Filing at a Glance

Company: RiverSource Life Insurance Company

Product Name: Long Term Care	SERFF Tr Num: AERS-125880597	State: ArkansasLH
TOI: LTC04I Individual Long Term Care - Nursing Home	SERFF Status: Closed	State Tr Num: 41143
Sub-TOI: LTC04I.002 Non Qualified	Co Tr Num: 30225.4	State Status: Approved-Closed
Filing Type: Rate	Co Status: Submitted	Reviewer(s): Harris Shearer
	Authors: Bonnie Foley, Cheryl Meyer	Disposition Date: 01/30/2009
	Date Submitted: 12/17/2008	Disposition Status: Approved
Implementation Date Requested: On Approval		Implementation Date:

State Filing Description:

General Information

Project Name: 2009 Rate Increase	Status of Filing in Domicile: Not Filed
Project Number: 30225.4	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: 15%	Group Market Type:
Filing Status Changed: 01/30/2009	
State Status Changed: 01/30/2009	Deemer Date:
Corresponding Filing Tracking Number:	

Filing Description:

This is a rate increase for existing Long Term Care policies. Please see attached cover letter.

Company and Contact

Filing Contact Information

Cheryl Meyer, Sr. Contract Analyst
9550 Ameriprise Financial Center
Minneapolis, MN 55474

Cheryl.D.Meyer@ampf.com
(612) 671-5583 [Phone]
(612) 671-3866[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:	MN Retaliatory fee is $75.00
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
RiverSource Life Insurance Company	$75.00	12/17/2008	24596948

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Harris Shearer	01/30/2009	01/30/2009

Disposition

Disposition Date: 01/30/2009

Implementation Date:

Status: Approved

Comment: Approval subject to no more than one rate increase in a twelve (12) month period.

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	15.000%	$70,975	480	$473,164	15.000%	15.000%	%

SERFF Tracking Number:	*AERS-125880597*	*State:*	*Arkansas*
Filing Company:	*RiverSource Life Insurance Company*	*State Tracking Number:*	*41143*
Company Tracking Number:	*30225.4*		
TOI:	*LTC04I Individual Long Term Care - Nursing Home*	*Sub-TOI:*	*LTC04I.002 Non Qualified*
Product Name:	*Long Term Care*		
Project Name/Number:	*2009 Rate Increase/30225.4*		

Item Type	Item Name	Item Status	Public Access
Supporting Document	Health - Actuarial Justification		No
Supporting Document	Cover Letter		Yes
Supporting Document	Third Party Document		Yes
Rate	AR Rates 30225		Yes

Rate Information

Rate data applies to filing.

Filing Method:	Review and Approve
Rate Change Type:	Increase
Overall Percentage of Last Rate Revision:	15.000%
Effective Date of Last Rate Revision:	04/01/2008
Filing Method of Last Filing:	Review and Approve

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	%	15.000%	$70,975	480	$473,164	15.000%	15.000%

Rate/Rule Schedule

Review Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:*	Rate ActionInformation:		Attachments
	AR Rates 30225	30225	Revised	Previous State Filing Number:	Previous rate increase approved in January of 2008.	AR Rates_30225_20081217.pdf
				Percent Rate Change Request:	15	

EXHIBIT II

RiverSource Life Insurance Company
Annual Premiums with 15% Rate Increase

Nursing Home Indemnity Policy
FORM: 30225

Annual Premiums Per $10 Daily Benefit

LIFETIME BENEFIT PERIOD

	No Benefit Increase Option		**Simple Benefit Increase Option**		**Compound Benefit Increase Option**	
Issue	*Deductible*		*Deductible*		*Deductible*	
Age	*20 days*	*100 days*	*20 days*	*100 days*	*20 days*	*100 days*
40	41.06	30.36	76.78	57.14	96.42	71.42
41	41.06	30.36	76.78	57.14	96.42	71.42
42	41.06	30.36	76.78	57.14	96.42	71.42
43	41.06	30.36	76.78	57.14	96.42	71.42
44	41.06	30.36	76.78	57.14	96.42	71.42
45	41.06	30.36	76.78	57.14	96.42	71.42
46	44.64	33.92	80.34	60.70	101.78	76.78
47	44.64	33.92	82.14	60.70	103.54	76.78
48	46.42	33.92	83.90	62.50	105.34	78.56
49	46.42	35.72	83.90	64.28	107.14	80.34
50	48.20	35.72	85.70	64.28	108.90	82.14
51	50.00	37.50	89.26	67.86	112.48	85.70
52	53.56	39.28	92.86	69.62	117.82	89.26
53	55.34	41.06	96.42	73.20	123.18	92.86
54	58.92	44.64	101.78	76.78	130.34	98.18
55	66.06	50.00	112.48	85.70	144.62	108.90
56	71.42	55.34	123.18	94.62	157.12	123.18
57	78.56	60.70	133.90	103.54	171.40	132.12
58	87.50	67.86	148.18	112.48	187.48	144.62
59	98.18	73.20	162.48	123.18	207.12	157.12
60	108.90	85.70	178.54	141.04	226.74	178.54
61	121.42	98.18	201.76	164.26	253.52	205.32
62	133.90	105.34	219.60	174.96	278.54	219.60
63	153.54	124.98	251.74	203.52	317.80	257.10
64	173.20	135.70	282.10	221.40	355.28	280.30
65	192.84	157.12	308.86	251.74	389.20	317.80
66	210.68	167.84	332.08	266.02	419.56	335.66
67	233.88	185.68	366.00	291.02	458.86	364.22
68	257.10	210.68	398.14	324.94	498.12	405.28
69	289.22	228.52	442.78	351.72	551.68	437.42
70	319.58	253.52	485.62	385.64	601.68	478.50
71	349.94	276.74	524.90	416.00	644.52	512.40
72	383.84	305.30	573.12	457.06	694.50	553.48
73	426.70	342.80	626.66	503.48	751.64	605.24
74	469.54	378.52	685.58	551.68	808.78	651.66
75	521.34	414.20	757.00	601.68	876.62	698.08
76	582.04	460.62	831.98	658.82	953.40	755.20
77	649.88	519.54	921.26	737.36	998.98	830.20
78	719.50	573.12	998.98	801.64	998.98	892.70
79	782.00	630.24	998.98	873.06	998.98	953.40

EXHIBIT II

RiverSource Life Insurance Company
Annual Premiums with 15% Rate Increase

Nursing Home Indemnity Policy
FORM: 30225

Annual Premiums Per $10 Daily Benefit

4 YEAR BENEFIT PERIOD

	No Benefit Increase Option		**Simple Benefit Increase Option**		**Compound Benefit Increase Option**	
Issue	*Deductible*		*Deductible*		*Deductible*	
Age	*20 days*	*100 days*	*20 days*	*100 days*	*20 days*	*100 days*
40	32.14	23.20	57.14	41.06	71.42	51.78
41	32.14	23.20	57.14	41.06	71.42	51.78
42	32.14	23.20	57.14	41.06	71.42	51.78
43	32.14	23.20	57.14	41.06	71.42	51.78
44	32.14	23.20	57.14	41.06	71.42	51.78
45	32.14	23.20	57.14	41.06	71.42	51.78
46	33.92	25.00	58.92	42.84	74.98	53.56
47	35.72	25.00	60.70	42.84	76.78	55.34
48	35.72	25.00	60.70	44.64	76.78	55.34
49	35.72	26.78	62.50	46.42	78.56	57.14
50	37.50	26.78	64.28	46.42	80.34	57.14
51	39.28	28.56	66.06	50.00	87.50	62.50
52	41.06	28.56	67.86	50.00	89.26	64.28
53	42.84	30.36	71.42	51.78	91.06	66.06
54	46.42	32.14	74.98	53.56	96.42	69.62
55	50.00	35.72	82.14	58.92	107.14	76.78
56	55.34	41.06	91.06	66.06	116.06	85.70
57	60.70	44.64	98.18	73.20	124.98	92.86
58	67.86	50.00	108.90	78.56	137.48	99.98
59	74.98	53.56	119.62	85.70	151.76	108.90
60	83.90	62.50	132.12	99.98	166.04	124.98
61	92.86	73.20	148.18	114.26	185.68	144.62
62	103.54	78.56	160.68	123.18	203.52	153.54
63	117.82	91.06	183.88	142.84	232.10	180.32
64	132.12	99.98	205.32	155.32	260.66	196.40
65	148.18	116.06	226.74	176.76	285.66	223.16
66	160.68	123.18	242.82	187.48	307.10	235.68
67	180.32	137.48	267.82	203.52	337.44	255.30
68	198.16	153.54	292.82	226.74	366.00	283.86
69	221.40	167.84	323.16	246.38	403.48	307.10
70	244.60	185.68	355.28	269.58	440.98	335.66
71	267.82	203.52	383.84	291.02	473.14	358.86
72	296.38	224.96	419.56	319.58	508.82	387.44
73	328.50	251.74	458.86	353.52	549.90	423.14
74	360.64	278.54	501.70	387.44	592.76	457.06
75	401.72	305.30	555.24	421.36	642.74	487.42
76	448.14	339.22	608.82	460.62	699.86	528.48
77	499.90	382.08	674.86	515.98	760.56	580.24
78	553.48	421.36	737.36	560.60	819.50	624.88
79	601.68	464.20	794.48	612.38	871.26	667.74
80		505.26		657.02		712.36
81		548.12		707.02		758.80
82		598.10		758.80		812.34
83		651.66		821.28		869.46
84		705.22		874.82		928.40

EXHIBIT II

RiverSource Life Insurance Company
Annual Premiums with 15% Rate Increase

Nursing Home Indemnity Policy
FORM: 30225

Annual Premiums Per $10 Daily Benefit

3 YEAR BENEFIT PERIOD

	No Benefit Increase Option		**Simple Benefit Increase Option**		**Compound Benefit Increase Option**	
Issue	*Deductible*		*Deductible*		*Deductible*	
Age	*20 days*	*100 days*	*20 days*	*100 days*	*20 days*	*100 days*
40	28.56	21.44	50.00	37.50	62.50	46.42
41	28.56	21.44	50.00	37.50	62.50	46.42
42	28.56	21.44	50.00	37.50	62.50	46.42
43	28.56	21.44	50.00	37.50	62.50	46.42
44	28.56	21.44	50.00	37.50	62.50	46.42
45	28.56	21.44	50.00	37.50	62.50	46.42
46	30.36	23.20	51.78	39.28	66.06	50.00
47	30.36	23.20	53.56	41.06	67.86	51.78
48	32.14	23.20	55.34	41.06	69.62	51.78
49	32.14	25.00	55.34	42.84	69.62	53.56
50	33.92	25.00	57.14	42.84	71.42	53.56
51	35.72	26.78	58.92	44.64	74.98	58.92
52	35.72	26.78	60.70	46.42	76.78	60.70
53	39.28	28.56	64.28	48.20	82.14	64.28
54	41.06	30.36	67.86	51.78	85.70	66.06
55	44.64	33.92	73.20	55.34	94.62	71.42
56	50.00	37.50	80.34	62.50	103.54	78.56
57	55.34	42.84	87.50	67.86	112.48	87.50
58	60.70	46.42	98.18	74.98	124.98	94.62
59	67.86	51.78	107.14	82.14	137.48	103.54
60	74.98	58.92	117.82	92.86	149.98	117.82
61	83.90	67.86	132.12	107.14	166.04	133.90
62	92.86	73.20	144.62	114.26	183.88	144.62
63	107.14	85.70	167.84	135.70	210.68	169.60
64	119.62	94.62	185.68	146.40	233.88	183.88
65	132.12	108.90	203.52	166.04	255.30	208.88
66	144.62	116.06	217.82	174.96	273.18	219.60
67	162.48	128.54	241.02	191.04	303.50	241.02
68	180.32	146.40	264.24	214.24	330.30	269.58
69	199.96	158.90	291.02	232.10	362.44	289.22
70	219.60	174.96	319.58	253.52	396.36	314.22
71	239.24	189.24	342.80	271.38	421.36	333.86
72	266.02	212.46	378.52	301.74	458.86	364.22
73	296.38	239.24	416.00	333.86	499.90	401.72
74	324.94	260.66	451.70	364.22	532.04	428.50
75	360.64	285.66	498.12	394.56	576.68	458.86
76	399.92	316.02	542.76	430.28	623.10	492.78
77	449.92	360.64	608.82	485.62	685.58	548.12
78	501.70	399.92	667.74	532.04	742.72	590.96
79	540.96	435.64	714.16	574.88	787.36	632.02
80		467.78		608.82		671.30
81		505.26		651.66		715.94
82		542.76		694.50		762.36
83		578.48		735.58		805.20
84		610.60		771.28		846.26

EXHIBIT II

RiverSource Life Insurance Company
Annual Premiums with 15% Rate Increase

Nursing Home Indemnity Policy
FORM: 30225

Annual Premiums Per $10 Daily Benefit

2 YEAR BENEFIT PERIOD

	No Benefit Increase Option		**Simple Benefit Increase Option**		**Compound Benefit Increase Option**	
Issue	*Deductible*		*Deductible*		*Deductible*	
Age	*20 days*	*100 days*	*20 days*	*100 days*	*20 days*	*100 days*
40	25.00	17.84	42.84	32.14	53.56	39.28
41	25.00	17.84	42.84	32.14	53.56	39.28
42	25.00	17.84	42.84	32.14	53.56	39.28
43	25.00	17.84	42.84	32.14	53.56	39.28
44	25.00	17.84	42.84	32.14	53.56	39.28
45	25.00	17.84	42.84	32.14	53.56	39.28
46	25.00	19.64	44.64	33.92	55.34	41.06
47	26.78	19.64	46.42	33.92	57.14	42.84
48	26.78	19.64	46.42	33.92	57.14	42.84
49	26.78	19.64	46.42	33.92	58.92	44.64
50	28.56	21.44	48.20	35.72	60.70	48.20
51	28.56	21.44	50.00	37.50	62.50	50.00
52	30.36	23.20	51.78	39.28	66.06	51.78
53	32.14	25.00	53.56	41.06	67.86	53.56
54	33.92	25.00	57.14	42.84	73.20	53.56
55	37.50	28.56	62.50	46.42	80.34	60.70
56	42.84	30.36	69.62	50.00	89.26	64.28
57	46.42	35.72	74.98	57.14	96.42	73.20
58	51.78	39.28	82.14	62.50	105.34	80.34
59	57.14	42.84	91.06	69.62	114.26	87.50
60	66.06	48.20	103.54	76.78	130.34	96.42
61	71.42	53.56	112.48	83.90	141.04	105.34
62	80.34	60.70	126.76	96.42	160.68	121.42
63	91.06	66.06	141.04	103.54	178.54	130.34
64	105.34	74.98	162.48	117.82	205.32	148.18
65	116.06	83.90	176.76	128.54	223.16	162.48
66	130.34	92.86	196.40	141.04	246.38	176.76
67	142.84	101.78	212.46	149.98	267.82	189.24
68	157.12	114.26	232.10	167.84	289.22	208.88
69	171.40	123.18	249.96	178.54	312.44	223.16
70	185.68	135.70	267.82	196.40	332.08	242.82
71	203.52	148.18	291.02	210.68	358.86	258.88
72	221.40	160.68	314.22	228.52	382.08	276.74
73	241.02	176.76	335.66	248.18	403.48	298.14
74	264.24	194.60	366.00	269.58	432.06	317.80
75	291.02	210.68	401.72	291.02	464.20	337.44
76	321.38	233.88	437.42	317.80	503.48	364.22
77	357.08	260.66	482.06	351.72	540.96	396.36
78	392.80	287.46	523.12	383.84	582.04	426.70
79	430.28	314.22	569.52	414.20	621.32	460.62
80		342.80		446.34		494.54
81		374.92		482.06		533.84
82		408.84		519.54		574.88
83		446.34		560.60		617.74
84		487.42		605.24		664.18

Supporting Document Schedules

Review Status:

Satisfied -Name: Cover Letter 12/17/2008

Comments:

Attachment:

AR CovLtr_30225_20081217.pdf

Review Status:

Satisfied -Name: Third Party Document 12/17/2008

Comments:

Attachment:

Milliman_Involvement_AR_30225_20081215.pdf

RiverSource Life Insurance Company
RiverSource Distributors, Inc.
9550 Ameriprise Financial Center
Minneapolis, MN 55474

December 17, 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
Company FEIN # 41-0823832
SERFF Tracking # AERS-125880597
Policy Form: Nursing Home Indemnity Policy 30225

Dear Commissioner Benafield Bowman:

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

30225 is an existing individual policy form providing benefits for confinement in a nursing home and was previously approved in 1993. This form was issued in Arkansas from June 1993 through May 1998 and is no longer being marketed in any state. Outside of Arkansas, the last policies were issued in 2002.

The company is requesting the approval of a premium rate increase on the above-listed form. At this time, a premium rate increase of 15% is being requested on the nursing home portion of the premium only. Although a larger premium rate increase is currently supportable, to minimize the impact on policyowners to the extent we can, an increase of only 15% is being requested at this time. Unless emerging experience improves, we believe it is likely that additional rate increases will be requested in the future. As noted in the attached actuarial memorandum, two prior increases have been approved and implemented on this form. A 35% increase was approved in August 2005 and implemented on each contract's next policy anniversary beginning in December 2005. A 15% increase was approved in January 2008 and implemented on each contract's next policy anniversary beginning in April 2008. These prior increases only applied to the nursing home portion of premium; no increase has been or is being requested for the premium associated with the optional home care rider.

RiverSource Life Insurance Company
RiverSource Distributors, Inc.
9550 Ameriprise Financial Center
Minneapolis, MN 55474

As with the prior increases, 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 cover letter;
- a letter from Milliman Inc. describing their involvement and review of this filing; and
- an Actuarial Memorandum and Rate Schedules.

The required $75 retaliatory filing fee will be paid via Electronic Funds Transfer (EFT).

The contact person for this filing is:

Cheryl Meyer
Senior Contract Analyst
9550 Ameriprise Financial Center
Minneapolis, MN 55474
(612) 671-5583
cheryl.d.meyer@ampf.com

Thank you for your assistance in reviewing this filing.

Respectfully,

Charles Caswell, FSA, MAAA
Reinsurance Officer, RiverSource Life Insurance Company

Enclosures

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Suite 1850
Minneapolis, MN 55437
USA

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

milliman.com

December 15, 2008

To: Arkansas Department of Insurance

RE: RiverSource Life Insurance Company
Company NAIC # 65005
Policy Form: Nursing Home Indemnity Policy 30225

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.

RiverSource Life prepared and submitted the above referenced rate filing in December 2008. Milliman has conducted a high level review of the cover letter and actuarial memorandum items of this filing and believes them to be in compliance with the applicable laws of this state. However, Milliman has not performed any technical checking of the filing for accuracy.

RiverSource Life has relied on numerical data and projection information provided by Milliman, who used data and assumptions from RiverSource Life in developing those projections. Milliman has performed its usual technical and high level review on all numerical data and exhibits provided to RiverSource Life.

Should you have any questions regarding the above, please feel free to contact me directly at (952) 820-2419 or by email at amy.pahl@milliman.com.

Respectfully,

Amy Pahl

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

ABP/mjw