Filing at a Glance

Company: Continental General Insurance Company

Product Name: 420-Series et al.; 2009 Rate Filing	SERFF Tr Num: UTAC-126231806	State: Arkansas
TOI: LTC03I Individual Long Term Care	SERFF Status: Closed-Approved	State Tr Num: 43376
Sub-TOI: LTC03I.001 Qualified	Co Tr Num: 420-SERIES ET AL., 2009 RATE FILING	State Status: Closed
Filing Type: Rate		Reviewer(s): Harris Shearer, Marie Bennett
	Authors: Bill von Peters, Joseph Ray, Brian Strong, Ron Hulet, Rachel Hemphill, Yang You	Disposition Date: 11/25/2009
	Date Submitted: 09/01/2009	Disposition Status: Approved
Implementation Date Requested: On Approval		Implementation Date:

State Filing Description:

General Information

Project Name:
Project Number:
Requested Filing Mode: Review & Approval
Explanation for Combination/Other:
Submission Type: New Submission
Overall Rate Impact: 50%
Filing Status Changed: 11/25/2009

Deemer Date:
Submitted By: Rachel Hemphill

Status of Filing in Domicile: Pending
Date Approved in Domicile:
Domicile Status Comments:
Market Type: Individual
Group Market Size:
Group Market Type:
Explanation for Other Group Market Type:
State Status Changed: 11/25/2009
Created By: Bill von Peters
Corresponding Filing Tracking Number:

Filing Description:
RE: Continental General Insurance Company
NAIC No: 71404 FEIN No.: 47-0463747
Rate Revision Filing on Individual Long Term Care Insurance Policy Forms:
420 et al.

Enclosed for your review and approval, please find copies of an Actuarial Memorandum and rate sheets in support of a proposed 50% rate increase on the above referenced individual long term care insurance product.

The rate increase applies to the base policy and all applicable benefit riders for which a premium is paid. The rate increase will be effective on the first premium due date subsequent to state insurance department approval and in accordance with state policyholder notification requirements, with the additional condition that no policyholder will receive a rate increase sooner than one year after receiving a prior rate increase, if applicable.

This filing applies to in-force policies issued in this state. The above referenced policy forms are individual long-term care insurance products, which are no longer being sold.

Enclosed are any necessary certifications, transmittals and/or filing fees as may be required by your state.

Company and Contact

Filing Contact Information

Megan Jones, Actuarial Analyst
11200 Lakeline Boulevard #100
Austin, TX 78717

mfuller@gafri.com
512-807-4615 [Phone]

Filing Company Information

Continental General Insurance Company	CoCode: 71404	State of Domicile: Ohio
11200 Lakeline Blvd., Suite 100	Group Code: 84	Company Type: Life & Health
P. O. Box 26580	Group Name:	State ID Number:
Austin, TX 78755-0580	FEIN Number: 47-0463747	
(800) 880-8824 ext. [Phone]		

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Continental General Insurance Company	$50.00	09/01/2009	30244833

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Marie Bennett	11/25/2009	11/25/2009

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	**Created By**	**Created On**	**Date Submitted**	**Responded By**	**Created On**	**Date Submitted**
Pending Industry Response	Marie Bennett	11/02/2009	11/02/2009	Bill von Peters	11/20/2009	11/20/2009
Pending Industry Response	Harris Shearer	10/23/2009	10/23/2009	Bill von Peters	10/29/2009	10/29/2009

Disposition

Disposition Date: 11/25/2009

Implementation Date:

Status: Approved

Comment: A 15.0% rate increase is approved subject to proper notification to the policyholders. We do appreciate your cooperation in this matter.

Rate data does NOT apply to filing.

SERFF Tracking Number:	*UTAC-126231806*	*State:*	*Arkansas*
Filing Company:	*Continental General Insurance Company*	*State Tracking Number:*	*43376*
Company Tracking Number:	*420-SERIES ET AL., 2009 RATE FILING*		
TOI:	*LTC03I Individual Long Term Care*	*Sub-TOI:*	*LTC03I.001 Qualified*
Product Name:	*420-Series et al.; 2009 Rate Filing*		
Project Name/Number:	*/*		

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Health - Actuarial Justification	Filed	No
Supporting Document	Counteroffer Response	Filed	Yes
Supporting Document	Counteroffer Acceptance	Approved	Yes
Rate *(revised)*	405 Rate Sheets	Approved	Yes
Rate	405 Rate Sheets	Replaced	Yes
Rate *(revised)*	420 Rate Sheets	Approved	Yes
Rate	420 Rate Sheets	Replaced	Yes

Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	11/02/2009
Submitted Date	11/02/2009
Respond By Date	11/27/2009

Dear Megan Jones,

The additional information furnished in Mr. Timmerberg's letter of October 28 has been reviewed and we are willing to approve a 15% increase.

Because of the size and frequency of past increases we would ask that you allow the policyholders the option to reduce/change their coverage if the 15% increase is implemented.

If our offer of 15% is not accepted, the filing will be disapproved.

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

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	11/20/2009
Submitted Date	11/20/2009

Dear Marie Bennett,

Comments:

Response 1

Comments: Please see the attached Response.

Changed Items:

Supporting Document Schedule Item Changes
Satisfied -Name: Counteroffer Acceptance
Comment:

No Form Schedule items changed.

Rate/Rule Schedule Item Changes

Document Name:	**Affected Form Numbers:**	**Rate Action:**	**Rate Action Information:**	**Attach Document:**
405 Rate Sheets	Policy Form 405 and Associated Riders	New	*Previous State Filing Number*	
			0	
Previous Version				
405 Rate Sheets	*Policy Form 405 and Associated Riders*	*New*	*Previous State Filing Number*	
			0	
420 Rate Sheets	Policy Form 420 and Associated Riders	New	*Previous State Filing Number*	
			0	
Previous Version				
420 Rate Sheets	*Policy Form 420 and Associated Riders*	*New*	*Previous State Filing Number*	
			0	

Sincerely,
Bill von Peters, Brian Strong, Joseph Ray, Rachel Hemphill, Ron Hulet, Yang You

Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	10/23/2009
Submitted Date	10/23/2009
Respond By Date	11/11/2009

Dear Megan Jones,

This will acknowledge receipt of the captioned filing.

Objection 1

- Health - Actuarial Justification (Supporting Document)
- 405 Rate Sheets, [Policy Form 405 and Associated Riders] (Rate)
- 420 Rate Sheets, [Policy Form 420 and Associated Riders] (Rate)

Comment: THE DEPARTMENT WILL ONLY CONSIDER A 10% RATE INCREASE ON THE BASE PLANS AND RIDERS. IF YOU WISH TO ACCEPT THIS OFFER PLEASE ATTACH AMENDED RATE SHEETS.

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

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	10/29/2009
Submitted Date	10/29/2009

Dear Marie Bennett,

Comments:
Thank you for your continued review of this Rate Filing.

Response 1

Comments: Please see the attached Response.

Related Objection 1

Applies To:

- Health - Actuarial Justification (Supporting Document)
- 405 Rate Sheets, [Policy Form 405 and Associated Riders] (Rate)
- 420 Rate Sheets, [Policy Form 420 and Associated Riders] (Rate)

Comment:

THE DEPARTMENT WILL ONLY CONSIDER A 10% RATE INCREASE ON THE BASE PLANS AND RIDERS. IF YOU WISH TO ACCEPT THIS OFFER PLEASE ATTACH AMENDED RATE SHEETS.

Changed Items:

Supporting Document Schedule Item Changes

Satisfied -Name: Counteroffer Response

Comment:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Sincerely,

Bill von Peters, Brian Strong, Joseph Ray, Rachel Hemphill, Ron Hulet, Yang You

Rate/Rule Schedule

Schedule Item Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:*	Rate Action Information:	Attachments
Approved 11/25/2009	405 Rate Sheets	Policy Form 405 and Associated Riders	New		Form 405, AR.pdf
Approved 11/25/2009	420 Rate Sheets	Policy Form 420 and Associated Riders	New		Form 420, AR.pdf

CONTINENTAL GENERAL INSURANCE COMPANY

P.O. Box 26580 * Austin, Texas 78755-0580 * (800) 880-8824

Policy Form 405

Annual Premiums Per $10 of Daily Benefit

0 Day Elimination

	Base Plan			Inflation Guard		
Age	2 Year Benefit Period	5 Year Benefit Period	Unlimited Benefits	2 Year Benefit Period	5 Year Benefit Period	Unlimited Benefits
55 & Under	63	80	88	22	33	37
56	72	94	102	27	39	47
57	78	100	108	29	45	53
58	82	106	119	33	49	57
59	88	114	129	37	55	65
60	94	123	139	39	59	72
61	100	133	151	45	65	80
62	108	143	166	49	72	90
63	117	155	182	55	80	100
64	125	170	200	59	88	110
65	137	186	223	63	98	123
66	149	206	247	70	106	137
67	164	227	278	78	117	149
68	180	254	311	84	129	166
69	198	282	348	92	139	182
70	219	311	388	100	149	198
71	239	343	433	106	162	215
72	262	380	483	114	176	231
73	284	417	536	123	186	249
74	309	458	593	129	200	266
75	337	503	652	139	211	284
76	366	548	718	143	223	303
77	395	597	787	149	231	313
78	429	648	857	157	241	325
79	462	701	928	162	251	337
80	n/a	n/a	n/a	n/a	n/a	n/a
81	n/a	n/a	n/a	n/a	n/a	n/a
82	n/a	n/a	n/a	n/a	n/a	n/a
83	n/a	n/a	n/a	n/a	n/a	n/a
84	n/a	n/a	n/a	n/a	n/a	n/a

20 Day Elimination

	Base Plan			Inflation Guard		
Age	2 Year Benefit Period	5 Year Benefit Period	Unlimited Benefits	2 Year Benefit Period	5 Year Benefit Period	Unlimited Benefits
55 & Under	61	78	86	20	31	37
56	67	88	98	27	37	45
57	72	96	106	27	43	51
58	78	102	114	31	47	57
59	84	108	125	35	51	61
60	88	119	135	37	57	67
61	96	129	145	41	61	78
62	102	139	159	47	67	88
63	108	149	176	51	76	98
64	119	162	190	57	84	106
65	129	180	213	61	92	119
66	139	196	237	65	102	131
67	153	219	266	72	110	143
68	170	241	298	78	121	159
69	184	266	333	86	133	174
70	202	296	374	94	143	190
71	223	327	415	100	155	206
72	243	360	464	106	166	223
73	266	397	511	114	178	239
74	290	435	568	121	190	256
75	313	476	626	129	200	272
76	341	521	687	135	211	288
77	370	568	752	141	221	303
78	399	615	822	145	231	313
79	429	664	889	149	237	323
80	n/a	n/a	n/a	n/a	n/a	n/a
81	n/a	n/a	n/a	n/a	n/a	n/a
82	n/a	n/a	n/a	n/a	n/a	n/a
83	n/a	n/a	n/a	n/a	n/a	n/a
84	n/a	n/a	n/a	n/a	n/a	n/a

Premium Modal Factors

Semi-Annual:	0.520	of Annual Rate
Quarterly:	0.265	of Annual Rate
Monthly Direct:	0.090	of Annual Rate
Monthly B.O.M.:	0.085	of Annual Rate

CONTINENTAL GENERAL INSURANCE COMPANY

P.O. Box 26580 * Austin, Texas 78755-0580 * (800) 880-8824

Policy Form 405

Annual Premiums Per $10 of Daily Benefit

100 Day Elimination

	Base Plan			Inflation Guard		
Age	2 Year Benefit Period	5 Year Benefit Period	Unlimited Benefits	2 Year Benefit Period	5 Year Benefit Period	Unlimited Benefits
55 & Under	57	72	80	20	29	33
56	63	82	92	25	35	41
57	67	88	98	27	37	47
58	72	94	106	29	43	51
59	78	100	114	31	47	57
60	82	108	123	35	51	63
61	88	114	135	37	57	70
62	94	125	145	43	61	78
63	100	135	159	47	67	88
64	108	147	176	51	76	98
65	117	159	194	57	84	108
66	129	178	217	61	92	119
67	139	196	241	65	100	131
68	153	217	272	72	108	143
69	170	241	303	78	119	157
70	184	266	339	84	129	172
71	200	292	378	90	139	186
72	221	323	419	98	149	200
73	241	354	466	102	159	217
74	262	388	513	108	170	231
75	282	427	566	117	180	247
76	307	466	624	121	190	262
77	333	507	681	127	198	272
78	360	550	742	131	206	282
79	386	593	803	137	213	292
80	415	n/a	n/a	143	n/a	n/a
81	440	n/a	n/a	143	n/a	n/a
82	466	n/a	n/a	143	n/a	n/a
83	489	n/a	n/a	143	n/a	n/a
84	513	n/a	n/a	143	n/a	n/a

180 Day Elimination

	Base Plan			Inflation Guard		
Age	2 Year Benefit Period	5 Year Benefit Period	Unlimited Benefits	2 Year Benefit Period	5 Year Benefit Period	Unlimited Benefits
55 & Under	53	65	76	18	27	31
56	59	76	86	20	31	39
57	61	80	92	25	35	43
58	65	86	98	27	39	47
59	70	92	106	29	43	55
60	74	98	114	31	47	59
61	78	104	125	35	51	65
62	86	112	137	37	57	74
63	90	121	147	41	61	82
64	98	133	162	47	67	90
65	106	145	180	49	76	100
66	114	159	200	55	82	108
67	127	178	225	59	90	121
68	139	194	251	63	98	133
69	149	217	280	70	106	145
70	166	239	313	76	114	159
71	180	264	348	82	125	172
72	196	290	386	88	133	184
73	215	317	429	92	143	200
74	233	348	472	98	151	213
75	254	382	521	102	159	227
76	274	417	572	108	170	241
77	298	454	630	112	178	251
78	321	491	683	119	184	262
79	346	530	742	121	190	268
80	368	n/a	n/a	127	n/a	n/a
81	388	n/a	n/a	127	n/a	n/a
82	413	n/a	n/a	127	n/a	n/a
83	433	n/a	n/a	127	n/a	n/a
84	455	n/a	n/a	127	n/a	n/a

Premium Modal Factors

Semi-Annual:	0.520	of Annual Rate
Quarterly:	0.265	of Annual Rate
Monthly Direct:	0.090	of Annual Rate
Monthly B.O.M.:	0.085	of Annual Rate

CONTINENTAL GENERAL INSURANCE COMPANY

P.O. Box 26580 * Austin, Texas 78755-0580 * (800) 880-8824

Policy Form 405

Annual Premiums Per $10 of Daily Benefit

	365 Day Elimination					
	Base Plan			Inflation Guard		
Age	2 Year Benefit Period	5 Year Benefit Period	Unlimited Benefits	2 Year Benefit Period	5 Year Benefit Period	Unlimited Benefits
55 & Under	45	57	67	16	22	27
56	49	65	78	18	27	35
57	53	67	82	20	31	37
58	57	74	88	20	33	43
59	57	78	96	25	37	47
60	61	84	102	27	39	53
61	65	90	108	27	45	59
62	67	98	119	31	47	63
63	74	104	131	35	53	72
64	78	112	143	37	59	78
65	86	123	157	41	63	88
66	92	135	176	45	70	98
67	100	149	196	47	76	106
68	108	164	219	51	82	117
69	119	182	243	57	90	127
70	131	200	272	59	98	139
71	143	221	303	63	104	149
72	155	241	335	67	110	159
73	170	266	372	72	119	174
74	182	292	411	78	127	184
75	198	317	452	80	135	196
76	215	348	497	86	141	209
77	231	376	544	88	147	219
78	249	407	591	92	151	225
79	266	440	640	96	157	231
80	284	n/a	n/a	98	n/a	n/a
81	303	n/a	n/a	98	n/a	n/a
82	319	n/a	n/a	98	n/a	n/a
83	335	n/a	n/a	98	n/a	n/a
84	352	n/a	n/a	98	n/a	n/a

Premium Modal Factors

Semi-Annual:	0.520	of Annual Rate
Quarterly:	0.265	of Annual Rate
Monthly Direct:	0.090	of Annual Rate
Monthly B.O.M.:	0.085	of Annual Rate

CONTINENTAL GENERAL INSURANCE COMPANY

P.O. Box 26580 * Austin, Texas 78755-0580 * (800) 880-8824

Policy Form 405

Annual Premiums Per $5 of Daily Benefit

HOME AND COMMUNITY CARE BENEFITS RIDER

Base Plan, 5 Day Elimination

Age	2 Year Maximum	5 Year Maximum
55 & Under	27	39
56	29	45
57	31	47
58	35	51
59	37	55
60	37	57
61	41	61
62	43	65
63	47	67
64	49	74
65	53	78
66	57	84
67	59	88
68	61	96
69	67	102
70	72	108
71	78	117
72	84	127
73	90	137
74	98	147
75	104	159
76	114	174
77	125	188
78	135	202
79	145	221
80	157	n/a
81	170	n/a
82	182	n/a
83	194	n/a
84	209	n/a

Inflation Guard Rider

Age	2 Year Maximum	5 Year Maximum
55 & Under	12	16
56	14	20
57	14	20
58	16	20
59	16	22
60	16	25
61	18	27
62	20	29
63	20	31
64	20	33
65	22	37
66	25	37
67	27	41
68	29	45
69	31	47
70	35	51
71	37	57
72	39	59
73	41	61
74	45	67
75	47	70
76	49	76
77	53	78
78	55	82
79	57	86
80	61	n/a
81	61	n/a
82	63	n/a
83	65	n/a
84	65	n/a

Premium Modal Factors

Semi-Annual:	0.520	of Annual Rate
Quarterly:	0.265	of Annual Rate
Monthly Direct:	0.090	of Annual Rate
Monthly B.O.M.:	0.085	of Annual Rate

CONTINENTAL GENERAL INSURANCE COMPANY

P.O. Box 26580 * Austin, Texas 78755-0580 * (800) 880-8824

Policy Form 405

Annual Premiums Per $10 of Daily Benefit

0 Day Elimination

	Base Plan			Inflation Guard		
Age	2 Year Benefit Period	5 Year Benefit Period	Unlimited Benefits	2 Year Benefit Period	5 Year Benefit Period	Unlimited Benefits
55 & Under	73	92	101	26	38	42
56	82	108	118	31	45	54
57	89	115	125	33	52	61
58	94	122	136	38	56	66
59	101	132	148	42	63	75
60	108	141	160	45	68	82
61	115	153	174	52	75	92
62	125	165	190	56	82	103
63	134	179	209	63	92	115
64	143	195	230	68	101	127
65	158	214	256	73	113	141
66	172	237	284	80	122	158
67	188	261	320	89	134	172
68	207	292	357	96	148	190
69	228	324	400	106	160	209
70	252	357	447	115	172	228
71	275	395	498	122	186	247
72	301	437	555	132	202	266
73	327	480	616	141	214	287
74	355	527	682	148	230	306
75	388	578	750	160	242	327
76	421	630	825	165	256	348
77	454	687	905	172	266	360
78	494	745	985	181	277	374
79	531	806	1,067	186	289	388
80	n/a	n/a	n/a	n/a	n/a	n/a
81	n/a	n/a	n/a	n/a	n/a	n/a
82	n/a	n/a	n/a	n/a	n/a	n/a
83	n/a	n/a	n/a	n/a	n/a	n/a
84	n/a	n/a	n/a	n/a	n/a	n/a

20 Day Elimination

	Base Plan			Inflation Guard		
Age	2 Year Benefit Period	5 Year Benefit Period	Unlimited Benefits	2 Year Benefit Period	5 Year Benefit Period	Unlimited Benefits
55 & Under	71	89	99	24	35	42
56	78	101	113	31	42	52
57	82	111	122	31	49	59
58	89	118	132	35	54	66
59	96	125	143	40	59	71
60	101	136	155	42	66	78
61	111	148	167	47	71	89
62	118	160	183	54	78	101
63	125	172	202	59	87	113
64	136	186	219	66	96	122
65	148	207	245	71	106	136
66	160	226	273	75	118	150
67	176	252	306	82	127	165
68	195	277	343	89	139	183
69	212	306	383	99	153	200
70	233	341	430	108	165	219
71	256	376	477	115	179	237
72	280	414	534	122	190	256
73	306	456	588	132	205	275
74	334	501	654	139	219	294
75	360	548	719	148	230	313
76	393	600	790	155	242	332
77	426	654	865	162	254	348
78	458	708	945	167	266	360
79	494	764	1,023	172	273	371
80	n/a	n/a	n/a	n/a	n/a	n/a
81	n/a	n/a	n/a	n/a	n/a	n/a
82	n/a	n/a	n/a	n/a	n/a	n/a
83	n/a	n/a	n/a	n/a	n/a	n/a
84	n/a	n/a	n/a	n/a	n/a	n/a

Premium Modal Factors

Semi-Annual:	0.520	of Annual Rate
Quarterly:	0.265	of Annual Rate
Monthly Direct:	0.090	of Annual Rate
Monthly B.O.M.:	0.085	of Annual Rate

CONTINENTAL GENERAL INSURANCE COMPANY

P.O. Box 26580 * Austin, Texas 78755-0580 * (800) 880-8824

Policy Form 405

Annual Premiums Per $10 of Daily Benefit

100 Day Elimination

	Base Plan			Inflation Guard		
Age	2 Year Benefit Period	5 Year Benefit Period	Unlimited Benefits	2 Year Benefit Period	5 Year Benefit Period	Unlimited Benefits
55 & Under	66	82	92	24	33	38
56	73	94	106	28	40	47
57	78	101	113	31	42	54
58	82	108	122	33	49	59
59	89	115	132	35	54	66
60	94	125	141	40	59	73
61	101	132	155	42	66	80
62	108	143	167	49	71	89
63	115	155	183	54	78	101
64	125	169	202	59	87	113
65	134	183	223	66	96	125
66	148	205	249	71	106	136
67	160	226	277	75	115	150
68	176	249	313	82	125	165
69	195	277	348	89	136	181
70	212	306	390	96	148	197
71	230	336	435	103	160	214
72	254	371	482	113	172	230
73	277	407	536	118	183	249
74	301	447	590	125	195	266
75	324	491	651	134	207	284
76	353	536	717	139	219	301
77	383	583	783	146	228	313
78	414	632	853	150	237	324
79	444	682	924	158	245	336
80	477	n/a	n/a	165	n/a	n/a
81	506	n/a	n/a	165	n/a	n/a
82	536	n/a	n/a	165	n/a	n/a
83	562	n/a	n/a	165	n/a	n/a
84	590	n/a	n/a	165	n/a	n/a

180 Day Elimination

	Base Plan			Inflation Guard		
Age	2 Year Benefit Period	5 Year Benefit Period	Unlimited Benefits	2 Year Benefit Period	5 Year Benefit Period	Unlimited Benefits
55 & Under	61	75	87	21	31	35
56	68	87	99	24	35	45
57	71	92	106	28	40	49
58	75	99	113	31	45	54
59	80	106	122	33	49	63
60	85	113	132	35	54	68
61	89	120	143	40	59	75
62	99	129	158	42	66	85
63	103	139	169	47	71	94
64	113	153	186	54	78	103
65	122	167	207	56	87	115
66	132	183	230	63	94	125
67	146	205	259	68	103	139
68	160	223	289	73	113	153
69	172	249	322	80	122	167
70	190	275	360	87	132	183
71	207	303	400	94	143	197
72	226	334	444	101	153	212
73	247	364	494	106	165	230
74	268	400	543	113	174	245
75	292	440	600	118	183	261
76	315	480	658	125	195	277
77	343	522	724	129	205	289
78	369	564	785	136	212	301
79	397	609	853	139	219	308
80	423	n/a	n/a	146	n/a	n/a
81	447	n/a	n/a	146	n/a	n/a
82	475	n/a	n/a	146	n/a	n/a
83	498	n/a	n/a	146	n/a	n/a
84	523	n/a	n/a	146	n/a	n/a

Premium Modal Factors

Semi-Annual:	0.520	of Annual Rate
Quarterly:	0.265	of Annual Rate
Monthly Direct:	0.090	of Annual Rate
Monthly B.O.M.:	0.085	of Annual Rate

CONTINENTAL GENERAL INSURANCE COMPANY

P.O. Box 26580 * Austin, Texas 78755-0580 * (800) 880-8824

Policy Form 405

Annual Premiums Per $10 of Daily Benefit

	365 Day Elimination					
	Base Plan			Inflation Guard		
Age	2 Year Benefit Period	5 Year Benefit Period	Unlimited Benefits	2 Year Benefit Period	5 Year Benefit Period	Unlimited Benefits
55 & Under	52	66	78	19	26	31
56	56	75	89	21	31	40
57	61	78	94	24	35	42
58	66	85	101	24	38	49
59	66	89	111	28	42	54
60	71	96	118	31	45	61
61	75	103	125	31	52	68
62	78	113	136	35	54	73
63	85	120	150	40	61	82
64	89	129	165	42	68	89
65	99	141	181	47	73	101
66	106	155	202	52	80	113
67	115	172	226	54	87	122
68	125	188	252	59	94	134
69	136	209	280	66	103	146
70	150	230	313	68	113	160
71	165	254	348	73	120	172
72	179	277	386	78	127	183
73	195	306	428	82	136	200
74	209	336	473	89	146	212
75	228	364	520	92	155	226
76	247	400	571	99	162	240
77	266	433	625	101	169	252
78	287	468	679	106	174	259
79	306	506	736	111	181	266
80	327	n/a	n/a	113	n/a	n/a
81	348	n/a	n/a	113	n/a	n/a
82	367	n/a	n/a	113	n/a	n/a
83	386	n/a	n/a	113	n/a	n/a
84	404	n/a	n/a	113	n/a	n/a

Premium Modal Factors

Semi-Annual:	0.520	of Annual Rate
Quarterly:	0.265	of Annual Rate
Monthly Direct:	0.090	of Annual Rate
Monthly B.O.M.:	0.085	of Annual Rate

CONTINENTAL GENERAL INSURANCE COMPANY

P.O. Box 26580 * Austin, Texas 78755-0580 * (800) 880-8824

Policy Form 405

Annual Premiums Per $5 of Daily Benefit

HOME AND COMMUNITY CARE BENEFITS RIDER

Base Plan, 5 Day Elimination

Age	2 Year Maximum	5 Year Maximum
55 & Under	31	45
56	33	52
57	35	54
58	40	59
59	42	63
60	42	66
61	47	71
62	49	75
63	54	78
64	56	85
65	61	89
66	66	96
67	68	101
68	71	111
69	78	118
70	82	125
71	89	134
72	96	146
73	103	158
74	113	169
75	120	183
76	132	200
77	143	216
78	155	233
79	167	254
80	181	n/a
81	195	n/a
82	209	n/a
83	223	n/a
84	240	n/a

Inflation Guard Rider

Age	2 Year Maximum	5 Year Maximum
55 & Under	14	19
56	16	24
57	16	24
58	19	24
59	19	26
60	19	28
61	21	31
62	24	33
63	24	35
64	24	38
65	26	42
66	28	42
67	31	47
68	33	52
69	35	54
70	40	59
71	42	66
72	45	68
73	47	71
74	52	78
75	54	80
76	56	87
77	61	89
78	63	94
79	66	99
80	71	n/a
81	71	n/a
82	73	n/a
83	75	n/a
84	75	n/a

Premium Modal Factors

Semi-Annual:	0.520	of Annual Rate
Quarterly:	0.265	of Annual Rate
Monthly Direct:	0.090	of Annual Rate
Monthly B.O.M.:	0.085	of Annual Rate

CONTINENTAL GENERAL INSURANCE COMPANY

P.O. Box 26580 * Austin, Texas 78755-0580 • (800) 880-8824

Policy Form 420

Annual Premiums Per $10 Daily Benefit

	Two Year Benefit Period			Four Year Benefit Period			Unlimited Benefit Period		
Age	0 Day Elimination	30 Day Elimination	100 Day Elimination	0 Day Elimination	30 Day Elimination	100 Day Elimination	0 Day Elimination	30 Day Elimination	100 Day Elimination
45-49	$43	$39	$33	$59	$53	$43	$70	$65	$55
50-54	$45	$41	$35	$61	$55	$45	$72	$67	$57
55-59	$63	$57	$49	$86	$78	$63	$106	$98	$84
60	$100	$90	$74	$129	$117	$98	$157	$147	$129
61	$104	$92	$78	$133	$121	$104	$168	$155	$135
62	$110	$98	$82	$139	$127	$106	$174	$162	$139
63	$117	$104	$84	$149	$135	$115	$186	$174	$151
64	$127	$112	$90	$157	$143	$119	$198	$184	$157
65	$145	$129	$104	$186	$170	$143	$231	$215	$188
66	$162	$143	$115	$202	$184	$153	$254	$235	$202
67	$174	$155	$125	$223	$202	$168	$280	$260	$223
68	$192	$172	$139	$245	$223	$188	$305	$284	$247
69	$209	$186	$149	$270	$245	$204	$341	$317	$270
70	$227	$202	$166	$296	$270	$225	$374	$348	$299
71	$254	$225	$182	$327	$299	$247	$411	$382	$325
72	$278	$247	$200	$364	$331	$276	$454	$421	$360
73	$303	$270	$221	$407	$370	$307	$507	$472	$407
74	$333	$296	$243	$450	$409	$341	$558	$519	$448
75	$372	$331	$268	$501	$456	$378	$620	$577	$493
76	$411	$366	$299	$560	$509	$421	$689	$640	$548
77	$458	$407	$331	$622	$566	$470	$767	$714	$613
78	$503	$448	$366	$689	$628	$521	$847	$787	$677
79	$552	$491	$401	$752	$685	$573	$928	$863	$744
80	$601	$534	$436	$816	$742	$624	$1,010	$939	$812
81	$650	$577	$470	$879	$800	$675	$1,092	$1,014	$879
82	$699	$620	$505	$943	$857	$726	$1,174	$1,090	$947
83	$748	$663	$540	$1,006	$914	$777	$1,256	$1,166	$1,014
84	$797	$705	$575	$1,069	$971	$828	$1,337	$1,241	$1,082

Premium Modal Factors

Semi-Annual:	0.520	of Annual Rate	Monthly Direct:	0.090	of Annual Rate
Quarterly:	0.265	of Annual Rate	Monthly B.O.M.:	0.085	of Annual Rate

CONTINENTAL GENERAL INSURANCE COMPANY

P.O. Box 26580 * Austin, Texas 78755-0580 • (800) 880-8824

Policy Form 420

Home Health Care Rider Per $10 Daily Benefit
5 Day Elimination

	Base Plan		
Age	2 Year Maximum	4 Year Maximum	Unlimited Maximum
45-49	$25	$33	$53
50-54	$25	$35	$55
55-59	$29	$43	$70
60	$35	$51	$82
61	$37	$55	$88
62	$39	$59	$94
63	$41	$61	$98
64	$45	$65	$104
65	$47	$72	$115
66	$49	$76	$121
67	$53	$80	$127
68	$55	$86	$137
69	$61	$92	$147
70	$65	$98	$157
71	$70	$104	$168
72	$76	$112	$180
73	$82	$123	$196
74	$86	$133	$213
75	$94	$143	$229
76	$102	$155	$249
77	$112	$170	$272
78	$121	$182	$290
79	$131	$196	$315
80	$141	$217	$348
81	$153	$231	$370
82	$164	$245	$393
83	$176	$260	$415
84	$186	$274	$438

Premium Modal Factors

Semi-Annual:	0.520	of Annual Rate	Monthly Direct:	0.090	of Annual Rate
Quarterly:	0.265	of Annual Rate	Monthly B.O.M.:	0.085	of Annual Rate

CONTINENTAL GENERAL INSURANCE COMPANY

P.O. Box 26580 * Austin, Texas 78755-0580 • (800) 880-8824

Policy Form 420

Annual Premiums Per $10 Daily Benefit

	Two Year Benefit Period			Four Year Benefit Period			Unlimited Benefit Period		
Age	0 Day Elimination	30 Day Elimination	100 Day Elimination	0 Day Elimination	30 Day Elimination	100 Day Elimination	0 Day Elimination	30 Day Elimination	100 Day Elimination
45-49	$49	$45	$38	$68	$61	$49	$80	$75	$63
50-54	$52	$47	$40	$71	$63	$52	$82	$78	$66
55-59	$73	$66	$56	$99	$89	$73	$122	$113	$96
60	$115	$103	$85	$148	$134	$113	$181	$169	$148
61	$120	$106	$89	$153	$139	$120	$193	$179	$155
62	$127	$113	$94	$160	$146	$122	$200	$186	$160
63	$134	$120	$96	$172	$155	$132	$214	$200	$174
64	$146	$129	$103	$181	$165	$136	$228	$212	$181
65	$167	$148	$120	$214	$195	$165	$266	$247	$216
66	$186	$165	$132	$233	$212	$176	$292	$270	$233
67	$200	$179	$143	$256	$233	$193	$322	$299	$256
68	$221	$198	$160	$282	$256	$216	$350	$327	$285
69	$240	$214	$172	$310	$282	$235	$393	$364	$310
70	$261	$233	$190	$341	$310	$259	$430	$400	$343
71	$292	$259	$209	$376	$343	$285	$473	$440	$374
72	$320	$285	$230	$419	$381	$317	$522	$484	$414
73	$348	$310	$254	$468	$426	$353	$583	$543	$468
74	$383	$341	$280	$517	$470	$393	$642	$597	$515
75	$428	$381	$308	$576	$524	$435	$713	$663	$567
76	$473	$421	$343	$644	$586	$484	$792	$736	$630
77	$527	$468	$381	$715	$651	$541	$882	$821	$705
78	$578	$515	$421	$792	$722	$600	$974	$905	$778
79	$635	$564	$461	$865	$788	$658	$1,068	$992	$856
80	$691	$614	$501	$938	$854	$717	$1,162	$1,079	$934
81	$748	$663	$541	$1,011	$919	$776	$1,256	$1,166	$1,011
82	$804	$713	$581	$1,084	$985	$835	$1,350	$1,253	$1,089
83	$861	$762	$621	$1,157	$1,051	$894	$1,444	$1,340	$1,166
84	$917	$811	$661	$1,230	$1,117	$952	$1,538	$1,427	$1,244

Premium Modal Factors

Semi-Annual:	0.520	of Annual Rate	Monthly Direct:	0.090	of Annual Rate
Quarterly:	0.265	of Annual Rate	Monthly B.O.M.:	0.085	of Annual Rate

CONTINENTAL GENERAL INSURANCE COMPANY

P.O. Box 26580 * Austin, Texas 78755-0580 • (800) 880-8824

Policy Form 420

Home Health Care Rider Per $10 Daily Benefit
5 Day Elimination

	Base Plan		
Age	2 Year Maximum	4 Year Maximum	Unlimited Maximum
45-49	$28	$38	$61
50-54	$28	$40	$63
55-59	$33	$49	$80
60	$40	$59	$94
61	$42	$63	$101
62	$45	$68	$108
63	$47	$71	$113
64	$52	$75	$120
65	$54	$82	$132
66	$56	$87	$139
67	$61	$92	$146
68	$63	$99	$158
69	$71	$106	$169
70	$75	$113	$181
71	$80	$120	$193
72	$87	$129	$207
73	$94	$141	$226
74	$99	$153	$245
75	$108	$165	$263
76	$118	$179	$287
77	$129	$195	$313
78	$139	$209	$334
79	$150	$226	$362
80	$162	$249	$400
81	$176	$266	$426
82	$188	$282	$451
83	$202	$299	$477
84	$214	$315	$503

Premium Modal Factors

Semi-Annual:	0.520	of Annual Rate	Monthly Direct:	0.090	of Annual Rate
Quarterly:	0.265	of Annual Rate	Monthly B.O.M.:	0.085	of Annual Rate

Continental General Insurance Company
Form IGR (1)

Inflation Guard Rider (a)

Apply the following percentages to the total premium of the policy to which it is attached including all riders.

Issue Ages	Premium Percentages %
70 & under	50
71	49
72	48
73	47
74	46
75	45
76	44
77	43
78	42
79	41
80	40
81	39
82	38
83	37
84	36

Form GPO

Guaranteed Purchase Option Rider

5% of Base Long-Term
Care Policy Rate

Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Counteroffer Response	Filed	11/25/2009

Comments:

Attachment:

AR 420 et al. counteroffer Response.pdf

		Item Status:	Status Date:
Satisfied - Item:	Counteroffer Acceptance	Approved	11/25/2009

Comments:

Attachment:

AR 420 counteroffer Accepted.pdf

October 28, 2009

Commissioner of Insurance
1200 West Third Street
Little Rock, Arkansas 72201

RE: Continental General Insurance Company
SERFF Tracking Number UTAC-126231806;
Rate Revision Filing on Individual Long Term Care Insurance
Policy Forms: 420 et al.

Dear Harris Shearer:

Thank you for your correspondence via SERFF on 10/23/2009 regarding the rate revision filing for the above referenced policy forms.

Prior to addressing your correspondence, we would like to provide the following additional information:

Please see the attached **Exhibit A**. In this "Historical Cash Flow Analysis" we inspect past profitability of these policies from a cash flow perspective in order to directly address any concern that profits from these policies may have been available at some point in the past, but not appropriately assigned to the liabilities accumulating for these policies. From **Exhibit A**, we see Net Cash Flows accumulated at 5% of $54.1 million. These cash flows were inadequate to fund the active life reserve balance of $110.2 million. That is, this Exhibit demonstrates a historical shortfall of $56.1 million, which is prior to the projected future shortfall for funding future claims and expenses of these policies of approximately $113.4 million, as described in Section III of the Actuarial Memorandum.

Details on the information supplied in **Exhibit A** are as follows:

- Column A: Earned Premium - The historical Earned Premium is the same as presented in the Exhibit 2 accompanying the Actuarial Memorandum.
- Column B: Premium Tax - Premium Tax is 2.5% of Earned Premium.
- Column C: Commissions - Historical Commissions are calculated by applying the first year and renewal commision rates to the Earned Premium at the original premium rate level for duration 1 and durations 2+, respectively.
- Column D: Incurred Claims - The historical Incurred Claims are the same as presented in the Exhibit 2 accompanying the Actuarial Memorandum.
- Column E: Claim Payment Expenses - Claim Payment Expenses are 5.0% of Incurred Claims.
- Column F: Maintenance Expenses – Maintenance Expenses are set equal to General Expenses less Claim Payment Expenses.

- Column G: General Expenses – General Expenses are estimated based on the Company's Annual Statements.
- Column H: General Expenses as a percentage of Earned Premium – The average General Expense percentage from the Company's 2004-2006 Annual Statements is used for 1991-2003.
- Column I: Net Cash Flow – The Net Cash Flow is equal to Earned Premium less Premium Tax, Commissions, Incurred Claims, and General Expenses. That is,

Net Cash Flow = Earned Premium – (Premium Tax + Commissions + Incurred Claims + General Expenses)

- Column J: Addition to Active Life Reserves – The yearly Addition to Active Life Reserves prior to 2005 are estimated by uniformly distibuting the year-end 2004 Active Life Reserves from 1992-2004, and discounting each year's value back at 5%. Subsequent additions to Active Life Reserves are based on Company records. All additions are assumed to occur at the middle of the calendar year.

Similarly, **Exhibit B** displays a historical cash flow analysis, but uses Commissions that are 80% of those from **Exhibit A** and General Expenses that are 80% of those estimated from the Company's Annual Statements. With the lower expense assumptions of **Exhibit B**, a $37.0 million shortfall would have resulted as of 12/31/2008, after the funding of the Active Life Reserves. Even with these more aggressive expense assumptions, historical cash flows were inadequate to fund the current active life reserves, which is prior to the projected future shortfall for funding future claims and expenses of these policies of approximately $113.4 million.

This methodology directly addresses the concern that profits from these policies may have been available at some point in the past, but not appropriately assigned to the liabilities accumulating for these policies.

We proceed to address your correspondence.

The Department will only consider a 10% rate increase on the base plans and riders. If you wish to accept this offer please attach amended rate sheets.

Thank you for your counteroffer of a 10% rate increase on these policy forms. We cannot accept your counteroffer at this time. Please consider the following additional information.

Potential Burden on Arkansas Policyholders: We understand the State's desire to limit the hardship policyholders experience as a result of the rate increases necessary to mitigate the rate inadequacy on these forms. However, we urge you to consider the negative impact on policyholders when a necessary rate increase is delayed. If a necessary premium rate increase is disapproved or delayed, this results in the need for a larger cumulative premium rate increase for policyholders active at the time of the final rate increase. As detailed in the Actuarial Memorandum, we are currently projecting approximately a 98% premium rate increase is necessary for Arkansas. However, the Company is willing to accept a 50% rate increase now, breaking the full necessary rate increase into smaller, more manageable rate increases for the policyholders. The necessary Arkansas future rate increases are currently projected as a 50%

increase now, followed by a 36% increase in April 2011. In contrast, it would take a series of twelve 10% increases to cover the gap in funding of future claims and expenses detailed in the Actuarial Memorandum.

For a policyholder with the average Arkansas annualized premium of $1,218 on 12/31/08, the future premium rates are as follows:

Implementing	**Future Cumulative Rate Increase**	**Annualized Premium as of: 12/31/08**	**Annualized Premium After Final Increase**
50% Rate Increases	104%	$1,218	$2,487
10% Rate Increases	314%	$1,218	$5,041
Difference:			$2,554

As shown in the table above, implementing 10% rate increases instead of 50% rate increases would result in significantly higher premium rate levels for policyholders active at the time of the final rate increase. **In summary, implementing a 10% rate increase instead of the requested 50% rate increase would increase the ultimate burden on Arkansas policyholders who are active at the time of the final rate increase.**

Shock Lapse / Non-Forfeiture Offer: The Company would like to reemphasize that with approval of the requested rate revisions, all policyholders will be given the option to accept a non-forfeiture benefit. Upon acceptance of this offer, the policyholder's current coverage is terminated. Acceptance of the non-forfeiture benefit will provide the policyholder with a paid-up policy, with no future premiums required. Under this paid-up policy, the maximum benefit amount is equal to the greater of the sum of premiums paid or 30 times their daily benefit, and the daily benefit amount is equal to the policyholder's current daily benefit amount.

Optional Policyholder offers to Reduce Benefits: In addition, the Company will give policyholders Benefit Reduction Offers to help mitigate the impact to policyholders of the premium rate increase on the Base policy. The Benefit Reduction Offers will allow the policyholder to:

1. Lower their lifetime maximum benefit,
2. Lower their daily benefit,
3. Increase their elimination period, or
4. Drop their inflation rider (for those that have some type of inflation rider).

In light of this information, please consider our request for a 50% premium rate increase for Policy Forms 420 et al. Thank you for reviewing the information provided herein; if you have additional questions, please feel free to call me at (317) 507-9774.

Sincerely,

John Timmerberg, ASA, MAAA
Consulting Actuary
Timmerberg & Associates, Inc.
6233 Tennison Court
Indianapolis, IN 46236
Phone: (317) 507-9774
Email: John@Timmerberg-Consulting.com

Exhibit A
Policy Forms: 420 et al.
Historical Cash Flow Analysis
General Expenses estimated from Company Annual Statements

	A	B = 2.5% * A	C	D	E = 5% * D	F	G = E + F	H = G / A	I = A - (B+C+D+G)	J
Year	Earned Premium	Premium Tax	Commissions	Incurred Claims	Claim Payment Expenses	Maintenance Expenses	General Expenses	General Expenses, as a percentage of Earned Premium	Net Cash Flow	Addition to Active Life Reserves [1]
1991	14,294	357	10,095	0	0	1,572	1,572	11.0%	2,269	0
1992	296,057	7,401	92,485	0	0	32,566	32,566	11.0%	163,605	3,505,793
1993	673,325	16,833	268,817	92,086	4,604	69,461	74,066	11.0%	221,523	3,681,083
1994	1,215,632	30,391	539,712	190,663	9,533	124,186	133,720	11.0%	321,147	3,865,137
1995	3,213,271	80,332	1,686,688	271,135	13,557	339,903	353,460	11.0%	821,657	4,058,394
1996	6,986,196	174,655	3,408,588	1,448,228	72,411	696,070	768,482	11.0%	1,186,244	4,261,314
1997	12,633,430	315,836	5,327,499	2,619,212	130,961	1,258,717	1,389,677	11.0%	2,981,207	4,474,379
1998	15,476,581	386,915	4,665,934	7,034,842	351,742	1,350,682	1,702,424	11.0%	1,686,467	4,698,098
1999	16,521,193	413,030	4,025,101	6,744,316	337,216	1,480,115	1,817,331	11.0%	3,521,415	4,933,003
2000	17,406,712	435,168	3,603,495	5,606,227	280,311	1,634,427	1,914,738	11.0%	5,847,084	5,179,653
2001	17,589,070	439,727	2,828,399	7,690,262	384,513	1,550,285	1,934,798	11.0%	4,695,884	5,438,636
2002	17,550,429	438,761	2,576,142	8,773,816	438,691	1,491,856	1,930,547	11.0%	3,831,163	5,710,568
2003	17,798,657	444,966	2,409,908	17,229,848	861,492	1,096,360	1,957,852	11.0%	-4,243,918	5,996,096
2004	20,287,800	507,195	2,425,329	11,270,344	563,517	1,749,292	2,312,809	11.4%	3,772,122	6,295,901
2005	21,665,578	541,639	2,210,517	13,813,923	690,696	1,779,180	2,469,876	11.4%	2,629,622	1,391,884
2006	22,295,910	557,398	1,988,411	12,913,405	645,670	1,628,513	2,274,183	10.2%	4,562,514	2,551,931
2007	21,047,104	526,178	1,862,108	12,289,114	614,456	837,794	1,452,250	6.9%	4,917,454	840,080
2008	18,575,475	464,387	1,642,419	13,713,138	685,657	521,749	1,207,406	6.5%	1,548,126	2,747,207
Accumulated at 5%	314,824,517	7,870,613	62,751,659	157,268,649	7,863,432	24,984,641	32,848,074	10.4%	54,085,522	110,194,959 [2]

[1] The shown yearly "Addition to Active Life Reserves" values prior to 2005 are estimated by uniformly distibuting the year-end 2004 Active Life Reserves from 1992-2004, and discounting each year's value back at 5%. Subsequent additions to Active Life Reserves are based on Company records. All additions are assumed to occur at the middle of the calendar year.

[2] Active Life Reserves as of 12/31/2008 for these Policy Forms.

Exhibit B
Policy Forms: 420 et al.
Historical Cash Flow Analysis
With Lower Expense Assumptions: 80% of the Estimated Commissions, and 80% of the General Expenses estimated from Company Annual Statements

	A	B = 2.5% * A	C	D	E = 5% * D	F	G = E + F	H = G / A	I = A - (B+C+D+G)	J
Year	Earned Premium	Premium Tax	Commissions (80% of those from **Exhibit A**)	Incurred Claims	Claim Payment Expenses	Maintenance Expenses	General Expenses (80% of those from **Exhibit A**)	General Expenses, as a percentage of Earned Premium	Net Cash Flow	Addition to Active Life Reserves [1]
1991	14,294	357	8,076	0	0	1,258	1,258	8.8%	4,603	0
1992	296,057	7,401	73,988	0	0	26,053	26,053	8.8%	188,615	3,505,793
1993	673,325	16,833	215,053	92,086	3,683	55,569	59,253	8.8%	290,099	3,681,083
1994	1,215,632	30,391	431,770	190,663	7,627	99,349	106,976	8.8%	455,833	3,865,137
1995	3,213,271	80,332	1,349,351	271,135	10,845	271,922	282,768	8.8%	1,229,686	4,058,394
1996	6,986,196	174,655	2,726,870	1,448,228	57,929	556,856	614,785	8.8%	2,021,657	4,261,314
1997	12,633,430	315,836	4,261,999	2,619,212	104,768	1,006,973	1,111,742	8.8%	4,324,642	4,474,379
1998	15,476,581	386,915	3,732,747	7,034,842	281,394	1,080,545	1,361,939	8.8%	2,960,139	4,698,098
1999	16,521,193	413,030	3,220,081	6,744,316	269,773	1,184,092	1,453,865	8.8%	4,689,901	4,933,003
2000	17,406,712	435,168	2,882,796	5,606,227	224,249	1,307,542	1,531,791	8.8%	6,950,730	5,179,653
2001	17,589,070	439,727	2,262,719	7,690,262	307,610	1,240,228	1,547,838	8.8%	5,648,523	5,438,636
2002	17,550,429	438,761	2,060,914	8,773,816	350,953	1,193,485	1,544,438	8.8%	4,732,500	5,710,568
2003	17,798,657	444,966	1,927,926	17,229,848	689,194	877,088	1,566,282	8.8%	-3,370,366	5,996,096
2004	20,287,800	507,195	1,940,263	11,270,344	450,814	1,399,434	1,850,247	9.1%	4,719,750	6,295,901
2005	21,665,578	541,639	1,768,414	13,813,923	552,557	1,423,344	1,975,901	9.1%	3,565,700	1,391,884
2006	22,295,910	557,398	1,590,729	12,913,405	516,536	1,302,810	1,819,346	8.2%	5,415,032	2,551,931
2007	21,047,104	526,178	1,489,686	12,289,114	491,565	670,236	1,161,800	5.5%	5,580,326	840,080
2008	18,575,475	464,387	1,313,935	13,713,138	548,526	417,399	965,925	5.2%	2,118,090	2,747,207
Accumulated at 5%	314,824,517	7,870,613	50,201,327	157,268,649	6,290,746	19,987,713	26,278,459	8.3%	73,205,469	110,194,959 [2]

[1] The shown yearly "Addition to Active Life Reserves" values prior to 2005 are estimated by uniformly distibuting the year-end 2004 Active Life Reserves from 1992-2004, and discounting each year's value back at 5%. Subsequent additions to Active Life Reserves are based on Company records. All additions are assumed to occur at the middle of the calendar year.

[2] Active Life Reserves as of 12/31/2008 for these Policy Forms.

November 20, 2009

Commissioner of Insurance
1200 West Third Street
Little Rock, Arkansas 72201

RE: Continental General Insurance Company
SERFF Tracking Number: UTAC-126231806
State Tracking Number: 43376
Rate Revision Filing on Individual Long Term Care Insurance
Policy Forms: 420 et al.

Dear Ms. Bennett:

Thank you for your correspondence via SERFF on November 2, 2009.

"The additional information furnished in Mr. Timmerberg's letter of October 28 has been reviewed and we are willing to approve a 15% increase.

Because of the size and frequency of past increases we would ask that you allow the policyholders the option to reduce/change their coverage if the 15% increase is implemented."

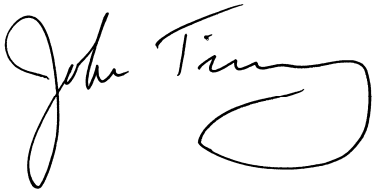
While we firmly believe that the requested 50% premium rate increase is actuarially justified, we will accept your counter-offer of a 15% premium rate increase. Revised Rate Sheets are attached.

The Company will give policyholders Benefit Reduction Offers to help mitigate the impact to policyholders of the premium rate increase. The Benefit Reduction Offers will allow the policyholder to:

1. Lower their lifetime maximum benefit,
2. Lower their daily benefit,
3. Increase their elimination period, or
4. Drop their inflation rider (for those that have some type of inflation rider).

If you have additional questions, please feel free to call me at 317-566-7559.

Sincerely,



John Timmerberg, ASA, MAAA
Consulting Actuary
Timmerberg & Associates, Inc.
6233 Tennison Court
Indianapolis, IN 46236

Phone: (317) 507-9774
Email: John@Timmerberg-Consulting.com

Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date:	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
09/01/2009	Rate and Rule	405 Rate Sheets	11/20/2009	Form 405 (AR).pdf (Superceded)
09/01/2009	Rate and Rule	420 Rate Sheets	11/20/2009	Form 420 (AR).pdf (Superceded)

CONTINENTAL GENERAL INSURANCE COMPANY

P.O. Box 26580 * Austin, Texas 78755-0580 * (800) 880-8824

Policy Form 405

Annual Premiums Per $10 of Daily Benefit

0 Day Elimination

	Base Plan			Inflation Guard		
Age	2 Year Benefit Period	5 Year Benefit Period	Unlimited Benefits	2 Year Benefit Period	5 Year Benefit Period	Unlimited Benefits
55 & Under	63	80	88	22	33	37
56	72	94	102	27	39	47
57	78	100	108	29	45	53
58	82	106	119	33	49	57
59	88	114	129	37	55	65
60	94	123	139	39	59	72
61	100	133	151	45	65	80
62	108	143	166	49	72	90
63	117	155	182	55	80	100
64	125	170	200	59	88	110
65	137	186	223	63	98	123
66	149	206	247	70	106	137
67	164	227	278	78	117	149
68	180	254	311	84	129	166
69	198	282	348	92	139	182
70	219	311	388	100	149	198
71	239	343	433	106	162	215
72	262	380	483	114	176	231
73	284	417	536	123	186	249
74	309	458	593	129	200	266
75	337	503	652	139	211	284
76	366	548	718	143	223	303
77	395	597	787	149	231	313
78	429	648	857	157	241	325
79	462	701	928	162	251	337
80	n/a	n/a	n/a	n/a	n/a	n/a
81	n/a	n/a	n/a	n/a	n/a	n/a
82	n/a	n/a	n/a	n/a	n/a	n/a
83	n/a	n/a	n/a	n/a	n/a	n/a
84	n/a	n/a	n/a	n/a	n/a	n/a

20 Day Elimination

	Base Plan			Inflation Guard		
Age	2 Year Benefit Period	5 Year Benefit Period	Unlimited Benefits	2 Year Benefit Period	5 Year Benefit Period	Unlimited Benefits
55 & Under	61	78	86	20	31	37
56	67	88	98	27	37	45
57	72	96	106	27	43	51
58	78	102	114	31	47	57
59	84	108	125	35	51	61
60	88	119	135	37	57	67
61	96	129	145	41	61	78
62	102	139	159	47	67	88
63	108	149	176	51	76	98
64	119	162	190	57	84	106
65	129	180	213	61	92	119
66	139	196	237	65	102	131
67	153	219	266	72	110	143
68	170	241	298	78	121	159
69	184	266	333	86	133	174
70	202	296	374	94	143	190
71	223	327	415	100	155	206
72	243	360	464	106	166	223
73	266	397	511	114	178	239
74	290	435	568	121	190	256
75	313	476	626	129	200	272
76	341	521	687	135	211	288
77	370	568	752	141	221	303
78	399	615	822	145	231	313
79	429	664	889	149	237	323
80	n/a	n/a	n/a	n/a	n/a	n/a
81	n/a	n/a	n/a	n/a	n/a	n/a
82	n/a	n/a	n/a	n/a	n/a	n/a
83	n/a	n/a	n/a	n/a	n/a	n/a
84	n/a	n/a	n/a	n/a	n/a	n/a

Premium Modal Factors

Semi-Annual:	0.520	of Annual Rate
Quarterly:	0.265	of Annual Rate
Monthly Direct:	0.090	of Annual Rate
Monthly B.O.M.:	0.085	of Annual Rate

CONTINENTAL GENERAL INSURANCE COMPANY

P.O. Box 26580 * Austin, Texas 78755-0580 * (800) 880-8824

Policy Form 405

Annual Premiums Per $10 of Daily Benefit

100 Day Elimination

	Base Plan			Inflation Guard		
Age	2 Year Benefit Period	5 Year Benefit Period	Unlimited Benefits	2 Year Benefit Period	5 Year Benefit Period	Unlimited Benefits
55 & Under	57	72	80	20	29	33
56	63	82	92	25	35	41
57	67	88	98	27	37	47
58	72	94	106	29	43	51
59	78	100	114	31	47	57
60	82	108	123	35	51	63
61	88	114	135	37	57	70
62	94	125	145	43	61	78
63	100	135	159	47	67	88
64	108	147	176	51	76	98
65	117	159	194	57	84	108
66	129	178	217	61	92	119
67	139	196	241	65	100	131
68	153	217	272	72	108	143
69	170	241	303	78	119	157
70	184	266	339	84	129	172
71	200	292	378	90	139	186
72	221	323	419	98	149	200
73	241	354	466	102	159	217
74	262	388	513	108	170	231
75	282	427	566	117	180	247
76	307	466	624	121	190	262
77	333	507	681	127	198	272
78	360	550	742	131	206	282
79	386	593	803	137	213	292
80	415	n/a	n/a	143	n/a	n/a
81	440	n/a	n/a	143	n/a	n/a
82	466	n/a	n/a	143	n/a	n/a
83	489	n/a	n/a	143	n/a	n/a
84	513	n/a	n/a	143	n/a	n/a

180 Day Elimination

	Base Plan			Inflation Guard		
Age	2 Year Benefit Period	5 Year Benefit Period	Unlimited Benefits	2 Year Benefit Period	5 Year Benefit Period	Unlimited Benefits
55 & Under	53	65	76	18	27	31
56	59	76	86	20	31	39
57	61	80	92	25	35	43
58	65	86	98	27	39	47
59	70	92	106	29	43	55
60	74	98	114	31	47	59
61	78	104	125	35	51	65
62	86	112	137	37	57	74
63	90	121	147	41	61	82
64	98	133	162	47	67	90
65	106	145	180	49	76	100
66	114	159	200	55	82	108
67	127	178	225	59	90	121
68	139	194	251	63	98	133
69	149	217	280	70	106	145
70	166	239	313	76	114	159
71	180	264	348	82	125	172
72	196	290	386	88	133	184
73	215	317	429	92	143	200
74	233	348	472	98	151	213
75	254	382	521	102	159	227
76	274	417	572	108	170	241
77	298	454	630	112	178	251
78	321	491	683	119	184	262
79	346	530	742	121	190	268
80	368	n/a	n/a	127	n/a	n/a
81	388	n/a	n/a	127	n/a	n/a
82	413	n/a	n/a	127	n/a	n/a
83	433	n/a	n/a	127	n/a	n/a
84	455	n/a	n/a	127	n/a	n/a

Premium Modal Factors

Semi-Annual:	0.520	of Annual Rate
Quarterly:	0.265	of Annual Rate
Monthly Direct:	0.090	of Annual Rate
Monthly B.O.M.:	0.085	of Annual Rate

CONTINENTAL GENERAL INSURANCE COMPANY

P.O. Box 26580 * Austin, Texas 78755-0580 * (800) 880-8824

Policy Form 405

Annual Premiums Per $10 of Daily Benefit

	365 Day Elimination					
	Base Plan			Inflation Guard		
Age	2 Year Benefit Period	5 Year Benefit Period	Unlimited Benefits	2 Year Benefit Period	5 Year Benefit Period	Unlimited Benefits
55 & Under	45	57	67	16	22	27
56	49	65	78	18	27	35
57	53	67	82	20	31	37
58	57	74	88	20	33	43
59	57	78	96	25	37	47
60	61	84	102	27	39	53
61	65	90	108	27	45	59
62	67	98	119	31	47	63
63	74	104	131	35	53	72
64	78	112	143	37	59	78
65	86	123	157	41	63	88
66	92	135	176	45	70	98
67	100	149	196	47	76	106
68	108	164	219	51	82	117
69	119	182	243	57	90	127
70	131	200	272	59	98	139
71	143	221	303	63	104	149
72	155	241	335	67	110	159
73	170	266	372	72	119	174
74	182	292	411	78	127	184
75	198	317	452	80	135	196
76	215	348	497	86	141	209
77	231	376	544	88	147	219
78	249	407	591	92	151	225
79	266	440	640	96	157	231
80	284	n/a	n/a	98	n/a	n/a
81	303	n/a	n/a	98	n/a	n/a
82	319	n/a	n/a	98	n/a	n/a
83	335	n/a	n/a	98	n/a	n/a
84	352	n/a	n/a	98	n/a	n/a

Premium Modal Factors

Semi-Annual:	0.520	of Annual Rate
Quarterly:	0.265	of Annual Rate
Monthly Direct:	0.090	of Annual Rate
Monthly B.O.M.:	0.085	of Annual Rate

CONTINENTAL GENERAL INSURANCE COMPANY

P.O. Box 26580 * Austin, Texas 78755-0580 * (800) 880-8824

Policy Form 405

Annual Premiums Per $5 of Daily Benefit

HOME AND COMMUNITY CARE BENEFITS RIDER

Base Plan, 5 Day Elimination

Age	2 Year Maximum	5 Year Maximum
55 & Under	27	39
56	29	45
57	31	47
58	35	51
59	37	55
60	37	57
61	41	61
62	43	65
63	47	67
64	49	74
65	53	78
66	57	84
67	59	88
68	61	96
69	67	102
70	72	108
71	78	117
72	84	127
73	90	137
74	98	147
75	104	159
76	114	174
77	125	188
78	135	202
79	145	221
80	157	n/a
81	170	n/a
82	182	n/a
83	194	n/a
84	209	n/a

Inflation Guard Rider

Age	2 Year Maximum	5 Year Maximum
55 & Under	12	16
56	14	20
57	14	20
58	16	20
59	16	22
60	16	25
61	18	27
62	20	29
63	20	31
64	20	33
65	22	37
66	25	37
67	27	41
68	29	45
69	31	47
70	35	51
71	37	57
72	39	59
73	41	61
74	45	67
75	47	70
76	49	76
77	53	78
78	55	82
79	57	86
80	61	n/a
81	61	n/a
82	63	n/a
83	65	n/a
84	65	n/a

Premium Modal Factors

Semi-Annual:	0.520	of Annual Rate
Quarterly:	0.265	of Annual Rate
Monthly Direct:	0.090	of Annual Rate
Monthly B.O.M.:	0.085	of Annual Rate

CONTINENTAL GENERAL INSURANCE COMPANY

P.O. Box 26580 * Austin, Texas 78755-0580 * (800) 880-8824

Policy Form 405

Annual Premiums Per $10 of Daily Benefit

0 Day Elimination

	Base Plan			Inflation Guard		
Age	2 Year Benefit Period	5 Year Benefit Period	Unlimited Benefits	2 Year Benefit Period	5 Year Benefit Period	Unlimited Benefits
55 & Under	95	120	132	34	49	55
56	107	141	153	40	58	71
57	117	150	163	43	67	80
58	123	159	178	49	74	86
59	132	172	193	55	83	98
60	141	184	209	58	89	107
61	150	199	227	67	98	120
62	163	215	248	74	107	135
63	175	233	273	83	120	150
64	187	255	301	89	132	166
65	205	279	334	95	147	184
66	224	310	371	104	159	205
67	245	340	417	117	175	224
68	270	380	466	126	193	248
69	297	423	521	138	209	273
70	328	466	583	150	224	297
71	359	515	650	159	242	322
72	393	570	724	172	264	347
73	426	626	803	184	279	374
74	463	687	889	193	301	399
75	506	754	978	209	316	426
76	549	822	1,076	215	334	454
77	592	895	1,181	224	347	469
78	644	972	1,285	236	362	488
79	693	1,052	1,392	242	377	506
80	n/a	n/a	n/a	n/a	n/a	n/a
81	n/a	n/a	n/a	n/a	n/a	n/a
82	n/a	n/a	n/a	n/a	n/a	n/a
83	n/a	n/a	n/a	n/a	n/a	n/a
84	n/a	n/a	n/a	n/a	n/a	n/a

20 Day Elimination

	Base Plan			Inflation Guard		
Age	2 Year Benefit Period	5 Year Benefit Period	Unlimited Benefits	2 Year Benefit Period	5 Year Benefit Period	Unlimited Benefits
55 & Under	92	117	129	31	46	55
56	101	132	147	40	55	67
57	107	144	159	40	64	77
58	117	153	172	46	71	86
59	126	163	187	52	77	92
60	132	178	202	55	86	101
61	144	193	218	61	92	117
62	153	209	239	71	101	132
63	163	224	264	77	113	147
64	178	242	285	86	126	159
65	193	270	319	92	138	178
66	209	294	356	98	153	196
67	230	328	399	107	166	215
68	255	362	448	117	181	239
69	276	399	500	129	199	261
70	304	445	561	141	215	285
71	334	491	623	150	233	310
72	365	540	696	159	248	334
73	399	595	767	172	267	359
74	435	653	853	181	285	383
75	469	715	938	193	301	408
76	512	782	1,030	202	316	432
77	555	853	1,129	212	331	454
78	598	923	1,233	218	347	469
79	644	997	1,334	224	356	485
80	n/a	n/a	n/a	n/a	n/a	n/a
81	n/a	n/a	n/a	n/a	n/a	n/a
82	n/a	n/a	n/a	n/a	n/a	n/a
83	n/a	n/a	n/a	n/a	n/a	n/a
84	n/a	n/a	n/a	n/a	n/a	n/a

Premium Modal Factors

Semi-Annual:	0.520	of Annual Rate
Quarterly:	0.265	of Annual Rate
Monthly Direct:	0.090	of Annual Rate
Monthly B.O.M.:	0.085	of Annual Rate

CONTINENTAL GENERAL INSURANCE COMPANY

P.O. Box 26580 * Austin, Texas 78755-0580 * (800) 880-8824

Policy Form 405

Annual Premiums Per $10 of Daily Benefit

100 Day Elimination

	Base Plan			Inflation Guard		
Age	2 Year Benefit Period	5 Year Benefit Period	Unlimited Benefits	2 Year Benefit Period	5 Year Benefit Period	Unlimited Benefits
55 & Under	86	107	120	31	43	49
56	95	123	138	37	52	61
57	101	132	147	40	55	71
58	107	141	159	43	64	77
59	117	150	172	46	71	86
60	123	163	184	52	77	95
61	132	172	202	55	86	104
62	141	187	218	64	92	117
63	150	202	239	71	101	132
64	163	221	264	77	113	147
65	175	239	291	86	126	163
66	193	267	325	92	138	178
67	209	294	362	98	150	196
68	230	325	408	107	163	215
69	255	362	454	117	178	236
70	276	399	509	126	193	258
71	301	439	567	135	209	279
72	331	485	629	147	224	301
73	362	531	699	153	239	325
74	393	583	770	163	255	347
75	423	641	849	175	270	371
76	460	699	935	181	285	393
77	500	761	1,021	190	297	408
78	540	825	1,113	196	310	423
79	580	889	1,205	205	319	439
80	623	n/a	n/a	215	n/a	n/a
81	659	n/a	n/a	215	n/a	n/a
82	699	n/a	n/a	215	n/a	n/a
83	733	n/a	n/a	215	n/a	n/a
84	770	n/a	n/a	215	n/a	n/a

180 Day Elimination

	Base Plan			Inflation Guard		
Age	2 Year Benefit Period	5 Year Benefit Period	Unlimited Benefits	2 Year Benefit Period	5 Year Benefit Period	Unlimited Benefits
55 & Under	80	98	113	28	40	46
56	89	113	129	31	46	58
57	92	120	138	37	52	64
58	98	129	147	40	58	71
59	104	138	159	43	64	83
60	110	147	172	46	71	89
61	117	156	187	52	77	98
62	129	169	205	55	86	110
63	135	181	221	61	92	123
64	147	199	242	71	101	135
65	159	218	270	74	113	150
66	172	239	301	83	123	163
67	190	267	337	89	135	181
68	209	291	377	95	147	199
69	224	325	420	104	159	218
70	248	359	469	113	172	239
71	270	396	521	123	187	258
72	294	435	580	132	199	276
73	322	475	644	138	215	301
74	350	521	708	147	227	319
75	380	573	782	153	239	340
76	411	626	859	163	255	362
77	448	681	945	169	267	377
78	481	736	1,024	178	276	393
79	518	794	1,113	181	285	402
80	552	n/a	n/a	190	n/a	n/a
81	583	n/a	n/a	190	n/a	n/a
82	619	n/a	n/a	190	n/a	n/a
83	650	n/a	n/a	190	n/a	n/a
84	682	n/a	n/a	190	n/a	n/a

Premium Modal Factors

Semi-Annual:	0.520	of Annual Rate
Quarterly:	0.265	of Annual Rate
Monthly Direct:	0.090	of Annual Rate
Monthly B.O.M.:	0.085	of Annual Rate

CONTINENTAL GENERAL INSURANCE COMPANY

P.O. Box 26580 * Austin, Texas 78755-0580 * (800) 880-8824

Policy Form 405

Annual Premiums Per $10 of Daily Benefit

	365 Day Elimination					
	Base Plan			Inflation Guard		
Age	2 Year Benefit Period	5 Year Benefit Period	Unlimited Benefits	2 Year Benefit Period	5 Year Benefit Period	Unlimited Benefits
55 & Under	67	86	101	25	34	40
56	74	98	117	28	40	52
57	80	101	123	31	46	55
58	86	110	132	31	49	64
59	86	117	144	37	55	71
60	92	126	153	40	58	80
61	98	135	163	40	67	89
62	101	147	178	46	71	95
63	110	156	196	52	80	107
64	117	169	215	55	89	117
65	129	184	236	61	95	132
66	138	202	264	67	104	147
67	150	224	294	71	113	159
68	163	245	328	77	123	175
69	178	273	365	86	135	190
70	196	301	408	89	147	209
71	215	331	454	95	156	224
72	233	362	503	101	166	239
73	255	399	558	107	178	261
74	273	439	616	117	190	276
75	297	475	678	120	202	294
76	322	521	745	129	212	313
77	347	564	816	132	221	328
78	374	610	886	138	227	337
79	399	659	960	144	236	347
80	426	n/a	n/a	147	n/a	n/a
81	454	n/a	n/a	147	n/a	n/a
82	478	n/a	n/a	147	n/a	n/a
83	503	n/a	n/a	147	n/a	n/a
84	527	n/a	n/a	147	n/a	n/a

Premium Modal Factors

Semi-Annual:	0.520	of Annual Rate
Quarterly:	0.265	of Annual Rate
Monthly Direct:	0.090	of Annual Rate
Monthly B.O.M.:	0.085	of Annual Rate

CONTINENTAL GENERAL INSURANCE COMPANY

P.O. Box 26580 * Austin, Texas 78755-0580 * (800) 880-8824

Policy Form 405

Annual Premiums Per $5 of Daily Benefit

HOME AND COMMUNITY CARE BENEFITS RIDER

Base Plan, 5 Day Elimination

Age	2 Year Maximum	5 Year Maximum
55 & Under	40	58
56	43	67
57	46	71
58	52	77
59	55	83
60	55	86
61	61	92
62	64	98
63	71	101
64	74	110
65	80	117
66	86	126
67	89	132
68	92	144
69	101	153
70	107	163
71	117	175
72	126	190
73	135	205
74	147	221
75	156	239
76	172	261
77	187	282
78	202	304
79	218	331
80	236	n/a
81	255	n/a
82	273	n/a
83	291	n/a
84	313	n/a

Inflation Guard Rider

Age	2 Year Maximum	5 Year Maximum
55 & Under	18	25
56	21	31
57	21	31
58	25	31
59	25	34
60	25	37
61	28	40
62	31	43
63	31	46
64	31	49
65	34	55
66	37	55
67	40	61
68	43	67
69	46	71
70	52	77
71	55	86
72	58	89
73	61	92
74	67	101
75	71	104
76	74	113
77	80	117
78	83	123
79	86	129
80	92	n/a
81	92	n/a
82	95	n/a
83	98	n/a
84	98	n/a

Premium Modal Factors

Semi-Annual:	0.520	of Annual Rate
Quarterly:	0.265	of Annual Rate
Monthly Direct:	0.090	of Annual Rate
Monthly B.O.M.:	0.085	of Annual Rate

CONTINENTAL GENERAL INSURANCE COMPANY

P.O. Box 26580 * Austin, Texas 78755-0580 • (800) 880-8824

Policy Form 420

Annual Premiums Per $10 Daily Benefit

	Two Year Benefit Period			Four Year Benefit Period			Unlimited Benefit Period		
Age	0 Day Elimination	30 Day Elimination	100 Day Elimination	0 Day Elimination	30 Day Elimination	100 Day Elimination	0 Day Elimination	30 Day Elimination	100 Day Elimination
45-49	$43	$39	$33	$59	$53	$43	$70	$65	$55
50-54	$45	$41	$35	$61	$55	$45	$72	$67	$57
55-59	$63	$57	$49	$86	$78	$63	$106	$98	$84
60	$100	$90	$74	$129	$117	$98	$157	$147	$129
61	$104	$92	$78	$133	$121	$104	$168	$155	$135
62	$110	$98	$82	$139	$127	$106	$174	$162	$139
63	$117	$104	$84	$149	$135	$115	$186	$174	$151
64	$127	$112	$90	$157	$143	$119	$198	$184	$157
65	$145	$129	$104	$186	$170	$143	$231	$215	$188
66	$162	$143	$115	$202	$184	$153	$254	$235	$202
67	$174	$155	$125	$223	$202	$168	$280	$260	$223
68	$192	$172	$139	$245	$223	$188	$305	$284	$247
69	$209	$186	$149	$270	$245	$204	$341	$317	$270
70	$227	$202	$166	$296	$270	$225	$374	$348	$299
71	$254	$225	$182	$327	$299	$247	$411	$382	$325
72	$278	$247	$200	$364	$331	$276	$454	$421	$360
73	$303	$270	$221	$407	$370	$307	$507	$472	$407
74	$333	$296	$243	$450	$409	$341	$558	$519	$448
75	$372	$331	$268	$501	$456	$378	$620	$577	$493
76	$411	$366	$299	$560	$509	$421	$689	$640	$548
77	$458	$407	$331	$622	$566	$470	$767	$714	$613
78	$503	$448	$366	$689	$628	$521	$847	$787	$677
79	$552	$491	$401	$752	$685	$573	$928	$863	$744
80	$601	$534	$436	$816	$742	$624	$1,010	$939	$812
81	$650	$577	$470	$879	$800	$675	$1,092	$1,014	$879
82	$699	$620	$505	$943	$857	$726	$1,174	$1,090	$947
83	$748	$663	$540	$1,006	$914	$777	$1,256	$1,166	$1,014
84	$797	$705	$575	$1,069	$971	$828	$1,337	$1,241	$1,082

Premium Modal Factors

Semi-Annual:	0.520	of Annual Rate	Monthly Direct:	0.090	of Annual Rate
Quarterly:	0.265	of Annual Rate	Monthly B.O.M.:	0.085	of Annual Rate

CONTINENTAL GENERAL INSURANCE COMPANY

P.O. Box 26580 * Austin, Texas 78755-0580 • (800) 880-8824

Policy Form 420

Home Health Care Rider Per $10 Daily Benefit
5 Day Elimination

	Base Plan		
Age	2 Year Maximum	4 Year Maximum	Unlimited Maximum
45-49	$25	$33	$53
50-54	$25	$35	$55
55-59	$29	$43	$70
60	$35	$51	$82
61	$37	$55	$88
62	$39	$59	$94
63	$41	$61	$98
64	$45	$65	$104
65	$47	$72	$115
66	$49	$76	$121
67	$53	$80	$127
68	$55	$86	$137
69	$61	$92	$147
70	$65	$98	$157
71	$70	$104	$168
72	$76	$112	$180
73	$82	$123	$196
74	$86	$133	$213
75	$94	$143	$229
76	$102	$155	$249
77	$112	$170	$272
78	$121	$182	$290
79	$131	$196	$315
80	$141	$217	$348
81	$153	$231	$370
82	$164	$245	$393
83	$176	$260	$415
84	$186	$274	$438

Premium Modal Factors

Semi-Annual:	0.520	of Annual Rate	Monthly Direct:	0.090	of Annual Rate
Quarterly:	0.265	of Annual Rate	Monthly B.O.M.:	0.085	of Annual Rate

CONTINENTAL GENERAL INSURANCE COMPANY

P.O. Box 26580 * Austin, Texas 78755-0580 • (800) 880-8824

Policy Form 420

Annual Premiums Per $10 Daily Benefit

	Two Year Benefit Period			Four Year Benefit Period			Unlimited Benefit Period		
Age	0 Day Elimination	30 Day Elimination	100 Day Elimination	0 Day Elimination	30 Day Elimination	100 Day Elimination	0 Day Elimination	30 Day Elimination	100 Day Elimination
45-49	$64	$58	$49	$89	$80	$64	$104	$98	$83
50-54	$67	$61	$52	$92	$83	$67	$107	$101	$86
55-59	$95	$86	$74	$129	$117	$95	$159	$147	$126
60	$150	$135	$110	$193	$175	$147	$236	$221	$193
61	$156	$138	$117	$199	$181	$156	$252	$233	$202
62	$166	$147	$123	$209	$190	$159	$261	$242	$209
63	$175	$156	$126	$224	$202	$172	$279	$261	$227
64	$190	$169	$135	$236	$215	$178	$298	$276	$236
65	$218	$193	$156	$279	$255	$215	$347	$322	$282
66	$242	$215	$172	$304	$276	$230	$380	$353	$304
67	$261	$233	$187	$334	$304	$252	$420	$390	$334
68	$288	$258	$209	$368	$334	$282	$457	$426	$371
69	$313	$279	$224	$405	$368	$307	$512	$475	$405
70	$340	$304	$248	$445	$405	$337	$561	$521	$448
71	$380	$337	$273	$491	$448	$371	$617	$574	$488
72	$417	$371	$301	$546	$497	$414	$681	$632	$540
73	$454	$405	$331	$610	$555	$460	$761	$709	$610
74	$500	$445	$365	$675	$613	$512	$837	$779	$672
75	$558	$497	$402	$751	$684	$567	$929	$865	$739
76	$617	$549	$448	$840	$764	$632	$1,034	$960	$822
77	$687	$610	$497	$932	$850	$705	$1,150	$1,070	$920
78	$755	$672	$549	$1,034	$942	$782	$1,270	$1,181	$1,015
79	$828	$736	$601	$1,129	$1,028	$859	$1,393	$1,294	$1,116
80	$902	$801	$653	$1,224	$1,113	$935	$1,515	$1,408	$1,218
81	$975	$865	$705	$1,319	$1,199	$1,012	$1,638	$1,521	$1,319
82	$1,049	$929	$758	$1,414	$1,285	$1,089	$1,761	$1,635	$1,420
83	$1,123	$994	$810	$1,509	$1,371	$1,166	$1,883	$1,748	$1,521
84	$1,196	$1,058	$862	$1,604	$1,457	$1,242	$2,006	$1,862	$1,623

Premium Modal Factors

Semi-Annual:	0.520	of Annual Rate	Monthly Direct:	0.090	of Annual Rate
Quarterly:	0.265	of Annual Rate	Monthly B.O.M.:	0.085	of Annual Rate

CONTINENTAL GENERAL INSURANCE COMPANY

P.O. Box 26580 * Austin, Texas 78755-0580 • (800) 880-8824

Policy Form 420

Home Health Care Rider Per $10 Daily Benefit
5 Day Elimination

	Base Plan		
Age	2 Year Maximum	4 Year Maximum	Unlimited Maximum
45-49	$37	$49	$80
50-54	$37	$52	$83
55-59	$43	$64	$104
60	$52	$77	$123
61	$55	$83	$132
62	$58	$89	$141
63	$61	$92	$147
64	$67	$98	$156
65	$71	$107	$172
66	$74	$113	$181
67	$80	$120	$190
68	$83	$129	$206
69	$92	$138	$221
70	$98	$147	$236
71	$104	$156	$252
72	$113	$169	$270
73	$123	$184	$294
74	$129	$199	$319
75	$141	$215	$344
76	$153	$233	$374
77	$169	$255	$408
78	$181	$273	$436
79	$196	$294	$472
80	$212	$325	$521
81	$230	$347	$555
82	$245	$368	$589
83	$264	$390	$623
84	$279	$411	$656

Premium Modal Factors

Semi-Annual:	0.520	of Annual Rate	Monthly Direct:	0.090	of Annual Rate
Quarterly:	0.265	of Annual Rate	Monthly B.O.M.:	0.085	of Annual Rate

Continental General Insurance Company
Form RP(LTC) (10)

Return of Premium Benefits Rider

Apply the following percentages to the total premium
of the policy including all riders.

Policy Form 420

Issue Ages	Premium Percentages %
49 & under	90%
50-54	88%
55-59	83%
60	78%
61	77%
62	76%
63	74%
64	73%
65	72%
66	71%
67	70%
68	68%
69	67%
70	66%
71	65%
72	64%
73	64%
74	63%
75	62%
76	61%
77	60%
78	60%
79	59%
80	58%
81	57%
82	56%
83	56%
84	55%

Continental General Insurance Company
Form RP(LTC) (10)
Return of Premium Benefits Rider
Apply the following percentages to the total premium
of the policy including all riders.

Policy Form 420

Issue Ages	Premium Percentages %
49 & under	105.3%
50-54	103.0%
55-59	97.1%
60	91.3%
61	90.1%
62	88.9%
63	86.6%
64	85.4%
65	84.2%
66	83.1%
67	81.9%
68	79.6%
69	78.4%
70	77.2%
71	76.1%
72	74.9%
73	74.9%
74	73.7%
75	72.5%
76	71.4%
77	70.2%
78	70.2%
79	69.0%
80	67.9%
81	66.7%
82	65.5%
83	65.5%
84	64.4%

Continental General Insurance Company
Form IGR (1)

Inflation Guard Rider (a)

Apply the following percentages to the total premium of the policy to which it is attached including all riders.

Issue Ages	Premium Percentages %
70 & under	50
71	49
72	48
73	47
74	46
75	45
76	44
77	43
78	42
79	41
80	40
81	39
82	38
83	37
84	36

Form GPO

Guaranteed Purchase Option Rider

5% of Base Long-Term
Care Policy Rate