| State: | Pennsy/vania | Filing Company: | Continental Casualty Company |
| :--- | :--- | ---: | :--- |
| TOI/Sub-TOI: | LTC03I Individual Long Term Care/LTC03I.001 Qualified |  |  |
| Product Name: | Individual Long Term Care |  |  |
| Project Name/Number: | $/$ |  |  |

## Filing at a Glance

Company:
Continental Casualty Company
Product Name:
Individual Long Term Care
State:
Pennsylvania
TOI:
Sub-TOI:
Filing Type:
LTC03I Individual Long Term Care
LTC03I. 001 Qualified

Date Submitted:
Rate - Other (Not M.U. or G.I. Product)
SERFF Tr Num:
12/23/2015

SERFF Status:
CNAB-130150831

State Tr Num:
Assigned
State Status:
CNAB-130150831

Co Tr Num:
Received Review in Progress
ILTC-15
Implementation
On Approval
Date Requested:
Author(s): Louis Scarim, Saira Makhani, Kristen Flens, Matthew O'Neall
Reviewer(s):
Disposition Date:
Disposition Status:
Implementation Date:
State Filing Description:
Proposed $20 \%$ rate increase on 8,780 PA policyholders of Continental Casualty's ?Con Care B?, ?LTC 1?, ?Premier/Classic?, ?Preferred Advantage?, and ?TQ? Series.

| State: | Pennsy/vania | Filing Company: | Continental Casualty Company |
| :--- | :--- | ---: | :--- |
| TOI/Sub-TOI: | LTC03I Individual Long Term Care/LTC03I.001 Qualified |  |  |
| Product Name: | Individual Long Term Care |  |  |
| Project Name/Number: |  |  |  |

## General Information

Project Name:
Project Number:
Requested Filing Mode: Review \& Approval
Explanation for Combination/Other:
Submission Type: New Submission
Overall Rate Impact: 20\%

Deemer Date:
Submitted By: Louis Scarim

Status of Filing in Domicile: Not Filed
Date Approved in Domicile: 05/06/2011
Domicile Status Comments: State of domicile approved the original full request in 2011. No filing required at this time.
Market Type: Individual
Individual Market Type:
Filing Status Changed: 12/24/2015
State Status Changed: 12/28/2015
Created By: Matthew O'Neall
Corresponding Filing Tracking Number:

Filing Description:
Please see the cover letter included in Supporting Documentation.

## Company and Contact

## Filing Contact Information

Saira Makhani, Actuarial Consultant
333 South Wabash
Chicago, IL 60604

## Filing Company Information

Continental Casualty Company
333 South Wabash
Chicago, IL 60604
(312) 822-4292 ext. [Phone]

Saira.Makhani@cna.com
312-822-2375 [Phone]

CoCode: 20443
Group Code: 218
Group Name: CNA Insurance
Companies
FEIN Number: 36-2114545

## Filing Fees

| Fee Required? | No |
| :--- | :--- |
| Retaliatory? | No |
| Fee Explanation: |  |


| SERFF Tracking \#: | CNAB-130150831 | State Tracking \#: | CNAB-130150831 | Company Tracking \#: |  |
| :--- | :--- | :--- | :--- | :--- | :--- |
| State: |  |  |  |  |  |
| TOI/Sub-TOI: | Pennsy/vania |  | Filing Company: | Continental Casualty Company |  |
| Product Name: | LTC03I Individual Long Term Care/LTC03I.001 Qualified |  |  |  |  |
| Project Name/Number: | Individual Long Term Care |  |  |  |  |

## Rate Information

Rate data applies to filing.

| Filing Method: | SERFF |
| :--- | :--- |
| Rate Change Type: | Increase |
| Overall Percentage of Last Rate Revision: | $25.000 \%$ |
| Effective Date of Last Rate Revision: | $09 / 02 / 2011$ |
| Filing Method of Last Filing: | SERFF |

Company Rate Information

| Company Name: | Overall \% Indicated Change: | Overall \% <br> Rate <br> Impact: | Written Premium Change for this Program: | Number of Policy Holders Affected for this Program: | Written Premium for this Program: | Maximum \% <br> Change <br> (where req'd): | Minimum \% <br> Change <br> (where req'd): |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Continental Casualty Company | 20.000\% | 20.000\% | \$3,597,042 | 8,780 | \$17,985,209 | 20.000\% | 20.000\% |


| SERFF Tracking \#: | CNAB-130150831 | State Tracking \#: | CNAB-130150831 | Company Tracking \#: | ILTC-15 |
| :--- | :--- | :--- | :--- | :--- | :--- |
| State: | Pennsy/vania |  | Filing Company: | Continental Casualty Company |  |
| TOI/Sub-TOI: | LTC03I Individual Long Term Care/LTC03I.001 Qualified |  |  |  |  |
| Product Name: | Individual Long Term Care |  |  |  |  |
| Project Name/Number: | 1 |  |  |  |  |

Rate/Rule Schedule



| Item <br> No. | Schedule Item <br> Status | Document Name | Affected Form Numbers (Separated with commas) | Rate Action | Rate Action Information | Attachments |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 1 |  | Ratesheets | P1-59433-A37 | Revised | Previous State Filing Number: <br> CNAB-127154621 <br> Percent Rate Change Request: <br> 20 | RS_PA_59433.pdf, |
| 2 |  | Ratesheets | P1-15203-A37 | Revised | Previous State Filing Number: <br> CNAB-127154621 <br> Percent Rate Change Request: <br> 20 | RS_PA_15203.pdf, |
| 3 |  | Ratesheets | P1-18215-A37, P1-18215-A87 | Revised | Previous State Filing Number: <br> CNAB-127154621 <br> Percent Rate Change Request: 20 | RS_PA_18215.pdf, |
| 4 |  | Ratesheets | P1-18876-A37, P1-18876-A87 | Revised | Previous State Filing Number: <br> CNAB-127154621 <br> Percent Rate Change Request: <br> 20 | RS_PA_18876.pdf, |
| 5 |  | Ratesheets | P1-21295-A37, P1-21295-A87 | Revised | Previous State Filing Number: <br> CNAB-127154621 <br> Percent Rate Change Request: <br> 20 | RS_PA_21295.pdf, |
| 6 |  | Ratesheets | P1-21300-A37, P1-21300-A87 | Revised | Previous State Filing Number: <br> CNAB-127154621 <br> Percent Rate Change Request: <br> 20 | RS_PA_21300.pdf, |
| 7 |  | Ratesheets | P1-21305-A37, P1-21305-A87 | Revised | Previous State Filing Number: <br> CNAB-127154621 <br> Percent Rate Change Request: <br> 20 | RS_PA_21305.pdf, |
| 8 |  | Ratesheets | P1-N0022-A37, P1-N0022, B37, P1-N0022-A87, P1-N0022-B87 | Revised | Previous State Filing Number: <br> CNAB-127154621 <br> Percent Rate Change Request: <br> 20 | RS_PA_N0022.pdf, |
| 9 |  | Ratesheets | P1-N0023-A37, P1-N0023-B37 | Revised | Previous State Filing Number: <br> CNAB-127154621 <br> Percent Rate Change Request: 20 | RS_PA_N0023.pdf, |
| 10 |  | Ratesheets | P1-N0026-A37, P1-N0026B37, P1-N0026-A87, P1- | Revised | Previous State Filing Number: CNAB-127154621 | RS_PA_N0026.pdf, |



## THIS POLICY IS FOR RENEWAL BUSINESS ONLY

## CONTINENTAL CASUALTY COMPANY

## Supplement to Rate Sheet for Policy Form P1-59433-A37 <br> Pennsylvania

The "3-Day Prior Hospitalization Required" rates for this form on the attached rate sheets reflect the 15\% prior rate increase approved by your state on 9/29/1995.

All Rates for this form should be multiplied by a factor of:
2.24236

This factor reflects the proposed increase of:

And the following prior approved rate increases (not already reflected in the rate pages) :

|  | $\begin{array}{c}\text { Increase Applies to }\end{array}$ |  | $\begin{array}{c}\text { Approval Date } \\ \text { Rate Increase }\end{array}$ |
| :---: | :---: | :---: | :---: |
| of Rate |  |  |  |$\}$| Increase |
| :---: |

* implemented over 2 years, $11.8 \%$ in each year.

THESE RATES REFLECT THE 15\% RATE INCREASE ON THE 3-DAY PRIOR BLOCK APPROVED BY THE PENNSYLVANIA DEPARTMENT OF INSURANCE ON SEPTEMBER 29, 1995

```
HEALTH GROUP I
3-DAY PRIOR HOSPITALIZATION REQUIRED
BENEFIT PERIOD: 3 YEARS
```

| Issue Age | Eli | Day nation riod |  | Day nation riod | Eli | Day <br> nation ciod | 90 Day <br> Elimination Period |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 45-49 | \$ | 16.33 | \$ | 16.10 | \$ | 15.76 | \$ | 15.18 |
| 50-54 |  | 19.90 |  | 19.44 |  | 18.98 |  | 17.94 |
| 55-59 |  | 29.79 |  | 28.87 |  | 28.18 |  | 26.34 |
| 60-64 |  | 50.49 |  | 48.65 |  | 47.27 |  | 43.93 |
| 65-69: |  | 73.37 |  | 70.15 |  | 67.74 |  | 61.76 |
| 70 |  | 99.59 |  | 94.99 |  | 91.08 |  | 82.46 |
| 71 |  | 111.09 |  | 105.92 |  | 101.43 |  | 91.54 |
| 72 |  | 124.78 |  | 118.80 |  | 113.62 |  | 102.35 |
| 73 |  | 140.53 |  | 133.63 |  | 127.77 |  | 114.77 |
| 74 |  | 158.24 |  | 150.31 |  | 143.64 |  | 128.69 |
| 75 |  | 177.68 |  | 168.59 |  | 161.12 |  | 144.10 |
| 76 |  | 193.95 |  | 188.60 |  | 180.21 |  | 160.89 |
| 77 |  | 222.07 |  | 210.34 |  | 201.02 |  | 179.06 |
| 78 |  | 247.02 |  | 233.80 |  | 223.45 |  | 1.98 .72 |
| 79 |  | 273.82 |  | 258.98 |  | 247.60 |  | 219.88 |

BENEFIT PERIOD: 5 YEARS

| Issue Age | 0 Day Elimination Period |  | 15 Day Elimination Period |  | 30 Day Elimination Period |  | 90 Day <br> Elimination Period |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 45-49 | \$ | 17.71 | \$ | 17.25 | \$ | 17.02 | \$ | 16.33 |
| 50-54 |  | 22.08 |  | 21.39 |  | 21.05 |  | 19.78 |
| 55-59 |  | 33.35 |  | 32.32 |  | 31.74 |  | 29.67 |
| 60-64 |  | 57.04 |  | 55.20 |  | 54.28 |  | 50.03 |
| 65-69 |  | 85.10 |  | 81.77 |  | 79.47 |  | 72.45 |
| 70 |  | 117.07 |  | 112.01 |  | 108.45 |  | 98.44 |
| 71 |  | 131.10 |  | 125.47 |  | 121.33 |  | 109.83 |
| 72 |  | 147.78 |  | 141.22 |  | 136.51 |  | 123.40 |
| 73 |  | 166.98 |  | 159.51 |  | 154.10 |  | 139.04 |
| 74 |  | 188.37 |  | 179.86 |  | 173.77 |  | 156.52 |
| 75 |  | 212.06 |  | 202.40 |  | 195.39 |  | 175.72 |
| 76 |  | 237.94 |  | 227.01 |  | 219.19 |  | 196.88 |
| 77 |  | 266.00 |  | 253.81 |  | 244.95 |  | 219.77 |
| 78 |  | 296.36 |  | 282.67 |  | 272.78 |  | 244.49 |
| 79 |  | 328.79 |  | 313.72 |  | 302.68 |  | 271.06 |

CONTINENTAL CASUALTY COMPANY
Rate Sheet For PI-59433-A37
Long-Term Care Policy
Annual Premium Per $\$ 10$ Daily Indemnity
THESE RATES REFLECT THE 15\% RATE INCREASE ON THE 3-DAY PRIOR BLOCK APPROVED BY THE PENNSYLVANIA DEPARTMENT OF INSURANCE ON SEPTEMBER 29, 1995

| Issue Age | $\qquad$ <br> 0 Day Elimination Period |  | 15 Day Elimination Period |  | 30 Day Elimination Period |  | 90 Day Elimination Period |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 80 | \$ | 180.90 | \$ | 163.19 | \$ | 149.62 | \$ | 112.24 |
| 81 |  | 201.48 |  | 181.36 |  | 165.95 |  | $123.86$ |
| 82 |  | 222.07 |  | 199.18 |  | 182.28 |  | 135.59 |
| 83 |  | 245.87 |  | 220.69 |  | 201.94 |  | 149.16 |
| $84 \div$ |  | 269.79 |  | 242.19 |  | 221.15 |  | 162.73 |

Long-Term Care Policy
Annual Premium Per $\$ 10$ Daily Indemnity
THESE RATES REFLECT THE 15\% RATE INCREASE ON THE 3-DAY PRIOR BLOCK APPROVED BY THE PENNSYLVANIA DEPARTMENT OF INSURANCE ON SEPTEMBER 29, 1995

## HEALTH GROUP I <br> 3-DAY PRIOR HOSRITALIZATION REQUIRED WITH INELATION PROTECTION RIDER RI-59439-A BENEEIT PERIOD: 3 YEARS

| Issue Age | 0 Day <br> Elimination Period |  | ```15 Day Elimination Period``` |  | 30 Day Elimination Period |  | 90 Day Elimination Period |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 45-49 | \$ | 18.63 | \$ | 18.29 | \$ | 17.83 | \$ | 16.91 |
| 50-54 |  | 24.73 |  | 23.92 |  | 23.35 | \$ |  |
| 55-59 |  | 39.56 |  | 37.95 |  | 36.80 |  | 34.04 |
| 60-64: |  | 68.08 |  | 65.32 |  | 63.02 |  | 57.85 |
| 65-69 |  | 102.47 |  | 97.64 |  | 93.84 |  | 84.99 |
| 70 |  | 140.30 |  | 133.40 |  | 127.77 |  | 114.77 |
| 71 |  | 156.52 |  | 148.58 |  | 142.26 |  | 127.42 |
| 72 |  | 174.92 |  | 165.95 |  | 158.82 |  | 27.42 |
| 73 |  | 195.73 |  | 185.50 |  | 177.45 |  | 158.24 |
| 74 |  | 218.62 |  | 207.12 |  | 198.03 |  | 158.24 |
| 75 |  | 243.69 |  | 230.69 |  | 220.46 |  | 195.56 |
| 76 |  | 270.83 |  | 256.22 |  | 244.72 |  |  |
| 77 |  | 300.04 |  | 283.71 |  | 270.94 |  | 240.24 |
| 78 |  | 331.43 |  | 313.15 |  | 299.00 |  |  |
| 79 |  | 364.78 |  | 344.66 |  | 329.02 |  | 291.18 |

BENEFIT PERIOD: 5 YEARS

| Issue Age | 0 Day <br> Elimination Period |  | 15 Day Elimination Period |  | ```30 Day Elimination Period``` |  | 90 Day Elimination Period |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 45-49 | \$ | 20.70 | \$ | 20.24 | \$ | 19.78 | \$ | 18.86 |
| 50-54 |  | 28.29 |  | 27.37 |  | 26.68 | \$ |  |
| 55-59 |  | 45.89 |  | 44.39 |  | 43.01 |  | 39.91 |
| 60-64 |  | 80.04 |  | 77.28 |  | 74.87 |  | 68.77 |
| 65-69 |  | 123.05 |  | 118.34 |  | 114.08 |  | 103.62 |
| 70 |  | 170.43 |  | 163.65 |  | 157.44 |  | 142.14 |
| 71 |  | 190.56 |  | 182.85 |  | 175.95 |  | 158.59 |
| 72 |  | 213.67 |  | 204.93 |  | 197.00 |  | 177.33 |
| 73 |  | 239.66 |  | 229.77 |  | 220.80 |  | 198.49 |
| 74 |  | 268.41 |  | 257.14 |  | 246.91 |  | 221.72 |
| 75 |  | 299.69 |  | 287.04 |  | 275.43 |  | 247.02 |
| 76 |  | 333.62 |  | 319.47 |  | 306.36 |  | 274.51 |
| 77 |  | 370.19 |  | 354.32 |  | 339.71 |  | 304.18 |
| 78 |  | 409.40 |  | 391.69 |  | 375.48 |  | 335.92 |
| 79 |  | 451.26 |  | 431.71 |  | 413.54 |  | 369.84 |
| S1-59433 |  |  |  | 3 - |  |  |  | 9/95 |

Annual Premium Per $\$ 10$ Daily Indemnity
THESE RATES REELECT THE $15 \%$ RATE INCREASE ON THE 3-DAY PRIOR BLOCK APPROVED BY THE PENNSYLVANIA DEPARTMENT OF INSURANCE ON SEPTEMBER 29, 1995


HEALTH GROUP I
NO PRIOR HOSPITALIZATION REQUIRED
BENEFIT PERIOD: 3 YEARS

| Issue Age | 0 Day Elimination Period |  | 15 Day Elimination Period |  | 30 Day Elimination Period |  | ```9 0 ~ D a y Elimination Period``` |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 45-49 | \$ | 17.80 | \$ | 17.50 | \$ | 17.10 | \$ | 16.50 |
| 50-54 |  | 21.60 |  | 21.10 |  | 20.60 |  | 19.50 |
| 55-59 |  | 33.70 |  | 32.60 |  | 31.90 |  | 29.80 |
| 60-64 |  | 57.40 |  | 55.00 |  | 53.40 |  | 49.00 |
| 65-69 |  | 83.30 |  | 79.30 |  | 76.60 |  | 69.10 |
| 70 |  | 108.40 |  | 102.90 |  | 98.50 |  | 88.10 |
| 71 |  | 123.60 |  | 117.10 |  | 112.10 |  | 100.10 |
| $72 \vdots$ |  | 141.80 |  | 134.30 |  | 128.40 |  | 114.40 |
| 73 |  | 163.00 |  | 154.30 |  | 147.60 |  | 131.20 |
| 74 |  | 187.00 |  | 176.90 |  | 168.90 |  | 150.00 |
| 75 |  | 195.90 |  | 185.20 |  | 177.10 |  | 157.00 |
| 76 |  | 222.60 |  | 210.30 |  | 201.10 |  | 178.00 |
| 77 |  | 251.70 |  | 237.80 |  | 227.20 |  | 201.00 |
| 78 |  | 283.30 |  | 267.50 |  | 255.50 |  | 225.90 |
| 79 |  | 317.30 |  | 299.50 |  | 286.00 |  | 252.70 |

BEIEFIT PERIOD: 5 YEARS

| Issue Age | O Day <br> Elimination <br> Period |
| :---: | ---: |
| $45-49$ | $\$ 19.30$ |
| $50-54$ | 24.00 |
| $55-59$ | 37.70 |
| $60-64$ | 64.70 |
| $65-69$ | 96.50 |
| 70 | 127.30 |
| 71 | 145.40 |
| 72 | 167.30 |
| 73 | 192.90 |
| 74 | 221.60 |
| 75 | 233.90 |
| 76 | 266.10 |
| 78 | 301.40 |
| 79 | 339.50 |
|  | 380.60 |


| 15 Day <br> Elimination <br> Period |
| :---: |
| $\$ 18.80$ |
| 23.30 |
| 36.50 |
| 62.40 |
| 92.40 |
| 121.60 |
| 138.80 |
| 159.60 |
| 183.90 |
| 211.20 |
| 222.80 |
| 253.50 |
| 286.90 |
| 323.10 |
| 362.10 |


| 30 Day |
| :---: |
| Elimination <br> Period |
| $\$ 18.50$ |
| 22.90 |
| 35.90 |
| 61.40 |
| 89.80 |
| 117.60 |
| 134.30 |
| 154.30 |
| 177.70 |
| 204.00 |
| 215.10 |
| 244.70 |
| 276.90 |
| 311.80 |
| 349.30 |


| 90 Day <br> Elimination <br> Period |
| ---: |
| $\$$17.80 <br> 21.50 <br> 33.50 <br> 56.40 <br> 81.40 <br> 106.00 <br> 120.80 <br> 138.60 <br> 159.40 <br> 182.80 <br> 192.50 <br> 218.80 <br> 247.50 <br> 278.50 <br> 311.90 |

HEALTH GROUP I
NO PRIOR HOSPITALIZATION REQUIRED WITH INELATION PROTECTION RIDER RI-59439-A

BENEFIT PERIOD: 3 YEARS

| Issue Age | Eli | Day nation riod | Eli | Day <br> nation riod |  | Day nation iod | 90 Day Elimination Period |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 45-49 | \$ | 20.30 | \$ | 19.90 | \$ | 19.40 | \$ | 18.40 |
| 50-54 |  | 26.90 |  | 26.00 |  | 25.40 |  | 23.60 |
| 55-59 |  | 44.70 |  | 42.90 |  | 41.60 |  | 38.50 |
| 60-64 |  | 77.40 |  | 73.80 |  | 71.20 |  | 64.60 |
| 65-69 |  | 116.20 |  | 110.40 |  | 106.10 |  | 94.90 |
| 70 |  | 153.90 |  | 145.70 |  | 139.60 |  | 124.20 |
| $71=$ |  | 174.40 |  | 165.10 |  | 158.10 |  | 140.30 |
| 72 |  | 198.30 |  | 187.60 |  | 179.50 | . | 159.20 |
| 73 |  | 225.70 |  | 213.30 |  | 204.00 |  | 180.70 |
| 74 |  | 256.00 |  | 241.90 |  | 231.30 |  | 204.60 |
| 75 |  | 269.40 |  | 254.50 |  | 243.20 |  | 214.90 |
| 76 |  | 303.20 |  | 286.30 |  | 273.40 |  | 241.50 |
| 77 |  | 339.80 |  | 320.70 |  | 306.30 |  | 270.30 |
| 78 |  | 379.10 |  | 357.80 |  | 341.60 |  | 301.30 |
| 79 |  | 42. 20 |  | 39\%.40 |  | ¢79.10 |  | 334.50 |

BENEEIT PERIOD: 5 YEARS

| Issue Age | 0 Day <br> Elimination Period |  | 15 Day Elimination Period |  | 30 Day Elimination Period |  | 90 Day Elimination Period |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 45-49 | \$ | 22.50 | \$ | 22.00 | \$ | 21.50 | \$ | 20.50 |
| 50-54 |  | 30.80 |  | 29.80 |  | 29.00 |  | 27.10 |
| 55-59 |  | 51.90 |  | 50.20 |  | 48.60 |  | 45.10 |
| 60-64 |  | 90.70 |  | 87.40 |  | 84.60 |  | 77.00 |
| 65-69 |  | 139.50 |  | 133.80 |  | 129.00 |  | 116.20 |
| 70 |  | 187.00 |  | 179.20 |  | 172.40 |  | 154.70 |
| 71 |  | 212.40 |  | 203.40 |  | 195.60 |  | 175.30 |
| 72 |  | 242.00 |  | 231.70 |  | 222.70 |  | 199.40 |
| 73 |  | 275.80 |  | 263.90 |  | 253.60 |  | 226.90 |
| 74 |  | 313.20 |  | 299.70 |  | 288.00 |  | 257.30 |
| 75 |  | 331.60 |  | 317.20 |  | 304.20 |  | 271.70 |
| 76 |  | 373.50 |  | 357.20 |  | 342.50 |  | 305.70 |
| 77 |  | 419.00 |  | 400.50 |  | 384.00 |  | 342.60 |
| 78 |  | 467.80 |  | 447.20 |  | 428.70 |  | 382.20 |
| 79 |  | 520.10 |  | 497.10 |  | 476.50 |  | 424.70 |

THESE RATES REELECT THE $15 \%$ RATE INCREASE ON THE 3-DAY PRIOR BLOCK APPROVED BY THE PENNSYLVANIA DEPARTMENT OF INSURANCE ON SEPTEMBER 29, 1995 HEALTH GROUP II
3-DAY PRIOR HOSPITALIZATION REQUIRED
BENEEIT PERIOD: 3 YEARS

| Issue Age | 0 Day Elimination Period |  | ```1 5 \text { Day} Elimination Period``` |  | 30 Day <br> Elimination Period |  | $\begin{gathered} 90 \text { Day } \\ \text { Elimination } \\ \text { Period } \end{gathered}$ |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 45-49 | \$ | 18.75 | \$ | 18.52 | \$ | 18.17 | S |  |
| 50-54 |  | 22.89 |  | 22.31 |  | 21.85 | \$ | 17.48 |
| 55-59 |  | 34.27 |  | 33.24 |  | 21.85 |  | 20.59 |
| 60-64 |  | 58.08 |  | 55.89 |  | 52.43 |  | 30.25 |
| 65-69 |  | 84.41 |  | 80.73 |  | 77.86 |  | . 49 |
| $70 \fallingdotseq$ |  | 114.54 |  | 109.25 |  | 104.77 |  | 71.07 |
| 71 |  | 127.77 |  | 121.79 |  | 116.61 |  | 4.88 |
| 72 |  | 143.52 |  | 136.62 |  | 130.64 |  | 105.23 |
| 73 |  | 161.58 |  | 153.64 |  | 130.64 |  | 17.76 |
| 74 |  | 181.93 |  | 172.85 |  | 146.97 |  | 132.02 |
| 75 |  | 204.36 |  | 193.89 |  | 165.14 |  | 48.01 |
| 76 |  | 228.85 |  | 216.89 |  | , |  | 65.72 |
| 77 |  | 255.42 |  | 241.85 |  | 231. 13 |  | 185.04 |
| 78 |  | 284.05 |  | 68.87 |  | 231.15 |  | 205.97 |
| 79 |  | 314.87 |  | 268.8 |  | 256.9 ¢ |  | 228.51 |
|  |  | 314.87 |  | 297.85 |  | 284.74 |  | 252.89 |

BENEEIT PERIOD: 5 YEARS

| Issue Age | 0 Day <br> Elimination Period |  | ```15 Day Elimination Period``` |  | 30 Day <br> Elimination <br> Period |  | 90 Day Elimination Period |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 45-49 | \$ | 20.36 | \$ | 19.90 | \$ | 19.55 | \$ | 18.75 |
| 50-54 |  | 25.42 |  | 24.61 | \$ | 24.15 | \$ | 18.75 |
| 55-59 |  | 38.41 |  | 37.15 |  | 36.46 |  | 34.16 |
| 60-64 |  | 65.55 |  | 63.48 |  | 62.45 |  | 54.16 |
| 65-69 |  | 97.87 |  | 94.07 |  | 91.43 |  | 57.50 83.38 |
| 70 |  | 134.67 |  | 128.80 |  | 124.66 |  | 83.38 113.16 |
| 71 |  | 150.77 |  | 144.33 |  | 139.50 |  | 126.27 |
| 72 |  | 169.97 |  | 162.38 |  | 156.98 |  | 126.27 |
| 73 |  | 192.05 |  | 183.43 |  | 177.22 |  | 159.85 |
| 74 |  | 216.66 |  | 206.89 |  | 199.87 |  | 179.98 |
| 75 |  | 243.92 |  | 232.76 |  | 224.71 |  | 202.06 |
| 76 |  | 273.59 |  | 261.05 |  | 252.08 |  | 26.44 |
| 77 |  | 305.90 |  | 291.87 |  | 281.75 |  | 252.77 |
| 78 |  | 340.86 |  | 325.11 |  | 313.72 |  | 281.18 |
| 79 |  | 378.12 |  | 360.76 |  | 348.11 |  | 311.77 |

CONTINENTAL CASUALTY COMPANY
Rate Sheet For P1-59433-A37
Long-Term Care Policy
Annual Premium Per $\$ 10$ Daily Indemnity

THESE RATES REFLECT THE $15 \%$ RATE INCREASE ON THE 3-DAY PRIOR BLOCK APPROVED BY THE PENNSYLVANIA DEPARTMENT OF INSURANCE ON SEPTEMBER 29, 1995

HEALTH GROUP II
3-DAY PRIOR HOSPITALIZATION REQUIRED BENEFIT PERIOD: 1 YEAR

| Issue Age | 0 Day <br> Elimination Period |  | 15 Day Elimination Period |  | 30 Day Elimination Period |  | 90 Day Elimination Period |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 80 | \$ | 208.04 | \$ | 187.68 | \$ | 172.04 | \$ | 129.03 |
| 81 |  | 231.73 |  | 208.61 |  | 190.79 |  | 142.49 |
| 82 |  | 255.42 |  | 229.08 |  | 209.65 |  | 155.94 |
| 83 |  | 282.79 |  | 253.81 |  | 232.19 |  | 171.58 |
| 84 |  | 310.27 |  | 278.53 |  | 254.27 |  | 187.11 |
| $\therefore$ |  |  |  |  |  |  |  |  |

Long-Term Care Policy
Annual Premium Per $\$ 10$ Daily Indemnity

THESE RATES REFLECT THE 15\% RATE INCREASE ON THE 3-DAY PRIOR BLOCK APPROVED BY THE PENNSYLVANIA DEPARTMENT OF INSURANCE ON SEPTEMBER 29, 1995

HEALTH GROUP II
3-DAY PRIOR HOSPITALIZATION REQUIRED
WITH INFLATION PROTECTION RIDER R1-59439-A
BENEFIT PERIOD: 3 YEARS

| Issue Age | Eli | Day nation riod | Eli | Day <br> nation <br> riod | Eli | Day <br> nation <br> riod | 90 Day Elimination Period |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 45-49 | \$ | 21.39 | \$ | 21.05 | \$ | 20.47 |  | \$ | 19.44 |
| 50-54 |  | 28.41 |  | 27.49 |  | 26.80 |  |  | 24.96 |
| 55-59 |  | 45.54 |  | 43.70 |  | 42.32 |  |  | 39.10 |
| 60-64 $=$ |  | 78.32 |  | 75.10 |  | 72.45 |  |  | 66.47 |
| 65-69 |  | 117.88 |  | 112.24 |  | 107.87 |  |  | 97.75 |
| 70 |  | 161.35 |  | 153.41 |  | 146.97 |  |  | 132.02 |
| 71 |  | 179.98 |  | 170.89 |  | 163.65 |  |  | 146.51 |
| 72 |  | 201.14 |  | 190.79 |  | 182.62 |  |  | 163.19 |
| 73 |  | 225.06 |  | 213.33 |  | 204.01 |  |  | 181.93 |
| 74 |  | 251.39 |  | 238.17 |  | 227.70 |  |  | 202.75 |
| 75 |  | 280.26 |  | 265.31 |  | 253.58 |  |  | 225.40 |
| 76 |  | 311.42 |  | 294.63 |  | $\angle 81.41$ |  |  | 249.78 |
| 77 |  | 345.00 |  | 326.26 |  | 311.54 |  |  | 276.23 |
| 78 |  | 381.11 |  | 360.07 |  | 343.85 |  |  | 304.52 |
| 79 |  | 419.52 |  | 396.41 |  | 378.35 |  |  | 334.38 |

BENEFIT PERIOD: 5 YEARS

| Issue Age | 0 Day Elimination Period |  | 15 Day Elimination Period |  | 30 Day Elimination Period |  | 90 Day <br> Elimination Period |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 45-49 | \$ | 23.81 | \$ | 23.23 | \$ | 22.77 | \$ | 21.74 |
| 50-54 |  | 32.55 |  | 31.51 |  | 30.71 |  | 28.75 |
| 55-59 |  | 52.79 |  | 51.06 |  | 49.45 |  | 45.89 |
| 60-64 |  | 92.00 |  | 88.90 |  | 86.14 |  | 79.12 |
| 65-69 |  | 141.57 |  | 136.05 |  | 131.22 |  | 119.14 |
| 70 |  | 195.96 |  | 188.14 |  | 181.01 |  | 163.42 |
| 71 |  | 219.19 |  | 210.34 |  | 202.40 |  | 182.39 |
| 72 |  | 245.76 |  | 235.64 |  | 226.55 |  | 203.90 |
| 73 |  | 275.66 |  | 264.27 |  | 253.92 |  | 228.28 |
| 74 |  | 308.66 |  | 295.67 |  | 283.94 |  | 254.96 |
| 75 |  | 344.66 |  | 330.05 |  | 316.71 |  | 284.05 |
| 76 |  | 383.64 |  | 367.43 |  | 352.36 |  | 315.68 |
| 77 |  | 425.73 |  | 407.45 |  | 390.66 |  | 349.83 |
| 78 |  | 470.81 |  | 450.46 |  | 431.83 |  | 386.29 |
| 79 |  | 519.00 |  | 496.46 |  | 475.53 |  | 425.27 |
| S1-59433 | 7-2 |  |  | 9 - |  |  |  | 9/95 |

Long-Term Care Policy Annual Premium Per $\$ 10$ Daily Indemnity

THESE RATES REELECT THE 15\% RATE INCREASE ON THE 3-DAY PRIOR BLOCK APPROVED BY THE PENNSYLVANIA DEPARTMENT OF INSURANCE ON SEPTEMBER 29, 1995

HEALTH GROUP II
3-DAY PRIOR HOSPITALIZATION REQUIRED
WITH INELATION PROTECTION RIDER R1-59439-A
BENEFIT PERIOD: 1 YEAR

| Issue Age | $\qquad$ <br> 0 Day <br> Elimination Period |  | 15 Day Elimination Period |  | 30 Day Elimination Period |  | 90 Day Elimination Period |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 80 | \$ | 239.89 | \$ | 215.74 | \$ | 197.69 | \$ | 147.09 |
| 81 |  | 263.24 |  | 236.44 |  | 216.55 |  |  |
| 82 |  | 286.47 |  | 257.26 |  | 235.29 |  | 173.88 |
| $83 \div$ |  | 312.34 |  | 280.26 |  | 256.22 |  | 188.72 |
| 84 |  | 338.33 |  | 303.26 |  | 276.92 |  | 188.72 203.67 |

Long-Term Care Policy Annual Premium Per $\$ 10$ Daily Indemnity

HEALTH GROUP II
NO PRIOR HOSPITALIZATION REQUIRED
BENEFIT PERIOD: 3 YEARS

| Issue Age | 0 Day Elimination Period |  | 15 Day Elimination Period |  | 30 Day <br> Elimination Period |  | $\begin{gathered} 90 \text { Day } \\ \text { Elimination } \\ \text { Period } \end{gathered}$ |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 45-49 | \$ | 20.50 | \$ | 20.10 | \$ | 19.70 | \$ | 19.00 |
| 50-54 |  | 24.80 |  | 24.30 |  | 23.70 |  | 22.40 |
| 55-59 |  | 38.80 |  | 37.50 |  | 36.70 |  | 34.30 |
| 60-64 |  | 65.90 |  | 63.20 |  | 61.40 |  | 56.40 |
| 65-69 |  | 95.90 |  | 91.30 |  | 88.00 |  | 79.40 |
| 70 |  | 124.70 |  | 118.40 |  | 113.30 |  | 101.30 |
| 71 |  | 142.20 |  | 134.70 |  | 128.90 |  | 115.10 |
| $72 \div$ |  | 163.10 |  | 154.40 |  | 147.70 |  | 131.50 |
| 73 |  | 187.60 |  | 177.50 |  | 169.70 |  | 150.80 |
| 74 |  | 215.10 |  | 203.40 |  | 194.20 |  | 172.50 |
| 75 |  | 225.20 |  | 213.00 |  | 203.70 |  | 180.50 |
| 76 |  | 255.90 |  | 241.90 |  | 231.20 |  | 204.70 |
| 77 |  | 289.50 |  | 273.40 |  | 261.30 |  | 231.20 |
| 78 |  | 325.80 |  | 307.60 |  | 293.90 |  | 259.70 |
| 79 |  | 364.90 |  | 344.40 |  | 328.90 |  | 290.60 |

BENEFIT PERIOD: 5 YEARS

| Issue Age | Eli | Day <br> nation <br> riod | Eli | [ay <br> nation <br> iod | Eli | Day <br> nation riod | 90 Day <br> Elimination Period |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 45-49 | \$ | 22.20 | \$ | 21.60 | \$ | 21.30 | \$ | 20.50 |
| 50-54 |  | 27.60 |  | 26.80 |  | 26.30 |  | 24.70 |
| 55-59 |  | 43.40 |  | 42.00 |  | 41.20 |  | 38.40 |
| 60-64 |  | 74.40 |  | 71.80 |  | 70.60 |  | 65.00 |
| 65-69 |  | 111.00 |  | 106.30 |  | 103.40 |  | 93.80 |
| 70 |  | 146.30 |  | 139.80 |  | 135.30 |  | 121.80 |
| 71 |  | 167.20 |  | 159.60 |  | 154.40 |  | 138.90 |
| 72 |  | 192.40 |  | 183.60 |  | 177.50 |  | 159.30 |
| 73 |  | 221.80 |  | 211.40 |  | 204.30 |  | 183.30 |
| 74 |  | 254.70 |  | 242.90 |  | 234.60 |  | 210.10 |
| 75 |  | 269.00 |  | 256.20 |  | 247.40 |  | 221.40 |
| 76 |  | 306.10 |  | 291.50 |  | 281.50 |  | 251.70 |
| 77 |  | 346.60 |  | 329.90 |  | 318.50 |  | 284.60 |
| 78 |  | 390.50 |  | 371.60 |  | 358.60 |  | 320.30 |
| 79 |  | 437.70 |  | 416.40 |  | 401.80 |  | 358.70 |

# CONTINENTAL CASUALTY COMPANY <br> Rate Sheet For P1-59433-A37 <br> Long-Term Care Policy Annual Premium Per $\$ 10$ Daily Indemnity 

HEALTH GROUP II
NO PRIOR HOSPITALIZATION REQUIRED
WITH INELATION PROTECTION RIDER R1-59439-A
BENEEIT PERIOD: 3 YEARS

| Issue Age | 0 Day <br> Elimination Period |  | 15 Day Elimination Period |  | 30 Day Elimination Period |  | 90 Day Elimination Period |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 45-49 | \$ | 23.30 | \$ | 22.90 | \$ | 22.30 | \$ | 21.20 |
| 50-54 |  | 30.90 |  | 29.90 |  | 29.20 |  | 27.10 |
| 55-59 |  | 51.40 |  | 49.30 |  | 47.80 |  | 44.30 |
| 60-64 |  | 89.00 |  | 84.90 |  | 81.90 |  | 74.30 |
| 65-69 |  | 133.60 |  | 126.90 |  | 121.90 |  | 109.10 |
| 70 |  | 176.90 |  | 167.50 |  | 160.60 |  | 142.80 |
| $71 \div$ |  | 200.50 |  | 189.80 |  | 181.80 |  | 161.40 |
| 72 |  | 228.00 |  | 215.70 |  | 206.40 |  | 183.10 |
| 73 |  | 259.50 |  | 245.30 |  | 234.60 |  | 207.80 |
| 74 |  | 294.30 |  | 278.10 |  | 266.10 |  | 235.30 |
| 75 |  | 309.80 |  | 292.60 |  | 279.60 |  | 247.20 |
| 76 |  | 348.70 |  | 329.30 |  | 314.40 |  | 277.70 |
| 77 |  | 390.70 |  | 368.80 |  | 352.20 |  | 310.80 |
| 78 |  | 436.00 |  | 411.40 |  | 392.70 |  | 346.40 |
| 79 |  | $48=40$ |  | 457.00 |  | 436.20 |  | 384.6 ú |

BENEFIT PERIOD: 5 YEARS

| Issue Age | 0 Day Elimination Period |  | 15 Day Elimination Period |  | 30 Day <br> Elimination Period |  | 90 Day <br> Elimination Period |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 45-49 | \$ | 25.90 | \$ | 25.30 | \$ | 24.70 | \$ | 23.60 |
| 50-54 |  | 35.40 |  | 34.30 |  | 33.40 |  | 31.20 |
| 55-59 |  | 59.70 |  | 57.70 |  | 55.90 |  | 51.90 |
| 60-64 |  | 104.30 |  | 100.50 |  | 97.40 |  | 88.60 |
| 65-69 |  | 160.40 |  | 153.80 |  | 148.30 |  | 133.70 |
| 70 |  | 215.00 |  | 206.10 |  | 198.20 |  | 177.80 |
| 71 |  | 244.20 |  | 233.90 |  | 225.00 |  | 201.60 |
| 72 |  | 278.20 |  | 266.40 |  | 256.10 |  | 229.30 |
| 73 |  | 317.10 |  | 303.40 |  | 291.70 |  | 260.90 |
| 74 |  | 360.20 |  | 344.60 |  | 331.20 |  | 295.90 |
| 75 |  | 381.30 |  | 364.70 |  | 349.80 |  | 312.40 |
| 76 |  | 429.50 |  | 410.80 |  | 393.90 |  | 351.60 |
| 77 |  | 481.80 |  | 460.60 |  | 441.60 |  | 393.90 |
| 78 |  | 537.90 |  | 514.20 |  | 492.90 |  | 439.60 |
| 79 |  | 598.10 |  | 571.60 |  | 547.90 |  | 488.40 |

THESE RATES REFLECT THE $15 \%$ RATE INCREASE ON THE 3-DAY PRIOR BLOCK APPROVED BY THE PENNSYLVANIA DEPARTMENT OF INSURANCE ON SEPTEMBER 29, 1995

HEALTH GROUP III<br>3-DAY PRIOR HOSPITALIZATION REQUIRED BENEFIT PERIOD: 3 YEARS

| Issue Age | 0 Day <br> Elimination Period |  | 15 Day Elimination Period |  | 30 Day Elimination Period |  | $\begin{gathered} 90 \text { Day } \\ \text { Elimination } \\ \text { Period } \end{gathered}$ |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 45-49 | \$ | 26.11 | \$ | 25.76 | \$ | 25.19 | \$ | 24.27 |
| 50-54 |  | 31.86 |  | 31.05 |  | 30.36 |  | $28.75$ |
| 55-59 |  | 47.61 |  | 46.23 |  | 45.08 |  | 42.09 |
| 60-64 |  | 80.73 |  | 77.86 |  | 75.67 |  | 70.27 |
| 65-69. |  | 117.42 |  | 112.24 |  | 108.33 |  | 98.79 |
| 70 |  | 159.39 |  | 152.03 |  | 145.71 |  | 131.91 |
| 71 |  | 177.79 |  | 169.51 |  | 162.27 |  | 146.51 |
| 72 |  | 199.64 |  | 190.10 |  | 181.82 |  | 163.76 |
| 73 |  | 224.83 |  | 213.79 |  | 204.47 |  | 183.66 |
| 74 |  | 253.23 |  | 240.47 |  | 229.77 |  | 205.85 |
| 75 |  | 284.28 |  | 269.79 |  | 257.83 |  | 230.58 |
| 75 |  | 318.32 |  | 301.76 |  | 288.3i |  | 257.37 |
| 77 |  | 355.35 |  | 536.49 |  | 321.65 |  | 286.47 |
| 78 |  | 395.26 |  | 374.10 |  | 357.54 |  | 317.98 |
| 79 |  | 438.15 |  | 414.35 |  | 396.18 |  | 351.79 |

BENEFIT PERIOD: 5 YEARS

| 15 Day <br> Elimination Period |  | 30 Day Elimination Period |  | 90 Day Elimination Period |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
| \$ | 27.60 | \$ | 27.26 | \$ | 26.11 |
|  | 34.27 |  | 33.70 |  | 31.63 |
|  | 51.75 |  | 50.83 |  | 47.50 |
|  | 88.32 |  | 86.83 |  | 80.04 |
|  | 130.87 |  | 127.19 |  | 115.92 |
|  | 179.17 |  | 173.54 |  | 157.55 |
|  | 200.79 |  | 194.12 |  | 175.72 |
|  | 225.98 |  | 218.39 |  | 197.46 |
|  | 255.19 |  | 246.56 |  | 222.41 |
|  | 287.73 |  | 278.07 |  | 250.47 |
|  | 323.84 |  | 312.57 |  | 281.18 |
|  | 363.17 |  | 350.75 |  | 314.99 |
|  | 406.07 |  | 391.92 |  | 351.67 |
|  | 452.30 |  | 436.43 |  | 391.23 |
|  | 501.98 |  | 484.27 |  | 433.67 |

CONTINENTAL CASUALTY COMPANY
Rate Sheet For Pl-59433-A37
Long-Term Care Policy
Annual Premium Per $\$ 10$ Daily Indemnity
THESE RATES REFLECT THE $15 \%$ RATE INCREASE ON THE 3-DAY PRIOR BLOCK APPROVED BY THE PENNSYLVANIA DEPARTMENT OF INSURANCE ON SEPTEMBER 29, 1995

HEALTH GROUP III
3-DAY PRIOR HOSPITALIZATION REQUIRED
BENEFIT PERIOD: 1 YEAR

| Issue Age | ```O Day Elimination Period``` |  | 15 Day Elimination Period |  | 30 Day Elimination Period |  | 90 Day Elimination Period |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 80 | \$ | 289.46 | \$ | 261.05 | \$ | 239.43 | \$ | 179.63 |
| 81 |  | 322.35 |  | 290.15 |  | 265.54 |  | $198.15$ |
| 82 |  | 355.35 |  | 318.67 |  | 291.64 |  | 216.89 |
| 83 |  | 393.42 |  | 353.05 |  | 323.15 |  | 238.63 |
| $84 \geq$ |  | 431.71 |  | 387.55 |  | 353.86 |  | 260.36 |

THESE RATES REFLECT THE 15\% RATE INCREASE ON THE 3-DAY PRIOR BLOCK APPROVED BY THE PENNSYLVANIA DEPARTMENT OF INSURANCE ON SEPTEMBER 29, 1995

HEALTH GROUP III
3-DAY PRIOR HOSPITALIZATION REQUIRED
WITH INFLATION PROTECTION RIDER R1-59439-A
BENEFIT PERIOD: 3 YEARS

| Issue Age | 0 Day <br> Elimination Period |  | 15 DayEliminationPeriod |  | 30 Day <br> Elimination Period |  | 90 Day Elimination Period |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 45-49 | \$ | 29.79 | \$ | 29.21 | \$ | 28.52 | \$ | 27.03 |
| 50-54 |  | 39.56 |  | 38.30 |  | 37.38 |  | $34.73$ |
| 55-59 |  | 63.25 |  | 60.72 |  | 58.88 |  | 54.51 |
| 60-64 |  | 108.91 |  | 104.54. |  | 100.86 |  | 92.58 |
| 65-69 |  | 163.99 |  | 156.17 |  | 150.19 |  | 135.93 |
| 70 |  | 224.48 |  | 213.44 |  | 204.47 |  | 183.66 |
| 71 |  | 250.47 |  | 237.71 |  | 227.59 |  | 203.90 |
| 72 |  | 279.91 |  | 265.54 |  | 254.15 |  | 227.01 |
| 73 |  | 313.15 |  | 296.82 |  | 283.94 |  | 253.23 |
| 74 |  | 349.83 |  | 331.43 |  | 316.83 |  | 282.10 |
| 75 |  | 389.85 |  | 369:15 |  | 352.71 |  | 313.49 |
| 76 |  | 433.32 |  | 409.93 |  | 33i. 58 |  | 347.53 |
| 77 |  | 480.01 |  | 453.91 |  | 433.55 |  | 384.33 |
| 78 |  | 530.27 |  | 501.06 |  | 478.40 |  | 423.78 |
| 79 |  | 583.63 |  | 551.43 |  | 526.47 |  | 465.87 |

BENEEIT PERIOD: 5 YEARS

| Issue Age | 0 Day Elimination Period |  | ```15 Day Elimination Period``` |  | ```30 Day Elimination Period``` |  | ```90 Day Elimination Period``` |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 45-49 | \$ | 33.12 | \$ | 32.43 | \$ | 31.63 | \$ | 30.13 |
| 50-54 |  | 45.31 |  | 43.82 |  | 42.67 |  | 39.91 |
| 55-59 |  | 73.37 |  | 71.07 |  | 68.77 |  | 63.83 |
| 60-64 |  | 128.11 |  | 123.63 |  | 119.83 |  | 110.06 |
| 65-69 |  | 196.88 |  | 189.29 |  | 182.51 |  | 165.83 |
| 70 |  | 272.67 |  | 261.86 |  | 251.85 |  | 227.47 |
| 71 |  | 304.87 |  | 292.56 |  | 281.64 |  | 253.69 |
| 72 |  | 341.90 |  | 327.87 |  | 315.22 |  | 283.71 |
| 73 |  | 383.41 |  | 367.66 |  | 353.28 |  | 317.63 |
| 74 |  | 429.41 |  | 411.47 |  | 395.03 |  | 354.78 |
| 75 |  | 479.55 |  | 459.31 |  | 440.68 |  | 395.26 |
| 76 |  | 533.83 |  | 511.18 |  | 490.13 |  | 439.19 |
| 77 |  | 592.25 |  | 566.95 |  | 543.49 |  | 486.68 |
| 78 |  | 655.04 |  | 626.75 |  | 600.76 |  | 537.51 |
| 79 |  | 721.97 |  | 690.69 |  | 661.71 |  | 591.79 |
| S1-59433 |  |  |  | 15 - |  |  |  | 9/95 |

THESE RATES REFLECT THE $15 \%$ RATE INCREASE ON THE 3-DAY PRIOR BLOCK APPROVED BY THE PENNSYLVANIA DEPARTMENT OF INSURANCE ON SEPTEMBER 29, 1995

HEALTH GROUP III
3-DAY PRIOR HOSPITALIZATION REQUIRED WITH INELATION PROTECTION RIDER RI-59439-A BENEFIT PERIOD: 1 YEAR

| Issue Age | 0 Day <br> Elimination Period |  | 15 Day Elimination Period |  | 30 Day Elimination Period |  | 90 Day Elimination Period |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 80 | \$ | 333.73 | \$ | 300.15 | \$ | 275.08 | \$ | 204.59 |
| 81 |  | 366.16 |  | 329.02 |  | 301.19 |  | 223.22 |
| 82 |  | 398.59 |  | 357.88 |  | 327.29 |  | 241.96 |
| $83=$ |  | 434.59 |  | 389.85 |  | 356.39 |  | 262.55 |
| 84 |  | 470.70 |  | 421.94 |  | 385.25 |  | 283.36 |

CONTINENTAL CASUALTY COMPANY
Rate Sheet For Pl-59433-A37
Long-Term Care Policy
Annual Premium Per $\$ 10$ Daily Indemnity
HEALTH GROUP III
NO PRIOR HOSPITALIZATION REQUIRED
BENEFIT PERIOD: 3 YEARS

| Issue Age | 0 Day Elimination Period |  | 15 Day <br> Elimination <br> Period |  | 30 Day Elimination Period |  | 90 Day Elimination Period |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 45-49 | \$ | 28.50 | \$ | 28.00 | \$ | 27.40 |  |  |
| 50-54 |  | 34.60 |  | 33.80 | \$ | 27.40 33.00 | \$ | 26.40 |
| 55-59 |  | 53.90 |  | 52.20 |  | 53.00 |  | 31.20 |
| 60-64 |  | 91.90 |  | 52.20 |  | 51.00 |  | 47.70 |
| 65-69 |  | 133.30 |  | 126,90 |  | 85.40 122.50 |  | 78.40 |
| 70 |  | 173.50 |  | 126,90 |  | 122.50 |  | 110.40 |
| 71 |  | 197.70 |  | 187.40 |  | 157.70 |  | 141.00 |
| $72=$ |  | 226.80 |  | 187.40 |  | 179.40 |  | 160.20 |
| 73 |  | 260.90 |  | 214.90. |  | 205.50 |  | 183.00 |
| 74 |  | 299.20 |  | 247.00 |  | 236.10 |  | 209.90 |
| 75 |  | 313.30 |  | 283.00 |  | 270.30 |  | 240.00 |
| 76 |  | 356.10 |  | 296.20 |  | 283.40 |  | 251.20 |
| 77 |  | 402.70 |  | 336.50 |  | 321.80 |  | 284.90 |
| 78 |  | 402.70 |  | 380.40 |  | 363.60 |  | 321.70 |
| 79 |  | 453.20 |  | 427.90 |  | 408.90 |  | 361.50 |
| 79 |  | 507.60 |  | 479.10 |  | 457.70 |  | 404.30 |

BENEFIT PERIOD: 5 YEARS

| Issue Age | 0 Day Elimination Period |  | 15 DayEliminationPeriod |  | 30 Day Elimination Period |  | 90 Day Elimination Period |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 45-49 | \$ | 30.90 | \$ | 30.10 | \$ | 29.60 |  |  |
| 50-54 |  | 38.40 |  | 37.30 | \$ | 29.60 | \$ | 28.50 |
| 55-59 |  | 60.30 |  | 37.30 |  | 36.60 |  | 34.40 |
| 60-64 |  | 103.60 |  | 99.80 |  | 57.40 |  | 53.60 |
| 65-69 |  | 154.50 |  | 99.80 |  | 98.20 |  | 90.30 |
| 70 |  | 203.60 |  | 147.9 |  | 143.80 |  | 130.40 |
| 71 |  | 232.60 |  | 194.60 |  | 188.20 |  | 169.50 |
| 72 |  |  |  | 222.10 |  | 214.80 |  | 193.20 |
| 73 |  | 267.70 |  | 255.50 |  | 246.90 |  | 21.70 |
|  |  | 308.60 |  | 294.30 |  | 284.30 |  | 254.90 |
| 74 |  | 354.50 |  | 338.00 |  | 326.30 |  | 54.90 |
| 75 |  | 374.20 |  | 356.40 |  | 344.20 |  | 292.40 |
| 76 |  | 425.80 |  | 405.60 |  | 3 |  | 08.10 |
| 77 |  | 482.20 |  | 459.00 |  | 391.50 |  | 350.10 |
| 78 |  | 543.20 |  | 517.00 |  | 443.00 |  | 396.00 |
| 79 |  | 608.90 |  | 57.30 |  | 498.90 |  | 445.50 |
|  |  |  |  | 579.30 |  | 558.90 |  | 499.00 |

HEALTH GROUP III
NO PRIOR HOSPITALIZATION REQUIRED
WITH INFLATION PROTECTION RIDER RI-59439-A
BENEFIT PERIOD: 3 YEARS

| Issue Age | 0 Day Elimination Period |  | 15 Day Elimination Period |  | 30 Day Elimination Period |  | 90 Day Elimination Period |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 45-49 | \$ | 32.50 | \$ | 31.80 | \$ | 31.00 | \$ | 29.40 |
| 50-54 |  | 43.00 |  | 41.60 |  | 40.60 |  | 37.80 |
| 55-59 |  | 71.50 |  | 68.60 |  | 66.60 |  | 61.60 |
| 60-64 |  | 123.80 |  | 118.20 |  | 114.00 |  | 103.30 |
| 65-69 |  | 185.90 |  | 176.50 |  | 169.80 |  | 151.90 |
| 70 |  | 246.20 |  | 233.20 |  | 223.40 |  | 198.80 |
| $71-$ |  | 279.10 |  | 264.10 |  | 252.90 |  | 224.60 |
| 72 |  | 317.30 |  | 300.20 |  | 287.30 |  | 254.70 |
| 73 |  | 361.10 |  | 341.40 |  | 326.50 |  | 289.10 |
| 74 |  | 409.60 |  | 387.00 |  | 370.20 |  | 327.30 |
| 75 |  | 431.10 |  | 407.10 |  | 389.10 |  | 343.90 |
| 76 |  | 485.10 |  | 458.10 |  | 437.50 |  | 386.50 |
| 77 |  | 543.60 |  | 513.10 |  | 490.10 |  | 432.50 |
| 78 |  | 606.60 |  | 572.40 |  | 546.50 |  | 482.10 |
| 79 |  | 674.00 |  | 635.80 |  | 607.10 |  | 535.20 |

BENEFIT PERIOD: 5 YEARS

| Issue Age | 0 Day <br> Elimination <br> Period |  | 15 Day <br> Elimination Period |  | 30 Day Elimination Period |  | 90 Day Elimination Period |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 45-49 | \$ | 36.00 | \$ | 35.20 | \$ | 34.40 | \$ | 32.80 |
| 50-54 |  | 49.30 |  | 47.70 |  | 46.40 |  | 43.40 |
| 55-59 |  | 83.00 |  | 80.30 |  | 77.70 |  | 72.10 |
| 60-64 |  | 145.10 |  | 139.80 |  | 135.50 |  | 123.40 |
| 65-69 |  | 223.00 |  | 214.00 |  | 206.30 |  | 186.00 |
| 70 |  | 299.20 |  | 286.70 |  | 275.80 |  | 247.50 |
| 71 |  | 339.90 |  | 325.40 |  | 313.00 |  | 280.40 |
| 72 |  | 387.10 |  | 370.60 |  | 356.30 |  | 318.90 |
| 73 |  | 441.20 |  | 422.30 |  | 405.80 |  | 363.00 |
| 74 |  | 501.20 |  | 479.50 |  | 460.70 |  | 411.70 |
| 75 |  | 530.50 |  | 507.50 |  | 486.70 |  | 434.60 |
| 76 |  | 597.70 |  | 571.60 |  | 548.00 |  | 489.10 |
| 77 |  | 670.40 |  | 640.90 |  | 614.40 |  | 548.00 |
| 78 |  | 748.50 |  | 715.60 |  | 685.80 |  | 611.50 |
| 79 |  | 832.20 |  | 795.40 |  | 762.30 |  | 679.40 |

THESE RATES REFLECT THE $15 \%$ RATE INCREASE ON THE 3-DAY PRIOR BLOCK APPROVED BY THE PENNSYLVANIA DEPARTMENT OE INSURANCE ON SEPTEMBER 29, 1995

## HEALTH GROUP IV <br> 3-DAY PRIOR HOSPITALIZATION REQUIRED <br> BENEFIT PERIOD: 3 YEARS

| Issue Age | im |  | $\begin{array}{r} 1 \\ \text { Eli } \\ \mathrm{E} \end{array}$ | Day <br> nation <br> iod | Eli | Day nation iod | 90 Day Elimination Period |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 45-49 | \$ | 32.66 | \$ | 32.20 | \$ | 31.51 | \$ | 30.36 |
| 50-54 |  | 39.79 |  | 38.87 |  | 37.95 |  | 35.88 |
| 55-59 |  | 59.57 |  | 57.73 |  | 56.35 |  | 52.67 |
| 60-64 |  | 100.97 |  | 97.29 |  | 94.53 |  | 87.86 |
| 65-69 $=$ |  | 146.74 |  | 140.30 |  | 135.47 |  | 123.51 |
| 70 |  | 199.18 |  | 189.98 |  | 182.16 |  | 164.91 |
| 71 |  | 222.18 |  | 211.83 |  | 202.86 |  | 183.08 |
| 72 |  | 249.55 |  | 237.59 |  | 227.24 |  | 204.70 |
| 73 |  | 281.06 |  | 267.26 |  | 255.53 |  | 229.54 |
| 74 |  | 316.48 |  | 300.61 |  | 287.27 |  | 257.37 |
| 75 |  | 355.35 |  | 337.18 |  | 322.23 |  | 288.19 |
| 76 |  | 397.90 |  | 377.20 |  | 360.41 |  | 321.77 |
| 77 |  | 444.13 |  | 420.67 |  | 402.04 |  | 358.11 |
| 78 |  | 494.04 |  | 467.59 |  | 446.89 |  | 397.44 |
| 79 |  | 547.63 |  | 517.96 |  | 495.19 |  | 439.76 |

BENEFIT PERIOD: 5 YEARS

| Issue Age | 0 Day Elimination Period |  | $\begin{gathered} 15 \text { Day } \\ \text { Elimination } \\ \text { Period } \end{gathered}$ |  | ```30 Day Elimination Period``` |  | $\qquad$ <br> 90 Day <br> Elimination Period |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 45-49 | \$ | 35.42 | \$ | 34.50 | \$ | 34.04 | \$ | 32.66 |
| 50-54 |  | 44.16 |  | 42.78 |  | 42.09 |  | 39.56 |
| 55-59 |  | 66.70 |  | 64.63 |  | 63.48 |  | 59.34 |
| 60-64 |  | 114.08 |  | 110.40 |  | 108.56 |  | 100.05 |
| 65-69 |  | 170.20 |  | 163.53 |  | 158.93 |  | 144.90 |
| 70 |  | 234.14 |  | 224.02 |  | 216.89 |  | 196.88 |
| 71 |  | 262.20 |  | 250.93 |  | 242.65 |  | 219.65 |
| 72 |  | 295.55 |  | 282.44 |  | 273.01 |  | 246.79 |
| 73 |  | 333.96 |  | 319.01 |  | 308.20 |  | 278.07 |
| 74 |  | 376.74 |  | 359.72 |  | 347.53 |  | 313.03 |
| 75 |  | 424.12 |  | 404.80 |  | 390.77 |  | 351.44 |
| 76 |  | 475.87 |  | 454.02 |  | 438.38 |  | 393.76 |
| 77 |  | 531.99 |  | 507.61 |  | 489.90 |  | 439.53 |
| 78 |  | 592.71 |  | 565.34 |  | 545.56 |  | 488.98 |
| 79 |  | 657.57 |  | 627.44 |  | 605.36 |  | 542.11 |

THESE RATES REELECT THE $15 \%$ RATE INCREASE ON THE 3-DAY PRIOR BLOCK APPROVED BY THE PENNSYLVANIA DEPARTMENT OF INSURANCE ON SEPTEMBER 29, 1995

| Issue Age | 0 Day Elimination Period |  | PRIOR HOSPITALIZATION REQUIRED BENEFIT PERIOD: 1 YEAR |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  | Day nation iod |  | Day <br> nation iod |  | Day <br> nation <br> riod |
| 80 | \$ | 361.79 | \$ | 326.37 | \$ | 299.23 | \$ | 224.48 |
| 81 |  | 402.96 |  | 362.71 |  | 331.89 |  | 247.71 |
| 82 |  | 444.13 |  | 398.36 |  | 364.55 | , | 271.17 |
| 83 |  | 491.74 |  | 441.37 |  | 403.88 |  | 298.31 |
| $84=$ |  | 539.58 |  | 484.38 |  | 442.29 |  | 325.45 |

THESE RATES REFLECT THE 15\% RATE INCREASE ON THE 3-DAY PRIOR BLOCK APPROVED BY THE PENNSYLVANIA DEPARTMENT OF INSURANCE ON SEPTEMBER 29, 1995
HEALTH GROUP IV
3-DAY PRIOR HOSPITALIZATION REQUIRED
WITH INFLATION PROTECTION RIDER R1-59439-A
BENEFIT PERIOD: 3 YEARS

BENEFIT PERIOD: 3 YEARS

| Issue Age | Eli | Day nation riod | $\begin{array}{r} 1 \\ \text { Elin } \\ \mathrm{P} \end{array}$ | Day <br> nation <br> riod | Eli | Day <br> nation <br> riod | 90 Day Elimination Period |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 45-49 | \$ | 37.26 | \$ | 36.57 | \$ | 35.65 | \$ | 33.81 |
| 50-54 |  | 49.45 |  | 47.84 |  | 46.69 |  | 43.47 |
| 55-59 |  | 79.12 |  | 75.90 |  | 73.60 |  | 68.08 |
| 60-64 |  | 136.16 |  | 130.64 |  | 126.04 |  | 115.69 |
| 65-69 |  | 204.93 |  | 195.27 |  | 187.68 |  | 169.97 |
| 70 |  | 280.60 |  | 266.80 |  | 255.53 |  | 229.54 |
| 71 |  | 313.03 |  | 297.16 |  | 284.51 |  | 254.84 |
| 72 |  | 349.83 |  | 331.89 |  | 317.63 |  | 283.82 |
| 73 |  | 391.46 |  | 370.99 |  | 354.89 |  | 316.48 |
| 74 |  | 437.23 |  | 414.23 |  | . 396.06 |  | 352.59 |
| 75 |  | 487.37 |  | 461.38 |  | 440.91 |  | 391.92 |
| 76 |  | 541.65 |  | 512.44 |  | 489.44 |  | 434.47 |
| 77 |  | 600.07 |  | 557.41 |  | 541.88 |  | 480.47 |
| 78 |  | 662.86 |  | 62 亿. 29 |  | 598.00 |  | 529.69 |
| 79 |  | 729.56 |  | 689.31 |  | 658.03 |  | 582.36 |

BENEEIT PERIOD: 5 YEARS

| Issue Age | ```O Day Elimination Period``` |  | 15 Day <br> Elimination Period |  | 30 Day <br> Elimination Period |  | ```9 0 \text { Day} Elimination Period``` |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 45-49 | \$ | 41.40 | \$ | 40.48 | \$ | 39.56 | \$ | 37.72 |
| 50-54 |  | 56.58 |  | 54.74 |  | 53.36 |  | 49.91 |
| 55-59 |  | 91.77 |  | 88.78 |  | 86.02 |  | 79.81 |
| 60-64 |  | 160.08 |  | 154.56 |  | 149.73 |  | 137.54 |
| 65-69 |  | 246.10 |  | 236.67 |  | 228.16 |  | 207.23 |
| 70 |  | 340.86 |  | 327.29 |  | 314.87 |  | 284.28 |
| 71 |  | 381.11 |  | 365.70 |  | 351.90 |  | 317.17 |
| 72 |  | 427.34 |  | 409.86 |  | 393.99 |  | 354.66 |
| 73 |  | 479.32 |  | 459.54 |  | 441.60 |  | 396.98 |
| 74 |  | 536.82 |  | 514.28 |  | 493.81 |  | 443.44 |
| 75 |  | 599.38 |  | 574.08 |  | 550.85 |  | 494.04 |
| 76 |  | 667.23 |  | 638.94 |  | 612.72 |  | 549.01 |
| 77 |  | 740.37 |  | 708.63 |  | 679.42 |  | 608.35 |
| 78 |  | 818.80 |  | 783.38 |  | 750.95 |  | 671.83 |
| 79 |  | 902.52 |  | 863.42 |  | 827.08 |  | 739.68 |
| S1-59433 | 7-2 |  |  | 21 - |  |  |  | 9/95 |

THESE RATES REELECT THE $15 \%$ RATE INCREASE ON THE 3-DAY PRIOR BLOCK APPROVED BY THE PENNSYLVANIA DEPARTMENT OF INSURANCE ON SEPTEMBER 29, 1995

HEALTH GROUP IV
3-DAY PRIOR HOSPITALIZATION REQUIRED
WITH INFLATION PROTECTION RIDER R1-59439-A
BENEFIT PERIOD: 1 YEAR

| Issue Age |  | Day <br> nation <br> iod | 15 Day Elimination Period |  | 30 Day Elimination Period |  | 90 Day Elimination Period |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 80 | \$ | 417.22 | \$ | 375.13 | \$ | 343.85 | \$ | 255.76 |
| 81 |  | 457.70 |  | 411.24 |  | 376.51 |  | 278.99 |
| $82=$ |  | 498.18 |  | 447.35 |  | 409.17 |  | 302.45 |
| 83 |  | 543.26 |  | 487.37 |  | 445.51 |  | 328.21 |
| 84 |  | 588.34 |  | 527.39 |  | 481.62 |  | 354.20 |

CONTINENTAL CASUALTY COMPANY
Rate Sheet For P1-59433-A37
Long-Term Care Policy
Annual Premium Per $\$ 10$ Daily Indemnity

HEALTH GROUP IV
NO PRIOR HOSPITALIZATION REQUIRED
BENEEIT PERIOD: 3 YEARS


BENEFIT PERIOD: 5 YEARS

| Issue Age | Eli | Day nation iod | Eli | Day <br> nation <br> iod | Eli | Day <br> nation <br> iod | 90 Day Elimination Period |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 45-49 | \$ | 38.60 | \$ | 37.60 | \$ | 37.00 | \$ | 35.60 |
| 50-54 |  | 48.00 |  | 46.60 |  | 45.80 |  | 43.00 |
| 55-59 |  | 75.40 |  | 73.00 |  | 71.80 |  | 67.00 |
| 60-64 |  | 129.50 |  | 124.80 |  | 122.70 |  | 112.80 |
| 65-69 |  | 193.00 |  | 184.90 |  | 179.70 |  | 162.90 |
| 70 |  | 254.50 |  | 243.20 |  | 235.30 |  | 211.90 |
| 71 |  | 290.80 |  | 277.60 |  | 268.60 |  | 241.60 |
| 72 |  | 334.60 |  | 319.30 |  | 308.60 |  | 277.20 |
| 73 |  | 385.70 |  | 367.80 |  | 355.40 |  | 318.70 |
| 74 |  | 443.20 |  | 422.50 |  | 408.10 |  | 365.60 |
| 75 |  | 467.70 |  | 445.60 |  | 430.20 |  | 385.10 |
| 76 |  | 532.30 |  | 507.00 |  | 489.40 |  | 437.60 |
| 77 |  | 602.80 |  | 573.80 |  | 553.80 |  | 494.90 |
| 78 |  | 679.10 |  | 646.30 |  | 623.60 |  | 556.90 |
| 79 |  | 761.10 |  | 724.10 |  | 698.60 |  | 623.70 |

CONTINENTAL CASUALTY COMPANY
Rate Sheet For P1-59433-A37
Long-Term Care Policy Annual Premium Per $\$ 10$ Daily Indemnity

HEALTH GROUP IV
NO PRIOR HOSPITALIZATION REQUIRED WITH INFLATION PROTECTION RIDER R1-59439-A BENEFIT PERIOD: 3 YEARS


BENEEIT PERIOD: 5 YEARS

| Issue Age | O Day <br> Elimination <br> Period |
| :---: | ---: |
| $45-49$ | $c$ <br> $50-54$ |
| $55-59$ | 61.60 |
| $60-64$ | 103.80 |
| $65-69$ | 181.40 |
| 70 | 278.90 |
| 71 | 374.10 |
| 72 | 424.80 |
| 73 | 483.90 |
| 74 | 551.50 |
| 75 | 626.60 |
| 77 | 663.10 |
| 78 | 747.00 |
| 79 | 837.90 |
|  | 935.60 |
|  | $1,040.20$ |


| 15 Day <br> Elimination <br> Period |
| ---: |
| $\$$44.00 <br> 59.60 <br> 100.40 <br> 174.70 <br> 267.50 <br> 358.40 <br> 406.80 <br> 463.30 <br> 527.90 <br> 599.40 <br> 634.30 <br> 714.40 <br> 801.10 <br> 894.40 <br> 994.20 |


| 30Day <br> Elimination <br> Period |
| ---: |
| $\$ 43.00$ |
| 58.00 |
| 97.20 |
| 169.30 |
| 257.90 |
| 344.80 |
| 391.30 |
| 445.40 |
| 507.20 |
| 575.90 |
| 608.40 |
| 685.00 |
| 768.00 |
| 857.30 |
| 953.00 |


| 90 Day <br> Elimination <br> Period |
| ---: |
| $\$ 14.00$ |
| 54.20 |
| 90.20 |
| 154.10 |
| 232.50 |
| 309.40 |
| 350.60 |
| 398.70 |
| 453.70 |
| 514.70 |
| 543.30 |
| 611.50 |
| 685.10 |
| 764.50 |
| 849.40 |

Annual Rate for each $\$ 10$ Convalescent Care Indemnity (\$5 Home Care)

| Issue Age | Health Group |  | Health Group II |  | Health Group III |  | Health Group IV |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 45-49 | \$ | 2.60 | \$ | 3.30 | \$ | 3.90 | \$ | 4.60 |
| 50-54 |  | 3.30 |  | 4.10 |  | 5.00 |  | 5.80 |
| 55-59 |  | 4.90 |  | 6.10 |  | 7.40 |  | 8.60 |
| 60-64 |  | 7.20 |  | 9.00 |  | 10.80 |  | 12.60 |
| 65-69 |  | 9.00 |  | 11.30 |  | 13.50 |  | 15.80 |
| 70-74 |  | 13.20 |  | 16.50 |  | 19.80 |  | 23.10 |
| 75-79 |  | 20.40 |  | 25.50 |  | 30.60 |  | 35.70 |
| 80 |  | 26.40 |  | 33.00 |  | 39.60 |  | 46.20 |
| 81 |  | 28.80 |  | 36.00 |  | 43.20 |  | 50.40 |
| 82 |  | 31.20 |  | 39.00 |  | 46.80 |  | 54.60 |
| 83 |  | 33.60 |  | 42.00 |  | 50.40 |  | 58.80 |
| 84 |  | 36.00 |  | 45.00 |  | 54.00 |  | 63.00 |
| Semi-annual Premium: Multiply Total Annual Premium by 0.52 Quarterly Premium: Multiply Total Annual Premium by 0.27. Monthly Premium: Multiply Total Annual Premium by 0.09. |  |  |  |  |  |  |  |  |

CONTINENTAL CASUALTY COMPANY
General Office: CNA Plaza Chicago Illinois 60685

Long-Term Care Policy
Annual Premium Per $\$ 10$ Daily Indemnity

THESE RATES REFLECT THE $15 \%$ RATE INCREASE ON THE 3-DAY PRIOR BLOCK APPROVED BY THE PENNSYLVANIA DEPARTMENT OF INSURANCE ON SEPTEMBER 29, 1995

HEALTH GROUP I<br>3-DAY PRIOR HOSPITALIZATION REQUIRED<br>BENEEIT PERIOD: 2 YEARS

| $\begin{gathered} \text { ISSUE } \\ \text { AGE } \end{gathered}$ | 0 DAY ELIMINATION PERIOD | 15 DAY ELIMINATION PERIOD | 90 DAY ELIMINATION PERIOD |
| :---: | :---: | :---: | :---: |
| 18-49 | 15.76 | 15.41 | 14.49 |
| 50-54 | 18.98 | 18.40 | 16.91 |
| 55-59. | 28.18 | 27.26 | 24.73 |
| 60-64 | 47.15 | 45.43 | 40.83 |
| 65 | 56.70 | 54.40 | 48.19 |
| 66 | 60.72 | 58.19 | 51.18 |
| 67 | 66.01 | 63.14 | 55.20 |
| 68 | 72.45 | 69.12 | 60:03 |
| 69 | 79.47 | 75.67 | 65.44 |
| 70 | 87.63 | 83.38 | 71.65 |
| 71 | 97.29 | 92.46 | 79.12 |
| 72 | 109.02 | 103.39 | 87.98 |
| 73 | 122.71 | 116.15 | 98.33 |
| 74 | 138.00 | 130.53 | 110.06 |
| 75 | 155.02 | 146.51 | 122.94 |
| 76 | 173.77 | 163.99 | 137.20 |
| 77 | 194.12 | 183.08 | 152.72 |
| 78 | 216.20 | 203.78 | 169.97 |
| 79 | 239.89 | 225.98 | 187.11 |

CONTINENTAL CASUALTY COMPANY
Rate Sheet For P1-59433-A37
Long-Term Care Policy
Annual Premium Per $\$ 10$ Daily Indemnity

HEALTH GROUP II
NO PRIOR HOSPITALIZATION REQUIRED WITH INELATION PROTECTION RIDER R1-59439-A BENEFIT PERIOD: 4 YEARS

| $\begin{gathered} \text { ISSUE } \\ \text { AGE } \end{gathered}$ | ```O DAY ELIMINATION PERIOD``` | ```15 DAY \\ ELIMINATION \\ PERIOD``` | 90 DAY ELIMINATION PERIOD |
| :---: | :---: | :---: | :---: |
| 18-49 | 26.30 | 25.60 | 23.90 |
| 50-54 | 35.20 | 34.00 | 30.90 |
| 55-59 | 55.40 | 53.50 | 48.30 |
| 60-64 | 95.50 | 92.10 | 82.30 |
| 65 | 120.80 | 116.50 | 103.00 |
| 66 | 131.40 | 126.50 | 111.60 |
| 67 | 144.70 | 139.20 | 122.40 |
| 68 | 160.40 | 154.10 | 135.10 |
| 69 | 177.60 | 170.50 | 149.20 |
| 70 | 197.30 | 189.30 | 165.00 |
| 71 | 220.00 | 210.90 | 183.40 |
| 72 | 246.60 | 236.20 | 204.90 |
| 73 | 276.80 | 265.20 | 229.70 |
| $7 \%$ | 310.80 | 297.40 | 257.10 |
| 75 | 347.90 | 332.70 | 287.30 |
| 76 | 388.20 | 371.30 | 320.20 |
| 77 | 432.30 | 413.10 | 355.50 |
| 78 | 479.30 | 458.00 | 393.80 |
| 79 | 530.00 | 506.20 | 434.90 |

HEALTH GROUP II
NO PRIOR HOSPITALIZATION REQUIRED
WITH INELATION PROTECTION RIDER R1-59439-A
BENEFIT PERIOD: 6 YEARS

| $\begin{gathered} \text { ISSUE } \\ \text { AGE } \end{gathered}$ | $\begin{gathered} 0 \text { DAY } \\ \text { ELIMINATION } \\ \text { PERIOD } \\ \hline \end{gathered}$ | 15 DAY ELIMINATION PERIOD | 90 DAY ELIMINATION PERIOD |
| :---: | :---: | :---: | :---: |
| 18-49 | 28.90 | 28.30 | 26.30 |
| 50-54 | 39.30 | 38.30 | 34.80 |
| 55-59 | 62.70 | 60.80 | 55.10 |
| 60-64 | 108.60 | 105.10 | 94.80 |
| $65 \vdots$ | 138.10 | 133.60 | 119.60 |
| 66 | 150.50 | 145.50 | $129.80^{\circ}$ |
| 67 | 166.20 | 160.50 | 142.80 |
| 68 | 184.70 | 178.00 | 157.90 |
| 69 | 204.50 | 197.50 | 174.70 |
| 70 | 227.40 | 219.20 | 193.70 |
| 71 | 253.80 | 244.40 | 215.60 |
| 72. | 284.30 | 273.80 | 240.90 |
| 73 | 319.20 | 307.10 | 270.00 |
| 74 | 357.90 | 344.20 | 302.00 |
| 75 | 400.20 | 384.70 | 337.30 |
| 76 | 446.40 | 428.70 | 375.70 |
| 77 | 496.20 | 476.40 | 417.10 |
| 78 | 549.80 | 527.90 | 461.60 |
| 79 | 607.10 | 582.60 | 509.30 |

HEALTH GROUP II
NO PRIOR HOSPITALIZATION REQUIRED
WITH INELATION PROTECTION RIDER R1-59439-A
BENEFIT PERIOD: LIEETIME

| $\begin{aligned} & \text { ISSUE } \\ & \text { AGE } \end{aligned}$ | 0 DAY ELIMINATION PERIOD | 15 DAY ELIMINATION PERIOD | 90 DAY ELIMINATION PERIOD |
| :---: | :---: | :---: | :---: |
| 18-49 | 33.80 | 33.10 | 30.90 |
| 50-54 | 47.50 | 46.30 | 42.80 |
| 55-59 | 76.20 | 74.30 | 68.20 |
| 60-64 | 132.30 | 128.60 | 117.40 |
| $65-$ | 168.80 | 164.00 | 148.90 |
| 66 | 184.00 | 178.70 | 161.90 |
| 67 | 203.00 | 196.90 | 178.30 |
| 68 | 224.90 | 218.40 | 197.30 |
| 69 | 249.60 | 241.80 | 218.20 |
| 70 | 277.00 | 268.50 | 241.80 |
| 71 | 308.70 | 298.90 | 269.30 |
| 72 | 345.00 | 334.10 | 300.50 |
| 73 | 356.30 | 374.00 | 355.08 |
| 74 | 431.90 | 418.00 | 375.50 |
| 75 | 481.90 | 466.20 | 418.30 |
| 76 | 535.90 | 518.50 | 454.80 |
| 77 | 594.40 | 575.20 | 515.20 |
| 78 | 657.20 | 635.80 | 569.10 |
| 79 | 724.20 | 700.60 | 626.90 |

THESE RATES REFLECT THE 15\% RATE INCREASE ON THE 3-DAY PRIOR BLOCK APPROVED BY THE PENNSYLVANIA DEPARTMENT OF INSURANCE ON SEPTEMBER 29, 1995

HEALTH GROUP III<br>3-DAY PRIOR HOSPITALIZATION REQUIRED BENEFIT PERIOD: 2 YEARS

| $\begin{gathered} \text { ISSUE } \\ \text { AGE } \end{gathered}$ | 0 DAY ELIMINATION PERIOD | 15 DAY ELIMINATION PERIOD | 90 DAY ELIMINATION PERIOD |
| :---: | :---: | :---: | :---: |
| 18-49 | 25.19 | 24.61 | 23.23 |
| 50-54 | 30.36 | 29.44 | 27.03 |
| 55-5守 | 45.08 | 43.59 | 39.56 |
| 60-64 | 75.44 | 72.68 | 65.32 |
| 65 | 90.74 | 87.06 | 77.05 |
| 66 | 97.18 | 93.15 | 81.88 |
| 67 | 105.57 | 100.97 | 88.32 |
| 68 | 115.92 | 110.63 | 96.03 |
| 69 | 127.19 | 121.10 | 104.65 |
| 70 | 140.19 | 133.40 | 114.66 |
| 71 | 155.71 | 147.89 | 126.62 |
| 72 | 174.46 | 165.37 | 140.76 |
| 73 | 196.31 | 185.84 | 157.32 |
| 74 | 220.80 | 208.84 | 176.07 |
| 75 | 248.06 | 234.37 | 196.65 |
| 76 | 278.07 | 262.43 | 219.54 |
| 77 | 310.62 | 292.91 | 244.38 |
| 78 | 345.92 | 326.03 | 271.98 |
| 79 | 383.87 | 361.56 | 299.35 |

Long-Term Care Policy
Annual Premium Per $\$ 10$ Daily Indemnity

THESE RATES REFLECT THE 15\% RATE INCREASE ON THE 3-DAY PRIOR BLOCK APPROVED BY THE PENNSYLVANIA DEPARTMENT OF INSURANCE ON SEPTEMBER 29, 1995

HEALTH GROUP III
3-DAY PRIOR HOSPITALIZATION REQUIRED BENEFIT PERIOD: 4 YEARS

| $\begin{aligned} & \text { ISSUE } \\ & \text { AGE } \end{aligned}$ | 0 DAY ELIMINATION PERIOD | 15 DAY ELIMINATION PERIOD | 90 DAY ELIMINATION PERIOD |
| :---: | :---: | :---: | :---: |
| 18-49 | 28.29 | 27.83 | 26.11 |
| 50-54 | 35.54 | 34.62 | 31.86 |
| 55-59 | 53.94 | 52.21 | 47.61 |
| 60-64 | 91.77 | 88.90 | 80.39 |
| 65 | 112.93 | 109.14 | 97.52 |
| 66 | 122.02 | 117.53 | 104.65 |
| 67 | 133.75 | 128.80 | 114.31 |
| 68 | 147.89 | 142.26 | 125.70 |
| 69 | 163.42 | 156.98 | 138.23 |
| 70 | 181.47 | 174.11 | 152.12 |
| 71 | 202.75 | $194.4 \%$ | 169.97 |
| 72 | 228.74 | 219.19 | 190.79 |
| 73 | 259.10 | 248.06 | 215.28 |
| 74 | 29.3 .25 | 280.37 | 242.88 |
| 75 | 331.20 | 316.48 | 273.47 |
| 76 | 372.95 | 356.27 | 307.05 |
| 77 | 418.60 | 399.51 | 343.74 |
| 78 | 467.94 | 446.43 | 383.41 |
| 79 | 521.07 | 496.80 | 426.31 |

CONTINENTAL CASUALTY COMPANY
Rate Sheet For P1-59433-A37
Long-Term Care Policy
Annual Premium Per $\$ 10$ Daily Indemnity

THESE RATES REELECT THE $15 \%$ RATE INCREASE ON THE 3-DAY PRIOR BLOCK APPROVED BY THE PENNSYLVANIA DEPARTMENT OF INSURANCE ON SEPTEMBER 29, 1995


CONTINENTAL CASUALTY COMPANY
Rate Sheet For Pl-59433-A37
Long-Term Care Policy
Annual Premium Per $\$ 10$ Daily Indemnity

THESE RATES REFLECT THE 15\% RATE INCREASE ON THE 3-DAY PRIOR BLOCK APPROVED BY THE PENNSYLVANIA DEPARTMENT OF INSURANCE ON SEPTEMBER 29, 1995

HEALTH GROUP III
3-DAY PRIOR HOSPITALIZATION REQUIRED BENEEIT PERIOD: LIFETIME

| $\begin{aligned} & \text { ISSUE } \\ & \text { AGE } \end{aligned}$ | 0 DAY ELIMINATION PERIOD | 15 DAY ELIMINATION PERIOD | 90 DAY ELIMINATION PERIOD |
| :---: | :---: | :---: | :---: |
| 18-49 | 34.39 | 33.81 | 31.86 |
| 50-54 | 45.08 | 44.16 | 41.06 |
| 55-59 | 69.92 | 68.08 | 62.91 |
| 60-64 | 120.52 | 117.42 | 107.64 |
| 65 | 150.19 | 146.05 | 133.06 |
| 66 | 162.61 | 158.01 | 143.75 |
| 67 | 178.83 | 173.65 | 157.55 |
| 68 | 198.15 | 192.28 | 174.11 |
| 69 | 219.54 | 212.87 | 192.05 |
| 70 | 244.03 | 256.44 | 213.10 |
| 73 | 272.67 | 264.04 | 237.71 |
| 72 | 306.94 | 296.93 | 266.80 |
| 73 | 346.50 | 335.11 | 300.50 |
| 74 | 390.65 | 377.55 | 338.33 |
| 75 | 439.42 | 424.70 | 379.96 |
| 76 | 492.78 | 476.22 | 425.62 |
| 77 | 550.85 | 532.11 | 475.30 |
| 78 | 613.64 | 592.71 | 528.77 |
| 79 | 681.03 | 657.46 | 586.39 |

THESE RATES REFLECT THE $15 \%$ RATE INCREASE ON THE 3-DAY PRIOR BLOCK APPROVED BY THE PENNSYLVANIA DEPARTMENT OF INSURANCE ON SEPTEMBER 29, 1995

HEALTH GROUP III
3-DAY PRIOR HOSPITALIZATION REQUIRED WITH INELATION PROTECTION RIDER R1-59439-A BENEFIT PERIOD: 2 YEARS

| $\begin{gathered} \text { ISSUE } \\ \text { AGE } \end{gathered}$ | 0 DAY ELIMINATION PERIOD | 15 DAY ELIMINATION PERIOD | 90 DAY ELIMINATION PERIOD |
| :---: | :---: | :---: | :---: |
| 18-49 | 27.83 | 27.03 | 25.19 |
| 50-54 | 35.31 | 34.27 | 30.94. |
| 55-59 | 54.51 | 52.44 | 46.69 |
| 60-64 | 92.23 | 88.55 | 78.20 |
| 65 | 114.08 | 109.14 | 95.11 |
| 66 | 123.28 | 117.76 | 101,89 |
| 67 | 134.67 | 128.46 | 110.75 |
| 68 | 148.35 | 141.11 | 121.10 |
| 69 | 163.42 | 155.14 | 132.48 |
| 10 | 180.32 | 171.35 | 145.59 |
| 71 | 199.99 | 189.75 | 160.66 |
| 72 | 222.99 | 211.26 | 178.14 |
| 73 | 249.32 | 235.87 | 198.03 |
| 74 | 278.19 | 263.12 | 220.23 |
| 75 | 310.27 | 293.14 | 244.49 |
| 76 | 345.00 | 325.68 | 271.17 |
| 77 | 382.49 | 360.99 | 299.92 |
| 78 | 422.97 | 399.05 | 329.59 |
| 79 | 466.21 | 439.53 | 359.03 |

THESE RATES REFLECT THE 15\% RATE INCREASE ON THE 3-DAY PRIOR BLOCK APPROVED BY THE PENNSYLVANIA DEPARTMENT OF INSURANCE ON SEPTEMBER 29, 1995

HEALTH GROUP III
3-DAY PRIOR HOSPITALIZATION REQUIRED WITH INFLATION PROTECTION RIDER R1-59439-A BENEFIT PERIOD: 4 YEARS

| $\begin{gathered} \text { ISSUE } \\ \text { AGE } \end{gathered}$ | 0 DAY ELIMINATION PERIOD | 15 DAY ELIMINATION PERIOD | 90 DAY ELIMINATION PERIOD |
| :---: | :---: | :---: | :---: |
| 18-49 | 32.43 | 31.63 | 29.44 |
| 50-54 | 43.24 | 41.98 | 38.07. |
| 55-59 | 68.31 | 65.90 | 59.46 |
| 60-64 | 117.42 | 113.39 | 101.43 |
| 65 | 148.70 | 143.29 | 126.73 |
| 66 | 161.69 | 155.71 | 137,31 |
| 67 | 178.14 | 171.35 | 150.65 |
| 68 | 197.46 | 189.75 | 166.29 |
| 69 | 218.62 | 209.99 | 183.56 |
| 70 | 242.88 | 232.99 | 203.09 |
| 71 | 270.71 | 259.67 | 225.75 |
| 72 | 303.37 | 290.72 | 252.31 |
| 73 | 340.75 | 326.37 | 282.67 |
| 74 | 382.49 | 365.93 | 316.48 |
| 75 | 428.15 | 409.40 | 353.51 |
| 76 | 477.83 | 457.01 | 393.99 |
| 77 | 531.99 | 508.42 | 437.58 |
| 78 | 589.95 | 563.73 | 484.61 |
| 79 | 652.28 | 623.07 | 535.21 |

## CONTINENTAL CASUALTY COMPANY

Rate Sheet For P1-59433-A37
Long-Term Care Policy
Annual Premium Per $\$ 10$ Daily Indemnity

THESE RATES REFLECT THE 15\% RATE INCREASE ON THE 3-DAY PRIOR BLOCK APPROVED BY THE PENNSYLVANIA DEPARTMENT OF INSURANCE ON SEPTEMBER 29, 1995

HEALTH GROUP III
3-DAY PRIOR HOSPITALIZATION REQUIRED WITH INFLATION PROTECTION RIDER RI-59439-A

BENEEIT PERIOD: 6 YEARS

| $\begin{gathered} \text { ISSUE } \\ \text { AGE } \end{gathered}$ | 0 DAY ELIMINATION PERIOD | 15 DAY ELIMINATION PERIOD | $\begin{gathered} 90 \text { DAY } \\ \text { ELIMINATION } \\ \text { PERIOD } \end{gathered}$ |
| :---: | :---: | :---: | :---: |
| 18-49 | 35.54 | 34.73 | 32.43 |
| 50-54 | 48.42 | 47.15 | 42.90 |
| 55-59 | 77.05 | 74.87 | 67.74 |
| 60-64 | 133.63 | 129.38 | 116.61 |
| 65 | 169.97 | 164.45 | 147.20 |
| 66 | 185.27 | 179.06 | 159.74 |
| 67 | 204.59 | 197.57 | 175.72 |
| 68 | 227.24 | 219.19 | 194.35 |
| 69 | 251.74 | 243.11 | 214.94 |
| 70 | 279.91 | 269.79 | 238.51 |
| 71 | 312.23 | 300.84 | 265.31 |
| 72 | 349.95 | 336.95 | 296.59 |
| 73 | 392.84 | 377.89 | 332.35 |
| 74 | 440.45 | 423.55 | 371.68 |
| 75 | 492.55 | 473.46 | 415.15 |
| 76 | 549.47 | 527.74 | 462.42 |
| 77 | 610.65 | 586.39 | 513.36 |
| 78 | 676.78 | 649.52 | 568.22 |
| 79 | 747.27 | 717.03 | 626.87 |

CONTINENTAL CASUALTY COMPANY
Rate Sheet For P1-59433-A37.
Long-Term Care Policy
Annual Premium Per $\$ 10$ Daily Indemnity

THESE RATES REFLECT THE $15 \%$ RATE INCREASE ON THE 3-DAY PRIOR BLOCK
APPROVED BY THE PENNSYLVANIA DEPARTMENT OF INSURANCE ON SEPTEMBER 29, 1995

# HEALTH GROUP III <br> 3-DAY PRIOR HOSPITALIZATION REQUIRED WITH INFLATION PROTECTION RIDER R1-59439-A <br> BENEEIT PERIOD: LIFETIME 

| $\begin{gathered} \text { ISSUE } \\ \text { AGE } \end{gathered}$ | 0 DAY ELIMINATION PERIOD | 15 DAY ELIMINATION PERIOD | 90 DAY ELIMINATION PERIOD |
| :---: | :---: | :---: | :---: |
| 18-49 | 41.63 | 40.83 | 38.07 |
| 50-54 | 58.31 | 57.04 | 52.67 |
| 55-59 | 93.84 | 91.43 | 83.95 |
| 60-64 | 162.61 | 158.24 | 144.44 |
| 65 | 207.69 | 201.83 | 183.31 |
| 66 | 226.55 | 219.88 | 199.30 |
| 67 | 249.67 | 242.31 | 219.31 |
| 68 | 276.92 | 268.64 | 242.88 |
| 69 | 307.05 | 297.74 | 268.41 |
| 70 | 340.98 | 330.51 | 297.74 |
| 71 | 379.73 | 367.77 | 331.43 |
| 72 | 424.70 | 411.24 | 369.84 |
| 73 | 475.41 | 460.35 | 413.43 |
| 74 | 531.53 | 514.51 | 462.07 |
| 75 | 593.06 | 573.85 | 514.63 |
| 76 | 659.64 | 638.25 | 572.01 |
| 77 | 731.63 | 707.83 | 634.11 |
| 78 | 808.91 | 782.58 | 700.47 |
| 79 | 891.25 | 862.27 | 771.54 |

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HEALTH GROUP III
NO PRIOR HOSPITALIZATION REQUIRED
BENEFIT PERIOD: 2 YEARS
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| $\begin{gathered} \text { ISSUE } \\ \text { AGE } \end{gathered}$ | 0 DAY ELIMINATION PERIOD | 15 DAY ELIMINATION PERIOD | 90 DAY ELIMINATION PERIOD |
| :---: | :---: | :---: | :---: |
| 18-49 | 28.50 | 27.80 | 26.20 |
| 50-54 | 34.40 | 33.30 | 30.60 |
| 55-59 | 51.00 | 49.30 | 44.80 |
| 60-64 | 85.30 | 82.20 | 73.90 |
| 65 | 102.60 | 98.40 | 87.20 |
| $66:$ | 109.80 | 105.30 | 92.60 |
| 67 | 119.40 | 114.20 | 99.80 |
| 68 | 131.00 | 125.00 | 108.60 |
| 69 | 143.70 | 136.80 | 118.40 |
| 70 | 158.60 | 150.90 | 129.60 |
| 71 | 176.00 | 167.20 | 143.00 |
| 72 | 197.10 | 187.00 | 159.20 |
| 73 | $2 \therefore 1.90$ | 210.10 | 177.90 |
| 74 | $\underline{29.60}$ | 23620 | 139.00 |
| 75 | 280.30 | 265.00 | 222.40 |
| 76 | 314.20 | 296.60 | 248.20 |
| 77 | 351.00 | 331.20 | 276.20 |
| 78 | 391.00 | 368.60 | 307.40 |
| 79 | 433.90 | 408.80 | 338.40 |

HEALTH GROUP III
NO PRIOR HOSPITALIZATION REQUIRED
BENEFIT PERIOD: 4 YEARS

| $\begin{gathered} \text { ISSUE } \\ \text { AGE } \end{gathered}$ | 0 DAY ELIMINATION PERIOD | 15 DAY ELIMINATION PERIOD | 90 DAY ELIMINATION PERIOD |
| :---: | :---: | :---: | :---: |
| 18-49 | 32.00 | 31.40 | 29.60 |
| 50-54 | 40.20 | 39.00 | 36.00 |
| 55-59 | 61.00 | 59.00 | 53.90 |
| 60-64 | 103.80 | 100.50 | 90.90 |
| 65 | 127.70 | 123.40 | 110.20 |
| $66:$ | 137.90 | 133.00 | 118.40 |
| 67 | 151.20 | 145.60 | 129.10 |
| 68 | 167.20 | 160.80 | 142.10 |
| 69 | 184.60 | 177.40 | 156.20 |
| 70 | 205.10 | 196.80 | 172.60 |
| 71 | 229.30 | 219.80 | 192. 20 |
| 72 | 258.60 | 247.70 | 215.70 |
| 73 | 292.80 | 280.30 | 243.40 |
| 74 | 331.50 | 317.00 | 274.00 |
| 75 | 374.40 | 357.80 | 309.10 |
| 76 | 421.60 | 402.70 | 347.20 |
| 77 | 473.30 | 451.50 | 388.50 |
| 78 | 529.00 | 504.60 | 433.40 |
| 79 | 589.10 | 561.60 | 481.90 |

CONTINENTAL CASUALTY COMPANY
Rate Sheet For P1-59433-A37
Long-Term Care Policy
Annual Premium Per $\$ 10$ Daily Indemnity

HEALTH GROUP III
NO PRIOR HOSPITALIZATION REQUIRED
BENEFIT PERIOD: 6 YEARS

| $\begin{gathered} \text { ISSUE } \\ \text { AGE } \end{gathered}$ | O DAY ELIMINATION PERIOD | 15 DAY ELIMINATION PERIOD | 90 DAY ELIMINATION PERIOD |
| :---: | :---: | :---: | :---: |
| 18-49 | 34.40 | 33.80 | 31.70 |
| 50-54 | 43.70 | 42.70 | 39.40 |
| 55-59 | 67.00 | 65.10 | 59.50 |
| 60-64 | 114.90 | 111.50 | 101.30 |
| 65 | 142.20 | 137.90 | 124.20 |
| 66 | 153.90 | 149.00 | 133.60 |
| 67- | 169.30 | 163.70 | 146.20 |
| 68 | 187.70 | 181.10 | 161.30 |
| 69 | 207.50 | 200.50 | 177.90 |
| 70 | 230.90 | 222.60 | 197.10 |
| 71 | 258.40 | 249.00 | 219.80 |
| 72 | 291.40 | 280.60 | 247.00 |
| 73 | 329.90 | 317.40 | 278.90 |
| 74 | 373.10 | 358.90 | 314.60 |
| 75 | 421.00 | 404.60 | 354.10 |
| 76 | 473.60 | 454.90 | 397.40 |
| 77 | 530.90 | 509.60 | 444.60 |
| 78 | 592.80 | 569.00 | 495.80 |
| 79 | 659.40 | 632.50 | 550.70 |

HEALTH GROUP III
NO PRIOR HOSPITALIZATION REQUIRED BENEFIT PERIOD: LIFETIME

| $\begin{aligned} & \text { ISSUE } \\ & \text { AGE } \end{aligned}$ | 0 DAY ELIMINATION PERIOD | ```15 DAY ELIMINATION PERIOD``` | ```90 DAY ELIMINATION PERIOD``` |
| :---: | :---: | :---: | :---: |
| 18-49 | 38.90 | 38.20 | 36.00 |
| 50-54 | 51.00 | 49.90 | 46.40 |
| 55-59 | 79.00 | 77.00 | 71.20 |
| 60-64 | 136.30 | 132.60 | 121.80 |
| 65 | 169.80 | 165.10 | 150.40 |
| 66: | 183.80 | 178.70 | 162.40 |
| 67 | 202.20 | 196.30 | 178.10 |
| 68 | 224.00 | 217.40 | 196.80 |
| 69 | 248.20 | 240.60 | 217.10 |
| 70 | 275.80 | 267.40 | 240.80 |
| 71 | 308.30 | 298.60 | $268^{\circ} .80$ |
| 72 | 346.90 | 335.70 | 301.60 |
| 73 | 391.70 | 378.70 | 339.70 |
| 74 | $4 \div 1.60$ | 426.50 | 382 . 0 |
| 75 | 496.50 | 480.00 | 429.60 |
| 76 | 557.00 | 538.20 | 481.10 |
| 77 | 622.70 | 601.60 | 537.30 |
| 78 | 693.80 | 669.90 | 597.80 |
| 79 | 769.80 | 743.20 | 662.90 |

## CONTINENTAL CASUALTY COMPANY

Rate Sheet For P1-59433-A37
Long-Term Care Policy
Annual Premium Per $\$ 10$ Daily Indemnity

HEALTH GROUP III
NO PRIOR HOSPITALIZATION REQUIRED
WITH INFLATION PROTECTION RIDER R1-59439-A
BENEFIT PERIOD: 2 YEARS

| $\begin{gathered} \text { ISSUE } \\ \text { AGE } \end{gathered}$ | 0 DAY ELIMINATION PERIOD | 15 DAY ELIMINATION PERIOD | 90 DAY ELIMINATION PERIOD |
| :---: | :---: | :---: | :---: |
| 18-49 | 31.40 | 30.60 | 28.50 |
| 50-54 | 40.00 | 38.70 | 34.90 |
| 55-59 | 61.60 | 59.20 | 53.00 |
| 60-64 | 104.20 | 100.20 | 88.50 |
| 65 | 129.00 | 123:40 | 107.50 |
| 66 | 139.40 | 133.10 | 115.40 |
| 67 | 152.20 | 145.30 | 125.30 |
| 68 | 167.70 | 159.50 | 137.00 |
| 69 | 184.60 | 175.40 | 149.80 |
| 70 | 203.80 | 193.80 | 164.50 |
| 71 | 226.10 | 214.40 | 181.60 |
| 72 | 252.00 | 238.90 | 201.40 |
| 73 | 281.80 | 266.70 | 223.80 |
| 74 | 314.60 | 297.60 | 249.00 |
| 75 | 350.60 | 331.40 | 276.50 |
| 76 | 389.90 | 368.20 | 306.60 |
| 77 | 432.30 | 408.20 | 339.00 |
| 78 | 478.20 | 451.20 | 372.50 |
| 79 | 527.00 | 497.00 | 405.80 |

```
                                    CONTINENTAL CASUALTY COMPANY
                                    Rate Sheet For P1-59433-A37
                            Long-Term Care Policy
                Annual Premium Per $10 Daily Indemnity
```

HEALTH GROUP III
NO PRIOR HOSPITALIZATION REQUIRED WITH INELATION PROTECTION RIDER RI-59439-A

BENEFIT PERIOD: 4 YEARS

| $\begin{gathered} \text { ISSUE } \\ \text { AGE } \end{gathered}$ | $\begin{gathered} 0 \text { DAY } \\ \text { ELIMINATION } \\ \text { PERIOD } \end{gathered}$ | 15 DAY ELIMINATION PERIOD | 90 DAY ELIMINATION PERIOD |
| :---: | :---: | :---: | :---: |
| 18-49 | 36.60 | 35.70 | 33.30 |
| 50-54 | 49.00 | 47.40 | 43.00 |
| 55-59 | 77.10 | 74.40 | 67.20 |
| 60-64 | 132.80 | 128.20 | 114.60 |
| $65^{\circ}$ | 168.00 | 162.10 | 143.40 |
| 66 | 182.90 | 176.00 | 155.20 |
| 67 | 201.30 | 193.60 | 170.20 |
| 68 | 223.20 | 214.40 | 188.00 |
| 69 | 247.00 | 237.30 | 207.50 |
| 70 | 274.60 | 263.40 | 229.60 |
| 71 | 306.10 | 293.40 | 255.20 |
| 72 | 343.00 | 323.60 | 285.10 |
| 73 | 385.10 | 359:00 | 319.50 |
| 74 | 432.50 | 413.80 | 357.80 |
| 75 | 484.00 | 462.90 | 399.70 |
| 76 | 540.20 | 516.60 | 445.40 |
| 77 | 601.40 | 574.70 | 494.60 |
| 78 | 666.90 | 637.30 | 547.80 |
| 79 | 737.40 | 704.30 | 605.10 |

CONTINENTAL CASUALTY COMPANY
Rate Sheet For P1-59433-A37
Long-Term Care Policy
Annual Premium Per $\$ 10$ Daily Indemnity

HEALTH GROUP III
NO PRIOR HOSPITALIZATION REQUIRED
WITH INFLATION PROTECTION RIDER R1-59439-A
BENEFIT PERIOD: 6 YEARS

| $\begin{gathered} \text { ISSUE } \\ \text { AGE } \end{gathered}$ | $\begin{gathered} 0 \text { DAY } \\ \text { ELIMINATION } \\ \text { PERIOD } \end{gathered}$ | 15 DAY <br> ELIMINATION <br> PERIOD | 90 DAY ELIMINATION PERIOD |
| :---: | :---: | :---: | :---: |
| 18-49 | 40.20 | 39.40 | 36.60 |
| 50-54 | 54.70 | 53.30 | 48.50 |
| 55-59 | 87.20 | 84.60 | 76.60 |
| 60-64 | 151.00 | 146.20 | 131.80 |
| $65^{\circ}$ | 192.20 | 185.90 | 166.40 |
| 66 | 209.40 | 202.40 | 180.60 |
| 67 | 231.20 | 223.40 | 198.70 |
| 68 | 257.00 | 247.70 | 219.70 |
| 69 | 284.50 | 274.70 | 243.00 |
| 70 | 316.30 | 305.00 | 269.40 |
| 71 | 353.10 | 340.00 | 300.00 |
| 74 | 395.50 | 381.00 | 335.20 |
| 73 | 444.20 | 427.20 | 375.70 |
| 74 | 497.90 | 478.90 | 420.20 |
| 75 | 556.80 | 535.20 | 469.30 |
| 76 | 621.10 | 596.50 | 522.70 |
| 77 | 690.40 | 662.90 | 580.30 |
| 78 | 765.00 | 734.40 | 642.20 |
| 79 | 844.60 | 810.60 | 708.60 |

CONTINENTAL CASUALTY COMPANY
Rate Sheet For P1-59433-A37
Long-Term Care Policy
Annual Premium Per $\$ 10$ Daily Indemnity

HEALTH GROUP III
NO PRIOR HOSPITALIZATION REQUIRED
WITH INFLATION PROTECTION RIDER R1-59439-A
BENEFIT PERIOD: LIFETIME

| $\begin{gathered} \text { ISSUE } \\ \text { AGE } \end{gathered}$ | 0 DAY ELIMINATION PERIOD | 15 DAY ELIMINATION PERIOD | 90 DAY ELIMINATION PERIOD |
| :---: | :---: | :---: | :---: |
| 18-49 | 47.00 | 46.10 | 43.00 |
| 50-54 | 66.10 | 64.50 | 59.50 |
| 55-59 | 106.10 | 103.40 | 94.90 |
| 60-64 | 184.00 | 178.90 | 163.40 |
| 65- | 234.90 | 228.20 | 207.20 |
| 66 | 256.00 | 248.60 | 225.30 |
| 67 | 282.40 | 273.90 | 248.00 |
| 68 | 313.00 | 303.80 | 274.60 |
| 69 | 347.20 | 336.50 | 303.50 |
| 70 | 385.40 | 373.60 | 336.50 |
| 71 | 42.9 .40 | 415.80 | 374.70 |
| 72 | 460.00 | 464.80 | 418.10 |
| 73 | 537.40 | 520.30 | . 467.40 |
| 74 | 601.00 | 581.60 | 522.40 |
| 75 | 670.40 | 648.60 | 581.90 |
| 76 | 745.60 | 721.40 | 646.70 |
| 77 | 827.00 | 800.30 | 716.80 |
| 78 | 914.40 | 884.60 | 791.80 |
| 79 | 1,007.50 | 974.70 | 872.20 |

Long-Term Care Policy
Annual Premium Per $\$ 10$ Daily Indemnity

THESE RATES REFLECT THE $15 \%$ RATE INCREASE ON THE 3-DAY PRIOR BLOCK APPROVED BY THE PENNSYLVANIA DEPARTMENT OF INSURANCE ON SEPTEMBER 29, 1995

HEALTH GROUP IV<br>3-DAY PRIOR HOSPITALIZATION REQUIRED BENEFIT PERIOD: 2 YEARS

| $\begin{gathered} \text { ISSUE } \\ \text { AGE } \end{gathered}$ | 0 DAY ELIMINATION PERIOD | 15 DAY ELIMINATION PERIOD | 90 DAY ELIMINATION PERIOD |
| :---: | :---: | :---: | :---: |
| 18-49 | 31.51 | 30.82 | 28.98 |
| 50-54 | 37.95 | 36.80 | 33.81 |
| 55-59 | 56.35 | 54.51 | 49.45 |
| 60-64 | 94.30 | 90.85 | 81.65 |
| 65 | 113.39 | 108.79 | 96.37 |
| 66 | 121.44 | 116.38 | 102.35 |
| 67 | 132.02 | 126.27 | 110.40 |
| 68 | 144.90 | 138.23 | 120.06 |
| 69 | 158.93 | 151.34 | 130.87 |
| 70 | 17.26 | 166.75 | 143.29 |
| 71 | 194.58 | 184.92 | 158.24 |
| 72 | 218.04 | 206.77 | 175.95 |
| 73 | 245.41 | 232.30 | 196.65 |
| 74 | 276.00 | 261.05 | 220.11 |
| 75 | 310.04 | 293.02 | 245.87 |
| 76 | 347.53 | 327.98 | 274.39 |
| 77 | 388.24 | 366.16 | 305.44 |
| 78 | 432.40 | 407.56 | 339.94 |
| 79 | 479.78 | 451.95 | 374.21 |

THESE RATES REFLECT THE 15\% RATE INCREASE ON THE 3-DAY PRIOR BLOCK APPROVED BY THE PENNSYLVANIA DEPARTMENT OE INSURANCE ON SEPTEMBER 29, 1995

HEALTH GROUP IV
3-DAY PRIOR HOSPITALIZATION REQUIRED
BENEFIT PERIOD: 4 YEARS

| $\begin{aligned} & \text { ISSUE } \\ & \text { AGE } \end{aligned}$ | 0 DAY ELIMINATION PERIOD | 15 DAY ELIMINATION PERIOD | 90 DAY ELIMINATION PERIOD |
| :---: | :---: | :---: | :---: |
| 18-49 | 35.42 | 34.73 | 32.66 |
| 50-54 | 44.39 | 43.24 | 39.79 |
| 55-59 | 67.39 | 65.32 | 59.57 |
| 60-64 | 114.77 | 111.09 | 100.51 |
| 65 | 141.22 | 136.39 | 121.90 |
| 66 | 152.49 | 146.97 | 130.87 |
| 67 | 167.21 | 161.00 | 142.83 |
| 68 | 184.92 | 177.79 | 157.09 |
| 69 | 204.24 | 196.19 | 172.73 |
| 70 | 226.78 | 217.58 | 190.90 |
| 71 | 253.46 | 243.11 | 212.52 |
| 72 | 285.89 | 273.93 | 238.51 |
| 73 | 323.84 | 310.04 | 269.10 |
| 74 | 366.62 | 350.52 | 303.60 |
| 75 | 414.00 | 395.60 | 341.78 |
| 76 | 466.21 | 445.28 | 383.87 |
| 77 | 523.25 | 499.33 | 429.64 |
| 78 | 584.89 | 557.98 | 479.32 |
| 79 | 651.36 | 621.00 | 532.91 |

Long-Term Care Policy
Annual Premium Per $\$ 10$ Daily Indemnity

THESE RATES REELECT THE 15\% RATE INCREASE ON THE 3-DAY PRIOR BLOCK APPROVED BY THE PENNSYLVANIA DEPARTMENT OF INSURANCE ON SEPTEMBER 29, 1995

| $\begin{aligned} & \text { ISSUE } \\ & \text { AGE } \end{aligned}$ | HEALTH GROUP IV PRIOR HOSPITALIZATION BENEFIT PERIOD: 6 YEA |  |  |
| :---: | :---: | :---: | :---: |
|  | 0 DAY <br> ELIMINATION <br> PERIOD | 15 DAY <br> ELIMINATION <br> PERIOD | 90 DAY ELIMINATION PERIOD. |
| 18-49 | 37.95 | 37.26 | 34.96 |
| 50-54 | 48.30 | 47.15 | 43.47 |
| 55-59 | 74.06 | 71.99 | 65.78 |
| 60-64 | 126.96 | 123.28 | 112.01 |
| 65 | 157.32 | 152.49 | 137.31 |
| 66 | 170.20 | 164.68 | 147.66 |
| 67 | 187.22 | 181.01 | $1,61.69$ |
| 68 | 207.46 | 200.33 | 178.25 |
| 69 | 229.54 | 221.72 | 196.65 |
| 70 | 255.30 | 246.10 | 218.04 |
| 71 | 285.66 | 275.31 | 243.11 |
| 72 | 322.23 | 310.27 | 273.24 |
| 73 | 364.78 | 350.98 | 308.43 |
| 74 | 412.62 | 396.75 | 347.76 |
| 75 | 465.52 | 447.35 | 391.46 |
| 76 | 523.71 | 503.01 | 439.53 |
| 77 | 586.96 | 563.50 | 491.74 |
| 78 | 655.50 | 629.05 | 548.32 |
| 79 | 729.10 | 699.43 | 609.04 |

# CONTINENTAL CASUALTY COMPANY <br> Rate Sheet For P1-59433-A37 <br> Long-Term Care Policy <br> Annual Premium Per $\$ 10$ Daily Indemnity 

THESE RATES REELECT THE 15\% RATE INCREASE ON THE 3-DAY PRIOR BLOCK APPROVED BY THE PENNSYLVANIA DEPARTMENT OF INSURANCE ON SEPTEMBER 29, 1995

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HEALTH GROUP IV
3-DAY PRIOR HOSPITALIZATION REQUIRED
BENEFIT PERIOD: LIFETIME
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| $\begin{gathered} \text { ISSUE } \\ \text { AGE } \end{gathered}$ | 0 DAY ELIMINATION PERIOD | 15 DAY ELIMINATION PERIOD | 90 DAY ELIMINATION PERIOD |
| :---: | :---: | :---: | :---: |
| 18-49 | 43.01 | 42.32 | 39.79 |
| 50-54 | 56.35 | 55.20 | 51.29 |
| 55-59 | 87.40 | 85.10 | 78.66 |
| 60-64 | 150.65 | 146.74 | 134.55 |
| 65 | 187.68 | 182.62 | 166.29 |
| 66 | 203.32 | 197.57 | 179.63 |
| 67 | 223.56 | 217.12 | 196.88 |
| 68 | 247.71 | 240.35 | 217.58 |
| 69 | 274.39 | 266.11 | 240.12 |
| 70 | 304.98 | 295.55 | 266.34 |
| 71 | 340.86 | 330.05 | 297.16 |
| 72 | 383.64 | 371.22 | 333.50 |
| 73 | 433.09 | 418.83 | 375.59 |
| 74 | 488.29 | 471.96 | 422.97 |
| 75 | 549.24 | 530.84 | 474.95 |
| 76 | 615.94 | 595.24 | 531.99 |
| 77 | 688.62 | 665.16 | 594.09 |
| 78 | 767.05 | 740.83 | 661.02 |
| 79 | 851.23 | 821.79 | 733.01 |

THESE RATES REFLECT THE 15\% RATE INCREASE ON THE 3-DAY PRIOR BLOCK APPROVED BY THE PENNSYLVANIA DEPARTMENT OF INSURANCE ON SEPTEMBER 29, 1995

HEALTH GROUP IV
3-DAY PRIOR HOSPITALIZATION REQUIRED WITH INELATION PROTECTION RIDER R1-59439-A

BENEFIT PERIOD: 2 YEARS

| $\begin{aligned} & \text { ISSUE } \\ & \text { AGE } \end{aligned}$ | $\begin{gathered} 0 \text { DAY } \\ \text { ELIMINATION } \\ \text { PERIOD } \end{gathered}$ | 15 DAY ELIMINATION PERIOD | 90 DAY ELIMINATION PERIOD |
| :---: | :---: | :---: | :---: |
| 18-49. | 34.73 | 33.81 | 31.51 |
| 50-54 | 44.16 | 42.78 | 38.64 |
| 55-59 | 68.08 | 65.55 | 58.42 |
| 60-64 | 115.23 | 110.63 | 97.75 |
| 65 | 142.60 | 136.39 | 118.91 |
| 66 | 154.10 | 147.20 | 127.42 |
| 67 | 168.36 | 160.54 | 138.46 |
| 68 | 185.38 | 176.41 | 151.34 |
| 69 | 204. 24 | $193.89^{\circ}$ | i 55.60 |
| 70 | 225.40 | 214.13 | 181.93 |
| 71 | 250.01 | 237.13 | 200.79 |
| 72 | 278.76 | 264.04 | 222.64 |
| 73 | 311.65 | 294.86 | 247.48 |
| 74 | 347.76 | 328.90 | 275.31 |
| 75 | 387.78 | 366.39 | 305.67 |
| 76 | 431.25 | 407.10 | 339.02 |
| 77 | 478.17 | 451.26 | 374.90 |
| 78 | 528.77 | 498.87 | 411.93 |
| 79 | 582.82 | 549.47 | 448.73 |

THESE RATES REELECT THE 15\% RATE INCREASE ON THE 3-DAY PRIOR BLOCK APPROVED BY THE PENNSYLVANIA DEPARTMENT OF INSURANCE ON SEPTEMBER 29, 1995

HEALTH GROUP IV
3-DAY PRIOR HOSPITALIZATION REQUIRED
WITH INELATION PROTECTION RIDER R1-59439-A
BENEFIT PERIOD: 4 YEARS

| $\begin{gathered} \text { ISSUE } \\ \text { AGE } \end{gathered}$ | $\begin{gathered} 0 \text { DAY } \\ \text { ELIMINATION } \\ \text { PERIOD } \end{gathered}$ | 15 DAY ELIMINATION PERIOD | 90 DAY ELIMINATION QERIOD |
| :---: | :---: | :---: | :---: |
| 18-49 | 40.48 | 39.56 | 36.80 |
| 50-54 | 54.05 | 52.44 | 47.61 |
| 55-59 | 85.33 | 82.34 | 74.29 |
| 60-64 | 146.74 | 141.68 | 126.73 |
| 65 | 185.84 | 179.17 | 158.47 |
| 66 | 202.17 | 194.58 | 171.58 |
| 67 | 222.64 | 214.13 | 188.37 |
| 68 | 246.79 | 237.13 | 207.92 |
| 69 | 273.24 | 262.43 | 229.54 |
| 70 | 303.60 | 291.18 | 253.92 |
| 71 | 338.33 | 324.53 | 282.21 |
| 72 | 379.27 | 363.40 | 315.33 |
| 73 | 425.96 | 408.02 | 353.28 |
| 74 | 478.17 | 457.47 | 395.60 |
| 75 | 535.21 | 511.75 | 441.83 |
| 76 | 597.31 | 571.32 | 492.43 |
| 77 | 664.93 | 635.49 | 546.94 |
| 78 | 737.38 | 704.72 | 605.82 |
| 79 | 815.35 | 778.78 | 669.07 |

CONTINENTAL CASUALTY COMPANY
Rate Sheet For P1-59433-A37
Long-Term Care Policy
Annual Premium Per $\$ 10$ Daily Indemnity

THESE RATES REFLECT THE 15\% RATE INCREASE ON THE 3-DAY PRIOR BLOCK APPROVED BY THE PENNSYLVANIA DEPARTMENT OF INSURANCE ON SEPTEMBER 29, 1995

HEALTH GROUP IV<br>3-DAY PRIOR HOSPITALIZATION REQUIRED WITH INELATION PROTECTION RIDER R1-59439-A<br>BENEEIT PERIOD: 6 YEARS

| $\begin{gathered} \text { ISSUE } \\ \text { AGE } \end{gathered}$ | 0 DAY ELIMINATION PERIOD | 15 DAY ELIMINATION PERIOD | 90 DAY ELIMINATION PERIOD |
| :---: | :---: | :---: | :---: |
| 18-4? | 44.39 | 43.47 | 40.48 |
| 50-54 | 60.49 | 58.88 | 53.59 |
| 55-59 | 96.37 | 93.61 | 84.64 |
| 60-64 | 166.98 | 161.69 | 145.82 |
| 65 | 212.52 | 205.62 | 184.00 |
| 66 | 231.61 | 223.79 | 199.64 |
| 67 | 255.76 | 247.02 | 219.65 |
| 68 | 284.05 | 273.93 | 242.88 |
| 69 | 314.54 | 303.83 | 268.64 |
| 70 | 349.83 | 337.18 | 298.08 |
| 71 | 390.31 | 376.05 | 331.65 |
| 12 | 437.46 | 421.13 | 370.76 |
| 73 | 491.05 | 472.42 | 115.38 |
| 74 | 550.62 | 529.46 | 464.60 |
| 75 | 615.71 | 591.79 | 518.88 |
| 76 | 686.78 | 659.64 | 577.99 |
| 77 | 763.37 | 733.01 | 641.70 |
| 78 | 845.94 | 811.90 | 710.24 |
| 79 | 934.03 | 896.31 | 783.61 |

THESE RATES REFLECT THE 15\% RATE INCREASE ON THE 3-DAY PRIOR BLOCK APPROVED BY THE PENNSYLVANIA DEPARTMENT OF INSURANCE ON SEPTEMBER 29, 1995

HEALTH GROUP IV
3-DAY PRIOR HOSPITALIZATION REQUIRED WITH INELATION PROTECTION RIDER R1-59439-A

BENEFIT PERIOD: LIFETIME

| $\begin{aligned} & \text { ISSUE } \\ & \text { AGE } \\ & \hline \end{aligned}$ | 0 DAY ELIMINATION PERIOD | 15 DAY ELIMINATION PERIOD | 90 DAY ELIMINATION PERIOD |
| :---: | :---: | :---: | :---: |
| 18-49 | 51.98 | 51.06 | 47.61 |
| 50-54 | 72.91 | 71.30 | - 65.78 |
| 55-59 | 117.30 | 114.31 | 104.88 |
| 60-64 | 203.32 | 197.80 | 180.55 |
| 65 | 259.67 | 252.31 | 229.08 |
| 66 | 283.13 | 274.85 | 249.09 |
| 67 | 312.11 | 302.91 | 274.16 |
| 68 | 346.15 | 335.80 | 303.50 |
| 69 | 383.87 | 372.14 | 335.57 |
| 70 | 426.19 | 413.08 | 372.14 |
| 71 | 474.72 | 459.77 | 414.23 |
| 72 | 530.84 | 514.05 | 462.30 |
| 73 | 594.32 | 575.46 | 516.81 |
| 74 | 664.47 | 643.08 | 577.53 |
| 75 | 741.29 | 717.37 | 643.31 |
| 76 | 824.55 | 797.87 | 715.07 |
| 77 | 914.48 | 884.81 | 792.58 |
| 78 | 1,011.08 | 978.19 | 875.61 |
| 79 | 1,114.12 | 1,077.78 | 964.39 |

HEALTH GROUP IV
NO PRIOR HOSPITALIZATION REQUIRED BENEEIT PERIOD: 2 YEARS

| $\begin{gathered} \text { ISSUE } \\ \text { AGE } \end{gathered}$ | 0 DAY ELIMINATION PERIOD | 15 DAY ELIMINATION PERIOD | 90 DAY ELIMINATION PERIOD |
| :---: | :---: | :---: | :---: |
| 18-49 | 35.60 | 34.80 | 32.80 |
| 50-54 | 43.00 | 41.60 | 38.20 |
| 55-59 | 63.80 | 61.60 | 56.00 |
| 60-64 | 106.60 | 102.80 | 92.40 |
| 65 | 128.20 | 123.00 | 109.00 |
| 66: | 137.20 | 131.60 | 115.80 |
| 67 | 149.20 | 142.80 | 124.80 |
| 68 | 163.80 | 156.20 | 135.80 |
| 69 | 179.60 | 171.00 | 148.00 |
| 70 | 198.20 | 188.60 | 162.00 |
| 71 | 220.00 | 209.00 | 178.80 |
| 72 | 246.40 | 233.80 | 199.00 |
| 73 | 277.40 | 262.60 | 222.40 |
| 14 | 3:2.00 | 295.20 | $2 \div 0.80$ |
| 75 | 350.40 | 331.20 | 278.00 |
| 76 | 392.80 | 370.80 | 310.20 |
| 77 | 438.80 | 414.00 | 345.20 |
| 78 | 488.80 | 460.80 | 384.20 |
| 79 | 542.40 | 511.00 | 423.00 |

CONTINENTAL CASUALTY COMPANY
Rate Sheet For P1-59433-A37
Long-Term Care Policy
Annual Premium Per $\$ 10$ Daily Indemnity

| $\begin{aligned} & \text { ISSU } \\ & \text { AGE } \end{aligned}$ | HEALTH GROUP IV <br> NO PRIOR HOSPITALIZATION REQUIRED BENEFIT PERIOD: 4 YEARS |  |  |
| :---: | :---: | :---: | :---: |
|  | 0 DAY ELIMINATION PERIOD | 15 DAY ELIMINATION PERIOD | 90 DAY ELIMINATION PERIOD |
| 18-49 | 40.00 | 39.20 | 37.00 |
| 50-54 | 50.20 | 48.80 | 45.00 |
| 55-59 | 76.20 | - 73.80 | 67.40 |
| 60-64 | 129.80 | 125.60 | 113.60 |
| 65 | 159.60 | 154.20 | 137.80 |
| 66-- | 172.40 | 166.20 | 148.00 |
| 67 | 189.00 | 182.00 | 161.40 |
| 68 | 209.00 | 201.00 | 177.60 |
| 69 | 230.80 | 221.80 | 195.20 |
| 70 | 256.40 | 246.00 | 215.80 |
| 71 | 286.60 | 274.80 | 240.20 |
| 72 | 323.20 | 309.60 | 269.60 |
| 73 | 355.00 | 350.40 | 304.20 |
| 74 | 424.43 | 396.20 | 343.20 |
| 75 | 468.00 | 447.20 | 386.40 |
| 76 | 527.00 | 503.40 | 434.00 |
| 77 | 591.60 | 564.40 | 485.60 |
| 78 | 661.20 | 630.80 | 541.80 |
| 79 | 736.40 | 702.00 | 602.40 |

HEALTH GROUP IV
NO PRIOR HOSPITALIZATION REQUIRED
BENEFIT PERIOD: 6 YEARS

| $\begin{aligned} & \text { ISSUE } \\ & \text { AGE } \end{aligned}$ | ```O DAY ELIMINATION PERIOD``` | ```15 DAY ELIMINATION PERIOD``` | 90 DAY ELIMINATION PERIOD |
| :---: | :---: | :---: | :---: |
| 18-49 | 43.00 | 42.20 | 39.60 |
| 50-54 | 54.60 | 53.40 | 49.20 |
| 55-59 | 83.80 | 81.40 | 74.40 |
| 60-64 | 143.60 | 139.40 | 126.60 |
| 65 | 177.80 | 172.40 | 155.20 |
| 66: | 192.40 | 186.20 | 167.00 |
| 67 | 211.60 | 204.60 | 182.80 |
| 68 | 234.60 | 226.40 | 201.60 |
| 69 | 259.40 | 250.60 | 222.40 |
| 70 | 288.60 | 278.20 | 246.40 |
| 71 | 323.00 | 311.20 | 274.80 |
| 72 | 364.20 | 350.80 | 308.80 |
| 73 | 412.40 | 390.80 | 348.60 |
| ¢ | 466.40 | 448.60 | 393.20 |
| 75 | 526.20 | 505.80 | 442.60 |
| 76 | 592.00 | 568.60 | 496.80 |
| 77 | 663.60 | 637.00 | 555.80 |
| 78 | 741.00 | 711.20 | 619.80 |
| 79 | 824.20 | 790.60 | 688.40 |

# CONTINENTAL CASUALTY COMPANY <br> Rate Sheet For P1-59433-A37 <br> Long-Term Care Policy Annual Premium Per $\$ 10$ Daily Indemnity 

HEALTH GROUP IV<br>NO PRIOR HOSPITALIZATION REQUIRED<br>BENEFIT PERIOD: LIFETIME

| $\begin{aligned} & \text { ISSUE } \\ & \text { AGE } \end{aligned}$ | ```O DAY ELIMINATION PERIOD``` | 15 DAY ELIMINATION PERIOD | 90 DAY ELIMINATION PERIOD |
| :---: | :---: | :---: | :---: |
| 18-49 | 48.60 | 47.80 | 45.00 |
| 50-54 | 63.80 | 62.40 | 58.00 |
| 55-59 | 98.80 | 96.20 | 89.00 |
| 60-64 | 170.40 | 165.80 | 152.20 |
| 65 | 212.20 | 206.40 | 188.00 |
| 66 \% | 229.80 | 223.40 | 203.00 |
| 67 | 252.80 | 245.40 | 222.60 |
| 68 | 280.00 | 271.80 | 246.00 |
| 69 | 310.20 | 300.80 | 271.40 |
| 70 | 344.80 | 334.20 | 301.00 |
| 71 | 385.40 | 373.20 | 336.00 |
| 72 | 433.60 | 419.60 | 377.00 |
| 73 | 489.60 | 473.40 | 424.60 |
| 74 | 552.00 | 53.3 .60 | 478.20 |
| 75 | 620.80 | 600.00 | 537.00 |
| 76 | 696.20 | 672.80 | 601.40 |
| 77 | 778.40 | 752.00 | 671.60 |
| 78 | 867.20 | 837.40 | 747.20 |
| 79 | 962.20 | 929.00 | 828.60 |

HEALTH GROUP IV
NO PRIOR HOSPITALIZATION REQUIRED WITH INFLATION PROTECTION RIDER R1-59439-A

BENEFIT PERIOD: 2 YEARS

| $\begin{aligned} & \text { ISSUE } \\ & \text { AGE } \end{aligned}$ | O DAY ELIMINATION PERIOD | ```15 DAY ELIMINATION PERIOD``` | ```90 DAY ELIMINATION PERIOD``` |
| :---: | :---: | :---: | :---: |
| 18-49 | 39.20 | 38.20 | 35.6 .0 |
| 50-54 | 50.00 | 48.40 | 43.60 |
| 55-59 | 77.00 | 74.00 | 66.20 |
| 60-64 | 130.20 | 125.20 | 110.60 |
| 65 | 161.20 | 154.20 | 134.40 |
| 66 | 174.20 | 166.40 | 144.20 |
| 67 | 190.20 | 181.60 | 156.60 |
| 68 | 209.60 | 199.40 | 171.20 |
| 69 | 230.80 | 219.20 | 187.20 |
| 70 | 254.80 | 242.20 | 205.60 |
| 71 | 282.60 | 268.00 | 2.27 .00 |
| 72 | 315.00 | 298.60 | 251.80 |
| 73 | 352.20 | 333.40 | $\angle 79.80$ |
| 74 | 393.20 | 372.00 | 311.20 |
| 75 | 438.20 | 414.20 | 345.60 |
| 76 | 487.40 | 460.20 | 383.20 |
| 77 | 540.40 | 510.20 | 423.80 |
| 78 | 597.80 | 564.00 | 465.60 |
| 79 | 658.80 | 621.20 | 507.20 |

## CONTINENTAL CASUALTY COMPANY

Rate Sheet For P1-59433-A37
Long-Term Care Policy
Annual Premium Per $\$ 10$ Daily Indemnity

HEALTH GROUP IV
NO PRIOR HOSPITALIZATION REQUIRED
WITH INELATION PROTECTION RIDER R1-59439-A
BENEFIT PERIOD: 4 YEARS

| $\begin{gathered} \text { ISSUE } \\ \text { AGE } \end{gathered}$ | $\begin{gathered} 0 \text { DAY } \\ \text { ELIMINATION } \\ \text { PERIOD } \end{gathered}$ | 15 DAY ELIMINATION PERIOD | 90 DAY ELIMINATION PERIOD |
| :---: | :---: | :---: | :---: |
| 18-49 | 45.80 | 44.60 | 41.60 |
| 50-54 | 61.20 | 59.20 | 53.80 |
| 55-59 | 96.40 | 93.00 | 84.00 |
| 60-64 | 166.00 | 160.20 | 143.20 |
| 65* | 210.00 | 202. 60 | 179.20 |
| 66 | 228.60 | 220.00 | 194.00 |
| 67 | 251.60 | 242.00 | 212.80 |
| 68 | 279.00 | 268.00 | 235.00 |
| 69 | 308.80 | 296.60 | 259.40 |
| 70 | 343.20 | 329.20 | 287.00 |
| 71 | 382.60 | 366.80 | 319.00 |
| 72 | 428.80 | 410.80 | 356.40 |
| 73 | 481.40 | 461.20 | 399.40 |
| 74 | 540.60 | 517.20 | 447.20 |
| 75 | 605.00 | 578.60 | 499.60 |
| 76 | $675: 20$ | 645.80 | 556.80 |
| 77 | 751.80 | 718.40 | 618.20 |
| 78 | 833.60 | 796.60 | 684.80 |
| 79 | 921.80 | 880.40 | 756.40 |

## CONTINENTAL CASUALTY COMPANY

Rate Sheet For P1-59433-A37
Long-Term Care Policy
Annual Premium Per $\$ 10$ Daily Indemnity

HEALTH GROUP IV
NO PRIOR HOSPITALIZATION REQUIRED
WITH INFLATION PROTECTION RIDER R1-59439-A
BENEFIT PERIOD: 6 YEARS

| $\begin{gathered} \text { ISSUE } \\ \text { AGE } \end{gathered}$ | O DAY ELIMINATION PERIOD | 15 DAY ELIMINATION PERIOD | 90 DAY ELIMINATION PERIOD |
| :---: | :---: | :---: | :---: |
| 18-49 | 50.20 | 49.20 | 45.80 |
| 50-54 | 68.40 | 66.60 | 60.60 |
| 55-59 | 109.00 | 105.80 | 95.80 |
| 60-64 | 188.80 | 182.80 | 164.80 |
| $65:-$ | 240.20 | 232.40 | 208.00 |
| 66 | 261.80 | 253.00 | 225.80 |
| 67 | 289.00 | 279.20 | 248.40 |
| 68 | 321.20 | 309.60 | 274.60 |
| 69 | 355.60 | 343.40 | 303.80 |
| 70 | 395.40 | 381.20 | 336.80 |
| 71 | 441.40 | 425.00 | 375.00 |
| 72 | 494.40 | 476.20 | 419.00 |
| ? | 555.20 | 534.00 | 469.50 |
| 74 | 622.40 | 598.60 | 525.20 |
| 75 | 696.00 | 669.00 | 586.60 |
| 76 | 776.40 | 745.60 | 653.40 |
| 77 | 863.00 | 828.60 | 725.40 |
| 78 | 956.20 | 918.00 | 802.80 |
| 79 | 1,055.80 | 1,013.20 | 885.80 |

# CONTINENTAL CASUALTY COMPANY 

Rate Sheet For P1-59433-A37
Long-Term Care Policy
Annual Premium Per $\$ 10$ Daily Indemnity

HEALTH GROUP IV
NO PRIOR HOSPITALIZATION REQUIRED
WITH INELATION PROTECTION RIDER R1-59439-A
BENEFIT PERIOD: LIFETIME

| $\begin{aligned} & \text { ISSUE } \\ & \text { AGE } \end{aligned}$ | 0 DAY ELIMINATION PERIOD | 15 DAY ELIMINATION PERIOD | 90 DAY ELIMINATION PERIOD |
| :---: | :---: | :---: | :---: |
| 18-49 | 58.80 | 57.60 | 53.80 |
| 50-54 | 82.60 | 80.60 | 74.40 |
| 55-59 | 132.60 | 129.20 | 118.60 |
| 60-64 | 230.00 | 223.60 | 204.20 |
| 65:- | 293.60 | 285.20 | 259.00 |
| 66 | 320.00 | 310.80 | 281.60 |
| 67 | 353.00 | 342.40 | 310.00 |
| 68 | 391.20 | 379.80 | 343.20 |
| 69 | 434.00 | 420.60 | 379.40 |
| 70 | 481.80 | 467.00 | 420.60 |
| 71 | 536.80 | 519.80 | 468.40 |
| 72 | 600.00 | 581.00 | 522.60 |
| 73 | $6 \% 1.80$ | 650.40 | 584.20 |
| 74 | 751.20 | 727.00 | 653.00 |
| 75 | 838.00 | 810.80 | 727.40 |
| 76 | 932.00 | 901.80 | 808.40 |
| 77 | 1,033.80 | 1,000.40 | 896.00 |
| 78 | 1,143.00 | 1,105.80 | 989.80 |
| 79 | 1,259.40 | 1,218.40 | 1,090. 20 |

THESE RATES REFLECT THE 15\% RATE INCREASE ON THE 3-DAY PRIOR BLOCK APPROVED BY THE PENNSYLVANIA DEPARTMENT OF INSURANCE ON SEPTEMBER 29, 1995


THESE RATES REFLECT THE $15 \%$ RATE INCREASE ON THE 3-DAY PRIOR BLOCK APPROVED BY THE PENNSYLVANIA DEPARTMENT OF INSURANCE ON SEPTEMBER 29, 1995

AGES 80-84
WITH INELATION PROTECTION RIDER R1-59439-A BENEFIT PERIOD: 2 YEARS

HEALTH GROUP I

| AGE |  | 30 DAY ELIMINATION |  | 90 DAY ELIMINATION |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
|  |  | 3-DAY PRIOR | NO PRIOR | 3-DAY PRIOR | NO PRIOR |
| 80 |  | 286.81 | 324.20 | 242.88 | 274.60 |
| 81 |  | 318.67 | 360.30 | 268.53 | 303.60 |
| 82 |  | 350.29 | 396.00 | 294.06 | 332.40 |
| 83 |  | 389.16 | 440.00 | 324.99 | 367.40 |
| 84 | 3 | 427.80 | 483.60 | 355.93 | 402.30 |

HEALTH GROUP II
30 DAY ELIMINATION
90 DAY ELIMINATION
3-DAY PRIOR NO PRIOR
$\begin{array}{ll}329.94 & 372.80 \\ 366.39 & 414.40 \\ 402.85 & 455.40 \\ 447.58 & 506.00 \\ 491.97 & 556.10\end{array}$
3-DAY PRIOR NO PRIOR

| 279.34 | 315.80 |
| :--- | :--- |
| 308.89 | 349.10 |
| 338.10 | 382.30 |
| 373.75 | 422.50 |
| 409.29 | 462.70 |

HEALTH GROUP III
90 DAY ELIMINATION
3-DAY PRIOR NO PRIOR

| 388.59 | 439.40 |
| :--- | :--- |
| 429.64 | 485.70 |
| 470.47 | 531.80 |
| 519.92 | 587.90 |
| 569.48 | 643.70 |

HEALTH GROUP IV
30 DAY ELIMINATION
3-DAY PRIOR NO PRIOR

|  |  |
| :--- | :--- |
| 573.16 | 648.40 |
| 637.33 | 720.60 |
| 700.58 | 792.00 |
| 778.32 | 880.00 |
| 855.60 | 967.20 |

518.80
576.50
633.60
704.00
773.80

| 458.85 | 518.80 |
| :--- | :--- |
| 509.80 | 576.50 |
| 560.51 | 633.60 |
| 622.61 | 704.00 |
| 684.48 | 773.80 |

90 DAY ELIMINATION
3-DAY PRIOR NO PRIOR

| 485.76 | 549.20 |
| :--- | :--- |
| 537.05 | 607.20 |
| 588.11 | 664.80 |
| 649.98 | 734.80 |
| 711.85 | 804.60 |

## EXTENDED HOME HEALTH CARE RIDER

R1-44295-A

Annual Rate for each $\$ 10$ Convalescent Care Indemnity (\$5 Home Care)

| $\begin{gathered} \text { ISSUE } \\ \text { AGE } \end{gathered}$ | $\begin{aligned} & \text { HEALTH } \\ & \text { GROUP } \\ & \text { I } \end{aligned}$ | $\begin{aligned} & \text { HEALTH } \\ & \text { GROUP } \\ & \text { I I } \end{aligned}$ | $\begin{aligned} & \text { HEALTH } \\ & \text { GROUP } \\ & \text { III } \end{aligned}$ | HEALTH GROUP IV |
| :---: | :---: | :---: | :---: | :---: |
| 45-49 | 7.20 | 8.30 | 11.50 | 14.40 |
| 50-54 | 7.60 | 8.70 | 12.20 | 15.20 |
| 55-59 | 10.10 | 11.60 | 16.20 | 20.20 |
| 60-64 | 14.10 | 16.20 | 22.60 | 28.20 |
| 65 | 15.60 | 17.90 | 25.00 | 31.20 |
| 66 | 16.20 | 18.60 | 25.90 | 32.40 |
| 67 | 17.10 | 19.70 | 27.40 | 34.20 |
| 68 | 18.20 | 20.90 | 29.10 | 36.40 |
| 69 | 19.40 | 22.30 | 31.00 | 38.80 |
| 70 | 20.90 | 24.00 | 33.40 | 41.80 |
| 71 | 22.50 | 25.90 | 36.00 | 45.00 |
| 72 | 24.30 | 27.90 | 38.90 | 48.60 |
| 73 | 26.40 | 30.40 | 42.20 | 52.80 |
| 74 | 28.60 | 32.90 | 45.80 | 57.20 |
| 75 | 31.10 | 35.80 | 49.80 | 62.20 |
| 76 | 33.70 | 38.60 | 53.90 | 67.40 |
| 77 | 36.60 | 42.10 | 58.60 | 73.20 |
| 78 | 40.00 | 46.00 | 64.00 | 80.00 |
| 79 | 43.40 | 49.90 | 69.40 | 86.80 |
| 80 | 46.80 | 53.80 | 74.90 | 93.60 |
| 81 | 51.40 | 59.10 | 82.20 | 102.80 |
| 82 | 56.00 | 64.40 | 89.60 | 112.00 |
| 83 | 61.15 | 70.30 | 97.80 | 122.30 |
| 84 | 66.30 | 76.20 | 106.10 | 132.60 |

## CONTINENTAL CASUALTY COMPANY

Rate Sheet For P1-59433-A37
Long-Term Care Policy Annual Premium Per $\$ 10$ Daily Indemnity

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EXTENDED HOME HEALTH CARE RIDER
R1-44295-A
Annual Rate for each $10 Convalescent Care Indemnity ($5 Home Care)
WITH INELATION PROTECTION RIDER RI-59439-A
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| $\begin{aligned} & \text { ISSUE } \\ & \text { AGE } \end{aligned}$ | $\begin{aligned} & \text { HEALTH } \\ & \text { GROUP } \\ & \text { I } \end{aligned}$ | HEALTH GROUP II | $\begin{aligned} & \text { HEALTH } \\ & \text { GROUP } \\ & \text { III } \end{aligned}$ | HEALTH GROUP IV |
| :---: | :---: | :---: | :---: | :---: |
| 45-49 | 8.80 | 10.10 | 14.10 | 17.60 |
| 50-54 | 9.40 | 10.80 | 15.10 | 18.80 |
| 55-59 | 12.80 | 14.70 | 20.50 | 25.60 |
| 60-64 | 18.60 | 21.40 | 29.80 | 37.20 |
| б̇5 | 21.10 | 24.20 | 33.80 | . 42.20 |
| 66 | 22.10 | 25.40 | 35.30 | 44.20 |
| 67 | 23.30 | 26.80 | 37.30 | 46.60 |
| 68 | 24.80 | 28.50 | 39.70 | 49.60 |
| 69 | 26.30 | 30.20 | 42.00 | 52.60 |
| 70 | 28.20 | 32.40 | 45.10 | 56.40 |
| 71 | 30.20 | 34.80 | 48.30 | 60.40 |
| 72 | 32.30 | 37.10 | $5 \% .70$ | 64.60 |
| 73 | 34.70 | 39.90 | 55.51 | 69.40 |
| 74 | 37.20 | 42.80 | 59.60 | 74.40 |
| 75 | 40.00 | 46.00 | 64.00 | 80.00 |
| 76 | 42.90 | 49.40 | 68.60 | 85.80 |
| 77 | 46.00 | 52.90 | 73.60 | 92.00 |
| 78 | 49.60 | 57.00 | 79.40 | 99.20 |
| 79 | 53.10 | 61.10 | 84.90 | 106.20 |
| 80 | 56.70 | 65.20 | 90.70 | 113.40 |
| 81 | 61.40 | 70.60 | 98.20 | 122.80 |
| 82 | 66.00 | 75.90 | 105.60 | 132.00 |
| 83 | 71.25 | 81.90 | 114.00 | 142.50 |
| 84 | 76.50 | 87.90 | 122.40 | 153.00 |

THESE RATES REFLECT THE $15 \%$ RATE INCREASE ON THE 3-DAY PRIOR BLOCK APPROVED BY THE PENNSYLVANIA DEPARTMENT OF INSURANCE ON SEPTEMBER 29, 1995

HEALTH GROUP I
3-DAY PRIOR HOSPITALIZATION REQUIRED BENEEIT PERIOD: 4 YEARS

| $\begin{gathered} \text { ISSUE } \\ \text { AGE } \end{gathered}$ | $\begin{gathered} 0 \text { DAY } \\ \text { ELIMINATION } \\ \text { PERIOD } \end{gathered}$ | 15 DAY ELIMINATION PERIOD | 90 DAY ELIMINATION PERIOD |
| :---: | :---: | :---: | :---: |
| 18-49 | 17.71 | 17.37 | 16.33 |
| 50-54 | 22.20 | 21.62 | 19.90 |
| 55-59 | 33.70 | 32.66 | 29.79 |
| 60-64 | 57.39 | 55.55 | 50.26 |
| 65 | 70.61 | 68.20 | 60.95 |
| 66 | 76.25 | 73.49 | 65.44 |
| 67 | 83.61 | 80.50 | 71.42 |
| 68 | 92.46 | 88.90 | 78.55 |
| 69 | 102.12 | 98.10 | 86.37 |
| 70 | 113.39 | 108.79 | 95.45 |
| 71 | 12673 | 121.56 | 106.26 |
| 72 | 142.95 | 136.97 | 119.26 |
| 73 | 161.92 | 155.02 | 134.55 |
| 74 | 183.31 | 175.26 | 151.80 |
| 75 | 207.00 | 197.80 | 170.89 |
| 76 | 233.11 | 222.64 | 191.94 |
| 77 | 261.63 | 249.67 | 214.82 |
| 78 | 292.45 | 278.99 | 239.66 |
| 79 | 325.68 | 310.50 | 266.46 |

THESE RATES REFLECT THE 15\% RATE INCREASE ON THE 3-DAY PRIOR BLOCK APPROVED BY THE PENNSYLVANIA DEPARTMENT OF INSURANCE ON SEPTEMBER 29, 1995

HEALTH GROUP I
3-DAY PRIOR HOSPITALIZATION REQUIRED
BENEFIT PERIOD: 6 YEARS

| $\begin{gathered} \text { ISSUE } \\ \text { AGE } \end{gathered}$ | 0 DAY ELIMINATION PERIOD | 15 DAY ELIMINATION PERIOD | $\begin{aligned} & 90 \text { DAY } \\ & \text { ELIMINATION } \\ & \text { PERIOD } \end{aligned}$ |
| :---: | :---: | :---: | :---: |
| 18-49 | 18.98 | 18.63 | 17.48 |
| 50-54 | 24.15 | 23.58 | 21.74 |
| 55-59 | 37.03 | 36.00 | 32.89 |
| 60-64 | 63.48 | 61.64 | 56.01 |
| 65 | 78.66 | 76.25 | 68.66 |
| 66 | 85.10 | 82.34 | 73.83 |
| 67 | 93.61 | 90.51 | 80.85 |
| 68 | 103.73 | 100.17 | 89.13 |
| 69 | 114.77 | 110.86 | 98.33 |
| 70 | 127.65 | 123.95 | 109.02 |
| 71 | 142.83 | 137. 36 | 121.56 |
| 72 | 161.12 | 155.14 | 136.62 |
| 73 | 182.39 | 175.45 | 154.22 |
| 74 | 206.31 | 198.38 | 173.88 |
| 75 | 232.76 | 223.68 | 195.73 |
| 76 | 261.86 | 251.51 | 219.77 |
| 77 | 293.48 | 281.75 | 245.87 |
| 78 | 327.75 | 314.53 | 274.16 |
| 79 | 364.55 | 349.72 | 304.52 |

CONTINENTAL CASUALTY COMPANY
Rate Sheet For P1-59433-A37
Long-Term Care Policy
Annual Premium Per $\$ 10$ Daily Indemnity

THESE RATES REFLECT THE 15\% RATE INCREASE ON THE 3-DAY PRIOR BLOCK APPROVED BY THE PENNSYLVANIA DEPARTMENT OF INSURANCE ON SEPTEMBER 29, 1995

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HEALTH GROUP I
3-DAY PRIOR HOSPITALIZATION REQUIRED BENEFIT PERIOD: LIFETIME
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| $\begin{gathered} \text { ISSUE } \\ \text { AGE } \end{gathered}$ | $\begin{gathered} 0 \text { DAY } \\ \text { ELIMINATION } \\ \text { PERIOD } \end{gathered}$ | $\begin{gathered} 15 \text { DAY } \\ \text { ELIMINATION } \\ \text { PERIOD } \end{gathered}$ | $\begin{gathered} 90 \text { DAY } \\ \text { ELIMINATION } \\ \text { PERIOD } \end{gathered}$ |
| :---: | :---: | :---: | :---: |
| 18-49 | 21.51 | 21.16 | 19.90 |
| 50-54 | 28.18 | 27.60 | 25.65 |
| 55-59 | 43.70 | 42.55 | 39.33 |
| 60-64 | 75.33 | 73.37 | 67.28 |
| 65 | 93.84 | 91.31 | 83.15 |
| 66 | 101.66 | 98.79 | 89.82 |
| 67 | 111.78 | 108.56 | 98.44 |
| 68 | 123.86 | 120.18 | 108.79 |
| 69 | 137.20 | 133.06 | 120.06 |
| 70 | $\bigcirc 52.49$ | 147.78 | 133.17 |
| 71 | 170.43 | 165.03 | 148.58 |
| 72 | 191.82 | 185.61 | 166.75 |
| 73 | 216.55 | 209.42 | 187.80 |
| 74 | 244.15 | 235.98 | 211.49 |
| 75 | 274.62 | 265.42 | 237.48 |
| 76 | 307.97 | 297.62 | 266.00 |
| 77 | 344.31 | 332.58 | 297.05 |
| 78 | 383.53 | 370.42 | 330.51 |
| 79 | 425.62 | 410.90 | 366.51 |

THESE RATES REELECT THE $15 \%$ RATE INCREASE ON THE 3-DAY PRIOR BLOCK APPROVED BY THE PENNSYLVANIA DEPARTMENT OF INSURANCE ON SEPTEMBER 29, 1995

HEALTH GROUP I
3-DAY PRIOR HOSPITALIZATION REQUIRED
WITH INELATION PROTECTION RIDER R1-59439-A
BENEFIT PERIOD: 2 YEARS

| $\begin{gathered} \text { ISSUE } \\ \text { AGE } \end{gathered}$ | 0 DAY ELIMINATION PERIOD | 15 DAY ELIMINATION PERIOD | 90 DAY ELIMINATION PERIOD |
| :---: | :---: | :---: | :---: |
| 18-49 | 17.37 | 16.91 | 15.76 |
| 50-54 | 22.08 | 21.39 | 19.32 |
| 55-59 | 34.04 | 32.78 | 29.21 |
| 60-64 | 57.62 | 55.32 | 48.88 |
| 65 | 71.30 | 68.20 | 59.46 |
| 66 | 77.05 | 73.60 | 63.71 |
| 67 | 84.18 | 80.27 | 69.23 |
| 68 | 92.69 | 88.21 | 75.67 |
| 69 | 102.12 | 96.95 | 82.80 |
| 70 | 112.70 | 107.07 | 90.97 |
| 71 | 125.01 | 118.57 | 100.40 |
| 72 | 139.38 | 132.02 | 111.32 |
| 73 | 155.83 | 147.43 | 123.74 |
| 74 | 173.88 | 164.45 | 137.66 |
| 75 | 193.89 | 183.20 | 152.84 |
| 76 | 215.63 | 203.55 | 169.51 |
| 77 | 239.09 | 225.63 | 187.45 |
| 78 | 264.39 | 249.44 | 205.97 |
| 79 | 291.41 | 274.74 | 224.37 |

THESE RATES REFLECT THE 15\% RATE INCREASE ON THE 3-DAY PRIOR BLOCK APPROVED BY THE PENNSYLVANIA DEPARTMENT OF INSURANCE ON SEPTEMBER 29, 1995

HEALTH GROUP I
3-DAY PRIOR HOSPITALIZATION REQUIRED
WITH INFLATION PROTECTION RIDER RI-59439-A
BENEEIT PERIOD: 4 YEARS

| $\begin{aligned} & \text { ISSUE } \\ & \text { AGE } \end{aligned}$ | 0 DAY ELIMINATION PERIOD | $\begin{aligned} & 15 \text { DAY } \\ & \text { ELIMINATION } \\ & \text { PERIOD } \end{aligned}$ | 90 DAY ELIMINATION PERIOD |
| :---: | :---: | :---: | :---: |
| 18-49 | 20.24 | 19.78 | 18.40 |
| 50-54 | 27.03 | 26.22 | 23.81 |
| 55-59 | 42.67 | 41.17 | , 37.1 .5 |
| 60-64 | 73.37 | 70.84 | 63.37 |
| 65 | 92.92 | 89.59 | 79.24 |
| 66 | 101.09 | 97.29 | 85.79 |
| 67 | 111.32 | 107.07 | 94.19 |
| 68 | 123.40 | 118.57 | 103.96 |
| 69 | 136.62 | 131.22 | 114.77 |
| 70 | 151.80 | 145.59 | 126.96 |
| 71 | 169.17 | 162.27 | 141.11 |
| 72 | 189.64 | 181.70 | 157.67 |
| 73 | 212.98 | 204.01 | 176.64 |
| 74 | 239.09 | 228.74 | 197.80 |
| 75 | 267.61 | 255.88 | 220.92 |
| 76 | 298.66 | 285.66 | 246.22 |
| 77 | 332.47 | 317.75 | 273.47 |
| 78 | 368.69 | 352.36 | 302.91 |
| 79 | 407.68 | 389.39 | 334.54 |

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CONTINENTAL CASUALTY COMPANY
Rate Sheet For P1-59433-A37
Long-Term Care Policy
Annual Premium Per \(\$ 10\) Daily Indemnity
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THESE RATES REELECT THE 15\% RATE INCREASE ON THE 3-DAY PRIOR BLOCK APPROVED BY THE PENNSYLVANIA DEPARTMENT OF INSURANCE ON SEPTEMBER 29, 1995

HEALTH GROUP I
3-DAY PRIOR HOSPITALIZATION REQUIRED
WITH INELATION PROTECTION RIDER R1-59439-A
BENEFIT PERIOD: 6 YEARS

| $\begin{gathered} \text { ISSUE } \\ \text { AGE } \end{gathered}$ | 0 DAY ELIMINATION PERIOD | 15 DAY ELIMINATION PERIOD | 90 DAY ELIMINATION PERIOD |
| :---: | :---: | :---: | :---: |
| 18-49 | 22.20 | 21.74 | 20.24 |
| 50-54 | 30.25 | 29.44 | 26.80 |
| 55-59 | 48.19 | 46.81 | 42.32 |
| 60-64 | 83.49 | 80.85 | 72.91 |
| 65 | 106.26 | 102.81 | 92.00 |
| 66 | 115.81 | 111.90 | 99.82 |
| 67 | 127.88 | 123.51 | 109.83 |
| 68 | 142.03 | 136.97 | 121.44 |
| 69 | 157.32 | 151.92 | 134.32 |
| 70 | 174.92 | 168.59 | 149.04 |
| 71 | 195.16 | 188.03 | 165.83 |
| 72 | 218.73 | 210.57 | 185.38 |
| 73 | 245.53 | 236.21 | 207.69 |
| 74 | 275.31 | 264.73 | 232.30 |
| 75 | 307.86 | 295.90 | 259.44 |
| 76 | 343.39 | 329.82 | 289.00 |
| 77 | 381.69 | 366.51 | 320.85 |
| 78 | 422.97 | 405.95 | 355.12 |
| 79 | 467.02 | 448.16 | 391.81 |

THESE RATES REFLECT THE 15\% RATE INCREASE ON THE 3-DAY PRIOR BLOCK APPROVED BY THE PENNSYLVANIA DEPARTMENT OF INSURANCE ON SEPTEMBER 29, 1995

HEALTH GROUP I
3-DAY PRIOR HOSPITALIZATION REQUIRED
WITH INELATION PROTECTION RIDER RI-59439-A
BENEFIT PERIOD: LIFETIME

| $\begin{aligned} & \text { ISSUE } \\ & \text { AGE } \end{aligned}$ | 0 DAY ELIMINATION PERIOD | 15 DAY ELIMINATION PERIOD | 90 DAY ELIMINATION PERIOD |
| :---: | :---: | :---: | :---: |
| 18-49 | 25.99 | 25.53 | 23.81 |
| 50-5.4 | 36.46 | 35.65 | 32.89 |
| 55-59 | 58.65 | 57.16 | 52.44 |
| 60-64 | 101.66 | 98.90 | 90.28 |
| 65 | 129.84 | 126.16 | 114.54 |
| 66 | 141.57 | 137.43 | 124.55 |
| 67 | 156.06 | 151.46 | 137.08 |
| 68 | 173.08 | 167.90 | 151.80 |
| 69 | 191.94 | 186.07. | 167.79 |
| 70 | 213.10 | 205.54 | 186.07 |
| 71 | 237.36 | 229.89 | 207.12 |
| 72 | 265.42 | 257.03 | 231.15 |
| 73 | 297.16 | 287.73 | 258.41 |
| 74 | 332.24 | 321.54 | 288.77 |
| 75 | 370.65 | 358.69 | 321.66 |
| 76 | 412.28 | 398.94 | 357.54 |
| 77 | 457.24 | 442.41 | 396.29 |
| 78 | 505.54 | 489.10 | 437.81 |
| 79 | 557.06 | 538.89 | 482.20 |

HEALTH GROUP I
NO PRIOR HOSPITALIZATION REQUIRED
BENEFIT PERIOD: 2 YEARS

| $\begin{gathered} \text { ISSUE } \\ \text { AGE } \end{gathered}$ | 0 DAY ELIMINATION PERIOD | 15 DAY ELIMINATION PERIOD | 90 DAY ELIMINATION PERIOD |
| :---: | :---: | :---: | :---: |
| 18-49 | 17.80 | 17.40 | 16.40 |
| 50-54 | 21.50 | 20.80 | 19.10 |
| 55-59 | 31.90 | 30.80 | 28.00 |
| 60-64 | 53.30 | 51.40 | 46.20 |
| 65 | 64.10 | 61.50 | 54.50 |
| 66 | 68.60 | 65.80 | 57.90 |
| 67 | 74.60 | 71.40 | 62.40 |
| 68 | 81.90 | 78.10 | 67.90 |
| 69 | 89.80 | 85.50 | 74.00 |
| 70 | 99.10 | 94.30 | 81.00 |
| 71 | 110.00 | 104.50 | 89.40 |
| 72 | 123.20 | 116.90 | 99.50 |
| 73 | 138.70 | 131.30 | 111.20 |
| 74 | 155.0 | 147.60 | 124.40 |
| 75 | 175.20 | 165.60 | 139.00 |
| 76 | 196.40 | 185.40 | 155.10 |
| 77 | 219.40 | 207.00 | 172.60 |
| 78 | 244.40 | 230.40 | 192.10 |
| 79 | 271.20 | 255.50 | 211.50 |

HEALTH GROUP I
NO PRIOR HOSPITALIZATION REQUIRED
BENEFIT PERIOD: 4 YEARS

| $\begin{gathered} \text { ISSUE } \\ \text { AGE } \end{gathered}$ | 0 DAY ELIMINATION PERIOD | 15 DAY <br> ELIMINATION <br> PERIOD | 90 DAY <br> ELIMINATION <br> PERIOD |
| :---: | :---: | :---: | :---: |
| 18-49 | 20.00 | 19.60 | 18.50 |
| 50-54 | 25.10 | 24.40 | 22.50 |
| 55-59 | 38.10 | 36.90 | 33.70 |
| 60-64 | 64.90 | 62.80 | 56.80 |
| 65 | 79.80 | 77.10 | 68.90 |
| 66:- | 86.20 | 83.10 | 74.00 |
| 67 | 94.50 | 91.00 | 80.70 |
| 68 | 104.50 | 100.50 | 88.80 |
| 69 | 115.40 | 110.90 | 97.60 |
| 70 | 128.20 | 123.00 | 107.90 |
| 71 | 143.30 | 137.40 | 120.10 |
| 72 | 161.60 | 154.80 | 134.80 |
| 73 | 183.00 | 175.20 | 152.10 |
| 74 | 207.20 | 198.10 | 1.1. 60 |
| 75 | 234.00 | 223.60 | 193.20 |
| 76 | 263.50 | 251.70 | 217.00 |
| 77 | 295.80 | 282.20 | 242.80 |
| 78 | 330.60 | 315.40 | 270.90 |
| 79 | 368.20 | 351.00 | 301.20 |

HEALTH GROUP I
NO PRIOR HOSPITALIZATION REQUIRED
BENEFIT PERIOD: 6 YEARS

| $\begin{gathered} \text { ISSUE } \\ \text { AGE } \end{gathered}$ | 0 DAY ELIMINATION PERIOD | 15 DAY ELIMINATION PERIOD | 90 DAY ELIMINATION PERIOD |
| :---: | :---: | :---: | :---: |
| 18-49 | 21.50 | 21.10 | 19.80 |
| 50-54 | 27.30 | 26.70 | 24.60 |
| 55-59 | 41.90 | 40.70 | 37.20 |
| 60-64 | 71.80 | 69.70 | 63.30 |
| 65 | 88.90 | 86.20 | 77.60 |
| 6.6 | 96.20 | 93.10 | 83.50 |
| 67 | 105.80 | 102.30 | 91.40 |
| 68 | 117.30 | 113.20 | 100.80 |
| 69 | 129.70 | 125.30 | 111.20 |
| 70 | 144.30 | 139.10 | 123.20 |
| 71 | 161.50 | 155.60 | 13.7 .40 |
| 72 | 182.10 | 175.40 | 154.40 |
| 73 | 206.20 | 198.40 | 174.30 |
| 74 | 233.20 | 224.30 | 196.60 |
| 75 | 263.10 | 252.90 | 221.30 |
| 76 | 296.00 | 284.30 | 248.40 |
| 77 | 331.80 | 318.50 | 277.90 |
| 78 | 370.50 | 355.60 | 309.90 |
| 79 | 412.10 | 395.30 | 344.20 |

CONTINENTAL CASUALTY COMPANY
Rate Sheet For P1-59433-A37
Long-Term Care Policy
Annual Premium Per $\$ 10$ Daily Indemnity

HEALTH GROUP I
NO PRIOR HOSPITALIZATION REQUIRED
BENEFIT PERIOD: LIFETIME

| $\begin{aligned} & \text { ISSUE } \\ & \text { AGE } \end{aligned}$ | 0 DAY ELIMINATION PERIOD | 15 DAY ELIMINATION PERIOD | 90 DAY ELIMINATION PERIOD |
| :---: | :---: | :---: | :---: |
| 18-49 | 24.30 | 23.90 | 22.50 |
| 50-54 | 31.90 | 31.20 | 29.00 |
| 55-59 | 49.40 | 48.10 | 44.50 |
| 60-64 | 85.20 | 82.90 | 76.10 |
| 65 | 106.10 | 103.20 | 94.00 |
| $66:=$ | 114.90 | 111.70 | 101.50 |
| 67 | 126.40 | 122.70 | 111.30 |
| 68 | 140.00 | 135.90 | 123.00 |
| 69 | 155.10 | 150.40 | 135.70 |
| 70 | 172.40 | 167.10 | 150.50 |
| 71 | 192.70 | 186.60 | 168.00 |
| 72 | 216.80 | 209.80 | 188.50 |
| 73 | 244.80 | 236.70 | 212.30 |
| 74 | 276.0 : | $\because 65.80$ | 239.10 |
| 75 | 310.40 | 300.00 | 268.50 |
| 76 | 348.10 | 336.40 | 300.70 |
| 77 | 389.20 | 376.00 | 335.90 |
| 78 | 433.60 | 418.70 | 373.60 |
| 79 | 481.10 | 464.50 | 414.30 |

HEALTH GROUP I
NO PRIOR HOSPITALIZATION REQUIRED
WITH INFLATION PROTECTION RIDER R1-59439-A
BENEFIT PERIOD: 2 YEARS

| $\begin{gathered} \text { ISSUE } \\ \text { AGE } \end{gathered}$ | O DAY ELIMINATION PERIOD | 15 DAY ELIMINATION PERIOD | 90 DAY ELIMINATION PERIOD |
| :---: | :---: | :---: | :---: |
| 18-49 | 19.60 | 19.10 | 17.80 |
| 50-54 | 25.00 | 24.20 | 21.80 |
| 55-59 | 38.50 | 37.00 | 33.10 |
| 60-64 | 65.10 | 62.60 | 55.30 |
| 65 | 80.60 | 77.10 | 67.20 |
| 66 | 87.10 | 83.20 | 72.10 |
| 67 | 95.10 | 90.80 | 78.30 |
| 68 | 104.80 | 99.70 | 85.60 |
| 69 | 115.40 | 109.60 | 93.60 |
| 70 | 127.40 | 121.10 | 102.80 |
| 71 | 141.30 | 134.00 | 113.50 |
| 72 | 157.50 | 149.30 | 125.90 |
| 13 | $17 \div .10$ | 166.70 | 139.90 |
| 74 | 196.60 | 186.00 | 155.60 |
| 75 | 219.10 | 207.10 | 172.80 |
| 76 | 243.70 | 230.10 | 191.60 |
| 77 | 270.20 | 255.10 | 211.90 |
| 78 | 298.90 | 282.00 | 232.80 |
| 79 | 329.40 | 310.60 | 253.60 |

CONTINENTAL CASUALTY COMPANY
Rate Sheet For P1-59433-A37
Long-Term Care Policy
Annual Premium Per $\$ 10$ Daily Indemity

HEALTH GROUP I
NO PRIOR HOSPITALIZATION REQUIRED WITH INFLATION PROTECTION RIDER R1-59439-A

BENEFIT PERIOD: 4 YEARS

| $\begin{gathered} \text { ISSUE } \\ \text { AGE } \end{gathered}$ | 0 DAY ELIMINATION PERIOD | $\begin{gathered} 15 \text { DAY } \\ \text { ELIMINATION } \\ \text { PERIOD } \end{gathered}$ | 90 DAY ELIMINATION PERIOD |
| :---: | :---: | :---: | :---: |
| 18-49 | 22.90 | 22.30 | 20.80 |
| 50-54 | 30.60 | 29.60 | 26.90 |
| 55-59 | 48.20 | 46.50 | 42.00 |
| 60-64 | 83.00 | 80.10 | 71.60 |
| 65 | 105.00 | 101.30 | 89.60 |
| 66 | 114.30 | 110.00 | 97.00 |
| 67 | 125.80 | 121.00 | 106.40 |
| 68 | 139.50 | 134.00 | 117.50 |
| 69 | 154.40 | 148.30 | 129.70 |
| 70 | 171.60 | 164.60 | 14.3 .50 |
| 71 | 191.30 | 183.40 | 159.50 |
| 72 | 214.40 | 205.10 | 178.20 |
| 73 | 240.70 | 230. 20 | 199.70 |
| 74 | 270.30 | 258.60 | 223.60 |
| 75 | 302.50 | 289.30 | 249.80 |
| 76 | 337.60 | 322.90 | 278.40 |
| 77 | 375.90 | 359.20 | 309.10 |
| 78 | 416.80 | 398.30 | 342.40 |
| 79 | 460.90 | 440.20 | 378.20 |

## Rate Sheet For P1-59433-A37

Long-Term Care Policy
Annual Premium Per $\$ 10$ Daily Indemnity

HEALTH GROUP I
NO PRIOR HOSPITALIZATION REQUIRED
WITH INELATION PROTECTION RIDER R1-59439-A
BENEFIT PERIOD: 6 YEARS

| $\begin{aligned} & \text { ISSUE } \\ & \text { AGE } \end{aligned}$ | $\begin{gathered} 0 \text { DAY } \\ \text { ELIMINATION } \\ \text { PERIOD } \end{gathered}$ | $\qquad$ | 90 DAY ELIMINATION PERIOD |
| :---: | :---: | :---: | :---: |
| 18-49 | 25.10 | 24.60 | 22.90 |
| 50-54 | 34.20 | 33.30 | 30.30 |
| 55-59 | 54.50 | 52.90 | 47.90 |
| 60-64 | 94.40 | 91.40 | 82.40 |
| 65 | 120.10 | 116.20 | 104.00 |
| 66 | 130.90 | 126.50 | 112.90 |
| 67 | 144.50 | 139.60 | 124.20 |
| 68 | 160.60 | 154.80 | 137.30 |
| 69 | 177.80 | 171.70 | 151.90 |
| 70 | 197.70 | 190.60 | 168.40 |
| 71 | 220.70 | 212.50 | 187.50 |
| 72 | 247.20 | 238.10 | 209.50 |
| 73 | 277.60 | 267.00 | 234.80 |
| 74 | 311.20 | 299.30 | 262.60 |
| 75 | 348.00 | 334.50 | 293. 30 |
| 76 | 388.20 | 372.80 | 326.70 |
| 77 | 431.50 | 414.30 | 362.70 |
| 78 | 478.10 | 459.00 | 401.40 |
| 79 | 527.90 | 506.60 | 442.90 |

CONTINENTAL CASUALTY COMPANY
Rate Sheet For P1-59433-A37
Long-Term Care Policy Annual Premium Per $\$ 10$ Daily Indemnity

HEALTH GROUP I
NO PRIOR HOSPITALIZATION REQUIRED WITH INELATION PROTECTION RIDER R1-59439-A

BENEFIT PERIOD: LIFETIME

| $\begin{aligned} & \text { ISSUE } \\ & \text { AGE } \end{aligned}$ | 0 DAY ELIMINATION PERIOD | 15 DAY <br> ELIMINATION <br> PERIOD | $\begin{gathered} 90 \text { DAY } \\ \text { ELIMINATION } \\ \text { PERIOD } \end{gathered}$ |
| :---: | :---: | :---: | :---: |
| 18-49 | 29.40 | 28.80 | 26.90 |
| 50-54 | 41.30 | 40.30 | 37.20 |
| 55-59 | 66.30 | 64.60 | 59.30 |
| 60-64 | 115.00 | 111.80 | 102.10 |
| $65:$ | 146.80 | 142.60 | 129.50 |
| 66 | 160.00 | 155.40 | 140.80 |
| 67 | 176.50 | 171.20 | 155.00 |
| 68 | 195.60 | 189.90 | 171.60 |
| 69 | 217.00 | 210.30 | 189.70 |
| 70 | 240.90 | 233.50 | 210:30 |
| 71 | 268.40 | 259.90 | 234.20 |
| 72 | 300.00 | 290.50 | 2.61 .30 |
| 73 | $335.9 n$ | 325.20 | 292.10 |
| 74 | 375.60 | 363.50 | 32 \%. 50 |
| 75 | 419.00 | 405.40 | 363.70 |
| 76 | 466.00 | 450.90 | 404.20 |
| 77 | 516.90 | 500.20 | 448.00 |
| 78 | 571.50 | 552.90 | 494.90 |
| 79 | 629.70 | 609.20 | 545.10 |

# CONTINENTAL CASUALTY COMPANY <br> Rate Sheet For P1-59433-A37 <br> Long-Term Care Policy <br> Annual Premium Per $\$ 10$ Daily Indemnity 

THESE RATES REFLECT THE 15\% RATE INCREASE ON THE 3-DAY PRIOR BLOCK APPROVED BY THE PENNSYLVANIA DEPARTMENT OF INSURANCE ON SEPTEMBER 29, 1995

HEALTH GROUP II
3-DAY PRIOR HOSPITALIZATION REQUIRED BENEFIT PERIOD: 2 YEARS

| $\begin{gathered} \text { ISSUE } \\ \text { AGE } \end{gathered}$ | 0 DAY ELIMINATION PERIOD | ```15 DAY ELIMINATION PERIOD``` | 90 DAY ELIMINATION PERIOD |
| :---: | :---: | :---: | :---: |
| 18-49 | 18.17 | 17.71 | 16.68 |
| 50-54 | 21.85 | 21.16 | 19.44 |
| 55-59 | 32.43 | 31.40 | 28.41 |
| 60-64 | 54.28 | 52.21 | 46.92 |
| 65 | 65.21 | 62.56 | 55.43 |
| 66 | 69.81 | 66.93 | 58.88 |
| 67 | 75.90 | 72.57 | 63.48 |
| 68 | 83.38 | 79.47 | 69.00 |
| 69 | 91.43 | 87.06 | 75.21 |
| 70 | 100.74 | 95.91 | 82.34 |
| 71 | 111.90 | 106.38 | $\bigcirc 0.97$ |
| 72 | 125.35 | 118.91 | 101.20 |
| 73 | 141.11 | 133.63 | $\because 13.05$ |
| 74 | 158.70 | 150.08 | 126.62 |
| 75 | 178.25 | 168.48 | 141.34 |
| 76 | 199.87 | 188.60 | 157.78 |
| 77 | 223.22 | 210.57 | 175.61 |
| 78 | 248.63 | 234.37 | 195.50 |
| 79 | 275.89 | 259.90 | 215.17 |

CONTINENTAL CASUALTY COMPANY
Rate Sheet For P1-59433-A37
Long-Term Care Policy
Annual Premium Per $\$ 10$ Daily Indemnity

THESE RATES REFLECT THE $15 \%$ RATE INCREASE ON THE 3-DAY PRIOR BLOCK APPROVED BY THE PENNSYIVANIA DEPARTMENT OF INSURANCE ON SEPTEMBER 29, 1995

HEALTH GROUP II
3-DAY PRIOR HOSPITALIZATION REQUIRED BENEFIT PERIOD: 4 YEARS

| $\begin{gathered} \text { ISSUE } \\ \text { AGE } \end{gathered}$ | 0 DAY ELIMINATION PERIOD | 15 DAY ELIMINATION PERIOD | $\begin{gathered} 90 \text { DAY } \\ \text { ELIMINATION } \\ \text { PERIOD } \\ \hline \end{gathered}$ |
| :---: | :---: | :---: | :---: |
| 18-49 | 20.36 | 20.01 | 18.75 |
| 50-54 | 25.53 | 24.84 | 22.89 |
| 55-59 | 38.76 | 37.61 | 34.27 |
| 60-64 | 66.01 | 63.83 | 57.85 |
| 65 | 81.19 | 78.43 | 70.15 |
| 66 | 87.63 | 84.53 | 75.21 |
| 67 | 96.14 | 92.58 | 82.11 |
| 68 | 106.38 | 102.24 | 90.28 |
| 69 | 117.42 | 112.82 | 99.36 |
| 70 | 130.41 | 125.12 | 109.83 |
| 71 | 145.71 | 139.84 | 122.25 |
| 72 | 164.34 | 157.55 | 137.20 |
| 73 | 186.19 | 178.25 | 154.79 |
| 74 | 210.80 | 201.60 | 174.57 |
| 75 | 238.05 | 227.47 | 196.54 |
| 76 | 268.07 | 255.99 | 220.69 |
| 77 | 300.84 | 287.16 | 247.02 |
| 78 | 336.26 | 320.85 | 275.66 |
| 79 | 374.56 | 357.08 | 306.48 |

THESE RATES REFLECT THE $15 \%$ RATE INCREASE ON THE 3-DAY PRIOR BLOCK APPROVED BY THE PENNSYLVANIA DEPARTMENT OF INSURANCE ON SEPTEMBER 29, 1995

HEALTH GROUP II<br>3-DAY PRIOR HOSPITALIZATION REQUIRED<br>BENEFIT PERIOD: 6 YEARS

| $\begin{gathered} \text { ISSUE } \\ \text { AGE } \end{gathered}$ | ```O DAY ELIMINATION PERIOD``` | 15 DAY ELIMINATION PERIOD | 90 DAY ELIMINATION PERIOD |
| :---: | :---: | :---: | :---: |
| 18-49 | 21.85 | 21.39 | 20.13 |
| 50-54 | 27.83 | 27.14 | 24.96 |
| 55-59 | 42.55 | 41.40 | 37.84 |
| 60-64 | 73.03 | 70.84 | 64.40 |
| 65 | 90.51 | 87.63 | 79.01 |
| 66 | 97.87 | 94.65 | 84.87 |
| 67 | 107.64 | 104.08 | 92.92 |
| 68 | 119.26 | 115.23 | 102.47 |
| 69 | 132.02 | 127.54 | 113.05 |
| 70 | 146.86 | 141.57 | 125.35 |
| 71 | 164.22 | ¿58.36 | 139.84 |
| 72 | 185.27 | 178.37 | 157.09 |
| 73 | 209.76 | 201.83 | 177.33 |
| 74 | 237.25 | 228.16 | 193.99 |
| 75 | 267.72 | 257.26 | 225.06 |
| 76 | 301.19 | 289.23 | 252.77 |
| 77 | 337.53 | 324.07 | 282.79 |
| 78 | 376.97 | 361.68 | 315.33 |
| 79 | 419.29 | 402.16 | 350.18 |

CONTINENTAL CASUALTY COMPANY
Rate Sheet For P1-59433-A37
Long-Term Care Policy
Annual Premium Per $\$ 10$ Daily Indemnity

THESE RATES REFLECT THE 15\% RATE INCREASE ON THE 3-DAY PRIOR BLOCK APPROVED BY THE PENNSYLVANIA DEPARTMENT OF INSURANCE ON SEPTEMBER 29, 1995

HEALTH GROUP II
3-DAY PRIOR HOSPITALIZATION REQUIRED
BENEFIT PERIOD: LIFETIME

| E | O DAY ELIMINATION PERIOD | 15 DAY ELIMINATION PERIOD | 90 DAY ELIMINATION PERIOD |
| :---: | :---: | :---: | :---: |
| 1 | 24.73 | 24.38 | 22.89 |
|  | 32.43 | 31.74 | 29.44 |
| $:$ | 50.26 | 48.99 | 45.20 |
|  | 86.60 | 84.41 | 77.40 |
|  | 107.87 | 105.00 | 95.57 |
|  | 116.96 | 113.62 | 103.27 |
|  | 128.57 | 124.89 | 113.16 |
|  | 142.49 | 138.23 | $125^{\circ} .12$ |
|  | 157.78 | 153.07 | 138.12 |
|  | 175.38 | 169.97 | 153.18 |
|  | 15゙. 36 | 189.75 | 170.82 |
|  | 220.57 | 213.44 | 191.82 |
|  | 248.98 | 240.81 | 215.97 |
|  | 280.72 | 271.40 | 243.23 |
|  | 315.79 | 305.21 | 273.13 |
|  | 354.20 | 342.24 | 305.90 |
|  | 395.95 | 382.49 | 341.55 |
|  | 441.03 | 425.96 | 380.08 |
|  | 489.44 | 472.54 | 421.48 |

THESE RATES REFLECT THE $15 \%$ RATE INCREASE ON THE 3-DAY PRIOR BLOCK APPROVED BY THE PENNSYLVANIA DEPARTMENT OF INSURANCE ON SEPTEMBER 29, 1995

HEALTH GROUP II
3-DAY PRIOR HOSPITALIZATION REQUIRED
WITH INFLATION PROTECTION RIDER R1-59439-A
BENEFIT PERIOD: 2 YEARS

| $\begin{gathered} \text { ISSUE } \\ \text { AGE } \end{gathered}$ | 0 DAY ELIMINATION PERIOD | $\begin{gathered} 15 \text { DAY } \\ \text { ELIMINATION } \\ \text { PERIOD } \end{gathered}$ | 90 DAY ELIMINATION PERIOD |
| :---: | :---: | :---: | :---: |
| 18-49 | 20.01 | 19.44 | 18.17 |
| 50-54 | 25.42 | 24.61 | 22.20 |
| 55-59 | 39.10 | 37.72 | 33.58 |
| 60-64 | 66.24 | 63.60 | 56.24 |
| 65 | 82.00 | 78.43 | 68.43 |
| 66 | 88.67 | 84.64 | 73.26 |
| 67 | 96.83 | 92.35 | 79.58 |
| 68 | 106.61 | 101.43 | 87.06 |
| 69 | 117.42 | 111.44 | 95.22 |
| 70 | 129.61 | 123. i 7 | 104.65 |
| 71 | 143.75 | 136.30 | 115.46 |
| 72 | 160.31 | 151.80 | 128.00 |
| 73 | 179.17 | 169.51 | 1.42 .26 |
| 74 | 199.99 | 189.18 | 158.36 |
| 75 | 222.99 | 210.68 | 175.72 |
| 76 | 247.94 | 234.14 | 194.93 |
| 77 | 274.97 | 259.44 | 215.63 |
| 78 | 304.06 | 286.81 | 236.90 |
| 79 | 335.11 | 315.91 | 258.06 |

CONTINENTAL CASUALTY COMPANY
Rate Sheet For P1-59433-A37
Long-Term Care Policy
Annual Premium Per $\$ 10$ Daily Indemnity

THESE RATES REFLECT THE 15\% RATE INCREASE ON THE 3-DAY PRIOR BLOCK APPROVED BY THE PENNSYLVANIA DEPARTMENT OF INSURANCE ON SEPTEMBER 29, 1995

HEALTH GROUP II
3-DAY PRIOR HOSRITALIZATION REQUIRED WITH INELATION PROTECTION RIDER R1-59439-A BENEFIT PERIOD: 4 YEARS

| $\begin{gathered} \text { ISSUE } \\ \text { AGE } \end{gathered}$ | 0 DAY ELIMINATION PERIOD | $\begin{gathered} 15 \text { DAY } \\ \text { ELIMINATION } \\ \text { PERIOD } \\ \hline \end{gathered}$ | 90 DAY ELIMINATION PERIOD |
| :---: | :---: | :---: | :---: |
| 18-49 | 23.23 | 22.77 | 21.16 |
| 50-54 | 31.05 | 30.13 | 27.37 |
| 55-59 | 49.11 | 47.38 | 42.67 |
| 60-64 | 84.41 | 81.42 | 72.91 |
| 65 | 106.84 | 103.04 | 91.08 |
| 66 | 116.27 | 111.90 | 98.67 |
| 67 | 128.00 | 123.17 | 108.33 |
| 68 | 141.91 | 136.39 | 119.60 |
| 69 | 157.09 | 150.88 | 132.02 |
| 70 | 174.57 | 167.44 | 145.05 |
| 71 | 19:.58 | 186.65 | 162.27 |
| 72 | 218.04 | 208.96 | 181.36 |
| 73 | 244.95 | 234.60 | 203.09 |
| 74 | 274.97 | 263.01 | 227.47 |
| 75 | 307.74 | 294.29 | 254.04 |
| 76 | 343.51 | 328.56 | 283.13 |
| 77 | 382.38 | 365.36 | 314.53 |
| 78 | 424.01 | 405.26 | 348.34 |
| 79 | 468.86 | 447.81 | 384.68 |

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                        CONTINENTAL CASUALTY COMPANY
                        Rate Sheet For P1-59433-A37
                            Long-Term Care Policy
Annual Premium Per $10 Daily Indemnity
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THESE RATES REFLECT THE 15\% RATE INCREASE ON THE 3-DAY PRIOR BLOCK APPROVED BY THE PENNSYLVANIA DEPARTMENT OF INSURANCE ON SEPTEMBER 29, 1995

HEALTH GROUP II
3-DAY PRIOR HOSPITALIZATION REQUIRED WITH INFLATION PROTECTION RIDER R1-59439-A BENEFIT PERIOD: 6 YEARS

| $\begin{gathered} \text { ISSUE } \\ \text { AGE } \end{gathered}$ | 0 DAY ELIMINATION PERIOD | ```15 DAY ELIMINATION PERIOD``` | 90 DAY ELIMINATION PERIOD |
| :---: | :---: | :---: | :---: |
| 18-49 | 25.53 | 24.96 | 23.23 |
| 50-54 | 34.73 | 33.81 | 30.82 |
| 55-59 | 55.43 | 53.82 | 48.65 |
| 60-64 | 96.03 | 92.92 | 83.84 |
| 65 | 122.25 | 118.22 | 105.80 |
| 66 | 133.17 | 128.69 | 114.77 |
| 67 | 147.09 | 142.03 | 126.27 |
| 68 | 163.30 | 157.55 | 139.61 |
| 69 | 180.90 | 174.69 | 154.45 |
| 70 | 201.14 | 193.89 | 171.35 |
| 71 | 229.48 | 216.20 | 190.67 |
| 72 | 251.51 | 242.19 | 213.21 |
| 73 | 282.33 | 271.63 | 238.86 |
| 74 | 316.60 | 304.41 | 267.15 |
| 75 | 354.09 | 340.29 | 298.31 |
| 76 | 394.91 | 379.27 | 332.35 |
| 77 | 438.96 | 421.48 | 369.04 |
| 78 | 486.45 | 466.90 | 408.37 |
| 79 | 537.05 | 515.43 | 450.57 |

THESE RATES REFLECT THE 15\% RATE INCREASE ON THE 3-DAY PRIOR BLOCK APPROVED BY THE PENNSYLVANIA DEPARTMENT OE INSURANCE ON SEPTEMBER 29, 1995

HEALTH GROUP II
3-DAY PRIOR HOSPITALIZATION REQUIRED
WITH INFLATION PROTECTION RIDER R1-59439-A
BENEEIT PERIOD: LIFETIME

| $\begin{gathered} \text { ISSUE } \\ \text { AGE } \end{gathered}$ | 0 DAY ELIMINATION PERIOD | 15 DAY ELIMINATION PERIOD | 90 DAY ELIMINATION PERIOD |
| :---: | :---: | :---: | :---: |
| 18-49 | 29.90 | 29.33 | 27.37 |
| 50-54 | 41.98 | 41.06 | 37.84 |
| 55-59 | 67.51 | 65.78 | 60.26 |
| 60-64 | 116.96 | 113.74 | 103.85 |
| 65 | 149.27 | 145.13 | 131.68 |
| 66 | 162.84 | 158.01 | 143.18 |
| 67 | 179.52 | 174.23 | 157.67 |
| 68 | 199.07 | 193.09 | 174.57 |
| 69 | 220.69 | 214.02 | 192.97 |
| 70 | 245.07 | 237.48 | 214.02 |
| 11 | 273.01 | 264.39 | 238.17 |
| 72 | 305.21 | 295.55 | 265.88 |
| 73 | 341.78 | 330.86 | 297.16 |
| 74 | 382.03 | 369.73 | 332.12 |
| 75 | 426.19 | 412.51 | 369.96 |
| 76 | 474.15 | 458.74 | 411.13 |
| 77 | 525.78 | 508.76 | 455.63 |
| 78 | 581.33 | 562.47 | 503.47 |
| 79 | 640.67 | 619.74 | 554.53 |

HEALTH GROUP II
NO PRIOR HOSPITALIZATION REQUIRED
BENEFIT PERIOD: 2 YEARS

| $\begin{gathered} \text { ISSUE } \\ \text { AGE } \end{gathered}$ | 0 DAY ELIMINATION PERIOD | 15 DAY ELIMINATION PERIOD | 90 DAY ELIMINATION PERIOD |
| :---: | :---: | :---: | :---: |
| 18-49 | 20.50 | 20.00 | 18.90 |
| 50-54 | 24.70 | 23.90 | 22.00 |
| 55-59 | 36.70 | 35.40 | 32.20 |
| 60-64 | 61.30 | 59.10 | 53.10 |
| 65 | 73.70 | 70.70 | 62.70 |
| 66 | 78.90 | 75.70 | 66.60 |
| 67 | 85.80 | 82.10 | 71.80 |
| 68 | 94.20 | 89.80 | 78.10 |
| 69 | 103.30 | 98.30 | 85.10 |
| 70 | 114.00 | 108.40 | 93.20 |
| 71 | 126.50 | 120.20 | 102.80 |
| 72 | 141.70 | 134.40 | 114.40 |
| 73 | 159.50 | 151.00 | 127.90 |
| 74 | 179.40 | 169.70 | 143.10 |
| 73 | 201.50 | 190.40 | 159.90 |
| 76 | 225.90 | 213.20 | 178.40 |
| 77 | 252.30 | 238.10 | 198.50 |
| 78 | 281.10 | 265.00 | 220.90 |
| 79 | 311.90 | 293.80 | 243.20 |

HEALTH GROUP II
NO PRIOR HOSPITALIZATION REQUIRED
BENEEIT PERIOD: 4 YEARS

| $\begin{gathered} \text { ISSUE } \\ \text { AGE } \end{gathered}$ | O DAY ELIMINATION PERIOD | ```15 DAY \\ ELIMINATION PERIOD``` | 90 DAY ELIMINATION PERIOD |
| :---: | :---: | :---: | :---: |
| 18-49 | 23.00 | 22.50 | 21.30 |
| 50-54 | 28.90 | 28.10 | 25.90 |
| 55-59 | 43.80 | 42.40 | 38.80 |
| 60-64 | 74.60 | 72.20 | 65.30 |
| 65 | 91.80 | 88.70 | 79.20 |
| 66 | 99.10 | 95.60 | 85.10 |
| б7 | 108.70 | 104.70 | 92.80 |
| 68 | 120.20 | 115.60 | 102.10 |
| 69 | 132.70 | 127.50 | 112.20 |
| 70 | 147.40 | 141.50 | 124.10 |
| 71 | 164.80 | 158.00 | . 138.10 |
| 72 | 185.80 | 178.00 | 155.00 |
| 73 | 210.50 | 201.50 | 174.90 |
| 74 | 238.30 | 227.80 | 197.30 |
| 75 | 269.10 | 257.10 | 222.20 |
| 76 | 303.00 | 289.50 | 249.60 |
| 77 | 340.20 | 324.50 | 279.20 |
| 78 | 380.20 | 362.70 | 311.50 |
| 79 | 423.40 | 403.70 | 346.40 |

Rate Sheet For P1-59433-A37
Long-Term Care Policy
Annual Premium Per $\$ 10$ Daily Indemnity

| $\begin{aligned} & \text { ISSUE } \\ & \text { AGE } \end{aligned}$ | NO PRIOR HOSPITALIZATION REQUIRED BENEEIT PERIOD: 6 YEARS |  |  |
| :---: | :---: | :---: | :---: |
|  | O DAY ELIMINATION PERIOD | 15 DAY ELIMINATION PERIOD | 90 DAY ELIMINATION PERIOD |
| 18-49 | 24.70 | 24.30 | 22.80 |
| 50-54 | 31.40 | 30.70 | 28.30 |
| 55-59 | 48.20 | 46.80 | 42.80 |
| 60-64 | 82.60 | 80.20 | 72.80 |
| 65 | 102.20 | 99.10 | 89.20 |
| $66$ | 110.60 | 107.10 | 96.00 |
| $67^{*}$ | 121.70 | 117.60 | 105.10. |
| 68 | 134.90 | 130.20 | 115.90 |
| 69 | 149.20 | 144.10 | 127.90 |
| 70 | 165.90 | 160.00 | 141.70 |
| 71 | 185.70 | 178.90 | 158.00 |
| 72 | 209.40 | 201.70 | 177.60 |
| 73 | 237.10 | 228.20 | 200.40 |
| 74 | 26820 | 257.90 | 225.10 |
| 75 | 302.60 | 290.80 | 254.50 |
| 76 | 340.40 | 326.90 | 285.70 |
| 77 | 381.60 | 366.30 | 319.60 |
| 78 | 426.10 | 408.90 | 356.40 |
| 79 | 473.90 | 454.60 | 395.80 |

HEALTH GROUP II
NO PRIOR HOSPITALIZATION REQUIRED BENEFIT PERIOD: LIFETIME

| $\begin{gathered} \text { ISSUE } \\ \text { AGE } \end{gathered}$ | $\begin{gathered} \text { O DAY } \\ \text { ELIMINATION } \\ \text { PERIOD } \end{gathered}$ | $\begin{aligned} & 15 \text { DAY } \\ & \text { ELIMINATION } \\ & \text { PERIOD } \end{aligned}$ | 90 DAY ELIMINATION PERIOD |
| :---: | :---: | :---: | :---: |
| 18-49 | 27.90 | 27.50 | 25.90 |
| 50-54 | 36.70 | 35.90 | 33.40 |
| 55-59 | 56.80 | 55.30 | 51.20 |
| 60-64 | 98.00 | 95.30 | 87.50 |
| 65 | 122.00 | 118.70 | 108.10 |
| 66 | 132.10 | 128.50 | 116.70 |
| 67 | 145.40 | 141.10 | 128:00 |
| 68 | 161.00 | 156.30 | 141.50 |
| 69 | 178.40 | 173.00 | 156.10 |
| 70 | 198.30 | 192.20 | 173.10 |
| 71 | 221.60 | 214.60 | 193.20 |
| 72 | 249.30 | 241.30 | 216.80 |
| 7.3 | 281.50 | 272.20 | 244.10 |
| 73 | 317.40 | 306.80 | 275.00 |
| 75 | 357.00 | 345.00 | 308.80 |
| 76 | 400.30 | 386.90 | 345.80 |
| 77 | 447.60 | 432.40 | 386.20 |
| 78 | 498.60 | 481.50 | 429.60 |
| 79 | 553.30 | 534.20 | 476.40 |

CONTINENTAL CASUALTY COMPANY
Rate Sheet For P1-59433-A37
Long-Term Care Policy
Annual Premium Per $\$ 10$ Daily Indemnity

HEALTH GROUP II
NO PRIOR HOSPITALIZATION REQUIRED
WITH INFLATION PROTECTION RIDER R1-59439-A
BENEFIT PERIOD: 2 YEARS

| $\begin{aligned} & \text { ISSUE } \\ & \text { AGE } \end{aligned}$ | 0 DAY ELIMINATION PERIOD | 15 DAY ELIMINATION PERIOD | 90 DAY ELIMINATION PERIOD |
| :---: | :---: | :---: | :---: |
| 18-49 | 22.50 | 22.00 | 20.50 |
| 50-54 | 28.80 | 27.80 | 25.10 |
| 55-59 | 44.30 | 42.60 | 38.10 |
| 60-64 | 74.90 | 72.00 | 63.60 |
| 65 | 92.70 | 88.70 | - 77.30 |
| $66^{-}$ | 100.20 | 95.70 | 82.90 |
| 67 | 109.40 | 104.40 | 90.00 |
| 68 | 120.50 | 114.70 | 98.40 |
| 69 | 132.70 | 126.00 | 107.60 |
| 70 | 146.50 | 139.30 | 118.20 |
| 71 | 162.50 | 154.10 | 130.50 |
| 72 | 181.10 | 171.70 | 344.80 |
| 73 | 202.50 | 191.70 | 160.90 |
| 74 | 226.10 | 213.90 | 178.90 |
| 75 | 252.00 | 238.20 | 198.70 |
| 76 | 280.30 | 264.60 | 220.30 |
| 77 | 310.70 | 293.40 | 243.70 |
| 78 | 343.70 | 324.30 | 267.70 |
| 79 | 378.80 | 357.20 | 291.60 |

## THIS POLICY IS FOR RENEWAL BUSINESS ONLY

## CONTINENTAL CASUALTY COMPANY

## Supplement to Rate Sheet for Policy Forms P1-15203-A37 <br> Pennsylvania

All Rates for this form should be multiplied by a factor of:
2.41485

This factor reflects the proposed increase of:

And the following prior approved rate increases:

| $\begin{array}{c}\text { Increase Applies } \\ \text { to all Policies or } \\ \text { Subset }\end{array}$ |  |  | $\begin{array}{c}\text { Rate Increase } \\ \text { Approved }\end{array}$ |
| :---: | :---: | :---: | :---: | \(\left.\begin{array}{c}Approval Date <br>

of Rate <br>
Increase\end{array}\right]\)

* implemented over 2 years, 11.8\% in each year.

CONTINENTAL CASUALTY COMPANY
CNA Plaza, Chicago, IL 60685
Rate Sheet For P1-15203-A37
Long-Term Care Policy
Annual Premium per $\$ 10$ Daily Indemnity
HEALTH GROUP I
NO PRIOR HOSPITALIZATION REQUIRED
BENEFIT PERIOD: 2 YEARS
$\left.\begin{array}{cccc}\begin{array}{c}\text { ISSUE } \\ \text { AGE }\end{array} & \begin{array}{c}\text { O DAY } \\ \text { ELIMINATION } \\ \text { PERIOD }\end{array} & \begin{array}{c}\text { 30 DAY } \\ \text { ELIMINATION } \\ \text { PERIOD }\end{array} & \end{array} \begin{array}{c}\text { 90 DAY } \\ \text { ELIMINATION } \\ \text { PERIOD }\end{array}\right]$

CONTINENTAL CASUALTY COMPANY<br>CNA Plaza, Chicago, IL 60685<br>Rate Sheet For P1-15203-A37<br>Long-Term Care Policy<br>Annual Premium per $\$ 10$ Daily Indemnity<br>HEALTH GROUP I NO PRIOR HOSPITALIZATION REQUIRED BENEFIT PERIOD: 4 YEARS

| $\begin{aligned} & \text { ISSUE } \\ & \text { AGE } \\ & \hline \end{aligned}$ | $\begin{gathered} 0 \text { DAY } \\ \text { ELIMINATION } \\ \text { PERIOD } \\ \hline \end{gathered}$ | $\begin{gathered} 30 \text { DAY } \\ \text { ELIMINATION } \\ \text { PERIOD } \\ \hline \end{gathered}$ | 90 DAY ELIMINATION PERIOD |
| :---: | :---: | :---: | :---: |
| 18-44 | 19 | 18 | 17 |
| 45-49 | 21 | 20 | 19 |
| 50-54 | 26 | 24 | 23 |
| 55-59 | 39 | 37 | 34 |
| 60-64 | 65 | 61 | 57 |
| 65 | 81 | 76 | 70 |
| 66 | 88 | 82 | 75 |
| 67 | 97 | 90 | 82 |
| 68 | 107 | 100 | 91 |
| 69 | 119 | 110 | 100 |
| 70 | 132 | 122 | 111 |
| 71 | 148 | 137 | 124 |
| 72 | 167 | 153 | 139 |
| 73 | 189 | 174 | 157 |
| 74 | 214 | 197 | 177 |
| 75 | 242 | 222 | 199 |
| 76 | 272 | 249 | 224 |
| 77 | 305 | 279 | 250 |
| 78 | 342 | 312 | 279 |
| 79 | 380 | 347 | 311 |

CONTINENTAL CASUALTY COMPANY
CNA Plaza, Chicago, IL 60685
Rate Sheet For P1-15203-A37
Long-Term Care Policy
Annual Premium per $\$ 10$ Daily Indemnity
HEALTH GROUP I
NO PRIOR HOSPITALIZATION REQUIRED
BENEFIT PERIOD: 6 YEARS

| $\begin{aligned} & \text { ISSUE } \\ & \text { AGE } \end{aligned}$ |  | $\begin{aligned} & 30 \text { DAY } \\ & \text { ELIMINATION } \\ & \text { PERIOD } \\ & \hline \end{aligned}$ | $\begin{aligned} & 90 \text { DAY } \\ & \text { ELIMINATION } \\ & \text { PERIOD } \\ & \hline \end{aligned}$ |
| :---: | :---: | :---: | :---: |
| 18-44 | 20 | 19 | 18 |
| 45-49 | 22 | 21 | 20 |
| 50-54 | 28 | 27 | 25 |
| 55-59 | 43 | 40 | 38 |
| 60-64 | 72 | 68 | 64 |
| 65 | 91 | 85 | 79 |
| 66 | 98 | 93 | 85 |
| 67 | 109 | 102 | 94 |
| 68 | 121 | 113 | 104 |
| 69 | 134 | 125 | 115 |
| 70 | 149 | 140 | 127 |
| 71 | 166 | 155 | 142 |
| 72 | 188 | 175 | 159 |
| 73 | 213 | 198 | 180 |
| 74 | 241 | 224 | 203 |
| 75 | 271 | 252 | 229 |
| 76 | 306 | 283 | 256 |
| 77 | 343 | 318 | 287 |
| 78 | 382 | 354 | 320 |
| 79 | 425 | 394 | 354 |

```
    CONTINENTAL CASUALTY COMPANY
    CNA Plaza, Chicago, IL 60685
    Rate Sheet For P1-15203-A37
        Long-Term Care Policy
Annual Premium per $10 Daily Indemnity
                    HEALTH GROUP I
NO PRIOR HOSPITALIZATION REQUIRED
            BENEFIT PERIOD: LIFETIME
```

$\left.\begin{array}{crcr}\begin{array}{c}\text { ISSUE } \\ \text { AGE }\end{array} & \begin{array}{c}\text { O DAY } \\ \text { ELIMINATION } \\ \text { PERIOD }\end{array} & \begin{array}{c}\text { 30 DAY } \\ \text { ELIMINATION } \\ \text { PERIOD }\end{array} & \end{array} \begin{array}{c}\text { 90 DAY } \\ \text { ELIMINATION } \\ \text { PERIOD }\end{array}\right]$

|  | CONTINENTAL CASUALTY COMPANY CNA Plaza, Chicago, IL 60685 Rate Sheet For P1-15203-A37 Long-Term Care Policy <br> Annual Premium per $\$ 10$ Daily Indemnity <br> HEALTH GROUP I <br> NO PRIOR HOSPITALIZATION REQUIRED BENEFIT PERIOD: 1 YEAR |  |
| :---: | :---: | :---: |
|  |  |  |
| $\begin{aligned} & \text { ISSUE } \\ & \text { AGE } \end{aligned}$ | 30 DAY ELIMINATION PERIOD | 90 DAY ELIMINATION PERIOD |
| 80 | 193 | 161 |
| 81 | 215 | 179 |
| 82 | 238 | 198 |
| 83 | 264 | 220 |
| 84 | 291 | 242 |

> CONTINENTAL CASUALTY COMPANY
> CNA Plaza, Chicago, IL 60685
> Rate Sheet For P1-15203-A37
> Long-Term Care Policy

Rates shown are for Health Rating Group I. Rates for Health Rating Groups II, III, and IV are calculated by multiplying Health Group I rates by $1.15,1.60$ and 2.00 , respectively.

# CONTINENTAL CASUALTY COMPANY <br> CNA Plaza, Chicago, IL 60685 <br> Supplement to Rate Sheet For P1-15203-A37 <br> Long-Term Care Policy 

## MULTI-LIFE DISCOUNT

A. A $10 \%$ discount to the rates will be made if the following conditions are met:

For Associations of 200 lives or more:

1. Discount is applicable to all lives regardless of Health Group.
2. Minimum of 10 lives must be submitted.
B. A $5 \%$ discount to the rates will be made if the following conditions are met:

For Associations of less than 200 lives:

1. Discount is applicable to all lives regardless of Health Group.
2. Minimum of 10 lives must be submitted.

SPOUSAL DISCOUNT

A $10 \%$ discount to the rates will be made if the following conditions are met:

1. Discount is applicable to all lives regardless of Health Group.
2. If both spouses apply for coverage simultaneously and are both issued, discount applies to both policies.
3. If one spouse already has coverage and the other spouse applies and is issued, discount will apply only to the second policy.

CONTINENTAL CASUALTY COMPANY
CNA Plaza, Chicago, IL 60685
Rate Sheet For R1-59439-B
Simple Automatic Increase Rider Annual Premium per $\$ 10$ Daily Indemnity

HEALTH GROUP I
NO PRIOR HOSPITALIZATION REQUIRED

## BENEFIT PERIOD: 2 YEARS

| $\begin{aligned} & \text { ISSUE } \\ & \text { AGE } \\ & \hline \end{aligned}$ | $\begin{gathered} 0 \text { DAY } \\ \text { ELIMINATION } \\ \text { PERIOD } \\ \hline \end{gathered}$ | 30 DAY <br> ELIMINATION <br> PERIOD | $\begin{gathered} 90 \text { DAY } \\ \text { ELIMINATION } \\ \text { PERIOD } \\ \hline \end{gathered}$ |
| :---: | :---: | :---: | :---: |
| 18-44 | 2 | 2 | 1 |
| 45-49 | 1 | 1 | 1 |
| 50-54 | 4 | 3 | 2 |
| 55-59 | 7 | 7 | 5 |
| 60-64 | 16 | 14 | 11 |
| 65 | 22 | 21 | 17 |
| 66 | 25 | 23 | 18 |
| 67 | 28 | 27 | 22 |
| 68 | 31 | 30 | 24 |
| 69 | 35 | 33 | 26 |
| 70 | 39 | 37 | 30 |
| 71 | 42 | 41 | 32 |
| 72 | 45 | 43 | 36 |
| 73 | 49 | 48 | 37 |
| 74 | 55 | 52 | 40 |
| 75 | 59 | 57 | 44 |
| 76 | 62 | 61 | 48 |
| 77 | 66 | 65 | 51 |
| 78 | 71 | 69 | 53 |
| 79 | 75 | 74 | 54 |
| 80 |  | 77 | 57 |
| 81 |  | 80 | 61 |
| 82 |  | 85 | 62 |
| 83 |  | 90 | 63 |
| 84 |  | 96 | 66 |

```
                        CONTINENTAL CASUALTY COMPANY
        CNA Plaza, Chicago, IL 60685
            Rate Sheet For R1-59439-B
            Simple Automatic Increase Rider
                Annual Premium per $10 Daily Indemnity
HEALTH GROUP I
NO PRIOR HOSPITALIZATION REQUIRED
BENEFIT PERIOD: 4 YEARS
```

| $\begin{aligned} & \text { ISSUE } \\ & \text { AGE } \\ & \hline \end{aligned}$ | $\begin{gathered} \text { O DAY } \\ \text { ELIMINATION } \\ \text { PERIOD } \\ \hline \end{gathered}$ | $\begin{aligned} & 30 \text { DAY } \\ & \text { ELIMINATION } \\ & \text { PERIOD } \\ & \hline \end{aligned}$ |  |
| :---: | :---: | :---: | :---: |
| 18-44 | 3 | 3 | 2 |
| 45-49 | 3 | 3 | 3 |
| 50-54 | 5 | 6 | 4 |
| 55-59 | 11 | 11 | 10 |
| 60-64 | 24 | 23 | 19 |
| 65 | 34 | 31 | 27 |
| 66 | 38 | 35 | 31 |
| 67 | 42 | 39 | 35 |
| 68 | 47 | 43 | 39 |
| 69 | 52 | 48 | 43 |
| 70 | 58 | 53 | 47 |
| 71 | 64 | 58 | 52 |
| 72 | 71 | 65 | 57 |
| 73 | 76 | 71 | 63 |
| 74 | 83 | 75 | 68 |
| 75 | 90 | 82 | 73 |
| 76 | 96 | 89 | 79 |
| 77 | 104 | 95 | 86 |
| 78 | 109 | 102 | 91 |
| 79 | 118 | 108 | 97 |

> CONTINENTAL CASUALTY COMPANY
> CNA Plaza, Chicago, IL 60685
> Rate Sheet For R1-59439-B
> Simple Automatic Increase Rider
> Annual Premium per $\$ 10$ Daily Indemnity
> HEALTH GROUP I
> NO PRIOR HOSPITALIZATION REQUIRED
> BENEFIT PERIOD: 6 YEARS

| $\begin{aligned} & \text { ISSUE } \\ & \text { AGE } \end{aligned}$ | $\begin{aligned} & \text { O DAY } \\ & \text { ELIMINATION } \\ & \text { PERIOD } \end{aligned}$ | $\begin{aligned} & 30 \text { DAY } \\ & \text { ELIMINATION } \\ & \text { PERIOD } \end{aligned}$ | $\begin{aligned} & 90 \text { DAY } \\ & \text { ELIMINATION } \\ & \text { PERIOD } \end{aligned}$ |
| :---: | :---: | :---: | :---: |
| 18-44 | 4 | 4 | 4 |
| 45-49 | 5 | 5 | 4 |
| 50-54 | 7 | 6 | 6 |
| 55-59 | 14 | 14 | 12 |
| 60-64 | 30 | 28 | 24 |
| 65 | 42 | 39 | 35 |
| 66 | 47 | 43 | 39 |
| 67 | 51 | 47 | 43 |
| 68 | 57 | 53 | 47 |
| 69 | 64 | 59 | 53 |
| 70 | 71 | 64 | 59 |
| 71 | 79 | 73 | 65 |
| 72 | 85 | 79 | 73 |
| 73 | 93 | 86 | 78 |
| 74 | 101 | 93 | 85 |
| 75 | 110 | 101 | 92 |
| 76 | 117 | 109 | 99 |
| 77 | 125 | 116 | 106 |
| 78 | 136 | 125 | 114 |
| 79 | 144 | 133 | 123 |

CONTINENTAL CASUALTY COMPANY<br>CNA Plaza, Chicago, IL 60685<br>Rate Sheet For R1-59439-B<br>Simple Automatic Increase Rider Annual Premium per $\$ 10$ Daily Indemnity<br>HEALTH GROUP I<br>NO PRIOR HOSPITALIZATION REQUIRED BENEFIT PERIOD: LIFETIME

| $\begin{aligned} & \text { ISSUE } \\ & \text { AGE } \\ & \hline \end{aligned}$ | $\begin{gathered} 0 \text { DAY } \\ \text { ELIMINATION } \\ \text { PERIOD } \\ \hline \end{gathered}$ | $\begin{aligned} & 30 \text { DAY } \\ & \text { ELIMINATION } \\ & \text { PERIOD } \\ & \hline \end{aligned}$ | 90 DAY ELIMINATION PERIOD |
| :---: | :---: | :---: | :---: |
| 18-44 | 5 | 5 | 5 |
| 45-49 | 7 | 6 | 6 |
| 50-54 | 9 | 9 | 8 |
| 55-59 | 20 | 19 | 17 |
| 60-64 | 38 | 37 | 33 |
| 65 | 53 | 50 | 46 |
| 66 | 58 | 56 | 50 |
| 67 | 65 | 63 | 57 |
| 68 | 73 | 69 | 62 |
| 69 | 82 | 78 | 70 |
| 70 | 90 | 84 | 78 |
| 71 | 98 | 93 | 85 |
| 72 | 107 | 102 | 94 |
| 73 | 117 | 111 | 102 |
| 74 | 127 | 121 | 110 |
| 75 | 137 | 131 | 119 |
| 76 | 148 | 141 | 129 |
| 77 | 159 | 152 | 139 |
| 78 | 171 | 163 | 149 |
| 79 | 183 | 174 | 159 |



CONTINENTAL CASUALTY COMPANY
CNA Plaza, Chicago, IL 60685
Rate Sheet For R1-16185-B
Compound Automatic Increase Rider Annual Premium per $\$ 10$ Daily Indemnity

HEALTH GROUP I
NO PRIOR HOSPITALIZATION REQUIRED BENEFIT PERIOD: 2 YEARS

| $\begin{aligned} & \text { ISSUE } \\ & \text { AGE } \\ & \hline \end{aligned}$ |  | $\begin{gathered} 30 \text { DAY } \\ \text { ELIMINATION } \\ \text { PERIOD } \\ \hline \end{gathered}$ | $\begin{gathered} 90 \text { DAY } \\ \text { ELIMINATION } \\ \text { PERIOD } \\ \hline \end{gathered}$ |
| :---: | :---: | :---: | :---: |
| 18-44 | 3 | 3 | 2 |
| 45-49 | 3 | 3 | 2 |
| 50-54 | 6 | 5 | 4 |
| 55-59 | 11 | 11 | 8 |
| 60-64 | 24 | 22 | 17 |
| 65 | 34 | 31 | 25 |
| 66 | 37 | 34 | 28 |
| 67 | 42 | 38 | 32 |
| 68 | 45 | 42 | 35 |
| 69 | 50 | 46 | 38 |
| 70 | 54 | 51 | 42 |
| 71 | 58 | 55 | 45 |
| 72 | 63 | 59 | 48 |
| 73 | 68 | 64 | 51 |
| 74 | 73 | 69 | 55 |
| 75 | 77 | 75 | 59 |
| 76 | 82 | 78 | 63 |
| 77 | 86 | 83 | 67 |
| 78 | 92 | 87 | 68 |
| 79 | 95 | 92 | 69 |
| 80 |  | 94 | 72 |
| 81 |  | 98 | 75 |
| 82 |  | 102 | 76 |
| 83 |  | 107 | 77 |
| 84 |  | 112 | 80 |

CONTINENTAL CASUALTY COMPANY
CNA Plaza, Chicago, IL 60685
Rate Sheet For R1-16185-B
Compound Automatic Increase Rider Annual Premium per $\$ 10$ Daily Indemnity
hEALTH GROUP I
NO PRIOR HOSPITALIZATION REQUIRED BENEFIT PERIOD: 4 YEARS

| $\begin{aligned} & \text { ISSUE } \\ & \text { AGE } \\ & \hline \end{aligned}$ | $\begin{gathered} 0 \text { DAY } \\ \text { ELIMINATION } \\ \text { PERIOD } \\ \hline \end{gathered}$ | 30 DAY ELIMINATION PERIOD | $\begin{aligned} & 90 \text { DAY } \\ & \text { ELIMINATION } \\ & \text { PERIOD } \end{aligned}$ |
| :---: | :---: | :---: | :---: |
| 18-44 | 4 | 4 | 4 |
| 45-49 | 5 | 5 | 4 |
| 50-54 | 8 | 8 | 7 |
| 55-59 | 17 | 15 | 15 |
| 60-64 | 36 | 33 | 29 |
| 65 | 50 | 45 | 40 |
| 66 | 55 | 50 | 45 |
| 67 | 60 | 56 | 50 |
| 68 | 67 | 60 | 54 |
| 69 | 73 | 67 | 59 |
| 70 | 80 | 73 | 65 |
| 71 | 88 | 80 | 71 |
| 72 | 94 | 88 | 77 |
| 73 | 102 | 93 | 83 |
| 74 | 109 | 99 | 89 |
| 75 | 116 | 106 | 95 |
| 76 | 124 | 113 | 101 |
| 77 | 132 | 121 | 108 |
| 78 | 138 | 128 | 114 |
| 79 | 146 | 134 | 120 |

CONTINENTAL CASUALTY COMPANY<br>CNA Plaza, Chicago, IL 60685<br>Rate Sheet For R1-16185-B<br>Compound Automatic Increase Rider Annual Premium per $\$ 10$ Daily Indemnity<br>HEALTH GROUP I<br>NO PRIOR HOSPITALIZATION REQUIRED<br>BENEF IT PERIOD: 6 YEARS

| $\begin{aligned} & \text { ISSUE } \\ & \text { AGE } \\ & \hline \end{aligned}$ | $\begin{gathered} 0 \text { DAY } \\ \text { ELIMINATION } \\ \text { PERIOD } \\ \hline \end{gathered}$ | $\begin{aligned} & 30 \text { DAY } \\ & \text { ELIMINATION } \\ & \text { PERIOD } \\ & \hline \end{aligned}$ | $\begin{gathered} 90 \text { DAY } \\ \text { ELIMINATION } \\ \text { PERIOD } \\ \hline \end{gathered}$ |
| :---: | :---: | :---: | :---: |
| 18-44 | 6 | 6 | 5 |
| 45-49 | 7 | 7 | 6 |
| 50-54 | 10 | 9 | 9 |
| 55-59 | 21 | 20 | 18 |
| 60-64 | 44 | 40 | 36 |
| 65 | 59 | 56 | 50 |
| 66 | 66 | 60 | 56 |
| 67 | 72 | 66 | 60 |
| 68 | 79 | 73 | 66 |
| 69 | 88 | 81 | 73 |
| 70 | 96 | 88 | 80 |
| 71 | 105 | 96 | 87 |
| 72 | 113 | 104 | 95 |
| 73 | 122 | 113 | 102 |
| 74 | 130 | 121 | 110 |
| 75 | 140 | 129 | 117 |
| 76 | 148 | 138 | 125 |
| 77 | 157 | 145 | 133 |
| 78 | 167 | 155 | 140 |
| 79 | 177 | 162 | 150 |


| $\begin{array}{c}\text { CONTINENTAL CASUALTY COMPANY } \\ \text { CNA Plaza, Chicago, IL } \\ \text { Rate Sheet For R1-16185-B } \\ \text { Compound Automatic Increase Rider }\end{array}$ |  |  |  |
| :---: | :---: | :---: | :---: |
| Annual Premium per \$10 Daily Indemnity |  |  |  |$]$



```
            CONTINENTAL CASUALTY COMPANY
            CNA Plaza, Chicago, IL 60685
                Rate Sheet For R1-15205-A37
        Comprehensive Home Health Care Rider
            HEALTH GROUP I
Annual Rate for each $10 Home Health Care Maximum Benefit
```

| $\begin{aligned} & \text { ISSUE } \\ & \text { AGE } \\ & \hline \end{aligned}$ | $\begin{aligned} & 750 \text { VISIT } \\ & \text { BENEFIT } \end{aligned}$ | $\begin{gathered} 1500 \text { VISIT } \\ \text { BENEFIT } \end{gathered}$ | LIFETIME BENEFIT |
| :---: | :---: | :---: | :---: |
| 18-44 | 21 | 27 | 34 |
| 45-49 | 23 | 29 | 36 |
| 50-54 | 24 | 30 | 38 |
| 55-59 | 31 | 40 | 50 |
| 60-64 | 44 | 55 | 70 |
| 65 | 49 | 61 | 78 |
| 66 | 50 | 65 | 81 |
| 67 | 53 | 68 | 86 |
| 68 | 57 | 73 | 91 |
| 69 | 60 | 77 | 98 |
| 70 | 64 | 82 | 105 |
| 71 | 69 | 89 | 114 |
| 72 | 75 | 97 | 123 |
| 73 | 82 | 105 | 134 |
| 74 | 89 | 114 | 145 |
| 75 | 97 | 124 | 157 |
| 76 | 105 | 135 | 170 |
| 77 | 114 | 146 | 185 |
| 78 | 125 | 160 | 202 |
| 79 | 135 | 172 | 220 |
| 80 | 147 |  |  |
| 81 | 159 |  |  |
| 82 | 174 |  |  |
| 83 | 191 |  |  |
| 84 | 206 |  |  |

> CONTINENTAL CASUALTY COMPANY
> CNA Plaza, Chicago, IL 60685
> Rate Sheet For R1-15205-A37 Comprehensive Home Health Care Rider
> HEALTH GROUP I
> Annual Rate for each $\$ 10$ Home Health Care Maximum Benefit Add if Simple Automatic Increase Rider R1-59439-B present

| $\begin{aligned} & \text { ISSUE } \\ & \hline \text { AGE } \\ & \hline \end{aligned}$ | 750 VISIT BENEFIT | $1500 \text { VISIT }$ BENEFIT | LIFETIME BENEFIT |
| :---: | :---: | :---: | :---: |
| 18-44 | 5 | 7 | 8 |
| 45-49 | 5 | 6 | 8 |
| 50-54 | 7 | 10 | 12 |
| 55-59 | 10 | 12 | 17 |
| 60-64 | 13 | 18 | 23 |
| 65 | 16 | 23 | 28 |
| 66 | 18 | 22 | 30 |
| 67 | 19 | 24 | 32 |
| 68 | 20 | 25 | 35 |
| 69 | 23 | 29 | 36 |
| 70 | 25 | 32 | 39 |
| 71 | 26 | 33 | 40 |
| 72 | 28 | 35 | 43 |
| 73 | 28 | 36 | 45 |
| 74 | 30 | 38 | 48 |
| 75 | 31 | 39 | 51 |
| 76 | 33 | 41 | 54 |
| 77 | 35 | 44 | 56 |
| 78 | 36 | 46 | 60 |
| 79 | 39 | 52 | 63 |
| 80 | 41 |  |  |
| 81 | 45 |  |  |
| 82 | 45 |  |  |
| 83 | 46 |  |  |
| 84 | 46 |  |  |

```
                        CONTINENTAL CASUALTY COMPANY
                            CNA Plaza, Chicago, IL 60685
                            Rate Sheet For R1-15205-A37
                        Comprehensive Home Health Care Rider
                        HEALTH GROUP I
        Annual Rate for each $10 Home Health Care Maximum Benefit
Add if Compound Automatic Increase Rider R1-16185-B present
```

| ISSUE <br> AGE | 750 VISIT <br> BENEFIT | 1500 VISIT <br> BENEFIT | LIFETIME <br> BENEFIT |
| :--- | :---: | :---: | ---: |
| $18-44$ | 7 | 8 | 9 |
| $45-49$ | 6 | 8 | 10 |
| $50-54$ | 9 | 12 | 14 |
| $55-59$ | 14 | 17 | 23 |
| $60-64$ | 23 | 31 | 31 |
| 65 | 25 | 32 | 38 |
| 66 | 26 | 33 | 41 |
| 67 | 27 | 35 | 43 |
| 68 | 30 | 42 | 46 |
| 69 | 33 | 44 | 49 |
| 70 | 35 | 46 | 51 |
| 71 | 37 | 47 | 53 |
| 72 | 39 | 52 | 57 |
| 73 | 41 | 52 | 59 |
| 74 | 42 | 55 | 62 |
| 75 | 43 | 59 | 65 |
| 76 | 46 | 63 | 68 |
| 77 | 50 |  | 69 |
| 78 | 53 |  | 74 |
| 79 | 54 |  | 78 |
| 80 | 53 |  |  |
| 81 | 55 |  |  |
| 82 |  |  |  |
| 83 |  |  |  |
| 84 |  |  |  |

## THIS POLICY IS FOR RENEWAL BUSINESS ONLY

## CONTINENTAL CASUALTY COMPANY

## Supplement to Rate Sheet for Policy Form P1-18215-A37 \& -A87 <br> Pennsylvania

All Rates for this form should be multiplied by a factor of:

This factor reflects the proposed increase of:

And the following prior approved rate increases:

|  | Increase Applies <br> to all Policies or <br> Subset | Rate Increase <br> Approved | Approval Date <br> of Rate <br> Increase |
| :---: | :---: | :---: | :---: |
| Policy Form | Suth | All | $50 \%$ |
| P1-18215-A37, -A87 | All | $7 / 10 / 2003$ |  |
| P1-18215-A37, -A87 | All | $25 \%$ | $9 / 2 / 2011$ * |

* implemented over 2 years, $11.8 \%$ in each year.

CONTINENTAL CASUALTY COMPANY<br>Rate Sheet For P1-18215-A37<br>Long-Term Care Policy<br>Annual Premium per $\$ 10$ of Long-Term Care Daily Benefit<br>PREFERRED RATING GROUP<br>0 DAY ELIMINATION PERIOD<br>HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT= 50\% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

| $\begin{aligned} & \text { ISSUE } \\ & \text { AGE } \\ & \hline \end{aligned}$ | $\begin{array}{r} \text { MAXIMUM= } \\ 365 \mathrm{LTC} \\ \text { BENEFIT/DAY } \\ \hline \end{array}$ | MAXIMUM $=$ $730 \times$ LTC BENEFIT/DAY | $\begin{gathered} \text { MAXIMUM }= \\ \text { 1460x LTC } \\ \text { BENEFIT/DAY } \end{gathered}$ | MAXIMUM= UNLIMITED |
| :---: | :---: | :---: | :---: | :---: |
| 18-44 |  | 18 | 23 | 31 |
| 45-49 |  | 20 | 26 | 34 |
| 50-54 |  | 24 | 31 | 43 |
| 55-59 |  | 31 | 42 | 58 |
| 60-64 |  | 48 | 64 | 88 |
| 65 |  | 58 | 78 | 108 |
| 66 |  | 62 | 84 | 117 |
| 67 |  | 67 | 92 | 128 |
| 68 |  | 73 | 100 | 139 |
| 69 |  | 80 | 111 | 153 |
| 70 |  | 88 | 122 | 168 |
| 71 |  | 96 | 134 | 185 |
| 72 |  | 106 | 149 | 206 |
| 73 |  | 117 | 166 | 229 |
| 74 |  | 130 | 184 | 254 |
| 75 |  | 145 | 206 | 282 |
| 76 |  | 160 | 228 | 312 |
| 77 |  | 177 | 252 | 345 |
| 78 |  | 195 | 279 | 380 |
| 79 |  | 214 | 307 | 418 |
| 80 | 168 | 235 |  |  |
| 81 | 186 | 256 |  |  |
| 82 | 203 | 279 |  |  |
| 83 | 224 | 309 |  |  |
| 84 | 246 | 338 |  |  |

```
        CONTINENTAL CASUALTY COMPANY
            Rate Sheet For P1-18215-A37
        Long-Term Care Policy
Annual Premium per $10 of Long-Term Care Daily Benefit
PREFERRED RATING GROUP O DAY ELIMINATION PERIOD
hOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT= 100\% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
```

| $\begin{aligned} & \text { ISSUE } \\ & \hline \end{aligned}$ | $\begin{array}{r} \text { MAXIMUM }= \\ 365 x \text { LTC } \\ \text { BENEFIT/DAY } \\ \hline \end{array}$ | $\begin{gathered} \text { MAXIMUM= } \\ 730 \mathrm{LTC} \\ \text { BENEFIT/DAY } \\ \hline \end{gathered}$ | $\begin{gathered} \text { MAXIMUM }= \\ \text { 1460x LTC } \\ \text { BENEFIT/DAY } \end{gathered}$ | $\begin{array}{r} \text { MAXIMUM }= \\ \text { UNLIMITED } \\ \hline \end{array}$ |
| :---: | :---: | :---: | :---: | :---: |
| 18-44 |  | 21 | 28 | 38 |
| 45-49 |  | 24 | 31 | 43 |
| -50-54 |  | 28 | 38 | 53 |
| 55-59 |  | 36 | 49 | 68 |
| 60-64 |  | 53 | 72 | 99 |
| 65 |  | 65 | 88 | 122 |
| 66 |  | 69 | 95 | 133 |
| 67 |  | 75 | 104 | 145 |
| 68 |  | 82 | 114 | 158 |
| 69 |  | 89 | 124 | 173 |
| 70 |  | 98 | 137 | 190 |
| 71 |  | 107 | 150 | 209 |
| 72 |  | 118 | 167 | 232 |
| 73 |  | 130 | 186 | 258 |
| 74 |  | 144 | 207 | 286 |
| 75 |  | 160 | 230 | 318 |
| 76 |  | 177 | 256 | 352 |
| 77 |  | 196 | 283 | 388 |
| 78 |  | 215 | 313 | 428 |
| 79 |  | 236 | 343 | 470 |
| 80 | 184 | 258 |  |  |
| 81 | 204 | 282 |  |  |
| 82 | 223 | 307 |  |  |
| 83 | 246 | 339 |  |  |
| 84 | 269 | 371 |  |  |

Annual Premium per $\$ 10$ of Long-Term Care Daily Benefit
PREFERRED RATING GROUP
O DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT= 50\% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-18225-SERIES

| $\begin{aligned} & \text { ISSUE } \\ & \text { AGE } \end{aligned}$ | MAXIMUM $=$ 365x LTC BENEFIT/DAY | MAXIMUM= 730x LTC BENEFIT/DAY | MAXIMUM $=$ 1460x LTC BENEFIT/DAY | MAXIMUM= UNLIMITED |
| :---: | :---: | :---: | :---: | :---: |
| 18-44 |  | 25 | 35 | 50 |
| 45-49 |  | 28 | 39 | 55 |
| 50-54 |  | 36 | 50 | 71 |
| 55-59 |  | 47 | 66 | 96 |
| 60-64 |  | 69 | 97 | 139 |
| 65 |  | 84 | 119 | 172 |
| 66 |  | 90 | 128 | 185 |
| 67 |  | 98 | 139 | 201 |
| 68 |  | 106 | 152 | 219 |
| 69 |  | 116 | 166 | 239 |
| 70 |  | 126 | 181 | 260 |
| 71 |  | 137 | 198 | 285 |
| 72 |  | 150 | 218 | 312 |
| 73 |  | 164 | 240 | 343 |
| 74 |  | 181 | 264 | 377 |
| 75 |  | 199 | 291 | 413 |
| 76 |  | 218 | 320 | 452 |
| 77 |  | 239 | 350 | 495 |
| 78 |  | 260 | 383 | 540 |
| 79 |  | 282 | 418 | 588 |
| 80 | 215 | 305 |  |  |
| 81 | 234 | 329 |  |  |
| 82 | 253 | 354 |  |  |
| 83 | 276 | 386 |  |  |
| 84 | 298 | 418 |  |  |

$\left.\begin{array}{cc}\text { CONTINENTAL CASUALTY COMPANY } \\ \text { Rate Sheet For P1-18215-A37 } \\ \text { Long-Term Care Policy }\end{array}\right)$

CONTINENTAL CASUALTY COMPANY
Rate Sheet For P1-18215-A37 Long-Term Care Policy Annual Premium per $\$ 10$ of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
O DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT= 50\% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-18226-SERIES

| $\begin{aligned} & \text { ISSUE } \\ & \hline \text { AGE } \\ & \hline \end{aligned}$ | $\begin{gathered} \text { MAXIMUM=} \\ 365 x \text { LTC } \\ \text { BENEFIT/DAY } \\ \hline \end{gathered}$ | $\begin{array}{r} \text { MAXIMUM }= \\ 730 x \text { LTCC } \\ \text { BENEFIT/DAY } \\ \hline \end{array}$ | $\begin{gathered} \text { MAXIMUM= } \\ \text { 1460x LTC } \\ \text { BENEFIT/DAY } \\ \hline \end{gathered}$ | MAXIMUM= UNLIMITED |
| :---: | :---: | :---: | :---: | :---: |
| 18-44 |  | 34 | 47 | 67 |
| 45-49 |  | 37 | 52 | 74 |
| 50-54 |  | 46 | 65 | 94 |
| 55-59 |  | 59 | 84 | 122 |
| 60-64 |  | 82 | 116 | 167 |
| 65 |  | 99 | 141 | 202 |
| 66 |  | 105 | 150 | 216 |
| 67 |  | 113 | 162 | 233 |
| 68 |  | 122 | 175 | 252 |
| 69 |  | 132 | 190 | 271 |
| 70 |  | 142 | 205 | 293 |
| 71 |  | 154 | 223 | 318 |
| 72 |  | 167 | 242 | 346 |
| 73 |  | 181 | 264 | 377 |
| 74 |  | 198 | 289 | 411 |
| 75 |  | 216 | 316 | 448 |
| 76 |  | 235 | 345 | 487 |
| 77 |  | 256 | 376 | 530 |
| 78 |  | 276 | 409 | 575 |
| 79 |  | 298 | 444 | 623 |
| 80 | 226 | 321 |  |  |
| 81 | 245 | 345 |  |  |
| 82 | 264 | 370 |  |  |
| 83 | 286 | 401 |  |  |
| 84 | 309 | 432 |  |  |

CONTINENTAL CASUALTY COMPANY
Rate Sheet For P1-18215-A37
Long-Term Care Policy
Annual Premium per $\$ 10$ of Long-Term Care Daily Benefit
PREFERRED RATING GROUP
O DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT= 100\% OF LONG-TERM CARE DAILY BENEFIT AMOUNT WITH COMPOUND AUTOMATIC INCREASE RIDER R1-18226-SERIES

| $\begin{aligned} & \text { ISSUE } \\ & \text { AGE } \\ & \hline \end{aligned}$ | $\begin{array}{r} \text { MAXIMUM= } \\ 365 \mathrm{x} \text { LTC } \\ \text { BENEFIT/DAY } \\ \hline \end{array}$ | MAXIMUM= 730x LTC BENEFIT/DAY | $\begin{gathered} \text { MAXIMUM= } \\ \text { 1460x LTC } \\ \text { BENEFIT/DAY } \\ \hline \end{gathered}$ | MAXIMUM= UNLIMITED |
| :---: | :---: | :---: | :---: | :---: |
| 18-44 |  | 40 | 57 | 80 |
| 45-49 |  | 44 | 63 | 88 |
| 50-54 |  | 54 | 77 | 110 |
| 55-59 |  | 67 | 97 | 139 |
| 60-64 |  | 92 | 131 | 188 |
| 65 |  | 111 | 158 | 227 |
| 66 |  | 118 | 170 | 242 |
| 67 |  | 127 | 183 | 261 |
| 68 |  | 136 | 197 | 281 |
| 69 |  | 147 | 213 | 303 |
| 70 |  | 158 | 230 | 328 |
| 71 |  | 172 | 250 | 356 |
| 72 |  | 186 | 272 | 387 |
| 73 |  | 201 | 297 | 422 |
| 74 |  | 219 | 324 | 459 |
| 75 |  | 240 | 354 | 499 |
| 76 |  | 261 | 385 | 543 |
| 77 |  | 283 | 419 | 590 |
| 78 |  | 306 | 456 | 640 |
| 79 |  | 329 | 494 | 693 |
| 80 | 249 | 354 |  |  |
| 81 | 269 | 380 |  |  |
| 82 | 290 | 406 |  |  |
| 83 | 314 | 440 |  |  |
| 84 | 337 | 473 |  |  |

```
        CONTINENTAL CASUALTY COMPANY
            Rate Sheet For P1-18215-A37
            Long-Term Care Policy
Annual Premium per $10 of Long-Term Care Daily Benefit
                        STANDARD RATING GROUP
                O DAY ELIMINATION PERIOD
    HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
        50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
```

| $\begin{gathered} \text { ISSUE } \\ \text { AGE } \end{gathered}$ | MAXIMUM= 365x LTC BENEFIT/DAY | MAXIMUM= 730x LTC BENEFIT/DAY | $\begin{gathered} \text { MAXIMUM= } \\ 1460 \mathrm{x} \text { LTC } \\ \text { BENEFIT/DAY } \\ \hline \end{gathered}$ | MAXIMUM $=$ UNLIMITED |
| :---: | :---: | :---: | :---: | :---: |
| 18-44 |  | 23 | 29 | 39 |
| 45-49 |  | 25 | 33 | 43 |
| 50-54 |  | 30 | 39 | 54 |
| 55-59 |  | 39 | 53 | 73 |
| 60-64 |  | 60 | 80 | 110 |
| 65 |  | 73 | 98 | 135 |
| 66 |  | 78 | 105 | 146 |
| 67 |  | 84 | 115 | 160 |
| 68 |  | 91 | 125 | 174 |
| 69 |  | 100 | 139 | 191 |
| 70 |  | 110 | 153 | 210 |
| 71 |  | 120 | 168 | 231 |
| 72 |  | 133 | 186 | 258 |
| 73 |  | 146 | 208 | 286 |
| 74 |  | 163 | 230 | 318 |
| 75 |  | 181 | 258 | 353 |
| 76 |  | 200 | 285 | 390 |
| 77 |  | 221 | 315 | 431 |
| 78 |  | 244 | 349 | 475 |
| 79 |  | 268 | 384 | 523 |
| 80 | 210 | 294 |  |  |
| 81 | 233 | 320 |  |  |
| 82 | 254 | 349 |  |  |
| 83 | 280 | 386 |  |  |
| 84 | 308 | 423 |  |  |

```
        CONTINENTAL CASUALTY COMPANY
        Rate Sheet For P1-18215-A37
        Long-Term Care Policy
Annual Premium per $10 of Long-Term Care Daily Benefit
                        STANDARD RATING GROUP
                O DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
        100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
```

| $\begin{aligned} & \text { ISSUE } \\ & \text { AGE } \\ & \hline \end{aligned}$ | $\begin{gathered} \text { MAXIMUM= } \\ 365 \times \text { LTC } \\ \text { BENEFIT/DAY } \\ \hline \end{gathered}$ | $\begin{array}{r} \text { MAXIMUM }= \\ 730 \times \text { LTC } \\ \text { BENEFIT/DAY } \\ \hline \end{array}$ | $\begin{array}{r} \text { MAXIMUM= } \\ \text { 1460x LTC } \\ \text { BENEFIT/DAYY } \\ \hline \end{array}$ | MAXIMUM= UNLIMITED |
| :---: | :---: | :---: | :---: | :---: |
| 18-44 |  | 26 | 35 | 48 |
| 45-49 |  | 30 | 39 | 54 |
| 50-54 |  | 35 | 48 | 66 |
| 55-59 |  | 45 | 61 | 85 |
| 60-64 |  | 66 | 90 | 124 |
| 65 |  | 81 | 110 | 153 |
| 66 |  | 86 | 119 | 166 |
| 67 |  | 94 | 130 | 181 |
| 68 |  | 103 | 143 | 198 |
| 69 |  | 111 | 155 | 216 |
| 70 |  | 123 | 171 | 238 |
| 71 |  | 134 | 188 | 261 |
| 72 |  | 148 | 209 | 290 |
| 73 |  | 163 | 233 | 323 |
| 74 |  | 180 | 259 | 358 |
| 75 |  | 200 | 288 | 398 |
| 76 |  | 221 | 320 | 440 |
| 77 |  | 245 | 354 | 485 |
| 78 |  | 269 | 391 | 535 |
| 79 |  | 295 | 429 | 588 |
| 80 | 230 | 323 |  |  |
| 81 | 255 | 353 |  |  |
| 82 | 279 | 384 |  |  |
| 83 | 308 | 424 |  |  |
| 84 | 336 | 464 |  |  |


| CONTINENTAL CASUALTY COMPANYRate Sheet For P1-18215-A37Long-Term Care PolicyAnnual Premium per $\$ 10$ of Long-Term Care Daily Benefit |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: |
| STANDARD RATING GROUP <br> 0 day elimination period <br> HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT= 50\% OF LONG-TERM CARE DAILY BENEFIT AMOUNT WITH SIMPLE AUTOMATIC INCREASE RIDER R1-18225-SERIES |  |  |  |  |
| $\begin{aligned} & \text { ISSUE } \\ & \text { AGE } \\ & \hline \end{aligned}$ | $\begin{gathered} \text { MAXIMUM= } \\ 365 \times \text { LTC } \\ \text { BENEFIT/DAY } \\ \hline \end{gathered}$ | $\begin{array}{r} \text { MAXIMUM= } \\ 730 \mathrm{LTC} \\ \text { BENEFIT/DAY } \\ \hline \end{array}$ | $\begin{gathered} \text { MAXIMUM= } \\ 1460 \mathrm{x} \text { LTC } \\ \text { BENEFIT/DAY } \\ \hline \end{gathered}$ | MAXIMUM $=$ UNLIMITED |
| 18-44 |  | 31 | 44 | 63 |
| 45-49 |  | 35 | 49 | 69 |
| 50-54 |  | 45 | 63 | 89 |
| 55-59 |  | 59 | 83 | 120 |
| 60-64 |  | 86 | 121 | 174 |
| 65 |  | 105 | 149 | 215 |
| 66 |  | 113 | 160 | 231 |
| 67 |  | 123 | 174 | 251 |
| 68 |  | 133 | 190 | 274 |
| 69 |  | 145 | 208 | 299 |
| 70 |  | 158 | 226 | 325 |
| 71 |  | 171 | 248 | 356 |
| 72 |  | 188 | 273 | 390 |
| 73 |  | 205 | 300 | 429 |
| 74 |  | 226 | 330 | 471 |
| 75 |  | 249 | 364 | 516 |
| 76 |  | 273 | 400 | 565 |
| 77 |  | 299 | 438 | 619 |
| 78 |  | 325 | 479 | 675 |
| 79 |  | 353 | 523 | 735 |
| 80 | 269 | 381 |  | 735 |
| 81 | 293 | 411 |  |  |
| 82 | 316 | 443 |  |  |
| 83 | 345 | 483 |  |  |
| 84 | 373 | 523 |  |  |

```
        CONTINENTAL CASUALTY COMPANY
            Rate Sheet For P1-18215-A37
        Long-Term Care Policy
        Annual Premium per $10 of Long-Term Care Daily Benefit
            STANDARD RATING GROUP
            O DAY ELIMINATION PERIOD
    HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
        100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-18225-SERIES
```

| $\begin{aligned} & \text { ISSUE } \\ & \text { AGE } \\ & \hline \end{aligned}$ | MAXIMUM= 365x LTC BENEFIT/DAY | MAXIMUM= 730x LTC BENEFIT/DAY | $\begin{gathered} \text { MAXIMUM= } \\ 1460 \mathrm{x} \text { LTC } \\ \text { BENEFIT/DAY } \\ \hline \end{gathered}$ | $\begin{array}{r} \text { MAXIMUM= }= \\ \text { UNLIMITED } \\ \hline \end{array}$ |
| :---: | :---: | :---: | :---: | :---: |
| 18-44 |  | 39 | 54 | 75 |
| 45-49 |  | 43 | 60 | 84 |
| 50-54 |  | 53 | 75 | 105 |
| 55-59 |  | 68 | 96 | 139 |
| 60-64 |  | 96 | 138 | 195 |
| 65 |  | 118 | 168 | 241 |
| 66 |  | 126 | 181 | 259 |
| 67 |  | 138 | 196 | 281 |
| 68 |  | 149 | 214 | 306 |
| 69 |  | 161 | 233 | 334 |
| 70 |  | 175 | 254 | 364 |
| 71 |  | 191 | 278 | 398 |
| 72 |  | 209 | 305 | 436 |
| 73 |  | 229 | 336 | 479 |
| 74 |  | 251 | 369 | 525 |
| 75 |  | 275 | 406 | 576 |
| 76 |  | 301 | 445 | 630 |
| 77 |  | 330 | 488 | 689 |
| 78 |  | 358 | 534 | 751 |
| 79 |  | 388 | 581 | 818 |
| 80 | 295 | 420 |  |  |
| 81 | 321 | 453 |  |  |
| 82 | 348 | 486 |  |  |
| 83 | 379 | 530 |  |  |
| 84 | 409 | 573 |  |  |



CONTINENTAL CASUALTY COMPANY
Rate Sheet For P1-18215-A37 Long-Term Care Policy
Annual Premium per $\$ 10$ of Long-Term Care Daily Benefit
STANDARD RATING GROUP O DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT= 100\% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-18226-SERIES

| $\begin{aligned} & \text { ISSUE } \\ & \text { AGE } \\ & \hline \end{aligned}$ | MAXIMUM= 365x LTC BENEFIT/DAY | $\begin{array}{r} \text { MAXIMUM= } \\ 730 \mathrm{x} \text { LTC } \\ \text { BENEFIT/DAY } \\ \hline \end{array}$ | MAXIMUM= 1460x LTC BENEFIT/DAY | $\begin{array}{r} \text { MAXIMUM }= \\ \text { UNLIMITED } \\ \hline \end{array}$ |
| :---: | :---: | :---: | :---: | :---: |
| 18-44 |  | 50 | 71 | 100 |
| 45-49 |  | 55 | 79 | 110 |
| 50-54 |  | 68 | 96 | 138 |
| 55-59 |  | 84 | 121 | 174 |
| 60-64 |  | 115 | 164 | 235 |
| 65 |  | 139 | 198 | 284 |
| 66 |  | 148 | 213 | 303 |
| 67 |  | 159 | 229 | 326 |
| 68 |  | 170 | 246 | 351 |
| 69 |  | 184 | 266 | 379 |
| 70 |  | 198 | 288 | 410 |
| 71 |  | 215 | 313 | 445 |
| 72 |  | 233 | 340 | 484 |
| 73 |  | 251 | 371 | 528 |
| 74 |  | 274 | 405 | 574 |
| 75 |  | 300 | 443 | 624 |
| 76 |  | 326 | 481 | 679 |
| 77 |  | 354 | 524 | 738 |
| 78 |  | 383 | 570 | 800 |
| 79 |  | 411 | 618 | 866 |
| 80 | 311 | 443 |  |  |
| 81 | 336 | 475 |  |  |
| 82 | 363 | 508 |  |  |
| 83 | 393 | 550 |  |  |
| 84 | 421 | 591 |  |  |

```
CONTINENTAL CASUALTY COMPANY
    Rate Sheet For P1-18215-A37
    Long-Term Care Policy
    Other Optional Riders
```

Benefit Eligibility Amendment Rider R1-18223-Series
If Rider R1-18223-Series is present, multiply policy premium by 1.05.

Guaranteed Insurability Option Rider R1-18224-Series
If Rider R1-18224-Series is present, multiply policy premium by appropriate factor from the following table:

| Issue Age |  | Factor |
| :---: | :---: | :---: |
| $18-44$ |  | 1.15 |
| $45-49$ |  | 1.15 |
| $50-54$ |  | 1.15 |
| $55-59$ |  | 1.15 |
| $60-64$ |  | 1.15 |
| 65 |  | 1.15 |
| 66 |  | 1.15 |
| 67 |  | 1.14 |
| 68 |  | 1.13 |
| 69 |  | 1.12 |
| 70 |  | 1.11 |
| 71 |  | 1.10 |
| 72 |  | 1.08 |
| 73 |  | 1.06 |

## Health Rating Group Factors

Rates shown are for Preferred Rating Group and Standard Rating Group. Rates for Health Groups II and III are calculated by multiplying Standard rates by 1.20 and 1.40 , respectively.

## Elimination Period Factors

Rates shown are for 0 day elimination period. Rates for longer elimination periods are calculated by multiplying the 0 day rates by the appropriate factor from the following table:

| Benefit <br> Maximum | $\underline{30}$ | $\underline{60}$ | $\underline{90}$ | $\underline{180}$ | $\underline{365}$ |
| :--- | ---: | ---: | ---: | ---: | ---: |
|      <br> $165 x, 730 x$     | 0.89 | 0.84 | 0.80 | 0.69 | 0.60 |
| $1460 x$ | 0.91 | 0.86 | 0.82 | 0.72 | 0.63 |
| Un1imited | 0.93 | 0.89 | 0.86 | 0.78 | 0.70 |

# CONTINENTAL CASUALTY COMPANY <br> Rate Sheet For P1-18215-A37 <br> Long-Term Care Policy 

SPOUSAL DISCOUNT

A $10 \%$ discount to the rates will be made if the following conditions are met:

1. Discount is applicable to all lives regardless of Health Group.
2. If both spouses apply for coverage simultaneously and are both issued, discount applies to both policies.
```
            CONTINENTAL CASUALTY COMPANY
                        Rate Sheet For P1-18215-A87
                Long-Term Care Policy
Annual Premium per $10 of Long-Term Care Daily Benefit
                    PREFERRED RATING GROUP
                        O DAY ELIMINATION PERIOD
    HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
        50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
```

| $\begin{aligned} & \text { ISSUE } \\ & \text { AGE } \\ & \hline \end{aligned}$ | $\begin{gathered} \text { MAXIMUM= } \\ 365 \mathrm{x} \text { LTC } \\ \text { BENEFIT/DAY } \\ \hline \end{gathered}$ | $\begin{gathered} \text { MAXIMUM= } \\ 730 \mathrm{x} \text { LTC } \\ \text { BENEFIT/DAY } \\ \hline \end{gathered}$ | $\begin{array}{r} \text { MAXIMUM= } \\ 1460 x \text { LTC } \\ \text { BENEFIT/DAY } \\ \hline \end{array}$ | MAXIMUM= UNLIMITED |
| :---: | :---: | :---: | :---: | :---: |
| 18-44 |  | 18 | 23 | 31 |
| 45-49 |  | 20 | 26 | 34 |
| 50-54 |  | 24 | 31 | 43 |
| 55-59 |  | 31 | 42 | 58 |
| 60-64 |  | 48 | 64 | 88 |
| 65 |  | 58 | 78 | 108 |
| 66 |  | 62 | 84 | 117 |
| 67 |  | 67 | 92 | 128 |
| 68 |  | 73 | 100 | 139 |
| 69 |  | 80 | 111 | 153 |
| 70 |  | 88 | 122 | 168 |
| 71 |  | 96 | 134 | 185 |
| 72 |  | 106 | 149 | 206 |
| 73 |  | 117 | 166 | 229 |
| 74 |  | 130 | 184 | 254 |
| 75 |  | 145 | 206 | 282 |
| 76 |  | 160 | 228 | 312 |
| 77 |  | 177 | 252 | 345 |
| 78 |  | 195 | 279 | 380 |
| 79 |  | 214 | 307 | 418 |
| 80 | 168 | 235 |  |  |
| 81 | 186 | 256 |  |  |
| 82 | 203 | 279 |  |  |
| 83 | 224 | 309 |  |  |
| 84 | 246 | 338 |  |  |

```
            CONTINENTAL CASUALTY COMPANY
            Rate Sheet For P1-18215-A87
                Long-Term Care Policy
            Annual Premium per $10 of Long-Term Care Daily Benefit
                    PREFERRED RATING GROUP
                    O DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
        100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
```

| $\begin{aligned} & \text { ISSUE } \\ & \text { AGE } \\ & \hline \end{aligned}$ | $\begin{gathered} \text { MAXIMUM= } \\ 365 x \text { LTC } \\ \text { BENEFIT/DAY } \\ \hline \end{gathered}$ | MAXIMUM $=$ <br> 730 x LTC <br> BENEFIT/DAY | $\begin{array}{r} \text { MAXIMUM= } \\ \text { 1460x LTC } \\ \text { BENEFIT/DAY } \\ \hline \end{array}$ | MAXIMUM= UNLIMITED |
| :---: | :---: | :---: | :---: | :---: |
| 18-44 |  | 21 | 28 | 38 |
| 45-49 |  | 24 | 31 | 43 |
| 50-54 |  | 28 | 38 | 53 |
| 55-59 |  | 36 | 49 | 68 |
| 60-64 |  | 53 | 72 | 99 |
| 65 |  | 65 | 88 | 122 |
| 66 |  | 69 | 95 | 133 |
| 67 |  | 75 | 104 | 145 |
| 68 |  | 82 | 114 | 158 |
| 69 |  | 89 | 124 | 173 |
| 70 |  | 98 | 137 | 190 |
| 71 |  | 107 | 150 | 209 |
| 72 |  | 118 | 167 | 232 |
| 73 |  | 130 | 186 | 258 |
| 74 |  | 144 | 207 | 286 |
| 75 |  | 160 | 230 | 318 |
| 76 |  | 177 | 256 | 352 |
| 77 |  | 196 | 283 | 388 |
| 78 |  | 215 | 313 | 428 |
| 80 | 184 | 236 | 343 | 470 |
| 81 | 204 | 282 |  |  |
| 82 | 223 | 307 |  |  |
| 83 | 246 | 339 |  |  |
| 84 | 269 | 371 |  |  |



```
        CONTINENTAL CASUALTY COMPANY
                        Rate Sheet For P1-18215-A87
        Long-Term Care Policy
    Annual Premium per $10 of Long-Term Care Daily Benefit
                PREFERRED RATING GROUP
            O DAY ELIMINATION PERIOD
    HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
        100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-18225-SERIES
```

| $\begin{aligned} & \text { ISSUE } \\ & \text { AGE } \\ & \hline \end{aligned}$ | $\begin{gathered} \text { MAXIMUM }= \\ 365 \mathrm{x} \text { LTC } \\ \text { BENEFIT/DAY } \\ \hline \end{gathered}$ | $\begin{array}{r} \text { MAXIMUM= } \\ 730 \times \mathrm{LTC} \\ \text { BENEFIT/DAY } \\ \hline \end{array}$ | $\begin{gathered} \text { MAXIMUM= } \\ 1460 \mathrm{~L} \text { LTC } \\ \text { BENEFIT/DAY } \end{gathered}$ | MAXIMUM= UNLIMITED |
| :---: | :---: | :---: | :---: | :---: |
| 18-44 |  | 31 | 43 | 60 |
| 45-49 |  | 34 | 48 | 67 |
| 50-54 |  | 42 | 60 | 84 |
| 55-59 |  | 54 | 77 | 111 |
| 60-64 |  | 77 | 110 | 156 |
| 65 |  | 94 | 134 | 193 |
| 66 |  | 101 | 145 | 207 |
| 67 |  | 110 | 157 | 225 |
| 68 |  | 119 | 171 | 245 |
| 69 |  | 129 | 186 | 267 |
| 70 |  | 140 | 203 | 291 |
| 71 |  | 153 | 222 | 318 |
| 72 |  | 167 | 244 | 349 |
| 73 |  | 183 | 269 | 383 |
| 74 |  | 201 | 295 | 420 |
| 75 |  | 220 | 325 | 461 |
| 76 |  | 241 | 356 | 504 |
| 77 |  | 264 | 390 | 551 |
| 78 |  | 286 | 427 | 601 |
| 79 |  | 310 | 465 | 654 |
| 80 | 236 | 336 |  |  |
| 81 | 257 | 362 |  |  |
| 82 | 278 | 389 |  |  |
| 83 | 303 | 424 |  |  |
| 84 | 327 | 458 |  |  |


| CONTINENTAL CASUALTY COMPANY <br> Rate Sheet For P1-18215-A87 Long-Term Care Policy <br> Annual Premium per $\$ 10$ of Long-Term Care Daily Benefit <br> PREFERRED RATING GROUP <br> O DAY ELIMINATION PERIOD <br> HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT= 50\% OF LONG-TERM CARE DAILY BENEFIT AMOUNT WITH COMPOUND AUTOMATIC INCREASE RIDER R1-18226-SERIES |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: |
| $\begin{aligned} & \text { ISSUE } \\ & \text { AGE } \\ & \hline \end{aligned}$ | MAXIMUM= 365x LTC BENEFIT/DAY | MAXIMUM= 730x LTC BENEFIT/DAY | MAXIMUM= 1460x LTC BENEFIT/DAY | MAXIMUM $=$ UNLIMITED |
| 18-44 |  | 34 | 47 | 67 |
| 45-49 |  | 37 | 52 | 74 |
| 50-54 |  | 46 | 65 | 94 |
| 55-59 |  | 59 | 84 | 122 |
| 60-64 |  | 82 | 116 | 167 |
| 65 |  | 99 | 141 | 202 |
| 66 |  | 105 | 150 | 216 |
| 67 |  | 113 | 162 | 233 |
| 68 |  | 122 | 175 | 252 |
| 69 |  | 132 | 190 | 271 |
| 70 |  | 142 | 205 | 293 |
| 71 |  | 154 | 223 | 318 |
| 72 |  | 167 | 242 | 346 |
| 73 |  | 181 | 264 | 377 |
| 74 |  | 198 | 289 | 411 |
| 75 |  | 216 | 316 | 448 |
| 76 |  | 235 | 345 | 487 |
| 77 |  | 256 | 376 | 530 |
| 78 |  | 276 | 409 | 575 |
| 79 |  | 298 | 444 | 623 |
| 80 | 226 | 321 |  |  |
| 81 | 245 | 345 |  |  |
| 82 | 264 | 370 |  |  |
| 83 | 286 | 401 |  |  |
| 84 | 309 | 432 |  |  |

PREFERRED RATING GROUP O DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT= 100\% OF LONG-TERM CARE DAILY BENEFIT AMOUNT WITH COMPOUND AUTOMATIC INCREASE RIDER R1-18226-SERIES

| $\begin{aligned} & \text { ISSUE } \\ & \text { AGE } \end{aligned}$ | $\begin{gathered} \text { MAXIMUM= } \\ 365 \mathrm{x} \text { LTC } \\ \text { BENEFIT/DAY } \\ \hline \end{gathered}$ | MAXIMUM $=$ 730x LTC BENEFIT/DAY | $\begin{gathered} \text { MAXIMUM }= \\ \text { 1460x LTC } \\ \text { BENEFIT/DAY } \end{gathered}$ | MAXIMUM= UNLIMITED |
| :---: | :---: | :---: | :---: | :---: |
| 18-44 |  | 40 | 57 | 80 |
| 45-49 |  | 44 | 63 | 88 |
| 50-54 |  | 54 | 77 | 110 |
| 55-59 |  | 67 | 97 | 139 |
| 60-64 |  | 92 | 131 | 188 |
| 65 |  | 111 | 158 | 227 |
| 66 |  | 118 | 170 | 242 |
| 67 |  | 127 | 183 | 261 |
| 68 |  | 136 | 197 | 281 |
| 69 |  | 147 | 213 | 303 |
| 70 |  | 158 | 230 | 328 |
| 71 |  | 172 | 250 | 356 |
| 72 |  | 186 | 272 | 387 |
| 73 |  | 201 | 297 | 422 |
| 74 |  | 219 | 324 | 459 |
| 75 |  | 240 | 354 | 499 |
| 76 |  | 261 | 385 | 543 |
| 77 |  | 283 | 419 | 590 |
| 78 |  | 306 | 456 | 640 |
| 79 |  | 329 | 494 | 693 |
| 80 | 249 | 354 |  |  |
| 81 | 269 | 380 |  |  |
| 82 | 290 | 406 |  |  |
| 83 | 314 | 440 |  |  |
| 84 | 337 | 473 |  |  |

```
        CONTINENTAL CASUALTY COMPANY
    Rate Sheet For P1-18215-A87
        Long-Term Care Policy
Annual Premium per $10 of Long-Term Care Daily Benefit
                        STANDARD RATING GROUP
        O DAY ELIMINATION PERIOD
    HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
        50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
```

| $\begin{aligned} & \text { ISSUE } \\ & \text { AGE } \\ & \hline \end{aligned}$ | $\begin{gathered} \text { MAXIMUM }= \\ 365 \mathrm{LTC} \\ \text { BENEFIT/DAY } \\ \hline \end{gathered}$ | $\begin{gathered} \text { MAXIMUM }= \\ 730 x \text { LTC } \\ \text { BENEFIT/DAY } \\ \hline \end{gathered}$ | $\begin{gathered} \text { MAXIMUM= } \\ 1460 \mathrm{x} \text { LTC } \\ \text { BENEFIT/DAY } \\ \hline \end{gathered}$ | MAXIMUM= UNLIMITED |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 18-44 |  | 23 | 29 |  | 39 |
| 45-49 |  | 25 | 33 |  | 43 |
| 50-54 |  | 30 | 39 |  | 54 |
| 55-59 |  | 39 | 53 |  | 73 |
| 60-64 |  | 60 | 80 |  | 110 |
| 65 |  | 73 | 98 |  | 135 |
| 66 |  | 78 | 105 |  | 146 |
| 67 |  | 84 | 115 |  | 160 |
| 68 |  | 91 | 125 | - | 174 |
| 69 |  | 100 | 139 |  | 191 |
| 70 |  | 110 | 153 |  | 210 |
| 71 |  | 120 | 168 |  | 231 |
| 72 |  | 133 | 186 |  | 258 |
| 73 |  | 146 | 208 |  | 286 |
| 74 |  | 163 | 230 |  | 318 |
| 75 |  | 181 | 258 |  | 353 |
| 76 |  | 200 | 285 |  | 390 |
| 77 |  | 221 | 315 |  | 431 |
| 78 |  | 244 | - 349 |  | 475 |
| 79 |  | 268 | 384 |  | 523 |
| 80 | 210 | 294 |  |  |  |
| 81 | 233 | 320 |  |  |  |
| 82 | 254 | 349 |  |  |  |
| 83 | 280 | 386 |  |  |  |
| 84 | 308 | 423 |  |  |  |

```
        CONTINENTAL CASUALTY COMPANY
            Rate Sheet For P1-18215-A87
        Long-Term Care Policy
Annual Premium per $10 of Long-Term Care Daily Benefit
                        STANDARD RATING GROUP
                O DAY ELIMINATION PERIOD
    HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
        100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
```

| $\begin{aligned} & \text { ISSUE } \\ & \text { AGE } \\ & \hline \end{aligned}$ | $\begin{gathered} \text { MAXIMUM }= \\ 365 \times \text { LTC } \\ \text { BENEFIT/DAY } \\ \hline \end{gathered}$ | $\begin{array}{r} \text { MAXIMUM= } \\ 730 x \text { LTC } \\ \text { BENEFIT/DAY } \\ \hline \end{array}$ | $\begin{array}{r} \text { MAXIMUM= } \\ \text { 1460x LTC } \\ \text { BENEFIT/DAY } \end{array}$ | MAXIMUM= UNLIMITED |
| :---: | :---: | :---: | :---: | :---: |
| 18-44 |  | 26 | 35 | 48 |
| 45-49 |  | 30 | 39 | 54 |
| 50-54 |  | 35 | 48 | 66 |
| 55-59 |  | 45 | 61 | 85 |
| 60-64 |  | 66 | 90 | 124 |
| 65 |  | 81 | 110 | 153 |
| 66 |  | 86 | 119 | 166 |
| 67 |  | 94 | 130 | 181 |
| 68 |  | 103 | 143 | 198 |
| 69 |  | 111 | 155 | 216 |
| 70 |  | 123 | 171 | 238 |
| 71 |  | 134 | 188 | 261 |
| 72 |  | 148 | 209 | 290 |
| 73 |  | 163 | 233 | 323 |
| 74 |  | 180 | 259 | 358 |
| 75 |  | 200 | 288 | 398 |
| 76 |  | 221 | 320 | 440 |
| 77 |  | 245 | 354 | 485 |
| 78 |  | 269 | 391 | 535 |
| 79 |  | 295 | 429 | 588 |
| 80 | 230 | 323 |  |  |
| 81 | 255 | 353 |  |  |
| 82 | 279 | 384 |  |  |
| 83 | 308 | 424 |  |  |
| 84 | 336 | 464 |  |  |

$\left.\begin{array}{rrrr}\text { CONTINENTAL CASUALTY COMPANY } \\ \text { Rate Sheet For P1-18215-A87 } \\ \text { Long-Term Care Policy }\end{array}\right)$

CONTINENTAL CASUALTY COMPANY
Rate Sheet For P1-18215-A87 Long-Term Care Policy
Annual Premium per $\$ 10$ of Long-Term Care Daily Benefit
STANDARD RATING GROUP
O DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT= 100\% OF LONG-TERM CARE DAILY BENEFIT AMOUNT WITH SIMPLE AUTOMATIC INCREASE RIDER R1-18225-SERIES

| $\begin{aligned} & \text { ISSUE } \\ & \text { AGE } \\ & \hline \end{aligned}$ | $\begin{gathered} \text { MAXIMUM= } \\ 365 \mathrm{x} \text { LTC } \\ \text { BENEFIT/DAY } \\ \hline \end{gathered}$ | $\begin{array}{r} \text { MAXIMUM }= \\ 730 \mathrm{x} \text { LTC } \\ \text { BENEFIT/DAY } \\ \hline \end{array}$ | MAXIMUM= 1460x LTC BENEFIT/DAY | MAXIMUM= UNLIMITED |
| :---: | :---: | :---: | :---: | :---: |
| 18-44 |  | 39 | 54 | 75 |
| 45-49 |  | 43 | 60 | 84 |
| 50-54 |  | 53 | 75 | 105 |
| 55-59 |  | 68 | 96 | 139 |
| 60-64 |  | 96 | 138 | 195 |
| 65 |  | 118 | 168 | 241 |
| 66 |  | 126 | 181 | 259 |
| 67 |  | 138 | 196 | 281 |
| 68 |  | 149 | 214 | 306 |
| 69 |  | 161 | 233 | 334 |
| 70 |  | 175 | 254 | 364 |
| 71 |  | 191 | 278 | 398 |
| 72 |  | 209 | 305 | 436 |
| 73 |  | 229 | 336 | 479 |
| 74 |  | 251 | 369 | 525 |
| 75 |  | 275 | 406 | 576 |
| 76 |  | 301 | 445 | 630 |
| 77 |  | 330 | 488 | 689 |
| 78 |  | 358 | 534 | 751 |
| 79 |  | 388 | 581 | 818 |
| 80 | 295 | 420 |  |  |
| 81 | 321 | 453 |  |  |
| 82 | 348 | 486 |  |  |
| 83 | 379 | 530 |  |  |
| 84 | 409 | 573 |  |  |

CONTINENTAL CASUALTY COMPANY
Rate Sheet For P1-18215-A87 Long-Term Care Policy
Annual Premium per $\$ 10$ of Long-Term Care Daily Benefit
STANDARD RATING GROUP
0 day elimination period
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT= 50\% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-18226-SERIES

| $\begin{aligned} & \text { ISSUE } \\ & \text { AGE } \\ & \hline \end{aligned}$ | $\begin{array}{r} \text { MAXIMUM= } \\ 365 \times \text { LTC } \\ \text { BENEFIT/DAY } \\ \hline \end{array}$ | $\begin{gathered} \text { MAXIMUM= } \\ 730 \mathrm{LTC} \\ \text { BENEFIT/DAY } \\ \hline \end{gathered}$ | $\begin{array}{r} \text { MAXIMUM= } \\ \text { 1460x LTC } \\ \text { BENEFIT/DAY } \\ \hline \end{array}$ | MAXIMUM= UNLIMITED |
| :---: | :---: | :---: | :---: | :---: |
| 18-44 |  | 43 | 59 | 84 |
| 45-49 |  | 46 | 65 | 93 |
| 50-54 |  | 58 | 81 | 118 |
| 55-59 |  | 74 | 105 | 153 |
| 60-64 |  | 103 | 145 | 209 |
| 65 |  | 124 | 176 | 253 |
| 66 |  | 131 | 188 | 270 |
| 67 |  | 141 | 203 | 291 |
| 68 |  | 153 | 219 | 315 |
| 69 |  | 165 | 238 | 339 |
| 70 |  | 178 | 256 | 366 |
| 71 |  | 193 | 279 | 398 |
| 72 |  | 209 | 303 | 433 |
| 73 |  | 226 | 330 | 471 |
| 74 |  | 248 | 361 | 514 |
| 75 |  | 270 | 395 | 560 |
| 76 |  | 294 | 431 | 609 |
| 77 |  | 320 | 470 | 663 |
| 78 |  | 345 | 511 | 719 |
| 79 |  | 373 | 555 | 779 |
| 80 | 283 | 401 |  |  |
| 81 | 306 | 431 |  |  |
| 82 | 330 | 463 |  |  |
| 83 | 358 | 501 |  |  |
| 84 | 386 | 540 |  |  |

```
            CONTINENTAL CASUALTY COMPANY
                        Rate Sheet For P1-18215-A87
                Long-Term Care Policy
        Annual Premium per $10 of Long-Term Care Daily Benefit
            STANDARD RATING GROUP
            O DAY ELIMINATION PERIOD
        HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
        100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-18226-SERIES
```

| $\begin{aligned} & \text { ISSUE } \\ & \text { AGE } \\ & \hline \end{aligned}$ | $\begin{gathered} \text { MAXIMUM }= \\ 365 x \text { LTC } \\ \text { BENEFIT/DAY } \\ \hline \end{gathered}$ | $\begin{array}{r} \text { MAXIMUM }= \\ 730 \times \text { LTC } \\ \text { BENEFIT/DAY } \\ \hline \end{array}$ | $\begin{gathered} \text { MAXIMUM= } \\ 1460 x \text { LTC } \\ \text { BENEFIT/DAY } \\ \hline \end{gathered}$ | MAXIMUM= UNLIMITED |
| :---: | :---: | :---: | :---: | :---: |
| 18-44 |  | 50 | 71 | 100 |
| 45-49 |  | 55 | 79 | 110 |
| 50-54 |  | 68 | 96 | 138 |
| 55-59 |  | 84 | 121 | 174 |
| 60-64 |  | 115 | 164 | 235 |
| 65 |  | 139 | 198 | 284 |
| 66 |  | 148 | 213 | 303 |
| 67 |  | 159 | 229 | 326 |
| 68 |  | 170 | 246 | 351 |
| 69 |  | 184 | 266 | 379 |
| 70 |  | 198 | 288 | 410 |
| 71 |  | 215 | 313 | 445 |
| 72 |  | 233 | 340 | 484 |
| 73 |  | 251 | 371 | 528 |
| 74 |  | 274 | 405 | 574 |
| 75 |  | 300 | 443 | 624 |
| 76 |  | 326 | 481 | 679 |
| 77 |  | 354 | 524 | 738 |
| 78 |  | 383 | 570 | 800 |
| 79 |  | 411 | 618 | 866 |
| 80 | 311 | 443 |  |  |
| 81 | 336 | 475 |  |  |
| 82 | 363 | 508 |  |  |
| 83 | 393 | 550 |  |  |
| 84 | 421 | 591 |  |  |

CONTINENTAL CASUALTY COMPANY<br>Rate Sheet For P1-18215-A87<br>Long-Term Care Policy<br>Other Optional Riders

Benefit Eligibility Amendment Rider R1-18223-Series
If Rider R1-18223-Series is present, multiply policy premium by 1.05 .

Guaranteed Insurability Option Rider R1-18224-Series
If Rider R1-18224-Series is present, multiply policy premium by appropriate factor from the following table:

| Issue Age | Factor |
| :---: | :---: |
| 18-44 | 1.15 |
| 45-49 | 1.15 |
| 50-54 | 1.15 |
| 55-59 | 1.15 |
| 60-64 | 1.15 |
| 65 | 1.15 |
| 66 | 1.15 |
| 67 | 1.14 |
| 68 | 1.13 |
| 69 | 1.12 |
| 70 | 1.11 |
| 71 | 1.10 |
| 72 | 1.08 |
| 73 | 1.06 |

CONTINENTAL CASUALTY COMPANY
Rate Sheet For P1-18215-A87
Long-Term Care Policy

Health Rating Group Factors
Rates shown are for Preferred Rating Group and Standard Rating Group. Rates for Health Groups II and III are calculated by multiplying Standard rates by 1.20 and 1.40 , respectively.

## Elimination Period Factors

Rates shown are for 0 day elimination period. Rates for longer elimination periods are calculated by multiplying the 0 day rates by the appropriate factor from the following table:

Benefit

| Maximum | $\underline{30}$ | $\underline{60}$ | $\underline{90}$ | $\underline{180}$ | $\underline{365}$ |
| :--- | :---: | :---: | :---: | :---: | :---: |
| $365 x, 730 x$ | 0.89 | 0.84 | 0.80 | 0.69 | 0.60 |
| $1460 x$ | 0.91 | 0.86 | 0.82 | 0.72 | 0.63 |
| Unlimited | 0.93 | 0.89 | 0.86 | 0.78 | 0.70 |

Rate Sheet For P1-18215-A87

## FRANCHISE ASSOCIATION FACTORS

A. The rates will be multiplied by a factor of .90 if the following conditions are met:

For Associations of 200 lives or more:

1. Discount is applicable to all lives regardless of Health Group.
2. Minimum of 10 lives must be submitted.
B. The rates will be multiplied by a factor of . 95 if the following conditions are met:

For Associations of less than 200 lives:

1. Discount is applicable to all lives regardless of Health Group.
2. Minimum of 10 lives must be submitted.

SPOUSAL DISCOUNT

A $10 \%$ discount to the rates will be made if the following conditions are met:

1. Discount is applicable to all lives regardless of Health Group.
2. If both spouses apply for coverage simultaneously and are both issued, discount applies to both policies.

## THIS POLICY IS FOR RENEWAL BUSINESS ONLY

## CONTINENTAL CASUALTY COMPANY

## Supplement to Rate Sheet for Policy Form P1-18876-A37 \& -A87 <br> Pennsylvania

All Rates for this form should be multiplied by a factor of:

This factor reflects the proposed increase of:

And the following prior approved rate increases:

|  | Increase Applies <br> to all Policies or <br> Subset | Rate Increase <br> Approved | Approval Date <br> of Rate <br> Increase |
| :---: | :---: | :---: | :---: |
| Policy Form | Suth | All | $50 \%$ |
| P1-18876-A37, -A87 | All | $7 / 10 / 2003$ |  |
| P1-18876-A37, -A87 | All | $25 \%$ | $9 / 2 / 2011$ * |

* implemented over 2 years, $11.8 \%$ in each year.

CONTINENTAL CASUALTY COMPANY<br>Rate Sheet For P1-18876-A37 Long-Term Care Policy<br>Annual Premium per $\$ 10$ of Long-Term Care Daily Benefit<br>PREFERRED RATING GROUP<br>0 day elimination Period

| $\begin{gathered} \text { ISSUE } \\ \text { AGE } \end{gathered}$ | $\begin{aligned} & \text { MAXIMUMM= } \\ & 2 \text { YEARS } \end{aligned}$ | $\begin{aligned} & \text { MAXIMUM= } \\ & 4 \text { YEARS } \end{aligned}$ | MAXIMUM= 6 YEARS | MAXIMLM $=$ UNLIMITED |
| :---: | :---: | :---: | :---: | :---: |
| 18-44 | 14 | 17 | 18 | 21 |
| 45-49 | 15 | 19 | 20 | 23 |
| 50-54 | 20 | 26 | 28 | 31 |
| 55-59 | 27 | 36 | 40 | 44 |
| 60-64 | 45 | 58 | 65 | 71 |
| 65 | 55 | 72 | 81 | 88 |
| 66 | 60 | 78 | 88 | 96 |
| 67 | 65 | 85 | 96 | 105 |
| 68 | 71 | 94 | 105 | 115 |
| 69 | 77 | 102 | 116 | 126 |
| 70 | 85 | 112 | 128 | 138 |
| 71 | 94 | 124 | 140 | 152 |
| 72 | 105 | 139 | 156 | 169 |
| 73 | 116 | 155 | 175 | 189 |
| 74 | 128 | 173 | 196 | 210 |
| 75 | 144 | 194 | 218 | 233 |
| 76 | 160 | 216 | 242 | 258 |
| 77 | 177 | 240 | 269 | 286 |
| 78 | 196 | 266 | 298 | 316 |
| 79 | 215 | 293 | 330 | 349 |
| 80 | 237 |  |  |  |
| 81 | 260 |  |  |  |
| 82 | 284 |  |  |  |
| 83 | 315 |  |  |  |
| 84 | 347 |  |  |  |

```
        CONTINENTAL CASUALTY COMPANY
    Rate Sheet For P1-18876-A37
        Long-Term Care Policy
Annual Premium per $10 of Long-Term Care Daily Benefit
    PREFERRED RATING GROUP
    O DAY ELIMINATION PERIOD
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-18880-SERIES
```

| $\begin{aligned} & \text { ISSUE } \\ & \text { AGE } \\ & \hline \end{aligned}$ | MAXIMLM= <br> 2 YEARS | $\begin{aligned} & \text { MAXIMUM }= \\ & 4 \text { YEARS } \\ & \hline \end{aligned}$ | MAXIMUM= <br> 6 YEARS | MAXIMUM $=$ UNL IMITED |
| :---: | :---: | :---: | :---: | :---: |
| 18-44 | 21 | 28 | 31 | 35 |
| 45-49 | 24 | 31 | 35 | 39 |
| 50-54 | 31 | 42 | 48 | 54 |
| 55-59 | 43 | 59 | 68 | 77 |
| 60-64 | 66 | 89 | 103 | 115 |
| 65 | 82 | 111 | 128 | 143 |
| 66 | 88 | 120 | 139 | 154 |
| 67 | 96 | 131 | 151 | 167 |
| 68 | 105 | 143 | 166 | 183 |
| 69 | 114 | 156 | 181 | 199 |
| 70 | 125 | 171 | 198 | 217 |
| 71 | 137 | 187 | 217 | 238 |
| 72 | 150 | 207 | 239 | 261 |
| 73 | 165 | 228 | 264 | 287 315 |
| 74 | 181 | 252 | 291 | 315 347 |
| 75 | 201 | 278 | 320 | 347 |
| 76 | 220 | 306 | 352 | 381 |
| 77 | 241 | 337 | 386 | 417 |
| 78 | 264 | 369 | 422 | 455 |
| 79 | 286 | 404 | 462 | 496 |
| 80 | 310 |  |  |  |
| 81 | 337 |  |  |  |
| 82 | 363 |  |  |  |
| 83 | 397 |  |  |  |
| 84 | 432 |  |  |  |

```
        CONTINENTAL CASUALTY COMPANY
    Rate Sheet For P1-18876-A37
        Long-Term Care Policy
Annual Premium per $10 of Long-Term Care Daily Benefit
    PREFERRED RATING GROUP
    O DAY ELIMINATION PERIOD
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-18881-SERIES
```

| $\begin{aligned} & \text { ISSUE } \\ & \text { AGE } \\ & \hline \end{aligned}$ | MAXIMUM= 2 YEARS | MAXIMUM= 4 YEARS | MAXIMUM $=$ 6 YEARS | MAXIMUM= UNI IMITED |
| :---: | :---: | :---: | :---: | :---: |
| 18-44 | 29 | 39 | 45 | 50 |
| 45-49 | 32 | 43 | 50 | 55 |
| 50-54 | 43 | 57 | 65 | 73 |
| 55-59 | 56 | 76 | 88 | 98 |
| 60-64 | 81 | 108 | 125 | 138 |
| 65 | 98 | 132 | 153 | 168 |
| 66 | 105 | 142 | 164 | 180 |
| 67 | 112 | 153 | 177 | 195 |
| 68 | 122 | 166 | 191 | 211 |
| 69 | 131 | 179 | 207 | 227 |
| 70 | 142 | 195 | 224 | 246 |
| 71 | 154 | 212 | 244 | 267 |
| 72 | 167 | 231 | 266 | 291 |
| 73 | 182 | 253 | 291 | 317 |
| 74 | 199 | 277 | 319 | 346 |
| 75 | 218 | 303 | 349 | 377 |
| 76 | 238 | 332 | 380 | 411 |
| 77 | 259 | 362 | 415 | 447 |
| 78 | 281 | 394 | 451 | 485 |
| 79 | 303 | 429 | 491 | 526 |
| 80 | 328 |  |  |  |
| 81 | 353 |  |  |  |
| 82 | 379 |  |  |  |
| 83 | 413 |  |  |  |
| 84 | 446 |  |  |  |

CONTINENTAL CASUALTY COMPANY<br>Rate Sheet For P1-18876-A37<br>Long-Term Care Policy<br>Annual Premium per $\$ 10$ of Long-Term Care Daily Benefit<br>STANDARD RATING GROUP O DAY ELIMINATION PERIOD

| $\begin{aligned} & \text { ISSUE } \\ & \text { AGE } \end{aligned}$ | $\begin{aligned} & \text { MAXIMLM= } \\ & 2 \text { YEARS } \\ & \hline \end{aligned}$ | MAXIMUM= 4 YEARS | MAXIMUM= 6 YEARS | MAXIMUM= UNLIMITED |
| :---: | :---: | :---: | :---: | :---: |
| 18-44 | 18 | 21 | 23 | 26 |
| 45-49 | 19 | 24 | 25 | 29 |
| 50-54 | 25 | 33 | 35 | 39 |
| 55-59 | 34 | 45 | 50 | 55 |
| 60-64 | 56 | 73 | 81 | 89 |
| 65 | 69 | 90 | 101 | 110 |
| 66 | 75 | 98 | 110 | 120 |
| 67 | 81 | 106 | 120 | 131 |
| 68 | 89 | 118 | 131 | 144 |
| 69 | 96 | 128 | 145 | 158 |
| 70 | 106 | 140 | 160 | 173 |
| 71 | 118 | 155 | 175 | 190 |
| 72 | 131 | 174 | 195 | 211 |
| 73 | 145 | 194 | 219 | 236 |
| 74 | 160 | 216 | 245 | 263 |
| 75 | 180 | 243 | 273 | 291 |
| 76 | 200 | 270 | 303 | 323 |
| 77 | 221 | 300 | 336 | 358 |
| 78 | 245 | 333 | 373 | 395 |
| 79 | 269 | 366 | 413 | 436 |
| 80 | 296 |  |  |  |
| 81 | 325 |  |  |  |
| 82 | 355 |  |  |  |
| 83 | 394 |  |  |  |
| 84 | 434 |  |  |  |

Annual Premium per $\$ 10$ of Long-Term Care Daily Benefit
STANDARD RATING GROUP
O DAY ELIMINATION PERIOD
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-18880-SERIES

| $\begin{aligned} & \text { ISSUE } \\ & \text { AGE } \\ & \hline \end{aligned}$ | $\begin{aligned} & \text { MAXIMUM }= \\ & 2 \text { YEARS } \\ & \hline \end{aligned}$ | $\begin{aligned} & \text { MAXIMUM= } \\ & 4 \text { YEARS } \\ & \hline \end{aligned}$ | MAXIMUM= 6 YEARS | MAXIMUM= UNLIMITED |
| :---: | :---: | :---: | :---: | :---: |
| 18-44 | 26 | 35 | 39 | 44 |
| 45-49 | 30 | 39 | 44 | 49 |
| 50-54 | 39 | 53 | 60 | 68 |
| 55-59 | 54 | 74 | 85 | 96 |
| 60-64 | 83 | 111 | 129 | 144 |
| 65 | 103 | 139 | 160 | 179 |
| 66 | 110 | 150 | 174 | 193 |
| 67 | 120 | 164 | 189 | 209 |
| 68 | 131 | 179 | 208 | 229 |
| 69 | 143 | 195 | 226 | 249 |
| 70 | 156 | 214 | 248 | 271 |
| 71 | 171 | 234 | 271 | 298 |
| 72 | 188 | 259 | 299 | 326 |
| 73 | 206 | 285 | 330 | 359 |
| 74 | 226 | 315 | 364 | 394 |
| 75 | 251 | 348 | 400 | 434 |
| 76 | 275 | 383 | 440 | 476 |
| 77 | 301 | 421 | 483 | 521 |
| 78 | 330 | 461 | 528 | 569 |
| 79 | 358 | 505 | 578 | 620 |
| 80 | 388 |  |  |  |
| 81 | 421 |  |  |  |
| 82 | 454 |  |  |  |
| 83 | 496 |  |  |  |
| 84 | 540 |  |  |  |

CONTINENTAL CASUALTY COMPANY
Rate Sheet For P1-18876-A37
Long-Term Care Policy
Annual Premium per \$10 of Long-Term Care Daily Benefit
STANDARD RATING GROUP
ODAY ELIMINATION PERIOD
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-18881-SERIES

| $\begin{aligned} & \text { ISSUE } \\ & \text { AGE } \\ & \hline \end{aligned}$ | $\begin{aligned} & \text { MAXIMLMM= } \\ & 2 \text { YEARS } \end{aligned}$ | MAXIMUM = $4 \text { YEARS }$ | MAXIMUM= <br> 6 YEARS | MAXIMUM $=$ UNLIMITED |
| :---: | :---: | :---: | :---: | :---: |
| 18-44 | 36 | 49 | 56 | 63 |
| 45-49 | 40 | 54 | 63 | 69 |
| 50-54 | 54 | 71 | 81 | 91 |
| 55-59 | 70 | 95 | 110 | 123 |
| 60-64 | 101 | 135 | 156 | 173 |
| 65 | 123 | 165 | 191 | 210 |
| 66 | 131 | 178 | 205 | 225 |
| 67 | 140 | 191 | 221 | 244 |
| 68 | 153 | 208 | 239 | 264 |
| 69 | 164 | 224 | 259 | 284 |
| 70 | 178 | 244 | 280 | 308 |
| 71 | 193 | 265 | 305 | 334 |
| 72 | 209 | 289 | 333 | 364 |
| 73 | 228 | 316 | 364 | 396 |
| 74 | 249 | 346 | 399 | 433 |
| 75 | 273 | 379 | 436 | 471 |
| 76 | 298 | 415 | 475 | 514 |
| 77 | 324 | 453 | 519 | 559 |
| 78 | 351 | 493 | 564 | 606 |
| 79 | 379 | 536 | 614 | 658 |
| 80 | 410 |  |  |  |
| 81 | 441 |  |  |  |
| 82 | 474 |  |  |  |
| 83 | 516 |  |  |  |
| 84 | 558 |  |  |  |

# CONTINENTAL CASUALTY COMPANY 

Rate Sheet For P1-18876-A37
Long-Term Care Policy
Annual Premium per $\$ 10$ of Long-Term Care Daily Benefit

O DAY ELIMINATION PERIOD
1 YEAR BENEFIT PERIOD FOR AGES 80-84

| $\begin{aligned} & \text { ISSUE } \\ & \text { AGE } \\ & \hline \end{aligned}$ | WITH NO AUTOMATIC PREFERRED | INCREASE <br> STANDARD |
| :---: | :---: | :---: |
| 80 | 166 | 208 |
| 81 | 183 | 229 |
| 82 | 199 | 249 |
| 83 | 221 | 277 |
| 84 | 243 | 304 |
| $\begin{aligned} & \text { ISSUE } \\ & \text { AGE } \end{aligned}$ | WITH SIMPLE AUTOMAT PREFERRED | IC INCREASE STANDARD |
| 80 | 217 | 271 |
| 81 | 236 | 295 |
| 82 | 254 | 318 |
| 83 | 278 | 348 |
| 84 | 302 | 378 |
| $\begin{aligned} & \text { ISSUE } \\ & \hline \text { AGE } \\ & \hline \end{aligned}$ | WITH COMPOUND AUTOM PREFERRED | ATIC INCREASE STANDARD |
| 80 | 230 | 288 |
| 81 | 248 | 310 |
| 82 | 265 | 331 |
| 83 | 289 | 361 |
| 84 | 312 | 390 |

```
CONTINENTAL CASUALTY COMPANY
    Rate Sheet For P1-18876-A37
                        Long-Term Care Policy
HOME AND COMMHNITY-BASED CARE RIDER R1-18879-SERIES
Annual Premium for first \(\$ 50\) of Home Care Daily Benefit
PREFERRED RATING GROUP
```

| $\begin{aligned} & \text { ISSUE } \\ & \text { AGE } \\ & \hline \end{aligned}$ | MAXIMUM= 750 DAYS | $\begin{aligned} & \text { MAXIMUM }= \\ & 1500 \text { DAYS } \\ & \hline \end{aligned}$ | $\begin{array}{r} \text { MAXIMUM= } \\ \text { UNLIMITED } \\ \hline \end{array}$ |
| :---: | :---: | :---: | :---: |
| 18-44 | 81 | 111 | 126 |
| 45-49 | 90 | 123 | 140 |
| 50-54 | 102 | 139 | 159 |
| 55-59 | 121 | 166 | 189 |
| 60-64 | 161 | 220 | 251 |
| 65 | 197 | 269 | 306 |
| 66 | 210 | 287 | 328 |
| 67 | 225 | 309 | 353 |
| 68 | 244 | 333 | 380 |
| 69 | 262 | 359 | 411 |
| 70 | 283 | 388 | 444 |
| 71 | 307 | 421 | 481 |
| 72 | 332 | 455 | 521 |
| 73 | 359 | 494 | 566 |
| 74 | 388 | 534 | 612 |
| 75 | 420 | 578 | 662 |
| 76 | 455 | 625 | 716 |
| 77 | 493 | 675 | 772 |
| 78 | 534 | 728 | 830 |
| 79 | 577 | 785 | 893 |
| 80 | 624 |  |  |
|  | 673 |  |  |
| 82 | 726 |  |  |
| 83 | 789 |  |  |
| 84 | 852 |  |  |

## CONTINENTAL CASUALTY COMPANY

Rate Sheet For P1-18876-A37
Long-Term Care Policy
HOME AND COMMUNITY-BASED CARE RIDER R1-18879-SERIES
Annual Premium for first $\$ 50$ of Home Care Daily Benefit
PREFERRED RATING GROUP
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-18880-SERIES

| $\begin{aligned} & \text { ISSUE } \\ & \text { AGE } \\ & \hline \end{aligned}$ | MAXIMUM= 750 DAYS | MAXIMUM= 1500 DAYS | $\begin{array}{r} \text { MAXIMUM }= \\ \text { UNLIMITED } \\ \hline \end{array}$ |
| :---: | :---: | :---: | :---: |
| 18-44 | 123 | 168 | 192 |
| 45-49 | 137 | 187 | 213 |
| 50-54 | 158 | 216 | 247 |
| 55-59 | 202 | 277 | 316 |
| 60-64 | 258 | 352 | 402 |
| 65 | 293 | 402 | 459 |
| 66 | 308 | 422 | 482 |
| 67 | 327 | 447 | 511 |
| 68 | 348 | 477 | 546 |
| 69 | 375 | 513 | 586 |
| 70 | 404 | 553 | 631 |
| 71 | 436 | 596 | 681 |
| 72 | 469 | 642 | 733 |
| 73 | 501 | 689 | 789 |
| 74 | 539 | 741 | 848 |
| 75 | 580 | 796 | 911 |
| 76 | 624 | 855 | 977 |
| 77 | 668 | 915 | 1046 |
| 78 | 714 | 978 | 1117 |
| 79 | 764 | 1044 | 1191 |
| 80 | 815 |  |  |
| 81 | 869 |  |  |
| 82 | 927 |  |  |
| 83 | 994 |  |  |
| 84 | 1060 |  |  |

```
            CONTINENTAL CASUALTY COMPANY
                    Rate Sheet For P1-18876-A37
                        Long-Term Care Policy
            HOME AND COMMUNITY-BASED CARE RIDER R1-18879-SERIES
            Annual Premium for first $50 of Home Care Daily Benefit
PREFERRED RATING GROUP
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-18881-SERIES
```

| $\begin{aligned} & \text { ISSUE } \\ & \text { AGE } \end{aligned}$ | MAXIMUM= 750 DAYS | MAXIMUM= 1500 DAYS | $\begin{array}{r} \text { MAXIMUM }= \\ \text { UNLIMITED } \\ \hline \end{array}$ |
| :---: | :---: | :---: | :---: |
| 18-44 | 153 | 209 | 238 |
| 45-49 | 170 | 232 | 265 |
| 50-54 | 194 | 266 | 304 |
| 55-59 | 239 | 327 | 374 |
| 60-64 | 294 | 404 | 462 |
| 65 | 334 | 456 | 521 |
| 66 | 350 | 478 | 546 |
| 67 | 368 | 503 | 575 |
| 68 | 391 | 535 | 611 |
| 69 | 417 | 571 | 653 |
| 70 | 447 | 612 | 699 |
| 71 | 480 | 656 | 749 |
| 72 | 514 | 704 | 804 |
| 73 | 546 | 751 | 861 |
| 74 | 585 | 803 | 919 |
| 75 | 627 | 860 | 983 |
| 76 | 669 | 917 | 1049 |
| 77 | 714 | 978 | 1117 |
| 78 | 759 | 1039 | 1187 |
| 79 | 807 | 1105 | 1262 |
| 80 | 858 |  |  |
| 81 | 911 |  |  |
| 82 | 965 |  |  |
| 83 | 1030 |  |  |
| 84 | 1096 |  |  |

CONTINENTAL CASUALTY COMPANY
Rate Sheet For P1-18876-A37 Long-Term Care Policy
HOME AND COMMUNITY-BASED CARE RIDER R1-18879-SERIES Annual Premium for extra $\$ 10$ of Home Care Daily Benefit

PREFERRED RATING GROUP

| $\begin{aligned} & \text { ISSUE } \\ & \text { AGE } \end{aligned}$ | MAX IMUM $=$ 750 DAYS | $\begin{array}{r} \text { MAXIMUM }= \\ 1500 \text { DAYS } \end{array}$ | $\begin{array}{r} \text { MAXIMUM= }= \\ \text { UNLIMITED } \\ \hline \end{array}$ |
| :---: | :---: | :---: | :---: |
| 18-44 | 12 | 16 | 18 |
| 45-49 | 13 | 18 | 20 |
| 50-54 | 14 | 19 | 22 |
| 55-59 | 16 | 23 | 27 |
| 60-64 | 23 | 31 | 35 |
| 65 | 28 | 38 | 43 |
| 66 | 30 | 41 | 46 |
| 67 | 32 | 43 | 49 |
| 68 | 35 | 48 | 54 |
| 69 | 37 | 50 | 57 |
| 70 | 40 | 54 | 62 |
| 71 | 43 | 59 | 68 |
| 72 | 47 | 65 | 74 |
| 73 | 51 | 70 | 80 |
| 74 | 54 | 75 | 86 |
| 75 | 60 | 82 | 93 |
| 76 | 64 | 88 | 101 |
| 77 | 69 | 95 | 108 |
| 78 | 75 | 102 | 116 |
| 79 | 81 | 109 | 124 |
| 80 | 89 |  |  |
| 81 | 95 |  |  |
| 82 | 102 |  |  |
| 83 | 110 |  |  |
| 84 | 120 |  |  |

```
                    CONTINENTAL CASUALTY COMPANY
                        Rate Sheet For P1-18876-A37
                Long-Term Care Policy
        HOME AND COMMUNITY-BASED CARE RIDER R1-18879-SERIES
    Annual Premium for extra $10 of Home Care Daily Benefit
            PREFERRED RATING GROUP
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-18880-SERIES
```

| $\begin{aligned} & \text { ISSUE } \\ & \text { AGE } \\ & \hline \end{aligned}$ | MAXIMUM= 750 DAYS | $\begin{array}{r} \text { MAXIMLM }= \\ 1500 \text { DAYS } \\ \hline \end{array}$ | MAXIMUM $=$ UNLIMITED |
| :---: | :---: | :---: | :---: |
| 18-44 | 17 | 24 | 27 |
| 45-49 | 20 | 27 | 30 |
| 50-54 | 22 | 30 | 34 |
| 55-59 | 29 | 40 | 45 |
| 60-64 | 37 | 50 | 56 |
| 65 | 41 | 56 | 64 |
| 66 | 44 | 59 | 67 |
| 67 | 46 | 63 | 72 |
| 68 | 48 | 66 | 76 |
| 69 | 53 | 72 | 82 |
| 70 | 56 | 77 | 89 |
| 71 | 61 | 84 | 96 |
| 72 | 67 | 91 | 103 |
| 73 | 70 | 97 | 111 |
| 74 | 77 | 105 | 119 |
| 75 | 82 | 112 | 128 |
| 76 | 87 | 120 | 137 |
| 77 | 94 | 129 | 147 |
| 78 | 100 | 137 | 157 |
| 79 | 107 | 146 | 167 |
| 80 | 115 |  |  |
| 81 | 122 |  |  |
| 82 | 130 |  |  |
| 83 | 139 |  |  |
| 84 | 150 |  |  |

CONTINENTAL CASUALTY COMPANY
Rate Sheet For P1-18876-A37
Long-Term Care Policy
HOME AND COMMUNITY-BASED CARE RIDER R1-18879-SERIES
Annual Premium for extra $\$ 10$ of Home Care Daily Benefit
PREFERRED RATING GROUP
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-18881-SERIES

| $\begin{aligned} & \text { ISSUE } \\ & \text { AGE } \\ & \hline \end{aligned}$ | MAXIMUM= 750 DAYS | $\begin{array}{r} \text { MAXIMUM }= \\ 1500 \text { DAYS } \end{array}$ | MAXIMUM= UNLIMLTED |
| :---: | :---: | :---: | :---: |
| 18-44 | 22 | 30 | 34 |
| 45-49 | 24 | 33 | 38 |
| 50-54 | 28 | 37 | 42 |
| 55-59 | 33 | 46 | 53 |
| 60-64 | 41 | 57 | 65 |
| 65 | 46 | 64 | 73 |
| 66 | 48 | 67 | 77 |
| 67 | 52 | 71 | 81 |
| 68 | 54 | 75 | 86 |
| 69 | 59 | 81 | 92 |
| 70 | 62 | 85 | 98 |
| 71 | 67 | 92 | 105 |
| 72 | 72 | 98 | 112 |
| 73 | 76 | 105 | 120 |
| 74 | 83 | 113 | 129 |
| 75 | 87 | 120 | 138 |
| 76 | 93 | 129 | 148 |
| 77 | 100 | 137 | 157 |
| 78 | 106 | 146 | 167 |
| 79 | 113 | 156 | 179 |
| 80 | 121 |  |  |
| 81 | 128 |  |  |
| 82 | 136 |  |  |
| 83 | 145 |  |  |
| 84 | 154 |  |  |

CONTINENTAL CASUALTY COMPANY
Rate Sheet For P1-18876-A37 Long-Term Care Policy
home and community-based care rider R1-18879-SERIES
Annual Premium for first $\$ 50$ of Home Care Daily Benefit
STANDARD RATING GROUP

| $\begin{aligned} & \text { ISSUE } \\ & \text { AGE } \\ & \hline \end{aligned}$ | MAXIMUM $=$ <br> 750 DAYS | $\begin{array}{r} \text { MAXIMUM }= \\ 1500 \text { DAYS } \\ \hline \end{array}$ | $\begin{array}{r} \text { MAXIMUM= }= \\ \text { UNLIMITED } \\ \hline \end{array}$ |
| :---: | :---: | :---: | :---: |
| 18-44 | 101 | 139 | 158 |
| 45-49 | 113 | 154 | 175 |
| 50-54 | 128 | 174 | 199 |
| 55-59 | 151 | 208 | 236 |
| 60-64 | 201 | 275 | 314 |
| 65 | 246 | 336 | 383 |
| 66 | 263 | 359 | 410 |
| 67 | 281 | 386 | 441 |
| 68 | 305 | 416 | 475 |
| 69 | 328 | 449 | 514 |
| 70 | 354 | 485 | 555 |
| 71 | 384 | 526 | 601 |
| 72 | 415 | 569 | 651 |
| 73 | 449 | 618 | 708 |
| 74 | 485 | 668 | 765 |
| 75 | 525 | 723 | 828 |
| 76 | 569 | 781 | 895 |
| 77 | 616 | 844 | 965 |
| 78 | 668 | 910 | 1038 |
| 79 | 721 | 981 | 1116 |
| 80 | 780 |  |  |
| 81 | 841 |  |  |
| 82 | 908 |  |  |
| 83 | 986 |  |  |
| 84 | 1065 |  |  |

CONTINENTAL CASUALTY COMPANY
Rate Sheet For P1-18876-A37 Long-Term Care Policy
HOME AND COMMUNITY-BASED CARE RIDER R1-18879-SERIES
Annual Premium for first $\$ 50$ of Home Care Daily Benefit
STANDARD RATING GROUP
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-18880-SERIES

| $\begin{aligned} & \text { ISSUE } \\ & \text { AGE } \\ & \hline \end{aligned}$ | MAXIMUM= 750 DAYS | MAXIMUM= 1500 DAYS | MAXIMUM $=$ UNLIMITED |
| :---: | :---: | :---: | :---: |
| 18-44 | 154 | 210 | 240 |
| 45-49 | 171 | 234 | 266 |
| 50-54 | 198 | 270 | 309 |
| 55-59 | 253 | 346 | 395 |
| 60-64 | 323 | 440 | 503 |
| 65 | 366 | 503 | 574 |
| 66 | 385 | 528 | 603 |
| 67 | 409 | 559 | 639 |
| 68 | 435 | 596 | 683 |
| 69 | 469 | 641 | 733 |
| 70 | 505 | 691 | 789 |
| 71 | 545 | 745 | 851 |
| 72 | 586 | 803 | 916 |
| 73 | 626 | 861 | 986 |
| 74 | 674 | 926 | 1060 |
| 75 | 725 | 995 | 1139 |
| 76 | 780 | 1069 | 1221 |
| 77 | 835 | 1144 | 1308 |
| 78 | 893 | 1223 | 1396 |
| 79 | 955 | 1305 | 1489 |
| 80 | 1019 | - |  |
| 81 | 1086 |  |  |
| 82 | 1159 |  |  |
| 83 | 1243 |  |  |
| 84 | 1325 |  |  |

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                    CONTINENTAL CASUALTY COMPANY
                        Rate Sheet For P1-18876-A37
                        Long-Term Care Policy
                HOME AND COMMUNITY-BASED CARE RIDER R1-18879-SERIES
Annual Premium for first $50 of Home Care Daily Benefit
STANDARD RATING GROUP
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-18881-SERIES
```

| $\begin{aligned} & \text { ISSUE } \\ & \text { AGE } \\ & \hline \end{aligned}$ | MAXIMUM= 750 DAYS | MAXIMUM= 1500 DAYS | MAXIMUM= UNLIMITED |
| :---: | :---: | :---: | :---: |
| 18-44 | 191 | 261 | 298 |
| 45-49 | 213 | 290 | 331 |
| 50-54 | 243 | 333 | 380 |
| 55-59 | 299 | 409 | 468 |
| 60-64 | 368 | 505 | 578 |
| 65 | 418 | 570 | 651 |
| 66 | 438 | 598 | 683 |
| 67 | 460 | 629 | 719 |
| 68 | 489 | 669 | 764 |
| 69 | 521 | 714 | 816 |
| 70 | 559 | 765 | 874 |
| 71 | 600 | 820 | 936 |
| 72 | 643 | 880 | 1005 |
| 73 | 683 | 939 | 1076 |
| 74 | 731 | 1004 | 1149 |
| 75 | 784 | 1075 | 1229 |
| 76 | 836 | 1146 | 1311 |
| 77 | 893 | 1223 | 1396 |
| 78 | 949 | 1299 | 1484 |
| 79 | 1009 | 1381 | 1578 |
| 80 | 1073 |  |  |
| 81 | 1139 |  |  |
| 82 | 1206 |  |  |
| 83 | 1288 |  |  |
| 84 | 1370 |  |  |

CONTINENTAL CASUALTY COMPANY
Rate Sheet For P1-18876-A37 Long-Term Care Policy
HOME AND COMMUNITY-BASED CARE RIDER R1-18879-SERIES
Annual Premium for extra $\$ 10$ of Home Care Daily Benefit
STANDARD RATING GROUP

| $\begin{aligned} & \text { ISSUE } \\ & \text { AGE } \\ & \hline \end{aligned}$ | MAXIMUM $=$ 750 DAYS | $\begin{array}{r} \text { MAXIMUM }= \\ 1500 \text { DAYS } \\ \hline \end{array}$ | MAXIMUM= UNLIMITED |
| :---: | :---: | :---: | :---: |
| 18-44 | 15 | 20 | 23 |
| 45-49 | 16 | 23 | 25 |
| 50-54 | 18 | 24 | 28 |
| 55-59 | 20 | 29 | 34 |
| 60-64 | 29 | 39 | 44 |
| 65 | 35 | 48 | 54 |
| 66 | 38 | 51 | 58 |
| 67 | 40 | 54 | 61 |
| 68 | 44 | 60 | 68 |
| 69 | 46 | 63 | 71 |
| 70 | 50 | 68 | 78 |
| 71 | 54 | 74 | 85 |
| 72 | 59 | 81 | 93 |
| 73 | 64 | 88 | 100 |
| 74 | 68 | 94 | 108 |
| 75 | 75 | 103 | 116 |
| 76 | 80 | 110 | 126 |
| 77 | 86 | 119 | 135 |
| 78 | 94 | 128 | 145 |
| 79 | 101 | 136 | 155 |
| 80 | 111 |  |  |
| 81 | 119 |  |  |
| 82 | 128 |  |  |
| 83 | 138 |  |  |
| 84 | 150 |  |  |

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CONTINENTAL CASUALTY COMPANY
Rate Sheet For P1-18876-A37
Long-Term Care Policy
HOME AND COMMUNITY-BASED CARE RIDER R1-18879-SERIES
Annual Premium for extra \(\$ 10\) of Home Care Daily Benefit
STANDARD RATING GROUP
WITH SIMPLE AUTOMATIC INCREASE RIOER R1-18880-SERIES
```

| $\begin{aligned} & \text { ISSUE } \\ & \text { AGE } \\ & \hline \end{aligned}$ | $\begin{aligned} & \text { MAXIMUM }= \\ & 750 \text { DAYS } \\ & \hline \end{aligned}$ | $\begin{aligned} & \text { MAXIMUM }= \\ & 1500 \text { DAYS } \end{aligned}$ | MAXIMUM= UNLIMITED |
| :---: | :---: | :---: | :---: |
| 18-44 | 21 | 30 | 34 |
| 45-49 | 25 | 34 | 38 |
| 50-54 | 28 | 38 | 43 |
| 55-59 | 36 | 50 | 56 |
| 60-64 | 46 | 63 | 70 |
| 65 | 51 | 70 | 80 |
| 66 | 55 | 74 | 84 |
| 67 | 58 | 79 | 90 |
| 68 | 60 | 83 | 95 |
| 69 | 66 | 90 | 103 |
| 70 | 70 | 96 | 111 |
| 71 | 76 | 105 | 120 |
| 72 | 84 | 114 | 129 |
| 73 | 88 | 121 | 139 |
| 74 | 96 | 131 | 149 |
| 75 | 103 | 140 | 160 |
| 76 | 109 | 150 | 171 |
| 77 | 118 | 161 | 184 |
| 78 | 125 | 171 | 196 |
| 79 | 134 | 183 | 209 |
| 80 | 144 |  |  |
| 81 | 153 |  |  |
| 82 | 163 |  |  |
| 83 | 174 |  |  |
| 84 | 188 |  |  |

## CONTINENTAL CASUALTY COMPANY

Rate Sheet For P1-18876-A37
Long-Term Care Policy
HOME AND COMMUNITY-BASED CARE RIDER R1-18879-SERIES
Annual Premium for extra $\$ 10$ of Home Care Daily Benefit
STANDARD RATING GROUP
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-18881-SERIES

| $\begin{aligned} & \text { ISSUE } \\ & \text { AGE } \\ & \hline \end{aligned}$ | $\begin{aligned} & \text { MAXIMUM }= \\ & 750 \text { DAYS } \end{aligned}$ | $\begin{array}{r} \text { MAXIMUM= } \\ 1500 \text { DAYS } \\ \hline \end{array}$ | $\begin{array}{r} \text { MAXIMUM= } \\ \text { UNLIMITED } \\ \hline \end{array}$ |
| :---: | :---: | :---: | :---: |
| 18-44 | 28 | 38 | 43 |
| 45-49 | 30 | 41 | 48 |
| 50-54 | 35 | 46 | 53 |
| 55-59 | 41 | 58 | 66 |
| 60-64 | 51 | 71 | 81 |
| 65 | 58 | 80 | 91 |
| 66 | 60 | 84 | 96 |
| 67 | 65 | 89 | 101 |
| 68 | 68 | 94 | 108 |
| 69 | 74 | 101 | 115 |
| 70 | 78 | 106 | 123 |
| 71 | 84 | 115 | 131 |
| 72 | 90 | 123 | 140 |
| 73 | 95 | 131 | 150 |
| 74 | 104 | 141 | 161 |
| 75 | 109 | 150 | 173 |
| 76 | 116 | 161 | 185 |
| 77 | 125 | 171 | 196 |
| 78 | 133 | 183 | 209 |
| 79 | 141 | 195 | 224 |
| 80 | 151 |  |  |
| 81 | 160 |  |  |
| 82 | 170 |  |  |
| 83 | 181 |  |  |
| 84 | 193 |  |  |

> CONTINENTAL CASUALTY COMPANY

Rate Sheet for P1-18876-A37
Long-Term Care Policy
Other Optional Rider
Guaranteed Insurability Option Rider R1-18884-Series
If Rider R1-18884-Series is present, multiply policy premium by appropriate factor from the following table:

| Issue Age | Factor |  |
| :---: | :---: | :---: |
| $18-44$ |  | 1.15 |
| $45-49$ |  | 1.15 |
| $50-54$ |  | 1.15 |
| $55-59$ |  | 1.15 |
| $60-64$ | 1.15 |  |
| 65 | 1.15 |  |
| 66 | 1.15 |  |
| 67 |  | 1.14 |
| 68 | 1.13 |  |
| 69 | 1.12 |  |
| 70 | 1.11 |  |
| 71 | 1.10 |  |
| 72 | 1.08 |  |
| 73 | 1.06 |  |

# CONTINENTAL CASUALTY COMPANY 

Rate Sheet For P1-18876-A37
Long-Term Care Policy

## Health Rating Group Factors

Rates shown are for Preferred Rating Group and Standard Rating Group. Rates for Health Groups II and III are calculated by multiplying Standard rates by 1.20 and 1.40 , respectively.

Elimination Period Factors
Rates shown are for 0 day elimination period. Rates for longer elimination periods are calculated by multiplying the 0 day rates by the appropriate factor from the following table:

| Benefit |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
| Maximum | 30 | 60 | 90 | 80 | 365 |
| 1 year,2 year | 0.89 | 0.84 | 0.80 | 0.69 | 0.60 |
| 4 year, 6 year | 0.91 | 0.86 | 0.82 | 0.72 | 0.63 |
| Lifetime | 0.93 | 0.89 | 0.86 | 0.78 | 0.70 |

# CONTINENTAL CASUALTY COMPANY 

Rate Sheet For P1-18876-A37 Long-Term Care Policy

SPOUSAL DISCOUNT

A $10 \%$ discount to the rates will be made if the following conditions are met:

1. Discount is applicable to all lives regardless of Health Group.
2. If both spouses apply for coverage simultaneously and are both issued, discount applies to both policies.

CONTINENTAL CASUALTY COMPANY<br>Rate Sheet For P1-18876-A87 Long-Term Care Policy<br>Annual Premium per $\$ 10$ of Long-Term Care Daily Benefit<br>PREFERRED RATING GROUP<br>0 DAY ELIMINATION PERIOD

| $\begin{aligned} & \text { ISSUE } \\ & \text { AGE } \\ & \hline \end{aligned}$ | MAXIMUM= 2 YEARS | MAXIMEM= <br> 4 YEARS | MAXIMUM= 6 YEARS | MAXIMUM= UNLIMITED |
| :---: | :---: | :---: | :---: | :---: |
| 18-44 | 14 | 17 | 18 | 21 |
| 45-49 | 15 | 19 | 20 | 23 |
| 50-54 | 20 | 26 | 28 | 31 |
| 55-59 | 27 | 36 | 40 | 44 |
| 60-64 | 45 | 58 | 65 | 71 |
| 65 | 55 | 72 | 81 | 88 |
| 66 | 60 | 78 | 88 | 96 |
| 67 | 65 | 85 | 96 | 105 |
| 68 | 71 | 94 | 105 | 115 |
| 69 | 77 | 102 | 116 | 126 |
| 70 | 85 | 112 | 128 | 138 |
| 71 | 94 | 124 | 140 | 152 |
| 72 | 105 | 139 | 156 | 169 |
| 73 | 116 | 155 | 175 | 189 |
| 74 | 128 | 173 | 196 | 210 |
| 75 | 144 | 194 | 218 | 233 |
| 76 | 160 | 216 | 242 | 258 |
| 77 | 177 | 240 | 269 | 286 |
| 78 | 196 | 266 | 298 | 316 |
| 79 | 215 | 293 | 330 | 349 |
| 80 | 237 |  |  | 3 |
| 81 | 260 |  |  |  |
| 82 | 284 |  |  |  |
| 83 | 315 |  |  |  |
| 84 | 347 |  |  |  |

```
        CONTINENTAL CASUALTY COMPANY
        Rate Sheet For P1-18876-A87
        Long-Term Care Policy
    Annual.Premium per. $10 of Long-Term Care Daily Benefit
                        PREFERRED RATING GROUP
        O DAY ELIMINATION PERIOD
WITH SIMPLE AUTOMATIC INCREASE RIDER RI-18880-SERIES
```

| $\begin{aligned} & \text { ISSUE } \\ & \text { AGE } \\ & \hline \end{aligned}$ | MAXIMUM= 2 YEARS | MAXIMUM= 4 YEARS | MAXIMUM= 6 YEARS | MAXIMUM= UNLIMITED |
| :---: | :---: | :---: | :---: | :---: |
| 18-44 | 21 | 28 | 31 | 35 |
| 45-49 | 24 | 31 | 35 | 39 |
| 50-54 | 31 | 42 | 48 | 54 |
| 55-59 | 43 | 59 | 68 | 77 |
| 60-64 | 66 | 89 | 103 | 115 |
| 65 | 82 | 111 | 128 | 143 |
| 66 | 88 | 120 | 139 | 154 |
| 67 | 96 | 131 | 151 | 167 |
| 68 | 105 | 143 | 166 | 183 |
| 69 | 114 | 156 | 181 | 199 |
| 70 | 125 | 171 | 198 | 217 |
| 71 | 137 | 187 | 217 | 238 |
| 72 | 150 | 207 | 239 | 261 |
| 73 | 165 | 228 | 264 | 287 |
| 74 | 181 | 252 | 291 | 315 |
| 75 | 201 | 278 | 320 | 347 |
| 76 | 220 | 306 | 352 | 381 |
| 77 | 241 | 337 | 386 | 417 |
| 78 | 264 | 369 | 422 | 455 |
| 79 | 286 | 404 | 462 | 496 |
| 80 | 310 |  |  |  |
| 81 | 337 |  |  |  |
| 82 | 363 |  |  |  |
| 83 | 397 |  |  |  |
| 84 | 432 |  |  |  |

```
            CONTINENTAL CASUALTY COMPANY
                        Rate Sheet For P1-18876-A87
            Long-Term Care Policy
Annual Premium per $10 of Long-Term Care Daily Benefit
PREFERRED RATING GROUP
O DAY ELIMINATION PERIOD
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-18881-SERIES
```

| $\begin{aligned} & \text { ISSUE } \\ & \text { AGE } \\ & \hline \end{aligned}$ | MAXIMUM= 2 YEARS | MAXIMUM= 4 YEARS | MAXIMUM= 6 YEARS | $\begin{aligned} & \text { MAXIMUM= }= \\ & \text { UNLIMITED } \end{aligned}$ |
| :---: | :---: | :---: | :---: | :---: |
| 18-44 | 29 | 39 | 45 | 50 |
| 45-49 | 32 | 43 | 50 | 55 |
| 50-54 | 43 | 57 | 65 | 73 |
| 55-59 | 56 | 76 | 88 | 98 |
| 60-64 | 81 | 108 | 125 | 138 |
| 65 | 98 | 132 | 153 | 168 |
| 66 | 105 | 142 | 164 | 180 |
| 67 | 112 | 153 | 177 | 195 |
| 68 | 122 | 166 | 191 | 211 |
| 69 | 131 | 179 | 207 | 227 |
| 70 | 142 | 195 | 224 | 246 |
| 71 | 154 | 212 | 244 | 267 |
| 72 | 167 | 231 | 266 | 291 |
| 73 | 182 | 253 | 291 | 317 |
| 74 | 199 | 277 | 319 | 346 |
| 75 | 218 | 303 | 349 | 377 |
| 75 | 238 | 332 | 380 | 411 |
| 77 | 259 | 362 | 415 | 447 |
| 78 | 281 | 394 | 451 | 485 |
| 79 | 303 | 429 | 491 | 526 |
| 80 | 328 |  |  |  |
| 81 | 353 |  |  |  |
| 82 | 379 |  |  |  |
| 83 | 413 |  |  |  |
| 84 | 446 |  |  |  |

CONTINENTAL CASUALTY COMPANY
Rate Sheet For P1-18876-A87
Long-Term Care Policy
Annual Premium per $\$ 10$ of Long-Term Care Daily Benefit
STANDARD RATING GROUP
O DAY ELIMINATION PERIOD

| $\begin{aligned} & \text { ISSUE } \\ & \hline \text { AGE } \\ & \hline \end{aligned}$ | MAXIMUM= 2 YEARS | MAXIMUM= <br> 4 YEARS | MAXIMUM= <br> 6 YEARS | MAXIMUM= UNLIMITED |
| :---: | :---: | :---: | :---: | :---: |
| 18-44 | 18 | 21 | 23 | 26 |
| 45-49 | 19 | 24 | 25 | 29 |
| 50-54 | 25 | 33 | 35 | 39 |
| 55-59 | 34 | 45 | 50 | 55 |
| 60-64 | 56 | 73 | 81 | 89 |
| 65 | 69 | 90 | 101 | 110 |
| 66 | 75 | 98 | 110 | 120 |
| 67 | 81 | 106 | 120 | 131 |
| 68 | 89 | 118 | 131 | 144 |
| 69 | 96 | 128 | 145 | 158 |
| 70 | 106 | 140 | 160 | 173 |
| 71 | 118 | 155 | 175 | 190 |
| 72 | 131 | 174 | 195 | 211 |
| 73 | 145 | 194 | 219 | 236 |
| 74 | 160 | 216 | 245 | 263 |
| 75 | 180 | 243 | 273 | 291 |
| 76 | 200 | 270 | 303 | 323 |
| 77 | 221 | 300 | 336 | 358 |
| 78 | 245 | 333 | 373 | 395 |
| 79 | 269 | 366 | 413 | 436 |
| 80 | 296 |  |  |  |
| 81 | 325 |  |  |  |
| 82 | 355 |  |  |  |
| 83 | 394 |  |  |  |
| 84 | 434 |  |  |  |

Rate Sheet For P1-18876-A87 Long-Term Care Policy
Annual Premium per $\$ 10$ of Long-Term Care Daily Benefit
STANDARD RATING GROUP
0 dAY ELIMINATION PERIOD
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-18880-SERIES

| $\begin{aligned} & \text { ISSUE } \\ & \text { AGE } \\ & \hline \end{aligned}$ | $\begin{aligned} & \text { MAXIMUM }= \\ & 2 \text { YEARS } \\ & \hline \end{aligned}$ | MAXIMUM= 4 YEARS | MAXIMUM= 6 YEARS | MAXIMUM= UNLIMITED |
| :---: | :---: | :---: | :---: | :---: |
| 18-44 | 26 | 35 | 39 | 44 |
| 45-49 | 30 | 39 | 44 | 49 |
| 50-54 | 39 | 53 | 60 | 68 |
| 55-59 | 54 | 74 | 85 | 96 |
| 60-64 | 83 | 111 | 129 | 144 |
| 65 | 103 | 139 | 160 | 179 |
| 66 | 110 | 150 | 174 | 193 |
| 67 | 120 | 164 | 189 | 209 |
| 68 | 131 | 179 | 208 | 229 |
| 69 | 143 | 195 | 226 | 249 |
| 70 | 156 | 214 | 248 | 271 |
| 71 | 171 | 234 | 271 | 298 |
| 72 | 188 | 259 | 299 | 326 |
| 73 | 206 | 285 | 330 | 359 |
| 74 | 226 | 315 | 364 | 394 |
| 75 | 251 | 348 | 400 | 434 |
| 76 | 275 | 383 | 440 | 476 |
| 77 | 301 | 421 | 483 | 521 |
| 78 | 330 | 461 | 528 | 569 |
| 79 | 358 | 505 | 578 | 620 |
| 80 | 388 |  |  |  |
| 81 | 421 |  |  |  |
| 82 | 454 |  |  |  |
| 83 | 496 |  |  |  |
| 84 | 540 |  |  |  |

CONTINENTAL CASUALTY COMPANY<br>Rate Sheet For P1-18876-A87 Long-Term Care Policy<br>Annual Premium per $\$ 10$ of Long-Term Care Daily Benefit<br>STANDARD RATING GROUP<br>O DAY ELIMINATION PERIOD<br>WITH COMPOUND AUTOMATIC INCREASE RIDER R1-18881-SERIES

| $\begin{aligned} & \text { ISSUE } \\ & \text { AGE } \\ & \hline \end{aligned}$ | $\begin{aligned} & \text { MAXIMUM= } \\ & 2 \text { YEARS } \end{aligned}$ | MAXIMUM= 4 YEARS | MAXIMLM= 6 YEARS | MAXIMUM= UNLIMITED |
| :---: | :---: | :---: | :---: | :---: |
| 18-44 | 36 | 49 | 56 | 63 |
| 45-49 | 40 | 54 | 63 | 69 |
| 50-54 | 54 | 71 | 81 | 91 |
| 55-59 | 70 | 95 | 110 | 123 |
| 60-64 | 101 | 135 | 156 | 173 |
| 65 | 123 | 165 | 191 | 210 |
| 66 | 131 | 178 | 205 | 225 |
| 67 | 140 | 191 | 221 | 244 |
| 68 | 153 | 208 | 239 | 264 |
| 69 | 164 | 224 | 259 | 284 |
| 70 | 178 | 244 | 280 | 308 |
| 71 | 193 | 265 | 305 | 334 |
| 72 | 209 | 289 | 333 | 364 |
| 73 | 228 | 316 | 364 | 396 |
| 74 | 249 | 346 | 399 | 433 |
| 75 | 273 | 379 | 436 | 471 |
| 76 | 298 | 415 | 475 | 514 |
| 77 | 324 | 453 | 519 | 559 |
| 78 | 351 | 493 | 564 | 606 |
| 79 | 379 | 536 | 614 | 658 |
| 80 | 410 |  |  |  |
| 81 | 441 |  |  |  |
| 82 | 474 |  |  |  |
| 83 | 516 |  |  |  |
| 84 | 558 |  |  |  |

CONTINENTAL CASUALTY COMPANY
Rate Sheet For P1-18876-A87
Long-Term Care Policy
Annual Premium per $\$ 10$ of Long-Term Care Daily Benefit

0 day elimination period
1 YEAR BENEFIT PERIOD FOR AGES 80-84

| $\begin{aligned} & \text { ISSUE } \\ & \text { AGE } \\ & \hline \end{aligned}$ | WITH NO AUTOMATIC PREFERRED | INCREASE <br> STANDARD |
| :---: | :---: | :---: |
| 80 | 166 | 208 |
| 81 | 183 | 229 |
| 82 | 199 | 249 |
| 83 | 221 | 277 |
| 84 | 243 | 304 |
| $\begin{aligned} & \text { ISSUE } \\ & \hline \end{aligned}$ | WITH SIMPLE AUTOMAT PREFERRED | IC INCREASE STANDARD |
| 80 | 217 | 271 |
| 81 | 236 | 295 |
| 82 | 254 | 318 |
| 83 | 278 | 348 |
| 84 | 302 | 378 |
| $\begin{aligned} & \text { ISSUE } \\ & \text { AGE } \\ & \hline \end{aligned}$ | WITH COMPOUND AUTOMA PREFERRED | TIC INCREASE STANDARD |
| 80 | 230 | 288 |
| 81 | 248 | 310 |
| 82 | 265 | 331 |
| 83 | 289 | 361 |
| 84 | 312 | 390 |

```
CONTINENTAL CASUALTY COMPANY
Rate Sheet For P1-18876-A87
Long-Term Care Policy
HOME AND COMMUNITY-BASED CARE RIDER R1-18879-SERIES Annual Premium for first \(\$ 50\) of Home Care Daily Benefit
PREFERRED RATING GROUP
```

| $\begin{aligned} & \text { ISSUE } \\ & \text { AGE } \\ & \hline \end{aligned}$ | $\begin{aligned} & \text { MAXIMUMM=} \\ & 750 \text { DAYS } \end{aligned}$ | $\begin{array}{r} \text { MAXIMUM= } \\ 1500 \text { DAYS } \\ \hline \end{array}$ | $\begin{array}{r} \text { MAXIMUM }= \\ \text { UNLIMITED } \\ \hline \end{array}$ |
| :---: | :---: | :---: | :---: |
| 18-44 | 81 | 111 | 126 |
| 45-49 | 90 | 123 | 140 |
| 50-54 | 102 | 139 | 159 |
| 55-59 | 121 | 166 | 189 |
| 60-64 | 161 | 220 | 251 |
| 65 | 197 | 269 | 306 |
| 66 | 210 | 287 | 328 |
| 67 | 225 | 309 | 353 |
| 68 | 244 | 333 | 380 |
| 69 | 262 | 359 | 411 |
| 70 | 283 | 388 | 444 |
| 71 | 307 | 421 | 481 |
| 72 | 332 | 455 | 521 |
| 73 | 359 | 494 | 566 |
| 74 | 388 | 534 | 612 |
| 75 | 420 | 578 | 662 |
| 76 | 455 | 625 | 716 |
| 77 | 493 | 675 | 772 |
| 78 | 534 | 728 | 830 |
| 79 | 577 | 785 | 893 |
| 80 | 624 |  |  |
| 81 | 673 |  |  |
| 82 | 726 |  |  |
| 83 | 789 |  |  |
| 84 | 852 |  |  |

## CONTINENTAL CASUALTY COMPANY

Rate Sheet For P1-18876-A87
Long-Term Care Policy
HOME AND COMMUNITY-BASED CARE RIDER R1-18879-SERIES
Annual Premium for first $\$ 50$ of Home Care Daily Benefit
PREFERRED RATING GROUP
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-18880-SERIES

| $\begin{aligned} & \text { ISSUE } \\ & \text { AGE } \\ & \hline \end{aligned}$ | $\begin{aligned} & \text { MAXIMUM }= \\ & 750 \text { DAYS } \\ & \hline \end{aligned}$ | $\begin{array}{r} \text { MAXIMUM }= \\ 1500 \text { DAYS } \\ \hline \end{array}$ | MAXIMUM $=$ UNLIMITED |
| :---: | :---: | :---: | :---: |
| 18-44 | 123 | 168 | 192 |
| 45-49 | 137 | 187 | 213 |
| 50-54 | 158 | 216 | 247 |
| 55-59 | 202 | 277 | 316 |
| 60-64 | 258 | 352 | 402 |
| 65 | 293 | 402 | 459 |
| 66 | 308 | 422 | 482 |
| 67 | 327 | 447 | 511 |
| 68 | 348 | 477 | 546 |
| 69 | 375 | 513 | 586 |
| 70 | 404 | 553 | 631 |
| 71 | 436 | 596 | 681 |
| 72 | 469 | 642 | 733 |
| 73 | 501 | 689 | 789 |
| 74 | 539 | 741 | 848 |
| 75 | 580 | 796 | 911 |
| 76 | 624 | 855 | 977 |
| 77 | 668 | 915 | 1046 |
| 78 | 714 | 978 | 1117 |
| 79 | 764 | 1044 | 1191 |
| 80 | 815 |  |  |
| 81 | 869 |  |  |
| 82 | 927 |  |  |
| 83 | 994 |  |  |
| 84 | 1060 |  |  |

```
            CONTINENTAL CASUALTY COMPANY
                        Rate Sheet For P1-18876-A87
                        Long-Term Care Policy
        HOME AND COMMUNITY-BASED CARE RIDER R1-18879-SERIES
        Annual Premium for first $50 of Home Care Daily Benefit
            PREFERRED RATING GROUP
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-18881-SERIES
```

| $\begin{aligned} & \text { ISSUE } \\ & \text { AGE } \\ & \hline \end{aligned}$ | $\begin{aligned} & \text { MAXIMUM }= \\ & 750 \text { OAYS } \end{aligned}$ | $\begin{array}{r} \text { MAXIMUM }= \\ 1500 \text { DAYS } \\ \hline \end{array}$ | MAXIMUM $=$ UNLIMITED |
| :---: | :---: | :---: | :---: |
| 18-44 | 153 | 209 | 238 |
| 45-49 | 170 | 232 | 265 |
| 50-54 | 194 | 266 | 304 |
| 55-59 | 239 | 327 | 374 |
| 60-64 | 294 | 404 | 462 |
| 65 | 334 | 456 | 521 |
| 66 | 350 | 478 | 546 |
| 67 | 368 | 503 | 575 |
| 68 | 391 | 535 | 611 |
| 69 | 417 | 571 | 653 |
| 70 | 447 | 612 | 699 |
| 71 | 480 | 656 | 749 |
| 72 | 514 | 704 | 804 |
| 73 | 546 | 751 | 861 |
| 74 | 585 | 803 | 919 |
| 75 | 627 | 860 | 983 |
| 76 | 669 | 917 | 1049 |
| 77 | 714 | 978 | 1117 |
| 78 | 759 | 1039 | 1187 |
| 79 | 807 | 1105 | 1262 |
| 80 | 858 |  |  |
| 81 | 911 |  |  |
| 82 | 965 |  |  |
| 83 | 1030 |  |  |
| 84 | 1096 |  |  |

```
                    CONTINENTAL CASUALTY COMPANY
                        Rate Sheet For P1-18876-A87
                        Long-Term Care Policy
        HOME AND COMMUNITY-BASED CARE RIDER R1-18879-SERIES
Annual Premium for extra $10 of Home Care Daily Benefit
                PREFERRED RATING GROUP
```

| $\begin{aligned} & \text { ISSUE } \\ & \text { AGE } \\ & \hline \end{aligned}$ | MAXIMUM= 750 DAYS | MAXIMLM $=$ 1500 DAYS | MAXIMUM= UNLIMITED |
| :---: | :---: | :---: | :---: |
| 18-44 | 12 | 16 | 18 |
| 45-49 | 13 | 18 | 20 |
| 50-54 | 14 | 19 | 22 |
| 55-59 | 16 | 23 | 27 |
| 60-64 | 23 | 31 | 35 |
| 65 | 28 | 38 | 43 |
| 66 | 30 | 41 | 46 |
| 67 | 32 | 43 | 49 |
| 68 | 35 | 48 | 54 |
| 69 | 37 | 50 | 57 |
| 70 | 40 | 54 | 62 |
| 71 | 43 | 59 | 68 |
| 72 | 47 | 65 | 74 |
| 73 | 51 | 70 | 80 |
| 74 | 54 | 75 | 86 |
| 75 | 60 | 82 | 93 |
| 76 | 64 | 88 | 101 |
| 77 | 69 | 95 | 108 |
| 78 | 75 | 102 | 116 |
| 79 | 81 | 109 | 124 |
| 80 | 89 |  |  |
| 81 | 95 |  |  |
| 82 | 102 |  |  |
| 83 | 110 |  |  |
| 84 | 120 |  |  |

```
CONTINENTAL CASUALTY COMPANY Rate Sheet For P1-18876-A87 Long-Term Care Policy
HOME AND COMMUNITY-BASED CARE RIDER R1-18879-SERIES Annual Premium for extra \(\$ 10\) of Home Care Daily Benefit
PREFERRED RATING GROUP
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-18880-SERIES
```

| $\begin{aligned} & \text { ISSUE } \\ & \text { AGE } \\ & \hline \end{aligned}$ | $\begin{aligned} & \text { MAXIMUM }= \\ & 750 \text { DAYS } \\ & \hline \end{aligned}$ | MAXIMUM= 1500 DAYS | MAXIMUM= UNLIMITED |
| :---: | :---: | :---: | :---: |
| 18-44 | 17 | 24 | 27 |
| 45-49 | 20 | 27 | 30 |
| 50-54 | 22 | 30 | 34 |
| 55-59 | 29 | 40 | 45 |
| 60-64 | 37 | 50 | 56 |
| 65 | 41 | 56 | 64 |
| 66 | 44 | 59 | 67 |
| 67 | 46 | 63 | 72 |
| 68 | 48 | 66 | 76 |
| 69 | 53 | 72 | 82 |
| 70 | 56 | 77 | 89 |
| 71 | 61 | 84 | 96 |
| 72 | 67 | 91 | 103 |
| 73 | 70 | 97 | 111 |
| 74 | 77 | 105 | 119 |
| 75 | 82 | 112 | 128 |
| 76 | 87 | 120 | 137 |
| 77 | 94 | 129 | 147 |
| 78 | 100 | 137 | 157 |
| 79 | 107 | 146 | 167 |
| 80 | 115 |  |  |
| 81 | 122 |  |  |
| 82 | 130 |  |  |
| 83 | 139 |  |  |
| 84 | 150 |  |  |

```
                    CONTINENTAL CASUALTY COMPANY
                        Rate Sheet For P1-18876-A87
                        Long-Term Care Policy
        HOME AND COMMUNITY-BASED CARE RIDER R1-18879-SERIES
    Annual Premium for extra $10 of Home Care Daily Benefit
        PREFERRED RATING GROUP
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-18881-SERIES
```

| $\begin{aligned} & \text { ISSUE } \\ & \text { AGE } \end{aligned}$ | $\begin{aligned} & \text { MAXIMUM }= \\ & 750 \text { DAYS } \\ & \hline \end{aligned}$ | MAXIMUM= 1500 DAYS | MAXIMUM $=$ UNLIMITED |
| :---: | :---: | :---: | :---: |
| 18-44 | 22 | 30 | 34 |
| 45-49 | 24 | 33 | 38 |
| 50-54 | 28 | 37 | 42 |
| 55-59 | 33 | 46 | 53 |
| 60-64 | 41 | 57 | 65 |
| 65 | 46 | 64 | 73 |
| 66 | 48 | 67 | 77 |
| 67 | 52 | 71 | 81 |
| 68 | 54 | 75 | 86 |
| 69 | 59 | 81 | 92 |
| 70 | 62 | 85 | 98 |
| 71 | 67 | 92 | 105 |
| 72 | 72 | 98 | 112 |
| 73 | 76 | 105 | 120 |
| 74 | 83 | 113 | 129 |
| 75 | 87 | 120 | 138 |
| 76 | 93 | 129 | 148 |
| 77 | 100 | 137 | 157 |
| 78 | 106 | 146 | 167 |
| 79 | 113 | 156 | 179 |
| 80 | 121 |  |  |
| 81 | 128 |  |  |
| 82 | 136 |  |  |
| 83 | 145 |  |  |
| 84 | 154 |  |  |

```
                    CONTINENTAL CASUALTY COMPANY
                    Rate Sheet For P1-18876-A87
                        Long-Term Care Policy
            HOME AND COMMUNITY-BASED CARE RIDER R1-18879-SERIES
Annual Premium for first $50 of Home Care Daily Benefit
STANDARD RATING GROUP
```

| $\begin{aligned} & \text { ISSUE } \\ & \text { AGE } \\ & \hline \end{aligned}$ | MAXIMUM= 750 DAYS | MAXIMUM= 1500 DAYS | MAXIMUM= UNLIMITED |
| :---: | :---: | :---: | :---: |
| 18-44 | 101 | 139 | 158 |
| 45-49 | 113 | 154 | 175 |
| 50-54 | 128 | 174 | 199 |
| 55-59 | 151 | 208 | 236 |
| 60-64 | 201 | 275 | 314 |
| 65 | 246 | 336 | 383 |
| 66 | 263 | 359 | 410 |
| 67 | 281 | 386 | 441 |
| 68 | 305 | 416 | 475 |
| 69 | 328 | 449 | 514 |
| 70 | 354 | 485 | 555 |
| 71 | 384 | 526 | 601 |
| 72 | 415 | 569 | 651 |
| 73 | 449 | 618 | 708 |
| 74 | 485 | 668 | 765 |
| 75 | 525 | 723 | 828 |
| 76 | 569 | 781 | 895 |
| 77 | 616 | 844 | 965 |
| 78 | 668 | 910 | 1038 |
| 79 | 721 | 981 | 1116 |
| 80 | 780 |  |  |
| 81 | 841 |  |  |
| 82 | 908 |  |  |
| 83 | 986 |  |  |
| 84 | 1065 |  |  |

CONTINENTAL CASUALTY COMPANY
Rate Sheet For P1-18876-A87 Long-Term Care Policy
HOME AND COMMUNITY-BASED CARE RIDER R1-18879-SERIES
Annual Premium for first $\$ 50$ of Home Care Daily Benefit
STANDARD RATING GROUP
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-18880-SERIES

| $\begin{aligned} & \text { ISSUE } \\ & \text { AGE } \\ & \hline \end{aligned}$ | MAXIMUM= 750 DAYS | MAXIMUM= 1500 DAYS | MAXIMUM= UNLIMITED |
| :---: | :---: | :---: | :---: |
| 18-44 | 154 | 210 | 240 |
| 45-49 | 171 | 234 | 266 |
| 50-54 | 198 | 270 | 309 |
| 55-59 | 253 | 346 | 395 |
| 60-64 | 323 | 440 | 503 |
| 65 | 366 | 503 | 574 |
| 66 | 385 | 528 | 603 |
| 67 | 409 | 559 | 639 |
| 68 | 435 | 596 | 683 |
| 69 | 469 | 641 | 733 |
| 70 | 505 | 691 | 789 |
| 71 | 545 | 745 | 851 |
| 72 | 586 | 803 | 916 |
| 73 | 626 | 861 | 986 |
| 74 | 674 | 926 | 1060 |
| 75 | 725 | 995 | 1139 |
| 76 | 780 | 1069 | 1221 |
| 77 | 835 | 1144 | 1308 |
| 78 | 893 | 1223 | 1396 |
| 79 | 955 | 1305 | 1489 |
| 80 | 1019 |  |  |
| 81 | 1086 |  |  |
| 82 | 1159 |  |  |
| 83 | 1243 |  |  |
| 84 | 1325 |  |  |

```
CONTINENTAL CASUALTY COMPANY
Rate Sheet For P1-18876-A87 Long-Term Care Policy
HOME AND COMMUNITY-BASED CARE RIDER R1-18879-SERIES
Annual Premium for first \(\$ 50\) of Home Care Daily Benefit
STANDARD RATING GROUP
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-18881-SERIES
```

| $\begin{aligned} & \text { ISSUE } \\ & \text { AGE } \\ & \hline \end{aligned}$ | MAXIMUM= 750 DAYS | MAXIMUM= 1500 DAYS | MAXIMUM= UNLIMITED |
| :---: | :---: | :---: | :---: |
| 18-44 | 191 | 261 | 298 |
| 45-49 | 213 | 290 | 331 |
| 50-54 | 243 | 333 | 380 |
| 55-59 | 299 | 409 | 468 |
| 60-64 | 368 | 505 | 578 |
| 65 | 418 | 570 | 651 |
| 66 | 438 | 598 | 683 |
| 67 | 460 | 629 | 719 |
| 68 | 489 | 669 | 764 |
| 69 | 521 | 714 | 816 |
| 70 | 559 | 765 | 874 |
| 71 | 600 | 820 | 936 |
| 72 | 643 | 880 | 1005 |
| 73 | 683 | 939 | 1076 |
| 74 | 731 | 1004 | 1149 |
| 75 | 784 | 1075 | 1229 |
| 76 | 836 | 1146 | 1311 |
| 77 | 893 | 1223 | 1396 |
| 78 | 949 | 1299 | 1484 |
| 79 | 1009 | 1381 | 1578 |
| 80 | 1073 |  |  |
| 81 | 1139 |  |  |
| 82 | 1206 |  |  |
| 83 | 1288 |  |  |
| 84 | 1370 |  |  |

```
                    CONTINENTAL CASUALTY COMPANY
                        Rate Sheet For P1-18876-A87
                        Long-Term Care Policy
        HOME AND COMMUNITY-BASED CARE RIDER R1-18879-SERIES
Annual Premium for extra $10 of Home Care Daily Benefit
STANDARD RATING GROUP
```

| $\begin{aligned} & \text { ISSUE } \\ & \hline \text { AGE } \\ & \hline \end{aligned}$ | $\begin{aligned} & \text { MAXIMUM }= \\ & 750 \text { DAYS } \\ & \hline \end{aligned}$ | MAXIMUM= 1500 DAYS | MAX IMUM $=$ UNLIMITED |
| :---: | :---: | :---: | :---: |
| 18-44 | 15 | 20 | 23 |
| 45-49 | 16 | 23 | 25 |
| 50-54 | 18 | 24 | 28 |
| 55-59 | 20 | 29 | 34 |
| 60-64 | 29 | 39 | 44 |
| 65 | 35 | 48 | 54 |
| 66 | 38 | 51 | 58 |
| 67 | 40 | 54 | 61 |
| 68 | 44 | 60 | 68 |
| 69 | 46 | 63 | 71 |
| 70 | 50 | 68 | 78 |
| 71 | 54 | 74 | 85 |
| 72 | 59 | 81 | 93 |
| 73 | 64 | 88 | 100 |
| 74 | 68 | 94 | 108 |
| 75 | 75 | 103 | 116 |
| 76 | 80 | 110 | 126 |
| 77 | 86 | 119 | 135 |
| 78 | 94 | 128 | 145 |
| 79 | 101 | 136 | 155 |
| 80 | 111 |  |  |
| 81 | 119 |  |  |
| 82 | 128 |  |  |
| 83 | 138 |  |  |
| 84 | 150 |  |  |

```
CONTINENTAL CASUALTY COMPANY
Rate Sheet For P1-18876-A87 Long-Term Care Policy
HOME AND COMMUNITY-BASED CARE RIDER R1-18879-SERIES
Annual Premium for extra \(\$ 10\) of Home Care Daily Benefit
STANDARD RATING GROUP
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-18880-SERIES
```

| $\begin{aligned} & \text { ISSUE } \\ & \text { AGE } \\ & \hline \end{aligned}$ | MAXIMUM $=$ 750 DAYS | MAXIMUM= 1500 DAYS | MAXIMUM= UNLIMITED |
| :---: | :---: | :---: | :---: |
| 18-44 | 21 | 30 | 34 |
| 45-49 | 25 | 34 | 38 |
| 50-54 | 28 | 38 | 43 |
| 55-59 | 36 | 50 | 56 |
| 60-64 | 46 | 63 | 70 |
| 65 | 51 | 70 | 80 |
| 66 | 55 | 74 | 84 |
| 67 | 58 | 79 | 90 |
| 68 | 60 | 83 | 95 |
| 69 | 66 | 90 | 103 |
| 70 | 70 | 96 | 111 |
| 71 | 76 | 105 | 120 |
| 72 | 84 | 114 | 129 |
| 73 | 88 | 121 | 139 |
| 74 | 96 | 131 | 149 |
| 75 | 103 | 140 | 160 |
| 76 | 109 | 150 | 171 |
| 77 | 118 | 161 | 184 |
| 78 | 125 | 171 | 196 |
| 79 | 134 | 183 | 209 |
| 80 | 144 |  |  |
| 81 | 153 |  |  |
| 82 | 163 |  |  |
| 83 | 174 |  |  |
| 84 | 188 |  |  |

```
                CONTINENTAL CASUALTY COMPANY
                    Rate Sheet For P1-18876-A87
                        Long-Term Care Policy
                HOME AND COMMUNITY-BASED CARE RIDER R1-18879-SERIES
    Annual Premium for extra $10 of Home Care Daily Benefit
                            STANDARD RATING GROUP
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-18881-SERIES
```

| $\begin{aligned} & \text { ISSUE } \\ & \hline \text { AGE } \\ & \hline \end{aligned}$ | MAXIMUM $=$ 750 DAYS | MAXIMUM $=$ 1500 DAYS | MAXIMUM= UNLIMITED |
| :---: | :---: | :---: | :---: |
| 18-44 | 28 | 38 | 43 |
| 45-49 | 30 | 41 | 48 |
| 50-54 | 35 | 46 | 53 |
| 55-59 | 41 | 58 | 66 |
| 60-64 | 51 | 71 | 81 |
| 65 | 58 | 80 | 91 |
| 66 | 60 | 84 | 96 |
| 67 | 65 | 89 | 101 |
| 68 | 68 | 94 | 108 |
| 69 | 74 | 101 | 115 |
| 70 | 78 | 106 | 123 |
| 71 | 84 | 115 | 131 |
| 72 | 90 | 123 | 140 |
| 73 | 95 | 131 | 150 |
| 74 | 104 | 141 | 161 |
| 75 | 109 | 150 | 173 |
| 76 | 116 | 161 | 185 |
| 77 | 125 | 171 | 196 |
| 78 | 133 | 183 | 209 |
| 79 | 141 | 195 | 224 |
| 80 | 151 |  |  |
| 81 | 160 |  |  |
| 82 | 170 |  |  |
| 83 | 181 |  |  |
| 84 | 193 |  |  |

CONTINENTAL CASUALTY COMPANY
Rate Sheet For P1-18876-A87
Long-Term Care Policy

Health Rating Group Factors
Rates shown are for Preferred Rating Group and Standard Rating Group. Rates for Health Groups II and III are calculated by multiplying Standard rates by 1.20 and 1.40 , respectively.

Elimination Period Factors
Rates shown are for 0 day elimination period. Rates for longer elimination periods are calculated by multiplying the 0 day rates by the appropriate factor from the following table:

Benefit

| Maximum | $\underline{30}$ | $\underline{60}$ | $\underline{90}$ | $\underline{180}$ | $\underline{365}$ |
| :--- | :---: | :---: | :---: | :---: | ---: |
| 1 year,2 year | 0.89 | 0.84 | 0.80 | 0.69 | 0.60 |
| 4 year,6 year | 0.91 | 0.86 | 0.82 | 0.72 | 0.63 |
|  | Lifetime | 0.93 | 0.89 | 0.86 | 0.78 |
|  |  |  |  |  |  |

FRANCHISE ASSOCIATION FACTORS
A. The rates will be multiplied by a factor of .90 if the following conditions are met:

For Associations of 200 lives or more:

1. Discount is applicable to all lives regardless of Health Group.
2. Minimum of 10 lives must be submitted.
B. The rates will be multiplied by a factor of .95 if the following conditions are met:

For Associations of less than 200 lives:

1. Discount is applicable to all lives regardless of Health Group. 2. Minimum of 10 lives must be submitted.

SPOUSAL DISCOUNT

A $10 \%$ discount to the rates will be made if the following conditions are met:

1. Discount is applicable to all lives regardless of Health Group.
2. If both spouses apply for coverage simultaneously and are both issued, discount applies to both policies.

## THIS POLICY IS FOR RENEWAL BUSINESS ONLY

## CONTINENTAL CASUALTY COMPANY

## Supplement to Rate Sheet for Policy Forms P1-21295-A37 \& -A87 Pennsylvania

All Rates for this form should be multiplied by a factor of:

This factor reflects the proposed increase of:

And the following prior approved rate increases:

|  | Increase Applies <br> to all Policies or <br> Subset | Rate Increase <br> Approved | Approval Date <br> of Rate <br> Increase |
| :--- | :---: | :---: | :---: |
| Policy Form | All | $50 \%$ | $7 / 10 / 2003$ |
| P1-21295-A37, -A87 | All | $25 \%$ | $9 / 2 / 2011$ * |

* implemented over 2 years, $11.8 \%$ in each year.

```
                CONTINENTAL CASUALTY COMPANY
                        Rate Sheet For P1-21295-A37
                    Long Term Care Policy
                    Annual Premium per $10 of Long-Term Care Daily Benefit
                    PREFERRED RATING GROUP
                    O DAY ELIMINATION PERIOD
                    HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
                        50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
```

| $\begin{gathered} \text { ISSUE } \\ \text { AGE } \end{gathered}$ | MAXIMUM= <br> 730x LTC BENEFIT/DAY | MAXIMUM= 1095x LTC BENEFIT/DAY | MAXIMUM= 1460x LTC BENEFIT/DAY | MAXIMUM= 1825x LTC BENEFIT/DAY | MAXIMUM= UNLIMITED |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 8-44 | 19 | 22 | 24 | 26 | 32 |
| 5-49 | 21 | 25 | 27 | 29 | 36 |
| 0-54 | 25 | 30 | 33 | 35 | 45 |
| 55 | 30 | 35 | 39 | 42 | 54 |
| 56 | 31 | 38 | 42 | 45 | 57 |
| 57 | 33 | 40 | 44 | 47 | 61 |
| 58 | 36 | 43 | 48 | 52 | 66 |
| 59 | 39 | 47 | 52 | 56 | 72 |
| 60 | 42 | 51 | 57 | 62 | 78 |
| 61 | 46 | 56 | 62 | 67 | 85 |
| 62 | 50 | 60 | 67 | 72 | 92 |
| 63 | 53 | 64 | 72 | 78 | 99 |
| 64 | 57 | 70 | 78 | 84 | 107 |
| 65 | 61 | 74 | 82 | 88 | 113 |
| 66 | 65 | 79 | 88 | 95 | 123 |
| 67 | 70 | 86 | 97 | 105 | 134 |
| 68 | 77 | 94 | 105 | 113 | 146 |
| 69 | 84 | 104 | 117 | 127 | 161 |
| 70 | 92 | 114 | 128 | 139 | 176 |
| 71 | 101 | 125 | 141 | 153 | 194 |
| 72 | 111 | 138 | 156 | 170 | 216 |
| 73 | 123 | 154 | 174 | 189 | 240 |
| 74 | 137 | 171 | 193 | 210 | 267 |
| 75 | 152 | 190 | 216 | 235 | 296 |
| 76 | 168 | 211 | 239 | 260 | 328 |
| 77 | 186 | 233 | 265 | 289 | 362 |
| 78 | 205 | 258 | 293 | 319 | 399 |
| 79 | 225 | 283 | 322 | 351 | 439 |
| 80 | 247 |  |  |  |  |
| 81 | 269 |  |  |  |  |
| 82 | 293 |  |  |  |  |
| 83 | 324 |  |  |  |  |
| 84 | 355 |  |  |  |  |

```
                CONTINENTAL CASUALTY COMPANY
                    Rate Sheet For P1-21295-A37
                    Long Term Care Policy
```

Annual Premium per $\$ 10$ of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
0 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT= $100 \%$ OF LONG-TERM CARE DAILY BENEFIT AMOUNT

| $\begin{gathered} \text { ISSUE } \\ \text { AGE } \end{gathered}$ | MAXIMUM= <br> 730x LTC BENEFIT/DAY | MAXIMUM= 1095x LTC BENEFIT/DAY | MAXIMUM= 1460x LTC BENEFIT/DAY | MAXIMUM= 1825x LTC BENEFIT/DAY | MAXIMUM= UNLIMITED |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 8-44 | 23 | 27 | 30 | 32 | 41 |
| 5-49 | 25 | 30 | 33 | 35 | 45 |
| 0-54 | 29 | 36 | 40 | 43 | 56 |
| 55 | 34 | 41 | 46 | 50 | 65 |
| 56 | 36 | 44 | 49 | 53 | 68 |
| 57 | 38 | 46 | 51 | 55 | 71 |
| 58 | 41 | 49 | 55 | 59 | 77 |
| 59 | 44 | 54 | 60 | 65 | 83 |
| 60 | 48 | 58 | 65 | 70 | 89 |
| 61 | 52 | 63 | 70 | 75 | 96 |
| 62 | 56 | 68 | 76 | 82 | 104 |
| 63 | 60 | 73 | 82 | 89 | 112 |
| 64 | 64 | 78 | 88 | 95 | 121 |
| 65 | 68 | 82 | 92 | 99 | 128 |
| 66 | 72 | 89 | 100 | 108 | 140 |
| 67 | 79 | 97 | 109 | 11.8 | 152 |
| 68 | 86 | 106 | 120 | 130 | 166 |
| 69 | 93 | 115 | 130 | 141 | 182 |
| 70 | 103 | 128 | 144 | 156 | 200 |
| 71 | 112 | 140 | 158 | 172 | 219 |
| 72 | 124 | 155 | 175 | 190 | 244 |
| 73 | 137 | 172 | 195 | 212 | 271 |
| 74 | 151 | 191 | 217 | 237 | 300 |
| 75 | 168 | 212 | 242 | 264 | 334 |
| 76 | 186 | 236 | 269 | 294 | 370 |
| 77 | 206 | 261 | 297 | 324 | 407 |
| 78 | 226 | 288 | 329 | 360 | 449 |
| 79 | 248 | 315 | 360 | 394 | 494 |
| 80 | 271 |  |  |  |  |
| 81 | 296 |  |  |  |  |
| 82 | 322 |  |  |  |  |
| 83 | 356 |  |  |  |  |
| 84 | 390 |  |  |  |  |

Annual Premium per $\$ 10$ of Long-Term Care Daily Benefit

```
                    PREFERRED RATING GROUP
                                    O DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
                    50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-21298-SERIES
```

| $\begin{aligned} & \text { ISSUE } \\ & \text { AGE } \end{aligned}$ | MAXIMUM= <br> 730x LTC BENEFIT/DAY | MAXIMUM= 1095x LTC BENEFIT/DAY | MAXIMUM= <br> 1460x LTC BENEFIT/DAY | MAXIMUM= 1825x LTC BENEFIT/DAY | MAXIMUM= UNLIMITED |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 8-44 | 35 | 44 | 50 | 55 | 70 |
| 5-49 | 39 | 49 | 55 | 60 | 78 |
| 0-54 | 48 | 60 | 68 | 74 | 99 |
| 55 | 56 | 70 | 79 | 86 | 115 |
| 56 | 59 | 74 | 84 | 92 | 122 |
| 57 | 62 | 78 | 88 | 96 | 128 |
| 58 | 66 | 83 | 94 | 102 | 136 |
| 59 | 71 | 88 | 100 | 109 | 145 |
| 60 | 75 | 94 | 107 | 117 | 154 |
| 61 | 81 | 101 | 114 | 124 | 164 |
| 62 | 86 | 108 | 122 | 133 | 175 |
| 63 | 92 | 115 | 130 | 141 | 187 |
| 64 | 98 | 123 | 139 | 151 | 200 |
| 65 | 104 | 130 | 148 | 161 | 212 |
| 66 | 110 | 139 | 158 | 172 | 227 |
| 67 | 119 | 150 | 170 | 185 | 245 |
| 68 | 128 | 162 | 184 | 201 | 265 |
| 69 | 139 | 176 | 200 | 218 | 285 |
| 70 | 149 | 189 | 215 | 235 | 308 |
| 71 | 162 | 205 | 234 | 256 | 334 |
| 72 | 175 | 222 | 254 | 278 | 363 |
| 73 | 190 | 242 | 277 | 303 | 396 |
| 74 | 208 | 265 | 303 | 332 | 432 |
| 75 | 227 | 290 | 332 | 364 | 470 |
| 76 | 247 | 316 | 362 | 397 | 511 |
| 77 | 269 | 345 | 395 | 433 | 557 |
| 78 | 290 | 373 | 429 | 471 | 604 |
| 79 | 313 | 405 | 466 | 512 | 654 |
| 80 | 337 |  |  |  |  |
| 81 | 362 |  |  |  |  |
| 82 | 389 |  |  |  |  |
| 83 | 421 |  |  |  |  |
| 84 | 454 |  |  |  |  |


|  |  | CONTINENTA <br> Rate Sheet Long Te | CASUALTY COM For P1-21295 Care Policy | $\begin{aligned} & \text { ANY } \\ & 37 \end{aligned}$ |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
|  | Annual Pr | ium per $\$ 10$ | Long-Term | Daily Ben |  |
|  |  | PREFERRE | RATING GROU |  |  |
|  |  | 0 DAY EL | INATION PERI |  |  |
|  | $\begin{aligned} & \text { HOME AND } \\ & 100 \% \end{aligned}$ | OMMUNITY BAS F LONG-TERM | CARE MAXIMU ARE DAILY BE | DAILY BENEF FIT AMOUNT |  |
|  | WITH COMPO | ND AUTOMATIC | NCREASE RIDER | R1-21298-SER |  |
| SSUE | MAXIMUM= 730 x LTC | MAXIMUM= | MAXIMUM= | MAXIMUM= | MAXTMOM $=$ |
| AGE | BENEFIT/DAY | BENEFIT/DAY | BENEFIT/DAY | BENEFIT/DAY | UNLIMITED |
| 8-44 | 41 | 52 | 59 | 64 | 83 |
| 5-49 | 46 | 58 | 66 | 72 | 92 |
| 0-54 | 57 | 71 | 81 | 88 | 116 |
| 55 | 64 | 81 | 93 | 102 | 133 |
| 56 | 67 | 85 | 97 | 106 | 139 |
| 57 | 70 | 89 | 102 | 112 | 146 |
| 58 | 75 | 95 | 108 | 118 | 155 |
| 59 | 80 | 101 | 115 | 126 | 165 |
| 60 | 85 | 107 | 122 | 133 | 175 |
| 61 | 91 | 114 | 130 | 142 | 186 |
| 62 | 97 | 122 | 138 | 150 | 197 |
| 63 | 103 | 129 | 147 | 160 | 210 |
| 64 | 110 | 138 | 157 | 171 | 225 |
| 65 | 117 | 146 | 166 | 181 | 238 |
| 66 | 124 | 157 | 179 | 196 | 254 |
| 67 | 133 | 168 | 192 | 210 | 274 |
| 68 | 143 | 181 | 207 | 226 | 295 |
| 69 | 154 | 196 | 224 | 245 | 318 |
| 70 | 166 | 212 | 242 | 265 | 344 |
| 71 | 181 | 230 | 263 | 288 | 374 |
| 72 | 195 | 250 | 286 | 313 | 406 |
| 73 | 211 | 272 | 312 | 342 | 443 |
| 74 | 230 | 296 | 340 | 373 | 482 |
| 75 | 252 | 324 | 372 | 408 | 524 |
| 76 | 274 | 352 | 404 | 443 | 570 |
| 77 | 297 | 383 | 440 | 483 | 620 |
| 78 | 321 | 416 | 479 | 526 | 672 |
| 79 | 345 | 449 | 519 | 571 | 728 |
| 80 | 372 |  |  |  |  |
| 81 | 399 |  |  |  |  |
| 82 | 426 |  |  |  |  |
| 83 | 462 |  |  |  |  |
| 84 | 497 |  |  |  |  |

```
CONTINENTAL CASUALTY COMPANY
Rate Sheet For P1-21295-A37
    Long Term Care Policy
```

    Annual Premium per \(\$ 10\) of Long-Term Care Daily Benefit
                    PREFERRED RATING GROUP
                    0 DAY ELIMINATION PERIOD
                    HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
                    \(50 \%\) OF LONG-TERM CARE DAILY BENEFIT AMOUNT
    WITH SIMPLE AUTOMATIC INCREASE RIDER R1-21297-SERIES

| $\begin{gathered} \text { ISSUE } \\ \text { AGE } \end{gathered}$ | MAXIMUM= 730x LTC BENEFIT/DAY | MAXIMUM= 1095x LTC BENEFIT/DAY | MAXIMUM= 1460x LTC BENEFIT/DAY | MAXIMUM= 1825x LTC BENEFIT/DAY | MAXIMUM= UNLIMITED |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 8-44 | 26 | 33 | 37 | 40 | 52 |
| 5-49 | 29 | 36 | 41 | 45 | 58 |
| 0-54 | 38 | 47 | 53 | 58 | 75 |
| 55 | 44 | 55 | 62 | 67 | 90 |
| 56 | 47 | 58 | 65 | 70 | 95 |
| 57 | 49 | 61 | 69 | 75 | 101 |
| 58 | 53 | 66 | 75 | 82 | 109 |
| 59 | 57 | 71 | 81 | 88 | 117 |
| 60 | 62 | 77 | 87 | 95 | 126 |
| 61 | 67 | 83 | 94 | 102 | 136 |
| 62 | 72 | 90 | 102 | 111 | 146 |
| 63 | 77 | 97 | 110 | 120 | 157 |
| 64 | 83 | 104 | 118 | 129 | 169 |
| 65 | 88 | 110 | 125 | 136 | 181 |
| 66 | 95 | 118 | 134 | 146 | 194 |
| 67 | 103 | 129 | 146 | 159 | 211 |
| 68 | 111 | 140 | 160 | 175 | 230 |
| 69 | 122 | 153 | 174 | 190 | 251 |
| 70 | 132 | 167 | 190 | 207 | 273 |
| 71 | 144 | 182 | 208 | 227 | 299 |
| 72 | 158 | 201 | 229 | 250 | 328 |
| 73 | 172 | 220 | 252 | 276 | 360 |
| 74 | 190 | 242 | 277 | 303 | 396 |
| 75 | 209 | 267 | 306 | 335 | 434 |
| 76 | 229 | 293 | 336 | 368 | 475 |
| 77 | 251 | 321 | 368 | 403 | 520 |
| 78 | 273 | 350 | 402 | 441 | 567 |
| 79 | 296 | 382 | 439 | 482 | 617 |
| 80 | 320 |  |  |  |  |
| 81 | 345 |  |  |  |  |
| 82 | 372 |  |  |  |  |
| 83 | 405 |  |  |  |  |
| 84 | 439 |  |  |  |  |

```
CONTINENTAL CASUALTY COMPANY
Rate Sheet For P1-21295-A37
    Long Term Care Policy
```

Annual Premium per $\$ 10$ of Long-Term Care Daily Benefit

PREFERRED RATING GROUP 0 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT= $100 \%$ OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-21297-SERIES

| $\begin{gathered} \text { ISSUE } \\ \text { AGE } \end{gathered}$ | MAXIMUM= <br> 730x LTC <br> BENEFIT/DAY | MAXIMUM= 1095x LTC BENEFIT/DAY | MAXIMUM= <br> 1460x LTC BENEFIT/DAY | MAXIMUM $=$ <br> 1825x LTC <br> BENEFIT/DAY | MAXIMUM= UNLIMITED |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 8-44 | 32 | 40 | 45 | 49 | 63 |
| 5-49 | 36 | 44 | 50 | 54 | 70 |
| 0-54 | 44 | 55 | 63 | 69 | 88 |
| 55 | 51 | 64 | 73 | 80 | 104 |
| 56 | 54 | 68 | 77 | 84 | 111 |
| 57 | 57 | 71 | 81 | 88 | 117 |
| 58 | 61 | 77 | 87 | 95 | 125 |
| 59 | 66 | 83 | 94 | 102 | 134 |
| 60 | 70 | 88 | 100 | 109 | 143 |
| 61 | 76 | 95 | 108 | 118 | 153 |
| 62 | 81 | 102 | 116 | 127 | 164 |
| 63 | 87 | 109 | 124 | 135 | 176 |
| 64 | 94 | 118 | 134 | 146 | 190 |
| 65 | 99 | 124 | 141 | 154 | 203 |
| 66 | 106 | 134 | 152 | 166 | 217 |
| 67 | 116 | 145 | 165 | 180 | 236 |
| 68 | 125 | 158 | 180 | 197 | 257 |
| 69 | 135 | 171 | 195 | 213 | 280 |
| 70 | 147 | 187 | 213 | 233 | 306 |
| 71 | 161 | 204 | 233 | 255 | 334 |
| 72 | 175 | 224 | 256 | 280 | 366 |
| 73 | 192 | 246 | 282 | 309 | 402 |
| 74 | 211 | 270 | 310 | 340 | 441 |
| 75 | 231 | 297 | 341 | 374 | 484 |
| 76 | 253 | 326 | 374 | 410 | 529 |
| 77 | 277 | 357 | 410 | 450 | 579 |
| 78 | 300 | 389 | 448 | 492 | 631 |
| 79 | 326 | 423 | 488 | 537 | 687 |
| 80 | 353 |  |  |  |  |
| 81 | 380 |  |  |  |  |
| 82 | 408 |  |  |  |  |
| 83 | 445 |  |  |  |  |
| 84 | 481 |  |  |  |  |

Long Term Care Policy
Annual Premium per $\$ 10$ of Long-Term Care Daily Benefit

STANDARD RATING GROUP
0 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT= $50 \%$ OF LONG-TERM CARE DAILY BENEFIT AMOUNT

| $\begin{gathered} \text { ISSUE } \\ \text { AGE } \end{gathered}$ | MAXIMUM= <br> 730x LTC BENEFIT/DAY | MAXIMUM= 1095x LTC BENEFIT/DAY | MAXIMUM= 1460x LTC BENEFIT/DAY | MAXIMUM= 1825x LTC BENEFIT/DAY | MAXIMUM= UNLIMITED |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 18-44 | 22 | 26 | 28 | 31 | 38 |
| 45-49 | 25 | 29 | 32 | 34 | 42 |
| 50-54 | 29 | 35 | 39 | 41 | 53 |
| 55 | 35 | 41 | 46 | 49 | 64 |
| 56 | 36 | 45 | 49 | 53 | 67 |
| 57 | 39 | 47 | 52 | 55 | 72 |
| 58 | 42 | 51 | 56 | 61 | 78 |
| 59 | 46 | 55 | 61 | 66 | 85 |
| 60 | 49 | 60 | 67 | 73 | 92 |
| 61 | 54 | 66 | 73 | 79 | 100 |
| 62 | 59 | 71 | 79 | 85 | 108 |
| 63 | 62 | 75 | 85 | 92 | 116 |
| 64 | 67 | 82 | 92 | 99 | 126 |
| 65 | 72 | 87 | 96 | 104 | 133 |
| 66 | 76 | 93 | 104 | 112 | 145 |
| 67 | 82 | 101 | 114 | 124 | 158 |
| 68 | 91 | 111 | 124 | 133 | 172 |
| 69 | 99 | 122 | 138 | 149 | 189 |
| 70 | 108 | 134 | 151 | 164 | 207 |
| 71 | 119 | 147 | 166 | 180 | 228 |
| 72 | 131 | 162 | 184 | 200 | 254 |
| 73 | 145 | 181 | 205 | 222 | 282 |
| 74 | 161 | 201 | 227 | 247 | 314 |
| 75 | 179 | 224 | 254 | 276 | 348 |
| 76 | 198 | 248 | 281 | 306 | 386 |
| 77 | 219 | 274 | 312 | 340 | 426 |
| 78 | 241 | 304 | 345 | 375 | 469 |
| 79 | 265 | 333 | 379 | 413 | 516 |
| 80 | 291 |  |  |  |  |
| 81 | 316 |  |  |  |  |
| 82 | 345 |  |  |  |  |
| 83 | 381 |  |  |  |  |
| 84 | 418 |  |  |  |  |

## CONTINENTAL CASUALTY COMPANY

Rate Sheet For P1-21295-A37
Long Term Care Policy
Annual Premium per $\$ 10$ of Long-Term Care Daily Benefit

STANDARD RATING GROUP
0 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT= $100 \%$ OF LONG-TERM CARE DAILY BENEFIT AMOUNT

| ISSUE <br> AGE | MAXIMUM= <br> 730x LTC BENEFIT/DAY | $\begin{gathered} \text { MAXIMUM= } \\ \text { 1095x LTC } \\ \text { BENEFIT/DAY } \end{gathered}$ | $\begin{gathered} \text { MAXIMUM= } \\ \text { 1460x LTC } \\ \text { BENEFIT/DAY } \end{gathered}$ | $\begin{gathered} \text { MAXIMUM= } \\ \text { 1825x LTC } \\ \text { BENEFIT/DAY } \end{gathered}$ | MAXIMUM= UNLIMITED |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 18-44 | 27 | 32 | 35 | 38 | 48 |
| 45-49 | 29 | 35 | 39 | 41 | 53 |
| 50-54 | 34 | 42 | 47 | 51 | 66 |
| 55 | 40 | 48 | 54 | 59 | 76 |
| 56 | 42 | 52 | 58 | 62 | 80 |
| 57 | 45 | 54 | 60 | 65 | 84 |
| 58 | 48 | 58 | 65 | 69 | 91 |
| 59 | 52 | 64 | 71 | 76 | 98 |
| 60 | 56 | 68 | 76 | 82 | 105 |
| 61 | 61 | 74 | 82 | 88 | 113 |
| 62 | 66 | 80 | 89 | 96 | 122 |
| 63 | 71 | 86 | 96 | 105 | 132 |
| 64 | 75 | 92 | 104 | 112 | 142 |
| 65 | 80 | 96 | 108 | 116 | 151 |
| 66 | 85 | 105 | 118 | 127 | 165 |
| 67 | 93 | 114 | 128 | 139 | 179 |
| 68 | 101 | 125 | 141 | 153 | 195 |
| 69 | 109 | 135 | 153 | 166 | 214 |
| 70 | 121 | 151 | 169 | 184 | 235 |
| 71 | 132 | 165 | 186 | 202 | 258 |
| 72 | 146 | 182 | 206 | 224 | 287 |
| 73 | 161 | 202 | 229 | 249 | 319 |
| 74 | 178 | 225 | 255 | 279 | 353 |
| 75 | 198 | 249 | 285 | 311 | 393 |
| 76 | 219 | 278 | 316 | 346 | 435 |
| 77 | 242 | 307 | 349 | 381 | 479 |
| 78 | 266 | 339 | 387 | 424 | 528 |
| 79 | 292 | 371 | 424 | 464 | 581 |
| 80 | 319 |  |  |  |  |
| 81 | 348 |  |  |  |  |
| 82 | 379 |  |  |  |  |
| 83 | 419 |  |  |  |  |
| 84 | 459 |  |  |  |  |

```
                CONTINENTAL CASUALTY COMPANY
                    Rate Sheet For P1-21295-A37
                    Long Term Care Policy
```

Annual Premium per $\$ 10$ of Long-Term Care Daily Benefit

STANDARD RATING GROUP
0 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50\% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-21298-SERIES

| $\begin{gathered} \text { ISSUE } \\ \text { AGE } \end{gathered}$ | MAXIMUM= 730x LTC BENEFIT/DAY | $\begin{gathered} \text { MAXIMUM= } \\ \text { 1095x LTC } \\ \text { BENEFIT/DAY } \end{gathered}$ | $\begin{gathered} \text { MAXIMUM= } \\ \text { 1460x LTC } \\ \text { BENEFIT/DAY } \end{gathered}$ | $\begin{gathered} \text { MAXIMUM= } \\ \text { 1825x LTC } \\ \text { BENEFIT/DAY } \end{gathered}$ | MAXIMUM= UNLIMITED |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 18-44 | 41 | 52 | 59 | 65 | 82 |
| 45-49 | 46 | 58 | 65 | 71 | 92 |
| 50-54 | 56 | 71 | 80 | 87 | 116 |
| 55 | 66 | 82 | 93 | 101 | 135 |
| 56 | 69 | 87 | 99 | 108 | 144 |
| 57 | 73 | 92 | 104 | 113 | 151 |
| 58 | 78 | 98 | 111 | 120 | 160 |
| 59 | 84 | 104 | 118 | 128 | 171 |
| 60 | 88 | 111 | 126 | 138 | 181 |
| 61 | 95 | 119 | 134 | 146 | 193 |
| 62 | 101 | 127 | 144 | 156 | 206 |
| 63 | 108 | 135 | 153 | 166 | 220 |
| 64 | 115 | 145 | 164 | 178 | 235 |
| 65 | 122 | 153 | 174 | 189 | 249 |
| 66 | 129 | 164 | 186 | 202 | 267 |
| 67 | 140 | 176 | 200 | 218 | 288 |
| 68 | 151 | 191 | 216 | 236 | 312 |
| 69 | 164 | 207 | 235 | 256 | 335 |
| 70 | 175 | 222 | 253 | 276 | 362 |
| 71 | 191 | 241 | 275 | 301 | 393 |
| 72 | 206 | 261 | 299 | 327 | 427 |
| 73 | 224 | 285 | 326 | 356 | 466 |
| 74 | 245 | 312 | 356 | 391 | 508 |
| 75 | 267 | 341 | 391 | 428 | 553 |
| 76 | 291 | 372 | 426 | 467 | 601 |
| 77 | 316 | 406 | 465 | 509 | 655 |
| 78 | 341 | 439 | 505 | 554 | 711 |
| 79 | 368 | 476 | 548 | 602 | 769 |
| 80 | 396 |  |  |  |  |
| 81 | 426 |  |  |  |  |
| 82 | 458 |  |  |  |  |
| 83 | 495 |  |  |  |  |
| 84 | 534 |  |  |  |  |

Annual Premium per $\$ 10$ of Long-Term Care Daily Benefit

STANDARD RATING GROUP
0 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100\% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-21298-SERIES

| $\begin{gathered} \text { ISSUE } \\ \text { AGE } \end{gathered}$ | MAXIMUM= <br> 730x LTC BENEFIT/DAY | MAXIMUM= 1095x LTC BENEFIT/DAY | MAXIMUM= 1460x LTC BENEFIT/DAY | MAXIMUM= 1825x LTC BENEFIT/DAY | MAXIMUM= UNLIMITED |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 18-44 | 48 | 61 | 69 | 75 | 98 |
| 45-49 | 54 | 68 | 78 | 85 | 108 |
| 50-54 | 67 | 84 | 95 | 104 | 136 |
| 55 | 75 | 95 | 109 | 120 | 156 |
| 56 | 79 | 100 | 114 | 125 | 164 |
| 57 | 82 | 105 | 120 | 132 | 172 |
| 58 | 88 | 112 | 127 | 139 | 182 |
| 59 | 94 | 119 | 135 | 148 | 194 |
| 60 | 100 | 126 | 144 | 156 | 206 |
| 61 | 107 | 134 | 153 | 167 | 219 |
| 62 | 114 | 144 | 162 | 176 | 232 |
| 63 | 121 | 152 | 173 | 188 | 247 |
| 64 | 129 | 162 | 185 | 201 | 265 |
| 65 | 138 | 172 | 195 | 213 | 280 |
| 66 | 146 | 185 | 211 | 231 | 299 |
| 67 | 156 | 198 | 226 | 247 | 322 |
| 68 | 168 | 213 | 244 | 266 | 347 |
| 69 | 181 | 231 | 264 | 288 | 374 |
| 70 | 195 | 249 | 285 | 312 | 405 |
| 71 | 213 | 271 | 309 | 339 | 440 |
| 72 | 229 | 294 | 336 | 368 | 478 |
| 73 | 248 | 320 | 367 | 402 | 521 |
| 74 | 271 | 348 | 400 | 439 | 567 |
| 75 | 296 | 381 | 438 | 480 | 616 |
| 76 | 322 | 414 | 475 | 521 | 671 |
| 77 | 349 | 451 | 518 | 568 | 729 |
| 78 | 378 | 489 | 564 | 619 | 791 |
| 79 | 406 | 528 | 611 | 672 | 856 |
| 80 | 438 |  |  |  |  |
| 81 | 469 |  |  |  |  |
| 82 | 501 |  |  |  |  |
| 83 | 544 |  |  |  |  |
| 84 | 585 |  |  |  |  |

```
CONTINENTAL CASUALTY COMPANY
Rate Sheet For P1-21295-A37
    Long Term Care Policy
```

Annual Premium per $\$ 10$ of Long-Term Care Daily Benefit

STANDARD RATING GROUP
O DAY ELIMINATION PERIOD
HOME AND COMMUNITY BA.SED CARE MAXIMUM DAILY BENEFIT=
$50 \%$ OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-21297-SERIES

| $\begin{aligned} & \text { ISSUE } \\ & \text { AGE } \end{aligned}$ | MAXIMUM= <br> 730x LTC BENEFIT/DAY | MAXIMUM= 1095x LTC BENEFIT/DAY | MAXIMUM= <br> 1460x LTC BENEFIT/DAY | MAXIMUM= <br> 1825x LTC <br> BENEFIT/DAY | MAXIMUM= UNLIMITED |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 18-44 | 31 | 39 | 44 | 47 | 61 |
| 45-49 | 34 | 42 | 48 | 53 | 68 |
| 50-54 | 45 | 55 | 62 | 68 | 88 |
| 55 | 52 | 65 | 73 | 79 | 106 |
| 56 | 55 | 68 | 76 | 82 | 112 |
| 57 | 58 | 72 | 81 | 88 | 119 |
| 58 | 62 | 78 | 88 | 96 | 128 |
| 59 | 67 | 84 | 95 | 104 | 138 |
| 60 | 73 | 91 | 102 | 112 | 148 |
| 61 | 79 | 98 | 111 | 120 | 160 |
| 62 | 85 | 106 | 120 | 131 | 172 |
| 63 | 91 | 114 | 129 | 141 | 185 |
| 64 | 98 | 122 | 139 | 152 | 199 |
| 65 | 104 | 129 | 147 | 160 | 213 |
| 66 | 112 | 139 | 158 | 172 | 228 |
| 67 | 121 | 152 | 172 | 187 | 248 |
| 68 | 131 | 165 | 188 | 206 | 271 |
| 69 | 144 | 180 | 205 | 224 | 295 |
| 70 | 155 | 196 | 224 | 244 | 321 |
| 71 | 169 | 214 | 245 | 267 | 352 |
| 72 | 186 | 236 | 269 | 294 | 386 |
| 73 | 202 | 259 | 296 | 325 | 424 |
| 74 | 224 | 285 | 326 | 356 | 466 |
| 75 | 246 | 314 | 360 | 394 | 511 |
| 76 | 269 | 345 | 395 | 433 | 559 |
| 77 | 295 | 378 | 433 | 474 | 612 |
| 78 | 321 | 412 | 473 | 519 | 667 |
| 79 | 348 | 449 | 516 | 567 | 726 |
| 80 | 376 |  |  |  |  |
| 81 | 406 |  |  |  |  |
| 82 | 438 |  |  |  |  |
| 83 | 476 |  |  |  |  |
| 84 | 516 |  |  |  |  |

Annual Premium per $\$ 10$ of Long-Term Care Daily Benefit

STANDARD RATING GROUP
0 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT= $100 \%$ OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-21297-SERIES

| $\begin{gathered} \text { ISSUE } \\ \text { AGE } \end{gathered}$ | MAXIMUM= 730x LTC BENEFIT/DAY | MAXIMUM= 1095x LTC BENEFIT/DAY | MAXIMUM= 1460x LTC BENEFIT/DAY | MAXIMUM= 1825x LTC BENEFIT/DAY | MAXIMUM= UNLIMITED |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 18-44 | 38 | 47 | 53 | 58 | 74 |
| 45-49 | 42 | 52 | 59 | 64 | 82 |
| 50-54 | 52 | 65 | 74 | 81 | 104 |
| 55 | 60 | 75 | 86 | 94 | 122 |
| 56 | 64 | 80 | 91 | 99 | 131 |
| 57 | 67 | 84 | 95 | 104 | 138 |
| 58 | 72 | 91 | 102 | 112 | 147 |
| 59 | 78 | 98 | 111 | 120 | 158 |
| 60 | 82 | 104 | 118 | 128 | 168 |
| 61 | 89 | 112 | 127 | 139 | 180 |
| 62 | 95 | 120 | 136 | 149 | 193 |
| 63 | 102 | 128 | 146 | 159 | 207 |
| 64 | 111 | 139 | 158 | 172 | 224 |
| 65 | 116 | 146 | 166 | 181 | 239 |
| 66 | 125 | 158 | 179 | 195 | 255 |
| 67 | 136 | 171 | 194 | 212 | 278 |
| 68 | 147 | 186 | 212 | 232 | 302 |
| 69 | 159 | 201 | 229 | 251 | 329 |
| 70 | 173 | 220 | 251 | 274 | 360 |
| 71 | 189 | 240 | 274 | 300 | 393 |
| 72 | 206 | 264 | 301 | 329 | 431 |
| 73 | 226 | 289 | 332 | 364 | 473 |
| 74 | 248 | 318 | 365 | 400 | 519 |
| 75 | 272 | 349 | 401 | 440 | 569 |
| 76 | 298 | 384 | 440 | 482 | 622 |
| 77 | 326 | 420 | 482 | 529 | 681 |
| 78 | 353 | 458 | 527 | 579 | 742 |
| 79 | 384 | 498 | 574 | 632 | 808 |
| 80 | 415 |  |  |  |  |
| 81 | 447 |  |  |  |  |
| 82 | 480 |  |  |  |  |
| 83 | 524 |  |  |  |  |
| 84 | 566 |  |  |  |  |

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CONTINENTAL CASUALTY COMPANY
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Rate Sheet For P1-21295-A37
Long Term Care Policy
Elimination Period Factors

Rates shown are for 0 day elimination period. Rates for longer elimination periods are calculated by multiplying the 0 day rates by the appropriate factor from the following table:

| Benefit <br> Maximum | 30 | 60 | 90 | 180 | 365 |
| :--- | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  |  |  |
| $730 \mathrm{x}, 1095 \mathrm{x}$ | 0.89 | 0.84 | 0.80 | 0.69 | 0.60 |
| $1460 \mathrm{x}, 1825 \mathrm{x}$ | 0.91 | 0.86 | 0.82 | 0.72 | 0.63 |
| Lifetime | 0.93 | 0.89 | 0.86 | 0.78 | 0.70 |

Modal Factors

Semi-Annual: 0.52; Quarterly, 0.27; Check-A-Matic, 0.09

## Spousal Discount

A $10 \%$ discount to the rates will be made if the following conditions are met:

1. Discount is applicable to all lives regardless of Health Group. 2. If both spouses apply for coverage and are both issued, discount applies to both policies.

Annual Premium per $\$ 10$ of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
0 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT= $50 \%$ OF LONG-TERM CARE DAILY BENEFIT AMOUNT

| $\begin{aligned} & \text { ISSUE } \\ & \text { AGE } \end{aligned}$ | MAXIMUM= <br> 730x LTC BENEFIT/DAY | $\begin{gathered} \text { MAXIMUM= } \\ \text { 1095x LTC } \\ \text { BENEFIT/DAY } \end{gathered}$ | $\begin{gathered} \text { MAXIMUM= } \\ \text { 1460x LTC } \\ \text { BENEFIT/DAY } \end{gathered}$ | $\begin{gathered} \text { MAXIMUM= } \\ \text { 1825x LTC } \\ \text { BENEFIT/DAY } \end{gathered}$ | MAXIMUM= UNLIMITED |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 8-44 | 19 | 22 | 24 | 26 | 32 |
| 5-49 | 21 | 25 | 27 | 29 | 36 |
| 0-54 | 25 | 30 | 33 | 35 | 45 |
| 55 | 30 | 35 | 39 | 42 | 54 |
| 56 | 31 | 38 | 42 | 45 | 57 |
| 57 | 33 | 40 | 44 | 47 | 61 |
| 58 | 36 | 43 | 48 | 52 | 66 |
| 59 | 39 | 47 | 52 | 56 | 72 |
| 60 | 42 | 51 | 57 | 62 | 78 |
| 61 | 46 | 56 | 62 | 67 | 85 |
| 62 | 50 | 60 | 67 | 72 | 92 |
| 63 | 53 | 64 | 72 | 78 | 99 |
| 64 | 57 | 70 | 78 | 84 | 107 |
| 65 | 61 | 74 | 82 | 88 | 113 |
| 66 | 65 | 79 | 88 | 95 | 123 |
| 67 | 70 | 86 | 97 | 105 | 134 |
| 68 | 77 | 94 | 105 | 113 | 146 |
| 69 | 84 | 104 | 117 | 127 | 161 |
| 70 | 92 | 114 | 128 | 139 | 176 |
| 71 | 101 | 125 | 141 | 153 | 194 |
| 72 | 111 | 138 | 156 | 170 | 216 |
| 73 | 123 | 154 | 174 | 189 | 240 |
| 74 | 137 | 171 | 193 | 210 | 267 |
| 75 | 152 | 190 | 216 | 235 | 296 |
| 76 | 168 | 211 | 239 | 260 | 328 |
| 77 | 186 | 233 | 265 | 289 | 362 |
| 78 | 205 | 258 | 293 | 319 | 399 |
| 79 | 225 | 283 | 322 | 351 | 439 |
| 80 | 247 |  |  |  |  |
| 81 | 269 |  |  |  |  |
| 82 | 293 |  |  |  |  |
| 83 | 324 |  |  |  |  |
| 84 | 355 |  |  |  |  |

```
            CONTINENTAL CASUALTY COMPANY
                        Rate Sheet For P1-21295-A87
                    Long Term Care Policy
            Annual Premium per $10 of Long-Term Care Daily Benefit
                    PREFERRED RATING GROUP
                    O DAY ELIMINATION PERIOD
                    HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
                        100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
```

| $\begin{aligned} & \text { ISSUE } \\ & \text { AGE } \end{aligned}$ | MAXIMUM= 730x LTC BENEFIT/DAY | $\begin{gathered} \text { MAXIMUM= } \\ \text { 1095x LTC } \\ \text { BENEFIT/DAY } \end{gathered}$ | MAXIMUM= 1460x LTC BENEFIT/DAY | MAXIMUM= <br> 1825x LTC BENEFIT/DAY | MAXIMUM= UNLIMITED |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 8-44 | 23 | 27 | 30 | 32 | 41 |
| 5-49 | 25 | 30 | 33 | 35 | 45 |
| 0-54 | 29 | 36 | 40 | 43 | 56 |
| 55 | 34 | 41 | 46 | 50 | 65 |
| 56 | 36 | 44 | 49 | 53 | 68 |
| 57 | 38 | 46 | 51 | 55 | 71 |
| 58 | 41 | 49 | 55 | 59 | 77 |
| 59 | 44 | 54 | 60 | 65 | 83 |
| 60 | 48 | 58 | 65 | 70 | 89 |
| 61 | 52 | 63 | 70 | 75 | 96 |
| 62 | 56 | 68 | 76 | 82 | 104 |
| 63 | 60 | 73 | 82 | 89 | 112 |
| 64 | 64 | 78 | 88 | 95 | 121 |
| 65 | 68 | 82 | 92 | 99 | 128 |
| 66 | 72 | 89 | 100 | 108 | 140 |
| 67 | 79 | 97 | 109 | 118 | 152 |
| 68 | 86 | 106 | 120 | 130 | 166 |
| 69 | 93 | 115 | 130 | 141 | 182 |
| 70 | 103 | 128 | 144 | 156 | 200 |
| 71 | 112 | 140 | 158 | 172 | 219 |
| 72 | 124 | 155 | 175 | 190 | 244 |
| 73 | 137 | 172 | 195 | 212 | 271 |
| 74 | 151 | 191 | 217 | 237 | 300 |
| 75 | 168 | 212 | 242 | 264 | 334 |
| 76 | 186 | 236 | 269 | 294 | 370 |
| 77 | 206 | 261 | 297 | 324 | 407 |
| 78 | 226 | 288 | 329 | 360 | 449 |
| 79 | 248 | 315 | 360 | 394 | 494 |
| 80 | 271 |  |  |  |  |
| 81 | 296 |  |  |  |  |
| 82 | 322 |  |  |  |  |
| 83 | 356 |  |  |  |  |
| 84 | 390 |  |  |  |  |

Annual Premium per $\$ 10$ of Long-Term Care Daily Benefit
PREFERRED RATING GROUP
0 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT= 50\% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-21298-SERIES

| $\begin{gathered} \text { ISSUE } \\ \text { AGE } \end{gathered}$ | $\begin{gathered} \text { MAXIMUM= } \\ 730 \times \mathrm{LTC} \\ \text { BENEFIT/DAY } \end{gathered}$ | $\begin{gathered} \text { MAXIMUM= } \\ \text { 1095x LTC } \\ \text { BENEFIT/DAY } \end{gathered}$ | MAXIMUM= <br> 1460x LTC BENEFIT/DAY | $\begin{gathered} \text { MAXIMUM= } \\ \text { 1825x LTC } \\ \text { BENEFIT/DAY } \end{gathered}$ | MAXIMUM= UNLIMITED |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 8-44 | 35 | 44 | 50 | 55 | 70 |
| 5-49 | 39 | 49 | 55 | 60 | 78 |
| 0-54 | 48 | 60 | 68 | 74 | 99 |
| 55 | 56 | 70 | 79 | 86 | 115 |
| 56 | 59 | 74 | 84 | 92 | 122 |
| 57 | 62 | 78 | 88 | 96 | 128 |
| 58 | 66 | 83 | 94 | 102 | 136 |
| 59 | 71 | 88 | 100 | 109 | 145 |
| 60 | 75 | 94 | 107 | 117 | 154 |
| 61 | 81 | 101 | 114 | 124 | 164 |
| 62 | 86 | 108 | 122 | 133 | 175 |
| 63 | 92 | 115 | 130 | 141 | 187 |
| 64 | 98 | 123 | 139 | 151 | 200 |
| 65 | 104 | 130 | 148 | 161 | 212 |
| 66 | 110 | 139 | 158 | 172 | 227 |
| 67 | 119 | 150 | 170 | 185 | 245 |
| 68 | 128 | 162 | 184 | 201 | 265 |
| 69 | 139 | 176 | 200 | 218 | 285 |
| 70 | 149 | 189 | 215 | 235 | 308 |
| 71 | 162 | 205 | 234 | 256 | 334 |
| 72 | 175 | 222 | 254 | 278 | 363 |
| 73 | 190 | 242 | 277 | 303 | 396 |
| 74 | 208 | 265 | 303 | 332 | 432 |
| 75 | 227 | 290 | 332 | 364 | 470 |
| 76 | 247 | 316 | 362 | 397 | 511 |
| 77 | 269 | 345 | 395 | 433 | 557 |
| 78 | 290 | 373 | 429 | 471 | 604 |
| 79 | 313 | 405 | 466 | 512 | 654 |
| 80 | 337 |  |  |  |  |
| 81 | 362 |  |  |  |  |
| 82 | 389 |  |  |  |  |
| 83 | 421 |  |  |  |  |
| 84 | 454 |  |  |  |  |

```
CONTINENTAL CASUALTY COMPANY
Rate Sheet For P1-21295-A87
    Long Term Care Policy
```

Annual Premium per $\$ 10$ of Long-Term Care Daily Benefit

PREFERRED RATING GROUP 0 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT= 100\% OF LONG-TERM CARE DAILY BENEFIT AMOUNT WITH COMPOUND AUTOMATIC INCREASE RIDER R1-21298-SERIES

| $\begin{gathered} \text { ISSUE } \\ \text { AGE } \end{gathered}$ | MAXIMUM= <br> 730x LTC <br> BENEFIT/DAY | $\begin{gathered} \text { MAXIMUM= } \\ \text { 1095X LTC } \\ \text { BENEFIT/DAY } \end{gathered}$ | $\begin{gathered} \text { MAXIMUM= } \\ 1460 \times \text { LTC } \\ \text { BENEEIT/DAY } \end{gathered}$ | $\begin{gathered} \text { MAXIMUM= } \\ \text { 1825x LTC } \\ \text { BENEFIT/DAY } \end{gathered}$ | MAXIMUM= UNLIMITED |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 8-44 | 41 | 52 | 59 | 64 | 83 |
| 5-49 | 46 | 58 | 66 | 72 | 92 |
| 0-54 | 57 | 71 | 81 | 88 | 116 |
| 55 | 64 | 81 | 93 | 102 | 133 |
| 56 | 67 | 85 | 97 | 106 | 139 |
| 57 | 70 | 89 | 102 | 112 | 146 |
| 58 | 75 | 95 | 108 | 118 | 155 |
| 59 | 80 | 101 | 115 | 126 | 165 |
| 60 | 85 | 107 | 122 | 133 | 175 |
| 61 | 91 | 114 | 130 | 142 | 186 |
| 62 | 97 | 122 | 138 | 150 | 197 |
| 63 | 103 | 129 | 147 | 160 | 210 |
| 64 | 110 | 138 | 157 | 171 | 225 |
| 65 | 117 | 146 | 166 | 181 | 238 |
| 66 | 124 | 157 | 179 | 196 | 254 |
| 67 | 133 | 168 | 192 | 210 | 274 |
| 68 | 143 | 181 | 207 | 226 | 295 |
| 69 | 154 | 196 | 224 | 245 | 318 |
| 70 | 166 | 212 | 242 | 265 | 344 |
| 71 | 181 | 230 | 263 | 288 | 374 |
| 72 | 195 | 250 | 286 | 313 | 406 |
| 73 | 211 | 272 | 312 | 342 | 443 |
| 74 | 230 | 296 | 340 | 373 | 482 |
| 75 | 252 | 324 | 372 | 408 | 524 |
| 76 | 274 | 352 | 404 | 443 | 570 |
| 77 | 297 | 383 | 440 | 483 | 620 |
| 78 | 321 | 416 | 479 | 526 | 672 |
| 79 | 345 | 449 | 519 | 571 | 728 |
| 80 | 372 |  |  |  |  |
| 81 | 399 |  |  |  |  |
| 82 | 426 |  |  |  |  |
| 83 | 462 |  |  |  |  |
| 84 | 497 |  |  |  |  |

```
CONTINENTAL CASUALTY COMPANY
                    Rate Sheet For P1-21295-A87
```

            Annual Premium per \(\$ 10\) of Long-Term Care Daily Benefit
                    PREFERRED RATING GROUP
                    0 DAY ELIMINATION PERIOD
                HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
                    \(50 \%\) OF LONG-TERM CARE DAILY BENEFIT AMOUNT
                WITH SIMPLE AUTOMATIC INCREASE RIDER R1-21297-SERIES
    |  | MAXIMUM= | MAXIMUM $=$ | MAXIMUM= | MAXIMUM= |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
| ISSUE | 730x LTC | 1095x LTC | 1460x LTC | 1825x LTC | MAXIMUM= |
| AGE | BENEFIT/DAY | BENEFIT/DAY | BENEFIT/DAY | BENEFIT/DAY | UNLIMITED |
| 8-44 | 26 | 33 | 37 | 40 | 52 |
| 5-49 | 29 | 36 | 41 | 45 | 58 |
| 0-54 | 38 | 47 | 53 | 58 | 75 |
| 55 | 44 | 55 | 62 | 67 | 90 |
| 56 | 47 | 58 | 65 | 70 | 95 |
| 57 | 49 | 61 | 69 | 75 | 101 |
| 58 | 53 | 66 | 75 | 82 | 109 |
| 59 | 57 | 71 | 81 | 88 | 117 |
| 60 | 62 | 77 | 87 | 95 | 126 |
| 61 | 67 | 83 | 94 | 102 | 136 |
| 62 | 72 | 90 | 102 | 111 | 146 |
| 63 | 77 | 97 | 110 | 120 | 157 |
| 64 | 83 | 104 | 118 | 129 | 169 |
| 65 | 88 | 110 | 125 | 136 | 181 |
| 66 | 95 | 118 | 134 | 146 | 194 |
| 67 | 103 | 129 | 146 | 159 | 211 |
| 68 | 111 | 140 | 160 | 175 | 230 |
| 69 | 122 | 153 | 174 | 190 | 251 |
| 70 | 132 | 167 | 190 | 207 | 273 |
| 71 | 144 | 182 | 208 | 227 | 299 |
| 72 | 158 | 201 | 229 | 250 | 328 |
| 73 | 172 | 220 | 252 | 276 | 360 |
| 74 | 190 | 242 | 277 | 303 | 396 |
| 75 | 209 | 267 | 306 | 335 | 434 |
| 76 | 229 | 293 | 336 | 368 | 475 |
| 77 | 251 | 321 | 368 | 403 | 520 |
| 78 | 273 | 350 | 402 | 441 | 567 |
| 79 | 296 | 382 | 439 | 482 | 617 |
| 80 | 320 |  |  |  |  |
| 81 | 345 |  |  |  |  |
| 82 | 372 |  |  |  |  |
| 83 | 405 |  |  |  |  |
| 84 | 439 |  |  |  |  |

```
CONTINENTAL CASUALTY COMPANY
Rate Sheet For P1-21295-A87
    Long Term Care Policy
```

    Annual Premium per \(\$ 10\) of Long-Term Care Daily Benefit
                    PREFERRED RATING GROUP
                    0 DAY ELIMINATION PERIOD
            HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
                    \(100 \%\) OF LONG-TERM CARE DAILY BENEFIT AMOUNT
    WITH SIMPLE AUTOMATIC INCREASE RIDER R1-21297-SERIES

|  | MAXIMUM= | MAXIMUM= | MAXIMUM= |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
| ISSUE | 730x LTC | 1095x LTC | 1460x LTC | 1825x LTC | MAXIMUM= |
| AGE | BENEFIT/DAY | BENEFIT/DAY | BENEFIT/DAY | BENEFIT/DAY | UNLIMITED |
| 8-44 | 32 | 40 | 45 | 49 | 63 |
| 5-49 | 36 | 44 | 50 | 54 | 70 |
| 0-54 | 44 | 55 | 63 | 69 | 88 |
| 55 | 51 | 64 | 73 | 80 | 104 |
| 56 | 54 | 68 | 77 | 84 | 111 |
| 57 | 57 | 71 | 81 | 88 | 117 |
| 58 | 61 | 77 | 87 | 95 | 125 |
| 59 | 66 | 83 | 94 | 102 | 134 |
| 60 | 70 | 88 | 100 | 109 | 143 |
| 61 | 76 | 95 | 108 | 118 | 153 |
| 62 | 81 | 102 | 116 | 127 | 164 |
| 63 | 87 | 109 | 124 | 135 | 176 |
| 64 | 94 | 118 | 134 | 146 | 190 |
| 65 | 99 | 124 | 141 | 154 | 203 |
| 66 | 106 | 134 | 152 | 166 | 217 |
| 67 | 116 | 145 | 165 | 180 | 236 |
| 68 | 125 | 158 | 180 | 197 | 257 |
| 69 | 135 | 171 | 195 | 213 | 280 |
| 70 | 147 | 187 | 213 | 233 | 306 |
| 71 | 161 | 204 | 233 | 255 | 334 |
| 72 | 175 | 224 | 256 | 280 | 366 |
| 73 | 192 | 246 | 282 | 309 | 402 |
| 74 | 211 | 270 | 310 | 340 | 441 |
| 75 | 231 | 297 | 341 | 374 | 484 |
| 76 | 253 | 326 | 374 | 410 | 529 |
| 77 | 277 | 357 | 410 | 450 | 579 |
| 78 | 300 | 389 | 448 | 492 | 631 |
| 79 | 326 | 423 | 488 | 537 | 687 |
| 80 | 353 |  |  |  |  |
| 81 | 380 |  |  |  |  |
| 82 | 408 |  |  |  |  |
| 83 | 445 |  |  |  |  |
| 84 | 481 |  |  |  |  |

```
CONTINENTAL CASUALTY COMPANY
Rate Sheet For P1-21295-A87
    Long Term Care Policy
```

Annual Premium per $\$ 10$ of Long-Term Care Daily Benefit

STANDARD RATING GROUP
0 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT= $50 \%$ OF LONG-TERM CARE DAILY BENEFIT AMOUNT


Long Term Care Policy
Annual Premium per $\$ 10$ of Long-Term Care Daily Benefit

STANDARD RATING GROUP
0 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT= $100 \%$ OF LONG-TERM CARE DAILY BENEFIT AMOUNT

| $\begin{gathered} \text { ISSUE } \\ \text { AGE } \end{gathered}$ | MAXIMUM= 730x LTC BENEFIT/DAY | $\begin{gathered} \text { MAXIMUM= } \\ \text { 1095x LTC } \\ \text { BENEFIT/DAY } \end{gathered}$ | MAXIMUM= 1460x LTC BENEFIT/DAY | $\begin{gathered} \text { MAXIMUM= } \\ \text { 1825x LTC } \\ \text { BENEFIT/DAY } \end{gathered}$ | MAXIMUM= UNLIMITED |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 18-44 | 27 | 32 | 35 | 38 | 48 |
| 45-49 | 29 | 35 | 39 | 41 | 53 |
| 50-54 | 34 | 42 | 47 | 51 | 66 |
| 55 | 40 | 48 | 54 | 59 | 76 |
| 56 | 42 | 52 | 58 | 62 | 80 |
| 57 | 45 | 54 | 60 | 65 | 84 |
| 58 | 48 | 58 | 65 | 69 | 91 |
| 59 | 52 | 64 | 71 | 76 | 98 |
| 60 | 56 | 68 | 76 | 82 | 105 |
| 61 | 61 | 74 | 82 | 88 | 113 |
| 62 | 66 | 80 | 89 | 96 | 122 |
| 63 | 71 | 86 | 96 | 105 | 132 |
| 64 | 75 | 92 | 104 | 112 | 142 |
| 65 | 80 | 96 | 108 | 116 | 151 |
| 66 | 85 | 105 | 118 | 127 | 165 |
| 67 | 93 | 114 | 128 | 139 | 179 |
| 68 | 101 | 125 | 141 | 153 | 195 |
| 69 | 109 | 135 | 153 | 166 | 214 |
| 70 | 121 | 151 | 169 | 184 | 235 |
| 71 | 132 | 165 | 186 | 202 | 258 |
| 72 | 146 | 182 | 206 | 224 | 287 |
| 73 | 161 | 202 | 229 | 249 | 319 |
| 74 | 178 | 225 | 255 | 279 | 353 |
| 75 | 198 | 249 | 285 | 311 | 393 |
| 76 | 219 | 278 | 316 | 346 | 435 |
| 77 | 242 | 307 | 349 | 381 | 479 |
| 78 | 266 | 339 | 387 | 424 | 528 |
| 79 | 292 | 371 | 424 | 464 | 581 |
| 80 | 319 |  |  |  |  |
| 81 | 348 |  |  |  |  |
| 82 | 379 |  |  |  |  |
| 83 | 419 |  |  |  |  |
| 84 | 459 |  |  |  |  |

Annual Premium per $\$ 10$ of Long-Term Care Daily Benefit

STANDARD RATING GROUP
0 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT= $50 \%$ OF LONG-TERM CARE DAILY BENEFIT AMOUNT WITH COMPOUND AUTOMATIC INCREASE RIDER R1-21298-SERIES

| $\begin{gathered} \text { ISSUE } \\ \text { AGE } \end{gathered}$ | MAXIMUM= <br> 730x LTC BENEFIT/DAY | $\begin{gathered} \text { MAXIMUM= } \\ \text { 1095x LTC } \\ \text { BENEFIT/DAY } \end{gathered}$ | MAXIMUM= <br> 1460x LTC BENEFIT/DAY | $\begin{gathered} \text { MAXIMUM= } \\ \text { 1825x LTC } \\ \text { BENEFIT/DAY } \end{gathered}$ | MAXIMUM= UNLIMITED |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 18-44 | 41 | 52 | 59 | 65 | 82 |
| 45-49 | 46 | 58 | 65 | 71 | 92 |
| 50-54 | 56 | 71 | 80 | 87 | 116 |
| 55 | 66 | 82 | 93 | 101 | 135 |
| 56 | 69 | 87 | 99 | 108 | 144 |
| 57 | 73 | 92 | 104 | 113 | 151 |
| 58 | 78 | 98 | 111 | 120 | 160 |
| 59 | 84 | 104 | 118 | 128 | 171 |
| 60 | 88 | 111 | 126 | 138 | 181 |
| 61 | 95 | 119 | 134 | 146 | 193 |
| 62 | 101 | 127 | 144 | 156 | 206 |
| 63 | 108 | 135 | 153 | 166 | 220 |
| 64 | 115 | 145 | 164 | 178 | 235 |
| 65 | 122 | 153 | 174 | 189 | 249 |
| 66 | 129 | 164 | 186 | 202 | 267 |
| 67 | 140 | 176 | 200 | 218 | 288 |
| 68 | 151 | 191 | 216 | 236 | 312 |
| 69 | 164 | 207 | 235 | 256 | 335 |
| 70 | 175 | 222 | 253 | 276 | 362 |
| 71 | 191 | 241 | 275 | 301 | 393 |
| 72 | 206 | 261 | 299 | 327 | 427 |
| 73 | 224 | 285 | 326 | 356 | 466 |
| 74 | 245 | 312 | 356 | 391 | 508 |
| 75 | 267 | 341 | 391 | 428 | 553 |
| 76 | 291 | 372 | 426 | 467 | 601 |
| 77 | 316 | 406 | 465 | 509 | 655 |
| 78 | 341 | 439 | 505 | 554 | 711 |
| 79 | 368 | 476 | 548 | 602 | 769 |
| 80 | 396 |  |  |  |  |
| 81 | 426 |  |  |  |  |
| 82 | 458 |  |  |  |  |
| 83 | 495 |  |  |  |  |
| 84 | 534 |  |  |  |  |

```
CONTINENTAL CASUALTY COMPANY
Rate Sheet For P1-21295-A87
    Long Term Care Policy
```

Annual Premium per $\$ 10$ of Long-Term Care Daily Benefit

STANDARD RATING GROUP
0 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
$100 \%$ OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-21298-SERIES

|  | MAXIMUM $=$ | MAXIMUM $=$ | MAXIMUM= |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
| ISSUE | 730x LTC | 1095x LTC | 1460x LTC | 1825x LTC | MAXIMUM= |
| AGE | BENEFIT/DAY | BENEFIT/DAY | BENEFIT/DAY | BENEFIT/DAY | UNLIMITED |
| 18-44 | 48 | 61 | 69 | 75 | 98 |
| 45-49 | 54 | 68 | 78 | 85 | 108 |
| 50-54 | 67 | 84 | 95 | 104 | 136 |
| 55 | 75 | 95 | 109 | 120 | 156 |
| 56 | 79 | 100 | 114 | 125 | 164 |
| 57 | 82 | 105 | 120 | 132 | 172 |
| 58 | 88 | 112 | 127 | 139 | 182 |
| 59 | 94 | 119 | 135 | 148 | 194 |
| 60 | 100 | 126 | 144 | 156 | 206 |
| 61 | 107 | 134 | 153 | 167 | 219 |
| 62 | 114 | 144 | 162 | 176 | 232 |
| 63 | 121 | 152 | 173 | 188 | 247 |
| 64 | 129 | 162 | 185 | 201 | 265 |
| 65 | 138 | 172 | 195 | 213 | 280 |
| 66 | 146 | 185 | 211 | 231 | 299 |
| 67 | 156 | 198 | 226 | 247 | 322 |
| 68 | 168 | 213 | 244 | 266 | 347 |
| 69 | 181 | 231 | 264 | 288 | 374 |
| 70 | 195 | 249 | 285 | 312 | 405 |
| 71 | 213 | 271 | 309 | 339 | 440 |
| 72 | 229 | 294 | 336 | 368 | 478 |
| 73 | 248 | 320 | 367 | 402 | 521 |
| 74 | 271 | 348 | 400 | 439 | 567 |
| 75 | 296 | 381 | 438 | 480 | 616 |
| 76 | 322 | 414 | 475 | 521 | 671 |
| 77 | 349 | 451 | 518 | 568 | 729 |
| 78 | 378 | 489 | 564 | 619 | 791 |
| 79 | 406 | 528 | 611 | 672 | 856 |
| 80 | 438 |  |  |  |  |
| 81 | 469 |  |  |  |  |
| 82 | 501 |  |  |  |  |
| 83 | 544 |  |  |  |  |
| 84 | 585 |  |  |  |  |

Annual Premium per $\$ 10$ of Long-Term Care Daily Benefit

STANDARD RATING GROUP
0 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT= 50\% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-21297-SERIES

| ISSUE | MAXIMUM= 730x LTC BENEFIT/DAY | MAXIMUM= <br> 1095x LTC <br> BENEFIT/DAY | MAXIMUM= 1460x LTC BENEFIT/DAY | MAXIMUM= 1825x LTC BENEFIT/DAY | MAXIMUM= UNLIMITED |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 18-44 | 31 | 39 | 44 | 47 | 61 |
| 45-49 | 34 | 42 | 48 | 53 | 68 |
| 50-54 | 45 | 55 | 62 | 68 | 88 |
| 55 | 52 | 65 | 73 | 79 | 106 |
| 56 | 55 | 68 | 76 | 82 | 112 |
| 57 | 58 | 72 | 81 | 88 | 119 |
| 58 | 62 | 78 | 88 | 96 | 128 |
| 59 | 67 | 84 | 95 | 104 | 138 |
| 60 | 73 | 91 | 102 | 112 | 148 |
| 61 | 79 | 98 | 111 | 120 | 160 |
| 62 | 85 | 106 | 120 | 131 | 172 |
| 63 | 91 | 114 | 129 | 141 | 185 |
| 64 | 98 | 122 | 139 | 152 | 199 |
| 65 | 104 | 129 | 147 | 160 | 213 |
| 66 | 112 | 139 | 158 | 172 | 228 |
| 67 | 121 | 152 | 172 | 187 | 248 |
| 68 | 131 | 165 | 188 | 206 | 271 |
| 69 | 144 | 180 | 205 | 224 | 295 |
| 70 | 155 | 196 | 224 | 244 | 321 |
| 71 | 169 | 214 | 245 | 267 | 352 |
| 72 | 186 | 236 | 269 | 294 | 386 |
| 73 | 202 | 259 | 296 | 325 | 424 |
| 74 | 224 | 285 | 326 | 356 | 466 |
| 75 | 246 | 314 | 360 | 394 | 511 |
| 76 | 269 | 345 | 395 | 433 | 559 |
| 77 | 295 | 378 | 433 | 474 | 612 |
| 78 | 321 | 412 | 473 | 519 | 667 |
| 79 | 348 | 449 | 516 | 567 | 726 |
| 80 | 376 |  |  |  |  |
| 81 | 406 |  |  |  |  |
| 82 | 438 |  |  |  |  |
| 83 | 476 |  |  |  |  |
| 84 | 516 |  |  |  |  |

```
                        CONTINENTAL CASUALTY COMPANY
                        Rate Sheet For P1-21295-A87
                        Long Term Care Policy
            Annual Premium per $10 of Long-Term Care Daily Benefit
                    STANDARD RATING GROUP
                    O DAY ELIMINATION PERIOD
            HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
                    100% OF LONG-TERM CARE DAIIY BENEFIT AMOUNT
                WITH SIMPLE AUTOMATIC INCREASE RIDER R1-21297-SERIES
```

| $\begin{gathered} \text { ISSUE } \\ \text { AGE } \end{gathered}$ | MAXIMUM= <br> 730x LTC BENEFIT/DAY | MAXIMUM= 1095x LTC BENEFIT/DAY | MAXIMUM= 1460x LTC BENEFIT/DAY | MAXIMUM= 1825x LTC BENEFIT/DAY | MAXIMUM= UNLIMITED |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 18-44 | 38 | 47 | 53 | 58 | 74 |
| 45-49 | 42 | 52 | 59 | 64 | 82 |
| 50-54 | 52 | 65 | 74 | 81 | 104 |
| 55 | 60 | 75 | 86 | 94 | 122 |
| 56 | 64 | 80 | 91 | 99 | 131 |
| 57 | 67 | 84 | 95 | 104 | 138 |
| 58 | 72 | 91 | 102 | 112 | 147 |
| 59 | 78 | 98 | 111 | 120 | 158 |
| 60 | 82 | 104 | 118 | 128 | 168 |
| 61 | 89 | 112 | 127 | 139 | 180 |
| 62 | 95 | 120 | 136 | 149 | 193 |
| 63 | 102 | 128 | 146 | 159 | 207 |
| 64 | 111 | 139 | 158 | 172 | 224 |
| 65 | 116 | 146 | 166 | 181 | 239 |
| 66 | 125 | 158 | 179 | 195 | 255 |
| 67 | 136 | 171 | 194 | 212 | 278 |
| 68 | 147 | 186 | 212 | 232 | 302 |
| 69 | 159 | 201 | 229 | 251 | 329 |
| 70 | 173 | 220 | 251 | 274 | 360 |
| 71 | 189 | 240 | 274 | 300 | 393 |
| 72 | 206 | 264 | 301 | 329 | 431 |
| 73 | 226 | 289 | 332 | 364 | 473 |
| 74 | 248 | 318 | 365 | 400 | 519 |
| 75 | 272 | 349 | 401 | 440 | 569 |
| 76 | 298 | 384 | 440 | 482 | 622 |
| 77 | 326 | 420 | 482 | 529 | 681 |
| 78 | 353 | 458 | 527 | 579 | 742 |
| 79 | 384 | 498 | 574 | 632 | 808 |
| 80 | 415 |  |  |  |  |
| 81 | 447 |  |  |  |  |
| 82 | 480 |  |  |  |  |
| 83 | 524 |  |  |  |  |
| 84 | 566 |  |  |  |  |

```
CONTINENTAL CASUALTY COMPANY
Rate Sheet For P1-21295-A87
    Long Term Care Policy
Elimination Period Factors
```

Rates shown are for 0 day elimination period. Rates for longer elimination periods are calculated by multiplying the 0 day rates by the appropriate factor from the following table:

| Benefit <br> Maximum | 30 | 60 | 90 | 180 | 365 |
| :--- | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  |  |  |
| $730 \mathrm{x}, 1095 \mathrm{x}$ | 0.89 | 0.84 | 0.80 | 0.69 | 0.60 |
| $1460 \mathrm{x}, 1825 \mathrm{x}$ | 0.91 | 0.86 | 0.82 | 0.72 | 0.63 |
| Lifetime | 0.93 | 0.89 | 0.86 | 0.78 | 0.70 |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

Semi-Annual: 0.52; Quarterly, 0.27; Check-A-Matic, 0.09

## Franchise Association Factors

A. The rates will be multiplied by a factor of 0.90 of the following conditions are met:

For Associations of 200 lives or more:

1. Discount is applicable to all lives regardless of Health Group. 2. Minimum of 10 lives must be submitted.
A. The rates will be multiplied by a factor $0 f 0.95$ of the following conditions are met:

For Associations of less than 200 lives:

1. Discount is applicable to all lives regardless of Health Group. 2. Minimum of 10 lives must be submitted.

> Spousal Discount

A $10 \%$ discount to the rates will be made if the following conditions are met:

1. Discount is applicable to all lives regardless of Health Group.
2. If both spouses apply for coverage and are both issued, discount applies to both policies.

## THIS POLICY IS FOR RENEWAL BUSINESS ONLY

## CONTINENTAL CASUALTY COMPANY

## Supplement to Rate Sheet for Policy Forms P1-21300-A37 \& -A87 Pennsylvania

All Rates for this form should be multiplied by a factor of:

This factor reflects the proposed increase of:

And the following prior approved rate increases:

|  | Increase Applies <br> to all Policies or <br> Subset | Rate Increase <br> Approved | Approval Date <br> of Rate <br> Increase |
| :---: | :---: | :---: | :---: |
| Policy Form | All | $50 \%$ | $7 / 10 / 2003$ |
| P1-21300-A37, -A87 | All | $25 \%$ | $9 / 2 / 2011$ * |

* implemented over 2 years, $11.8 \%$ in each year.


Annual Premium per $\$ 10$ of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
0 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT= $100 \%$ OF LONG-TERM CARE DAILY BENEFIT AMOUNT

| $\begin{gathered} \text { ISSUE } \\ \text { AGE } \end{gathered}$ | $\begin{gathered} \text { MAXIMUM= } \\ 730 \times \mathrm{LTC} \\ \text { BENEFIT/DAY } \end{gathered}$ | $\begin{gathered} \text { MAXIMUM= } \\ \text { 1095x LTC } \\ \text { BENEFIT/DAY } \end{gathered}$ | $\begin{gathered} \text { MAXIMUM= } \\ \text { 1460X LTC } \\ \text { BENEFIT/DAY } \end{gathered}$ | $\begin{gathered} \text { MAXIMUM= } \\ \text { 1825X ITC } \\ \text { BENEFIT/DAY } \end{gathered}$ | MAXIMUM= UNLIMITED |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 8-44 | 26 | 31 | 35 | 38 | 48 |
| 5-49 | 29 | 35 | 39 | 42 | 53 |
| 0-54 | 34 | 42 | 47 | 51 | 66 |
| 55 | 40 | 48 | 54 | 58 | 76 |
| 56 | 42 | 52 | 58 | 63 | 80 |
| 57 | 45 | 54 | 60 | 65 | 83 |
| 58 | 48 | 58 | 65 | 70 | 91 |
| 59 | 52 | 63 | 71 | 77 | 98 |
| 60 | 57 | 69 | 77 | 83 | 105 |
| 61 | 61 | 74 | 83 | 90 | 113 |
| 62 | 66 | 80 | 90 | 97 | 123 |
| 63 | 71 | 87 | 97 | 105 | 132 |
| 64 | 76 | 93 | 104 | 112 | 143 |
| 65 | 81 | 98 | 109 | 117 | 152 |
| 66 | 86 | 106 | 119 | 129 | 166 |
| 67 | 94 | 116 | 130 | 141 | 181 |
| 68 | 103 | 127 | 143 | 155 | 198 |
| 69 | 111 | 138 | 156 | 170 | 218 |
| 70 | 124 | 153 | 173 | 188 | 240 |
| 71 | 135 | 169 | 191 | 208 | 264 |
| 72 | 150 | 187 | 212 | 231 | 295 |
| 73 | 167 | 209 | 237 | 258 | 330 |
| 74 | 185 | 234 | 266 | 290 | 367 |
| 75 | 207 | 262 | 298 | 325 | 411 |
| 76 | 230 | 292 | 333 | 364 | 458 |
| 77 | 256 | 324 | 370 | 404 | 507 |
| 78 | 283 | 360 | 412 | 451 | 562 |
| 79 | 312 | 397 | 453 | 495 | 622 |
| 80 | 343 |  |  |  |  |
| 81 | 377 |  |  |  |  |
| 82 | 412 |  |  |  |  |
| 83 | 458 |  |  |  |  |
| 84 | 505 |  |  |  |  |



Rate Sheet For P1-21300-A37
Long Term Care Policy
Annual Premium per $\$ 10$ of Long-Term Care Daily Benefit

> PREFERRED RATING GROUP
> 0 DAY ELIMINATION PERIOD

HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT= $100 \%$ OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER RI-21298-SERIES

| $\begin{gathered} \text { ISSUE } \\ \text { AGE } \end{gathered}$ | MAXIMUM= <br> 730x LTC BENEFIT/DAY | $\begin{gathered} \text { MAXIMUM= } \\ \text { 1095X LTC } \\ \text { BENEFIT/DAY } \end{gathered}$ | MAXIMUM= 1460x LTC BENEFIT/DAY | $\begin{gathered} \text { MAXIMUM= } \\ \text { 1825x LTC } \\ \text { BENEFIT/DAY } \end{gathered}$ | MAXIMUM= UNLIMITED |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 8-44 | 49 | 61 | 69 | 75 | 97 |
| 5-49 | 54 | 68 | 77 | 84 | 108 |
| 0-54 | 67 | 84 | 95 | 103 | 136 |
| 55 | 75 | 95 | 109 | 119 | 156 |
| 56 | 79 | 100 | 114 | 125 | 163 |
| 57 | 82 | 105 | 120 | 131 | 172 |
| 58 | 88 | 111 | 127 | 139 | 182 |
| 59 | 94 | 119 | 135 | 147 | 194 |
| 60 | 100 | 126 | 144 | 157 | 206 |
| 61 | 107 | 135 | 153 | 167 | 219 |
| 62 | 114 | 143 | 163 | 178 | 232 |
| 63 | 122 | 153 | 174 | 190 | 248 |
| 64 | 130 | 164 | 186 | 203 | 266 |
| 65 | 139 | 174 | 197 | 214 | 282 |
| 66 | 147 | 187 | 213 | 233 | 302 |
| 67 | 158 | 200 | 228 | 249 | 326 |
| 68 | 171 | 217 | 247 | 270 | 352 |
| 69 | 184 | 234 | 268 | 293 | 381 |
| 70 | 200 | 255 | 291 | 318 | 413 |
| 71 | 218 | 277 | 317 | 347 | 451 |
| 72 | 236 | 302 | 346 | 379 | 491 |
| 73 | 257 | 331 | 380 | 417 | 539 |
| 74 | 282 | 362 | 416 | 456 | 590 |
| 75 | 310 | 399 | 458 | 502 | 645 |
| 76 | 339 | 436 | 500 | 548 | 706 |
| 77 | 370 | 477 | 548 | 601 | 772 |
| 78 | 402 | 521 | 600 | 659 | 841 |
| 79 | 434 | 565 | 653 | 719 | 917 |
| 80 | 471 |  |  |  |  |
| 81 | 508 |  |  |  |  |
| 82 | 545 |  |  |  |  |
| 83 | 595 |  |  |  |  |
| 84 | 643 |  |  |  |  |

```
                CONTINENTAL CASUALTY COMPANY
                    Rate Sheet For P1-21300-A37
                        Long Term Care Policy
```

            Annual Premium per \(\$ 10\) of Long-Term Care Daily Benefit
                    PREFERRED RATING GROUP
                    0 DAY ELIMINATION PERIOD
            HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
                    50\% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
    WITH SIMPLE AUTOMATIC INCREASE RIDER R1-21297-SERIES

| $\begin{gathered} \text { ISSUE } \\ \text { AGE } \end{gathered}$ | MAXIMUM= $730 \mathrm{x} \text { LTC }$ <br> BENEFIT/DAY | MAXIMUM= 1095x LTC BENEFIT/DAY | MAXIMUM= 1460x LTC BENEFIT/DAY | MAXIMUM= 1825x LTC BENEFIT/DAY | MAXIMUM= UNLIMITED |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 8-44 | 29 | 36 | 41 | 45 | 59 |
| 5-49 | 32 | 40 | 46 | 50 | 65 |
| 0-54 | 43 | 53 | 59 | 64 | 84 |
| 55 | 49 | 61 | 69 | 75 | 101 |
| 56 | 53 | 65 | 73 | 79 | 106 |
| 57 | 55 | 68 | 77 | 84 | 113 |
| 58 | 60 | 74 | 84 | 91 | 122 |
| 59 | 64 | 80 | 91 | 99 | 132 |
| 60 | 70 | 87 | 98 | 106 | 142 |
| 61 | 75 | 94 | 106 | 115 | 153 |
| 62 | 81 | 101 | 115 | 125 | 165 |
| 63 | 87 | 109 | 124 | 135 | 177 |
| 64 | 94 | 117 | 133 | 145 | 191 |
| 65 | 100 | 125 | 142 | 155 | 205 |
| 66 | 108 | 134 | 152 | 165 | 220 |
| 67 | 117 | 146 | 166 | 181 | 240 |
| 68 | 127 | 160 | 182 | 199 | 262 |
| 69 | 140 | 175 | 199 | 217 | 287 |
| 70 | 152 | 192 | 218 | 238 | 313 |
| 71 | 166 | 210 | 240 | 262 | 344 |
| 72 | 182 | 231 | 264 | 289 | 379 |
| 73 | 200 | 256 | 293 | 321 | 418 |
| 74 | 222 | 283 | 324 | 355 | 463 |
| 75 | 246 | 314 | 360 | 394 | 510 |
| 76 | 271 | 347 | 397 | 435 | 561 |
| 77 | 298 | 382 | 438 | 480 | 618 |
| 78 | 327 | 419 | 481 | 527 | 678 |
| 79 | 356 | 459 | 528 | 580 | 742 |
| 80 | 387 |  |  |  |  |
| 81 | 420 |  |  |  |  |
| 82 | 455 |  |  |  |  |
| 83 | 499 |  |  |  |  |
| 84 | 543 |  |  |  |  |

```
                CONTINENTAL CASUALTY COMPANY
                    Rate Sheet For P1-21300-A37
                        Long Term Care Policy
            Annual Premium per $10 of Long-Term Care Daily Benefit
                    PREFERRED RATING GROUP
                    O DAY ELIMINATION PERIOD
            HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
                    100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
                WITH SIMPLE AUTOMATIC INCREASE RIDER R1-21297-SERIES
```

| $\begin{gathered} \text { ISSUE } \\ \text { AGE } \end{gathered}$ | MAXIMUM= 730x LTC BENEFIT/DAY | MAXIMUM= 1095x LTC BENEFIT/DAY | MAXIMUM= 1460x LTC BENEFIT/DAY | MAXIMUM= <br> 1825x LTC <br> BENEFIT/DAY | MAXIMUM= UNLIMITED |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 8-44 | 38 | 47 | 53 | 58 | 74 |
| 5-49 | 42 | 52 | 59 | 64 | 82 |
| 0-54 | 52 | 65 | 74 | 81 | 103 |
| 55 | 60 | 76 | 86 | 94 | 122 |
| 56 | 63 | 79 | 90 | 98 | 130 |
| 57 | 67 | 84 | 95 | 103 | 138 |
| 58 | 72 | 90 | 102 | 111 | 147 |
| 59 | 78 | 98 | 111 | 121 | 158 |
| 60 | 82 | 104 | 118 | 129 | 168 |
| 61 | 90 | 112 | 127 | 138 | 180 |
| 62 | 96 | 121 | 137 | 149 | 194 |
| 63 | 103 | 129 | 147 | 160 | 208 |
| 64 | 111 | 140 | 159 | 173 | 225 |
| 65 | 117 | 147 | 167 | 182 | 241 |
| 66 | 126 | 159 | 181 | 198 | 258 |
| 67 | 138 | 173 | 196 | 213 | 281 |
| 68 | 149 | 189 | 215 | 235 | 307 |
| 69 | 162 | 205 | 234 | 256 | 335 |
| 70 | 177 | 224 | 256 | 280 | 368 |
| 71 | 194 | 246 | 281 | 307 | 403 |
| 72 | 212 | 271 | 310 | 339 | 443 |
| 73 | 234 | 299 | 343 | 376 | 489 |
| 74 | 258 | 331 | 379 | 415 | 540 |
| 75 | 284 | 366 | 420 | 461 | 596 |
| 76 | 313 | 403 | 463 | 508 | 655 |
| 77 | 345 | 444 | 510 | 560 | 721 |
| 78 | 376 | 487 | 561 | 617 | 790 |
| 79 | 410 | 532 | 614 | 675 | 865 |
| 80 | 447 |  |  |  |  |
| 81 | 484 |  |  |  |  |
| 82 | 522 |  |  |  |  |
| 83 | 573 |  |  |  |  |
| 84 | 622 |  |  |  |  |

Long Term Care Policy
Annual Premium per $\$ 10$ of Long-Term Care Daily Benefit

STANDARD RATING GROUP
0 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT= $50 \%$ OF LONG-TERM CARE DAILY BENEFIT AMOUNT

| $\begin{gathered} \text { ISSUE } \\ \text { AGE } \end{gathered}$ | $\begin{gathered} \text { MAXIMUM= } \\ 730 \times \mathrm{LTC} \\ \text { BENEFIT/DAY } \end{gathered}$ | $\begin{gathered} \text { MAXIMUM= } \\ \text { 1095x LTC } \\ \text { BENEFIT/DAY } \end{gathered}$ | $\begin{gathered} \text { MAXIMUM= } \\ 1460 \times \text { LTC } \\ \text { BENEFIT/DAY } \end{gathered}$ | MAXIMUM= 1825x LTC BENEFIT/DAY | MAXIMUM= UNLIMITED |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 18-44 | 25 | 29 | 32 | 34 | 42 |
| 45-49 | 27 | 32 | 35 | 38 | 47 |
| 50-54 | 33 | 39 | 44 | 47 | 59 |
| 55 | 40 | 47 | 52 | 55 | 71 |
| 56 | 41 | 49 | 55 | 60 | 75 |
| 57 | 44 | 52 | 58 | 62 | 80 |
| 58 | 47 | 56 | 64 | 68 | 87 |
| 59 | 52 | 61 | 68 | 73 | 95 |
| 60 | 55 | 67 | 75 | 81 | 104 |
| 61 | 61 | 74 | 82 | 88 | 113 |
| 62 | 66 | 80 | 89 | 96 | 122 |
| 63. | 71 | 86 | 95 | 102 | 132 |
| 64 | 75 | 92 | 104 | 112 | 142 |
| 65 | 81 | 98 | 109 | 118 | 151 |
| 66 | 87 | 106 | 118 | 127 | 164 |
| 67 | 94 | 115 | 129 | 140 | 179 |
| 68 | 104 | 126 | 141 | 153 | 195 |
| 69 | 113 | 140 | 158 | 171 | 216 |
| 70 | 125 | 154 | 173 | 187 | 238 |
| 71 | 136 | 169 | 191 | 207 | 262 |
| 72 | 151 | 187 | 212 | 231 | 293 |
| 73 | 168 | 209 | 238 | 259 | 328 |
| 74 | 188 | 235 | 266 | 289 | 367 |
| 75 | 211 | 264 | 299 | 326 | 409 |
| 76 | 234 | 293 | 332 | 361 | 456 |
| 77 | 260 | 326 | 371 | 404 | 506 |
| 78 | 288 | 362 | 412 | 449 | 561 |
| 79 | 319 | 401 | 455 | 496 | 621 |
| 80 | 352 |  |  |  |  |
| 81 | 385 |  |  |  |  |
| 82 | 422 |  |  |  |  |
| 83 | 469 |  |  |  |  |
| 84 | 516 |  |  |  |  |

```
                CONTINENTAL CASUALTY COMPANY
                        Rate Sheet For P1-21300-A37
                    Long Term Care Policy
                    Annual Premium per $10 of Long-Term Care Daily Benefit
                    STANDARD RATING GROUP
                    O DAY ELIMINATION PERIOD
                    HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
                    100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
```

| $\begin{aligned} & \text { ISSUE } \\ & \text { AGE } \end{aligned}$ | MAXIMUM= <br> 730x LTC BENEFIT/DAY | $\begin{gathered} \text { MAXIMUM= } \\ \text { 1095x LTC } \\ \text { BENEFIT/DAY } \end{gathered}$ | $\begin{gathered} \text { MAXIMUM= } \\ \text { 1460x LTC } \\ \text { BENEFIT/DAY } \end{gathered}$ | $\begin{gathered} \text { MAXIMUM= } \\ \text { 1825x LTC } \\ \text { BENEFIT/DAY } \end{gathered}$ | MAXIMUM= UNLIMITED |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 18-44 | 31 | 36 | 41 | 45 | 56 |
| 45-49 | 34 | 41 | 46 | 49 | 62 |
| 50-54 | 40 | 49 | 55 | 60 | 78 |
| 55 | 47 | 56 | 64 | 68 | 89 |
| 56 | 49 | 61 | 68 | 74 | 94 |
| 57 | 53 | 64 | 71 | 76 | 98 |
| 58 | 56 | 68 | 76 | 82 | 107 |
| 59 | 61 | 74 | 84 | 91 | 115 |
| 60 | 67 | 81 | 91 | 98 | 124 |
| 61 | 72 | 87 | 98 | 106 | 133 |
| 62 | 78 | 94 | 106 | 114 | 145 |
| 63 | 84 | 102 | 114 | 124 | 155 |
| 64 | 89 | 109 | 122 | 132 | 168 |
| 65 | 95 | 115 | 128 | 138 | 179 |
| 66 | 101 | 125 | 140 | 152 | 195 |
| 67 | 111 | 136 | 153 | 166 | 213 |
| 68 | 121 | 149 | 168 | 182 | 233 |
| 69 | 131 | 162 | 184 | 200 | 256 |
| 70 | 146 | 180 | 204 | 221 | 282 |
| 71 | 159 | 199 | 225 | 245 | 311 |
| 72 | 176 | 220 | 249 | 272 | 347 |
| 73 | 196 | 246 | 279 | 304 | 388 |
| 74 | 218 | 275 | 313 | 341 | 432 |
| 75 | 244 | 308 | 351 | 382 | 484 |
| 76 | 271 | 344 | 392 | 428 | 539 |
| 77 | 301 | 381 | 435 | 475 | 596 |
| 78 | 333 | 424 | 485 | 531 | 661 |
| 79 | 367 | 467 | 533 | 582 | 732 |
| 80 | 404 |  |  |  |  |
| 81 | 444 |  |  |  |  |
| 82 | 485 |  |  |  |  |
| 83 | 539 |  |  |  |  |
| 84 | 594 |  |  |  |  |

```
CONTINENTAL CASUALTY COMPANY
Rate sheet For P1-21300-A37
Long Term Care Policy
```

Annual Premium per $\$ 10$ of Long-Term Care Daily Benefit

STANDARD RATING GROUP
0 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAIIY BENEFIT= $50 \%$ OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-21298-SERIES

| $\begin{gathered} \text { ISSUE } \\ \text { AGE } \end{gathered}$ | MAXIMUM= <br> 730x LTC BENEFIT/DAY | $\begin{gathered} \text { MAXIMUM= } \\ \text { 1095x LTC } \\ \text { BENEFIT/DAY } \end{gathered}$ | $\begin{gathered} \text { MAXIMUM= } \\ 1460 \times \text { LTC } \\ \text { BENEFIT/DAY } \end{gathered}$ | $\begin{gathered} \text { MAXIMUM= } \\ \text { 1825x LTC } \\ \text { BENEFIT/DAY } \end{gathered}$ | $\begin{aligned} & \text { MAXIMUM= } \\ & \text { UNLIMITED } \end{aligned}$ |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 18-44 | 47 | 58 | 65 | 71 | 92 |
| 45-49 | 52 | 64 | 72 | 78 | 102 |
| 50-54 | 64 | 79 | 89 | 98 | 131 |
| 55 | 74 | 92 | 104 | 113 | 152 |
| 56 | 78 | 98 | 111 | 120 | 161 |
| 57 | 82 | 102 | 116 | 127 | 169 |
| 58 | 87 | 109 | 125 | 136 | 180 |
| 59 | 94 | 116 | 132 | 144 | 192 |
| 60 | 99 | 125 | 141 | 154 | 204 |
| 61 | 107 | 133 | 151 | 164 | 218 |
| 62 | 114 | 142 | 161 | 175 | 232 |
| 63 | 122 | 153 | 173 | 188 | 248 |
| 64 | 131 | 164 | 185 | 201 | 266 |
| 65 | 139 | 174 | 198 | 215 | 282 |
| 66 | 147 | 185 | 211 | 229 | 302 |
| 67 | 159 | 200 | 227 | 247 | 327 |
| 68 | 172 | 216 | 247 | 269 | 355 |
| 69 | 187 | 236 | 269 | 294 | 384 |
| 70 | 201 | 255 | 291 | 318 | 416 |
| 71 | 220 | 279 | 318 | 347 | 453 |
| 72 | 238 | 302 | 345 | 376 | 493 |
| 73 | 260 | 332 | 379 | 414 | 541 |
| 74 | 286 | 365 | 416 | 455 | 594 |
| 75 | 314 | 401 | 459 | 502 | 649 |
| 76 | 344 | 440 | 504 | 552 | 711 |
| 77 | 376 | 482 | 553 | 606 | 779 |
| 78 | 408 | 526 | 604 | 662 | 849 |
| 79 | 444 | 573 | 660 | 725 | 926 |
| 80 | 480 |  |  |  |  |
| 81 | 519 |  |  |  |  |
| 82 | 560 |  |  |  |  |
| 83 | 609 |  |  | - |  |
| 84 | 661 |  |  |  |  |

```
                CONTINENTAL CASUALTY COMPANY
                Rate Sheet For P1-21300-A37
                        Long Term Care Policy
```

Annual Premium per $\$ 10$ of Long-Term Care Daily Benefit

STANDARD RATING GROUP
0 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT= $100 \%$ OF LONG-TERM CARE DAILY BENEFIT AMOUNT WITH COMPOUND AUTOMATIC INCREASE RIDER R1-21298-SERIES

| $\begin{gathered} \text { ISSUE } \\ \text { AGE } \end{gathered}$ | MAXIMUM= <br> 730x LTC BENEFIT/DAY | MAXIMUM= 1095x LTC BENEFIT/DAY | MAXIMUM= 1460x LTC BENEFIT/DAY | MAXIMUM= 1825x LTC BENEFIT/DAY | MAXIMUM= UNLIMITED |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 18-44 | 58 | 72 | 81 | 88 | 114 |
| 45-49 | 64 | 80 | 91 | 99 | 127 |
| 50-54 | 79 | 99 | 112 | 121 | 160 |
| 55 | 88 | 112 | 128 | 140 | 184 |
| 56 | 93 | 118 | 134 | 147 | 192 |
| 57 | 96 | 124 | 141 | 154 | 202 |
| 58 | 104 | 131 | 149 | 164 | 214 |
| 59 | 111 | 140 | 159 | 173 | 228 |
| 60 | 118 | 148 | 169 | 185 | 242 |
| 61 | 126 | 159 | 180 | 196 | 258 |
| 62 | 134 | 168 | 192 | 209 | 273 |
| 63 | 144 | 180 | 205 | 224 | 292 |
| 64 | 153 | 193 | 219 | 239 | 313 |
| 65 | 164 | 205 | 232 | 252 | 332 |
| 66 | 173 | 220 | 251 | 274 | 355 |
| 67 | 186 | 235 | 268 | 293 | 384 |
| 68 | 201 | 255 | 291 | 318 | 414 |
| 69 | 216 | 275 | 315 | 345 | 448 |
| 70 | 235 | 300 | 342 | 374 | 486 |
| 71 | 256 | 326 | 373 | 408 | 531 |
| 72 | 278 | 355 | 407 | 446 | 578 |
| 73 | 302 | 389 | 447 | 491 | 634 |
| 74 | 332 | 426 | 489 | 536 | 694 |
| 75 | 365 | 469 | 539 | 591 | 759 |
| 76 | 399 | 513 | 588 | 645 | 831 |
| 77 | 435 | 561 | 645 | 707 | 908 |
| 78 | 473 | 613 | 706 | 775 | 989 |
| 79 | 511 | 665 | 768 | 846 | 1079 |
| 80 | 554 |  |  |  |  |
| 81 | 598 |  |  |  |  |
| 82 | 641 |  |  |  |  |
| 83 | 700 |  |  |  |  |
| 84 | 756 |  |  |  |  |

Long Term Care Policy
Annual Premium per $\$ 10$ of Long-Term Care Daily Benefit

STANDARD RATING GROUP
0 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT= 50\% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-21297-SERIES

| $\begin{aligned} & \text { ISSUE } \\ & \text { AGE } \end{aligned}$ | MAXIMUM= 730x LTC BENEFIT/DAY | $\begin{gathered} \text { MAXIMUM= } \\ \text { 1095x LTC } \\ \text { BENEFIT/DAY } \end{gathered}$ | $\begin{gathered} \text { MAXIMUM= } \\ \text { 1460x LTC } \\ \text { BENEFIT/DAY } \end{gathered}$ | $\begin{gathered} \text { MAXIMUM= } \\ \text { 1825x LTC } \\ \text { BENEFIT/DAY } \end{gathered}$ | MAXIMUM= UNLIMITED |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 18-44 | 34 | 42 | 48 | 53 | 69 |
| 45-49 | 38 | 47 | 54 | 59 | 76 |
| 50-54 | 51 | 62 | 69 | 75 | 99 |
| 55 | 58 | 72 | 81 | 88 | 119 |
| 56 | 62 | 76 | 86 | 93 | 125 |
| 57 | 65 | 80 | 91 | 99 | 133 |
| 58 | 71 | 87 | 99 | 107 | 144 |
| 59 | 75 | 94 | 107 | 116 | 155 |
| 60 | 82 | 102 | 115 | 125 | 167 |
| 61 | 88 | 111 | 125 | 135 | 180 |
| 62 | 95 | 119 | 135 | 147 | 194 |
| 63 | 102 | 128 | 146 | 159 | 208 |
| 64 | 111 | 138 | 156 | 171 | 225 |
| 65 | 118 | 147 | 167 | 182 | 241 |
| 66 | 127 | 158 | 179 | 194 | 259 |
| 67 | 138 | 172 | 195 | 213 | 282 |
| 68 | 149 | 188 | 214 | 234 | 308 |
| 69 | 165 | 206 | 234 | 255 | 338 |
| 70 | 179 | 226 | 256 | 280 | 368 |
| 71 | 195 | 247 | 282 | 308 | 405 |
| 72 | 214 | 272 | 311 | 340 | 446 |
| 73 | 235 | 301 | 345 | 378 | 492 |
| 74 | 261 | 333 | 381 | 418 | 545 |
| 75 | 289 | 369 | 424 | 464 | 600 |
| 76 | 319 | 408 | 467 | 512 | 660 |
| 77 | 351 | 449 | 515 | 565 | 727 |
| 78 | 385 | 493 | 566 | 620 | 798 |
| 79 | 419 | 540 | 621 | 682 | 873 |
| 80 | 455 |  |  |  |  |
| 81 | 494 |  |  |  |  |
| 82 | 535 |  |  |  |  |
| 83 | 587 |  |  |  |  |
| 84 | 639 |  |  |  |  |

Long Term Care Policy
Annual Premium per $\$ 10$ of Long-Term Care Daily Benefit
STANDARD RATING GROUP
0 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT= $100 \%$ OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-21297-SERIES

| $\begin{gathered} \text { ISSUE } \\ \text { AGE } \end{gathered}$ | MAXIMUM= 730 x LTC BENEFIT/DAY | MAXIMUM= 1095x LTC BENEFIT/DAY | MAXIMUM= <br> 1460x LTC BENEFIT/DAY | MAXIMUM= 1825x LTC BENEFIT/DAY | MAXIMUM= UNLIMITED |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 18-44 | 45 | 55 | 62 | 68 | 87 |
| 45-49 | 49 | 61 | 69 | 75 | 96 |
| 50-54 | 61 | 76 | 87 | 95 | 121 |
| 55 | 71 | 89 | 101 | 111 | 144 |
| 56 | 74 | 93 | 106 | 115 | 153 |
| 57 | 79 | 99 | 112 | 121 | 162 |
| 58 | 85 | 106 | 120 | 131 | 173 |
| 59 | 92 | 115 | 131 | 142 | 186 |
| 60 | 96 | 122 | 139 | 152 | 198 |
| 61 | 106 | 132 | 149 | 162 | 212 |
| 62 | 113 | 142 | 161 | 175 | 228 |
| 63 | 121 | 152 | 173 | 188 | 245 |
| 64 | 131 | 165 | 187 | 204 | 265 |
| 65 | 138 | 173 | 196 | 214 | 284 |
| 66 | 148 | 187 | 213 | 233 | 304 |
| 67 | 162 | 204 | 231 | 251 | 331 |
| 68 | 175 | 222 | 253 | 276 | 361 |
| 69 | 191 | 241 | 275 | 301 | 394 |
| 70 | 208 | 264 | 301 | 329 | 433 |
| 71 | 228 | 289 | 331 | 361 | 474 |
| 72 | 249 | 319 | 365 | 399 | 521 |
| 73 | 275 | 352 | 404 | 442 | 575 |
| 74 | 304 | 389 | 446 | 488 | 635 |
| 75 | 334 | 431 | 494 | 542 | 701 |
| 76 | 368 | 474 | 545 | 598 | 771 |
| 77 | 406 | 522 | 600 | 659 | 848 |
| 78 | 442 | 573 | 660 | 726 | 929 |
| 79 | 482 | 626 | 722 | 794 | 1018 |
| 80 | 526 |  |  |  |  |
| 81 | 569 |  |  |  |  |
| 82 | 614 |  |  |  |  |
| 83 | 674 |  |  |  |  |
| 84 | 732 |  |  |  |  |

## Elimination Period Factors

Rates shown are for 0 day elimination period. Rates for longer
elimination periods are calculated by multiplying the 0 day
rates by the appropriate factor from the following table:

Benefit
Maximum

730x,1095x
1460x,1825x
Lifetime

Semi-Annual: 0.52; Quarterly, 0.27; Check-A-Matic, 0.09

A $10 \%$ discount to the rates will be made if the following conditions are met:

1. Discount is applicable to all lives regardless of Health Group. 2. If both spouses apply for coverage and are both issued, discount applies to both policies.
```
CONTINENTAL CASUALTY COMPANY
Rate Sheet For P1-21300-A87
    Long Term Care Policy
```

Annual Premium per $\$ 10$ of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
0 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT= $50 \%$ OF LONG-TERM CARE DAILY BENEFIT AMOUNT

| $\begin{gathered} \text { ISSUE } \\ \text { AGE } \end{gathered}$ | MAXIMUM= 730x LTC BENEFIT/DAY | MAXIMUM= 1095x LTC BENEFIT/DAY | MAXIMUM= 1460x LTC BENEFIT/DAY | MAXIMUM= 1825x LTC BENEEIT/DAY | MAXIMUM= UNLIMITED |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 8-44 | 21 | 25 | 27 | 29 | 36 |
| 5-49 | 23 | 27 | 30 | 32 | 40 |
| 0-54 | 28 | 33 | 37 | 40 | 50 |
| 55 | 34 | 40 | 44 | 47 | 60 |
| 56 | 35 | 42 | 47 | 51 | 64 |
| 57 | 37 | 44 | 49 | 53 | 68 |
| 58 | 40 | 48 | 54 | 58 | 74 |
| 59 | 44 | 52 | 58 | 62 | 81 |
| 60 | 47 | 57 | 64 | 69 | 88 |
| 61 | 52 | 63 | 70 | 75 | 96 |
| 62 | 56 | 68 | 76 | 82 | 104 |
| 63 | 60 | 73 | 81 | 87 | 112 |
| 64 | 64 | 78 | 88 | 95 | 121 |
| 65 | 69 | 83 | 93 | 100 | 128 |
| 66 | 74 | 90 | 100 | 108 | 139 |
| 67 | 80 | 98 | 110 | 119 | 152 |
| 68 | 88 | 107 | 120 | 130 | 166 |
| 69 | 96 | 119 | 134 | 145 | 184 |
| 70 | 106 | 131 | 147 | 159 | 202 |
| 71 | 116 | 144 | 162 | 176 | 223 |
| 72 | 128 | 159 | 180 | 196 | 249 |
| 73 | 143 | 178 | 202 | 220 | 279 |
| 74 | 160 | 200 | 226 | 246 | 312 |
| 75 | 179 | 224 | 254 | 277 | 348 |
| 76 | 199 | 249 | 282 | 307 | 388 |
| 77 | 221 | 277 | 315 | 343 | 430 |
| 78 | 245 | 308 | 350 | 382 | 477 |
| 79 | 271 | 341 | 387 | 422 | 528 |
| 80 | 299 |  |  |  |  |
| 81 | 327 |  |  |  |  |
| 82 | 359 |  |  |  |  |
| 83 | 399 |  |  |  |  |
| 84 | 439 |  |  |  |  |



## CONTINENTAL CASUALTY COMPANY

Rate sheet For P1-21300-A87
Long Term Care Policy
Annual Premium per $\$ 10$ of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
0 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
$50 \%$ OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-21298-SERIES

| ISSUE <br> AGE | MAXIMUM= 730x LTC BENEFIT/DAY | $\begin{gathered} \text { MAXIMUM= } \\ \text { 1095x LTC } \\ \text { BENEFIT/DAY } \end{gathered}$ | $\begin{gathered} \text { MAXIMUM= } \\ \text { 1460x LTC } \\ \text { BENEFIT/DAY } \end{gathered}$ | $\begin{gathered} \text { MAXIMUM= } \\ \text { 1825x LTC } \\ \text { BENEFIT/DAY } \end{gathered}$ | MAXIMUM= UNLIMITED |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 8-44 | 40 | 49 | 55 | 60 | 78 |
| 5-49 | 44 | 54 | 61 | 66 | 87 |
| 0-54 | 54 | 67 | 76 | 83 | 111 |
| 55 | 63 | 78 | 88 | 96 | 129 |
| 56 | 66 | 83 | 94 | 102 | 137 |
| 57 | 70 | 87 | 99 | 108 | 144 |
| 58 | 74 | 93 | 106 | 116 | 153 |
| 59 | 80 | 99 | 112 | 122 | 163 |
| 60 | 84 | 106 | 120 | 131 | 173 |
| 61 | 91 | 113 | 128 | 139 | 185 |
| 62 | 97 | 121 | 137 | 149 | 197 |
| 63 | 104 | 130 | 147 | 160 | 211 |
| 64 | 111 | 139 | 157 | 171 | 226 |
| 65 | 118 | 148 | 168 | 183 | 240 |
| 66 | 125 | 157 | 179 | 195 | 257 |
| 67 | 135 | 170 | 193 | 210 | 278 |
| 68 | 146 | 184 | 210 | 229 | 302 |
| 69 | 159 | 201 | 229 | 250 | 326 |
| 70 | 171 | 217 | 247 | 270 | 354 |
| 71 | 187 | 237 | 270 | 295 | 385 |
| 72 | 202 | 257 | 293 | 320 | 419 |
| 73 | 221 | 282 | 322 | 352 | 460 |
| 74 | 243 | 310 | 354 | 387 | 505 |
| 75 | 267 | 341 | 390 | 427 | 552 |
| 76 | 292 | 374 | 428 | 469 | 604 |
| 77 | 320 | 410 | 470 | 515 | 662 |
| 78 | 347 | 447 | 513 | 563 | 722 |
| 79 | 377 | 487 | 561 | 616 | 787 |
| 80 | 408 |  |  |  |  |
| 81 | 441 |  |  |  |  |
| 82 | 476 |  |  |  |  |
| 83 | 518 |  |  |  |  |
| 84 | 562 |  |  |  |  |

```
                CONTINENTAL CASUALTY COMPANY
                Rate Sheet For P1-21300-A87
                            Long Term Care Policy
```

Annual Premium per $\$ 10$ of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
0 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
$100 \%$ OF LONG-TERM CARE DAILY BENEFIT AMOUNT WITH COMPOUND AUTOMATIC INCREASE RIDER R1-21298-SERIES

| $\begin{gathered} \text { ISSUE } \\ \text { AGE } \end{gathered}$ | $\begin{gathered} \text { MAXIMUM= } \\ 730 \mathrm{X} \text { LTC } \\ \text { BENEFIT/DAY } \end{gathered}$ | MAXIMUM= 1095x LTC BENEFIT/DAY | MAXIMUM= 1460x LTC BENEFIT/DAY | MAXIMUM= 1825x LTC BENEFIT/DAY | MAXIMUM= UNLIMITED |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 8-44 | 49 | 61 | 69 | 75 | 97 |
| 5-49 | 54 | 68 | 77 | 84 | 108 |
| 0-54 | 67 | 84 | 95 | 103 | 136 |
| 55 | 75 | 95 | 109 | 119 | 156 |
| 56 | 79 | 100 | 114 | 125 | 163 |
| 57 | 82 | 105 | 120 | 131 | 172 |
| 58 | 88 | 111 | 127 | 139 | 182 |
| 59 | 94 | 119 | 135 | 147 | 194 |
| 60 | 100 | 126 | 144 | 157 | 206 |
| 61 | 107 | 135 | 153 | 167 | 219 |
| 62 | 114 | 143 | 163 | 178 | 232 |
| 63 | 122 | 153 | 174 | 190 | 248 |
| 64 | 130 | 164 | 186 | 203 | 266 |
| 65 | 139 | 174 | 197 | 214 | 282 |
| 66 | 147 | 187 | 213 | 233 | 302 |
| 67 | 158 | 200 | 228 | 249 | 326 |
| 68 | 171 | 217 | 247 | 270 | 352 |
| 69 | 184 | 234 | 268 | 293 | 381 |
| 70 | 200 | 255 | 291 | 318 | 413 |
| 71 | 218 | 277 | 317 | 347 | 451 |
| 72 | 236 | 302 | 346 | 379 | 491 |
| 73 | 257 | 331 | 380 | 417 | 539 |
| 74 | 282 | 362 | 416 | 456 | 590 |
| 75 | 310 | 399 | 458 | 502 | 645 |
| 76 | 339 | 436 | 500 | 548 | 706 |
| 77 | 370 | 477 | 548 | 601 | 772 |
| 78 | 402 | 521 | 600 | 659 | 841 |
| 79 | 434 | 565 | 653 | 719 | 917 |
| 80 | 471 |  |  |  |  |
| 81 | 508 |  |  |  |  |
| 82 | 545 |  |  |  |  |
| 83 | 595 |  |  |  |  |
| 84 | 643 |  |  |  |  |




```
                CONTINENTAL CASUALTY COMPANY
                Rate Sheet For P1-21300-A87
                    Long Term Care Policy
```

            Annual Premium per \(\$ 10\) of Long-Term Care Daily Benefit
    STANDARD RATING GROUP
0 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT= 50\% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

| $\begin{gathered} \text { ISSUE } \\ \text { AGE } \end{gathered}$ | MAXIMUM= 730x LTC BENEFIT/DAY | MAXIMUM= 1095x LTC BENEFIT/DAY | MAXIMUM= 1460x LTC BENEFIT/DAY | MAXIMUM= 1825x LTC BENEFIT/DAY | MAXIMUM= UNLIMITED |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 18-44 | 25 | 29 | 32 | 34 | 42 |
| 45-49 | 27 | 32 | 35 | 38 | 47 |
| 50-54 | 33 | 39 | 44 | 47 | 59 |
| 55 | 40 | 47 | 52 | 55 | 71 |
| 56 | 41 | 49 | 55 | 60 | 75 |
| 57 | 44 | 52 | 58 | 62 | 80 |
| 58 | 47 | 56 | 64 | 68 | 87 |
| 59 | 52 | 61 | 68 | 73 | 95 |
| 60 | 55 | 67 | 75 | 81 | 104 |
| 61 | 61 | 74 | 82 | 88 | 113 |
| 62 | 66 | 80 | 89 | 96 | 122 |
| 63 | 71 | 86 | 95 | 102 | 132 |
| 64 | 75 | 92 | 104 | 112 | 142 |
| 65 | 81 | 98 | 109 | 118 | 151 |
| 66 | 87 | 106 | 118 | 127 | 164 |
| 67 | 94 | 115 | 129 | 140 | 179 |
| 68 | 104 | 126 | 141 | 153 | 195 |
| 69 | 113 | 140 | 158 | 171 | 216 |
| 70 | 125 | 154 | 173 | 187 | 238 |
| 71 | 136 | 169 | 191 | 207 | 262 |
| 72 | 151 | 187 | 212 | 231 | 293 |
| 73 | 168 | 209 | 238 | 259 | 328 |
| 74 | 188 | 235 | 266 | 289 | 367 |
| 75 | 211 | 264 | 299 | 326 | 409 |
| 76 | 234 | 293 | 332 | 361 | 456 |
| 77 | 260 | 326 | 371 | 404 | 506 |
| 78 | 288 | 362 | 412 | 449 | 561 |
| 79 | 319 | 401 | 455 | 496 | 621 |
| 80 | 352 |  |  |  |  |
| 81 | 385 |  |  |  |  |
| 82 | 422 |  |  |  |  |
| 83 | 469 |  |  |  |  |
| 84 | 516 |  |  |  |  |

Long Term Care Policy
Annual Premium per $\$ 10$ of Long-Term Care Daily Benefit

STANDARD RATING GROUP
0 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT= 100\% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

| $\begin{gathered} \text { ISSUE } \\ \text { AGE } \end{gathered}$ | MAXIMUM= 730x LTC BENEFIT/DAY | $\begin{gathered} \text { MAXIMUM= } \\ \text { 1095x LTC } \\ \text { BENEFIT/DAY } \end{gathered}$ | $\begin{gathered} \text { MAXIMUM= } \\ \text { 1460x LTC } \\ \text { BENEFIT/DAY } \end{gathered}$ | $\begin{gathered} \text { MAXIMUM= } \\ \text { 1825x LTC } \\ \text { BENEFIT/DAY } \end{gathered}$ | MAXIMUM= UNLIMITED |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 18-44 | 31 | 36 | 41 | 45 | 56 |
| 45-49 | 34 | 41 | 46 | 49 | 62 |
| 50-54 | 40 | 49 | 55 | 60 | 78 |
| 55 | 47 | 56 | 64 | 68 | 89 |
| 56 | 49 | 61 | 68 | 74 | 94 |
| 57 | 53 | 64 | 71 | 76 | 98 |
| 58 | 56 | 68 | 76 | 82 | 107 |
| 59 | 61 | 74 | 84 | 91 | 115 |
| 60 | 67 | 81 | 91 | 98 | 124 |
| 61 | 72 | 87 | 98 | 106 | 133 |
| 62 | 78 | 94 | 106 | 114 | 145 |
| 63 | 84 | 102 | 114 | 124 | 155 |
| 64 | 89 | 109 | 122 | 132 | 168 |
| 65 | 95 | 115 | 128 | 138 | 179 |
| 66 | 101 | 125 | 140 | 152 | 195 |
| 67 | 111 | 136 | 153 | 166 | 213 |
| 68 | 121 | 149 | 168 | 182 | 233 |
| 69 | 131 | 162 | 184 | 200 | 256 |
| 70 | 146 | 180 | 204 | 221 | 282 |
| 71 | 159 | 199 | 225 | 245 | 311 |
| 72 | 176 | 220 | 249 | 272 | 347 |
| 73 | 196 | 246 | 279 | 304 | 388 |
| 74 | 218 | 275 | 313 | 341 | 432 |
| 75 | 244 | 308 | 351 | 382 | 484 |
| 76 | 271 | 344 | 392 | 428 | 539 |
| 77 | 301 | 381 | 435 | 475 | 596 |
| 78 | 333 | 424 | 485 | 531 | 661 |
| 79 | 367 | 467 | 533 | 582 | 732 |
| 80 | 404 |  |  |  |  |
| 81 | 444 |  |  |  |  |
| 82 | 485 |  |  |  |  |
| 83 | 539 |  |  |  |  |
| 84 | 594 |  |  |  |  |

Long Term Care Policy
Annual Premium per $\$ 10$ of Long-Term Care Daily Benefit

STANDARD RATING GROUP
0 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT= 50\% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-21298-SERIES


Long Term Care Policy
Annual Premium per $\$ 10$ of Long-Term Care Daily Benefit

STANDARD RATING GROUP
0 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT= $100 \%$ OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-21298-SERIES


```
CONTINENTAL CASUALTY COMPANY
                        Rate Sheet For P1-21300-A87
                        Long Term Care Policy
```

Annual Premium per $\$ 10$ of Long-Term Care Daily Benefit

STANDARD RATING GROUP
0 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT= 50\% OF LONG-TERM CARE DAILY BENEFIT AMOUNT WITH SIMPLE AUTOMATIC INCREASE RIDER R1-21297-SERIES


Long Term Care Policy
Annual Premium per $\$ 10$ of Long-Term Care Daily Benefit

STANDARD RATING GROUP
0 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
$100 \%$ OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-21297-SERIES

| $\begin{gathered} \text { ISSUE } \\ \text { AGE } \end{gathered}$ | MAXIMUM= 730x LTC BENEFIT/DAY | MAXIMUM= 1095x LTC BENEFIT/DAY | $\begin{gathered} \text { MAXIMUM= } \\ \text { 1460x LTC } \\ \text { BENEEIT/DAY } \end{gathered}$ | $\begin{gathered} \text { MAXIMUM= } \\ \text { 1825x LTC } \\ \text { BENEFIT/DAY } \end{gathered}$ | MAXIMUM= UNLIMITED |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 18-44 | 45 | 55 | 62 | 68 | 87 |
| 45-49 | 49 | 61 | 69 | 75 | 96 |
| 50-54 | 61 | 76 | 87 | 95 | 121 |
| 55 | 71 | 89 | 101 | 111 | 144 |
| 56 | 74 | 93 | 106 | 115 | 153 |
| 57 | 79 | 99 | 112 | 121 | 162 |
| 58 | 85 | 106 | 120 | 131 | 173 |
| 59 | 92 | 115 | 131 | 142 | 186 |
| 60 | 96 | 122 | 139 | 152 | 198 |
| 61 | 106 | 132 | 149 | 162 | 212 |
| 62 | 113 | 142 | 161 | 175 | 228 |
| 63 | 121 | 152 | 173 | 188 | 245 |
| 64 | 131 | 165 | 187 | 204 | 265 |
| 65 | 138 | 173 | 196 | 214 | 284 |
| 66 | 148 | 187 | 213 | 233 | 304 |
| 67 | 162 | 204 | 231 | 251 | 331 |
| 68 | 175 | 222 | 253 | 276 | 361 |
| 69 | 191 | 241 | 275 | 301 | 394 |
| 70 | 208 | 264 | 301 | 329 | 433 |
| 71 | 228 | 289 | 331 | 361 | 474 |
| 72 | 249 | 319 | 365 | 399 | 521 |
| 73 | 275 | 352 | 404 | 442 | 575 |
| 74 | 304 | 389 | 446 | 488 | 635 |
| 75 | 334 | 431 | 494 | 542 | 701 |
| 76 | 368 | 474 | 545 | 598 | 771 |
| 77 | 406 | 522 | 600 | 659 | 848 |
| 78 | 442 | 573 | 660 | 726 | 929 |
| 79 | 482 | 626 | 722 | 794 | 1018 |
| 80 | 526 |  |  |  |  |
| 81 | 569 |  |  |  |  |
| 82 | 614 |  |  |  |  |
| 83 | 674 |  |  |  |  |
| 84 | 732 |  |  |  |  |

## Elimination Period Factors

Rates shown are for 0 day elimination period. Rates for longer elimination periods are calculated by multiplying the 0 day rates by the appropriate factor from the following table:

| Benefit |  |  |  |  |  |
| :--- | :---: | :---: | :---: | :---: | :---: |
| Maximum | 30 | 60 | 90 | 180 | 365 |
|  |  |  |  |  |  |
| $730 \mathrm{x}, 1095 \mathrm{x}$ | 0.89 | 0.84 | 0.80 | 0.69 | 0.60 |
| $1460 \mathrm{x}, 1825 \mathrm{x}$ | 0.91 | 0.86 | 0.82 | 0.72 | 0.63 |
| Lifetime | 0.93 | 0.89 | 0.86 | 0.78 | 0.70 |

Modal Factors

Semi-Annual: 0.52; Quarterly, 0.27; Check-A-Matic, 0.09

## Franchise Association Factors

A. The rates will be multiplied by a factor of 0.90 of the following conditions are met:

For Associations of 200 lives or more:

1. Discount is applicable to all lives regardless of Health Group. 2. Minimum of 10 lives must be submitted.
A. The rates will be multiplied by a factor of 0.95 of the following conditions are met:

For Associations of less than 200 lives:

1. Discount is applicable to all lives regardless of Health Group. 2. Minimum of 10 lives must be submitted.

Spousal Discount

A $10 \%$ discount to the rates will be made if the following conditions are met:

1. Discount is applicable to all lives regardless of Health Group. 2. If both spouses apply for coverage and are both issued, discount applies to both policies.

## THIS POLICY IS FOR RENEWAL BUSINESS ONLY

## CONTINENTAL CASUALTY COMPANY

## Supplement to Rate Sheet for Policy Form P1-21305-A37 \& -A87 <br> Pennsylvania

All Rates for this form should be multiplied by a factor of:

This factor reflects the proposed increase of:

And the following prior approved rate increases:

|  | Increase Applies <br> to all Policies or <br> Subset | Rate Increase <br> Approved | Approval Date <br> of Rate <br> Increase |
| :--- | :---: | :---: | :---: |
| Policy Form | Su | All | $50 \%$ |
| P1-21305-A37, -A87 | All | $7 / 10 / 2003$ |  |
| P1-21305-A37, -A87 | All | $25 \%$ | $9 / 2 / 2011$ * |

* implemented over 2 years, $11.8 \%$ in each year.

```
CONTINENTAL CASUALTY COMPANY
Rate Sheet For P1-21305-A37
    Nursing Home Only Policy
    Annual Premium per $10 of Nursing Home Daily Benefit
                    PREFERRED RATING GROUP
O DAY ELIMINATION PERIOD
```

| $\begin{gathered} \text { ISSUE } \\ \text { AGE } \end{gathered}$ | $\begin{gathered} \text { MAXIMUM= } \\ \text { 730x LTC } \\ \text { BENEFIT/DAY } \end{gathered}$ | $\begin{gathered} \text { MAXIMUM= } \\ \text { 1095x LTC } \\ \text { BENEFIT/DAY } \end{gathered}$ | $\begin{gathered} \text { MAXIMUM= } \\ \text { 1460x LTC } \\ \text { BENEFIT/DAY } \end{gathered}$ | $\begin{gathered} \text { MAXIMUM= } \\ \text { 1825x LTC } \\ \text { BENEFIT/DAY } \end{gathered}$ | MAXIMUM= UNLIMITED |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 8-44 | 17 | 19 | 21 | 22 | 23 |
| 5-49 | 19 | 21 | 23 | 24 | 26 |
| 0-54 | 23 | 26 | 28 | 30 | 33 |
| 55 | 27 | 31 | 34 | 36 | 42 |
| 56 | 28 | 33 | 36 | 38 | 46 |
| 57 | 30 | 35 | 39 | 42 | 50 |
| 58 | 33 | 39 | 43 | 46 | 55 |
| 59 | 36 | 43 | 47 | 50 | 60 |
| 60 | 39 | 46 | 51 | 55 | 66 |
| 61 | 43 | 51 | 56 | 60 | 72 |
| 62 | 47 | 55 | 61 | 65 | 79 |
| 63 | 50 | 60 | 66 | 71 | 85 |
| 64 | 54 | 64 | 71 | 76 | 91 |
| 65 | 57 | 68 | 76 | 82 | 97 |
| 66 | 61 | 72 | 80 | 86 | 104 |
| 67 | 65 | 79 | 89 | 96 | 114 |
| 68 | 72 | 86 | 95 | 102 | 124 |
| 69 | 79 | 97 | 109 | 118 | 138 |
| 70 | 86 | 105 | 118 | 128 | 150 |
| 71 | 95 | 116 | 130 | 141 | 167 |
| 72 | 104 | 128 | 144 | 156 | 185 |
| 73 | 116 | 142 | 160 | 173 | 206 |
| 74 | 130 | 158 | 177 | 191 | 231 |
| 75 | 144 | 177 | 199 | 216 | 254 |
| 76 | 159 | 196 | 220 | 238 | 282 |
| 77 | 176 | 217 | 244 | 264 | 313 |
| 78 | 194 | 240 | 270 | 293 | 344 |
| 79 | 213 | 263 | 297 | 322 | 379 |
| 80 | 234 |  |  |  |  |
| 81 | 255 |  |  |  |  |
| 82 | 278 |  |  |  |  |
| 83 | 307 |  |  |  |  |
| 84 | 337 |  |  |  |  |

Annual Premium per $\$ 10$ of Nursing Home Daily Benefit
PREFERRED RATING GROUP
0 DAY ELIMINATION PERIOD
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-21306-SERIES

| $\begin{aligned} & \text { ISSUE } \\ & \text { AGE } \end{aligned}$ | MAXIMUM= 730x LTC BENEFIT/DAY | $\begin{gathered} \text { MAXIMUM= } \\ \text { 1095X LTC } \\ \text { BENEFIT/DAY } \end{gathered}$ | $\begin{gathered} \text { MAXIMUM= } \\ 1460 \mathrm{x} \text { LTC } \\ \text { BENEFIT/DAY } \end{gathered}$ | MAXIMUM= 1825x LTC BENEEIT/DAY | MAXIMUM= UNLIMITED |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 8-44 | 32 | 39 | 43 | 46 | 57 |
| 5-49 | 35 | 43 | 48 | 52 | 63 |
| 0-54 | 43 | 53 | 60 | 65 | 80 |
| 55 | 51 | 63 | 71 | 77 | 96 |
| 56 | 55 | 67 | 75 | 81 | 102 |
| 57 | 58 | 71 | 79 | 85 | 108 |
| 58 | 62 | 76 | 85 | 92 | 115 |
| 59 | 66 | 81 | 91 | 99 | 123 |
| 60 | 70 | 86 | 97 | 105 | 132 |
| 61 | 75 | 92 | 104 | 113 | 141 |
| 62 | 80 | 99 | 112 | 122 | 151 |
| 63 | 86 | 106 | 120 | 130 | 162 |
| 64 | 92 | 114 | 128 | 139 | 173 |
| 65 | 97 | 120 | 136 | 148 | 183 |
| 66 | 103 | 128 | 144 | 156 | 197 |
| 67 | 112 | 138 | 156 | 169 | 213 |
| 68 | 120 | 149 | 169 | 184 | 232 |
| 69 | 131 | 163 | 184 | 200 | 249 |
| 70 | 140 | 174 | 197 | 214 | 268 |
| 71 | 152 | 190 | 215 | 234 | 290 |
| 72 | 165 | 206 | 233 | 253 | 316 |
| 73 | 179 | 224 | 254 | 277 | 344 |
| 74 | 196 | 246 | 279 | 304 | 377 |
| 75 | 214 | 269 | 306 | 334 | 411 |
| 76 | 233 | 294 | 335 | 366 | 446 |
| 77 | 254 | 321 | 366 | 400 | 488 |
| 78 | 274 | 348 | 397 | 434 | 529 |
| 79 | 296 | 378 | 432 | 473 | 573 |
| 80 | 319 |  |  |  |  |
| 81 | 343 |  |  |  |  |
| 82 | 370 |  |  |  |  |
| 83 | 399 |  |  |  |  |
| 84 | 431 |  |  |  |  |


|  | CONTINENTAL CASUALTY COMPANY <br> Rate Sheet For P1-21305-A37 Nursing Home Only Policy <br> Annual Premium per $\$ 10$ of Nursing Home D |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  |  |  |
|  | PREFERRED RATING GROUP |  |  |  |  |
|  | 0 DAY EIIMINATION PERIOD |  |  |  |  |
|  | WITH SIMPLE AUTOMATIC INCREASE RIDER R1-21307-SERIES |  |  |  |  |
|  | MAXIMUM $=$ | MAXIMUM $=$ |  | MAXIMUM= |  |
| ISSUE | 730x LTC | 1095x LTC | 1460x LTC | 1825x LTC | MAXIMUM $=$ |
| AGE | BENEFIT/DAY | BENEFIT/DAY | BENEFIT/DAY | BENEFIT/DAY | UNLIMITED |
| 8-44 | 23 | 28 | 32 | 35 | 41 |
| 5-49 | 25 | 31 | 35 | 38 | 45 |
| 0-54 | 35 | 42 | 47 | 51 | 61 |
| 55 | 41 | 49 | 55 | 59 | 73 |
| 56 | 43 | 52 | 58 | 63 | 78 |
| 57 | 45 | 55 | 61 | 66 | 83 |
| 58 | 49 | 59 | 66 | 71 | 90 |
| 59 | 53 | 64 | 72 | 78 | 98 |
| 60 | 57 | 70 | 79 | 86 | 107 |
| 61 | 62 | 76 | 85 | 92 | 116 |
| 62 | 67 | 83 | 93 | 101 | 126 |
| 63 | 72 | 89 | 100 | 108 | 136 |
| 64 | 77 | 96 | 108 | 117 | 147 |
| 65 | 82 | 102 | 115 | 125 | 157 |
| 66 | 89 | 109 | 122 | 132 | 169 |
| 67 | 96 | 119 | 134 | 145 | 184 |
| 68 | 104 | 130 | 147 | 160 | 200 |
| 69 | 115 | 142 | 160 | 174 | 219 |
| 70 | 124 | 155 | 175 | 190 | 237 |
| 71 | 135 | 169 | 192 | 209 | 261 |
| 72 | 149 | 186 | 211 | 230 | 286 |
| 73 | 162 | 205 | 233 | 254 | 314 |
| 74 | 179 | 225 | 256 | 279 | 347 |
| 75 | 197 | 249 | 283 | 309 | 379 |
| 76 | 216 | 273 | 311 | 340 | 416 |
| 77 | 237 | 299 | 341 | 372 | 455 |
| 78 | 259 | 327 | 372 | 406 | 497 |
| 79 | 280 | 356 | 407 | 445 | 540 |
| 80 | 303 |  |  |  |  |
| 81 | 327 |  |  |  |  |
| 82 | 353 |  |  |  |  |
| 83 | 384 |  |  |  |  |
| 84 | 417 |  |  |  |  |

```
CONTINENTAL CASUALTY COMPANY
Rate Sheet For P1-21305-A37
                        Nursing Home Only Policy
```

Annual Premium per $\$ 10$ of Nursing Home Daily Benefit

STANDARD RATING GROUP
0 DAY ELIMINATION PERIOD

| $\begin{aligned} & \text { ISSUE } \\ & \text { AGE } \end{aligned}$ | $\begin{gathered} \text { MAXIMUM= } \\ 730 \mathrm{x} \text { ITC } \\ \text { BENEFIT/DAY } \end{gathered}$ | $\begin{gathered} \text { MAXIMUM= } \\ \text { 1095X LTC } \\ \text { BENEFIT/DAY } \end{gathered}$ | $\begin{gathered} \text { MAXIMUM= } \\ \text { 1460x LTC } \\ \text { BENEFIT/DAY } \end{gathered}$ | $\begin{gathered} \text { MAXIMUM= } \\ \text { 1825x LTC } \\ \text { BENEFIT/DAY } \end{gathered}$ | MAXIMUM= UNLIMITED |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 18-44 | 20 | 22 | 25 | 26 | 27 |
| 45-49 | 22 | 25 | 27 | 28 | 31 |
| 50-54 | 27 | 31 | 33 | 35 | 39 |
| 55 | 32 | 36 | 40 | 42 | 49 |
| 56 | 33 | 39 | 42 | 45 | 54 |
| 57 | 35 | 41 | 46 | 49 | 59 |
| 58 | 39 | 46 | 51 | 54 | 65 |
| 59 | 42 | 51 | 55 | 59 | 71 |
| 60 | 46 | 54 | 60 | 65 | 78 |
| 61 | 51 | 60 | 66 | 71 | 85 |
| 62 | 55 | 65 | 72 | 76 | 93 |
| 63 | 59 | 71 | 78 | 84 | 100 |
| 64 | 64 | 75 | 84 | 89 | 107 |
| 65 | 67 | 80 | 89 | 96 | 114 |
| 66 | 72 | 85 | 94 | 101 | 122 |
| 67 | 76 | 93 | 105 | 113 | 134 |
| 68 | 85 | 101 | 112 | 120 | 146 |
| 69 | 93 | 114 | 128 | 139 | 162 |
| 70 | 101 | 124 | 139 | 151 | 176 |
| 71 | 112 | 136 | 153 | 166 | 196 |
| 72 | 122 | 151 | 169 | 184 | 218 |
| 73 | 136 | 167 | 188 | 204 | 242 |
| 74 | 153 | 186 | 208 | 225 | 272 |
| 75 | 169 | 208 | 234 | 254 | 299 |
| 76 | 187 | 231 | 259 | 280 | 332 |
| 77 | 207 | 255 | 287 | 311 | 368 |
| 78 | 228 | 282 | 318 | 345 | 405 |
| 79 | 251 | 309 | 349 | 379 | 446 |
| 80 | 275 |  |  |  |  |
| 81 | 300 |  |  |  |  |
| 82 | 327 |  |  |  |  |
| 83 | 361 |  |  |  |  |
| 84 | 396 |  |  |  |  |



|  | CONTINENTAL CASUALTY COMPANY <br> Rate Sheet For P1-21305-A37 Nursing Home Only Policy |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
|  | Annual Premium per $\$ 10$ of Nursing Home Daily Benefit |  |  |  |  |
|  | STANDARD RATING GROUP |  |  |  |  |
|  | 0 DAY ELIMINATION PERIOD |  |  |  |  |
|  | WITH SIMPLE AUTOMATIC INCREASE RIDER R1-21307-SERIES |  |  |  |  |
|  | MAXIMUM $=$ | MAXIMUM= |  |  |  |
| ISSUE | 730x LTC | 1095x LTC | 1460x LTC | 1825x LTC | MAXIMUM= |
| AGE | BENEFIT/DAY | BENEFIT/DAY | BENEFIT/DAY | BENEFIT/DAY | UNLIMITED |
| 18-44 | 27 | 33 | 38 | 41 | 48 |
| 45-49 | 29 | 36 | 41 | 45 | 53 |
| 50-54 | 41 | 49 | 55 | 60 | 72 |
| 55 | 48 | 58 | 65 | 69 | 86 |
| 56 | 51 | 61 | 68 | 74 | 92 |
| 57 | 53 | 65 | 72 | 78 | 98 |
| 58 | 58 | 69 | 78 | 84 | 106 |
| 59 | 62 | 75 | 85 | 92 | 115 |
| 60 | 67 | 82 | 93 | 101 | 126 |
| 61 | 73 | 89 | 100 | 108 | 136 |
| 62 | 79 | 98 | 109 | 119 | 148 |
| 63 | 85 | 105 | 118 | 127 | 160 |
| 64 | 91 | 113 | 127 | 138 | 173 |
| 65 | 96 | 120 | 135 | 147 | 185 |
| 66 | 105 | 128 | 144 | 155 | 199 |
| 67 | 113 | 140 | 158 | 171 | 216 |
| 68 | 122 | 153 | 173 | 188 | 235 |
| 69 | 135 | 167 | 188 | 205 | 258 |
| 70 | 146 | 182 | 206 | 224 | 279 |
| 71 | 159 | 199 | 226 | 246 | 307 |
| 72 | 175 | 219 | 248 | 271 | 336 |
| 73 | 191 | 241 | 274 | 299 | 369 |
| 74 | 211 | 265 | 301 | 328 | 408 |
| 75 | 232 | 293 | 333 | 364 | 446 |
| 76 | 254 | 321 | 366 | 400 | 489 |
| 77 | 279 | 352 | 401 | 438 | 535 |
| 78 | 305 | 385 | 438 | 478 | 585 |
| 79 | 329 | 419 | 479 | 524 | 635 |
| 80 | 356 |  |  |  |  |
| 81 | 385 |  |  |  |  |
| 82 | 415 |  |  |  |  |
| 83 | 452 |  |  |  |  |
| 84 | 491 |  |  |  |  |

## Elimination Period Factors

| elimination periods are calculated by multiplying the 0 da rates by the appropriate factor from the following table: <br> Benefit |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
| Maximum | 30 | 60 | 90 | 180 | 365 |
| 730x, 1095x | 0.89 | 0.84 | 0.80 | 0.69 | 0.60 |
| 1460x, 1825x | 0.91 | 0.86 | 0.82 | 0.72 | 0.63 |
| Lifetime | 0.93 | 0.89 | 0.86 | 0.78 | 0.70 |
| Modal Factors |  |  |  |  |  |

Semi-Annual: 0.52; Quarterly, 0.27; Check-A-Matic, 0.09

## Spousal Discount

A $10 \%$ discount to the rates will be made if the following conditions are met:

1. Discount is applicable to all lives regardless of Health Group. 2. If both spouses apply for coverage and are both issued, discount applies to both policies.
```
CONTINENTAL CASUALTY COMPANY
Rates for form P1-21305-A87
    Nursing Home Only Policy
```

Annual Premium per $\$ 10$ of Nursing Home Daily Benefit

PREFERRED RATING GROUP 0 DAY ELIMINATION PERIOD

| $\begin{gathered} \text { ISSUE } \\ \text { AGE } \end{gathered}$ | $\begin{gathered} \text { MAXIMUM= } \\ 730 x \text { LTC } \\ \text { BENEFIT/DAY } \end{gathered}$ | $\begin{gathered} \text { MAXIMUM= } \\ \text { 1095x LTC } \\ \text { BENEFIT/DAY } \end{gathered}$ | $\begin{gathered} \text { MAXIMUM= } \\ \text { 1460x LTC } \\ \text { BENEFIT/DAY } \end{gathered}$ | $\begin{gathered} \text { MAXIMUM= } \\ 1825 \times \text { LTC } \\ \text { BENEFIT/DAY } \end{gathered}$ | MAXIMUM= <br> UNLIMITED |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 18-44 | 17 | 19 | 21 | 22 | 23 |
| 45-49 | 19 | 21 | 23 | 24 | 26 |
| 50-54 | 23 | 26 | 28 | 30 | 33 |
| 55 | 27 | 31 | 34 | 36 | 42 |
| 56 | 28 | 33 | 36 | 38 | 46 |
| 57 | 30 | 35 | 39 | 42 | 50 |
| 58 | 33 | 39 | 43 | 46 | 55 |
| 59 | 36 | 43 | 47 | 50 | 60 |
| 60 | 39 | 46 | 51 | 55 | 66 |
| 61 | 43 | 51 | 56 | 60 | 72 |
| 62 | 47 | 55 | 61 | 65 | 79 |
| 63 | 50 | 60 | 66 | 71 | 85 |
| 64 | 54 | 64 | 71 | 76 | 91 |
| 65 | 57 | 68 | 76 | 82 | 97 |
| 66 | 61 | 72 | 80 | 86 | 104 |
| 67 | 65 | 79 | 89 | 96 | 114 |
| 68 | 72 | 86 | 95 | 102 | 124 |
| 69 | 79 | 97 | 109 | 118 | 138 |
| 70 | 86 | 105 | 118 | 128 | 150 |
| 71 | 95 | 116 | 130 | 141 | 167 |
| 72 | 104 | 128 | 144 | 156 | 185 |
| 73 | 116 | 142 | 160 | 173 | 206 |
| 74 | 130 | 158 | 177 | 191 | 231 |
| 75 | 144 | 177 | 199 | 216 | 254 |
| 76 | 159 | 196 | 220 | 238 | 282 |
| 77 | 176 | 217 | 244 | 264 | 313 |
| 78 | 194 | 240 | 270 | 293 | 344 |
| 79 | 213 | 263 | 297 | 322 | 379 |
| 80 | 234 |  |  |  |  |
| 81 | 255 |  |  |  |  |
| 82 | 278 |  |  |  |  |
| 83 | 307 |  |  |  |  |
| 84 | 337 |  |  |  |  |

```
CONTINENTAL CASUALTY COMPANY Rates for form P1-21305-A87 Nursing Home Only Policy
```

```
Annual Premium per $10 of Nursing Home Daily Benefit
                                    PREFERRED RATING GROUP
                                    0 DAY ELIMINATION PERIOD
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-21306-SERIES
```

| $\begin{gathered} \text { ISSUE } \\ \text { AGE } \end{gathered}$ | MAXIMUM= 730x LTC BENEFIT/DAY | $\begin{aligned} & \text { MAXIMUM= } \\ & \text { 1095x LTC } \\ & \text { BENEFIT/DAY } \end{aligned}$ | MAXIMUM= 1460x LTC BENEFIT/DAY | $\begin{gathered} \text { MAXIMUM= } \\ \text { 1825x LTC } \\ \text { BENEFIT/DAY } \end{gathered}$ | MAXIMUM= UNLIMITED |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 18-44 | 32 | 39 | 43 | 46 | 57 |
| 45-49 | 35 | 43 | 48 | 52 | 63 |
| 50-54 | 43 | 53 | 60 | 65 | 80 |
| 55 | 51 | 63 | 71 | 77 | 96 |
| 56 | 55 | 67 | 75 | 81 | 102 |
| 57 | 58 | 71 | 79 | 85 | 108 |
| 58 | 62 | 76 | 85 | 92 | 115 |
| 59 | 66 | 81 | 91 | 99 | 123 |
| 60 | 70 | 86 | 97 | 105 | 132 |
| 61 | 75 | 92 | 104 | 113 | 141 |
| 62 | 80 | 99 | 112 | 122 | 151 |
| 63 | 86 | 106 | 120 | 130 | 162 |
| 64 | 92 | 114 | 128 | 139 | 173 |
| 65 | 97 | 120 | 136 | 148 | 183 |
| 66 | 103 | 128 | 144 | 156 | 197 |
| 67 | 112 | 138 | 156 | 169 | 213 |
| 68 | 120 | 149 | 169 | 184 | 232 |
| 69 | 131 | 163 | 184 | 200 | 249 |
| 70 | 140 | 174 | 197 | 214 | 268 |
| 71 | 152 | 190 | 215 | 234 | 290 |
| 72 | 165 | 206 | 233 | 253 | 316 |
| 73 | 179 | 224 | 254 | 277 | 344 |
| 74 | 196 | 246 | 279 | 304 | 377 |
| 75 | 214 | 269 | 306 | 334 | 411 |
| 76 | 233 | 294 | 335 | 366 | 446 |
| 77 | 254 | 321 | 366 | 400 | 488 |
| 78 | 274 | 348 | 397 | 434 | 529 |
| 79 | 296 | 378 | 432 | 473 | 573 |
| 80 | 319 |  |  |  |  |
| 81 | 343 |  |  |  |  |
| 82 | 370 |  |  |  |  |
| 83 | 399 |  |  |  |  |
| 84 | 431 |  |  |  |  |

```
CONTINENTAL CASUALTY COMPANY
Rates for form P1-21305-A87
    Nursing Home Only Policy
```

Annual Premium per $\$ 10$ of Nursing Home Daily Benefit
PREFERRED RATING GROUP 0 DAY ELIMINATION PERIOD WITH SIMPLE AUTOMATIC INCREASE RIDER R1-21307-SERIES

| $\begin{gathered} \text { ISSUE } \\ \text { AGE } \end{gathered}$ | MAXIMUM= 730x LTC BENEFIT/DAY | $\begin{gathered} \text { MAXIMUM= } \\ \text { 1095x LTC } \\ \text { BENEFIT/DAY } \end{gathered}$ | $\begin{gathered} \text { MAXIMUM= } \\ \text { 1460x LTC } \\ \text { BENEFIT/DAY } \end{gathered}$ | $\begin{gathered} \text { MAXIMUM= } \\ 1825 \times \text { LTC } \\ \text { BENEFIT/DAY } \end{gathered}$ | MAXIMUM= <br> UNLIMITED |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 18-44 | 23 | 28 | 32 | 35 | 41 |
| 45-49 | 25 | 31 | 35 | 38 | 45 |
| 50-54 | 35 | 42 | 47 | 51 | 61 |
| 55 | 41 | 49 | 55 | 59 | 73 |
| 56 | 43 | 52 | 58 | 63 | 78 |
| 57 | 45 | 55 | 61 | 66 | 83 |
| 58 | 49 | 59 | 66 | 71 | 90 |
| 59 | 53 | 64 | 72 | 78 | 98 |
| 60 | 57 | 70 | 79 | 86 | 107 |
| 61 | 62 | 76 | 85 | 92 | 116 |
| 62 | 67 | 83 | 93 | 101 | 126 |
| 63 | 72 | 89 | 100 | 108 | 136 |
| 64 | 77 | 96 | 108 | 117 | 147 |
| 65 | 82 | 102 | 115 | 125 | 157 |
| 66 | 89 | 109 | 122 | 132 | 169 |
| 67 | 96 | 119 | 134 | 145 | 184 |
| 68 | 104 | 130 | 147 | 160 | 200 |
| 69 | 115 | 142 | 160 | 174 | 219 |
| 70 | 124 | 155 | 175 | 190 | 237 |
| 71 | 135 | 169 | 192 | 209 | 261 |
| 72 | 149 | 186 | 211 | 230 | 286 |
| 73 | 162 | 205 | 233 | 254 | 314 |
| 74 | 179 | 225 | 256 | 279 | 347 |
| 75 | 197 | 249 | 283 | 309 | 379 |
| 76 | 216 | 273 | 311 | 340 | 416 |
| 77 | 237 | 299 | 341 | 372 | 455 |
| 78 | 259 | 327 | 372 | 406 | 497 |
| 79 | 280 | 356 | 407 | 445 | 540 |
| 80 | 303 |  |  |  |  |
| 81 | 327 |  |  |  |  |
| 82 | 353 |  |  |  |  |
| 83 | 384 |  |  |  |  |
| 84 | 417 |  |  |  |  |

Annual Premium per $\$ 10$ of Long-Term Care Daily Benefit
STANDARD RATING GROUP 0 DAY ELIMINATION PERIOD

| $\begin{gathered} \text { ISSUE } \\ \text { AGE } \end{gathered}$ | MAXIMUM= 730x LTC BENEFIT/DAY | $\begin{gathered} \text { MAXIMUM= } \\ \text { 1095x LTC } \\ \text { BENEFIT/DAY } \end{gathered}$ | $\begin{gathered} \text { MAXIMUM= } \\ \text { 1460x LTC } \\ \text { BENEFIT/DAY } \end{gathered}$ | $\begin{gathered} \text { MAXIMUM= } \\ \text { 1825x LTC } \\ \text { BENEFIT/DAY } \end{gathered}$ | MAXIMUM= <br> UNLIMITED |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 18-44 | 20 | 22 | 25 | 26 | 27 |
| 45-49 | 22 | 25 | 27 | 28 | 31 |
| 50-54 | 27 | 31 | 33 | 35 | 39 |
| 55 | 32 | 36 | 40 | 42 | 49 |
| 56 | 33 | 39 | 42 | 45 | 54 |
| 57 | 35 | 41 | 46 | 49 | 59 |
| 58 | 39 | 46 | 51 | 54 | 65 |
| 59 | 42 | 51 | 55 | 59 | 71 |
| 60 | 46 | 54 | 60 | 65 | 78 |
| 61 | 51 | 60 | 66 | 71 | 85 |
| 62 | 55 | 65 | 72 | 76 | 93 |
| 63 | 59 | 71 | 78 | 84 | 100 |
| 64 | 64 | 75 | 84 | 89 | 107 |
| 65 | 67 | 80 | 89 | 96 | 114 |
| 66 | 72 | 85 | 94 | 101 | 122 |
| 67 | 76 | 93 | 105 | 113 | 134 |
| 68 | 85 | 101 | 112 | 120 | 146 |
| 69 | 93 | 114 | 128 | 139 | 162 |
| 70 | 101 | 124 | 139 | 151 | 176 |
| 71 | 112 | 136 | 153 | 166 | 196 |
| 72 | 122 | 151 | 169 | 184 | 218 |
| 73 | 136 | 167 | 188 | 204 | 242 |
| 74 | 153 | 186 | 208 | 225 | 272 |
| 75 | 169 | 208 | 234 | 254 | 299 |
| 76 | 187 | 231 | 259 | 280 | 332 |
| 77 | 207 | 255 | 287 | 311 | 368 |
| 78 | 228 | 282 | 318 | 345 | 405 |
| 79 | 251 | 309 | 349 | 379 | 446 |
| 80 | 275 |  |  |  |  |
| 81 | 300 |  |  |  |  |
| 82 | 327 |  |  |  |  |
| 83 | 361 |  |  |  |  |
| 84 | 396 |  |  |  |  |

```
Annual Premium per $10 of Long-Term Care Daily Benefit
                    STANDARD RATING GROUP
                            0 DAY ELIMINATION PERIOD
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-21306-SERIES
```

| $\begin{gathered} \text { ISSUE } \\ \text { AGE } \end{gathered}$ | MAXIMUM= 730x LTC BENEFIT/DAY | $\begin{gathered} \text { MAXIMUM= } \\ \text { 1095x LTC } \\ \text { BENEFIT/DAY } \end{gathered}$ | MAXIMUM= 1460x LTC BENEFIT/DAY | $\begin{gathered} \text { MAXIMUM= } \\ \text { 1825x LTC } \\ \text { BENEFIT/DAY } \end{gathered}$ | MAXIMUM= <br> UNLIMITED |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 18-44 | 38 | 46 | 51 | 54 | 67 |
| 45-49 | 41 | 51 | 56 | 61 | 74 |
| 50-54 | 51 | 62 | 71 | 76 | 94 |
| 55 | 60 | 74 | 84 | 91 | 113 |
| 56 | 65 | 79 | 88 | 95 | 120 |
| 57 | 68 | 84 | 93 | 100 | 127 |
| 58 | 73 | 89 | 100 | 108 | 135 |
| 59 | 78 | 95 | 107 | 116 | 145 |
| 60 | 82 | 101 | 114 | 124 | 155 |
| 61 | 88 | 108 | 122 | 133 | 166 |
| 62 | 94 | 116 | 132 | 144 | 178 |
| 63 | 101 | 125 | 141 | 153 | 191 |
| 64 | 108 | 134 | 151 | 164 | 204 |
| 65 | 114 | 141 | 160 | 174 | 215 |
| 66 | 121 | 151 | 169 | 184 | 232 |
| 67 | 132 | 162 | 184 | 199 | 251 |
| 68 | 141 | 175 | 199 | 216 | 273 |
| 69 | 154 | 192 | 216 | 235 | 293 |
| 70 | 165 | 205 | 232 | 252 | 315 |
| 71 | 179 | 224 | 253 | 275 | 341 |
| 72 | 194 | 242 | 274 | 298 | 372 |
| 73 | 211 | 264 | 299 | 326 | 405 |
| 74 | 231 | 289 | 328 | 358 | 444 |
| 75 | 252 | 316 | 360 | 393 | 484 |
| 76 | 274 | 346 | 394 | 431 | 525 |
| 77 | 299 | 378 | 431 | 471 | 574 |
| 78 | 322 | 409 | 467 | 511 | 622 |
| 79 | 348 | 445 | 508 | 556 | 674 |
| 80 | 375 |  |  |  |  |
| 81 | 404 |  |  |  |  |
| 82 | 435 |  |  |  |  |
| 83 | 469 |  |  |  |  |
| 84 | 507 |  |  |  |  |

```
Annual Premium per $10 of Long-Term Care Daily Benefit
                    STANDARD RATING GROUP
                        0 DAY ELIMINATION PERIOD
                WITH SIMPLE AUTOMATIC INCREASE RIDER R1-21307-SERIES
```

| $\begin{gathered} \text { ISSUE } \\ \text { AGE } \end{gathered}$ | MAXIMUM= 730x LTC BENEFIT/DAY | $\begin{gathered} \text { MAXIMUM= } \\ \text { 1095x LTC } \\ \text { BENEFIT/DAY } \end{gathered}$ | MAXIMUM= 1460x LTC BENEFIT/DAY | $\begin{gathered} \text { MAXIMUM= } \\ \text { 1825x LTC } \\ \text { BENEFIT/DAY } \end{gathered}$ | MAXIMUM= <br> UNLIMITED |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 18-44 | 27 | 33 | 38 | 41 | 48 |
| 45-49 | 29 | 36 | 41 | 45 | 53 |
| 50-54 | 41 | 49 | 55 | 60 | 72 |
| 55 | 48 | 58 | 65 | 69 | 86 |
| 56 | 51 | 61 | 68 | 74 | 92 |
| 57 | 53 | 65 | 72 | 78 | 98 |
| 58 | 58 | 69 | 78 | 84 | 106 |
| 59 | 62 | 75 | 85 | 92 | 115 |
| 60 | 67 | 82 | 93 | 101 | 126 |
| 61 | 73 | 89 | 100 | 108 | 136 |
| 62 | 79 | 98 | 109 | 119 | 148 |
| 63 | 85 | 105 | 118 | 127 | 160 |
| 64 | 91 | 113 | 127 | 138 | 173 |
| 65 | 96 | 120 | 135 | 147 | 185 |
| 66 | 105 | 128 | 144 | 155 | 199 |
| 67 | 113 | 140 | 158 | 171 | 216 |
| 68 | 122 | 153 | 173 | 188 | 235 |
| 69 | 135 | 167 | 188 | 205 | 258 |
| 70 | 146 | 182 | 206 | 224 | 279 |
| 71 | 159 | 199 | 226 | 246 | 307 |
| 72 | 175 | 219 | 248 | 271 | 336 |
| 73 | 191 | 241 | 274 | 299 | 369 |
| 74 | 211 | 265 | 301 | 328 | 408 |
| 75 | 232 | 293 | 333 | 364 | 446 |
| 76 | 254 | 321 | 366 | 400 | 489 |
| 77 | 279 | 352 | 401 | 438 | 535 |
| 78 | 305 | 385 | 438 | 478 | 585 |
| 79 | 329 | 419 | 479 | 524 | 635 |
| 80 | 356 |  |  |  |  |
| 81 | 385 |  |  |  |  |
| 82 | 415 |  |  |  |  |
| 83 | 452 |  |  |  |  |
| 84 | 491 |  |  |  |  |

```
CONTINENTAL CASUALTY COMPANY
Rates for form P1-21305-A87
    Nursing Home Only Policy
```


## Elimination Period Factors

Rates shown are for 0 day elimination period. Rates for longer elimination periods are calculated by multiplying the 0 day rates by the appropriate factor from the following table:

| Benefit <br> Maximum | 30 | 60 | 90 | 180 | 365 |
| :--- | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  |  |  |
| $730 x, 1095 x$ | 0.89 | 0.84 | 0.80 | 0.69 | 0.60 |
| $1460 \times 1825 x$ | 0.91 | 0.86 | 0.82 | 0.72 | 0.63 |
| Lifetime | 0.93 | 0.89 | 0.86 | 0.78 | 0.70 |

Modal Factors

Semi-Annual: 0.52, Quarterly: 0.27, Check-a-Matic: 0.09

## Franchise Association Factors

A. The rates will be multiplied by a factor of 0.90 if the following conditions are met:

For Associations of 200 lives or more:

1. Discount is applicable to all lives regardless of Health Group.
2. Minimum of 10 lives must be submitted.
A. The rates will be multiplied by a factor of 0.95 if the following conditions are met:

For Associations of less than 200 lives:

1. Discount is applicable to all lives regardless of Health Group.
2. Minimum of 10 lives must be submitted.

## Spousal Discount

A $10 \%$ discount to the rates will be made if the following conditions are met: 1. Discount is applicable to all lives regardless of Health Group.
2. If both spouses apply for coverage and are both issued, discount applies to both policies.

# THIS POLICY IS FOR RENEWAL BUSINESS ONLY 

## CONTINENTAL CASUALTY COMPANY

## Supplement to Rate Sheet for Policy Forms P1-N0022-A37, -B37, -A87 \& -B87 <br> Pennsylvania

All Rates for this form should be multiplied by a factor of:

This factor reflects the proposed increase of:

And the following prior approved rate increases:

|  | Increase Applies <br> to all Policies or <br> Subset | Approval Date <br> Rate Increase <br> Approved | Rate <br> Increase |
| :---: | :---: | :---: | :---: |
| Policy Form | All** | $35 \%$ | $11 / 18 / 2004$ |
| P1-N0022-A37, -B37, -A87 \&-B87 | All** | $25 \%$ | $9 / 2 / 2011$ * |

* implemented over 2 years, $11.8 \%$ in each year.
**Note: the above rate increases do not apply to policies issued on or after 9/16/2002.

```
Annual Premium per $10 of Long-Term Care Daily Benefit
    PREFERRED RATING GROUP
                    O DAY ELIMINATION PERIOD
            HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
                50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
```

| $\begin{gathered} \text { ISSUE } \\ \text { AGE } \end{gathered}$ | $\begin{gathered} \text { MAXIMUM= } \\ \text { 730x LTC } \\ \text { BENEFIT/DAY } \end{gathered}$ | MAXIMUM= 1095x LTC BENEFIT/DAY | MAXIMUM= 1460x LTC BENEFIT/DAY | MAXIMUM= 1825x LTC BENEFIT/DAY | MAXIMUM= UNLIMITED |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 18-44 | 19 | 22 | 24 | 26 | 32 |
| 45-49 | 21 | 25 | 27 | 29 | 36 |
| 50-54 | 25 | 30 | 33 | 35 | 45 |
| 55 | 30 | 35 | 39 | 42 | 54 |
| 56 | 31 | 38 | 42 | 45 | 57 |
| 57 | 33 | 40 | 44 | 47 | 61 |
| 58 | 36 | 43 | 48 | 52 | 66 |
| 59 | 39 | 47 | 52 | 56 | 72 |
| 60 | 42 | 51 | 57 | 62 | 78 |
| 61 | 46 | 56 | 62 | 67 | 85 |
| 62 | 50 | 60 | 67 | 72 | 92 |
| 63 | 53 | 64 | 72 | 78 | 99 |
| 64 | 57 | 70 | 78 | 84 | 107 |
| 65 | 61 | 74 | 82 | 88 | 113 |
| 66 | 65 | 79 | 88 | 95 | 123 |
| 67 | 70 | 86 | 97 | 105 | 134 |
| 68 | 77 | 94 | 105 | 113 | 146 |
| 69 | 84 | 104 | 11 \% | 127 | 161 |
| 70 | 92 | 114 | 128 | 139 | 176 |
| 71 | 101 | 125 | 141 | 153 | 194 |
| 72 | 111 | 138 | 156 | 170 | 216 |
| 73 | 123 | 154 | 174 | 189 | 240 |
| 74 | 137 | 171 | 193 | 210 | 267 |
| 75 | 152 | 190 | 216 | 235 | 296 |
| 76 | 168 | 211 | 239 | 260 | 328 |
| 77 | 186 | 233 | 265 | 289 | 362 |
| 78 | 205 | 258 | 293 | 319 | 399 |
| 79 | 225 | 283 | 322 | 351 | 439 |
| 80 | 247 |  |  |  |  |
| 81 | 269 |  |  |  |  |
| 82 | 293 |  |  |  |  |
| 83 | 324 |  |  |  |  |
| 84 | 355 |  |  |  |  |

Annual Premium per $\$ 10$ of Long-Term Care Daily Benefit
PREFERRED RATING GROUP
0 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT= $100 \%$ OF LONG-TERM CARE DAILY BENEFIT AMOUNT

| $\begin{aligned} & \text { ISSUE } \\ & \text { AGE } \end{aligned}$ | MAXIMUM= 730x LTC BENEFIT/DAY | $\begin{gathered} \text { MAXIMUM= } \\ 1095 \times \mathrm{LTC} \\ \text { BENEFIT/DAY } \end{gathered}$ | MAXIMUM= 1460x LTC BENEFIT/DAY | $\begin{gathered} \text { MAXIMUM= } \\ \text { 1825x LTC } \\ \text { BENEFIT/DAY } \end{gathered}$ | $\begin{aligned} & \text { MAXIMUM= } \\ & \text { UNLIMITED } \end{aligned}$ |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 18-44 | 23 | 27 | 30 | 32 | 41 |
| 45-49 | 25 | 30 | 33 | 35 | 45 |
| 50-54 | 29 | 36 | 40 | 43 | 56 |
| 55 | 34 | 41 | 46 | 50 | 65 |
| 56 | 36 | 44 | 49 | 53 | 68 |
| 57 | 38 | 46 | 51 | 55 | 71 |
| 58 | 41 | 49 | 55 | 59 | 77 |
| 59 | 44 | 54 | 60 | 65 | 83 |
| 60 | 48 | 58 | 65 | 70 | 89 |
| 61 | 52 | 63 | 70 | 75 | 96 |
| 62 | 56 | 68 | 76 | 82 | 104 |
| 63 | 60 | 73 | 82 | 89 | 112 |
| 64 | 64 | 78 | 88 | 95 | 121 |
| 65 | 68 | 82 | 92 | 99 | 128 |
| 66 | 72 | 89 | 100 | 108 | 140 |
| 67 | 79 | 97 | 109 | 118 | 152 |
| 68 | 86 | 106 | 120 | 130 | 166 |
| 69 | 93 | 115 | 130 | 141 | 182 |
| 70 | 103 | 128 | 144 | 156 | 200 |
| 71 | 112 | 140 | 158 | 172 | 219 |
| 72 | 124 | 155 | 175 | 190 | 244 |
| 73 | 137 | 172 | 195 | 212 | 271 |
| 74 | 151 | 191 | 217 | 237 | 300 |
| 75 | 168 | 212 | 242 | 264 | 334 |
| 76 | 186 | 236 | 269 | 294 | 370 |
| 77 | 206 | 261 | 297 | 324 | 407 |
| 78 | 226 | 288 | 329 | 360 | 449 |
| 79 | 248 | 315 | 360 | 394 | 494 |
| 80 | 271 |  |  |  |  |
| 81 | 296 |  |  |  |  |
| 82 | 322 |  |  |  |  |
| 83 | 356 |  |  |  |  |
| 84 | 390 |  |  |  |  |

Annual Premium per $\$ 10$ of Long-Term Care Daily Benefit
PREFERRED RATING GROUP
0 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT= 50\% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-21298-SERIES

| $\begin{aligned} & \text { ISSUE } \\ & \text { AGE } \end{aligned}$ | MAXIMUM= 730x LTC BENEFIT/DAY | MAXIMUM= 1095x LTC BENEFIT/DAY | MAXIMUM= 1460x LTC BENEFIT/DAY | $\begin{gathered} \text { MAXIMUM= } \\ \text { 1825x LTC } \\ \text { BENEFIT/DAY } \end{gathered}$ | MAXIMUM= UNLIMITED |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 18-44 | 35 | 44 | 50 | 55 | 70 |
| 45-49 | 39 | 49 | 55 | 60 | 78 |
| 50-54 | 48 | 60 | 68 | 74 | 99 |
| 55 | 56 | 70 | 79 | 86 | 115 |
| 56 | 59 | 74 | 84 | 92 | 122 |
| 57 | 62 | 78 | 88 | 96 | 128 |
| 58 | 66 | 83 | 94 | 102 | 136 |
| 59 | 71 | 88 | 100 | 109 | 145 |
| 60 | 75 | 94 | 107 | 117 | 154 |
| 61 | 81 | 101 | 114 | 124 | 164 |
| 62 | 86 | 108 | 122 | 133 | 175 |
| 63 | 92 | 115 | 130 | 141 | 187 |
| 64 | 98 | 123 | 139 | 151 | 200 |
| 65 | 104 | 130 | 148 | 161 | 212 |
| 66 | 110 | 139 | 158 | 172 | 227 |
| 67 | 119 | 150 | 170 | 185 | 245 |
| 68 | 128 | 162 | 184 | 201 | 265 |
| 69 | 139 | 176 | 200 | 218 | 285 |
| 70 | 149 | 189 | 215 | 235 | 308 |
| 71 | 162 | 205 | 234 | 256 | 334 |
| 72 | 175 | 222 | 254 | 278 | 363 |
| 73 | 190 | 242 | 277 | 303 | 396 |
| 74 | 208 | 265 | 303 | 332 | 432 |
| 75 | 227 | 290 | 332 | 364 | 470 |
| 76 | 247 | 316 | 362 | 397 | 511 |
| 77 | 269 | 345 | 395 | 433 | 557 |
| 78 | 290 | 373 | 429 | 471 | 604 |
| 79 | 313 | 405 | 466 | 512 | 654 |
| 80 | 337 |  |  |  |  |
| 81 | 362 |  |  |  |  |
| 82 | 389 |  |  |  |  |
| 83 | 421 |  |  |  |  |
| 84 | 454 |  |  |  |  |

Annual Premium per $\$ 10$ of Long-Term Care Daily Benefit
PREFERRED RATING GROUP
0 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT= $100 \%$ OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-21298-SERIES

| $\begin{aligned} & \text { ISSUE } \\ & \text { AGE } \end{aligned}$ | $\begin{gathered} \text { MAXIMUM= } \\ 730 \mathrm{x} \mathrm{LTC} \\ \text { BENEFIT/DAY } \end{gathered}$ | MAXIMUM= 1095x LTC BENEFIT/DAY | MAXIMUM= 1460x LTC BENEFIT/DAY | MAXIMUM= 1825x LTC BENEFIT/DAY | MAXIMUM= UNLIMITED |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 18-44 | 41 | 52 | 59 | 64 | 83 |
| 45-49 | 46 | 58 | 66 | 72 | 92 |
| 50-54 | 57 | 71 | 81 | 88 | 116 |
| 55 | 64 | 81 | 93 | 102 | 133 |
| 56 | 67 | 85 | 97 | 106 | 139 |
| 57 | 70 | 89 | 102 | 112 | 146 |
| 58 | 75 | 95 | 108 | 118 | 155 |
| 59 | 80 | 101 | 115 | 126 | 165 |
| 60 | 85 | 107 | 122 | 133 | 175 |
| 61 | 91 | 114 | 130 | 142 | 186 |
| 62 | 97 | 122 | 138 | 150 | 197 |
| 63 | 103 | 129 | 147 | 160 | 210 |
| 64 | 110 | 138 | 157 | 171 | 225 |
| 65 | 117 | 146 | 166 | 181 | 238 |
| 66 | 124 | 157 | 179 | 196 | 254 |
| 67 | 133 | 168 | 192 | 210 | 274 |
| 68 | 143 | 181 | 207 | 226 | 295 |
| 69 | 154 | 196 | 224 | 245 | 318 |
| 70 | 166 | 212 | 242 | 265 | 344 |
| 71 | 181 | 230 | 263 | 288 | 374 |
| 72 | 195 | 250 | 286 | 313 | 406 |
| 73 | 211 | 272 | 312 | 342 | 443 |
| 74 | 230 | 296 | 340 | 373 | 482 |
| 75 | 252 | 324 | 372 | 408 | 524 |
| 76 | 274 | 352 | 404 | 443 | 570 |
| 77 | 297 | 383 | 440 | 483 | 620 |
| 78 | 321 | 416 | 479 | 526 | 672 |
| 79 | 345 | 449 | 519 | 571 | 728 |
| 80 | 372 |  |  |  |  |
| 81 | 399 |  |  |  |  |
| 82 | 426 |  |  |  |  |
| 83 | 462 |  |  |  |  |
| 84 | 497 |  |  |  |  |

(
PREFERRED RATING GROUP
0 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT= 50\% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-21297-SERIES

| $\begin{gathered} \text { ISSUE } \\ \text { AGE } \end{gathered}$ | MAXIMUM= 730x LTC BENEFIT/DAY | $\begin{gathered} \text { MAXIMUM= } \\ \text { 1095x LTC } \\ \text { BENEFIT/DAY } \end{gathered}$ | MAXIMUM= 1460x LTC BENEFIT/DAY | MAXIMUM= 1825x LTC BENEFIT/DAY | $\begin{aligned} & \text { MAXIMUM= } \\ & \text { UNLIMITED } \end{aligned}$ |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 18-44 | 26 | 33 | 37 | 40 | 52 |
| 45-49 | 29 | 36 | 41 | 45 | 58 |
| 50-54 | 38 | 47 | 53 | 58 | 75 |
| 55 | 44 | 55 | 62 | 67 | 90 |
| 56 | 47 | 58 | 65 | 70 | 95 |
| 57 | 49 | 61 | 69 | 75 | 101 |
| 58 | 53 | 66 | 75 | 82 | 109 |
| 59 | 57 | 71 | 81 | 88 | 117 |
| 60 | 62 | 77 | 87 | 95 | 126 |
| 61 | 67 | 83 | 94 | 102 | 136 |
| 62 | 72 | 90 | 102 | 111 | 146 |
| 63 | 77 | 97 | 110 | 120 | 157 |
| 64 | 83 | 104 | 118 | 129 | 169 |
| 65 | 88 | 110 | 125 | 136 | 181 |
| 66 | 95 | 118 | 134 | 146 | 194 |
| 67 | 103 | 129 | 146 | 159 | 211 |
| 68 | 111 | 140 | 160 | 175 | 230 |
| 69 | 122 | 153 | 174 | 190 | 251 |
| 70 | 132 | 167 | 190 | 207 | 273 |
| 71 | 144 | 182 | 208 | 227 | 299 |
| 72 | 158 | 201 | 229 | 250 | 328 |
| 73 | 172 | 220 | 252 | 276 | 360 |
| 74 | 190 | 242 | 277 | 303 | 396 |
| 75 | 209 | 267 | 306 | 335 | 434 |
| 76 | 229 | 293 | 336 | 368 | 475 |
| 77 | 251 | 321 | 368 | 403 | 520 |
| 78 | 273 | 350 | 402 | 441 | 567 |
| 79 | 296 | 382 | 439 | 482 | 617 |
| 80 | 320 |  |  |  |  |
| 81 | 345 |  |  |  |  |
| 82 | 372 |  |  |  |  |
| 83 | 405 |  |  |  |  |
| 84 | 439 |  |  |  |  |

```
CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0022-A37
    Long-Term Care Policy
```

| $\begin{gathered} \text { ISSUE } \\ \text { AGE } \end{gathered}$ | PREFERRED RATING GROUP <br> 0 DAY ELIMINATION PERIOD <br> DD COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT= $0 \%$ OF LONG-TERM CARE DAILY BENEFIT AMOUNT MPLE AUTOMATIC INCREASE RIDER R1-21297-SERIES |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
|  | MAXIMUM= 730x LTC BENEFIT/DAY | MAXIMUM= 1095x LTC BENEFIT/DAY | MAXIMUM= 1460x LTC BENEFIT/DAY | MAXIMUM= 1825x LTC BENEFIT/DAY | MAXIMUM= UNLIMITED |
| 18-44 | 32 | 40 | 45 | 49 | 63 |
| 45-49 | 36 | 44 | 50 | 54 | 70 |
| 50-54 | 44 | 55 | 63 | 69 | 88 |
| 55 | 51 | 64 | 73 | 80 | 104 |
| 56 | 54 | 68 | 77 | 84 | 111 |
| 57 | 57 | 71 | 81 | 88 | 117 |
| 58 | 61 | 77 | 87 | 95 | 125 |
| 59 | 66 | 83 | 94 | 102 | 134 |
| 60 | 70 | 88 | 100 | 109 | 143 |
| 61 | 76 | 95 | 108 | 118 | 153 |
| 62 | 81 | 102 | 116 | 127 | 164 |
| 63 | 87 | 109 | 124 | 135 | 176 |
| 64 | 94 | 118 | 134 | 146 | 190 |
| 65 | 99 | 124 | 141 | 154 | 203 |
| 66 | 106 | 134 | 152 | 166 | 217 |
| 67 | 116 | 145 | 165 | 180 | 236 |
| 68 | 125 | 158 | 180 | 197 | 257 |
| 69 | 135 | 171 | 195 | 213 | 280 |
| 70 | 147 | 187 | 213 | 233 | 306 |
| 71 | 161 | 204 | 233 | 255 | 334 |
| 72 | 175 | 224 | 256 | 280 | 366 |
| 73 | 192 | 246 | 282 | 309 | 402 |
| 74 | 211 | 270 | 310 | 340 | 441 |
| 75 | 231 | 297 | 341 | 374 | 484 |
| 76 | 253 | 326 | 374 | 410 | 529 |
| 77 | 277 | 357 | 410 | 450 | 579 |
| 78 | 300 | 389 | 448 | 492 | 631 |
| 79 | 326 | 423 | 488 | 537 | 687 |
| 80 | 353 |  |  |  |  |
| 81 | 380 |  |  |  |  |
| 82 | 408 |  |  |  |  |
| 83 | 445 |  |  |  |  |
| 84 | 481 |  |  |  |  |

```
CONTINENTAL CASUALTY COMPANY
    Rates for form P1-N0022-A37
    Long-Term Care Policy
```

Annual Premium per $\$ 10$ of Long-Term Care Daily Benefit
STANDARD RATING GROUP
0 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT= 50\% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

| $\begin{gathered} \text { ISSUE } \\ \text { AGE } \end{gathered}$ | MAXIMUM= 730x LTC BENEFIT/DAY | MAXIMUM= 1095x LTC BENEFIT/DAY | $\begin{gathered} \text { MAXIMUM= } \\ 1460 \mathrm{x} \text { LTC } \\ \text { BENEFIT/DAY } \end{gathered}$ | $\begin{gathered} \text { MAXIMUM= } \\ \text { 1825x LTC } \\ \text { BENEFIT/DAY } \end{gathered}$ | MAXIMUM= UNLIMITED |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 18-44 | 22 | 26 | 28 | 31 | 38 |
| 45-49 | 25 | 29 | 32 | 34 | 42 |
| 50-54 | 29 | 35 | 39 | 41 | 53 |
| 55 | 35 | 41 | 46 | 49 | 64 |
| 56 | 36 | 45 | 49 | 53 | 67 |
| 57 | 39 | 47 | 52 | 55 | 72 |
| 58 | 42 | 51 | 56 | 61 | 78 |
| 59 | 46 | 55 | 61 | 66 | 85 |
| 60 | 49 | 60 | 67 | 73 | 92 |
| 61 | 54 | 66 | 73 | 79 | 100 |
| 62 | 59 | 71 | 79 | 85 | 108 |
| 63 | 62 | 75 | 85 | 92 | 116 |
| 64 | 67 | 82 | 92 | 99 | 126 |
| 65 | 72 | 87 | 96 | 104 | 133 |
| 66 | 76 | 93 | 104 | 112 | 145 |
| 67 | 82 | 101 | 114 | 124 | 158 |
| 68 | 91 | 111 | 124 | 133 | 172 |
| 69 | 99 | 122 | 138 | 149 | 189 |
| 70 | 108 | 134 | 151 | 164 | 207 |
| 71 | 119 | 147 | 166 | 180 | 228 |
| 72 | 131 | 162 | 184 | 200 | 254 |
| 73 | 145 | 181 | 205 | 222 | 282 |
| 74 | 161 | 201 | 227 | 247 | 314 |
| 75 | 179 | 224 | 254 | 276 | 348 |
| 76 | 198 | 248 | 281 | 306 | 386 |
| 77 | 219 | 274 | 312 | 340 | 426 |
| 78 | 241 | 304 | 345 | 375 | 469 |
| 79 | 265 | 333 | 379 | 413 | 516 |
| 80 | 291 |  |  |  |  |
| 81 | 316 |  |  |  |  |
| 82 | 345 |  |  |  |  |
| 83 | 381 |  |  |  |  |
| 84 | 418 |  |  |  |  |

Annual Premium per $\$ 10$ of Long-Term Care Daily Benefit
STANDARD RATING GROUP
0 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT= 100\% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

| $\begin{aligned} & \text { ISSUE } \\ & \text { AGE } \end{aligned}$ | MAXIMUM= 730 x LTC BENEFIT/DAY | MAXIMUM= 1095x LTC BENEFIT/DAY | MAXIMUM= 1460x LTC BENEFIT/DAY | MAXIMUM= 1825x LTC BENEFIT/DAY | MAXIMUM= UNLIMITED |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 18-44 | 27 | 32 | 35 | 38 | 48 |
| 45-49 | 29 | 35 | 39 | 41 | 53 |
| 50-54 | 34 | 42 | 47 | 51 | 66 |
| 55 | 40 | 48 | 54 | 59 | 76 |
| 56 | 42 | 52 | 58 | 62 | 80 |
| 57 | 45 | 54 | 60 | 65 | 84 |
| 58 | 48 | 58 | 65 | 69 | 91 |
| 59 | 52 | 64 | 71 | 76 | 98 |
| 60 | 56 | 68 | 76 | 82 | 105 |
| 61 | 61 | 74 | 82 | 88 | 113 |
| 62 | 66 | 80 | 89 | 96 | 122 |
| 63 | 71 | 86 | 96 | 105 | 132 |
| 64 | 75 | 92 | 104 | 112 | 142 |
| 65 | 80 | 96 | 108 | 116 | 151 |
| 66 | 85 | 105 | 118 | 127 | 165 |
| 67 | 93 | 114 | 128 | 139 | 179 |
| 68 | 101 | 125 | 141 | 153 | 195 |
| 69 | 109 | 135 | 153 | 166 | 214 |
| 70 | 121 | 151 | 169 | 184 | 235 |
| 71 | 132 | 165 | 186 | 202 | 258 |
| 72 | 146 | 182 | 206 | 224 | 287 |
| 73 | 161 | 202 | 229 | 249 | 319 |
| 74 | 178 | 225 | 255 | 279 | 353 |
| 75 | 198 | 249 | 285 | 311 | 393 |
| 76 | 219 | 278 | 316 | 346 | 435 |
| 77 | 242 | 307 | 349 | 381 | 479 |
| 78 | 266 | 339 | 387 | 424 | 528 |
| 79 | 292 | 371 | 424 | 464 | 581 |
| 80 | 319 |  |  |  |  |
| 81 | 348 |  |  |  |  |
| 82 | 379 |  |  |  |  |
| 83 | 419 |  |  |  |  |
| 84 | 459 |  |  |  |  |

Annual Premium per $\$ 10$ of Long-Term Care Daily Benefit

STANDARD RATING GROUP
O DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT= 50\% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-21298-SERIES

| $\begin{aligned} & \text { ISSUE } \\ & \text { AGE } \end{aligned}$ | MAXIMUM= 730x LTC BENEFIT/DAY | $\begin{gathered} \text { MAXIMUM= } \\ \text { 1095x LTC } \\ \text { BENEFIT/DAY } \end{gathered}$ | MAXIMUM= 1460x LTC BENEFIT/DAY | MAXIMUM= 1825x LTC BENEFIT/DAY | MAXIMUM= UNLIMITED |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 18-44 | 41 | 52 | 59 | 65 | 82 |
| 45-49 | 46 | 58 | 65 | 71 | 92 |
| 50-54 | 56 | 71 | 80 | 87 | 116 |
| 55 | 66 | 82 | 93 | 101 | 135 |
| 56 | 69 | 87 | 99 | 108 | 144 |
| 57 | 73 | 92 | 104 | 113 | 151 |
| 58 | 78 | 98 | 111 | 120 | 160 |
| 59 | 84 | 104 | 118 | 128 | 171 |
| 60 | 88 | 111 | 126 | 138 | 181 |
| 61 | 95 | 119 | 134 | 146 | 193 |
| 62 | 101 | 127 | 144 | 156 | 206 |
| 63 | 108 | 135 | 153 | 166 | 220 |
| 64 | 115 | 145 | 164 | 178 | 235 |
| 65 | 122 | 153 | 174 | 189 | 249 |
| 66 | 129 | 164 | 186 | 202 | 267 |
| 67 | 140 | 176 | 200 | 218 | 288 |
| 68 | 151 | 191 | 216 | 236 | 312 |
| 69 | 164 | 207 | 235 | 256 | 335 |
| 70 | 175 | 222 | 253 | 276 | 362 |
| 71 | 191 | 241 | 275 | 301 | 393 |
| 72 | 206 | 261 | 299 | 327 | 427 |
| 73 | 224 | 285 | 326 | 356 | 466 |
| 74 | 245 | 312 | 356 | 391 | 508 |
| 75 | 267 | 341 | 391 | 428 | 553 |
| 76 | 291 | 372 | 426 | 467 | 601 |
| 77 | 316 | 406 | 465 | 509 | 655 |
| 78 | 341 | 439 | 505 | 554 | 711 |
| 79 | 368 | 476 | 548 | 602 | 769 |
| 80 | 396 |  |  |  |  |
| 81 | 426 |  |  |  |  |
| 82 | 458 |  |  |  |  |
| 83 | 495 |  |  |  |  |
| 84 | 534 |  |  |  |  |

Anual Premium per $\$ 10$ of Long-Term Care Daily Benefit

STANDARD RATING GROUP
0 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT= $100 \%$ OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-21298-SERIES

| $\begin{aligned} & \text { I SSUE } \\ & \text { AGE } \end{aligned}$ | $\begin{gathered} \text { MAXIMUM= } \\ \text { 730x LTC } \\ \text { BENEFIT/DAY } \end{gathered}$ | MAXIMUM= 1095x LTC BENEFIT/DAY | MAXIMUM= 1460x LTC BENEFIT/DAY | MAXIMUM= 1825x LTC BENEFIT/DAY | MAXIMUM= UNLIMITED |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 18-44 | 48 | 61 | 69 | 75 | 98 |
| 45-49 | 54 | 68 | 78 | 85 | 108 |
| 50-54 | 67 | 84 | 95 | 104 | 136 |
| 55 | 75 | 95 | 109 | 120 | 156 |
| 56 | 79 | 100 | 114 | 125 | 164 |
| 57 | 82 | 105 | 120 | 132 | 172 |
| 58 | 88 | 112 | 127 | 139 | 182 |
| 59 | 94 | 119 | 135 | 148 | 194 |
| 60 | 100 | 126 | 144 | 156 | 206 |
| 61 | 107 | 134 | 153 | 167 | 219 |
| 62 | 114 | 144 | 162 | 176 | 232 |
| 63 | 121 | 152 | 173 | 188 | 247 |
| 64 | 129 | 162 | 185 | 201 | 265 |
| 65 | 138 | 172 | 195 | 213 | 280 |
| 66 | 146 | 185 | 211 | 231 | 299 |
| 67 | 156 | 198 | 226 | 247 | 322 |
| 68 | 168 | 213 | 244 | 266 | 347 |
| 69 | 181 | 231 | 264 | 288 | 374 |
| 70 | 195 | 249 | 285 | 312 | 405 |
| 71 | 213 | 271 | 309 | 339 | 440 |
| 72 | 229 | 294 | 336 | 368 | 478 |
| 73 | 248 | 320 | 367 | 402 | 521 |
| 74 | 271 | 348 | 400 | 439 | 567 |
| 75 | 296 | 381 | 438 | 480 | 616 |
| 76 | 322 | 414 | 475 | 521 | 671 |
| 77 | 349 | 451 | 518 | 568 | 729 |
| 78 | 378 | 489 | 564 | 619 | 791 |
| 79 | 406 | 528 | 611 | 672 | 856 |
| 80 | 438 |  |  |  |  |
| 81 | 469 |  |  |  |  |
| 82 | 501 |  |  |  |  |
| 83 | 544 |  |  |  |  |
| 84 | 585 |  |  |  |  |

Annual Premium per $\$ 10$ of Long-Term Care Daily Benefit
STANDARD RATING GROUP
0 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT= 50\% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-21297-SERIES

| $\begin{aligned} & \text { ISSUE } \\ & \text { AGE } \end{aligned}$ | $\begin{gathered} \text { MAXIMUM= } \\ 730 \times \text { LTC } \\ \text { BENEFIT/DAY } \end{gathered}$ | $\begin{gathered} \text { MAXIMUM }= \\ \text { 1095x LTC } \\ \text { BENEFITT/DAY } \end{gathered}$ | MAXIMUM= 1460x LTC BENEFIT/DAY | MAXIMUM= 1825x LTC BENEFIT/DAY | MAXIMUM= UNLIMITED |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 18-44 | 31 | 39 | 44 | 47 | 61 |
| 45-49 | 34 | 42 | 48 | 53 | 68 |
| 50-54 | 45 | 55 | 62 | 68 | 88 |
| 55 | 52 | 65 | 73 | 79 | 106 |
| 56 | 55 | 68 | 76 | 82 | 112 |
| 57 | 58 | 72 | 81 | 88 | 119 |
| 58 | 62 | 78 | 88 | 96 | 128 |
| 59 | 67 | 84 | 95 | 104 | 138 |
| 60 | 73 | 91 | 102 | 112 | 148 |
| 61 | 79 | 98 | 111 | 120 | 160 |
| 62 | 85 | 106 | 120 | 131 | 172 |
| 63 | 91 | 114 | 129 | 141 | 185 |
| 64 | 98 | 122 | 139 | 152 | 199 |
| 65 | 104 | 129 | 147 | 160 | 213 |
| 66 | 112 | 139 | 158 | 172 | 228 |
| 67 | 121 | 152 | 172 | 187 | 248 |
| 68 | 131 | 165 | 188 | 206 | 271 |
| 69 | 144 | 180 | 205 | 224 | 295 |
| 70 | 155 | 196 | 224 | 244 | 321 |
| 71 | 169 | 214 | 245 | 267 | 352 |
| 72 | 186 | 236 | 269 | 294 | 386 |
| 73 | 202 | 259 | 296 | 325 | 424 |
| 74 | 224 | 285 | 326 | 356 | 466 |
| 75 | 246 | 314 | 360 | 394 | 511 |
| 76 | 269 | 345 | 395 | 433 | 559 |
| 77 | 295 | 378 | 433 | 474 | 612 |
| 78 | 321 | 412 | 473 | 519 | 667 |
| 79 | 348 | 449 | 516 | 567 | 726 |
| 80 | 376 |  |  |  |  |
| 81 | 406 |  |  |  |  |
| 82 | 438 |  |  |  |  |
| 83 | 476 |  |  |  |  |
| 84 | 516 |  |  |  |  |

Annual Premium per $\$ 10$ of Long-Term Care Daily Benefit
STANDARD RATING GROUP
0 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT= 100\% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-21297-SERIES

| $\begin{aligned} & \text { ISSUE } \\ & \text { AGE } \end{aligned}$ | $\begin{gathered} \text { MAXIMUM= } \\ 730 \mathrm{x} \text { LTC } \\ \text { BENEFIT/DAY } \end{gathered}$ | $\begin{gathered} \text { MAXIMUM= } \\ \text { 1095x LTC } \\ \text { BENEFIT/DAY } \end{gathered}$ | MAXIMUM= 1460x LTC BENEFIT/DAY | $\begin{gathered} \text { MAXIMUM= } \\ \text { 1825x LTC } \\ \text { BENEFIT/DAY } \end{gathered}$ | MAXIMUM= UNLIMITED |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 18-44 | 38 | 47 | 53 | 58 | 74 |
| 45-49 | 42 | 52 | 59 | 64 | 82 |
| 50-54 | 52 | 65 | 74 | 81 | 104 |
| 55 | 60 | 75 | 86 | 94 | 122 |
| 56 | 64 | 80 | 91 | 99 | 131 |
| 57 | 67 | 84 | 95 | 104 | 138 |
| 58 | 72 | 91 | 102 | 112 | 147 |
| 59 | 78 | 98 | 111 | 120 | 158 |
| 60 | 82 | 104 | 118 | 128 | 168 |
| 61 | 89 | 112 | 127 | 139 | 180 |
| 62 | 95 | 120 | 136 | 149 | 193 |
| 63 | 102 | 128 | 146 | 159 | 207 |
| 64 | 111 | 139 | 158 | 172 | 224 |
| 65 | 116 | 146 | 166 | 181 | 239 |
| 66 | 125 | 158 | 179 | 195 | 255 |
| 67 | 136 | 171 | 194 | 212 | 278 |
| 68 | 147 | 186 | 212 | 232 | 302 |
| 69 | 159 | 201 | 229 | 251 | 329 |
| 70 | 173 | 220 | 251 | 274 | 360 |
| 71 | 189 | 240 | 274 | 300 | 393 |
| 72 | 206 | 264 | 301 | 329 | 431 |
| 73 | 226 | 289 | 332 | 364 | 473 |
| 74 | 248 | 318 | 365 | 400 | 519 |
| 75 | 272 | 349 | 401 | 440 | 569 |
| 76 | 298 | 384 | 440 | 482 | 622 |
| 77 | 326 | 420 | 482 | 529 | 681 |
| 78 | 353 | 458 | 527 | 579 | 742 |
| 79 | 384 | 498 | 574 | 632 | 808 |
| 80 | 415 |  |  |  |  |
| 81 | 447 |  |  |  |  |
| 82 | 480 |  |  |  |  |
| 83 | 524 |  |  |  |  |
| 84 | 566 |  |  |  |  |

```
CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0022-A37
    Long-Term Care Policy
```


## Elimination Period Factors

Rates shown are for 0 day elimination period. Rates for longer elimination periods are calculated by multiplying the 0 day rates by the appropriate factor from the following table:

| Benefit <br> Maximum | 20 | 30 | 60 | 90 | 100 | 180 | 365 |
| :--- | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  |  |  |  |  |
| $730 \mathrm{x}, 1095 \mathrm{x}$ | 0.92 | 0.89 | 0.84 | 0.80 | 0.79 | 0.69 | 0.60 |
| $1460 \mathrm{x}, 1825 \mathrm{x}$ | 0.94 | 0.91 | 0.86 | 0.82 | 0.81 | 0.72 | 0.63 |
| Lifetime | 0.96 | 0.93 | 0.89 | 0.86 | 0.85 | 0.78 | 0.70 |

## Spousal Discount

A $10 \%$ discount to the rates is available to married couples if both spouses apply for coverage.

## Modal Factors

```
Semi-Annual: 0.52; Quarterly: 0.27; Check-A-Matic: 0.09
```

Annual Premium per $\$ 10$ of Long-Term Care Daily Benefit
PREFERRED RATING GROUP
0 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT= 50\% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

| $\begin{aligned} & \text { ISSUE } \\ & \text { AGE } \end{aligned}$ | MAXIMUM= 730x LTC BENEFIT/DAY | MAXIMUM= 1095x LTC BENEFIT/DAY | MAXIMUM= 1460x LTC BENEFIT/DAY | MAXIMUM= 1825x LTC BENEFIT/DAY | MAXIMUM= UNLIMITED |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 18-44 | 19 | 22 | 24 | 26 | 32 |
| 45-49 | 21 | 25 | 27 | 29 | 36 |
| 50-54 | 25 | 30 | 33 | 35 | 45 |
| 55 | 30 | 35 | 39 | 42 | 54 |
| 56 | 31 | 38 | 42 | 45 | 57 |
| 57 | 33 | 40 | 44 | 47 | 61 |
| 58 | 36 | 43 | 48 | 52 | 66 |
| 59 | 39 | 47 | 52 | 56 | 72 |
| 50 | 42 | 51 | 57 | 62 | 78 |
| 61 | 46 | 56 | 62 | 67 | 85 |
| 62 | 50 | 60 | 67 | 72 | 92 |
| 63 | 53 | 64 | 72 | 78 | 99 |
| 64 | 57 | 70 | 78 | 84 | 107 |
| 65 | 61 | 74 | 82 | 88 | 113 |
| 66 | 65 | 79 | 88 | 95 | 123 |
| 67 | 70 | 86 | 97 | 105 | 134 |
| 68 | 77 | 94 | 105 | 113 | 146 |
| 69 | 84 | 104 | 117 | 127 | 161 |
| 70 | 92 | 114 | 128 | 139 | 176 |
| 71 | 101 | 125 | 141 | 153 | 194 |
| 72 | 111 | 138 | 156 | 170 | 216 |
| 73 | 123 | 154 | 174 | 189 | 240 |
| 74 | 137 | 171 | 193 | 210 | 267 |
| 75 | 152 | 190 | 216 | 235 | 296 |
| 76 | 168 | 211 | 239 | 260 | 328 |
| 77 | 186 | 233 | 265 | 289 | 362 |
| 78 | 205 | 258 | 293 | 319 | 399 |
| 79 | 225 | 283 | 322 | 351 | 439 |
| 80 | 247 |  |  |  |  |
| 81 | 269 |  |  |  |  |
| 82 | 293 |  |  |  |  |
| 83 | 324 |  |  |  |  |
| 84 | 355 |  |  |  |  |

## CONTINENTAL CASUALTY COMPANY

Rates for form P1-N0022-A87
Long-Term Care Policy

Annual Premium per $\$ 10$ of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
0 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT= 100\% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

| $\begin{gathered} \text { ISSUE } \\ \text { AGE } \end{gathered}$ | MAXIMUM= 730x LTC BENEFIT/DAY | MAXIMUM= 1095x LTC BENEFIT/DAY | MAXIMUM= 1460x LTC BENEFIT/DAY | MAXIMUM= 1825x LTC BENEFIT/DAY | MAXIMUM= UNLIMITED |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 18-44 | 23 | 27 | 30 | 32 | 41 |
| 45-49 | 25 | 30 | 33 | 35 | 45 |
| 50-54 | 29 | 36 | 40 | 43 | 56 |
| 55 | 34 | 41 | 46 | 50 | 65 |
| 56 | 36 | 44 | 49 | 53 | 68 |
| 57 | 38 | 46 | 51 | 55 | 71 |
| 58 | 41 | 49 | 55 | 59 | 77 |
| 59 | 44 | 54 | 60 | 65 | 83 |
| 60 | 48 | 58 | 65 | 70 | 89 |
| 61 | 52 | 63 | 70 | 75 | 96 |
| 62 | 56 | 68 | 76 | 82 | 104 |
| 63 | 60 | 73 | 82 | 89 | 112 |
| 64 | 64 | 78 | 88 | 95 | 121 |
| 65 | 68 | 82 | 92 | 99 | 128 |
| 66 | 72 | 89 | 100 | 108 | 140 |
| 67 | 79 | 97 | 109 | 118 | 152 |
| 68 | 86 | 106 | 120 | 130 | 166 |
| 69 | 93 | 115 | 130 | 141 | 182 |
| 70 | 103 | 128 | 144 | 156 | 200 |
| 71 | 112 | 140 | 158 | 172 | 219 |
| 72 | 124 | 155 | 175 | 190 | 244 |
| 73 | 137 | 172 | 195 | 212 | 271 |
| 74 | 151 | 191 | 217 | 237 | 300 |
| 75 | 168 | 212 | 242 | 264 | 334 |
| 76 | 186 | 236 | 269 | 294 | 370 |
| 77 | 206 | 261 | 297 | 324 | 407 |
| 78 | 226 | 288 | 329 | 360 | 449 |
| 79 | 248 | 315 | 360 | 394 | 494 |
| 80 | 271 |  |  |  |  |
| 81 | 296 |  |  |  |  |
| 82 | 322 |  |  |  |  |
| 83 | 356 |  |  |  |  |
| 84 | 390 |  |  |  |  |

Annual Premium per $\$ 10$ of Long-Term Care Daily Benefit
PREFERRED RATING GROUP
0 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT= 50\% OF LONG-TERM CARE DAILY BENEFIT AMOUNT WITH COMPOUND AUTOMATIC INCREASE RIDER R1-21298-B37

| $\begin{gathered} \text { ISSUE } \\ \text { AGE } \end{gathered}$ | MAXIMUM= 730 x LTC BENEFIT/DAY | MAXIMUM= 1095x LTC BENEFIT/DAY | MAXIMUM= 1460x LTC BENEFIT/DAY | $\begin{gathered} \text { MAXIMUM= } \\ \text { 1825x LTC } \\ \text { BENEFIT/DAY } \end{gathered}$ | MAXIMUM= UNLIMITED |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 18-44 | 35 | 44 | 50 | 55 | 70 |
| 45-49 | 39 | 49 | 55 | 60 | 78 |
| 50-54 | 48 | 60 | 68 | 74 | 99 |
| 55 | 56 | 70 | 79 | 86 | 115 |
| 56 | 59 | 74 | 84 | 92 | 122 |
| 57 | 62 | 78 | 88 | 96 | 128 |
| 58 | 66 | 83 | 94 | 102 | 136 |
| 59 | 71 | 88 | 100 | 109 | 145 |
| 60 | 75 | 94 | 107 | 117 | 154 |
| 61 | 81 | 101 | 114 | 124 | 164 |
| 62 | 86 | 108 | 122 | 133 | 175 |
| 63 | 92 | 115 | 130 | 141 | 187 |
| 64 | 98 | 123 | 139 | 151 | 200 |
| 65 | 104 | 130 | 148 | 161 | 212 |
| 66 | 110 | 139 | 158 | 172 | 227 |
| 67 | 119 | 150 | 170 | 185 | 245 |
| 68 | 128 | 162 | 184 | 201 | 265 |
| 69 | 139 | 176 | 200 | 218 | 285 |
| 70 | 149 | 189 | 215 | 235 | 308 |
| 71 | 162 | 205 | 234 | 256 | 334 |
| 72 | 175 | 222 | 254 | 278 | 363 |
| 73 | 190 | 242 | 277 | 303 | 396 |
| 74 | 208 | 265 | 303 | 332 | 432 |
| 75 | 227 | 290 | 332 | 364 | 470 |
| 76 | 247 | 316 | 362 | 397 | 511 |
| 77 | 269 | 345 | 395 | 433 | 557 |
| 78 | 290 | 373 | 429 | 471 | 604 |
| 79 | 313 | 405 | 466 | 512 | 654 |
| 80 | 337 |  |  |  |  |
| 81 | 362 |  |  |  |  |
| 82 | 389 |  |  |  |  |
| 83 | 421 |  |  |  |  |
| 84 | 454 |  |  |  |  |

```
CONTINENTAL CASUALTY COMPANY
    Rates for form P1-N0022-A87
    Long-Term Care Policy
```

Annual Premium per $\$ 10$ of Long-Term Care Daily Benefit
PREFERRED RATING GROUP
0 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT= 100\% OF LONG-TERM CARE DAILY BENEFIT AMOUNT WITH COMPOUND AUTOMATIC INCREASE RIDER R1-21298-B37

| $\begin{gathered} \text { ISSUE } \\ \text { AGE } \end{gathered}$ | MAXIMUM= $730 \mathrm{x} \text { LTC }$ <br> BENEFIT/DAY | MAXIMUM= 1095x LTC BENEFIT/DAY | MAXIMUM= 1460x LTC BENEFIT/DAY | MAXIMUM= <br> 1825x LTC BENEFIT/DAY | MAXIMUM= UNLIMITED |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 18-44 | 41 | 52 | 59 | 64 | 83 |
| 45-49 | 46 | 58 | 66 | 72 | 92 |
| 50-54 | 57 | 71 | 81 | 88 | 116 |
| 55 | 64 | 81 | 93 | 102 | 133 |
| 56 | 67 | 85 | 97 | 106 | 139 |
| 57 | 70 | 89 | 102 | 112 | 146 |
| 58 | 75 | 95 | 108 | 118 | 155 |
| 59 | 80 | 101 | 115 | 126 | 165 |
| 60 | 85 | 107 | 122 | 133 | 175 |
| 61 | 91 | 114 | 130 | 142 | 186 |
| 62 | 97 | 122 | 138 | 150 | 197 |
| 63 | 103 | 129 | 147 | 160 | 210 |
| 64 | 110 | 138 | 157 | 171 | 225 |
| 65 | 117 | 146 | 166 | 181 | 238 |
| 66 | 124 | 157 | 179 | 196 | 254 |
| 67 | 133 | 168 | 192 | 210 | 274 |
| 68 | 143 | 181 | 207 | 226 | 295 |
| 69 | 154 | 196 | 224 | 245 | 318 |
| 70 | 166 | 212 | 242 | 265 | 344 |
| 71 | 181 | 230 | 263 | 288 | 374 |
| 72 | 195 | 250 | 286 | 313 | 406 |
| 73 | 211 | 272 | 312 | 342 | 443 |
| 74 | 230 | 296 | 340 | 373 | 482 |
| 75 | 252 | 324 | 372 | 408 | 524 |
| 76 | 274 | 352 | 404 | 443 | 570 |
| 77 | 297 | 383 | 440 | 483 | 620 |
| 78 | 321 | 416 | 479 | 526 | 672 |
| 79 | 345 | 449 | 519 | 571 | 728 |
| 80 | 372 |  |  |  |  |
| 81 | 399 |  |  |  |  |
| 82 | 426 |  |  |  |  |
| 83 | 462 |  |  |  |  |
| 84 | 497 |  |  |  |  |

```
CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0022-A87
    Long-Term Care Policy
```

Annual Premium per $\$ 10$ of Long-Term Care Daily Benefit
PREFERRED RATING GROUP 0 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT= 50\% OF LONG-TERM CARE DAILY BENEFIT AMOUNT WITH SIMPLE AUTOMATIC INCREASE RIDER R1-21297-B37

| $\begin{gathered} \text { ISSUE } \\ \text { AGE } \end{gathered}$ | MAXIMUM= 730x LTC BENEFIT/DAY | MAXIMUM= 1095x LTC BENEFIT/DAY | MAXIMUM= 1460x LTC BENEFIT/DAY | MAXIMUM= 1825x LTC BENEFIT/DAY | MAXIMUM= UNLIMITED |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 18-44 | 26 | 33 | 37 | 40 | 52 |
| 45-49 | 29 | 36 | 41 | 45 | 58 |
| 50-54 | 38 | 47 | 53 | 58 | 75 |
| 55 | 44 | 55 | 62 | 67 | 90 |
| 56 | 47 | 58 | 65 | 70 | 95 |
| 57 | 49 | 61 | 69 | 75 | 101 |
| 58 | 53 | 66 | 75 | 82 | 109 |
| 59 | 57 | 71 | 81 | 88 | 117 |
| 60 | 62 | 77 | 87 | 95 | 126 |
| 61 | 67 | 83 | 94 | 102 | 136 |
| 62 | 72 | 90 | 102 | 111 | 146 |
| 63 | 77 | 97 | 110 | 120 | 157 |
| 64 | 83 | 104 | 118 | 129 | 169 |
| 65 | 88 | 110 | 125 | 136 | 181 |
| 66 | 95 | 118 | 134 | 146 | 194 |
| 67 | 103 | 129 | 146 | 159 | 211 |
| 68 | 111 | 140 | 160 | 175 | 230 |
| 69 | 122 | 153 | 174 | 190 | 251 |
| 70 | 132 | 167 | 190 | 207 | 273 |
| 71 | 144 | 182 | 208 | 227 | 299 |
| 72 | 158 | 201 | 229 | 250 | 328 |
| 73 | 172 | 220 | 252 | 276 | 360 |
| 74 | 190 | 242 | 277 | 303 | 396 |
| 75 | 209 | 267 | 306 | 335 | 434 |
| 76 | 229 | 293 | 336 | 368 | 475 |
| 77 | 251 | 321 | 368 | 403 | 520 |
| 78 | 273 | 350 | 402 | 441 | 567 |
| 79 | 296 | 382 | 439 | 482 | 617 |
| 80 | 320 |  |  |  |  |
| 81 | 345 |  |  |  |  |
| 82 | 372 |  |  |  |  |
| 83 | 405 |  |  |  |  |
| 84 | 439 |  |  |  |  |

```
CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0022-A87
    Long-Term Care Policy
```

Annual Premium per $\$ 10$ of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
0 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT= $100 \%$ OF LONG-TERM CARE DAILY BENEFIT AMOUNT WITH SIMPLE AUTOMATIC INCREASE RIDER R1-21297-B37

| $\begin{gathered} \text { ISSUE } \\ \text { AGE } \end{gathered}$ | MAXIMUM= 730 x LTC BENEFIT/DAY | MAXIMUM= 1095x LTC BENEFIT/DAY | MAXIMUM= 1460x LTC BENEFIT/DAY | MAXIMUM= 1825x LTC BENEFIT/DAY | MAXIMUM= UNLIMITED |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 18-44 | 32 | 40 | 45 | 49 | 63 |
| 45-49 | 36 | 44 | 50 | 54 | 70 |
| 50-54 | 44 | 55 | 63 | 69 | 88 |
| 55 | 51 | 64 | 73 | 80 | 104 |
| 56 | 54 | 68 | 77 | 84 | 111 |
| 57 | 57 | 71 | 81 | 88 | 117 |
| 58 | 61 | 77 | 87 | 95 | 125 |
| 59 | 66 | 83 | 94 | 102 | 134 |
| 60 | 70 | 88 | 100 | 109 | 143 |
| 61 | 76 | 95 | 108 | 118 | 153 |
| 62 | 81 | 102 | 116 | 127 | 164 |
| 63 | 87 | 109 | 124 | 135 | 176 |
| 64 | 94 | 118 | 134 | 146 | 190 |
| 65 | 99 | 124 | 141 | 154 | 203 |
| 66 | 106 | 134 | 152 | 166 | 217 |
| 67 | 116 | 145 | 165 | 180 | 236 |
| 68 | 125 | 158 | 180 | 197 | 257 |
| 69 | 135 | 171 | 195 | 213 | 280 |
| 70 | 147 | 187 | 213 | 233 | 306 |
| 71 | 161 | 204 | 233 | 255 | 334 |
| 72 | 175 | 224 | 256 | 280 | 366 |
| 73 | 192 | 246 | 282 | 309 | 402 |
| 74 | 211 | 270 | 310 | 340 | 441 |
| 75 | 231 | 297 | 341 | 374 | 484 |
| 76 | 253 | 326 | 374 | 410 | 529 |
| 77 | 277 | 357 | 410 | 450 | 579 |
| 78 | 300 | 389 | 448 | 492 | 631 |
| 79 | 326 | 423 | 488 | 537 | 687 |
| 80 | 353 |  |  |  |  |
| 81 | 380 |  |  |  |  |
| 82 | 408 |  |  |  |  |
| 83 | 445 |  |  |  |  |
| 84 | 481 |  |  |  |  |

```
CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0022-A87
    Long-Term Care Policy
```

Annual Premium per $\$ 10$ of Long-Term Care Daily Benefit

STANDARD RATING GROUP
0 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT= 50\% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

| $\begin{aligned} & \text { ISSUE } \\ & \text { AGE } \end{aligned}$ | MAXIMUM= 730 x LTC BENEFIT/DAY | $\begin{gathered} \text { MAXIMUM= } \\ \text { 1095x LTC } \\ \text { BENEFIT/DAY } \end{gathered}$ | MAXIMUM= 1460x LTC BENEFIT/DAY | MAXIMUM= 1825x LTC BENEFIT/DAY | MAXIMUM= UNLIMITED |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 18-44 | 22 | 26 | 28 | 31 | 38 |
| 45-49 | 25 | 29 | 32 | 34 | 42 |
| 50-54 | 29 | 35 | 39 | 41 | 53 |
| 55 | 35 | 41 | 46 | 49 | 64 |
| 56 | 36 | 45 | 49 | 53 | 67 |
| 57 | 39 | 47 | 52 | 55 | 72 |
| 58 | 42 | 51 | 56 | 61 | 78 |
| 59 | 46 | 55 | 61 | 66 | 85 |
| 60 | 49 | 60 | 67 | 73 | 92 |
| 61 | 54 | 66 | 73 | 79 | 100 |
| 62 | 59 | 71 | 79 | 85 | 108 |
| 63 | 62 | 75 | 85 | 92 | 116 |
| 64 | 67 | 82 | 92 | 99 | 126 |
| 65 | 72 | 87 | 96 | 104 | 133 |
| 66 | 76 | 93 | 104 | 112 | 145 |
| 67 | 82 | 101 | 114 | 124 | 158 |
| 68 | 91 | 111 | 124 | 133 | 172 |
| 69 | 99 | 122 | 138 | 149 | 189 |
| 70 | 108 | 134 | 151 | 164 | 207 |
| 71 | 119 | 147 | 166 | 180 | 228 |
| 72 | 131 | 162 | 184 | 200 | 254 |
| 73 | 145 | 181 | 205 | 222 | 282 |
| 74 | 161 | 201 | 227 | 247 | 314 |
| 75 | 179 | 224 | 254 | 276 | 348 |
| 76 | 198 | 248 | 281 | 306 | 386 |
| 77 | 219 | 274 | 312 | 340 | 426 |
| 78 | 241 | 304 | 345 | 375 | 469 |
| 79 | 265 | 333 | 379 | 413 | 516 |
| 80 | 291 |  |  |  |  |
| 81 | 316 |  |  |  |  |
| 82 | 345 |  |  |  |  |
| 83 | 381 |  |  |  |  |
| 84 | 418 |  |  |  |  |

CONTINENTAL CASUALTY COMPANY<br>Rates for form P1-N0022-A87<br>Long-Term Care Policy

Annual Premium per $\$ 10$ of Long-Term Care Daily Benefit
STANDARD RATING GROUP
0 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT= 100\% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

| $\begin{gathered} \text { ISSUE } \\ \text { AGE } \end{gathered}$ | MAXIMUM= 730x LTC BENEFIT/DAY | MAXIMUM= 1095x LTC BENEFIT/DAY | MAXIMUM= 1460x LTC BENEFIT/DAY | $\begin{gathered} \text { MAXIMUM= } \\ \text { 1825x LTC } \\ \text { BENEFIT/DAY } \end{gathered}$ | MAXIMUM= UNLIMITED |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 18-44 | 27 | 32 | 35 | 38 | 48 |
| 45-49 | 29 | 35 | 39 | 41 | 53 |
| 50-54 | 34 | 42 | 47 | 51 | 66 |
| 55 | 40 | 48 | 54 | 59 | 76 |
| 56 | 42 | 52 | 58 | 62 | 80 |
| 57 | 45 | 54 | 60 | 65 | 84 |
| 58 | 48 | 58 | 65 | 69 | 91 |
| 59 | 52 | 64 | 71 | 76 | 98 |
| 60 | 56 | 68 | 76 | 82 | 105 |
| 61 | 61 | 74 | 82 | 88 | 113 |
| 62 | 66 | 80 | 89 | 96 | 122 |
| 63 | 71 | 86 | 96 | 105 | 132 |
| 64 | 75 | 92 | 104 | 112 | 142 |
| 65 | 80 | 96 | 108 | 116 | 151 |
| 66 | 85 | 105 | 118 | 127 | 165 |
| 67 | 93 | 114 | 128 | 139 | 179 |
| 68 | 101 | 125 | 141 | 153 | 195 |
| 69 | 109 | 135 | 153 | 166 | 214 |
| 70 | 121 | 151 | 169 | 184 | 235 |
| 71 | 132 | 165 | 186 | 202 | 258 |
| 72 | 146 | 182 | 206 | 224 | 287 |
| 73 | 161 | 202 | 229 | 249 | 319 |
| 74 | 178 | 225 | 255 | 279 | 353 |
| 75 | 198 | 249 | 285 | 311 | 393 |
| 76 | 219 | 278 | 316 | 346 | 435 |
| 77 | 242 | 307 | 349 | 381 | 479 |
| 78 | 266 | 339 | 387 | 424 | 528 |
| 79 | 292 | 371 | 424 | 464 | 581 |
| 80 | 319 |  |  |  |  |
| 81 | 348 |  |  |  |  |
| 82 | 379 |  |  |  |  |
| 83 | 419 |  |  |  |  |
| 84 | 459 |  |  |  |  |

```
CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0022-A87
    Long-Term Care Policy
```

Annual Premium per $\$ 10$ of Long-Term Care Daily Benefit STANDARD RATING GROUP
0 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT= $50 \%$ OF LONG-TERM CARE DAILY BENEFIT AMOUNT WITH COMPOUND AUTOMATIC INCREASE RIDER R1-21298-B37

| $\begin{aligned} & \text { ISSUE } \\ & \text { AGE } \end{aligned}$ | MAXIMUM= 730x LTC BENEFIT/DAY | $\begin{gathered} \text { MAXIMUM= } \\ \text { 1095X LTC } \\ \text { BENEFIT/DAY } \end{gathered}$ | MAXIMUM= 1460x LTC BENEFIT/DAY | MAXIMUM= 1825x LTC BENEFIT/DAY | MAXIMUM= UNLIMITED |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 18-44 | 41 | 52 | 59 | 65 | 82 |
| 45-49 | 46 | 58 | 65 | 71 | 92 |
| 50-54 | 56 | 71 | 80 | 87 | 116 |
| 55 | 66 | 82 | 93 | 101 | 135 |
| 56 | 69 | 87 | 99 | 108 | 144 |
| 57 | 73 | 92 | 104 | 113 | 151 |
| 58 | 78 | 98 | 111 | 120 | 160 |
| 59 | 84 | 104 | 118 | 128 | 171 |
| 60 | 88 | 111 | 126 | 138 | 181 |
| 61 | 95 | 119 | 134 | 146 | 193 |
| 62 | 101 | 127 | 144 | 156 | 206 |
| 63 | 108 | 135 | 153 | 166 | 220 |
| 64 | 115 | 145 | 164 | 178 | 235 |
| 65 | 122 | 153 | 174 | 189 | 249 |
| 66 | 129 | 164 | 186 | 202 | 267 |
| 67 | 140 | 176 | 200 | 218 | 288 |
| 68 | 151 | 191 | 216 | 236 | 312 |
| 69 | 164 | 207 | 235 | 256 | 335 |
| 70 | 175 | 222 | 253 | 276 | 362 |
| 71 | 191 | 241 | 275 | 301 | 393 |
| 72 | 206 | 261 | 299 | 327 | 427 |
| 73 | 224 | 285 | 326 | 356 | 466 |
| 74 | 245 | 312 | 356 | 391 | 508 |
| 75 | 267 | 341 | 391 | 428 | 553 |
| 76 | 291 | 372 | 426 | 467 | 601 |
| 77 | 316 | 406 | 465 | 509 | 655 |
| 78 | 341 | 439 | 505 | 554 | 711 |
| 79 | 368 | 476 | 548 | 602 | 769 |
| 80 | 396 |  |  |  |  |
| 81 | 426 |  |  |  |  |
| 82 | 458 |  |  |  |  |
| 83 | 495 |  |  |  |  |
| 84 | 534 |  |  |  |  |

```
CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0022-A87
    Long-Term Care Policy
```

```
Annual Premium per $10 of Long-Term Care Daily Benefit
                                    STANDARD RATING GROUP
                                    O DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
                100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
                WITH COMPOUND AUTOMATIC INCREASE RIDER R1-21298-B37
```

| $\begin{aligned} & \text { ISSUE } \\ & \text { AGE } \end{aligned}$ | $\begin{gathered} \text { MAXIMUM= } \\ 730 \times \mathrm{LTC} \\ \text { BENEFIT/DAY } \end{gathered}$ | MAXIMUM= 1095x LTC BENEFIT/DAY | MAXIMUM= 1460x LTC BENEFIT/DAY | MAXIMUM= 1825x LTC BENEFIT/DAY | MAXIMUM= UNLIMITED |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 18-44 | 48 | 61 | 69 | 75 | 98 |
| 45-49 | 54 | 68 | 78 | 85 | 108 |
| 50-54 | 67 | 84 | 95 | 104 | 136 |
| 55 | 75 | 95 | 109 | 120 | 156 |
| 56 | 79 | 100 | 114 | 125 | 164 |
| 57 | 82 | 105 | 120 | 132 | 172 |
| 58 | 88 | 112 | 127 | 139 | 182 |
| 59 | 94 | 119 | 135 | 148 | 194 |
| 60 | 100 | 126 | 144 | 156 | 206 |
| 61 | 107 | 134 | 153 | 167 | 219 |
| 62 | 114 | 144 | 162 | 176 | 232 |
| 63 | 121 | 152 | 173 | 188 | 247 |
| 64 | 129 | 162 | 185 | 201 | 265 |
| 65 | 138 | 172 | 195 | 213 | 280 |
| 66 | 146 | 185 | 211 | 231 | 299 |
| 67 | 156 | 198 | 226 | 247 | 322 |
| 68 | 168 | 213 | 244 | 266 | 347 |
| 69 | 181 | 231 | 264 | 288 | 374 |
| 70 | 195 | 249 | 285 | 312 | 405 |
| 71 | 213 | 271 | 309 | 339 | 440 |
| 72 | 229 | 294 | 336 | 368 | 478 |
| 73 | 248 | 320 | 367 | 402 | 521 |
| 74 | 271 | 348 | 400 | 439 | 567 |
| 75 | 296 | 381 | 438 | 480 | 616 |
| 76 | 322 | 414 | 475 | 521 | 671 |
| 77 | 349 | 451 | 518 | 568 | 729 |
| 78 | 378 | 489 | 564 | 619 | 791 |
| 79 | 406 | 528 | 611 | 672 | 856 |

```
CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0022-A87
    Long-Term Care Policy
```

```
Annual Premium per $10 of Long-Term Care Daily Benefit
                                    STANDARD RATING GROUP
                            O DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
                50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
                WITH SIMPLE AUTOMATIC INCREASE RIDER R1-21297-B37
```

| $\begin{aligned} & \text { ISSUE } \\ & \text { AGE } \end{aligned}$ | MAXIMUM= 730x LTC BENEFIT/DAY | MAXIMUM= 1095x LTC BENEFIT/DAY | MAXIMUM= 1460x LTC BENEFIT/DAY | MAXIMUM= 1825x LTC BENEFIT/DAY | MAXIMUM= UNLIMITED |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 18-44 | 31 | 39 | 44 | 47 | 61 |
| 45-49 | 34 | 42 | 48 | 53 | 68 |
| 50-54 | 45 | 55 | 62 | 68 | 88 |
| 55 | 52 | 65 | 73 | 79 | 106 |
| 56 | 55 | 68 | 76 | 82 | 112 |
| 57 | 58 | 72 | 81 | 88 | 119 |
| 58 | 62 | 78 | 88 | 96 | 128 |
| 59 | 67 | 84 | 95 | 104 | 138 |
| 60 | 73 | 91 | 102 | 112 | 148 |
| 61 | 79 | 98 | 111 | 120 | 160 |
| 62 | 85 | 106 | 120 | 131 | 172 |
| 63 | 91 | 114 | 129 | 141 | 185 |
| 64 | 98 | 122 | 139 | 152 | 199 |
| 65 | 104 | 129 | 147 | 160 | 213 |
| 66 | 112 | 139 | 158 | 172 | 228 |
| 67 | 121 | 152 | 172 | 187 | 248 |
| 68 | 131 | 165 | 188 | 206 | 271 |
| 69 | 144 | 180 | 205 | 224 | 295 |
| 70 | 155 | 196 | 224 | 244 | 321 |
| 71 | 169 | 214 | 245 | 267 | 352 |
| 72 | 186 | 236 | 269 | 294 | 386 |
| 73 | 202 | 259 | 296 | 325 | 424 |
| 74 | 224 | 285 | 326 | 356 | 466 |
| 75 | 246 | 314 | 360 | 394 | 511 |
| 76 | 269 | 345 | 395 | 433 | 559 |
| 77 | 295 | 378 | 433 | 474 | 612 |
| 78 | 321 | 412 | 473 | 519 | 667 |
| 79 | 348 | 449 | 516 | 567 | 726 |

```
CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0022-A87
    Long-Term Care Policy
```

Annual Premium per $\$ 10$ of Long-Term Care Daily Benefit STANDARD RATING GROUP
0 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT= 100\% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-21297-B37

| $\begin{gathered} \text { ISSUE } \\ \text { AGE } \end{gathered}$ | MAXIMUM= 730x LTC BENEFIT/DAY | MAXIMUM= 1095x LTC BENEFIT/DAY | MAXIMUM= 1460x LTC BENEFIT/DAY | MAXIMUM= 1825x LTC BENEFIT/DAY | MAXIMUM= UNLIMITED |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 18-44 | 38 | 47 | 53 | 58 | 74 |
| 45-49 | 42 | 52 | 59 | 64 | 82 |
| 50-54 | 52 | 65 | 74 | 81 | 104 |
| 55 | 60 | 75 | 86 | 94 | 122 |
| 56 | 64 | 80 | 91 | 99 | 131 |
| 57 | 67 | 84 | 95 | 104 | 138 |
| 58 | 72 | 91 | 102 | 112 | 147 |
| 59 | 78 | 98 | 111 | 120 | 158 |
| 60 | 82 | 104 | 118 | 128 | 168 |
| 61 | 89 | 112 | 127 | 139 | 180 |
| 62 | 95 | 120 | 136 | 149 | 193 |
| 63 | 102 | 128 | 146 | 159 | 207 |
| 64 | 111 | 139 | 158 | 172 | 224 |
| 65 | 116 | 146 | 166 | 181 | 239 |
| 66 | 125 | 158 | 179 | 195 | 255 |
| 67 | 136 | 171 | 194 | 212 | 278 |
| 68 | 147 | 186 | 212 | 232 | 302 |
| 69 | 159 | 201 | 229 | 251 | 329 |
| 70 | 173 | 220 | 251 | 274 | 360 |
| 71 | 189 | 240 | 274 | 300 | 393 |
| 72 | 206 | 264 | 301 | 329 | 431 |
| 73 | 226 | 289 | 332 | 364 | 473 |
| 74 | 248 | 318 | 365 | 400 | 519 |
| 75 | 272 | 349 | 401 | 440 | 569 |
| 76 | 298 | 384 | 440 | 482 | 622 |
| 77 | 326 | 420 | 482 | 529 | 681 |
| 78 | 353 | 458 | 527 | 579 | 742 |
| 79 | 384 | 498 | 574 | 632 | 808 |
| 80 | 415 |  |  |  |  |
| 81 | 447 |  |  |  |  |
| 82 | 480 |  |  |  |  |
| 83 | 524 |  |  |  |  |
| 84 | 566 |  |  |  |  |

```
CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0022-A87
    Long-Term Care Policy
```


## Elimination Period Factors

Rates shown are for 0 day elimination period. Rates for longer elimination periods are calculated by multiplying the 0 day rates by the appropriate factor from the following table:

| Benefit <br> Maximum | 20 | 30 | 60 | 90 | 100 | 180 | 365 |
| :--- | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  |  |  |  |  |
| $730 x, 1095 x$ | 0.92 | 0.89 | 0.84 | 0.80 | 0.79 | 0.69 | 0.60 |
| $1460 x, 1825 x$ | 0.94 | 0.91 | 0.86 | 0.82 | 0.81 | 0.72 | 0.63 |
| Lifetime | 0.96 | 0.93 | 0.89 | 0.86 | 0.85 | 0.78 | 0.70 |

## Multi-Life Discount

A $5 \%$ or $10 \%$ discount to the rates is available for qualifying Associations of 10 or more lives.

## Spousal Discount

A $10 \%$ discount to the rates is available to married couples if both spouses apply for coverage.

## Modal Factors

```
Semi-Annual: 0.52; Quarterly: 0.27; Check-A-Matic: 0.09
```

n.

```
CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0022-B37
    Long-Term Care Policy
```

```
Annual Premium per $10 of Long-Term Care Daily Benefit
                    PREFERRED RATING GROUP
                    O DAY ELIMINATION PERIOD
                HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
                    50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
```

| $\begin{aligned} & \text { ISSUE } \\ & \text { AGE } \end{aligned}$ | MAXIMUM= 730x LTC BENEFIT/DAY | MAXIMUM= 1095x LTC BENEFIT/DAY | MAXIMUM= 1460x LTC BENEFIT/DAY | MAXIMUM $=$ 1825x LTC BENEFIT/DAY | MAXIMUM= UNLIMITED |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 18-44 | 19 | 22 | 24 | 26 | 32 |
| 45-49 | 21 | 25 | 27 | 29 | 36 |
| 50-54 | 25 | 30 | 33 | 35 | 45 |
| 55 | 30 | 35 | 39 | 42 | 54 |
| 56 | 31 | 38 | 42 | 45 | 57 |
| 57 | 33 | 40 | 44 | 47 | 61 |
| 58 | 36 | 43 | 48 | 52 | 66 |
| 59 | 39 | 47 | 52 | 56 | 72 |
| 60 | 42 | 51 | 57 | 62 | 78 |
| 61 | 46 | 56 | 62 | 67 | 85 |
| 62 | 50 | 60 | 67 | 72 | 92 |
| 63 | 53 | 64 | 72 | 78 | 99 |
| 64 | 57 | 70 | 78 | 84 | 107 |
| 65 | 61 | 74 | 82 | 88 | 113 |
| 66 | 65 | 79 | 88 | 95 | 123 |
| 67 | 70 | 86 | 97 | 105 | 134 |
| 68 | 77 | 94 | 105 | 113 | 146 |
| 69 | 84 | 104 | $11 \%$ | 127 | 161 |
| 70 | 92 | 114 | 128 | 139 | 176 |
| 71 | 101 | 125 | 141 | 153 | 194 |
| 72 | 111 | 138 | 156 | 170 | 216 |
| 73 | 123 | 154 | 174 | 189 | 240 |
| 74 | 137 | 171 | 193 | 210 | 267 |
| 75 | 152 | 190 | 216 | 235 | 296 |
| 76 | 168 | 211 | 239 | 260 | 328 |
| 77 | 186 | 233 | 265 | 289 | 362 |
| 78 | 205 | 258 | 293 | 319 | 399 |
| 79 | 225 | 283 | 322 | 351 | 439 |
| 80 | 247 |  |  |  |  |
| 81 | 269 |  |  |  |  |
| 82 | 293 |  |  |  |  |
| 83 | 324 |  |  |  |  |
| 84 | 355 |  |  |  |  |

```
CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0022-B37
    Long-Term Care Policy
```

Annual Premium per $\$ 10$ of Long-Term Care Daily Benefit
PREFERRED RATING GROUP
0 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT= $100 \%$ OF LONG-TERM CARE DAILY BENEFIT AMOUNT

| $\begin{gathered} \text { ISSUE } \\ \text { AGE } \end{gathered}$ | MAXIMUM= 730x LTC BENEFIT/DAY | MAXIMUM= 1095x LTC BENEFIT/DAY | MAXIMUM= 1460x LTC BENEFIT/DAY | MAXIMUM= 1825x LTC BENEFIT/DAY | MAXIMUM= UNLIMITED |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 18-44 | 23 | 27 | 30 | 32 | 41 |
| 45-49 | 25 | 30 | 33 | 35 | 45 |
| 50-54 | 29 | 36 | 40 | 43 | 56 |
| 55 | 34 | 41 | 46 | 50 | 65 |
| 56 | 36 | 44 | 49 | 53 | 68 |
| 57 | 38 | 46 | 51 | 55 | 71 |
| 58 | 41 | 49 | 55 | 59 | 77 |
| 59 | 44 | 54 | 60 | 65 | 83 |
| 60 | 48 | 58 | 65 | 70 | 89 |
| 61 | 52 | 63 | 70 | 75 | 96 |
| 62 | 56 | 68 | 76 | 82 | 104 |
| 63 | 60 | 73 | 82 | 89 | 112 |
| 64 | 64 | 78 | 88 | 95 | 121 |
| 65 | 68 | 82 | 92 | 99 | 128 |
| 66 | 72 | 89 | 100 | 108 | 140 |
| 67 | 79 | 97 | 109 | 118 | 152 |
| 68 | 86 | 106 | 120 | 130 | 166 |
| 69 | 93 | 115 | 130 | 141 | 182 |
| 70 | 103 | 128 | 144 | 156 | 200 |
| 71 | 112 | 140 | 158 | 172 | 219 |
| 72 | 124 | 155 | 175 | 190 | 244 |
| 73 | 137 | 172 | 195 | 212 | 271 |
| 74 | 151 | 191 | 217 | 237 | 300 |
| 75 | 168 | 212 | 242 | 264 | 334 |
| 76 | 186 | 236 | 269 | 294 | 370 |
| 77 | 206 | 261 | 297 | 324 | 407 |
| 78 | 226 | 288 | 329 | 360 | 449 |
| 79 | 248 | 315 | 360 | 394 | 494 |
| 80 | 271 |  |  |  |  |
| 81 | 296 |  |  |  |  |
| 82 | 322 |  |  |  |  |
| 83 | 356 |  |  |  |  |
| 84 | 390 |  |  |  |  |

```
CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0022-B37
    Long-Term Care Policy
```

Annual Premium per $\$ 10$ of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
0 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT= 50\% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-21298-SERIES

| $\begin{aligned} & \text { ISSUE } \\ & \text { AGE } \end{aligned}$ | MAXIMUM= 730x LTC BENEFIT/DAY | MAXIMUM $=$ 1095x LTC BENEFIT/DAY | $\begin{gathered} \text { MAXIMUM= } \\ \text { 1460x LTC } \\ \text { BENEFIT/DAY } \end{gathered}$ | MAXIMUM= 1825x LTC BENEFIT/DAY | MAXIMUM= UNLIMITED |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 18-44 | 35 | 44 | 50 | 55 | 70 |
| 45-49 | 39 | 49 | 55 | 60 | 78 |
| 50-54 | 48 | 60 | 68 | 74 | 99 |
| 55 | 56 | 70 | 79 | 86 | 115 |
| 56 | 59 | 74 | 84 | 92 | 122 |
| 57 | 62 | 78 | 88 | 96 | 128 |
| 58 | 66 | 83 | 94 | 102 | 136 |
| 59 | 71 | 88 | 100 | 109 | 145 |
| 60 | 75 | 94 | 107 | 117 | 154 |
| 61 | 81 | 101 | 114 | 124 | 164 |
| 62 | 86 | 108 | 122 | 133 | 175 |
| 63 | 92 | 115 | 130 | 141 | 187 |
| 64 | 98 | 123 | 139 | 151 | 200 |
| 65 | 104 | 130 | 148 | 161 | 212 |
| 66 | 110 | 139 | 158 | 172 | 227 |
| 67 | 119 | 150 | 170 | 185 | 245 |
| 68 | 128 | 162 | 184 | 201 | 265 |
| 69 | 139 | 176 | 200 | 218 | 285 |
| 70 | 149 | 189 | 215 | 235 | 308 |
| 71 | 162 | 205 | 234 | 256 | 334 |
| 72 | 175 | 222 | 254 | 278 | 363 |
| 73 | 190 | 242 | 277 | 303 | 396 |
| 74 | 208 | 265 | 303 | 332 | 432 |
| 75 | 227 | 290 | 332 | 364 | 470 |
| 76 | 247 | 316 | 362 | 397 | 511 |
| 77 | 269 | 345 | 395 | 433 | 557 |
| 78 | 290 | 373 | 429 | 471 | 604 |
| 79 | 313 | 405 | 466 | 512 | 654 |
| 80 | 337 |  |  |  |  |
| 81 | 362 |  |  |  |  |
| 82 | 389 |  |  |  |  |
| 83 | 421 |  |  |  |  |
| 84 | 454 |  |  |  |  |

Annual Premium per $\$ 10$ of Long-Term Care Daily Benefit
PREFERRED RATING GROUP
0 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT= $100 \%$ OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-21298-SERIES

| $\begin{gathered} \text { ISSUE } \\ \text { AGE } \end{gathered}$ | MAXIMUM= 730x LTC BENEFIT/DAY | MAXIMUM= 1095x LTC BENEFIT/DAY | $\begin{gathered} \text { MAXIMUM= } \\ 1460 \mathrm{x} \text { LTC } \\ \text { BENEFIT/DAY } \end{gathered}$ | MAXIMUM= 1825x LTC BENEFIT/DAY | MAXIMUM= UNLIMITED |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 18-44 | 41 | 52 | 59 | 64 | 83 |
| 45-49 | 46 | 58 | 66 | 72 | 92 |
| 50-54 | 57 | 71 | 81 | 88 | 116 |
| 55 | 64 | 81 | 93 | 102 | 133 |
| 56 | 67 | 85 | 97 | 106 | 139 |
| 57 | 70 | 89 | 102 | 112 | 146 |
| 58 | 75 | 95 | 108 | 118 | 155 |
| 59 | 80 | 101 | 115 | 126 | 165 |
| 60 | 85 | 107 | 122 | 133 | 175 |
| 61 | 91 | 114 | 130 | 142 | 186 |
| 62 | 97 | 122 | 138 | 150 | 197 |
| 63 | 103 | 129 | 147 | 160 | 210 |
| 64 | 110 | 138 | 157 | 171 | 225 |
| 65 | 117 | 146 | 166 | 181 | 238 |
| 66 | 124 | 157 | 179 | 196 | 254 |
| 67 | 133 | 168 | 192 | 210 | 274 |
| 68 | 143 | 181 | 207 | 226 | 295 |
| 69 | 154 | 196 | 224 | 245 | 318 |
| 70 | 166 | 212 | 242 | 265 | 344 |
| 71 | 181 | 230 | 263 | 288 | 374 |
| 72 | 195 | 250 | 286 | 313 | 406 |
| 73 | 211 | 272 | 312 | 342 | 443 |
| 74 | 230 | 296 | 340 | 373 | 482 |
| 75 | 252 | 324 | 372 | 408 | 524 |
| 76 | 274 | 352 | 404 | 443 | 570 |
| 77 | 297 | 383 | 440 | 483 | 620 |
| 78 | 321 | 416 | 479 | 526 | 672 |
| 79 | 345 | 449 | 519 | 571 | 728 |
| 80 | 372 |  |  |  |  |
| 81 | 399 |  |  |  |  |
| 82 | 426 |  |  |  |  |
| 83 | 462 |  |  |  |  |
| 84 | 497 |  |  |  |  |

```
CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0022-B37
    Long-Term Care Policy
```

Annual Premium per $\$ 10$ of Long-Term Care Daily Benefit
PREFERRED RATING GROUP
0 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT= 50\% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPIE AUTOMATIC INCREASE RIDER R1-21297-SERIES

| $\begin{gathered} \text { ISSUE } \\ \text { AGE } \end{gathered}$ | MAXIMUM= 730x LTC BENEFIT/DAY | MAXIMUM= 1095x LTC BENEFIT/DAY | MAXIMUM= 1460x LTC BENEFIT/DAY | MAXIMUM= 1825x LTC BENEFIT/DAY | MAXIMUM= UNLIMITED |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 18-44 | 26 | 33 | 37 | 40 | 52 |
| 45-49 | 29 | 36 | 41 | 45 | 58 |
| 50-54 | 38 | 47 | 53 | 58 | 75 |
| 55 | 44 | 55 | 62 | 67 | 90 |
| 56 | 47 | 58 | 65 | 70 | 95 |
| 57 | 49 | 61 | 69 | 75 | 101 |
| 58 | 53 | 66 | 75 | 82 | 109 |
| 59 | 57 | 71 | 81 | 88 | 117 |
| 60 | 62 | 77 | 87 | 95 | 126 |
| 61 | 67 | 83 | 94 | 102 | 136 |
| 62 | 72 | 90 | 102 | 111 | 146 |
| 63 | 77 | 97 | 110 | 120 | 157 |
| 64 | 83 | 104 | 118 | 129 | 169 |
| 65 | 88 | 110 | 125 | 136 | 181 |
| 66 | 95 | 118 | 134 | 146 | 194 |
| 67 | 103 | 129 | 146 | 159 | 211 |
| 68 | 111 | 140 | 160 | 175 | 230 |
| 69 | 122 | 153 | 174 | 190 | 251 |
| 70 | 132 | 167 | 190 | 207 | 273 |
| 71 | 144 | 182 | 208 | 227 | 299 |
| 72 | 158 | 201 | 229 | 250 | 328 |
| 73 | 172 | 220 | 252 | 276 | 360 |
| 74 | 190 | 242 | 277 | 303 | 396 |
| 75 | 209 | 267 | 306 | 335 | 434 |
| 76 | 229 | 293 | 336 | 368 | 475 |
| 77 | 251 | 321 | 368 | 403 | 520 |
| 78 | 273 | 350 | 402 | 441 | 567 |
| 79 | 296 | 382 | 439 | 482 | 617 |
| 80 | 320 |  |  |  |  |
| 81 | 345 |  |  |  |  |
| 82 | 372 |  |  |  |  |
| 83 | 405 |  |  |  |  |
| 84 | 439 |  |  |  |  |

```
CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0022-B37
    Long-Term Care Policy
```

Annual Premium per $\$ 10$ of Long-Term Care Daily Benefit
PREFERRED RATING GROUP
0 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT= $100 \%$ OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-21297-SERIES

|  | MAXIMUM $=$ | MAXIMUM $=$ | MAXIMUM $=$ | MAXIMUM $=$ |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
| ISSUE | 730 x LTC | 1095 x LTC | 1460 x LTC | 1825 x LTC | MAXIMUM= |
| AGE | BENEFIT/DAY | BENEFIT/DAY | BENEFIT/DAY | BENEFIT/DAY | UNLIMITED |


| 18-44 | 32 | 40 | 45 | 49 | 63 |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 45-49 | 36 | 44 | 50 | 54 | 70 |
| 50-54 | 44 | 55 | 63 | 69 | 88 |
| 55 | 51 | 64 | 73 | 80 | 104 |
| 56 | 54 | 68 | 77 | 84 | 111 |
| 57 | 57 | 71 | 81 | 88 | 117 |
| 58 | 61 | 77 | 87 | 95 | 125 |
| 59 | 66 | 83 | 94 | 102 | 134 |
| 60 | 70 | 88 | 100 | 109 | 143 |
| 61 | 76 | 95 | 108 | 118 | 153 |
| 62 | 81 | 102 | 116 | 127 | 164 |
| 63 | 87 | 109 | 124 | 135 | 176 |
| 64 | 94 | 118 | 134 | 146 | 190 |
| 65 | 99 | 124 | 141 | 154 | 203 |
| 66 | 106 | 134 | 152 | 166 | 217 |
| 67 | 116 | 145 | 165 | 180 | 236 |
| 68 | 125 | 158 | 180 | 197 | 257 |
| 69 | 135 | 171 | 195 | 213 | 280 |
| 70 | 147 | 187 | 213 | 233 | 306 |
| 71 | 161 | 204 | 233 | 255 | 334 |
| 72 | 175 | 224 | 256 | 280 | 366 |
| 73 | 192 | 246 | 282 | 309 | 402 |
| 74 | 211 | 270 | 310 | 340 | 441 |
| 75 | 231 | 297 | 341 | 374 | 484 |
| 76 | 253 | 326 | 374 | 410 | 529 |
| 77 | 277 | 357 | 410 | 450 | 579 |
| 78 | 300 | 389 | 448 | 492 | 631 |
| 79 | 326 | 423 | 488 | 537 | 687 |
| 80 | 353 |  |  |  |  |
| 81 | 380 |  |  |  |  |
| 82 | 408 |  |  |  |  |
| 83 | 445 |  |  |  |  |
| 84 | 481 |  |  |  |  |

```
Annual Premium per $10 of Long-Term Care Daily Benefit
    STANDARD RATING GROUP
                    O DAY ELIMINATION PERIOD
                    HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
                        50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
```

| $\begin{gathered} \text { ISSUE } \\ \text { AGE } \end{gathered}$ | MAXIMUM $=$ 730x LTC BENEFIT/DAY | MAXIMUM= 1095x LTC BENEFIT/DAY | MAXIMUM $=$ 1460x LTC BENEFIT/DAY | $\begin{gathered} \text { MAXIMUM }= \\ \text { 1825x LTC } \\ \text { BENEFIT/DAY } \end{gathered}$ | MAXIMUM= UNLIMITED |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 18-44 | 22 | 26 | 28 | 31 | 38 |
| 45-49 | 25 | 29 | 32 | 34 | 42 |
| 50-54 | 29 | 35 | 39 | 41 | 53 |
| 55 | 35 | 41 | 46 | 49 | 64 |
| 56 | 36 | 45 | 49 | 53 | 67 |
| 57 | 39 | 47 | 52 | 55 | 72 |
| 58 | 42 | 51 | 56 | 61 | 78 |
| 59 | 46 | 55 | 61 | 66 | 85 |
| 60 | 49 | 60 | 67 | 73 | 92 |
| 61 | 54 | 66 | 73 | 79 | 100 |
| 62 | 59 | 71 | 79 | 85 | 108 |
| 63 | 62 | 75 | 85 | 92 | 116 |
| 64 | 67 | 82 | 92 | 99 | 126 |
| 65 | 72 | 87 | 96 | 104 | 133 |
| 66 | 76 | 93 | 104 | 112 | 145 |
| 67 | 82 | 101 | 114 | 124 | 158 |
| 68 | 91 | 111 | 124 | 133 | 172 |
| 69 | 99 | 122 | 138 | 149 | 189 |
| 70 | 108 | 134 | 151 | 164 | 207 |
| 71 | 119 | 147 | 166 | 180 | 228 |
| 72 | 131 | 162 | 184 | 200 | 254 |
| 73 | 145 | 181 | 205 | 222 | 282 |
| 74 | 161 | 201 | 227 | 247 | 314 |
| 75 | 179 | 224 | 254 | 276 | 348 |
| 76 | 198 | 248 | 281 | 306 | 386 |
| 77 | 219 | 274 | 312 | 340 | 426 |
| 78 | 241 | 304 | 345 | 375 | 469 |
| 79 | 265 | 333 | 379 | 413 | 516 |
| 80 | 291 |  |  |  |  |
| 81 | 316 |  |  |  |  |
| 82 | 345 |  |  |  |  |
| 83 | 381 |  |  |  |  |
| 84 | 418 |  |  |  |  |

```
CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0022-B37
    Long-Term Care Policy
```

Annual Premium per $\$ 10$ of Long-Term Care Daily Benefit

STANDARD RATING GROUP
0 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT= $100 \%$ OF LONG-TERM CARE DAILY BENEFIT AMOUNT

| $\begin{aligned} & \text { ISSUE } \\ & \text { AGE } \end{aligned}$ | MAXIMUM= 730x LTC BENEFIT/DAY | MAXIMUM= 1095x LTC BENEFIT/DAY | MAXIMUM= 1460x LTC BENEFIT/DAY | MAXIMUM= <br> 1825x LTC <br> BENEFIT/DAY | MAXIMUM= <br> UNLIMITED |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 18-44 | 27 | 32 | 35 | 38 | 48 |
| 45-49 | 29 | 35 | 39 | 41 | 53 |
| 50-54 | 34 | 42 | 47 | 51 | 66 |
| 55 | 40 | 48 | 54 | 59 | 76 |
| 56 | 42 | 52 | 58 | 62 | 80 |
| 57 | 45 | 54 | 60 | 65 | 84 |
| 58 | 48 | 58 | 65 | 69 | 91 |
| 59 | 52 | 64 | 71 | 76 | 98 |
| 60 | 56 | 68 | 76 | 82 | 105 |
| 61 | 61 | 74 | 82 | 88 | 113 |
| 62 | 66 | 80 | 89 | 96 | 122 |
| 63 | 71 | 86 | 96 | 105 | 132 |
| 64 | 75 | 92 | 104 | 112 | 142 |
| 65 | 80 | 96 | 108 | 116 | 151 |
| 66 | 85 | 105 | 118 | 127 | 165 |
| 67 | 93 | 114 | 128 | 139 | 179 |
| 68 | 101 | 125 | 141 | 153 | 195 |
| 69 | 109 | 135 | 153 | 166 | 214 |
| 70 | 121 | 151 | 169 | 184 | 235 |
| 71 | 132 | 165 | 186 | 202 | 258 |
| 72 | 146 | 182 | 206 | 224 | 287 |
| 73 | 161 | 202 | 229 | 249 | 319 |
| 74 | 178 | 225 | 255 | 279 | 353 |
| 75 | 198 | 249 | 285 | 311 | 393 |
| 76 | 219 | 278 | 316 | 346 | 435 |
| 77 | 242 | 307 | 349 | 381 | 479 |
| 78 | 266 | 339 | 387 | 424 | 528 |
| 79 | 292 | 371 | 424 | 464 | 581 |
| 80 | 319 |  |  |  |  |
| 81 | 348 |  |  |  |  |
| 82 | 379 |  |  |  |  |
| 83 | 419 |  |  |  |  |
| 84 | 459 |  |  |  |  |

Annual Premium per $\$ 10$ of Long-Term Care Daily Benefit
STANDARD RATING GROUP
0 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT= $50 \%$ OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-21298-SERIES

| $\begin{gathered} \text { ISSUE } \\ \text { AGE } \end{gathered}$ | $\begin{gathered} \text { MAXIMUM }= \\ 730 \times \text { LTC } \\ \text { BENEFIT/DAY } \end{gathered}$ | MAXIMUM= 1095x LTC BENEFIT/DAY | MAXIMUM= 1460x LTC BENEFIT/DAY | MAXIMUM= 1825x LTC BENEFIT/DAY | MAXIMUM= UNLIMITED |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 18-44 | 41 | 52 | 59 | 65 | 82 |
| 45-49 | 46 | 58 | 65 | 71 | 92 |
| 50-54 | 56 | 71 | 80 | 87 | 116 |
| 55 | 66 | 82 | 93 | 101 | 135 |
| 56 | 69 | 87 | 99 | 108 | 144 |
| 57 | 73 | 92 | 104 | 113 | 151 |
| 58 | 78 | 98 | 111 | 120 | 160 |
| 59 | 84 | 104 | 118 | 128 | 171 |
| 60 | 88 | 111 | 126 | 138 | 181 |
| 61 | 95 | 119 | 134 | 146 | 193 |
| 62 | 101 | 127 | 144 | 156 | 206 |
| 63 | 108 | 135 | 153 | 166 | 220 |
| 64 | 115 | 145 | 164 | 178 | 235 |
| 65 | 122 | 153 | 174 | 189 | 249 |
| 66 | 129 | 164 | 186 | 202 | 267 |
| 67 | 140 | 176 | 200 | 218 | 288 |
| 68 | 151 | 191 | 216 | 236 | 312 |
| 69 | 164 | 207 | 235 | 256 | 335 |
| 70 | 175 | 222 | 253 | 276 | 362 |
| 71 | 191 | 241 | 275 | 301 | 393 |
| 72 | 206 | 261 | 299 | 327 | 427 |
| 73 | 224 | 285 | 326 | 356 | 466 |
| 74 | 245 | 312 | 356 | 391 | 508 |
| 75 | 267 | 341 | 391 | 428 | 553 |
| 76 | 291 | 372 | 426 | 467 | 601 |
| 77 | 316 | 406 | 465 | 509 | 655 |
| 78 | 341 | 439 | 505 | 554 | 711 |
| 79 | 368 | 476 | 548 | 602 | 769 |
| 80 | 396 |  |  |  |  |
| 81 | 426 |  |  |  |  |
| 82 | 458 |  |  |  |  |
| 83 | 495 |  |  |  |  |
| 84 | 534 |  |  |  |  |

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CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0022-B37
    Long-Term Care Policy
```

Annual Premium per $\$ 10$ of Long-Term Care Daily Benefit

STANDARD RATING GROUP
0 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT= 100\% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-21298-SERIES

| $\begin{aligned} & \text { ISSUE } \\ & \text { AGE } \end{aligned}$ | $\begin{gathered} \text { MAXIMUM= } \\ 730 \times \text { LTC } \\ \text { BENEFIT/DAY } \end{gathered}$ | MAXIMUM= 1095x LTC BENEFIT/DAY | MAXIMUM $=$ 1460x LTC BENEFIT/DAY | MAXIMUM= 1825x LTC BENEFIT/DAY | MAXIMUM= UNLIMITED |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 18-44 | 48 | 61 | 69 | 75 | 98 |
| 45-49 | 54 | 68 | 78 | 85 | 108 |
| 50-54 | 67 | 84 | 95 | 104 | 136 |
| 55 | 75 | 95 | 109 | 120 | 156 |
| 56 | 79 | 100 | 114 | 125 | 164 |
| 57 | 82 | 105 | 120 | 132 | 172 |
| 58 | 88 | 112 | 127 | 139 | 182 |
| 59 | 94 | 119 | 135 | 148 | 194 |
| 60 | 100 | 126 | 144 | 156 | 206 |
| 61 | 107 | 134 | 153 | 167 | 219 |
| 62 | 114 | 144 | 162 | 176 | 232 |
| 63 | 121 | 152 | 173 | 188 | 247 |
| 64 | 129 | 162 | 185 | 201 | 265 |
| 65 | 138 | 172 | 195 | 213 | 280 |
| 66 | 146 | 185 | 211 | 231 | 299 |
| 67 | 156 | 198 | 226 | 247 | 322 |
| 68 | 168 | 213 | 244 | 266 | 347 |
| 69 | 181 | 231 | 264 | 288 | 374 |
| 70 | 195 | 249 | 285 | 312 | 405 |
| 71 | 213 | 271 | 309 | 339 | 440 |
| 72 | 229 | 294 | 336 | 368 | 478 |
| 73 | 248 | 320 | 367 | 402 | 521 |
| 74 | 271 | 348 | 400 | 439 | 567 |
| 75 | 296 | 381 | 438 | 480 | 616 |
| 76 | 322 | 414 | 475 | 521 | 671 |
| 77 | 349 | 451 | 518 | 568 | 729 |
| 78 | 378 | 489 | 564 | 619 | 791 |
| 79 | 406 | 528 | 611 | 672 | 856 |
| 80 | 438 |  |  |  |  |
| 81 | 469 |  |  |  |  |
| 82 | 501 |  |  |  |  |
| 83 | 544 |  |  |  |  |
| 84 | 585 |  |  |  |  |

Annual Premium per $\$ 10$ of Long-Term Care Daily Benefit

STANDARD RATING GROUP
0 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT= 50\% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-21297-SERIES

| $\begin{aligned} & \text { ISSUE } \\ & \text { AGE } \end{aligned}$ | MAXIMUM= 730x LTC BENEFIT/DAY | $\begin{gathered} \text { MAXIMUM= } \\ \text { 1095x LTC } \\ \text { BENEFIT/DAY } \end{gathered}$ | $\begin{gathered} \text { MAXIMUM= } \\ 1460 \times \text { LTC } \\ \text { BENEFIT/DAY } \end{gathered}$ | $\begin{gathered} \text { MAXIMUM= } \\ 1825 \mathrm{x} \mathrm{LTC} \\ \text { BENEFIT/DAY } \end{gathered}$ | MAXIMUM= <br> UNLIMITED |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 18-44 | 31 | 39 | 44 | 47 | 61 |
| 45-49 | 34 | 42 | 48 | 53 | 68 |
| 50-54 | 45 | 55 | 62 | 68 | 88 |
| 55 | 52 | 65 | 73 | 79 | 106 |
| 56 | 55 | 68 | 76 | 82 | 112 |
| 57 | 58 | 72 | 81 | 88 | 119 |
| 58 | 62 | 78 | 88 | 96 | 128 |
| 59 | 67 | 84 | 95 | 104 | 138 |
| 60 | 73 | 91 | 102 | 112 | 148 |
| 61 | 79 | 98 | 111 | 120 | 160 |
| 62 | 85 | 106 | 120 | 131 | 172 |
| 63 | 91 | 114 | 129 | 141 | 185 |
| 64 | 98 | 122 | 139 | 152 | 199 |
| 65 | 104 | 129 | 147 | 160 | 213 |
| 66 | 112 | 139 | 158 | 172 | 228 |
| 67 | 121 | 152 | 172 | 187 | 248 |
| 68 | 131 | 165 | 188 | 206 | 271 |
| 69 | 144 | 180 | 205 | 224 | 295 |
| 70 | 155 | 196 | 224 | 244 | 321 |
| 71 | 169 | 214 | 245 | 267 | 352 |
| 72 | 186 | 236 | 269 | 294 | 386 |
| 73 | 202 | 259 | 296 | 325 | 424 |
| 74 | 224 | 285 | 326 | 356 | 466 |
| 75 | 246 | 314 | 360 | 394 | 511 |
| 76 | 269 | 345 | 395 | 433 | 559 |
| 77 | 295 | 378 | 433 | 474 | 612 |
| 78 | 321 | 412 | 473 | 519 | 667 |
| 79 | 348 | 449 | 516 | 567 | 726 |
| 80 | 376 |  |  |  |  |
| 81 | 406 |  |  |  |  |
| 82 | 438 |  |  |  |  |
| 83 | 476 |  |  |  |  |
| 84 | 516 |  |  |  |  |

```
CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0022-B37
    Long-Term Care Policy
```

Annual Premium per $\$ 10$ of Long-Term Care Daily Benefit

STANDARD RATING GROUP
$O$ DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT= $100 \%$ OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-21297-SERIES

| $\begin{gathered} \text { ISSUE } \\ \text { AGE } \end{gathered}$ | MAXIMUM= 730x LTC BENEFIT/DAY | MAXIMUM= 1095x LTC BENEFIT/DAY | MAXIMUM= 1460x LTC BENEFIT/DAY | MAXIMUM= 1825x LTC BENEFIT/DAY | MAXIMUM= UNLIMITED |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 18-44 | 38 | 47 | 53 | 58 | 74 |
| 45-49 | 42 | 52 | 59 | 64 | 82 |
| 50-54 | 52 | 65 | 74 | 81 | 104 |
| 55 | 60 | 75 | 86 | 94 | 122 |
| 56 | 64 | 80 | 91 | 99 | 131 |
| 57 | 67 | 84 | 95 | 104 | 138 |
| 58 | 72 | 91 | 102 | 112 | 147 |
| 59 | 78 | 98 | 111 | 120 | 158 |
| 60 | 82 | 104 | 118 | 128 | 168 |
| 61 | 89 | 112 | 127 | 139 | 180 |
| 62 | 95 | 120 | 136 | 149 | 193 |
| 63 | 102 | 128 | 146 | 159 | 207 |
| 64 | 111 | 139 | 158 | 172 | 224 |
| 65 | 116 | 146 | 166 | 181 | 239 |
| 66 | 125 | 158 | 179 | 195 | 255 |
| 67 | 136 | 171 | 194 | 212 | 278 |
| 68 | 147 | 186 | 212 | 232 | 302 |
| 69 | 159 | 201 | 229 | 251 | 329 |
| 70 | 173 | 220 | 251 | 274 | 360 |
| 71 | 189 | 240 | 274 | 300 | 393 |
| 72 | 206 | 264 | 301 | 329 | 431 |
| 73 | 226 | 289 | 332 | 364 | 473 |
| 74 | 248 | 318 | 365 | 400 | 519 |
| 75 | 272 | 349 | 401 | 440 | 569 |
| 76 | 298 | 384 | 440 | 482 | 622 |
| 77 | 326 | 420 | 482 | 529 | 681 |
| 78 | 353 | 458 | 527 | 579 | 742 |
| 79 | 384 | 498 | 574 | 632 | 808 |
| 80 | 415 |  |  |  |  |
| 81 | 447 |  |  |  |  |
| 82 | 480 |  |  |  |  |
| 83 | 524 |  |  |  |  |
| 84 | 566 |  |  |  |  |

## Elimination Period Factors

Rates shown are for 0 day elimination period. Rates for longer elimination periods are calculated by multiplying the 0 day rates by the appropriate factor from the following table:


Rates shown are for Preferred Rating Group and Select Rating Group. Rates for Table Rating Health Groups 1, 2, 3 and 4 are calculated by multiplying Select rates by $1.25,1.50,1.75$ and 2.00 respectively.

## Spousal Discount

A $10 \%$ discount to the rates is available to married couples if both spouses apply for coverage.

## Modal Factors

Semi-Annual: 0.52; Quarterly: 0.27; Check-A-Matic: 0.09

Annual Premium per $\$ 10$ of Long-Term Care Daily Benefit
PREFERRED RATING GROUP
0 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50\% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

| $\begin{gathered} \text { ISSUE } \\ \text { AGE } \end{gathered}$ | $\begin{gathered} \text { MAXIMUM= } \\ 730 \times \text { LTC } \\ \text { BENEFIT/DAY } \end{gathered}$ | $\begin{gathered} \text { MAXIMUM= } \\ \text { 1095x LTC } \\ \text { BENEFIT/DAY } \end{gathered}$ | $\begin{gathered} \text { MAXIMUM= } \\ \text { 1460x LTC } \\ \text { BENEFIT/DAY } \end{gathered}$ | $\begin{gathered} \text { MAXIMUM= } \\ \text { 1825x LTC } \\ \text { BENEFIT/DAY } \end{gathered}$ | MAXIMUM= UNLIMITED |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 18-44 | 19 | 22 | 24 | 26 | 32 |
| 45-49 | 21 | 25 | 27 | 29 | 36 |
| 50-54 | 25 | 30 | 33 | 35 | 45 |
| 55 | 30 | 35 | 39 | 42 | 54 |
| 56 | 31 | 38 | 42 | 45 | 57 |
| 57 | 33 | 40 | 44 | 47 | 61 |
| 58 | 36 | 43 | 48 | 52 | 66 |
| 59 | 39 | 47 | 52 | 56 | 72 |
| 60 | 42 | 51 | 57 | 62 | 78 |
| 61 | 46 | 56 | 62 | 67 | 85 |
| 62 | 50 | 60 | 67 | 72 | 92 |
| 63 | 53 | 64 | 72 | 78 | 99 |
| 64 | 57 | 70 | 78 | 84 | 107 |
| 65 | 61 | 74 | 82 | 88 | 113 |
| 66 | 65 | 79 | 88 | 95 | 123 |
| 67 | 70 | 86 | 97 | 105 | 134 |
| 68 | 77 | 94 | 105 | 113 | 146 |
| 69 | 84 | 104 | 117 | 127 | 161 |
| 70 | 92 | 114 | 128 | 139 | 176 |
| 71 | 101 | 125 | 141 | 153 | 194 |
| 72 | 111 | 138 | 156 | 170 | 216 |
| 73 | 123 | 154 | 174 | 189 | 240 |
| 74 | 137 | 171 | 193 | 210 | 267 |
| 75 | 152 | 190 | 216 | 235 | 296 |
| 76 | 168 | 211 | 239 | 260 | 328 |
| 77 | 186 | 233 | 265 | 289 | 362 |
| 78 | 205 | 258 | 293 | 319 | 399 |
| 79 | 225 | 283 | 322 | 351 | 439 |
| 80 | 247 |  |  |  |  |
| 81 | 269 |  |  |  |  |
| 82 | 293 |  |  |  |  |
| 83 | 324 |  |  |  |  |
| 84 | 355 |  |  |  |  |

Annual Premium per $\$ 10$ of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
0 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT= 100\% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

| $\begin{aligned} & \text { ISSUE } \\ & \text { AGE } \end{aligned}$ | MAXIMUM $=$ 730x LTC BENEFIT/DAY | MAXIMUM= 1095x LTC BENEFIT/DAY | MAXIMUM $=$ 1460x LTC BENEFIT/DAY | $\begin{gathered} \text { MAXIMUM= } \\ 1825 \times \text { LTC } \\ \text { BENEFIT/DAY } \end{gathered}$ | MAXIMUM= UNLIMITED |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 18-44 | 23 | 27 | 30 | 32 | 41 |
| 45-49 | 25 | 30 | 33 | 35 | 45 |
| 50-54 | 29 | 36 | 40 | 43 | 56 |
| 55 | 34 | 41 | 46 | 50 | 65 |
| 56 | 36 | 44 | 49 | 53 | 68 |
| 57 | 38 | 46 | 51 | 55 | 71 |
| 58 | 41 | 49 | 55 | 59 | 77 |
| 59 | 44 | 54 | 60 | 65 | 83 |
| 60 | 48 | 58 | 65 | 70 | 89 |
| 61 | 52 | 63 | 70 | 75 | 96 |
| 62 | 56 | 68 | 76 | 82 | 104 |
| 63 | 60 | 73 | 82 | 89 | 112 |
| 64 | 64 | 78 | 88 | 95 | 121 |
| 65 | 68 | 82 | 92 | 99 | 128 |
| 66 | 72 | 89 | 100 | 108 | 140 |
| 67 | 79 | 97 | 109 | 118 | 152 |
| 68 | 86 | 106 | 120 | 130 | 166 |
| 69 | 93 | 115 | 130 | 141 | 182 |
| 70 | 103 | 128 | 144 | 156 | 200 |
| 71 | 112 | 140 | 158 | 172 | 219 |
| 72 | 124 | 155 | 175 | 190 | 244 |
| 73 | 137 | 172 | 195 | 212 | 271 |
| 74 | 151 | 191 | 217 | 237 | 300 |
| 75 | 168 | 212 | 242 | 264 | 334 |
| 76 | 186 | 236 | 269 | 294 | 370 |
| 77 | 206 | 261 | 297 | 324 | 407 |
| 78 | 226 | 288 | 329 | 360 | 449 |
| 79 | 248 | 315 | 360 | 394 | 494 |
| 80 | 271 |  |  |  |  |
| 81 | 296 |  |  |  |  |
| 82 | 322 |  |  |  |  |
| 83 | 356 |  |  |  |  |
| 84 | 390 |  |  |  |  |

```
Annual Premium per \(\$ 10\) of Long-Term Care Daily Benefit
PREFERRED RATING GROUP
0 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT= \(50 \%\) OF LONG-TERM CARE DAILY BENEFIT AMOUNT WITH COMPOUND AUTOMATIC INCREASE RIDER R1-21298-B37
```

| $\begin{gathered} \text { ISSUE } \\ \text { AGE } \end{gathered}$ | MAXIMUM= 730x LTC BENEFIT/DAY | MAXIMUM= <br> 1095x LTC <br> BENEFIT/DAY | MAXIMUM= 1460x LTC BENEFIT/DAY | MAXIMUM= 1825x LTC BENEFIT/DAY | MAXIMUM= UNLIMITED |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 18-44 | 35 | 44 | 50 | 55 | 70 |
| 45-49 | 39 | 49 | 55 | 60 | 78 |
| 50-54 | 48 | 60 | 68 | 74 | 99 |
| 55 | 56 | 70 | 79 | 86 | 115 |
| 56 | 59 | 74 | 84 | 92 | 122 |
| 57 | 62 | 78 | 88 | 96 | 128 |
| 58 | 66 | 83 | 94 | 102 | 136 |
| 59 | 71 | 88 | 100 | 109 | 145 |
| 60 | 75 | 94 | 107 | 117 | 154 |
| 61 | 81 | 101 | 114 | 124 | 164 |
| 62 | 86 | 108 | 122 | 133 | 175 |
| 63 | 92 | 115 | 130 | 141 | 187 |
| 64 | 98 | 123 | 139 | 151 | 200 |
| 65 | 104 | 130 | 148 | 161 | 212 |
| 66 | 110 | 139 | 158 | 172 | 227 |
| 67 | 119 | 150 | 170 | 185 | 245 |
| 68 | 128 | 162 | 184 | 201 | 265 |
| 69 | 139 | 176 | 200 | 218 | 285 |
| 70 | 149 | 189 | 215 | 235 | 308 |
| 71 | 162 | 205 | 234 | 256 | 334 |
| 72 | 175 | 222 | 254 | 278 | 363 |
| 73 | 190 | 242 | 277 | 303 | 396 |
| 74 | 208 | 265 | 303 | 332 | 432 |
| 75 | 227 | 290 | 332 | 364 | 470 |
| 76 | 247 | 316 | 362 | 397 | 511 |
| 77 | 269 | 345 | 395 | 433 | 557 |
| 78 | 290 | 373 | 429 | 471 | 604 |
| 79 | 313 | 405 | 466 | 512 | 654 |
| 80 | 337 |  |  |  |  |
| 81 | 362 |  |  |  |  |
| 82 | 389 |  |  |  |  |
| 83 | 421 |  |  |  |  |
| 84 | 454 |  |  |  |  |

```
CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0022-B87
    Long-Term Care Policy
```

Annual Premium per $\$ 10$ of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
0 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT= 100\% OF LONG-TERM CARE DAILY BENEFIT AMOUNT WITH COMPOUND AUTOMATIC INCREASE RIDER R1-21298-B37

| $\begin{gathered} \text { ISSUE } \\ \text { AGE } \end{gathered}$ | MAXIMUM= 730x LTC BENEFIT/DAY | $\begin{gathered} \text { MAXIMUM= } \\ \text { 1095x LTC } \\ \text { BENEFIT/DAY } \end{gathered}$ | MAXIMUM= 1460x LTC BENEFIT/DAY | $\begin{gathered} \text { MAXIMUM= } \\ 1825 \mathrm{x} \mathrm{LTC} \\ \text { BENEFIT/DAY } \end{gathered}$ | MAXIMUM= UNLIMITED |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 18-44 | 41 | 52 | 59 | 64 | 83 |
| 45-49 | 46 | 58 | 66 | 72 | 92 |
| 50-54 | 57 | 71 | 81 | 88 | 116 |
| 55 | 64 | 81 | 93 | 102 | 133 |
| 56 | 67 | 85 | 97 | 106 | 139 |
| 57 | 70 | 89 | 102 | 112 | 146 |
| 58 | 75 | 95 | 108 | 118 | 155 |
| 59 | 80 | 101 | 115 | 126 | 165 |
| 60 | 85 | 107 | 122 | 133 | 175 |
| 61 | 91 | 114 | 130 | 142 | 186 |
| 62 | 97 | 122 | 138 | 150 | 197 |
| 63 | 103 | 129 | 147 | 160 | 210 |
| 64 | 110 | 138 | 157 | 171 | 225 |
| 65 | 117 | 146 | 166 | 181 | 238 |
| 66 | 124 | 157 | 179 | 196 | 254 |
| 67 | 133 | 168 | 192 | 210 | 274 |
| 68 | 143 | 181 | 207 | 226 | 295 |
| 69 | 154 | 196 | 224 | 245 | 318 |
| 70 | 166 | 212 | 242 | 265 | 344 |
| 71 | 181 | 230 | 263 | 288 | 374 |
| 72 | 195 | 250 | 286 | 313 | 406 |
| 73 | 211 | 272 | 312 | 342 | 443 |
| 74 | 230 | 296 | 340 | 373 | 482 |
| 75 | 252 | 324 | 372 | 408 | 524 |
| 76 | 274 | 352 | 404 | 443 | 570 |
| 77 | 297 | 383 | 440 | 483 | 620 |
| 78 | 321 | 416 | 479 | 526 | 672 |
| 79 | 345 | 449 | 519 | 571 | 728 |
| 80 | $372^{\prime}$ |  |  |  |  |
| 81 | 399 |  |  |  |  |
| 82 | 426 |  |  |  |  |
| 83 | 462 |  |  |  |  |
| 84 | 497 |  |  |  |  |

```
CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0022-B87
    Long-Term Care Policy
```

```
Annual Premium per $10 of Long-Term Care Daily Benefit
                    PREFERRED RATING GROUP
                    O DAY ELIMINATION PERIOD
            HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
                50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
                WITH SIMPLE AUTOMATIC INCREASE RIDER R1-21297-B37
```

| $\begin{gathered} \text { ISSUE } \\ \text { AGE } \end{gathered}$ | MAXIMUM= 730x LTC BENEFIT/DAY | MAXIMUM= 1095x LTC BENEFIT/DAY | MAXIMUM= 1460x LTC BENEFIT/DAY | MAXIMUM= 1825x LTC BENEFIT/DAY | MAXIMUM= UNLIMITED |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 18-44 | 26 | 33 | 37 | 40 | 52 |
| 45-49 | 29 | 36 | 41 | 45 | 58 |
| 50-54 | 38 | 47 | 53 | 58 | 75 |
| 55 | 44 | 55 | 62 | 67 | 90 |
| 56 | 47 | 58 | 65 | 70 | 95 |
| 57 | 49 | 61 | 69 | 75 | 101 |
| 58 | 53 | 66 | 75 | 82 | 109 |
| 59 | 57 | 71 | 81 | 88 | 117 |
| 60 | 62 | 77 | 87 | 95 | 126 |
| 61 | 67 | 83 | 94 | 102 | 136 |
| 62 | 72 | 90 | 102 | 111 | 146 |
| 63 | 77 | 97 | 110 | 120 | 157 |
| 64 | 83 | 104 | 118 | 129 | 169 |
| 65 | 88 | 110 | 125 | 136 | 181 |
| 66 | 95 | 118 | 134 | 146 | 194 |
| 67 | 103 | 129 | 146 | 159 | 211 |
| 68 | 111 | 140 | 160 | 175 | 230 |
| 69 | 122 | 153 | 174 | 190 | 251 |
| 70 | 132 | 167 | 190 | 207 | 273 |
| 71 | 144 | 182 | 208 | 227 | 299 |
| 72 | 158 | 201 | 229 | 250 | 328 |
| 73 | 172 | 220 | 252 | 276 | 360 |
| 74 | 190 | 242 | 277 | 303 | 396 |
| 75 | 209 | 267 | 306 | 335 | 434 |
| 76 | 229 | 293 | 336 | 368 | 475 |
| 77 | 251 | 321 | 368 | 403 | 520 |
| 78 | 273 | 350 | 402 | 441 | 567 |
| 79 | 296 | 382 | 439 | 482 | 617 |
| 80 | 320 |  |  |  |  |
| 81 | 345 |  |  |  |  |
| 82 | 372 |  |  |  |  |
| 83 | 405 |  |  |  |  |
| 84 | 439 |  |  |  |  |

```
CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0022-B87
    Long-Term Care Policy
```

Annual Premium per $\$ 10$ of Long-Term Care Daily Benefit

> PREFERRED RATING GROUP
> 0 DAY ELIMINATION PERIOD

HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT= $100 \%$ OF LONG-TERM CARE DAILY BENEFIT AMOUNT WITH SIMPLE AUTOMATIC INCREASE RIDER R1-21297-B37

| $\begin{aligned} & \text { ISSUE } \\ & \text { AGE } \end{aligned}$ | MAXIMUM= 730x LTC BENEFIT/DAY | MAXIMUM= 1095x LTC BENEFIT/DAY | MAXIMUM= 1460x LTC BENEFIT/DAY | MAXIMUM= 1825x LTC BENEFIT/DAY | MAXIMUM= UNLIMITED |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 18-44 | 32 | 40 | 45 | 49 | 63 |
| 45-49 | 36 | 44 | 50 | 54 | 70 |
| 50-54 | 44 | 55 | 63 | 69 | 88 |
| 55 | 51 | 64 | 73 | 80 | 104 |
| 56 | 54 | 68 | 77 | 84 | 111 |
| 57 | 57 | 71 | 81 | 88 | 117 |
| 58 | 61 | 77 | 87 | 95 | 125 |
| 59 | 66 | 83 | 94 | 102 | 134 |
| 60 | 70 | 88 | 100 | 109 | 143 |
| 61 | 76 | 95 | 108 | 118 | 153 |
| 62 | 81 | 102 | 116 | 127 | 164 |
| 63 | 87 | 109 | 124 | 135 | 176 |
| 64 | 94 | 118 | 134 | 146 | 190 |
| 65 | 99 | 124 | 141 | 154 | 203 |
| 66 | 106 | 134 | 152 | 166 | 217 |
| 67 | 116 | 145 | 165 | 180 | 236 |
| 68 | 125 | 158 | 180 | 197 | 257 |
| 69 | 135 | 171 | 195 | 213 | 280 |
| 70 | 147 | 187 | 213 | 233 | 306 |
| 71 | 161 | 204 | 233 | 255 | 334 |
| 72 | 175 | 224 | 256 | 280 | 366 |
| 73 | 192 | 246 | 282 | 309 | 402 |
| 74 | 211 | 270 | 310 | 340 | 441 |
| 75 | 231 | 297 | 341 | 374 | 484 |
| 76 | 253 | 326 | 374 | 410 | 529 |
| 77 | 277 | 357 | 410 | 450 | 579 |
| 78 | 300 | 389 | 448 | 492 | 631 |
| 79 | 326 | 423 | 488 | 537 | 687 |
| 80 | 353 |  |  |  |  |
| 81 | 380 |  |  |  |  |
| 82 | 408 |  |  |  |  |
| 83 | 445 |  |  |  |  |
| 84 | 481 |  |  |  |  |

```
CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0022-B87
    Long-Term Care Policy
```

Annual Premium per $\$ 10$ of Long-Term Care Daily Benefit
STANDARD RATING GROUP
0 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT= 50\% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

| $\begin{aligned} & \text { ISSUE } \\ & \text { AGE } \end{aligned}$ | MAXIMUM= 730x LTC BENEFIT/DAY | MAXIMUM= 1095x LTC BENEFIT/DAY | MAXIMUM= 1460x LTC BENEFIT/DAY | MAXIMUM= 1825x LTC BENEFIT/DAY | MAXIMUM= <br> UNLIMITED |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 18-44 | 22 | 26 | 28 | 31 | 38 |
| 45-49 | 25 | 29 | 32 | 34 | 42 |
| 50-54 | 29 | 35 | 39 | 41 | 53 |
| 55 | 35 | 41 | 46 | 49 | 64 |
| 56 | 36 | 45 | 49 | 53 | 67 |
| 57 | 39 | 47 | 52 | 55 | 72 |
| 58 | 42 | 51 | 56 | 61 | 78 |
| 59 | 46 | 55 | 61 | 66 | 85 |
| 60 | 49 | 60 | 67 | 73 | 92 |
| 61 | 54 | 66 | 73 | 79 | 100 |
| 62 | 59 | 71 | 79 | 85 | 108 |
| 63 | 62 | 75 | 85 | 92 | 116 |
| 64 | 67 | 82 | 92 | 99 | 126 |
| 65 | 72 | 87 | 96 | 104 | 133 |
| 66 | 76 | 93 | 104 | 112 | 145 |
| 67 | 82 | 101 | 114 | 124 | 158 |
| 68 | 91 | 111 | 124 | 133 | 172 |
| 69 | 99 | 122 | 138 | 149 | 189 |
| 70 | 108 | 134 | 151 | 164 | 207 |
| 71 | 119 | 147 | 166 | 180 | 228 |
| 72 | 131 | 162 | 184 | 200 | 254 |
| 73 | 145 | 181 | 205 | 222 | 282 |
| 74 | 161 | 201 | 227 | 247 | 314 |
| 75 | 179 | 224 | 254 | 276 | 348 |
| 76 | 198 | 248 | 281 | 306 | 386 |
| 77 | 219 | 274 | 312 | 340 | 426 |
| 78 | 241 | 304 | 345 | 375 | 469 |
| 79 | 265 | 333 | 379 | 413 | 516 |
| 80 | 291 |  |  |  |  |
| 81 | 316 |  |  |  |  |
| 82 | 345 |  |  |  |  |
| 83 | 381 |  |  |  |  |
| 84 | 418 |  |  |  |  |

Annual Premium per $\$ 10$ of Long-Term Care Daily Benefit
STANDARD RATING GROUP
0 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT= 100\% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

| $\begin{gathered} \text { ISSUE } \\ \text { AGE } \end{gathered}$ | MAXIMUM= <br> 730x LTC BENEFIT/DAY | MAXIMUM= 1095x LTC BENEFIT/DAY | $\begin{gathered} \text { MAXIMUM= } \\ \text { 1460x LTC } \\ \text { BENEFIT/DAY } \end{gathered}$ | $\begin{gathered} \text { MAXIMUM= } \\ 1825 \mathrm{x} \text { LTC } \\ \text { BENEFIT/DAY } \end{gathered}$ | MAXIMUM= UNLIMITED |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 18-44 | 27 | 32 | 35 | 38 | 48 |
| 45-49 | 29 | 35 | 39 | 41 | 53 |
| 50-54 | 34 | 42 | 47 | 51 | 66 |
| 55 | 40 | 48 | 54 | 59 | 76 |
| 56 | 42 | 52 | 58 | 62 | 80 |
| 57 | 45 | 54 | 60 | 65 | 84 |
| 58 | 48 | 58 | 65 | 69 | 91 |
| 59 | 52 | 64 | 71 | 76 | 98 |
| 60 | 56 | 68 | 76 | 82 | 105 |
| 61 | 61 | 74 | 82 | 88 | 113 |
| 62 | 66 | 80 | 89 | 96 | 122 |
| 63 | 71 | 86 | 96 | 105 | 132 |
| 64 | 75 | 92 | 104 | 112 | 142 |
| 65 | 80 | 96 | 108 | 116 | 151 |
| 66 | 85 | 105 | 118 | 127 | 165 |
| 67 | 93 | 114 | 128 | 139 | 179 |
| 68 | 101 | 125 | 141 | 153 | 195 |
| 69 | 109 | 135 | 153 | 166 | 214 |
| 70 | 121 | 151 | 169 | 184 | 235 |
| 71 | 132 | 165 | 186 | 202 | 258 |
| 72 | 146 | 182 | 206 | 224 | 287 |
| 73 | 161 | 202 | 229 | 249 | 319 |
| 74 | 178 | 225 | 255 | 279 | 353 |
| 75 | 198 | 249 | 285 | 311 | 393 |
| 76 | 219 | 278 | 316 | 346 | 435 |
| 77 | 242 | 307 | 349 | 381 | 479 |
| 78 | 266 | 339 | 387 | 424 | 528 |
| 79 | 292 | 371 | 424 | 464 | 581 |
| 80 | 319 |  |  |  |  |
| 81 | 348 |  |  |  |  |
| 82 | 379 |  |  |  |  |
| 83 | 419 |  |  |  |  |
| 84 | 459 |  |  |  |  |

```
CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0022-B87
    Long-Term Care Policy
```

Annual Premium per $\$ 10$ of Long-Term Care Daily Benefit

STANDARD RATING GROUP
0 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT= $50 \%$ OF LONG-TERM CARE DAILY BENEFIT AMOUNT WITH COMPOUND AUTOMATIC INCREASE RIDER R1-21298-B37

| $\begin{gathered} \text { ISSUE } \\ \text { AGE } \end{gathered}$ | MAXIMUM= 730x LTC BENEFIT/DAY | MAXIMUM= 1095x LTC BENEFIT/DAY | MAXIMUM= 1460x LTC BENEFIT/DAY | MAXIMUM= 1825x LTC BENEFIT/DAY | MAXIMUM= UNLIMITED |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 18-44 | 41 | 52 | 59 | 65 | 82 |
| 45-49 | 46 | 58 | 65 | 71 | 92 |
| 50-54 | 56 | 71 | 80 | 87 | 116 |
| 55 | 66 | 82 | 93 | 101 | 135 |
| 56 | 69 | 87 | 99 | 108 | 144 |
| 57 | 73 | 92 | 104 | 113 | 151 |
| 58 | 78 | 98 | 111 | 120 | 160 |
| 59 | 84 | 104 | 118 | 128 | 171 |
| 60 | 88 | 111 | 126 | 138 | 181 |
| 61 | 95 | 119 | 134 | 146 | 193 |
| 62 | 101 | 127 | 144 | 156 | 206 |
| 63 | 108 | 135 | 153 | 166 | 220 |
| 64 | 115 | 145 | 164 | 178 | 235 |
| 65 | 122 | 153 | 174 | 189 | 249 |
| 66 | 129 | 164 | 186 | 202 | 267 |
| 67 | 140 | 176 | 200 | 218 | 288 |
| 68 | 151 | 191 | 216 | 236 | 312 |
| 69 | 164 | 207 | 235 | 256 | 335 |
| 70 | 175 | 222 | 253 | 276 | 362 |
| 71 | 191 | 241 | 275 | 301 | 393 |
| 72 | 206 | 261 | 299 | 327 | 427 |
| 73 | 224 | 285 | 326 | 356 | 466 |
| 74 | 245 | 312 | 356 | 391 | 508 |
| 75 | 267 | 341 | 391 | 428 | 553 |
| 76 | 291 | 372 | 426 | 467 | 601 |
| 77 | 316 | 406 | 465 | 509 | 655 |
| 78 | 341 | 439 | 505 | 554 | 711 |
| 79 | 368 | 476 | 548 | 602 | 769 |
| 80 | 396 |  |  |  |  |
| 81 | 426 |  |  |  |  |
| 82 | 458 |  |  |  |  |
| 83 | 495 |  |  |  |  |
| 84 | 534 |  |  |  |  |

Annual Premium per $\$ 10$ of Long-Term Care Daily Benefit

STANDARD RATING GROUP
0 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT= $100 \%$ OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-21298-B37

| $\begin{gathered} \text { ISSUE } \\ \text { AGE } \end{gathered}$ | MAXIMUM= 730x LTC BENEFIT/DAY | MAXIMUM= 1095x LTC BENEFIT/DAY | MAXIMUM= 1460x LTC BENEFIT/DAY | MAXIMUM= 1825x LTC BENEFIT/DAY | MAXIMUM= UNLIMITED |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 18-44 | 48 | 61 | 69 | 75 | 98 |
| 45-49 | 54 | 68 | 78 | 85 | 108 |
| 50-54 | 67 | 84 | 95 | 104 | 136 |
| 55 | 75 | 95 | 109 | 120 | 156 |
| 56 | 79 | 100 | 114 | 125 | 164 |
| 57 | 82 | 105 | 120 | 132 | 172 |
| 58 | 88 | 112 | 127 | 139 | 182 |
| 59 | 94 | 119 | 135 | 148 | 194 |
| 60 | 100 | 126 | 144 | 156 | 206 |
| 61 | 107 | 134 | 153 | 167 | 219 |
| 62 | 114 | 144 | 162 | 176 | 232 |
| 63 | 121 | 152 | 173 | 188 | 247 |
| 64 | 129 | 162 | 185 | 201 | 265 |
| 65 | 138 | 172 | 195 | 213 | 280 |
| 66 | 146 | 185 | 211 | 231 | 299 |
| 67 | 156 | 198 | 226 | 247 | 322 |
| 68 | 168 | 213 | 244 | 266 | 347 |
| 69 | 181 | 231 | 264 | 288 | 374 |
| 70 | 195 | 249 | 285 | 312 | 405 |
| 71 | 213 | 271 | 309 | 339 | 440 |
| 72 | 229 | 294 | 336 | 368 | 478 |
| 73 | 248 | 320 | 367 | 402 | 521 |
| 74 | 271 | 348 | 400 | 439 | 567 |
| 75 | 296 | 381 | 438 | 480 | 616 |
| 76 | 322 | 414 | 475 | 521 | 671 |
| 77 | 349 | 451 | 518 | 568 | 729 |
| 78 | 378 | 489 | 564 | 619 | 791 |
| 79 | 406 | 528 | 611 | 672 | 856 |
| 80 | 438 |  |  |  |  |
| 81 | 469 |  |  |  |  |
| 82 | 501 |  |  |  |  |
| 83 | 544 |  |  |  |  |
| 84 | 585 |  |  |  |  |

Annual Premium per $\$ 10$ of Long-Term Care Daily Benefit
STANDARD RATING GROUP
0 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT= 50\% OF LONG-TERM CARE DAILY BENEFIT AMOUNT WITH SIMPLE AUTOMATIC INCREASE RIDER R1-21297-B37

| $\begin{gathered} \text { ISSUE } \\ \text { AGE } \end{gathered}$ | $\begin{gathered} \text { MAXIMUM= } \\ 730 \times \text { LTC } \\ \text { BENEFIT/DAY } \end{gathered}$ | $\begin{gathered} \text { MAXIMUM= } \\ \text { 1095x LTC } \\ \text { BENEFIT/DAY } \end{gathered}$ | $\begin{gathered} \text { MAXIMUM= } \\ \text { 1460x LTC } \\ \text { BENEFIT/DAY } \end{gathered}$ | $\begin{gathered} \text { MAXIMUM= } \\ \text { 1825x LTC } \\ \text { BENEFIT/DAY } \end{gathered}$ | MAXIMUM= UNLIMITED |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 18-44 | 31 | 39 | 44 | 47 | 61 |
| 45-49 | 34 | 42 | 48 | 53 | 68 |
| 50-54 | 45 | 55 | 62 | 68 | 88 |
| 55 | 52 | 65 | 73 | 79 | 106 |
| 56 | 55 | 68 | 76 | 82 | 112 |
| 57 | 58 | 72 | 81 | 88 | 119 |
| 58 | 62 | 78 | 88 | 96 | 128 |
| 59 | 67 | 84 | 95 | 104 | 138 |
| 60 | 73 | 91 | 102 | 112 | 148 |
| 61 | 79 | 98 | 111 | 120 | 160 |
| 62 | 85 | 106 | 120 | 131 | 172 |
| 63 | 91 | 114 | 129 | 141 | 185 |
| 64 | 98 | 122 | 139 | 152 | 199 |
| 65 | 104 | 129 | 147 | 160 | 213 |
| 66 | 112 | 139 | 158 | 172 | 228 |
| 67 | 121 | 152 | 172 | 187 | 248 |
| 68 | 131 | 165 | 188 | 206 | 271 |
| 69 | 144 | 180 | 205 | 224 | 295 |
| 70 | 155 | 196 | 224 | 244 | 321 |
| 71 | 169 | 214 | 245 | 267 | 352 |
| 72 | 186 | 236 | 269 | 294 | 386 |
| 73 | 202 | 259 | 296 | 325 | 424 |
| 74 | 224 | 285 | 326 | 356 | 466 |
| 75 | 246 | 314 | 360 | 394 | 511 |
| 76 | 269 | 345 | 395 | 433 | 559 |
| 77 | 295 | 378 | 433 | 474 | 612 |
| 78 | 321 | 412 | 473 | 519 | 667 |
| 79 | 348 | 449 | 516 | 567 | 726 |
| 80 | 376 |  |  |  |  |
| 81 | 406 |  |  |  |  |
| 82 | 438 |  |  |  |  |
| 83 | 476 |  |  |  |  |
| 84 | 516 |  |  |  |  |

```
Annual Premium per $10 of Long-Term Care Daily Benefit
                    STANDARD RATING GROUP
                    O DAY ELIMINATION PERIOD
            HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
                100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
                WITH SIMPLE AUTOMATIC INCREASE RIDER R1-21297-B37
```

| $\begin{aligned} & \text { ISSUE } \\ & \text { AGE } \end{aligned}$ | MAXIMUM= 730x LTC BENEFIT/DAY | MAXIMUM= 1095x LTC BENEFIT/DAY | MAXIMUM= 1460x LTC BENEFIT/DAY | $\begin{gathered} \text { MAXIMUM= } \\ \text { 1825x LTC } \\ \text { BENEFIT/DAY } \end{gathered}$ | MAXIMUM= UNLIMITED |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 18-44 | 38 | 47 | 53 | 58 | 74 |
| 45-49 | 42 | 52 | 59 | 64 | 82 |
| 50-54 | 52 | 65 | 74 | 81 | 104 |
| 55 | 60 | 75 | 86 | 94 | 122 |
| 56 | 64 | 80 | 91 | 99 | 131 |
| 57 | 67 | 84 | 95 | 104 | 138 |
| 58 | 72 | 91 | 102 | 112 | 147 |
| 59 | 78 | 98 | 111 | 120 | 158 |
| 60 | 82 | 104 | 118 | 128 | 168 |
| 61 | 89 | 112 | 127 | 139 | 180 |
| 62 | 95 | 120 | 136 | 149 | 193 |
| 63 | 102 | 128 | 146 | 159 | 207 |
| 64 | 111 | 139 | 158 | 172 | 224 |
| 65 | 116 | 146 | 166 | 181 | 239 |
| 66 | 125 | 158 | 179 | 195 | 255 |
| 67 | 136 | 171 | 194 | 212 | 278 |
| 68 | 147 | 186 | 212 | 232 | 302 |
| 69 | 159 | 201 | 229 | 251 | 329 |
| 70 | 173 | 220 | 251 | 274 | 360 |
| 71 | 189 | 240 | 274 | 300 | 393 |
| 72 | 206 | 264 | 301 | 329 | 431 |
| 73 | 226 | 289 | 332 | 364 | 473 |
| 74 | 248 | 318 | 365 | 400 | 519 |
| 75 | 272 | 349 | 401 | 440 | 569 |
| 76 | 298 | 384 | 440 | 482 | 622 |
| 77 | 326 | 420 | 482 | 529 | 681 |
| 78 | 353 | 458 | 527 | 579 | 742 |
| 79 | 384 | 498 | 574 | 632 | 808 |
| 80 | 415 |  |  |  |  |
| 81 | 447 |  |  |  |  |
| 82 | 480 |  |  |  |  |
| 83 | 524 |  |  |  |  |
| 84 | 566 |  |  |  |  |

## Elimination Period Factors

Rates shown are for 0 day elimination period. Rates for longer elimination periods
are calculated by multiplying the 0 day rates by the appropriate factor from the
following table:
Benefit
Maximum
730x, $1095 x$
1460x, $1825 x$

## Multi-Life Discount

A $5 \%$ or $10 \%$ discount to the rates is available for qualifying Associations of 10 or more lives.

## Spousal Discount

A $10 \%$ discount to the rates is available to married couples if both spouses apply for coverage.

## Modal Eactors

Semi-Annual: 0.52; Quarterly: 0.27; Check-A-Matic: 0.09

## THIS POLICY IS FOR RENEWAL BUSINESS ONLY

## CONTINENTAL CASUALTY COMPANY

## Supplement to Rate Sheet for Policy Forms P1-N0023-A37 \& -B37 <br> Pennsylvania

All Rates for this form should be multiplied by a factor of:
2.02488

This factor reflects the proposed increase of:

And the following prior approved rate increases:

|  | Increase Applies <br> to all Policies or <br> Subset | Rate Increase <br> Approved | Approval Date <br> of Rate <br> Increase |
| :---: | :---: | :---: | :---: |
| Policy Form | All** | $35 \%$ | $11 / 18 / 2004$ |
| P1-N0023-A37 \&-B37 | All** | $25 \%$ | $9 / 2 / 2011$ * |

* implemented over 2 years, $11.8 \%$ in each year.
${ }^{* *}$ Note: the above rate increases do not apply to policies issued on or after 9/16/2002.

```
            Annual Premium per $10 of Long-Term Care Daily Benefit
                    PREFERRED RATING GROUP
                    O DAY ELIMINATION PERIOD
                    HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
                        50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
```

| $\begin{gathered} \text { ISSUE } \\ \text { AGE } \end{gathered}$ | MAXIMUM= 730x LTC BENEFIT/DAY | MAXIMUM= 1095x LTC BENEFIT/DAY | MAXIMUM= 1460x LTC BENEFIT/DAY | MAXIMUM= 1825x LTC BENEFIT/DAY | MAXIMUM= UNLIMITED |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 18-44 | 24 | 28 | 30 | 33 | 40 |
| 45-49 | 26 | 31 | 34 | 36 | 45 |
| 50-54 | 31 | 38 | 41 | 44 | 56 |
| 55 | 38 | 44 | 49 | 53 | 68 |
| 56 | 39 | 48 | 53 | 56 | 71 |
| 57 | 41 | 50 | 55 | 59 | 76 |
| 58 | 45 | 54 | 60 | 65 | 83 |
| 59 | 49 | 59 | 65 | 70 | 90 |
| 60 | 53 | 64 | 71 | 78 | 98 |
| 61 | 58 | 70 | 78 | 84 | 106 |
| 62 | 63 | 75 | 84 | 90 | 115 |
| 63 | 66 | 80 | 90 | 98 | 124 |
| 64 | 71 | 88 | 98 | 105 | 134 |
| 65 | 76 | 93 | 103 | 110 | 141 |
| 66 | 81 | 99 | 110 | 119 | 154 |
| 67 | 88 | 108 | 121 | 131 | 168 |
| 68 | 96 | 118 | 131 | 141 | 183 |
| 69 | 105 | 130 | 146 | 159 | 201 |
| 70 | 115 | 143 | 160 | 174 | 220 |
| 71 | 126 | 156 | 176 | 191 | 243 |
| 72 | 139 | 173 | 195 | 213 | 270 |
| 73 | 154 | 193 | 218 | 236 | 300 |
| 74 | 171 | 214 | 241 | 263 | 334 |
| 75 | 190 | 238 | 270 | 294 | 370 |
| 76 | 210 | 264 | 299 | 325 | 410 |
| 77 | 233 | 291 | 331 | 361 | 453 |
| 78 | 256 | 323 | 366 | 399 | 499 |
| 79 | 281 | 354 | 403 | 439 | 549 |
| 80 | 309 |  |  |  |  |
| 81 | 336 |  |  |  |  |
| 82 | 366 |  |  |  |  |
| 83 | 405 |  |  |  |  |
| 84 | 444 |  |  |  |  |

```
CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0023-A37
    Long-Term Care Policy
```

Annual Premium per $\$ 10$ of Long-Term Care Daily Benefit
PREFERRED RATING GROUP
0 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT= 100\% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

| $\begin{aligned} & \text { ISSUE } \\ & \text { AGE } \end{aligned}$ | MAXIMUM= 730 x LTC BENEFIT/DAY | MAXIMUM= 1095x LTC BENEFIT/DAY | MAXIMUM= 1460x LTC BENEFIT/DAY | MAXIMUM= 1825x LTC BENEFIT/DAY | MAXIMUM= UNLIMITED |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 18-44 | 29 | 34 | 38 | 40 | 51 |
| 45-49 | 31 | 38 | 41 | 44 | 56 |
| 50-54 | 36 | 45 | 50 | 54 | 70 |
| 55 | 43 | 51 | 58 | 63 | 81 |
| 56 | 45 | 55 | 61 | 66 | 85 |
| 57 | 48 | 58 | 64 | 69 | 89 |
| 58 | 51 | 61 | 69 | 74 | 96 |
| 59 | 55 | 68 | 75 | 81 | 104 |
| 60 | 60 | 73 | 81 | 88 | 111 |
| 61 | 65 | 79 | 88 | 94 | 120 |
| 62 | 70 | 85 | 95 | 103 | 130 |
| 63 | 75 | 91 | 103 | 111 | 140 |
| 64 | 80 | 98 | 110 | 119 | 151 |
| 65 | 85 | 103 | 115 | 124 | 160 |
| 66 | 90 | 111 | 125 | 135 | 175 |
| 67 | 99 | 121 | 136 | 148 | 190 |
| 68 | 108 | 133 | 150 | 163 | 208 |
| 69 | 116 | 144 | 163 | 176 | 228 |
| 70 | 129 | 160 | 180 | 195 | 250 |
| 71 | 140 | 175 | 198 | 215 | 274 |
| 72 | 155 | 194 | 219 | 238 | 305 |
| 73 | 171 | 215 | 244 | 265 | 339 |
| 74 | 189 | 239 | 271 | 296 | 375 |
| 75 | 210 | 265 | 303 | 330 | 418 |
| 76 | 233 | 295 | 336 | 368 | 463 |
| 77 | 258 | 326 | 371 | 405 | 509 |
| 78 | 283 | 360 | 411 | 450 | 561 |
| 79 | 310 | 394 | 450 | 493 | 618 |
| 80 | 339 |  |  |  |  |
| 81 | 370 |  |  |  |  |
| 82 | 403 |  |  |  |  |
| 83 | 445 |  |  |  |  |
| 84 | 488 |  |  |  |  |

```
Annual Premium per $10 of Long-Term Care Daily Benefit
    PREFERRED RATING GROUP
                                    O DAY ELIMINATION PERIOD
                    HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
                        50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-21298-SERIES
```

| $\begin{gathered} \text { ISSUE } \\ \text { AGE } \end{gathered}$ | MAXIMUM= 730x LTC BENEFIT/DAY | MAXIMUM= 1095x LTC BENEFIT/DAY | MAXIMUM= 1460x LTC BENEFIT/DAY | MAXIMUM= 1825x LTC BENEFIT/DAY | MAXIMUM= UNLIMITED |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 18-44 | 44 | 55 | 63 | 69 | 88 |
| 45-49 | 49 | 61 | 69 | 75 | 98 |
| 50-54 | 60 | 75 | 85 | 93 | 124 |
| 55 | 70 | 88 | 99 | 108 | 144 |
| 56 | 74 | 93 | 105 | 115 | 153 |
| 57 | 78 | 98 | 110 | 120 | 160 |
| 58 | 83 | 104 | 118 | 128 | 170 |
| 59 | 89 | 110 | 125 | 136 | 181 |
| 60 | 94 | 118 | 134 | 146 | 193 |
| 61 | 101 | 126 | 143 | 155 | 205 |
| 62 | 108 | 135 | 153 | 166 | 219 |
| 63 | 115 | 144 | 163 | 176 | 234 |
| 64 | 123 | 154 | 174 | 189 | 250 |
| 65 | 130 | 163 | 185 | 201 | 265 |
| 66 | 138 | 174 | 198 | 215 | 284 |
| 67 | 149 | 188 | 213 | 231 | 306 |
| 68 | 160 | 203 | 230 | 251 | 331 |
| 69 | 174 | 220 | 250 | 273 | 356 |
| 70 | 186 | 236 | 269 | 294 | 385 |
| 71 | 203 | 256 | 293 | 320 | 418 |
| 72 | 219 | 278 | 318 | 348 | 454 |
| 73 | 238 | 303 | 346 | 379 | 495 |
| 74 | 260 | 331 | 379 | 415 | 540 |
| 75 | 284 | 363 | 415 | 455 | 588 |
| 76 | 309 | 395 | 453 | 496 | 639 |
| 77 | 336 | 431 | 494 | 541 | 696 |
| 78 | 363 | 466 | 536 | 589 | 755 |
| 79 | 391 | 506 | 583 | 640 | 818 |
| 80 | 421 |  |  |  |  |
| 81 | 453 |  |  |  |  |
| 82 | 486 |  |  |  |  |
| 83 | 526 |  |  |  |  |
| 84 | 568 |  |  |  |  |

```
            Annual Premium per $10 of Long-Term Care Daily Benefit
                        PREFERRED RATING GROUP
                                    O DAY ELIMINATION PERIOD
                    HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
                        100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
                WITH COMPOUND AUTOMATIC INCREASE RIDER R1-21298-SERIES
```

| $\begin{aligned} & \text { ISSUE } \\ & \text { AGE } \end{aligned}$ | $\begin{gathered} \text { MAXIMUM= } \\ 730 \times \text { LTC } \\ \text { BENEFIT/DAY } \end{gathered}$ | MAXIMUM $=$ 1095x LTC BENEFIT/DAY | MAXIMUM= 1460x LTC BENEFIT/DAY | MAXIMUM= 1825x LTC BENEFIT/DAY | $\begin{aligned} & \text { MAXIMUM= } \\ & \text { UNLIMITED } \end{aligned}$ |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 18-44 | 51 | 65 | 74 | 80 | 104 |
| 45-49 | 58 | 73 | 83 | 90 | 115 |
| 50-54 | 71 | 89 | 101 | 110 | 145 |
| 55 | 80 | 101 | 116 | 128 | 166 |
| 56 | 84 | 106 | 121 | 133 | 174 |
| 57 | 88 | 111 | 128 | 140 | 183 |
| 58 | 94 | 119 | 135 | 148 | 194 |
| 59 | 100 | 126 | 144 | 158 | 206 |
| 60 | 106 | 134 | 153 | 166 | 219 |
| 61 | 114 | 143 | 163 | 178 | 233 |
| 62 | 121 | 153 | 173 | 188 | 246 |
| 63 | 129 | 161 | 184 | 200 | 263 |
| 64 | 138 | 173 | 196 | 214 | 281 |
| 65 | 146 | 183 | 208 | 226 | 298 |
| 66 | 155 | 196 | 224 | 245 | 318 |
| 67 | 166 | 210 | 240 | 263 | 343 |
| 68 | 179 | 226 | 259 | 283 | 369 |
| 69 | 193 | 245 | 280 | 306 | 398 |
| 70 | 208 | 265 | 303 | 331 | 430 |
| 71 | 226 | 288 | 329 | 360 | 468 |
| 72 | 244 | 313 | 358 | 391 | 508 |
| 73 | 264 | 340 | 390 | 428 | 554 |
| 74 | 288 | 370 | 425 | 466 | 603 |
| 75 | 315 | 405 | 465 | 510 | 655 |
| 76 | 343 | 440 | 505 | 554 | 713 |
| 77 | 371 | 479 | 550 | 604 | 775 |
| 78 | 401 | 520 | 599 | 658 | 840 |
| 79 | 431 | 561 | 649 | 714 | 910 |
| 80 | 465 |  |  |  |  |
| 81 | 499 |  |  |  |  |
| 82 | 533 |  |  |  |  |
| 83 | 578 |  |  |  |  |
| 84 | 621 |  |  |  |  |

Annual Premium per $\$ 10$ of Long-Term Care Daily Benefit
PREFERRED RATING GROUP
0 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT= 50\% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-21297-SERIES

| $\begin{gathered} \text { ISSUE } \\ \text { AGE } \end{gathered}$ | $\begin{gathered} \text { MAXIMUM= } \\ 730 \times \text { LTC } \\ \text { BENEFIT/DAY } \end{gathered}$ | MAXIMUM= 1095x LTC BENEFIT/DAY | MAXIMUM= 1460x LTC BENEFIT/DAY | MAXIMUM= <br> 1825x LTC BENEFIT/DAY | MAXIMUM= UNLIMITED |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 18-44 | 33 | 41 | 46 | 50 | 65 |
| 45-49 | 36 | 45 | 51 | 56 | 73 |
| 50-54 | 48 | 59 | 66 | 73 | 94 |
| 55 | 55 | 69 | 78 | 84 | 113 |
| 56 | 59 | 73 | 81 | 88 | 119 |
| 57 | 61 | 76 | 86 | 94 | 126 |
| 58 | 66 | 83 | 94 | 103 | 136 |
| 59 | 71 | 89 | 101 | 110 | 146 |
| 60 | 78 | 96 | 109 | 119 | 158 |
| 61 | 84 | 104 | 118 | 128 | 170 |
| 62 | 90 | 113 | 128 | 139 | 183 |
| 63 | 96 | 121 | 138 | 150 | 196 |
| 64 | 104 | 130 | 148 | 161 | 211 |
| 65 | 110 | 138 | 156 | 170 | 226 |
| 66 | 119 | 148 | 168 | 183 | 243 |
| 67 | 129 | 161 | 183 | 199 | 264 |
| 68 | 139 | 175 | 200 | 219 | 288 |
| 69 | 153 | 191 | 218 | 238 | 314 |
| 70 | 165 | 209 | 238 | 259 | 341 |
| 71 | 180 | 228 | 260 | 284 | 374 |
| 72 | 198 | 251 | 286 | 313 | 410 |
| 73 | 215 | 275 | 315 | 345 | 450 |
| 74 | 238 | 303 | 346 | 379 | 495 |
| 75 | 261 | 334 | 383 | 419 | 543 |
| 76 | 286 | 366 | 420 | 460 | 594 |
| 77 | 314 | 401 | 460 | 504 | 650 |
| 78 | 341 | 438 | 503 | 551 | 709 |
| 79 | 370 | 478 | 549 | 603 | 771 |
| 80 | 400 |  |  |  |  |
| 81 | 431 |  |  |  |  |
| 82 | 465 |  |  |  |  |
| 83 | 506 |  |  |  |  |
| 84 | 549 |  |  |  |  |

```
CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0023-A37
    Long-Term Care Policy
```

Annual Premium per $\$ 10$ of Long-Term Care Daily Benefit
PREFERRED RATING GROUP
0 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT= $100 \%$ OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-21297-SERIES

| $\begin{aligned} & \text { ISSUE } \\ & \text { AGE } \end{aligned}$ | $\begin{gathered} \text { MAXIMUM= } \\ 730 \times \text { LTC } \\ \text { BENEFIT/DAY } \end{gathered}$ | $\begin{gathered} \text { MAXIMUM= } \\ \text { 1095x LTC } \\ \text { BENEFIT/DAY } \end{gathered}$ | $\begin{gathered} \text { MAXIMUM= } \\ \text { 1460x ITC } \\ \text { BENEFIT/DAY } \end{gathered}$ | $\begin{gathered} \text { MAXIMUM= } \\ \text { 1825x LTC } \\ \text { BENEFIT/DAY } \end{gathered}$ | MAXIMUM= UNLIMITED |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 18-44 | 40 | 50 | 56 | 61 | 79 |
| 45-49 | 45 | 55 | 63 | 68 | 88 |
| 50-54 | 55 | 69 | 79 | 86 | 110 |
| 55 | 64 | 80 | 91 | 100 | 130 |
| 56 | 68 | 85 | 96 | 105 | 139 |
| 57 | 71 | 89 | 101 | 110 | 146 |
| 58 | 76 | 96 | 109 | 119 | 156 |
| 59 | 83 | 104 | 118 | 128 | 168 |
| 60 | 88 | 110 | 125 | 136 | 179 |
| 61 | 95 | 119 | 135 | 148 | 191 |
| 62 | 101 | 128 | 145 | 159 | 205 |
| 63 | 109 | 136 | 155 | 169 | 220 |
| 64 | 118 | 148 | 168 | 183 | 238 |
| 65 | 124 | 155 | 176 | 193 | 254 |
| 66 | 133 | 168 | 190 | 208 | 271 |
| 67 | 145 | 181 | 206 | 225 | 295 |
| 68 | 156 | 198 | 225 | 246 | 321 |
| 69 | 169 | 214 | 244 | 266 | 350 |
| 70 | 184 | 234 | 266 | 291 | 383 |
| 71 | 201 | 255 | 291 | 319 | 418 |
| 72 | 219 | 280 | 320 | 350 | 458 |
| 73 | 240 | 308 | 353 | 386 | 503 |
| 74 | 264 | 338 | 388 | 425 | 551 |
| 75 | 289 | 371 | 426 | 468 | 605 |
| 76 | 316 | 408 | 468 | 513 | 661 |
| 77 | 346 | 446 | 513 | 563 | 724 |
| 78 | 375 | 486 | 560 | 615 | 789 |
| 79 | 408 | 529 | 610 | 671 | 859 |
| 80 | 441 |  |  |  |  |
| 81 | 475 |  |  |  |  |
| 82 | 510 |  |  |  |  |
| 83 | 556 |  |  |  |  |
| 84 | 601 |  |  |  |  |

```
Annual Premium per $10 of Long-Term Care Daily Benefit
                    STANDARD RATING GROUP
                    O DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
```

| $\begin{aligned} & \text { ISSUE } \\ & \text { AGE } \end{aligned}$ | MAXIMUM= 730x LTC BENEFIT/DAY | MAXIMUM= 1095x LTC BENEFIT/DAY | MAXIMUM= 1460x LTC BENEFIT/DAY | MAXIMUM= 1825x LTC BENEFIT/DAY | MAXIMUM= UNLIMITED |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 18-44 | 28 | 33 | 35 | 39 | 47 |
| 45-49 | 31 | 36 | 40 | 42 | 53 |
| 50-54 | 36 | 45 | 48 | 52 | 66 |
| 55 | 45 | 52 | 58 | 62 | 80 |
| 56 | 46 | 56 | 62 | 66 | 84 |
| 57 | 48 | 59 | 65 | 69 | 89 |
| 58 | 53 | 64 | 71 | 76 | 98 |
| 59 | 58 | 69 | 76 | 82 | 106 |
| 60 | 62 | 75 | 84 | 92 | 115 |
| 61 | 68 | 82 | 92 | 99 | 125 |
| 62 | 74 | 88 | 99 | 106 | 135 |
| 63 | 78 | 94 | 106 | 115 | 146 |
| 64 | 84 | 104 | 115 | 124 | 158 |
| 65 | 89 | 109 | 121 | 129 | 166 |
| 66 | 95 | 116 | 129 | 140 | 181 |
| 67 | 104 | 127 | 142 | 154 | 198 |
| 68 | 113 | 139 | 154 | 166 | 215 |
| 69 | 124 | 153 | 172 | 187 | 236 |
| 70 | 135 | 168 | 188 | 205 | 259 |
| 71 | 148 | 184 | 207 | 225 | 286 |
| 72 | 164 | 204 | 229 | 251 | 318 |
| 73 | 181 | 227 | 256 | 278 | 353 |
| 74 | 201 | 252 | 284 | 309 | 393 |
| 75 | 224 | 280 | 318 | 346 | 435 |
| 76 | 247 | 311 | 352 | 382 | 482 |
| 77 | 274 | 342 | 389 | 425 | 533 |
| 78 | 301 | 380 | 431 | 469 | 587 |
| 79 | 331 | 416 | 474 | 516 | 646 |
| 80 | 364 |  |  |  |  |
| 81 | 395 |  |  |  |  |
| 82 | 431 |  |  |  |  |
| 83 | 476 |  |  |  |  |
| 84 | 522 |  |  |  |  |

```
            Annual Premium per $10 of Long-Term Care Daily Benefit
                        STANDARD RATING GROUP
                            O DAY ELIMINATION PERIOD
                HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
                        100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
```

| $\begin{aligned} & \text { ISSUE } \\ & \text { AGE } \end{aligned}$ | MAXIMUM= <br> 730x LTC BENEFIT/DAY | MAXIMUM= 1095x LTC BENEFIT/DAY | MAXIMUM= 1460x LTC BENEFIT/DAY | $\begin{gathered} \text { MAXIMUM= } \\ \text { 1825x LTC } \\ \text { BENEFIT/DAY } \end{gathered}$ | $\begin{aligned} & \text { MAXIMUM= } \\ & \text { UNLIMITED } \end{aligned}$ |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 18-44 | 34 | 40 | 45 | 47 | 60 |
| 45-49 | 36 | 45 | 48 | 52 | 66 |
| 50-54 | 42 | 53 | 59 | 64 | 82 |
| 55 | 51 | 60 | 68 | 74 | 95 |
| 56 | 53 | 65 | 72 | 78 | 100 |
| 57 | 56 | 68 | 75 | 81 | 105 |
| 58 | 60 | 72 | 81 | 87 | 113 |
| 59 | 65 | 80 | 88 | 95 | 122 |
| 60 | 71 | 86 | 95 | 104 | 131 |
| 61 | 76 | 93 | 104 | 111 | 141 |
| 62 | 82 | 100 | 112 | 121 | 153 |
| 63 | 88 | 107 | 121 | 131 | 165 |
| 64 | 94 | 115 | 129 | 140 | 178 |
| 65 | 100 | 121 | 135 | 146 | 188 |
| 66 | 106 | 131 | 147 | 159 | 206 |
| 67 | 116 | 142 | 160 | 174 | 224 |
| 68 | 127 | 156 | 176 | 192 | 245 |
| 69 | 136 | 169 | 192 | 207 | 268 |
| 70 | 152 | 188 | 212 | 229 | 294 |
| 71 | 165 | 206 | 233 | 253 | 322 |
| 72 | 182 | 228 | 258 | 280 | 359 |
| 73 | 201 | 253 | 287 | 312 | 399 |
| 74 | 222 | 281 | 319 | 348 | 441 |
| 75 | 247 | 312 | 356 | 388 | 492 |
| 76 | 274 | 347 | 395 | 433 | 545 |
| 77 | 304 | 384 | 436 | 476 | 599 |
| 78 | 333 | 424 | 484 | 529 | 660 |
| 79 | 365 | 464 | 529 | 580 | 727 |
| 80 | 399 |  |  |  |  |
| 81 | 435 |  |  |  |  |
| 82 | 474 |  |  |  |  |
| 83 | 524 |  |  |  |  |
| 84 | 574 |  |  |  |  |

Annual Premium per $\$ 10$ of Long-Term Care Daily Benefit
STANDARD RATING GROUP
0 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT= 50\% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-21298-SERIES

| $\begin{gathered} \text { ISSUE } \\ \text { AGE } \end{gathered}$ | MAXIMUM= 730 x LTC BENEFIT/DAY | $\begin{gathered} \text { MAXIMUM= } \\ \text { 1095x LTC } \\ \text { BENEFIT/DAY } \end{gathered}$ | $\begin{gathered} \text { MAXIMUM= } \\ 1460 \times \text { LTC } \\ \text { BENEFIT/DAY } \end{gathered}$ | MAXIMUM= 1825x LTC BENEFIT/DAY | MAXIMUM= UNLIMITED |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 18-44 | 52 | 65 | 74 | 81 | 104 |
| 45-49 | 58 | 72 | 81 | 88 | 115 |
| 50-54 | 71 | 88 | 100 | 109 | 146 |
| 55 | 82 | 104 | 116 | 127 | 169 |
| 56 | 87 | 109 | 124 | 135 | 180 |
| 57 | 92 | 115 | 129 | 141 | 188 |
| 58 | 98 | 122 | 139 | 151 | 200 |
| 59 | 105 | 129 | 147 | 160 | 213 |
| 60 | 111 | 139 | 158 | 172 | 227 |
| 61 | 119 | 148 | 168 | 182 | 241 |
| 62 | 127 | 159 | 180 | 195 | 258 |
| 63 | 135 | 169 | 192 | 207 | 275 |
| 64 | 145 | 181 | 205 | 222 | 294 |
| 65 | 153 | 192 | 218 | 236 | 312 |
| 66 | 162 | 205 | 233 | 253 | 334 |
| 67 | 175 | 221 | 251 | 272 | 360 |
| 68 | 188 | 239 | 271 | 295 | 389 |
| 69 | 205 | 259 | 294 | 321 | 419 |
| 70 | 219 | 278 | 316 | 346 | 453 |
| 71 | 239 | 301 | 345 | 376 | 492 |
| 72 | 258 | 327 | 374 | 409 | 534 |
| 73 | 280 | 356 | 407 | 446 | 582 |
| 74 | 306 | 389 | 446 | 488 | 635 |
| 75 | 334 | 427 | 488 | 535 | 692 |
| 76 | 364 | 465 | 533 | 584 | 752 |
| 77 | 395 | 507 | 581 | 636 | 819 |
| 78 | 427 | 548 | 631 | 693 | 888 |
| 79 | 460 | 595 | 686 | 753 | 962 |
| 80 | 495 |  |  |  |  |
| 81 | 533 |  |  |  |  |
| 82 | 572 |  |  |  |  |
| 83 | 619 |  |  |  |  |
| 84 | 668 |  |  |  |  |

Annual Premium per $\$ 10$ of Long-Term Care Daily Benefit
STANDARD RATING GROUP
0 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT= 100\% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-21298-SERIES

| $\begin{gathered} \text { ISSUE } \\ \text { AGE } \end{gathered}$ | MAXIMUM= 730x LTC BENEFIT/DAY | $\begin{gathered} \text { MAXIMUM= } \\ \text { 1095X LTC } \\ \text { BENEFIT/DAY } \end{gathered}$ | MAXIMUM= 1460x LTC BENEFIT/DAY | MAXIMUM= 1825x LTC BENEFIT/DAY | MAXIMUM= UNLIMITED |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 18-44 | 60 | 76 | 87 | 94 | 122 |
| 45-49 | 68 | 86 | 98 | 106 | 135 |
| 50-54 | 84 | 105 | 119 | 129 | 171 |
| 55 | 94 | 119 | 136 | 151 | 195 |
| 56 | 99 | 125 | 142 | 156 | 205 |
| 57 | 104 | 131 | 151 | 165 | 215 |
| 58 | 111 | 140 | 159 | 174 | 228 |
| 59 | 118 | 148 | 169 | 186 | 242 |
| 60 | 125 | 158 | 180 | 195 | 258 |
| 61 | 134 | 168 | 192 | 209 | 274 |
| 62 | 142 | 180 | 204 | 221 | 289 |
| 63 | 152 | 189 | 216 | 235 | 309 |
| 64 | 162 | 204 | 231 | 252 | 331 |
| 65 | 172 | 215 | 245 | 266 | 351 |
| 66 | 182 | 231 | 264 | 288 | 374 |
| 67 | 195 | 247 | 282 | 309 | 404 |
| 68 | 211 | 266 | 305 | 333 | 434 |
| 69 | 227 | 288 | 329 | 360 | 468 |
| 70 | 245 | 312 | 356 | 389 | 506 |
| 71 | 266 | 339 | 387 | 424 | 551 |
| 72 | 287 | 368 | 421 | 460 | 598 |
| 73 | 311 | 400 | 459 | 504 | 652 |
| 74 | 339 | 435 | 500 | 548 | 709 |
| 75 | 371 | 476 | 547 | 600 | 771 |
| 76 | 404 | 518 | 594 | 652 | 839 |
| 77 | 436 | 564 | 647 | 711 | 912 |
| 78 | 472 | 612 | 705 | 774 | 988 |
| 79 | 507 | 660 | 764 | 840 | 1071 |
| 80 | 547 |  |  |  |  |
| 81 | 587 |  |  |  |  |
| 82 | 627 |  |  |  |  |
| 83 | 680 |  |  |  |  |
| 84 | 731 |  |  |  |  |

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CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0023-A37
    Long-Term Care Policy
```

Annual Premium per $\$ 10$ of Long-Term Care Daily Benefit
STANDARD RATING GROUP
0 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT= 50\% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-21297-SERIES

| $\begin{gathered} \text { ISSUE } \\ \text { AGE } \end{gathered}$ | $\begin{gathered} \text { MAXIMUM= } \\ \text { 730x LTC } \\ \text { BENEFIT/DAY } \end{gathered}$ | $\begin{gathered} \text { MAXIMUM= } \\ \text { 1095x LTC } \\ \text { BENEFIT/DAY } \end{gathered}$ | $\begin{gathered} \text { MAXIMUM= } \\ \text { 1460x LTC } \\ \text { BENEFIT/DAY } \end{gathered}$ | $\begin{gathered} \text { MAXIMUM= } \\ \text { 1825X LTC } \\ \text { BENEFIT/DAY } \end{gathered}$ | MAXIMUM= <br> UNLIMITED |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 18-44 | 39 | 48 | 54 | 59 | 76 |
| 45-49 | 42 | 53 | 60 | 66 | 86 |
| 50-54 | 56 | 69 | 78 | 86 | 111 |
| 55 | 65 | 81 | 92 | 99 | 133 |
| 56 | 69 | 86 | 95 | 104 | 140 |
| 57 | 72 | 89 | 101 | 111 | 148 |
| 58 | 78 | 98 | 111 | 121 | 160 |
| 59 | 84 | 105 | 119 | 129 | 172 |
| 60 | 92 | 113 | 128 | 140 | 186 |
| 61 | 99 | 122 | 139 | 151 | 200 |
| 62 | 106 | 133 | 151 | 164 | 215 |
| 63 | 113 | 142 | 162 | 176 | 231 |
| 64 | 122 | 153 | 174 | 189 | 248 |
| 65 | 129 | 162 | 184 | 200 | 266 |
| 66 | 140 | 174 | 198 | 215 | 286 |
| 67 | 152 | 189 | 215 | 234 | 311 |
| 68 | 164 | 206 | 235 | 258 | 339 |
| 69 | 180 | 225 | 256 | 280 | 369 |
| 70 | 194 | 246 | 280 | 305 | 401 |
| 71 | 212 | 268 | 306 | 334 | 440 |
| 72 | 233 | 295 | 336 | 368 | 482 |
| 73 | 253 | 324 | 371 | 406 | 529 |
| 74 | 280 | 356 | 407 | 446 | 582 |
| 75 | 307 | 393 | 451 | 493 | 639 |
| 76 | 336 | 431 | 494 | 541 | 699 |
| 77 | 369 | 472 | 541 | 593 | 765 |
| 78 | 401 | 515 | 592 | 648 | 834 |
| 79 | 435 | 562 | 646 | 709 | 907 |
| 80 | 471 |  |  |  |  |
| 81 | 507 |  |  |  |  |
| 82 | 547 |  |  |  |  |
| 83 | 595 |  |  |  |  |
| 84 | 646 |  |  |  |  |

```
CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0023-A37
    Long-Term Care Policy
```

Annual Premium per $\$ 10$ of Long-Term Care Daily Benefit
STANDARD RATING GROUP
O DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT= $100 \%$ OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-21297-SERIES

| $\begin{gathered} \text { ISSUE } \\ \text { AGE } \end{gathered}$ | $\begin{gathered} \text { MAXIMUM= } \\ 730 \times \text { LTC } \\ \text { BENEFIT/DAY } \end{gathered}$ | MAXIMUM= 1095x LTC BENEFIT/DAY | MAXIMUM= 1460x LTC BENEFIT/DAY | $\begin{gathered} \text { MAXIMUM= } \\ \text { 1825x LTC } \\ \text { BENEFIT/DAY } \end{gathered}$ | MAXIMUM= UNLIMITED |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 18-44 | 47 | 59 | 66 | 72 | 93 |
| 45-49 | 53 | 65 | 74 | 80 | 104 |
| 50-54 | 65 | 81 | 93 | 101 | 129 |
| 55 | 75 | 94 | 107 | 118 | 153 |
| 56 | 80 | 100 | 113 | 124 | 164 |
| 57 | 84 | 105 | 119 | 129 | 172 |
| 58 | 89 | 113 | 128 | 140 | 184 |
| 59 | 98 | 122 | 139 | 151 | 198 |
| 60 | 104 | 129 | 147 | 160 | 211 |
| 61 | 112 | 140 | 159 | 174 | 225 |
| 62 | 119 | 151 | 171 | 187 | 241 |
| 63 | 128 | 160 | 182 | 199 | 259 |
| 64 | 139 | 174 | 198 | 215 | 280 |
| 65 | 146 | 182 | 207 | 227 | 299 |
| 66 | 156 | 198 | 224 | 245 | 319 |
| 67 | 171 | 213 | 242 | 265 | 347 |
| 68 | 184 | 233 | 265 | 289 | 378 |
| 69 | 199 | 252 | 287 | 313 | 412 |
| 70 | 216 | 275 | 313 | 342 | 451 |
| 71 | 236 | 300 | 342 | 375 | 492 |
| 72 | 258 | 329 | 376 | 412 | 539 |
| 73 | 282 | 362 | 415 | 454 | 592 |
| 74 | 311 | 398 | 456 | 500 | 648 |
| 75 | 340 | 436 | 501 | 551 | 712 |
| 76 | 372 | 480 | 551 | 604 | 778 |
| 77 | 407 | 525 | 604 | 662 | 852 |
| 78 | 441 | 572 | 659 | 724 | 928 |
| 79 | 480 | 622 | 718 | 789 | 1011 |
| 80 | 519 |  |  |  |  |
| 81 | 559 |  |  |  |  |
| 82 | 600 |  |  |  |  |
| 83 | 654 |  |  |  |  |
| 84 | 707 |  |  |  |  |

## Elimination Period Factors

Rates shown are for 0 day elimination period. Rates for longer elimination periods are calculated by multiplying the 0 day rates by the appropriate factor from the following table:

| Benefit <br> Maximum | 20 | 30 | 60 | 90 | 100 | 180 | 365 |
| :--- | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  |  |  |  |  |
| $730 \mathrm{x}, 1095 \mathrm{x}$ | 0.92 | 0.89 | 0.84 | 0.80 | 0.79 | 0.69 | 0.60 |
| $1460 \mathrm{x}, 1825 \mathrm{x}$ | 0.94 | 0.91 | 0.86 | 0.82 | 0.81 | 0.72 | 0.63 |
| Lifetime | 0.96 | 0.93 | 0.89 | 0.86 | 0.85 | 0.78 | 0.70 |

## Spousal Discount

A $10 \%$ discount to the rates is available to married couples if both spouses apply for coverage.

## Modal Factors

Semi-Annual: 0.52; Quarterly: 0.27; Check-A-Matic: 0.09

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CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0023-B37
    Long-Term Care Policy
```

Annual Premium per $\$ 10$ of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
0 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT= 50\% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

| $\begin{gathered} \text { ISSUE } \\ \text { AGE } \end{gathered}$ | MAXIMUM= 730x LTC BENEFIT/DAY | MAXIMUM= 1095x LTC BENEFIT/DAY | MAXIMUM= 1460x LTC BENEFIT/DAY | MAXIMUM= 1825x LTC BENEFIT/DAY | MAXIMUM= UNLIMITED |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 18-44 | 24 | 28 | 30 | 33 | 40 |
| 45-49 | 26 | 31 | 34 | 36 | 45 |
| 50-54 | 31 | 38 | 41 | 44 | 56 |
| 55 | 38 | 44 | 49 | 53 | 68 |
| 56 | 39 | 48 | 53 | 56 | 71 |
| 57 | 41 | 50 | 55 | 59 | 76 |
| 58 | 45 | 54 | 60 | 65 | 83 |
| 59 | 49 | 59 | 65 | 70 | 90 |
| 60 | 53 | 64 | 71 | 78 | 98 |
| 61 | 58 | 70 | 78 | 84 | 106 |
| 62 | 63 | 75 | 84 | 90 | 115 |
| 63 | 66 | 80 | 90 | 98 | 124 |
| 64 | 71 | 88 | 98 | 105 | 134 |
| 65 | 76 | 93 | 103 | 110 | 141 |
| 66 | 81 | 99 | 110 | 119 | 154 |
| 67 | 88 | 108 | 121 | 131 | 168 |
| 68 | 96 | 118 | 131 | 141 | 183 |
| 69 | 105 | 130 | 146 | 159 | 201 |
| 70 | 115 | 143 | 160 | 174 | 220 |
| 71 | 126 | 156 | 176 | 191 | 243 |
| 72 | 139 | 173 | 195 | 213 | 270 |
| 73 | 154 | 193 | 218 | 236 | 300 |
| 74 | 171 | 214 | 241 | 263 | 334 |
| 75 | 190 | 238 | 270 | 294 | 370 |
| 76 | 210 | 264 | 299 | 325 | 410 |
| 77 | 233 | 291 | 331 | 361 | 453 |
| 78 | 256 | 323 | 366 | 399 | 499 |
| 79 | 281 | 354 | 403 | 439 | 549 |
| 80 | 309 |  |  |  |  |
| 81 | 336 |  |  |  |  |
| 82 | 366 |  |  |  |  |
| 83 | 405 |  |  |  |  |
| 84 | 444 |  |  |  |  |

Annual Premium per $\$ 10$ of Long-Term Care Daily Benefit
preferred rating group
0 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT= 100\% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

| $\begin{aligned} & \text { ISSUE } \\ & \text { AGE } \end{aligned}$ | MAXIMUM= 730x LTC BENEFIT/DAY | $\begin{gathered} \text { MAXIMUM= } \\ \text { 1095x LTC } \\ \text { BENEFIT / DAY } \end{gathered}$ | MAXIMUM= 1460x LTC BENEFIT/DAY | MAXIMUM= 1825x LTC BENEFIT/DAY | MAXIMUM= UNLIMITED |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 18-44 | 29 | 34 | 38 | 40 | 51 |
| 45-49 | 31 | 38 | 41 | 44 | 56 |
| 50-54 | 36 | 45 | 50 | 54 | 70 |
| 55 | 43 | 51 | 58 | 63 | 81 |
| 56 | 45 | 55 | 61 | 66 | 85 |
| 57 | 48 | 58 | 64 | 69 | 89 |
| 58 | 51 | 61 | 69 | 74 | 96 |
| 59 | 55 | 68 | 75 | 81 | 104 |
| 60 | 60 | 73 | 81 | 88 | 111 |
| 61 | 65 | 79 | 88 | 94 | 120 |
| 62 | 70 | 85 | 95 | 103 | 130 |
| 63 | 75 | 91 | 103 | 111 | 140 |
| 64 | 80 | 98 | 110 | 119 | 151 |
| 65 | 85 | 103 | 115 | 124 | 160 |
| 66 | 90 | 111 | 125 | 135 | 175 |
| 67 | 99 | 121 | 136 | 148 | 190 |
| 68 | 108 | 133 | 150 | 163 | 208 |
| 69 | 116 | 144 | 163 | 176 | 228 |
| 70 | 129 | 160 | 180 | 195 | 250 |
| 71 | 140 | 175 | 198 | 215 | 274 |
| 72 | 155 | 194 | 219 | 238 | 305 |
| 73 | 171 | 215 | 244 | 265 | 339 |
| 74 | 189 | 239 | 271 | 296 | 375 |
| 75 | 210 | 265 | 303 | 330 | 418 |
| 76 | 233 | 295 | 336 | 368 | 463 |
| 77 | 258 | 326 | 371 | 405 | 509 |
| 78 | 283 | 360 | 411 | 450 | 561 |
| 79 | 310 | 394 | 450 | 493 | 618 |
| 80 | 339 |  |  |  |  |
| 81 | 370 |  |  |  |  |
| 82 | 403 |  |  |  |  |
| 83 | 445 |  |  |  |  |
| 84 | 488 |  |  |  |  |

Annual Premium per $\$ 10$ of Long-Term Care Daily Benefit

> PREFERRED RATING GROUP

0 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT= 50\% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-21298-SERIES

| $\begin{gathered} \text { ISSUE } \\ \text { AGE } \end{gathered}$ | $\begin{gathered} \text { MAXIMUM= } \\ 730 \times \text { LTC } \\ \text { BENEFIT/DAY } \end{gathered}$ | MAXIMUM= <br> 1095x LTC <br> BENEFIT/DAY | $\begin{gathered} \text { MAXIMUM= } \\ 1460 \times \text { LTC } \\ \text { BENEFIT/DAY } \end{gathered}$ | MAXIMUM= 1825x LTC BENEFIT/DAY | MAXIMUM= UNLIMITED |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 18-44 | 44 | 55 | 63 | 69 | 88 |
| 45-49 | 49 | 61 | 69 | 75 | 98 |
| 50-54 | 60 | 75 | 85 | 93 | 124 |
| 55 | 70 | 88 | 99 | 108 | 144 |
| 56 | 74 | 93 | 105 | 115 | 153 |
| 57 | 78 | 98 | 110 | 120 | 160 |
| 58 | 83 | 104 | 118 | 128 | 170 |
| 59 | 89 | 110 | 125 | 136 | 181 |
| 60 | 94 | 118 | 134 | 146 | 193 |
| 61 | 101 | 126 | 143 | 155 | 205 |
| 62 | 108 | 135 | 153 | 166 | 219 |
| 63 | 115 | 144 | 163 | 176 | 234 |
| 64 | 123 | 154 | 174 | 189 | 250 |
| 65 | 130 | 163 | 185 | 201 | 265 |
| 66 | 138 | 174 | 198 | 215 | 284 |
| 67 | 149 | 188 | 213 | 231 | 306 |
| 68 | 160 | 203 | 230 | 251 | 331 |
| 69 | 174 | 220 | 250 | 273 | 356 |
| 70 | 186 | 236 | 269 | 294 | 385 |
| 71 | 203 | 256 | 293 | 320 | 418 |
| 72 | 219 | 278 | 318 | 348 | 454 |
| 73 | 238 | 303 | 346 | 379 | 495 |
| 74 | 260 | 331 | 379 | 415 | 540 |
| 75 | 284 | 363 | 415 | 455 | 588 |
| 76 | 309 | 395 | 453 | 496 | 639 |
| 77 | 336 | 431 | 494 | 541 | 696 |
| 78 | 363 | 466 | 536 | 589 | 755 |
| 79 | 391 | 506 | 583 | 640 | 818 |
| 80 | 421 |  |  |  |  |
| 81 | 453 |  |  |  |  |
| 82 | 486 |  |  |  |  |
| 83 | 526 |  |  |  |  |
| 84 | 568 |  |  |  |  |

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CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0023-B37
    Long-Term Care Policy
```

Annual Premium per $\$ 10$ of Long-Term Care Daily Benefit
PREFERRED RATING GROUP 0 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT= $100 \%$ OF LONG-TERM CARE DAILY BENEFIT AMOUNT WITH COMPOUND AUTOMATIC INCREASE RIDER R1-21298-SERIES

| $\begin{gathered} \text { ISSUE } \\ \text { AGE } \end{gathered}$ | MAXIMUM= 730x LTC BENEFIT/DAY | MAXIMUM= 1095x LTC BENEFIT/DAY | MAXIMUM= 1460x LTC BENEFIT/DAY | MAXIMUM= 1825x LTC BENEFIT/DAY | MAXIMUM= UNLIMITED |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 18-44 | 51 | 65 | 74 | 80 | 104 |
| 45-49 | 58 | 73 | 83 | 90 | 115 |
| 50-54 | 71 | 89 | 101 | 110 | 145 |
| 55 | 80 | 101 | 116 | 128 | 166 |
| 56 | 84 | 106 | 121 | 133 | 174 |
| 57 | 88 | 111 | 128 | 140 | 183 |
| 58 | 94 | 119 | 135 | 148 | 194 |
| 59 | 100 | 126 | 144 | 158 | 206 |
| 60 | 106 | 134 | 153 | 166 | 219 |
| 61 | 114 | 143 | 163 | 178 | 233 |
| 62 | 121 | 153 | 173 | 188 | 246 |
| 63 | 129 | 161 | 184 | 200 | 263 |
| 64 | 138 | 173 | 196 | 214 | 281 |
| 65 | 146 | 183 | 208 | 226 | 298 |
| 66 | 155 | 196 | 224 | 245 | 318 |
| 67 | 166 | 210 | 240 | 263 | 343 |
| 68 | 179 | 226 | 259 | 283 | 369 |
| 69 | 193 | 245 | 280 | 306 | 398 |
| 70 | 208 | 265 | 303 | 331 | 430 |
| 71 | 226 | 288 | 329 | 360 | 468 |
| 72 | 244 | 313 | 358 | 391 | 508 |
| 73 | 264 | 340 | 390 | 428 | 554 |
| 74 | 288 | 370 | 425 | 466 | 603 |
| 75 | 315 | 405 | 465 | 510 | 655 |
| 76 | 343 | 440 | 505 | 554 | 713 |
| 77 | 371 | 479 | 550 | 604 | 775 |
| 78 | 401 | 520 | 599 | 658 | 840 |
| 79 | 431 | 561 | 649 | 714 | 910 |
| 80 | 465 |  |  |  |  |
| 81 | 499 |  |  |  |  |
| 82 | 533 |  |  |  |  |
| 83 | 578 |  |  |  |  |
| 84 | 621 |  |  |  |  |

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CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0023-B37
    Long-Term Care Policy
```

Annual Premium per $\$ 10$ of Long-Term Care Daily Benefit
PREFERRED RATING GROUP
0 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
$50 \%$ OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-21297-SERIES

| $\begin{gathered} \text { ISSUE } \\ \text { AGE } \end{gathered}$ | MAXIMUM= 730x LTC BENEFIT/DAY | MAXIMUM= <br> 1095x LTC <br> BENEFIT/DAY | MAXIMUM= 1460x LTC BENEFIT/DAY | MAXIMUM= 1825x LTC BENEFIT/DAY | MAXIMUM= <br> UNLIMITED |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 18-44 | 33 | 41 | 46 | 50 | 65 |
| 45-49 | 36 | 45 | 51 | 56 | 73 |
| 50-54 | 48 | 59 | 66 | 73 | 94 |
| 55 | 55 | 69 | 78 | 84 | 113 |
| 56 | 59 | 73 | 81 | 88 | 119 |
| 57 | 61 | 76 | 86 | 94 | 126 |
| 58 | 66 | 83 | 94 | 103 | 136 |
| 59 | 71 | 89 | 101 | 110 | 146 |
| 60 | 78 | 96 | 109 | 119 | 158 |
| 61 | 84 | 104 | 118 | 128 | 170 |
| 62 | 90 | 113 | 128 | 139 | 183 |
| 63 | 96 | 121 | 138 | 150 | 196 |
| 64 | 104 | 130 | 148 | 161 | 211 |
| 65 | 110 | 138 | 156 | 170 | 226 |
| 66 | 119 | 148 | 168 | 183 | 243 |
| 67 | 129 | 161 | 183 | 199 | 264 |
| 68 | 139 | 175 | 200 | 219 | 288 |
| 69 | 153 | 191 | 218 | 238 | 314 |
| 70 | 165 | 209 | 238 | 259 | 341 |
| 71 | 180 | 228 | 260 | 284 | 374 |
| 72 | 198 | 251 | 286 | 313 | 410 |
| 73 | 215 | 275 | 315 | 345 | 450 |
| 74 | 238 | 303 | 346 | 379 | 495 |
| 75 | 261 | 334 | 383 | 419 | 543 |
| 76 | 286 | 366 | 420 | 460 | 594 |
| 77 | 314 | 401 | 460 | 504 | 650 |
| 78 | 341 | 438 | 503 | 551 | 709 |
| 79 | 370 | 478 | 549 | 603 | 771 |
| 80 | 400 |  |  |  |  |
| 81 | 431 |  |  |  |  |
| 82 | 465 |  |  |  |  |
| 83 | 506 |  |  |  |  |
| 84 | 549 |  |  |  |  |

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CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0023-B37
    Long-Term Care Policy
```

Annual Premium per $\$ 10$ of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
0 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT= 100\% OF LONG-TERM CARE DAILY BENEFIT AMOUNT WITH SIMPLE AUTOMATIC INCREASE RIDER R1-21297-SERIES

| $\begin{gathered} \text { ISSUE } \\ \text { AGE } \end{gathered}$ | $\begin{gathered} \text { MAXIMUM= } \\ 730 \mathrm{x} \text { LTC } \\ \text { BENEFIT / DAY } \end{gathered}$ | $\begin{gathered} \text { MAXIMUM }= \\ \text { 1095x LTC } \\ \text { BENEFIT/DAY } \end{gathered}$ | $\begin{gathered} \text { MAXIMUM }= \\ 1460 \times \text { LTC } \\ \text { BENEFIT/DAY } \end{gathered}$ | $\begin{gathered} \text { MAXIMUM }= \\ \text { 1825x LTC } \\ \text { BENEFIT/DAY } \end{gathered}$ | MAXIMUM= <br> UNLIMITED |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 18-44 | 40 | 50 | 56 | 61 | 79 |
| 45-49 | 45 | 55 | 63 | 68 | 88 |
| 50-54 | 55 | 69 | 79 | 86 | 110 |
| 55 | 64 | 80 | 91 | 100 | 130 |
| 56 | 68 | 85 | 96 | 105 | 139 |
| 57 | 71 | 89 | 101 | 110 | 146 |
| 58 | 76 | 96 | 109 | 119 | 156 |
| 59 | 83 | 104 | 118 | 128 | 168 |
| 60 | 88 | 110 | 125 | 136 | 179 |
| 61 | 95 | 119 | 135 | 148 | 191 |
| 62 | 101 | 128 | 145 | 159 | 205 |
| 63 | 109 | 136 | 155 | 169 | 220 |
| 64 | 118 | 148 | 168 | 183 | 238 |
| 65 | 124 | 155 | 176 | 193 | 254 |
| 66 | 133 | 168 | 190 | 208 | 271 |
| 67 | 145 | 181 | 206 | 225 | 295 |
| 68 | 156 | 198 | 225 | 246 | 321 |
| 69 | 169 | 214 | 244 | 266 | 350 |
| 70 | 184 | 234 | 266 | 291 | 383 |
| 71 | 201 | 255 | 291 | 319 | 418 |
| 72 | 219 | 280 | 320 | 350 | 458 |
| 73 | 240 | 308 | 353 | 386 | 503 |
| 74 | 264 | 338 | 388 | 425 | 551 |
| 75 | 289 | 371 | 426 | 468 | 605 |
| 76 | 316 | 408 | 468 | 513 | 661 |
| 77 | 346 | 446 | 513 | 563 | 724 |
| 78 | 375 | 486 | 560 | 615 | 789 |
| 79 | 408 | 529 | 610 | 671 | 859 |
| 80 | 441 |  |  |  |  |
| 81 | 475 |  |  |  |  |
| 82 | 510 |  |  |  |  |
| 83 | 556 |  |  |  |  |
| 84 | 601 |  |  |  |  |

```
CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0023-B37
    Long-Term Care Policy
```

Annual Premium per $\$ 10$ of Long-Term Care Daily Benefit

STANDARD RATING GROUP
0 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT= 50\% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

| $\begin{gathered} \text { ISSUE } \\ \text { AGE } \end{gathered}$ | MAXIMUM= 730x LTC BENEFIT/DAY | $\begin{gathered} \text { MAXIMUM= } \\ \text { 1095x LTC } \\ \text { BENEFIT/DAY } \end{gathered}$ | MAXIMUM= 1460x LTC BENEFIT/DAY | MAXIMUM= 1825x LTC BENEFIT/DAY | MAXIMUM= <br> UNLIMITED |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 18-44 | 28 | 33 | 35 | 39 | 47 |
| 45-49 | 31 | 36 | 40 | 42 | 53 |
| 50-54 | 36 | 45 | 48 | 52 | 66 |
| 55 | 45 | 52 | 58 | 62 | 80 |
| 56 | 46 | 56 | 62 | 66 | 84 |
| 57 | 48 | 59 | 65 | 69 | 89 |
| 58 | 53 | 64 | 71 | 76 | 98 |
| 59 | 58 | 69 | 76 | 82 | 106 |
| 60 | 62 | 75 | 84 | 92 | 115 |
| 61 | 68 | 82 | 92 | 99 | 125 |
| 62 | 74 | 88 | 99 | 106 | 135 |
| 63 | 78 | 94 | 106 | 115 | 146 |
| 64 | 84 | 104 | 115 | 124 | 158 |
| 65 | 89 | 109 | 121 | 129 | 166 |
| 66 | 95 | 116 | 129 | 140 | 181 |
| 67 | 104 | 127 | 142 | 154 | 198 |
| 68 | 113 | 139 | 154 | 166 | 215 |
| 69 | 124 | 153 | 172 | 187 | 236 |
| 70 | 135 | 168 | 188 | 205 | 259 |
| 71 | 148 | 184 | 207 | 225 | 286 |
| 72 | 164 | 204 | 229 | 251 | 318 |
| 73 | 181 | 227 | 256 | 278 | 353 |
| 74 | 201 | 252 | 284 | 309 | 393 |
| 75 | 224 | 280 | 318 | 346 | 435 |
| 76 | 247 | 311 | 352 | 382 | 482 |
| 77 | 274 | 342 | 389 | 425 | 533 |
| 78 | 301 | 380 | 431 | 469 | 587 |
| 79 | 331 | 416 | 474 | 516 | 646 |
| 80 | 364 |  |  |  |  |
| 81 | 395 |  |  |  |  |
| 82 | 431 |  |  |  |  |
| 83 | 476 |  |  |  |  |
| 84 | 522 |  |  |  |  |

Annual Premium per $\$ 10$ of Long-Term Care Daily Benefit

STANDARD RATING GROUP
0 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT= 100\% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

| $\begin{gathered} \text { ISSUE } \\ \text { AGE } \end{gathered}$ | MAXIMUM= 730x LTC BENEFIT/DAY | MAXIMUM= 1095x LTC BENEFIT/DAY | MAXIMUM= 1460x LTC BENEFIT/DAY | MAXIMUM= 1825x LTC BENEFIT/DAY | MAXIMUM= UNLIMITED |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 18-44 | 34 | 40 | 45 | 47 | 60 |
| 45-49 | 36 | 45 | 48 | 52 | 66 |
| 50-54 | 42 | 53 | 59 | 64 | 82 |
| 55 | 51 | 60 | 68 | 74 | 95 |
| 56 | 53 | 65 | 72 | 78 | 100 |
| 57 | 56 | 68 | 75 | 81 | 105 |
| 58 | 60 | 72 | 81 | 87 | 113 |
| 59 | 65 | 80 | 88 | 95 | 122 |
| 60 | 71 | 86 | 95 | 104 | 131 |
| 61 | 76 | 93 | 104 | 111 | 141 |
| 62 | 82 | 100 | 112 | 121 | 153 |
| 63 | 88 | 107 | 121 | 131 | 165 |
| 64 | 94 | 115 | 129 | 140 | 178 |
| 65 | 100 | 121 | 135 | 146 | 188 |
| 66 | 106 | 131 | 147 | 159 | 206 |
| 67 | 116 | 142 | 160 | 174 | 224 |
| 68 | 127 | 156 | 176 | 192 | 245 |
| 69 | 136 | 169 | 192 | 207 | 268 |
| 70 | 152 | 188 | 212 | 229 | 294 |
| 71 | 165 | 206 | 233 | 253 | 322 |
| 72 | 182 | 228 | 258 | 280 | 359 |
| 73 | 201 | 253 | 287 | 312 | 399 |
| 74 | 222 | 281 | 319 | 348 | 441 |
| 75 | 247 | 312 | 356 | 388 | 492 |
| 76 | 274 | 347 | 395 | 433 | 545 |
| 77 | 304 | 384 | 436 | 476 | 599 |
| 78 | 333 | 424 | 484 | 529 | 660 |
| 79 | 365 | 464 | 529 | 580 | 727 |
| 80 | 399 |  |  |  |  |
| 81 | 435 |  |  |  |  |
| 82 | 474 |  |  |  |  |
| 83 | 524 |  |  |  |  |
| 84 | 574 |  |  |  |  |

```
CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0023-B37
    Long-Term Care Policy
```

Annual Premium per $\$ 10$ of Long-Term Care Daily Benefit

STANDARD RATING GROUP
0 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT= 50\% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-21298-SERIES

| $\begin{aligned} & \text { ISSUE } \\ & \text { AGE } \end{aligned}$ | MAXIMUM= <br> 730x LTC <br> BENEFIT/DAY | $\begin{gathered} \text { MAXIMUM= } \\ \text { 1095x LTC } \\ \text { BENEFIT/DAY } \end{gathered}$ | MAXIMUM= 1460x LTC BENEFIT/DAY | MAXIMUM= 1825x LTC BENEFIT/DAY | MAXIMUM= UNLIMITED |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 18-44 | 52 | 65 | 74 | 81 | 104 |
| 45-49 | 58 | 72 | 81 | 88 | 115 |
| 50-54 | 71 | 88 | 100 | 109 | 146 |
| 55 | 82 | 104 | 116 | 127 | 169 |
| 56 | 87 | 109 | 124 | 135 | 180 |
| 57 | 92 | 115 | 129 | 141 | 188 |
| 58 | 98 | 122 | 139 | 151 | 200 |
| 59 | 105 | 129 | 147 | 160 | 213 |
| 60 | 111 | 139 | 158 | 172 | 227 |
| 61 | 119 | 148 | 168 | 182 | 241 |
| 62 | 127 | 159 | 180 | 195 | 258 |
| 63 | 135 | 169 | 192 | 207 | 275 |
| 64 | 145 | 181 | 205 | 222 | 294 |
| 65 | 153 | 192 | 218 | 236 | 312 |
| 66 | 162 | 205 | 233 | 253 | 334 |
| 67 | 175 | 221 | 251 | 272 | 360 |
| 68 | 188 | 239 | 271 | 295 | 389 |
| 69 | 205 | 259 | 294 | 321 | 419 |
| 70 | 219 | 278 | 316 | 346 | 453 |
| 71 | 239 | 301 | 345 | 376 | 492 |
| 72 | 258 | 327 | 374 | 409 | 534 |
| 73 | 280 | 356 | 407 | 446 | 582 |
| 74 | 306 | 389 | 446 | 488 | 635 |
| 75 | 334 | 427 | 488 | 535 | 692 |
| 76 | 364 | 465 | 533 | 584 | 752 |
| 77 | 395 | 507 | 581 | 636 | 819 |
| 78 | 427 | 548 | 631 | 693 | 888 |
| 79 | 460 | 595 | 686 | 753 | 962 |
| 80 | 495 |  |  |  |  |
| 81 | 533 |  |  |  |  |
| 82 | 572 |  |  |  |  |
| 83 | 619 |  |  |  |  |
| 84 | 668 |  |  |  |  |

```
CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0023-B37
    Long-Term Care Policy
```

Annual Premium per $\$ 10$ of Long-Term Care Daily Benefit

STANDARD RATING GROUP
0 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT= 100\% OF LONG-TERM CARE DAILY BENEFIT AMOUNT WITH COMPOUND AUTOMATIC INCREASE RIDER R1-21298-SERIES

| $\begin{gathered} \text { ISSUE } \\ \text { AGE } \end{gathered}$ | MAXIMUM= 730x LTC BENEFIT/DAY | MAXIMUM= 1095x LTC BENEFIT/DAY | MAXIMUM= 1460x LTC BENEFIT/DAY | MAXIMUM= 1825x LTC BENEFIT/DAY | MAXIMUM= UNLIMITED |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 18-44 | 60 | 76 | 87 | 94 | 122 |
| 45-49 | 68 | 86 | 98 | 106 | 135 |
| 50-54 | 84 | 105 | 119 | 129 | 171 |
| 55 | 94 | 119 | 136 | 151 | 195 |
| 56 | 99 | 125 | 142 | 156 | 205 |
| 57 | 104 | 131 | 151 | 165 | 215 |
| 58 | 111 | 140 | 159 | 174 | 228 |
| 59 | 118 | 148 | 169 | 186 | 242 |
| 60 | 125 | 158 | 180 | 195 | 258 |
| 61 | 134 | 168 | 192 | 209 | 274 |
| 62 | 142 | 180 | 204 | 221 | 289 |
| 63 | 152 | 189 | 216 | 235 | 309 |
| 64 | 162 | 204 | 231 | 252 | 331 |
| 65 | 172 | 215 | 245 | 266 | 351 |
| 66 | 182 | 231 | 264 | 288 | 374 |
| 67 | 195 | 247 | 282 | 309 | 404 |
| 68 | 211 | 266 | 305 | 333 | 434 |
| 69 | 227 | 288 | 329 | 360 | 468 |
| 70 | 245 | 312 | 356 | 389 | 506 |
| 71 | 266 | 339 | 387 | 424 | 551 |
| 72 | 287 | 368 | 421 | 460 | 598 |
| 73 | 311 | 400 | 459 | 504 | 652 |
| 74 | 339 | 435 | 500 | 548 | 709 |
| 75 | 371 | 476 | 547 | 600 | 771 |
| 76 | 404 | 518 | 594 | 652 | 839 |
| 77 | 436 | 564 | 647 | 711 | 912 |
| 78 | 472 | 612 | 705 | 774 | 988 |
| 79 | 507 | 660 | 764 | 840 | 1071 |
| 80 | 547 |  |  |  |  |
| 81 | 587 |  |  |  |  |
| 82 | 627 |  |  |  |  |
| 83 | 680 |  |  |  |  |
| 84 | 731 |  |  |  |  |

Annual Premium per $\$ 10$ of Long-Term Care Daily Benefit
STANDARD RATING GROUP
0 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT= $50 \%$ OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-21297-SERIES

| $\begin{aligned} & \text { I SSUE } \\ & \text { AGE } \end{aligned}$ | MAXIMUM= 730x LTC BENEFIT/DAY | MAXIMUM= 1095x LTC BENEFIT/DAY | MAXIMUM= 1460x LTC BENEFIT/DAY | MAXIMUM= 1825x LTC BENEFIT/DAY | MAXIMUM= UNLIMITED |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 18-44 | 39 | 48 | 54 | 59 | 76 |
| 45-49 | 42 | 53 | 60 | 66 | 86 |
| 50-54 | 56 | 69 | 78 | 86 | 111 |
| 55 | 65 | 81 | 92 | 99 | 133 |
| 56 | 69 | 86 | 95 | 104 | 140 |
| 57 | 72 | 89 | 101 | 111 | 148 |
| 58 | 78 | 98 | 111 | 121 | 160 |
| 59 | 84 | 105 | 119 | 129 | 172 |
| 60 | 92 | 113 | 128 | 140 | 186 |
| 61 | 99 | 122 | 139 | 151 | 200 |
| 62 | 106 | 133 | 151 | 164 | 215 |
| 63 | 113 | 142 | 162 | 176 | 231 |
| 64 | 122 | 153 | 174 | 189 | 248 |
| 65 | 129 | 162 | 184 | 200 | 266 |
| 66 | 140 | 174 | 198 | 215 | 286 |
| 67 | 152 | 189 | 215 | 234 | 311 |
| 68 | 164 | 206 | 235 | 258 | 339 |
| 69 | 180 | 225 | 256 | 280 | 369 |
| 70 | 194 | 246 | 280 | 305 | 401 |
| 71 | 212 | 268 | 306 | 334 | 440 |
| 72 | 233 | 295 | 336 | 368 | 482 |
| 73 | 253 | 324 | 371 | 406 | 529 |
| 74 | 280 | 356 | 407 | 446 | 582 |
| 75 | 307 | 393 | 451 | 493 | 639 |
| 76 | 336 | 431 | 494 | 541 | 699 |
| 77 | 369 | 472 | 541 | 593 | 765 |
| 78 | 401 | 515 | 592 | 648 | 834 |
| 79 | 435 | 562 | 646 | 709 | 907 |
| 80 | 471 |  |  |  |  |
| 81 | 507 |  |  |  |  |
| 82 | 547 |  |  |  |  |
| 83 | 595 |  |  |  |  |
| 84 | 646 |  |  |  |  |

```
CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0023-B37
    Long-Term Care Policy
```

Annual Premium per $\$ 10$ of Long-Term Care Daily Benefit
STANDARD RATING GROUP
0 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT= 100\% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-21297-SERIES

| $\begin{gathered} \text { ISSUE } \\ \text { AGE } \end{gathered}$ | MAXIMUM= 730 x LTC BENEFIT/DAY | MAXIMUM= 1095x LTC BENEFIT/DAY | MAXIMUM= 1460x LTC BENEFIT/DAY | MAXIMUM= 1825x LTC BENEFIT/DAY | MAXIMUM= UNLIMITED |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 18-44 | 47 | 59 | 66 | 72 | 93 |
| 45-49 | 53 | 65 | 74 | 80 | 104 |
| 50-54 | 65 | 81 | 93 | 101 | 129 |
| 55 | 75 | 94 | 107 | 118 | 153 |
| 56 | 80 | 100 | 113 | 124 | 164 |
| 57 | 84 | 105 | 119 | 129 | 172 |
| 58 | 89 | 113 | 128 | 140 | 184 |
| 59 | 98 | 122 | 139 | 151 | 198 |
| 60 | 104 | 129 | 147 | 160 | 211 |
| 61 | 112 | 140 | 159 | 174 | 225 |
| 62 | 119 | 151 | 171 | 187 | 241 |
| 63 | 128 | 160 | 182 | 199 | 259 |
| 64 | 139 | 174 | 198 | 215 | 280 |
| 65 | 146 | 182 | 207 | 227 | 299 |
| 66 | 156 | 198 | 224 | 245 | 319 |
| 67 | 171 | 213 | 242 | 265 | 347 |
| 68 | 184 | 233 | 265 | 289 | 378 |
| 69 | 199 | 252 | 287 | 313 | 412 |
| 70 | 216 | 275 | 313 | 342 | 451 |
| 71 | 236 | 300 | 342 | 375 | 492 |
| 72 | 258 | 329 | 376 | 412 | 539 |
| 73 | 282 | 362 | 415 | 454 | 592 |
| 74 | 311 | 398 | 456 | 500 | 648 |
| 75 | 340 | 436 | 501 | 551 | 712 |
| 76 | 372 | 480 | 551 | 604 | 778 |
| 77 | 407 | 525 | 604 | 662 | 852 |
| 78 | 441 | 572 | 659 | 724 | 928 |
| 79 | 480 | 622 | 718 | 789 | 1011 |
| 80 | 519 |  |  |  |  |
| 81 | 559 |  |  |  |  |
| 82 | 600 |  |  |  |  |
| 83 | 654 |  |  |  |  |
| 84 | 707 |  |  |  |  |

## Elimination Period Factors

Rates shown are for 0 day elimination period. Rates for longer elimination periods are calculated by multiplying the 0 day rates by the appropriate factor from the following table:

| Benefit <br> Maximum | 20 | 30 | 60 | 90 | 100 | 180 | 365 |
| :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- |
|  |  |  |  |  |  |  |  |
| $730 \mathrm{x}, 1095 \mathrm{x}$ | 0.92 | 0.89 | 0.84 | 0.80 | 0.79 | 0.69 | 0.60 |
| $1460 \mathrm{x}, 1825 \mathrm{x}$ | 0.94 | 0.91 | 0.86 | 0.82 | 0.81 | 0.72 | 0.63 |
| Lifetime | 0.96 | 0.93 | 0.89 | 0.86 | 0.85 | 0.78 | 0.70 |

Table Rating Health Rating Group Factors

Rates shown are for Preferred Rating Group and Select Rating Group. Rates for Table Rating Health Groups 1, 2, 3 and 4 are calculated by multiplying Select rates by $1.25,1.50,1.75$ and 2.00 respectively.

Spousal Discount
A $10 \%$ discount to the rates is available to married couples if both spouses apply for coverage.

## Modal Factors

```
Semi-Annual: 0.52; Quarterly: 0.27; Check-A-Matic: 0.09
```


## THIS POLICY IS FOR RENEWAL BUSINESS ONLY

## CONTINENTAL CASUALTY COMPANY

## Supplement to Rate Sheet for Policy Forms P1-N0026-A37, -B37, -A87 \& -B87 <br> Pennsylvania

All Rates for this form should be multiplied by a factor of:

This factor reflects the proposed increase of:

And the following prior approved rate increases:

|  | Increase Applies <br> to all Policies or <br> Subset | Approval Date <br> Rate Increase <br> Approved | Rate <br> Increase |
| :---: | :---: | :---: | :---: |
| Policy Form | All** | $35 \%$ | $11 / 18 / 2004$ |
| P1-N0026-A37, -B37, -A87 \&-B87 | All** | $25 \%$ | $9 / 2 / 2011$ * |

* implemented over 2 years, $11.8 \%$ in each year.
**Note: the above rate increases do not apply to policies issued on or after 9/16/2002.

Annual Premium per $\$ 10$ of Long-Term Care Daily Benefit
PREFERRED RATING GROUP
O DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT= 50\% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

| $\begin{aligned} & \text { ISSUE } \\ & \text { AGE } \end{aligned}$ | MAXIMUM= 730x LTC BENEFIT/DAY | MAXIMUM= 1095x LTC BENEFIT/DAY | MAXIMUM= 1460x LTC BENEFIT/DAY | MAXIMUM= 1825x LTC BENEFIT/DAY | MAXIMUM= UNLIMITED |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 18-44 | 21 | 25 | 27 | 29 | 36 |
| 45-49 | 23 | 27 | 30 | 32 | 40 |
| 50-54 | 28 | 33 | 37 | 40 | 50 |
| 55 | 34 | 40 | 44 | 47 | 60 |
| 56 | 35 | 42 | 47 | 51 | 64 |
| 57 | 37 | 44 | 49 | 53 | 68 |
| 58 | 40 | 48 | 54 | 58 | 74 |
| 59 | 44 | 52 | 58 | 62 | 81 |
| 60 | 47 | 57 | 64 | 69 | 88 |
| 61 | 52 | 63 | 70 | 75 | 96 |
| 62 | 56 | 68 | 76 | 82 | 104 |
| 63 | 60 | 73 | 81 | 87 | 112 |
| 64 | 64 | 78 | 88 | 95 | 121 |
| 65 | 69 | 83 | 93 | 100 | 128 |
| 66 | 74 | 90 | 100 | 108 | 139 |
| 67 | 80 | 98 | 110 | 119 | 152 |
| 68 | 88 | 107 | 120 | 130 | 166 |
| 69 | 96 | 119 | 134 | 145 | 184 |
| 70 | 106 | 131 | 147 | 159 | 202 |
| 71 | 116 | 144 | 162 | 176 | 223 |
| 72 | 128 | 159 | 180 | 196 | 249 |
| 73 | 143 | 178 | 202 | 220 | 279 |
| 74 | 160 | 200 | 226 | 246 | 312 |
| 75 | 179 | 224 | 254 | 277 | 348 |
| 76 | 199 | 249 | 282 | 307 | 388 |
| 77 | 221 | 277 | 315 | 343 | 430 |
| 78 | 245 | 308 | 350 | 382 | 477 |
| 79 | 271 | 341 | 387 | 422 | 528 |
| 80 | 299 |  |  |  |  |
| 81 | 327 |  |  |  |  |
| 82 | 359 |  |  |  |  |
| 83 | 399 |  |  |  |  |
| 84 | 439 |  |  |  |  |

```
CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0026-A37
                    Long-Term Care Policy
```

Annual Premium per $\$ 10$ of Long-Term Care Daily Benefit
PREFERRED RATING GROUP
0 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT= $100 \%$ OF LONG-TERM CARE DAILY BENEFIT AMOUNT

| $\begin{aligned} & \text { ISSUE } \\ & \text { AGE } \end{aligned}$ | $\begin{gathered} \text { MAXIMUM= } \\ 730 \times \text { LTC } \\ \text { BENEFIT/DAY } \end{gathered}$ | $\begin{gathered} \text { MAXIMUM= } \\ \text { 1095x LTC } \\ \text { BENEFIT/DAY } \end{gathered}$ | $\begin{gathered} \text { MAXIMUM= } \\ \text { 1460x LTC } \\ \text { BENEFIT/DAY } \end{gathered}$ | MAXIMUM= <br> 1825x LTC BENEFIT/DAY | MAXIMUM= UNLIMITED |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 18-44 | 26 | 31 | 35 | 38 | 48 |
| 45-49 | 29 | 35 | 39 | 42 | 53 |
| 50-54 | 34 | 42 | 47 | 51 | 66 |
| 55 | 40 | 48 | 54 | 58 | 76 |
| 56 | 42 | 52 | 58 | 63 | 80 |
| 57 | 45 | 54 | 60 | 65 | 83 |
| 58 | 48 | 58 | 65 | 70 | 91 |
| 59 | 52 | 63 | 71 | 77 | 98 |
| 60 | 57 | 69 | 77 | 83 | 105 |
| 61 | 61 | 74 | 83 | 90 | 113 |
| 62 | 66 | 80 | 90 | 97 | 123 |
| 63 | 71 | 87 | 97 | 105 | 132 |
| 64 | 76 | 93 | 104 | 112 | 143 |
| 65 | 81 | 98 | 109 | 117 | 152 |
| 66 | 86 | 106 | 119 | 129 | 166 |
| 67 | 94 | 116 | 130 | 141 | 181 |
| 68 | 103 | 127 | 143 | 155 | 198 |
| 69 | 111 | 138 | 156 | 170 | 218 |
| 70 | 124 | 153 | 173 | 188 | 240 |
| 71 | 135 | 169 | 191 | 208 | 264 |
| 72 | 150 | 187 | 212 | 231 | 295 |
| 73 | 167 | 209 | 237 | 258 | 330 |
| 74 | 185 | 234 | 266 | 290 | 367 |
| 75 | 207 | 262 | 298 | 325 | 411 |
| 76 | 230 | 292 | 333 | 364 | 458 |
| 77 | 256 | 324 | 370 | 404 | 507 |
| 78 | 283 | 360 | 412 | 451 | 562 |
| 79 | 312 | 397 | 453 | 495 | 622 |
| 80 | 343 |  |  |  |  |
| 81 | 377 |  |  |  |  |
| 82 | 412 |  |  |  |  |
| 83 | 458 |  |  |  |  |
| 84 | 505 |  |  |  |  |

```
CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0026-A37
    Long-Term Care Policy
```

Annual Premium per $\$ 10$ of Long-Term Care Daily Benefit
PREFERRED RATING GROUP
0 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BA.SED CARE MAXIMUM DAILY BENEFIT= 50\% OF LONG-TERM CARE DAILY BENEFIT AMOUNT WITH COMPOUND AUTOMATIC INCREASE RIDER R1-21298-SERIES

| $\begin{aligned} & \text { ISSUE } \\ & \text { AGE } \end{aligned}$ | $\begin{gathered} \text { MAXIMUM= } \\ 730 \mathrm{x} \mathrm{LTC} \\ \text { BENEFIT/DAY } \end{gathered}$ | $\begin{gathered} \text { MAXIMUM= } \\ \text { 1095x LTC } \\ \text { BENEFIT/DAY } \end{gathered}$ | $\begin{gathered} \text { MAXIMUM= } \\ \text { 1460X LTC } \\ \text { BENEFIT/DAY } \end{gathered}$ | $\begin{gathered} \text { MAXIMUM= } \\ \text { 1825x LTC } \\ \text { BENEFIT/DAY } \end{gathered}$ | MAXIMUM= UNLIMITED |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 18-44 | 40 | 49 | 55 | 60 | 78 |
| 45-49 | 44 | 54 | 61 | 66 | 87 |
| 50-54 | 54 | 67 | 76 | 83 | 111 |
| 55 | 63 | 78 | 88 | 96 | 129 |
| 56 | 66 | 83 | 94 | 102 | 137 |
| 57 | 70 | 87 | 99 | 108 | 144 |
| 58 | 74 | 93 | 106 | 116 | 153 |
| 59 | 80 | 99 | 112 | 122 | 163 |
| 60 | 84 | 106 | 120 | 131 | 173 |
| 61 | 91 | 113 | 128 | 139 | 185 |
| 62 | 97 | 121 | 137 | 149 | 197 |
| 63 | 104 | 130 | 147 | 160 | 211 |
| 64 | 111 | 139 | 157 | 171 | 226 |
| 65 | 118 | 148 | 168 | 183 | 240 |
| 66 | 125 | 157 | 179 | 195 | 257 |
| 67 | 135 | 170 | 193 | 210 | 278 |
| 68 | 146 | 184 | 210 | 229 | 302 |
| 69 | 159 | 201 | 229 | 250 | 326 |
| 70 | 171 | 217 | 247 | 270 | 354 |
| 71 | 187 | 237 | 270 | 295 | 385 |
| 72 | 202 | 257 | 293 | 320 | 419 |
| 73 | 221 | 282 | 322 | 352 | 460 |
| 74 | 243 | 310 | 354 | 387 | 505 |
| 75 | 267 | 341 | 390 | 427 | 552 |
| 76 | 292 | 374 | 428 | 469 | 604 |
| 77 | 320 | 410 | 470 | 515 | 662 |
| 78 | 347 | 447 | 513 | 563 | 722 |
| 79 | 377 | 487 | 561 | 616 | 787 |
| 80 | 408 |  |  |  |  |
| 81 | 441 |  |  |  |  |
| 82 | 476 |  |  |  |  |
| 83 | 518 |  |  |  |  |
| 84 | 562 |  |  |  |  |

Annual Premium per $\$ 10$ of Long-Term Care Daily Benefit
PREFERRED RATING GROUP
0 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT= $100 \%$ OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-21298-SERIES

| $\begin{aligned} & \text { ISSUE } \\ & \text { AGE } \end{aligned}$ | MAXIMUM= 730x LTC BENEFIT/DAY | MAXIMUM= 1095x LTC BENEFIT/DAY | MAXIMUM= 1460x LTC BENEFIT/DAY | $\begin{gathered} \text { MAXIMUM= } \\ \text { 1825x LTC } \\ \text { BENEFIT/DAY } \end{gathered}$ | MAXIMUM= UNLIMITED |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 18-44 | 49 | 61 | 69 | 75 | 97 |
| 45-49 | 54 | 68 | 77 | 84 | 108 |
| 50-54 | 67 | 84 | 95 | 103 | 136 |
| 55 | 75 | 95 | 109 | 119 | 156 |
| 56 | 79 | 100 | 114 | 125 | 163 |
| 57 | 82 | 105 | 120 | 131 | 172 |
| 58 | 88 | 111 | 127 | 139 | 182 |
| 59 | 94 | 119 | 135 | 147 | 194 |
| 60 | 100 | 126 | 144 | 157 | 206 |
| 61 | 107 | 135 | 153 | 167 | 219 |
| 62 | 114 | 143 | 163 | 178 | 232 |
| 63 | 122 | 153 | 174 | 190 | 248 |
| 64 | 130 | 164 | 186 | 203 | 266 |
| 65 | 139 | 174 | 197 | 214 | 282 |
| 66 | 147 | 187 | 213 | 233 | 302 |
| 67 | 158 | 200 | 228 | 249 | 326 |
| 68 | 171 | 217 | 247 | 270 | 352 |
| 69 | 184 | 234 | 268 | 293 | 381 |
| 70 | 200 | 255 | 291 | 318 | 413 |
| 71 | 218 | 277 | 317 | 347 | 451 |
| 72 | 236 | 302 | 346 | 379 | 491 |
| 73 | 257 | 331 | 380 | 417 | 539 |
| 74 | 282 | 362 | 416 | 456 | 590 |
| 75 | 310 | 399 | 458 | 502 | 645 |
| 76 | 339 | 436 | 500 | 548 | 706 |
| 77 | 370 | 477 | 548 | 601 | 772 |
| 78 | 402 | 521 | 600 | 659 | 841 |
| 79 | 434 | 565 | 653 | 719 | 917 |
| 80 | 471 |  |  |  |  |
| 81 | 508 |  |  |  |  |
| 82 | 545 |  |  |  |  |
| 83 | 595 |  |  |  |  |
| 84 | 643 |  |  |  |  |

```
CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0026-A37
                    Long-Term Care Policy
```

Annual Premium per $\$ 10$ of Long-Term Care Daily Benefit
PREFERRED RATING GROUP
0 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT= 50\% OF LONG-TERM CARE DAILY BENEFIT AMOUNT WITH SIMPLE AUTOMATIC INCREASE RIDER R1-21297-SERIES

| $\begin{aligned} & \text { ISSUE } \\ & \text { AGE } \end{aligned}$ | MAXIMUM= 730x LTC BENEFIT/DAY | $\begin{gathered} \text { MAXIMUM= } \\ \text { 1095x LTC } \\ \text { BENEFIT/DAY } \end{gathered}$ | $\begin{gathered} \text { MAXIMUM= } \\ \text { 1460x LTC } \\ \text { BENEFIT/DAY } \end{gathered}$ | $\begin{gathered} \text { MAXIMUM= } \\ \text { 1825x LTC } \\ \text { BENEFIT/DAY } \end{gathered}$ | MAXIMUM= UNLIMITED |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 18-44 | 29 | 36 | 41 | 45 | 59 |
| 45-49 | 32 | 40 | 46 | 50 | 65 |
| 50-54 | 43 | 53 | 59 | 64 | 84 |
| 55 | 49 | 61 | 69 | 75 | 101 |
| 56 | 53 | 65 | 73 | 79 | 106 |
| 57 | 55 | 68 | 77 | 84 | 113 |
| 58 | 60 | 74 | 84 | 91 | 122 |
| 59 | 64 | 80 | 91 | 99 | 132 |
| 60 | 70 | 87 | 98 | 106 | 142 |
| 61 | 75 | 94 | 106 | 115 | 153 |
| 62 | 81 | 101 | 115 | 125 | 165 |
| 63 | 87 | 109 | 124 | 135 | 177 |
| 64 | 94 | 117 | 133 | 145 | 191 |
| 65 | 100 | 125 | 142 | 155 | 205 |
| 66 | 108 | 134 | 152 | 165 | 220 |
| 67 | 117 | 146 | 166 | 181 | 240 |
| 68 | 127 | 160 | 182 | 199 | 262 |
| 69 | 140 | 175 | 199 | 217 | 287 |
| 70 | 152 | 192 | 218 | 238 | 313 |
| 71 | 166 | 210 | 240 | 262 | 344 |
| 72 | 182 | 231 | 264 | 289 | 379 |
| 73 | 200 | 256 | 293 | 321 | 418 |
| 74 | 222 | 283 | 324 | 355 | 463 |
| 75 | 246 | 314 | 360 | 394 | 510 |
| 76 | 271 | 347 | 397 | 435 | 561 |
| 77 | 298 | 382 | 438 | 480 | 618 |
| 78 | 327 | 419 | 481 | 527 | 678 |
| 79 | 356 | 459 | 528 | 580 | 742 |
| 80 | 387 |  |  |  |  |
| 81 | 420 |  |  |  |  |
| 82 | 455 |  |  |  |  |
| 83 | 499 |  |  |  |  |
| 84 | 543 |  |  |  |  |

```
CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0026-A37
    Long-Term Care Policy
```

Annual Premium per $\$ 10$ of Long-Term Care Daily Benefit
PREFERRED RATING GROUP
0 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT= $100 \%$ OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-21297-SERIES

| $\begin{aligned} & \text { ISSUE } \\ & \text { AGE } \end{aligned}$ | $\begin{gathered} \text { MAXIMUM= } \\ \text { 730x LTC } \\ \text { BENEFIT/DAY } \end{gathered}$ | MAXIMUM= <br> 1095x LTC BENEFIT/DAY | MAXIMUM= <br> 1460 x LTC BENEFIT/DAY | MAXIMUM= 1825x LTC BENEFIT/DAY | MAXIMUM= UNLIMITED |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 18-44 | 38 | 47 | 53 | 58 | 74 |
| 45-49 | 42 | 52 | 59 | 64 | 82 |
| 50-54 | 52 | 65 | 74 | 81 | 103 |
| 55 | 60 | 76 | 86 | 94 | 122 |
| 56 | 63 | 79 | 90 | 98 | 130 |
| 57 | 67 | 84 | 95 | 103 | 138 |
| 58 | 72 | 90 | 102 | 111 | 147 |
| 59 | 78 | 98 | 111 | 121 | 158 |
| 60 | 82 | 104 | 118 | 129 | 168 |
| 61 | 90 | 112 | 127 | 138 | 180 |
| 62 | 96 | 121 | 137 | 149 | 194 |
| 63 | 103 | 129 | 147 | 160 | 208 |
| 64 | 111 | 140 | 159 | 173 | 225 |
| 65 | 117 | 147 | 167 | 182 | 241 |
| 66 | 126 | 159 | 181 | 198 | 258 |
| 67 | 138 | 173 | 196 | 213 | 281 |
| 68 | 149 | 189 | 215 | 235 | 307 |
| 69 | 162 | 205 | 234 | 256 | 335 |
| 70 | 177 | 224 | 256 | 280 | 368 |
| 71 | 194 | 246 | 281 | 307 | 403 |
| 72 | 212 | 271 | 310 | 339 | 443 |
| 73 | 234 | 299 | 343 | 376 | 489 |
| 74 | 258 | 331 | 379 | 415 | 540 |
| 75 | 284 | 366 | 420 | 461 | 596 |
| 76 | 313 | 403 | 463 | 508 | 655 |
| 77 | 345 | 444 | 510 | 560 | 721 |
| 78 | 376 | 487 | 561 | 617 | 790 |
| 79 | 410 | 532 | 614 | 675 | 865 |
| 80 | 447 |  |  |  |  |
| 81 | 484 |  |  |  |  |
| 82 | 522 |  |  |  |  |
| 83 | 573 |  |  |  |  |
| 84 | 622 |  |  |  |  |

CONTINENTAL CASUALTY COMPANY<br>Rates for form P1-N0026-A37<br>Long-Term Care Policy

Annual Premium per $\$ 10$ of Long-Term Care Daily Benefit
STANDARD RATING GROUP
0 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT= $50 \%$ OF LONG-TERM CARE DAILY BENEFIT AMOUNT

| $\begin{gathered} \text { ISSUE } \\ \text { AGE } \end{gathered}$ | $\begin{gathered} \text { MAXIMUM= } \\ \text { 730x LTC } \\ \text { BENEFIT/DAY } \end{gathered}$ | $\begin{gathered} \text { MAXIMUM= } \\ \text { 1095x LTC } \\ \text { BENEFIT/DAY } \end{gathered}$ | $\begin{gathered} \text { MAXIMUM= } \\ 1460 \times \mathrm{LTC} \\ \text { BENEFIT/DAY } \end{gathered}$ | MAXIMUM= 1825x LTC BENEFIT/DAY | MAXIMUM= UNLIMITED |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 18-44 | 25 | 29 | 32 | 34 | 42 |
| 45-49 | 27 | 32 | 35 | 38 | 47 |
| 50-54 | 33 | 39 | 44 | 47 | 59 |
| 55 | 40 | 47 | 52 | 55 | 71 |
| 56 | 41 | 49 | 55 | 60 | 75 |
| 57 | 44 | 52 | 58 | 62 | 80 |
| 58 | 47 | 56 | 64 | 68 | 87 |
| 59 | 52 | 61 | 68 | 73 | 95 |
| 60 | 55 | 67 | 75 | 81 | 104 |
| 61 | 61 | 74 | 82 | 88 | 113 |
| 62 | 66 | 80 | 89 | 96 | 122 |
| 63 | 71 | 86 | 95 | 102 | 132 |
| 64 | 75 | 92 | 104 | 112 | 142 |
| 65 | 81 | 98 | 109 | 118 | 151 |
| 66 | 87 | 106 | 118 | 127 | 164 |
| 67 | 94 | 115 | 129 | 140 | 179 |
| 68 | 104 | 126 | 141 | 153 | 195 |
| 69 | 113 | 140 | 158 | 171 | 216 |
| 70 | 125 | 154 | 173 | 187 | 238 |
| 71 | 136 | 169 | 191 | 207 | 262 |
| 72 | 151 | 187 | 212 | 231 | 293 |
| 73 | 168 | 209 | 238 | 259 | 328 |
| 74 | 188 | 235 | 266 | 289 | 367 |
| 75 | 211 | 264 | 299 | 326 | 409 |
| 76 | 234 | 293 | 332 | 361 | 456 |
| 77 | 260 | 326 | 371 | 404 | 506 |
| 78 | 288 | 362 | 412 | 449 | 561 |
| 79 | 319 | 401 | 455 | 496 | 621 |
| 80 | 352 |  |  |  |  |
| 81 | 385 |  |  |  |  |
| 82 | 422 |  |  |  |  |
| 83 | 469 |  |  |  |  |
| 84 | 516 |  |  |  |  |

```
CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0026-A37
    Long-Term Care Policy
```

Annual Premium per $\$ 10$ of Long-Term Care Daily Benefit
STANDARD RATING GROUP
0 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT= 100\% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

| $\begin{aligned} & \text { ISSUE } \\ & \text { AGE } \end{aligned}$ | MAXIMUM= 730x LTC BENEFIT/DAY | MAXIMUM= 1095x LTC BENEFIT/DAY | MAXIMUM= 1460x LTC BENEFIT/DAY | MAXIMUM= 1825x LTC BENEFIT/DAY | MAXIMUM= UNLIMITED |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 18-44 | 31 | 36 | 41 | 45 | 56 |
| 45-49 | 34 | 41 | 46 | 49 | 62 |
| 50-54 | 40 | 49 | 55 | 60 | 78 |
| 55 | 47 | 56 | 64 | 68 | 89 |
| 56 | 49 | 61 | 68 | 74 | 94 |
| 57 | 53 | 64 | 71 | 76 | 98 |
| 58 | 56 | 68 | 76 | 82 | 107 |
| 59 | 61 | 74 | 84 | 91 | 115 |
| 60 | 67 | 81 | 91 | 98 | 124 |
| 61 | 72 | 87 | 98 | 106 | 133 |
| 62 | 78 | 94 | 106 | 114 | 145 |
| 63 | 84 | 102 | 114 | 124 | 155 |
| 64 | 89 | 109 | 122 | 132 | 168 |
| 65 | 95 | 115 | 128 | 138 | 179 |
| 66 | 101 | 125 | 140 | 152 | 195 |
| 67 | 111 | 136 | 153 | 166 | 213 |
| 68 | 121 | 149 | 168 | 182 | 233 |
| 69 | 131 | 162 | 184 | 200 | 256 |
| 70 | 146 | 180 | 204 | 221 | 282 |
| 71 | 159 | 199 | 225 | 245 | 311 |
| 72 | 176 | 220 | 249 | 272 | 347 |
| 73 | 196 | 246 | 279 | 304 | 388 |
| 74 | 218 | 275 | 313 | 341 | 432 |
| 75 | 244 | 308 | 351 | 382 | 484 |
| 76 | 271 | 344 | 392 | 428 | 539 |
| 77 | 301 | 381 | 435 | 475 | 596 |
| 78 | 333 | 424 | 485 | 531 | 661 |
| 79 | 367 | 467 | 533 | 582 | 732 |
| 80 | 404 |  |  |  |  |
| 81 | 444 |  |  |  |  |
| 82 | 485 |  |  |  |  |
| 83 | 539 |  |  |  |  |
| 84 | 594 |  |  |  |  |

```
CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0026-A37
    Long-Term Care Policy
```

Annual Premium per $\$ 10$ of Long-Term Care Daily Benefit STANDARD RATING GROUP
0 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT= 50\% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-21298-SERIES

| $\begin{aligned} & \text { ISSUE } \\ & \text { AGE } \end{aligned}$ | MAXIMUM= 730x LTC BENEFIT/DAY | $\begin{gathered} \text { MAXIMUM= } \\ \text { 1095X LTC } \\ \text { BENEFIT/DAY } \end{gathered}$ | $\begin{gathered} \text { MAXIMUM= } \\ \text { 1460x LTC } \\ \text { BENEFIT/DAY } \end{gathered}$ | MAXIMUM= 1825x LTC BENEFIT/DAY | MAXIMUM= UNLIMITED |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 18-44 | 47 | 58 | 65 | 71 | 92 |
| 45-49 | 52 | 64 | 72 | 78 | 102 |
| 50-54 | 64 | 79 | 89 | 98 | 131 |
| 55 | 74 | 92 | 104 | 113 | 152 |
| 56 | 78 | 98 | 111 | 120 | 161 |
| 57 | 82 | 102 | 116 | 127 | 169 |
| 58 | 87 | 109 | 125 | 136 | 180 |
| 59 | 94 | 116 | 132 | 144 | 192 |
| 60 | 99 | 125 | 141 | 154 | 204 |
| 61 | 107 | 133 | 151 | 164 | 218 |
| 62 | 114 | 142 | 161 | 175 | 232 |
| 63 | 122 | 153 | 173 | 188 | 248 |
| 64 | 131 | 164 | 185 | 201 | 266 |
| 65 | 139 | 174 | 198 | 215 | 282 |
| 66 | 147 | 185 | 211 | 229 | 302 |
| 67 | 159 | 200 | 227 | 247 | 327 |
| 68 | 172 | 216 | 247 | 269 | 355 |
| 69 | 187 | 236 | 269 | 294 | 384 |
| 70 | 201 | 255 | 291 | 318 | 416 |
| 71 | 220 | 279 | 318 | 347 | 453 |
| 72 | 238 | 302 | 345 | 376 | 493 |
| 73 | 260 | 332 | 379 | 414 | 541 |
| 74 | 286 | 365 | 416 | 455 | 594 |
| 75 | 314 | 401 | 459 | 502 | 649 |
| 76 | 344 | 440 | 504 | 552 | 711 |
| 77 | 376 | 482 | 553 | 606 | 779 |
| 78 | 408 | 526 | 604 | 662 | 849 |
| 79 | 444 | 573 | 660 | 725 | 926 |
| 80 | 480 |  |  |  |  |
| 81 | 519 |  |  |  |  |
| 82 | 560 |  |  |  |  |
| 83 | 609 |  |  |  |  |
| 84 | 661 |  |  |  |  |

Anual Premium per $\$ 10$ of Long-Term Care Daily Benefit
STANDARD RATING GROUP
0 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT= $100 \%$ OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-21298-SERIES

| $\begin{gathered} \text { ISSUE } \\ \text { AGE } \end{gathered}$ | MAXIMUM= 730x LTC BENEFIT/DAY | MAXIMUM= 1095x LTC BENEFIT/DAY | MAXIMUM= 1460x LTC BENEFIT/DAY | MAXIMUM= 1825x LTC BENEFIT/DAY | MAXIMUM= UNLIMITED |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 18-44 | 58 | 72 | 81 | 88 | 114 |
| 45-49 | 64 | 80 | 91 | 99 | 127 |
| 50-54 | 79 | 99 | 112 | 121 | 160 |
| 55 | 88 | 112 | 128 | 140 | 184 |
| 56 | 93 | 118 | 134 | 147 | 192 |
| 57 | 96 | 124 | 141 | 154 | 202 |
| 58 | 104 | 131 | 149 | 164 | 214 |
| 59 | 111 | 140 | 159 | 173 | 228 |
| 60 | 118 | 148 | 169 | 185 | 242 |
| 61 | 126 | 159 | 180 | 196 | 258 |
| 62 | 134 | 168 | 192 | 209 | 273 |
| 63 | 144 | 180 | 205 | 224 | 292 |
| 64 | 153 | 193 | 219 | 239 | 313 |
| 65 | 164 | 205 | 232 | 252 | 332 |
| 66 | 173 | 220 | 251 | 274 | 355 |
| 67 | 186 | 235 | 268 | 293 | 384 |
| 68 | 201 | 255 | 291 | 318 | 414 |
| 69 | 216 | 275 | 315 | 345 | 448 |
| 70 | 235 | 300 | 342 | 374 | 486 |
| 71 | 256 | 326 | 373 | 408 | 531 |
| 72 | 278 | 355 | 407 | 446 | 578 |
| 73 | 302 | 389 | 447 | 491 | 634 |
| 74 | 332 | 426 | 489 | 536 | 694 |
| 75 | 365 | 469 | 539 | 591 | 759 |
| 76 | 399 | 513 | 588 | 645 | 831 |
| 77 | 435 | 561 | 645 | 707 | 908 |
| 78 | 473 | 613 | 706 | 775 | 989 |
| 79 | 511 | 665 | 768 | 846 | 1079 |
| 80 | 554 |  |  |  |  |
| 81 | 598 |  |  |  |  |
| 82 | 641 |  |  |  |  |
| 83 | 700 |  |  |  |  |
| 84 | 756 |  |  |  |  |

```
            Annual Premium per $10 of Long-Term Care Daily Benefit
STANDARD RATING GROUP 0 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT= 50\% OF LONG-TERM CARE DAILY BENEFIT AMOUNT WITH SIMPLE AUTOMATIC INCREASE RIDER R1-21297-SERIES
```

| $\begin{aligned} & \text { ISSUE } \\ & \text { AGE } \end{aligned}$ | MAXIMUM= $730 \times \mathrm{LTC}$ BENEFIT/DAY | MAXIMUM= 1095x LTC BENEFIT/DAY | MAXIMUM= 1460x LTC BENEFIT/DAY | MAXIMUM= 1825x LTC BENEFIT/DAY | MAXIMUM= UNLIMITED |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 18-44 | 34 | 42 | 48 | 53 | 69 |
| 45-49 | 38 | 47 | 54 | 59 | 76 |
| 50-54 | 51 | 62 | 69 | 75 | 99 |
| 55 | 58 | 72 | 81 | 88 | 119 |
| 56 | 62 | 76 | 86 | 93 | 125 |
| 57 | 65 | 80 | 91 | 99 | 133 |
| 58 | 71 | 87 | 99 | 107 | 144 |
| 59 | 75 | 94 | 107 | 116 | 155 |
| 60 | 82 | 102 | 115 | 125 | 167 |
| 61 | 88 | 111 | 125 | 135 | 180 |
| 62 | 95 | 119 | 135 | 147 | 194 |
| 63 | 102 | 128 | 146 | 159 | 208 |
| 64 | 111 | 138 | 156 | 171 | 225 |
| 65 | 118 | 147 | 167 | 182 | 241 |
| 66 | 127 | 158 | 179 | 194 | 259 |
| 67 | 138 | 172 | 195 | 213 | 282 |
| 68 | 149 | 188 | 214 | 234 | 308 |
| 69 | 165 | 206 | 234 | 255 | 338 |
| 70 | 179 | 226 | 256 | 280 | 368 |
| 71 | 195 | 247 | 282 | 308 | 405 |
| 72 | 214 | 272 | 311 | 340 | 446 |
| 73 | 235 | 301 | 345 | 378 | 492 |
| 74 | 261 | 333 | 381 | 418 | 545 |
| 75 | 289 | 369 | 424 | 464 | 600 |
| 76 | 319 | 408 | 467 | 512 | 660 |
| 77 | 351 | 449 | 515 | 565 | 727 |
| 78 | 385 | 493 | 566 | 620 | 798 |
| 79 | 419 | 540 | 621 | 682 | 873 |
| 80 | 455 |  |  |  |  |
| 81 | 494 |  |  |  |  |
| 82 | 535 |  |  |  |  |
| 83 | 587 |  |  |  |  |
| 84 | 639 |  |  |  |  |

```
            Annual Premium per $10 of Long-Term Care Daily Benefit
STANDARD RATING GROUP 0 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT= \(100 \%\) OF LONG-TERM CARE DAILY BENEFIT AMOUNT WITH SIMPLE AUTOMATIC INCREASE RIDER R1-21297-SERIES
```

| $\begin{gathered} \text { ISSUE } \\ \text { AGE } \end{gathered}$ | MAXIMUM= 730x LTC BENEFIT/DAY | $\begin{gathered} \text { MAXIMUM= } \\ \text { 1095x LTC } \\ \text { BENEFIT/DAY } \end{gathered}$ | MAXIMUM= 1460x LTC BENEFIT/DAY | MAXIMUM= <br> 1825x LTC <br> BENEFIT/DAY | MAXIMUM= UNLIMITED |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 18-44 | 45 | 55 | 62 | 68 | 87 |
| 45-49 | 49 | 61 | 69 | 75 | 96 |
| 50-54 | 61 | 76 | 87 | 95 | 121 |
| 55 | 71 | 89 | 101 | 111 | 144 |
| 56 | 74 | 93 | 106 | 115 | 153 |
| 57 | 79 | 99 | 112 | 121 | 162 |
| 58 | 85 | 106 | 120 | 131 | 173 |
| 59 | 92 | 115 | 131 | 142 | 186 |
| 60 | 96 | 122 | 139 | 152 | 198 |
| 61 | 106 | 132 | 149 | 162 | 212 |
| 62 | 113 | 142 | 161 | 175 | 228 |
| 63 | 121 | 152 | 173 | 188 | 245 |
| 64 | 131 | 165 | 187 | 204 | 265 |
| 65 | 138 | 173 | 196 | 214 | 284 |
| 66 | 148 | 187 | 213 | 233 | 304 |
| 67 | 162 | 204 | 231 | 251 | 331 |
| 68 | 175 | 222 | 253 | 276 | 361 |
| 69 | 191 | 241 | 275 | 301 | 394 |
| 70 | 208 | 264 | 301 | 329 | 433 |
| 71 | 228 | 289 | 331 | 361 | 474 |
| 72 | 249 | 319 | 365 | 399 | 521 |
| 73 | 275 | 352 | 404 | 442 | 575 |
| 74 | 304 | 389 | 446 | 488 | 635 |
| 75 | 334 | 431 | 494 | 542 | 701 |
| 76 | 368 | 474 | 545 | 598 | 771 |
| 77 | 406 | 522 | 600 | 659 | 848 |
| 78 | 442 | 573 | 660 | 726 | 929 |
| 79 | 482 | 626 | 722 | 794 | 1018 |
| 80 | 526 |  |  |  |  |
| 81 | 569 |  |  |  |  |
| 82 | 614 |  |  |  |  |
| 83 | 674 |  |  |  |  |
| 84 | 732 |  |  |  |  |

## Elimination Period Factors

Rates shown are for 0 day elimination period. Rates for longer elimination periods are calculated by multiplying the 0 day rates by the appropriate factor from the following table:

| Benefit <br> Maximum | 20 | 30 | 60 | 90 | 100 | 180 | 365 |
| :--- | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  |  |  |  |  |
| $730 \mathrm{x}, 1095 \mathrm{x}$ | 0.92 | 0.89 | 0.84 | 0.80 | 0.79 | 0.69 | 0.60 |
| $1460 \mathrm{x}, 1825 \mathrm{x}$ | 0.94 | 0.91 | 0.86 | 0.82 | 0.81 | 0.72 | 0.63 |
| Lifetime | 0.96 | 0.93 | 0.89 | 0.86 | 0.85 | 0.78 | 0.70 |

## Spousal Discount

A $10 \%$ discount to the rates is available to married couples if both spouses apply for coverage.

## Modal Factors

```
Semi-Annual: 0.52; Quarterly: 0.27; Check-A-Matic: 0.09
```

```
CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0026-A87
    Long-Term Care Policy
```

Annual Premium per $\$ 10$ of Long-Term Care Daily Benefit

PREFERRED RATING GROUP 0 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT= 50\% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

| $\begin{gathered} \text { ISSUE } \\ \text { AGE } \end{gathered}$ | MAXIMUM= 730x LTC BENEFIT/DAY | MAXIMUM= 1095x LTC BENEFIT/DAY | MAXIMUM= 1460x LTC BENEFIT/DAY | MAXIMUM= 1825x LTC BENEFIT/DAY | MAXIMUM= UNLIMITED |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 18-44 | 21 | 25 | 27 | 29 | 36 |
| 45-49 | 23 | 27 | 30 | 32 | 40 |
| 50-54 | 28 | 33 | 37 | 40 | 50 |
| 55 | 34 | 40 | 44 | 47 | 60 |
| 56 | 35 | 42 | 47 | 51 | 64 |
| 57 | 37 | 44 | 49 | 53 | 68 |
| 58 | 40 | 48 | 54 | 58 | 74 |
| 59 | 44 | 52 | 58 | 62 | 81 |
| 60 | 47 | 57 | 64 | 69 | 88 |
| 61 | 52 | 63 | 70 | 75 | 96 |
| 62 | 56 | 68 | 76 | 82 | 104 |
| 63 | 60 | 73 | 81 | 87 | 112 |
| 64 | 64 | 78 | 88 | 95 | 121 |
| 65 | 69 | 83 | 93 | 100 | 128 |
| 66 | 74 | 90 | 100 | 108 | 139 |
| 67 | 80 | 98 | 110 | 119 | 152 |
| 68 | 88 | 107 | 120 | 130 | 166 |
| 69 | 96 | 119 | 134 | 145 | 184 |
| 70 | 106 | 131 | 147 | 159 | 202 |
| 71 | 116 | 144 | 162 | 176 | 223 |
| 72 | 128 | 159 | 180 | 196 | 249 |
| 73 | 143 | 178 | 202 | 220 | 279 |
| 74 | 160 | 200 | 226 | 246 | 312 |
| 75 | 179 | 224 | 254 | 277 | 348 |
| 76 | 199 | 249 | 282 | 307 | 388 |
| 77 | 221 | 277 | 315 | 343 | 430 |
| 78 | 245 | 308 | 350 | 382 | 477 |
| 79 | 271 | 341 | 387 | 422 | 528 |
| 80 | 299 |  |  |  |  |
| 81 | 327 |  |  |  |  |
| 82 | 359 |  |  |  |  |
| 83 | 399 |  |  |  |  |
| 84 | 439 |  |  |  |  |

Annual Premium per $\$ 10$ of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
0 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT= 100\% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

| $\begin{aligned} & \text { ISSUE } \\ & \text { AGE } \end{aligned}$ | MAXIMUM $=$ 730x LTC BENEFIT/DAY | $\begin{gathered} \text { MAXIMUM= } \\ \text { 1095x LTC } \\ \text { BENEFIT/DAY } \end{gathered}$ | MAXIMUM= 1460x LTC BENEFIT/DAY | MAXIMUM= 1825x LTC BENEFIT/DAY | MAXIMUM= UNLIMITED |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 18-44 | 26 | 31 | 35 | 38 | 48 |
| 45-49 | 29 | 35 | 39 | 42 | 53 |
| 50-54 | 34 | 42 | 47 | 51 | 66 |
| 55 | 40 | 48 | 54 | 58 | 76 |
| 56 | 42 | 52 | 58 | 63 | 80 |
| 57 | 45 | 54 | 60 | 65 | 83 |
| 58 | 48 | 58 | 65 | 70 | 91 |
| 59 | 52 | 63 | 71 | 77 | 98 |
| 60 | 57 | 69 | 77 | 83 | 105 |
| 61 | 61 | 74 | 83 | 90 | 113 |
| 62 | 66 | 80 | 90 | 97 | 123 |
| 63 | 71 | 87 | 97 | 105 | 132 |
| 64 | 76 | 93 | 104 | 112 | 143 |
| 65 | 81 | 98 | 109 | 117 | 152 |
| 66 | 86 | 106 | 119 | 129 | 166 |
| 67 | 94 | 116 | 130 | 141 | 181 |
| 68 | 103 | 127 | 143 | 155 | 198 |
| 69 | 111 | 138 | 156 | 170 | 218 |
| 70 | 124 | 153 | 173 | 188 | 240 |
| 71 | 135 | 169 | 191 | 208 | 264 |
| 72 | 150 | 187 | 212 | 231 | 295 |
| 73 | 167 | 209 | 237 | 258 | 330 |
| 74 | 185 | 234 | 266 | 290 | 367 |
| 75 | 207 | 262 | 298 | 325 | 411 |
| 76 | 230 | 292 | 333 | 364 | 458 |
| 77 | 256 | 324 | 370 | 404 | 507 |
| 78 | 283 | 360 | 412 | 451 | 562 |
| 79 | 312 | 397 | 453 | 495 | 622 |
| 80 | 343 |  |  |  |  |
| 81 | 377 |  |  |  |  |
| 82 | 412 |  |  |  |  |
| 83 | 458 |  |  |  |  |
| 84 | 505 |  |  |  |  |

## CONTINENTAL CASUALTY COMPANY Rates for form P1-N0026-A87 <br> Long-Term Care Policy

Annual Premium per $\$ 10$ of Long-Term Care Daily Benefit
PREFERRED RATING GROUP
O DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50\% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-21298-B37

| $\begin{aligned} & \text { ISSUE } \\ & \text { AGE } \end{aligned}$ | $\begin{gathered} \text { MAXIMUM= } \\ 730 \times \text { LTC } \\ \text { BENEFIT/DAY } \end{gathered}$ | $\begin{gathered} \text { MAXIMUM= } \\ \text { 1095x LTC } \\ \text { BENEFIT/DAY } \end{gathered}$ | MAXIMUM= 1460x LTC BENEFIT/DAY | MAXIMUM= 1825x LTC BENEFIT/DAY | MAXIMUM= UNLIMITED |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 18-44 | 40 | 49 | 55 | 60 | 78 |
| 45-49 | 44 | 54 | 61 | 66 | 87 |
| 50-54 | 54 | 67 | 76 | 83 | 111 |
| 55 | 63 | 78 | 88 | 96 | 129 |
| 56 | 66 | 83 | 94 | 102 | 137 |
| 57 | 70 | 87 | 99 | 108 | 144 |
| 58 | 74 | 93 | 106 | 116 | 153 |
| 59 | 80 | 99 | 112 | 122 | 163 |
| 60 | 84 | 106 | 120 | 131 | 173 |
| 61 | 91 | 113 | 128 | 139 | 185 |
| 62 | 97 | 121 | 137 | 149 | 197 |
| 63 | 104 | 130 | 147 | 160 | 211 |
| 64 | 111 | 139 | 157 | 171 | 226 |
| 65 | 118 | 148 | 168 | 183 | 240 |
| 66 | 125 | 157 | 179 | 195 | 257 |
| 67 | 135 | 170 | 193 | 210 | 278 |
| 68 | 146 | 184 | 210 | 229 | 302 |
| 69 | 159 | 201 | 229 | 250 | 326 |
| 70 | 171 | 217 | 247 | 270 | 354 |
| 71 | 187 | 237 | 270 | 295 | 385 |
| 72 | 202 | 257 | 293 | 320 | 419 |
| 73 | 221 | 282 | 322 | 352 | 460 |
| 74 | 243 | 310 | 354 | 387 | 505 |
| 75 | 267 | 341 | 390 | 427 | 552 |
| 76 | 292 | 374 | 428 | 469 | 604 |
| 77 | 320 | 410 | 470 | 515 | 662 |
| 78 | 347 | 447 | 513 | 563 | 722 |
| 79 | 377 | 487 | 561 | 616 | 787 |

```
Annual Premium per $10 of Long-Term Care Daily Benefit
                    PREFERRED RATING GROUP
                    O DAY ELIMINATION PERIOD
                HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
                        100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
                WITH COMPOUND AUTOMATIC INCREASE RIDER R1-21298-B37
```

| $\begin{aligned} & \text { ISSUE } \\ & \text { AGE } \end{aligned}$ | MAXIMUM= 730x LTC BENEFIT/DAY | $\begin{gathered} \text { MAXIMUM= } \\ \text { 1095x LTC } \\ \text { BENEFIT/DAY } \end{gathered}$ | MAXIMUM= 1460x LTC BENEFIT/DAY | MAXIMUM= 1825x LTC BENEFIT/DAY | MAXIMUM= UNLIMITED |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 18-44 | 49 | 61 | 69 | 75 | 97 |
| 45-49 | 54 | 68 | 77 | 84 | 108 |
| 50-54 | 67 | 84 | 95 | 103 | 136 |
| 55 | 75 | 95 | 109 | 119 | 156 |
| 56 | 79 | 100 | 114 | 125 | 163 |
| 57 | 82 | 105 | 120 | 131 | 172 |
| 58 | 88 | 111 | 127 | 139 | 182 |
| 59 | 94 | 119 | 135 | 147 | 194 |
| 60 | 100 | 126 | 144 | 157 | 206 |
| 61 | 107 | 135 | 153 | 167 | 219 |
| 62 | 114 | 143 | 163 | 178 | 232 |
| 63 | 122 | 153 | 174 | 190 | 248 |
| 64 | 130 | 164 | 186 | 203 | 266 |
| 65 | 139 | 174 | 197 | 214 | 282 |
| 66 | 147 | 187 | 213 | 233 | 302 |
| 67 | 158 | 200 | 228 | 249 | 326 |
| 68 | 171 | 217 | 247 | 270 | 352 |
| 69 | 184 | 234 | 268 | 293 | 381 |
| 70 | 200 | 255 | 291 | 318 | 413 |
| 71 | 218 | 277 | 317 | 347 | 451 |
| 72 | 236 | 302 | 346 | 379 | 491 |
| 73 | 257 | 331 | 380 | 417 | 539 |
| 74 | 282 | 362 | 416 | 456 | 590 |
| 75 | 310 | 399 | 458 | 502 | 645 |
| 76 | 339 | 436 | 500 | 548 | 706 |
| 77 | 370 | 477 | 548 | 601 | 772 |
| 78 | 402 | 521 | 600 | 659 | 841 |
| 79 | 434 | 565 | 653 | 719 | 917 |
| 80 | 471 |  |  |  |  |
| 81 | 508 |  |  |  |  |
| 82 | 545 |  |  |  |  |
| 83 | 595 |  |  |  |  |
| 84 | 643 |  |  |  |  |

```
CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0026-A87
    Long-Term Care Policy
```

Annual Premium per $\$ 10$ of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
0 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT= 50\% OF LONG-TERM CARE DAILY BENEFIT AMOUNT WITH SIMPLE AUTOMATIC INCREASE RIDER R1-21297-B37

| $\begin{aligned} & \text { ISSUE } \\ & \text { AGE } \end{aligned}$ | MAXIMUM= 730x LTC BENEFIT/DAY | MAXIMUM= 1095x LTC BENEFIT/DAY | MAXIMUM= 1460x LTC BENEFIT/DAY | MAXIMUM= 1825x LTC BENEFIT/DAY | MAXIMUM= UNLIMITED |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 18-44 | 29 | 36 | 41 | 45 | 59 |
| 45-49 | 32 | 40 | 46 | 50 | 65 |
| 50-54 | 43 | 53 | 59 | 64 | 84 |
| 55 | 49 | 61 | 69 | 75 | 101 |
| 56 | 53 | 65 | 73 | 79 | 106 |
| 57 | 55 | 68 | 77 | 84 | 113 |
| 58 | 60 | 74 | 84 | 91 | 122 |
| 59 | 64 | 80 | 91 | 99 | 132 |
| 60 | 70 | 87 | 98 | 106 | 142 |
| 61 | 75 | 94 | 106 | 115 | 153 |
| 62 | 81 | 101 | 115 | 125 | 165 |
| 63 | 87 | 109 | 124 | 135 | 177 |
| 64 | 94 | 117 | 133 | 145 | 191 |
| 65 | 100 | 125 | 142 | 155 | 205 |
| 66 | 108 | 134 | 152 | 165 | 220 |
| 67 | 117 | 146 | 166 | 181 | 240 |
| 68 | 127 | 160 | 182 | 199 | 262 |
| 69 | 140 | 175 | 199 | 217 | 287 |
| 70 | 152 | 192 | 218 | 238 | 313 |
| 71 | 166 | 210 | 240 | 262 | 344 |
| 72 | 182 | 231 | 264 | 289 | 379 |
| 73 | 200 | 256 | 293 | 321 | 418 |
| 74 | 222 | 283 | 324 | 355 | 463 |
| 75 | 246 | 314 | 360 | 394 | 510 |
| 76 | 271 | 347 | 397 | 435 | 561 |
| 77 | 298 | 382 | 438 | 480 | 618 |
| 78 | 327 | 419 | 481 | 527 | 678 |
| 79 | 356 | 459 | 528 | 580 | 742 |
| 80 | 387 |  |  |  |  |
| 81 | 420 |  |  |  |  |
| 82 | 455 |  |  |  |  |
| 83 | 499 |  |  |  |  |
| 84 | 543 |  |  |  |  |

Annual Premium per $\$ 10$ of Long-Term Care Daily Benefit
PREFERRED RATING GROUP
0 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT= 100\% OF LONG-TERM CARE DAILY BENEFIT AMOUNT WITH SIMPLE AUTOMATIC INCREASE RIDER R1-21297-B37

| $\begin{aligned} & \text { ISSUE } \\ & \text { AGE } \end{aligned}$ | MAXIMUM= $730 \mathrm{x} \text { LTC }$ <br> BENEFIT/DAY | MAXIMUM= 1095x LTC BENEFIT/DAY | $\begin{gathered} \text { MAXIMUM= } \\ \text { 1460x LTC } \\ \text { BENEFIT/DAY } \end{gathered}$ | MAXIMUM= 1825x LTC BENEFIT/DAY | MAXIMUM= UNLIMITED |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 18-44 | 38 | 47 | 53 | 58 | 74 |
| 45-49 | 42 | 52 | 59 | 64 | 82 |
| 50-54 | 52 | 65 | 74 | 81 | 103 |
| 55 | 60 | 76 | 86 | 94 | 122 |
| 56 | 63 | 79 | 90 | 98 | 130 |
| 57 | 67 | 84 | 95 | 103 | 138 |
| 58 | 72 | 90 | 102 | 111 | 147 |
| 59 | 78 | 98 | 111 | 121 | 158 |
| 60 | 82 | 104 | 118 | 129 | 168 |
| 61 | 90 | 112 | 127 | 138 | 180 |
| 62 | 96 | 121 | 137 | 149 | 194 |
| 63 | 103 | 129 | 147 | 160 | 208 |
| 64 | 111 | 140 | 159 | 173 | 225 |
| 65 | 117 | 147 | 167 | 182 | 241 |
| 66 | 126 | 159 | 181 | 198 | 258 |
| 67 | 138 | 173 | 196 | 213 | 281 |
| 68 | 149 | 189 | 215 | 235 | 307 |
| 69 | 162 | 205 | 234 | 256 | 335 |
| 70 | 177 | 224 | 256 | 280 | 368 |
| 71 | 194 | 246 | 281 | 307 | 403 |
| 72 | 212 | 271 | 310 | 339 | 443 |
| 73 | 234 | 299 | 343 | 376 | 489 |
| 74 | 258 | 331 | 379 | 415 | 540 |
| 75 | 284 | 366 | 420 | 461 | 596 |
| 76 | 313 | 403 | 463 | 508 | 655 |
| 77 | 345 | 444 | 510 | 560 | 721 |
| 78 | 376 | 487 | 561 | 617 | 790 |
| 79 | 410 | 532 | 614 | 675 | 865 |
| 80 | 447 |  |  |  |  |
| 81 | 484 |  |  |  |  |
| 82 | 522 |  |  |  |  |
| 83 | 573 |  |  |  |  |
| 84 | 622 |  |  |  |  |

```
Annual Premium per $10 of Long-Term Care Daily Benefit
                    STANDARD RATING GROUP
                            O DAY ELIMINATION PERIOD
                HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
                        50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
```

| $\begin{gathered} \text { ISSUE } \\ \text { AGE } \end{gathered}$ | $\begin{gathered} \text { MAXIMUM= } \\ 730 \mathrm{x} \text { LTC } \\ \text { BENEFIT/DAY } \end{gathered}$ | MAXIMUM= 1095x LTC BENEFIT/DAY | MAXIMUM= 1460x LTC BENEFIT/DAY | MAXIMUM= 1825x LTC BENEFIT/DAY | MAXIMUM= UNLIMITED |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 18-44 | 25 | 29 | 32 | 34 | 42 |
| 45-49 | 27 | 32 | 35 | 38 | 47 |
| 50-54 | 33 | 39 | 44 | 47 | 59 |
| 55 | 40 | 47 | 52 | 55 | 71 |
| 56 | 41 | 49 | 55 | 60 | 75 |
| 57 | 44 | 52 | 58 | 62 | 80 |
| 58 | 47 | 56 | 64 | 68 | 87 |
| 59 | 52 | 61 | 68 | 73 | 95 |
| 60 | 55 | 67 | 75 | 81 | 104 |
| 61 | 61 | 74 | 82 | 88 | 113 |
| 62 | 66 | 80 | 89 | 96 | 122 |
| 63 | 71 | 86 | 95 | 102 | 132 |
| 64 | 75 | 92 | 104 | 112 | 142 |
| 65 | 81 | 98 | 109 | 118 | 151 |
| 66 | 87 | 106 | 118 | 127 | 164 |
| 67 | 94 | 115 | 129 | 140 | 179 |
| 68 | 104 | 126 | 141 | 153 | 195 |
| 69 | 113 | 140 | 158 | 171 | 216 |
| 70 | 125 | 154 | 173 | 187 | 238 |
| 71 | 136 | 169 | 191 | 207 | 262 |
| 72 | 151 | 187 | 212 | 231 | 293 |
| 73 | 168 | 209 | 238 | 259 | 328 |
| 74 | 188 | 235 | 266 | 289 | 367 |
| 75 | 211 | 264 | 299 | 326 | 409 |
| 76 | 234 | 293 | 332 | 361 | 456 |
| 77 | 260 | 326 | 371 | 404 | 506 |
| 78 | 288 | 362 | 412 | 449 | 561 |
| 79 | 319 | 401 | 455 | 496 | 621 |
| 80 | 352 |  |  |  |  |
| 81 | 385 |  |  |  |  |
| 82 | 422 |  |  |  |  |
| 83 | 469 |  |  |  |  |
| 84 | 516 |  |  |  |  |

```
Annual Premium per $10 of Long-Term Care Daily Benefit
                    STANDARD RATING GROUP
                    O DAY ELIMINATION PERIOD
                HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
                100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
```

| $\begin{aligned} & \text { ISSUE } \\ & \text { AGE } \end{aligned}$ | MAXIMUM= 730x LTC BENEFIT/DAY | MAXIMUM= 1095x LTC BENEFIT/DAY | MAXIMUM= 1460x LTC BENEFIT/DAY | MAXIMUM= 1825x LTC BENEFIT/DAY | MAXIMUM= UNLIMITED |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 18-44 | 31 | 36 | 41 | 45 | 56 |
| 45-49 | 34 | 41 | 46 | 49 | 62 |
| 50-54 | 40 | 49 | 55 | 60 | 78 |
| 55 | 47 | 56 | 64 | 68 | 89 |
| 56 | 49 | 61 | 68 | 74 | 94 |
| 57 | 53 | 64 | 71 | 76 | 98 |
| 58 | 56 | 68 | 76 | 82 | 107 |
| 59 | 61 | 74 | 84 | 91 | 115 |
| 60 | 67 | 81 | 91 | 98 | 124 |
| 61 | 72 | 87 | 98 | 106 | 133 |
| 62 | 78 | 94 | 106 | 114 | 145 |
| 63 | 84 | 102 | 114 | 124 | 155 |
| 64 | 89 | 109 | 122 | 132 | 168 |
| 65 | 95 | 115 | 128 | 138 | 179 |
| 66 | 101 | 125 | 140 | 152 | 195 |
| 67 | 111 | 136 | 153 | 166 | 213 |
| 68 | 121 | 149 | 168 | 182 | 233 |
| 69 | 131 | 162 | 184 | 200 | 256 |
| 70 | 146 | 180 | 204 | 221 | 282 |
| 71 | 159 | 199 | 225 | 245 | 311 |
| 72 | 176 | 220 | 249 | 272 | 347 |
| 73 | 196 | 246 | 279 | 304 | 388 |
| 74 | 218 | 275 | 313 | 341 | 432 |
| 75 | 244 | 308 | 351 | 382 | 484 |
| 76 | 271 | 344 | 392 | 428 | 539 |
| 77 | 301 | 381 | 435 | 475 | 596 |
| 78 | 333 | 424 | 485 | 531 | 661 |
| 79 | 367 | 467 | 533 | 582 | 732 |
| 80 | 404 |  |  |  |  |
| 81 | 444 |  |  |  |  |
| 82 | 485 |  |  |  |  |
| 83 | 539 |  |  |  |  |
| 84 | 594 |  |  |  |  |

## CONTINENTAL CASUALTY COMPANY <br> Rates for form P1-N0026-A87 <br> Long-Term Care Policy

Annual Premium per $\$ 10$ of Long-Term Care Daily Benefit

STANDARD RATING GROUP
0 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT= $50 \%$ OF LONG-TERM CARE DAILY BENEFIT AMOUNT WITH COMPOUND AUTOMATIC INCREASE RIDER R1-21298-B37

| $\begin{gathered} \text { ISSUE } \\ \text { AGE } \end{gathered}$ | MAXIMUM= 730x LTC BENEFIT/DAY | $\begin{gathered} \text { MAXIMUM= } \\ \text { 1095x LTC } \\ \text { BENEFIT/DAY } \end{gathered}$ | MAXIMUM= 1460x LTC BENEFIT/DAY | MAXIMUM= 1825x LTC BENEFIT/DAY | MAXIMUM= UNLIMITED |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 18-44 | 47 | 58 | 65 | 71 | 92 |
| 45-49 | 52 | 64 | 72 | 78 | 102 |
| 50-54 | 64 | 79 | 89 | 98 | 131 |
| 55 | 74 | 92 | 104 | 113 | 152 |
| 56 | 78 | 98 | 111 | 120 | 161 |
| 57 | 82 | 102 | 116 | 127 | 169 |
| 58 | 87 | 109 | 125 | 136 | 180 |
| 59 | 94 | 116 | 132 | 144 | 192 |
| 60 | 99 | 125 | 141 | 154 | 204 |
| 61 | 107 | 133 | 151 | 164 | 218 |
| 62 | 114 | 142 | 161 | 175 | 232 |
| 63 | 122 | 153 | 173 | 188 | 248 |
| 64 | 131 | 164 | 185 | 201 | 266 |
| 65 | 139 | 174 | 198 | 215 | 282 |
| 66 | 147 | 185 | 211 | 229 | 302 |
| 67 | 159 | 200 | 227 | 247 | 327 |
| 68 | 172 | 216 | 247 | 269 | 355 |
| 69 | 187 | 236 | 269 | 294 | 384 |
| 70 | 201 | 255 | 291 | 318 | 416 |
| 71 | 220 | 279 | 318 | 347 | 453 |
| 72 | 238 | 302 | 345 | 376 | 493 |
| 73 | 260 | 332 | 379 | 414 | 541 |
| 74 | 286 | 365 | 416 | 455 | 594 |
| 75 | 314 | 401 | 459 | 502 | 649 |
| 76 | 344 | 440 | 504 | 552 | 711 |
| 77 | 376 | 482 | 553 | 606 | 779 |
| 78 | 408 | 526 | 604 | 662 | 849 |
| 79 | 444 | 573 | 660 | 725 | 926 |
| 80 | 480 |  |  |  |  |
| 81 | 519 |  |  |  |  |
| 82 | 560 |  |  |  |  |
| 83 | 609 |  |  |  |  |
| 84 | 661 |  |  |  |  |

```
Annual Premium per $10 of Long-Term Care Daily Benefit
                    STANDARD RATING GROUP
                    O DAY ELIMINATION PERIOD
            HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
                100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
            WITH COMPOUND AUTOMATIC INCREASE RIDER R1-21298-B37
```

| $\begin{gathered} \text { ISSUE } \\ \text { AGE } \end{gathered}$ | MAXIMUM= 730x LTC BENEFIT/DAY | $\begin{gathered} \text { MAXIMUM= } \\ \text { 1095x LTC } \\ \text { BENEFIT/DAY } \end{gathered}$ | MAXIMUM= 1460x LTC BENEFIT/DAY | MAXIMUM= 1825x LTC BENEFIT/DAY | MAXIMUM= UNLIMITED |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 18-44 | 58 | 72 | 81 | 88 | 114 |
| 45-49 | 64 | 80 | 91 | 99 | 127 |
| 50-54 | 79 | 99 | 112 | 121 | 160 |
| 55 | 88 | 112 | 128 | 140 | 184 |
| 56 | 93 | 118 | 134 | 147 | 192 |
| 57 | 96 | 124 | 141 | 154 | 202 |
| 58 | 104 | 131 | 149 | 164 | 214 |
| 59 | 111 | 140 | 159 | 173 | 228 |
| 60 | 118 | 148 | 169 | 185 | 242 |
| 61 | 126 | 159 | 180 | 196 | 258 |
| 62 | 134 | 168 | 192 | 209 | 273 |
| 63 | 144 | 180 | 205 | 224 | 292 |
| 64 | 153 | 193 | 219 | 239 | 313 |
| 65 | 164 | 205 | 232 | 252 | 332 |
| 66 | 173 | 220 | 251 | 274 | 355 |
| 67 | 186 | 235 | 268 | 293 | 384 |
| 68 | 201 | 255 | 291 | 318 | 414 |
| 69 | 216 | 275 | 315 | 345 | 448 |
| 70 | 235 | 300 | 342 | 374 | 486 |
| 71 | 256 | 326 | 373 | 408 | 531 |
| 72 | 278 | 355 | 407 | 446 | 578 |
| 73 | 302 | 389 | 447 | 491 | 634 |
| 74 | 332 | 426 | 489 | 536 | 694 |
| 75 | 365 | 469 | 539 | 591 | 759 |
| 76 | 399 | 513 | 588 | 645 | 831 |
| 77 | 435 | 561 | 645 | 707 | 908 |
| 78 | 473 | 613 | 706 | 775 | 989 |
| 79 | 511 | 665 | 768 | 846 | 1079 |
| 80 | 554 |  |  |  |  |
| 81 | 598 |  |  |  |  |
| 82 | 641 |  |  |  |  |
| 83 | 700 |  |  |  |  |
| 84 | 756 |  |  |  |  |

```
CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0026-A87
Long-Term Care Policy
```

Annual Premium per $\$ 10$ of Long-Term Care Daily Benefit
STANDARD RATING GROUP
0 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT= 50\% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-21297-B37

| $\begin{gathered} \text { ISSUE } \\ \text { AGE } \end{gathered}$ | MAXIMUM= 730x LTC BENEFIT/DAY | MAXIMUM= 1095x LTC BENEFIT/DAY | MAXIMUM= 1460x LTC BENEFIT/DAY | MAXIMUM= 1825x LTC BENEFIT/DAY | MAXIMUM= UNLIMITED |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 18-44 | 34 | 42 | 48 | 53 | 69 |
| 45-49 | 38 | 47 | 54 | 59 | 76 |
| 50-54 | 51 | 62 | 69 | 75 | 99 |
| 55 | 58 | 72 | 81 | 88 | 119 |
| 56 | 62 | 76 | 86 | 93 | 125 |
| 57 | 65 | 80 | 91 | 99 | 133 |
| 58 | 71 | 87 | 99 | 107 | 144 |
| 59 | 75 | 94 | 107 | 116 | 155 |
| 60 | 82 | 102 | 115 | 125 | 167 |
| 61 | 88 | 111 | 125 | 135 | 180 |
| 62 | 95 | 119 | 135 | 147 | 194 |
| 63 | 102 | 128 | 146 | 159 | 208 |
| 64 | 111 | 138 | 156 | 171 | 225 |
| 65 | 118 | 147 | 167 | 182 | 241 |
| 66 | 127 | 158 | 179 | 194 | 259 |
| 67 | 138 | 172 | 195 | 213 | 282 |
| 68 | 149 | 188 | 214 | 234 | 308 |
| 69 | 165 | 206 | 234 | 255 | 338 |
| 70 | 179 | 226 | 256 | 280 | 368 |
| 71 | 195 | 247 | 282 | 308 | 405 |
| 72 | 214 | 272 | 311 | 340 | 446 |
| 73 | 235 | 301 | 345 | 378 | 492 |
| 74 | 261 | 333 | 381 | 418 | 545 |
| 75 | 289 | 369 | 424 | 464 | 600 |
| 76 | 319 | 408 | 467 | 512 | 660 |
| 77 | 351 | 449 | 515 | 565 | 727 |
| 78 | 385 | 493 | 566 | 620 | 798 |
| 79 | 419 | 540 | 621 | 682 | 873 |
| 80 | 455 |  |  |  |  |
| 81 | 494 |  |  |  |  |
| 82 | 535 |  |  |  |  |
| 83 | 587 |  |  |  |  |
| 84 | 639 |  |  |  |  |

```
Annual Premium per $10 of Long-Term Care Daily Benefit
                    STANDARD RATING GROUP
                    O DAY ELIMINATION PERIOD
                HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
                100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
            WITH SIMPLE AUTOMATIC INCREASE RIDER R1-21297-B37
```

| $\begin{aligned} & \text { ISSUE } \\ & \text { AGE } \end{aligned}$ | MAXIMUM= 730x LTC BENEFIT/DAY | MAXIMUM= 1095x LTC BENEFIT/DAY | MAXIMUM= 1460x LTC BENEFIT/DAY | MAXIMUM= 1825x LTC BENEFIT/DAY | MAXIMUM= UNLIMITED |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 18-44 | 45 | 55 | 62 | 68 | 87 |
| 45-49 | 49 | 61 | 69 | 75 | 96 |
| 50-54 | 61 | 76 | 87 | 95 | 121 |
| 55 | 71 | 89 | 101 | 111 | 144 |
| 56 | 74 | 93 | 106 | 115 | 153 |
| 57 | 79 | 99 | 112 | 121 | 162 |
| 58 | 85 | 106 | 120 | 131 | 173 |
| 59 | 92 | 115 | 131 | 142 | 186 |
| 60 | 96 | 122 | 139 | 152 | 198 |
| 61 | 106 | 132 | 149 | 162 | 212 |
| 62 | 113 | 142 | 161 | 175 | 228 |
| 63 | 121 | 152 | 173 | 188 | 245 |
| 64 | 131 | 165 | 187 | 204 | 265 |
| 65 | 138 | 173 | 196 | 214 | 284 |
| 66 | 148 | 187 | 213 | 233 | 304 |
| 67 | 162 | 204 | 231 | 251 | 331 |
| 68 | 175 | 222 | 253 | 276 | 361 |
| 69 | 191 | 241 | 275 | 301 | 394 |
| 70 | 208 | 264 | 301 | 329 | 433 |
| 71 | 228 | 289 | 331 | 361 | 474 |
| 72 | 249 | 319 | 365 | 399 | 521 |
| 73 | 275 | 352 | 404 | 442 | 575 |
| 74 | 304 | 389 | 446 | 488 | 635 |
| 75 | 334 | 431 | 494 | 542 | 701 |
| 76 | 368 | 474 | 545 | 598 | 771 |
| 77 | 406 | 522 | 600 | 659 | 848 |
| 78 | 442 | 573 | 660 | 726 | 929 |
| 79 | 482 | 626 | 722 | 794 | 1018 |
| 80 | 526 |  |  |  |  |
| 81 | 569 |  |  |  |  |
| 82 | 614 |  |  |  |  |
| 83 | 674 |  |  |  |  |
| 84 | 732 |  |  |  |  |

## Elimination Period Factors

Rates shown are for 0 day elimination period. Rates for longer elimination periods are calculated by multiplying the 0 day rates by the appropriate factor from the following table:

| Benefit <br> Maximum | 20 | 30 | 60 | 90 | 100 | 180 | 365 |
| :--- | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  |  |  |  |  |
| $730 \mathrm{x}, 1095 \mathrm{x}$ | 0.92 | 0.89 | 0.84 | 0.80 | 0.79 | 0.69 | 0.60 |
| $1460 \mathrm{x}, 1825 \mathrm{x}$ | 0.94 | 0.91 | 0.86 | 0.82 | 0.81 | 0.72 | 0.63 |
| Lifetime | 0.96 | 0.93 | 0.89 | 0.86 | 0.85 | 0.78 | 0.70 |

## Multi-Life Discount

A $5 \%$ or $10 \%$ discount to the rates is available for qualifying Associations of 10 or more lives.

## Spousal Discount

A $10 \%$ discount to the rates is available to married couples if both spouses apply for coverage.

## Modal Factors

```
Semi-Annual: 0.52; Quarterly: 0.27; Check-A-Matic: 0.09
```

```
CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0026-B37
    Long-Term Care Policy
```

```
Annual Premium per $10 of Long-Term Care Daily Benefit
                    PREFERRED RATING GROUP
                    O DAY ELIMINATION PERIOD
                    HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
                        50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
```

| $\begin{gathered} \text { ISSUE } \\ \text { AGE } \end{gathered}$ | $\begin{gathered} \text { MAXIMUM= } \\ 730 \mathrm{x} \text { LTC } \\ \text { BENEFIT/DAY } \end{gathered}$ | $\begin{aligned} & \text { MAXIMUM= } \\ & 1095 x \mathrm{LTC} \end{aligned}$ <br> BENEFIT/DAY | $\begin{gathered} \text { MAXIMUM= } \\ 1460 \times \text { LTC } \\ \text { BENEFIT/DAY } \end{gathered}$ | $\begin{aligned} & \text { MAXIMUM= } \\ & 1825 x \text { LTC } \end{aligned}$ <br> BENEFIT/DAY | MAXIMUM $=$ UNLIMITED |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 18-44 | 21 | 25 | 27 | 29 | 36 |
| 45-49 | 23 | 27 | 30 | 32 | 40 |
| 50-54 | 28 | 33 | 37 | 40 | 50 |
| 55 | 34 | 40 | 44 | 47 | 60 |
| 56 | 35 | 42 | 47 | 51 | 64 |
| 57 | 37 | 44 | 49 | 53 | 68 |
| 58 | 40 | 48 | 54 | 58 | 74 |
| 59 | 44 | 52 | 58 | 62 | 81 |
| 60 | 47 | 57 | 64 | 69 | 88 |
| 61 | 52 | 63 | 70 | 75 | 96 |
| 62 | 56 | 68 | 76 | 82 | 104 |
| 63 | 60 | 73 | 81 | 87 | 112 |
| 64 | 64 | 78 | 88 | 95 | 121 |
| 65 | 69 | 83 | 93 | 100 | 128 |
| 66 | 74 | 90 | 100 | 108 | 139 |
| 67 | 80 | 98 | 110 | 119 | 152 |
| 68 | 88 | 107 | 120 | 130 | 166 |
| 69 | 96 | 119 | 134 | 145 | 184 |
| 70 | 106 | 131 | 147 | 159 | 202 |
| 71 | 116 | 144 | 162 | 176 | 223 |
| 72 | 128 | 159 | 180 | 196 | 249 |
| 73 | 143 | 178 | 202 | 220 | 279 |
| 74 | 160 | 200 | 226 | 246 | 312 |
| 75 | 179 | 224 | 254 | 277 | 348 |
| 76 | 199 | 249 | 282 | 307 | 388 |
| 77 | 221 | 277 | 315 | 343 | 430 |
| 78 | 245 | 308 | 350 | 382 | 477 |
| 79 | 271 | 341 | 387 | 422 | 528 |
| 80 | 299 |  |  |  |  |
| 81 | 327 |  |  |  |  |
| 82 | 359 |  |  |  |  |
| 83 | 399 |  |  |  |  |
| 84 | 439 |  |  |  |  |

```
CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0026-B37
    Long-Term Care Policy
```

Annual Premium per $\$ 10$ of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
0 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT= $100 \%$ OF LONG-TERM CARE DAILY BENEFIT AMOUNT

| $\begin{gathered} \text { ISSUE } \\ \text { AGE } \end{gathered}$ | MAXIMUM= <br> 730x LTC BENEFIT/DAY | MAXIMUM= 1095x LTC BENEFIT/DAY | MAXIMUM= 1460x LTC BENEFIT/DAY | MAXIMUM= 1825x LTC BENEFIT/DAY | MAXIMUM= UNLIMITED |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 18-44 | 26 | 31 | 35 | 38 | 48 |
| 45-49 | 29 | 35 | 39 | 42 | 53 |
| 50-54 | 34 | 42 | 47 | 51 | 66 |
| 55 | 40 | 48 | 54 | 58 | 76 |
| 56 | 42 | 52 | 58 | 63 | 80 |
| 57 | 45 | 54 | 60 | 65 | 83 |
| 58 | 48 | 58 | 65 | 70 | 91 |
| 59 | 52 | 63 | 71 | 77 | 98 |
| 60 | 57 | 69 | 77 | 83 | 105 |
| 61 | 61 | 74 | 83 | 90 | 113 |
| 62 | 66 | 80 | 90 | 97 | 123 |
| 63 | 71 | 87 | 97 | 105 | 132 |
| 64 | 76 | 93 | 104 | 112 | 143 |
| 65 | 81 | 98 | 109 | 117 | 152 |
| 66 | 86 | 106 | 119 | 129 | 166 |
| 67 | 94 | 116 | 130 | 141 | 181 |
| 68 | 103 | 127 | 143 | 155 | 198 |
| 69 | 111 | 138 | 156 | 170 | 218 |
| 70 | 124 | 153 | 173 | 188 | 240 |
| 71 | 135 | 169 | 191 | 208 | 264 |
| 72 | 150 | 187 | 212 | 231 | 295 |
| 73 | 167 | 209 | 237 | 258 | 330 |
| 74 | 185 | 234 | 266 | 290 | 367 |
| 75 | 207 | 262 | 298 | 325 | 411 |
| 76 | 230 | 292 | 333 | 364 | 458 |
| 77 | 256 | 324 | 370 | 404 | 507 |
| 78 | 283 | 360 | 412 | 451 | 562 |
| 79 | 312 | 397 | 453 | 495 | 622 |
| 80 | 343 |  |  |  |  |
| 81 | 377 |  |  |  |  |
| 82 | 412 |  |  |  |  |
| 83 | 458 |  |  |  |  |
| 84 | 505 |  |  |  |  |

```
CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0026-B37
    Long-Term Care Policy
```

Annual Premium per $\$ 10$ of Long-Term Care Daily Benefit
PREFERRED RATING GROUP 0 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT= $50 \%$ OF LONG-TERM CARE DAILY BENEFIT AMOUNT WITH COMPOUND AUTOMATIC INCREASE RIDER R1-21298-SERIES

| $\begin{gathered} \text { ISSUE } \\ \text { AGE } \end{gathered}$ | MAXIMUM= 730x LTC BENEFIT/DAY | MAXIMUM= 1095x LTC BENEFIT/DAY | $\begin{gathered} \text { MAXIMUM= } \\ \text { 1460x LTC } \\ \text { BENEFIT/DAY } \end{gathered}$ | MAXIMUM= 1825x LTC BENEFIT/DAY | MAXIMUM= UNLIMITED |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 18-44 | 40 | 49 | 55 | 60 | 78 |
| 45-49 | 44 | 54 | 61 | 66 | 87 |
| 50-54 | 54 | 67 | 76 | 83 | 111 |
| 55 | 63 | 78 | 88 | 96 | 129 |
| 56 | 66 | 83 | 94 | 102 | 137 |
| 57 | 70 | 87 | 99 | 108 | 144 |
| 58 | 74 | 93 | 106 | 116 | 153 |
| 59 | 80 | 99 | 112 | 122 | 163 |
| 60 | 84 | 106 | 120 | 131 | 173 |
| 61 | 91 | 113 | 128 | 139 | 185 |
| 62 | 97 | 121 | 137 | 149 | 197 |
| 63 | 104 | 130 | 147 | 160 | 211 |
| 64 | 111 | 139 | 157 | 171 | 226 |
| 65 | 118 | 148 | 168 | 183 | 240 |
| 66 | 125 | 157 | 179 | 195 | 257 |
| 67 | 135 | 170 | 193 | 210 | 278 |
| 68 | 146 | 184 | 210 | 229 | 302 |
| 69 | 159 | 201 | 229 | 250 | 326 |
| 70 | 171 | 217 | 247 | 270 | 354 |
| 71 | 187 | 237 | 270 | 295 | 385 |
| 72 | 202 | 257 | 293 | 320 | 419 |
| 73 | 221 | 282 | 322 | 352 | 460 |
| 74 | 243 | 310 | 354 | 387 | 505 |
| 75 | 267 | 341 | 390 | 427 | 552 |
| 76 | 292 | 374 | 428 | 469 | 604 |
| 77 | 320 | 410 | 470 | 515 | 662 |
| 78 | 347 | 447 | 513 | 563 | 722 |
| 79 | 377 | 487 | 561 | 616 | 787 |
| 80 | 408 |  |  |  |  |
| 81 | 441 |  |  |  |  |
| 82 | 476 |  |  |  |  |
| 83 | 518 |  |  |  |  |
| 84 | 562 |  |  |  |  |

```
CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0026-B37
    Long-Term Care Policy
```

Annual Premium per $\$ 10$ of Long-Term Care Daily Benefit
PREFERRED RATING GROUP
0 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT= $100 \%$ OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-21298-SERIES


Annual Premium per $\$ 10$ of Long-Term Care Daily Benefit
PREFERRED RATING GROUP
0 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT= 50\% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-21297-SERIES

| $\begin{gathered} \text { ISSUE } \\ \text { AGE } \end{gathered}$ | MAXIMUM= 730x LTC BENEFIT/DAY | $\begin{gathered} \text { MAXIMUM= } \\ \text { 1095x LTC } \\ \text { BENEFIT/DAY } \end{gathered}$ | $\begin{gathered} \text { MAXIMUM= } \\ \text { 1460x LTC } \\ \text { BENEFIT/DAY } \end{gathered}$ | MAXIMUM= 1825x LTC BENEFIT/DAY | MAXIMUM= UNLIMITED |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 18-44 | 29 | 36 | 41 | 45 | 59 |
| 45-49 | 32 | 40 | 46 | 50 | 65 |
| 50-54 | 43 | 53 | 59 | 64 | 84 |
| 55 | 49 | 61 | 69 | 75 | 101 |
| 56 | 53 | 65 | 73 | 79 | 106 |
| 57 | 55 | 68 | 77 | 84 | 113 |
| 58 | 60 | 74 | 84 | 91 | 122 |
| 59 | 64 | 80 | 91 | 99 | 132 |
| 60 | 70 | 87 | 98 | 106 | 142 |
| 61 | 75 | 94 | 106 | 115 | 153 |
| 62 | 81 | 101 | 115 | 125 | 165 |
| 63 | 87 | 109 | 124 | 135 | 177 |
| 64 | 94 | 117 | 133 | 145 | 191 |
| 65 | 100 | 125 | 142 | 155 | 205 |
| 66 | 108 | 134 | 152 | 165 | 220 |
| 67 | 117 | 146 | 166 | 181 | 240 |
| 68 | 127 | 160 | 182 | 199 | 262 |
| 69 | 140 | 175 | 199 | 217 | 287 |
| 70 | 152 | 192 | 218 | 238 | 313 |
| 71 | 166 | 210 | 240 | 262 | 344 |
| 72 | 182 | 231 | 264 | 289 | 379 |
| 73 | 200 | 256 | 293 | 321 | 418 |
| 74 | 222 | 283 | 324 | 355 | 463 |
| 75 | 246 | 314 | 360 | 394 | 510 |
| 76 | 271 | 347 | 397 | 435 | 561 |
| 77 | 298 | 382 | 438 | 480 | 618 |
| 78 | 327 | 419 | 481 | 527 | 678 |
| 79 | 356 | 459 | 528 | 580 | 742 |
| 80 | 387 |  |  |  |  |
| 81 | 420 |  |  |  |  |
| 82 | 455 |  |  |  |  |
| 83 | 499 |  |  |  |  |
| 84 | 543 |  |  |  |  |

```
CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0026-B37
    Long-Term Care Policy
```

Annual Premium per $\$ 10$ of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
0 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT= 100\% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-21297-SERIES

| $\begin{gathered} \text { ISSUE } \\ \text { AGE } \end{gathered}$ | $\begin{gathered} \text { MAXIMUM= } \\ 730 \times \text { LTC } \\ \text { BENEFIT/DAY } \end{gathered}$ | $\begin{gathered} \text { MAXIMUM= } \\ \text { 1095x LTC } \\ \text { BENEFIT/DAY } \end{gathered}$ | $\begin{gathered} \text { MAXIMUM= } \\ 1460 \times \text { LTC } \\ \text { BENEFIT / DAY } \end{gathered}$ | $\begin{gathered} \text { MAXIMUM }= \\ 1825 \mathrm{x} \mathrm{LTC} \\ \text { BENEFIT/DAY } \end{gathered}$ | MAXIMUM= UNLIMITED |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 18-44 | 38 | 47 | 53 | 58 | 74 |
| 45-49 | 42 | 52 | 59 | 64 | 82 |
| 50-54 | 52 | 65 | 74 | 81 | 103 |
| 55 | 60 | 76 | 86 | 94 | 122 |
| 56 | 63 | 79 | 90 | 98 | 130 |
| 57 | 67 | 84 | 95 | 103 | 138 |
| 58 | 72 | 90 | 102 | 111 | 147 |
| 59 | 78 | 98 | 111 | 121 | 158 |
| 60 | 82 | 104 | 118 | 129 | 168 |
| 61 | 90 | 112 | 127 | 138 | 180 |
| 62 | 96 | 121 | 137 | 149 | 194 |
| 63 | 103 | 129 | 147 | 160 | 208 |
| 64 | 111 | 140 | 159 | 173 | 225 |
| 65 | 117 | 147 | 167 | 182 | 241 |
| 66 | 126 | 159 | 181 | 198 | 258 |
| 67 | 138 | 173 | 196 | 213 | 281 |
| 68 | 149 | 189 | 215 | 235 | 307 |
| 69 | 162 | 205 | 234 | 256 | 335 |
| 70 | 177 | 224 | 256 | 280 | 368 |
| 71 | 194 | 246 | 281 | 307 | 403 |
| 72 | 212 | 271 | 310 | 339 | 443 |
| 73 | 234 | 299 | 343 | 376 | 489 |
| 74 | 258 | 331 | 379 | 415 | 540 |
| 75 | 284 | 366 | 420 | 461 | 596 |
| 76 | 313 | 403 | 463 | 508 | 655 |
| 77 | 345 | 444 | 510 | 560 | 721 |
| 78 | 376 | 487 | 561 | 617 | 790 |
| 79 | 410 | 532 | 614 | 675 | 865 |
| 80 | 447 |  |  |  |  |
| 81 | 484 |  |  |  |  |
| 82 | 522 |  |  |  |  |
| 83 | 573 |  |  |  |  |
| 84 | 622 |  |  |  |  |

```
Annual Premium per $10 of Long-Term Care Daily Benefit
                                    STANDARD RATING GROUP
                                    O DAY ELIMINATION PERIOD
            HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
                50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
```

| $\begin{gathered} \text { ISSUE } \\ \text { AGE } \end{gathered}$ | $\begin{gathered} \text { MAXIMUM }= \\ 730 \times \text { LTC } \\ \text { BENEFIT/DAY } \end{gathered}$ | $\begin{gathered} \text { MAXIMUM }= \\ \text { 1095x LTC } \\ \text { BENEFIT/DAY } \end{gathered}$ | $\begin{gathered} \text { MAXIMUM= } \\ 1460 \mathrm{x} \text { LTC } \\ \text { BENEFIT /DAY } \end{gathered}$ | $\begin{gathered} \text { MAXIMUM }= \\ 1825 \mathrm{x} \mathrm{LTC} \\ \text { BENEFIT/DAY } \end{gathered}$ | MAXIMUM= UNLIMITED |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 18-44 | 25 | 29 | 32 | 34 | 42 |
| 45-49 | 27 | 32 | 35 | 38 | 47 |
| 50-54 | 33 | 39 | 44 | 47 | 59 |
| 55 | 40 | 47 | 52 | 55 | 71 |
| 56 | 41 | 49 | 55 | 60 | 75 |
| 57 | 44 | 52 | 58 | 62 | 80 |
| 58 | 47 | 56 | 64 | 68 | 87 |
| 59 | 52 | 61 | 68 | 73 | 95 |
| 60 | 55 | 67 | 75 | 81 | 104 |
| 61 | 61 | 74 | 82 | 88 | 113 |
| 62 | 66 | 80 | 89 | 96 | 122 |
| 63 | 71 | 86 | 95 | 102 | 132 |
| 64 | 75 | 92 | 104 | 112 | 142 |
| 65 | 81 | 98 | 109 | 118 | 151 |
| 66 | 87 | 106 | 118 | 127 | 164 |
| 67 | 94 | 115 | 129 | 140 | 179 |
| 68 | 104 | 126 | 141 | 153 | 195 |
| 69 | 113 | 140 | 158 | 171 | 216 |
| 70 | 125 | 154 | 173 | 187 | 238 |
| 71 | 136 | 169 | 191 | 207 | 262 |
| 72 | 151 | 187 | 212 | 231 | 293 |
| 73 | 168 | 209 | 238 | 259 | 328 |
| 74 | 188 | 235 | 266 | 289 | 367 |
| 75 | 211 | 264 | 299 | 326 | 409 |
| 76 | 234 | 293 | 332 | 361 | 456 |
| 77 | 260 | 326 | 371 | 404 | 506 |
| 78 | 288 | 362 | 412 | 449 | 561 |
| 79 | 319 | 401 | 455 | 496 | 621 |
| 80 | 352 |  |  |  |  |
| 81 | 385 |  |  |  |  |
| 82 | 422 |  |  |  |  |
| 83 | 469 |  |  |  |  |
| 84 | 516 |  |  |  |  |

```
CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0026-B37
    Long-Term Care Policy
```

```
Annual Premium per $10 of Long-Term Care Daily Benefit
    STANDARD RATING GROUP
                            O DAY ELIMINATION PERIOD
            HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
                        100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
```

| $\begin{gathered} \text { ISSUE } \\ \text { AGE } \end{gathered}$ | MAXIMUM= 730x LTC BENEFIT/DAY | MAXIMUM= 1095x LTC BENEFIT/DAY | MAXIMUM= 1460x LTC BENEFIT/DAY | MAXIMUM= 1825x LTC BENEFIT/DAY | MAXIMUM= UNLIMITED |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 18-44 | 31 | 36 | 41 | 45 | 56 |
| 45-49 | 34 | 41 | 46 | 49 | 62 |
| 50-54 | 40 | 49 | 55 | 60 | 78 |
| 55 | 47 | 56 | 64 | 68 | 89 |
| 56 | 49 | 61 | 68 | 74 | 94 |
| 57 | 53 | 64 | 71 | 76 | 98 |
| 58 | 56 | 68 | 76 | 82 | 107 |
| 59 | 61 | 74 | 84 | 91 | 115 |
| 60 | 67 | 81 | 91 | 98 | 124 |
| 61 | 72 | 87 | 98 | 106 | 133 |
| 62 | 78 | 94 | 106 | 114 | 145 |
| 63 | 84 | 102 | 114 | 124 | 155 |
| 64 | 89 | 109 | 122 | 132 | 168 |
| 65 | 95 | 115 | 128 | 138 | 179 |
| 66 | 101 | 125 | 140 | 152 | 195 |
| 67 | 111 | 136 | 153 | 166 | 213 |
| 68 | 121 | 149 | 168 | 182 | 233 |
| 69 | 131 | 162 | 184 | 200 | 256 |
| 70 | 146 | 180 | 204 | 221 | 282 |
| 71 | 159 | 199 | 225 | 245 | 311 |
| 72 | 176 | 220 | 249 | 272 | 347 |
| 73 | 196 | 246 | 279 | 304 | 388 |
| 74 | 218 | 275 | 313 | 341 | 432 |
| 75 | 244 | 308 | 351 | 382 | 484 |
| 76 | 271 | 344 | 392 | 428 | 539 |
| 77 | 301 | 381 | 435 | 475 | 596 |
| 78 | 333 | 424 | 485 | 531 | 661 |
| 79 | 367 | 467 | 533 | 582 | 732 |
| 80 | 404 |  |  |  |  |
| 81 | 444 |  |  |  |  |
| 82 | 485 |  |  |  |  |
| 83 | 539 |  |  |  |  |
| 84 | 594 |  |  |  |  |

```
CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0026-B37
    Long-Term Care Policy
```

Annual Premium per $\$ 10$ of Long-Term Care Daily Benefit

STANDARD RATING GROUP
0 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT= $50 \%$ OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-21298-SERIES

| $\begin{aligned} & \text { ISSUE } \\ & \text { AGE } \end{aligned}$ | MAXIMUM= 730x LTC BENEFIT/DAY | MAXIMUM= 1095x LTC BENEFIT/DAY | $\begin{gathered} \text { MAXIMUM= } \\ \text { 1460x LTC } \\ \text { BENEFIT/DAY } \end{gathered}$ | MAXIMUM= 1825x LTC BENEFIT/DAY | MAXIMUM= UNLIMITED |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 18-44 | 47 | 58 | 65 | 71 | 92 |
| 45-49 | 52 | 64 | 72 | 78 | 102 |
| 50-54 | 64 | 79 | 89 | 98 | 131 |
| 55 | 74 | 92 | 104 | 113 | 152 |
| 56 | 78 | 98 | 111 | 120 | 161 |
| 57 | 82 | 102 | 116 | 127 | 169 |
| 58 | 87 | 109 | 125 | 136 | 180 |
| 59 | 94 | 116 | 132 | 144 | 192 |
| 60 | 99 | 125 | 141 | 154 | 204 |
| 61 | 107 | 133 | 151 | 164 | 218 |
| 62 | 114 | 142 | 161 | 175 | 232 |
| 63 | 122 | 153 | 173 | 188 | 248 |
| 64 | 131 | 164 | 185 | 201 | 266 |
| 65 | 139 | 174 | 198 | 215 | 282 |
| 66 | 147 | 185 | 211 | 229 | 302 |
| 67 | 159 | 200 | 227 | 247 | 327 |
| 68 | 172 | 216 | 247 | 269 | 355 |
| 69 | 187 | 236 | 269 | 294 | 384 |
| 70 | 201 | 255 | 291 | 318 | 416 |
| 71 | 220 | 279 | 318 | 347 | 453 |
| 72 | 238 | 302 | 345 | 376 | 493 |
| 73 | 260 | 332 | 379 | 414 | 541 |
| 74 | 286 | 365 | 416 | 455 | 594 |
| 75 | 314 | 401 | 459 | 502 | 649 |
| 76 | 344 | 440 | 504 | 552 | 711 |
| 77 | 376 | 482 | 553 | 606 | 779 |
| 78 | 408 | 526 | 604 | 662 | 849 |
| 79 | 444 | 573 | 660 | 725 | 926 |
| 80 | 480 |  |  |  |  |
| 81 | 519 |  |  |  |  |
| 82 | 560 |  |  |  |  |
| 83 | 609 |  |  |  |  |
| 84 | 661 |  |  |  |  |

```
CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0026-B37
    Long-Term Care Policy
```

Annual Premium per $\$ 10$ of Long-Term Care Daily Benefit
STANDARD RATING GROUP
0 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT= $100 \%$ OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-21298-SERIES

| $\begin{gathered} \text { ISSUE } \\ \text { AGE } \end{gathered}$ | MAXIMUM= 730x LTC BENEFIT/DAY | MAXIMUM= 1095x LTC BENEFIT/DAY | MAXIMUM= 1460x LTC BENEFIT/DAY | MAXIMUM= 1825x LTC BENEFIT/DAY | MAXIMUM= UNLIMITED |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 18-44 | 58 | 72 | 81 | 88 | 114 |
| 45-49 | 64 | 80 | 91 | 99 | 127 |
| 50-54 | 79 | 99 | 112 | 121 | 160 |
| 55 | 88 | 112 | 128 | 140 | 184 |
| 56 | 93 | 118 | 134 | 147 | 192 |
| 57 | 96 | 124 | 141 | 154 | 202 |
| 58 | 104 | 131 | 149 | 164 | 214 |
| 59 | 111 | 140 | 159 | 173 | 228 |
| 60 | 118 | 148 | 169 | 185 | 242 |
| 61 | 126 | 159 | 180 | 196 | 258 |
| 62 | 134 | 168 | 192 | 209 | 273 |
| 63 | 144 | 180 | 205 | 224 | 292 |
| 64 | 153 | 193 | 219 | 239 | 313 |
| 65 | 164 | 205 | 232 | 252 | 332 |
| 66 | 173 | 220 | 251 | 274 | 355 |
| 67 | 186 | 235 | 268 | 293 | 384 |
| 68 | 201 | 255 | 291 | 318 | 414 |
| 69 | 216 | 275 | 315 | 345 | 448 |
| 70 | 235 | 300 | 342 | 374 | 486 |
| 71 | 256 | 326 | 373 | 408 | 531 |
| 72 | 278 | 355 | 407 | 446 | 578 |
| 73 | 302 | 389 | 447 | 491 | 634 |
| 74 | 332 | 426 | 489 | 536 | 694 |
| 75 | 365 | 469 | 539 | 591 | 759 |
| 76 | 399 | 513 | 588 | 645 | 831 |
| 77 | 435 | 561 | 645 | 707 | 908 |
| 78 | 473 | 613 | 706 | 775 | 989 |
| 79 | 511 | 665 | 768 | 846 | 1079 |
| 80 | 554 |  |  |  |  |
| 81 | 598 |  |  |  |  |
| 82 | 641 |  |  |  |  |
| 83 | 700 |  |  |  |  |
| 84 | 756 |  |  |  |  |

```
CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0026-B37
    Long-Term Care Policy
```

Annual Premium per $\$ 10$ of Long-Term Care Daily Benefit
STANDARD RATING GROUP
0 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT= 50\% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-21297-SERIES

| $\begin{gathered} \text { ISSUE } \\ \text { AGE } \end{gathered}$ | MAXIMUM= 730x LTC BENEFIT/DAY | MAXIMUM= 1095x LTC BENEFIT/DAY | MAXIMUM= 1460x LTC BENEFIT/DAY | MAXIMUM= 1825x LTC BENEFIT/DAY | MAXIMUM= UNLIMITED |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 18-44 | 34 | 42 | 48 | 53 | 69 |
| 45-49 | 38 | 47 | 54 | 59 | 76 |
| 50-54 | 51 | 62 | 69 | 75 | 99 |
| 55 | 58 | 72 | 81 | 88 | 119 |
| 56 | 62 | 76 | 86 | 93 | 125 |
| 57 | 65 | 80 | 91 | 99 | 133 |
| 58 | 71 | 87 | 99 | 107 | 144 |
| 59 | 75 | 94 | 107 | 116 | 155 |
| 60 | 82 | 102 | 115 | 125 | 167 |
| 61 | 88 | 111 | 125 | 135 | 180 |
| 62 | 95 | 119 | 135 | 147 | 194 |
| 63 | 102 | 128 | 146 | 159 | 208 |
| 64 | 111 | 138 | 156 | 171 | 225 |
| 65 | 118 | 147 | 167 | 182 | 241 |
| 66 | 127 | 158 | 179 | 194 | 259 |
| 67 | 138 | 172 | 195 | 213 | 282 |
| 68 | 149 | 188 | 214 | 234 | 308 |
| 69 | 165 | 206 | 234 | 255 | 338 |
| 70 | 179 | 226 | 256 | 280 | 368 |
| 71 | 195 | 247 | 282 | 308 | 405 |
| 72 | 214 | 272 | 311 | 340 | 446 |
| 73 | 235 | 301 | 345 | 378 | 492 |
| 74 | 261 | 333 | 381 | 418 | 545 |
| 75 | 289 | 369 | 424 | 464 | 600 |
| 76 | 319 | 408 | 467 | 512 | 660 |
| 77 | 351 | 449 | 515 | 565 | 727 |
| 78 | 385 | 493 | 566 | 620 | 798 |
| 79 | 419 | 540 | 621 | 682 | 873 |
| 80 | 455 |  |  |  |  |
| 81 | 494 |  |  |  |  |
| 82 | 535 |  |  |  |  |
| 83 | 587 |  |  |  |  |
| 84 | 639 |  |  |  |  |

```
CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0026-B37
    Long-Term Care Policy
```

Annual Premium per $\$ 10$ of Long-Term Care Daily Benefit
STANDARD RATING GROUP
0 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT= 100\% OF LONG-TERM CARE DAILY BENEFIT AMOUNT WITH SIMPLE AUTOMATIC INCREASE RIDER R1-21297-SERIES

| $\begin{gathered} \text { ISSUE } \\ \text { AGE } \end{gathered}$ | MAXIMUM= 730x LTC BENEFIT/DAY | MAXIMUM= 1095x LTC BENEFIT/DAY | MAXIMUM= 1460x LTC BENEFIT/DAY | MAXIMUM= 1825x LTC BENEFIT/DAY | MAXIMUM= UNLIMITED |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 18-44 | 45 | 55 | 62 | 68 | 87 |
| 45-49 | 49 | 61 | 69 | 75 | 96 |
| 50-54 | 61 | 76 | 87 | 95 | 121 |
| 55 | 71 | 89 | 101 | 111 | 144 |
| 56 | 74 | 93 | 106 | 115 | 153 |
| 57 | 79 | 99 | 112 | 121 | 162 |
| 58 | 85 | 106 | 120 | 131 | 173 |
| 59 | 92 | 115 | 131 | 142 | 186 |
| 60 | 96 | 122 | 139 | 152 | 198 |
| 61 | 106 | 132 | 149 | 162 | 212 |
| 62 | 113 | 142 | 161 | 175 | 228 |
| 63 | 121 | 152 | 173 | 188 | 245 |
| 64 | 131 | 165 | 187 | 204 | 265 |
| 65 | 138 | 173 | 196 | 214 | 284 |
| 66 | 148 | 187 | 213 | 233 | 304 |
| 67 | 162 | 204 | 231 | 251 | 331 |
| 68 | 175 | 222 | 253 | 276 | 361 |
| 69 | 191 | 241 | 275 | 301 | 394 |
| 70 | 208 | 264 | 301 | 329 | 433 |
| 71 | 228 | 289 | 331 | 361 | 474 |
| 72 | 249 | 319 | 365 | 399 | 521 |
| 73 | 275 | 352 | 404 | 442 | 575 |
| 74 | 304 | 389 | 446 | 488 | 635 |
| 75 | 334 | 431 | 494 | 542 | 701 |
| 76 | 368 | 474 | 545 | 598 | 771 |
| 77 | 406 | 522 | 600 | 659 | 848 |
| 78 | 442 | 573 | 660 | 726 | 929 |
| 79 | 482 | 626 | 722 | 794 | 1018 |
| 80 | 526 |  |  |  |  |
| 81 | 569 |  |  |  |  |
| 82 | 614 |  |  |  |  |
| 83 | 674 |  |  |  |  |
| 84 | 732 |  |  |  |  |

```
CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0026-B37
    Long-Term Care Policy
```


## Elimination Period Factors

Rates shown are for 0 day elimination period. Rates for longer elimination periods are calculated by multiplying the 0 day rates by the appropriate factor from the following table:

| Benefit <br> Maximum | 20 | 30 | 60 | 90 | 100 | 180 | 365 |
| :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- |
|  |  |  |  |  |  |  |  |
| $730 x, 1095 x$ | 0.92 | 0.89 | 0.84 | 0.80 | 0.79 | 0.69 | 0.60 |
| $1460 \times, 1825 \mathrm{x}$ | 0.94 | 0.91 | 0.86 | 0.82 | 0.81 | 0.72 | 0.63 |
| Lifetime | 0.96 | 0.93 | 0.89 | 0.86 | 0.85 | 0.78 | 0.70 |

## Table Rating Health Rating Group Factors

Rates shown are for Preferred Rating Group and Select Rating Group. Rates for Table Rating Health Groups 1, 2, 3 and 4 are calculated by multiplying Select rates by $1.25,1.50,1.75$ and 2.00 respectively.

Spousal Discount
A $10 \%$ discount to the rates is available to married couples if both spouses apply for coverage.

## Modal Factors

Semi-Annual: 0.52; Quarterly: 0.27; Check-A-Matic: 0.09

Annual Premium per $\$ 10$ of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
O DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT= $50 \%$ OF LONG-TERM CARE DAILY BENEFIT AMOUNT

| $\begin{gathered} \text { ISSUE } \\ \text { AGE } \end{gathered}$ | MAXIMUM= 730x LTC BENEFIT/DAY | MAXIMUM= 1095x LTC BENEFIT/DAY | MAXIMUM= 1460x LTC BENEFIT/DAY | $\begin{gathered} \text { MAXIMUM= } \\ 1825 \mathrm{x} \mathrm{LTC} \\ \text { BENEFIT/DAY } \end{gathered}$ | MAXIMUM= <br> UNLIMITED |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 18-44 | 21 | 25 | 27 | 29 | 36 |
| 45-49 | 23 | 27 | 30 | 32 | 40 |
| 50-54 | 28 | 33 | 37 | 40 | 50 |
| 55 | 34 | 40 | 44 | 47 | 60 |
| 56 | 35 | 42 | 47 | 51 | 64 |
| 57 | 37 | 44 | 49 | 53 | 68 |
| 58 | 40 | 48 | 54 | 58 | 74 |
| 59 | 44 | 52 | 58 | 62 | 81 |
| 60 | 47 | 57 | 64 | 69 | 88 |
| 61 | 52 | 63 | 70 | 75 | 96 |
| 62 | 56 | 68 | 76 | 82 | 104 |
| 63 | 60 | 73 | 81 | 87 | 112 |
| 64 | 64 | 78 | 88 | 95 | 121 |
| 65 | 69 | 83 | 93 | 100 | 128 |
| 66 | 74 | 90 | 100 | 108 | 139 |
| 67 | 80 | 98 | 110 | 119 | 152 |
| 68 | 88 | 107 | 120 | 130 | 166 |
| 69 | 96 | 119 | 134 | 145 | 184 |
| 70 | 106 | 131 | 147 | 159 | 202 |
| 71 | 116 | 144 | 162 | 176 | 223 |
| 72 | 128 | 159 | 180 | 196 | 249 |
| 73 | 143 | 178 | 202 | 220 | 279 |
| 74 | 160 | 200 | 226 | 246 | 312 |
| 75 | 179 | 224 | 254 | 277 | 348 |
| 76 | 199 | 249 | 282 | 307 | 388 |
| 77 | 221 | 277 | 315 | 343 | 430 |
| 78 | 245 | 308 | 350 | 382 | 477 |
| 79 | 271 | 341 | 387 | 422 | 528 |
| 80 | 299 |  |  |  |  |
| 81 | 327 |  |  |  |  |
| 82 | 359 |  |  |  |  |
| 83 | 399 |  |  |  |  |
| 84 | 439 |  |  |  |  |

Annual Premium per $\$ 10$ of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
0 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT= 100\% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

| $\begin{gathered} \text { ISSUE } \\ \text { AGE } \end{gathered}$ | MAXIMUM= 730x LTC BENEFIT/DAY | MAXIMUM= 1095x LTC BENEFIT/DAY | MAXIMUM= 1460x LTC BENEFIT/DAY | MAXIMUM= 1825x LTC BENEFIT/DAY | MAXIMUM= UNLIMITED |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 18-44 | 26 | 31 | 35 | 38 | 48 |
| 45-49 | 29 | 35 | 39 | 42 | 53 |
| 50-54 | 34 | 42 | 47 | 51 | 66 |
| 55 | 40 | 48 | 54 | 58 | 76 |
| 56 | 42 | 52 | 58 | 63 | 80 |
| 57 | 45 | 54 | 60 | 65 | 83 |
| 58 | 48 | 58 | 65 | 70 | 91 |
| 59 | 52 | 63 | 71 | 77 | 98 |
| 60 | 57 | 69 | 77 | 83 | 105 |
| 61 | 61 | 74 | 83 | 90 | 113 |
| 62 | 66 | 80 | 90 | 97 | 123 |
| 63 | 71 | 87 | 97 | 105 | 132 |
| 64 | 76 | 93 | 104 | 112 | 143 |
| 65 | 81 | 98 | 109 | 117 | 152 |
| 66 | 86 | 106 | 119 | 129 | 166 |
| 67 | 94 | 116 | 130 | 141 | 181 |
| 68 | 103 | 127 | 143 | 155 | 198 |
| 69 | 111 | 138 | 156 | 170 | 218 |
| 70 | 124 | 153 | 173 | 188 | 240 |
| 71 | 135 | 169 | 191 | 208 | 264 |
| 72 | 150 | 187 | 212 | 231 | 295 |
| 73 | 167 | 209 | 237 | 258 | 330 |
| 74 | 185 | 234 | 266 | 290 | 367 |
| 75 | 207 | 262 | 298 | 325 | 411 |
| 76 | 230 | 292 | 333 | 364 | 458 |
| 77 | 256 | 324 | 370 | 404 | 507 |
| 78 | 283 | 360 | 412 | 451 | 562 |
| 79 | 312 | 397 | 453 | 495 | 622 |
| 80 | 343 |  |  |  |  |
| 81 | 377 |  |  |  |  |
| 82 | 412 |  |  |  |  |
| 83 | 458 |  |  |  |  |
| 84 | 505 |  |  |  |  |

Annual Premium per $\$ 10$ of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
0 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT= 50\% OF LONG-TERM CARE DAILY BENEFIT AMOUNT WITH COMPOUND AUTOMATIC INCREASE RIDER R1-21298-B37

| $\begin{gathered} \text { ISSUE } \\ \text { AGE } \end{gathered}$ | MAXIMUM= 730x LTC BENEFIT/DAY | MAXIMUM= 1095x LTC BENEFIT/DAY | MAXIMUM= 1460x LTC BENEFIT/DAY | MAXIMUM= 1825x LTC BENEFIT/DAY | MAXIMUM= UNLIMITED |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 18-44 | 40 | 49 | 55 | 60 | 78 |
| 45-49 | 44 | 54 | 61 | 66 | 87 |
| 50-54 | 54 | 67 | 76 | 83 | 111 |
| 55 | 63 | 78 | 88 | 96 | 129 |
| 56 | 66 | 83 | 94 | 102 | 137 |
| 57 | 70 | 87 | 99 | 108 | 144 |
| 58 | 74 | 93 | 106 | 116 | 153 |
| 59 | 80 | 99 | 112 | 122 | 163 |
| 60 | 84 | 106 | 120 | 131 | 173 |
| 61 | 91 | 113 | 128 | 139 | 185 |
| 62 | 97 | 121 | 137 | 149 | 197 |
| 63 | 104 | 130 | 147 | 160 | 211 |
| 64 | 111 | 139 | 157 | 171 | 226 |
| 65 | 118 | 148 | 168 | 183 | 240 |
| 66 | 125 | 157 | 179 | 195 | 257 |
| 67 | 135 | 170 | 193 | 210 | 278 |
| 68 | 146 | 184 | 210 | 229 | 302 |
| 69 | 159 | 201 | 229 | 250 | 326 |
| 70 | 171 | 217 | 247 | 270 | 354 |
| 71 | 187 | 237 | 270 | 295 | 385 |
| 72 | 202 | 257 | 293 | 320 | 419 |
| 73 | 221 | 282 | 322 | 352 | 460 |
| 74 | 243 | 310 | 354 | 387 | 505 |
| 75 | 267 | 341 | 390 | 427 | 552 |
| 76 | 292 | 374 | 428 | 469 | 604 |
| 77 | 320 | 410 | 470 | 515 | 662 |
| 78 | 347 | 447 | 513 | 563 | 722 |
| 79 | 377 | 487 | 561 | 616 | 787 |
| 80 | 408 |  |  |  |  |
| 81 | 441 |  |  |  |  |
| 82 | 476 |  |  |  |  |
| 83 | 518 |  |  |  |  |
| 84 | 562 |  |  |  |  |

Annual Premium per $\$ 10$ of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
0 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT= 100\% OF LONG-TERM CARE DAILY BENEFIT AMOUNT WITH COMPOUND AUTOMATIC INCREASE RIDER R1-21298-B37

| $\begin{aligned} & \text { ISSUE } \\ & \text { AGE } \end{aligned}$ | MAXIMUM= 730x LTC BENEFIT/DAY | MAXIMUM= 1095x LTC BENEFIT/DAY | MAXIMUM= 1460x LTC BENEFIT/DAY | $\begin{gathered} \text { MAXIMUM= } \\ \text { 1825x LTC } \\ \text { BENEFIT/DAY } \end{gathered}$ | MAXIMUM= UNLIMITED |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 18-44 | 49 | 61 | 69 | 75 | 97 |
| 45-49 | 54 | 68 | 77 | 84 | 108 |
| 50-54 | 67 | 84 | 95 | 103 | 136 |
| 55 | 75 | 95 | 109 | 119 | 156 |
| 56 | 79 | 100 | 114 | 125 | 163 |
| 57 | 82 | 105 | 120 | 131 | 172 |
| 58 | 88 | 111 | 127 | 139 | 182 |
| 59 | 94 | 119 | 135 | 147 | 194 |
| 60 | 100 | 126 | 144 | 157 | 206 |
| 61 | 107 | 135 | 153 | 167 | 219 |
| 62 | 114 | 143 | 163 | 178 | 232 |
| 63 | 122 | 153 | 174 | 190 | 248 |
| 64 | 130 | 164 | 186 | 203 | 266 |
| 65 | 139 | 174 | 197 | 214 | 282 |
| 66 | 147 | 187 | 213 | 233 | 302 |
| 67 | 158 | 200 | 228 | 249 | 326 |
| 68 | 171 | 217 | 247 | 270 | 352 |
| 69 | 184 | 234 | 268 | 293 | 381 |
| 70 | 200 | 255 | 291 | 318 | 413 |
| 71 | 218 | 277 | 317 | 347 | 451 |
| 72 | 236 | 302 | 346 | 379 | 491 |
| 73 | 257 | 331 | 380 | 417 | 539 |
| 74 | 282 | 362 | 416 | 456 | 590 |
| 75 | 310 | 399 | 458 | 502 | 645 |
| 76 | 339 | 436 | 500 | 548 | 706 |
| 77 | 370 | 477 | 548 | 601 | 772 |
| 78 | 402 | 521 | 600 | 659 | 841 |
| 79 | 434 | 565 | 653 | 719 | 917 |
| 80 | 471 |  |  |  |  |
| 81 | 508 |  |  |  |  |
| 82 | 545 |  |  |  |  |
| 83 | 595 |  |  |  |  |
| 84 | 643 |  |  |  |  |

Annual Premium per $\$ 10$ of Long-Term Care Daily Benefit
PREFERRED RATING GROUP
O DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50\% OF LONG-TERM CARE DAILY BENEFIT AMOUNT WITH SIMPLE AUTOMATIC INCREASE RIDER R1-21297-B37

| $\begin{gathered} \text { ISSUE } \\ \text { AGE } \end{gathered}$ | MAXIMUM= 730x LTC BENEFIT/DAY | MAXIMUM= <br> 1095x LTC <br> BENEFIT/DAY | $\begin{gathered} \text { MAXIMUM= } \\ \text { 1460x LTC } \\ \text { BENEFIT/DAY } \end{gathered}$ | $\begin{gathered} \text { MAXIMUM= } \\ \text { 1825x LTC } \\ \text { BENEFIT/DAY } \end{gathered}$ | MAXIMUM= UNLIMITED |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 18-44 | 29 | 36 | 41 | 45 | 59 |
| 45-49 | 32 | 40 | 46 | 50 | 65 |
| 50-54 | 43 | 53 | 59 | 64 | 84 |
| 55 | 49 | 61 | 69 | 75 | 101 |
| 56 | 53 | 65 | 73 | 79 | 106 |
| 57 | 55 | 68 | 77 | 84 | 113 |
| 58 | 60 | 74 | 84 | 91 | 122 |
| 59 | 64 | 80 | 91 | 99 | 132 |
| 60 | 70 | 87 | 98 | 106 | 142 |
| 61 | 75 | 94 | 106 | 115 | 153 |
| 62 | 81 | 101 | 115 | 125 | 165 |
| 63 | 87 | 109 | 124 | 135 | 177 |
| 64 | 94 | 117 | 133 | 145 | 191 |
| 65 | 100 | 125 | 142 | 155 | 205 |
| 66 | 108 | 134 | 152 | 165 | 220 |
| 67 | 117 | 146 | 166 | 181 | 240 |
| 68 | 127 | 160 | 182 | 199 | 262 |
| 69 | 140 | 175 | 199 | 217 | 287 |
| 70 | 152 | 192 | 218 | 238 | 313 |
| 71 | 166 | 210 | 240 | 262 | 344 |
| 72 | 182 | 231 | 264 | 289 | 379 |
| 73 | 200 | 256 | 293 | 321 | 418 |
| 74 | 222 | 283 | 324 | 355 | 463 |
| 75 | 246 | 314 | 360 | 394 | 510 |
| 76 | 271 | 347 | 397 | 435 | 561 |
| 77 | 298 | 382 | 438 | 480 | 618 |
| 78 | 327 | 419 | 481 | 527 | 678 |
| 79 | 356 | 459 | 528 | 580 | 742 |
| 80 | 387 |  |  |  |  |
| 81 | 420 |  |  |  |  |
| 82 | 455 |  |  |  |  |
| 83 | 499 |  |  |  |  |
| 84 | 543 |  |  |  |  |

```
CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0026-B87
    Long-Term Care Policy
```

Annual Premium per $\$ 10$ of Long-Term Care Daily Benefit

PREFERRED RATING GROUP 0 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100\% OF LONG-TERM CARE DAILY BENEFIT AMOUNT WITH SIMPLE AUTOMATIC INCREASE RIDER R1-21297-B37

| $\begin{gathered} \text { ISSUE } \\ \text { AGE } \end{gathered}$ | MAXIMUM= 730x LTC BENEFIT/DAY | MAXIMUM= 1095x LTC BENEFIT/DAY | MAXIMUM= 1460x LTC BENEFIT/DAY | MAXIMUM= 1825x LTC BENEFIT/DAY | MAXIMUM= <br> UNLIMITED |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 18-44 | 38 | 47 | 53 | 58 | 74 |
| 45-49 | 42 | 52 | 59 | 64 | 82 |
| 50-54 | 52 | 65 | 74 | 81 | 103 |
| 55 | 60 | 76 | 86 | 94 | 122 |
| 56 | 63 | 79 | 90 | 98 | 130 |
| 57 | 67 | 84 | 95 | 103 | 138 |
| 58 | 72 | 90 | 102 | 111 | 147 |
| 59 | 78 | 98 | 111 | 121 | 158 |
| 60 | 82 | 104 | 118 | 129 | 168 |
| 61 | 90 | 112 | 127 | 138 | 180 |
| 62 | 96 | 121 | 137 | 149 | 194 |
| 63 | 103 | 129 | 147 | 160 | 208 |
| 64 | 111 | 140 | 159 | 173 | 225 |
| 65 | 117 | 147 | 167 | 182 | 241 |
| 66 | 126 | 159 | 181 | 198 | 258 |
| 67 | 138 | 173 | 196 | 213 | 281 |
| 68 | 149 | 189 | 215 | 235 | 307 |
| 69 | 162 | 205 | 234 | 256 | 335 |
| 70 | 177 | 224 | 256 | 280 | 368 |
| 71 | 194 | 246 | 281 | 307 | 403 |
| 72 | 212 | 271 | 310 | 339 | 443 |
| 73 | 234 | 299 | 343 | 376 | 489 |
| 74 | 258 | 331 | 379 | 415 | 540 |
| 75 | 284 | 366 | 420 | 461 | 596 |
| 76 | 313 | 403 | 463 | 508 | 655 |
| 77 | 345 | 444 | 510 | 560 | 721 |
| 78 | 376 | 487 | 561 | 617 | 790 |
| 79 | 410 | 532 | 614 | 675 | 865 |
| 80 | 447 |  |  |  |  |
| 81 | 484 |  |  |  |  |
| 82 | 522 |  |  |  |  |
| 83 | 573 |  |  |  |  |
| 84 | 622 |  |  |  |  |

Annual Premium per $\$ 10$ of Long-Term Care Daily Benefit

```
                                    STANDARD RATING GROUP
                                    O DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
    50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
```

| $\begin{gathered} \text { ISSUE } \\ \text { AGE } \end{gathered}$ | MAXIMUM= 730x LTC BENEFIT/DAY | MAXIMUM= <br> 1095x LTC <br> BENEFIT/DAY | MAXIMUM= 1460x LTC BENEFIT/DAY | MAXIMUM= 1825x LTC BENEFIT/DAY | MAXIMUM= UNLIMITED |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 18-44 | 25 | 29 | 32 | 34 | 42 |
| 45-49 | 27 | 32 | 35 | 38 | 47 |
| 50-54 | 33 | 39 | 44 | 47 | 59 |
| 55 | 40 | 47 | 52 | 55 | 71 |
| 56 | 41 | 49 | 55 | 60 | 75 |
| 57 | 44 | 52 | 58 | 62 | 80 |
| 58 | 47 | 56 | 64 | 68 | 87 |
| 59 | 52 | 61 | 68 | 73 | 95 |
| 60 | 55 | 67 | 75 | 81 | 104 |
| 61 | 61 | 74 | 82 | 88 | 113 |
| 62 | 66 | 80 | 89 | 96 | 122 |
| 63 | 71 | 86 | 95 | 102 | 132 |
| 64 | 75 | 92 | 104 | 112 | 142 |
| 65 | 81 | 98 | 109 | 118 | 151 |
| 66 | 87 | 106 | 118 | 127 | 164 |
| 67 | 94 | 115 | 129 | 140 | 179 |
| 68 | 104 | 126 | 141 | 153 | 195 |
| 69 | 113 | 140 | 158 | 171 | 216 |
| 70 | 125 | 154 | 173 | 187 | 238 |
| 71 | 136 | 169 | 191 | 207 | 262 |
| 72 | 151 | 187 | 212 | 231 | 293 |
| 73 | 168 | 209 | 238 | 259 | 328 |
| 74 | 188 | 235 | 266 | 289 | 367 |
| 75 | 211 | 264 | 299 | 326 | 409 |
| 76 | 234 | 293 | 332 | 361 | 456 |
| 77 | 260 | 326 | 371 | 404 | 506 |
| 78 | 288 | 362 | 412 | 449 | 561 |
| 79 | 319 | 401 | 455 | 496 | 621 |
| 80 | 352 |  |  |  |  |
| 81 | 385 |  |  |  |  |
| 82 | 422 |  |  |  |  |
| 83 | 469 |  |  |  |  |
| 84 | 516 |  |  |  |  |

Annual Premium per $\$ 10$ of Long-Term Care Daily Benefit

STANDARD RATING GROUP
0 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT= 100\% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

| $\begin{gathered} \text { ISSUE } \\ \text { AGE } \end{gathered}$ | $\begin{gathered} \text { MAXIMUM= } \\ 730 \times \text { LTC } \\ \text { BENEFIT/DAY } \end{gathered}$ | $\begin{gathered} \text { MAXIMUM= } \\ \text { 1095x LTC } \\ \text { BENEFIT/DAY } \end{gathered}$ | $\begin{gathered} \text { MAXIMUM= } \\ 1460 \times \text { LTC } \\ \text { BENEFIT/DAY } \end{gathered}$ | $\begin{gathered} \text { MAXIMUM= } \\ \text { 1825x LTC } \\ \text { BENEFIT/DAY } \end{gathered}$ | MAXIMUM= <br> UNLIMITED |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 18-44 | 31 | 36 | 41 | 45 | 56 |
| 45-49 | 34 | 41 | 46 | 49 | 62 |
| 50-54 | 40 | 49 | 55 | 60 | 78 |
| 55 | 47 | 56 | 64 | 68 | 89 |
| 56 | 49 | 61 | 68 | 74 | 94 |
| 57 | 53 | 64 | 71 | 76 | 98 |
| 58 | 56 | 68 | 76 | 82 | 107 |
| 59 | 61 | 74 | 84 | 91 | 115 |
| 60 | 67 | 81 | 91 | 98 | 124 |
| 61 | 72 | 87 | 98 | 106 | 133 |
| 62 | 78 | 94 | 106 | 114 | 145 |
| 63 | 84 | 102 | 114 | 124 | 155 |
| 64 | 89 | 109 | 122 | 132 | 168 |
| 65 | 95 | 115 | 128 | 138 | 179 |
| 66 | 101 | 125 | 140 | 152 | 195 |
| 67 | 111 | 136 | 153 | 166 | 213 |
| 68 | 121 | 149 | 168 | 182 | 233 |
| 69 | 131 | 162 | 184 | 200 | 256 |
| 70 | 146 | 180 | 204 | 221 | 282 |
| 71 | 159 | 199 | 225 | 245 | 311 |
| 72 | 176 | 220 | 249 | 272 | 347 |
| 73 | 196 | 246 | 279 | 304 | 388 |
| 74 | 218 | 275 | 313 | 341 | 432 |
| 75 | 244 | 308 | 351 | 382 | 484 |
| 76 | 271 | 344 | 392 | 428 | 539 |
| 77 | 301 | 381 | 435 | 475 | 596 |
| 78 | 333 | 424 | 485 | 531 | 661 |
| 79 | 367 | 467 | 533 | 582 | 732 |
| 80 | 404 |  |  |  |  |
| 81 | 444 |  |  |  |  |
| 82 | 485 |  |  |  |  |
| 83 | 539 |  |  |  |  |
| 84 | 594 |  |  |  |  |

Annual Premium per $\$ 10$ of Long-Term Care Daily Benefit
STANDARD RATING GROUP
0 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT= $50 \%$ OF LONG-TERM CARE DAILY BENEFIT AMOUNT WITH COMPOUND AUTOMATIC INCREASE RIDER R1-21298-B37

| $\begin{aligned} & \text { ISSUE } \\ & \text { AGE } \end{aligned}$ | MAXIMUM= 730x LTC BENEFIT/DAY | MAXIMUM= 1095x LTC BENEFIT/DAY | MAXIMUM= 1460x LTC BENEFIT/DAY | MAXIMUM= 1825x LTC BENEFIT/DAY | MAXIMUM= UNLIMITED |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 18-44 | 47 | 58 | 65 | 71 | 92 |
| 45-49 | 52 | 64 | 72 | 78 | 102 |
| 50-54 | 64 | 79 | 89 | 98 | 131 |
| 55 | 74 | 92 | 104 | 113 | 152 |
| 56 | 78 | 98 | 111 | 120 | 161 |
| 57 | 82 | 102 | 116 | 127 | 169 |
| 58 | 87 | 109 | 125 | 136 | 180 |
| 59 | 94 | 116 | 132 | 144 | 192 |
| 60 | 99 | 125 | 141 | 154 | 204 |
| 61 | 107 | 133 | 151 | 164 | 218 |
| 62 | 114 | 142 | 161 | 175 | 232 |
| 63 | 122 | 153 | 173 | 188 | 248 |
| 64 | 131 | 164 | 185 | 201 | 266 |
| 65 | 139 | 174 | 198 | 215 | 282 |
| 66 | 147 | 185 | 211 | 229 | 302 |
| 67 | 159 | 200 | 227 | 247 | 327 |
| 68 | 172 | 216 | 247 | 269 | 355 |
| 69 | 187 | 236 | 269 | 294 | 384 |
| 70 | 201 | 255 | 291 | 318 | 416 |
| 71 | 220 | 279 | 318 | 347 | 453 |
| 72 | 238 | 302 | 345 | 376 | 493 |
| 73 | 260 | 332 | 379 | 414 | 541 |
| 74 | 286 | 365 | 416 | 455 | 594 |
| 75 | 314 | 401 | 459 | 502 | 649 |
| 76 | 344 | 440 | 504 | 552 | 711 |
| 77 | 376 | 482 | 553 | 606 | 779 |
| 78 | 408 | 526 | 604 | 662 | 849 |
| 79 | 444 | 573 | 660 | 725 | 926 |
| 80 | 480 |  |  |  |  |
| 81 | 519 |  |  |  |  |
| 82 | 560 |  |  |  |  |
| 83 | 609 |  |  |  |  |
| 84 | 661 |  |  |  |  |

Annual Premium per $\$ 10$ of Long-Term Care Daily Benefit

STANDARD RATING GROUP
0 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT= $100 \%$ OF LONG-TERM CARE DAILY BENEFIT AMOUNT WITH COMPOUND AUTOMATIC INCREASE RIDER R1-21298-B37

| $\begin{aligned} & \text { ISSUE } \\ & \text { AGE } \end{aligned}$ | $\begin{gathered} \text { MAXIMUM= } \\ \text { 730x LTC } \\ \text { BENEFIT / DAY } \end{gathered}$ | MAXIMUM= 1095x LTC BENEFIT/DAY | MAXIMUM= 1460x LTC BENEFIT/DAY | MAXIMUM= 1825x LTC BENEFIT/DAY | MAXIMUM= UNLIMITED |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 18-44 | 58 | 72 | 81 | 88 | 114 |
| 45-49 | 64 | 80 | 91 | 99 | 127 |
| 50-54 | 79 | 99 | 112 | 121 | 160 |
| 55 | 88 | 112 | 128 | 140 | 184 |
| 56 | 93 | 118 | 134 | 147 | 192 |
| 57 | 96 | 124 | 141 | 154 | 202 |
| 58 | 104 | 131 | 149 | 164 | 214 |
| 59 | 111 | 140 | 159 | 173 | 228 |
| 60 | 118 | 148 | 169 | 185 | 242 |
| 61 | 126 | 159 | 180 | 196 | 258 |
| 62 | 134 | 168 | 192 | 209 | 273 |
| 63 | 144 | 180 | 205 | 224 | 292 |
| 64 | 153 | 193 | 219 | 239 | 313 |
| 65 | 164 | 205 | 232 | 252 | 332 |
| 66 | 173 | 220 | 251 | 274 | 355 |
| 67 | 186 | 235 | 268 | 293 | 384 |
| 68 | 201 | 255 | 291 | 318 | 414 |
| 69 | 216 | 275 | 315 | 345 | 448 |
| 70 | 235 | 300 | 342 | 374 | 486 |
| 71 | 256 | 326 | 373 | 408 | 531 |
| 72 | 278 | 355 | 407 | 446 | 578 |
| 73 | 302 | 389 | 447 | 491 | 634 |
| 74 | 332 | 426 | 489 | 536 | 694 |
| 75 | 365 | 469 | 539 | 591 | 759 |
| 76 | 399 | 513 | 588 | 645 | 831 |
| 77 | 435 | 561 | 645 | 707 | 908 |
| 78 | 473 | 613 | 706 | 775 | 989 |
| 79 | 511 | 665 | 768 | 846 | 1079 |
| 80 | 554 |  |  |  |  |
| 81 | 598 |  |  |  |  |
| 82 | 641 |  |  |  |  |
| 83 | 700 |  |  |  |  |
| 84 | 756 |  |  |  |  |

Annual Premium per $\$ 10$ of Long-Term Care Daily Benefit

STANDARD RATING GROUP
0 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT= 50\% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-21297-B37

| $\begin{gathered} \text { ISSUE } \\ \text { AGE } \end{gathered}$ | MAXIMUM= <br> 730x LTC BENEFIT/DAY | MAXIMUM= 1095x LTC BENEFIT/DAY | MAXIMUM= 1460x LTC BENEFIT/DAY | MAXIMUM= 1825x LTC BENEFIT/DAY | MAXIMUM $=$ UNLIMITED |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 18-44 | 34 | 42 | 48 | 53 | 69 |
| 45-49 | 38 | 47 | 54 | 59 | 76 |
| 50-54 | 51 | 62 | 69 | 75 | 99 |
| 55 | 58 | 72 | 81 | 88 | 119 |
| 56 | 62 | 76 | 86 | 93 | 125 |
| 57 | 65 | 80 | 91 | 99 | 133 |
| 58 | 71 | 87 | 99 | 107 | 144 |
| 59 | 75 | 94 | 107 | 116 | 155 |
| 60 | 82 | 102 | 115 | 125 | 167 |
| 61 | 88 | 111 | 125 | 135 | 180 |
| 62 | 95 | 119 | 135 | 147 | 194 |
| 63 | 102 | 128 | 146 | 159 | 208 |
| 64 | 111 | 138 | 156 | 171 | 225 |
| 65 | 118 | 147 | 167 | 182 | 241 |
| 66 | 127 | 158 | 179 | 194 | 259 |
| 67 | 138 | 172 | 195 | 213 | 282 |
| 68 | 149 | 188 | 214 | 234 | 308 |
| 69 | 165 | 206 | 234 | 255 | 338 |
| 70 | 179 | 226 | 256 | 280 | 368 |
| 71 | 195 | 247 | 282 | 308 | 405 |
| 72 | 214 | 272 | 311 | 340 | 446 |
| 73 | 235 | 301 | 345 | 378 | 492 |
| 74 | 261 | 333 | 381 | 418 | 545 |
| 75 | 289 | 369 | 424 | 464 | 600 |
| 76 | 319 | 408 | 467 | 512 | 660 |
| 77 | 351 | 449 | 515 | 565 | 727 |
| 78 | 385 | 493 | 566 | 620 | 798 |
| 79 | 419 | 540 | 621 | 682 | 873 |
| 80 | 455 |  |  |  |  |
| 81 | 494 |  |  |  |  |
| 82 | 535 |  |  |  |  |
| 83 | 587 |  |  |  |  |
| 84 | 639 |  |  |  |  |

```
                                    CONTINENTAL CASUALTY COMPANY
                                    Rates for form P1-N0026-B87
                            Long-Term Care Policy
```

Annual Premium per $\$ 10$ of Long-Term Care Daily Benefit

STANDARD RATING GROUP
0 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT= 100\% OF LONG-TERM CARE DAILY BENEFIT AMOUNT WITH SIMPLE AUTOMATIC INCREASE RIDER R1-21297-B37

| $\begin{gathered} \text { ISSUE } \\ \text { AGE } \end{gathered}$ | MAXIMUM= 730x LTC BENEFIT/DAY | MAXIMUM= 1095x LTC BENEFIT/DAY | MAXIMUM $=$ 1460x LTC BENEFIT/DAY | $\begin{gathered} \text { MAXIMUM= } \\ 1825 \mathrm{x} \mathrm{LTC} \\ \text { BENEFIT/DAY } \end{gathered}$ | MAXIMUM= UNLIMITED |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 18-44 | 45 | 55 | 62 | 68 | 87 |
| 45-49 | 49 | 61 | 69 | 75 | 96 |
| 50-54 | 61 | 76 | 87 | 95 | 121 |
| 55 | 71 | 89 | 101 | 111 | 144 |
| 56 | 74 | 93 | 106 | 115 | 153 |
| 57 | 79 | 99 | 112 | 121 | 162 |
| 58 | 85 | 106 | 120 | 131 | 173 |
| 59 | 92 | 115 | 131 | 142 | 186 |
| 60 | 96 | 122 | 139 | 152 | 198 |
| 61 | 106 | 132 | 149 | 162 | 212 |
| 62 | 113 | 142 | 161 | 175 | 228 |
| 63 | 121 | 152 | 173 | 188 | 245 |
| 64 | 131 | 165 | 187 | 204 | 265 |
| 65 | 138 | 173 | 196 | 214 | 284 |
| 66 | 148 | 187 | 213 | 233 | 304 |
| 67 | 162 | 204 | 231 | 251 | 331 |
| 68 | 175 | 222 | 253 | 276 | 361 |
| 69 | 191 | 241 | 275 | 301 | 394 |
| 70 | 208 | 264 | 301 | 329 | 433 |
| 71 | 228 | 289 | 331 | 361 | 474 |
| 72 | 249 | 319 | 365 | 399 | 521 |
| 73 | 275 | 352 | 404 | 442 | 575 |
| 74 | 304 | 389 | 446 | 488 | 635 |
| 75 | 334 | 431 | 494 | 542 | 701 |
| 76 | 368 | 474 | 545 | 598 | 771 |
| 77 | 406 | 522 | 600 | 659 | 848 |
| 78 | 442 | 573 | 660 | 726 | 929 |
| 79 | 482 | 626 | 722 | 794 | 1018 |
| 80 | 526 |  |  |  |  |
| 81 | 569 |  |  |  |  |
| 82 | 614 |  |  |  |  |
| 83 | 674 |  |  |  |  |
| 84 | 732 |  |  |  |  |

## Elimination Period Factors

Rates shown are for 0 day elimination period. Rates for longer elimination periods are calculated by multiplying the 0 day rates by the appropriate factor from the following table:

| Benefit |  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Maximum | 20 | 30 | 60 | 90 | 100 | 180 | 365 |
| 730x,1095x | 0.92 | 0.89 | 0.84 | 0.80 | 0.79 | 0.69 | 0.60 |
| 1460x, 1825x | 0.94 | 0.91 | 0.86 | 0.82 | 0.81 | 0.72 | 0.63 |
| Lifetime | 0.96 | 0.93 | 0.89 | 0.86 | 0.85 | 0.78 | 0.70 |

```
Rates shown are for Preferred Rating Group and Select Rating Group. Rates for
Table Rating Health Groups 1, 2, 3 and 4 are calculated by multiplying Select rates by
1.25, 1.50, 1.75 and 2.00 respectively.
```

    Multi-Life Discount
    A $5 \%$ or $10 \%$ discount to the rates is available for qualifying Associations of 10 or
more lives.

## Spousal Discount

A $10 \%$ discount to the rates is available to married couples if both spouses apply for coverage.

```
Modal Factors
Semi-Annual: 0.52; Quarterly: 0.27; Check-A-Matic: 0.09
```


## THIS POLICY IS FOR RENEWAL BUSINESS ONLY

## CONTINENTAL CASUALTY COMPANY

## Supplement to Rate Sheet for Policy Forms P1-N0027-A37, -B37 \& -A87 Pennsylvania

All Rates for this form should be multiplied by a factor of:
2.02488

This factor reflects the proposed increase of:

And the following prior approved rate increases:
$\left.\left.\begin{array}{cccc} & \begin{array}{c}\text { Increase Applies } \\ \text { to all Policies or } \\ \text { Subset }\end{array} & \begin{array}{c}\text { Approval Date } \\ \text { Rolicy Form }\end{array} & \text { Approved }\end{array}\right] \begin{array}{c}\text { of Rate } \\ \text { Increase }\end{array}\right]$

* implemented over 2 years, 11.8\% in each year.
**Note: the above rate increases do not apply to policies issued on or after 9/16/2002.

```
CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0027-A37
    Long-Term Care Policy
```

Annual Premium per $\$ 10$ of Long-Term Care Daily Benefit
PREFERRED RATING GROUP
0 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
$50 \%$ OF LONG-TERM CARE DAILY BENEFIT AMOUNT

| $\begin{aligned} & \text { ISSUE } \\ & \text { AGE } \end{aligned}$ | MAXIMUM= 730x LTC BENEFIT/DAY | MAXIMUM= 1095x LTC BENEFIT/DAY | MAXIMUM= 1460x LTC BENEFIT/DAY | MAXIMUM= 1825x LTC BENEFIT/DAY | MAXIMUM= UNLIMITED |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 18-44 | 26 | 31 | 34 | 36 | 45 |
| 45-49 | 29 | 34 | 38 | 40 | 50 |
| 50-54 | 35 | 41 | 46 | 50 | 63 |
| 55 | 43 | 50 | 55 | 59 | 75 |
| 56 | 44 | 53 | 59 | 64 | 80 |
| 57 | 46 | 55 | 61 | 66 | 85 |
| 58 | 50 | 60 | 68 | 73 | 93 |
| 59 | 55 | 65 | 73 | 78 | 101 |
| 60 | 59 | 71 | 80 | 86 | 110 |
| 61 | 65 | 79 | 88 | 94 | 120 |
| 62 | 70 | 85 | 95 | 103 | 130 |
| 63 | 75 | 91 | 101 | 109 | 140 |
| 64 | 80 | 98 | 110 | 119 | 151 |
| 65 | 86 | 104 | 116 | 125 | 160 |
| 66 | 93 | 113 | 125 | 135 | 174 |
| 67 | 100 | 123 | 138 | 149 | 190 |
| 68 | 110 | 134 | 150 | 163 | 208 |
| 69 | 120 | 149 | 168 | 181 | 230 |
| 70 | 133 | 164 | 184 | 199 | 253 |
| 71 | 145 | 180 | 203 | 220 | 279 |
| 72 | 160 | 199 | 225 | 245 | 311 |
| 73 | 179 | 223 | 253 | 275 | 349 |
| 74 | 200 | 250 | 283 | 308 | 390 |
| 75 | 224 | 280 | 318 | 346 | 435 |
| 76 | 249 | 311 | 353 | 384 | 485 |
| 77 | 276 | 346 | 394 | 429 | 538 |
| 78 | 306 | 385 | 438 | 478 | 596 |
| 79 | 339 | 426 | 484 | 528 | 660 |
| 80 | 374 |  |  |  |  |
| 81 | 409 |  |  |  |  |
| 82 | 449 |  |  |  |  |
| 83 | 499 |  |  |  |  |
| 84 | 549 |  |  |  |  |

```
Annual Premium per $10 of Long-Term Care Daily Benefit
                    PREFERRED RATING GROUP
                    O DAY ELIMINATION PERIOD
                HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
                100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
```

| $\begin{gathered} \text { ISSUE } \\ \text { AGE } \end{gathered}$ | $\begin{gathered} \text { MAXIMUM= } \\ 730 \mathrm{x} \text { LTC } \\ \text { BENEFIT/DAY } \end{gathered}$ | MAXIMUM= 1095x LTC BENEFIT/DAY | MAXIMUM= 1460x LTC BENEFIT/DAY | MAXIMUM= 1825x LTC BENEFIT/DAY | MAXIMUM= UNLIMITED |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 18-44 | 33 | 39 | 44 | 48 | 60 |
| 45-49 | 36 | 44 | 49 | 53 | 66 |
| 50-54 | 43 | 53 | 59 | 64 | 83 |
| 55 | 50 | 60 | 68 | 73 | 95 |
| 56 | 53 | 65 | 73 | 79 | 100 |
| 57 | 56 | 68 | 75 | 81 | 104 |
| 58 | 60 | 73 | 81 | 88 | 114 |
| 59 | 65 | 79 | 89 | 96 | 123 |
| 60 | 71 | 86 | 96 | 104 | 131 |
| 61 | 76 | 93 | 104 | 113 | 141 |
| 62 | 83 | 100 | 113 | 121 | 154 |
| 63 | 89 | 109 | 121 | 131 | 165 |
| 64 | 95 | 116 | 130 | 140 | 179 |
| 65 | 101 | 123 | 136 | 146 | 190 |
| 66 | 108 | 133 | 149 | 161 | 208 |
| 67 | 118 | 145 | 163 | 176 | 226 |
| 68 | 129 | 159 | 179 | 194 | 248 |
| 69 | 139 | 173 | 195 | 213 | 273 |
| 70 | 155 | 191 | 216 | 235 | 300 |
| 71 | 169 | 211 | 239 | 260 | 330 |
| 72 | 188 | 234 | 265 | 289 | 369 |
| 73 | 209 | 261 | 296 | 323 | 413 |
| 74 | 231 | 293 | 333 | 363 | 459 |
| 75 | 259 | 328 | 373 | 406 | 514 |
| 76 | 288 | 365 | 416 | 455 | 573 |
| 77 | 320 | 405 | 463 | 505 | 634 |
| 78 | 354 | 450 | 515 | 564 | 703 |
| 79 | 390 | 496 | 566 | 619 | 778 |

```
CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0027-A37
    Long-Term Care Policy
```

Annual Premium per $\$ 10$ of Long-Term Care Daily Benefit
PREFERRED RATING GROUP
0 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT= 50\% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-21298-SERIES

| $\begin{gathered} \text { ISSUE } \\ \text { AGE } \end{gathered}$ | MAXIMUM= 730x LTC BENEFIT/DAY | MAXIMUM= 1095x LTC BENEFIT/DAY | $\begin{gathered} \text { MAXIMUM= } \\ \text { 1460x LTC } \\ \text { BENEFIT/DAY } \end{gathered}$ | $\begin{gathered} \text { MAXIMUM= } \\ \text { 1825X LTC } \\ \text { BENEFIT/DAY } \end{gathered}$ | MAXIMUM= UNLIMITED |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 18-44 | 50 | 61 | 69 | 75 | 98 |
| 45-49 | 55 | 68 | 76 | 83 | 109 |
| 50-54 | 68 | 84 | 95 | 104 | 139 |
| 55 | 79 | 98 | 110 | 120 | 161 |
| 56 | 83 | 104 | 118 | 128 | 171 |
| 57 | 88 | 109 | 124 | 135 | 180 |
| 58 | 93 | 116 | 133 | 145 | 191 |
| 59 | 100 | 124 | 140 | 153 | 204 |
| 60 | 105 | 133 | 150 | 164 | 216 |
| 61 | 114 | 141 | 160 | 174 | 231 |
| 62 | 121 | 151 | 171 | 186 | 246 |
| 63 | 130 | 163 | 184 | 200 | 264 |
| 64 | 139 | 174 | 196 | 214 | 283 |
| 65 | 148 | 185 | 210 | 229 | 300 |
| 66 | 156 | 196 | 224 | 244 | 321 |
| 67 | 169 | 213 | 241 | 263 | 348 |
| 68 | 183 | 230 | 263 | 286 | 378 |
| 69 | 199 | 251 | 286 | 313 | 408 |
| 70 | 214 | 271 | 309 | 338 | 443 |
| 71 | 234 | 296 | 338 | 369 | 481 |
| 72 | 253 | 321 | 366 | 400 | 524 |
| 73 | 276 | 353 | 403 | 440 | 575 |
| 74 | 304 | 388 | 443 | 484 | 631 |
| 75 | 334 | 426 | 488 | 534 | 690 |
| 76 | 365 | 468 | 535 | 586 | 755 |
| 77 | 400 | 513 | 588 | 644 | 828 |
| 78 | 434 | 559 | 641 | 704 | 903 |
| 79 | 471 | 609 | 701 | 770 | 984 |
| 80 | 510 |  |  |  |  |
| 81 | 551 |  |  |  |  |
| 82 | 595 |  |  |  |  |
| 83 | 648 |  |  |  |  |
| 84 | 703 |  |  |  |  |

```
CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0027-A37
    Long-Term Care Policy
```

Annual Premium per $\$ 10$ of Long-Term Care Daily Benefit
PREFERRED RATING GROUP
0 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT= $100 \%$ OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-21298-SERIES

| $\begin{aligned} & \text { ISSUE } \\ & \text { AGE } \end{aligned}$ | $\begin{gathered} \text { MAXIMUM= } \\ 730 \times \text { LTC } \\ \text { BENEFIT/DAY } \end{gathered}$ | $\begin{gathered} \text { MAXIMUM= } \\ \text { 1095x LTC } \\ \text { BENEFIT/DAY } \end{gathered}$ | MAXIMUM= 1460x LTC BENEFIT/DAY | $\begin{gathered} \text { MAXIMUM= } \\ \text { 1825x LTC } \\ \text { BENEFIT/DAY } \end{gathered}$ | MAXIMUM= UNLIMITED |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 18-44 | 61 | 76 | 86 | 94 | 121 |
| 45-49 | 68 | 85 | 96 | 105 | 135 |
| 50-54 | 84 | 105 | 119 | 129 | 170 |
| 55 | 94 | 119 | 136 | 149 | 195 |
| 56 | 99 | 125 | 143 | 156 | 204 |
| 57 | 103 | 131 | 150 | 164 | 215 |
| 58 | 110 | 139 | 159 | 174 | 228 |
| 59 | 118 | 149 | 169 | 184 | 243 |
| 60 | 125 | 158 | 180 | 196 | 258 |
| 61 | 134 | 169 | 191 | 209 | 274 |
| 62 | 143 | 179 | 204 | 223 | 290 |
| 63 | 153 | 191 | 218 | 238 | 310 |
| 64 | 163 | 205 | 233 | 254 | 333 |
| 65 | 174 | 218 | 246 | 268 | 353 |
| 66 | 184 | 234 | 266 | 291 | 378 |
| 67 | 198 | 250 | 285 | 311 | 408 |
| 68 | 214 | 271 | 309 | 338 | 440 |
| 69 | 230 | 293 | 335 | 366 | 476 |
| 70 | 250 | 319 | 364 | 398 | 516 |
| 71 | 273 | 346 | 396 | 434 | 564 |
| 72 | 295 | 378 | 433 | 474 | 614 |
| 73 | 321 | 414 | 475 | 521 | 674 |
| 74 | 353 | 453 | 520 | 570 | 738 |
| 75 | 388 | 499 | 573 | 628 | 806 |
| 76 | 424 | 545 | 625 | 685 | 883 |
| 77 | 463 | 596 | 685 | 751 | 965 |
| 78 | 503 | 651 | 750 | 824 | 1051 |
| 79 | 543 | 706 | 816 | 899 | 1146 |
| 80 | 589 |  |  |  |  |
| 81 | 635 |  |  |  |  |
| 82 | 681 |  |  |  |  |
| 83 | 744 |  |  |  |  |
| 84 | 804 |  |  |  |  |

Annual Premium per $\$ 10$ of Long-Term Care Daily Benefit
PREFERRED RATING GROUP
O DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT= 50\% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-21297-SERIES

| $\begin{gathered} \text { ISSUE } \\ \text { AGE } \end{gathered}$ | MAXIMUM= 730x LTC BENEFIT/DAY | MAXIMUM= 1095x LTC BENEFIT/DAY | $\begin{gathered} \text { MAXIMUM= } \\ \text { 1460x LTC } \\ \text { BENEFIT/DAY } \end{gathered}$ | MAXIMUM= 1825x LTC BENEFIT/DAY | MAXIMUM= UNLIMITED |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 18-44 | 36 | 45 | 51 | 56 | 74 |
| 45-49 | 40 | 50 | 58 | 63 | 81 |
| 50-54 | 54 | 66 | 74 | 80 | 105 |
| 55 | 61 | 76 | 86 | 94 | 126 |
| 56 | 66 | 81 | 91 | 99 | 133 |
| 57 | 69 | 85 | 96 | 105 | 141 |
| 58 | 75 | 93 | 105 | 114 | 153 |
| 59 | 80 | 100 | 114 | 124 | 165 |
| 60 | 88 | 109 | 123 | 133 | 178 |
| 61 | 94 | 118 | 133 | 144 | 191 |
| 62 | 101 | 126 | 144 | 156 | 206 |
| 63 | 109 | 136 | 155 | 169 | 221 |
| 64 | 118 | 146 | 166 | 181 | 239 |
| 65 | 125 | 156 | 178 | 194 | 256 |
| 66 | 135 | 168 | 190 | 206 | 275 |
| 67 | 146 | 183 | 208 | 226 | 300 |
| 68 | 159 | 200 | 228 | 249 | 328 |
| 69 | 175 | 219 | 249 | 271 | 359 |
| 70 | 190 | 240 | 273 | 298 | 391 |
| 71 | 208 | 263 | 300 | 328 | 430 |
| 72 | 228 | 289 | 330 | 361 | 474 |
| 73 | 250 | 320 | 366 | 401 | 523 |
| 74 | 278 | 354 | 405 | 444 | 579 |
| 75 | 308 | 393 | 450 | 493 | 638 |
| 76 | 339 | 434 | 496 | 544 | 701 |
| 77 | 373 | 478 | 548 | 600 | 773 |
| 78 | 409 | 524 | 601 | 659 | 848 |
| 79 | 445 | 574 | 660 | 725 | 928 |
| 80 | 484 |  |  |  |  |
| 81 | 525 |  |  |  |  |
| 82 | 569 |  |  |  |  |
| 83 | 624 |  |  |  |  |
| 84 | 679 |  |  |  |  |

```
CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0027-A37
Long-Term Care Policy
```

> Annual Premium per $\$ 10$ of Long-Term Care Daily Benefit
> PREFERRED RATING GROUP
> 0 DAY ELIMINATION PERIOD
> HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT= 100\% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
> WITH SIMPLE AUTOMATIC INCREASE RIDER R1-21297-SERIES

| $\begin{aligned} & \text { ISSUE } \\ & \text { AGE } \end{aligned}$ | $\begin{gathered} \text { MAXIMUM= } \\ 730 \times \text { LTC } \\ \text { BENEFIT/DAY } \end{gathered}$ | $\begin{gathered} \text { MAXIMUM= } \\ \text { 1095x LTC } \\ \text { BENEFIT/DAY } \end{gathered}$ | MAXIMUM= 1460x LTC BENEFIT/DAY | MAXIMUM= 1825x LTC BENEFIT/DAY | MAXIMUM= UNLIMITED |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 18-44 | 48 | 59 | 66 | 73 | 93 |
| 45-49 | 53 | 65 | 74 | 80 | 103 |
| 50-54 | 65 | 81 | 93 | 101 | 129 |
| 55 | 75 | 95 | 108 | 118 | 153 |
| 56 | 79 | 99 | 113 | 123 | 163 |
| 57 | 84 | 105 | 119 | 129 | 173 |
| 58 | 90 | 113 | 128 | 139 | 184 |
| 59 | 98 | 123 | 139 | 151 | 198 |
| 60 | 103 | 130 | 148 | 161 | 210 |
| 61 | 113 | 140 | 159 | 173 | 225 |
| 62 | 120 | 151 | 171 | 186 | 243 |
| 63 | 129 | 161 | 184 | 200 | 260 |
| 64 | 139 | 175 | 199 | 216 | 281 |
| 65 | 146 | 184 | 209 | 228 | 301 |
| 66 | 158 | 199 | 226 | 248 | 323 |
| 67 | 173 | 216 | 245 | 266 | 351 |
| 68 | 186 | 236 | 269 | 294 | 384 |
| 69 | 203 | 256 | 293 | 320 | 419 |
| 70 | 221 | 280 | 320 | 350 | 460 |
| 71 | 243 | 308 | 351 | 384 | 504 |
| 72 | 265 | 339 | 388 | 424 | 554 |
| 73 | 293 | 374 | 429 | 470 | 611 |
| 74 | 323 | 414 | 474 | 519 | 675 |
| 75 | 355 | 458 | 525 | 576 | 745 |
| 76 | 391 | 504 | 579 | 635 | 819 |
| 77 | 431 | 555 | 638 | 700 | 901 |
| 78 | 470 | 609 | 701 | 771 | 988 |
| 79 | 513 | 665 | 768 | 844 | 1081 |
| 80 | 559 |  |  |  |  |
| 81 | 605 |  |  |  |  |
| 82 | 653 |  |  |  |  |
| 83 | 716 |  |  |  |  |
| 84 | 778 |  |  |  |  |

```
Annual Premium per $10 of Long-Term Care Daily Benefit
                    STANDARD RATING GROUP
                    O DAY ELIMINATION PERIOD
                    HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
                        50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
```

| $\begin{gathered} \text { ISSUE } \\ \text { AGE } \end{gathered}$ | MAXIMUM= 730 x LTC BENEFIT/DAY | MAXIMUM= 1095x LTC BENEFIT/DAY | MAXIMUM= 1460x LTC BENEFIT/DAY | $\begin{gathered} \text { MAXIMUM= } \\ 1825 \times \text { LTC } \\ \text { BENEFIT/DAY } \end{gathered}$ | MAXIMUM= UNLIMITED |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 18-44 | 31 | 36 | 40 | 42 | 53 |
| 45-49 | 34 | 40 | 45 | 47 | 59 |
| 50-54 | 41 | 48 | 54 | 59 | 74 |
| 55 | 51 | 59 | 65 | 69 | 88 |
| 56 | 52 | 62 | 69 | 75 | 94 |
| 57 | 54 | 65 | 72 | 78 | 100 |
| 58 | 59 | 71 | 80 | 86 | 109 |
| 59 | 65 | 76 | 86 | 92 | 119 |
| 60 | 69 | 84 | 94 | 101 | 129 |
| 61 | 76 | 93 | 104 | 111 | 141 |
| 62 | 82 | 100 | 112 | 121 | 153 |
| 63 | 88 | 107 | 119 | 128 | 165 |
| 64 | 94 | 115 | 129 | 140 | 178 |
| 65 | 101 | 122 | 136 | 147 | 188 |
| 66 | 109 | 133 | 147 | 159 | 205 |
| 67 | 118 | 145 | 162 | 175 | 224 |
| 68 | 129 | 158 | 176 | 192 | 245 |
| 69 | 141 | 175 | 198 | 213 | 271 |
| 70 | 156 | 193 | 216 | 234 | 298 |
| 71 | 171 | 212 | 239 | 259 | 328 |
| 72 | 188 | 234 | 265 | 288 | 366 |
| 73 | 211 | 262 | 298 | 324 | 411 |
| 74 | 235 | 294 | 333 | 362 | 459 |
| 75 | 264 | 329 | 374 | 407 | 512 |
| 76 | 293 | 366 | 415 | 452 | 571 |
| 77 | 325 | 407 | 464 | 505 | 633 |
| 78 | 360 | 453 | 515 | 562 | 701 |
| 79 | 399 | 501 | 569 | 621 | 776 |
| 80 | 440 |  |  |  |  |
| 81 | 481 |  |  |  |  |
| 82 | 528 |  |  |  |  |
| 83 | 587 |  |  |  |  |
| 84 | 646 |  |  |  |  |

```
Annual Premium per $10 of Long-Term Care Daily Benefit
    STANDARD RATING GROUP
    O DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
                        100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
```

| $\begin{aligned} & \text { ISSUE } \\ & \text { AGE } \end{aligned}$ | MAXIMUM= <br> 730x LTC <br> BENEFIT/DAY | $\begin{gathered} \text { MAXIMUM= } \\ \text { 1095x LTC } \\ \text { BENEFIT/DAY } \end{gathered}$ | MAXIMUM= 1460x LTC BENEFIT/DAY | MAXIMUM= 1825x LTC BENEFIT/DAY | MAXIMUM= UNLIMITED |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 18-44 | 39 | 46 | 52 | 56 | 71 |
| 45-49 | 42 | 52 | 58 | 62 | 78 |
| 50-54 | 51 | 62 | 69 | 75 | 98 |
| 55 | 59 | 71 | 80 | 86 | 112 |
| 56 | 62 | 76 | 86 | 93 | 118 |
| 57 | 66 | 80 | 88 | 95 | 122 |
| 58 | 71 | 86 | 95 | 104 | 134 |
| 59 | 76 | 93 | 105 | 113 | 145 |
| 60 | 84 | 101 | 113 | 122 | 154 |
| 61 | 89 | 109 | 122 | 133 | 166 |
| 62 | 98 | 118 | 133 | 142 | 181 |
| 63 | 105 | 128 | 142 | 154 | 194 |
| 64 | 112 | 136 | 153 | 165 | 211 |
| 65 | 119 | 145 | 160 | 172 | 224 |
| 66 | 127 | 156 | 175 | 189 | 245 |
| 67 | 139 | 171 | 192 | 207 | 266 |
| 68 | 152 | 187 | 211 | 228 | 292 |
| 69 | 164 | 204 | 229 | 251 | 321 |
| 70 | 182 | 225 | 254 | 276 | 353 |
| 71 | 199 | 248 | 281 | 306 | 388 |
| 72 | 221 | 275 | 312 | 340 | 434 |
| 73 | 246 | 307 | 348 | 380 | 486 |
| 74 | 272 | 345 | 392 | 427 | 540 |
| 75 | 305 | 386 | 439 | 478 | 605 |
| 76 | 339 | 429 | 489 | 535 | 674 |
| 77 | 376 | 476 | 545 | 594 | 746 |
| 78 | 416 | 529 | 606 | 664 | 827 |
| 79 | 459 | 584 | 666 | 728 | 915 |
| 80 | 505 |  |  |  |  |
| 81 | 554 |  |  |  |  |
| 82 | 606 |  |  |  |  |
| 83 | 674 |  |  |  |  |
| 84 | 742 |  |  |  |  |

Annual Premium per $\$ 10$ of Long-Term Care Daily Benefit

STANDARD RATING GROUP
0 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT= 50\% OF LONG-TERM CARE DAILY BENEFIT AMOUNT WITH COMPOUND AUTOMATIC INCREASE RIDER R1-21298-SERIES

| $\begin{gathered} \text { ISSUE } \\ \text { AGE } \end{gathered}$ | $\begin{gathered} \text { MAXIMUM= } \\ 730 \times \text { LTC } \\ \text { BENEFIT/DAY } \end{gathered}$ | $\begin{gathered} \text { MAXIMUM= } \\ \text { 1095× LTC } \\ \text { BENEFIT/DAY } \end{gathered}$ | MAXIMUM= 1460x LTC BENEFIT/DAY | MAXIMUM= 1825x LTC BENEFIT/DAY | MAXIMUM= UNLIMITED |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 18-44 | 59 | 72 | 81 | 88 | 115 |
| 45-49 | 65 | 80 | 89 | 98 | 128 |
| 50-54 | 80 | 99 | 112 | 122 | 164 |
| 55 | 93 | 115 | 129 | 141 | 189 |
| 56 | 98 | 122 | 139 | 151 | 201 |
| 57 | 104 | 128 | 146 | 159 | 212 |
| 58 | 109 | 136 | 156 | 171 | 225 |
| 59 | 118 | 146 | 165 | 180 | 240 |
| 60 | 124 | 156 | 176 | 193 | 254 |
| 61 | 134 | 166 | 188 | 205 | 272 |
| 62 | 142 | 178 | 201 | 219 | 289 |
| 63 | 153 | 192 | 216 | 235 | 311 |
| 64 | 164 | 205 | 231 | 252 | 333 |
| 65 | 174 | 218 | 247 | 269 | 353 |
| 66 | 184 | 231 | 264 | 287 | 378 |
| 67 | 199 | 251 | 284 | 309 | 409 |
| 68 | 215 | 271 | 309 | 336 | 445 |
| 69 | 234 | 295 | 336 | 368 | 480 |
| 70 | 252 | 319 | 364 | 398 | 521 |
| 71 | 275 | 348 | 398 | 434 | 566 |
| 72 | 298 | 378 | 431 | 471 | 616 |
| 73 | 325 | 415 | 474 | 518 | 676 |
| 74 | 358 | 456 | 521 | 569 | 742 |
| 75 | 393 | 501 | 574 | 628 | 812 |
| 76 | 429 | 551 | 629 | 689 | 888 |
| 77 | 471 | 604 | 692 | 758 | 974 |
| 78 | 511 | 658 | 754 | 828 | 1062 |
| 79 | 554 | 716 | 825 | 906 | 1158 |
| 80 | 600 |  |  |  |  |
| 81 | 648 |  |  |  |  |
| 82 | 700 |  |  |  |  |
| 83 | 762 |  |  |  |  |
| 84 | 827 |  |  |  |  |

```
CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0027-A37
    Long-Term Care Policy
```

        Annual Premium per \(\$ 10\) of Long-Term Care Daily Benefit
                        STANDARD RATING GROUP
                            0 DAY ELIMINATION PERIOD
        HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
            100\% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
            WITH COMPOUND AUTOMATIC INCREASE RIDER R1-21298-SERIES
    | $\begin{aligned} & \text { ISSUE } \\ & \text { AGE } \end{aligned}$ | MAXIMUM= 730x LTC BENEFIT/DAY | MAXIMUM= 1095x LTC BENEFIT/DAY | MAXIMUM= 1460x LTC BENEFIT/DAY | MAXIMUM= 1825x LTC BENEFIT/DAY | MAXIMUM= UNLIMITED |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 18-44 | 72 | 89 | 101 | 111 | 142 |
| 45-49 | 80 | 100 | 113 | 124 | 159 |
| 50-54 | 99 | 124 | 140 | 152 | 200 |
| 55 | 111 | 140 | 160 | 175 | 229 |
| 56 | 116 | 147 | 168 | 184 | 240 |
| 57 | 121 | 154 | 176 | 193 | 253 |
| 58 | 129 | 164 | 187 | 205 | 268 |
| 59 | 139 | 175 | 199 | 216 | 286 |
| 60 | 147 | 186 | 212 | 231 | 304 |
| 61 | 158 | 199 | 225 | 246 | 322 |
| 62 | 168 | 211 | 240 | 262 | 341 |
| 63 | 180 | 225 | 256 | 280 | 365 |
| 64 | 192 | 241 | 274 | 299 | 392 |
| 65 | 205 | 256 | 289 | 315 | 415 |
| 66 | 216 | 275 | 313 | 342 | 445 |
| 67 | 233 | 294 | 335 | 366 | 480 |
| 68 | 252 | 319 | 364 | 398 | 518 |
| 69 | 271 | 345 | 394 | 431 | 560 |
| 70 | 294 | 375 | 428 | 468 | 607 |
| 71 | 321 | 407 | 466 | 511 | 664 |
| 72 | 347 | 445 | 509 | 558 | 722 |
| 73 | 378 | 487 | 559 | 613 | 793 |
| 74 | 415 | 533 | 612 | 671 | 868 |
| 75 | 456 | 587 | 674 | 739 | 948 |
| 76 | 499 | 641 | 735 | 806 | 1039 |
| 77 | 545 | 701 | 806 | 884 | 1135 |
| 78 | 592 | 766 | 882 | 969 | 1236 |
| 79 | 639 | 831 | 960 | 1058 | 1348 |
| 80 | 693 |  |  |  |  |
| 81 | 747 |  |  |  |  |
| 82 | 801 |  |  |  |  |
| 83 | 875 |  |  |  |  |
| 84 | 946 |  |  |  |  |

```
Annual Premium per $10 of Long-Term Care Daily Benefit
    STANDARD RATING GROUP
                            O DAY ELIMINATION PERIOD
            HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
                50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
                WITH SIMPLE AUTOMATIC INCREASE RIDER R1-21297-SERIES
```

| $\begin{gathered} \text { ISSUE } \\ \text { AGE } \end{gathered}$ | MAXIMUM= 730x LTC BENEFIT/DAY | MAXIMUM= 1095x LTC BENEFIT/DAY | MAXIMUM $=$ 1460x LTC BENEFIT/DAY | MAXIMUM= 1825x LTC BENEFIT/DAY | MAXIMUM= UNLIMITED |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 18-44 | 42 | 53 | 60 | 66 | 87 |
| 45-49 | 47 | 59 | 68 | 74 | 95 |
| 50-54 | 64 | 78 | 87 | 94 | 124 |
| 55 | 72 | 89 | 101 | 111 | 148 |
| 56 | 78 | 95 | 107 | 116 | 156 |
| 57 | 81 | 100 | 113 | 124 | 166 |
| 58 | 88 | 109 | 124 | 134 | 180 |
| 59 | 94 | 118 | 134 | 146 | 194 |
| 60 | 104 | 128 | 145 | 156 | 209 |
| 61 | 111 | 139 | 156 | 169 | 225 |
| 62 | 119 | 148 | 169 | 184 | 242 |
| 63 | 128 | 160 | 182 | 199 | 260 |
| 64 | 139 | 172 | 195 | 213 | 281 |
| 65 | 147 | 184 | 209 | 228 | 301 |
| 66 | 159 | 198 | 224 | 242 | 324 |
| 67 | 172 | 215 | 245 | 266 | 353 |
| 68 | 187 | 235 | 268 | 293 | 386 |
| 69 | 206 | 258 | 293 | 319 | 422 |
| 70 | 224 | 282 | 321 | 351 | 460 |
| 71 | 245 | 309 | 353 | 386 | 506 |
| 72 | 268 | 340 | 388 | 425 | 558 |
| 73 | 294 | 376 | 431 | 472 | 615 |
| 74 | 327 | 416 | 476 | 522 | 681 |
| 75 | 362 | 462 | 529 | 580 | 751 |
| 76 | 399 | 511 | 584 | 640 | 825 |
| 77 | 439 | 562 | 645 | 706 | 909 |
| 78 | 481 | 616 | 707 | 775 | 998 |
| 79 | 524 | 675 | 776 | 853 | 1092 |
| 80 | 569 |  |  |  |  |
| 81 | 618 |  |  |  |  |
| 82 | 669 |  |  |  |  |
| 83 | 734 |  |  |  |  |
| 84 | 799 |  |  |  |  |

> Annual Premium per $\$ 10$ of Long-Term Care Daily Benefit
> STANDARD RATING GROUP
> 0 DAY ELIMINATION PERIOD
> HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT= 100\% OF LONG-TERM CARE DAILY BENEFIT AMOUNT WITH SIMPLE AUTOMATIC INCREASE RIDER R1-21297-SERIES

| $\begin{aligned} & \text { ISSUE } \\ & \text { AGE } \end{aligned}$ | $\begin{gathered} \text { MAXIMUM= } \\ 730 \mathrm{x} \text { LTC } \\ \text { BENEFIT/DAY } \end{gathered}$ | $\begin{gathered} \text { MAXIMUM= } \\ \text { 1095x LTC } \\ \text { BENEFIT/DAY } \end{gathered}$ | $\begin{gathered} \text { MAXIMUM= } \\ \text { 1460x LTC } \\ \text { BENEFIT/DAY } \end{gathered}$ | $\begin{gathered} \text { MAXIMUM= } \\ \text { 1825x LTC } \\ \text { BENEFIT/DAY } \end{gathered}$ | MAXIMUM= UNLIMITED |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 18-44 | 56 | 69 | 78 | 86 | 109 |
| 45-49 | 62 | 76 | 87 | 94 | 121 |
| 50-54 | 76 | 95 | 109 | 119 | 152 |
| 55 | 88 | 112 | 127 | 139 | 180 |
| 56 | 93 | 116 | 133 | 145 | 192 |
| 57 | 99 | 124 | 140 | 152 | 204 |
| 58 | 106 | 133 | 151 | 164 | 216 |
| 59 | 115 | 145 | 164 | 178 | 233 |
| 60 | 121 | 153 | 174 | 189 | 247 |
| 61 | 133 | 165 | 187 | 204 | 265 |
| 62 | 141 | 178 | 201 | 219 | 286 |
| 63 | 152 | 189 | 216 | 235 | 306 |
| 64 | 164 | 206 | 234 | 254 | 331 |
| 65 | 172 | 216 | 246 | 268 | 354 |
| 66 | 186 | 234 | 266 | 292 | 380 |
| 67 | 204 | 254 | 288 | 313 | 413 |
| 68 | 219 | 278 | 316 | 346 | 452 |
| 69 | 239 | 301 | 345 | 376 | 493 |
| 70 | 260 | 329 | 376 | 412 | 541 |
| 71 | 286 | 362 | 413 | 452 | 593 |
| 72 | 312 | 399 | 456 | 499 | 652 |
| 73 | 345 | 440 | 505 | 553 | 719 |
| 74 | 380 | 487 | 558 | 611 | 794 |
| 75 | 418 | 539 | 618 | 678 | 876 |
| 76 | 460 | 593 | 681 | 747 | 964 |
| 77 | 507 | 653 | 751 | 824 | 1060 |
| 78 | 553 | 716 | 825 | 907 | 1162 |
| 79 | 604 | 782 | 904 | 993 | 1272 |
| 80 | 658 |  |  |  |  |
| 81 | 712 |  |  |  |  |
| 82 | 768 |  |  |  |  |
| 83 | 842 |  |  |  |  |
| 84 | 915 |  |  |  |  |

## Elimination Period Factors

Rates shown are for 0 day elimination period. Rates for longer elimination periods are calculated by multiplying the 0 day rates by the appropriate factor from the following table:

| Benefit <br> Maximum | 20 | 30 | 60 | 90 | 100 | 180 | 365 |
| :--- | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  |  |  |  |  |
| $730 x, 1095 x$ | 0.92 | 0.89 | 0.84 | 0.80 | 0.79 | 0.69 | 0.60 |
| $1460 x, 1825 x$ | 0.94 | 0.91 | 0.86 | 0.82 | 0.81 | 0.72 | 0.63 |
| Lifetime | 0.96 | 0.93 | 0.89 | 0.86 | 0.85 | 0.78 | 0.70 |

## Spousal Discount

A $10 \%$ discount to the rates is available to married couples if both spouses apply for coverage.

## Modal Factors

Semi-Annual: 0.52; Quarterly: 0.27; Check-A-Matic: 0.09

```
Annual Premium per $10 of Long-Term Care Daily Benefit
    PREFERRED RATING GROUP
                                    O DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
                50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
```

| $\begin{aligned} & \text { ISSUE } \\ & \text { AGE } \end{aligned}$ | MAXIMUM= 730x LTC BENEFIT/DAY | MAXIMUM= 1095x LTC BENEFIT/DAY | MAXIMUM= 1460x LTC BENEFIT/DAY | MAXIMUM= 1825x LTC BENEFIT/DAY | MAXIMUM= UNLIMITED |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 18-44 | 26 | 31 | 34 | 36 | 45 |
| 45-49 | 29 | 34 | 38 | 40 | 50 |
| 50-54 | 35 | 41 | 46 | 50 | 63 |
| 55 | 43 | 50 | 55 | 59 | 75 |
| 56 | 44 | 53 | 59 | 64 | 80 |
| 57 | 46 | 55 | 61 | 66 | 85 |
| 58 | 50 | 60 | 68 | 73 | 93 |
| 59 | 55 | 65 | 73 | 78 | 101 |
| 60 | 59 | 71 | 80 | 86 | 110 |
| 61 | 65 | 79 | 88 | 94 | 120 |
| 62 | 70 | 85 | 95 | 103 | 130 |
| 63 | 75 | 91 | 101 | 109 | 140 |
| 64 | 80 | 98 | 110 | 119 | 151 |
| 65 | 86 | 104 | 116 | 125 | 160 |
| 66 | 93 | 113 | 125 | 135 | 174 |
| 67 | 100. | 123 | 138 | 149 | 190 |
| 68 | 110 | 134 | 150 | 163 | 208 |
| 69 | 120 | 149 | 168 | 181 | 230 |
| 70 | 133 | 164 | 184 | 199 | 253 |
| 71 | 145 | 180 | 203 | 220 | 279 |
| 72 | 160 | 199 | 225 | 245 | 311 |
| 73 | 179 | 223 | 253 | 275 | 349 |
| 74 | 200 | 250 | 283 | 308 | 390 |
| 75 | 224 | 280 | 318 | 346 | 435 |
| 76 | 249 | 311 | 353 | 384 | 485 |
| 77 | 276 | 346 | 394 | 429 | 538 |
| 78 | 306 | 385 | 438 | 478 | 596 |
| 79 | 339 | 426 | 484 | 528 | 660 |
| 80 | 374 |  |  |  |  |
| 81 | 409 |  |  |  |  |
| 82 | 449 |  |  |  |  |
| 83 | 499 |  |  |  |  |
| 84 | 549 |  |  |  |  |

```
CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0027-A87
    Long-Term Care Policy
```

Annual Premium per $\$ 10$ of Long-Term Care Daily Benefit

> PREFERRED RATING GROUP
> 0 DAY ELIMINATION PERIOD

HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT= 100\% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

| $\begin{aligned} & \text { ISSUE } \\ & \text { AGE } \end{aligned}$ | MAXIMUM= 730x LTC BENEFIT/DAY | MAXIMUM= 1095x LTC BENEFIT/DAY | MAXIMUM= 1460x LTC BENEFIT/DAY | MAXIMUM= 1825x LTC BENEFIT/DAY | MAXIMUM= UNLIMITED |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 18-44 | 33 | 39 | 44 | 48 | 60 |
| 45-49 | 36 | 44 | 49 | 53 | 66 |
| 50-54 | 43 | 53 | 59 | 64 | 83 |
| 55 | 50 | 60 | 68 | 73 | 95 |
| 56 | 53 | 65 | 73 | 79 | 100 |
| 57 | 56 | 68 | 75 | 81 | 104 |
| 58 | 60 | 73 | 81 | 88 | 114 |
| 59 | 65 | 79 | 89 | 96 | 123 |
| 60 | 71 | 86 | 96 | 104 | 131 |
| 61 | 76 | 93 | 104 | 113 | 141 |
| 62 | 83 | 100 | 113 | 121 | 154 |
| 63 | 89 | 109 | 121 | 131 | 165 |
| 64 | 95 | 116 | 130 | 140 | 179 |
| 65 | 101 | 123 | 136 | 146 | 190 |
| 66 | 108 | 133 | 149 | 161 | 208 |
| 67 | 118 | 145 | 163 | 176 | 226 |
| 68 | 129 | 159 | 179 | 194 | 248 |
| 69 | 139 | 173 | 195 | 213 | 273 |
| 70 | 155 | 191 | 216 | 235 | 300 |
| 71 | 169 | 211 | 239 | 260 | 330 |
| 72 | 188 | 234 | 265 | 289 | 369 |
| 73 | 209 | 261 | 296 | 323 | 413 |
| 74 | 231 | 293 | 333 | 363 | 459 |
| 75 | 259 | 328 | 373 | 406 | 514 |
| 76 | 288 | 365 | 416 | 455 | 573 |
| 77 | 320 | 405 | 463 | 505 | 634 |
| 78 | 354 | 450 | 515 | 564 | 703 |
| 79 | 390 | 496 | 566 | 619 | 778 |
| 80 | 429 |  |  |  |  |
| 81 | 471 |  |  |  |  |
| 82 | 515 |  |  |  |  |
| 83 | 573 |  |  |  |  |
| 84 | 631 |  |  |  |  |

```
CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0027-A87
Long-Term Care Policy
```

Annual Premium per $\$ 10$ of Long-Term Care Daily Benefit
PREFERRED RATING GROUP
0 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT= 50\% OF LONG-TERM CARE DAILY BENEFIT AMOUNT WITH COMPOUND AUTOMATIC INCREASE RIDER R1-21298-B37

| $\begin{gathered} \text { ISSUE } \\ \text { AGE } \end{gathered}$ | MAXIMUM= 730x LTC BENEFIT/DAY | MAXIMUM= 1095x LTC BENEFIT/DAY | MAXIMUM= 1460x LTC BENEFIT/DAY | MAXIMUM= 1825x LTC BENEFIT/DAY | MAXIMUM= UNLIMITED |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 18-44 | 50 | 61 | 69 | 75 | 98 |
| 45-49 | 55 | 68 | 76 | 83 | 109 |
| 50-54 | 68 | 84 | 95 | 104 | 139 |
| 55 | 79 | 98 | 110 | 120 | 161 |
| 56 | 83 | 104 | 118 | 128 | 171 |
| 57 | 88 | 109 | 124 | 135 | 180 |
| 58 | 93 | 116 | 133 | 145 | 191 |
| 59 | 100 | 124 | 140 | 153 | 204 |
| 60 | 105 | 133 | 150 | 164 | 216 |
| 61 | 114 | 141 | 160 | 174 | 231 |
| 62 | 121 | 151 | 171 | 186 | 246 |
| 63 | 130 | 163 | 184 | 200 | 264 |
| 64 | 139 | 174 | 196 | 214 | 283 |
| 65 | 148 | 185 | 210 | 229 | 300 |
| 66 | 156 | 196 | 224 | 244 | 321 |
| 67 | 169 | 213 | 241 | 263 | 348 |
| 68 | 183 | 230 | 263 | 286 | 378 |
| 69 | 199 | 251 | 286 | 313 | 408 |
| 70 | 214 | 271 | 309 | 338 | 443 |
| 71 | 234 | 296 | 338 | 369 | 481 |
| 72 | 253 | 321 | 366 | 400 | 524 |
| 73 | 276 | 353 | 403 | 440 | 575 |
| 74 | 304 | 388 | 443 | 484 | 631 |
| 75 | 334 | 426 | 488 | 534 | 690 |
| 76 | 365 | 468 | 535 | 586 | 755 |
| 77 | 400 | 513 | 588 | 644 | 828 |
| 78 | 434 | 559 | 641 | 704 | 903 |
| 79 | 471 | 609 | 701 | 770 | 984 |
| 80 | 510 |  |  |  |  |
| 81 | 551 |  |  |  |  |
| 82 | 595 |  |  |  |  |
| 83 | 648 |  |  |  |  |
| 84 | 703 |  |  |  |  |

## CONTINENTAL CASUALTY COMPANY

Rates for form P1-N0027-A87
Long-Term Care Policy

Annual Premium per $\$ 10$ of Long-Term Care Daily Benefit
PREFERRED RATING GROUP
0 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT= 100\% OF LONG-TERM CARE DAILY BENEFIT AMOUNT WITH COMPOUND AUTOMATIC INCREASE RIDER R1-21298-B37

| $\begin{gathered} \text { ISSUE } \\ \text { AGE } \end{gathered}$ | MAXIMUM= <br> 730x LTC BENEFIT/DAY | MAXIMUM= 1095x LTC BENEFIT/DAY | MAXIMUM= 1460x LTC BENEFIT/DAY | $\begin{gathered} \text { MAXIMUM= } \\ \text { 1825X LTC } \\ \text { BENEFIT/DAY } \end{gathered}$ | MAXIMUM= UNLIMITED |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 18-44 | 61 | 76 | 86 | 94 | 121 |
| 45-49 | 68 | 85 | 96 | 105 | 135 |
| 50-54 | 84 | 105 | 119 | 129 | 170 |
| 55 | 94 | 119 | 136 | 149 | 195 |
| 56 | 99 | 125 | 143 | 156 | 204 |
| 57 | 103 | 131 | 150 | 164 | 215 |
| 58 | 110 | 139 | 159 | 174 | 228 |
| 59 | 118 | 149 | 169 | 184 | 243 |
| 60 | 125 | 158 | 180 | 196 | 258 |
| 61 | 134 | 169 | 191 | 209 | 274 |
| 62 | 143 | 179 | 204 | 223 | 290 |
| 63 | 153 | 191 | 218 | 238 | 310 |
| 64 | 163 | 205 | 233 | 254 | 333 |
| 65 | 174 | 218 | 246 | 268 | 353 |
| 66 | 184 | 234 | 266 | 291 | 378 |
| 67 | 198 | 250 | 285 | 311 | 408 |
| 68 | 214 | 271 | 309 | 338 | 440 |
| 69 | 230 | 293 | 335 | 366 | 476 |
| 70 | 250 | 319 | 364 | 398 | 516 |
| 71 | 273 | 346 | 396 | 434 | 564 |
| 72 | 295 | 378 | 433 | 474 | 614 |
| 73 | 321 | 414 | 475 | 521 | 674 |
| 74 | 353 | 453 | 520 | 570 | 738 |
| 75 | 388 | 499 | 573 | 628 | 806 |
| 76 | 424 | 545 | 625 | 685 | 883 |
| 77 | 463 | 596 | 685 | 751 | 965 |
| 78 | 503 | 651 | 750 | 824 | 1051 |
| 79 | 543 | 706 | 816 | 899 | 1146 |
| 80 | 589 |  |  |  |  |
| 81 | 635 |  |  |  |  |
| 82 | 681 |  |  |  |  |
| 83 | 744 |  |  |  |  |
| 84 | 804 |  |  |  |  |

```
Annual Premium per $10 of Long-Term Care Daily Benefit
                    PREFERRED RATING GROUP
                    O DAY ELIMINATION PERIOD
                    HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
                        50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
                WITH SIMPLE AUTOMATIC INCREASE RIDER R1-21297-B37
```

| $\begin{aligned} & \text { ISSUE } \\ & \text { AGE } \end{aligned}$ | MAXIMUM= 730x LTC BENEFIT/DAY | MAXIMUM= 1095x LTC BENEFIT/DAY | MAXIMUM= <br> 1460x LTC <br> BENEFIT/DAY | MAXIMUM= 1825x LTC BENEFIT/DAY | MAXIMUM= UNLIMITED |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 18-44 | 36 | 45 | 51 | 56 | 74 |
| 45-49 | 40 | 50 | 58 | 63 | 81 |
| 50-54 | 54 | 66 | 74 | 80 | 105 |
| 55 | 61 | 76 | 86 | 94 | 126 |
| 56 | 66 | 81 | 91 | 99 | 133 |
| 57 | 69 | 85 | 96 | 105 | 141 |
| 58 | 75 | 93 | 105 | 114 | 153 |
| 59 | 80 | 100 | 114 | 124 | 165 |
| 60 | 88 | 109 | 123 | 133 | 178 |
| 61 | 94 | 118 | 133 | 144 | 191 |
| 62 | 101 | 126 | 144 | 156 | 206 |
| 63 | 109 | 136 | 155 | 169 | 221 |
| 64 | 118 | 146 | 166 | 181 | 239 |
| 65 | 125 | 156 | 178 | 194 | 256 |
| 66 | 135 | 168 | 190 | 206 | 275 |
| 67 | 146 | 183 | 208 | 226 | 300 |
| 68 | 159 | 200 | 228 | 249 | 328 |
| 69 | 175 | 219 | 249 | 271 | 359 |
| 70 | 190 | 240 | 273 | 298 | 391 |
| 71 | 208 | 263 | 300 | 328 | 430 |
| 72 | 228 | 289 | 330 | 361 | 474 |
| 73 | 250 | 320 | 366 | 401 | 523 |
| 74 | 278 | 354 | 405 | 444 | 579 |
| 75 | 308 | 393 | 450 | 493 | 638 |
| 76 | 339 | 434 | 496 | 544 | 701 |
| 77 | 373 | 478 | 548 | 600 | 773 |
| 78 | 409 | 524 | 601 | 659 | 848 |
| 79 | 445 | 574 | 660 | 725 | 928 |
| 80 | 484 |  |  |  |  |
| 81 | 525 |  |  |  |  |
| 82 | 569 |  |  |  |  |
| 83 | 624 |  |  |  |  |
| 84 | 679 |  |  |  |  |

```
CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0027-A87
Long-Term Care Policy
```

Annual Premium per $\$ 10$ of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
0 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT= 100\% OF LONG-TERM CARE DAILY BENEFIT AMOUNT WITH SIMPLE AUTOMATIC INCREASE RIDER R1-21297-B37

| $\begin{aligned} & \text { ISSUE } \\ & \text { AGE } \end{aligned}$ | MAXIMUM= 730x LTC BENEFIT/DAY | MAXIMUM= 1095x LTC BENEFIT/DAY | MAXIMUM= 1460x LTC BENEFIT/DAY | $\begin{gathered} \text { MAXIMUM= } \\ \text { 1825X LTC } \\ \text { BENEFIT/DAY } \end{gathered}$ | MAXIMUM= UNLIMITED |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 18-44 | 48 | 59 | 66 | 73 | 93 |
| 45-49 | 53 | 65 | 74 | 80 | 103 |
| 50-54 | 65 | 81 | 93 | 101 | 129 |
| 55 | 75 | 95 | 108 | 118 | 153 |
| 56 | 79 | 99 | 113 | 123 | 163 |
| 57 | 84 | 105 | 119 | 129 | 173 |
| 58 | 90 | 113 | 128 | 139 | 184 |
| 59 | 98 | 123 | 139 | 151 | 198 |
| 60 | 103 | 130 | 148 | 161 | 210 |
| 61 | 113 | 140 | 159 | 173 | 225 |
| 62 | 120 | 151 | 171 | 186 | 243 |
| 63 | 129 | 161 | 184 | 200 | 260 |
| 64 | 139 | 175 | 199 | 216 | 281 |
| 65 | 146 | 184 | 209 | 228 | 301 |
| 66 | 158 | 199 | 226 | 248 | 323 |
| 67 | 173 | 216 | 245 | 266 | 351 |
| 68 | 186 | 236 | 269 | 294 | 384 |
| 69 | 203 | 256 | 293 | 320 | 419 |
| 70 | 221 | 280 | 320 | 350 | 460 |
| 71 | 243 | 308 | 351 | 384 | 504 |
| 72 | 265 | 339 | 388 | 424 | 554 |
| 73 | 293 | 374 | 429 | 470 | 611 |
| 74 | 323 | 414 | 474 | 519 | 675 |
| 75 | 355 | 458 | 525 | 576 | 745 |
| 76 | 391 | 504 | 579 | 635 | 819 |
| 77 | 431 | 555 | 638 | 700 | 901 |
| 78 | 470 | 609 | 701 | 771 | 988 |
| 79 | 513 | 665 | 768 | 844 | 1081 |
| 80 | 559 |  |  |  |  |
| 81 | 605 |  |  |  |  |
| 82 | 653 |  |  |  |  |
| 83 | 716 |  |  |  |  |
| 84 | 778 |  |  |  |  |

```
CONTINENTAL CASUALTY COMPANY
    Rates for form P1-N0027-A87
    Long-Term Care Policy
```

Annual Premium per $\$ 10$ of Long-Term Care Daily Benefit
STANDARD RATING GROUP
0 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT= $50 \%$ OF LONG-TERM CARE DAILY BENEFIT AMOUNT

| $\begin{gathered} \text { ISSUE } \\ \text { AGE } \end{gathered}$ | MAXIMUM= 730x LTC BENEFIT/DAY | MAXIMUM= 1095x LTC BENEFIT/DAY | MAXIMUM= 1460x LTC BENEFIT/DAY | $\begin{gathered} \text { MAXIMUM= } \\ \text { 1825x LTC } \\ \text { BENEFIT/DAY } \end{gathered}$ | MAXIMUM= UNLIMITED |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 18-44 | 31 | 36 | 40 | 42 | 53 |
| 45-49 | 34 | 40 | 45 | 47 | 59 |
| 50-54 | 41 | 48 | 54 | 59 | 74 |
| 55 | 51 | 59 | 65 | 69 | 88 |
| 56 | 52 | 62 | 69 | 75 | 94 |
| 57 | 54 | 65 | 72 | 78 | 100 |
| 58 | 59 | 71 | 80 | 86 | 109 |
| 59 | 65 | 76 | 86 | 92 | 119 |
| 60 | 69 | 84 | 94 | 101 | 129 |
| 61 | 76 | 93 | 104 | 111 | 141 |
| 62 | 82 | 100 | 112 | 121 | 153 |
| 63 | 88 | 107 | 119 | 128 | 165 |
| 64 | 94 | 115 | 129 | 140 | 178 |
| 65 | 101 | 122 | 136 | 147 | 188 |
| 66 | 109 | 133 | 147 | 159 | 205 |
| 67 | 118 | 145 | 162 | 175 | 224 |
| 68 | 129 | 158 | 176 | 192 | 245 |
| 69 | 141 | 175 | 198 | 213 | 271 |
| 70 | 156 | 193 | 216 | 234 | 298 |
| 71 | 171 | 212 | 239 | 259 | 328 |
| 72 | 188 | 234 | 265 | 288 | 366 |
| 73 | 211 | 262 | 298 | 324 | 411 |
| 74 | 235 | 294 | 333 | 362 | 459 |
| 75 | 264 | 329 | 374 | 407 | 512 |
| 76 | 293 | 366 | 415 | 452 | 571 |
| 77 | 325 | 407 | 464 | 505 | 633 |
| 78 | 360 | 453 | 515 | 562 | 701 |
| 79 | 399 | 501 | 569 | 621 | 776 |
| 80 | 440 |  |  |  |  |
| 81 | 481 |  |  |  |  |
| 82 | 528 |  |  |  |  |
| 83 | 587 |  |  |  |  |
| 84 | 646 |  |  |  |  |

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0027-A87
Long-Term Care Policy

Annual Premium per $\$ 10$ of Long-Term Care Daily Benefit
STANDARD RATING GROUP
O DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100\% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

| $\begin{aligned} & \text { ISSUE } \\ & \text { AGE } \end{aligned}$ | MAXIMUM= 730x LTC BENEFIT/DAY | $\begin{gathered} \text { MAXIMUM= } \\ \text { 1095x LTC } \\ \text { BENEFIT/DAY } \end{gathered}$ | MAXIMUM= 1460x LTC BENEFIT/DAY | MAXIMUM= 1825x LTC BENEFIT/DAY | MAXIMUM= UNLIMITED |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 18-44 | 39 | 46 | 52 | 56 | 71 |
| 45-49 | 42 | 52 | 58 | 62 | 78 |
| 50-54 | 51 | 62 | 69 | 75 | 98 |
| 55 | 59 | 71 | 80 | 86 | 112 |
| 56 | 62 | 76 | 86 | 93 | 118 |
| 57 | 66 | 80 | 88 | 95 | 122 |
| 58 | 71 | 86 | 95 | 104 | 134 |
| 59 | 76 | 93 | 105 | 113 | 145 |
| 60 | 84 | 101 | 113 | 122 | 154 |
| 61 | 89 | 109 | 122 | 133 | 166 |
| 62 | 98 | 118 | 133 | 142 | 181 |
| 63 | 105 | 128 | 142 | 154 | 194 |
| 64 | 112 | 136 | 153 | 165 | 211 |
| 65 | 119 | 145 | 160 | 172 | 224 |
| 66 | 127 | 156 | 175 | 189 | 245 |
| 67 | 139 | 171 | 192 | 207 | 266 |
| 68 | 152 | 187 | 211 | 228 | 292 |
| 69 | 164 | 204 | 229 | 251 | 321 |
| 70 | 182 | 225 | 254 | 276 | 353 |
| 71 | 199 | 248 | 281 | 306 | 388 |
| 72 | 221 | 275 | 312 | 340 | 434 |
| 73 | 246 | 307 | 348 | 380 | 486 |
| 74 | 272 | 345 | 392 | 427 | 540 |
| 75 | 305 | 386 | 439 | 478 | 605 |
| 76 | 339 | 429 | 489 | 535 | 674 |
| 77 | 376 | 476 | 545 | 594 | 746 |
| 78 | 416 | 529 | 606 | 664 | 827 |
| 79 | 459 | 584 | 666 | 728 | 915 |

80

505
554
606
674
742

Annual Premium per $\$ 10$ of Long-Term Care Daily Benefit
STANDARD RATING GROUP
O DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT= 50\% OF LONG-TERM CARE DAILY BENEFIT AMOUNT WITH COMPOUND AUTOMATIC INCREASE RIDER R1-21298-B37

| $\begin{aligned} & \text { ISSUE } \\ & \text { AGE } \end{aligned}$ | MAXIMUM= 730x LTC BENEFIT/DAY | $\begin{gathered} \text { MAXIMUM= } \\ \text { 1095x LTC } \\ \text { BENEFIT/DAY } \end{gathered}$ | MAXIMUM= 1460x LTC BENEFIT/DAY | MAXIMUM= 1825x LTC BENEFIT/DAY | MAXIMUM= UNLIMITED |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 18-44 | 59 | 72 | 81 | 88 | 115 |
| 45-49 | 65 | 80 | 89 | 98 | 128 |
| 50-54 | 80 | 99 | 112 | 122 | 164 |
| 55 | 93 | 115 | 129 | 141 | 189 |
| 56 | 98 | 122 | 139 | 151 | 201 |
| 57 | 104 | 128 | 146 | 159 | 212 |
| 58 | 109 | 136 | 156 | 171 | 225 |
| 59 | 118 | 146 | 165 | 180 | 240 |
| 60 | 124 | 156 | 176 | 193 | 254 |
| 61 | 134 | 166 | 188 | 205 | 272 |
| 62 | 142 | 178 | 201 | 219 | 289 |
| 63 | 153 | 192 | 216 | 235 | 311 |
| 64 | 164 | 205 | 231 | 252 | 333 |
| 65 | 174 | 218 | 247 | 269 | 353 |
| 66 | 184 | 231 | 264 | 287 | 378 |
| 67 | 199 | 251 | 284 | 309 | 409 |
| 68 | 215 | 271 | 309 | 336 | 445 |
| 69 | 234 | 295 | 336 | 368 | 480 |
| 70 | 252 | 319 | 364 | 398 | 521 |
| 71 | 275 | 348 | 398 | 434 | 566 |
| 72 | 298 | 378 | 431 | 471 | 616 |
| 73 | 325 | 415 | 474 | 518 | 676 |
| 74 | 358 | 456 | 521 | 569 | 742 |
| 75 | 393 | 501 | 574 | 628 | 812 |
| 76 | 429 | 551 | 629 | 689 | 888 |
| 77 | 471 | 604 | 692 | 758 | 974 |
| 78 | 511 | 658 | 754 | 828 | 1062 |
| 79 | 554 | 716 | 825 | 906 | 1158 |
| 80 | 600 |  |  |  |  |
| 81 | 648 |  |  |  |  |
| 82 | 700 |  |  |  |  |
| 83 | 762 |  |  |  |  |
| 84 | 827 |  |  |  |  |

```
CONTINENTAL CASUALTY COMPANY
    Rates for form P1-N0027-A87
    Long-Term Care Policy
```

Annual Premium per $\$ 10$ of Long-Term Care Daily Benefit
STANDARD RATING GROUP
0 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT= $100 \%$ OF LONG-TERM CARE DAILY BENEFIT AMOUNT WITH COMPOUND AUTOMATIC INCREASE RIDER R1-21298-B37

| $\begin{aligned} & \text { ISSUE } \\ & \text { AGE } \end{aligned}$ | MAXIMUM= $730 \mathrm{x} \text { LTC }$ <br> BENEFIT/DAY | MAXIMUM= 1095x LTC BENEFIT/DAY | $\begin{gathered} \text { MAXIMUM= } \\ \text { 1460x LTC } \\ \text { BENEFIT/DAY } \end{gathered}$ | MAXIMUM= 1825x LTC BENEFIT/DAY | MAXIMUM= UNLIMITED |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 18-44 | 72 | 89 | 101 | 111 | 142 |
| 45-49 | 80 | 100 | 113 | 124 | 159 |
| 50-54 | 99 | 124 | 140 | 152 | 200 |
| 55 | 111 | 140 | 160 | 175 | 229 |
| 56 | 116 | 147 | 168 | 184 | 240 |
| 57 | 121 | 154 | 176 | 193 | 253 |
| 58 | 129 | 164 | 187 | 205 | 268 |
| 59 | 139 | 175 | 199 | 216 | 286 |
| 60 | 147 | 186 | 212 | 231 | 304 |
| 61 | 158 | 199 | 225 | 246 | 322 |
| 62 | 168 | 211 | 240 | 262 | 341 |
| 63 | 180 | 225 | 256 | 280 | 365 |
| 64 | 192 | 241 | 274 | 299 | 392 |
| 65 | 205 | 256 | 289 | 315 | 415 |
| 66 | 216 | 275 | 313 | 342 | 445 |
| 67 | 233 | 294 | 335 | 366 | 480 |
| 68 | 252 | 319 | 364 | 398 | 518 |
| 69 | 271 | 345 | 394 | 431 | 560 |
| 70 | 294 | 375 | 428 | 468 | 607 |
| 71 | 321 | 407 | 466 | 511 | 664 |
| 72 | 347 | 445 | 509 | 558 | 722 |
| 73 | 378 | 487 | 559 | 613 | 793 |
| 74 | 415 | 533 | 612 | 671 | 868 |
| 75 | 456 | 587 | 674 | 739 | 948 |
| 76 | 499 | 641 | 735 | 806 | 1039 |
| 77 | 545 | 701 | 806 | 884 | 1135 |
| 78 | 592 | 766 | 882 | 969 | 1236 |
| 79 | 639 | 831 | 960 | 1058 | 1348 |
| 80 | 693 |  |  |  |  |
| 81 | 747 |  |  |  |  |
| 82 | 801 |  |  |  |  |
| 83 | 875 |  |  |  |  |
| 84 | 946 |  |  |  |  |

```
CONTINENTAL CASUALTY COMPANY
    Rates for form P1-N0027-A87
    Long-Term Care Policy
```

Annual Premium per $\$ 10$ of Long-Term Care Daily Benefit
STANDARD RATING GROUP
0 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT= 50\% OF LONG-TERM CARE DAILY BENEFIT AMOUNT WITH SIMPLE AUTOMATIC INCREASE RIDER R1-21297-B37

| $\begin{gathered} \text { ISSUE } \\ \text { AGE } \end{gathered}$ | $\begin{gathered} \text { MAXIMUM= } \\ 730 \times \text { LTC } \\ \text { BENEFIT/DAY } \end{gathered}$ | $\begin{gathered} \text { MAXIMUM= } \\ \text { 1095x LTC } \\ \text { BENEFIT/DAY } \end{gathered}$ | $\begin{gathered} \text { MAXIMUM= } \\ \text { 1460x LTC } \\ \text { BENEFIT/DAY } \end{gathered}$ | MAXIMUM $=$ 1825x LTC BENEFIT/DAY | MAXIMUM= UNLIMITED |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 18-44 | 42 | 53 | 60 | 66 | 87 |
| 45-49 | 47 | 59 | 68 | 74 | 95 |
| 50-54 | 64 | 78 | 87 | 94 | 124 |
| 55 | 72 | 89 | 101 | 111 | 148 |
| 56 | 78 | 95 | 107 | 116 | 156 |
| 57 | 81 | 100 | 113 | 124 | 166 |
| 58 | 88 | 109 | 124 | 134 | 180 |
| 59 | 94 | 118 | 134 | 146 | 194 |
| 60 | 104 | 128 | 145 | 156 | 209 |
| 61 | 111 | 139 | 156 | 169 | 225 |
| 62 | 119 | 148 | 169 | 184 | 242 |
| 63 | 128 | 160 | 182 | 199 | 260 |
| 64 | 139 | 172 | 195 | 213 | 281 |
| 65 | 147 | 184 | 209 | 228 | 301 |
| 66 | 159 | 198 | 224 | 242 | 324 |
| 67 | 172 | 215 | 245 | 266 | 353 |
| 68 | 187 | 235 | 268 | 293 | 386 |
| 69 | 206 | 258 | 293 | 319 | 422 |
| 70 | 224 | 282 | 321 | 351 | 460 |
| 71 | 245 | 309 | 353 | 386 | 506 |
| 72 | 268 | 340 | 388 | 425 | 558 |
| 73 | 294 | 376 | 431 | 472 | 615 |
| 74 | 327 | 416 | 476 | 522 | 681 |
| 75 | 362 | 462 | 529 | 580 | 751 |
| 76 | 399 | 511 | 584 | 640 | 825 |
| 77 | 439 | 562 | 645 | 706 | 909 |
| 78 | 481 | 616 | 707 | 775 | 998 |
| 79 | 524 | 675 | 776 | 853 | 1092 |
| 80 | 569 |  |  |  |  |
| 81 | 618 |  |  |  |  |
| 82 | 669 |  |  |  |  |
| 83 | 734 |  |  |  |  |
| 84 | 799 |  |  |  |  |

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CONTINENTAL CASUALTY COMPANY
    Rates for form P1-N0027-A87
    Long-Term Care Policy
```

Annual Premium per $\$ 10$ of Long-Term Care Daily Benefit

STANDARD RATING GROUP
0 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100\% OF LONG-TERM CARE DAILY BENEFIT AMOUNT WITH SIMPLE AUTOMATIC INCREASE RIDER R1-21297-B37

| $\begin{aligned} & \text { ISSUE } \\ & \text { AGE } \end{aligned}$ | MAXIMUM= 730x LTC BENEFIT/DAY | MAXIMUM= 1095x LTC BENEFIT/DAY | MAXIMUM= 1460x LTC BENEFIT/DAY | $\begin{gathered} \text { MAXIMUM= } \\ \text { 1825x LTC } \\ \text { BENEFIT/DAY } \end{gathered}$ | MAXIMUM= <br> UNLIMITED |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 18-44 | 56 | 69 | 78 | 86 | 109 |
| 45-49 | 62 | 76 | 87 | 94 | 121 |
| 50-54 | 76 | 95 | 109 | 119 | 152 |
| 55 | 88 | 112 | 127 | 139 | 180 |
| 56 | 93 | 116 | 133 | 145 | 192 |
| 57 | 99 | 124 | 140 | 152 | 204 |
| 58 | 106 | 133 | 151 | 164 | 216 |
| 59 | 115 | 145 | 164 | 178 | 233 |
| 60 | 121 | 153 | 174 | 189 | 247 |
| 61 | 133 | 165 | 187 | 204 | 265 |
| 62 | 141 | 178 | 201 | 219 | 286 |
| 63 | 152 | 189 | 216 | 235 | 306 |
| 64 | 164 | 206 | 234 | 254 | 331 |
| 65 | 172 | 216 | 246 | 268 | 354 |
| 66 | 186 | 234 | 266 | 292 | 380 |
| 67 | 204 | 254 | 288 | 313 | 413 |
| 68 | 219 | 278 | 316 | 346 | 452 |
| 69 | 239 | 301 | 345 | 376 | 493 |
| 70 | 260 | 329 | 376 | 412 | 541 |
| 71 | 286 | 362 | 413 | 452 | 593 |
| 72 | 312 | 399 | 456 | 499 | 652 |
| 73 | 345 | 440 | 505 | 553 | 719 |
| 74 | 380 | 487 | 558 | 611 | 794 |
| 75 | 418 | 539 | 618 | 678 | 876 |
| 76 | 460 | 593 | 681 | 747 | 964 |
| 77 | 507 | 653 | 751 | 824 | 1060 |
| 78 | 553 | 716 | 825 | 907 | 1162 |
| 79 | 604 | 782 | 904 | 993 | 1272 |
| 80 | 658 |  |  |  |  |
| 81 | 712 |  |  |  |  |
| 82 | 768 |  |  |  |  |
| 83 | 842 |  |  |  |  |
| 84 | 915 |  |  |  |  |

## Elimination Period Factors

Rates shown are for 0 day elimination period. Rates for longer elimination periods are calculated by multiplying the 0 day rates by the appropriate factor from the following table:

| Benefit <br> Maximum | 20 | 30 | 60 | 90 | 100 | 180 | 365 |
| :--- | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| $730 x, 1095 x$ | 0.92 | 0.89 | 0.84 | 0.80 | 0.79 | 0.69 | 0.60 |
| $1460 \mathrm{x}, 1825 \mathrm{x}$ | 0.94 | 0.91 | 0.86 | 0.82 | 0.81 | 0.72 | 0.63 |
| Lifetime | 0.96 | 0.93 | 0.89 | 0.86 | 0.85 | 0.78 | 0.70 |

## Multi-Life Discount

A $5 \%$ or $10 \%$ discount to the rates is available for qualifying Associations of 10 or more lives.

## Spousal Discount

A $10 \%$ discount to the rates is available to married couples if both spouses apply for coverage.

## Modal Factors

Semi-Annual: 0.52; Quarterly: 0.27; Check-A-Matic: 0.09

Annual Premium per $\$ 10$ of Long-Term Care Daily Benefit

PREEERRED RATING GROUP
0 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT= 50\% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

| $\begin{gathered} \text { ISSUE } \\ \text { AGE } \end{gathered}$ | MAXIMUM= 730x LTC BENEFIT/DAY | MAXIMUM= 1095x LTC BENEFIT/DAY | MAXIMUM= 1460x LTC BENEFIT/DAY | MAXIMUM= 1825x LTC BENEFIT/DAY | MAXIMUM= UNLIMITED |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 18-44 | 26 | 31 | 34 | 36 | 45 |
| 45-49 | 29 | 34 | 38 | 40 | 50 |
| 50-54 | 35 | 41 | 46 | 50 | 63 |
| 55 | 43 | 50 | 55 | 59 | 75 |
| 56 | 44 | 53 | 59 | 64 | 80 |
| 57 | 46 | 55 | 61 | 66 | 85 |
| 58 | 50 | 60 | 68 | 73 | 93 |
| 59 | 55 | 65 | 73 | 78 | 101 |
| 60 | 59 | 71 | 80 | 86 | 110 |
| 61 | 65 | 79 | 88 | 94 | 120 |
| 62 | 70 | 85 | 95 | 103 | 130 |
| 63 | 75 | 91 | 101 | 109 | 140 |
| 64 | 80 | 98 | 110 | 119 | 151 |
| 65 | 86 | 104 | 116 | 125 | 160 |
| 66 | 93 | 113 | 125 | 135 | 174 |
| 67 | 100 | 123 | 138 | 149 | 190 |
| 68 | 110 | 134 | 150 | 163 | 208 |
| 69 | 120 | 149 | 168 | 181 | 230 |
| 70 | 133 | 164 | 184 | 199 | 253 |
| 71 | 145 | 180 | 203 | 220 | 279 |
| 72 | 160 | 199 | 225 | 245 | 311 |
| 73 | 179 | 223 | 253 | 275 | 349 |
| 74 | 200 | 250 | 283 | 308 | 390 |
| 75 | 224 | 280 | 318 | 346 | 435 |
| 76 | 249 | 311 | 353 | 384 | 485 |
| 77 | 276 | 346 | 394 | 429 | 538 |
| 78 | 306 | 385 | 438 | 478 | 596 |
| 79 | 339 | 426 | 484 | 528 | 660 |
| 80 | 374 |  |  |  |  |
| 81 | 409 |  |  |  |  |
| 82 | 449 |  |  |  |  |
| 83 | 499 |  |  |  |  |
| 84 | 549 |  |  |  |  |

```
CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0027-B37
    Long-Term Care Policy
```

Annual Premium per $\$ 10$ of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
0 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT= 100\% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

| $\begin{gathered} \text { ISSUE } \\ \text { AGE } \end{gathered}$ | MAXIMUM= 730x LTC BENEEIT/DAY | MAXIMUM= 1095x LTC BENEFIT/DAY | MAXIMUM= 1460x LTC BENEFIT/DAY | MAXIMUM= 1825x LTC BENEFIT/DAY | MAXIMUM= UNLIMITED |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 18-44 | 33 | 39 | 44 | 48 | 60 |
| 45-49 | 36 | 44 | 49 | 53 | 66 |
| 50-54 | 43 | 53 | 59 | 64 | 83 |
| 55 | 50 | 60 | 68 | 73 | 95 |
| 56 | 53 | 65 | 73 | 79 | 100 |
| 57 | 56 | 68 | 75 | 81 | 104 |
| 58 | 60 | 73 | 81 | 88 | 114 |
| 59 | 65 | 79 | 89 | 96 | 123 |
| 60 | 71 | 86 | 96 | 104 | 131 |
| 61 | 76 | 93 | 104 | 113 | 141 |
| 62 | 83 | 100 | 113 | 121 | 154 |
| 63 | 89 | 109 | 121 | 131 | 165 |
| 64 | 95 | 116 | 130 | 140 | 179 |
| 65 | 101 | 123 | 136 | 146 | 190 |
| 66 | 108 | 133 | 149 | 161 | 208 |
| 67 | 118 | 145 | 163 | 176 | 226 |
| 68 | 129 | 159 | 179 | 194 | 248 |
| 69 | 139 | 173 | 195 | 213 | 273 |
| 70 | 155 | 191 | 216 | 235 | 300 |
| 71 | 169 | 211 | 239 | 260 | 330 |
| 72 | 188 | 234 | 265 | 289 | 369 |
| 73 | 209 | 261 | 296 | 323 | 413 |
| 74 | 231 | 293 | 333 | 363 | 459 |
| 75 | 259 | 328 | 373 | 406 | 514 |
| 76 | 288 | 365 | 416 | 455 | 573 |
| 77 | 320 | 405 | 463 | 505 | 634 |
| 78 | 354 | 450 | 515 | 564 | 703 |
| 79 | 390 | 496 | 566 | 619 | 778 |
| 80 | 429 |  |  |  |  |
| 81 | 471 |  |  |  |  |
| 82 | 515 |  |  |  |  |
| 83 | 573 |  |  |  |  |
| 84 | 631 |  |  |  |  |

```
CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0027-B37
    Long-Term Care Policy
```

Annual Premium per $\$ 10$ of Long-Term Care Daily Benefit

PREFERRED RATING GROUP 0 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT= $50 \%$ OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-21298-SERIES

| $\begin{gathered} \text { ISSUE } \\ \text { AGE } \end{gathered}$ | MAXIMUM= 730x LTC BENEFIT/DAY | MAXIMUM= 1095x LTC BENEFIT/DAY | MAXIMUM= 1460x LTC BENEFIT/DAY | MAXIMUM= 1825x LTC BENEFIT/DAY | MAXIMUM= <br> UNLIMITED |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 18-44 | 50 | 61 | 69 | 75 | 98 |
| 45-49 | 55 | 68 | 76 | 83 | 109 |
| 50-54 | 68 | 84 | 95 | 104 | 139. |
| 55 | 79 | 98 | 110 | 120 | 161 |
| 56 | 83 | 104 | 118 | 128 | 171 |
| 57 | 88 | 109 | 124 | 135 | 180 |
| 58 | 93 | 116 | 133 | 145 | 191 |
| 59 | 100 | 124 | 140 | 153 | 204 |
| 60 | 105 | 133 | 150 | 164 | 216 |
| 61 | 114 | 141 | 160 | 174 | 231 |
| 62 | 121 | 151 | 171 | 186 | 246 |
| 63 | 130 | 163 | 184 | 200 | 264 |
| 64 | 139 | 174 | 196 | 214 | 283 |
| 65 | 148 | 185 | 210 | 229 | 300 |
| 66 | 156 | 196 | 224 | 244 | 321 |
| 67 | 169 | 213 | 241 | 263 | 348 |
| 68 | 183 | 230 | 263 | 286 | 378 |
| 69 | 199 | 251 | 286 | 313 | 408 |
| 70 | 214 | 271 | 309 | 338 | 443 |
| 71 | 234 | 296 | 338 | 369 | 481 |
| 72 | 253 | 321 | 366 | 400 | 524 |
| 73 | 276 | 353 | 403 | 440 | 575 |
| 74 | 304 | 388 | 443 | 484 | 631 |
| 75 | 334 | 426 | 488 | 534 | 690 |
| 76 | 365 | 468 | 535 | 586 | 755 |
| 77 | 400 | 513 | 588 | 644 | 828 |
| 78 | 434 | 559 | 641 | 704 | 903 |
| 79 | 471 | 609 | 701 | 770 | 984 |
| 80 | 510 |  |  |  |  |
| 81 | 551 |  |  |  |  |
| 82 | 595 |  |  |  |  |
| 83 | 648 |  |  |  |  |
| 84 | 703 |  |  |  |  |

Annual Premium per $\$ 10$ of Long-Term Care Daily Benefit
PREFERRED RATING GROUP
0 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT= 100\% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-21298-SERIES

| $\begin{gathered} \text { ISSUE } \\ \text { AGE } \end{gathered}$ | $\begin{gathered} \text { MAXIMUM }= \\ 730 \times \text { LTC } \\ \text { BENEEIT / DAY } \end{gathered}$ | $\begin{gathered} \text { MAXIMUM= } \\ \text { 1095x LTC } \\ \text { BENEFIT/DAY } \end{gathered}$ | $\begin{gathered} \text { MAXIMUM }= \\ 1460 \mathrm{x} \text { LTC } \\ \text { BENEFIT/DAY } \end{gathered}$ | $\begin{gathered} \text { MAXIMUM= } \\ \text { 1825x LTC } \\ \text { BENEFIT/DAY } \end{gathered}$ | $\begin{aligned} & \text { MAXIMUM= } \\ & \text { UNLIMITED } \end{aligned}$ |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 18-44 | 61 | 76 | 86 | 94 | 121 |
| 45-49 | 68 | 85 | 96 | 105 | 135 |
| 50-54 | 84 | 105 | 119 | 129 | 170 |
| 55 | 94 | 119 | 136 | 149 | 195 |
| 56 | 99 | 125 | 143 | 156 | 204 |
| 57 | 103 | 131 | 150 | 164 | 215 |
| 58 | 110 | 139 | 159 | 174 | 228 |
| 59 | 118 | 149 | 169 | 184 | 243 |
| 60 | 125 | 158 | 180 | 196 | 258 |
| 61 | 134 | 169 | 191 | 209 | 274 |
| 62 | 143 | 179 | 204 | 223 | 290 |
| 63 | 153 | 191 | 218 | 238 | 310 |
| 64 | 163 | 205 | 233 | 254 | 333 |
| 65 | 174 | 218 | 246 | 268 | 353 |
| 66 | 184 | 234 | 266 | 291 | 378 |
| 67 | 198 | 250 | 285 | 311 | 408 |
| 68 | 214 | 271 | 309 | 338 | 440 |
| 69 | 230 | 293 | 335 | 366 | 476 |
| 70 | 250 | 319 | 364 | 398 | 516 |
| 71 | 273 | 346 | 396 | 434 | 564 |
| 72 | 295 | 378 | 433 | 474 | 614 |
| 73 | 321 | 414 | 475 | 521 | 674 |
| 74 | 353 | 453 | 520 | 570 | 738 |
| 75 | 388 | 499 | 573 | 628 | 806 |
| 76 | 424 | 545 | 625 | 685 | 883 |
| 77 | 463 | 596 | 685 | 751 | 965 |
| 78 | 503 | 651 | 750 | 824 | 1051 |
| 79 | 543 | 706 | 816 | 899 | 1146 |
| 80 | 589 |  |  |  |  |
| 81 | 635 |  |  |  |  |
| 82 | 681 |  |  |  |  |
| 83 | 744 |  |  |  |  |
| 84 | 804 |  |  |  |  |

Annual Premium per $\$ 10$ of Long-Term Care Daily Benefit
PREFERRED RATING GROUP
0 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT= 50\% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-21297-SERIES

| $\begin{gathered} \text { ISSUE } \\ \text { AGE } \end{gathered}$ | MAXIMUM= 730x LTC BENEFIT/DAY | MAXIMUM= 1095x LTC BENEFIT/DAY | MAXIMUM= 1460x LTC BENEFIT/DAY | MAXIMUM= <br> 1825x LTC <br> BENEFIT/DAY | MAXIMUM= UNLIMITED |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 18-44 | 36 | 45 | 51 | 56 | 74 |
| 45-49 | 40 | 50 | 58 | 63 | 81 |
| 50-54 | 54 | 66 | 74 | 80 | 105 |
| 55 | 61 | 76 | 86 | 94 | 126 |
| 56 | 66 | 81 | 91 | 99 | 133 |
| 57 | 69 | 85 | 96 | 105 | 141 |
| 58 | 75 | 93 | 105 | 114 | 153 |
| 59 | 80 | 100 | 114 | 124 | 165 |
| 60 | 88 | 109 | 123 | 133 | 178 |
| 61 | 94 | 118 | 133 | 144 | 191 |
| 62 | 101 | 126 | 144 | 156 | 206 |
| 63 | 109 | 136 | 155 | 169 | 221 |
| 64 | 118 | 146 | 166 | 181 | 239 |
| 65 | 125 | 156 | 178 | 194 | 256 |
| 66 | 135 | 168 | 190 | 206 | 275 |
| 67 | 146 | 183 | 208 | 226 | 300 |
| 68 | 159 | 200 | 228 | 249 | 328 |
| 69 | 175 | 219 | 249 | 271 | 359 |
| 70 | 190 | 240 | 273 | 298 | 391 |
| 71 | 208 | 263 | 300 | 328 | 430 |
| 72 | 228 | 289 | 330 | 361 | 474 |
| 73 | 250 | 320 | 366 | 401 | 523 |
| 74 | 278 | 354 | 405 | 444 | 579 |
| 75 | 308 | 393 | 450 | 493 | 638 |
| 76 | 339 | 434 | 496 | 544 | 701 |
| 77 | 373 | 478 | 548 | 600 | 773 |
| 78 | 409 | 524 | 601 | 659 | 848 |
| 79 | 445 | 574 | 660 | 725 | 928 |
| 80 | 484 |  |  |  |  |
| 81 | 525 |  |  |  |  |
| 82 | 569 |  |  |  |  |
| 83 | 624 |  |  |  |  |
| 84 | 679 |  |  |  |  |

```
CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0027-B37
    Long-Term Care Policy
```

Annual Premium per $\$ 10$ of Long-Term Care Daily Benefit PREFERRED RATING GROUP 0 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT= 100\% OF LONG-TERM CARE DAILY BENEFIT AMOUNT WITH SIMPLE AUTOMATIC INCREASE RIDER R1-21297-SERIES

| $\begin{gathered} \text { ISSUE } \\ \text { AGE } \end{gathered}$ | $\begin{gathered} \text { MAXIMUM= } \\ 730 \mathrm{x} \mathrm{LTC} \\ \text { BENEFIT/DAY } \end{gathered}$ | $\begin{gathered} \text { MAXIMUM= } \\ \text { 1095x LTC } \\ \text { BENEFIT/DAY } \end{gathered}$ | $\begin{gathered} \text { MAXIMUM }= \\ 14.60 \mathrm{x} \mathrm{LTC} \\ \text { BENEEIT / DAY } \end{gathered}$ | $\begin{gathered} \text { MAXIMUM }= \\ 1825 \mathrm{x} \mathrm{LTC} \\ \text { BENEFIT/DAY } \end{gathered}$ | MAXIMUM = UNLIMITED |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 18-44 | 48 | 59 | 66 | 73 | 93 |
| 45-49 | 53 | 65 | 74 | 80 | 103 |
| 50-54 | 65 | 81 | 93 | 101 | 129 |
| 55 | 75 | 95 | 108 | 118 | 153 |
| 56 | 79 | 99 | 113 | 123 | 163 |
| 57 | 84 | 105 | 119 | 129 | 173 |
| 58 | 90 | 113 | 128 | 139 | 184 |
| 59 | 98 | 123 | 139 | 151 | 198 |
| 60 | 103 | 130 | 148 | 161 | 210 |
| 61 | 113 | 140 | 159 | 173 | 225 |
| 62 | 120 | 151 | 171 | 186 | 243 |
| 63 | 129 | 161 | 184 | 200 | 260 |
| 64 | 139 | 175 | 199 | 216 | 281 |
| 65 | 146 | 184 | 209 | 228 | 301 |
| 66 | 158 | 199 | 226 | 248 | 323 |
| 67 | 173 | 216 | 245 | 266 | 351 |
| 68 | 186 | 236 | 269 | 294 | 384 |
| 69 | 203 | 256 | 293 | 320 | 419 |
| 70 | 221 | 280 | 320 | 350 | 460 |
| 71 | 243 | 308 | 351 | 384 | 504 |
| 72 | 265 | 339 | 388 | 424 | 554 |
| 73 | 293 | 374 | 429 | 470 | 611 |
| 74 | 323 | 414 | 474 | 519 | 675 |
| 75 | 355 | 458 | 525 | 576 | 745 |
| 76 | 391 | 504 | 579 | 635 | 819 |
| 77 | 431 | 555 | 638 | 700 | 901 |
| 78 | 470 | 609 | 701 | 771 | 988 |
| 79 | 513 | 665 | 768 | 844 | 1081 |

559
605
653
716
778

```
CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0027-B37
    Long-Term Care Policy
```

Annual Premium per $\$ 10$ of Long-Term Care Daily Benefit

STANDARD RATING GROUP
0 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT= 50\% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

| $\begin{gathered} \text { ISSUE } \\ \text { AGE } \end{gathered}$ | MAXIMUM= 730x LTC BENEFIT/DAY | MAXIMUM= 1095x LTC BENEFIT/DAY | MAXIMUM= 1460x LTC BENEFIT/DAY | MAXIMUM= <br> 1825x LTC <br> BENEFIT/DAY | MAXIMUM= UNLIMITED |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 18-44 | 31 | 36 | 40 | 42 | 53 |
| 45-49 | 34 | 40 | 45 | 47 | 59 |
| 50-54 | 41 | 48 | 54 | 59 | 74 |
| 55 | 51 | 59 | 65 | 69 | 88 |
| 56 | 52 | 62 | 69 | 75 | 94 |
| 57 | 54 | 65 | 72 | 78 | 100 |
| 58 | 59 | 71 | 80 | 86 | 109 |
| 59 | 65 | 76 | 86 | 92 | 119 |
| 60 | 69 | 84 | 94 | 101 | 129 |
| 61 | 76 | 93 | 104 | 111 | 141 |
| 62 | 82 | 100 | 112 | 121 | 153 |
| 63 | 88 | 107 | 119 | 128 | 165 |
| 64 | 94 | 115 | 129 | 140 | 178 |
| 65 | 101 | 122 | 136 | 147 | 188 |
| 66 | 109 | 133 | 147 | 159 | 205 |
| 67 | 118 | 145 | 162 | 175 | 224 |
| 68 | 129 | 158 | 176 | 192 | 245 |
| 69 | 141 | 175 | 198 | 213 | 271 |
| 70 | 156 | 193 | 216 | 234 | 298 |
| 71 | 171 | 212 | 239 | 259 | 328 |
| 72 | 188 | 234 | 265 | 288 | 366 |
| 73 | 211 | 262 | 298 | 324 | 411 |
| 74 | 235 | 294 | 333 | 362 | 459 |
| 75 | 264 | 329 | 374 | 407 | 512 |
| 76 | 293 | 366 | 415 | 452 | 571 |
| 77 | 325 | 407 | 464 | 505 | 633 |
| 78 | 360 | 453 | 515 | 562 | 701 |
| 79 | 399 | 501 | 569 | 621 | 776 |
| 80 | 440 |  |  |  |  |
| 81 | 481 |  |  |  |  |
| 82 | 528 |  |  |  |  |
| 83 | 587 |  |  |  |  |
| 84 | 646 |  |  |  |  |

Annual Premium per $\$ 10$ of Long-Term Care Daily Benefit
STANDARD RATING GROUP
0 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT= 100\% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

| $\begin{gathered} \text { ISSUE } \\ \text { AGE } \end{gathered}$ | MAXIMUM= <br> 730x LTC BENEFIT/DAY | MAXIMUM= 1095x LTC BENEFIT/DAY | MAXIMUM= 1460x LTC BENEFIT/DAY | MAXIMUM= 1825x LTC BENEFIT/DAY | MAXIMUM= UNLIMITED |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 18-44 | 39 | 46 | 52 | 56 | 71 |
| 45-49 | 42 | 52 | 58 | 62 | 78 |
| 50-54 | 51 | 62 | 69 | 75 | 98 |
| 55 | 59 | 71 | 80 | 86 | 112 |
| 56 | 62 | 76 | 86 | 93 | 118 |
| 57 | 66 | 80 | 88 | 95 | 122 |
| 58 | 71 | 86 | 95 | 104 | 134 |
| 59 | 76 | 93 | 105 | 113 | 145 |
| 60 | 84 | 101 | 113 | 122 | 154 |
| 61 | 89 | 109 | 122 | 133 | 166 |
| 62 | 98 | 118 | 133 | 142 | 181 |
| 63 | 105 | 128 | 142 | 154 | 194 |
| 64 | 112 | 136 | 153 | 165 | 211 |
| 65 | 119 | 145 | 160 | 172 | 224 |
| 66 | 127 | 156 | 175 | 189 | 245 |
| 67 | 139 | 171 | 192 | 207 | 266 |
| 68 | 152 | 187 | 211 | 228 | 292 |
| 69 | 164 | 204 | 229 | 251 | 321 |
| 70 | 182 | 225 | 254 | 276 | 353 |
| 71 | 199 | 248 | 281 | 306 | 388 |
| 72 | 221 | 275 | 312 | 340 | 434 |
| 73 | 246 | 307 | 348 | 380 | 486 |
| 74 | 272 | 345 | 392 | 427 | 540 |
| 75 | 305 | 386 | 439 | 478 | 605 |
| 76 | 339 | 429 | 489 | 535 | 674 |
| 77 | 376 | 476 | 545 | 594 | 746 |
| 78 | 416 | 529 | 606 | 664 | 827 |
| 79 | 459 | 584 | 666 | 728 | 915 |
| 80 | 505 |  |  |  |  |
| 81 | 554 |  |  |  |  |
| 82 | 606 |  |  |  |  |
| 83 | 674 |  |  |  |  |
| 84 | 742 |  |  |  |  |

```
CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0027-B37
    Long-Term Care Policy
```

Annual Premium per $\$ 10$ of Long-Term Care Daily Benefit

STANDARD RATING GROUP
0 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEEIT= $50 \%$ OF LONG-TERM CARE DAILY BENEFIT AMOUNT

WITH COMPOUND AUTOMATIC INCREASE RIDER R1-21298-SERIES


Annual Premium per $\$ 10$ of Long-Term Care Daily Benefit

STANDARD RATING GROUP
O DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT= 100\% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

WITH COMPOUND AUTOMATIC INCREASE RIDER R1-21298-SERIES

| $\begin{aligned} & \text { ISSUE } \\ & \text { AGE } \end{aligned}$ | $\begin{gathered} \text { MAXIMUM= } \\ 730 \mathrm{x} \text { LTC } \\ \text { BENEFIT/DAY } \end{gathered}$ | $\begin{gathered} \text { MAXIMUM= } \\ \text { 1095x LTC } \\ \text { BENEFIT/DAY } \end{gathered}$ | $\begin{gathered} \text { MAXIMUM= } \\ \text { 1460x LTC } \\ \text { BENEFIT/DAY } \end{gathered}$ | MAXIMUM= 1825x LTC BENEFIT/DAY | MAXIMUM= UNLIMITED |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 18-44 | 72 | 89 | 101 | 111 | 142 |
| 45-49 | 80 | 100 | 113 | 124 | 159 |
| 50-54 | 99 | 124 | 140 | 152 | 200 |
| 55 | 111 | 140 | 160 | 175 | 229 |
| 56 | 116 | 147 | 168 | 184 | 240 |
| 57 | 121 | 154 | 176 | 193 | 253 |
| 58 | 129 | 164 | 187 | 205 | 268 |
| 59 | 139 | 175 | 199 | 216 | 286 |
| 60 | 147 | 186 | 212 | 231 | 304 |
| 61 | 158 | 199 | 225 | 246 | 322 |
| 62 | 168 | 211 | 240 | 262 | 341 |
| 63 | 180 | 225 | 256 | 280 | 365 |
| 64 | 192 | 241 | 274 | 299 | 392 |
| 65 | 205 | 256 | 289 | 315 | 415 |
| 66 | 216 | 275 | 313 | 342 | 445 |
| 67 | 233 | 294 | 335 | 366 | 480 |
| 68 | 252 | 319 | 364 | 398 | 518 |
| 69 | 271 | 345 | 394 | 431 | 560 |
| 70 | 294 | 375 | 428 | 468 | 607 |
| 71 | 321 | 407 | 466 | 511 | 664 |
| 72 | 347 | 445 | 509 | 558 | 722 |
| 73 | 378 | 487 | 559 | 613 | 793 |
| 74 | 415 | 533 | 612 | 671 | 868 |
| 75 | 456 | 587 | 674 | 739 | 948 |
| 76 | 499 | 641 | 735 | 806 | 1039 |
| 77 | 545 | 701 | 806 | 884 | 1135 |
| 78 | 592 | 766 | 882 | 969 | 1236 |
| 79 | 639 | 831 | 960 | 1058 | 1348 |
| 80 | 693 |  |  |  |  |
| 81 | 747 |  |  |  |  |
| 82 | 801 |  |  |  |  |
| 83 | 875 |  |  |  |  |
| 84 | 946 |  |  |  |  |

Annual Premium per $\$ 10$ of Long-Term Care Daily Benefit
StANDARD RATING GROUP
0 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT= 50\% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-21297-SERIES


Annual Premium per $\$ 10$ of Long-Term Care Daily Benefit

STANDARD RATING GROUP 0 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT= 100\% OF LONG-TERM CARE DAILY BENEFIT AMOUNT WITH SIMPLE AUTOMATIC INCREASE RIDER R1-21297-SERIES

| $\begin{aligned} & \text { ISSUE } \\ & \text { AGE } \end{aligned}$ | MAXIMUM= 730x LTC BENEFIT/DAY | MAXIMUM= 1095x LTC BENEFIT/DAY | MAXIMUM= 1460x LTC BENEFIT/DAY | MAXIMUM= 1825x LTC BENEFIT/DAY | MAXIMUM= UNLIMITED |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 18-44 | 56 | 69 | 78 | 86 | 109 |
| 45-49 | 62 | 76 | 87 | 94 | 121 |
| 50-54 | 76 | 95 | 109 | 119 | 152 |
| 55 | 88 | 112 | 127 | 139 | 180 |
| 56 | 93 | 116 | 133 | 145 | 192 |
| 57 | 99 | 124 | 140 | 152 | 204 |
| 58 | 106 | 133 | 151 | 164 | 216 |
| 59 | 115 | 145 | 164 | 178 | 233 |
| 60 | 121 | 153 | 174 | 189 | 247 |
| 61 | 133 | 165 | 187 | 204 | 265 |
| 62 | 141 | 178 | 201 | 219 | 286 |
| 63 | 152 | 189 | 216 | 235 | 306 |
| 64 | 164 | 206 | 234 | 254 | 331 |
| 65 | 172 | 216 | 246 | 268 | 354 |
| 66 | 186 | 234 | 266 | 292 | 380 |
| 67 | 204 | 254 | 288 | 313 | 413 |
| 68 | 219 | 278 | 316 | 346 | 452 |
| 69 | 239 | 301 | 345 | 376 | 493 |
| 70 | 260 | 329 | 376 | 412 | 541 |
| 71 | 286 | 362 | 413 | 452 | 593 |
| 72 | 312 | 399 | 456 | 499 | 652 |
| 73 | 345 | 440 | 505 | 553 | 719 |
| 74 | 380 | 487 | 558 | 611 | 794 |
| 75 | 418 | 539 | 618 | 678 | 876 |
| 76 | 460 | 593 | 681 | 747 | 964 |
| 77 | 507 | 653 | 751 | 824 | 1060 |
| 78 | 553 | 716 | 825 | 907 | 1162 |
| 79 | 604 | 782 | 904 | 993 | 1272 |
| 80 | 658 |  |  |  |  |
| 81 | 712 |  |  |  |  |
| 82 | 768 |  |  |  |  |
| 83 | 842 |  |  |  |  |
| 84 | 915 |  |  |  |  |

## Elimination Period Factors

```
Rates shown are for 0 day elimination period. Rates for longer elimination periods
are calculated by multiplying the 0 day rates by the appropriate factor from the
following table:
\begin{tabular}{llllllll}
\begin{tabular}{l} 
Benefit \\
Maximum
\end{tabular} & 20 & 30 & 60 & 90 & 100 & 180 & 365 \\
\hline & & & & & & & \\
\(730 \mathrm{x}, 1095 \mathrm{x}\) & 0.92 & 0.89 & 0.84 & 0.80 & 0.79 & 0.69 & 0.60 \\
\(1460 \mathrm{x}, 1825 \mathrm{x}\) & 0.94 & 0.91 & 0.86 & 0.82 & 0.81 & 0.72 & 0.63 \\
Lifetime & 0.96 & 0.93 & 0.89 & 0.86 & 0.85 & 0.78 & 0.70
\end{tabular}
    Table Rating Health Rating Group Factors
Rates shown are for Preferred Rating Group and Select Rating Group. Rates for
Table Rating Health Groups 1, 2, 3 and 4 are calculated by multiplying Select rates by
1.25, 1.50, 1.75 and 2.00 respectively.
```

Spousal Discount
A $10 \%$ discount to the rates is available to married couples if both spouses apply for coverage.

## Modal Factors

```
Semi-Annual: 0.52; Quarterly: 0.27; Check-A-Matic: 0.09
```


## THIS POLICY IS FOR RENEWAL BUSINESS ONLY

## CONTINENTAL CASUALTY COMPANY

## Supplement to Rate Sheet for Policy Forms P1-N0030-A37 \& -A87 Pennsylvania

All Rates for this form should be multiplied by a factor of:
2.02488

This factor reflects the proposed increase of:

And the following prior approved rate increases:

|  | Increase Applies <br> to all Policies or <br> Subset | Rate Increase <br> Approved | Approval Date <br> of Rate <br> Increase |
| :---: | :---: | :---: | :---: |
| Policy Form | All** | $35 \%$ | $11 / 18 / 2004$ |
| P1-N0030-A37 \&-A87 | All** | $25 \%$ | $9 / 2 / 2011$ * |

* implemented over 2 years, $11.8 \%$ in each year.
**Note: the above rate increases do not apply to policies issued on or after 9/16/2002.

```
CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0030-A.37
    Nursing Home Policy
```

Annual Premium per $\$ 10$ of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
0 DAY ELIMINATION PERIOD

| $\begin{gathered} \text { ISSUE } \\ \text { AGE } \end{gathered}$ | MAXIMUM= 730x LTC BENEFIT/DAY | MAXIMUM= 1095x LTC BENEFIT/DAY | MAXIMUM= 1460x LTC BENEFIT/DAY | MAXIMUM= 1825x LTC BENEFIT/DAY | MAXIMUM= UNLIMITED |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 18-44 | 17 | 19 | 21 | 22 | 23 |
| 45-49 | 19 | 21 | 23 | 24 | 26 |
| 50-54 | 23 | 26 | 28 | 30 | 33 |
| 55 | 27 | 31 | 34 | 36 | 42 |
| 56 | 28 | 33 | 36 | 38 | 46 |
| 57 | 30 | 35 | 39 | 42 | 50 |
| 58 | 33 | 39 | 43 | 46 | 55 |
| 59 | 36 | 43 | 47 | 50 | 60 |
| 60 | 39 | 46 | 51 | 55 | 66 |
| 61 | 43 | 51 | 56 | 60 | 72 |
| 62 | 47 | 55 | 61 | 65 | 79 |
| 63 | 50 | 60 | 66 | 71 | 85 |
| 64 | 54 | 64 | 71 | 76 | 91 |
| 65 | 57 | 68 | 76 | 82 | 97 |
| 66 | 61 | 72 | 80 | 86 | 104 |
| 67 | 65 | 79 | 89 | 96 | 114 |
| 68 | 72 | 86 | 95 | 102 | 124 |
| 69 | 79 | 97 | 109 | 118 | 138 |
| 70 | 86 | 105 | 118 | 128 | 150 |
| 71 | 95 | 116 | 130 | 141 | 167 |
| 72 | 104 | 128 | 144 | 156 | 185 |
| 73 | 116 | 142 | 160 | 173 | 206 |
| 74 | 130 | 158 | 177 | 191 | 231 |
| 75 | 144 | 177 | 199 | 216 | 254 |
| 76 | 159 | 196 | 220 | 238 | 282 |
| 77 | 176 | 217 | 244 | 264 | 313 |
| 78 | 194 | 240 | 270 | 293 | 344 |
| 79 | 213 | 263 | 297 | 322 | 379 |
| 80 | 234 |  |  |  |  |
| 81 | 255 |  |  |  |  |
| 82 | 278 |  |  |  |  |
| 83 | 307 |  |  |  |  |
| 84 | 337 |  |  |  |  |

```
Annual Premium per $10 of Long-Term Care Daily Benefit
    PREFERRED RATING GROUP
                            O DAY ELIMINATION PERIOD
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-21306-SERIES
```

| $\begin{aligned} & \text { ISSUE } \\ & \text { AGE } \end{aligned}$ | MAXIMUM= 730x LTC BENEFIT/DAY | $\begin{gathered} \text { MAXIMUM= } \\ \text { 1095x LTC } \\ \text { BENEFIT/DAY } \end{gathered}$ | MAXIMUM= <br> 1460x LTC BENEFIT/DAY | $\begin{gathered} \text { MAXIMUM= } \\ \text { 1825x LTC } \\ \text { BENEFIT/DAY } \end{gathered}$ | MAXIMUM= UNLIMITED |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 18-44 | 32 | 39 | 43 | 46 | 57 |
| 45-49 | 35 | 43 | 48 | 52 | 63 |
| 50-54 | 43 | 53 | 60 | 65 | 80 |
| 55 | 51 | 63 | 71 | 77 | 96 |
| 56 | 55 | 67 | 75 | 81 | 102 |
| 57 | 58 | 71 | 79 | 85 | 108 |
| 58 | 62 | 76 | 85 | 92 | 115 |
| 59 | 66 | 81 | 91 | 99 | 123 |
| 60 | 70 | 86 | 97 | 105 | 132 |
| 61 | 75 | 92 | 104 | 113 | 141 |
| 62 | 80 | 99 | 112 | 122 | 151 |
| 63 | 86 | 106 | 120 | 130 | 162 |
| 64 | 92 | 114 | 128 | 139 | 173 |
| 65 | 97 | 120 | 136 | 148 | 183 |
| 66 | 103 | 128 | 144 | 156 | 197 |
| 67 | 112 | 138 | 156 | 169 | 213 |
| 68 | 120 | 149 | 169 | 184 | 232 |
| 69 | 131 | 163 | 184 | 200 | 249 |
| 70 | 140 | 174 | 197 | 214 | 268 |
| 71 | 152 | 190 | 215 | 234 | 290 |
| 72 | 165 | 206 | 233 | 253 | 316 |
| 73 | 179 | 224 | 254 | 277 | 344 |
| 74 | 196 | 246 | 279 | 304 | 377 |
| 75 | 214 | 269 | 306 | 334 | 411 |
| 76 | 233 | 294 | 335 | 366 | 446 |
| 77 | 254 | 321 | 366 | 400 | 488 |
| 78 | 274 | 348 | 397 | 434 | 529 |
| 79 | 296 | 378 | 432 | 473 | 573 |
| 80 | 319 |  |  |  |  |
| 81 | 343 |  |  |  |  |
| 82 | 370 |  |  |  |  |
| 83 | 399 |  |  |  |  |
| 84 | 431 |  |  |  |  |

```
CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0030-A37
    Nursing Home Policy
```

Annual Premium per $\$ 10$ of Long-Term Care Daily Benefit
PREFERRED RATING GROUP
0 DAY ELIMINATION PERIOD
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-21307-SERIES

| $\begin{aligned} & \text { ISSUE } \\ & \text { AGE } \end{aligned}$ | $\begin{gathered} \text { MAXIMUM= } \\ \text { 730x LTC } \\ \text { BENEFIT/DAY } \end{gathered}$ | MAXIMUM= 1095x LTC BENEFIT/DAY | $\begin{gathered} \text { MAXIMUM= } \\ \text { 1460X LTC } \\ \text { BENEFIT/DAY } \end{gathered}$ | $\begin{gathered} \text { MAXIMUM= } \\ \text { 1825x LTC } \\ \text { BENEFIT/DAY } \end{gathered}$ | MAXIMUM= UNLIMITED |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 18-44 | 23 | 28 | 32 | 35 | 41 |
| 45-49 | 25 | 31 | 35 | 38 | 45 |
| 50-54 | 35 | 42 | 47 | 51 | 61 |
| 55 | 41 | 49 | 55 | 59 | 73 |
| 56 | 43 | 52 | 58 | 63 | 78 |
| 57 | 45 | 55 | 61 | 66 | 83 |
| 58 | 49 | 59 | 66 | 71 | 90 |
| 59 | 53 | 64 | 72 | 78 | 98 |
| 60 | 57 | 70 | 79 | 86 | 107 |
| 61 | 62 | 76 | 85 | 92 | 116 |
| 62 | 67 | 83 | 93 | 101 | 126 |
| 63 | 72 | 89 | 100 | 108 | 136 |
| 64 | 77 | 96 | 108 | 117 | 147 |
| 65 | 82 | 102 | 115 | 125 | 157 |
| 66 | 89 | 109 | 122 | 132 | 169 |
| 67 | 96 | 119 | 134 | 145 | 184 |
| 68 | 104 | 130 | 147 | 160 | 200 |
| 69 | 115 | 142 | 160 | 174 | 219 |
| 70 | 124 | 155 | 175 | 190 | 237 |
| 71 | 135 | 169 | 192 | 209 | 261 |
| 72 | 149 | 186 | 211 | 230 | 286 |
| 73 | 162 | 205 | 233 | 254 | 314 |
| 74 | 179 | 225 | 256 | 279 | 347 |
| 75 | 197 | 249 | 283 | 309 | 379 |
| 76 | 216 | 273 | 311 | 340 | 416 |
| 77 | 237 | 299 | 341 | 372 | 455 |
| 78 | 259 | 327 | 372 | 406 | 497 |
| 79 | 280 | 356 | 407 | 445 | 540 |
| 80 | 303 |  |  |  |  |
| 81 | 327 |  |  |  |  |
| 82 | 353 |  |  |  |  |
| 83 | 384 |  |  |  |  |
| 84 | 417 |  |  |  |  |

```
CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0030-A37
                                    Nursing Home Policy
```

Annual Premium per $\$ 10$ of Long-Term Care Daily Benefit

STANDARD RATING GROUP
0 DAY ELIMINATION PERIOD

| $\begin{gathered} \text { ISSUE } \\ \text { AGE } \end{gathered}$ | MAXIMUM= 730x LTC BENEFIT/DAY | MAXIMUM= 1095x LTC BENEFIT/DAY | MAXIMUM= 1460x LTC BENEFIT/DAY | MAXIMUM= 1825x LTC BENEFIT/DAY | MAXIMUM= UNLIMITED |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 18-44 | 20 | 22 | 25 | 26 | 27 |
| 45-49 | 22 | 25 | 27 | 28 | 31 |
| 50-54 | 27 | 31 | 33 | 35 | 39 |
| 55 | 32 | 36 | 40 | 42 | 49 |
| 56 | 33 | 39 | 42 | 45 | 54 |
| 57 | 35 | 41 | 46 | 49 | 59 |
| 58 | 39 | 46 | 51 | 54 | 65 |
| 59 | 42 | 51 | 55 | 59 | 71 |
| 60 | 46 | 54 | 60 | 65 | 78 |
| 61 | 51 | 60 | 66 | 71 | 85 |
| 62 | 55 | 65 | 72 | 76 | 93 |
| 63 | 59 | 71 | 78 | 84 | 100 |
| 64 | 64 | 75 | 84 | 89 | 107 |
| 65 | 67 | 80 | 89 | 96 | 114 |
| 66 | 72 | 85 | 94 | 101 | 122 |
| 67 | 76 | 93 | 105 | 113 | 134 |
| 68 | 85 | 101 | 112 | 120 | 146 |
| 69 | 93 | 114 | 128 | 139 | 162 |
| 70 | 101 | 124 | 139 | 151 | 176 |
| 71 | 112 | 136 | 153 | 166 | 196 |
| 72 | 122 | 151 | 169 | 184 | 218 |
| 73 | 136 | 167 | 188 | 204 | 242 |
| 74 | 153 | 186 | 208 | 225 | 272 |
| 75 | 169 | 208 | 234 | 254 | 299 |
| 76 | 187 | 231 | 259 | 280 | 332 |
| 77 | 207 | 255 | 287 | 311 | 368 |
| 78 | 228 | 282 | 318 | 345 | 405 |
| 79 | 251 | 309 | 349 | 379 | 446 |
| 80 | 275 |  |  |  |  |
| 81 | 300 |  |  |  |  |
| 82 | 327 |  |  |  |  |
| 83 | 361 |  |  |  |  |
| 84 | 396 |  |  |  |  |

```
Annual Premium per $10 of Long-Term Care Daily Benefit
    STANDARD RATING GROUP
    O DAY ELIMINATION PERIOD
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-21306-SERIES
```

| $\begin{aligned} & \text { ISSUE } \\ & \text { AGE } \end{aligned}$ | MAXIMUM= 730x LTC BENEFIT/DAY | MAXIMUM= 1095x LTC BENEFIT/DAY | MAXIMUM= 1460x LTC BENEFIT/DAY | $\begin{gathered} \text { MAXIMUM= } \\ 1825 \mathrm{x} \text { LTC } \\ \text { BENEFIT/DAY } \end{gathered}$ | MAXIMUM= UNLIMITED |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 18-44 | 38 | 46 | 51 | 54 | 67 |
| 45-49 | 41 | 51 | 56 | 61 | 74 |
| 50-54 | 51 | 62 | 71 | 76 | 94 |
| 55 | 60 | 74 | 84 | 91 | 113 |
| 56 | 65 | 79 | 88 | 95 | 120 |
| 57 | 68 | 84 | 93 | 100 | 127 |
| 58 | 73 | 89 | 100 | 108 | 135 |
| 59 | 78 | 95 | 107 | 116 | 145 |
| 60 | 82 | 101 | 114 | 124 | 155 |
| 61 | 88 | 108 | 122 | 133 | 166 |
| 62 | 94 | 116 | 132 | 144 | 178 |
| 63 | 101 | 125 | 141 | 153 | 191 |
| 64 | 108 | 134 | 151 | 164 | 204 |
| 65 | 114 | 141 | 160 | 174 | 215 |
| 66 | 121 | 151 | 169 | 184 | 232 |
| 67 | 132 | 162 | 184 | 199 | 251 |
| 68 | 141 | 175 | 199 | 216 | 273 |
| 69 | 154 | 192 | 216 | 235 | 293 |
| 70 | 165 | 205 | 232 | 252 | 315 |
| 71 | 179 | 224 | 253 | 275 | 341 |
| 72 | 194 | 242 | 274 | 298 | 372 |
| 73 | 211 | 264 | 299 | 326 | 405 |
| 74 | 231 | 289 | 328 | 358 | 444 |
| 75 | 252 | 316 | 360 | 393 | 484 |
| 76 | 274 | 346 | 394 | 431 | 525 |
| 77 | 299 | 378 | 431 | 471 | 574 |
| 78 | 322 | 409 | 467 | 511 | 622 |
| 79 | 348 | 445 | 508 | 556 | 674 |
| 80 | 375 |  |  |  |  |
| 81 | 404 |  |  |  |  |
| 82 | 435 |  |  |  |  |
| 83 | 469 |  |  |  |  |
| 84 | 507 |  |  |  |  |

Rates for form P1-N0030-A37
Nursing Home Policy

Annual Premium per $\$ 10$ of Long-Term Care Daily Benefit
STANDARD RATING GROUP
0 DAY ELIMINATION PERIOD
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-21307-SERIES

| $\begin{aligned} & \text { ISSUE } \\ & \text { AGE } \end{aligned}$ | $\begin{gathered} \text { MAXIMUM= } \\ \text { 730x LTC } \\ \text { BENEFIT/DAY } \end{gathered}$ | $\begin{gathered} \text { MAXIMUM= } \\ 1095 \mathrm{x} \mathrm{LTC} \\ \text { BENEFIT/DAY } \end{gathered}$ | MAXIMUM= 1460x LTC BENEFIT/DAY | $\begin{gathered} \text { MAXIMUM= } \\ 1825 \mathrm{x} \mathrm{LTC} \\ \text { BENEFIT/DAY } \end{gathered}$ | MAXIMUM= UNLIMITED |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 18-44 | 27 | 33 | 38 | 41 | 48 |
| 45-49 | 29 | 36 | 41 | 45 | 53 |
| 50-54 | 41 | 49 | 55 | 60 | 72 |
| 55 | 48 | 58 | 65 | 69 | 86 |
| 56 | 51 | 61 | 68 | 74 | 92 |
| 57 | 53 | 65 | 72 | 78 | 98 |
| 58 | 58 | 69 | 78 | 84 | 106 |
| 59 | 62 | 75 | 85 | 92 | 115 |
| 60 | 67 | 82 | 93 | 101 | 126 |
| 61 | 73 | 89 | 100 | 108 | 136 |
| 62 | 79 | 98 | 109 | 119 | 148 |
| 63 | 85 | 105 | 118 | 127 | 160 |
| 64 | 91 | 113 | 127 | 138 | 173 |
| 65 | 96 | 120 | 135 | 147 | 185 |
| 66 | 105 | 128 | 144 | 155 | 199 |
| 67 | 113 | 140 | 158 | 171 | 216 |
| 68 | 122 | 153 | 173 | 188 | 235 |
| 69 | 135 | 167 | 188 | 205 | 258 |
| 70 | 146 | 182 | 206 | 224 | 279 |
| 71 | 159 | 199 | 226 | 246 | 307 |
| 72 | 175 | 219 | 248 | 271 | 336 |
| 73 | 191 | 241 | 274 | 299 | 369 |
| 74 | 211 | 265 | 301 | 328 | 408 |
| 75 | 232 | 293 | 333 | 364 | 446 |
| 76 | 254 | 321 | 366 | 400 | 489 |
| 77 | 279 | 352 | 401 | 438 | 535 |
| 78 | 305 | 385 | 438 | 478 | 585 |
| 79 | 329 | 419 | 479 | 524 | 635 |
| 80 | 356 |  |  |  |  |
| 81 | 385 |  |  |  |  |
| 82 | 415 |  |  |  |  |
| 83 | 452 |  |  |  |  |
| 84 | 491 |  |  |  |  |

## Elimination Period Factors

Rates shown are for 0 day elimination period. Rates for longer elimination periods are calculated by multiplying the 0 day rates by the appropriate factor from the following table:

| Benefit <br> Maximum | 20 | 30 | 60 | 90 | 100 | 180 | 365 |
| :--- | :---: | :---: | :---: | :---: | :---: | :---: | ---: |
| $730 \mathrm{x}, 1095 \mathrm{x}$ | 0.92 | 0.89 | 0.84 | 0.80 | 0.79 | 0.69 | 0.60 |
| $1460 \mathrm{x}, 1825 \mathrm{x}$ | 0.94 | 0.91 | 0.86 | 0.82 | 0.81 | 0.72 | 0.63 |
| Lifetime | 0.96 | 0.93 | 0.89 | 0.86 | 0.85 | 0.78 | 0.70 |

## Spousal Discount

A $10 \%$ discount to the rates is available to married couples if both spouses apply for coverage.

## Modal Factors

Semi-Annual: 0.52; Quarterly: 0.27; Check-A-Matic: 0.09

```
CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0030-A87
    Nursing Home Policy
```

```
Annual Premium per $10 of Long-Term Care Daily Benefit
    PREFERRED RATING GROUP
O DAY ELIMINATION PERIOD
```

| $\begin{gathered} \text { ISSUE } \\ \text { AGE } \end{gathered}$ | MAXIMUM= 730x LTC BENEFIT/DAY | MAXIMUM= 1095x LTC BENEFIT/DAY | MAXIMUM= 1460x LTC BENEFIT/DAY | MAXIMUM= 1825x LTC BENEFIT/DAY | MAXIMUM= UNLIMITED |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 18-44 | 17 | 19 | 21 | 22 | 23 |
| 45-49 | 19 | 21 | 23 | 24 | 26 |
| 50-54 | 23 | 26 | 28 | 30 | 33 |
| 55 | 27 | 31 | 34 | 36 | 42 |
| 56 | 28 | 33 | 36 | 38 | 46 |
| 57 | 30 | 35 | 39 | 42 | 50 |
| 58 | 33 | 39 | 43 | 46 | 55 |
| 59 | 36 | 43 | 47 | 50 | 60 |
| 60 | 39 | 46 | 51 | 55 | 66 |
| 61 | 43 | 51 | 56 | 60 | 72 |
| 62 | 47 | 55 | 61 | 65 | 79 |
| 63 | 50 | 60 | 66 | 71 | 85 |
| 64 | 54 | 64 | 71 | 76 | 91 |
| 65 | 57 | 68 | 76 | 82 | 97 |
| 66 | 61 | 72 | 80 | 86 | 104 |
| 67 | 65 | 79 | 89 | 96 | 114 |
| 68 | 72 | 86 | 95 | 102 | 124 |
| 69 | 79 | 97 | 109 | 118 | 138 |
| 70 | 86 | 105 | 118 | 128 | 150 |
| 71 | 95 | 116 | 130 | 141 | 167 |
| 72 | 104 | 128 | 144 | 156 | 185 |
| 73 | 116 | 142 | 160 | 173 | 206 |
| 74 | 130 | 158 | 177 | 191 | 231 |
| 75 | 144 | 177 | 199 | 216 | 254 |
| 76 | 159 | 196 | 220 | 238 | 282 |
| 77 | 176 | 217 | 244 | 264 | 313 |
| 78 | 194 | 240 | 270 | 293 | 344 |
| 79 | 213 | 263 | 297 | 322 | 379 |
| 80 | 234 |  |  |  |  |
| 81 | 255 |  |  |  |  |
| 82 | 278 |  |  |  |  |
| 83 | 307 |  |  |  |  |
| 84 | 337 |  |  |  |  |

```
Annual Premium per $10 of Long-Term Care Daily Benefit
    PREFERRED RATING GROUP
                            O DAY ELIMINATION PERIOD
                WITH COMPOUND AUTOMATIC INCREASE RIDER R1-21306-B37
```

| $\begin{gathered} \text { ISSUE } \\ \text { AGE } \end{gathered}$ | MAXIMUM= 730x LTC BENEFIT/DAY | $\begin{gathered} \text { MAXIMUM= } \\ \text { 1095x LTC } \\ \text { BENEFIT/DAY } \end{gathered}$ | MAXIMUM= 1460x LTC BENEFIT/DAY | MAXIMUM= 1825x LTC BENEFIT/DAY | MAXIMUM= <br> UNLIMITED |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 18-44 | 32 | 39 | 43 | 46 | 57 |
| 45-49 | 35 | 43 | 48 | 52 | 63 |
| 50-54 | 43 | 53 | 60 | 65 | 80 |
| 55 | 51 | 63 | 71 | 77 | 96 |
| 56 | 55 | 67 | 75 | 81 | 102 |
| 57 | 58 | 71 | 79 | 85 | 108 |
| 58 | 62 | 76 | 85 | 92 | 115 |
| 59 | 66 | 81 | 91 | 99 | 123 |
| 60 | 70 | 86 | 97 | 105 | 132 |
| 61 | 75 | 92 | 104 | 113 | 141 |
| 62 | 80 | 99 | 112 | 122 | 151 |
| 63 | 86 | 106 | 120 | 130 | 162 |
| 64 | 92 | 114 | 128 | 139 | 173 |
| 65 | 97 | 120 | 136 | 148 | 183 |
| 66 | 103 | 128 | 144 | 156 | 197 |
| 67 | 112 | 138 | 156 | 169 | 213 |
| 68 | 120 | 149 | 169 | 184 | 232 |
| 69 | 131 | 163 | 184 | 200 | 249 |
| 70 | 140 | 174 | 197 | 214 | 268 |
| 71 | 152 | 190 | 215 | 234 | 290 |
| 72 | 165 | 206 | 233 | 253 | 316 |
| 73 | 179 | 224 | 254 | 277 | 344 |
| 74 | 196 | 246 | 279 | 304 | 377 |
| 75 | 214 | 269 | 306 | 334 | 411 |
| 76 | 233 | 294 | 335 | 366 | 446 |
| 77 | 254 | 321 | 366 | 400 | 488 |
| 78 | 274 | 348 | 397 | 434 | 529 |
| 79 | 296 | 378 | 432 | 473 | 573 |
| 80 | 319 |  |  |  |  |
| 81 | 343 |  |  |  |  |
| 82 | 370 |  |  |  |  |
| 83 | 399 |  |  |  |  |
| 84 | 431 |  |  |  |  |

```
CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0030-A87
Nursing Home Policy
```

Annual Premium per $\$ 10$ of Long-Term Care Daily Benefit
PREFERRED RATING GROUP
0 DAY ELIMINATION PERIOD
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-21307-B37

| $\begin{aligned} & \text { ISSUE } \\ & \text { AGE } \end{aligned}$ | MAXIMUM= 730 x LTC BENEFIT/DAY | MAXIMUM= 1095x LTC BENEFIT/DAY | MAXIMUM= 1460x LTC BENEFIT/DAY | MAXIMUM= 1825x LTC BENEFIT/DAY | MAXIMUM= UNLIMITED |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 18-44 | 23 | 28 | 32 | 35 | 41 |
| 45-49 | 25 | 31 | 35 | 38 | 45 |
| 50-54 | 35 | 42 | 47 | 51 | 61 |
| 55 | 41 | 49 | 55 | 59 | 73 |
| 56 | 43 | 52 | 58 | 63 | 78 |
| 57 | 45 | 55 | 61 | 66 | 83 |
| 58 | 49 | 59 | 66 | 71 | 90 |
| 59 | 53 | 64 | 72 | 78 | 98 |
| 60 | 57 | 70 | 79 | 86 | 107 |
| 61 | 62 | 76 | 85 | 92 | 116 |
| 62 | 67 | 83 | 93 | 101 | 126 |
| 63 | 72 | 89 | 100 | 108 | 136 |
| 64 | 77 | 96 | 108 | 117 | 147 |
| 65 | 82 | 102 | 115 | 125 | 157 |
| 66 | 89 | 109 | 122 | 132 | 169 |
| 67 | 96 | 119 | 134 | 145 | 184 |
| 68 | 104 | 130 | 147 | 160 | 200 |
| 69 | 115 | 142 | 160 | 174 | 219 |
| 70 | 124 | 155 | 175 | 190 | 237 |
| 71 | 135 | 169 | 192 | 209 | 261 |
| 72 | 149 | 186 | 211 | 230 | 286 |
| 73 | 162 | 205 | 233 | 254 | 314 |
| 74 | 179 | 225 | 256 | 279 | 347 |
| 75 | 197 | 249 | 283 | 309 | 379 |
| 76 | 216 | 273 | 311 | 340 | 416 |
| 77 | 237 | 299 | 341 | 372 | 455 |
| 78 | 259 | 327 | 372 | 406 | 497 |
| 79 | 280 | 356 | 407 | 445 | 540 |
| 80 | 303 |  |  |  |  |
| 81 | 327 |  |  |  |  |
| 82 | 353 |  |  |  |  |
| 83 | 384 |  |  |  |  |
| 84 | 417 |  |  |  |  |

```
CONTINENTAL CASUALTY COMPANY Rates for form P1-N0030-A87
Nursing Home Policy
```

```
Annual Premium per $10 of Long-Term Care Daily Benefit
    STANDARD RATING GROUP
O DAY ELIMINATION PERIOD
```

| $\begin{aligned} & \text { ISSUE } \\ & \text { AGE } \end{aligned}$ | MAXIMUM= 730x LTC BENEFIT/DAY | $\begin{gathered} \text { MAXIMUM= } \\ \text { 1095x LTC } \\ \text { BENEFIT/DAY } \end{gathered}$ | MAXIMUM= 1460x LTC BENEFIT/DAY | MAXIMUM= 1825x LTC BENEFIT/DAY | MAXIMUM= UNLIMITED |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 18-44 | 20 | 22 | 25 | 26 | 27 |
| 45-49 | 22 | 25 | 27 | 28 | 31 |
| 50-54 | 27 | 31 | 33 | 35 | 39 |
| 55 | 32 | 36 | 40 | 42 | 49 |
| 56 | 33 | 39 | 42 | 45 | 54 |
| 57 | 35 | 41 | 46 | 49 | 59 |
| 58 | 39 | 46 | 51 | 54 | 65 |
| 59 | 42 | 51 | 55 | 59 | 71 |
| 60 | 46 | 54 | 60 | 65 | 78 |
| 61 | 51 | 60 | 66 | 71 | 85 |
| 62 | 55 | 65 | 72 | 76 | 93 |
| 63 | 59 | 71 | 78 | 84 | 100 |
| 64 | 64 | 75 | 84 | 89 | 107 |
| 65 | 67 | 80 | 89 | 96 | 114 |
| 66 | 72 | 85 | 94 | 101 | 122 |
| 67 | 76 | 93 | 105 | 113 | 134 |
| 68 | 85 | 101 | 112 | 120 | 146 |
| 69 | 93 | 114 | 128 | 139 | 162 |
| 70 | 101 | 124 | 139 | 151 | 176 |
| 71 | 112 | 136 | 153 | 166 | 196 |
| 72 | 122 | 151 | 169 | 184 | 218 |
| 73 | 136 | 167 | 188 | 204 | 242 |
| 74 | 153 | 186 | 208 | 225 | 272 |
| 75 | 169 | 208 | 234 | 254 | 299 |
| 76 | 187 | 231 | 259 | 280 | 332 |
| 77 | 207 | 255 | 287 | 311 | 368 |
| 78 | 228 | 282 | 318 | 345 | 405 |
| 79 | 251 | 309 | 349 | 379 | 446 |

```
CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0030-A87
    Nursing Home Policy
```

Annual Premium per $\$ 10$ of Long-Term Care Daily Benefit

STANDARD RATING GROUP
0 DAY ELIMINATION PERIOD
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-21306-B37

| $\begin{aligned} & \text { ISSUE } \\ & \text { AGE } \end{aligned}$ | MAXIMUM= 730x LTC BENEFIT/DAY | MAXIMUM= 1095x LTC BENEFIT/DAY | MAXIMUM= 1460x LTC BENEFIT/DAY | $\begin{gathered} \text { MAXIMUM= } \\ 1825 \times \text { LTC } \\ \text { BENEFIT/DAY } \end{gathered}$ | MAXIMUM= UNLIMITED |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 18-44 | 38 | 46 | 51 | 54 | 67 |
| 45-49 | 41 | 51 | 56 | 61 | 74 |
| 50-54 | 51 | 62 | 71 | 76 | 94 |
| 55 | 60 | 74 | 84 | 91 | 113 |
| 56 | 65 | 79 | 88 | 95 | 120 |
| 57 | 68 | 84 | 93 | 100 | 127 |
| 58 | 73 | 89 | 100 | 108 | 135 |
| 59 | 78 | 95 | 107 | 116 | 145 |
| 60 | 82 | 101 | 114 | 124 | 155 |
| 61 | 88 | 108 | 122 | 133 | 166 |
| 62 | 94 | 116 | 132 | 144 | 178 |
| 63 | 101 | 125 | 141 | 153 | 191 |
| 64 | 108 | 134 | 151 | 164 | 204 |
| 65 | 114 | 141 | 160 | 174 | 215 |
| 66 | 121 | 151 | 169 | 184 | 232 |
| 67 | 132 | 162 | 184 | 199 | 251 |
| 68 | 141 | 175 | 199 | 216 | 273 |
| 69 | 154 | 192 | 216 | 235 | 293 |
| 70 | 165 | 205 | 232 | 252 | 315 |
| 71 | 179 | 224 | 253 | 275 | 341 |
| 72 | 194 | 242 | 274 | 298 | 372 |
| 73 | 211 | 264 | 299 | 326 | 405 |
| 74 | 231 | 289 | 328 | 358 | 444 |
| 75 | 252 | 316 | 360 | 393 | 484 |
| 76 | 274 | 346 | 394 | 431 | 525 |
| 77 | 299 | 378 | 431 | 471 | 574 |
| 78 | 322 | 409 | 467 | 511 | 622 |
| 79 | 348 | 445 | 508 | 556 | 674 |
| 80 | 375 |  |  |  |  |
| 81 | 404 |  |  |  |  |
| 82 | 435 |  |  |  |  |
| 83 | 469 |  |  |  |  |
| 84 | 507 |  |  |  |  |

# CONTINENTAL CASUALTY COMPANY <br> Rates for form P1-N0030-A87 <br> Nursing Home Policy 

Annual Premium per $\$ 10$ of Long-Term Care Daily Benefit
STANDARD RATING GROUP
O DAY ELIMINATION PERIOD
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-21307-B37

| $\begin{aligned} & \text { ISSUE } \\ & \text { AGE } \end{aligned}$ | MAXIMUM= <br> 730x LTC <br> BENEFIT/DAY | MAXIMUM= 1095x LTC BENEFIT/DAY | MAXIMUM= 1460x LTC BENEFIT/DAY | MAXIMUM= 1825x LTC BENEFIT/DAY | MAXIMUM= UNLIMITED |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 18-44 | 27 | 33 | 38 | 41 | 48 |
| 45-49 | 29 | 36 | 41 | 45 | 53 |
| 50-54 | 41 | 49 | 55 | 60 | 72 |
| 55 | 48 | 58 | 65 | 69 | 86 |
| 56 | 51 | 61 | 68 | 74 | 92 |
| 57 | 53 | 65 | 72 | 78 | 98 |
| 58 | 58 | 69 | 78 | 84 | 106 |
| 59 | 62 | 75 | 85 | 92 | 115 |
| 60 | 67 | 82 | 93 | 101 | 126 |
| 61 | 73 | 89 | 100 | 108 | 136 |
| 62 | 79 | 98 | 109 | 119 | 148 |
| 63 | 85 | 105 | 118 | 127 | 160 |
| 64 | 91 | 113 | 127 | 138 | 173 |
| 65 | 96 | 120 | 135 | 147 | 185 |
| 66 | 105 | 128 | 144 | 155 | 199 |
| 67 | 113 | 140 | 158 | 171 | 216 |
| 68 | 122 | 153 | 173 | 188 | 235 |
| 69 | 135 | 167 | 188 | 205 | 258 |
| 70 | 146 | 182 | 206 | 224 | 279 |
| 71 | 159 | 199 | 226 | 246 | 307 |
| 72 | 175 | 219 | 248 | 271 | 336 |
| 73 | 191 | 241 | 274 | 299 | 369 |
| 74 | 211 | 265 | 301 | 328 | 408 |
| 75 | 232 | 293 | 333 | 364 | 446 |
| 76 | 254 | 321 | 366 | 400 | 489 |
| 77 | 279 | 352 | 401 | 438 | 535 |
| 78 | 305 | 385 | 438 | 478 | 585 |
| 79 | 329 | 419 | 479 | 524 | 635 |

## Elimination Period Factors

Rates shown are for 0 day elimination period. Rates for longer elimination periods are calculated by multiplying the 0 day rates by the appropriate factor from the following table:

| Benefit <br> Maximum | 20 | 30 | 60 | 90 | 100 | 180 | 365 |
| :--- | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  |  |  |  |  |
| $730 x, 1095 x$ | 0.92 | 0.89 | 0.84 | 0.80 | 0.79 | 0.69 | 0.60 |
| $1460 x, 1825 x$ | 0.94 | 0.91 | 0.86 | 0.82 | 0.81 | 0.72 | 0.63 |
| Lifetime | 0.96 | 0.93 | 0.89 | 0.86 | 0.85 | 0.78 | 0.70 |

## Multi-Life Discount

A $5 \%$ or $10 \%$ discount to the rates is available for qualifying Associations of 10 or more lives.

Spousal Discount
A $10 \%$ discount to the rates is available to married couples if both spouses apply for coverage.

## Modal Factors

Semi-Annual: 0.52; Quarterly: 0.27; Check-A-Matic: 0.09

## THIS POLICY IS FOR RENEWAL BUSINESS ONLY

## CONTINENTAL CASUALTY COMPANY

## Supplement to Rate Sheet for Policy Forms P1-N0031-A37 <br> Pennsylvania

All Rates for this form should be multiplied by a factor of:
2.02488

This factor reflects the proposed increase of:

And the following prior approved rate increases:

| $\begin{array}{c}\text { Increase Applies } \\ \text { to all Policies or } \\ \text { Subset }\end{array}$ |  |  | $\begin{array}{c}\text { Rate Increase } \\ \text { Approved }\end{array}$ |
| :---: | :---: | :---: | :---: | \(\left.\begin{array}{c}Approval Date <br>

of Rate <br>

Increase\end{array}\right]\)| Policy Form | All** | $35 \%$ | $11 / 18 / 2004$ |
| :---: | :---: | :---: | :---: |
| P1-N0031-A37 | All** | $25 \%$ | $9 / 2 / 2011 *$ |

* implemented over 2 years, 11.8\% in each year.
**Note: the above rate increases do not apply to policies issued on or after 9/16/2002.


## CONTINENTAL CASUALTY COMPANY

Rates for form P1-N0031-A37
Nursing Home Policy

Annual Premium per $\$ 10$ of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
0 DAY ELIMINATION PERIOD

| $\begin{aligned} & \text { ISSUE } \\ & \text { AGE } \end{aligned}$ | $\begin{gathered} \text { MAXIMUM= } \\ 730 \mathrm{X} \text { LTC } \\ \text { BENEFIT/DAY } \end{gathered}$ | $\begin{gathered} \text { MAXIMUM= } \\ \text { 1095x LTC } \\ \text { BENEFIT/DAY } \end{gathered}$ | MAXIMUM= <br> 1460x LTC <br> BENEFIT/DAY | $\begin{gathered} \text { MAXIMUM }= \\ 1825 \mathrm{x} \text { LTC } \\ \text { BENEFIT/DAY } \end{gathered}$ | MAXIMUM= <br> UNLIMITED |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 18-44 | 21 | 24 | 26 | 28 | 29 |
| 45-49 | 24 | 26 | 29 | 30 | 33 |
| 50-54 | 29 | 33 | 35 | 38 | 41 |
| 55 | 34 | 39 | 43 | 45 | 53 |
| 56 | 35 | 41 | 45 | 48 | 58 |
| 57 | 38 | 44 | 49 | 53 | 63 |
| 58 | 41 | 49 | 54 | 58 | 69 |
| 59 | 45 | 54 | 59 | 63 | 75 |
| 60 | 49 | 58 | 64 | 69 | 83 |
| 61 | 54 | 64 | 70 | 75 | 90 |
| 62 | 59 | 69 | 76 | 81 | 99 |
| 63 | 63 | 75 | 83 | 89 | 106 |
| 64 | 68 | 80 | 89 | 95 | 114 |
| 65 | 71 | 85 | 95 | 103 | 121 |
| 66 | 76 | 90 | 100 | 108 | 130 |
| 67 | 81 | 99 | 111 | 120 | 143 |
| 68 | 90 | 108 | 119 | 128 | 155 |
| 69 | 99 | 121 | 136 | 148 | 173 |
| 70 | 108 | 131 | 148 | 160 | 188 |
| 71 | 119 | 145 | 163 | 176 | 209 |
| 72 | 130 | 160 | 180 | 195 | 231 |
| 73 | 145 | 178 | 200 | 216 | 258 |
| 74 | 163 | 198 | 221 | 239 | 289 |
| 75 | 180 | 221 | 249 | 270 | 318 |
| 76 | 199 | 245 | 275 | 298 | 353 |
| 77 | 220 | 271 | 305 | 330 | 391 |
| 78 | 243 | 300 | 338 | 366 | 430 |
| 79 | 266 | 329 | 371 | 403 | 474 |
| 80 | 293 |  |  |  |  |
| 81 | 319 |  |  |  |  |
| 82 | 348 |  |  |  |  |
| 83 | 384 |  |  |  |  |
| 84 | 421 |  |  |  |  |

## CONTINENTAL CASUALTY COMPANY

## Rates for form P1-N0031-A37

Nursing Home Policy

Annual Premium per $\$ 10$ of Long-Term Care Daily Benefit
PREFERRED RATING GROUP
O DAY ELIMINATION PERIOD
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-21306-SERIES

| $\begin{gathered} \text { ISSUE } \\ \text { AGE } \end{gathered}$ | MAXIMUM= 730x LTC BENEFIT/DAY | MAXIMUM= 1095x LTC BENEFIT/DAY | MAXIMUM= 1460x LTC BENEFIT/DAY | $\begin{gathered} \text { MAXIMUM= } \\ \text { 1825x LTC } \\ \text { BENEFIT/DAY } \end{gathered}$ | MAXIMUM= UNLIMITED |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 18-44 | 40 | 49 | 54 | 58 | 71 |
| 45-49 | 44 | 54 | 60 | 65 | 79 |
| 50-54 | 54 | 66 | 75 | 81 | 100 |
| 55 | 64 | 79 | 89 | 96 | 120 |
| 56 | 69 | 84 | 94 | 101 | 128 |
| 57 | 73 | 89 | 99 | 106 | 135 |
| 58 | 78 | 95 | 106 | 115 | 144 |
| 59 | 83 | 101 | 114 | 124 | 154 |
| 60 | 88 | 108 | 121 | 131 | 165 |
| 61 | 94 | 115 | 130 | 141 | 176 |
| 62 | 100 | 124 | 140 | 153 | 189 |
| 63 | 108 | 133 | 150 | 163 | 203 |
| 64 | 115 | 143 | 160 | 174 | 216 |
| 65 | 121 | 150 | 170 | 185 | 229 |
| 66 | 129 | 160 | 180 | 195 | 246 |
| 67 | 140 | 173 | 195 | 211 | 266 |
| 68 | 150 | 186 | 211 | 230 | 290 |
| 69 | 164 | 204 | 230 | 250 | 311 |
| 70 | 175 | 218 | 246 | 268 | 335 |
| 71 | 190 | 238 | 269 | 293 | 363 |
| 72 | 206 | 258 | 291 | 316 | 395 |
| 73 | 224 | 280 | 318 | 346 | 430 |
| 74 | 245 | 308 | 349 | 380 | 471 |
| 75 | 268 | 336 | 383 | 418 | 514 |
| 76 | 291 | 368 | 419 | 458 | 558 |
| 77 | 318 | 401 | 458 | 500 | 610 |
| 78 | 343 | 435 | 496 | 543 | 661 |
| 79 | 370 | 473 | 540 | 591 | 716 |
| 80 | 399 |  |  |  |  |
| 81 | 429 |  |  |  |  |
| 82 | 463 |  |  |  |  |
| 83 | 499 |  |  |  |  |
| 84 | 539 |  |  |  |  |

## Rates for form P1-N0031-A37

Nursing Home Policy

Annual Premium per $\$ 10$ of Long-Term Care Daily Benefit
PREFERRED RATING GROUP
0 DAY ELIMINATION PERIOD
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-21307-SERIES

| $\begin{aligned} & \text { ISSUE } \\ & \text { AGE } \end{aligned}$ | $\begin{gathered} \text { MAXIMUM= } \\ 730 \times \text { LTC } \\ \text { BENEFIT/DAY } \end{gathered}$ | $\begin{gathered} \text { MAXIMUM= } \\ \text { 1095x LTC } \\ \text { BENEFIT/DAY } \end{gathered}$ | MAXIMUM= 1460x LTC BENEFIT/DAY | MAXIMUM= 1825x LTC BENEFIT/DAY | MAXIMUM= UNLIMITED |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 18-44 | 29 | 35 | 40 | 44 | 51 |
| 45-49 | 31 | 39 | 44 | 48 | 56 |
| 50-54 | 44 | 53 | 59 | 64 | 76 |
| 55 | 51 | 61 | 69 | 74 | 91 |
| 56 | 54 | 65 | 73 | 79 | 98 |
| 57 | 56 | 69 | 76 | 83 | 104 |
| 58 | 61 | 74 | 83 | 89 | 113 |
| 59 | 66 | 80 | 90 | 98 | 123 |
| 60 | 71 | 88 | 99 | 108 | 134 |
| 61 | 78 | 95 | 106 | 115 | 145 |
| 62 | 84 | 104 | 116 | 126 | 158 |
| 63 | 90 | 111 | 125 | 135 | 170 |
| 64 | 96 | 120 | 135 | 146 | 184 |
| 65 | 103 | 128 | 144 | 156 | 196 |
| 66 | 111 | 136 | 153 | 165 | 211 |
| 67 | 120 | 149 | 168 | 181 | 230 |
| 68 | 130 | 163 | 184 | 200 | 250 |
| 69 | 144 | 178 | 200 | 218 | 274 |
| 70 | 155 | 194 | 219 | 238 | 296 |
| 71 | 169 | 211 | 240 | 261 | 326 |
| 72 | 186 | 233 | 264 | 288 | 358 |
| 73 | 203 | 256 | 291 | 318 | 393 |
| 74 | 224 | 281 | 320 | 349 | 434 |
| 75 | 246 | 311 | 354 | 386 | 474 |
| 76 | 270 | 341 | 389 | 425 | 520 |
| 77 | 296 | 374 | 426 | 465 | 569 |
| 78 | 324 | 409 | 465 | 508 | 621 |
| 79 | 350 | 445 | 509 | 556 | 675 |
| 80 | 379 |  |  |  |  |
| 81 | 409 |  |  |  |  |
| 82 | 441 |  |  |  |  |
| 83 | 480 |  |  |  |  |
| 84 | 521 |  |  |  |  |

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0031-A37
Nursing Home Policy

Annual Premium per $\$ 10$ of Long-Term Care Daily Benefit

STANDARD RATING GROUP
0 DAY ELIMINATION PERIOD

| $\begin{aligned} & \text { ISSUE } \\ & \text { AGE } \end{aligned}$ | MAXIMUM= 730x LTC BENEFIT/DAY | $\begin{gathered} \text { MAXIMUM= } \\ 1095 \times \text { LTC } \\ \text { BENEFIT/DAY } \end{gathered}$ | MAXIMUM= 1460x LTC BENEFIT/DAY | MAXIMUM= 1825x LTC BENEFIT/DAY | MAXIMUM= UNLIMITED |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 18-44 | 25 | 28 | 31 | 33 | 34 |
| 45-49 | 28 | 31 | 34 | 35 | 39 |
| 50-54 | 34 | 39 | 41 | 45 | 48 |
| 55 | 40 | 46 | 51 | 53 | 62 |
| 56 | 41 | 48 | 53 | 56 | 68 |
| 57 | 45 | 52 | 58 | 62 | 74 |
| 58 | 48 | 58 | 64 | 68 | 81 |
| 59 | 53 | 64 | 69 | 74 | 88 |
| 60 | 58 | 68 | 75 | 81 | 98 |
| 61 | 64 | 75 | 82 | 88 | 106 |
| 62 | 69 | 81 | 89 | 95 | 116 |
| 63 | 74 | 88 | 98 | 105 | 125 |
| 64 | 80 | 94 | 105 | 112 | 134 |
| 65 | 84 | 100 | 112 | 121 | 142 |
| 66 | 89 | 106 | 118 | 127 | 153 |
| 67 | 95 | 116 | 131 | 141 | 168 |
| 68 | 106 | 127 | 140 | 151 | 182 |
| 69 | 116 | 142 | 160 | 174 | 204 |
| 70 | 127 | 154 | 174 | 188 | 221 |
| 71 | 140 | 171 | 192 | 207 | 246 |
| 72 | 153 | 188 | 212 | 229 | 272 |
| 73 | 171 | 209 | 235 | 254 | 304 |
| 74 | 192 | 233 | 260 | 281 | 340 |
| 75 | 212 | 260 | 293 | 318 | 374 |
| 76 | 234 | 288 | 324 | 351 | 415 |
| 77 | 259 | 319 | 359 | 388 | 460 |
| 78 | 286 | 353 | 398 | 431 | 506 |
| 79 | 313 | 387 | 436 | 474 | 558 |
| 80 | 345 |  |  |  |  |
| 81 | 375 |  |  |  |  |
| 82 | 409 |  |  |  |  |
| 83 | 452 |  |  |  |  |
| 84 | 495 |  |  |  |  |

```
CONTINENTAL CASUALTY COMPANY
    Rates for form P1-N0031-A37
Nursing Home Policy
```

```
Annual Premium per $10 of Long-Term Care Daily Benefit
    STANDARD RATING GROUP
    O DAY ELIMINATION PERIOD
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-21306-SERIES
```

| $\begin{aligned} & \text { ISSUE } \\ & \text { AGE } \end{aligned}$ | MAXIMUM= <br> 730x LTC BENEFIT/DAY | $\begin{gathered} \text { MAXIMUM= } \\ \text { 1095x LTC } \\ \text { BENEFIT/DAY } \end{gathered}$ | MAXIMUM= <br> 1460x LTC <br> BENEFIT/DAY | $\begin{gathered} \text { MAXIMUM= } \\ \text { 1825x LTC } \\ \text { BENEFIT/DAY } \end{gathered}$ | MAXIMUM= UNLIMITED |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 18-44 | 47 | 58 | 64 | 68 | 84 |
| 45-49 | 52 | 64 | 71 | 76 | 93 |
| 50-54 | 64 | 78 | 88 | 95 | 118 |
| 55 | 75 | 93 | 105 | 113 | 141 |
| 56 | 81 | 99 | 111 | 119 | 151 |
| 57 | 86 | 105 | 116 | 125 | 159 |
| 58 | 92 | 112 | 125 | 135 | 169 |
| 59 | 98 | 119 | 134 | 146 | 181 |
| 60 | 104 | 127 | 142 | 154 | 194 |
| 61 | 111 | 135 | 153 | 166 | 207 |
| 62 | 118 | 146 | 165 | 180 | 222 |
| 63 | 127 | 156 | 176 | 192 | 239 |
| 64 | 135 | 168 | 188 | 205 | 254 |
| 65 | 142 | 176 | 200 | 218 | 269 |
| 66 | 152 | 188 | 212 | 229 | 289 |
| 67 | 165 | 204 | 229 | 248 | 313 |
| 68 | 176 | 219 | 248 | 271 | 341 |
| 69 | 193 | 240 | 271 | 294 | 366 |
| 70 | 206 | 256 | 289 | 315 | 394 |
| 71 | 224 | 280 | 316 | 345 | 427 |
| 72 | 242 | 304 | 342 | 372 | 465 |
| 73 | 264 | 329 | 374 | 407 | 506 |
| 74 | 288 | 362 | 411 | 447 | 554 |
| 75 | 315 | 395 | 451 | 492 | 605 |
| 76 | 342 | 433 | 493 | 539 | 656 |
| 77 | 374 | 472 | 539 | 588 | 718 |
| 78 | 404 | 512 | 584 | 639 | 778 |
| 79 | 435 | 556 | 635 | 695 | 842 |
| 80 | 469 |  |  |  |  |
| 81 | 505 |  |  |  |  |
| 82 | 545 |  |  |  |  |
| 83 | 587 |  |  |  |  |
| 84 | 634 |  |  |  |  |

```
Annual Premium per $10 of Long-Term Care Daily Benefit
    STANDARD RATING GROUP
    O DAY ELIMINATION PERIOD
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-21307-SERIES
```

| $\begin{aligned} & \text { ISSUE } \\ & \text { AGE } \end{aligned}$ | MAXIMUM= 730x LTC BENEFIT/DAY | MAXIMUM= 1095x LTC BENEFIT/DAY | MAXIMUM= 1460x LTC BENEFIT/DAY | $\begin{gathered} \text { MAXIMUM= } \\ \text { 1825x LTC } \\ \text { BENEFIT/DAY } \end{gathered}$ | MAXIMUM= UNLIMITED |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 18-44 | 34 | 41 | 47 | 52 | 60 |
| 45-49 | 36 | 46 | 52 | 56 | 66 |
| 50-54 | 52 | 62 | 69 | 75 | 89 |
| 55 | 60 | 72 | 81 | 87 | 107 |
| 56 | 64 | 76 | 86 | 93 | 115 |
| 57 | 66 | 81 | 89 | 98 | 122 |
| 58 | 72 | 87 | 98 | 105 | 133 |
| 59 | 78 | 94 | 106 | 115 | 145 |
| 60 | 84 | 104 | 116 | 127 | 158 |
| 61 | 92 | 112 | 125 | 135 | 171 |
| 62 | 99 | 122 | 136 | 148 | 186 |
| 63 | 106 | 131 | 147 | 159 | 200 |
| 64 | 113 | 141 | 159 | 172 | 216 |
| 65 | 121 | 151 | 169 | 184 | 231 |
| 66 | 131 | 160 | 180 | 194 | 248 |
| 67 | 141 | 175 | 198 | 213 | 271 |
| 68 | 153 | 192 | 216 | 235 | 294 |
| 69 | 169 | 209 | 235 | 256 | 322 |
| 70 | 182 | 228 | 258 | 280 | 348 |
| 71 | 199 | 248 | 282 | 307 | 384 |
| 72 | 219 | 274 | 311 | 339 | 421 |
| 73 | 239 | 301 | 342 | 374 | 462 |
| 74 | 264 | 331 | 376 | 411 | 511 |
| 75 | 289 | 366 | 416 | 454 | 558 |
| 76 | 318 | 401 | 458 | 500 | 612 |
| 77 | 348 | 440 | 501 | 547 | 669 |
| 78 | 381 | 481 | 547 | 598 | 731 |
| 79 | 412 | 524 | 599 | 654 | 794 |
| 80 | 446 |  |  |  |  |
| 81 | 481 |  |  |  |  |
| 82 | 519 |  |  |  |  |
| 83 | 565 |  |  |  |  |
| 84 | 613 |  |  |  |  |

## Elimination Period Factors

Rates shown are for 0 day elimination period. Rates for longer elimination periods are calculated by multiplying the 0 day rates by the appropriate factor from the following table:

| Benefit <br> Maximum | 20 | 30 | 60 | 90 | 100 | 180 | 365 |
| :--- | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  |  |  |  |  |
| $730 x, 1095 x$ | 0.92 | 0.89 | 0.84 | 0.80 | 0.79 | 0.69 | 0.60 |
| $1460 x, 1825 \mathrm{x}$ | 0.94 | 0.91 | 0.86 | 0.82 | 0.81 | 0.72 | 0.63 |
| Lifetime | 0.96 | 0.93 | 0.89 | 0.86 | 0.85 | 0.78 | 0.70 |

## Spousal Discount

A $10 \%$ discount to the rates is available to married couples if both spouses apply for coverage.

## Modal Factors

Semi-Annual: 0.52; Quarterly: 0.27; Check-A-Matic: 0.09

## THIS POLICY IS FOR RENEWAL BUSINESS ONLY

## CONTINENTAL CASUALTY COMPANY

## Supplement to Rate Sheet for Policy Forms P1-N0034-A37 \& -A87 Pennsylvania

All Rates for this form should be multiplied by a factor of:
2.02488

This factor reflects the proposed increase of:

And the following prior approved rate increases:

|  | Increase Applies <br> to all Policies or <br> Subset | Rate Increase <br> Approved | Approval Date <br> of Rate <br> Increase |
| :---: | :---: | :---: | :---: |
| Policy Form | All** | $35 \%$ | $11 / 18 / 2004$ |
| P1-N0034-A37 \&-A87 | All** | $25 \%$ | $9 / 2 / 2011$ * |

* implemented over 2 years, 11.8\% in each year.
**Note: the above rate increases do not apply to policies issued on or after 9/16/2002.

Long Term Care Policy
Annual Premium per $\$ 10$ of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
0 DAY ELIMINATION PERIOD

| $\begin{gathered} \text { ISSUE } \\ \text { AGE } \end{gathered}$ | MAXIMUM= 2 YEARS | MAXIMUM= 4 YEARS | MAXIMUM= 6 YEARS | MAXIMUM= UNLIMITED |
| :---: | :---: | :---: | :---: | :---: |
| 18-44 | 14 | 17 | 18 | 21 |
| 45-49 | 15 | 19 | 20 | 23 |
| 50-54 | 20 | 26 | 28 | 31 |
| 55-59 | 27 | 36 | 40 | 44 |
| 60-64 | 45 | 58 | 65 | 71 |
| 65 | 55 | 72 | 81 | 88 |
| 66 | 60 | 78 | 88 | 96 |
| 67 | 65 | 85 | 96 | 105 |
| 68 | 71 | 94 | 105 | 115 |
| 69 | 77 | 102 | 116 | 126 |
| 70 | 85 | 112 | 128 | 138 |
| 71 | 94 | 124 | 140 | 152 |
| 72 | 105 | 139 | 156 | 169 |
| 73 | 116 | 155 | 175 | 189 |
| 74 | 128 | 173 | 196 | 210 |
| 75 | 144 | 194 | 218 | 233 |
| 76 | 160 | 216 | 242 | 258 |
| 77 | 177 | 240 | 269 | 286 |
| 78 | 196 | 266 | 298 | 316 |
| 79 | 215 | 293 | 330 | 349 |
| 80 | 237 |  |  |  |
| 81 | 260 |  |  |  |
| 82 | 284 |  |  |  |
| 83 | 315 |  |  |  |
| 84 | 347 |  |  |  |

```
            CONTINENTAL CASUALTY COMPANY
                    Rate Sheet For P1-N0034-A37
                        Long Term Care Policy
            Annual Premium per $10 of Long-Term Care Daily Benefit
                    PREFERRED RATING GROUP
                    O DAY ELIMINATION PERIOD
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-18880-SERIES
```

| ISSUE <br> AGE | MAXIMUM= 2 YEARS | MAXIMUM= <br> 4 YEARS | MAXIMUM= 6 YEARS | MAXIMUM= UNLIMITED |
| :---: | :---: | :---: | :---: | :---: |
| 18-44 | 21 | 28 | 31 | 35 |
| 45-49 | 24 | 31 | 35 | 39 |
| 50-54 | 31 | 42 | 48 | 54 |
| 55-59 | 43 | 59 | 68 | 77 |
| 60-64 | 66 | 89 | 103 | 115 |
| 65 | 82 | 111 | 128 | 143 |
| 66 | 88 | 120 | 139 | 154 |
| 67 | 96 | 131 | 151 | 167 |
| 68 | 105 | 143 | 166 | 183 |
| 69 | 114 | 156 | 181 | 199 |
| 70 | 125 | 171 | 198 | 217 |
| 71 | 137 | 187 | 217 | 238 |
| 72 | 150 | 207 | 239 | 261 |
| 73 | 165 | 228 | 264 | 287 |
| 74 | 181 | 252 | 291 | 315 |
| 75 | 201 | 278 | 320 | 347 |
| 76 | 220 | 306 | 352 | 381 |
| 77 | 241 | 337 | 386 | 417 |
| 78 | 264 | 369 | 422 | 455 |
| 79 | 286 | 404 | 462 | 496 |
| 80 | 310 |  |  |  |
| 81 | 337 |  |  |  |
| 82 | 363 |  |  |  |
| 83 | 397 |  |  |  |
| 84 | 432 |  |  |  |

```
            CONTINENTAL CASUALTY COMPANY
            Rate Sheet For P1-N0034-A37
                        Long Term Care Policy
Annual Premium per $10 of Long-Term Care Daily Benefit
                    PREFERRED RATING GROUP
                            O DAY ELIMINATION PERIOD
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-18881-SERIES
```

| $\begin{gathered} \text { ISSUE } \\ \text { AGE } \end{gathered}$ | MAXIMUM= 2 YEARS | MAXIMUM= <br> 4 YEARS | MAXIMUM= 6 YEARS | MAXIMUM= UNLIMITED |
| :---: | :---: | :---: | :---: | :---: |
| 18-44 | 29 | 39 | 45 | 50 |
| 45-49 | 32 | 43 | 50 | 55 |
| 50-54 | 43 | 57 | 65 | 73 |
| 55-59 | 56 | 76 | 88 | 98 |
| 60-64 | 81 | 108 | 125 | 138 |
| 65 | 98 | 132 | 153 | 168 |
| 66 | 105 | 142 | 164 | 180 |
| 67 | 112 | 153 | 177 | 195 |
| 68 | 122 | 166 | 191 | 211 |
| 69 | 131 | 179 | 207 | 227 |
| 70 | 142 | 195 | 224 | 246 |
| 71 | 154 | 212 | 244 | 267 |
| 72 | 167 | 231 | 266 | 291 |
| 73 | 182 | 253 | 291 | 317 |
| 74 | 199 | 277 | 319 | 346 |
| 75 | 218 | 303 | 349 | 377 |
| 76 | 238 | 332 | 380 | 411 |
| 77 | 259 | 362 | 415 | 447 |
| 78 | 281 | 394 | 451 | 485 |
| 79 | 303 | 429 | 491 | 526 |
| 80 | 328 |  |  |  |
| 81 | 353 |  |  |  |
| 82 | 379 |  |  |  |
| 83 | 413 |  |  |  |
| 84 | 446 |  |  |  |

            Long Term Care Policy
        Annual Premium per \(\$ 10\) of Long-Term Care Daily Benefit
    STANDARD RATING GROUP
    0 DAY ELIMINATION PERIOD
    | $\begin{gathered} \text { ISSUE } \\ \text { AGE } \end{gathered}$ | MAXIMUM= <br> 2 YEARS | MAXIMUM= 4 YEARS | MAXIMUM= 6 YEARS | MAXIMUM= UNLIMITED |
| :---: | :---: | :---: | :---: | :---: |
| 18-44 | 19 | 23 | 24 | 28 |
| 45-49 | 20 | 25 | 27 | 31 |
| 50-54 | 27 | 35 | 37 | 41 |
| 55-59 | 36 | 48 | 53 | 59 |
| 60-64 | 60 | 77 | 87 | 95 |
| 65 | 73 | 96 | 108 | 117 |
| 66 | 80 | 104 | 117 | 128 |
| 67 | 87 | 113 | 128 | 140 |
| 68 | 95 | 125 | 140 | 153 |
| 69 | 103 | 136 | 155 | 168 |
| 70 | 113 | 149 | 171 | 184 |
| 71 | 125 | 165 | 187 | 203 |
| 72 | 140 | 185 | 208 | 225 |
| 73 | 155 | 207 | 233 | 252 |
| 74 | 171 | 231 | 261 | 280 |
| 75 | 192 | 259 | 291 | 311 |
| 76 | 213 | 288 | 323 | 344 |
| 77 | 236 | 320 | 359 | 381 |
| 78 | 261 | 355 | 397 | 421 |
| 79 | 287 | 391 | 440 | 465 |
| 80 | 316 |  |  |  |
| 81 | 347 |  |  |  |
| 82 | 379 |  |  |  |
| 83 | 420 |  |  |  |
| 84 | 463 |  |  |  |

    Long Term Care Policy
        Annual Premium per \(\$ 10\) of Long-Term Care Daily Benefit
    ```
                        STANDARD RATING GROUP
                O DAY ELIMINATION PERIOD
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-18880-SERIES
```

| $\begin{gathered} \text { ISSUE } \\ \text { AGE } \end{gathered}$ | MAXIMUM= 2 YEARS | MAXIMUM= 4 YEARS | MAXIMUM= 6 YEARS | MAXIMUM= UNLIMITED |
| :---: | :---: | :---: | :---: | :---: |
| 18-44 | 28 | 37 | 41 | 47 |
| 45-49 | 32 | 41 | 47 | 52 |
| 50-54 | 41 | 56 | 64 | 72 |
| 55-59 | 57 | 79 | 91 | 103 |
| 60-64 | 88 | 119 | 137 | 153 |
| 65 | 109 | 148 | 171 | 191 |
| 66 | 117 | 160 | 185 | 205 |
| 67 | 128 | 175 | 201 | 223 |
| 68 | 140 | 191 | 221 | 244 |
| 69 | 152 | 208 | 241 | 265 |
| 70 | 167 | 228 | 264 | 289 |
| 71 | 183 | 249 | 289 | 317 |
| 72 | 200 | 276 | 319 | 348 |
| 73 | 220 | 304 | 352 | 383 |
| 74 | 241 | 336 | 388 | 420 |
| 75 | 268 | 371 | 427 | 463 |
| 76 | 293 | 408 | 469 | 508 |
| 77 | 321 | 449 | 515 | 556 |
| 78 | 352 | 492 | 563 | 607 |
| 79 | 381 | 539 | 616 | 661 |
| 80 | 413 |  |  |  |
| 81 | 449 |  |  |  |
| 82 | 484 |  |  |  |
| 83 | 529 |  |  |  |
| 84 | 576 |  |  |  |

```
                CONTINENTAL CASUALTY COMPANY
                    Rate Sheet For P1-N0034-A37
                            Long Term Care Policy
Annual Premium per $10 of Long-Term Care Daily Benefit
                    STANDARD RATING GROUP
                            O DAY ELIMINATION PERIOD
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-18881-SERIES
```

| $\begin{gathered} \text { ISSUE } \\ \text { AGE } \end{gathered}$ | MAXIMUM= <br> 2 YEARS | MAXIMUM= 4 YEARS | MAXIMUM= 6 YEARS | $\begin{aligned} & \text { MAXIMUM= } \\ & \text { UNLIMITED } \end{aligned}$ |
| :---: | :---: | :---: | :---: | :---: |
| 18-44 | 39 | 52 | 60 | 67 |
| 45-49 | 43 | 57 | 67 | 73 |
| 50-54 | 57 | 76 | 87 | 97 |
| 55-59 | 75 | 101 | 117 | 131 |
| 60-64 | 108 | 144 | 167 | 184 |
| 65 | 131 | 176 | 204 | 224 |
| 66 | 140 | 189 | 219 | 240 |
| 67 | 149 | 204 | 236 | 260 |
| 68 | 163 | 221 | 255 | 281 |
| 69 | 175 | 239 | 276 | 303 |
| 70 | 189 | 260 | 299 | 328 |
| 71 | 205 | 283 | 325 | 356 |
| 72 | 223 | 308 | 355 | 388 |
| 73 | 243 | 337 | 388 | 423 |
| 74 | 265 | 369 | 425 | 461 |
| 75 | 291 | 404 | 465 | 503 |
| 76 | 317 | 443 | 507 | 548 |
| 77 | 345 | 483 | 553 | 596 |
| 78 | 375 | 525 | 601 | 647 |
| 79 | 404 | 572 | 655 | 701 |
| 80 | 437 |  |  |  |
| 81 | 471 |  |  |  |
| 82 | 505 |  |  |  |
| 83 | 551 |  |  |  |
| 84 | 595 |  |  |  |

# CONTINENTAL CASUALTY COMPANY 

Rate Sheet For P1-N0034-A37
Long Term Care Policy
Annual Premium per $\$ 10$ of Long-Term Care Daily Benefit
1 YEAR BENEFIT PERIOD FOR AGES 80-84
0 DAY ELIMINATION PERIOD


# CONTINENTAL CASUALTY COMPANY 

Rate Sheet For P1-N0034-A37
Long Term Care Policy
HOME AND COMMUNITY-BASED CARE BENEFIT
Annual Premium for first $\$ 50$ of Home Care Daily Benefit

PREFERRED RATING GROUP

| $\begin{gathered} \text { ISSUE } \\ \text { AGE } \end{gathered}$ | MAXIMUM= 750 DAYS | MAXIMUM= 1500 DAYS | MAXIMUM= UNLIMITED |
| :---: | :---: | :---: | :---: |
| 18-44 | 81 | 110 | 126 |
| 45-49 | 90 | 123 | 140 |
| 50-54 | 102 | 140 | 159 |
| 55-59 | 121 | 165 | 189 |
| 60-64 | 161 | 219 | 251 |
| 65 | 197 | 268 | 306 |
| 66 | 210 | 287 | 328 |
| 67 | 225 | 309 | 353 |
| 68 | 244 | 333 | 380 |
| 69 | 262 | 359 | 411 |
| 70 | 283 | 389 | 444 |
| 71 | 307 | 420 | 481 |
| 72 | 332 | 456 | 521 |
| 73 | 359 | 494 | 566 |
| 74 | 388 | 536 | 612 |
| 75 | 420 | 580 | 662 |
| 76 | 455 | 627 | 716 |
| 77 | 493 | 676 | 772 |
| 78 | 534 | 728 | 830 |
| 79 | 577 | 782 | 893 |
| 80 | 624 |  |  |
| 81 | 673 |  |  |
| 82 | 726 |  |  |
| 83 | 789 |  |  |
| 84 | 852 |  |  |

HOME AND COMMUNITY-BASED CARE BENEFIT
Annual Premium for first $\$ 50$ of Home Care Daily Benefit
PREFERRED RATING GROUP
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-18880-SERIES

| $\begin{gathered} \text { ISSUE } \\ \text { AGE } \end{gathered}$ | MAXIMUM= 750 DAYS | MAXIMUM= 1500 DAYS | MAXIMUM= UNLIMITED |
| :---: | :---: | :---: | :---: |
| 18-44 | 123 | 167 | 192 |
| 45-49 | 137 | 186 | 213 |
| 50-54 | 158 | 216 | 247 |
| 55-59 | 202 | 276 | 316 |
| 60-64 | 258 | 353 | 402 |
| 65 | 293 | 403 | 459 |
| 66 | 308 | 422 | 482 |
| 67 | 327 | 447 | 511 |
| 68 | 348 | 479 | 546 |
| 69 | 375 | 513 | 586 |
| 70 | 404 | 553 | 631 |
| 71 | 436 | 595 | 681 |
| 72 | 469 | 643 | 733 |
| 73 | 501 | 691 | 789 |
| 74 | 539 | 742 | 848 |
| 75 | 580 | 798 | 911 |
| 76 | 624 | 856 | 977 |
| 77 | 668 | 916 | 1046 |
| 78 | 714 | 978 | 1117 |
| 79 | 764 | 1043 | 1191 |
| 80 | 815 |  |  |
| 81 | 869 |  |  |
| 82 | 927 |  |  |
| 83 | 994 |  |  |
| 84 | 1060 |  |  |

CONTINENTAL CASUALTY COMPANY
Rate Sheet For P1-N0034-A37
Long Term Care Policy
HOME AND COMMUNITY-BASED CARE BENEFIT
Annual Premium for first $\$ 50$ of Home Care Daily Benefit

PREFERRED RATING GROUP
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-18881-SERIES

| $\begin{gathered} \text { ISSUE } \\ \text { AGE } \end{gathered}$ | MAXIMUM= 750 DAYS | MAXIMUM= <br> 1500 DAYS | MAXIMUM= UNLIMITED |
| :---: | :---: | :---: | :---: |
| 18-44 | 153 | 209 | 238 |
| 45-49 | 170 | 232 | 265 |
| 50-54 | 194 | 265 | 304 |
| 55-59 | 239 | 328 | 374 |
| 60-64 | 294 | 404 | 462 |
| 65 | 334 | 456 | 521 |
| 66 | 350 | 477 | 546 |
| 67 | 368 | 503 | 575 |
| 68 | 391 | 536 | 611 |
| 69 | 417 | 572 | 653 |
| 70 | 447 | 612 | 699 |
| 71 | 480 | 656 | 749 |
| 72 | 514 | 704 | 804 |
| 73 | 546 | 753 | 861 |
| 74 | 585 | 805 | 919 |
| 75 | 627 | 860 | 983 |
| 76 | 669 | 919 | 1049 |
| 77 | 714 | 978 | 1117 |
| 78 | 759 | 1038 | 1187 |
| 79 | 807 | 1105 | 1262 |
| 80 | 858 |  |  |
| 81 | 911 |  |  |
| 82 | 965 |  |  |
| 83 | 1030 |  |  |
| 84 | 1096 |  |  |

Long Term Care Policy
HOME AND COMMUNITY-BASED CARE BENEFIT
Annual Premium for extra $\$ 10$ of Home Care Daily Benefit
PREFERRED RATING GROUP

| $\begin{gathered} \text { ISSUE } \\ \text { AGE } \end{gathered}$ | MAXIMUM= 750 DAYS | MAXIMUM= 1500 DAYS | MAXIMUM= UNLIMITED |
| :---: | :---: | :---: | :---: |
| 18-44 | 12 | 16 | 18 |
| 45-49 | 13 | 18 | 20 |
| 50-54 | 14 | 19 | 22 |
| 55-59 | 16 | 23 | 27 |
| 60-64 | 23 | 30 | 35 |
| 65 | 28 | 38 | 43 |
| 66 | 30 | 40 | 46 |
| 67 | 32 | 43 | 49 |
| 68 | 35 | 46 | 54 |
| 69 | 37 | 50 | 57 |
| 70 | 40 | 54 | 62 |
| 71 | 43 | 59 | 68 |
| 72 | 47 | 64 | 74 |
| 73 | 51 | 69 | 80 |
| 74 | 54 | 76 | 86 |
| 75 | 60 | 81 | 93 |
| 76 | 64 | 89 | 101 |
| 77 | 69 | 96 | 108 |
| 78 | 75 | 103 | 116 |
| 79 | 81 | 110 | 124 |
| 80 | 89 |  |  |
| 81 | 95 |  |  |
| 82 | 102 |  |  |
| 83 | 110 |  |  |
| 84 | 120 |  |  |

CONTINENTAL CASUALTY COMPANY
Rate Sheet For P1-N0034-A37
Long Term Care Policy
HOME AND COMMUNITY-BASED CARE BENEFIT
Annual Premium for extra $\$ 10$ of Home Care Daily Benefit

PREFERRED RATING GROUP
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-18880-SERIES

| $\begin{aligned} & \text { ISSUE } \\ & \text { AGE } \end{aligned}$ | MAXIMUM= 750 DAYS | MAXIMUM= <br> 1500 DAYS | MAXIMUM= UNLIMITED |
| :---: | :---: | :---: | :---: |
| 18-44 | 17 | 24 | 27 |
| 45-49 | 20 | 26 | 30 |
| 50-54 | 22 | 30 | 34 |
| 55-59 | 29 | 39 | 45 |
| 60-64 | 37 | 49 | 56 |
| 65 | 41 | 56 | 64 |
| 66 | 44 | 59 | 67 |
| 67 | 46 | 63 | 72 |
| 68 | 48 | 67 | 76 |
| 69 | 53 | 72 | 82 |
| 70 | 56 | 78 | 89 |
| 71 | 61 | 84 | 96 |
| 72 | 67 | 90 | 103 |
| 73 | 70 | 97 | 111 |
| 74 | 77 | 104 | 119 |
| 75 | 82 | 111 | 128 |
| 76 | 87 | 120 | 137 |
| 77 | 94 | 128 | 147 |
| 78 | 100 | 138 | 157 |
| 79 | 107 | 147 | 167 |
| 80 | 115 |  |  |
| 81 | 122 |  |  |
| 82 | 130 |  |  |
| 83 | 139 |  |  |
| 84 | 150 |  |  |

PREFERRED RATING GROUP WITH COMPOUND AUTOMATIC INCREASE RIDER R1-18881-SERIES

| $\begin{gathered} \text { ISSUE } \\ \text { AGE } \end{gathered}$ | MAXIMUM= 750 DAYS | $\begin{aligned} & \text { MAXIMUM= } \\ & 1500 \text { DAYS } \end{aligned}$ | MAXIMUM= UNLIMITED |
| :---: | :---: | :---: | :---: |
| 18-44 | 22 | 29 | 34 |
| 45-49 | 24 | 33 | 38 |
| 50-54 | 28 | 37 | 42 |
| 55-59 | 33 | 46 | 53 |
| 60-64 | 41 | 57 | 65 |
| 65 | 46 | 64 | 73 |
| 66 | 48 | 67 | 77 |
| 67 | 52 | 70 | 81 |
| 68 | 54 | 76 | 86 |
| 69 | 59 | 80 | 92 |
| 70 | 62 | 86 | 98 |
| 71 | 67 | 93 | 105 |
| 72 | 72 | 99 | 112 |
| 73 | 76 | 106 | 120 |
| 74 | 83 | 113 | 129 |
| 75 | 87 | 122 | 138 |
| 76 | 93 | 129 | 148 |
| 77 | 100 | 138 | 157 |
| 78 | 106 | 146 | 167 |
| 79 | 113 | 154 | 179 |
| 80 | 121 |  |  |
| 81 | 128 |  |  |
| 82 | 136 |  |  |
| 83 | 145 |  |  |
| 84 | 154 |  |  |

Long Term Care Policy
HOME AND COMMUNITY-BASED CARE BENEFIT
Annual Premium for first $\$ 50$ of Home Care Daily Benefit

STANDARD RATING GROUP

| $\begin{gathered} \text { ISSUE } \\ \text { AGE } \end{gathered}$ | MAXIMUM= 750 DAYS | MAXIMUM= 1500 DAYS | MAXIMUM= UNLIMITED |
| :---: | :---: | :---: | :---: |
| 18-44 | 107 | 147 | 168 |
| 45-49 | 120 | 164 | 187 |
| 50-54 | 136 | 186 | 212 |
| 55-59 | 161 | 220 | 252 |
| 60-64 | 215 | 293 | 335 |
| 65 | 262 | 357 | 408 |
| 66 | 281 | 382 | 437 |
| 67 | 301 | 412 | 471 |
| 68 | 325 | 444 | 507 |
| 69 | 350 | 479 | 548 |
| 70 | 377 | 518 | 592 |
| 71 | 409 | 560 | 641 |
| 72 | 443 | 608 | 695 |
| 73 | 478 | 658 | 755 |
| 74 | 517 | 714 | 816 |
| 75 | 560 | 773 | 883 |
| 76 | 607 | 836 | 955 |
| 77 | 658 | 902 | 1029 |
| 78 | 711 | 970 | 1107 |
| 79 | 770 | 1043 | 1191 |
| 80 | 833 |  |  |
| 81 | 897 |  |  |
| 82 | 968 |  |  |
| 83 | 1052 |  |  |
| 84 | 1136 |  |  |

Long Term Care Policy
HOME AND COMMUNITY-BASED CARE BENEFIT
Annual Premium for first $\$ 50$ of Home Care Daily Benefit
STANDARD RATING GROUP
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-18880-SERIES

| $\begin{aligned} & \text { ISSUE } \\ & \text { AGE } \end{aligned}$ | MAXIMUM= 750 DAYS | MAXIMUM= 1500 DAYS | MAXIMUM= UNLIMITED |
| :---: | :---: | :---: | :---: |
| 18-44 | 164 | 223 | 256 |
| 45-49 | 182 | 248 | 284 |
| 50-54 | 210 | 288 | 329 |
| 55-59 | 270 | 368 | 421 |
| 60-64 | 343 | 470 | 536 |
| 65 | 391 | 538 | 612 |
| 66 | 411 | 563 | 643 |
| 67 | 435 | 596 | 681 |
| 68 | 465 | 638 | 728 |
| 69 | 500 | 685 | 781 |
| 70 | 538 | 738 | 841 |
| 71 | 581 | 794 | 908 |
| 72 | 626 | 857 | 977 |
| 73 | 669 | 921 | 1052 |
| 74 | 719 | 990 | 1131 |
| 75 | 773 | 1064 | 1215 |
| 76 | 833 | 1141 | 1303 |
| 77 | 891 | 1221 | 1395 |
| 78 | 952 | 1303 | 1489 |
| 79 | 1018 | 1390 | 1588 |
| 80 | 1087 |  |  |
| 81 | 1159 |  |  |
| 82 | 1236 |  |  |
| 83 | 1325 |  |  |
| 84 | 1414 |  |  |

Long Term Care Policy
HOME AND COMMUNITY-BASED CARE BENEFIT
Annual Premium for first $\$ 50$ of Home Care Daily Benefit
STANDARD RATING GROUP
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-18881-SERIES

| $\begin{aligned} & \text { ISSUE } \\ & \text { AGE } \end{aligned}$ | MAXIMUM= 750 DAYS | MAXIMUM= 1500 DAYS | MAXIMUM= UNLIMITED |
| :---: | :---: | :---: | :---: |
| 18-44 | 204 | 279 | 317 |
| 45-49 | 227 | 309 | 353 |
| 50-54 | 259 | 353 | 405 |
| 55-59 | 319 | 437 | 499 |
| 60-64 | 393 | 539 | 616 |
| 65 | 445 | 608 | 695 |
| 66 | 466 | 636 | 728 |
| 67 | 491 | 671 | 767 |
| 68 | 521 | 714 | 815 |
| 69 | 557 | 763 | 871 |
| 70 | 596 | 816 | 932 |
| 71 | 639 | 875 | 999 |
| 72 | 685 | 938 | 1072 |
| 73 | 728 | 1004 | 1148 |
| 74 | 780 | 1074 | 1225 |
| 75 | 836 | 1147 | 1311 |
| 76 | 892 | 1225 | 1399 |
| 77 | 952 | 1303 | 1489 |
| 78 | 1012 | 1385 | 1583 |
| 79 | 1076 | 1473 | 1683 |
| 80 | 1144 |  |  |
| 81 | 1214 |  |  |
| 82 | 1286 |  |  |
| 83 | 1374 |  |  |
| 84 | 1461 |  |  |

Long Term Care Policy
HOME AND COMMUNITY-BASED CARE BENEFIT
Annual Premium for extra $\$ 10$ of Home Care Daily Benefit
STANDARD RATING GROUP

| $\begin{gathered} \text { ISSUE } \\ \text { AGE } \end{gathered}$ | MAXIMUM= 750 DAYS | MAXIMUM= 1500 DAYS | MAXIMUM= UNLIMITED |
| :---: | :---: | :---: | :---: |
| 18-44 | 15 | 21 | 24 |
| 45-49 | 17 | 24 | 27 |
| 50-54 | 18 | 25 | 29 |
| 55-59 | 21 | 31 | 36 |
| 60-64 | 31 | 41 | 47 |
| 65 | 37 | 50 | 57 |
| 66 | 40 | 53 | 61 |
| 67 | 43 | 57 | 65 |
| 68 | 46 | 62 | 72 |
| 69 | 49 | 67 | 76 |
| 70 | 54 | 71 | 83 |
| 71 | 57 | 78 | 91 |
| 72 | 63 | 85 | 99 |
| 73 | 67 | 92 | 107 |
| 74 | 72 | 101 | 115 |
| 75 | 80 | 108 | 124 |
| 76 | 86 | 119 | 135 |
| 77 | 92 | 127 | 144 |
| 78 | 100 | 137 | 155 |
| 79 | 107 | 147 | 165 |
| 80 | 118 |  |  |
| 81 | 127 |  |  |
| 82 | 136 |  |  |
| 83 | 147 |  |  |
| 84 | 159 |  |  |

CONTINENTAL CASUALTY COMPANY
Rate Sheet For P1-N0034-A37
Long Term Care Policy HOME AND COMMUNITY-BASED CARE BENEFIT
Annual Premium for extra $\$ 10$ of Home Care Daily Benefit

STANDARD RATING GROUP
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-18880-SERIES

| $\begin{gathered} \text { ISSUE } \\ \text { AGE } \end{gathered}$ | MAXIMUM= <br> 750 DAYS | $\begin{aligned} & \text { MAXIMUM= } \\ & 1500 \text { DAYS } \end{aligned}$ | MAXIMUM= UNLIMITED |
| :---: | :---: | :---: | :---: |
| 18-44 | 23 | 32 | 36 |
| 45-49 | 26 | 35 | 40 |
| 50-54 | 29 | 41 | 45 |
| 55-59 | 38 | 52 | 60 |
| 60-64 | 49 | 66 | 75 |
| 65 | 55 | 74 | 85 |
| 66 | 58 | 78 | 89 |
| 67 | 61 | 84 | 96 |
| 68 | 64 | 90 | 101 |
| 69 | 71 | 97 | 109 |
| 70 | 75 | 104 | 119 |
| 71 | 81 | 112 | 128 |
| 72 | 89 | 120 | 137 |
| 73 | 94 | 129 | 148 |
| 74 | 103 | 139 | 159 |
| 75 | 109 | 148 | 171 |
| 76 | 117 | 160 | 183 |
| 77 | 126 | 171 | 196 |
| 78 | 133 | 183 | 209 |
| 79 | 143 | 196 | 223 |
| 80 | 153 |  |  |
| 81 | 163 |  |  |
| 82 | 173 |  |  |
| 83 | 186 |  |  |
| 84 | 199 |  |  |

CONTINENTAL CASUALTY COMPANY
Rate Sheet For P1-N0034-A37
Long Term Care Policy
HOME AND COMMUNITY-BASED CARE BENEFIT
Annual Premium for extra $\$ 10$ of Home Care Daily Benefit

STANDARD RATING GROUP
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-18881-SERIES

| $\begin{aligned} & \text { ISSUE } \\ & \text { AGE } \end{aligned}$ | MAXIMUM= 750 DAYS | MAXIMUM= 1500 DAYS | MAXIMUM= UNLIMITED |
| :---: | :---: | :---: | :---: |
| 18-44 | 29 | 39 | 45 |
| 45-49 | 32 | 43 | 51 |
| 50-54 | 37 | 49 | 56 |
| 55-59 | 44 | 62 | 71 |
| 60-64 | 55 | 76 | 87 |
| 65 | 61 | 85 | 97 |
| 66 | 64 | 90 | 103 |
| 67 | 69 | 94 | 108 |
| 68 | 72 | 101 | 115 |
| 69 | 78 | 106 | 123 |
| 70 | 83 | 115 | 131 |
| 71 | 89 | 125 | 140 |
| 72 | 97 | 132 | 149 |
| 73 | 101 | 141 | 160 |
| 74 | 110 | 151 | 172 |
| 75 | 117 | 162 | 184 |
| 76 | 124 | 172 | 197 |
| 77 | 133 | 183 | 209 |
| 78 | 141 | 195 | 223 |
| 79 | 150 | 206 | 239 |
| 80 | 161 |  |  |
| 81 | 170 |  |  |
| 82 | 181 |  |  |
| 83 | 193 |  |  |
| 84 | 205 |  |  |

```
CONTINENTAL CASUALTY COMPANY
    Rate Sheet For P1-N0034-A37
    Long Term Care Policy
```


## Elimination Period Factors

Rates shown are for 0 day elimination period. Rates for longer elimination periods are calculated by multiplying the 0 day rates by the appropriate factor from the following table:

| Benefit <br> Maximum | 20 | 30 | 60 | 90 | 100 | 180 | 365 |
| :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- |
|  |  |  |  |  |  |  |  |
| 1 year, 2 year | 0.92 | 0.89 | 0.84 | 0.80 | 0.79 | 0.69 | 0.60 |
| 4 year, 6 year | 0.94 | 0.91 | 0.86 | 0.82 | 0.81 | 0.72 | 0.63 |
| Lifetime | 0.96 | 0.93 | 0.89 | 0.86 | 0.85 | 0.78 | 0.70 |

## Spousal Discount

A $10 \%$ discount to the rates is available to married couples if both spouses apply for coverage.

Modal Factors<br>Semi-Annual: 0.52; Quarterly: 0.27; Check-A-Matic: 0.09

```
CONTINENTAL CASUALTY COMPANY
Rate Sheet For P1-N0034-A87
                    Long Term Care Policy
Annual Premium per $10 of Long-Term Care Daily Benefit
PREFERRED RATING GROUP
O DAY ELIMINATION PERIOD
```

| $\begin{aligned} & \text { ISSUE } \\ & \text { AGE } \end{aligned}$ | MAXIMUM= <br> 2 YEARS | MAXIMUM= <br> 4 YEARS | MAXIMUM= <br> 6 YEARS | MAXIMUM= UNLIMITED |
| :---: | :---: | :---: | :---: | :---: |
| 18-44 | 14 | 17 | 18 | 21 |
| 45-49 | 15 | 19 | 20 | 23 |
| 50-54 | 20 | 26 | 28 | 31 |
| 55-59 | 27 | 36 | 40 | 44 |
| 60-64 | 45 | 58 | 65 | 71 |
| 65 | 55 | 72 | 81 | 88 |
| 66 | 60 | 78 | 88 | 96 |
| 67 | 65 | 85 | 96 | 105 |
| 68 | 71 | 94 | 105 | 115 |
| 69 | 77 | 102 | 116 | 126 |
| 70 | 85 | 112 | 128 | 138 |
| 71 | 94 | 124 | 140 | 152 |
| 72 | 105 | 139 | 156 | 169 |
| 73 | 116 | 155 | 175 | 189 |
| 74 | 128 | 173 | 196 | 210 |
| 75 | 144 | 194 | 218 | 233 |
| 76 | 160 | 216 | 242 | 258 |
| 77 | 177 | 240 | 269 | 286 |
| 78 | 196 | 266 | 298 | 316 |
| 79 | 215 | 293 | 330 | 349 |
| 80 | 237 |  |  |  |
| 81 | 260 |  |  |  |
| 82 | 284 |  |  |  |
| 83 | 315 |  |  |  |
| 84 | 347 |  |  |  |

## CONTINENTAL CASUALTY COMPANY

Rate Sheet For P1-N0034-A87
Long Term Care Policy
Annual Premium per $\$ 10$ of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
0 DAY ELIMINATION PERIOD
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-18880-B37

| $\begin{gathered} \text { ISSUE } \\ \text { AGE } \end{gathered}$ | MAXIMUM= 2 YEARS | MAXIMUM= 4 YEARS | MAXIMUM= <br> 6 YEARS | MAXIMUM= UNLIMITED |
| :---: | :---: | :---: | :---: | :---: |
| 18-44 | 21 | 28 | 31 | 35 |
| 45-49 | 24 | 31 | 35 | 39 |
| 50-54 | 31 | 42 | 48 | 54 |
| 55-59 | 43 | 59 | 68 | 77 |
| 60-64 | 66 | 89 | 103 | 115 |
| 65 | 82 | 111 | 128 | 143 |
| 66 | 88 | 120 | 139 | 154 |
| 67 | 96 | 131 | 151 | 167 |
| 68 | 105 | 143 | 166 | 183 |
| 69 | 114 | 156 | 181 | 199 |
| 70 | 125 | 171 | 198 | 217 |
| 71 | 137 | 187 | 217 | 238 |
| 72 | 150 | 207 | 239 | 261 |
| 73 | 165 | 228 | 264 | 287 |
| 74 | 181 | 252 | 291 | 315 |
| 75 | 201 | 278 | 320 | 347 |
| 76 | 220 | 306 | 352 | 381 |
| 77 | 241 | 337 | 386 | 417 |
| 78 | 264 | 369 | 422 | 455 |
| 79 | 286 | 404 | 462 | 496 |
| 80 | 310 |  |  |  |
| 81 | 337 |  |  |  |
| 82 | 363 |  |  |  |
| 83 | 397 |  |  |  |
| 84 | 432 |  |  |  |

0 DAY ELIMINATION PERIOD
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-18881-B37

| $\begin{gathered} \text { ISSUE } \\ \text { AGE } \end{gathered}$ | MAXIMUM= 2 YEARS | MAXIMUM= 4 YEARS | MAXIMUM= 6 YEARS | MAXIMUM= UNLIMITED |
| :---: | :---: | :---: | :---: | :---: |
| 18-44 | 29 | 39 | 45 | 50 |
| 45-49 | 32 | 43 | 50 | 55 |
| 50-54 | 43 | 57 | 65 | 73 |
| 55-59 | 56 | 76 | 88 | 98 |
| 60-64 | 81 | 108 | 125 | 138 |
| 65 | 98 | 132 | 153 | 168 |
| 66 | 105 | 142 | 164 | 180 |
| 67 | 112 | 153 | 177 | 195 |
| 68 | 122 | 166 | 191 | 211 |
| 69 | 131 | 179 | 207 | 227 |
| 70 | 142 | 195 | 224 | 246 |
| 71 | 154 | 212 | 244 | 267 |
| 72 | 167 | 231 | 266 | 291 |
| 73 | 182 | 253 | 291 | 317 |
| 74 | 199 | 277 | 319 | 346 |
| 75 | 218 | 303 | 349 | 377 |
| 76 | 238 | 332 | 380 | 411 |
| 77 | 259 | 362 | 415 | 447 |
| 78 | 281 | 394 | 451 | 485 |
| 79 | 303 | 429 | 491 | 526 |
| 80 | 328 |  |  |  |
| 81 | 353 |  |  |  |
| 82 | 379 |  |  |  |
| 83 | 413 |  |  |  |
| 84 | 446 |  |  |  |

```
CONTINENTAL CASUALTY COMPANY
Rate Sheet For P1-N0034-A87
    Long Term Care Policy
        Annual Premium per $10 of Long-Term Care Daily Benefit
                            STANDARD RATING GROUP
O DAY ELIMINATION PERIOD
```

| $\begin{gathered} \text { ISSUE } \\ \text { AGE } \end{gathered}$ | MAXIMUM= <br> 2 YEARS | MAXIMUM= <br> 4 YEARS | MAXIMUM= <br> 6 YEARS | MAXIMUM= UNLIMITED |
| :---: | :---: | :---: | :---: | :---: |
| 18-44 | 19 | 23 | 24 | 28 |
| 45-49 | 20 | 25 | 27 | 31 |
| 50-54 | 27 | 35 | 37 | 41 |
| 55-59 | 36 | 48 | 53 | 59 |
| 60-64 | 60 | 77 | 87 | 95 |
| 65 | 73 | 96 | 108 | 117 |
| 66 | 80 | 104 | 117 | 128 |
| 67 | 87 | 113 | 128 | 140 |
| 68 | 95 | 125 | 140 | 153 |
| 69 | 103 | 136 | 155 | 168 |
| 70 | 113 | 149 | 171 | 184 |
| 71 | 125 | 165 | 187 | 203 |
| 72 | 140 | 185 | 208 | 225 |
| 73 | 155 | 207 | 233 | 252 |
| 74 | 171 | 231 | 261 | 280 |
| 75 | 192 | 259 | 291 | 311 |
| 76 | 213 | 288 | 323 | 344 |
| 77 | 236 | 320 | 359 | 381 |
| 78 | 261 | 355 | 397 | 421 |
| 79 | 287 | 391 | 440 | 465 |
| 80 | 316 |  |  |  |
| 81 | 347 |  |  |  |
| 82 | 379 |  |  |  |
| 83 | 420 |  |  |  |
| 84 | 463 |  |  |  |

WITH SIMPLE AUTOMATIC INCREASE RIDER R1-18880-B37

| $\begin{gathered} \text { ISSUE } \\ \text { AGE } \end{gathered}$ | MAXIMUM= 2 YEARS | MAXIMUM= 4 YEARS | MAXIMUM= 6 YEARS | MAXIMUM= UNLIMITED |
| :---: | :---: | :---: | :---: | :---: |
| 18-44 | 28 | 37 | 41 | 47 |
| 45-49 | 32 | 41 | 47 | 52 |
| 50-54 | 41 | 56 | 64 | 72 |
| 55-59 | 57 | 79 | 91 | 103 |
| 60-64 | 88 | 119 | 137 | 153 |
| 65 | 109 | 148 | 171 | 191 |
| 66 | 117 | 160 | 185 | 205 |
| 67 | 128 | 175 | 201 | 223 |
| 68 | 140 | 191 | 221 | 244 |
| 69 | 152 | 208 | 241 | 265 |
| 70 | 167 | 228 | 264 | 289 |
| 71 | 183 | 249 | 289 | 317 |
| 72 | 200 | 276 | 319 | 348 |
| 73 | 220 | 304 | 352 | 383 |
| 74 | 241 | 336 | 388 | 420 |
| 75 | 268 | 371 | 427 | 463 |
| 76 | 293 | 408 | 469 | 508 |
| 77 | 321 | 449 | 515 | 556 |
| 78 | 352 | 492 | 563 | 607 |
| 79 | 381 | 539 | 616 | 661 |
| 80 | 413 |  |  |  |
| 81 | 449 |  |  |  |
| 82 | 484 |  |  |  |
| 83 | 529 |  |  |  |
| 84 | 576 |  |  |  |

0 DAY ELIMINATION PERIOD
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-18881-B37

| $\begin{aligned} & \text { ISSUE } \\ & \text { AGE } \end{aligned}$ | MAXIMUM= <br> 2 YEARS | MAXIMUM= <br> 4 YEARS | MAXIMUM= <br> 6 YEARS | MAXIMUM= UNLIMITED |
| :---: | :---: | :---: | :---: | :---: |
| 18-44 | 39 | 52 | 60 | 67 |
| 45-49 | 43 | 57 | 67 | 73 |
| 50-54 | 57 | 76 | 87 | 97 |
| 55-59 | 75 | 101 | 117 | 131 |
| 60-64 | 108 | 144 | 167 | 184 |
| 65 | 131 | 176 | 204 | 224 |
| 66 | 140 | 189 | 219 | 240 |
| 67 | 149 | 204 | 236 | 260 |
| 68 | 163 | 221 | 255 | 281 |
| 69 | 175 | 239 | 276 | 303 |
| 70 | 189 | 260 | 299 | 328 |
| 71 | 205 | 283 | 325 | 356 |
| 72 | 223 | 308 | 355 | 388 |
| 73 | 243 | 337 | 388 | 423 |
| 74 | 265 | 369 | 425 | 461 |
| 75 | 291 | 404 | 465 | 503 |
| 76 | 317 | 443 | 507 | 548 |
| 77 | 345 | 483 | 553 | 596 |
| 78 | 375 | 525 | 601 | 647 |
| 79 | 404 | 572 | 655 | 701 |
| 80 | 437 |  |  |  |
| 81 | 471 |  |  |  |
| 82 | 505 |  |  |  |
| 83 | 551 |  |  |  |
| 84 | 595 |  |  |  |

CONTINENTAL CASUALTY COMPANY
Rate Sheet For P1-N0034-A87
Long Term Care Policy
Annual Premium per $\$ 10$ of Long-Term Care Daily Benefit

1 YEAR BENEFIT PERIOD FOR AGES 80-84
0 DAY ELIMINATION PERIOD

| $\begin{gathered} \text { ISSUE } \\ \text { AGE } \end{gathered}$ | WITH NO AUTOMATIC PREFERRED | INCREASE STANDARD |
| :---: | :---: | :---: |
| 80 | 166 | 221 |
| 81 | 183 | 244 |
| 82 | 199 | 265 |
| 83 | 221 | 295 |
| 84 | 243 | 324 |
| ISSUE | WITH SIMPLE AUTOMAT | C INCREASE |
| AGE | PREFERRED | STANDARD |
| 80 | 217 | 289 |
| 81 | 236 | 315 |
| 82 | 254 | 339 |
| 83 | 278 | 371 |
| 84 | 302 | 403 |
| ISSUE | WITH COMPOUND AUTOMAT | IC INCREASE |
| AGE | PREFERRED | STANDARD |
| 80 | 230 | 307 |
| 81 | 248 | 331 |
| 82 | 265 | 353 |
| 83 | 289 | 385 |
| 84 | 312 | 416 |

PREFERRED RATING GROUP

| $\begin{gathered} \text { ISSUE } \\ \text { AGE } \end{gathered}$ | MAXIMUM= 750 DAYS | MAXIMUM= 1500 DAYS | MAXIMUM= UNLIMITED |
| :---: | :---: | :---: | :---: |
| 18-44 | 81 | 110 | 126 |
| 45-49 | 90 | 123 | 140 |
| 50-54 | 102 | 140 | 159 |
| 55-59 | 121 | 165 | 189 |
| 60-64 | 161 | 219 | 251 |
| 65 | 197 | 268 | 306 |
| 66 | 210 | 287 | 328 |
| 67 | 225 | 309 | 353 |
| 68 | 244 | 333 | 380 |
| 69 | 262 | 359 | 411 |
| 70 | 283 | 389 | 444 |
| 71 | 307 | 420 | 481 |
| 72 | 332 | 456 | 521 |
| 73 | 359 | 494 | 566 |
| 74 | 388 | 536 | 612 |
| 75 | 420 | 580 | 662 |
| 76 | 455 | 627 | 716 |
| 77 | 493 | 676 | 772 |
| 78 | 534 | 728 | 830 |
| 79 | 577 | 782 | 893 |
| 80 | 624 |  |  |
| 81 | 673 |  |  |
| 82 | 726 |  |  |
| 83 | 789 |  |  |
| 84 | 852 |  |  |

CONTINENTAL CASUALTY COMPANY
Rate Sheet For P1-N0034-A87
Long Term Care Policy
HOME AND COMMUNITY-BASED CARE BENEFIT
Annual Premium for first $\$ 50$ of Home Care Daily Benefit

PREFERRED RATING GROUP
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-18880-B37

| $\begin{gathered} \text { ISSUE } \\ \text { AGE } \end{gathered}$ | MAXIMUM= 750 DAYS | MAXIMUM= 1500 DAYS | MAXIMUM= UNLIMITED |
| :---: | :---: | :---: | :---: |
| 18-44 | 123 | 167 | 192 |
| 45-49 | 137 | 186 | 213 |
| 50-54 | 158 | 216 | 247 |
| 55-59 | 202 | 276 | 316 |
| 60-64 | 258 | 353 | 402 |
| 65 | 293 | 403 | 459 |
| 66 | 308 | 422 | 482 |
| 67 | 327 | 447 | 511 |
| 68 | 348 | 479 | 546 |
| 69 | 375 | 513 | 586 |
| 70 | 404 | 553 | 631 |
| 71 | 436 | 595 | 681 |
| 72 | 469 | 643 | 733 |
| 73 | 501 | 691 | 789 |
| 74 | 539 | 742 | 848 |
| 75 | 580 | 798 | 911 |
| 76 | 624 | 856 | 977 |
| 77 | 668 | 916 | 1046 |
| 78 | 714 | 978 | 1117 |
| 79 | 764 | 1043 | 1191 |
| 80 | 815 |  |  |
| 81 | 869 |  |  |
| 82 | 927 |  |  |
| 83 | 994 |  |  |
| 84 | 1060 |  |  |

CONTINENTAL CASUALTY COMPANY
Rate Sheet For P1-N0034-A87
Long Term Care Policy
HOME AND COMMUNITY-BASED CARE BENEFIT
Annual Premium for first $\$ 50$ of Home Care Daily Benefit

PREFERRED RATING GROUP
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-18881-B37

| ISSUE <br> AGE | MAXIMUM $=$ <br> 750 DAYS | MAXIMUM $=$ <br> 1500 DAYS | MAXIMUM $=$ <br> UNLIMITED |
| :---: | ---: | ---: | ---: |
|  |  |  |  |
| $18-44$ | 153 | 209 | 238 |
| $45-49$ | 170 | 232 | 265 |
| $50-54$ | 194 | 265 | 304 |
| $55-59$ | 239 | 328 | 374 |
| $60-64$ | 294 | 404 | 462 |
| 65 | 334 | 456 | 521 |
| 66 | 350 | 477 | 546 |
| 67 | 368 | 503 | 575 |
| 68 | 391 | 536 | 611 |
| 69 | 417 | 572 | 653 |
| 70 | 447 | 612 | 699 |
| 71 | 480 | 656 | 749 |
| 72 | 514 | 704 | 804 |
| 73 | 546 | 753 | 861 |
| 74 | 585 | 805 | 919 |
| 75 | 627 | 860 | 983 |
| 76 | 669 | 919 | 1049 |
| 77 | 714 | 978 | 1117 |
| 78 | 759 | 1038 | 1187 |
| 79 | 807 | 1105 | 1262 |
| 80 | 858 |  |  |
| 81 | 911 | 965 |  |

PREFERRED RATING GROUP

| $\begin{gathered} \text { ISSUE } \\ \text { AGE } \end{gathered}$ | MAXIMUM= 750 DAYS | $\begin{aligned} & \text { MAXIMUM= } \\ & 1500 \text { DAYS } \end{aligned}$ | MAXIMUM= UNLIMITED |
| :---: | :---: | :---: | :---: |
| 18-44 | 12 | 16 | 18 |
| 45-49 | 13 | 18 | 20 |
| 50-54 | 14 | 19 | 22 |
| 55-59 | 16 | 23 | 27 |
| 60-64 | 23 | 30 | 35 |
| 65 | 28 | 38 | 43 |
| 66 | 30 | 40 | 46 |
| 67 | 32 | 43 | 49 |
| 68 | 35 | 46 | 54 |
| 69 | 37 | 50 | 57 |
| 70 | 40 | 54 | 62 |
| 71 | 43 | 59 | 68 |
| 72 | 47 | 64 | 74 |
| 73 | 51 | 69 | 80 |
| 74 | 54 | 76 | 86 |
| 75 | 60 | 81 | 93 |
| 76 | 64 | 89 | 101 |
| 77 | 69 | 96 | 108 |
| 78 | 75 | 103 | 116 |
| 79 | 81 | 110 | 124 |
| 80 | 89 |  |  |
| 81 | 95 |  |  |
| 82 | 102 |  |  |
| 83 | 110 |  |  |
| 84 | 120 |  |  |

PREFERRED RATING GROUP
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-18880-B37

| $\begin{gathered} \text { ISSUE } \\ \text { AGE } \end{gathered}$ | MAXIMUM= 750 DAYS | MAXIMUM= 1500 DAYS | MAXIMUM= UNLIMITED |
| :---: | :---: | :---: | :---: |
| 18-44 | 17 | 24 | 27 |
| 45-49 | 20 | 26 | 30 |
| 50-54 | 22 | 30 | 34 |
| 55-59 | 29 | 39 | 45 |
| 60-64 | 37 | 49 | 56 |
| 65 | 41 | 56 | 64 |
| 66 | 44 | 59 | 67 |
| 67 | 46 | 63 | 72 |
| 68 | 48 | 67 | 76 |
| 69 | 53 | 72 | 82 |
| 70 | 56 | 78 | 89 |
| 71 | 61 | 84 | 96 |
| 72 | 67 | 90 | 103 |
| 73 | 70 | 97 | 111 |
| 74 | 77 | 104 | 119 |
| 75 | 82 | 111 | 128 |
| 76 | 87 | 120 | 137 |
| 77 | 94 | 128 | 147 |
| 78 | 100 | 138 | 157 |
| 79 | 107 | 147 | 167 |
| 80 | 115 |  |  |
| 81 | 122 |  |  |
| 82 | 130 |  |  |
| 83 | 139 |  |  |
| 84 | 150 |  |  |

Annual Premium for extra $\$ 10$ of Home Care Daily Benefit

PREFERRED RATING GROUP
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-18881-B37

| ISSUE | MAXIMUM= | MAXIMUM= | MAXIMUM= |
| :---: | :---: | :---: | :---: |
| AGE | 750 DAYS | 1500 DAYS | UNLIMITED |
| 18-44 | 22 | 29 | 34 |
| 45-49 | 24 | 33 | 38 |
| 50-54 | 28 | 37 | 42 |
| 55-59 | 33 | 46 | 53 |
| 60-64 | 41 | 57 | 65 |
| 65 | 46 | 64 | 73 |
| 66 | 48 | 67 | 77 |
| 67 | 52 | 70 | 81 |
| 68 | 54 | 76 | 86 |
| 69 | 59 | 80 | 92 |
| 70 | 62 | 86 | 98 |
| 71 | 67 | 93 | 105 |
| 72 | 72 | 99 | 112 |
| 73 | 76 | 106 | 120 |
| 74 | 83 | 113 | 129 |
| 75 | 87 | 122 | 138 |
| 76 | 93 | 129 | 148 |
| 77 | 100 | 138 | 157 |
| 78 | 106 | 146 | 167 |
| 79 | 113 | 154 | 179 |
| 80 | 121 |  |  |
| 81 | 128 |  |  |
| 82 | 136 |  |  |
| 83 | 145 |  |  |
| 84 | 154 |  |  |

Long Term Care Policy
HOME AND COMMUNITY-BASED CARE BENEFIT
Annual Premium for first $\$ 50$ of Home Care Daily Benefit

STANDARD RATING GROUP

| $\begin{aligned} & \text { ISSUE } \\ & \text { AGE } \end{aligned}$ | MAXIMUM= 750 DAYS | $\begin{aligned} & \text { MAXIMUM= } \\ & 1500 \text { DAYS } \end{aligned}$ | MAXIMUM= <br> UNLIMITED |
| :---: | :---: | :---: | :---: |
| 18-44 | 107 | 147 | 168 |
| 45-49 | 120 | 164 | 187 |
| 50-54 | 136 | 186 | 212 |
| 55-59 | 161 | 220 | 252 |
| 60-64 | 215 | 293 | 335 |
| 65 | 262 | 357 | 408 |
| 66 | 281 | 382 | 437 |
| 67 | 301 | 412 | 471 |
| 68 | 325 | 444 | 507 |
| 69 | 350 | 479 | 548 |
| 70 | 377 | 518 | 592 |
| 71 | 409 | 560 | 641 |
| 72 | 443 | 608 | 695 |
| 73 | 478 | 658 | 755 |
| 74 | 517 | 714 | 816 |
| 75 | 560 | 773 | 883 |
| 76 | 607 | 836 | 955 |
| 77 | 658 | 902 | 1029 |
| 78 | 711 | 970 | 1107 |
| 79 | 770 | 1043 | 1191 |
| 80 | 833 |  |  |
| 81 | 897 |  |  |
| 82 | 968 |  |  |
| 83 | 1052 |  |  |
| 84 | 1136 |  |  |

```
        CONTINENTAL CASUALTY COMPANY
                        Rate Sheet For P1-N0034-A87
                        Long Term Care Policy
            HOME AND COMMUNITY-BASED CARE BENEFIT
Annual Premium for first $50 of Home Care Daily Benefit
STANDARD RATING GROUP
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-18880-B37
```

| ISSUE <br> AGE | MAXIMUM $=$ <br> 750 DAYS | MAXIMUM $=$ <br> 1500 DAYS | MAXIMUM $=$ <br> UNLIMITED |
| :---: | ---: | ---: | ---: |
|  |  |  |  |
| $18-44$ | 164 | 223 | 256 |
| $45-49$ | 182 | 248 | 284 |
| $50-54$ | 210 | 288 | 329 |
| $55-59$ | 270 | 368 | 421 |
| $60-64$ | 343 | 470 | 536 |
| 65 | 391 | 538 | 612 |
| 66 | 411 | 563 | 643 |
| 67 | 435 | 596 | 681 |
| 68 | 465 | 638 | 728 |
| 69 | 500 | 685 | 781 |
| 70 | 538 | 738 | 841 |
| 71 | 581 | 794 | 908 |
| 72 | 626 | 857 | 977 |
| 73 | 669 | 921 | 1052 |
| 74 | 719 | 990 | 1131 |
| 75 | 773 | 1064 | 1215 |
| 76 | 833 | 1141 | 1303 |
| 77 | 891 | 1221 | 1395 |
| 78 | 952 | 1303 | 1489 |
| 79 | 1018 | 1390 | 1588 |
| 80 | 1087 |  |  |
| 81 | 1159 | 1236 |  |

CONTINENTAL CASUALTY COMPANY
Rate Sheet For P1-N0034-A87
Long Term Care Policy
HOME AND COMMUNITY-BASED CARE BENEFIT
Annual Premium for first $\$ 50$ of Home Care Daily Benefit

STANDARD RATING GROUP
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-18881-B37

| ISSUE | MAXIMUM= | MAXIMUM= | MAXIMUM= |
| :---: | :---: | :---: | :---: |
| AGE | 750 DAYS | 1500 DAYS | UNLIMITED |
| 18-44 | 204 | 279 | 317 |
| 45-49 | 227 | 309 | 353 |
| 50-54 | 259 | 353 | 405 |
| 55-59 | 319 | 437 | 499 |
| 60-64 | 393 | 539 | 616 |
| 65 | 445 | 608 | 695 |
| 66 | 466 | 636 | 728 |
| 67 | 491 | 671 | 767 |
| 68 | 521 | 714 | 815 |
| 69 | 557 | 763 | 871 |
| 70 | 596 | 816 | 932 |
| 71 | 639 | 875 | 999 |
| 72 | 685 | 938 | 1072 |
| 73 | 728 | 1004 | 1148 |
| 74 | 780 | 1074 | 1225 |
| 75 | 836 | 1147 | 1311 |
| 76 | 892 | 1225 | 1399 |
| 77 | 952 | 1303 | 1489 |
| 78 | 1012 | 1385 | 1583 |
| 79 | 1076 | 1473 | 1683 |
| 80 | 1144 |  |  |
| 81 | 1214 |  |  |
| 82 | 1286 |  |  |
| 83 | 1374 |  |  |
| 84 | 1461 |  |  |


| $\begin{gathered} \text { ISSUE } \\ \text { AGE } \end{gathered}$ | MAXIMUM= 750 DAYS | MAXIMUM= 1500 DAYS | MAXIMUM= UNLIMITED |
| :---: | :---: | :---: | :---: |
| 18-44 | 15 | 21 | 24 |
| 45-49 | 17 | 24 | 27 |
| 50-54 | 18 | 25 | 29 |
| 55-59 | 21 | 31 | 36 |
| 60-64 | 31 | 41 | 47 |
| 65 | 37 | 50 | 57 |
| 66 | 40 | 53 | 61 |
| 67 | 43 | 57 | 65 |
| 68 | 46 | 62 | 72 |
| 69 | 49 | 67 | 76 |
| 70 | 54 | 71 | 83 |
| 71 | 57 | 78 | 91 |
| 72 | 63 | 85 | 99 |
| 73 | 67 | 92 | 107 |
| 74 | 72 | 101 | 115 |
| 75 | 80 | 108 | 124 |
| 76 | 86 | 119 | 135 |
| 77 | 92 | 127 | 144 |
| 78 | 100 | 137 | 155 |
| 79 | 107 | 147 | 165 |
| 80 | 118 |  |  |
| 81 | 127 |  |  |
| 82 | 136 |  |  |
| 83 | 147 |  |  |
| 84 | 159 |  |  |

CONTINENTAL CASUALTY COMPANY
Rate Sheet For P1-N0034-A87
Long Term Care Policy
HOME AND COMMUNITY-BASED CARE BENEFIT
Annual Premium for extra $\$ 10$ of Home Care Daily Benefit

STANDARD RATING GROUP
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-18880-B37

| $\begin{aligned} & \text { ISSUE } \\ & \text { AGE } \end{aligned}$ | MAXIMUM= 750 DAYS | $\begin{aligned} & \text { MAXIMUM= } \\ & 1500 \text { DAYS } \end{aligned}$ | MAXIMUM= <br> UNLIMITED |
| :---: | :---: | :---: | :---: |
| 18-44 | 23 | 32 | 36 |
| 45-49 | 26 | 35 | 40 |
| 50-54 | 29 | 41 | 45 |
| 55-59 | 38 | 52 | 60 |
| 60-64 | 49 | 66 | 75 |
| 65 | 55 | 74 | 85 |
| 66 | 58 | 78 | 89 |
| 67 | 61 | 84 | 96 |
| 68 | 64 | 90 | 101 |
| 69 | 71 | 97 | 109 |
| 70 | 75 | 104 | 119 |
| 71 | 81 | 112 | 128 |
| 72 | 89 | 120 | 137 |
| 73 | 94 | 129 | 148 |
| 74 | 103 | 139 | 159 |
| 75 | 109 | 148 | 171 |
| 76 | 117 | 160 | 183 |
| 77 | 126 | 171 | 196 |
| 78 | 133 | 183 | 209 |
| 79 | 143 | 196 | 223 |
| 80 | 153 |  |  |
| 81 | 163 |  |  |
| 82 | 173 |  |  |
| 83 | 186 |  |  |
| 84 | 199 |  |  |

STANDARD RATING GROUP
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-18881-B37

| $\begin{aligned} & \text { ISSUE } \\ & \text { AGE } \end{aligned}$ | MAXIMUM= 750 DAYS | MAXIMUM= 1500 DAYS | MAXIMUM= UNLIMITED |
| :---: | :---: | :---: | :---: |
| 18-44 | 29 | 39 | 45 |
| 45-49 | 32 | 43 | 51 |
| 50-54 | 37 | 49 | 56 |
| 55-59 | 44 | 62 | 71 |
| 60-64 | 55 | 76 | 87 |
| 65 | 61 | 85 | 97 |
| 66 | 64 | 90 | 103 |
| 67 | 69 | 94 | 108 |
| 68 | 72 | 101 | 115 |
| 69 | 78 | 106 | 123 |
| 70 | 83 | 115 | 131 |
| 71 | 89 | 125 | 140 |
| 72 | 97 | 132 | 149 |
| 73 | 101 | 141 | 160 |
| 74 | 110 | 151 | 172 |
| 75 | 117 | 162 | 184 |
| 76 | 124 | 172 | 197 |
| 77 | 133 | 183 | 209 |
| 78 | 141 | 195 | 223 |
| 79 | 150 | 206 | 239 |
| 80 | 161 |  |  |
| 81 | 170 |  |  |
| 82 | 181 |  |  |
| 83 | 193 |  |  |
| 84 | 205 |  |  |

## Elimination Period Factors

Rates shown are for 0 day elimination period. Rates for longer elimination periods are calculated by multiplying the 0 day rates by the appropriate factor from the following table:

| Benefit <br> Maximum | 20 | 30 | 60 | 90 | 100 | 180 | 365 |
| :--- | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  |  |  |  |  |
| 1 year, 2 year | 0.92 | 0.89 | 0.84 | 0.80 | 0.79 | 0.69 | 0.60 |
| 4 year, 6 year | 0.94 | 0.91 | 0.86 | 0.82 | 0.81 | 0.72 | 0.63 |
| Lifetime | 0.96 | 0.93 | 0.89 | 0.86 | 0.85 | 0.78 | 0.70 |

## Multi-Life Discount

A $5 \%$ or $10 \%$ discount to the rates is available for qualifying Associations of 10 or more lives.

Spousal Discount
A $10 \%$ discount to the rates is available to married couples if both spouses apply for coverage.

Modal Factors

Semi-Annual: 0.52; Quarterly: 0.27; Check-A-Matic: 0.09



Louis Scarim, ASA, MAAA
Actuarial Consulting Director Long Term Care Pricing
Telephone 312-822-6179
Internet louis.scarim@cna.com

December 22, 2015
Honorable Teresa D. Miller
Commissioner
Pennsylvania Insurance Department
Commonwealth of Pennsylvania
1326 Strawberry Square, $13^{\text {th }}$ Floor
Harrisburg, Pennsylvania 17120

Re: Continental Casualty Company
(NAIC \#218-20443, FEIN\#36-2114545)
SERFF Filing \# CNAB-130150831
Rate Increase Filing for Individual Long-Term Care Forms:
"Con Care B": P1-59433-Series and P1-59806-Series
"LTC 1": P1-15203/16356/16928/16944-Series
"Premier/Classic": P1-18876/18878/18215/18220-Series
"Preferred Advantage": P1-21295/21300/21305/22435/22436/21925-Series
"TQ": P1-N0022/ N0023/ N0026/ N0027/ N0030/ N0031/ N0034/ N0035/ N0066/ N0070-Series

Dear Commissioner Miller:

This is a rate increase filing for the above captioned forms. A 20\% rate increase is being requested for all policyholders covered under these policy forms including all associated riders. This filing applies to inforce insureds only as these forms are no longer being marketed.

This is a follow-up to our prior filing in May 2011 (SERFF CNAB-127154621), which requested a 45\% rate increase. A 25\% increase was approved in September 2011 implemented over two years, 11.8\% in each year, on each contract's policy anniversary beginning February 2012.

All of these forms are guaranteed renewable individual long-term care policy forms which are no longer being sold. We no longer sell any individual long term care insurance, having withdrawn from the individual long term care market in 2003.

Forms sold concurrently with identical original pricing assumptions have been combined into policy groups for experience purposes. These policy groups are listed above, namely; "Con Care B", "LTC 1", "Premier/Classic", "Preferred Advantage", and "TQ".

Included with this request are the following items:

- An actuarial memorandum, which, among other things, provides a description of the benefits provided under the policy forms, provides a detailed rate increase history for the policy forms, describes the assumptions used to project experience, and describes the experience exhibits that accompany this filing.
- Experience exhibits, past and anticipated future based on nationwide experience.
- Supporting documentation for the actuarial assumptions described in the actuarial memorandum.

Also included are rate sheets and supplementary rate sheet pages reflecting all prior approved increases and the current proposed increases. This filing is also intended to reflect the premium modalization rules which remain unchanged and which are applicable to the referenced programs.

The proposed premium rates will be effective on the insured's next policy anniversary following a notification period at least as long as required by your state.

All insureds impacted by the premium increase will be offered the option of reducing their policy benefits to provide flexibility of choice for those insureds who wish to maintain a premium level reasonably similar to what they were paying prior to the rate increase. When insureds are notified of the rate increase, they will be encouraged to call our customer service staff and discuss these options if they so desire. Available options will depend upon the insured's current coverage level and any statutory minimum benefit levels in your state.

We respectfully request your favorable consideration and approval of this filing.
Sincerely,


Louis Scarim

## Continental Casualty Company

## ACTUARIAL MEMORANDUM

RATE INCREASE FOR INDIVIDUAL LONG-TERM CARE POLICY FORMS
"Con Care B" P1-59433-Series and P1-59806-Series
"LTC 1" P1-15203/16356/16928/16944-Series
"Premier/Classic" P1-18876/18878/18215/18220-Series
"Preferred Advantage" P1-21295/21300/21305/22435/22436/21925-Series
"TQ" P1-N0022/ N0023/ N0026/ N0027/ N0030/ N0031/ N0034/ N0035/ N0066/ N0070-Series

## 1. Scope and Purpose

This actuarial memorandum has been prepared for the purpose of documenting the rates and demonstrating that the anticipated loss ratio of these policy forms with those rates meets the minimum requirements in the statutes of Pennsylvania. It may not be suitable for other purposes.

This is a rate increase filing for the above captioned forms. A 20\% rate increase is being requested for all policyholders issued prior to 9/16/2002 covered under these policy forms including all associated riders. This filing applies to inforce insureds only as these forms are no longer being marketed. This is a follow-up to a prior filing (SERFF CNAB-127154621) which requested a 45\% increase for these forms. A $25 \%$ increase was approved by your department, which was implemented as an initial $11.8 \%$ increase followed by another $11.8 \%$ increase one year later.

The above captioned policy forms provide comprehensive or facility only coverage (described later in "Description of Benefits"). Forms sold concurrently with identical original pricing assumptions have been grouped into policy groups for experience purposes. These groups are listed above, namely "Con Care B", "LTC 1", "Premier/Classic", "Preferred Advantage", and "TQ" (Tax Qualified).

| Policy Form Group | Form Numbers Sold in Pennsylvania | Dates Sold in Pennsylvania | Rate Increase Requested |
| :---: | :---: | :---: | :---: |
| Con Care B | P1-59433-A37 | October, 1988 September, 1992 | 20.0\% |
| LTC 1 | P1-15203-A37 | May, 1992 October, 1994 | 20.0\% |
| Premier/Classic | $\begin{aligned} & \hline \text { P1-18215-A37,-A87 } \\ & \text { P1-18876-A37,-A87 } \end{aligned}$ | February, 1994 - <br> February, 1999 | 20.0\% |
| Preferred Advantage | $\begin{aligned} & \hline \text { P1-21295-A37,-A87 } \\ & \text { P1-21300-A37,-A87 } \\ & \text { P1-21305-A37,-A87 } \end{aligned}$ | November, 1994 February, 2001 | 20.0\% |
| TQ | ```P1-N0022-A37,-B37,-A87,-B87 P1-N0023-A37,-B37 P1-N0026-A37,-B37,-A87,-B87 P1-N0027-A37,-B37,-A87 P1-N0030-A37,-A87 P1-N0031-A37 P1-N0034-A37,-A87``` | February, 1997 May, 2003 | 20.0\% |

## 2. Description of Benefits

All of the forms are guaranteed renewable individual long term care policies sold through non-captive agents. Additional details for each policy form grouping follow (note: the descriptions are generic; not all forms described below may have been sold in Pennsylvania).

## Con Care B (P1-59433-Series, P1-59806-Series)

Con Care B pays for care in a licensed skilled nursing facility or an intermediate care facility when medically necessary due to injury or sickness. Policy provides coverage for skilled care, intermediate care or custodial/personal care. Product options included no prior hospitalization or a 3-day prior hospitalization as a condition to qualify for nursing home benefits. Benefits begin after elimination period and will pay the nursing home benefit (as shown on the insured's schedule) for each day the insured requires care in a covered facility, subject to the benefit period and lifetime maximum (as shown on the insured's schedule). Policy includes a waiver of premium benefit and an alternate plan of care benefit.

Optional Benefits: Optional benefit riders offered - home health care rider and inflation protection rider.

## LTC 1 (P1-15203-Series, P1-16356-Series, P1-16928-Series, P1-16944-Series)

P1-15203-Series pays for care in a long term care facility when either medically necessary or due to the inability to perform two or more activities of daily living or due to cognitive impairment. Policy does not require a prior hospitalization stay to qualify for benefits. The long term care daily benefit amount is paid for each day of eligible confinement during a period of care that occurs after the elimination period and during the benefit period. The benefit periods offered were 1 year (for ages 80-84), 2 years, 4 years, 6 years or unlimited. Policy does not have an aggregate lifetime maximum but benefit periods can fully restore subject to the conditions listed in the policy. The policy includes a waiver of premium benefit, a bed reservation benefit and an alternate plan of care benefit.

Optional Benefits: Optional benefit riders offered: home health care rider and inflation protection rider.

P1-16356-Series is identical to P1-15203-Series except that it provides a Return of Premium benefit. P1-16928-Series is a state variation of P1-15203-Series but provides for nursing home only benefits and P1-16944-Series is identical to P1-16928-Series except that it provides a Return of Premium benefit.

Premier/Classic: P1-18215-Series, P1-18220-Series, P1-18876-Series, P1-18878-Series
P1-18215-Series and P1-18220-Series: These forms provide long-term care and home health care benefits. Benefits are limited to the policy's lifetime maximum which is equal to the following multipliers times the daily benefit amount: 365x (ages 80-84), 730x, 1460x or Unlimited. Benefit eligibility requires inability to perform two or more activities of daily living or due to cognitive impairment.
Long-term Care Benefits: This policy pays the Long-Term Care Daily Benefit Amount, as shown on insured's policy schedule, for each day of Long-Term Care confinement limited to the Benefit Lifetime Maximum.
Home Health Care Benefits: Pays 100\% of the expenses incurred each day for therapist or nurse, 80\% of the expenses incurred for home health aide, medical social worker or homemaker and 80\% of expenses incurred each day of care for Adult Day Care or Alternate Care Facility. The total benefits payable each day for HHC benefits is limited to the daily benefit amount shown on the insured's schedule (either 100\% or 50\% of the Long-Term Care Daily Benefit Amount, selected at issue) and subject to the policy's Benefit Lifetime Maximum.
Other benefits: The policy includes a bed reservation, waiver of premium and an alternate plan of care benefit.
Optional benefits: inflation protection riders and benefit eligibility amendment rider

Policy P1-18220-Series is identical to P1-18215-Series except that it provides a ROP benefit.

## P1-18876-Series \& P1-18878-Series

These forms provide long-term care and home health care benefits with separate lifetime limits.
Long-term Care Benefits: This policy pays the Long-Term Care Daily Benefit Amount, as shown on the insured's policy schedule, for each day of Long-Term Care confinement limited to the benefit period selected. The insured could select 2 years, 4 years, 6 years and Unlimited for a benefit period if their issue age was $18-79$ and 1 or 2 years if ages $80-84$. The policy includes a bed reservation benefit.
Home Health Care Benefits: This policy has an optional Home \& Community-Based Care Benefit Rider that pays 100\% of the expenses incurred each day for therapist or nurse, $80 \%$ of the expenses incurred for home health aide, medical social worker or homemaker and $80 \%$ of expenses incurred each day of care for Adult Day Care or Alternate Care Facility. The total benefits payable each day for HHC benefits is limited to the daily HHC benefit amount shown on the insured's schedule limited to the benefit period selected for the HHC Rider. The benefit periods available were: 2 years, 5 years and Unlimited for issue ages 18-79 and 2 years for issue ages 80-84.
Optional benefits: Besides the home health care rider noted above, the policy offered optional inflation protection riders.

Policy P1-18878-Series is identical to P1-18876-Series except that it provides a Return of Premium benefit.

Preferred Advantage: P1-21295-Series, P1-21300-Series, P1-21305-Series, P1-22435-Series, P1-22436-Series, P1-21925-Series
P1-21295-Series provides for long-term care and home health care benefits. Benefits are limited to the policy's lifetime maximum which is equal to the following multipliers times the daily benefit amount: 730x, 1095x, 1460x, 1825x or Unlimited. Benefit eligibility requires either medical necessity or due to the inability to perform two or more activities of daily living or due to cognitive impairment.

Long-term Care Benefits: For each day of stay in a facility, this policy pays the expenses incurred by the facility up to the maximum daily facility benefit (as shown on insured's schedule) limited to the Lifetime Maximum. The policy includes a Bed Reservation Benefit limited to 21 days per calendar year. Lifetime Maximum is equal to either Unlimited or the following multipliers times the daily benefit amount: 730, 1095, 1460 and 1825.
Home Health Care Benefits: This policy pays $100 \%$ of the expenses incurred each day for therapist or nurse, $80 \%$ of the expenses incurred for home health aide, medical social worker or homemaker and $80 \%$ of expenses incurred each day of care for Adult Day Care. The total benefits payable each day for HC benefits is limited to the daily Home and Community Based Care benefit amount shown on the insured's schedule (either 100\% or 50\% of the Long-Term Care Daily Benefit Amount, selected at issue).
This policy also provides for a waiver of premium benefit, caregiver training benefit, medical help benefit, Alternate Care Facility benefit and Respite Care benefit.
Optional benefits: inflation protection riders
Policy P1-22435-Series is identical to P1-21295 except that it provides a nonforfeiture benefit.
P1-21300-Series is similar to P1-21295-Series except that that is pays 100\% of expenses incurred each day for home health aide, medical social worker or homemaker or Adult Day care. P1-22436Series is identical to P1-21300 except that it provides a nonforfeiture benefit.

P1-21305-Series is similar to the above policies except that provides facility only coverage. Policy P1-21925-Series is identical to P1-21305 except that it provides a nonforfeiture benefit.

TQ: P1-N0022-Series, P1-N0026-Series, P1-N0030-Series, P1-N0034-Series, P1-N0023-Series, P1-N0027-Series, P1-N0031-Series, P1-N0035-Series, P1-N0066-Series, P1-N0070-Series

The forms in the "TQ" policy group are intended to meet the requirements of the federal tax code for favorable income tax treatment of long-term care insurance.

Long-term Care Benefits: For all forms, for each day of stay in a facility, this policy pays the expenses incurred by the facility up to the maximum daily facility benefit (as shown on insured's schedule) limited to the Lifetime Maximum. The policy includes a Bed Reservation Benefit limited to 21 days per calendar year. Lifetime Maximum is equal to either Unlimited or the following multipliers times the daily benefit amount: 730, 1095, 1460 and 1825.

Home Health Care Benefits: Form P1-N0022-Series pays 100\% of the expenses incurred each day for therapist or nurse, $80 \%$ of the expenses incurred for home health aide, medical social worker or homemaker and $80 \%$ of expenses incurred each day of care for Adult Day Care. The total benefits payable each day for HC benefits is limited to the daily Home and Community Based Care benefit amount shown on the insured's schedule (either 100\% or 50\% of the Long-Term Care Daily Benefit Amount, selected at issue).
This policy also provides for a waiver of premium benefit, caregiver training benefit, medical help benefit, Alternate Care Facility benefit and Respite Care benefit.

Optional benefits: inflation protection riders
Policy P1-N0023-Series is identical to P1-N0022 except that it provides a nonforfeiture benefit.
P1-N0026-Series is similar to P1-N0022-Series except that that is pays 100\% of expenses incurred each day for home health aide, medical social worker or homemaker or Adult Day care.

P1-N0027-Series is identical to P1-N0026 except that it provides a nonforfeiture benefit.
P1-N0030-Series is similar to the above policies except that is for nursing home only benefits and does not include any home health care benefits. Policy P1-N0031-Series is identical to P1-N0030 except that it provides a nonforfeiture benefit.

P1-N0034-Series and P1-N0035-Series are Tax Qualified versions of forms P1-18876-Series and P1-18878-Series

P1-N0066-Series is comparable to P1-N0022-Series. P1-N0070-Series is comparable to P1-N0030Series.

## 3. Renewability

These forms are guaranteed renewable individual long-term care policy forms.

## 4. In Force Business and Applicability of Rate Increase

This filing applies to inforce insureds only as these forms are no longer being marketed. The premium changes will apply to the base form and all riders associated with the base form. The data in the table that follows is as of $12 / 31 / 14$.

Pennsylvania Policies

|  |  |  | Average Annual <br> Premium Before <br> Requested <br> Increase | Average Annual <br> Premium After <br> Requested <br> Increase |
| :---: | :---: | :---: | :---: | :---: |
| Policy Group | Count | Annualized <br> Premium | 1,505 <br> Con Care B 1,506 |  |
| LTC 1 | 1,379 | $2,308,121$ | $2,517,490$ | 1,826 |
| Preferred Advantage | 1,549 | $3,597,257$ | 2,322 | 2,191 |
| Premier/Classic | 1,281 | $2,842,251$ | 2,219 | 2,787 |
| TQ | 3,037 | $6,720,090$ | 2,213 | 2,655 |
| Total | 8,780 | $17,985,209$ | 2,048 | 2,458 |

Nationwide Policies

| Policy Group | Count | Annualized <br> Premium | Average Annual <br> Premium |
| :---: | :---: | :---: | :---: |
| Con Care B | 11,528 | $17,500,206$ | 1,518 |
| LTC 1 | 17,625 | $33,218,563$ | 1,885 |
| Preferred Advantage | 23,518 | $53,001,559$ | 2,254 |
| Premier/Classic | 11,328 | $24,462,626$ | 2,159 |
| TQ | 35,072 | $75,154,426$ | 2,143 |
| Total | 99,071 | $203,337,380$ | 2,052 |

Nationwide data includes all premium rate increases implemented as of December, 2014

## 5. Assumptions used in the Projection of Future Expected Experience

These assumptions are our current, best estimate assumptions and do not include provision for contingency or risk margins.
a. Morbidity

Milliman USA 2002 Guidelines provides the basis for the claim costs. The basis for the Milliman guidelines is experience of clients, supplemented by governmental studies and the expertise and judgment of Milliman actuaries.

Adjustments were then made to incorporate CNA Individual Long Term Care actual claim experience which is deemed $100 \%$ credible on a nationwide basis.

Please refer to the exhibits entitled "ILTC Product and Duration Based Experience on Milliman 2002", "ILTC Claim Cost A/E Ratio By Exposure Year - Milliman 2002 Guideline" and "ILTC A/E Claim Relativities by Issue Age" for a summary of most recent actual-to-expected studies as of $6 / 30 / 2014$. In each exhibit ratios of actual to expected claim experience are developed, where the expected claims are Milliman USA 2002 Guidelines. The outcome of such analysis is a set of scalars for each rate increase portfolio, which are applied to the Milliman claim
costs used in the future projections we have submitted with this filing. The scalars so derived are shown in the exhibits.

For each product grouping, we derive a global A/E scalar which is applied to the Milliman claim costs. We also analyzed experience by age at issue and based on that analysis derived a set of issue age A/E factors that are also applied to the Milliman claim costs. As an example of the application of the $A / E$ factors, consider an insured issued a Tax Qualified policy at age 55. The expected claim cost that we would project for this insured is 1.186 (the global product A/E) x 867 (the issue age A/E) x Milliman claim cost (for age and benefit design).

In addition to the factors described above, a global scalar factor of 0.97 is applied to all claim costs. This factor was set based on analysis of trends as claims progress from recent past actual experience to near-term projected future experience. This value has been increased from our most recent prior submission, which used a factor of 0.94 .

A 1.6\% annual improvement in morbidity is assumed to apply for 15 years, as supported by the National Long Term Care Survey results, and presented at the Society of Actuaries 2004 Spring Meeting, "Morbidity Improvement and Its Impact on LTC Insurance Pricing and Valuation". The improvement factors are assumed to commence in incurral year 2012 and ultimately reach a value of 0.785103 for incurral years 2026 and after.

## b. Persistency (policy terminations)

The assumed policy termination rate for all of the product groupings is a voluntary lapse rate of $1.5 \%$ plus the 1994 GAM Static Table adjusted as follows:

| Policy <br> Year | Factor <br> Applied to <br> Mortality <br> Rate | Policy <br> Year | Factor Applied <br> to Mortality <br> Rate |
| :---: | :---: | :---: | :---: |
| 1 | .20 | 12 | .56 |
| 2 | .25 | 13 | .58 |
| 3 | .28 | 14 | .60 |
| 4 | .32 | 15 | .62 |
| 5 | .35 | 16 | .67 |
| 6 | .38 | 17 | .72 |
| 7 | .42 | 18 | .77 |
| 8 | .46 | 19 | .82 |
| 9 | .50 | 20 | .86 |
| 10 | .52 | $21+$ | .90 |
| 11 | .54 |  |  |

This is based on CNA Individual Long Term Care actual persistency experience. Please refer to the exhibits entitled "Mortality Experience Analysis Based on Milliman 2013 Tabulations of CNA Data" for more details.

The 1994 GAM mortality table rates are assumed to improve by $0.6 \%$ per year for the next 15 years. This assumption is consistent with data shown in the Society of Actuaries report "Global Mortality Improvement Experience and Projection Techniques", published in June 2011. The improvement factors are assumed to commence in calendar year 2012 and ultimately reach a value of 0.913683 for calendar years 2026 and after.

Non-death policy terminations (lapse and benefit exhaustion) are assumed to be 1.5\% annually through the first 20 years. Please refer to the exhibit entitled "CNA Individual Long Term Care Policy Termination Experience 2006 - 2011". After that, the voluntary lapse component grades down by $0.2 \%$ per year, reaching $0.5 \%$ in duration 25 . To that is added a component for policy termination by benefit exhaustion,
which increases by age. For example, this produces total non-death policy termination rates for issue age 62, 4 year benefit period, as follows:

| Duration | Termination Rate |
| :---: | :---: |
| Up to 20 | $1.50 \%$ |
| 21 | $1.77 \%$ |
| 22 | $1.66 \%$ |
| 23 | $1.54 \%$ |
| 24 | $1.46 \%$ |
| 25 | $1.40 \%$ |
| 30 | $2.56 \%$ |
| 35 | $4.33 \%$ |

## c. Policyholder Behavior Due to the Rate Increase

For a $20 \%$ premium rate increase, it is assumed that $1.00 \%$ of premium is lapsed due to policy termination. Another $4.00 \%$ of premium is assumed to lapse due to benefit reduction, producing a total reduction of $4.96 \%$. An anti-selection load of $0.50 \%$ is assumed to apply.

## d. Interest Discount

A rate of $5 \%$ was used to accumulate past actual experience and discount future experience. We believe that this rate was generally used in the original loss ratio compliance certifications.

## e. Expenses

This filing is based on loss ratios and expense levels have not been considered.

## 6. Marketing Method

These policies were sold through non-captive agents.
7. Underwriting Description

These policy forms were fully underwritten with the use of various tools in addition to the application which may have included medical records, an attending physician's statement, telephone interviews, and/or face-to-face assessments.

## 8. Premiums

Premiums are unisex, level, and payable for life unless the insured selected a limited pay option. The premiums may vary by issue age, elimination period, benefit period / lifetime maximum, initial daily benefit amount, level of home health care coverage, inflation protection option, premium mode, underwriting class, marital status, and optional coverages chosen.

## 9. Issue Age Range

Issue ages range from 18 to 84.

## 10. Area Factors

Area factors are not used for these products.

## 11. Premium Modalization Rules

The following modal factors remain unchanged and are applied to the annual premium to obtain the modal premium.

| Payment Mode | Factor |
| :--- | :---: |
| Annual | 1.00 |
| Semi-Annual | .52 |
| Quarterly | .27 |
| Monthly | .09 |

## 12. Claim Liability and Reserves

Reserves for known open claims are computed using a continuance table derived from Milliman 2011 Guidelines, adjusted for CCC specific experience. Claim reserves for claims that have been opened but final eligibility determination has not been completed are adjusted by applying a factor that reflects the likelihood of the claim ultimately being approved.

The discount rate used to calculate the reserves varies by year of claim incurral as summarized in the table below.

| Year of Claim <br> Incurral | Discount <br> Rate |
| :--- | :---: |
| $1983-1986$ | $6.0 \%$ |
| $1987-1992$ | $5.5 \%$ |
| $1993-1994$ | $5.0 \%$ |
| $1995-2005$ | $4.5 \%$ |
| $2006-2013$ | $4.0 \%$ |
| $2013-$ | $3.5 \%$ |

There are no open claims with incurral years prior to 1994.
The company's incurred but not reported (IBNR) reserve, as included in the experience exhibits accompanying this filing, is calculated as the sum of two pieces:

- A reserve for true unreported claims, which is calculated as the estimated count of unreported claims times an average new claim reserve. Claim completion trends are applied to recent claim history to estimate ultimate expected claim counts by loss year and month. The reported claims are subtracted from the ultimate expected claim counts to get the unreported claim count. The average new claim reserve is based on reserves calculated for incomplete claims.
- A reserve for claims that reopen, which is calculated as the estimated remaining liability on claims that have closed in the last six months. Recent historical post claim closure claim payments and remaining reopened claim reserves are used to estimate the ultimate costs of reopened claims. The reported reopen reserve is the estimated ultimate costs less any actual reopen claim payments or reserves on the last six months of closed claims.

The company's terminated but not reported (TBNR) reserve is an offset claim reserve, also included in the accompanying experience exhibits, which accounts for unprocessed terminated claims. It is calculated as the estimated count of unprocessed terminated claims times an average terminating claim reserve. Claim completion trends are applied to recent claim history to estimate ultimate expected claim termination counts by claim closure year and month. The processed claim terminations are subtracted from the ultimate expected claim termination counts to get the unprocessed claim termination count. The average terminated claim reserve is based on recently terminated claim reserves.

The various factors in this calculation are reviewed by the company at least annually and adjusted accordingly.

Statutory active life reserves are calculated using the prescribed methodology and discount rate for the year of issue of the policy. We also have established additional active life reserves for rate increases that have been applied to the policy in years from 2003 to present. Active life reserves have not been used in this rate increase demonstration.

## 13. Trend Assumptions

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

## 14. Past and Future Experience

For each policy form group (Con Care B, LTC1, Premier/Classic, Preferred Advantage, and Tax Qualified), we have four exhibits:

Exhibit 1a: Nationwide experience without requested rate increase
Exhibit 1b: Nationwide experience with requested rate increase
Exhibit 2a: Pennsylvania-specific experience without requested rate increase
Exhibit 2b: Pennsylvania-specific experience with requested rate increase
All premiums in the nationwide exhibits have been adjusted to Pennsylvania rate levels.
Each of the exhibits shows Earned Premium and Incurred Claims by calendar year, both past and future. For projection purposes, the rate increase is assumed to go into effect starting in November, 2016, although the increases will be effective after approval and policyholder notification.

Each of the exhibits contains values "Without Interest" and "With Interest". "Without Interest" values are as the title implies, that is, the nominal values with no discounting or accumulating. The values "With Interest" discount or accumulate such flows to the valuation date which is $12 / 31 / 2014$. In performing such discounting or accumulating, we assume that all events occur in the middle of the calendar year. Following is additional detail behind the basis of calculations of the illustrated values.

## Without Interest

- Earned Premium, through 2014: Actual Earned Premium for the specified calendar year.
- Earned Premium, 2015 onward: Projected Earned Premium for the specified calendar year.
- Paid Claims, through 2014: For each calendar year shown, this is the sum of all payments made through 12/31/2014 for claims incurred during the specified calendar year.
- Claim Reserve, through 2014: For each calendar year shown, this is the claim reserve (+ IBNR, if any), valued at 12/31/2014, for claims incurred during the specified calendar year. Such reserve is calculated using our statutory reserve assumptions, including the discount rate which is $3.5 \%, 4.0 \%$ or $4.5 \%$ depending on the calendar year of incurral.
- Incurred Claims, through 2014: The sum of the Paid Claims and the Claim Reserve.
- Incurred Claims, 2015 onward: For each calendar year shown, this is the expected incurred claim based on the assumptions described elsewhere in this document. There is no interest discount applied to the runout of such incurrals.


## With Interest

- Earned Premium, through 2014: Actual Earned Premium for the specified calendar year, accumulated at the interest rate shown, from the specified calendar year to the valuation date of $12 / 31 / 2014$.
- Earned Premium, 2015 onward: Projected Earned Premium for the specified calendar year, discounted from the specified calendar year to 12/31/2014.
- Paid Claims, through 2014: For each calendar year shown, this is the accumulated payments made for claims incurred in the specified calendar year, with such payments accumulated at the specified interest rate from date of payment (assumed mid-year) to 12/31/2014.
- Claim Reserve, through 2014: For each calendar year shown, this is the claim reserve (+ IBNR, if any), valued at 12/31/2014, for claims incurred during the specified calendar year. Such reserve is calculated using our statutory reserve assumptions, including the discount rate which is $3.5 \%, 4.0 \%$ or $4.5 \%$ depending on the calendar year of incurral.
- Incurred Claims, through 2014: The sum of the Paid Claims and the Claim Reserve.
- Incurred Claims, 2014 onward: For each calendar year shown, this is the expected incurred claim based on the assumptions described elsewhere in this document. The expected runout from such incurrals is discounted back to the date of loss at the specified discount rate. Then such discounted incurrals are discounted back to 12/31/2014 at the specified discount rate.


## Claim Counts (calendar years 2008-2014)

Nationwide

| Product <br> Grouping | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | Calendar Year |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | Total |  |  |  |  |  |  |  |
| Con Care B | 889 | 877 | 872 | 878 | 836 | 795 | 531 | 5,678 |
| LTC 1 | 798 | 817 | 818 | 863 | 911 | 888 | 605 | 5,700 |
| Premier/Classic | 459 | 491 | 543 | 505 | 494 | 566 | 332 | 3,390 |
| Preferred <br> Advantage | 660 | 745 | 770 | 721 | 811 | 825 | 503 | 5,035 |
| TQ | 598 | 650 | 705 | 734 | 813 | 869 | 465 | 4,834 |
| Combined | 3,404 | 3,580 | 3,708 | 3,701 | 3,865 | 3,943 | 2,436 | 24,637 |

Pennsylvania

| Product <br> Grouping | Calendar Year |  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | Total <br> $2008-2014$ |
| Con Care B | 98 | 89 | 97 | 98 | 83 | 98 | 53 | 616 |
| LTC 1 | 43 | 48 | 50 | 70 | 66 | 60 | 44 | 381 |
| Premier/Classic | 38 | 49 | 51 | 48 | 38 | 57 | 33 | 314 |
| Preferred <br> Advantage | 34 | 40 | 43 | 47 | 46 | 46 | 31 | 287 |
| TQ | 30 | 42 | 57 | 55 | 63 | 69 | 35 | 351 |
| Combined | 243 | 268 | 298 | 318 | 296 | 330 | 196 | 1,949 |

## 15. History of Rate Adjustments - Pennsylvania

The table below provides the detail of all prior rate increase activity in Pennsylvania for these policy forms.

| Product Grouping | Policy Form | Increase Applies to All Policies or Subset | Rate Increase Approved | Approval Date of Rate Increase |
| :---: | :---: | :---: | :---: | :---: |
| Con Care B | P1-59433-A37 | 3 day prior hosp only | 15.0\% | 9/29/1995 |
| Con Care B | P1-59433-A37 | All | 15.0\% | 6/28/2002 |
| Con Care B | P1-59433-A37 | All | 15.0\% | 7/10/2003 |
| Con Care B | P1-59433-A37 | All | 25.0\% | 9/2/2011 |
| LTC 1 | P1-15203-A37 | All | 15.0\% | 6/28/2002 |
| LTC 1 | P1-15203-A37 | All | 40.0\% | 7/10/2003 |
| LTC 1 | P1-15203-A37 | All | 25.0\% | 9/2/2011 |
| Premier/Classic | $\begin{aligned} & \hline \text { P1-18215-A37,-A87 } \\ & \text { P1-18876-A37,-A87 } \end{aligned}$ | All | 50.0\% | 7/10/2003 |
| Premier/Classic | $\begin{aligned} & \hline \text { P1-18215-A37,-A87 } \\ & \text { P1-18876-A37,-A87 } \end{aligned}$ | All | 25.0\% | 9/2/2011 |
| Preferred Advantage | P1-21295-A37,-A87 P1-21300-A37,-A87 P1-21305-A37,-A87 | All | 50.0\% | 7/10/2003 |
| Preferred Advantage | $\begin{aligned} & \text { P1-21295-A37,-A87 } \\ & \text { P1-21300-A37,-A87 } \\ & \text { P1-21305-A37,-A87 } \end{aligned}$ | All | 25.0\% | 9/2/2011 |
| TQ | $\begin{gathered} \hline \text { P1-N0022-A37,-B37,-A87,--B87 } \\ \text { P1-N0023-A37,-B37 } \\ \text { P1-N0026-A37,-B37,-A87,--B87 } \\ \text { P1-N0027-A37,-B37,-A87 } \\ \text { P1-N0030-A37,-A87 } \\ \text { P1-N0031-A37 } \\ \text { P1-N0034-A37,-A87 } \\ \hline \end{gathered}$ | All | 35.0\% | 11/18/2004 |
| TQ | $\begin{gathered} \hline \text { P1-NO022-A37,-B37,-A87,-B87 } \\ \text { P1-N0023-A37,-B37 } \\ \text { P1-N0026-A37,-B37,-A87,-B87 } \\ \text { P1-N0027-A37,-B37,-A87 } \\ \text { P1-N0030-A37,-A87 } \\ \text { P1-N0031-A37 } \\ \text { P1-N0034-A37,-A87 } \\ \hline \end{gathered}$ | All | 25.0\% | 9/2/2011 |

Note: The 2011 approval was implemented as an initial 11.8\% increase followed by another 11.8\% increase one year later.

## 16. Analysis Performed to Consider a Rate Increase

The assumptions we have used in our current projections, which are based in large part on actual insured experience, are substantially different from those used in the original product pricing. The initial premium schedules were based on pricing assumptions believed to be appropriate, given industry experience available when the initial rate schedules were developed. The original pricing assumptions for claim costs, voluntary termination rates, mortality, and interest were as follows:

Original Pricing Claim Costs: In the original pricing of these forms, we relied very heavily on population data with adjustments being made as experience emerged on preceding forms. This description, from the Preferred Advantage actuarial memorandum, is representative of the assumptions used:

## LONG TERM CARE POLICY WITH WAIVER OF PREMIUM:

The underlying claim costs are based on data from several sources, each of which is listed below. Claim frequency and average length of stay were determined separately.

Claim frequency was based on actual claim experience of skilled nursing facility policy P1-52212 for years 1979 through 1986 and convalescent care policy P1-54076 from 1984 through 1992.

To determine average length of stay, continuance tables by age were developed based on data provided in NCHS publication Vital and Health Statistics, Series 13, No. 54 and the article "Recent Experience Under the Medicare Program" by Gresch and Leong, Transactions SOA, Volume XXXIV. A composite table was generated by weighting various continuance tables for stays in skilled nursing and intermediate care facilities by the number of discharges from each type of facility and combining this with our own experience under skilled nursing facility policy P1-52212 and convalescent care policy P154076. Average length of stay for each benefit period and elimination period was calculated from this composite table. Length of stay data provided in the article "Length of Stay Pattern of Nursing Home Admissions" Liu \& Manton, Medical Care, December 1983, Volume 21, Number 12, indicated that the composite continuance table underestimated length of stay. Therefore, an upward adjustment of approximately 10\% was applied to the length of stay generated by the composite table. Claim costs were calculated by multiplying attained age claim frequencies by average length of stay.

Claim costs for waiver of premium were calculated by multiplying attained age claim frequencies by the product of average length of premium waiver and premium being waived.

Claim costs were adjusted to reflect the impact of a no prior hospitalization requirement using data contained in NCHS Advancedata, Number 135, and our own claims payment experience on policy forms P1-54076 and P1-59433.

The above assumptions have been supported by experience analysis of forms P1-54076 and P1-59433.

## HOME HEALTH CARE BENEFITS:

The underlying claim costs are based on the frequency of discharge from convalescent care facilities, the number of home health care visits, and the frequency of utilization.

The frequency of discharge from convalescent care facilities was consistent with the data used in rating Home Health Care Riders R1-16238 and R1-15205, with adjustments for benefit differences. The number of home health care visits was estimated by assuming that the continuance in a home health care program would be 50\% of that for a nursing home stay. Frequency of utilization of home health care was estimated using data
concerning characteristics of discharges from nursing homes found in the NCHS publication Vital and Health Statistics, Series 13, No. 43 "National Nursing Home Survey: 1977 Summary for the United States."

Original Pricing Policy Termination Rates: In the original pricing of these forms, a combined policy termination rate which was meant to include both deaths and lapses was generally used. In certain cases mortality was explicitly accounted for as discussed in the notes below. The original total termination rates vary by product as summarized in the table below.

| Year | Con <br> Care B | LTC 1 | Premier <br> Classic | Preferred <br> Advantage | TQ |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 1 | $25.0 \%$ | $25.0 \%$ | $14.0 \%$ | $14.0 \%$ | $14.0 \%$ |
| 2 | $20.0 \%$ | $20.0 \%$ | $9.3 \%$ | $9.3 \%$ | $9.3 \%$ |
| 3 | $20.0 \%$ | $20.0 \%$ | $7.5 \%$ | $7.5 \%$ | $7.5 \%$ |
| 4 | $15.0 \%$ | $15.0 \%$ | $7.5 \%$ | $7.5 \%$ | $7.5 \%$ |
| $5+$ | $15.0 \%$ | $15.0 \%$ | $7.5 \%$ | $7.5 \%$ | $7.5 \%$ |

Notes regarding original policy termination assumptions:

- For the earlier policy forms, there was no insured experience available. Termination rates were set based on experience on disability income policy forms and skilled nursing facility policies. Later as early duration experience became available, it was incorporated in the pricing assumptions of newer generations of products.
- For Con Care B and LTC 1, at high ages (generally upper 80's) a mortality rate is substituted when such rate exceeds the table value shown above. The table used is not specified in our documentation.
- LTC 1 rate for policies with automatic inflation is $5 \%$ less than the rate shown for year 1 , with the differential reducing $1 \%$ per year through year 5 , resulting in an ultimate termination rate of $14 \%$.
- Premier/Classic, Preferred Advantage and TQ rates vary by issue age. Age 67 is shown.
- For Premier/Classic, Preferred Advantage and TQ, the total termination is never less than mortality (table is not specified) plus 4 percentage points.

Original Pricing Investment Earnings: Generally, 5\% after tax. Loss ratio demonstration calculations were generally performed using a $5 \%$ discount rate.
Expenses: This filing is based on loss ratios and expense levels have not been considered.

## 17. Requested Rate Increase and Demonstration of Satisfaction of Requirements

CCC is requesting a $20 \%$ increase for all forms included in this rate increase request. As shown in the exhibits described above, the expected lifetime loss ratio with and without the requested rate increase exceeds the minimum loss ratio of $60 \%$. In most other jurisdictions, we have requested a $45 \%$ increase for these forms. To the extent that states do not approve the requested amounts, it is the intent of CCC management to submit follow up filings, where not otherwise limited by law or regulation, such that an actuarially equivalent amount is attained.

## 18. Proposed Effective Date

The rate increase will apply to policies on their next policy anniversary following a notification period at least as long as required by your state following approval.

## 19. Pennsylvania and Nationwide Distribution of Business as of 12/31/2014 (by policy count)

The following distributions are provided in separate exhibits, both for nationwide and Pennsylvania only:

- By issue age band (quinquennial, central ages on the 2's and 7's)
- By inflation type (none, simple, compound)
- By elimination period
- By benefit period (base policy (facility) benefit period in days for Con Care B, LTC 1, and Classic. Lifetime maximum benefit multiple (x policy facility daily benefit) for Preferred Advantage and TQ)
- By gender and attained age band (quinquennial, central ages on the 2's and 7's)
- By issue year


## 20. Actuarial Certification

I am an Associate of the Society of Actuaries and a Member of the American Academy of Actuaries. I meet the Academy's qualification standards to render this actuarial opinion and am familiar with the filing requirements for long-term care insurance premium and rate increases.

This memorandum has been prepared in conformity with all applicable Actuarial Standards of Practice including Actuarial Standard of Practice No. 8, "Regulatory Filings for Health Plan Entities" and Actuarial Standard of Practice No. 18, "Long-Term Care Insurance".

I certify that, to the best of my knowledge, this rate filing is in compliance with the applicable laws and rules of your state. In my opinion, the rates are not unfairly discriminatory and the gross premiums are not excessive and bear reasonable relationship to the benefits.


December 22, 2015
Date

ILTC Product and Duration Based Experience on Milliman 2002
Exposure Period 1/1/1996-6/30/2014
ConCare A
ConCare A
ConCare A

|  |  | Home Health Car |  |  | Nursing Home |  |  | Total |  | Weighted Ex | perience |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Duration | Actual Claims | $\begin{aligned} & \text { Exptd (Milliman } \\ & 2002) \\ & \hline \end{aligned}$ | A/E | Actual Claims | $\begin{aligned} & \text { Exptd (Milliman } \\ & 2002 \text { ) } \end{aligned}$ | A/E | Actual Claims | Exptd (Milliman 2002) | A/E | Inforce at 6/30/14 (policies) | Inforce at 6/30/14 (DBA) |
| 1-5 | - | 6,825 | 0.0\% | 48,488 | 22,149 | 218.9\% | 48,488 | 28,974 | 167.4\% |  |  |
| 6 | - | 4,536 | 0.0\% | - | 16,997 | 0.0\% | - | 21,533 | 0.0\% |  |  |
| 7 | 2,685 | 11,952 | 22.5\% | 251,812 | 75,015 | 335.7\% | 254,497 | 86,967 | 292.6\% |  |  |
| 8 | 30,758 | 142,339 | 21.6\% | 1,511,225 | 1,315,461 | 114.9\% | 1,541,983 | 1,457,800 | 105.8\% |  |  |
| 9 | 14,176 | 612,075 | 2.3\% | 6,951,129 | 6,521,633 | 106.6\% | 6,965,305 | 7,133,709 | 97.6\% |  |  |
| 10 | 36,503 | 712,408 | 5.1\% | 7,681,082 | 10,306,869 | 74.5\% | 7,717,585 | 11,019,277 | 70.0\% |  |  |
| 11 | 37,894 | 696,945 | 5.4\% | 10,003,475 | 11,428,916 | 87.5\% | 10,041,369 | 12,125,861 | 82.8\% |  |  |
| 12 | 1,822 | 646,253 | 0.3\% | 9,654,016 | 11,464,299 | 84.2\% | 9,655,838 | 12,110,551 | 79.7\% |  |  |
| 13 | 31,778 | 595,802 | 5.3\% | 9,547,359 | 11,263,630 | 84.8\% | 9,579,137 | 11,859,432 | 80.8\% |  |  |
| 14 | 4,237 | 558,001 | 0.8\% | 9,542,711 | 11,087,647 | 86.1\% | 9,546,948 | 11,645,648 | 82.0\% |  |  |
| 15 | 74,699 | 518,960 | 14.4\% | 9,753,446 | 10,801,314 | 90.3\% | 9,828,145 | 11,320,274 | 86.8\% |  |  |
| 16 | 61,136 | 477,742 | 12.8\% | 8,493,133 | 10,397,623 | 81.7\% | 8,554,269 | 10,875,366 | 78.7\% |  |  |
| 17 | 9,813 | 420,519 | 2.3\% | 7,225,102 | 9,772,599 | 73.9\% | 7,234,915 | 10,193,118 | 71.0\% |  |  |
| 18 | 35,516 | 377,084 | 9.4\% | 7,438,382 | 9,270,852 | 80.2\% | 7,473,898 | 9,647,936 | 77.5\% |  |  |
| 19 | 14,004 | 339,729 | 4.1\% | 6,034,239 | 8,813,259 | 68.5\% | 6,048,242 | 9,152,988 | 66.1\% |  |  |
| 20+ | 402,320 | 1,394,303 | 28.9\% | 27,431,871 | 42,826,426 | 64.1\% | 27,834,191 | 44,220,729 | 62.9\% | 712 | 47,665 |
| Total | 757,341 | 7,515,473 | 10.1\% | 121,567,470 | 155,384,690 | 78.2\% | 122,324,811 | 162,900,163 | 75.1\% | 712 | 47,665 |
| Current product A/E for projections |  |  |  |  |  |  |  |  |  | 62.9\% | 62.9\% |

Current product A/E for projections

ConCare B/B+
ConCare B/B+
ConCare B/B+

|  |  | me Health Ca |  |  | Nursing Home |  |  | Total |  | Weighted Ex | perience |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  | xptd (Milliman |  |  | Exptd (Milliman |  |  | Exptd (Milliman |  | Inforce at 6/30/14 | Inforce at |
| Duration | Actual Claims | 2002) | A/E | Actual Claims | 2002) | A/E | Actual Claims | 2002) | A/E | (policies) | 6/30/14 (DBA) |
| 1-3 | 17,248 | 31,525 | 54.7\% | - | 2,385 | 0.0\% | 17,248 | 33,910 | 50.9\% |  |  |
| 4 | 46,073 | 90,270 | 51.0\% | 720,484 | 424,862 | 169.6\% | 766,558 | 515,132 | 148.8\% |  |  |
| 5 | 207,647 | 673,577 | 30.8\% | 5,145,816 | 3,851,785 | 133.6\% | 5,353,464 | 4,525,361 | 118.3\% |  |  |
| 6 | 442,811 | 1,987,540 | 22.3\% | 13,450,151 | 12,576,279 | 106.9\% | 13,892,961 | 14,563,818 | 95.4\% |  |  |
| 7 | 573,881 | 3,330,260 | 17.2\% | 24,449,876 | 22,190,505 | 110.2\% | 25,023,757 | 25,520,766 | 98.1\% |  |  |
| 8 | 1,092,213 | 4,260,248 | 25.6\% | 30,757,581 | 29,299,494 | 105.0\% | 31,849,794 | 33,559,741 | 94.9\% |  |  |
| 9 | 1,007,830 | 4,657,308 | 21.6\% | 36,987,206 | 33,453,467 | 110.6\% | 37,995,036 | 38,110,775 | 99.7\% |  |  |
| 10 | 994,231 | 4,975,502 | 20.0\% | 43,634,400 | 37,394,687 | 116.7\% | 44,628,631 | 42,370,189 | 105.3\% |  |  |
| 11 | 1,305,366 | 5,303,732 | 24.6\% | 45,968,727 | 41,686,198 | 110.3\% | 47,274,094 | 46,989,930 | 100.6\% |  |  |
| 12 | 1,859,619 | 5,586,475 | 33.3\% | 49,611,254 | 46,360,580 | 107.0\% | 51,470,873 | 51,947,056 | 99.1\% |  |  |
| 13 | 1,911,913 | 5,921,118 | 32.3\% | 55,787,706 | 51,281,040 | 108.8\% | 57,699,620 | 57,202,158 | 100.9\% |  |  |
| 14 | 2,451,849 | 6,208,732 | 39.5\% | 65,488,343 | 56,301,466 | 116.3\% | 67,940,192 | 62,510,198 | 108.7\% |  |  |
| 15 | 2,367,706 | 6,477,412 | 36.6\% | 72,205,085 | 61,387,390 | 117.6\% | 74,572,792 | 67,864,802 | 109.9\% |  |  |
| 16 | 2,199,758 | 6,755,523 | 32.6\% | 59,452,912 | 67,055,020 | 88.7\% | 61,652,669 | 73,810,543 | 83.5\% |  |  |
| 17 | 4,111,985 | 6,915,447 | 59.5\% | 76,630,117 | 73,046,614 | 104.9\% | 80,742,102 | 79,962,061 | 101.0\% |  |  |
| 18 | 3,221,951 | 7,111,959 | 45.3\% | 71,692,875 | 79,200,034 | 90.5\% | 74,914,825 | 86,311,994 | 86.8\% |  |  |
| 19 | 3,421,777 | 7,315,117 | 46.8\% | 70,538,592 | 85,630,691 | 82.4\% | 73,960,370 | 92,945,808 | 79.6\% |  |  |
| 20+ | 34,850,592 | 32,550,738 | 107.1\% | 379,146,936 | 447,368,056 | 84.8\% | 413,997,528 | 479,918,794 | 86.3\% | 12,106 | 2,092,663 |
| Total | 62,084,451 | 110,152,483 | 56.4\% | 1,101,668,062 | 1,148,510,552 | 95.9\% | 1,163,752,513 | 1,258,663,036 | 92.5\% | 12,106 | 2,092,663 |
| Current product A/E for projections |  |  |  |  |  |  |  |  |  | 86.3\% | 86.3\% |

# ILTC Product and Duration Based Experience on Milliman 2002 

 Exposure Period 1/1/1996-6/30/2014LTC 1
LTC 1
LTC 1

|  |  | me Health Car |  |  | Nursing Home |  |  | Total |  | Weighted Ex | perience |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  | xptd (Milliman |  |  | Exptd (Milliman |  |  | Exptd (Milliman |  | Inforce at 6/30/14 | Inforce at |
| Duration | Actual Claims | 2002) | A/E | Actual Claims | 2002) | A/E | Actual Claims | 2002) | A/E | (policies) | 6/30/14 (DBA) |
| 1 | 9,679 | 59,595 | 16.2\% | - - | 55,162 | 0.0\% | 9,679 | 114,757 | 8.4\% |  |  |
| 2 | 230,990 | 439,160 | 52.6\% | 471,333 | 707,042 | 66.7\% | 702,323 | 1,146,202 | 61.3\% |  |  |
| 3 | 1,311,589 | 1,706,278 | 76.9\% | 3,747,048 | 3,925,155 | 95.5\% | 5,058,638 | 5,631,433 | 89.8\% |  |  |
| 4 | 2,573,786 | 3,882,999 | 66.3\% | 19,439,114 | 10,669,053 | 182.2\% | 22,012,900 | 14,552,052 | 151.3\% |  |  |
| 5 | 4,059,693 | 5,572,264 | 72.9\% | 18,241,726 | 16,727,367 | 109.1\% | 22,301,419 | 22,299,631 | 100.0\% |  |  |
| 6 | 4,416,443 | 6,430,580 | 68.7\% | 20,984,745 | 20,259,898 | 103.6\% | 25,401,188 | 26,690,479 | 95.2\% |  |  |
| 7 | 3,713,589 | 7,100,665 | 52.3\% | 31,968,213 | 23,582,152 | 135.6\% | 35,681,802 | 30,682,817 | 116.3\% |  |  |
| 8 | 5,692,336 | 7,818,231 | 72.8\% | 32,905,824 | 27,187,131 | 121.0\% | 38,598,160 | 35,005,362 | 110.3\% |  |  |
| 9 | 3,891,715 | 8,474,678 | 45.9\% | 35,826,197 | 31,008,319 | 115.5\% | 39,717,912 | 39,482,997 | 100.6\% |  |  |
| 10 | 4,333,720 | 9,159,810 | 47.3\% | 39,450,113 | 35,222,268 | 112.0\% | 43,783,833 | 44,382,078 | 98.7\% |  |  |
| 11 | 5,342,417 | 9,880,706 | 54.1\% | 54,573,021 | 39,824,426 | 137.0\% | 59,915,439 | 49,705,131 | 120.5\% |  |  |
| 12 | 6,735,348 | 10,444,998 | 64.5\% | 53,208,440 | 44,706,212 | 119.0\% | 59,943,788 | 55,151,210 | 108.7\% |  |  |
| 13 | 7,661,396 | 11,187,898 | 68.5\% | 52,537,134 | 50,114,280 | 104.8\% | 60,198,530 | 61,302,177 | 98.2\% |  |  |
| 14 | 11,132,643 | 11,963,248 | 93.1\% | 49,802,931 | 56,311,840 | 88.4\% | 60,935,574 | 68,275,088 | 89.3\% |  |  |
| 15 | 9,974,211 | 12,789,404 | 78.0\% | 69,005,478 | 63,091,242 | 109.4\% | 78,979,688 | 75,880,646 | 104.1\% |  |  |
| 16+ | 96,600,000 | 95,519,750 | 101.1\% | 486,194,943 | 597,519,730 | 81.4\% | 582,794,943 | 693,039,479 | 84.1\% | 18,225 | 3,830,776 |
| Total | 167,679,555 | 202,430,264 | 82.8\% | 968,356,260 | 1,020,911,275 | 94.9\% | 1,136,035,815 | 1,223,341,539 | 92.9\% | 18,225 | 3,830,776 |
| Current product A/E for projections |  |  |  |  |  |  |  |  |  | 84.1\% | 84.1\% |

Premier/Classic

|  | Premier |  |  | Classic |  |  | Total |  |  | Weighted Experience |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  | ptd (Milliman |  |  | ptd (Milliman |  |  | ptd (Milliman |  | Inforce at 6/30/14 | Inforce at |
| Duration | Actual Claims | 2002) | A/E | Actual Claims | 2002) | A/E | Actual Claims | 2002) | A/E | (policies) | 6/30/14 (DBA) |
| 1 | 623,857 | 986,999 | 63.2\% | 685,670 | 1,588,920 | 43.2\% | 1,309,527 | 2,575,919 | 50.8\% |  |  |
| 2 | 1,199,188 | 2,676,324 | 44.8\% | 1,425,535 | 3,616,266 | 39.4\% | 2,624,723 | 6,292,590 | 41.7\% |  |  |
| 3 | 4,883,684 | 4,651,535 | 105.0\% | 8,007,678 | 5,809,996 | 137.8\% | 12,891,362 | 10,461,530 | 123.2\% |  |  |
| 4 | 4,564,880 | 6,164,079 | 74.1\% | 10,504,823 | 7,574,330 | 138.7\% | 15,069,703 | 13,738,409 | 109.7\% |  |  |
| 5 | 7,196,369 | 7,580,002 | 94.9\% | 13,394,728 | 9,377,837 | 142.8\% | 20,591,097 | 16,957,839 | 121.4\% |  |  |
| 6 | 7,208,325 | 9,074,937 | 79.4\% | 15,574,524 | 11,299,060 | 137.8\% | 22,782,849 | 20,373,997 | 111.8\% |  |  |
| 7 | 9,976,034 | 10,556,326 | 94.5\% | 20,924,661 | 13,134,485 | 159.3\% | 30,900,695 | 23,690,811 | 130.4\% |  |  |
| 8 | 13,320,883 | 11,879,989 | 112.1\% | 18,000,358 | 14,878,369 | 121.0\% | 31,321,241 | 26,758,357 | 117.1\% |  |  |
| 9 | 12,462,645 | 13,192,717 | 94.5\% | 18,053,335 | 16,493,474 | 109.5\% | 30,515,980 | 29,686,191 | 102.8\% |  |  |
| 10 | 14,436,161 | 14,373,792 | 100.4\% | 21,545,966 | 18,042,147 | 119.4\% | 35,982,127 | 32,415,940 | 111.0\% |  |  |
| 11 | 14,508,922 | 15,759,518 | 92.1\% | 23,601,796 | 19,908,645 | 118.6\% | 38,110,718 | 35,668,163 | 106.8\% |  |  |
| 12 | 17,870,158 | 17,211,544 | 103.8\% | 31,342,897 | 21,964,600 | 142.7\% | 49,213,055 | 39,176,144 | 125.6\% |  |  |
| 13 | 17,395,003 | 18,758,570 | 92.7\% | 27,264,804 | 24,169,890 | 112.8\% | 44,659,807 | 42,928,460 | 104.0\% |  |  |
| 14 | 11,315,195 | 20,342,566 | 55.6\% | 36,140,023 | 26,480,913 | 136.5\% | 47,455,218 | 46,823,479 | 101.3\% |  |  |
| 15 | 21,240,277 | 21,853,169 | 97.2\% | 43,839,870 | 28,932,155 | 151.5\% | 65,080,147 | 50,785,324 | 128.1\% | 17 | 3,384 |
| 16+ | 119,365,050 | 108,268,495 | 110.2\% | 152,336,778 | 129,555,638 | 117.6\% | 271,701,828 | 237,824,134 | 114.2\% | 13,401 | 2,664,058 |
| Total | 277,566,633 | 283,330,562 | 98.0\% | 442,643,446 | 352,826,727 | 125.5\% | 720,210,079 | 636,157,289 | 113.2\% | 13,418 | 2,667,441 |
| Current product A/E for projections |  |  |  |  |  |  |  |  |  | 114.3\% | 114.3\% |


| Preferred Advantage |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  | Weighted Experience |  |
| Duration | Actual Claims | $\begin{aligned} & \text { Exptd (Milliman } \\ & \text { 2002) } \\ & \hline \end{aligned}$ | A/E | Inforce at $6 / 30 / 14$ (policies) | Inforce at 6/30/14 (DBA) |
| 1 | 5,235,960 | 7,410,665 | 70.7\% |  |  |
| 2 | 10,095,570 | 11,902,673 | 84.8\% |  |  |
| 3 | 18,748,472 | 16,580,577 | 113.1\% |  |  |
| 4 | 22,311,458 | 21,514,674 | 103.7\% |  |  |
| 5 | 29,506,413 | 26,649,735 | 110.7\% |  |  |
| 6 | 34,282,717 | 32,112,088 | 106.8\% |  |  |
| 7 | 40,283,852 | 37,322,236 | 107.9\% |  |  |
| 8 | 34,581,368 | 41,824,244 | 82.7\% |  |  |
| 9 | 45,104,609 | 45,832,497 | 98.4\% |  |  |
| 10 | 53,513,930 | 50,328,916 | 106.3\% |  |  |
| 11 | 61,949,982 | 55,616,932 | 111.4\% | 1 | 150 |
| 12 | 71,584,263 | 61,387,264 | 116.6\% | 12 | 2,639 |
| 13 | 76,569,701 | 67,502,375 | 113.4\% | 18 | 2,926 |
| 14 | 83,411,327 | 73,921,897 | 112.8\% | 31 | 6,157 |
| 15+ | 365,833,318 | 343,987,418 | 106.4\% | 24,190 | 4,695,663 |
| Total | 953,012,941 | 893,894,190 | 106.6\% | 24,252 | 4,707,535 |
| Current product A/E for projections |  |  |  | 106.4\% | 106.4\% |
|  |  | value used (adjusted based on trend analysis) |  |  | 109.5\% |

Tax Qualified
Tax Qualified
Tax Qualified

| Duration | Classic TQ |  |  | Preferred Advantage TQ |  |  | Total |  |  | Weighted Experience |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  | td (Milliman |  |  | xptd (Milliman |  |  | ptd (Milliman |  | Inforce at 6/30/14 | Inforce at |
|  | Actual Claims | 2002) | A/E | Actual Claims | 2002) | A/E | Actual Claims | 2002) | A/E | (policies) | 6/30/14 (DBA) |
| 1 | 267,119 | 241,638 | 110.5\% | 5,907,508 | 8,050,777 | 73.4\% | 6,174,627 | 8,292,416 | 74.5\% |  |  |
| 2 | 116,390 | 384,739 | 30.3\% | 10,421,499 | 12,158,512 | 85.7\% | 10,537,889 | 12,543,252 | 84.0\% |  |  |
| 3 | 1,284,723 | 562,798 | 228.3\% | 21,532,989 | 17,264,688 | 124.7\% | 22,817,712 | 17,827,486 | 128.0\% |  |  |
| 4 | 854,524 | 741,320 | 115.3\% | 29,476,992 | 22,693,890 | 129.9\% | 30,331,516 | 23,435,209 | 129.4\% |  |  |
| 5 | 1,341,177 | 924,641 | 145.0\% | 33,023,497 | 28,436,881 | 116.1\% | 34,364,674 | 29,361,523 | 117.0\% |  |  |
| 6 | 1,327,380 | 1,130,803 | 117.4\% | 47,554,933 | 34,786,843 | 136.7\% | 48,882,313 | 35,917,646 | 136.1\% |  |  |
| 7 | 1,335,887 | 1,334,386 | 100.1\% | 50,567,957 | 40,946,766 | 123.5\% | 51,903,844 | 42,281,152 | 122.8\% |  |  |
| 8 | 1,545,745 | 1,540,782 | 100.3\% | 51,267,580 | 46,736,718 | 109.7\% | 52,813,326 | 48,277,499 | 109.4\% |  |  |
| 9 | 1,995,538 | 1,741,697 | 114.6\% | 56,541,191 | 52,877,668 | 106.9\% | 58,536,729 | 54,619,366 | 107.2\% |  |  |
| 10 | 2,285,918 | 1,964,909 | 116.3\% | 67,698,715 | 59,467,659 | 113.8\% | 69,984,633 | 61,432,567 | 113.9\% |  |  |
| 11 | 1,171,198 | 2,212,888 | 52.9\% | 69,476,809 | 66,516,362 | 104.5\% | 70,648,007 | 68,729,250 | 102.8\% | 3 | 860 |
| 12 | 3,624,536 | 2,471,392 | 146.7\% | 95,734,161 | 73,940,084 | 129.5\% | 99,358,697 | 76,411,476 | 130.0\% | 997 | 231,844 |
| 13 | 3,471,655 | 2,729,260 | 127.2\% | 92,797,826 | 79,790,355 | 116.3\% | 96,269,481 | 82,519,615 | 116.7\% | 1,463 | 343,308 |
| 14 | 5,314,216 | 3,038,897 | 174.9\% | 85,718,892 | 84,674,762 | 101.2\% | 91,033,107 | 87,713,659 | 103.8\% | 1,598 | 371,228 |
| 15+ | 10,681,757 | 10,289,214 | 103.8\% | 254,545,017 | 212,431,089 | 119.8\% | 265,226,773 | 222,720,303 | 119.1\% | 37,379 | 7,864,497 |
| Total | 36,617,763 | 31,309,364 | 117.0\% | 972,265,566 | 840,773,054 | 115.6\% | 1,008,883,328 | 872,082,418 | 115.7\% | 41,440 | 8,811,736 |
| Current product A/E for projections |  |  |  |  |  |  |  |  |  | 118.7\% | 118.6\% |

ILTC Product and Duration Based Experience on Milliman :
Exposure Period 1/1/1996-6/30/2014

| Preferred Solution Total |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  | Weighted Experience |  |
| Duration | Actual Claims | $\begin{aligned} & \text { Exptd (Milliman } \\ & 2002) \end{aligned}$ | A/E | Inforce at 6/30/14 (policies) | Inforce at 6/30/14 (DBA) |
| 1 | 7,978,405 | 10,201,421 | 78.2\% |  |  |
| 2 | 15,783,094 | 15,130,299 | 104.3\% |  |  |
| 3 | 24,647,546 | 21,466,580 | 114.8\% |  |  |
| 4 | 25,679,769 | 28,504,473 | 90.1\% |  |  |
| 5 | 27,323,280 | 36,621,047 | 74.6\% |  |  |
| 6 | 47,707,421 | 45,677,814 | 104.4\% |  |  |
| 7 | 50,211,463 | 55,096,625 | 91.1\% |  |  |
| 8 | 65,943,131 | 64,384,167 | 102.4\% |  |  |
| 9 | 72,751,207 | 73,979,083 | 98.3\% |  |  |
| 10 | 84,799,941 | 84,692,261 | 100.1\% | - | - |
| 11 | 96,452,483 | 96,973,805 | 99.5\% | 44 | 8,869 |
| 12+ | 285,836,557 | 259,026,820 | 110.4\% | 86,915 | 17,914,843 |
| Total | 805,114,298 | 791,754,397 | 101.7\% | 86,959 | 17,923,712 |
| Current product A/E for projections |  |  |  | 110.3\% | 110.3\% |

ILTC Claim Cost A/E Ratio By Exposure Year - Milliman 2002 Guideline

Exposure through June 30, 2014

| Product <br> ConCare A |  | 1996-1999 | 2000 | 2001 | 2002 | 2003 | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 YTD | Total |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | Actual Claim | 39,780,405 | 8,928,157 | 10,349,674 | 9,183,960 | 7,391,631 | 7,818,115 | 6,190,249 | 6,416,362 | 5,405,227 | 5,164,632 | 4,036,630 | 3,655,253 | 2,959,313 | 2,118,289 | 2,142,504 | 784,690 | 122,325,090 |  |
|  | Expected Claim | 47,984,897 | 11,718,748 | 11,466,835 | 11,117,573 | 10,748,806 | 10,053,582 | 9,381,973 | 8,821,559 | 8,217,832 | 7,398,750 | 6,495,047 | 5,642,082 | 4,900,418 | 4,169,606 | 3,406,380 | 1,506,250 | 163,030,336 |  |
|  | AlE Ratio | 83\% | 76\% | 90\% | 83\% | 69\% | 78\% | 66\% | 73\% | 66\% | 70\% | 62\% | 65\% | 60\% | 51\% | 63\% |  | 75.0\% | 2.9 |
| ConCare B/B+ | Actual Claim | 128,864,138 | 42,645,086 | 45,300,149 | 58,615,001 | 57,411,844 | 67,476,513 | 69,407,336 | 68,847,887 | 75,626,494 | 73,776,237 | 82,242,996 | 82,477,411 | 78,141,916 | 91,092,999 | 89,084,951 | 52,741,566 | 1,163,752,513 |  |
|  | Expected Claim | 133,745,891 | 43,462,987 | 48,185,065 | 53,167,711 | 58,393,464 | 62,853,279 | 68,310,520 | 74,143,922 | 80,482,297 | 86,764,183 | 91,995,003 | 97,106,048 | 100,838,414 | 103,475,241 | 103,752,878 | 52,614,712 | 1,259,291,614 |  |
|  | A/E Ratio | 96\% | 98\% | 94\% | 110\% | 98\% | 107\% | 102\% | 93\% | 94\% | 85\% | 89\% | 85\% | 77\% | 88\% | 86\% |  | 92.4\% | 86.3\% |
| LTC 1 | Actual Claim | 106,580,113 | 33,465,084 | 42,187,022 | 48,368,791 | 55,255,266 | 57,361,898 | 54,745,136 | 67,063,602 | 70,334,907 | 75,609,870 | 89,350,592 | 74,743,406 | 92,146,351 | 102,245,045 | 110,276,258 | 62,558,7 | 1,142,292,093 |  |
|  | Expected Claim | 95,709,876 | 34,124,205 | 38,782,953 | 43,595,403 | 48,925,950 | 54,180,315 | 60,073,825 | 67,079,333 | 74,493,542 | 82,690,941 | 91,701,999 | 101,562,658 | 111,605,173 | 121,715,356 | 129,376,300 | 67,932,716 | 1,223,550,544 |  |
|  | A/E Ratio | 111\% | 98\% | 109\% | 111\% | 113\% | 106\% | 91\% | 100\% | 94\% | 91\% | 97\% | 74\% | 83\% | 84\% | 85\% |  | 93.4\% | 85.5\% |
| Pref Advantage | Actual Claim | 40,467,541 | 27,970,588 | 31,195,574 | 33,150,502 | 39,619,299 | 34,853,222 | 54,807,915 | 52,190,126 | 57,937,438 | 72,779,055 | 87,417,833 | 83,885,716 | 81,257,431 | 93,521,081 | 101,549,532 | 60,604,150 | 953,207,002 |  |
|  | Expected Claim | 45,322,860 | 23,580,479 | 28,926,475 | 34,436,810 | 39,717,817 | 43,728,530 | 47,951,767 | 53,470,931 | 59,041,179 | 65,256,330 | 71,591,773 | 76,155,551 | 83,105,548 | 88,443,285 | 94,311,061 | 50,139,707 | 05,180,104 |  |
|  | A/E Ratio | 89\% | 119\% | 108\% | 96\% | 100\% | 80\% | 114\% | 98\% | 98\% | 112\% | 122\% | 110\% | 98\% | 106\% | 108\% |  | 105.3\% | 109.5\% |
| Pref Solution | Actual Claim | 157,695 | 2,999,192 | 5,505,974 | 12,710,552 | 17,886,229 | 24,481,801 | 28,793,008 | 43,841,283 | 44,846,127 | 65,029,481 | 64,938,043 | 81,409,158 | 97,135,311 | 110,974,951 | 130,717,624 | 73,531,02 | 804,957,460 |  |
|  | Expected Claim | 560,235 | 2,882,120 | 6,729,465 | 12,572,563 | 19,553,145 | 26,195,604 | 33,674,140 | 42,022,867 | 51,094,951 | 60,760,782 | 70,469,015 | 80,941,282 | 92,583,375 | 105,886,070 | 120,331,856 | 65,435,400 | 791,692,872 |  |
|  | AlE Ratio | 28\% | 104\% | 82\% | 101\% | 91\% | 93\% | 86\% | 104\% | 88\% | 107\% | 92\% | 101\% | 105\% | 105\% | 109\% |  | 101.7\% | 110.3 |
| Premier/Classic | Actual Claim | 43,081,403 | 16,876,017 | 25,631,310 | 31,572,565 | 30,480,828 | 34,989,599 | 38,526,869 | 42,223,039 | 40,749,464 | 45,500,217 | 55,208,360 | 61,788,598 | 68,331,829 | 65,526,855 | 78,535,871 | 42,215,98 | 721,238,799 |  |
|  | Expected Claim | 42,029,691 | 18,634,714 | 21,956,429 | 25,379,805 | 28,718,921 | 31,464,970 | 34,625,371 | 38,052,960 | 41,859,546 | 45,819,972 | 49,335,098 | 51,815,712 | 56,982,947 | 60,345,420 | 66,936,987 | 35,289,767 | 649,248,311 |  |
|  | A/E Ratio | 103\% | 91\% | 117\% | 124\% | 106\% | 111\% | 111\% | 111\% | 97\% | 99\% | 112\% | 119\% | 120\% | 109\% | 117\% |  | 111.1\% | 114.3\% |
| Tax Qualified | Actual Claim | 10,996,022 | 18,169,618 | 27,189,787 | 29,425,008 | 41,452,988 | 46,065,651 | 49,416,805 | 53,411,035 | 59,999,812 | 75,500,872 | 85,108,473 | 96,329,936 | 96,451,662 | 119,457,104 | 135,284,592 | 64,459,262 | 1,008,718,627 |  |
|  | Expected Claim | 15,567,206 | 14,201,759 | 19,343,023 | 25,017,689 | 31,120,242 | 37,319,196 | 43,172,734 | 49,179,604 | 55,794,121 | 62,952,931 | 70,717,026 | 79,015,575 | 90,732,398 | 98,721,286 | 103,474,548 | 55,593,431 | 851,922,768 |  |
|  | A/E Ratio | 71\% | 128\% | 141\% | 118\% | 133\% | 123\% | 114\% | 109\% | 108\% | 120\% | 120\% | 122\% | 106\% | 121\% | 131\% |  | 118.4\% | 18.6 |
| Total | Actual Claim | 369,927,317 | 151,053,743 | 187,359,490 | 223,026,379 | 249,498,085 | 273,046,799 | 301,887,317 | 333,993,333 | 354,899,469 | 413,360,364 | 468,302,926 | 484,289,478 | 516,423,813 | 584,936,324 | 647,591,332 |  | 5,559,596,168 |  |
|  | Expected Claim | 380,920,655 | 148,605,011 | 175,390,247 | 205,287,554 | 237,178,345 | 265,795,475 | 297,190,331 | 332,771,176 | 370,983,468 | 411,643,889 | 452,304,962 | 492,238,906 | 540,748,274 | 582,756,264 | 621,590,010 |  | 5,515,404,565 |  |
|  | A/E Ratio | 97.1\% | 101.6\% | 106.8\% | 108.6\% | 105.2\% | 102.7\% | 101.6\% | 100.4\% | 95.7\% | 100.4\% | 103.5\% | 98.4\% | 96\% | 100\% | 104\% |  | 100.8\% |  |

ILTC AIE Claim Relativities by Issue Age
The factors here will be applied along with the global product A/E factors to arrive at a total $A / E$ adjustment for experience projections

Issue Ages < 60

|  | Durations <br> Evaluated | Actual Claim | Expected |
| :--- | :---: | :---: | :---: | :---: | :---: | :---: |
| Claim |  |  |  |$\quad$ A/E | Normalized |
| :---: | | Age |
| :---: |
| Distribution |

Issue Ages 60-69

|  | Durations <br> Evaluated | Actual Claim | Expected <br> Claim | A/E | Normalized <br> A/E | Age <br> Distribution |
| :--- | :---: | ---: | :---: | :---: | :---: | :---: |
| PrefAdv | $17+$ | $122,111,417$ | $105,438,410$ | $115.8 \%$ |  |  |
| PrefSol | $11+$ | $190,047,241$ | $164,380,829$ | $115.6 \%$ |  |  |
| TQ | $15+$ | $145,703,012$ | $118,205,099$ | $123.3 \%$ |  |  |
| PremClas | $18+$ | $89,975,260$ | $77,469,986$ | $116.1 \%$ |  |  |
| LTC1 | $18+$ | $285,975,090$ | $335,489,856$ | $85.2 \%$ |  |  |
| ConB | $22+$ | $173,975,733$ | $203,801,387$ | $85.4 \%$ |  |  |
| ConA |  | -- not included in tabulations | -- |  |  |  |
| Total |  | $1,007,787,753$ | $1,004,785,567$ | $100.3 \%$ | $\mathbf{1 0 3 . 2 \%}$ | $46 \%$ |

Issue Ages 70-74

|  | Durations <br> Evaluated | Actual Claim | Expected | Claim | A/E | Normalized |  |  |  |  |
| :--- | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| A/E | Age <br> Distribution |  |  |  |  |  |  |  |  |  |
| PrefAdv | $17+$ | $38,158,626$ | $35,489,170$ | $107.5 \%$ |  |  |  |  |  |  |
| PrefSol | $11+$ | $84,945,803$ | $73,906,498$ | $114.9 \%$ |  |  |  |  |  |  |
| TQ | $15+$ | $66,572,755$ | $54,734,494$ | $121.6 \%$ |  |  |  |  |  |  |
| PremClas | $18+$ | $30,318,286$ | $24,664,928$ | $122.9 \%$ |  |  |  |  |  |  |
| LTC1 | $18+$ | $51,579,488$ | $57,848,385$ | $89.2 \%$ |  |  |  |  |  |  |
| ConB | $22+$ | $23,465,071$ | $24,004,204$ | $97.8 \%$ |  |  |  |  |  |  |
| ConA | -- not included in tabulations |  |  |  |  |  |  | -- |  |  |
| Total |  | $295,040,028$ | $270,647,679$ | $109.0 \%$ | $\mathbf{1 1 2 . 2 \%}$ | $9 \%$ |  |  |  |  |

Issue Ages 75+

|  | Durations Evaluated | Actual Claim | Expected Claim | A/E | Normalized AIE | Age Distribution |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| PrefAdv | 17+ | 8,401,464 | 7,919,378 | 106.1\% |  |  |
| PrefSol | 11+ | 45,416,631 | 40,639,300 | 111.8\% |  |  |
| TQ | 15+ | 21,712,434 | 20,187,273 | 107.6\% |  |  |
| PremClas | 18+ | 8,939,876 | 7,238,394 | 123.5\% |  |  |
| LTC1 | 18+ | 8,257,620 | 8,069,803 | 102.3\% |  |  |
| ConB | 22+ | 1,277,735 | 1,422,536 | 89.8\% |  |  |
| ConA |  | -- not inclu | ed in tabulation | -- |  |  |
| Total |  | 94,005,759 | 85,476,686 | 110.0\% | 113.2\% | 2\% |
| Weighted | ge - All Ages | 605,360,828 | 622,887,918 | 97.2\% | 100.0\% |  |

CNA Individual Long Term Care Policy Termination Experience 2006-2011

| (a) | (b) | (c) | (d) | (e) | (f) | (g) | (h) | (i) | (j) | (k) | (1) | (m) |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | Actual Experience |  |  |  |  |  | Develop Imputed Lapse Based on Mortality Assumption |  |  |  |  |  |
| Duration | Total Lives | Total Terminations | Actual Deaths | Actual Lapses | Actual Benefit Exhaust | $\begin{gathered} \text { Raw } \\ \text { Lapse } \\ \text { Rate } \end{gathered}$ | $\begin{aligned} & \text { Expected } \\ & \text { Deaths } \\ & (100 \% 1994 \\ & \text { GAM Static }) \\ & \hline \end{aligned}$ | Actual Deaths as \% of 1994 GAM | \% of GAM used for Projection (prior to improvement) | Expected Deaths Using Our Projection Assumption | Imputed <br> Lapse ((c) <br> - (k) - (f)) | Imputed Lapse Rate Using Projection Death Assumption |
| 3 | 19 | 0 | 0 | 0 | 0 | 0.0\% | 0 | 0\% | 28\% | 0 | (0) | -0.3\% |
| 4 | 11,547 | 269 | 48 | 221 | 0 | 1.9\% | 119 | 40\% | 32\% | 38 | 231 | 2.0\% |
| 5 | 47,214 | 1,026 | 269 | 750 | 7 | 1.6\% | 606 | 44\% | 35\% | 212 | 807 | 1.7\% |
| 6 | 77,128 | 1,568 | 540 | 1,013 | 15 | 1.3\% | 1,128 | 48\% | 38\% | 429 | 1,124 | 1.5\% |
| 7 | 102,424 | 2,204 | 812 | 1,358 | 34 | 1.3\% | 1,693 | 48\% | 42\% | 711 | 1,459 | 1.4\% |
| 8 | 126,026 | 2,870 | 1,254 | 1,561 | 55 | 1.2\% | 2,376 | 53\% | 46\% | 1,093 | 1,722 | 1.4\% |
| 9 | 148,854 | 3,630 | 1,788 | 1,746 | 96 | 1.2\% | 3,228 | 55\% | 50\% | 1,614 | 1,920 | 1.3\% |
| 10 | 153,950 | 4,335 | 2,377 | 1,816 | 142 | 1.2\% | 3,866 | 61\% | 52\% | 2,010 | 2,183 | 1.4\% |
| 11 | 147,706 | 4,284 | 2,603 | 1,501 | 180 | 1.0\% | 4,287 | 61\% | 54\% | 2,315 | 1,789 | 1.2\% |
| 12 | 131,692 | 4,480 | 2,953 | 1,323 | 204 | 1.0\% | 4,376 | 67\% | 56\% | 2,450 | 1,826 | 1.4\% |
| 13 | 114,860 | 4,292 | 2,919 | 1,147 | 226 | 1.0\% | 4,301 | 68\% | 58\% | 2,494 | 1,572 | 1.4\% |
| 14 | 101,295 | 4,258 | 2,961 | 1,075 | 222 | 1.1\% | 4,177 | 71\% | 60\% | 2,506 | 1,530 | 1.5\% |
| 15 | 87,514 | 3,885 | 2,817 | 876 | 192 | 1.0\% | 3,886 | 72\% | 62\% | 2,410 | 1,283 | 1.5\% |
| 16 | 68,749 | 3,399 | 2,507 | 736 | 156 | 1.1\% | 3,350 | 75\% | 67\% | 2,244 | 999 | 1.5\% |
| 17 | 57,158 | 3,114 | 2,308 | 692 | 114 | 1.2\% | 3,003 | 77\% | 72\% | 2,162 | 838 | 1.5\% |
| 18 | 47,490 | 2,830 | 2,154 | 591 | 85 | 1.2\% | 2,701 | 80\% | 77\% | 2,079 | 666 | 1.4\% |
| 19 | 39,199 | 2,647 | 1,939 | 634 | 74 | 1.6\% | 2,451 | 79\% | 82\% | 2,010 | 563 | 1.4\% |
| 20 | 28,718 | 2,307 | 1,702 | 522 | 83 | 1.8\% | 2,032 | 84\% | 86\% | 1,747 | 477 | 1.7\% |
| 21 | 18,731 | 1,802 | 1,279 | 441 | 82 | 2.4\% | 1,509 | 85\% | 90\% | 1,358 | 362 | 1.9\% |
| 22 | 10,353 | 1,184 | 813 | 316 | 55 | 3.1\% | 952 | 85\% | 90\% | 857 | 272 | 2.6\% |
| 23 | 4,482 | 683 | 465 | 183 | 35 | 4.1\% | 498 | 93\% | 90\% | 448 | 200 | 4.5\% |
| 24 | 1,955 | 361 | 231 | 115 | 15 | 5.9\% | 252 | 92\% | 90\% | 227 | 119 | 6.1\% |
| 25 | 739 | 161 | 105 | 43 | 13 | 5.8\% | 106 | 99\% | 90\% | 96 | 52 | 7.1\% |
| 26 | 219 | 50 | 29 | 19 | 2 | 8.7\% | 33 | 87\% | 90\% | 30 | 18 | 8.3\% |
| 27 | 81 | 20 | 12 | 6 | 2 | 7.4\% | 13 | 93\% | 90\% | 12 | 6 | 7.9\% |
| 28 | 71 | 14 | 8 | 5 | 1 | 7.0\% | 13 | 61\% | 90\% | 12 | 1 | 1.8\% |
| 29 | 68 | 25 | 15 | 8 | 2 | 11.8\% | 13 | 113\% | 90\% | 12 | 11 | 16.2\% |
| 30 | 52 | 11 | 7 | 2 | 2 | 3.8\% | 10 | 70\% | 90\% | 9 | (0) | -0.1\% |
| 31 | 50 | 14 | 11 | 2 | 1 | 4.0\% | 10 | 108\% | 90\% | 9 | 4 | 7.7\% |
| 32 | 39 | 12 | 10 | 1 | 1 | 2.6\% | 8 | 121\% | 90\% | 7 | 4 | 9.1\% |
| 33 | 29 | 7 | 4 | 3 | 0 | 10.3\% | 7 | 59\% | 90\% | 6 | 1 | 3.2\% |
| 34 | 17 | 6 | 5 | 1 | 0 | 5.9\% | 4 | 119\% | 90\% | 4 | 2 | 13.0\% |
| 35 | 8 | 2 | 1 | 1 | 0 | 12.5\% | 2 | 51\% | 90\% | 2 | 0 | 3.1\% |
| 36 | 1 | 0 | 0 | 0 | 0 | 0.0\% | 0 | 0\% | 90\% |  |  |  |
| Grand Total | 1,528,436 | 55,750 | 34,946 | 18,708 | 2,096 | 1.2\% | 51,009 | 69\% | 62\% | 31,613 | 22,041 | 1.4\% |


| Grouped Duration | Total <br> Lives | Total Terminations | Actual Deaths | Actual Lapses | Actual <br> Benefit <br> Exhaust | Raw Lapse Rate | $\begin{aligned} & \text { Expected } \\ & \text { Deaths } \\ & (100 \% 1994 \\ & \text { GAM Static }) \\ & \hline \end{aligned}$ | Actual Deaths as \% of 1994 GAM | \% of GAM used for Projection (prior to improvement) | Expected Deaths Using Our Projection Assumption | Imputed <br> Lapse ((c) $-(\mathrm{k})-(\mathrm{f}))$ | Imputed Lapse Rate Using Projection Death Assumption |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 1-10 | 667,161 | 15,902 | 7,088 | 8,465 | 349 | 1.3\% | 13,015 | 54\% | 47\% | 6,107 | 9,446 | 1.4\% |
| 11-15 | 583,066 | 21,199 | 14,253 | 5,922 | 1,024 | 1.0\% | 21,027 | 68\% | 58\% | 12,176 | 7,999 | 1.4\% |
| 16-20 | 241,314 | 14,297 | 10,610 | 3,175 | 512 | 1.3\% | 13,536 | 78\% | 76\% | 10,243 | 3,542 | 1.5\% |
| 21-25 | 36,260 | 4,191 | 2,893 | 1,098 | 200 | 3.0\% | 3,318 | 87\% | 90\% | 2,986 | 1,005 | 2.8\% |
| 26 + | 635 | 161 | 102 | 48 | 11 | 7.6\% | 114 | 89\% | 90\% | 103 | 47 | 7.5\% |

## Mortality Experience Analysis Based on Milliman 2013 Tabulations of CNA Data <br> Total all ILTC Policy Forms, 2006-2011

|  | Actual Experience |  |  |  |  |  | Mortality Analysis |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Duration | Total Lives | Total Terminations | Actual Deaths | Actual Lapses | Actual Benefit Exhaust | Raw Lapse Rate | $\begin{gathered} \text { Expected } \\ \text { Deaths } \\ (1994 \\ \text { GAM }) \\ \hline \end{gathered}$ | Actual Deaths as \% of 1994 GAM | \% of GAM used for Projection (prior to improvement) | Expected Deaths Using Our Projection Assumption |
| 3 | 19 | 0 | 0 | 0 | 0 | 0.0\% | 0 | 0\% | 28\% | 0 |
| 4 | 11,547 | 269 | 48 | 221 | 0 | 1.9\% | 119 | 40\% | 32\% | 38 |
| 5 | 47,214 | 1,026 | 269 | 750 | 7 | 1.6\% | 606 | 44\% | 35\% | 212 |
| 6 | 77,128 | 1,568 | 540 | 1,013 | 15 | 1.3\% | 1,128 | 48\% | 38\% | 429 |
| 7 | 102,424 | 2,204 | 812 | 1,358 | 34 | 1.3\% | 1,693 | 48\% | 42\% | 711 |
| 8 | 126,026 | 2,870 | 1,254 | 1,561 | 55 | 1.2\% | 2,376 | 53\% | 46\% | 1,093 |
| 9 | 148,854 | 3,630 | 1,788 | 1,746 | 96 | 1.2\% | 3,228 | 55\% | 50\% | 1,614 |
| 10 | 153,950 | 4,335 | 2,377 | 1,816 | 142 | 1.2\% | 3,866 | 61\% | 52\% | 2,010 |
| 11 | 147,706 | 4,284 | 2,603 | 1,501 | 180 | 1.0\% | 4,287 | 61\% | 54\% | 2,315 |
| 12 | 131,692 | 4,480 | 2,953 | 1,323 | 204 | 1.0\% | 4,376 | 67\% | 56\% | 2,450 |
| 13 | 114,860 | 4,292 | 2,919 | 1,147 | 226 | 1.0\% | 4,301 | 68\% | 58\% | 2,494 |
| 14 | 101,295 | 4,258 | 2,961 | 1,075 | 222 | 1.1\% | 4,177 | 71\% | 60\% | 2,506 |
| 15 | 87,514 | 3,885 | 2,817 | 876 | 192 | 1.0\% | 3,886 | 72\% | 62\% | 2,410 |
| 16 | 68,749 | 3,399 | 2,507 | 736 | 156 | 1.1\% | 3,350 | 75\% | 67\% | 2,244 |
| 17 | 57,158 | 3,114 | 2,308 | 692 | 114 | 1.2\% | 3,003 | 77\% | 72\% | 2,162 |
| 18 | 47,490 | 2,830 | 2,154 | 591 | 85 | 1.2\% | 2,701 | 80\% | 77\% | 2,079 |
| 19 | 39,199 | 2,647 | 1,939 | 634 | 74 | 1.6\% | 2,451 | 79\% | 82\% | 2,010 |
| 20 | 28,718 | 2,307 | 1,702 | 522 | 83 | 1.8\% | 2,032 | 84\% | 86\% | 1,747 |
| 21 | 18,731 | 1,802 | 1,279 | 441 | 82 | 2.4\% | 1,509 | 85\% | 90\% | 1,358 |
| 22 | 10,353 | 1,184 | 813 | 316 | 55 | 3.1\% | 952 | 85\% | 90\% | 857 |
| 23 | 4,482 | 683 | 465 | 183 | 35 | 4.1\% | 498 | 93\% | 90\% | 448 |
| 24 | 1,955 | 361 | 231 | 115 | 15 | 5.9\% | 252 | 92\% | 90\% | 227 |
| 25 | 739 | 161 | 105 | 43 | 13 | 5.8\% | 106 | 99\% | 90\% | 96 |
| 26 | 219 | 50 | 29 | 19 | 2 | 8.7\% | 33 | 87\% | 90\% | 30 |
| 27 | 81 | 20 | 12 | 6 | 2 | 7.4\% | 13 | 93\% | 90\% | 12 |
| 28 | 71 | 14 | 8 | 5 | 1 | 7.0\% | 13 | 61\% | 90\% | 12 |
| 29 | 68 | 25 | 15 | 8 | 2 | 11.8\% | 13 | 113\% | 90\% | 12 |
| 30 | 52 | 11 | 7 | 2 | 2 | 3.8\% | 10 | 70\% | 90\% | 9 |
| 31 | 50 | 14 | 11 | 2 | 1 | 4.0\% | 10 | 108\% | 90\% | 9 |
| 32 | 39 | 12 | 10 | 1 | 1 | 2.6\% | 8 | 121\% | 90\% | 7 |
| 33 | 29 | 7 | 4 | 3 | 0 | 10.3\% | 7 | 59\% | 90\% | 6 |
| 34 | 17 | 6 | 5 | 1 | 0 | 5.9\% | 4 | 119\% | 90\% | 4 |
| 35 | 8 | 2 | 1 | 1 | 0 | 12.5\% | 2 | 51\% | 90\% | 2 |
| 36 | 1 | 0 | 0 | 0 | 0 | 0.0\% | 0 | 0\% | 90\% |  |
| Grand Total | 1,528,436 | 55,750 | 34,946 | 18,708 | 2,096 | 1.2\% | 51,009 | 69\% | 62\% | 31,613 |
| Combined Durations |  |  |  |  |  |  |  |  |  |  |
| 1-10 | 667,161 | 15,902 | 7,088 | 8,465 | 349 |  | 13,015 | 54\% | 47\% | 6,107 |
| 11-15 | 583,066 | 21,199 | 14,253 | 5,922 | 1,024 |  | 21,027 | 68\% | 58\% | 12,176 |
| 16-20 | 241,314 | 14,297 | 10,610 | 3,175 | 512 |  | 13,536 | 78\% | 76\% | 10,243 |
| 20+ | 36,895 | 4,352 | 2,995 | 1,146 | 211 |  | 3,432 | 87\% | 90\% | 3,088 |
| Total | 1,528,436 | 55,750 | 34,946 | 18,708 | 2,096 |  | 51,009 | 69\% | 62\% | 31,613 |

Observations: The expected assumptions (column K) were based on a 2011 study performed by Milliman, based on 2010 data.
Upon review of the experience here, we elected to retain the column J selection factors for our experience projections, as the data did not suggest that the ultimate factor of $90 \%$ was unreasonable.

## Mortality Experience Analysis Based on Milliman 2013 Tabulations of CNA Data Female - ILTC Policy Forms, 2006-2011

| Duration | Actual Experience |  |  |  |  |  | Mortality Analysis |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | Total Lives | Total Terminations | Actual <br> Deaths | Actual Lapses | Actual Benefit Exhaust | Raw Lapse Rate | Expected Deaths (1994 GAM) | Actual Deaths as \% of 1994 GAM | \% of GAM used for Projection (prior to improvement) | Expected Deaths Using Our Projection Assumption |
| 3 | 10 | 0 | 0 | 0 | 0 | 0.0\% | 0 | 0\% | 28\% | 0 |
| 4 | 6,528 | 140 | 17 | 123 | 0 | 1.9\% | 50 | 34\% | 32\% | 16 |
| 5 | 27,108 | 567 | 118 | 443 | 6 | 1.6\% | 262 | 45\% | 35\% | 92 |
| 6 | 44,498 | 848 | 248 | 591 | 9 | 1.3\% | 494 | 50\% | 38\% | 188 |
| 7 | 59,292 | 1,181 | 377 | 778 | 26 | 1.3\% | 747 | 50\% | 42\% | 314 |
| 8 | 73,386 | 1,497 | 592 | 866 | 39 | 1.2\% | 1,067 | 55\% | 46\% | 491 |
| 9 | 87,459 | 1,939 | 866 | 1,007 | 66 | 1.2\% | 1,484 | 58\% | 50\% | 742 |
| 10 | 91,289 | 2,396 | 1,217 | 1,068 | 111 | 1.2\% | 1,817 | 67\% | 52\% | 945 |
| 11 | 88,352 | 2,324 | 1,291 | 893 | 140 | 1.0\% | 2,063 | 63\% | 54\% | 1,114 |
| 12 | 79,466 | 2,481 | 1,516 | 805 | 160 | 1.0\% | 2,158 | 70\% | 56\% | 1,208 |
| 13 | 69,967 | 2,393 | 1,515 | 701 | 177 | 1.0\% | 2,172 | 70\% | 58\% | 1,260 |
| 14 | 62,205 | 2,406 | 1,566 | 665 | 175 | 1.1\% | 2,154 | 73\% | 60\% | 1,292 |
| 15 | 53,947 | 2,257 | 1,544 | 554 | 159 | 1.0\% | 2,029 | 76\% | 62\% | 1,258 |
| 16 | 42,769 | 2,001 | 1,385 | 491 | 125 | 1.1\% | 1,781 | 78\% | 67\% | 1,193 |
| 17 | 35,873 | 1,885 | 1,339 | 457 | 89 | 1.3\% | 1,621 | 83\% | 72\% | 1,167 |
| 18 | 30,085 | 1,699 | 1,254 | 381 | 64 | 1.3\% | 1,480 | 85\% | 77\% | 1,140 |
| 19 | 25,116 | 1,587 | 1,104 | 422 | 61 | 1.7\% | 1,372 | 80\% | 82\% | 1,125 |
| 20 | 18,722 | 1,431 | 1,007 | 355 | 69 | 1.9\% | 1,177 | 86\% | 86\% | 1,012 |
| 21 | 12,508 | 1,172 | 796 | 311 | 65 | 2.5\% | 904 | 88\% | 90\% | 814 |
| 22 | 7,085 | 791 | 508 | 233 | 50 | 3.3\% | 593 | 86\% | 90\% | 534 |
| 23 | 3,200 | 451 | 289 | 131 | 31 | 4.1\% | 327 | 88\% | 90\% | 294 |
| 24 | 1,460 | 248 | 156 | 80 | 12 | 5.5\% | 175 | 89\% | 90\% | 158 |
| 25 | 568 | 118 | 75 | 32 | 11 | 5.6\% | 77 | 98\% | 90\% | 69 |
| 26 | 170 | 34 | 18 | 14 | 2 | 8.2\% | 24 | 76\% | 90\% | 21 |
| 27 | 68 | 18 | 11 | 5 | 2 | 7.4\% | 10 | 106\% | 90\% | 9 |
| 28 | 57 | 9 | 5 | 3 | 1 | 5.3\% | 10 | 50\% | 90\% | 9 |
| 29 | 59 | 22 | 13 | 7 | 2 | 11.9\% | 11 | 118\% | 90\% | 10 |
| 30 | 44 | 8 | 6 | 0 | 2 | 0.0\% | 8 | 74\% | 90\% | 7 |
| 31 | 42 | 12 | 9 | 2 | 1 | 4.8\% | 8 | 110\% | 90\% | 7 |
| 32 | 33 | 9 | 7 | 1 | 1 | 3.0\% | 7 | 105\% | 90\% | 6 |
| 33 | 25 | 6 | 4 | 2 | 0 | 8.0\% | 6 | 72\% | 90\% | 5 |
| 34 | 14 | 4 | 3 | 1 | 0 | 7.1\% | 3 | 95\% | 90\% | 3 |
| 35 | 7 | 1 | 0 | 1 | 0 | 14.3\% | 2 | 0\% | 90\% | 1 |
| 36 | 1 | 0 | 0 | 0 | 0 | 0.0\% | 0 | 0\% | 90\% |  |
| Grand Total | 921,413 | 31,935 | 18,856 | 11,423 | 1,656 | 1.2\% | 26,091 | 72\% | 63\% | 16,504 |


| Combined Durations |  |  |  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 1-10 | 389,570 | 8,568 | 3,435 | 4,876 | 257 | 5,921 | 58\% | 47\% | 2,787 |
| 11-15 | 353,937 | 11,861 | 7,432 | 3,618 | 811 | 10,575 | 70\% | 58\% | 6,132 |
| 16-20 | 152,565 | 8,603 | 6,089 | 2,106 | 408 | 7,431 | 82\% | 76\% | 5,637 |
| 20+ | 25,342 | 2,903 | 1,900 | 823 | 180 | 2,164 | 88\% | 90\% | 1,948 |
| Total | 921,413 | 31,935 | 18,856 | 11,423 | 1,656 | 26,091 | 72\% | 63\% | 16,504 |

## Mortality Experience Analysis Based on Milliman 2013 Tabulations of CNA Data Male - ILTC Policy Forms, 2006-2011

|  | Actual Experience |  |  |  |  |  | Mortality Analysis |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Duration | Total Lives | Total Terminations | Actual Deaths | Actual Lapses | Actual Benefit Exhaust | Raw Lapse Rate | Expected Deaths (1994 GAM) | Actual Deaths as \% of 1994 GAM | \% of GAM used for Projection (prior to improvement) | Expected Deaths Using Our Projection Assumption |
| 3 | 9 | 0 | 0 | 0 | 0 | 0.0\% | 0 | 0\% | 28\% | 0 |
| 4 | 5,019 | 129 | 31 | 98 | 0 | 2.0\% | 69 | 45\% | 32\% | 22 |
| 5 | 20,106 | 459 | 151 | 307 | 1 | 1.5\% | 344 | 44\% | 35\% | 120 |
| 6 | 32,630 | 720 | 292 | 422 | 6 | 1.3\% | 634 | 46\% | 38\% | 241 |
| 7 | 43,132 | 1,023 | 435 | 580 | 8 | 1.3\% | 946 | 46\% | 42\% | 397 |
| 8 | 52,640 | 1,373 | 662 | 695 | 16 | 1.3\% | 1,309 | 51\% | 46\% | 602 |
| 9 | 61,395 | 1,691 | 922 | 739 | 30 | 1.2\% | 1,743 | 53\% | 50\% | 872 |
| 10 | 62,661 | 1,939 | 1,160 | 748 | 31 | 1.2\% | 2,049 | 57\% | 52\% | 1,066 |
| 11 | 59,354 | 1,960 | 1,312 | 608 | 40 | 1.0\% | 2,224 | 59\% | 54\% | 1,201 |
| 12 | 52,225 | 1,999 | 1,437 | 518 | 44 | 1.0\% | 2,218 | 65\% | 56\% | 1,242 |
| 13 | 44,893 | 1,899 | 1,404 | 446 | 49 | 1.0\% | 2,129 | 66\% | 58\% | 1,235 |
| 14 | 39,090 | 1,852 | 1,395 | 410 | 47 | 1.0\% | 2,023 | 69\% | 60\% | 1,214 |
| 15 | 33,566 | 1,628 | 1,273 | 322 | 33 | 1.0\% | 1,857 | 69\% | 62\% | 1,152 |
| 16 | 25,979 | 1,398 | 1,122 | 245 | 31 | 0.9\% | 1,569 | 72\% | 67\% | 1,051 |
| 17 | 21,285 | 1,229 | 969 | 235 | 25 | 1.1\% | 1,381 | 70\% | 72\% | 995 |
| 18 | 17,405 | 1,131 | 900 | 210 | 21 | 1.2\% | 1,221 | 74\% | 77\% | 940 |
| 19 | 14,084 | 1,060 | 835 | 212 | 13 | 1.5\% | 1,079 | 77\% | 82\% | 884 |
| 20 | 9,996 | 876 | 695 | 167 | 14 | 1.7\% | 855 | 81\% | 86\% | 735 |
| 21 | 6,222 | 630 | 483 | 130 | 17 | 2.1\% | 605 | 80\% | 90\% | 544 |
| 22 | 3,268 | 393 | 305 | 83 | 5 | 2.5\% | 359 | 85\% | 90\% | 323 |
| 23 | 1,282 | 232 | 176 | 52 | 4 | 4.1\% | 171 | 103\% | 90\% | 154 |
| 24 | 495 | 113 | 75 | 35 | 3 | 7.1\% | 77 | 98\% | 90\% | 69 |
| 25 | 171 | 43 | 30 | 11 | 2 | 6.4\% | 29 | 102\% | 90\% | 26 |
| 26 | 49 | 16 | 11 | 5 | 0 | 10.2\% | 10 | 115\% | 90\% | 9 |
| 27 | 13 | 2 | 1 | 1 | 0 | 7.7\% | 2 | 40\% | 90\% | 2 |
| 28 | 14 | 5 | 3 | 2 | 0 | 14.3\% | 3 | 97\% | 90\% | 3 |
| 29 |  | 3 | 2 | 1 | 0 | 11.1\% | 2 | 86\% | 90\% | 2 |
| 30 | 8 | 3 | 1 | 2 | 0 | 25.0\% | 2 | 50\% | 90\% | 2 |
| 31 | 8 | 2 | 2 | 0 | 0 | 0.0\% | 2 | 102\% | 90\% | 2 |
| 32 | 6 | 3 | 3 | 0 | 0 | 0.0\% | 2 | 183\% | 90\% | 1 |
| 33 | 4 | 1 | 0 | 1 | 0 | 25.0\% | 1 | 0\% | 90\% | 1 |
| 34 | 3 | 2 | 2 | 0 | 0 | 0.0\% | 1 | 192\% | 90\% | 1 |
| 35 | 1 | 1 | 1 | 0 | 0 | 0.0\% | 0 | 305\% | 90\% | 0 |
| 36 | 0 | 0 | 0 | 0 | 0 | 0.0\% | - | 0\% | 90\% |  |
| Grand Total | 607,023 | 23,815 | 16,090 | 7,285 | 440 | 1.2\% | 24,918 | 65\% | 61\% | 15,110 |


| Combined Durations |  |  |  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 1-10 | 277,591 | 7,334 | 3,653 | 3,589 | 92 | 7,094 | 51\% | 47\% | 3,320 |
| 11-15 | 229,129 | 9,338 | 6,821 | 2,304 | 213 | 10,452 | 65\% | 58\% | 6,044 |
| 16-20 | 88,749 | 5,694 | 4,521 | 1,069 | 104 | 6,105 | 74\% | 75\% | 4,606 |
| 20+ | 11,553 | 1,449 | 1,095 | 323 | 31 | 1,267 | 86\% | 90\% | 1,140 |
| Total | 607,023 | 23,815 | 16,090 | 7,285 | 440 | 24,918 | 65\% | 61\% | 15,110 |

## Mortality Experience Analysis Based on Milliman 2013 Tabulations of CNA Data Issue Ages < 55 - ILTC Policy Forms, 2006-2011

|  | Actual Experience |  |  |  |  |  | Mortality Analysis |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Duration | Total Lives | Total Terminations | Actual <br> Deaths | Actual Lapses | Actual Benefit <br> Exhaust | Raw Lapse <br> Rate | $\begin{gathered} \text { Expected } \\ \text { Deaths } \\ (1994 \\ \text { GAM) } \\ \hline \end{gathered}$ | Actual Deaths as \% of 1994 GAM | \% of GAM used for Projection (prior to improvement) | Expected Deaths Using Our Projection Assumption |
| 3 | 4 | 0 | 0 | 0 | 0 | 0.0\% | 0 | 0\% | 28\% | 0 |
| 4 | 3,783 | 89 | 7 | 82 | 0 | 2.2\% | 9 | 79\% | 32\% | 3 |
| 5 | 12,434 | 264 | 22 | 242 | 0 | 1.9\% | 34 | 65\% | 35\% | 12 |
| 6 | 19,511 | 329 | 33 | 296 | 0 | 1.5\% | 60 | 55\% | 38\% | 23 |
| 7 | 24,970 | 450 | 51 | 398 | 1 | 1.6\% | 87 | 58\% | 42\% | 37 |
| 8 | 29,134 | 534 | 65 | 468 | 1 | 1.6\% | 115 | 56\% | 46\% | 53 |
| 9 | 32,278 | 525 | 68 | 457 | 0 | 1.4\% | 146 | 47\% | 50\% | 73 |
| 10 | 30,040 | 458 | 92 | 366 | 0 | 1.2\% | 156 | 59\% | 52\% | 81 |
| 11 | 25,919 | 337 | 86 | 250 | 1 | 1.0\% | 154 | 56\% | 54\% | 83 |
| 12 | 20,615 | 253 | 86 | 166 | 1 | 0.8\% | 139 | 62\% | 56\% | 78 |
| 13 | 16,593 | 237 | 69 | 168 | 0 | 1.0\% | 128 | 54\% | 58\% | 74 |
| 14 | 14,241 | 207 | 58 | 149 | 0 | 1.0\% | 125 | 46\% | 60\% | 75 |
| 15 | 12,344 | 135 | 55 | 78 | 2 | 0.6\% | 123 | 45\% | 62\% | 76 |
| 16 | 9,133 | 109 | 49 | 60 | 0 | 0.7\% | 104 | 47\% | 67\% | 70 |
| 17 | 7,695 | 100 | 57 | 42 | 1 | 0.5\% | 98 | 58\% | 72\% | 71 |
| 18 | 6,275 | 64 | 32 | 32 | 0 | 0.5\% | 89 | 36\% | 77\% | 68 |
| 19 | 4,925 | 93 | 52 | 41 | 0 | 0.8\% | 77 | 67\% | 82\% | 63 |
| 20 | 3,057 | 38 | 22 | 16 | 0 | 0.5\% | 53 | 41\% | 86\% | 46 |
| 21 | 1,593 | 20 | 11 | 9 | 0 | 0.6\% | 31 | 36\% | 90\% | 28 |
| 22 | 608 | 7 | 4 | 3 | 0 | 0.5\% | 13 | 31\% | 90\% | 12 |
| 23 | 4 | 0 | 0 | 0 | 0 | 0.0\% | 0 | 0\% | 90\% | 0 |
| 24 | 1 | 0 | 0 | 0 | 0 | 0.0\% | 0 | 0\% | 90\% | 0 |
| 25 | 0 | 0 | 0 | 0 | 0 | 0.0\% | - | 0\% | 90\% | - |
| 26 | 0 | 0 | 0 | 0 | 0 | 0.0\% | - | 0\% | 90\% | - |
| 27 | 0 | 0 | 0 | 0 | 0 | 0.0\% | - | 0\% | 90\% | - |
| 28 | 0 | 0 | 0 | 0 | 0 | 0.0\% | - | 0\% | 90\% | - |
| 29 | 0 | 0 | 0 | 0 | 0 | 0.0\% | - | 0\% | 90\% | - |
| 30 | 0 | 0 | 0 | 0 | 0 | 0.0\% | - | 0\% | 90\% | - |
| 31 | 0 | 0 | 0 | 0 | 0 | 0.0\% | - | 0\% | 90\% | - |
| 32 | 0 | 0 | 0 | 0 | 0 | 0.0\% | - | 0\% | 90\% | - |
| 33 | 0 | 0 | 0 | 0 | 0 | 0.0\% | - | 0\% | 90\% | - |
| 34 | 0 | 0 | 0 | 0 | 0 | 0.0\% | - | 0\% | 90\% | - |
| 35 | 0 | 0 | 0 | 0 | 0 | 0.0\% | - | 0\% | 90\% | - |
| 36 | 0 | 0 | 0 | 0 | 0 | 0.0\% | - | 0\% | 90\% |  |
| Grand Total | 275,156 | 4,249 | 919 | 3,323 | 7 | 1.2\% | 1,743 | 53\% | 59\% | 1,026 |
| Combined Durations |  |  |  |  |  |  |  |  |  |  |
| 1-10 | 152,153 | 2,649 | 338 | 2,309 | 2 |  | 608 | 56\% | 46\% | 282 |
| 11-15 | 89,711 | 1,169 | 354 | 811 | 4 |  | 670 | 53\% | 58\% | 387 |
| 16-20 | 31,085 | 404 | 212 | 191 | 1 |  | 422 | 50\% | 75\% | 318 |
| 20+ | 2,207 | 27 | 15 | 12 | 0 |  | 44 | 34\% | 90\% | 40 |
| Total | 275,156 | 4,249 | 919 | 3,323 | 7 |  | 1,743 | 53\% | 59\% | 1,026 |


|  | Actual Experience |  |  |  |  |  | Mortality Analysis |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Duration | Total Lives | Total Terminations | Actual <br> Deaths | Actual Lapses | Actual <br> Benefit <br> Exhaust | Raw Lapse Rate | $\begin{gathered} \text { Expected } \\ \text { Deaths } \\ (1994 \\ \text { GAM) } \\ \hline \end{gathered}$ | Actual Deaths as \% of 1994 GAM | \% of GAM used for Projection (prior to improvement) | Expected Deaths Using Our Projection Assumption |
| 3 | 8 | 0 | 0 | 0 | 0 | 0.0\% | 0 | 0\% | 28\% | 0 |
| 4 | 5,075 | 91 | 11 | 80 | 0 | 1.6\% | 41 | 27\% | 32\% | 13 |
| 5 | 22,015 | 402 | 93 | 309 | 0 | 1.4\% | 201 | 46\% | 35\% | 70 |
| 6 | 35,763 | 570 | 165 | 405 | 0 | 1.1\% | 370 | 45\% | 38\% | 141 |
| 7 | 47,426 | 777 | 239 | 537 | 1 | 1.1\% | 553 | 43\% | 42\% | 232 |
| 8 | 57,899 | 947 | 348 | 596 | 3 | 1.0\% | 756 | 46\% | 46\% | 348 |
| 9 | 67,240 | 1,100 | 473 | 626 | 1 | 0.9\% | 980 | 48\% | 50\% | 490 |
| 10 | 68,481 | 1,182 | 572 | 604 | 6 | 0.9\% | 1,115 | 51\% | 52\% | 580 |
| 11 | 63,894 | 1,075 | 541 | 528 | 6 | 0.8\% | 1,165 | 46\% | 54\% | 629 |
| 12 | 56,137 | 1,069 | 607 | 451 | 11 | 0.8\% | 1,143 | 53\% | 56\% | 640 |
| 13 | 48,478 | 958 | 590 | 350 | 18 | 0.7\% | 1,100 | 54\% | 58\% | 638 |
| 14 | 42,916 | 960 | 624 | 322 | 14 | 0.8\% | 1,089 | 57\% | 60\% | 653 |
| 15 | 38,148 | 926 | 660 | 258 | 8 | 0.7\% | 1,084 | 61\% | 62\% | 672 |
| 16 | 30,592 | 847 | 614 | 220 | 13 | 0.7\% | 976 | 63\% | 67\% | 654 |
| 17 | 25,887 | 811 | 610 | 189 | 12 | 0.7\% | 920 | 66\% | 72\% | 662 |
| 18 | 21,935 | 749 | 573 | 166 | 10 | 0.8\% | 865 | 66\% | 77\% | 666 |
| 19 | 18,189 | 713 | 512 | 193 | 8 | 1.1\% | 796 | 64\% | 82\% | 653 |
| 20 | 13,241 | 658 | 497 | 154 | 7 | 1.2\% | 645 | 77\% | 86\% | 555 |
| 21 | 8,407 | 485 | 338 | 135 | 12 | 1.6\% | 455 | 74\% | 90\% | 410 |
| 22 | 4,575 | 344 | 223 | 110 | 11 | 2.4\% | 275 | 81\% | 90\% | 248 |
| 23 | 1,868 | 160 | 107 | 48 | 5 | 2.6\% | 127 | 84\% | 90\% | 114 |
| 24 | 667 | 79 | 44 | 33 | 2 | 4.9\% | 52 | 85\% | 90\% | 47 |
| 25 | 230 | 40 | 31 | 9 | 0 | 3.9\% | 20 | 151\% | 90\% | 18 |
| 26 | 75 | 10 | 5 | 5 | 0 | 6.7\% | 7 | 70\% | 90\% | 6 |
| 27 | 23 | 7 | 5 | 1 | 1 | 4.3\% | 2 | 204\% | 90\% | 2 |
| 28 | 18 | 4 | 1 | 2 | 1 | 11.1\% | 2 | 45\% | 90\% | 2 |
| 29 | 17 | 3 | 1 | 2 | 0 | 11.8\% | 2 | 45\% | 90\% | 2 |
| 30 | 20 | 1 | 0 | 1 | 0 | 5.0\% | 3 | 0\% | 90\% | 3 |
| 31 | 24 | 6 | 5 | 1 | 0 | 4.2\% | 4 | 134\% | 90\% | 3 |
| 32 | 22 | 6 | 4 | 1 | 1 | 4.5\% | 4 | 105\% | 90\% | 3 |
| 33 | 16 | 3 | 2 | 1 | 0 | 6.3\% | 3 | 65\% | 90\% | 3 |
| 34 | 10 | 3 | 2 | 1 | 0 | 10.0\% | 2 | 100\% | 90\% | 2 |
| 35 | 5 | 0 | 0 | 0 | 0 | 0.0\% | 1 | 0\% | 90\% | 1 |
| 36 | 1 | 0 | 0 | 0 | 0 | 0.0\% | 0 | 0\% | 90\% |  |
| Grand Total | 679,302 | 14,986 | 8,497 | 6,338 | 151 | 0.9\% | 14,760 | 58\% | 62\% | 9,161 |


| Combined Duration |  |  |  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 1-10 | 303,907 | 5,069 | 1,901 | 3,157 | 11 | 4,016 | 47\% | 47\% | 1,874 |
| 11-15 | 249,573 | 4,988 | 3,022 | 1,909 | 57 | 5,580 | 54\% | 58\% | 3,232 |
| 16-20 | 109,844 | 3,778 | 2,806 | 922 | 50 | 4,203 | 67\% | 76\% | 3,190 |
| 20+ | 15,979 | 1,151 | 768 | 350 | 33 | 960 | 80\% | 90\% | 864 |
| Total | 679,302 | 14,986 | 8,497 | 6,338 | 151 | 14,760 | 58\% | 62\% | 9,161 |


|  | Actual Experience |  |  |  |  |  | Mortality Analysis |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Duration | Total Lives | Total Terminations | Actual Deaths | Actual Lapses | Actual Benefit Exhaust | Raw Lapse Rate | Expected Deaths (1994 GAM) | Actual Deaths as \% of 1994 <br> GAM | \% of GAM used for Projection (prior to improvement) | Expected Deaths Using Our Projection Assumption |
| 3 | 7 | 0 | 0 | 0 | 0 | 0.0\% | 0 | 0\% | 28\% | 0 |
| 4 | 2,317 | 72 | 24 | 48 | 0 | 2.1\% | 50 | 48\% | 32\% | 16 |
| 5 | 10,835 | 275 | 105 | 167 | 3 | 1.5\% | 260 | 40\% | 35\% | 91 |
| 6 | 18,600 | 496 | 234 | 257 | 5 | 1.4\% | 493 | 48\% | 38\% | 187 |
| 7 | 25,647 | 700 | 346 | 343 | 11 | 1.3\% | 748 | 46\% | 42\% | 314 |
| 8 | 33,419 | 1,031 | 604 | 406 | 21 | 1.2\% | 1,081 | 56\% | 46\% | 497 |
| 9 | 42,306 | 1,444 | 873 | 535 | 36 | 1.3\% | 1,520 | 57\% | 50\% | 760 |
| 10 | 47,726 | 1,970 | 1,221 | 691 | 58 | 1.4\% | 1,899 | 64\% | 52\% | 988 |
| 11 | 50,176 | 2,068 | 1,382 | 593 | 93 | 1.2\% | 2,206 | 63\% | 54\% | 1,191 |
| 12 | 47,810 | 2,270 | 1,609 | 574 | 87 | 1.2\% | 2,323 | 69\% | 56\% | 1,301 |
| 13 | 43,576 | 2,259 | 1,649 | 503 | 107 | 1.2\% | 2,338 | 71\% | 58\% | 1,356 |
| 14 | 38,997 | 2,260 | 1,682 | 466 | 112 | 1.2\% | 2,295 | 73\% | 60\% | 1,377 |
| 15 | 33,179 | 2,198 | 1,662 | 430 | 106 | 1.3\% | 2,133 | 78\% | 62\% | 1,322 |
| 16 | 26,316 | 1,890 | 1,430 | 366 | 94 | 1.4\% | 1,847 | 77\% | 67\% | 1,238 |
| 17 | 21,646 | 1,793 | 1,350 | 372 | 71 | 1.7\% | 1,656 | 82\% | 72\% | 1,192 |
| 18 | 17,934 | 1,667 | 1,289 | 330 | 48 | 1.8\% | 1,496 | 86\% | 77\% | 1,152 |
| 19 | 15,145 | 1,599 | 1,187 | 356 | 56 | 2.4\% | 1,385 | 86\% | 82\% | 1,136 |
| 20 | 11,759 | 1,416 | 1,039 | 314 | 63 | 2.7\% | 1,185 | 88\% | 86\% | 1,019 |
| 21 | 8,324 | 1,159 | 832 | 268 | 59 | 3.2\% | 923 | 90\% | 90\% | 831 |
| 22 | 4,949 | 754 | 532 | 185 | 37 | 3.7\% | 606 | 88\% | 90\% | 546 |
| 23 | 2,506 | 487 | 332 | 127 | 28 | 5.1\% | 342 | 97\% | 90\% | 307 |
| 24 | 1,235 | 262 | 175 | 74 | 13 | 6.0\% | 184 | 95\% | 90\% | 166 |
| 25 | 491 | 115 | 69 | 34 | 12 | 6.9\% | 80 | 87\% | 90\% | 72 |
| 26 | 142 | 40 | 24 | 14 | 2 | 9.9\% | 25 | 95\% | 90\% | 23 |
| 27 | 58 | 13 | 7 | 5 | 1 | 8.6\% | 10 | 67\% | 90\% | 9 |
| 28 | 53 | 10 | 7 | 3 | 0 | 5.7\% | 11 | 65\% | 90\% | 10 |
| 29 | 50 | 22 | 14 | 6 | 2 | 12.0\% | 11 | 132\% | 90\% | 10 |
| 30 | 31 | 9 | 6 | 1 | 2 | 3.2\% | 7 | 89\% | 90\% | 6 |
| 31 | 26 | 8 | 6 | 1 | 1 | 3.8\% | 6 | 93\% | 90\% | 6 |
| 32 | 17 | 6 | 6 | 0 | 0 | 0.0\% | 4 | 135\% | 90\% | 4 |
| 33 | 13 | 4 | 2 | 2 | 0 | 15.4\% | 4 | 54\% | 90\% | 3 |
| 34 | 7 | 3 | 3 | 0 | 0 | 0.0\% | 2 | 135\% | 90\% | 2 |
| 35 | 3 | 2 | 1 | 1 | 0 | 33.3\% | 1 | 107\% | 90\% | 1 |
| 36 | 0 | 0 | 0 | 0 | 0 | 0.0\% | - | 0\% | 90\% |  |
| Grand Total | 505,298 | 28,302 | 19,702 | 7,472 | 1,128 | 1.5\% | 27,133 | 73\% | 63\% | 17,133 |


| Combined Durations |  |  |  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 1-10 | 180,856 | 5,988 | 3,407 | 2,447 | 134 | 6,052 | 56\% | 47\% | 2,854 |
| 11-15 | 213,737 | 11,055 | 7,984 | 2,566 | 505 | 11,295 | 71\% | 58\% | 6,547 |
| 16-20 | 92,800 | 8,365 | 6,295 | 1,738 | 332 | 7,570 | 83\% | 76\% | 5,737 |
| 20+ | 17,905 | 2,894 | 2,016 | 721 | 157 | 2,217 | 91\% | 90\% | 1,995 |
| Total | 505,298 | 28,302 | 19,702 | 7,472 | 1,128 | 27,133 | 73\% | 63\% | 17,133 |

## Mortality Experience Analysis Based on Milliman 2013 Tabulations of CNA Data Issue Ages 75+ - ILTC Policy Forms, 2006-2011

|  | Actual Experience |  |  |  |  |  | Mortality Analysis |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Duration | Total Lives | Total Terminations | Actual Deaths | Actual Lapses | Actual Benefit <br> Exhaust | Raw Lapse Rate | Expected <br> Deaths <br> (1994 <br> GAM) | Actual Deaths as \% of 1994 GAM | \% of GAM used for Projection (prior to improvement) | Expected Deaths Using Our Projection Assumption |
| 3 | 0 | 0 | 0 | 0 | 0 | 0.0\% | - | 0\% | 28\% | - |
| 4 | 372 | 17 | 6 | 11 | 0 | 3.0\% | 19 | 32\% | 32\% | 6 |
| 5 | 1,931 | 85 | 49 | 32 | 4 | 1.7\% | 111 | 44\% | 35\% | 39 |
| 6 | 3,254 | 173 | 108 | 55 | 10 | 1.7\% | 205 | 53\% | 38\% | 78 |
| 7 | 4,381 | 277 | 176 | 80 | 21 | 1.8\% | 304 | 58\% | 42\% | 128 |
| 8 | 5,575 | 358 | 237 | 91 | 30 | 1.6\% | 423 | 56\% | 46\% | 194 |
| 9 | 7,030 | 561 | 374 | 128 | 59 | 1.8\% | 582 | 64\% | 50\% | 291 |
| 10 | 7,704 | 725 | 492 | 155 | 78 | 2.0\% | 695 | 71\% | 52\% | 362 |
| 11 | 7,717 | 804 | 594 | 130 | 80 | 1.7\% | 763 | 78\% | 54\% | 412 |
| 12 | 7,130 | 888 | 651 | 132 | 105 | 1.9\% | 771 | 84\% | 56\% | 432 |
| 13 | 6,213 | 838 | 611 | 126 | 101 | 2.0\% | 735 | 83\% | 58\% | 426 |
| 14 | 5,142 | 831 | 597 | 138 | 96 | 2.7\% | 668 | 89\% | 60\% | 401 |
| 15 | 3,843 | 626 | 440 | 110 | 76 | 2.9\% | 546 | 81\% | 62\% | 339 |
| 16 | 2,708 | 553 | 414 | 90 | 49 | 3.3\% | 422 | 98\% | 67\% | 283 |
| 17 | 1,930 | 410 | 291 | 89 | 30 | 4.6\% | 328 | 89\% | 72\% | 236 |
| 18 | 1,347 | 350 | 260 | 63 | 27 | 4.7\% | 251 | 104\% | 77\% | 193 |
| 19 | 940 | 242 | 188 | 44 | 10 | 4.7\% | 192 | 98\% | 82\% | 158 |
| 20 | 660 | 195 | 144 | 38 | 13 | 5.8\% | 148 | 97\% | 86\% | 127 |
| 21 | 407 | 138 | 98 | 29 | 11 | 7.1\% | 100 | 98\% | 90\% | 90 |
| 22 | 221 | 79 | 54 | 18 | 7 | 8.2\% | 58 | 94\% | 90\% | 52 |
| 23 | 105 | 36 | 26 | 8 | 2 | 7.7\% | 29 | 89\% | 90\% | 26 |
| 24 | 51 | 20 | 12 | 8 | 0 | 15.5\% | 16 | 75\% | 90\% | 14 |
| 25 | 18 | 6 | 5 | 0 | 1 | 0.0\% | 6 | 82\% | 90\% | 6 |
| 26 | 2 | 0 | 0 | 0 | 0 | 0.0\% | 1 | 0\% | 90\% | 1 |
| 27 | 0 | 0 | 0 | 0 | 0 | 0.0\% | - | 0\% | 90\% | - |
| 28 | 0 | 0 | 0 | 0 | 0 | 0.0\% | - | 0\% | 90\% | - |
| 29 | 1 | 0 | 0 | 0 | 0 | 0.0\% | 0 | 0\% | 90\% | 0 |
| 30 | 1 | 1 | 1 | 0 | 0 | 0.0\% | 0 | 214\% | 90\% | 0 |
| 31 | 0 | 0 | 0 | 0 | 0 | 0.0\% | - | 0\% | 90\% | - |
| 32 | 0 | 0 | 0 | 0 | 0 | 0.0\% | - | 0\% | 90\% | - |
| 33 | 0 | 0 | 0 | 0 | 0 | 0.0\% | - | 0\% | 90\% | - |
| 34 | 0 | 0 | 0 | 0 | 0 | 0.0\% | - | 0\% | 90\% | - |
| 35 | 0 | 0 | 0 | 0 | 0 | 0.0\% | - | 0\% | 90\% | - |
| 36 | 0 | 0 | 0 | 0 | 0 | 0.0\% | - | 0\% | 90\% |  |
| Grand Total | 68,680 | 8,213 | 5,828 | 1,575 | 810 | 2.3\% | 7,373 | 79\% | 58\% | 4,293 |
| Combined Durations |  |  |  |  |  |  |  |  |  |  |
| 1-10 | 30,246 | 2,196 | 1,442 | 552 | 202 |  | 2,339 | 62\% | 47\% | 1,098 |
| 11-15 | 30,044 | 3,987 | 2,893 | 636 | 458 |  | 3,482 | 83\% | 58\% | 2,009 |
| 16-20 | 7,585 | 1,750 | 1,297 | 324 | 129 |  | 1,341 | 97\% | 74\% | 997 |
| 20+ | 805 | 280 | 196 | 63 | 21 |  | 211 | 93\% | 90\% | 190 |
| Total | 68,680 | 8,213 | 5,828 | 1,575 | 810 |  | 7,373 | 79\% | 58\% | 4,293 |

CONTINENTAL CASUALTY COMPANY
POLICY FORMS: P1-59433-SERIES AND P1-59806-SERIES ("CON CARE B" PORTFOLIO)
NATIONWIDE EXPERIENCE, PAST ACTUAL AND FUTURE PROJECTED
Without Rate Increase
Premiums Adjusted to PENNSYLVANIA Rate Levels

|  | Without Interest |  |  |  |  | With Interest Accumulated/Discounted to 12/31/2014 at |  |  |  | 5.0\% |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Calendar Year | Earned Premium | Paid Claims | Claim Reserve | Incurred Claims | Loss Ratio | Earned Premium | Paid Claims | Claim Reserve | Incurred Claims | Loss Ratio |
| 1985 | - | - | - | - | 0.0\% | - | - | - | - | 0.0\% |
| 1986 | - | - | - | - | 0.0\% | - | - | - | - | 0.0\% |
| 1987 | - | - | - | - | 0.0\% | - | - | - | - | 0.0\% |
| 1988 | 1,834,116 | 284,227 | - | 284,227 | 15.5\% | 6,682,566 | 954,828 | - | 954,828 | 14.3\% |
| 1989 | 12,423,508 | 2,334,928 | - | 2,334,928 | 18.8\% | 43,109,340 | 7,339,875 | - | 7,339,875 | 17.0\% |
| 1990 | 28,986,744 | 6,636,739 | - | 6,636,739 | 22.9\% | 95,793,769 | 19,854,632 | - | 19,854,632 | 20.7\% |
| 1991 | 48,347,029 | 11,167,123 | - | 11,167,123 | 23.1\% | 152,166,243 | 31,049,314 | - | 31,049,314 | 20.4\% |
| 1992 | 54,501,897 | 14,292,657 | - | 14,292,657 | 26.2\% | 163,369,450 | 38,961,659 | - | 38,961,659 | 23.8\% |
| 1993 | 50,543,403 | 19,446,953 | - | 19,446,953 | 38.5\% | 144,289,394 | 49,729,183 | - | 49,729,183 | 34.5\% |
| 1994 | 46,194,239 | 21,532,714 | - | 21,532,714 | 46.6\% | 125,593,871 | 51,879,550 | - | 51,879,550 | 41.3\% |
| 1995 | 43,653,099 | 20,327,057 | - | 20,327,057 | 46.6\% | 113,033,301 | 47,100,810 | - | 47,100,810 | 41.7\% |
| 1996 | 41,271,486 | 26,727,895 | - | 26,727,895 | 64.8\% | 101,777,585 | 58,423,216 | - | 58,423,216 | 57.4\% |
| 1997 | 39,058,106 | 28,947,258 | - | 28,947,258 | 74.1\% | 91,732,645 | 60,708,409 | - | 60,708,409 | 66.2\% |
| 1998 | 36,682,982 | 27,878,951 | - | 27,878,951 | 76.0\% | 82,051,792 | 56,310,137 | - | 56,310,137 | 68.6\% |
| 1999 | 33,516,714 | 37,229,658 | 904,886 | 38,134,544 | 113.8\% | 71,399,566 | 70,093,368 | 904,886 | 70,998,254 | 99.4\% |
| 2000 | 30,517,385 | 39,696,053 | 637,243 | 40,333,296 | 132.2\% | 61,914,469 | 70,772,125 | 637,243 | 71,409,367 | 115.3\% |
| 2001 | 29,024,096 | 42,438,141 | 529,560 | 42,967,702 | 148.0\% | 56,080,805 | 73,330,388 | 529,560 | 73,859,948 | 131.7\% |
| 2002 | 27,523,187 | 54,030,013 | 1,131,054 | 55,161,067 | 200.4\% | 50,648,311 | 87,596,891 | 1,131,054 | 88,727,945 | 175.2\% |
| 2003 | 29,662,416 | 54,026,334 | 875,450 | 54,901,784 | 185.1\% | 51,985,648 | 84,126,241 | 875,450 | 85,001,691 | 163.5\% |
| 2004 | 33,142,860 | 62,283,964 | 2,118,933 | 64,402,897 | 194.3\% | 55,319,420 | 91,392,409 | 2,118,933 | 93,511,342 | 169.0\% |
| 2005 | 31,525,165 | 60,588,314 | 2,587,747 | 63,176,061 | 200.4\% | 50,113,613 | 85,434,673 | 2,587,747 | 88,022,420 | 175.6\% |
| 2006 | 28,817,547 | 60,100,381 | 2,501,622 | 62,602,003 | 217.2\% | 43,628,074 | 81,340,811 | 2,501,622 | 83,842,432 | 192.2\% |
| 2007 | 26,212,061 | 66,384,080 | 3,752,240 | 70,136,321 | 267.6\% | 37,793,830 | 85,770,949 | 3,752,240 | 89,523,189 | 236.9\% |
| 2008 | 24,099,184 | 63,721,194 | 5,562,056 | 69,283,251 | 287.5\% | 33,092,744 | 78,998,032 | 5,562,056 | 84,560,088 | 255.5\% |
| 2009 | 21,593,448 | 65,889,770 | 10,672,380 | 76,562,150 | 354.6\% | 28,239,899 | 77,876,635 | 10,672,380 | 88,549,014 | 313.6\% |
| 2010 | 19,620,911 | 64,786,816 | 13,482,774 | 78,269,589 | 398.9\% | 24,438,301 | 73,504,873 | 13,482,774 | 86,987,646 | 355.9\% |
| 2011 | 17,709,956 | 55,317,955 | 19,183,707 | 74,501,662 | 420.7\% | 21,007,773 | 60,681,482 | 19,183,707 | 79,865,189 | 380.2\% |
| 2012 | 16,806,118 | 48,241,962 | 35,558,665 | 83,800,628 | 498.6\% | 18,986,314 | 51,380,877 | 35,558,665 | 86,939,543 | 457.9\% |
| 2013 | 16,502,617 | 29,432,686 | 53,434,423 | 82,867,109 | 502.1\% | 17,755,658 | 30,514,606 | 53,434,423 | 83,949,030 | 472.8\% |
| 2014 | 14,903,159 | 8,466,981 | 79,493,818 | 87,960,799 | 590.2\% | 15,271,194 | 8,676,074 | 79,493,818 | 88,169,892 | 577.4\% |
| 2015 | 14,578,751 |  |  | 70,722,105 | 485.1\% | 14,227,404 |  |  | 69,017,707 | 485.1\% |
| 2016 | 13,343,512 |  |  | 68,643,384 | 514.4\% | 12,401,842 |  |  | 63,799,127 | 514.4\% |
| 2017 | 12,113,651 |  |  | 65,965,160 | 544.6\% | 10,722,642 |  |  | 58,390,390 | 544.6\% |
| 2018 | 10,905,836 |  |  | 62,840,539 | 576.2\% | 9,193,829 |  |  | 52,975,780 | 576.2\% |
| 2019 | 9,722,373 |  |  | 59,219,081 | 609.1\% | 7,805,854 |  |  | 47,545,543 | 609.1\% |
| 2020 | 8,353,570 |  |  | 55,155,658 | 660.3\% | 6,387,500 |  |  | 42,174,401 | 660.3\% |
| 2021 | 7,129,529 |  |  | 50,865,984 | 713.5\% | 5,191,948 |  |  | 37,042,220 | 713.5\% |
| 2022 | 6,013,568 |  |  | 46,456,934 | 772.5\% | 4,170,734 |  |  | 32,220,390 | 772.5\% |
| 2023 | 5,024,851 |  |  | 42,141,281 | 838.7\% | 3,319,053 |  |  | 27,835,479 | 838.7\% |
| 2024 | 4,165,692 |  |  | 38,007,322 | 912.4\% | 2,620,528 |  |  | 23,909,414 | 912.4\% |
| 2025 | 3,425,876 |  |  | 34,014,965 | 992.9\% | 2,052,504 |  |  | 20,378,978 | 992.9\% |
| 2026 | 2,789,686 |  |  | 30,227,687 | 1083.6\% | 1,591,763 |  |  | 17,247,572 | 1083.6\% |
| 2027 | 2,232,479 |  |  | 26,943,250 | 1206.9\% | 1,213,169 |  |  | 14,641,438 | 1206.9\% |
| 2028 | 1,758,192 |  |  | 23,774,635 | 1352.2\% | 909,936 |  |  | 12,304,340 | 1352.2\% |
| 2029 | 1,386,265 |  |  | 21,006,196 | 1515.3\% | 683,284 |  |  | 10,353,867 | 1515.3\% |
| 2030 | 1,095,223 |  |  | 18,577,435 | 1696.2\% | 514,125 |  |  | 8,720,706 | 1696.2\% |
| 2031 | 865,199 |  |  | 16,381,918 | 1893.4\% | 386,805 |  |  | 7,323,881 | 1893.4\% |

# CONTINENTAL CASUALTY COMPANY 

POLICY FORMS: P1-59433-SERIES AND P1-59806-SERIES ("CON CARE B" PORTFOLIO)
NATIONWIDE EXPERIENCE, PAST ACTUAL AND FUTURE PROJECTED
Without Rate Increase
Premiums Adjusted to PENNSYLVANIA Rate Levels

|  | Without Interest |  |  |  |  | With Interest Accumulated/Discounted to 12/31/2014 at |  |  |  | 5.0\% |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Calendar Year | Earned Premium | Paid Claims | Claim Reserve | Incurred Claims | Loss Ratio | Earned Premium | Paid Claims | Claim Reserve | Incurred Claims | Loss Ratio |
| 2032 | 675,077 |  |  | 14,262,192 | 2112.7\% | 287,435 |  |  | 6,072,584 | 2112.7\% |
| 2033 | 517,079 |  |  | 12,223,629 | 2364.0\% | 209,679 |  |  | 4,956,763 | 2364.0\% |
| 2034 | 395,402 |  |  | 10,397,548 | 2629.6\% | 152,703 |  |  | 4,015,500 | 2629.6\% |
| 2035 | 302,677 |  |  | 8,802,598 | 2908.2\% | 111,327 |  |  | 3,237,653 | 2908.2\% |
| 2036 | 230,666 |  |  | 7,403,074 | 3209.4\% | 80,801 |  |  | 2,593,237 | 3209.4\% |
| 2037 | 174,952 |  |  | 6,145,344 | 3512.6\% | 58,366 |  |  | 2,050,156 | 3512.6\% |
| 2038 | 128,677 |  |  | 4,916,988 | 3821.2\% | 40,884 |  |  | 1,562,250 | 3821.2\% |
| 2039 | 94,080 |  |  | 3,850,418 | 4092.7\% | 28,468 |  |  | 1,165,118 | 4092.7\% |
| 2040 | 68,758 |  |  | 2,996,294 | 4357.8\% | 19,815 |  |  | 863,490 | 4357.8\% |
| 2041 | 49,328 |  |  | 2,302,900 | 4668.5\% | 13,539 |  |  | 632,061 | 4668.5\% |
| 2042 | 34,147 |  |  | 1,712,818 | 5016.1\% | 8,926 |  |  | 447,719 | 5016.1\% |
| 2043 | 22,265 |  |  | 1,199,349 | 5386.8\% | 5,543 |  |  | 298,573 | 5386.8\% |
| 2044 | 13,716 |  |  | 787,008 | 5737.9\% | 3,252 |  |  | 186,593 | 5737.9\% |
| 2045 | 8,347 |  |  | 513,128 | 6147.3\% | 1,885 |  |  | 115,865 | 6147.3\% |
| 2046 | 4,165 |  |  | 301,543 | 7239.3\% | 896 |  |  | 64,846 | 7239.3\% |
| 2047 | 1,723 |  |  | 170,335 | 9887.6\% | 353 |  |  | 34,886 | 9887.6\% |
| 2048 | 608 |  |  | 79,804 | 13134.6\% | 119 |  |  | 15,566 | 13134.6\% |
| 2049 | 282 |  |  | 47,435 | 16828.4\% | 52 |  |  | 8,812 | 16828.4\% |
| 2050 | 162 |  |  | 29,800 | 18353.3\% | 29 |  |  | 5,272 | 18353.3\% |
| 2051 | 103 |  |  | 20,636 | 20040.5\% | 17 |  |  | 3,477 | 20040.5\% |
| 2052 | 78 |  |  | 17,066 | 21911.3\% | 12 |  |  | 2,739 | 21911.3\% |
| 2053 | 59 |  |  | 13,967 | 23793.0\% | 9 |  |  | 2,135 | 23793.0\% |
| 2054 | 47 |  |  | 11,487 | 24433.7\% | 7 |  |  | 1,672 | 24433.7\% |
| 2055 | 37 |  |  | 9,256 | 25072.4\% | 5 |  |  | 1,283 | 25072.4\% |
| 2056 | 14 |  |  | 3,237 | 23225.7\% | 2 |  |  | 427 | 23225.7\% |
| 2057 | 0 |  |  | - | 0.0\% | - |  |  | - | 0.0\% |
| 2058 | 0 |  |  | - | 0.0\% | - |  |  | - | 0.0\% |
| 2059 | 0 |  |  | - | 0.0\% | - |  |  | - | 0.0\% |
| 2060 | 0 |  |  | - | 0.0\% | - |  |  | - | 0.0\% |
| 2061 | 0 |  |  | - | 0.0\% | - |  |  | - | 0.0\% |
| 2062 | 0 |  |  | - | 0.0\% | - |  |  | - | 0.0\% |
| 2063 | 0 |  |  | - | 0.0\% | - |  |  | - | 0.0\% |
| 2064 | 0 |  |  | - | 0.0\% | - |  |  | - | 0.0\% |
| 2065 | 0 |  |  | - | 0.0\% | - |  |  | - | 0.0\% |
| 2066 | 0 |  |  | - | 0.0\% | - |  |  | - | 0.0\% |
| 2067 | 0 |  |  | - | 0.0\% | - |  |  | - | 0.0\% |
| 2068 | 0 |  |  | - | 0.0\% | - |  |  | - | 0.0\% |
| 2069 | 0 |  |  | - | 0.0\% | - |  |  | - | 0.0\% |
| 2070 | 0 |  |  | - | 0.0\% | - |  |  | - | 0.0\% |
| 2071 | 0 |  |  | - | 0.0\% | - |  |  | - | 0.0\% |
| 2072 | 0 |  |  | - | 0.0\% | - |  |  | - | 0.0\% |
| 2073 | 0 |  |  | - | 0.0\% | - |  |  | - | 0.0\% |
| 2074 | 0 |  |  | - | 0.0\% | - |  |  | - | 0.0\% |



CONTINENTAL CASUALTY COMPANY
POLICY FORMS: P1-15203/16356/16928/16944-SERIES ("LTC 1" PORTFOLIO) NATIONWIDE EXPERIENCE, PAST ACTUAL AND FUTURE PROJECTED

## Without Rate Increase

Premiums Adjusted to PENNSYLVANIA Rate Levels

|  | Without Interest |  |  |  |  | With Interest Accumulated/Discounted to 12/31/2014 at |  |  |  | 5.0\% |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Calendar Year | Earned Premium | Paid Claims | Claim Reserve | Incurred Claims | Loss Ratio | Earned Premium | Paid Claims | Claim Reserve | Incurred Claims | Loss Ratio |
| 1985 | - | - | - | - | 0.0\% | - | - | - | - | 0.0\% |
| 1986 | - | - | - | - | 0.0\% | - | - | - | - | 0.0\% |
| 1987 | - | - | - | - | 0.0\% | - | - | - | - | 0.0\% |
| 1988 | - | - | - | - | 0.0\% | - | - | - | - | 0.0\% |
| 1989 | - | - | - | - | 0.0\% | - | - | - | - | 0.0\% |
| 1990 | - | - | - | - | 0.0\% | - | - | - | - | 0.0\% |
| 1991 | 1,527,444 | 9,785 | - | 9,785 | 0.6\% | 4,807,439 | 27,911 | - | 27,911 | 0.6\% |
| 1992 | 16,401,290 | 1,898,351 | - | 1,898,351 | 11.6\% | 49,162,871 | 4,966,406 | - | 4,966,406 | 10.1\% |
| 1993 | 40,971,879 | 4,514,546 | - | 4,514,546 | 11.0\% | 116,964,969 | 11,305,348 | - | 11,305,348 | 9.7\% |
| 1994 | 54,064,603 | 11,926,771 | - | 11,926,771 | 22.1\% | 146,991,983 | 27,776,807 | - | 27,776,807 | 18.9\% |
| 1995 | 56,098,831 | 14,713,932 | 95,108 | 14,809,040 | 26.4\% | 145,259,700 | 32,861,536 | 95,108 | 32,956,644 | 22.7\% |
| 1996 | 53,665,775 | 18,735,033 | - | 18,735,033 | 34.9\% | 132,342,532 | 39,901,848 | - | 39,901,848 | 30.2\% |
| 1997 | 50,994,362 | 23,639,726 | 615,156 | 24,254,882 | 47.6\% | 119,766,373 | 48,314,448 | 615,156 | 48,929,605 | 40.9\% |
| 1998 | 48,862,769 | 24,652,762 | - | 24,652,762 | 50.5\% | 109,295,306 | 47,945,825 | - | 47,945,825 | 43.9\% |
| 1999 | 46,776,402 | 30,955,089 | 1,823,804 | 32,778,893 | 70.1\% | 99,646,248 | 56,412,553 | 1,823,804 | 58,236,357 | 58.4\% |
| 2000 | 44,861,020 | 30,735,348 | 730,904 | 31,466,252 | 70.1\% | 91,015,211 | 54,100,469 | 730,904 | 54,831,373 | 60.2\% |
| 2001 | 42,881,913 | 38,480,875 | 595,480 | 39,076,355 | 91.1\% | 82,857,092 | 65,539,895 | 595,480 | 66,135,375 | 79.8\% |
| 2002 | 41,237,740 | 42,265,880 | 3,460,317 | 45,726,197 | 110.9\% | 75,885,901 | 67,516,738 | 3,460,317 | 70,977,056 | 93.5\% |
| 2003 | 45,748,575 | 48,156,038 | 3,631,871 | 51,787,909 | 113.2\% | 80,177,868 | 73,163,619 | 3,631,871 | 76,795,490 | 95.8\% |
| 2004 | 55,738,418 | 49,236,044 | 4,683,976 | 53,920,020 | 96.7\% | 93,034,125 | 71,054,257 | 4,683,976 | 75,738,233 | 81.4\% |
| 2005 | 53,964,587 | 47,184,887 | 2,876,539 | 50,061,426 | 92.8\% | 85,784,179 | 66,579,089 | 2,876,539 | 69,455,628 | 81.0\% |
| 2006 | 51,132,500 | 53,190,911 | 6,955,649 | 60,146,560 | 117.6\% | 77,411,605 | 70,689,874 | 6,955,649 | 77,645,523 | 100.3\% |
| 2007 | 47,115,716 | 56,925,312 | 8,749,929 | 65,675,241 | 139.4\% | 67,933,742 | 72,924,319 | 8,749,929 | 81,674,248 | 120.2\% |
| 2008 | 44,615,558 | 62,678,490 | 7,388,684 | 70,067,174 | 157.0\% | 61,265,612 | 77,087,290 | 7,388,684 | 84,475,975 | 137.9\% |
| 2009 | 41,325,523 | 68,578,594 | 14,403,527 | 82,982,122 | 200.8\% | 54,045,495 | 80,612,977 | 14,403,527 | 95,016,505 | 175.8\% |
| 2010 | 38,339,164 | 55,752,612 | 14,983,024 | 70,735,636 | 184.5\% | 47,752,321 | 63,490,302 | 14,983,024 | 78,473,326 | 164.3\% |
| 2011 | 35,615,755 | 56,897,725 | 27,591,072 | 84,488,797 | 237.2\% | 42,247,859 | 62,442,371 | 27,591,072 | 90,033,443 | 213.1\% |
| 2012 | 35,305,362 | 49,997,934 | 44,303,990 | 94,301,924 | 267.1\% | 39,885,397 | 53,224,974 | 44,303,990 | 97,528,964 | 244.5\% |
| 2013 | 36,084,588 | 31,502,982 | 66,623,548 | 98,126,530 | 271.9\% | 38,824,484 | 32,713,747 | 66,623,548 | 99,337,295 | 255.9\% |
| 2014 | 33,739,552 | 9,079,688 | 111,151,359 | 120,231,047 | 356.4\% | 34,572,753 | 9,303,912 | 111,151,359 | 120,455,271 | 348.4\% |
| 2015 | 32,882,484 |  |  | 97,133,511 | 295.4\% | 32,090,019 |  |  | 94,792,601 | 295.4\% |
| 2016 | 30,461,963 |  |  | 99,512,969 | 326.7\% | 28,312,221 |  |  | 92,490,204 | 326.7\% |
| 2017 | 28,111,544 |  |  | 101,272,281 | 360.3\% | 24,883,499 |  |  | 89,643,198 | 360.3\% |
| 2018 | 25,818,652 |  |  | 102,333,897 | 396.4\% | 21,765,618 |  |  | 86,269,437 | 396.4\% |
| 2019 | 23,590,877 |  |  | 102,694,026 | 435.3\% | 18,940,535 |  |  | 82,450,508 | 435.3\% |
| 2020 | 21,042,357 |  |  | 102,408,375 | 486.7\% | 16,089,896 |  |  | 78,305,872 | 486.7\% |
| 2021 | 18,659,151 |  |  | 101,344,369 | 543.1\% | 13,588,185 |  |  | 73,802,178 | 543.1\% |
| 2022 | 16,434,946 |  |  | 99,366,103 | 604.6\% | 11,398,522 |  |  | 68,915,754 | 604.6\% |
| 2023 | 14,391,708 |  |  | 96,643,742 | 671.5\% | 9,506,120 |  |  | 63,835,857 | 671.5\% |
| 2024 | 12,519,943 |  |  | 93,392,624 | 746.0\% | 7,875,969 |  |  | 58,750,861 | 746.0\% |
| 2025 | 10,808,778 |  |  | 89,747,501 | 830.3\% | 6,475,733 |  |  | 53,769,342 | 830.3\% |
| 2026 | 9,270,971 |  |  | 85,860,054 | 926.1\% | 5,289,910 |  |  | 48,990,765 | 926.1\% |
| 2027 | 7,896,623 |  |  | 82,750,041 | 1047.9\% | 4,291,165 |  |  | 44,967,835 | 1047.9\% |
| 2028 | 6,683,426 |  |  | 79,120,116 | 1183.8\% | 3,458,944 |  |  | 40,947,876 | 1183.8\% |
| 2029 | 5,576,747 |  |  | 74,756,428 | 1340.5\% | 2,748,756 |  |  | 36,847,134 | 1340.5\% |
| 2030 | 4,589,404 |  |  | 70,069,394 | 1526.8\% | 2,154,379 |  |  | 32,892,299 | 1526.8\% |
| 2031 | 3,776,027 |  |  | 65,533,638 | 1735.5\% | 1,688,152 |  |  | 29,298,194 | 1735.5\% |

CONTINENTAL CASUALTY COMPANY
POLICY FORMS: P1-15203/16356/16928/16944-SERIES ("LTC 1" PORTFOLIO) NATIONWIDE EXPERIENCE, PAST ACTUAL AND FUTURE PROJECTED

Without Rate Increase
Premiums Adjusted to PENNSYLVANIA Rate Levels

|  | Without Interest |  |  |  |  | With Interest Accumulated/Discounted to 12/31/2014 at |  |  |  | 5.0\% |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Calendar Year | Earned Premium | Paid Claims | Claim Reserve | Incurred Claims | Loss Ratio | Earned Premium | Paid Claims | Claim Reserve | Incurred Claims | Loss Ratio |
| 2032 | 3,104,946 |  |  | 60,966,578 | 1963.5\% | 1,322,030 |  |  | 25,958,470 | 1963.5\% |
| 2033 | 2,548,775 |  |  | 56,252,383 | 2207.0\% | 1,033,545 |  |  | 22,810,715 | 2207.0\% |
| 2034 | 2,074,677 |  |  | 51,245,367 | 2470.0\% | 801,233 |  |  | 19,790,797 | 2470.0\% |
| 2035 | 1,670,398 |  |  | 45,990,883 | 2753.3\% | 614,383 |  |  | 16,915,744 | 2753.3\% |
| 2036 | 1,329,582 |  |  | 40,782,937 | 3067.3\% | 465,742 |  |  | 14,285,932 | 3067.3\% |
| 2037 | 1,054,916 |  |  | 35,866,001 | 3399.9\% | 351,932 |  |  | 11,965,304 | 3399.9\% |
| 2038 | 835,974 |  |  | 31,271,856 | 3740.8\% | 265,610 |  |  | 9,935,852 | 3740.8\% |
| 2039 | 652,662 |  |  | 26,683,517 | 4088.4\% | 197,493 |  |  | 8,074,307 | 4088.4\% |
| 2040 | 500,676 |  |  | 22,131,006 | 4420.2\% | 144,288 |  |  | 6,377,846 | 4420.2\% |
| 2041 | 376,008 |  |  | 17,919,681 | 4765.8\% | 103,200 |  |  | 4,918,287 | 4765.8\% |
| 2042 | 278,989 |  |  | 14,335,920 | 5138.5\% | 72,926 |  |  | 3,747,312 | 5138.5\% |
| 2043 | 206,297 |  |  | 11,395,644 | 5523.9\% | 51,357 |  |  | 2,836,899 | 5523.9\% |
| 2044 | 148,256 |  |  | 8,778,316 | 5921.1\% | 35,150 |  |  | 2,081,263 | 5921.1\% |
| 2045 | 101,315 |  |  | 6,393,818 | 6310.8\% | 22,877 |  |  | 1,443,732 | 6310.8\% |
| 2046 | 68,535 |  |  | 4,539,790 | 6624.0\% | 14,738 |  |  | 976,276 | 6624.0\% |
| 2047 | 44,809 |  |  | 3,162,195 | 7057.1\% | 9,177 |  |  | 647,644 | 7057.1\% |
| 2048 | 27,261 |  |  | 2,074,280 | 7609.0\% | 5,317 |  |  | 404,600 | 7609.0\% |
| 2049 | 15,069 |  |  | 1,294,244 | 8588.9\% | 2,799 |  |  | 240,428 | 8588.9\% |
| 2050 | 8,482 |  |  | 823,216 | 9705.7\% | 1,501 |  |  | 145,644 | 9705.7\% |
| 2051 | 5,568 |  |  | 594,100 | 10669.7\% | 938 |  |  | 100,104 | 10669.7\% |
| 2052 | 3,997 |  |  | 458,072 | 11460.5\% | 641 |  |  | 73,508 | 11460.5\% |
| 2053 | 2,715 |  |  | 328,803 | 12109.8\% | 415 |  |  | 50,251 | 12109.8\% |
| 2054 | 1,994 |  |  | 251,888 | 12634.2\% | 290 |  |  | 36,663 | 12634.2\% |
| 2055 | 1,522 |  |  | 199,981 | 13140.7\% | 211 |  |  | 27,722 | 13140.7\% |
| 2056 | 1,166 |  |  | 157,277 | 13486.8\% | 154 |  |  | 20,764 | 13486.8\% |
| 2057 | 850 |  |  | 109,993 | 12944.7\% | 107 |  |  | 13,830 | 12944.7\% |
| 2058 | 621 |  |  | 78,085 | 12578.7\% | 74 |  |  | 9,350 | 12578.7\% |
| 2059 | 437 |  |  | 54,033 | 12359.9\% | 50 |  |  | 6,162 | 12359.9\% |
| 2060 | 323 |  |  | 37,066 | 11464.8\% | 35 |  |  | 4,026 | 11464.8\% |
| 2061 | 239 |  |  | 26,274 | 10998.5\% | 25 |  |  | 2,718 | 10998.5\% |
| 2062 | 137 |  |  | 13,234 | 9663.3\% | 13 |  |  | 1,304 | 9663.3\% |
| 2063 | 98 |  |  | 6,783 | 6951.7\% | 9 |  |  | 636 | 6951.7\% |
| 2064 | 80 |  |  | 5,440 | 6778.6\% | 7 |  |  | 486 | 6778.6\% |
| 2065 | 65 |  |  | 4,585 | 7072.1\% | 6 |  |  | 390 | 7072.1\% |
| 2066 | 51 |  |  | 1,368 | 2661.6\% | 4 |  |  | 111 | 2661.6\% |
| 2067 | 40 |  |  | 32 | 79.5\% | 3 |  |  | 2 | 79.5\% |
| 2068 | 31 |  |  | 13 | 43.3\% | 2 |  |  | 1 | 43.3\% |
| 2069 | 23 |  |  | 9 | 39.8\% | 2 |  |  | 1 | 39.8\% |
| 2070 | 6 |  |  | 4 | 62.4\% | 0 |  |  | 0 | 62.4\% |
| 2071 | 0 |  |  | 1 | 0.0\% | - |  |  | 0 | 0.0\% |
| 2072 | 0 |  |  | 1 | 0.0\% | - |  |  | 0 | 0.0\% |
| 2073 | 0 |  |  | 1 | 0.0\% | - |  |  | 0 | 0.0\% |
| 2074 | 0 |  |  | 0 | 0.0\% | - |  |  | 0 | 0.0\% |



CONTINENTAL CASUALTY COMPANY
POLICY FORMS: P1-18876/18878/18215/18220-SERIES ("PREMIER/CLASSIC" PORTFOLIO)
NATIONWIDE EXPERIENCE, PAST ACTUAL AND FUTURE PROJECTED

## Without Rate Increase

Premiums Adjusted to PENNSYLVANIA Rate Levels

|  | Without Interest |  |  |  |  | With Interest Accumulated/Discounted to 12/31/2014 at |  |  |  | 5.0\% |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Calendar Year | Earned Premium | Paid Claims | Claim Reserve | Incurred Claims | Loss Ratio | Earned Premium | Paid Claims | Claim Reserve | Incurred Claims | Loss Ratio |
| 1985 | - | - | - | - | 0.0\% | - | - | - | - | 0.0\% |
| 1986 | - | - | - | - | 0.0\% | - | - | - | - | 0.0\% |
| 1987 | - | - | - | - | 0.0\% | - | - | - | - | 0.0\% |
| 1988 | - | - | - | - | 0.0\% | - | - | - | - | 0.0\% |
| 1989 | - | - | - | - | 0.0\% | - | - | - | - | 0.0\% |
| 1990 | - | - | - | - | 0.0\% | - | - | - | - | 0.0\% |
| 1991 | - | - | - | - | 0.0\% | - | - | - | - | 0.0\% |
| 1992 | - | - | - | - | 0.0\% | - | - | - | - | 0.0\% |
| 1993 | 142,381 | - | - | - | 0.0\% | 406,464 | - | - | - | 0.0\% |
| 1994 | 6,610,446 | 337,093 | - | 337,093 | 5.1\% | 17,972,620 | 825,167 | - | 825,167 | 4.6\% |
| 1995 | 20,806,042 | 1,070,875 | - | 1,070,875 | 5.1\% | 53,874,196 | 2,474,330 | - | 2,474,330 | 4.6\% |
| 1996 | 31,455,806 | 3,546,702 | - | 3,546,702 | 11.3\% | 77,571,618 | 7,335,526 | - | 7,335,526 | 9.5\% |
| 1997 | 37,285,232 | 5,497,922 | 165,500 | 5,663,423 | 15.2\% | 87,568,836 | 10,871,111 | 165,500 | 11,036,612 | 12.6\% |
| 1998 | 36,116,420 | 9,351,246 | - | 9,351,246 | 25.9\% | 80,784,515 | 18,077,443 | - | 18,077,443 | 22.4\% |
| 1999 | 35,746,446 | 15,169,916 | 1,196,194 | 16,366,110 | 45.8\% | 76,149,491 | 26,948,658 | 1,196,194 | 28,144,852 | 37.0\% |
| 2000 | 34,428,868 | 13,422,723 | 685,921 | 14,108,644 | 41.0\% | 69,850,189 | 22,934,787 | 685,921 | 23,620,709 | 33.8\% |
| 2001 | 33,020,540 | 19,631,738 | 227,072 | 19,858,810 | 60.1\% | 63,802,796 | 32,381,222 | 227,072 | 32,608,294 | 51.1\% |
| 2002 | 31,827,520 | 24,984,995 | 1,639,907 | 26,624,902 | 83.7\% | 58,569,167 | 39,350,645 | 1,639,907 | 40,990,552 | 70.0\% |
| 2003 | 31,491,535 | 21,861,765 | 471,479 | 22,333,244 | 70.9\% | 55,191,319 | 33,308,054 | 471,479 | 33,779,533 | 61.2\% |
| 2004 | 40,748,016 | 27,074,020 | 1,000,828 | 28,074,847 | 68.9\% | 68,013,340 | 39,336,378 | 1,000,828 | 40,337,206 | 59.3\% |
| 2005 | 39,305,367 | 30,145,281 | 1,713,171 | 31,858,452 | 81.1\% | 62,481,320 | 41,706,767 | 1,713,171 | 43,419,938 | 69.5\% |
| 2006 | 37,313,498 | 28,861,085 | 3,217,134 | 32,078,220 | 86.0\% | 56,490,447 | 38,190,438 | 3,217,134 | 41,407,572 | 73.3\% |
| 2007 | 34,982,101 | 29,448,707 | 3,938,517 | 33,387,224 | 95.4\% | 50,438,902 | 37,393,093 | 3,938,517 | 41,331,610 | 81.9\% |
| 2008 | 33,110,262 | 30,657,192 | 4,159,379 | 34,816,571 | 105.2\% | 45,466,661 | 37,478,880 | 4,159,379 | 41,638,259 | 91.6\% |
| 2009 | 31,013,942 | 34,281,093 | 8,932,287 | 43,213,380 | 139.3\% | 40,560,015 | 40,083,609 | 8,932,287 | 49,015,897 | 120.8\% |
| 2010 | 28,941,868 | 37,847,802 | 14,304,289 | 52,152,091 | 180.2\% | 36,047,770 | 42,709,262 | 14,304,289 | 57,013,550 | 158.2\% |
| 2011 | 26,437,387 | 33,634,673 | 19,589,022 | 53,223,694 | 201.3\% | 31,360,363 | 36,745,414 | 19,589,022 | 56,334,436 | 179.6\% |
| 2012 | 25,394,963 | 24,215,363 | 29,018,219 | 53,233,583 | 209.6\% | 28,689,359 | 25,689,322 | 29,018,219 | 54,707,541 | 190.7\% |
| 2013 | 25,501,585 | 18,400,861 | 43,220,165 | 61,621,026 | 241.6\% | 27,437,916 | 19,083,132 | 43,220,165 | 62,303,297 | 227.1\% |
| 2014 | 23,809,169 | 4,377,165 | 49,592,859 | 53,970,024 | 226.7\% | 24,397,139 | 4,485,259 | 49,592,859 | 54,078,119 | 221.7\% |
| 2015 | 23,708,452 |  |  | 53,538,442 | 225.8\% | 23,137,080 |  |  | 52,248,169 | 225.8\% |
| 2016 | 22,293,596 |  |  | 54,320,371 | 243.7\% | 20,720,306 |  |  | 50,486,909 | 243.7\% |
| 2017 | 20,808,860 |  |  | 54,577,106 | 262.3\% | 18,419,382 |  |  | 48,310,025 | 262.3\% |
| 2018 | 19,320,296 |  |  | 54,511,082 | 282.1\% | 16,287,380 |  |  | 45,953,887 | 282.1\% |
| 2019 | 17,863,865 |  |  | 54,138,978 | 303.1\% | 14,342,458 |  |  | 43,466,854 | 303.1\% |
| 2020 | 16,039,456 |  |  | 53,408,632 | 333.0\% | 12,264,462 |  |  | 40,838,549 | 333.0\% |
| 2021 | 14,352,214 |  |  | 52,365,274 | 364.9\% | 10,451,737 |  |  | 38,134,051 | 364.9\% |
| 2022 | 12,781,032 |  |  | 50,987,549 | 398.9\% | 8,864,335 |  |  | 35,362,617 | 398.9\% |
| 2023 | 11,318,718 |  |  | 49,301,780 | 435.6\% | 7,476,325 |  |  | 32,565,185 | 435.6\% |
| 2024 | 9,967,591 |  |  | 47,305,829 | 474.6\% | 6,270,351 |  |  | 29,758,862 | 474.6\% |
| 2025 | 8,725,518 |  |  | 44,965,104 | 515.3\% | 5,227,615 |  |  | 26,939,402 | 515.3\% |
| 2026 | 7,592,018 |  |  | 42,440,916 | 559.0\% | 4,331,919 |  |  | 24,216,301 | 559.0\% |
| 2027 | 6,568,011 |  |  | 40,404,301 | 615.2\% | 3,569,173 |  |  | 21,956,411 | 615.2\% |
| 2028 | 5,636,934 |  |  | 38,241,591 | 678.4\% | 2,917,343 |  |  | 19,791,577 | 678.4\% |
| 2029 | 4,818,340 |  |  | 36,033,461 | 747.8\% | 2,374,940 |  |  | 17,760,744 | 747.8\% |
| 2030 | 4,087,913 |  |  | 33,708,315 | 824.6\% | 1,918,967 |  |  | 15,823,513 | 824.6\% |
| 2031 | 3,431,999 |  |  | 31,219,748 | 909.7\% | 1,534,348 |  |  | 13,957,446 | 909.7\% |

CONTINENTAL CASUALTY COMPANY
POLICY FORMS: P1-18876/18878/18215/18220-SERIES ("PREMIER/CLASSIC" PORTFOLIO)
NATIONWIDE EXPERIENCE, PAST ACTUAL AND FUTURE PROJECTED
Without Rate Increase
Premiums Adjusted to PENNSYLVANIA Rate Levels

|  | Without Interest |  |  |  |  | With Interest Accumulated/Discounted to 12/31/2014 at |  |  |  | 5.0\% |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Calendar Year | Earned Premium | Paid Claims | Claim Reserve | Incurred Claims | Loss Ratio | Earned Premium | Paid Claims | Claim Reserve | Incurred Claims | Loss Ratio |
| 2032 | 2,846,017 |  |  | 28,575,523 | 1004.1\% | 1,211,783 |  |  | 12,166,943 | 1004.1\% |
| 2033 | 2,338,167 |  |  | 25,967,776 | 1110.6\% | 948,142 |  |  | 10,530,106 | 1110.6\% |
| 2034 | 1,924,172 |  |  | 23,662,096 | 1229.7\% | 743,109 |  |  | 9,138,226 | 1229.7\% |
| 2035 | 1,589,592 |  |  | 21,551,178 | 1355.8\% | 584,662 |  |  | 7,926,663 | 1355.8\% |
| 2036 | 1,310,766 |  |  | 19,481,890 | 1486.3\% | 459,151 |  |  | 6,824,348 | 1486.3\% |
| 2037 | 1,070,200 |  |  | 17,381,872 | 1624.2\% | 357,031 |  |  | 5,798,789 | 1624.2\% |
| 2038 | 857,402 |  |  | 15,270,639 | 1781.0\% | 272,418 |  |  | 4,851,865 | 1781.0\% |
| 2039 | 684,338 |  |  | 13,353,918 | 1951.4\% | 207,077 |  |  | 4,040,833 | 1951.4\% |
| 2040 | 545,891 |  |  | 11,632,924 | 2131.0\% | 157,318 |  |  | 3,352,446 | 2131.0\% |
| 2041 | 435,366 |  |  | 10,023,565 | 2302.3\% | 119,492 |  |  | 2,751,096 | 2302.3\% |
| 2042 | 341,370 |  |  | 8,473,193 | 2482.1\% | 89,232 |  |  | 2,214,835 | 2482.1\% |
| 2043 | 264,111 |  |  | 7,028,713 | 2661.3\% | 65,749 |  |  | 1,749,769 | 2661.3\% |
| 2044 | 198,395 |  |  | 5,679,000 | 2862.5\% | 47,038 |  |  | 1,346,442 | 2862.5\% |
| 2045 | 147,717 |  |  | 4,580,660 | 3101.0\% | 33,355 |  |  | 1,034,319 | 3101.0\% |
| 2046 | 111,019 |  |  | 3,692,842 | 3326.3\% | 23,874 |  |  | 794,141 | 3326.3\% |
| 2047 | 82,179 |  |  | 2,902,162 | 3531.5\% | 16,831 |  |  | 594,387 | 3531.5\% |
| 2048 | 59,329 |  |  | 2,228,754 | 3756.6\% | 11,572 |  |  | 434,731 | 3756.6\% |
| 2049 | 40,948 |  |  | 1,616,411 | 3947.5\% | 7,607 |  |  | 300,276 | 3947.5\% |
| 2050 | 28,553 |  |  | 1,196,654 | 4191.0\% | 5,052 |  |  | 211,713 | 4191.0\% |
| 2051 | 20,310 |  |  | 903,665 | 4449.3\% | 3,422 |  |  | 152,264 | 4449.3\% |
| 2052 | 15,299 |  |  | 722,819 | 4724.6\% | 2,455 |  |  | 115,993 | 4724.6\% |
| 2053 | 11,153 |  |  | 557,365 | 4997.5\% | 1,705 |  |  | 85,183 | 4997.5\% |
| 2054 | 8,048 |  |  | 413,013 | 5131.8\% | 1,171 |  |  | 60,116 | 5131.8\% |
| 2055 | 5,970 |  |  | 325,069 | 5444.8\% | 828 |  |  | 45,062 | 5444.8\% |
| 2056 | 4,654 |  |  | 264,096 | 5674.0\% | 614 |  |  | 34,866 | 5674.0\% |
| 2057 | 3,565 |  |  | 211,942 | 5945.1\% | 448 |  |  | 26,648 | 5945.1\% |
| 2058 | 2,619 |  |  | 159,872 | 6104.2\% | 314 |  |  | 19,144 | 6104.2\% |
| 2059 | 1,974 |  |  | 126,635 | 6414.8\% | 225 |  |  | 14,442 | 6414.8\% |
| 2060 | 1,588 |  |  | 104,344 | 6569.4\% | 173 |  |  | 11,333 | 6569.4\% |
| 2061 | 1,236 |  |  | 80,294 | 6498.1\% | 128 |  |  | 8,306 | 6498.1\% |
| 2062 | 980 |  |  | 65,521 | 6686.4\% | 97 |  |  | 6,455 | 6686.4\% |
| 2063 | 624 |  |  | 43,134 | 6916.4\% | 59 |  |  | 4,047 | 6916.4\% |
| 2064 | 354 |  |  | 22,311 | 6295.5\% | 32 |  |  | 1,994 | 6295.5\% |
| 2065 | 254 |  |  | 15,110 | 5941.4\% | 22 |  |  | 1,286 | 5941.4\% |
| 2066 | 98 |  |  | 3,651 | 3743.0\% | 8 |  |  | 296 | 3743.0\% |
| 2067 | 76 |  |  | 2,689 | 3538.1\% | 6 |  |  | 208 | 3538.1\% |
| 2068 | 58 |  |  | 2,095 | 3601.5\% | 4 |  |  | 154 | 3601.5\% |
| 2069 | 44 |  |  | 1,174 | 2684.8\% | 3 |  |  | 82 | 2684.8\% |
| 2070 | 21 |  |  | 362 | 1713.1\% | 1 |  |  | 24 | 1713.1\% |
| 2071 | 0 |  |  | 239 | 0.0\% | - |  |  | 15 | 0.0\% |
| 2072 | 0 |  |  | 155 | 0.0\% | - |  |  | 9 | 0.0\% |
| 2073 | 0 |  |  | 97 | 0.0\% | - |  |  | 6 | 0.0\% |
| 2074 | 0 |  |  | 59 | 0.0\% | - |  |  | 3 | 0.0\% |



CONTINENTAL CASUALTY COMPANY
POLICY FORMS: P1-21295/21300/21305/22435/22436/21925-SERIES ("PREFERRED ADVANTAGE" PORTFOLIO) NATIONWIDE EXPERIENCE, PAST ACTUAL AND FUTURE PROJECTED

## Without Rate Increase

Premiums Adjusted to PENNSYLVANIA Rate Levels

|  | Without Interest |  |  |  |  | With Interest Accumulated/Discounted to 12/31/2014 at |  |  |  | 5.0\% |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Calendar Year | Earned Premium | Paid Claims | Claim Reserve | Incurred Claims | Loss Ratio | Earned Premium | Paid Claims | Claim Reserve | Incurred Claims | Loss Ratio |
| 1985 | - | - | - | - | 0.0\% | - | - | - | - | 0.0\% |
| 1986 | - | - | - | - | 0.0\% | - | - | - | - | 0.0\% |
| 1987 | - | - | - | - | 0.0\% | - | - | - | - | 0.0\% |
| 1988 | - | - | - | - | 0.0\% | - | - | - | - | 0.0\% |
| 1989 | - | - | - | - | 0.0\% | - | - | - | - | 0.0\% |
| 1990 | - | - | - | - | 0.0\% | - | - | - | - | 0.0\% |
| 1991 | - | - | - | - | 0.0\% | - | - | - | - | 0.0\% |
| 1992 | - | - | - | - | 0.0\% | - | - | - | - | 0.0\% |
| 1993 | - | - | - | - | 0.0\% | - | - | - | - | 0.0\% |
| 1994 | 72,659 | - | - | - | 0.0\% | 197,547 | - | - | - | 0.0\% |
| 1995 | 6,781,718 | 864,770 | - | 864,770 | 12.8\% | 17,560,264 | 1,831,413 | - | 1,831,413 | 10.4\% |
| 1996 | 33,500,955 | 2,151,379 | - | 2,151,379 | 6.4\% | 82,615,059 | 4,592,606 | - | 4,592,606 | 5.6\% |
| 1997 | 72,917,702 | 7,233,259 | 259,765 | 7,493,024 | 10.3\% | 171,255,965 | 13,887,972 | 259,765 | 14,147,737 | 8.3\% |
| 1998 | 69,728,302 | 11,592,276 | 439,488 | 12,031,764 | 17.3\% | 155,966,931 | 21,810,338 | 439,488 | 22,249,826 | 14.3\% |
| 1999 | 70,153,327 | 16,294,113 | 377,441 | 16,671,554 | 23.8\% | 149,445,350 | 29,566,394 | 377,441 | 29,943,835 | 20.0\% |
| 2000 | 69,491,417 | 24,959,716 | 1,079,107 | 26,038,823 | 37.5\% | 140,986,005 | 42,233,561 | 1,079,107 | 43,312,668 | 30.7\% |
| 2001 | 67,210,588 | 28,047,321 | 1,414,038 | 29,461,359 | 43.8\% | 129,865,332 | 45,236,786 | 1,414,038 | 46,650,824 | 35.9\% |
| 2002 | 65,109,753 | 30,458,893 | 461,834 | 30,920,727 | 47.5\% | 119,815,302 | 47,978,725 | 461,834 | 48,440,558 | 40.4\% |
| 2003 | 64,406,195 | 35,746,247 | 822,879 | 36,569,127 | 56.8\% | 112,876,773 | 53,858,104 | 822,879 | 54,680,983 | 48.4\% |
| 2004 | 84,072,616 | 31,640,100 | 997,283 | 32,637,383 | 38.8\% | 140,327,310 | 45,832,761 | 997,283 | 46,830,044 | 33.4\% |
| 2005 | 81,691,608 | 44,604,826 | 4,918,212 | 49,523,038 | 60.6\% | 129,860,116 | 61,064,837 | 4,918,212 | 65,983,048 | 50.8\% |
| 2006 | 78,313,887 | 43,181,576 | 4,055,769 | 47,237,345 | 60.3\% | 118,562,629 | 57,322,453 | 4,055,769 | 61,378,222 | 51.8\% |
| 2007 | 74,048,279 | 48,519,305 | 5,488,012 | 54,007,317 | 72.9\% | 106,766,428 | 61,659,643 | 5,488,012 | 67,147,655 | 62.9\% |
| 2008 | 69,834,777 | 56,287,691 | 9,670,930 | 65,958,620 | 94.4\% | 95,896,377 | 68,440,828 | 9,670,930 | 78,111,757 | 81.5\% |
| 2009 | 66,881,893 | 62,944,022 | 17,681,381 | 80,625,404 | 120.5\% | 87,468,101 | 73,360,755 | 17,681,381 | 91,042,136 | 104.1\% |
| 2010 | 62,698,239 | 57,858,036 | 20,507,149 | 78,365,185 | 125.0\% | 78,092,115 | 65,168,156 | 20,507,149 | 85,675,305 | 109.7\% |
| 2011 | 57,595,349 | 48,240,388 | 29,683,459 | 77,923,847 | 135.3\% | 68,320,331 | 52,597,718 | 29,683,459 | 82,281,177 | 120.4\% |
| 2012 | 56,561,196 | 42,834,960 | 45,861,673 | 88,696,633 | 156.8\% | 63,898,672 | 45,395,014 | 45,861,673 | 91,256,688 | 142.8\% |
| 2013 | 57,910,494 | 26,483,298 | 69,561,751 | 96,045,049 | 165.9\% | 62,307,628 | 27,407,933 | 69,561,751 | 96,969,683 | 155.6\% |
| 2014 | 54,688,345 | 5,816,815 | 92,373,672 | 98,190,487 | 179.5\% | 56,038,878 | 5,960,462 | 92,373,672 | 98,334,133 | 175.5\% |
| 2015 | 53,269,664 |  |  | 91,977,520 | 172.7\% | 51,985,869 |  |  | 89,760,869 | 172.7\% |
| 2016 | 50,527,901 |  |  | 95,347,277 | 188.7\% | 46,962,078 |  |  | 88,618,491 | 188.7\% |
| 2017 | 47,544,861 |  |  | 97,117,060 | 204.3\% | 42,085,291 |  |  | 85,965,121 | 204.3\% |
| 2018 | 44,455,338 |  |  | 98,127,763 | 220.7\% | 37,476,702 |  |  | 82,723,585 | 220.7\% |
| 2019 | 41,405,056 |  |  | 98,617,983 | 238.2\% | 33,243,101 |  |  | 79,177,953 | 238.2\% |
| 2020 | 37,721,369 |  |  | 98,616,355 | 261.4\% | 28,843,390 |  |  | 75,406,330 | 261.4\% |
| 2021 | 34,256,938 |  |  | 98,182,064 | 286.6\% | 24,946,987 |  |  | 71,499,287 | 286.6\% |
| 2022 | 30,982,948 |  |  | 97,269,925 | 313.9\% | 21,488,347 |  |  | 67,461,942 | 313.9\% |
| 2023 | 27,886,800 |  |  | 95,824,098 | 343.6\% | 18,420,001 |  |  | 63,294,460 | 343.6\% |
| 2024 | 24,969,572 |  |  | 93,812,668 | 375.7\% | 15,707,706 |  |  | 59,015,100 | 375.7\% |
| 2025 | 22,254,396 |  |  | 91,233,332 | 410.0\% | 13,333,009 |  |  | 54,659,530 | 410.0\% |
| 2026 | 19,739,239 |  |  | 88,263,403 | 447.1\% | 11,262,984 |  |  | 50,362,088 | 447.1\% |
| 2027 | 17,427,086 |  |  | 86,138,344 | 494.3\% | 9,470,186 |  |  | 46,809,099 | 494.3\% |
| 2028 | 15,279,653 |  |  | 83,500,649 | 546.5\% | 7,907,841 |  |  | 43,214,980 | 546.5\% |
| 2029 | 13,322,717 |  |  | 80,475,288 | 604.0\% | 6,566,712 |  |  | 39,665,936 | 604.0\% |
| 2030 | 11,549,700 |  |  | 77,053,246 | 667.1\% | 5,421,714 |  |  | 36,170,691 | 667.1\% |
| 2031 | 9,950,448 |  |  | 73,226,490 | 735.9\% | 4,448,557 |  |  | 32,737,445 | 735.9\% |

CONTINENTAL CASUALTY COMPANY
POLICY FORMS: P1-21295/21300/21305/22435/22436/21925-SERIES ("PREFERRED ADVANTAGE" PORTFOLIO) NATIONWIDE EXPERIENCE, PAST ACTUAL AND FUTURE PROJECTED

## Without Rate Increase

Premiums Adjusted to PENNSYLVANIA Rate Levels

|  | Without Interest |  |  |  |  | With Interest Accumulated/Discounted to 12/31/2014 at |  |  |  | 5.0\% |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Calendar Year | Earned Premium | Paid Claims | Claim Reserve | Incurred Claims | Loss Ratio | Earned Premium | Paid Claims | Claim Reserve | Incurred Claims | Loss Ratio |
| 2032 | 8,509,792 |  |  | 69,060,552 | 811.5\% | 3,623,316 |  |  | 29,404,738 | 811.5\% |
| 2033 | 7,219,539 |  |  | 64,633,294 | 895.3\% | 2,927,571 |  |  | 26,209,230 | 895.3\% |
| 2034 | 6,098,591 |  |  | 60,121,346 | 985.8\% | 2,355,256 |  |  | 23,218,671 | 985.8\% |
| 2035 | 5,130,816 |  |  | 55,566,012 | 1083.0\% | 1,887,147 |  |  | 20,437,539 | 1083.0\% |
| 2036 | 4,291,844 |  |  | 50,912,752 | 1186.3\% | 1,503,398 |  |  | 17,834,323 | 1186.3\% |
| 2037 | 3,574,303 |  |  | 46,302,720 | 1295.4\% | 1,192,428 |  |  | 15,447,111 | 1295.4\% |
| 2038 | 2,949,249 |  |  | 41,722,443 | 1414.7\% | 937,050 |  |  | 13,256,266 | 1414.7\% |
| 2039 | 2,415,208 |  |  | 37,306,548 | 1544.7\% | 730,831 |  |  | 11,288,786 | 1544.7\% |
| 2040 | 1,965,677 |  |  | 33,108,667 | 1684.3\% | 566,481 |  |  | 9,541,454 | 1684.3\% |
| 2041 | 1,594,555 |  |  | 29,147,601 | 1827.9\% | 437,646 |  |  | 7,999,934 | 1827.9\% |
| 2042 | 1,277,842 |  |  | 25,293,167 | 1979.4\% | 334,019 |  |  | 6,611,462 | 1979.4\% |
| 2043 | 1,011,995 |  |  | 21,610,663 | 2135.5\% | 251,932 |  |  | 5,379,886 | 2135.5\% |
| 2044 | 788,402 |  |  | 18,172,645 | 2305.0\% | 186,923 |  |  | 4,308,577 | 2305.0\% |
| 2045 | 613,523 |  |  | 15,258,589 | 2487.0\% | 138,534 |  |  | 3,445,409 | 2487.0\% |
| 2046 | 477,173 |  |  | 12,780,596 | 2678.4\% | 102,615 |  |  | 2,748,452 | 2678.4\% |
| 2047 | 367,586 |  |  | 10,622,020 | 2889.7\% | 75,285 |  |  | 2,175,479 | 2889.7\% |
| 2048 | 279,619 |  |  | 8,655,348 | 3095.4\% | 54,541 |  |  | 1,688,274 | 3095.4\% |
| 2049 | 206,598 |  |  | 6,821,795 | 3302.0\% | 38,379 |  |  | 1,267,266 | 3302.0\% |
| 2050 | 154,804 |  |  | 5,410,987 | 3495.4\% | 27,388 |  |  | 957,318 | 3495.4\% |
| 2051 | 116,508 |  |  | 4,335,175 | 3720.9\% | 19,631 |  |  | 730,461 | 3720.9\% |
| 2052 | 87,428 |  |  | 3,463,636 | 3961.7\% | 14,030 |  |  | 555,819 | 3961.7\% |
| 2053 | 64,172 |  |  | 2,681,264 | 4178.2\% | 9,808 |  |  | 409,781 | 4178.2\% |
| 2054 | 47,421 |  |  | 2,054,632 | 4332.8\% | 6,902 |  |  | 299,059 | 4332.8\% |
| 2055 | 34,905 |  |  | 1,575,470 | 4513.6\% | 4,839 |  |  | 218,395 | 4513.6\% |
| 2056 | 25,951 |  |  | 1,218,726 | 4696.3\% | 3,426 |  |  | 160,898 | 4696.3\% |
| 2057 | 18,982 |  |  | 929,964 | 4899.1\% | 2,387 |  |  | 116,929 | 4899.1\% |
| 2058 | 13,356 |  |  | 679,756 | 5089.7\% | 1,599 |  |  | 81,399 | 5089.7\% |
| 2059 | 9,877 |  |  | 512,570 | 5189.5\% | 1,126 |  |  | 58,456 | 5189.5\% |
| 2060 | 7,132 |  |  | 366,996 | 5146.0\% | 775 |  |  | 39,861 | 5146.0\% |
| 2061 | 4,954 |  |  | 257,955 | 5207.0\% | 512 |  |  | 26,683 | 5207.0\% |
| 2062 | 3,451 |  |  | 176,896 | 5125.7\% | 340 |  |  | 17,427 | 5125.7\% |
| 2063 | 1,830 |  |  | 86,121 | 4706.5\% | 172 |  |  | 8,080 | 4706.5\% |
| 2064 | 1,179 |  |  | 55,494 | 4706.3\% | 105 |  |  | 4,959 | 4706.3\% |
| 2065 | 755 |  |  | 34,293 | 4543.9\% | 64 |  |  | 2,918 | 4543.9\% |
| 2066 | 469 |  |  | 22,877 | 4879.5\% | 38 |  |  | 1,854 | 4879.5\% |
| 2067 | 352 |  |  | 15,527 | 4411.2\% | 27 |  |  | 1,199 | 4411.2\% |
| 2068 | 180 |  |  | 7,387 | 4106.3\% | 13 |  |  | 543 | 4106.3\% |
| 2069 | 73 |  |  | 1,849 | 2543.1\% | 5 |  |  | 129 | 2543.1\% |
| 2070 | 54 |  |  | 689 | 1281.2\% | 4 |  |  | 46 | 1281.2\% |
| 2071 | 36 |  |  | 236 | 659.3\% | 2 |  |  | 15 | 659.3\% |
| 2072 | 26 |  |  | 153 | 594.0\% | 2 |  |  | 9 | 594.0\% |
| 2073 | 6 |  |  | 101 | 1816.2\% | 0 |  |  | 6 | 1816.2\% |
| 2074 | 0 |  |  | 66 | 0.0\% | - |  |  | 4 | 0.0\% |



CONTINENTAL CASUALTY COMPANY
POLICY FORMS: P1-N0022I N0023/ N0026/ N0027I N0030/ N0031/ N0034I N0035/ N0066I N0070-SERIES ("TQ")
NATIONWIDE EXPERIENCE, PAST ACTUAL AND FUTURE PROJECTED
Without Rate Increase
Premiums Adjusted to PENNSYLVANIA Rate Levels

|  | Without Interest |  |  |  |  | With Interest Accumulated/Discounted to 12/31/2014 at |  |  |  | 5.0\% |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Calendar Year | Earned Premium | Paid Claims | Claim Reserve | Incurred Claims | Loss Ratio | Earned Premium | Paid Claims | Claim Reserve | Incurred Claims | Loss Ratio |
| 1985 | - | - | - | - | 0.0\% | - | - | - | - | 0.0\% |
| 1986 | - | - | - | - | 0.0\% | - | - | - | - | 0.0\% |
| 1987 | - | - | - | - | 0.0\% | - | - | - | - | 0.0\% |
| 1988 | - | - | - | - | 0.0\% | - | - | - | - | 0.0\% |
| 1989 | - | - | - | - | 0.0\% | - | - | - | - | 0.0\% |
| 1990 | - | - | - | - | 0.0\% | - | - | - | - | 0.0\% |
| 1991 | - | - | - | - | 0.0\% | - | - | - | - | 0.0\% |
| 1992 | - | - | - | - | 0.0\% | - | - | - | - | 0.0\% |
| 1993 | - | - | - | - | 0.0\% | - | - | - | - | 0.0\% |
| 1994 | - | - | - | - | 0.0\% | - | - | - | - | 0.0\% |
| 1995 | - | - | - | - | 0.0\% | - | - | - | - | 0.0\% |
| 1996 | - | - | - | - | 0.0\% | - | - | - | - | 0.0\% |
| 1997 | 9,578,990 | 715,996 | - | 715,996 | 7.5\% | 22,497,407 | 1,457,749 | - | 1,457,749 | 6.5\% |
| 1998 | 61,332,520 | 3,007,711 | - | 3,007,711 | 4.9\% | 137,187,405 | 5,621,422 | - | 5,621,422 | 4.1\% |
| 1999 | 89,857,813 | 6,248,081 | - | 6,248,081 | 7.0\% | 191,421,176 | 11,576,699 | - | 11,576,699 | 6.0\% |
| 2000 | 90,054,673 | 15,455,236 | 1,246,190 | 16,701,426 | 18.5\% | 182,705,277 | 25,749,996 | 1,246,190 | 26,996,186 | 14.8\% |
| 2001 | 90,136,858 | 22,396,510 | 1,990,153 | 24,386,663 | 27.1\% | 174,163,824 | 35,891,282 | 1,990,153 | 37,881,435 | 21.8\% |
| 2002 | 89,744,268 | 25,330,459 | 1,284,707 | 26,615,166 | 29.7\% | 165,147,864 | 39,748,880 | 1,284,707 | 41,033,587 | 24.8\% |
| 2003 | 89,068,746 | 36,396,696 | 1,300,645 | 37,697,341 | 42.3\% | 156,099,775 | 54,405,394 | 1,300,645 | 55,706,039 | 35.7\% |
| 2004 | 83,254,586 | 37,346,839 | 2,615,847 | 39,962,685 | 48.0\% | 138,961,921 | 53,538,910 | 2,615,847 | 56,154,757 | 40.4\% |
| 2005 | 98,874,302 | 37,054,003 | 2,868,776 | 39,922,779 | 40.4\% | 157,174,385 | 51,501,800 | 2,868,776 | 54,370,576 | 34.6\% |
| 2006 | 103,323,256 | 41,130,275 | 4,319,072 | 45,449,347 | 44.0\% | 156,425,347 | 54,257,194 | 4,319,072 | 58,576,265 | 37.4\% |
| 2007 | 98,203,352 | 44,353,621 | 4,292,181 | 48,645,802 | 49.5\% | 141,594,393 | 56,361,263 | 4,292,181 | 60,653,445 | 42.8\% |
| 2008 | 94,012,246 | 53,876,640 | 8,018,950 | 61,895,590 | 65.8\% | 129,096,621 | 65,407,742 | 8,018,950 | 73,426,692 | 56.9\% |
| 2009 | 90,068,047 | 57,834,088 | 14,132,428 | 71,966,515 | 79.9\% | 117,790,941 | 67,360,349 | 14,132,428 | 81,492,777 | 69.2\% |
| 2010 | 85,627,363 | 56,850,342 | 17,306,338 | 74,156,680 | 86.6\% | 106,650,873 | 64,026,501 | 17,306,338 | 81,332,839 | 76.3\% |
| 2011 | 83,068,911 | 51,451,610 | 26,258,192 | 77,709,803 | 93.5\% | 98,537,393 | 56,026,918 | 26,258,192 | 82,285,110 | 83.5\% |
| 2012 | 82,431,857 | 48,599,120 | 51,554,493 | 100,153,613 | 121.5\% | 93,125,439 | 51,450,193 | 51,554,493 | 103,004,685 | 110.6\% |
| 2013 | 84,785,814 | 30,370,967 | 77,381,238 | 107,752,204 | 127.1\% | 91,223,586 | 31,436,610 | 77,381,238 | 108,817,847 | 119.3\% |
| 2014 | 81,085,280 | 5,526,558 | 102,264,862 | 107,791,420 | 132.9\% | 83,087,687 | 5,663,037 | 102,264,862 | 107,927,899 | 129.9\% |
| 2015 | 79,928,412 |  |  | 104,436,446 | 130.7\% | 78,002,143 |  |  | 101,919,536 | 130.7\% |
| 2016 | 76,254,754 |  |  | 111,693,804 | 146.5\% | 70,873,353 |  |  | 103,811,420 | 146.5\% |
| 2017 | 72,273,174 |  |  | 117,987,022 | 163.3\% | 63,974,055 |  |  | 104,438,588 | 163.3\% |
| 2018 | 68,005,875 |  |  | 122,578,498 | 180.2\% | 57,330,256 |  |  | 103,336,024 | 180.2\% |
| 2019 | 63,543,121 |  |  | 125,687,318 | 197.8\% | 51,017,209 |  |  | 100,911,256 | 197.8\% |
| 2020 | 58,217,027 |  |  | 128,044,024 | 219.9\% | 44,515,256 |  |  | 97,907,998 | 219.9\% |
| 2021 | 53,178,116 |  |  | 129,877,045 | 244.2\% | 38,725,988 |  |  | 94,580,576 | 244.2\% |
| 2022 | 48,431,797 |  |  | 131,099,558 | 270.7\% | 33,590,064 |  |  | 90,924,618 | 270.7\% |
| 2023 | 44,007,496 |  |  | 131,767,470 | 299.4\% | 29,068,165 |  |  | 87,036,049 | 299.4\% |
| 2024 | 39,828,156 |  |  | 131,760,744 | 330.8\% | 25,054,853 |  |  | 82,887,243 | 330.8\% |
| 2025 | 35,869,771 |  |  | 130,980,798 | 365.2\% | 21,490,225 |  |  | 78,472,952 | 365.2\% |
| 2026 | 32,165,346 |  |  | 129,589,619 | 402.9\% | 18,353,178 |  |  | 73,942,354 | 402.9\% |
| 2027 | 28,726,319 |  |  | 129,251,295 | 449.9\% | 15,610,389 |  |  | 70,237,438 | 449.9\% |
| 2028 | 25,533,679 |  |  | 128,037,209 | 501.4\% | 13,214,717 |  |  | 66,264,460 | 501.4\% |
| 2029 | 22,564,501 |  |  | 125,958,170 | 558.2\% | 11,121,949 |  |  | 62,084,259 | 558.2\% |
| 2030 | 19,808,414 |  |  | 123,021,226 | 621.1\% | 9,298,557 |  |  | 57,749,192 | 621.1\% |
| 2031 | 17,288,975 |  |  | 119,281,433 | 689.9\% | 7,729,401 |  |  | 53,327,277 | 689.9\% |

CONTINENTAL CASUALTY COMPANY
POLICY FORMS: P1-N0022I N0023/ N0026/ N0027I N0030I N0031/ N0034/ N0035I N0066/ N0070-SERIES ("TQ")
NATIONWIDE EXPERIENCE, PAST ACTUAL AND FUTURE PROJECTED

## Without Rate Increase

Premiums Adjusted to PENNSYLVANIA Rate Levels

|  | Without Interest |  |  |  |  | With Interest Accumulated/Discounted to 12/31/2014 at |  |  |  | 5.0\% |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Calendar Year | Earned Premium | Paid Claims | Claim Reserve | Incurred Claims | Loss Ratio | Earned Premium | Paid Claims | Claim Reserve | Incurred Claims | Loss Ratio |
| 2032 | 15,010,465 |  |  | 114,769,999 | 764.6\% | 6,391,185 |  |  | 48,866,996 | 764.6\% |
| 2033 | 12,948,404 |  |  | 109,547,069 | 846.0\% | 5,250,664 |  |  | 44,422,063 | 846.0\% |
| 2034 | 11,093,359 |  |  | 103,746,694 | 935.2\% | 4,284,220 |  |  | 40,066,641 | 935.2\% |
| 2035 | 9,428,438 |  |  | 97,371,228 | 1032.7\% | 3,467,840 |  |  | 35,813,768 | 1032.7\% |
| 2036 | 7,966,036 |  |  | 90,647,833 | 1137.9\% | 2,790,438 |  |  | 31,753,200 | 1137.9\% |
| 2037 | 6,693,669 |  |  | 83,641,149 | 1249.6\% | 2,233,084 |  |  | 27,903,634 | 1249.6\% |
| 2038 | 5,590,008 |  |  | 76,531,600 | 1369.1\% | 1,776,086 |  |  | 24,316,007 | 1369.1\% |
| 2039 | 4,631,845 |  |  | 69,390,389 | 1498.1\% | 1,401,574 |  |  | 20,997,205 | 1498.1\% |
| 2040 | 3,804,272 |  |  | 62,371,246 | 1639.5\% | 1,096,338 |  |  | 17,974,520 | 1639.5\% |
| 2041 | 3,099,969 |  |  | 55,566,439 | 1792.5\% | 850,826 |  |  | 15,250,923 | 1792.5\% |
| 2042 | 2,510,660 |  |  | 49,067,662 | 1954.4\% | 656,270 |  |  | 12,825,953 | 1954.4\% |
| 2043 | 2,016,371 |  |  | 42,844,356 | 2124.8\% | 501,967 |  |  | 10,665,927 | 2124.8\% |
| 2044 | 1,597,163 |  |  | 36,919,877 | 2311.6\% | 378,674 |  |  | 8,753,383 | 2311.6\% |
| 2045 | 1,250,749 |  |  | 31,330,323 | 2504.9\% | 282,421 |  |  | 7,074,427 | 2504.9\% |
| 2046 | 978,368 |  |  | 26,433,184 | 2701.8\% | 210,397 |  |  | 5,684,425 | 2701.8\% |
| 2047 | 764,887 |  |  | 22,293,062 | 2914.6\% | 156,655 |  |  | 4,565,807 | 2914.6\% |
| 2048 | 592,115 |  |  | 18,633,118 | 3146.9\% | 115,495 |  |  | 3,634,494 | 3146.9\% |
| 2049 | 447,950 |  |  | 15,234,755 | 3401.0\% | 83,214 |  |  | 2,830,119 | 3401.0\% |
| 2050 | 338,616 |  |  | 12,313,391 | 3636.4\% | 59,908 |  |  | 2,178,500 | 3636.4\% |
| 2051 | 256,120 |  |  | 9,813,898 | 3831.8\% | 43,155 |  |  | 1,653,606 | 3831.8\% |
| 2052 | 194,038 |  |  | 7,841,615 | 4041.3\% | 31,138 |  |  | 1,258,365 | 4041.3\% |
| 2053 | 146,576 |  |  | 6,234,469 | 4253.4\% | 22,401 |  |  | 952,821 | 4253.4\% |
| 2054 | 111,114 |  |  | 4,949,372 | 4454.3\% | 16,173 |  |  | 720,398 | 4454.3\% |
| 2055 | 83,015 |  |  | 3,806,152 | 4584.9\% | 11,508 |  |  | 527,618 | 4584.9\% |
| 2056 | 61,430 |  |  | 2,856,137 | 4649.4\% | 8,110 |  |  | 377,071 | 4649.4\% |
| 2057 | 45,696 |  |  | 2,137,251 | 4677.1\% | 5,746 |  |  | 268,726 | 4677.1\% |
| 2058 | 34,057 |  |  | 1,588,413 | 4664.0\% | 4,078 |  |  | 190,208 | 4664.0\% |
| 2059 | 24,889 |  |  | 1,158,391 | 4654.2\% | 2,838 |  |  | 132,109 | 4654.2\% |
| 2060 | 18,334 |  |  | 847,815 | 4624.3\% | 1,991 |  |  | 92,085 | 4624.3\% |
| 2061 | 13,691 |  |  | 598,550 | 4371.8\% | 1,416 |  |  | 61,915 | 4371.8\% |
| 2062 | 9,948 |  |  | 401,364 | 4034.6\% | 980 |  |  | 39,541 | 4034.6\% |
| 2063 | 7,615 |  |  | 287,655 | 3777.4\% | 715 |  |  | 26,989 | 3777.4\% |
| 2064 | 5,858 |  |  | 199,643 | 3408.1\% | 523 |  |  | 17,840 | 3408.1\% |
| 2065 | 4,625 |  |  | 151,031 | 3265.2\% | 394 |  |  | 12,853 | 3265.2\% |
| 2066 | 3,616 |  |  | 106,015 | 2932.1\% | 293 |  |  | 8,592 | 2932.1\% |
| 2067 | 2,839 |  |  | 73,988 | 2606.0\% | 219 |  |  | 5,711 | 2606.0\% |
| 2068 | 2,235 |  |  | 51,118 | 2287.4\% | 164 |  |  | 3,758 | 2287.4\% |
| 2069 | 1,831 |  |  | 40,718 | 2224.2\% | 128 |  |  | 2,851 | 2224.2\% |
| 2070 | 1,459 |  |  | 33,555 | 2300.5\% | 97 |  |  | 2,237 | 2300.5\% |
| 2071 | 1,187 |  |  | 15,868 | 1337.2\% | 75 |  |  | 1,008 | 1337.2\% |
| 2072 | 945 |  |  | 4,459 | 471.6\% | 57 |  |  | 270 | 471.6\% |
| 2073 | 732 |  |  | 3,672 | 501.7\% | 42 |  |  | 211 | 501.7\% |
| 2074 | 590 |  |  | 2,859 | 484.4\% | 32 |  |  | 157 | 484.4\% |



CONTINENTAL CASUALTY COMPANY
POLICY FORMS: P1-59433-SERIES AND P1-59806-SERIES ("CON CARE B" PORTFOLIO) NATIONWIDE EXPERIENCE, PAST ACTUAL AND FUTURE PROJECTED

Premiums Adjusted to PENNSYLVANIA Rate Levels

|  | Without Interest |  |  |  |  | With Interest Accumulated/Discounted to 12/31/2014 at |  |  |  | 5.0\% |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Calendar Year | Earned Premium | Paid Claims | Claim Reserve | Incurred Claims | Loss Ratio | Earned Premium | Paid Claims | Claim Reserve | Incurred Claims | Loss Ratio |
| 1985 | - | - | - | - | 0.0\% | - | - | - | - | 0.0\% |
| 1986 | - | - | - | - | 0.0\% | - | - | - | - | 0.0\% |
| 1987 | - | - | - | - | 0.0\% | - | - | - | - | 0.0\% |
| 1988 | 1,834,116 | 284,227 | - | 284,227 | 15.5\% | 6,682,566 | 954,828 | - | 954,828 | 14.3\% |
| 1989 | 12,423,508 | 2,334,928 | - | 2,334,928 | 18.8\% | 43,109,340 | 7,339,875 | - | 7,339,875 | 17.0\% |
| 1990 | 28,986,744 | 6,636,739 | - | 6,636,739 | 22.9\% | 95,793,769 | 19,854,632 | - | 19,854,632 | 20.7\% |
| 1991 | 48,347,029 | 11,167,123 | - | 11,167,123 | 23.1\% | 152,166,243 | 31,049,314 | - | 31,049,314 | 20.4\% |
| 1992 | 54,501,897 | 14,292,657 | - | 14,292,657 | 26.2\% | 163,369,450 | 38,961,659 | - | 38,961,659 | 23.8\% |
| 1993 | 50,543,403 | 19,446,953 | - | 19,446,953 | 38.5\% | 144,289,394 | 49,729,183 | - | 49,729,183 | 34.5\% |
| 1994 | 46,194,239 | 21,532,714 | - | 21,532,714 | 46.6\% | 125,593,871 | 51,879,550 | - | 51,879,550 | 41.3\% |
| 1995 | 43,653,099 | 20,327,057 | - | 20,327,057 | 46.6\% | 113,033,301 | 47,100,810 | - | 47,100,810 | 41.7\% |
| 1996 | 41,271,486 | 26,727,895 | - | 26,727,895 | 64.8\% | 101,777,585 | 58,423,216 | - | 58,423,216 | 57.4\% |
| 1997 | 39,058,106 | 28,947,258 | - | 28,947,258 | 74.1\% | 91,732,645 | 60,708,409 | - | 60,708,409 | 66.2\% |
| 1998 | 36,682,982 | 27,878,951 | - | 27,878,951 | 76.0\% | 82,051,792 | 56,310,137 | - | 56,310,137 | 68.6\% |
| 1999 | 33,516,714 | 37,229,658 | 904,886 | 38,134,544 | 113.8\% | 71,399,566 | 70,093,368 | 904,886 | 70,998,254 | 99.4\% |
| 2000 | 30,517,385 | 39,696,053 | 637,243 | 40,333,296 | 132.2\% | 61,914,469 | 70,772,125 | 637,243 | 71,409,367 | 115.3\% |
| 2001 | 29,024,096 | 42,438,141 | 529,560 | 42,967,702 | 148.0\% | 56,080,805 | 73,330,388 | 529,560 | 73,859,948 | 131.7\% |
| 2002 | 27,523,187 | 54,030,013 | 1,131,054 | 55,161,067 | 200.4\% | 50,648,311 | 87,596,891 | 1,131,054 | 88,727,945 | 175.2\% |
| 2003 | 29,662,416 | 54,026,334 | 875,450 | 54,901,784 | 185.1\% | 51,985,648 | 84,126,241 | 875,450 | 85,001,691 | 163.5\% |
| 2004 | 33,142,860 | 62,283,964 | 2,118,933 | 64,402,897 | 194.3\% | 55,319,420 | 91,392,409 | 2,118,933 | 93,511,342 | 169.0\% |
| 2005 | 31,525,165 | 60,588,314 | 2,587,747 | 63,176,061 | 200.4\% | 50,113,613 | 85,434,673 | 2,587,747 | 88,022,420 | 175.6\% |
| 2006 | 28,817,547 | 60,100,381 | 2,501,622 | 62,602,003 | 217.2\% | 43,628,074 | 81,340,811 | 2,501,622 | 83,842,432 | 192.2\% |
| 2007 | 26,212,061 | 66,384,080 | 3,752,240 | 70,136,321 | 267.6\% | 37,793,830 | 85,770,949 | 3,752,240 | 89,523,189 | 236.9\% |
| 2008 | 24,099,184 | 63,721,194 | 5,562,056 | 69,283,251 | 287.5\% | 33,092,744 | 78,998,032 | 5,562,056 | 84,560,088 | 255.5\% |
| 2009 | 21,593,448 | 65,889,770 | 10,672,380 | 76,562,150 | 354.6\% | 28,239,899 | 77,876,635 | 10,672,380 | 88,549,014 | 313.6\% |
| 2010 | 19,620,911 | 64,786,816 | 13,482,774 | 78,269,589 | 398.9\% | 24,438,301 | 73,504,873 | 13,482,774 | 86,987,646 | 355.9\% |
| 2011 | 17,709,956 | 55,317,955 | 19,183,707 | 74,501,662 | 420.7\% | 21,007,773 | 60,681,482 | 19,183,707 | 79,865,189 | 380.2\% |
| 2012 | 16,806,118 | 48,241,962 | 35,558,665 | 83,800,628 | 498.6\% | 18,986,314 | 51,380,877 | 35,558,665 | 86,939,543 | 457.9\% |
| 2013 | 16,502,617 | 29,432,686 | 53,434,423 | 82,867,109 | 502.1\% | 17,755,658 | 30,514,606 | 53,434,423 | 83,949,030 | 472.8\% |
| 2014 | 14,903,159 | 8,466,981 | 79,493,818 | 87,960,799 | 590.2\% | 15,271,194 | 8,676,074 | 79,493,818 | 88,169,892 | 577.4\% |
| 2015 | 14,578,751 |  |  | 70,722,105 | 485.1\% | 14,227,404 |  |  | 69,017,707 | 485.1\% |
| 2016 | 13,363,567 |  |  | 68,612,767 | 513.4\% | 12,420,482 |  |  | 63,770,671 | 513.4\% |
| 2017 | 13,247,111 |  |  | 64,045,919 | 483.5\% | 11,725,947 |  |  | 56,691,534 | 483.5\% |
| 2018 | 12,437,888 |  |  | 60,022,267 | 482.6\% | 10,485,378 |  |  | 50,599,922 | 482.6\% |
| 2019 | 11,088,172 |  |  | 56,563,223 | 510.1\% | 8,902,420 |  |  | 45,413,221 | 510.1\% |
| 2020 | 9,527,079 |  |  | 52,682,037 | 553.0\% | 7,284,817 |  |  | 40,282,963 | 553.0\% |
| 2021 | 8,131,085 |  |  | 48,584,746 | 597.5\% | 5,921,313 |  |  | 35,380,950 | 597.5\% |
| 2022 | 6,858,354 |  |  | 44,373,433 | 647.0\% | 4,756,639 |  |  | 30,775,370 | 647.0\% |
| 2023 | 5,730,742 |  |  | 40,251,329 | 702.4\% | 3,785,313 |  |  | 26,587,113 | 702.4\% |
| 2024 | 4,750,888 |  |  | 36,302,769 | 764.1\% | 2,988,660 |  |  | 22,837,124 | 764.1\% |
| 2025 | 3,907,143 |  |  | 32,489,462 | 831.5\% | 2,340,840 |  |  | 19,465,021 | 831.5\% |
| 2026 | 3,181,581 |  |  | 28,872,035 | 907.5\% | 1,815,374 |  |  | 16,474,053 | 907.5\% |
| 2027 | 2,546,098 |  |  | 25,734,899 | 1010.8\% | 1,383,595 |  |  | 13,984,799 | 1010.8\% |
| 2028 | 2,005,182 |  |  | 22,708,390 | 1132.5\% | 1,037,763 |  |  | 11,752,515 | 1132.5\% |
| 2029 | 1,581,007 |  |  | 20,064,111 | 1269.1\% | 779,272 |  |  | 9,889,517 | 1269.1\% |
| 2030 | 1,249,080 |  |  | 17,744,275 | 1420.6\% | 586,349 |  |  | 8,329,599 | 1420.6\% |
| 2031 | 986,742 |  |  | 15,647,221 | 1585.7\% | 441,144 |  |  | 6,995,420 | 1585.7\% |

POLICY FORMS: P1-59433-SERIES AND P1-59806-SERIES ("CON CARE B" PORTFOLIO) NATIONWIDE EXPERIENCE, PAST ACTUAL AND FUTURE PROJECTED

Premiums Adjusted to PENNSYLVANIA Rate Levels

|  | Without Interest |  |  |  |  | With Interest Accumulated/Discounted to 12/31/2014 at |  |  |  | 5.0\% |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Calendar Year | Earned Premium | Paid Claims | Claim Reserve | Incurred Claims | Loss Ratio | Earned Premium | Paid Claims | Claim Reserve | Incurred Claims | Loss Ratio |
| 2032 | 769,911 |  |  | 13,622,561 | 1769.4\% | 327,814 |  |  | 5,800,241 | 1769.4\% |
| 2033 | 589,718 |  |  | 11,675,423 | 1979.8\% | 239,134 |  |  | 4,734,462 | 1979.8\% |
| 2034 | 450,948 |  |  | 9,931,239 | 2202.3\% | 174,155 |  |  | 3,835,413 | 2202.3\% |
| 2035 | 345,197 |  |  | 8,407,819 | 2435.7\% | 126,966 |  |  | 3,092,450 | 2435.7\% |
| 2036 | 263,070 |  |  | 7,071,061 | 2687.9\% | 92,151 |  |  | 2,476,935 | 2687.9\% |
| 2037 | 199,530 |  |  | 5,869,738 | 2941.8\% | 66,565 |  |  | 1,958,211 | 2941.8\% |
| 2038 | 146,754 |  |  | 4,696,471 | 3200.2\% | 46,627 |  |  | 1,492,187 | 3200.2\% |
| 2039 | 107,296 |  |  | 3,677,734 | 3427.6\% | 32,467 |  |  | 1,112,865 | 3427.6\% |
| 2040 | 78,417 |  |  | 2,861,916 | 3649.6\% | 22,599 |  |  | 824,764 | 3649.6\% |
| 2041 | 56,258 |  |  | 2,199,620 | 3909.9\% | 15,441 |  |  | 603,714 | 3909.9\% |
| 2042 | 38,943 |  |  | 1,636,001 | 4201.0\% | 10,180 |  |  | 427,640 | 4201.0\% |
| 2043 | 25,392 |  |  | 1,145,560 | 4511.4\% | 6,321 |  |  | 285,183 | 4511.4\% |
| 2044 | 15,643 |  |  | 751,712 | 4805.5\% | 3,709 |  |  | 178,224 | 4805.5\% |
| 2045 | 9,520 |  |  | 490,115 | 5148.4\% | 2,150 |  |  | 110,669 | 5148.4\% |
| 2046 | 4,750 |  |  | 288,019 | 6063.0\% | 1,022 |  |  | 61,938 | 6063.0\% |
| 2047 | 1,965 |  |  | 162,696 | 8280.9\% | 402 |  |  | 33,321 | 8280.9\% |
| 2048 | 693 |  |  | 76,225 | 11000.2\% | 135 |  |  | 14,868 | 11000.2\% |
| 2049 | 321 |  |  | 45,307 | 14093.8\% | 60 |  |  | 8,417 | 14093.8\% |
| 2050 | 185 |  |  | 28,464 | 15370.9\% | 33 |  |  | 5,036 | 15370.9\% |
| 2051 | 117 |  |  | 19,710 | 16783.9\% | 20 |  |  | 3,321 | 16783.9\% |
| 2052 | 89 |  |  | 16,301 | 18350.7\% | 14 |  |  | 2,616 | 18350.7\% |
| 2053 | 67 |  |  | 13,340 | 19926.6\% | 10 |  |  | 2,039 | 19926.6\% |
| 2054 | 54 |  |  | 10,972 | 20463.2\% | 8 |  |  | 1,597 | 20463.2\% |
| 2055 | 42 |  |  | 8,841 | 20998.2\% | 6 |  |  | 1,226 | 20998.2\% |
| 2056 | 16 |  |  | 3,092 | 19451.5\% | 2 |  |  | 408 | 19451.5\% |
| 2057 | 0 |  |  | - | 0.0\% | - |  |  | - | 0.0\% |
| 2058 | 0 |  |  | - | 0.0\% | - |  |  | - | 0.0\% |
| 2059 | 0 |  |  | - | 0.0\% | - |  |  | - | 0.0\% |
| 2060 | 0 |  |  | - | 0.0\% | - |  |  | - | 0.0\% |
| 2061 | 0 |  |  | - | 0.0\% | - |  |  | - | 0.0\% |
| 2062 | 0 |  |  | - | 0.0\% | - |  |  | - | 0.0\% |
| 2063 | 0 |  |  | - | 0.0\% | - |  |  | - | 0.0\% |
| 2064 | 0 |  |  | - | 0.0\% | - |  |  | - | 0.0\% |
| 2065 | 0 |  |  | - | 0.0\% | - |  |  | - | 0.0\% |
| 2066 | 0 |  |  | - | 0.0\% | - |  |  | - | 0.0\% |
| 2067 | 0 |  |  | - | 0.0\% | - |  |  | - | 0.0\% |
| 2068 | 0 |  |  | - | 0.0\% | - |  |  | - | 0.0\% |
| 2069 | 0 |  |  | - | 0.0\% | - |  |  | - | 0.0\% |
| 2070 | 0 |  |  | - | 0.0\% | - |  |  | - | 0.0\% |
| 2071 | 0 |  |  | - | 0.0\% | - |  |  | - | 0.0\% |
| 2072 | 0 |  |  | - | 0.0\% | - |  |  | - | 0.0\% |
| 2073 | 0 |  |  | - | 0.0\% | - |  |  | - | 0.0\% |
| 2074 | 0 |  |  | - | 0.0\% | - |  |  | - | 0.0\% |



CONTINENTAL CASUALTY COMPANY
POLICY FORMS: P1-15203/16356/16928/16944-SERIES ("LTC 1" PORTFOLIO) NATIONWIDE EXPERIENCE, PAST ACTUAL AND FUTURE PROJECTED

With Rate Increase of
20\%
Premiums Adjusted to PENNSYLVANIA Rate Levels

|  | Without Interest |  |  |  |  | With Interest Accumulated/Discounted to 12/31/2014 at |  |  |  | 5.0\% |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Calendar Year | Earned Premium | Paid Claims | Claim Reserve | Incurred Claims | Loss Ratio | Earned Premium | Paid Claims | Claim Reserve | Incurred Claims | Loss Ratio |
| 1985 | - | - | - | - | 0.0\% | - | - | - | - | 0.0\% |
| 1986 | - | - | - | - | 0.0\% | - | - | - | - | 0.0\% |
| 1987 | - | - | - | - | 0.0\% | - | - | - | - | 0.0\% |
| 1988 | - | - | - | - | 0.0\% | - | - | - | - | 0.0\% |
| 1989 | - | - | - | - | 0.0\% | - | - | - | - | 0.0\% |
| 1990 | - | - | - | - | 0.0\% | - | - | - | - | 0.0\% |
| 1991 | 1,527,444 | 9,785 | - | 9,785 | 0.6\% | 4,807,439 | 27,911 | - | 27,911 | 0.6\% |
| 1992 | 16,401,290 | 1,898,351 | - | 1,898,351 | 11.6\% | 49,162,871 | 4,966,406 | - | 4,966,406 | 10.1\% |
| 1993 | 40,971,879 | 4,514,546 | - | 4,514,546 | 11.0\% | 116,964,969 | 11,305,348 | - | 11,305,348 | 9.7\% |
| 1994 | 54,064,603 | 11,926,771 | - | 11,926,771 | 22.1\% | 146,991,983 | 27,776,807 | - | 27,776,807 | 18.9\% |
| 1995 | 56,098,831 | 14,713,932 | 95,108 | 14,809,040 | 26.4\% | 145,259,700 | 32,861,536 | 95,108 | 32,956,644 | 22.7\% |
| 1996 | 53,665,775 | 18,735,033 | - | 18,735,033 | 34.9\% | 132,342,532 | 39,901,848 | - | 39,901,848 | 30.2\% |
| 1997 | 50,994,362 | 23,639,726 | 615,156 | 24,254,882 | 47.6\% | 119,766,373 | 48,314,448 | 615,156 | 48,929,605 | 40.9\% |
| 1998 | 48,862,769 | 24,652,762 | - | 24,652,762 | 50.5\% | 109,295,306 | 47,945,825 | - | 47,945,825 | 43.9\% |
| 1999 | 46,776,402 | 30,955,089 | 1,823,804 | 32,778,893 | 70.1\% | 99,646,248 | 56,412,553 | 1,823,804 | 58,236,357 | 58.4\% |
| 2000 | 44,861,020 | 30,735,348 | 730,904 | 31,466,252 | 70.1\% | 91,015,211 | 54,100,469 | 730,904 | 54,831,373 | 60.2\% |
| 2001 | 42,881,913 | 38,480,875 | 595,480 | 39,076,355 | 91.1\% | 82,857,092 | 65,539,895 | 595,480 | 66,135,375 | 79.8\% |
| 2002 | 41,237,740 | 42,265,880 | 3,460,317 | 45,726,197 | 110.9\% | 75,885,901 | 67,516,738 | 3,460,317 | 70,977,056 | 93.5\% |
| 2003 | 45,748,575 | 48,156,038 | 3,631,871 | 51,787,909 | 113.2\% | 80,177,868 | 73,163,619 | 3,631,871 | 76,795,490 | 95.8\% |
| 2004 | 55,738,418 | 49,236,044 | 4,683,976 | 53,920,020 | 96.7\% | 93,034,125 | 71,054,257 | 4,683,976 | 75,738,233 | 81.4\% |
| 2005 | 53,964,587 | 47,184,887 | 2,876,539 | 50,061,426 | 92.8\% | 85,784,179 | 66,579,089 | 2,876,539 | 69,455,628 | 81.0\% |
| 2006 | 51,132,500 | 53,190,911 | 6,955,649 | 60,146,560 | 117.6\% | 77,411,605 | 70,689,874 | 6,955,649 | 77,645,523 | 100.3\% |
| 2007 | 47,115,716 | 56,925,312 | 8,749,929 | 65,675,241 | 139.4\% | 67,933,742 | 72,924,319 | 8,749,929 | 81,674,248 | 120.2\% |
| 2008 | 44,615,558 | 62,678,490 | 7,388,684 | 70,067,174 | 157.0\% | 61,265,612 | 77,087,290 | 7,388,684 | 84,475,975 | 137.9\% |
| 2009 | 41,325,523 | 68,578,594 | 14,403,527 | 82,982,122 | 200.8\% | 54,045,495 | 80,612,977 | 14,403,527 | 95,016,505 | 175.8\% |
| 2010 | 38,339,164 | 55,752,612 | 14,983,024 | 70,735,636 | 184.5\% | 47,752,321 | 63,490,302 | 14,983,024 | 78,473,326 | 164.3\% |
| 2011 | 35,615,755 | 56,897,725 | 27,591,072 | 84,488,797 | 237.2\% | 42,247,859 | 62,442,371 | 27,591,072 | 90,033,443 | 213.1\% |
| 2012 | 35,305,362 | 49,997,934 | 44,303,990 | 94,301,924 | 267.1\% | 39,885,397 | 53,224,974 | 44,303,990 | 97,528,964 | 244.5\% |
| 2013 | 36,084,588 | 31,502,982 | 66,623,548 | 98,126,530 | 271.9\% | 38,824,484 | 32,713,747 | 66,623,548 | 99,337,295 | 255.9\% |
| 2014 | 33,739,552 | 9,079,688 | 111,151,359 | 120,231,047 | 356.4\% | 34,572,753 | 9,303,912 | 111,151,359 | 120,455,271 | 348.4\% |
| 2015 | 32,882,484 |  |  | 97,133,511 | 295.4\% | 32,090,019 |  |  | 94,792,601 | 295.4\% |
| 2016 | 30,507,748 |  |  | 99,468,584 | 326.0\% | 28,354,774 |  |  | 92,448,951 | 326.0\% |
| 2017 | 30,741,908 |  |  | 98,325,786 | 319.8\% | 27,211,819 |  |  | 87,035,049 | 319.8\% |
| 2018 | 29,445,656 |  |  | 97,744,426 | 331.9\% | 24,823,253 |  |  | 82,400,426 | 331.9\% |
| 2019 | 26,904,924 |  |  | 98,088,405 | 364.6\% | 21,601,302 |  |  | 78,752,768 | 364.6\% |
| 2020 | 23,998,387 |  |  | 97,815,564 | 407.6\% | 18,350,205 |  |  | 74,794,010 | 407.6\% |
| 2021 | 21,280,389 |  |  | 96,799,277 | 454.9\% | 15,497,053 |  |  | 70,492,298 | 454.9\% |
| 2022 | 18,743,727 |  |  | 94,909,732 | 506.4\% | 12,999,786 |  |  | 65,825,021 | 506.4\% |
| 2023 | 16,413,456 |  |  | 92,309,464 | 562.4\% | 10,841,540 |  |  | 60,972,947 | 562.4\% |
| 2024 | 14,278,745 |  |  | 89,204,151 | 624.7\% | 8,982,385 |  |  | 56,116,002 | 624.7\% |
| 2025 | 12,327,195 |  |  | 85,722,505 | 695.4\% | 7,385,444 |  |  | 51,357,895 | 695.4\% |
| 2026 | 10,573,357 |  |  | 82,009,402 | 775.6\% | 6,033,036 |  |  | 46,793,627 | 775.6\% |
| 2027 | 9,005,941 |  |  | 79,038,867 | 877.6\% | 4,893,988 |  |  | 42,951,118 | 877.6\% |
| 2028 | 7,622,313 |  |  | 75,571,737 | 991.5\% | 3,944,857 |  |  | 39,111,445 | 991.5\% |
| 2029 | 6,360,169 |  |  | 71,403,752 | 1122.7\% | 3,134,901 |  |  | 35,194,613 | 1122.7\% |
| 2030 | 5,234,124 |  |  | 66,926,922 | 1278.7\% | 2,457,026 |  |  | 31,417,145 | 1278.7\% |
| 2031 | 4,306,483 |  |  | 62,594,586 | 1453.5\% | 1,925,304 |  |  | 27,984,228 | 1453.5\% |

CONTINENTAL CASUALTY COMPANY
POLICY FORMS: P1-15203/16356/16928/16944-SERIES ("LTC 1" PORTFOLIO) NATIONWIDE EXPERIENCE, PAST ACTUAL AND FUTURE PROJECTED

Premiums Adjusted to PENNSYLVANIA Rate Levels

|  | Without Interest |  |  |  |  | With Interest Accumulated/Discounted to 12/31/2014 at |  |  |  | 5.0\% |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Calendar Year | Earned Premium | Paid Claims | Claim Reserve | Incurred Claims | Loss Ratio | Earned Premium | Paid Claims | Claim Reserve | Incurred Claims | Loss Ratio |
| 2032 | 3,541,129 |  |  | 58,232,349 | 1644.5\% | 1,507,749 |  |  | 24,794,284 | 1644.5\% |
| 2033 | 2,906,827 |  |  | 53,729,576 | 1848.4\% | 1,178,737 |  |  | 21,787,700 | 1848.4\% |
| 2034 | 2,366,127 |  |  | 48,947,115 | 2068.7\% | 913,791 |  |  | 18,903,219 | 2068.7\% |
| 2035 | 1,905,055 |  |  | 43,928,284 | 2305.9\% | 700,692 |  |  | 16,157,107 | 2305.9\% |
| 2036 | 1,516,362 |  |  | 38,953,904 | 2568.9\% | 531,169 |  |  | 13,645,236 | 2568.9\% |
| 2037 | 1,203,110 |  |  | 34,257,482 | 2847.4\% | 401,371 |  |  | 11,428,684 | 2847.4\% |
| 2038 | 953,412 |  |  | 29,869,376 | 3132.9\% | 302,923 |  |  | 9,490,249 | 3132.9\% |
| 2039 | 744,348 |  |  | 25,486,815 | 3424.0\% | 225,236 |  |  | 7,712,190 | 3424.0\% |
| 2040 | 571,011 |  |  | 21,138,475 | 3701.9\% | 164,557 |  |  | 6,091,812 | 3701.9\% |
| 2041 | 428,830 |  |  | 17,116,019 | 3991.3\% | 117,698 |  |  | 4,697,711 | 3991.3\% |
| 2042 | 318,181 |  |  | 13,692,982 | 4303.5\% | 83,170 |  |  | 3,579,252 | 4303.5\% |
| 2043 | 235,278 |  |  | 10,884,572 | 4626.3\% | 58,571 |  |  | 2,709,670 | 4626.3\% |
| 2044 | 169,083 |  |  | 8,384,626 | 4958.9\% | 40,088 |  |  | 1,987,922 | 4958.9\% |
| 2045 | 115,548 |  |  | 6,107,068 | 5285.3\% | 26,091 |  |  | 1,378,984 | 5285.3\% |
| 2046 | 78,163 |  |  | 4,336,189 | 5547.6\% | 16,809 |  |  | 932,492 | 5547.6\% |
| 2047 | 51,103 |  |  | 3,020,377 | 5910.3\% | 10,466 |  |  | 618,599 | 5910.3\% |
| 2048 | 31,090 |  |  | 1,981,252 | 6372.6\% | 6,064 |  |  | 386,454 | 6372.6\% |
| 2049 | 17,186 |  |  | 1,236,200 | 7193.2\% | 3,193 |  |  | 229,646 | 7193.2\% |
| 2050 | 9,673 |  |  | 786,296 | 8128.6\% | 1,711 |  |  | 139,112 | 8128.6\% |
| 2051 | 6,350 |  |  | 567,456 | 8935.9\% | 1,070 |  |  | 95,614 | 8935.9\% |
| 2052 | 4,558 |  |  | 437,528 | 9598.2\% | 732 |  |  | 70,211 | 9598.2\% |
| 2053 | 3,097 |  |  | 314,056 | 10141.9\% | 473 |  |  | 47,998 | 10141.9\% |
| 2054 | 2,274 |  |  | 240,591 | 10581.1\% | 331 |  |  | 35,019 | 10581.1\% |
| 2055 | 1,736 |  |  | 191,012 | 11005.3\% | 241 |  |  | 26,479 | 11005.3\% |
| 2056 | 1,330 |  |  | 150,223 | 11295.2\% | 176 |  |  | 19,833 | 11295.2\% |
| 2057 | 969 |  |  | 105,060 | 10841.2\% | 122 |  |  | 13,210 | 10841.2\% |
| 2058 | 708 |  |  | 74,583 | 10534.6\% | 85 |  |  | 8,931 | 10534.6\% |
| 2059 | 499 |  |  | 51,610 | 10351.4\% | 57 |  |  | 5,886 | 10351.4\% |
| 2060 | 369 |  |  | 35,404 | 9601.7\% | 40 |  |  | 3,845 | 9601.7\% |
| 2061 | 272 |  |  | 25,096 | 9211.3\% | 28 |  |  | 2,596 | 9211.3\% |
| 2062 | 156 |  |  | 12,641 | 8093.0\% | 15 |  |  | 1,245 | 8093.0\% |
| 2063 | 111 |  |  | 6,479 | 5822.1\% | 10 |  |  | 608 | 5822.1\% |
| 2064 | 92 |  |  | 5,196 | 5677.1\% | 8 |  |  | 464 | 5677.1\% |
| 2065 | 74 |  |  | 4,379 | 5922.9\% | 6 |  |  | 373 | 5922.9\% |
| 2066 | 59 |  |  | 1,307 | 2229.1\% | 5 |  |  | 106 | 2229.1\% |
| 2067 | 46 |  |  | 30 | 66.6\% | 4 |  |  | 2 | 66.6\% |
| 2068 | 35 |  |  | 13 | 36.2\% | 3 |  |  | 1 | 36.2\% |
| 2069 | 26 |  |  | 9 | 33.4\% | 2 |  |  | 1 | 33.4\% |
| 2070 | 7 |  |  | 4 | 52.2\% | 0 |  |  | 0 | 52.2\% |
| 2071 | 0 |  |  | 1 | 0.0\% | - |  |  | 0 | 0.0\% |
| 2072 | 0 |  |  | 0 | 0.0\% | - |  |  | 0 | 0.0\% |
| 2073 | 0 |  |  | 1 | 0.0\% | - |  |  | 0 | 0.0\% |
| 2074 | 0 |  |  | 0 | 0.0\% | - |  |  | 0 | 0.0\% |



CONTINENTAL CASUALTY COMPANY
POLICY FORMS: P1-18876/18878/18215/18220-SERIES ("PREMIER/CLASSIC" PORTFOLIO)
NATIONWIDE EXPERIENCE, PAST ACTUAL AND FUTURE PROJECTED
With Rate Increase of
20\%
Premiums Adjusted to PENNSYLVANIA Rate Levels

|  | Without Interest |  |  |  |  | With Interest Accumulated/Discounted to 12/31/2014 at |  |  |  | 5.0\% |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Calendar Year | Earned Premium | Paid Claims | Claim Reserve | Incurred Claims | Loss Ratio | Earned Premium | Paid Claims | Claim Reserve | Incurred Claims | Loss Ratio |
| 1985 | - | - | - | - | 0.0\% | - | - | - | - | 0.0\% |
| 1986 | - | - | - | - | 0.0\% | - | - | - | - | 0.0\% |
| 1987 | - | - | - | - | 0.0\% | - | - | - | - | 0.0\% |
| 1988 | - | - | - | - | 0.0\% | - | - | - | - | 0.0\% |
| 1989 | - | - | - | - | 0.0\% | - | - | - | - | 0.0\% |
| 1990 | - | - | - | - | 0.0\% | - | - | - | - | 0.0\% |
| 1991 | - | - | - | - | 0.0\% | - | - | - | - | 0.0\% |
| 1992 | - | - | - | - | 0.0\% | - | - | - | - | 0.0\% |
| 1993 | 142,381 | - | - | - | 0.0\% | 406,464 | - | - | - | 0.0\% |
| 1994 | 6,610,446 | 337,093 | - | 337,093 | 5.1\% | 17,972,620 | 825,167 | - | 825,167 | 4.6\% |
| 1995 | 20,806,042 | 1,070,875 | - | 1,070,875 | 5.1\% | 53,874,196 | 2,474,330 | - | 2,474,330 | 4.6\% |
| 1996 | 31,455,806 | 3,546,702 | - | 3,546,702 | 11.3\% | 77,571,618 | 7,335,526 | - | 7,335,526 | 9.5\% |
| 1997 | 37,285,232 | 5,497,922 | 165,500 | 5,663,423 | 15.2\% | 87,568,836 | 10,871,111 | 165,500 | 11,036,612 | 12.6\% |
| 1998 | 36,116,420 | 9,351,246 | - | 9,351,246 | 25.9\% | 80,784,515 | 18,077,443 | - | 18,077,443 | 22.4\% |
| 1999 | 35,746,446 | 15,169,916 | 1,196,194 | 16,366,110 | 45.8\% | 76,149,491 | 26,948,658 | 1,196,194 | 28,144,852 | 37.0\% |
| 2000 | 34,428,868 | 13,422,723 | 685,921 | 14,108,644 | 41.0\% | 69,850,189 | 22,934,787 | 685,921 | 23,620,709 | 33.8\% |
| 2001 | 33,020,540 | 19,631,738 | 227,072 | 19,858,810 | 60.1\% | 63,802,796 | 32,381,222 | 227,072 | 32,608,294 | 51.1\% |
| 2002 | 31,827,520 | 24,984,995 | 1,639,907 | 26,624,902 | 83.7\% | 58,569,167 | 39,350,645 | 1,639,907 | 40,990,552 | 70.0\% |
| 2003 | 31,491,535 | 21,861,765 | 471,479 | 22,333,244 | 70.9\% | 55,191,319 | 33,308,054 | 471,479 | 33,779,533 | 61.2\% |
| 2004 | 40,748,016 | 27,074,020 | 1,000,828 | 28,074,847 | 68.9\% | 68,013,340 | 39,336,378 | 1,000,828 | 40,337,206 | 59.3\% |
| 2005 | 39,305,367 | 30,145,281 | 1,713,171 | 31,858,452 | 81.1\% | 62,481,320 | 41,706,767 | 1,713,171 | 43,419,938 | 69.5\% |
| 2006 | 37,313,498 | 28,861,085 | 3,217,134 | 32,078,220 | 86.0\% | 56,490,447 | 38,190,438 | 3,217,134 | 41,407,572 | 73.3\% |
| 2007 | 34,982,101 | 29,448,707 | 3,938,517 | 33,387,224 | 95.4\% | 50,438,902 | 37,393,093 | 3,938,517 | 41,331,610 | 81.9\% |
| 2008 | 33,110,262 | 30,657,192 | 4,159,379 | 34,816,571 | 105.2\% | 45,466,661 | 37,478,880 | 4,159,379 | 41,638,259 | 91.6\% |
| 2009 | 31,013,942 | 34,281,093 | 8,932,287 | 43,213,380 | 139.3\% | 40,560,015 | 40,083,609 | 8,932,287 | 49,015,897 | 120.8\% |
| 2010 | 28,941,868 | 37,847,802 | 14,304,289 | 52,152,091 | 180.2\% | 36,047,770 | 42,709,262 | 14,304,289 | 57,013,550 | 158.2\% |
| 2011 | 26,437,387 | 33,634,673 | 19,589,022 | 53,223,694 | 201.3\% | 31,360,363 | 36,745,414 | 19,589,022 | 56,334,436 | 179.6\% |
| 2012 | 25,394,963 | 24,215,363 | 29,018,219 | 53,233,583 | 209.6\% | 28,689,359 | 25,689,322 | 29,018,219 | 54,707,541 | 190.7\% |
| 2013 | 25,501,585 | 18,400,861 | 43,220,165 | 61,621,026 | 241.6\% | 27,437,916 | 19,083,132 | 43,220,165 | 62,303,297 | 227.1\% |
| 2014 | 23,809,169 | 4,377,165 | 49,592,859 | 53,970,024 | 226.7\% | 24,397,139 | 4,485,259 | 49,592,859 | 54,078,119 | 221.7\% |
| 2015 | 23,708,452 |  |  | 53,538,442 | 225.8\% | 23,137,080 |  |  | 52,248,169 | 225.8\% |
| 2016 | 22,327,103 |  |  | 54,296,143 | 243.2\% | 20,751,449 |  |  | 50,464,390 | 243.2\% |
| 2017 | 22,755,921 |  |  | 52,989,198 | 232.9\% | 20,142,861 |  |  | 46,904,455 | 232.9\% |
| 2018 | 22,034,411 |  |  | 52,066,369 | 236.3\% | 18,575,431 |  |  | 43,892,947 | 236.3\% |
| 2019 | 20,373,381 |  |  | 51,710,954 | 253.8\% | 16,357,286 |  |  | 41,517,453 | 253.8\% |
| 2020 | 18,292,679 |  |  | 51,013,361 | 278.9\% | 13,987,374 |  |  | 39,007,022 | 278.9\% |
| 2021 | 16,368,413 |  |  | 50,016,796 | 305.6\% | 11,919,997 |  |  | 36,423,815 | 305.6\% |
| 2022 | 14,576,511 |  |  | 48,700,860 | 334.1\% | 10,109,597 |  |  | 33,776,674 | 334.1\% |
| 2023 | 12,908,772 |  |  | 47,090,694 | 364.8\% | 8,526,600 |  |  | 31,104,702 | 364.8\% |
| 2024 | 11,367,839 |  |  | 45,184,257 | 397.5\% | 7,151,210 |  |  | 28,424,236 | 397.5\% |
| 2025 | 9,951,278 |  |  | 42,948,509 | 431.6\% | 5,961,990 |  |  | 25,731,224 | 431.6\% |
| 2026 | 8,658,545 |  |  | 40,537,526 | 468.2\% | 4,940,467 |  |  | 23,130,249 | 468.2\% |
| 2027 | 7,490,685 |  |  | 38,592,249 | 515.2\% | 4,070,571 |  |  | 20,971,710 | 515.2\% |
| 2028 | 6,428,811 |  |  | 36,526,532 | 568.2\% | 3,327,171 |  |  | 18,903,965 | 568.2\% |
| 2029 | 5,495,220 |  |  | 34,417,433 | 626.3\% | 2,708,571 |  |  | 16,964,210 | 626.3\% |
| 2030 | 4,662,183 |  |  | 32,196,564 | 690.6\% | 2,188,543 |  |  | 15,113,860 | 690.6\% |
| 2031 | 3,914,127 |  |  | 29,819,605 | 761.8\% | 1,749,893 |  |  | 13,331,483 | 761.8\% |

CONTINENTAL CASUALTY COMPANY
POLICY FORMS: P1-18876/18878/18215/18220-SERIES ("PREMIER/CLASSIC" PORTFOLIO) NATIONWIDE EXPERIENCE, PAST ACTUAL AND FUTURE PROJECTED

Premiums Adjusted to PENNSYLVANIA Rate Levels

|  | Without Interest |  |  |  |  | With Interest Accumulated/Discounted to 12/31/2014 at |  |  |  | 5.0\% |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Calendar Year | Earned Premium | Paid Claims | Claim Reserve | Incurred Claims | Loss Ratio | Earned Premium | Paid Claims | Claim Reserve | Incurred Claims | Loss Ratio |
| 2032 | 3,245,826 |  |  | 27,293,968 | 840.9\% | 1,382,014 |  |  | 11,621,280 | 840.9\% |
| 2033 | 2,666,632 |  |  | 24,803,174 | 930.1\% | 1,081,337 |  |  | 10,057,852 | 930.1\% |
| 2034 | 2,194,480 |  |  | 22,600,899 | 1029.9\% | 847,501 |  |  | 8,728,395 | 1029.9\% |
| 2035 | 1,812,897 |  |  | 20,584,651 | 1135.5\% | 666,795 |  |  | 7,571,168 | 1135.5\% |
| 2036 | 1,494,902 |  |  | 18,608,166 | 1244.8\% | 523,652 |  |  | 6,518,289 | 1244.8\% |
| 2037 | 1,220,542 |  |  | 16,602,330 | 1360.2\% | 407,186 |  |  | 5,538,725 | 1360.2\% |
| 2038 | 977,850 |  |  | 14,585,782 | 1491.6\% | 310,688 |  |  | 4,634,268 | 1491.6\% |
| 2039 | 780,473 |  |  | 12,755,022 | 1634.3\% | 236,168 |  |  | 3,859,610 | 1634.3\% |
| 2040 | 622,578 |  |  | 11,111,211 | 1784.7\% | 179,418 |  |  | 3,202,095 | 1784.7\% |
| 2041 | 496,526 |  |  | 9,574,028 | 1928.2\% | 136,278 |  |  | 2,627,715 | 1928.2\% |
| 2042 | 389,326 |  |  | 8,093,188 | 2078.8\% | 101,767 |  |  | 2,115,504 | 2078.8\% |
| 2043 | 301,213 |  |  | 6,713,490 | 2228.8\% | 74,986 |  |  | 1,671,296 | 2228.8\% |
| 2044 | 226,266 |  |  | 5,424,308 | 2397.3\% | 53,646 |  |  | 1,286,056 | 2397.3\% |
| 2045 | 168,469 |  |  | 4,375,227 | 2597.1\% | 38,040 |  |  | 987,932 | 2597.1\% |
| 2046 | 126,615 |  |  | 3,527,225 | 2785.8\% | 27,228 |  |  | 758,526 | 2785.8\% |
| 2047 | 93,724 |  |  | 2,772,006 | 2957.6\% | 19,195 |  |  | 567,730 | 2957.6\% |
| 2048 | 67,663 |  |  | 2,128,798 | 3146.2\% | 13,198 |  |  | 415,234 | 3146.2\% |
| 2049 | 46,700 |  |  | 1,543,918 | 3306.0\% | 8,675 |  |  | 286,809 | 3306.0\% |
| 2050 | 32,564 |  |  | 1,142,987 | 3510.0\% | 5,761 |  |  | 202,219 | 3510.0\% |
| 2051 | 23,163 |  |  | 863,137 | 3726.3\% | 3,903 |  |  | 145,436 | 3726.3\% |
| 2052 | 17,448 |  |  | 690,402 | 3956.9\% | 2,800 |  |  | 110,791 | 3956.9\% |
| 2053 | 12,720 |  |  | 532,368 | 4185.4\% | 1,944 |  |  | 81,362 | 4185.4\% |
| 2054 | 9,179 |  |  | 394,490 | 4297.9\% | 1,336 |  |  | 57,419 | 4297.9\% |
| 2055 | 6,809 |  |  | 310,490 | 4560.1\% | 944 |  |  | 43,041 | 4560.1\% |
| 2056 | 5,308 |  |  | 252,252 | 4752.0\% | 701 |  |  | 33,303 | 4752.0\% |
| 2057 | 4,066 |  |  | 202,437 | 4979.0\% | 511 |  |  | 25,453 | 4979.0\% |
| 2058 | 2,987 |  |  | 152,702 | 5112.3\% | 358 |  |  | 18,286 | 5112.3\% |
| 2059 | 2,251 |  |  | 120,956 | 5372.4\% | 257 |  |  | 13,794 | 5372.4\% |
| 2060 | 1,811 |  |  | 99,664 | 5501.9\% | 197 |  |  | 10,825 | 5501.9\% |
| 2061 | 1,409 |  |  | 76,693 | 5442.1\% | 146 |  |  | 7,933 | 5442.1\% |
| 2062 | 1,118 |  |  | 62,583 | 5599.8\% | 110 |  |  | 6,165 | 5599.8\% |
| 2063 | 711 |  |  | 41,199 | 5792.5\% | 67 |  |  | 3,866 | 5792.5\% |
| 2064 | 404 |  |  | 21,310 | 5272.5\% | 36 |  |  | 1,904 | 5272.5\% |
| 2065 | 290 |  |  | 14,432 | 4976.0\% | 25 |  |  | 1,228 | 4976.0\% |
| 2066 | 111 |  |  | 3,487 | 3134.7\% | 9 |  |  | 283 | 3134.7\% |
| 2067 | 87 |  |  | 2,568 | 2963.2\% | 7 |  |  | 198 | 2963.2\% |
| 2068 | 66 |  |  | 2,001 | 3016.2\% | 5 |  |  | 147 | 3016.2\% |
| 2069 | 50 |  |  | 1,121 | 2248.5\% | 3 |  |  | 79 | 2248.5\% |
| 2070 | 24 |  |  | 346 | 1434.7\% | 2 |  |  | 23 | 1434.7\% |
| 2071 | 0 |  |  | 228 | 0.0\% | - |  |  | 14 | 0.0\% |
| 2072 | 0 |  |  | 148 | 0.0\% | - |  |  | 9 | 0.0\% |
| 2073 | 0 |  |  | 92 | 0.0\% | - |  |  | 5 | 0.0\% |
| 2074 | 0 |  |  | 56 | 0.0\% | - |  |  | 3 | 0.0\% |



CONTINENTAL CASUALTY COMPANY
POLICY FORMS: P1-21295/21300/21305/22435/22436/21925-SERIES ("PREFERRED ADVANTAGE" PORTFOLIO) NATIONWIDE EXPERIENCE, PAST ACTUAL AND FUTURE PROJECTED

Premiums Adjusted to PENNSYLVANIA Rate Levels

|  | Without Interest |  |  |  |  | With Interest Accumulated/Discounted to 12/31/2014 at |  |  |  | 5.0\% |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Calendar Year | Earned Premium | Paid Claims | Claim Reserve | Incurred Claims | Loss Ratio | Earned Premium | Paid Claims | Claim Reserve | Incurred Claims | Loss Ratio |
| 1985 | - | - | - | - | 0.0\% | - | - | - | - | 0.0\% |
| 1986 | - | - | - | - | 0.0\% | - | - | - | - | 0.0\% |
| 1987 | - | - | - | - | 0.0\% | - | - | - | - | 0.0\% |
| 1988 | - | - | - | - | 0.0\% | - | - | - | - | 0.0\% |
| 1989 | - | - | - | - | 0.0\% | - | - | - | - | 0.0\% |
| 1990 | - | - | - | - | 0.0\% | - | - | - | - | 0.0\% |
| 1991 | - | - | - | - | 0.0\% | - | - | - | - | 0.0\% |
| 1992 | - | - | - | - | 0.0\% | - | - | - | - | 0.0\% |
| 1993 | - | - | - | - | 0.0\% | - | - | - | - | 0.0\% |
| 1994 | 72,659 | - | - | - | 0.0\% | 197,547 | - | - | - | 0.0\% |
| 1995 | 6,781,718 | 864,770 | - | 864,770 | 12.8\% | 17,560,264 | 1,831,413 | - | 1,831,413 | 10.4\% |
| 1996 | 33,500,955 | 2,151,379 | - | 2,151,379 | 6.4\% | 82,615,059 | 4,592,606 | - | 4,592,606 | 5.6\% |
| 1997 | 72,917,702 | 7,233,259 | 259,765 | 7,493,024 | 10.3\% | 171,255,965 | 13,887,972 | 259,765 | 14,147,737 | 8.3\% |
| 1998 | 69,728,302 | 11,592,276 | 439,488 | 12,031,764 | 17.3\% | 155,966,931 | 21,810,338 | 439,488 | 22,249,826 | 14.3\% |
| 1999 | 70,153,327 | 16,294,113 | 377,441 | 16,671,554 | 23.8\% | 149,445,350 | 29,566,394 | 377,441 | 29,943,835 | 20.0\% |
| 2000 | 69,491,417 | 24,959,716 | 1,079,107 | 26,038,823 | 37.5\% | 140,986,005 | 42,233,561 | 1,079,107 | 43,312,668 | 30.7\% |
| 2001 | 67,210,588 | 28,047,321 | 1,414,038 | 29,461,359 | 43.8\% | 129,865,332 | 45,236,786 | 1,414,038 | 46,650,824 | 35.9\% |
| 2002 | 65,109,753 | 30,458,893 | 461,834 | 30,920,727 | 47.5\% | 119,815,302 | 47,978,725 | 461,834 | 48,440,558 | 40.4\% |
| 2003 | 64,406,195 | 35,746,247 | 822,879 | 36,569,127 | 56.8\% | 112,876,773 | 53,858,104 | 822,879 | 54,680,983 | 48.4\% |
| 2004 | 84,072,616 | 31,640,100 | 997,283 | 32,637,383 | 38.8\% | 140,327,310 | 45,832,761 | 997,283 | 46,830,044 | 33.4\% |
| 2005 | 81,691,608 | 44,604,826 | 4,918,212 | 49,523,038 | 60.6\% | 129,860,116 | 61,064,837 | 4,918,212 | 65,983,048 | 50.8\% |
| 2006 | 78,313,887 | 43,181,576 | 4,055,769 | 47,237,345 | 60.3\% | 118,562,629 | 57,322,453 | 4,055,769 | 61,378,222 | 51.8\% |
| 2007 | 74,048,279 | 48,519,305 | 5,488,012 | 54,007,317 | 72.9\% | 106,766,428 | 61,659,643 | 5,488,012 | 67,147,655 | 62.9\% |
| 2008 | 69,834,777 | 56,287,691 | 9,670,930 | 65,958,620 | 94.4\% | 95,896,377 | 68,440,828 | 9,670,930 | 78,111,757 | 81.5\% |
| 2009 | 66,881,893 | 62,944,022 | 17,681,381 | 80,625,404 | 120.5\% | 87,468,101 | 73,360,755 | 17,681,381 | 91,042,136 | 104.1\% |
| 2010 | 62,698,239 | 57,858,036 | 20,507,149 | 78,365,185 | 125.0\% | 78,092,115 | 65,168,156 | 20,507,149 | 85,675,305 | 109.7\% |
| 2011 | 57,595,349 | 48,240,388 | 29,683,459 | 77,923,847 | 135.3\% | 68,320,331 | 52,597,718 | 29,683,459 | 82,281,177 | 120.4\% |
| 2012 | 56,561,196 | 42,834,960 | 45,861,673 | 88,696,633 | 156.8\% | 63,898,672 | 45,395,014 | 45,861,673 | 91,256,688 | 142.8\% |
| 2013 | 57,910,494 | 26,483,298 | 69,561,751 | 96,045,049 | 165.9\% | 62,307,628 | 27,407,933 | 69,561,751 | 96,969,683 | 155.6\% |
| 2014 | 54,688,345 | 5,816,815 | 92,373,672 | 98,190,487 | 179.5\% | 56,038,878 | 5,960,462 | 92,373,672 | 98,334,133 | 175.5\% |
| 2015 | 53,269,664 |  |  | 91,977,520 | 172.7\% | 51,985,869 |  |  | 89,760,869 | 172.7\% |
| 2016 | 50,603,845 |  |  | 95,304,750 | 188.3\% | 47,032,663 |  |  | 88,578,964 | 188.3\% |
| 2017 | 51,993,577 |  |  | 94,291,461 | 181.4\% | 46,023,161 |  |  | 83,463,985 | 181.4\% |
| 2018 | 50,700,424 |  |  | 93,726,929 | 184.9\% | 42,741,429 |  |  | 79,013,598 | 184.9\% |
| 2019 | 47,221,638 |  |  | 94,195,163 | 199.5\% | 37,913,092 |  |  | 75,626,980 | 199.5\% |
| 2020 | 43,020,466 |  |  | 94,193,609 | 219.0\% | 32,895,309 |  |  | 72,024,507 | 219.0\% |
| 2021 | 39,069,352 |  |  | 93,778,794 | 240.0\% | 28,451,539 |  |  | 68,292,687 | 240.0\% |
| 2022 | 35,335,433 |  |  | 92,907,564 | 262.9\% | 24,507,030 |  |  | 64,436,409 | 262.9\% |
| 2023 | 31,804,338 |  |  | 91,526,579 | 287.8\% | 21,007,642 |  |  | 60,455,830 | 287.8\% |
| 2024 | 28,477,297 |  |  | 89,605,357 | 314.7\% | 17,914,324 |  |  | 56,368,390 | 314.7\% |
| 2025 | 25,380,693 |  |  | 87,141,699 | 343.3\% | 15,206,030 |  |  | 52,208,160 | 343.3\% |
| 2026 | 22,512,207 |  |  | 84,304,966 | 374.5\% | 12,845,208 |  |  | 48,103,449 | 374.5\% |
| 2027 | 19,875,243 |  |  | 82,275,211 | 414.0\% | 10,800,558 |  |  | 44,709,804 | 414.0\% |
| 2028 | 17,426,138 |  |  | 79,755,812 | 457.7\% | 9,018,735 |  |  | 41,276,874 | 457.7\% |
| 2029 | 15,194,292 |  |  | 76,866,132 | 505.9\% | 7,489,204 |  |  | 37,886,998 | 505.9\% |
| 2030 | 13,172,202 |  |  | 73,597,562 | 558.7\% | 6,183,356 |  |  | 34,548,508 | 558.7\% |
| 2031 | 11,348,287 |  |  | 69,942,428 | 616.3\% | 5,073,491 |  |  | 31,269,236 | 616.3\% |

CONTINENTAL CASUALTY COMPANY
POLICY FORMS: P1-21295/21300/21305/22435/22436/21925-SERIES ("PREFERRED ADVANTAGE" PORTFOLIO) NATIONWIDE EXPERIENCE, PAST ACTUAL AND FUTURE PROJECTED

Premiums Adjusted to PENNSYLVANIA Rate Levels

|  | Without Interest |  |  |  |  | With Interest Accumulated/Discounted to 12/31/2014 at |  |  |  | 5.0\% |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Calendar Year | Earned Premium | Paid Claims | Claim Reserve | Incurred Claims | Loss Ratio | Earned Premium | Paid Claims | Claim Reserve | Incurred Claims | Loss Ratio |
| 2032 | 9,705,247 |  |  | 65,963,325 | 679.7\% | 4,132,319 |  |  | 28,085,994 | 679.7\% |
| 2033 | 8,233,740 |  |  | 61,734,620 | 749.8\% | 3,338,836 |  |  | 25,033,798 | 749.8\% |
| 2034 | 6,955,321 |  |  | 57,425,024 | 825.6\% | 2,686,123 |  |  | 22,177,360 | 825.6\% |
| 2035 | 5,851,593 |  |  | 53,073,987 | 907.0\% | 2,152,254 |  |  | 19,520,956 | 907.0\% |
| 2036 | 4,894,762 |  |  | 48,629,417 | 993.5\% | 1,714,595 |  |  | 17,034,490 | 993.5\% |
| 2037 | 4,076,421 |  |  | 44,226,136 | 1084.9\% | 1,359,940 |  |  | 14,754,339 | 1084.9\% |
| 2038 | 3,363,559 |  |  | 39,851,275 | 1184.8\% | 1,068,687 |  |  | 12,661,749 | 1184.8\% |
| 2039 | 2,754,497 |  |  | 35,633,424 | 1293.6\% | 833,498 |  |  | 10,782,506 | 1293.6\% |
| 2040 | 2,241,815 |  |  | 31,623,809 | 1410.6\% | 646,060 |  |  | 9,113,539 | 1410.6\% |
| 2041 | 1,818,558 |  |  | 27,840,389 | 1530.9\% | 499,127 |  |  | 7,641,153 | 1530.9\% |
| 2042 | 1,457,353 |  |  | 24,158,819 | 1657.7\% | 380,942 |  |  | 6,314,951 | 1657.7\% |
| 2043 | 1,154,160 |  |  | 20,641,468 | 1788.4\% | 287,323 |  |  | 5,138,609 | 1788.4\% |
| 2044 | 899,157 |  |  | 17,357,638 | 1930.4\% | 213,182 |  |  | 4,115,345 | 1930.4\% |
| 2045 | 699,711 |  |  | 14,574,272 | 2082.9\% | 157,996 |  |  | 3,290,889 | 2082.9\% |
| 2046 | 544,206 |  |  | 12,207,412 | 2243.2\% | 117,031 |  |  | 2,625,190 | 2243.2\% |
| 2047 | 419,224 |  |  | 10,145,644 | 2420.1\% | 85,861 |  |  | 2,077,913 | 2420.1\% |
| 2048 | 318,900 |  |  | 8,267,173 | 2592.4\% | 62,203 |  |  | 1,612,559 | 2592.4\% |
| 2049 | 235,620 |  |  | 6,515,851 | 2765.4\% | 43,771 |  |  | 1,210,432 | 2765.4\% |
| 2050 | 176,551 |  |  | 5,168,315 | 2927.4\% | 31,236 |  |  | 914,385 | 2927.4\% |
| 2051 | 132,875 |  |  | 4,140,751 | 3116.3\% | 22,389 |  |  | 697,702 | 3116.3\% |
| 2052 | 99,709 |  |  | 3,308,299 | 3317.9\% | 16,001 |  |  | 530,892 | 3317.9\% |
| 2053 | 73,187 |  |  | 2,561,015 | 3499.3\% | 11,185 |  |  | 391,403 | 3499.3\% |
| 2054 | 54,083 |  |  | 1,962,486 | 3628.7\% | 7,872 |  |  | 285,647 | 3628.7\% |
| 2055 | 39,808 |  |  | 1,504,813 | 3780.2\% | 5,518 |  |  | 208,601 | 3780.2\% |
| 2056 | 29,596 |  |  | 1,164,069 | 3933.2\% | 3,907 |  |  | 153,682 | 3933.2\% |
| 2057 | 21,649 |  |  | 888,257 | 4103.0\% | 2,722 |  |  | 111,685 | 4103.0\% |
| 2058 | 15,232 |  |  | 649,270 | 4262.6\% | 1,824 |  |  | 77,748 | 4262.6\% |
| 2059 | 11,265 |  |  | 489,582 | 4346.2\% | 1,285 |  |  | 55,834 | 4346.2\% |
| 2060 | 8,133 |  |  | 350,537 | 4309.8\% | 883 |  |  | 38,073 | 4309.8\% |
| 2061 | 5,650 |  |  | 246,386 | 4360.8\% | 584 |  |  | 25,487 | 4360.8\% |
| 2062 | 3,936 |  |  | 168,963 | 4292.8\% | 388 |  |  | 16,646 | 4292.8\% |
| 2063 | 2,087 |  |  | 82,259 | 3941.7\% | 196 |  |  | 7,718 | 3941.7\% |
| 2064 | 1,345 |  |  | 53,005 | 3941.6\% | 120 |  |  | 4,736 | 3941.6\% |
| 2065 | 861 |  |  | 32,755 | 3805.5\% | 73 |  |  | 2,788 | 3805.5\% |
| 2066 | 535 |  |  | 21,851 | 4086.5\% | 43 |  |  | 1,771 | 4086.5\% |
| 2067 | 401 |  |  | 14,831 | 3694.3\% | 31 |  |  | 1,145 | 3694.3\% |
| 2068 | 205 |  |  | 7,056 | 3439.1\% | 15 |  |  | 519 | 3439.1\% |
| 2069 | 83 |  |  | 1,766 | 2129.9\% | 6 |  |  | 124 | 2129.9\% |
| 2070 | 61 |  |  | 658 | 1073.0\% | 4 |  |  | 44 | 1073.0\% |
| 2071 | 41 |  |  | 225 | 552.2\% | 3 |  |  | 14 | 552.2\% |
| 2072 | 29 |  |  | 146 | 497.4\% | 2 |  |  | 9 | 497.4\% |
| 2073 | 6 |  |  | 97 | 1521.0\% | 0 |  |  | 6 | 1521.0\% |
| 2074 | 0 |  |  | 63 | 0.0\% | - |  |  | 3 | 0.0\% |



CONTINENTAL CASUALTY COMPANY
POLICY FORMS: P1-N0022I N0023/ N0026/ N0027I N0030/ N0031/ N0034I N0035/ N0066I N0070-SERIES ("TQ") NATIONWIDE EXPERIENCE, PAST ACTUAL AND FUTURE PROJECTED

Premiums Adjusted to PENNSYLVANIA Rate Levels

|  | Without Interest |  |  |  |  | With Interest Accumulated/Discounted to 12/31/2014 at |  |  |  | 5.0\% |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Calendar Year | Earned Premium | Paid Claims | Claim Reserve | Incurred Claims | Loss Ratio | Earned Premium | Paid Claims | Claim Reserve | Incurred Claims | Loss Ratio |
| 1985 | - | - | - | - | 0.0\% | - | - | - | - | 0.0\% |
| 1986 | - | - | - | - | 0.0\% | - | - | - | - | 0.0\% |
| 1987 | - | - | - | - | 0.0\% | - | - | - | - | 0.0\% |
| 1988 | - | - | - | - | 0.0\% | - | - | - | - | 0.0\% |
| 1989 | - | - | - | - | 0.0\% | - | - | - | - | 0.0\% |
| 1990 | - | - | - | - | 0.0\% | - | - | - | - | 0.0\% |
| 1991 | - | - | - | - | 0.0\% | - | - | - | - | 0.0\% |
| 1992 | - | - | - | - | 0.0\% | - | - | - | - | 0.0\% |
| 1993 | - | - | - | - | 0.0\% | - | - | - | - | 0.0\% |
| 1994 | - | - | - | - | 0.0\% | - | - | - | - | 0.0\% |
| 1995 | - | - | - | - | 0.0\% | - | - | - | - | 0.0\% |
| 1996 | - | - | - | - | 0.0\% | - | - | - | - | 0.0\% |
| 1997 | 9,578,990 | 715,996 | - | 715,996 | 7.5\% | 22,497,407 | 1,457,749 | - | 1,457,749 | 6.5\% |
| 1998 | 61,332,520 | 3,007,711 | - | 3,007,711 | 4.9\% | 137,187,405 | 5,621,422 | - | 5,621,422 | 4.1\% |
| 1999 | 89,857,813 | 6,248,081 | - | 6,248,081 | 7.0\% | 191,421,176 | 11,576,699 | - | 11,576,699 | 6.0\% |
| 2000 | 90,054,673 | 15,455,236 | 1,246,190 | 16,701,426 | 18.5\% | 182,705,277 | 25,749,996 | 1,246,190 | 26,996,186 | 14.8\% |
| 2001 | 90,136,858 | 22,396,510 | 1,990,153 | 24,386,663 | 27.1\% | 174,163,824 | 35,891,282 | 1,990,153 | 37,881,435 | 21.8\% |
| 2002 | 89,744,268 | 25,330,459 | 1,284,707 | 26,615,166 | 29.7\% | 165,147,864 | 39,748,880 | 1,284,707 | 41,033,587 | 24.8\% |
| 2003 | 89,068,746 | 36,396,696 | 1,300,645 | 37,697,341 | 42.3\% | 156,099,775 | 54,405,394 | 1,300,645 | 55,706,039 | 35.7\% |
| 2004 | 83,254,586 | 37,346,839 | 2,615,847 | 39,962,685 | 48.0\% | 138,961,921 | 53,538,910 | 2,615,847 | 56,154,757 | 40.4\% |
| 2005 | 98,874,302 | 37,054,003 | 2,868,776 | 39,922,779 | 40.4\% | 157,174,385 | 51,501,800 | 2,868,776 | 54,370,576 | 34.6\% |
| 2006 | 103,323,256 | 41,130,275 | 4,319,072 | 45,449,347 | 44.0\% | 156,425,347 | 54,257,194 | 4,319,072 | 58,576,265 | 37.4\% |
| 2007 | 98,203,352 | 44,353,621 | 4,292,181 | 48,645,802 | 49.5\% | 141,594,393 | 56,361,263 | 4,292,181 | 60,653,445 | 42.8\% |
| 2008 | 94,012,246 | 53,876,640 | 8,018,950 | 61,895,590 | 65.8\% | 129,096,621 | 65,407,742 | 8,018,950 | 73,426,692 | 56.9\% |
| 2009 | 90,068,047 | 57,834,088 | 14,132,428 | 71,966,515 | 79.9\% | 117,790,941 | 67,360,349 | 14,132,428 | 81,492,777 | 69.2\% |
| 2010 | 85,627,363 | 56,850,342 | 17,306,338 | 74,156,680 | 86.6\% | 106,650,873 | 64,026,501 | 17,306,338 | 81,332,839 | 76.3\% |
| 2011 | 83,068,911 | 51,451,610 | 26,258,192 | 77,709,803 | 93.5\% | 98,537,393 | 56,026,918 | 26,258,192 | 82,285,110 | 83.5\% |
| 2012 | 82,431,857 | 48,599,120 | 51,554,493 | 100,153,613 | 121.5\% | 93,125,439 | 51,450,193 | 51,554,493 | 103,004,685 | 110.6\% |
| 2013 | 84,785,814 | 30,370,967 | 77,381,238 | 107,752,204 | 127.1\% | 91,223,586 | 31,436,610 | 77,381,238 | 108,817,847 | 119.3\% |
| 2014 | 81,085,280 | 5,526,558 | 102,264,862 | 107,791,420 | 132.9\% | 83,087,687 | 5,663,037 | 102,264,862 | 107,927,899 | 129.9\% |
| 2015 | 79,928,412 |  |  | 104,436,446 | 130.7\% | 78,002,143 |  |  | 101,919,536 | 130.7\% |
| 2016 | 76,369,366 |  |  | 111,643,985 | 146.2\% | 70,979,876 |  |  | 103,765,118 | 146.2\% |
| 2017 | 79,035,688 |  |  | 114,554,216 | 144.9\% | 69,960,031 |  |  | 101,399,970 | 144.9\% |
| 2018 | 77,559,340 |  |  | 117,081,097 | 151.0\% | 65,384,011 |  |  | 98,701,610 | 151.0\% |
| 2019 | 72,469,659 |  |  | 120,050,493 | 165.7\% | 58,184,107 |  |  | 96,385,588 | 165.7\% |
| 2020 | 66,395,355 |  |  | 122,301,506 | 184.2\% | 50,768,760 |  |  | 93,517,020 | 184.2\% |
| 2021 | 60,648,578 |  |  | 124,052,319 | 204.5\% | 44,166,215 |  |  | 90,338,826 | 204.5\% |
| 2022 | 55,235,495 |  |  | 125,220,005 | 226.7\% | 38,308,797 |  |  | 86,846,831 | 226.7\% |
| 2023 | 50,189,670 |  |  | 125,857,963 | 250.8\% | 33,151,661 |  |  | 83,132,656 | 250.8\% |
| 2024 | 45,423,216 |  |  | 125,851,538 | 277.1\% | 28,574,559 |  |  | 79,169,916 | 277.1\% |
| 2025 | 40,908,756 |  |  | 125,106,571 | 305.8\% | 24,509,172 |  |  | 74,953,597 | 305.8\% |
| 2026 | 36,683,933 |  |  | 123,777,784 | 337.4\% | 20,931,433 |  |  | 70,626,188 | 337.4\% |
| 2027 | 32,761,792 |  |  | 123,454,633 | 376.8\% | 17,803,337 |  |  | 67,087,430 | 376.8\% |
| 2028 | 29,120,650 |  |  | 122,294,996 | 420.0\% | 15,071,120 |  |  | 63,292,631 | 420.0\% |
| 2029 | 25,734,362 |  |  | 120,309,198 | 467.5\% | 12,684,360 |  |  | 59,299,904 | 467.5\% |
| 2030 | 22,591,100 |  |  | 117,503,970 | 520.1\% | 10,604,819 |  |  | 55,159,257 | 520.1\% |
| 2031 | 19,717,730 |  |  | 113,931,899 | 577.8\% | 8,815,227 |  |  | 50,935,656 | 577.8\% |

CONTINENTAL CASUALTY COMPANY
POLICY FORMS: P1-N0022I N0023/ N0026/ N0027I N0030/ N0031/ N0034I N0035/ N0066I N0070-SERIES ("TQ")
NATIONWIDE EXPERIENCE, PAST ACTUAL AND FUTURE PROJECTED
Premiums Adjusted to PENNSYLVANIA Rate Levels

|  | Without Interest |  |  |  |  | With Interest Accumulated/Discounted to 12/31/2014 at |  |  |  | 5.0\% |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Calendar Year | Earned Premium | Paid Claims | Claim Reserve | Incurred Claims | Loss Ratio | Earned Premium | Paid Claims | Claim Reserve | Incurred Claims | Loss Ratio |
| 2032 | 17,119,135 |  |  | 109,622,794 | 640.4\% | 7,289,019 |  |  | 46,675,409 | 640.4\% |
| 2033 | 14,767,396 |  |  | 104,634,102 | 708.5\% | 5,988,277 |  |  | 42,429,823 | 708.5\% |
| 2034 | 12,651,754 |  |  | 99,093,862 | 783.2\% | 4,886,067 |  |  | 38,269,732 | 783.2\% |
| 2035 | 10,752,944 |  |  | 93,004,323 | 864.9\% | 3,955,003 |  |  | 34,207,592 | 864.9\% |
| 2036 | 9,085,105 |  |  | 86,582,459 | 953.0\% | 3,182,438 |  |  | 30,329,132 | 953.0\% |
| 2037 | 7,633,996 |  |  | 79,890,011 | 1046.5\% | 2,546,787 |  |  | 26,652,212 | 1046.5\% |
| 2038 | 6,375,292 |  |  | 73,099,311 | 1146.6\% | 2,025,590 |  |  | 23,225,483 | 1146.6\% |
| 2039 | 5,282,526 |  |  | 66,278,369 | 1254.7\% | 1,598,468 |  |  | 20,055,523 | 1254.7\% |
| 2040 | 4,338,696 |  |  | 59,574,020 | 1373.1\% | 1,250,351 |  |  | 17,168,398 | 1373.1\% |
| 2041 | 3,535,452 |  |  | 53,074,395 | 1501.2\% | 970,350 |  |  | 14,566,950 | 1501.2\% |
| 2042 | 2,863,358 |  |  | 46,867,075 | 1636.8\% | 748,462 |  |  | 12,250,734 | 1636.8\% |
| 2043 | 2,299,631 |  |  | 40,922,873 | 1779.5\% | 572,484 |  |  | 10,187,581 | 1779.5\% |
| 2044 | 1,821,533 |  |  | 35,264,095 | 1936.0\% | 431,870 |  |  | 8,360,811 | 1936.0\% |
| 2045 | 1,426,454 |  |  | 29,925,221 | 2097.9\% | 322,095 |  |  | 6,757,153 | 2097.9\% |
| 2046 | 1,115,809 |  |  | 25,247,708 | 2262.7\% | 239,953 |  |  | 5,429,490 | 2262.7\% |
| 2047 | 872,338 |  |  | 21,293,263 | 2440.9\% | 178,662 |  |  | 4,361,039 | 2440.9\% |
| 2048 | 675,295 |  |  | 17,797,460 | 2635.5\% | 131,720 |  |  | 3,471,495 | 2635.5\% |
| 2049 | 510,878 |  |  | 14,551,507 | 2848.3\% | 94,904 |  |  | 2,703,194 | 2848.3\% |
| 2050 | 386,185 |  |  | 11,761,160 | 3045.5\% | 68,324 |  |  | 2,080,799 | 3045.5\% |
| 2051 | 292,100 |  |  | 9,373,764 | 3209.1\% | 49,218 |  |  | 1,579,445 | 3209.1\% |
| 2052 | 221,297 |  |  | 7,489,934 | 3384.6\% | 35,512 |  |  | 1,201,930 | 3384.6\% |
| 2053 | 167,166 |  |  | 5,954,865 | 3562.2\% | 25,548 |  |  | 910,089 | 3562.2\% |
| 2054 | 126,723 |  |  | 4,727,402 | 3730.5\% | 18,445 |  |  | 688,090 | 3730.5\% |
| 2055 | 94,677 |  |  | 3,635,454 | 3839.8\% | 13,124 |  |  | 503,955 | 3839.8\% |
| 2056 | 70,059 |  |  | 2,728,045 | 3893.9\% | 9,249 |  |  | 360,160 | 3893.9\% |
| 2057 | 52,115 |  |  | 2,041,400 | 3917.1\% | 6,553 |  |  | 256,675 | 3917.1\% |
| 2058 | 38,841 |  |  | 1,517,176 | 3906.1\% | 4,651 |  |  | 181,678 | 3906.1\% |
| 2059 | 28,386 |  |  | 1,106,440 | 3897.9\% | 3,237 |  |  | 126,184 | 3897.9\% |
| 2060 | 20,910 |  |  | 809,792 | 3872.8\% | 2,271 |  |  | 87,955 | 3872.8\% |
| 2061 | 15,615 |  |  | 571,706 | 3661.4\% | 1,615 |  |  | 59,139 | 3661.4\% |
| 2062 | 11,345 |  |  | 383,364 | 3379.0\% | 1,118 |  |  | 37,768 | 3379.0\% |
| 2063 | 8,685 |  |  | 274,754 | 3163.5\% | 815 |  |  | 25,779 | 3163.5\% |
| 2064 | 6,681 |  |  | 190,690 | 2854.3\% | 597 |  |  | 17,040 | 2854.3\% |
| 2065 | 5,275 |  |  | 144,258 | 2734.6\% | 449 |  |  | 12,277 | 2734.6\% |
| 2066 | 4,124 |  |  | 101,260 | 2455.6\% | 334 |  |  | 8,207 | 2455.6\% |
| 2067 | 3,238 |  |  | 70,670 | 2182.5\% | 250 |  |  | 5,455 | 2182.5\% |
| 2068 | 2,549 |  |  | 48,825 | 1915.7\% | 187 |  |  | 3,589 | 1915.7\% |
| 2069 | 2,088 |  |  | 38,892 | 1862.8\% | 146 |  |  | 2,723 | 1862.8\% |
| 2070 | 1,664 |  |  | 32,051 | 1926.6\% | 111 |  |  | 2,137 | 1926.6\% |
| 2071 | 1,353 |  |  | 15,157 | 1119.9\% | 86 |  |  | 963 | 1119.9\% |
| 2072 | 1,078 |  |  | 4,259 | 395.0\% | 65 |  |  | 258 | 395.0\% |
| 2073 | 835 |  |  | 3,507 | 420.2\% | 48 |  |  | 202 | 420.2\% |
| 2074 | 673 |  |  | 2,731 | 405.7\% | 37 |  |  | 150 | 405.7\% |



CONTINENTAL CASUALTY COMPANY
POLICY FORMS: P1-59433-SERIES AND P1-59806-SERIES ("CON CARE B" PORTFOLIO)
PENNSYLVANIA EXPERIENCE, PAST ACTUAL AND FUTURE PROJECTED

|  | Without Interest |  |  |  |  | With Interest Accumulated/Discounted to 12/31/2014 at |  |  |  | 5.0\% |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Calendar Year | Earned Premium | Paid Claims | Claim Reserve | Incurred Claims | Loss Ratio | Earned Premium | Paid Claims | Claim Reserve | Incurred Claims | Loss Ratio |
| 1985 | - | - | - | - | 0.0\% | - | - | - | - | 0.0\% |
| 1986 | - | - | - | - | 0.0\% | - | - | - | - | 0.0\% |
| 1987 | - | - | - | - | 0.0\% | - | - | - | - | 0.0\% |
| 1988 | 12,488 | - | - | - | 0.0\% | 45,500 | - | - | - | 0.0\% |
| 1989 | 419,654 | - | - | - | 0.0\% | 1,456,193 | - | - | - | 0.0\% |
| 1990 | 1,392,835 | 281,862 | - | 281,862 | 20.2\% | 4,602,962 | 827,944 | - | 827,944 | 18.0\% |
| 1991 | 3,026,542 | 420,883 | - | 420,883 | 13.9\% | 9,525,663 | 1,192,935 | - | 1,192,935 | 12.5\% |
| 1992 | 4,712,492 | 841,298 | - | 841,298 | 17.9\% | 14,125,695 | 2,240,093 | - | 2,240,093 | 15.9\% |
| 1993 | 4,627,795 | 1,163,120 | - | 1,163,120 | 25.1\% | 13,211,255 | 2,895,866 | - | 2,895,866 | 21.9\% |
| 1994 | 4,362,836 | 2,898,223 | - | 2,898,223 | 66.4\% | 11,861,770 | 6,563,890 | - | 6,563,890 | 55.3\% |
| 1995 | 4,240,842 | 1,634,528 | - | 1,634,528 | 38.5\% | 10,981,040 | 3,705,499 | - | 3,705,499 | 33.7\% |
| 1996 | 4,031,087 | 3,271,607 | - | 3,271,607 | 81.2\% | 9,940,866 | 6,554,956 | - | 6,554,956 | 65.9\% |
| 1997 | 3,880,344 | 1,400,433 | - | 1,400,433 | 36.1\% | 9,113,453 | 3,038,024 | - | 3,038,024 | 33.3\% |
| 1998 | 3,727,983 | 2,024,251 | - | 2,024,251 | 54.3\% | 8,338,680 | 4,061,048 | - | 4,061,048 | 48.7\% |
| 1999 | 3,562,730 | 3,577,055 | - | 3,577,055 | 100.4\% | 7,589,568 | 6,781,095 | - | 6,781,095 | 89.3\% |
| 2000 | 3,411,581 | 2,964,019 | - | 2,964,019 | 86.9\% | 6,921,506 | 5,032,163 | - | 5,032,163 | 72.7\% |
| 2001 | 3,231,276 | 3,404,801 | - | 3,404,801 | 105.4\% | 6,243,521 | 5,716,649 | - | 5,716,649 | 91.6\% |
| 2002 | 3,102,238 | 5,036,919 | - | 5,036,919 | 162.4\% | 5,708,754 | 8,245,077 | - | 8,245,077 | 144.4\% |
| 2003 | 3,329,327 | 3,897,096 | - | 3,897,096 | 117.1\% | 5,834,900 | 6,244,400 | - | 6,244,400 | 107.0\% |
| 2004 | 3,667,975 | 5,467,186 | 616,595 | 6,083,782 | 165.9\% | 6,122,292 | 7,793,379 | 616,595 | 8,409,974 | 137.4\% |
| 2005 | 3,727,008 | 7,605,220 | 517,300 | 8,122,520 | 217.9\% | 5,924,595 | 10,560,572 | 517,300 | 11,077,872 | 187.0\% |
| 2006 | 3,464,491 | 6,588,865 | 403,910 | 6,992,775 | 201.8\% | 5,245,037 | 8,894,551 | 403,910 | 9,298,461 | 177.3\% |
| 2007 | 3,255,589 | 7,767,989 | 73,404 | 7,841,393 | 240.9\% | 4,694,067 | 10,034,640 | 73,404 | 10,108,044 | 215.3\% |
| 2008 | 3,046,619 | 10,348,414 | 2,073,876 | 12,422,290 | 407.7\% | 4,183,585 | 12,652,072 | 2,073,876 | 14,725,948 | 352.0\% |
| 2009 | 2,731,535 | 10,654,068 | 3,117,040 | 13,771,109 | 504.2\% | 3,572,300 | 12,436,315 | 3,117,040 | 15,553,355 | 435.4\% |
| 2010 | 2,522,162 | 9,392,742 | 1,952,485 | 11,345,227 | 449.8\% | 3,141,411 | 10,600,794 | 1,952,485 | 12,553,278 | 399.6\% |
| 2011 | 2,311,388 | 7,210,086 | 2,610,636 | 9,820,722 | 424.9\% | 2,741,798 | 7,920,595 | 2,610,636 | 10,531,230 | 384.1\% |
| 2012 | 2,184,735 | 6,489,388 | 5,175,070 | 11,664,458 | 533.9\% | 2,468,152 | 6,918,701 | 5,175,070 | 12,093,771 | 490.0\% |
| 2013 | 2,161,319 | 4,081,946 | 7,985,622 | 12,067,567 | 558.3\% | 2,325,427 | 4,234,248 | 7,985,622 | 12,219,870 | 525.5\% |
| 2014 | 2,086,177 | 838,466 | 11,364,586 | 12,203,052 | 584.9\% | 2,137,696 | 859,172 | 11,364,586 | 12,223,758 | 571.8\% |
| 2015 | 2,022,109 |  |  | 9,645,482 | 477.0\% | 1,973,376 |  |  | 9,413,027 | 477.0\% |
| 2016 | 1,854,799 |  |  | 9,361,975 | 504.7\% | 1,723,903 |  |  | 8,701,287 | 504.7\% |
| 2017 | 1,685,047 |  |  | 8,996,703 | 533.9\% | 1,491,553 |  |  | 7,963,613 | 533.9\% |
| 2018 | 1,516,786 |  |  | 8,570,550 | 565.0\% | 1,278,680 |  |  | 7,225,138 | 565.0\% |
| 2019 | 1,352,300 |  |  | 8,076,635 | 597.3\% | 1,085,728 |  |  | 6,484,531 | 597.3\% |
| 2020 | 1,162,459 |  |  | 7,522,442 | 647.1\% | 888,866 |  |  | 5,751,984 | 647.1\% |
| 2021 | 992,322 |  |  | 6,937,392 | 699.1\% | 722,641 |  |  | 5,052,028 | 699.1\% |
| 2022 | 838,733 |  |  | 6,336,060 | 755.4\% | 581,707 |  |  | 4,394,400 | 755.4\% |
| 2023 | 702,819 |  |  | 5,747,467 | 817.8\% | 464,231 |  |  | 3,796,361 | 817.8\% |
| 2024 | 584,439 |  |  | 5,183,654 | 886.9\% | 367,656 |  |  | 3,260,902 | 886.9\% |
| 2025 | 482,238 |  |  | 4,639,154 | 962.0\% | 288,917 |  |  | 2,779,401 | 962.0\% |
| 2026 | 394,627 |  |  | 4,122,624 | 1044.7\% | 225,170 |  |  | 2,352,322 | 1044.7\% |
| 2027 | 318,972 |  |  | 3,674,673 | 1152.0\% | 173,335 |  |  | 1,996,882 | 1152.0\% |
| 2028 | 254,824 |  |  | 3,242,520 | 1272.5\% | 131,882 |  |  | 1,678,136 | 1272.5\% |
| 2029 | 203,206 |  |  | 2,864,944 | 1409.9\% | 100,160 |  |  | 1,412,119 | 1409.9\% |
| 2030 | 161,808 |  |  | 2,533,696 | 1565.9\% | 75,957 |  |  | 1,189,379 | 1565.9\% |
| 2031 | 128,500 |  |  | 2,234,259 | 1738.7\% | 57,448 |  |  | 998,873 | 1738.7\% |

# CONTINENTAL CASUALTY COMPANY 

POLICY FORMS: P1-59433-SERIES AND P1-59806-SERIES ("CON CARE B" PORTFOLIO)
PENNSYLVANIA EXPERIENCE, PAST ACTUAL AND FUTURE PROJECTED
Without Rate Increase

|  | Without Interest |  |  |  |  | With Interest Accumulated/Discounted to 12/31/2014 at |  |  |  | 5.0\% |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Calendar Year | Earned Premium | Paid Claims | Claim Reserve | Incurred Claims | Loss Ratio | Earned Premium | Paid Claims | Claim Reserve | Incurred Claims | Loss Ratio |
| 2032 | 101,072 |  |  | 1,945,159 | 1924.5\% | 43,035 |  |  | 828,214 | 1924.5\% |
| 2033 | 78,475 |  |  | 1,667,128 | 2124.4\% | 31,822 |  |  | 676,031 | 2124.4\% |
| 2034 | 60,719 |  |  | 1,418,077 | 2335.5\% | 23,449 |  |  | 547,657 | 2335.5\% |
| 2035 | 46,888 |  |  | 1,200,548 | 2560.5\% | 17,246 |  |  | 441,569 | 2560.5\% |
| 2036 | 36,029 |  |  | 1,009,673 | 2802.4\% | 12,621 |  |  | 353,680 | 2802.4\% |
| 2037 | 27,529 |  |  | 838,137 | 3044.5\% | 9,184 |  |  | 279,612 | 3044.5\% |
| 2038 | 20,632 |  |  | 670,607 | 3250.3\% | 6,555 |  |  | 213,069 | 3250.3\% |
| 2039 | 15,377 |  |  | 525,142 | 3415.1\% | 4,653 |  |  | 158,905 | 3415.1\% |
| 2040 | 11,419 |  |  | 408,652 | 3578.6\% | 3,291 |  |  | 117,768 | 3578.6\% |
| 2041 | 8,369 |  |  | 314,083 | 3752.9\% | 2,297 |  |  | 86,204 | 3752.9\% |
| 2042 | 6,000 |  |  | 233,604 | 3893.2\% | 1,568 |  |  | 61,062 | 3893.2\% |
| 2043 | 4,164 |  |  | 163,574 | 3928.5\% | 1,037 |  |  | 40,721 | 3928.5\% |
| 2044 | 2,816 |  |  | 107,337 | 3812.0\% | 668 |  |  | 25,449 | 3812.0\% |
| 2045 | 1,891 |  |  | 69,983 | 3701.4\% | 427 |  |  | 15,802 | 3701.4\% |
| 2046 | 1,190 |  |  | 41,126 | 3456.3\% | 256 |  |  | 8,844 | 3456.3\% |
| 2047 | 729 |  |  | 23,231 | 3186.5\% | 149 |  |  | 4,758 | 3186.5\% |
| 2048 | 448 |  |  | 10,884 | 2429.6\% | 87 |  |  | 2,123 | 2429.6\% |
| 2049 | 288 |  |  | 6,469 | 2246.2\% | 54 |  |  | 1,202 | 2246.2\% |
| 2050 | 186 |  |  | 4,064 | 2179.5\% | 33 |  |  | 719 | 2179.5\% |
| 2051 | 119 |  |  | 2,814 | 2368.5\% | 20 |  |  | 474 | 2368.5\% |
| 2052 | 75 |  |  | 2,328 | 3120.4\% | 12 |  |  | 374 | 3120.4\% |
| 2053 | 45 |  |  | 1,905 | 4218.8\% | 7 |  |  | 291 | 4218.8\% |
| 2054 | 27 |  |  | 1,567 | 5886.0\% | 4 |  |  | 228 | 5886.0\% |
| 2055 | 16 |  |  | 1,262 | 8113.2\% | 2 |  |  | 175 | 8113.2\% |
| 2056 | 7 |  |  | 442 | 6202.9\% | 1 |  |  | 58 | 6202.9\% |
| 2057 | 3 |  |  | - | 0.0\% | 0 |  |  | - | 0.0\% |
| 2058 | 1 |  |  | - | 0.0\% | 0 |  |  | - | 0.0\% |
| 2059 | 1 |  |  | - | 0.0\% | 0 |  |  | - | 0.0\% |
| 2060 | 0 |  |  | - | 0.0\% | 0 |  |  | - | 0.0\% |
| 2061 | 0 |  |  | - | 0.0\% | 0 |  |  | - | 0.0\% |
| 2062 | 0 |  |  | - | 0.0\% | 0 |  |  | - | 0.0\% |
| 2063 | 0 |  |  | - | 0.0\% | 0 |  |  | - | 0.0\% |
| 2064 | 0 |  |  | - | 0.0\% | 0 |  |  | - | 0.0\% |
| 2065 | 0 |  |  | - | 0.0\% | 0 |  |  | - | 0.0\% |
| 2066 | 0 |  |  | - | 0.0\% | 0 |  |  | - | 0.0\% |
| 2067 | 0 |  |  | - | 0.0\% | - |  |  | - | 0.0\% |
| 2068 | 0 |  |  | - | 0.0\% | - |  |  | - | 0.0\% |
| 2069 | 0 |  |  | - | 0.0\% | - |  |  | - | 0.0\% |
| 2070 | 0 |  |  | - | 0.0\% | - |  |  | - | 0.0\% |
| 2071 | 0 |  |  | - | 0.0\% | - |  |  | - | 0.0\% |
| 2072 | 0 |  |  | - | 0.0\% | - |  |  | - | 0.0\% |
| 2073 | 0 |  |  | - | 0.0\% | - |  |  | - | 0.0\% |
| 2074 | 0 |  |  | - | 0.0\% | - |  |  | - | 0.0\% |
|  |  |  |  |  |  |  |  |  |  |  |
| Past (-2014) | 82,231,049 |  |  | 145,150,988 | 176.5\% | 168,057,685 |  |  | 191,895,198 | 114.2\% |
| Future (2015 +) | 15,080,503 |  |  | 110,358,026 | 731.8\% | 11,789,687 |  |  | 78,315,373 | 664.3\% |
| Lifetime | 97,311,551 |  |  | 255,509,014 | 262.6\% | 179,847,373 |  |  | 270,210,571 | 150.2\% |

CONTINENTAL CASUALTY COMPANY
POLICY FORMS: P1-15203/16356/16928/16944-SERIES ("LTC 1" PORTFOLIO) PENNSYLVANIA EXPERIENCE, PAST ACTUAL AND FUTURE PROJECTED

|  | Without Interest |  |  |  |  | With Interest Accumulated/Discounted to 12/31/2014 at |  |  |  | 5.0\% |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Calendar Year | Earned Premium | Paid Claims | Claim Reserve | Incurred Claims | Loss Ratio | Earned Premium | Paid Claims | Claim Reserve | Incurred Claims | Loss Ratio |
| 1985 | - | - | - | - | 0.0\% | - | - | - | - | 0.0\% |
| 1986 | - | - | - | - | 0.0\% | - | - | - | - | 0.0\% |
| 1987 | - | - | - | - | 0.0\% | - | - | - | - | 0.0\% |
| 1988 | - | - | - | - | 0.0\% | - | - | - | - | 0.0\% |
| 1989 | - | - | - | - | 0.0\% | - | - | - | - | 0.0\% |
| 1990 | - | - | - | - | 0.0\% | - | - | - | - | 0.0\% |
| 1991 | - | - | - | - | 0.0\% | - | - | - | - | 0.0\% |
| 1992 | 427,664 | 9,800 | - | 9,800 | 2.3\% | 1,281,924 | 27,977 | - | 27,977 | 2.2\% |
| 1993 | 2,616,869 | 194,987 | - | 194,987 | 7.5\% | 7,470,539 | 507,452 | - | 507,452 | 6.8\% |
| 1994 | 3,731,124 | 157,098 | - | 157,098 | 4.2\% | 10,144,259 | 396,584 | - | 396,584 | 3.9\% |
| 1995 | 3,584,220 | 921,486 | - | 921,486 | 25.7\% | 9,280,813 | 2,077,357 | - | 2,077,357 | 22.4\% |
| 1996 | 3,446,921 | 993,822 | - | 993,822 | 28.8\% | 8,500,281 | 2,119,033 | - | 2,119,033 | 24.9\% |
| 1997 | 3,307,852 | 943,863 | - | 943,863 | 28.5\% | 7,768,887 | 1,980,796 | - | 1,980,796 | 25.5\% |
| 1998 | 3,203,827 | 1,571,324 | - | 1,571,324 | 49.0\% | 7,166,259 | 2,791,800 | - | 2,791,800 | 39.0\% |
| 1999 | 3,098,970 | 1,145,805 | - | 1,145,805 | 37.0\% | 6,601,635 | 2,182,328 | - | 2,182,328 | 33.1\% |
| 2000 | 2,978,649 | 1,505,973 | - | 1,505,973 | 50.6\% | 6,043,162 | 2,745,983 | - | 2,745,983 | 45.4\% |
| 2001 | 2,877,244 | 2,359,430 | - | 2,359,430 | 82.0\% | 5,559,455 | 4,048,507 | - | 4,048,507 | 72.8\% |
| 2002 | 2,783,148 | 2,284,991 | 413,650 | 2,698,641 | 97.0\% | 5,121,564 | 3,558,000 | 413,650 | 3,971,650 | 77.5\% |
| 2003 | 2,976,926 | 1,934,458 | - | 1,934,458 | 65.0\% | 5,217,291 | 3,023,988 | - | 3,023,988 | 58.0\% |
| 2004 | 3,405,843 | 3,531,099 | 88,607 | 3,619,707 | 106.3\% | 5,684,761 | 5,213,284 | 88,607 | 5,301,891 | 93.3\% |
| 2005 | 3,524,682 | 3,525,296 | 453,564 | 3,978,860 | 112.9\% | 5,602,969 | 4,962,383 | 453,564 | 5,415,947 | 96.7\% |
| 2006 | 3,279,746 | 4,137,090 | 496,564 | 4,633,654 | 141.3\% | 4,965,343 | 5,440,546 | 496,564 | 5,937,110 | 119.6\% |
| 2007 | 3,067,825 | 5,399,746 | 2,423,198 | 7,822,944 | 255.0\% | 4,423,340 | 6,726,357 | 2,423,198 | 9,149,555 | 206.8\% |
| 2008 | 2,943,107 | 4,505,985 | 894,981 | 5,400,966 | 183.5\% | 4,041,444 | 5,503,204 | 894,981 | 6,398,185 | 158.3\% |
| 2009 | 2,748,487 | 3,944,679 | 179,676 | 4,124,355 | 150.1\% | 3,594,470 | 4,689,207 | 179,676 | 4,868,883 | 135.5\% |
| 2010 | 2,593,570 | 3,922,665 | 487,651 | 4,410,316 | 170.0\% | 3,230,352 | 4,464,602 | 487,651 | 4,952,253 | 153.3\% |
| 2011 | 2,450,506 | 4,928,484 | 2,009,496 | 6,937,980 | 283.1\% | 2,906,821 | 5,407,960 | 2,009,496 | 7,417,457 | 255.2\% |
| 2012 | 2,351,930 | 4,018,084 | 2,668,215 | 6,686,299 | 284.3\% | 2,657,037 | 4,293,985 | 2,668,215 | 6,962,200 | 262.0\% |
| 2013 | 2,420,310 | 2,781,458 | 4,670,941 | 7,452,398 | 307.9\% | 2,604,084 | 2,890,978 | 4,670,941 | 7,561,919 | 290.4\% |
| 2014 | 2,372,726 | 782,584 | 9,364,241 | 10,146,825 | 427.6\% | 2,431,321 | 801,910 | 9,364,241 | 10,166,151 | 418.1\% |
| 2015 | 2,320,995 |  |  | 7,354,358 | 316.9\% | 2,265,059 |  |  | 7,177,119 | 316.9\% |
| 2016 | 2,155,949 |  |  | 7,534,517 | 349.5\% | 2,003,801 |  |  | 7,002,795 | 349.5\% |
| 2017 | 1,990,400 |  |  | 7,667,721 | 385.2\% | 1,761,842 |  |  | 6,787,238 | 385.2\% |
| 2018 | 1,826,504 |  |  | 7,748,100 | 424.2\% | 1,539,778 |  |  | 6,531,797 | 424.2\% |
| 2019 | 1,666,227 |  |  | 7,775,367 | 466.6\% | 1,337,773 |  |  | 6,242,651 | 466.6\% |
| 2020 | 1,484,001 |  |  | 7,753,739 | 522.5\% | 1,134,731 |  |  | 5,928,844 | 522.5\% |
| 2021 | 1,313,900 |  |  | 7,673,179 | 584.0\% | 956,824 |  |  | 5,587,852 | 584.0\% |
| 2022 | 1,155,914 |  |  | 7,523,397 | 650.9\% | 801,688 |  |  | 5,217,882 | 650.9\% |
| 2023 | 1,010,847 |  |  | 7,317,276 | 723.9\% | 667,692 |  |  | 4,833,263 | 723.9\% |
| 2024 | 878,344 |  |  | 7,071,121 | 805.1\% | 552,543 |  |  | 4,448,258 | 805.1\% |
| 2025 | 757,815 |  |  | 6,795,135 | 896.7\% | 454,021 |  |  | 4,071,087 | 896.7\% |
| 2026 | 649,908 |  |  | 6,500,801 | 1000.3\% | 370,830 |  |  | 3,709,283 | 1000.3\% |
| 2027 | 554,002 |  |  | 6,265,330 | 1130.9\% | 301,054 |  |  | 3,404,691 | 1130.9\% |
| 2028 | 469,452 |  |  | 5,990,494 | 1276.1\% | 242,961 |  |  | 3,100,324 | 1276.1\% |
| 2029 | 393,769 |  |  | 5,660,102 | 1437.4\% | 194,087 |  |  | 2,789,841 | 1437.4\% |
| 2030 | 326,992 |  |  | 5,305,228 | 1622.4\% | 153,498 |  |  | 2,490,405 | 1622.4\% |
| 2031 | 270,811 |  |  | 4,961,808 | 1832.2\% | 121,072 |  |  | 2,218,281 | 1832.2\% |

CONTINENTAL CASUALTY COMPANY
POLICY FORMS: P1-15203/16356/16928/16944-SERIES ("LTC 1" PORTFOLIO) PENNSYLVANIA EXPERIENCE, PAST ACTUAL AND FUTURE PROJECTED

|  | Without Interest |  |  |  |  | With Interest Accumulated/Discounted to 12/31/2014 at |  |  |  | 5.0\% |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Calendar Year | Earned Premium | Paid Claims | Claim Reserve | Incurred Claims | Loss Ratio | Earned Premium | Paid Claims | Claim Reserve | Incurred Claims | Loss Ratio |
| 2032 | 223,604 |  |  | 4,616,018 | 2064.4\% | 95,207 |  |  | 1,965,417 | 2064.4\% |
| 2033 | 183,928 |  |  | 4,259,088 | 2315.6\% | 74,584 |  |  | 1,727,089 | 2315.6\% |
| 2034 | 150,197 |  |  | 3,879,987 | 2583.3\% | 58,006 |  |  | 1,498,439 | 2583.3\% |
| 2035 | 121,620 |  |  | 3,482,150 | 2863.1\% | 44,732 |  |  | 1,280,757 | 2863.1\% |
| 2036 | 97,630 |  |  | 3,087,836 | 3162.8\% | 34,199 |  |  | 1,081,644 | 3162.8\% |
| 2037 | 78,030 |  |  | 2,715,555 | 3480.2\% | 26,032 |  |  | 905,940 | 3480.2\% |
| 2038 | 62,136 |  |  | 2,367,715 | 3810.5\% | 19,742 |  |  | 752,282 | 3810.5\% |
| 2039 | 48,915 |  |  | 2,020,314 | 4130.2\% | 14,801 |  |  | 611,337 | 4130.2\% |
| 2040 | 38,017 |  |  | 1,675,625 | 4407.6\% | 10,956 |  |  | 482,892 | 4407.6\% |
| 2041 | 29,127 |  |  | 1,356,769 | 4658.1\% | 7,994 |  |  | 372,383 | 4658.1\% |
| 2042 | 22,100 |  |  | 1,085,429 | 4911.5\% | 5,777 |  |  | 283,724 | 4911.5\% |
| 2043 | 16,668 |  |  | 862,809 | 5176.5\% | 4,149 |  |  | 214,793 | 5176.5\% |
| 2044 | 12,339 |  |  | 664,641 | 5386.4\% | 2,926 |  |  | 157,581 | 5386.4\% |
| 2045 | 8,884 |  |  | 484,101 | 5449.2\% | 2,006 |  |  | 109,311 | 5449.2\% |
| 2046 | 6,340 |  |  | 343,725 | 5421.3\% | 1,363 |  |  | 73,918 | 5421.3\% |
| 2047 | 4,445 |  |  | 239,422 | 5386.8\% | 910 |  |  | 49,036 | 5386.8\% |
| 2048 | 3,024 |  |  | 157,052 | 5193.3\% | 590 |  |  | 30,634 | 5193.3\% |
| 2049 | 1,994 |  |  | 97,992 | 4915.5\% | 370 |  |  | 18,204 | 4915.5\% |
| 2050 | 1,324 |  |  | 62,329 | 4706.7\% | 234 |  |  | 11,027 | 4706.7\% |
| 2051 | 909 |  |  | 44,982 | 4949.4\% | 153 |  |  | 7,579 | 4949.4\% |
| 2052 | 631 |  |  | 34,682 | 5495.3\% | 101 |  |  | 5,566 | 5495.3\% |
| 2053 | 429 |  |  | 24,895 | 5796.4\% | 66 |  |  | 3,805 | 5796.4\% |
| 2054 | 295 |  |  | 19,071 | 6471.8\% | 43 |  |  | 2,776 | 6471.8\% |
| 2055 | 202 |  |  | 15,141 | 7511.7\% | 28 |  |  | 2,099 | 7511.7\% |
| 2056 | 139 |  |  | 11,908 | 8549.9\% | 18 |  |  | 1,572 | 8549.9\% |
| 2057 | 95 |  |  | 8,328 | 8803.6\% | 12 |  |  | 1,047 | 8803.6\% |
| 2058 | 64 |  |  | 5,912 | 9242.3\% | 8 |  |  | 708 | 9242.3\% |
| 2059 | 43 |  |  | 4,091 | 9609.9\% | 5 |  |  | 467 | 9609.9\% |
| 2060 | 30 |  |  | 2,806 | 9372.1\% | 3 |  |  | 305 | 9372.1\% |
| 2061 | 22 |  |  | 1,989 | 9160.4\% | 2 |  |  | 206 | 9160.4\% |
| 2062 | 14 |  |  | 1,002 | 6953.2\% | 1 |  |  | 99 | 6953.2\% |
| 2063 | 10 |  |  | 514 | 4965.0\% | 1 |  |  | 48 | 4965.0\% |
| 2064 | 8 |  |  | 412 | 5213.6\% | 1 |  |  | 37 | 5213.6\% |
| 2065 | 6 |  |  | 347 | 5807.6\% | 1 |  |  | 30 | 5807.6\% |
| 2066 | 4 |  |  | 104 | 2313.9\% | 0 |  |  | 8 | 2313.9\% |
| 2067 | 3 |  |  | 2 | 72.8\% | 0 |  |  | 0 | 72.8\% |
| 2068 | 2 |  |  | 1 | 41.4\% | 0 |  |  | 0 | 41.4\% |
| 2069 | 2 |  |  | 1 | 39.7\% | 0 |  |  | 0 | 39.7\% |
| 2070 | 1 |  |  | 0 | 36.0\% | 0 |  |  | 0 | 36.0\% |
| 2071 | 0 |  |  | 0 | 18.1\% | 0 |  |  | 0 | 18.1\% |
| 2072 | 0 |  |  | 0 | 15.2\% | 0 |  |  | 0 | 15.2\% |
| 2073 | 0 |  |  | 0 | 32.4\% | 0 |  |  | 0 | 32.4\% |
| 2074 | 0 |  |  | - | 0.0\% | - |  |  | - | 0.0\% |



CONTINENTAL CASUALTY COMPANY
POLICY FORMS: P1-18876/18878/18215/18220-SERIES ("PREMIER/CLASSIC" PORTFOLIO)
PENNSYLVANIA EXPERIENCE, PAST ACTUAL AND FUTURE PROJECTED

|  | Without Interest |  |  |  |  | With Interest Accumulated/Discounted to 12/31/2014 at |  |  |  | 5.0\% |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Calendar Year | Earned Premium | Paid Claims | Claim Reserve | Incurred Claims | Loss Ratio | Earned Premium | Paid Claims | Claim Reserve | Incurred Claims | Loss Ratio |
| 1985 | - | - | - | - | 0.0\% | - | - | - | - | 0.0\% |
| 1986 | - | - | - | - | 0.0\% | - | - | - | - | 0.0\% |
| 1987 | - | - | - | - | 0.0\% | - | - | - | - | 0.0\% |
| 1988 | - | - | - | - | 0.0\% | - | - | - | - | 0.0\% |
| 1989 | - | - | - | - | 0.0\% | - | - | - | - | 0.0\% |
| 1990 | - | - | - | - | 0.0\% | - | - | - | - | 0.0\% |
| 1991 | - | - | - | - | 0.0\% | - | - | - | - | 0.0\% |
| 1992 | - | - | - | - | 0.0\% | - | - | - | - | 0.0\% |
| 1993 | - | - | - | - | 0.0\% | - | - | - | - | 0.0\% |
| 1994 | 660,649 | - | - | - | 0.0\% | 1,796,188 | - | - | - | 0.0\% |
| 1995 | 2,288,088 | 142,547 | - | 142,547 | 6.2\% | 5,924,670 | 331,496 | - | 331,496 | 5.6\% |
| 1996 | 3,332,405 | 126,210 | - | 126,210 | 3.8\% | 8,217,879 | 257,057 | - | 257,057 | 3.1\% |
| 1997 | 3,956,956 | 570,040 | - | 570,040 | 14.4\% | 9,293,385 | 1,246,922 | - | 1,246,922 | 13.4\% |
| 1998 | 3,693,794 | 484,182 | - | 484,182 | 13.1\% | 8,262,208 | 945,374 | - | 945,374 | 11.4\% |
| 1999 | 3,668,030 | 1,839,639 | - | 1,839,639 | 50.2\% | 7,813,884 | 3,348,589 | - | 3,348,589 | 42.9\% |
| 2000 | 3,514,267 | 1,198,471 | - | 1,198,471 | 34.1\% | 7,129,838 | 2,167,178 | - | 2,167,178 | 30.4\% |
| 2001 | 3,391,440 | 1,414,982 | - | 1,414,982 | 41.7\% | 6,552,993 | 2,393,714 | - | 2,393,714 | 36.5\% |
| 2002 | 3,286,860 | 1,978,257 | - | 1,978,257 | 60.2\% | 6,048,497 | 3,309,593 | - | 3,309,593 | 54.7\% |
| 2003 | 3,209,353 | 1,425,366 | - | 1,425,366 | 44.4\% | 5,624,637 | 2,250,234 | - | 2,250,234 | 40.0\% |
| 2004 | 3,760,687 | 2,691,996 | - | 2,691,996 | 71.6\% | 6,277,039 | 3,885,431 | - | 3,885,431 | 61.9\% |
| 2005 | 4,044,693 | 3,682,421 | 245,511 | 3,927,932 | 97.1\% | 6,429,600 | 5,118,210 | 245,511 | 5,363,721 | 83.4\% |
| 2006 | 3,798,923 | 3,477,576 | 263,186 | 3,740,762 | 98.5\% | 5,751,347 | 4,599,328 | 263,186 | 4,862,513 | 84.5\% |
| 2007 | 3,577,350 | 1,952,350 | 212,716 | 2,165,067 | 60.5\% | 5,157,998 | 2,519,337 | 212,716 | 2,732,053 | 53.0\% |
| 2008 | 3,499,322 | 1,738,719 | 789,436 | 2,528,155 | 72.2\% | 4,805,231 | 2,140,048 | 789,436 | 2,929,484 | 61.0\% |
| 2009 | 3,209,806 | 3,823,770 | 919,621 | 4,743,391 | 147.8\% | 4,197,783 | 4,460,849 | 919,621 | 5,380,469 | 128.2\% |
| 2010 | 3,058,806 | 4,444,998 | 1,960,930 | 6,405,928 | 209.4\% | 3,809,814 | 4,971,539 | 1,960,930 | 6,932,470 | 182.0\% |
| 2011 | 2,813,505 | 3,131,895 | 975,594 | 4,107,489 | 146.0\% | 3,337,416 | 3,431,533 | 975,594 | 4,407,127 | 132.1\% |
| 2012 | 2,689,570 | 2,541,345 | 3,374,173 | 5,915,517 | 219.9\% | 3,038,478 | 2,691,704 | 3,374,173 | 6,065,877 | 199.6\% |
| 2013 | 2,665,022 | 2,383,516 | 6,868,539 | 9,252,055 | 347.2\% | 2,867,376 | 2,469,787 | 6,868,539 | 9,338,326 | 325.7\% |
| 2014 | 2,581,453 | 554,657 | 4,707,059 | 5,261,716 | 203.8\% | 2,645,202 | 568,354 | 4,707,059 | 5,275,413 | 199.4\% |
| 2015 | 2,548,651 |  |  | 6,024,459 | 236.4\% | 2,487,229 |  |  | 5,879,270 | 236.4\% |
| 2016 | 2,404,186 |  |  | 6,112,447 | 254.2\% | 2,234,519 |  |  | 5,681,083 | 254.2\% |
| 2017 | 2,250,516 |  |  | 6,141,336 | 272.9\% | 1,992,089 |  |  | 5,436,127 | 272.9\% |
| 2018 | 2,094,142 |  |  | 6,133,906 | 292.9\% | 1,765,402 |  |  | 5,171,001 | 292.9\% |
| 2019 | 1,938,866 |  |  | 6,092,035 | 314.2\% | 1,556,668 |  |  | 4,891,145 | 314.2\% |
| 2020 | 1,742,697 |  |  | 6,009,852 | 344.9\% | 1,332,541 |  |  | 4,595,393 | 344.9\% |
| 2021 | 1,559,903 |  |  | 5,892,448 | 377.7\% | 1,135,971 |  |  | 4,291,067 | 377.7\% |
| 2022 | 1,389,398 |  |  | 5,737,418 | 412.9\% | 963,623 |  |  | 3,979,209 | 412.9\% |
| 2023 | 1,230,768 |  |  | 5,547,725 | 450.8\% | 812,956 |  |  | 3,664,426 | 450.8\% |
| 2024 | 1,084,085 |  |  | 5,323,129 | 491.0\% | 681,970 |  |  | 3,348,642 | 491.0\% |
| 2025 | 949,109 |  |  | 5,059,737 | 533.1\% | 568,628 |  |  | 3,031,379 | 533.1\% |
| 2026 | 826,220 |  |  | 4,775,701 | 578.0\% | 471,432 |  |  | 2,724,960 | 578.0\% |
| 2027 | 715,452 |  |  | 4,546,529 | 635.5\% | 388,790 |  |  | 2,470,664 | 635.5\% |
| 2028 | 615,404 |  |  | 4,303,168 | 699.2\% | 318,496 |  |  | 2,227,064 | 699.2\% |
| 2029 | 527,033 |  |  | 4,054,696 | 769.3\% | 259,772 |  |  | 1,998,543 | 769.3\% |
| 2030 | 448,416 |  |  | 3,793,057 | 845.9\% | 210,498 |  |  | 1,780,554 | 845.9\% |
| 2031 | 378,359 |  |  | 3,513,029 | 928.5\% | 169,153 |  |  | 1,570,574 | 928.5\% |

CONTINENTAL CASUALTY COMPANY
POLICY FORMS: P1-18876/18878/18215/18220-SERIES ("PREMIER/CLASSIC" PORTFOLIO)
PENNSYLVANIA EXPERIENCE, PAST ACTUAL AND FUTURE PROJECTED
Without Rate Increase

|  | Without Interest |  |  |  |  | With Interest Accumulated/Discounted to 12/31/2014 at |  |  |  | 5.0\% |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Calendar Year | Earned Premium | Paid Claims | Claim Reserve | Incurred Claims | Loss Ratio | Earned Premium | Paid Claims | Claim Reserve | Incurred Claims | Loss Ratio |
| 2032 | 316,238 |  |  | 3,215,485 | 1016.8\% | 134,649 |  |  | 1,369,096 | 1016.8\% |
| 2033 | 262,264 |  |  | 2,922,046 | 1114.2\% | 106,350 |  |  | 1,184,909 | 1114.2\% |
| 2034 | 217,212 |  |  | 2,662,598 | 1225.8\% | 83,887 |  |  | 1,028,287 | 1225.8\% |
| 2035 | 179,907 |  |  | 2,425,065 | 1348.0\% | 66,171 |  |  | 891,955 | 1348.0\% |
| 2036 | 148,541 |  |  | 2,192,216 | 1475.8\% | 52,033 |  |  | 767,916 | 1475.8\% |
| 2037 | 121,703 |  |  | 1,955,910 | 1607.1\% | 40,601 |  |  | 652,514 | 1607.1\% |
| 2038 | 98,438 |  |  | 1,718,342 | 1745.6\% | 31,276 |  |  | 545,960 | 1745.6\% |
| 2039 | 79,265 |  |  | 1,502,661 | 1895.8\% | 23,985 |  |  | 454,698 | 1895.8\% |
| 2040 | 63,627 |  |  | 1,309,005 | 2057.3\% | 18,336 |  |  | 377,237 | 2057.3\% |
| 2041 | 50,908 |  |  | 1,127,910 | 2215.6\% | 13,972 |  |  | 309,569 | 2215.6\% |
| 2042 | 40,221 |  |  | 953,453 | 2370.5\% | 10,513 |  |  | 249,226 | 2370.5\% |
| 2043 | 31,444 |  |  | 790,912 | 2515.3\% | 7,828 |  |  | 196,894 | 2515.3\% |
| 2044 | 24,130 |  |  | 639,034 | 2648.3\% | 5,721 |  |  | 151,510 | 2648.3\% |
| 2045 | 18,375 |  |  | 515,443 | 2805.2\% | 4,149 |  |  | 116,388 | 2805.2\% |
| 2046 | 14,010 |  |  | 415,540 | 2966.0\% | 3,013 |  |  | 89,361 | 2966.0\% |
| 2047 | 10,557 |  |  | 326,568 | 3093.5\% | 2,162 |  |  | 66,884 | 3093.5\% |
| 2048 | 7,823 |  |  | 250,792 | 3205.8\% | 1,526 |  |  | 48,918 | 3205.8\% |
| 2049 | 5,655 |  |  | 181,888 | 3216.2\% | 1,051 |  |  | 33,789 | 3216.2\% |
| 2050 | 4,097 |  |  | 134,655 | 3286.5\% | 725 |  |  | 23,823 | 3286.5\% |
| 2051 | 2,985 |  |  | 101,686 | 3406.3\% | 503 |  |  | 17,134 | 3406.3\% |
| 2052 | 2,220 |  |  | 81,336 | 3663.3\% | 356 |  |  | 13,052 | 3663.3\% |
| 2053 | 1,621 |  |  | 62,718 | 3869.0\% | 248 |  |  | 9,585 | 3869.0\% |
| 2054 | 1,173 |  |  | 46,475 | 3962.3\% | 171 |  |  | 6,765 | 3962.3\% |
| 2055 | 857 |  |  | 36,579 | 4268.1\% | 119 |  |  | 5,071 | 4268.1\% |
| 2056 | 641 |  |  | 29,718 | 4639.5\% | 85 |  |  | 3,923 | 4639.5\% |
| 2057 | 474 |  |  | 23,849 | 5027.2\% | 60 |  |  | 2,999 | 5027.2\% |
| 2058 | 344 |  |  | 17,990 | 5227.9\% | 41 |  |  | 2,154 | 5227.9\% |
| 2059 | 252 |  |  | 14,250 | 5648.9\% | 29 |  |  | 1,625 | 5648.9\% |
| 2060 | 192 |  |  | 11,741 | 6108.3\% | 21 |  |  | 1,275 | 6108.3\% |
| 2061 | 145 |  |  | 9,035 | 6239.1\% | 15 |  |  | 935 | 6239.1\% |
| 2062 | 111 |  |  | 7,373 | 6651.8\% | 11 |  |  | 726 | 6651.8\% |
| 2063 | 75 |  |  | 4,854 | 6472.9\% | 7 |  |  | 455 | 6472.9\% |
| 2064 | 48 |  |  | 2,511 | 5233.2\% | 4 |  |  | 224 | 5233.2\% |
| 2065 | 34 |  |  | 1,700 | 4941.2\% | 3 |  |  | 145 | 4941.2\% |
| 2066 | 19 |  |  | 411 | 2115.7\% | 2 |  |  | 33 | 2115.7\% |
| 2067 | 14 |  |  | 303 | 2119.2\% | 1 |  |  | 23 | 2119.2\% |
| 2068 | 10 |  |  | 236 | 2283.3\% | 1 |  |  | 17 | 2283.3\% |
| 2069 | 7 |  |  | 132 | 1790.4\% | 1 |  |  | 9 | 1790.4\% |
| 2070 | 5 |  |  | 41 | 898.1\% | 0 |  |  | 3 | 898.1\% |
| 2071 | 2 |  |  | 27 | 1254.3\% | 0 |  |  | 2 | 1254.3\% |
| 2072 | 1 |  |  | 17 | 1195.5\% | 0 |  |  | 1 | 1195.5\% |
| 2073 | 1 |  |  | 11 | 1232.2\% | 0 |  |  | 1 | 1232.2\% |
| 2074 | 1 |  |  | 7 | 1323.2\% | 0 |  |  | 0 | 1323.2\% |


| Past (-2014) | 66,700,980 |  |  | 59,919,700 | 89.8\% | 114,981,461 |  |  | 73,423,040 | 63.9\% |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Future (2015 +) | 24,408,855 |  |  | 114,753,194 | 470.1\% | 17,959,362 |  |  | 71,366,193 | 397.4\% |
| Lifetime | 91,109,835 |  |  | 174,672,894 | 191.7\% | 132,940,823 |  |  | 144,789,233 | 108.9\% |

CONTINENTAL CASUALTY COMPANY
POLICY FORMS: P1-21295/21300/21305/22435/22436/21925-SERIES ("PREFERRED ADVANTAGE" PORTFOLIO) PENNSYLVANIA EXPERIENCE, PAST ACTUAL AND FUTURE PROJECTED

|  | Without Interest |  |  |  |  | With Interest Accumulated/Discounted to 12/31/2014 at |  |  |  | 5.0\% |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Calendar Year | Earned Premium | Paid Claims | Claim Reserve | Incurred Claims | Loss Ratio | Earned Premium | Paid Claims | Claim Reserve | Incurred Claims | Loss Ratio |
| 1985 | - | - | - | - | 0.0\% | - | - | - | - | 0.0\% |
| 1986 | - | - | - | - | 0.0\% | - | - | - | - | 0.0\% |
| 1987 | - | - | - | - | 0.0\% | - | - | - | - | 0.0\% |
| 1988 | - | - | - | - | 0.0\% | - | - | - | - | 0.0\% |
| 1989 | - | - | - | - | 0.0\% | - | - | - | - | 0.0\% |
| 1990 | - | - | - | - | 0.0\% | - | - | - | - | 0.0\% |
| 1991 | - | - | - | - | 0.0\% | - | - | - | - | 0.0\% |
| 1992 | - | - | - | - | 0.0\% | - | - | - | - | 0.0\% |
| 1993 | - | - | - | - | 0.0\% | - | - | - | - | 0.0\% |
| 1994 | 286 | - | - | - | 0.0\% | 777 | - | - | - | 0.0\% |
| 1995 | 568,393 | - | - | - | 0.0\% | 1,471,770 | - | - | - | 0.0\% |
| 1996 | 2,433,737 | 385,121 | - | 385,121 | 15.8\% | 6,001,718 | 740,338 | - | 740,338 | 12.3\% |
| 1997 | 4,725,311 | 286,690 | - | 286,690 | 6.1\% | 11,097,958 | 621,115 | - | 621,115 | 5.6\% |
| 1998 | 4,483,243 | 917,365 | - | 917,365 | 20.5\% | 10,028,033 | 1,853,591 | - | 1,853,591 | 18.5\% |
| 1999 | 4,545,077 | 865,405 | - | 865,405 | 19.0\% | 9,682,231 | 1,545,479 | - | 1,545,479 | 16.0\% |
| 2000 | 4,458,150 | 1,636,490 | 222,529 | 1,859,018 | 41.7\% | 9,044,811 | 2,544,552 | 222,529 | 2,767,081 | 30.6\% |
| 2001 | 4,338,771 | 1,325,533 | - | 1,325,533 | 30.6\% | 8,383,440 | 2,095,901 | - | 2,095,901 | 25.0\% |
| 2002 | 4,238,090 | 1,730,698 | - | 1,730,698 | 40.8\% | 7,798,955 | 2,784,833 | - | 2,784,833 | 35.7\% |
| 2003 | 4,113,011 | 1,611,228 | - | 1,611,228 | 39.2\% | 7,208,365 | 2,496,600 | - | 2,496,600 | 34.6\% |
| 2004 | 4,794,659 | 1,170,158 | - | 1,170,158 | 24.4\% | 8,002,862 | 1,730,448 | - | 1,730,448 | 21.6\% |
| 2005 | 5,028,727 | 2,783,611 | - | 2,783,611 | 55.4\% | 7,993,858 | 3,868,214 | - | 3,868,214 | 48.4\% |
| 2006 | 4,763,160 | 2,682,197 | 254,846 | 2,937,043 | 61.7\% | 7,211,145 | 3,534,278 | 254,846 | 3,789,124 | 52.5\% |
| 2007 | 4,508,252 | 1,827,167 | 12,220 | 1,839,387 | 40.8\% | 6,500,219 | 2,347,676 | 12,220 | 2,359,895 | 36.3\% |
| 2008 | 4,384,978 | 3,053,562 | 116,019 | 3,169,581 | 72.3\% | 6,021,405 | 3,691,089 | 116,019 | 3,807,108 | 63.2\% |
| 2009 | 4,109,895 | 3,326,695 | 748,099 | 4,074,795 | 99.1\% | 5,374,918 | 3,909,192 | 748,099 | 4,657,291 | 86.6\% |
| 2010 | 3,861,322 | 2,301,371 | 637,276 | 2,938,647 | 76.1\% | 4,809,367 | 2,615,071 | 637,276 | 3,252,347 | 67.6\% |
| 2011 | 3,522,838 | 3,149,225 | 1,754,601 | 4,903,826 | 139.2\% | 4,178,835 | 3,430,877 | 1,754,601 | 5,185,478 | 124.1\% |
| 2012 | 3,395,678 | 2,493,249 | 1,836,264 | 4,329,514 | 127.5\% | 3,836,187 | 2,648,534 | 1,836,264 | 4,484,798 | 116.9\% |
| 2013 | 3,419,191 | 1,351,231 | 3,744,508 | 5,095,740 | 149.0\% | 3,678,810 | 1,398,818 | 3,744,508 | 5,143,327 | 139.8\% |
| 2014 | 3,386,461 | 276,294 | 6,371,400 | 6,647,694 | 196.3\% | 3,470,090 | 283,117 | 6,371,400 | 6,654,517 | 191.8\% |
| 2015 | 3,325,434 |  |  | 6,027,942 | 181.3\% | 3,245,291 |  |  | 5,882,669 | 181.3\% |
| 2016 | 3,158,569 |  |  | 6,248,786 | 197.8\% | 2,935,665 |  |  | 5,807,801 | 197.8\% |
| 2017 | 2,975,652 |  |  | 6,364,773 | 213.9\% | 2,633,958 |  |  | 5,633,907 | 213.9\% |
| 2018 | 2,785,760 |  |  | 6,431,011 | 230.9\% | 2,348,449 |  |  | 5,421,466 | 230.9\% |
| 2019 | 2,596,138 |  |  | 6,463,139 | 249.0\% | 2,084,376 |  |  | 5,189,095 | 249.0\% |
| 2020 | 2,364,664 |  |  | 6,463,032 | 273.3\% | 1,808,124 |  |  | 4,941,914 | 273.3\% |
| 2021 | 2,145,602 |  |  | 6,434,570 | 299.9\% | 1,562,495 |  |  | 4,685,858 | 299.9\% |
| 2022 | 1,938,349 |  |  | 6,374,791 | 328.9\% | 1,344,349 |  |  | 4,421,262 | 328.9\% |
| 2023 | 1,742,643 |  |  | 6,280,036 | 360.4\% | 1,151,064 |  |  | 4,148,137 | 360.4\% |
| 2024 | 1,558,594 |  |  | 6,148,212 | 394.5\% | 980,471 |  |  | 3,867,680 | 394.5\% |
| 2025 | 1,387,025 |  |  | 5,979,170 | 431.1\% | 830,992 |  |  | 3,582,228 | 431.1\% |
| 2026 | 1,228,380 |  |  | 5,784,530 | 470.9\% | 700,900 |  |  | 3,300,586 | 470.9\% |
| 2027 | 1,082,917 |  |  | 5,645,259 | 521.3\% | 588,476 |  |  | 3,067,734 | 521.3\% |
| 2028 | 948,909 |  |  | 5,472,392 | 576.7\% | 491,099 |  |  | 2,832,185 | 576.7\% |
| 2029 | 827,243 |  |  | 5,274,119 | 637.6\% | 407,745 |  |  | 2,599,591 | 637.6\% |
| 2030 | 717,329 |  |  | 5,049,848 | 704.0\% | 336,732 |  |  | 2,370,523 | 704.0\% |
| 2031 | 618,450 |  |  | 4,799,054 | 776.0\% | 276,491 |  |  | 2,145,518 | 776.0\% |

CONTINENTAL CASUALTY COMPANY
POLICY FORMS: P1-21295/21300/21305/22435/22436/21925-SERIES ("PREFERRED ADVANTAGE" PORTFOLIO) PENNSYLVANIA EXPERIENCE, PAST ACTUAL AND FUTURE PROJECTED

|  | Without Interest |  |  |  |  | With Interest Accumulated/Discounted to 12/31/2014 at |  |  |  | 5.0\% |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Calendar Year | Earned Premium | Paid Claims | Claim Reserve | Incurred Claims | Loss Ratio | Earned Premium | Paid Claims | Claim Reserve | Incurred Claims | Loss Ratio |
| 2032 | 529,714 |  |  | 4,526,030 | 854.4\% | 225,543 |  |  | 1,927,102 | 854.4\% |
| 2033 | 450,501 |  |  | 4,235,880 | 940.3\% | 182,681 |  |  | 1,717,678 | 940.3\% |
| 2034 | 381,350 |  |  | 3,940,180 | 1033.2\% | 147,276 |  |  | 1,521,685 | 1033.2\% |
| 2035 | 321,417 |  |  | 3,641,637 | 1133.0\% | 118,219 |  |  | 1,339,418 | 1133.0\% |
| 2036 | 269,458 |  |  | 3,336,675 | 1238.3\% | 94,389 |  |  | 1,168,810 | 1238.3\% |
| 2037 | 224,889 |  |  | 3,034,547 | 1349.4\% | 75,025 |  |  | 1,012,359 | 1349.4\% |
| 2038 | 186,273 |  |  | 2,734,369 | 1467.9\% | 59,184 |  |  | 868,778 | 1467.9\% |
| 2039 | 153,270 |  |  | 2,444,964 | 1595.2\% | 46,379 |  |  | 739,835 | 1595.2\% |
| 2040 | 125,370 |  |  | 2,169,847 | 1730.8\% | 36,130 |  |  | 625,319 | 1730.8\% |
| 2041 | 102,110 |  |  | 1,910,250 | 1870.8\% | 28,025 |  |  | 524,293 | 1870.8\% |
| 2042 | 82,361 |  |  | 1,657,641 | 2012.6\% | 21,529 |  |  | 433,296 | 2012.6\% |
| 2043 | 65,812 |  |  | 1,416,301 | 2152.0\% | 16,384 |  |  | 352,582 | 2152.0\% |
| 2044 | 51,965 |  |  | 1,190,983 | 2291.9\% | 12,320 |  |  | 282,372 | 2291.9\% |
| 2045 | 40,906 |  |  | 1,000,004 | 2444.6\% | 9,237 |  |  | 225,802 | 2444.6\% |
| 2046 | 32,109 |  |  | 837,603 | 2608.6\% | 6,905 |  |  | 180,126 | 2608.6\% |
| 2047 | 25,001 |  |  | 696,137 | 2784.5\% | 5,120 |  |  | 142,575 | 2784.5\% |
| 2048 | 19,277 |  |  | 567,247 | 2942.6\% | 3,760 |  |  | 110,645 | 2942.6\% |
| 2049 | 14,594 |  |  | 447,081 | 3063.5\% | 2,711 |  |  | 83,053 | 3063.5\% |
| 2050 | 11,106 |  |  | 354,621 | 3193.1\% | 1,965 |  |  | 62,740 | 3193.1\% |
| 2051 | 8,451 |  |  | 284,115 | 3362.0\% | 1,424 |  |  | 47,872 | 3362.0\% |
| 2052 | 6,401 |  |  | 226,997 | 3546.4\% | 1,027 |  |  | 36,427 | 3546.4\% |
| 2053 | 4,780 |  |  | 175,722 | 3676.6\% | 730 |  |  | 26,856 | 3676.6\% |
| 2054 | 3,573 |  |  | 134,655 | 3769.2\% | 520 |  |  | 19,599 | 3769.2\% |
| 2055 | 2,659 |  |  | 103,252 | 3883.6\% | 369 |  |  | 14,313 | 3883.6\% |
| 2056 | 1,985 |  |  | 79,872 | 4023.0\% | 262 |  |  | 10,545 | 4023.0\% |
| 2057 | 1,467 |  |  | 60,947 | 4155.8\% | 184 |  |  | 7,663 | 4155.8\% |
| 2058 | 1,060 |  |  | 44,549 | 4202.3\% | 127 |  |  | 5,335 | 4202.3\% |
| 2059 | 782 |  |  | 33,592 | 4295.6\% | 89 |  |  | 3,831 | 4295.6\% |
| 2060 | 570 |  |  | 24,052 | 4221.1\% | 62 |  |  | 2,612 | 4221.1\% |
| 2061 | 407 |  |  | 16,906 | 4155.4\% | 42 |  |  | 1,749 | 4155.4\% |
| 2062 | 290 |  |  | 11,593 | 3998.0\% | 29 |  |  | 1,142 | 3998.0\% |
| 2063 | 184 |  |  | 5,644 | 3069.0\% | 17 |  |  | 530 | 3069.0\% |
| 2064 | 127 |  |  | 3,637 | 2866.8\% | 11 |  |  | 325 | 2866.8\% |
| 2065 | 87 |  |  | 2,247 | 2583.4\% | 7 |  |  | 191 | 2583.4\% |
| 2066 | 59 |  |  | 1,499 | 2533.9\% | 5 |  |  | 122 | 2533.9\% |
| 2067 | 42 |  |  | 1,018 | 2397.2\% | 3 |  |  | 79 | 2397.2\% |
| 2068 | 27 |  |  | 484 | 1810.6\% | 2 |  |  | 36 | 1810.6\% |
| 2069 | 16 |  |  | 121 | 735.7\% | 1 |  |  | 8 | 735.7\% |
| 2070 | 11 |  |  | 45 | 402.6\% | 1 |  |  | 3 | 402.6\% |
| 2071 | 7 |  |  | 15 | 210.5\% | 0 |  |  | 1 | 210.5\% |
| 2072 | 5 |  |  | 10 | 204.8\% | 0 |  |  | 1 | 204.8\% |
| 2073 | 3 |  |  | 7 | 259.5\% | 0 |  |  | 0 | 259.5\% |
| 2074 | 0 |  |  | - | 0.0\% | - |  |  | - | 0.0\% |



CONTINENTAL CASUALTY COMPANY
POLICY FORMS: P1-N0022I N0023/ N0026/ N0027I N0030/ N0031/ N0034/ N0035/ N0066/ N0070-SERIES ("TQ") PENNSYLVANIA EXPERIENCE, PAST ACTUAL AND FUTURE PROJECTED

|  | Without Interest |  |  |  |  | With Interest Accumulated/Discounted to 12/31/2014 at |  |  |  | 5.0\% |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Calendar Year | Earned Premium | Paid Claims | Claim Reserve | Incurred Claims | Loss Ratio | Earned Premium | Paid Claims | Claim Reserve | Incurred Claims | Loss Ratio |
| 1985 | - | - | - | - | 0.0\% | - | - | - | - | 0.0\% |
| 1986 | - | - | - | - | 0.0\% | - | - | - | - | 0.0\% |
| 1987 | - | - | - | - | 0.0\% | - | - | - | - | 0.0\% |
| 1988 | - | - | - | - | 0.0\% | - | - | - | - | 0.0\% |
| 1989 | - | - | - | - | 0.0\% | - | - | - | - | 0.0\% |
| 1990 | - | - | - | - | 0.0\% | - | - | - | - | 0.0\% |
| 1991 | - | - | - | - | 0.0\% | - | - | - | - | 0.0\% |
| 1992 | - | - | - | - | 0.0\% | - | - | - | - | 0.0\% |
| 1993 | - | - | - | - | 0.0\% | - | - | - | - | 0.0\% |
| 1994 | - | - | - | - | 0.0\% | - | - | - | - | 0.0\% |
| 1995 | - | - | - | - | 0.0\% | - | - | - | - | 0.0\% |
| 1996 | - | - | - | - | 0.0\% | - | - | - | - | 0.0\% |
| 1997 | 843,676 | - | - | - | 0.0\% | 1,981,474 | - | - | - | 0.0\% |
| 1998 | 4,341,587 | 537,276 | - | 537,276 | 12.4\% | 9,711,179 | 956,202 | - | 956,202 | 9.8\% |
| 1999 | 6,577,828 | 725,256 | - | 725,256 | 11.0\% | 14,012,532 | 1,342,713 | - | 1,342,713 | 9.6\% |
| 2000 | 6,936,107 | 1,311,366 | - | 1,311,366 | 18.9\% | 14,072,156 | 2,194,217 | - | 2,194,217 | 15.6\% |
| 2001 | 7,124,334 | 1,062,359 | 294,206 | 1,356,565 | 19.0\% | 13,765,748 | 1,666,588 | 294,206 | 1,960,794 | 14.2\% |
| 2002 | 7,340,202 | 1,355,760 | - | 1,355,760 | 18.5\% | 13,507,478 | 2,277,837 | - | 2,277,837 | 16.9\% |
| 2003 | 7,329,022 | 3,050,072 | 205,671 | 3,255,743 | 44.4\% | 12,844,670 | 4,540,888 | 205,671 | 4,746,559 | 37.0\% |
| 2004 | 6,859,813 | 1,825,233 | - | 1,825,233 | 26.6\% | 11,449,853 | 2,659,535 | - | 2,659,535 | 23.2\% |
| 2005 | 7,319,074 | 2,111,662 | - | 2,111,662 | 28.9\% | 11,634,680 | 3,050,447 | - | 3,050,447 | 26.2\% |
| 2006 | 7,948,018 | 3,255,357 | 22,564 | 3,277,921 | 41.2\% | 12,032,833 | 4,367,344 | 22,564 | 4,389,908 | 36.5\% |
| 2007 | 7,526,621 | 3,308,556 | 7,875 | 3,316,431 | 44.1\% | 10,852,250 | 4,175,078 | 7,875 | 4,182,953 | 38.5\% |
| 2008 | 7,264,012 | 2,277,643 | 13,798 | 2,291,442 | 31.5\% | 9,974,865 | 2,785,933 | 13,798 | 2,799,731 | 28.1\% |
| 2009 | 7,026,991 | 4,214,902 | 176,812 | 4,391,714 | 62.5\% | 9,189,894 | 4,940,600 | 176,812 | 5,117,412 | 55.7\% |
| 2010 | 6,713,300 | 4,313,523 | 934,204 | 5,247,727 | 78.2\% | 8,361,572 | 4,884,139 | 934,204 | 5,818,343 | 69.6\% |
| 2011 | 6,671,694 | 3,773,534 | 1,290,674 | 5,064,209 | 75.9\% | 7,914,047 | 4,126,505 | 1,290,674 | 5,417,179 | 68.5\% |
| 2012 | 6,537,182 | 3,700,072 | 3,479,713 | 7,179,785 | 109.8\% | 7,385,226 | 3,907,370 | 3,479,713 | 7,387,083 | 100.0\% |
| 2013 | 6,618,330 | 2,040,421 | 5,333,066 | 7,373,487 | 111.4\% | 7,120,859 | 2,112,057 | 5,333,066 | 7,445,123 | 104.6\% |
| 2014 | 6,497,598 | 448,365 | 7,913,197 | 8,361,562 | 128.7\% | 6,658,057 | 459,437 | 7,913,197 | 8,372,635 | 125.8\% |
| 2015 | 6,354,754 |  |  | 8,871,015 | 139.6\% | 6,201,605 |  |  | 8,657,225 | 139.6\% |
| 2016 | 6,061,449 |  |  | 9,487,468 | 156.5\% | 5,633,684 |  |  | 8,817,925 | 156.5\% |
| 2017 | 5,742,705 |  |  | 10,022,025 | 174.5\% | 5,083,271 |  |  | 8,871,197 | 174.5\% |
| 2018 | 5,404,104 |  |  | 10,412,033 | 192.7\% | 4,555,763 |  |  | 8,777,544 | 192.7\% |
| 2019 | 5,052,961 |  |  | 10,676,102 | 211.3\% | 4,056,898 |  |  | 8,571,580 | 211.3\% |
| 2020 | 4,633,591 |  |  | 10,876,285 | 234.7\% | 3,543,044 |  |  | 8,316,477 | 234.7\% |
| 2021 | 4,234,404 |  |  | 11,031,984 | 260.5\% | 3,083,627 |  |  | 8,033,840 | 260.5\% |
| 2022 | 3,856,511 |  |  | 11,135,827 | 288.8\% | 2,674,699 |  |  | 7,723,297 | 288.8\% |
| 2023 | 3,502,008 |  |  | 11,192,561 | 319.6\% | 2,313,173 |  |  | 7,392,995 | 319.6\% |
| 2024 | 3,166,989 |  |  | 11,191,989 | 353.4\% | 1,992,270 |  |  | 7,040,588 | 353.4\% |
| 2025 | 2,850,246 |  |  | 11,125,739 | 390.3\% | 1,707,633 |  |  | 6,665,631 | 390.3\% |
| 2026 | 2,553,450 |  |  | 11,007,570 | 431.1\% | 1,456,969 |  |  | 6,280,794 | 431.1\% |
| 2027 | 2,277,747 |  |  | 10,978,832 | 482.0\% | 1,237,768 |  |  | 5,966,091 | 482.0\% |
| 2028 | 2,022,267 |  |  | 10,875,706 | 537.8\% | 1,046,605 |  |  | 5,628,620 | 537.8\% |
| 2029 | 1,785,838 |  |  | 10,699,108 | 599.1\% | 880,232 |  |  | 5,273,546 | 599.1\% |
| 2030 | 1,567,680 |  |  | 10,449,639 | 666.6\% | 735,908 |  |  | 4,905,318 | 666.6\% |
| 2031 | 1,368,604 |  |  | 10,131,975 | 740.3\% | 611,863 |  |  | 4,529,713 | 740.3\% |

CONTINENTAL CASUALTY COMPANY
POLICY FORMS: P1-N0022I N0023I N0026I N0027I N0030/ N0031/ N0034/ N0035/ N0066I N0070-SERIES ("TQ") PENNSYLVANIA EXPERIENCE, PAST ACTUAL AND FUTURE PROJECTED

|  | Without Interest |  |  |  |  | With Interest Accumulated/Discounted to 12/31/2014 at |  |  |  | 5.0\% |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Calendar Year | Earned Premium | Paid Claims | Claim Reserve | Incurred Claims | Loss Ratio | Earned Premium | Paid Claims | Claim Reserve | Incurred Claims | Loss Ratio |
| 2032 | 1,188,429 |  |  | 9,748,765 | 820.3\% | 506,011 |  |  | 4,150,849 | 820.3\% |
| 2033 | 1,025,466 |  |  | 9,305,121 | 907.4\% | 415,833 |  |  | 3,773,288 | 907.4\% |
| 2034 | 879,184 |  |  | 8,812,427 | 1002.3\% | 339,538 |  |  | 3,403,331 | 1002.3\% |
| 2035 | 748,530 |  |  | 8,270,883 | 1105.0\% | 275,314 |  |  | 3,042,084 | 1105.0\% |
| 2036 | 633,805 |  |  | 7,699,786 | 1214.9\% | 222,017 |  |  | 2,697,173 | 1214.9\% |
| 2037 | 533,886 |  |  | 7,104,626 | 1330.7\% | 178,111 |  |  | 2,370,184 | 1330.7\% |
| 2038 | 447,103 |  |  | 6,500,729 | 1454.0\% | 142,056 |  |  | 2,065,444 | 1454.0\% |
| 2039 | 371,775 |  |  | 5,894,142 | 1585.4\% | 112,497 |  |  | 1,783,540 | 1585.4\% |
| 2040 | 306,734 |  |  | 5,297,923 | 1727.2\% | 88,396 |  |  | 1,526,787 | 1727.2\% |
| 2041 | 251,261 |  |  | 4,719,911 | 1878.5\% | 68,962 |  |  | 1,295,440 | 1878.5\% |
| 2042 | 204,588 |  |  | 4,167,893 | 2037.2\% | 53,478 |  |  | 1,089,459 | 2037.2\% |
| 2043 | 165,326 |  |  | 3,639,275 | 2201.3\% | 41,157 |  |  | 905,983 | 2201.3\% |
| 2044 | 132,121 |  |  | 3,136,039 | 2373.6\% | 31,325 |  |  | 743,528 | 2373.6\% |
| 2045 | 104,596 |  |  | 2,661,253 | 2544.3\% | 23,618 |  |  | 600,914 | 2544.3\% |
| 2046 | 82,592 |  |  | 2,245,281 | 2718.5\% | 17,761 |  |  | 482,845 | 2718.5\% |
| 2047 | 65,064 |  |  | 1,893,612 | 2910.4\% | 13,326 |  |  | 387,828 | 2910.4\% |
| 2048 | 50,829 |  |  | 1,582,730 | 3113.8\% | 9,914 |  |  | 308,720 | 3113.8\% |
| 2049 | 39,055 |  |  | 1,294,067 | 3313.4\% | 7,255 |  |  | 240,395 | 3313.4\% |
| 2050 | 29,941 |  |  | 1,045,921 | 3493.3\% | 5,297 |  |  | 185,046 | 3493.3\% |
| 2051 | 22,921 |  |  | 833,610 | 3636.9\% | 3,862 |  |  | 140,460 | 3636.9\% |
| 2052 | 17,526 |  |  | 666,081 | 3800.4\% | 2,813 |  |  | 106,888 | 3800.4\% |
| 2053 | 13,351 |  |  | 529,567 | 3966.4\% | 2,040 |  |  | 80,934 | 3966.4\% |
| 2054 | 10,168 |  |  | 420,408 | 4134.5\% | 1,480 |  |  | 61,192 | 4134.5\% |
| 2055 | 7,661 |  |  | 323,301 | 4219.9\% | 1,062 |  |  | 44,817 | 4219.9\% |
| 2056 | 5,732 |  |  | 242,605 | 4232.6\% | 757 |  |  | 32,029 | 4232.6\% |
| 2057 | 4,297 |  |  | 181,542 | 4225.1\% | 540 |  |  | 22,826 | 4225.1\% |
| 2058 | 3,218 |  |  | 134,923 | 4192.6\% | 385 |  |  | 16,157 | 4192.6\% |
| 2059 | 2,378 |  |  | 98,396 | 4138.0\% | 271 |  |  | 11,222 | 4138.0\% |
| 2060 | 1,764 |  |  | 72,015 | 4081.7\% | 192 |  |  | 7,822 | 4081.7\% |
| 2061 | 1,319 |  |  | 50,842 | 3853.6\% | 136 |  |  | 5,259 | 3853.6\% |
| 2062 | 972 |  |  | 34,093 | 3508.4\% | 96 |  |  | 3,359 | 3508.4\% |
| 2063 | 737 |  |  | 24,434 | 3314.7\% | 69 |  |  | 2,293 | 3314.7\% |
| 2064 | 561 |  |  | 16,958 | 3021.6\% | 50 |  |  | 1,515 | 3021.6\% |
| 2065 | 435 |  |  | 12,829 | 2952.5\% | 37 |  |  | 1,092 | 2952.5\% |
| 2066 | 335 |  |  | 9,005 | 2689.6\% | 27 |  |  | 730 | 2689.6\% |
| 2067 | 260 |  |  | 6,285 | 2419.7\% | 20 |  |  | 485 | 2419.7\% |
| 2068 | 202 |  |  | 4,342 | 2146.9\% | 15 |  |  | 319 | 2146.9\% |
| 2069 | 162 |  |  | 3,459 | 2138.0\% | 11 |  |  | 242 | 2138.0\% |
| 2070 | 128 |  |  | 2,850 | 2235.0\% | 9 |  |  | 190 | 2235.0\% |
| 2071 | 102 |  |  | 1,348 | 1321.7\% | 6 |  |  | 86 | 1321.7\% |
| 2072 | 81 |  |  | 379 | 470.4\% | 5 |  |  | 23 | 470.4\% |
| 2073 | 62 |  |  | 312 | 499.6\% | 4 |  |  | 18 | 499.6\% |
| 2074 | 0 |  |  | - | 0.0\% | - |  |  | - | 0.0\% |



CONTINENTAL CASUALTY COMPANY
POLICY FORMS: P1-59433-SERIES AND P1-59806-SERIES ("CON CARE B" PORTFOLIO)
PENNSYLVANIA EXPERIENCE, PAST ACTUAL AND FUTURE PROJECTED

|  | Without Interest |  |  |  |  | With Interest Accumulated/Discounted to 12/31/2014 at |  |  |  | 5.0\% |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Calendar Year | Earned Premium | Paid Claims | Claim Reserve | Incurred Claims | Loss Ratio | Earned Premium | Paid Claims | Claim Reserve | Incurred Claims | Loss Ratio |
| 1985 | - | - | - | - | 0.0\% | - | - | - | - | 0.0\% |
| 1986 | - | - | - | - | 0.0\% | - | - | - | - | 0.0\% |
| 1987 | - | - | - | - | 0.0\% | - | - | - | - | 0.0\% |
| 1988 | 12,488 | - | - | - | 0.0\% | 45,500 | - | - | - | 0.0\% |
| 1989 | 419,654 | - | - | - | 0.0\% | 1,456,193 | - | - | - | 0.0\% |
| 1990 | 1,392,835 | 281,862 | - | 281,862 | 20.2\% | 4,602,962 | 827,944 | - | 827,944 | 18.0\% |
| 1991 | 3,026,542 | 420,883 | - | 420,883 | 13.9\% | 9,525,663 | 1,192,935 | - | 1,192,935 | 12.5\% |
| 1992 | 4,712,492 | 841,298 | - | 841,298 | 17.9\% | 14,125,695 | 2,240,093 | - | 2,240,093 | 15.9\% |
| 1993 | 4,627,795 | 1,163,120 | - | 1,163,120 | 25.1\% | 13,211,255 | 2,895,866 | - | 2,895,866 | 21.9\% |
| 1994 | 4,362,836 | 2,898,223 | - | 2,898,223 | 66.4\% | 11,861,770 | 6,563,890 | - | 6,563,890 | 55.3\% |
| 1995 | 4,240,842 | 1,634,528 | - | 1,634,528 | 38.5\% | 10,981,040 | 3,705,499 | - | 3,705,499 | 33.7\% |
| 1996 | 4,031,087 | 3,271,607 | - | 3,271,607 | 81.2\% | 9,940,866 | 6,554,956 | - | 6,554,956 | 65.9\% |
| 1997 | 3,880,344 | 1,400,433 | - | 1,400,433 | 36.1\% | 9,113,453 | 3,038,024 | - | 3,038,024 | 33.3\% |
| 1998 | 3,727,983 | 2,024,251 | - | 2,024,251 | 54.3\% | 8,338,680 | 4,061,048 | - | 4,061,048 | 48.7\% |
| 1999 | 3,562,730 | 3,577,055 | - | 3,577,055 | 100.4\% | 7,589,568 | 6,781,095 | - | 6,781,095 | 89.3\% |
| 2000 | 3,411,581 | 2,964,019 | - | 2,964,019 | 86.9\% | 6,921,506 | 5,032,163 | - | 5,032,163 | 72.7\% |
| 2001 | 3,231,276 | 3,404,801 | - | 3,404,801 | 105.4\% | 6,243,521 | 5,716,649 | - | 5,716,649 | 91.6\% |
| 2002 | 3,102,238 | 5,036,919 | - | 5,036,919 | 162.4\% | 5,708,754 | 8,245,077 | - | 8,245,077 | 144.4\% |
| 2003 | 3,329,327 | 3,897,096 | - | 3,897,096 | 117.1\% | 5,834,900 | 6,244,400 | - | 6,244,400 | 107.0\% |
| 2004 | 3,667,975 | 5,467,186 | 616,595 | 6,083,782 | 165.9\% | 6,122,292 | 7,793,379 | 616,595 | 8,409,974 | 137.4\% |
| 2005 | 3,727,008 | 7,605,220 | 517,300 | 8,122,520 | 217.9\% | 5,924,595 | 10,560,572 | 517,300 | 11,077,872 | 187.0\% |
| 2006 | 3,464,491 | 6,588,865 | 403,910 | 6,992,775 | 201.8\% | 5,245,037 | 8,894,551 | 403,910 | 9,298,461 | 177.3\% |
| 2007 | 3,255,589 | 7,767,989 | 73,404 | 7,841,393 | 240.9\% | 4,694,067 | 10,034,640 | 73,404 | 10,108,044 | 215.3\% |
| 2008 | 3,046,619 | 10,348,414 | 2,073,876 | 12,422,290 | 407.7\% | 4,183,585 | 12,652,072 | 2,073,876 | 14,725,948 | 352.0\% |
| 2009 | 2,731,535 | 10,654,068 | 3,117,040 | 13,771,109 | 504.2\% | 3,572,300 | 12,436,315 | 3,117,040 | 15,553,355 | 435.4\% |
| 2010 | 2,522,162 | 9,392,742 | 1,952,485 | 11,345,227 | 449.8\% | 3,141,411 | 10,600,794 | 1,952,485 | 12,553,278 | 399.6\% |
| 2011 | 2,311,388 | 7,210,086 | 2,610,636 | 9,820,722 | 424.9\% | 2,741,798 | 7,920,595 | 2,610,636 | 10,531,230 | 384.1\% |
| 2012 | 2,184,735 | 6,489,388 | 5,175,070 | 11,664,458 | 533.9\% | 2,468,152 | 6,918,701 | 5,175,070 | 12,093,771 | 490.0\% |
| 2013 | 2,161,319 | 4,081,946 | 7,985,622 | 12,067,567 | 558.3\% | 2,325,427 | 4,234,248 | 7,985,622 | 12,219,870 | 525.5\% |
| 2014 | 2,086,177 | 838,466 | 11,364,586 | 12,203,052 | 584.9\% | 2,137,696 | 859,172 | 11,364,586 | 12,223,758 | 571.8\% |
| 2015 | 2,022,109 |  |  | 9,645,482 | 477.0\% | 1,973,376 |  |  | 9,413,027 | 477.0\% |
| 2016 | 1,857,587 |  |  | 9,357,799 | 503.8\% | 1,726,494 |  |  | 8,697,406 | 503.8\% |
| 2017 | 1,842,714 |  |  | 8,734,946 | 474.0\% | 1,631,116 |  |  | 7,731,913 | 474.0\% |
| 2018 | 1,729,864 |  |  | 8,186,178 | 473.2\% | 1,458,308 |  |  | 6,901,105 | 473.2\% |
| 2019 | 1,542,271 |  |  | 7,714,414 | 500.2\% | 1,238,251 |  |  | 6,193,713 | 500.2\% |
| 2020 | 1,325,761 |  |  | 7,185,075 | 542.0\% | 1,013,734 |  |  | 5,494,019 | 542.0\% |
| 2021 | 1,131,724 |  |  | 6,626,264 | 585.5\% | 824,157 |  |  | 4,825,455 | 585.5\% |
| 2022 | 956,559 |  |  | 6,051,901 | 632.7\% | 663,425 |  |  | 4,197,320 | 632.7\% |
| 2023 | 801,551 |  |  | 5,489,705 | 684.9\% | 529,446 |  |  | 3,626,101 | 684.9\% |
| 2024 | 666,541 |  |  | 4,951,178 | 742.8\% | 419,304 |  |  | 3,114,657 | 742.8\% |
| 2025 | 549,983 |  |  | 4,431,097 | 805.7\% | 329,505 |  |  | 2,654,750 | 805.7\% |
| 2026 | 450,064 |  |  | 3,937,732 | 874.9\% | 256,802 |  |  | 2,246,825 | 874.9\% |
| 2027 | 363,781 |  |  | 3,509,872 | 964.8\% | 197,685 |  |  | 1,907,326 | 964.8\% |
| 2028 | 290,622 |  |  | 3,097,099 | 1065.7\% | 150,409 |  |  | 1,602,875 | 1065.7\% |
| 2029 | 231,753 |  |  | 2,736,457 | 1180.8\% | 114,230 |  |  | 1,348,788 | 1180.8\% |
| 2030 | 184,539 |  |  | 2,420,065 | 1311.4\% | 86,627 |  |  | 1,136,038 | 1311.4\% |
| 2031 | 146,551 |  |  | 2,134,057 | 1456.2\% | 65,519 |  |  | 954,075 | 1456.2\% |


|  | Without Interest |  |  |  |  | With Interest Accumulated/Discounted to 12/31/2014 at |  |  |  | 5.0\% |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Calendar Year | Earned Premium | Paid Claims | Claim Reserve | Incurred Claims | Loss Ratio | Earned Premium | Paid Claims | Claim Reserve | Incurred Claims | Loss Ratio |
| 2032 | 115,270 |  |  | 1,857,922 | 1611.8\% | 49,080 |  |  | 791,070 | 1611.8\% |
| 2033 | 89,499 |  |  | 1,592,361 | 1779.2\% | 36,292 |  |  | 645,713 | 1779.2\% |
| 2034 | 69,248 |  |  | 1,354,479 | 1956.0\% | 26,744 |  |  | 523,095 | 1956.0\% |
| 2035 | 53,475 |  |  | 1,146,706 | 2144.4\% | 19,668 |  |  | 421,766 | 2144.4\% |
| 2036 | 41,091 |  |  | 964,391 | 2347.0\% | 14,394 |  |  | 337,818 | 2347.0\% |
| 2037 | 31,397 |  |  | 800,548 | 2549.8\% | 10,474 |  |  | 267,072 | 2549.8\% |
| 2038 | 23,531 |  |  | 640,531 | 2722.1\% | 7,476 |  |  | 203,513 | 2722.1\% |
| 2039 | 17,537 |  |  | 501,590 | 2860.2\% | 5,307 |  |  | 151,779 | 2860.2\% |
| 2040 | 13,024 |  |  | 390,324 | 2997.1\% | 3,753 |  |  | 112,486 | 2997.1\% |
| 2041 | 9,545 |  |  | 299,997 | 3143.0\% | 2,620 |  |  | 82,338 | 3143.0\% |
| 2042 | 6,843 |  |  | 223,127 | 3260.6\% | 1,789 |  |  | 58,324 | 3260.6\% |
| 2043 | 4,749 |  |  | 156,238 | 3290.1\% | 1,182 |  |  | 38,895 | 3290.1\% |
| 2044 | 3,211 |  |  | 102,523 | 3192.6\% | 761 |  |  | 24,307 | 3192.6\% |
| 2045 | 2,156 |  |  | 66,845 | 3099.9\% | 487 |  |  | 15,094 | 3099.9\% |
| 2046 | 1,357 |  |  | 39,282 | 2894.6\% | 292 |  |  | 8,447 | 2894.6\% |
| 2047 | 831 |  |  | 22,189 | 2668.7\% | 170 |  |  | 4,545 | 2668.7\% |
| 2048 | 511 |  |  | 10,396 | 2034.8\% | 100 |  |  | 2,028 | 2034.8\% |
| 2049 | 328 |  |  | 6,179 | 1881.2\% | 61 |  |  | 1,148 | 1881.2\% |
| 2050 | 213 |  |  | 3,882 | 1825.4\% | 38 |  |  | 687 | 1825.4\% |
| 2051 | 136 |  |  | 2,688 | 1983.6\% | 23 |  |  | 453 | 1983.6\% |
| 2052 | 85 |  |  | 2,223 | 2613.3\% | 14 |  |  | 357 | 2613.3\% |
| 2053 | 51 |  |  | 1,819 | 3533.3\% | 8 |  |  | 278 | 3533.3\% |
| 2054 | 30 |  |  | 1,496 | 4929.6\% | 4 |  |  | 218 | 4929.6\% |
| 2055 | 18 |  |  | 1,206 | 6794.8\% | 2 |  |  | 167 | 6794.8\% |
| 2056 | 8 |  |  | 422 | 5195.0\% | 1 |  |  | 56 | 5195.0\% |
| 2057 | 3 |  |  | - | 0.0\% | 0 |  |  | - | 0.0\% |
| 2058 | 1 |  |  | - | 0.0\% | 0 |  |  | - | 0.0\% |
| 2059 | 1 |  |  | - | 0.0\% | 0 |  |  | - | 0.0\% |
| 2060 | 0 |  |  | - | 0.0\% | 0 |  |  | - | 0.0\% |
| 2061 | 0 |  |  | - | 0.0\% | 0 |  |  | - | 0.0\% |
| 2062 | 0 |  |  | - | 0.0\% | 0 |  |  | - | 0.0\% |
| 2063 | 0 |  |  | - | 0.0\% | 0 |  |  | - | 0.0\% |
| 2064 | 0 |  |  | - | 0.0\% | 0 |  |  | - | 0.0\% |
| 2065 | 0 |  |  | - | 0.0\% | 0 |  |  | - | 0.0\% |
| 2066 | 0 |  |  | - | 0.0\% | 0 |  |  | - | 0.0\% |
| 2067 | 0 |  |  | - | 0.0\% | - |  |  | - | 0.0\% |
| 2068 | 0 |  |  | - | 0.0\% | - |  |  | - | 0.0\% |
| 2069 | 0 |  |  | - | 0.0\% | - |  |  | - | 0.0\% |
| 2070 | 0 |  |  | - | 0.0\% | - |  |  | - | 0.0\% |
| 2071 | 0 |  |  | - | 0.0\% | - |  |  | - | 0.0\% |
| 2072 | 0 |  |  | - | 0.0\% | - |  |  | - | 0.0\% |
| 2073 | 0 |  |  | - | 0.0\% | - |  |  | - | 0.0\% |
| 2074 | 0 |  |  | - | 0.0\% | - |  |  | - | 0.0\% |



CONTINENTAL CASUALTY COMPANY
POLICY FORMS: P1-15203/16356/16928/16944-SERIES ("LTC 1" PORTFOLIO) PENNSYLVANIA EXPERIENCE, PAST ACTUAL AND FUTURE PROJECTED

|  | Without Interest |  |  |  |  | With Interest Accumulated/Discounted to 12/31/2014 at |  |  |  | 5.0\% |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Calendar Year | Earned Premium | Paid Claims | Claim Reserve | Incurred Claims | Loss Ratio | Earned Premium | Paid Claims | Claim Reserve | Incurred Claims | Loss Ratio |
| 1985 | - | - | - | - | 0.0\% | - | - | - | - | 0.0\% |
| 1986 | - | - | - | - | 0.0\% | - | - | - | - | 0.0\% |
| 1987 | - | - | - | - | 0.0\% | - | - | - | - | 0.0\% |
| 1988 | - | - | - | - | 0.0\% | - | - | - | - | 0.0\% |
| 1989 | - | - | - | - | 0.0\% | - | - | - | - | 0.0\% |
| 1990 | - | - | - | - | 0.0\% | - | - | - | - | 0.0\% |
| 1991 | - | - | - | - | 0.0\% | - | - | - | - | 0.0\% |
| 1992 | 427,664 | 9,800 | - | 9,800 | 2.3\% | 1,281,924 | 27,977 | - | 27,977 | 2.2\% |
| 1993 | 2,616,869 | 194,987 | - | 194,987 | 7.5\% | 7,470,539 | 507,452 | - | 507,452 | 6.8\% |
| 1994 | 3,731,124 | 157,098 | - | 157,098 | 4.2\% | 10,144,259 | 396,584 | - | 396,584 | 3.9\% |
| 1995 | 3,584,220 | 921,486 | - | 921,486 | 25.7\% | 9,280,813 | 2,077,357 | - | 2,077,357 | 22.4\% |
| 1996 | 3,446,921 | 993,822 | - | 993,822 | 28.8\% | 8,500,281 | 2,119,033 | - | 2,119,033 | 24.9\% |
| 1997 | 3,307,852 | 943,863 | - | 943,863 | 28.5\% | 7,768,887 | 1,980,796 | - | 1,980,796 | 25.5\% |
| 1998 | 3,203,827 | 1,571,324 | - | 1,571,324 | 49.0\% | 7,166,259 | 2,791,800 | - | 2,791,800 | 39.0\% |
| 1999 | 3,098,970 | 1,145,805 | - | 1,145,805 | 37.0\% | 6,601,635 | 2,182,328 | - | 2,182,328 | 33.1\% |
| 2000 | 2,978,649 | 1,505,973 | - | 1,505,973 | 50.6\% | 6,043,162 | 2,745,983 | - | 2,745,983 | 45.4\% |
| 2001 | 2,877,244 | 2,359,430 | - | 2,359,430 | 82.0\% | 5,559,455 | 4,048,507 | - | 4,048,507 | 72.8\% |
| 2002 | 2,783,148 | 2,284,991 | 413,650 | 2,698,641 | 97.0\% | 5,121,564 | 3,558,000 | 413,650 | 3,971,650 | 77.5\% |
| 2003 | 2,976,926 | 1,934,458 | - | 1,934,458 | 65.0\% | 5,217,291 | 3,023,988 | - | 3,023,988 | 58.0\% |
| 2004 | 3,405,843 | 3,531,099 | 88,607 | 3,619,707 | 106.3\% | 5,684,761 | 5,213,284 | 88,607 | 5,301,891 | 93.3\% |
| 2005 | 3,524,682 | 3,525,296 | 453,564 | 3,978,860 | 112.9\% | 5,602,969 | 4,962,383 | 453,564 | 5,415,947 | 96.7\% |
| 2006 | 3,279,746 | 4,137,090 | 496,564 | 4,633,654 | 141.3\% | 4,965,343 | 5,440,546 | 496,564 | 5,937,110 | 119.6\% |
| 2007 | 3,067,825 | 5,399,746 | 2,423,198 | 7,822,944 | 255.0\% | 4,423,340 | 6,726,357 | 2,423,198 | 9,149,555 | 206.8\% |
| 2008 | 2,943,107 | 4,505,985 | 894,981 | 5,400,966 | 183.5\% | 4,041,444 | 5,503,204 | 894,981 | 6,398,185 | 158.3\% |
| 2009 | 2,748,487 | 3,944,679 | 179,676 | 4,124,355 | 150.1\% | 3,594,470 | 4,689,207 | 179,676 | 4,868,883 | 135.5\% |
| 2010 | 2,593,570 | 3,922,665 | 487,651 | 4,410,316 | 170.0\% | 3,230,352 | 4,464,602 | 487,651 | 4,952,253 | 153.3\% |
| 2011 | 2,450,506 | 4,928,484 | 2,009,496 | 6,937,980 | 283.1\% | 2,906,821 | 5,407,960 | 2,009,496 | 7,417,457 | 255.2\% |
| 2012 | 2,351,930 | 4,018,084 | 2,668,215 | 6,686,299 | 284.3\% | 2,657,037 | 4,293,985 | 2,668,215 | 6,962,200 | 262.0\% |
| 2013 | 2,420,310 | 2,781,458 | 4,670,941 | 7,452,398 | 307.9\% | 2,604,084 | 2,890,978 | 4,670,941 | 7,561,919 | 290.4\% |
| 2014 | 2,372,726 | 782,584 | 9,364,241 | 10,146,825 | 427.6\% | 2,431,321 | 801,910 | 9,364,241 | 10,166,151 | 418.1\% |
| 2015 | 2,320,995 |  |  | 7,354,358 | 316.9\% | 2,265,059 |  |  | 7,177,119 | 316.9\% |
| 2016 | 2,159,189 |  |  | 7,531,156 | 348.8\% | 2,006,812 |  |  | 6,999,672 | 348.8\% |
| 2017 | 2,176,639 |  |  | 7,444,630 | 342.0\% | 1,926,696 |  |  | 6,589,764 | 342.0\% |
| 2018 | 2,083,092 |  |  | 7,400,613 | 355.3\% | 1,756,086 |  |  | 6,238,859 | 355.3\% |
| 2019 | 1,900,298 |  |  | 7,426,657 | 390.8\% | 1,525,703 |  |  | 5,962,680 | 390.8\% |
| 2020 | 1,692,473 |  |  | 7,405,999 | 437.6\% | 1,294,138 |  |  | 5,662,947 | 437.6\% |
| 2021 | 1,498,477 |  |  | 7,329,052 | 489.1\% | 1,091,238 |  |  | 5,337,248 | 489.1\% |
| 2022 | 1,318,296 |  |  | 7,185,987 | 545.1\% | 914,310 |  |  | 4,983,870 | 545.1\% |
| 2023 | 1,152,850 |  |  | 6,989,111 | 606.2\% | 761,489 |  |  | 4,616,501 | 606.2\% |
| 2024 | 1,001,734 |  |  | 6,753,996 | 674.2\% | 630,165 |  |  | 4,248,762 | 674.2\% |
| 2025 | 864,273 |  |  | 6,490,387 | 751.0\% | 517,801 |  |  | 3,888,507 | 751.0\% |
| 2026 | 741,207 |  |  | 6,209,253 | 837.7\% | 422,924 |  |  | 3,542,929 | 837.7\% |
| 2027 | 631,828 |  |  | 5,984,342 | 947.1\% | 343,346 |  |  | 3,251,997 | 947.1\% |
| 2028 | 535,401 |  |  | 5,721,832 | 1068.7\% | 277,092 |  |  | 2,961,281 | 1068.7\% |
| 2029 | 449,086 |  |  | 5,406,258 | 1203.8\% | 221,353 |  |  | 2,664,722 | 1203.8\% |
| 2030 | 372,927 |  |  | 5,067,299 | 1358.8\% | 175,061 |  |  | 2,378,715 | 1358.8\% |
| 2031 | 308,854 |  |  | 4,739,281 | 1534.5\% | 138,080 |  |  | 2,118,795 | 1534.5\% |


|  | Without Interest |  |  |  |  | With Interest Accumulated/Discounted to 12/31/2014 at |  |  |  | 5.0\% |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Calendar Year | Earned Premium | Paid Claims | Claim Reserve | Incurred Claims | Loss Ratio | Earned Premium | Paid Claims | Claim Reserve | Incurred Claims | Loss Ratio |
| 2032 | 255,016 |  |  | 4,408,999 | 1728.9\% | 108,581 |  |  | 1,877,272 | 1728.9\% |
| 2033 | 209,766 |  |  | 4,068,077 | 1939.3\% | 85,062 |  |  | 1,649,632 | 1939.3\% |
| 2034 | 171,297 |  |  | 3,705,978 | 2163.5\% | 66,154 |  |  | 1,431,237 | 2163.5\% |
| 2035 | 138,705 |  |  | 3,325,982 | 2397.9\% | 51,016 |  |  | 1,223,318 | 2397.9\% |
| 2036 | 111,345 |  |  | 2,949,353 | 2648.8\% | 39,003 |  |  | 1,033,134 | 2648.8\% |
| 2037 | 88,991 |  |  | 2,593,768 | 2914.6\% | 29,688 |  |  | 865,310 | 2914.6\% |
| 2038 | 70,865 |  |  | 2,261,527 | 3191.3\% | 22,516 |  |  | 718,544 | 3191.3\% |
| 2039 | 55,787 |  |  | 1,929,707 | 3459.1\% | 16,881 |  |  | 583,920 | 3459.1\% |
| 2040 | 43,357 |  |  | 1,600,477 | 3691.4\% | 12,495 |  |  | 461,235 | 3691.4\% |
| 2041 | 33,219 |  |  | 1,295,921 | 3901.2\% | 9,117 |  |  | 355,682 | 3901.2\% |
| 2042 | 25,204 |  |  | 1,036,749 | 4113.4\% | 6,588 |  |  | 270,999 | 4113.4\% |
| 2043 | 19,009 |  |  | 824,114 | 4335.3\% | 4,732 |  |  | 205,160 | 4335.3\% |
| 2044 | 14,073 |  |  | 634,833 | 4511.1\% | 3,337 |  |  | 150,513 | 4511.1\% |
| 2045 | 10,132 |  |  | 462,390 | 4563.7\% | 2,288 |  |  | 104,408 | 4563.7\% |
| 2046 | 7,231 |  |  | 328,310 | 4540.4\% | 1,555 |  |  | 70,603 | 4540.4\% |
| 2047 | 5,069 |  |  | 228,685 | 4511.4\% | 1,038 |  |  | 46,837 | 4511.4\% |
| 2048 | 3,449 |  |  | 150,008 | 4349.4\% | 673 |  |  | 29,260 | 4349.4\% |
| 2049 | 2,274 |  |  | 93,598 | 4116.7\% | 422 |  |  | 17,387 | 4116.7\% |
| 2050 | 1,510 |  |  | 59,534 | 3941.8\% | 267 |  |  | 10,533 | 3941.8\% |
| 2051 | 1,037 |  |  | 42,964 | 4145.1\% | 175 |  |  | 7,239 | 4145.1\% |
| 2052 | 720 |  |  | 33,127 | 4602.3\% | 116 |  |  | 5,316 | 4602.3\% |
| 2053 | 490 |  |  | 23,778 | 4854.5\% | 75 |  |  | 3,634 | 4854.5\% |
| 2054 | 336 |  |  | 18,216 | 5420.1\% | 49 |  |  | 2,651 | 5420.1\% |
| 2055 | 230 |  |  | 14,462 | 6291.0\% | 32 |  |  | 2,005 | 6291.0\% |
| 2056 | 159 |  |  | 11,374 | 7160.6\% | 21 |  |  | 1,502 | 7160.6\% |
| 2057 | 108 |  |  | 7,954 | 7373.0\% | 14 |  |  | 1,000 | 7373.0\% |
| 2058 | 73 |  |  | 5,647 | 7740.4\% | 9 |  |  | 676 | 7740.4\% |
| 2059 | 49 |  |  | 3,908 | 8048.3\% | 6 |  |  | 446 | 8048.3\% |
| 2060 | 34 |  |  | 2,681 | 7849.2\% | 4 |  |  | 291 | 7849.2\% |
| 2061 | 25 |  |  | 1,900 | 7671.9\% | 3 |  |  | 197 | 7671.9\% |
| 2062 | 16 |  |  | 957 | 5823.3\% | 2 |  |  | 94 | 5823.3\% |
| 2063 | 12 |  |  | 491 | 4158.2\% | 1 |  |  | 46 | 4158.2\% |
| 2064 | 9 |  |  | 393 | 4366.4\% | 1 |  |  | 35 | 4366.4\% |
| 2065 | 7 |  |  | 332 | 4863.9\% | 1 |  |  | 28 | 4863.9\% |
| 2066 | 5 |  |  | 99 | 1937.9\% | 0 |  |  | 8 | 1937.9\% |
| 2067 | 4 |  |  | 2 | 61.0\% | 0 |  |  | 0 | 61.0\% |
| 2068 | 3 |  |  | 1 | 34.7\% | 0 |  |  | 0 | 34.7\% |
| 2069 | 2 |  |  | 1 | 33.2\% | 0 |  |  | 0 | 33.2\% |
| 2070 | 1 |  |  | 0 | 30.2\% | 0 |  |  | 0 | 30.2\% |
| 2071 | 0 |  |  | 0 | 15.1\% | 0 |  |  | 0 | 15.1\% |
| 2072 | 0 |  |  | 0 | 12.7\% | 0 |  |  | 0 | 12.7\% |
| 2073 | 0 |  |  | 0 | 27.1\% | 0 |  |  | 0 | 27.1\% |
| 2074 | 0 |  |  | 0 | 0.1\% | 0 |  |  | 0 | 0.1\% |



CONTINENTAL CASUALTY COMPANY
POLICY FORMS: P1-18876/18878/18215/18220-SERIES ("PREMIERICLASSIC" PORTFOLIO)
PENNSYLVANIA EXPERIENCE, PAST ACTUAL AND FUTURE PROJECTED

|  | Without Interest |  |  |  |  | With Interest Accumulated/Discounted to 12/31/2014 at |  |  |  | 5.0\% |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Calendar Year | Earned Premium | Paid Claims | Claim Reserve | Incurred Claims | Loss Ratio | Earned Premium | Paid Claims | Claim Reserve | Incurred Claims | Loss Ratio |
| 1985 | - | - | - | - | 0.0\% | - | - | - | - | 0.0\% |
| 1986 | - | - | - | - | 0.0\% | - | - | - | - | 0.0\% |
| 1987 | - | - | - | - | 0.0\% | - | - | - | - | 0.0\% |
| 1988 | - | - | - | - | 0.0\% | - | - | - | - | 0.0\% |
| 1989 | - | - | - | - | 0.0\% | - | - | - | - | 0.0\% |
| 1990 | - | - | - | - | 0.0\% | - | - | - | - | 0.0\% |
| 1991 | - | - | - | - | 0.0\% | - | - | - | - | 0.0\% |
| 1992 | - | - | - | - | 0.0\% | - | - | - | - | 0.0\% |
| 1993 | - | - | - | - | 0.0\% | - | - | - | - | 0.0\% |
| 1994 | 660,649 | - | - | - | 0.0\% | 1,796,188 | - | - | - | 0.0\% |
| 1995 | 2,288,088 | 142,547 | - | 142,547 | 6.2\% | 5,924,670 | 331,496 | - | 331,496 | 5.6\% |
| 1996 | 3,332,405 | 126,210 | - | 126,210 | 3.8\% | 8,217,879 | 257,057 | - | 257,057 | 3.1\% |
| 1997 | 3,956,956 | 570,040 | - | 570,040 | 14.4\% | 9,293,385 | 1,246,922 | - | 1,246,922 | 13.4\% |
| 1998 | 3,693,794 | 484,182 | - | 484,182 | 13.1\% | 8,262,208 | 945,374 | - | 945,374 | 11.4\% |
| 1999 | 3,668,030 | 1,839,639 | - | 1,839,639 | 50.2\% | 7,813,884 | 3,348,589 | - | 3,348,589 | 42.9\% |
| 2000 | 3,514,267 | 1,198,471 | - | 1,198,471 | 34.1\% | 7,129,838 | 2,167,178 | - | 2,167,178 | 30.4\% |
| 2001 | 3,391,440 | 1,414,982 | - | 1,414,982 | 41.7\% | 6,552,993 | 2,393,714 | - | 2,393,714 | 36.5\% |
| 2002 | 3,286,860 | 1,978,257 | - | 1,978,257 | 60.2\% | 6,048,497 | 3,309,593 | - | 3,309,593 | 54.7\% |
| 2003 | 3,209,353 | 1,425,366 | - | 1,425,366 | 44.4\% | 5,624,637 | 2,250,234 | - | 2,250,234 | 40.0\% |
| 2004 | 3,760,687 | 2,691,996 | - | 2,691,996 | 71.6\% | 6,277,039 | 3,885,431 | - | 3,885,431 | 61.9\% |
| 2005 | 4,044,693 | 3,682,421 | 245,511 | 3,927,932 | 97.1\% | 6,429,600 | 5,118,210 | 245,511 | 5,363,721 | 83.4\% |
| 2006 | 3,798,923 | 3,477,576 | 263,186 | 3,740,762 | 98.5\% | 5,751,347 | 4,599,328 | 263,186 | 4,862,513 | 84.5\% |
| 2007 | 3,577,350 | 1,952,350 | 212,716 | 2,165,067 | 60.5\% | 5,157,998 | 2,519,337 | 212,716 | 2,732,053 | 53.0\% |
| 2008 | 3,499,322 | 1,738,719 | 789,436 | 2,528,155 | 72.2\% | 4,805,231 | 2,140,048 | 789,436 | 2,929,484 | 61.0\% |
| 2009 | 3,209,806 | 3,823,770 | 919,621 | 4,743,391 | 147.8\% | 4,197,783 | 4,460,849 | 919,621 | 5,380,469 | 128.2\% |
| 2010 | 3,058,806 | 4,444,998 | 1,960,930 | 6,405,928 | 209.4\% | 3,809,814 | 4,971,539 | 1,960,930 | 6,932,470 | 182.0\% |
| 2011 | 2,813,505 | 3,131,895 | 975,594 | 4,107,489 | 146.0\% | 3,337,416 | 3,431,533 | 975,594 | 4,407,127 | 132.1\% |
| 2012 | 2,689,570 | 2,541,345 | 3,374,173 | 5,915,517 | 219.9\% | 3,038,478 | 2,691,704 | 3,374,173 | 6,065,877 | 199.6\% |
| 2013 | 2,665,022 | 2,383,516 | 6,868,539 | 9,252,055 | 347.2\% | 2,867,376 | 2,469,787 | 6,868,539 | 9,338,326 | 325.7\% |
| 2014 | 2,581,453 | 554,657 | 4,707,059 | 5,261,716 | 203.8\% | 2,645,202 | 568,354 | 4,707,059 | 5,275,413 | 199.4\% |
| 2015 | 2,548,651 |  |  | 6,024,459 | 236.4\% | 2,487,229 |  |  | 5,879,270 | 236.4\% |
| 2016 | 2,407,800 |  |  | 6,109,720 | 253.7\% | 2,237,878 |  |  | 5,678,549 | 253.7\% |
| 2017 | 2,461,094 |  |  | 5,962,655 | 242.3\% | 2,178,487 |  |  | 5,277,964 | 242.3\% |
| 2018 | 2,388,328 |  |  | 5,858,813 | 245.3\% | 2,013,406 |  |  | 4,939,092 | 245.3\% |
| 2019 | 2,211,238 |  |  | 5,818,820 | 263.1\% | 1,775,349 |  |  | 4,671,787 | 263.1\% |
| 2020 | 1,987,511 |  |  | 5,740,322 | 288.8\% | 1,519,737 |  |  | 4,389,299 | 288.8\% |
| 2021 | 1,779,038 |  |  | 5,628,183 | 316.4\% | 1,295,552 |  |  | 4,098,621 | 316.4\% |
| 2022 | 1,584,581 |  |  | 5,480,106 | 345.8\% | 1,098,992 |  |  | 3,800,749 | 345.8\% |
| 2023 | 1,403,666 |  |  | 5,298,921 | 377.5\% | 927,160 |  |  | 3,500,083 | 377.5\% |
| 2024 | 1,236,378 |  |  | 5,084,397 | 411.2\% | 777,773 |  |  | 3,198,462 | 411.2\% |
| 2025 | 1,082,440 |  |  | 4,832,818 | 446.5\% | 648,509 |  |  | 2,895,428 | 446.5\% |
| 2026 | 942,287 |  |  | 4,561,520 | 484.1\% | 537,658 |  |  | 2,602,751 | 484.1\% |
| 2027 | 815,959 |  |  | 4,342,626 | 532.2\% | 443,407 |  |  | 2,359,860 | 532.2\% |
| 2028 | 701,856 |  |  | 4,110,179 | 585.6\% | 363,239 |  |  | 2,127,185 | 585.6\% |
| 2029 | 601,071 |  |  | 3,872,851 | 644.3\% | 296,265 |  |  | 1,908,912 | 644.3\% |
| 2030 | 511,410 |  |  | 3,622,946 | 708.4\% | 240,068 |  |  | 1,700,700 | 708.4\% |
| 2031 | 431,511 |  |  | 3,355,477 | 777.6\% | 192,916 |  |  | 1,500,137 | 777.6\% |

## Exhibit 2b

CONTINENTAL CASUALTY COMPANY
POLICY FORMS: P1-18876/18878/18215/18220-SERIES ("PREMIERICLASSIC" PORTFOLIO)
PENNSYLVANIA EXPERIENCE, PAST ACTUAL AND FUTURE PROJECTED

|  | Without Interest |  |  |  |  | With Interest Accumulated/Discounted to 12/31/2014 at |  |  |  | 5.0\% |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Calendar Year | Earned Premium | Paid Claims | Claim Reserve | Incurred Claims | Loss Ratio | Earned Premium | Paid Claims | Claim Reserve | Incurred Claims | Loss Ratio |
| 2032 | 360,663 |  |  | 3,071,277 | 851.6\% | 153,564 |  |  | 1,307,694 | 851.6\% |
| 2033 | 299,106 |  |  | 2,790,998 | 933.1\% | 121,290 |  |  | 1,131,768 | 933.1\% |
| 2034 | 247,726 |  |  | 2,543,186 | 1026.6\% | 95,671 |  |  | 982,170 | 1026.6\% |
| 2035 | 205,181 |  |  | 2,316,306 | 1128.9\% | 75,467 |  |  | 851,952 | 1128.9\% |
| 2036 | 169,408 |  |  | 2,093,900 | 1236.0\% | 59,342 |  |  | 733,476 | 1236.0\% |
| 2037 | 138,800 |  |  | 1,868,191 | 1346.0\% | 46,305 |  |  | 623,250 | 1346.0\% |
| 2038 | 112,266 |  |  | 1,641,278 | 1462.0\% | 35,670 |  |  | 521,475 | 1462.0\% |
| 2039 | 90,400 |  |  | 1,435,270 | 1587.7\% | 27,355 |  |  | 434,306 | 1587.7\% |
| 2040 | 72,566 |  |  | 1,250,299 | 1723.0\% | 20,912 |  |  | 360,319 | 1723.0\% |
| 2041 | 58,060 |  |  | 1,077,326 | 1855.5\% | 15,935 |  |  | 295,686 | 1855.5\% |
| 2042 | 45,871 |  |  | 910,693 | 1985.3\% | 11,990 |  |  | 238,049 | 1985.3\% |
| 2043 | 35,861 |  |  | 755,441 | 2106.6\% | 8,928 |  |  | 188,064 | 2106.6\% |
| 2044 | 27,520 |  |  | 610,375 | 2217.9\% | 6,525 |  |  | 144,715 | 2217.9\% |
| 2045 | 20,956 |  |  | 492,326 | 2349.3\% | 4,732 |  |  | 111,168 | 2349.3\% |
| 2046 | 15,978 |  |  | 396,904 | 2484.0\% | 3,436 |  |  | 85,354 | 2484.0\% |
| 2047 | 12,040 |  |  | 311,922 | 2590.8\% | 2,466 |  |  | 63,884 | 2590.8\% |
| 2048 | 8,922 |  |  | 239,545 | 2684.8\% | 1,740 |  |  | 46,725 | 2684.8\% |
| 2049 | 6,450 |  |  | 173,731 | 2693.6\% | 1,198 |  |  | 32,273 | 2693.6\% |
| 2050 | 4,673 |  |  | 128,616 | 2752.5\% | 827 |  |  | 22,755 | 2752.5\% |
| 2051 | 3,405 |  |  | 97,125 | 2852.8\% | 574 |  |  | 16,365 | 2852.8\% |
| 2052 | 2,532 |  |  | 77,688 | 3068.0\% | 406 |  |  | 12,467 | 3068.0\% |
| 2053 | 1,849 |  |  | 59,905 | 3240.3\% | 283 |  |  | 9,155 | 3240.3\% |
| 2054 | 1,338 |  |  | 44,390 | 3318.4\% | 195 |  |  | 6,461 | 3318.4\% |
| 2055 | 977 |  |  | 34,938 | 3574.5\% | 135 |  |  | 4,843 | 3574.5\% |
| 2056 | 731 |  |  | 28,385 | 3885.6\% | 96 |  |  | 3,747 | 3885.6\% |
| 2057 | 541 |  |  | 22,779 | 4210.3\% | 68 |  |  | 2,864 | 4210.3\% |
| 2058 | 392 |  |  | 17,183 | 4378.3\% | 47 |  |  | 2,058 | 4378.3\% |
| 2059 | 288 |  |  | 13,611 | 4731.0\% | 33 |  |  | 1,552 | 4731.0\% |
| 2060 | 219 |  |  | 11,215 | 5115.7\% | 24 |  |  | 1,218 | 5115.7\% |
| 2061 | 165 |  |  | 8,630 | 5225.2\% | 17 |  |  | 893 | 5225.2\% |
| 2062 | 126 |  |  | 7,042 | 5570.9\% | 12 |  |  | 694 | 5570.9\% |
| 2063 | 86 |  |  | 4,636 | 5421.1\% | 8 |  |  | 435 | 5421.1\% |
| 2064 | 55 |  |  | 2,398 | 4382.8\% | 5 |  |  | 214 | 4382.8\% |
| 2065 | 39 |  |  | 1,624 | 4138.3\% | 3 |  |  | 138 | 4138.3\% |
| 2066 | 22 |  |  | 392 | 1771.9\% | 2 |  |  | 32 | 1771.9\% |
| 2067 | 16 |  |  | 289 | 1774.8\% | 1 |  |  | 22 | 1774.8\% |
| 2068 | 12 |  |  | 225 | 1912.3\% | 1 |  |  | 17 | 1912.3\% |
| 2069 | 8 |  |  | 126 | 1499.5\% | 1 |  |  | 9 | 1499.5\% |
| 2070 | 5 |  |  | 39 | 752.2\% | 0 |  |  | 3 | 752.2\% |
| 2071 | 2 |  |  | 26 | 1050.5\% | 0 |  |  | 2 | 1050.5\% |
| 2072 | 2 |  |  | 17 | 1001.2\% | 0 |  |  | 1 | 1001.2\% |
| 2073 | 1 |  |  | 10 | 1032.0\% | 0 |  |  | 1 | 1032.0\% |
| 2074 | 1 |  |  | 6 | 1108.2\% | 0 |  |  | 0 | 1108.2\% |



CONTINENTAL CASUALTY COMPANY
POLICY FORMS: P1-21295/21300/21305/22435/22436/21925-SERIES ("PREFERRED ADVANTAGE" PORTFOLIO) PENNSYLVANIA EXPERIENCE, PAST ACTUAL AND FUTURE PROJECTED

|  | Without Interest |  |  |  |  | With Interest Accumulated/Discounted to 12/31/2014 at |  |  |  | 5.0\% |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Calendar Year | Earned Premium | Paid Claims | Claim Reserve | Incurred Claims | Loss Ratio | Earned Premium | Paid Claims | Claim Reserve | Incurred Claims | Loss Ratio |
| 1985 | - | - | - | - | 0.0\% | - | - | - | - | 0.0\% |
| 1986 | - | - | - | - | 0.0\% | - | - | - | - | 0.0\% |
| 1987 | - | - | - | - | 0.0\% | - | - | - | - | 0.0\% |
| 1988 | - | - | - | - | 0.0\% | - | - | - | - | 0.0\% |
| 1989 | - | - | - | - | 0.0\% | - | - | - | - | 0.0\% |
| 1990 | - | - | - | - | 0.0\% | - | - | - | - | 0.0\% |
| 1991 | - | - | - | - | 0.0\% | - | - | - | - | 0.0\% |
| 1992 | - | - | - | - | 0.0\% | - | - | - | - | 0.0\% |
| 1993 | - | - | - | - | 0.0\% | - | - | - | - | 0.0\% |
| 1994 | 286 | - | - | - | 0.0\% | 777 | - | - | - | 0.0\% |
| 1995 | 568,393 | - | - | - | 0.0\% | 1,471,770 | - | - | - | 0.0\% |
| 1996 | 2,433,737 | 385,121 | - | 385,121 | 15.8\% | 6,001,718 | 740,338 | - | 740,338 | 12.3\% |
| 1997 | 4,725,311 | 286,690 | - | 286,690 | 6.1\% | 11,097,958 | 621,115 | - | 621,115 | 5.6\% |
| 1998 | 4,483,243 | 917,365 | - | 917,365 | 20.5\% | 10,028,033 | 1,853,591 | - | 1,853,591 | 18.5\% |
| 1999 | 4,545,077 | 865,405 | - | 865,405 | 19.0\% | 9,682,231 | 1,545,479 | - | 1,545,479 | 16.0\% |
| 2000 | 4,458,150 | 1,636,490 | 222,529 | 1,859,018 | 41.7\% | 9,044,811 | 2,544,552 | 222,529 | 2,767,081 | 30.6\% |
| 2001 | 4,338,771 | 1,325,533 | - | 1,325,533 | 30.6\% | 8,383,440 | 2,095,901 | - | 2,095,901 | 25.0\% |
| 2002 | 4,238,090 | 1,730,698 | - | 1,730,698 | 40.8\% | 7,798,955 | 2,784,833 | - | 2,784,833 | 35.7\% |
| 2003 | 4,113,011 | 1,611,228 | - | 1,611,228 | 39.2\% | 7,208,365 | 2,496,600 | - | 2,496,600 | 34.6\% |
| 2004 | 4,794,659 | 1,170,158 | - | 1,170,158 | 24.4\% | 8,002,862 | 1,730,448 | - | 1,730,448 | 21.6\% |
| 2005 | 5,028,727 | 2,783,611 | - | 2,783,611 | 55.4\% | 7,993,858 | 3,868,214 | - | 3,868,214 | 48.4\% |
| 2006 | 4,763,160 | 2,682,197 | 254,846 | 2,937,043 | 61.7\% | 7,211,145 | 3,534,278 | 254,846 | 3,789,124 | 52.5\% |
| 2007 | 4,508,252 | 1,827,167 | 12,220 | 1,839,387 | 40.8\% | 6,500,219 | 2,347,676 | 12,220 | 2,359,895 | 36.3\% |
| 2008 | 4,384,978 | 3,053,562 | 116,019 | 3,169,581 | 72.3\% | 6,021,405 | 3,691,089 | 116,019 | 3,807,108 | 63.2\% |
| 2009 | 4,109,895 | 3,326,695 | 748,099 | 4,074,795 | 99.1\% | 5,374,918 | 3,909,192 | 748,099 | 4,657,291 | 86.6\% |
| 2010 | 3,861,322 | 2,301,371 | 637,276 | 2,938,647 | 76.1\% | 4,809,367 | 2,615,071 | 637,276 | 3,252,347 | 67.6\% |
| 2011 | 3,522,838 | 3,149,225 | 1,754,601 | 4,903,826 | 139.2\% | 4,178,835 | 3,430,877 | 1,754,601 | 5,185,478 | 124.1\% |
| 2012 | 3,395,678 | 2,493,249 | 1,836,264 | 4,329,514 | 127.5\% | 3,836,187 | 2,648,534 | 1,836,264 | 4,484,798 | 116.9\% |
| 2013 | 3,419,191 | 1,351,231 | 3,744,508 | 5,095,740 | 149.0\% | 3,678,810 | 1,398,818 | 3,744,508 | 5,143,327 | 139.8\% |
| 2014 | 3,386,461 | 276,294 | 6,371,400 | 6,647,694 | 196.3\% | 3,470,090 | 283,117 | 6,371,400 | 6,654,517 | 191.8\% |
| 2015 | 3,325,434 |  |  | 6,027,942 | 181.3\% | 3,245,291 |  |  | 5,882,669 | 181.3\% |
| 2016 | 3,163,317 |  |  | 6,245,999 | 197.5\% | 2,940,077 |  |  | 5,805,211 | 197.5\% |
| 2017 | 3,254,080 |  |  | 6,179,591 | 189.9\% | 2,880,415 |  |  | 5,469,990 | 189.9\% |
| 2018 | 3,177,103 |  |  | 6,142,593 | 193.3\% | 2,678,359 |  |  | 5,178,324 | 193.3\% |
| 2019 | 2,960,844 |  |  | 6,173,280 | 208.5\% | 2,377,189 |  |  | 4,956,375 | 208.5\% |
| 2020 | 2,696,852 |  |  | 6,173,178 | 228.9\% | 2,062,129 |  |  | 4,720,279 | 228.9\% |
| 2021 | 2,447,016 |  |  | 6,145,992 | 251.2\% | 1,781,995 |  |  | 4,475,706 | 251.2\% |
| 2022 | 2,210,648 |  |  | 6,088,895 | 275.4\% | 1,533,203 |  |  | 4,222,977 | 275.4\% |
| 2023 | 1,987,449 |  |  | 5,998,389 | 301.8\% | 1,312,765 |  |  | 3,962,101 | 301.8\% |
| 2024 | 1,777,545 |  |  | 5,872,477 | 330.4\% | 1,118,207 |  |  | 3,694,222 | 330.4\% |
| 2025 | 1,581,875 |  |  | 5,711,016 | 361.0\% | 947,730 |  |  | 3,421,573 | 361.0\% |
| 2026 | 1,400,943 |  |  | 5,525,105 | 394.4\% | 799,362 |  |  | 3,152,562 | 394.4\% |
| 2027 | 1,235,045 |  |  | 5,392,081 | 436.6\% | 671,145 |  |  | 2,930,152 | 436.6\% |
| 2028 | 1,082,212 |  |  | 5,226,967 | 483.0\% | 560,089 |  |  | 2,705,168 | 483.0\% |
| 2029 | 943,454 |  |  | 5,037,585 | 534.0\% | 465,025 |  |  | 2,483,005 | 534.0\% |
| 2030 | 818,099 |  |  | 4,823,373 | 589.6\% | 384,036 |  |  | 2,264,210 | 589.6\% |
| 2031 | 705,330 |  |  | 4,583,826 | 649.9\% | 315,333 |  |  | 2,049,296 | 649.9\% |


|  | Without Interest |  |  |  |  | With Interest Accumulated/Discounted to 12/31/2014 at |  |  |  | 5.0\% |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Calendar Year | Earned Premium | Paid Claims | Claim Reserve | Incurred Claims | Loss Ratio | Earned Premium | Paid Claims | Claim Reserve | Incurred Claims | Loss Ratio |
| 2032 | 604,128 |  |  | 4,323,047 | 715.6\% | 257,227 |  |  | 1,840,675 | 715.6\% |
| 2033 | 513,787 |  |  | 4,045,909 | 787.5\% | 208,344 |  |  | 1,640,643 | 787.5\% |
| 2034 | 434,922 |  |  | 3,763,471 | 865.3\% | 167,966 |  |  | 1,453,440 | 865.3\% |
| 2035 | 366,569 |  |  | 3,478,316 | 948.9\% | 134,826 |  |  | 1,279,347 | 948.9\% |
| 2036 | 307,311 |  |  | 3,187,032 | 1037.1\% | 107,649 |  |  | 1,116,391 | 1037.1\% |
| 2037 | 256,481 |  |  | 2,898,454 | 1130.1\% | 85,565 |  |  | 966,957 | 1130.1\% |
| 2038 | 212,440 |  |  | 2,611,738 | 1229.4\% | 67,498 |  |  | 829,815 | 1229.4\% |
| 2039 | 174,801 |  |  | 2,335,312 | 1336.0\% | 52,894 |  |  | 706,654 | 1336.0\% |
| 2040 | 142,982 |  |  | 2,072,533 | 1449.5\% | 41,205 |  |  | 597,275 | 1449.5\% |
| 2041 | 116,454 |  |  | 1,824,579 | 1566.8\% | 31,962 |  |  | 500,779 | 1566.8\% |
| 2042 | 93,931 |  |  | 1,583,300 | 1685.6\% | 24,553 |  |  | 413,864 | 1685.6\% |
| 2043 | 75,058 |  |  | 1,352,782 | 1802.3\% | 18,685 |  |  | 336,770 | 1802.3\% |
| 2044 | 59,265 |  |  | 1,137,570 | 1919.5\% | 14,051 |  |  | 269,708 | 1919.5\% |
| 2045 | 46,653 |  |  | 955,156 | 2047.4\% | 10,534 |  |  | 215,675 | 2047.4\% |
| 2046 | 36,619 |  |  | 800,039 | 2184.7\% | 7,875 |  |  | 172,047 | 2184.7\% |
| 2047 | 28,513 |  |  | 664,916 | 2332.0\% | 5,840 |  |  | 136,180 | 2332.0\% |
| 2048 | 21,985 |  |  | 541,807 | 2464.4\% | 4,288 |  |  | 105,682 | 2464.4\% |
| 2049 | 16,644 |  |  | 427,030 | 2565.7\% | 3,092 |  |  | 79,328 | 2565.7\% |
| 2050 | 12,666 |  |  | 338,717 | 2674.2\% | 2,241 |  |  | 59,926 | 2674.2\% |
| 2051 | 9,638 |  |  | 271,373 | 2815.7\% | 1,624 |  |  | 45,725 | 2815.7\% |
| 2052 | 7,300 |  |  | 216,816 | 2970.2\% | 1,171 |  |  | 34,793 | 2970.2\% |
| 2053 | 5,451 |  |  | 167,842 | 3079.1\% | 833 |  |  | 25,651 | 3079.1\% |
| 2054 | 4,074 |  |  | 128,616 | 3156.7\% | 593 |  |  | 18,720 | 3156.7\% |
| 2055 | 3,032 |  |  | 98,621 | 3252.5\% | 420 |  |  | 13,671 | 3252.5\% |
| 2056 | 2,264 |  |  | 76,290 | 3369.3\% | 299 |  |  | 10,072 | 3369.3\% |
| 2057 | 1,673 |  |  | 58,214 | 3480.5\% | 210 |  |  | 7,319 | 3480.5\% |
| 2058 | 1,209 |  |  | 42,551 | 3519.4\% | 145 |  |  | 5,095 | 3519.4\% |
| 2059 | 892 |  |  | 32,086 | 3597.6\% | 102 |  |  | 3,659 | 3597.6\% |
| 2060 | 650 |  |  | 22,973 | 3535.2\% | 71 |  |  | 2,495 | 3535.2\% |
| 2061 | 464 |  |  | 16,147 | 3480.1\% | 48 |  |  | 1,670 | 3480.1\% |
| 2062 | 331 |  |  | 11,073 | 3348.4\% | 33 |  |  | 1,091 | 3348.4\% |
| 2063 | 210 |  |  | 5,391 | 2570.3\% | 20 |  |  | 506 | 2570.3\% |
| 2064 | 145 |  |  | 3,474 | 2400.9\% | 13 |  |  | 310 | 2400.9\% |
| 2065 | 99 |  |  | 2,147 | 2163.6\% | 8 |  |  | 183 | 2163.6\% |
| 2066 | 67 |  |  | 1,432 | 2122.1\% | 5 |  |  | 116 | 2122.1\% |
| 2067 | 48 |  |  | 972 | 2007.6\% | 4 |  |  | 75 | 2007.6\% |
| 2068 | 30 |  |  | 462 | 1516.4\% | 2 |  |  | 34 | 1516.4\% |
| 2069 | 19 |  |  | 116 | 616.2\% | 1 |  |  | 8 | 616.2\% |
| 2070 | 13 |  |  | 43 | 337.2\% | 1 |  |  | 3 | 337.2\% |
| 2071 | 8 |  |  | 15 | 176.3\% | 1 |  |  | 1 | 176.3\% |
| 2072 | 6 |  |  | 10 | 171.5\% | 0 |  |  | 1 | 171.5\% |
| 2073 | 3 |  |  | 6 | 217.3\% | 0 |  |  | 0 | 217.3\% |
| 2074 | 2 |  |  | 4 | 241.5\% | 0 |  |  | 0 | 241.5\% |



CONTINENTAL CASUALTY COMPANY
POLICY FORMS: P1-N0022I N0023/ N0026/ N0027I N0030/ N0031/ N0034I N0035/ N0066I N0070-SERIES ("TQ") PENNSYLVANIA EXPERIENCE, PAST ACTUAL AND FUTURE PROJECTED

|  | Without Interest |  |  |  |  | With Interest Accumulated/Discounted to 12/31/2014 at |  |  |  | 5.0\% |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Calendar Year | Earned Premium | Paid Claims | Claim Reserve | Incurred Claims | Loss Ratio | Earned Premium | Paid Claims | Claim Reserve | Incurred Claims | Loss Ratio |
| 1985 | - | - | - | - | 0.0\% | - | - | - | - | 0.0\% |
| 1986 | - | - | - | - | 0.0\% | - | - | - | - | 0.0\% |
| 1987 | - | - | - | - | 0.0\% | - | - | - | - | 0.0\% |
| 1988 | - | - | - | - | 0.0\% | - | - | - | - | 0.0\% |
| 1989 | - | - | - | - | 0.0\% | - | - | - | - | 0.0\% |
| 1990 | - | - | - | - | 0.0\% | - | - | - | - | 0.0\% |
| 1991 | - | - | - | - | 0.0\% | - | - | - | - | 0.0\% |
| 1992 | - | - | - | - | 0.0\% | - | - | - | - | 0.0\% |
| 1993 | - | - | - | - | 0.0\% | - | - | - | - | 0.0\% |
| 1994 | - | - | - | - | 0.0\% | - | - | - | - | 0.0\% |
| 1995 | - | - | - | - | 0.0\% | - | - | - | - | 0.0\% |
| 1996 | - | - | - | - | 0.0\% | - | - | - | - | 0.0\% |
| 1997 | 843,676 | - | - | - | 0.0\% | 1,981,474 | - | - | - | 0.0\% |
| 1998 | 4,341,587 | 537,276 | - | 537,276 | 12.4\% | 9,711,179 | 956,202 | - | 956,202 | 9.8\% |
| 1999 | 6,577,828 | 725,256 | - | 725,256 | 11.0\% | 14,012,532 | 1,342,713 | - | 1,342,713 | 9.6\% |
| 2000 | 6,936,107 | 1,311,366 | - | 1,311,366 | 18.9\% | 14,072,156 | 2,194,217 | - | 2,194,217 | 15.6\% |
| 2001 | 7,124,334 | 1,062,359 | 294,206 | 1,356,565 | 19.0\% | 13,765,748 | 1,666,588 | 294,206 | 1,960,794 | 14.2\% |
| 2002 | 7,340,202 | 1,355,760 | - | 1,355,760 | 18.5\% | 13,507,478 | 2,277,837 | - | 2,277,837 | 16.9\% |
| 2003 | 7,329,022 | 3,050,072 | 205,671 | 3,255,743 | 44.4\% | 12,844,670 | 4,540,888 | 205,671 | 4,746,559 | 37.0\% |
| 2004 | 6,859,813 | 1,825,233 | - | 1,825,233 | 26.6\% | 11,449,853 | 2,659,535 | - | 2,659,535 | 23.2\% |
| 2005 | 7,319,074 | 2,111,662 | - | 2,111,662 | 28.9\% | 11,634,680 | 3,050,447 | - | 3,050,447 | 26.2\% |
| 2006 | 7,948,018 | 3,255,357 | 22,564 | 3,277,921 | 41.2\% | 12,032,833 | 4,367,344 | 22,564 | 4,389,908 | 36.5\% |
| 2007 | 7,526,621 | 3,308,556 | 7,875 | 3,316,431 | 44.1\% | 10,852,250 | 4,175,078 | 7,875 | 4,182,953 | 38.5\% |
| 2008 | 7,264,012 | 2,277,643 | 13,798 | 2,291,442 | 31.5\% | 9,974,865 | 2,785,933 | 13,798 | 2,799,731 | 28.1\% |
| 2009 | 7,026,991 | 4,214,902 | 176,812 | 4,391,714 | 62.5\% | 9,189,894 | 4,940,600 | 176,812 | 5,117,412 | 55.7\% |
| 2010 | 6,713,300 | 4,313,523 | 934,204 | 5,247,727 | 78.2\% | 8,361,572 | 4,884,139 | 934,204 | 5,818,343 | 69.6\% |
| 2011 | 6,671,694 | 3,773,534 | 1,290,674 | 5,064,209 | 75.9\% | 7,914,047 | 4,126,505 | 1,290,674 | 5,417,179 | 68.5\% |
| 2012 | 6,537,182 | 3,700,072 | 3,479,713 | 7,179,785 | 109.8\% | 7,385,226 | 3,907,370 | 3,479,713 | 7,387,083 | 100.0\% |
| 2013 | 6,618,330 | 2,040,421 | 5,333,066 | 7,373,487 | 111.4\% | 7,120,859 | 2,112,057 | 5,333,066 | 7,445,123 | 104.6\% |
| 2014 | 6,497,598 | 448,365 | 7,913,197 | 8,361,562 | 128.7\% | 6,658,057 | 459,437 | 7,913,197 | 8,372,635 | 125.8\% |
| 2015 | 6,354,754 |  |  | 8,871,015 | 139.6\% | 6,201,605 |  |  | 8,657,225 | 139.6\% |
| 2016 | 6,070,559 |  |  | 9,483,236 | 156.2\% | 5,642,152 |  |  | 8,813,991 | 156.2\% |
| 2017 | 6,280,043 |  |  | 9,730,436 | 154.9\% | 5,558,906 |  |  | 8,613,092 | 154.9\% |
| 2018 | 6,163,272 |  |  | 9,945,074 | 161.4\% | 5,195,757 |  |  | 8,383,888 | 161.4\% |
| 2019 | 5,762,800 |  |  | 10,197,300 | 177.0\% | 4,626,811 |  |  | 8,187,161 | 177.0\% |
| 2020 | 5,284,518 |  |  | 10,388,505 | 196.6\% | 4,040,771 |  |  | 7,943,500 | 196.6\% |
| 2021 | 4,829,253 |  |  | 10,537,222 | 218.2\% | 3,516,815 |  |  | 7,673,539 | 218.2\% |
| 2022 | 4,398,274 |  |  | 10,636,407 | 241.8\% | 3,050,440 |  |  | 7,376,922 | 241.8\% |
| 2023 | 3,993,970 |  |  | 10,690,597 | 267.7\% | 2,638,128 |  |  | 7,061,434 | 267.7\% |
| 2024 | 3,611,887 |  |  | 10,690,051 | 296.0\% | 2,272,144 |  |  | 6,724,832 | 296.0\% |
| 2025 | 3,250,648 |  |  | 10,626,772 | 326.9\% | 1,947,522 |  |  | 6,366,690 | 326.9\% |
| 2026 | 2,912,158 |  |  | 10,513,903 | 361.0\% | 1,661,644 |  |  | 5,999,113 | 361.0\% |
| 2027 | 2,597,724 |  |  | 10,486,454 | 403.7\% | 1,411,649 |  |  | 5,698,524 | 403.7\% |
| 2028 | 2,306,355 |  |  | 10,387,952 | 450.4\% | 1,193,632 |  |  | 5,376,187 | 450.4\% |
| 2029 | 2,036,713 |  |  | 10,219,275 | 501.8\% | 1,003,887 |  |  | 5,037,038 | 501.8\% |
| 2030 | 1,787,908 |  |  | 9,980,994 | 558.2\% | 839,288 |  |  | 4,685,324 | 558.2\% |
| 2031 | 1,560,865 |  |  | 9,677,576 | 620.0\% | 697,818 |  |  | 4,326,564 | 620.0\% |

## Exhibit 2b

CONTINENTAL CASUALTY COMPANY
POLICY FORMS: P1-N0022/ N0023/ N0026/ N0027/ N0030/ N0031/ N0034/ N0035/ N0066/ N0070-SERIES ("TQ") PENNSYLVANIA EXPERIENCE, PAST ACTUAL AND FUTURE PROJECTED

|  | Without Interest |  |  |  |  | With Interest Accumulated/Discounted to 12/31/2014 at |  |  |  | 5.0\% |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Calendar Year | Earned Premium | Paid Claims | Claim Reserve | Incurred Claims | Loss Ratio | Earned Premium | Paid Claims | Claim Reserve | Incurred Claims | Loss Ratio |
| 2032 | 1,355,379 |  |  | 9,311,553 | 687.0\% | 577,096 |  |  | 3,964,691 | 687.0\% |
| 2033 | 1,169,523 |  |  | 8,887,805 | 760.0\% | 474,250 |  |  | 3,604,064 | 760.0\% |
| 2034 | 1,002,692 |  |  | 8,417,207 | 839.5\% | 387,236 |  |  | 3,250,698 | 839.5\% |
| 2035 | 853,683 |  |  | 7,899,951 | 925.4\% | 313,990 |  |  | 2,905,653 | 925.4\% |
| 2036 | 722,842 |  |  | 7,354,466 | 1017.4\% | 253,206 |  |  | 2,576,210 | 1017.4\% |
| 2037 | 608,887 |  |  | 6,785,998 | 1114.5\% | 203,131 |  |  | 2,263,886 | 1114.5\% |
| 2038 | 509,912 |  |  | 6,209,184 | 1217.7\% | 162,012 |  |  | 1,972,813 | 1217.7\% |
| 2039 | 424,002 |  |  | 5,629,801 | 1327.8\% | 128,301 |  |  | 1,703,551 | 1327.8\% |
| 2040 | 349,824 |  |  | 5,060,322 | 1446.5\% | 100,814 |  |  | 1,458,314 | 1446.5\% |
| 2041 | 286,558 |  |  | 4,508,232 | 1573.2\% | 78,650 |  |  | 1,237,342 | 1573.2\% |
| 2042 | 233,328 |  |  | 3,980,972 | 1706.2\% | 60,990 |  |  | 1,040,599 | 1706.2\% |
| 2043 | 188,550 |  |  | 3,476,061 | 1843.6\% | 46,939 |  |  | 865,351 | 1843.6\% |
| 2044 | 150,681 |  |  | 2,995,394 | 1987.9\% | 35,725 |  |  | 710,182 | 1987.9\% |
| 2045 | 119,290 |  |  | 2,541,901 | 2130.9\% | 26,936 |  |  | 573,964 | 2130.9\% |
| 2046 | 94,194 |  |  | 2,144,585 | 2276.8\% | 20,256 |  |  | 461,190 | 2276.8\% |
| 2047 | 74,204 |  |  | 1,808,687 | 2437.4\% | 15,198 |  |  | 370,434 | 2437.4\% |
| 2048 | 57,970 |  |  | 1,511,748 | 2607.8\% | 11,307 |  |  | 294,875 | 2607.8\% |
| 2049 | 44,542 |  |  | 1,236,031 | 2775.0\% | 8,274 |  |  | 229,614 | 2775.0\% |
| 2050 | 34,147 |  |  | 999,014 | 2925.6\% | 6,041 |  |  | 176,747 | 2925.6\% |
| 2051 | 26,141 |  |  | 796,224 | 3045.9\% | 4,405 |  |  | 134,161 | 3045.9\% |
| 2052 | 19,988 |  |  | 636,208 | 3182.9\% | 3,208 |  |  | 102,094 | 3182.9\% |
| 2053 | 15,227 |  |  | 505,817 | 3321.9\% | 2,327 |  |  | 77,305 | 3321.9\% |
| 2054 | 11,597 |  |  | 401,554 | 3462.7\% | 1,688 |  |  | 58,448 | 3462.7\% |
| 2055 | 8,738 |  |  | 308,802 | 3534.2\% | 1,211 |  |  | 42,807 | 3534.2\% |
| 2056 | 6,537 |  |  | 231,725 | 3544.8\% | 863 |  |  | 30,593 | 3544.8\% |
| 2057 | 4,900 |  |  | 173,400 | 3538.5\% | 616 |  |  | 21,802 | 3538.5\% |
| 2058 | 3,670 |  |  | 128,872 | 3511.3\% | 439 |  |  | 15,432 | 3511.3\% |
| 2059 | 2,712 |  |  | 93,983 | 3465.6\% | 309 |  |  | 10,718 | 3465.6\% |
| 2060 | 2,012 |  |  | 68,785 | 3418.5\% | 219 |  |  | 7,471 | 3418.5\% |
| 2061 | 1,505 |  |  | 48,562 | 3227.4\% | 156 |  |  | 5,023 | 3227.4\% |
| 2062 | 1,108 |  |  | 32,564 | 2938.3\% | 109 |  |  | 3,208 | 2938.3\% |
| 2063 | 841 |  |  | 23,338 | 2776.1\% | 79 |  |  | 2,190 | 2776.1\% |
| 2064 | 640 |  |  | 16,198 | 2530.6\% | 57 |  |  | 1,447 | 2530.6\% |
| 2065 | 496 |  |  | 12,254 | 2472.8\% | 42 |  |  | 1,043 | 2472.8\% |
| 2066 | 382 |  |  | 8,601 | 2252.6\% | 31 |  |  | 697 | 2252.6\% |
| 2067 | 296 |  |  | 6,003 | 2026.5\% | 23 |  |  | 463 | 2026.5\% |
| 2068 | 231 |  |  | 4,147 | 1798.0\% | 17 |  |  | 305 | 1798.0\% |
| 2069 | 184 |  |  | 3,304 | 1790.6\% | 13 |  |  | 231 | 1790.6\% |
| 2070 | 145 |  |  | 2,722 | 1871.8\% | 10 |  |  | 182 | 1871.8\% |
| 2071 | 116 |  |  | 1,287 | 1106.9\% | 7 |  |  | 82 | 1106.9\% |
| 2072 | 92 |  |  | 362 | 394.0\% | 6 |  |  | 22 | 394.0\% |
| 2073 | 71 |  |  | 298 | 418.4\% | 4 |  |  | 17 | 418.4\% |
| 2074 | 57 |  |  | 232 | 410.4\% | 3 |  |  | 13 | 410.4\% |



## By Issue Age Band

| Issue Age | Con Care B | LTC1 | Preferred <br> Advantage | Premier / Classic | Tax Qualified | Total |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| < 25 | 0.0\% | 0.1\% | 0.0\% | 0.0\% | 0.0\% | 0.0\% |
| 25-29 | 0.0\% | 0.0\% | 0.1\% | 0.0\% | 0.0\% | 0.0\% |
| 30-34 | 0.0\% | 0.0\% | 0.0\% | 0.0\% | 0.0\% | 0.0\% |
| 35-39 | 0.1\% | 0.3\% | 0.1\% | 0.2\% | 0.2\% | 0.2\% |
| 40-44 | 0.4\% | 0.8\% | 1.1\% | 0.5\% | 1.2\% | 0.9\% |
| 45-49 | 7.6\% | 7.6\% | 5.7\% | 4.4\% | 5.3\% | 6.0\% |
| 50-54 | 14.4\% | 17.8\% | 13.4\% | 11.5\% | 13.9\% | 14.2\% |
| 55-59 | 24.8\% | 22.8\% | 21.9\% | 21.2\% | 24.6\% | 23.4\% |
| 60-64 | 31.6\% | 28.5\% | 29.1\% | 29.9\% | 25.7\% | 28.3\% |
| 65-69 | 18.3\% | 16.6\% | 20.4\% | 22.9\% | 18.4\% | 19.1\% |
| 70-74 | 2.7\% | 5.1\% | 7.3\% | 7.7\% | 8.7\% | 6.7\% |
| 75-79 | 0.2\% | 0.4\% | 0.9\% | 1.7\% | 1.9\% | 1.2\% |
| 80+ | 0.0\% | 0.0\% | 0.0\% | 0.1\% | 0.1\% | 0.1\% |
| Total | 100\% | 100\% | 100\% | 100\% | 100\% | 100\% |

## By Inflation Type

| Inflation Type | Con Care B | LTC1 | Preferred <br> Advantage | Premier / Classic | Tax Qualified | Total |
| :---: | ---: | ---: | ---: | ---: | ---: | ---: |
| Compound | $28.4 \%$ | $57.8 \%$ | $36.2 \%$ | $36.8 \%$ | $36.9 \%$ | $\mathbf{3 8 . 6 \%}$ |
| None | $9.6 \%$ | $10.7 \%$ | $19.9 \%$ | $24.4 \%$ | $20.9 \%$ | $\mathbf{1 7 . 7 \%}$ |
| Simple | $62.0 \%$ | $31.5 \%$ | $43.8 \%$ | $38.9 \%$ | $42.2 \%$ | $\mathbf{4 3 . 8 \%}$ |
| Total | $100 \%$ | $100 \%$ | $100 \%$ | $100 \%$ | $\mathbf{1 0 0 \%}$ | $\mathbf{1 0 0 \%}$ |

## By Elimination Period

| Elimination Period | Con Care B | LTC1 | Preferred <br> Advantage | Premier / Classic | Tax Qualified | Total |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 0 | 55.6\% | 64.6\% | 28.6\% | 46.0\% | 23.0\% | 39.6\% |
| 15 | 22.7\% | 0.0\% | 0.0\% | 0.0\% | 0.0\% | 4.0\% |
| 20 | 0.0\% | 0.0\% | 0.0\% | 0.0\% | 0.0\% | 0.0\% |
| 30 | 3.2\% | 15.0\% | 28.7\% | 18.7\% | 26.1\% | 19.8\% |
| 60 | 0.0\% | 0.0\% | 0.0\% | 6.6\% | 0.3\% | 1.1\% |
| 90 | 18.5\% | 20.4\% | 39.6\% | 25.3\% | 47.0\% | 33.3\% |
| 100 | 0.0\% | 0.0\% | 0.0\% | 0.0\% | 0.0\% | 0.0\% |
| 180 | 0.0\% | 0.0\% | 2.3\% | 2.3\% | 3.0\% | 1.8\% |
| 250 | 0.0\% | 0.0\% | 0.0\% | 0.0\% | 0.0\% | 0.0\% |
| 360 | 0.0\% | 0.0\% | 0.0\% | 0.0\% | 0.0\% | 0.0\% |
| 365 | 0.0\% | 0.0\% | 0.8\% | 1.1\% | 0.6\% | 0.5\% |
| Total | 100\% | 100\% | 100\% | 100\% | 100\% | 100\% |

## By Benefit Period

| Benefit Period | Con Care B | LTC1 | Preferred <br> Advantage | Premier / Classic | Tax Qualified | Total |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 365 | 0.0\% | 0.0\% | 0.0\% | 0.0\% | 0.0\% | 0.0\% |
| 730 | 5.3\% | 9.3\% | 10.5\% | 15.1\% | 7.8\% | 9.1\% |
| 913 | 0.0\% | 0.0\% | 0.0\% | 0.0\% | 0.0\% | 0.0\% |
| 1000 | 0.0\% | 0.0\% | 0.0\% | 0.0\% | 0.0\% | 0.0\% |
| 1095 | 3.4\% | 0.0\% | 14.7\% | 0.0\% | 21.3\% | 10.5\% |
| 1460 | 20.9\% | 34.4\% | 30.3\% | 41.1\% | 24.9\% | 29.0\% |
| 1825 | 5.7\% | 0.0\% | 12.0\% | 0.0\% | 16.2\% | 8.7\% |
| 1971 | 0.0\% | 0.0\% | 0.0\% | 0.0\% | 0.0\% | 0.0\% |
| 2190 | 13.6\% | 15.0\% | 0.0\% | 4.3\% | 0.2\% | 5.4\% |
| 9999 | 51.2\% | 41.3\% | 32.5\% | 39.5\% | 29.7\% | 37.2\% |
| Total | 100\% | 100\% | 100\% | 100\% | 100\% | 100\% |

Base policy (facility) benefit period in days for Con Care B, LTC 1, and Classic. Lifetime maximum benefit multiple (x policy facility daily benefit) for Preferred Advantage, and TQ.

## By Gender and Attained Age Band

Female Counts

| Attained Age Band | Con Care B | LTC1 | Preferred <br> Advantage | Premier / Classic | Tax Qualified | Total |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 32 | 0.0\% | 0.0\% | 0.0\% | 0.0\% | 0.0\% | 0.0\% |
| 37 | 0.0\% | 0.0\% | 0.0\% | 0.0\% | 0.0\% | 0.0\% |
| 42 | 0.0\% | 0.0\% | 0.0\% | 0.0\% | 0.0\% | 0.0\% |
| 47 | 0.0\% | 0.0\% | 0.1\% | 0.0\% | 0.0\% | 0.0\% |
| 52 | 0.0\% | 0.0\% | 0.1\% | 0.0\% | 0.3\% | 0.1\% |
| 57 | 0.0\% | 0.4\% | 0.1\% | 0.4\% | 0.7\% | 0.4\% |
| 62 | 0.1\% | 0.4\% | 2.2\% | 0.9\% | 3.6\% | 1.8\% |
| 67 | 1.7\% | 4.9\% | 8.3\% | 4.6\% | 12.0\% | 7.3\% |
| 72 | 9.3\% | 11.7\% | 16.0\% | 11.9\% | 21.4\% | 15.4\% |
| 77 | 15.7\% | 22.7\% | 25.2\% | 22.1\% | 26.1\% | 23.0\% |
| 82 | 27.3\% | 25.4\% | 27.3\% | 27.9\% | 20.5\% | 24.7\% |
| 87 | 29.9\% | 23.2\% | 14.7\% | 23.2\% | 11.5\% | 18.8\% |
| 92 | 14.3\% | 10.2\% | 5.5\% | 7.3\% | 3.4\% | 7.3\% |
| 97 | 1.8\% | 1.1\% | 0.4\% | 1.7\% | 0.5\% | 1.0\% |
| 102 | 0.1\% | 0.1\% | 0.0\% | 0.0\% | 0.0\% | 0.0\% |
| Total Female | 100\% | 100\% | 100\% | 100\% | 100\% | 100\% |

## Pennsylvania Distribution of Policies In Force at 12/31/2014

## Male Counts

| Attained Age Band | Con Care B | LTC1 | Preferred <br> Advantage | Premier / Classic | Tax Qualified | Total |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 27 | 0.0\% | 0.0\% | 0.0\% | 0.0\% | 0.0\% | 0.0\% |
| 32 | 0.0\% | 0.0\% | 0.0\% | 0.0\% | 0.0\% | 0.0\% |
| 37 | 0.0\% | 0.0\% | 0.0\% | 0.0\% | 0.0\% | 0.0\% |
| 42 | 0.0\% | 0.0\% | 0.0\% | 0.0\% | 0.1\% | 0.0\% |
| 47 | 0.0\% | 0.2\% | 0.0\% | 0.0\% | 0.0\% | 0.0\% |
| 52 | 0.0\% | 0.0\% | 0.2\% | 0.0\% | 0.0\% | 0.0\% |
| 57 | 0.0\% | 0.0\% | 0.2\% | 0.0\% | 0.8\% | 0.3\% |
| 62 | 0.2\% | 0.4\% | 0.3\% | 0.4\% | 2.6\% | 1.1\% |
| 67 | 1.4\% | 4.5\% | 7.2\% | 4.6\% | 8.9\% | 6.0\% |
| 72 | 9.4\% | 11.0\% | 14.6\% | 12.0\% | 20.0\% | 14.6\% |
| 77 | 14.8\% | 16.2\% | 25.7\% | 22.2\% | 27.8\% | 22.5\% |
| 82 | 25.0\% | 30.5\% | 31.9\% | 30.5\% | 24.4\% | 27.7\% |
| 87 | 34.0\% | 27.1\% | 14.6\% | 22.2\% | 12.8\% | 20.4\% |
| 92 | 14.0\% | 9.1\% | 5.1\% | 7.6\% | 2.2\% | 6.6\% |
| 97 | 1.2\% | 1.1\% | 0.2\% | 0.4\% | 0.4\% | 0.6\% |
| 102 | 0.0\% | 0.0\% | 0.0\% | 0.0\% | 0.0\% | 0.0\% |
| Total Male | 100\% | 100\% | 100\% | 100\% | 100\% | 100\% |

## By Issue Year

| Issue Year | Con Care B | LTC1 | Preferred <br> Advantage | Premier / Classic | Tax Qualified * | Total |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 1985 | 0.0\% | 0.0\% | 0.0\% | 0.0\% | 0.0\% | 0.0\% |
| 1986 | 0.0\% | 0.0\% | 0.0\% | 0.0\% | 0.0\% | 0.0\% |
| 1987 | 0.0\% | 0.0\% | 0.0\% | 0.0\% | 0.0\% | 0.0\% |
| 1988 | 0.3\% | 0.0\% | 0.0\% | 0.0\% | 0.0\% | 0.0\% |
| 1989 | 7.4\% | 0.0\% | 0.0\% | 0.0\% | 0.0\% | 1.3\% |
| 1990 | 26.6\% | 0.0\% | 0.0\% | 0.0\% | 0.0\% | 4.6\% |
| 1991 | 39.6\% | 0.0\% | 0.0\% | 0.0\% | 0.0\% | 6.9\% |
| 1992 | 26.1\% | 29.7\% | 0.0\% | 0.0\% | 0.0\% | 9.2\% |
| 1993 | 0.0\% | 58.6\% | 0.0\% | 0.0\% | 0.0\% | 9.2\% |
| 1994 | 0.0\% | 11.7\% | 0.9\% | 30.4\% | 0.4\% | 6.6\% |
| 1995 | 0.0\% | 0.0\% | 24.1\% | 34.3\% | 1.4\% | 9.7\% |
| 1996 | 0.0\% | 0.0\% | 62.8\% | 32.3\% | 2.5\% | 16.7\% |
| 1997 | 0.0\% | 0.0\% | 7.9\% | 2.0\% | 28.2\% | 11.4\% |
| 1998 | 0.0\% | 0.0\% | 3.2\% | 0.6\% | 36.9\% | 13.4\% |
| 1999 | 0.0\% | 0.0\% | 1.0\% | 0.2\% | 18.9\% | 6.8\% |
| 2000 | 0.0\% | 0.0\% | 0.1\% | 0.0\% | 3.9\% | 1.4\% |
| 2001 | 0.0\% | 0.0\% | 0.0\% | 0.0\% | 4.6\% | 1.6\% |
| 2002 | 0.0\% | 0.0\% | 0.0\% | 0.0\% | 3.1\% | 1.1\% |
| 2003 | 0.0\% | 0.0\% | 0.0\% | 0.0\% | 0.0\% | 0.0\% |
| Total | 100\% | 100\% | 100\% | 100\% | 100\% | 100\% |

[^0]
## By Issue Age Band

| Issue Age | Con Care B | LTC1 | Preferred <br> Advantage | Premier / Classic | Tax Qualified | Total |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| <25 | 0.0\% | 0.0\% | 0.0\% | 0.0\% | 0.0\% | 0.0\% |
| 25-29 | 0.0\% | 0.0\% | 0.0\% | 0.0\% | 0.0\% | 0.0\% |
| 30-34 | 0.0\% | 0.0\% | 0.1\% | 0.0\% | 0.1\% | 0.0\% |
| 35-39 | 0.0\% | 0.1\% | 0.3\% | 0.1\% | 0.3\% | 0.2\% |
| 40-44 | 0.1\% | 0.3\% | 1.2\% | 0.6\% | 1.4\% | 0.9\% |
| 45-49 | 4.5\% | 6.9\% | 5.1\% | 4.4\% | 4.5\% | 5.1\% |
| 50-54 | 9.6\% | 14.7\% | 11.7\% | 10.6\% | 11.8\% | 11.9\% |
| 55-59 | 22.3\% | 22.9\% | 19.8\% | 18.8\% | 21.0\% | 21.0\% |
| 60-64 | 33.1\% | 29.4\% | 27.9\% | 30.0\% | 26.2\% | 28.4\% |
| 65-69 | 24.6\% | 19.2\% | 22.6\% | 23.3\% | 21.5\% | 21.9\% |
| 70-74 | 5.5\% | 5.8\% | 9.5\% | 9.7\% | 10.4\% | 8.7\% |
| 75-79 | 0.3\% | 0.7\% | 1.7\% | 2.3\% | 2.8\% | 1.8\% |
| 80+ | 0.0\% | 0.0\% | 0.0\% | 0.1\% | 0.2\% | 0.1\% |
| Total | 100\% | 100\% | 100\% | 100\% | 100\% | 100\% |

## By Inflation Type

| Inflation Type | Con Care B | LTC1 | Preferred <br> Advantage | Premier / Classic | Tax Qualified | Total |
| :---: | ---: | ---: | ---: | ---: | ---: | ---: |
| Compound | $10.5 \%$ | $53.2 \%$ | $37.2 \%$ | $34.9 \%$ | $38.5 \%$ | $\mathbf{3 7 . 1 \%}$ |
| None | $17.8 \%$ | $15.8 \%$ | $24.8 \%$ | $28.3 \%$ | $24.4 \%$ | $\mathbf{2 2 . 7 \%}$ |
| Simple | $71.8 \%$ | $31.0 \%$ | $38.0 \%$ | $36.7 \%$ | $37.0 \%$ | $\mathbf{4 0 . 2 \%}$ |
| Total | $100 \%$ | $100 \%$ | $100 \%$ | $100 \%$ | $\mathbf{1 0 0 \%}$ | $\mathbf{1 0 0 \%}$ |

## By Elimination Period

| Elimination Period | Con Care B | LTC1 | Preferred <br> Advantage | Premier / Classic | Tax Qualified | Total |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 0 | 46.3\% | 56.3\% | 24.2\% | 40.8\% | 15.7\% | 31.4\% |
| 15 | 30.8\% | 0.0\% | 0.0\% | 0.0\% | 0.0\% | 3.6\% |
| 20 | 0.0\% | 0.0\% | 0.0\% | 0.0\% | 0.0\% | 0.0\% |
| 30 | 4.8\% | 20.5\% | 30.4\% | 22.7\% | 28.7\% | 24.2\% |
| 60 | 0.0\% | 0.0\% | 0.0\% | 6.7\% | 0.7\% | 1.0\% |
| 90 | 18.0\% | 23.3\% | 42.0\% | 27.4\% | 51.1\% | 37.4\% |
| 100 | 0.0\% | 0.0\% | 0.0\% | 0.0\% | 0.1\% | 0.0\% |
| 180 | 0.0\% | 0.0\% | 2.7\% | 1.7\% | 2.9\% | 1.8\% |
| 250 | 0.0\% | 0.0\% | 0.0\% | 0.0\% | 0.0\% | 0.0\% |
| 360 | 0.0\% | 0.0\% | 0.0\% | 0.0\% | 0.0\% | 0.0\% |
| 365 | 0.0\% | 0.0\% | 0.7\% | 0.7\% | 0.7\% | 0.5\% |
| Total | 100\% | 100\% | 100\% | 100\% | 100\% | 100\% |

## By Benefit Period

| Benefit Period | Con Care B | LTC1 | Preferred <br> Advantage | Premier / Classic | Tax Qualified | Total |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 365 | 0.0\% | 0.0\% | 0.0\% | 0.0\% | 0.0\% | 0.0\% |
| 730 | 5.3\% | 9.3\% | 7.2\% | 13.1\% | 6.3\% | 7.7\% |
| 913 | 0.0\% | 0.0\% | 0.0\% | 0.0\% | 0.0\% | 0.0\% |
| 1000 | 0.0\% | 0.0\% | 0.0\% | 0.0\% | 0.0\% | 0.0\% |
| 1095 | 7.4\% | 0.0\% | 16.4\% | 0.1\% | 21.4\% | 12.3\% |
| 1460 | 25.2\% | 33.1\% | 21.8\% | 34.6\% | 18.2\% | 24.4\% |
| 1825 | 9.4\% | 0.0\% | 15.2\% | 0.1\% | 19.1\% | 11.4\% |
| 1971 | 0.0\% | 0.0\% | 0.0\% | 0.0\% | 0.0\% | 0.0\% |
| 2190 | 10.8\% | 12.8\% | 0.0\% | 6.4\% | 0.4\% | 4.4\% |
| 9999 | 41.9\% | 44.8\% | 39.3\% | 45.7\% | 34.8\% | 39.7\% |
| Total | 100\% | 100\% | 100\% | 100\% | 100\% | 100\% |

Base policy (facility) benefit period in days for Con Care B, LTC 1, and Classic. Lifetime maximum benefit multiple (x policy facility daily benefit) for Preferred Advantage, and TQ.

## By Gender and Attained Age Band

Female Counts

| Attained Age Band | Con Care B | LTC1 | Preferred <br> Advantage | Premier / Classic | Tax Qualified | Total |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 32 | 0.0\% | 0.0\% | 0.0\% | 0.0\% | 0.0\% | 0.0\% |
| 37 | 0.0\% | 0.0\% | 0.0\% | 0.0\% | 0.0\% | 0.0\% |
| 42 | 0.0\% | 0.0\% | 0.0\% | 0.0\% | 0.0\% | 0.0\% |
| 47 | 0.0\% | 0.0\% | 0.0\% | 0.0\% | 0.0\% | 0.0\% |
| 52 | 0.0\% | 0.0\% | 0.2\% | 0.1\% | 0.2\% | 0.1\% |
| 57 | 0.0\% | 0.1\% | 0.6\% | 0.2\% | 0.9\% | 0.5\% |
| 62 | 0.0\% | 0.3\% | 2.3\% | 1.0\% | 3.2\% | 1.8\% |
| 67 | 0.9\% | 3.9\% | 7.4\% | 5.1\% | 9.7\% | 6.5\% |
| 72 | 5.0\% | 11.5\% | 15.3\% | 11.3\% | 18.7\% | 14.1\% |
| 77 | 10.9\% | 18.5\% | 22.5\% | 18.9\% | 24.3\% | 20.6\% |
| 82 | 22.8\% | 25.4\% | 26.6\% | 29.7\% | 23.3\% | 25.1\% |
| 87 | 33.1\% | 27.7\% | 17.4\% | 21.9\% | 13.7\% | 20.4\% |
| 92 | 21.8\% | 10.5\% | 6.8\% | 9.6\% | 5.3\% | 9.1\% |
| 97 | 5.2\% | 2.0\% | 0.9\% | 2.1\% | 0.6\% | 1.6\% |
| 102 | 0.3\% | 0.1\% | 0.0\% | 0.1\% | 0.0\% | 0.1\% |
| Total Female | 100\% | 100\% | 100\% | 100\% | 100\% | 100\% |

## Nationwide Distribution of Policies In Force at 12/31/2014

## Male Counts

| Attained Age Band | Con Care B | LTC1 | Preferred <br> Advantage | Premier / Classic | Tax Qualified | Total |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 32 | 0.0\% | 0.0\% | 0.0\% | 0.0\% | 0.0\% | 0.0\% |
| 37 | 0.0\% | 0.0\% | 0.0\% | 0.0\% | 0.0\% | 0.0\% |
| 42 | 0.0\% | 0.0\% | 0.0\% | 0.0\% | 0.0\% | 0.0\% |
| 47 | 0.0\% | 0.0\% | 0.0\% | 0.0\% | 0.1\% | 0.0\% |
| 52 | 0.0\% | 0.0\% | 0.1\% | 0.1\% | 0.1\% | 0.1\% |
| 57 | 0.0\% | 0.0\% | 0.4\% | 0.1\% | 0.9\% | 0.4\% |
| 62 | 0.0\% | 0.2\% | 1.7\% | 0.9\% | 2.3\% | 1.4\% |
| 67 | 0.5\% | 2.9\% | 6.2\% | 4.8\% | 7.5\% | 5.3\% |
| 72 | 5.3\% | 10.0\% | 13.1\% | 10.1\% | 17.2\% | 12.9\% |
| 77 | 10.3\% | 17.8\% | 22.7\% | 18.5\% | 25.4\% | 21.0\% |
| 82 | 22.7\% | 28.2\% | 31.6\% | 33.5\% | 27.5\% | 28.8\% |
| 87 | 35.8\% | 29.7\% | 18.2\% | 23.0\% | 14.3\% | 21.3\% |
| 92 | 21.8\% | 9.8\% | 5.5\% | 7.8\% | 4.2\% | 7.8\% |
| 97 | 3.5\% | 1.3\% | 0.4\% | 1.2\% | 0.5\% | 1.0\% |
| 102 | 0.1\% | 0.0\% | 0.0\% | 0.0\% | 0.0\% | 0.0\% |
| Total Male | 100\% | 100\% | 100\% | 100\% | 100\% | 100\% |

## By Issue Year

| Issue Year | Con Care B | LTC1 | Preferred <br> Advantage | Premier / Classic | Tax Qualified * | Total |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 1985 | 0.0\% | 0.0\% | 0.0\% | 0.0\% | 0.0\% | 0.0\% |
| 1986 | 0.0\% | 0.0\% | 0.0\% | 0.0\% | 0.0\% | 0.0\% |
| 1987 | 0.0\% | 0.0\% | 0.0\% | 0.0\% | 0.0\% | 0.0\% |
| 1988 | 3.5\% | 0.0\% | 0.0\% | 0.0\% | 0.0\% | 0.4\% |
| 1989 | 13.4\% | 0.0\% | 0.0\% | 0.0\% | 0.0\% | 1.6\% |
| 1990 | 35.9\% | 0.0\% | 0.0\% | 0.0\% | 0.0\% | 4.2\% |
| 1991 | 36.4\% | 7.2\% | 0.0\% | 0.0\% | 0.0\% | 5.5\% |
| 1992 | 10.8\% | 33.3\% | 0.0\% | 0.0\% | 0.0\% | 7.2\% |
| 1993 | 0.1\% | 39.6\% | 0.0\% | 1.8\% | 0.0\% | 7.3\% |
| 1994 | 0.0\% | 16.3\% | 0.8\% | 26.6\% | 0.4\% | 6.2\% |
| 1995 | 0.0\% | 3.5\% | 16.3\% | 35.6\% | 0.9\% | 8.9\% |
| 1996 | 0.0\% | 0.0\% | 61.9\% | 27.5\% | 2.3\% | 18.7\% |
| 1997 | 0.0\% | 0.0\% | 12.4\% | 4.9\% | 32.8\% | 15.1\% |
| 1998 | 0.0\% | 0.0\% | 6.6\% | 3.1\% | 40.0\% | 16.1\% |
| 1999 | 0.0\% | 0.0\% | 1.8\% | 0.5\% | 15.9\% | 6.1\% |
| 2000 | 0.0\% | 0.0\% | 0.2\% | 0.0\% | 3.1\% | 1.1\% |
| 2001 | 0.0\% | 0.0\% | 0.1\% | 0.0\% | 2.5\% | 0.9\% |
| 2002 | 0.0\% | 0.0\% | 0.0\% | 0.0\% | 2.0\% | 0.7\% |
| 2003 | 0.0\% | 0.0\% | 0.0\% | 0.0\% | 0.2\% | 0.1\% |
| Total | 100\% | 100\% | 100\% | 100\% | 100\% | 100\% |

[^1]
[^0]:    * Issue years prior to 1997 are conversions from earlier products

[^1]:    * Issue years prior to 1997 are conversions from earlier products

