

State: Virginia **Filing Company:** TPM Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.002 Non Qualified
Product Name: 2018 VA Rate Increase TPM
Project Name/Number: /

Filing at a Glance

Company: TPM Life Insurance Company
Product Name: 2018 VA Rate Increase TPM
State: Virginia
TOI: LTC03I Individual Long Term Care
Sub-TOI: LTC03I.002 Non Qualified
Filing Type: Rate
Date Submitted: 05/30/2018
SERFF Tr Num: LWEL-131516163
SERFF Status: Closed-Approved
State Tr Num: LWEL-131516163
State Status: Approved
Co Tr Num: 0254:201714

Implementation: 10/01/2018
Date Requested:
Author(s): Hannah Russell
Reviewer(s): Bill Dismore (primary), Elsie Andy
Disposition Date: 09/15/2020
Disposition Status: Approved
Implementation Date:

State: Virginia **Filing Company:** TPM Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.002 Non Qualified
Product Name: 2018 VA Rate Increase TPM
Project Name/Number: /

General Information

Project Name: Status of Filing in Domicile: Not Filed
Project Number: Date Approved in Domicile:
Requested Filing Mode: Domicile Status Comments: No policies left in domicile
Explanation for Combination/Other: Market Type: Individual
Submission Type: New Submission Individual Market Type:
Overall Rate Impact: 51.168% Filing Status Changed: 09/15/2020
State Status Changed: 09/15/2020
Deemer Date: 10/03/2020 Created By: Hannah Russell
Submitted By: Hannah Russell Corresponding Filing Tracking Number:
State TOI: LTC03I Individual Long Term Care

Filing Description:

Rate increase 51.168% (15% per year over next three years) for Virginia for pre-rate stabilization policies for TPM.

Company and Contact

Filing Contact Information

Hannah Russell, Associate Analyst hrussell@lewisellis.com
700 Central Expy St 972-850-0850 [Phone]
"550
Allen, TX 75013

Filing Company Information

(This filing was made by a third party - lewisandellisincorporated)

TPM Life Insurance Company	CoCode: 69353	State of Domicile:
116-118 North Prince Street	Group Code: -99	Pennsylvania
Lancaster, PA 17603-3526	Group Name:	Company Type: Life
(717) 394-7156 ext. [Phone]	FEIN Number: 23-1395696	State ID Number:

Filing Fees

Fee Required? No
Retaliatory? No
Fee Explanation:

State: Virginia

Filing Company:

TPM Life Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.002 Non Qualified

Product Name: 2018 VA Rate Increase TPM

Project Name/Number: /

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Bill Dismore	09/15/2020	09/15/2020

Objection Letters and Response Letters

Objection Letters

Status	Created By	Created On	Date Submitted
Info has been requested from company	Bill Dismore	09/03/2020	09/03/2020
Info has been requested from company	Bill Dismore	07/29/2020	07/29/2020
Info has been requested from company	Bill Dismore	07/17/2020	07/17/2020
Info has been requested from company	Bill Dismore	07/02/2020	07/02/2020
Info has been requested from company	Bill Dismore	01/21/2020	01/21/2020
Info has been requested from company	Bill Dismore	12/06/2019	12/06/2019
Info has been requested from company	Bill Dismore	12/06/2019	12/06/2019
Info has been requested from company	Bill Dismore	11/25/2019	11/25/2019
Info has been requested from company	Bill Dismore	11/12/2019	11/12/2019
Info has been requested from company	Bill Dismore	11/06/2019	11/06/2019

Response Letters

Responded By	Created On	Date Submitted
Hannah Russell	09/03/2020	09/03/2020
Hannah Russell	07/30/2020	07/30/2020
Hannah Russell	07/23/2020	07/23/2020
Hannah Russell	07/21/2020	07/21/2020
Hannah Russell	01/21/2020	01/21/2020
Hannah Russell	01/16/2020	01/16/2020
Hannah Russell	01/16/2020	01/16/2020
Hannah Russell	12/02/2019	12/02/2019
Hannah Russell	12/05/2019	12/05/2019
Hannah Russell	11/08/2019	11/08/2019

State: Virginia

Filing Company:

TPM Life Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.002 Non Qualified

Product Name: 2018 VA Rate Increase TPM

Project Name/Number: /

Objection Letters and Response Letters

Objection Letters

Status	Created By	Created On	Date Submitted
Info has been requested from company	Bill Dismore	10/29/2019	10/29/2019
Info has been requested from company	Bill Dismore	08/13/2019	08/13/2019
Disapproved	Bill Dismore	05/08/2019	05/08/2019
Info has been requested from company	Bill Dismore	04/18/2019	04/18/2019
Info has been requested from company	Bill Dismore	04/15/2019	04/15/2019
Info has been requested from company	Bill Dismore	03/20/2019	03/20/2019
Info has been requested from company	Bill Dismore	03/04/2019	03/04/2019
Info has been requested from company	Bill Dismore	02/25/2019	02/25/2019
Info has been requested from company	Bill Dismore	02/21/2019	02/21/2019
Info has been requested from company	Bill Dismore	09/19/2018	09/19/2018
Info has been requested from company	Bill Dismore	09/19/2018	09/19/2018
Info has been requested from company	Bill Dismore	07/27/2018	07/27/2018
Info has been requested from company	Bill Dismore	07/13/2018	07/13/2018

Response Letters

Responded By	Created On	Date Submitted
Hannah Russell	11/05/2019	11/05/2019
Hannah Russell	08/13/2019	08/13/2019
Hannah Russell	05/09/2019	05/09/2019
Hannah Russell	05/07/2019	05/07/2019
Hannah Russell	04/17/2019	04/17/2019
Hannah Russell	04/01/2019	04/01/2019
Hannah Russell	03/19/2019	03/19/2019
Hannah Russell	02/27/2019	02/27/2019
Hannah Russell	02/25/2019	02/25/2019
Hannah Russell	01/28/2019	01/28/2019
Hannah Russell	09/19/2018	09/19/2018
Hannah Russell	08/08/2018	08/08/2018
Hannah Russell	07/27/2018	07/27/2018

State: Virginia

Filing Company:

TPM Life Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.002 Non Qualified

Product Name: 2018 VA Rate Increase TPM

Project Name/Number: /

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Rate	Proposed Rates Pre-RS	Hannah Russell	06/17/2019	06/17/2019
Rate	Proposed Rates Pre-RS	Hannah Russell	06/17/2019	06/17/2019
Rate	Proposed Rates Pre-RS	Hannah Russell	06/17/2019	06/17/2019
Rate	Proposed Rates Pre-RS	Hannah Russell	06/17/2019	06/17/2019
Rate	Proposed Rates Pre-RS	Hannah Russell	06/17/2019	06/17/2019
Rate	Proposed Rates Pre-RS	Hannah Russell	06/17/2019	06/17/2019

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Objection letter, 9/03/2020	Note To Filer	Bill Dismore	09/03/2020	09/03/2020
Re: Nationwide Cumulative Total Rate Increase	Note To Reviewer	Hannah Russell	01/21/2020	01/21/2020
Nationwide Cumulative Total Rate Increase	Note To Filer	Bill Dismore	12/26/2019	01/21/2020
Re: Merger with AmFirst Insurance Company	Note To Reviewer	Hannah Russell	11/12/2019	11/12/2019
Merger With AmFirst Insurance Company	Note To Filer	Bill Dismore	11/08/2019	11/08/2019
Respond By Date Clarification	Note To Filer	Bill Dismore	06/06/2019	06/06/2019
Respond by Date Clarification	Note To Reviewer	Hannah Russell	06/06/2019	06/06/2019
Proposed Rate Schedule - Phone Call	Note To Filer	Bill Dismore	05/09/2019	05/09/2019
RE: Response to outstanding Objections of 9/19/2018.	Note To Reviewer	Hannah Russell	12/28/2018	12/28/2018
Response to outstanding Objections of 9/19/2018.	Note To Filer	Bill Dismore	12/27/2018	12/27/2018
Clarification on Objection #4, Comment 6e and 6f	Note To Filer	Bill Dismore	12/12/2018	12/12/2018
Clarification on Objection #4, Comment 6e and 6f	Note To Filer	Bill Dismore	12/11/2018	12/11/2018
Clarification on Objection #4, Comment 6e and 6f	Note To Reviewer	Hannah Russell	12/11/2018	12/11/2018
Supporting Documentation - Product Checklist: Note	Note To Reviewer	Hannah Russell	05/30/2018	05/30/2018
Actuarial Review - Final Summary Report	Reviewer Note	Bill Dismore	12/06/2019	
Proposed Rate Increase	Reviewer Note	Bill Dismore	11/12/2019	
Call to Company - LTC Annual Reports	Reviewer Note	Bill Dismore	10/29/2019	
RRS	Reviewer Note	Bill Dismore	07/27/2018	

SERFF Tracking #:

LWEL-131516163

State Tracking #:

LWEL-131516163

Company Tracking #:

0254:201714

State: Virginia

Filing Company:

TPM Life Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.002 Non Qualified

Product Name: 2018 VA Rate Increase TPM

Project Name/Number: /

Disposition

Disposition Date: 09/15/2020

Implementation Date:

Status: Approved

Comment:

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	Number of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
TPM Life Insurance Company	18.664%	18.664%	\$166,646	295	\$892,851	19.000%	0.000%

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document (revised)	Certification of Compliance	Received & Acknowledged	Yes
Supporting Document	Product Checklist	Received & Acknowledged	Yes
Supporting Document (revised)	L&H Actuarial Memorandum	Received & Acknowledged	Yes
Supporting Document (revised)	Long Term Care Insurance Rate Request Summary	Received & Acknowledged	Yes
Supporting Document	Cover Letter	Received & Acknowledged	Yes
Supporting Document	Authorization Letter	Received & Acknowledged	Yes
Supporting Document	Response to Objection Letter Date 7/13/2018	Received & Acknowledged	Yes
Supporting Document	Objection 7/27/2018 Response	Received & Acknowledged	Yes
Supporting Document	Response to Objection Letter Dated 2/21/2019	Received & Acknowledged	Yes
Supporting Document	Response to Objection Letter Dated 2/25/2019	Received & Acknowledged	Yes
Supporting Document (revised)	Form Schedule Statements of Variability, Readability Certificate, & Annotated Form Version	Received & Acknowledged	Yes
Supporting Document	Form Schedule Statements of Variability, Readability Certificate, & Annotated Form Version	Withdrawn	No
Supporting Document (revised)	John Doe forms & Statements of Variability.	Received & Acknowledged	Yes
Supporting Document	Response to Objection Letter Dated 4/15/2019	Received & Acknowledged	Yes
Supporting Document	Response to Objection Letter Dated 4/18/2019	Received & Acknowledged	Yes
Supporting Document	Response to Objection Letter Dated 5/8/2019	Received & Acknowledged	Yes
Supporting Document (revised)	Exhibit_I for TPM	Received & Acknowledged	Yes
Supporting Document	Response to Objection Letter Date 12/6/2019	Received & Acknowledged	Yes

State: Virginia

Filing Company:

TPM Life Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.002 Non Qualified

Product Name: 2018 VA Rate Increase TPM

Project Name/Number: /

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Sample Notification Letter TPM Updated	Received & Acknowledged	Yes
Supporting Document	Certification of Compliance	Withdrawn	No
Supporting Document	L&H Actuarial Memorandum	Withdrawn	No
Supporting Document	L&H Actuarial Memorandum	Withdrawn	No
Supporting Document	L&H Actuarial Memorandum	Withdrawn	No
Supporting Document	L&H Actuarial Memorandum	Withdrawn	No
Supporting Document	Long Term Care Insurance Rate Request Summary	Withdrawn	No
Supporting Document	Long Term Care Insurance Rate Request Summary	Withdrawn	No
Supporting Document	Long Term Care Insurance Rate Request Summary	Withdrawn	No
Supporting Document	Form Schedule Statements of Variability & Readability Certificate	Withdrawn	No
Supporting Document	Sample Policyholder Notification Letter Statement of Variability & Readability Certificate	Withdrawn	No
Supporting Document	Response to Objection Letter Dated 3/4/2019	Withdrawn	No
Supporting Document	John Doe forms & Statements of Variability.	Withdrawn	No
Supporting Document	Response to Objection Letter Dated 3/20/2019	Withdrawn	No
Supporting Document	Exhibit_I for TPM _ VA Rate Increase 5-29-2018	Withdrawn	No
Form (revised)	Sample Policyholder Notification Letter	Withdrawn	No
Form (revised)	Sample Policyholder Notification Letter	Approved	Yes
Form (revised)	LTC RI Policy Options Request Form	Approved	Yes
Form (revised)	LTC Benefit Change Form	Approved	Yes
Form (revised)	LTC Benefit Change Form Endorsement	Approved	Yes
Form	Sample Policyholder Notification Letter	Withdrawn	No
Form	Sample Policyholder Notification Letter	Withdrawn	No
Form	Sample Policyholder Notification Letter	Withdrawn	No
Form	Sample Policyholder Notification Letter	Withdrawn	No
Form	Sample Policyholder Notification Letter	Withdrawn	No
Form	LTC RI Policy Options Request Form	Withdrawn	No
Form	LTC Benefit Change Form	Withdrawn	No
Form	LTC Benefit Change Form	Withdrawn	No
Form	LTC Benefit Change Form Endorsement	Withdrawn	No
Rate (revised)	Exhibit_I for TPM, VA Rate Increase, 5.29.2018	Withdrawn	Yes

SERFF Tracking #:

LWEL-131516163

State Tracking #:

LWEL-131516163

Company Tracking #:

0254:201714

State: Virginia

Filing Company: TPM Life Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.002 Non Qualified

Product Name: 2018 VA Rate Increase TPM

Project Name/Number: /

Schedule	Schedule Item	Schedule Item Status	Public Access
Rate (revised)	Proposed Rates Pre-RS	Approved	Yes
Rate (revised)	Proposed Rates Pre-RS	Approved	Yes
Rate (revised)	Proposed Rates Pre-RS	Approved	Yes
Rate (revised)	Proposed Rates Pre-RS	Approved	Yes
Rate (revised)	Proposed Rates Pre-RS	Approved	Yes
Rate (revised)	Proposed Rates Pre-RS	Approved	Yes
Rate	Exhibit_I for TPM, VA Rate Increase, 5.29.2018	Withdrawn	No
Rate	Proposed Rates Pre-RS	Withdrawn	No
Rate	Proposed Rates Pre-RS	Withdrawn	No
Rate	Proposed Rates Pre-RS	Withdrawn	No
Rate	Proposed Rates Pre-RS	Withdrawn	No
Rate	Proposed Rates Pre-RS	Withdrawn	No
Rate	Proposed Rates Pre-RS	Withdrawn	No

State: Virginia **Filing Company:** TPM Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.002 Non Qualified
Product Name: 2018 VA Rate Increase TPM
Project Name/Number: /

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	09/03/2020
Submitted Date	09/03/2020
Respond By Date	09/17/2020

Dear Hannah Russell,

Introduction:

The submission is DISAPPROVED and may not be used in the Commonwealth of Virginia.

One or more forms included within the submission were found to be in non-conformity with statutory, regulatory or administrative requirements as set forth below.

Objection 1

- Sample Policyholder Notification Letter, TPM-LTCRI-VA2019-PHN-0010 (Form)

Comments: Page 1, 2nd paragraph.

The bracketed language, [An ultimate compounded rate increase] is not explained on the SOV. Please add and provide the additional alternative language that would appear in its place.

Objection 2

- LTC Benefit Change Form, LTC-EndCovgApp20-VA (Form)

Comments: 4th check box paragraph on Page 2, "Convert my policy to paid-up status with a shortened Benefit Period effect [11/01/2015].

Please revise the language for compliance with 14VAC5-200-185 D. 7. E. 3. which states, "The insurer may offer additional shortened benefit period options as long as the benefits for each duration equal or exceed the standard nonforfeiture credit for that duration. The minimum nonforfeiture credit shall not be less than 30 times the daily nursing home benefit at the time of lapse."

The statement is missing the minimum nonforfeiture credit minimum of 30 times the daily nursing home benefit at the time of lapse.

Conclusion:

We shall be glad to reconsider this submission upon receipt of the revised forms to address the objections noted above. Should you need clarification of any of the information contained in this letter, please contact the undersigned.

A response to this objection letter (or request for information if more applicable) is expected by the "Respond by Date". After this date, the filing will be DISAPPROVED unless an extension up to 30 days is requested.

Once a submission has been closed, a new SERFF submission will be required. To expedite the review, the new submission should reference the SERFF tracking number of the prior submission and verify that all outstanding issues have been addressed.

Thank you for your courtesy and consideration in this matter.

Sincerely,
Bill Dismore

State: Virginia **Filing Company:** TPM Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.002 Non Qualified
Product Name: 2018 VA Rate Increase TPM
Project Name/Number: /

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	07/29/2020
Submitted Date	07/29/2020
Respond By Date	08/12/2020

Dear Hannah Russell,

Introduction:

One or more forms included within the submission were found to be in non-conformity with statutory, regulatory or administrative requirements as set forth below.

Objection 1

- Sample Policyholder Notification Letter, TPM-LTCRI-VA2019-PHN-0010 (Form)

Comments: 1.) Page 1, 2nd paragraph, [An ultimate compounded]rate increase] has a bracket between the words "compounded" and "rate" that appears out of place. Please consider revising.

Conclusion:

We shall be glad to reconsider this submission upon receipt of the revised forms to address the objections noted above. Should you need clarification of any of the information contained in this letter, please contact the undersigned.

Should you wish to discuss any of the objections or provide additional information related to any of the objections, this should be done prior to making a new SERFF submission.

Thank you for your courtesy and consideration in this matter.

Sincerely,
Bill Dismore

State: Virginia **Filing Company:** TPM Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.002 Non Qualified
Product Name: 2018 VA Rate Increase TPM
Project Name/Number: /

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	07/17/2020
Submitted Date	07/17/2020
Respond By Date	07/24/2020

Dear Hannah Russell,

Introduction:

During our review, we noted the need for additional information to continue. Any revisions, modifications, or changes of any type to a filing not requested by us must be brought to our attention and explained in detail. It will expedite the review process if all changes are highlighted and explained.

Objection 1

- Sample Policyholder Notification Letter, TPM-LTCRI-VA2019-PHN-0010 (Form)

Comments: Statement of Variability:

The VA BOI website has change, please correct to the new URL. The correct URL is:
<https://scc.virginia.gov/boi/SERFFInquiry/LtcFilings.aspx>

Objection 2

- John Doe forms & Statements of Variability. (Supporting Document)

Comments: The John Doe letter must follow the policyholder notification form (TPM-LTCRI-VA2019-PHN-0010). As an example, we did not find the policy status near the top of page 1. The first paragraph of the John Doe letter is much shorter than the 1st paragraph of the notification form. We could not locate the paragraph that begins with "An ultimate compounded rate increase of .." in the same order on the John Doe letter as on the policyholder notification form. Please revise the John Doe letter to follow the notification form.

Objection 3

- Sample Policyholder Notification Letter, TPM-LTCRI-VA2019-PHN-0010 (Form)

Comments: 1) Page one, 1st paragraph, 2nd sentence: The phrase, "...and are therefore committed to ensuring that it remains secure and financially solvent." does not appear to be a commitment of a policyholder, but instead the insurer. Please consider revising this sentence. Our concerns would be resolved if the sentence was restated to something similar to, "We know that you rely on this Program for support in the future and we are therefore committed to ensuring that it remains secure and financially solvent."

2) Page one, 2nd paragraph: The words "ultimate compounded rate increase" should be variable and described on the Statement of Variability (SOV). We assume that these words would only be used if the compounded increase was phased in over a period of annual increases. It would not describe single rate increases.

3) Page one, 2nd paragraph, bracketed item #16: The word "Ultimately" should be changed to "Ultimate" for consistency with the SOV.

4) Page two, 1st paragraph regarding schedule for the next rate increase. Variable items 2. and 3. should include a sentence following variable items 28 and 32 that states, "Similar options to those offered with the first increase will be available to you."

5) Page three, the 4th paragraph under 1. and 3. states, "Please complete the LTC RI POLICY OPTIONS REQUEST FORM on the last page and return it to us so that we can provide you with rate options specific to your policy."

State: Virginia **Filing Company:** TPM Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.002 Non Qualified
Product Name: 2018 VA Rate Increase TPM
Project Name/Number: /

a. Please revise this statement to read, "Please complete the LTC RI POLICY OPTIONS REQUEST FORM enclosed with this letter and return it to us so that we can provide you with rate options specific to your policy."

b. The word "Enclosure" should be added as a non-variable word following the "Long Term Care Customer Service Team" on Page five.

Objection 4

- Sample Policyholder Notification Letter, TPM-LTCRI-VA2019-PHN-0010 (Form)
- LTC RI Policy Options Request Form, TPM-LTCRI-VA2019-PHN-0010-PORF (Form)
- LTC Benefit Change Form, LTC-EndCovgApp20-VA (Form)

Comments: The forms attached to the Form Schedule are presented in an annotated version which corresponds with the variability. While the annotated version is very helpful in reviewing the variability, the forms are not in their final print version as required by 14 VAC 5-100-50 3. Please move the annotated version to Supporting Documentation with the Statement of Variability, and attach the final versions to the Form Schedule.

Objection 5

- LTC Benefit Change Form, LTC-EndCovgApp20-VA (Form)
- LTC Benefit Change Form Endorsement, VA-LTCHC-VarChgEnd (Form)

Comments: The form number should appear in the lower left-hand corner beneath the company address pursuant to 14 VAC 5-100-50 1.

Conclusion:

We look forward to resuming our review of this submission upon receipt of the requested information to address the questions noted above. A response to our request is expected within the "Respond by" date. No response could result in the filing becoming DISAPPROVED unless an extension is requested. Please do not hesitate to contact me if there are any questions.

Sincerely,
Bill Dismore

State: Virginia **Filing Company:** TPM Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.002 Non Qualified
Product Name: 2018 VA Rate Increase TPM
Project Name/Number: /

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	07/02/2020
Submitted Date	07/02/2020
Respond By Date	07/23/2020

Dear Hannah Russell,

Introduction:

During our review, we noted the need for additional information to continue. Any revisions, modifications, or changes of any type to a filing not requested by us must be brought to our attention and explained in detail. It will expedite the review process if all changes are highlighted and explained.

Objection 1

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please state the company's intentions regarding a future rate increase if the proposed increase is approved. Explain the factors that would trigger a future rate increase.

Objection 2

Comments: Rate/Rule Schedule

Please revise the Company Rate Information to reflect the revised rate increase per the Rate Request Summary.

Conclusion:

We look forward to resuming our review of this submission upon receipt of the requested information to address the questions noted above. A response to our request is expected within the "Respond by" date. No response could result in the filing becoming DISAPPROVED unless an extension is requested. Please do not hesitate to contact me if there are any questions.

Sincerely,

Bill Dismore

State: Virginia **Filing Company:** TPM Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.002 Non Qualified
Product Name: 2018 VA Rate Increase TPM
Project Name/Number: /

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	01/21/2020
Submitted Date	01/21/2020
Respond By Date	01/28/2020

Dear Hannah Russell,

Introduction:

One or more forms included within the submission are filed under the wrong tab in SERFF as explained below. In addition, please respond to our "Note to Filer" submitted on 1/21/2020.

Objection 1

- Sample Policyholder Notification Letter, (Form)

Comments: The sample, "John Doe" letter should not be placed under the Form Schedule. Please remove it from the Form Schedule and place it under the Supporting Documentation tab.

Conclusion:

We shall be glad to reconsider this submission upon receipt of the revised forms to address the objections noted above. Should you need clarification of any of the information contained in this letter, please contact the undersigned.

Should you wish to discuss any of the objections or provide additional information related to any of the objections, this should be done prior to making a new SERFF submission.

Thank you for your courtesy and consideration in this matter.

Sincerely,
Bill Dismore

State: Virginia **Filing Company:** TPM Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.002 Non Qualified
Product Name: 2018 VA Rate Increase TPM
Project Name/Number: /

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	12/06/2019
Submitted Date	12/06/2019
Respond By Date	02/05/2020

Dear Hannah Russell,

Introduction:

The submission is *DISAPPROVED* and may not be used in the Commonwealth of Virginia.

One or more forms included within the submission were found to be in non-conformity with statutory, regulatory or administrative requirements as set forth below.

Objection 1

Comments: Please add the following forms to the Form Schedule for review as they appear to been changed from a previously approved version or are new forms that have not been filed with Virginia.

1. TPM-LTCRI-VA2019-PHN-0010-PORF
2. LTC-EndCovgApp20-VA
3. VA-LTCHC-VarChgEnd

Conclusion:

We shall be glad to reconsider this submission upon receipt of the revised forms to address the objections noted above. Should you need clarification of any of the information contained in this letter, please contact the undersigned.

A response to this objection (or request for information if more applicable) is expected within 30 days. After 30 days, the filing will be *DISAPPROVED* unless a 30-day extension is requested.

Once a submission has been closed, a new SERFF submission will be required. To expedite the review, the new submission should reference the SERFF tracking number of the prior submission and verify that all outstanding issues have been addressed.

Should you wish to discuss any of the objections or provide additional information related to any of the objections, this should be done prior to making a new SERFF submission.

Thank you for your courtesy and consideration in this matter.

Sincerely,
Bill Dismore

State: Virginia Filing Company: TPM Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.002 Non Qualified
Product Name: 2018 VA Rate Increase TPM
Project Name/Number: /

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	12/06/2019
Submitted Date	12/06/2019
Respond By Date	02/05/2020

Dear Hannah Russell,

Introduction:

The submission is DISAPPROVED and may not be used in the Commonwealth of Virginia.

One or more forms included within the submission were found to be in non-conformity with statutory, regulatory or administrative requirements as set forth below.

Objection 1

- Sample Policyholder Notification Letter, TPM-LTCRI-VA2019-PHN-0010 (Form)

Comments: On page 3, under "OPTIONS TO CONSIDER" it appears that options 1. and 2. are the same. Please provide an explanation for how they are different and describe a scenario illustrating that difference.

Objection 2

- Sample Policyholder Notification Letter, TPM-LTCRI-VA2019-PHN-0010 (Form)

Comments: On page 3. Under "OPTIONS TO CONSIDER", number 5. Contingent Benefit Upon Lapse (CBUL). Pursuant to 14VAC5-200-185 D, the letter should state clearly what the benefit will be. As an example:

"The Contingent Benefit Upon Lapse provides that the paid-up value will be the greater of 100% of the sum of all premiums paid or 30 times the daily nursing home benefit at the time of lapse; in no event will the paid-up value exceed the maximum benefits which would be payable if the policy remained in a premium paying status."

Objection 3

- Sample Policyholder Notification Letter, TPM-LTCRI-VA2019-PHN-0010 (Form)

Comments: Please provide a clear explanation of the driving factors that led to the adverse claims experience mentioned in the first paragraph of the letter. The explanation should be specific but "consumer friendly".

Objection 4

- Sample Policyholder Notification Letter, TPM-LTCRI-VA2019-PHN-0010 (Form)

Comments: Please describe the process for notification of the rate increase to a policyholder on premium waiver. The description should include the timing of the notice and the number of days the policyholder has to elect an option. The process should consider the situation of a policyholder who remains in premium waiver status one year after the initial rate increase notification.

Objection 5

- Sample Policyholder Notification Letter, TPM-LTCRI-VA2019-PHN-0010 (Form)

Comments: Page 1, third paragraph regarding public inspection, it is recommended that the Virginia Bureau of Insurance's webpage, www.scc.virginia.gov/BOI be made variable in the event the webpage address changes in the future.

Objection 6

- Sample Policyholder Notification Letter, TPM-LTCRI-VA2019-PHN-0010 (Form)

Comments: Page 4, 3rd paragraph. If the policy is subject to a rate increase in the future, provide an explanation of the policyholder's option(s) in the event of a premium rate revision.

State: Virginia **Filing Company:** TPM Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.002 Non Qualified
Product Name: 2018 VA Rate Increase TPM
Project Name/Number: /

Objection 7

- Sample Policyholder Notification Letter, TPM-LTCRI-VA2019-PHN-0010 (Form)

Comments: Please clarify if the addressee name and address is in 10 point font as required by 14VAC5-100-50 5.

Objection 8

- Certification of Compliance (Supporting Document)

Comments: Please revise the Certificate of Compliance for all form numbers provided under the Form Schedule in this filing.

Conclusion:

We shall be glad to reconsider this submission upon receipt of the revised forms to address the objections noted above. Should you need clarification of any of the information contained in this letter, please contact the undersigned.

A response to this objection (or request for information if more applicable) is expected within 30 days. After 30 days, the filing will be DISAPPROVED unless a 30-day extension is requested.

Once a submission has been closed, a new SERFF submission will be required. To expedite the review, the new submission should reference the SERFF tracking number of the prior submission and verify that all outstanding issues have been addressed.

Should you wish to discuss any of the objections or provide additional information related to any of the objections, this should be done prior to making a new SERFF submission.

Thank you for your courtesy and consideration in this matter.

Sincerely,
Bill Dismore

State: Virginia Filing Company: TPM Life Insurance Company
TOI/Sub-TOI: LTC031 Individual Long Term Care/LTC031.002 Non Qualified
Product Name: 2018 VA Rate Increase TPM
Project Name/Number: /

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	11/25/2019
Submitted Date	11/25/2019
Respond By Date	12/13/2019

Dear Hannah Russell,

Introduction:

The submission is **DISAPPROVED** and may not be used in the Commonwealth of Virginia.

One or more forms included within the submission were found to be in non-conformity with statutory, regulatory or administrative requirements as set forth below.

Objection 1

- Proposed Rates Pre-RS, [QH-9606-LTC-APC] (Rate)
- Proposed Rates Pre-RS, [QH-9610-HCP] (Rate)
- Proposed Rates Pre-RS, [SH-9606-LTC-APC] (Rate)
- Proposed Rates Pre-RS, [SH-9610-HCP] (Rate)
- Proposed Rates Pre-RS, [TNQ-LTC-2000(VA)] (Rate)
- Proposed Rates Pre-RS, [TQ-LTC-2000(VA)] (Rate)

Comments: Per the Company's email of November 12, 2019, please revise the proposed rates to reflect the 19% rate increase.

Objection 2

- L&H Actuarial Memorandum (Supporting Document)
- Long Term Care Insurance Rate Request Summary (Supporting Document)

Comments: Please revise the Rate Request Summary and the Actuarial Memorandum and exhibits to reflect the 19% rate increase.

Conclusion:

We shall be glad to reconsider this submission upon receipt of the revised forms to address the objections noted above. Should you need clarification of any of the information contained in this letter, please contact the undersigned.

A response to this objection is expected within 30 days. After 30 days, the filing will be **DISAPPROVED** unless a 30-day extension is requested.

Once a submission has been closed, a new SERFF submission will be required. To expedite the review, the new submission should reference the SERFF tracking number of the prior submission and verify that all outstanding issues have been addressed.

Should you wish to discuss any of the objections or provide additional information related to any of the objections, this should be done prior to making a new SERFF submission.

Thank you for your courtesy and consideration in this matter.

Sincerely,
Bill Dismore

State: Virginia **Filing Company:** TPM Life Insurance Company
TOI/Sub-TOI: LTC031 Individual Long Term Care/LTC031.002 Non Qualified
Product Name: 2018 VA Rate Increase TPM
Project Name/Number: /

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	11/12/2019
Submitted Date	11/12/2019
Respond By Date	12/12/2019

Dear Hannah Russell,

Introduction:

One or more of the policyholder notification forms included within the submission were found to be in non-conformity with statutory, regulatory or administrative requirements as set forth below.

Objection 1

- Sample Policyholder Notification Letter, TPM-LTCRI-VA2019-PHN-0010 (Form)

Comments: Sections of these objections may also apply to the Statement of Variability - TPM-LTCRI-VA2019-PHN-0010

1. Please use brackets ([]) rather than double carrots (<< >>) for variable language consistently throughout the letter as per SERFF General Instructions.

2. Each variable field that appears on the policyholder notification form should be listed on the Statement of Variability in a table format. The table should include page number, variable field item number, and detailed, specific explanations of all the variable text. The variable fields on the form should match exactly with the variable field item number on the Statement of Variability.

SERFF GENERAL INSTRUCTIONS

8. All variable information must be bracketed and explained in detail. A Statement of Variability should be provided in all cases where variable information is presented. The Statement of Variability should be detailed and specific. It should identify each variable field appearing in the forms and describe specifically how that field will vary from the text as presented. For any variable numerical information, please express the minimum and maximum values. Any variable language must be defined sufficiently so that compliance with statutory or regulatory requirements can be determined. If submitted, a separate Statement of Variability should be placed in the Supporting Documentation section.

3. Page 1, "<<FNAME>>" should be explained on the S.O.V.

4. Please explain the purpose of wording, "Template: [0010_LTCRI-

VA201911_PolicyHolderNotice_DefinedOptions_Elim02_BenP01_20190319.docx]" in the footer of the letter.

This has no application to the policyholder. It is our suggestion that this language be removed from the letter as it is an instruction that is not applicable to the policyholder.

5. a. In the paragraph announcing the premium increase, the Company should also state the current premium that is paid by the policyholder along with the increased premium amount.

5. b. Please consider moving the first paragraph on page 2 announcing the rate increase so that it follows the first paragraph on page 1.

6. First paragraph on page 2, "An ultimate compounded rate increase of...". This language is not variable in the event a single increase is approved rather than a series. Please consider revising this paragraph to accommodate both single or series increase.

State: Virginia **Filing Company:** TPM Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.002 Non Qualified
Product Name: 2018 VA Rate Increase TPM
Project Name/Number: /

7. Provide a clear explanation of the driving factors for the premium rate increase stated in paragraph 3 on page 1. The current description appears confusing and uses language that may be difficult for a policyholder to understand.

8. Please explain the variable language, "PxDueOnOrAfterDateYr01", "ModeDesc", "15", "MODEPREM" and "RIMODEPR". All bracketed variability should be fully explained on the Statement of Variability.

9. Page 2, 5th paragraph, the sentence refers to "above form numbers". We could not find reference to the "above form numbers" in the letter. Please revise.

10. 3rd paragraph on page 3, 14VAC5-200-75 A. 2. requires a statement that should there be future rate increases, similar options to those currently being offered will be available and that benefits may be changed at any time and not restricted to the time of a rate increase.

11. On page 3, under Options To Consider, number 5. Contingent Benefit Upon Lapse (CBUL) should:

a. Clearly state what the benefit will be. For example, The paid-up value will be the greater of 100% of the sum of all premiums paid or 30 times the daily nursing home benefit at the time of lapse; in no event will the paid-up value exceed the maximum benefits which would be payable if the policy remained in a premium paying status.

b. Explain why there would be rate options if the policy were lapsed.

12. The letter does not address policyholders who are on premium waiver due to a claim. Please add this language.

13. The LTC RI Policy Options Request Form on page 5 is designed to be removed from the letter and returned to the Company. 14VAC5-100-40 1 provides that each form submitted must have a form number and that form number must distinguish the form from all other form numbers. For regulatory conformity, any page (or section) that will not remain with the policyholder letter should not bear the same form number as that of the policyholder letter.

14. Please provide a Certificate of Readability for the Policyholder Letter.

15. For prominence in the header on the first page, "TPM Life Insurance Company" should be in bold text, while "Long Term Care Customer Service Team" should not be in bold text.

Objection 2

Comments: Applies to Forms LTC-EndCovgApp20-VA; LTC-CNFB-PaidUp2010-VA; VA-LTCHC-VarChgEnd & Statements of Variability

1. Page 1, Date is not bracketed for variability

2. Following, Dear variability is not defined on the Statement of Variability. How will the Company handle a third-party care giver of the named insured?

3. The following company information could be subject to change: is made variable on the TPM-LTCRI-VA2019-PHN-0010 form. For consistency, please make this information variable on the above referenced forms and add to the Statements of Variability.

State: Virginia **Filing Company:** TPM Life Insurance Company
TOI/Sub-TOI: LTC031 Individual Long Term Care/LTC031.002 Non Qualified
Product Name: 2018 VA Rate Increase TPM
Project Name/Number: /

Conclusion:

We shall be glad to reconsider this submission upon receipt of the revised forms to address the objections noted above. Should you need clarification of any of the information contained in this letter, please contact the undersigned.

A response to this objection (or request for information if more applicable) is expected within 30 days. After 30 days, the filing will be DISAPPROVED unless a 30-day extension is requested.

Once a submission has been closed, a new SERFF submission will be required. To expedite the review, the new submission should reference the SERFF tracking number of the prior submission and verify that all outstanding issues have been addressed.

Should you wish to discuss any of the objections or provide additional information related to any of the objections, this should be done prior to making a new SERFF submission.

Thank you for your courtesy and consideration in this matter.

Sincerely,
Bill Dismore

State: Virginia **Filing Company:** TPM Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.002 Non Qualified
Product Name: 2018 VA Rate Increase TPM
Project Name/Number: /

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	11/06/2019
Submitted Date	11/06/2019
Respond By Date	11/08/2019

Dear Hannah Russell,

Introduction:

One or more forms included within the submission were found to be in non-conformity with statutory, regulatory or administrative requirements as set forth below.

Objection 1

Comments: Please submit a Post Submission update to correct the Company Rate Information stated under the Rate/Rule Schedule tab that resulted from the recent changes.

Conclusion:

We shall be glad to reconsider this submission upon receipt of the revised forms to address the objections noted above. Should you need clarification of any of the information contained in this letter, please contact the undersigned.

Should you wish to discuss any of the objections or provide additional information related to any of the objections, this should be done prior to making a new SERFF submission.

Thank you for your courtesy and consideration in this matter.

Sincerely,
Bill Dismore

State: Virginia **Filing Company:** TPM Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.002 Non Qualified
Product Name: 2018 VA Rate Increase TPM
Project Name/Number: /

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	10/29/2019
Submitted Date	10/29/2019
Respond By Date	11/28/2019

Dear Hannah Russell,

Introduction:

The submission is *DISAPPROVED* and may not be used in the Commonwealth of Virginia.

One or more forms included within the submission were found to be in non-conformity with statutory, regulatory or administrative requirements as set forth below.

Objection 1

Comments: Rate/Rule Schedule

Per our phone conversation today, it was confirmed that there are no associated rates for policy form 8800 as there are no longer any active Virginia policies utilizing that form number. According to the actuarial memorandum, under "Average Annual Premium" it appears that Virginia has 1 active policy.

Please revise the actuarial memorandum and experience exhibits to remove data for form 8800 if there are no longer any active Virginia policyholders.

Conclusion:

We shall be glad to reconsider this submission upon receipt of the revised forms to address the objections noted above. Should you need clarification of any of the information contained in this letter, please contact the undersigned.

A response to this objection (or request for information if more applicable) is expected within 30 days. After 30 days, the filing will be *DISAPPROVED* unless a 30-day extension is requested.

Once a submission has been closed, a new SERFF submission will be required. To expedite the review, the new submission should reference the SERFF tracking number of the prior submission and verify that all outstanding issues have been addressed.

Should you wish to discuss any of the objections or provide additional information related to any of the objections, this should be done prior to making a new SERFF submission.

Thank you for your courtesy and consideration in this matter.

Sincerely,
Bill Dismore

State: Virginia **Filing Company:** TPM Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.002 Non Qualified
Product Name: 2018 VA Rate Increase TPM
Project Name/Number: /

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	08/13/2019
Submitted Date	08/13/2019
Respond By Date	08/28/2019

Dear Hannah Russell,

Introduction:

One or more forms included within the submission were found to be in non-conformity with statutory, regulatory or administrative requirements as set forth below.

Objection 1

- Exhibit_I for TPM, VA Rate Increase, 5.29.2018, [8800, 8810, 9606, 9610, 2000] (Rate)

Comments: Please remove this exhibit from the Rate/Rule Schedule tab and place under the Supporting Documentation tab.

Conclusion:

We shall be glad to reconsider this submission upon receipt of the revised forms to address the objections noted above. Should you need clarification of any of the information contained in this letter, please contact the undersigned.

A response to this objection (or request for information if more applicable) is expected within 30 days. After 30 days, the filing will be DISAPPROVED unless a 30-day extension is requested.

The proposed rates and supporting documentation are currently under review by Management.

Thank you for your courtesy and consideration in this matter.

Sincerely,
Bill Dismore

State: Virginia Filing Company: TPM Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.002 Non Qualified
Product Name: 2018 VA Rate Increase TPM
Project Name/Number: /

Objection Letter

Objection Letter Status	Disapproved
Objection Letter Date	05/08/2019
Submitted Date	05/08/2019
Respond By Date	06/07/2019

Dear Hannah Russell,

Introduction:

During our review, we noted the following inconsistencies and/or need additional information to continue. Please note, any revisions, modifications, or changes of any type to a filing not specifically requested by us must be brought to our attention upon resubmission and explained in detail.

Objection 1

- Response to Objection Letter Dated 4/18/2019 (Supporting Document)

Comments: Please review the proposed rate exhibits filed in the previous filing (SERFF # LWEL-128450811). Those are the current rates to which the Company has VA BOI approval. Under the current filing, the new proposed rates should display the proposed rates in a similar format, not the annual premium by policy exhibit that is currently provided. Please revise the proposed rate tables to correspond with the requested increase and justified by the actuarial memorandum and supporting exhibits.

Conclusion:

We shall be glad to reconsider this submission upon receipt of the revised forms to address the objections noted above. Should you need clarification of any of the information contained in this letter, please contact the undersigned.

A response to this objection (or request for information if more applicable) is expected within 30 days. After 30 days, the filing will be DISAPPROVED unless a 30-day extension is requested.

Once a submission has been closed, a new SERFF submission will be required. To expedite the review, the new submission should reference the SERFF tracking number of the prior submission and verify that all outstanding issues have been addressed.

Should you wish to discuss any of the objections or provide additional information related to any of the objections, this should be done prior to making a new SERFF submission.

Please contact the undersigned at (804) 371-9370 should you have any questions.

Sincerely,
Bill Dismore

State: Virginia **Filing Company:** TPM Life Insurance Company
TOI/Sub-TOI: LTC031 Individual Long Term Care/LTC031.002 Non Qualified
Product Name: 2018 VA Rate Increase TPM
Project Name/Number: /

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	04/18/2019
Submitted Date	04/18/2019
Respond By Date	05/20/2019

Dear Hannah Russell,

Introduction:

One or more forms included within the submission were found to be in non-conformity with statutory, regulatory or administrative requirements as set forth below.

Objection 1

- Response to Objection Letter Dated 4/15/2019 (Supporting Document)
- Exhibit_I for TPM, VA Rate Increase, 5.29.2018, [8800, 8810, 9606, 9610, 2000] (Rate)

Comments: We received and acknowledge receipt of your response letter of 4/17/2019 in reply to our objection letter dated 4/15/2019. We have original rate sheets and the actuarial memorandums filed for forms TQ-LTC-2000, L-IR-2000, 10-IR-2000; TQ-APOC-2000 with 10 yr and Lifetime Inflation riders, TNQ-LTC-2000 with 10 yr. and Lifetime Inflation riders, TNQ-APOC-2000 with 10 yr. and Lifetime Inflation riders, SH-9600-LTC, 96-LIR, 960-10IR, SH-9606-LTC-APC with Lifetime inflation rider; QH-9610-HCP with 96-LIR and 9610-IR riders.

In addition we note that the plan numbers provided in Exhibit_I for TPM, VA Rate Increase, 5.29.2018 (Rate) do not all match with the original rate sheets provided in your objection response of 4/17/2019 (i.e. Plan 8800,8810, 9607, 9608, 2200, 3203, and others).

We still have not received a response to our objection, "We have the premium sheets based on each individual contract. We question how the company is certain it is charging the correct rates if it only has the premiums being charged for existing contracts, and has not submitted documentation and demonstrated how the rates were derived."

Conclusion:

We shall be glad to reconsider this submission upon receipt of the revised forms to address the objections noted above. Should you need clarification of any of the information contained in this letter, please contact the undersigned.

A response to this objection (or request for information if more applicable) is expected within 30 days. After 30 days, the filing will be DISAPPROVED unless a 30-day extension is requested.

Once a submission has been closed, a new SERFF submission will be required. To expedite the review, the new submission should reference the SERFF tracking number of the prior submission and verify that all outstanding issues have been addressed.

Should you wish to discuss any of the objections or provide additional information related to any of the objections, this should be done prior to making a new SERFF submission.

Thank you for your courtesy and consideration in this matter.

Sincerely,
Bill Dismore

State: Virginia **Filing Company:** TPM Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.002 Non Qualified
Product Name: 2018 VA Rate Increase TPM
Project Name/Number: /

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	04/15/2019
Submitted Date	04/15/2019
Respond By Date	05/15/2019

Dear Hannah Russell,

Introduction:

The submission is *DISAPPROVED* and may not be used in the Commonwealth of Virginia.

One or more forms included within the submission were found to be in non-conformity with statutory, regulatory or administrative requirements as set forth below.

Objection 1

- Exhibit_I for TPM, VA Rate Increase, 5.29.2018, [8800, 8810, 9606, 9610, 2000] (Rate)

Comments: After further consideration and review, the Virginia Bureau of Insurance has disapproved this filing based on the fact the company has not provided the rate manuals as required by Section 38.2-316 A of the Code of Virginia. This statute requires that no policy of accident and sickness insurance be delivered or issued for delivery in this Commonwealth unless the rate manual showing rates, rules, and classification of risks applicable thereto has been filed with the Commission. Section 38.2-316 C 2 requires that no revised premium rates be used unless the premium rate change has been approved in writing by the Commission.

We have the premium sheets based on each individual contract. We question how the company is certain it is charging the correct rates if it only has the premiums being charged for existing contracts, and has not submitted documentation and demonstrated how the rates were derived.

Unfortunately, the Bureau no longer has such documentation in its records relating to the Companys original rates and would be unable to assist the Company in recreating the original manuals. So that the filing may be considered for approval, a detailed documentation and demonstration of the origin and derivation of the submitted rates would be needed.

Conclusion:

We shall be glad to reconsider this submission upon receipt of the revised forms to address the objections noted above. Should you need clarification of any of the information contained in this letter, please contact the undersigned.

A response to this objection (or request for information if more applicable) is expected within 30 days. After 30 days, the filing will be *DISAPPROVED* unless a 30-day extension is requested.

Once a submission has been closed, a new SERFF submission will be required. To expedite the review, the new submission should reference the SERFF tracking number of the prior submission and verify that all outstanding issues have been addressed.

Should you wish to discuss any of the objections or provide additional information related to any of the objections, this should be done prior to making a new SERFF submission.

Thank you for your courtesy and consideration in this matter.

Sincerely,
Bill Dismore

State: Virginia **Filing Company:** TPM Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.002 Non Qualified
Product Name: 2018 VA Rate Increase TPM
Project Name/Number: /

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	03/20/2019
Submitted Date	03/20/2019
Respond By Date	04/19/2019

Dear Hannah Russell,

Introduction:

During our review, we noted the following inconsistencies and/or need additional information to continue. Please note, any revisions, modifications, or changes of any type to a filing not specifically requested by us must be brought to our attention upon resubmission and explained in detail.

Objection 1

- Response to Objection Letter Dated 3/4/2019 (Supporting Document)

Comments: Thank you for your response to our objection letter of 3/04/2019 received on 3/19/2019.

1. Please respond to our objection regarding long-term care policies with partnership status (Objection 3, #3.; "In the case of a partnership policy, a disclosure that some benefit reduction options may result in a loss in partnership status that may reduce policyholder protections;").

2. Please provide a completed "John Doe" policyholder notification letter (TPM-LTCRI-VA2019-PHN-0010) that includes a selection from the LTC RI Policy Options Request Form (page 5), and the responding Coverage Change Request form (LTC-ENDCovgApp30-VA) and Endorsement (VA-LTCHC-VarChgEnd) so we have the opportunity to review a completed letter to the policyholder.

Conclusion:

We shall be glad to reconsider this submission upon receipt of the revised forms to address the objections noted above. Should you need clarification of any of the information contained in this letter, please contact the undersigned.

A response to this objection (or request for information if more applicable) is expected within 30 days. After 30 days, the filing will be DISAPPROVED unless a 30-day extension is requested.

Once a submission has been closed, a new SERFF submission will be required. To expedite the review, the new submission should reference the SERFF tracking number of the prior submission and verify that all outstanding issues have been addressed.

Should you wish to discuss any of the objections or provide additional information related to any of the objections, this should be done prior to making a new SERFF submission.

Thank you for your courtesy and consideration in this matter.

Sincerely,
Bill Dismore

State: Virginia **Filing Company:** TPM Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.002 Non Qualified
Product Name: 2018 VA Rate Increase TPM
Project Name/Number: /

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	03/04/2019
Submitted Date	03/04/2019
Respond By Date	04/04/2019

Dear Hannah Russell,

Introduction:

One or more forms included within the submission were found to be in non-conformity with statutory, regulatory or administrative requirements as set forth below.

Objection 1

- Sample Policyholder Notification Letter, (Form)

Comments: 1. Pursuant to 14VAC5-100-50 1. each submitted form must have, "1. The form number must appear on each form submitted in the lower left-hand corner of the first page."

2. In the RE: section, the Policy forms: should be bracketed since the letter note states, "(only form number(s) applicable to this insured will be shown). Also, add this to the statement of variability.
3. In the second paragraph, page 1, the rate increase % (i.e. 40.5%) should be bracketed as this is subject to change. Also, add this to the statement of variability.
4. In the second paragraph, page 1, the number of years (i.e. 3) should be bracketed as this is subject to change. Also, add this to the statement of variability.
5. In the three bullet points following the second paragraph, page 1, the % increase (i.e. 12%) should be bracketed as this is subject to change. Also, add this to the statement of variability.
6. The bullet points should be bracketed as they may vary from one to three bullets depending upon the number of increases in the series. Also, add this the statement of variability.
7. First paragraph, page 2 and the following numbered sentences 1. and 2. should be bracketed since this is customizable based upon the available change options. Also, add this to the statement of variability.
8. Second paragraph, page 2, advise the insured the amount of their contingent benefit upon lapse. This sentence should be variable as it is subject to change from one policy to the next.
9. Please review the premium increase notice letter for any other items that are subject to change, for example the customer service phone number, office hours or email address.

Objection 2

- Response to Objection Letter Dated 2/25/2019 (Supporting Document)

Comments: Statement of Variability - Form No. VA-LTCHC-VarChgEnd and LTC-ENDCovgApp30-VA

State: Virginia **Filing Company:** TPM Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.002 Non Qualified
Product Name: 2018 VA Rate Increase TPM
Project Name/Number: /

Please review the Statement of Variability to ensure that the applicable form number is clearly referenced and that each variable item is described and matches exactly with the terminology state on the applicable form(s).

Objection 3

- Sample Policyholder Notification Letter, (Form)

Comments: Please review 14AC5-200-75 for compliance regarding policyholder notification of a rate increase. For example, the current sample policyholder notification letter does not contain

1. A statement that the policy may be subject to rate increases in the future;
2. A disclosure stating that all options available to the policyholder may not be of equal value;
3. In the case of a partnership policy, a disclosure that some benefit reduction options may result in a loss in partnership status that may reduce policyholder protections;
4. A statement substantially similar to the following:

The rate increase request was reviewed by the commission and was found to be compliant with applicable Virginia laws and regulations addressing long-term care insurance. All premium rate filings are available for public inspection and may be accessed online through the Virginia Bureau of Insurance's webpage at www.scc.virginia.gov/BOI.

Conclusion:

We shall be glad to reconsider this submission upon receipt of the revised forms to address the objections noted above. Should you need clarification of any of the information contained in this letter, please contact the undersigned.

A response to this objection (or request for information if more applicable) is expected within 30 days. After 30 days, the filing will be DISAPPROVED unless a 30-day extension is requested.

Once a submission has been closed, a new SERFF submission will be required. To expedite the review, the new submission should reference the SERFF tracking number of the prior submission and verify that all outstanding issues have been addressed.

Should you wish to discuss any of the objections or provide additional information related to any of the objections, this should be done prior to making a new SERFF submission.

Thank you for your courtesy and consideration in this matter.

Sincerely,
Bill Dismore

State: Virginia **Filing Company:** TPM Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.002 Non Qualified
Product Name: 2018 VA Rate Increase TPM
Project Name/Number: /

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	02/25/2019
Submitted Date	02/25/2019
Respond By Date	03/25/2019

Dear Hannah Russell,

Introduction:

During our review, we noted the following inconsistencies and/or need additional information to continue. Please note, any revisions, modifications, or changes of any type to a filing not specifically requested by us must be brought to our attention upon resubmission and explained in detail.

Objection 1

- Response to Objection Letter Dated 2/21/2019 (Supporting Document)

Comments: Thank you for providing the SERFF tracking numbers showing the approval of endorsement and change options. However, we did not find a policyholder notification letter nor a "John Doe" completed version of the policyholder notification letter.

Pursuant to 14VAC5-200-75 D 1-4;

- 1) Please submit the Policyholder Notification Letter under the Form Schedule tab.
- 2) Include a statement of variability for the Policyholder Notification Letter along with a "John Doe" version under the Supporting Documentation tab.

Conclusion:

We shall be glad to reconsider this submission upon receipt of the revised forms to address the objections noted above. Should you need clarification of any of the information contained in this letter, please contact the undersigned.

A response to this objection (or request for information if more applicable) is expected within 30 days. After 30 days, the filing will be DISAPPROVED unless a 30-day extension is requested.

Once a submission has been closed, a new SERFF submission will be required. To expedite the review, the new submission should reference the SERFF tracking number of the prior submission and verify that all outstanding issues have been addressed.

Should you wish to discuss any of the objections or provide additional information related to any of the objections, this should be done prior to making a new SERFF submission.

Thank you for your courtesy and consideration in this matter.

Sincerely,
Bill Dismore

State: Virginia Filing Company: TPM Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.002 Non Qualified
Product Name: 2018 VA Rate Increase TPM
Project Name/Number: /

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	02/21/2019
Submitted Date	02/21/2019
Respond By Date	02/28/2019

Dear Hannah Russell,

Introduction:

During our review, we noted the following inconsistencies and/or need additional information to continue. Please note, any revisions, modifications, or changes of any type to a filing not specifically requested by us must be brought to our attention upon resubmission and explained in detail.

Objection 1

- Objection 7/27/2018 Response (Supporting Document)

Comments: Please advise if the Policyholder Notification Letter, Statement of Variability and any other accompanying forms were previously approved in earlier SERFF filings. Provide the SERFF filing numbers referencing the approved letter, statement of variability, John Doe letter and any other accompanying forms.

Conclusion:

We shall be glad to reconsider this submission upon receipt of the revised forms to address the objections noted above. Should you need clarification of any of the information contained in this letter, please contact the undersigned.

A response to this objection (or request for information if more applicable) is expected within 30 days. After 30 days, the filing will be DISAPPROVED unless a 30-day extension is requested.

Once a submission has been closed, a new SERFF submission will be required. To expedite the review, the new submission should reference the SERFF tracking number of the prior submission and verify that all outstanding issues have been addressed.

Should you wish to discuss any of the objections or provide additional information related to any of the objections, this should be done prior to making a new SERFF submission.

Thank you for your courtesy and consideration in this matter.

Sincerely,
Bill Dismore

State: Virginia **Filing Company:** TPM Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.002 Non Qualified
Product Name: 2018 VA Rate Increase TPM
Project Name/Number: /

Objection Letter

Objection Letter Status Info has been requested from company
Objection Letter Date 09/19/2018
Submitted Date 09/19/2018
Respond By Date

Dear Hannah Russell,

Introduction:

During our review, we noted the following inconsistencies and/or need additional information to continue. Please note, any revisions, modifications, or changes of any type to a filing not specifically requested by us must be brought to our attention upon resubmission and explained in detail.

Objection 1

- L&H Actuarial Memorandum (Supporting Document)

Comments: 1.Please provide the issue date range for this block of policies.

2.Please provide inforce policy distribution statistics by benefit period and inflation type.

3.The section of the actuarial memorandum titled Minimum Required Loss Ratio does not accurately reflect the requirements of 14VAC5-200-150. Please revise accordingly.

4.The memorandum describes that the morbidity is based on a 2005 study. Please explain how this assumption has been updated to reflect current assumptions.

5.For all projections requested in the next question, the baseline should comply with the following:

a.Please include only the pre-stability policies.

b.Assumptions should be best-estimate with no margins.

c.Premiums should be at the Virginia rate level for both historical and projected future.

d.Please use the appropriate average maximum valuation interest rate for accumulation and discounting of this block.

6.Because the Bureau has observed that the experience of policies with different benefit characteristics can vary significantly, we are requesting that the following projections be provided to assist the Bureau in determining the appropriateness of this increase. For each of the six subsets of the business corresponding to the combinations of (non-lifetime/lifetime benefit periods) and (none/simple/compound inflation protection), please provide (in Excel format) the following projections on a nationwide basis:

a.current assumptions and current rates

b.current assumptions with the proposed rate increase

c.current assumptions with the proposed rate increase, but with no shock lapses, benefit reductions, CBUL, or adverse selection

State: Virginia **Filing Company:** TPM Life Insurance Company
TOI/Sub-TOI: LTC031 Individual Long Term Care/LTC031.002 Non Qualified
Product Name: 2018 VA Rate Increase TPM
Project Name/Number: /

d.current assumptions with premiums restated as if the proposed rate schedule had been in effect from inception

e.original assumptions and original premiums from inception

f.actual past experience (claims, mortality, lapse) but original assumptions in the future, with all premiums at the original premium scale from inception.

Projections a-f can be separate tabs or combined into separate columns on the same exhibit.

7.For each of the six subsets of the business above, please provide the number of policies inforce and the active life reserves balance as of the projection date.

Conclusion:

We shall be glad to continue our review of this submission upon receipt of the requested information or resolution of the issues noted above. Should you need clarification, please contact me. Thank you.

*Sincerely,
Bill Dismore*

State: Virginia **Filing Company:** TPM Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.002 Non Qualified
Product Name: 2018 VA Rate Increase TPM
Project Name/Number: /

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	09/19/2018
Submitted Date	09/19/2018
Respond By Date	

Dear Hannah Russell,

Introduction:

During our review, we noted the following inconsistencies and/or need additional information to continue. Please note, any revisions, modifications, or changes of any type to a filing not specifically requested by us must be brought to our attention upon resubmission and explained in detail.

Objection 1

- Response to Objection Letter Date 7/13/2018 (Supporting Document)

Comments: In your objection response #6. the company states, "We have not requested a rate increase in any other state as all of the company's LTC policies are in Virginia."

In the previous rate increase filing for these forms (SERFF # LWEL-128450811) policy counts were provided for Ohio and Pennsylvania as well as Virginia. Did TPM Life Insurance Company only acquire the Virginia policy block from Teachers Protective Mutual Life Insurance Company?

Conclusion:

We shall be glad to continue our review of this submission upon receipt of the requested information or resolution of the issues noted above. Should you need clarification, please contact me. Thank you.

Sincerely,
Bill Dismore

State: Virginia **Filing Company:** TPM Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.002 Non Qualified
Product Name: 2018 VA Rate Increase TPM
Project Name/Number: /

Objection Letter

Objection Letter Status Info has been requested from company
Objection Letter Date 08/27/2018
Submitted Date 07/27/2018
Respond By Date

Dear Hannah Russell,

Introduction:

During our review, we noted the following inconsistencies and/or need additional information to continue. Please address the following requests no later than the date above. Please note, any revisions, modifications, or changes of any type to a filing not specifically requested by us must be brought to our attention upon resubmission and explained in detail.

Objection 1

- Long Term Care Insurance Rate Request Summary (Supporting Document)

Comments: Please expand the narrative to provide a detailed description as to why the claim experience has resulted in the need for a rate increase. This should be written so that the insured person can read and understand the reason behind the increase. You may wish to refer to the Narrative Summary submitted in the prior rate filing (SERFF #LWEL-128450811) as an example.

Objection 2

Comments: Policyholder Notification

Please provide the policyholder notification in compliance with 14VAC5-200-75 D.

Conclusion:

We shall be glad to continue our review of this submission upon receipt of the requested information or resolution of the issues noted above. Should you need clarification, please contact me. Thank you for your courtesy and prompt response.

Sincerely,
Bill Dismore

State: Virginia **Filing Company:** TPM Life Insurance Company
TOI/Sub-TOI: LTC031 Individual Long Term Care/LTC031.002 Non Qualified
Product Name: 2018 VA Rate Increase TPM
Project Name/Number: /

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	07/13/2018
Submitted Date	07/13/2018
Respond By Date	08/27/2018

Dear Hannah Russell,

Introduction:

During our review, we noted the following inconsistencies and/or need additional information to continue. Please address the following requests no later than the date above. Please note, any revisions, modifications, or changes of any type to a filing not specifically requested by us must be brought to our attention upon resubmission and explained in detail.

Objection 1

- Long Term Care Insurance Rate Request Summary (Supporting Document)

Comments: Per instructions on the Part I Rate Request Summary, please attach a brief narrative to summarize the key information used to develop the rates including the main drivers for the revised rates.

Objection 2

- L&H Actuarial Memorandum (Supporting Document)

Comments: We did not find "Exhibit I Current Virginia Annual Premiums Current and Revised". Please include the exhibit.

Objection 3

- L&H Actuarial Memorandum (Supporting Document)

Comments: On page 4, Annualized Policy Average Annualized Premium, the Totals for Before, 2018, 2019 and 2020 columns do not appear to be annualized premium totals. Please clarify or revise.

Objection 4

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please ensure that the filing includes sufficient detail or documentation and provide these exhibits in Excel so that any projections can be recreated.

Objection 5

- L&H Actuarial Memorandum (Supporting Document)

Comments: 1. The company states that it is proposing an increase of 15% a year for three years that will be applied to base policies and riders issued before October 1, 2003, and no increase is being requested for policies issued after October 1, 2003. Please submit separate actuarial memorandums and supporting documentation for each that complies with 14VAC5-200-150 for those issued before October 1, 2003 and 14VAC5-200-153 for those issued after October 1, 2003.

2. Please ensure that the supporting documentation provides detailed justification for all assumptions used to support the proposed rate increase.

3. Please provide an actual to expected analysis based on the original assumptions and projections.

4. Please provide the anticipated loss ratio where the numerator is equal to the anticipated incurred claims less the policy reserves, and the denominator is equal to the anticipated earned premium.

State: Virginia **Filing Company:** TPM Life Insurance Company
TOI/Sub-TOI: LTC031 Individual Long Term Care/LTC031.002 Non Qualified
Product Name: 2018 VA Rate Increase TPM
Project Name/Number: /

5. Please provide a comparison of the differences in the assumptions used in the original filing with those actually experienced, those included in the prior filing, and those included in this filing.

6. Please advise in what states the company has requested rate increases on this block, how the rate changes requested in Virginia compare with those requested in other states, and the current status of the reviews in other states.

7. Please explain what, if any, margins are included in the proposed rates to ensure that future rate increases will not be needed presuming the experience develops as projected.

8. What steps has the company taken to minimize rate increases on this block of business?

Conclusion:

We shall be glad to continue our review of this submission upon receipt of the requested information or resolution of the issues noted above. Should you need clarification, please contact me. Thank you for your courtesy and prompt response.

Sincerely,
Bill Dismore

SERFF Tracking #:

LWEL-131516163

State Tracking #:

LWEL-131516163

Company Tracking #:

0254:201714

State: Virginia

Filing Company: TPM Life Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.002 Non Qualified

Product Name: 2018 VA Rate Increase TPM

Project Name/Number: /

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	09/03/2020
Submitted Date	09/03/2020

Dear Bill Dismore,

Introduction:

Please see below for our response.

Response 1

Comments:

We have updated the Statement of Variability for this form. Please note, the entry for [An ultimate compounded rate increase] was previously on the SOV on the last page under the variable field item number 54 (to match the annotated version). However, we have moved the entry to the first page and have expanded our description to better address the objection.

Related Objection 1

Applies To:

- Sample Policyholder Notification Letter, TPM-LTCRI-VA2019-PHN-0010 (Form)

Comments: Page 1, 2nd paragraph.

The bracketed language, [An ultimate compounded rate increase] is not explained on the SOV. Please add and provide the additional alternative language that would appear in its place.

Changed Items:

SERFF Tracking #:

LWEL-131516163

State Tracking #:

LWEL-131516163

Company Tracking #:

0254:201714

State: Virginia

Filing Company:

TPM Life Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.002 Non Qualified

Product Name: 2018 VA Rate Increase TPM

Project Name/Number: /

Supporting Document Schedule Item Changes

Satisfied - Item:	Form Schedule Statements of Variability, Readability Certificate, & Annotated Form Version
Comments:	Please see attached for the statements of variability for the forms on the "Form Schedule" tab as well as the readability certificate. Updated per objection from 7/17/2020. Per objection 7/17/2020, Annotated versions of the form have been added. Updated per objection from 9/3/2020.
Attachment(s):	Statement Of Variability Form No. LTC-EndCovgApp20-VA 20200116.pdf Statement Of Variability Form No. VA-LTCHC-VarChgEnd 20200116.pdf TPM Readability Certificate 20200116.pdf StatementOfVariability_TPM-LTCRI-VA2019-PHN-0010-PORF_20200720.pdf Annotated_LTC-EndCovgApp20-VA_20200720.pdf Annotated_TPM-LTCRI-VA2019-PHN-0010_20200720.pdf Annotated_TPM-LTCRI-VA2019-PHN-0010-PORF_20200720.pdf Annotated_VA-LTCHC-VarChgEnd_20200720.pdf StatementOfVariability_TPM-LTCRI-VA2019-PHN-0010_20200903.pdf
<i>Previous Version</i>	
Satisfied - Item:	Form Schedule Statements of Variability, Readability Certificate, & Annotated Form Version
Comments:	Please see attached for the statements of variability for the forms on the "Form Schedule" tab as well as the readability certificate. Updated per objection from 7/17/2020. Per objection 7/17/2020, Annotated versions of the form have been added.
Attachment(s):	Statement Of Variability Form No. LTC-EndCovgApp20-VA 20200116.pdf Statement Of Variability Form No. VA-LTCHC-VarChgEnd 20200116.pdf TPM Readability Certificate 20200116.pdf StatementOfVariability_TPM-LTCRI-VA2019-PHN-0010_20200720.pdf StatementOfVariability_TPM-LTCRI-VA2019-PHN-0010-PORF_20200720.pdf Annotated_LTC-EndCovgApp20-VA_20200720.pdf Annotated_TPM-LTCRI-VA2019-PHN-0010_20200720.pdf Annotated_TPM-LTCRI-VA2019-PHN-0010-PORF_20200720.pdf Annotated_VA-LTCHC-VarChgEnd_20200720.pdf
<i>Previous Version</i>	
Satisfied - Item:	Form Schedule Statements of Variability & Readability Certificate
Comments:	Please see attached for the statements of variability for the forms on the "Form Schedule" tab as well as the readability certificate. Updated per objection from 12/06/2020.
Attachment(s):	StatementOfVariability Form No. TPM-LTCRI-VA2019-PHN-0010_20200116.pdf Statement of Variability Form No. TPM-LTCRI-VA2019-PHN-0010-PORF_20200116.pdf Statement Of Variability Form No. LTC-EndCovgApp20-VA 20200116.pdf Statement Of Variability Form No. VA-LTCHC-VarChgEnd 20200116.pdf TPM Readability Certificate 20200116.pdf
<i>Previous Version</i>	
Satisfied - Item:	Sample Policyholder Notification Letter Statement of Variability & Readability Certificate
Comments:	Please see attached for the sample notification letter's statement of variability and readability certificate. Updated per objection from 11/12/2019.

State: Virginia **Filing Company:** TPM Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.002 Non Qualified
Product Name: 2018 VA Rate Increase TPM
Project Name/Number: /

Attachment(s):	<i>StatementOfVariability_FormNumber_TPM-LTCRI-VA2019-PHN-0010_20191204.pdf</i> <i>TPM Readability Certificate 20191204.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Response to Objection Letter Dated 3/4/2019</i>
Comments:	<i>Please see attached for the sample notification letter's statement of variability, along with a response letter.</i>
Attachment(s):	<i>StatementOfVariability_FormNumber_TPM-LTCRI-VA2019-PHN-0010_20190319.pdf</i> <i>TPM Objection (3.19.2019) Response.pdf</i>

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 2

Comments:

We have revised the language per the objection and note to filer.

Related Objection 2

Applies To:

- LTC Benefit Change Form, LTC-EndCovgApp20-VA (Form)

Comments: 4th check box paragraph on Page 2, "Convert my policy to paid-up status with a shortened Benefit Period effect [11/01/2015]."

Please revise the language for compliance with 14VAC5-200-185 D. 7. E. 3. which states, "The insurer may offer additional shortened benefit period options as long as the benefits for each duration equal or exceed the standard nonforfeiture credit for that duration. The minimum nonforfeiture credit shall not be less than 30 times the daily nursing home benefit at the time of lapse."

The statement is missing the minimum nonforfeiture credit minimum of 30 times the daily nursing home benefit at the time of lapse.

Changed Items:

No Supporting Documents changed.

SERFF Tracking #:

LWEL-131516163

State Tracking #:

LWEL-131516163

Company Tracking #:

0254:201714

State: Virginia

Filing Company:

TPM Life Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.002 Non Qualified

Product Name: 2018 VA Rate Increase TPM

Project Name/Number: /

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	LTC Benefit Change Form	LTC-EndCovgApp20-VA	OTH	Other			LTC-EndCovgApp20-VA_20200903.pdf	Date Submitted: 09/03/2020 By: Hannah Russell
<i>Previous Version</i>								
1	LTC Benefit Change Form	LTC-EndCovgApp20-VA	OTH	Other			LTC-EndCovgApp20-VA_20200720.pdf	Date Submitted: 07/23/2020 By: Hannah Russell
<i>Previous Version</i>								
1	LTC Benefit Change Form	LTC-EndCovgApp20-VA	OTH	Other			LTC-EndCovgApp20-VA_20200116.pdf	Date Submitted: 01/16/2020 By: Hannah Russell

No Rate/Rule Schedule items changed.

Conclusion:

Please let us know if you need anything else.

Sincerely,

Hannah Russell

SERFF Tracking #:

LWEL-131516163

State Tracking #:

LWEL-131516163

Company Tracking #:

0254:201714

State:

Virginia

Filing Company:

TPM Life Insurance Company

TOI/Sub-TOI:

LTC03I Individual Long Term Care/LTC03I.002 Non Qualified

Product Name:

2018 VA Rate Increase TPM

Project Name/Number:

/

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	07/30/2020
Submitted Date	07/30/2020

Dear Bill Dismore,

Introduction:

Please see below for our response.

Response 1

Comments:

We have removed the extra bracket.

Related Objection 1

Applies To:

- Sample Policyholder Notification Letter, TPM-LTCRI-VA2019-PHN-0010 (Form)

Comments: 1.) Page 1, 2nd paragraph, [An ultimate compounded]rate increase] has a bracket between the words "compounded" and "rate" that appears out of place.

Please consider revising.

Changed Items:

No Supporting Documents changed.

State: Virginia

Filing Company:

TPM Life Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.002 Non Qualified

Product Name: 2018 VA Rate Increase TPM

Project Name/Number: /

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Sample Policyholder Notification Letter	TPM-LTCRI-VA2019-PHN-0010	OTH	Other			TPM-LTCRI-VA2019-PHN-0010_20200730.pdf	Date Submitted: 07/30/2020 By: Hannah Russell
<i>Previous Version</i>								
1	Sample Policyholder Notification Letter	TPM-LTCRI-VA2019-PHN-0010	OTH	Other			TPM-LTCRI-VA2019-PHN-0010_20200720.pdf	Date Submitted: 07/23/2020 By: Hannah Russell
<i>Previous Version</i>								
1	Sample Policyholder Notification Letter	TPM-LTCRI-VA2019-PHN-0010	OTH	Other			0010_LTCRI_VA201911_PolicyHolderNotice_DefineOptions_Elim02_BenP01_20200116.pdf	Date Submitted: 01/16/2020 By: Hannah Russell
<i>Previous Version</i>								
1	Sample Policyholder Notification Letter	TPM-LTCRI-VA2019-PHN-0010	OTH	Other			0010_LTCRI_VA201911_PolicyHolderNotice_DefineOptions_Elim02_BenP01_20191204.pdf	Date Submitted: 12/05/2019 By: Hannah Russell
<i>Previous Version</i>								
1	Sample Policyholder Notification Letter	TPM-LTCRI-VA2019-PHN-0010	OTH	Other			0010_LTCRI_VA201911_PolicyHolderNotice_DefineOptions_Elim02_BenP01_20190319.pdf	Date Submitted: 03/19/2019 By: Hannah Russell

No Rate/Rule Schedule items changed.

Conclusion:

Please let us know if you need anything else.

Sincerely,

Hannah Russell

SERFF Tracking #:

LWEL-131516163

State Tracking #:

LWEL-131516163

Company Tracking #:

0254:201714

State: Virginia

Filing Company: TPM Life Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.002 Non Qualified

Product Name: 2018 VA Rate Increase TPM

Project Name/Number: /

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	07/23/2020
Submitted Date	07/23/2020

Dear Bill Dismore,

Introduction:

Please see below for our response.

Response 1

Comments:

Both the form and Statement of Variability have been updated for the new URL.

Related Objection 1

Applies To:

- Sample Policyholder Notification Letter, TPM-LTCRI-VA2019-PHN-0010 (Form)

Comments: Statement of Variability:

The VA BOI website has change, please correct to the new URL. The correct URL is: <https://scc.virginia.gov/boi/SERFFInquiry/LtcFilings.aspx>

Changed Items:

SERFF Tracking #:

LWEL-131516163

State Tracking #:

LWEL-131516163

Company Tracking #:

0254:201714

State: Virginia

Filing Company:

TPM Life Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.002 Non Qualified

Product Name: 2018 VA Rate Increase TPM

Project Name/Number: /

Supporting Document Schedule Item Changes

Satisfied - Item:	Form Schedule Statements of Variability, Readability Certificate, & Annotated Form Version
Comments:	Please see attached for the statements of variability for the forms on the "Form Schedule" tab as well as the readability certificate. Updated per objection from 7/17/2020. Per objection 7/17/2020, Annotated versions of the form have been added.
Attachment(s):	Statement Of Variability Form No. LTC-EndCovgApp20-VA 20200116.pdf Statement Of Variability Form No. VA-LTCHC-VarChgEnd 20200116.pdf TPM Readability Certificate 20200116.pdf StatementOfVariability_TPM-LTCRI-VA2019-PHN-0010_20200720.pdf StatementOfVariability_TPM-LTCRI-VA2019-PHN-0010-PORF_20200720.pdf Annotated_LTC-EndCovgApp20-VA_20200720.pdf Annotated_TPM-LTCRI-VA2019-PHN-0010_20200720.pdf Annotated_TPM-LTCRI-VA2019-PHN-0010-PORF_20200720.pdf Annotated_VA-LTCHC-VarChgEnd_20200720.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Form Schedule Statements of Variability & Readability Certificate</i>
Comments:	<i>Please see attached for the statements of variability for the forms on the "Form Schedule" tab as well as the readability certificate. Updated per objection from 12/06/2020.</i>
Attachment(s):	<i>StatementOfVariability Form No. TPM-LTCRI-VA2019-PHN-0010_20200116.pdf Statement of Variability Form No. TPM-LTCRI-VA2019-PHN-0010-PORF_20200116.pdf Statement Of Variability Form No. LTC-EndCovgApp20-VA 20200116.pdf Statement Of Variability Form No. VA-LTCHC-VarChgEnd 20200116.pdf TPM Readability Certificate 20200116.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Sample Policyholder Notification Letter Statement of Variability & Readability Certificate</i>
Comments:	<i>Please see attached for the sample notification letter's statement of variability and readability certificate. Updated per objection from 11/12/2019.</i>
Attachment(s):	<i>StatementOfVariability_FormNumber_TPM-LTCRI-VA2019-PHN-0010_20191204.pdf TPM Readability Certificate 20191204.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Response to Objection Letter Dated 3/4/2019</i>
Comments:	<i>Please see attached for the sample notification letter's statement of variability, along with a response letter.</i>
Attachment(s):	<i>StatementOfVariability_FormNumber_TPM-LTCRI-VA2019-PHN-0010_20190319.pdf TPM Objection (3.19.2019) Response.pdf</i>

State: Virginia

Filing Company:

TPM Life Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.002 Non Qualified

Product Name: 2018 VA Rate Increase TPM

Project Name/Number: /

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Sample Policyholder Notification Letter	TPM-LTCRI-VA2019-PHN-0010	OTH	Other			TPM-LTCRI-VA2019-PHN-0010_20200720.pdf	Date Submitted: 07/23/2020 By: Hannah Russell
<i>Previous Version</i>								
1	Sample Policyholder Notification Letter	TPM-LTCRI-VA2019-PHN-0010	OTH	Other			0010_LTCRI_VA201911_PolicyHolderNotice_DefinedOptions_Elim02_BenP01_20200116.pdf	Date Submitted: 01/16/2020 By: Hannah Russell
<i>Previous Version</i>								
1	Sample Policyholder Notification Letter	TPM-LTCRI-VA2019-PHN-0010	OTH	Other			0010_LTCRI_VA201911_PolicyHolderNotice_DefinedOptions_Elim02_BenP01_20191204.pdf	Date Submitted: 12/05/2019 By: Hannah Russell
<i>Previous Version</i>								
1	Sample Policyholder Notification Letter	TPM-LTCRI-VA2019-PHN-0010	OTH	Other			0010_LTCRI_VA201911_PolicyHolderNotice_DefinedOptions_Elim02_BenP01_20190319.pdf	Date Submitted: 03/19/2019 By: Hannah Russell

No Rate/Rule Schedule items changed.

Response 2

Comments:

The John Doe form has been updated for both TPM-LTCRI-VA2019-PHN-0010 and TPM-LTCRI-VA2019-PHN-0010-PORF.

Related Objection 2

Applies To:

- John Doe forms & Statements of Variability. (Supporting Document)

SERFF Tracking #:

LWEL-131516163

State Tracking #:

LWEL-131516163

Company Tracking #:

0254:201714

State:

Virginia

Filing Company:

TPM Life Insurance Company

TOI/Sub-TOI:

LTC03I Individual Long Term Care/LTC03I.002 Non Qualified

Product Name:

2018 VA Rate Increase TPM

Project Name/Number:

/

Comments: *The John Doe letter must follow the policyholder notification form (TPM-LTCRI-VA2019-PHN-0010). As an example, we did not find the policy status near the top of page 1. The first paragraph of the John Doe letter is much shorter than the 1st paragraph of the notification form. We could not locate the paragraph that begins with "An ultimate compounded rate increase of .." in the same order on the John Doe letter as on the policyholder notification form. Please revise the John Doe letter to follow the notification form.*

Changed Items:

State: Virginia

Filing Company:

TPM Life Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.002 Non Qualified

Product Name: 2018 VA Rate Increase TPM

Project Name/Number: /

Supporting Document Schedule Item Changes

Satisfied - Item:	John Doe forms & Statements of Variability.
Comments:	Please see attached for the following forms and files: an example "John Doe" policyholder notification letter; benefit change forms (LTC-CNFB-PaidUp2010-VA, LTC-EndCovgApp20-VA", "VA-LTCHC-VarChgEnd"); and statements of variability for the three forms. Updated per objection from 7/7/2020.
Attachment(s):	<ul style="list-style-type: none"> 1_Options Letter_2015_John X. Doe 20191204.pdf 2_Conf Letter and End_2015_DAILY BEN_John X. Doe 20191204.pdf 3_Conf Letter and End_2015_BENE PER_John X. Doe 20191204.pdf 4_Conf Letter and End_2015_ELIM PER-100_John X. Doe 20191204.pdf 5_Conf Letter and End_2015_CBUL_John X. Doe 20191204.pdf Statement Of Variability Form No. LTC-CNFB-PaidUp2010-VA 20191204.pdf Statement Of Variability Form No. LTC-EndCovgApp20-VA 20191204.pdf Statement Of Variability Form No. VA-LTCHC-VarChgEnd 20191204.pdf John Doe_TPM-LTCRI-VA2019-PHN-0010_20200720.pdf John Doe_TPM-LTCRI-VA2019-PHN-0010-PORF_20200720.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>John Doe forms & Statements of Variability.</i>
Comments:	<i>Please see attached for the following forms and files: an example "John Doe" policyholder notification letter; benefit change forms (LTC-CNFB-PaidUp2010-VA, LTC-EndCovgApp20-VA", "VA-LTCHC-VarChgEnd"); and statements of variability for the three forms. Updated per objection from 11/12/2019.</i>
Attachment(s):	<ul style="list-style-type: none"> <i>0010_LTCRI_VA201911_PolicyHolderNotice_DefinedOptions_Elim02_BenP01_20190319_JohnDoe.pdf</i> <i>1_Options Letter_2015_John X. Doe 20191204.pdf</i> <i>2_Conf Letter and End_2015_DAILY BEN_John X. Doe 20191204.pdf</i> <i>3_Conf Letter and End_2015_BENE PER_John X. Doe 20191204.pdf</i> <i>4_Conf Letter and End_2015_ELIM PER-100_John X. Doe 20191204.pdf</i> <i>5_Conf Letter and End_2015_CBUL_John X. Doe 20191204.pdf</i> <i>Statement Of Variability Form No. LTC-CNFB-PaidUp2010-VA 20191204.pdf</i> <i>Statement Of Variability Form No. LTC-EndCovgApp20-VA 20191204.pdf</i> <i>Statement Of Variability Form No. VA-LTCHC-VarChgEnd 20191204.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Response to Objection Letter Dated 3/20/2019</i>
Comments:	<i>Please see attached for the following forms and files: an example "John Doe" policyholder notification letter; benefit change forms (LTC-CNFB-PaidUp2010-VA, LTC-EndCovgApp20-VA", "VA-LTCHC-VarChgEnd"); and statements of variability for the three forms.</i>
Attachment(s):	<ul style="list-style-type: none"> <i>TPM Objection (3.20.2019) Response.pdf</i> <i>0010_LTCRI_VA201911_PolicyHolderNotice_DefinedOptions_Elim02_BenP01_20190319_JohnDoe.pdf</i> <i>1_Options Letter_2015_John X. Doe.pdf</i> <i>2_Conf Letter and End_2015_DAILY BEN_John X. Doe.pdf</i> <i>3_Conf Letter and End_2015_BENE PER_John X. Doe.pdf</i> <i>4_Conf Letter and End_2015_ELIM PER-100_John X. Doe.pdf</i> <i>5_Conf Letter and End_2015_CBUL_John X. Doe.pdf</i> <i>Statement Of Variability Form No. LTC-CNFB-PaidUp2010-VA.pdf</i> <i>Statement Of Variability Form No. LTC-EndCovgApp20-VA.pdf</i>

State: Virginia

Filing Company:

TPM Life Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.002 Non Qualified

Product Name: 2018 VA Rate Increase TPM

Project Name/Number: /

[Statement Of Variability Form No. VA-LTCHC-VarChgEnd.pdf](#)

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 3

Comments:

We have made these updates. Please see the form. Also, for item 2, please see the Statement of Variability.

Related Objection 3

Applies To:

- Sample Policyholder Notification Letter, TPM-LTCRI-VA2019-PHN-0010 (Form)

Comments: 1) Page one, 1st paragraph, 2nd sentence: The phrase, "...and are therefore committed to ensuring that it remains secure and financially solvent." does not appear to be a commitment of a policyholder, but instead the insurer. Please consider revising this sentence. Our concerns would be resolved if the sentence was restated to something similar to, "We know that you rely on this Program for support in the future and we are therefore committed to ensuring that it remains secure and financially solvent."

2) Page one, 2nd paragraph: The words "ultimate compounded rate increase" should be variable and described on the Statement of Variability (SOV). We assume that these words would only be used if the compounded increase was phased in over a period of annual increases. It would not describe single rate increases.

3) Page one, 2nd paragraph, bracketed item #16: The word "Ultimately" should be changed to "Ultimate" for consistency with the SOV.

4) Page two, 1st paragraph regarding schedule for the next rate increase. Variable items 2. and 3. should include a sentence following variable items 28 and 32 that states, "Similar options to those offered with the first increase will be available to you."

5) Page three, the 4th paragraph under 1. and 3. states, "Please complete the LTC RI POLICY OPTIONS REQUEST FORM on the last page and return it to us so that we can provide you with rate options specific to your policy."

a. Please revise this statement to read, "Please complete the LTC RI POLICY OPTIONS REQUEST FORM enclosed with this letter and return it to us so that we can provide you with rate options specific to your policy."

b. The word "Enclosure" should be added as a non-variable word following the "Long Term Care Customer Service Team" on Page five.

Changed Items:

SERFF Tracking #:

LWEL-131516163

State Tracking #:

LWEL-131516163

Company Tracking #:

0254:201714

State: Virginia

Filing Company:

TPM Life Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.002 Non Qualified

Product Name: 2018 VA Rate Increase TPM

Project Name/Number: /

Supporting Document Schedule Item Changes

Satisfied - Item:	Form Schedule Statements of Variability, Readability Certificate, & Annotated Form Version
Comments:	Please see attached for the statements of variability for the forms on the "Form Schedule" tab as well as the readability certificate. Updated per objection from 7/17/2020. Per objection 7/17/2020, Annotated versions of the form have been added.
Attachment(s):	Statement Of Variability Form No. LTC-EndCovgApp20-VA 20200116.pdf Statement Of Variability Form No. VA-LTCHC-VarChgEnd 20200116.pdf TPM Readability Certificate 20200116.pdf StatementOfVariability_TPM-LTCRI-VA2019-PHN-0010_20200720.pdf StatementOfVariability_TPM-LTCRI-VA2019-PHN-0010-PORF_20200720.pdf Annotated_LTC-EndCovgApp20-VA_20200720.pdf Annotated_TPM-LTCRI-VA2019-PHN-0010_20200720.pdf Annotated_TPM-LTCRI-VA2019-PHN-0010-PORF_20200720.pdf Annotated_VA-LTCHC-VarChgEnd_20200720.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Form Schedule Statements of Variability & Readability Certificate</i>
Comments:	<i>Please see attached for the statements of variability for the forms on the "Form Schedule" tab as well as the readability certificate. Updated per objection from 12/06/2020.</i>
Attachment(s):	<i>StatementOfVariability Form No. TPM-LTCRI-VA2019-PHN-0010_20200116.pdf Statement of Variability Form No. TPM-LTCRI-VA2019-PHN-0010-PORF_20200116.pdf Statement Of Variability Form No. LTC-EndCovgApp20-VA 20200116.pdf Statement Of Variability Form No. VA-LTCHC-VarChgEnd 20200116.pdf TPM Readability Certificate 20200116.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Sample Policyholder Notification Letter Statement of Variability & Readability Certificate</i>
Comments:	<i>Please see attached for the sample notification letter's statement of variability and readability certificate. Updated per objection from 11/12/2019.</i>
Attachment(s):	<i>StatementOfVariability_FormNumber_TPM-LTCRI-VA2019-PHN-0010_20191204.pdf TPM Readability Certificate 20191204.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Response to Objection Letter Dated 3/4/2019</i>
Comments:	<i>Please see attached for the sample notification letter's statement of variability, along with a response letter.</i>
Attachment(s):	<i>StatementOfVariability_FormNumber_TPM-LTCRI-VA2019-PHN-0010_20190319.pdf TPM Objection (3.19.2019) Response.pdf</i>

State: Virginia

Filing Company:

TPM Life Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.002 Non Qualified

Product Name: 2018 VA Rate Increase TPM

Project Name/Number: /

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Sample Policyholder Notification Letter	TPM-LTCRI-VA2019-PHN-0010	OTH	Other			TPM-LTCRI-VA2019-PHN-0010_20200720.pdf	Date Submitted: 07/23/2020 By: Hannah Russell
<i>Previous Version</i>								
1	Sample Policyholder Notification Letter	TPM-LTCRI-VA2019-PHN-0010	OTH	Other			0010_LTCRI_VA201911_PolicyHolderNotice_DefinedOptions_Elim02_BenP01_20200116.pdf	Date Submitted: 01/16/2020 By: Hannah Russell
<i>Previous Version</i>								
1	Sample Policyholder Notification Letter	TPM-LTCRI-VA2019-PHN-0010	OTH	Other			0010_LTCRI_VA201911_PolicyHolderNotice_DefinedOptions_Elim02_BenP01_20191204.pdf	Date Submitted: 12/05/2019 By: Hannah Russell
<i>Previous Version</i>								
1	Sample Policyholder Notification Letter	TPM-LTCRI-VA2019-PHN-0010	OTH	Other			0010_LTCRI_VA201911_PolicyHolderNotice_DefinedOptions_Elim02_BenP01_20190319.pdf	Date Submitted: 03/19/2019 By: Hannah Russell

No Rate/Rule Schedule items changed.

Response 4

Comments:

We have removed the annotation and have added the annotated forms to the Supporting Documentation tab. We believe this also applies to form VA-LTCHC-VarChgEnd (which was updated for this change).

Related Objection 4

Applies To:

- Sample Policyholder Notification Letter, TPM-LTCRI-VA2019-PHN-0010 (Form)
- LTC RI Policy Options Request Form, TPM-LTCRI-VA2019-PHN-0010-PORF (Form)

SERFF Tracking #:

LWEL-131516163

State Tracking #:

LWEL-131516163

Company Tracking #:

0254:201714

State:

Virginia

Filing Company:

TPM Life Insurance Company

TOI/Sub-TOI:

LTC03I Individual Long Term Care/LTC03I.002 Non Qualified

Product Name:

2018 VA Rate Increase TPM

Project Name/Number:

/

- LTC Benefit Change Form, LTC-EndCovgApp20-VA (Form)

Comments: The forms attached to the Form Schedule are presented in an annotated version which corresponds with the variability. While the annotated version is very helpful in reviewing the variability, the forms are not in their final print version as required by 14 VAC 5-100-50 3. Please move the annotated version to Supporting Documentation with the Statement of Variability, and attach the final versions to the Form Schedule.

Changed Items:

SERFF Tracking #:

LWEL-131516163

State Tracking #:

LWEL-131516163

Company Tracking #:

0254:201714

State: Virginia

Filing Company:

TPM Life Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.002 Non Qualified

Product Name: 2018 VA Rate Increase TPM

Project Name/Number: /

Supporting Document Schedule Item Changes

Satisfied - Item:	Form Schedule Statements of Variability, Readability Certificate, & Annotated Form Version
Comments:	Please see attached for the statements of variability for the forms on the "Form Schedule" tab as well as the readability certificate. Updated per objection from 7/17/2020. Per objection 7/17/2020, Annotated versions of the form have been added.
Attachment(s):	Statement Of Variability Form No. LTC-EndCovgApp20-VA 20200116.pdf Statement Of Variability Form No. VA-LTCHC-VarChgEnd 20200116.pdf TPM Readability Certificate 20200116.pdf StatementOfVariability_TPM-LTCRI-VA2019-PHN-0010_20200720.pdf StatementOfVariability_TPM-LTCRI-VA2019-PHN-0010-PORF_20200720.pdf Annotated_LTC-EndCovgApp20-VA_20200720.pdf Annotated_TPM-LTCRI-VA2019-PHN-0010_20200720.pdf Annotated_TPM-LTCRI-VA2019-PHN-0010-PORF_20200720.pdf Annotated_VA-LTCHC-VarChgEnd_20200720.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Form Schedule Statements of Variability & Readability Certificate</i>
Comments:	<i>Please see attached for the statements of variability for the forms on the "Form Schedule" tab as well as the readability certificate. Updated per objection from 12/06/2020.</i>
Attachment(s):	<i>StatementOfVariability Form No. TPM-LTCRI-VA2019-PHN-0010_20200116.pdf Statement of Variability Form No. TPM-LTCRI-VA2019-PHN-0010-PORF_20200116.pdf Statement Of Variability Form No. LTC-EndCovgApp20-VA 20200116.pdf Statement Of Variability Form No. VA-LTCHC-VarChgEnd 20200116.pdf TPM Readability Certificate 20200116.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Sample Policyholder Notification Letter Statement of Variability & Readability Certificate</i>
Comments:	<i>Please see attached for the sample notification letter's statement of variability and readability certificate. Updated per objection from 11/12/2019.</i>
Attachment(s):	<i>StatementOfVariability_FormNumber_TPM-LTCRI-VA2019-PHN-0010_20191204.pdf TPM Readability Certificate 20191204.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Response to Objection Letter Dated 3/4/2019</i>
Comments:	<i>Please see attached for the sample notification letter's statement of variability, along with a response letter.</i>
Attachment(s):	<i>StatementOfVariability_FormNumber_TPM-LTCRI-VA2019-PHN-0010_20190319.pdf TPM Objection (3.19.2019) Response.pdf</i>

State: Virginia

Filing Company:

TPM Life Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.002 Non Qualified

Product Name: 2018 VA Rate Increase TPM

Project Name/Number: /

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	LTC RI Policy Options Request Form	TPM-LTCRI-VA2019-PHN-0010-PORF	OTH	Other			TPM-LTCRI-VA2019-PHN-0010-PORF_20200720.pdf	Date Submitted: 07/23/2020 By: Hannah Russell
<i>Previous Version</i>								
1	LTC RI Policy Options Request Form	TPM-LTCRI-VA2019-PHN-0010-PORF	OTH	Other			TPM-LTCRI-VA2019-PHN-0010-PORF_20200116.pdf	Date Submitted: 01/16/2020 By: Hannah Russell
2	LTC Benefit Change Form Endorsement	VA-LTCHC-VarChgEnd	OTH	Other			VA-LTCHC-VarChgEnd_20200720.pdf	Date Submitted: 07/23/2020 By: Hannah Russell
<i>Previous Version</i>								
2	LTC Benefit Change Form Endorsement	VA-LTCHC-VarChgEnd	OTH	Other			VA-LTCHC-VarChgEnd_20200116.pdf	Date Submitted: 01/16/2020 By: Hannah Russell
3	Sample Policyholder Notification Letter	TPM-LTCRI-VA2019-PHN-0010	OTH	Other			TPM-LTCRI-VA2019-PHN-0010_20200720.pdf	Date Submitted: 07/23/2020 By: Hannah Russell
<i>Previous Version</i>								
3	Sample Policyholder Notification Letter	TPM-LTCRI-VA2019-PHN-0010	OTH	Other			0010_LTCRI_VA201911_PolicyHolderNotice_DefinedOptions_Elim02_BenP01_20200116.pdf	Date Submitted: 01/16/2020 By: Hannah Russell
<i>Previous Version</i>								
3	Sample Policyholder Notification Letter	TPM-LTCRI-VA2019-PHN-0010	OTH	Other			0010_LTCRI_VA201911_PolicyHolderNotice_DefinedOptions_Elim02_BenP01_20191204.pdf	Date Submitted: 12/05/2019 By: Hannah Russell

State: Virginia

Filing Company:

TPM Life Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.002 Non Qualified

Product Name: 2018 VA Rate Increase TPM

Project Name/Number: /

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	LTC RI Policy Options Request Form	TPM-LTCRI-VA2019-PHN-0010-PORF	OTH	Other			TPM-LTCRI-VA2019-PHN-0010-PORF_20200720.pdf	Date Submitted: 07/23/2020 By: Hannah Russell
<i>Previous Version</i>								
3	Sample Policyholder Notification Letter	TPM-LTCRI-VA2019-PHN-0010	OTH	Other			0010_LTCRI_VA201911_PolicyHolderNotice_DefinedOptions_Elim02_BenP01_20190319.pdf	Date Submitted: 03/19/2019 By: Hannah Russell
4	LTC Benefit Change Form	LTC-EndCovgApp20-VA	OTH	Other			LTC-EndCovgApp20-VA_20200720.pdf	Date Submitted: 07/23/2020 By: Hannah Russell
<i>Previous Version</i>								
4	LTC Benefit Change Form	LTC-EndCovgApp20-VA	OTH	Other			LTC-EndCovgApp20-VA_20200116.pdf	Date Submitted: 01/16/2020 By: Hannah Russell

No Rate/Rule Schedule items changed.

Response 5

Comments:

We have moved the form number below the Company address. Please see the forms.

Related Objection 5

Applies To:

- LTC Benefit Change Form, LTC-EndCovgApp20-VA (Form)
- LTC Benefit Change Form Endorsement, VA-LTCHC-VarChgEnd (Form)

Comments: The form number should appear in the lower left-hand corner beneath the company address pursuant to 14 VAC 5-100-50 1.

Changed Items:

No Supporting Documents changed.

State: Virginia

Filing Company:

TPM Life Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.002 Non Qualified

Product Name: 2018 VA Rate Increase TPM

Project Name/Number: /

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	LTC Benefit Change Form Endorsement	VA-LTCHC-VarChgEnd	OTH	Other			VA-LTCHC-VarChgEnd_20200720.pdf	Date Submitted: 07/23/2020 By: Hannah Russell
<i>Previous Version</i>								
1	LTC Benefit Change Form Endorsement	VA-LTCHC-VarChgEnd	OTH	Other			VA-LTCHC-VarChgEnd_20200116.pdf	Date Submitted: 01/16/2020 By: Hannah Russell
2	LTC Benefit Change Form	LTC-EndCovgApp20-VA	OTH	Other			LTC-EndCovgApp20-VA_20200720.pdf	Date Submitted: 07/23/2020 By: Hannah Russell
<i>Previous Version</i>								
2	LTC Benefit Change Form	LTC-EndCovgApp20-VA	OTH	Other			LTC-EndCovgApp20-VA_20200116.pdf	Date Submitted: 01/16/2020 By: Hannah Russell

No Rate/Rule Schedule items changed.

Conclusion:

Please let us know if you need anything else.

Sincerely,

Hannah Russell

State: Virginia Filing Company: TPM Life Insurance Company
TOI/Sub-TOI: LTC031 Individual Long Term Care/LTC031.002 Non Qualified
Product Name: 2018 VA Rate Increase TPM
Project Name/Number: /

Response Letter

Response Letter Status Submitted to State
Response Letter Date 07/21/2020
Submitted Date 07/21/2020

Dear Bill Dismore,

Introduction:

Please see below for our response.

Response 1

Comments:

The Company desires that the blocks experience does not deteriorate further and thus not to request further rate increases. As long as the annually-revised future total anticipated loss ratio is no more than 10% higher than the filed future total anticipated loss ratio, reflecting the approved rate increase, then the Company does not see a need for filing another rate increase.

Related Objection 1

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please state the company's intentions regarding a future rate increase if the proposed increase is approved.

Explain the factors that would trigger a future rate increase.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 2

Comments:

We have updated this information via a post-submission update.

Related Objection 2

Comments: Rate/Rule Schedule

Please revise the Company Rate Information to reflect the revised rate increase per the Rate Request Summary.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Please let us know if you need anything else.

Sincerely,

Hannah Russell

State: Virginia **Filing Company:** TPM Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.002 Non Qualified
Product Name: 2018 VA Rate Increase TPM
Project Name/Number: /

Response Letter

Response Letter Status Submitted to State
 Response Letter Date 01/21/2020
 Submitted Date 01/21/2020

Dear Bill Dismore,

Introduction:

Please see below for our response. We have also provided a response to your "Note to Filer." If you need more information, please let us know.

Response 1

Comments:

We have moved the "Sample Policyholder Notification Letter" to the "Supporting Documentation" tab. Please note, we were able to remove the file from the "Form Schedule" tab, but not the line item.

Related Objection 1

Applies To:

- Sample Policyholder Notification Letter, (Form)

Comments: The sample, "John Doe" letter should not be placed under the Form Schedule. Please remove it from the Form Schedule and place it under the Supporting Documentation tab.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Sample Notification Letter TPM Updated
Comments:	Please note, this was moved from the "Form Schedule" tab, per the objection from 1/21/2020.
Attachment(s):	Sample Notification Letter TPM Updated v2.pdf

SERFF Tracking #:

LWEL-131516163

State Tracking #:

LWEL-131516163

Company Tracking #:

0254:201714

State: Virginia

Filing Company: TPM Life Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.002 Non Qualified

Product Name: 2018 VA Rate Increase TPM

Project Name/Number: /

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Sample Policyholder Notification Letter		OTH	Other				Date Submitted: 01/21/2020 By: Hannah Russell
<i>Previous Version</i>								
1	<i>Sample Policyholder Notification Letter</i>		<i>OTH</i>	<i>Other</i>			<i>Sample Notification Letter TPM Updated v2.pdf</i>	<i>Date Submitted: 02/27/2019 By: Hannah Russell</i>

No Rate/Rule Schedule items changed.

Conclusion:

Please let us know if you need any further information.

Sincerely,

Hannah Russell

SERFF Tracking #:

LWEL-131516163

State Tracking #:

LWEL-131516163

Company Tracking #:

0254:201714

State: Virginia

Filing Company: TPM Life Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.002 Non Qualified

Product Name: 2018 VA Rate Increase TPM

Project Name/Number: /

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	01/16/2020
Submitted Date	01/16/2020

Dear Bill Dismore,

Introduction:

Please see below for our response.

Response 1

Comments:

These have been added. We have also updated the statements of variability for each as well as the readability certificate. For these, please see the "Form Schedule Statements of Variability & Readability Certificate" on the "Supporting Documentation" tab. These were submitted as part of the last objection response and cannot be added here also.

Related Objection 1

Comments: Please add the following forms to the Form Schedule for review as they appear to been changed from a previously approved version or are new forms that have not been filed with Virginia.

1. TPM-LTCRI-VA2019-PHN-0010-PORF
2. LTC-EndCovgApp20-VA
3. VA-LTCHC-VarChgEnd

Changed Items:

No Supporting Documents changed.

State: Virginia

Filing Company:

TPM Life Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.002 Non Qualified

Product Name: 2018 VA Rate Increase TPM

Project Name/Number: /

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	LTC RI Policy Options Request Form	TPM-LTCRI-VA2019-PHN-0010-PORF	OTH	Other			TPM-LTCRI-VA2019-PHN-0010-PORF_20200116.pdf	Date Submitted: 01/16/2020 By: Hannah Russell
2	LTC Benefit Change Form	LTC-EndCovgApp20-VA	OTH	Other			LTC-EndCovgApp20-VA_20200116.pdf	Date Submitted: 01/16/2020 By: Hannah Russell
3	LTC Benefit Change Form Endorsement	VA-LTCHC-VarChgEnd	OTH	Other			VA-LTCHC-VarChgEnd_20200116.pdf	Date Submitted: 01/16/2020 By: Hannah Russell

No Rate/Rule Schedule items changed.

Conclusion:

Please let us know if you have any further questions.

Sincerely,

Hannah Russell

SERFF Tracking #:

LWEL-131516163

State Tracking #:

LWEL-131516163

Company Tracking #:

0254:201714

State: Virginia

Filing Company: TPM Life Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.002 Non Qualified

Product Name: 2018 VA Rate Increase TPM

Project Name/Number: /

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	01/16/2020
Submitted Date	01/16/2020

Dear Bill Dismore,

Introduction:

Please see below for our response.

Response 1

Comments:

Please see our response letter for a scenario.

Related Objection 1

Applies To:

- Sample Policyholder Notification Letter, TPM-LTCRI-VA2019-PHN-0010 (Form)

Comments: On page 3, under "OPTIONS TO CONSIDER" it appears that options 1. and 2. are the same. Please provide an explanation for how they are different and describe a scenario illustrating that difference.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to Objection Letter Date 12/6/2019
Comments:	Please see attached for a letter with our response.
Attachment(s):	Objection Letter (12.06.2019) Response.pdf

State: Virginia

Filing Company:

TPM Life Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.002 Non Qualified

Product Name: 2018 VA Rate Increase TPM

Project Name/Number: /

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Sample Policyholder Notification Letter	TPM-LTCRI-VA2019-PHN-0010	OTH	Other			0010_LTCRI_VA 201911_PolicyHolderNotice_DefinedOptions_Elim02_BenP01_20200116.pdf	Date Submitted: 01/16/2020 By: Hannah Russell
<i>Previous Version</i>								
1	Sample Policyholder Notification Letter	TPM-LTCRI-VA2019-PHN-0010	OTH	Other			0010_LTCRI_VA 201911_PolicyHolderNotice_DefinedOptions_Elim02_BenP01_20191204.pdf	Date Submitted: 12/05/2019 By: Hannah Russell
<i>Previous Version</i>								
1	Sample Policyholder Notification Letter	TPM-LTCRI-VA2019-PHN-0010	OTH	Other			0010_LTCRI_VA 201911_PolicyHolderNotice_DefinedOptions_Elim02_BenP01_20190319.pdf	Date Submitted: 03/19/2019 By: Hannah Russell

No Rate/Rule Schedule items changed.

Response 2

Comments:

This has been added to the form.

Related Objection 2

Applies To:

- Sample Policyholder Notification Letter, TPM-LTCRI-VA2019-PHN-0010 (Form)

Comments: On page 3. Under "OPTIONS TO CONSIDER", number 5. Contingent Benefit Upon Lapse (CBUL). Pursuant to 14VAC5-200-185 D, the letter should state clearly what the benefit will be. As an example:

"The Contingent Benefit Upon Lapse provides that the paid-up value will be the greater of 100% of the sum of all premiums paid or 30 times the daily nursing home benefit at the time of lapse; in no event will the paid-up value exceed the maximum benefits which would be payable if the policy remained in a premium paying status."

Changed Items:

State: Virginia

Filing Company:

TPM Life Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.002 Non Qualified

Product Name: 2018 VA Rate Increase TPM

Project Name/Number: /

No Supporting Documents changed.

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Sample Policyholder Notification Letter	TPM-LTCRI-VA2019-PHN-0010	OTH	Other			0010_LTCRI_VA 201911_PolicyHolderNotice_DefinedOptions_Elim02_BenP01_20200116.pdf	Date Submitted: 01/16/2020 By: Hannah Russell
<i>Previous Version</i>								
1	Sample Policyholder Notification Letter	TPM-LTCRI-VA2019-PHN-0010	OTH	Other			0010_LTCRI_VA 201911_PolicyHolderNotice_DefinedOptions_Elim02_BenP01_20191204.pdf	Date Submitted: 12/05/2019 By: Hannah Russell
<i>Previous Version</i>								
1	Sample Policyholder Notification Letter	TPM-LTCRI-VA2019-PHN-0010	OTH	Other			0010_LTCRI_VA 201911_PolicyHolderNotice_DefinedOptions_Elim02_BenP01_20190319.pdf	Date Submitted: 03/19/2019 By: Hannah Russell

No Rate/Rule Schedule items changed.

Response 3

Comments:

This has been added to the form.

Related Objection 3

Applies To:

- Sample Policyholder Notification Letter, TPM-LTCRI-VA2019-PHN-0010 (Form)

Comments: Please provide a clear explanation of the driving factors that led to the adverse claims experience mentioned in the first paragraph of the letter. The explanation should be specific but "consumer friendly".

Changed Items:

State: Virginia

Filing Company:

TPM Life Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.002 Non Qualified

Product Name: 2018 VA Rate Increase TPM

Project Name/Number: /

No Supporting Documents changed.

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Sample Policyholder Notification Letter	TPM-LTCRI-VA2019-PHN-0010	OTH	Other			0010_LTCRI_VA 201911_PolicyHolderNotice_DefinedOptions_Elim02_BenP01_20200116.pdf	Date Submitted: 01/16/2020 By: Hannah Russell
<i>Previous Version</i>								
1	Sample Policyholder Notification Letter	TPM-LTCRI-VA2019-PHN-0010	OTH	Other			0010_LTCRI_VA 201911_PolicyHolderNotice_DefinedOptions_Elim02_BenP01_20191204.pdf	Date Submitted: 12/05/2019 By: Hannah Russell
<i>Previous Version</i>								
1	Sample Policyholder Notification Letter	TPM-LTCRI-VA2019-PHN-0010	OTH	Other			0010_LTCRI_VA 201911_PolicyHolderNotice_DefinedOptions_Elim02_BenP01_20190319.pdf	Date Submitted: 03/19/2019 By: Hannah Russell

No Rate/Rule Schedule items changed.

Response 4**Comments:**

Please see our response letter for the description of the process.

Related Objection 4

Applies To:

- Sample Policyholder Notification Letter, TPM-LTCRI-VA2019-PHN-0010 (Form)

Comments: Please describe the process for notification of the rate increase to a policyholder on premium waiver. The description should include the timing of the notice and the number of days the policyholder has to elect an option. The process should consider the situation of a policyholder who remains in premium waiver status one year after the initial rate increase notification.

Changed Items:

State: Virginia

Filing Company:

TPM Life Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.002 Non Qualified

Product Name: 2018 VA Rate Increase TPM

Project Name/Number: /

Supporting Document Schedule Item Changes**Satisfied - Item:** Response to Objection Letter Date 12/6/2019**Comments:** Please see attached for a letter with our response.**Attachment(s):** Objection Letter (12.06.2019) Response.pdf**Form Schedule Item Changes**

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Sample Policyholder Notification Letter	TPM-LTCRI-VA2019-PHN-0010	OTH	Other			0010_LTCRI_VA201911_PolicyHolderNotice_DefinedOptions_Elim02_BenP01_20200116.pdf	Date Submitted: 01/16/2020 By: Hannah Russell
<i>Previous Version</i>								
1	Sample Policyholder Notification Letter	TPM-LTCRI-VA2019-PHN-0010	OTH	Other			0010_LTCRI_VA201911_PolicyHolderNotice_DefinedOptions_Elim02_BenP01_20191204.pdf	Date Submitted: 12/05/2019 By: Hannah Russell
<i>Previous Version</i>								
1	Sample Policyholder Notification Letter	TPM-LTCRI-VA2019-PHN-0010	OTH	Other			0010_LTCRI_VA201911_PolicyHolderNotice_DefinedOptions_Elim02_BenP01_20190319.pdf	Date Submitted: 03/19/2019 By: Hannah Russell

No Rate/Rule Schedule items changed.

Response 5**Comments:**

This has been added to the form and the statement of variability.

Related Objection 5

Applies To:

- Sample Policyholder Notification Letter, TPM-LTCRI-VA2019-PHN-0010 (Form)

State: Virginia **Filing Company:** TPM Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.002 Non Qualified
Product Name: 2018 VA Rate Increase TPM
Project Name/Number: /

Comments: Page 1, third paragraph regarding public inspection, it is recommended that the Virginia Bureau of Insurance's webpage, www.scc.virginia.gov/BOI be made variable in the event the webpage address changes in the future.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Form Schedule Statements of Variability & Readability Certificate
Comments:	Please see attached for the statements of variability for the forms on the "Form Schedule" tab as well as the readability certificate. Updated per objection from 12/06/2020.
Attachment(s):	StatementOfVariability Form No. TPM-LTCRI-VA2019-PHN-0010_20200116.pdf Statement of Variability Form No. TPM-LTCRI-VA2019-PHN-0010-PORF_20200116.pdf Statement Of Variability Form No. LTC-EndCovgApp20-VA 20200116.pdf Statement Of Variability Form No. VA-LTCHC-VarChgEnd 20200116.pdf TPM Readability Certificate 20200116.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Sample Policyholder Notification Letter Statement of Variability & Readability Certificate</i>
Comments:	<i>Please see attached for the sample notification letter's statement of variability and readability certificate. Updated per objection from 11/12/2019.</i>
Attachment(s):	<i>StatementOfVariability_FormNumber_TPM-LTCRI-VA2019-PHN-0010_20191204.pdf TPM Readability Certificate 20191204.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Response to Objection Letter Dated 3/4/2019</i>
Comments:	<i>Please see attached for the sample notification letter's statement of variability, along with a response letter.</i>
Attachment(s):	<i>StatementOfVariability_FormNumber_TPM-LTCRI-VA2019-PHN-0010_20190319.pdf TPM Objection (3.19.2019) Response.pdf</i>

State: Virginia

Filing Company:

TPM Life Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.002 Non Qualified

Product Name: 2018 VA Rate Increase TPM

Project Name/Number: /

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Sample Policyholder Notification Letter	TPM-LTCRI-VA2019-PHN-0010	OTH	Other			0010_LTCRI_VA201911_PolicyHolderNotice_DefinedOptions_Elim02_BenP01_20200116.pdf	Date Submitted: 01/16/2020 By: Hannah Russell
<i>Previous Version</i>								
1	Sample Policyholder Notification Letter	TPM-LTCRI-VA2019-PHN-0010	OTH	Other			0010_LTCRI_VA201911_PolicyHolderNotice_DefinedOptions_Elim02_BenP01_20191204.pdf	Date Submitted: 12/05/2019 By: Hannah Russell
<i>Previous Version</i>								
1	Sample Policyholder Notification Letter	TPM-LTCRI-VA2019-PHN-0010	OTH	Other			0010_LTCRI_VA201911_PolicyHolderNotice_DefinedOptions_Elim02_BenP01_20190319.pdf	Date Submitted: 03/19/2019 By: Hannah Russell

No Rate/Rule Schedule items changed.

Response 6

Comments:

This has been added to the form.

Related Objection 6

Applies To:

- Sample Policyholder Notification Letter, TPM-LTCRI-VA2019-PHN-0010 (Form)

Comments: Page 4, 3rd paragraph. If the policy is subject to a rate increase in the future, provide an explanation of the policyholder's option(s) in the event of a premium rate revision.

Changed Items:

No Supporting Documents changed.

State: Virginia

Filing Company:

TPM Life Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.002 Non Qualified

Product Name: 2018 VA Rate Increase TPM

Project Name/Number: /

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Sample Policyholder Notification Letter	TPM-LTCRI-VA2019-PHN-0010	OTH	Other			0010_LTCRI_VA201911_PolicyHolderNotice_DefinedOptions_Elim02_BenP01_20200116.pdf	Date Submitted: 01/16/2020 By: Hannah Russell
<i>Previous Version</i>								
1	Sample Policyholder Notification Letter	TPM-LTCRI-VA2019-PHN-0010	OTH	Other			0010_LTCRI_VA201911_PolicyHolderNotice_DefinedOptions_Elim02_BenP01_20191204.pdf	Date Submitted: 12/05/2019 By: Hannah Russell
<i>Previous Version</i>								
1	Sample Policyholder Notification Letter	TPM-LTCRI-VA2019-PHN-0010	OTH	Other			0010_LTCRI_VA201911_PolicyHolderNotice_DefinedOptions_Elim02_BenP01_20190319.pdf	Date Submitted: 03/19/2019 By: Hannah Russell

No Rate/Rule Schedule items changed.

Response 7

Comments:

Please see our response letter. The font is 10 point.

Related Objection 7

Applies To:

- Sample Policyholder Notification Letter, TPM-LTCRI-VA2019-PHN-0010 (Form)

Comments: Please clarify if the addressee name and address is in 10 point font as required by 14VAC5-100-50.5.

Changed Items:

State: Virginia

Filing Company: TPM Life Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.002 Non Qualified

Product Name: 2018 VA Rate Increase TPM

Project Name/Number: /

Supporting Document Schedule Item Changes

Satisfied - Item:	Response to Objection Letter Date 12/6/2019
Comments:	Please see attached for a letter with our response.
Attachment(s):	Objection Letter (12.06.2019) Response.pdf

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Sample Policyholder Notification Letter	TPM-LTCRI-VA2019-PHN-0010	OTH	Other			0010_LTCRI_VA 201911_PolicyHolderNotice_DefinedOptions_Elim02_BenP01_20200116.pdf	Date Submitted: 01/16/2020 By: Hannah Russell
<i>Previous Version</i>								
1	Sample Policyholder Notification Letter	TPM-LTCRI-VA2019-PHN-0010	OTH	Other			0010_LTCRI_VA 201911_PolicyHolderNotice_DefinedOptions_Elim02_BenP01_20191204.pdf	Date Submitted: 12/05/2019 By: Hannah Russell
<i>Previous Version</i>								
1	Sample Policyholder Notification Letter	TPM-LTCRI-VA2019-PHN-0010	OTH	Other			0010_LTCRI_VA 201911_PolicyHolderNotice_DefinedOptions_Elim02_BenP01_20190319.pdf	Date Submitted: 03/19/2019 By: Hannah Russell

No Rate/Rule Schedule items changed.

Response 8

Comments:

This has been updated.

Related Objection 8

Applies To:

- Certification of Compliance (Supporting Document)

SERFF Tracking #:

LWEL-131516163

State Tracking #:

LWEL-131516163

Company Tracking #:

0254:201714

State: Virginia

Filing Company: TPM Life Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.002 Non Qualified

Product Name: 2018 VA Rate Increase TPM

Project Name/Number: /

Comments: Please revise the Certificate of Compliance for all form numbers provided under the Form Schedule in this filing.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Certification of Compliance
Comments:	
Attachment(s):	2020 VA Compliance Certification.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Certification of Compliance</i>
Comments:	
Attachment(s):	<i>2018 VA Compliance Certification for TPM, 5.29.2018.pdf</i>

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Please let us know if you have any further questions.

Sincerely,

Hannah Russell

State: Virginia **Filing Company:** TPM Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.002 Non Qualified
Product Name: 2018 VA Rate Increase TPM
Project Name/Number: /

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	12/02/2019
Submitted Date	12/02/2019

Dear Bill Dismore,

Introduction:

Please see below for our response.

Response 1

Comments:

We have updated the rates to reflect the 19% rate increase.

Related Objection 1

Applies To:

- Proposed Rates Pre-RS, [QH-9606-LTC-APC] (Rate)
- Proposed Rates Pre-RS, [QH-9610-HCP] (Rate)
- Proposed Rates Pre-RS, [SH-9606-LTC-APC] (Rate)
- Proposed Rates Pre-RS, [SH-9610-HCP] (Rate)
- Proposed Rates Pre-RS, [TNQ-LTC-2000(VA)] (Rate)
- Proposed Rates Pre-RS, [TQ-LTC-2000(VA)] (Rate)

Comments: Per the Company's email of November 12, 2019, please revise the proposed rates to reflect the 19% rate increase.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

SERFF Tracking #:

LWEL-131516163

State Tracking #:

LWEL-131516163

Company Tracking #:

0254:201714

State: Virginia

Filing Company:

TPM Life Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.002 Non Qualified

Product Name: 2018 VA Rate Increase TPM

Project Name/Number: /

Rate/Rule Schedule Item Changes

Item No.	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments	Date Submitted
1	Proposed Rates Pre-RS	QH-9606-LTC-APC	Revised	Previous State Filing Number: LWEL-128450811 Percent Rate Change Request: 19	QH-9606-LTC Proposed Rates.pdf,	12/02/2019 By: Hannah Russell
<i>Previous Version</i>						
1	<i>Proposed Rates Pre-RS</i>	<i>QH-9606-LTC-APC</i>	<i>Revised</i>	<i>Previous State Filing Number: LWEL-128450811 Percent Rate Change Request: 52.088</i>	<i>QH-9606-LTC_RI_Step 1.pdf, QH-9606-LTC_RI_Step 2.pdf, QH-9606-LTC_RI_Step 3.pdf,</i>	<i>06/17/2019 By:</i>
2	Proposed Rates Pre-RS	QH-9610-HCP	Revised	Previous State Filing Number: LWEL-128450811 Percent Rate Change Request: 19	QH-9610-HCP Proposed Rates.pdf,	12/02/2019 By: Hannah Russell
<i>Previous Version</i>						
2	<i>Proposed Rates Pre-RS</i>	<i>QH-9610-HCP</i>	<i>Revised</i>	<i>Previous State Filing Number: LWEL-128450811 Percent Rate Change Request: 52.088</i>	<i>QH-9610-HCP_RI_Step 1.pdf, QH-9610-HCP_RI_Step 2.pdf, QH-9610-HCP_RI_Step 3.pdf,</i>	<i>06/17/2019 By:</i>
3	Proposed Rates Pre-RS	SH-9606-LTC-APC	Revised	Previous State Filing Number: LWEL-128450811 Percent Rate Change Request: 19	SH-9606-LTC Proposed Rates.pdf,	12/02/2019 By: Hannah Russell
<i>Previous Version</i>						
3	<i>Proposed Rates Pre-RS</i>	<i>SH-9606-LTC-APC</i>	<i>Revised</i>	<i>Previous State Filing Number: LWEL-128450811 Percent Rate Change</i>	<i>SH-9606-LTC_RI_Step 1.pdf, SH-9606-LTC_RI_Step 2.pdf, SH-9606-LTC_RI_Step</i>	<i>06/17/2019 By:</i>

SERFF Tracking #:

LWEL-131516163

State Tracking #:

LWEL-131516163

Company Tracking #:

0254:201714

State: Virginia

Filing Company:

TPM Life Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.002 Non Qualified

Product Name: 2018 VA Rate Increase TPM

Project Name/Number: /

Rate/Rule Schedule Item Changes

				<i>Request:</i> 52.088	3.pdf,	
4	Proposed Rates Pre-RS	SH-9610-HCP	Revised	Previous State Filing Number: LWEL-128450811 Percent Rate Change Request: 19	SH-9610-HCP Proposed Rates.pdf,	12/02/2019 By: Hannah Russell
<i>Previous Version</i>						
4	<i>Proposed Rates Pre-RS</i>	<i>SH-9610-HCP</i>	<i>Revised</i>	<i>Previous State Filing Number: LWEL-128450811 Percent Rate Change Request: 52.088</i>	<i>SH-9610-HCP_RI_Step 1.pdf, SH-9610-HCP_RI_Step 2.pdf, SH-9610-HCP_RI_Step 3.pdf,</i>	<i>06/17/2019 By:</i>
5	Proposed Rates Pre-RS	TNQ-LTC-2000(VA)	Revised	Previous State Filing Number: LWEL-128450811 Percent Rate Change Request: 19	TNQ-LTC-2000 Proposed Rates.pdf,	12/02/2019 By: Hannah Russell
<i>Previous Version</i>						
5	<i>Proposed Rates Pre-RS</i>	<i>TNQ-LTC-2000(VA)</i>	<i>Revised</i>	<i>Previous State Filing Number: LWEL-128450811 Percent Rate Change Request: 52.088</i>	<i>TNQ-LTC-2000(VA)_RI_Step 1.pdf, TNQ-LTC-2000(VA)_RI_Step 2.pdf, TNQ-LTC-2000(VA)_RI_Step 3.pdf,</i>	<i>06/17/2019 By:</i>
6	Proposed Rates Pre-RS	TQ-LTC-2000(VA)	Revised	Previous State Filing Number: LWEL-128450811 Percent Rate Change Request: 19	TQ-LTC-2000 Proposed Rates.pdf,	12/02/2019 By: Hannah Russell
<i>Previous Version</i>						
6	<i>Proposed Rates Pre-RS</i>	<i>TQ-LTC-2000(VA)</i>	<i>Revised</i>	<i>Previous State Filing Number: LWEL-128450811 Percent Rate Change Request: 52.088</i>	<i>TQ-LTC-2000(VA)_RI_Step 1.pdf, TQ-LTC-2000(VA)_RI_Step 2.pdf, TQ-LTC-2000(VA)_RI_Step 3.pdf,</i>	<i>06/17/2019 By:</i>

SERFF Tracking #:

LWEL-131516163

State Tracking #:

LWEL-131516163

Company Tracking #:

0254:201714

State:

Virginia

Filing Company:

TPM Life Insurance Company

TOI/Sub-TOI:

LTC03I Individual Long Term Care/LTC03I.002 Non Qualified

Product Name:

2018 VA Rate Increase TPM

Project Name/Number:

/

Response 2

Comments:

We have updated the actuarial memorandum and summary file to reflect the 19% rate increase.

Related Objection 2

Applies To:

- Long Term Care Insurance Rate Request Summary (Supporting Document)*
- L&H Actuarial Memorandum (Supporting Document)*

Comments: Please revise the Rate Request Summary and the Actuarial Memorandum and exhibits to reflect the 19% rate increase.

Changed Items:

State: Virginia **Filing Company:** TPM Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.002 Non Qualified
Product Name: 2018 VA Rate Increase TPM
Project Name/Number: /

Supporting Document Schedule Item Changes

Satisfied - Item:	L&H Actuarial Memorandum
Comments:	Updated actuarial memorandum per objection from 11/25/2019.
Attachment(s):	TPM Objection #4 (01.28.2019) Response.pdf Exhibit, Objection 1.6, VA, Breakdown, Jan. 2019, Final.xlsx Updated_Exhibit III_VA_December 2019.xlsx Actuarial Memorandum v6 12.02.2019.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>L&H Actuarial Memorandum</i>
Comments:	<i>Updated actuarial memorandum per objection from 10/29/2019.</i>
Attachment(s):	<i>TPM Objection #4 (01.28.2019) Response.pdf Updated_Exhibit III_VA_November 2018 v1.xlsx Exhibit, Objection 1.6, VA, Breakdown, Jan. 2019, Final.xlsx Actuarial Memorandum v5 11.05.2019.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>L&H Actuarial Memorandum</i>
Comments:	<i>Response to objection from 9/19/2018.</i>
Attachment(s):	<i>TPM Objection #4 (01.28.2019) Response.pdf Actuarial Memorandum, 1.28.2019.pdf Updated_Exhibit III_VA_November 2018 v1.xlsx Exhibit, Objection 1.6, VA, Breakdown, Jan. 2019, Final.xlsx</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>L&H Actuarial Memorandum</i>
Comments:	<i>Response to objections from 7/13/2018. Updated Exhibit III-V. Attached Exhibit I here, which is also on the "Rate/Rule Schedule" tab. Otherwise, nothing else was updated.</i>
Attachment(s):	<i>Actuarial Memorandum for TPM, VA Rate Increase, 5.29.2018.pdf Exhibit_II for TPM, VA Rate Increase, 5.29.2018.pdf Exhibit_I for TPM, VA Rate Increase, 5.27.2018.pdf Exhibit III-V, TPM, Objection 5.3, 5.4 Response, 7.27.2018.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>L&H Actuarial Memorandum</i>
Comments:	
Attachment(s):	<i>Actuarial Memorandum for TPM, VA Rate Increase, 5.29.2018.pdf Exhibit_II for TPM, VA Rate Increase, 5.29.2018.pdf Exhibit_III for TPM, VA Rate Increase, 5.29.2018.pdf</i>

State: Virginia **Filing Company:** TPM Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.002 Non Qualified
Product Name: 2018 VA Rate Increase TPM
Project Name/Number: /

Supporting Document Schedule Item Changes

Satisfied - Item:	L&H Actuarial Memorandum
Comments:	Updated actuarial memorandum per objection from 11/25/2019.
Attachment(s):	TPM Objection #4 (01.28.2019) Response.pdf Exhibit, Objection 1.6, VA, Breakdown, Jan. 2019, Final.xlsx Updated_Exhibit III_VA_December 2019.xlsx Actuarial Memorandum v6 12.02.2019.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>L&H Actuarial Memorandum</i>
Comments:	<i>Updated actuarial memorandum per objection from 10/29/2019.</i>
Attachment(s):	<i>TPM Objection #4 (01.28.2019) Response.pdf Updated_Exhibit III_VA_November 2018 v1.xlsx Exhibit, Objection 1.6, VA, Breakdown, Jan. 2019, Final.xlsx Actuarial Memorandum v5 11.05.2019.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>L&H Actuarial Memorandum</i>
Comments:	<i>Response to objection from 9/19/2018.</i>
Attachment(s):	<i>TPM Objection #4 (01.28.2019) Response.pdf Actuarial Memorandum, 1.28.2019.pdf Updated_Exhibit III_VA_November 2018 v1.xlsx Exhibit, Objection 1.6, VA, Breakdown, Jan. 2019, Final.xlsx</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>L&H Actuarial Memorandum</i>
Comments:	<i>Response to objections from 7/13/2018. Updated Exhibit III-V. Attached Exhibit I here, which is also on the "Rate/Rule Schedule" tab. Otherwise, nothing else was updated.</i>
Attachment(s):	<i>Actuarial Memorandum for TPM, VA Rate Increase, 5.29.2018.pdf Exhibit_II for TPM, VA Rate Increase, 5.29.2018.pdf Exhibit_I for TPM, VA Rate Increase, 5.27.2018.pdf Exhibit III-V, TPM, Objection 5.3, 5.4 Response, 7.27.2018.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>L&H Actuarial Memorandum</i>
Comments:	
Attachment(s):	<i>Actuarial Memorandum for TPM, VA Rate Increase, 5.29.2018.pdf Exhibit_II for TPM, VA Rate Increase, 5.29.2018.pdf Exhibit_III for TPM, VA Rate Increase, 5.29.2018.pdf</i>

SERFF Tracking #:

LWEL-131516163

State Tracking #:

LWEL-131516163

Company Tracking #:

0254:201714

State: Virginia

Filing Company:

TPM Life Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.002 Non Qualified

Product Name: 2018 VA Rate Increase TPM

Project Name/Number: /

Satisfied - Item:	Long Term Care Insurance Rate Request Summary
Comments:	Updated per objection from 11/25/2019
Attachment(s):	LTC Insurance Rate Request Summary TPM 12.02.2019.pdf LTC Insurance Rate Request Summary_Response_Narrative v2.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Long Term Care Insurance Rate Request Summary</i>
Comments:	<i>Per objection letter from 7/27/2018, we have attached a brief narrative.</i>
Attachment(s):	<i>LTC Insurance Rate Request Summary, TPM, 5.29.2018.pdf Objection 1_Response_Narrative.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Long Term Care Insurance Rate Request Summary</i>
Comments:	<i>Per objection letter from 7/13/2018, we have attached a brief narrative.</i>
Attachment(s):	<i>LTC Insurance Rate Request Summary, TPM, 5.29.2018.pdf TPM Objection 1 Response.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Long Term Care Insurance Rate Request Summary</i>
Comments:	<i>We are requesting a rate increase of 51.169% per member (15% each year over three years). A rate increase is needed for all policies issued in Virginia before October 1, 2003 because of the claims experience.</i>
Attachment(s):	<i>LTC Insurance Rate Request Summary, TPM, 5.29.2018.pdf</i>

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Please let us know if you need anything else.

Sincerely,

Hannah Russell

SERFF Tracking #:

LWEL-131516163

State Tracking #:

LWEL-131516163

Company Tracking #:

0254:201714

State:

Virginia

Filing Company:

TPM Life Insurance Company

TOI/Sub-TOI:

LTC03I Individual Long Term Care/LTC03I.002 Non Qualified

Product Name:

2018 VA Rate Increase TPM

Project Name/Number:

/

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	12/05/2019
Submitted Date	12/05/2019

Dear Bill Dismore,

Introduction:

Please see below for our response.

Response 1

Comments:

We have revised the sample policyholder notification letter in order to meet the above requirements and requests. We have also updated the statement of variability and added a readability certificate.

Related Objection 1

Applies To:

- Sample Policyholder Notification Letter, TPM-LTCRI-VA2019-PHN-0010 (Form)

State:	Virginia	Filing Company:	TPM Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.002 Non Qualified		
Product Name:	2018 VA Rate Increase TPM		
Project Name/Number:	/		

Comments: Sections of these objections may also apply to the Statement of Variability - TPM-LTCRI-VA2019-PHN-0010

1. Please use brackets ([]) rather than double carrots (<< >>) for variable language consistently throughout the letter as per SERFF General Instructions.

2. Each variable field that appears on the policyholder notification form should be listed on the Statement of Variability in a table format. The table should include page number, variable field item number, and detailed, specific explanations of all the variable text. The variable fields on the form should match exactly with the variable field item number on the Statement of Variability.

SERFF GENERAL INSTRUCTIONS

8. All variable information must be bracketed and explained in detail. A Statement of Variability should be provided in all cases where variable information is presented. The Statement of Variability should be detailed and specific. It should identify each variable field appearing in the forms and describe specifically how that field will vary from the text as presented. For any variable numerical information, please express the minimum and maximum values. Any variable language must be defined sufficiently so that compliance with statutory or regulatory requirements can be determined. If submitted, a separate Statement of Variability should be placed in the Supporting Documentation section.

3. Page 1, "<<FNAME>>" should be explained on the S.O.V.

4. Please explain the purpose of wording, "Template: [0010_LTCRI-VA201911_PolicyHolderNotice_DefinedOptions_Elim02_BenP01_20190319.docx]" in the footer of the letter. This has no application to the policyholder. It is our suggestion that this language be removed from the letter as it is an instruction that is not applicable to the policyholder.

5. a. In the paragraph announcing the premium increase, the Company should also state the current premium that is paid by the policyholder along with the increased premium amount.

5. b. Please consider moving the first paragraph on page 2 announcing the rate increase so that it follows the first paragraph on page 1.

6. First paragraph on page 2, "An ultimate compounded rate increase of...". This language is not variable in the event a single increase is approved rather than a series. Please consider revising this paragraph to accommodate both single or series increase.

7. Provide a clear explanation of the driving factors for the premium rate increase stated in paragraph 3 on page 1. The current description appears confusing and uses language that may be difficult for a policyholder to understand.

8. Please explain the variable language, "PxDueOnOrAfterDateYr01", "ModeDesc", "15", "MODEPREM" and "RIMODEPR". All bracketed variability should be fully explained on the Statement of Variability.

9. Page 2, 5th paragraph, the sentence refers to "above form numbers". We could not find reference to the "above form numbers" in the letter. Please revise.

10. 3rd paragraph on page 3, 14VAC5-200-75 A. 2. requires a statement that should there be future rate increases, similar options to those currently being offered will be

State:	Virginia	Filing Company:	TPM Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.002 Non Qualified		
Product Name:	2018 VA Rate Increase TPM		
Project Name/Number:	/		

available and that benefits may be changed at any time and not restricted to the time of a rate increase.

11. On page 3, under Options To Consider, number 5. Contingent Benefit Upon Lapse (CBUL) should:

a. Clearly state what the benefit will be. For example, The paid-up value will be the greater of 100% of the sum of all premiums paid or 30 times the daily nursing home benefit at the time of lapse; in no event will the paid-up value exceed the maximum benefits which would be payable if the policy remained in a premium paying status.

b. Explain why there would be rate options if the policy were lapsed.

12. The letter does not address policyholders who are on premium waiver due to a claim. Please add this language.

13. The LTC RI Policy Options Request Form on page 5 is designed to be removed from the letter and returned to the Company. 14VAC5-100-40 1 provides that each form submitted must have a form number and that form number must distinguish the form from all other form numbers. For regulatory conformity, any page (or section) that will not remain with the policyholder letter should not bear the same form number as that of the policyholder letter.

14. Please provide a Certificate of Readability for the Policyholder Letter.

15. For prominence in the header on the first page, "TPM Life Insurance Company" should be in bold text, while "Long Term Care Customer Service Team" should not be in bold text.

Changed Items:

State: Virginia

Filing Company:

TPM Life Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.002 Non Qualified

Product Name: 2018 VA Rate Increase TPM

Project Name/Number: /

Supporting Document Schedule Item Changes

Satisfied - Item:	Sample Policyholder Notification Letter Statement of Variability & Readability Certificate
Comments:	Please see attached for the sample notification letter's statement of variability and readability certificate. Updated per objection from 11/12/2019.
Attachment(s):	StatementOfVariability_FormNumber_TPM-LTCRI-VA2019-PHN-0010_20191204.pdf TPM Readability Certificate 20191204.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Response to Objection Letter Dated 3/4/2019</i>
Comments:	<i>Please see attached for the sample notification letter's statement of variability, along with a response letter.</i>
Attachment(s):	<i>StatementOfVariability_FormNumber_TPM-LTCRI-VA2019-PHN-0010_20190319.pdf TPM Objection (3.19.2019) Response.pdf</i>

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Sample Policyholder Notification Letter	TPM-LTCRI-VA2019-PHN-0010	OTH	Other			0010_LTCRI_VA 201911_PolicyHolderNotice_DefinedOptions_Elim02_BenP01_20191204.pdf	Date Submitted: 12/05/2019 By: Hannah Russell
<i>Previous Version</i>								
1	Sample Policyholder Notification Letter	TPM-LTCRI-VA2019-PHN-0010	OTH	Other			0010_LTCRI_VA 201911_PolicyHolderNotice_DefinedOptions_Elim02_BenP01_20190319.pdf	Date Submitted: 03/19/2019 By: Hannah Russell

No Rate/Rule Schedule items changed.

Response 2**Comments:**

We have updated the John Doe forms as requested and required as well as their statements of variability. We have added a note about third-party care givers in the statements of variability.

Related Objection 2

State: Virginia **Filing Company:** TPM Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.002 Non Qualified
Product Name: 2018 VA Rate Increase TPM
Project Name/Number: /

Comments: Applies to Forms LTC-EndCovgApp20-VA; LTC-CNFB-PaidUp2010-VA; VA-LTCHC-VarChgEnd & Statements of Variability

1. Page 1, Date is not bracketed for variability

2. Following, Dear variability is not defined on the Statement of Variability. How will the Company handle a third-party care giver of the named insured?

3. The following company information could be subject to change: is made variable on the TPM-LTCRI-VA2019-PHN-0010 form. For consistency, please make this information variable on the above referenced forms and add to the Statements of Variability.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	John Doe forms & Statements of Variability.
Comments:	Please see attached for the following forms and files: an example "John Doe" policyholder notification letter; benefit change forms (LTC-CNFB-PaidUp2010-VA, LTC-EndCovgApp20-VA", "VA-LTCHC-VarChgEnd"); and statements of variability for the three forms. Updated per objection from 11/12/2019.
Attachment(s):	0010_LTCRI_VA201911_PolicyHolderNotice_DefinedOptions_Elim02_BenP01_20190319_JohnDoe.pdf 1_Options Letter_2015_John X. Doe 20191204.pdf 2_Conf Letter and End_2015_DAILY BEN_John X. Doe 20191204.pdf 3_Conf Letter and End_2015_BENE PER_John X. Doe 20191204.pdf 4_Conf Letter and End_2015_ELIM PER-100_John X. Doe 20191204.pdf 5_Conf Letter and End_2015_CBUL_John X. Doe 20191204.pdf Statement Of Variability Form No. LTC-CNFB-PaidUp2010-VA 20191204.pdf Statement Of Variability Form No. LTC-EndCovgApp20-VA 20191204.pdf Statement Of Variability Form No. VA-LTCHC-VarChgEnd 20191204.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Response to Objection Letter Dated 3/20/2019</i>
Comments:	<i>Please see attached for the following forms and files: an example "John Doe" policyholder notification letter; benefit change forms (LTC-CNFB-PaidUp2010-VA, LTC-EndCovgApp20-VA", "VA-LTCHC-VarChgEnd"); and statements of variability for the three forms.</i>
Attachment(s):	<i>TPM Objection (3.20.2019) Response.pdf 0010_LTCRI_VA201911_PolicyHolderNotice_DefinedOptions_Elim02_BenP01_20190319_JohnDoe.pdf 1_Options Letter_2015_John X. Doe.pdf 2_Conf Letter and End_2015_DAILY BEN_John X. Doe.pdf 3_Conf Letter and End_2015_BENE PER_John X. Doe.pdf 4_Conf Letter and End_2015_ELIM PER-100_John X. Doe.pdf 5_Conf Letter and End_2015_CBUL_John X. Doe.pdf Statement Of Variability Form No. LTC-CNFB-PaidUp2010-VA.pdf Statement Of Variability Form No. LTC-EndCovgApp20-VA.pdf Statement Of Variability Form No. VA-LTCHC-VarChgEnd.pdf</i>

SERFF Tracking #:

LWEL-131516163

State Tracking #:

LWEL-131516163

Company Tracking #:

0254:201714

State:

Virginia

Filing Company:

TPM Life Insurance Company

TOI/Sub-TOI:

LTC03I Individual Long Term Care/LTC03I.002 Non Qualified

Product Name:

2018 VA Rate Increase TPM

Project Name/Number:

/

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Please let us know if you have any further questions.

Sincerely,

Hannah Russell

State: Virginia Filing Company: TPM Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.002 Non Qualified
Product Name: 2018 VA Rate Increase TPM
Project Name/Number: /

Response Letter

Response Letter Status Submitted to State
Response Letter Date 11/08/2019
Submitted Date 11/08/2019

Dear Bill Dismore,

Introduction:

Please see below for our response.

Response 1

Comments:

We have submitted a post-submission update. This reflects the removal of the 8800 series policy.

Related Objection 1

Comments: Please submit a Post Submission update to correct the Company Rate Information stated under the Rate/Rule Schedule tab that resulted from the recent changes.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Please let us know if you have any further questions.

Sincerely,

Hannah Russell

State: Virginia

Filing Company:

TPM Life Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.002 Non Qualified

Product Name: 2018 VA Rate Increase TPM

Project Name/Number: /

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	11/05/2019
Submitted Date	11/05/2019

Dear Bill Dismore,

Introduction:

Please see below for our response.

Response 1

Comments:

Please see attached for our response.

Related Objection 1

Comments: Rate/Rule Schedule

Per our phone conversation today, it was confirmed that there are no associated rates for policy form 8800 as there are no longer any active Virginia policies utilizing that form number. According to the actuarial memorandum, under "Average Annual Premium" it appears that Virginia has 1 active policy.

Please revise the actuarial memorandum and experience exhibits to remove data for form 8800 if there are no longer any active Virginia policyholders.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Exhibit_I for TPM
Comments:	Please see attached for Exhibit I, which was originally uploaded to the "Rate / Rule Schedule" tab. Updated per objection from 10/29/2019.
Attachment(s):	Exhibit_I revised.pdf
<i>Previous Version</i>	
Satisfied - Item:	Exhibit_I for TPM_ VA Rate Increase 5-29-2018
Comments:	Please see attached for Exhibit I, which was originally uploaded to the "Rate / Rule Schedule" tab.
Attachment(s):	Exhibit_I for TPM_ VA Rate Increase 5-29-2018.pdf

State: Virginia Filing Company: TPM Life Insurance Company
 TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.002 Non Qualified
 Product Name: 2018 VA Rate Increase TPM
 Project Name/Number: /

Supporting Document Schedule Item Changes

Satisfied - Item:	Exhibit_I for TPM
Comments:	Please see attached for Exhibit I, which was originally uploaded to the "Rate / Rule Schedule" tab. Updated per objection from 10/29/2019.
Attachment(s):	Exhibit_I revised.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Exhibit_I for TPM_ VA Rate Increase 5-29-2018</i>
Comments:	<i>Please see attached for Exhibit I, which was originally uploaded to the "Rate / Rule Schedule" tab.</i>
Attachment(s):	<i>Exhibit_I for TPM_ VA Rate Increase 5-29-2018.pdf</i>

Satisfied - Item:	L&H Actuarial Memorandum
Comments:	Updated actuarial memorandum per objection from 10/29/2019.
Attachment(s):	TPM Objection #4 (01.28.2019) Response.pdf Updated_Exhibit III_VA_November 2018 v1.xlsx Exhibit, Objection 1.6, VA, Breakdown, Jan. 2019, Final.xlsx Actuarial Memorandum v5 11.05.2019.pdf

<i>Previous Version</i>	
Satisfied - Item:	<i>L&H Actuarial Memorandum</i>
Comments:	<i>Response to objection from 9/19/2018.</i>
Attachment(s):	<i>TPM Objection #4 (01.28.2019) Response.pdf Actuarial Memorandum, 1.28.2019.pdf Updated_Exhibit III_VA_November 2018 v1.xlsx Exhibit, Objection 1.6, VA, Breakdown, Jan. 2019, Final.xlsx</i>

<i>Previous Version</i>	
Satisfied - Item:	<i>L&H Actuarial Memorandum</i>
Comments:	<i>Response to objections from 7/13/2018. Updated Exhibit III-V. Attached Exhibit I here, which is also on the "Rate/Rule Schedule" tab. Otherwise, nothing else was updated.</i>
Attachment(s):	<i>Actuarial Memorandum for TPM, VA Rate Increase, 5.29.2018.pdf Exhibit_II for TPM, VA Rate Increase, 5.29.2018.pdf Exhibit_I for TPM, VA Rate Increase, 5.27.2018.pdf Exhibit III-V, TPM, Objection 5.3, 5.4 Response, 7.27.2018.pdf</i>

<i>Previous Version</i>	
Satisfied - Item:	<i>L&H Actuarial Memorandum</i>
Comments:	
Attachment(s):	<i>Actuarial Memorandum for TPM, VA Rate Increase, 5.29.2018.pdf Exhibit_II for TPM, VA Rate Increase, 5.29.2018.pdf Exhibit_III for TPM, VA Rate Increase, 5.29.2018.pdf</i>

SERFF Tracking #:

LWEL-131516163

State Tracking #:

LWEL-131516163

Company Tracking #:

0254:201714

State:

Virginia

Filing Company:

TPM Life Insurance Company

TOI/Sub-TOI:

LTC03I Individual Long Term Care/LTC03I.002 Non Qualified

Product Name:

2018 VA Rate Increase TPM

Project Name/Number:

/

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Please let us know if you have any further questions.

Sincerely,

Hannah Russell

State: Virginia **Filing Company:** TPM Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.002 Non Qualified
Product Name: 2018 VA Rate Increase TPM
Project Name/Number: /

Response Letter

Response Letter Status: Submitted to State
 Response Letter Date: 08/13/2019
 Submitted Date: 08/13/2019

Dear Bill Dismore,

Introduction:

Please see below for our response.

Response 1

Comments:

We have removed the Exhibit I from the "Rate / Rule Schedule" tab as much as possible. We have added it to the "Supporting Documentation" tab.

Related Objection 1

Applies To:

- Exhibit_I for TPM, VA Rate Increase, 5.29.2018, [8800, 8810, 9606, 9610, 2000] (Rate)

Comments: Please remove this exhibit from the Rate/Rule Schedule tab and place under the Supporting Documentation tab.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Exhibit_I for TPM _ VA Rate Increase 5-29-2018
Comments:	Please see attached for Exhibit I, which was originally uploaded to the "Rate / Rule Schedule" tab.
Attachment(s):	Exhibit_I for TPM _ VA Rate Increase 5-29-2018.pdf

No Form Schedule items changed.

SERFF Tracking #:

LWEL-131516163

State Tracking #:

LWEL-131516163

Company Tracking #:

0254:201714

State: Virginia

Filing Company:

TPM Life Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.002 Non Qualified

Product Name: 2018 VA Rate Increase TPM

Project Name/Number: /

Rate/Rule Schedule Item Changes

Item No.	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments	Date Submitted
1	Exhibit_I for TPM, VA Rate Increase, 5.29.2018	8800, 8810, 9606, 9610, 2000	Revised	Previous State Filing Number: LWEL-128450811 Percent Rate Change Request: 51.169		08/13/2019 By: Hannah Russell
<i>Previous Version</i>						
1	<i>Exhibit_I for TPM, VA Rate Increase, 5.29.2018</i>	<i>8800, 8810, 9606, 9610, 2000</i>	<i>Revised</i>	<i>Previous State Filing Number: LWEL-128450811 Percent Rate Change Request: 51.169</i>	<i>Exhibit_I for TPM, VA Rate Increase, 5.29.2018.pdf,</i>	<i>05/30/2018 By: Hannah Russell</i>

Conclusion:

Please let us know if you need anything else.

Thank you!

Hannah

Sincerely,

Hannah Russell

State: Virginia
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.002 Non Qualified
Product Name: 2018 VA Rate Increase TPM
Project Name/Number: /

Filing Company: TPM Life Insurance Company

Response Letter

Response Letter Status Submitted to State
 Response Letter Date 05/09/2019
 Submitted Date 05/09/2019

Dear Bill Dismore,

Introduction:

Please see below for our response.

Response 1

Comments:

Please see attached for our proposed rate increase exhibit. We believe this is what you requested in your objection letter dated 5/8/2019. However, if its not, could we please set up a phone call to go over it?

Related Objection 1

Applies To:

- Response to Objection Letter Dated 4/18/2019 (Supporting Document)

Comments: Please review the proposed rate exhibits filed in the previous filing (SERFF # LWEL-128450811). Those are the current rates to which the Company has VA BOI approval. Under the current filing, the new proposed rates should display the proposed rates in a similar format, not the annual premium by policy exhibit that is currently provided. Please revise the proposed rate tables to correspond with the requested increase and justified by the actuarial memorandum and supporting exhibits.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to Objection Letter Dated 5/8/2019
Comments:	
Attachment(s):	Proposed Rate Increase Exhibit 09052019.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

SERFF Tracking #:

LWEL-131516163

State Tracking #:

LWEL-131516163

Company Tracking #:

0254:201714

State:

Virginia

Filing Company:

TPM Life Insurance Company

TOI/Sub-TOI:

LTC03I Individual Long Term Care/LTC03I.002 Non Qualified

Product Name:

2018 VA Rate Increase TPM

Project Name/Number:

/

Please let us know if you have any further questions.

Thank you!

Hannah

Sincerely,

Hannah Russell

State: Virginia **Filing Company:** TPM Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.002 Non Qualified
Product Name: 2018 VA Rate Increase TPM
Project Name/Number: /

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	05/07/2019
Submitted Date	05/07/2019

Dear Bill Dismore,

Introduction:

Please see below for our response.

Response 1

Comments:

Please see attached for our response.

Related Objection 1

Applies To:

- Exhibit_I for TPM, VA Rate Increase, 5.29.2018, [8800, 8810, 9606, 9610, 2000] (Rate)
- Response to Objection Letter Dated 4/15/2019 (Supporting Document)

Comments: We received and acknowledge receipt of your response letter of 4/17/2019 in reply to our objection letter dated 4/15/2019. We have original rate sheets and the actuarial memorandums filed for forms TQ-LTC-2000, L-IR-2000, 10-IR-2000; TQ-APOC-2000 with 10 yr and Lifetime Inflation riders, TNQ-LTC-2000 with 10 yr. and Lifetime Inflation riders, TNQ-APOC-2000 with 10 yr. and Lifetime Inflation riders, SH-9600-LTC, 96-LIR, 960-10IR, SH-9606-LTC-APC with Lifetime inflation rider; QH-9610-HCP with 96-LIR and 9610-IR riders.

In addition we note that the plan numbers provided in Exhibit_I for TPM, VA Rate Increase, 5.29.2018 (Rate) do not all match with the original rate sheets provided in your objection response of 4/17/2019 (i.e. Plan 8800,8810, 9607, 9608, 2200, 3203, and others).

We still have not received a response to our objection, "We have the premium sheets based on each individual contract. We question how the company is certain it is charging the correct rates if it only has the premiums being charged for existing contracts, and has not submitted documentation and demonstrated how the rates were derived."

Changed Items:

SERFF Tracking #:

LWEL-131516163

State Tracking #:

LWEL-131516163

Company Tracking #:

0254:201714

State:

Virginia

Filing Company:

TPM Life Insurance Company

TOI/Sub-TOI:

LTC03I Individual Long Term Care/LTC03I.002 Non Qualified

Product Name:

2018 VA Rate Increase TPM

Project Name/Number:

/

Supporting Document Schedule Item Changes

Satisfied - Item:	Response to Objection Letter Dated 4/18/2019
Comments:	Please see below for our response.
Attachment(s):	TPM Objection (4.18.2019) Response.pdf Rate Derivation Exhibit 07052019.xlsx

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Please let us know if you have any further questions.

Thank you!

Hannah

Sincerely,

Hannah Russell

State: Virginia **Filing Company:** TPM Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.002 Non Qualified
Product Name: 2018 VA Rate Increase TPM
Project Name/Number: /

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	04/17/2019
Submitted Date	04/17/2019

Dear Bill Dismore,

Introduction:

Dear Mr. Dismore,

We have uploaded the original actuarial memorandums, which provide documentation for the original submitted rates. Would you be available for a call to discuss these items?

Response 1

Comments:

Please see attached.

Related Objection 1

Applies To:

- Exhibit_I for TPM, VA Rate Increase, 5.29.2018, [8800, 8810, 9606, 9610, 2000] (Rate)

Comments: After further consideration and review, the Virginia Bureau of Insurance has disapproved this filing based on the fact the company has not provided the rate manuals as required by Section 38.2-316 A of the Code of Virginia. This statute requires that no policy of accident and sickness insurance be delivered or issued for delivery in this Commonwealth unless the rate manual showing rates, rules, and classification of risks applicable thereto has been filed with the Commission. Section 38.2-316 C 2 requires that no revised premium rates be used unless the premium rate change has been approved in writing by the Commission.

We have the premium sheets based on each individual contract. We question how the company is certain it is charging the correct rates if it only has the premiums being charged for existing contracts, and has not submitted documentation and demonstrated how the rates were derived.

Unfortunately, the Bureau no longer has such documentation in its records relating to the Companys original rates and would be unable to assist the Company in recreating the original manuals. So that the filing may be considered for approval, a detailed documentation and demonstration of the origin and derivation of the submitted rates would be needed.

Changed Items:

SERFF Tracking #:

LWEL-131516163

State Tracking #:

LWEL-131516163

Company Tracking #:

0254:201714

State: Virginia

Filing Company: TPM Life Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.002 Non Qualified

Product Name: 2018 VA Rate Increase TPM

Project Name/Number: /

Supporting Document Schedule Item Changes

Satisfied - Item:	Response to Objection Letter Dated 4/15/2019
Comments:	Please see attached for the original actuarial memorandums, which provide documentation for the original submitted rates.
Attachment(s):	96-ROB Actuarial Memorandum.pdf TNQ-LTC-2000(VA) Actuarial Memorandum.pdf TQ-LTC-2000(VA) Actuarial Memorandum.pdf QH-9606-Actuarial Memorandum (VA).pdf QH-9610 HC-Actuarial Memorandum (VA).pdf SH-9606-Actuarial Memorandum (VA).pdf SH-9610-Actuarial Memorandum (VA).pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Please let us know if you have any further questions.

Thank you!

Hannah

Sincerely,

Hannah Russell

State: Virginia **Filing Company:** TPM Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.002 Non Qualified
Product Name: 2018 VA Rate Increase TPM
Project Name/Number: /

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	04/01/2019
Submitted Date	04/01/2019

Dear Bill Dismore,

Introduction:

Dear Mr. Dismore,

Please see below for our response.

Response 1

Comments:

Please see below for our response.

Related Objection 1

Applies To:

- Response to Objection Letter Dated 3/4/2019 (Supporting Document)

Comments: Thank you for your response to our objection letter of 3/04/2019 received on 3/19/2019.

1. Please respond to our objection regarding long-term care policies with partnership status (Objection 3, #3.; "In the case of a partnership policy, a disclosure that some benefit reduction options may result in a loss in partnership status that may reduce policyholder protections;").

2. Please provide a completed "John Doe" policyholder notification letter (TPM-LTCRI-VA2019-PHN-0010) that includes a selection from the LTC RI Policy Options Request Form (page 5), and the responding Coverage Change Request form (LTC-ENDCovgApp30-VA) and Endorsement (VA-LTCHC-VarChgEnd) so we have the opportunity to review a completed letter to the policyholder.

Changed Items:

SERFF Tracking #:

LWEL-131516163

State Tracking #:

LWEL-131516163

Company Tracking #:

0254:201714

State: Virginia

Filing Company: TPM Life Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.002 Non Qualified

Product Name: 2018 VA Rate Increase TPM

Project Name/Number: /

Supporting Document Schedule Item Changes

Satisfied - Item:	Response to Objection Letter Dated 3/20/2019
Comments:	Please see attached for the following forms and files: an example "John Doe" policyholder notification letter; benefit change forms (LTC-CNFB-PaidUp2010-VA, LTC-EndCovgApp20-VA", "VA-LTCHC-VarChgEnd"); and statements of variability for the three forms.
Attachment(s):	TPM Objection (3.20.2019) Response.pdf 0010_LTCRI_VA201911_PolicyHolderNotice_DefinedOptions_Elim02_BenP01_20190319_JohnDoe.pdf 1_Options Letter_2015_John X. Doe.pdf 2_Conf Letter and End_2015_DAILY BEN_John X. Doe.pdf 3_Conf Letter and End_2015_BENE PER_John X. Doe.pdf 4_Conf Letter and End_2015_ELIM PER-100_John X. Doe.pdf 5_Conf Letter and End_2015_CBUL_John X. Doe.pdf Statement Of Variability Form No. LTC-CNFB-PaidUp2010-VA.pdf Statement Of Variability Form No. LTC-EndCovgApp20-VA.pdf Statement Of Variability Form No. VA-LTCHC-VarChgEnd.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Please let us know if you have any further questions.

Thank you!

Hannah

Sincerely,

Hannah Russell

SERFF Tracking #:

LWEL-131516163

State Tracking #:

LWEL-131516163

Company Tracking #:

0254:201714

State:

Virginia

Filing Company:

TPM Life Insurance Company

TOI/Sub-TOI:

LTC03I Individual Long Term Care/LTC03I.002 Non Qualified

Product Name:

2018 VA Rate Increase TPM

Project Name/Number:

/

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	03/19/2019
Submitted Date	03/19/2019

Dear Bill Dismore,

Introduction:

Dear Mr. Dismore,

Please see below for our response.

Response 1

Comments:

Please see attached for our response letter, an updated sample notification letter, and an updated statement of variability.

Related Objection 1

Applies To:

- Sample Policyholder Notification Letter, (Form)

State: Virginia **Filing Company:** TPM Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.002 Non Qualified
Product Name: 2018 VA Rate Increase TPM
Project Name/Number: /

Comments: 1. Pursuant to 14VAC5-100-50 1. each submitted form must have, "1. The form number must appear on each form submitted in the lower left-hand corner of the first page."

2. In the RE: section, the Policy forms: should be bracketed since the letter note states, "(only form number(s) applicable to this insured will be shown). Also, add this to the statement of variability.

3. In the second paragraph, page 1, the rate increase % (i.e. 40.5%) should be bracketed as this is subject to change. Also, add this to the statement of variability.

4. In the second paragraph, page 1, the number of years (i.e. 3) should be bracketed as this is subject to change. Also, add this to the statement of variability.

5. In the three bullet points following the second paragraph, page 1, the % increase (i.e. 12%) should be bracketed as this is subject to change. Also, add this to the statement of variability.

6. The bullet points should be bracketed as they may vary from one to three bullets depending upon the number of increases in the series. Also, add this the statement of variability.

7. First paragraph, page 2 and the following numbered sentences 1. and 2. should be bracketed since this is customizable based upon the available change options. Also, add this to the statement of variability.

8. Second paragraph, page 2, advise the insured the amount of their contingent benefit upon lapse. This sentence should be variable as it is subject to change from one policy to the next.

9. Please review the premium increase notice letter for any other items that are subject to change, for example the customer service phone number, office hours or email address.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to Objection Letter Dated 3/4/2019
Comments:	Please see attached for the sample notification letter's statement of variability, along with a response letter.
Attachment(s):	StatementOfVariability_FormNumber_TPM-LTCRI-VA2019-PHN-0010_20190319.pdf TPM Objection (3.19.2019) Response.pdf

State: Virginia **Filing Company:** TPM Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.002 Non Qualified
Product Name: 2018 VA Rate Increase TPM
Project Name/Number: /

No Rate/Rule Schedule items changed.

Response 2

Comments:

Please see attached for our response letter and an updated statement of variability.

Related Objection 2

Applies To:

- Response to Objection Letter Dated 2/25/2019 (Supporting Document)

Comments: Statement of Variability - Form No. VA-LTCHC-VarChgEnd and LTC-ENDCovgApp30-VA

Please review the Statement of Variability to ensure that the applicable form number is clearly referenced and that each variable item is described and matches exactly with the terminology state on the applicable form(s).

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to Objection Letter Dated 3/4/2019
Comments:	Please see attached for the sample notification letter's statement of variability, along with a response letter.
Attachment(s):	StatementOfVariability_FormNumber_TPM-LTCRI-VA2019-PHN-0010_20190319.pdf TPM Objection (3.19.2019) Response.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 3

Comments:

Please see attached for our response letter, an updated sample notification letter, and an updated statement of variability.

Related Objection 3

Applies To:

- Sample Policyholder Notification Letter, (Form)

State: Virginia **Filing Company:** TPM Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.002 Non Qualified
Product Name: 2018 VA Rate Increase TPM
Project Name/Number: /

Comments: Please review 14AC5-200-75 for compliance regarding policyholder notification of a rate increase. For example, the current sample policyholder notification letter does not contain

1. A statement that the policy may be subject to rate increases in the future;
2. A disclosure stating that all options available to the policyholder may not be of equal value;
3. In the case of a partnership policy, a disclosure that some benefit reduction options may result in a loss in partnership status that may reduce policyholder protections;
4. A statement substantially similar to the following:

The rate increase request was reviewed by the commission and was found to be compliant with applicable Virginia laws and regulations addressing long-term care insurance. All premium rate filings are available for public inspection and may be accessed online through the Virginia Bureau of Insurance's webpage at www.scc.virginia.gov/BOI.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to Objection Letter Dated 3/4/2019
Comments:	Please see attached for the sample notification letter's statement of variability, along with a response letter.
Attachment(s):	StatementOfVariability_FormNumber_TPM-LTCRI-VA2019-PHN-0010_20190319.pdf TPM Objection (3.19.2019) Response.pdf

No Rate/Rule Schedule items changed.

Conclusion:

Please let us know if you have questions.

Thank you!

Hannah

Sincerely,

Hannah Russell

SERFF Tracking #:

LWEL-131516163

State Tracking #:

LWEL-131516163

Company Tracking #:

0254:201714

State:

Virginia

Filing Company:

TPM Life Insurance Company

TOI/Sub-TOI:

LTC03I Individual Long Term Care/LTC03I.002 Non Qualified

Product Name:

2018 VA Rate Increase TPM

Project Name/Number:

/

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	02/27/2019
Submitted Date	02/27/2019

Dear Bill Dismore,

Introduction:

Dear Mr. Dismore,

I have added a sample of the Policyholder Notification Letter to the "Form Schedule" tab. I have also added the statements of variability and a "John Doe" letter to the "Supporting Documentation" tab. Please see below.

Response 1

Comments:

I have attached the sample policyholder notification letter, statements of variability, and "John Doe" letter.

Related Objection 1

Applies To:

- Response to Objection Letter Dated 2/21/2019 (Supporting Document)

Comments: Thank you for providing the SERFF tracking numbers showing the approval of endorsement and change options. However, we did not find a policyholder notification letter nor a "John Doe" completed version of the policyholder notification letter.

Pursuant to 14VAC5-200-75 D 1-4;

1) Please submit the Policyholder Notification Letter under the Form Schedule tab.

2) Include a statement of variability for the Policyholder Notification Letter along with a "John Doe" version under the Supporting Documentation tab.

Changed Items:

SERFF Tracking #:

LWEL-131516163

State Tracking #:

LWEL-131516163

Company Tracking #:

0254:201714

State: Virginia

Filing Company: TPM Life Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.002 Non Qualified

Product Name: 2018 VA Rate Increase TPM

Project Name/Number: /

Supporting Document Schedule Item Changes

Satisfied - Item:	Response to Objection Letter Dated 2/25/2019
Comments:	Please see attached for the statements of variability and a "John Doe" letter.
Attachment(s):	Statement of Variability-VA-2015.pdf Statement of Variability-Form No. LTC-EndCovgApp30-VA.PDF 2010 LTC Rate Increase Benefit Change Options - VA (incl CBUL w d.pdf)

No Rate/Rule Schedule items changed.

Conclusion:

Please let us know if you have any further questions.

Thank you!

Hannah

Sincerely,

Hannah Russell

State: Virginia **Filing Company:** TPM Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.002 Non Qualified
Product Name: 2018 VA Rate Increase TPM
Project Name/Number: /

Response Letter

Response Letter Status Submitted to State
 Response Letter Date 02/25/2019
 Submitted Date 02/25/2019

Dear Bill Dismore,

Introduction:

Please see below.

Response 1

Comments:

Please see the attached response.

Related Objection 1

Applies To:

- Objection 7/27/2018 Response (Supporting Document)

Comments: Please advise if the Policyholder Notification Letter, Statement of Variability and any other accompanying forms were previously approved in earlier SERFF filings. Provide the SERFF filing numbers referencing the approved letter, statement of variability, John Doe letter and any other accompanying forms.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to Objection Letter Dated 2/21/2019
Comments:	
Attachment(s):	TPM Objection (2.21.2019) Response.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Please let us know if you have any further questions.

Thank you!

Hannah

Sincerely,

SERFF Tracking #:

LWEL-131516163

State Tracking #:

LWEL-131516163

Company Tracking #:

0254:201714

State:

Virginia

Filing Company:

TPM Life Insurance Company

TOI/Sub-TOI:

LTC03I Individual Long Term Care/LTC03I.002 Non Qualified

Product Name:

2018 VA Rate Increase TPM

Project Name/Number:

/

Hannah Russell

SERFF Tracking #:

LWEL-131516163

State Tracking #:

LWEL-131516163

Company Tracking #:

0254:201714

State:

Virginia

Filing Company:

TPM Life Insurance Company

TOI/Sub-TOI:

LTC03I Individual Long Term Care/LTC03I.002 Non Qualified

Product Name:

2018 VA Rate Increase TPM

Project Name/Number:

/

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	01/28/2019
Submitted Date	01/28/2019

Dear Bill Dismore,

Introduction:

Dear Mr. Dismore,

Please see below for our response.

Response 1

Comments:

Please see the file "TPM Objection #4 (01.28.2019) Response.pdf" for our full response.

Related Objection 1

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

State: Virginia**Filing Company:**

TPM Life Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.002 Non Qualified**Product Name:** 2018 VA Rate Increase TPM**Project Name/Number:** /

Comments: 1.Please provide the issue date range for this block of policies.

2.Please provide inforce policy distribution statistics by benefit period and inflation type.

3.The section of the actuarial memorandum titled Minimum Required Loss Ratio does not accurately reflect the requirements of 14VAC5-200-150. Please revise accordingly.

4.The memorandum describes that the morbidity is based on a 2005 study. Please explain how this assumption has been updated to reflect current assumptions.

5.For all projections requested in the next question, the baseline should comply with the following:

a.Please include only the pre-stability policies.

b.Assumptions should be best-estimate with no margins.

c.Premiums should be at the Virginia rate level for both historical and projected future.

d.Please use the appropriate average maximum valuation interest rate for accumulation and discounting of this block.

6.Because the Bureau has observed that the experience of policies with different benefit characteristics can vary significantly, we are requesting that the following projections be provided to assist the Bureau in determining the appropriateness of this increase. For each of the six subsets of the business corresponding to the combinations of (non-lifetime/lifetime benefit periods) and (none/simple/compound inflation protection), please provide (in Excel format) the following projections on a nationwide basis:

a.current assumptions and current rates

b.current assumptions with the proposed rate increase

c.current assumptions with the proposed rate increase, but with no shock lapses, benefit reductions, CBUL, or adverse selection

d.current assumptions with premiums restated as if the proposed rate schedule had been in effect from inception

e.original assumptions and original premiums from inception

f.actual past experience (claims, mortality, lapse) but original assumptions in the future, with all premiums at the original premium scale from inception.

Projections a-f can be separate tabs or combined into separate columns on the same exhibit.

State: Virginia **Filing Company:** TPM Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.002 Non Qualified
Product Name: 2018 VA Rate Increase TPM
Project Name/Number: /

7. For each of the six subsets of the business above, please provide the number of policies in force and the active life reserves balance as of the projection date.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	L&H Actuarial Memorandum
Comments:	Response to objection from 9/19/2018.
Attachment(s):	TPM Objection #4 (01.28.2019) Response.pdf Actuarial Memorandum, 1.28.2019.pdf Updated_Exhibit III_VA_November 2018 v1.xlsx Exhibit, Objection 1.6, VA, Breakdown, Jan. 2019, Final.xlsx
<i>Previous Version</i>	
Satisfied - Item:	<i>L&H Actuarial Memorandum</i>
Comments:	<i>Response to objections from 7/13/2018. Updated Exhibit III-V. Attached Exhibit I here, which is also on the "Rate/Rule Schedule" tab. Otherwise, nothing else was updated.</i>
Attachment(s):	<i>Actuarial Memorandum for TPM, VA Rate Increase, 5.29.2018.pdf Exhibit II for TPM, VA Rate Increase, 5.29.2018.pdf Exhibit I for TPM, VA Rate Increase, 5.27.2018.pdf Exhibit III-V, TPM, Objection 5.3, 5.4 Response, 7.27.2018.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>L&H Actuarial Memorandum</i>
Comments:	
Attachment(s):	<i>Actuarial Memorandum for TPM, VA Rate Increase, 5.29.2018.pdf Exhibit II for TPM, VA Rate Increase, 5.29.2018.pdf Exhibit III for TPM, VA Rate Increase, 5.29.2018.pdf</i>

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Please let us know if you have any questions.

Thank you,

Hannah

Sincerely,

Hannah Russell

State: Virginia **Filing Company:** TPM Life Insurance Company
TOI/Sub-TOI: LTC031 Individual Long Term Care/LTC031.002 Non Qualified
Product Name: 2018 VA Rate Increase TPM
Project Name/Number: /

Response Letter

Response Letter Status Submitted to State
Response Letter Date 09/19/2018
Submitted Date 09/19/2018

Dear Bill Dismore,

Introduction:

Please see below for our response.

Response 1

Comments:

In 2017, the LTC policies in Ohio and Pennsylvania were assumption reinsured to Senior Health Insurance Company of Pennsylvania (SHIP). Therefore, the only remaining LTC policies for TPM Life Insurance Company are in Virginia.

Related Objection 1

Applies To:

- Response to Objection Letter Date 7/13/2018 (Supporting Document)

Comments: In your objection response #6. the company states, "We have not requested a rate increase in any other state as all of the company's LTC policies are in Virginia."

In the previous rate increase filing for these forms (SERFF # LWEL-128450811) policy counts were provided for Ohio and Pennsylvania as well as Virginia. Did TPM Life Insurance Company only acquire the Virginia policy block from Teachers Protective Mutual Life Insurance Company?

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Please let us know if you have any further questions.

Thank you!

Hannah

Sincerely,

Hannah Russell

SERFF Tracking #:

LWEL-131516163

State Tracking #:

LWEL-131516163

Company Tracking #:

0254:201714

State: Virginia

Filing Company: TPM Life Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.002 Non Qualified

Product Name: 2018 VA Rate Increase TPM

Project Name/Number: /

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	08/08/2018
Submitted Date	08/08/2018

Dear Bill Dismore,

Introduction:

We have addressed each objection below.

Response 1

Comments:

We have updated the narrative.

Related Objection 1

Applies To:

- Long Term Care Insurance Rate Request Summary (Supporting Document)

Comments: Please expand the narrative to provide a detailed description as to why the claim experience has resulted in the need for a rate increase. This should be written so that the insured person can read and understand the reason behind the increase. You may wish to refer to the Narrative Summary submitted in the prior rate filing (SERFF #LWEL-128450811) as an example.

Changed Items:

State: Virginia **Filing Company:** TPM Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.002 Non Qualified
Product Name: 2018 VA Rate Increase TPM
Project Name/Number: /

Supporting Document Schedule Item Changes

Satisfied - Item:	Long Term Care Insurance Rate Request Summary
Comments:	Per objection letter from 7/27/2018, we have attached a brief narrative.
Attachment(s):	LTC Insurance Rate Request Summary, TPM, 5.29.2018.pdf Objection 1_Response_Narrative.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Long Term Care Insurance Rate Request Summary</i>
Comments:	<i>Per objection letter from 7/13/2018, we have attached a brief narrative.</i>
Attachment(s):	<i>LTC Insurance Rate Request Summary, TPM, 5.29.2018.pdf TPM Objection 1 Response.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Long Term Care Insurance Rate Request Summary</i>
Comments:	<i>We are requesting a rate increase of 51.169% per member (15% each year over three years). A rate increase is needed for all policies issued in Virginia before October 1, 2003 because of the claims experience.</i>
Attachment(s):	<i>LTC Insurance Rate Request Summary, TPM, 5.29.2018.pdf</i>

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 2

Comments:

We have added a policyholder notification letter.

Related Objection 2

Comments: Policyholder Notification

Please provide the policyholder notification in compliance with 14VAC5-200-75 D.

Changed Items:

SERFF Tracking #:

LWEL-131516163

State Tracking #:

LWEL-131516163

Company Tracking #:

0254:201714

State:

Virginia

Filing Company:

TPM Life Insurance Company

TOI/Sub-TOI:

LTC03I Individual Long Term Care/LTC03I.002 Non Qualified

Product Name:

2018 VA Rate Increase TPM

Project Name/Number:

/

Supporting Document Schedule Item Changes

Satisfied - Item:	Objection 7/27/2018 Response
Comments:	Per Objection 2 in the Objection letter dated 7/27/2018, we have attached a policyholder notification letter.
Attachment(s):	Objection 2_ Response_Policyholder notification.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Please let us know if you have any further questions.

Sincerely,

Hannah Russell

State: Virginia **Filing Company:** TPM Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.002 Non Qualified
Product Name: 2018 VA Rate Increase TPM
Project Name/Number: /

Response Letter

Response Letter Status Submitted to State
 Response Letter Date 07/27/2018
 Submitted Date 07/27/2018

Dear Bill Dismore,

Introduction:

We have responded to each objection below. Please see the file "TPM Objection (7.17.2018) Response Letter_Final.pdf" under "Response to Objection Letter Date 7/13/2018" for more information.

Response 1

Comments:

Please see the file "TPM Objection (7.17.2018) Response Letter_Final.pdf" under "Response to Objection Letter Date 7/13/2018" for more information.

Related Objection 1

Applies To:

- Long Term Care Insurance Rate Request Summary (Supporting Document)

Comments: Per instructions on the Part I Rate Request Summary, please attach a brief narrative to summarize the key information used to develop the rates including the main drivers for the revised rates.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to Objection Letter Date 7/13/2018
Comments:	In regards to the objection letter dated 7/13/2018. The first file is a letter addressing the objections. The rest of the attachments are demonstrations and further information, which is referenced in the letter. Objection 1, 2, and part of 5 are in the above sections: L&H Actuarial Memorandum section and Long Term Care Insurance Rate Request Summary section.
Attachment(s):	TPM Objection (7.17.2018) Response Letter_Final.pdf Objection 3 Demonstration.xlsx Objection_4_Exhibit III_V_July_18_Submission.xlsx Objection 5.2 TPM LTC Lapse Study.pdf

State: Virginia
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.002 Non Qualified
Product Name: 2018 VA Rate Increase TPM
Filing Company: TPM Life Insurance Company
Project Name/Number: /

Supporting Document Schedule Item Changes

Satisfied - Item:	Response to Objection Letter Date 7/13/2018
Comments:	In regards to the objection letter dated 7/13/2018. The first file is a letter addressing the objections. The rest of the attachments are demonstrations and further information, which is referenced in the letter. Objection 1, 2, and part of 5 are in the above sections: L&H Actuarial Memorandum section and Long Term Care Insurance Rate Request Summary section.
Attachment(s):	TPM Objection (7.17.2018) Response Letter_Final.pdf Objection 3 Demonstration.xlsx Objection_4_Exhibit III_V_July_18_Submission.xlsx Objection 5.2 TPM LTC Lapse Study.pdf
Satisfied - Item:	Long Term Care Insurance Rate Request Summary
Comments:	Per objection letter from 7/13/2018, we have attached a brief narrative.
Attachment(s):	LTC Insurance Rate Request Summary, TPM, 5.29.2018.pdf TPM Objection 1 Response.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Long Term Care Insurance Rate Request Summary</i>
Comments:	<i>We are requesting a rate increase of 51.169% per member (15% each year over three years). A rate increase is needed for all policies issued in Virginia before October 1, 2003 because of the claims experience.</i>
Attachment(s):	<i>LTC Insurance Rate Request Summary, TPM, 5.29.2018.pdf</i>

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 2

Comments:

Please see the file "TPM Objection (7.17.2018) Response Letter_Final.pdf" under "Response to Objection Letter Date 7/13/2018" for more information.

Related Objection 2

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: We did not find "Exhibit I Current Virginia Annual Premiums Current and Revised". Please include the exhibit.

Changed Items:

State: Virginia **Filing Company:** TPM Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.002 Non Qualified
Product Name: 2018 VA Rate Increase TPM
Project Name/Number: /

Supporting Document Schedule Item Changes

Satisfied - Item:	Response to Objection Letter Date 7/13/2018
Comments:	In regards to the objection letter dated 7/13/2018. The first file is a letter addressing the objections. The rest of the attachments are demonstrations and further information, which is referenced in the letter. Objection 1, 2, and part of 5 are in the above sections: L&H Actuarial Memorandum section and Long Term Care Insurance Rate Request Summary section.
Attachment(s):	TPM Objection (7.17.2018) Response Letter_Final.pdf Objection 3 Demonstration.xlsx Objection_4_Exhibit III_V_July_18_Submission.xlsx Objection 5.2 TPM LTC Lapse Study.pdf

Supporting Document Schedule Item Changes

Satisfied - Item:	Response to Objection Letter Date 7/13/2018
Comments:	In regards to the objection letter dated 7/13/2018. The first file is a letter addressing the objections. The rest of the attachments are demonstrations and further information, which is referenced in the letter. Objection 1, 2, and part of 5 are in the above sections: L&H Actuarial Memorandum section and Long Term Care Insurance Rate Request Summary section.
Attachment(s):	TPM Objection (7.17.2018) Response Letter_Final.pdf Objection 3 Demonstration.xlsx Objection_4_Exhibit III_V_July_18_Submission.xlsx Objection 5.2 TPM LTC Lapse Study.pdf

Satisfied - Item:	L&H Actuarial Memorandum
Comments:	Response to objections from 7/13/2018. Updated Exhibit III-V. Attached Exhibit I here, which is also on the "Rate/Rule Schedule" tab. Otherwise, nothing else was updated.
Attachment(s):	Actuarial Memorandum for TPM, VA Rate Increase, 5.29.2018.pdf Exhibit_II for TPM, VA Rate Increase, 5.29.2018.pdf Exhibit_I for TPM, VA Rate Increase, 5.27.2018.pdf Exhibit III-V, TPM, Objection 5.3, 5.4 Response, 7.27.2018.pdf

Previous Version

Satisfied - Item:	<i>L&H Actuarial Memorandum</i>
Comments:	
Attachment(s):	<i>Actuarial Memorandum for TPM, VA Rate Increase, 5.29.2018.pdf</i> <i>Exhibit_II for TPM, VA Rate Increase, 5.29.2018.pdf</i> <i>Exhibit_III for TPM, VA Rate Increase, 5.29.2018.pdf</i>

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 3

State: Virginia

Filing Company:

TPM Life Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.002 Non Qualified

Product Name: 2018 VA Rate Increase TPM

Project Name/Number: /

Comments:

Please see the file "TPM Objection (7.17.2018) Response Letter_Final.pdf" under "Response to Objection Letter Date 7/13/2018" for more information.

Related Objection 3

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: On page 4, Annualized Policy Average Annualized Premium, the Totals for Before, 2018, 2019 and 2020 columns do not appear to be annualized premium totals. Please clarify or revise.

Changed Items:**Supporting Document Schedule Item Changes**

Satisfied - Item:	Response to Objection Letter Date 7/13/2018
Comments:	In regards to the objection letter dated 7/13/2018. The first file is a letter addressing the objections. The rest of the attachments are demonstrations and further information, which is referenced in the letter. Objection 1, 2, and part of 5 are in the above sections: L&H Actuarial Memorandum section and Long Term Care Insurance Rate Request Summary section.
Attachment(s):	TPM Objection (7.17.2018) Response Letter_Final.pdf Objection 3 Demonstration.xlsx Objection_4_Exhibit III_V_July_18_Submission.xlsx Objection 5.2 TPM LTC Lapse Study.pdf

State: Virginia **Filing Company:** TPM Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.002 Non Qualified
Product Name: 2018 VA Rate Increase TPM
Project Name/Number: /

Supporting Document Schedule Item Changes

Satisfied - Item:	Response to Objection Letter Date 7/13/2018
Comments:	In regards to the objection letter dated 7/13/2018. The first file is a letter addressing the objections. The rest of the attachments are demonstrations and further information, which is referenced in the letter. Objection 1, 2, and part of 5 are in the above sections: L&H Actuarial Memorandum section and Long Term Care Insurance Rate Request Summary section.
Attachment(s):	TPM Objection (7.17.2018) Response Letter_Final.pdf Objection 3 Demonstration.xlsx Objection_4_Exhibit III_V_July_18_Submission.xlsx Objection 5.2 TPM LTC Lapse Study.pdf
Satisfied - Item:	L&H Actuarial Memorandum
Comments:	Response to objections from 7/13/2018. Updated Exhibit III-V. Attached Exhibit I here, which is also on the "Rate/Rule Schedule" tab. Otherwise, nothing else was updated.
Attachment(s):	Actuarial Memorandum for TPM, VA Rate Increase, 5.29.2018.pdf Exhibit_II for TPM, VA Rate Increase, 5.29.2018.pdf Exhibit_I for TPM, VA Rate Increase, 5.27.2018.pdf Exhibit III-V, TPM, Objection 5.3, 5.4 Response, 7.27.2018.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>L&H Actuarial Memorandum</i>
Comments:	
Attachment(s):	<i>Actuarial Memorandum for TPM, VA Rate Increase, 5.29.2018.pdf Exhibit_II for TPM, VA Rate Increase, 5.29.2018.pdf Exhibit_III for TPM, VA Rate Increase, 5.29.2018.pdf</i>

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 4

Comments:

Please see the file "TPM Objection (7.17.2018) Response Letter_Final.pdf" under "Response to Objection Letter Date 7/13/2018" for more information.

Related Objection 4

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please ensure that the filing includes sufficient detail or documentation and provide these exhibits in Excel so that any projections can be recreated.

Changed Items:

State: Virginia **Filing Company:** TPM Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.002 Non Qualified
Product Name: 2018 VA Rate Increase TPM
Project Name/Number: /

Supporting Document Schedule Item Changes

Satisfied - Item:	Response to Objection Letter Date 7/13/2018
Comments:	In regards to the objection letter dated 7/13/2018. The first file is a letter addressing the objections. The rest of the attachments are demonstrations and further information, which is referenced in the letter. Objection 1, 2, and part of 5 are in the above sections: L&H Actuarial Memorandum section and Long Term Care Insurance Rate Request Summary section.
Attachment(s):	TPM Objection (7.17.2018) Response Letter_Final.pdf Objection 3 Demonstration.xlsx Objection_4_Exhibit III_V_July_18_Submission.xlsx Objection 5.2 TPM LTC Lapse Study.pdf

Supporting Document Schedule Item Changes

Satisfied - Item:	Response to Objection Letter Date 7/13/2018
Comments:	In regards to the objection letter dated 7/13/2018. The first file is a letter addressing the objections. The rest of the attachments are demonstrations and further information, which is referenced in the letter. Objection 1, 2, and part of 5 are in the above sections: L&H Actuarial Memorandum section and Long Term Care Insurance Rate Request Summary section.
Attachment(s):	TPM Objection (7.17.2018) Response Letter_Final.pdf Objection 3 Demonstration.xlsx Objection_4_Exhibit III_V_July_18_Submission.xlsx Objection 5.2 TPM LTC Lapse Study.pdf

Satisfied - Item:	L&H Actuarial Memorandum
Comments:	Response to objections from 7/13/2018. Updated Exhibit III-V. Attached Exhibit I here, which is also on the "Rate/Rule Schedule" tab. Otherwise, nothing else was updated.
Attachment(s):	Actuarial Memorandum for TPM, VA Rate Increase, 5.29.2018.pdf Exhibit_II for TPM, VA Rate Increase, 5.29.2018.pdf Exhibit_I for TPM, VA Rate Increase, 5.27.2018.pdf Exhibit III-V, TPM, Objection 5.3, 5.4 Response, 7.27.2018.pdf

Previous Version

Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
Attachment(s):	Actuarial Memorandum for TPM, VA Rate Increase, 5.29.2018.pdf Exhibit_II for TPM, VA Rate Increase, 5.29.2018.pdf Exhibit_III for TPM, VA Rate Increase, 5.29.2018.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

State: Virginia**Filing Company:**

TPM Life Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.002 Non Qualified**Product Name:** 2018 VA Rate Increase TPM**Project Name/Number:** /**Response 5****Comments:**

PPlease see the file "TPM Objection (7.17.2018) Response Letter_Final.pdf" under "Response to Objection Letter Date 7/13/2018" for more information.

Related Objection 5*Applies To:**- L&H Actuarial Memorandum (Supporting Document)*

Comments: 1. The company states that it is proposing an increase of 15% a year for three years that will be applied to base policies and riders issued before October 1, 2003, and no increase is being requested for policies issued after October 1, 2003. Please submit separate actuarial memorandums and supporting documentation for each that complies with 14VAC5-200-150 for those issued before October 1, 2003 and 14VAC5-200-153 for those issued after October 1, 2003.

2. Please ensure that the supporting documentation provides detailed justification for all assumptions used to support the proposed rate increase.

3. Please provide an actual to expected analysis based on the original assumptions and projections.

4. Please provide the anticipated loss ratio where the numerator is equal to the anticipated incurred claims less the policy reserves, and the denominator is equal to the anticipated earned premium.

5. Please provide a comparison of the differences in the assumptions used in the original filing with those actually experienced, those included in the prior filing, and those included in this filing.

6. Please advise in what states the company has requested rate increases on this block, how the rate changes requested in Virginia compare with those requested in other states, and the current status of the reviews in other states.

7. Please explain what, if any, margins are included in the proposed rates to ensure that future rate increases will not be needed presuming the experience develops as projected.

8. What steps has the company taken to minimize rate increases on this block of business?

Changed Items:

State: Virginia
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.002 Non Qualified
Product Name: 2018 VA Rate Increase TPM
Filing Company: TPM Life Insurance Company
Project Name/Number: /

Supporting Document Schedule Item Changes

Satisfied - Item:	Response to Objection Letter Date 7/13/2018
Comments:	In regards to the objection letter dated 7/13/2018. The first file is a letter addressing the objections. The rest of the attachments are demonstrations and further information, which is referenced in the letter. Objection 1, 2, and part of 5 are in the above sections: L&H Actuarial Memorandum section and Long Term Care Insurance Rate Request Summary section.
Attachment(s):	TPM Objection (7.17.2018) Response Letter_Final.pdf Objection 3 Demonstration.xlsx Objection_4_Exhibit III_V_July_18_Submission.xlsx Objection 5.2 TPM LTC Lapse Study.pdf

Supporting Document Schedule Item Changes

Satisfied - Item:	Response to Objection Letter Date 7/13/2018
Comments:	In regards to the objection letter dated 7/13/2018. The first file is a letter addressing the objections. The rest of the attachments are demonstrations and further information, which is referenced in the letter. Objection 1, 2, and part of 5 are in the above sections: L&H Actuarial Memorandum section and Long Term Care Insurance Rate Request Summary section.
Attachment(s):	TPM Objection (7.17.2018) Response Letter_Final.pdf Objection 3 Demonstration.xlsx Objection_4_Exhibit III_V_July_18_Submission.xlsx Objection 5.2 TPM LTC Lapse Study.pdf

Satisfied - Item:	L&H Actuarial Memorandum
Comments:	Response to objections from 7/13/2018. Updated Exhibit III-V. Attached Exhibit I here, which is also on the "Rate/Rule Schedule" tab. Otherwise, nothing else was updated.
Attachment(s):	Actuarial Memorandum for TPM, VA Rate Increase, 5.29.2018.pdf Exhibit_II for TPM, VA Rate Increase, 5.29.2018.pdf Exhibit_I for TPM, VA Rate Increase, 5.27.2018.pdf Exhibit III-V, TPM, Objection 5.3, 5.4 Response, 7.27.2018.pdf

Previous Version

Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
Attachment(s):	Actuarial Memorandum for TPM, VA Rate Increase, 5.29.2018.pdf Exhibit_II for TPM, VA Rate Increase, 5.29.2018.pdf Exhibit_III for TPM, VA Rate Increase, 5.29.2018.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

SERFF Tracking #:

LWEL-131516163

State Tracking #:

LWEL-131516163

Company Tracking #:

0254:201714

State:

Virginia

Filing Company:

TPM Life Insurance Company

TOI/Sub-TOI:

LTC03I Individual Long Term Care/LTC03I.002 Non Qualified

Product Name:

2018 VA Rate Increase TPM

Project Name/Number:

/

Please let us know if you have any further questions.

Sincerely,

Hannah Russell

SERFF Tracking #:

LWEL-131516163

State Tracking #:

LWEL-131516163

Company Tracking #:

0254:201714

State:

Virginia

Filing Company:

TPM Life Insurance Company

TOI/Sub-TOI:

LTC03I Individual Long Term Care/LTC03I.002 Non Qualified

Product Name:

2018 VA Rate Increase TPM

Project Name/Number:

/

Amendment Letter

Submitted Date: 06/17/2019

Comments:

Dear Mr. Dismore,

Please see attached for the rate tables. Please let us know if you have any further questions.

Thank you!

Hannah

Changed Items:

No Form Schedule Items Changed.

State: Virginia

Filing Company:

TPM Life Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.002 Non Qualified

Product Name: 2018 VA Rate Increase TPM

Project Name/Number: /

Rate/Rule Schedule Item Changes

Item No.	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments	Date Submitted
1	Proposed Rates Pre-RS	QH-9606-LTC-APC	Revised	Previous State Filing Number: LWEL-128450811 Percent Rate Change Request: 52.088	QH-9606-LTC_RI_Step 1.pdf, QH-9606-LTC_RI_Step 2.pdf, QH-9606-LTC_RI_Step 3.pdf,	06/17/2019 By:
2	Proposed Rates Pre-RS	QH-9610-HCP	Revised	Previous State Filing Number: LWEL-128450811 Percent Rate Change Request: 52.088	QH-9610-HCP_RI_Step 1.pdf, QH-9610-HCP_RI_Step 2.pdf, QH-9610-HCP_RI_Step 3.pdf,	06/17/2019 By:
3	Proposed Rates Pre-RS	SH-9606-LTC-APC	Revised	Previous State Filing Number: LWEL-128450811 Percent Rate Change Request: 52.088	SH-9606-LTC_RI_Step 1.pdf, SH-9606-LTC_RI_Step 2.pdf, SH-9606-LTC_RI_Step 3.pdf,	06/17/2019 By:
4	Proposed Rates Pre-RS	SH-9610-HCP	Revised	Previous State Filing Number: LWEL-128450811 Percent Rate Change Request: 52.088	SH-9610-HCP_RI_Step 1.pdf, SH-9610-HCP_RI_Step 2.pdf, SH-9610-HCP_RI_Step 3.pdf,	06/17/2019 By:
5	Proposed Rates Pre-RS	TNQ-LTC-2000(VA)	Revised	Previous State Filing Number: LWEL-128450811 Percent Rate Change Request: 52.088	TNQ-LTC-2000(VA)_RI_Step 1.pdf, TNQ-LTC-2000(VA)_RI_Step 2.pdf, TNQ-LTC-2000(VA)_RI_Step 3.pdf,	06/17/2019 By:
6	Proposed Rates Pre-RS	TQ-LTC-2000(VA)	Revised	Previous State Filing Number: LWEL-128450811 Percent Rate Change Request: 52.088	TQ-LTC-2000(VA)_RI_Step 1.pdf, TQ-LTC-2000(VA)_RI_Step 2.pdf, TQ-LTC-2000(VA)_RI_Step 3.pdf,	06/17/2019 By:

SERFF Tracking #:

LWEL-131516163

State Tracking #:

LWEL-131516163

Company Tracking #:

0254:201714

State:

Virginia

Filing Company:

TPM Life Insurance Company

TOI/Sub-TOI:

LTC03I Individual Long Term Care/LTC03I.002 Non Qualified

Product Name:

2018 VA Rate Increase TPM

Project Name/Number:

/

No Supporting Documents Changed.

State: Virginia **Filing Company:** TPM Life Insurance Company
TOI/Sub-TOI: LTC031 Individual Long Term Care/LTC031.002 Non Qualified
Product Name: 2018 VA Rate Increase TPM
Project Name/Number: /

Note To Filer

Created By:

Bill Dismore on 09/03/2020 08:35 AM

Last Edited By:

Bill Dismore

Submitted On:

09/03/2020 08:36 AM

Subject:

Objection letter, 9/03/2020

Comments:

Pertaining to Objection #2, rather than revise I meant to say, "Please expand the language for compliance. Please keep the language that refers to the nonforfeiture credit.

As an example:

"Convert my policy to paid-up status with a shortened Benefit Period effective [11/01/2015]. The minimum nonforfeiture credit will be equal to 100% of the sum of all premiums paid to date for this policy but shall not be less than 30 times the daily nursing home benefit at the time of lapse. If this option is chosen, there will be no additional premiums due for this policy."

State: Virginia **Filing Company:** TPM Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.002 Non Qualified
Product Name: 2018 VA Rate Increase TPM
Project Name/Number: /

Note To Reviewer

Created By:

Hannah Russell on 01/21/2020 03:10 PM

Last Edited By:

Bill Dismore

Submitted On:

04/02/2020 10:48 AM

Subject:

Re: Nationwide Cumulative Total Rate Increase

Comments:

The Company currently only has policies in Virginia. Therefore, the nationwide cumulative total rate increase is the same as the one for Virginia. Please let me know if you need any more information.

State: Virginia **Filing Company:** TPM Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.002 Non Qualified
Product Name: 2018 VA Rate Increase TPM
Project Name/Number: /

Note To Filer

Created By:

Bill Dismore on 12/26/2019 07:02 AM

Last Edited By:

Bill Dismore

Submitted On:

04/02/2020 10:48 AM

Subject:

Nationwide Cumulative Total Rate Increase

Comments:

Please provide the current nationwide cumulative total rate increase.

Thank you,

Bill Dismore

State: Virginia **Filing Company:** TPM Life Insurance Company
TOI/Sub-TOI: LTC031 Individual Long Term Care/LTC031.002 Non Qualified
Product Name: 2018 VA Rate Increase TPM
Project Name/Number: /

Note To Reviewer

Created By:

Hannah Russell on 11/12/2019 08:57 AM

Last Edited By:

Bill Dismore

Submitted On:

04/02/2020 10:48 AM

Subject:

Re: Merger with AmFirst Insurance Company

Comments:

AmFirst Insurance Company has indicated that there will be no change in TPM Life Insurance Company and its long-term care insurance policies with the merger.

State: Virginia **Filing Company:** TPM Life Insurance Company
TOI/Sub-TOI: LTC031 Individual Long Term Care/LTC031.002 Non Qualified
Product Name: 2018 VA Rate Increase TPM
Project Name/Number: /

Note To Filer

Created By:

Bill Dismore on 11/08/2019 07:18 AM

Last Edited By:

Bill Dismore

Submitted On:

04/02/2020 10:48 AM

Subject:

Merger With AmFirst Insurance Company

Comments:

We received notice that TPM Life Insurance Company (NAIC # 69353) has merged into AmFirst Insurance Company (NAIC # 60250) effective September 25, 2019..

Please explain what this merger means in terms of TPM Life Insurance Company and the long-term care insurance policies issued under that name and NAIC number.

State: Virginia **Filing Company:** TPM Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.002 Non Qualified
Product Name: 2018 VA Rate Increase TPM
Project Name/Number: /

Note To Filer

Created By:

Bill Dismore on 06/06/2019 02:28 PM

Last Edited By:

Bill Dismore

Submitted On:

04/02/2020 10:48 AM

Subject:

Respond By Date Clarification

Comments:

Per our phone conversation on 6/06/2019, an extension to respond is granted to 7/06/2019.

State: Virginia **Filing Company:** TPM Life Insurance Company
TOI/Sub-TOI: LTC031 Individual Long Term Care/LTC031.002 Non Qualified
Product Name: 2018 VA Rate Increase TPM
Project Name/Number: /

Note To Reviewer

Created By:

Hannah Russell on 06/06/2019 01:59 PM

Last Edited By:

Bill Dismore

Submitted On:

04/02/2020 10:48 AM

Subject:

Respond by Date Clarification

Comments:

Dear Mr. Dismore,

Per our phone conversation from 5/9/2019, we are putting together the requested rate tables (to be uploaded on the "Rate/Rule Schedule" tab. Your most recent objection letter has a respond by date of 6/7/2019, which I have already responded to. But after our call, I learned that we needed to provide more information.

Therefore, I was wondering when the respond by date is for the rate tables? We are currently finishing them up, and I'm hoping they will be ready for tomorrow. But there's a chance they won't be ready until next week. I was wondering if this is acceptable? Do I need an extension?

Thank you!

Hannah

State: Virginia **Filing Company:** TPM Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.002 Non Qualified
Product Name: 2018 VA Rate Increase TPM
Project Name/Number: /

Note To Filer

Created By:

Bill Dismore on 05/09/2019 02:43 PM

Last Edited By:

Bill Dismore

Submitted On:

06/17/2019 12:11 PM

Subject:

Proposed Rate Schedule - Phone Call

Comments:

I left a voice mail today for Hannah Russel to discuss the objection letter response. Please return my call to (804) 371-9370, between 8:00am to 4:00pm EST. Thank you, Bill Dismore

State: Virginia **Filing Company:** TPM Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.002 Non Qualified
Product Name: 2018 VA Rate Increase TPM
Project Name/Number: /

Note To Reviewer

Created By:

Hannah Russell on 12/28/2018 08:30 AM

Last Edited By:

Bill Dismore

Submitted On:

06/17/2019 12:11 PM

Subject:

RE: Response to outstanding Objections of 9/19/2018.

Comments:

Hi Mr. Dismore,

We should be able to provide a response within 30 days.

Please let us know if you have any further questions.

Thank you!

Hannah

State: Virginia **Filing Company:** TPM Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.002 Non Qualified
Product Name: 2018 VA Rate Increase TPM
Project Name/Number: /

Note To Filer

Created By:

Bill Dismore on 12/27/2018 09:28 AM

Last Edited By:

Bill Dismore

Submitted On:

06/17/2019 12:11 PM

Subject:

Response to outstanding Objections of 9/19/2018.

Comments:

Please advise when we may expect an answer to the additional objections filed on 9/19/2018. If no response is received within 30 days, (by 01/27/2019) we will disapprove the filing and the Company will need to resubmit a new filing to request a rate revision.

State: Virginia **Filing Company:** TPM Life Insurance Company
TOI/Sub-TOI: LTC031 Individual Long Term Care/LTC031.002 Non Qualified
Product Name: 2018 VA Rate Increase TPM
Project Name/Number: /

Note To Filer

Created By:

Bill Dismore on 12/12/2018 08:45 AM

Last Edited By:

Bill Dismore

Submitted On:

06/17/2019 12:11 PM

Subject:

Clarification on Objection #4, Comment 6e and 6f

Comments:

Per your inquiry, below is the explanation for the request for information:

6e - using the actual policies sold, run the projection with the original premium rate scale and original assumptions for lapse, morbidity and mortality, both for the historical and the future portion of the projection; interest should be at the average valuation rate used in all other projections; another way to state this is that this would have been the projection produced at the time of original pricing except for the actual mix of business and the interest rate.

6f - the historical information in this projection should match the actual historical results (the same as in 6a); the future projected experience should use the policies in force as of the projection date projected forward using the original premium rate scale and original assumptions for lapse, morbidity and mortality; interest should be at the average valuation rate used in all other projections.

If you have any additional questions, please don't hesitate to call (804-371-9370) or email (bill.dismore@scc.virginia.gov).

State: Virginia **Filing Company:** TPM Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.002 Non Qualified
Product Name: 2018 VA Rate Increase TPM
Project Name/Number: /

Note To Filer

Created By:

Bill Dismore on 12/11/2018 01:13 PM

Last Edited By:

Bill Dismore

Submitted On:

06/17/2019 12:11 PM

Subject:

Clarification on Objection #4, Comment 6e and 6f

Comments:

We have reached out to our actuary to provide clarification that you have requested. As soon as we receive his response, we will pass this along.

State: Virginia **Filing Company:** TPM Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.002 Non Qualified
Product Name: 2018 VA Rate Increase TPM
Project Name/Number: /

Note To Reviewer

Created By:

Hannah Russell on 12/11/2018 11:41 AM

Last Edited By:

Bill Dismore

Submitted On:

06/17/2019 12:11 PM

Subject:

Clarification on Objection #4, Comment 6e and 6f

Comments:

Dear Mr. Dismore,

Could you please clarify the difference between comment 6e ("original assumptions and original premiums from inception") and 6f ("actual past experience ...") in Objection #4?

Please let me know if you need any further information.

Thank you,
Hannah Russell

State: Virginia **Filing Company:** TPM Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.002 Non Qualified
Product Name: 2018 VA Rate Increase TPM
Project Name/Number: /

Note To Reviewer

Created By:

Hannah Russell on 05/30/2018 01:36 PM

Last Edited By:

Bill Dismore

Submitted On:

06/17/2019 12:11 PM

Subject:

Supporting Documentation - Product Checklist: Note

Comments:

In Supporting Documentation - Product Checklist: Please note, the last two regulations (14 Vac 5-130-60 and 14 Vac 5-200-77) don't apply.

State: Virginia **Filing Company:** TPM Life Insurance Company
TOI/Sub-TOI: LTC031 Individual Long Term Care/LTC031.002 Non Qualified
Product Name: 2018 VA Rate Increase TPM
Project Name/Number: /

Reviewer Note

Created By:

Bill Dismore on 12/06/2019 07:45 AM

Last Edited By:

Bill Dismore

Submitted On:

04/02/2020 10:48 AM

Subject:

Actuarial Review - Final Summary Report

Comments:

-Rec'd ARC's final summary report on 2/21/2019.

1) In an order by the Virginia State Corporation Commission (Case INS-2014-00049) dated July 25, 2014, the Company's license to transact business in the Commonwealth of Virginia was suspended due to impairment of the Company's surplus. The Bureau normally reviews rate increase requests by companies that are in receivership in a manner that allows for such a company to mature its outstanding liabilities without a profit objective. However, we do not believe that the Company is in receivership at this time, but rather in a run-off mode and not writing any new business. If this situation were to change, it is possible that our analysis would be impacted; however, a change in analysis consistent with this situation normally makes it more difficult to receive a rate increase since traditional loss ratio methods are not sufficient to grant an increase.

2) The PV of Future Loss Test would require a reduction in the rate increase from 52% to 19%. Under the calculations of 14VAC5-200-150 B., the rate increase would be allowed since the projected lifetime loss ratio of 111% exceeds that required by the 60/80 Test.

The results of an alternative test above indicate that the Bureau may wish to limit the rate increase to 19% to eliminate the Company recouping past losses since these projections show that the present value of future losses under the proposed rate increase would be less than under the original pricing assumptions.

10/16/2019 - Company requested a teleconference to discuss the recommended reduced rate increase and recoupment of past losses. Email to Shawn Parks and Bob Grissom for times to set up the call. Questions and support for the Company's argument are attached.

10/22/2019 - Conference call with Company, ARC, Bob Grissom and Greg Smith to discuss the BOI's concern with the 52% rate increase when the PV of Future Loss test indicates 19% is more appropriate. Company requested the calculations and Bob agreed they could have them. ARC forwarded today and they were sent to Hannah Russell at Lewis & Ellis, TPA for the LTC Rate Filing.



SHAWN D. PARKS, FSA, MAAA
1114 CATAWBA RIVER RD • GREAT FALLS, SC 29055
(803) 994 - 9895 • SHAWN.PARKS@ARCGA.COM

February 21, 2019

Life and Health Division
Bureau of Insurance
State Corporation Commission
P. O. Box 1157
Richmond, VA 23218

Subject: **SERFF Tracking #LWEL-131516163**

At the request of the Virginia SCC Bureau of Insurance (the “Bureau”), I have reviewed the filing for the above captioned submission from **TPM Life Insurance Company** (the “Company”). This is a rate increase filing for a block of Individual Long Term Care Insurance.

Recommendation

My review of this filing was performed according to the provisions of 14VAC5-200-150. Applicable Actuarial Standards of Practice were considered, including Actuarial Standard of Practice No. 18, “Long-Term Care Insurance” and Actuarial Standard of Practice No. 8, “Regulatory Filings for Rates and Financial Projections for Health Plans”. After review of the Company’s submission, I believe that the Company has demonstrated that the request is in compliance with applicable regulations.

Other Considerations

The Bureau may also wish to consider the following policy items:

- The PV of Future Loss Test would require a reduction in the rate increase from 52% to 19%.

Historical Background

These forms were issued in Virginia from March 1996 through May 2005 and include 286 pre-stability policies and 10 post-stability policies as of 12/31/2017. This request applies only to those policies issued prior to 10/1/2003.

This block of policies has had previous increase actions averaging 23.8% in 2002, 30% in 2007, 15% in 2011, and a series of three 12% increases from 2015 to 2017. The Company has submitted an increase request of 52.1% on pre-stability policies, implemented as 15% per year for 3 years, for a cumulative increase of 295%. Since the Company is excluding the 10 post-stability policies, the average increase is reported as 51.2%. This increase would apply to the 286 policies in force in Virginia as of 12/31/2017 that were issued prior to the effective date of the rate stabilization

requirements (October 1, 2003), and would exclude the 10 policies issued on or after that date. I have therefore reviewed this filing pursuant to the requirements of 14VAC5-200-150. All remaining policies are in the state of Virginia.

In an order by the Virginia State Corporation Commission (Case INS-2014-00049) dated July 25, 2014, the Company's license to transact business in the Commonwealth of Virginia was suspended due to impairment of the Company's surplus. The Bureau normally reviews rate increase requests by companies that are in receivership in a manner that allows for such a company to mature its outstanding liabilities without a profit objective. However, we do not believe that the Company is in receivership at this time, but rather in a run-off mode and not writing any new business. If this situation were to change, it is possible that our analysis would be impacted; however, a change in analysis consistent with this situation normally makes it more difficult to receive a rate increase since traditional loss ratio methods are not sufficient to grant an increase.

Requests were sent to the Company for additional information and the Company's responses clarified issues which arose during the course of my review. The Bureau was involved in all correspondence with the Company.

Methodology

My approach was to a) review the submitted filing materials, b) check the filing contents and assumptions for compliance with all relevant regulations, c) verify the calculations in the supplied exhibits, and d) review the projections for reasonableness.

Assumptions

Morbidity – From the actuarial memorandum: “At the request of the Pennsylvania Department of Insurance, Lewis & Ellis, Inc. was engaged in late 2005 to study this block's claim incidence and termination rates as a potential and credible basis for revised valuation morbidity basis. While we were not able to establish that the TPM's LTC block had credible data from which to solely produce expected LTC claim costs, we were able to use other LTC claims data sources (e.g. SOA LTC Intercompany study) with which to produce a revised valuation morbidity basis. After performing the study and in consultation with the Department, a new valuation morbidity basis was established for the Company's contract reserves and pending claim reserves. This revised valuation morbidity basis is the basis for the projected claim costs as well as projected contract reserves (a.k.a. active life reserves (“ALR”).”

I noted that the SOA LTC Intercompany study referenced as the basis for the assumptions contained a material calculation error that affected the reported incidence rates by attained age. However, the Company reports that their attained age claim costs were not derived from the SOA study and were therefore unaffected by this error.

In response to my question about the age of the mortality assumption, the Company responded as follows: “This study has not been updated; however, if the 2005 study were

to be updated (which is unlikely given the declining non-credible nature of this block), the Company believes the morbidity levels inherent in an updated study would produce higher future anticipated loss ratios because current contract reserves, which also reflect the 2005 morbidity study, have been inadequate and have necessitated holding deficiency reserves.”

Mortality – The Company is using the 1983 GAM table as its mortality assumption.

Lapses – The current best-estimate ultimate lapse rate is assumed to be 1.5% versus the original assumption of 4-6%.

Interest – the Company-reported average maximum valuation interest rate of 4.5% is used for discounting the projections.

Projections

The results of the Company projections are shown in the table below:

Original Lifetime LR	Before Increase		After Increase		PV Future Losses Test			
	Fut LR w/ ALR	Lifetime LR	Fut LR w/ ALR	Lifetime LR	Original	Current	Proposed	Limit
67%	140%	120%	84%	111%	-5.7M	-6.8M	-3.8M	19%

Under the calculations of 14VAC5-200-150 B., the rate increase would be allowed since the projected lifetime loss ratio of 111% exceeds that required by the 60/80 Test.

The results of an alternative test above indicate that the Bureau may wish to limit the rate increase to 19% to eliminate the Company recouping past losses since these projections show that the present value of future losses under the proposed rate increase would be less than under the original pricing assumptions.

Reliance and Qualifications

I am providing this letter to the Bureau as the sole intended user. The scope of the review relates only to compliance with applicable laws and regulations relating to the actuarial aspects of the filing under consideration, and the intended purpose is to communicate my findings regarding this filing. Distribution of this letter to parties other than the Bureau by me or any other party does not constitute advice by me to those parties. The reliance of parties other than the Bureau on any aspect of this work is not authorized by me and is done at their own risk.

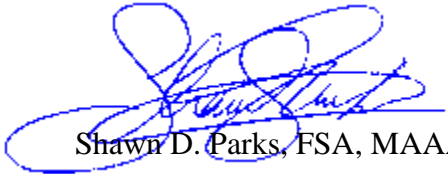
In arriving at my opinion, I used and relied on information provided by the Company and the Bureau without independent investigation or verification. If this information is inaccurate, incomplete, or out of date, my findings and conclusions may need to be revised. While I have relied on the data provided without independent investigation or

verification, I have reviewed the data for consistency and reasonableness. In the event that I found the data inconsistent or unreasonable, I have requested clarification.

I am a member of the American Academy of Actuaries and meet that body's Qualification Standards to render this opinion. I am responsible for this work and have utilized generally accepted actuarial methodologies in arriving at my opinion.

If you have any questions regarding this filing, please contact me to discuss.

Sincerely,

A handwritten signature in blue ink, appearing to read "Shawn D. Parks", is written over a blue circular stamp or seal.

Shawn D. Parks, FSA, MAAA

State: Virginia **Filing Company:** TPM Life Insurance Company
TOI/Sub-TOI: LTC031 Individual Long Term Care/LTC031.002 Non Qualified
Product Name: 2018 VA Rate Increase TPM
Project Name/Number: /

Reviewer Note

Created By:

Bill Dismore on 11/12/2019 09:49 AM

Last Edited By:

Bill Dismore

Submitted On:

09/15/2020 08:49 AM

Subject:

Proposed Rate Increase

Comments:

11/12/2019 - TPM agreed to proposed rate increase of 19%. Email of approval is attached.

From: [Hannah Russell](#)
To: [Bill Dismore](#)
Cc: [Cabe Chadick](#)
Subject: TPM Life Insurance Company SERFF Tr Num: LWEL-131516163
Date: Tuesday, November 12, 2019 10:44:57 AM

Hi Mr. Dismore,

We have spoken to TPM about the proposed 19% rate increase. TPM has said they will accept it.

Please let us know if you have any questions.

Thank you!

Hannah

Hannah Russell
Actuarial Associate



LEWIS & ELLIS, INC. – ACTUARIES & CONSULTANTS
700 Central Expy South, Ste 550, Allen, TX 75013
(214) 666-9219 | hrussell@lewisellis.com

State: Virginia **Filing Company:** TPM Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.002 Non Qualified
Product Name: 2018 VA Rate Increase TPM
Project Name/Number: /

Reviewer Note

Created By:

Bill Dismore on 10/29/2019 01:12 PM

Last Edited By:

Bill Dismore

Submitted On:

04/02/2020 10:48 AM

Subject:

Call to Company - LTC Annual Reports

Comments:

Spoke with Cabe Chaddick and Hannah Russell of Lewis & Ellis regarding outstanding objections on LTC Annual Report (LWEL-130622531) and missing reports for 2017, 2018 and 2019. Reminded Company they were not in compliance with 14VAC5-200-125. Also asked if form 8800 rates no longer had an active policyholder? If no, the actuarial memorandum needed to be updated so the information was current.

State: Virginia **Filing Company:** TPM Life Insurance Company
TOI/Sub-TOI: LTC031 Individual Long Term Care/LTC031.002 Non Qualified
Product Name: 2018 VA Rate Increase TPM
Project Name/Number: /

Reviewer Note

Created By:

Bill Dismore on 07/27/2018 12:11 PM

Last Edited By:

Bill Dismore

Submitted On:

09/15/2020 08:45 AM

Subject:

RRS

Comments:

Rate Review Summary - revised 12/02/2019.

Long Term Care Insurance Rate Request Summary
Part 1 – To Be Completed By Company

Reset Form

Company Name and NAIC Number:

SERFF Tracking Number:

Effective Date:

Revised Rates

Average Annual Premium Per Member:

Average Requested Percentage Rate Change Per Member:

Minimum Requested Percentage Rate Change Per Member:

Maximum Requested Percentage Rate Change Per Member:

Number of Policy Holders Affected :

Plans Affected
(The Form Number and "Product Name")

Form#	"Product Name"(if applicable)
QH-9606-LTC-APC, QH-9610-HCP, SH-9606-LTC-APC, SH-9610-HCP, TNQ-LTC-2000 (VA), TNQ-LTC-2000(VA)-R, TNQ-NHO-2004(VA), TQ-LTC-2000(VA), TQLTC-2000 (VA)-R, and TQ-NHO-2004(VA)	

Attach a brief narrative to summarize the key information used to develop the rates including the main drivers for the revised rates.

This document is intended to help explain the rate filing and it is only a summary of the company's request. It is not intended to describe or include all factors or information considered in the review process. For more detailed information, please refer to the complete filing.

Long-Term Care Insurance Rate Request Summary

Due to the claims experience, TPM Life Insurance Company finds a rate increase necessary. We are proposing a rate increase of 19% for policies issued before October 1, 2003. We are not requesting a rate increase for policies issued after October 1, 2003. The main driver for the revised rates is the claims experience. The company's long-term care ("LTC") pool of policies has deteriorated rapidly since in the last few years and this deterioration accelerated in 2013. Due to these adverse claims experience, a rate increase is necessary for the company and the long-term viability of its pool of LTC policies. While the number of new claims has increased, a key driver in the deteriorating experience is materially lower-than-expected claim terminations. That is, while some LTC claims will continue for years, many last a relatively short time period and the company's LTC premiums were determined assuming typical lengths on claim; however, the company has experienced materially longer lengths of claim.

Long Term Care Insurance Rate Request Summary Part 2 –To Be Completed by Bureau of Insurance

Company Name and NAIC Number: TPM Life Insurance Company - NAIC #: 69353

SERFF Tracking Number: LWEL-131516163

Disposition: Approved

Approval Date: 9/15/2020

Revised Rates

Average Annual Premium Per Member: \$3,027

Average Requested Percentage Rate Change Per Member: 18.66%

Minimum Requested Percentage Rate Change Per Member: 0%

Maximum Requested Percentage Rate Change Per Member: 19.00%

Number of Policy Holders Affected: 295

Summary of the Bureau of Insurance's review of the rate request:

The Company requested, and the Bureau approved a rate increase of 19% on policies issued before October 1, 2003 and no rate increase for policies with an effective date of October 1, 2003 or later for this block of individual long-term care insurance policy forms.

The filing was reviewed by the Bureau's consulting actuary and determined to comply with the requirements for a rate increase set forth in the Virginia Administrative Code 14VAC5-200-150 for policies issued prior to October 1, 2003 and 14VAC5-200-153 for policies issued October 1, 2003 and later. The review indicated that the anticipated loss ratio, reflecting claims payout, with the increase, is 110%. The loss ratio exceeds the minimum required loss ratio of 60%.

The Company has advised that they do not intend to request future rates increases on this block as long as the future total anticipated loss ratio is no more than 10% higher than the filed future anticipated loss ratio.

The primary reasons for the rate increase are that policyholders are living longer and keeping their policies in force longer, which has resulted in more claims being filed than the Company anticipated when the policy was originally priced. The Company determined that a premium increase is necessary to reflect that future claims are expected to be significantly higher on these policies than originally expected or priced and to ensure that sufficient funds are available to pay claims.

The Company is offering all policyholders options to reduce the premium increase by reducing their coverage. These reductions could be in the form of lower daily benefits, a shorter benefit period, a longer elimination period, the termination of riders or any combination of these reductions, or a paid-up policy. Specific options are included in the letter sent to all policyholders notifying them of the rate increase and can be discussed with the Company by calling its customer service department.

The filing can be reviewed on the Bureau's webpage under the Rate/Policy Form Search at:
<https://scc.virginia.gov/boi/SERFFInquiry/LtcFilings.aspx>

State: Virginia Filing Company: TPM Life Insurance Company
 TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.002 Non Qualified
 Product Name: 2018 VA Rate Increase TPM
 Project Name/Number: /

Post Submission Update Request Processed On 11/13/2019

Status: Allowed
 Created By: Hannah Russell
 Processed By: Bill Dismore
 Comments:

General Information:

Field Name	Requested Change	Prior Value
Overall Rate Impact	51.168	51.169

Company Rate Information:

Company Name: TPM Life Insurance Company

Field Name	Requested Change	Prior Value
Overall % Indicated Change	51.168%	51.169%
Overall % Rate Impact	51.168%	51.169%
Written Premium Change for this Program	\$456851	\$457575
Number of Policy Holders Affected for this Program	295	296
Written Premium for this Program	\$892851	\$894241

Filing Description:

Requested Value:

Rate increase 51.168% (15% per year over next three years) for Virginia for pre-rate stabilization policies for TPM.

Prior Value:

Rate increase 51.169% (15% per year over next three years) for Virginia for pre-rate stabilization policies for TPM.

State: Virginia **Filing Company:** TPM Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.002 Non Qualified
Product Name: 2018 VA Rate Increase TPM
Project Name/Number: /

Post Submission Update Request Processed On 07/22/2020

Status: Allowed
Created By: Hannah Russell
Processed By: Bill Dismore
Comments:

Company Rate Information:

Company Name:TPM Life Insurance Company

Field Name	Requested Change	Prior Value
Overall % Indicated Change	18.664%	51.168%
Overall % Rate Impact	18.664%	51.168%
Written Premium Change for this Program	\$166646	\$456851
Maximum %Change (where required)	19.000%	52.088%

State: Virginia

Filing Company:

TPM Life Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.002 Non Qualified

Product Name: 2018 VA Rate Increase TPM

Project Name/Number: /

Form Schedule

Lead Form Number: 8800, et al

Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1	Approved 09/15/2020	Sample Policyholder Notification Letter	TPM-LTCRI-VA2019-PHN-0010	OTH	Other			TPM-LTCRI-VA2019-PHN-0010_20200730.pdf
2	Approved 09/15/2020	LTC RI Policy Options Request Form	TPM-LTCRI-VA2019-PHN-0010-PORF	OTH	Other			TPM-LTCRI-VA2019-PHN-0010-PORF_20200720.pdf
3	Approved 09/15/2020	LTC Benefit Change Form	LTC-EndCovgApp20-VA	OTH	Other			LTC-EndCovgApp20-VA_202000903.pdf
4	Approved 09/15/2020	LTC Benefit Change Form Endorsement	VA-LTCHC-VarChgEnd	OTH	Other			VA-LTCHC-VarChgEnd_2020720.pdf

Form Type Legend:

ADV	Advertising	AEF	Application/Enrollment Form
CER	Certificate	CERA	Certificate Amendment, Insert Page, Endorsement or Rider
DDP	Data/Declaration Pages	FND	Funding Agreement (Annuity, Individual and Group)
MTX	Matrix	NAP	Network Access Plan
NOC	Notice of Coverage	OTH	Other
OUT	Outline of Coverage	PJK	Policy Jacket
POL	Policy/Contract/Fraternal Certificate	POLA	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider
PRC	Provider Contract/Provider Addendum/Provider Leading Agreement	PRD	Provider Directory



TPM Life Insurance Company
Long Term Care
Customer Service Team
[Email: LTCRI@tpmins.com]

[LetterMailDate]

[FNAME] [MI] [LNAME]
[ADD1]
[ADD2]
[CITY], [ST] [ZIP]

Policy Number: [POLNO]

Premium Paying Status: [BILCD_DESC]

Policy Form: [POLFORM]

Dear [FNAME]:

RE: LTC Rate Increase

Thank you for being a member of the TPM Life Insurance Company Long Term Care (LTC) Program. We know that you rely on this Program for support in the future, and we are, therefore, committed to ensuring that it remains secure and financially solvent. To achieve this goal, it is necessary to increase the premium rates for your policy. The reason for the rate increase is because the company's LTC claims experience has rapidly deteriorated since 2013. Due to this adverse claims experience, a rate increase is necessary for the company and the continuing viability of its LTC policies. The driving factors that led to the adverse claims experience include (a) higher-than-expected incidence of claims, especially at the higher senior ages, (b) longer length of claims as compared to original pricing, (c) higher care service unit costs, and (d) higher amount of services required while disabled.

[An ultimate compounded rate increase] of [Ultimate_Rate_Increase] will be applied to your current [ModeDesc] premium of \$[MODEPREM] over a [Rate_Increase_Time_Period]. Effective with your premium due on or after [PxDueOnOrAfterDateYr01], the [ModeDesc] premium for your policy will be increased by approximately [Year_01_Rate_Increase] from \$[MODEPREM] to \$[RIMODEPR].

If your Premium Paying Status is currently "**Premium Waiver**" (see above), your premium will continue to be waived in accordance with the Premium Waiver Benefit provision of your policy.

Please note that the rate increase request was reviewed by the Virginia State Corporation Commission and was found to be compliant with applicable Virginia laws and regulations addressing long-term care insurance. All premium rate filings are available for public inspection and may be accessed online through the Virginia Bureau of Insurance's webpage at [\[https://scc.virginia.gov/boi/SERFFInquiry/LtcFilings.aspx\]](https://scc.virginia.gov/boi/SERFFInquiry/LtcFilings.aspx).

Notice of Premium Change – This is Not a Bill

Policy Number: [POLNO]

[1850 William Penn Way, Suite 202 • PO Box 10667
Lancaster, PA 17605-0667]

[Main: 717-394-7156 • Toll Free: 800-555-3122 • Fax: 717-553-1107]
[Email: LTCRI@tpmins.com] • www.tpmins.com]

Form Number: TPM-LTCRI-VA2019-PHN-0010



TPM Life Insurance Company
Long Term Care
Customer Service Team
[Email: LTCRI@tpmins.com]

[Year [Previous_Year] of the rate increase process has been completed.] The schedule for the next rate [increase(s)] will be as follows:

1. Effective with your premium due on or after [PxDueOnOrAfterDateYr01], the [ModeDesc] premium for your policy will be increased by approximately [Year_01_Rate_Increase] from \$[MODEPREM] to \$[RIMODEPR].
- [2. Effective with your premium due on or after [PxDueOnOrAfterDateYr02], the [ModeDesc] premium for your policy will be increased by approximately [Year_02_Rate_Increase] from \$[RIMODEPR] to \$[RILD_RIMODEPR_YR02]. Similar options to those offered with the first increase will be available to you.]
- [3. Effective with your premium due on or after [PxDueOnOrAfterDateYr03], the [ModeDesc] premium for your policy will be increased by approximately [Year_03_Rate_Increase] from \$[RILD_RIMODEPR_YR02] to \$[RILD_RIMODEPR_YR03]. Similar options to those offered with the first increase will be available to you.]

Please note that the rate increases have nothing to do with your personal claims history or health. In addition to your policy, rate increases are being implemented on all LTC policies with the same policy form numbers as yours which were issued in the state of Virginia. Your policy form numbers are shown on Page 1 of this notice.

We encourage you to consider: (1) increasing your elimination period and/or (2) decreasing your benefit period and/or (3) decreasing your daily benefit amount. You are also entitled to (4) a 'contingent benefit' upon lapse of your policy if the lapse occurs within 120 days of the due date of the increased premium. If this option is chosen, you will receive a conversion of your current coverage to paid-up status with a shortened benefit period. All the options available to you may not be of equal value. You reserve the right to receive a revised premium rate schedule if requested. Should there be future rate increases, similar options to those being offered will be available and benefits may be changed at any time and not restricted to the time of the rate increase.

These options are intended to help mitigate the cost of the rate increases while preserving the value of your policy. Please see pages 3 and 4 of this notice for options that may be of interest to you. Note that all options available to you may not be of equal value.

Notice of Premium Change – This is Not a Bill

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[Main: 717-394-7156 • Toll Free: 800-555-3122 • Fax: 717-553-1107]
[Email: LTCRI@tpmins.com] • www.tpmins.com]

Form Number: TPM-LTCRI-VA2019-PHN-0010



TPM Life Insurance Company
Long Term Care
Customer Service Team
[Email: LTCRI@tpmins.com]

OPTIONS TO CONSIDER

[1. Increase my elimination period from [RILD_ELIM] days to [RILD_EL01] days

[By choosing this option, effective with your premium due on or after [PxDueOnOrAfterDateYr01], the [ModeDesc] premium for your policy will be \$[RILD_MDE1] rather than \$[RIMODEPR].]

[By choosing this option, effective with your premium due on or after [PxDueOnOrAfterDateYr02], the [ModeDesc] premium for your policy will be \$[RILD_MDE1_YR02] rather than \$[RILD_RIMODEPR_YR02].]

[By choosing this option, effective with your premium due on or after [PxDueOnOrAfterDateYr03], the [ModeDesc] premium for your policy will be \$[RILD_MDE1_YR03] rather than \$[RILD_RIMODEPR_YR03].]

Please complete the LTC RI POLICY OPTIONS REQUEST FORM enclosed with this letter and return it to us so that we can provide you with rate options specific to your policy.]

[2. Increase my elimination period from [RILD_ELIM] days to [RILD_EL02] days

[By choosing this option, effective with your premium due on or after [PxDueOnOrAfterDateYr01], the [ModeDesc] premium for your policy will be \$[RILD_MDE2] rather than \$[RIMODEPR].]

[By choosing this option, effective with your premium due on or after [PxDueOnOrAfterDateYr02], the [ModeDesc] premium for your policy will be \$[RILD_MDE2_YR02] rather than \$[RILD_RIMODEPR_YR02].]

[By choosing this option, effective with your premium due on or after [PxDueOnOrAfterDateYr03], the [ModeDesc] premium for your policy will be \$[RILD_MDE2_YR03] rather than \$[RILD_RIMODEPR_YR03].]

[3. Decrease my benefit period from [BenefitPeriod] to [RILD_BC01] months

[By choosing this option, effective with your premium due on or after [PxDueOnOrAfterDateYr01], the [ModeDesc] premium for your policy will be \$[RILD_MDBC] rather than \$[RIMODEPR].]

[By choosing this option, effective with your premium due on or after [PxDueOnOrAfterDateYr02], the [ModeDesc] premium for your policy will be \$[RILD_MDBC_YR02] rather than \$[RILD_RIMODEPR_YR02].]

[By choosing this option, effective with your premium due on or after [PxDueOnOrAfterDateYr03], the [ModeDesc] premium for your policy will be \$[RILD_MDBC_YR03] rather than \$[RILD_RIMODEPR_YR03].]

Please complete the LTC RI POLICY OPTIONS REQUEST FORM enclosed with this letter and return it to us so that we can provide you with rate options specific to your policy.]

Notice of Premium Change – This is Not a Bill

Policy Number: [POLNO]

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Lancaster, PA 17605-0667]

[Main: 717-394-7156 • Toll Free: 800-555-3122 • Fax: 717-553-1107]
[Email: LTCRI@tpmins.com] • www.tpmins.com]

Form Number: TPM-LTCRI-VA2019-PHN-0010



TPM Life Insurance Company
Long Term Care
Customer Service Team
[Email: LTCRI@tpmins.com]

OPTIONS TO CONSIDER (continued)

[4. Decrease my daily benefit amount

[Please complete the LTC RI POLICY OPTIONS REQUEST FORM on the last page and return it to us so that we can provide you with rate options specific to your policy.]]

5. Contingent Benefit Upon Lapse (CBUL) of your policy

By choosing this option, effective on or after [PxDueOnOrAfterDateYr01], your reduced paid up benefit will be equal to 100% of the sum of all premiums paid. The Contingent Benefit Upon Lapse provides that the paid-up value will be the greater of 100% of the sum of all premiums paid or 30 times the daily nursing home benefit at the time of lapse; in no event will the paid-up value exceed the maximum benefits which would be payable if the policy remained in a premium paying status. Please complete the LTC RI POLICY OPTIONS REQUEST FORM on the last page and return it to us so that we can provide you with rate options specific to your policy.

Notice of Premium Change – This is Not a Bill

Policy Number: [POLNO]

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[Main: 717-394-7156 • Toll Free: 800-555-3122 • Fax: 717-553-1107]
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Form Number: TPM-LTCRI-VA2019-PHN-0010



TPM Life Insurance Company
Long Term Care
Customer Service Team
[Email: LTCRI@tpmins.com]

If you are interested in more information on any of the options shown above (or a combination thereof) as well as additional options, please complete the LTC RI POLICY OPTIONS REQUEST FORM on the last page and return it to us so that we can provide you with rate options specific to your policy (envelope provided). If you prefer, you may e-mail your request for rate options to us at [LTCRI@tpmins.com].

As you consider your options, please:

1. Review your current policy benefits as shown on the policy Schedule Page(s) within your policy.
2. Evaluate your current benefit needs. To do so, you may wish to consult with your agent, a qualified financial planner, family member, or other trusted advisor.
3. Select the option(s) that may best meet your needs.

We do regret that premium rate increases became necessary and assure you that we remain committed to providing you with first-rate benefits and services. This policy may be subject to rate increases in the future. The company reserves the right to revise the premium rates if another rate increase may become necessary. Should there be future rate increases, similar options to those being offered will be available and benefits may be changed at any time and not restricted to the time of the rate increase.

If you have any questions, please feel free to contact our LTC Customer Service Team by calling [(800) 555-3122] or writing to us at the address shown in footer of this notice.

Sincerely,

Long Term Care Customer Service Team

Enclosure

Notice of Premium Change – This is Not a Bill

Policy Number: [POLNO]

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Lancaster, PA 17605-0667]

[Main: 717-394-7156 • Toll Free: 800-555-3122 • Fax: 717-553-1107]
[Email: LTCRI@tpmins.com] • [www.tpmins.com]

Form Number: TPM-LTCRI-VA2019-PHN-0010



TPM Life Insurance Company
Long Term Care
Customer Service Team
[Email: LTCRI@tpmins.com]

LTC RI POLICY OPTIONS REQUEST FORM

Policy Number: [POLNO]

Name: [FNAME] [MI] [LNAME]

Rate Change Date: [PxDueOnOrAfterDateYr01]

To: TPM Long Term Care Customer Service Team,

I am interested in receiving more information on how the following change(s) to my policy will decrease my premium rate effective [PxDueOnOrAfterDateYr01].

Please send me rate quotes for the following possible change(s) (may choose one or a combination):

- Increasing my Elimination (Waiting) Period
- Decreasing my Benefit Period
- Decreasing my Daily Benefit Amount
- Contingent Benefit Upon Lapse of policy (conversion of current coverage to paid-up status with a decreased benefit period)

I understand that no changes will be made to my policy at this time based upon this request for information. Policy changes will only take effect if a Benefit Change Election form is completed.

Date _____ Policyholder Signature _____

This completed form can be emailed to LTCRI@tpmins.com. The completed form can also be mailed to us at the address shown in the footer of this notice (envelope provided).

Notice of Premium Change – This is Not a Bill

Policy Number: [«POLNO»]

[1850 William Penn Way, Suite 202 • PO Box 10667
[Lancaster, PA 17605-0667]

[Main: 717-394-7156 • Toll Free: 800-555-3122 • Fax: 717-553-1107]
[Email: LTCRI@tpmins.com] • www.tpmins.com]

Form Number: TPM-LTCRI-VA2019-PHN-0010-PORF



TPM Life Insurance Company
Policyholder Services Department
[E-mail: IndAdmin@tpmins.com]

[September 3, 2020]

[Mr.] [John X.] [Doe]
[123 Main St]
[Anytown, VA 12345]

Re: Policy(s) [H123456]

Dear [Mr.] [Doe],

Thank you for your recent inquiry regarding your Long Term Care policy number [H123456].

You have expressed an interest in possibly adjusting your policy benefits in order to offset the upcoming premium rate increase. Several options are shown below for your review. If you choose to adjust your benefits, please check the appropriate box and return your signed and dated request in the enclosed envelope. Your benefits will remain *unchanged* if we are not notified in writing of your request. If you have any questions regarding this matter, please feel free to contact us.

Sincerely,

LTC Customer Service Team
Policyholder Services Department

Current Policy Benefits

Daily Benefit	[\$100]
Benefit Period	[48] Months
Elimination Period	[0] Days
Inflation Protection	[Lifetime]
Current Premium	[\$277.53] [EFT (Monthly)]
Premium Effective [11/01/2015]	[\$310.84] [EFT (Monthly)]

- Reduce Daily Benefit Amount** from [\$100] /Day to [\$89] /Day. The premium for this option will be [\$276.64] [EFT (Monthly)] effective [11/01/2015].
- Reduce Benefit Period** from [48] Months to [36] Months. The premium for this option will be [\$275.68] [EFT (Monthly)] effective [11/01/2015].
- Increase Elimination Period** from:
- [0] Days to [100] Days. The premium for this option will be [\$273.54] [EFT (Monthly)] effective [11/01/2015].
- [0] Days to [180] Days. The premium for this option will be [\$248.67] [EFT (Monthly)] effective [11/01/2015].



TPM Life Insurance Company
Policyholder Services Department
[E-mail: IndAdmin@tpmins.com]

Convert my policy to paid-up status with a shortened Benefit Period effective [11/01/2015]. The nonforfeiture credit will be equal to 100% of the sum of all premiums paid to date for this policy but shall not be less than 30 times the daily nursing home benefit at the time of lapse. If this option is chosen, there will be no additional premiums due for this policy.

Date _____ Policyholder Signature(s) _____

Date _____ Policyholder Signature(s) _____



TPM Life Insurance Company
Policyholder Services Department
[Email: IndAdmin@tpmins.com]

[July 20, 2020]

ENDORSEMENT

To be attached to and made a part of Policy No. [H123456]

Issued upon the application of [John X.] [Doe]

TPM LIFE INSURANCE COMPANY Lancaster, Pennsylvania

By this Endorsement [Agrees to reduce Benefit Period from [48]-Months to [36] -Months effective on the date shown below.]

[Agrees to reduce the original Daily Benefit Amount from \$[100] per day to \$[89] per day effective on the date shown below.]

[Agrees to change Elimination Period from [0] Days to [100] Days effective on the date shown below.]

The required premium under this policy is \$[275.68] [EFT(Monthly)].

This Endorsement is effective as of [11/01/2015]. It expires concurrently with the policy to which it is attached, unless changed by subsequent endorsement and is subject to all the provisions, conditions and limitations of said policy.

President

SERFF Tracking #:

LWEL-131516163

State Tracking #:

LWEL-131516163

Company Tracking #:

0254:201714

State: Virginia

Filing Company: TPM Life Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.002 Non Qualified

Product Name: 2018 VA Rate Increase TPM

Project Name/Number: /

Rate Information

Rate data applies to filing.

Filing Method: SERFF
 Rate Change Type: %
 Overall Percentage of Last Rate Revision: 39.185%
 Effective Date of Last Rate Revision: 09/01/2017
 Filing Method of Last Filing: SERFF
 SERFF Tracking Number of Last Filing: LWEL-128450811

Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	Number of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
TPM Life Insurance Company	18.664%	18.664%	\$166,646	295	\$892,851	19.000%	0.000%

State: Virginia

Filing Company:

TPM Life Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.002 Non Qualified

Product Name: 2018 VA Rate Increase TPM

Project Name/Number: /

Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1		Exhibit_I for TPM, VA Rate Increase, 5.29.2018	8800, 8810, 9606, 9610, 2000	Revised	Previous State Filing Number: LWEL-128450811 Percent Rate Change Request: 51.169	
2		Proposed Rates Pre-RS	QH-9606-LTC-APC	Revised	Previous State Filing Number: LWEL-128450811 Percent Rate Change Request: 19	QH-9606-LTC Proposed Rates.pdf,
3		Proposed Rates Pre-RS	QH-9610-HCP	Revised	Previous State Filing Number: LWEL-128450811 Percent Rate Change Request: 19	QH-9610-HCP Proposed Rates.pdf,
4		Proposed Rates Pre-RS	SH-9606-LTC-APC	Revised	Previous State Filing Number: LWEL-128450811 Percent Rate Change Request: 19	SH-9606-LTC Proposed Rates.pdf,
5		Proposed Rates Pre-RS	SH-9610-HCP	Revised	Previous State Filing Number: LWEL-128450811 Percent Rate Change Request: 19	SH-9610-HCP Proposed Rates.pdf,
6		Proposed Rates Pre-RS	TNQ-LTC-2000(VA)	Revised	Previous State Filing Number: LWEL-128450811 Percent Rate Change Request: 19	TNQ-LTC-2000 Proposed Rates.pdf,
7		Proposed Rates Pre-RS	TQ-LTC-2000(VA)	Revised	Previous State Filing Number: LWEL-128450811 Percent Rate Change Request: 19	TQ-LTC-2000 Proposed Rates.pdf,

TPM LIFE INSURANCE COMPANY
Policy Form Series: QH-9606-LTC-APC: TAX QUALIFIED PLAN
Long Term Care Policy

Annual Premiums per \$10.00 of Daily Benefit
Level Benefit, 0 Day Elimination

Pre-RS Proposed Rates Step I: 15% Increase

Issue Age	Benefit Period in Months					
	12	24	36	48	60	Lifetime
18-49	\$65	\$104	\$133	\$156	\$179	\$248
50-59	75	117	150	173	199	276
60-64	81	130	165	192	221	306
65-69	139	218	263	302	332	380
70	186	283	344	393	432	497
71	231	351	426	488	533	618
72	253	383	468	533	584	676
73	289	441	539	621	679	779
74	325	500	610	708	774	884
75	364	562	685	793	871	988
76	400	621	757	881	965	1091
77	436	679	828	969	1059	1196
78	507	751	920	1072	1179	1335
79	578	822	1010	1173	1299	1476
80	653	894	1104	1277	1416	1611
81	725	965	1196	1378	1537	1752
82	796	1036	1286	1482	1658	1891
83	862	1127	1404	1628	1829	2063
84	926	1222	1521	1774	2002	2236
85	991	1313	1634	1921	2171	2411
86	1056	1407	1752	2067	2343	2583
87	1121	1498	1868	2212	2514	2755
88	1144	1527	1908	2259	2563	2811
89	1189	1589	1983	2345	2668	2924

TPM LIFE INSURANCE COMPANY
Policy Form Series: QH-9606-LTC-APC: TAX QUALIFIED PLAN
Rider Form Series: 96-LIR, Lifetime Increasing Benefit
Long Term Care Policy

Annual Premiums per \$10.00 of Daily Benefit
Increasing Benefit, 0 Day Elimination
Pre-RS Proposed Rates Step I: 15% Increase

Issue Age	Benefit Period in Months					
	12	24	36	48	60	Lifetime
18-49	\$114	\$182	\$240	\$283	\$325	\$455
50-59	126	201	267	312	364	507
60-64	139	224	295	347	403	562
65-69	224	361	449	513	565	663
70	286	449	559	637	706	832
71	347	537	666	760	845	1001
72	377	582	721	822	913	1085
73	419	653	809	929	1031	1215
74	462	721	897	1036	1147	1345
75	500	793	982	1147	1264	1476
76	543	862	1069	1254	1380	1605
77	584	933	1157	1361	1498	1735
78	666	1010	1260	1482	1645	1898
79	751	1089	1365	1602	1787	2060
80	832	1170	1465	1718	1934	2225
81	916	1248	1570	1839	2077	2388
82	997	1326	1673	1959	2223	2550
83	1069	1427	1803	2122	2415	2739
84	1138	1527	1930	2285	2606	2927
85	1209	1628	2060	2443	2794	3113
86	1277	1729	2187	2606	2986	3301
87	1348	1829	2317	2768	3177	3490
88	1374	1865	2362	2824	3243	3558
89	1429	1940	2456	2937	3370	3701

TPM LIFE INSURANCE COMPANY
Policy Form Series: QH-9606-LTC-APC: TAX QUALIFIED PLAN
Rider Form Series: 96-10IR, 10 Year Increasing Benefit
Long Term Care Policy

Annual Premiums per \$10.00 of Daily Benefit
Increasing Benefit, 0 Day Elimination
Pre-RS Proposed Rates Step I: 15% Increase

Issue Age	Benefit Period in Months					
	12	24	36	48	60	Lifetime
18-49	\$71	\$114	\$152	\$179	\$208	\$302
50-59	81	126	169	199	231	338
60-64	88	143	188	221	257	374
65-69	169	270	334	387	426	513
70	231	361	449	513	572	689
71	293	455	562	644	718	862
72	325	500	621	708	790	948
73	368	575	712	822	913	1085
74	413	650	802	933	1033	1222
75	458	721	897	1046	1157	1358
76	500	796	988	1160	1280	1495
77	546	871	1079	1271	1401	1631
78	631	956	1189	1397	1553	1800
79	715	1036	1296	1524	1706	1969
80	800	1121	1407	1651	1855	2141
81	884	1202	1514	1778	2008	2310
82	969	1286	1624	1900	2157	2479
83	1040	1388	1754	2067	2353	2670
84	1111	1491	1885	2229	2544	2860
85	1183	1592	2015	2394	2739	3051
86	1254	1696	2148	2557	2931	3239
87	1326	1797	2278	2719	3123	3431
88	1352	1833	2323	2775	3188	3500
89	1407	1908	2415	2886	3314	3639

TPM LIFE INSURANCE COMPANY
Policy Form Series: QH-9606-LTC-APC: TAX QUALIFIED PLAN

Long Term Care Policy
OPTIONAL INFLATION BENEFITS - RIDER FORM SERIES 96-10IR & 96-LIR

RATE SCHEDULE

- I. Substandard Rate Classifications
(Applicants Who Do Not Qualify for Preferred Rates)

<u>Underwriting Classification</u>	<u>Premiums</u>
Preferred	100%
Standard	115%
Select	175%

- II. Policy Fee (one time): \$25.00

- III. Premium Paid Other Than Annual

Semi-Annual	52.00%
Quarterly	26.50%
Monthly	9.00%
Monthly Bank Draft	8.50%

- IV. Elimination Period

<u>Elimination Period</u>	<u>Percentage Discount</u>
20 Days	4.00%
60 Days	8.50%
100 Days	12.00%
180 Days	20.00%

- V. Husband and Wife Discount

If husband and wife are on the same policy, a 10% discount is applied to the older insured.

TPM LIFE INSURANCE COMPANY
Policy Form Series: QH-9610-HCP: TAX QUALIFIED PLAN
Home Health Care Policy

Annual Premiums per \$10.00 of Daily Benefit
Level Benefit, 0 Day Elimination

Pre-RS Proposed Rates Step I: 15% Increase

Issue Age	Benefit Period in Months					
	12	24	36	48	60	Lifetime
18-49	\$71	\$90	\$117	\$137	\$156	\$179
50-59	79	104	130	152	173	199
60-64	88	114	143	169	192	221
65-69	120	159	199	231	257	289
70	143	188	234	270	299	334
71	165	218	270	312	342	380
72	179	234	289	332	364	413
73	195	253	312	357	390	428
74	211	273	338	383	419	458
75	227	295	361	413	445	484
76	244	315	387	439	475	513
77	259	334	409	464	500	539
78	295	380	462	524	559	605
79	332	426	513	578	621	666
80	368	471	569	637	679	731
81	403	516	621	702	741	793
82	439	562	672	751	800	858
83	500	640	760	845	894	956
84	562	715	848	935	988	1056
85	624	793	933	1031	1082	1153
86	685	868	1020	1121	1176	1254
87	747	946	1108	1215	1271	1352
88	764	965	1131	1238	1296	1378
89	793	1004	1176	1290	1348	1433

TPM LIFE INSURANCE COMPANY
Policy Form Series: QH-9610-HCP: TAX QUALIFIED PLAN

Long Term Care Policy

RATE SCHEDULE

- I. Substandard Rate Classifications
(Applicants Who Do Not Qualify for Preferred Rates)

<u>Underwriting Classification</u>	<u>Premiums</u>
Preferred	100%
Standard	115%
Select	175%

- II. Policy Fee (one time): \$25.00

- III. Premium Paid Other Than Annual

Semi-Annual	52.00%
Quarterly	26.50%
Monthly	9.00%
Monthly Bank Draft	8.50%

- IV. Elimination Period

<u>Elimination Period</u>	<u>Percentage Discount</u>
20 Days	4.00%
60 Days	8.50%
100 Days	12.00%
180 Days	20.00%

- V. Husband and Wife Discount

If husband and wife are on the same policy, a 10% discount is applied to the older insured.

TPM LIFE INSURANCE COMPANY
Policy Form Series: SH-9606-LTC-APC: NON-QUALIFIED PLAN
Supplement to Long Term Care Policy

Annual Premiums per \$10.00 of Daily Benefit
Level Benefit, 0 Day Elimination

Pre-RS Proposed Rates Step I: 15% Increase

Issue Age	Benefit Period in Months					
	12	24	36	48	60	Lifetime
18-49	\$4	\$6	\$6	\$6	\$10	\$13
50-59	4	6	6	10	10	13
60-64	4	6	10	10	10	17
65-69	6	10	13	17	17	19
70	10	13	17	19	23	26
71	13	17	23	23	26	30
72	13	19	23	26	30	32
73	13	23	26	32	32	39
74	17	26	30	36	39	45
75	19	30	36	39	42	49
76	19	32	39	45	49	55
77	23	32	42	49	52	58
78	26	39	45	52	58	68
79	30	42	52	58	65	75
80	32	45	55	65	71	81
81	36	49	58	68	79	88
82	39	52	65	75	84	94
83	42	55	71	81	90	104
84	45	62	75	88	101	111
85	49	65	81	98	107	120
86	52	71	88	104	117	130
87	55	75	94	111	126	137
88	58	79	94	114	126	139
89	58	79	98	117	133	146

TPM LIFE INSURANCE COMPANY
Policy Form Series: SH-9606-LTC-APC: NON-QUALIFIED PLAN
Rider Form Series: 96-LIR, Lifetime Increasing Benefit
Supplement to Long Term Care Policy

Annual Premiums per \$10.00 of Daily Benefit
Increasing Benefit, 0 Day Elimination
Pre-RS Proposed Rates Step I: 15% Increase

Issue Age	Benefit Period in Months					
	12	24	36	48	60	Lifetime
18-49	\$6	\$10	\$13	\$13	\$17	\$23
50-59	6	10	13	17	19	26
60-64	6	10	17	17	19	30
65-69	10	19	23	26	30	32
70	13	23	30	32	36	42
71	17	26	32	39	42	49
72	19	30	36	42	45	55
73	19	32	39	45	52	62
74	23	36	45	52	58	68
75	26	39	49	58	62	75
76	26	42	52	62	68	81
77	30	45	58	68	75	88
78	32	52	62	75	81	94
79	39	55	68	81	90	104
80	42	58	75	84	98	111
81	45	62	79	90	104	120
82	49	65	84	98	111	126
83	52	71	90	107	120	137
84	58	79	98	114	130	146
85	62	81	104	124	139	156
86	65	88	111	130	150	165
87	68	90	117	139	159	175
88	68	94	117	139	163	179
89	71	98	124	146	169	186

TPM LIFE INSURANCE COMPANY
Policy Form Series: SH-9606-LTC-APC: NON-QUALIFIED PLAN
Rider Form Series: 96-10IR, 10 Year Increasing Benefit
Supplement to Long Term Care Policy

Annual Premiums per \$10.00 of Daily Benefit
Increasing Benefit, 0 Day Elimination
Pre-RS Proposed Rates Step I: 15% Increase

Issue Age	Benefit Period in Months					
	12	24	36	48	60	Lifetime
18-49	\$4	\$6	\$6	\$10	\$10	\$17
50-59	4	6	10	10	13	17
60-64	4	6	10	10	13	19
65-69	10	13	17	19	23	26
70	13	19	23	26	30	36
71	17	23	30	32	36	42
72	17	26	32	36	39	49
73	19	30	36	42	45	55
74	19	32	39	45	52	62
75	23	36	45	52	58	68
76	26	39	49	58	65	75
77	26	42	55	65	71	81
78	32	49	58	71	79	90
79	36	52	65	75	84	98
80	39	55	71	81	94	107
81	45	62	75	88	101	117
82	49	65	81	94	107	124
83	52	68	88	104	117	133
84	55	75	94	111	126	143
85	58	81	101	120	137	152
86	62	84	107	126	146	163
87	65	90	114	137	156	173
88	68	90	117	139	159	175
89	71	94	120	143	165	182

TPM LIFE INSURANCE COMPANY
Policy Form Series: SH-9606-LTC-APC: NON-QUALIFIED PLAN

Long Term Care Policy
OPTIONAL INFLATION BENEFITS - RIDER FORM SERIES 96-10IR & 96-LIR

RATE SCHEDULE

- I. Substandard Rate Classifications
(Applicants Who Do Not Qualify for Preferred Rates)

<u>Underwriting Classification</u>	<u>Premiums</u>
Preferred	100%
Standard	115%
Select	175%

- II. Policy Fee (one time): \$25.00

- III. Premium Paid Other Than Annual

Semi-Annual	52.00%
Quarterly	26.50%
Monthly	9.00%
Monthly Bank Draft	8.50%

- IV. Elimination Period

<u>Elimination Period</u>	<u>Percentage Discount</u>
20 Days	4.00%
60 Days	8.50%
100 Days	12.00%
180 Days	20.00%

- V. Husband and Wife Discount

If husband and wife are on the same policy, a 10% discount is applied to the older insured.

TPM LIFE INSURANCE COMPANY
Policy Form Series SH-9610-HCP: NON QUALIFIED PLAN
Supplement to Tax Qualified Home Health Care Policy

Annual Premiums per \$10.00 of Daily Benefit
Level Benefit, 0 Day Elimination

Pre-RS Proposed Rates Step I: 15% Increase

Issue Age	Benefit Period in Months					
	12	24	36	48	60	Lifetime
18-49	\$6	\$6	\$10	\$10	\$13	\$13
50-59	6	6	10	13	13	17
60-64	6	10	10	13	13	17
65-69	10	13	17	17	19	23
70	10	13	17	19	23	26
71	13	17	19	23	26	30
72	13	17	23	26	26	30
73	17	19	23	26	30	32
74	17	19	26	30	32	36
75	17	23	26	30	32	36
76	19	23	30	32	36	39
77	19	26	30	36	39	39
78	23	30	36	39	42	45
79	26	32	39	42	45	49
80	26	36	42	49	52	55
81	30	39	45	52	55	58
82	32	42	52	55	58	65
83	39	49	58	62	68	71
84	42	55	65	71	75	79
85	45	58	71	79	81	88
86	52	65	79	84	88	94
87	55	71	84	90	94	101
88	58	71	84	94	98	104
89	58	75	88	98	101	107

TPM LIFE INSURANCE COMPANY
Policy Form Series SH-9610-HCP: NON QUALIFIED PLAN

HOME HEALTH CARE POLICY

RATE SCHEDULE

- I. Substandard Rate Classifications
(Applicants Who Do Not Qualify for Preferred Rates)

<u>Underwriting Classification</u>	<u>Premiums</u>
Preferred	100%
Standard	115%
Select	175%

- II. Policy Fee (one time): \$25.00

- III. Premium Paid Other Than Annual

Semi-Annual	52.00%
Quarterly	26.50%
Monthly	9.00%
Monthly Bank Draft	8.50%

- IV. Elimination Period

<u>Elimination Period</u>	<u>Percentage Discount</u>
20 Days	4.00%
60 Days	8.50%
100 Days	12.00%
180 Days	20.00%

- V. Husband and Wife Discount

If husband and wife are on the same policy, a 10% discount is applied to the older insured.

TPM Life Insurance Company
 Policy Form Series TNQ-LTC-2000(VA)
 Annual Premiums Per \$10 of Daily Benefit
 Level Benefit
 Preferred Classes - 0 Day Elimination Period
 Pre-RS Proposed Rates Step I: 15% Increase

NTQ
 Double Care
 Level

TPM Life Insurance Company
 Policy Form Series TNQ-LTC-2000(VA)
 Annual Premiums Per \$10 of Daily Benefit
 Level Benefit
 Standard Class - 0 Day Elimination Period
 Pre-RS Proposed Rates Step I: 15% Increase

Issue Age	Pool Amounts					
	3650	7300	109500	146000	182500	Unlimited
	Benefit Periods - This is a Pool of Money Policy					
	365	730	1095	1460	1825	Life
18-49	\$2	\$4	\$6	\$6	\$6	\$6
50-54	4	4	6	6	6	7
55	4	6	6	6	7	7
56	4	6	6	7	7	10
57	4	6	6	7	7	10
58	4	6	7	7	7	10
59	4	6	7	7	10	12
60	6	7	7	10	10	12
61	6	7	10	10	12	13
62	6	7	10	12	12	13
63	6	10	12	12	13	15
64	6	10	12	13	15	18
65	7	12	13	15	15	19
66	7	12	15	18	18	19
67	7	13	15	18	19	21
68	10	15	18	19	21	25
69	12	15	19	23	23	27
70	12	18	23	25	27	29
71	13	19	25	27	29	32
72	13	21	27	29	31	35
73	15	25	31	32	35	40
74	18	27	32	38	40	44
75	19	31	37	43	44	50
76	21	32	40	46	48	56
77	23	35	44	50	52	60
78	27	40	50	56	60	68
79	29	44	56	63	65	77
80	32	50	62	69	73	84
81	35	54	69	77	81	93
82	37	57	73	82	87	100
83	40	65	81	93	98	112
84	44	71	90	104	109	123
85	48	79	98	113	121	134
86	54	84	106	123	131	146
87	57	93	113	132	143	156
88	63	102	127	148	159	175
89	69	113	140	163	175	193

The 3,650.00 Pool is available with 100-day Elimination Period or less.

Modal Factors:
 SA = .52; Q=.265
 DM=.09; Bank =.085

Issue Age	Pool Amounts					
	3650	7300	109500	146000	182500	Unlimited
	Benefit Periods - This is a Pool of Money Policy					
	365	730	1095	1460	1825	Life
18-49	\$2	\$5	\$7	\$7	\$7	\$7
50-54	5	5	7	7	7	8
55	5	7	7	7	8	8
56	5	7	7	8	8	11
57	5	7	7	8	8	11
58	5	7	8	8	8	11
59	5	7	8	8	11	13
60	7	8	8	11	11	13
61	7	8	11	11	13	15
62	7	8	11	13	13	15
63	7	11	13	13	15	18
64	7	11	13	15	18	20
65	8	13	15	18	18	23
66	8	13	18	20	20	23
67	8	15	18	20	23	24
68	11	18	20	23	24	29
69	13	18	23	26	26	31
70	13	20	26	29	31	33
71	15	23	29	31	33	38
72	15	24	31	33	36	39
73	18	29	36	38	39	46
74	20	31	38	44	46	51
75	23	36	42	49	51	57
76	24	38	46	54	55	64
77	26	39	51	57	60	69
78	31	46	57	64	69	77
79	33	51	64	73	75	88
80	38	57	70	80	84	98
81	39	62	80	88	93	106
82	42	67	84	95	100	115
83	46	75	93	106	113	129
84	51	82	104	119	126	142
85	55	90	113	131	139	155
86	62	98	121	142	150	168
87	67	106	131	152	163	179
88	73	117	146	170	183	201
89	80	131	162	188	201	221

The 3,650.00 Pool is available with 100-day Elimination Period or less.

TPM Life Insurance Company
 Policy Form Series TNQ-LTC-2000(VA)
 Annual Premiums Per \$10 of Daily Benefit
 with 10-year Compound Inflation Rider
 Preferred Classes - 0 Day Elimination Period
 Pre-RS Proposed Rates Step I: 15% Increase

NTQ
 Double Care
 10-Year IR
 5% Compound

TPM Life Insurance Company
 Policy Form Series TNQ-LTC-2000(VA)
 Annual Premiums Per \$10 of Daily Benefit
 with 10-year Compound Inflation Rider
 Standard Class - 0 Day Elimination Period
 Pre-RS Proposed Rates Step I: 15% Increase

Issue Age	Pool Amounts					
	3650	7300	109500	146000	182500	Unlimited
	Benefit Periods - This is a Pool of Money Policy					
	365	730	1095	1460	1825	Life
18-49	\$4	\$6	\$6	\$7	\$7	\$10
50-54	4	6	7	7	7	10
55	6	7	7	10	10	13
56	6	7	10	10	10	13
57	6	7	10	10	12	13
58	6	7	10	12	12	15
59	6	10	12	12	13	15
60	7	10	12	13	13	18
61	7	10	12	13	15	19
62	7	12	13	15	15	19
63	7	12	13	15	18	21
64	7	12	15	18	18	23
65	7	13	15	18	19	23
66	10	13	18	19	21	25
67	10	15	18	19	21	27
68	12	18	21	23	25	31
69	13	19	25	27	29	35
70	15	23	29	31	35	40
71	18	25	31	35	38	44
72	19	27	35	38	43	48
73	21	31	38	43	46	54
74	23	32	43	46	50	60
75	25	37	44	52	54	65
76	27	38	48	56	57	71
77	29	40	52	60	63	77
78	32	48	60	68	73	88
79	37	54	68	77	82	100
80	38	60	77	87	93	113
81	43	68	84	96	104	125
82	46	73	93	106	113	137
83	50	81	102	118	125	150
84	56	88	113	129	137	162
85	60	96	123	140	150	173
86	63	106	132	152	162	187
87	69	113	143	163	173	198
88	77	125	159	182	193	221
89	84	138	175	202	212	243

The 3,650.00 Pool is available with 100-day Elimination Period or less.

Modal Factors:
 SA = .52; Q= .265
 DM=.09; Bank = .085

Issue Age	Pool Amounts					
	3650	7300	109500	146000	182500	Unlimited
	Benefit Periods - This is a Pool of Money Policy					
	365	730	1095	1460	1825	Life
18-49	\$5	\$7	\$7	\$8	\$8	\$11
50-54	5	7	8	8	8	11
55	7	8	8	11	11	15
56	7	8	11	11	11	15
57	7	8	11	11	13	15
58	7	8	11	13	13	18
59	7	11	13	13	15	18
60	8	11	13	15	15	20
61	8	11	13	15	18	23
62	8	13	15	18	18	23
63	8	13	15	18	20	24
64	8	13	18	20	20	26
65	8	15	18	20	23	26
66	11	15	20	23	24	29
67	11	18	20	23	24	31
68	13	20	24	26	29	36
69	15	23	29	31	33	39
70	18	26	33	36	39	46
71	20	29	36	39	44	51
72	23	31	39	44	49	55
73	24	36	44	49	54	62
74	26	38	49	54	57	69
75	29	42	51	60	62	75
76	31	44	55	64	67	82
77	33	46	60	69	73	88
78	38	55	69	77	84	101
79	42	62	77	88	95	115
80	44	69	88	100	106	131
81	49	77	98	111	119	144
82	54	84	106	121	131	157
83	57	93	117	134	144	173
84	64	101	131	148	157	186
85	69	111	142	162	173	199
86	73	121	152	175	186	214
87	80	131	163	188	199	227
88	88	144	183	211	221	255
89	98	159	201	232	243	278

The 3,650.00 Pool is available with 100-day Elimination Period or less.

TPM Life Insurance Company
 Policy Form Series TNQ-LTC-2000(VA)
 Annual Premiums Per \$10 of Daily Benefit
 with 100% APOC - Level Benefit
 Preferred Classes - 0 Day Elimination Period
 Pre-RS Proposed Rates Step I: 15% Increase

NTQ
 Double Care
 Level
 100% APOC

TPM Life Insurance Company
 Policy Form Series TNQ-LTC-2000(VA)
 Annual Premiums Per \$10 of Daily Benefit
 with 100% APOC - Level Benefit
 Standard Class - 0 Day Elimination Period
 Pre-RS Proposed Rates Step I: 15% Increase

Issue Age	Pool Amounts					
	3650	7300	109500	146000	182500	Unlimited
	Benefit Periods - This is a Pool of Money Policy					
	365	730	1095	1460	1825	Life
18-49	\$4	\$6	\$6	\$7	\$7	\$10
50-54	4	6	7	7	10	10
55	4	6	7	10	10	12
56	6	7	10	10	10	13
57	6	7	10	10	12	13
58	6	7	10	12	12	15
59	6	7	12	12	13	15
60	6	10	12	13	13	18
61	7	10	13	13	15	19
62	7	12	13	15	18	19
63	7	12	15	18	19	21
64	10	13	18	19	21	23
65	10	15	19	21	23	25
66	12	18	21	23	25	27
67	12	18	21	25	27	29
68	13	19	25	27	29	32
69	13	21	27	31	32	37
70	15	25	31	35	37	40
71	18	27	32	37	38	43
72	19	29	37	40	43	46
73	21	32	40	44	48	54
74	23	35	44	50	52	60
75	25	38	48	54	57	68
76	27	40	52	57	62	75
77	31	44	56	63	68	81
78	32	50	63	71	77	93
79	37	56	71	81	84	104
80	40	60	79	88	94	113
81	44	69	82	98	100	125
82	48	75	94	106	113	137
83	52	82	104	119	129	152
84	57	93	115	132	143	168
85	63	100	125	146	157	182
86	68	109	137	159	171	198
87	73	118	146	171	187	213
88	81	131	163	193	206	237
89	90	144	181	212	227	259

The 3,650.00 Pool is available with 100-day Elimination Period or less.

Modal Factors:
 SA = .52; Q= .265
 DM=.09; Bank = .085

Issue Age	Pool Amounts					
	3650	7300	109500	146000	182500	Unlimited
	Benefit Periods - This is a Pool of Money Policy					
	365	730	1095	1460	1825	Life
18-49	\$5	\$7	\$7	\$8	\$8	\$11
50-54	5	7	8	8	11	11
55	5	7	8	11	11	13
56	7	8	11	11	11	15
57	7	8	11	11	13	15
58	7	8	11	13	13	18
59	7	8	13	13	15	18
60	7	11	13	15	15	20
61	8	11	15	15	18	23
62	8	13	15	18	20	23
63	8	13	18	20	23	24
64	11	15	20	23	24	26
65	11	18	23	24	26	29
66	13	20	24	26	29	31
67	13	20	24	29	31	33
68	15	23	29	31	33	38
69	15	24	31	36	38	42
70	18	29	36	39	42	46
71	20	31	38	42	44	49
72	23	33	42	46	49	54
73	24	38	46	51	55	62
74	26	39	51	57	60	69
75	29	44	55	62	67	77
76	31	46	60	67	70	86
77	36	51	64	73	77	93
78	38	57	73	82	88	106
79	42	64	82	93	98	119
80	46	69	90	101	108	131
81	51	80	95	113	115	144
82	55	86	108	121	131	157
83	60	95	119	137	148	175
84	67	106	132	152	163	193
85	73	115	144	168	181	211
86	77	126	157	183	196	227
87	84	134	168	196	214	245
88	93	150	188	221	237	273
89	104	165	208	243	261	299

The 3,650.00 Pool is available with 100-day Elimination Period or less.

TPM Life Insurance Company
 Policy Form Series TNQ-LTC-2000(VA)
 Annual Premiums Per \$10 of Daily Benefit
 with 100% APOC - Level Benefit
 and 5% Compound Lifetime Inflation Rider
 Preferred Classes - 0 Day Elimination Period
 Pre-RS Proposed Rates Step I: 15% Increase

NTQ
 Double Care"
 100% APOC +
 Lifetime IR
 5% Compound

TPM Life Insurance Company
 Policy Form Series TNQ-LTC-2000(VA)
 Annual Premiums Per \$10 of Daily Benefit
 with 100% APOC - Level Benefit
 and 5% Compound Lifetime Inflation Rider
 Standard Class - 0 Day Elimination Period
 Pre-RS Proposed Rates Step I: 15% Increase

Issue Age	Pool Amounts					
	3650	7300	109500	146000	182500	Unlimited
	Benefit Periods - This is a Pool of Money Policy					
	365	730	1095	1460	1825	Life
18-49	\$7	\$10	\$13	\$13	\$15	\$19
50-54	7	12	13	15	18	21
55	10	13	18	19	19	27
56	10	13	18	19	21	29
57	12	15	19	21	23	31
58	12	15	21	23	25	32
59	12	18	21	23	25	35
60	13	19	23	25	27	37
61	13	19	25	27	29	38
62	13	21	27	29	31	40
63	15	23	29	31	32	43
64	15	23	31	32	37	46
65	18	25	32	35	38	48
66	18	27	35	37	40	52
67	18	29	37	40	43	54
68	19	31	43	44	46	57
69	21	35	43	48	52	62
70	23	37	46	52	56	65
71	25	38	50	56	60	69
72	27	40	52	60	65	73
73	31	44	56	63	69	82
74	32	46	60	68	75	93
75	35	50	63	73	79	102
76	37	52	68	77	84	112
77	40	56	71	81	88	121
78	44	63	81	93	102	134
79	48	73	93	104	113	150
80	52	81	102	118	127	163
81	56	88	113	129	140	177
82	60	96	123	140	152	193
83	65	106	134	156	168	207
84	71	115	148	169	182	223
85	77	127	159	184	196	238
86	82	137	173	198	212	256
87	88	146	184	213	227	271
88	100	162	206	237	252	302
89	109	179	227	262	278	333

The 3,650.00 Pool is available with 100-day Elimination Period or less.

Issue Age	Pool Amounts					
	3650	7300	109500	146000	182500	Unlimited
	Benefit Periods - This is a Pool of Money Policy					
	365	730	1095	1460	1825	Life
18-49	\$8	\$11	\$15	\$15	\$18	\$23
50-54	8	13	15	18	20	24
55	11	15	20	23	23	31
56	11	15	20	23	24	33
57	13	18	23	24	26	36
58	13	18	24	26	29	38
59	13	20	24	26	29	39
60	15	23	26	29	31	42
61	15	23	29	31	33	44
62	15	24	31	33	36	46
63	18	26	33	36	38	49
64	18	26	36	38	42	54
65	20	29	38	39	44	55
66	20	31	39	42	46	60
67	20	33	42	46	49	62
68	23	36	49	51	54	67
69	24	39	49	55	60	70
70	26	42	54	60	64	75
71	29	44	57	64	69	80
72	31	46	60	69	75	84
73	36	51	64	73	80	95
74	38	54	69	77	86	106
75	39	57	73	84	90	117
76	42	60	77	88	98	129
77	46	64	82	93	101	139
78	51	73	93	106	117	155
79	55	84	106	119	131	173
80	60	93	117	134	146	188
81	64	101	131	148	162	203
82	69	111	142	162	175	221
83	75	121	155	179	193	239
84	82	132	170	195	211	257
85	88	146	183	212	226	274
86	95	157	199	227	243	294
87	101	168	212	245	261	312
88	115	186	237	273	289	347
89	126	206	261	301	320	382

The 3,650.00 Pool is available with 100-day Elimination Period or less.

Modal Factors:
 SA = .52; Q= .265
 DM=.09; Bank = .085

TPM Life Insurance Company
 Policy Form Series TNQ-LTC-2000(VA)
 Annual Premiums Per \$10 of Daily Benefit
 with 100% APOC
 and 5% 10-Year Compound Inflation Rider
 Preferred Classes - 0 Day Elimination Period
 Pre-RS Proposed Rates Step I: 15% Increase

NTQ
 Double Care
 100% APOC +
 10-Yr IR
 5% Compound

TPM Life Insurance Company
 Policy Form Series TNQ-LTC-2000(VA)
 Annual Premiums Per \$10 of Daily Benefit
 with 100% APOC
 and 5% 10-Year Compound Inflation Rider
 Standard Class - 0 Day Elimination Period
 Pre-RS Proposed Rates Step I: 15% Increase

Issue Age	Pool Amounts					
	3650	7300	109500	146000	182500	Unlimited
	Benefit Periods - This is a Pool of Money Policy					
	365	730	1095	1460	1825	Life
18-49	\$6	\$7	\$10	\$10	\$12	\$13
50-54	6	10	10	12	12	15
55	7	10	12	13	13	19
56	7	10	13	13	15	19
57	7	12	13	15	15	21
58	7	12	13	15	18	23
59	10	12	15	18	19	23
60	10	13	18	18	19	25
61	10	13	18	19	21	27
62	10	15	19	21	23	29
63	12	15	19	21	23	29
64	12	18	21	23	25	31
65	12	18	23	25	27	32
66	12	19	23	27	29	35
67	13	21	25	27	31	37
68	15	23	29	32	35	43
69	18	27	35	38	40	48
70	19	31	38	43	46	54
71	23	35	43	48	52	60
72	25	37	46	54	57	63
73	27	40	50	57	62	73
74	29	43	54	62	68	81
75	32	46	57	65	71	88
76	35	48	62	69	75	96
77	37	52	65	73	81	104
78	40	60	75	87	94	121
79	46	69	87	98	107	137
80	50	77	98	112	121	154
81	54	84	107	123	134	169
82	57	94	119	137	148	187
83	65	104	132	152	163	202
84	71	113	146	168	179	219
85	77	125	157	181	194	237
86	82	134	171	196	209	252
87	88	144	184	212	225	269
88	98	162	206	237	250	300
89	107	177	225	259	277	331

The 3,650.00 Pool is available with 100-day Elimination Period or less.

Modal Factors:
 SA = .52; Q= .265
 DM=.09; Bank = .085

Issue Age	Pool Amounts					
	3650	7300	109500	146000	182500	Unlimited
	Benefit Periods - This is a Pool of Money Policy					
	365	730	1095	1460	1825	Life
18-49	\$7	\$8	\$11	\$11	\$13	\$15
50-54	7	11	11	13	13	18
55	8	11	13	15	15	23
56	8	11	15	15	18	23
57	8	13	15	18	18	24
58	8	13	15	18	20	26
59	11	13	18	20	23	26
60	11	15	20	20	23	29
61	11	15	20	23	24	31
62	11	18	23	24	26	33
63	13	18	23	24	26	33
64	13	20	24	26	29	36
65	13	20	26	29	31	38
66	13	23	26	31	33	39
67	15	24	29	31	36	42
68	18	26	33	38	39	49
69	20	31	39	44	46	55
70	23	36	44	49	54	62
71	26	39	49	55	60	69
72	29	42	54	62	67	73
73	31	46	57	67	70	84
74	33	49	62	70	77	93
75	38	54	67	75	82	101
76	39	55	70	80	86	111
77	42	60	75	84	93	119
78	46	69	86	100	108	139
79	54	80	100	113	124	157
80	57	88	113	129	139	177
81	62	98	124	142	155	195
82	67	108	137	157	170	214
83	75	119	152	175	188	232
84	82	131	168	193	206	252
85	88	144	181	208	224	273
86	95	155	196	226	242	289
87	101	165	212	243	258	309
88	113	186	237	273	288	345
89	124	203	258	299	319	381

The 3,650.00 Pool is available with 100-day Elimination Period or less.

**TPM LIFE INSURANCE COMPANY
LONG TERM CARE INSURANCE POLICY
POLICY FORM TNQ-LTC-2000(VA)
ALTERNATIVE PLAN OF CARE RIDER TNQ-APOC-2000 (VA)
OPTIONAL INFLATION BENEFIT RIDERS 10-IR-2000 AND L-IR-2000**

RATE SCHEDULE

- I. Substandard Rate Classifications
(Applicants Who Do Not Qualify for Preferred Rates)

<u>Underwriting Classification</u>	<u>Premiums</u>
Preferred	100%
Standard	115%
Select	175%

- II. Policy Fee (one time): \$25.00

- III. Premium Paid Other Than Annual

Semi-Annual	52.00%
Quarterly	26.50%
Monthly	9.00%
Monthly Bank Draft	8.50%

- IV. Elimination Period

<u>Elimination Period</u>	<u>Percentage Discount</u>
20 Days	4.00%
60 Days	8.50%
100 Days	12.00%
180 Days	20.00%

- V. Husband and Wife Discount

If husband and wife are on the same policy, a 10% discount is applied to the older insured.

TPM Life Insurance Company Tax-Qualified Policy Policy Form Series TQ-LTC-2000(VA)						
Annual Premiums Per \$10 of Daily Benefit Basic & Level Benefit Preferred Classes - 0 Day Elimination Period Pre-RS Proposed Rates Step I: 15% Increase						
Pool Amounts						
	3650	7300	109500	146000	182500	Unlimited
Issue Age	Benefit Periods - This is a Pool of Money Policy					
	365	730	1095	1460	1825	Life
18-49	\$31	\$44	\$56	\$62	\$65	\$77
50-54	35	48	60	68	71	84
55	40	56	69	75	79	100
56	43	57	71	79	82	104
57	44	60	75	81	84	109
58	48	68	82	90	94	119
59	52	73	90	100	104	129
60	56	79	98	107	113	138
61	60	87	106	118	123	150
62	63	93	113	125	132	159
63	71	104	129	143	150	177
64	77	115	143	157	168	194
65	84	127	156	173	184	213
66	90	138	169	188	200	231
67	98	150	182	203	218	250
68	109	169	207	231	246	278
69	121	188	231	257	273	309
70	134	207	256	284	302	338
71	146	225	278	312	331	369
72	159	244	302	338	358	400
73	182	277	344	384	406	458
74	206	309	384	433	456	515
75	228	343	425	481	503	572
76	252	375	468	528	552	631
77	277	408	508	575	600	688
78	306	462	575	650	681	783
79	337	513	643	725	762	875
80	365	565	708	800	843	969
81	396	619	787	875	923	1063
82	427	671	843	948	1003	1155
83	471	747	937	1065	1133	1284
84	518	825	1031	1183	1259	1415
85	563	902	1125	1299	1386	1543
86	609	978	1221	1417	1514	1673
87	653	1056	1315	1534	1640	1802
88	728	1175	1464	1708	1824	2004
89	802	1294	1611	1880	2011	2209

The 3,650.00 Pool is available with 100-day Elimination Period or less.

Modal Factors:
SA = .52; Q=.265
DM=.09; Bank =.085

TPM Life Insurance Company Tax-Qualified Policy Policy Form Series TQ-LTC-2000(VA)						
Annual Premiums Per \$10 of Daily Benefit Basic & Level Benefit Standard Class - 0 Day Elimination Period Pre-RS Proposed Rates Step I: 15% Increase						
Pool Amounts						
	3650	7300	109500	146000	182500	Unlimited
Issue Age	Benefit Periods - This is a Pool of Money Policy					
	365	730	1095	1460	1825	Life
18-49	\$35	\$50	\$63	\$71	\$75	\$119
50-54	40	56	69	77	82	127
55	46	63	79	87	90	137
56	48	68	82	90	94	148
57	50	69	87	93	98	159
58	56	77	94	104	107	173
59	60	84	104	115	119	182
60	63	90	113	123	131	203
61	69	100	121	134	143	223
62	73	106	131	144	152	246
63	82	119	148	163	173	265
64	88	132	163	181	193	288
65	98	146	179	200	212	321
66	104	159	194	218	231	356
67	113	173	209	234	250	388
68	127	194	238	265	283	425
69	138	218	265	296	313	459
70	156	238	294	327	347	527
71	168	259	321	358	381	593
72	182	281	347	388	412	659
73	209	319	396	443	468	725
74	237	356	443	497	525	793
75	263	394	488	553	578	900
76	290	431	537	608	634	1006
77	319	469	584	662	690	1115
78	352	531	662	747	783	1223
79	387	590	738	834	875	1328
80	421	650	813	919	969	1477
81	456	712	890	1006	1061	1627
82	490	771	969	1090	1153	1774
83	543	859	1077	1225	1302	1924
84	594	948	1184	1359	1448	2073
85	647	1036	1294	1493	1593	2304
86	702	1125	1403	1630	1740	2539
87	752	1213	1514	1765	1886	0
88	838	1352	1683	1964	2098	0
89	923	1489	1854	2163	2313	0

The 3,650.00 Pool is available with 100-day Elimination Period or less.

TPM Life Insurance Company
Tax-Qualified Policy
Policy Form Series TQ-LTC-2000(VA)
with 10-Year 5% Compound Increase Inflation Rider
Rider Form Series: 10-IR-2000 Inflation Rider
Annual Premiums Per \$10 of Daily Benefit
Preferred Classes - 0 Day Elimination Period
Pre-RS Proposed Rates Step I: 15% Increase

TQ
10-Year
Inflation
Rider

TPM Life Insurance Company
Tax-Qualified Policy
Policy Form Series TQ-LTC-2000(VA)
with 10-Year 5% Compound Increase Inflation Rider
Rider Form Series: 10-IR-2000 Inflation Rider
Annual Premiums Per \$10 of Daily Benefit
Standard Class - 0 Day Elimination Period
Pre-RS Proposed Rates Step I: 15% Increase

Issue Age	Pool Amounts					
	3650	7300	109500	146000	182500	Unlimited
	Benefit Periods - This is a Pool of Money Policy					
	365	730	1095	1460	1825	Life
18-49	\$43	\$60	\$73	\$81	\$87	\$112
50-54	46	65	81	88	94	121
55	57	79	96	106	113	144
56	62	84	102	112	119	152
57	65	88	107	118	125	159
58	69	96	115	127	137	173
59	73	102	125	137	146	187
60	79	109	134	146	157	202
61	82	118	144	156	169	215
62	87	123	152	165	179	228
63	90	132	163	179	193	244
64	94	143	175	193	206	259
65	98	152	187	206	219	275
66	102	162	198	218	232	290
67	106	171	209	231	246	308
68	127	200	246	275	294	356
69	150	231	284	319	340	406
70	171	259	322	363	388	456
71	193	290	359	406	437	506
72	213	319	397	450	483	556
73	238	350	437	496	531	619
74	263	383	477	540	578	684
75	288	413	515	587	625	750
76	313	444	553	631	672	815
77	338	475	593	677	721	881
78	375	547	688	784	837	1019
79	412	621	783	893	953	1158
80	450	694	877	1000	1071	1296
81	487	768	973	1108	1186	1434
82	522	840	1067	1215	1303	1574
83	577	933	1183	1349	1440	1715
84	633	1023	1299	1484	1578	1858
85	687	1113	1415	1618	1717	1998
86	740	1205	1530	1753	1854	2140
87	794	1296	1648	1890	1992	2280
88	884	1442	1833	2102	2215	2538
89	973	1590	2018	2315	2440	2795

The 3,650.00 Pool is available with 100-day Elimination Period or less.

Issue Age	Pool Amounts					
	3650	7300	109500	146000	182500	Unlimited
	Benefit Periods - This is a Pool of Money Policy					
	365	730	1095	1460	1825	Life
18-49	\$48	\$69	\$84	\$93	\$100	\$129
50-54	54	75	93	102	107	138
55	68	90	112	121	131	165
56	71	98	118	129	137	175
57	75	102	123	134	144	182
58	79	112	132	146	157	200
59	84	118	144	157	168	215
60	90	127	156	168	181	232
61	94	134	165	179	194	248
62	100	143	175	190	206	263
63	104	152	188	206	221	281
64	107	163	202	221	237	298
65	113	175	215	237	252	315
66	118	187	227	250	268	334
67	121	196	240	265	283	353
68	146	231	283	315	338	409
69	173	265	327	368	393	468
70	196	298	371	418	446	525
71	221	334	413	468	502	581
72	246	368	458	518	556	638
73	275	402	502	571	609	712
74	303	440	547	621	665	787
75	333	475	593	675	719	863
76	359	515	637	725	775	938
77	388	546	681	778	828	1013
78	431	631	793	902	962	1173
79	472	713	900	1027	1096	1330
80	518	798	1008	1150	1233	1490
81	559	883	1119	1273	1365	1649
82	602	967	1227	1398	1499	1811
83	663	1073	1359	1552	1655	1973
84	727	1177	1493	1708	1815	2136
85	790	1280	1627	1861	1974	2298
86	852	1386	1759	2017	2132	2461
87	913	1490	1896	2173	2290	2623
88	1017	1659	2107	2417	2548	2919
89	1119	1828	2323	2663	2805	3214

The 3,650.00 Pool is available with 100-day Elimination Period or less.

Modal Factors:
SA = .52; Q= .265
DM=.09; Bank =.085

TPM Life Insurance Company
Tax-Qualified Policy
Policy Form Series TQ-LTC-2000(VA)
with 100% Alternate Plan of Care
Annual Premiums Per \$10 of Daily Benefit
Preferred Classes - 0 Day Elimination Period
Level Benefit
Pre-RS Proposed Rates Step I: 15% Increase

**TQ
1
APOC**

TPM Life Insurance Company
Tax-Qualified Policy
Policy Form Series TQ-LTC-2000(VA)
with 100% Alternate Plan of Care
Annual Premiums Per \$10 of Daily Benefit
Standard Class - 0 Day Elimination Period
Level Benefit
Pre-RS Proposed Rates Step I: 15% Increase

Issue Age	Pool Amounts					
	3650	7300	109500	146000	182500	Unlimited
	Benefit Periods - This is a Pool of Money Policy					
	365	730	1095	1460	1825	Life
18-49	\$43	\$62	\$77	\$87	\$93	\$93
50-54	46	68	84	94	100	100
55	54	75	96	106	113	113
56	57	79	100	112	118	118
57	60	81	104	115	121	121
58	65	90	115	127	137	137
59	71	100	127	140	150	150
60	75	107	137	152	163	163
61	81	118	148	165	177	177
62	87	127	159	177	190	190
63	96	143	179	198	213	213
64	106	157	198	219	234	234
65	113	173	215	243	257	257
66	123	188	234	263	281	281
67	132	203	253	284	303	303
68	150	228	284	319	340	340
69	165	253	318	353	378	378
70	181	278	347	390	415	415
71	198	303	378	425	452	452
72	213	328	412	459	490	490
73	240	365	456	512	546	546
74	265	400	502	563	602	602
75	293	437	547	615	658	658
76	318	472	593	668	712	712
77	344	508	638	719	768	768
78	384	578	727	821	875	875
79	425	650	815	921	984	984
80	465	721	906	1021	1092	1092
81	506	790	994	1121	1203	1203
82	546	862	1083	1223	1308	1308
83	606	959	1203	1373	1473	1473
84	665	1059	1324	1524	1639	1639
85	722	1158	1448	1677	1803	1803
86	783	1258	1568	1827	1968	1968
87	843	1355	1690	1979	2134	2134
88	937	1508	1880	2202	2374	2374
89	1033	1661	2073	2424	2617	2617

Issue Age	Pool Amounts					
	3650	7300	109500	146000	182500	Unlimited
	Benefit Periods - This is a Pool of Money Policy					
	365	730	1095	1460	1825	Life
18-49	\$48	\$71	\$88	\$100	\$106	\$127
50-54	54	77	98	107	115	137
55	62	87	112	121	131	162
56	68	90	115	129	134	168
57	69	93	119	132	138	177
58	75	104	132	146	157	193
59	82	115	146	162	173	209
60	87	123	157	175	188	225
61	93	134	171	190	203	240
62	100	146	182	203	219	259
63	112	163	206	227	246	284
64	121	181	227	252	269	312
65	131	200	248	278	296	338
66	143	218	269	303	322	363
67	152	234	293	327	350	388
68	173	263	327	368	393	433
69	190	293	365	408	437	481
70	207	321	400	447	477	525
71	227	350	437	488	519	569
72	246	378	472	528	563	613
73	277	421	525	588	628	706
74	306	459	577	647	693	798
75	337	502	631	708	756	890
76	365	544	681	768	819	984
77	396	584	734	827	883	1077
78	443	665	837	944	1006	1223
79	488	747	938	1059	1133	1367
80	534	828	1042	1175	1255	1514
81	581	909	1144	1288	1380	1659
82	628	990	1244	1405	1503	1802
83	696	1103	1384	1578	1693	2005
84	765	1219	1523	1753	1884	2207
85	831	1330	1665	1929	2074	2407
86	900	1446	1803	2102	2265	2608
87	969	1559	1943	2274	2455	2811
88	1077	1734	2163	2532	2730	3126
89	1188	1911	2384	2788	3010	3445

The 3,650.00 Pool is available with 100-day Elimination Period or less.

The 3,650.00 Pool is available with 100-day Elimination Period or less.

Modal Factors:
SA = .52; Q=.265
DM=.09; Bank =.085

TPM Life Insurance Company
Policy Form Series TQ-LTC-2000
Policy Form Series TQ-LTC-2000(VA)
with 100% Alternate Plan of Care
and with 5% Compound Lifetime Inflation Rider
Annual Premiums Per \$10 of Daily Benefit
Preferred Classes - 0 Day Elimination Period
Pre-RS Proposed Rates Step I: 15% Increase

TQ
100% APOC
+
Lifetime IR
5% Compound

TPM Life Insurance Company
Policy Form Series TQ-LTC-2000
Policy Form Series TQ-LTC-2000(VA)
with 100% Alternate Plan of Care
and with 5% Compound Lifetime Inflation Rider
Annual Premiums Per \$10 of Daily Benefit
Standard Class - 0 Day Elimination Period
Pre-RS Proposed Rates Step I: 15% Increase

Pool Amounts						
	3650	7300	109500	146000	182500	Unlimited
Benefit Periods - This is a Pool of Money Policy						
Issue Age	365	730	1095	1460	1825	Life
18-49	\$81	\$115	\$146	\$159	\$173	\$223
50-54	87	125	159	173	188	244
55	109	152	194	213	228	308
56	118	162	206	225	243	327
57	125	169	218	238	256	347
58	132	182	234	256	277	371
59	140	196	250	275	296	394
60	148	209	268	293	318	415
61	157	223	283	309	337	438
62	165	237	300	327	358	459
63	173	256	322	353	384	494
64	182	275	344	378	412	527
65	190	294	368	406	437	559
66	198	313	390	431	463	593
67	207	331	413	456	490	625
68	228	359	450	502	543	669
69	250	388	488	550	593	713
70	273	418	527	596	643	758
71	294	446	563	643	694	803
72	315	475	602	688	744	848
73	344	508	644	737	800	958
74	371	543	687	784	858	1067
75	400	575	728	833	913	1177
76	427	608	771	881	969	1286
77	456	640	813	928	1027	1396
78	503	734	934	1067	1171	1558
79	550	828	1053	1203	1315	1718
80	597	923	1175	1340	1459	1879
81	646	1017	1294	1477	1603	2040
82	694	1111	1415	1614	1749	2202
83	759	1225	1558	1780	1921	2384
84	827	1336	1702	1948	2092	2564
85	893	1449	1843	2115	2263	2748
86	959	1564	1986	2282	2436	2930
87	1025	1674	2130	2449	2607	3113
88	1140	1864	2369	2726	2899	3463
89	1258	2054	2611	3004	3195	3816

The 3,650.00 Pool is available with 100-day Elimination Period or less.

Pool Amounts						
	3650	7300	109500	146000	182500	Unlimited
Benefit Periods - This is a Pool of Money Policy						
Issue Age	365	730	1095	1460	1825	Life
18-49	\$93	\$132	\$168	\$182	\$200	\$256
50-54	100	144	182	200	218	281
55	127	175	223	246	263	353
56	134	187	237	259	278	377
57	144	194	250	275	294	400
58	152	209	269	294	319	427
59	162	225	288	315	340	453
60	171	240	308	337	365	477
61	181	256	325	356	387	503
62	190	271	344	377	412	528
63	200	294	371	408	443	569
64	209	315	396	437	472	606
65	219	338	422	468	502	644
66	227	359	447	496	533	681
67	238	381	475	525	563	719
68	263	413	518	577	622	769
69	288	446	562	633	681	821
70	313	481	606	687	738	871
71	338	513	647	738	798	925
72	363	546	693	793	856	975
73	396	584	740	846	919	1102
74	427	622	790	902	987	1227
75	459	662	838	958	1050	1353
76	490	697	887	1013	1115	1478
77	525	737	934	1067	1180	1605
78	578	844	1075	1227	1346	1792
79	633	953	1211	1384	1514	1977
80	688	1061	1352	1542	1678	2161
81	743	1169	1489	1698	1843	2345
82	798	1278	1627	1855	2013	2532
83	873	1409	1792	2048	2209	2742
84	952	1536	1958	2240	2405	2949
85	1027	1667	2121	2432	2604	3159
86	1103	1798	2284	2624	2801	3370
87	1178	1927	2449	2817	2998	3580
88	1311	2142	2724	3136	3334	3982
89	1446	2361	3004	3453	3675	4390

The 3,650.00 Pool is available with 100-day Elimination Period or less.

Modal Factors:
 SA = .52; Q=.265
 DM=.09; Bank =.085

TPM Life Insurance Company
Tax-Qualified Policy
Policy Form Series TQ-LTC-2000(VA)
with 100% Alternate Plan of Care
and with 5%, 10-Year Compounded Inflation Rider
Annual Premiums Per \$10 of Daily Benefit
Preferred Classes - 0 Day Elimination Period
Pre-RS Proposed Rates Step I: 15% Increase

TQ
100% APOC

+
10-Year IR
5% Compound

TPM Life Insurance Company
Tax-Qualified Policy
Policy Form Series TQ-LTC-2000(VA)
with 100% Alternate Plan of Care
and with 5%, 10-Year Compounded Inflation Rider
Annual Premiums Per \$10 of Daily Benefit
Standard Class - 0 Day Elimination Period
Pre-RS Proposed Rates Step I: 15% Increase

Issue Age	Pool Amounts					
	3650	7300	109500	146000	182500	Unlimited
	Benefit Periods - This is a Pool of Money Policy					
	365	730	1095	1460	1825	Life
18-49	\$57	\$82	\$104	\$113	\$123	\$144
50-54	63	109	113	125	134	157
55	79	109	138	152	165	194
56	84	115	146	162	175	203
57	90	121	154	171	184	215
58	96	131	165	184	198	232
59	102	140	177	196	213	250
60	107	150	190	209	227	268
61	113	159	202	223	240	283
62	119	169	213	234	256	300
63	123	182	228	252	273	322
64	129	194	244	269	290	344
65	134	207	257	287	309	368
66	140	219	273	303	327	390
67	144	232	288	321	344	413
68	173	271	338	378	408	487
69	202	312	390	438	471	562
70	231	350	440	496	534	637
71	257	390	490	556	597	712
72	287	428	540	613	662	787
73	313	462	583	662	713	846
74	340	494	622	708	765	906
75	368	527	663	753	818	963
76	394	559	703	800	869	1023
77	421	593	744	846	921	1081
78	471	690	871	990	1077	1273
79	521	787	996	1134	1233	1465
80	571	884	1121	1278	1386	1655
81	621	981	1246	1421	1542	1848
82	672	1078	1373	1565	1696	2036
83	743	1196	1521	1740	1874	2257
84	812	1314	1671	1914	2054	2479
85	881	1430	1818	2088	2234	2699
86	950	1548	1968	2261	2413	2920
87	1019	1665	2117	2436	2592	3142
88	1134	1852	2355	2708	2882	3491
89	1250	2040	2595	2986	3176	3850

The 3,650.00 Pool is available with 100-day Elimination Period or less.

Issue Age	Pool Amounts					
	3650	7300	109500	146000	182500	Unlimited
	Benefit Periods - This is a Pool of Money Policy					
	365	730	1095	1460	1825	Life
18-49	\$68	\$94	\$119	\$131	\$143	\$165
50-54	73	104	131	144	156	182
55	90	127	159	175	190	223
56	98	132	168	187	202	234
57	104	138	177	196	212	248
58	112	150	190	212	227	268
59	118	162	203	225	246	287
60	123	173	219	240	262	306
61	131	182	232	256	277	325
62	137	194	246	269	294	344
63	143	209	263	290	313	371
64	148	223	281	309	334	396
65	156	238	296	328	356	422
66	162	252	313	350	377	447
67	165	268	333	369	396	478
68	200	312	388	437	469	559
69	232	358	447	503	543	646
70	265	402	506	571	615	733
71	296	447	563	638	688	819
72	328	493	621	706	762	903
73	359	531	669	762	821	973
74	393	569	718	813	881	1040
75	422	606	763	868	940	1108
76	453	644	809	919	1000	1175
77	484	681	856	973	1059	1244
78	543	794	1002	1138	1238	1465
79	600	903	1146	1305	1417	1684
80	658	1017	1288	1471	1593	1904
81	713	1128	1433	1634	1773	2124
82	775	1240	1578	1799	1949	2342
83	853	1374	1749	2002	2155	2595
84	933	1509	1921	2199	2361	2849
85	1013	1646	2092	2401	2569	3105
86	1092	1780	2265	2599	2774	3359
87	1173	1915	2434	2801	2980	3613
88	1305	2129	2708	3114	3314	4016
89	1439	2345	2986	3434	3653	4426

The 3,650.00 Pool is available with 100-day Elimination Period or less.

Modal Factors:
SA = .52; Q=.265
DM=.09; Bank =.085

TPM LIFE INSURANCE COMPANY
TAX QUALIFIED LONG TERM CARE INSURANCE POLICY
POLICY FORM TQ-LTC-2000(VA)
TAX QUALIFIED ALTERNATIVE PLAN OF CARE RIDER TQ-APOC-2000 (VA)
OPTIONAL INFLATION BENEFIT RIDERS 10-IR-2000 AND L-IR-2000

RATE SCHEDULE

- I. Substandard Rate Classifications
(Applicants Who Do Not Qualify for Preferred Rates)

<u>Underwriting Classification</u>	<u>Premiums</u>
Preferred	100%
Standard	115%
Select	175%

- II. Policy Fee (one time): \$25.00

- III. Premium Paid Other Than Annual

Semi-Annual	52.00%
Quarterly	26.50%
Monthly	9.00%
Monthly Bank Draft	8.50%

- IV. Elimination Period

<u>Elimination Period</u>	<u>Percentage Discount</u>
20 Days	4.00%
60 Days	8.50%
100 Days	12.00%
180 Days	20.00%

- V. Husband and Wife Discount

If husband and wife are on the same policy, a 10% discount is applied to the older insured.

State: Virginia

Filing Company:

TPM Life Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.002 Non Qualified

Product Name: 2018 VA Rate Increase TPM

Project Name/Number: /

Supporting Document Schedules

Satisfied - Item:	Certification of Compliance
Comments:	
Attachment(s):	2020 VA Compliance Certification.pdf
Item Status:	Received & Acknowledged
Status Date:	07/24/2020

Satisfied - Item:	Product Checklist
Comments:	
Attachment(s):	Product Checklist for TPM, 5.29.2018.pdf
Item Status:	Received & Acknowledged
Status Date:	07/24/2020

Satisfied - Item:	L&H Actuarial Memorandum
Comments:	Updated actuarial memorandum per objection from 11/25/2019.
Attachment(s):	TPM Objection #4 (01.28.2019) Response.pdf Exhibit, Objection 1.6, VA, Breakdown, Jan. 2019, Final.xlsx Updated_Exhibit III_VA_December 2019.xlsx Actuarial Memorandum v6 12.02.2019.pdf
Item Status:	Received & Acknowledged
Status Date:	07/24/2020

Satisfied - Item:	Long Term Care Insurance Rate Request Summary
Comments:	Updated per objection from 11/25/2019
Attachment(s):	LTC Insurance Rate Request Summary TPM 12.02.2019.pdf LTC Insurance Rate Request Summary_Response_Narrative v2.pdf
Item Status:	Received & Acknowledged
Status Date:	07/24/2020

Satisfied - Item:	Cover Letter
Comments:	
Attachment(s):	Cover Letter for TPM, VA Rate Increase, 5.29.2018.pdf
Item Status:	Received & Acknowledged
Status Date:	07/24/2020

Satisfied - Item:	Authorization Letter
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State: Virginia **Filing Company:** TPM Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.002 Non Qualified
Product Name: 2018 VA Rate Increase TPM
Project Name/Number: /

Comments:	
Attachment(s):	Rate Increase Authorization Letter - TPM Life.pdf
Item Status:	Received & Acknowledged
Status Date:	07/24/2020
Satisfied - Item:	Response to Objection Letter Date 7/13/2018
Comments:	In regards to the objection letter dated 7/13/2018. The first file is a letter addressing the objections. The rest of the attachments are demonstrations and further information, which is referenced in the letter. Objection 1, 2, and part of 5 are in the above sections: L&H Actuarial Memorandum section and Long Term Care Insurance Rate Request Summary section.
Attachment(s):	TPM Objection (7.17.2018) Response Letter_Final.pdf Objection 3 Demonstration.xlsx Objection_4_Exhibit III_V_July_18_Submission.xlsx Objection 5.2 TPM LTC Lapse Study.pdf
Item Status:	Received & Acknowledged
Status Date:	07/24/2020
Satisfied - Item:	Objection 7/27/2018 Response
Comments:	Per Objection 2 in the Objection letter dated 7/27/2018, we have attached a policyholder notification letter.
Attachment(s):	Objection 2_ Response_Policyholder notification.pdf
Item Status:	Received & Acknowledged
Status Date:	07/24/2020
Satisfied - Item:	Response to Objection Letter Dated 2/21/2019
Comments:	
Attachment(s):	TPM Objection (2.21.2019) Response.pdf
Item Status:	Received & Acknowledged
Status Date:	07/24/2020
Satisfied - Item:	Response to Objection Letter Dated 2/25/2019
Comments:	Please see attached for the statements of variability and a "John Doe" letter.
Attachment(s):	Statement of Variability-VA-2015.pdf Statement of Variability-Form No. LTC-EndCovgApp30-VA.PDF 2010 LTC Rate Increase Benefit Change Options - VA (incl CBUL w d.pdf
Item Status:	Received & Acknowledged
Status Date:	07/24/2020
Satisfied - Item:	Form Schedule Statements of Variability, Readability Certificate, & Annotated Form Version

State: Virginia **Filing Company:** TPM Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.002 Non Qualified
Product Name: 2018 VA Rate Increase TPM
Project Name/Number: /

Comments:	Please see attached for the statements of variability for the forms on the "Form Schedule" tab as well as the readability certificate. Updated per objection from 7/17/2020. Per objection 7/17/2020, Annotated versions of the form have been added. Updated per objection from 9/3/2020.
Attachment(s):	Statement Of Variability Form No. LTC-EndCovgApp20-VA 20200116.pdf Statement Of Variability Form No. VA-LTCHC-VarChgEnd 20200116.pdf TPM Readability Certificate 20200116.pdf StatementOfVariability_TPM-LTCRI-VA2019-PHN-0010-PORF_20200720.pdf Annotated_LTC-EndCovgApp20-VA_20200720.pdf Annotated_TPM-LTCRI-VA2019-PHN-0010_20200720.pdf Annotated_TPM-LTCRI-VA2019-PHN-0010-PORF_20200720.pdf Annotated_VA-LTCHC-VarChgEnd_20200720.pdf StatementOfVariability_TPM-LTCRI-VA2019-PHN-0010_20200903.pdf
Item Status:	Received & Acknowledged
Status Date:	09/15/2020

Satisfied - Item:	John Doe forms & Statements of Variability.
Comments:	Please see attached for the following forms and files: an example "John Doe" policyholder notification letter; benefit change forms (LTC-CNFB-PaidUp2010-VA, LTC-EndCovgApp20-VA", "VA-LTCHC-VarChgEnd"); and statements of variability for the three forms. Updated per objection from 7/7/2020.
Attachment(s):	1_Options Letter_2015_John X. Doe 20191204.pdf 2_Conf Letter and End_2015_DAILY BEN_John X. Doe 20191204.pdf 3_Conf Letter and End_2015_BENE PER_John X. Doe 20191204.pdf 4_Conf Letter and End_2015_ELIM PER-100_John X. Doe 20191204.pdf 5_Conf Letter and End_2015_CBUL_John X. Doe 20191204.pdf Statement Of Variability Form No. LTC-CNFB-PaidUp2010-VA 20191204.pdf Statement Of Variability Form No. LTC-EndCovgApp20-VA 20191204.pdf Statement Of Variability Form No. VA-LTCHC-VarChgEnd 20191204.pdf John Doe_TPM-LTCRI-VA2019-PHN-0010_20200720.pdf John Doe_TPM-LTCRI-VA2019-PHN-0010-PORF_20200720.pdf
Item Status:	Received & Acknowledged
Status Date:	07/24/2020

Satisfied - Item:	Response to Objection Letter Dated 4/15/2019
Comments:	Please see attached for the original actuarial memorandums, which provide documentation for the original submitted rates.
Attachment(s):	96-ROB Actuarial Memorandum.pdf TNQ-LTC-2000(VA) Actuarial Memorandum.pdf TQ-LTC-2000(VA) Actuarial Memorandum.pdf QH-9606-Actuarial Memorandum (VA).pdf QH-9610 HC-Actuarial Memorandum (VA).pdf SH-9606-Actuarial Memorandum (VA).pdf SH-9610-Actuarial Memorandum (VA).pdf
Item Status:	Received & Acknowledged

SERFF Tracking #:

LWEL-131516163

State Tracking #:

LWEL-131516163

Company Tracking #:

0254:201714

State: Virginia **Filing Company:** TPM Life Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.002 Non Qualified
Product Name: 2018 VA Rate Increase TPM
Project Name/Number: /

Status Date:	07/24/2020
Satisfied - Item:	Response to Objection Letter Dated 4/18/2019
Comments:	Please see below for our response.
Attachment(s):	TPM Objection (4.18.2019) Response.pdf Rate Derivation Exhibit 07052019.xlsx
Item Status:	Received & Acknowledged
Status Date:	07/24/2020
Satisfied - Item:	Response to Objection Letter Dated 5/8/2019
Comments:	
Attachment(s):	Proposed Rate Increase Exhibit 09052019.pdf
Item Status:	Received & Acknowledged
Status Date:	07/24/2020
Satisfied - Item:	Exhibit_I for TPM
Comments:	Please see attached for Exhibit I, which was originally uploaded to the "Rate / Rule Schedule" tab. Updated per objection from 10/29/2019.
Attachment(s):	Exhibit_I revised.pdf
Item Status:	Received & Acknowledged
Status Date:	07/24/2020
Satisfied - Item:	Response to Objection Letter Date 12/6/2019
Comments:	Please see attached for a letter with our response.
Attachment(s):	Objection Letter (12.06.2019) Response.pdf
Item Status:	Received & Acknowledged
Status Date:	07/24/2020
Satisfied - Item:	Sample Notification Letter TPM Updated
Comments:	Please note, this was moved from the "Form Schedule" tab, per the objection from 1/21/2020.
Attachment(s):	Sample Notification Letter TPM Updated v2.pdf
Item Status:	Received & Acknowledged
Status Date:	07/24/2020

SERFF Tracking #:

LWEL-131516163

State Tracking #:

LWEL-131516163

Company Tracking #:

0254:201714

State:

Virginia

Filing Company:

TPM Life Insurance Company

TOI/Sub-TOI:

LTC03I Individual Long Term Care/LTC03I.002 Non Qualified

Product Name:

2018 VA Rate Increase TPM

Project Name/Number:

/

Attachment Exhibit, Objection 1.6, VA, Breakdown, Jan. 2019, Final.xlsx is not a PDF document and cannot be reproduced here.

Attachment Updated_Exhibit III_VA_December 2019.xlsx is not a PDF document and cannot be reproduced here.

Attachment Objection 3 Demonstration.xlsx is not a PDF document and cannot be reproduced here.

Attachment Objection_4_Exhibit III_V_July_18_Submission.xlsx is not a PDF document and cannot be reproduced here.

Attachment Rate Derivation Exhibit 07052019.xlsx is not a PDF document and cannot be reproduced here.



January 16, 2020

TPM Life Insurance Company
NAIC #: 69353, FEIN #: 23-1395696
Long Term Care Policy Form Series: QH-9606-LTC-APC, QH-9610-HCP, SH-9606-LTC-APC, SH-9610-HCP,
TNQ-LTC-2000(VA), TQ-LTC-2000(VA)

Re: Virginia Certification of Compliance

Form Numbers:

- TPM-LTCRI-VA2019-PHN-0010
- TPM-LTCRI-VA2019-PHN-0010-PORF
- LTC-EndCovgApp10-VA
- LTC-PolChg10-VA
- LTC-CNFB-PaidUp2010-VA

Dear Sir or Madam,

The company has reviewed the enclosed policy form(s) and certifies that, to the best of its knowledge and belief, each form submitted is consistent and complies with the requirements of Title 38.2 of the Code of Virginia and the regulations promulgated pursuant thereto.

Sincerely,

A handwritten signature in blue ink that reads "Cabe W. Chadick".

Cabe W. Chadick, F.S.A., M.A.A.A.
Senior Vice President & Principal
Lewis & Ellis, Inc.
Actuaries & Consultants

January 16, 2020

Review Requirements Checklist
INDIVIDUAL LONG-TERM CARE INSURANCE

REVIEW REQUIREMENTS	REFERENCE	COMMENTS
General Filing Requirements		
Transmittal Letter	14 VAC 5-100-40	For Paper Filings: Must be submitted in duplicate for each filing, describing each form, its intended use and kind of insurance provided.
	14 VAC 5-100-40 1	Forms submitted and described in transmittal letter must have a number that consists of digits, letters, or a combination of both.
	14 VAC 5-100-40 2	Must clearly indicate if forms are replacements, revisions, or modifications of previously approved forms and describe the exact changes that are intended.
	14 VAC 5-100-40 3	Certification of Compliance signed by General Counsel or officer of company or attorney or actuary representing company is required.
	14 VAC 5-100-40 5	Description of market for which the form is intended.
	14 VAC 5-100-40 6	For Paper Filings: At least one copy of each form must be included in the filing. A duplicate copy of forms must be submitted if the company wants a "stamped" copy of forms for its records. A stamped self-addressed return envelope is required. The letter of transmittal must be addressed to: State Corporation Commission, Bureau of Insurance, P. O. Box 1157, Richmond, VA 23218.
	Administrative Letter 1983-7	Must include the name and NAIC number of the company for which the filing is made.
Additional SERFF Filing Requirements	Administrative Letter 2012-03	Additional SERFF filing requirements must be met as specified below for life and health forms and rate filings. Failure to provide the applicable information will result in a "rejected" filing.
General Information – Filing Description		(i) Description of each form by name, title, edition date, other, and intended use.
		(ii) Identification of changes in benefits and premiums (previously approved or filed forms). [Place changed contract provisions (red-lined or highlighted) in Supporting Documentation].
		(iii) Identification of SERFF or state tracking number for the previously approved or filed form for which the new form revises, replaces, or is intended to be used.
		(iv) A statement as to whether any other regulatory body has withdrawn approval of the form because the form contains one or more provisions that were deemed to be misleading, deceptive or contrary to public policy.
HELP TIP:		If a form or rate filing is submitted as new in Virginia, but was previously disapproved or withdrawn in Virginia, please provide details such as the tracking information, form number, and the date that the form or rate filing was disapproved or withdrawn, if available.

Review Requirements Checklist
INDIVIDUAL LONG-TERM CARE INSURANCE

REVIEW REQUIREMENTS	REFERENCE	COMMENTS
Rate Changes		(i) Specify the number of affected policyholders. (ii) Provide the reason(s) for the proposed change(s). (iii) Include a statement regarding an increase, decrease, revision of former rates. (iv) Specify the percentage amount(s) of the change(s).
Forms		
Form number	14 VAC 5-100-50 1	Form number must appear in lower left-hand corner of first page of each form.
Company name & address	14 VAC 5-100-50 2	Full and proper corporate name (including "Inc.") must prominently appear on cover sheet of all policies and other forms. Home office address of insurer must prominently appear on each policy.
Final form	14 VAC 5-100-50 3	Form must be submitted in the final form in which it will be issued and completed in "John Doe" fashion to indicate its intended use.
Application	14 VAC 5-100-50 4	Any form, which is to be issued with an attached application, must be filed with a copy of the application completed in "John Doe" fashion to indicate its intended use. (If application was previously approved, advise date of approval.)
Type Size	14 VAC 5-100-50 5	Individual Accident and Sickness forms must be printed with type size of at least ten-point type. All other forms must be printed with type size of at least eight-point.
Arbitration	\$ 38.2-312	Contract may not deprive courts of Virginia jurisdiction in actions against insurer. Arbitration may not be binding.
Fraud Notice	\$ 38.2-316 D 1	Title 38.2 of the Insurance Code does not define "Insurance Fraud." Any notice regarding insurance fraud is in non-compliance with this section of the Code. Variations in a notice warning of consequences of making fraudulent statements are acceptable. The notice may disclose that it does not apply in Virginia or may disclose states where applicable.
Readability Certification	14 VAC 5-110-60	Readability certification is required as described in the regulation.
Entire Consideration	\$ 38.2-3500 A 1	The entire consideration is expressed in the policy.
Effective-Termination Time	\$ 38.2-3500 A 2	The time (clock time) the policy becomes effective and terminates is expressed in the policy.
DMAS Payor of Last Resort	\$ 38.2-3500 A 7	Every accident and health policy must contain a statement indicating the Department of Medical Assistance Services as the payor of last resort.
Definition of Eligible Family members	\$ 38.2-3500 C	The definition establishes that eligible dependent children may not be required to live in the household as the policyowner.
Handicapped Child Coverage	\$ 38.2-3409	Upon termination due to age, coverage will be continued for: (1) persons incapable of self-sustaining employment by reason of intellectual disability or physical handicap; and (2) chiefly dependent on the insured for support and maintenance. Additional premium may be charged based upon class of risks.
Renewal Provision	14 VAC 200-70 A & 14 VAC 5-200-60 A	The regulation specifies the content of the renewability provision. The renewal provision must be either guaranteed renewable or noncancellable.
LTC Caution Notice	14 VAC 5-200-80 C 2	Required language in bold print.

Review Requirements Checklist
INDIVIDUAL LONG-TERM CARE INSURANCE

REVIEW REQUIREMENTS	REFERENCE	COMMENTS
30-Day Free Look	\$ 38.2-5208 A	
Notice to Buyer	14 VAC 5-200-170 A 3	Required language.
General Provisions		
Contents of Policy	38.2-305 A	Parties to policy named; subject of insurance; risks insured against; time insurance takes effect; statement of the premium.
Entire Contract	\$ 38.2-3503 1	The provision defines the contents of the entire contract.
Grace Period	\$ 38.2-3503 3	The provision defines the grace period and length of the various acceptable grace periods.
	14 VAC 5-200-65 A 3	The policy must specify an additional 30 days for an unintentional lapse of coverage.
Reinstatement	\$ 38.2-3503 4	
	14 VAC 5-200-65 B	The regulation provides for an extended reinstatement period in the event of policy lapse due to cognitive impairment.
Notice of Claim	\$ 38.2-3503 5	
Claim Forms	\$ 38.2-3503 6	
Proof of Loss	\$ 38.2-3503 7	
Time Payment of Claims	\$ 38.2-3503 8	The provision specifies when benefits will be paid.
Payment of Claims	\$ 38.2-3503 9	The provision specifies to whom benefits will be paid
Physical Examinations and Autopsy	\$ 38.2-3503 10	
Legal Actions	\$ 38.2-3503 11	
Change of Beneficiary	\$ 38.2-3503 12	(For payment to beneficiaries, see Payment of Claims provision-§ 38.2-3503 9.)
Incontestability	\$ 38.2-5209	The provision contains specific incontestability language for long-term care insurance.
Age Limit	\$ 38.2-3513 A	If the policy establishes an age-limit after which coverage will no longer be effective, and if the date falls within a period for which a premium is accepted by the insurer or the insurer accepts a premium after the date, the coverage provided by the policy will continue in force until the end of the period for which the premium has been accepted.
	\$ 38.2-3513 B	If the age of the insured has been misstated and the policy would not have been issued according to the correct age of the insured, the policy would not have become effective or would have ceased prior to the acceptance of the premium, then the liability of the insurer shall be limited to the refund of the premium paid for the period not covered by the policy.
Optional Provisions		
Change of Occupation	\$ 38.2-3504 1	
Misstatement of Age	\$ 38.2-3504 2	
Other Insurance in this Company	\$ 38.2-3504 3	
Insurance with Other Company	\$ 38.2-3504 4	
Insurance with Other Company	\$ 38.2-3504 5	
Unpaid Premiums	\$ 38.2-3504 7	
Conformity with State Statutes	\$ 38.2-3504 9	Must use "resides" language

Review Requirements Checklist
INDIVIDUAL LONG-TERM CARE INSURANCE

REVIEW REQUIREMENTS	REFERENCE	COMMENTS
Illegal Occupation	§ 38.2-3504 10	
Intoxicants and Narcotics	§ 38.2-3504 11	
Prohibited Provisions		
	§ 38.2-5203	Specified provisions prohibited in a long-term care policy.
	§ 38.2-5205 A	Prior institutionalization may not be a requirement to receive benefits.
	14 VAC 5-200-190	Preexisting conditions and waiting periods may not be used in replacement policies.
Subrogation	§ 38.2-3405 A	No policy shall contain a provision regarding subrogation of any person's right to recovery for personal injuries from a third person.
Liability Insurance	§ 38.2-3405 B	Benefits may not be reduced due to benefits payable due to benefits provided by a liability insurance contract.
Workers' Compensation	§ 38.2-3405 D	The statute discusses exceptions to exclusions due to benefits payable under workers' compensation.
Minimum Standards for Home Health Care	14 VAC 5-200-90	The minimum standards include prohibited exclusions and restrictions regarding home health care benefits.
LTC Policy Requirements		
Duration of Benefits	§ 38.2-5200	Coverage must be provided for a minimum of 12 months.
Refund of Premium for Cancellation or Termination of Policy	§ 38.2-5202.1	Provides for the termination of the policy by the insured and for cancellation of the policy by the insurer, except when coverage is for the duration of life and premium is a single installment payment.
Preexisting Condition	§ 38.2-5204 14 VAC 5-200-70 D	Defines look-back period and limitation period for preexisting conditions. If policy includes limitations due to a preexisting condition, such limitations must be included labeled as "Preexisting Condition Limitations."
Limitations or Conditions on Eligibility for Benefits	§ 38.2-5205 B 14 VAC 5-200-187	Permissible benefit triggers and requirements.
Definitions	14 VAC 5-200-50	Certain terms defined.
UCR defined	14 VAC 5-200-70 C	The term must be defined if benefits are based on usual, reasonable and customary charges.
Limitations and Exclusions	14 VAC 5-200-60 B	
	§ 38.2-3504 11	Intoxicants and narcotics
Extension of benefits	14 VAC 5-200-60 C	
Right to Reduce Coverage and Lower Premiums	14 VAC 5-200-183	The policy shall include a provision that allows the policyholder to reduce coverage and lower the premium.
Nonforfeiture Benefit Requirement	14 VAC 5-200-185 B	Offer made to the policyholder. Refer to the regulation for specifics.
Contingent Benefit Upon Lapse	14 VAC 5-200-185 C	If the offer of the nonforfeiture benefit is declined, the contingent benefit upon lapse shall be provided.
Required to Offer Inflation Protection	14 VAC 5-200-100 A	

Review Requirements Checklist
INDIVIDUAL LONG-TERM CARE INSURANCE

REVIEW REQUIREMENTS	REFERENCE	COMMENTS
Signed Acceptance for Riders and Amendments	14 VAC 5-200-70 B	All riders and/or endorsements that added to a policy after the date of issue that reduces, restricts, or eliminates benefits in the policy will require signed acceptance. Also, where a separate premium is charged for a rider or endorsement, the premium will be set forth in the policy, rider, or endorsement.
LTC Personal Suitability Worksheet	14 VAC 5-200-175-C 2	The LTC personal suitability worksheet must be submitted with the policy.
Disclosures		
	\$ 38.2-5207 1; 14 VAC 5-200-200	The statute requires that an outline of coverage be provided to the insured. The statute also specifies the information that should be included in the outline.
	\$ 38.2-5207 4; 14 VAC 5-200-70 H	A tax-qualified plan must be definitively identified as such.
	14 VAC 5-200-70 I	A non-tax-qualified plan must be identified as such.
	14 VAC 5-200-75 D	Any reference to a premium increase shall disclose that notice of premium increase shall be at least 60 days prior to the increase.
Policies that include issue ages of 65 or higher	14 VAC 5-170-150 E 1	Any policy marketed to persons age 65 or older must contain a notice that discloses that the policy is not a Medicare supplement policy or certificate.
Rates		
	\$ 38.2-5206	
	14 VAC 5-200-150	The regulation specifies the expected loss ratio.
	14 VAC 5-130-60 A and 130-60 B; 14 VAC 5-200-77	The regulation specifies rate filing and actuarial memorandum requirements.

Access to Administrative Letters, Administrative Orders, Regulations and Laws is available at:
<http://www.scc.virginia.gov/boi/laws.aspx>

The Life and Health Division, Forms and Rates Section reviews individual long-term care insurance. Please contact this section at (804) 371-9110 if you have questions or need additional information about this line of insurance.

Review Requirements Checklist
INDIVIDUAL LONG-TERM CARE INSURANCE

I hereby certify that I have reviewed the attached individual long-term care filing and determined that it is in compliance with the individual long-term care checklist.

Signed: 

Name (please print): Chad Chadick

Company Name: Lewis & Ellis, Inc

Date: 12/29/2018 Phone No: (972) - 850-0850 FAX No: () _____

E-Mail Address: Chadick@lewisellis.com



January 28, 2019

Re: Rate Increase Filing – Responses to Objections from 9/19/2018
TPM Life Insurance Company
NAIC #: 69353, FEIN #: 23-1395696
Long Term Care Policy Form Series: 8800, 8810, 9606, 9610, & 2000

Dear Mr. Dismore:

Thank you for your letter dated September 19, 2018 regarding the above referenced filing. The below responses are in the order of your letter.

First, during the process of splitting up the blocks of business into the six subsets defined in Objection 1.6, we found that some of the policies were excluded in our initial projections. Therefore, we have updated our initial projections – please see the file “Updated_Exhibit III_VA_November 2018 v1.”



Objection 1.1: Issue Date Range

The issue date range for this block of policies is March 7, 1996 through May 1, 2005.

Objection 1.2: Policy Distribution Statistics

The inforce policy distribution statistics by benefit period and inflation type are shown below:

BENEFIT PERIOD:

Policy Duration (in months)	Distribution
2	0.35%
3	1.40%
5	1.40%
6	1.05%
7	0.70%
8	1.05%
10	1.40%
11	1.40%
12	2.10%
13	0.35%
14	0.35%
15	0.35%
17	0.35%
18	0.35%
24	6.64%
36	15.03%
48	5.59%
60	13.99%
Lifetime	46.15%

INFLATION TYPE:

Inflation Type	Distribution
None	50%
Simple	0%
Compound	50%

Objection 1.3: Minimum Required Loss Ratio

We have adjusted the "Minimum Required Loss Ratio" according to the requirements of 14VAC5-200-150. We found the minimum required loss ratio to be 76%. Please see the file "Actuarial Memorandum, 1.28.2019.pdf" for an updated actuarial memorandum, reflecting this change.



Objection 1.4: Morbidity Study

This study has not been updated; however, if the 2005 study were to be updated (which is unlikely given the declining non-credible nature of this block), we believe the morbidity levels inherent in an updated study would produce higher future anticipated loss ratios because current contract reserves, which also reflect the 2005 morbidity study, have been inadequate and have necessitated holding deficiency reserves.

Objection 1.5: Baseline Projections

As requested, the baseline projections only include pre-stability policies, are best estimates with no margins, only include Virginia rate levels, and use the appropriate average maximum valuation interest rate. We found that the appropriate average maximum valuation interest rate is 4.50%.

Objection 1.6: Projections

Like the baseline projections, these projections only include pre-stability policies, are best estimates with no margins, only include Virginia rate levels, and uses the appropriate average maximum valuation interest rate. For the projections broken up into the six subsets of business, please see the “Exhibit, Objection 1.6, VA, Breakdown, Jan. 2019, Final.xlsx” file. The below items are in the file.

- a.) Current assumption and current rates – the tabs labeled “6a&b” are applicable.
- b.) Current assumptions with the proposed rate increase – the tabs labeled “6a&b” are applicable.
- c.) Current assumptions with the proposed rate increase, but with no shock lapses, benefit reductions, CBUL, or adverse selection – the tabs labeled “6c” are applicable.
- d.) Current assumptions with premiums restated as if the proposed rate schedule had been in effect from inception – the tabs labeled “6d” are applicable.
- e.) Original assumptions and original premiums from inceptions – the tab labeled “6e” is applicable.
- f.) Actual past experience (claims, mortality, lapse) but original assumptions in the future, with all premiums at the original premium scale from inception – the tab labeled “6f” is applicable.

Objection 1.7: Number of Policies and Active Life Reserve Balance

Below shows the number of policies inforce and the active life reserve balance for the six subsets of business.

Type of Business	Number of Policies	Active Life Reserves Balance
Non-lifetime Benefit Period	154	\$2,643,946.86
Lifetime Benefit Period	132	\$2,329,010.95
No inflation	143	\$1,500,932.52
Simple Inflation	0	\$0.00
Compound Inflation	143	\$3,361,242.29



LEWIS & ELLIS

700 Central Expressway South, Suite 550

Allen, TX 75013

972-850-0850

lewisellis.com

Should you have further questions regarding this filing or require additional information do not hesitate to contact me by email at cchadick@lewisellis.com or by telephone at (972) 850-0850.

Sincerely,

A handwritten signature in blue ink that reads 'Cabe Chadick'.

Cabe W. Chadick, F.S.A., M.A.A.A.
Senior Vice President & Principal
Lewis & Ellis, Inc.
Actuaries & Consultants
January 28, 2019

Actuarial Memorandum – Virginia

Rate Increase

Policy Form Series: QH-9606-LTC-APC, QH-9610-HCP, SH-9606-LTC-APC, SH-9610-HCP, TNQ-LTC-2000(VA), TNQ-LTC-2000(VA)-R, TNQ-NHO-2004(VA), TQ-LTC-2000(VA), TQLTC-2000(VA)-R, and TQ-NHO-2004(VA)

Scope and Purpose

The purpose of this actuarial memorandum is to provide information supporting a rate revision to the premiums for the Company's individual long-term care forms in Virginia, with the exception of those policies sold after Virginia long-term care rate stability act (i.e. October 1, 2003). The memorandum is not to be used for any other purpose.

The proposed rate increase will apply to all these series of policy forms and associated riders. New business is no longer written on any of these series nor any other long-term care policy forms. The Company effectively stopped writing new policies in all states in early 2005. There are 295 policies and \$892,851 of annualized premium in-force in Virginia as of December 31, 2017. Of this total, 285 policies with \$877,083 of annualized premium were issued in Virginia before October 1, 2003, while 10 policies with \$15,768 of annualized premium were issued after.

Premium Increase

Due to claims experience, the Company finds it necessary to propose a premium increase. This rate increase will apply only to in-force business as the policy form was discontinued for new sales. A seriatim list, in spreadsheet format and shown as Exhibit I, of current and proposed rates is included with this filing. We are proposing an increase of 19% that will be applied to base policies and riders for policies issued before October 1, 2003. Subject to expected timing of regulatory approval, the requested increase shall be implemented with the first premium due on or after January 1, 2020.

Benefit Description

A description of benefits of the predominant policy form series, 9600, is shown in Exhibit II. The other policy form series provide similar long-term care benefits and a detailed description of those benefits is available upon request. Also, a complete description of the benefit provisions and conditions for eligibility is contained in the policy forms and riders on file with the state.

Renewability Clause

These policy forms are guaranteed renewable for the lifetime of the insured.

Applicability

The rates filed apply to only policies in force since no new sales will occur.

Morbidity, Mortality, and Lapses

Morbidity: For this line of business, at the request of the Pennsylvania Department of Insurance, Lewis & Ellis, Inc. was engaged in late 2005 to study this block’s claim incidence and termination rates as a potential and credible basis for revised valuation morbidity basis. While we were not able to establish that TPM’s LTC block had credible data from which to solely produce expected LTC claim costs, we were able to use other LTC claims data sources (e.g. SOA LTC Intercompany study) with which to produce a revised valuation morbidity basis. After performing the study and in consultation with the Department, a new valuation morbidity basis was established for the Company’s contract reserves and pending claim reserves. This revised valuation morbidity basis is the basis for the projected claim costs as well as projected contract reserves (a.k.a. active life reserves (“ALR”)).

Mortality: The mortality is the sex distinct 1983 GAM table.

Lapses: The projected voluntary lapse rates, separate from mortality decrements, are:

Duration	Issue Age								
	47	52	57	62	67	72	77	82	87
1	11.4%	11.4%	11.4%	11.4%	11.4%	14.1%	14.1%	14.8%	14.8%
2	8.3%	8.3%	8.3%	8.3%	8.3%	8.3%	8.3%	8.1%	8.1%
3	7.2%	7.2%	7.2%	7.2%	7.2%	7.2%	7.2%	7.1%	7.1%
4	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%
5	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%
6	1.5%	1.5%	1.5%	1.5%	1.5%	1.5%	1.5%	1.5%	1.5%
7	1.5%	1.5%	1.5%	1.5%	1.5%	1.5%	1.5%	1.5%	1.5%
8	1.5%	1.5%	1.5%	1.5%	1.5%	1.5%	1.5%	1.5%	1.5%
9	1.5%	1.5%	1.5%	1.5%	1.5%	1.5%	1.5%	1.5%	1.5%
10+	1.5%	1.5%	1.5%	1.5%	1.5%	1.5%	1.5%	1.5%	1.5%

Marketing Method

Agents and brokers marketed these individual policies.

Underwriting

These forms were subject to medical underwriting.

Premium Classes

The premium rates vary by issue age and selected benefit options (e.g. benefit period, elimination period, etc.). See Exhibit I for the current and proposed annual premiums for each policy holder in Virginia.

Issue Age Range

The policy form was sold to adult issue ages 18 and over.

Area Factors

Not applicable; the policy form's rates do not vary by area.

History of Rate Adjustments

These long-term care policy form series have had prior rate increases:

<u>Series</u>	<u>Rate Increase%</u>	<u>Implementation Date</u>
9606	0-30% (Avg. 23.8%)	June, 2002
	30%	March, 2007
	15%	Issued before 10/1/2003
	0%	Issued on or after 10/1/2003
	12%	September 2015 - 2017
2000, 9610, 4000	15%	Issued before 10/1/2003
	0%	Issued on or after 10/1/2003
	12%	September 2015 - 2017

Average Annual Premium

The average annualized premium for Virginia as of December 31, 2017, including policy riders:

	<u>Annualized Premium</u>	<u>Policy Count</u>	<u>Annualized Policy Average Annualized Premium</u>			
			<u>Before</u>	<u>2018</u>	<u>2019</u>	<u>2020</u>
Pre	\$877,083	285	\$3,077	\$3,539	\$4,070	\$4,680
Post	\$15,768	10	\$1,577	\$1,577	\$1,577	\$1,577
Total	\$892,851	295	\$4,654	\$5,116	\$5,647	\$6,257

The average annualized premium by form as of December 31, 2017, including policy riders:

	<u>Annualized Premium</u>	<u>Policy Count</u>	<u>Annualized Policy Average Annualized Premium</u>			
			<u>Before</u>	<u>2018</u>	<u>2019</u>	<u>2020</u>
9606	\$808,710	252	\$3,209	\$3,690	\$4,243	\$4,879
2000(VA)	\$72,900	38	\$1,918	\$2,147	\$2,410	\$2,712
2000(VA)-R	\$11,241	5	\$2,248	\$2,585	\$2,973	\$3,419
Total	\$892,851	295	\$7,376	\$8,423	\$9,626	\$11,011

Active Life Reserves

Active life reserves were not included in any loss ratio calculations below. The existing contract reserve factors are established by the following:

- Method: one-year full preliminary term (FPT) period.
- Valuation rate: 4.5% to 5.0%, depending on the year of issue.
- Terminations: Mortality is based on 1983 GAM Sex-distinct. In addition, pricing lapse rates of 8% for the first four years and 4% thereafter, subject to the following restrictions: (i) for policy years 1 through 4, the lesser of 80% of the pricing voluntary lapse rates and 8% and (ii) for policy years 5+ the lesser of 100% of the pricing voluntary lapse rates and 4%. We have tested this termination basis against slightly different requirements for older issues and find the above basis to be consistent if not more conservative, especially with the 5% morbidity load.
- Morbidity basis: Based on the claim incidence rates and claim continuance rate as developed directly from the claim cost study performed at the request of the Pennsylvania Department of Insurance, the domicile regulator of the company. A 5% load is also applied. At the request of the Pennsylvania Department of Insurance, Lewis & Ellis, Inc. was engaged in late 2005 to study this block's claim incidence and termination rates as a potential and credible basis for revised valuation morbidity basis. After performing the study and in consultation with the Department, this study produced a new valuation morbidity basis.

Claim Reserves

The PA-requested LTC claim cost study, which produced claim continuance rates, was also applied to calculate pending claim reserves (a.k.a. present value of amounts not yet due ("PVA YND")) for ongoing LTC claims. The IBNR and loss adjustment expense ("LAE") amounts for individual LTC policies are estimated by using a loss ratio approach. The loss ratios, applied at least to the most recent six incurral months, are reasonable if not conservative in view of (a) hindsight historical loss ratios and/or (b) retrospective testing of combined prior IBNR and pending reserve levels for recent valuation dates. The total IBNR and LAE claim reserve as of December 31, 2017 applicable to this Virginia block of business was \$1,297,759. The total pending reserve is \$4,285,964.

Trend Assumptions

For our claim projections, we have set a trend assumption at 0% per annum through the end of the proposed rating period. We have also conservatively assumed no insurance trend assumption. The aging effect, or trend, directly results from the underlying assumed morbidity basis.

Minimum Required Loss Ratio

Dominant portions of the Virginia policies were sold prior to the enactment of the NAIC Model LTC Rate Stability Act. For these policies, the minimum required loss ratio is 60%. Exhibit IV demonstrates compliance with this requirement for Virginia policies sold prior to Virginia's October 1, 2003 implementation of the NAIC Model LTC Rate Stability Act.

For those policies sold afterwards, we are not requesting a rate increase.

Experience on the Form

Exhibit III also shows premium, claim and reserve information from the first issuance of the forms through 12/31/2017 for Virginia. Exhibit III shows Virginia-only past experience, which we consider to be credible when determining whether benefits are reasonable in relation to premiums.

Anticipated Loss Ratio

The attached Exhibit III shows for Virginia experience that with the proposed rate increase, the Anticipated Lifetime Loss Ratio, with interest adjustment, is 130.4% for all policies. Without a rate increase, the ALR is 177.4%. The Anticipated Loss Ratio is defined to be the present value of projected incurred claims, with the impact of changes in active life reserves, divided by the present value of projected earned premiums. A discount rate of 5.0% was chosen to comply with the VA DOI's request to use the same discount rate from the original pricing. The projection period is through 2039.

Exhibit V VA is the Virginia-only projection, albeit for issues prior to October 1, 2003, with earned premiums restated on the Virginia Current rate level.

Lifetime Loss Ratio

The Virginia expected lifetime loss ratio ("LLR"), after the proposed rate increase, is 110.0%. Without the increase, the LLR is 114.0% (see Exhibit III). The Lifetime Loss Ratio is defined to be the sum of the accumulated historical incurred claims and the present value of projected incurred claims, divided by the sum of the accumulated historical earned premiums and the present value of projected earned premiums. With the inclusion of active life reserves, the expected lifetime loss ratio becomes 122.9% with the rate increase and 127.9% without the increase. The present value calculation incorporates explicit assumptions for interest, lapses, trend, aging, and adverse selection.

Proposed Effective Date

The proposed effective date for the rate increase, subject to timeline for the approval process from Virginia, is January 1, 2020. The revised rate will apply to all premiums due on and after that date. New business rate changes are not applicable as the Company no longer sells long term care policies.

Certification

I certify that I am qualified to render this opinion under the qualification standards promulgated by the Actuarial Standards Board. I have taken into consideration the Company's policy design, underwriting, and claims adjudication practices.

I certify that to the best of my knowledge and judgment, the entire rate filing is in compliance with the applicable laws of the states in which the product was sold and that the benefits provided are reasonable in relation to the proposed premiums because we expect the policy form to continue to meet or exceed minimum loss ratio requirements.

Sincerely,

A handwritten signature in blue ink that reads "Cabe Chadick". The signature is fluid and cursive, with a long horizontal stroke at the end.

Cabe W. Chadick, F.S.A., M.A.A.A.
Senior Vice President & Principal
Lewis & Ellis, Inc.
Actuaries & Consultants

December 2, 2019

ATTACHMENTS

- Exhibit I** Current Virginia Annual Premiums – Current and Revised
- Exhibit II** Policy Form & Benefits
- Exhibit III** Virginia-only Experience (Historical and Anticipated)
- Exhibit IV** Virginia-only Experience (Historical and Anticipated
Pre October 1, 2003 issues)
- Exhibit V** Virginia-only Experience on the Current Rate Level

Long Term Care Insurance Rate Request Summary
Part 1 – To Be Completed By Company

Reset Form

Company Name and NAIC Number:

SERFF Tracking Number:

Effective Date:

Revised Rates

Average Annual Premium Per Member:

Average Requested Percentage Rate Change Per Member:

Minimum Requested Percentage Rate Change Per Member:

Maximum Requested Percentage Rate Change Per Member:

Number of Policy Holders Affected :

Plans Affected
(The Form Number and "Product Name")

Form#	"Product Name"(if applicable)
QH-9606-LTC-APC, QH-9610-HCP, SH-9606-LTC-APC, SH-9610-HCP, TNQ-LTC-2000 (VA), TNQ-LTC-2000(VA)-R, TNQ-NHO-2004(VA), TQ-LTC-2000(VA), TQLTC-2000 (VA)-R, and TQ-NHO-2004(VA)	

Attach a brief narrative to summarize the key information used to develop the rates including the main drivers for the revised rates.

This document is intended to help explain the rate filing and it is only a summary of the company's request. It is not intended to describe or include all factors or information considered in the review process. For more detailed information, please refer to the complete filing.

Long-Term Care Insurance Rate Request Summary

Due to the claims experience, TPM Life Insurance Company finds a rate increase necessary. We are proposing a rate increase of 19% for policies issued before October 1, 2003. We are not requesting a rate increase for policies issued after October 1, 2003. The main driver for the revised rates is the claims experience. The company's long-term care ("LTC") pool of policies has deteriorated rapidly since in the last few years and this deterioration accelerated in 2013. Due to these adverse claims experience, a rate increase is necessary for the company and the long-term viability of its pool of LTC policies. While the number of new claims has increased, a key driver in the deteriorating experience is materially lower-than-expected claim terminations. That is, while some LTC claims will continue for years, many last a relatively short time period and the company's LTC premiums were determined assuming typical lengths on claim; however, the company has experienced materially longer lengths of claim.



May 29, 2018

Re: Rate Increase Filing Submission
TPM Life Insurance Company
NAIC #: 69353, FEIN #: 23-1395696
Long Term Care Policy Form Series: 8800, 8810, 9606, 9610, & 2000

Dear Sir or Madam:

The enclosed actuarial memorandum is being submitted on behalf of TPM Life Insurance Company with regard to rate increases on the above policy forms and associated riders. In Virginia, we are proposing an increase of 15% for policies issued before October 2003 and 0% for newer issues, to be applied to the above policy series.

Should you have further questions regarding this filing or require additional information do not hesitate to contact me by email at cchadick@lewisellis.com or by telephone at (972) 850-0850 collect.

Sincerely,

A handwritten signature in black ink that reads 'Cabe Chadick'.

Cabe W. Chadick, F.S.A., M.A.A.A.
Senior Vice President & Principal
Lewis & Ellis, Inc.
Actuaries & Consultants

May 29, 2018



May 30, 2018

To Whom It May Concern:

I hereby authorize the actuarial consulting firm Lewis & Ellis, Inc. to file rate increase memorandums for long term care policies on behalf of TPM Life Insurance Company.

This authorization is to be in effect from May 30, 2018 to May 29, 2019.

Sincerely,

A handwritten signature in black ink, appearing to read "RL E", is positioned above the printed name.

Richard L. Eaton
Secretary/Treasurer



July 27, 2018

Re: Rate Increase Filing – Responses to Objections from 7/13/2018
TPM Life Insurance Company
NAIC #: 69353, FEIN #: 23-1395696
Long Term Care Policy Form Series: 8800, 8810, 9606, 9610, & 2000

Dear Mr. Dismore:

Thank you for your letter dated July 13, 2018 regarding the above referenced filing. The below responses are in the order of your letter.

Objection 1: Long Term Care Insurance Rate Request Summary (Supporting Document)

Please see the “TPM Objection 1 Response” file, which contains a brief summary of the rate increase request.

Objection 2: L&H Actuarial Memorandum (Supporting Document)

The “Exhibit I Current Virginia Annual Premiums – Current and Revised” file is under the “Rate/Rule Schedule” tab, titled “Exhibit_I For TPM, VA Rate Increase, 5.29.2018.pdf.” We have reattached it in our objection response for ease.

Objection 3: L&H Actuarial Memorandum (Supporting Document)

For the annualized average premium totals, we took the average of the policy before the proposed rate increases. We then applied 15% each year for three years for policies issued before October 1, 2003. For policies issued after October 1, 2003, they have a rate increase of 0%. Please see the “Objection 3 Demonstration” file for a demonstration of our calculation.

Objection 4: L&H Actuarial Memorandum (Supporting Document)

Please see the file “Objection_4_Exhibit III_VA_Projections_July_2018_Submission” for an Excel file of our Exhibits III-V.

Objection 5: L&H Actuarial Memorandum (Supporting Document)

1. We think that we have complied with 14VAC5-200-150 for the rate increase request for policies issued before October 1, 2003. Since we are not asking for a rate increase for policies issued after October 1, 2003, we believe we do not need to comply with 14VAC5-200-153.
2. For additional support on the projected voluntary lapse rates (on p. 2 of the Actuarial Memorandum), please see the file “Objection 5.2 TPM LTC Lapse Study.pdf.”
3. Please see the “Exhibit III-V, TPM, Objection 5.3, 5.4 Response, 5.27.2018” file for an updated version of our Exhibits III-V. This version shows the actual to expected analysis for Exhibit III and Exhibit IV. For Exhibit V, our current projections include only policies issued before October 1, 2003, while our original projections include all policies. Therefore, an actual to expected analysis could not be performed.



4. Please see the “Exhibit III-V, TPM, Objection 5.3, 5.4 Response, 5.27.2018” file for an updated version of our Exhibit III-V. The requested anticipated loss ratio showing the numerator as the anticipated incurred claims less the policy reserves divided by the anticipated earned premium is at bottom of the Exhibits (labeled as “Requested Anticipated Loss Ratio”). Below also shows a table with the requested loss ratios.

Exhibit	Without Rate Increase	With Rate Increase
Exhibit III – All policies	139.7%	84.9%
Exhibit IV – Pre-RS only	138.6%	83.5%
Exhibit V – Current Rate Level	119.2%	103.7%

5. There haven’t been any changes in the underlying assumptions used in this filing and the previous one.
6. We have not requested a rate increase in any other state as all of the company’s LTC policies are in Virginia.
7. Due to premium affordability concerns, we have proposed no margins in our assumptions in order to prevent future requested rate increases if the morbidity and policy termination experience were to worsen.
8. The company has not proposed an increase that recovers past losses or prevents future losses.

Should you have further questions regarding this filing or require additional information do not hesitate to contact me by email at cchadick@lewisellis.com or by telephone at (972) 850-0850 collect.

Sincerely,

Cabe W. Chadick, F.S.A., M.A.A.A.
Senior Vice President & Principal
Lewis & Ellis, Inc.
Actuaries & Consultants
July 27, 2018

LTC Lapse Study based on policy counts

Observation Period 1/1/1999 to 3/31/2004

Issue Age	Year	Policy Exposure	Policy Terminations	Est. Lapses	Lapse Rate	Model Rate	Act/model
57& under	1	289	34	32.1	11.1%	11.4%	98%
	2	266	25	23.1	8.7%	8.3%	105%
	3	232	21	19.2	8.3%	7.2%	115%
	4	154	15	13.7	8.9%	4.0%	222%
	5	97	4	3.1	3.2%	3.0%	107%
	6	54	3	2.5	4.6%	2.0%	229%
	7	23	2	1.8	7.6%	2.0%	380%
	8	11	1	0.9	7.8%	2.0%	390%
	9	2	0	0.0	-1.6%	2.0%	-79%
	10	0	0	0.0	-2.6%	2.0%	-128%
	Total		1,128	105	96.2	8.5%	7.3%
62 & 67	1	2,680	356.0	315.3	11.8%	11.4%	103%
	2	2,772	296.0	249.2	9.0%	8.3%	108%
	3	2,494	195.0	148.1	5.9%	7.2%	82%
	4	1,928	115.0	74.4	3.9%	4.0%	96%
	5	1,242	60.0	30.6	2.5%	3.0%	82%
	6	620	22.0	5.9	1.0%	2.0%	48%
	7	181	5.0	-0.1	-0.1%	2.0%	-3%
	8	51	4.0	2.4	4.6%	2.0%	232%
	9	15	0.0	-0.5	-3.5%	2.0%	-174%
	10	2	1.0	0.9	46.6%	2.0%	2329%
	Total		11,985	1,054	826.2	6.9%	7.1%
72 & 77	1	1,435	264.0	203.9	14.2%	14.1%	101%
	2	1,364	171.0	108.4	7.9%	8.3%	96%
	3	1,186	150.0	89.9	7.6%	7.2%	105%
	4	934	86.0	33.7	3.6%	4.0%	90%
	5	618	51.0	13.1	2.1%	3.0%	71%
	6	298	19.0	-1.3	-0.5%	2.0%	-23%
	7	81	9.0	2.9	3.6%	2.0%	179%
	8	21	2.0	0.3	1.3%	2.0%	64%
	9	6	0.0	-0.5	-8.5%	2.0%	-424%
	10	0	0.0	0.0	-7.8%	2.0%	-392%
	Total		5,943	752	450.3	7.6%	7.8%
82& over	1	199	55.0	35.5	17.8%	14.8%	121%
	2	173	23.0	4.4	2.5%	8.1%	31%
	3	142	18.0	1.3	0.9%	7.1%	13%
	4	112	23.0	8.8	7.8%	4.0%	196%
	5	71	11.0	1.4	2.0%	3.0%	66%
	6	35	4.0	-1.0	-2.8%	2.0%	-140%
	7	1	0.0	-0.2	-20.2%	2.0%	-1008%
	8						
	9						
	10						
	Total		733	134	50.2	6.8%	8.3%

rmg=laprep



TPM LIFE INSURANCE COMPANY

1850 William Penn Way, Suite 202
P.O. Box 10667
Lancaster, PA 17605-0667
(717) 394-7156 or (800) 555-3122

Long Term Care Customer Service Team
Email: LTCRI@tpmins.com

«LetterMailDate»

«FNAME» «MI» «LNAME»
«ADD1»
«ADD2»
«CITY», «ST» «ZIP»

Policy Number: «POLNO»

Policy Form: «POLFORM»

Dear «FNAME»:

RE: LTC Rate Increase

Thank you for being a member of the TPM Long Term Care (LTC) Program. We know that you rely on this Program for support in the future, and are therefore committed to ensuring that it remains secure and financially solvent. To achieve this goal, it is necessary to increase the premium rates for your policy.

Please note that the rate increase request was reviewed by the Virginia State Corporation Commission and was found to be compliant with applicable Virginia laws and regulations addressing long-term care insurance. All premium rate filings are available for public inspection and may be accessed online through the Virginia Bureau of Insurance's webpage at www.scc.virginia.gov/BOI.

The company's long term care ("LTC") pool of policies has deteriorated rapidly in the last few years and this deterioration has accelerated in 2013. Due to this adverse claims experience, a rate increase is necessary for the company and the long term viability of its pool of LTC policies. While the number of new claims has increased, a key driver in the deteriorating experience is materially lower-than-expected claim terminations. That is, while some LTC claims will continue for years, many last a relatively short time period and the company's LTC premiums were determined assuming typical lengths on claim; however, the company has experienced materially longer lengths of claim.

Notice Of Premium Change – This is Not A Bill

Policy Number: «POLNO»

Defined Options: Elim02_BenP01
Form Number: TPM_LTCRI_VA201512_PHN_01

Page 1 of 5



TPM LIFE INSURANCE COMPANY

1850 William Penn Way, Suite 202
P.O. Box 10667
Lancaster, PA 17605-0667
(717) 394-7156 or (800) 555-3122

Long Term Care Customer Service Team
Email: LTCRI@tpmins.com

An ultimate compounded rate increase of 51.2% will be applied to your premium over the next 3 years. The schedule for these rate increases will be as follows:

1. Effective with your premium due on or after «PxDueOnOrAfterDateYr01», the «ModeDesc» premium for your policy will be increased by approximately 15% from \$«MODEPREM» to \$«RIMODEPR».
2. Effective with your premium due on or after «PxDueOnOrAfterDateYr02», the «ModeDesc» premium for your policy will be increased by approximately 15% from \$«RIMODEPR» to \$«RILD_RIMODEPR_YR02».
3. Effective with your premium due on or after «PxDueOnOrAfterDateYr03», the «ModeDesc» premium for your policy will be increased by approximately 15% from \$«RILD_RIMODEPR_YR02» to \$«RILD_RIMODEPR_YR03».

Please note that the rate increases have nothing to do with your personal claims history or health. In addition to your policy, rate increases are being implemented on all LTC policies with the above form numbers which were issued in the state of Virginia.

We encourage you to consider: (1) increasing your elimination period and/or (2) decreasing your benefit period and/or (3) decreasing your daily benefit. You are also entitled to (4) a 'contingent benefit' upon lapse of your policy if the lapse occurs within 120 days of the due date of the increased premium. If this option is chosen, you will receive a conversion of your current coverage to paid-up status with a shortened benefit period. All the options available to you may not be of equal value. **You reserve the right to receive a revised premium rate schedule if requested.**

These options are intended to help mitigate the cost of the rate increases while preserving the value of your policy. Please see page 3 of this notice for options that may be of interest to you. Note that all options available to you may not be of equal value.

Notice Of Premium Change – This is Not A Bill

Policy Number: «POLNO»

Defined Options: Elim02_BenP01
Form Number: TPM_LTCRI_VA201512_PHN_01



TPM LIFE INSURANCE COMPANY

1850 William Penn Way, Suite 202
P.O. Box 10667
Lancaster, PA 17605-0667
(717) 394-7156 or (800) 555-3122

Long Term Care Customer Service Team
Email: LTCRI@tpmins.com

OPTIONS TO CONSIDER

1. Increase my elimination period from «RILD_ELIM» days to «RILD_EL01» days

By choosing this option, effective with your premium due on or after «PxDueOnOrAfterDateYr01», the «ModeDesc» premium for your policy will be \$«RILD_MDE1» rather than \$«RIMODEPR».

By choosing this option, effective with your premium due on or after «PxDueOnOrAfterDateYr02», the «ModeDesc» premium for your policy will be \$«RILD_MDE1_YR02» rather than \$«RILD_RIMODEPR_YR02».

By choosing this option, effective with your premium due on or after «PxDueOnOrAfterDateYr03», the «ModeDesc» premium for your policy will be \$«RILD_MDE1_YR03» rather than \$«RILD_RIMODEPR_YR03».

2. Increase my elimination period from «RILD_ELIM» days to «RILD_EL02» days

By choosing this option, effective with your premium due on or after «PxDueOnOrAfterDateYr01», the «ModeDesc» premium for your policy will be \$«RILD_MDE2» rather than \$«RIMODEPR».

By choosing this option, effective with your premium due on or after «PxDueOnOrAfterDateYr02», the «ModeDesc» premium for your policy will be \$«RILD_MDE2_YR02» rather than \$«RILD_RIMODEPR_YR02».

By choosing this option, effective with your premium due on or after «PxDueOnOrAfterDateYr03», the «ModeDesc» premium for your policy will be \$«RILD_MDE2_YR03» rather than \$«RILD_RIMODEPR_YR03».

3. Decrease my benefit period from «BenefitPeriod» to «RILD_BC01» months

By choosing this option, effective with your premium due on or after «PxDueOnOrAfterDateYr01», the «ModeDesc» premium for your policy will be \$«RILD_MDBC» rather than \$«RIMODEPR».

By choosing this option, effective with your premium due on or after «PxDueOnOrAfterDateYr02», the «ModeDesc» premium for your policy will be \$«RILD_MDBC_YR02» rather than \$«RILD_RIMODEPR_YR02».

By choosing this option, effective with your premium due on or after «PxDueOnOrAfterDateYr03», the «ModeDesc» premium for your policy will be \$«RILD_MDBC_YR03» rather than \$«RILD_RIMODEPR_YR03».

Notice Of Premium Change – This is Not A Bill

Policy Number: «POLNO»

Page 3 of 5



TPM LIFE INSURANCE COMPANY

1850 William Penn Way, Suite 202
P.O. Box 10667
Lancaster, PA 17605-0667
(717) 394-7156 or (800) 555-3122

Long Term Care Customer Service Team
Email: LTCRI@tpmins.com

If you are interested in more information on any of the options shown above (or a combination thereof) as well as additional options, please complete the **LTC RI POLICY OPTIONS REQUEST FORM** on Page 5 and return it to us so that we can provide you with rate options specific to your policy (envelope provided). If you prefer, you may e-mail your request for rate options to us at LTCRI@tpmins.com.

As you consider your options, please:

1. Review your current policy benefits as shown on the policy Schedule Page(s) within your policy.
2. Evaluate your current benefit needs. To do so, you may wish to consult with your agent, a qualified financial planner, family member, or other trusted advisor.
3. Select the option(s) that may best meet your needs.

We do regret that premium rate increases became necessary and assure you that we remain committed to providing you with first-rate benefits and services. This policy may be subject to rate increases in the future. The company reserves the right to revise the premium rates if another rate increase may become necessary.

If you have any questions, please feel free to contact our LTC Customer Service Team by calling (800) 555-3122 (Mon-Fri; 9:00AM to 3:00PM), or writing to us at the address shown in the letterhead.

Sincerely,

Long Term Care Customer Service Team

Notice Of Premium Change – This is Not A Bill

Policy Number: «POLNO»

Defined Options: Elim02_BenP01
Form Number: TPM_LTCRI_VA201512_PHN_01



TPM LIFE INSURANCE COMPANY

1850 William Penn Way, Suite 202
P.O. Box 10667
Lancaster, PA 17605-0667
(717) 394-7156 or (800) 555-3122

Long Term Care Customer Service Team
Email: LTCRI@tpmins.com

LTC RI POLICY OPTIONS REQUEST FORM

Policy Number: «POLNO»

Name: «FNAME» «MI» «LNAME»

Rate Change Date: «PxDueOnOrAfterDateYr01»

To: TPM Long Term Care Customer Service Team,

I am interested in receiving more information on how the following change(s) to my policy will decrease my premium rate effective «PxDueOnOrAfterDateYr01».

Please send me rate quotes for the following possible change(s) (may choose one or a combination):

- Increasing my Elimination (Waiting) Period
- Decreasing my Benefit Period
- Lowering my Daily Benefit Amount
- Contingent Benefit upon lapse of policy (conversion of current coverage to paid-up status with a shortened benefit period)

I understand that no changes will be made to my policy at this time based upon this request for information. Policy changes will only take effect if a Benefit Change Election form is completed.

Date _____ Policyholder Signature _____

This completed form can be emailed to LTCRI@tpmins.com. The completed form can also be mailed to us at the address shown in the letterhead (envelope provided).

Notice Of Premium Change – This is Not A Bill

Policy Number: «POLNO»



February 25, 2019

Re: Rate Increase Filing – Responses to Objections from 2/21/2019
TPM Life Insurance Company
NAIC #: 69353, FEIN #: 23-1395696
Long Term Care Policy Form Series: 8800, 8810, 9606, 9610, & 2000

Dear Mr. Dismore:

Thank you for your letter dated February 21, 2019 regarding the above referenced filing. Please see below for our response.

Objection 1

There are two previously approved, rate-increase filings for the TPM long-term care policies in Virginia.

1.) SERFF Tracking Number: LWEL-128450811

For this approved, rate-increase filing, there were two forms that were approved:

- a. "LTC-EndCovgApp30-VA_Options Letter excl CBUL (Document)-VA.PDF" in the "Form Schedule" section.
- b. "VA_LTCHC_VarChgEnd (Endorsement_Variable Benefit Change).pdf" in the "Form Schedule" section.

2.) SERFF Tracking Number: LWEL-125996939

For this approved, rate-increase filing, there were three forms that were approved:

- a. "Teachers Protective LTC CNFB PaidUp Endorsement-VA w.data.pdf" in the "Form Schedule" section.
- b. "New Cert Pages _LTC_ with Reduced Daily Benefit _Document_-VA w.data.pdf" in the "Form Schedule" section.
- c. "2010 LTC Rate Increase Benefit Change Options - VA (incl CBUL w data) (Document) w.data-VA.pdf" in the "Form Schedule" section.



LEWIS & ELLIS

700 Central Expressway South, Suite 550

Allen, TX 75013

972-850-0850

lewisellis.com

Should you have further questions regarding this filing or require additional information do not hesitate to contact me by email at cchadick@lewisellis.com or by telephone at (972) 850-0850 collect.

Sincerely,

A handwritten signature in blue ink that reads 'Cabe Chadick'.

Cabe W. Chadick, F.S.A., M.A.A.A.
Senior Vice President & Principal
Lewis & Ellis, Inc.
Actuaries & Consultants
February 25, 2019

**Statement of Variability - Virginia
(Variables for Long Term Care & Home Health Care Plans)
For Teachers Protective Mutual Life Insurance Company
Form No. VA-LTCHC-VarChgEnd**

-
1. The **Date** on top right of form will be the date the document is produced.
The **Policy No.** will be the number of the policy for which benefits are changed.
The **Application Name** will be the name of the primary applicant (insured).

-
2. The following are the possible **Benefit Values** from the Endorsement:
Benefit Period: 12 Months, 24 Months, 36 Months, 48 Months, 60 Months, Lifetime
Daily Benefit: \$30-\$200 (by \$1 increments)
Elimination Period: 0-Days, 20-Days, 60-Days, 100-Days, 180-Days

-
3. The **Required Premium** and **Mode** shown will be the premium for the revised benefits.

-
4. The **Endorsement Effective Date** will be the effective date of the benefit change(s) and premium change.
-

Statement of Variability - Virginia
(Variables for Long Term Care & Home Health Care Plans)
For Teachers Protective Mutual Life Insurance Company
Form No. LTC-EndCovgApp30-VA

1. The **Date** on top right of form will be the date the document is produced.
The **Addressee Name** and **Address** will be those of the primary applicant.
The **Policy No.** will be the number of the policy for which options are provided.
The **Policy Type** will be *Long Term Care* or *Home Care*.
The **Agent** will be the Agent of Record.
-

2. The following are the possible **Benefit Values** from the Letter:
Daily Benefit: \$30-\$200 (by \$1 increments)
Benefit Period: 12 Months, 24 Months, 36 Months, 48 Months, 60 Months, Lifetime
Elimination Period: 0-Days, 20-Days, 60-Days, 100-Days, 180-Days
Inflation Protection: None, 10-Year, Lifetime
-

3. The **Current Premium** and **Mode** shown will be the pre-Rate Increase premium and mode.
The **Effective Date** shown will be the premium due date on which the Rate Increase occurs, and also the date on which the requested benefit change(s) would be implemented.
The **Premium Effective** premium and **Mode** shown will be the post-Rate increase premium and mode.
-

4. The **Premium** and **Mode** shown (per option) in the lowermost section of the letter will be the revised premium (including Rate Increase) and mode for the option shown.
-

**TEACHERS PROTECTIVE MUTUAL
LIFE INSURANCE COMPANY**

P.O. Box 597
116-118 North Prince Street
Lancaster, PA 17608-0597
Telephone (717) 394-7156 / Toll Free (800) 555-3122
Fax (717) 394-7024



November 12, 2010

«Mr.» «John» «Doe»
«123 Main Street»
«Anytown, VA 12345»

Re: Policy(s) «H123456»

Dear «Mr.» «Doe»,

Thank you for your recent inquiry regarding your «Long Term Care» policy number «H123456».

You have expressed an interest in possibly adjusting your policy benefits in order to offset the upcoming premium rate increase. Several options are shown below for your review. If you choose to adjust your benefits, please check the appropriate box and return your signed and dated request in the enclosed envelope. Your benefits will remain *unchanged* if we are not notified in writing of your request.

If you have any questions regarding this matter, please feel free to contact us.

Sincerely,

<Representative>
LTC Customer Service Team

cc: «John Smith, Agent»

Current Policy Benefits

Daily Benefit	\$«100»
Benefit Period	«24» Months
Elimination Period	«0» Days
Inflation Protection	«Lifetime»
Current Premium	\$«127.50» «Monthly»
Premium Effective «11/01/2010»	\$«146.63» «Monthly»

- Reduce Daily Benefit Amount** from \$«100»/Day to \$«86»/Day. The premium for this option will be \$«127.56» «Monthly» effective «11/01/2010».
- Reduce Benefit Period** from «24» Months to «12» Months. The premium for this option will be \$«94.82» «Monthly» effective «11/01/2010».
- Increase Elimination Period** from:
- «0» Days to «20» Days. The premium for this option will be \$«140.76» «Monthly» effective «11/01/2010».
- «0» Days to «60» Days. The premium for this option will be \$«134.16» «Monthly» effective «11/01/2010».
- Remove «Lifetime» Inflation Rider** and freeze *current* Daily Benefit at attained amount of \$«180»/Day. The premium for this option will be \$«125.00» «Monthly» effective «11/01/2010».

Convert my policy to Paid-Up status with a shortened Benefit Period of «73-Days» and a **Daily Benefit** of \$«180»/Day. The **Lifetime Maximum Benefit Amount** will be *\$«13,140.00» effective «11/01/2010». If this option is chosen, there will be no additional premiums due for this policy.

**Your Lifetime Maximum Benefit Amount is equal to 100% of the sum of all premiums paid to date for this policy.*

Date _____

Policyholder Signature(s)_____

**Statement of Variability – Virginia
(Variables for Long Term Care Plans)
For TPM Life Insurance Company
Form No. LTC-EndCovgApp20-VA**

Variable Field Item Number	Item	Page Number	Description
1	Email: IndAdmin@tpmins.com	1-2	TPM's email
2	December 9, 2019	1	The date of the letter. It automatically updates to the current date.
3	Mr.	1	The prefix of the policyholder's name.
4	John X.	1	The first name and middle initial of the policyholder.
5	Doe	1	The last name of the policyholder.
6	124 Main St.	1	The street address of the policyholder.
7	Anytown, VA 12345	1	The city, state, and zip code of the policyholder.
8	H123456	1	The policy number of the policyholder.
9	\$100	1	The policyholder's current daily benefit.
10	48	1	The policyholder's current benefit period in months.
11	0	1	The policyholder's current elimination period in days.
12	Lifetime	1	The policyholder's current inflation protection benefit.
13	277.53	1	The policyholder's current premium.
14	EFT(Monthly)	1	The policyholder's payment mode.
15	11/01/2015	1-2	The new premium effective date.
16	310.84	1	The new premium amount.
17	\$89	1	The reduced daily benefit amount.
18	276.64	1	The premium associated with the reduced daily benefit amount option.
19	36	1	The reduced benefit period.
20	275.68	1	The premium associated with the reduced benefit period option.
21	100	1	The first option to increase the elimination period days.
22	273.54	1	The premium associated with the first increase in the elimination period days.
23	180	1	The second option to increase the elimination period days.
24	248.67	1	The premium associated with the second increase in the elimination period days.
25	1850 William Penn Way, Suite 202 • PO Box 10667 Lancaster, PA 17605-0667	1	The physical address of the Company.

26	Main: 717-394-7156 • Toll Free: 800-555-3122 • Fax: 717-553-1107	1	The numbers of the Company.
27	www.tpmins.com	1	The website of the Company.

**Statement of Variability - Virginia
(Variables for Long Term Care Plans)
For TPM Life Insurance Company
Form No. VA-LTCHC-VarChgEnd**

Variable Field Item Number	Item	Page Number	Description
1	Email: IndAdmin@tpmins.com	1-2	TPM's email
2	December 9, 2019	1	The date of the letter. It automatically updates to the current date.
3	H123456	1	The policy number of the policyholder.
4	John X.	1	The first name and middle initial of the policyholder.
5	Doe	1	The last name of the policyholder.
6	48	1	The policyholder's original benefit period.
7	36	1	The policyholder's updated benefit period.
8	Agrees to reduce Benefit Period from [48]-Months to [36]-Months effective on the date shown below.	1	The language that will appear if the policyholder changes their benefit period.
9	100	1	The policyholder's original daily benefit amount.
10	89	1	The policyholder's updated daily benefit amount.
11	Agrees to reduce the original Daily Benefit Amount from \$[100] per day to \$[89] per day effective on the date shown below.	1	The language that will appear if the policyholder changes their daily benefit amount.
12	0	1	The policyholder's original elimination period in days.
13	100	1	The policyholder's updated elimination period in days.
14	Agrees to change Elimination Period from [0] Days to [100] Days effective on the date shown below.	1	The language that will appear if the policyholder changes their elimination period.
15	275.68	1	The updated, required premium under the policy.
16	EFT(Monthly)	1	The policyholder's premium mode.

17	11/01/2015	1	The effective date of the policy change.
18	1850 William Penn Way, Suite 202 • PO Box 10667 Lancaster, PA 17605-0667	1	The physical address of the Company.
19	Main: 717-394-7156 • Toll Free: 800-555- 3122 • Fax: 717-553-1107	1	The numbers of the Company.
20	www.tpmains.com	1	The website of the Company.



January 16, 2020

Re: Rate Increase Filing – Readability Certification for Policy For,
TPM Life Insurance Company
NAIC #: 69353, FEIN #: 23-1395696
Long Term Care Policy Form Series: QH-9606-LTC-APC, QH-9610-HCP, SH-9606-LTC-APC, SH-9610-HCP, TNQ-LTC-2000(VA), TQ-LTC-2000(VA)

To Whom It May Concern:

The following form(s) have been tested for readability and meet the minimum reading ease score as required by the state of Virginia.

Form Number	Flesch Score	Number of Sentences	Number of Words	Number of Syllables
TPM-LTCRI-VA2019-PHN-0010	54	60	1,359	2,086
TPM-LTCRI-VA2019-PHN-0010-PORF	57	10	142	227
LTC-EndCovgApp20-VA	54	8	121	197
VA-LTCHC-VarChgEnd	61	17	224	350

Sincerely,

Cabe W. Chadick, F.S.A., M.A.A.A.
Senior Vice President & Principal
Lewis & Ellis, Inc.
Actuaries & Consultants

**Statement of Variability – Virginia
 (Variables for Long-Term Care)
 For TPM Life Insurance Company
 Form Number: TPM-LTCRI-VA2019-PHN-0010-PORF**

Variable Field Item Number	Item	Page Number	Description
1	Email:LTCRI@tpmins.com	1	TPM's email
2	POLNO	1	The policy number of the policyholder
3	FNAME	1	The first name of the policyholder
4	MI	1	The middle initial of the policyholder
5	LNAME	1	The last name of the policyholder
6	PxDueOnOrAfterDateYr01	1	The due date of premium that will be affected by the first rate increase
7	1850 William Penn Way, Suite 202 • PO Box 10667 Lancaster, PA 17605-0667	1	This is the address of the Company
8	Main: 717-394-7156 • Toll Free: 800-555- 3122 • Fax: 717-553-1107	1	The numbers of the Company
9	www.tpmins.com	1	The web address of the Company



TPM Life Insurance Company
Policyholder Services Department
[E-mail: IndAdmin@tpmins.com]¹

[July 20, 2020]²

[Mr.]³ [John X.]⁴ [Doe]⁵
[123 Main St]⁶
[Anytown, VA 12345]⁷

Re: Policy(s) [H123456]⁸

Dear [Mr.]³ [Doe]⁵,

Thank you for your recent inquiry regarding your Long Term Care policy number [H123456]⁸.

You have expressed an interest in possibly adjusting your policy benefits in order to offset the upcoming premium rate increase. Several options are shown below for your review. If you choose to adjust your benefits, please check the appropriate box and return your signed and dated request in the enclosed envelope. Your benefits will remain *unchanged* if we are not notified in writing of your request. If you have any questions regarding this matter, please feel free to contact us.

Sincerely,

LTC Customer Service Team
Policyholder Services Department

Current Policy Benefits

Daily Benefit	[\$100] ⁹
Benefit Period	[48] ¹⁰ Months
Elimination Period	[0] ¹¹ Days
Inflation Protection	[Lifetime] ¹²
Current Premium	[\$277.53] ¹³ [EFT(Monthly)] ¹⁴
Premium Effective [11/01/2015] ¹⁵	[\$310.84] ¹⁶ [EFT(Monthly)] ¹⁴

- Reduce Daily Benefit Amount** from [\$100]⁹/Day to [\$89]¹⁷/Day. The premium for this option will be [\$276.64]¹⁸ [EFT(Monthly)]¹⁴ effective [11/01/2015]¹⁵.
- Reduce Benefit Period** from [48]¹⁰ Months to [36]¹⁹ Months. The premium for this option will be [\$275.68]²⁰ [EFT(Monthly)]¹⁴ effective [11/01/2015]¹⁵.
- Increase Elimination Period** from:
- [0]¹¹ Days to [100]²¹ Days. The premium for this option will be [\$273.54]²² [EFT(Monthly)]¹⁴ effective [11/01/2015]¹⁵.
- [0]¹¹ Days to [180]²³ Days. The premium for this option will be [\$248.67]²⁴ [EFT(Monthly)]¹⁴ effective [11/01/2015]¹⁵.



TPM Life Insurance Company
Policyholder Services Department
[E-mail: IndAdmin@tpmins.com]¹

Convert my policy to paid-up status with a shortened Benefit Period effective [11/01/2015]¹⁵. The nonforfeiture credit will be equal to 100% of the sum of all premiums paid to date for this policy. If this option is chosen, there will be no additional premiums due for this policy.

Date _____ Policyholder Signature(s) _____

Date _____ Policyholder Signature(s) _____



TPM Life Insurance Company
Long Term Care
Customer Service Team
[Email: LTCRI@tpmins.com]¹

[LetterMailDate]²

[FNAME]³ [MI]⁴ [LNAME]⁵
[ADD1]⁶
[ADD2]⁷
[CITY]⁸, [ST]⁹ [ZIP]¹⁰

Policy Number: [POLNO]¹¹

Premium Paying Status: [BILCD_DESC]⁵²

Policy Form: [POLFORM]¹²

Dear [FNAME]¹³:

RE: LTC Rate Increase

Thank you for being a member of the TPM Life Insurance Company Long Term Care (LTC) Program. We know that you rely on this Program for support in the future, and we are, therefore, committed to ensuring that it remains secure and financially solvent. To achieve this goal, it is necessary to increase the premium rates for your policy. The reason for the rate increase is because the company's LTC claims experience has rapidly deteriorated since 2013. Due to this adverse claims experience, a rate increase is necessary for the company and the continuing viability of its LTC policies. The driving factors that led to the adverse claims experience include (a) higher-than-expected incidence of claims, especially at the higher senior ages, (b) longer length of claims as compared to original pricing, (c) higher care service unit costs, and (d) higher amount of services required while disabled.

[An ultimate compounded rate increase]⁵⁴ of [Ultimate_Rate_Increase]¹⁶ will be applied to your current [ModeDesc]²³ premium of \$[MODEPREM]¹⁷ over a [Rate_Increase_Time_Period]¹⁸. Effective with your premium due on or after [PxDueOnOrAfterDateYr01]²², the [ModeDesc]²³ premium for your policy will be increased by approximately [Year_01_Rate_Increase]²⁴ from \$[MODEPREM]¹⁷ to \$[RIMODEPR]²⁵.

If your Premium Paying Status is currently "Premium Waiver" (see above), your premium will continue to be waived in accordance with the Premium Waiver Benefit provision of your policy.

Please note that the rate increase request was reviewed by the Virginia State Corporation Commission and was found to be compliant with applicable Virginia laws and regulations addressing long-term care insurance. All premium rate filings are available for public inspection and may be accessed online through the Virginia Bureau of Insurance's webpage at <https://scc.virginia.gov/boi/SERFFInquiry/LtcFilings.aspx>⁵³.

Notice of Premium Change – This is Not a Bill

Policy Number: [POLNO]¹¹

[1850 William Penn Way, Suite 202 • PO Box 10667
Lancaster, PA 17605-0667]¹³

[Main: 717-394-7156 • Toll Free: 800-555-3122 • Fax: 717-553-1107]¹⁴
[Email: LTCRI@tpmins.com]¹ • www.tpmins.com]¹⁵

Form Number: TPM-LTCRI-VA2019-PHN-0010



TPM Life Insurance Company
Long Term Care
Customer Service Team
[Email: LTCRI@tpmins.com]¹

[Year [Previous_Year]¹⁹ of the rate increase process has been completed.]²⁰ The schedule for the next rate [increase(s)]²¹ will be as follows:

1. Effective with your premium due on or after [PxDueOnOrAfterDateYr01]²², the [ModeDesc]²³ premium for your policy will be increased by approximately [Year_01_Rate_Increase]²⁴ from \$[MODEPREM]¹⁷ to \$[RIMODEPR]²⁵.

[2. Effective with your premium due on or after [PxDueOnOrAfterDateYr02]²⁶, the [ModeDesc]²³ premium for your policy will be increased by approximately [Year_02_Rate_Increase]²⁷ from \$[RIMODEPR]²⁵ to \$[RILD_RIMODEPR_YR02]²⁸. Similar options to those offered with the first increase will be available to you.]²⁹

[3. Effective with your premium due on or after [PxDueOnOrAfterDateYr03]³⁰, the [ModeDesc]²³ premium for your policy will be increased by approximately [Year_03_Rate_Increase]³¹ from \$[RILD_RIMODEPR_YR02]²⁸ to \$[RILD_RIMODEPR_YR03]³². Similar options to those offered with the first increase will be available to you.]³³

Please note that the rate increases have nothing to do with your personal claims history or health. In addition to your policy, rate increases are being implemented on all LTC policies with the same policy form numbers as yours which were issued in the state of Virginia. Your policy form numbers are shown on Page 1 of this notice.

We encourage you to consider: (1) increasing your elimination period and/or (2) decreasing your benefit period and/or (3) decreasing your daily benefit amount. You are also entitled to (4) a 'contingent benefit' upon lapse of your policy if the lapse occurs within 120 days of the due date of the increased premium. If this option is chosen, you will receive a conversion of your current coverage to paid-up status with a shortened benefit period. All the options available to you may not be of equal value. You reserve the right to receive a revised premium rate schedule if requested. Should there be future rate increases, similar options to those being offered will be available and benefits may be changed at any time and not restricted to the time of the rate increase.

These options are intended to help mitigate the cost of the rate increases while preserving the value of your policy. Please see pages 3 and 4 of this notice for options that may be of interest to you. Note that all options available to you may not be of equal value.

Notice of Premium Change – This is Not a Bill

Policy Number: [POLNO]¹¹

[1850 William Penn Way, Suite 202 • PO Box 10667
Lancaster, PA 17605-0667]¹³

[Main: 717-394-7156 • Toll Free: 800-555-3122 • Fax: 717-553-1107]¹⁴
[Email: LTCRI@tpmins.com]¹ • www.tpmins.com]¹⁵

Form Number: TPM-LTCRI-VA2019-PHN-0010



TPM Life Insurance Company
Long Term Care
Customer Service Team
[Email: LTCRI@tpmins.com]¹

OPTIONS TO CONSIDER

[1. Increase my elimination period from [RILD_ELIM]³⁴ days to [RILD_EL01]³⁵ days

[By choosing this option, effective with your premium due on or after [PxDueOnOrAfterDateYr01]²², the [ModeDesc]²³ premium for your policy will be \$[RILD_MDE1]³⁶ rather than \$[RIMODEPR]²⁵.]

[By choosing this option, effective with your premium due on or after [PxDueOnOrAfterDateYr02]²⁶, the [ModeDesc]²³ premium for your policy will be \$[RILD_MDE1_YR02]³⁷ rather than \$[RILD_RIMODEPR_YR02]²⁸.]

[By choosing this option, effective with your premium due on or after [PxDueOnOrAfterDateYr03]³⁰, the [ModeDesc]²³ premium for your policy will be \$[RILD_MDE1_YR03]³⁸ rather than \$[RILD_RIMODEPR_YR03]³².]

Please complete the LTC RI POLICY OPTIONS REQUEST FORM enclosed with this letter and return it to us so that we can provide you with rate options specific to your policy.]³⁹

[2. Increase my elimination period from [RILD_ELIM]³⁴ days to [RILD_EL02]⁴⁰ days

[By choosing this option, effective with your premium due on or after [PxDueOnOrAfterDateYr01]²², the [ModeDesc]²³ premium for your policy will be \$[RILD_MDE2]⁴¹ rather than \$[RIMODEPR]²⁵.]

[By choosing this option, effective with your premium due on or after [PxDueOnOrAfterDateYr02]²⁶, the [ModeDesc]²³ premium for your policy will be \$[RILD_MDE2_YR02]⁴² rather than \$[RILD_RIMODEPR_YR02]²⁸.]

[By choosing this option, effective with your premium due on or after [PxDueOnOrAfterDateYr03]³⁰, the [ModeDesc]²³ premium for your policy will be \$[RILD_MDE2_YR03]⁴³ rather than \$[RILD_RIMODEPR_YR03]³².] ⁴⁴

[3. Decrease my benefit period from [BenefitPeriod]⁴⁵ to [RILD_BC01]⁴⁶ months

[By choosing this option, effective with your premium due on or after [PxDueOnOrAfterDateYr01]²², the [ModeDesc]²³ premium for your policy will be \$[RILD_MDBC]⁴⁷ rather than \$[RIMODEPR]²⁵.]

[By choosing this option, effective with your premium due on or after [PxDueOnOrAfterDateYr02]²⁶, the [ModeDesc]²³ premium for your policy will be \$[RILD_MDBC_YR02]⁴⁸ rather than \$[RILD_RIMODEPR_YR02]²⁸.]

[By choosing this option, effective with your premium due on or after [PxDueOnOrAfterDateYr03]³⁰, the [ModeDesc]²³ premium for your policy will be \$[RILD_MDBC_YR03]⁴⁹ rather than \$[RILD_RIMODEPR_YR03]³².]

Please complete the LTC RI POLICY OPTIONS REQUEST FORM enclosed with this letter and return it to us so that we can provide you with rate options specific to your policy.]⁵⁰

Notice of Premium Change – This is Not a Bill

Policy Number: [POLNO]¹¹

[1850 William Penn Way, Suite 202 • PO Box 10667
Lancaster, PA 17605-0667]¹³

[Main: 717-394-7156 • Toll Free: 800-555-3122 • Fax: 717-553-1107]¹⁴
[Email: LTCRI@tpmins.com]¹ • www.tpmins.com]¹⁵

Form Number: TPM-LTCRI-VA2019-PHN-0010



TPM Life Insurance Company
Long Term Care
Customer Service Team
[Email: LTCRI@tpmins.com]¹

OPTIONS TO CONSIDER (continued)

[4. Decrease my daily benefit amount

[Please complete the LTC RI POLICY OPTIONS REQUEST FORM on the last page and return it to us so that we can provide you with rate options specific to your policy.]⁵¹

5. Contingent Benefit Upon Lapse (CBUL) of your policy

By choosing this option, effective on or after [PxDueOnOrAfterDateYr01]²², your reduced paid up benefit will be equal to 100% of the sum of all premiums paid. The Contingent Benefit Upon Lapse provides that the paid-up value will be the greater of 100% of the sum of all premiums paid or 30 times the daily nursing home benefit at the time of lapse; in no event will the paid-up value exceed the maximum benefits which would be payable if the policy remained in a premium paying status. Please complete the LTC RI POLICY OPTIONS REQUEST FORM on the last page and return it to us so that we can provide you with rate options specific to your policy.

Notice of Premium Change – This is Not a Bill

Policy Number: [POLNO]¹¹

[1850 William Penn Way, Suite 202 • PO Box 10667
Lancaster, PA 17605-0667]¹³

[Main: 717-394-7156 • Toll Free: 800-555-3122 • Fax: 717-553-1107]¹⁴
[Email: LTCRI@tpmins.com]¹ • www.tpmins.com]¹⁵

Form Number: TPM-LTCRI-VA2019-PHN-0010



TPM Life Insurance Company
Long Term Care
Customer Service Team
[Email: LTCRI@tpmins.com]¹

If you are interested in more information on any of the options shown above (or a combination thereof) as well as additional options, please complete the LTC RI POLICY OPTIONS REQUEST FORM on the last page and return it to us so that we can provide you with rate options specific to your policy (envelope provided). If you prefer, you may e-mail your request for rate options to us at LTCRI@tpmins.com¹.

As you consider your options, please:

1. Review your current policy benefits as shown on the policy Schedule Page(s) within your policy.
2. Evaluate your current benefit needs. To do so, you may wish to consult with your agent, a qualified financial planner, family member, or other trusted advisor.
3. Select the option(s) that may best meet your needs.

We do regret that premium rate increases became necessary and assure you that we remain committed to providing you with first-rate benefits and services. This policy may be subject to rate increases in the future. The company reserves the right to revise the premium rates if another rate increase may become necessary. Should there be future rate increases, similar options to those being offered will be available and benefits may be changed at any time and not restricted to the time of the rate increase.

If you have any questions, please feel free to contact our LTC Customer Service Team by calling [(800) 555-3122]¹⁵ or writing to us at the address shown in footer of this notice.

Sincerely,

Long Term Care Customer Service Team

Enclosure

Notice of Premium Change – This is Not a Bill

Policy Number: [POLNO]¹¹

[1850 William Penn Way, Suite 202 • PO Box 10667
Lancaster, PA 17605-0667]¹³

[Main: 717-394-7156 • Toll Free: 800-555-3122 • Fax: 717-553-1107]¹⁴
[Email: LTCRI@tpmins.com]¹ • www.tpmins.com]¹⁵

Form Number: TPM-LTCRI-VA2019-PHN-0010



TPM Life Insurance Company
Long Term Care
Customer Service Team
[Email: LTCRI@tpmins.com]¹

LTC RI POLICY OPTIONS REQUEST FORM

Policy Number: [POLNO]²

Name: [FNAME]³ [MI]⁴ [LNAME]⁵

Rate Change Date: [PxDueOnOrAfterDateYr01]⁶

To: TPM Long Term Care Customer Service Team,

I am interested in receiving more information on how the following change(s) to my policy will decrease my premium rate effective [PxDueOnOrAfterDateYr01]⁶.

Please send me rate quotes for the following possible change(s) (may choose one or a combination):

- Increasing my Elimination (Waiting) Period
- Decreasing my Benefit Period
- Decreasing my Daily Benefit Amount
- Contingent Benefit Upon Lapse of policy (conversion of current coverage to paid-up status with a decreased benefit period)

I understand that no changes will be made to my policy at this time based upon this request for information. Policy changes will only take effect if a Benefit Change Election form is completed.

Date _____ Policyholder Signature _____

This completed form can be emailed to LTCRI@tpmins.com¹. The completed form can also be mailed to us at the address shown in the footer of this notice (envelope provided).

Notice of Premium Change – This is Not a Bill

Policy Number: [«POLNO»]²

[1850 William Penn Way, Suite 202 • PO Box 10667
[Lancaster, PA 17605-0667]⁷

[Main: 717-394-7156 • Toll Free: 800-555-3122 • Fax: 717-553-1107]⁸
[Email: LTCRI@tpmins.com]¹ • www.tpmins.com]⁹

Form Number: TPM-LTCRI-VA2019-PHN-0010-PORF



TPM Life Insurance Company
Policyholder Services Department
[Email: IndAdmin@tpmins.com]¹

[July 20, 2020]²

ENDORSEMENT

To be attached to and made a part of Policy No. [H123456]³

Issued upon the application of [John X.]⁴ [Doe]⁵

TPM LIFE INSURANCE COMPANY Lancaster, Pennsylvania

By this Endorsement [Agrees to reduce Benefit Period from [48]⁶-Months to [36]⁷-Months effective on the date shown below.]⁸

[Agrees to reduce the original Daily Benefit Amount from \$[100]⁹ per day to \$[89]¹⁰ per day effective on the date shown below.]¹¹

[Agrees to change Elimination Period from [0]¹² Days to [100]¹³ Days effective on the date shown below.]¹⁴

The required premium under this policy is \$[275.68]¹⁵ [EFT(Monthly)]¹⁶.

This Endorsement is effective as of [11/01/2015]¹⁷. It expires concurrently with the policy to which it is attached, unless changed by subsequent endorsement and is subject to all the provisions, conditions and limitations of said policy.

President

**Statement of Variability – Virginia
(Variables for Long-Term Care)
For TPM Life Insurance Company
Form Number: TPM-LTCRI-VA2019-PHN-0010**

Variable Field Item Number	Item	Page Number	Description
1	Email:LTCRI@tpmins.com	1-5	TPM's email
2	LetterMailDate	1	The date of the letter
3	FNAME	1	The first name of the policyholder
4	MI	1	The middle initial of the policyholder
5	LNAME	1	The last name of the policyholder
6	ADD1	1	The first address line of the policyholder
7	ADD2	1	The second address line of the policyholder
8	CITY	1	The city where the policyholder lives
9	ST	1	The state where the policyholder lives
10	ZIP	1	The zip code of the policyholder
11	POLNO	1-5	The policy number of the policyholder
12	POLFORM	1	The policy form of the policyholder
13	1850 William Penn Way, Suite 202 • PO Box 10667 Lancaster, PA 17605-0667	1-5	This address of the Company
14	Main: 717-394-7156 • Toll Free: 800-555-3122 • Fax: 717-553-1107	1-5	The phone and fax numbers of the Company
15	www.tpmins.com	1-5	The web address of the Company
54	An ultimate compounded rate increase	1	This language will appear if there is more than a single rate increase. Otherwise, it will indicate only a single rate increase, such as "A rate increase" instead of "An ultimate compounded rate increase"
16	Ultimate_Rate_Increase	1	The approved ultimate rate increase. This will be the ultimate rate increase, rather than the individual year-by-year rate increase.
17	MODEPREM	1,2	The current premium of the policyholder.
18	Rate_Increase_Time_Period	1,2	The period over which the rate increase will apply. It could be anywhere from 1 to multiple years.

Variable Field Item Number	Item	Page Number	Description
19	Previous_Year	2	This is the previous year that the rate increase has been processed for
20	Year [Previous_Year] of the rate increase process has been completed.	2	This will be added if there was a completed rate increase the prior year
21	increase(s)	2	This will change depending on whether there is one or multiple years that the rate increase applies
22	PxDueOnOrAfterDateYr01	1-4	The due date of premium that will be affected by the first rate increase
23	ModeDesc	1-3	The mode of the premium, such as annual or monthly
24	Year_01_Rate_Increase	1,2	The first-year rate increase percentage
25	RIMODEPR	1-3	The policyholder's premium that is a result of the first-year rate increase
26	PxDueOnOrAfterDateYr02	2-3	The due date of premium that will be affected by the second rate increase
27	Year_02_Rate_Increase	2	The second-year rate increase percentage
28	RILD_RIMODEPR_YR02	2-3	The policyholder's premium that is a result of the second-year rate increase
29	2. (i.e. bullet point 2 on page 2)	2	The premium for second-year rate increase. This is bracketed, as it will only be needed if there is a rate increase in the second year. For example, if there is only 1 year of rate increases, this will be removed, but if there is more than 1 year, then this will be added.
30	PxDueOnOrAfterDateYr03	2-3	The due date of premium that will be affected by the third rate increase
31	Year_03_Rate_Increase	2	The third-year rate increase percentage
32	RILD_RIMODEPR_YR03	2-3	The policyholder's premium that is a result of the third-year rate increase
33	3. (i.e. bullet point 3 on page 2)	2	The premium for third-year rate increase. This is bracketed, as it will only be needed if there is a rate increase in the third year. For example, if there is only 2 years of rate increases, this will be removed, but if there is more than 2 years, then this will be added.
34	RILD_ELIM	3	The policyholder's current elimination period
35	RILD_EL01	3	The proposed elimination period, as a result of an increase. This will be a different number from RILD_EL02 below

Variable Field Item Number	Item	Page Number	Description
36	RILD_MDE1	3	The adjusted first-year premium as a result from the increase in elimination days to RILD_EL01
37	RILD_MDE1_YR02	3	The adjusted second-year premium as a result from the increase in elimination days to RILD_EL01
38	RILD_MDE1_YR03	3	The adjusted third-year premium as a result from the increase in elimination days to RILD_EL01
39	1. (i.e. bullet point 1 on page 3)	3	An option to increase the elimination period. This is bulleted as it will depend on what's available. Additionally, the form shows three years of rate increases. This will depend on the number of years that the rate increase applies, and this will be edited accordingly.
40	RILD_EL02	3	The proposed elimination period, as a result of an increase. This will be a different number from RILD_EL01 above
41	RILD_MDE2	3	The adjusted first-year premium as a result from the increase in elimination days to RILD_EL02
42	RILD_MDE2_YR02	3	The adjusted second-year premium as a result from the increase in elimination days to RILD_EL02
43	RILD_MDE2_YR03	3	The adjusted third-year premium as a result from the increase in elimination days to RILD_EL03
44	2. (i.e. bullet point 2 on page 3)	3	An option to increase the elimination period. This is bulleted as it will depend on what's available. Additionally, the form shows three years of rate increases. This will depend on the number of years that the rate increase applies, and this will be edited accordingly.
45	BenefitPeriod	3	The policyholder's current benefit period
46	RILD_BC01	3	The decreased benefit period for the policyholder
47	RILD_MDBC	3	The adjusted first-year premium as a result from the decrease in benefit period to RILD_BC01
48	RILD_MDBC_YR02	3	The adjusted second-year premium as a result from the decrease in benefit period to RILD_BC01
49	RILD_MDBC_YR03	3	The adjusted third-year premium as a result from the decrease in benefit period to RILD_BC01
50	3. (i.e. bullet point 3 on page 3)	3	An option to decrease the benefit period. This is bulleted as it will depend on what's available. Additionally, the form shows three years of rate increases. This will depend on the number of years that the rate increase applies, and this will be edited accordingly.

Variable Field Item Number	Item	Page Number	Description
51	4. (i.e. bullet point 4 on page 4)	4	An option to decrease the daily benefit. This is bulleted as it will depend on what's available.
52	BILLCD_DESC	1	Premium Paying Status = Active; Premium Waiver
53	https://scc.virginia.gov/boi/SERFFInquiry/LtcFilings.aspx	1	The Virginia Bureau of Insurance's webpage.



Policyholder Services Department
TPM Life Insurance Company
[E-mail: IndAdmin@tpmins.com]

[December 5, 2019]

[Mr.] [John X.] [Doe]
[123 Main St]
[Anytown, VA 12345]

Re: Policy(s) [H123456]

Dear [Mr.] [Doe],

Thank you for your recent inquiry regarding your Long Term Care policy number [H123456].

You have expressed an interest in possibly adjusting your policy benefits in order to offset the upcoming premium rate increase. Several options are shown below for your review. If you choose to adjust your benefits, please check the appropriate box and return your signed and dated request in the enclosed envelope. Your benefits will remain *unchanged* if we are not notified in writing of your request. If you have any questions regarding this matter, please feel free to contact us.

Sincerely,

LTC Customer Service Team
Policyholder Services Department

Current Policy Benefits

Daily Benefit	[\$100]
Benefit Period	[48] Months
Elimination Period	[0] Days
Inflation Protection	[Lifetime]
Current Premium	[\$277.53] [EFT (Monthly)]
Premium Effective [11/01/2015]	[\$310.84] [EFT (Monthly)]

- Reduce Daily Benefit Amount** from [\$100]/Day to [\$89]/Day. The premium for this option will be [\$276.64] [EFT (Monthly)] effective [11/01/2015].
- Reduce Benefit Period** from [48] Months to [36] Months. The premium for this option will be [\$275.68] [EFT (Monthly)] effective [11/01/2015].
- Increase Elimination Period** from:
- [0] Days to [100] Days. The premium for this option will be [\$273.54] [EFT (Monthly)] effective [11/01/2015].
- [0] Days to [180] Days. The premium for this option will be [\$248.67] [EFT (Monthly)] effective [11/01/2015].

LTC-EndCovgApp20-VA



Policyholder Services Department
TPM Life Insurance Company
[E-mail: IndAdmin@tpmins.com]

Convert my policy to paid-up status with a shortened Benefit Period effective [11/01/2015]. The nonforfeiture credit will be equal to 100% of the sum of all premiums paid to date for this policy. If this option is chosen, there will be no additional premiums due for this policy.

Date _____ Policyholder Signature(s)_____

Date _____ Policyholder Signature(s)_____



Policyholder Services Department
TPM Life Insurance Company
[Email: IndAdmin@tpmins.com]

[December 5, 2019]

[Mr.] [John X.] [Doe]
[123 Main St]
[Anytown, VA 12345]

Re: *New Certificate Schedule Pages*
Long Term Care Policy **[H123456]**

Dear [Mr.] [Doe],

Thank you for your recent letter in which you have requested a reduction in the Daily Benefit Amount of your Long Term Care policy **[H123456]**, from **[\$100] per day** to **[\$89] per day**.

We have made the requested change to your policy. Enclosed you will find new Certificate Schedule Pages and an Endorsement, which should be placed inside your policy. These items indicate your new Daily Benefit Amount, and a total **[EFT(Monthly)]** premium of **[\$276.64]**. Please note that the premium amounts shown on each of the two Certificate Schedule pages are *combined* for your total premium.

If you have any questions regarding this matter, please do not hesitate to contact either your agent or this office.

Thank you!

Policyholder Services Department
TPM LIFE INSURANCE COMPANY

[December 5, 2019]

ENDORSEMENT

To be attached to and made a part of Policy No. [H123456]

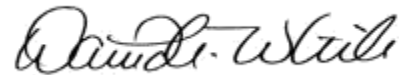
Issued upon the application of [John X.] [Doe]

TPM LIFE INSURANCE COMPANY
Lancaster, Pennsylvania

By this Endorsement **Agrees to reduce the original Daily Benefit Amount from \$[100] per day to \$[89] per day effective on the date shown below.**

The required premium under this policy is **[\$276.64] [EFT(Monthly)]**.

This Endorsement is effective as of **[11/01/2015]** , it expires concurrently with the policy to which it is attached, unless changed by subsequent endorsement and is subject to all the provisions, conditions and limitations of said policy.



President



Policyholder Services Department
TPM Life Insurance Company
[Email: IndAdmin@tpmins.com]

[December 5, 2019]

[Mr.] [John X.] [Doe]
[123 Main St]
[Anytown, VA 12345]

Re: *New Certificate Schedule Pages*
Long Term Care Policy [H123456]

Dear [Mr.] [Doe],

Thank you for your recent letter in which you have requested a change in the Benefit Period of your Long Term Care policy [H123456], from [48]-Months to [36]-Months.

We have made the requested change to your policy. Enclosed you will find new Certificate Schedule Pages and an Endorsement, which should be placed inside your policy. These items indicate your new Benefit Period, and a total [EFT(Monthly)] premium of \$[275.68]. Please note that the premium amounts shown on each of the two Certificate Schedule pages are *combined* for your total premium.

If you have any questions regarding this matter, please do not hesitate to contact either your agent or this office.

Thank you!

Policyholder Service Department
TPM LIFE INSURANCE COMPANY

[December 5, 2019]

ENDORSEMENT

To be attached to and made a part of Policy No. [H123456]

Issued upon the application of [John X.] [Doe]

TPM LIFE INSURANCE COMPANY
Lancaster, Pennsylvania

By this Endorsement **Agrees to reduce Benefit Period from [48]-Months to [36]-Months effective on the date shown below.**

The required premium under this policy is **[\$275.68] [EFT(Monthly)].**

This Endorsement is effective as of **[11/01/2015]** , it expires concurrently with the policy to which it is attached, unless changed by subsequent endorsement and is subject to all the provisions, conditions and limitations of said policy.



President



Policyholder Services Department
TPM Life Insurance Company
[Email: IndAdmin@tpmins.com]

[December 5, 2019]

[Mr.] [John X.] [Doe]
[123 Main St]
[Anytown, VA 12345]

Re: *New Certificate Schedule Pages*
Long Term Care Policy [H123456]

Dear [Mr.] [Doe],

Thank you for your recent letter in which you have requested a change in the Elimination Period of your Long Term Care policy [H123456], from [0] Days to [100] Days.

We have made the requested change to your policy. Enclosed you will find new Certificate Schedule Pages and an Endorsement, which should be placed inside your policy. These items show your new benefit summary, and a total [EFT(Monthly)] premium of \$[273.54]. Please note that the premium amounts shown on each of the two Certificate Schedule pages are *combined* for your total premium.

If you have any questions regarding this matter, please do not hesitate to contact either your agent or this office.

Thank you!

Policyholder Service Department
TPM LIFE INSURANCE COMPANY

[December 5, 2019]

ENDORSEMENT

To be attached to and made a part of Policy No. [H123456]

Issued upon the application of [John X.] [Doe]

TPM LIFE INSURANCE COMPANY
Lancaster, Pennsylvania

By this Endorsement **Agrees to change Elimination Period from [0] Days to [100] Days effective on the date shown below.**

The required premium under this policy is **[\$273.54] [EFT(Monthly)]**.

This Endorsement is effective as of **[11/01/2015]** , it expires concurrently with the policy to which it is attached, unless changed by subsequent endorsement and is subject to all the provisions, conditions and limitations of said policy.



President



Policyholder Services Department
TPM Life Insurance Company
[Email: IndAdmin@tpmins.com]

[December 5, 2019]

[Mr.] [John X.] [Doe]
[123 Main St]
[Anytown, VA 12345]

Re: Long Term Care Policy Number [H123456]
Contingent Benefit Upon Lapse

Dear [Mr.] [Doe],

We have recently received your request to convert your Long Term Care policy [H123456] to **paid-up status** with a **shortened Benefit Period** effective [11/01/2015]. Your nonforfeiture credit will be equal to 100% of the sum of all premiums paid.

Enclosed you will find an Endorsement which shows that your current coverage has been converted to paid-up status with a Daily Benefit of **[\$208.00] per day** and a shortened Benefit Period of **[244] Days**, effective [11/01/2015]. Please attach this Endorsement to your policy.

You will owe no additional premium to maintain this benefit. Your policy will require no additional premium billing, however you must remember to notify us of any future address and/or telephone number changes so that we may contact you regarding your coverage, if necessary.

If you have any questions regarding this matter, please feel free to contact us.

Thank you.

Sincerely,
Policyholder Services Department
TPM LIFE INSURANCE COMPANY

[December 5, 2019]

ENDORSEMENT

To be attached to and made a part of Policy No. [H123456]

Issued upon the application of [John X.] [Doe]

TPM LIFE INSURANCE COMPANY
Lancaster, Pennsylvania

By this Endorsement **Under the Contingent Non-Forfeiture Benefit, Policy is Paid Up with a Maximum Daily Benefit of \$[208.00] per day, payable for a shortened Benefit Period of [244] Days.**

The Lifetime Maximum Benefit Amount is \$[50,775.93], effective upon the date shown below.

The required premium under this policy is hereby **Decreased** to **\$ 0.00** .

This Endorsement is effective as of [11/01/2015].



President

**Statement of Variability - Virginia
(Variables for Long Term Care Plans)
For TPM Life Insurance Company
Form No. LTC-CNFB-PaidUp2010-VA**

1. The **Date** on top right of form will be the date the document is produced.
The **Policy No.** will be the number of the policy for which benefits are changed.
The **Name Prefix, First Name, and Last Name** of the policyholder or third-party care giver.
The **Address** of the policyholder or third-party care giver.
The **Email Address, Physical Address, and Numbers** of the Company.
-

2. The following are the **Benefit Values** from the Endorsement:
The **Maximum Daily Benefit** shown will be the maximum daily benefit when the policy is paid up.
The **Benefit Period** shown will be new, shortened benefit period, in days.
The **Lifetime Maximum Benefit Amount** shown will be the lifetime maximum benefit amount when the policy is paid up.
-

3. The **Endorsement Effective Date** will be the effective date of the benefit change(s) and premium change.
-

**Statement of Variability – Virginia
(Variables for Long Term Care Plans)
For TPM Life Insurance Company
Form No. LTC-EndCovgApp20-VA**

1. The **Date** on top right of form will be the date the document is produced.
The **Policy No.** will be the number of the policy for which benefits are changed.
The **Name Prefix, First Name, and Last Name** of the policyholder or third-party care giver.
The **Address** of the policyholder or third-party care giver.
The **Email Address, Physical Address, and Numbers** of the Company.
-

2. The following are the possible **Benefit Values** from the Letter:
Daily Benefit: \$30-\$200 (by \$1 increments)
Benefit Period: 12 Months, 24 Months, 36 Months, 48 Months, 60 Months, Lifetime
Elimination Period: 0-Days, 20-Days, 60-Days, 100-Days, 180-Days
Inflation Protection: None, 10-Year, Lifetime
-

3. The **Current Premium** and **Mode** shown will be the pre-Rate Increase premium and mode.
The **Effective Date** shown will be the premium due date on which the Rate Increase occurs, and also the date on which the requested benefit change(s) would be implemented.
The **Premium Effective** premium and **Mode** shown will be the post-Rate increase premium and mode.
-

4. The following are the possible Benefit Option changes from the letter:
Reduce Daily Benefit Amount: The **Current Benefit Amount**, the **Updated Benefit Amount**, the **Updated Premium**, the **Mode**, and the **Effective Date**.
Reduce Benefit Amount: The **Current Benefit Period**, the **Updated Benefit Period**, the **Updated Premium**, the **Mode**, and the **Effective Date**.
Increase Elimination Period: The **Current Elimination Period**, the **Updated Elimination Period**, the **Updated Premium**, the **Mode**, and the **Effective Date**.
Contingent Benefit Upon Lapse: The **Effective Date**.

**Statement of Variability - Virginia
(Variables for Long Term Care Plans)
For TPM Life Insurance Company
Form No. VA-LTCHC-VarChgEnd**

1. The **Date** on top right of form will be the date the document is produced.
The **Policy No.** will be the number of the policy for which benefits are changed.
The **Name Prefix, First Name, and Last Name** of the policyholder or third-party care giver.
The **Address** of the policyholder or third-party care giver.
The **Email Address, Physical Address, and Numbers** of the Company.
-

2. The following are the possible **Benefit Values** from the Endorsement:
Benefit Period: 12 Months, 24 Months, 36 Months, 48 Months, 60 Months, Lifetime
Daily Benefit: \$30-\$200 (by \$1 increments)
Elimination Period: 0-Days, 20-Days, 60-Days, 100-Days, 180-Days
-

3. The **Required Premium** and **Mode** shown will be the premium for the revised benefits.
-

4. The **Endorsement Effective Date** will be the effective date of the benefit change(s) and premium change.
-



TPM Life Insurance Company
Long Term Care
Customer Service Team
Email: LTCRI@tpmins.com

August 12, 2015

John X Doe
123 Main Street
Anytown, VA 12345

Policy Number: H123456

Premium Paying Status: Active

Policy Form: QH-9606-LTC-APC

Dear John:

RE: LTC Rate Increase

Thank you for being a member of the TPM Life Insurance Company Long Term Care (LTC) Program. We know that you rely on this Program for support in the future, and we are, therefore, committed to ensuring that it remains secure and financially solvent. To achieve this goal, it is necessary to increase the premium rates for your policy. The reason for the rate increase is because the company's LTC claims experience has rapidly deteriorated since 2013. Due to this adverse claims experience, a rate increase is necessary for the company and the continuing viability of its LTC policies. The driving factors that led to the adverse claims experience include (a) higher-than-expected incidence of claims, especially at the higher senior ages, (b) longer length of claims as compared to original pricing, (c) higher care service unit costs, and (d) higher amount of services required while disabled.

An ultimate compounded rate increase of 40.5% will be applied to your current monthly premium of \$277.53 over a 3-year period. Effective with your premium due on or after November 1, 2015, the monthly premium for your policy will be increased by approximately 12% from \$277.53 to \$310.84.

If your Premium Paying Status is currently "**Premium Waiver**" (see above), your premium will continue to be waived in accordance with the Premium Waiver Benefit provision of your policy.

Please note that the rate increase request was reviewed by the Virginia State Corporation Commission and was found to be compliant with applicable Virginia laws and regulations addressing long-term care insurance. All premium rate filings are available for public inspection and may be accessed online through the Virginia Bureau of Insurance's webpage at <https://scc.virginia.gov/boi/SERFFInquiry/LtcFilings.aspx>.

Notice of Premium Change – This is Not a Bill

Policy Number: H123456

1850 William Penn Way, Suite 202 • PO Box 10667
Lancaster, PA 17605-0667

Main: 717-394-7156 • Toll Free: 800-555-3122 • Fax: 717-553-1107
Email: LTCRI@tpmins.com • www.tpmins.com

Form Number: TPM-LTCRI-VA2019-PHN-0010

Page 1 of 5



TPM Life Insurance Company
Long Term Care
Customer Service Team
Email: LTCRI@tpmins.com

The schedule for the next rate increase(s) will be as follows:

1. Effective with your premium due on or after November 1, 2015, the monthly premium for your policy will be increased by approximately 12% from \$277.53 to \$310.84.
2. Effective with your premium due on or after November 1, 2016, the monthly premium for your policy will be increased by approximately 12% from \$310.84 to \$348.14. Similar options to those offered with the first increase will be available to you.
3. Effective with your premium due on or after November 1, 2017, the monthly premium for your policy will be increased by approximately 12% from \$348.14 to \$389.92. Similar options to those offered with the first increase will be available to you.

Please note that the rate increases have nothing to do with your personal claims history or health. In addition to your policy, rate increases are being implemented on all LTC policies with the same policy form numbers as yours which were issued in the state of Virginia. Your policy form numbers are shown on Page 1 of this notice.

We encourage you to consider: (1) increasing your elimination period and/or (2) decreasing your benefit period and/or (3) decreasing your daily benefit amount. You are also entitled to (4) a 'contingent benefit' upon lapse of your policy if the lapse occurs within 120 days of the due date of the increased premium. If this option is chosen, you will receive a conversion of your current coverage to paid-up status with a shortened benefit period. All the options available to you may not be of equal value. You reserve the right to receive a revised premium rate schedule if requested. Should there be future rate increases, similar options to those being offered will be available and benefits may be changed at any time and not restricted to the time of the rate increase.

These options are intended to help mitigate the cost of the rate increases while preserving the value of your policy. Please see pages 3 and 4 of this notice for options that may be of interest to you. Note that all options available to you may not be of equal value.

Notice of Premium Change – This is Not a Bill

Policy Number: H123456

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Form Number: TPM-LTCRI-VA2019-PHN-0010



TPM Life Insurance Company
Long Term Care
Customer Service Team
Email: LTCRI@tpmins.com

OPTIONS TO CONSIDER

1. Increase my elimination period from 0 days to 100 days

By choosing this option, effective with your premium due on or after November 1, 2015, the monthly premium for your policy will be \$273.54 rather than \$310.84.

By choosing this option, effective with your premium due on or after November 1, 2016, the monthly premium for your policy will be \$306.36 rather than \$348.14.

By choosing this option, effective with your premium due on or after November 1, 2017, the monthly premium for your policy will be \$343.12 rather than \$389.92.

Please complete the LTC RI POLICY OPTIONS REQUEST FORM enclosed with this letter and return it to us so that we can provide you with rate options specific to your policy.

2. Increase my elimination period from 0 days to 180 days

By choosing this option, effective with your premium due on or after November 1, 2015, the monthly premium for your policy will be \$248.67 rather than \$310.84.

By choosing this option, effective with your premium due on or after November 1, 2016, the monthly premium for your policy will be \$278.51 rather than \$348.14.

By choosing this option, effective with your premium due on or after November 1, 2017, the monthly premium for your policy will be \$311.93 rather than \$389.92.

3. Decrease my benefit period from 48 months to 36 months

By choosing this option, effective with your premium due on or after November 1, 2015, the monthly premium for your policy will be \$275.68 rather than \$310.84.

By choosing this option, effective with your premium due on or after November 1, 2016, the monthly premium for your policy will be \$308.76 rather than \$348.14.

By choosing this option, effective with your premium due on or after November 1, 2017, the monthly premium for your policy will be \$345.81 rather than \$389.92.

Please complete the LTC RI POLICY OPTIONS REQUEST FORM enclosed with this letter and return it to us so that we can provide you with rate options specific to your policy.

Notice of Premium Change – This is Not a Bill

Policy Number: H123456

1850 William Penn Way, Suite 202 • PO Box 10667
Lancaster, PA 17605-0667

Main: 717-394-7156 • Toll Free: 800-555-3122 • Fax: 717-553-1107
Email: LTCRI@tpmins.com • www.tpmins.com

Form Number: TPM-LTCRI-VA2019-PHN-0010



TPM Life Insurance Company
Long Term Care
Customer Service Team
Email: LTCRI@tpmins.com

OPTIONS TO CONSIDER (continued)

4. Decrease my daily benefit amount

Please complete the LTC RI POLICY OPTIONS REQUEST FORM on the last page and return it to us so that we can provide you with rate options specific to your policy.

5. Contingent Benefit Upon Lapse (CBUL) of your policy

By choosing this option, effective on or after November 1, 2015, your reduced paid up benefit will be equal to 100% of the sum of all premiums paid. The Contingent Benefit Upon Lapse provides that the paid-up value will be the greater of 100% of the sum of all premiums paid or 30 times the daily nursing home benefit at the time of lapse; in no event will the paid-up value exceed the maximum benefits which would be payable if the policy remained in a premium paying status. Please complete the LTC RI POLICY OPTIONS REQUEST FORM on the last page and return it to us so that we can provide you with rate options specific to your policy.

Notice of Premium Change – This is Not a Bill

Policy Number: H123456

1850 William Penn Way, Suite 202 • PO Box 10667
Lancaster, PA 17605-0667

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Email: LTCRI@tpmins.com • www.tpmins.com

Form Number: TPM-LTCRI-VA2019-PHN-0010



TPM Life Insurance Company
Long Term Care
Customer Service Team
Email: LTCRI@tpmins.com

If you are interested in more information on any of the options shown above (or a combination thereof) as well as additional options, please complete the LTC RI POLICY OPTIONS REQUEST FORM on the last page and return it to us so that we can provide you with rate options specific to your policy (envelope provided). If you prefer, you may e-mail your request for rate options to us at LTCRI@tpmins.com.

As you consider your options, please:

1. Review your current policy benefits as shown on the policy Schedule Page(s) within your policy.
2. Evaluate your current benefit needs. To do so, you may wish to consult with your agent, a qualified financial planner, family member, or other trusted advisor.
3. Select the option(s) that may best meet your needs.

We do regret that premium rate increases became necessary and assure you that we remain committed to providing you with first-rate benefits and services. This policy may be subject to rate increases in the future. The company reserves the right to revise the premium rates if another rate increase may become necessary. Should there be future rate increases, similar options to those being offered will be available and benefits may be changed at any time and not restricted to the time of the rate increase.

If you have any questions, please feel free to contact our LTC Customer Service Team by calling (800) 555-3122 or writing to us at the address shown in footer of this notice.

Sincerely,

Long Term Care Customer Service Team

Enclosure

Notice of Premium Change – This is Not a Bill

Policy Number: H123456

1850 William Penn Way, Suite 202 • PO Box 10667
Lancaster, PA 17605-0667

Main: 717-394-7156 • Toll Free: 800-555-3122 • Fax: 717-553-1107
Email: LTCRI@tpmins.com • www.tpmins.com

Form Number: TPM-LTCRI-VA2019-PHN-0010



TPM Life Insurance Company
Long Term Care
Customer Service Team
Email: LTCRI@tpmins.com

LTC RI POLICY OPTIONS REQUEST FORM

Policy Number: H123456

Name: John X Doe

Rate Change Date: November 1, 2015

To: TPM Long Term Care Customer Service Team,

I am interested in receiving more information on how the following change(s) to my policy will decrease my premium rate effective November 1, 2015.

Please send me rate quotes for the following possible change(s) (may choose one or a combination):

- Increasing my Elimination (Waiting) Period
- Decreasing my Benefit Period
- Decreasing my Daily Benefit Amount
- Contingent Benefit Upon Lapse of policy (conversion of current coverage to paid-up status with a decreased benefit period)

I understand that no changes will be made to my policy at this time based upon this request for information. Policy changes will only take effect if a Benefit Change Election form is completed.

Date 08-30-2015 Policyholder Signature John X Doe

This completed form can be emailed to LTCRI@tpmins.com. The completed form can also be mailed to us at the address shown in the footer of this notice (envelope provided).

Notice of Premium Change – This is Not a Bill

Policy Number: H123456

1850 William Penn Way, Suite 202 • PO Box 10667
Lancaster, PA 17605-0667

Main: 717-394-7156 • Toll Free: 800-555-3122 • Fax: 717-553-1107
Email: LTCRI@tpmins.com • www.tpmins.com

Form Number: TPM-LTCRI-VA2019-PHN-0010-PORF

GERALD J. RANKIN & ASSOCIATES, LTD.

GERALD J. RANKIN, FSA
BRIAN D. RANKIN, ASA
JOHN E. MORRIS

CONSULTING ACTUARIES
ESTABLISHED 1978

40 NORTH PENNELL RD.
MEDIA, PA 19063
(610) 891-9053
FAX (610) 891-9349

ACTUARIAL MEMORANDUM

FROM: Gerald J. Rankin

RE: Teachers Protective Mutual Life Insurance Company
Restoration of Benefits Rider
Rider Form Series 96-ROB

DATE: February 3, 1997

I. BENEFIT DESCRIPTION

1. The optional rider may be attached to any of the companies long term care or home health care policies. The rider restores the maximum benefit amount under the base policy.

In order for benefits to be restored the insured must not have received any care or service for a period of 180 consecutive days.

2. The insured's physician must certify that (1) they have sufficiently recovered to no longer require any long term care or home health care services and that (2) they were not advised to obtain any care or services.
3. The rider is attached to policies with premiums that are level for life.
4. The rider is attached to policies that are guaranteed renewable for life.

II. LOSS RATIO PROJECTIONS

The anticipated loss ration by policy year is shown in Table 1. The anticipated nationwide loss ration, based on the ratio of present value of expected claims plus change in active life reserves to present value of expected premiums, at 5.0%, is at least 60%.

III. ACTUARIAL ASSUMPTIONS

1. Lapse rates: Lapse rates (excluding mortality), were based on the company's experience:

<u>Policy Year</u>	<u>Lapse Rate</u>
1	25.0%
2	18.0%
3	16.0%
4	14.0%
5	12.0%
6	10.0%
7	9.0%
8	8.0%
9	7.0%
10+	6.0%

2. Mortality - 90% of 1983 Male GAM Table. Mortality represents an addition to the lapse rates.
3. Active Life Reserves. Active life reserves will be based on the standards in effect at the time the policies are issued. For 1997 issues active life reserves will be based on 105% of the claim assumptions contained in this memorandum, on year preliminary term, the 1980 CSO and 4.5% interest.
4. Interest Rate - 5%.
5. Expenses and Commissions

Expenses and Commissions were assumed to be the following:

Commissions to general agents and managing agents are 60% first year and 17% in renewal years.

Commissions to writing agents will not exceed 50% first year and 10% in renewal years.

Teachers Protective Mutual Life Insurance Company
Restoration of Benefits Rider
Rider Form Series 96-ROB
February 3, 1997
Page Three

Renewal commissions will be paid on rewrites from the company or from any other company.

Administrative Expense - \$1 per rider per year.

6. Premium rates. Premiums and anticipated claim costs were assumed to be percentages of the base policy premiums:

<u>Daily Benefit Period Multiple</u>	<u>Premium Percentage</u>
365 12 MO	6.0%
730 24 MO	4.5%
1,095 36 MO	3.0%
1,460 48 MO	1.0%
1,825 60 MO	0.5%

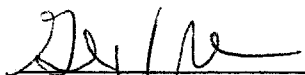
The Rider is not offered to policies with life time benefits.

7. The average annual premium for the rider is estimated to be \$38.00.

IV. ACTUARIAL CERTIFICATION

I, Gerald J. Rankin, hereby certify that the assumptions contained in this actuarial memorandum are appropriate for the policy form, that they reasonably represent the expected experience for the policy form and that the calculation were based on the anticipated loss ratios.

Respectfully submitted,



Gerald J. Rankin, FSA, MAAA

Enclosures: Table 1 - Anticipated Loss Ratios
Rate Sheet

restora.TPM

GERALD J. RANKIN & ASSOCIATES, INC.

TABLE 1
TEACHERS PROTECTIVE MUTUAL LIFE INSURANCE COMPANY
Rider Form Series: 96 - ROB

Restoration of Benefits Rider

Anticipated Durational Loss Ratios (excluding active life reserves)

Policy Yr	62	67	72	77	82	87	Composite
1	6.2%	9.1%	16.0%	18.5%	27.9%	46.1%	24.5%
2	8.9%	14.5%	22.7%	26.2%	48.7%	57.5%	36.0%
3	11.4%	19.5%	30.3%	34.3%	61.5%	65.8%	44.5%
4	14.4%	25.0%	39.5%	51.7%	70.1%	67.6%	53.7%
5	17.7%	30.5%	49.8%	65.0%	78.2%	69.4%	62.0%
6	21.6%	38.6%	56.0%	72.8%	91.5%	71.2%	69.6%
7	32.0%	51.7%	67.0%	84.0%	94.5%	74.9%	77.3%
8	42.0%	67.0%	76.8%	95.6%	97.3%	78.8%	85.3%
9	52.4%	77.7%	102.8%	108.9%	100.0%	82.8%	97.9%
10	66.1%	88.1%	116.3%	121.4%	102.6%	86.8%	107.6%
15	133.6%	205.7%	217.2%	159.4%	128.4%	108.3%	177.0%
20	311.9%	384.2%	285.3%	199.4%	160.2%	118.5%	281.4%
25	582.4%	504.5%	356.9%	248.9%	175.3%		435.4%
30	764.8%	631.2%	445.3%	272.3%			623.8%

rng=tab1

03-Feb-97 ,tpm\rob96

Teachers Protective Mutual Life Insurance Co

Rider Form Series : 96 - ROB

RATE SHEET

Restoration of Benefits Rider

Daily Benefit Period Amount Multiple	Rider Premium as a Percentage of Base Policy
365 (1 year)	6.0%
730 (2 year)	4.5%
1,095 (3 year)	3.0%
1,460 (4 year)	1.0%
1,825 (5 year)	0.5%

The Rider premium is calculated as a corresponding percentage of the base policy and does not vary by issue ages.

Rankin & Associates, Ltd.

CONSULTING ACTUARIES
ESTABLISHED 1978

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TEACHERS PROTECTIVE MUTUAL LIFE INSURANCE COMPANY ACTUARIAL MEMORANDUM

From: Gerald J. Rankin, FSA, MAAA

Re: Teachers Protective Mutual Life Insurance Company
Long Term Care Insurance Policy Form TNQ-LTC-2000(VA)
Alternative Plan of Care Rider TNQ-APOC-2000(VA)
Optional Inflation Benefit Riders 10-IR-2000 and L-IR-2000

Date: April 6, 2001

I. BENEFIT DESCRIPTION

1. Long Term Care Benefits. The policy provides benefits for confinement in a Long Term Care Facility subject to the daily maximum benefit, the elimination period and the lifetime benefit amount. A long term care facility includes Nursing Homes and Assisted Living Facilities.

The daily benefit paid may not exceed the actual expense incurred.

2. Benefit Conditions. In order for benefits to be payable under the policy, the confinement in a long term care facility must be due to the inability of the insured to perform 2 out of 6 ADL's, a Cognitive Impairment or medical necessity.
3. The policy must supplement a tax qualified policy under series TQ-LTC-2000(VA). Benefits paid under this policy will not duplicate any benefits payable under the tax qualified policy. The policy number of the tax qualified policy will be shown in the schedule page of this policy.
4. Alternative Plan of Care (Rider Form TNQ-APOC-2000(VA)). If this rider is elected and if the insured qualifies for long term care services, the insured or the company may initiate an Alternative Plan of Care.

The Alternative Plan of Care may detail: 1) Special Treatment including Home Health Care, Domiciliary Care, Respite Care, out-patient Hospice Care, or Adult Day Care; 2) different levels of care, including Skilled, Intermediate, or Custodial Care,

Teachers Protective Life Insurance Co.
Re: Long Term Care Insurance Policy
Policy Form TNQ-LTC-2000(VA), et al.

April 6, 2001

Page 2

Maintenance or Personal Care Services and care for Activities of Daily Living; 3) different care givers including Companions and Homemakers; or 4) specific equipment prescribed by your attending Physician. Services and benefit levels may vary according to the definition of Usual and Customary Durations and Levels of Care for your conditions, the Maximum Daily Benefit Amount and the Remaining Lifetime Benefit; if so, they will be paid at levels specified in the written Alternate Plan.

5. **Optional Inflation Benefit.** Optional inflation benefits are offered providing a 5% compounded increase in scheduled benefits on each policy anniversary. The 5% increases are calculated from the issue date of the policy and not the date that a particular claim is incurred. The inflation benefit may be 10 years (Rider Form 10-IR-2000) or for life (Rider Form L-IR-2000).
6. **Waiver of Premium.** After benefits in the policy have been payable for 90 days, premiums, including spouse premiums, are waived during a period of regular benefits (5 days per week for home health care).
7. **Bed Reservation.** The actual charge, subject to the maximum daily benefit will be paid to hold a nursing home or assisted living facility room while temporarily hospitalized in the course of a nursing home or assisted living facility confinement. This benefit is limited to thirty days in any one calendar year.
8. **Hospice Care Benefits.** If the insured is terminally ill and receiving hospice care benefits, the policy will cover the lesser of the daily maximum benefit amount or the reasonable customary charge for up to 30 days of inpatient care.
9. **Restoration of Benefits.** When benefits are paid for nursing home, assisted living facility, or adult day care, the benefit period will be restored to its full original maximum if: 1) the insured is care free for 180 consecutive days; and 2) a physician certifies that the insured no longer required, nor has been advised, to be confined in a nursing home, assisted living facility, or to receive adult day care or home health care during the 180 day period.
10. **Lifetime Benefit Amount.** The policy provides lifetime benefit amounts as multiples of the daily benefit. The multiples are 365, 730, 1095, 1460, 1825 and unlimited.

Teachers Protective Life Insurance Co.
Re: Long Term Care Insurance Policy
Policy Form TNQ-LTC-2000(VA), et al.
April 6, 2001
Page 3

11. Daily Benefit. The daily benefit is sold in \$10 units with a minimum of \$50 and a maximum of \$250.
12. Elimination Period. 0, 20, 60, 100 or 180 days.
13. Pre-existing conditions are not covered until the policy has been in force for six months, unless they are disclosed on the application. Pre-existing conditions are those for which the insured received advice, treatment or recommended treatment by a Health Care Provider in the six months preceding the policy effective date.
14. Medicare Coordination. Benefits are not payable for any expenses to the extent they are paid under Medicare or any other government insurance plan (except Medicaid).
15. Premiums are level for life.
16. Policy is guaranteed renewable for life.

Contingent Non-Forfeiture Benefit:

1. This policy is subject to a contingent non-forfeiture benefit on lapse that will be triggered every time there is a "substantial premium increase" as defined in Insurance Department regulations.
2. Substantial premium increase. A "substantial premium increase" is defined in the Insurance Department regulations and is a function of the issue age of the policy. The percentages for sample ages are as follows:

<u>Issue Age</u>	<u>% Increase Over Initial Premium</u>
57	90%
62	62%
67	40%
72	36%
77	26%
82	18%
87	13%

Teachers Protective Life Insurance Co.
Re: Long Term Care Insurance Policy
Policy Form TNQ-LTC-2000(VA), et al.

April 6, 2001

Page 4

3. If there is a "substantial premium increase," the company will offer the insured the right to reduce the policy benefits provided by the current coverage without the requirements of additional underwriting so that the required premium payments will not increase.
4. Paid up benefit. The company will also offer the insured a paid up status with a shortened benefit period.

The daily benefit shall be the daily benefit that was in effect on the proposed effective date of the rate increase. This benefit shall recognize the effect of increasing benefits up to the effective date of the rate increase. However, the daily benefit shall remain level while the policy is in paid up status.

The shortened benefit period shall be equal to 100% of the sum of all premiums paid divided by the daily benefit as defined above. However, the shortened benefit period shall not be less than 30 days.

5. The contingent benefit on lapse shall be 0 until the end of the third policy year.

II. LOSS RATIO PROJECTIONS

The anticipated loss ratio by policy year is shown in Table 1. The anticipated nationwide loss ratio, based on the ratio of present value of expected claims plus change in active life reserves to present value of expected premiums, at 5.0%, is at least 60%.

III. ACTUARIAL ASSUMPTIONS

Premiums for this policy were set at 8.696% of premiums for the qualified policy form TQ-LTC-2000(VA). A 5.69% premium is charged to remove the Chronically Ill definition required under Section 7702B of the tax code. An additional 3% is charged to cover medical necessity as an eligible conditions for benefits. The actuarial assumptions for both policies are listed in this memorandum for consistency and completeness.

1. Claim costs were derived from the Intercompany Long Term Care experience published by the Society of Actuaries in January 2000 and other intercompany experience. Sample claim costs are shown in Table 2.

Teachers Protective Life Insurance Co.
Re: Long Term Care Insurance Policy
Policy Form TNQ-LTC-2000(VA), et al.
April 6, 2001
Page 5

2. Selection Factors. Selection factors were applied to the attained age claim cost to reflect the durational impact of underwriting and policyholder selection. These factors are shown in Table 3.
3. Lapse rates: Lapse rates (excluding mortality), were based on the company's experience. These are shown in Table 4.
4. Mortality - 80% of 1983 Male GAM Table. Mortality represents an addition to the lapse rates.
5. Secular Trend - Secular trend factors are not used for this product.
6. Active Life Reserves. Active life reserves will be based on the standards in effect at the time the policies are issued. For 2001 issues active life reserves will be based on 102% of the claim assumptions contained in this memorandum, one year preliminary term, the 1980 CSO and 4.5% interest.
7. Interest Rate - 5%.
8. Elimination Periods. The following discounts are applied for elimination periods:

<u>Elimination Periods</u>	<u>Percentage Discount</u>
20 days	4.0%
60 days	8.5%
100 days	12.0%
180 days	20.0%

9. Husband and Wife Discount. If husband and wife are insured on the same policy, a 10% discount is applied to the older insured.

Teachers Protective Life Insurance Co.
Re: Long Term Care Insurance Policy
Policy Form TNQ-LTC-2000(VA), et al.
April 6, 2001
Page 6

10. Expenses and Commissions were assumed to be the following:

Commissions to general agents and managing general agents are 60% first year and 17% in renewal years.

Commissions to writing agents will not exceed 50% first year and 10% in renewal years.

Renewal commissions will be paid on rewrites from the company or from any other company.

Administrative Expense - \$200 per policy first year; \$40 per policy in renewal years.

Premium Taxes and Fees - 2%.

Claim Administration - 3% of paid claims.

Profit and Contingency Margin - 4%.

11. Anticipated Distribution of Business:

<u>Age</u>	<u>Distribution</u>
Under 65	10.0%
65-69	15.0%
70-74	28.0%
75-79	23.0%
80-84	18.0%
Over 84	6.0%
Total	100.0%

Teachers Protective Life Insurance Co.
 Re: Long Term Care Insurance Policy
 Policy Form TNQ-LTC-2000(VA), et al.
 April 6, 2001
 Page 7

11. Anticipated Distribution of Business (continued):

<u>Lifetime Benefit Amount</u>	<u>Distribution</u>
365	2.0%
730	15.0%
1,095	26.0%
1,460	26.0%
1,825	16.0%
Unlimited	15.0%
Total	100.0%

<u>Elimination Period</u>	<u>Distribution</u>
0 Day	92.0%
20 Day	4.0%
60 Day	1.0%
100 Day	2.5%
180 Day	0.5%
Total	100.0%

<u>Benefit Type</u>	<u>Distribution</u>
Level Benefit	50.0%
10 Year Inflation	40.0%
Lifetime Inflation	10.0%
Total	100.0%

Teachers Protective Life Insurance Co.
Re: Long Term Care Insurance Policy
Policy Form TNQ-LTC-2000(VA), et al.
April 6, 2001
Page 8

11. Anticipated Distribution of Business (continued):

<u>Alternative Plan Of Care Rider</u>	<u>Distribution</u>
With	80.0%
Without	20.0%
Total	100.0%

<u>Underwriting Class</u>	<u>Distribution</u>
Preferred	60.0%
Standard	36.0%
Select	4.0%
Total	100.0%

12. Modal loading factors and policy fees.

<u>Mode</u>	<u>Modal Factor</u>
A	100.0%
SA	52.0%
Q	26.5%
Monthly	9.0%
Monthly Check	8.5%

Policy Fee 0.

13. This policy form will be marketed by independent general agents.

14. The anticipated average annual premium is \$232 based on a weighting across all ages, benefit periods and elimination periods.

15. Issue age limits are 18 to 89.

Teachers Protective Life Insurance Co.
Re: Long Term Care Insurance Policy
Policy Form TNQ-LTC-2000(VA), et al.
April 6, 2001
Page 9

16. Underwriting Standards - The policy will be underwritten based on a short form non-medical application. Telephone interviews will be used on all applications to confirm the information on the application. Paramedical exams will be required for policies issued above age 80 and policies issued with a benefit period of five years or more. The company may require an attending physician's statement and/or additional paramedical exams based on the information in the application.

Policies will not be issued with a waiver or exclusion rider or specific pre-existing physical, mental or medical condition exclusions.

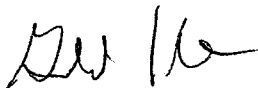
17. Preferred Rates. Premium rates in this memorandum are developed for preferred risk. Premiums for other underwriting classifications are as follows:
 1. Preferred - 100%.
 2. Standard - 115%.
 3. Select - 175%.

Teachers Protective Life Insurance Co.
Re: Long Term Care Insurance Policy
Policy Form TNQ-LTC-2000(VA), et al.
April 6, 2001
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IV. ACTUARIAL CERTIFICATION

I hereby certify that, to the best of my knowledge and belief, the entire rate filing submitted herein is in compliance with the applicable laws and regulations, that the anticipated loss ratio submitted is expected to develop over the period for which rates are computed to provide coverage, that the benefits of the policy form are reasonable in relation to the premium charged, and that the rate filing complies with Actuarial Standards and Practice Number 8, "Regulatory Filings for Rates and Financial Projections for Health Plans."

Respectfully submitted,



Gerald J. Rankin, FSA, MAAA
Consulting Actuary

Enclosures: Table 1 - Anticipated Loss Ratios.
Table 2 - Sample Claim Costs.
Table 3 - Selection Factors.
Rate Sheet

tpm\tnqltc-2000-va.406

TABLE 1
 Teachers Protective Mutual
 Projection of Premiums, Claims
 Policy Form Series TNQ-LTC-2000(VA)
 Rider Form Series : TNQ-APOC-2000(VA) Alternative Plan of Care
 Rider Form Series : L-IR-2000 Lifetime Compound Inflation
 Rider Form Series : 10-IR-2000 10 Year Compound Inflation

COMPOSITE PROJECTION

Issue Age : Composite Benefit Period : Composite

Interest Rate: 5.0%

Present Value
FUTURE

YEAR	PROJ PREM	PROJ CLAIMS	PV PREM	PV CLM	Loss Ratio	Loss Ratio*N
1	231.5	46.7	231.5	45.6	20.2%	62.3%
2	181.6	57.1	172.9	53.1	31.4%	73.5%
3	149.7	55.7	135.8	49.3	37.2%	84.1%
4	124.4	59.0	107.4	49.8	47.4%	95.5%
5	103.4	58.0	85.0	46.5	56.1%	107.0%
6	87.5	57.8	68.6	44.2	66.0%	118.8%
7	75.5	56.9	56.3	41.5	75.4%	130.9%
8	66.2	56.3	47.1	39.1	85.0%	143.8%
9	57.8	59.2	39.1	39.1	102.5%	157.9%
10	50.2	57.7	32.3	36.3	115.1%	171.6%
11	43.3	54.4	26.6	32.6	125.6%	186.1%
12	37.1	51.8	21.7	29.5	139.4%	202.1%
13	31.7	48.4	17.6	26.3	152.7%	219.2%
14	26.9	46.1	14.2	23.8	171.5%	237.9%
15	22.6	42.6	11.4	21.0	188.4%	257.2%
16	18.9	39.1	9.1	18.4	206.4%	277.8%
17	15.8	35.8	7.2	16.0	227.2%	299.8%
18	13.0	32.2	5.7	13.7	247.2%	323.1%
19	10.7	29.2	4.5	11.9	273.0%	348.1%
20	8.7	26.2	3.5	10.1	300.3%	373.8%
21	7.1	23.3	2.7	8.6	329.6%	399.9%
22	5.7	20.4	2.0	7.2	358.6%	425.9%
23	4.6	17.6	1.6	5.9	386.3%	451.9%
24	3.6	14.6	1.2	4.6	403.1%	478.3%
25	2.8	12.5	0.9	3.8	439.0%	509.2%
26	2.2	10.6	0.7	3.1	478.0%	539.5%
27	1.7	8.8	0.5	2.4	511.4%	567.6%
28	1.3	7.2	0.4	1.9	544.6%	595.0%
29	1.0	5.6	0.3	1.4	557.5%	621.2%
30	0.8	4.6	0.2	1.1	600.5%	654.2%
31	0.6	3.7	0.1	0.8	646.0%	684.4%
32	0.4	2.9	0.1	0.6	680.9%	709.4%
33	0.3	2.2	0.1	0.5	722.3%	731.2%
34	0.2	1.6	0.0	0.3	706.5%	744.6%
35	0.2	1.2	0.0	0.2	754.0%	774.6%
36	0.1	0.9	0.0	0.2	803.2%	797.2%
37	0.1	0.6	0.0	0.1	795.4%	805.9%
38	0.1	0.4	0.0	0.1	828.4%	828.2%
39	0.0	0.3	0.0	0.0	857.6%	847.1%
40	0.0	0.2	0.0	0.0	884.5%	863.2%

Totals : 1,389 1,110 1,108 690 79.9%

PV Tot: 1,108 690 62.3% 62.3%

rng=compnh

TABLE 2
 Teachers Protective Mutual
 Policy Form Series TNQ-LTC-2000(VA)

LEVEL BENEFIT

Attained Age	BENEFIT PERIOD		
	2 YR	5 YR	LIFETIME
62	0.91	1.45	1.75
67	1.10	1.72	2.00
72	3.12	4.89	5.44
77	5.70	8.73	9.54
82	13.33	20.69	22.53
87	23.80	36.82	38.78
92	32.97	50.58	52.94
97	38.86	56.84	58.88
102	38.86	56.84	57.58

Long Term Care Claim Costs per \$10.00 Daily Benefit with
 Additional Home Health Care Claim Costs per \$10.00 Daily Benefit

Attained Age	BENEFIT PERIOD		
	2 YR	5 YR	LIFETIME
62	1.25	1.99	2.41
67	1.49	2.34	2.72
72	4.17	6.55	7.29
77	7.61	11.66	12.74
82	17.69	27.47	29.91
87	31.07	48.08	50.64
92	42.56	65.30	68.35
97	50.17	73.38	76.02
102	50.17	73.38	74.35

rng=tab1

TABLE 3
 Teachers Protective Mutual
 Policy Form Series TNQ-LTC-2000(VA)

SELECTION FACTORS

Dur	Issue Age				
	< 65	65-69	70-79	80-84	>= 85
1	50.0%	50.0%	50.0%	50.0%	100.0%
2	60.0%	60.0%	60.0%	100.0%	100.0%
3	70.0%	70.0%	70.0%	100.0%	100.0%
4	80.0%	80.0%	80.0%	100.0%	100.0%
5	90.0%	90.0%	90.0%	100.0%	100.0%
6	100.0%	100.0%	100.0%	100.0%	100.0%
7	100.0%	100.0%	100.0%	100.0%	100.0%
8	100.0%	100.0%	100.0%	100.0%	100.0%
9	100.0%	100.0%	100.0%	100.0%	100.0%
10+	100.0%	100.0%	100.0%	100.0%	100.0%

RNG=TAB3

TABLE 4
 Teachers Protective Mutual
 Policy Form Series TNQ-LTC-2000(VA)

Lapse Rates

Yr	Age 62	Age 67	Age 72	Age 77	Age 82	Age 87
1	12.0%	12.0%	14.8%	14.8%	17.3%	17.3%
2	11.0%	11.0%	11.0%	11.0%	12.0%	12.0%
3	10.0%	10.0%	10.0%	10.0%	11.0%	11.0%
4	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%
5	8.0%	8.0%	8.0%	8.0%	8.0%	8.0%
6	6.0%	6.0%	6.0%	6.0%	6.0%	6.0%
7	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%
8	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%
9	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%
10	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%
11+	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%

range=tab2

Teachers Protective Mutual
 Policy Form Series TNQ-LTC-2000(VA)
 Rate Sheet
 Annual Premiums Per \$10 Of Daily Benefit
 Level Benefit
 Preferred Class - 0 Day Elimination Period

Issue Age	365	730	1095	1460	1825	Lifetime
18-49	1	2	3	3	3	3
50-54	2	3	3	3	4	4
55	2	3	3	4	4	5
56	2	3	4	4	4	5
57	2	3	4	4	5	6
58	2	3	4	5	6	6
59	3	4	5	6	7	7
60	3	4	5	6	8	8
61	3	5	6	7	9	9
62	3	6	7	8	10	10
63	3	7	8	9	11	11
64	4	8	9	10	12	12
65	4	9	10	11	13	13
66	4	10	11	12	14	14
67	5	11	12	13	15	15
68	6	12	13	14	16	16
69	6	13	14	15	17	17
70	7	14	15	16	18	18
71	7	15	16	17	19	19
72	8	16	17	18	20	20
73	9	17	18	19	21	21
74	10	18	19	20	22	22
75	11	19	20	21	23	23
76	12	20	21	22	24	24
77	14	22	23	24	26	26
78	15	23	24	25	27	27
79	17	25	26	27	29	29
80	18	26	27	28	30	30
81	19	28	29	30	31	31
82	21	30	31	32	33	33
83	23	32	33	34	35	35
84	25	34	35	36	37	37
85	28	37	38	39	40	40
86	30	41	42	43	44	44
87	33	44	45	46	47	47
88	36	48	49	50	51	51
89		53	54	55	56	56

Teachers Protective Mutual
 Policy Form Series TNQ-LTC-2000(VA)
 Rider Form Series : L-IR-2000 Lifetime Compound Inflation
 Rate Sheet
 Annual Premiums Per \$10 Of Daily Benefit
 Increasing Benefit
 Preferred Class - 0 Day Elimination Period

Issue Age	Benefit Period					
	365	730	1095	1460	1825	Lifetime
18-49	3	4	5	5	5	7
50-54	3	4	5	6	6	8
55	4	5	6	7	7	10
56	4	5	7	7	8	10
57	4	6	7	8	8	11
58	4	6	8	8	9	12
59	5	6	8	9	10	13
60	5	7	9	10	10	13
61	5	7	9	10	11	14
62	5	8	10	11	11	15
63	6	8	10	11	12	16
64	6	9	11	12	13	16
65	6	9	11	12	13	17
66	6	10	12	13	14	18
67	6	10	12	14	15	19
68	7	11	14	15	17	21
69	8	12	15	17	19	23
70	9	14	17	19	21	25
71	10	15	19	21	23	27
72	11	16	20	23	25	29
73	12	17	22	25	27	32
74	13	19	24	27	29	36
75	14	20	26	29	32	39
76	15	22	27	31	34	43
77	17	23	29	34	36	46
78	18	26	33	38	41	52
79	20	30	37	43	46	57
80	21	33	42	47	51	63
81	23	36	46	52	56	68
82	24	39	50	57	61	73
83	27	43	55	63	67	79
84	29	47	60	68	73	86
85	31	51	65	74	79	92
86	34	55	70	80	85	98
87	36	59	75	86	91	104
88	40	66	83	96	101	116
89	44	72	92	105	111	127

Teachers Protective Mutual
 Policy Form Series TNQ-LTC-2000(VA)
 Rider Form Series : 10-IR-2000 10 Year Compound Inflation

Rate Sheet
 Annual Premiums Per \$10 Of Daily Benefit

Increasing Benefit
 Preferred Class - 0 Day Elimination Period

Issue Age	Benefit Period					
	365	730	1095	1460	1825	Lifetime
18-49	2	3	3	4	4	5
50-54	2	3	4	4	4	5
55	3	4	4	5	5	7
56	3	4	5	5	5	7
57	3	4	5	5	6	7
58	3	4	5	6	6	8
59	3	5	6	6	7	8
60	4	5	6	7	7	9
61	4	5	6	7	8	10
62	4	6	7	8	8	10
63	4	6	7	8	9	11
64	4	6	8	9	9	12
65	4	7	8	9	10	12
66	5	7	9	10	11	13
67	5	8	9	10	11	14
68	6	9	11	12	13	16
69	7	10	13	14	15	18
70	8	12	15	16	18	21
71	9	13	16	18	20	23
72	10	14	18	20	22	25
73	11	16	20	22	24	28
74	12	17	22	24	26	31
75	13	19	23	27	28	34
76	14	20	25	29	30	37
77	15	21	27	31	33	40
78	17	25	31	35	38	46
79	19	28	35	40	43	52
80	20	31	40	45	48	59
81	22	35	44	50	54	65
82	24	38	48	55	59	71
83	26	42	53	61	65	78
84	29	46	59	67	71	84
85	31	50	64	73	78	90
86	33	55	69	79	84	97
87	36	59	74	85	90	103
88	40	65	83	95	100	115
89	44	72	91	105	110	126

Teachers Protective Mutual
 Policy Form Series TNQ-LTC-2000(VA)
 Rider Form Series : TNQ-APOC-2000(VA) Alternative Plan of Care
 Rate Sheet
 Annual Premiums Per \$10 Of Daily Benefit

Level Benefit
 Preferred Class - 0 Day Elimination Period

Issue Age	Benefit Period					Lifetime
	365	730	1095	1460	1825	
18-49	2	3	3	4	4	5
50-54	2	3	4	4	5	5
55	2	3	4	5	5	6
56	3	4	5	5	5	7
57	3	4	5	5	6	7
58	3	4	5	6	6	8
59	3	4	6	6	7	8
60	3	5	6	7	7	9
61	4	5	7	7	8	10
62	4	6	7	8	9	10
63	4	6	8	9	10	11
64	5	7	9	10	11	12
65	5	8	10	11	12	13
66	6	9	11	12	13	14
67	6	9	11	13	14	15
68	7	10	13	14	15	17
69	7	11	14	16	17	19
70	8	13	16	18	19	21
71	9	14	17	19	20	22
72	10	15	19	21	22	24
73	11	17	21	23	25	28
74	12	18	23	26	27	31
75	13	20	25	28	30	35
76	14	21	27	30	32	39
77	16	23	29	33	35	42
78	17	26	33	37	40	48
79	19	29	37	42	44	54
80	21	33	41	46	49	59
81	23	36	45	51	54	65
82	25	39	49	55	59	71
83	27	43	54	62	67	79
84	30	48	60	69	74	87
85	33	52	65	76	82	95
86	35	57	71	83	89	103
87	38	61	76	89	97	111
88	42	68	85	100	107	123
89	47	75	94	110	118	135

Teachers Protective Mutual
 Policy Form Series TNQ-LTC-2000(VA)
 Rider Form Series : TNQ-APOC-2000(VA) Alternative Plan of Care
 Rider Form Series : L-IR-2000 Lifetime Compound Inflation
 Rate Sheet
 Annual Premiums Per \$10 Of Daily Benefit

Increasing Benefit
 Preferred Class - 0 Day Elimination Period

Issue Age	Benefit Period					
	365	730	1095	1460	1825	Lifetime
18-49	4	5	7	7	8	10
50-54	4	6	7	8	9	11
55	5	7	9	10	10	14
56	5	7	9	10	11	15
57	6	8	10	11	12	16
58	6	8	11	12	13	17
59	6	9	11	12	13	18
60	7	10	12	13	14	19
61	7	10	13	14	15	20
62	7	11	14	15	16	21
63	8	12	15	16	17	22
64	8	12	16	17	19	24
65	9	13	17	18	20	25
66	9	14	18	19	21	27
67	9	15	19	21	22	28
68	10	16	20	23	24	30
69	11	18	22	25	27	32
70	12	19	24	27	29	34
71	13	20	26	29	31	36
72	14	21	27	31	34	38
73	16	23	29	33	36	43
74	17	24	31	35	39	48
75	18	26	33	38	41	53
76	19	27	35	40	44	58
77	21	29	37	42	46	63
78	23	33	42	48	53	70
79	25	38	48	54	59	78
80	27	42	53	61	66	85
81	29	46	59	67	73	92
82	31	50	64	73	79	100
83	34	55	70	81	87	108
84	37	60	77	88	95	116
85	40	66	83	96	102	124
86	43	71	90	103	110	133
87	46	76	96	111	118	141
88	52	84	107	123	131	157
89	57	93	118	136	145	173

Teachers Protective Mutual
 Policy Form Series TNQ-LTC-2000(VA)
 Rider Form Series : TNQ-APOC-2000(VA) Alternative Plan of Care
 Rider Form Series : 10-IR-2000 10 Year Compound Inflation
 Rate Sheet
 Annual Premiums Per \$10 Of Daily Benefit

Increasing Benefit
 Preferred Class - 0 Day Elimination Period

Issue Age	Benefit Period					
	365	730	1095	1460	1825	Lifetime
18-49	3	4	5	5	6	7
50-54	3	4	5	6	6	8
55	4	5	6	7	7	10
56	4	5	7	7	8	10
57	4	6	7	8	8	11
58	4	6	7	8	9	12
59	5	6	8	9	10	12
60	5	7	9	9	10	13
61	5	7	9	10	11	14
62	5	8	10	11	12	15
63	6	8	10	11	12	15
64	6	9	11	12	13	16
65	6	9	12	13	14	17
66	6	10	12	14	15	18
67	7	11	13	14	16	19
68	8	12	15	17	18	22
69	9	14	18	20	21	25
70	10	16	20	22	24	28
71	12	18	22	25	27	31
72	13	19	24	28	30	33
73	14	21	26	30	32	38
74	15	22	28	32	35	42
75	17	24	30	34	37	46
76	18	25	32	36	39	50
77	19	27	34	38	42	54
78	21	31	39	45	49	63
79	24	36	45	51	56	71
80	26	40	51	58	63	80
81	28	44	56	64	70	88
82	30	49	62	71	77	97
83	34	54	69	79	85	105
84	37	59	76	87	93	114
85	40	65	82	94	101	123
86	43	70	89	102	109	131
87	46	75	96	110	117	140
88	51	84	107	123	130	156
89	56	92	117	135	144	172

TEACHERS PROTECTIVE MUTUAL LIFE INSURANCE COMPANY
LONG TERM CARE INSURANCE POLICY
POLICY FORM TNQ-LTC-2000(VA)
ALTERNATIVE PLAN OF CARE RIDER TNQ-APOC-2000(VA)
OPTIONAL INFLATION BENEFIT RIDERS 10-IR-2000 AND L-IR-2000

RATE SCHEDULE

I. Substandard Rate Classifications
 (Applicants Who Do Not Qualify for Preferred Rates)

<u>Underwriting Classification</u>	<u>Premiums</u>
Preferred	100%
Standard	115%
Select	175%

II. Policy Fee: 0.

III. Premium Paid Other Than Annual

Semi-Annual	52.0%	Monthly	9.0%
Quarterly	26.5%	Monthly Bank Draft	8.5%

IV. Elimination Period

<u>Elimination Period</u>	<u>Percentage Discount</u>
20 days	4.0%
60 days	8.5%
100 days	12.0%
180 days	20.0%

V. Husband and Wife Discount

If husband and wife are insured on the same policy, a 10% discount is applied to the older insured.

Rankin & Associates, Ltd.

CONSULTING ACTUARIES
ESTABLISHED 1978

GERALD J. RANKIN, FSA
BRIAN D. RANKIN, ASA
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40 NORTH PENNELL ROAD
MEDIA, PA 19063
(610) 891-9053
FAX (610) 891-9349

TEACHERS PROTECTIVE MUTUAL LIFE INSURANCE COMPANY ACTUARIAL MEMORANDUM

From: Gerald J. Rankin, FSA, MAAA

Re: Teachers Protective Mutual Life Insurance Company
Long Term Care Insurance Policy, Tax Qualified
Policy Form TQ-LTC-2000(VA)
Tax Qualified Alternative Plan of Care Rider TQ-APOC-2000(VA)
Optional Inflation Benefit Riders 10-IR-2000 and L-IR-2000

Date: April 6, 2001

I. BENEFIT DESCRIPTION

1. Long Term Care Benefits. The policy provides benefits for confinement in a Long Term Care Facility subject to the daily maximum benefit, the elimination period and the lifetime benefit amount. A long term care facility includes Nursing Homes and Assisted Living Facilities.

The daily benefit paid may not exceed the actual expense incurred.

2. Benefit Conditions. In order for benefits to be payable under the policy, a covered person must be certified as Chronically Ill or Cognitively Impaired.
3. Chronically Ill means an insured has been certified by licensed Health Care Practitioner. It means being unable to perform at least 2 ADL's for a period of at least 90 days due to loss of functional capacity as defined in Section 7702B of the tax code.
4. ADL's. The ADL's eligible for definition of Chronically Ill are bathing, dressing, eating, toileting, transferring and continence.

Teachers Protective Life Insurance Co.
Re: Long Term Care Insurance Policy, Tax Qualified
Policy Form TQ-LTC-2000(VA), et al.
April 6, 2001
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5. Alternative Plan of Care (Rider Form TQ-APOC-2000(VA)). If this rider is elected and if the insured qualifies for long term care services, the insured or the company may initiate an Alternative Plan of Care.

The Alternative Plan of Care may detail: 1) Special Treatment including Home Health Care, Domiciliary Care, Respite Care, out-patient Hospice Care, or Adult Day Care; 2) different levels of care, including Skilled, Intermediate, or Custodial Care, Maintenance or Personal Care Services and care for Activities of Daily Living; 3) different care givers including Companions and Homemakers; or 4) specific equipment prescribed by your attending Physician. Services and benefit levels may vary according to the definition of Usual and Customary Durations and Levels of Care for your conditions, the Maximum Daily Benefit Amount and the Remaining Lifetime Benefit; if so, they will be paid at levels specified in the written Alternate Plan.

6. Optional Inflation Benefit. Optional inflation benefits are offered providing a 5% compounded increase in scheduled benefits on each policy anniversary. The 5% increases are calculated from the issue date of the policy and not the date that a particular claim is incurred. The inflation benefit may be 10 years (Rider Form 10-IR-2000) or for life (Rider Form L-IR-2000).
7. Waiver of Premium. After benefits in the policy have been payable for 90 days, premiums, including spouse premiums, are waived during a period of regular benefits (5 days per week for home health care).
8. Bed Reservation. The actual charge, subject to the maximum daily benefit will be paid to hold a nursing home or assisted living facility room while temporarily hospitalized in the course of a nursing home or assisted living facility confinement. This benefit is limited to thirty days in any one calendar year.
9. Hospice Care Benefits. If the insured is terminally ill and receiving hospice care benefits, the policy will cover the lesser of the daily maximum benefit amount or the reasonable customary charge for up to 30 days of inpatient care.

Teachers Protective Life Insurance Co.
Re: Long Term Care Insurance Policy, Tax Qualified
Policy Form TQ-LTC-2000(VA), et al.

April 6, 2001

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10. Restoration of Benefits. When benefits are paid for nursing home, assisted living facility, or adult day care, the benefit period will be restored to its full original maximum if: 1) the insured is care free for 180 consecutive days; and 2) a physician certifies that the insured no longer required, nor has been advised, to be confined in a nursing home, assisted living facility, or to receive adult day care or home health care during the 180 day period.
11. Lifetime Benefit Amount. The policy provides lifetime benefit amounts as multiples of the daily benefit. The multiples are 365, 730, 1095, 1460, 1825 and unlimited.
12. Daily Benefit. The daily benefit is sold in \$10 units with a minimum of \$50 and a maximum of \$250.
13. Elimination Period. 0, 20, 60, 100 or 180 days.
14. Pre-existing conditions are not covered until the policy has been in force for six months, unless they are disclosed on the application. Pre-existing conditions are those for which the insured received advice, treatment or recommended treatment by a Health Care Provider in the six months preceding the policy effective date.
15. Medicare Coordination. Benefits are not payable for any expenses to the extent they are paid under Medicare or any other government insurance plan (except Medicaid).
16. Premiums are level for life.
17. Policy is guaranteed renewable for life.

Contingent Non-Forfeiture Benefit:

1. This policy is subject to a contingent non-forfeiture benefit on lapse that will be triggered every time there is a "substantial premium increase" as defined in Insurance Department regulations.

Teachers Protective Life Insurance Co.
Re: Long Term Care Insurance Policy, Tax Qualified
Policy Form TQ-LTC-2000(VA), et al.
April 6, 2001
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2. Substantial premium increase. A "substantial premium increase" is defined in the Insurance Department regulations and is a function of the issue age of the policy. The percentages for sample ages are as follows:

<u>Issue Age</u>	<u>% Increase Over Initial Premium</u>
57	90%
62	62%
67	40%
72	36%
77	26%
82	18%
87	13%

3. If there is a "substantial premium increase," the company will offer the insured the right to reduce the policy benefits provided by the current coverage without the requirements of additional underwriting so that the required premium payments will not increase.
4. Paid up benefit. The company will also offer the insured a paid up status with a shortened benefit period.

The daily benefit shall be the daily benefit that was in effect on the proposed effective date of the rate increase. This benefit shall recognize the effect of increasing benefits up to the effective date of the rate increase. However, the daily benefit shall remain level while the policy is in paid up status.

The shortened benefit period shall be equal to 100% of the sum of all premiums paid divided by the daily benefit as defined above. However, the shortened benefit period shall not be less than 30 days.

5. The contingent benefit on lapse shall be 0 until the end of the third policy year.

Teachers Protective Life Insurance Co.
Re: Long Term Care Insurance Policy, Tax Qualified
Policy Form TQ-LTC-2000(VA), et al.
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II. LOSS RATIO PROJECTIONS

The anticipated loss ratio by policy year is shown in Table 1. The anticipated nationwide loss ratio, based on the ratio of present value of expected claims plus change in active life reserves to present value of expected premiums, at 5.0%, is at least 60%.

III. ACTUARIAL ASSUMPTIONS

1. Claim costs were derived from the Intercompany Long Term Care experience published by the Society of Actuaries in January 2000 and other intercompany experience. Sample claim costs are shown in Table 2.
2. Selection Factors. Selection factors were applied to the attained age claim cost to reflect the durational impact of underwriting and policyholder selection. These factors are shown in Table 3.
3. Lapse rates: Lapse rates (excluding mortality), were based on the company's experience. These are shown in Table 4.
4. Mortality - 80% of 1983 Male GAM Table. Mortality represents an addition to the lapse rates.
5. Secular Trend - Secular trend factors are not used for this product.
6. Active Life Reserves. Active life reserves will be based on the standards in effect at the time the policies are issued. For 2001 issues active life reserves will be based on 102% of the claim assumptions contained in this memorandum, one year preliminary term, the 1980 CSO and 4.5% interest.
7. Interest Rate - 5%.

Teachers Protective Life Insurance Co.
Re: Long Term Care Insurance Policy, Tax Qualified
Policy Form TQ-LTC-2000(VA), et al.

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8. Elimination Periods. The following discounts are applied for elimination periods:

<u>Elimination Periods</u>	<u>Percentage Discount</u>
20 days	4.0%
60 days	8.5%
100 days	12.0%
180 days	20.0%

9. Husband and Wife Discount. If husband and wife are insured on the same policy, a 10% discount is applied to the older insured.

10. Expenses and Commissions were assumed to be the following:

Commissions to general agents and managing general agents are 60% first year and 17% in renewal years.

Commissions to writing agents will not exceed 50% first year and 10% in renewal years.

Renewal commissions will be paid on rewrites from the company or from any other company.

Administrative Expense - \$200 per policy first year; \$40 per policy in renewal years.

Premium Taxes and Fees - 2%.

Claim Administration - 3% of paid claims.

Profit and Contingency Margin - 4%.

Teachers Protective Life Insurance Co.
 Re: Long Term Care Insurance Policy, Tax Qualified
 Policy Form TQ-LTC-2000(VA), et al.
 April 6, 2001
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11. Anticipated Distribution of Business:

<u>Age</u>	<u>Distribution</u>
Under 65	10.0%
65-69	15.0%
70-74	28.0%
75-79	23.0%
80-84	18.0%
Over 84	6.0%
Total	100.0%

<u>Lifetime Benefit Amount</u>	<u>Distribution</u>
365	2.0%
730	15.0%
1,095	26.0%
1,460	26.0%
1,825	16.0%
Unlimited	15.0%
Total	100.0%

<u>Elimination Period</u>	<u>Distribution</u>
0 Day	92.0%
20 Day	4.0%
60 Day	1.0%
100 Day	2.5%
180 Day	0.5%
Total	100.0%

Teachers Protective Life Insurance Co.
 Re: Long Term Care Insurance Policy, Tax Qualified
 Policy Form TQ-LTC-2000(VA), et al.
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11. Anticipated Distribution of Business (continued):

<u>Benefit Type</u>	<u>Distribution</u>
Level Benefit	50.0%
10 Year Inflation	40.0%
Lifetime Inflation	10.0%
Total	100.0%

<u>Alternative Plan Of Care Rider</u>	<u>Distribution</u>
With	80.0%
Without	20.0%
Total	100.0%

<u>Underwriting Class</u>	<u>Distribution</u>
Preferred	60.0%
Standard	36.0%
Select	4.0%
Total	100.0%

12. Modal loading factors and policy fees.

<u>Mode</u>	<u>Modal Factor</u>
A	100.0%
SA	52.0%
Q	26.5%
Monthly	9.0%
Monthly Check	8.5%

Policy Fee \$25. First Year only (no policy fee in IN, KY).

Teachers Protective Life Insurance Co.
Re: Long Term Care Insurance Policy, Tax Qualified
Policy Form TQ-LTC-2000(VA), et al.
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13. This policy form will be marketed by independent general agents.
14. The anticipated average annual premium is \$2,685 based on a weighting across all ages, benefit periods and elimination periods.
15. Issue age limits are 18 to 89.
16. Underwriting Standards - The policy will be underwritten based on a short form non-medical application. Telephone interviews will be used on all applications to confirm the information on the application. Paramedical exams will be required for policies issued above age 80 and policies issued with a benefit period of five years or more. The company may require an attending physician's statement and/or additional paramedical exams based on the information in the application.

Policies will not be issued with a waiver or exclusion rider or specific pre-existing physical, mental or medical condition exclusions.

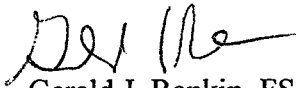
17. Preferred Rates. Premium rates in this memorandum are developed for preferred risk. Premiums for other underwriting classifications are as follows:
 1. Preferred - 100%.
 2. Standard - 115%.
 3. Select - 175%.

Teachers Protective Life Insurance Co.
Re: Long Term Care Insurance Policy, Tax Qualified
Policy Form TQ-LTC-2000(VA), et al.
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IV. ACTUARIAL CERTIFICATION

I hereby certify that, to the best of my knowledge and belief, the entire rate filing submitted herein is in compliance with the applicable laws and regulations, that the anticipated loss ratio submitted is expected to develop over the period for which rates are computed to provide coverage, that the benefits of the policy form are reasonable in relation to the premium charged, and that the rate filing complies with Actuarial Standards and Practice Number 8, "Regulatory Filings for Rates and Financial Projections for Health Plans."

Respectfully submitted,



Gerald J. Rankin, FSA, MAAA
Consulting Actuary

Enclosures: Table 1 - Anticipated Loss Ratios
Table 2 - Sample Claim Costs
Table 3 - Selection Factors
Table 4 - Lapse Rates
Rate Sheet

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TABLE 1
 Teachers Protective Mutual
 Projection of Premiums, Claims
 Policy Form Series TQ-LTC-2000(VA)
 Rider Form Series : TQ-APOC-2000(VA) Alternative Plan of Care
 Rider Form Series : L-IR-2000 Lifetime Compound Inflation
 Rider Form Series : 10-IR-2000 10 Year Compound Inflation

COMPOSITE PROJECTION

Issue Age : Composite Benefit Period : Composite

Interest Rate: 5.0% Present Value

YEAR	PROJ PREM	PROJ CLAIMS	PV PREM	PV CLM	Loss Ratio	Loss
						Ratio*N
1	2,685.1	536.8	2,685.1	523.8	20.0%	62.2%
2	2,087.9	656.4	1,988.5	610.1	31.4%	73.5%
3	1,721.7	640.5	1,561.6	566.9	37.2%	84.1%
4	1,430.3	678.7	1,235.6	572.1	47.4%	95.5%
5	1,188.8	666.6	978.0	535.2	56.1%	107.0%
6	1,006.6	664.2	788.7	507.8	66.0%	118.8%
7	867.9	654.7	647.6	476.8	75.4%	130.9%
8	761.7	647.5	541.3	449.1	85.0%	143.8%
9	664.7	681.2	449.9	449.9	102.5%	157.9%
10	576.8	664.0	371.8	417.7	115.1%	171.6%
11	497.7	625.3	305.6	374.6	125.6%	186.1%
12	427.0	595.3	249.7	339.7	139.4%	202.1%
13	364.3	556.3	202.8	302.3	152.7%	219.2%
14	308.8	529.7	163.8	274.1	171.5%	237.9%
15	260.2	490.2	131.4	241.6	188.4%	257.2%
16	217.8	449.6	104.8	211.1	206.4%	277.8%
17	181.3	412.0	83.1	184.2	227.2%	299.8%
18	150.0	370.8	65.4	157.9	247.2%	323.1%
19	123.2	336.4	51.2	136.4	273.0%	348.1%
20	100.5	301.8	39.8	116.6	300.3%	373.8%
21	81.5	268.5	30.7	98.8	329.6%	399.9%
22	65.6	235.1	23.5	82.4	358.6%	425.9%
23	52.4	202.5	17.9	67.6	386.3%	451.9%
24	41.6	167.7	13.5	53.3	403.1%	478.3%
25	32.7	143.8	10.2	43.5	439.0%	509.2%
26	25.6	122.3	7.6	35.2	478.0%	539.5%
27	19.8	101.4	5.6	27.8	511.4%	567.6%
28	15.3	83.1	4.1	21.7	544.6%	595.0%
29	11.6	64.8	3.0	16.1	557.5%	621.2%
30	8.8	52.7	2.1	12.5	600.5%	654.2%
31	6.6	42.4	1.5	9.6	646.0%	684.4%
32	4.9	33.1	1.1	7.1	680.9%	709.4%
33	3.6	25.7	0.7	5.3	722.3%	731.2%
34	2.6	18.2	0.5	3.6	706.5%	744.6%
35	1.8	13.9	0.3	2.6	754.0%	774.6%
36	1.3	10.4	0.2	1.8	803.2%	797.2%
37	0.9	7.2	0.2	1.2	795.4%	805.9%
38	0.6	5.1	0.1	0.8	828.4%	828.2%
39	0.4	3.6	0.1	0.5	857.6%	847.1%
40	0.3	2.4	0.0	0.4	884.5%	863.2%

Totals : 16,000 12,762 12,769 7,940 79.8%

PV Tot: 12,769 7,940 62.2% 62.2%

rng=comp

TABLE 2
 Teachers Protective Mutual
 Policy Form Series TQ-LTC-2000(VA)

LEVEL BENEFIT

Attained Age	BENEFIT PERIOD		
	2 YR	5 YR	LIFETIME
62	10.42	16.64	20.17
67	12.65	19.79	23.00
72	35.83	56.28	62.61
77	65.58	100.43	109.71
82	153.26	237.97	259.09
87	273.66	423.47	446.02
92	379.12	581.68	608.77
97	446.85	653.62	677.12
102	446.85	653.62	662.18

Long Term Care Claim Costs per \$10.00 Daily Benefit with
 Additional Home Health Care Claim Costs per \$10.00 Daily Benefit

Attained Age	BENEFIT PERIOD		
	2 YR	5 YR	LIFETIME
62	14.32	22.85	27.70
67	17.18	26.88	31.23
72	47.97	75.36	83.83
77	87.57	134.11	146.50
82	203.44	315.89	343.92
87	357.29	552.89	582.32
92	489.47	751.00	785.98
97	576.96	843.92	874.27
102	576.96	843.92	854.98

rng=tab1

TABLE 3
 Teachers Protective Mutual
 Policy Form Series TQ-LTC-2000(VA)

SELECTION FACTORS

Dur	Issue Age				
	< 65	65-69	70-79	80-84	>= 85
1	50.0%	50.0%	50.0%	50.0%	100.0%
2	60.0%	60.0%	60.0%	100.0%	100.0%
3	70.0%	70.0%	70.0%	100.0%	100.0%
4	80.0%	80.0%	80.0%	100.0%	100.0%
5	90.0%	90.0%	90.0%	100.0%	100.0%
6	100.0%	100.0%	100.0%	100.0%	100.0%
7	100.0%	100.0%	100.0%	100.0%	100.0%
8	100.0%	100.0%	100.0%	100.0%	100.0%
9	100.0%	100.0%	100.0%	100.0%	100.0%
10+	100.0%	100.0%	100.0%	100.0%	100.0%

RNG=TAB3

TABLE 4
 Teachers Protective Mutual
 Policy Form Series TQ-LTC-2000(VA)

Lapse Rates

Yr	Age 62	Age 67	Age 72	Age 77	Age 82	Age 87
1	12.0%	12.0%	14.8%	14.8%	17.3%	17.3%
2	11.0%	11.0%	11.0%	11.0%	12.0%	12.0%
3	10.0%	10.0%	10.0%	10.0%	11.0%	11.0%
4	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%
5	8.0%	8.0%	8.0%	8.0%	8.0%	8.0%
6	6.0%	6.0%	6.0%	6.0%	6.0%	6.0%
7	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%
8	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%
9	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%
10	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%
11+	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%

range=tab2

Teachers Protective Mutual
 Policy Form Series TQ-LTC-2000(VA)
 Rate Sheet
 Annual Premiums Per \$10 Of Daily Benefit
 Level Benefit
 Preferred Class - 0 Day Elimination Period

Issue Age	Benefit Period					
	365	730	1095	1460	1825	Lifetime
18-49	16	23	29	32	34	40
50-54	18	25	31	35	37	44
55	21	29	36	39	41	52
56	22	30	37	41	43	54
57	23	31	39	42	44	57
58	25	35	43	47	49	62
59	27	38	47	52	54	67
60	29	41	51	56	59	72
61	31	45	55	61	64	78
62	33	48	59	65	69	83
63	37	54	67	74	78	92
64	40	60	74	82	87	101
65	44	66	81	90	96	111
66	47	72	88	98	104	120
67	51	78	95	106	113	130
68	57	88	108	120	128	145
69	63	98	120	134	142	161
70	70	108	133	148	157	176
71	76	117	145	162	172	192
72	83	127	157	176	186	208
73	95	144	179	200	211	238
74	107	161	200	225	237	268
75	119	178	221	250	262	298
76	131	195	243	275	287	328
77	144	212	264	299	312	358
78	159	240	299	338	354	407
79	175	267	334	377	396	455
80	190	294	368	416	438	504
81	206	322	403	455	480	553
82	222	349	438	493	522	601
83	245	389	487	554	589	668
84	269	429	536	615	655	736
85	293	469	585	676	721	803
86	317	509	635	737	787	870
87	340	549	684	798	853	937
88	379	611	761	888	949	1,042
89	417	673	838	978	1,046	1,149

Teachers Protective Mutual
 Policy Form Series TQ-LTC-2000(VA)
 Rider Form Series : L-IR-2000 Lifetime Compound Inflation
 Rate Sheet
 Annual Premiums Per \$10 Of Daily Benefit
 Increasing Benefit
 Preferred Class - 0 Day Elimination Period

Issue Age	Benefit Period					
	365	730	1095	1460	1825	Lifetime
18-49	30	44	54	59	63	83
50-54	33	48	59	64	69	91
55	41	58	73	81	86	113
56	44	61	78	86	92	121
57	47	64	83	91	97	128
58	50	70	89	97	104	137
59	53	75	94	103	110	145
60	56	80	100	109	117	154
61	59	85	105	116	123	162
62	63	90	111	122	130	171
63	64	95	117	128	137	180
64	66	100	123	135	145	189
65	68	105	129	142	152	198
66	70	110	135	149	160	207
67	72	115	141	156	167	217
68	82	129	159	177	190	239
69	92	142	177	199	214	262
70	102	156	195	220	237	285
71	112	170	213	241	260	307
72	122	183	231	263	283	330
73	136	200	252	287	310	371
74	150	217	273	312	336	411
75	163	234	294	336	363	452
76	177	251	315	361	390	493
77	190	267	336	386	416	533
78	208	304	384	439	473	595
79	227	341	431	492	529	658
80	245	377	478	545	586	720
81	263	414	525	599	642	782
82	281	450	573	652	698	844
83	308	496	631	719	767	914
84	335	542	689	787	835	984
85	362	587	747	854	904	1,054
86	389	633	805	922	972	1,124
87	416	679	863	989	1,041	1,194
88	463	755	960	1,100	1,158	1,328
89	510	832	1,057	1,212	1,276	1,464

Teachers Protective Mutual
 Policy Form Series TQ-LTC-2000(VA)
 Rider Form Series : 10-IR-2000 10 Year Compound Inflation

Rate Sheet
 Annual Premiums Per \$10 Of Daily Benefit

Increasing Benefit
 Preferred Class - 0 Day Elimination Period

Issue Age	Benefit Period					
	365	730	1095	1460	1825	Lifetime
18-49	22	31	38	42	45	58
50-54	24	34	42	46	49	63
55	30	41	50	55	59	75
56	32	44	53	58	62	79
57	34	46	56	61	65	83
58	36	50	60	66	71	90
59	38	53	65	71	76	97
60	41	57	70	76	82	105
61	43	61	75	81	88	112
62	45	64	79	86	93	119
63	47	69	85	93	100	127
64	49	74	91	100	107	135
65	51	79	97	107	114	143
66	53	84	103	113	121	151
67	55	89	109	120	128	160
68	66	104	128	143	153	185
69	78	120	148	166	177	211
70	89	135	168	189	202	237
71	100	151	187	211	227	263
72	111	166	207	234	251	289
73	124	182	227	258	276	322
74	137	199	248	281	301	356
75	150	215	268	305	325	390
76	163	231	288	328	350	424
77	176	247	308	352	375	458
78	195	285	358	408	435	530
79	214	323	407	464	496	602
80	234	361	456	520	557	674
81	253	399	506	576	617	746
82	272	437	555	632	678	819
83	300	485	615	702	749	892
84	329	532	676	772	821	966
85	357	579	736	842	893	1,039
86	385	627	796	912	964	1,113
87	413	674	857	983	1,036	1,186
88	460	750	953	1,093	1,152	1,320
89	506	827	1,050	1,204	1,269	1,454

Teachers Protective Mutual
 Policy Form Series TQ-LTC-2000(VA)
 Rider Form Series : TQ-APOC-2000(VA) Alternative Plan of Care
 Rate Sheet
 Annual Premiums Per \$10 Of Daily Benefit

Level Benefit
 Preferred Class - 0 Day Elimination Period

Issue Age	Benefit Period					
	365	730	1095	1460	1825	Lifetime
18-49	22	32	40	45	48	57
50-54	24	35	44	49	52	62
55	28	39	50	55	59	73
56	30	41	52	58	61	76
57	31	42	54	60	63	80
58	34	47	60	66	71	87
59	37	52	66	73	78	95
60	39	56	71	79	85	102
61	42	61	77	86	92	109
62	45	66	83	92	99	117
63	50	74	93	103	111	129
64	55	82	103	114	122	141
65	59	90	112	126	134	153
66	64	98	122	137	146	164
67	69	106	132	148	158	176
68	78	119	148	166	177	196
69	86	132	165	184	197	217
70	94	145	181	203	216	237
71	103	158	197	221	235	257
72	111	171	214	239	255	277
73	125	190	237	266	284	319
74	138	208	261	293	313	361
75	152	227	285	320	342	403
76	165	246	308	347	370	445
77	179	264	332	374	399	487
78	200	301	378	427	455	553
79	221	338	424	479	512	618
80	242	375	471	531	568	684
81	263	411	517	583	624	750
82	284	448	563	636	680	815
83	315	499	626	714	766	907
84	346	551	689	793	852	998
85	376	602	753	872	938	1,089
86	407	654	816	950	1,024	1,180
87	438	705	879	1,029	1,110	1,271
88	487	784	978	1,145	1,235	1,414
89	537	864	1,078	1,261	1,361	1,558

Teachers Protective Mutual
 Policy Form Series TQ-LTC-2000(VA)
 Rider Form Series : TQ-APOC-2000(VA) Alternative Plan of Care
 Rider Form Series : L-IR-2000 Lifetime Compound Inflation
 Rate Sheet
 Annual Premiums Per \$10 Of Daily Benefit

Increasing Benefit
 Preferred Class - 0 Day Elimination Period

Issue Age	Benefit Period					
	365	730	1095	1460	1825	Lifetime
18-49	42	60	76	83	90	116
50-54	45	65	83	90	98	127
55	57	79	101	111	119	160
56	61	84	107	117	126	170
57	65	88	113	124	133	181
58	69	95	122	133	144	193
59	73	102	130	143	154	205
60	77	109	139	152	165	216
61	82	116	147	161	175	228
62	86	123	156	170	186	239
63	90	133	168	184	200	257
64	95	143	179	197	214	274
65	99	153	191	211	227	291
66	103	163	203	224	241	308
67	108	172	215	237	255	325
68	119	187	234	261	282	348
69	130	202	254	286	308	371
70	142	217	274	310	334	394
71	153	232	293	334	361	418
72	164	247	313	358	387	441
73	179	264	335	383	416	498
74	193	282	357	408	446	555
75	208	299	379	433	475	612
76	222	316	401	458	504	669
77	237	333	423	483	534	726
78	262	382	486	555	609	810
79	286	431	548	626	684	894
80	311	480	611	697	759	977
81	336	529	673	768	834	1,061
82	361	578	736	839	910	1,145
83	395	637	810	926	999	1,240
84	430	695	885	1,013	1,088	1,334
85	464	754	959	1,100	1,177	1,429
86	499	813	1,033	1,187	1,267	1,524
87	533	871	1,108	1,274	1,356	1,619
88	593	969	1,232	1,418	1,508	1,801
89	654	1,068	1,358	1,562	1,662	1,985

Teachers Protective Mutual
 Policy Form Series TQ-LTC-2000(VA)
 Rider Form Series : TQ-APOC-2000(VA) Alternative Plan of Care
 Rider Form Series : 10-IR-2000 10 Year Compound Inflation
 Rate Sheet
 Annual Premiums Per \$10 Of Daily Benefit

Increasing Benefit
 Preferred Class - 0 Day Elimination Period

Issue Age	Benefit Period					
	365	730	1095	1460	1825	Lifetime
18-49	30	43	54	59	64	81
50-54	33	47	59	65	70	89
55	41	57	72	79	86	112
56	44	60	76	84	91	119
57	47	63	80	89	96	127
58	50	68	86	96	103	135
59	53	73	92	102	111	143
60	56	78	99	109	118	151
61	59	83	105	116	125	160
62	62	88	111	122	133	168
63	64	95	119	131	142	178
64	67	101	127	140	151	188
65	70	108	134	149	161	197
66	73	114	142	158	170	207
67	75	121	150	167	179	217
68	90	141	176	197	212	251
69	105	162	203	228	245	284
70	120	182	229	258	278	318
71	134	203	255	289	311	351
72	149	223	281	319	344	385
73	163	240	303	344	371	432
74	177	257	324	368	398	480
75	191	274	345	392	425	527
76	205	291	366	416	452	575
77	219	308	387	440	479	622
78	245	359	453	515	560	720
79	271	409	518	590	641	817
80	297	460	583	665	721	915
81	323	510	648	739	802	1,013
82	350	561	714	814	882	1,110
83	386	622	791	905	975	1,210
84	422	683	869	995	1,068	1,310
85	458	744	946	1,086	1,162	1,410
86	494	805	1,024	1,176	1,255	1,509
87	530	866	1,101	1,267	1,348	1,609
88	590	963	1,225	1,409	1,499	1,790
89	650	1,061	1,350	1,553	1,652	1,973

TEACHERS PROTECTIVE MUTUAL LIFE INSURANCE COMPANY
TAX QUALIFIED LONG TERM CARE INSURANCE POLICY
POLICY FORM TQ-LTC-2000(VA)
TAX QUALIFIED ALTERNATIVE PLAN OF CARE RIDER TQ-APOC-2000(VA)
OPTIONAL INFLATION BENEFIT RIDERS 10-IR-2000 AND L-IR-2000

RATE SCHEDULE

I. Substandard Rate Classifications
 (Applicants Who Do Not Qualify for Preferred Rates)

<u>Underwriting Classification</u>	<u>Premiums</u>
Preferred	100%
Standard	115%
Select	175%

II. Policy Fee (one time): \$25.00 (No policy fee in IN, KY)

III. Premium Paid Other Than Annual

Semi-Annual	52.0%	Monthly	9.0%
Quarterly	26.5%	Monthly Bank Draft	8.5%

IV. Elimination Period

<u>Elimination Period</u>	<u>Percentage Discount</u>
20 days	4.0%
60 days	8.5%
100 days	12.0%
180 days	20.0%

V. Husband and Wife Discount

If husband and wife are insured on the same policy, a 10% discount is applied to the older insured.

GERALD J. RANKIN & ASSOCIATES, LTD.

GERALD J. RANKIN, FSA
BRIAN D. RANKIN, ASA
JOHN E. MORRIS

CONSULTING ACTUARIES
ESTABLISHED 1978

40 NORTH PENNELL RD.
MEDIA, PA 19063
(610) 891-9053
FAX (610) 891-9349

December 3, 1996

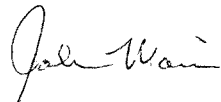
Mr. Skip Gribbin
Teachers Protective Mutual Life Insurance Company
116-118 North Prince Street
Lancaster, PA 17603

Re: Long Term Care Policy Forms - Tax-Qualified and Non-Qualified

Dear Skip:

Enclosed are four actuarial memorandums for policy form series: QH-9606-LTC-APC, SH-9606-LTC-APC, QH-9600-LTC, and SH-9600-LTC.

Sincerely,



John Morris

Enclosures

GERALD J. RANKIN & ASSOCIATES, LTD.

GERALD J. RANKIN, FSA
BRIAN D. RANKIN, ASA
JOHN E. MORRIS

CONSULTING ACTUARIES
ESTABLISHED 1978

40 NORTH PENNELL RD.
MEDIA, PA 19063
(610) 891-9053
FAX (610) 891-9349

ACTUARIAL MEMORANDUM

FROM: Gerald J. Rankin

RE: Teachers Protective Mutual Life Insurance Company
Long Term Care Insurance Policy
Policy Form Series QH-9600-LTC
Tax Qualified Policy According to Section 7702B of the Tax Code
Optional Inflation Benefits - Rider Form Series 96-10IR and 96-LIR

DATE: December 3, 1996

I. BENEFIT DESCRIPTION

1. Long Term Care Benefits. The policy provides benefits for confinement in a Long Term Care Facility subject to the daily maximum benefit, the elimination period and the lifetime benefit amount.
2. Benefit Conditions. In order for benefits to be payable under the policy, a covered person must be certified as Chronically Ill or Cognitively Impaired.
3. Chronically Ill means an insured has been certified by licensed Health Care Practitioner. It means being unable to perform at least 2 ADL's for a period of at least 90 days due to loss of functional compacity as defined in Section 7702B of the tax code.
4. ADL's. The ADL's eligible for definition of Chronically Ill are bathing, dressing, toileting, transferring and feeding.

5. Waiver of premium. After benefits in the policy have been payable for 90 days, premiums, including spouse premiums, are waived during a period of regular benefits (5 days per week for home health care).
6. Lifetime Benefit Amount. The policy provides lifetime benefit amounts as multiples of the daily benefit. The multiples are 365, 730, 1095, 1460, 1825 and unlimited.
7. Daily Benefit. The daily benefit is sold in \$10 units with a minimum of \$50 and a maximum of \$250.
8. Elimination Period - 0, 20, 60, 100 or 180 days.
9. Pre-existing conditions are not covered until the policy has been in force for six months. Pre-existing conditions are those for which the insured received advice, treatment or recommended treatment by a Health Care Provider in the six months preceding the policy effective date.
10. Medicare Coordination. Benefits are not payable for any expenses to the extent they are paid under Medicare or any other government insurance plan (except Medicaid).
11. Optional Inflation Benefit. Optional inflation benefits are offered providing a 5% compounded increase in scheduled benefits on each policy anniversary. The 5% increases are calculated from the issue date of the policy and not the date that a particular claim is incurred. The inflation benefit may be 10 years (Rider Form 96-10IR) or for life (Rider Form 96-LIR).
12. Premiums are level for life.
13. Policy is guaranteed renewable for life.

II. LOSS RATIO PROJECTIONS

The anticipated loss ratio by policy year is shown in Table 1. The anticipated nationwide loss ratio, based on the ratio of present value of expected claims plus change in active life reserves to present value of expected premiums, at 5.0%, is at least 60%.

III. ACTUARIAL ASSUMPTIONS

1. Claim costs were derived from the Intercompany Long Term Care experience published by the Society of Actuaries (Jan. 1995) and the 1985 Nursing Home Survey. Sample claim costs are shown in Table 2.
2. Selection Factors. Selection factors were applied to the attained age claim cost to reflect the durational impact of underwriting and policyholder selection. These factors are shown in Table 3.
3. Lapse rates: Lapse rates (excluding mortality), were based on the company's experience:

<u>Policy Year</u>	<u>Lapse Rate</u>
1	25.0%
2	18.0%
3	16.0%
4	14.0%
5	12.0%
6	10.0%
7	9.0%
8	8.0%
9	7.0%
10+	6.0%

4. Mortality - 90% of 1983 Male GAM Table. Mortality represents an addition to the lapse rates.
5. Secular Trend - Secular trend factors are not used for this product.
6. Active Life Reserves. Active life reserves will be based on the standards in effect at the time the policies are issued. For 1996 issues active life reserves will be based on 105% of the claim assumptions contained in this memorandum, one year preliminary term, the 1980 CSO and 4.5% interest.

7. Chronically Ill. Claim costs reduced by 4% for the more stringent definition of Chronically Ill.
8. Medicare Coordination. Claim costs would be .5% to recognize coordination of Medicare.
9. Interest Rate - 5%.
10. Elimination Periods. The following discounts are applied for elimination periods:

<u>Elimination Periods</u>	<u>Percentage Discount</u>
20 days	4.0%
60 days	8.5%
100 days	12.0%
180 days	20.0%

11. Husband and Wife Discount. If husband and wife are insured on the same policy, a 10% discount is applied to the older insured.
12. Expenses and Commissions

Expenses and Commissions were assumed to be the following:

Commissions to general agents and managing general agents are 60% first year and 17% in renewal years.

Commissions to writing agents will not exceed 50% first year and 10% in renewal years.

Renewal commissions will be paid on rewrites from the company or from any other company.

Teachers Protective Mutual Life Insurance Company
 Long Term Care Insurance Policy
 Policy Form Series QH-9600-LTC
 Optional Inflation Benefits - Rider Form Series 96-10IR and 96-LIR
 December 3, 1996
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Administrative Expense - \$200 per policy first year; \$40 per policy in renewal years.

Premium Taxes and Fees - 2.25%

Claim Administration - 3% of paid claims.

Profit and Contingency Margin - 4%.

13. Anticipated Distribution of Business:

<u>Age</u>	<u>Distribution</u>
Under 65	10%
65-69	15%
70-74	28%
75-79	23%
80-84	18%
Over 84	6%
Total	100.00%
<u>Lifetime Benefit Amount</u>	<u>Distribution</u>
365	2%
730	15%
1,095	26%
1,460	26%
1,825	16%
Unlimited	15%
Total	100%

Teachers Protective Mutual Life Insurance Company
 Long Term Care Insurance Policy
 Policy Form Series QH-9600-LTC
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<u>Elimination Period</u>	<u>Distribution</u>
0 Day	92.00%
20 Day	4.00%
60 Day	1.00%
100 Day	2.50%
180 Day	0.50%

Total 100.00%

<u>Benefit Type</u>	<u>Distribution</u>
Level Benefit	80.00%
10 Year Inflation	10.00%
Lifetime Inflation	10.00%

Total 100.00%

<u>Underwriting Class</u>	<u>Distribution</u>
Preferred	60.00%
Standard	36.00%
Select	4.00%

Total 100.00%

14. Modal loading factors and policy fees.

<u>Mode</u>	<u>Modal Factor</u>	<u>% Total</u>
A	100.0%	53%
SA	52.0%	8%
Q	26.5%	7%
Monthly Check	8.5%	32%

Policy Fee \$25. First Year only (no policy fee in IN, KY).

15. This policy form will be marketed by independent general agents.
16. The anticipated average annual premium is \$1,874, based on a weighting across all ages, benefit periods and elimination periods.
17. Issue age limits are 18 to 89.
18. Underwriting Standards - The policy will be underwritten based on a short form non-medical application. Telephone interviews will be used on all applications to confirm the information on the application. Paramedical exams will be required for policies issued above age 80 and policies issued with a benefit period of five years or more. The company may require an attending physician's statement and/or additional paramedical exams based on the information in the application.

Policies will not be issued with a waiver or exclusion rider or specific pre-existing physical, mental or medical condition exclusions.

Teachers Protective Mutual Life Insurance Company
Long Term Care Insurance Policy
Policy Form Series QH-9600-LTC
Optional Inflation Benefits - Rider Form Series 96-10IR and 96-LIR
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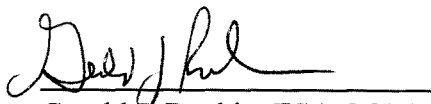
19. Preferred Rates. Premium rates in this memorandum are developed for preferred risk. Premiums for other underwriting classifications are as follows:

1. Preferred - 100%.
2. Standard - 115%
3. Select - 175%

IV. ACTUARIAL CERTIFICATION

I, Gerald J. Rankin, hereby certify that the assumptions contained in this actuarial memorandum are appropriate for the policy form, that they reasonably represent the expected experience for the policy form and that the calculations were based on the anticipated loss ratios.

Respectfully submitted,



Gerald J. Rankin, FSA, MAAA

Enclosures: Table 1 - Anticipated Loss Ratios.
Table 2 - Sample Claim Costs.
Table 3 - Selection Factors.
Rate Sheet

QH9600.TPM

TABLE 1
TEACHERS PROTECTIVE MUTUAL LIFE INSURANCE COMPANY
Policy Form Series: QH-9600-LTC: TAX QUALIFIED PLAN

Anticipated Durational Loss Ratios (excluding active life reserves)

Policy Yr	62	67	72	77	82	87	Composite
1	6.2%	9.0%	15.9%	18.5%	27.8%	46.1%	24.5%
2	8.9%	14.5%	22.7%	26.2%	48.7%	57.5%	36.0%
3	11.4%	19.5%	30.3%	34.3%	61.5%	65.8%	44.5%
4	14.4%	25.0%	39.5%	51.7%	70.1%	67.6%	53.7%
5	17.7%	30.5%	49.8%	65.0%	78.2%	69.4%	62.0%
6	21.6%	38.6%	56.0%	72.8%	91.5%	71.2%	69.6%
7	32.0%	51.7%	67.0%	84.0%	94.5%	74.9%	77.3%
8	42.0%	67.0%	76.8%	95.6%	97.3%	78.8%	85.3%
9	52.4%	77.7%	102.8%	108.9%	100.0%	82.8%	97.9%
10	66.1%	88.1%	116.3%	121.4%	102.6%	86.8%	107.6%
15	133.6%	205.7%	217.2%	159.4%	128.4%	108.3%	177.0%
20	311.9%	384.2%	285.3%	199.4%	160.2%	118.5%	281.4%
25	582.4%	504.5%	356.9%	248.9%	175.3%		435.4%
30	764.8%	631.2%	445.3%	272.3%			623.8%

rng=tab1

TABLE 2
 TEACHERS PROTECTIVE MUTUAL LIFE INSURANCE COMPANY
 Policy Form Series: QH-9600-LTC: TAX QUALIFIED PLAN

LEVEL BENEFIT
 Long Term Care Claim Costs per \$10.00 Daily Benefit

Attained Age	BENEFIT PERIOD		
	2 YR	5 YR	LIFETIME
52	1.20	2.08	4.28
57	1.50	2.59	4.89
62	1.64	2.83	4.85
67	3.61	6.17	9.57
72	9.38	15.92	22.24
77	19.68	33.00	41.39
82	46.58	77.28	88.69
87	92.87	150.36	161.11
92	109.49	170.34	175.13
97	141.04	216.14	220.84
102	174.95	268.11	272.38

RNG=TAB2

TABLE 3
TEACHERS PROTECTIVE MUTUAL LIFE INSURANCE COMPANY
Policy Form Series: QH-9600-LTC: TAX QUALIFIED PLAN

SELECTION FACTORS

Dur	< 65	65-69	70-79	80-84	> = 85
1	50.0%	50.0%	60.0%	60.0%	75.0%
2	55.0%	55.0%	70.0%	90.0%	90.0%
3	60.0%	60.0%	80.0%	100.0%	100.0%
4	65.0%	65.0%	90.0%	100.0%	100.0%
5	70.0%	70.0%	100.0%	100.0%	100.0%
6	75.0%	80.0%	100.0%	100.0%	100.0%
7	80.0%	90.0%	100.0%	100.0%	100.0%
8	85.0%	100.0%	100.0%	100.0%	100.0%
9	90.0%	100.0%	100.0%	100.0%	100.0%
10+	100.0%	100.0%	100.0%	100.0%	100.0%

RNG=TAB3

TEACHERS PROTECTIVE MUTUAL LIFE INSURANCE COMPANY
 Policy Form Series: SH-9600-LTC: NON-QUALIFIED PLAN
 Supplement to Long Term Care Policy
 RATE SHEET
 Annual Premiums per \$10.00 of Daily Benefit
 Level Benefit, 0 Day Elim

Issue Age	12	24	36	48	60	Lifetime
18-49	1	2	2	2	3	4
50-59	1	2	2	3	3	4
60-64	1	2	2	3	3	4
65-69	2	3	4	4	5	6
70	3	4	5	6	6	7
71	3	5	6	7	8	9
72	4	6	7	8	8	10
73	4	6	8	9	10	11
74	5	7	9	10	11	13
75	5	8	10	12	13	14
76	6	9	11	13	14	16
77	6	10	12	14	15	17
78	7	11	13	16	17	19
79	8	12	15	17	19	21
80	9	13	16	19	21	23
81	11	14	17	20	22	25
82	12	15	19	22	24	27
83	13	16	20	24	27	30
84	13	18	22	26	29	32
85	14	19	24	28	32	35
86	15	20	25	30	34	37
87	16	22	27	32	37	40
88	17	22	28	33	37	41
89	17	23	29	34	39	42

TEACHERS PROTECTIVE MUTUAL LIFE INSURANCE COMPANY
Policy Form Series: SH-9600-LTC: NON-QUALIFIED PLAN
Rider Form Series : 96-LIR, Lifetime Increasing Benefit
Supplement to Long Term Care Policy
RATE SHEET
Annual Premiums per \$10.00 of Daily Benefit
Increasing Benefit, 0 Day Elim

Issue Age	12	24	36	48	60	Lifetime
18-49	2	3	3	4	5	7
50-59	2	3	4	5	5	7
60-64	2	3	4	5	6	8
65-69	3	5	7	7	8	10
70	4	7	8	9	10	12
71	5	8	10	11	12	15
72	5	8	10	12	13	16
73	6	9	12	14	15	18
74	7	10	13	15	17	20
75	7	12	14	17	18	21
76	8	13	16	18	20	23
77	8	14	17	20	22	25
78	10	15	18	22	24	28
79	11	16	20	23	26	30
80	12	17	21	25	28	32
81	13	18	23	27	30	35
82	14	19	24	28	32	37
83	16	21	26	31	35	40
84	17	22	28	33	38	42
85	18	24	30	35	41	45
86	19	25	32	38	43	48
87	20	27	34	40	46	51
88	20	27	34	41	47	52
89	21	28	36	43	49	54

TEACHERS PROTECTIVE MUTUAL LIFE INSURANCE COMPANY
 Policy Form Series: SH-9600-LTC: NON-QUALIFIED PLAN
 Rider Form Series : 960-10IR, 10 Year Increasing Benefit
 Supplement to Long Term Care Policy
 RATE SHEET
 Annual Premiums per \$10.00 of Daily Benefit
 Increasing Benefit, 0 Day Elim

Issue Age	12	24	36	48	60	Lifetime
18-49	1	2	2	3	3	4
50-59	1	2	2	3	3	5
60-64	1	2	3	3	4	5
65-69	2	4	5	6	6	7
70	3	5	7	7	8	10
71	4	7	8	9	10	13
72	5	7	9	10	11	14
73	5	8	10	12	13	16
74	6	9	12	14	15	18
75	7	10	13	15	17	20
76	7	12	14	17	19	22
77	8	13	16	18	20	24
78	9	14	17	20	23	26
79	10	15	19	22	25	29
80	12	16	20	24	27	31
81	13	17	22	26	29	34
82	14	19	24	28	31	36
83	15	20	25	30	34	39
84	16	22	27	32	37	42
85	17	23	29	35	40	44
86	18	25	31	37	43	47
87	19	26	33	40	45	50
88	20	27	34	40	46	51
89	20	28	35	42	48	53

TEACHERS PROTECTIVE MUTUAL LIFE INSURANCE COMPANY
POLICY FORM SERIES SH-9600-LTC : NON QUALIFIED
LONG TERM CARE POLICY
OPTIONAL INFLATION BENEFITS - RIDER FORM SERIES 96-10IR & 96-LIR

RATE SCHEDULE

I. Substandard Rate Classifications
 (Applicants Who Do Not Qualify for Preferred Rates)

<u>Underwriting Classification</u>	<u>Premiums</u>
Preferred	100%
Standard	115%
Select	175%

II. Policy Fee (one time): \$25.00 (No policy fee in IN, KY)

III. Premium Paid Other Than Annual

Semi-Annual	52%	Monthly	9%
Quarterly	26.5%	Monthly Bank Draft	8.5%

IV. Elimination Period

<u>Elimination Period</u>	<u>Percentage Discount</u>
20 days	4%
60 days	8.5%
100 days	12%
180 days	20%

V. Husband and Wife Discount

If husband and wife are insured on the same policy, a 10% discount is applied to the older insured.

GERALD J. RANKIN & ASSOCIATES, LTD.

GERALD J. RANKIN, FSA
BRIAN D. RANKIN, ASA
JOHN E. MORRIS

CONSULTING ACTUARIES
ESTABLISHED 1978

40 NORTH PENNELL RD.
MEDIA, PA 19063
(610) 891-9053
FAX (610) 891-9349

ACTUARIAL MEMORANDUM

FROM: Gerald J. Rankin

RE: Teachers Protective Mutual Life Insurance Company
Home Health Care Insurance Policy
Policy Form Series QH-9610-HCP
Tax Qualified Policy According to Section 7702B of the Tax Code
Optional Inflation Benefit - Rider Form Series 96-10IR and 96-LIR

DATE: December 13, 1996

I. BENEFIT DESCRIPTION

1. Home Health Care Benefits. The policy provides home health care services provided by Home Health Care Specialists including registered nurses, licensed physical speech and occupational therapists, chemotherapy specialists, home health aides and licensed certified professionals.
2. Benefit Conditions. In order for benefits to be payable under the policy, a covered person must be certified as Chronically Ill or Cognitively Impaired.
3. Chronically Ill means an insured has been certified by licensed Health Care Practitioner. It means being unable to perform at least 2 ADL's for a period of at least 90 days due to loss of functional compacity as defined in Section 7702B of the tax code.
4. ADL's. The ADL's eligible for definition of Chronically Ill are bathing, dressing, toileting, transferring and feeding.
5. Alternate Plan of Care. If the insured qualifies for home health care services, benefits may be paid under an Alternate Plan of Care subject to the policy's limitations, provisions and the maximum benefit amount of the policy. The Alternate Plan of Care must be mutually agreeable to the insured, the insured's physician and the company.

7. Waiver of premium. After benefits have been payable for 90 days, premiums, including spouse premiums, are waived during a period of regular benefits (5 days per week for home health care).
8. Lifetime Benefit Amount. The policy provides lifetime benefit amounts as multiples of the daily benefit. The multiples are 365, 730, 1095, 1460, 1825 and unlimited.
9. Daily Benefit. The daily benefit is sold in \$10 units with a minimum of \$50 and a maximum of \$250.
10. Elimination Period - 0, 20, 60, 100 or 180 days.
11. Pre-existing conditions are not covered until the policy has been in force for six months. Pre-existing conditions are those for which the insured received advice, treatment or recommended treatment by a Health Care Provider in the six months preceding the policy effective date. Pre-existing conditions that are disclosed on the application are covered immediately.
12. Medicare Coordination. Benefits are not payable for any expenses to the extent they are paid under Medicare or any other government insurance plan (except Medicaid).
13. Optional Inflation Benefit. Optional inflation benefits are offered providing a 5% compounded increase in scheduled benefits on each policy anniversary. The 5% increases are calculated from the issue date of the policy and not the date that a particular claim is incurred. The inflation benefit may be 10 years (Rider Form 96-10IR) or for life (Rider Form 96-LIR).
14. Premiums are level for life.
15. Policy is guaranteed renewable for life.

II. LOSS RATIO PROJECTIONS

The anticipated loss ratio by policy year is shown in Table 1. The anticipated nationwide loss ratio, based on the ratio of present value of expected claims plus change in active life reserves to present value of expected premiums, at 5.0%, is at least 60%.

III. ACTUARIAL ASSUMPTIONS

1. Claim costs were derived from the Society of Actuaries Long Term Care Insurance Valuations Method Task Force, published April 1995. We also relied upon other intercompany insurance data related to home health care plans. Sample claim costs are shown in Table 2.
2. Selection Factors. Selection factors were applied to the attained age claim cost to reflect the durational impact of underwriting and policyholder selection. These factors are shown in Table 3.
3. Lapse rates: Lapse rates (excluding mortality), were based on the company's experience:

<u>Policy Year</u>	<u>Lapse Rate</u>
1	25.0%
2	18.0%
3	16.0%
4	14.0%
5	12.0%
6	10.0%
7	9.0%
8	8.0%
9	7.0%
10+	6.0%

4. Mortality - 90% of 1983 Male GAM Table. Mortality represents an addition to the lapse rates.

5. Secular Trend - Secular trend factors are not used for this product.
6. Active Life Reserves. Active life reserves will be based on the standards in effect at the time the policies are issued. For 1996 issues active life reserves will be based on 105% of the claim assumptions contained in this memorandum, one year preliminary term, the 1980 CSO and 4.5% interest.
7. Chronically Ill. Claim costs were reduced by 4% for the more stringent definition of Chronically Ill.
8. Medicare Coordination. Claim costs were reduced by 3% to recognize coordination of Medicare.
9. Alternative Plan of Care. Claim costs were increased 1% for the Alternative Plan of Care option.
10. Interest Rate - 5%.
11. Elimination Periods. The following discounts are applied for elimination periods:

<u>Elimination Periods</u>	<u>Percentage Discount</u>
20 days	4.0%
60 days	8.5%
100 days	12.0%
180 days	20.0%

12. Husband and Wife Discount. If husband and wife are insured on the same policy, a 10% discount is applied to the older insured.

13. Expenses and Commissions

Expenses and Commissions were assumed to be the following:

Commissions to general agents and managing general agents are 60% first year and 17% in renewal years.

Commissions to writing agents will not exceed 50% first year and 10% in renewal years.

Renewal commissions will be paid on rewrites from the company or from any other company.

Administrative Expense - \$200 per policy first year; \$40 per policy in renewal years.

Premium Taxes and Fees - 2.25%

Claim Administration - 3% of paid claims.

Profit and Contingency Margin - 4%.

14. Anticipated Distribution of Business:

<u>Age</u>	<u>Distribution</u>
Under 65	10%
65-69	15%
70-74	28%
75-79	23%
80-84	18%
Over 84	6%

Total 100.00%

<u>Lifetime Benefit Amount</u>	<u>Distribution</u>
365	2%
730	15%
1,095	26%
1,460	26%
1,825	16%
Unlimited	15%

Total 100%

<u>Elimination Period</u>	<u>Distribution</u>
0 Day	92.00%
20 Day	4.00%
60 Day	1.00%
100 Day	2.50%
180 Day	0.50%

Total 100.00%

Teachers Protective Mutual Life Insurance Company
Home Health Care Insurance Policy
Policy Form Series QH-9610-HCP
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<u>Benefit Type</u>	<u>Distribution</u>
Level Benefit	80.00%
10 Year Inflation	10.00%
Lifetime Inflation	10.00%
Total	100.00%
<u>Underwriting Class</u>	<u>Distribution</u>
Preferred	60.00%
Standard	36.00%
Select	4.00%
Total	100.00%

15. Modal loading factors and policy fees.

<u>Mode</u>	<u>Modal Factor</u>	<u>% Total</u>
A	100.0%	53%
SA	52.0%	8%
Q	26.5%	7%
Monthly Check	8.5%	32%

Policy Fee \$25. First Year only (no policy fee in IN, KY).

16. This policy form will be marketed by independent general agents.

17. The anticipated average annual premium is \$910, based on a weighting across all ages, benefit periods and elimination periods.

18. Issue age limits are 18 to 89.

19. Underwriting Standards - The policy will be underwritten based on a short form non-medical application. Telephone interviews will be used on all applications to confirm the information on the application. Paramedical exams will be required for policies issued above age 80 and policies issued with a benefit period of five years or more. The company may require an attending physician's statement and/or additional paramedical exams based on the information in the application.

Policies will not be issued with a waiver or exclusion rider or specific pre-existing physical, mental or medical condition exclusions.

20. Preferred Rates. Premium rates in this memorandum are developed for preferred risk. Premiums for other underwriting classifications are as follows:
1. Preferred - 100%.
 2. Standard - 115%
 3. Select - 175%

IV. ACTUARIAL CERTIFICATION

I, Gerald J. Rankin, hereby certify that the assumptions contained in this actuarial memorandum are appropriate for the policy form, that they reasonably represent the expected experience for the policy form and that the calculations were based on the anticipated loss ratios.

Respectfully submitted,



Gerald J. Rankin, FSA, MAAA

Enclosures: Table 1 - Anticipated Loss Ratios.
Table 2 - Sample Claim Cost.
Table 3 - Selection Factors.
Rate Sheet

QH9610.TPM

TABLE 1
TEACHERS PROTECTIVE MUTUAL LIFE INSURANCE COMPANY
Policy Form Series QH-9610-HCP

Anticipated Durational Loss Ratios (excluding active life reserves)

Policy Yr	62	67	72	77	82	87	Composite
1	16.0%	17.7%	26.8%	21.4%	31.0%	39.8%	27.0%
2	20.9%	24.0%	33.7%	31.8%	53.0%	51.5%	39.1%
3	24.8%	29.7%	39.4%	43.6%	65.2%	60.7%	47.8%
4	29.0%	35.9%	45.1%	57.6%	71.9%	64.2%	54.8%
5	33.5%	42.5%	50.6%	74.1%	78.7%	67.6%	62.5%
6	38.3%	49.5%	50.8%	84.6%	85.8%	71.0%	67.6%
7	47.6%	54.6%	62.6%	94.5%	91.5%	80.1%	75.6%
8	57.5%	59.4%	75.2%	104.8%	97.2%	88.7%	83.9%
9	67.8%	64.0%	88.4%	115.4%	102.7%	96.5%	92.5%
10	82.9%	71.8%	102.3%	126.5%	108.2%	103.7%	102.2%
15	97.9%	145.1%	174.6%	173.8%	166.0%	113.5%	155.6%
20	197.8%	247.7%	239.9%	266.7%	181.6%	102.2%	232.2%
25	337.7%	340.4%	368.1%	291.6%	163.6%		339.3%
30	464.1%	522.2%	402.6%	262.9%			463.2%

TABLE 2
 TEACHERS PROTECTIVE MUTUAL LIFE INSURANCE COMPANY
 Policy Form Series QH-9610-HCP

LEVEL BENEFIT
 \$10.00 per Day Home Health Care Benefit

Attained Age	BENEFIT PERIOD		
	2 YR	5 YR	LIFETIME
62	4.49	6.70	7.35
67	6.71	9.83	10.80
72	11.53	17.48	19.32
77	12.54	19.15	21.06
82	29.11	43.81	47.35
87	48.91	70.37	75.60
92	65.25	92.67	99.97
97	93.21	147.88	177.69
102	95.57	166.34	178.04

RNG=TAB2

TABLE 3
 TEACHERS PROTECTIVE MUTUAL LIFE INSURANCE COMPANY
 Policy Form Series QH-9610-HCP

SELECTION FACTORS

Dur	< 65	65-69	70-79	80-84	> = 85
1	50.0%	50.0%	60.0%	60.0%	75.0%
2	55.0%	55.0%	70.0%	90.0%	90.0%
3	60.0%	60.0%	80.0%	100.0%	100.0%
4	65.0%	65.0%	90.0%	100.0%	100.0%
5	70.0%	70.0%	100.0%	100.0%	100.0%
6	75.0%	75.0%	100.0%	100.0%	100.0%
7	80.0%	80.0%	100.0%	100.0%	100.0%
8	85.0%	85.0%	100.0%	100.0%	100.0%
9	90.0%	90.0%	100.0%	100.0%	100.0%
10+	100.0%	100.0%	100.0%	100.0%	100.0%

RNG=TAB3

TEACHERS PROTECTIVE MUTUAL LIFE INSURANCE COMPANY
 Policy Form Series QH-9610-HCP : TAX QUALIFIED PLAN
 Home Health Care Policy
 RATE SHEET
 Annual Premiums per \$10.00 of Daily Benefit
 Level Benefit, 0 Day Elim

Issue Age	12	24	36	48	60	Lifetime
18-49	22	28	36	42	48	55
50-59	24	32	40	47	53	61
60-64	27	35	44	52	59	68
65-69	37	49	61	71	79	89
70	44	58	72	83	92	103
71	51	67	83	96	105	117
72	55	72	89	102	112	124
73	60	78	96	110	120	132
74	65	84	104	118	129	141
75	70	91	111	127	137	149
76	75	97	119	135	146	158
77	80	103	126	143	154	166
78	91	117	142	161	172	186
79	102	131	158	178	191	205
80	113	145	175	196	209	225
81	124	159	191	213	228	244
82	135	173	207	231	246	264
83	154	197	234	260	275	294
84	173	220	261	288	304	325
85	192	244	287	317	333	355
86	211	267	314	345	362	386
87	230	291	341	374	391	416
88	235	297	348	381	399	424
89	244	309	362	397	415	441

TEACHERS PROTECTIVE MUTUAL LIFE INSURANCE COMPANY
 Policy Form Series QH-9610-HCP : TAX QUALIFIED PLAN
 Rider Form Series : 96-LIR, Lifetime Increasing Benefit
 Home Health Care Policy

RATE SHEET

Annual Premiums per \$10.00 of Daily Benefit
 Increasing Benefit, 0 Day Elim

Issue Age	12	24	36	48	60	Lifetime
18-49	38	49	64	76	87	101
50-59	42	54	71	85	97	113
60-64	47	60	78	94	108	125
65-69	61	81	104	121	135	155
70	70	92	117	135	151	173
71	79	104	131	150	167	190
72	83	109	137	157	175	199
73	89	116	145	166	183	207
74	94	122	153	175	192	216
75	99	129	160	184	201	224
76	105	135	168	192	209	233
77	110	141	176	201	218	241
78	122	157	195	222	240	264
79	135	173	213	243	263	287
80	148	189	232	264	285	310
81	160	205	251	285	307	333
82	173	221	269	305	330	356
83	194	248	300	338	363	390
84	216	275	331	370	396	425
85	238	302	361	403	428	459
86	259	329	392	435	461	493
87	281	355	423	468	494	527
88	286	362	431	477	504	538
89	298	377	449	496	524	559

TEACHERS PROTECTIVE MUTUAL LIFE INSURANCE COMPANY
 Policy Form Series QH-9610-HCP : TAX QUALIFIED PLAN
 Rider Form Series : 9610-IR, 10 Year Increasing Benefit
 Home Health Care Policy

RATE SHEET

Annual Premiums per \$10.00 of Daily Benefit
 Increasing Benefit, 0 Day Elim

Issue Age	12	24	36	48	60	Lifetime
18-49	24	31	40	49	56	67
50-59	27	34	45	54	62	75
60-64	30	38	50	60	69	83
65-69	46	61	78	91	102	120
70	56	74	94	109	121	142
71	67	87	110	127	141	163
72	72	94	118	136	151	174
73	78	102	127	146	162	185
74	84	109	136	156	172	195
75	90	117	146	167	183	206
76	96	124	155	177	193	216
77	103	132	164	188	204	226
78	116	149	184	210	227	250
79	129	165	203	231	250	274
80	142	182	222	253	274	298
81	155	198	242	275	297	322
82	168	215	261	297	320	346
83	189	242	292	329	353	381
84	211	269	323	362	387	415
85	233	295	354	395	420	449
86	254	322	385	427	453	484
87	276	349	416	460	486	518
88	282	356	424	469	495	528
89	293	371	441	488	515	549

TEACHERS PROTECTIVE MUTUAL LIFE INSURANCE COMPANY

**POLICY FORM SERIES SH-9610-HCP : NON-QUALIFIED
SUPPLEMENT TO TAX QUALIFIED POLICY FORM QH-9610-HCP
HOME HEALTH CARE POLICY
OPTIONAL INFLATION BENEFITS - RIDER FORM SERIES 96-10IR & 96-LIR**

RATE SCHEDULE

I. Substandard Rate Classifications
(Applicants Who Do Not Qualify for Preferred Rates)

<u>Underwriting Classification</u>	<u>Premiums</u>
Preferred	100%
Standard	115%
Select	175%

II. Policy Fee (one time): \$25.00 (No policy fee in IN, KY)

III. Premium Paid Other Than Annual

Semi-Annual	52%	Monthly	9%
Quarterly	26.5%	Monthly Bank Draft	8.5%

IV. Elimination Period

<u>Elimination Period</u>	<u>Percentage Discount</u>
20 days	4%
60 days	8.5%
100 days	12%
180 days	20%

V. Husband and Wife Discount

If husband and wife are insured on the same policy, a 10% discount is applied to the older insured.

ORIGINAL

GERALD J. RANKIN & ASSOCIATES, LTD.

GERALD J. RANKIN, FSA
BRIAN D. RANKIN, ASA
JOHN E. MORRIS

CONSULTING ACTUARIES
ESTABLISHED 1978

40 NORTH PENNELL RD.
MEDIA, PA 19063
(610) 891-9053
FAX (610) 891-9349

ACTUARIAL MEMORANDUM

FROM: Gerald J. Rankin, FSA, MAAA

RE: Teachers Protective Mutual Life Insurance Company
Supplement to Long Term Care Insurance Policy
Policy Form Series SH-9606-LTC-APC
Non Qualified Policy According to Section 7702B of the Tax Code
Optional Inflation Benefits - Rider Form Series 96-10IR and 96-LIR

DATE: December 3, 1996

I. BENEFIT DESCRIPTION

1. Long Term Care Benefits. The policy provides benefits for confinement in a Long Term Care Facility subject to the daily maximum benefit, the elimination period and the lifetime benefit amount.
2. Benefit Conditions. In order for benefits to be payable under the policy, the confinement in a long term care facility must be due to the inability of the insured to perform 2 out of 5 ADL's, a Cognitive Impairment or medical necessity.
3. ADL's. The five eligible ADL's are bathing, dressing, toileting, transferring and feeding.
4. The policy must supplement a tax qualified policy under series QH-9606-LTC-APC. Benefits paid under this policy will not duplicate any benefits payable under the tax qualified policy. The policy number of the tax qualified policy will be shown in the schedule page of this policy.
5. Alternate Plan of Care. If the insured qualifies for long term care services, benefits may be paid under an Alternate Plan of Care subject to the policy's limitations, provisions and the maximum benefit amount of the policy. The Alternate Plan of Care must be mutually agreeable to the insured, the insured's physician and the company.
6. Home Health Care. Home health care benefits may be paid under the Alternate Plan of Care.

5. Waiver of premium. After benefits in the policy have been payable for 90 days, premiums are waived during a period of regular benefits (5 days per week for home health care).
6. Lifetime Benefit Amount. The policy provides lifetime benefit amounts as multiples of the daily benefit. The multiples are 365, 730, 1095, 1460, 1825 and unlimited.
7. Daily Benefit. The daily benefit is sold in \$10 units with a minimum of \$50 and a maximum of \$250.
8. Elimination Period - 0, 20, 60, 100 or 180 days.
9. Pre-existing conditions are not covered until the policy has been in force for six months. Pre-existing conditions are those for which the insured received advice, treatment or recommended treatment by a Health Care Provider in the six months preceding the policy effective date.
10. Medicare Coordination. Benefits are not payable for any expenses to the extent they are paid under Medicare or any other government insurance plan (except Medicaid).
11. Bed Hold Benefit. In the event the insured requires hospitalization during a covered confinement in a nursing facility, the daily benefit policy will be paid during such hospital confinement for up to 10 days per period of confinement.
12. Optional Inflation Benefit. Optional inflation benefits are offered providing a 5% compounded increase in scheduled benefits on each policy anniversary. The 5% increases are calculated from the issue date of the policy and not the date that a particular claim is incurred. The inflation benefit may be 10 years (Rider Form 96-10IR) or for life (Rider Form 96-LIR).
13. Premiums are level for life.
14. Policy is guaranteed renewable for life.

II. LOSS RATIO PROJECTIONS

The anticipated loss ratio by policy year is shown in Table 1. The anticipated nationwide loss ratio, based on the ratio of present value of expected claims plus change in active life reserves to present value of expected premiums, at 5.0%, is at least 60%.

III. ACTUARIAL ASSUMPTIONS

Premiums for this policy were set at 5% of premiums for the qualified policy form QH-9600-LTC. A 4% premium is charged to remove the Chronically Ill definition required under Section 7702B of the tax code. An additional 1% is charged to cover medical necessity as an eligible conditions for benefits. The actuarial assumptions for both policies are listed in this memorandum for consistency and completeness.

1. Claim costs were derived from the Intercompany Long Term Care experience published by the Society of Actuaries (Jan. 1995) and the 1985 Nursing Home Survey. Sample claim costs are shown in Table 2.
2. Selection Factors. Selection factors were applied to the attained age claim cost to reflect the durational impact of underwriting and policyholder selection. These factors are shown in Table 3.
3. Lapse rates: Lapse rates (excluding mortality), were based on the company's experience:

<u>Policy Year</u>	<u>Lapse Rate</u>
1	25.0%
2	18.0%
3	16.0%
4	14.0%
5	12.0%
6	10.0%
7	9.0%
8	8.0%
9	7.0%
10+	6.0%

4. Mortality - 90% of 1983 Male GAM Table. Mortality represents an addition to the lapse rates.
5. Secular Trend - Secular trend factors are not used for this product.
6. Active Life Reserves. Active life reserves will be based on the standards in effect at the time the policies are issued. For 1996 issues active life reserves will be based on 105% of the claim assumptions contained in this memorandum, one year preliminary term, the 1980 CSO and 4.5% interest.
7. Medicare Coordination. Claim costs would be .5% to recognize coordination of Medicare.
8. Alternative Plan of Care. Claim costs were increased 6% for the Alternative Plan of Care option.
9. Interest Rate - 5%.
10. Elimination Periods. The following discounts are applied for elimination periods:

<u>Elimination Periods</u>	<u>Percentage Discount</u>
20 days	4.0%
60 days	8.5%
100 days	12.0%
180 days	20.0%

11. Husband and Wife Discount. If husband and wife are insured on the same policy, a 10% discount is applied to the older insured.
12. Expenses and Commissions

Expenses and Commissions were assumed to be the following:

Commissions to general agents and managing general agents are 60% first year and 17% in renewal years.

Commissions to writing agents will not exceed 50% first year and 10% in renewal years.

Renewal commissions will be paid on rewrites from the company or from any other company.

Administrative Expense - \$10 per policy first year; \$1 per policy in renewal years.

Premium Taxes and Fees - 2.25%

Claim Administration - 3% of paid claims.

Profit and Contingency Margin - 4%.

13. Anticipated Distribution of Business:

<u>Age</u>	<u>Distribution</u>
Under 65	10%
65-69	15%
70-74	28%
75-79	23%
80-84	18%
Over 84	6%
Total	100.00%

<u>Lifetime Benefit Amount</u>	<u>Distribution</u>
365	2%
730	15%
1,095	26%
1,460	26%
1,825	16%
Unlimited	15%
Total	100%

Teachers Protective Mutual Life Insurance Company
 Supplement to Long Term Care Insurance Policy
 Policy Form Series SH-9606-LTC-APC
 December 3, 1996
 Page - 6 -

<u>Elimination Period</u>	<u>Distribution</u>
0 Day	92.00%
20 Day	4.00%
60 Day	1.00%
100 Day	2.50%
180 Day	0.50%
Total	100.00%

<u>Benefit Type</u>	<u>Distribution</u>
Level Benefit	80.00%
10 Year Inflation	10.00%
Lifetime Inflation	10.00%
Total	100.00%

<u>Underwriting Class</u>	<u>Distribution</u>
Preferred	60.00%
Standard	36.00%
Select	4.00%
Total	100.00%

14. Modal loading factors and policy fees.

<u>Mode</u>	<u>Modal Factor</u>	<u>% Total</u>
A	100.0%	53%
SA	52.0%	8%
Q	26.5%	7%
Monthly Check	8.5%	32%

15. This policy form will be marketed by independent general agents.
16. The anticipated average annual premium is \$94, based on a weighting across all ages, benefit periods and elimination periods.
17. Issue age limits are 18 to 89.
18. Underwriting Standards - The policy will be underwritten based on a short form non-medical application. Telephone interviews will be used on all applications to confirm the information on the application. Paramedical exams will be required for policies issued above age 80 and policies issued with a benefit period of five years or more. The company may require an attending physician's statement and/or additional paramedical exams based on the information in the application.

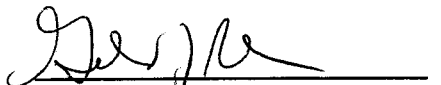
Policies will not be issued with a waiver or exclusion rider or specific pre-existing physical, mental or medical condition exclusions.

19. Preferred Rates. Premium rates in this memorandum are developed for preferred risk. Premiums for other underwriting classifications are as follows:
1. Preferred - 100%.
 2. Standard - 115%
 3. Select - 175%

IV. ACTUARIAL CERTIFICATION

I, Gerald J. Rankin, hereby certify that the assumptions contained in this actuarial memorandum are appropriate for the policy form, that they reasonably represent the expected experience for the policy form and that the calculations were based on the anticipated loss ratios.

Respectfully submitted,


Gerald J. Rankin, FSA, MAAA

Enclosures: Table 1 - Anticipated Loss Ratios.
Table 2 - Sample Claim Costs.
Table 3 - Selection Factors.
Rate Sheet

9606SH.TPM

TABLE 1
TEACHERS PROTECTIVE MUTUAL LIFE INSURANCE COMPANY
Policy Form Series: SH-9606-LTC-APC: NON-QUALIFIED PLAN

Anticipated Durational Loss Ratios (excluding active life reserves)

Policy Yr	62	67	72	77	82	87	Composite
1	6.2%	9.1%	16.0%	18.5%	27.9%	46.1%	24.5%
2	8.9%	14.5%	22.7%	26.2%	48.7%	57.5%	36.0%
3	11.4%	19.5%	30.3%	34.3%	61.5%	65.8%	44.5%
4	14.4%	25.0%	39.5%	51.7%	70.1%	67.6%	53.7%
5	17.7%	30.5%	49.8%	65.0%	78.2%	69.4%	62.0%
6	21.6%	38.6%	56.0%	72.8%	91.5%	71.2%	69.6%
7	32.0%	51.7%	67.0%	84.0%	94.5%	74.9%	77.3%
8	42.0%	67.0%	76.8%	95.6%	97.3%	78.8%	85.3%
9	52.4%	77.7%	102.8%	108.9%	100.0%	82.8%	97.9%
10	66.1%	88.1%	116.3%	121.4%	102.6%	86.8%	107.6%
15	133.6%	205.7%	217.2%	159.4%	128.4%	108.3%	177.0%
20	311.9%	384.2%	285.3%	199.4%	160.2%	118.5%	281.4%
25	582.4%	504.5%	356.9%	248.9%	175.3%		435.4%
30	764.8%	631.2%	445.3%	272.3%			623.8%

rng = tab 1

TABLE 2
 TEACHERS PROTECTIVE MUTUAL LIFE INSURANCE COMPANY
 Policy Form Series: SH-9606-LTC-APC: NON-QUALIFIED PLAN

LEVEL BENEFIT
 Long Term Care Claim Costs per \$10.00 Daily Benefit

Attained Age	BENEFIT PERIOD		
	2 YR	5 YR	LIFETIME
52	0.06	0.11	0.23
57	0.08	0.14	0.26
62	0.09	0.15	0.26
67	0.19	0.33	0.51
72	0.50	0.84	1.18
77	1.04	1.75	2.19
82	2.47	4.10	4.70
87	4.92	7.97	8.54
92	5.80	9.03	9.28
97	7.48	11.46	11.70
102	9.27	14.21	14.44

RNG=TAB2

TABLE 3
TEACHERS PROTECTIVE MUTUAL LIFE INSURANCE COMPANY
Policy Form Series: SH-9606-LTC-APC: NON-QUALIFIED PLAN

SELECTION FACTORS

Dur	< 65	65-69	70-79	80-84	> = 85
1	50.0%	50.0%	60.0%	60.0%	75.0%
2	55.0%	55.0%	70.0%	90.0%	90.0%
3	60.0%	60.0%	80.0%	100.0%	100.0%
4	65.0%	65.0%	90.0%	100.0%	100.0%
5	70.0%	70.0%	100.0%	100.0%	100.0%
6	75.0%	80.0%	100.0%	100.0%	100.0%
7	80.0%	90.0%	100.0%	100.0%	100.0%
8	85.0%	100.0%	100.0%	100.0%	100.0%
9	90.0%	100.0%	100.0%	100.0%	100.0%
10+	100.0%	100.0%	100.0%	100.0%	100.0%

RNG=TAB3

TEACHERS PROTECTIVE MUTUAL LIFE INSURANCE COMPANY
 Policy Form Series: SH-9606-LTC-APC: NON-QUALIFIED PLAN
 Supplement to Long Term Care Policy
 RATE SHEET
 Annual Premiums per \$10.00 of Daily Benefit
 Level Benefit, 0 Day Elim

Issue Age	12	24	36	48	60	Lifetime
18-49	1	2	2	2	3	4
50-59	1	2	2	3	3	4
60-64	1	2	3	3	3	5
65-69	2	3	4	5	5	6
70	3	4	5	6	7	8
71	4	5	7	7	8	9
72	4	6	7	8	9	10
73	4	7	8	10	10	12
74	5	8	9	11	12	14
75	6	9	11	12	13	15
76	6	10	12	14	15	17
77	7	10	13	15	16	18
78	8	12	14	16	18	21
79	9	13	16	18	20	23
80	10	14	17	20	22	25
81	11	15	18	21	24	27
82	12	16	20	23	26	29
83	13	17	22	25	28	32
84	14	19	23	27	31	34
85	15	20	25	30	33	37
86	16	22	27	32	36	40
87	17	23	29	34	39	42
88	18	24	29	35	39	43
89	18	24	30	36	41	45

TEACHERS PROTECTIVE MUTUAL LIFE INSURANCE COMPANY
 Policy Form Series: SH-9606-LTC-APC: NON-QUALIFIED PLAN
 Rider Form Series : 96-LIR, Lifetime Increasing Benefit
 Supplement to Long Term Care Policy
 RATE SHEET
 Annual Premiums per \$10.00 of Daily Benefit
 Increasing Benefit, 0 Day Elim

Issue Age	12	24	36	48	60	Lifetime
18-49	2	3	4	4	5	7
50-59	2	3	4	5	6	8
60-64	2	3	5	5	6	9
65-69	3	6	7	8	9	10
70	4	7	9	10	11	13
71	5	8	10	12	13	15
72	6	9	11	13	14	17
73	6	10	12	14	16	19
74	7	11	14	16	18	21
75	8	12	15	18	19	23
76	8	13	16	19	21	25
77	9	14	18	21	23	27
78	10	16	19	23	25	29
79	12	17	21	25	28	32
80	13	18	23	26	30	34
81	14	19	24	28	32	37
82	15	20	26	30	34	39
83	16	22	28	33	37	42
84	18	24	30	35	40	45
85	19	25	32	38	43	48
86	20	27	34	40	46	51
87	21	28	36	43	49	54
88	21	29	36	43	50	55
89	22	30	38	45	52	57

TEACHERS PROTECTIVE MUTUAL LIFE INSURANCE COMPANY
 Policy Form Series: SH-9606-LTC-APC: NON-QUALIFIED PLAN
 Rider Form Series : 9610-IR, 10 Year Increasing Benefit
 Supplement to Long Term Care Policy
 RATE SHEET

Annual Premiums per \$10.00 of Daily Benefit
 Increasing Benefit, 0 Day Elim

Issue Age	12	24	36	48	60	Lifetime
18-49	1	2	2	3	3	5
50-59	1	2	3	3	4	5
60-64	1	2	3	3	4	6
65-69	3	4	5	6	7	8
70	4	6	7	8	9	11
71	5	7	9	10	11	13
72	5	8	10	11	12	15
73	6	9	11	13	14	17
74	6	10	12	14	16	19
75	7	11	14	16	18	21
76	8	12	15	18	20	23
77	8	13	17	20	22	25
78	10	15	18	22	24	28
79	11	16	20	23	26	30
80	12	17	22	25	29	33
81	14	19	23	27	31	36
82	15	20	25	29	33	38
83	16	21	27	32	36	41
84	17	23	29	34	39	44
85	18	25	31	37	42	47
86	19	26	33	39	45	50
87	20	28	35	42	48	53
88	21	28	36	43	49	54
89	22	29	37	44	51	56

TEACHERS PROTECTIVE MUTUAL LIFE INSURANCE COMPANY
POLICY FORM SERIES SH-9606-LTC-APC : NON QUALIFIED
LONG TERM CARE POLICY
OPTIONAL INFLATION BENEFITS - RIDER FORM SERIES 96-10IR & 96-LIR

RATE SCHEDULE

I. Substandard Rate Classifications
 (Applicants Who Do Not Qualify for Preferred Rates)

<u>Underwriting Classification</u>	<u>Premiums</u>
Preferred	100%
Standard	115%
Select	175%

II. Policy Fee (one time): \$25.00 (No policy fee in IN, KY)

III. Premium Paid Other Than Annual

Semi-Annual	52%	Monthly	9%
Quarterly	26.5%	Monthly Bank Draft	8.5%

IV. Elimination Period

<u>Elimination Period</u>	<u>Percentage Discount</u>
20 days	4%
60 days	8.5%
100 days	12%
180 days	20%

V. Husband and Wife Discount

If husband and wife are insured on the same policy, a 10% discount is applied to the older insured.

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CONSULTING ACTUARIES
ESTABLISHED 1978

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ACTUARIAL MEMORANDUM

FROM: Gerald J. Rankin

RE: Teachers Protective Mutual Life Insurance Company
Supplement to Home Health Care Insurance Policy
Policy Form Series SH-9610-HCP
Non Qualified Policy According to Section 7702B of the Tax Code
Optional Inflation Benefit - Rider Form Series 96-10IR and 96-LIR

DATE: December 13, 1996

I. BENEFIT DESCRIPTION

1. Home Health Care Benefits. The policy provides home health care services provided by Home Health Care Specialists including registered nurses, licensed physical speech and occupational therapists, chemotherapy specialists, home health aides and licensed certified professionals.
2. The policy must supplement a tax qualified policy under series QH-9616-HCP. Benefits paid under this policy will not duplicate any benefits payable under the tax qualified policy. The policy number of the tax qualified policy will be shown in the schedule page of this policy.
3. Benefit Conditions. In order for benefits to be payable under the policy, the insured's need for home health care services must be due to their inability to perform 2 out of 5 ADL's, a Cognitive Impairment or medical necessity.
4. ADL's. The ADL's eligible for definition of Chronically Ill are bathing, dressing, toileting, transferring and feeding.
5. Alternate Plan of Care. If the insured qualifies for home health care services, benefits may be paid under an Alternate Plan of Care subject to the policy's limitations, provisions and the maximum benefit amount of the policy. The Alternate Plan of Care must be mutually agreeable to the insured, the insured's physician and the company.

6. Waiver of premium. After benefits have been payable for 90 days, premiums, including spouse premiums, are waived during a period of regular benefits (5 days per week for home health care).
7. Lifetime Benefit Amount. The policy provides lifetime benefit amounts as multiples of the daily benefit. The multiples are 365, 730, 1095, 1460, 1825 and unlimited.
8. Daily Benefit. The daily benefit is sold in \$10 units with a minimum of \$50 and a maximum of \$250.
9. Elimination Period - 0, 20, 60, 100 or 180 days.
10. Pre-existing conditions are not covered until the policy has been in force for six months. Pre-existing conditions are those for which the insured received advice, treatment or recommended treatment by a Health Care Provider in the six months preceding the policy effective date.
11. Medicare Coordination. Benefits are not payable for any expenses to the extent they are paid under Medicare or any other government insurance plan (except Medicaid). Pre-existing conditions that are disclosed on the application are covered immediately.
12. Optional Inflation Benefit. Optional inflation benefits are offered providing a 5% compounded increase in scheduled benefits on each policy anniversary. The 5% increases are calculated from the issue date of the policy and not the date that a particular claim is incurred. The inflation benefit may be 10 years (Rider Form 96-10IR) or for life (Rider Form 96-LIR).
13. Premiums are level for life.
14. Policy is guaranteed renewable for life.

II. LOSS RATIO PROJECTIONS

The anticipated loss ratio by policy year is shown in Table 1. The anticipated nationwide loss ratio, based on the ratio of present value of expected claims plus change in active life reserves to present value of expected premiums, at 5.0%, is at least 60%.

III. ACTUARIAL ASSUMPTIONS

Premiums for this policy were set at 8% of premiums for the qualified policy form QH-9606-LTC-APC. A 4% premium is charged to remove the Chronically Ill definition required under Section 7702B of the tax code. An additional 4% was charged to cover their medical necessity as an eligible condition for benefits. The actuarial assumptions for both policies are listed in this memorandum for consistency and completeness.

1. Claim costs were derived from the Society of Actuaries Long Term Care Insurance Valuations Method Task Force, published April 1995. We also relied upon other intercompany insurance data related to home health care plans. Sample claim costs are shown in Table 2.
2. Selection Factors. Selection factors were applied to the attained age claim cost to reflect the durational impact of underwriting and policyholder selection. These factors are shown in Table 3.
3. Lapse rates: Lapse rates (excluding mortality), were based on the company's experience:

<u>Policy Year</u>	<u>Lapse Rate</u>
1	25.0%
2	18.0%
3	16.0%
4	14.0%
5	12.0%
6	10.0%
7	9.0%
8	8.0%
9	7.0%
10+	6.0%

4. Mortality - 90% of 1983 Male GAM Table. Mortality represents an addition to the lapse rates.
5. Secular Trend - Secular trend factors are not used for this product.
6. Active Life Reserves. Active life reserves will be based on the standards in effect at the time the policies are issued. For 1996 issues active life reserves will be based on 105% of the claim assumptions contained in this memorandum, one year preliminary term, the 1980 CSO and 4.5% interest.
7. Chronically Ill. Claim costs were reduced by 4% for the more stringent definition of Chronically Ill.
8. Medicare Coordination. Claim costs were reduced by 3% to recognize coordination of Medicare.
9. Alternative Plan of Care. Claim costs were increased 1% for the Alternative Plan of Care option.
10. Interest Rate - 5%.
11. Elimination Periods. The following discounts are applied for elimination periods:

<u>Elimination Periods</u>	<u>Percentage Discount</u>
20 days	4.0%
60 days	8.5%
100 days	12.0%
180 days	20.0%

12. Husband and Wife Discount. If husband and wife are insured on the same policy, a 10% discount is applied to the older insured.

13. Expenses and Commissions

Expenses and Commissions were assumed to be the following:

Commissions to general agents and managing general agents are 60% first year and 17% in renewal years.

Commissions to writing agents will not exceed 50% first year and 10% in renewal years.

Renewal commissions will be paid on rewrites from the company or from any other company.

Administrative Expense - \$10 per policy first year; \$1 per policy in renewal years.

Premium Taxes and Fees - 2.25%

Claim Administration - 3% of paid claims.

Profit and Contingency Margin - 4%.

14. Anticipated Distribution of Business:

<u>Age</u>	<u>Distribution</u>
Under 65	10%
65-69	15%
70-74	28%
75-79	23%
80-84	18%
Over 84	6%
Total	100.00%

<u>Lifetime Benefit Amount</u>	<u>Distribution</u>
365	2%
730	15%
1,095	26%
1,460	26%
1,825	16%
Unlimited	15%
Total	100%

<u>Elimination Period</u>	<u>Distribution</u>
0 Day	92.00%
20 Day	4.00%
60 Day	1.00%
100 Day	2.50%
180 Day	0.50%
Total	100.00%

Teachers Protective Mutual Life Insurance Company
Supplement to Home Health Care Insurance Policy
Policy Form Series SH-9610-HCP
December 13, 1996
Page - 7 -

<u>Benefit Type</u>	<u>Distribution</u>
Level Benefit	80.00%
10 Year Inflation	10.00%
Lifetime Inflation	10.00%
Total	100.00%
<u>Underwriting Class</u>	<u>Distribution</u>
Preferred	60.00%
Standard	36.00%
Select	4.00%
Total	100.00%

15. Modal loading factors and policy fees.

<u>Mode</u>	<u>Modal Factor</u>	<u>% Total</u>
A	100.0%	53%
SA	52.0%	8%
Q	26.5%	7%
Monthly Check	8.5%	32%

Policy Fee \$25. First Year only (no policy fee in IN, KY).

16. This policy form will be marketed by independent general agents.
17. The anticipated average annual premium is \$68, based on a weighting across all ages, benefit periods and elimination periods.
18. Issue age limits are 18 to 89.
19. Underwriting Standards - The policy will be underwritten based on a short form non-medical application. Telephone interviews will be used on all applications to confirm the information on the application. Paramedical exams will be required for policies issued above age 80 and policies issued with a benefit period of five years or more. The company may require an attending physician's statement and/or additional paramedical exams based on the information in the application.

Policies will not be issued with a waiver or exclusion rider or specific pre-existing physical, mental or medical condition exclusions.

20. Preferred Rates. Premium rates in this memorandum are developed for preferred risk. Premiums for other underwriting classifications are as follows:
1. Preferred - 100%.
 2. Standard - 115%
 3. Select - 175%

IV. ACTUARIAL CERTIFICATION

I, Gerald J. Rankin, hereby certify that the assumptions contained in this actuarial memorandum are appropriate for the policy form, that they reasonably represent the expected experience for the policy form and that the calculations were based on the anticipated loss ratios.

Respectfully submitted,


Gerald J. Rankin, FSA, MAAA

Enclosures: Table 1 - Anticipated Loss Ratios.
Table 2 - Nursing Home Claim Frequency Rates and Recovery Rates.
Table 3 - Selection Factors.
Rate Sheet

SH9610.TPM

TABLE 1
TEACHERS PROTECTIVE MUTUAL LIFE INSURANCE COMPANY
Policy Form Series SH-9610-HCP

Anticipated Durational Loss Ratios (excluding active life reserves)

Policy Yr	62	67	72	77	82	87	Composite
1	16.0%	17.7%	26.8%	21.4%	31.0%	39.8%	27.0%
2	20.9%	24.0%	33.7%	31.8%	53.0%	51.5%	39.1%
3	24.8%	29.7%	39.4%	43.6%	65.2%	60.7%	47.8%
4	29.0%	35.9%	45.1%	57.6%	71.9%	64.2%	54.8%
5	33.5%	42.5%	50.6%	74.1%	78.7%	67.6%	62.5%
6	38.3%	49.5%	50.8%	84.6%	85.8%	71.0%	67.6%
7	47.6%	54.6%	62.6%	94.5%	91.5%	80.1%	75.6%
8	57.5%	59.4%	75.2%	104.8%	97.2%	88.7%	83.9%
9	67.8%	64.0%	88.4%	115.4%	102.7%	96.5%	92.5%
10	82.9%	71.8%	102.3%	126.5%	108.2%	103.7%	102.2%
15	97.9%	145.1%	174.6%	173.8%	166.0%	113.5%	155.6%
20	197.8%	247.7%	239.9%	266.7%	181.6%	102.2%	232.2%
25	337.7%	340.4%	368.1%	291.6%	163.6%		339.3%
30	464.1%	522.2%	402.6%	262.9%			463.2%

TABLE 2
 TEACHERS PROTECTIVE MUTUAL LIFE INSURANCE COMPANY
 Policy Form Series SH-9610-HCP

LEVEL BENEFIT
 \$10.00 per Day Home Health Care Benefit

Attained Age	BENEFIT PERIOD		
	2 YR	5 YR	LIFETIME
62	0.34	0.50	0.55
67	0.50	0.74	0.81
72	0.86	1.31	1.45
77	0.94	1.44	1.58
82	2.18	3.29	3.55
87	3.67	5.28	5.67
92	4.89	6.95	7.50
97	6.99	11.09	13.33
102	7.17	12.48	13.35

RNG=TAB2

TABLE 2
 TEACHERS PROTECTIVE MUTUAL LIFE INSURANCE COMPANY
 Policy Form Series SH-9610-HCP

LEVEL BENEFIT
 \$10.00 per Day Home Health Care Benefit

Attained Age	BENEFIT PERIOD		
	2 YR	5 YR	LIFETIME
62	0.34	0.50	0.55
67	0.50	0.74	0.81
72	0.86	1.31	1.45
77	0.94	1.44	1.58
82	2.18	3.29	3.55
87	3.67	5.28	5.67
92	4.89	6.95	7.50
97	6.99	11.09	13.33
102	7.17	12.48	13.35

RNG=TAB2

TABLE 3
 TEACHERS PROTECTIVE MUTUAL LIFE INSURANCE COMPANY
 Policy Form Series SH-9610-HCP

SELECTION FACTORS

Dur	< 65	65-69	70-79	80-84	> = 85
1	50.0%	50.0%	60.0%	60.0%	75.0%
2	55.0%	55.0%	70.0%	90.0%	90.0%
3	60.0%	60.0%	80.0%	100.0%	100.0%
4	65.0%	65.0%	90.0%	100.0%	100.0%
5	70.0%	70.0%	100.0%	100.0%	100.0%
6	75.0%	75.0%	100.0%	100.0%	100.0%
7	80.0%	80.0%	100.0%	100.0%	100.0%
8	85.0%	85.0%	100.0%	100.0%	100.0%
9	90.0%	90.0%	100.0%	100.0%	100.0%
10+	100.0%	100.0%	100.0%	100.0%	100.0%

RNG=TAB3

TEACHERS PROTECTIVE MUTUAL LIFE INSURANCE COMPANY
 Policy Form Series SH-9610-HCP : NON-QUALIFIED PLAN
 Supplement to Tax Qualified Home Health Care Policy
 RATE SHEET
 Annual Premiums per \$10.00 of Daily Benefit
 Level Benefit, 0 Day Elim

Issue Age	12	24	36	48	60	Lifetime
18-49	2	2	3	3	4	4
50-59	2	2	3	4	4	5
60-64	2	3	3	4	4	5
65-69	3	4	5	5	6	7
70	3	4	5	6	7	8
71	4	5	6	7	8	9
72	4	5	7	8	8	9
73	5	6	7	8	9	10
74	5	6	8	9	10	11
75	5	7	8	9	10	11
76	6	7	9	10	11	12
77	6	8	9	11	12	12
78	7	9	11	12	13	14
79	8	10	12	13	14	15
80	8	11	13	15	16	17
81	9	12	14	16	17	18
82	10	13	16	17	18	20
83	12	15	18	19	21	22
84	13	17	20	22	23	24
85	14	18	22	24	25	27
86	16	20	24	26	27	29
87	17	22	26	28	29	31
88	18	22	26	29	30	32
89	18	23	27	30	31	33

TEACHERS PROTECTIVE MUTUAL LIFE INSURANCE COMPANY
 Policy Form Series SH-9610-HCP : NON-QUALIFIED PLAN
 Rider Form Series : 96-LIR, Lifetime Increasing Benefit
 Supplement to Tax Qualified Home Health Care Policy
 RATE SHEET

Annual Premiums per \$10.00 of Daily Benefit
 Increasing Benefit, 0 Day Elim

Issue Age	12	24	36	48	60	Lifetime
18-49	3	4	5	6	7	8
50-59	3	4	5	6	7	8
60-64	3	5	6	7	8	9
65-69	5	6	8	9	10	12
70	5	7	9	10	11	13
71	6	8	10	11	13	14
72	6	8	10	12	13	15
73	7	9	11	12	14	16
74	7	9	11	13	14	16
75	7	10	12	14	15	17
76	8	10	13	14	16	17
77	8	11	13	15	16	18
78	9	12	15	17	18	20
79	10	13	16	18	20	22
80	11	14	17	20	21	23
81	12	15	19	21	23	25
82	13	17	20	23	25	27
83	15	19	23	25	27	29
84	16	21	25	28	30	32
85	18	23	27	30	32	34
86	19	25	29	33	35	37
87	21	27	32	35	37	40
88	21	27	32	36	38	40
89	22	28	34	37	39	42

TEACHERS PROTECTIVE MUTUAL LIFE INSURANCE COMPANY
 Policy Form Series SH-9610-HCP : NON-QUALIFIED PLAN
 Rider Form Series : 9610-IR, 10 Year Increasing Benefit
 Supplement to Tax Qualified Home Health Care Policy
 RATE SHEET

Annual Premiums per \$10.00 of Daily Benefit
 Increasing Benefit, 0 Day Elim

Issue Age	12	24	36	48	60	Lifetime
18-49	2	2	3	4	4	5
50-59	2	3	3	4	5	6
60-64	2	3	4	4	5	6
65-69	3	5	6	7	8	9
70	4	6	7	8	9	11
71	5	7	8	9	11	12
72	5	7	9	10	11	13
73	6	8	10	11	12	14
74	6	8	10	12	13	15
75	7	9	11	13	14	15
76	7	9	12	13	14	16
77	8	10	12	14	15	17
78	9	11	14	16	17	19
79	10	12	15	17	19	21
80	11	14	17	19	21	22
81	12	15	18	21	22	24
82	13	16	20	22	24	26
83	14	18	22	25	27	29
84	16	20	24	27	29	31
85	17	22	27	30	31	34
86	19	24	29	32	34	36
87	21	26	31	34	36	39
88	21	27	32	35	37	40
89	22	28	33	37	39	41

TEACHERS PROTECTIVE MUTUAL LIFE INSURANCE COMPANY
POLICY FORM SERIES QH-9610-HCP : TAX QUALIFIED
HOME HEALTH CARE POLICY
OPTIONAL INFLATION BENEFITS - RIDER FORM SERIES 96-10IR & 96-LIR

RATE SCHEDULE

I. Substandard Rate Classifications
 (Applicants Who Do Not Qualify for Preferred Rates)

<u>Underwriting Classification</u>	<u>Premiums</u>
Preferred	100%
Standard	115%
Select	175%

II. Policy Fee (one time): \$25.00 (No policy fee in IN, KY)

III. Premium Paid Other Than Annual

Semi-Annual	52%	Monthly	9%
Quarterly	26.5%	Monthly Bank Draft	8.5%

IV. Elimination Period

<u>Elimination Period</u>	<u>Percentage Discount</u>
20 days	4%
60 days	8.5%
100 days	12%
180 days	20%

V. Husband and Wife Discount

If husband and wife are insured on the same policy, a 10% discount is applied to the older insured.



May 7, 2019

Re: Rate Increase Filing – Response to Objection from 4/18/2019
TPM Life Insurance Company
NAIC #: 69353, FEIN #: 23-1395696
Long Term Care Policy Form Series: 8800, 8810, 9606, 9610, & 2000

Dear Mr. Dismore:

Thank you for your letter dated April 18, 2019 regarding the above referenced filing.

Objection 1

We have put together an exhibit (“Rate Derivation Exhibit 07052019”) showing the derivation of the current premium rates being charged for policies issued before October 2003, as of December 31, 2018.

The exhibit reflects the rate increases in the below table.

Table 1: Rate Increases

Effective Date	Product	Rate Increase Percentage
August 2002	9000 Series	30%
Maty 2007	9000 Series	30%
April 2011	All	15%
November 2015; November 2016; November 2017	All policies issued up to and including 9/30/2003	12%

While most policies follow these rates increases exactly, others do not. This could be because:

1. The rate increase doesn’t apply. For example, if a policy is not a 9000 series, it will not receive either of the rate increases from August 2002 and May 2007.
2. The August 2002 rate increase is between 0-30% depending on the policy. This is because the rate increase premium in 2002 could not exceed the 2000 plan series rates that were new at the time.
3. A policy that has elected the CBUL option will have a premium (including starting premium) of \$0. Hence, there will be only 0% rate increases for these policies.

Should you have further questions regarding this filing or require additional information do not hesitate to contact me by email at cchadick@lewisellis.com or by telephone at (972) 850-0850 collect.



LEWIS & ELLIS

700 Central Expressway South, Suite 550

Allen, TX 75013

972-850-0850

lewisellis.com

Sincerely,

A handwritten signature in black ink that reads 'Cabe Chadick'.

Cabe W. Chadick, F.S.A., M.A.A.A.
Senior Vice President & Principal
Lewis & Ellis, Inc.
Actuaries & Consultants

TPM Insurance Company

Policy Listing with Current and Revised Premiums

Proposed Rate RI Exhibit

Form Number - QH-9606-LTC-APC

Virginia Policyholders

Current in force policies: Pre-Rate Stabilization Only

As of 12/31/2018

Policy Number	Plan Code	Current Annual			2019 Proposed RI	2020 Proposed RI	2021 Proposed RI	2019 Proposed	2020 Proposed	2021 Proposed
		Premium					Annual Premium	Annual Premium	Annual Premium	
400068	9606	1,773	15%	15%	15%	15%	2,039	2,345	2,697	
400069	9606	1,706	15%	15%	15%	15%	1,962	2,256	2,595	
400537	9606	4,200	15%	15%	15%	15%	4,830	5,555	6,388	
400540	9606	2,955	15%	15%	15%	15%	3,398	3,908	4,494	
400728	9606	3,779	15%	15%	15%	15%	4,346	4,998	5,747	
400814	9606	4,362	15%	15%	15%	15%	5,016	5,769	6,634	
400864	9606	1,612	15%	15%	15%	15%	1,854	2,132	2,452	
401246	9606	3,023	15%	15%	15%	15%	3,476	3,998	4,598	
401756	9606	3,695	15%	15%	15%	15%	4,249	4,887	5,620	
401958	9606	2,955	15%	15%	15%	15%	3,398	3,908	4,494	
402113	9606	4,367	15%	15%	15%	15%	5,022	5,775	6,642	
402705	9606	3,114	15%	15%	15%	15%	3,581	4,118	4,736	
402827	9606	3,359	15%	15%	15%	15%	3,863	4,442	5,109	
402871	9606	3,359	15%	15%	15%	15%	3,863	4,442	5,109	
402876	9606	0	15%	15%	15%	15%	0	0	0	
402956	9606	0	15%	15%	15%	15%	0	0	0	
403096	9606	1,836	15%	15%	15%	15%	2,111	2,428	2,792	
403317	9606	5,322	15%	15%	15%	15%	6,120	7,038	8,094	
403430	9606	1,934	15%	15%	15%	15%	2,224	2,558	2,941	
403431	9606	2,150	15%	15%	15%	15%	2,473	2,843	3,270	
403970	9606	3,255	15%	15%	15%	15%	3,743	4,305	4,950	
404089	9606	2,585	15%	15%	15%	15%	2,973	3,419	3,931	
404316	9606	2,686	15%	15%	15%	15%	3,089	3,552	4,085	
404479	9606	3,359	15%	15%	15%	15%	3,863	4,442	5,109	
404644	9606	1,241	15%	15%	15%	15%	1,427	1,641	1,887	
404645	9606	1,380	15%	15%	15%	15%	1,587	1,825	2,099	
404745	9606	0	15%	15%	15%	15%	0	0	0	
404751	9606	2,294	15%	15%	15%	15%	2,638	3,034	3,489	
405083	9606	1,870	15%	15%	15%	15%	2,151	2,473	2,844	
405084	9606	1,953	15%	15%	15%	15%	2,246	2,583	2,970	
405093	9606	2,712	15%	15%	15%	15%	3,119	3,587	4,125	
405248	9606	0	15%	15%	15%	15%	0	0	0	
405271	9606	0	15%	15%	15%	15%	0	0	0	
405764	9606	3,916	15%	15%	15%	15%	4,503	5,179	5,956	
405765	9606	3,359	15%	15%	15%	15%	3,863	4,442	5,109	
405816	9606	4,215	15%	15%	15%	15%	4,847	5,574	6,410	
405819	9606	3,850	15%	15%	15%	15%	4,428	5,092	5,855	
406026	9606	4,185	15%	15%	15%	15%	4,813	5,535	6,365	
406245	9606	5,687	15%	15%	15%	15%	6,540	7,521	8,649	
406255	9606	0	15%	15%	15%	15%	0	0	0	
406304	9606	8,194	15%	15%	15%	15%	9,423	10,837	12,462	
406305	9606	6,627	15%	15%	15%	15%	7,621	8,764	10,079	
406552	9606	7,473	15%	15%	15%	15%	8,594	9,883	11,365	
H263208	9606	1,314	15%	15%	15%	15%	1,511	1,738	1,998	
H263404	9606	4,386	15%	15%	15%	15%	5,044	5,800	6,671	
H263550	9606	7,455	15%	15%	15%	15%	8,573	9,859	11,338	
H263997	9606	4,592	15%	15%	15%	15%	5,281	6,073	6,984	
H264533	9606	3,359	15%	15%	15%	15%	3,863	4,442	5,109	
H264546	9606	3,255	15%	15%	15%	15%	3,743	4,305	4,950	
H264681	9606	2,611	15%	15%	15%	15%	3,003	3,453	3,971	
H264700	9606	4,575	15%	15%	15%	15%	5,261	6,050	6,958	
H264838	9606	4,351	15%	15%	15%	15%	5,004	5,754	6,617	
H264941	9606	2,448	15%	15%	15%	15%	2,815	3,237	3,723	
H265178	9606	7,273	15%	15%	15%	15%	8,364	9,619	11,061	
H265504	9606	3,359	15%	15%	15%	15%	3,863	4,442	5,109	
H265719	9606	3,695	15%	15%	15%	15%	4,249	4,887	5,620	
H265751	9606	5,322	15%	15%	15%	15%	6,120	7,038	8,094	
H265843	9606	6,279	15%	15%	15%	15%	7,221	8,304	9,550	
H265844	9606	3,359	15%	15%	15%	15%	3,863	4,442	5,109	
H265845	9606	2,052	15%	15%	15%	15%	2,360	2,714	3,121	
H265872	9606	3,023	15%	15%	15%	15%	3,476	3,998	4,598	
H266190	9606	3,359	15%	15%	15%	15%	3,863	4,442	5,109	
H266306	9606	0	15%	15%	15%	15%	0	0	0	
H266749	9606	2,318	15%	15%	15%	15%	2,666	3,066	3,525	
H266912	9606	6,380	15%	15%	15%	15%	7,337	8,438	9,703	

TPM Insurance Company

Policy Listing with Current and Revised Premiums

Proposed Rate RI Exhibit

Form Number - QH-9606-LTC-APC

Virginia Policyholders

Current in force policies: Pre-Rate Stabilization Only

As of 12/31/2018

Policy Number	Plan Code	Current Annual				2019 Proposed	2020 Proposed	2021 Proposed
		Premium	2019 Proposed RI	2020 Proposed RI	2021 Proposed RI	Annual Premium	Annual Premium	Annual Premium
H266984	9606	4,582	15%	15%	15%	5,269	6,060	6,969
H267282	9606	4,628	15%	15%	15%	5,322	6,121	7,039
H267338	9606	3,715	15%	15%	15%	4,272	4,913	5,650
H267359	9606	3,353	15%	15%	15%	3,856	4,434	5,099
H267361	9606	4,628	15%	15%	15%	5,322	6,121	7,039
H267969	9606	2,654	15%	15%	15%	3,052	3,510	4,036
H267975	9606	2,949	15%	15%	15%	3,391	3,900	4,485
H268001	9606	1,010	15%	15%	15%	1,162	1,336	1,536
H268046	9606	2,261	15%	15%	15%	2,600	2,990	3,439
H268126	9606	3,359	15%	15%	15%	3,863	4,442	5,109
H268471	9606	3,364	15%	15%	15%	3,869	4,449	5,116
H268522	9606	2,704	15%	15%	15%	3,110	3,576	4,112
H268725	9606	0	15%	15%	15%	0	0	0
H268803	9606	0	15%	15%	15%	0	0	0
H268845	9606	0	15%	15%	15%	0	0	0
H269106	9606	5,854	15%	15%	15%	6,732	7,742	8,903
H269219	9606	2,955	15%	15%	15%	3,398	3,908	4,494
H269415	9606	3,359	15%	15%	15%	3,863	4,442	5,109
H269474	9606	3,359	15%	15%	15%	3,863	4,442	5,109
H269689	9606	4,974	15%	15%	15%	5,720	6,578	7,565
H269868	9606	0	15%	15%	15%	0	0	0
H270087	9606	5,770	15%	15%	15%	6,636	7,631	8,775
H270244	9606	4,763	15%	15%	15%	5,477	6,299	7,244
H270307	9606	2,949	15%	15%	15%	3,391	3,900	4,485
H270572	9606	1,345	15%	15%	15%	1,547	1,779	2,046
H270604	9606	4,474	15%	15%	15%	5,145	5,917	6,804
H270666	9606	2,392	15%	15%	15%	2,751	3,163	3,638
H270685	9606	0	15%	15%	15%	0	0	0
H270777	9606	1,721	15%	15%	15%	1,979	2,276	2,617
H270792	9636	1,467	15%	15%	15%	1,687	1,940	2,231
H270820	9606	2,704	15%	15%	15%	3,110	3,576	4,112
H270890	9606	4,425	15%	15%	15%	5,089	5,852	6,730
H271068	9606	3,023	15%	15%	15%	3,476	3,998	4,598
H271255	9606	6,627	15%	15%	15%	7,621	8,764	10,079
H271420	9606	6,525	15%	15%	15%	7,504	8,629	9,924
H400050	9606	1,989	15%	15%	15%	2,287	2,630	3,025
400236	9607	4,872	15%	15%	15%	5,603	6,443	7,410
400461	9607	4,151	15%	15%	15%	4,774	5,490	6,313
400536	9607	4,533	15%	15%	15%	5,213	5,995	6,894
401234	9607	5,424	15%	15%	15%	6,238	7,173	8,249
401539	9607	3,031	15%	15%	15%	3,486	4,008	4,610
402018	9607	6,071	15%	15%	15%	6,982	8,029	9,233
402353	9607	3,787	15%	15%	15%	4,355	5,008	5,760
402355	9607	2,911	15%	15%	15%	3,348	3,850	4,427
402452	9607	1,969	15%	15%	15%	2,264	2,604	2,995
402687	9607	2,381	15%	15%	15%	2,738	3,149	3,621
402731	9607	2,267	15%	15%	15%	2,607	2,998	3,448
402865	9607	2,621	15%	15%	15%	3,014	3,466	3,986
402920	9607	3,146	15%	15%	15%	3,618	4,161	4,785
403099	9607	2,974	15%	15%	15%	3,420	3,933	4,523
403100	9607	3,642	15%	15%	15%	4,188	4,817	5,539
403269	9607	3,031	15%	15%	15%	3,486	4,008	4,610
403293	9607	3,341	15%	15%	15%	3,842	4,418	5,081
403414	9607	4,366	15%	15%	15%	5,021	5,774	6,640
403481	9607	3,795	15%	15%	15%	4,364	5,019	5,772
403575	9607	2,689	15%	15%	15%	3,092	3,556	4,090
403608	9607	0	15%	15%	15%	0	0	0
403610	9607	2,974	15%	15%	15%	3,420	3,933	4,523
403611	9607	3,304	15%	15%	15%	3,800	4,370	5,025
403650	9607	3,795	15%	15%	15%	4,364	5,019	5,772
403662	9607	3,502	15%	15%	15%	4,027	4,631	5,326
403834	9607	5,070	15%	15%	15%	5,831	6,705	7,711
404113	9607	3,138	15%	15%	15%	3,609	4,150	4,773
404236	9607	2,401	15%	15%	15%	2,761	3,175	3,652
404275	9607	2,424	15%	15%	15%	2,788	3,206	3,687

TPM Insurance Company

Policy Listing with Current and Revised Premiums

Proposed Rate RI Exhibit

Form Number - QH-9606-LTC-APC

Virginia Policyholders

Current in force policies: Pre-Rate Stabilization Only

As of 12/31/2018

Policy Number	Plan Code	Current Annual			2019 Proposed RI	2020 Proposed RI	2021 Proposed RI	2019 Proposed	2020 Proposed	2021 Proposed
		Premium					Annual Premium	Annual Premium	Annual Premium	
404625	9607	0	15%	15%	15%	15%	0	0	0	
404732	9607	4,472	15%	15%	15%	15%	5,143	5,914	6,801	
404739	9607	1,982	15%	15%	15%	15%	2,279	2,621	3,014	
404816	9607	8,683	15%	15%	15%	15%	9,985	11,483	13,206	
404910	9607	2,037	15%	15%	15%	15%	2,343	2,694	3,098	
405082	9607	5,215	15%	15%	15%	15%	5,997	6,897	7,931	
405098	9607	2,158	15%	15%	15%	15%	2,482	2,854	3,282	
405112	9607	1,165	15%	15%	15%	15%	1,340	1,541	1,772	
405113	9607	988	15%	15%	15%	15%	1,136	1,307	1,503	
405121	9607	3,590	15%	15%	15%	15%	4,129	4,748	5,460	
405122	9607	2,907	15%	15%	15%	15%	3,343	3,845	4,421	
405204	9607	4,079	15%	15%	15%	15%	4,691	5,394	6,204	
405371	9607	2,361	15%	15%	15%	15%	2,715	3,122	3,591	
405372	9607	1,377	15%	15%	15%	15%	1,584	1,821	2,094	
405434	9607	1,967	15%	15%	15%	15%	2,262	2,601	2,992	
405861	9607	3,784	15%	15%	15%	15%	4,352	5,004	5,755	
405919	9607	3,552	15%	15%	15%	15%	4,085	4,698	5,402	
405969	9607	4,533	15%	15%	15%	15%	5,213	5,995	6,894	
406083	9607	3,416	15%	15%	15%	15%	3,928	4,518	5,195	
406277	9607	0	15%	15%	15%	15%	0	0	0	
406333	9607	0	15%	15%	15%	15%	0	0	0	
406334	9607	0	15%	15%	15%	15%	0	0	0	
406344	9607	4,592	15%	15%	15%	15%	5,281	6,073	6,984	
406345	9607	3,378	15%	15%	15%	15%	3,885	4,467	5,138	
406373	9607	1,509	15%	15%	15%	15%	1,735	1,996	2,295	
H264942	9607	6,028	15%	15%	15%	15%	6,932	7,972	9,168	
H265067	9607	3,297	15%	15%	15%	15%	3,792	4,360	5,014	
H265071	9607	4,533	15%	15%	15%	15%	5,213	5,995	6,894	
H265971	9607	4,432	15%	15%	15%	15%	5,097	5,861	6,741	
H266367	9607	4,533	15%	15%	15%	15%	5,213	5,995	6,894	
H266673	9607	2,048	15%	15%	15%	15%	2,355	2,708	3,115	
H266869	9607	2,689	15%	15%	15%	15%	3,092	3,556	4,090	
H266913	9607	6,279	15%	15%	15%	15%	7,221	8,304	9,550	
H267153	9607	3,472	15%	15%	15%	15%	3,993	4,592	5,280	
H267411	9607	3,501	15%	15%	15%	15%	4,026	4,630	5,325	
H267794	9607	3,843	15%	15%	15%	15%	4,419	5,082	5,845	
H267882	9607	2,973	15%	15%	15%	15%	3,419	3,932	4,522	
H267883	9607	7,233	15%	15%	15%	15%	8,318	9,566	11,000	
H268014	9607	4,533	15%	15%	15%	15%	5,213	5,995	6,894	
H268243	9607	3,304	15%	15%	15%	15%	3,800	4,370	5,025	
H268524	9607	2,695	15%	15%	15%	15%	3,099	3,564	4,099	
H268525	9607	2,996	15%	15%	15%	15%	3,445	3,962	4,557	
H268890	9607	1,651	15%	15%	15%	15%	1,899	2,183	2,511	
H269087	9607	2,717	15%	15%	15%	15%	3,125	3,593	4,132	
H269197	9607	3,993	15%	15%	15%	15%	4,592	5,281	6,073	
H269266	9607	2,911	15%	15%	15%	15%	3,348	3,850	4,427	
H269355	9607	4,533	15%	15%	15%	15%	5,213	5,995	6,894	
H269364	9607	2,039	15%	15%	15%	15%	2,345	2,697	3,101	
H269465	9607	1,510	15%	15%	15%	15%	1,737	1,997	2,297	
H269688	9607	5,207	15%	15%	15%	15%	5,988	6,886	7,919	
H269824	9607	1,636	15%	15%	15%	15%	1,881	2,164	2,488	
H270241	9607	1,958	15%	15%	15%	15%	2,252	2,589	2,978	
H270576	9607	3,031	15%	15%	15%	15%	3,486	4,008	4,610	
H270588	9607	0	15%	15%	15%	15%	0	0	0	
H270793	9607	5,873	15%	15%	15%	15%	6,754	7,767	8,932	
H270803	9607	2,836	15%	15%	15%	15%	3,261	3,751	4,313	
H270915	9607	2,039	15%	15%	15%	15%	2,345	2,697	3,101	
H270916	9607	2,267	15%	15%	15%	15%	2,607	2,998	3,448	
H271298	9607	1,721	15%	15%	15%	15%	1,979	2,276	2,617	
400317	9608	4,069	15%	15%	15%	15%	4,679	5,381	6,188	
400572	9608	5,780	15%	15%	15%	15%	6,647	7,644	8,791	
401948	9608	4,508	15%	15%	15%	15%	5,184	5,962	6,856	
401957	9608	3,373	15%	15%	15%	15%	3,879	4,461	5,130	
402191	9608	3,206	15%	15%	15%	15%	3,687	4,240	4,876	
402196	9608	5,686	15%	15%	15%	15%	6,539	7,520	8,648	

TPM Insurance Company

Policy Listing with Current and Revised Premiums

Proposed Rate RI Exhibit

Form Number - QH-9606-LTC-APC

Virginia Policyholders

Current in force policies: Pre-Rate Stabilization Only

As of 12/31/2018

Policy Number	Plan Code	Current Annual	2019 Propsoed RI	2020 Proposed RI	2021 Proposed RI	2019 Proposed	2020 Proposed	2021 Proposed
		Premium				Annual Premium	Annual Premium	Annual Premium
402866	9608	1,694	15%	15%	15%	1,948	2,240	2,576
403592	9608	0	15%	15%	15%	0	0	0
403593	9608	0	15%	15%	15%	0	0	0
403721	9608	4,096	15%	15%	15%	4,710	5,417	6,230
404762	9608	8,351	15%	15%	15%	9,604	11,044	12,701
404802	9608	5,843	15%	15%	15%	6,719	7,727	8,886
404828	9608	3,735	15%	15%	15%	4,295	4,940	5,680
404872	9608	2,469	15%	15%	15%	2,839	3,265	3,755
404873	9608	2,743	15%	15%	15%	3,154	3,628	4,172
404977	9608	0	15%	15%	15%	0	0	0
404985	9608	6,699	15%	15%	15%	7,704	8,859	10,188
405705	9608	2,955	15%	15%	15%	3,398	3,908	4,494
405858	9608	2,227	15%	15%	15%	2,561	2,945	3,387
405859	9608	2,779	15%	15%	15%	3,196	3,675	4,227
405920	9608	7,937	15%	15%	15%	9,128	10,497	12,071
405960	9608	3,430	15%	15%	15%	3,945	4,536	5,217
406082	9608	3,195	15%	15%	15%	3,674	4,225	4,859
406243	9608	9,151	15%	15%	15%	10,524	12,102	13,918
406428	9608	6,122	15%	15%	15%	7,040	8,096	9,311
406457	9608	4,031	15%	15%	15%	4,636	5,331	6,131
H265596	9608	2,958	15%	15%	15%	3,402	3,912	4,499
H265835	9608	4,685	15%	15%	15%	5,388	6,196	7,125
H266000	9608	2,617	15%	15%	15%	3,010	3,461	3,980
H266266	9608	4,675	15%	15%	15%	5,376	6,183	7,110
H267321	9608	2,164	15%	15%	15%	2,489	2,862	3,291
H267879	9608	2,822	15%	15%	15%	3,245	3,732	4,292
H267917	9608	2,075	15%	15%	15%	2,386	2,744	3,156
H268201	9608	1,577	15%	15%	15%	1,814	2,086	2,398
H268229	9608	3,735	15%	15%	15%	4,295	4,940	5,680
H269365	9608	10,229	15%	15%	15%	11,763	13,528	15,557
H270263	9608	5,843	15%	15%	15%	6,719	7,727	8,886
400883	9610	0	15%	15%	15%	0	0	0
404062	9610	2,261	15%	15%	15%	2,600	2,990	3,439
406936	9610	3,283	15%	15%	15%	3,775	4,342	4,993
407352	9610	1,794	15%	15%	15%	2,063	2,373	2,728
H263671	9610	2,036	15%	15%	15%	2,341	2,693	3,097
H266739	9610	0	15%	15%	15%	0	0	0
H267095	9610	2,327	15%	15%	15%	2,676	3,077	3,539
H267228	9610	2,456	15%	15%	15%	2,824	3,248	3,735
H267858	9610	0	15%	15%	15%	0	0	0
H269168	9610	906	15%	15%	15%	1,042	1,198	1,378

TPM Insurance Company

Policy Listing with Current and Revised Premiums

Proposed Rate RI Exhibit

Form Number - TNQ-LTC-2000(VA)

Virginia Policyholders

Current in force policies: Pre-Rate Stabilization Only

As of 12/31/2018

Policy Number	Plan Code	Current Annual	2019 Propsoed RI	2020 Proposed RI	2021 Proposed RI	2019 Proposed	2020 Proposed	2021 Proposed
		Premium				Annual Premium	Annual Premium	Annual Premium
406744	2200	3,286	15%	15%	15%	3,779	4,346	4,998
406877	2200	1,955	15%	15%	15%	2,248	2,585	2,973
407608	2200	0	15%	15%	15%	0	0	0
407118	2201	2,229	15%	15%	15%	2,563	2,948	3,390
406903	2203	2,220	15%	15%	15%	2,553	2,936	3,376
406904	2203	2,063	15%	15%	15%	2,372	2,728	3,138
407062	2203	0	15%	15%	15%	0	0	0
407216	2203	0	15%	15%	15%	0	0	0
407293	2203	0	15%	15%	15%	0	0	0
407314	2203	2,896	15%	15%	15%	3,330	3,830	4,404
407315	2203	1,484	15%	15%	15%	1,707	1,963	2,257
407332	2203	4,120	15%	15%	15%	4,738	5,449	6,266
407614	2203	2,499	15%	15%	15%	2,874	3,305	3,801
407616	2203	3,345	15%	15%	15%	3,847	4,424	5,087
407638	2203	5,046	15%	15%	15%	5,803	6,673	7,674
407639	2203	3,814	15%	15%	15%	4,386	5,044	5,801
407667	2203	3,087	15%	15%	15%	3,550	4,083	4,695
406477	2204	1,186	15%	15%	15%	1,364	1,568	1,804
406480	2204	627	15%	15%	15%	721	829	954
407058	2204	2,764	15%	15%	15%	3,179	3,655	4,204
407294	2204	0	15%	15%	15%	0	0	0
407347	2204	3,994	15%	15%	15%	4,593	5,282	6,074
406860	2205	4,144	15%	15%	15%	4,766	5,480	6,303
407213	2205	2,603	15%	15%	15%	2,993	3,442	3,959
407214	2205	2,343	15%	15%	15%	2,694	3,099	3,563
407453	2205	2,475	15%	15%	15%	2,846	3,273	3,764
407691	2205	0	15%	15%	15%	0	0	0
407692	2205	0	15%	15%	15%	0	0	0
407167	3203	977	15%	15%	15%	1,124	1,292	1,486

TPM Insurance Company

Policy Listing with Current and Revised Premiums

Proposed Rate RI Exhibit

Form Number - TNQ-LTC-2000(VA)-R

Virginia Policyholders

Current in force policies: Pre-Rate Stabilization Only

As of 12/31/2018

Policy Number	Plan Code	<u>Current Annual</u>	2019 Propsoed RI	2020 Proposed RI	2021 Proposed RI	<u>2019 Proposed</u>	<u>2020 Proposed</u>	<u>2021 Proposed</u>
		Premium				Annual Premium	Annual Premium	Annual Premium
406805	3200	932	15%	15%	15%	1,072	1,233	1,417
406884	3200	729	15%	15%	15%	838	964	1,109
407119	3200	1,614	15%	15%	15%	1,856	2,135	2,455
407219	3200	6,219	15%	15%	15%	7,152	8,225	9,458
407407	3200	1,920	15%	15%	15%	2,208	2,539	2,920

Policy Listing with Current and Revised Premiums

Exhibit 1

Form Number - QH-9606-LTC-APC

Virginia Policyholders

Current in force

As of 12/31/2017

<u>Policy</u> Number	<u>Plan Code</u>	<u>Current Annual</u> Premium	<u>Proposed Rate</u> Increase	<u>Proposed Annual</u>	<u>Proposed Annual</u>	<u>Proposed Annual</u>
				<u>Premium Increase,</u>	<u>Premium Increase,</u>	<u>Premium Increase,</u>
				<u>2018</u>	<u>2019</u>	<u>2020</u>
400068	9606	1773	15%	266	306	352
400069	9606	1706	15%	256	294	338
400537	9606	4200	15%	630	725	833
400540	9606	2955	15%	443	510	586
400728	9606	3779	15%	567	652	750
400814	9606	4883	15%	732	842	969
400864	9606	1439	15%	216	248	285
401246	9606	3023	15%	453	521	600
401756	9606	3299	15%	495	569	654
401958	9606	2638	15%	396	455	523
402113	9606	4367	15%	655	753	866
402705	9606	3114	15%	467	537	618
402827	9606	2999	15%	450	517	595
402871	9606	3359	15%	504	579	666
402876	9606	0	15%	0	0	0
402956	9606	0	15%	0	0	0
403040	9606	4921	15%	738	849	976
403041	9606	3437	15%	516	593	682
403096	9606	1836	15%	275	317	364
403317	9606	5322	15%	798	918	1,056
403430	9606	1934	15%	290	334	384
403431	9606	2150	15%	323	371	427
403970	9606	3255	15%	488	561	646
404016	9606	9528	15%	1,429	1,644	1,890
404089	9606	2585	15%	388	446	513
404316	9606	2686	15%	403	463	533
404479	9606	2999	15%	450	517	595
404481	9606	3094	15%	464	534	614
404644	9606	1108	15%	166	191	220
404645	9606	1232	15%	185	213	244
404745	9606	0	15%	0	0	0
404751	9606	2294	15%	344	396	455
405083	9606	1870	15%	281	323	371
405084	9606	1953	15%	293	337	387
405093	9606	2712	15%	407	468	538
405248	9606	0	15%	0	0	0
405271	9606	0	15%	0	0	0
405764	9606	3916	15%	587	676	777
405765	9606	3359	15%	504	579	666
405816	9606	4215	15%	632	727	836
405819	9606	3850	15%	578	664	764
406026	9606	4185	15%	628	722	830

Policy Listing with Current and Revised Premiums

Exhibit 1

Form Number - QH-9606-LTC-APC

Virginia Policyholders

Current in force

As of 12/31/2017

<u>Policy Number</u>	<u>Plan Code</u>	<u>Current Annual Premium</u>	<u>Proposed Rate Increase</u>	<u>Proposed Annual Premium Increase,</u>	<u>Proposed Annual Premium Increase,</u>	<u>Proposed Annual Premium Increase,</u>
				<u>2018</u>	<u>2019</u>	<u>2020</u>
406245	9606	5687	15%	853	981	1,128
406255	9606	0	15%	0	0	0
406304	9606	7316	15%	1,097	1,262	1,451
406305	9606	5917	15%	888	1,021	1,174
406552	9606	7473	15%	1,121	1,289	1,482
H263208	9606	1314	15%	197	227	261
H263404	9606	4386	15%	658	757	870
H263550	9606	7455	15%	1,118	1,286	1,479
H263997	9606	4592	15%	689	792	911
H264533	9606	3359	15%	504	579	666
H264546	9606	3255	15%	488	561	646
H264681	9606	2331	15%	350	402	462
H264700	9606	4575	15%	686	789	908
H264838	9606	4351	15%	653	751	863
H264941	9606	2448	15%	367	422	486
H265178	9606	6494	15%	974	1,120	1,288
H265504	9606	3359	15%	504	579	666
H265610	9606	4054	15%	608	699	804
H265719	9606	3695	15%	554	637	733
H265751	9606	4752	15%	713	820	943
H265843	9606	5606	15%	841	967	1,112
H265844	9606	2999	15%	450	517	595
H265845	9606	0	15%	0	0	0
H265872	9606	2699	15%	405	466	535
H266190	9606	2999	15%	450	517	595
H266306	9606	0	15%	0	0	0
H266749	9606	2318	15%	348	400	460
H266912	9606	6380	15%	957	1,101	1,266
H266984	9606	4582	15%	687	790	909
H267282	9606	4628	15%	694	798	918
H267338	9606	3317	15%	498	572	658
H267359	9606	3353	15%	503	578	665
H267361	9606	4628	15%	694	798	918
H267969	9606	2654	15%	398	458	526
H267975	9606	2949	15%	442	509	585
H268001	9606	1010	15%	152	174	200
H268046	9606	2261	15%	339	390	449
H268126	9606	2999	15%	450	517	595
H268471	9606	3364	15%	505	580	667
H268522	9606	2704	15%	406	466	536
H268691	9606	3359	15%	504	579	666
H268725	9606	0	15%	0	0	0

Policy Listing with Current and Revised Premiums

Exhibit 1

Form Number - QH-9606-LTC-APC

Virginia Policyholders

Current in force

As of 12/31/2017

<u>Policy</u> <u>Number</u>	<u>Plan Code</u>	<u>Current Annual</u> <u>Premium</u>	<u>Proposed Rate</u> <u>Increase</u>	<u>Proposed Annual</u>	<u>Proposed Annual</u>	<u>Proposed Annual</u>
				<u>Premium Increase,</u>	<u>Premium Increase,</u>	<u>Premium Increase,</u>
				<u>2018</u>	<u>2019</u>	<u>2020</u>
H268803	9606	0	15%	0	0	0
H268845	9606	0	15%	0	0	0
H269106	9606	5227	15%	784	902	1,037
H269219	9606	2638	15%	396	455	523
H269415	9606	2999	15%	450	517	595
H269474	9606	3359	15%	504	579	666
H269689	9606	4441	15%	666	766	881
H269868	9606	0	15%	0	0	0
H270087	9606	5770	15%	866	995	1,145
H270244	9606	4253	15%	638	734	844
H270307	9606	2999	15%	450	517	595
H270572	9606	1345	15%	202	232	267
H270587	9606	9556	15%	1,433	1,648	1,896
H270604	9606	4584	15%	688	791	909
H270666	9606	2392	15%	359	413	475
H270685	9606	0	15%	0	0	0
H270777	9606	1721	15%	258	297	341
H270792	9606	1467	15%	220	253	291
H270820	9606	2414	15%	362	416	479
H270890	9606	3951	15%	593	682	784
H271068	9606	3023	15%	453	521	600
H271255	9606	6627	15%	994	1,143	1,315
H271420	9606	6525	15%	979	1,126	1,294
H400050	9606	1989	15%	298	343	395
400236	9607	4872	15%	731	840	966
400461	9607	4151	15%	623	716	823
400536	9607	4533	15%	680	782	899
400727	9607	5382	15%	807	928	1,068
401234	9607	4843	15%	726	835	961
401539	9607	3031	15%	455	523	601
402018	9607	6071	15%	911	1,047	1,204
402353	9607	3787	15%	568	653	751
402355	9607	2911	15%	437	502	577
402452	9607	1969	15%	295	340	391
402687	9607	2126	15%	319	367	422
402731	9607	2267	15%	340	391	450
402865	9607	2621	15%	393	452	520
402920	9607	3146	15%	472	543	624
403099	9607	2974	15%	446	513	590
403100	9607	3642	15%	546	628	722
403269	9607	3031	15%	455	523	601
403293	9607	3341	15%	501	576	663

Policy Listing with Current and Revised Premiums

Exhibit 1

Form Number - QH-9606-LTC-APC

Virginia Policyholders

Current in force

As of 12/31/2017

<u>Policy Number</u>	<u>Plan Code</u>	<u>Current Annual Premium</u>	<u>Proposed Rate Increase</u>	<u>Proposed Annual Premium Increase,</u>	<u>Proposed Annual Premium Increase,</u>	<u>Proposed Annual Premium Increase,</u>
				<u>2018</u>	<u>2019</u>	<u>2020</u>
403414	9607	4366	15%	655	753	866
403481	9607	3795	15%	569	655	753
403575	9607	2689	15%	403	464	533
403608	9607	0	15%	0	0	0
403610	9607	2974	15%	446	513	590
403611	9607	3304	15%	496	570	655
403650	9607	3795	15%	569	655	753
403662	9607	3502	15%	525	604	695
403834	9607	5070	15%	761	875	1,006
404113	9607	3138	15%	471	541	623
404236	9607	2401	15%	360	414	476
404275	9607	2164	15%	325	373	429
404624	9607	0	15%	0	0	0
404625	9607	0	15%	0	0	0
404732	9607	4472	15%	671	771	887
404739	9607	1770	15%	266	305	351
404816	9607	7753	15%	1,163	1,337	1,538
404910	9607	1819	15%	273	314	361
405045	9607	4365	15%	655	753	866
405082	9607	5215	15%	782	900	1,035
405098	9607	1927	15%	289	332	382
405112	9607	1165	15%	175	201	231
405113	9607	988	15%	148	170	196
405121	9607	3590	15%	539	619	712
405122	9607	2907	15%	436	501	577
405204	9607	4079	15%	612	704	809
405371	9607	2361	15%	354	407	468
405372	9607	1377	15%	207	238	273
405434	9607	1967	15%	295	339	390
405861	9607	3784	15%	568	653	751
405919	9607	3552	15%	533	613	705
405969	9607	4533	15%	680	782	899
406083	9607	3416	15%	512	589	678
406277	9607	0	15%	0	0	0
406333	9607	0	15%	0	0	0
406334	9607	0	15%	0	0	0
406344	9607	4100	15%	615	707	813
406345	9607	3016	15%	452	520	598
406373	9607	1347	15%	202	232	267
H264942	9607	6028	15%	904	1,040	1,196
H265067	9607	3297	15%	495	569	654
H265071	9607	4047	15%	607	698	803

Policy Listing with Current and Revised Premiums

Exhibit 1

Form Number - QH-9606-LTC-APC

Virginia Policyholders

Current in force

As of 12/31/2017

<u>Policy</u> <u>Number</u>	<u>Plan Code</u>	<u>Current Annual</u> <u>Premium</u>	<u>Proposed Rate</u> <u>Increase</u>	<u>Proposed Annual</u>	<u>Proposed Annual</u>	<u>Proposed Annual</u>
				<u>Premium Increase,</u>	<u>Premium Increase,</u>	<u>Premium Increase,</u>
				<u>2018</u>	<u>2019</u>	<u>2020</u>
H265971	9607	4432	15%	665	765	879
H266367	9607	4533	15%	680	782	899
H266673	9607	2048	15%	307	353	406
H266869	9607	2401	15%	360	414	476
H266913	9607	6279	15%	942	1,083	1,246
H267001	9607	3304	15%	496	570	655
H267153	9607	3472	15%	521	599	689
H267411	9607	3501	15%	525	604	695
H267794	9607	3843	15%	576	663	762
H267882	9607	2973	15%	446	513	590
H267883	9607	7233	15%	1,085	1,248	1,435
H268014	9607	4533	15%	680	782	899
H268243	9607	3304	15%	496	570	655
H268524	9607	2695	15%	404	465	535
H268525	9607	2996	15%	449	517	594
H268890	9607	1651	15%	248	285	328
H269087	9607	2426	15%	364	418	481
H269197	9607	3565	15%	535	615	707
H269266	9607	2911	15%	437	502	577
H269355	9607	4533	15%	680	782	899
H269364	9607	2039	15%	306	352	404
H269465	9607	1510	15%	227	260	300
H269688	9607	5207	15%	781	898	1,033
H269824	9607	1636	15%	245	282	325
H270241	9607	1958	15%	294	338	388
H270576	9607	3031	15%	455	523	601
H270588	9607	0	15%	0	0	0
H270793	9607	5244	15%	787	905	1,040
H270803	9607	2836	15%	425	489	563
H270915	9607	1820	15%	273	314	361
H270916	9607	2024	15%	304	349	402
H271298	9607	2267	15%	340	391	450
400317	9608	4069	15%	610	702	807
400572	9608	5780	15%	867	997	1,147
401751	9608	4053	15%	608	699	804
401948	9608	4025	15%	604	694	798
401957	9608	3012	15%	452	520	598
402191	9608	2863	15%	429	494	568
402196	9608	5077	15%	762	876	1,007
402866	9608	1512	15%	227	261	300
403592	9608	0	15%	0	0	0
403593	9608	0	15%	0	0	0

Policy Listing with Current and Revised Premiums

Exhibit 1

Form Number - QH-9606-LTC-APC

Virginia Policyholders

Current in force

As of 12/31/2017

<u>Policy Number</u>	<u>Plan Code</u>	<u>Current Annual Premium</u>	<u>Proposed Rate Increase</u>	<u>Proposed Annual Premium Increase,</u>	<u>Proposed Annual Premium Increase,</u>	<u>Proposed Annual Premium Increase,</u>
				<u>2018</u>	<u>2019</u>	<u>2020</u>
403721	9608	4096	15%	614	707	813
404762	9608	7456	15%	1,118	1,286	1,479
404802	9608	5843	15%	876	1,008	1,159
404828	9608	3735	15%	560	644	741
404872	9608	2469	15%	370	426	490
404873	9608	2743	15%	411	473	544
404977	9608	0	15%	0	0	0
404985	9608	6699	15%	1,005	1,156	1,329
405402	9608	5410	15%	812	933	1,073
405705	9608	2955	15%	443	510	586
405858	9608	2227	15%	334	384	442
405859	9608	2481	15%	372	428	492
405920	9608	7937	15%	1,191	1,369	1,575
405960	9608	3062	15%	459	528	607
406082	9608	3195	15%	479	551	634
406243	9608	8171	15%	1,226	1,409	1,621
406428	9608	6122	15%	918	1,056	1,214
406457	9608	4031	15%	605	695	800
H265596	9608	5010	15%	752	864	994
H265835	9608	4685	15%	703	808	929
H266000	9608	2617	15%	393	451	519
H266266	9608	4675	15%	701	806	927
H267321	9608	2164	15%	325	373	429
H267879	9608	2822	15%	423	487	560
H267917	9608	3332	15%	500	575	661
H268201	9608	1577	15%	237	272	313
H268229	9608	3735	15%	560	644	741
H269365	9608	9133	15%	1,370	1,575	1,812
H270263	9608	5843	15%	876	1,008	1,159
400883	9610	0	15%	0	0	0
404062	9610	2261	15%	339	390	449
406936	9610	3283	15%	492	566	651
407352	9610	1794	15%	269	309	356
408351	9610	799	0%	0	0	0
H263671	9610	2036	15%	305	351	404
H265780	9610	1794	15%	269	309	356
H266739	9610	0	15%	0	0	0
H267095	9610	2327	15%	349	401	462
H267228	9610	2456	15%	368	424	487
H267858	9610	0	15%	0	0	0
H269168	9610	906	15%	136	156	180
H270285	9610	2585	15%	388	446	513

Policy Listing with Current and Revised Premiums

Exhibit 1

Form Number - TNQ-LTC-2000(VA)

Virginia Policyholders

Current in force

As of 12/31/2017

<u>Policy</u>		<u>Current Annual</u>	<u>Proposed Rate</u>	<u>Proposed Annual</u>	<u>Proposed Annual</u>	<u>Proposed Annual</u>
<u>Number</u>	<u>Plan Code</u>	<u>Premium</u>	<u>Increase</u>	<u>Premium Increase,</u>	<u>Premium Increase,</u>	<u>Premium Increase,</u>
				<u>2018</u>	<u>2019</u>	<u>2020</u>
406744	2200	2934	15%	440	506	582
406877	2200	1955	15%	293	337	388
407608	2200	0	15%	0	0	0
408042	2200	515	0%	0	0	0
408608	2200	730	0%	0	0	0
407118	2201	1990	15%	299	343	395
406903	2203	2220	15%	333	383	440
406904	2203	2063	15%	309	356	409
407062	2203	0	15%	0	0	0
407216	2203	0	15%	0	0	0
407293	2203	0	15%	0	0	0
407314	2203	2896	15%	434	500	574
407315	2203	1484	15%	223	256	294
407332	2203	3679	15%	552	635	730
407614	2203	2499	15%	375	431	496
407616	2203	3345	15%	502	577	664
407638	2203	5046	15%	757	870	1,001
407639	2203	3814	15%	572	658	757
407667	2203	3087	15%	463	533	612
407848	2203	1199	0%	0	0	0
408043	2203	2714	0%	0	0	0
408127	2203	2100	0%	0	0	0
408571	2203	1541	0%	0	0	0
408949	2203	1330	0%	0	0	0
406477	2204	1059	15%	159	183	210
406480	2204	560	15%	84	97	111
407058	2204	2764	15%	415	477	548
407294	2204	0	15%	0	0	0
407347	2204	3994	15%	599	689	792
408177	2204	3210	0%	0	0	0
408265	2204	1630	0%	0	0	0
406860	2205	4144	15%	622	715	822
407213	2205	2603	15%	390	449	516
407214	2205	2343	15%	351	404	465
407453	2205	2475	15%	371	427	491
407691	2205	0	15%	0	0	0
407692	2205	0	15%	0	0	0
407167	3203	977	15%	147	169	194

Policy Listing with Current and Revised Premiums

Exhibit 1

Form Number - TNQ-LTC-2000(VA)-R

Virginia Policyholders

Current in force

As of 12/31/2017

<u>Policy</u>		<u>Current Annual</u>	<u>Proposed Rate</u>	<u>Proposed Annual</u>	<u>Proposed Annual</u>	<u>Proposed Annual</u>
<u>Number</u>	<u>Plan Code</u>	<u>Premium</u>	<u>Increase</u>	<u>Premium Increase,</u>	<u>Premium Increase,</u>	<u>Premium Increase,</u>
				<u>2018</u>	<u>2019</u>	<u>2020</u>
406805	3200	932	15%	140	161	185
406884	3200	729	15%	109	126	145
407119	3200	1,441	15%	216	249	286
407219	3200	6,219	15%	933	1,073	1,234
407407	3200	1,920	15%	288	331	381



January 16, 2020

TPM Life Insurance Company

NAIC #: 69353, FEIN #: 23-1395696

Long Term Care Policy Form Series: H880-EC, H881-HC-VA, QH-9606-LTC-APC, QH-9610-HCP, SH-9606-LTC-APC, SH-9610-HCP, TNQ-LTC-2000(VA), TQ-LTC-2000(VA)

Re: Objection Letters from December 6, 2019

Dear Mr. Dismore,

Thank you for your letters dated December 6, 2019 regarding the above referenced filing. Please see below for our response to your objections.

Objection 1

Options 1 and 2 provide the same option, which is to increase the elimination period. However, they provide different changes to the elimination period. For example, the first option could be to increase the elimination period slightly less but at a higher premium than the second option. Please see below for an example.

1. Increase my elimination period from 0 days to 60 days

By choosing this option, effective with your premium due on or after 1/1/2020, the monthly premium for your policy will be \$90.00 rather than \$100.00.

2. Increase my elimination period from 0 days to 100 days

By choosing this option, effective with your premium due on or after 1/1/2020, the monthly premium for your policy will be \$80.00 rather than \$100.00.

Objection 4

The process and timing of initial rate increase notifications for policies on waiver and active status are identical. In the event that a claim closes on an impacted policy and active premium payments resume (an almost unheard-of event for the Company historically), the Company would resend the reduction options to the policyholder at that time. Note that general benefit reductions (decrease daily benefit, decrease benefit period, increase elimination period) are permitted at any time and are not contingent upon rate increase activity. However, the Reduced, Paid-Up option is contingent upon rate increase activity; therefore, the Company would re-open the 120-day window to select this option effective upon the first (increased) premium due date following removal of WOP.

Objection 7

The addressee name and address are in 10-point font.

All other objections have been addressed in the relevant form.



LEWIS & ELLIS

700 Central Expressway South, Suite 550

Allen, TX 75013

972-850-0850

lewisellis.com

Should you have further questions regarding this filing or require additional information do not hesitate to contact me by email at cchadick@lewisellis.com or by telephone at (972) 850-0850.

Sincerely,

A handwritten signature in blue ink that reads "Cabe Chadick".

Cabe W. Chadick, F.S.A., M.A.A.A.
Senior Vice President & Principal
Lewis & Ellis, Inc.
Actuaries & Consultants

January 16, 2020

**TEACHERS PROTECTIVE MUTUAL
LIFE INSURANCE COMPANY**

P.O. Box 597
116-118 North Prince Street
Lancaster, PA 17608-0597
Telephone (717) 394-7156 / Toll Free (800) 555-3122
Fax (717) 553-1107



Long Term Care Customer Service Team

<<LetterMailDate>>

<<First Name>> <<LastName>>
<<Address1>>
<<Address2>>
<<CityStateZip>>
<<Policy Number>>

RE: LTC Rate Increase –Policy forms: H880-EC, H881-HC, QH-9606-LTC-APC, QH-9610-HCP, SH-9606-LTC-APC, SH-9610-HCP, TNQ-LTC-2000(VA), TNQ-LTC-2000(VA)-R, TNQ-NHO-2004(VA), TQ-LTC-2000(VA), TQLTC-2000(VA)-R, and TQ-NHO-2004(VA)-Virginia *(only form number(s) applicable to this insured will be shown)*

Dear <<FirstName>> <<LastName>>:

Thank you for being a member of the Teachers Protective Mutual Long Term Care (LTC) Program. We know that you rely on this Program for support in the future, and are therefore committed to ensuring that it remains financially solvent. To achieve this goal, Long Term Care rates are being increased because claim costs are higher than expected at issue and interest earnings on the reserve assets are much lower than anticipated.

An ultimate compounded rate increase of 40.5% will be applied to your premium over the next 3 years. The schedule for these rate increases will be as follows:

- **Effective with your premium due on or after <<RateIncreaseMonth>>, <<RateIncreaseYear>>, <<Mode>> premium of your policy will be increased by 12% from \$<<OldPremium>> to \$<<Premium>>**
- **Effective with your premium due on or after <<RateIncreaseMonth>>, <<RateIncreaseYear+1>>, <<Mode>> premium of your policy will be increased by 12% from \$<<OldPremium>> to \$<<Premium>>**
- **Effective with your premium due on or after <<RateIncreaseMonth>>, <<RateIncreaseYear+2>>, <<Mode>> premium of your policy will be increased by 12% from \$<<OldPremium>> to \$<<Premium>>**

Please note that the rate increases have nothing to do with your personal claims history or health.

We encourage you to carefully consider the following options which are available to offset the amount of this increase by up to as much as 5%-40%: *(We will customize letter selection to focus on applicable changes and percentages)*

1. Increase your Elimination (Waiting) Period from 0 Days to 60, 100, or 180 Days.
 - a. Insert Sample Rate Reduction Here (show 0 Day sample vs 100 Day sample using a common benefit structure)

2. Shorten your Benefit Period.
 - a. Insert Sample Rate Reduction Here (show sample using a common benefit structure)

You are entitled to a 'contingent benefit' upon lapse of your policy if the lapse occurs within 120 days of the due date of the increased premium. If this option is chosen, you will receive a conversion of your current coverage to paid-up status with a shortened benefit period.

If you are interested in more information on any of the options shown above (or a combination thereof), please complete the following page and return it to us so that we can provide you with rate options specific to your policy (envelope provided). If you prefer, you may e-mail your request for rate options to us at LTCRI@tpmins.com.

As you consider your options please:

1. Review your current policy benefits as shown on the policy Schedule Page(s) within your policy.
2. Evaluate your current benefit needs. To do so, you may wish to consult your agent, a qualified financial planner, family member, or other trusted advisor.
3. Select the option that may best meet your needs and request rate information by using the Rate Request Form which follows or e-mailing us at LTCRI@tpmins.com

We do regret that premium rate increases become necessary, and assure you that we remain committed to providing you with first-rate benefits and services.

Remember that your policy is guaranteed renewable for your lifetime, or until the Remaining Lifetime Benefit is reached. Although the premium rates may again change, we cannot refuse to renew this Policy as long as you pay the premiums.

If you have any questions, please feel free to contact our LTC Customer Service Team by calling (800) 555-3122 (Mon-Fri, 8:30 am to 4:00 pm), writing to us at the address shown in the letterhead, or emailing us at LTCRI@tpmins.com.

Sincerely,
Long Term Care Service Team

Notice of Premium Change – This is not a Bill

**TEACHERS PROTECTIVE MUTUAL
LIFE INSURANCE COMPANY**

P.O. Box 597
116-118 North Prince Street
Lancaster, PA 17608-0597
Telephone (717) 394-7156 / Toll Free (800) 555-3122



Rate Request Form

Policy Number: <<PolicyNumber>>

Name: <<FirstName>> <<LastName>>

Rate Change Month: <<RateIncreaseMonth>>

To: TPM Long Term Care Customer Service Team,

I am interested in receiving more information on how the following change(s) to my policy will decrease my premium rate effective <<RateIncreaseMonth>>.

Please send me rate quotes and/or information for the following possible change(s) (may choose one or a combination of options 1-3):

- Increasing my Elimination (Waiting) Period
- Lowering my Daily Benefit Amount
- Shortening my Benefit Period
- Contingent Benefit upon lapse of policy (conversion of current coverage to paid-up status with a shortened benefit period)

I understand that no changes will be made to my policy at this time based upon this request for information. Policy changes will only take effect if a Benefit Change Election form is completed and returned to the Company.

Date _____ Policyholder Signature _____