-NFQ-NH-PA-AMD-BIR-2016.pdf
Item Status:	
Status Date:	

Satisfied - Item:	ATL-NFQ-NH-PA-AMD-NFO-BIR-2016
Comments:	
Attachment(s):	ATL-NFQ-NH-PA-AMD-NFO-BIR-2016.pdf
Item Status:	
Status Date:	

Satisfied - Item:	ATL-NFQ-NH-PA-NFO-2016
Comments:	
Attachment(s):	ATL-NFQ-NH-PA-NFO-2016.pdf
Item Status:	
Status Date:	

Satisfied - Item:	ATL-FQ-LTC-PA-NFO-2016
Comments:	
Attachment(s):	ATL-FQ-LTC-PA-NFO-2016.pdf
Item Status:	
Status Date:	

Satisfied - Item:	ATL-FQ-LTC-PA-AMD-BIR-2016
Comments:	
Attachment(s):	ATL-FQ-LTC-PA-AMD-BIR-2016.pdf
Item Status:	
Status Date:	

Satisfied - Item:	ATL-FQ-LTC-PA-AMD-NFO-BIR-2016
Comments:	
Attachment(s):	ATL-FQ-LTC-PA-AMD-NFO-BIR-2016.pdf
Item Status:	
Status Date:	

Satisfied - Item:	ATL-FQ-NH-PA-AMD-BIR-2016

SERFF Tracking #:	*SHPT-130672701*	***State Tracking #:***	*SHPT-130672701*	***Company Tracking #:***	*2016_PA*

State:	*Pennsylvania*	***Filing Company:***	*SENIOR HEALTH INSURANCE COMPANY OF PENNSYLVANIA*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.003 Other*		
Product Name:	*Long Term Care Insurance*		
Project Name/Number:	*2016_PA/*		

Comments:	
Attachment(s):	ATL-FQ-NH-PA-AMD-BIR-2016.pdf
Item Status:	
Status Date:	

Satisfied - Item:	ATL-FQ-NH-PA-NFO-2016
Comments:	
Attachment(s):	ATL-FQ-NH-PA-NFO-2016.pdf
Item Status:	
Status Date:	

Satisfied - Item:	ATL-FQ-NH-PA-AMD-NFO-BIR-2016
Comments:	
Attachment(s):	ATL-FQ-NH-PA-AMD-NFO-BIR-2016.pdf
Item Status:	
Status Date:	

Satisfied - Item:	ATL-HHC-3-PA-NFO-2016
Comments:	
Attachment(s):	ATL-HHC-4-PA-NFO-2016.pdf
Item Status:	
Status Date:	

Satisfied - Item:	ATL-HHC-3-PA-AMD-BIR-2016
Comments:	
Attachment(s):	ATL-HHC-3-PA-AMD-BIR-2016.pdf
Item Status:	
Status Date:	

Satisfied - Item:	CSHIC-5002-FQ-HHC-PA-AMD-BIR-2016
Comments:	
Attachment(s):	CSHIC-5002-FQ-HHC-PA-AMD-NFO-BIR-2016.pdf
Item Status:	
Status Date:	

Satisfied - Item:	CSHIC-5002-NFQ-HHC-PA-AMD-NFO-BIR-2016
Comments:	

SERFF Tracking #:	*SHPT-130672701*	***State Tracking #:***	*SHPT-130672701*	***Company Tracking #:***	*2016_PA*

State:	*Pennsylvania*	***Filing Company:***	*SENIOR HEALTH INSURANCE COMPANY OF PENNSYLVANIA*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.003 Other*		
Product Name:	*Long Term Care Insurance*		
Project Name/Number:	*2016_PA/*		

Attachment(s):	CSHIC-5002-NFQ-HHC-PA-AMD-NFO-BIR-2016.pdf
Item Status:	
Status Date:	

Satisfied - Item:	CSHIC-5002-NFQ-HHC-PA-NFO-2016
Comments:	
Attachment(s):	CSHIC-5002-NFQ-HHC-PA-NFO-2016.pdf
Item Status:	
Status Date:	

Satisfied - Item:	CSHIC-5002-NFQ-HHC-PA-AMD-BIR-2016
Comments:	
Attachment(s):	CSHIC-5002-NFQ-HHC-PA-AMD-BIR-2016.pdf
Item Status:	
Status Date:	

Satisfied - Item:	CSHIC-5000-FQ-LTC-PA-NFO-2016
Comments:	
Attachment(s):	CSHIC-5000-FQ-LTC-PA-NFO-2016.pdf
Item Status:	
Status Date:	

Satisfied - Item:	CSHIC-5000-FQ-LTC-PA-AMD-BIR-2016
Comments:	
Attachment(s):	CSHIC-5000-FQ-LTC-PA-AMD-BIR-2016.pdf
Item Status:	
Status Date:	

Satisfied - Item:	CSHIC-5000-FQ-LTC-PA-AMD-NFO-BIR-2016
Comments:	
Attachment(s):	CSHIC-5000-FQ-LTC-PA-AMD-NFO-BIR-2016.pdf
Item Status:	
Status Date:	

Satisfied - Item:	CSHIC-5000-NFQ-LTC-PA-AMD-NFO-BIR-2016
Comments:	
Attachment(s):	CSHIC-5000-NFQ-LTC-PA-AMD-NFO-BIR-2016.pdf

SERFF Tracking #:	*SHPT-130672701*	***State Tracking #:***	*SHPT-130672701*	***Company Tracking #:***	*2016_PA*

State:	*Pennsylvania*	***Filing Company:***	*SENIOR HEALTH INSURANCE COMPANY OF PENNSYLVANIA*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.003 Other*		
Product Name:	*Long Term Care Insurance*		
Project Name/Number:	*2016_PA/*		

Item Status:	
Status Date:	

Satisfied - Item:	CSHIC-5000-NFQ-LTC-PA-NFO-2016
Comments:	
Attachment(s):	CSHIC-5000-NFQ-LTC-PA-NFO-2016.pdf
Item Status:	
Status Date:	

Satisfied - Item:	CSHIC-5000-NFQ-LTC-PA-AMD-BIR-2016
Comments:	
Attachment(s):	CSHIC-5000-NFQ-LTC-PA-AMD-BIR-2016.pdf
Item Status:	
Status Date:	

Satisfied - Item:	ATL-FQ-HHC-PA-AMD-BIR-2016
Comments:	
Attachment(s):	ATL-FQ-HHC-PA-AMD-BIR-2016.pdf
Item Status:	
Status Date:	

Satisfied - Item:	ATL-FQ-HHC-PA-NFO-2016
Comments:	
Attachment(s):	ATL-FQ-HHC-PA-NFO-2016.pdf
Item Status:	
Status Date:	

Satisfied - Item:	CSHIC-500104-PA-AMD-BIR-2016
Comments:	
Attachment(s):	CSHIC-500104-PA-AMD-BIR-2016.pdf
Item Status:	
Status Date:	

Satisfied - Item:	CSHIC-500104-PA-AMD-NFO-BIR-2016
Comments:	
Attachment(s):	CSHIC-500104-PA-AMD-NFO-BIR-2016.pdf
Item Status:	
Status Date:	

SERFF Tracking #:	*SHPT-130672701*	***State Tracking #:***	*SHPT-130672701*	***Company Tracking #:***	*2016_PA*

State:	*Pennsylvania*	***Filing Company:***	*SENIOR HEALTH INSURANCE COMPANY OF PENNSYLVANIA*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.003 Other*		
Product Name:	*Long Term Care Insurance*		
Project Name/Number:	*2016_PA/*		

Satisfied - Item:	CSHIC-500104-PA-NFO-2016
Comments:	
Attachment(s):	CSHIC-500104-PA-NFO-2016.pdf
Item Status:	
Status Date:	

Satisfied - Item:	CSHIC-5002-FQ-HHC-PA-AMD-NFO-BIR-2016
Comments:	
Attachment(s):	CSHIC-5002-FQ-HHC-PA-AMD-NFO-BIR-2016.pdf
Item Status:	
Status Date:	

Satisfied - Item:	CSHIC-5002-FQ-HHC-PA-NFO-2016
Comments:	
Attachment(s):	CSHIC-5002-FQ-HHC-PA-NFO-2016.pdf
Item Status:	
Status Date:	

Senior Health Insurance Company of Pennsylvania
550 Congressional Boulevard, Suite 200
Carmel, Indiana 46032

Aug 5, 2016

Pennsylvania Insurance Department
1209 Strawberry Square
Harrisburg, PA 17120

NAIC No: 76325 FEIN No.: 29-0704970
Rate Revision Filing on Long Term Care Insurance
5% Compound Lifetime Inflation Policies

Dear Sir or Madam:

The purpose of this letter is to introduce an offer that Senior Health Insurance Company of Pennsylvania (SHIP) is filing in your state to assist in maintaining the solvency of SHIP so that future policyholder obligations can be met. If you would like to set up a meeting to discuss this filing please feel free to contact us at your convenience.

The enclosed actuarial memorandum provides details of a request for approval of a rate action that would require policyholders with 5% compound lifetime inflation benefits to elect one of three options:

1. A 40% reduction in premium in exchange for a discontinuance of future inflationary daily benefit increases,

2. A Non-forfeiture Option ("NFO") under which the lifetime maximum benefit would be reduced to an amount equal to the sum of all premiums paid less all claims that have been paid, or

3. A 40% premium rate increase.

The development of this offer involved the study of many combinations of benefit downgrades, rate increases, and rate decreases. The offer proposed was determined to be the set of options most effective in balancing policyholder premium and benefit interests with SHIP's long-term solvency interests. Because inflated daily benefit amounts exceed the daily cost of care on a majority of the affected policies, an election of the premium reduction/downgrade option is expected to have a minimal impact on policyholders' ability to meet care needs.

The rates will be effective upon approval and will apply to all existing policyholders covered with 5% compound lifetime inflation benefits. The rate increases will apply to inforce business only as SHIP no longer markets these policy forms.

Following is an overview of the history of SHIP, why this offer has a material impact on SHIP's solvency, and why we are offering it to the SHIP policyholders in your state. Thank you for your consideration.

SHIP History

SHIP is a Pennsylvania domiciled stock life insurance company with its principal place of business in Carmel, Indiana. Its business consists solely of closed block long-term care insurance.

The Senior Health Care Oversight Trust ("Trust") was formed as a Pennsylvania business trust and took ownership of SHIP on November 12, 2008. The Trust board is comprised of five trustees, each with extensive insurance experience and with most having held positions as insurance commissioners.

The Trust charter sets forth three key objectives, which serve as principles to guide the Trust in its duties. Those objectives are:

(i) to have SHIP satisfy policyholder claims in accordance with the terms of the policies issued by SHIP,
(ii) to preserve the assets of SHIP for the benefit of SHIP's policyholders and seek to ensure that SHIP continues to remain solvent, and
(iii) to encourage SHIP to continue to treat its policyholders fairly and equitably in accordance with the terms of their policies.

In contrast to a privately or publicly held company, SHIP and the Trust operate without a profit motive. SHIP's sole focus is on its long-term care business.

Implicit in the Trust's stated objectives is that SHIP should be managed to avoid both a deficiency of surplus, in which case it would be unable to meet policyholder obligations, and excessive accumulation of surplus, in which case it would have collected more in premiums from policyholders than was necessary to meet obligations. Accordingly, the ideal outcome is for the last policyholder claim to be paid with the Company's last dollar. While this may not be practical, it serves as a principle by which the Company is managed.

SHIP Policy Overview

The Company's business consists exclusively of long-term care insurance, most of which originated in companies acquired by Conseco in the mid 1990's. Having experienced significant losses since these acquisitions, the Company ceased writing new business in 2003. As of December 31, 2015 there were 76,165 active members.

The business is comprised of more than 70 distinct policy forms with many state variations for each form. These forms include home health care, nursing home care, and comprehensive plans, covering both home health care and nursing home care. The policies are among the oldest in the industry with much richer benefit schedules than would be found in more recently designed policies.

The population that would be impacted by this offer would be policyholders who have 5%, compound, uncapped inflation who are premium paying determined at the time of the offer. As of December 31, 2015, 21% of all active policies or 16,341 active policies, would be impacted by the offer. In this population, 75% of the policies with home health care benefits only and 65% of nursing home benefit policies have daily benefit amounts that exceed the cost of care in their

area. Therefore, a majority of policyholders, upon election of the option to freeze benefit levels and drop future inflationary increases, will remain adequately insured.

Through performing an in-depth gross premium valuation on the proposed population of policyholders it was determined that the downgrade would have an actuarially more favorable impact than the rate increase.

Reasons for Downgrade Action

While the long-term care business is complex with many factors affecting results, two key factors have led to the current need for an offer: premiums have been less than originally projected and morbidity has been greater than projected.

- Premiums have been lower because (i) on historical rate filings, approved rates have been lower than filed rates, (ii) planned premium rate increase filings were discontinued prior to a manifestation of increased morbidity, and (iii) NFOs were elected by a significant number of policyholders on historical rate actions.

- Morbidity has been greater than projected because of anti-selection arising from (i) imposition of rate increases, (ii) NFO elections, and (iii) indemnity daily benefit levels on certain policy forms that have inflated to amounts in excess of the daily cost of care.

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 or email me.

Sincerely,

Ginger Darrough
Chief Analytics Officer
Phone: (317) 413-6234
Email: gdarrough@shipltc.com

Actuarial Memorandum Supporting Rate Revision for Senior Health Insurance Company of Pennsylvania Long-Term Care Insurance Plan

1. PURPOSE OF FILING

This is a rate increase filing for Senior Health Insurance Company of Pennsylvania's (SHIP) policy forms outlined below. SHIP is requesting a 40% rate increase for policyholders with a 5% compound lifetime inflation rider. In lieu of the rate increase, an option is provided to policyholders to freeze future inflation increases and receive a 40% decrease in their current premium. 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.

2. SCOPE OF FILING

This filing applies to Long Term Care active policies with a 5% compound lifetime inflation rider. This includes the following policy and rider forms:

Series 10955 & 11001
Policy Forms: 10955, 11001
Benefit Increase Rider Forms: 10955-IPR, 11001-IPR
Return of Premium Benefit Rider Forms: 11001-ROP
Home Health Care Rider Forms: 10955-HHC, 11001-HHC
Originally Issued by Transport Life Insurance Company

CSHIC 5000 Series
Policy Forms: CSHIC-5003, CSHIC-5004, CSHIC-5005
Benefit Increase Rider Forms: CSHIC-6004(5%), CSHIC-6006(5%)
Original Issued by Conseco Senior Health Insurance Company

FQ Series
Policy Forms: ATL-FQ-LTC, ATL-FQ-NH, ATL-FQ-HHC, ATL-NFQ-LTC, ATL-NFQ-NH, ATL-NFQ-HHC
Benefit Increase Rider Forms: ATL-BIR-FQ, ATL-BIR-FQ.1
Originally Issued by American Travellers Life Insurance Company

HHC Series
Policy Forms: ATL-HHC-2, ATL-HHC-3, ATL-HHC-4
Benefit Increase Rider Forms: ATL-BIR-HHC-2, ATL-BIR-HHC-3, ATL-BIR-HHC-4
Originally Issued by American Travellers Life Insurance Company

LTC-1 Series
Policy Forms: ATL-LTC-1, ATL-LTC-5
Benefit Increase Rider Forms: ATL-BIR-LTC-1, ATL-BIR-LTC-1-95
Originally Issued by American Travellers Life Insurance Company

LTC-6
Policy Forms: ATL-LTC-6
Benefit Increase Rider Forms: ATL-BIR-LTC-6
Originally Issued by American Travellers Life Insurance Company

The rate increase will apply to all insureds issued coverage under the above referenced forms in this State. The number of lives inforce and average premiums before and after the rate increase are shown in **Exhibit A**.

The rate increase will apply to in-force business only, as SHIP no longer markets these policy forms.

Given that State specific experience is not credible, nationwide experience is being used in this rate increase filing. However, Florida experience is excluded from nationwide experience to eliminate the subsidy Florida would require due to its unfavorable experience and difficulty in getting rate increases approved. Please note that while nationwide experience encompasses all policy forms listed above, SHIP may no longer have some policy forms inforce in Pennsylvania.

3. REASON FOR RATE INCREASE REQUEST

This rate filing is a request for a 40% increase. The purpose of the requested rate increase is to mitigate future losses and to assist in maintaining the solvency of SHIP, so that future policyholder obligations can be met. SHIP operates as an independent trust for the exclusive benefit of its policyholders and does not have a profit motive.

This request is part of an overall plan that SHIP has developed to maintain its solvency while minimizing the impact to policyholders as a whole.

The rate increase is justified because the actual lifetime loss ratio is 93% and higher than the required minimum loss ratio for these forms.

4. POLICYHOLDER OPTIONS TO MITIGATE IMPACT OF RATE INCREASE

SHIP will offer the following options to policyholders to mitigate the impact of the premium increase:

Benefit Reduction Offer

The Company will give policyholders Benefit Reduction Offers to help mitigate the impact to policyholders of the premium rate increase on the Base policy and Riders. The Benefit Reduction Offers will allow the policyholder with a 5% compound lifetime inflation protection rider to freeze the inflation protection at the current level by electing a new rider option. Along with the benefit reduction, policyholders will receive a 40% premium reduction to all premium due prior to the benefit reduction offer (including all rider premium).

The benefit reduction offer is not intended to be actuarial equivalent to the rate increase.

Non-Forfeiture Offer

Upon approval of the requested 40% rate increase, SHIP agrees to offer a nonforfeiture benefit to policyholders impacted by the rate increase. This offer will be made to all active policyholders regardless of issue age or premium rate increase history. The nonforfeiture benefit will provide a pool of benefits for long term care expenses equal to the sum of premiums paid-to-date less the sum of claims paid-to-date.

5. PROPOSED EFFECTIVE DATE

The proposed effective date is as soon as possible following approval and fulfillment of all statutory, contractual, and operational requirements. The projection assumes a 1/1/2017 effective date.

6. APPLICABILITY

The revised rates contained in the rate filing will be applicable to all renewals of the policy form and riders described in Section 1 as well as all future periodic inflation protection offers. The revised premium rate schedules can be found as part of the filing. The rate revision will be applied as a consistent percentage to all premium classes. The modal premium factors will remain unchanged from the current factors.

7. PROJECTION ASSUMPTIONS

Mortality, lapse, and morbidity assumptions used in the lifetime loss ratio projection are consistent with the assumptions used in SHIP's 2015 cash flow testing. They are based on best estimate assumptions and do not include any margin for adverse deviation.

Interest

A 4.96% net annual rate of interest has been assumed for accumulating historical experience and for discounting projected future experience. This is a weighted average of the valuation rate based on the policy issue date of all policies subject to this filing.

Mortality

Projected future experience assumes 85% of the 1983 Group Annuitant Mortality (GAM), graded up to 100% over 10 years. In addition, a 0.6% per year mortality improvement assumption was used for 15 years.

Lapse Rates

On average, the projected lapse rate is 4% (benefit exhaust is not modeled explicitly, but implied in the lapse rate). Projected future experience assumes best estimate lapse rates, which vary by policy form and issue age. There is also an additional lapse applied, which increases by attained age, starting with attained age 80 at zero and increasing to 5% at age 100.

Morbidity

Projected future experience uses morbidity assumptions which are based on SHIP experience. Claim costs were calculated by attained age, sex, marital status, policy duration, benefit period, and elimination period. Adjustment factors were applied to estimated claim costs to reflect actual experience.

8. ISSUE AGE RANGE

These products were available for issue ages 38 to 86. Premiums are based on issue age.

9. AREA FACTORS

The Company did not use area factors within the State in the premium scale for these products.

10. CLAIM LIABILITY AND RESERVE

Claim reserves were calculated using appropriate actuarial methods for IBNR and using continuance curves validated for the company's experience 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. The valuation rate for the claim reserve is consistent with the rate used to produce the historical loss ratios.

11. 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.

12. 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. See Exhibit E for the distribution of the inforce policies by key demographic and benefit characteristics.

13. NUMBER OF POLICYHOLDERS

Please refer to Exhibit A for the projected number of policyholders as of December 31, 2015 in this State.

14. AVERAGE ANNUAL PREMIUM

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

15. MINIMUM REQUIRED LIFETIME LOSS RATIO

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

16. HISTORICAL EXPERIENCE

Exhibit C provides nationwide experience since inception by incurral year. This data includes claim payments through 3/31/2016. The following table summarizes the nationwide historical loss ratio accumulated at 4.96% interest to 12/31/2015:

Table 1
Senior Health Insurance Company of Pennsylvania
Nationwide (Excluding FL) Historical Actual Experience
5% Compound Inflation

Earned Premiums	Incurred Claims	Loss Ratio
$3,176,890,357	$2,250,897,472	70.9%

17. PROJECTED FUTURE EXPERIENCE

Future experience, which has been projected for forty years using the best estimate assumptions described in Section 5, is shown in **Exhibit C**. Projected earned premiums include all rate increases effective as of 12/31/15. The following table summarizes the nationwide anticipated future loss ratio discounted at 4.96% without the requested rate increases.

Table 2 Senior Health Insurance Company of Pennsylvania Nationwide (Excluding FL) Future Experience 5% Compound Inflation Best Estimate Assumptions Without Rate Increases		
Earned Premiums	**Incurred Claims**	**Loss Ratio**
$221,776,780	$912,092,408	411.3%

18. LIFETIME ANTICIPATED LOSS RATIO

The lifetime anticipated loss ratio is defined as the present value of the historical and projected future incurred claims divided by the present value of the historical and projected future earned premium. **Exhibit B** also provides a projection of these values with all planned rate increase requests included in SHIP's solvency plan. Nationwide results are summarized below:

Table 3a Senior Health Insurance Company of Pennsylvania Nationwide (Excluding FL) - 5% Compound Inflation Anticipated Lifetime Loss Ratio Best Estimate Assumptions Without Rate Increases			
Time Period	**Earned Premiums**	**Incurred Claims**	**Loss Ratio**
Future	$221,776,780	$912,092,408	411.3%
Lifetime	$3,398,667,137	$3,162,989,879	93.1%

Table 3b Senior Health Insurance Company of Pennsylvania Nationwide (Excluding FL) - 5% Compound Inflation Anticipated Lifetime Loss Ratio With Planned Rate Increases, Effective as of 1/1/2017			
Time Period	**Earned Premiums**	**Incurred Claims**	**Loss Ratio**
Future	$284,124,062	$922,580,519	324.7%
Lifetime	$3,461,014,419	$3,173,477,991	91.7%

Table 3c Senior Health Insurance Company of Pennsylvania Nationwide (Excluding FL) - 5% Compound Inflation Anticipated Lifetime Loss Ratio With Downgrade, Effective as of 1/1/2017			
Time Period	**Earned Premiums***	**Incurred Claims***	**Loss Ratio**
Future	$157,205,458	$740,159,942	470.8%
Lifetime	$3,334,095,815	$2,991,057,414	89.7%

**Assumes inflation benefit frozen and 40% Premium Decrease.*

19. 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.

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 rendering this opinion and am familiar with the requirements for filing long-term care insurance 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.

In forming my opinion, I have used actuarial assumptions and actuarial methods and such tests of the actuarial calculations as I considered necessary.

I have reviewed and taken into consideration the policy design and coverage provided, and the Company's original underwriting and claims adjudication processes.

The projected experience shown in this Memorandum is based on best estimate assumptions and does not include any provision for moderately adverse experience. The rate increase being filed is lower than what would be required to meet any minimum lifetime loss ratio requirements or to do a certification of adequacy under rate stability requirements. 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.

Juliet M. Spector

Juliet Spector, FSA, MAAA
Consulting Actuary

Attachments

Exhibit A - Nationwide (Excluding Florida) Average Annualized Premiums
Exhibit B - Pennsylvania Rate Increase History
Exhibit C - Nationwide (Excluding Florida) Lifetime Experience Without and With All Planned Rate Increases
Exhibit D - Policy Form map to Projection Policy Form Groupings
Exhibit E - Distribution of Inforce business

Exhibit A
Senior Health Insurance Company of Pennsylvania
Nationwide (Excluding Florida) Average Annualized Premiums

Exhibit A Senior Health Insurance Company of Pennsylvania ATL & Transport Lives Inforce as of 12/31/15				
	Lives Inforce as of 12/31/2015	Average Annualized Premiums (as of 1/1/2018) Per Inforce		
		Without Rate Increase	With Downgrade	With Rate Increase
Nationwide (Excluding Florida)	15,254	$2,697	$1,769	$3,624
Pennsylvania Only	1,378	$2,668	$1,706	$3,629

Exhibit B
Senior Health Insurance Company of Pennsylvania
Pennsylvania Rate Increase History, Approval Percentages

SENIOR HEALTH INSURANCE COMPANY OF PENNSYLVANIA

LTC COMPOSITE RATE INCREASE HISTORY AND FILING STATUS
POLICY FORM SERIES 10955 AND ASSOCIATED RIDERS
NATIONWIDE EXPERIENCE FOR ACTIVE MEMBERS EXCLUDING FLORIDA

Issue State	1994	1995	1999	2000	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	Cumulative Increase
AR		24			25		19	11			15	20	12					216
AZ		15	35			25	10			10	10		10	25	25			344
CA			16		25		25	18		18			35				25	241
CO	24				25		19	11		25	25	40	25					460
DE		15	25		25		10				12	15		15	15	9		267
GA	24				6			15		12	7	15		10	12	12		187
HI			30		25		10	11							25			148
IA	24						25			25	20		25		18			243
IL	24		37		25		10	11		25	25	40	25		15			715
IN							25			25	25	35	25		15			279
KY	15				15		15	15		15		15	25					189
LA	24		42		25		10						25		25			278
MD		12			15		15	15		15	15	15	15		30			287
ME		24			25		19	11		25								156
MI				35	25		19	11		25	25	40	25		25			662
MO	24		42		25		10		11	25	25	25		25	25			720
MT	24		42		25		10	11					25		25			320
NC	18		37		25	25	10			11	25		25					382
ND	24				25		15	15		15	25	20		20	20			409
NE		18	42		25		10	11		25	25		25					399
NH	24						25			25	25	25		25	25			373
NM		15		37			12			25		40						209
NV		24												15	25			78
OH	17		37		25		10	11		25	25	40			20			542
OK			15		15		30	11		15	15	15			25		25	263
PA		24		19		5	19				25	40			20			287
SC					25		25	25		25	25		25	20	20			449
SD		24			25		19	11		25	25	40	25					460
TN	20		25		25		10	11		10			40	25				341
TX		15				25	19				18			21		25		205
UT		24				25	19	11		25			25					220
VA					15		25				25	40		25				214
WA	24																	24
WV					25		25	25		25	25	40	25					434

SENIOR HEALTH INSURANCE COMPANY OF PENNSYLVANIA

LTC COMPOSITE RATE INCREASE HISTORY AND FILING STATUS
POLICY FORM SERIES 11001 AND ASSOCIATED RIDERS
NATIONWIDE EXPERIENCE FOR ACTIVE MEMBERS EXCLUDING FLORIDA

Issue State	1993	1996	1997	1999	2000	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	Cumulative Increase
AR											15		20	12					55
AZ				38		20		15			10	10		10	25	25			296
CA				15			20	25	15		5			35				25	181
CO		12										25	40	25					145
DE		12		27		20		10				12	15		15	15	9		249
GA		12						14	17		10	7	15		10	12	12		179
HI		12		38		20		18	10							25			201
IA		12						15			16	20		25		18			164
IL		12		23		20		18	10		25	25	40	25		15			575
KY		6				15			15		15		15	25					132
LA		12		25		20		18						25		25			210
MD						15		15	15		15	15	15	15		30			246
MI				25		20		25	15		25	25	40	25		25			637
MO		12		35		20			15	15	8	25	25		25	25			533
MT		12		38		20		18	10					25		25			276
NC				25				45			11			25		25			214
ND						20		15	15		15	25	20		20	20			294
NH		12						28	20			25	25		25	25			320
NM		6				20					25		40						123
NV		12						5	15		25				15	25			143
OH		12		30		20		18	10		25	25	40			20			495
OK		12			15			15	15		15	15	15			25		25	224
PA			12			20		25				25	40			20			253
SC		10			25	18		16	9			25		34	20	20			395
SD		12				20			30		25	25	40	25					378
TN		12			23	20		18	10		5			40	25				294
TX	18	12						15	20			14			21		25		214
UT			12			20		25	15		25			25					202
VA								28				25	40			25			180
WV												25	40	25					119

SENIOR HEALTH INSURANCE COMPANY OF PENNSYLVANIA

LTC COMPOSITE RATE INCREASE HISTORY AND FILING STATUS
POLICY FORM SERIES 500003 AND ASSOCIATED RIDERS
NATIONWIDE EXPERIENCE FOR ACTIVE MEMBERS EXCLUDING FLORIDA

Issue State	2011	2012	2013	2014	Cumulative Increase
AZ	25	25			56
GA	12	15			29
IL	25	25			56
MD		15	15	15	32
MI	25	25			56
MN	25		25		56
MO	25	25			56
NJ	25	25			56
OH		15	20		38
OK		25		25	25
PA	25	20			50
TN		25	25		56
TX		16			16
UT	25				25
WA	25	25			56
WI	25		25		56

SENIOR HEALTH INSURANCE COMPANY OF PENNSYLVANIA

LTC COMPOSITE RATE INCREASE HISTORY AND FILING STATUS
POLICY FORM SERIES 500104 AND ASSOCIATED RIDERS
NATIONWIDE EXPERIENCE FOR ACTIVE MEMBERS EXCLUDING FLORIDA

Issue State	2011	2012	2013	2014	Cumulative Increase
AZ	25	25			56
HI		10			10
IA		20			20
IL	25	25			56
MO	25	25			56
ND	15	15			32
OH		15	20		38
OK		25		25	25
PA	25	20			50
TN		25	25		56
TX		16			16
UT	25				25
VA			25		25

SENIOR HEALTH INSURANCE COMPANY OF PENNSYLVANIA

LTC COMPOSITE RATE INCREASE HISTORY AND FILING STATUS
POLICY FORM SERIES 500205 AND ASSOCIATED RIDERS
NATIONWIDE EXPERIENCE FOR ACTIVE MEMBERS EXCLUDING FLORIDA

Issue State	2011	2012	2013	Cumulative Increase
IL	25	25		56
ME		21		21
MI	25	25		56
NV		25	19	49
OH		15	20	38
PA	25	20		50
WA	25	25		56
WI	25		25	56

SENIOR HEALTH INSURANCE COMPANY OF PENNSYLVANIA

LTC COMPOSITE RATE INCREASE HISTORY AND FILING STATUS
POLICY FORM SERIES FQ-HHC AND ASSOCIATED RIDERS
NATIONWIDE EXPERIENCE FOR ACTIVE MEMBERS EXCLUDING FLORIDA

Issue State	2005	2007	2008	2009	2010	2011	2012	2013	Cumulative Increase
CO	25	25		40					119
IL	25		25	40					119
KS	15		30					20	79
KY	15	15			25		18		95
LA	25				25		25		95
MA			20	40				10	85
ME	25	25							56
MI	25	25		40					119
MT	25				25				56
NJ			10			25	25		72
OH	25	25		40					119
PA	25		23	40					115
TN	25	25		20		11			108
TX	25		19			17		16	102
VA			25	40			25		119
WI	25		12		25		25		119

SENIOR HEALTH INSURANCE COMPANY OF PENNSYLVANIA

LTC COMPOSITE RATE INCREASE HISTORY AND FILING STATUS
POLICY FORM SERIES FQ-LTC AND ASSOCIATED RIDERS
NATIONWIDE EXPERIENCE FOR ACTIVE MEMBERS EXCLUDING FLORIDA

Issue State	2005	2007	2008	2009	2010	2011	2012	2013	2014	Cumulative Increase
AR	25		15	20	10					90
AZ	10		10	10	50					100
CA	25	18			20		20			112
CO	25	25		40						119
DE			12		18		50			98
GA	12	10		10		15	13	11		95
HI			25				25			56
IA	20		20		25		15			107
IL	25		25	40						119
IN		25		35	25					111
KS	15		30					20		79
KY	15	15			25		18			95
LA	25				25		25			95
MA			20	40				10		85
MD	15	15		15	15			15		101
ME	25	25								56
MI	25	25		40						119
MN	25			40		20				110
MO	25		25	25		11				117
MT	25				25					56
NC	25		25	40						119
ND	15	15		20	20	10				109
NE	25	25			25					95
NH	25				25	25				95
NJ			10			25	25			72
NM	25	25		40						119
NV					25		25			56
OH	25	17		40						105
OK	15	15					25		25	65
OR	10	10		36					10	65
PA	25		23	40						115
SC	25		25	20	17					119
SD	25	25		40						119
TN	25	25		20		11				108
TX	25		19			17		16		102
UT	25		25		25					95
VA			25	40			25			119
WA	25		25	40						119
WI	25		12		25		25			119
WV	25	25		25	11					117

SENIOR HEALTH INSURANCE COMPANY OF PENNSYLVANIA

LTC COMPOSITE RATE INCREASE HISTORY AND FILING STATUS
POLICY FORM SERIES FQ-NH AND ASSOCIATED RIDERS
NATIONWIDE EXPERIENCE FOR ACTIVE MEMBERS EXCLUDING FLORIDA

Issue State	2005	2007	2008	2009	2010	2011	2012	2013	2014	Cumulative Increase
AR	25		15	20	10					90
AZ	10	10		10	50					100
CA	25	18			20		20			112
CO	25	25		40						119
GA	12	10		10		15	13	11		95
IA	20		20		25		15			107
IL	25		25	40						119
IN		25		35	25					111
KS	15		30					20		79
KY	15	15			25		18			95
LA	25				25		25			95
MI	25	25		40						119
MO	25		25	25		11				117
MT	25				25					56
NC	25		25	40						119
ND	15	15		20	20	10				109
NE	25	25			25					95
NJ			10			25	25			72
OH	25	25		40						119
OK	15	15					25		25	65
PA	25		23	40						115
SD	25	25		40						119
TN	25	25		20		11				108
TX	25		19			17		16		102
WA	25		25	40						119
WI	25		12		25		25			119

SENIOR HEALTH INSURANCE COMPANY OF PENNSYLVANIA

LTC COMPOSITE RATE INCREASE HISTORY AND FILING STATUS
POLICY FORM SERIES HHC-2 AND ASSOCIATED RIDERS
NATIONWIDE EXPERIENCE FOR ACTIVE MEMBERS EXCLUDING FLORIDA

Issue State	1997	2003	2004	2008	2009	2010	2011	2013	Cumulative Increase
AZ		18	20	10	10	50			157
GA		10		10	10		10		46
IL		18	20	25	40	16			187
IN		18	20	25	35				139
MI	10	18	20	25	40	12			205
OH		18	20		45				105
PA		18	20	15	40				128
TX		18		15			19	25	102
VA		18	20	25	40				148

SENIOR HEALTH INSURANCE COMPANY OF PENNSYLVANIA

LTC COMPOSITE RATE INCREASE HISTORY AND FILING STATUS
POLICY FORM SERIES HHC-3 AND ASSOCIATED RIDERS
NATIONWIDE EXPERIENCE FOR ACTIVE MEMBERS EXCLUDING FLORIDA

Issue State	1999	2000	2003	2004	2008	2009	2010	2011	2012	2013	2014	Cumulative Increase
AZ			18	20	10	10	50					157
CA	20	25	25	25			25				25	193
IL			18	20	25	56						176
KY			15	15	15	15	25					119
MD			15	15	15	15	15					101
ME			18	20	25							77
OH			18	20	25	40						148
OK			15	15	15	15			19			108
PA			18	20	15	40						128
TX			18		15			19		25		102
VA			18	20	25	40						148
WA			18	15		40		8				105

SENIOR HEALTH INSURANCE COMPANY OF PENNSYLVANIA

LTC COMPOSITE RATE INCREASE HISTORY AND FILING STATUS
POLICY FORM SERIES HHC-4 AND ASSOCIATED RIDERS
NATIONWIDE EXPERIENCE FOR ACTIVE MEMBERS EXCLUDING FLORIDA

Issue State	2003	2004	2005	2008	2009	2010	2011	2012	Cumulative Increase
AZ	18	20		10	10	50			157
CO	18	20		25	40	8			168
GA	10			10	10		10		46
IA	18		20	15		25			104
IL	18	20		25	40	16			187
IN	18	20		25	35				139
KS	15	20		15			15		83
KY	15	15		15	15	25			119
LA	18		20			25			77
MD	15	15		15	15	15			101
MI	18	20		25	40	12			178
MO	18	20		25	25		25		177
MT	18	20				25			77
NC	18		20		40				98
NE	18	20		25		25			121
NM	18			25	40				107
NV	18	20				25			77
OH	18	20		25	40				148
OK	15	15		15	15			19	108
PA	18	20		15	40				128
TN	18	20		10		25	5		104
VA	18	20		25	40				148
WI	18	20		18			12	25	134

SENIOR HEALTH INSURANCE COMPANY OF PENNSYLVANIA

LTC COMPOSITE RATE INCREASE HISTORY AND FILING STATUS
POLICY FORM SERIES LTC-1 AND ASSOCIATED RIDERS
NATIONWIDE EXPERIENCE FOR ACTIVE MEMBERS EXCLUDING FLORIDA

Issue State	1998	1999	2000	2001	2003	2004	2005	2007	2008	2009	2010	2011	2012	2013	2014	Cumulative Increase
CA	17	25		25	11		11	20			25				25	238
MD		10	15			15	30	15	15	15		15	15	15		337
NJ									25	15		25	25			125
PA	14		25	25		11	11		20	40		14				320
WI		16		25	16			10		10	10			25		180

SENIOR HEALTH INSURANCE COMPANY OF PENNSYLVANIA

LTC COMPOSITE RATE INCREASE HISTORY AND FILING STATUS
POLICY FORM SERIES LTC-5 AND ASSOCIATED RIDERS
NATIONWIDE EXPERIENCE FOR ACTIVE MEMBERS EXCLUDING FLORIDA

Issue State	1998	1999	2000	2001	2002	2003	2004	2005	2007	2008	2009	2010	2011	2012	2013	2014	Cumulative Increase
AZ	16			25	25	11		11		13		10	25	25			334
CO	14			15		20		17	25	25	40	10					343
GA	17						15	18	10	10	7		15	13	11		197
IA	16		25		25		11	11	25	15		25		8			333
IL	16	25		25		11		11	25	25	25						336
KS	10		10	15		15		15	15	15			15		20		236
KY	17	10		15			15	15	15	15		25	25				304
MO	25	25		25		9		11	25	25	25						362
NE	25	25		25		9		11	25	25	40						417
OH	16	25		25		11		11	25	25	40						389
OK	17	15		15		14		15	45					25		10	268
PA	14			25			25	11		20	40		14				279
TX	17		25			25	11	11	25				18		25		315
UT				25			18	17	25	25		25					237

SENIOR HEALTH INSURANCE COMPANY OF PENNSYLVANIA

LTC COMPOSITE RATE INCREASE HISTORY AND FILING STATUS
POLICY FORM SERIES LTC-6 AND ASSOCIATED RIDERS
NATIONWIDE EXPERIENCE FOR ACTIVE MEMBERS EXCLUDING FLORIDA

Issue State	1998	1999	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	Cumulative Increase
AR	16					25		15	25		20		150
AZ	18		25	12					10		10		100
CA		19	25	12		16		15			25		178
CO	19		25	12				25	25	26	5		244
DE	18				15					20			63
GA						7			10	10		10	42
HI	19		25	12	16								93
IA				18	15			23	20		25		150
IL	19		25	12	16			50		25			262
IN				15		15		25	25	35	19		232
KS				15		15		15	15			15	101
KY	15		15		15	15		15	15		25		189
LA	16		25			25					25		127
MA				18		15			80				144
MD			15		15	15		15	15	15	15		166
ME				25	15	25		25	25				181
MI			25	15		25		25	25	25			251
MO	18		25	12			16	75					235
MT	18			25	12	16					25		140
NC				25	15			15	25		25		158
ND					25	16		20	20	20	18		196
NE	18		25	12		16		25	25	9	3		236
NM		18	25	15				50		25			218
NV											25		25
OH	19		25	12		16		25	25	9			229
OK	18		15	15		15		45					160
OR	18			10		18		10	15	36			164
PA			25	15		25			20	40			202
SC	19		25		12	16		75					238
SD	18			37		16		25	25	9	3		229
TN	19		25	12		16		12		25	25		238
TX	18			25	12	16		25					140
UT				25	15	25		25	25				181
VA			15		15			25	25	40			189
WA		10	10	15		10		25		40			168
WI	18		25		12			10		10	12		124
WV			25		15	25		25	25	14	4		233

SENIOR HEALTH INSURANCE COMPANY OF PENNSYLVANIA

LTC COMPOSITE RATE INCREASE HISTORY AND FILING STATUS
POLICY FORM SERIES NFQ-HHC AND ASSOCIATED RIDERS
NATIONWIDE EXPERIENCE FOR ACTIVE MEMBERS EXCLUDING FLORIDA

Issue State	2005	2008	2009	Cumulative Increase
PA	25	23	40	115
WA	25	25	40	119

SENIOR HEALTH INSURANCE COMPANY OF PENNSYLVANIA

LTC COMPOSITE RATE INCREASE HISTORY AND FILING STATUS
POLICY FORM SERIES NFQ-LTC AND ASSOCIATED RIDERS
NATIONWIDE EXPERIENCE FOR ACTIVE MEMBERS EXCLUDING FLORIDA

Issue State	2005	2007	2008	2009	2010	2011	2012	2013	Cumulative Increase
CA	25	18			20		20		112
GA	12	10		10		15	13	11	95
IA	20		20		25		15		107
MN	25			40		20			110
PA	25		23	40					115
TN	25	25		20		11			108
TX	25		19			17		16	102
WA	25		25	40					119
WI	25		25		25		25		144

SENIOR HEALTH INSURANCE COMPANY OF PENNSYLVANIA

LTC COMPOSITE RATE INCREASE HISTORY AND FILING STATUS
POLICY FORM SERIES NFQ-NH AND ASSOCIATED RIDERS
NATIONWIDE EXPERIENCE FOR ACTIVE MEMBERS EXCLUDING FLORIDA

Issue State	2005	2007	2008	2009	2010	2011	2012	2013	Cumulative Increase
CA	25	18			20		20		112
GA	12	10		10		15	13	11	95
IA	20		20		25		15		107
PA	25		23	40					115
TX	25		19			17		16	102
WA	25		25	40					119

Exhibit C
Senior Health Insurance Company of Pennsylvania
Nationwide (Excluding Florida) Lifetime Experience Without and With All Planned Rate Increases

Exhibit C - 1
Senior Health Insurance Company of Pennsylvania (SHIP)
Historical and Projected Experience
Nationwide Experience (Excluding Florida)
5% Compound Lifetime Inflation

Historical

Calendar Year	Earned Premium	Incurred Claims	Incurred Ratio
2000 & Prior	576,224,057	157,116,600	27%
2001	97,035,724	49,041,773	51%
2002	95,224,517	55,851,606	59%
2003	93,740,832	56,293,173	60%
2004	91,874,764	64,335,834	70%
2005	90,159,031	67,915,725	75%
2006	87,728,830	82,292,988	94%
2007	83,777,533	88,131,007	105%
2008	83,025,205	91,375,834	110%
2009	80,945,827	107,270,124	133%
2010	78,661,278	114,675,291	146%
2011	72,175,408	119,914,735	166%
2012	68,592,431	123,963,020	181%
2013	63,369,695	130,224,059	205%
2014	58,656,972	135,369,807	231%
2015	52,606,326	126,985,921	241%

Projection without Rate Increase

Calendar Year	Earned Premium	Incurred Claims	Incurred Ratio
2016	41,671,740	124,153,502	298%
2017	36,802,689	114,508,641	311%
2018	32,387,318	102,547,201	317%
2019	28,389,068	92,085,205	324%
2020	24,774,822	86,663,572	350%
2021	21,517,350	80,530,816	374%
2022	18,592,364	76,884,802	414%
2023	15,977,885	72,912,397	456%
2024	13,652,386	68,563,938	502%
2025	11,595,006	63,922,559	551%
2026	9,794,438	60,493,804	618%
2027	8,236,929	54,717,426	664%
2028	6,895,769	48,956,505	710%
2029	5,746,051	43,838,729	763%
2030	4,765,294	39,426,924	827%
2031	3,931,515	35,430,191	901%
2032	3,225,326	31,823,507	987%
2033	2,630,804	28,368,740	1078%
2034	2,133,506	25,113,301	1177%
2035	1,720,284	22,096,512	1284%
2036	1,379,337	19,748,204	1432%
2037	1,100,120	16,958,503	1542%
2038	872,994	14,534,385	1665%
2039	689,484	12,447,928	1805%
2040	542,194	10,690,655	1972%
2041	424,572	9,052,131	2132%
2042	331,099	7,677,472	2319%
2043	257,169	6,489,072	2523%
2044	198,970	5,463,626	2746%
2045	153,343	4,580,476	2987%
2046	117,705	3,884,320	3300%
2047	89,965	3,163,290	3516%
2048	68,435	2,581,191	3772%
2049	51,784	2,092,198	4040%
2050	38,972	1,692,183	4342%
2051	29,172	1,344,140	4608%
2052	21,715	1,063,185	4896%
2053	16,054	831,797	5181%
2054	11,785	643,159	5457%
2055 & Later	28,884	1,768,322	6122%

Projection with Rate Increase

Calendar Year	Earned Premium	Incurred Claims	Incurred Ratio
2016	41,671,740	124,153,502	298%
2017	46,903,940	117,175,652	250%
2018	43,574,042	104,167,609	239%
2019	38,268,885	93,204,120	244%
2020	33,459,100	87,938,329	263%
2021	29,112,140	81,352,375	279%
2022	25,198,676	77,630,711	308%
2023	21,692,004	73,616,907	339%
2024	18,565,571	69,252,632	373%
2025	15,793,349	64,593,257	409%
2026	13,361,870	61,714,012	462%
2027	11,254,175	55,585,724	494%
2028	9,435,580	49,449,575	524%
2029	7,873,562	44,168,737	561%
2030	6,538,620	39,807,821	609%
2031	5,401,722	35,659,510	660%
2032	4,437,157	32,025,773	722%
2033	3,623,775	28,552,060	788%
2034	2,942,313	25,280,217	859%
2035	2,375,182	22,249,109	937%
2036	1,906,550	20,053,806	1052%
2037	1,522,219	17,137,618	1126%
2038	1,209,157	14,634,760	1210%
2039	955,878	12,511,555	1309%
2040	752,335	10,760,508	1430%
2041	589,600	9,090,640	1542%
2042	460,132	7,710,089	1676%
2043	357,626	6,517,003	1822%
2044	276,856	5,487,292	1982%
2045	213,480	4,601,241	2155%
2046	163,942	3,929,651	2397%
2047	125,357	3,181,908	2538%
2048	95,394	2,591,603	2717%
2049	72,209	2,098,241	2906%
2050	54,362	1,699,491	3126%
2051	40,706	1,347,117	3309%
2052	30,311	1,065,709	3516%
2053	22,417	833,884	3720%
2054	16,461	644,864	3918%
2055 & Later	40,383	1,773,973	4393%

Loss Ratio Summaries

Accumulated Value of Historical to 12/31/2015	3,176,890,357	2,250,897,472	71%
Present Value of Future to 12/31/2015	221,776,780	912,092,408	411%
Total Values (Discounted at 5%)	3,398,667,137	3,162,989,879	93%
Projected Lifetime Loss Ratio			93%
Minimum Lifetime Loss Ratio			60%
Maximum Allowable Increase			845%
Requested Rate Increase			40.0%

Accumulated Value of Historical to 12/31/2015	3,176,890,357	2,250,897,472	71%
Present Value of Future to 12/31/2015	284,124,062	922,580,519	325%
Total Values (Discounted at 5%)	3,461,014,419	3,173,477,991	92%
Projected Loss Ratio with Rate Increase			92%

Exhibit C - 2
Senior Health Insurance Company of Pennsylvania (SHIP)
Historical and Projected Experience
Nationwide Experience (Excluding Florida)
5% Compound Lifetime Inflation

Historical

Calendar Year	Earned Premium	Incurred Claims	Incurred Ratio
2000 & Prior	576,224,057	157,116,600	27%
2001	97,035,724	49,041,773	51%
2002	95,224,517	55,851,606	59%
2003	93,740,832	56,293,173	60%
2004	91,874,764	64,335,834	70%
2005	90,159,031	67,915,725	75%
2006	87,728,830	82,292,988	94%
2007	83,777,533	88,131,007	105%
2008	83,025,205	91,375,834	110%
2009	80,945,827	107,270,124	133%
2010	78,661,278	114,675,291	146%
2011	72,175,408	119,914,735	166%
2012	68,592,431	123,963,020	181%
2013	63,369,695	130,224,059	205%
2014	58,656,972	135,369,807	231%
2015	52,606,326	126,985,921	241%

Projection without Rate Increase

Calendar Year	Earned Premium	Incurred Claims	Incurred Ratio
2016	41,671,740	124,153,502	298%
2017	36,802,689	114,508,641	311%
2018	32,387,318	102,547,201	317%
2019	28,389,068	92,085,205	324%
2020	24,774,822	86,663,572	350%
2021	21,517,350	80,530,816	374%
2022	18,592,364	76,884,802	414%
2023	15,977,885	72,912,397	456%
2024	13,652,386	68,563,938	502%
2025	11,595,006	63,922,559	551%
2026	9,794,438	60,493,804	618%
2027	8,236,929	54,717,426	664%
2028	6,895,769	48,956,505	710%
2029	5,746,051	43,838,729	763%
2030	4,765,294	39,426,924	827%
2031	3,931,515	35,430,191	901%
2032	3,225,326	31,823,507	987%
2033	2,630,804	28,368,740	1078%
2034	2,133,506	25,113,301	1177%
2035	1,720,284	22,096,512	1284%
2036	1,379,337	19,748,204	1432%
2037	1,100,120	16,958,503	1542%
2038	872,994	14,534,385	1665%
2039	689,484	12,447,928	1805%
2040	542,194	10,690,655	1972%
2041	424,572	9,052,131	2132%
2042	331,099	7,677,472	2319%
2043	257,169	6,489,072	2523%
2044	198,970	5,463,626	2746%
2045	153,343	4,580,476	2987%
2046	117,705	3,884,320	3300%
2047	89,965	3,163,290	3516%
2048	68,435	2,581,191	3772%
2049	51,784	2,092,198	4040%
2050	38,972	1,692,183	4342%
2051	29,172	1,344,140	4608%
2052	21,715	1,063,185	4896%
2053	16,054	831,797	5181%
2054	11,785	643,159	5457%
2055 & Later	28,884	1,768,322	6122%

Projection with Downgrade

Calendar Year	Earned Premium*	Incurred Claims*	Incurred Ratio
2016	41,671,740	124,153,502	298%
2017	24,191,274	109,575,385	453%
2018	21,200,593	95,283,098	449%
2019	18,509,252	82,718,160	447%
2020	16,090,544	74,919,378	466%
2021	13,922,560	67,324,109	484%
2022	11,986,053	61,960,891	517%
2023	10,263,765	56,633,483	552%
2024	8,739,200	51,317,334	587%
2025	7,396,664	46,120,018	624%
2026	6,227,005	41,984,978	674%
2027	5,219,684	36,660,539	702%
2028	4,355,957	31,661,267	727%
2029	3,618,539	27,348,107	756%
2030	2,991,968	23,735,166	793%
2031	2,461,308	20,574,208	836%
2032	2,013,495	17,836,441	886%
2033	1,637,833	15,350,632	937%
2034	1,324,698	13,122,370	991%
2035	1,065,386	11,153,709	1047%
2036	852,125	9,690,773	1137%
2037	678,021	8,014,432	1182%
2038	536,831	6,616,073	1232%
2039	423,090	5,463,911	1291%
2040	332,053	4,539,459	1367%
2041	259,544	3,699,500	1425%
2042	202,067	3,026,748	1498%
2043	156,712	2,466,585	1574%
2044	121,084	2,001,159	1653%
2045	93,207	1,616,623	1734%
2046	71,468	1,341,233	1877%
2047	54,573	1,040,406	1906%
2048	41,477	815,264	1966%
2049	31,360	635,274	2026%
2050	23,582	496,968	2107%
2051	17,638	376,815	2136%
2052	13,120	285,070	2173%
2053	9,692	212,017	2188%
2054	7,109	154,788	2177%
2055 & Later	17,386	340,857	1960%

**Assumes inflation benefit frozen and 40% Premium Decrease*

Loss Ratio Summaries

Accumulated Value of Historical to 12/31/2015	3,176,890,357	2,250,897,472	71%
Present Value of Future to 12/31/2015	221,776,780	912,092,408	411%
Total Values (Discounted at 5%)	3,398,667,137	3,162,989,879	93%
Projected Lifetime Loss Ratio			93%
Minimum Lifetime Loss Ratio			60%
Maximum Allowable Increase			845%
Requested Rate Increase			40.0%

Accumulated Value of Historical to 12/31/2015	3,176,890,357	2,250,897,472	71%
Present Value of Future to 12/31/2015	157,205,458	740,159,942	471%
Total Values (Discounted at 5%)	3,334,095,815	2,991,057,414	90%
Projected Loss Ratio with Rate Increase			90%

Exhibit D
Senior Health Insurance Company of Pennsylvania
Policy Form map to Projection Policy Form Groupings

Exhibit D
Senior Health Insurance Company of Pennsylvania
ATL, TLI, UGL only
Policy Form and Series Mapping

Milliman Grouping	Policy Form
A_Bser	CSHIC-5003
A_Bser	CSHIC-5004
A_Bser	CSHIC-5005
A_FQSe	FQ-HHC
A_FQSe	FQ-LTC
A_FQSe	FQ-LTC PAR
A_FQSe	FQ-NH
A_FQSe	NFQ-HHC
A_FQSe	NFQ-LTC
A_FQSe	NFQ-NH
A_HHC1	HHC-1
A_HHC1	HHC-5
A_HHC1	HHC-6
A_HHC1	HHC-87
A_HHC2	HHC-2
A_HHC3	HHC-3
A_HHC4	HHC-4
A_LT89	LTC-89
A_LTC1	LTC
A_LTC1	LTC-1
A_LTC1	LTC-2
A_LTC1	LTC-5
A_LTC1	LTC-7
A_LTC1	LTC-8
A_LTC1	LTCIT
A_LTC3	LTC-3
A_LTC3	LTC-3 PAR
A_LTC6	LTC-6
A_MISC	AI
A_MISC	AIG
A_MISC	CIS-85
A_MISC	CSN
A_MISC	GRPB
A_MISC	NCP
A_MISC	NCP2
A_Misc	NH 701
A_Misc	NHP-1
A_Misc	NHP-ME
A_Misc	WD
A_Misc	WDIT
A_UGLI	660
A_UGLI	665
A_UGLI	666
A_UGLI	668
T10770	10770
T10770	10902
T10853	10773
T10853	10853
T10853	10855
T10853	10860
T10853	10921
T10955	10955
T10955	10967
T11001	11001
T11001	11006
T_Misc	10576
T_Misc	10618
T_Misc	10669
T_Misc	10674
T_Misc	10840
T_Misc	10841
T_Misc	10869
T_Misc	10886
T_Misc	10918
T_Misc	10922
T_Misc	10956

Exhibit E
Senior Health Insurance Company of Pennsylvania
Distribution of Inforce business

Exhibit E
Senior Health Insurance Company of Pennsylvania
ATL & Transport
Distribution of Inforce Business as of December 31, 2015

Issue Year	Count	% of Count	Premium	% of Premium
1986	4	0.03%	$25,648	0.06%
1987	15	0.10%	$51,188	0.12%
1988	31	0.20%	$146,617	0.33%
1989	76	0.50%	$268,002	0.61%
1990	791	5.19%	$2,115,667	4.78%
1991	1,701	11.15%	$5,129,054	11.60%
1992	1,816	11.91%	$5,901,538	13.35%
1993	1,135	7.44%	$3,738,414	8.45%
1994	952	6.24%	$3,083,413	6.97%
1995	366	2.40%	$1,123,666	2.54%
1996	1,668	10.93%	$4,469,427	10.11%
1997	2,054	13.47%	$5,517,238	12.48%
1998	1,531	10.04%	$4,052,681	9.17%
1999	1,443	9.46%	$3,935,032	8.90%
2000	1,067	6.99%	$2,986,966	6.75%
2001	419	2.75%	$1,273,460	2.88%
2002	133	0.87%	$303,383	0.69%
2003	52	0.34%	$97,618	0.22%
Total	15,254	100.00%	$44,219,011	100.00%

Issue Age	Count	% of Count	Premium	% of Premium
39 -	21	0.14%	$36,483	0.08%
40-44	117	0.77%	$218,064	0.49%
45-49	417	2.73%	$804,850	1.82%
50-54	1,279	8.38%	$2,697,904	6.10%
55-59	3,717	24.37%	$8,303,408	18.78%
60-64	5,953	39.03%	$16,929,728	38.29%
65-69	3,013	19.75%	$11,598,452	26.23%
70-74	657	4.31%	$3,158,239	7.14%
75-79	78	0.51%	$449,827	1.02%
80-84	2	0.01%	$22,057	0.05%
85-89	0	0.00%	$0	0.00%
90+	0	0.00%	$0	0.00%
Total	15,254	100.00%	$44,219,011	100.00%

Attained Age	Count	% of Count	Premium	% of Premium
39 -	0	0.00%	$0	0.00%
40-44	0	0.00%	$0	0.00%
45-49	0	0.00%	$0	0.00%
50-54	12	0.08%	$25,855	0.06%
55-59	54	0.35%	$83,905	0.19%
60-64	209	1.37%	$407,114	0.92%
65-69	611	4.01%	$1,223,768	2.77%
70-74	1,269	8.32%	$2,947,048	6.66%
75-79	2,699	17.69%	$6,583,267	14.89%
80-84	4,949	32.44%	$12,279,115	27.77%
85-89	3,893	25.52%	$13,111,812	29.65%
90+	1,558	10.21%	$7,557,128	17.09%
Total	15,254	100.00%	$44,219,011	100.00%

Gender	Count	% of Count	Premium	% of Premium
Male	5,297	34.73%	$15,693,595	35.49%
Female	9,957	65.27%	$28,525,417	64.51%
Total	15,254	100.00%	$44,219,011	100.00%

Exhibit E
Senior Health Insurance Company of Pennsylvania
ATL & Transport
Distribution of Inforce Business as of December 31, 2015

BP	Count	% of Count	Premium	% of Premium
1 YEAR	430	2.82%	$536,267	1.21%
2 YEARS	1,461	9.58%	$2,871,842	6.49%
3 YEARS	2,989	19.59%	$7,416,269	16.77%
4 YEARS	2,149	14.09%	$6,298,521	14.24%
5 YEARS	957	6.27%	$2,655,216	6.00%
Lifetime	7,268	47.65%	$24,440,896	55.27%
Total	15,254	100%	$44,219,011	100%

EP	Count	% of Count	Premium	% of Premium
0 days	9,744	63.88%	$29,200,622	66.04%
7 days	58	0.38%	$181,921	0.41%
20 days	160	1.05%	$470,135	1.06%
30 days	70	0.46%	$226,220	0.51%
60 days	70	0.46%	$178,520	0.40%
90 days	1,786	11.71%	$4,739,484	10.72%
100 days	3,363	22.05%	$9,214,608	20.84%
180 days	3	0.02%	$7,503	0.02%
Total	15,254	100%	$44,219,011	100%

Marital Status	Count	% of Count	Premium	% of Premium
Married	4,680	30.68%	$10,583,802	23.93%
Single	10,574	69.32%	$33,635,209	76.07%
Total	15,254	100%	$44,219,011	100%

WOP Status	Count	% of Count	Premium	% of Premium
WOP	13,903	91.14%	$44,219,011	100.00%
No WOP	1,351	8.86%	$0	0.00%
Total	15,254	100%	$44,219,011	100%

Issue State	Count	% of Count	Premium	% of Premium
AK	1	0.01%	$2,403	0.01%
AL	2	0.01%	$3,224	0.01%
AR	179	1.17%	$294,151	0.67%
AZ	518	3.40%	$1,491,773	3.37%
CA	2,231	14.63%	$6,998,293	15.83%
CO	123	0.81%	$357,499	0.81%
CT	35	0.23%	$40,343	0.09%
DC	7	0.05%	$8,448	0.02%
DE	74	0.49%	$198,951	0.45%
FL	0	0.00%	$0	0.00%
GA	217	1.42%	$501,806	1.13%
HI	44	0.29%	$106,087	0.24%
IA	271	1.78%	$606,513	1.37%
ID	12	0.08%	$28,400	0.06%
IL	1,055	6.92%	$4,577,669	10.35%
IN	148	0.97%	$422,609	0.96%
KS	221	1.45%	$471,644	1.07%
KY	115	0.75%	$284,809	0.64%
LA	75	0.49%	$162,023	0.37%
MA	170	1.11%	$550,931	1.25%
MD	795	5.21%	$2,676,639	6.05%
ME	123	0.81%	$265,171	0.60%
MI	481	3.15%	$2,049,559	4.64%
MN	161	1.06%	$458,179	1.04%
MO	176	1.15%	$504,744	1.14%
MS	13	0.09%	$47,622	0.11%
MT	60	0.39%	$124,147	0.28%
NC	854	5.60%	$2,687,086	6.08%
ND	101	0.66%	$276,734	0.63%

Exhibit E Senior Health Insurance Company of Pennsylvania ATL & Transport Distribution of Inforce Business as of December 31, 2015				
NE	86	0.56%	$255,833	0.58%
NH	17	0.11%	$61,532	0.14%
NJ	453	2.97%	$1,273,785	2.88%
NM	59	0.39%	$164,962	0.37%
NV	34	0.22%	$42,612	0.10%
NY	0	0.00%	$0	0.00%
OH	690	4.52%	$2,553,396	5.77%
OK	258	1.69%	$591,946	1.34%
OR	71	0.47%	$148,666	0.34%
PA	1,378	9.03%	$3,930,377	8.89%
RI	1	0.01%	$2,366	0.01%
SC	139	0.91%	$524,315	1.19%
SD	76	0.50%	$268,914	0.61%
TN	320	2.10%	$855,920	1.94%
TX	2,095	13.73%	$4,054,887	9.17%
UT	151	0.99%	$273,037	0.62%
VA	516	3.38%	$1,320,812	2.99%
VI	0	0.00%	$0	0.00%
VT	21	0.14%	$26,624	0.06%
WA	285	1.87%	$772,507	1.75%
WI	305	2.00%	$768,693	1.74%
WV	24	0.16%	$78,931	0.18%
WY	13	0.09%	$51,438	0.12%
Total	15,254	100.00%	$44,219,011	100.00%

Senior Health Insurance Company of Pennsylvania
P.O Box 64913
St. Paul, MN 55164
1-877-450-5824

[Date]

[Policyholder name
Policyholder street
Policyholder City, State, zip)

RE: Policy Number: [Number]
Insured: [Name]

Dear [Name]:

As your Long Term Care insurance company, Senior Health Insurance Company of Pennsylvania ("SHIP") remains committed to providing you with superior service for your Long Term Care Policy. While many insurance companies significantly raise premiums to ensure that Long Term Care insurance remains viable, SHIP is working hard to maintain affordable rates to ensure you retain the best value for your Policy.

The cost of providing long-term care insurance has increased significantly in recent years. Due to the rising costs, SHIP finds itself in a position which requires us to take action to ensure the future stability of our service to you. At this time, we are pleased to present you with an opportunity to reduce your current premium instead of incurring a rate increase, should you elect to do so. Please note that all policies with like coverage in your state of issue are receiving this offer.

Please read this letter completely and carefully consider the three options outlined below. An election form follows this letter. Please complete the form with your election and return it within 45 days of receipt of this letter.

Option 1: Reduce Your Premium Rate by 40%; Freeze Your Daily Benefit Amount

Under Option 1, you may choose to freeze Daily Benefit amounts at your current levels in exchange for a premium reduction of 40% so that your [mode] premium would be reduced from $[amount] to $[amount]. This option means that so long as you continue to pay your reduced [mode] premium of $[amount], your Daily Benefit amounts will remain the same as it is today. The Inflation Protection Rider will be deemed to be of no further force and effect and all other terms and conditions of your Policy will remain unchanged.

Your Policy includes an inflation feature that has increased your Daily Benefit amount by 5% each year, compounded, since your Policy effective date of [date]. Your Daily Benefit amount has increased from $[amount] to $[amount] for [type] Benefits. Your Daily Benefit amount for [type] has increased from $[amount] to $[amount]. Amounts for other Benefit types in your Policy have increased similarly. In many cases, though not all, this has resulted in benefits that may significantly exceed the cost of care in your current resident state.

If you choose to freeze your Daily Benefit amount at your current levels under Option 1, your premium will decrease to $[amount] effective [date].

Senior Health Insurance Company of Pennsylvania
P.O Box 64913
St. Paul, MN 55164
1-877-450-5824

Option 2: Declare Your Policy as “Paid Up”; Pay No More Premiums Ever

Under Option 2, you may elect to change your Policy to a "Paid Up" status and pay no future premiums which is also known as a “Non-Forfeiture Option”. This means that the Benefit Account Value under the Policy will equal the sum of all premiums you have paid since this Policy was first issued less all claims that have been paid or are payable to you under your Policy.

Any Daily, Weekly or Monthly Benefit Amounts in your Policy would remain at the current levels at the time you elect this option. If you have a claim in the future, Benefits will be paid under the existing terms of your Policy and all Riders, Amendments and Endorsements, up to the Benefit Account Value. Once you have received Benefits that have exhausted the Benefit Account Value, your Policy will end with no further Benefits due.

If you choose Option 2, to the extent your Policy contains any of the following Benefit provisions, either as part of the Policy or in a Rider, Amendment and Endorsement, attached to the Policy, these Benefit provisions would be deleted and would not apply: Inflation Protection; Restoration of Benefits; Return of Premium; or Waiver of Premium.

Please note that this Non-Forfeiture Option is a one-time only offer. If you do not elect the Non-Forfeiture Option at this time, you will not be able to elect it in the future (unless your Policy already includes a Non-Forfeiture Benefit Rider). If you choose any other option, your Policy may be subject to additional rate increases in the future.

Option 3 (Default Option): Increase Your Current Premium by 40%; Continue Your Current Coverage Without Change

Under Option 3, you may elect to have your Policy continue without change and receive a premium increase of 40%. This option will increase your current [mode] premium from $[amount] to $[amount]. If you select Option 3, your Daily Benefit amounts will continue to increase each year at the 5% compounded rate. Your increased premium will be effective [date].

Senior Health Insurance Company of Pennsylvania
P.O Box 64913
St. Paul, MN 55164
1-877-450-5824

We have received approval from the [State] Department of Insurance to raise the premium rates and/or alter your coverage as reflected in the options above for all policyholders with similar policies issued in [State]. This means that unless you select either Option 1 or 2, your [mode] premium will increase from $[amount] to $[amount] as stated in Option 3. Although we have no current plans for future rate increases, please note that future rate increases are possible. We will continue to monitor our policies and claims carefully and will contact you in the event additional rate increases become necessary. Please also note that your Policy remains "Guaranteed Renewable." This means that SHIP cannot cancel or change your coverage, so long as you pay your premium in full.

SHIP is not a tax, financial or insurance advisor; therefore, we strongly encourage you to discuss the implications of your election to ensure you are making the choice that best fits your needs. If you have a tax qualified Policy, we recommend that you speak with your financial advisor(s) about the potential tax implication, as your election may cause your Policy to no longer be tax qualified.

When you have chosen your option, please fill out and return the Election Form attached to this letter indicating your selection. Please send this Election Form to:

Senior Health Insurance Company of Pennsylvania
P.O. 64913
St.Paul, MN 55164

YOU MUST RETURN THE ELECTION FORM INDICATING YOUR CHOICE WITHIN 45 DAYS OF THE DATE OF THIS LETTER.

IF YOU DO NOT MAKE AN ELECTION, YOUR CHOICE WILL DEFAULT TO OPTION 3 - 40% PREMIUM INCREASE. WITH THIS OPTION, YOUR [MODE] PREMIUM WILL INCREASE FROM $[AMOUNT] to $[AMOUNT].

SHIP is committed to being there for our policyholders now and in the future. Please call us at 1-877-450-5824 from 8:00 AM to 6:00 PM EST, Monday through Friday if you have any questions or concerns.

Sincerely,

Senior Health Insurance Company of Pennsylvania

Senior Health Insurance Company of Pennsylvania
P.O Box 64913
St. Paul, MN 55164
1-877-450-5824

ELECTION FORM

Policy Number: [number]
Insured: [name]

I have had an opportunity to consult with my trusted advisor(s), have carefully considered the choices you have provided and, following careful consideration, I have indicated my choice below.

(Please check only one option)

☐ Option 1 - I elect to reduce my premium rate by 40% and to freeze my Daily Benefit amount(s).

My [mode] premium on my Policy will reduce from $[amount] to $[amount]. The Inflation Protection Rider has increased my original Daily Benefit from $[amount] to $[amount] for [type] Benefits and has increased my original Daily Benefit from $[amount] to ${amount] for [type] Benefits. With this option, I understand that my Daily Benefit amount(s) will no longer inflate and will stay at the current level(s) as of the Effective Date of [date] unless I later change the Benefits available under my Policy.

☐ Option 2 – I elect to declare my Policy as "Paid Up"; Pay no more premiums ever

My Policy will be considered "Paid Up" (the "Non-Forfeiture Option"), with no further premiums due. I understand that this means that the Benefit Account Value under my Policy will equal the sum of all premiums I have paid since this Policy was first issued less all claims that have been paid or are payable to me under my Policy. Once I have received Benefits that have exhausted my Benefit Account Value, my Policy will end with no further Benefits due.

☐ Option 3 (Default Option) - I elect to increase my premium by 40% and continue my Policy without change.

I understand that my quarterly premium will increase from $[amount] to $[amount] effective [date].

_____
Insured Signature

_____
Date

SENIOR HEALTH INSURANCE COMPANY OF PENNSYLVANIA
Domiciled in the Commonwealth of Pennsylvania
Administrative Office:
550 Congressional Blvd.
Suite 200
Carmel, IN 46032

AMENDMENT TO INFLATION PROTECTION RIDER

Policy Number:
Primary Insured:
Covered Spouse:
Effective Date:

This Amendment to Inflation Protection Rider ("Amendment") is attached to and made a part of your Long Term Care Insurance Policy. It is applicable to the Insured and Covered Spouse named above. Please review this Amendment and keep it with your Policy.

In consideration of the premium paid, as of the Effective Date shown above, the Daily Benefit Amount(s) under your Policy will cease to increase. The Daily Benefit Amount(s) will instead remain fixed at the present level(s) as of the Effective Date of this Amendment, for the life of the Policy, unless you choose to make additional future changes to your Benefits.

This Amendment supersedes any conflicting language in the Policy and any Riders, Amendments or Endorsements. All other terms, conditions, limitations and exclusions of the Policy and any Riders, Amendments or Endorsements remain unchanged and in effect.

This Amendment is signed for Senior Health Insurance Company of Pennsylvania by its President and Chief Executive Officer.

Brian C. Wegner, President and CEO
Senior Health Insurance Company of Pennsylvania

SENIOR HEALTH INSURANCE COMPANY OF PENNSYLVANIA
Domiciled in the Commonwealth of Pennsylvania
Administrative Offices:
550 Congressional Blvd.
Suite 200
Carmel, IN 46032

NON-FORFEITURE OPTION RIDER
TO YOUR LONG TERM CARE INSURANCE POLICY

Policy Number:
Primary Insured:
Covered Spouse:
Effective Date:

As of the Effective Date shown above, this Rider is attached to and made a part of your Long Term Care Insurance Policy. It is applicable to the Insured and Covered Spouse named above. Please review this Rider and keep it with your Policy.

As a result of your election of a Non-Forfeiture Option, your Policy has been converted to "Paid-Up" insurance with no further premiums due. In consideration thereof, the changes to your Policy are indicated below:

BENEFIT PERIOD: With your election of the Non-Forfeiture Option, as described above, the Maximum Benefit Period and Lifetime Maximum Benefit Days listed on your Policy's Schedule Page are no longer applicable to your Policy and any other Riders, Amendments or Endorsements.

BENEFIT ACCOUNT VALUE: The Benefit Account Value is the total amount payable for all Benefits and equals the total amount of premiums you have paid since your Policy was first issued, reduced by all Benefits paid under this Policy and any Riders, Amendments and Endorsements. Claims will be processed in accordance with the provisions of your Policy until the Benefit Account Value is exhausted. Once the Benefit Account Value is exhausted, coverage under this Policy and all Riders, Amendments and Endorsements will terminate and no further Benefits will be payable.

Additionally, the **WAIVER OF PREMIUM BENEFIT** is deleted in its entirety from the Policy and any Riders, Amendments or Endorsements.

This Rider supersedes any conflicting language in the Policy and any Riders, Amendments or Endorsements. All other terms and conditions of the Policy and any Riders, Amendments or Endorsements not in conflict with the Non-Forfeiture Option remain in effect and unchanged.

This Rider is signed for Senior Health Insurance Company of Pennsylvania by its President and Chief Executive Officer.

Brian C. Wegner, President and CEO
Senior Health Insurance Company of Pennsylvania

SENIOR HEALTH INSURANCE COMPANY OF PENNSYLVANIA
Domiciled in the Commonwealth of Pennsylvania
Administrative Office:
550 Congressional Blvd.
Suite 200
Carmel, IN 46032

AMENDMENT TO AUTOMATIC BENEFIT INCREASE RIDER

Policy Number:
Primary Insured:
Covered Spouse:
Effective Date:

This Amendment to Automatic Benefit Increase Rider ("Amendment") is attached to and made a part of your Federal Qualified Long Term Care Insurance Policy Providing Nursing Home Benefits. It is applicable to the Insured and Covered Spouse named above. Please review this Amendment and keep it with your Policy.

In consideration of the premium paid, as of the Effective Date shown above, the Daily Maximum Benefit Amount(s) and Benefit Account Value under your Policy will cease to automatically increase. The Daily Maximum Benefit Amount(s) and Benefit Account Value will instead remain fixed at the present level(s) as of the Effective Date of this Amendment, for the life of the Policy, unless you choose to make additional future changes to your Benefits.

This Amendment supersedes any conflicting language in the Policy and any Riders, Amendments and Endorsements. All other terms, conditions, limitations and exclusions of the Policy and any Riders, Amendments and Endorsements remain unchanged and in effect.

This Amendment is signed for Senior Health Insurance Company of Pennsylvania by its President and Chief Executive Officer.

Brian C. Wegner, President and CEO
Senior Health Insurance Company of Pennsylvania

SENIOR HEALTH INSURANCE COMPANY OF PENNSYLVANIA
Domiciled in the Commonwealth of Pennsylvania
Administrative Offices:
550 Congressional Blvd.
Suite 200
Carmel, IN 46032

NON-FORFEITURE OPTION RIDER
TO YOUR LONG TERM CARE INSURANCE POLICY

Policy Number:
Primary Insured:
Covered Spouse:
Effective Date:

As of the Effective Date shown above, this Rider is attached to and made a part of your Long Term Care Insurance Policy. It is applicable to the Insured and Covered Spouse named above. Please review this Rider and keep it with your Policy.

As a result of your election of a Non-Forfeiture Option, your Policy has been converted to "Paid-Up" insurance with no further premiums due. In consideration thereof, the changes to your Policy are indicated below:

BENEFIT PERIOD: With your election of the Non-Forfeiture Option, as described above, the Maximum Days listed on your Policy Schedule Page are no longer applicable to your Policy and any Riders, Amendments and Endorsements.

BENEFIT ACCOUNT VALUE: The Benefit Account Value is the total amount payable for all Benefits and equals the total amount of premiums you have paid since your Policy was first issued, reduced by all Benefits paid under this Policy and any Riders, Amendments and Endorsements. Claims will be processed in accordance with the provisions of your Policy and any Riders, Amendments and Endorsements until the Benefit Account Value is exhausted. Once the Benefit Account Value is exhausted, coverage under this Policy and all Riders, Amendments and Endorsements will terminate and no further Benefits will be payable.

Additionally, the following Benefits are deleted in their entirety from the Policy and any Riders, Amendments or Endorsements: **BENEFIT REBUILDER** and **WAIVER OF PREMIUM.**

This Rider supersedes any conflicting language in the Policy and any Riders, Amendments or Endorsements. All other terms and conditions of the Policy and any Riders, Amendments or Endorsements not in conflict with the Non-Forfeiture Option remain in effect and unchanged.

This Rider is signed for Senior Health Insurance Company of Pennsylvania by our President and Chief Executive Officer.

Brian C. Wegner, President and CEO
Senior Health Insurance Company of Pennsylvania

SENIOR HEALTH INSURANCE COMPANY OF PENNSYLVANIA
Domiciled in the Commonwealth of Pennsylvania
Administrative Office:
550 Congressional Blvd.
Suite 200
Carmel, IN 46032

AMENDMENT TO AUTOMATIC BENEFIT INCREASE RIDER

Policy Number:
Primary Insured:
Covered Spouse:
Effective Date:

This Amendment to Automatic Benefit Increase Rider ("Amendment") is attached to and made a part of your Limited Benefit Health Insurance Policy. It is applicable to the Insured and Covered Spouse named above. Please review this Amendment and keep it with your Policy.

In consideration of the premium paid, as of the Effective Date shown above, the Daily Maximum Benefit for the Home Health Care Benefit(s) under your Policy will cease to automatically increase. The Daily Maximum Benefit Amount(s) will instead remain fixed at the present level as of the Effective Date of this Amendment, for the life of the Policy, unless you choose to make additional future changes to your Benefits.

This Amendment supersedes any conflicting language in the Policy and any Riders, Amendments and Endorsements. All other terms, conditions, limitations and exclusions of the Policy and any Riders, Amendments and Endorsements remain unchanged and in effect.

This Amendment is signed for Senior Health Insurance Company of Pennsylvania by its President and Chief Executive Officer.

Brian C. Wegner, President and CEO
Senior Health Insurance Company of Pennsylvania

SENIOR HEALTH INSURANCE COMPANY OF PENNSYLVANIA
Domiciled in the Commonwealth of Pennsylvania
Administrative Office:
550 Congressional Blvd.
Suite 200
Carmel, IN 46032

NON-FORFEITURE OPTION RIDER
TO YOUR LIMITED BENEFIT HEALTH INSURANCE POLICY

Policy Number:
Primary Insured:
Covered Spouse:
Effective Date:

As of the Effective Date shown above, this Rider is attached to and made a part of your Limited Benefit Health Insurance Policy. It is applicable to the Insured and Covered Spouse named above. Please review this Rider and keep it with your Policy.

As a result of your election of a Non-Forfeiture Option, your Policy has been converted to "Paid-Up" insurance with no further premiums due. In consideration thereof, the changes to your Policy are indicated below:

BENEFIT PERIOD: With your election of the Non-Forfeiture Option, as described above, the Maximum Benefit Period listed on your Policy Schedule Page is no longer applicable to your Policy and any Riders, Amendments or Endorsements.

BENEFIT ACCOUNT VALUE: The Benefit Account Value is the total amount payable for all Benefits and equals the total amount of premiums you have paid since your Policy was first issued, reduced by all Benefits paid under this Policy and any Riders, Amendments and Endorsements. Claims will be processed in accordance with the provisions of your Policy and any Riders, Amendments and Endorsements until the Benefit Account Value is exhausted. Once the Benefit Account Value is exhausted, coverage under this Policy and all Riders, Amendments and Endorsements will terminate and no further Benefits will be payable.

Additionally, the following Benefit Provisions are deleted in their entirety from the Policy and any Riders, Amendments and Endorsements: **RESTORATION OF BENEFIT** and **WAIVER OF PREMIUM BENEFIT**.

This Rider supersedes any conflicting language in the Policy and any Riders, Amendments or Endorsements. All other terms and conditions of the Policy and any Riders, Amendments or Endorsements not in conflict with the Non-Forfeiture Option remain in effect and unchanged.

This Rider is signed for Senior Health Insurance Company of Pennsylvania by its President and Chief Executive Officer.

Brian C. Wegner, President and CEO
Senior Health Insurance Company of Pennsylvania

SENIOR HEALTH INSURANCE COMPANY OF PENNSYLVANIA
Domiciled in the Commonwealth of Pennsylvania
Administrative Office:
550 Congressional Blvd.
Suite 200
Carmel, IN 46032

AMENDMENT TO AUTOMATIC BENEFIT INCREASE RIDER

Policy Number:
Primary Insured:
Covered Spouse:
Effective Date:

This Amendment to Automatic Benefit Increase Rider ("Amendment") is attached to and made a part of your Home Health Care Insurance Policy. It is applicable to the Insured and Covered Spouse named above. Please review this Amendment and keep it with your Policy.

In consideration of the premium paid, as of the Effective Date shown above, the Daily Maximum Benefit for the Home Health Care Benefit under your Policy will cease to automatically increase. The Daily Maximum Benefit Amount will instead remain fixed at the present level as of the Effective Date of this Amendment, for the life of the Policy, unless you choose to make additional future changes to your Benefits.

This Amendment supersedes any conflicting language in the Policy and any Riders, Amendments or Endorsements. All other terms, conditions, limitations and exclusions of the Policy and any Riders, Amendments or Endorsements remain unchanged and in effect.

This Amendment is signed for Senior Health Insurance Company of Pennsylvania by its President and Chief Executive Officer.

Brian C. Wegner, President and CEO
Senior Health Insurance Company of Pennsylvania

SENIOR HEALTH INSURANCE COMPANY OF PENNSYLVANIA
Domiciled in the Commonwealth of Pennsylvania
Administrative Office:
550 Congressional Blvd.
Suite 200
Carmel, IN 46032

NON-FORFEITURE OPTION RIDER
TO YOUR HOME HEALTH CARE INSURANCE POLICY

Policy Number:
Primary Insured:
Covered Spouse:
Effective Date:

As of the Effective Date shown above, this Rider is attached to and made a part of your Home Health Care Insurance Policy. It is applicable to the Insured and Covered Spouse named above. Please review this Rider and keep it with your Policy.

As a result of your election of a Non-Forfeiture Option, your Policy has been converted to "Paid-Up" insurance with no further premiums due. In consideration thereof, the changes to your Policy are indicated below:

BENEFIT PERIOD: With your election of the Non-Forfeiture Option, as described above, the Maximum Benefit Period listed on your Policy Schedule Page is no longer applicable to your Policy and any other Riders, Amendments or Endorsements.

BENEFIT ACCOUNT VALUE: The Benefit Account Value is the total amount payable for all Benefits and equals the total amount of premiums you have paid since your Policy was first issued, reduced by all Benefits paid under this Policy and any Riders, Amendments and Endorsements. Claims will be processed in accordance with the provisions of your Policy and any Riders, Amendments and Endorsements until the Benefit Account Value is exhausted. Once the Benefit Account Value is exhausted, coverage under this Policy and all Riders, Amendments and Endorsements will terminate and no further Benefits will be payable.

Additionally, the following Benefit Provisions are deleted in their entirety from the Policy and any Riders, Amendments and Endorsements: **RESTORATION OF BENEFIT; WAIVER OF PREMIUM BENEFIT;** and **LIFETIME WAIVER OF PREMIUM FOR SURVIVOR**.

This Rider supersedes any conflicting language in the Policy and any Riders, Amendments or Endorsements. All other terms and conditions of the Policy and any Riders, Amendments or Endorsements not in conflict with the Non-Forfeiture Option remain in effect and unchanged.

This Rider is signed for Senior Health Insurance Company of Pennsylvania by its President and Chief Executive Officer.

Brian C. Wegner, President and CEO
Senior Health Insurance Company of Pennsylvania

SENIOR HEALTH INSURANCE COMPANY OF PENNSYLVANIA
Domiciled in the Commonwealth of Pennsylvania
Administrative Office:
550 Congressional Blvd.
Suite 200
Carmel, IN 46032

AMENDMENT TO AUTOMATIC BENEFIT INCREASE RIDER

Policy Number:
Primary Insured:
Covered Spouse:
Effective Date:

This Amendment to Automatic Benefit Increase Rider ("Amendment") is attached to and made a part of your Long Term Care Insurance Policy. It is applicable to the Insured and Covered Spouse named above. Please review this Amendment and keep it with your Policy.

In consideration of the premium paid, as of the Effective Date shown above, the Daily Maximum Benefit Amount(s) under your Policy will cease to automatically increase. The Daily Maximum Benefit Amount(s) will instead remain fixed at the present level(s) as of the Effective Date of this Amendment, for the life of the Policy, unless you choose to make additional future changes to your Benefits.

This Amendment supersedes any conflicting language in the Policy and any Riders, Amendments and Endorsements. All other terms, conditions, limitations and exclusions of the Policy and any Riders, Amendments and Endorsements remain unchanged and in effect.

This Amendment is signed for Senior Health Insurance Company of Pennsylvania by its President and Chief Executive Officer.

Brian C. Wegner, President and CEO
Senior Health Insurance Company of Pennsylvania

SENIOR HEALTH INSURANCE COMPANY OF PENNSYLVANIA
Domiciled in the Commonwealth of Pennsylvania
Administrative Offices:
550 Congressional Blvd.
Suite 200
Carmel, IN 46032

NON-FORFEITURE OPTION RIDER
TO YOUR LONG TERM CARE INSURANCE POLICY

Policy Number:
Primary Insured:
Covered Spouse:
Effective Date:

As of the Effective Date shown above, this Rider is attached to and made a part of your Long Term Care Insurance Policy. It is applicable to the Insured and Covered Spouse named above. Please review this Rider and keep it with your Policy.

As a result of your election of a Non-Forfeiture Option, your Policy has been converted to "Paid-Up" insurance with no further premiums due. In consideration thereof, the changes to your Policy are indicated below:

BENEFIT PERIOD: With your election of the Non-Forfeiture Option, as described above, the Long Term Care Maximum Benefit Period(s) listed on your Policy Schedule Page are no longer applicable to your Policy and any Riders, Amendments and Endorsements.

BENEFIT ACCOUNT VALUE: The Benefit Account Value is the amount payable for all Benefits and equals the total amount of premiums you have paid since your Policy was first issued, reduced by all Benefits paid under this Policy and any Riders, Amendments and Endorsements. Claims will be processed in accordance with the provisions of your Policy and any Riders, Amendments and Endorsements until the Benefit Account Value is exhausted. Once the Benefit Account Value is exhausted, coverage under this Policy and all Riders, Amendments and Endorsements will terminate and no further Benefits will be payable.

Additionally, the following Benefit Provisions are deleted in their entirety from the Policy and any Riders, Amendments and Endorsements: **RESTORATION OF BENEFIT** and **WAIVER OF PREMIUM BENEFIT**.

This Rider supersedes any conflicting language in the Policy and any Riders, Amendments and Endorsements. All other terms and conditions of the Policy and any Riders, Amendments and Endorsements not in conflict with the Non-Forfeiture Option remain in effect and unchanged.

This Rider is signed for Senior Health Insurance Company of Pennsylvania by its President and Chief Executive Officer.

Brian C. Wegner, President and CEO
Senior Health Insurance Company of Pennsylvania

SENIOR HEALTH INSURANCE COMPANY OF PENNSYLVANIA
Domiciled in the Commonwealth of Pennsylvania
Administrative Office:
550 Congressional Blvd.
Suite 200
Carmel, IN 46032

AMENDMENT TO AUTOMATIC BENEFIT INCREASE RIDER

Policy Number:
Primary Insured:
Covered Spouse:
Effective Date:

This Amendment to Automatic Benefit Increase Rider ("Amendment") is attached to and made a part of your Long Term Care Insurance Policy. It is applicable to the Insured and Covered Spouse named above. Please review this Amendment and keep it with your Policy.

In consideration of the premium paid, as of the Effective Date shown above, the Daily Maximum Benefit Amount(s) under your Policy will cease to automatically increase. The Daily Maximum Benefit Amount(s) will instead remain fixed at the present level(s) as of the Effective Date of this Amendment, for the life of the Policy, unless you choose to make additional future changes to your Benefits.

This Amendment supersedes any conflicting language in the Policy and any Riders, Amendments and Endorsements. All other terms, conditions, limitations and exclusions of the Policy and any Riders, Amendments and Endorsements remain unchanged and in effect.

This Amendment is signed for Senior Health Insurance Company of Pennsylvania by its President and Chief Executive Officer.

Brian C. Wegner, President and CEO
Senior Health Insurance Company of Pennsylvania

SENIOR HEALTH INSURANCE COMPANY OF PENNSYLVANIA
Domiciled in the Commonwealth of Pennsylvania
Administrative Offices:
550 Congressional Blvd.
Suite 200
Carmel, IN 46032

NON-FORFEITURE OPTION RIDER
TO YOUR LONG TERM CARE INSURANCE POLICY

Policy Number:
Primary Insured:
Covered Spouse:
Effective Date:

As of the Effective Date shown above, this Rider is attached to and made a part of your Long Term Care Insurance Policy. It is applicable to the Insured and Covered Spouse named above. Please review this Rider and keep it with your Policy.

As a result of your election of a Non-Forfeiture Option, your Policy has been converted to "Paid-Up" insurance with no further premiums due. In consideration thereof, the changes to your Policy are indicated below:

BENEFIT PERIOD: With your election of the Non-Forfeiture Option, as described above, the Long Term Care Maximum Benefit Periods listed on your Policy Schedule Page are no longer applicable to your Policy and any Riders, Amendments or Endorsements.

BENEFIT ACCOUNT VALUE: The Benefit Account Value is the total amount payable for all Benefits and equals the total amount of premiums you have paid since your Policy was first issued, reduced by all Benefits paid under this Policy and any Riders, Amendments and Endorsements. Claims will be processed in accordance with the provisions of your Policy and any Riders, Amendments and Endorsements until the Benefit Account Value is exhausted. Once the Benefit Account Value is exhausted, coverage under this Policy and all Riders, Amendments and Endorsements will terminate and no further Benefits will be payable.

Additionally, the following Benefit Provisions are deleted in their entirety from the Policy and any Riders, Amendments and Endorsements: **RESTORATION OF BENEFIT** and **WAIVER OF PREMIUM BENEFIT**.

This Rider supersedes any conflicting language in the Policy and any Riders, Amendments or Endorsements. All other terms and conditions of the Policy and any Riders, Amendments or Endorsements not in conflict with the Non-Forfeiture Option remain in effect and unchanged.

This Rider is signed for Senior Health Insurance Company of Pennsylvania by its President and Chief Executive Officer.

Brian C. Wegner, President and CEO
Senior Health Insurance Company of Pennsylvania

SENIOR HEALTH INSURANCE COMPANY OF PENNSYLVANIA
Domiciled in the Commonwealth of Pennsylvania
Administrative Office:
550 Congressional Blvd.
Suite 200
Carmel, IN 46032

AMENDMENT TO AUTOMATIC BENEFIT INCREASE RIDER

Policy Number:
Primary Insured:
Covered Spouse:
Effective Date:

This Amendment to Automatic Benefit Increase Rider ("Amendment") is attached to and made a part of your Long Term Care Insurance Policy. It is applicable to the Insured and Covered Spouse named above. Please review this Amendment and keep it with your Policy.

In consideration of the premium paid, as of the Effective Date shown above, the Daily Maximum Benefit Amount(s) under your Policy will cease to automatically increase. The Daily Maximum Benefit Amount(s) will instead remain fixed at the present level(s) as of the Effective Date of this Amendment, for the life of the Policy, unless you choose to make additional future changes to your Benefits.

This Amendment supersedes any conflicting language in the Policy and any Riders, Amendments or Endorsements. All other terms, conditions, limitations and exclusions of the Policy and any Riders, Amendments or Endorsements remain unchanged and in effect.

This Amendment is signed for Senior Health Insurance Company of Pennsylvania by its President and Chief Executive Officer.

Brian C. Wegner, President and CEO
Senior Health Insurance Company of Pennsylvania

SENIOR HEALTH INSURANCE COMPANY OF PENNSYLVANIA
Domiciled in the Commonwealth of Pennsylvania
Administrative Offices:
550 Congressional Blvd.
Suite 200
Carmel, IN 46032

NON-FORFEITURE OPTION RIDER TO YOUR LONG TERM CARE INSURANCE POLICY

Policy Number:
Primary Insured:
Covered Spouse:
Effective Date:

As of the Effective Date shown above, this Rider is attached to and made a part of your Long Term Care Insurance Policy. It is applicable to the Insured and Covered Spouse named above. Please review this Rider and keep it with your Policy.

As a result of your election of a Non-Forfeiture Option, your Policy has been converted to "Paid-Up" insurance with no further premiums due. In consideration thereof, the changes to your Policy are indicated below:

BENEFIT PERIOD: With your election of the Non-Forfeiture Option, as described above, the Long Term Care Maximum Benefit Period and Adult Day Care/Hospice Service Maximum Benefit Period listed on your Policy Schedule Page are no longer applicable to your Policy and any Riders, Amendments and Endorsements.

BENEFIT ACCOUNT VALUE: The Benefit Account Value is the total amount payable for your Benefits and equals the total amount of premiums you have paid since your Policy was first issued, reduced by all Benefits paid under this Policy and any Riders, Amendments and Endorsements. Claims will be processed in accordance with the provisions of your Policy and any Riders, Amendments and Endorsements until the Benefit Account Value is exhausted. Once the Benefit Account Value is exhausted, coverage under this Policy and all Riders, Amendments and Endorsements will terminate and no further Benefits will be payable.

Additionally, the following Benefit Provisions are deleted in their entirety from the Policy and any Riders, Amendments and Endorsements: **RESTORATION OF BENEFITS; LIFETIME WAIVER OF PREMIUM FOR SURVIVOR;** and **WAIVER OF PREMIUM**.

This Rider supersedes any conflicting language in the Policy and any Riders, Amendments or Endorsements. All other terms and conditions of the Policy and any Riders, Amendments or Endorsements not in conflict with the Non-Forfeiture Option remain in effect and unchanged.

This Rider is signed for Senior Health Insurance Company of Pennsylvania by its President and Chief Executive Officer.

Brian C. Wegner, President and CEO
Senior Health Insurance Company of Pennsylvania

SENIOR HEALTH INSURANCE COMPANY OF PENNSYLVANIA
Domiciled in the Commonwealth of Pennsylvania
Administrative Office:
550 Congressional Blvd.
Suite 200
Carmel, IN 46032

AMENDMENT TO AUTOMATIC BENEFIT INCREASE RIDER

Policy Number:
Primary Insured:
Covered Spouse:
Effective Date:

This Amendment to Automatic Benefit Increase Rider ("Amendment") is attached to and made a part of your Long Term Care Insurance Policy Providing Home Health Care Benefits. It is applicable to the Insured and Covered Spouse named above. Please review this Amendment and keep it with your Policy.

In consideration of the premium paid, as of the Effective Date shown above, the Daily Maximum Benefit Amount(s) and Benefit Account Value under your Policy will cease to automatically increase. The Daily Maximum Benefit Amount(s) and Benefit Account Value will instead remain fixed at the present level(s) as of the Effective Date of this Amendment, for the life of the Policy, unless you choose to make additional future changes to your Benefits.

This Amendment supersedes any conflicting language in the Policy and any Riders, Amendments and Endorsements. All other terms, conditions, limitations and exclusions of the Policy and any Riders, Amendments and Endorsements remain unchanged and in effect.

This Amendment is signed for Senior Health Insurance Company of Pennsylvania by its President and Chief Executive Officer.

Brian C. Wegner, President and CEO
Senior Health Insurance Company of Pennsylvania

SENIOR HEALTH INSURANCE COMPANY OF PENNSYLVANIA
Domiciled in the Commonwealth of Pennsylvania
Administrative Office:
550 Congressional Blvd.
Suite 200
Carmel, IN 46032

AMENDMENT TO AUTOMATIC BENEFIT INCREASE RIDER

Policy Number:
Primary Insured:
Covered Spouse:
Effective Date:

This Amendment to Automatic Benefit Increase Rider ("Amendment") is attached to and made a part of your Long Term Care Insurance Policy Providing Home Health Care Benefits. It is applicable to the Insured and Covered Spouse named above. Please review this Amendment and keep it with your Policy.

In consideration of the premium paid, as of the Effective Date shown above, the Daily Maximum Benefit Amount(s) and Benefit Account Value under your Policy will cease to automatically increase. The Daily Maximum Benefit Amount(s) will instead remain fixed at the present level(s) as of the Effective Date of this Amendment, for the life of the Policy, unless you choose to make additional future changes to your Benefits.

This Amendment supersedes any conflicting language in the Policy and any Riders, Amendments or Endorsements, and is subject to the Benefit Account Value Provision as defined in the Non-Forfeiture Option Rider. All other terms, conditions, limitations and exclusions of the Policy and any Riders, Amendments or Endorsements remain unchanged and in effect.

This Amendment is signed for Senior Health Insurance Company of Pennsylvania by its President and Chief Executive Officer.

Brian C. Wegner, President and CEO
Senior Health Insurance Company of Pennsylvania

SENIOR HEALTH INSURANCE COMPANY OF PENNSYLVANIA
Domiciled in the Commonwealth of Pennsylvania
Administrative Office:
550 Congressional Blvd.
Suite 200
Carmel, IN 46032

NON-FORFEITURE OPTION RIDER TO YOUR
LONG TERM CARE INSURANCE POLICY PROVIDING HOME HEALTH CARE BENEFITS

Policy Number:
Primary Insured:
Covered Spouse:
Effective Date:

As of the Effective Date shown above, this Rider is attached to and made a part of your Long Term Care Insurance Policy Providing Home Health Care Benefits. It is applicable to the Insured and Covered Spouse named above. Please review this Rider and keep it with your Policy.

As a result of your election of a Non-Forfeiture Option, your Policy has been converted to "Paid-Up" insurance with no further premiums due. In consideration thereof, the "Benefit Account Value" amount listed on the Policy Schedule is deleted. Furthermore, the "Benefit Account Value" Provision stated on Page 7 of your Policy is deleted in its entirety and replaced with the following:

BENEFIT ACCOUNT VALUE

The Benefit Account Value is the total amount payable for all Benefits and equals the total amount of premiums you have paid since your Policy was first issued, reduced by all Benefits paid under this Policy and any Riders, Amendments and Endorsements. Claims will be processed in accordance with the provisions of your Policy and any Riders, Amendments and Endorsements until the Benefit Account Value is exhausted. Once the Benefit Account Value is exhausted, all coverage under your Policy and all Riders, Amendments and Endorsements will terminate and no further Benefits will be payable.

Additionally, the following Benefit Provisions are deleted in their entirety from the Policy and any Riders, Amendments and Endorsements: **WAIVER OF PREMIUM BENEFIT** and **LIFETIME WAIVER OF PREMIUM FOR SURVIVOR BENEFIT**.

This Rider supersedes any conflicting language in the Policy and any Riders, Amendments and Endorsements. All other terms and conditions of the Policy and any Riders, Amendments and Endorsements not in conflict with the Non-Forfeiture Option remain in effect and unchanged.

This Rider is signed for Senior Health Insurance Company of Pennsylvania by its President and Chief Executive Officer.

Brian C. Wegner, President and CEO
Senior Health Insurance Company of Pennsylvania

SENIOR HEALTH INSURANCE COMPANY OF PENNSYLVANIA
Domiciled in the Commonwealth of Pennsylvania
Administrative Office:
550 Congressional Blvd.
Suite 200
Carmel, IN 46032

AMENDMENT TO AUTOMATIC BENEFIT INCREASE RIDER

Policy Number:
Primary Insured:
Covered Spouse:
Effective Date:

This Amendment to Automatic Benefit Increase Rider ("Amendment") is attached to and made a part of your Long Term Care Insurance Policy. It is applicable to the Insured and Covered Spouse named above. Please review this Amendment and keep it with your Policy.

In consideration of the premium paid, as of the Effective Date shown above, the Daily Maximum Benefit Amount(s) and Benefit Account Value under your Policy will cease to automatically increase. The Daily Maximum Benefit Amount(s) and Benefit Account Value will instead remain fixed at the present level(s) as of the Effective Date of this Amendment, for the life of the Policy, unless you choose to make additional future changes to your Benefits.

This Amendment supersedes any conflicting language in the Policy and any Riders, Amendments and Endorsements. All other terms, conditions, limitations and exclusions of the Policy and any Riders, Amendments and Endorsements remain unchanged and in effect.

This Amendment is signed for Senior Health Insurance Company of Pennsylvania by its President and Chief Executive Officer.

Brian C. Wegner, President and CEO
Senior Health Insurance Company of Pennsylvania

SENIOR HEALTH INSURANCE COMPANY OF PENNSYLVANIA
Domiciled in the Commonwealth of Pennsylvania
Administrative Office:
550 Congressional Blvd.
Suite 200
Carmel, IN 46032

AMENDMENT TO AUTOMATIC BENEFIT INCREASE RIDER

Policy Number:
Primary Insured:
Covered Spouse:
Effective Date:

This Amendment to Automatic Benefit Increase Rider ("Amendment") is attached to and made a part of your Long Term Care Insurance Policy. It is applicable to the Insured and Covered Spouse named above. Please review this Amendment and keep it with your Policy.

In consideration of the premium paid, as of the Effective Date shown above, the Daily Maximum Benefit Amount(s) and Benefit Account Value under your Policy will cease to automatically increase. The Daily Maximum Benefit Amount(s) will instead remain fixed at the present level(s) as of the Effective Date of this Amendment, for the life of the Policy, unless you choose to make additional future changes to your Benefits.

This Amendment supersedes any conflicting language in the Policy and any Riders, Amendments or Endorsements, and is subject to the Benefit Account Value Provision as defined in the Non-Forfeiture Option Rider. All other terms, conditions, limitations and exclusions of the Policy and any Riders, Amendments or Endorsements remain unchanged and in effect.

This Amendment is signed for Senior Health Insurance Company of Pennsylvania by its President and Chief Executive Officer.

Brian C. Wegner, President and CEO
Senior Health Insurance Company of Pennsylvania

SENIOR HEALTH INSURANCE COMPANY OF PENNSYLVANIA
Domiciled in the Commonwealth of Pennsylvania
Administrative Office:
550 Congressional Blvd.
Suite 200
Carmel, IN 46032

NON-FORFEITURE OPTION RIDER TO YOUR LONG TERM CARE INSURANCE POLICY

Policy Number:
Primary Insured:
Covered Spouse:
Effective Date:

As of the Effective Date shown above, this Rider is attached to and made a part of your Long Term Care Insurance Policy. It is applicable to the Insured and Covered Spouse named above. Please review this Rider and keep it with your Policy.

As a result of your election of a Non-Forfeiture Option, your Policy has been converted to "Paid-Up" insurance with no further premiums due. In consideration thereof, the "Benefit Account Value" amount listed on the Policy Schedule is deleted. Furthermore, the "Benefit Account Value" Provision stated on Page 8 of your Policy is deleted in its entirety and replaced with the following:

BENEFIT ACCOUNT VALUE

The Benefit Account Value is the total amount payable for all Benefits and equals the total amount of premiums you have paid since your Policy was first issued, reduced by all Benefits paid under this Policy and any Riders, Amendments and Endorsements. Claims will be processed in accordance with the provisions of your Policy and any Riders, Amendments and Endorsements until the Benefit Account Value is exhausted. Once the Benefit Account Value is exhausted, all coverage under your Policy and all Riders, Amendments and Endorsements will terminate and no further Benefits will be payable.

Additionally, the following Benefit Provisions are deleted in their entirety from the Policy and any Riders, Amendments and Endorsements: **WAIVER OF PREMIUM BENEFIT** and **LIFETIME WAIVER OF PREMIUM FOR SURVIVOR BENEFIT**.

This Rider supersedes any conflicting language in the Policy and any Riders, Amendments and Endorsements. All other terms and conditions of the Policy and any Riders, Amendments and Endorsements not in conflict with the Non-Forfeiture Option remain in effect and unchanged.

This Rider is signed for Senior Health Insurance Company of Pennsylvania by its President and Chief Executive Officer.

Brian C. Wegner, President and CEO
Senior Health Insurance Company of Pennsylvania

SENIOR HEALTH INSURANCE COMPANY OF PENNSYLVANIA
Domiciled in the Commonwealth of Pennsylvania
Administrative Office:
550 Congressional Blvd.
Suite 200
Carmel, IN 46032

AMENDMENT TO AUTOMATIC BENEFIT INCREASE RIDER

Policy Number:
Primary Insured:
Covered Spouse:
Effective Date:

This Amendment to Automatic Benefit Increase Rider ("Amendment") is attached to and made a part of your Long Term Care Insurance Policy Providing Nursing Home Benefits. It is applicable to the Insured and Covered Spouse named above. Please review this Amendment and keep it with your Policy.

In consideration of the premium paid, as of the Effective Date shown above, the Daily Maximum Benefit Amount(s) and Benefit Account Value under your Policy will cease to automatically increase. The Daily Maximum Benefit Amount(s) and Benefit Account Value will instead remain fixed at the present level(s) as of the Effective Date of this Amendment, for the life of the Policy, unless you choose to make additional future changes to your Benefits.

This Amendment supersedes any conflicting language in the Policy and any Riders, Amendments and Endorsements. All other terms, conditions, limitations and exclusions of the Policy and any Riders, Amendments and Endorsements remain unchanged and in effect.

This Amendment is signed for Senior Health Insurance Company of Pennsylvania by its President and Chief Executive Officer.

Brian C. Wegner, President and CEO
Senior Health Insurance Company of Pennsylvania

SENIOR HEALTH INSURANCE COMPANY OF PENNSYLVANIA
Domiciled in the Commonwealth of Pennsylvania
Administrative Office:
550 Congressional Blvd.
Suite 200
Carmel, IN 46032

AMENDMENT TO AUTOMATIC BENEFIT INCREASE RIDER

Policy Number:
Primary Insured:
Covered Spouse:
Effective Date:

This Amendment to Automatic Benefit Increase Rider ("Amendment") is attached to and made a part of your Long Term Care Insurance Policy Providing Nursing Home Benefits. It is applicable to the Insured and Covered Spouse named above. Please review this Amendment and keep it with your Policy.

In consideration of the premium paid, as of the Effective Date shown above, the Daily Maximum Benefit Amount(s) and Benefit Account Value under your Policy will cease to automatically increase. The Daily Maximum Benefit Amount(s) will instead remain fixed at the present level(s) as of the Effective Date of this Amendment, for the life of the Policy, unless you choose to make additional future changes to your Benefits.

This Amendment supersedes any conflicting language in the Policy and any Riders, Amendments and Endorsements, and is subject to the Benefit Account Value Provision as defined in the Non-Forfeiture Option Rider. All other terms, conditions, limitations and exclusions of the Policy and any Riders, Amendments and Endorsements remain unchanged and in effect.

This Amendment is signed for Senior Health Insurance Company of Pennsylvania by its President and Chief Executive Officer.

Brian C. Wegner, President and CEO
Senior Health Insurance Company of Pennsylvania

SENIOR HEALTH INSURANCE COMPANY OF PENNSYLVANIA
Domiciled in the Commonwealth of Pennsylvania
Administrative Office:
550 Congressional Blvd.
Suite 200
Carmel, IN 46032

NON-FORFEITURE OPTION RIDER
TO YOUR LONG TERM CARE INSURANCE POLICY PROVIDING NURSING HOME BENEFITS

Policy Number:
Primary Insured:
Covered Spouse:
Effective Date:

As of the Effective Date shown above, this Rider is attached to and made a part of your Long Term Care Insurance Policy Providing Nursing Home Benefits. It is applicable to the Insured and Covered Spouse named above. Please review this Rider and keep it with your Policy.

As a result of your election of a Non-Forfeiture Option, your Policy has been converted to "Paid-Up" insurance with no further premiums due. In consideration thereof, the "Benefit Account Value" amount listed on the Policy Schedule is deleted. Furthermore, the "Benefit Account Value" Provision stated on Page 7 of your Policy is deleted in its entirety and replaced with the following:

BENEFIT ACCOUNT VALUE

The Benefit Account Value is the total amount payable for all Benefits and equals the total amount of premiums you have paid since your Policy was first issued, reduced by all Benefits paid under this Policy and any Riders, Amendments and Endorsements. Claims will be processed in accordance with the provisions of your Policy and any Riders, Amendments and Endorsements until the Benefit Account Value is exhausted. Once the Benefit Account Value is exhausted, all coverage under your Policy and all Riders, Amendments and Endorsements will terminate and no further Benefits will be payable.

Additionally, the following Benefit Provisions are deleted in their entirety from the Policy and any Riders, Amendments and Endorsements: **WAIVER OF PREMIUM BENEFIT** and **LIFETIME WAIVER OF PREMIUM FOR SURVIVOR BENEFIT**.

This Rider supersedes any conflicting language in the Policy and any Riders, Amendments and Endorsements. All other terms and conditions of the Policy and any Riders, Amendments and Endorsements not in conflict with the Non-Forfeiture Option remain in effect and unchanged.

This Rider is signed for Senior Health Insurance Company of Pennsylvania by its President and Chief Executive Officer.

Brian C. Wegner, President and CEO
Senior Health Insurance Company of Pennsylvania

SENIOR HEALTH INSURANCE COMPANY OF PENNSYLVANIA
Domiciled in the Commonwealth of Pennsylvania
Administrative Office:
550 Congressional Blvd.
Suite 200
Carmel, IN 46032

NON-FORFEITURE OPTION RIDER
TO YOUR FEDERAL QUALIFIED LONG TERM CARE INSURANCE POLICY

Policy Number
Primary Insured:
Covered Spouse:
Effective Date:

As of the Effective Date shown above, this Rider is attached to and made a part of your Federal Qualified Long Term Care Insurance Policy. It is applicable to the Insured and Covered Spouse named above. Please review this Rider and keep it with your Policy.

As a result of your election of a Non-Forfeiture Option, your Policy has been converted to "Paid-Up" insurance with no further premiums due. In consideration thereof, the "Benefit Account Value" amount listed on the Policy Schedule is deleted. Furthermore, the "Benefit Account Value" Provision stated on Page 8 of your Policy is deleted in its entirety and replaced with the following:

BENEFIT ACCOUNT VALUE

The Benefit Account Value is the total amount payable for all Benefits equals the total amount of premiums you have paid since your Policy was first issued, reduced by all Benefits paid under this Policy and all Riders, Amendments and Endorsements. Claims will be processed in accordance with the provisions of your Policy and all Riders, Amendments and Endorsement until the Benefit Account Value is exhausted. Claims will be processed in accordance with the provisions of your Policy until the Benefit Account Value is exhausted. Once the Benefit Account Value is exhausted, all coverage under your Policy and all Riders, Amendments and Endorsements will terminate and no further Benefits will be payable.

Additionally, the following Benefits are deleted in their entirety from the Policy and any Riders, Amendments and Endorsements: **WAIVER OF PREMIUM BENEFIT;** and **LIFETIME WAIVER OF PREMIUM FOR SURVIVOR BENEFIT**.

This Rider supersedes any conflicting language in the Policy and any Riders, Amendments or Endorsements. All other terms and conditions of the Policy and any Riders, Amendments or Endorsements not in conflict with the Non-Forfeiture Option remain in effect and unchanged.

This Rider is signed for Senior Health Insurance Company of Pennsylvania by its President and Chief Executive Officer.

Brian C. Wegner, President and CEO
Senior Health Insurance Company of Pennsylvania

SENIOR HEALTH INSURANCE COMPANY OF PENNSYLVANIA
Domiciled in the Commonwealth of Pennsylvania
Administrative Office:
550 Congressional Blvd.
Suite 200
Carmel, IN 46032

AMENDMENT TO AUTOMATIC BENEFIT INCREASE RIDER

Policy Number:
Primary Insured:
Covered Spouse:
Effective Date:

This Amendment to Automatic Benefit Increase Rider ("Amendment") is attached to and made a part of your Federal Qualified Long Term Care Insurance Policy. It is applicable to the Insured and Covered Spouse named above. Please review this Amendment and keep it with your Policy.

In consideration of the premium paid, as of the Effective Date shown above, the Daily Maximum Benefit Amount(s) and Benefit Account Value under your Policy will cease to automatically increase. The Daily Maximum Benefit Amount(s) and Benefit Account Value will instead remain fixed at the present level(s) as of the Effective Date of this Amendment, for the life of the Policy, unless you choose to make additional future changes to your Benefits.

This Amendment supersedes any conflicting language in the Policy and any Riders, Amendments and Endorsements. All other terms, conditions, limitations and exclusions of the Policy and any Riders, Amendments and Endorsements remain unchanged and in effect.

This Amendment is signed for Senior Health Insurance Company of Pennsylvania by its President and Chief Executive Officer.

Brian C. Wegner, President and CEO
Senior Health Insurance Company of Pennsylvania

SENIOR HEALTH INSURANCE COMPANY OF PENNSYLVANIA
Domiciled in the Commonwealth of Pennsylvania
Administrative Office:
550 Congressional Blvd.
Suite 200
Carmel, IN 46032

AMENDMENT TO AUTOMATIC BENEFIT INCREASE RIDER

Policy Number:
Primary Insured:
Covered Spouse:
Effective Date:

This Amendment to Automatic Benefit Increase Rider ("Amendment") is attached to and made a part of your Federal Qualified Long Term Care Insurance Policy. It is applicable to the Insured and Covered Spouse named above. Please review this Amendment and keep it with your Policy.

In consideration of the premium paid, as of the Effective Date shown above, the Daily Maximum Benefit Amount(s) and Benefit Account Value under your Policy will cease to automatically increase. The Daily Maximum Benefit Amount(s) will instead remain fixed at the present level(s) as of the Effective Date of this Amendment, for the life of the Policy, unless you choose to make additional future changes to your Benefits.

This Amendment supersedes any conflicting language in the Policy and any Riders, Amendments and Endorsements, and is subject to the Benefit Account Value Provision as defined in the Non-Forfeiture Option Rider. All other terms, conditions, limitations and exclusions of the Policy and any Riders, Amendments and Endorsements remain unchanged and in effect.

This Amendment is signed for Senior Health Insurance Company of Pennsylvania by its President and Chief Executive Officer.

Brian C. Wegner, President and CEO
Senior Health Insurance Company of Pennsylvania

SENIOR HEALTH INSURANCE COMPANY OF PENNSYLVANIA
Domiciled in the Commonwealth of Pennsylvania
Administrative Office:
550 Congressional Blvd.
Suite 200
Carmel, IN 46032

AMENDMENT TO AUTOMATIC BENEFIT INCREASE RIDER

Policy Number:
Primary Insured:
Covered Spouse:
Effective Date:

This Amendment to Automatic Benefit Increase Rider ("Amendment") is attached to and made a part of your Federal Qualified Long Term Care Insurance Policy Providing Nursing Home Benefits. It is applicable to the Insured and Covered Spouse named above. Please review this Amendment and keep it with your Policy.

In consideration of the premium paid, as of the Effective Date shown above, the Daily Maximum Benefit Amount(s) and Benefit Account Value under your Policy will cease to automatically increase. The Daily Maximum Benefit Amount(s) and Benefit Account Value will instead remain fixed at the present level(s) as of the Effective Date of this Amendment, for the life of the Policy, unless you choose to make additional future changes to your Benefits.

This Amendment supersedes any conflicting language in the Policy and any Riders, Amendments and Endorsements. All other terms, conditions, limitations and exclusions of the Policy and any Riders, Amendments and Endorsements remain unchanged and in effect.

This Amendment is signed for Senior Health Insurance Company of Pennsylvania by its President and Chief Executive Officer.

Brian C. Wegner, President and CEO
Senior Health Insurance Company of Pennsylvania

SENIOR HEALTH INSURANCE COMPANY OF PENNSYLVANIA
Domiciled in the Commonwealth of Pennsylvania
Administrative Office:
550 Congressional Blvd.
Suite 200
Carmel, IN 46032

NON-FORFEITURE OPTION RIDER TO YOUR FEDERAL QUALIFIED LONG TERM CARE INSURANCE POLICY PROVIDING NURSING HOME BENEFITS

Policy Number:
Primary Insured:
Covered Spouse:
Effective Date:

As of the Effective Date shown above, this Rider is attached to and made a part of your Federal Qualified Nursing Home Care Insurance Policy. It is applicable to the Insured and Covered Spouse named above. Please review this Rider and keep it with your Policy.

As a result of your election of a Non-Forfeiture Option, your Policy has been converted to "Paid-Up" insurance with no further premiums due. In consideration thereof, the "Benefit Account Value" amount listed on the Policy Schedule is deleted. Furthermore, the "Benefit Account Value" Provision stated on Page 7 of your Policy is deleted in its entirety and replaced with the following:

BENEFIT ACCOUNT VALUE

The Benefit Account Value is the total amount payable for your Benefits and equals the total amount of premiums you have paid since your Policy was first issued, reduced by all Benefits paid under this Policy and all Riders, Amendments and Endorsements. Claims will be processed in accordance with the provisions of your Policy and all Riders, Amendments and Endorsements until the Benefit Account Value is exhausted. Once the Benefit Account Value is exhausted, all coverage under your Policy and all Riders, Amendments and Endorsements will terminate and no further Benefits will be payable.

Additionally, the following Benefits are deleted in their entirety from the Policy and any Riders, Amendments and Endorsements: **WAIVER OF PREMIUM BENEFIT; LIFETIME WAIVER OF PREMIUM FOR SURVIVOR BENEFIT**; and **RESTORATION OF BENEFITS.**

This Rider supersedes any conflicting language in the Policy and any Riders, Amendments or Endorsements. All other terms and conditions of the Policy and any Riders, Amendments or Endorsements not in conflict with the Non-Forfeiture Option remain in effect and unchanged.

This Rider is signed for Senior Health Insurance Company of Pennsylvania by its President and Chief Executive Officer.

Brian C. Wegner, President and CEO
Senior Health Insurance Company of Pennsylvania

SENIOR HEALTH INSURANCE COMPANY OF PENNSYLVANIA
Domiciled in the Commonwealth of Pennsylvania
Administrative Office:
550 Congressional Blvd.
Suite 200
Carmel, IN 46032

AMENDMENT TO AUTOMATIC BENEFIT INCREASE RIDER

Policy Number:
Primary Insured:
Covered Spouse:
Effective Date:

This Amendment to Automatic Benefit Increase Rider ("Amendment") is attached to and made a part of your Federal Qualified Long Term Care Insurance Policy Providing Nursing Home Benefits. It is applicable to the Insured and Covered Spouse named above. Please review this Amendment and keep it with your Policy.

In consideration of the premium paid, as of the Effective Date shown above, the Daily Maximum Benefit Amount(s) and Benefit Account Value under your Policy will cease to automatically increase. The Daily Maximum Benefit Amount(s) will instead remain fixed at the present level(s) as of the Effective Date of this Amendment, for the life of the Policy, unless you choose to make additional future changes to your Benefits.

This Amendment supersedes any conflicting language in the Policy and any Riders, Amendments and Endorsements, and is subject to the Benefit Account Value Provision as defined in the Non-Forfeiture Option Rider. All other terms, conditions, limitations and exclusions of the Policy and any Riders, Amendments and Endorsements remain unchanged and in effect.

This Amendment is signed for Senior Health Insurance Company of Pennsylvania by its President and Chief Executive Officer.

Brian C. Wegner, President and CEO
Senior Health Insurance Company of Pennsylvania

SENIOR HEALTH INSURANCE COMPANY OF PENNSYLVANIA
Domiciled in the Commonwealth of Pennsylvania
Administrative Office:
550 Congressional Blvd.
Suite 200
Carmel, IN 46032

NON-FORFEITURE OPTION RIDER
TO YOUR HOME HEALTH CARE INSURANCE POLICY

Policy Number:
Primary Insured:
Covered Spouse:
Effective Date:

As of the Effective Date shown above, this Rider is attached to and made a part of your Home Health Care Insurance Policy. It is applicable to the Insured and Covered Spouse named above. Please review this Rider and keep it with your Policy.

As a result of your election of a Non-Forfeiture Option, your Policy has been converted to "Paid-Up" insurance with no further premiums due. In consideration thereof, the changes to your Policy are indicated below:

BENEFIT PERIOD: With your election of the Non-Forfeiture Option, as described above, the Maximum Benefit Period listed on your Policy Schedule Page is no longer applicable to your Policy and any other Riders, Amendments or Endorsements.

BENEFIT ACCOUNT VALUE: The Benefit Account Value is the total amount payable for all Benefits and equals the total amount of premiums you have paid since your Policy was first issued, reduced by all Benefits paid under this Policy. Claims will be processed in accordance with the provisions of your Policy and any Riders, Amendments and Endorsements until the Benefit Account Value is exhausted. Once the Benefit Account Value is exhausted, coverage under this Policy and all Riders, Amendments and Endorsements will terminate and no further Benefits will be payable.

Additionally, the following Benefit Provisions are deleted in their entirety from the Policy and any Riders, Amendments and Endorsements: **RESTORATION OF BENEFIT; WAIVER OF PREMIUM BENEFIT;** and **LIFETIME WAIVER OF PREMIUM FOR SURVIVOR**.

This Rider supersedes any conflicting language in the Policy and any Riders, Amendments or Endorsements. All other terms and conditions of the Policy and any Riders, Amendments or Endorsements not in conflict with the Non-Forfeiture Option remain in effect and unchanged.

This Rider is signed for Senior Health Insurance Company of Pennsylvania by its President and Chief Executive Officer.

Brian C. Wegner, President and CEO
Senior Health Insurance Company of Pennsylvania

SENIOR HEALTH INSURANCE COMPANY OF PENNSYLVANIA
Domiciled in the Commonwealth of Pennsylvania
Administrative Office:
550 Congressional Blvd.
Suite 200
Carmel, IN 46032

AMENDMENT TO AUTOMATIC BENEFIT INCREASE RIDER

Policy Number:
Primary Insured:
Covered Spouse:
Effective Date:

This Amendment to Automatic Benefit Increase Rider ("Amendment") is attached to and made a part of your Home Health Care Insurance Policy. It is applicable to the Insured and Covered Spouse named above. Please review this Amendment and keep it with your Policy.

In consideration of the premium paid, as of the Effective Date shown above, the Daily Maximum Benefit Amount(s) for the Home Health Care and Homemaker and Companion coverage under your Policy will cease to automatically increase. The Daily Maximum Benefit Amount(s) will instead remain fixed at the present levels as of the Effective Date of this Amendment, for the life of the Policy, unless you choose to make additional future changes to your Benefits.

In consideration of the premium paid, as of the Effective Date shown above, the Monthly Maximum Benefit for the Prescription Drug Benefit coverage under your Policy will cease to automatically increase. The Monthly Maximum Benefit Amount will instead remain fixed at the present level as of the Effective Date of this Amendment, for the life of the Policy, unless you choose to make additional future changes to your Benefits.

In consideration of the premium paid, as of the Effective Date shown above, the Annual Maximum Benefit for the Ambulance Benefit under your Policy will cease to automatically increase. The Annual Maximum Benefit Amount will instead remain fixed at the present level as of the Effective Date of this Amendment, for the life of the Policy, unless you choose to make additional future changes to your Benefits.

This Amendment supersedes any conflicting language in the Policy and any Riders, Amendments or Endorsements. All other terms, conditions, limitations and exclusions of the Policy and any Riders, Amendments or Endorsements remain unchanged and in effect.

This Amendment is signed for Senior Health Insurance Company of Pennsylvania by its President and Chief Executive Officer.

Brian C. Wegner, President and CEO
Senior Health Insurance Company of Pennsylvania

SENIOR HEALTH INSURANCE COMPANY OF PENNSYLVANIA
Domiciled in the Commonwealth of Pennsylvania
Administrative Office:
550 Congressional Blvd.
Suite 200
Carmel, IN 46032

AMENDMENT TO LIFETIME COMPOUND BENEFIT INCREASE RIDER

Policy Number:
Primary Insured:
Covered Spouse:
Effective Date:

This Amendment to Lifetime Compound Benefit Increase Rider ("Amendment") is attached to and made a part of your Federal Qualified Home Health Care Insurance Policy. It is applicable to the Insured and Covered Spouse named above. Please review this Amendment and keep it with your Policy.

In consideration of the premium paid, as of the Effective Date shown above, the Daily Maximum Benefit Amount(s) and Benefit Account Value under your Policy will cease to automatically increase. The Daily Maximum Benefit Amount(s) will instead remain fixed at the present level(s) as of the Effective Date of this Amendment, for the life of the Policy, unless you choose to make additional future changes to your Benefits.

This Amendment supersedes any conflicting language in the Policy and any Riders, Amendments and Endorsements, and is subject to the Benefit Account Value Provision as defined in the Non-Forfeiture Option Rider. All other terms, conditions, limitations and exclusions of the Policy and any Riders, Amendments and Endorsements remain unchanged and in effect.

This Amendment is signed for Senior Health Insurance Company of Pennsylvania by its President and Chief Executive Officer.

Brian C. Wegner, President and CEO
Senior Health Insurance Company of Pennsylvania

SENIOR HEALTH INSURANCE COMPANY OF PENNSYLVANIA
Domiciled in the Commonwealth of Pennsylvania
Administrative Office:
550 Congressional Blvd.
Suite 200
Carmel, IN 46032

AMENDMENT TO LIFETIME COMPOUND BENEFIT INCREASE RIDER

Policy Number:
Primary Insured:
Covered Spouse:
Effective Date:

This Amendment to Lifetime Compound Benefit Increase Rider ("Amendment") is attached to and made a part of your Home Health Care Insurance Policy. It is applicable to the Insured and Covered Spouse named above. Please review this Amendment and keep it with your Policy.

In consideration of the premium paid, as of the Effective Date shown above, the Daily Maximum Benefit Amount(s) and Benefit Account Value under your Policy will cease to automatically increase. The Daily Maximum Benefit Amount(s) will instead remain fixed at the present level(s) as of the Effective Date of this Amendment, for the life of the Policy, unless you choose to make additional future changes to your Benefits.

This Amendment supersedes any conflicting language in the Policy and any Riders, Amendments and Endorsements, and is subject to the Benefit Account Value Provision as defined in the Non-Forfeiture Option Rider. All other terms, conditions, limitations and exclusions of the Policy and any Riders, Amendments and Endorsements remain unchanged and in effect.

This Amendment is signed for Senior Health Insurance Company of Pennsylvania by its President and Chief Executive Officer.

Brian C. Wegner, President and CEO
Senior Health Insurance Company of Pennsylvania

SENIOR HEALTH INSURANCE COMPANY OF PENNSYLVANIA
Domiciled in the Commonwealth of Pennsylvania
Administrative Office:
550 Congressional Blvd.
Suite 200
Carmel, IN 46032

NON-FORFEITURE OPTION RIDER TO YOUR HOME HEALTH CARE INSURANCE POLICY

Policy Number:
Primary Insured:
Covered Spouse:
Effective Date:

As of the Effective Date shown above, this Rider is attached to and made a part of your Home Health Care Insurance Policy. It is applicable to the Insured and Covered Spouse named above. Please review this Rider and keep it with your Policy.

As a result of your election of a Non-Forfeiture Option, your Policy has been converted to "Paid-Up" insurance with no further premiums due. In consideration thereof, the "Benefit Account Value" amount listed on the Policy Schedule is deleted. Furthermore, the "Benefit Account Value" Provision stated on Page 7 of your Policy is deleted in its entirety and replaced with the following:

BENEFIT ACCOUNT VALUE

The Benefit Account Value is the total amount payable for all Benefits and equals the total amount of premiums you have paid since your Policy was first issued, reduced by all Benefits paid under this Policy and all Riders, Amendments and Endorsements. Claims will be processed in accordance with the provisions of your Policy and all Riders, Amendments and Endorsements until the Benefit Account Value is exhausted. Once the Benefit Account Value is exhausted, all coverage under your Policy and all Riders, Amendments and Endorsements will terminate and no further Benefits will be payable.

Additionally, the following Benefits are deleted in their entirety from the Policy and any Riders, Amendments and Endorsements: **WAIVER OF PREMIUM BENEFIT;** and **LIFETIME WAIVER OF PREMIUM FOR SURVIVING INSURED SPOUSE BENEFIT**.

This Rider supersedes any conflicting language in the Policy and any Riders, Amendments or Endorsements. All other terms and conditions of the Policy and any Riders, Amendments or Endorsements not in conflict with the Non-Forfeiture Option remain in effect and unchanged.

This Rider is signed for Senior Health Insurance Company of Pennsylvania by its President and Chief Executive Officer.

Brian C. Wegner, President and CEO
Senior Health Insurance Company of Pennsylvania

SENIOR HEALTH INSURANCE COMPANY OF PENNSYLVANIA
Domiciled in the Commonwealth of Pennsylvania
Administrative Office:
550 Congressional Blvd.
Suite 200
Carmel, IN 46032

AMENDMENT TO LIFETIME COMPOUND BENEFIT INCREASE RIDER

Policy Number:
Primary Insured:
Covered Spouse:
Effective Date:

This Amendment to Lifetime Compound Benefit Increase Rider ("Amendment") is attached to and made a part of your Home Health Care Insurance Policy. It is applicable to the Insured and Covered Spouse named above. Please review this Amendment and keep it with your Policy.

In consideration of the premium paid, as of the Effective Date shown above, the Daily Maximum Benefit Amount(s) and Benefit Account Value under your Policy will cease to automatically increase. The Daily Maximum Benefit Amount(s) and Benefit Account Value will instead remain fixed at the present level(s) as of the Effective Date of this Amendment, for the life of the Policy, unless you choose to make additional future changes to your Benefits.

This Amendment supersedes any conflicting language in the Policy and any Riders, Amendments and Endorsements. All other terms, conditions, limitations and exclusions of the Policy and any Riders, Amendments and Endorsements remain unchanged and in effect.

This Amendment is signed for Senior Health Insurance Company of Pennsylvania by its President and Chief Executive Officer.

Brian C. Wegner, President and CEO
Senior Health Insurance Company of Pennsylvania

SENIOR HEALTH INSURANCE COMPANY OF PENNSYLVANIA
Domiciled in the Commonwealth of Pennsylvania
Administrative Office:
550 Congressional Blvd.
Suite 200
Carmel, IN 46032

NON-FORFEITURE OPTION RIDER
TO YOUR FEDERAL QUALIFIED LONG TERM CARE INSURANCE POLICY

Policy Number:
Primary Insured:
Covered Spouse:
Effective Date:

As of the Effective Date shown above, this Rider is attached to and made a part of your Federal Qualified Long Term Care Insurance Policy. It is applicable to the Insured and Covered Spouse named above. Please review this Rider and keep it with your Policy.

As a result of your election of a Non-Forfeiture Option, your Policy has been converted to "Paid-Up" insurance with no further premiums due. In consideration thereof, the "Benefit Account Value" amount listed on the Policy Schedule is deleted. Furthermore, the "Benefit Account Value" Provision stated on Page 8 of your Policy is deleted in its entirety and replaced with the following:

BENEFIT ACCOUNT VALUE

The Benefit Account Value is the total amount payable for all Benefits and equals the total amount of premiums you have paid since your Policy was first issued, reduced by all Benefits paid under this Policy and all Riders, Amendments and Endorsements. Claims will be processed in accordance with the provisions of your Policy and all Riders, Amendments and Endorsements until the Benefit Account Value is exhausted. Once the Benefit Account Value is exhausted, all coverage under your Policy and all Riders, Amendments and Endorsements will terminate and no further Benefits will be payable.

Additionally, the following Benefits are deleted in their entirety from the Policy and any Riders, Amendments and Endorsements: **WAIVER OF PREMIUM BENEFIT; LIFETIME WAIVER OF PREMIUM FOR SURVIVING INSURED SPOUSE BENEFIT**; and **RESTORATION OF BENEFITS.**

This Rider supersedes any conflicting language in the Policy and any Riders, Amendments or Endorsements. All other terms and conditions of the Policy and any Riders, Amendments or Endorsements not in conflict with the Non-Forfeiture Option remain in effect and unchanged.

This Rider is signed for Senior Health Insurance Company of Pennsylvania by its President and Chief Executive Officer.

Brian C. Wegner, President and CEO
Senior Health Insurance Company of Pennsylvania

SENIOR HEALTH INSURANCE COMPANY OF PENNSYLVANIA
Domiciled in the Commonwealth of Pennsylvania
Administrative Office:
550 Congressional Blvd.
Suite 200
Carmel, IN 46032

AMENDMENT TO LIFETIME COMPOUND BENEFIT INCREASE RIDER

Policy Number:
Primary Insured:
Covered Spouse:
Effective Date:

This Amendment to Lifetime Compound Benefit Increase Rider ("Amendment") is attached to and made a part of your Federal Qualified Long Term Care Insurance Policy. It is applicable to the Insured and Covered Spouse named above. Please review this Amendment and keep it with your Policy.

In consideration of the premium paid, as of the Effective Date shown above, the Daily Maximum Benefit Amount(s) and Benefit Account Value under your Policy will cease to automatically increase. The Daily Maximum Benefit Amount(s) and Benefit Account Value will instead remain fixed at the present level(s) as of the Effective Date of this Amendment, for the life of the Policy, unless you choose to make additional future changes to your Benefits.

This Amendment supersedes any conflicting language in the Policy and any Riders, Amendments and Endorsements. All other terms, conditions, limitations and exclusions of the Policy and any Riders, Amendments and Endorsements remain unchanged and in effect.

This Amendment is signed for Senior Health Insurance Company of Pennsylvania by its President and Chief Executive Officer.

Brian C. Wegner, President and CEO
Senior Health Insurance Company of Pennsylvania

SENIOR HEALTH INSURANCE COMPANY OF PENNSYLVANIA
Domiciled in the Commonwealth of Pennsylvania
Administrative Office:
550 Congressional Blvd.
Suite 200
Carmel, IN 46032

AMENDMENT TO LIFETIME COMPOUND BENEFIT INCREASE RIDER

Policy Number:
Primary Insured:
Covered Spouse:
Effective Date:

This Amendment to Lifetime Compound Benefit Increase Rider ("Amendment") is attached to and made a part of your Federal Qualified Long Term Care Insurance Policy. It is applicable to the Insured and Covered Spouse named above. Please review this Amendment and keep it with your Policy.

In consideration of the premium paid, as of the Effective Date shown above, the Daily Maximum Benefit Amount(s) and Benefit Account Value under your Policy will cease to automatically increase. The Daily Maximum Benefit Amount(s) will instead remain fixed at the present level(s) as of the Effective Date of this Amendment, for the life of the Policy, unless you choose to make additional future changes to your Benefits.

This Amendment supersedes any conflicting language in the Policy and any Riders, Amendments and Endorsements, and is subject to the Benefit Account Value Provision as defined in the Non-Forfeiture Option Rider. All other terms, conditions, limitations and exclusions of the Policy and any Riders, Amendments and Endorsements remain unchanged and in effect.

This Amendment is signed for Senior Health Insurance Company of Pennsylvania by its President and Chief Executive Officer.

Brian C. Wegner, President and CEO
Senior Health Insurance Company of Pennsylvania

SENIOR HEALTH INSURANCE COMPANY OF PENNSYLVANIA
Domiciled in the Commonwealth of Pennsylvania
Administrative Office:
550 Congressional Blvd.
Suite 200
Carmel, IN 46032

AMENDMENT TO LIFETIME COMPOUND BENEFIT INCREASE RIDER

Policy Number:
Primary Insured:
Covered Spouse:
Effective Date:

This Amendment to Lifetime Compound Benefit Increase Rider ("Amendment") is attached to and made a part of your Long Term Care Insurance Policy. It is applicable to the Insured and Covered Spouse named above. Please review this Amendment and keep it with your Policy.

In consideration of the premium paid, as of the Effective Date shown above, the Daily Maximum Benefit Amount(s) and Benefit Account Value under your Policy will cease to automatically increase. The Daily Maximum Benefit Amount(s) will instead remain fixed at the present level(s) as of the Effective Date of this Amendment, for the life of the Policy, unless you choose to make additional future changes to your Benefits.

This Amendment supersedes any conflicting language in the Policy and any Riders, Amendments and Endorsements, and is subject to the Benefit Account Value Provision as defined in the Non-Forfeiture Option Rider. All other terms, conditions, limitations and exclusions of the Policy and any Riders, Amendments and Endorsements remain unchanged and in effect.

This Amendment is signed for Senior Health Insurance Company of Pennsylvania by its President and Chief Executive Officer.

Brian C. Wegner, President and CEO
Senior Health Insurance Company of Pennsylvania

SENIOR HEALTH INSURANCE COMPANY OF PENNSYLVANIA
Domiciled in the Commonwealth of Pennsylvania
Administrative Office:
550 Congressional Blvd.
Suite 200
Carmel, IN 46032

NON-FORFEITURE OPTION RIDER TO YOUR LONG TERM CARE INSURANCE POLICY

Policy Number:
Primary Insured:
Covered Spouse:
Effective Date:

As of the Effective Date shown above, this Rider is attached to and made a part of your Long Term Care Insurance Policy. It is applicable to the Insured and Covered Spouse named above. Please review this Rider and keep it with your Policy.

As a result of your election of a Non-Forfeiture Option, your Policy has been converted to "Paid-Up" insurance with no further premiums due. In consideration thereof, the "Benefit Account Value" amount listed on the Policy Schedule is deleted. Furthermore, the "Benefit Account Value" Provision stated on Page 8 of your Policy is deleted in its entirety and replaced with the following:

BENEFIT ACCOUNT VALUE

The Benefit Account Value is the total amount payable for all Benefits and equals the total amount of premiums you have paid since your Policy was first issued, reduced by all Benefits paid under this Policy and all Riders, Amendments and Endorsements. Claims will be processed in accordance with the provisions of your Policy and all Riders, Amendments and Endorsements until the Benefit Account Value is exhausted. Once the Benefit Account Value is exhausted, all coverage under your Policy and all Riders, Amendments and Endorsements will terminate and no further Benefits will be payable.

Additionally, the following Benefits are deleted in their entirety from the Policy and any Riders, Amendments and Endorsements: **WAIVER OF PREMIUM BENEFIT; LIFETIME WAIVER OF PREMIUM FOR SURVIVING INSURED SPOUSE BENEFIT**; and **RESTORATION OF BENEFITS.**

This Rider supersedes any conflicting language in the Policy and any Riders, Amendments or Endorsements. All other terms and conditions of the Policy and any Riders, Amendments or Endorsements not in conflict with the Non-Forfeiture Option remain in effect and unchanged.

This Rider is signed for Senior Health Insurance Company of Pennsylvania by its President and Chief Executive Officer.

Brian C. Wegner, President and CEO
Senior Health Insurance Company of Pennsylvania

SENIOR HEALTH INSURANCE COMPANY OF PENNSYLVANIA
Domiciled in the Commonwealth of Pennsylvania
Administrative Office:
550 Congressional Blvd.
Suite 200
Carmel, IN 46032

AMENDMENT TO LIFETIME COMPOUND BENEFIT INCREASE RIDER

Policy Number:
Primary Insured:
Covered Spouse:
Effective Date:

This Amendment to Lifetime Compound Benefit Increase Rider ("Amendment") is attached to and made a part of your Long Term Care Insurance Policy. It is applicable to the Insured and Covered Spouse named above. Please review this Amendment and keep it with your Policy.

In consideration of the premium paid, as of the Effective Date shown above, the Daily Maximum Benefit Amount(s) and Benefit Account Value under your Policy will cease to automatically increase. The Daily Maximum Benefit Amount(s) and Benefit Account Value will instead remain fixed at the present level(s) as of the Effective Date of this Amendment, for the life of the Policy, unless you choose to make additional future changes to your Benefits.

This Amendment supersedes any conflicting language in the Policy and any Riders, Amendments and Endorsements. All other terms, conditions, limitations and exclusions of the Policy and any Riders, Amendments and Endorsements remain unchanged and in effect.

This Amendment is signed for Senior Health Insurance Company of Pennsylvania by its President and Chief Executive Officer.

Brian C. Wegner, President and CEO
Senior Health Insurance Company of Pennsylvania

SENIOR HEALTH INSURANCE COMPANY OF PENNSYLVANIA
Domiciled in the Commonwealth of Pennsylvania
Administrative Office:
550 Congressional Blvd.
Suite 200
Carmel, IN 46032

AMENDMENT TO AUTOMATIC BENEFIT INCREASE RIDER

Policy Number:
Primary Insured:
Covered Spouse:
Effective Date:

This Amendment to Automatic Benefit Increase Rider ("Amendment") is attached to and made a part of your Federal Qualified Long Term Care Insurance Policy Providing Home Health Care Benefits. It is applicable to the Insured and Covered Spouse named above. Please review this Amendment and keep it with your Policy.

In consideration of the premium paid, as of the Effective Date shown above, the Daily Maximum Benefit Amount(s) under your Policy will cease to automatically increase. The Daily Maximum Benefit Amount(s) will instead remain fixed at the present level(s) as of the Effective Date of this Amendment, for the life of the Policy, unless you choose to make additional future changes to your Benefits.

This Amendment supersedes any conflicting language in the Policy and any Riders, Amendments and Endorsements. All other terms, conditions, limitations and exclusions of the Policy and any Riders, Amendments and Endorsements remain unchanged and in effect.

This Amendment is signed for Senior Health Insurance Company of Pennsylvania by its President and Chief Executive Officer.

Brian C. Wegner, President and CEO
Senior Health Insurance Company of Pennsylvania

SENIOR HEALTH INSURANCE COMPANY OF PENNSYLVANIA
Domiciled in the Commonwealth of Pennsylvania
Administrative Office:
550 Congressional Blvd.
Suite 200
Carmel, IN 46032

NON-FORFEITURE OPTION RIDER TO YOUR FEDERAL QUALIFIED LONG TERM CARE INSURANCE POLICY PROVIDING HOME HEALTH CARE BENEFITS

Policy Number:
Primary Insured:
Covered Spouse:
Effective Date:

As of the Effective Date shown above, this Rider is attached to and made a part of your Federal Qualified Home Health Care Insurance Policy. It is applicable to the Insured and Covered Spouse named above. Please review this Rider and keep it with your Policy.

As a result of your election of a Non-Forfeiture Option, your Policy has been converted to "Paid-Up" insurance with no further premiums due. In consideration thereof, the "Benefit Account Value" amount listed on the Policy Schedule is deleted. Furthermore, the "Benefit Account Value" Provision stated on Page 6 of your Policy is deleted in its entirety and replaced with the following:

BENEFIT ACCOUNT VALUE

The Benefit Account Value is the total amount payable for your Benefits and equals the total amount of premiums you have paid since your Policy was first issued, reduced by all Benefits paid under this Policy and any Riders, Amendments and Endorsements. Claims will be processed in accordance with the provisions of your Policy and all Riders, Amendments and Endorsements until the Benefit Account Value is exhausted. Once the Benefit Account Value is exhausted, all coverage under your Policy and all Riders, Amendments and Endorsements will terminate and no further Benefits will be payable.

Additionally, the following Benefit Provisions are deleted in their entirety from the Policy and any Riders, Amendments and Endorsements: **WAIVER OF PREMIUM BENEFIT;** and **LIFETIME WAIVER OF PREMIUM FOR SURVIVOR BENEFIT**.

This Rider supersedes any conflicting language in the Policy and any Riders, Amendments and Endorsements. All other terms and conditions of the Policy and any Riders, Amendments and Endorsements not in conflict with the Non-Forfeiture Option remain in effect and unchanged.

This Rider is signed for Senior Health Insurance Company of Pennsylvania by its President and Chief Executive Officer.

Brian C. Wegner, President and CEO
Senior Health Insurance Company of Pennsylvania

SENIOR HEALTH INSURANCE COMPANY OF PENNSYLVANIA
Domiciled in the Commonwealth of Pennsylvania
Administrative Office:
550 Congressional Blvd.
Suite 200
Carmel, IN 46032

AMENDMENT TO LIFETIME COMPOUND BENEFIT INCREASE RIDER

Policy Number:
Primary Insured:
Covered Spouse:
Effective Date:

This Amendment to Lifetime Compound Benefit Increase Rider ("Amendment") is attached to and made a part of your Nursing Home Care Insurance Policy. It is applicable to the Insured and Covered Spouse named above. Please review this Amendment and keep it with your Policy.

In consideration of the premium paid, as of the Effective Date shown above, the Daily Maximum Benefit Amount(s) and Benefit Account Value under your Policy will cease to automatically increase. The Daily Maximum Benefit Amount(s) and Benefit Account Value will instead remain fixed at the present level(s) as of the Effective Date of this Amendment, for the life of the Policy, unless you choose to make additional future changes to your Benefits.

This Amendment supersedes any conflicting language in the Policy and any Riders, Amendments and Endorsements. All other terms, conditions, limitations and exclusions of the Policy and any Riders, Amendments and Endorsements remain unchanged and in effect.

This Amendment is signed for Senior Health Insurance Company of Pennsylvania by its President and Chief Executive Officer.

Brian C. Wegner, President and CEO
Senior Health Insurance Company of Pennsylvania

SENIOR HEALTH INSURANCE COMPANY OF PENNSYLVANIA
Domiciled in the Commonwealth of Pennsylvania
Administrative Office:
550 Congressional Blvd.
Suite 200
Carmel, IN 46032

AMENDMENT TO LIFETIME COMPOUND BENEFIT INCREASE RIDER

Policy Number:
Primary Insured:
Covered Spouse:
Effective Date:

This Amendment to Lifetime Compound Benefit Increase Rider ("Amendment") is attached to and made a part of your Nursing Home Care Insurance Policy. It is applicable to the Insured and Covered Spouse named above. Please review this Amendment and keep it with your Policy.

In consideration of the premium paid, as of the Effective Date shown above, the Daily Maximum Benefit Amount(s) and Benefit Account Value under your Policy will cease to automatically increase. The Daily Maximum Benefit Amount(s) will instead remain fixed at the present level(s) as of the Effective Date of this Amendment, for the life of the Policy, unless you choose to make additional future changes to your Benefits.

This Amendment supersedes any conflicting language in the Policy and any Riders, Amendments and Endorsements, and is subject to the Benefit Account Value Provision as defined in the Non-Forfeiture Option Rider. All other terms, conditions, limitations and exclusions of the Policy and any Riders, Amendments and Endorsements remain unchanged and in effect.

This Amendment is signed for Senior Health Insurance Company of Pennsylvania by its President and Chief Executive Officer.

Brian C. Wegner, President and CEO
Senior Health Insurance Company of Pennsylvania

SENIOR HEALTH INSURANCE COMPANY OF PENNSYLVANIA
Domiciled in the Commonwealth of Pennsylvania
Administrative Office:
550 Congressional Blvd.
Suite 200
Carmel, IN 46032

NON-FORFEITURE OPTION RIDER TO YOUR NURSING HOME CARE INSURANCE POLICY

Primary Insured:
Covered Spouse:
Effective Date:

As of the Effective Date shown above, this Rider is attached to and made a part of your Nursing Home Care Insurance Policy. It is applicable to the Insured and Covered Spouse named above. Please review this Rider and keep it with your Policy.

As a result of your election of a Non-Forfeiture Option, your Policy has been converted to "Paid-Up" insurance with no further premiums due. In consideration thereof, the "Benefit Account Value" amount listed on the Policy Schedule is deleted. Furthermore, the "Benefit Account Value" Provision stated on Page 6 of your Policy is deleted in its entirety and replaced with the following:

BENEFIT ACCOUNT VALUE

The Benefit Account Value is the total amount payable for all Benefits equals the total amount of premiums you have paid since your Policy was first issued, reduced by all Benefits paid under this Policy and all Riders, Amendments and Endorsements. Claims will be processed in accordance with the provisions of your Policy and all Riders, Amendments and Endorsements until the Benefit Account Value is exhausted. Once the Benefit Account Value is exhausted, all coverage under your Policy and all Riders, Amendments and Endorsements will terminate and no further Benefits will be payable.

Additionally, the following Benefits are deleted in their entirety from the Policy and any Riders, Amendments and Endorsements: **WAIVER OF PREMIUM BENEFIT;** and **LIFETIME WAIVER OF PREMIUM FOR SURVIVING INSURED SPOUSE BENEFIT**.

This Rider supersedes any conflicting language in the Policy and any Riders, Amendments or Endorsements. All other terms and conditions of the Policy and any Riders, Amendments or Endorsements not in conflict with the Non-Forfeiture Option remain in effect and unchanged.

This Rider is signed for Senior Health Insurance Company of Pennsylvania by its President and Chief Executive Officer.

Brian C. Wegner, President and CEO
Senior Health Insurance Company of Pennsylvania

SENIOR HEALTH INSURANCE COMPANY OF PENNSYLVANIA
Domiciled in the Commonwealth of Pennsylvania
Administrative Office:
550 Congressional Blvd.
Suite 200
Carmel, IN 46032

AMENDMENT TO LIFETIME COMPOUND BENEFIT INCREASE RIDER

Policy Number:
Primary Insured:
Covered Spouse:
Effective Date:

This Amendment to Lifetime Compound Benefit Increase Rider ("Amendment") is attached to and made a part of your Federal Qualified Home Health Care Insurance Policy. It is applicable to the Insured and Covered Spouse named above. Please review this Amendment and keep it with your Policy.

In consideration of the premium paid, as of the Effective Date shown above, the Daily Maximum Benefit Amount(s) and Benefit Account Value under your Policy will cease to automatically increase. The Daily Maximum Benefit Amount(s) will instead remain fixed at the present level(s) as of the Effective Date of this Amendment, for the life of the Policy, unless you choose to make additional future changes to your Benefits.

This Amendment supersedes any conflicting language in the Policy and any Riders, Amendments and Endorsements, and is subject to the Benefit Account Value Provision as defined in the Non-Forfeiture Option Rider. All other terms, conditions, limitations and exclusions of the Policy and any Riders, Amendments and Endorsements remain unchanged and in effect.

This Amendment is signed for Senior Health Insurance Company of Pennsylvania by its President and Chief Executive Officer.

Brian C. Wegner, President and CEO
Senior Health Insurance Company of Pennsylvania

SENIOR HEALTH INSURANCE COMPANY OF PENNSYLVANIA
Domiciled in the Commonwealth of Pennsylvania
Administrative Office:
550 Congressional Blvd.
Suite 200
Carmel, IN 46032

NON-FORFEITURE OPTION RIDER
TO YOUR FEDERAL QUALIFIED HOME HEALTH CARE INSURANCE POLICY

Policy Number:
Primary Insured:
Covered Spouse:
Effective Date:

As of the Effective Date shown above, this Rider is attached to and made a part of your Federal Qualified Home Health Care Insurance Policy. It is applicable to the Insured and Covered Spouse named above. Please review this Rider and keep it with your Policy.

As a result of your election of a Non-Forfeiture Option, your Policy has been converted to "Paid-Up" insurance with no further premiums due. In consideration thereof, the "Benefit Account Value" amount listed on the Policy Schedule is deleted. Furthermore, the "Benefit Account Value" Provision stated on Page 7 of your Policy is deleted in its entirety and replaced with the following:

BENEFIT ACCOUNT VALUE

The Benefit Account Value is the total amount payable for all Benefits and equals the total amount of premiums you have paid since your Policy was first issued, reduced by all Benefits paid under this Policy and all Riders, Amendments and Endorsements. Claims will be processed in accordance with the provisions of your Policy and all Riders, Amendments and Endorsements until the Benefit Account Value is exhausted. Once the Benefit Account Value is exhausted, all coverage under your Policy and all Riders, Amendments and Endorsements will terminate and no further Benefits will be payable.

Additionally, the following Benefits are deleted in their entirety from the Policy and any Riders, Amendments and Endorsements: **WAIVER OF PREMIUM BENEFIT;** and **LIFETIME WAIVER OF PREMIUM FOR SURVIVING INSURED SPOUSE BENEFIT**.

This Rider supersedes any conflicting language in the Policy and any Riders, Amendments or Endorsements. All other terms and conditions of the Policy and any Riders, Amendments or Endorsements not in conflict with the Non-Forfeiture Option remain in effect and unchanged.

This Rider is signed for Senior Health Insurance Company of Pennsylvania by its President and Chief Executive Officer.

Brian C. Wegner, President and CEO
Senior Health Insurance Company of Pennsylvania