

SERFF Tracking Number: LFCR-125340573 State: Arkansas
Filing Company: Minnesota Life Insurance Company State Tracking Number: 37303
Company Tracking Number:
TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified
Product Name: A05331-0707 et al
Project Name/Number: Advertising Filing: A05331-0707 /

Filing at a Glance

Company: Minnesota Life Insurance Company

Product Name: A05331-0707 et al

TOI: LTC03I Individual Long Term Care

Sub-TOI: LTC03I.001 Qualified

Filing Type: Advertisement

SERFF Tr Num: LFCR-125340573

SERFF Status: Closed

Co Tr Num:

Co Status:

Author: Smith Darlene

Date Submitted: 10/30/2007

State: ArkansasLH

State Tr Num: 37303

State Status: Filed-Closed

Reviewer(s): Harris Shearer

Disposition Date: 07/23/2008

Disposition Status: Filed-Closed

Implementation Date:

Implementation Date Requested: On Approval

State Filing Description:

General Information

Project Name: Advertising Filing: A05331-0707

Project Number:

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 07/23/2008

State Status Changed: 07/23/2008

Corresponding Filing Tracking Number:

Filing Description:

Please see cover letter.

Status of Filing in Domicile: Not Filed

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Group Market Size:

Group Market Type:

Deemer Date:

Company and Contact

Filing Contact Information

(This filing was made by a third party - LCA01)

Michael Lewis, Senior Compliance Analyst - michael.lewis@lifecareassurance.com

Advertising

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Project Name/Number: Advertising Filing: A05331-0707 /

P.O. Box 4243 (818) 867-2380 [Phone]
Woodland Hills, CA 91365-4243 (818) 867-2508[FAX]

Filing Company Information

Minnesota Life Insurance Company CoCode: 66168 State of Domicile: Minnesota
Long Term Care Administrative Office Group Code: 869 Company Type:
P.O. Box 4243
Woodland Hills, CA 91365-4243 Group Name: State ID Number:
(818) 867-2450 ext. [Phone] FEIN Number: 41-0417830

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Filing Fees

Fee Required? Yes
Fee Amount: \$250.00
Retaliatory? No
Fee Explanation: \$25.00 each form x 10 = \$250.00
Per Company: No

| COMPANY | AMOUNT | DATE PROCESSED | TRANSACTION # |
|----------------------------------|--------|----------------|---------------|
| Minnesota Life Insurance Company | \$0.00 | 10/30/2007 | |

| CHECK NUMBER | CHECK AMOUNT | CHECK DATE |
|--------------|--------------|------------|
| 0150313 | \$250.00 | 10/26/2007 |

SERFF Tracking Number: LFCR-125340573 State: Arkansas
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Correspondence Summary

Dispositions

| Status | Created By | Created On | Date Submitted |
|--------------|---------------------|------------|----------------|
| Filed-Closed | Rosalind Minor (FM) | 07/23/2008 | 07/23/2008 |

Filing Notes

| Subject | Note Type | Created By | Created On | Date Submitted |
|--------------|------------------|---------------|------------|----------------|
| Pending Fees | Note To Reviewer | Smith Darlene | 04/14/2008 | 04/14/2008 |

SERFF Tracking Number: LFCR-125340573 *State:* Arkansas
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Disposition

Disposition Date: 07/23/2008

Implementation Date:

Status: Filed-Closed

Comment:

Rate data does NOT apply to filing.

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| Item Type | Item Name | Item Status | Public Access |
|---------------------|--|--------------|---------------|
| Supporting Document | Cover Letter | Filed-Closed | No |
| Supporting Document | NAIC Transmittal | Filed-Closed | No |
| Form | Elimination Period: Calendar Day vs. Service Day One-Pager | Filed-Closed | No |
| Form | Calendar Day Elimination Period vs. First Day HCBC Rider One-Pager | Filed-Closed | No |
| Form | HCBC Waiver of Premium One-Pager | Filed-Closed | No |
| Form | Break Even Analysis One-Pager | Filed-Closed | No |
| Form | Importance of Inflation Protection One-Pager - Compound | Filed-Closed | No |
| Form | Importance of Inflation Protection One-Pager - Simple | Filed-Closed | No |
| Form | Calendar Day Elimination Period vs. Service Day Elimination Period Worksheet | Filed-Closed | No |
| Form | Shared Pool Benefit One-Pager | Filed-Closed | No |
| Form | Dual Pool Benefit One-Pager | Filed-Closed | No |
| Form | Dual Pool Benefit Worksheets | Filed-Closed | No |

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Project Name/Number: Advertising Filing: A05331-0707 /

Note To Reviewer

Created By:

Smith Darlene on 04/14/2008 01:06 PM

Subject:

Pending Fees

Comments:

Our records show that check #0150313 cleared our bank on 11/19/07. Please let us know if we can be of further information. Thank you.

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Form Schedule

Lead Form Number: A05331-0707

| Review Status | Form Number | Form Type | Form Name | Action | Action Specific Data | Readability | Attachment |
|---------------|-------------|-------------|--|---------|----------------------|-------------|-----------------|
| Filed-Closed | A05331-0707 | Advertising | Elimination Period: Calendar Day vs. Service Day One-Pager | Initial | | 0 | A05331-0707.pdf |
| Filed-Closed | A05332-0707 | Advertising | Calendar Day Elimination Period vs. First Day HCBC Rider One-Pager | Initial | | 0 | A05332-0707.pdf |
| Filed-Closed | A05333-0707 | Advertising | HCBC Waiver of Premium One-Pager | Initial | | 0 | A05333-0707.pdf |
| Filed-Closed | A05335-0707 | Advertising | Break Even Analysis One-Pager | Initial | | 0 | A05335-0707.pdf |
| Filed-Closed | A05347-0707 | Advertising | Importance of Inflation Protection One-Pager - Compound | Initial | | 0 | A05347-0707.pdf |
| Filed-Closed | A05348-0707 | Advertising | Importance of Inflation Protection One-Pager - Simple | Initial | | 0 | A05348-0707.pdf |
| Filed-Closed | A05377-0807 | Advertising | Calendar Day Elimination Period vs. Service Day Elimination Period Worksheet | Initial | | 0 | A05377-0807.pdf |
| Filed-Closed | A05479-0807 | Advertising | Shared Pool Benefit One-Pager | Initial | | 0 | A05479-0807.pdf |
| Filed-Closed | A05480-0807 | Advertising | Dual Pool Benefit One-Pager | Initial | | 0 | A05480-0807.pdf |

| | | | |
|---------------------------------|--|--------------------------------------|-----------------------------|
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| <i>TOI:</i> | <i>LTC03I Individual Long Term Care</i> | <i>Sub-TOI:</i> | <i>LTC03I.001 Qualified</i> |
| <i>Product Name:</i> | <i>A05331-0707 et al</i> | | |
| <i>Project Name/Number:</i> | <i>Advertising Filing: A05331-0707 /</i> | | |
| Filed- | A05481- | Advertising Dual Pool Benefit | Initial |
| Closed | 0807 | Worksheets | 0 |
| | | | A05481-0807.pdf |

Elimination Period: Service Day vs. Calendar Day

Get the most out of your long term care benefits

When designing your long term care insurance policy, it is important to determine the amount of care you wish to pay for out-of-pocket before your benefits begin. The more care paid out of your personal income, the lower your initial long term care insurance premium will be.

Elimination Period

The Elimination Period is the number of days you must receive and pay for certified care in your home or nursing facility before benefits become payable. LTC Guard offers a 0, 30, 90 or 180¹ day Elimination Period.

Once you select your Elimination Period, you then determine how the days you personally pay for will be credited.

The standard Elimination Period available on LTC Guard is called Service Days. The days where services are actually received and paid for personally are deducted off the Elimination Period. This means if you have selected the 30 day Elimination Period and you receive, and pay for, certified care three days a week, it would take 70 calendar days to fully satisfy your Elimination Period.

You may purchase the Calendar Day Elimination Period Option Rider for an additional premium. Under this option, if you receive, and pay for, certified care at least once during a seven-day period, it will deduct seven days off your Elimination Period. This may result in a shorter time in which you are required to cover costs out of personal income.

Choosing between the Service Day and Calendar Day Elimination Option Rider:

Service Days Example

- Receives and pays for certified care three days a week
- 90 Day Elimination Period
- Would take 210 days to fulfill Elimination Period
- 27 Years until first claim filed
- Future Cost of \$150 today is \$560/day at time of claim*

Total future amount of certified care paid for out of personal income (90 days) = **\$50,400**

Total expense if using standard Service Day Elimination Period = \$50,400

*Compounded $\$150 \times 5\% \times 27$ years

Calendar Day Elimination Period Option Rider Example

- Receives and pays for certified care three days a week
- 90 Day Elimination Period
- Would take 90 days to fulfill Elimination Period, although only 37 days of service have been received
- 27 Years until first claim filed
- Future Cost of \$150 today is \$560/day at time of claim*
- Premium for Calendar Day Elimination Period Option Rider \$121/year²

Total future amount of certified care paid for out of personal income (37 days) = **\$20,720**

+

Total accumulated premium paid for the Calendar Day Elimination Period Option Rider = **\$3,267**

Total expense if Calendar Day Elimination Period Option Rider purchased = \$23,987

*Compounded $\$150 \times 5\% \times 27$ years

Example: Joint policy, each insured 55-years-old, Preferred Select Underwriting Class, \$150 daily benefit, 90 Day Elimination Period, Compound Benefit Increase Rider, Home and Community Based Care (HCBC) Waiver of Premium Rider and Lifetime Benefit Period. The average age of onset for a claim is 82 years old.

¹ The 180-day Elimination Period is not available in CT, GA, SD & VT.

² For illustrative purposes only.

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The purpose of this material is the solicitation of insurance.

MINNESOTA LIFE

Minnesota Life Insurance Company

Home Office: St. Paul, MN 55101-2098

Long Term Care Administrative Office

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Calendar Day Elimination Period vs. First Day HCBC Rider

Get the most out of your long term care benefits

When designing your long term care insurance policy, it is important to determine the amount of care you wish to pay for out-of-pocket before your benefits begin.

Many individuals prefer to initially pay a higher premium for long term care insurance to reduce expenses if they need care. They may also want to reduce the amount of time a family member is required to provide additional care assistance.

LTC Guard offers two coverage options for an additional premium:

- **Calendar Day Elimination Period Option Rider** deducts seven calendar days off your Elimination Period if you receive, and pay for, certified care at least once during a seven-day period.
- **First Day Home and Community Based Care (HCBC) Rider** pays benefits as of the first day of claim with no Elimination Period once you qualify to receive benefits.

First Day HCBC Rider applies to certified home care only. If you need to enter a facility, you will be required to satisfy the Elimination Period selected on your contract.

Below is an example showing the differences between these options. The figures below are for illustrative purposes only.

Calendar Day Elimination Period Option Rider

- Premium for Calendar Day Elimination Period Option = \$121/year
- 27 Years until first claim filed¹
- Total accumulated premium paid for Calendar Day Elimination Period Option Rider = \$3,267
- 90 Day Elimination Period
- Future cost of \$150/day today is \$560/day at time of claim*
- Receives and pays for certified care at home three times a week
- Total amount paid out of personal income for certified care received at home = \$20,720
- \$0 facility care paid out of personal income

Total accumulated premium paid for the Calendar Day Elimination Period Option Rider = **\$3,267**

+

Total future amount of certified home care paid for out of personal income (37 days) = **\$20,720**

+

\$0 facility care paid out of personal income

Total Out-of-Pocket Expenses = \$23,987

First Day HCBC Rider

- Premium for First Day HCBC Rider = \$194/year
- 27 Years until first claim is filed¹
- Total accumulated premium paid for First Day HCBC Rider = \$5,238
- 90 Day Elimination Period
- Future cost of \$150/day today is \$560/day at time of claim*
- \$0 home care paid out of personal income
- \$50,400 for Facility Care during claim period**

Total accumulated premium paid for First Day HCBC = **\$5,238**

+

\$0 (HCBC)

+

\$50,400 Facility Care

Total Out-of-Pocket Expenses = \$55,638

Example: Joint Policy, each insured 55-years-old, Preferred Select Underwriting Class, \$150 daily benefit, 90 Day Elimination Period, Compound Benefit Increase Rider, HCBC Waiver of Premium Rider and Lifetime Benefits Period. At age 82, the policy owner receives benefits for Home Care for three years and then moves to an Assisted Living Facility for two years.

*Compounded \$150 x 5% x 27 years

**Facility Care Calculated by taking the Elimination Period of 90 days x Future Daily Benefit of \$560 per day

¹ The average age of claim is 82 years old. 2005 Genworth Financial Claims Study.

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Home and Community Based Care (HCBC) Waiver of Premium

One less bill for your family during a difficult time

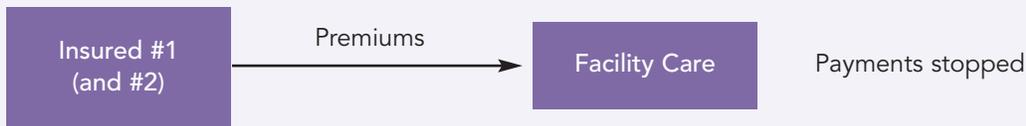
As you age, you may need to rely on your family and friends to help you obtain appropriate long term health care. A long term care insurance contract gives you helpful benefits when you need them most. While the cost of your long term health care rises, other expenses don't go away. During this difficult time, wouldn't it be nice to have one less bill to worry about?

Minnesota Life LTC Guard

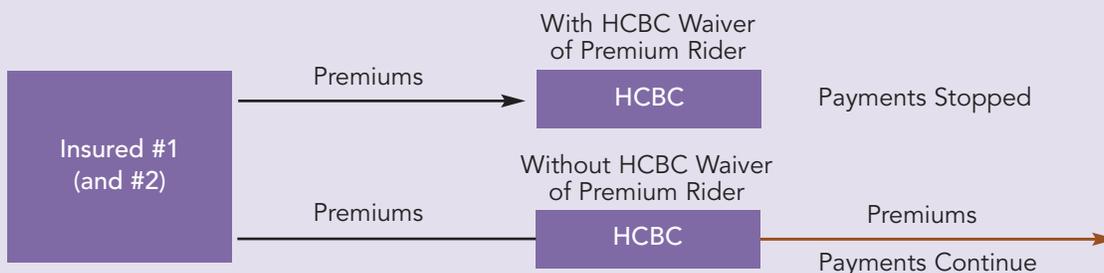
With LTC Guard, if you enter an assisted living or nursing facility, Minnesota Life will automatically waive the premium for your long term care insurance contract. If your contract is a joint policy, the premium will be waived for both insureds.

LTC Guard also offers the option, for an additional premium, to purchase a rider that will waive your premiums once you qualify for benefits at home. If your contract is a joint policy, it will waive the premium for both insureds. This benefit is called the HCBC Waiver of Premium Rider.

Example A: Insured #1 becomes ill and needs Facility Care. When Insured #1 enters the facility, his premiums (and #2's if the policy is joint) are waived until he leaves the facility or dies.



Example B: Insured #1 becomes frail and needs Home and Community Based Care (HCBC). With the HCBC Waiver of Premium Rider, his premiums (and #2's if the policy is joint) are waived until he no longer requires care or dies. Without the HCBC Waiver of Premium Rider, premiums continue.



Many competitors offer a benefit called the Waiver of Premium. This benefit waives the premium payments for the individual receiving benefits. If the contract is jointly held, however, it will not waive the premiums for the other insured. An additional rider must be purchased for this benefit.

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Investing in Long Term Care Insurance

How long will it take to recover your premiums?

Making the decision to purchase long term care insurance is not easy. Often there is uncertainty whether it is 'worth it' or how long it will take to get premium dollars back if you need to use the benefits.

Below is an example that demonstrates the amount of time it takes to recover the premiums invested into protecting your family.

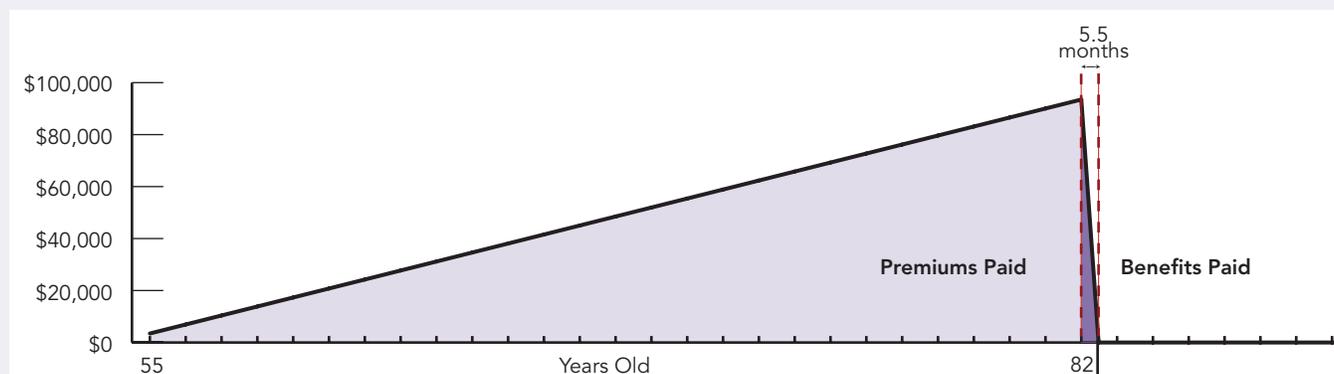
Assumptions:

Average age of first claim is 82¹

Annual LTC Guard Premium = \$3,463.00

Total Accumulated Premium Paid before first claim = \$93,501²

Future Daily Benefit of \$150 today = \$560 per day³



To recover the premiums paid toward the long term care insurance contract, it would take around 5½ months of receiving certified care.

When a person requires care, it is needed an average of 4.5 years⁴ in the home. In an assisted living facility or skilled nursing facility, care is needed an average of 2.5 years⁵.

Example: Joint Policy, each insured 55-years-old, Preferred Select Underwriting Class, \$150 daily benefit, 90 Day Elimination Period, Compound Benefit Increase Rider, HCBC Waiver of Premium Rider and Lifetime Benefit Period.

¹ 2005 Genworth Financial Claims Study.

² 82 (age of first claim) – 55 (example scenario) = 27 x Annual Premium

³ \$150 compounded at 5% for 27 years (until age 82)

⁴ FamilyMeans – Caregiving and Retirement Planning: What happens to family caregivers who leave the workforce, December 2005

⁵ National Underwriter - You Can't Go Home Again? That Depends.... February 19, 2007

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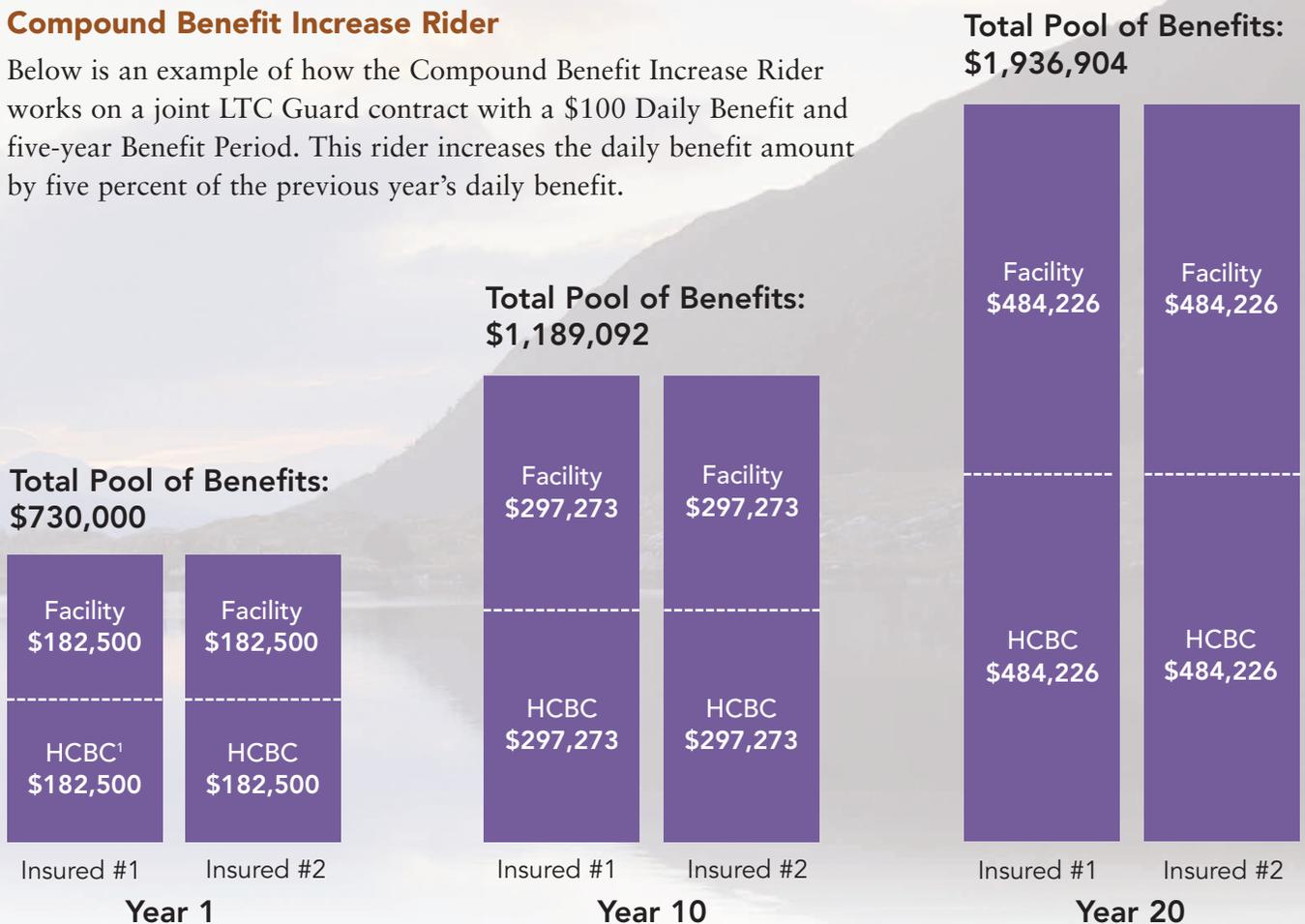
The Importance of Compound Inflation Protection with Long Term Care

Over time, it is increasingly important your long term care insurance contract's daily benefit keeps pace with the rising costs of long term health care. Inflation Riders help you keep pace by increasing your daily benefit amount.

The younger you are today typically means the longer your policy must keep pace before you utilize your benefits. It is important to select an Inflation Rider based on your future daily benefit needs.

Compound Benefit Increase Rider

Below is an example of how the Compound Benefit Increase Rider works on a joint LTC Guard contract with a \$100 Daily Benefit and five-year Benefit Period. This rider increases the daily benefit amount by five percent of the previous year's daily benefit.



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¹ Home and Community Based Care

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The Importance of Simple Inflation Protection with Long Term Care

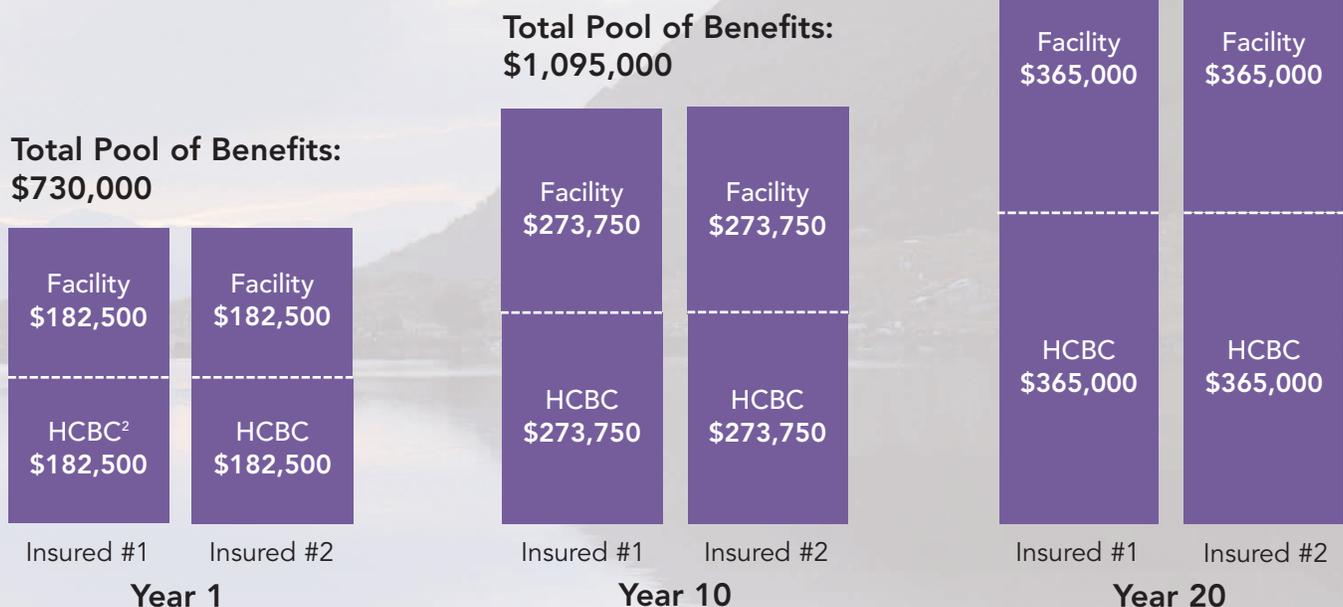
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The younger you are today typically means the longer your policy must keep pace before you utilize your benefits. It is important to select an Inflation Rider based on your future daily benefit needs.

Simple Benefit Increase Rider¹

Below is an example of how the Simple Benefit Increase Rider works on a joint LTC Guard contract with a \$100 Daily Benefit and five-year Benefit Period. This rider increases the daily benefit amount by five percent of the original daily benefit at the time the policy was issued.

The figures below are for illustrative purposes only.



¹The Simple Benefit Increase Rider can only be applied for if the Compound Benefit Increase Rider is reviewed and rejected. Not available in Wisconsin.

² Home and Community Based Care

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Which works better for you?

LTC Guard Service Day Elimination Period vs. Calendar Day Elimination Period Rider

The standard LTC Guard Elimination Period are based on Service Days, where one day is deducted off your Elimination Period for each day of care you receive (or service).

The Calendar Day Elimination Period Rider deducts seven days off your Elimination Period if you receive, and pay for, certified care at least once during a seven day period.

Which option will work better for you?

Daily Benefit Selected: _____ Elimination Period Selected: _____

Daily Benefit with Compounding Interest (if applicable): _____

Service Day Elimination Period:

Number of days of care to be paid out-of-pocket at time of claim: _____

Total amount of care paid for out-of-pocket (# of days x compounded daily benefit): _____

Calendar Day Elimination Period:

LTC Guard Premium for Calendar Day Elimination Period Rider: _____

Number of years LTC Guard Premium is paid: _____

Total cost of LTC Guard Premium for Calendar Day Elimination Period Rider (premium x # of years): _____

Number of days of care to be paid out-of-pocket at the time of claim: _____

Amount of care paid for out-of-pocket (# of days x compounded daily benefit): _____

Total amount out-of-pocket between Premium and Paid Care: _____

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Shared Benefit Amount Rider¹ Enhanced Long Term Care Protection

When choosing a long term care insurance policy, it is important to compare the benefit payment options.

The amount of benefits a person has available to them is expressed as a “pool.” To calculate the benefit pool, take the daily benefit and multiply it by the number of days the policy will pay.

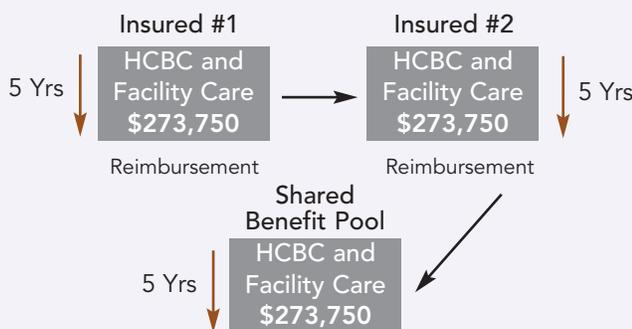
Many individuals choose to purchase a smaller pool of benefits with an additional shared pool rider. This provides additional protection to the insured should care still be required but benefits have been depleted. With many contracts, in order to access the shared pool of benefits, the insured’s pool of benefits must first be exhausted and then the partner’s.

With LTC Guard’s unique Dual Pool design,² each insured has two pools to utilize — one for Home and Community Based Care (HCBC) and one for Facility Care. Each pool is of equal value, potentially doubling the amount of benefits each person may receive.

If the insured wishes to purchase additional protection, LTC Guard offers a Shared Benefit Pool Rider. This benefit provides the insureds with two additional pools of benefits — HCBC and Facility Care. The value of the additional pools is the same as the original pools. This benefit allows both insureds to access the additional benefits when they have exhausted their separate pools, without depleting the other insured’s benefits.

Company “X” Long Term Care Insurance

Example: Insured #1 needs home care for ten years and then moves to a facility for another five years of care. Since her pool is depleted after her five years of home care, she has to deplete her partner’s pool for her additional five years. After those five years, she is allowed to use the Shared Benefit Pool for her last five years of facility care. When Insured #1 dies, she leaves him with no long term care benefits.

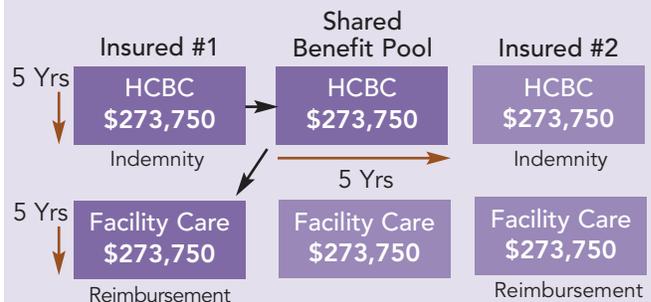


Potential total benefit between both insureds: **\$821,250³**

Maximum number of years benefits available between insureds: **15 Years**

Minnesota Life LTC Guard

Example: Insured #1 needs home care for ten years and then moves to a facility for another five years of care. She uses her HCBC pool for the first five years of home care, the shared HCBC Benefit Pool for the next five years of home care and her Facility Care pool for the last five years. When Insured #1 dies, she leaves Insured #2 with three full LTC Guard pools for his long term care needs.



Potential total benefit between both insureds: **\$1,642,500³**

Maximum number of years benefits available between insureds: **30 Years**

Joint Policy, each Insured 55-years-old, Preferred Select Underwriting Class, \$150 daily benefit, 90-day Elimination Period, Compound Benefit Increase Rider, HCBC Waiver of Premium Rider, Five-Year Benefit Period and Shared Benefit Pool Rider for Company “X.” **The above figures are for illustrative purposes only.**

¹The Shared Benefit Amount Rider is available for an additional premium.

²The Dual Pool structure is not available in California. California has a single pool of benefits.

³One year of benefits for both insureds, inflation not applied.

Coverage provided by Policy Forms ML7500P et al. (In ID, ML7500P-ID, in NC ML7500P-NC, in PA, ML7500P-PA, & in TX ML7500P-TX). Underwritten by and the financial responsibility of Minnesota Life Insurance Company of St. Paul, Minnesota. For costs and further details of coverage, including exclusions and reductions or limitations and the terms under which the long term care insurance policy may be continued in force, contact your agent. An agent may contact you. The purpose of this material is the solicitation of insurance.

MINNESOTA LIFE

A Securian Company

MINNESOTA LIFE

Minnesota Life Insurance Company

Home Office: St. Paul, MN 55101-2098

Long Term Care Administrative Office

P.O. Box 4243, Woodland Hills, CA 91365-4243

1.888.505.9817 Tel • 1.818.887.4595 Fax

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Dual Pool Benefit¹ Enhanced Long Term Care Protection

When choosing a long term care insurance policy, it is important to compare the benefit payment options.

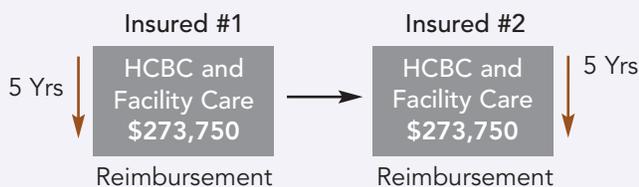
The amount of benefits a person has available to them is expressed as a “pool.” To calculate the benefit pool, take the daily benefit and multiply it by the number of days the policy will pay.

With most long term care insurance policies, each individual has a separate pool of benefits for both Home and Community Based Care (HCBC) and Facility Care. Once one person exhausts the pool, there may be an option to use the partner’s pool. Exhausting the partner’s pool, depending on contract design, may leave the partner with little or no benefits.

LTC Guard offers a unique long term care insurance policy design called a Dual Pool Benefit. This benefit provides each insured with two pools — HCBC and Facility Care. The pools are equal in value, potentially doubling the amount of benefits a person may receive. Because each insured has two pools, the need to share benefits diminishes. This protects each insured’s benefit pool for when it’s needed most.

Company “X” Long Term Care Insurance

Example: Insured #1 needs home care for five years and then moves to a facility for another five years of care. Since his pool is depleted after his home care, he has to deplete his partner’s pool for his facility care. When Insured #1 dies and #2 needs care, there are no more long term care benefits.

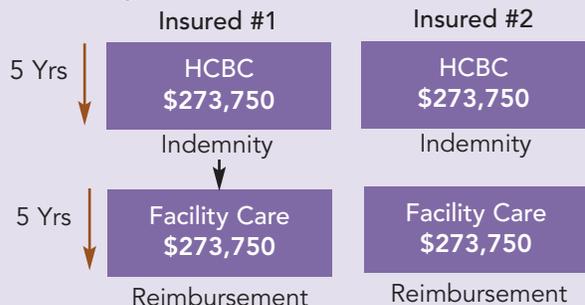


Potential total benefit between both insureds: **\$547,500²**

Maximum number of years benefits available between insureds: **10 Years**

Minnesota Life LTC Guard

Example: Insured #1 needs home care for five years and then moves to a facility for another five years for care. He uses his HCBC pool for the first five years and his Facility pool for the second five years. When Insured #1 dies, he leaves Insured #2 with two full LTC Guard pools for her long term care needs.



Potential total benefit between both insureds: **\$1,095,000²**

Maximum number of years benefits available between insureds: **20 Years**

Joint Policy, each insured 55-years-old, Preferred Select Underwriting Class, \$150 daily benefit, 90 Day Elimination Period, Compound Benefit Increase Rider, HCBC Waiver of Premium Rider, Five-Year Benefit Period with a Shared Care Benefit for Company “X.” The above figures are for illustrative purposes only.

¹The Dual Pool structure is not available in California. California has a single pool of benefits.

²One year of benefits for both insureds, inflation not applied.

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MINNESOTA LIFE

Minnesota Life Insurance Company

Home Office: St. Paul, MN 55101-2098

Long Term Care Administrative Office

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Minnesota Life Insurance Company
LTC Guard

LTC Guard Policy Options Worksheet



The purpose of this material is the solicitation of insurance.

LTC Guard Options:

Individual, Comprehensive benefits

Insured #1 _____

Facility Pool of Benefits

Daily Benefit \$ _____

Benefit Period _____

Benefit Payment : Indemnity

Facility Pool Standard Benefits:

- Waiver of Premium

Home and Community Based Care (HCBC) Pool of Benefits

Daily Benefit \$ _____

Benefit Period _____

Benefit Payment: Reimbursement

HCBC Pool Optional Benefits*:

- HCBC Waiver of Premium Benefit Rider¹
- HCBC Indemnity Benefit Rider
- HCBC First Day Coverage Rider
- Monthly HCBC Benefit Rider

Features

- Benefit Period: 2 Yr, 3 Yr, 5 Yr, Lifetime
- Elimination Period: 0, 30, 60, 90, or 180² days
- Premium Payment Options: Lifetime, 10 Pay, 20 Pay

Optional Benefits*

- Inflation Protection Riders:
 - Simple Benefit Increase Rider (5%)³
 - Compound Benefit Increase Rider (5%)
 - None
- Shortened Benefit Period Nonforfeiture Rider
- Full Return of Premium Rider⁴
- Restoration of Benefits Rider
- Calendar Day Elimination Period Option
- 10 Year Premium Payment Option⁵
- 20 Year Premium Payment Option⁵

*Available for an additional premium

¹ In CT, this benefit is included in the base policy when HCBC is included.

² The 180 day Elimination Period is not available in CT, GA, SD or VT.

³ Not available in WI. You can only apply for the Simple Benefit Increase Rider if you review and reject the Compound Benefit Increase Rider.

⁴ In TX, referred to as Full Refund of Premium Rider.

⁵ In TX, 10 and 20 year payment options available through policy forms MM7501P-TX and MM7500P-TX respectively.

Total Premium

Annual _____

Semi-Annual _____

Quarterly _____

Monthly PAC _____

LTC Guard Options:

Individuals, Facility Only Plan

Insured #1 _____

Facility Pool of Benefits

Daily Benefit \$ _____

Benefit Period _____

Benefit Payment : Indemnity

Facility Pool Standard Benefits:

- Waiver of Premium

Features

- Benefit Period: 2 Yr, 3 Yr, 5 Yr, Lifetime
- Elimination Period: 0, 30, 60, 90, or 180 days
- Premium Payment Options: Lifetime, 10 Pay, 20 Pay

Optional Benefits*

- | | |
|---|---|
| <input type="checkbox"/> Inflation Protection Riders: | <input type="checkbox"/> Full Return of Premium Rider |
| <input type="checkbox"/> Simple Benefit Increase Rider (5%) | <input type="checkbox"/> Restoration of Benefits Rider |
| <input type="checkbox"/> Compound Benefit Increase Rider (5%) | <input type="checkbox"/> Calendar Day Elimination Period Option |
| <input type="checkbox"/> None | <input type="checkbox"/> 10 Year Premium Payment Option |
| <input type="checkbox"/> Shortened Benefit Period Nonforfeiture Rider | <input type="checkbox"/> 20 Year Premium Payment Option |

*Available for an additional premium

Total Premium

Annual _____

Semi-Annual _____

Quarterly _____

Monthly PAC _____

LTC Guard Options:

Joint, Comprehensive benefits

Insured #1 _____

Insured #2 _____

Facility Pool of Benefits

Daily Benefit \$ _____

Benefit Period _____

Benefit Payment : Indemnity

Facility Pool Standard Benefits:

- Waiver of Premium**

Facility Pool of Benefits

Daily Benefit \$ _____

Benefit Period _____

Benefit Payment : Indemnity

Home and Community Based Care (HCBC) Pool of Benefits

Daily Benefit \$ _____

Benefit Period _____

Benefit Payment: Reimbursement

HCBC Pool Optional Benefits*:

- HCBC Waiver of Premium Benefit Rider
- HCBC Indemnity Benefit Rider
- HCBC First Day Coverage Rider
- Monthly HCBC Benefit Rider

Home and Community Based Care (HCBC) Pool of Benefits

Daily Benefit \$ _____

Benefit Period _____

Benefit Payment: Reimbursement

Features

- Benefit Period: 2 Yr, 3 Yr, 5 Yr, Lifetime
- Elimination Period: 0, 30, 60, 90, or 180 days
- Premium Payment Options: Lifetime, 10 Pay, 20 Pay

Optional Benefits*

- Inflation Protection Riders:
 - Simple Benefit Increase Rider (5%)
 - Compound Benefit Increase Rider (5%)
 - None
- Shortened Benefit Period Nonforfeiture Rider
- Full Return of Premium Rider
- Shared Amount Benefit Rider
- Restoration of Benefits Rider
- Calendar Day Elimination Period Option
- 10 Year Premium Payment Option
- 20 Year Premium Payment Option

*Available for an additional premium

**Premium is waived for both Insureds

Total Premium

Annual _____

Semi-Annual _____

Quarterly _____

Monthly PAC _____

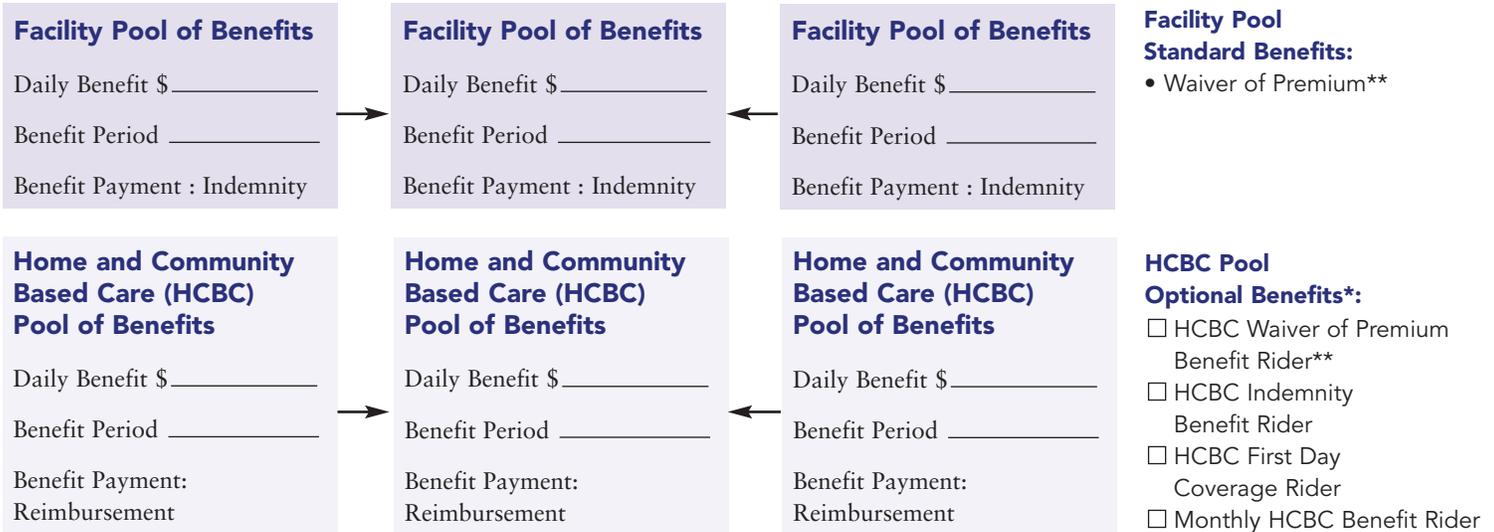
LTC Guard Options:

Joint, Comprehensive benefits, Shared Benefit Amount Rider

Insured #1

Shared Benefit Amount Rider

Insured #2



Features

- Benefit Period: 2 Yr, 3 Yr, 5 Yr, Lifetime
- Elimination Period: 0, 30, 60, 90, or 180 days
- Premium Payment Options: Lifetime, 10 Pay, 20 Pay

Optional Benefits*

- | | |
|--|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> Inflation Protection Riders: <ul style="list-style-type: none"> <input type="checkbox"/> Simple Benefit Increase Rider (5%) <input type="checkbox"/> Compound Benefit Increase Rider (5%) <input type="checkbox"/> None <input type="checkbox"/> Shortened Benefit Period Nonforfeiture Rider <input type="checkbox"/> Full Return of Premium Rider | <ul style="list-style-type: none"> <input type="checkbox"/> Restoration of Benefits Rider <input type="checkbox"/> Calendar Day Elimination Period Option <input type="checkbox"/> 10 Year Premium Payment Option <input type="checkbox"/> 20 Year Premium Payment Option |
|--|---|

*Available for an additional premium
**Premium is waived for both Insureds

Total Premium

Annual _____

Semi-Annual _____

Quarterly _____

Monthly PAC _____

Minnesota Life Insurance Company

Home Office: St. Paul, MN 55101-2098

Long Term Care Administrative Office

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The Dual Pool structure is not available in California. California has a single pool of benefits.

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SERFF Tracking Number: LFCR-125340573 State: Arkansas
Filing Company: Minnesota Life Insurance Company State Tracking Number: 37303
Company Tracking Number:
TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified
Product Name: A05331-0707 et al
Project Name/Number: Advertising Filing: A05331-0707 /

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: LFCR-125340573

State: Arkansas

Filing Company: Minnesota Life Insurance Company

State Tracking Number: 37303

Company Tracking Number:

TOI: LTC03I Individual Long Term Care

Sub-TOI: LTC03I.001 Qualified

Product Name: A05331-0707 et al

Project Name/Number: Advertising Filing: A05331-0707 /

Supporting Document Schedules

Satisfied -Name: Cover Letter

Review Status:

Filed-Closed

07/23/2008

Comments:

Attachment:

AR Cover Letter 10-18-07.pdf

Satisfied -Name: NAIC Transmittal

Review Status:

Filed-Closed

07/23/2008

Comments:

Attachment:

Transmittal - Arkansas.pdf

Minnesota Life Insurance Company
Long Term Care Administrative Office
P.O. Box 4243
Woodland Hills, CA 91365-4243
888.505.9817
818.887.4595 fax

MINNESOTA LIFE

October 18, 2007

Harris Shearer
Rate and Form Analyst
Arkansas Department of Insurance
1200 West Third Street
Little Rock, Arkansas 72201-1904

RE: MINNESOTA LIFE INSURANCE COMPANY – NAIC # 66168
Submission of Advertising Materials To Be Used with
Long Term Care Policy Form ML7500P-AR et al. ---

| | |
|-------------|---|
| A05331-0707 | Elimination Period: Calendar Day vs. Service Day One-Pager |
| A05332-0707 | Calendar Day Elimination Period vs. First Day HCBC Rider One-Pager |
| A05333-0707 | HCBC Waiver of Premium One-Pager |
| A05335-0707 | Break Even Analysis One-Pager |
| A05347-0707 | Importance of Inflation Protection One-Pager – Compound |
| A05348-0707 | Importance of Inflation Protection One-Pager - Simple |
| A05377-0807 | Calendar Day Elimination Period vs. Service Day Elimination Period Worksheet |
| A05479-0807 | Shared Pool Benefit One-Pager |
| A05480-0807 | Dual Pool Benefit One-Pager |
| A05481-0807 | Dual Pool Benefit Worksheets |

Dear Mr. Shearer,

The enclosed advertising material is being submitted for your review and approval. This material will be used with Long Term Care Policy form ML7500-P-AR, et al., and is intended as an “invitation to inquire.”

Thank you very much for your assistance with this submission. If you have any questions, please do not hesitate to contact me.

Sincerely,



Michael Lewis
Senior Compliance Analyst
(800) 366-5463, ext. 2380
Michael.Lewis@LifeCare.Assurance.com
Attachments

Life, Accident & Health, Annuity, Credit Transmittal Document

| | | |
|-----------|----------------------------------|--|
| 1. | Prepared for the State of | |
|-----------|----------------------------------|--|

| | |
|-----------|----------------------------|
| 2. | Department Use Only |
| | State Tracking ID |
| | |

| 3. | Insurer Name & Address | Domicile | Insurer License Type | NAIC Group # | NAIC # | FEIN # | State # |
|----|------------------------|----------|----------------------|--------------|--------|--------|---------|
| | | | | | | | |

| 4. | Contact Name & Address | Telephone # | Fax # | E-mail Address |
|----|------------------------|-------------|-------|----------------|
| | | | | |

| | | |
|-----------|------------------------------|---|
| 5. | Requested Filing Mode | <input type="checkbox"/> Review & Approval <input type="checkbox"/> File & Use <input type="checkbox"/> Informational <input type="checkbox"/> Combination (please explain): _____ <input type="checkbox"/> Other (please explain): _____ |
|-----------|------------------------------|---|

| | | |
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| 6. | Company Tracking Number | |
|-----------|--------------------------------|--|

| | | |
|-----------|---|-----------------------|
| 7. | <input type="checkbox"/> New Submission <input type="checkbox"/> Resubmission | Previous file # _____ |
|-----------|---|-----------------------|

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|-----------|---------------|--|---|
| 8. | Market | <input type="checkbox"/> Individual <input type="checkbox"/> Franchise | |
| | | Group | <input type="checkbox"/> Small <input type="checkbox"/> Large <input type="checkbox"/> Small and Large <input type="checkbox"/> Employer <input type="checkbox"/> Association <input type="checkbox"/> Blanket <input type="checkbox"/> Discretionary <input type="checkbox"/> Trust <input type="checkbox"/> Other: _____ |

| | | |
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| 9. | Type of Insurance | |
|-----------|--------------------------|--|

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| 10. | Product Coding Matrix Filing Code | |
|------------|--|--|

| | | | | | | | | | | | | |
|--|--|--|--|--|---|---|---|---|---|--------------------------------|--------------------------------------|--|
| 11. | Submitted Documents | <p><input type="checkbox"/> FORMS</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Policy</td> <td><input type="checkbox"/> Outline of Coverage</td> <td><input type="checkbox"/> Certificate</td> </tr> <tr> <td><input type="checkbox"/> Application/Enrollment</td> <td><input type="checkbox"/> Rider/Endorsement</td> <td><input type="checkbox"/> Advertising</td> </tr> <tr> <td><input type="checkbox"/> Schedule of Benefits</td> <td><input type="checkbox"/> Other</td> <td></td> </tr> </table> <p>Rates</p> <input type="checkbox"/> New Rate <input type="checkbox"/> Revised Rate | <input type="checkbox"/> Policy | <input type="checkbox"/> Outline of Coverage | <input type="checkbox"/> Certificate | <input type="checkbox"/> Application/Enrollment | <input type="checkbox"/> Rider/Endorsement | <input type="checkbox"/> Advertising | <input type="checkbox"/> Schedule of Benefits | <input type="checkbox"/> Other | | |
| <input type="checkbox"/> Policy | <input type="checkbox"/> Outline of Coverage | <input type="checkbox"/> Certificate | | | | | | | | | | |
| <input type="checkbox"/> Application/Enrollment | <input type="checkbox"/> Rider/Endorsement | <input type="checkbox"/> Advertising | | | | | | | | | | |
| <input type="checkbox"/> Schedule of Benefits | <input type="checkbox"/> Other | | | | | | | | | | | |
| | | <input type="checkbox"/> FILING OTHER THAN FORM OR RATE: Please explain: _____ | | | | | | | | | | |
| | | <p>SUPPORTING DOCUMENTATION</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Articles of Incorporation</td> <td><input type="checkbox"/> Third Party Authorization</td> </tr> <tr> <td><input type="checkbox"/> Association Bylaws</td> <td><input type="checkbox"/> Trust Agreements</td> </tr> <tr> <td><input type="checkbox"/> Statement of Variability</td> <td><input type="checkbox"/> Certifications</td> </tr> <tr> <td><input type="checkbox"/> Actuarial Memorandum</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Other _____</td> <td></td> </tr> </table> | <input type="checkbox"/> Articles of Incorporation | <input type="checkbox"/> Third Party Authorization | <input type="checkbox"/> Association Bylaws | <input type="checkbox"/> Trust Agreements | <input type="checkbox"/> Statement of Variability | <input type="checkbox"/> Certifications | <input type="checkbox"/> Actuarial Memorandum | | <input type="checkbox"/> Other _____ | |
| <input type="checkbox"/> Articles of Incorporation | <input type="checkbox"/> Third Party Authorization | | | | | | | | | | | |
| <input type="checkbox"/> Association Bylaws | <input type="checkbox"/> Trust Agreements | | | | | | | | | | | |
| <input type="checkbox"/> Statement of Variability | <input type="checkbox"/> Certifications | | | | | | | | | | | |
| <input type="checkbox"/> Actuarial Memorandum | | | | | | | | | | | | |
| <input type="checkbox"/> Other _____ | | | | | | | | | | | | |

| | | |
|-----|-------------------------------------|---|
| 12. | Filing Submission Date | |
| 13. | Filing Fee (If required) | Amount _____ Check Date _____ |
| | | Retaliatory <input type="checkbox"/> Yes <input type="checkbox"/> No Check Number _____ |
| 14. | Date of Domiciliary Approval | |
| 15. | Filing Description: | |
| | | |

| | |
|--|------------------------------------|
| 16. | Certification (If required) |
| I HEREBY CERTIFY that I have reviewed the applicable filing requirements for this filing, and the filing complies with all applicable statutory and regulatory provisions for the state of _____. | |
| Print Name _____ Title _____ | |
| Signature <u><i>Mital Lewis</i></u> _____ Date: _____ | |

| | |
|---|-------------------------------|
| 17. | Form Filing Attachment |
| This filing transmittal is part of company tracking number | |
| This filing corresponds to rate filing company tracking number | |

| | Document Name | Form Number | | Replaced Form Number |
|----|---------------|-------------|--|------------------------------|
| | Description | | | Previous State Filing Number |
| 01 | | | <input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____ | |
| | | | | |
| 02 | | | <input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____ | |
| | | | | |
| 03 | | | <input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____ | |
| | | | | |
| 04 | | | <input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____ | |
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| 05 | | | <input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____ | |
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| 06 | | | <input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____ | |
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| 07 | | | <input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____ | |
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| 08 | | | <input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____ | |
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| 09 | | | <input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____ | |
| | | | | |
| 10 | | | <input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____ | |
| | | | | |

LH FFA-1

| 18. | | Rate Filing Attachment | | |
|--|---------------|------------------------|---|------------------------------|
| This filing transmittal is part of company tracking number | | | | |
| This filing corresponds to form filing company tracking number | | | | |
| Overall percentage rate indication (when applicable) | | | | |
| Overall percentage rate impact for this filing | | % | | |
| | Document Name | Affected Form Numbers | | Previous State Filing Number |
| | Description | | | |
| 01 | | | <input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____ | |
| 02 | | | <input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____ | |
| 03 | | | <input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____ | |
| 04 | | | <input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____ | |
| 05 | | | <input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____ | |
| 06 | | | <input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____ | |
| 07 | | | <input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____ | |
| 08 | | | <input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____ | |
| 09 | | | <input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____ | |
| 10 | | | <input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____ | |

LH RFA-1