Filing at a Glance

Company: RiverSource Life Insurance Company

Product Name: Long Term Care	SERFF Tr Num: AERS-125694327	State: ArkansasLH
TOI: LTC03I Individual Long Term Care	SERFF Status: Closed	State Tr Num: 39563
Sub-TOI: LTC03I.001 Qualified	Co Tr Num: 30160A.2	State Status: Approved-Closed
Filing Type: Rate	Co Status:	Reviewer(s): Marie Bennett
	Authors: Missy Gordon, Karen Carlson, Stan Westrom, Matt Winegar, Mike Bergerson	Disposition Date: 09/03/2008
	Date Submitted: 07/09/2008	Disposition Status: Approved
Implementation Date Requested: On Approval		Implementation Date:

State Filing Description:

General Information

Project Name: 2008 Rate Increase Filing
Project Number: 145IDS01-30
Requested Filing Mode: Review & Approval

Explanation for Combination/Other:
Submission Type: New Submission
Overall Rate Impact: 15.7%
Filing Status Changed: 09/03/2008
State Status Changed: 09/03/2008
Corresponding Filing Tracking Number:

Status of Filing in Domicile: Pending
Date Approved in Domicile:
Domicile Status Comments: This rate increase was submitted in Minnesota on June 3, 2008.
Market Type: Individual
Group Market Size:
Group Market Type:

Deemer Date:

Filing Description:

Please see attached cover letter.

Company and Contact

Filing Contact Information

Amy Pahl, Consulting Actuary
8500 Normandale Lake Blvd., Suite 1850
Minneapolis, MN 55437-3830

amy.pahl@milliman.com
(952) 820-2419 [Phone]
(952) 897-5301[FAX]

Filing Company Information

RiverSource Life Insurance Company
9550 Ameriprise Financial Center, H22/9550
Minneapolis, MN 55474
(612) 671-2465 ext. [Phone]

CoCode: 65005
Group Code: 4
Group Name:
FEIN Number: 41-0823832

State of Domicile: Minnesota
Company Type: Life
State ID Number:

Filing Fees

Fee Required?	Yes
Fee Amount:	$75.00
Retaliatory?	Yes
Fee Explanation:	$75.00 retaliatory filing fee
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
RiverSource Life Insurance Company	$75.00	07/09/2008	21312588

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Marie Bennett	09/03/2008	09/03/2008

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	Harris Shearer	08/21/2008	08/21/2008	Stan Westrom	08/28/2008	08/28/2008

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Status Update	Note To Reviewer	Stan Westrom	08/11/2008	08/11/2008

Disposition

Disposition Date: 09/03/2008

Implementation Date:

Status: Approved

Comment: The requested 15.7% rate increase is approved subject to no more than one increase in a 12 month period after proper notification to the policyowner.

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:**
RiverSource Life Insurance Company	15.700%	$83,909	425	$534,452	15.700%	15.700%	%

SERFF Tracking Number:	*AERS-125694327*	*State:*	*Arkansas*
Filing Company:	*RiverSource Life Insurance Company*	*State Tracking Number:*	*39563*
Company Tracking Number:	*30160A.2*		
TOI:	*LTC03I Individual Long Term Care*	*Sub-TOI:*	*LTC03I.001 Qualified*
Product Name:	*Long Term Care*		
Project Name/Number:	*2008 Rate Increase Filing/145IDS01-30*		

Item Type	Item Name	Item Status	Public Access
Supporting Document	Health - Actuarial Justification		No
Supporting Document	Cover Letter		Yes
Supporting Document	Letter of Authorization		Yes
Supporting Document	Response to 8/21/2008 Objection Letter		Yes
Rate	Rate Tables		Yes

Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	08/21/2008
Submitted Date	08/21/2008
Respond By Date	09/23/2008

Dear Amy Pahl,

This will acknowledge receipt of the captioned filing.

Objection 1

- Health - Actuarial Justification (Supporting Document)

Comment: The Actuarial Memorandum does not have the Actuarial Certification required under Rule 13, Section 20 B. i.e. "If the requested premium rate schedule increase is implemented and the underlying assumptions, which reflect moderatley adverse conditions, are realized, no further premium rate schedule increases are anticipated."

The filing will be held for 30 days pending your response.

Please feel free to contact me if you have questions.
Sincerely,
Harris Shearer

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	08/28/2008
Submitted Date	08/28/2008

Dear Marie Bennett,

Comments:

Response 1

Comments: Response to 8/21/2008 objection letter.

Related Objection 1

Applies To:

- Health - Actuarial Justification (Supporting Document)

Comment:

The Actuarial Memorandum does not have the Actuarial Certification required under Rule 13, Section 20 B. i.e. "If the requested premium rate schedule increase is implemented and the underlying assumptions, which reflect moderatley adverse conditions, are realized, no further premium rate schedule increases are anticipated."

The filing will be held for 30 days pending your response.

Changed Items:

Supporting Document Schedule Item Changes

Satisfied -Name: Response to 8/21/2008 Objection Letter

Comment:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Sincerely,

Karen Carlson, Matt Winegar, Mike Bergerson, Missy Gordon, Stan Westrom

Note To Reviewer

Created By:

Stan Westrom on 08/11/2008 02:17 PM

Subject:

Status Update

Comments:

Can you please provide a status update on this filing? Thank you.

Rate Information

Rate data applies to filing.

Filing Method:	Review and Approval
Rate Change Type:	Increase
Overall Percentage of Last Rate Revision:	15.000%
Effective Date of Last Rate Revision:	03/01/2008
Filing Method of Last Filing:	Review and Approval

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):
RiverSource Life Insurance Company	%	15.700%	$83,909	425	$534,452	15.700%	15.700%

Rate/Rule Schedule

Review Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:*	Rate ActionInformation:		Attachments
	Rate Tables	30160A-AR	Revised	Previous State Filing Number:	Prior rate increase approved December 2007.	Exhibit II_Premiums_30160A_AR_20080709.pdf
				Percent Rate Change Request:	15	

EXHIBIT II

RiverSource Life Insurance Company
Annual Premiums with 15.7% Increase

Comprehensive Reimbursement Policy
FORM: 30160A-AR

Annual Premiums Per $10 Daily Benefit

LIFETIME BENEFIT PERIOD

	No Benefit Increase Option						**Simple Benefit Increase Option**						**Compound Benefit Increase Option**					
	Deductible						*Deductible*						*Deductible*					
	20 days			*90 days*			*20 days*			*90 days*			*20 days*			*90 days*		
Issue	*Home Care Coverage Percentage*						*Home Care Coverage Percentage*						*Home Care Coverage Percentage*					
Age	*50%*	*75%*	*100%*	*50%*	*75%*	*100%*	*50%*	*75%*	*100%*	*50%*	*75%*	*100%*	*50%*	*75%*	*100%*	*50%*	*75%*	*100%*
40	63.88	73.22	82.52	53.24	61.22	69.22	103.82	118.48	133.10	94.52	107.16	119.80	138.42	155.74	173.04	126.46	141.76	157.06
41	63.88	73.22	82.52	53.24	61.22	69.22	103.82	118.48	133.10	94.52	107.16	119.80	138.42	155.74	173.04	126.46	141.76	157.06
42	63.88	73.22	82.52	53.24	61.22	69.22	103.82	118.48	133.10	94.52	107.16	119.80	138.42	155.74	173.04	126.46	141.76	157.06
43	63.88	73.22	82.52	53.24	61.22	69.22	103.82	118.48	133.10	94.52	107.16	119.80	138.42	155.74	173.04	126.46	141.76	157.06
44	63.88	73.22	82.52	53.24	61.22	69.22	103.82	118.48	133.10	94.52	107.16	119.80	138.42	155.74	173.04	126.46	141.76	157.06
45	63.88	73.22	82.52	53.24	61.22	69.22	103.82	118.48	133.10	94.52	107.16	119.80	138.42	155.74	173.04	126.46	141.76	157.06
46	63.88	73.22	82.52	53.24	61.22	69.22	106.48	121.14	135.76	94.52	107.16	119.80	143.74	161.06	178.36	129.12	144.44	159.72
47	65.24	75.22	85.18	54.58	63.22	71.88	110.48	125.80	141.08	98.50	111.80	125.12	150.42	168.38	186.34	133.10	149.08	165.04
48	65.24	75.22	85.18	57.24	65.90	74.54	114.46	130.44	146.42	101.16	114.46	127.78	157.06	175.70	194.32	137.10	153.74	170.36
49	69.22	79.86	90.50	58.56	67.90	77.20	117.12	133.10	149.08	102.50	116.46	130.44	163.72	183.02	202.32	142.42	159.06	175.70
50	69.22	79.86	90.50	61.22	70.56	79.86	121.14	137.76	154.40	105.16	119.14	133.10	173.04	193.00	212.96	146.42	163.72	181.02
51	70.56	81.86	93.18	62.56	72.56	82.52	125.12	142.42	159.72	109.14	123.80	138.42	178.36	198.34	218.28	150.42	168.38	186.34
52	73.22	84.52	95.84	62.56	72.56	82.52	127.78	145.10	162.38	109.14	123.80	138.42	185.02	205.66	226.28	155.74	173.72	191.66
53	74.54	86.52	98.50	66.56	77.20	87.84	131.78	149.76	167.70	113.14	128.46	143.74	191.66	212.96	234.26	159.72	178.36	196.98
54	74.54	86.52	98.50	66.56	77.20	87.84	135.76	154.40	173.04	115.80	131.12	146.42	198.34	220.28	242.24	163.72	183.02	202.32
55	78.54	91.20	103.82	70.56	81.86	93.18	139.76	159.06	178.36	119.80	135.76	151.74	207.64	230.28	252.90	170.36	190.34	210.30
56	85.18	98.50	111.80	73.22	84.52	95.84	149.08	169.04	189.00	129.12	145.76	162.38	219.62	242.92	266.20	182.36	203.00	223.60
57	91.86	105.82	119.80	79.86	91.86	103.82	158.40	179.04	199.66	138.42	155.74	173.04	231.60	255.56	279.52	194.32	215.62	236.92
58	98.50	113.14	127.78	86.52	99.18	111.80	167.70	189.00	210.30	147.76	165.72	183.68	243.58	268.20	292.82	206.32	228.28	250.22
59	105.16	120.48	135.76	90.50	103.82	117.12	179.70	201.66	223.60	157.06	175.70	194.32	255.56	280.86	306.14	218.28	240.92	263.54
60	111.80	127.78	143.74	97.18	111.14	125.12	189.00	211.64	234.26	170.36	190.34	210.30	267.54	293.50	319.44	230.28	253.58	276.84
61	118.48	135.10	151.74	102.50	116.46	130.44	198.34	221.62	244.90	179.70	200.34	220.94	279.52	306.14	332.76	242.24	266.20	290.16
62	125.12	142.42	159.72	106.48	121.14	135.76	210.30	234.26	258.22	189.00	210.30	231.60	291.50	318.78	346.06	254.24	278.86	303.46
63	131.78	149.76	167.70	113.14	128.46	143.74	219.62	244.24	268.86	198.34	220.28	242.24	303.46	331.44	359.38	266.20	291.50	316.78
64	138.42	157.06	175.70	119.80	135.76	151.74	228.94	254.24	279.52	207.64	230.28	252.90	315.46	344.08	372.68	278.20	304.16	330.08
65	146.42	166.38	186.34	126.46	143.08	159.72	242.24	268.86	295.48	220.94	244.90	268.86	330.08	359.38	388.66	291.50	318.78	346.06
66	173.04	194.32	215.62	147.76	165.72	183.68	280.86	309.48	338.08	252.90	278.20	303.46	374.02	405.30	436.56	327.42	356.70	386.00
67	201.00	224.30	247.56	173.04	193.00	212.96	319.44	350.06	380.66	286.18	313.46	340.74	420.60	453.88	487.14	363.38	394.66	425.92
68	228.94	254.24	279.52	195.66	217.62	239.58	358.06	390.66	423.26	319.44	348.72	378.00	464.54	499.80	535.06	399.30	432.58	465.86
69	259.56	286.84	314.12	220.94	244.90	268.86	396.64	431.24	465.86	355.38	386.68	417.94	512.44	550.38	588.30	435.24	470.52	505.78
70	287.50	316.78	346.06	243.58	269.54	295.48	436.56	473.84	511.10	388.66	421.94	455.20	559.02	598.96	638.88	471.18	508.44	545.72
71	314.12	344.74	375.34	267.54	294.82	322.10	475.18	514.44	553.70	420.60	455.20	489.80	602.96	644.88	686.80	507.12	546.40	585.64
72	344.74	377.34	409.94	290.16	319.44	348.72	513.76	555.04	596.28	456.54	493.16	529.74	650.88	695.46	740.04	543.04	584.32	625.58
73	372.68	407.28	441.90	315.46	346.74	378.00	552.38	595.62	638.88	489.80	528.42	567.00	694.78	741.38	787.96	579.00	622.24	665.50
74	400.64	437.26	473.84	338.08	371.36	404.62	590.96	636.22	681.48	523.10	563.68	604.28	741.38	789.96	838.54	614.92	660.18	705.44
75	431.24	469.86	508.44	363.38	398.64	433.90	633.56	681.48	729.38	559.02	601.62	644.20	789.30	840.54	891.78	654.86	702.76	750.68
76	467.20	510.44	553.70	393.98	433.90	473.84	681.48	734.72	787.96	601.62	649.52	697.44	842.54	899.10	955.66	700.10	753.34	806.58
77	503.12	551.04	598.96	424.60	469.20	513.76	729.38	787.96	846.52	644.20	697.44	750.68	895.78	957.66	999.98	745.36	803.92	862.48
78	539.06	591.64	644.20	455.20	504.46	553.70	777.30	841.20	905.08	686.80	745.36	803.92	949.02	999.98	999.98	790.62	854.50	918.40
79	575.00	632.24	689.46	485.82	539.72	593.62	826.56	896.44	966.30	730.74	795.28	859.82	999.98	999.98	999.98	835.86	905.08	974.30

EXHIBIT II

RiverSource Life Insurance Company
Annual Premiums with 15.7% Increase

Comprehensive Reimbursement Policy
FORM: 30160A-AR

Annual Premiums Per $10 Daily Benefit

6 YEAR BENEFIT PERIOD

	No Benefit Increase Option						**Simple Benefit Increase Option**						**Compound Benefit Increase Option**					
	Deductible						*Deductible*						*Deductible*					
	20 days			*90 days*			*20 days*			*90 days*			*20 days*			*90 days*		
Issue	*Home Care Coverage Percentage*						*Home Care Coverage Percentage*						*Home Care Coverage Percentage*					
Age	*50%*	*75%*	*100%*	*50%*	*75%*	*100%*	*50%*	*75%*	*100%*	*50%*	*75%*	*100%*	*50%*	*75%*	*100%*	*50%*	*75%*	*100%*
40	53.24	61.22	69.22	45.26	51.92	58.56	77.20	87.84	98.50	63.88	73.22	82.52	110.48	124.46	138.42	91.86	103.16	114.46
41	53.24	61.22	69.22	45.26	51.92	58.56	77.20	87.84	98.50	63.88	73.22	82.52	110.48	124.46	138.42	91.86	103.16	114.46
42	53.24	61.22	69.22	45.26	51.92	58.56	77.20	87.84	98.50	63.88	73.22	82.52	110.48	124.46	138.42	91.86	103.16	114.46
43	53.24	61.22	69.22	45.26	51.92	58.56	77.20	87.84	98.50	63.88	73.22	82.52	110.48	124.46	138.42	91.86	103.16	114.46
44	53.24	61.22	69.22	45.26	51.92	58.56	77.20	87.84	98.50	63.88	73.22	82.52	110.48	124.46	138.42	91.86	103.16	114.46
45	53.24	61.22	69.22	45.26	51.92	58.56	77.20	87.84	98.50	63.88	73.22	82.52	110.48	124.46	138.42	91.86	103.16	114.46
46	53.24	61.22	69.22	45.26	51.92	58.56	77.20	87.84	98.50	63.88	73.22	82.52	110.48	124.46	138.42	94.52	105.82	117.12
47	54.58	63.22	71.88	45.26	51.92	58.56	81.20	92.52	103.82	66.56	75.88	85.18	114.46	129.12	143.74	98.50	110.48	122.46
48	54.58	63.22	71.88	46.60	53.92	61.22	85.18	97.18	109.14	70.56	80.54	90.50	117.12	131.78	146.42	101.16	113.14	125.12
49	55.90	65.24	74.54	46.60	53.92	61.22	87.84	99.84	111.80	73.22	83.20	93.18	121.14	136.44	151.74	105.16	117.82	130.44
50	58.56	67.90	77.20	50.58	58.56	66.56	91.86	104.50	117.12	77.20	87.84	98.50	123.80	139.10	154.40	111.80	125.12	138.42
51	59.90	69.90	79.86	50.58	58.56	66.56	95.84	109.14	122.46	77.20	87.84	98.50	127.78	143.74	159.72	114.46	127.78	141.08
52	59.90	69.90	79.86	50.58	58.56	66.56	98.50	111.80	125.12	79.86	90.50	101.16	130.44	146.42	162.38	118.48	132.44	146.42
53	61.22	71.88	82.52	51.92	60.56	69.22	102.50	116.46	130.44	83.86	95.18	106.48	134.44	151.08	167.70	121.14	135.10	149.08
54	61.22	71.88	82.52	51.92	60.56	69.22	106.48	121.14	135.76	86.52	97.84	109.14	137.10	153.74	170.36	125.12	139.76	154.40
55	65.24	76.54	87.84	55.90	65.24	74.54	110.48	125.80	141.08	90.50	102.50	114.46	141.08	158.40	175.70	131.78	147.10	162.38
56	67.90	79.20	90.50	58.56	67.90	77.20	117.12	133.10	149.08	97.18	109.82	122.46	150.42	168.38	186.34	138.42	154.40	170.36
57	74.54	86.52	98.50	62.56	72.56	82.52	123.80	140.42	157.06	103.82	117.12	130.44	159.72	178.36	196.98	147.76	164.38	181.02
58	81.20	93.86	106.48	66.56	77.20	87.84	133.10	150.42	167.70	113.14	127.12	141.08	171.72	191.00	210.30	157.06	174.38	191.66
59	85.18	98.50	111.80	73.22	84.52	95.84	139.76	157.74	175.70	119.80	134.44	149.08	181.02	201.00	220.94	166.38	184.36	202.32
60	91.86	105.82	119.80	77.20	89.18	101.16	149.08	167.70	186.34	129.12	144.44	159.72	193.00	213.64	234.26	175.70	194.32	212.96
61	97.18	111.14	125.12	79.86	91.86	103.82	155.74	175.04	194.32	135.76	151.74	167.70	202.32	223.60	244.90	185.02	204.32	223.60
62	101.16	115.80	130.44	86.52	99.18	111.80	162.38	182.36	202.32	142.42	159.06	175.70	211.64	233.60	255.56	194.32	214.30	234.26
63	107.82	123.14	138.42	90.50	103.82	117.12	171.72	192.34	212.96	151.74	169.04	186.34	223.60	246.24	268.86	203.66	224.30	244.90
64	114.46	130.44	146.42	94.52	108.48	122.46	178.36	199.66	220.94	158.40	176.38	194.32	232.94	256.24	279.52	212.96	234.26	255.56
65	121.14	137.76	154.40	101.16	115.80	130.44	189.00	211.64	234.26	169.04	188.34	207.64	246.24	270.86	295.48	222.28	244.24	266.20
66	139.76	157.74	175.70	117.12	133.10	149.08	214.30	238.92	263.54	193.00	213.64	234.26	279.52	306.14	332.76	247.56	271.52	295.48
67	159.72	179.70	199.66	135.76	153.08	170.36	242.24	268.86	295.48	220.94	243.58	266.20	314.12	343.40	372.68	274.18	300.80	327.42
68	178.36	199.66	220.94	151.74	170.36	189.00	270.20	298.82	327.42	246.24	270.86	295.48	347.40	378.68	409.94	302.14	330.78	359.38
69	198.34	221.62	244.90	171.72	192.34	212.96	295.48	326.10	356.70	272.86	298.82	324.76	382.00	415.96	449.88	328.76	360.06	391.32
70	218.28	243.58	268.86	190.34	212.30	234.26	323.44	356.04	388.66	298.14	326.10	354.04	415.28	451.22	487.14	358.06	392.00	425.92
71	236.92	263.54	290.16	206.32	229.62	252.90	351.38	386.00	420.60	326.10	356.04	386.00	449.88	488.48	527.08	383.32	419.28	455.20
72	256.90	285.52	314.12	226.28	251.58	276.84	376.68	413.30	449.88	350.06	381.34	412.62	483.16	523.76	564.34	409.94	448.56	487.14
73	275.52	305.48	335.42	242.24	268.86	295.48	404.62	443.24	481.82	378.00	411.30	444.56	517.78	561.02	604.28	437.92	478.50	519.10
74	295.48	327.42	359.38	260.88	288.84	316.78	432.58	473.18	513.76	403.30	438.58	473.84	551.04	596.28	641.54	464.54	507.78	551.04
75	318.12	352.06	386.00	280.86	310.80	340.74	461.86	505.12	548.38	431.24	468.52	505.78	588.30	636.22	684.14	493.82	539.72	585.64
76	358.06	394.66	431.24	320.78	353.38	386.00	513.76	560.36	606.94	483.16	523.76	564.34	644.20	696.12	748.02	549.72	599.64	649.52
77	397.98	437.26	476.50	360.72	395.98	431.24	568.34	618.26	668.16	537.72	581.66	625.58	700.10	756.00	811.92	605.62	659.52	713.42
78	437.92	479.84	521.76	400.64	438.58	476.50	624.26	678.16	732.06	593.62	641.54	689.46	756.00	815.92	875.80	661.52	719.42	777.30
79	481.82	527.08	572.34	444.56	485.82	527.08	678.82	736.06	793.28	648.20	699.44	750.68	811.92	875.80	939.68	717.42	779.30	841.20

EXHIBIT II

RiverSource Life Insurance Company
Annual Premiums with 15.7% Increase

Comprehensive Reimbursement Policy
FORM: 30160A-AR

Annual Premiums Per $10 Daily Benefit

4 YEAR BENEFIT PERIOD

	No Benefit Increase Option						**Simple Benefit Increase Option**						**Compound Benefit Increase Option**					
	Deductible						*Deductible*						*Deductible*					
	20 days			*90 days*			*20 days*			*90 days*			*20 days*			*90 days*		
Issue	*Home Care Coverage Percentage*						*Home Care Coverage Percentage*						*Home Care Coverage Percentage*					
Age	*50%*	*75%*	*100%*	*50%*	*75%*	*100%*	*50%*	*75%*	*100%*	*50%*	*75%*	*100%*	*50%*	*75%*	*100%*	*50%*	*75%*	*100%*
40	42.60	49.26	55.90	31.94	37.26	42.60	63.88	73.22	82.52	53.24	61.22	69.22	99.84	111.14	122.46	87.84	97.18	106.48
41	42.60	49.26	55.90	31.94	37.26	42.60	63.88	73.22	82.52	53.24	61.22	69.22	99.84	111.14	122.46	87.84	97.18	106.48
42	42.60	49.26	55.90	31.94	37.26	42.60	63.88	73.22	82.52	53.24	61.22	69.22	99.84	111.14	122.46	87.84	97.18	106.48
43	42.60	49.26	55.90	31.94	37.26	42.60	63.88	73.22	82.52	53.24	61.22	69.22	99.84	111.14	122.46	87.84	97.18	106.48
44	42.60	49.26	55.90	31.94	37.26	42.60	63.88	73.22	82.52	53.24	61.22	69.22	99.84	111.14	122.46	87.84	97.18	106.48
45	42.60	49.26	55.90	31.94	37.26	42.60	63.88	73.22	82.52	53.24	61.22	69.22	99.84	111.14	122.46	87.84	97.18	106.48
46	42.60	49.26	55.90	31.94	37.26	42.60	63.88	73.22	82.52	53.24	61.22	69.22	99.84	111.14	122.46	87.84	97.18	106.48
47	42.60	49.26	55.90	31.94	37.26	42.60	66.56	75.88	85.18	53.24	61.22	69.22	102.50	113.80	125.12	87.84	97.18	106.48
48	43.94	51.26	58.56	33.28	39.28	45.26	67.90	77.88	87.84	55.90	63.88	71.88	103.82	115.80	127.78	91.86	101.84	111.80
49	46.60	53.92	61.22	35.94	41.94	47.92	70.56	80.54	90.50	57.24	65.90	74.54	106.48	118.48	130.44	91.86	101.84	111.80
50	47.92	55.90	63.88	37.26	43.94	50.58	74.54	85.18	95.84	59.90	68.56	77.20	110.48	123.14	135.76	95.84	106.48	117.12
51	47.92	55.90	63.88	37.26	43.94	50.58	74.54	85.18	95.84	59.90	68.56	77.20	110.48	123.14	135.76	95.84	106.48	117.12
52	50.58	58.56	66.56	39.94	46.60	53.24	77.20	87.84	98.50	61.22	70.56	79.86	113.14	125.80	138.42	95.84	106.48	117.12
53	51.92	60.56	69.22	41.28	48.60	55.90	78.54	89.84	101.16	63.88	73.22	82.52	114.46	127.78	141.08	99.84	111.14	122.46
54	51.92	60.56	69.22	41.28	48.60	55.90	81.20	92.52	103.82	63.88	73.22	82.52	117.12	130.44	143.74	99.84	111.14	122.46
55	55.90	65.24	74.54	45.26	53.24	61.22	85.18	97.18	109.14	67.90	77.88	87.84	121.14	135.10	149.08	103.82	115.80	127.78
56	58.56	67.90	77.20	47.92	55.90	63.88	91.86	104.50	117.12	74.54	85.18	95.84	127.78	142.42	157.06	110.48	123.14	135.76
57	62.56	72.56	82.52	51.92	60.56	69.22	98.50	111.80	125.12	81.20	92.52	103.82	134.44	149.76	165.04	117.12	130.44	143.74
58	66.56	77.20	87.84	55.90	65.24	74.54	105.16	119.14	133.10	87.84	99.84	111.80	145.10	161.72	178.36	123.80	137.76	151.74
59	73.22	84.52	95.84	59.90	69.90	79.86	111.80	126.46	141.08	94.52	107.16	119.80	151.74	169.04	186.34	134.44	149.76	165.04
60	77.20	89.18	101.16	66.56	77.20	87.84	119.80	135.76	151.74	105.16	119.14	133.10	162.38	181.02	199.66	141.08	157.06	173.04
61	81.20	93.86	106.48	69.22	79.86	90.50	126.46	143.08	159.72	111.80	126.46	141.08	169.04	188.34	207.64	147.76	164.38	181.02
62	87.84	101.16	114.46	73.22	84.52	95.84	133.10	150.42	167.70	118.48	133.78	149.08	175.70	195.66	215.62	158.40	176.38	194.32
63	91.86	105.82	119.80	77.20	89.18	101.16	139.76	157.74	175.70	125.12	141.08	157.06	186.34	207.64	228.94	165.04	183.68	202.32
64	95.84	110.48	125.12	81.20	93.86	106.48	146.42	165.04	183.68	131.78	148.42	165.04	193.00	214.96	236.92	171.72	191.00	210.30
65	102.50	117.82	133.10	87.84	101.16	114.46	157.06	177.04	196.98	142.42	160.40	178.36	203.66	226.96	250.22	182.36	203.00	223.60
66	118.48	135.10	151.74	101.16	115.80	130.44	178.36	199.66	220.94	161.06	180.36	199.66	228.94	254.24	279.52	204.98	227.62	250.22
67	135.76	154.40	173.04	117.12	133.10	149.08	201.00	224.30	247.56	183.68	204.98	226.28	256.90	284.18	311.46	230.28	254.90	279.52
68	151.74	171.72	191.66	133.10	150.42	167.70	226.28	251.58	276.84	204.98	227.62	250.22	284.84	314.12	343.40	255.56	282.18	308.80
69	169.04	191.00	212.96	146.42	165.04	183.68	248.90	276.18	303.46	224.96	249.56	274.18	314.12	346.06	378.00	282.18	311.46	340.74
70	186.34	210.30	234.26	163.72	184.36	204.98	274.18	303.46	332.76	247.56	274.18	300.80	342.08	376.02	409.94	307.48	338.76	370.02
71	202.32	227.62	252.90	179.70	201.66	223.60	296.82	328.10	359.38	268.86	296.82	324.76	367.36	403.30	439.24	330.08	363.38	396.64
72	219.62	246.90	274.18	193.00	216.30	239.58	319.44	352.72	386.00	288.84	318.78	348.72	396.64	435.24	473.84	356.70	392.66	428.58
73	235.60	264.22	292.82	208.98	233.60	258.22	344.74	380.00	415.28	310.14	341.42	372.68	424.60	465.20	505.78	382.00	419.94	457.86
74	252.90	283.52	314.12	224.96	250.92	276.84	367.36	404.62	441.90	332.76	366.04	399.30	452.54	495.14	537.72	407.28	447.22	487.14
75	272.86	305.48	338.08	242.24	270.20	298.14	392.66	431.92	471.18	355.38	390.66	425.92	481.82	527.08	572.34	433.90	476.50	519.10
76	310.14	345.40	380.66	279.52	310.14	340.74	433.90	476.50	519.10	396.64	435.24	473.84	524.42	573.68	622.90	476.50	523.10	569.66
77	347.40	385.34	423.26	316.78	350.06	383.32	477.84	523.76	569.66	440.58	482.50	524.42	567.00	620.24	673.48	519.10	569.66	620.24
78	387.34	427.92	468.52	356.70	392.66	428.58	523.10	573.02	622.90	485.82	531.74	577.66	612.26	669.50	726.72	564.34	618.92	673.48
79	425.92	469.86	513.76	395.32	434.58	473.84	567.00	620.24	673.48	529.74	579.00	628.24	654.86	716.08	777.30	606.94	665.50	724.06
80	-	-	-	435.24	477.18	-	-	-	-	575.00	628.24	-	-	-	-	652.20	714.76	-
81	-	-	-	472.52	517.12	-	-	-	-	618.92	675.48	-	-	-	-	694.78	761.34	-
82	-	-	-	513.76	561.68	-	-	-	-	664.18	724.74	-	-	-	-	740.04	810.60	-
83	-	-	-	555.04	606.28	-	-	-	-	709.44	773.98	-	-	-	-	785.30	859.82	-
84	-	-	-	596.28	650.88	-	-	-	-	754.68	823.24	-	-	-	-	830.54	909.08	-

EXHIBIT II

RiverSource Life Insurance Company
Annual Premiums with 15.7% Increase

Comprehensive Reimbursement Policy
FORM: 30160A-AR

Annual Premiums Per $10 Daily Benefit

2 YEAR BENEFIT PERIOD

	No Benefit Increase Option						**Simple Benefit Increase Option**						**Compound Benefit Increase Option**					
	Deductible						*Deductible*						*Deductible*					
	20 days			*90 days*			*20 days*			*90 days*			*20 days*			*90 days*		
Issue	*Home Care Coverage Percentage*						*Home Care Coverage Percentage*						*Home Care Coverage Percentage*					
Age	*50%*	*75%*	*100%*	*50%*	*75%*	*100%*	*50%*	*75%*	*100%*	*50%*	*75%*	*100%*	*50%*	*75%*	*100%*	*50%*	*75%*	*100%*
40	31.94	37.26	42.60	23.96	27.96	31.94	49.26	56.58	63.88	38.62	44.60	50.58	70.56	79.20	87.84	57.24	64.58	71.88
41	31.94	37.26	42.60	23.96	27.96	31.94	49.26	56.58	63.88	38.62	44.60	50.58	70.56	79.20	87.84	57.24	64.58	71.88
42	31.94	37.26	42.60	23.96	27.96	31.94	49.26	56.58	63.88	38.62	44.60	50.58	70.56	79.20	87.84	57.24	64.58	71.88
43	31.94	37.26	42.60	23.96	27.96	31.94	49.26	56.58	63.88	38.62	44.60	50.58	70.56	79.20	87.84	57.24	64.58	71.88
44	31.94	37.26	42.60	23.96	27.96	31.94	49.26	56.58	63.88	38.62	44.60	50.58	70.56	79.20	87.84	57.24	64.58	71.88
45	31.94	37.26	42.60	23.96	27.96	31.94	49.26	56.58	63.88	38.62	44.60	50.58	70.56	79.20	87.84	57.24	64.58	71.88
46	31.94	37.26	42.60	23.96	27.96	31.94	49.26	56.58	63.88	38.62	44.60	50.58	70.56	79.20	87.84	57.24	64.58	71.88
47	31.94	37.26	42.60	23.96	27.96	31.94	51.92	59.24	66.56	41.28	47.26	53.24	74.54	83.86	93.18	59.90	67.24	74.54
48	33.28	39.28	45.26	25.30	29.96	34.60	53.24	61.22	69.22	42.60	49.26	55.90	74.54	83.86	93.18	63.88	71.88	79.86
49	33.28	39.28	45.26	25.30	29.96	34.60	55.90	63.88	71.88	45.26	51.92	58.56	78.54	88.52	98.50	63.88	71.88	79.86
50	37.26	43.94	50.58	29.28	34.60	39.94	59.90	68.56	77.20	49.26	56.58	63.88	78.54	88.52	98.50	67.90	76.54	85.18
51	37.26	43.94	50.58	29.28	34.60	39.94	59.90	68.56	77.20	49.26	56.58	63.88	82.52	93.18	103.82	70.56	79.20	87.84
52	37.26	43.94	50.58	29.28	34.60	39.94	62.56	71.22	79.86	51.92	59.24	66.56	82.52	93.18	103.82	70.56	79.20	87.84
53	38.62	45.94	53.24	30.62	36.60	42.60	63.88	73.22	82.52	53.24	61.22	69.22	86.52	97.84	109.14	74.54	83.86	93.18
54	38.62	45.94	53.24	30.62	36.60	42.60	66.56	75.88	85.18	55.90	63.88	71.88	86.52	97.84	109.14	77.20	86.52	95.84
55	42.60	50.58	58.56	34.60	41.28	47.92	70.56	80.54	90.50	59.90	68.56	77.20	90.50	102.50	114.46	81.20	91.20	101.16
56	45.26	53.24	61.22	34.60	41.28	47.92	73.22	83.20	93.18	62.56	71.22	79.86	94.52	107.16	119.80	85.18	95.84	106.48
57	49.26	57.90	66.56	38.62	45.94	53.24	79.86	90.50	101.16	69.22	78.54	87.84	101.16	114.46	127.78	89.18	100.50	111.80
58	53.24	62.56	71.88	42.60	50.58	58.56	83.86	95.18	106.48	73.22	83.20	93.18	107.82	121.80	135.76	95.84	107.82	119.80
59	57.24	67.24	77.20	45.26	53.24	61.22	90.50	102.50	114.46	79.86	90.50	101.16	114.46	129.12	143.74	99.84	112.48	125.12
60	63.88	74.54	85.18	49.26	57.90	66.56	94.52	107.16	119.80	83.86	95.18	106.48	121.14	136.44	151.74	106.48	119.80	133.10
61	66.56	77.20	87.84	53.24	62.56	71.88	101.16	114.46	127.78	90.50	102.50	114.46	127.78	143.74	159.72	110.48	124.46	138.42
62	70.56	81.86	93.18	55.90	65.24	74.54	105.16	119.14	133.10	94.52	107.16	119.80	134.44	151.08	167.70	114.46	129.12	143.74
63	74.54	86.52	98.50	59.90	69.90	79.86	111.80	126.46	141.08	101.16	114.46	127.78	141.08	158.40	175.70	121.14	136.44	151.74
64	78.54	91.20	103.82	63.88	74.54	85.18	115.80	131.12	146.42	105.16	119.14	133.10	147.76	165.72	183.68	125.12	141.08	157.06
65	85.18	98.50	111.80	67.90	79.20	90.50	122.46	138.42	154.40	111.80	126.46	141.08	154.40	173.04	191.66	131.78	148.42	165.04
66	95.84	110.48	125.12	78.54	91.20	103.82	135.76	153.08	170.36	122.46	138.42	154.40	173.04	193.00	212.96	145.10	163.06	181.02
67	106.48	122.46	138.42	89.18	103.16	117.12	149.08	167.70	186.34	133.10	150.42	167.70	191.66	212.96	234.26	158.40	177.70	196.98
68	119.80	137.10	154.40	99.84	115.14	130.44	163.72	184.36	204.98	143.74	162.38	181.02	211.64	234.94	258.22	173.04	194.32	215.62
69	130.44	149.08	167.70	110.48	127.12	143.74	177.04	199.00	220.94	154.40	174.38	194.32	230.28	254.90	279.52	186.34	208.98	231.60
70	145.10	165.72	186.34	121.14	139.10	157.06	194.32	218.28	242.24	165.04	186.34	207.64	250.22	276.84	303.46	201.00	225.62	250.22
71	155.74	177.70	199.66	131.78	151.08	170.36	207.64	232.94	258.22	175.70	198.34	220.94	268.86	296.82	324.76	214.30	240.26	266.20
72	166.38	189.68	212.96	142.42	163.06	183.68	220.94	247.56	274.18	186.34	210.30	234.26	287.50	316.78	346.06	227.62	254.90	282.18
73	179.70	204.32	228.94	153.08	175.04	196.98	235.60	264.22	292.82	196.98	222.28	247.56	307.48	338.76	370.02	242.24	271.52	300.80
74	190.34	216.30	242.24	163.72	187.02	210.30	248.90	278.86	308.80	207.64	234.26	260.88	326.10	358.72	391.32	255.56	286.18	316.78
75	204.98	232.94	260.88	177.04	201.66	226.28	266.20	298.14	330.08	218.28	246.24	274.18	346.06	380.66	415.28	272.86	305.48	338.08
76	231.60	262.22	292.82	203.66	230.94	258.22	290.16	324.76	359.38	242.24	272.86	303.46	375.34	412.62	449.88	302.14	337.42	372.68
77	260.88	294.16	327.42	232.94	262.88	292.82	316.78	354.04	391.32	268.86	302.14	335.42	404.62	444.56	484.48	331.44	369.36	407.28
78	291.50	328.10	364.70	263.54	296.82	330.08	340.74	380.66	420.60	292.82	328.76	364.70	433.90	476.50	519.10	360.72	401.30	441.90
79	318.12	357.40	396.64	290.16	326.10	362.04	368.70	411.96	455.20	320.78	360.06	399.30	463.18	508.44	553.70	390.00	433.24	476.50
80	-	-	-	320.78	360.06	-	-	-	-	344.74	386.68	-	-	-	-	419.28	465.20	-
81	-	-	-	350.06	392.00	-	-	-	-	371.36	415.96	-	-	-	-	448.56	497.14	-
82	-	-	-	380.66	425.92	-	-	-	-	399.30	447.22	-	-	-	-	477.84	529.08	-
83	-	-	-	411.30	459.86	-	-	-	-	427.26	478.50	-	-	-	-	507.12	561.02	-
84	-	-	-	441.90	493.82	-	-	-	-	455.20	509.78	-	-	-	-	536.40	592.96	-

Supporting Document Schedules

Review Status:

Satisfied -Name: Cover Letter 06/12/2008

Comments:

Attachment:

CovLtr_30160A_AR_20080709.pdf

Review Status:

Satisfied -Name: Letter of Authorization 06/12/2008

Comments:

Attachment:

RiverSource Letter of Auth_20080111.pdf

Review Status:

Satisfied -Name: Response to 8/21/2008 Objection Letter 08/28/2008

Comments:

Attachment:

AR Response to 20080821 Letter_20080828.pdf

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July 9, 2008

Honorable Julie Benafield Bowman
Commissioner of Insurance
Arkansas Department of Insurance
1200 W. Third Street
Little Rock, Arkansas 72201-1904

RE: RiverSource Life Insurance Company ("RiverSource Life")
Company NAIC # 65005
SERFF Tracking Number AERS-125694327
Policy Form: Long Term Care Policy Form 30160A-AR

Dear Commissioner Benafield Bowman:

The referenced rate filing is being submitted on behalf of RiverSource Life Insurance Company (previously IDS Life Insurance Company) for your review.

30160A-AR is an existing individual policy form providing benefits for confinement in a nursing home with home care services and was previously approved in 1997. This form was issued in Arkansas from February 1998 through December 2000. The form is no longer being marketed in any state. Outside of Arkansas, the last policies were issued in 2003.

For applications received July 28, 2000 and later, policies were issued with a different set of rates and endorsement 32100-AR, which changed the benefit trigger from 3 of 6 activities of daily living to 2 of 6, provided for waiver of premium while receiving home care and allowed for a 20% spousal premium discount. This rate filing does not apply to policies with the endorsement.

The company is requesting the approval of a premium rate increase on the above listed form and all associated riders. At this time, a premium rate increase of 15.7% is being requested for policies issued in Arkansas without endorsement. Although a larger premium rate increase is currently supportable, to minimize the impact on policy-owners to the extent the company can, an increase of only 15.7% is being requested at this time. As noted in the attached actuarial memorandum, one prior increase has been approved and implemented on this form. A 15.0% increase was approved in December 2007 and implemented on each contract's next policy anniversary beginning in March 2008.

As with the prior increase, the company will offer insureds affected by the premium increase the option of reducing their policy daily benefit to provide flexibility of choice for those insureds who wish to maintain a premium level reasonably similar to what they were paying prior to the rate increase.

The following electronic items are included in this submission:

- this letter;
- a letter from RiverSource Life authorizing us to submit this filing on their behalf; and
- an Actuarial Memorandum and Rate Schedules.

The contact person for this filing is:

Amy Pahl, FSA, MAAA
Consulting Actuary
8500 Normandale Lake Blvd., Suite 1850
Minneapolis, MN 55437
(952) 820-2419
amy.pahl@milliman.com

Thank you for your assistance in reviewing this filing.

Respectfully,

Amy Pahl, F.S.A., M.A.A.A.
Consulting Actuary

ABP/mab

Enclosures

RiverSource Life Insurance Company
RiverSource Distributors, Inc.
70100 Ameriprise Financial Center
Minneapolis, MN 55474

RiverSource Insurance

Letter of Authorization

To: Department of Insurance

RiverSource Life Insurance Company, ("RiverSource Life"), formerly IDS Life Insurance Company, has entered into a service agreement with Milliman, Inc. ("Milliman") effective January 17, 2003, that includes individual long term care rate filing services on our behalf. The agreement provides, in part, that Milliman is responsible for preparing and filing for approval with state insurance departments RiverSource Life's individual long term care rate increase filings. Milliman is also authorized to receive, on RiverSource Life's behalf, written and oral communication from each state department of insurance for the purpose of completing the rate increase filing process.

Please accept this letter of authorization for the purpose stated above. Should you have any questions regarding the above, please forward your comments to:

Mark Gorham
RiverSource Life Insurance Company
248 Ameriprise Financial Center
Minneapolis, MN 55474

Mark Gorham
Vice President, Insurance Product Development

1-11-2008
Date

8500 Normandale Lake Blvd.
Suite 1850
Minneapolis, MN 55437
USA

Tel +1 952 897 5300
Fax +1 952 897 5301

milliman.com

August 28, 2008

Mr. Harris Shearer
Life and Health Division
Arkansas Department of Insurance
1200 W. Third Street
Little Rock, Arkansas 72201-1904

RE: RiverSource Life Insurance Company ("RiverSource Life")
Company NAIC # 65005
SERFF Tracking Number AERS-125694327
Policy Form: Long Term Care Policy Form 30160A-AR

Dear Mr. Shearer:

Thank you for reviewing our filing. This letter is in response to your letter on August 21, 2008 regarding information needed for the above-referenced filing. The remainder of this letter provides additional information requested in your August 21, 2008 letter. I restate the request (in italics) as discussed in your letter for reference.

The Actuarial Memorandum does not have the Actuarial Certification required under Rule 13, Section 20 B. i.e. "If the requested premium rate schedule increase is implemented and the underlying assumptions, which reflect moderately adverse conditions, are realized, no further premium rate schedule increases are anticipated."

Upon review of Rule 13, Section 20, I interpret it to be applicable to only policies issued on or after July 1, 2006. As the last policy issued under policy form 30160A-AR was in December 2000, the provisions contained within Section 20 would not appear to apply to this rate increase filing.

As Rule 13, Section 19 applies to all policies issued before July 1, 2006, I believe Section 22, Actuarial Certification, of the July 9, 2008 actuarial memorandum complies with all the requirements of Rule 13, Section 19.

Limitations and Qualifications

This letter (including any attachments) has been prepared for the use of the Arkansas Department of Insurance and RiverSource Life Insurance Company. We understand that this letter may be considered a public document and, as such, may be subject to disclosure to third parties. However, we do not intend to benefit, and assume no liability to, any third party who receives the letter in this fashion. To the extent that Milliman's work is not subject to disclosure under applicable public record

laws, the Department agrees that they shall not disclose Milliman's work product to third parties without Milliman's prior written consent.

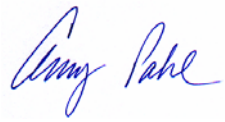
In preparing this letter, I relied on data provided to me by RiverSource Life Insurance Company. I did not audit this data but did review it for reasonableness. To the extent that this data is incomplete or inaccurate the contents of this letter may be materially affected.

I, Amy Pahl, am a Principal and Consulting Actuary for Milliman, Inc. I am a member of the American Academy of Actuaries and I meet the Qualification Standards of the American Academy of Actuaries to render an actuarial opinion as described herein.

❖❖❖

Harris, thank you for working with us to complete this filing in Arkansas. Please let me know if you have any additional questions. You can reach me directly at (952) 820-2419 or by email at amy.pahl@milliman.com.

Respectfully,



Amy Pahl, F.S.A., M.A.A.A.
Consulting Actuary

ABP/rk