Filing at a Glance

Company: Valley Forge Life Insurance Company

Product Name: Valley Forge Life Long Term Care Rate Increase Filing	SERFF Tr Num: WKLY-125365002	State: ArkansasLH
TOI: LTC05I Individual Long Term Care - Nursing Home & Home Health Care	SERFF Status: Pending State Action	State Tr Num: 37584
Sub-TOI: LTC05I.002 Non Qualified	Co Tr Num: VFLIC LTC RI	State Status: Re-opened
Filing Type: Rate	Co Status:	Reviewer(s): Marie Bennett
	Author: Jeffrey McGinn	Disposition Date: 06/11/2008
	Date Submitted: 12/06/2007	Disposition Status: Approved
Implementation Date Requested: 09/01/2008		Implementation Date:

State Filing Description:

General Information

Project Name:	Status of Filing in Domicile: Pending
Project Number:	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Individual
Submission Type: New Submission	Group Market Size:
Overall Rate Impact: 27%	Group Market Type:
Filing Status Changed: 06/13/2008	
State Status Changed: 06/11/2008	Deemer Date:
Corresponding Filing Tracking Number:	

Filing Description:

Valley Forge Life Insurance Company Long Term Care Rate Increase Filing

FORM NUMBER: LTC 1/98 AR - Long Term Care Policy

Rate Increase Amount: 27.0%

This filing applies to all of the Company's Long Term Care policy forms and all attached riders, originally issued by Southwestern Life Insurance Company. Effective December 28, 2006, Southwestern Life Insurance Company merged into Valley Forge Life Insurance Company. These forms provide daily benefits for long term treatment in various settings when the insured meets policy benefit qualification requirements. All of these forms are individual, guaranteed renewable policies.

This filing has been submitted for approval in our domicile state of Indiana.

Company and Contact

Filing Contact Information

(This filing was made by a third party - WAI01)

Jeffrey McGinn, Compliance Analyst jeffrey.mcginn@wakelyinc.com
Wakely and Associates, Inc. (727) 584-8128 [Phone]
Largo, FL 33773-1502 (727) 584-5613[FAX]

Filing Company Information

Valley Forge Life Insurance Company	CoCode: 99998	State of Domicile: Indiana
1700 Magnavox Way	Group Code:	Company Type:
Fort Wayne, IN 46804	Group Name:	State ID Number:
(260) 435-8650 ext. [Phone]	FEIN Number: 23-6200031	

Filing Fees

Fee Required?	Yes
Fee Amount:	$50.00
Retaliatory?	No
Fee Explanation:	
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Valley Forge Life Insurance Company	$50.00	12/06/2007	16981202

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Marie Bennett	06/11/2008	06/11/2008

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	**Created By**	**Created On**	**Date Submitted**	**Responded By**	**Created On**	**Date Submitted**
Pending Industry Response	Marie Bennett	06/11/2008	06/11/2008	Jeffrey McGinn	06/13/2008	06/13/2008

Amendments

Item	Schedule	Created By	Created On	Date Submitted
Revised Rate Pages	Rate	Jeffrey McGinn	06/24/2008	06/24/2008
Health - Actuarial Justification	Supporting Document	Jeffrey McGinn	06/24/2008	06/24/2008
Response Letter 6/24/08	Supporting Document	Jeffrey McGinn	06/24/2008	06/24/2008

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
RATE APPROVAL	Note To Filer	Marie Bennett	06/17/2008	06/17/2008
Status Request	Note To Reviewer	Jeffrey McGinn	05/16/2008	05/16/2008

SERFF Tracking Number:	*WKLY-125365002*	*State:*	*Arkansas*
Filing Company:	*Valley Forge Life Insurance Company*	*State Tracking Number:*	*37584*
Company Tracking Number:	*VFLIC LTC RI*		
TOI:	*LTC05I Individual Long Term Care - Nursing Home & Home Health Care*	*Sub-TOI:*	*LTC05I.002 Non Qualified*
Product Name:	*Valley Forge Life Long Term Care Rate Increase Filing*		
Project Name/Number:	*/*		

SERFF Tracking Number:	*WKLY-125365002*	*State:*	*Arkansas*
Filing Company:	*Valley Forge Life Insurance Company*	*State Tracking Number:*	*37584*
Company Tracking Number:	*VFLIC LTC RI*		
TOI:	*LTC05I Individual Long Term Care - Nursing Home & Home Health Care*	*Sub-TOI:*	*LTC05I.002 Non Qualified*
Product Name:	*Valley Forge Life Long Term Care Rate Increase Filing*		
Project Name/Number:	*/*		

Disposition

Disposition Date: 06/11/2008

Implementation Date:

Status: Approved

Comment: A 25% RATE INCREASE IS APPROVED TO BE IMPLEMENTED AFTER PROPER NOTIFICATION TO POLICYHOLDERS.

Company Name:	**Overall % Rate Impact:**	**Written Premium Change for this Program:**	**# of Policy Holders Affected for this Program:**	**Premium:**	**Maximum % Change (where required):**	**Minimum % Change (where required):**	**Overall % Indicated Change:**
Valley Forge Life Insurance Company	27.000%	$2,328	1	$	%	%	27.000%

SERFF Tracking Number:	*WKLY-125365002*	*State:*	*Arkansas*
Filing Company:	*Valley Forge Life Insurance Company*	*State Tracking Number:*	*37584*
Company Tracking Number:	*VFLIC LTC RI*		
TOI:	*LTC05I Individual Long Term Care - Nursing Home & Home Health Care*	*Sub-TOI:*	*LTC05I.002 Non Qualified*
Product Name:	*Valley Forge Life Long Term Care Rate Increase Filing*		
Project Name/Number:	*/*		

Item Type	Item Name	Item Status	Public Access
Supporting Document *(revised)*	Health - Actuarial Justification		No
Supporting Document	Health - Actuarial Justification		No
Supporting Document	Authorization Letter		Yes
Supporting Document	Response Letter		Yes
Supporting Document	Response Letter 6/24/08		Yes
Rate *(revised)*	Revised Rate Pages		Yes
Rate	Rate Pages		Yes

Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	06/11/2008
Submitted Date	06/11/2008
Respond By Date	08/12/2008

Dear Jeffrey McGinn,

This will acknowledge receipt of the captioned filing.

Objection 1

- Health - Actuarial Justification (Supporting Document)
- Rate Pages (Rate)
- Authorization Letter (Supporting Document)

Comment: Our Department has reviewed your request for a 27% rate increase. Based on the fact that the Arkansas experience is not credible and a 15% increase was approved July 7, 2007 we will consider a 15% increase in lieu of the requested 27%.

If you accept the 15% increase, please forward an amended actuarial memorandum along with the new rates.

If you have any questions, please let us know.

Please feel free to contact me if you have questions.
Sincerely,
Marie Bennett

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	06/13/2008
Submitted Date	06/13/2008

Dear Marie Bennett,

Comments:

Response 1

Comments: Ms. Bennett,

Please see the attached letter from our actuary Sharon Goodman.

Thanks,

Jeff McGinn

Related Objection 1

Applies To:

- Health - Actuarial Justification (Supporting Document)
- Rate Pages (Rate)
- Authorization Letter (Supporting Document)

Comment:

Our Department has reviewed your request for a 27% rate increase. Based on the fact that the Arkansas experience is not credible and a 15% increase was approved July 7, 2007 we will consider a 15% increase in lieu of the requested 27%.

If you accept the 15% increase, please forward an amended actuarial memorandum along with the new rates.

If you have any questions, please let us know.

Changed Items:

Supporting Document Schedule Item Changes

Satisfied -Name: Response Letter

Comment:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Sincerely,
Jeffrey McGinn

Amendment Letter

Amendment Date:

Submitted Date: 06/24/2008

Comments:

Ms. Bennett,

Please see the attached response letter and revised actuarial justification and rates that reflect the new rate increase request of 15%.

If you have any questions, please let me know.

Sincerely,

Jeff McGinn

Changed Items:

Rate/Rule Schedule Item Changes:

Document Name:	**Affected Form Numbers: (Comma Separated list)**	**Rate Action:**	**Rate Action Information:**	**Attach Document:**
Revised Rate Pages	LTC 1/98 AR	Revised	Previous State Filing Number: Percent Rate Change Request: 15	Revised Rate Pages - 15%.pdf
Revised Rate Pages - 15%.pdf				

Supporting Document Schedule Item Changes:

Satisfied -Name: Health - Actuarial Justification

Comment:

AR Actuarial Justification 062308.pdf

User Added -Name: Response Letter 6/24/08

Comment:

Response Letter.pdf

Note To Filer

Created By:

Marie Bennett on 06/17/2008 11:30 AM

Subject:

RATE APPROVAL

Comments:

THE APPROVAL WAS IN ERROR. THE FILING WAS IMMEDIATELY RE-OPENED AND AN OBJECTION LETTER WAS CREATED AND SUBMITTED. WE WILL HOLD THE FILING PENDING YOUR RESPONSE.

Note To Reviewer

Created By:

Jeffrey McGinn on 05/16/2008 07:22 AM

Subject:

Status Request

Comments:

Dear Ms. Bennett,

I am just inquiring about the status of this filing. Any update you can provide will be greatly appreciated.

Thanks,

Jeff McGinn

Rate Information

Rate data applies to filing.

Filing Method:	SERFF
Rate Change Type:	Increase
Overall Percentage of Last Rate Revision:	15.000%
Effective Date of Last Rate Revision:	09/01/2007
Filing Method of Last Filing:	Paper

Company Rate Information

Company Name:	**Overall % Indicated Change:**	**Overall % Rate Impact:**	**Written Premium Change for this Program:**	**# of Policy Holders Affected for this Program:**	**Premium:**	**Maximum % Change (where required):**	**Minimum % Change (where required):**
Valley Forge Life Insurance Company	27.000%	27.000%	$2,328	1		%	%

Rate/Rule Schedule

Review Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:*	Rate ActionInformation:	Attachments
	Revised Rate Pages	LTC 1/98 AR	Revised		Revised Rate Pages - 15%.pdf

ACTUARIAL JUSTIFICATION OF PREMIUM RATES
VALLEY FORGE LIFE INSURANCE COMPANY
Non-Tax Qualified Long Term Care Policy and Riders
Exhibit E - Gross Annual Premiums per $10 Daily Benefit
Preferred Risk Rate Class
1 Year Benefit Period - without Inflation Rider

	Base Nursing Home Policy				Home Health Care Rider			
Issue Age	0 Day Elimination Period	20 Day Elimination Period	90 Day Elimination Period	180 Day Elimination Period	0 Visit Elimination Period	10 Visit Elimination Period	45 Visit Elimination Period	90 Visit Elimination Period
50-					10.58	9.26	7.94	6.61
51					11.90	10.58	9.26	7.94
52					11.90	10.58	9.26	7.94
53					13.23	11.90	10.58	9.26
54					14.55	13.23	11.90	10.58
55					14.55	13.23	11.90	10.58
56					15.87	14.55	13.23	11.90
57					17.19	15.87	13.23	11.90
58					18.52	17.19	14.55	13.23
59		NOT			19.84	18.52	15.87	14.55
60		AVAILABLE			19.84	18.52	15.87	14.55
61					21.16	19.84	17.19	15.87
62					22.48	21.16	18.52	17.19
63					23.81	22.48	19.84	18.52
64					25.13	23.81	19.84	18.52
65					26.45	25.13	21.16	19.84
66					29.10	26.45	22.48	21.16
67					31.74	29.10	23.81	22.48
68					34.39	31.74	26.45	23.81
69					37.03	34.39	29.10	25.13
70					39.68	37.03	31.74	27.77
71					43.64	39.68	34.39	30.42
72					47.61	43.64	37.03	33.06
73					51.58	47.61	39.68	35.71
74					55.55	51.58	42.32	38.35
75					60.84	55.55	46.29	42.32
76					66.13	60.84	50.26	46.29
77					71.42	66.13	54.22	50.26
78					76.71	71.42	59.51	54.22
79					82.00	76.71	64.80	58.19
80					88.61	82.00	70.09	62.16
81					95.22	87.29	74.06	66.13
82					103.16	92.58	78.03	70.09
83					109.77	97.87	82.00	74.06
84					116.38	103.16	85.96	78.03
85					121.67	108.45	89.93	82.00
86					126.96	112.41	93.90	85.96
87					132.25	116.38	97.87	88.61
88					137.54	120.35	100.51	91.25
89					141.51	124.32	103.16	93.90

Notes:
Apply a factor of 1.00 for Preferred and 1.25 for Standard.
Apply a factor of 0.80 for married insureds or if two people residing together are both issued policies.
Apply a factor of 1.25 to add the Spousal Enrichment Benefit Rider.
Apply a factor of 1.20 to add the Non-Forfeiture Rider.
Apply a factor of 1.01 to add the Prescription Drug Rider
Apply a factor of 1.10 to add the Modification of Benefit Qualification Rider
Apply a factor of 0.90 for Association Groups.
Modal Factors --- Annual: 1.0000, Semi-Annual: 0.5250, Quarterly: 0.2650, Monthly: 0.0875

ACTUARIAL JUSTIFICATION OF PREMIUM RATES
VALLEY FORGE LIFE INSURANCE COMPANY
Non-Tax Qualified Long Term Care Policy and Riders
Exhibit E - Gross Annual Premiums per $10 Daily Benefit
Preferred Risk Rate Class
2 Year Benefit Period - without Inflation Rider

	Base Nursing Home Policy				Home Health Care Rider			
Issue Age	0 Day Elimination Period	20 Day Elimination Period	90 Day Elimination Period	180 Day Elimination Period	0 Visit Elimination Period	10 Visit Elimination Period	45 Visit Elimination Period	90 Visit Elimination Period
50-	18.52	17.19	14.55	13.23	14.55	13.23	11.90	10.58
51	19.84	18.52	14.55	13.23	14.55	13.23	11.90	10.58
52	21.16	19.84	15.87	14.55	15.87	14.55	13.23	11.90
53	22.48	21.16	17.19	15.87	17.19	15.87	14.55	13.23
54	25.13	22.48	18.52	17.19	18.52	17.19	14.55	13.23
55	27.77	25.13	21.16	18.52	19.84	18.52	15.87	14.55
56	30.42	27.77	23.81	21.16	21.16	19.84	17.19	15.87
57	33.06	30.42	26.45	23.81	22.48	21.16	18.52	17.19
58	37.03	33.06	29.10	26.45	23.81	22.48	18.52	17.19
59	41.00	37.03	31.74	29.10	25.13	23.81	19.84	18.52
60	44.97	41.00	34.39	31.74	26.45	25.13	21.16	18.52
61	48.93	44.97	38.35	34.39	27.77	26.45	22.48	19.84
62	54.22	48.93	42.32	37.03	29.10	27.77	23.81	21.16
63	59.51	54.22	46.29	41.00	30.42	29.10	25.13	22.48
64	66.13	59.51	50.26	44.97	31.74	30.42	26.45	23.81
65	72.74	66.13	55.55	50.26	34.39	31.74	27.77	25.13
66	80.67	74.06	62.16	55.55	37.03	34.39	29.10	26.45
67	89.93	82.00	70.09	62.16	39.68	37.03	30.42	27.77
68	100.51	91.25	78.03	70.09	42.32	39.68	33.06	29.10
69	112.41	101.83	87.29	78.03	44.97	42.32	35.71	31.74
70	125.64	113.74	96.54	87.29	48.93	44.97	38.35	34.39
71	140.19	126.96	108.45	97.87	52.90	47.61	41.00	37.03
72	156.06	141.51	120.35	108.45	56.87	51.58	43.64	39.68
73	173.25	157.38	133.57	120.35	60.84	55.55	47.61	42.32
74	191.76	174.57	148.12	133.57	64.80	59.51	51.58	44.97
75	212.92	193.09	163.99	148.12	68.77	64.80	55.55	48.93
76	235.41	214.25	181.18	162.67	74.06	70.09	59.51	52.90
77	259.21	236.73	199.70	178.54	79.35	75.38	63.48	56.87
78	284.34	260.53	218.21	195.73	84.64	80.67	67.45	60.84
79	312.11	284.34	238.05	214.25	91.25	85.96	71.42	64.80
80	341.21	309.47	260.53	234.08	97.87	91.25	76.71	68.77
81	371.62	337.24	283.02	255.24	104.48	96.54	82.00	72.74
82	403.36	366.33	305.50	275.08	111.09	101.83	85.96	76.71
83	431.14	390.14	326.66	293.60	117.70	107.12	89.93	80.67
84	456.26	412.62	346.50	310.79	124.32	112.41	93.90	84.64
85	480.07	433.78	365.01	327.98	130.93	116.38	97.87	88.61
86	502.55	454.94	382.20	343.85	136.22	120.35	101.83	91.25
87	525.03	474.78	398.07	358.40	141.51	124.32	104.48	93.90
88	546.19	494.62	413.94	372.95	146.80	128.28	107.12	96.54
89	567.35	513.13	429.81	387.49	150.77	132.25	109.77	99.19

Notes:
Apply a factor of 1.00 for Preferred and 1.25 for Standard.
Apply a factor of 0.80 for married insureds or if two people residing together are both issued policies.
Apply a factor of 1.25 to add the Spousal Enrichment Benefit Rider.
Apply a factor of 1.20 to add the Non-Forfeiture Rider.
Apply a factor of 1.01 to add the Prescription Drug Rider
Apply a factor of 1.10 to add the Modification of Benefit Qualification Rider
Apply a factor of 0.90 for Association Groups.
Modal Factors --- Annual: 1.0000, Semi-Annual: 0.5250, Quarterly: 0.2650, Monthly: 0.0875

ACTUARIAL JUSTIFICATION OF PREMIUM RATES
VALLEY FORGE LIFE INSURANCE COMPANY
Non-Tax Qualified Long Term Care Policy and Riders
Exhibit E - Gross Annual Premiums per $10 Daily Benefit
Preferred Risk Rate Class
3 Year Benefit Period - without Inflation Rider

	Base Nursing Home Policy				Home Health Care Rider			
Issue Age	0 Day Elimination Period	20 Day Elimination Period	90 Day Elimination Period	180 Day Elimination Period	0 Visit Elimination Period	10 Visit Elimination Period	45 Visit Elimination Period	90 Visit Elimination Period
50-	23.81	21.16	17.19	15.87	19.84	18.52	17.19	15.87
51	25.13	22.48	18.52	17.19	21.16	19.84	17.19	15.87
52	26.45	23.81	19.84	18.52	22.48	21.16	18.52	15.87
53	29.10	26.45	22.48	19.84	23.81	22.48	19.84	17.19
54	31.74	29.10	25.13	22.48	25.13	23.81	21.16	18.52
55	34.39	31.74	27.77	25.13	27.77	25.13	22.48	19.84
56	38.35	34.39	30.42	27.77	29.10	26.45	23.81	21.16
57	42.32	38.35	33.06	30.42	30.42	27.77	25.13	22.48
58	46.29	42.32	37.03	33.06	31.74	29.10	26.45	23.81
59	50.26	46.29	41.00	35.71	34.39	31.74	27.77	25.13
60	55.55	50.26	44.97	39.68	35.71	33.06	29.10	26.45
61	60.84	55.55	48.93	43.64	37.03	34.39	30.42	27.77
62	67.45	60.84	52.90	47.61	38.35	35.71	31.74	29.10
63	74.06	67.45	58.19	52.90	41.00	38.35	33.06	30.42
64	82.00	74.06	63.48	58.19	43.64	41.00	34.39	31.74
65	91.25	82.00	70.09	63.48	46.29	43.64	37.03	33.06
66	101.83	91.25	78.03	70.09	48.93	46.29	39.68	34.39
67	113.74	101.83	87.29	78.03	51.58	48.93	42.32	37.03
68	126.96	113.74	97.87	87.29	55.55	51.58	44.97	39.68
69	141.51	126.96	108.45	97.87	59.51	54.22	47.61	42.32
70	157.38	141.51	120.35	109.77	63.48	58.19	50.26	44.97
71	174.57	158.70	134.90	121.67	67.45	62.16	52.90	47.61
72	194.41	177.22	150.77	134.90	71.42	66.13	56.87	50.26
73	216.89	197.05	167.96	149.44	75.38	70.09	60.84	54.22
74	240.70	219.54	186.47	166.64	80.67	75.38	64.80	58.19
75	267.15	243.34	206.31	185.15	85.96	80.67	68.77	62.16
76	294.92	268.47	227.47	204.99	91.25	85.96	72.74	66.13
77	325.34	296.24	249.95	226.15	97.87	91.25	78.03	70.09
78	358.40	325.34	273.76	247.31	104.48	97.87	83.32	74.06
79	392.78	357.08	300.21	269.79	112.41	104.48	88.61	79.35
80	429.81	390.14	327.98	294.92	120.35	111.09	93.90	84.64
81	469.49	425.85	355.75	321.37	128.28	117.70	99.19	89.93
82	510.49	462.88	384.85	346.50	136.22	125.64	104.48	95.22
83	546.19	494.62	409.98	368.98	144.15	132.25	109.77	100.51
84	576.61	522.39	432.46	388.82	150.77	137.54	115.06	104.48
85	604.38	547.52	453.62	407.33	157.38	142.83	120.35	108.45
86	629.51	571.32	473.46	425.85	162.67	148.12	124.32	112.41
87	654.64	593.80	493.29	443.04	167.96	153.41	128.28	116.38
88	678.44	614.96	510.49	458.91	173.25	157.38	132.25	119.03
89	700.93	634.80	526.36	473.46	177.22	161.35	134.90	121.67

Notes:
Apply a factor of 1.00 for Preferred and 1.25 for Standard.
Apply a factor of 0.80 for married insureds or if two people residing together are both issued policies.
Apply a factor of 1.25 to add the Spousal Enrichment Benefit Rider.
Apply a factor of 1.20 to add the Non-Forfeiture Rider.
Apply a factor of 1.01 to add the Prescription Drug Rider
Apply a factor of 1.10 to add the Modification of Benefit Qualification Rider
Apply a factor of 0.90 for Association Groups.
Modal Factors --- Annual: 1.0000, Semi-Annual: 0.5250, Quarterly: 0.2650, Monthly: 0.0875

ACTUARIAL JUSTIFICATION OF PREMIUM RATES
VALLEY FORGE LIFE INSURANCE COMPANY
Non-Tax Qualified Long Term Care Policy and Riders
Exhibit E - Gross Annual Premiums per $10 Daily Benefit
Preferred Risk Rate Class
4 Year Benefit Period - without Inflation Rider

	Base Nursing Home Policy				Home Health Care Rider			
Issue Age	0 Day Elimination Period	20 Day Elimination Period	90 Day Elimination Period	180 Day Elimination Period	0 Visit Elimination Period	10 Visit Elimination Period	45 Visit Elimination Period	90 Visit Elimination Period
50-	25.13	22.48	19.84	18.52	27.77	25.13	22.48	19.84
51	27.77	25.13	21.16	19.84	27.77	26.45	23.81	21.16
52	30.42	27.77	23.81	21.16	29.10	27.77	23.81	22.48
53	34.39	31.74	26.45	23.81	31.74	29.10	25.13	22.48
54	38.35	34.39	29.10	26.45	33.06	31.74	26.45	23.81
55	42.32	37.03	33.06	29.10	34.39	33.06	27.77	25.13
56	46.29	41.00	37.03	31.74	35.71	34.39	29.10	26.45
57	50.26	44.97	41.00	35.71	38.35	37.03	31.74	27.77
58	54.22	48.93	44.97	39.68	39.68	38.35	33.06	29.10
59	59.51	54.22	48.93	43.64	42.32	41.00	34.39	30.42
60	64.80	59.51	52.90	47.61	44.97	42.32	35.71	33.06
61	71.42	64.80	56.87	51.58	47.61	44.97	38.35	34.39
62	78.03	71.42	62.16	55.55	50.26	46.29	39.68	35.71
63	85.96	79.35	67.45	60.84	52.90	48.93	42.32	38.35
64	93.90	87.29	74.06	66.13	55.55	51.58	44.97	39.68
65	103.16	95.22	82.00	72.74	58.19	54.22	46.29	42.32
66	115.06	105.80	91.25	80.67	60.84	56.87	48.93	44.97
67	128.28	117.70	100.51	91.25	64.80	60.84	51.58	47.61
68	144.15	132.25	112.41	101.83	68.77	63.48	55.55	50.26
69	161.35	148.12	125.64	113.74	72.74	67.45	58.19	52.90
70	179.86	165.31	140.19	125.64	76.71	70.09	60.84	55.55
71	201.02	183.83	156.06	140.19	80.67	74.06	64.80	58.19
72	224.83	204.99	173.25	156.06	85.96	79.35	68.77	62.16
73	249.95	228.79	193.09	174.57	91.25	83.32	72.74	66.13
74	277.73	253.92	214.25	193.09	96.54	88.61	78.03	70.09
75	308.14	281.69	236.73	214.25	101.83	95.22	82.00	74.06
76	341.21	310.79	261.86	236.73	108.45	100.51	87.29	79.35
77	376.91	342.53	288.31	260.53	116.38	108.45	93.90	84.64
78	413.94	376.91	316.08	285.66	124.32	115.06	100.51	89.93
79	454.94	413.94	346.50	312.11	132.25	122.99	107.12	95.22
80	497.26	452.30	378.24	339.88	141.51	130.93	113.74	101.83
81	543.55	493.29	411.30	370.30	150.77	140.19	120.35	108.45
82	591.16	535.61	447.01	402.04	161.35	149.44	128.28	116.38
83	630.83	570.00	476.10	428.49	169.28	156.06	134.90	121.67
84	663.90	600.42	501.23	450.97	175.89	162.67	140.19	125.64
85	692.99	626.87	522.39	469.49	182.51	169.28	145.48	130.93
86	720.76	651.99	542.23	486.68	189.12	174.57	149.44	134.90
87	745.89	674.48	560.74	503.87	194.41	179.86	154.73	138.86
88	768.37	695.64	577.93	519.74	199.70	183.83	157.38	142.83
89	790.86	714.15	593.80	534.29	203.67	187.80	161.35	145.48

Notes:
Apply a factor of 1.00 for Preferred and 1.25 for Standard.
Apply a factor of 0.80 for married insureds or if two people residing together are both issued policies.
Apply a factor of 1.25 to add the Spousal Enrichment Benefit Rider.
Apply a factor of 1.20 to add the Non-Forfeiture Rider.
Apply a factor of 1.01 to add the Prescription Drug Rider
Apply a factor of 1.10 to add the Modification of Benefit Qualification Rider
Apply a factor of 0.90 for Association Groups.
Modal Factors --- Annual: 1.0000, Semi-Annual: 0.5250, Quarterly: 0.2650, Monthly: 0.0875

ACTUARIAL JUSTIFICATION OF PREMIUM RATES
VALLEY FORGE LIFE INSURANCE COMPANY
Non-Tax Qualified Long Term Care Policy and Riders
Exhibit E - Gross Annual Premiums per $10 Daily Benefit
Preferred Risk Rate Class
5 Year Benefit Period - without Inflation Rider

	Base Nursing Home Policy				Home Health Care Rider			
Issue Age	0 Day Elimination Period	20 Day Elimination Period	90 Day Elimination Period	180 Day Elimination Period	0 Visit Elimination Period	10 Visit Elimination Period	45 Visit Elimination Period	90 Visit Elimination Period
50-	29.10	26.45	23.81	21.16	31.74	29.10	26.45	23.81
51	31.74	29.10	25.13	22.48	33.06	30.42	27.77	25.13
52	34.39	31.74	26.45	23.81	35.71	33.06	29.10	26.45
53	37.03	34.39	29.10	26.45	38.35	35.71	31.74	27.77
54	41.00	37.03	31.74	29.10	39.68	37.03	33.06	29.10
55	44.97	41.00	35.71	31.74	42.32	39.68	35.71	31.74
56	48.93	44.97	39.68	34.39	44.97	42.32	37.03	33.06
57	54.22	50.26	43.64	38.35	46.29	43.64	38.35	34.39
58	59.51	55.55	47.61	42.32	48.93	46.29	41.00	35.71
59	64.80	60.84	51.58	46.29	51.58	48.93	42.32	37.03
60	71.42	66.13	55.55	50.26	54.22	50.26	43.64	38.35
61	78.03	72.74	60.84	55.55	56.87	52.90	46.29	41.00
62	85.96	79.35	67.45	60.84	59.51	55.55	47.61	42.32
63	93.90	87.29	74.06	66.13	62.16	58.19	50.26	44.97
64	103.16	95.22	82.00	72.74	64.80	60.84	52.90	47.61
65	113.74	104.48	89.93	80.67	67.45	63.48	55.55	50.26
66	126.96	116.38	99.19	89.93	71.42	66.13	58.19	52.90
67	141.51	129.61	111.09	99.19	75.38	70.09	60.84	55.55
68	158.70	145.48	124.32	111.09	79.35	74.06	64.80	58.19
69	177.22	161.35	137.54	124.32	83.32	78.03	68.77	60.84
70	197.05	179.86	153.41	137.54	88.61	82.00	72.74	64.80
71	219.54	201.02	170.60	153.41	93.90	85.96	76.71	68.77
72	245.99	224.83	190.44	171.93	99.19	91.25	80.67	72.74
73	273.76	249.95	211.60	190.44	105.80	97.87	84.64	76.71
74	304.18	277.73	234.08	211.60	112.41	104.48	89.93	80.67
75	337.24	306.82	259.21	234.08	119.03	111.09	95.22	85.96
76	372.95	339.88	285.66	257.89	126.96	117.70	101.83	91.25
77	411.30	374.27	314.76	283.02	134.90	125.64	108.45	97.87
78	452.30	411.30	345.17	310.79	144.15	134.90	116.38	104.48
79	495.94	450.97	378.24	339.88	153.41	144.15	124.32	112.41
80	543.55	493.29	412.62	371.62	163.99	153.41	133.57	120.35
81	592.48	536.94	449.65	404.69	175.89	163.99	142.83	129.61
82	645.38	583.22	488.00	439.07	187.80	174.57	152.09	137.54
83	687.70	622.90	519.74	468.17	197.05	183.83	160.02	144.15
84	722.09	654.64	546.19	491.97	204.99	190.44	166.64	149.44
85	752.50	681.09	568.68	511.81	211.60	197.05	171.93	154.73
86	780.28	704.89	588.51	530.32	218.21	203.67	177.22	160.02
87	804.08	727.38	607.03	546.19	224.83	208.96	182.51	163.99
88	826.56	747.21	622.90	560.74	230.12	214.25	186.47	167.96
89	846.40	765.73	638.77	573.97	234.08	218.21	190.44	170.60

Notes:
Apply a factor of 1.00 for Preferred and 1.25 for Standard.
Apply a factor of 0.80 for married insureds or if two people residing together are both issued policies.
Apply a factor of 1.25 to add the Spousal Enrichment Benefit Rider.
Apply a factor of 1.20 to add the Non-Forfeiture Rider.
Apply a factor of 1.01 to add the Prescription Drug Rider
Apply a factor of 1.10 to add the Modification of Benefit Qualification Rider
Apply a factor of 0.90 for Association Groups.
Modal Factors --- Annual: 1.0000, Semi-Annual: 0.5250, Quarterly: 0.2650, Monthly: 0.0875

ACTUARIAL JUSTIFICATION OF PREMIUM RATES
VALLEY FORGE LIFE INSURANCE COMPANY
Non-Tax Qualified Long Term Care Policy and Riders
Exhibit E - Gross Annual Premiums per $10 Daily Benefit
Preferred Risk Rate Class
8 Year Benefit Period - without Inflation Rider

	Base Nursing Home Policy				Home Health Care Rider			
Issue Age	0 Day Elimination Period	20 Day Elimination Period	90 Day Elimination Period	180 Day Elimination Period	0 Visit Elimination Period	10 Visit Elimination Period	45 Visit Elimination Period	90 Visit Elimination Period
50-	33.06	31.74	27.77	25.13	34.39	33.06	29.10	26.45
51	35.71	33.06	29.10	26.45	37.03	35.71	31.74	29.10
52	38.35	35.71	30.42	27.77	39.68	37.03	33.06	30.42
53	42.32	38.35	33.06	30.42	42.32	39.68	35.71	33.06
54	46.29	42.32	37.03	33.06	44.97	42.32	37.03	34.39
55	50.26	46.29	41.00	35.71	47.61	44.97	39.68	35.71
56	55.55	51.58	44.97	39.68	50.26	46.29	41.00	37.03
57	60.84	56.87	48.93	43.64	52.90	48.93	43.64	39.68
58	66.13	62.16	52.90	47.61	55.55	51.58	44.97	41.00
59	72.74	67.45	56.87	51.58	58.19	54.22	47.61	43.64
60	79.35	72.74	62.16	56.87	59.51	55.55	48.93	44.97
61	87.29	79.35	67.45	62.16	62.16	58.19	51.58	46.29
62	95.22	87.29	74.06	67.45	64.80	60.84	52.90	47.61
63	104.48	96.54	82.00	74.06	67.45	63.48	55.55	50.26
64	113.74	105.80	89.93	80.67	70.09	66.13	56.87	51.58
65	125.64	115.06	97.87	88.61	72.74	68.77	59.51	54.22
66	138.86	126.96	108.45	97.87	75.38	71.42	62.16	56.87
67	154.73	141.51	121.67	108.45	79.35	74.06	64.80	59.51
68	173.25	158.70	134.90	121.67	84.64	78.03	68.77	62.16
69	193.09	175.89	149.44	134.90	89.93	83.32	72.74	66.13
70	214.25	195.73	166.64	149.44	95.22	88.61	76.71	70.09
71	238.05	218.21	185.15	166.64	100.51	93.90	82.00	74.06
72	265.82	243.34	206.31	185.15	107.12	99.19	87.29	78.03
73	296.24	269.79	228.79	204.99	113.74	104.48	92.58	83.32
74	327.98	298.89	252.60	227.47	120.35	111.09	97.87	88.61
75	362.37	330.63	279.05	251.28	126.96	117.70	103.16	93.90
76	400.72	365.01	306.82	276.40	134.90	124.32	109.77	99.19
77	440.39	400.72	337.24	302.85	144.15	132.25	117.70	105.80
78	484.04	440.39	368.98	331.95	154.73	141.51	125.64	113.74
79	530.32	481.39	403.36	362.37	165.31	152.09	134.90	121.67
80	579.26	526.36	439.07	395.43	177.22	163.99	144.15	129.61
81	632.16	572.64	477.42	429.81	190.44	177.22	154.73	138.86
82	686.38	621.58	517.10	465.52	204.99	191.76	166.64	149.44
83	732.67	663.90	551.48	495.94	216.89	203.67	175.89	157.38
84	769.70	696.96	577.93	519.74	226.15	211.60	181.18	162.67
85	801.44	723.41	600.42	539.58	232.76	216.89	186.47	167.96
86	827.89	747.21	620.25	558.10	239.37	222.18	191.76	173.25
87	850.37	768.37	638.77	573.97	244.66	227.47	197.05	178.54
88	871.53	788.21	654.64	588.51	249.95	232.76	202.34	182.51
89	891.37	806.73	669.19	601.74	253.92	236.73	206.31	186.47

Notes:
Apply a factor of 1.00 for Preferred and 1.25 for Standard.
Apply a factor of 0.80 for married insureds or if two people residing together are both issued policies.
Apply a factor of 1.25 to add the Spousal Enrichment Benefit Rider.
Apply a factor of 1.20 to add the Non-Forfeiture Rider.
Apply a factor of 1.01 to add the Prescription Drug Rider
Apply a factor of 1.10 to add the Modification of Benefit Qualification Rider
Apply a factor of 0.90 for Association Groups.
Modal Factors --- Annual: 1.0000, Semi-Annual: 0.5250, Quarterly: 0.2650, Monthly: 0.0875

ACTUARIAL JUSTIFICATION OF PREMIUM RATES
VALLEY FORGE LIFE INSURANCE COMPANY
Non-Tax Qualified Long Term Care Policy and Riders
Exhibit E - Gross Annual Premiums per $10 Daily Benefit
Preferred Risk Rate Class
Lifetime Benefit Period - without Inflation Rider

	Base Nursing Home Policy				Home Health Care Rider			
Issue Age	0 Day Elimination Period	20 Day Elimination Period	90 Day Elimination Period	180 Day Elimination Period	0 Day Elimination Period	10 Visit Elimination Period	45 Visit Elimination Period	90 Visit Elimination Period
50-	37.03	34.39	30.42	26.45	37.03	34.39	31.74	27.77
51	39.68	37.03	31.74	27.77	39.68	37.03	33.06	29.10
52	43.64	39.68	34.39	30.42	42.32	39.68	35.71	31.74
53	47.61	43.64	37.03	33.06	44.97	42.32	38.35	34.39
54	51.58	47.61	41.00	35.71	47.61	44.97	41.00	37.03
55	56.87	51.58	44.97	39.68	50.26	47.61	43.64	39.68
56	62.16	56.87	48.93	43.64	52.90	50.26	44.97	41.00
57	67.45	62.16	52.90	47.61	55.55	52.90	47.61	43.64
58	74.06	67.45	58.19	51.58	58.19	55.55	48.93	44.97
59	80.67	74.06	63.48	56.87	60.84	58.19	51.58	46.29
60	87.29	80.67	68.77	62.16	63.48	60.84	52.90	47.61
61	95.22	87.29	74.06	67.45	66.13	63.48	55.55	50.26
62	104.48	95.22	80.67	72.74	68.77	66.13	56.87	51.58
63	113.74	104.48	88.61	79.35	71.42	68.77	59.51	54.22
64	124.32	113.74	97.87	87.29	74.06	71.42	60.84	55.55
65	136.22	124.32	107.12	95.22	76.71	74.06	63.48	56.87
66	150.77	137.54	117.70	105.80	79.35	76.71	66.13	59.51
67	167.96	153.41	130.93	117.70	83.32	79.35	68.77	62.16
68	186.47	170.60	145.48	130.93	88.61	82.00	72.74	66.13
69	207.63	190.44	161.35	145.48	93.90	85.96	76.71	70.09
70	230.12	211.60	178.54	161.35	100.51	91.25	82.00	74.06
71	256.57	234.08	198.38	178.54	107.12	97.87	87.29	78.03
72	285.66	260.53	220.86	198.38	113.74	104.48	92.58	83.32
73	317.40	289.63	244.66	219.54	121.67	111.09	97.87	88.61
74	350.46	320.05	269.79	243.34	128.28	117.70	103.16	93.90
75	387.49	353.11	297.56	267.15	136.22	124.32	109.77	99.19
76	427.17	388.82	326.66	293.60	144.15	133.57	117.70	105.80
77	469.49	427.17	358.40	322.69	153.41	142.83	125.64	112.41
78	515.78	468.17	391.46	353.11	165.31	154.73	134.90	120.35
79	564.71	511.81	427.17	386.17	177.22	166.64	144.15	129.61
80	614.96	558.10	465.52	419.23	190.44	179.86	154.73	140.19
81	670.51	607.03	505.20	454.94	204.99	193.09	166.64	150.77
82	727.38	658.61	546.19	491.97	220.86	206.31	179.86	161.35
83	774.99	702.25	580.58	522.39	232.76	216.89	189.12	169.28
84	814.66	735.31	608.35	546.19	242.02	226.15	198.38	175.89
85	847.72	763.08	630.83	567.35	249.95	234.08	204.99	182.51
86	875.50	786.89	650.67	585.87	256.57	240.70	210.28	187.80
87	897.98	809.37	669.19	601.74	263.18	247.31	215.57	193.09
88	917.82	829.21	685.06	616.29	268.47	252.60	219.54	197.05
89	936.33	846.40	699.60	629.51	273.76	257.89	223.50	201.02

Notes:
Apply a factor of 1.00 for Preferred and 1.25 for Standard.
Apply a factor of 0.80 for married insureds or if two people residing together are both issued policies.
Apply a factor of 1.25 to add the Spousal Enrichment Benefit Rider.
Apply a factor of 1.20 to add the Non-Forfeiture Rider.
Apply a factor of 1.01 to add the Prescription Drug Rider
Apply a factor of 1.10 to add the Modification of Benefit Qualification Rider
Apply a factor of 0.90 for Association Groups.
Modal Factors --- Annual: 1.0000, Semi-Annual: 0.5250, Quarterly: 0.2650, Monthly: 0.0875

ACTUARIAL JUSTIFICATION OF PREMIUM RATES
VALLEY FORGE LIFE INSURANCE COMPANY
Non-Tax Qualified Long Term Care Policy and Riders
Exhibit E - Gross Annual Premiums per $10 Daily Benefit
Preferred Risk Rate Class
1 Year Benefit Period - with Compound Inflation Rider

	Base Nursing Home Policy				Home Health Care Rider			
Issue Age	0 Day Elimination Period	20 Day Elimination Period	90 Day Elimination Period	180 Day Elimination Period	0 Visit Elimination Period	10 Visit Elimination Period	45 Visit Elimination Period	90 Visit Elimination Period
50-					23.81	21.16	17.19	14.55
51					25.13	22.48	18.52	15.87
52					26.45	23.81	19.84	17.19
53					27.77	25.13	21.16	18.52
54					29.10	26.45	22.48	19.84
55					30.42	27.77	23.81	21.16
56					31.74	29.10	25.13	22.48
57					33.06	30.42	26.45	23.81
58					34.39	31.74	27.77	25.13
59		NOT			35.71	33.06	29.10	26.45
60		AVAILABLE			37.03	34.39	30.42	29.10
61					39.68	37.03	31.74	30.42
62					42.32	39.68	34.39	31.74
63					44.97	41.00	35.71	33.06
64					47.61	43.64	37.03	34.39
65					50.26	46.29	38.35	35.71
66					52.90	47.61	39.68	38.35
67					55.55	50.26	42.32	39.68
68					58.19	54.22	44.97	41.00
69					60.84	58.19	48.93	42.32
70					66.13	62.16	52.90	44.97
71					71.42	66.13	56.87	48.93
72					76.71	70.09	60.84	52.90
73					82.00	75.38	64.80	56.87
74					87.29	80.67	68.77	60.84
75					92.58	85.96	72.74	64.80
76					97.87	91.25	76.71	70.09
77					104.48	96.54	80.67	75.38
78					111.09	103.16	85.96	80.67
79					117.70	109.77	91.25	84.64
80					125.64	116.38	96.54	88.61
81					133.57	122.99	101.83	92.58
82					142.83	128.28	108.45	96.54
83					149.44	133.57	112.41	100.51
84					154.73	138.86	116.38	104.48
85					160.02	144.15	120.35	108.45
86					165.31	148.12	124.32	112.41
87					170.60	150.77	126.96	115.06
88					174.57	153.41	129.61	117.70
89					178.54	156.06	132.25	120.35

Notes:
Apply a factor of 1.00 for Preferred and 1.25 for Standard.
Apply a factor of 0.80 for married insureds or if two people residing together are both issued policies.
Apply a factor of 1.25 to add the Spousal Enrichment Benefit Rider.
Apply a factor of 1.20 to add the Non-Forfeiture Rider.
Apply a factor of 1.01 to add the Prescription Drug Rider
Apply a factor of 1.10 to add the Modification of Benefit Qualification Rider
Apply a factor of 0.90 for Association Groups.
Modal Factors --- Annual: 1.0000, Semi-Annual: 0.5250, Quarterly: 0.2650, Monthly: 0.0875

ACTUARIAL JUSTIFICATION OF PREMIUM RATES
VALLEY FORGE LIFE INSURANCE COMPANY
Non-Tax Qualified Long Term Care Policy and Riders
Exhibit E - Gross Annual Premiums per $10 Daily Benefit
Preferred Risk Rate Class
2 Year Benefit Period - with Compound Inflation Rider

	Base Nursing Home Policy				Home Health Care Rider			
Issue Age	0 Day Elimination Period	20 Day Elimination Period	90 Day Elimination Period	180 Day Elimination Period	0 Day Elimination Period	10 Visit Elimination Period	45 Visit Elimination Period	90 Visit Elimination Period
50-	54.22	48.93	42.32	38.35	30.42	27.77	25.13	22.48
51	55.55	50.26	43.64	39.68	31.74	29.10	26.45	23.81
52	58.19	52.90	44.97	41.00	33.06	30.42	27.77	25.13
53	62.16	56.87	46.29	42.32	34.39	31.74	29.10	26.45
54	66.13	60.84	48.93	44.97	37.03	34.39	30.42	27.77
55	71.42	64.80	54.22	48.93	39.68	37.03	31.74	29.10
56	76.71	68.77	59.51	52.90	42.32	39.68	33.06	30.42
57	82.00	74.06	64.80	56.87	43.64	41.00	34.39	31.74
58	88.61	79.35	70.09	60.84	46.29	43.64	35.71	33.06
59	95.22	85.96	75.38	64.80	47.61	44.97	38.35	34.39
60	101.83	92.58	80.67	70.09	50.26	47.61	39.68	35.71
61	108.45	99.19	85.96	75.38	51.58	50.26	42.32	37.03
62	116.38	105.80	91.25	80.67	54.22	51.58	44.97	39.68
63	124.32	112.41	96.54	85.96	56.87	54.22	46.29	41.00
64	133.57	120.35	103.16	91.25	59.51	55.55	48.93	43.64
65	142.83	129.61	111.09	97.87	62.16	58.19	50.26	46.29
66	154.73	141.51	120.35	105.80	64.80	60.84	51.58	47.61
67	167.96	153.41	130.93	116.38	68.77	63.48	54.22	48.93
68	182.51	165.31	141.51	126.96	72.74	67.45	56.87	50.26
69	198.38	179.86	153.41	138.86	76.71	71.42	59.51	52.90
70	215.57	195.73	166.64	150.77	80.67	75.38	63.48	55.55
71	235.41	212.92	181.18	163.99	85.96	79.35	67.45	59.51
72	255.24	231.44	197.05	177.22	91.25	83.32	71.42	63.48
73	276.40	251.28	212.92	191.76	96.54	88.61	75.38	67.45
74	297.56	271.11	230.12	207.63	101.83	93.90	79.35	71.42
75	321.37	292.27	247.31	223.50	107.12	99.19	83.32	75.38
76	347.82	316.08	267.15	240.70	112.41	104.48	87.29	79.35
77	374.27	339.88	286.98	257.89	117.70	109.77	92.58	84.64
78	400.72	365.01	306.82	275.08	124.32	116.38	97.87	89.93
79	428.49	390.14	327.98	293.60	130.93	122.99	103.16	93.90
80	457.59	416.59	349.14	313.43	138.86	129.61	108.45	97.87
81	489.33	444.36	372.95	335.92	146.80	136.22	113.74	101.83
82	522.39	474.78	395.43	355.75	153.41	141.51	119.03	105.80
83	548.84	497.26	416.59	374.27	160.02	146.80	122.99	109.77
84	571.32	517.10	433.78	388.82	166.64	150.77	126.96	113.74
85	591.16	534.29	449.65	403.36	173.25	154.73	129.61	116.38
86	608.35	550.16	462.88	416.59	178.54	158.70	132.25	119.03
87	624.22	564.71	473.46	427.17	182.51	161.35	134.90	121.67
88	638.77	577.93	484.04	436.43	186.47	163.99	137.54	124.32
89	651.99	589.84	494.62	445.68	190.44	166.64	140.19	126.96

Notes:
Apply a factor of 1.00 for Preferred and 1.25 for Standard.
Apply a factor of 0.80 for married insureds or if two people residing together are both issued policies.
Apply a factor of 1.25 to add the Spousal Enrichment Benefit Rider.
Apply a factor of 1.20 to add the Non-Forfeiture Rider.
Apply a factor of 1.01 to add the Prescription Drug Rider
Apply a factor of 1.10 to add the Modification of Benefit Qualification Rider
Apply a factor of 0.90 for Association Groups.
Modal Factors --- Annual: 1.0000, Semi-Annual: 0.5250, Quarterly: 0.2650, Monthly: 0.0875

ACTUARIAL JUSTIFICATION OF PREMIUM RATES
VALLEY FORGE LIFE INSURANCE COMPANY
Non-Tax Qualified Long Term Care Policy and Riders
Exhibit E - Gross Annual Premiums per $10 Daily Benefit
Preferred Risk Rate Class
3 Year Benefit Period - with Compound Inflation Rider

	Base Nursing Home Policy				Home Health Care Rider			
Issue Age	0 Day Elimination Period	20 Day Elimination Period	90 Day Elimination Period	180 Day Elimination Period	0 Visit Elimination Period	10 Visit Elimination Period	45 Visit Elimination Period	90 Visit Elimination Period
50-	68.77	60.84	50.26	46.29	41.00	38.35	34.39	30.42
51	71.42	63.48	52.90	48.93	43.64	41.00	35.71	31.74
52	75.38	67.45	56.87	51.58	46.29	43.64	38.35	33.06
53	79.35	71.42	60.84	55.55	48.93	46.29	41.00	34.39
54	83.32	76.71	66.13	59.51	51.58	47.61	42.32	37.03
55	88.61	82.00	71.42	63.48	54.22	50.26	44.97	39.68
56	95.22	87.29	76.71	68.77	56.87	51.58	46.29	42.32
57	101.83	93.90	82.00	74.06	59.51	54.22	48.93	43.64
58	109.77	100.51	88.61	79.35	62.16	56.87	51.58	46.29
59	117.70	107.12	95.22	84.64	64.80	59.51	52.90	47.61
60	125.64	115.06	101.83	89.93	67.45	62.16	55.55	50.26
61	134.90	122.99	108.45	96.54	70.09	64.80	58.19	51.58
62	144.15	130.93	115.06	103.16	72.74	67.45	60.84	54.22
63	154.73	140.19	121.67	109.77	76.71	70.09	63.48	56.87
64	165.31	149.44	128.28	117.70	80.67	74.06	66.13	58.19
65	178.54	161.35	137.54	125.64	84.64	78.03	68.77	60.84
66	194.41	174.57	149.44	134.90	88.61	82.00	71.42	63.48
67	211.60	190.44	162.67	145.48	92.58	85.96	74.06	66.13
68	230.12	206.31	177.22	158.70	96.54	89.93	76.71	68.77
69	249.95	224.83	191.76	173.25	100.51	93.90	79.35	71.42
70	271.11	243.34	208.96	189.12	104.48	97.87	82.00	74.06
71	293.60	265.82	226.15	204.99	109.77	101.83	85.96	76.71
72	318.72	289.63	245.99	220.86	115.06	105.80	91.25	80.67
73	345.17	314.76	267.15	238.05	120.35	111.09	96.54	84.64
74	372.95	341.21	289.63	257.89	126.96	117.70	101.83	89.93
75	403.36	367.66	312.11	279.05	133.57	124.32	107.12	95.22
76	435.10	396.75	335.92	301.53	140.19	130.93	112.41	100.51
77	469.49	427.17	361.04	324.01	146.80	137.54	117.70	105.80
78	505.20	457.59	386.17	347.82	154.73	144.15	122.99	111.09
79	540.90	490.65	412.62	371.62	162.67	150.77	128.28	116.38
80	579.26	525.03	439.07	396.75	170.60	157.38	133.57	121.67
81	618.93	560.74	468.17	423.20	179.86	165.31	138.86	126.96
82	661.25	599.09	498.58	448.33	189.12	173.25	144.15	132.25
83	695.64	629.51	522.39	469.49	197.05	179.86	149.44	137.54
84	722.09	654.64	540.90	486.68	203.67	185.15	154.73	141.51
85	743.25	674.48	558.10	501.23	208.96	190.44	160.02	144.15
86	761.76	691.67	572.64	515.78	212.92	194.41	163.99	146.80
87	778.95	706.22	585.87	527.68	216.89	198.38	166.64	149.44
88	793.50	719.44	597.77	536.94	220.86	201.02	169.28	152.09
89	806.73	730.02	605.71	544.87	223.50	203.67	171.93	154.73

Notes:
Apply a factor of 1.00 for Preferred and 1.25 for Standard.
Apply a factor of 0.80 for married insureds or if two people residing together are both issued policies.
Apply a factor of 1.25 to add the Spousal Enrichment Benefit Rider.
Apply a factor of 1.20 to add the Non-Forfeiture Rider.
Apply a factor of 1.01 to add the Prescription Drug Rider
Apply a factor of 1.10 to add the Modification of Benefit Qualification Rider
Apply a factor of 0.90 for Association Groups.
Modal Factors --- Annual: 1.0000, Semi-Annual: 0.5250, Quarterly: 0.2650, Monthly: 0.0875

ACTUARIAL JUSTIFICATION OF PREMIUM RATES
VALLEY FORGE LIFE INSURANCE COMPANY
Non-Tax Qualified Long Term Care Policy and Riders
Exhibit E - Gross Annual Premiums per $10 Daily Benefit
Preferred Risk Rate Class
4 Year Benefit Period - with Compound Inflation Rider

	Base Nursing Home Policy				Home Health Care Rider			
Issue Age	0 Day Elimination Period	20 Day Elimination Period	90 Day Elimination Period	180 Day Elimination Period	0 Visit Elimination Period	10 Visit Elimination Period	45 Visit Elimination Period	90 Visit Elimination Period
50-	72.74	64.80	58.19	52.90	56.87	52.90	47.61	42.32
51	79.35	70.09	62.16	56.87	59.51	55.55	48.93	43.64
52	85.96	76.71	66.13	60.84	62.16	56.87	50.26	44.97
53	92.58	83.32	71.42	64.80	64.80	59.51	51.58	46.29
54	99.19	89.93	76.71	70.09	66.13	62.16	52.90	47.61
55	105.80	96.54	83.32	75.38	68.77	64.80	55.55	50.26
56	113.74	103.16	89.93	80.67	71.42	67.45	58.19	51.58
57	121.67	109.77	96.54	87.29	74.06	70.09	60.84	54.22
58	129.61	117.70	103.16	93.90	76.71	72.74	63.48	55.55
59	138.86	125.64	109.77	100.51	80.67	75.38	66.13	58.19
60	148.12	134.90	117.70	107.12	84.64	79.35	68.77	60.84
61	157.38	144.15	125.64	113.74	89.93	83.32	71.42	63.48
62	167.96	153.41	133.57	120.35	93.90	87.29	74.06	66.13
63	178.54	163.99	141.51	126.96	97.87	91.25	78.03	70.09
64	190.44	174.57	150.77	134.90	101.83	95.22	80.67	72.74
65	203.67	187.80	161.35	144.15	105.80	99.19	83.32	76.71
66	219.54	202.34	174.57	156.06	109.77	101.83	85.96	80.67
67	239.37	219.54	187.80	170.60	113.74	105.80	89.93	83.32
68	261.86	240.70	203.67	185.15	117.70	108.45	93.90	85.96
69	285.66	261.86	222.18	201.02	121.67	112.41	97.87	88.61
70	310.79	284.34	240.70	216.89	125.64	116.38	101.83	91.25
71	338.56	308.14	261.86	235.41	130.93	120.35	105.80	95.22
72	367.66	335.92	284.34	255.24	137.54	125.64	111.09	100.51
73	398.07	365.01	308.14	277.73	144.15	132.25	116.38	105.80
74	431.14	394.11	331.95	300.21	150.77	138.86	122.99	111.09
75	465.52	425.85	357.08	324.01	158.70	146.80	128.28	116.38
76	503.87	458.91	386.17	349.14	166.64	154.73	134.90	121.67
77	543.55	493.29	415.27	375.59	174.57	162.67	141.51	126.96
78	583.22	530.32	445.68	402.04	182.51	170.60	148.12	132.25
79	625.54	567.35	476.10	428.49	191.76	178.54	154.73	137.54
80	669.19	607.03	507.84	456.26	201.02	187.80	161.35	144.15
81	715.47	649.35	542.23	488.00	211.60	197.05	169.28	152.09
82	765.73	694.31	579.26	521.07	223.50	206.31	177.22	161.35
83	802.76	726.05	605.71	546.19	231.44	212.92	183.83	166.64
84	830.53	751.18	626.87	564.71	236.73	219.54	189.12	170.60
85	853.01	771.02	642.74	577.93	242.02	224.83	193.09	174.57
86	872.85	789.53	655.96	588.51	247.31	228.79	195.73	177.22
87	887.40	802.76	666.54	599.09	251.28	231.44	198.38	179.86
88	899.30	813.34	675.80	608.35	255.24	234.08	201.02	182.51
89	909.88	821.27	682.41	614.96	257.89	236.73	203.67	185.15

Notes:
Apply a factor of 1.00 for Preferred and 1.25 for Standard.
Apply a factor of 0.80 for married insureds or if two people residing together are both issued policies.
Apply a factor of 1.25 to add the Spousal Enrichment Benefit Rider.
Apply a factor of 1.20 to add the Non-Forfeiture Rider.
Apply a factor of 1.01 to add the Prescription Drug Rider
Apply a factor of 1.10 to add the Modification of Benefit Qualification Rider
Apply a factor of 0.90 for Association Groups.
Modal Factors --- Annual: 1.0000, Semi-Annual: 0.5250, Quarterly: 0.2650, Monthly: 0.0875

ACTUARIAL JUSTIFICATION OF PREMIUM RATES
VALLEY FORGE LIFE INSURANCE COMPANY
Non-Tax Qualified Long Term Care Policy and Riders
Exhibit E - Gross Annual Premiums per $10 Daily Benefit
Preferred Risk Rate Class
5 Year Benefit Period - with Compound Inflation Rider

	Base Nursing Home Policy				Home Health Care Rider			
Issue Age	0 Day Elimination Period	20 Day Elimination Period	90 Day Elimination Period	180 Day Elimination Period	0 Visit Elimination Period	10 Visit Elimination Period	45 Visit Elimination Period	90 Visit Elimination Period
50-	84.64	76.71	67.45	60.84	66.13	60.84	55.55	50.26
51	89.93	82.00	71.42	63.48	70.09	63.48	58.19	51.58
52	95.22	87.29	75.38	67.45	74.06	67.45	60.84	54.22
53	101.83	92.58	79.35	71.42	78.03	70.09	63.48	56.87
54	108.45	99.19	84.64	76.71	80.67	74.06	66.13	59.51
55	115.06	105.80	91.25	82.00	84.64	78.03	70.09	62.16
56	122.99	113.74	97.87	87.29	88.61	82.00	72.74	64.80
57	132.25	122.99	105.80	93.90	91.25	85.96	75.38	67.45
58	141.51	132.25	113.74	101.83	95.22	89.93	78.03	70.09
59	152.09	141.51	121.67	108.45	99.19	92.58	80.67	72.74
60	162.67	150.77	129.61	115.06	103.16	95.22	83.32	75.38
61	173.25	160.02	137.54	122.99	107.12	99.19	85.96	78.03
62	183.83	170.60	145.48	130.93	111.09	103.16	88.61	80.67
63	195.73	181.18	154.73	138.86	115.06	107.12	92.58	83.32
64	208.96	193.09	165.31	148.12	119.03	111.09	96.54	87.29
65	224.83	206.31	175.89	158.70	122.99	115.06	100.51	91.25
66	243.34	222.18	189.12	171.93	126.96	119.03	103.16	93.90
67	264.50	242.02	206.31	186.47	130.93	122.99	107.12	96.54
68	288.31	263.18	224.83	202.34	134.90	126.96	111.09	99.19
69	313.43	285.66	243.34	219.54	140.19	130.93	115.06	101.83
70	339.88	309.47	264.50	238.05	145.48	134.90	119.03	105.80
71	368.98	337.24	286.98	257.89	152.09	140.19	124.32	111.09
72	402.04	367.66	312.11	280.37	160.02	146.80	129.61	116.38
73	436.43	398.07	337.24	304.18	167.96	154.73	134.90	121.67
74	472.13	429.81	363.69	327.98	175.89	162.67	141.51	126.96
75	509.16	464.20	391.46	353.11	185.15	171.93	148.12	133.57
76	550.16	501.23	421.88	380.88	194.41	181.18	156.06	140.19
77	592.48	539.58	453.62	408.65	203.67	190.44	163.99	146.80
78	636.12	579.26	485.36	437.75	212.92	199.70	171.93	154.73
79	681.09	620.25	518.42	466.84	222.18	208.96	179.86	162.67
80	728.70	662.57	554.13	498.58	232.76	218.21	189.12	170.60
81	780.28	707.54	592.48	532.97	245.99	230.12	199.70	181.18
82	835.82	755.15	632.16	568.68	259.21	242.02	210.28	190.44
83	875.50	793.50	661.25	596.45	268.47	251.28	218.21	197.05
84	904.59	819.95	683.73	616.29	276.40	256.57	224.83	201.02
85	925.75	838.47	699.60	629.51	281.69	261.86	228.79	204.99
86	944.27	853.01	712.83	641.41	286.98	267.15	232.76	208.96
87	956.17	864.92	722.09	649.35	290.95	271.11	236.73	211.60
88	966.75	874.17	728.70	655.96	293.60	273.76	239.37	214.25
89	973.36	880.79	735.31	662.57	296.24	276.40	242.02	216.89

Notes:
Apply a factor of 1.00 for Preferred and 1.25 for Standard.
Apply a factor of 0.80 for married insureds or if two people residing together are both issued policies.
Apply a factor of 1.25 to add the Spousal Enrichment Benefit Rider.
Apply a factor of 1.20 to add the Non-Forfeiture Rider.
Apply a factor of 1.01 to add the Prescription Drug Rider
Apply a factor of 1.10 to add the Modification of Benefit Qualification Rider
Apply a factor of 0.90 for Association Groups.
Modal Factors --- Annual: 1.0000, Semi-Annual: 0.5250, Quarterly: 0.2650, Monthly: 0.0875

ACTUARIAL JUSTIFICATION OF PREMIUM RATES
VALLEY FORGE LIFE INSURANCE COMPANY
Non-Tax Qualified Long Term Care Policy and Riders
Exhibit E - Gross Annual Premiums per $10 Daily Benefit
Preferred Risk Rate Class
8 Year Benefit Period - with Compund Inflation Rider

	Base Nursing Home Policy				Home Health Care Rider			
Issue Age	0 Day Elimination Period	20 Day Elimination Period	90 Day Elimination Period	180 Day Elimination Period	0 Visit Elimination Period	10 Visit Elimination Period	45 Visit Elimination Period	90 Visit Elimination Period
50-	97.87	92.58	79.35	72.74	72.74	68.77	60.84	55.55
51	101.83	95.22	82.00	75.38	76.71	72.74	64.80	59.51
52	107.12	99.19	85.96	78.03	80.67	76.71	67.45	62.16
53	113.74	104.48	91.25	82.00	84.64	80.67	71.42	66.13
54	121.67	111.09	97.87	87.29	88.61	84.64	74.06	68.77
55	129.61	119.03	104.48	92.58	92.58	88.61	78.03	71.42
56	138.86	128.28	111.09	99.19	96.54	91.25	80.67	74.06
57	148.12	137.54	117.70	105.80	100.51	95.22	84.64	76.71
58	158.70	146.80	125.64	112.41	104.48	99.19	87.29	79.35
59	169.28	156.06	133.57	120.35	108.45	103.16	89.93	82.00
60	181.18	165.31	141.51	129.61	112.41	105.80	92.58	84.64
61	193.09	175.89	150.77	137.54	116.38	109.77	96.54	87.29
62	204.99	187.80	160.02	145.48	120.35	113.74	99.19	89.93
63	216.89	199.70	170.60	154.73	124.32	117.70	101.83	92.58
64	230.12	212.92	181.18	163.99	128.28	121.67	104.48	95.22
65	245.99	227.47	193.09	174.57	132.25	124.32	108.45	99.19
66	265.82	243.34	207.63	187.80	136.22	128.28	111.09	101.83
67	288.31	263.18	226.15	203.67	140.19	132.25	113.74	104.48
68	314.76	285.66	244.66	220.86	145.48	136.22	117.70	107.12
69	341.21	310.79	264.50	238.05	150.77	140.19	121.67	111.09
70	368.98	337.24	286.98	257.89	156.06	145.48	126.96	115.06
71	399.40	366.33	310.79	279.05	162.67	152.09	133.57	120.35
72	435.10	398.07	337.24	302.85	170.60	158.70	140.19	125.64
73	472.13	429.81	363.69	326.66	179.86	166.64	146.80	132.25
74	509.16	464.20	391.46	353.11	189.12	174.57	154.73	138.86
75	548.84	499.91	421.88	379.56	198.38	182.51	161.35	145.48
76	591.16	538.26	452.30	407.33	207.63	190.44	169.28	152.09
77	634.80	577.93	485.36	436.43	218.21	198.38	177.22	160.02
78	681.09	618.93	519.74	466.84	228.79	208.96	185.15	167.96
79	728.70	661.25	554.13	497.26	239.37	220.86	194.41	175.89
80	778.95	706.22	589.84	530.32	251.28	234.08	204.99	183.83
81	833.18	753.83	629.51	566.03	267.15	248.63	216.89	194.41
82	888.72	805.40	669.19	603.06	283.02	264.50	230.12	206.31
83	932.36	845.08	702.25	632.16	296.24	276.40	239.37	214.25
84	964.10	872.85	723.41	650.67	304.18	284.34	244.66	219.54
85	986.59	890.04	739.28	663.90	309.47	288.31	248.63	223.50
86	1,002.46	904.59	751.18	675.80	313.43	292.27	252.60	227.47
87	1,011.71	913.85	760.44	682.41	316.08	294.92	255.24	230.12
88	1,019.65	921.78	765.73	687.70	318.72	297.56	257.89	232.76
89	1,026.26	928.40	771.02	692.99	321.37	300.21	260.53	235.41

Notes:
Apply a factor of 1.00 for Preferred and 1.25 for Standard.
Apply a factor of 0.80 for married insureds or if two people residing together are both issued policies.
Apply a factor of 1.25 to add the Spousal Enrichment Benefit Rider.
Apply a factor of 1.20 to add the Non-Forfeiture Rider.
Apply a factor of 1.01 to add the Prescription Drug Rider
Apply a factor of 1.10 to add the Modification of Benefit Qualification Rider
Apply a factor of 0.90 for Association Groups.
Modal Factors --- Annual: 1.0000, Semi-Annual: 0.5250, Quarterly: 0.2650, Monthly: 0.0875

ACTUARIAL JUSTIFICATION OF PREMIUM RATES
VALLEY FORGE LIFE INSURANCE COMPANY
Non-Tax Qualified Long Term Care Policy and Riders
Exhibit E - Gross Annual Premiums per $10 Daily Benefit
Preferred Risk Rate Class
Lifetime Benefit Period - with Compund Inflation Rider

	Base Nursing Home Policy				Home Health Care Rider			
Issue Age	0 Day Elimination Period	20 Day Elimination Period	90 Day Elimination Period	180 Day Elimination Period	0 Visit Elimination Period	10 Visit Elimination Period	45 Visit Elimination Period	90 Visit Elimination Period
50-	107.12	100.51	87.29	76.71	79.35	74.06	66.13	58.19
51	113.74	105.80	91.25	79.35	83.32	78.03	70.09	60.84
52	120.35	111.09	95.22	83.32	87.29	82.00	74.06	64.80
53	128.28	117.70	100.51	88.61	91.25	85.96	78.03	68.77
54	137.54	125.64	107.12	93.90	95.22	89.93	82.00	72.74
55	146.80	133.57	115.06	101.83	100.51	93.90	85.96	76.71
56	156.06	142.83	122.99	109.77	104.48	97.87	88.61	80.67
57	166.64	152.09	130.93	117.70	108.45	101.83	91.25	84.64
58	177.22	161.35	138.86	125.64	112.41	105.80	93.90	87.29
59	187.80	171.93	146.80	133.57	116.38	109.77	96.54	89.93
60	198.38	182.51	154.73	141.51	120.35	113.74	99.19	92.58
61	211.60	193.09	163.99	149.44	124.32	117.70	103.16	95.22
62	224.83	204.99	173.25	157.38	128.28	121.67	105.80	97.87
63	238.05	216.89	185.15	166.64	132.25	125.64	108.45	100.51
64	251.28	230.12	197.05	177.22	136.22	129.61	111.09	103.16
65	267.15	244.66	210.28	187.80	140.19	133.57	115.06	105.80
66	288.31	263.18	226.15	202.34	144.15	137.54	117.70	108.45
67	312.11	285.66	244.66	219.54	148.12	141.51	120.35	111.09
68	338.56	309.47	264.50	238.05	152.09	145.48	124.32	113.74
69	366.33	335.92	285.66	256.57	157.38	149.44	128.28	117.70
70	396.75	363.69	308.14	277.73	165.31	153.41	134.90	121.67
71	431.14	392.78	333.27	300.21	173.25	158.70	141.51	126.96
72	466.84	425.85	361.04	324.01	182.51	166.64	149.44	133.57
73	505.20	461.55	390.14	350.46	191.76	175.89	156.06	141.51
74	543.55	497.26	419.23	376.91	202.34	185.15	162.67	148.12
75	585.87	534.29	449.65	404.69	212.92	194.41	170.60	154.73
76	630.83	573.97	482.71	433.78	223.50	203.67	179.86	162.67
77	677.12	616.29	517.10	465.52	234.08	214.25	189.12	169.28
78	726.05	658.61	551.48	497.26	244.66	227.47	198.38	177.22
79	774.99	703.57	587.19	529.00	256.57	240.70	208.96	187.80
80	826.56	749.86	624.22	562.06	269.79	255.24	220.86	199.70
81	883.43	800.11	665.22	599.09	286.98	271.11	234.08	211.60
82	941.62	853.01	707.54	637.45	305.50	285.66	247.31	223.50
83	986.59	894.01	739.28	665.22	317.40	296.24	257.89	231.44
84	1,019.65	920.46	761.76	683.73	325.34	304.18	267.15	236.73
85	1,043.45	938.98	776.31	698.28	331.95	310.79	272.44	242.02
86	1,059.32	952.20	786.89	708.86	335.92	316.08	276.40	245.99
87	1,068.58	962.78	796.15	715.47	339.88	320.05	279.05	248.63
88	1,075.19	969.39	802.76	720.76	342.53	322.69	281.69	251.28
89	1,081.81	976.01	809.37	726.05	345.17	325.34	284.34	253.92

Notes:
Apply a factor of 1.00 for Preferred and 1.25 for Standard.
Apply a factor of 0.80 for married insureds or if two people residing together are both issued policies.
Apply a factor of 1.25 to add the Spousal Enrichment Benefit Rider.
Apply a factor of 1.20 to add the Non-Forfeiture Rider.
Apply a factor of 1.01 to add the Prescription Drug Rider
Apply a factor of 1.10 to add the Modification of Benefit Qualification Rider
Apply a factor of 0.90 for Association Groups.
Modal Factors --- Annual: 1.0000, Semi-Annual: 0.5250, Quarterly: 0.2650, Monthly: 0.0875

ACTUARIAL JUSTIFICATION OF PREMIUM RATES
VALLEY FORGE LIFE INSURANCE COMPANY
Non-Tax Qualified Long Term Care Policy and Riders
Exhibit E - Gross Annual Premiums per $10 Daily Benefit
Preferred Risk Rate Class
1 Year Benefit Period - with Simple Inflation Rider

	Base Nursing Home Policy				Home Health Care Rider			
Issue Age	0 Day Elimination Period	20 Day Elimination Period	90 Day Elimination Period	180 Day Elimination Period	0 Visit Elimination Period	10 Visit Elimination Period	45 Visit Elimination Period	90 Visit Elimination Period
50-					18.52	17.19	14.55	11.90
51					19.84	18.52	15.87	13.23
52					21.16	19.84	17.19	14.55
53					22.48	21.16	18.52	15.87
54					23.81	22.48	19.84	17.19
55					25.13	23.81	21.16	18.52
56					26.45	25.13	22.48	19.84
57					27.77	26.45	23.81	21.16
58					29.10	27.77	25.13	22.48
59			NOT		30.42	29.10	26.45	23.81
60			AVAILABLE		31.74	30.42	27.77	25.13
61					34.39	31.74	29.10	26.45
62					37.03	34.39	30.42	27.77
63					39.68	35.71	31.74	29.10
64					42.32	38.35	33.06	30.42
65					44.97	39.68	34.39	31.74
66					47.61	42.32	35.71	33.06
67					50.26	44.97	37.03	34.39
68					52.90	48.93	39.68	37.03
69					55.55	52.90	43.64	38.35
70					59.51	56.87	47.61	41.00
71					64.80	60.84	51.58	44.97
72					70.09	64.80	55.55	48.93
73					75.38	70.09	59.51	52.90
74					80.67	74.06	63.48	55.55
75					85.96	79.35	67.45	59.51
76					91.25	84.64	71.42	64.80
77					97.87	89.93	75.38	70.09
78					104.48	96.54	80.67	75.38
79					111.09	103.16	85.96	79.35
80					119.03	109.77	91.25	83.32
81					125.64	116.38	96.54	87.29
82					134.90	121.67	103.16	91.25
83					141.51	126.96	107.12	95.22
84					146.80	132.25	111.09	99.19
85					152.09	137.54	115.06	103.16
86					157.38	141.51	119.03	107.12
87					162.67	144.15	121.67	109.77
88					166.64	146.80	124.32	112.41
89					170.60	149.44	126.96	115.06

Notes:
Apply a factor of 1.00 for Preferred and 1.25 for Standard.
Apply a factor of 0.80 for married insureds or if two people residing together are both issued policies.
Apply a factor of 1.25 to add the Spousal Enrichment Benefit Rider.
Apply a factor of 1.20 to add the Non-Forfeiture Rider.
Apply a factor of 1.01 to add the Prescription Drug Rider
Apply a factor of 1.10 to add the Modification of Benefit Qualification Rider
Apply a factor of 0.90 for Association Groups.
Modal Factors --- Annual: 1.0000, Semi-Annual: 0.5250, Quarterly: 0.2650, Monthly: 0.0875

ACTUARIAL JUSTIFICATION OF PREMIUM RATES
VALLEY FORGE LIFE INSURANCE COMPANY
Non-Tax Qualified Long Term Care Policy and Riders
Exhibit E - Gross Annual Premiums per $10 Daily Benefit
Preferred Risk Rate Class
2 Year Benefit Period - with Simple Inflation Rider

	Base Nursing Home Policy				Home Health Care Rider			
Issue Age	0 Day Elimination Period	20 Day Elimination Period	90 Day Elimination Period	180 Day Elimination Period	0 Visit Elimination Period	10 Visit Elimination Period	45 Visit Elimination Period	90 Visit Elimination Period
50-	37.03	33.06	27.77	25.13	25.13	22.48	19.84	17.19
51	39.68	34.39	29.10	26.45	26.45	23.81	21.16	18.52
52	42.32	37.03	30.42	27.77	27.77	25.13	22.48	19.84
53	44.97	39.68	33.06	30.42	29.10	26.45	23.81	21.16
54	47.61	43.64	35.71	33.06	30.42	27.77	25.13	22.48
55	51.58	47.61	39.68	35.71	33.06	30.42	26.45	23.81
56	56.87	51.58	43.64	38.35	34.39	33.06	27.77	25.13
57	62.16	55.55	47.61	42.32	37.03	34.39	29.10	26.45
58	67.45	60.84	52.90	47.61	38.35	37.03	30.42	27.77
59	74.06	66.13	58.19	51.58	39.68	38.35	33.06	29.10
60	79.35	72.74	62.16	56.87	42.32	39.68	34.39	30.42
61	87.29	79.35	67.45	60.84	43.64	42.32	37.03	31.74
62	95.22	85.96	74.06	64.80	46.29	43.64	38.35	34.39
63	101.83	92.58	78.03	70.09	48.93	46.29	39.68	35.71
64	111.09	100.51	85.96	75.38	51.58	47.61	42.32	38.35
65	120.35	109.77	93.90	82.00	54.22	51.58	43.64	39.68
66	132.25	121.67	103.16	91.25	56.87	54.22	46.29	42.32
67	145.48	132.25	113.74	100.51	62.16	56.87	48.93	43.64
68	160.02	145.48	124.32	111.09	64.80	60.84	50.26	44.97
69	175.89	160.02	137.54	124.32	68.77	64.80	52.90	47.61
70	194.41	175.89	149.44	134.90	72.74	68.77	56.87	50.26
71	212.92	193.09	163.99	148.12	78.03	72.74	60.84	54.22
72	234.08	211.60	179.86	161.35	83.32	76.71	64.80	58.19
73	255.24	232.76	197.05	177.22	88.61	82.00	70.09	62.16
74	276.40	251.28	212.92	193.09	93.90	87.29	72.74	66.13
75	298.89	272.44	230.12	208.96	99.19	92.58	76.71	70.09
76	325.34	296.24	249.95	226.15	104.48	96.54	80.67	74.06
77	350.46	320.05	269.79	242.02	109.77	101.83	85.96	79.35
78	376.91	345.17	289.63	259.21	116.38	108.45	91.25	84.64
79	406.01	368.98	310.79	277.73	122.99	115.06	96.54	88.61
80	433.78	395.43	330.63	297.56	130.93	121.67	101.83	92.58
81	465.52	423.20	354.43	320.05	138.86	128.28	107.12	96.54
82	498.58	453.62	376.91	339.88	145.48	133.57	112.41	100.51
83	526.36	476.10	399.40	358.40	152.09	138.86	116.38	104.48
84	548.84	497.26	416.59	372.95	158.70	142.83	120.35	108.45
85	570.00	514.45	433.78	388.82	165.31	146.80	122.99	111.09
86	587.19	530.32	445.68	402.04	170.60	150.77	125.64	113.74
87	604.38	546.19	457.59	412.62	174.57	153.41	128.28	116.38
88	620.25	562.06	470.81	424.52	178.54	156.06	130.93	119.03
89	634.80	573.97	481.39	433.78	182.51	160.02	133.57	121.67

Notes:
Apply a factor of 1.00 for Preferred and 1.25 for Standard.
Apply a factor of 0.80 for married insureds or if two people residing together are both issued policies.
Apply a factor of 1.25 to add the Spousal Enrichment Benefit Rider.
Apply a factor of 1.20 to add the Non-Forfeiture Rider.
Apply a factor of 1.01 to add the Prescription Drug Rider
Apply a factor of 1.10 to add the Modification of Benefit Qualification Rider
Apply a factor of 0.90 for Association Groups.
Modal Factors --- Annual: 1.0000, Semi-Annual: 0.5250, Quarterly: 0.2650, Monthly: 0.0875

ACTUARIAL JUSTIFICATION OF PREMIUM RATES
VALLEY FORGE LIFE INSURANCE COMPANY
Non-Tax Qualified Long Term Care Policy and Riders
Exhibit E - Gross Annual Premiums per $10 Daily Benefit
Preferred Risk Rate Class
3 Year Benefit Period - with Simple Inflation Rider

	Base Nursing Home Policy				Home Health Care Rider			
Issue Age	0 Day Elimination Period	20 Day Elimination Period	90 Day Elimination Period	180 Day Elimination Period	0 Visit Elimination Period	10 Visit Elimination Period	45 Visit Elimination Period	90 Visit Elimination Period
50-	46.29	41.00	34.39	31.74	33.06	30.42	27.77	25.13
51	48.93	43.64	37.03	34.39	35.71	33.06	29.10	26.45
52	52.90	47.61	39.68	37.03	37.03	35.71	31.74	27.77
53	56.87	51.58	42.32	39.68	41.00	38.35	33.06	29.10
54	60.84	55.55	47.61	42.32	43.64	39.68	35.71	30.42
55	64.80	60.84	52.90	46.29	46.29	41.00	37.03	33.06
56	71.42	64.80	56.87	51.58	48.93	43.64	38.35	35.71
57	76.71	71.42	60.84	55.55	50.26	44.97	41.00	37.03
58	83.32	76.71	67.45	60.84	52.90	47.61	43.64	38.35
59	91.25	83.32	74.06	66.13	55.55	50.26	44.97	39.68
60	99.19	91.25	79.35	71.42	58.19	52.90	47.61	42.32
61	107.12	99.19	85.96	78.03	60.84	55.55	50.26	43.64
62	116.38	105.80	92.58	83.32	62.16	58.19	52.90	46.29
63	126.96	115.06	99.19	89.93	66.13	60.84	55.55	48.93
64	137.54	122.99	107.12	96.54	70.09	64.80	58.19	51.58
65	150.77	134.90	116.38	104.48	74.06	67.45	60.84	54.22
66	165.31	148.12	128.28	115.06	79.35	72.74	63.48	55.55
67	182.51	165.31	141.51	125.64	82.00	76.71	66.13	58.19
68	202.34	181.18	156.06	138.86	85.96	80.67	68.77	60.84
69	220.86	198.38	170.60	154.73	89.93	84.64	71.42	64.80
70	243.34	218.21	186.47	169.28	95.22	88.61	75.38	67.45
71	265.82	240.70	203.67	185.15	100.51	92.58	79.35	70.09
72	290.95	264.50	224.83	202.34	105.80	96.54	83.32	74.06
73	318.72	290.95	245.99	220.86	111.09	101.83	88.61	78.03
74	346.50	317.40	268.47	239.37	117.70	108.45	93.90	83.32
75	376.91	343.85	290.95	260.53	124.32	115.06	99.19	88.61
76	407.33	370.30	313.43	281.69	130.93	121.67	104.48	93.90
77	440.39	400.72	338.56	304.18	137.54	128.28	109.77	99.19
78	476.10	431.14	363.69	327.98	145.48	134.90	115.06	104.48
79	510.49	464.20	390.14	350.46	153.41	141.51	120.35	109.77
80	550.16	498.58	416.59	376.91	160.02	148.12	125.64	115.06
81	588.51	532.97	445.68	403.36	169.28	156.06	130.93	120.35
82	630.83	572.64	476.10	428.49	178.54	163.99	136.22	125.64
83	666.54	603.06	499.91	449.65	186.47	170.60	141.51	130.93
84	692.99	628.19	519.74	468.17	193.09	175.89	146.80	134.90
85	715.47	649.35	536.94	482.71	198.38	181.18	152.09	137.54
86	735.31	667.86	552.81	498.58	202.34	185.15	156.06	140.19
87	753.83	683.73	567.35	511.81	207.63	189.12	158.70	142.83
88	771.02	699.60	579.26	521.07	211.60	191.76	161.35	145.48
89	785.57	710.18	589.84	530.32	214.25	194.41	163.99	148.12

Notes:
Apply a factor of 1.00 for Preferred and 1.25 for Standard.
Apply a factor of 0.80 for married insureds or if two people residing together are both issued policies.
Apply a factor of 1.25 to add the Spousal Enrichment Benefit Rider.
Apply a factor of 1.20 to add the Non-Forfeiture Rider.
Apply a factor of 1.01 to add the Prescription Drug Rider
Apply a factor of 1.10 to add the Modification of Benefit Qualification Rider
Apply a factor of 0.90 for Association Groups.
Modal Factors --- Annual: 1.0000, Semi-Annual: 0.5250, Quarterly: 0.2650, Monthly: 0.0875

ACTUARIAL JUSTIFICATION OF PREMIUM RATES
VALLEY FORGE LIFE INSURANCE COMPANY
Non-Tax Qualified Long Term Care Policy and Riders
Exhibit E - Gross Annual Premiums per $10 Daily Benefit
Preferred Risk Rate Class
4 Year Benefit Period - with Simple Inflation Rider

	Base Nursing Home Policy				Home Health Care Rider			
Issue Age	0 Day Elimination Period	20 Day Elimination Period	90 Day Elimination Period	180 Day Elimination Period	0 Visit Elimination Period	10 Visit Elimination Period	45 Visit Elimination Period	90 Visit Elimination Period
50-	50.26	43.64	39.68	37.03	46.29	42.32	38.35	34.39
51	55.55	48.93	43.64	39.68	48.93	44.97	39.68	35.71
52	59.51	54.22	47.61	43.64	51.58	46.29	41.00	37.03
53	66.13	59.51	51.58	46.29	54.22	48.93	42.32	38.35
54	72.74	64.80	55.55	50.26	55.55	51.58	44.97	39.68
55	78.03	70.09	60.84	54.22	58.19	54.22	46.29	41.00
56	85.96	75.38	67.45	59.51	60.84	56.87	48.93	43.64
57	92.58	82.00	72.74	66.13	63.48	59.51	51.58	44.97
58	99.19	89.93	79.35	71.42	66.13	62.16	54.22	47.61
59	107.12	97.87	85.96	78.03	68.77	64.80	55.55	48.93
60	116.38	105.80	92.58	84.64	72.74	68.77	58.19	51.58
61	125.64	115.06	99.19	89.93	78.03	71.42	60.84	54.22
62	134.90	124.32	107.12	96.54	80.67	75.38	63.48	56.87
63	145.48	133.57	115.06	103.16	84.64	79.35	67.45	60.84
64	157.38	144.15	124.32	111.09	88.61	83.32	70.09	63.48
65	170.60	157.38	136.22	120.35	92.58	87.29	72.74	67.45
66	186.47	171.93	148.12	132.25	97.87	89.93	76.71	71.42
67	206.31	189.12	162.67	146.80	101.83	95.22	80.67	74.06
68	228.79	210.28	178.54	162.67	105.80	97.87	84.64	76.71
69	252.60	231.44	195.73	177.22	111.09	101.83	88.61	79.35
70	276.40	253.92	215.57	193.09	115.06	105.80	92.58	83.32
71	305.50	279.05	235.41	211.60	120.35	111.09	96.54	87.29
72	334.59	305.50	259.21	232.76	126.96	116.38	101.83	92.58
73	366.33	335.92	284.34	256.57	132.25	121.67	107.12	97.87
74	400.72	366.33	309.47	277.73	138.86	128.28	113.74	103.16
75	433.78	398.07	333.27	301.53	148.12	136.22	119.03	108.45
76	472.13	429.81	361.04	326.66	154.73	144.15	125.64	113.74
77	510.49	464.20	388.82	351.79	162.67	152.09	132.25	119.03
78	550.16	499.91	419.23	378.24	170.60	160.02	138.86	124.32
79	591.16	536.94	450.97	406.01	179.86	167.96	145.48	129.61
80	634.80	575.29	481.39	433.78	189.12	177.22	152.09	134.90
81	681.09	617.61	517.10	464.20	198.38	185.15	158.70	142.83
82	731.34	662.57	552.81	497.26	211.60	194.41	166.64	152.09
83	768.37	694.31	580.58	522.39	219.54	201.02	174.57	157.38
84	796.15	720.76	601.74	542.23	224.83	207.63	179.86	161.35
85	821.27	741.92	618.93	556.77	230.12	214.25	183.83	166.64
86	842.43	761.76	633.48	568.68	235.41	218.21	186.47	169.28
87	859.63	776.31	645.38	580.58	239.37	220.86	189.12	171.93
88	872.85	790.86	655.96	591.16	244.66	223.50	191.76	174.57
89	886.08	800.11	665.22	599.09	247.31	226.15	194.41	177.22

Notes:
Apply a factor of 1.00 for Preferred and 1.25 for Standard.
Apply a factor of 0.80 for married insureds or if two people residing together are both issued policies.
Apply a factor of 1.25 to add the Spousal Enrichment Benefit Rider.
Apply a factor of 1.20 to add the Non-Forfeiture Rider.
Apply a factor of 1.01 to add the Prescription Drug Rider
Apply a factor of 1.10 to add the Modification of Benefit Qualification Rider
Apply a factor of 0.90 for Association Groups.
Modal Factors --- Annual: 1.0000, Semi-Annual: 0.5250, Quarterly: 0.2650, Monthly: 0.0875

ACTUARIAL JUSTIFICATION OF PREMIUM RATES
VALLEY FORGE LIFE INSURANCE COMPANY
Non-Tax Qualified Long Term Care Policy and Riders
Exhibit E - Gross Annual Premiums per $10 Daily Benefit
Preferred Risk Rate Class
5 Year Benefit Period - with Simple Inflation Rider

	Base Nursing Home Policy				Home Health Care Rider			
Issue Age	0 Day Elimination Period	20 Day Elimination Period	90 Day Elimination Period	180 Day Elimination Period	0 Visit Elimination Period	10 Visit Elimination Period	45 Visit Elimination Period	90 Visit Elimination Period
50-	58.19	51.58	46.29	41.00	54.22	48.93	44.97	41.00
51	63.48	56.87	48.93	43.64	56.87	51.58	47.61	42.32
52	67.45	62.16	52.90	47.61	60.84	55.55	50.26	44.97
53	72.74	66.13	55.55	51.58	64.80	58.19	52.90	47.61
54	78.03	70.09	60.84	55.55	67.45	62.16	55.55	50.26
55	84.64	76.71	66.13	59.51	71.42	66.13	59.51	52.90
56	91.25	83.32	72.74	64.80	75.38	70.09	62.16	54.22
57	99.19	91.25	79.35	71.42	78.03	72.74	64.80	56.87
58	107.12	100.51	85.96	78.03	82.00	76.71	67.45	59.51
59	116.38	108.45	92.58	83.32	84.64	79.35	68.77	62.16
60	126.96	117.70	100.51	89.93	88.61	82.00	71.42	64.80
61	136.22	126.96	108.45	96.54	92.58	85.96	74.06	67.45
62	146.80	137.54	116.38	104.48	95.22	89.93	76.71	70.09
63	158.70	148.12	125.64	112.41	99.19	92.58	79.35	72.74
64	171.93	158.70	136.22	121.67	103.16	96.54	84.64	76.71
65	187.80	171.93	146.80	133.57	107.12	100.51	88.61	80.67
66	206.31	189.12	160.02	145.48	111.09	105.80	92.58	83.32
67	226.15	207.63	177.22	160.02	116.38	109.77	95.22	85.96
68	251.28	230.12	195.73	175.89	121.67	115.06	99.19	89.93
69	276.40	251.28	214.25	193.09	126.96	119.03	104.48	92.58
70	301.53	275.08	234.08	211.60	132.25	122.99	109.77	96.54
71	331.95	302.85	257.89	231.44	138.86	128.28	113.74	100.51
72	365.01	334.59	283.02	255.24	146.80	134.90	119.03	107.12
73	402.04	366.33	309.47	279.05	156.06	142.83	124.32	112.41
74	436.43	398.07	337.24	304.18	163.99	150.77	130.93	117.70
75	474.78	432.46	365.01	329.30	171.93	160.02	137.54	124.32
76	514.45	469.49	394.11	355.75	181.18	169.28	145.48	130.93
77	555.45	506.52	425.85	383.53	190.44	178.54	153.41	137.54
78	600.42	544.87	457.59	411.30	199.70	187.80	161.35	145.48
79	644.06	585.87	490.65	441.72	208.96	195.73	169.28	152.09
80	691.67	629.51	525.03	473.46	219.54	204.99	177.22	160.02
81	743.25	673.15	563.39	507.84	232.76	216.89	187.80	170.60
82	798.79	720.76	603.06	542.23	244.66	228.79	198.38	179.86
83	838.47	759.12	633.48	571.32	253.92	238.05	206.31	186.47
84	867.56	786.89	655.96	591.16	261.86	243.34	212.92	190.44
85	891.37	808.05	673.15	607.03	267.15	248.63	216.89	194.41
86	911.20	823.92	689.02	618.93	272.44	253.92	222.18	198.38
87	925.75	837.14	698.28	629.51	277.73	259.21	226.15	202.34
88	938.98	849.05	707.54	636.12	280.37	261.86	228.79	204.99
89	948.23	856.98	715.47	644.06	283.02	264.50	231.44	207.63

Notes:
Apply a factor of 1.00 for Preferred and 1.25 for Standard.
Apply a factor of 0.80 for married insureds or if two people residing together are both issued policies.
Apply a factor of 1.25 to add the Spousal Enrichment Benefit Rider.
Apply a factor of 1.20 to add the Non-Forfeiture Rider.
Apply a factor of 1.01 to add the Prescription Drug Rider
Apply a factor of 1.10 to add the Modification of Benefit Qualification Rider
Apply a factor of 0.90 for Association Groups.
Modal Factors --- Annual: 1.0000, Semi-Annual: 0.5250, Quarterly: 0.2650, Monthly: 0.0875

ACTUARIAL JUSTIFICATION OF PREMIUM RATES
VALLEY FORGE LIFE INSURANCE COMPANY
Non-Tax Qualified Long Term Care Policy and Riders
Exhibit E - Gross Annual Premiums per $10 Daily Benefit
Preferred Risk Rate Class
8 Year Benefit Period - with Simple Inflation Rider

	Base Nursing Home Policy				Home Health Care Rider			
Issue Age	0 Day Elimination Period	20 Day Elimination Period	90 Day Elimination Period	180 Day Elimination Period	0 Visit Elimination Period	10 Visit Elimination Period	45 Visit Elimination Period	90 Visit Elimination Period
50-	67.45	62.16	54.22	50.26	59.51	55.55	48.93	44.97
51	71.42	66.13	56.87	51.58	63.48	59.51	52.90	48.93
52	75.38	70.09	59.51	54.22	67.45	62.16	55.55	51.58
53	80.67	74.06	64.80	58.19	71.42	67.45	59.51	55.55
54	88.61	79.35	70.09	62.16	75.38	71.42	62.16	58.19
55	93.90	85.96	76.71	67.45	78.03	75.38	66.13	60.84
56	103.16	95.22	82.00	72.74	82.00	78.03	68.77	63.48
57	111.09	104.48	88.61	79.35	85.96	80.67	71.42	66.13
58	120.35	112.41	95.22	85.96	88.61	84.64	74.06	67.45
59	129.61	120.35	101.83	92.58	92.58	88.61	76.71	70.09
60	141.51	128.28	109.77	100.51	96.54	91.25	79.35	72.74
61	152.09	138.86	119.03	108.45	100.51	93.90	83.32	75.38
62	163.99	150.77	128.28	116.38	104.48	97.87	85.96	78.03
63	175.89	161.35	138.86	125.64	108.45	101.83	88.61	80.67
64	189.12	174.57	148.12	134.90	112.41	107.12	91.25	83.32
65	204.99	189.12	160.02	145.48	116.38	109.77	96.54	87.29
66	224.83	204.99	175.89	158.70	120.35	113.74	99.19	91.25
67	245.99	226.15	194.41	174.57	125.64	117.70	101.83	93.90
68	272.44	248.63	212.92	191.76	130.93	121.67	105.80	96.54
69	300.21	272.44	231.44	208.96	136.22	126.96	109.77	100.51
70	326.66	300.21	253.92	228.79	141.51	133.57	115.06	104.48
71	359.72	329.30	279.05	251.28	149.44	138.86	122.99	109.77
72	395.43	361.04	305.50	275.08	157.38	145.48	128.28	115.06
73	432.46	394.11	333.27	298.89	166.64	153.41	136.22	122.99
74	470.81	428.49	362.37	326.66	175.89	161.35	142.83	128.28
75	510.49	465.52	392.78	353.11	183.83	169.28	149.44	134.90
76	554.13	503.87	423.20	380.88	193.09	177.22	157.38	141.51
77	596.45	542.23	456.26	408.65	203.67	185.15	165.31	149.44
78	641.41	583.22	489.33	440.39	214.25	195.73	173.25	157.38
79	689.02	625.54	523.71	470.81	224.83	207.63	182.51	165.31
80	739.28	670.51	559.42	502.55	236.73	220.86	194.41	173.25
81	792.18	718.12	599.09	538.26	252.60	234.08	203.67	183.83
82	847.72	768.37	638.77	575.29	267.15	249.95	216.89	194.41
83	891.37	809.37	673.15	604.38	280.37	261.86	226.15	202.34
84	925.75	837.14	694.31	625.54	288.31	269.79	231.44	207.63
85	949.56	855.66	711.51	640.09	293.60	275.08	236.73	212.92
86	966.75	872.85	724.73	651.99	298.89	279.05	240.70	216.89
87	978.65	884.75	736.63	661.25	302.85	281.69	244.66	219.54
88	990.55	895.33	743.25	667.86	305.50	284.34	247.31	223.50
89	998.49	903.27	751.18	674.48	308.14	288.31	249.95	226.15

Notes:
Apply a factor of 1.00 for Preferred and 1.25 for Standard.
Apply a factor of 0.80 for married insureds or if two people residing together are both issued policies.
Apply a factor of 1.25 to add the Spousal Enrichment Benefit Rider.
Apply a factor of 1.20 to add the Non-Forfeiture Rider.
Apply a factor of 1.01 to add the Prescription Drug Rider
Apply a factor of 1.10 to add the Modification of Benefit Qualification Rider
Apply a factor of 0.90 for Association Groups.
Modal Factors --- Annual: 1.0000, Semi-Annual: 0.5250, Quarterly: 0.2650, Monthly: 0.0875

ACTUARIAL JUSTIFICATION OF PREMIUM RATES
VALLEY FORGE LIFE INSURANCE COMPANY
Non-Tax Qualified Long Term Care Policy and Riders
Exhibit E - Gross Annual Premiums per $10 Daily Benefit
Preferred Risk Rate Class
Lifetime Benefit Period - with Simple Inflation Rider

	Base Nursing Home Policy				Home Health Care Rider			
Issue Age	0 Day Elimination Period	20 Day Elimination Period	90 Day Elimination Period	180 Day Elimination Period	0 Visit Elimination Period	10 Visit Elimination Period	45 Visit Elimination Period	90 Visit Elimination Period
50-	72.74	68.77	59.51	51.58	64.80	59.51	54.22	47.61
51	79.35	72.74	63.48	55.55	67.45	63.48	56.87	50.26
52	84.64	76.71	66.13	59.51	71.42	67.45	62.16	54.22
53	89.93	83.32	70.09	63.48	76.71	71.42	64.80	58.19
54	99.19	89.93	75.38	67.45	80.67	75.38	68.77	62.16
55	107.12	96.54	83.32	72.74	84.64	79.35	72.74	66.13
56	115.06	104.48	91.25	80.67	88.61	83.32	75.38	68.77
57	124.32	113.74	97.87	87.29	92.58	87.29	78.03	72.74
58	133.57	122.99	105.80	95.22	96.54	91.25	80.67	75.38
59	142.83	132.25	112.41	101.83	99.19	95.22	83.32	76.71
60	153.41	142.83	120.35	109.77	103.16	99.19	85.96	79.35
61	166.64	152.09	129.61	117.70	107.12	101.83	88.61	82.00
62	179.86	163.99	138.86	125.64	111.09	105.80	91.25	84.64
63	193.09	175.89	149.44	134.90	116.38	109.77	93.90	87.29
64	206.31	189.12	162.67	145.48	120.35	113.74	96.54	89.93
65	222.18	203.67	175.89	156.06	122.99	117.70	101.83	92.58
66	243.34	222.18	190.44	170.60	126.96	121.67	104.48	95.22
67	267.15	243.34	208.96	187.80	132.25	125.64	107.12	97.87
68	293.60	268.47	228.79	206.31	136.22	129.61	112.41	101.83
69	321.37	294.92	249.95	224.83	141.51	133.57	116.38	105.80
70	351.79	322.69	272.44	245.99	149.44	137.54	122.99	111.09
71	386.17	351.79	300.21	268.47	158.70	144.15	129.61	117.70
72	423.20	386.17	327.98	294.92	167.96	152.09	137.54	122.99
73	462.88	421.88	357.08	321.37	177.22	162.67	142.83	130.93
74	503.87	458.91	387.49	349.14	186.47	170.60	149.44	137.54
75	546.19	497.26	417.91	376.91	197.05	179.86	157.38	142.83
76	589.84	536.94	452.30	406.01	207.63	189.12	166.64	150.77
77	634.80	579.26	485.36	436.43	218.21	199.70	175.89	157.38
78	683.73	620.25	519.74	468.17	228.79	212.92	185.15	165.31
79	732.67	665.22	555.45	499.91	240.70	226.15	195.73	175.89
80	784.24	711.51	592.48	532.97	255.24	240.70	207.63	187.80
81	841.11	761.76	633.48	570.00	271.11	255.24	219.54	198.38
82	899.30	814.66	674.48	608.35	288.31	269.79	232.76	210.28
83	944.27	855.66	707.54	636.12	300.21	280.37	244.66	219.54
84	978.65	883.43	730.02	657.28	309.47	288.31	253.92	224.83
85	1,003.78	903.27	747.21	671.83	316.08	296.24	259.21	230.12
86	1,022.29	919.14	760.44	685.06	320.05	300.21	263.18	235.41
87	1,034.20	932.36	771.02	692.99	324.01	305.50	265.82	238.05
88	1,043.45	941.62	778.95	699.60	326.66	308.14	268.47	240.70
89	1,052.71	950.88	788.21	706.22	330.63	312.11	271.11	243.34

Notes:
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Apply a factor of 0.80 for married insureds or if two people residing together are both issued policies.
Apply a factor of 1.25 to add the Spousal Enrichment Benefit Rider.
Apply a factor of 1.20 to add the Non-Forfeiture Rider.
Apply a factor of 1.01 to add the Prescription Drug Rider
Apply a factor of 1.10 to add the Modification of Benefit Qualification Rider
Apply a factor of 0.90 for Association Groups.
Modal Factors --- Annual: 1.0000, Semi-Annual: 0.5250, Quarterly: 0.2650, Monthly: 0.0875

Supporting Document Schedules

Review Status:

Satisfied -Name: Authorization Letter 12/06/2007

Comments:

Attachment:

VFLIC authorization letter.pdf

Review Status:

Satisfied -Name: Response Letter 06/13/2008

Comments:

Attachment:

AR VFL Response 6-13-2008.pdf

Review Status:

Satisfied -Name: Response Letter 6/24/08 06/24/2008

Comments:

Attachment:

Response Letter.pdf

Swiss Re

Margaret Ashbridge, Esq.
Vice President

Valley Forge Life Insurance Company
Life & Health
1700 Magnavox Way
Fort Wayne, IN 46804
USA
Telephone (260) 435-8651
Fax (260) 435-8806
Margaret_Ashbridge@swissre.com

Ms. Darcey Shaffer
Manager, Compliance
Wakely and Associates, Inc.
8545 126th Avenue North
Suite 200
Largo, FL 33773-1502

June 25, 2007

Dear Ms. Shaffer

This letter authorizes Wakely and Associates, Inc. to file Long Term Care policy form and rate filings with state insurance regulatory departments on behalf of Valley Forge Life Insurance Company. Also, Wakely and Associates may correspond with the applicable regulatory departments regarding any questions the regulators may have concerning the policy form and rate filings.

Best regards

VALLEY FORGE LIFE INSURANCE COMPANY

By Margaret Ashbridge

MSA/mjai

W&A inc

WAKELY AND ASSOCIATES, INC.
ACTUARIES • ADMINISTRATORS

June 13, 2008

Ms. Marie Bennett
Life & Health Division
Arkansas Insurance
Department
1200 West Third Street
Little Rock, Arkansas 72201-1904

RE: Valley Forge Life Insurance Company
Rate Increase for Long Term Care Form LTC 1/98 AR

Dear Ms. Bennett:

I am corresponding to you in regards to the Long Term Care rate increase filing for Valley Forge Life Insurance Company.

On June 11, 2008, the Company received an approval of 27% rate increase for the Long Term Care form LTC 1/98 AR. On June 12, 2008, the Company received an objection to the rate increase filing. Please clarify the State's position on this rate increase filing.

The Company, as well as Wakely and Associates, Inc., appreciates your time and consideration with regard to this rate increase filing.

Sincerely,

Sharon S. Goodman, ASA, MAAA
Wakely and Associates, Inc.
Largo, Florida

Enclosure

8545 126th Avenue North, Suite 200 Largo, Florida 33773-1502 (727) 584-8128 ▪ (727) 584-5613

Filing at a Glance

Company: Valley Forge Life Insurance Company

Product Name: Valley Forge Life Long Term Care Rate Increase Filing	SERFF Tr Num: WKLY-125365002	State: ArkansasLH
TOI: LTC05I Individual Long Term Care - Nursing Home & Home Health Care	SERFF Status: Closed	State Tr Num: 37584
Sub-TOI: LTC05I.002 Non Qualified	Co Tr Num: VFLIC LTC RI	State Status: Approved-Closed
Filing Type: Rate	Co Status:	Reviewer(s): Marie Bennett
	Author: Jeffrey McGinn	Disposition Date: 06/11/2008
	Date Submitted: 12/06/2007	Disposition Status: Approved
Implementation Date Requested: 09/01/2008		Implementation Date:

General Information

Project Name:	Status of Filing in Domicile: Pending
Project Number:	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Individual
Submission Type: New Submission	Group Market Size:
Overall Rate Impact: 27%	Group Market Type:
Filing Status Changed: 06/11/2008	Company Status Changed:
State Status Changed: 06/11/2008	Deemer Date:
Created By: Jeffrey McGinn	Submitted By: Jeffrey McGinn
Corresponding Filing Tracking Number:	

Filing Description:

Valley Forge Life Insurance Company Long Term Care Rate Increase Filing

FORM NUMBER: LTC 1/98 AR - Long Term Care Policy

Rate Increase Amount: 27.0%

WAKELY AND ASSOCIATES, INC.
ACTUARIES • ADMINISTRATORS

June 24, 2008

Ms. Marie Bennett
Life & Health Division
Arkansas Insurance Department
1200 West Third Street
Little Rock, Arkansas 72201-1904

RE: Valley Forge Life Insurance Company
Rate Increase for Long Term Care Form LTC 1/98 AR

Dear Ms. Bennett:

I am responding to your note dated June 17, 2008 in regards to the Long Term Care rate increase filing for Valley Forge Life Insurance Company.

At this time the Company would like to accept your offer and amend the rate increase request to 15%. Enclosed are the revised actuarial memorandum and rate pages.

The Company, as well as Wakely and Associates, Inc., appreciates your time and consideration with regard to this rate increase filing.

Sincerely,

Sharon S. Goodman, ASA, MAAA
Wakely and Associates, Inc.
Largo, Florida

Enclosures

8545 126th Avenue North, Suite 200 Largo, Florida 33773-1502 (727) 584-8128 ▪ (727) 584-5613