

SERFF Tracking Number: SFBL-126664662 State: Arkansas
Filing Company: Southern Farm Bureau Life Insurance company State Tracking Number: 45915
Company Tracking Number:
TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified
Product Name: Long Term Care
Project Name/Number: Long Term Care Rate Increase/

Filing at a Glance

Company: Southern Farm Bureau Life Insurance company

Product Name: Long Term Care SERFF Tr Num: SFBL-126664662 State: Arkansas
TOI: LTC03I Individual Long Term Care SERFF Status: Closed-Approved State Tr Num: 45915
Sub-TOI: LTC03I.001 Qualified Co Tr Num: State Status: Closed
Filing Type: Form/Rate Reviewer(s): Marie Bennett, Harris Shearer
Authors: Hart Sullivan, Sarah Lee, Terri Livingston Disposition Date: 06/30/2010
Date Submitted: 06/10/2010 Disposition Status: Approved
Implementation Date Requested: 01/01/2011 Implementation Date:

State Filing Description:

General Information

Project Name: Long Term Care Rate Increase Status of Filing in Domicile: Pending
Project Number: Date Approved in Domicile:
Requested Filing Mode: Review & Approval Domicile Status Comments:
Explanation for Combination/Other: Market Type: Individual
Submission Type: New Submission Group Market Size:
Overall Rate Impact: 35% Group Market Type:
Filing Status Changed: 06/30/2010 Explanation for Other Group Market Type:
State Status Changed: 06/30/2010
Deemer Date: Created By: Sarah Lee
Submitted By: Sarah Lee Corresponding Filing Tracking Number:
Filing Description:
Please find attached for your consideration a premium rate increase filing for the following Long Term Care policy forms:

Form 3034 - Comprehensive Long Term Care Coverage, sold from 1996 to 1997 and approved by your department on 12/14/1995.

Form 3034Q - Comprehensive Long Term Care Coverage, sold from 1997 to 2003 and approved by your department on 07/22/1997.

Form 3035 - Facility Only Long Term Care Coverage, sold from 1996 to 1997 and approved by your department on

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Project Name/Number: Long Term Care Rate Increase/
12/14/1995.

Form 3035Q - Facility Only Long Term Care Coverage, sold from 1997 to 2003 and approved by your department on 06/09/1997.

Form HL200 - Facility Only Long Term Care Coverage, sold from 2003 to 2006 and approved by your department on 04/29/2003.

Upon approval, this rate increase will be effective on the first billing date after 1/1/2011 for each insured. With this rate increase, we intend to send the Contingent Benefit Upon Lapse Endorsement to all policyholders to be attached to their policy. This endorsement, Form HL519 is attached for your approval under the Form Schedule tab.

The following forms will be sent to each policyholder each time a rate increase is implemented:

Form HL520 - Long Term Care Premium Endorsement - attached for your approval under Form Schedule

Form HL801 - Rate Increase Disclosure Form - attached for informational purposes under Supporting Documentation

Company and Contact

Filing Contact Information

Walt Herrington, wherrington@sfbli.com
1401 Livingston Lane 601-981-7422 [Phone] 1496 [Ext]
Jackson, MS 39213 601-713-3071 [FAX]

Filing Company Information

Southern Farm Bureau Life Insurance company CoCode: 68896 State of Domicile: Mississippi
1401 Livingston Lane Group Code: Company Type:
Jackson, MS 39213 Group Name: State ID Number:
(601) 981-7422 ext. [Phone] FEIN Number: 64-0283583

Filing Fees

Fee Required? Yes
Fee Amount: \$100.00
Retaliatory? No
Fee Explanation: Filing and review of two endorsements at \$50 each
Per Company: No

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COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Southern Farm Bureau Life Insurance company	\$100.00	06/10/2010	37139308

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Marie Bennett	06/30/2010	06/30/2010
Approved	Marie Bennett	06/30/2010	06/30/2010

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending	Rosalind Minor	06/25/2010	06/25/2010	Sarah Lee	06/29/2010	06/29/2010
Industry Response						

SERFF Tracking Number: SFBL-126664662 State: Arkansas
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Disposition

Disposition Date: 06/30/2010

Implementation Date:

Status: Approved

Comment: A 17.5% rate increase is approved to be implemented after proper notification to the policyholders. Thank you for your cooperation with the Department in this matter.

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):
Southern Farm Bureau Life Insurance company	35.000%	35.000%	\$	1,497	\$	35.000%	35.000%

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document (revised)	Health - Actuarial Justification		No
Supporting Document	Health - Actuarial Justification		No
Supporting Document	Outline of Coverage		Yes
Supporting Document	Rate Increase Disclosure Form		Yes
Form	Contingent Benefit Upon Lapse		Yes
	Endorsement		
Form	Premium Increase Endorsement		Yes
Rate (revised)	Long Term Care Rates		Yes
Rate	Long Term Care Rates		Yes
Rate (revised)	Nursing Facility Only Rates		Yes
Rate	Nursing Facility Only Rates		Yes
Rate (revised)	Qualified Long Term Care Rates		Yes
Rate	Qualified Long Term Care Rates		Yes
Rate (revised)	Qualified Nursing Facility Only Rates		Yes
Rate	Qualified Nursing Facility Only Rates		Yes
Rate (revised)	Qualified Long Term Care Rates		Yes
Rate	Qualified Long Term Care Rates		Yes

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Disposition

Disposition Date: 06/30/2010

Implementation Date:

Status: Approved

Comment:

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):
Southern Farm Bureau Life Insurance company	35.000%	35.000%	\$	1,497	\$	35.000%	35.000%

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document (revised)	Health - Actuarial Justification		No
Supporting Document	Health - Actuarial Justification		No
Supporting Document	Outline of Coverage		Yes
Supporting Document	Rate Increase Disclosure Form		Yes
Form	Contingent Benefit Upon Lapse		Yes
	Endorsement		
Form	Premium Increase Endorsement		Yes
Rate (revised)	Long Term Care Rates		Yes
Rate	Long Term Care Rates		Yes
Rate (revised)	Nursing Facility Only Rates		Yes
Rate	Nursing Facility Only Rates		Yes
Rate (revised)	Qualified Long Term Care Rates		Yes
Rate	Qualified Long Term Care Rates		Yes
Rate (revised)	Qualified Nursing Facility Only Rates		Yes
Rate	Qualified Nursing Facility Only Rates		Yes
Rate (revised)	Qualified Long Term Care Rates		Yes
Rate	Qualified Long Term Care Rates		Yes

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Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	06/25/2010
Submitted Date	06/25/2010
Respond By Date	07/23/2010

Dear Walt Herrington,

This will acknowledge receipt of the captioned filing.

Objection 1

- Health - Actuarial Justification (Supporting Document)

Comment:

We have reviewed your request for a 35% rate increase on this filing. At this time, our Department will only consider approval of a 17.5% rate increase on this block of business.

If you wish to accept the 17.5%, please provide us with an updated actuarial memorandum and rates.

Please feel free to contact me if you have questions.

Sincerely,

Rosalind Minor

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Project Name/Number: Long Term Care Rate Increase/

Response Letter

Response Letter Status Submitted to State
Response Letter Date 06/29/2010
Submitted Date 06/29/2010

Dear Harris Shearer,

Comments:

Thank you for your review of our submitted filing and letter via SERFF of June 25, 2010.

Response 1

Comments: The rate schedule for all forms as well as the actuarial memorandum have been updated to reflect an increase of 17.5%.

Related Objection 1

Applies To:

- Health - Actuarial Justification (Supporting Document)

Comment:

We have reviewed your request for a 35% rate increase on this filing. At this time, our Department will only consider approval of a 17.5% rate increase on this block of business.

If you wish to accept the 17.5%, please provide us with an updated actuarial memorandum and rates.

Changed Items:

Supporting Document Schedule Item Changes

Satisfied -Name: Health - Actuarial Justification

Comment:

No Form Schedule items changed.

Rate/Rule Schedule Item Changes

Document Name: Affected Form Numbers: Rate Action: Rate Action Information: Attach Document:

Long Term Care 3034

Revised

Previous State Filing Number

Rates

Percent Rate Change Request

SERFF Tracking Number: SFBL-126664662 State: Arkansas
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 TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified
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 Project Name/Number: Long Term Care Rate Increase/

17.5

Previous Version

Long Term Care 3034 Revised Previous State Filing Number
 Rates

Percent Rate Change Request
 35

Nursing Facility 3035 Revised Previous State Filing Number
 Only Rates

Percent Rate Change Request
 17.5

Previous Version

Nursing Facility 3035 Revised Previous State Filing Number
 Only Rates

Percent Rate Change Request
 35

Qualified Long 3034Q Revised Previous State Filing Number
 Term Care Rates

Percent Rate Change Request
 17.5

Previous Version

Qualified Long 3034Q Revised Previous State Filing Number
 Term Care Rates

Percent Rate Change Request
 35

Qualified Nursing 3035Q Revised Previous State Filing Number
 Facility Only Rates

Percent Rate Change Request
 17.5

Previous Version

Qualified Nursing 3035Q Revised Previous State Filing Number
 Facility Only Rates

Percent Rate Change Request
 35

Qualified Long HL200 Revised Previous State Filing Number
 Term Care Rates

Percent Rate Change Request

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Product Name: Long Term Care
Project Name/Number: Long Term Care Rate Increase/

17.5

Previous Version

Qualified Long HL200
Term Care Rates

Revised

Previous State Filing Number

Percent Rate Change Request

35

In addition to the above noted changes, please note the last page in the rate schedule for Forms 3034 and 3035 have also been replaced. The column containing the percent increase in premium for the Nonforfeiture at Lapse Option in our original submission contained an error which has been corrected with this response.

Please feel free to contact me with any questions or concerns regarding this filing.

Sincerely,

Hart Sullivan, Sarah Lee, Terri Livingston

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Form Schedule

Lead Form Number:

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	HL519	Policy/Contingent Benefit ract/Fratern Upon Lapse al Endorsement Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		50.800	ContingentBe nefitEndorse ment_HL519. pdf
	HL520	Policy/Cont Premium Increase ract/Fratern Endorsement al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		0.000	PremiumIncre aseEndorsem ent_HL520.pd f



SOUTHERN FARM BUREAU LIFE INSURANCE COMPANY

Post Office Box 78 • Jackson, Mississippi 39205 • 601-981-7422

Contingent Benefit Upon Lapse Endorsement

This endorsement adds the following benefit to your policy:

Contingent Benefit Upon Lapse

If your Policy does not include a Nonforfeiture Lapse Benefit Option Rider, you have the following options every time we make a substantial premium rate increase:

1. you may reduce your Maximum Daily Benefit, without the requirement of additional underwriting, so that required premium payments are not increased; or
2. If your Policy lapses due to nonpayment of the required premium within 120 days of the due date of a substantial premium rate increase, this Policy will be continued under this Contingent Benefit Upon Lapse option without further premium payments.

This means that this Policy will continue automatically with the same level of benefits except for a reduction in your Maximum Benefit. No increases due to an Inflation Protection Rider, if included in this Policy, will be made after the end of the period for which premiums were last paid for this Policy.

Your reduced Maximum Benefit will equal the greater of:

- a. the sum of all premiums paid, including the premiums paid prior to any changes in benefits; or
- b. 30 times the Maximum Daily Benefit amount at the time of lapse.

A substantial premium rate increase will be deemed to have occurred if your annual premium after the increase exceeds your original annual premium as of the Policy Effective Date by a specific percentage. This specific percentage is called the Percent Increase Over Initial Premium. The percent increase that applies to you depends on your issue age. Percentages for all issue ages are shown in the table titled "Triggers for a Substantial Rate Increase", shown on the next page. "Issue Age" means your age on the Policy Effective Date.

A premium amount change due to a change in coverage (increase or decrease) does not constitute a premium rate change. However, if there has been a change in coverage, for purposes of determining if a substantial premium rate increase has occurred, your original annual premium will be adjusted as follows:

1. if you purchase additional coverage or benefits, it will be increased by the premium amount related to the additional coverage or benefits; and
2. if you decrease your coverage or benefits, it will be decreased by the premium amount related to the decrease in coverage or benefits.

TRIGGERS FOR A SUBSTANTIAL RATE INCREASE

Issue Age	Percent Increase Over Initial Premium	Issue Age	Percent Increase Over Initial Premium	Issue Age	Percent Increase Over Initial Premium
29 and under	200%	66	48%	79	22%
30-34	190%	67	46%	80	20%
35-39	170%	68	44%	81	19%
40-44	150%	69	42%	82	18%
45-49	130%	70	40%	83	17%
50-54	110%	71	38%	84	16%
55-59	90%	72	36%	85	15%
60	70%	73	34%	86	14%
61	66%	74	32%	87	13%
62	62%	75	30%	88	12%
63	58%	76	28%	89	11%
64	54%	77	26%	90 and over	10%
65	50%	78	24%		



SOUTHERN FARM BUREAU LIFE INSURANCE COMPANY

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Long Term Care Premium Endorsement

THE PREMIUMS FOR THIS POLICY ARE HEREBY AMENDED AS FOLLOWS:

FORM

[NURSING HOME ONLY POLICY (FORM 3035)]

**ANNUAL
PREMIUM**

[XXXX.XX]

ADDITIONAL BENEFITS (AS PROVIDED BY RIDER)

FORM

BENEFIT

**ANNUAL
PREMIUM**

3039	INFLATION PROTECTION RIDER-20 YEARS
3061	INFLATION PROTECTION RIDER-UNLIMITED
3044	NONFORFEITURE LAPSE BENEFIT RIDER

**XXXX.XX
XXXX.XX
XXXX.XX**

TOTAL ANNUAL PREMIUM:

[XXXX.XX]

***MONTHLY**

[XXXX.XX]

SEMI-ANNUAL

[XXXX.XX]

ANNUAL

[XXXX.XX]

* THIS PREMIUM IS APPLICABLE IF PREMIUMS ARE PAYABLE BY MONTHLY PRE-AUTHORIZED PAYMENT. ON TERMINATION, FOR ANY REASON, OF THE AGREEMENT PERMITTING PREMIUMS TO BE PAID MONTHLY, THE METHOD OF PREMIUM PAYMENT WILL AUTOMATICALLY CHANGE TO ANNUAL.

EFFECTIVE DATE OF PREMIUM CHANGE:

[01/01/2011]

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Rate Information

Rate data applies to filing.

Filing Method:

Rate Change Type:

Increase

Overall Percentage of Last Rate Revision:

%

Effective Date of Last Rate Revision:

Filing Method of Last Filing:

Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):
Southern Farm Bureau Life Insurance company	35.000%	35.000%		1,497		35.000%	35.000%

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 Project Name/Number: Long Term Care Rate Increase/

Rate/Rule Schedule

Schedule Item Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:	Rate Action Information:	Attachments
	Long Term Care Rates	3034	Revised	Previous State Filing Number: Percent Rate Change Request: 17.500	3034_175_Increase.pdf 3034_PrelIncrease.pdf
	Nursing Facility Only Rates	3035	Revised	Previous State Filing Number: Percent Rate Change Request: 17.500	3035_175_increase.pdf 3035_PrelIncrease.pdf
	Qualified Long Term Care Rates	3034Q	Revised	Previous State Filing Number: Percent Rate Change Request: 17.500	3034Q_PrelIncrease.pdf 3034Q_175_Increase.pdf
	Qualified Nursing Facility Only Rates	3035Q	Revised	Previous State Filing Number: Percent Rate Change Request: 17.500	3035Q_PrelIncrease.pdf 3035Q_175_Increase.pdf
	Qualified Long Term Care Rates	HL200	Revised	Previous State Filing Number: Percent Rate Change Request: 17.500	HL200_PrelIncrease.pdf HL200_175_Increase.pdf

Southern Farm Bureau Life Insurance Company

Individual Comprehensive Long Term Care Program

Policy Number 3034

Standard Annual Premiums Reflecting Increase of 17.5%

PER \$10 of Nursing Home Maximum Daily Benefit

BASE PLAN

Issue Age	1500 X MDB MAXIMUM BENEFIT Elimination Period			UNLIMITED MAXIMUM BENEFIT Elimination Period		
	30Day	90Day	180Day	30Day	90Day	180Day
18-35	\$19.98	\$18.80	\$16.45	\$24.68	\$23.50	\$22.33
36	\$21.15	\$19.98	\$17.63	\$27.03	\$24.68	\$23.50
37	\$22.33	\$19.98	\$18.80	\$28.20	\$27.03	\$24.68
38	\$23.50	\$21.15	\$19.98	\$30.55	\$28.20	\$27.03
39	\$24.68	\$22.33	\$19.98	\$31.73	\$29.38	\$28.20
40	\$25.85	\$23.50	\$21.15	\$34.08	\$31.73	\$30.55
41	\$27.03	\$25.85	\$22.33	\$36.43	\$34.08	\$31.73
42	\$29.38	\$27.03	\$23.50	\$38.78	\$35.25	\$34.08
43	\$30.55	\$28.20	\$24.68	\$41.13	\$37.60	\$35.25
44	\$32.90	\$29.38	\$25.85	\$43.48	\$39.95	\$37.60
45	\$34.08	\$31.73	\$28.20	\$45.83	\$42.30	\$39.95
46	\$36.43	\$32.90	\$29.38	\$48.18	\$44.65	\$41.13
47	\$38.78	\$35.25	\$30.55	\$50.53	\$47.00	\$43.48
48	\$41.13	\$37.60	\$32.90	\$54.05	\$49.35	\$45.83
49	\$44.65	\$39.95	\$35.25	\$57.58	\$52.88	\$49.35
50	\$48.18	\$43.48	\$37.60	\$61.10	\$56.40	\$52.88
51	\$51.70	\$45.83	\$39.95	\$65.80	\$59.93	\$56.40
52	\$55.23	\$49.35	\$42.30	\$70.50	\$64.63	\$59.93
53	\$58.75	\$52.88	\$45.83	\$75.20	\$69.33	\$64.63
54	\$64.63	\$57.58	\$49.35	\$81.08	\$74.03	\$69.33
55	\$69.33	\$62.28	\$54.05	\$88.13	\$79.90	\$74.03
56	\$76.38	\$68.15	\$58.75	\$95.18	\$86.95	\$79.90
57	\$83.43	\$74.03	\$63.45	\$103.40	\$94.00	\$86.95
58	\$90.48	\$81.08	\$69.33	\$111.63	\$101.05	\$92.83
59	\$98.70	\$89.30	\$75.20	\$121.03	\$109.28	\$101.05
60	\$108.10	\$97.53	\$82.25	\$131.60	\$118.68	\$109.28
61	\$118.68	\$105.75	\$90.48	\$143.35	\$129.25	\$118.68
62	\$128.08	\$115.15	\$97.53	\$155.10	\$139.83	\$128.08
63	\$139.83	\$124.55	\$105.75	\$168.03	\$151.58	\$138.65
64	\$152.75	\$137.48	\$116.33	\$183.30	\$164.50	\$150.40
65	\$169.20	\$151.58	\$128.08	\$202.10	\$180.95	\$165.68
66	\$186.83	\$166.85	\$141.00	\$222.08	\$198.58	\$180.95
67	\$206.80	\$184.48	\$156.28	\$244.40	\$218.55	\$198.58
68	\$227.95	\$203.28	\$172.73	\$270.25	\$240.88	\$218.55
69	\$253.80	\$226.78	\$191.53	\$298.45	\$266.73	\$242.05
70	\$283.18	\$252.63	\$213.85	\$333.70	\$297.28	\$269.08
71	\$316.08	\$282.00	\$238.53	\$372.48	\$331.35	\$299.63
72	\$352.50	\$313.73	\$264.38	\$414.78	\$368.95	\$333.70
73	\$392.45	\$350.15	\$294.93	\$462.95	\$410.08	\$370.13
74	\$439.45	\$391.28	\$329.00	\$517.00	\$458.25	\$412.43
75	\$493.50	\$438.28	\$368.95	\$580.45	\$513.48	\$461.78
76	\$553.43	\$491.15	\$412.43	\$650.95	\$574.58	\$515.83
77	\$616.88	\$548.73	\$460.60	\$724.98	\$639.20	\$573.40
78	\$689.73	\$612.18	\$513.48	\$808.40	\$712.05	\$636.85
79	\$771.98	\$685.03	\$574.58	\$904.75	\$794.30	\$709.70
80	\$867.15	\$769.63	\$645.08	\$1,015.20	\$890.65	\$794.30

Southern Farm Bureau Life Insurance Company

Individual Comprehensive Long Term Care Program

Policy Number 3034

Standard Annual Premiums Reflecting Increase of 17.5%

PER \$10 of Nursing Home Maximum Daily Benefit

BASE PLAN - ONE DISCOUNT

Issue Age	1500 X MDB MAXIMUM BENEFIT Elimination Period			UNLIMITED MAXIMUM BENEFIT Elimination Period		
	30Day	90Day	180Day	30Day	90Day	180Day
18-35	\$16.45	\$16.45	\$14.10	\$21.15	\$19.98	\$18.80
36	\$17.63	\$16.45	\$15.28	\$23.50	\$21.15	\$19.98
37	\$18.80	\$16.45	\$16.45	\$23.50	\$23.50	\$21.15
38	\$19.98	\$17.63	\$16.45	\$25.85	\$23.50	\$23.50
39	\$21.15	\$18.80	\$16.45	\$27.03	\$24.68	\$23.50
40	\$22.33	\$19.98	\$17.63	\$29.38	\$27.03	\$25.85
41	\$23.50	\$22.33	\$18.80	\$30.55	\$29.38	\$27.03
42	\$24.68	\$23.50	\$19.98	\$32.90	\$30.55	\$29.38
43	\$25.85	\$23.50	\$21.15	\$35.25	\$31.73	\$30.55
44	\$28.20	\$24.68	\$22.33	\$36.43	\$34.08	\$31.73
45	\$29.38	\$27.03	\$23.50	\$38.78	\$36.43	\$34.08
46	\$30.55	\$28.20	\$24.68	\$41.13	\$37.60	\$35.25
47	\$32.90	\$30.55	\$25.85	\$43.48	\$39.95	\$36.43
48	\$35.25	\$31.73	\$28.20	\$45.83	\$42.30	\$38.78
49	\$37.60	\$34.08	\$30.55	\$49.35	\$44.65	\$42.30
50	\$41.13	\$36.43	\$31.73	\$51.70	\$48.18	\$44.65
51	\$43.48	\$38.78	\$34.08	\$56.40	\$50.53	\$48.18
52	\$47.00	\$42.30	\$36.43	\$59.93	\$55.23	\$50.53
53	\$50.53	\$44.65	\$38.78	\$63.45	\$58.75	\$55.23
54	\$55.23	\$49.35	\$42.30	\$69.33	\$63.45	\$58.75
55	\$58.75	\$52.88	\$45.83	\$75.20	\$68.15	\$63.45
56	\$64.63	\$57.58	\$50.53	\$81.08	\$74.03	\$68.15
57	\$70.50	\$63.45	\$54.05	\$88.13	\$79.90	\$74.03
58	\$76.38	\$69.33	\$58.75	\$95.18	\$85.78	\$78.73
59	\$83.43	\$76.38	\$63.45	\$103.40	\$92.83	\$85.78
60	\$91.65	\$83.43	\$70.50	\$111.63	\$101.05	\$92.83
61	\$101.05	\$90.48	\$76.38	\$122.20	\$110.45	\$101.05
62	\$109.28	\$97.53	\$83.43	\$131.60	\$118.68	\$109.28
63	\$118.68	\$105.75	\$90.48	\$143.35	\$129.25	\$117.50
64	\$130.43	\$116.33	\$98.70	\$156.28	\$139.83	\$128.08
65	\$143.35	\$129.25	\$109.28	\$171.55	\$153.93	\$141.00
66	\$158.63	\$142.18	\$119.85	\$189.18	\$169.20	\$153.93
67	\$176.25	\$156.28	\$132.78	\$207.98	\$185.65	\$169.20
68	\$193.88	\$172.73	\$146.88	\$230.30	\$204.45	\$185.65
69	\$216.20	\$192.70	\$163.33	\$253.80	\$226.78	\$205.63
70	\$240.88	\$215.03	\$182.13	\$283.18	\$252.63	\$229.13
71	\$269.08	\$239.70	\$203.28	\$316.08	\$282.00	\$254.98
72	\$299.63	\$266.73	\$224.43	\$352.50	\$313.73	\$283.18
73	\$333.70	\$297.28	\$250.28	\$393.63	\$348.98	\$314.90
74	\$373.65	\$332.53	\$279.65	\$439.45	\$390.10	\$350.15
75	\$419.48	\$372.48	\$313.73	\$493.50	\$435.93	\$392.45
76	\$470.00	\$417.13	\$350.15	\$553.43	\$488.80	\$438.28
77	\$524.05	\$466.48	\$391.28	\$615.70	\$542.85	\$487.63
78	\$586.33	\$520.53	\$435.93	\$687.38	\$605.13	\$541.68
79	\$655.65	\$582.80	\$488.80	\$769.63	\$675.63	\$602.78
80	\$736.73	\$654.48	\$548.73	\$862.45	\$756.70	\$675.63

Southern Farm Bureau Life Insurance Company

Individual Comprehensive Long Term Care Program

Policy Number 3034

Standard Annual Premiums Reflecting Increase of 17.5%

PER \$10 of Nursing Home Maximum Daily Benefit

BASE PLAN - TWO DISCOUNTS

Issue Age	1500 X MDB MAXIMUM BENEFIT Elimination Period			UNLIMITED MAXIMUM BENEFIT Elimination Period		
	30Day	90Day	180Day	30Day	90Day	180Day
18-35	\$14.10	\$14.10	\$11.75	\$17.63	\$16.45	\$16.45
36	\$15.28	\$14.10	\$12.93	\$19.98	\$17.63	\$16.45
37	\$16.45	\$14.10	\$14.10	\$19.98	\$19.98	\$17.63
38	\$16.45	\$15.28	\$14.10	\$22.33	\$19.98	\$19.98
39	\$17.63	\$16.45	\$14.10	\$23.50	\$21.15	\$19.98
40	\$18.80	\$16.45	\$15.28	\$24.68	\$23.50	\$22.33
41	\$19.98	\$18.80	\$16.45	\$25.85	\$24.68	\$23.50
42	\$21.15	\$19.98	\$16.45	\$28.20	\$25.85	\$24.68
43	\$22.33	\$19.98	\$17.63	\$29.38	\$27.03	\$25.85
44	\$23.50	\$21.15	\$18.80	\$31.73	\$29.38	\$27.03
45	\$24.68	\$23.50	\$19.98	\$32.90	\$30.55	\$29.38
46	\$25.85	\$23.50	\$21.15	\$35.25	\$31.73	\$29.38
47	\$28.20	\$25.85	\$22.33	\$36.43	\$34.08	\$31.73
48	\$29.38	\$27.03	\$23.50	\$38.78	\$35.25	\$32.90
49	\$31.73	\$29.38	\$25.85	\$41.13	\$38.78	\$35.25
50	\$35.25	\$31.73	\$27.03	\$44.65	\$41.13	\$38.78
51	\$37.60	\$32.90	\$29.38	\$47.00	\$43.48	\$41.13
52	\$39.95	\$35.25	\$30.55	\$50.53	\$47.00	\$43.48
53	\$42.30	\$38.78	\$32.90	\$54.05	\$50.53	\$47.00
54	\$47.00	\$41.13	\$35.25	\$58.75	\$54.05	\$50.53
55	\$50.53	\$44.65	\$38.78	\$63.45	\$57.58	\$54.05
56	\$55.23	\$49.35	\$42.30	\$69.33	\$62.28	\$57.58
57	\$59.93	\$54.05	\$45.83	\$75.20	\$68.15	\$62.28
58	\$65.80	\$58.75	\$50.53	\$81.08	\$72.85	\$66.98
59	\$71.68	\$64.63	\$54.05	\$86.95	\$78.73	\$72.85
60	\$77.55	\$70.50	\$59.93	\$95.18	\$85.78	\$78.73
61	\$85.78	\$76.38	\$65.80	\$103.40	\$92.83	\$85.78
62	\$92.83	\$83.43	\$70.50	\$111.63	\$101.05	\$92.83
63	\$101.05	\$90.48	\$76.38	\$121.03	\$109.28	\$99.88
64	\$110.45	\$99.88	\$84.60	\$132.78	\$118.68	\$108.10
65	\$122.20	\$109.28	\$92.83	\$145.70	\$130.43	\$119.85
66	\$135.13	\$121.03	\$102.23	\$160.98	\$143.35	\$130.43
67	\$149.23	\$132.78	\$112.80	\$176.25	\$157.45	\$143.35
68	\$164.50	\$146.88	\$124.55	\$195.05	\$173.90	\$157.45
69	\$183.30	\$163.33	\$138.65	\$216.20	\$192.70	\$175.08
70	\$204.45	\$182.13	\$153.93	\$240.88	\$215.03	\$193.88
71	\$227.95	\$203.28	\$172.73	\$269.08	\$239.70	\$216.20
72	\$254.98	\$226.78	\$191.53	\$299.63	\$266.73	\$240.88
73	\$283.18	\$252.63	\$212.68	\$334.88	\$296.10	\$267.90
74	\$317.25	\$283.18	\$237.35	\$373.65	\$331.35	\$298.45
75	\$356.03	\$316.08	\$266.73	\$419.48	\$371.30	\$333.70
76	\$399.50	\$354.85	\$298.45	\$470.00	\$414.78	\$372.48
77	\$445.33	\$395.98	\$332.53	\$524.05	\$461.78	\$414.78
78	\$498.20	\$441.80	\$371.30	\$583.98	\$514.65	\$460.60
79	\$558.13	\$494.68	\$414.78	\$653.30	\$573.40	\$512.30
80	\$626.28	\$555.78	\$466.48	\$733.20	\$643.90	\$573.40

Southern Farm Bureau Life Insurance Company

Individual Comprehensive Long Term Care Program

Policy Number 3034

Standard Annual Premiums Reflecting Increase of 17.5%

PER \$10 of Nursing Home Maximum Daily Benefit

BASE PLAN WITH COMPOUND INFLATION FOR 20 YEARS

Issue Age	1500 X MDB MAXIMUM BENEFIT			UNLIMITED MAXIMUM BENEFIT		
	Elimination Period			Elimination Period		
	30Day	90Day	180Day	30Day	90Day	180Day
18-35	\$29.38	\$27.03	\$24.68	\$39.95	\$36.43	\$34.08
36	\$31.73	\$29.38	\$25.85	\$42.30	\$38.78	\$36.43
37	\$34.08	\$30.55	\$27.03	\$44.65	\$41.13	\$38.78
38	\$36.43	\$32.90	\$29.38	\$48.18	\$44.65	\$41.13
39	\$38.78	\$35.25	\$30.55	\$51.70	\$47.00	\$44.65
40	\$41.13	\$37.60	\$32.90	\$55.23	\$50.53	\$47.00
41	\$43.48	\$39.95	\$34.08	\$58.75	\$52.88	\$50.53
42	\$47.00	\$42.30	\$36.43	\$62.28	\$56.40	\$52.88
43	\$49.35	\$44.65	\$38.78	\$65.80	\$59.93	\$56.40
44	\$52.88	\$48.18	\$41.13	\$70.50	\$64.63	\$59.93
45	\$57.58	\$51.70	\$44.65	\$75.20	\$68.15	\$63.45
46	\$61.10	\$55.23	\$47.00	\$79.90	\$72.85	\$68.15
47	\$65.80	\$59.93	\$50.53	\$85.78	\$77.55	\$72.85
48	\$71.68	\$63.45	\$54.05	\$91.65	\$83.43	\$77.55
49	\$76.38	\$68.15	\$58.75	\$98.70	\$89.30	\$82.25
50	\$83.43	\$74.03	\$63.45	\$105.75	\$96.35	\$88.13
51	\$90.48	\$81.08	\$68.15	\$113.98	\$103.40	\$95.18
52	\$97.53	\$86.95	\$74.03	\$123.38	\$111.63	\$102.23
53	\$105.75	\$94.00	\$79.90	\$132.78	\$119.85	\$110.45
54	\$115.15	\$102.23	\$86.95	\$143.35	\$129.25	\$118.68
55	\$125.73	\$111.63	\$94.00	\$156.28	\$141.00	\$129.25
56	\$137.48	\$122.20	\$103.40	\$169.20	\$152.75	\$139.83
57	\$149.23	\$133.95	\$112.80	\$183.30	\$165.68	\$151.58
58	\$163.33	\$145.70	\$123.38	\$199.75	\$178.60	\$163.33
59	\$178.60	\$158.63	\$133.95	\$216.20	\$193.88	\$176.25
60	\$193.88	\$172.73	\$145.70	\$233.83	\$209.15	\$191.53
61	\$210.33	\$186.83	\$157.45	\$252.63	\$225.60	\$205.63
62	\$226.78	\$202.10	\$170.38	\$271.43	\$242.05	\$220.90
63	\$244.40	\$217.38	\$183.30	\$291.40	\$260.85	\$236.18
64	\$264.38	\$236.18	\$198.58	\$314.90	\$280.83	\$254.98
65	\$287.88	\$257.33	\$216.20	\$341.93	\$304.33	\$276.13
66	\$314.90	\$280.83	\$236.18	\$372.48	\$331.35	\$299.63
67	\$344.28	\$306.68	\$257.33	\$406.55	\$360.73	\$326.65
68	\$376.00	\$334.88	\$282.00	\$442.98	\$393.63	\$354.85
69	\$411.25	\$366.60	\$307.85	\$482.93	\$428.88	\$386.58
70	\$450.03	\$400.68	\$336.05	\$528.75	\$467.65	\$421.83
71	\$491.15	\$437.10	\$366.60	\$575.75	\$509.95	\$458.25
72	\$534.63	\$474.70	\$398.33	\$626.28	\$554.60	\$498.20
73	\$581.63	\$517.00	\$433.58	\$682.68	\$602.78	\$540.50
74	\$634.50	\$564.00	\$472.35	\$744.95	\$656.83	\$588.68
75	\$695.60	\$618.05	\$518.18	\$816.63	\$719.10	\$643.90
76	\$764.93	\$679.15	\$568.70	\$896.53	\$788.43	\$705.00
77	\$838.95	\$743.78	\$622.75	\$982.30	\$863.63	\$770.80
78	\$921.20	\$816.63	\$682.68	\$1,077.48	\$945.88	\$842.48
79	\$1,011.68	\$896.53	\$749.65	\$1,183.23	\$1,036.35	\$922.38
80	\$1,113.90	\$987.00	\$824.85	\$1,301.90	\$1,138.58	\$1,012.85

Southern Farm Bureau Life Insurance Company

Individual Comprehensive Long Term Care Program

Policy Number 3034

Standard Annual Premiums Reflecting Increase of 17.5%

PER \$10 of Nursing Home Maximum Daily Benefit

BASE PLAN WITH COMPOUND INFLATION FOR 20 YEARS - ONE DISCOUNT

Issue Age	1500 X MDB MAXIMUM BENEFIT			UNLIMITED MAXIMUM BENEFIT		
	Elimination Period			Elimination Period		
	30Day	90Day	180Day	30Day	90Day	180Day
18-35	\$24.68	\$23.50	\$21.15	\$34.08	\$30.55	\$29.38
36	\$27.03	\$24.68	\$22.33	\$36.43	\$32.90	\$30.55
37	\$29.38	\$25.85	\$23.50	\$37.60	\$35.25	\$32.90
38	\$30.55	\$28.20	\$24.68	\$41.13	\$37.60	\$35.25
39	\$32.90	\$30.55	\$25.85	\$43.48	\$39.95	\$37.60
40	\$35.25	\$31.73	\$28.20	\$47.00	\$43.48	\$39.95
41	\$36.43	\$34.08	\$29.38	\$50.53	\$44.65	\$43.48
42	\$39.95	\$36.43	\$30.55	\$52.88	\$48.18	\$44.65
43	\$42.30	\$37.60	\$32.90	\$56.40	\$50.53	\$48.18
44	\$44.65	\$41.13	\$35.25	\$59.93	\$55.23	\$50.53
45	\$49.35	\$43.48	\$37.60	\$63.45	\$57.58	\$54.05
46	\$51.70	\$47.00	\$39.95	\$68.15	\$62.28	\$57.58
47	\$56.40	\$50.53	\$43.48	\$72.85	\$65.80	\$62.28
48	\$61.10	\$54.05	\$45.83	\$77.55	\$70.50	\$65.80
49	\$64.63	\$57.58	\$50.53	\$83.43	\$76.38	\$70.50
50	\$70.50	\$63.45	\$54.05	\$90.48	\$82.25	\$75.20
51	\$76.38	\$69.33	\$57.58	\$96.35	\$88.13	\$81.08
52	\$83.43	\$74.03	\$63.45	\$104.58	\$95.18	\$86.95
53	\$90.48	\$79.90	\$68.15	\$112.80	\$102.23	\$94.00
54	\$97.53	\$86.95	\$74.03	\$122.20	\$110.45	\$101.05
55	\$106.93	\$95.18	\$79.90	\$132.78	\$119.85	\$110.45
56	\$116.33	\$103.40	\$88.13	\$143.35	\$130.43	\$118.68
57	\$126.90	\$113.98	\$96.35	\$156.28	\$141.00	\$129.25
58	\$138.65	\$123.38	\$104.58	\$170.38	\$151.58	\$138.65
59	\$151.58	\$135.13	\$113.98	\$183.30	\$164.50	\$150.40
60	\$164.50	\$146.88	\$123.38	\$198.58	\$177.43	\$163.33
61	\$178.60	\$158.63	\$133.95	\$215.03	\$191.53	\$175.08
62	\$192.70	\$171.55	\$144.53	\$230.30	\$205.63	\$188.00
63	\$207.98	\$184.48	\$156.28	\$247.93	\$222.08	\$200.93
64	\$224.43	\$200.93	\$169.20	\$267.90	\$238.53	\$216.20
65	\$244.40	\$218.55	\$183.30	\$290.23	\$258.50	\$235.00
66	\$267.90	\$238.53	\$200.93	\$316.08	\$282.00	\$254.98
67	\$292.58	\$260.85	\$218.55	\$345.45	\$306.68	\$277.30
68	\$319.60	\$284.35	\$239.70	\$376.00	\$334.88	\$301.98
69	\$350.15	\$311.38	\$262.03	\$410.08	\$364.25	\$329.00
70	\$383.05	\$340.75	\$285.53	\$450.03	\$397.15	\$358.38
71	\$417.13	\$371.30	\$311.38	\$489.98	\$433.58	\$390.10
72	\$454.73	\$403.03	\$338.40	\$532.28	\$471.18	\$423.00
73	\$494.68	\$439.45	\$368.95	\$580.45	\$512.30	\$459.43
74	\$539.33	\$479.40	\$401.85	\$633.33	\$558.13	\$500.55
75	\$591.03	\$525.23	\$440.63	\$694.43	\$611.00	\$547.55
76	\$649.78	\$576.93	\$482.93	\$762.58	\$669.75	\$599.25
77	\$713.23	\$632.15	\$529.93	\$835.43	\$734.38	\$655.65
78	\$782.55	\$694.43	\$580.45	\$915.33	\$803.70	\$715.58
79	\$860.10	\$762.58	\$636.85	\$1,005.80	\$881.25	\$783.73
80	\$947.05	\$838.95	\$701.48	\$1,106.85	\$968.20	\$861.28

Southern Farm Bureau Life Insurance Company

Individual Comprehensive Long Term Care Program

Policy Number 3034

Standard Annual Premiums Reflecting Increase of 17.5%

PER \$10 of Nursing Home Maximum Daily Benefit

BASE PLAN WITH COMPOUND INFLATION FOR 20 YEARS - TWO DISCOUNTS

Issue Age	1500 X MDB MAXIMUM BENEFIT			UNLIMITED MAXIMUM BENEFIT		
	Elimination Period			Elimination Period		
	30Day	90Day	180Day	30Day	90Day	180Day
18-35	\$21.15	\$19.98	\$17.63	\$29.38	\$25.85	\$24.68
36	\$23.50	\$21.15	\$18.80	\$30.55	\$28.20	\$25.85
37	\$24.68	\$22.33	\$19.98	\$31.73	\$29.38	\$28.20
38	\$25.85	\$23.50	\$21.15	\$35.25	\$31.73	\$29.38
39	\$28.20	\$25.85	\$22.33	\$37.60	\$34.08	\$31.73
40	\$29.38	\$27.03	\$23.50	\$39.95	\$36.43	\$34.08
41	\$31.73	\$29.38	\$24.68	\$42.30	\$38.78	\$36.43
42	\$34.08	\$30.55	\$25.85	\$44.65	\$41.13	\$38.78
43	\$35.25	\$31.73	\$28.20	\$47.00	\$43.48	\$41.13
44	\$38.78	\$35.25	\$29.38	\$50.53	\$47.00	\$43.48
45	\$41.13	\$37.60	\$31.73	\$54.05	\$49.35	\$45.83
46	\$44.65	\$39.95	\$34.08	\$57.58	\$52.88	\$49.35
47	\$47.00	\$43.48	\$36.43	\$62.28	\$56.40	\$52.88
48	\$51.70	\$45.83	\$38.78	\$65.80	\$59.93	\$56.40
49	\$55.23	\$49.35	\$42.30	\$71.68	\$64.63	\$59.93
50	\$59.93	\$54.05	\$45.83	\$76.38	\$69.33	\$63.45
51	\$65.80	\$58.75	\$49.35	\$82.25	\$75.20	\$69.33
52	\$70.50	\$62.28	\$54.05	\$89.30	\$81.08	\$74.03
53	\$76.38	\$68.15	\$57.58	\$96.35	\$86.95	\$79.90
54	\$83.43	\$74.03	\$62.28	\$103.40	\$92.83	\$85.78
55	\$90.48	\$81.08	\$68.15	\$112.80	\$102.23	\$92.83
56	\$99.88	\$88.13	\$75.20	\$122.20	\$110.45	\$101.05
57	\$108.10	\$96.35	\$81.08	\$132.78	\$119.85	\$109.28
58	\$117.50	\$105.75	\$89.30	\$144.53	\$129.25	\$117.50
59	\$129.25	\$115.15	\$96.35	\$156.28	\$139.83	\$126.90
60	\$139.83	\$124.55	\$105.75	\$169.20	\$151.58	\$138.65
61	\$151.58	\$135.13	\$113.98	\$182.13	\$163.33	\$148.05
62	\$163.33	\$145.70	\$123.38	\$196.23	\$175.08	\$159.80
63	\$176.25	\$157.45	\$132.78	\$210.33	\$188.00	\$170.38
64	\$191.53	\$170.38	\$143.35	\$227.95	\$203.28	\$184.48
65	\$207.98	\$185.65	\$156.28	\$246.75	\$219.73	\$199.75
66	\$227.95	\$203.28	\$170.38	\$269.08	\$239.70	\$216.20
67	\$249.10	\$222.08	\$185.65	\$293.75	\$260.85	\$236.18
68	\$271.43	\$242.05	\$203.28	\$319.60	\$284.35	\$256.15
69	\$297.28	\$264.38	\$222.08	\$348.98	\$310.20	\$279.65
70	\$325.48	\$289.05	\$243.23	\$381.88	\$338.40	\$304.33
71	\$354.85	\$316.08	\$264.38	\$415.95	\$368.95	\$331.35
72	\$386.58	\$343.10	\$287.88	\$452.38	\$400.68	\$359.55
73	\$420.65	\$373.65	\$313.73	\$493.50	\$435.93	\$390.10
74	\$458.25	\$407.73	\$340.75	\$538.15	\$474.70	\$425.35
75	\$502.90	\$446.50	\$374.83	\$589.85	\$519.35	\$465.30
76	\$552.25	\$491.15	\$411.25	\$647.43	\$569.88	\$509.95
77	\$606.30	\$536.98	\$450.03	\$709.70	\$623.93	\$556.95
78	\$665.05	\$589.85	\$493.50	\$779.03	\$683.85	\$608.65
79	\$730.85	\$647.43	\$541.68	\$855.40	\$748.48	\$666.23
80	\$804.88	\$713.23	\$595.73	\$941.18	\$822.50	\$732.03

Southern Farm Bureau Life Insurance Company

Individual Comprehensive Long Term Care Program

Policy Number 3034

Standard Annual Premiums Reflecting Increase of 17.5%

PER \$10 of Nursing Home Maximum Daily Benefit

BASE PLAN WITH COMPOUND INFLATION FOR LIFETIME

Issue Age	1500 X MDB MAXIMUM BENEFIT			UNLIMITED MAXIMUM BENEFIT		
	Elimination Period			Elimination Period		
	30Day	90Day	180Day	30Day	90Day	180Day
18-35	\$48.18	\$44.65	\$38.78	\$62.28	\$56.40	\$52.88
36	\$51.70	\$47.00	\$39.95	\$65.80	\$59.93	\$55.23
37	\$54.05	\$49.35	\$42.30	\$69.33	\$63.45	\$58.75
38	\$57.58	\$51.70	\$44.65	\$74.03	\$66.98	\$62.28
39	\$61.10	\$55.23	\$47.00	\$77.55	\$70.50	\$65.80
40	\$64.63	\$57.58	\$49.35	\$82.25	\$74.03	\$69.33
41	\$68.15	\$61.10	\$52.88	\$86.95	\$78.73	\$72.85
42	\$71.68	\$64.63	\$55.23	\$91.65	\$83.43	\$76.38
43	\$76.38	\$68.15	\$58.75	\$96.35	\$86.95	\$81.08
44	\$79.90	\$71.68	\$61.10	\$102.23	\$91.65	\$84.60
45	\$85.78	\$76.38	\$64.63	\$108.10	\$97.53	\$89.30
46	\$90.48	\$81.08	\$68.15	\$113.98	\$102.23	\$94.00
47	\$95.18	\$85.78	\$72.85	\$119.85	\$108.10	\$99.88
48	\$101.05	\$90.48	\$76.38	\$126.90	\$113.98	\$104.58
49	\$106.93	\$96.35	\$81.08	\$133.95	\$121.03	\$110.45
50	\$113.98	\$102.23	\$86.95	\$142.18	\$128.08	\$117.50
51	\$122.20	\$108.10	\$91.65	\$150.40	\$135.13	\$124.55
52	\$129.25	\$115.15	\$97.53	\$159.80	\$143.35	\$131.60
53	\$138.65	\$123.38	\$103.40	\$170.38	\$152.75	\$139.83
54	\$146.88	\$131.60	\$110.45	\$180.95	\$162.15	\$148.05
55	\$157.45	\$141.00	\$118.68	\$192.70	\$172.73	\$157.45
56	\$169.20	\$150.40	\$126.90	\$205.63	\$184.48	\$168.03
57	\$180.95	\$162.15	\$136.30	\$219.73	\$197.40	\$179.78
58	\$193.88	\$173.90	\$145.70	\$235.00	\$210.33	\$191.53
59	\$207.98	\$185.65	\$156.28	\$250.28	\$224.43	\$203.28
60	\$223.25	\$198.58	\$168.03	\$266.73	\$238.53	\$216.20
61	\$237.35	\$211.50	\$178.60	\$284.35	\$253.80	\$230.30
62	\$252.63	\$225.60	\$189.18	\$300.80	\$267.90	\$243.23
63	\$269.08	\$239.70	\$200.93	\$319.60	\$284.35	\$257.33
64	\$286.70	\$254.98	\$215.03	\$340.75	\$303.15	\$273.78
65	\$309.03	\$274.95	\$231.48	\$365.43	\$324.30	\$293.75
66	\$333.70	\$297.28	\$249.10	\$393.63	\$350.15	\$316.08
67	\$360.73	\$320.78	\$270.25	\$424.18	\$377.18	\$340.75
68	\$390.10	\$347.80	\$292.58	\$459.43	\$407.73	\$367.78
69	\$424.18	\$377.18	\$317.25	\$497.03	\$440.63	\$397.15
70	\$460.60	\$410.08	\$344.28	\$540.50	\$478.23	\$431.23
71	\$500.55	\$445.33	\$373.65	\$586.33	\$519.35	\$466.48
72	\$541.68	\$481.75	\$404.20	\$635.68	\$561.65	\$504.08
73	\$587.50	\$521.70	\$437.10	\$688.55	\$608.65	\$546.38
74	\$639.20	\$567.53	\$475.88	\$749.65	\$661.53	\$593.38
75	\$699.13	\$621.58	\$520.53	\$820.15	\$722.63	\$647.43
76	\$767.28	\$681.50	\$569.88	\$898.88	\$790.78	\$707.35
77	\$841.30	\$746.13	\$623.93	\$984.65	\$865.98	\$773.15
78	\$922.38	\$817.80	\$685.03	\$1,079.83	\$947.05	\$844.83
79	\$1,012.85	\$897.70	\$750.83	\$1,184.40	\$1,038.70	\$924.73
80	\$1,115.08	\$988.18	\$826.03	\$1,301.90	\$1,139.75	\$1,012.85

Southern Farm Bureau Life Insurance Company

Individual Comprehensive Long Term Care Program

Policy Number 3034

Standard Annual Premiums Reflecting Increase of 17.5%

PER \$10 of Nursing Home Maximum Daily Benefit

BASE PLAN WITH COMPOUND INFLATION FOR LIFETIME - ONE DISCOUNT

Issue Age	1500 X MDB MAXIMUM BENEFIT			UNLIMITED MAXIMUM BENEFIT		
	Elimination Period			Elimination Period		
	30Day	90Day	180Day	30Day	90Day	180Day
18-35	\$41.13	\$37.60	\$32.90	\$52.88	\$48.18	\$44.65
36	\$43.48	\$39.95	\$34.08	\$56.40	\$50.53	\$47.00
37	\$45.83	\$42.30	\$36.43	\$58.75	\$54.05	\$50.53
38	\$49.35	\$43.48	\$37.60	\$63.45	\$56.40	\$52.88
39	\$51.70	\$47.00	\$39.95	\$65.80	\$59.93	\$56.40
40	\$55.23	\$49.35	\$42.30	\$70.50	\$63.45	\$58.75
41	\$57.58	\$51.70	\$44.65	\$74.03	\$66.98	\$62.28
42	\$61.10	\$55.23	\$47.00	\$77.55	\$70.50	\$64.63
43	\$64.63	\$57.58	\$50.53	\$82.25	\$74.03	\$69.33
44	\$68.15	\$61.10	\$51.70	\$86.95	\$77.55	\$71.68
45	\$72.85	\$64.63	\$55.23	\$91.65	\$83.43	\$76.38
46	\$76.38	\$69.33	\$57.58	\$96.35	\$86.95	\$79.90
47	\$81.08	\$72.85	\$62.28	\$102.23	\$91.65	\$84.60
48	\$85.78	\$76.38	\$64.63	\$108.10	\$96.35	\$89.30
49	\$90.48	\$82.25	\$69.33	\$113.98	\$103.40	\$94.00
50	\$96.35	\$86.95	\$74.03	\$121.03	\$109.28	\$99.88
51	\$103.40	\$91.65	\$77.55	\$128.08	\$115.15	\$105.75
52	\$110.45	\$97.53	\$83.43	\$136.30	\$122.20	\$111.63
53	\$117.50	\$104.58	\$88.13	\$144.53	\$130.43	\$118.68
54	\$124.55	\$111.63	\$94.00	\$153.93	\$137.48	\$125.73
55	\$133.95	\$119.85	\$101.05	\$163.33	\$146.88	\$133.95
56	\$143.35	\$128.08	\$108.10	\$175.08	\$156.28	\$143.35
57	\$153.93	\$137.48	\$116.33	\$186.83	\$168.03	\$152.75
58	\$164.50	\$148.05	\$123.38	\$199.75	\$178.60	\$163.33
59	\$176.25	\$157.45	\$132.78	\$212.68	\$190.35	\$172.73
60	\$190.35	\$169.20	\$143.35	\$226.78	\$203.28	\$183.30
61	\$202.10	\$179.78	\$151.58	\$242.05	\$216.20	\$196.23
62	\$215.03	\$191.53	\$160.98	\$256.15	\$227.95	\$206.80
63	\$229.13	\$203.28	\$170.38	\$271.43	\$242.05	\$218.55
64	\$243.23	\$216.20	\$183.30	\$290.23	\$257.33	\$232.65
65	\$263.20	\$233.83	\$196.23	\$310.20	\$276.13	\$250.28
66	\$283.18	\$252.63	\$211.50	\$334.88	\$297.28	\$269.08
67	\$306.68	\$272.60	\$230.30	\$360.73	\$320.78	\$290.23
68	\$331.35	\$296.10	\$249.10	\$390.10	\$346.63	\$312.55
69	\$360.73	\$320.78	\$270.25	\$423.00	\$374.83	\$337.23
70	\$391.28	\$348.98	\$292.58	\$459.43	\$406.55	\$366.60
71	\$425.35	\$378.35	\$317.25	\$498.20	\$441.80	\$395.98
72	\$460.60	\$410.08	\$343.10	\$540.50	\$477.05	\$428.88
73	\$499.38	\$442.98	\$371.30	\$585.15	\$517.00	\$464.13
74	\$542.85	\$482.93	\$404.20	\$636.85	\$562.83	\$504.08
75	\$594.55	\$528.75	\$442.98	\$696.78	\$614.53	\$549.90
76	\$652.13	\$579.28	\$484.10	\$763.75	\$672.10	\$601.60
77	\$715.58	\$634.50	\$529.93	\$836.60	\$735.55	\$656.83
78	\$783.73	\$695.60	\$582.80	\$917.68	\$804.88	\$717.93
79	\$861.28	\$762.58	\$638.03	\$1,006.98	\$882.43	\$786.08
80	\$948.23	\$840.13	\$702.65	\$1,106.85	\$969.38	\$861.28

Southern Farm Bureau Life Insurance Company

Individual Comprehensive Long Term Care Program

Policy Number 3034

Standard Annual Premiums Reflecting Increase of 17.5%

PER \$10 of Nursing Home Maximum Daily Benefit

BASE PLAN WITH COMPOUND INFLATION FOR LIFETIME - TWO DISCOUNTS

Issue Age	1500 X MDB MAXIMUM BENEFIT			UNLIMITED MAXIMUM BENEFIT		
	Elimination Period			Elimination Period		
	30Day	90Day	180Day	30Day	90Day	180Day
18-35	\$35.25	\$31.73	\$28.20	\$44.65	\$41.13	\$38.78
36	\$37.60	\$34.08	\$29.38	\$47.00	\$43.48	\$39.95
37	\$38.78	\$35.25	\$30.55	\$50.53	\$45.83	\$42.30
38	\$41.13	\$37.60	\$31.73	\$54.05	\$48.18	\$44.65
39	\$44.65	\$39.95	\$34.08	\$56.40	\$50.53	\$47.00
40	\$47.00	\$41.13	\$35.25	\$59.93	\$54.05	\$50.53
41	\$49.35	\$44.65	\$38.78	\$62.28	\$56.40	\$52.88
42	\$51.70	\$47.00	\$39.95	\$65.80	\$59.93	\$55.23
43	\$55.23	\$49.35	\$42.30	\$69.33	\$62.28	\$58.75
44	\$57.58	\$51.70	\$44.65	\$74.03	\$65.80	\$61.10
45	\$62.28	\$55.23	\$47.00	\$77.55	\$70.50	\$64.63
46	\$65.80	\$58.75	\$49.35	\$82.25	\$74.03	\$68.15
47	\$69.33	\$62.28	\$52.88	\$86.95	\$77.55	\$71.68
48	\$72.85	\$65.80	\$55.23	\$91.65	\$82.25	\$75.20
49	\$77.55	\$69.33	\$58.75	\$96.35	\$86.95	\$79.90
50	\$82.25	\$74.03	\$62.28	\$102.23	\$92.83	\$84.60
51	\$88.13	\$77.55	\$65.80	\$108.10	\$97.53	\$90.48
52	\$92.83	\$83.43	\$70.50	\$115.15	\$103.40	\$95.18
53	\$99.88	\$89.30	\$75.20	\$123.38	\$110.45	\$101.05
54	\$105.75	\$95.18	\$79.90	\$130.43	\$117.50	\$106.93
55	\$113.98	\$102.23	\$85.78	\$138.65	\$124.55	\$113.98
56	\$122.20	\$108.10	\$91.65	\$148.05	\$132.78	\$121.03
57	\$130.43	\$117.50	\$98.70	\$158.63	\$142.18	\$130.43
58	\$139.83	\$125.73	\$105.75	\$170.38	\$151.58	\$138.65
59	\$150.40	\$133.95	\$112.80	\$180.95	\$162.15	\$146.88
60	\$160.98	\$143.35	\$121.03	\$192.70	\$172.73	\$156.28
61	\$171.55	\$152.75	\$129.25	\$205.63	\$183.30	\$166.85
62	\$182.13	\$163.33	\$136.30	\$217.38	\$193.88	\$176.25
63	\$193.88	\$172.73	\$145.70	\$231.48	\$205.63	\$185.65
64	\$206.80	\$184.48	\$155.10	\$246.75	\$218.55	\$197.40
65	\$223.25	\$198.58	\$166.85	\$264.38	\$233.83	\$212.68
66	\$240.88	\$215.03	\$179.78	\$284.35	\$252.63	\$227.95
67	\$260.85	\$231.48	\$195.05	\$306.68	\$272.60	\$246.75
68	\$282.00	\$251.45	\$211.50	\$331.35	\$294.93	\$265.55
69	\$306.68	\$272.60	\$229.13	\$359.55	\$318.43	\$286.70
70	\$332.53	\$296.10	\$249.10	\$390.10	\$345.45	\$311.38
71	\$361.90	\$321.95	\$270.25	\$424.18	\$374.83	\$337.23
72	\$391.28	\$347.80	\$292.58	\$459.43	\$405.38	\$364.25
73	\$424.18	\$377.18	\$316.08	\$497.03	\$439.45	\$394.80
74	\$461.78	\$410.08	\$344.28	\$541.68	\$478.23	\$428.88
75	\$505.25	\$448.85	\$376.00	\$592.20	\$521.70	\$467.65
76	\$554.60	\$492.33	\$411.25	\$649.78	\$571.05	\$511.13
77	\$607.48	\$539.33	\$451.20	\$710.88	\$625.10	\$558.13
78	\$666.23	\$591.03	\$494.68	\$780.20	\$683.85	\$609.83
79	\$732.03	\$648.60	\$542.85	\$855.40	\$750.83	\$668.58
80	\$806.05	\$714.40	\$596.90	\$941.18	\$823.68	\$732.03

Southern Farm Bureau Life Insurance Company

Individual Comprehensive Long Term Care Program

Policy Number 3034

ADDITIONAL PREMIUM FOR RETURN OF PREMIUM & NONFORFEITURE OPTIONS

Percent Increase in Premium		
Issue Age	Return of Premium at	Nonforfeiture at Lapse
40	3.90%	13.40%
41	4.10%	13.00%
42	4.40%	12.60%
43	4.60%	12.20%
44	4.80%	11.90%
45	5.10%	11.60%
46	5.40%	11.40%
47	5.60%	11.20%
48	5.90%	11.00%
49	6.20%	10.80%
50	6.40%	10.60%
51	6.60%	10.30%
52	6.90%	10.00%
53	7.10%	9.70%
54	7.30%	9.30%
55	7.50%	9.00%
56	7.60%	8.70%
57	7.70%	8.40%
58	7.80%	8.20%
59	7.70%	7.90%
60	7.60%	7.60%
61	7.30%	7.30%
62	6.90%	7.00%
63	6.40%	6.70%
64	5.80%	6.40%
65	5.30%	6.10%
66	4.50%	5.80%
67	3.70%	5.50%
68	2.90%	5.10%
69	2.20%	4.80%
70	N/A	4.50%
71	N/A	4.20%
72	N/A	3.90%
73	N/A	3.60%
74	N/A	3.30%
75	N/A	3.00%
76	N/A	2.70%
77	N/A	2.50%
78	N/A	2.20%
79	N/A	2.00%
80	N/A	1.80%

Southern Farm Bureau Life Insurance Company

Individual Comprehensive Long Term Care Program

Policy Number 3034

Standard Annual Premiums

PER \$10 of Nursing Home Maximum Daily Benefit

Issue Age	BASE PLAN					
	1500 X MDB MAXIMUM BENEFIT			UNLIMITED MAXIMUM BENEFIT		
	Elimination Period			Elimination Period		
	30Day	90Day	180Day	30Day	90Day	180Day
18-35	\$17	\$16	\$14	\$21	\$20	\$19
36	\$18	\$17	\$15	\$23	\$21	\$20
37	\$19	\$17	\$16	\$24	\$23	\$21
38	\$20	\$18	\$17	\$26	\$24	\$23
39	\$21	\$19	\$17	\$27	\$25	\$24
40	\$22	\$20	\$18	\$29	\$27	\$26
41	\$23	\$22	\$19	\$31	\$29	\$27
42	\$25	\$23	\$20	\$33	\$30	\$29
43	\$26	\$24	\$21	\$35	\$32	\$30
44	\$28	\$25	\$22	\$37	\$34	\$32
45	\$29	\$27	\$24	\$39	\$36	\$34
46	\$31	\$28	\$25	\$41	\$38	\$35
47	\$33	\$30	\$26	\$43	\$40	\$37
48	\$35	\$32	\$28	\$46	\$42	\$39
49	\$38	\$34	\$30	\$49	\$45	\$42
50	\$41	\$37	\$32	\$52	\$48	\$45
51	\$44	\$39	\$34	\$56	\$51	\$48
52	\$47	\$42	\$36	\$60	\$55	\$51
53	\$50	\$45	\$39	\$64	\$59	\$55
54	\$55	\$49	\$42	\$69	\$63	\$59
55	\$59	\$53	\$46	\$75	\$68	\$63
56	\$65	\$58	\$50	\$81	\$74	\$68
57	\$71	\$63	\$54	\$88	\$80	\$74
58	\$77	\$69	\$59	\$95	\$86	\$79
59	\$84	\$76	\$64	\$103	\$93	\$86
60	\$92	\$83	\$70	\$112	\$101	\$93
61	\$101	\$90	\$77	\$122	\$110	\$101
62	\$109	\$98	\$83	\$132	\$119	\$109
63	\$119	\$106	\$90	\$143	\$129	\$118
64	\$130	\$117	\$99	\$156	\$140	\$128
65	\$144	\$129	\$109	\$172	\$154	\$141
66	\$159	\$142	\$120	\$189	\$169	\$154
67	\$176	\$157	\$133	\$208	\$186	\$169
68	\$194	\$173	\$147	\$230	\$205	\$186
69	\$216	\$193	\$163	\$254	\$227	\$206
70	\$241	\$215	\$182	\$284	\$253	\$229
71	\$269	\$240	\$203	\$317	\$282	\$255
72	\$300	\$267	\$225	\$353	\$314	\$284
73	\$334	\$298	\$251	\$394	\$349	\$315
74	\$374	\$333	\$280	\$440	\$390	\$351
75	\$420	\$373	\$314	\$494	\$437	\$393
76	\$471	\$418	\$351	\$554	\$489	\$439
77	\$525	\$467	\$392	\$617	\$544	\$488
78	\$587	\$521	\$437	\$688	\$606	\$542
79	\$657	\$583	\$489	\$770	\$676	\$604
80	\$738	\$655	\$549	\$864	\$758	\$676

Southern Farm Bureau Life Insurance Company

Individual Comprehensive Long Term Care Program

Policy Number 3034

Standard Annual Premiums

PER \$10 of Nursing Home Maximum Daily Benefit

BASE PLAN - ONE DISCOUNT

Issue Age	1500 X MDB MAXIMUM BENEFIT Elimination Period			UNLIMITED MAXIMUM BENEFIT Elimination Period		
	30Day	90Day	180Day	30Day	90Day	180Day
18-35	\$14	\$14	\$12	\$18	\$17	\$16
36	\$15	\$14	\$13	\$20	\$18	\$17
37	\$16	\$14	\$14	\$20	\$20	\$18
38	\$17	\$15	\$14	\$22	\$20	\$20
39	\$18	\$16	\$14	\$23	\$21	\$20
40	\$19	\$17	\$15	\$25	\$23	\$22
41	\$20	\$19	\$16	\$26	\$25	\$23
42	\$21	\$20	\$17	\$28	\$26	\$25
43	\$22	\$20	\$18	\$30	\$27	\$26
44	\$24	\$21	\$19	\$31	\$29	\$27
45	\$25	\$23	\$20	\$33	\$31	\$29
46	\$26	\$24	\$21	\$35	\$32	\$30
47	\$28	\$26	\$22	\$37	\$34	\$31
48	\$30	\$27	\$24	\$39	\$36	\$33
49	\$32	\$29	\$26	\$42	\$38	\$36
50	\$35	\$31	\$27	\$44	\$41	\$38
51	\$37	\$33	\$29	\$48	\$43	\$41
52	\$40	\$36	\$31	\$51	\$47	\$43
53	\$43	\$38	\$33	\$54	\$50	\$47
54	\$47	\$42	\$36	\$59	\$54	\$50
55	\$50	\$45	\$39	\$64	\$58	\$54
56	\$55	\$49	\$43	\$69	\$63	\$58
57	\$60	\$54	\$46	\$75	\$68	\$63
58	\$65	\$59	\$50	\$81	\$73	\$67
59	\$71	\$65	\$54	\$88	\$79	\$73
60	\$78	\$71	\$60	\$95	\$86	\$79
61	\$86	\$77	\$65	\$104	\$94	\$86
62	\$93	\$83	\$71	\$112	\$101	\$93
63	\$101	\$90	\$77	\$122	\$110	\$100
64	\$111	\$99	\$84	\$133	\$119	\$109
65	\$122	\$110	\$93	\$146	\$131	\$120
66	\$135	\$121	\$102	\$161	\$144	\$131
67	\$150	\$133	\$113	\$177	\$158	\$144
68	\$165	\$147	\$125	\$196	\$174	\$158
69	\$184	\$164	\$139	\$216	\$193	\$175
70	\$205	\$183	\$155	\$241	\$215	\$195
71	\$229	\$204	\$173	\$269	\$240	\$217
72	\$255	\$227	\$191	\$300	\$267	\$241
73	\$284	\$253	\$213	\$335	\$297	\$268
74	\$318	\$283	\$238	\$374	\$332	\$298
75	\$357	\$317	\$267	\$420	\$371	\$334
76	\$400	\$355	\$298	\$471	\$416	\$373
77	\$446	\$397	\$333	\$524	\$462	\$415
78	\$499	\$443	\$371	\$585	\$515	\$461
79	\$558	\$496	\$416	\$655	\$575	\$513
80	\$627	\$557	\$467	\$734	\$644	\$575

Southern Farm Bureau Life Insurance Company

Individual Comprehensive Long Term Care Program

Policy Number 3034

Standard Annual Premiums

PER \$10 of Nursing Home Maximum Daily Benefit

BASE PLAN - TWO DISCOUNTS

Issue Age	1500 X MDB MAXIMUM BENEFIT Elimination Period			UNLIMITED MAXIMUM BENEFIT Elimination Period		
	30Day	90Day	180Day	30Day	90Day	180Day
18-35	\$12	\$12	\$10	\$15	\$14	\$14
36	\$13	\$12	\$11	\$17	\$15	\$14
37	\$14	\$12	\$12	\$17	\$17	\$15
38	\$14	\$13	\$12	\$19	\$17	\$17
39	\$15	\$14	\$12	\$20	\$18	\$17
40	\$16	\$14	\$13	\$21	\$20	\$19
41	\$17	\$16	\$14	\$22	\$21	\$20
42	\$18	\$17	\$14	\$24	\$22	\$21
43	\$19	\$17	\$15	\$25	\$23	\$22
44	\$20	\$18	\$16	\$27	\$25	\$23
45	\$21	\$20	\$17	\$28	\$26	\$25
46	\$22	\$20	\$18	\$30	\$27	\$25
47	\$24	\$22	\$19	\$31	\$29	\$27
48	\$25	\$23	\$20	\$33	\$30	\$28
49	\$27	\$25	\$22	\$35	\$33	\$30
50	\$30	\$27	\$23	\$38	\$35	\$33
51	\$32	\$28	\$25	\$40	\$37	\$35
52	\$34	\$30	\$26	\$43	\$40	\$37
53	\$36	\$33	\$28	\$46	\$43	\$40
54	\$40	\$35	\$30	\$50	\$46	\$43
55	\$43	\$38	\$33	\$54	\$49	\$46
56	\$47	\$42	\$36	\$59	\$53	\$49
57	\$51	\$46	\$39	\$64	\$58	\$53
58	\$56	\$50	\$43	\$69	\$62	\$57
59	\$61	\$55	\$46	\$74	\$67	\$62
60	\$66	\$60	\$51	\$81	\$73	\$67
61	\$73	\$65	\$56	\$88	\$79	\$73
62	\$79	\$71	\$60	\$95	\$86	\$79
63	\$86	\$77	\$65	\$103	\$93	\$85
64	\$94	\$85	\$72	\$113	\$101	\$92
65	\$104	\$93	\$79	\$124	\$111	\$102
66	\$115	\$103	\$87	\$137	\$122	\$111
67	\$127	\$113	\$96	\$150	\$134	\$122
68	\$140	\$125	\$106	\$166	\$148	\$134
69	\$156	\$139	\$118	\$184	\$164	\$149
70	\$174	\$155	\$131	\$205	\$183	\$165
71	\$194	\$173	\$147	\$229	\$204	\$184
72	\$217	\$193	\$163	\$255	\$227	\$205
73	\$241	\$215	\$181	\$285	\$252	\$228
74	\$270	\$241	\$202	\$318	\$282	\$254
75	\$303	\$269	\$227	\$357	\$316	\$284
76	\$340	\$302	\$254	\$400	\$353	\$317
77	\$379	\$337	\$283	\$446	\$393	\$353
78	\$424	\$376	\$316	\$497	\$438	\$392
79	\$475	\$421	\$353	\$556	\$488	\$436
80	\$533	\$473	\$397	\$624	\$548	\$488

Southern Farm Bureau Life Insurance Company

Individual Comprehensive Long Term Care Program

Policy Number 3034

Standard Annual Premiums

PER \$10 of Nursing Home Maximum Daily Benefit

BASE PLAN WITH COMPOUND INFLATION FOR 20 YEARS

Issue Age	1500 X MDB MAXIMUM BENEFIT Elimination Period			UNLIMITED MAXIMUM BENEFIT Elimination Period		
	30Day	90Day	180Day	30Day	90Day	180Day
18-35	\$25	\$23	\$21	\$34	\$31	\$29
36	\$27	\$25	\$22	\$36	\$33	\$31
37	\$29	\$26	\$23	\$38	\$35	\$33
38	\$31	\$28	\$25	\$41	\$38	\$35
39	\$33	\$30	\$26	\$44	\$40	\$38
40	\$35	\$32	\$28	\$47	\$43	\$40
41	\$37	\$34	\$29	\$50	\$45	\$43
42	\$40	\$36	\$31	\$53	\$48	\$45
43	\$42	\$38	\$33	\$56	\$51	\$48
44	\$45	\$41	\$35	\$60	\$55	\$51
45	\$49	\$44	\$38	\$64	\$58	\$54
46	\$52	\$47	\$40	\$68	\$62	\$58
47	\$56	\$51	\$43	\$73	\$66	\$62
48	\$61	\$54	\$46	\$78	\$71	\$66
49	\$65	\$58	\$50	\$84	\$76	\$70
50	\$71	\$63	\$54	\$90	\$82	\$75
51	\$77	\$69	\$58	\$97	\$88	\$81
52	\$83	\$74	\$63	\$105	\$95	\$87
53	\$90	\$80	\$68	\$113	\$102	\$94
54	\$98	\$87	\$74	\$122	\$110	\$101
55	\$107	\$95	\$80	\$133	\$120	\$110
56	\$117	\$104	\$88	\$144	\$130	\$119
57	\$127	\$114	\$96	\$156	\$141	\$129
58	\$139	\$124	\$105	\$170	\$152	\$139
59	\$152	\$135	\$114	\$184	\$165	\$150
60	\$165	\$147	\$124	\$199	\$178	\$163
61	\$179	\$159	\$134	\$215	\$192	\$175
62	\$193	\$172	\$145	\$231	\$206	\$188
63	\$208	\$185	\$156	\$248	\$222	\$201
64	\$225	\$201	\$169	\$268	\$239	\$217
65	\$245	\$219	\$184	\$291	\$259	\$235
66	\$268	\$239	\$201	\$317	\$282	\$255
67	\$293	\$261	\$219	\$346	\$307	\$278
68	\$320	\$285	\$240	\$377	\$335	\$302
69	\$350	\$312	\$262	\$411	\$365	\$329
70	\$383	\$341	\$286	\$450	\$398	\$359
71	\$418	\$372	\$312	\$490	\$434	\$390
72	\$455	\$404	\$339	\$533	\$472	\$424
73	\$495	\$440	\$369	\$581	\$513	\$460
74	\$540	\$480	\$402	\$634	\$559	\$501
75	\$592	\$526	\$441	\$695	\$612	\$548
76	\$651	\$578	\$484	\$763	\$671	\$600
77	\$714	\$633	\$530	\$836	\$735	\$656
78	\$784	\$695	\$581	\$917	\$805	\$717
79	\$861	\$763	\$638	\$1,007	\$882	\$785
80	\$948	\$840	\$702	\$1,108	\$969	\$862

Southern Farm Bureau Life Insurance Company

Individual Comprehensive Long Term Care Program

Policy Number 3034

Standard Annual Premiums

PER \$10 of Nursing Home Maximum Daily Benefit

BASE PLAN WITH COMPOUND INFLATION FOR 20 YEARS - ONE DISCOUNT

Issue Age	1500 X MDB MAXIMUM BENEFIT Elimination Period			UNLIMITED MAXIMUM BENEFIT Elimination Period		
	30Day	90Day	180Day	30Day	90Day	180Day
18-35	\$21	\$20	\$18	\$29	\$26	\$25
36	\$23	\$21	\$19	\$31	\$28	\$26
37	\$25	\$22	\$20	\$32	\$30	\$28
38	\$26	\$24	\$21	\$35	\$32	\$30
39	\$28	\$26	\$22	\$37	\$34	\$32
40	\$30	\$27	\$24	\$40	\$37	\$34
41	\$31	\$29	\$25	\$43	\$38	\$37
42	\$34	\$31	\$26	\$45	\$41	\$38
43	\$36	\$32	\$28	\$48	\$43	\$41
44	\$38	\$35	\$30	\$51	\$47	\$43
45	\$42	\$37	\$32	\$54	\$49	\$46
46	\$44	\$40	\$34	\$58	\$53	\$49
47	\$48	\$43	\$37	\$62	\$56	\$53
48	\$52	\$46	\$39	\$66	\$60	\$56
49	\$55	\$49	\$43	\$71	\$65	\$60
50	\$60	\$54	\$46	\$77	\$70	\$64
51	\$65	\$59	\$49	\$82	\$75	\$69
52	\$71	\$63	\$54	\$89	\$81	\$74
53	\$77	\$68	\$58	\$96	\$87	\$80
54	\$83	\$74	\$63	\$104	\$94	\$86
55	\$91	\$81	\$68	\$113	\$102	\$94
56	\$99	\$88	\$75	\$122	\$111	\$101
57	\$108	\$97	\$82	\$133	\$120	\$110
58	\$118	\$105	\$89	\$145	\$129	\$118
59	\$129	\$115	\$97	\$156	\$140	\$128
60	\$140	\$125	\$105	\$169	\$151	\$139
61	\$152	\$135	\$114	\$183	\$163	\$149
62	\$164	\$146	\$123	\$196	\$175	\$160
63	\$177	\$157	\$133	\$211	\$189	\$171
64	\$191	\$171	\$144	\$228	\$203	\$184
65	\$208	\$186	\$156	\$247	\$220	\$200
66	\$228	\$203	\$171	\$269	\$240	\$217
67	\$249	\$222	\$186	\$294	\$261	\$236
68	\$272	\$242	\$204	\$320	\$285	\$257
69	\$298	\$265	\$223	\$349	\$310	\$280
70	\$326	\$290	\$243	\$383	\$338	\$305
71	\$355	\$316	\$265	\$417	\$369	\$332
72	\$387	\$343	\$288	\$453	\$401	\$360
73	\$421	\$374	\$314	\$494	\$436	\$391
74	\$459	\$408	\$342	\$539	\$475	\$426
75	\$503	\$447	\$375	\$591	\$520	\$466
76	\$553	\$491	\$411	\$649	\$570	\$510
77	\$607	\$538	\$451	\$711	\$625	\$558
78	\$666	\$591	\$494	\$779	\$684	\$609
79	\$732	\$649	\$542	\$856	\$750	\$667
80	\$806	\$714	\$597	\$942	\$824	\$733

Southern Farm Bureau Life Insurance Company

Individual Comprehensive Long Term Care Program

Policy Number 3034

Standard Annual Premiums

PER \$10 of Nursing Home Maximum Daily Benefit

BASE PLAN WITH COMPOUND INFLATION FOR 20 YEARS - TWO DISCOUNTS

Issue Age	1500 X MDB MAXIMUM BENEFIT Elimination Period			UNLIMITED MAXIMUM BENEFIT Elimination Period		
	30Day	90Day	180Day	30Day	90Day	180Day
18-35	\$18	\$17	\$15	\$25	\$22	\$21
36	\$20	\$18	\$16	\$26	\$24	\$22
37	\$21	\$19	\$17	\$27	\$25	\$24
38	\$22	\$20	\$18	\$30	\$27	\$25
39	\$24	\$22	\$19	\$32	\$29	\$27
40	\$25	\$23	\$20	\$34	\$31	\$29
41	\$27	\$25	\$21	\$36	\$33	\$31
42	\$29	\$26	\$22	\$38	\$35	\$33
43	\$30	\$27	\$24	\$40	\$37	\$35
44	\$33	\$30	\$25	\$43	\$40	\$37
45	\$35	\$32	\$27	\$46	\$42	\$39
46	\$38	\$34	\$29	\$49	\$45	\$42
47	\$40	\$37	\$31	\$53	\$48	\$45
48	\$44	\$39	\$33	\$56	\$51	\$48
49	\$47	\$42	\$36	\$61	\$55	\$51
50	\$51	\$46	\$39	\$65	\$59	\$54
51	\$56	\$50	\$42	\$70	\$64	\$59
52	\$60	\$53	\$46	\$76	\$69	\$63
53	\$65	\$58	\$49	\$82	\$74	\$68
54	\$71	\$63	\$53	\$88	\$79	\$73
55	\$77	\$69	\$58	\$96	\$87	\$79
56	\$85	\$75	\$64	\$104	\$94	\$86
57	\$92	\$82	\$69	\$113	\$102	\$93
58	\$100	\$90	\$76	\$123	\$110	\$100
59	\$110	\$98	\$82	\$133	\$119	\$108
60	\$119	\$106	\$90	\$144	\$129	\$118
61	\$129	\$115	\$97	\$155	\$139	\$126
62	\$139	\$124	\$105	\$167	\$149	\$136
63	\$150	\$134	\$113	\$179	\$160	\$145
64	\$163	\$145	\$122	\$194	\$173	\$157
65	\$177	\$158	\$133	\$210	\$187	\$170
66	\$194	\$173	\$145	\$229	\$204	\$184
67	\$212	\$189	\$158	\$250	\$222	\$201
68	\$231	\$206	\$173	\$272	\$242	\$218
69	\$253	\$225	\$189	\$297	\$264	\$238
70	\$277	\$246	\$207	\$325	\$288	\$259
71	\$302	\$269	\$225	\$354	\$314	\$282
72	\$329	\$292	\$245	\$385	\$341	\$306
73	\$358	\$318	\$267	\$420	\$371	\$332
74	\$390	\$347	\$290	\$458	\$404	\$362
75	\$428	\$380	\$319	\$502	\$442	\$396
76	\$470	\$418	\$350	\$551	\$485	\$434
77	\$516	\$457	\$383	\$604	\$531	\$474
78	\$566	\$502	\$420	\$663	\$582	\$518
79	\$622	\$551	\$461	\$728	\$637	\$567
80	\$685	\$607	\$507	\$801	\$700	\$623

Southern Farm Bureau Life Insurance Company

Individual Comprehensive Long Term Care Program

Policy Number 3034

Standard Annual Premiums

PER \$10 of Nursing Home Maximum Daily Benefit

BASE PLAN WITH COMPOUND INFLATION FOR LIFETIME

Issue Age	1500 X MDB MAXIMUM BENEFIT Elimination Period			UNLIMITED MAXIMUM BENEFIT Elimination Period		
	30Day	90Day	180Day	30Day	90Day	180Day
18-35	\$41	\$38	\$33	\$53	\$48	\$45
36	\$44	\$40	\$34	\$56	\$51	\$47
37	\$46	\$42	\$36	\$59	\$54	\$50
38	\$49	\$44	\$38	\$63	\$57	\$53
39	\$52	\$47	\$40	\$66	\$60	\$56
40	\$55	\$49	\$42	\$70	\$63	\$59
41	\$58	\$52	\$45	\$74	\$67	\$62
42	\$61	\$55	\$47	\$78	\$71	\$65
43	\$65	\$58	\$50	\$82	\$74	\$69
44	\$68	\$61	\$52	\$87	\$78	\$72
45	\$73	\$65	\$55	\$92	\$83	\$76
46	\$77	\$69	\$58	\$97	\$87	\$80
47	\$81	\$73	\$62	\$102	\$92	\$85
48	\$86	\$77	\$65	\$108	\$97	\$89
49	\$91	\$82	\$69	\$114	\$103	\$94
50	\$97	\$87	\$74	\$121	\$109	\$100
51	\$104	\$92	\$78	\$128	\$115	\$106
52	\$110	\$98	\$83	\$136	\$122	\$112
53	\$118	\$105	\$88	\$145	\$130	\$119
54	\$125	\$112	\$94	\$154	\$138	\$126
55	\$134	\$120	\$101	\$164	\$147	\$134
56	\$144	\$128	\$108	\$175	\$157	\$143
57	\$154	\$138	\$116	\$187	\$168	\$153
58	\$165	\$148	\$124	\$200	\$179	\$163
59	\$177	\$158	\$133	\$213	\$191	\$173
60	\$190	\$169	\$143	\$227	\$203	\$184
61	\$202	\$180	\$152	\$242	\$216	\$196
62	\$215	\$192	\$161	\$256	\$228	\$207
63	\$229	\$204	\$171	\$272	\$242	\$219
64	\$244	\$217	\$183	\$290	\$258	\$233
65	\$263	\$234	\$197	\$311	\$276	\$250
66	\$284	\$253	\$212	\$335	\$298	\$269
67	\$307	\$273	\$230	\$361	\$321	\$290
68	\$332	\$296	\$249	\$391	\$347	\$313
69	\$361	\$321	\$270	\$423	\$375	\$338
70	\$392	\$349	\$293	\$460	\$407	\$367
71	\$426	\$379	\$318	\$499	\$442	\$397
72	\$461	\$410	\$344	\$541	\$478	\$429
73	\$500	\$444	\$372	\$586	\$518	\$465
74	\$544	\$483	\$405	\$638	\$563	\$505
75	\$595	\$529	\$443	\$698	\$615	\$551
76	\$653	\$580	\$485	\$765	\$673	\$602
77	\$716	\$635	\$531	\$838	\$737	\$658
78	\$785	\$696	\$583	\$919	\$806	\$719
79	\$862	\$764	\$639	\$1,008	\$884	\$787
80	\$949	\$841	\$703	\$1,108	\$970	\$862

Southern Farm Bureau Life Insurance Company

Individual Comprehensive Long Term Care Program

Policy Number 3034

Standard Annual Premiums

PER \$10 of Nursing Home Maximum Daily Benefit

BASE PLAN WITH COMPOUND INFLATION FOR LIFETIME - ONE DISCOUNT

Issue Age	1500 X MDB MAXIMUM BENEFIT Elimination Period			UNLIMITED MAXIMUM BENEFIT Elimination Period		
	30Day	90Day	180Day	30Day	90Day	180Day
18-35	\$35	\$32	\$28	\$45	\$41	\$38
36	\$37	\$34	\$29	\$48	\$43	\$40
37	\$39	\$36	\$31	\$50	\$46	\$43
38	\$42	\$37	\$32	\$54	\$48	\$45
39	\$44	\$40	\$34	\$56	\$51	\$48
40	\$47	\$42	\$36	\$60	\$54	\$50
41	\$49	\$44	\$38	\$63	\$57	\$53
42	\$52	\$47	\$40	\$66	\$60	\$55
43	\$55	\$49	\$43	\$70	\$63	\$59
44	\$58	\$52	\$44	\$74	\$66	\$61
45	\$62	\$55	\$47	\$78	\$71	\$65
46	\$65	\$59	\$49	\$82	\$74	\$68
47	\$69	\$62	\$53	\$87	\$78	\$72
48	\$73	\$65	\$55	\$92	\$82	\$76
49	\$77	\$70	\$59	\$97	\$88	\$80
50	\$82	\$74	\$63	\$103	\$93	\$85
51	\$88	\$78	\$66	\$109	\$98	\$90
52	\$94	\$83	\$71	\$116	\$104	\$95
53	\$100	\$89	\$75	\$123	\$111	\$101
54	\$106	\$95	\$80	\$131	\$117	\$107
55	\$114	\$102	\$86	\$139	\$125	\$114
56	\$122	\$109	\$92	\$149	\$133	\$122
57	\$131	\$117	\$99	\$159	\$143	\$130
58	\$140	\$126	\$105	\$170	\$152	\$139
59	\$150	\$134	\$113	\$181	\$162	\$147
60	\$162	\$144	\$122	\$193	\$173	\$156
61	\$172	\$153	\$129	\$206	\$184	\$167
62	\$183	\$163	\$137	\$218	\$194	\$176
63	\$195	\$173	\$145	\$231	\$206	\$186
64	\$207	\$184	\$156	\$247	\$219	\$198
65	\$224	\$199	\$167	\$264	\$235	\$213
66	\$241	\$215	\$180	\$285	\$253	\$229
67	\$261	\$232	\$196	\$307	\$273	\$247
68	\$282	\$252	\$212	\$332	\$295	\$266
69	\$307	\$273	\$230	\$360	\$319	\$287
70	\$333	\$297	\$249	\$391	\$346	\$312
71	\$362	\$322	\$270	\$424	\$376	\$337
72	\$392	\$349	\$292	\$460	\$406	\$365
73	\$425	\$377	\$316	\$498	\$440	\$395
74	\$462	\$411	\$344	\$542	\$479	\$429
75	\$506	\$450	\$377	\$593	\$523	\$468
76	\$555	\$493	\$412	\$650	\$572	\$512
77	\$609	\$540	\$451	\$712	\$626	\$559
78	\$667	\$592	\$496	\$781	\$685	\$611
79	\$733	\$649	\$543	\$857	\$751	\$669
80	\$807	\$715	\$598	\$942	\$825	\$733

Southern Farm Bureau Life Insurance Company

Individual Comprehensive Long Term Care Program

Policy Number 3034

Standard Annual Premiums

PER \$10 of Nursing Home Maximum Daily Benefit

BASE PLAN WITH COMPOUND INFLATION FOR LIFETIME - TWO DISCOUNTS

Issue Age	1500 X MDB MAXIMUM BENEFIT Elimination Period			UNLIMITED MAXIMUM BENEFIT Elimination Period		
	30Day	90Day	180Day	30Day	90Day	180Day
18-35	\$30	\$27	\$24	\$38	\$35	\$33
36	\$32	\$29	\$25	\$40	\$37	\$34
37	\$33	\$30	\$26	\$43	\$39	\$36
38	\$35	\$32	\$27	\$46	\$41	\$38
39	\$38	\$34	\$29	\$48	\$43	\$40
40	\$40	\$35	\$30	\$51	\$46	\$43
41	\$42	\$38	\$33	\$53	\$48	\$45
42	\$44	\$40	\$34	\$56	\$51	\$47
43	\$47	\$42	\$36	\$59	\$53	\$50
44	\$49	\$44	\$38	\$63	\$56	\$52
45	\$53	\$47	\$40	\$66	\$60	\$55
46	\$56	\$50	\$42	\$70	\$63	\$58
47	\$59	\$53	\$45	\$74	\$66	\$61
48	\$62	\$56	\$47	\$78	\$70	\$64
49	\$66	\$59	\$50	\$82	\$74	\$68
50	\$70	\$63	\$53	\$87	\$79	\$72
51	\$75	\$66	\$56	\$92	\$83	\$77
52	\$79	\$71	\$60	\$98	\$88	\$81
53	\$85	\$76	\$64	\$105	\$94	\$86
54	\$90	\$81	\$68	\$111	\$100	\$91
55	\$97	\$87	\$73	\$118	\$106	\$97
56	\$104	\$92	\$78	\$126	\$113	\$103
57	\$111	\$100	\$84	\$135	\$121	\$111
58	\$119	\$107	\$90	\$145	\$129	\$118
59	\$128	\$114	\$96	\$154	\$138	\$125
60	\$137	\$122	\$103	\$164	\$147	\$133
61	\$146	\$130	\$110	\$175	\$156	\$142
62	\$155	\$139	\$116	\$185	\$165	\$150
63	\$165	\$147	\$124	\$197	\$175	\$158
64	\$176	\$157	\$132	\$210	\$186	\$168
65	\$190	\$169	\$142	\$225	\$199	\$181
66	\$205	\$183	\$153	\$242	\$215	\$194
67	\$222	\$197	\$166	\$261	\$232	\$210
68	\$240	\$214	\$180	\$282	\$251	\$226
69	\$261	\$232	\$195	\$306	\$271	\$244
70	\$283	\$252	\$212	\$332	\$294	\$265
71	\$308	\$274	\$230	\$361	\$319	\$287
72	\$333	\$296	\$249	\$391	\$345	\$310
73	\$361	\$321	\$269	\$423	\$374	\$336
74	\$393	\$349	\$293	\$461	\$407	\$365
75	\$430	\$382	\$320	\$504	\$444	\$398
76	\$472	\$419	\$350	\$553	\$486	\$435
77	\$517	\$459	\$384	\$605	\$532	\$475
78	\$567	\$503	\$421	\$664	\$582	\$519
79	\$623	\$552	\$462	\$728	\$639	\$569
80	\$686	\$608	\$508	\$801	\$701	\$623

Southern Farm Bureau Life Insurance Company

Individual Comprehensive Long Term Care Program

Policy Number 3034

ADDITIONAL PREMIUM FOR RETURN OF PREMIUM & NONFORFEITURE OPTIONS

Percent Increase in Premium		
Issue Age	Return of Premium at	Nonforfeiture at Lapse
40	3.90%	13.40%
41	4.10%	13.00%
42	4.40%	12.60%
43	4.60%	12.20%
44	4.80%	11.90%
45	5.10%	11.60%
46	5.40%	11.40%
47	5.60%	11.20%
48	5.90%	11.00%
49	6.20%	10.80%
50	6.40%	10.60%
51	6.60%	10.30%
52	6.90%	10.00%
53	7.10%	9.70%
54	7.30%	9.30%
55	7.50%	9.00%
56	7.60%	8.70%
57	7.70%	8.40%
58	7.80%	8.20%
59	7.70%	7.90%
60	7.60%	7.60%
61	7.30%	7.30%
62	6.90%	7.00%
63	6.40%	6.70%
64	5.80%	6.40%
65	5.30%	6.10%
66	4.50%	5.80%
67	3.70%	5.50%
68	2.90%	5.10%
69	2.20%	4.80%
70	N/A	4.50%
71	N/A	4.20%
72	N/A	3.90%
73	N/A	3.60%
74	N/A	3.30%
75	N/A	3.00%
76	N/A	2.70%
77	N/A	2.50%
78	N/A	2.20%
79	N/A	2.00%
80	N/A	1.80%

Southern Farm Bureau Life Insurance Company

Individual Comprehensive Long Term Care Program

Policy Number 3035

Standard Annual Premiums Reflecting Increase of 17.5%

PER \$10 of Nursing Home Maximum Daily Benefit

BASE PLAN

Issue Age	1500 X MDB MAXIMUM BENEFIT Elimination Period			UNLIMITED MAXIMUM BENEFIT Elimination Period		
	30Day	90Day	180Day	30Day	90Day	180Day
	18-35	\$15.28	\$15.28	\$14.10	\$19.98	\$18.80
36	\$16.45	\$15.28	\$15.28	\$19.98	\$19.98	\$18.80
37	\$16.45	\$16.45	\$15.28	\$21.15	\$19.98	\$19.98
38	\$17.63	\$16.45	\$16.45	\$22.33	\$21.15	\$19.98
39	\$17.63	\$17.63	\$16.45	\$23.50	\$22.33	\$21.15
40	\$18.80	\$17.63	\$17.63	\$24.68	\$23.50	\$22.33
41	\$19.98	\$18.80	\$17.63	\$25.85	\$24.68	\$23.50
42	\$19.98	\$19.98	\$18.80	\$27.03	\$25.85	\$23.50
43	\$21.15	\$19.98	\$18.80	\$28.20	\$25.85	\$24.68
44	\$22.33	\$21.15	\$19.98	\$29.38	\$27.03	\$25.85
45	\$23.50	\$22.33	\$19.98	\$30.55	\$28.20	\$27.03
46	\$23.50	\$22.33	\$21.15	\$31.73	\$29.38	\$28.20
47	\$24.68	\$23.50	\$22.33	\$34.08	\$30.55	\$29.38
48	\$25.85	\$24.68	\$23.50	\$35.25	\$32.90	\$30.55
49	\$28.20	\$25.85	\$24.68	\$36.43	\$34.08	\$31.73
50	\$29.38	\$28.20	\$25.85	\$38.78	\$36.43	\$34.08
51	\$31.73	\$29.38	\$27.03	\$41.13	\$37.60	\$35.25
52	\$32.90	\$30.55	\$29.38	\$43.48	\$39.95	\$37.60
53	\$35.25	\$32.90	\$30.55	\$47.00	\$42.30	\$39.95
54	\$37.60	\$35.25	\$32.90	\$49.35	\$45.83	\$42.30
55	\$41.13	\$37.60	\$35.25	\$54.05	\$49.35	\$45.83
56	\$43.48	\$41.13	\$37.60	\$57.58	\$52.88	\$48.18
57	\$48.18	\$44.65	\$39.95	\$62.28	\$56.40	\$51.70
58	\$51.70	\$48.18	\$43.48	\$66.98	\$61.10	\$56.40
59	\$56.40	\$51.70	\$47.00	\$72.85	\$65.80	\$59.93
60	\$61.10	\$56.40	\$51.70	\$78.73	\$71.68	\$65.80
61	\$66.98	\$62.28	\$56.40	\$85.78	\$77.55	\$70.50
62	\$72.85	\$66.98	\$59.93	\$92.83	\$83.43	\$76.38
63	\$78.73	\$72.85	\$65.80	\$101.05	\$90.48	\$82.25
64	\$86.95	\$79.90	\$71.68	\$110.45	\$98.70	\$90.48
65	\$95.18	\$88.13	\$78.73	\$121.03	\$109.28	\$98.70
66	\$105.75	\$97.53	\$86.95	\$135.13	\$119.85	\$109.28
67	\$117.50	\$108.10	\$96.35	\$149.23	\$132.78	\$119.85
68	\$130.43	\$119.85	\$106.93	\$164.50	\$146.88	\$132.78
69	\$145.70	\$132.78	\$118.68	\$183.30	\$163.33	\$148.05
70	\$163.33	\$149.23	\$132.78	\$205.63	\$183.30	\$164.50
71	\$183.30	\$166.85	\$148.05	\$230.30	\$204.45	\$184.48
72	\$204.45	\$186.83	\$164.50	\$257.33	\$227.95	\$205.63
73	\$229.13	\$207.98	\$183.30	\$287.88	\$254.98	\$229.13
74	\$256.15	\$232.65	\$205.63	\$323.13	\$285.53	\$256.15
75	\$289.05	\$262.03	\$231.48	\$364.25	\$320.78	\$287.88
76	\$325.48	\$294.93	\$259.68	\$410.08	\$360.73	\$321.95
77	\$364.25	\$330.18	\$289.05	\$458.25	\$403.03	\$359.55
78	\$408.90	\$370.13	\$323.13	\$513.48	\$450.03	\$400.68
79	\$459.43	\$414.78	\$363.08	\$575.75	\$504.08	\$447.68
80	\$518.18	\$467.65	\$407.73	\$649.78	\$567.53	\$502.90

Southern Farm Bureau Life Insurance Company

Individual Comprehensive Long Term Care Program

Policy Number 3035

Standard Annual Premiums Reflecting Increase of 17.5%

PER \$10 of Nursing Home Maximum Daily Benefit

BASE PLAN - ONE DISCOUNT

Issue Age	1500 X MDB MAXIMUM BENEFIT Elimination Period			UNLIMITED MAXIMUM BENEFIT Elimination Period		
	30Day	90Day	180Day	30Day	90Day	180Day
18-35	\$12.93	\$12.93	\$11.75	\$16.45	\$16.45	\$15.28
36	\$14.10	\$12.93	\$12.93	\$16.45	\$16.45	\$16.45
37	\$14.10	\$14.10	\$12.93	\$17.63	\$16.45	\$16.45
38	\$15.28	\$14.10	\$14.10	\$18.80	\$17.63	\$16.45
39	\$15.28	\$15.28	\$14.10	\$19.98	\$18.80	\$17.63
40	\$16.45	\$15.28	\$15.28	\$21.15	\$19.98	\$18.80
41	\$16.45	\$16.45	\$15.28	\$22.33	\$21.15	\$19.98
42	\$16.45	\$16.45	\$16.45	\$23.50	\$22.33	\$19.98
43	\$17.63	\$16.45	\$16.45	\$23.50	\$22.33	\$21.15
44	\$18.80	\$17.63	\$16.45	\$24.68	\$23.50	\$22.33
45	\$19.98	\$18.80	\$16.45	\$25.85	\$23.50	\$23.50
46	\$19.98	\$18.80	\$17.63	\$27.03	\$24.68	\$23.50
47	\$21.15	\$19.98	\$18.80	\$29.38	\$25.85	\$24.68
48	\$22.33	\$21.15	\$19.98	\$30.55	\$28.20	\$25.85
49	\$23.50	\$22.33	\$21.15	\$30.55	\$29.38	\$27.03
50	\$24.68	\$23.50	\$22.33	\$32.90	\$30.55	\$29.38
51	\$27.03	\$24.68	\$23.50	\$35.25	\$31.73	\$30.55
52	\$28.20	\$25.85	\$24.68	\$36.43	\$34.08	\$31.73
53	\$30.55	\$28.20	\$25.85	\$39.95	\$36.43	\$34.08
54	\$31.73	\$30.55	\$28.20	\$42.30	\$38.78	\$36.43
55	\$35.25	\$31.73	\$30.55	\$45.83	\$42.30	\$38.78
56	\$36.43	\$35.25	\$31.73	\$49.35	\$44.65	\$41.13
57	\$41.13	\$37.60	\$34.08	\$52.88	\$48.18	\$43.48
58	\$43.48	\$41.13	\$36.43	\$56.40	\$51.70	\$48.18
59	\$48.18	\$43.48	\$39.95	\$62.28	\$56.40	\$50.53
60	\$51.70	\$48.18	\$43.48	\$66.98	\$61.10	\$56.40
61	\$56.40	\$52.88	\$48.18	\$72.85	\$65.80	\$59.93
62	\$62.28	\$56.40	\$50.53	\$78.73	\$70.50	\$64.63
63	\$66.98	\$62.28	\$56.40	\$85.78	\$76.38	\$70.50
64	\$74.03	\$68.15	\$61.10	\$94.00	\$83.43	\$76.38
65	\$81.08	\$75.20	\$66.98	\$103.40	\$92.83	\$83.43
66	\$90.48	\$83.43	\$74.03	\$115.15	\$102.23	\$92.83
67	\$99.88	\$91.65	\$82.25	\$126.90	\$112.80	\$102.23
68	\$110.45	\$102.23	\$90.48	\$139.83	\$124.55	\$112.80
69	\$123.38	\$112.80	\$101.05	\$156.28	\$138.65	\$125.73
70	\$138.65	\$126.90	\$112.80	\$175.08	\$156.28	\$139.83
71	\$156.28	\$142.18	\$125.73	\$196.23	\$173.90	\$156.28
72	\$173.90	\$158.63	\$139.83	\$218.55	\$193.88	\$175.08
73	\$195.05	\$176.25	\$156.28	\$244.40	\$216.20	\$195.05
74	\$217.38	\$197.40	\$175.08	\$274.95	\$243.23	\$217.38
75	\$245.58	\$223.25	\$196.23	\$310.20	\$272.60	\$244.40
76	\$276.13	\$250.28	\$220.90	\$348.98	\$306.68	\$273.78
77	\$310.20	\$280.83	\$245.58	\$390.10	\$343.10	\$305.50
78	\$347.80	\$314.90	\$274.95	\$435.93	\$383.05	\$340.75
79	\$390.10	\$352.50	\$309.03	\$489.98	\$428.88	\$380.70
80	\$440.63	\$397.15	\$346.63	\$552.25	\$482.93	\$427.70

Southern Farm Bureau Life Insurance Company

Individual Comprehensive Long Term Care Program

Policy Number 3035

Standard Annual Premiums Reflecting Increase of 17.5%

PER \$10 of Nursing Home Maximum Daily Benefit

BASE PLAN - TWO DISCOUNTS

Issue Age	1500 X MDB MAXIMUM BENEFIT Elimination Period			UNLIMITED MAXIMUM BENEFIT Elimination Period		
	30Day	90Day	180Day	30Day	90Day	180Day
18-35	\$10.58	\$10.58	\$10.58	\$14.10	\$14.10	\$12.93
36	\$11.75	\$10.58	\$10.58	\$14.10	\$14.10	\$14.10
37	\$11.75	\$11.75	\$10.58	\$15.28	\$14.10	\$14.10
38	\$12.93	\$11.75	\$11.75	\$16.45	\$15.28	\$14.10
39	\$12.93	\$12.93	\$11.75	\$16.45	\$16.45	\$15.28
40	\$14.10	\$12.93	\$12.93	\$17.63	\$16.45	\$16.45
41	\$14.10	\$14.10	\$12.93	\$18.80	\$17.63	\$16.45
42	\$14.10	\$14.10	\$14.10	\$19.98	\$18.80	\$16.45
43	\$15.28	\$14.10	\$14.10	\$19.98	\$18.80	\$17.63
44	\$16.45	\$15.28	\$14.10	\$21.15	\$19.98	\$18.80
45	\$16.45	\$16.45	\$14.10	\$22.33	\$19.98	\$19.98
46	\$16.45	\$16.45	\$15.28	\$23.50	\$21.15	\$19.98
47	\$17.63	\$16.45	\$16.45	\$24.68	\$22.33	\$21.15
48	\$18.80	\$17.63	\$16.45	\$25.85	\$23.50	\$22.33
49	\$19.98	\$18.80	\$17.63	\$25.85	\$24.68	\$23.50
50	\$21.15	\$19.98	\$18.80	\$28.20	\$25.85	\$24.68
51	\$23.50	\$21.15	\$19.98	\$29.38	\$27.03	\$25.85
52	\$23.50	\$22.33	\$21.15	\$31.73	\$29.38	\$27.03
53	\$25.85	\$23.50	\$22.33	\$34.08	\$30.55	\$29.38
54	\$27.03	\$25.85	\$23.50	\$35.25	\$32.90	\$30.55
55	\$29.38	\$27.03	\$25.85	\$38.78	\$35.25	\$32.90
56	\$31.73	\$29.38	\$27.03	\$41.13	\$38.78	\$35.25
57	\$35.25	\$31.73	\$29.38	\$44.65	\$41.13	\$37.60
58	\$37.60	\$35.25	\$31.73	\$48.18	\$44.65	\$41.13
59	\$41.13	\$37.60	\$34.08	\$52.88	\$47.00	\$43.48
60	\$44.65	\$41.13	\$37.60	\$56.40	\$51.70	\$47.00
61	\$48.18	\$44.65	\$41.13	\$62.28	\$56.40	\$50.53
62	\$52.88	\$48.18	\$43.48	\$66.98	\$59.93	\$55.23
63	\$56.40	\$52.88	\$47.00	\$72.85	\$65.80	\$59.93
64	\$62.28	\$57.58	\$51.70	\$79.90	\$71.68	\$65.80
65	\$69.33	\$63.45	\$56.40	\$86.95	\$78.73	\$71.68
66	\$76.38	\$70.50	\$62.28	\$97.53	\$86.95	\$78.73
67	\$84.60	\$77.55	\$69.33	\$108.10	\$96.35	\$86.95
68	\$94.00	\$86.95	\$77.55	\$118.68	\$105.75	\$96.35
69	\$105.75	\$96.35	\$85.78	\$132.78	\$117.50	\$106.93
70	\$117.50	\$108.10	\$96.35	\$148.05	\$132.78	\$118.68
71	\$132.78	\$121.03	\$106.93	\$166.85	\$148.05	\$132.78
72	\$148.05	\$135.13	\$118.68	\$185.65	\$164.50	\$148.05
73	\$165.68	\$150.40	\$132.78	\$207.98	\$184.48	\$165.68
74	\$185.65	\$168.03	\$148.05	\$233.83	\$206.80	\$185.65
75	\$209.15	\$189.18	\$166.85	\$263.20	\$231.48	\$207.98
76	\$235.00	\$212.68	\$188.00	\$296.10	\$260.85	\$232.65
77	\$263.20	\$238.53	\$209.15	\$331.35	\$291.40	\$259.68
78	\$294.93	\$267.90	\$233.83	\$371.30	\$325.48	\$289.05
79	\$331.35	\$299.63	\$262.03	\$415.95	\$364.25	\$323.13
80	\$374.83	\$338.40	\$294.93	\$470.00	\$410.08	\$363.08

Southern Farm Bureau Life Insurance Company

Individual Comprehensive Long Term Care Program

Policy Number 3035

Standard Annual Premiums Reflecting Increase of 17.5%

PER \$10 of Nursing Home Maximum Daily Benefit

BASE PLAN WITH COMPOUND INFLATION FOR 20 YEARS

Issue Age	1500 X MDB MAXIMUM BENEFIT			UNLIMITED MAXIMUM BENEFIT		
	Elimination Period			Elimination Period		
	30Day	90Day	180Day	30Day	90Day	180Day
18-35	\$21.15	\$19.98	\$19.98	\$29.38	\$27.03	\$25.85
36	\$22.33	\$21.15	\$19.98	\$30.55	\$28.20	\$27.03
37	\$23.50	\$22.33	\$21.15	\$31.73	\$29.38	\$28.20
38	\$24.68	\$23.50	\$22.33	\$34.08	\$31.73	\$29.38
39	\$25.85	\$24.68	\$23.50	\$35.25	\$32.90	\$31.73
40	\$28.20	\$25.85	\$24.68	\$37.60	\$35.25	\$32.90
41	\$29.38	\$27.03	\$25.85	\$39.95	\$36.43	\$34.08
42	\$30.55	\$28.20	\$27.03	\$42.30	\$38.78	\$36.43
43	\$31.73	\$30.55	\$28.20	\$43.48	\$39.95	\$37.60
44	\$34.08	\$31.73	\$29.38	\$45.83	\$42.30	\$39.95
45	\$36.43	\$34.08	\$31.73	\$49.35	\$44.65	\$42.30
46	\$38.78	\$35.25	\$32.90	\$51.70	\$47.00	\$44.65
47	\$41.13	\$37.60	\$35.25	\$55.23	\$50.53	\$47.00
48	\$43.48	\$39.95	\$37.60	\$58.75	\$52.88	\$49.35
49	\$45.83	\$43.48	\$39.95	\$62.28	\$56.40	\$52.88
50	\$49.35	\$45.83	\$42.30	\$66.98	\$59.93	\$56.40
51	\$54.05	\$49.35	\$45.83	\$71.68	\$64.63	\$59.93
52	\$57.58	\$54.05	\$48.18	\$76.38	\$69.33	\$63.45
53	\$62.28	\$57.58	\$52.88	\$82.25	\$74.03	\$68.15
54	\$66.98	\$62.28	\$56.40	\$89.30	\$79.90	\$74.03
55	\$72.85	\$68.15	\$61.10	\$96.35	\$86.95	\$79.90
56	\$79.90	\$74.03	\$66.98	\$104.58	\$94.00	\$85.78
57	\$86.95	\$79.90	\$72.85	\$113.98	\$102.23	\$92.83
58	\$95.18	\$86.95	\$78.73	\$123.38	\$110.45	\$101.05
59	\$103.40	\$95.18	\$85.78	\$133.95	\$119.85	\$109.28
60	\$112.80	\$103.40	\$92.83	\$145.70	\$129.25	\$117.50
61	\$122.20	\$112.80	\$101.05	\$156.28	\$139.83	\$126.90
62	\$132.78	\$121.03	\$108.10	\$169.20	\$150.40	\$136.30
63	\$143.35	\$130.43	\$116.33	\$182.13	\$162.15	\$146.88
64	\$155.10	\$142.18	\$126.90	\$197.40	\$175.08	\$158.63
65	\$169.20	\$155.10	\$137.48	\$215.03	\$190.35	\$171.55
66	\$185.65	\$169.20	\$150.40	\$235.00	\$207.98	\$188.00
67	\$203.28	\$185.65	\$164.50	\$256.15	\$226.78	\$204.45
68	\$223.25	\$203.28	\$179.78	\$279.65	\$247.93	\$223.25
69	\$244.40	\$222.08	\$196.23	\$306.68	\$271.43	\$243.23
70	\$267.90	\$243.23	\$215.03	\$336.05	\$297.28	\$266.73
71	\$292.58	\$265.55	\$235.00	\$366.60	\$324.30	\$290.23
72	\$318.43	\$289.05	\$254.98	\$399.50	\$352.50	\$314.90
73	\$346.63	\$314.90	\$277.30	\$435.93	\$384.23	\$343.10
74	\$379.53	\$344.28	\$301.98	\$475.88	\$419.48	\$373.65
75	\$417.13	\$377.18	\$331.35	\$522.88	\$459.43	\$408.90
76	\$458.25	\$414.78	\$363.08	\$575.75	\$504.08	\$448.85
77	\$504.08	\$455.90	\$398.33	\$632.15	\$553.43	\$491.15
78	\$553.43	\$500.55	\$437.10	\$693.25	\$606.30	\$538.15
79	\$609.83	\$551.08	\$480.58	\$763.75	\$666.23	\$589.85
80	\$673.28	\$607.48	\$528.75	\$841.30	\$733.20	\$648.60

Southern Farm Bureau Life Insurance Company

Individual Comprehensive Long Term Care Program

Policy Number 3035

Standard Annual Premiums Reflecting Increase of 17.5%

PER \$10 of Nursing Home Maximum Daily Benefit

BASE PLAN WITH COMPOUND INFLATION FOR 20 YEARS - ONE DISCOUNT

Issue Age	1500 X MDB MAXIMUM BENEFIT Elimination Period			UNLIMITED MAXIMUM BENEFIT Elimination Period		
	30Day	90Day	180Day	30Day	90Day	180Day
18-35	\$17.63	\$16.45	\$16.45	\$24.68	\$23.50	\$22.33
36	\$18.80	\$17.63	\$16.45	\$25.85	\$23.50	\$23.50
37	\$19.98	\$18.80	\$17.63	\$27.03	\$24.68	\$23.50
38	\$21.15	\$19.98	\$18.80	\$29.38	\$27.03	\$24.68
39	\$22.33	\$21.15	\$19.98	\$30.55	\$28.20	\$27.03
40	\$23.50	\$22.33	\$21.15	\$31.73	\$30.55	\$28.20
41	\$24.68	\$23.50	\$22.33	\$34.08	\$30.55	\$29.38
42	\$25.85	\$23.50	\$23.50	\$36.43	\$32.90	\$30.55
43	\$27.03	\$25.85	\$23.50	\$36.43	\$34.08	\$31.73
44	\$29.38	\$27.03	\$24.68	\$38.78	\$36.43	\$34.08
45	\$30.55	\$29.38	\$27.03	\$42.30	\$37.60	\$36.43
46	\$32.90	\$30.55	\$28.20	\$43.48	\$39.95	\$37.60
47	\$35.25	\$31.73	\$30.55	\$47.00	\$43.48	\$39.95
48	\$36.43	\$34.08	\$31.73	\$50.53	\$44.65	\$42.30
49	\$38.78	\$36.43	\$34.08	\$52.88	\$48.18	\$44.65
50	\$42.30	\$38.78	\$36.43	\$56.40	\$50.53	\$48.18
51	\$45.83	\$42.30	\$38.78	\$61.10	\$55.23	\$50.53
52	\$49.35	\$45.83	\$41.13	\$64.63	\$58.75	\$54.05
53	\$52.88	\$49.35	\$44.65	\$70.50	\$63.45	\$57.58
54	\$56.40	\$52.88	\$48.18	\$76.38	\$68.15	\$63.45
55	\$62.28	\$57.58	\$51.70	\$82.25	\$74.03	\$68.15
56	\$68.15	\$63.45	\$56.40	\$89.30	\$79.90	\$72.85
57	\$74.03	\$68.15	\$62.28	\$96.35	\$86.95	\$78.73
58	\$81.08	\$74.03	\$66.98	\$104.58	\$94.00	\$85.78
59	\$88.13	\$81.08	\$72.85	\$113.98	\$102.23	\$92.83
60	\$96.35	\$88.13	\$78.73	\$123.38	\$110.45	\$99.88
61	\$103.40	\$96.35	\$85.78	\$132.78	\$118.68	\$108.10
62	\$112.80	\$103.40	\$91.65	\$143.35	\$128.08	\$116.33
63	\$122.20	\$110.45	\$98.70	\$155.10	\$137.48	\$124.55
64	\$131.60	\$121.03	\$108.10	\$168.03	\$149.23	\$135.13
65	\$143.35	\$131.60	\$116.33	\$183.30	\$162.15	\$145.70
66	\$157.45	\$143.35	\$128.08	\$199.75	\$176.25	\$159.80
67	\$172.73	\$157.45	\$139.83	\$217.38	\$192.70	\$173.90
68	\$190.35	\$172.73	\$152.75	\$237.35	\$210.33	\$190.35
69	\$207.98	\$189.18	\$166.85	\$260.85	\$230.30	\$206.80
70	\$227.95	\$206.80	\$183.30	\$285.53	\$252.63	\$226.78
71	\$249.10	\$225.60	\$199.75	\$311.38	\$276.13	\$246.75
72	\$270.25	\$245.58	\$216.20	\$339.58	\$299.63	\$267.90
73	\$294.93	\$267.90	\$236.18	\$370.13	\$326.65	\$291.40
74	\$323.13	\$292.58	\$256.15	\$404.20	\$356.03	\$317.25
75	\$354.85	\$320.78	\$282.00	\$444.15	\$390.10	\$347.80
76	\$390.10	\$352.50	\$309.03	\$489.98	\$428.88	\$381.88
77	\$428.88	\$387.75	\$338.40	\$536.98	\$470.00	\$417.13
78	\$470.00	\$425.35	\$371.30	\$589.85	\$515.83	\$457.08
79	\$518.18	\$468.83	\$408.90	\$649.78	\$566.35	\$501.73
80	\$572.23	\$515.83	\$450.03	\$715.58	\$622.75	\$551.08

Southern Farm Bureau Life Insurance Company

Individual Comprehensive Long Term Care Program

Policy Number 3035

Standard Annual Premiums Reflecting Increase of 17.5%

PER \$10 of Nursing Home Maximum Daily Benefit

BASE PLAN WITH COMPOUND INFLATION FOR 20 YEARS - TWO DISCOUNTS

Issue Age	1500 X MDB MAXIMUM BENEFIT Elimination Period			UNLIMITED MAXIMUM BENEFIT Elimination Period		
	30Day	90Day	180Day	30Day	90Day	180Day
18-35	\$15.28	\$14.10	\$14.10	\$21.15	\$19.98	\$18.80
36	\$16.45	\$15.28	\$14.10	\$22.33	\$19.98	\$19.98
37	\$16.45	\$16.45	\$15.28	\$23.50	\$21.15	\$19.98
38	\$17.63	\$16.45	\$16.45	\$24.68	\$23.50	\$21.15
39	\$18.80	\$17.63	\$16.45	\$25.85	\$23.50	\$23.50
40	\$19.98	\$18.80	\$17.63	\$27.03	\$25.85	\$23.50
41	\$21.15	\$19.98	\$18.80	\$29.38	\$25.85	\$24.68
42	\$22.33	\$19.98	\$19.98	\$30.55	\$28.20	\$25.85
43	\$23.50	\$22.33	\$19.98	\$31.73	\$29.38	\$27.03
44	\$24.68	\$23.50	\$21.15	\$32.90	\$30.55	\$29.38
45	\$25.85	\$24.68	\$23.50	\$35.25	\$31.73	\$30.55
46	\$28.20	\$25.85	\$23.50	\$37.60	\$34.08	\$31.73
47	\$29.38	\$27.03	\$25.85	\$39.95	\$36.43	\$34.08
48	\$31.73	\$29.38	\$27.03	\$42.30	\$38.78	\$35.25
49	\$32.90	\$31.73	\$29.38	\$44.65	\$41.13	\$38.78
50	\$35.25	\$32.90	\$30.55	\$48.18	\$43.48	\$41.13
51	\$38.78	\$35.25	\$32.90	\$51.70	\$47.00	\$43.48
52	\$41.13	\$38.78	\$35.25	\$55.23	\$50.53	\$45.83
53	\$44.65	\$41.13	\$38.78	\$59.93	\$54.05	\$49.35
54	\$48.18	\$44.65	\$41.13	\$64.63	\$57.58	\$54.05
55	\$52.88	\$49.35	\$44.65	\$69.33	\$62.28	\$57.58
56	\$57.58	\$54.05	\$48.18	\$75.20	\$68.15	\$62.28
57	\$62.28	\$57.58	\$52.88	\$82.25	\$74.03	\$66.98
58	\$69.33	\$62.28	\$56.40	\$89.30	\$79.90	\$72.85
59	\$75.20	\$69.33	\$62.28	\$96.35	\$86.95	\$78.73
60	\$81.08	\$75.20	\$66.98	\$105.75	\$92.83	\$84.60
61	\$88.13	\$81.08	\$72.85	\$112.80	\$101.05	\$91.65
62	\$96.35	\$86.95	\$77.55	\$122.20	\$108.10	\$98.70
63	\$103.40	\$94.00	\$84.60	\$131.60	\$117.50	\$105.75
64	\$111.63	\$102.23	\$91.65	\$142.18	\$126.90	\$115.15
65	\$122.20	\$111.63	\$99.88	\$155.10	\$137.48	\$123.38
66	\$133.95	\$122.20	\$108.10	\$170.38	\$150.40	\$136.30
67	\$146.88	\$133.95	\$118.68	\$185.65	\$163.33	\$148.05
68	\$160.98	\$146.88	\$130.43	\$202.10	\$178.60	\$160.98
69	\$176.25	\$160.98	\$142.18	\$222.08	\$196.23	\$176.25
70	\$193.88	\$176.25	\$155.10	\$243.23	\$215.03	\$192.70
71	\$211.50	\$191.53	\$170.38	\$264.38	\$233.83	\$209.15
72	\$230.30	\$209.15	\$184.48	\$289.05	\$254.98	\$227.95
73	\$250.28	\$227.95	\$200.93	\$314.90	\$277.30	\$247.93
74	\$273.78	\$249.10	\$218.55	\$344.28	\$303.15	\$270.25
75	\$300.80	\$272.60	\$239.70	\$378.35	\$331.35	\$294.93
76	\$331.35	\$299.63	\$262.03	\$415.95	\$364.25	\$324.30
77	\$364.25	\$329.00	\$287.88	\$457.08	\$399.50	\$354.85
78	\$399.50	\$361.90	\$316.08	\$500.55	\$438.28	\$388.93
79	\$440.63	\$398.33	\$347.80	\$552.25	\$481.75	\$426.53
80	\$486.45	\$439.45	\$381.88	\$607.48	\$529.93	\$468.83

Southern Farm Bureau Life Insurance Company

Individual Comprehensive Long Term Care Program

Policy Number 3035

Standard Annual Premiums Reflecting Increase of 17.5%

PER \$10 of Nursing Home Maximum Daily Benefit

BASE PLAN WITH COMPOUND INFLATION FOR LIFETIME

Issue Age	1500 X MDB MAXIMUM BENEFIT			UNLIMITED MAXIMUM BENEFIT		
	Elimination Period			Elimination Period		
	30Day	90Day	180Day	30Day	90Day	180Day
18-35	\$32.90	\$30.55	\$28.20	\$43.48	\$39.95	\$37.60
36	\$34.08	\$32.90	\$29.38	\$45.83	\$42.30	\$38.78
37	\$36.43	\$34.08	\$31.73	\$48.18	\$43.48	\$41.13
38	\$37.60	\$35.25	\$32.90	\$50.53	\$45.83	\$42.30
39	\$39.95	\$37.60	\$34.08	\$52.88	\$48.18	\$44.65
40	\$42.30	\$38.78	\$35.25	\$55.23	\$50.53	\$47.00
41	\$43.48	\$41.13	\$37.60	\$58.75	\$52.88	\$49.35
42	\$45.83	\$42.30	\$38.78	\$61.10	\$55.23	\$51.70
43	\$48.18	\$44.65	\$41.13	\$64.63	\$57.58	\$54.05
44	\$50.53	\$47.00	\$42.30	\$66.98	\$61.10	\$56.40
45	\$52.88	\$49.35	\$44.65	\$70.50	\$63.45	\$58.75
46	\$56.40	\$51.70	\$47.00	\$74.03	\$66.98	\$61.10
47	\$58.75	\$54.05	\$49.35	\$77.55	\$70.50	\$64.63
48	\$62.28	\$57.58	\$51.70	\$81.08	\$74.03	\$66.98
49	\$65.80	\$59.93	\$55.23	\$85.78	\$77.55	\$70.50
50	\$69.33	\$63.45	\$57.58	\$90.48	\$81.08	\$75.20
51	\$74.03	\$68.15	\$61.10	\$96.35	\$85.78	\$78.73
52	\$77.55	\$71.68	\$64.63	\$101.05	\$91.65	\$83.43
53	\$82.25	\$76.38	\$68.15	\$106.93	\$96.35	\$88.13
54	\$88.13	\$81.08	\$72.85	\$113.98	\$102.23	\$92.83
55	\$94.00	\$85.78	\$77.55	\$121.03	\$108.10	\$98.70
56	\$99.88	\$91.65	\$82.25	\$129.25	\$115.15	\$104.58
57	\$106.93	\$98.70	\$88.13	\$137.48	\$123.38	\$111.63
58	\$115.15	\$104.58	\$94.00	\$146.88	\$131.60	\$118.68
59	\$122.20	\$112.80	\$101.05	\$156.28	\$139.83	\$126.90
60	\$131.60	\$119.85	\$106.93	\$166.85	\$149.23	\$135.13
61	\$139.83	\$128.08	\$113.98	\$177.43	\$158.63	\$143.35
62	\$148.05	\$136.30	\$121.03	\$188.00	\$168.03	\$151.58
63	\$157.45	\$144.53	\$128.08	\$199.75	\$177.43	\$160.98
64	\$169.20	\$153.93	\$137.48	\$213.85	\$189.18	\$171.55
65	\$182.13	\$165.68	\$146.88	\$229.13	\$203.28	\$183.30
66	\$196.23	\$179.78	\$158.63	\$247.93	\$219.73	\$197.40
67	\$212.68	\$193.88	\$172.73	\$267.90	\$237.35	\$213.85
68	\$231.48	\$210.33	\$186.83	\$290.23	\$257.33	\$231.48
69	\$251.45	\$229.13	\$202.10	\$316.08	\$279.65	\$250.28
70	\$273.78	\$249.10	\$219.73	\$343.10	\$303.15	\$271.43
71	\$297.28	\$270.25	\$238.53	\$373.65	\$329.00	\$294.93
72	\$323.13	\$293.75	\$258.50	\$405.38	\$357.20	\$319.60
73	\$350.15	\$318.43	\$279.65	\$439.45	\$387.75	\$345.45
74	\$381.88	\$346.63	\$304.33	\$479.40	\$421.83	\$376.00
75	\$418.30	\$379.53	\$332.53	\$525.23	\$461.78	\$411.25
76	\$459.43	\$415.95	\$364.25	\$576.93	\$506.43	\$450.03
77	\$505.25	\$457.08	\$399.50	\$633.33	\$554.60	\$492.33
78	\$554.60	\$501.73	\$438.28	\$695.60	\$607.48	\$539.33
79	\$611.00	\$551.08	\$480.58	\$763.75	\$667.40	\$591.03
80	\$673.28	\$607.48	\$528.75	\$841.30	\$734.38	\$648.60

Southern Farm Bureau Life Insurance Company

Individual Comprehensive Long Term Care Program

Policy Number 3035

Standard Annual Premiums Reflecting Increase of 17.5%

PER \$10 of Nursing Home Maximum Daily Benefit

BASE PLAN WITH COMPOUND INFLATION FOR LIFETIME - ONE DISCOUNT

Issue Age	1500 X MDB MAXIMUM BENEFIT Elimination Period			UNLIMITED MAXIMUM BENEFIT Elimination Period		
	30Day	90Day	180Day	30Day	90Day	180Day
18-35	\$28.20	\$25.85	\$23.50	\$36.43	\$34.08	\$31.73
36	\$29.38	\$28.20	\$24.68	\$38.78	\$36.43	\$32.90
37	\$30.55	\$29.38	\$27.03	\$41.13	\$36.43	\$35.25
38	\$31.73	\$30.55	\$28.20	\$43.48	\$38.78	\$36.43
39	\$34.08	\$31.73	\$29.38	\$44.65	\$41.13	\$37.60
40	\$36.43	\$32.90	\$30.55	\$47.00	\$43.48	\$39.95
41	\$36.43	\$35.25	\$31.73	\$50.53	\$44.65	\$42.30
42	\$38.78	\$36.43	\$32.90	\$51.70	\$47.00	\$43.48
43	\$41.13	\$37.60	\$35.25	\$55.23	\$49.35	\$45.83
44	\$43.48	\$39.95	\$36.43	\$56.40	\$51.70	\$48.18
45	\$44.65	\$42.30	\$37.60	\$59.93	\$54.05	\$50.53
46	\$48.18	\$43.48	\$39.95	\$63.45	\$56.40	\$51.70
47	\$50.53	\$45.83	\$42.30	\$65.80	\$59.93	\$55.23
48	\$52.88	\$49.35	\$43.48	\$69.33	\$63.45	\$56.40
49	\$56.40	\$50.53	\$47.00	\$72.85	\$65.80	\$59.93
50	\$58.75	\$54.05	\$49.35	\$76.38	\$69.33	\$63.45
51	\$63.45	\$57.58	\$51.70	\$82.25	\$72.85	\$66.98
52	\$65.80	\$61.10	\$55.23	\$85.78	\$77.55	\$70.50
53	\$70.50	\$64.63	\$57.58	\$90.48	\$82.25	\$75.20
54	\$75.20	\$69.33	\$62.28	\$96.35	\$86.95	\$78.73
55	\$79.90	\$72.85	\$65.80	\$103.40	\$91.65	\$83.43
56	\$84.60	\$77.55	\$70.50	\$110.45	\$97.53	\$89.30
57	\$90.48	\$83.43	\$75.20	\$116.33	\$104.58	\$95.18
58	\$97.53	\$89.30	\$79.90	\$124.55	\$111.63	\$101.05
59	\$103.40	\$96.35	\$85.78	\$132.78	\$118.68	\$108.10
60	\$111.63	\$102.23	\$90.48	\$142.18	\$126.90	\$115.15
61	\$118.68	\$109.28	\$96.35	\$150.40	\$135.13	\$122.20
62	\$125.73	\$116.33	\$103.40	\$159.80	\$143.35	\$129.25
63	\$133.95	\$123.38	\$109.28	\$170.38	\$150.40	\$136.30
64	\$143.35	\$130.43	\$116.33	\$182.13	\$160.98	\$145.70
65	\$155.10	\$141.00	\$124.55	\$195.05	\$172.73	\$156.28
66	\$166.85	\$152.75	\$135.13	\$210.33	\$186.83	\$168.03
67	\$180.95	\$164.50	\$146.88	\$227.95	\$202.10	\$182.13
68	\$196.23	\$178.60	\$158.63	\$246.75	\$218.55	\$196.23
69	\$213.85	\$195.05	\$171.55	\$269.08	\$237.35	\$212.68
70	\$232.65	\$211.50	\$186.83	\$291.40	\$257.33	\$230.30
71	\$252.63	\$230.30	\$203.28	\$317.25	\$279.65	\$250.28
72	\$274.95	\$250.28	\$219.73	\$344.28	\$303.15	\$271.43
73	\$297.28	\$270.25	\$237.35	\$373.65	\$330.18	\$293.75
74	\$324.30	\$294.93	\$258.50	\$407.73	\$358.38	\$319.60
75	\$356.03	\$323.13	\$283.18	\$446.50	\$392.45	\$350.15
76	\$390.10	\$353.68	\$310.20	\$489.98	\$430.05	\$383.05
77	\$430.05	\$388.93	\$339.58	\$538.15	\$471.18	\$418.30
78	\$471.18	\$426.53	\$372.48	\$591.03	\$515.83	\$458.25
79	\$519.35	\$468.83	\$408.90	\$649.78	\$567.53	\$502.90
80	\$572.23	\$515.83	\$450.03	\$715.58	\$623.93	\$551.08

Southern Farm Bureau Life Insurance Company

Individual Comprehensive Long Term Care Program

Policy Number 3035

Standard Annual Premiums Reflecting Increase of 17.5%

PER \$10 of Nursing Home Maximum Daily Benefit

BASE PLAN WITH COMPOUND INFLATION FOR LIFETIME - TWO DISCOUNTS

Issue Age	1500 X MDB MAXIMUM BENEFIT			UNLIMITED MAXIMUM BENEFIT		
	Elimination Period			Elimination Period		
	30Day	90Day	180Day	30Day	90Day	180Day
18-35	\$23.50	\$22.33	\$19.98	\$31.73	\$29.38	\$27.03
36	\$24.68	\$23.50	\$21.15	\$32.90	\$30.55	\$28.20
37	\$25.85	\$24.68	\$23.50	\$35.25	\$31.73	\$29.38
38	\$27.03	\$25.85	\$23.50	\$36.43	\$32.90	\$30.55
39	\$29.38	\$27.03	\$24.68	\$38.78	\$35.25	\$31.73
40	\$30.55	\$28.20	\$25.85	\$39.95	\$36.43	\$34.08
41	\$31.73	\$29.38	\$27.03	\$42.30	\$38.78	\$35.25
42	\$32.90	\$30.55	\$28.20	\$44.65	\$39.95	\$37.60
43	\$35.25	\$31.73	\$29.38	\$47.00	\$41.13	\$38.78
44	\$36.43	\$34.08	\$30.55	\$48.18	\$44.65	\$41.13
45	\$38.78	\$35.25	\$31.73	\$50.53	\$45.83	\$42.30
46	\$41.13	\$37.60	\$34.08	\$54.05	\$48.18	\$44.65
47	\$42.30	\$38.78	\$35.25	\$56.40	\$50.53	\$47.00
48	\$44.65	\$41.13	\$37.60	\$58.75	\$54.05	\$48.18
49	\$47.00	\$43.48	\$39.95	\$62.28	\$56.40	\$50.53
50	\$50.53	\$45.83	\$41.13	\$65.80	\$58.75	\$54.05
51	\$54.05	\$49.35	\$44.65	\$69.33	\$62.28	\$56.40
52	\$56.40	\$51.70	\$47.00	\$72.85	\$65.80	\$59.93
53	\$59.93	\$55.23	\$49.35	\$77.55	\$69.33	\$63.45
54	\$63.45	\$58.75	\$52.88	\$82.25	\$74.03	\$66.98
55	\$68.15	\$62.28	\$56.40	\$86.95	\$77.55	\$71.68
56	\$71.68	\$65.80	\$59.93	\$92.83	\$83.43	\$75.20
57	\$77.55	\$71.68	\$63.45	\$99.88	\$89.30	\$81.08
58	\$83.43	\$75.20	\$68.15	\$105.75	\$95.18	\$85.78
59	\$88.13	\$81.08	\$72.85	\$112.80	\$101.05	\$91.65
60	\$95.18	\$86.95	\$77.55	\$121.03	\$108.10	\$97.53
61	\$101.05	\$92.83	\$82.25	\$128.08	\$115.15	\$103.40
62	\$106.93	\$98.70	\$86.95	\$136.30	\$121.03	\$109.28
63	\$113.98	\$104.58	\$92.83	\$144.53	\$128.08	\$116.33
64	\$122.20	\$111.63	\$99.88	\$153.93	\$136.30	\$123.38
65	\$131.60	\$119.85	\$105.75	\$165.68	\$146.88	\$132.78
66	\$142.18	\$130.43	\$115.15	\$178.60	\$158.63	\$142.18
67	\$153.93	\$139.83	\$124.55	\$193.88	\$171.55	\$153.93
68	\$166.85	\$151.58	\$135.13	\$209.15	\$185.65	\$166.85
69	\$182.13	\$165.68	\$145.70	\$227.95	\$202.10	\$180.95
70	\$197.40	\$179.78	\$158.63	\$247.93	\$218.55	\$196.23
71	\$215.03	\$195.05	\$172.73	\$270.25	\$237.35	\$212.68
72	\$233.83	\$212.68	\$186.83	\$292.58	\$258.50	\$231.48
73	\$252.63	\$230.30	\$202.10	\$317.25	\$279.65	\$249.10
74	\$276.13	\$250.28	\$219.73	\$346.63	\$304.33	\$271.43
75	\$301.98	\$273.78	\$239.70	\$379.53	\$333.70	\$297.28
76	\$331.35	\$300.80	\$263.20	\$417.13	\$365.43	\$325.48
77	\$365.43	\$330.18	\$289.05	\$457.08	\$400.68	\$356.03
78	\$400.68	\$363.08	\$316.08	\$502.90	\$439.45	\$390.10
79	\$441.80	\$398.33	\$347.80	\$552.25	\$481.75	\$426.53
80	\$486.45	\$439.45	\$381.88	\$607.48	\$531.10	\$468.83

Southern Farm Bureau Life Insurance Company

Individual Comprehensive Long Term Care Program

Policy Number 3035

ADDITIONAL PREMIUM FOR RETURN OF PREMIUM & NONFORFEITURE OPTIONS

Percent Increase in Premium		
Issue Age	Return of Premium at	Nonforfeiture at Lapse
40	3.90%	16.20%
41	4.10%	15.80%
42	4.40%	15.40%
43	4.60%	15.00%
44	4.80%	14.60%
45	5.10%	14.30%
46	5.40%	14.00%
47	5.60%	13.80%
48	5.90%	13.60%
49	6.20%	13.40%
50	6.40%	13.10%
51	6.60%	12.70%
52	6.90%	12.30%
53	7.10%	11.90%
54	7.30%	11.40%
55	7.50%	11.00%
56	7.60%	10.60%
57	7.70%	10.30%
58	7.80%	9.90%
59	7.70%	9.60%
60	7.60%	9.20%
61	7.30%	8.80%
62	6.90%	8.30%
63	6.40%	7.90%
64	5.80%	7.40%
65	5.30%	7.00%
66	4.50%	6.60%
67	3.70%	6.20%
68	2.90%	5.80%
69	2.20%	5.40%
70	N/A	5.00%
71	N/A	4.60%
72	N/A	4.20%
73	N/A	3.90%
74	N/A	3.50%
75	N/A	3.20%
76	N/A	2.90%
77	N/A	2.60%
78	N/A	2.40%
79	N/A	2.10%
80	N/A	1.90%

Southern Farm Bureau Life Insurance Company

Individual Comprehensive Long Term Care Program

Policy Number 3035

Standard Annual Premiums

PER \$10 of Nursing Home Maximum Daily Benefit

Issue Age	BASE PLAN					
	1500 X MDB MAXIMUM BENEFIT			UNLIMITED MAXIMUM BENEFIT		
	Elimination Period			Elimination Period		
	30Day	90Day	180Day	30Day	90Day	180Day
18-35	\$13	\$13	\$12	\$17	\$16	\$15
36	\$14	\$13	\$13	\$17	\$17	\$16
37	\$14	\$14	\$13	\$18	\$17	\$17
38	\$15	\$14	\$14	\$19	\$18	\$17
39	\$15	\$15	\$14	\$20	\$19	\$18
40	\$16	\$15	\$15	\$21	\$20	\$19
41	\$17	\$16	\$15	\$22	\$21	\$20
42	\$17	\$17	\$16	\$23	\$22	\$20
43	\$18	\$17	\$16	\$24	\$22	\$21
44	\$19	\$18	\$17	\$25	\$23	\$22
45	\$20	\$19	\$17	\$26	\$24	\$23
46	\$20	\$19	\$18	\$27	\$25	\$24
47	\$21	\$20	\$19	\$29	\$26	\$25
48	\$22	\$21	\$20	\$30	\$28	\$26
49	\$24	\$22	\$21	\$31	\$29	\$27
50	\$25	\$24	\$22	\$33	\$31	\$29
51	\$27	\$25	\$23	\$35	\$32	\$30
52	\$28	\$26	\$25	\$37	\$34	\$32
53	\$30	\$28	\$26	\$40	\$36	\$34
54	\$32	\$30	\$28	\$42	\$39	\$36
55	\$35	\$32	\$30	\$46	\$42	\$39
56	\$37	\$35	\$32	\$49	\$45	\$41
57	\$41	\$38	\$34	\$53	\$48	\$44
58	\$44	\$41	\$37	\$57	\$52	\$48
59	\$48	\$44	\$40	\$62	\$56	\$51
60	\$52	\$48	\$44	\$67	\$61	\$56
61	\$57	\$53	\$48	\$73	\$66	\$60
62	\$62	\$57	\$51	\$79	\$71	\$65
63	\$67	\$62	\$56	\$86	\$77	\$70
64	\$74	\$68	\$61	\$94	\$84	\$77
65	\$81	\$75	\$67	\$103	\$93	\$84
66	\$90	\$83	\$74	\$115	\$102	\$93
67	\$100	\$92	\$82	\$127	\$113	\$102
68	\$111	\$102	\$91	\$140	\$125	\$113
69	\$124	\$113	\$101	\$156	\$139	\$126
70	\$139	\$127	\$113	\$175	\$156	\$140
71	\$156	\$142	\$126	\$196	\$174	\$157
72	\$174	\$159	\$140	\$219	\$194	\$175
73	\$195	\$177	\$156	\$245	\$217	\$195
74	\$218	\$198	\$175	\$275	\$243	\$218
75	\$246	\$223	\$197	\$310	\$273	\$245
76	\$277	\$251	\$221	\$349	\$307	\$274
77	\$310	\$281	\$246	\$390	\$343	\$306
78	\$348	\$315	\$275	\$437	\$383	\$341
79	\$391	\$353	\$309	\$490	\$429	\$381
80	\$441	\$398	\$347	\$553	\$483	\$428

Southern Farm Bureau Life Insurance Company

Individual Comprehensive Long Term Care Program

Policy Number 3035

Standard Annual Premiums

PER \$10 of Nursing Home Maximum Daily Benefit

BASE PLAN - ONE DISCOUNT

Issue Age	1500 X MDB MAXIMUM BENEFIT Elimination Period			UNLIMITED MAXIMUM BENEFIT Elimination Period		
	30Day	90Day	180Day	30Day	90Day	180Day
18-35	\$11	\$11	\$10	\$14	\$14	\$13
36	\$12	\$11	\$11	\$14	\$14	\$14
37	\$12	\$12	\$11	\$15	\$14	\$14
38	\$13	\$12	\$12	\$16	\$15	\$14
39	\$13	\$13	\$12	\$17	\$16	\$15
40	\$14	\$13	\$13	\$18	\$17	\$16
41	\$14	\$14	\$13	\$19	\$18	\$17
42	\$14	\$14	\$14	\$20	\$19	\$17
43	\$15	\$14	\$14	\$20	\$19	\$18
44	\$16	\$15	\$14	\$21	\$20	\$19
45	\$17	\$16	\$14	\$22	\$20	\$20
46	\$17	\$16	\$15	\$23	\$21	\$20
47	\$18	\$17	\$16	\$25	\$22	\$21
48	\$19	\$18	\$17	\$26	\$24	\$22
49	\$20	\$19	\$18	\$26	\$25	\$23
50	\$21	\$20	\$19	\$28	\$26	\$25
51	\$23	\$21	\$20	\$30	\$27	\$26
52	\$24	\$22	\$21	\$31	\$29	\$27
53	\$26	\$24	\$22	\$34	\$31	\$29
54	\$27	\$26	\$24	\$36	\$33	\$31
55	\$30	\$27	\$26	\$39	\$36	\$33
56	\$31	\$30	\$27	\$42	\$38	\$35
57	\$35	\$32	\$29	\$45	\$41	\$37
58	\$37	\$35	\$31	\$48	\$44	\$41
59	\$41	\$37	\$34	\$53	\$48	\$43
60	\$44	\$41	\$37	\$57	\$52	\$48
61	\$48	\$45	\$41	\$62	\$56	\$51
62	\$53	\$48	\$43	\$67	\$60	\$55
63	\$57	\$53	\$48	\$73	\$65	\$60
64	\$63	\$58	\$52	\$80	\$71	\$65
65	\$69	\$64	\$57	\$88	\$79	\$71
66	\$77	\$71	\$63	\$98	\$87	\$79
67	\$85	\$78	\$70	\$108	\$96	\$87
68	\$94	\$87	\$77	\$119	\$106	\$96
69	\$105	\$96	\$86	\$133	\$118	\$107
70	\$118	\$108	\$96	\$149	\$133	\$119
71	\$133	\$121	\$107	\$167	\$148	\$133
72	\$148	\$135	\$119	\$186	\$165	\$149
73	\$166	\$150	\$133	\$208	\$184	\$166
74	\$185	\$168	\$149	\$234	\$207	\$185
75	\$209	\$190	\$167	\$264	\$232	\$208
76	\$235	\$213	\$188	\$297	\$261	\$233
77	\$264	\$239	\$209	\$332	\$292	\$260
78	\$296	\$268	\$234	\$371	\$326	\$290
79	\$332	\$300	\$263	\$417	\$365	\$324
80	\$375	\$338	\$295	\$470	\$411	\$364

Southern Farm Bureau Life Insurance Company

Individual Comprehensive Long Term Care Program

Policy Number 3035

Standard Annual Premiums

PER \$10 of Nursing Home Maximum Daily Benefit

BASE PLAN - TWO DISCOUNTS

Issue Age	1500 X MDB MAXIMUM BENEFIT Elimination Period			UNLIMITED MAXIMUM BENEFIT Elimination Period		
	30Day	90Day	180Day	30Day	90Day	180Day
18-35	\$9	\$9	\$9	\$12	\$12	\$11
36	\$10	\$9	\$9	\$12	\$12	\$12
37	\$10	\$10	\$9	\$13	\$12	\$12
38	\$11	\$10	\$10	\$14	\$13	\$12
39	\$11	\$11	\$10	\$14	\$14	\$13
40	\$12	\$11	\$11	\$15	\$14	\$14
41	\$12	\$12	\$11	\$16	\$15	\$14
42	\$12	\$12	\$12	\$17	\$16	\$14
43	\$13	\$12	\$12	\$17	\$16	\$15
44	\$14	\$13	\$12	\$18	\$17	\$16
45	\$14	\$14	\$12	\$19	\$17	\$17
46	\$14	\$14	\$13	\$20	\$18	\$17
47	\$15	\$14	\$14	\$21	\$19	\$18
48	\$16	\$15	\$14	\$22	\$20	\$19
49	\$17	\$16	\$15	\$22	\$21	\$20
50	\$18	\$17	\$16	\$24	\$22	\$21
51	\$20	\$18	\$17	\$25	\$23	\$22
52	\$20	\$19	\$18	\$27	\$25	\$23
53	\$22	\$20	\$19	\$29	\$26	\$25
54	\$23	\$22	\$20	\$30	\$28	\$26
55	\$25	\$23	\$22	\$33	\$30	\$28
56	\$27	\$25	\$23	\$35	\$33	\$30
57	\$30	\$27	\$25	\$38	\$35	\$32
58	\$32	\$30	\$27	\$41	\$38	\$35
59	\$35	\$32	\$29	\$45	\$40	\$37
60	\$38	\$35	\$32	\$48	\$44	\$40
61	\$41	\$38	\$35	\$53	\$48	\$43
62	\$45	\$41	\$37	\$57	\$51	\$47
63	\$48	\$45	\$40	\$62	\$56	\$51
64	\$53	\$49	\$44	\$68	\$61	\$56
65	\$59	\$54	\$48	\$74	\$67	\$61
66	\$65	\$60	\$53	\$83	\$74	\$67
67	\$72	\$66	\$59	\$92	\$82	\$74
68	\$80	\$74	\$66	\$101	\$90	\$82
69	\$90	\$82	\$73	\$113	\$100	\$91
70	\$100	\$92	\$82	\$126	\$113	\$101
71	\$113	\$103	\$91	\$142	\$126	\$113
72	\$126	\$115	\$101	\$158	\$140	\$126
73	\$141	\$128	\$113	\$177	\$157	\$141
74	\$158	\$143	\$126	\$199	\$176	\$158
75	\$178	\$161	\$142	\$224	\$197	\$177
76	\$200	\$181	\$160	\$252	\$222	\$198
77	\$224	\$203	\$178	\$282	\$248	\$221
78	\$251	\$228	\$199	\$316	\$277	\$246
79	\$282	\$255	\$223	\$354	\$310	\$275
80	\$319	\$288	\$251	\$400	\$349	\$309

Southern Farm Bureau Life Insurance Company

Individual Comprehensive Long Term Care Program

Policy Number 3035

Standard Annual Premiums

PER \$10 of Nursing Home Maximum Daily Benefit

BASE PLAN WITH COMPOUND INFLATION FOR 20 YEARS

Issue Age	1500 X MDB MAXIMUM BENEFIT Elimination Period			UNLIMITED MAXIMUM BENEFIT Elimination Period		
	30Day	90Day	180Day	30Day	90Day	180Day
	18-35	\$18	\$17	\$17	\$25	\$23
36	\$19	\$18	\$17	\$26	\$24	\$23
37	\$20	\$19	\$18	\$27	\$25	\$24
38	\$21	\$20	\$19	\$29	\$27	\$25
39	\$22	\$21	\$20	\$30	\$28	\$27
40	\$24	\$22	\$21	\$32	\$30	\$28
41	\$25	\$23	\$22	\$34	\$31	\$29
42	\$26	\$24	\$23	\$36	\$33	\$31
43	\$27	\$26	\$24	\$37	\$34	\$32
44	\$29	\$27	\$25	\$39	\$36	\$34
45	\$31	\$29	\$27	\$42	\$38	\$36
46	\$33	\$30	\$28	\$44	\$40	\$38
47	\$35	\$32	\$30	\$47	\$43	\$40
48	\$37	\$34	\$32	\$50	\$45	\$42
49	\$39	\$37	\$34	\$53	\$48	\$45
50	\$42	\$39	\$36	\$57	\$51	\$48
51	\$46	\$42	\$39	\$61	\$55	\$51
52	\$49	\$46	\$41	\$65	\$59	\$54
53	\$53	\$49	\$45	\$70	\$63	\$58
54	\$57	\$53	\$48	\$76	\$68	\$63
55	\$62	\$58	\$52	\$82	\$74	\$68
56	\$68	\$63	\$57	\$89	\$80	\$73
57	\$74	\$68	\$62	\$97	\$87	\$79
58	\$81	\$74	\$67	\$105	\$94	\$86
59	\$88	\$81	\$73	\$114	\$102	\$93
60	\$96	\$88	\$79	\$124	\$110	\$100
61	\$104	\$96	\$86	\$133	\$119	\$108
62	\$113	\$103	\$92	\$144	\$128	\$116
63	\$122	\$111	\$99	\$155	\$138	\$125
64	\$132	\$121	\$108	\$168	\$149	\$135
65	\$144	\$132	\$117	\$183	\$162	\$146
66	\$158	\$144	\$128	\$200	\$177	\$160
67	\$173	\$158	\$140	\$218	\$193	\$174
68	\$190	\$173	\$153	\$238	\$211	\$190
69	\$208	\$189	\$167	\$261	\$231	\$207
70	\$228	\$207	\$183	\$286	\$253	\$227
71	\$249	\$226	\$200	\$312	\$276	\$247
72	\$271	\$246	\$217	\$340	\$300	\$268
73	\$295	\$268	\$236	\$371	\$327	\$292
74	\$323	\$293	\$257	\$405	\$357	\$318
75	\$355	\$321	\$282	\$445	\$391	\$348
76	\$390	\$353	\$309	\$490	\$429	\$382
77	\$429	\$388	\$339	\$538	\$471	\$418
78	\$471	\$426	\$372	\$590	\$516	\$458
79	\$519	\$469	\$409	\$650	\$567	\$502
80	\$573	\$517	\$450	\$716	\$624	\$552

Southern Farm Bureau Life Insurance Company

Individual Comprehensive Long Term Care Program

Policy Number 3035

Standard Annual Premiums

PER \$10 of Nursing Home Maximum Daily Benefit

BASE PLAN WITH COMPOUND INFLATION FOR 20 YEARS - ONE DISCOUNT

Issue Age	1500 X MDB MAXIMUM BENEFIT Elimination Period			UNLIMITED MAXIMUM BENEFIT Elimination Period		
	30Day	90Day	180Day	30Day	90Day	180Day
18-35	\$15	\$14	\$14	\$21	\$20	\$19
36	\$16	\$15	\$14	\$22	\$20	\$20
37	\$17	\$16	\$15	\$23	\$21	\$20
38	\$18	\$17	\$16	\$25	\$23	\$21
39	\$19	\$18	\$17	\$26	\$24	\$23
40	\$20	\$19	\$18	\$27	\$26	\$24
41	\$21	\$20	\$19	\$29	\$26	\$25
42	\$22	\$20	\$20	\$31	\$28	\$26
43	\$23	\$22	\$20	\$31	\$29	\$27
44	\$25	\$23	\$21	\$33	\$31	\$29
45	\$26	\$25	\$23	\$36	\$32	\$31
46	\$28	\$26	\$24	\$37	\$34	\$32
47	\$30	\$27	\$26	\$40	\$37	\$34
48	\$31	\$29	\$27	\$43	\$38	\$36
49	\$33	\$31	\$29	\$45	\$41	\$38
50	\$36	\$33	\$31	\$48	\$43	\$41
51	\$39	\$36	\$33	\$52	\$47	\$43
52	\$42	\$39	\$35	\$55	\$50	\$46
53	\$45	\$42	\$38	\$60	\$54	\$49
54	\$48	\$45	\$41	\$65	\$58	\$54
55	\$53	\$49	\$44	\$70	\$63	\$58
56	\$58	\$54	\$48	\$76	\$68	\$62
57	\$63	\$58	\$53	\$82	\$74	\$67
58	\$69	\$63	\$57	\$89	\$80	\$73
59	\$75	\$69	\$62	\$97	\$87	\$79
60	\$82	\$75	\$67	\$105	\$94	\$85
61	\$88	\$82	\$73	\$113	\$101	\$92
62	\$96	\$88	\$78	\$122	\$109	\$99
63	\$104	\$94	\$84	\$132	\$117	\$106
64	\$112	\$103	\$92	\$143	\$127	\$115
65	\$122	\$112	\$99	\$156	\$138	\$124
66	\$134	\$122	\$109	\$170	\$150	\$136
67	\$147	\$134	\$119	\$185	\$164	\$148
68	\$162	\$147	\$130	\$202	\$179	\$162
69	\$177	\$161	\$142	\$222	\$196	\$176
70	\$194	\$176	\$156	\$243	\$215	\$193
71	\$212	\$192	\$170	\$265	\$235	\$210
72	\$230	\$209	\$184	\$289	\$255	\$228
73	\$251	\$228	\$201	\$315	\$278	\$248
74	\$275	\$249	\$218	\$344	\$303	\$270
75	\$302	\$273	\$240	\$378	\$332	\$296
76	\$332	\$300	\$263	\$417	\$365	\$325
77	\$365	\$330	\$288	\$457	\$400	\$355
78	\$400	\$362	\$316	\$502	\$439	\$389
79	\$441	\$399	\$348	\$553	\$482	\$427
80	\$487	\$439	\$383	\$609	\$530	\$469

Southern Farm Bureau Life Insurance Company

Individual Comprehensive Long Term Care Program

Policy Number 3035

Standard Annual Premiums

PER \$10 of Nursing Home Maximum Daily Benefit

BASE PLAN WITH COMPOUND INFLATION FOR 20 YEARS - TWO DISCOUNTS

Issue Age	1500 X MDB MAXIMUM BENEFIT Elimination Period			UNLIMITED MAXIMUM BENEFIT Elimination Period		
	30Day	90Day	180Day	30Day	90Day	180Day
	18-35	\$13	\$12	\$12	\$18	\$17
36	\$14	\$13	\$12	\$19	\$17	\$17
37	\$14	\$14	\$13	\$20	\$18	\$17
38	\$15	\$14	\$14	\$21	\$20	\$18
39	\$16	\$15	\$14	\$22	\$20	\$20
40	\$17	\$16	\$15	\$23	\$22	\$20
41	\$18	\$17	\$16	\$25	\$22	\$21
42	\$19	\$17	\$17	\$26	\$24	\$22
43	\$20	\$19	\$17	\$27	\$25	\$23
44	\$21	\$20	\$18	\$28	\$26	\$25
45	\$22	\$21	\$20	\$30	\$27	\$26
46	\$24	\$22	\$20	\$32	\$29	\$27
47	\$25	\$23	\$22	\$34	\$31	\$29
48	\$27	\$25	\$23	\$36	\$33	\$30
49	\$28	\$27	\$25	\$38	\$35	\$33
50	\$30	\$28	\$26	\$41	\$37	\$35
51	\$33	\$30	\$28	\$44	\$40	\$37
52	\$35	\$33	\$30	\$47	\$43	\$39
53	\$38	\$35	\$33	\$51	\$46	\$42
54	\$41	\$38	\$35	\$55	\$49	\$46
55	\$45	\$42	\$38	\$59	\$53	\$49
56	\$49	\$46	\$41	\$64	\$58	\$53
57	\$53	\$49	\$45	\$70	\$63	\$57
58	\$59	\$53	\$48	\$76	\$68	\$62
59	\$64	\$59	\$53	\$82	\$74	\$67
60	\$69	\$64	\$57	\$90	\$79	\$72
61	\$75	\$69	\$62	\$96	\$86	\$78
62	\$82	\$74	\$66	\$104	\$92	\$84
63	\$88	\$80	\$72	\$112	\$100	\$90
64	\$95	\$87	\$78	\$121	\$108	\$98
65	\$104	\$95	\$85	\$132	\$117	\$105
66	\$114	\$104	\$92	\$145	\$128	\$116
67	\$125	\$114	\$101	\$158	\$139	\$126
68	\$137	\$125	\$111	\$172	\$152	\$137
69	\$150	\$137	\$121	\$189	\$167	\$150
70	\$165	\$150	\$132	\$207	\$183	\$164
71	\$180	\$163	\$145	\$225	\$199	\$178
72	\$196	\$178	\$157	\$246	\$217	\$194
73	\$213	\$194	\$171	\$268	\$236	\$211
74	\$233	\$212	\$186	\$293	\$258	\$230
75	\$256	\$232	\$204	\$322	\$282	\$251
76	\$282	\$255	\$223	\$354	\$310	\$276
77	\$310	\$280	\$245	\$389	\$340	\$302
78	\$340	\$308	\$269	\$426	\$373	\$331
79	\$375	\$339	\$296	\$470	\$410	\$363
80	\$414	\$374	\$325	\$517	\$451	\$399

Southern Farm Bureau Life Insurance Company

Individual Comprehensive Long Term Care Program

Policy Number 3035

Standard Annual Premiums

PER \$10 of Nursing Home Maximum Daily Benefit

BASE PLAN WITH COMPOUND INFLATION FOR LIFETIME

Issue Age	1500 X MDB MAXIMUM BENEFIT Elimination Period			UNLIMITED MAXIMUM BENEFIT Elimination Period		
	30Day	90Day	180Day	30Day	90Day	180Day
18-35	\$28	\$26	\$24	\$37	\$34	\$32
36	\$29	\$28	\$25	\$39	\$36	\$33
37	\$31	\$29	\$27	\$41	\$37	\$35
38	\$32	\$30	\$28	\$43	\$39	\$36
39	\$34	\$32	\$29	\$45	\$41	\$38
40	\$36	\$33	\$30	\$47	\$43	\$40
41	\$37	\$35	\$32	\$50	\$45	\$42
42	\$39	\$36	\$33	\$52	\$47	\$44
43	\$41	\$38	\$35	\$55	\$49	\$46
44	\$43	\$40	\$36	\$57	\$52	\$48
45	\$45	\$42	\$38	\$60	\$54	\$50
46	\$48	\$44	\$40	\$63	\$57	\$52
47	\$50	\$46	\$42	\$66	\$60	\$55
48	\$53	\$49	\$44	\$69	\$63	\$57
49	\$56	\$51	\$47	\$73	\$66	\$60
50	\$59	\$54	\$49	\$77	\$69	\$64
51	\$63	\$58	\$52	\$82	\$73	\$67
52	\$66	\$61	\$55	\$86	\$78	\$71
53	\$70	\$65	\$58	\$91	\$82	\$75
54	\$75	\$69	\$62	\$97	\$87	\$79
55	\$80	\$73	\$66	\$103	\$92	\$84
56	\$85	\$78	\$70	\$110	\$98	\$89
57	\$91	\$84	\$75	\$117	\$105	\$95
58	\$98	\$89	\$80	\$125	\$112	\$101
59	\$104	\$96	\$86	\$133	\$119	\$108
60	\$112	\$102	\$91	\$142	\$127	\$115
61	\$119	\$109	\$97	\$151	\$135	\$122
62	\$126	\$116	\$103	\$160	\$143	\$129
63	\$134	\$123	\$109	\$170	\$151	\$137
64	\$144	\$131	\$117	\$182	\$161	\$146
65	\$155	\$141	\$125	\$195	\$173	\$156
66	\$167	\$153	\$135	\$211	\$187	\$168
67	\$181	\$165	\$147	\$228	\$202	\$182
68	\$197	\$179	\$159	\$247	\$219	\$197
69	\$214	\$195	\$172	\$269	\$238	\$213
70	\$233	\$212	\$187	\$292	\$258	\$231
71	\$253	\$230	\$203	\$318	\$280	\$251
72	\$275	\$250	\$220	\$345	\$304	\$272
73	\$298	\$271	\$238	\$374	\$330	\$294
74	\$325	\$295	\$259	\$408	\$359	\$320
75	\$356	\$323	\$283	\$447	\$393	\$350
76	\$391	\$354	\$310	\$491	\$431	\$383
77	\$430	\$389	\$340	\$539	\$472	\$419
78	\$472	\$427	\$373	\$592	\$517	\$459
79	\$520	\$469	\$409	\$650	\$568	\$503
80	\$573	\$517	\$450	\$716	\$625	\$552

Southern Farm Bureau Life Insurance Company

Individual Comprehensive Long Term Care Program

Policy Number 3035

Standard Annual Premiums

PER \$10 of Nursing Home Maximum Daily Benefit

BASE PLAN WITH COMPOUND INFLATION FOR LIFETIME - ONE DISCOUNT

Issue Age	1500 X MDB MAXIMUM BENEFIT Elimination Period			UNLIMITED MAXIMUM BENEFIT Elimination Period		
	30Day	90Day	180Day	30Day	90Day	180Day
18-35	\$24	\$22	\$20	\$31	\$29	\$27
36	\$25	\$24	\$21	\$33	\$31	\$28
37	\$26	\$25	\$23	\$35	\$31	\$30
38	\$27	\$26	\$24	\$37	\$33	\$31
39	\$29	\$27	\$25	\$38	\$35	\$32
40	\$31	\$28	\$26	\$40	\$37	\$34
41	\$31	\$30	\$27	\$43	\$38	\$36
42	\$33	\$31	\$28	\$44	\$40	\$37
43	\$35	\$32	\$30	\$47	\$42	\$39
44	\$37	\$34	\$31	\$48	\$44	\$41
45	\$38	\$36	\$32	\$51	\$46	\$43
46	\$41	\$37	\$34	\$54	\$48	\$44
47	\$43	\$39	\$36	\$56	\$51	\$47
48	\$45	\$42	\$37	\$59	\$54	\$48
49	\$48	\$43	\$40	\$62	\$56	\$51
50	\$50	\$46	\$42	\$65	\$59	\$54
51	\$54	\$49	\$44	\$70	\$62	\$57
52	\$56	\$52	\$47	\$73	\$66	\$60
53	\$60	\$55	\$49	\$77	\$70	\$64
54	\$64	\$59	\$53	\$82	\$74	\$67
55	\$68	\$62	\$56	\$88	\$78	\$71
56	\$72	\$66	\$60	\$94	\$83	\$76
57	\$77	\$71	\$64	\$99	\$89	\$81
58	\$83	\$76	\$68	\$106	\$95	\$86
59	\$88	\$82	\$73	\$113	\$101	\$92
60	\$95	\$87	\$77	\$121	\$108	\$98
61	\$101	\$93	\$82	\$128	\$115	\$104
62	\$107	\$99	\$88	\$136	\$122	\$110
63	\$114	\$105	\$93	\$145	\$128	\$116
64	\$122	\$111	\$99	\$155	\$137	\$124
65	\$132	\$120	\$106	\$166	\$147	\$133
66	\$142	\$130	\$115	\$179	\$159	\$143
67	\$154	\$140	\$125	\$194	\$172	\$155
68	\$167	\$152	\$135	\$210	\$186	\$167
69	\$182	\$166	\$146	\$229	\$202	\$181
70	\$198	\$180	\$159	\$248	\$219	\$196
71	\$215	\$196	\$173	\$270	\$238	\$213
72	\$234	\$213	\$187	\$293	\$258	\$231
73	\$253	\$230	\$202	\$318	\$281	\$250
74	\$276	\$251	\$220	\$347	\$305	\$272
75	\$303	\$275	\$241	\$380	\$334	\$298
76	\$332	\$301	\$264	\$417	\$366	\$326
77	\$366	\$331	\$289	\$458	\$401	\$356
78	\$401	\$363	\$317	\$503	\$439	\$390
79	\$442	\$399	\$348	\$553	\$483	\$428
80	\$487	\$439	\$383	\$609	\$531	\$469

Southern Farm Bureau Life Insurance Company

Individual Comprehensive Long Term Care Program

Policy Number 3035

Standard Annual Premiums

PER \$10 of Nursing Home Maximum Daily Benefit

BASE PLAN WITH COMPOUND INFLATION FOR LIFETIME - TWO DISCOUNTS

Issue Age	1500 X MDB MAXIMUM BENEFIT Elimination Period			UNLIMITED MAXIMUM BENEFIT Elimination Period		
	30Day	90Day	180Day	30Day	90Day	180Day
	18-35	\$20	\$19	\$17	\$27	\$25
36	\$21	\$20	\$18	\$28	\$26	\$24
37	\$22	\$21	\$20	\$30	\$27	\$25
38	\$23	\$22	\$20	\$31	\$28	\$26
39	\$25	\$23	\$21	\$33	\$30	\$27
40	\$26	\$24	\$22	\$34	\$31	\$29
41	\$27	\$25	\$23	\$36	\$33	\$30
42	\$28	\$26	\$24	\$38	\$34	\$32
43	\$30	\$27	\$25	\$40	\$35	\$33
44	\$31	\$29	\$26	\$41	\$38	\$35
45	\$33	\$30	\$27	\$43	\$39	\$36
46	\$35	\$32	\$29	\$46	\$41	\$38
47	\$36	\$33	\$30	\$48	\$43	\$40
48	\$38	\$35	\$32	\$50	\$46	\$41
49	\$40	\$37	\$34	\$53	\$48	\$43
50	\$43	\$39	\$35	\$56	\$50	\$46
51	\$46	\$42	\$38	\$59	\$53	\$48
52	\$48	\$44	\$40	\$62	\$56	\$51
53	\$51	\$47	\$42	\$66	\$59	\$54
54	\$54	\$50	\$45	\$70	\$63	\$57
55	\$58	\$53	\$48	\$74	\$66	\$61
56	\$61	\$56	\$51	\$79	\$71	\$64
57	\$66	\$61	\$54	\$85	\$76	\$69
58	\$71	\$64	\$58	\$90	\$81	\$73
59	\$75	\$69	\$62	\$96	\$86	\$78
60	\$81	\$74	\$66	\$103	\$92	\$83
61	\$86	\$79	\$70	\$109	\$98	\$88
62	\$91	\$84	\$74	\$116	\$103	\$93
63	\$97	\$89	\$79	\$123	\$109	\$99
64	\$104	\$95	\$85	\$131	\$116	\$105
65	\$112	\$102	\$90	\$141	\$125	\$113
66	\$121	\$111	\$98	\$152	\$135	\$121
67	\$131	\$119	\$106	\$165	\$146	\$131
68	\$142	\$129	\$115	\$178	\$158	\$142
69	\$155	\$141	\$124	\$194	\$172	\$154
70	\$168	\$153	\$135	\$211	\$186	\$167
71	\$183	\$166	\$147	\$230	\$202	\$181
72	\$199	\$181	\$159	\$249	\$220	\$197
73	\$215	\$196	\$172	\$270	\$238	\$212
74	\$235	\$213	\$187	\$295	\$259	\$231
75	\$257	\$233	\$204	\$323	\$284	\$253
76	\$282	\$256	\$224	\$355	\$311	\$277
77	\$311	\$281	\$246	\$389	\$341	\$303
78	\$341	\$309	\$269	\$428	\$374	\$332
79	\$376	\$339	\$296	\$470	\$410	\$363
80	\$414	\$374	\$325	\$517	\$452	\$399

Southern Farm Bureau Life Insurance Company

Individual Comprehensive Long Term Care Program

Policy Number 3035

ADDITIONAL PREMIUM FOR RETURN OF PREMIUM & NONFORFEITURE OPTIONS

Percent Increase in Premium		
Issue Age	Return of Premium at	Nonforfeiture at Lapse
40	3.90%	16.20%
41	4.10%	15.80%
42	4.40%	15.40%
43	4.60%	15.00%
44	4.80%	14.60%
45	5.10%	14.30%
46	5.40%	14.00%
47	5.60%	13.80%
48	5.90%	13.60%
49	6.20%	13.40%
50	6.40%	13.10%
51	6.60%	12.70%
52	6.90%	12.30%
53	7.10%	11.90%
54	7.30%	11.40%
55	7.50%	11.00%
56	7.60%	10.60%
57	7.70%	10.30%
58	7.80%	9.90%
59	7.70%	9.60%
60	7.60%	9.20%
61	7.30%	8.80%
62	6.90%	8.30%
63	6.40%	7.90%
64	5.80%	7.40%
65	5.30%	7.00%
66	4.50%	6.60%
67	3.70%	6.20%
68	2.90%	5.80%
69	2.20%	5.40%
70	N/A	5.00%
71	N/A	4.60%
72	N/A	4.20%
73	N/A	3.90%
74	N/A	3.50%
75	N/A	3.20%
76	N/A	2.90%
77	N/A	2.60%
78	N/A	2.40%
79	N/A	2.10%
80	N/A	1.90%

Southern Farm Bureau Life Insurance Company

Individual Comprehensive Long Term Care Program

Policy Number 3034Q

Standard Annual Premiums

PER \$10 of Nursing Home Maximum Daily Benefit

BASE PLAN

Issue Age	1500 X MDB MAXIMUM BENEFIT			UNLIMITED MAXIMUM BENEFIT		
	Elimination Period			Elimination Period		
	30Day	90Day	180Day	30Day	90Day	180Day
18-35	\$17	\$16	\$15	\$22	\$20	\$19
36	\$18	\$17	\$15	\$23	\$22	\$21
37	\$19	\$18	\$16	\$24	\$23	\$22
38	\$20	\$19	\$17	\$26	\$24	\$23
39	\$21	\$20	\$18	\$28	\$26	\$25
40	\$23	\$21	\$19	\$29	\$27	\$26
41	\$24	\$22	\$20	\$31	\$29	\$27
42	\$25	\$23	\$20	\$33	\$31	\$29
43	\$27	\$24	\$21	\$35	\$32	\$31
44	\$28	\$26	\$23	\$37	\$34	\$32
45	\$30	\$27	\$24	\$39	\$36	\$34
46	\$32	\$29	\$25	\$42	\$38	\$36
47	\$34	\$31	\$27	\$44	\$40	\$38
48	\$36	\$33	\$28	\$46	\$43	\$40
49	\$38	\$35	\$30	\$49	\$45	\$42
50	\$41	\$37	\$32	\$53	\$48	\$45
51	\$44	\$40	\$34	\$57	\$52	\$48
52	\$48	\$43	\$37	\$61	\$55	\$52
53	\$51	\$46	\$40	\$65	\$60	\$55
54	\$55	\$50	\$43	\$70	\$64	\$60
55	\$60	\$54	\$46	\$76	\$69	\$64
56	\$66	\$59	\$50	\$82	\$75	\$69
57	\$72	\$64	\$55	\$89	\$81	\$75
58	\$78	\$70	\$60	\$96	\$87	\$81
59	\$86	\$77	\$65	\$105	\$95	\$87
60	\$94	\$84	\$71	\$114	\$103	\$95
61	\$102	\$92	\$78	\$124	\$112	\$103
62	\$111	\$100	\$85	\$134	\$121	\$111
63	\$121	\$108	\$92	\$146	\$131	\$120
64	\$133	\$119	\$101	\$159	\$143	\$131
65	\$147	\$131	\$111	\$175	\$157	\$143
66	\$162	\$145	\$123	\$193	\$173	\$158
67	\$179	\$160	\$135	\$212	\$190	\$173
68	\$198	\$177	\$150	\$234	\$209	\$190
69	\$220	\$197	\$166	\$260	\$232	\$210
70	\$246	\$220	\$186	\$290	\$259	\$234
71	\$276	\$246	\$207	\$325	\$289	\$261
72	\$307	\$274	\$231	\$362	\$322	\$291
73	\$343	\$305	\$257	\$404	\$358	\$323
74	\$384	\$342	\$287	\$452	\$401	\$361
75	\$432	\$384	\$322	\$508	\$449	\$404
76	\$484	\$430	\$361	\$570	\$503	\$451
77	\$541	\$481	\$403	\$636	\$560	\$502
78	\$604	\$537	\$450	\$710	\$624	\$559
79	\$677	\$601	\$504	\$794	\$697	\$623
80	\$761	\$675	\$566	\$892	\$782	\$697

Southern Farm Bureau Life Insurance Company

Individual Comprehensive Long Term Care Program

Policy Number 3034Q

Standard Annual Premiums

PER \$10 of Nursing Home Maximum Daily Benefit

BASE PLAN - ONE DISCOUNT

Issue Age	1500 X MDB MAXIMUM BENEFIT			UNLIMITED MAXIMUM BENEFIT		
	Elimination Period			Elimination Period		
	30Day	90Day	180Day	30Day	90Day	180Day
18-35	\$14	\$14	\$13	\$19	\$17	\$16
36	\$15	\$14	\$13	\$20	\$19	\$18
37	\$16	\$15	\$14	\$20	\$20	\$19
38	\$17	\$16	\$14	\$22	\$20	\$20
39	\$18	\$17	\$15	\$24	\$22	\$21
40	\$20	\$18	\$16	\$25	\$23	\$22
41	\$20	\$19	\$17	\$26	\$25	\$23
42	\$21	\$20	\$17	\$28	\$26	\$25
43	\$23	\$20	\$18	\$30	\$27	\$26
44	\$24	\$22	\$20	\$31	\$29	\$27
45	\$26	\$23	\$20	\$33	\$31	\$29
46	\$27	\$25	\$21	\$36	\$32	\$31
47	\$29	\$26	\$23	\$37	\$34	\$32
48	\$31	\$28	\$24	\$39	\$37	\$34
49	\$32	\$30	\$26	\$42	\$38	\$36
50	\$35	\$31	\$27	\$45	\$41	\$38
51	\$37	\$34	\$29	\$48	\$44	\$41
52	\$41	\$37	\$31	\$52	\$47	\$44
53	\$43	\$39	\$34	\$55	\$51	\$47
54	\$47	\$43	\$37	\$60	\$54	\$51
55	\$51	\$46	\$39	\$65	\$59	\$54
56	\$56	\$50	\$43	\$70	\$64	\$59
57	\$61	\$54	\$47	\$76	\$69	\$64
58	\$66	\$60	\$51	\$82	\$74	\$69
59	\$73	\$65	\$55	\$89	\$81	\$74
60	\$80	\$71	\$60	\$97	\$88	\$81
61	\$87	\$78	\$66	\$105	\$95	\$88
62	\$94	\$85	\$72	\$114	\$103	\$94
63	\$103	\$92	\$78	\$124	\$111	\$102
64	\$113	\$101	\$86	\$135	\$122	\$111
65	\$125	\$111	\$94	\$149	\$133	\$122
66	\$138	\$123	\$105	\$164	\$147	\$134
67	\$152	\$136	\$115	\$180	\$162	\$147
68	\$168	\$150	\$128	\$199	\$178	\$162
69	\$187	\$167	\$141	\$221	\$197	\$179
70	\$209	\$187	\$158	\$247	\$220	\$199
71	\$235	\$209	\$176	\$276	\$246	\$222
72	\$261	\$233	\$196	\$308	\$274	\$247
73	\$292	\$259	\$218	\$343	\$304	\$275
74	\$326	\$291	\$244	\$384	\$341	\$307
75	\$367	\$326	\$274	\$432	\$382	\$343
76	\$411	\$366	\$307	\$485	\$428	\$383
77	\$460	\$409	\$343	\$541	\$476	\$427
78	\$513	\$456	\$383	\$604	\$530	\$475
79	\$575	\$511	\$428	\$675	\$592	\$530
80	\$647	\$574	\$481	\$758	\$665	\$592

Southern Farm Bureau Life Insurance Company

Individual Comprehensive Long Term Care Program

Policy Number 3034Q

Standard Annual Premiums

PER \$10 of Nursing Home Maximum Daily Benefit

BASE PLAN - TWO DISCOUNTS

Issue Age	1500 X MDB MAXIMUM BENEFIT Elimination Period			UNLIMITED MAXIMUM BENEFIT Elimination Period		
	30Day	90Day	180Day	30Day	90Day	180Day
18-35	\$12	\$12	\$11	\$16	\$14	\$14
36	\$13	\$12	\$11	\$17	\$16	\$15
37	\$14	\$13	\$12	\$17	\$17	\$16
38	\$14	\$14	\$12	\$19	\$17	\$17
39	\$15	\$14	\$13	\$20	\$19	\$18
40	\$17	\$15	\$14	\$21	\$20	\$19
41	\$17	\$16	\$14	\$22	\$21	\$20
42	\$18	\$17	\$14	\$24	\$22	\$21
43	\$20	\$17	\$15	\$25	\$23	\$22
44	\$20	\$19	\$17	\$27	\$25	\$23
45	\$22	\$20	\$17	\$28	\$26	\$25
46	\$23	\$21	\$18	\$30	\$27	\$26
47	\$25	\$22	\$20	\$32	\$29	\$27
48	\$26	\$24	\$20	\$33	\$31	\$29
49	\$27	\$25	\$22	\$35	\$33	\$30
50	\$30	\$27	\$23	\$38	\$35	\$33
51	\$32	\$29	\$25	\$41	\$38	\$35
52	\$35	\$31	\$27	\$44	\$40	\$38
53	\$37	\$33	\$29	\$47	\$43	\$40
54	\$40	\$36	\$31	\$51	\$46	\$43
55	\$43	\$39	\$33	\$55	\$50	\$46
56	\$48	\$43	\$36	\$59	\$54	\$50
57	\$52	\$46	\$40	\$64	\$59	\$54
58	\$56	\$51	\$43	\$69	\$63	\$59
59	\$62	\$56	\$47	\$76	\$69	\$63
60	\$68	\$61	\$51	\$82	\$74	\$69
61	\$74	\$66	\$56	\$90	\$81	\$74
62	\$80	\$72	\$61	\$97	\$87	\$80
63	\$87	\$78	\$66	\$105	\$95	\$87
64	\$96	\$86	\$73	\$115	\$103	\$95
65	\$106	\$95	\$80	\$126	\$113	\$103
66	\$117	\$105	\$89	\$139	\$125	\$114
67	\$129	\$116	\$98	\$153	\$137	\$125
68	\$143	\$128	\$108	\$169	\$151	\$137
69	\$159	\$142	\$120	\$188	\$168	\$152
70	\$178	\$159	\$134	\$210	\$187	\$169
71	\$199	\$178	\$150	\$235	\$209	\$189
72	\$222	\$198	\$167	\$262	\$233	\$210
73	\$248	\$220	\$186	\$292	\$259	\$233
74	\$277	\$247	\$207	\$327	\$290	\$261
75	\$312	\$277	\$233	\$367	\$324	\$292
76	\$350	\$311	\$261	\$412	\$363	\$326
77	\$391	\$348	\$291	\$460	\$405	\$363
78	\$436	\$388	\$325	\$513	\$451	\$404
79	\$489	\$434	\$364	\$574	\$504	\$450
80	\$550	\$488	\$409	\$644	\$565	\$504

Southern Farm Bureau Life Insurance Company

Individual Comprehensive Long Term Care Program

Policy Number 3034Q

Standard Annual Premiums

PER \$10 of Nursing Home Maximum Daily Benefit

BASE PLAN WITH COMPOUND INFLATION FOR 20 YEARS

Issue Age	1500 X MDB MAXIMUM BENEFIT			UNLIMITED MAXIMUM BENEFIT		
	Elimination Period			Elimination Period		
	30Day	90Day	180Day	30Day	90Day	180Day
18-35	\$26	\$24	\$21	\$34	\$31	\$30
36	\$27	\$25	\$22	\$36	\$34	\$32
37	\$29	\$27	\$23	\$39	\$36	\$34
38	\$31	\$28	\$25	\$41	\$38	\$36
39	\$33	\$30	\$26	\$44	\$41	\$38
40	\$35	\$32	\$28	\$47	\$43	\$41
41	\$38	\$34	\$30	\$50	\$46	\$43
42	\$40	\$37	\$32	\$54	\$49	\$46
43	\$43	\$39	\$34	\$57	\$52	\$49
44	\$46	\$42	\$36	\$61	\$56	\$52
45	\$50	\$45	\$38	\$65	\$59	\$55
46	\$53	\$48	\$41	\$69	\$63	\$59
47	\$57	\$51	\$44	\$74	\$67	\$62
48	\$61	\$55	\$47	\$79	\$72	\$67
49	\$66	\$59	\$51	\$85	\$77	\$71
50	\$72	\$64	\$55	\$91	\$83	\$76
51	\$78	\$70	\$59	\$99	\$89	\$82
52	\$84	\$75	\$64	\$106	\$96	\$89
53	\$91	\$82	\$69	\$115	\$104	\$95
54	\$99	\$89	\$75	\$124	\$112	\$103
55	\$108	\$97	\$82	\$135	\$121	\$111
56	\$119	\$106	\$89	\$146	\$132	\$121
57	\$129	\$115	\$97	\$159	\$143	\$131
58	\$141	\$126	\$106	\$172	\$155	\$141
59	\$154	\$137	\$116	\$187	\$167	\$153
60	\$168	\$150	\$126	\$202	\$181	\$165
61	\$182	\$162	\$137	\$219	\$195	\$178
62	\$196	\$175	\$147	\$235	\$210	\$191
63	\$212	\$189	\$159	\$253	\$226	\$205
64	\$230	\$205	\$172	\$273	\$244	\$221
65	\$250	\$223	\$188	\$297	\$265	\$240
66	\$274	\$244	\$205	\$324	\$288	\$261
67	\$299	\$266	\$224	\$353	\$314	\$283
68	\$327	\$291	\$245	\$385	\$342	\$308
69	\$357	\$318	\$267	\$420	\$373	\$336
70	\$391	\$348	\$293	\$460	\$407	\$367
71	\$428	\$380	\$319	\$502	\$444	\$399
72	\$466	\$414	\$347	\$546	\$483	\$434
73	\$507	\$451	\$378	\$595	\$526	\$472
74	\$554	\$492	\$413	\$651	\$574	\$515
75	\$609	\$541	\$453	\$714	\$629	\$564
76	\$670	\$594	\$497	\$785	\$691	\$617
77	\$735	\$652	\$546	\$861	\$757	\$675
78	\$807	\$716	\$599	\$945	\$829	\$739
79	\$888	\$787	\$658	\$1,039	\$910	\$810
80	\$979	\$867	\$725	\$1,144	\$1,001	\$889

Southern Farm Bureau Life Insurance Company

Individual Comprehensive Long Term Care Program

Policy Number 3034Q

Standard Annual Premiums

PER \$10 of Nursing Home Maximum Daily Benefit

BASE PLAN WITH COMPOUND INFLATION FOR 20 YEARS - ONE DISCOUNT

Issue Age	1500 X MDB MAXIMUM BENEFIT			UNLIMITED MAXIMUM BENEFIT		
	Elimination Period			Elimination Period		
	30Day	90Day	180Day	30Day	90Day	180Day
18-35	\$22	\$20	\$18	\$29	\$26	\$26
36	\$23	\$21	\$19	\$31	\$29	\$27
37	\$25	\$23	\$20	\$33	\$31	\$29
38	\$26	\$24	\$21	\$35	\$32	\$31
39	\$28	\$26	\$22	\$37	\$35	\$32
40	\$30	\$27	\$24	\$40	\$37	\$35
41	\$32	\$29	\$26	\$43	\$39	\$37
42	\$34	\$31	\$27	\$46	\$42	\$39
43	\$37	\$33	\$29	\$48	\$44	\$42
44	\$39	\$36	\$31	\$52	\$48	\$44
45	\$43	\$38	\$32	\$55	\$50	\$47
46	\$45	\$41	\$35	\$59	\$54	\$50
47	\$48	\$43	\$37	\$63	\$57	\$53
48	\$52	\$47	\$40	\$67	\$61	\$57
49	\$56	\$50	\$43	\$72	\$65	\$60
50	\$61	\$54	\$47	\$77	\$71	\$65
51	\$66	\$60	\$50	\$84	\$76	\$70
52	\$71	\$64	\$54	\$90	\$82	\$76
53	\$77	\$70	\$59	\$98	\$88	\$81
54	\$84	\$76	\$64	\$105	\$95	\$88
55	\$92	\$82	\$70	\$115	\$103	\$94
56	\$101	\$90	\$76	\$124	\$112	\$103
57	\$110	\$98	\$82	\$135	\$122	\$111
58	\$120	\$107	\$90	\$146	\$132	\$120
59	\$131	\$116	\$99	\$159	\$142	\$130
60	\$143	\$128	\$107	\$172	\$154	\$140
61	\$155	\$138	\$116	\$186	\$166	\$151
62	\$167	\$149	\$125	\$200	\$179	\$162
63	\$180	\$161	\$135	\$215	\$192	\$174
64	\$196	\$174	\$146	\$232	\$207	\$188
65	\$213	\$190	\$160	\$252	\$225	\$204
66	\$233	\$207	\$174	\$275	\$245	\$222
67	\$254	\$226	\$190	\$300	\$267	\$241
68	\$278	\$247	\$208	\$327	\$291	\$262
69	\$303	\$270	\$227	\$357	\$317	\$286
70	\$332	\$296	\$249	\$391	\$346	\$312
71	\$364	\$323	\$271	\$427	\$377	\$339
72	\$396	\$352	\$295	\$464	\$411	\$369
73	\$431	\$383	\$321	\$506	\$447	\$401
74	\$471	\$418	\$351	\$553	\$488	\$438
75	\$518	\$460	\$385	\$607	\$535	\$479
76	\$570	\$505	\$422	\$667	\$587	\$524
77	\$625	\$554	\$464	\$732	\$643	\$574
78	\$686	\$609	\$509	\$803	\$705	\$628
79	\$755	\$669	\$559	\$883	\$774	\$689
80	\$832	\$737	\$616	\$972	\$851	\$756

Southern Farm Bureau Life Insurance Company

Individual Comprehensive Long Term Care Program

Policy Number 3034Q

Standard Annual Premiums

PER \$10 of Nursing Home Maximum Daily Benefit

Issue Age	BASE PLAN WITH COMPOUND INFLATION FOR 20 YEARS - TWO DISCOUNTS					
	1500 X MDB MAXIMUM BENEFIT			UNLIMITED MAXIMUM BENEFIT		
	Elimination Period			Elimination Period		
	30Day	90Day	180Day	30Day	90Day	180Day
18-35	\$19	\$17	\$15	\$25	\$22	\$22
36	\$20	\$18	\$16	\$26	\$25	\$23
37	\$21	\$20	\$17	\$28	\$26	\$25
38	\$22	\$20	\$18	\$30	\$27	\$26
39	\$24	\$22	\$19	\$32	\$30	\$27
40	\$25	\$23	\$20	\$34	\$31	\$30
41	\$27	\$25	\$22	\$36	\$33	\$31
42	\$29	\$27	\$23	\$39	\$35	\$33
43	\$31	\$28	\$25	\$41	\$38	\$35
44	\$33	\$30	\$26	\$44	\$40	\$38
45	\$36	\$33	\$27	\$47	\$43	\$40
46	\$38	\$35	\$30	\$50	\$46	\$43
47	\$41	\$37	\$32	\$53	\$48	\$45
48	\$44	\$40	\$34	\$57	\$52	\$48
49	\$48	\$43	\$37	\$61	\$56	\$51
50	\$52	\$46	\$40	\$66	\$60	\$55
51	\$56	\$51	\$43	\$72	\$64	\$59
52	\$61	\$54	\$46	\$77	\$69	\$64
53	\$66	\$59	\$50	\$83	\$75	\$69
54	\$72	\$64	\$54	\$90	\$81	\$74
55	\$78	\$70	\$59	\$98	\$87	\$80
56	\$86	\$77	\$64	\$105	\$95	\$87
57	\$93	\$83	\$70	\$115	\$103	\$95
58	\$102	\$91	\$77	\$124	\$112	\$102
59	\$111	\$99	\$84	\$135	\$121	\$111
60	\$121	\$108	\$91	\$146	\$131	\$119
61	\$131	\$117	\$99	\$158	\$141	\$129
62	\$142	\$126	\$106	\$170	\$152	\$138
63	\$153	\$137	\$115	\$183	\$163	\$148
64	\$166	\$148	\$124	\$197	\$176	\$160
65	\$181	\$161	\$136	\$215	\$191	\$173
66	\$198	\$176	\$148	\$234	\$208	\$189
67	\$216	\$192	\$162	\$255	\$227	\$204
68	\$236	\$210	\$177	\$278	\$247	\$223
69	\$258	\$230	\$193	\$303	\$269	\$243
70	\$282	\$251	\$212	\$332	\$294	\$265
71	\$309	\$275	\$230	\$363	\$321	\$288
72	\$337	\$299	\$251	\$394	\$349	\$314
73	\$366	\$326	\$273	\$430	\$380	\$341
74	\$400	\$355	\$298	\$470	\$415	\$372
75	\$440	\$391	\$327	\$516	\$454	\$407
76	\$484	\$429	\$359	\$567	\$499	\$446
77	\$531	\$471	\$394	\$622	\$547	\$488
78	\$583	\$517	\$433	\$683	\$599	\$534
79	\$642	\$569	\$475	\$751	\$657	\$585
80	\$707	\$626	\$524	\$827	\$723	\$642

Southern Farm Bureau Life Insurance Company

Individual Comprehensive Long Term Care Program

Policy Number 3034Q

Standard Annual Premiums

PER \$10 of Nursing Home Maximum Daily Benefit

BASE PLAN WITH COMPOUND INFLATION FOR LIFETIME

Issue Age	1500 X MDB MAXIMUM BENEFIT			UNLIMITED MAXIMUM BENEFIT		
	Elimination Period			Elimination Period		
	30Day	90Day	180Day	30Day	90Day	180Day
18-35	\$42	\$38	\$33	\$53	\$49	\$45
36	\$44	\$40	\$35	\$57	\$52	\$48
37	\$47	\$42	\$37	\$60	\$54	\$50
38	\$50	\$45	\$39	\$63	\$58	\$53
39	\$53	\$47	\$41	\$67	\$61	\$56
40	\$56	\$50	\$43	\$71	\$64	\$59
41	\$59	\$53	\$45	\$75	\$68	\$63
42	\$62	\$56	\$48	\$79	\$72	\$66
43	\$66	\$59	\$50	\$83	\$75	\$70
44	\$69	\$62	\$53	\$88	\$80	\$73
45	\$74	\$66	\$56	\$93	\$84	\$77
46	\$78	\$70	\$59	\$98	\$89	\$81
47	\$83	\$74	\$63	\$104	\$93	\$86
48	\$87	\$78	\$66	\$109	\$99	\$90
49	\$93	\$83	\$70	\$116	\$104	\$95
50	\$99	\$88	\$75	\$123	\$110	\$101
51	\$105	\$94	\$79	\$130	\$117	\$107
52	\$112	\$100	\$84	\$138	\$124	\$114
53	\$119	\$106	\$90	\$147	\$132	\$121
54	\$127	\$114	\$96	\$156	\$140	\$128
55	\$136	\$122	\$102	\$167	\$150	\$136
56	\$146	\$130	\$110	\$178	\$160	\$145
57	\$157	\$140	\$118	\$190	\$170	\$155
58	\$168	\$150	\$126	\$203	\$181	\$165
59	\$180	\$161	\$135	\$217	\$194	\$176
60	\$193	\$172	\$145	\$231	\$206	\$187
61	\$206	\$183	\$154	\$246	\$219	\$199
62	\$219	\$195	\$164	\$261	\$232	\$211
63	\$233	\$207	\$175	\$277	\$247	\$223
64	\$249	\$222	\$186	\$295	\$263	\$238
65	\$268	\$238	\$201	\$317	\$282	\$255
66	\$289	\$258	\$217	\$342	\$304	\$274
67	\$313	\$279	\$234	\$369	\$328	\$296
68	\$339	\$302	\$254	\$399	\$354	\$319
69	\$368	\$328	\$275	\$432	\$383	\$345
70	\$401	\$357	\$300	\$470	\$416	\$375
71	\$435	\$387	\$325	\$511	\$452	\$406
72	\$472	\$420	\$352	\$554	\$490	\$440
73	\$512	\$455	\$382	\$601	\$531	\$477
74	\$558	\$496	\$416	\$655	\$578	\$518
75	\$612	\$543	\$455	\$718	\$632	\$566
76	\$672	\$596	\$499	\$788	\$693	\$619
77	\$737	\$654	\$547	\$864	\$759	\$677
78	\$809	\$717	\$600	\$947	\$831	\$741
79	\$889	\$788	\$659	\$1,040	\$911	\$811
80	\$979	\$868	\$725	\$1,144	\$1,001	\$890

Southern Farm Bureau Life Insurance Company

Individual Comprehensive Long Term Care Program

Policy Number 3034Q

Standard Annual Premiums

PER \$10 of Nursing Home Maximum Daily Benefit

BASE PLAN WITH COMPOUND INFLATION FOR LIFETIME - ONE DISCOUNT

Issue Age	1500 X MDB MAXIMUM BENEFIT			UNLIMITED MAXIMUM BENEFIT		
	Elimination Period			Elimination Period		
	30Day	90Day	180Day	30Day	90Day	180Day
18-35	\$36	\$32	\$28	\$45	\$42	\$38
36	\$37	\$34	\$30	\$48	\$44	\$41
37	\$40	\$36	\$31	\$51	\$46	\$43
38	\$43	\$38	\$33	\$54	\$49	\$45
39	\$45	\$40	\$35	\$57	\$52	\$48
40	\$48	\$43	\$37	\$60	\$54	\$50
41	\$50	\$45	\$38	\$64	\$58	\$54
42	\$53	\$48	\$41	\$67	\$61	\$56
43	\$56	\$50	\$43	\$71	\$64	\$60
44	\$59	\$53	\$45	\$75	\$68	\$62
45	\$63	\$56	\$48	\$79	\$71	\$65
46	\$66	\$60	\$50	\$83	\$76	\$69
47	\$71	\$63	\$54	\$88	\$79	\$73
48	\$74	\$66	\$56	\$93	\$84	\$77
49	\$79	\$71	\$60	\$99	\$88	\$81
50	\$84	\$75	\$64	\$105	\$94	\$86
51	\$89	\$80	\$67	\$111	\$99	\$91
52	\$95	\$85	\$71	\$117	\$105	\$97
53	\$101	\$90	\$77	\$125	\$112	\$103
54	\$108	\$97	\$82	\$133	\$119	\$109
55	\$116	\$104	\$87	\$142	\$128	\$116
56	\$124	\$111	\$94	\$151	\$136	\$123
57	\$133	\$119	\$100	\$162	\$145	\$132
58	\$143	\$128	\$107	\$173	\$154	\$140
59	\$153	\$137	\$115	\$184	\$165	\$150
60	\$164	\$146	\$123	\$196	\$175	\$159
61	\$175	\$156	\$131	\$209	\$186	\$169
62	\$186	\$166	\$139	\$222	\$197	\$179
63	\$198	\$176	\$149	\$235	\$210	\$190
64	\$212	\$189	\$158	\$251	\$224	\$202
65	\$228	\$202	\$171	\$269	\$240	\$217
66	\$246	\$219	\$184	\$291	\$258	\$233
67	\$266	\$237	\$199	\$314	\$279	\$252
68	\$288	\$257	\$216	\$339	\$301	\$271
69	\$313	\$279	\$234	\$367	\$326	\$293
70	\$341	\$303	\$255	\$400	\$354	\$319
71	\$370	\$329	\$276	\$434	\$384	\$345
72	\$401	\$357	\$299	\$471	\$417	\$374
73	\$435	\$387	\$325	\$511	\$451	\$405
74	\$474	\$422	\$354	\$557	\$491	\$440
75	\$520	\$462	\$387	\$610	\$537	\$481
76	\$571	\$507	\$424	\$670	\$589	\$526
77	\$626	\$556	\$465	\$734	\$645	\$575
78	\$688	\$609	\$510	\$805	\$706	\$630
79	\$756	\$670	\$560	\$884	\$774	\$689
80	\$832	\$738	\$616	\$972	\$851	\$757

Southern Farm Bureau Life Insurance Company

Individual Comprehensive Long Term Care Program

Policy Number 3034Q

Standard Annual Premiums

PER \$10 of Nursing Home Maximum Daily Benefit

Issue Age	BASE PLAN WITH COMPOUND INFLATION FOR LIFETIME - TWO DISCOUNTS					
	1500 X MDB MAXIMUM BENEFIT			UNLIMITED MAXIMUM BENEFIT		
	Elimination Period			Elimination Period		
	30Day	90Day	180Day	30Day	90Day	180Day
18-35	\$30	\$27	\$24	\$38	\$35	\$33
36	\$32	\$29	\$25	\$41	\$38	\$35
37	\$34	\$30	\$27	\$43	\$39	\$36
38	\$36	\$33	\$28	\$46	\$42	\$38
39	\$38	\$34	\$30	\$48	\$44	\$40
40	\$40	\$36	\$31	\$51	\$46	\$43
41	\$43	\$38	\$33	\$54	\$49	\$46
42	\$45	\$40	\$35	\$57	\$52	\$48
43	\$48	\$43	\$36	\$60	\$54	\$51
44	\$50	\$45	\$38	\$64	\$58	\$53
45	\$53	\$48	\$40	\$67	\$61	\$56
46	\$56	\$51	\$43	\$71	\$64	\$59
47	\$60	\$53	\$46	\$75	\$67	\$62
48	\$63	\$56	\$48	\$79	\$72	\$65
49	\$67	\$60	\$51	\$84	\$75	\$69
50	\$72	\$64	\$54	\$89	\$79	\$73
51	\$76	\$68	\$57	\$94	\$85	\$77
52	\$81	\$72	\$61	\$100	\$90	\$82
53	\$86	\$77	\$65	\$106	\$95	\$87
54	\$92	\$82	\$69	\$113	\$101	\$92
55	\$98	\$88	\$74	\$121	\$108	\$98
56	\$105	\$94	\$79	\$129	\$116	\$105
57	\$113	\$101	\$85	\$137	\$123	\$112
58	\$121	\$108	\$91	\$147	\$131	\$119
59	\$130	\$116	\$98	\$157	\$140	\$127
60	\$139	\$124	\$105	\$167	\$149	\$135
61	\$149	\$132	\$111	\$178	\$158	\$144
62	\$158	\$141	\$118	\$189	\$168	\$152
63	\$168	\$150	\$126	\$200	\$178	\$161
64	\$180	\$160	\$134	\$213	\$190	\$172
65	\$194	\$172	\$145	\$229	\$204	\$184
66	\$209	\$186	\$157	\$247	\$220	\$198
67	\$226	\$202	\$169	\$267	\$237	\$214
68	\$245	\$218	\$184	\$288	\$256	\$230
69	\$266	\$237	\$199	\$312	\$277	\$249
70	\$290	\$258	\$217	\$340	\$301	\$271
71	\$314	\$280	\$235	\$369	\$327	\$293
72	\$341	\$303	\$254	\$400	\$354	\$318
73	\$370	\$329	\$276	\$434	\$384	\$345
74	\$403	\$358	\$301	\$473	\$418	\$374
75	\$442	\$392	\$329	\$519	\$457	\$409
76	\$486	\$431	\$361	\$569	\$501	\$447
77	\$532	\$473	\$395	\$624	\$548	\$489
78	\$585	\$518	\$434	\$684	\$600	\$535
79	\$642	\$569	\$476	\$751	\$658	\$586
80	\$707	\$627	\$524	\$827	\$723	\$643

73	\$512	\$455	\$382	\$601	\$531	\$477
74	\$558	\$496	\$416	\$655	\$578	\$518
75	\$612	\$543	\$455	\$718	\$632	\$566
76	\$672	\$596	\$499	\$788	\$693	\$619
77	\$737	\$654	\$547	\$864	\$759	\$677
78	\$809	\$717	\$600	\$947	\$831	\$741
79	\$889	\$788	\$659	\$1,040	\$911	\$811
80	\$979	\$868	\$725	\$1,144	\$1,001	\$890

Southern Farm Bureau Life Insurance Company

Individual Comprehensive Long Term Care Program

Policy Number 3034Q

ADDITIONAL PREMIUM FOR RETURN OF PREMIUM & NONFORFEITURE OPTIONS

Percent Increase in Premium		
Issue Age	Return of Premium at	Nonforfeiture at Lapse
35 and under	3.00%	27.60%
36	3.20%	27.50%
37	3.30%	27.30%
38	3.50%	27.20%
39	3.70%	27.00%
40	3.90%	26.90%
41	4.10%	26.80%
42	4.40%	26.60%
43	4.60%	26.50%
44	4.80%	26.30%
45	5.10%	26.20%
46	5.40%	26.00%
47	5.60%	25.90%
48	5.90%	25.70%
49	6.20%	25.60%
50	6.40%	25.40%
51	6.60%	25.30%
52	6.90%	25.10%
53	7.10%	24.90%
54	7.30%	24.80%
55	7.50%	24.60%
56	7.60%	24.50%
57	7.70%	24.30%
58	7.80%	24.10%
59	7.70%	24.00%
60	7.60%	23.80%
61	7.30%	23.60%
62	6.90%	23.40%
63	6.40%	23.30%
64	5.80%	23.10%
65	5.30%	22.90%
66	4.50%	22.70%
67	3.70%	22.60%
68	2.90%	22.40%
69	2.20%	22.20%
70	N/A	22.00%
71	N/A	21.90%
72	N/A	21.70%
73	N/A	21.50%
74	N/A	21.40%
75	N/A	21.20%
76	N/A	20.90%
77	N/A	20.60%
78	N/A	20.30%
79	N/A	19.90%
80	N/A	19.60%

Southern Farm Bureau Life Insurance Company

Individual Comprehensive Long Term Care Program

Policy Number 3034Q

Standard Annual Premiums Reflecting Increase of 17.5%

PER \$10 of Nursing Home Maximum Daily Benefit

BASE PLAN						
Issue Age	1500 X MDB MAXIMUM BENEFIT Elimination Period			UNLIMITED MAXIMUM BENEFIT Elimination Period		
	30Day	90Day	180Day	30Day	90Day	180Day
18-35	\$19.98	\$18.80	\$17.63	\$25.85	\$23.50	\$22.33
36	\$21.15	\$19.98	\$17.63	\$27.03	\$25.85	\$24.68
37	\$22.33	\$21.15	\$18.80	\$28.20	\$27.03	\$25.85
38	\$23.50	\$22.33	\$19.98	\$30.55	\$28.20	\$27.03
39	\$24.68	\$23.50	\$21.15	\$32.90	\$30.55	\$29.38
40	\$27.03	\$24.68	\$22.33	\$34.08	\$31.73	\$30.55
41	\$28.20	\$25.85	\$23.50	\$36.43	\$34.08	\$31.73
42	\$29.38	\$27.03	\$23.50	\$38.78	\$36.43	\$34.08
43	\$31.73	\$28.20	\$24.68	\$41.13	\$37.60	\$36.43
44	\$32.90	\$30.55	\$27.03	\$43.48	\$39.95	\$37.60
45	\$35.25	\$31.73	\$28.20	\$45.83	\$42.30	\$39.95
46	\$37.60	\$34.08	\$29.38	\$49.35	\$44.65	\$42.30
47	\$39.95	\$36.43	\$31.73	\$51.70	\$47.00	\$44.65
48	\$42.30	\$38.78	\$32.90	\$54.05	\$50.53	\$47.00
49	\$44.65	\$41.13	\$35.25	\$57.58	\$52.88	\$49.35
50	\$48.18	\$43.48	\$37.60	\$62.28	\$56.40	\$52.88
51	\$51.70	\$47.00	\$39.95	\$66.98	\$61.10	\$56.40
52	\$56.40	\$50.53	\$43.48	\$71.68	\$64.63	\$61.10
53	\$59.93	\$54.05	\$47.00	\$76.38	\$70.50	\$64.63
54	\$64.63	\$58.75	\$50.53	\$82.25	\$75.20	\$70.50
55	\$70.50	\$63.45	\$54.05	\$89.30	\$81.08	\$75.20
56	\$77.55	\$69.33	\$58.75	\$96.35	\$88.13	\$81.08
57	\$84.60	\$75.20	\$64.63	\$104.58	\$95.18	\$88.13
58	\$91.65	\$82.25	\$70.50	\$112.80	\$102.23	\$95.18
59	\$101.05	\$90.48	\$76.38	\$123.38	\$111.63	\$102.23
60	\$110.45	\$98.70	\$83.43	\$133.95	\$121.03	\$111.63
61	\$119.85	\$108.10	\$91.65	\$145.70	\$131.60	\$121.03
62	\$130.43	\$117.50	\$99.88	\$157.45	\$142.18	\$130.43
63	\$142.18	\$126.90	\$108.10	\$171.55	\$153.93	\$141.00
64	\$156.28	\$139.83	\$118.68	\$186.83	\$168.03	\$153.93
65	\$172.73	\$153.93	\$130.43	\$205.63	\$184.48	\$168.03
66	\$190.35	\$170.38	\$144.53	\$226.78	\$203.28	\$185.65
67	\$210.33	\$188.00	\$158.63	\$249.10	\$223.25	\$203.28
68	\$232.65	\$207.98	\$176.25	\$274.95	\$245.58	\$223.25
69	\$258.50	\$231.48	\$195.05	\$305.50	\$272.60	\$246.75
70	\$289.05	\$258.50	\$218.55	\$340.75	\$304.33	\$274.95
71	\$324.30	\$289.05	\$243.23	\$381.88	\$339.58	\$306.68
72	\$360.73	\$321.95	\$271.43	\$425.35	\$378.35	\$341.93
73	\$403.03	\$358.38	\$301.98	\$474.70	\$420.65	\$379.53
74	\$451.20	\$401.85	\$337.23	\$531.10	\$471.18	\$424.18
75	\$507.60	\$451.20	\$378.35	\$596.90	\$527.58	\$474.70
76	\$568.70	\$505.25	\$424.18	\$669.75	\$591.03	\$529.93
77	\$635.68	\$565.18	\$473.53	\$747.30	\$658.00	\$589.85
78	\$709.70	\$630.98	\$528.75	\$834.25	\$733.20	\$656.83
79	\$795.48	\$706.18	\$592.20	\$932.95	\$818.98	\$732.03
80	\$894.18	\$793.13	\$665.05	\$1,048.10	\$918.85	\$818.98

Southern Farm Bureau Life Insurance Company

Individual Comprehensive Long Term Care Program

Policy Number 3034Q

Standard Annual Premiums Reflecting Increase of 17.5%

PER \$10 of Nursing Home Maximum Daily Benefit

BASE PLAN - ONE DISCOUNT

Issue Age	1500 X MDB MAXIMUM BENEFIT Elimination Period			UNLIMITED MAXIMUM BENEFIT Elimination Period		
	30Day	90Day	180Day	30Day	90Day	180Day
18-35	\$16.45	\$16.45	\$15.28	\$22.33	\$19.98	\$18.80
36	\$17.63	\$16.45	\$15.28	\$23.50	\$22.33	\$21.15
37	\$18.80	\$17.63	\$16.45	\$23.50	\$23.50	\$22.33
38	\$19.98	\$18.80	\$16.45	\$25.85	\$23.50	\$23.50
39	\$21.15	\$19.98	\$17.63	\$28.20	\$25.85	\$24.68
40	\$23.50	\$21.15	\$18.80	\$29.38	\$27.03	\$25.85
41	\$23.50	\$22.33	\$19.98	\$30.55	\$29.38	\$27.03
42	\$24.68	\$23.50	\$19.98	\$32.90	\$30.55	\$29.38
43	\$27.03	\$23.50	\$21.15	\$35.25	\$31.73	\$30.55
44	\$28.20	\$25.85	\$23.50	\$36.43	\$34.08	\$31.73
45	\$30.55	\$27.03	\$23.50	\$38.78	\$36.43	\$34.08
46	\$31.73	\$29.38	\$24.68	\$42.30	\$37.60	\$36.43
47	\$34.08	\$30.55	\$27.03	\$43.48	\$39.95	\$37.60
48	\$36.43	\$32.90	\$28.20	\$45.83	\$43.48	\$39.95
49	\$37.60	\$35.25	\$30.55	\$49.35	\$44.65	\$42.30
50	\$41.13	\$36.43	\$31.73	\$52.88	\$48.18	\$44.65
51	\$43.48	\$39.95	\$34.08	\$56.40	\$51.70	\$48.18
52	\$48.18	\$43.48	\$36.43	\$61.10	\$55.23	\$51.70
53	\$50.53	\$45.83	\$39.95	\$64.63	\$59.93	\$55.23
54	\$55.23	\$50.53	\$43.48	\$70.50	\$63.45	\$59.93
55	\$59.93	\$54.05	\$45.83	\$76.38	\$69.33	\$63.45
56	\$65.80	\$58.75	\$50.53	\$82.25	\$75.20	\$69.33
57	\$71.68	\$63.45	\$55.23	\$89.30	\$81.08	\$75.20
58	\$77.55	\$70.50	\$59.93	\$96.35	\$86.95	\$81.08
59	\$85.78	\$76.38	\$64.63	\$104.58	\$95.18	\$86.95
60	\$94.00	\$83.43	\$70.50	\$113.98	\$103.40	\$95.18
61	\$102.23	\$91.65	\$77.55	\$123.38	\$111.63	\$103.40
62	\$110.45	\$99.88	\$84.60	\$133.95	\$121.03	\$110.45
63	\$121.03	\$108.10	\$91.65	\$145.70	\$130.43	\$119.85
64	\$132.78	\$118.68	\$101.05	\$158.63	\$143.35	\$130.43
65	\$146.88	\$130.43	\$110.45	\$175.08	\$156.28	\$143.35
66	\$162.15	\$144.53	\$123.38	\$192.70	\$172.73	\$157.45
67	\$178.60	\$159.80	\$135.13	\$211.50	\$190.35	\$172.73
68	\$197.40	\$176.25	\$150.40	\$233.83	\$209.15	\$190.35
69	\$219.73	\$196.23	\$165.68	\$259.68	\$231.48	\$210.33
70	\$245.58	\$219.73	\$185.65	\$290.23	\$258.50	\$233.83
71	\$276.13	\$245.58	\$206.80	\$324.30	\$289.05	\$260.85
72	\$306.68	\$273.78	\$230.30	\$361.90	\$321.95	\$290.23
73	\$343.10	\$304.33	\$256.15	\$403.03	\$357.20	\$323.13
74	\$383.05	\$341.93	\$286.70	\$451.20	\$400.68	\$360.73
75	\$431.23	\$383.05	\$321.95	\$507.60	\$448.85	\$403.03
76	\$482.93	\$430.05	\$360.73	\$569.88	\$502.90	\$450.03
77	\$540.50	\$480.58	\$403.03	\$635.68	\$559.30	\$501.73
78	\$602.78	\$535.80	\$450.03	\$709.70	\$622.75	\$558.13
79	\$675.63	\$600.43	\$502.90	\$793.13	\$695.60	\$622.75
80	\$760.23	\$674.45	\$565.18	\$890.65	\$781.38	\$695.60

Southern Farm Bureau Life Insurance Company

Individual Comprehensive Long Term Care Program

Policy Number 3034Q

Standard Annual Premiums Reflecting Increase of 17.5%

PER \$10 of Nursing Home Maximum Daily Benefit

BASE PLAN - TWO DISCOUNTS

Issue Age	1500 X MDB MAXIMUM BENEFIT Elimination Period			UNLIMITED MAXIMUM BENEFIT Elimination Period		
	30Day	90Day	180Day	30Day	90Day	180Day
18-35	\$14.10	\$14.10	\$12.93	\$18.80	\$16.45	\$16.45
36	\$15.28	\$14.10	\$12.93	\$19.98	\$18.80	\$17.63
37	\$16.45	\$15.28	\$14.10	\$19.98	\$19.98	\$18.80
38	\$16.45	\$16.45	\$14.10	\$22.33	\$19.98	\$19.98
39	\$17.63	\$16.45	\$15.28	\$23.50	\$22.33	\$21.15
40	\$19.98	\$17.63	\$16.45	\$24.68	\$23.50	\$22.33
41	\$19.98	\$18.80	\$16.45	\$25.85	\$24.68	\$23.50
42	\$21.15	\$19.98	\$16.45	\$28.20	\$25.85	\$24.68
43	\$23.50	\$19.98	\$17.63	\$29.38	\$27.03	\$25.85
44	\$23.50	\$22.33	\$19.98	\$31.73	\$29.38	\$27.03
45	\$25.85	\$23.50	\$19.98	\$32.90	\$30.55	\$29.38
46	\$27.03	\$24.68	\$21.15	\$35.25	\$31.73	\$30.55
47	\$29.38	\$25.85	\$23.50	\$37.60	\$34.08	\$31.73
48	\$30.55	\$28.20	\$23.50	\$38.78	\$36.43	\$34.08
49	\$31.73	\$29.38	\$25.85	\$41.13	\$38.78	\$35.25
50	\$35.25	\$31.73	\$27.03	\$44.65	\$41.13	\$38.78
51	\$37.60	\$34.08	\$29.38	\$48.18	\$44.65	\$41.13
52	\$41.13	\$36.43	\$31.73	\$51.70	\$47.00	\$44.65
53	\$43.48	\$38.78	\$34.08	\$55.23	\$50.53	\$47.00
54	\$47.00	\$42.30	\$36.43	\$59.93	\$54.05	\$50.53
55	\$50.53	\$45.83	\$38.78	\$64.63	\$58.75	\$54.05
56	\$56.40	\$50.53	\$42.30	\$69.33	\$63.45	\$58.75
57	\$61.10	\$54.05	\$47.00	\$75.20	\$69.33	\$63.45
58	\$65.80	\$59.93	\$50.53	\$81.08	\$74.03	\$69.33
59	\$72.85	\$65.80	\$55.23	\$89.30	\$81.08	\$74.03
60	\$79.90	\$71.68	\$59.93	\$96.35	\$86.95	\$81.08
61	\$86.95	\$77.55	\$65.80	\$105.75	\$95.18	\$86.95
62	\$94.00	\$84.60	\$71.68	\$113.98	\$102.23	\$94.00
63	\$102.23	\$91.65	\$77.55	\$123.38	\$111.63	\$102.23
64	\$112.80	\$101.05	\$85.78	\$135.13	\$121.03	\$111.63
65	\$124.55	\$111.63	\$94.00	\$148.05	\$132.78	\$121.03
66	\$137.48	\$123.38	\$104.58	\$163.33	\$146.88	\$133.95
67	\$151.58	\$136.30	\$115.15	\$179.78	\$160.98	\$146.88
68	\$168.03	\$150.40	\$126.90	\$198.58	\$177.43	\$160.98
69	\$186.83	\$166.85	\$141.00	\$220.90	\$197.40	\$178.60
70	\$209.15	\$186.83	\$157.45	\$246.75	\$219.73	\$198.58
71	\$233.83	\$209.15	\$176.25	\$276.13	\$245.58	\$222.08
72	\$260.85	\$232.65	\$196.23	\$307.85	\$273.78	\$246.75
73	\$291.40	\$258.50	\$218.55	\$343.10	\$304.33	\$273.78
74	\$325.48	\$290.23	\$243.23	\$384.23	\$340.75	\$306.68
75	\$366.60	\$325.48	\$273.78	\$431.23	\$380.70	\$343.10
76	\$411.25	\$365.43	\$306.68	\$484.10	\$426.53	\$383.05
77	\$459.43	\$408.90	\$341.93	\$540.50	\$475.88	\$426.53
78	\$512.30	\$455.90	\$381.88	\$602.78	\$529.93	\$474.70
79	\$574.58	\$509.95	\$427.70	\$674.45	\$592.20	\$528.75
80	\$646.25	\$573.40	\$480.58	\$756.70	\$663.88	\$592.20

Southern Farm Bureau Life Insurance Company

Individual Comprehensive Long Term Care Program

Policy Number 3034Q

Standard Annual Premiums Reflecting Increase of 17.5%

PER \$10 of Nursing Home Maximum Daily Benefit

BASE PLAN WITH COMPOUND INFLATION FOR 20 YEARS

Issue Age	1500 X MDB MAXIMUM BENEFIT Elimination Period			UNLIMITED MAXIMUM BENEFIT Elimination Period		
	30Day	90Day	180Day	30Day	90Day	180Day
18-35	\$30.55	\$28.20	\$24.68	\$39.95	\$36.43	\$35.25
36	\$31.73	\$29.38	\$25.85	\$42.30	\$39.95	\$37.60
37	\$34.08	\$31.73	\$27.03	\$45.83	\$42.30	\$39.95
38	\$36.43	\$32.90	\$29.38	\$48.18	\$44.65	\$42.30
39	\$38.78	\$35.25	\$30.55	\$51.70	\$48.18	\$44.65
40	\$41.13	\$37.60	\$32.90	\$55.23	\$50.53	\$48.18
41	\$44.65	\$39.95	\$35.25	\$58.75	\$54.05	\$50.53
42	\$47.00	\$43.48	\$37.60	\$63.45	\$57.58	\$54.05
43	\$50.53	\$45.83	\$39.95	\$66.98	\$61.10	\$57.58
44	\$54.05	\$49.35	\$42.30	\$71.68	\$65.80	\$61.10
45	\$58.75	\$52.88	\$44.65	\$76.38	\$69.33	\$64.63
46	\$62.28	\$56.40	\$48.18	\$81.08	\$74.03	\$69.33
47	\$66.98	\$59.93	\$51.70	\$86.95	\$78.73	\$72.85
48	\$71.68	\$64.63	\$55.23	\$92.83	\$84.60	\$78.73
49	\$77.55	\$69.33	\$59.93	\$99.88	\$90.48	\$83.43
50	\$84.60	\$75.20	\$64.63	\$106.93	\$97.53	\$89.30
51	\$91.65	\$82.25	\$69.33	\$116.33	\$104.58	\$96.35
52	\$98.70	\$88.13	\$75.20	\$124.55	\$112.80	\$104.58
53	\$106.93	\$96.35	\$81.08	\$135.13	\$122.20	\$111.63
54	\$116.33	\$104.58	\$88.13	\$145.70	\$131.60	\$121.03
55	\$126.90	\$113.98	\$96.35	\$158.63	\$142.18	\$130.43
56	\$139.83	\$124.55	\$104.58	\$171.55	\$155.10	\$142.18
57	\$151.58	\$135.13	\$113.98	\$186.83	\$168.03	\$153.93
58	\$165.68	\$148.05	\$124.55	\$202.10	\$182.13	\$165.68
59	\$180.95	\$160.98	\$136.30	\$219.73	\$196.23	\$179.78
60	\$197.40	\$176.25	\$148.05	\$237.35	\$212.68	\$193.88
61	\$213.85	\$190.35	\$160.98	\$257.33	\$229.13	\$209.15
62	\$230.30	\$205.63	\$172.73	\$276.13	\$246.75	\$224.43
63	\$249.10	\$222.08	\$186.83	\$297.28	\$265.55	\$240.88
64	\$270.25	\$240.88	\$202.10	\$320.78	\$286.70	\$259.68
65	\$293.75	\$262.03	\$220.90	\$348.98	\$311.38	\$282.00
66	\$321.95	\$286.70	\$240.88	\$380.70	\$338.40	\$306.68
67	\$351.33	\$312.55	\$263.20	\$414.78	\$368.95	\$332.53
68	\$384.23	\$341.93	\$287.88	\$452.38	\$401.85	\$361.90
69	\$419.48	\$373.65	\$313.73	\$493.50	\$438.28	\$394.80
70	\$459.43	\$408.90	\$344.28	\$540.50	\$478.23	\$431.23
71	\$502.90	\$446.50	\$374.83	\$589.85	\$521.70	\$468.83
72	\$547.55	\$486.45	\$407.73	\$641.55	\$567.53	\$509.95
73	\$595.73	\$529.93	\$444.15	\$699.13	\$618.05	\$554.60
74	\$650.95	\$578.10	\$485.28	\$764.93	\$674.45	\$605.13
75	\$715.58	\$635.68	\$532.28	\$838.95	\$739.08	\$662.70
76	\$787.25	\$697.95	\$583.98	\$922.38	\$811.93	\$724.98
77	\$863.63	\$766.10	\$641.55	\$1,011.68	\$889.48	\$793.13
78	\$948.23	\$841.30	\$703.83	\$1,110.38	\$974.08	\$868.33
79	\$1,043.40	\$924.73	\$773.15	\$1,220.83	\$1,069.25	\$951.75
80	\$1,150.33	\$1,018.73	\$851.88	\$1,344.20	\$1,176.18	\$1,044.58

Southern Farm Bureau Life Insurance Company

Individual Comprehensive Long Term Care Program

Policy Number 3034Q

Standard Annual Premiums Reflecting Increase of 17.5%

PER \$10 of Nursing Home Maximum Daily Benefit

BASE PLAN WITH COMPOUND INFLATION FOR 20 YEARS - ONE DISCOUNT

Issue Age	1500 X MDB MAXIMUM BENEFIT			UNLIMITED MAXIMUM BENEFIT		
	Elimination Period			Elimination Period		
	30Day	90Day	180Day	30Day	90Day	180Day
18-35	\$25.85	\$23.50	\$21.15	\$34.08	\$30.55	\$30.55
36	\$27.03	\$24.68	\$22.33	\$36.43	\$34.08	\$31.73
37	\$29.38	\$27.03	\$23.50	\$38.78	\$36.43	\$34.08
38	\$30.55	\$28.20	\$24.68	\$41.13	\$37.60	\$36.43
39	\$32.90	\$30.55	\$25.85	\$43.48	\$41.13	\$37.60
40	\$35.25	\$31.73	\$28.20	\$47.00	\$43.48	\$41.13
41	\$37.60	\$34.08	\$30.55	\$50.53	\$45.83	\$43.48
42	\$39.95	\$36.43	\$31.73	\$54.05	\$49.35	\$45.83
43	\$43.48	\$38.78	\$34.08	\$56.40	\$51.70	\$49.35
44	\$45.83	\$42.30	\$36.43	\$61.10	\$56.40	\$51.70
45	\$50.53	\$44.65	\$37.60	\$64.63	\$58.75	\$55.23
46	\$52.88	\$48.18	\$41.13	\$69.33	\$63.45	\$58.75
47	\$56.40	\$50.53	\$43.48	\$74.03	\$66.98	\$62.28
48	\$61.10	\$55.23	\$47.00	\$78.73	\$71.68	\$66.98
49	\$65.80	\$58.75	\$50.53	\$84.60	\$76.38	\$70.50
50	\$71.68	\$63.45	\$55.23	\$90.48	\$83.43	\$76.38
51	\$77.55	\$70.50	\$58.75	\$98.70	\$89.30	\$82.25
52	\$83.43	\$75.20	\$63.45	\$105.75	\$96.35	\$89.30
53	\$90.48	\$82.25	\$69.33	\$115.15	\$103.40	\$95.18
54	\$98.70	\$89.30	\$75.20	\$123.38	\$111.63	\$103.40
55	\$108.10	\$96.35	\$82.25	\$135.13	\$121.03	\$110.45
56	\$118.68	\$105.75	\$89.30	\$145.70	\$131.60	\$121.03
57	\$129.25	\$115.15	\$96.35	\$158.63	\$143.35	\$130.43
58	\$141.00	\$125.73	\$105.75	\$171.55	\$155.10	\$141.00
59	\$153.93	\$136.30	\$116.33	\$186.83	\$166.85	\$152.75
60	\$168.03	\$150.40	\$125.73	\$202.10	\$180.95	\$164.50
61	\$182.13	\$162.15	\$136.30	\$218.55	\$195.05	\$177.43
62	\$196.23	\$175.08	\$146.88	\$235.00	\$210.33	\$190.35
63	\$211.50	\$189.18	\$158.63	\$252.63	\$225.60	\$204.45
64	\$230.30	\$204.45	\$171.55	\$272.60	\$243.23	\$220.90
65	\$250.28	\$223.25	\$188.00	\$296.10	\$264.38	\$239.70
66	\$273.78	\$243.23	\$204.45	\$323.13	\$287.88	\$260.85
67	\$298.45	\$265.55	\$223.25	\$352.50	\$313.73	\$283.18
68	\$326.65	\$290.23	\$244.40	\$384.23	\$341.93	\$307.85
69	\$356.03	\$317.25	\$266.73	\$419.48	\$372.48	\$336.05
70	\$390.10	\$347.80	\$292.58	\$459.43	\$406.55	\$366.60
71	\$427.70	\$379.53	\$318.43	\$501.73	\$442.98	\$398.33
72	\$465.30	\$413.60	\$346.63	\$545.20	\$482.93	\$433.58
73	\$506.43	\$450.03	\$377.18	\$594.55	\$525.23	\$471.18
74	\$553.43	\$491.15	\$412.43	\$649.78	\$573.40	\$514.65
75	\$608.65	\$540.50	\$452.38	\$713.23	\$628.63	\$562.83
76	\$669.75	\$593.38	\$495.85	\$783.73	\$689.73	\$615.70
77	\$734.38	\$650.95	\$545.20	\$860.10	\$755.53	\$674.45
78	\$806.05	\$715.58	\$598.08	\$943.53	\$828.38	\$737.90
79	\$887.13	\$786.08	\$656.83	\$1,037.53	\$909.45	\$809.58
80	\$977.60	\$865.98	\$723.80	\$1,142.10	\$999.93	\$888.30

Southern Farm Bureau Life Insurance Company

Individual Comprehensive Long Term Care Program

Policy Number 3034Q

Standard Annual Premiums Reflecting Increase of 17.5%

PER \$10 of Nursing Home Maximum Daily Benefit

BASE PLAN WITH COMPOUND INFLATION FOR 20 YEARS - TWO DISCOUNTS

Issue Age	1500 X MDB MAXIMUM BENEFIT			UNLIMITED MAXIMUM BENEFIT		
	Elimination Period			Elimination Period		
	30Day	90Day	180Day	30Day	90Day	180Day
18-35	\$22.33	\$19.98	\$17.63	\$29.38	\$25.85	\$25.85
36	\$23.50	\$21.15	\$18.80	\$30.55	\$29.38	\$27.03
37	\$24.68	\$23.50	\$19.98	\$32.90	\$30.55	\$29.38
38	\$25.85	\$23.50	\$21.15	\$35.25	\$31.73	\$30.55
39	\$28.20	\$25.85	\$22.33	\$37.60	\$35.25	\$31.73
40	\$29.38	\$27.03	\$23.50	\$39.95	\$36.43	\$35.25
41	\$31.73	\$29.38	\$25.85	\$42.30	\$38.78	\$36.43
42	\$34.08	\$31.73	\$27.03	\$45.83	\$41.13	\$38.78
43	\$36.43	\$32.90	\$29.38	\$48.18	\$44.65	\$41.13
44	\$38.78	\$35.25	\$30.55	\$51.70	\$47.00	\$44.65
45	\$42.30	\$38.78	\$31.73	\$55.23	\$50.53	\$47.00
46	\$44.65	\$41.13	\$35.25	\$58.75	\$54.05	\$50.53
47	\$48.18	\$43.48	\$37.60	\$62.28	\$56.40	\$52.88
48	\$51.70	\$47.00	\$39.95	\$66.98	\$61.10	\$56.40
49	\$56.40	\$50.53	\$43.48	\$71.68	\$65.80	\$59.93
50	\$61.10	\$54.05	\$47.00	\$77.55	\$70.50	\$64.63
51	\$65.80	\$59.93	\$50.53	\$84.60	\$75.20	\$69.33
52	\$71.68	\$63.45	\$54.05	\$90.48	\$81.08	\$75.20
53	\$77.55	\$69.33	\$58.75	\$97.53	\$88.13	\$81.08
54	\$84.60	\$75.20	\$63.45	\$105.75	\$95.18	\$86.95
55	\$91.65	\$82.25	\$69.33	\$115.15	\$102.23	\$94.00
56	\$101.05	\$90.48	\$75.20	\$123.38	\$111.63	\$102.23
57	\$109.28	\$97.53	\$82.25	\$135.13	\$121.03	\$111.63
58	\$119.85	\$106.93	\$90.48	\$145.70	\$131.60	\$119.85
59	\$130.43	\$116.33	\$98.70	\$158.63	\$142.18	\$130.43
60	\$142.18	\$126.90	\$106.93	\$171.55	\$153.93	\$139.83
61	\$153.93	\$137.48	\$116.33	\$185.65	\$165.68	\$151.58
62	\$166.85	\$148.05	\$124.55	\$199.75	\$178.60	\$162.15
63	\$179.78	\$160.98	\$135.13	\$215.03	\$191.53	\$173.90
64	\$195.05	\$173.90	\$145.70	\$231.48	\$206.80	\$188.00
65	\$212.68	\$189.18	\$159.80	\$252.63	\$224.43	\$203.28
66	\$232.65	\$206.80	\$173.90	\$274.95	\$244.40	\$222.08
67	\$253.80	\$225.60	\$190.35	\$299.63	\$266.73	\$239.70
68	\$277.30	\$246.75	\$207.98	\$326.65	\$290.23	\$262.03
69	\$303.15	\$270.25	\$226.78	\$356.03	\$316.08	\$285.53
70	\$331.35	\$294.93	\$249.10	\$390.10	\$345.45	\$311.38
71	\$363.08	\$323.13	\$270.25	\$426.53	\$377.18	\$338.40
72	\$395.98	\$351.33	\$294.93	\$462.95	\$410.08	\$368.95
73	\$430.05	\$383.05	\$320.78	\$505.25	\$446.50	\$400.68
74	\$470.00	\$417.13	\$350.15	\$552.25	\$487.63	\$437.10
75	\$517.00	\$459.43	\$384.23	\$606.30	\$533.45	\$478.23
76	\$568.70	\$504.08	\$421.83	\$666.23	\$586.33	\$524.05
77	\$623.93	\$553.43	\$462.95	\$730.85	\$642.73	\$573.40
78	\$685.03	\$607.48	\$508.78	\$802.53	\$703.83	\$627.45
79	\$754.35	\$668.58	\$558.13	\$882.43	\$771.98	\$687.38
80	\$830.73	\$735.55	\$615.70	\$971.73	\$849.53	\$754.35

Southern Farm Bureau Life Insurance Company

Individual Comprehensive Long Term Care Program

Policy Number 3034Q

Standard Annual Premiums Reflecting Increase of 17.5%

PER \$10 of Nursing Home Maximum Daily Benefit

BASE PLAN WITH COMPOUND INFLATION FOR LIFETIME

Issue Age	1500 X MDB MAXIMUM BENEFIT			UNLIMITED MAXIMUM BENEFIT		
	Elimination Period			Elimination Period		
	30Day	90Day	180Day	30Day	90Day	180Day
18-35	\$49.35	\$44.65	\$38.78	\$62.28	\$57.58	\$52.88
36	\$51.70	\$47.00	\$41.13	\$66.98	\$61.10	\$56.40
37	\$55.23	\$49.35	\$43.48	\$70.50	\$63.45	\$58.75
38	\$58.75	\$52.88	\$45.83	\$74.03	\$68.15	\$62.28
39	\$62.28	\$55.23	\$48.18	\$78.73	\$71.68	\$65.80
40	\$65.80	\$58.75	\$50.53	\$83.43	\$75.20	\$69.33
41	\$69.33	\$62.28	\$52.88	\$88.13	\$79.90	\$74.03
42	\$72.85	\$65.80	\$56.40	\$92.83	\$84.60	\$77.55
43	\$77.55	\$69.33	\$58.75	\$97.53	\$88.13	\$82.25
44	\$81.08	\$72.85	\$62.28	\$103.40	\$94.00	\$85.78
45	\$86.95	\$77.55	\$65.80	\$109.28	\$98.70	\$90.48
46	\$91.65	\$82.25	\$69.33	\$115.15	\$104.58	\$95.18
47	\$97.53	\$86.95	\$74.03	\$122.20	\$109.28	\$101.05
48	\$102.23	\$91.65	\$77.55	\$128.08	\$116.33	\$105.75
49	\$109.28	\$97.53	\$82.25	\$136.30	\$122.20	\$111.63
50	\$116.33	\$103.40	\$88.13	\$144.53	\$129.25	\$118.68
51	\$123.38	\$110.45	\$92.83	\$152.75	\$137.48	\$125.73
52	\$131.60	\$117.50	\$98.70	\$162.15	\$145.70	\$133.95
53	\$139.83	\$124.55	\$105.75	\$172.73	\$155.10	\$142.18
54	\$149.23	\$133.95	\$112.80	\$183.30	\$164.50	\$150.40
55	\$159.80	\$143.35	\$119.85	\$196.23	\$176.25	\$159.80
56	\$171.55	\$152.75	\$129.25	\$209.15	\$188.00	\$170.38
57	\$184.48	\$164.50	\$138.65	\$223.25	\$199.75	\$182.13
58	\$197.40	\$176.25	\$148.05	\$238.53	\$212.68	\$193.88
59	\$211.50	\$189.18	\$158.63	\$254.98	\$227.95	\$206.80
60	\$226.78	\$202.10	\$170.38	\$271.43	\$242.05	\$219.73
61	\$242.05	\$215.03	\$180.95	\$289.05	\$257.33	\$233.83
62	\$257.33	\$229.13	\$192.70	\$306.68	\$272.60	\$247.93
63	\$273.78	\$243.23	\$205.63	\$325.48	\$290.23	\$262.03
64	\$292.58	\$260.85	\$218.55	\$346.63	\$309.03	\$279.65
65	\$314.90	\$279.65	\$236.18	\$372.48	\$331.35	\$299.63
66	\$339.58	\$303.15	\$254.98	\$401.85	\$357.20	\$321.95
67	\$367.78	\$327.83	\$274.95	\$433.58	\$385.40	\$347.80
68	\$398.33	\$354.85	\$298.45	\$468.83	\$415.95	\$374.83
69	\$432.40	\$385.40	\$323.13	\$507.60	\$450.03	\$405.38
70	\$471.18	\$419.48	\$352.50	\$552.25	\$488.80	\$440.63
71	\$511.13	\$454.73	\$381.88	\$600.43	\$531.10	\$477.05
72	\$554.60	\$493.50	\$413.60	\$650.95	\$575.75	\$517.00
73	\$601.60	\$534.63	\$448.85	\$706.18	\$623.93	\$560.48
74	\$655.65	\$582.80	\$488.80	\$769.63	\$679.15	\$608.65
75	\$719.10	\$638.03	\$534.63	\$843.65	\$742.60	\$665.05
76	\$789.60	\$700.30	\$586.33	\$925.90	\$814.28	\$727.33
77	\$865.98	\$768.45	\$642.73	\$1,015.20	\$891.83	\$795.48
78	\$950.58	\$842.48	\$705.00	\$1,112.73	\$976.43	\$870.68
79	\$1,044.58	\$925.90	\$774.33	\$1,222.00	\$1,070.43	\$952.93
80	\$1,150.33	\$1,019.90	\$851.88	\$1,344.20	\$1,176.18	\$1,045.75

Southern Farm Bureau Life Insurance Company

Individual Comprehensive Long Term Care Program

Policy Number 3034Q

Standard Annual Premiums Reflecting Increase of 17.5%

PER \$10 of Nursing Home Maximum Daily Benefit

BASE PLAN WITH COMPOUND INFLATION FOR LIFETIME - ONE DISCOUNT

Issue Age	1500 X MDB MAXIMUM BENEFIT			UNLIMITED MAXIMUM BENEFIT		
	Elimination Period			Elimination Period		
	30Day	90Day	180Day	30Day	90Day	180Day
18-35	\$42.30	\$37.60	\$32.90	\$52.88	\$49.35	\$44.65
36	\$43.48	\$39.95	\$35.25	\$56.40	\$51.70	\$48.18
37	\$47.00	\$42.30	\$36.43	\$59.93	\$54.05	\$50.53
38	\$50.53	\$44.65	\$38.78	\$63.45	\$57.58	\$52.88
39	\$52.88	\$47.00	\$41.13	\$66.98	\$61.10	\$56.40
40	\$56.40	\$50.53	\$43.48	\$70.50	\$63.45	\$58.75
41	\$58.75	\$52.88	\$44.65	\$75.20	\$68.15	\$63.45
42	\$62.28	\$56.40	\$48.18	\$78.73	\$71.68	\$65.80
43	\$65.80	\$58.75	\$50.53	\$83.43	\$75.20	\$70.50
44	\$69.33	\$62.28	\$52.88	\$88.13	\$79.90	\$72.85
45	\$74.03	\$65.80	\$56.40	\$92.83	\$83.43	\$76.38
46	\$77.55	\$70.50	\$58.75	\$97.53	\$89.30	\$81.08
47	\$83.43	\$74.03	\$63.45	\$103.40	\$92.83	\$85.78
48	\$86.95	\$77.55	\$65.80	\$109.28	\$98.70	\$90.48
49	\$92.83	\$83.43	\$70.50	\$116.33	\$103.40	\$95.18
50	\$98.70	\$88.13	\$75.20	\$123.38	\$110.45	\$101.05
51	\$104.58	\$94.00	\$78.73	\$130.43	\$116.33	\$106.93
52	\$111.63	\$99.88	\$83.43	\$137.48	\$123.38	\$113.98
53	\$118.68	\$105.75	\$90.48	\$146.88	\$131.60	\$121.03
54	\$126.90	\$113.98	\$96.35	\$156.28	\$139.83	\$128.08
55	\$136.30	\$122.20	\$102.23	\$166.85	\$150.40	\$136.30
56	\$145.70	\$130.43	\$110.45	\$177.43	\$159.80	\$144.53
57	\$156.28	\$139.83	\$117.50	\$190.35	\$170.38	\$155.10
58	\$168.03	\$150.40	\$125.73	\$203.28	\$180.95	\$164.50
59	\$179.78	\$160.98	\$135.13	\$216.20	\$193.88	\$176.25
60	\$192.70	\$171.55	\$144.53	\$230.30	\$205.63	\$186.83
61	\$205.63	\$183.30	\$153.93	\$245.58	\$218.55	\$198.58
62	\$218.55	\$195.05	\$163.33	\$260.85	\$231.48	\$210.33
63	\$232.65	\$206.80	\$175.08	\$276.13	\$246.75	\$223.25
64	\$249.10	\$222.08	\$185.65	\$294.93	\$263.20	\$237.35
65	\$267.90	\$237.35	\$200.93	\$316.08	\$282.00	\$254.98
66	\$289.05	\$257.33	\$216.20	\$341.93	\$303.15	\$273.78
67	\$312.55	\$278.48	\$233.83	\$368.95	\$327.83	\$296.10
68	\$338.40	\$301.98	\$253.80	\$398.33	\$353.68	\$318.43
69	\$367.78	\$327.83	\$274.95	\$431.23	\$383.05	\$344.28
70	\$400.68	\$356.03	\$299.63	\$470.00	\$415.95	\$374.83
71	\$434.75	\$386.58	\$324.30	\$509.95	\$451.20	\$405.38
72	\$471.18	\$419.48	\$351.33	\$553.43	\$489.98	\$439.45
73	\$511.13	\$454.73	\$381.88	\$600.43	\$529.93	\$475.88
74	\$556.95	\$495.85	\$415.95	\$654.48	\$576.93	\$517.00
75	\$611.00	\$542.85	\$454.73	\$716.75	\$630.98	\$565.18
76	\$670.93	\$595.73	\$498.20	\$787.25	\$692.08	\$618.05
77	\$735.55	\$653.30	\$546.38	\$862.45	\$757.88	\$675.63
78	\$808.40	\$715.58	\$599.25	\$945.88	\$829.55	\$740.25
79	\$888.30	\$787.25	\$658.00	\$1,038.70	\$909.45	\$809.58
80	\$977.60	\$867.15	\$723.80	\$1,142.10	\$999.93	\$889.48

Southern Farm Bureau Life Insurance Company

Individual Comprehensive Long Term Care Program

Policy Number 3034Q

Standard Annual Premiums Reflecting Increase of 17.5%

PER \$10 of Nursing Home Maximum Daily Benefit

BASE PLAN WITH COMPOUND INFLATION FOR LIFETIME - TWO DISCOUNTS

Issue Age	1500 X MDB MAXIMUM BENEFIT			UNLIMITED MAXIMUM BENEFIT		
	Elimination Period			Elimination Period		
	30Day	90Day	180Day	30Day	90Day	180Day
18-35	\$35.25	\$31.73	\$28.20	\$44.65	\$41.13	\$38.78
36	\$37.60	\$34.08	\$29.38	\$48.18	\$44.65	\$41.13
37	\$39.95	\$35.25	\$31.73	\$50.53	\$45.83	\$42.30
38	\$42.30	\$38.78	\$32.90	\$54.05	\$49.35	\$44.65
39	\$44.65	\$39.95	\$35.25	\$56.40	\$51.70	\$47.00
40	\$47.00	\$42.30	\$36.43	\$59.93	\$54.05	\$50.53
41	\$50.53	\$44.65	\$38.78	\$63.45	\$57.58	\$54.05
42	\$52.88	\$47.00	\$41.13	\$66.98	\$61.10	\$56.40
43	\$56.40	\$50.53	\$42.30	\$70.50	\$63.45	\$59.93
44	\$58.75	\$52.88	\$44.65	\$75.20	\$68.15	\$62.28
45	\$62.28	\$56.40	\$47.00	\$78.73	\$71.68	\$65.80
46	\$65.80	\$59.93	\$50.53	\$83.43	\$75.20	\$69.33
47	\$70.50	\$62.28	\$54.05	\$88.13	\$78.73	\$72.85
48	\$74.03	\$65.80	\$56.40	\$92.83	\$84.60	\$76.38
49	\$78.73	\$70.50	\$59.93	\$98.70	\$88.13	\$81.08
50	\$84.60	\$75.20	\$63.45	\$104.58	\$92.83	\$85.78
51	\$89.30	\$79.90	\$66.98	\$110.45	\$99.88	\$90.48
52	\$95.18	\$84.60	\$71.68	\$117.50	\$105.75	\$96.35
53	\$101.05	\$90.48	\$76.38	\$124.55	\$111.63	\$102.23
54	\$108.10	\$96.35	\$81.08	\$132.78	\$118.68	\$108.10
55	\$115.15	\$103.40	\$86.95	\$142.18	\$126.90	\$115.15
56	\$123.38	\$110.45	\$92.83	\$151.58	\$136.30	\$123.38
57	\$132.78	\$118.68	\$99.88	\$160.98	\$144.53	\$131.60
58	\$142.18	\$126.90	\$106.93	\$172.73	\$153.93	\$139.83
59	\$152.75	\$136.30	\$115.15	\$184.48	\$164.50	\$149.23
60	\$163.33	\$145.70	\$123.38	\$196.23	\$175.08	\$158.63
61	\$175.08	\$155.10	\$130.43	\$209.15	\$185.65	\$169.20
62	\$185.65	\$165.68	\$138.65	\$222.08	\$197.40	\$178.60
63	\$197.40	\$176.25	\$148.05	\$235.00	\$209.15	\$189.18
64	\$211.50	\$188.00	\$157.45	\$250.28	\$223.25	\$202.10
65	\$227.95	\$202.10	\$170.38	\$269.08	\$239.70	\$216.20
66	\$245.58	\$218.55	\$184.48	\$290.23	\$258.50	\$232.65
67	\$265.55	\$237.35	\$198.58	\$313.73	\$278.48	\$251.45
68	\$287.88	\$256.15	\$216.20	\$338.40	\$300.80	\$270.25
69	\$312.55	\$278.48	\$233.83	\$366.60	\$325.48	\$292.58
70	\$340.75	\$303.15	\$254.98	\$399.50	\$353.68	\$318.43
71	\$368.95	\$329.00	\$276.13	\$433.58	\$384.23	\$344.28
72	\$400.68	\$356.03	\$298.45	\$470.00	\$415.95	\$373.65
73	\$434.75	\$386.58	\$324.30	\$509.95	\$451.20	\$405.38
74	\$473.53	\$420.65	\$353.68	\$555.78	\$491.15	\$439.45
75	\$519.35	\$460.60	\$386.58	\$609.83	\$536.98	\$480.58
76	\$571.05	\$506.43	\$424.18	\$668.58	\$588.68	\$525.23
77	\$625.10	\$555.78	\$464.13	\$733.20	\$643.90	\$574.58
78	\$687.38	\$608.65	\$509.95	\$803.70	\$705.00	\$628.63
79	\$754.35	\$668.58	\$559.30	\$882.43	\$773.15	\$688.55
80	\$830.73	\$736.73	\$615.70	\$971.73	\$849.53	\$755.53

Southern Farm Bureau Life Insurance Company

Individual Comprehensive Long Term Care Program

Policy Number 3034Q

ADDITIONAL PREMIUM FOR RETURN OF PREMIUM & NONFORFEITURE OPTIONS

Percent Increase in Premium		
Issue Age	Return of Premium at	Nonforfeiture at Lapse
35 and under	3.00%	27.60%
36	3.20%	27.50%
37	3.30%	27.30%
38	3.50%	27.20%
39	3.70%	27.00%
40	3.90%	26.90%
41	4.10%	26.80%
42	4.40%	26.60%
43	4.60%	26.50%
44	4.80%	26.30%
45	5.10%	26.20%
46	5.40%	26.00%
47	5.60%	25.90%
48	5.90%	25.70%
49	6.20%	25.60%
50	6.40%	25.40%
51	6.60%	25.30%
52	6.90%	25.10%
53	7.10%	24.90%
54	7.30%	24.80%
55	7.50%	24.60%
56	7.60%	24.50%
57	7.70%	24.30%
58	7.80%	24.10%
59	7.70%	24.00%
60	7.60%	23.80%
61	7.30%	23.60%
62	6.90%	23.40%
63	6.40%	23.30%
64	5.80%	23.10%
65	5.30%	22.90%
66	4.50%	22.70%
67	3.70%	22.60%
68	2.90%	22.40%
69	2.20%	22.20%
70	N/A	22.00%
71	N/A	21.90%
72	N/A	21.70%
73	N/A	21.50%
74	N/A	21.40%
75	N/A	21.20%
76	N/A	20.90%
77	N/A	20.60%
78	N/A	20.30%
79	N/A	19.90%
80	N/A	19.60%

Southern Farm Bureau Life Insurance Company

Individual Comprehensive Long Term Care Program

Policy Number 3035Q

Standard Annual Premiums

PER \$10 of Nursing Home Maximum Daily Benefit

BASE PLAN

Issue Age	1500 X MDB MAXIMUM BENEFIT Elimination Period			UNLIMITED MAXIMUM BENEFIT Elimination Period		
	30Day	90Day	180Day	30Day	90Day	180Day
18-35	\$13	\$13	\$12	\$17	\$16	\$15
36	\$14	\$13	\$13	\$18	\$17	\$16
37	\$14	\$14	\$13	\$19	\$18	\$17
38	\$15	\$14	\$14	\$20	\$18	\$18
39	\$16	\$15	\$14	\$21	\$19	\$18
40	\$16	\$16	\$15	\$22	\$20	\$19
41	\$17	\$16	\$15	\$22	\$21	\$20
42	\$18	\$17	\$16	\$23	\$22	\$21
43	\$18	\$17	\$16	\$24	\$23	\$22
44	\$19	\$18	\$17	\$25	\$24	\$22
45	\$20	\$19	\$18	\$27	\$25	\$23
46	\$21	\$20	\$18	\$28	\$26	\$24
47	\$22	\$21	\$19	\$29	\$27	\$25
48	\$23	\$22	\$20	\$30	\$28	\$26
49	\$24	\$23	\$21	\$32	\$29	\$28
50	\$25	\$24	\$22	\$34	\$31	\$29
51	\$27	\$25	\$24	\$36	\$33	\$31
52	\$29	\$27	\$25	\$38	\$35	\$32
53	\$30	\$29	\$26	\$40	\$37	\$34
54	\$33	\$30	\$28	\$43	\$39	\$37
55	\$35	\$33	\$30	\$46	\$42	\$39
56	\$38	\$35	\$32	\$50	\$45	\$42
57	\$41	\$38	\$35	\$54	\$49	\$45
58	\$45	\$41	\$38	\$58	\$53	\$48
59	\$49	\$45	\$41	\$63	\$57	\$52
60	\$53	\$49	\$45	\$68	\$62	\$57
61	\$58	\$53	\$48	\$74	\$67	\$61
62	\$63	\$58	\$52	\$80	\$72	\$66
63	\$68	\$63	\$57	\$87	\$78	\$72
64	\$75	\$69	\$62	\$96	\$86	\$78
65	\$83	\$76	\$69	\$106	\$95	\$86
66	\$92	\$85	\$76	\$117	\$104	\$95
67	\$102	\$94	\$84	\$129	\$115	\$105
68	\$113	\$104	\$93	\$143	\$128	\$115
69	\$127	\$116	\$103	\$159	\$142	\$128
70	\$142	\$130	\$115	\$179	\$159	\$143
71	\$160	\$145	\$129	\$201	\$178	\$160
72	\$178	\$162	\$144	\$225	\$199	\$179
73	\$200	\$182	\$160	\$252	\$223	\$200
74	\$224	\$204	\$180	\$283	\$250	\$224
75	\$253	\$230	\$202	\$319	\$281	\$251
76	\$285	\$258	\$227	\$359	\$316	\$282
77	\$320	\$289	\$254	\$402	\$353	\$315
78	\$358	\$324	\$284	\$450	\$395	\$351
79	\$403	\$364	\$318	\$506	\$443	\$393
80	\$455	\$411	\$358	\$571	\$498	\$441

Southern Farm Bureau Life Insurance Company

Individual Comprehensive Long Term Care Program

Policy Number 3035Q

Standard Annual Premiums

PER \$10 of Nursing Home Maximum Daily Benefit

BASE PLAN WITH COMPOUND INFLATION FOR 20 YEARS

Issue Age	1500 X MDB MAXIMUM BENEFIT			UNLIMITED MAXIMUM BENEFIT		
	Elimination Period			Elimination Period		
	30Day	90Day	180Day	30Day	90Day	180Day
18-35	\$19	\$18	\$17	\$25	\$23	\$22
36	\$20	\$19	\$18	\$26	\$24	\$23
37	\$20	\$19	\$18	\$28	\$26	\$24
38	\$22	\$20	\$19	\$29	\$27	\$26
39	\$23	\$21	\$20	\$31	\$29	\$27
40	\$24	\$23	\$21	\$33	\$30	\$28
41	\$25	\$24	\$22	\$34	\$32	\$30
42	\$26	\$25	\$23	\$36	\$33	\$31
43	\$28	\$26	\$24	\$38	\$35	\$33
44	\$29	\$27	\$25	\$40	\$37	\$34
45	\$31	\$29	\$27	\$42	\$39	\$36
46	\$33	\$31	\$28	\$45	\$41	\$38
47	\$35	\$33	\$30	\$48	\$43	\$40
48	\$37	\$35	\$32	\$50	\$46	\$43
49	\$40	\$37	\$34	\$54	\$49	\$45
50	\$43	\$40	\$37	\$57	\$52	\$48
51	\$46	\$43	\$39	\$62	\$56	\$52
52	\$50	\$46	\$42	\$66	\$60	\$55
53	\$54	\$50	\$45	\$71	\$64	\$59
54	\$58	\$54	\$49	\$77	\$69	\$64
55	\$63	\$58	\$53	\$83	\$75	\$69
56	\$69	\$64	\$57	\$90	\$81	\$74
57	\$75	\$69	\$63	\$98	\$88	\$80
58	\$82	\$76	\$68	\$107	\$96	\$87
59	\$90	\$82	\$74	\$116	\$104	\$94
60	\$98	\$90	\$80	\$126	\$112	\$102
61	\$106	\$97	\$87	\$136	\$121	\$110
62	\$115	\$105	\$94	\$146	\$130	\$118
63	\$124	\$113	\$101	\$158	\$141	\$127
64	\$135	\$123	\$110	\$171	\$152	\$137
65	\$147	\$134	\$119	\$186	\$166	\$149
66	\$161	\$147	\$131	\$204	\$181	\$163
67	\$177	\$161	\$143	\$223	\$197	\$178
68	\$193	\$176	\$156	\$243	\$216	\$194
69	\$212	\$193	\$171	\$267	\$236	\$212
70	\$233	\$212	\$187	\$292	\$258	\$232
71	\$255	\$232	\$204	\$320	\$282	\$253
72	\$278	\$252	\$222	\$349	\$307	\$275
73	\$303	\$275	\$242	\$380	\$335	\$299
74	\$331	\$301	\$264	\$416	\$366	\$327
75	\$364	\$330	\$290	\$458	\$402	\$358
76	\$401	\$363	\$318	\$504	\$442	\$393
77	\$441	\$399	\$349	\$554	\$485	\$431
78	\$486	\$439	\$383	\$609	\$532	\$472
79	\$535	\$483	\$421	\$670	\$585	\$518
80	\$591	\$533	\$464	\$739	\$644	\$569

Southern Farm Bureau Life Insurance Company

Individual Comprehensive Long Term Care Program

Policy Number 3035Q

Standard Annual Premiums

PER \$10 of Nursing Home Maximum Daily Benefit

BASE PLAN WITH COMPOUND INFLATION FOR LIFETIME

Issue Age	1500 X MDB MAXIMUM BENEFIT			UNLIMITED MAXIMUM BENEFIT		
	Elimination Period			Elimination Period		
	30Day	90Day	180Day	30Day	90Day	180Day
18-35	\$28	\$27	\$25	\$38	\$34	\$32
36	\$30	\$28	\$26	\$39	\$36	\$34
37	\$31	\$29	\$27	\$41	\$38	\$35
38	\$33	\$31	\$28	\$44	\$40	\$37
39	\$34	\$32	\$30	\$46	\$42	\$39
40	\$36	\$34	\$31	\$48	\$44	\$41
41	\$38	\$35	\$32	\$51	\$46	\$42
42	\$40	\$37	\$34	\$53	\$48	\$44
43	\$42	\$39	\$35	\$55	\$50	\$46
44	\$44	\$40	\$37	\$58	\$53	\$48
45	\$46	\$43	\$39	\$61	\$55	\$51
46	\$48	\$45	\$41	\$64	\$58	\$53
47	\$51	\$47	\$43	\$67	\$61	\$56
48	\$54	\$50	\$45	\$70	\$64	\$58
49	\$57	\$52	\$47	\$74	\$67	\$61
50	\$60	\$55	\$50	\$78	\$71	\$65
51	\$63	\$59	\$53	\$83	\$74	\$68
52	\$67	\$62	\$56	\$88	\$79	\$72
53	\$71	\$66	\$59	\$93	\$83	\$76
54	\$76	\$70	\$63	\$99	\$88	\$81
55	\$81	\$74	\$67	\$105	\$94	\$85
56	\$86	\$79	\$71	\$112	\$100	\$91
57	\$93	\$85	\$76	\$119	\$106	\$97
58	\$99	\$91	\$81	\$127	\$113	\$103
59	\$106	\$97	\$87	\$136	\$121	\$110
60	\$114	\$104	\$93	\$145	\$129	\$117
61	\$121	\$111	\$99	\$154	\$137	\$124
62	\$129	\$118	\$105	\$163	\$145	\$131
63	\$137	\$125	\$111	\$173	\$154	\$139
64	\$146	\$134	\$119	\$185	\$165	\$148
65	\$158	\$144	\$128	\$199	\$177	\$159
66	\$171	\$156	\$138	\$215	\$191	\$172
67	\$185	\$169	\$149	\$233	\$206	\$185
68	\$201	\$183	\$162	\$252	\$223	\$201
69	\$219	\$199	\$176	\$274	\$243	\$218
70	\$238	\$217	\$191	\$299	\$264	\$237
71	\$259	\$236	\$208	\$325	\$287	\$257
72	\$281	\$256	\$225	\$353	\$311	\$278
73	\$306	\$277	\$244	\$384	\$338	\$302
74	\$334	\$303	\$266	\$419	\$368	\$329
75	\$366	\$332	\$291	\$460	\$404	\$360
76	\$403	\$365	\$319	\$505	\$443	\$394
77	\$443	\$400	\$350	\$555	\$486	\$432
78	\$487	\$440	\$384	\$610	\$533	\$473
79	\$536	\$484	\$422	\$671	\$586	\$518
80	\$591	\$533	\$464	\$740	\$645	\$570

Southern Farm Bureau Life Insurance Company

Individual Comprehensive Long Term Care Program

Policy Number 3035Q

Standard Annual Premiums

PER \$10 of Nursing Home Maximum Daily Benefit

BASE PLAN - ONE DISCOUNT

Issue Age	1500 X MDB MAXIMUM BENEFIT Elimination Period			UNLIMITED MAXIMUM BENEFIT Elimination Period		
	30Day	90Day	180Day	30Day	90Day	180Day
18-35	\$11	\$11	\$10	\$14	\$14	\$13
36	\$12	\$11	\$11	\$15	\$14	\$14
37	\$12	\$12	\$11	\$16	\$15	\$14
38	\$13	\$12	\$12	\$17	\$15	\$15
39	\$14	\$13	\$12	\$18	\$16	\$15
40	\$14	\$14	\$13	\$19	\$17	\$16
41	\$14	\$14	\$13	\$19	\$18	\$17
42	\$15	\$14	\$14	\$20	\$19	\$18
43	\$15	\$14	\$14	\$20	\$20	\$19
44	\$16	\$15	\$14	\$21	\$20	\$19
45	\$17	\$16	\$15	\$23	\$21	\$20
46	\$18	\$17	\$15	\$24	\$22	\$20
47	\$19	\$18	\$16	\$25	\$23	\$21
48	\$20	\$19	\$17	\$26	\$24	\$22
49	\$20	\$20	\$18	\$27	\$25	\$24
50	\$21	\$20	\$19	\$29	\$26	\$25
51	\$23	\$21	\$20	\$31	\$28	\$26
52	\$25	\$23	\$21	\$32	\$30	\$27
53	\$26	\$25	\$22	\$34	\$31	\$29
54	\$28	\$26	\$24	\$37	\$33	\$31
55	\$30	\$28	\$26	\$39	\$36	\$33
56	\$32	\$30	\$27	\$43	\$38	\$36
57	\$35	\$32	\$30	\$46	\$42	\$38
58	\$38	\$35	\$32	\$49	\$45	\$41
59	\$42	\$38	\$35	\$54	\$48	\$44
60	\$45	\$42	\$38	\$58	\$53	\$48
61	\$49	\$45	\$41	\$63	\$57	\$52
62	\$54	\$49	\$44	\$68	\$61	\$56
63	\$58	\$54	\$48	\$74	\$66	\$61
64	\$64	\$59	\$53	\$82	\$73	\$66
65	\$71	\$65	\$59	\$90	\$81	\$73
66	\$78	\$72	\$65	\$99	\$88	\$81
67	\$87	\$80	\$71	\$110	\$98	\$89
68	\$96	\$88	\$79	\$122	\$109	\$98
69	\$108	\$99	\$88	\$135	\$121	\$109
70	\$121	\$111	\$98	\$152	\$135	\$122
71	\$136	\$123	\$110	\$171	\$151	\$136
72	\$151	\$138	\$122	\$191	\$169	\$152
73	\$170	\$155	\$136	\$214	\$190	\$170
74	\$190	\$173	\$153	\$241	\$213	\$190
75	\$215	\$196	\$172	\$271	\$239	\$213
76	\$242	\$219	\$193	\$305	\$269	\$240
77	\$272	\$246	\$216	\$342	\$300	\$268
78	\$304	\$275	\$241	\$383	\$336	\$298
79	\$343	\$309	\$270	\$430	\$377	\$334
80	\$387	\$349	\$304	\$485	\$423	\$375

Southern Farm Bureau Life Insurance Company

Individual Comprehensive Long Term Care Program

Policy Number 3035Q

Standard Annual Premiums

PER \$10 of Nursing Home Maximum Daily Benefit

BASE PLAN WITH COMPOUND INFLATION FOR 20 YEARS - ONE DISCOUNT

Issue Age	1500 X MDB MAXIMUM BENEFIT			UNLIMITED MAXIMUM BENEFIT		
	Elimination Period			Elimination Period		
	30Day	90Day	180Day	30Day	90Day	180Day
18-35	\$16	\$15	\$14	\$21	\$20	\$19
36	\$17	\$16	\$15	\$22	\$20	\$20
37	\$17	\$16	\$15	\$24	\$22	\$20
38	\$19	\$17	\$16	\$25	\$23	\$22
39	\$20	\$18	\$17	\$26	\$25	\$23
40	\$20	\$20	\$18	\$28	\$26	\$24
41	\$21	\$20	\$19	\$29	\$27	\$26
42	\$22	\$21	\$20	\$31	\$28	\$26
43	\$24	\$22	\$20	\$32	\$30	\$28
44	\$25	\$23	\$21	\$34	\$31	\$29
45	\$26	\$25	\$23	\$36	\$33	\$31
46	\$28	\$26	\$24	\$38	\$35	\$32
47	\$30	\$28	\$26	\$41	\$37	\$34
48	\$31	\$30	\$27	\$43	\$39	\$37
49	\$34	\$31	\$29	\$46	\$42	\$38
50	\$37	\$34	\$31	\$48	\$44	\$41
51	\$39	\$37	\$33	\$53	\$48	\$44
52	\$43	\$39	\$36	\$56	\$51	\$47
53	\$46	\$43	\$38	\$60	\$54	\$50
54	\$49	\$46	\$42	\$65	\$59	\$54
55	\$54	\$49	\$45	\$71	\$64	\$59
56	\$59	\$54	\$48	\$77	\$69	\$63
57	\$64	\$59	\$54	\$83	\$75	\$68
58	\$70	\$65	\$58	\$91	\$82	\$74
59	\$77	\$70	\$63	\$99	\$88	\$80
60	\$83	\$77	\$68	\$107	\$95	\$87
61	\$90	\$82	\$74	\$116	\$103	\$94
62	\$98	\$89	\$80	\$124	\$111	\$100
63	\$105	\$96	\$86	\$134	\$120	\$108
64	\$115	\$105	\$94	\$145	\$129	\$116
65	\$125	\$114	\$101	\$158	\$141	\$127
66	\$137	\$125	\$111	\$173	\$154	\$139
67	\$150	\$137	\$122	\$190	\$167	\$151
68	\$164	\$150	\$133	\$207	\$184	\$165
69	\$180	\$164	\$145	\$227	\$201	\$180
70	\$198	\$180	\$159	\$248	\$219	\$197
71	\$217	\$197	\$173	\$272	\$240	\$215
72	\$236	\$214	\$189	\$297	\$261	\$234
73	\$258	\$234	\$206	\$323	\$285	\$254
74	\$281	\$256	\$224	\$354	\$311	\$278
75	\$309	\$281	\$247	\$389	\$342	\$304
76	\$341	\$309	\$270	\$428	\$376	\$334
77	\$375	\$339	\$297	\$471	\$412	\$366
78	\$413	\$373	\$326	\$518	\$452	\$401
79	\$455	\$411	\$358	\$570	\$497	\$440
80	\$502	\$453	\$394	\$628	\$547	\$484

Southern Farm Bureau Life Insurance Company

Individual Comprehensive Long Term Care Program

Policy Number 3035Q

Standard Annual Premiums

PER \$10 of Nursing Home Maximum Daily Benefit

BASE PLAN WITH COMPOUND INFLATION FOR LIFETIME - ONE DISCOUNT

Issue Age	1500 X MDB MAXIMUM BENEFIT			UNLIMITED MAXIMUM BENEFIT		
	Elimination Period			Elimination Period		
	30Day	90Day	180Day	30Day	90Day	180Day
18-35	\$24	\$23	\$21	\$32	\$29	\$27
36	\$26	\$24	\$22	\$33	\$31	\$29
37	\$26	\$25	\$23	\$35	\$32	\$30
38	\$28	\$26	\$24	\$37	\$34	\$31
39	\$29	\$27	\$26	\$39	\$36	\$33
40	\$31	\$29	\$26	\$41	\$37	\$35
41	\$32	\$30	\$27	\$43	\$39	\$36
42	\$34	\$31	\$29	\$45	\$41	\$37
43	\$36	\$33	\$30	\$47	\$43	\$39
44	\$37	\$34	\$31	\$49	\$45	\$41
45	\$39	\$37	\$33	\$52	\$47	\$43
46	\$41	\$38	\$35	\$54	\$49	\$45
47	\$43	\$40	\$37	\$57	\$52	\$48
48	\$46	\$43	\$38	\$60	\$54	\$49
49	\$48	\$44	\$40	\$63	\$57	\$52
50	\$51	\$47	\$43	\$66	\$60	\$55
51	\$54	\$50	\$45	\$71	\$63	\$58
52	\$57	\$53	\$48	\$75	\$67	\$61
53	\$60	\$56	\$50	\$79	\$71	\$65
54	\$65	\$60	\$54	\$84	\$75	\$69
55	\$69	\$63	\$57	\$89	\$80	\$72
56	\$73	\$67	\$60	\$95	\$85	\$77
57	\$79	\$72	\$65	\$101	\$90	\$82
58	\$84	\$77	\$69	\$108	\$96	\$88
59	\$90	\$82	\$74	\$116	\$103	\$94
60	\$97	\$88	\$79	\$123	\$110	\$99
61	\$103	\$94	\$84	\$131	\$116	\$105
62	\$110	\$100	\$89	\$139	\$123	\$111
63	\$116	\$106	\$94	\$147	\$131	\$118
64	\$124	\$114	\$101	\$157	\$140	\$126
65	\$134	\$122	\$109	\$169	\$150	\$135
66	\$145	\$133	\$117	\$183	\$162	\$146
67	\$157	\$144	\$127	\$198	\$175	\$157
68	\$171	\$156	\$138	\$214	\$190	\$171
69	\$186	\$169	\$150	\$233	\$207	\$185
70	\$202	\$184	\$162	\$254	\$224	\$201
71	\$220	\$201	\$177	\$276	\$244	\$218
72	\$239	\$218	\$191	\$300	\$264	\$236
73	\$260	\$235	\$207	\$326	\$287	\$257
74	\$284	\$258	\$226	\$356	\$313	\$280
75	\$311	\$282	\$247	\$391	\$343	\$306
76	\$343	\$310	\$271	\$429	\$377	\$335
77	\$377	\$340	\$298	\$472	\$413	\$367
78	\$414	\$374	\$326	\$519	\$453	\$402
79	\$456	\$411	\$359	\$570	\$498	\$440
80	\$502	\$453	\$394	\$629	\$548	\$485

Southern Farm Bureau Life Insurance Company

Individual Comprehensive Long Term Care Program

Policy Number 3035Q

Standard Annual Premiums

PER \$10 of Nursing Home Maximum Daily Benefit

BASE PLAN - TWO DISCOUNTS

Issue Age	1500 X MDB MAXIMUM BENEFIT Elimination Period			UNLIMITED MAXIMUM BENEFIT Elimination Period		
	30Day	90Day	180Day	30Day	90Day	180Day
18-35	\$9	\$9	\$9	\$12	\$12	\$11
36	\$10	\$9	\$9	\$13	\$12	\$12
37	\$10	\$10	\$9	\$14	\$13	\$12
38	\$11	\$10	\$10	\$14	\$13	\$13
39	\$12	\$11	\$10	\$15	\$14	\$13
40	\$12	\$12	\$11	\$16	\$14	\$14
41	\$12	\$12	\$11	\$16	\$15	\$14
42	\$13	\$12	\$12	\$17	\$16	\$15
43	\$13	\$12	\$12	\$17	\$17	\$16
44	\$14	\$13	\$12	\$18	\$17	\$16
45	\$14	\$14	\$13	\$20	\$18	\$17
46	\$15	\$14	\$13	\$20	\$19	\$17
47	\$16	\$15	\$14	\$21	\$20	\$18
48	\$17	\$16	\$14	\$22	\$20	\$19
49	\$17	\$17	\$15	\$23	\$21	\$20
50	\$18	\$17	\$16	\$25	\$22	\$21
51	\$20	\$18	\$17	\$26	\$24	\$22
52	\$21	\$20	\$18	\$27	\$25	\$23
53	\$22	\$21	\$19	\$29	\$27	\$25
54	\$24	\$22	\$20	\$31	\$28	\$27
55	\$25	\$24	\$22	\$33	\$30	\$28
56	\$27	\$25	\$23	\$36	\$33	\$30
57	\$30	\$27	\$25	\$39	\$35	\$33
58	\$33	\$30	\$27	\$42	\$38	\$35
59	\$35	\$33	\$30	\$46	\$41	\$38
60	\$38	\$35	\$33	\$49	\$45	\$41
61	\$42	\$38	\$35	\$53	\$48	\$44
62	\$46	\$42	\$38	\$58	\$52	\$48
63	\$49	\$46	\$41	\$63	\$56	\$52
64	\$54	\$50	\$45	\$69	\$62	\$56
65	\$60	\$55	\$50	\$77	\$69	\$62
66	\$66	\$61	\$55	\$85	\$75	\$69
67	\$74	\$68	\$61	\$93	\$83	\$76
68	\$82	\$75	\$67	\$103	\$92	\$83
69	\$92	\$84	\$74	\$115	\$103	\$92
70	\$103	\$94	\$83	\$129	\$115	\$103
71	\$116	\$105	\$93	\$145	\$129	\$116
72	\$129	\$117	\$104	\$163	\$144	\$129
73	\$145	\$131	\$116	\$182	\$161	\$145
74	\$162	\$147	\$130	\$204	\$181	\$162
75	\$183	\$166	\$146	\$230	\$203	\$181
76	\$206	\$186	\$164	\$259	\$228	\$204
77	\$231	\$209	\$184	\$290	\$255	\$228
78	\$259	\$234	\$205	\$325	\$285	\$254
79	\$291	\$263	\$230	\$366	\$320	\$284
80	\$329	\$297	\$259	\$413	\$360	\$319

Southern Farm Bureau Life Insurance Company

Individual Comprehensive Long Term Care Program

Policy Number 3035Q

Standard Annual Premiums

PER \$10 of Nursing Home Maximum Daily Benefit

BASE PLAN WITH COMPOUND INFLATION FOR 20 YEARS - TWO DISCOUNTS

Issue Age	1500 X MDB MAXIMUM BENEFIT Elimination Period			UNLIMITED MAXIMUM BENEFIT Elimination Period		
	30Day	90Day	180Day	30Day	90Day	180Day
18-35	\$14	\$13	\$12	\$18	\$17	\$16
36	\$14	\$14	\$13	\$19	\$17	\$17
37	\$14	\$14	\$13	\$20	\$19	\$17
38	\$16	\$14	\$14	\$21	\$20	\$19
39	\$17	\$15	\$14	\$22	\$21	\$20
40	\$17	\$17	\$15	\$24	\$22	\$20
41	\$18	\$17	\$16	\$25	\$23	\$22
42	\$19	\$18	\$17	\$26	\$24	\$22
43	\$20	\$19	\$17	\$27	\$25	\$24
44	\$21	\$20	\$18	\$29	\$27	\$25
45	\$22	\$21	\$20	\$30	\$28	\$26
46	\$24	\$22	\$20	\$33	\$30	\$27
47	\$25	\$24	\$22	\$35	\$31	\$29
48	\$27	\$25	\$23	\$36	\$33	\$31
49	\$29	\$27	\$25	\$39	\$35	\$33
50	\$31	\$29	\$27	\$41	\$38	\$35
51	\$33	\$31	\$28	\$45	\$40	\$38
52	\$36	\$33	\$30	\$48	\$43	\$40
53	\$39	\$36	\$33	\$51	\$46	\$43
54	\$42	\$39	\$35	\$56	\$50	\$46
55	\$46	\$42	\$38	\$60	\$54	\$50
56	\$50	\$46	\$41	\$65	\$59	\$53
57	\$54	\$50	\$46	\$71	\$64	\$58
58	\$59	\$55	\$49	\$77	\$69	\$63
59	\$65	\$59	\$53	\$84	\$75	\$68
60	\$71	\$65	\$58	\$91	\$81	\$74
61	\$77	\$70	\$63	\$98	\$87	\$79
62	\$83	\$76	\$68	\$105	\$94	\$85
63	\$90	\$82	\$73	\$114	\$102	\$92
64	\$98	\$89	\$79	\$124	\$110	\$99
65	\$106	\$97	\$86	\$134	\$120	\$108
66	\$116	\$106	\$95	\$147	\$131	\$118
67	\$128	\$116	\$103	\$161	\$142	\$129
68	\$139	\$127	\$113	\$176	\$156	\$140
69	\$153	\$139	\$124	\$193	\$171	\$153
70	\$168	\$153	\$135	\$211	\$186	\$168
71	\$184	\$168	\$147	\$231	\$204	\$183
72	\$201	\$182	\$160	\$252	\$222	\$199
73	\$219	\$199	\$175	\$275	\$242	\$216
74	\$239	\$217	\$191	\$301	\$264	\$236
75	\$263	\$238	\$210	\$331	\$290	\$259
76	\$290	\$262	\$230	\$364	\$319	\$284
77	\$319	\$288	\$252	\$400	\$350	\$311
78	\$351	\$317	\$277	\$440	\$384	\$341
79	\$387	\$349	\$304	\$484	\$423	\$374
80	\$427	\$385	\$335	\$534	\$465	\$411

Southern Farm Bureau Life Insurance Company

Individual Comprehensive Long Term Care Program

Policy Number 3035Q

Standard Annual Premiums

PER \$10 of Nursing Home Maximum Daily Benefit

BASE PLAN WITH COMPOUND INFLATION FOR LIFETIME - TWO DISCOUNTS

Issue Age	1500 X MDB MAXIMUM BENEFIT			UNLIMITED MAXIMUM BENEFIT		
	Elimination Period			Elimination Period		
	30Day	90Day	180Day	30Day	90Day	180Day
18-35	\$20	\$20	\$18	\$27	\$25	\$23
36	\$22	\$20	\$19	\$28	\$26	\$25
37	\$22	\$21	\$20	\$30	\$27	\$25
38	\$24	\$22	\$20	\$32	\$29	\$27
39	\$25	\$23	\$22	\$33	\$30	\$28
40	\$26	\$25	\$22	\$35	\$32	\$30
41	\$27	\$25	\$23	\$37	\$33	\$30
42	\$29	\$27	\$25	\$38	\$35	\$32
43	\$30	\$28	\$25	\$40	\$36	\$33
44	\$32	\$29	\$27	\$42	\$38	\$35
45	\$33	\$31	\$28	\$44	\$40	\$37
46	\$35	\$33	\$30	\$46	\$42	\$38
47	\$37	\$34	\$31	\$48	\$44	\$40
48	\$39	\$36	\$33	\$51	\$46	\$42
49	\$41	\$38	\$34	\$53	\$48	\$44
50	\$43	\$40	\$36	\$56	\$51	\$47
51	\$46	\$43	\$38	\$60	\$53	\$49
52	\$48	\$45	\$40	\$64	\$57	\$52
53	\$51	\$48	\$43	\$67	\$60	\$55
54	\$55	\$51	\$46	\$72	\$64	\$59
55	\$59	\$53	\$48	\$76	\$68	\$61
56	\$62	\$57	\$51	\$81	\$72	\$66
57	\$67	\$61	\$55	\$86	\$77	\$70
58	\$72	\$66	\$59	\$92	\$82	\$74
59	\$77	\$70	\$63	\$98	\$87	\$79
60	\$82	\$75	\$67	\$105	\$93	\$85
61	\$87	\$80	\$72	\$111	\$99	\$90
62	\$93	\$85	\$76	\$118	\$105	\$95
63	\$99	\$90	\$80	\$125	\$111	\$100
64	\$105	\$97	\$86	\$134	\$119	\$107
65	\$114	\$104	\$92	\$144	\$128	\$115
66	\$124	\$113	\$100	\$155	\$138	\$124
67	\$134	\$122	\$108	\$168	\$149	\$134
68	\$145	\$132	\$117	\$182	\$161	\$145
69	\$158	\$144	\$127	\$198	\$176	\$158
70	\$172	\$157	\$138	\$216	\$191	\$171
71	\$187	\$171	\$150	\$235	\$207	\$186
72	\$203	\$185	\$163	\$255	\$225	\$201
73	\$221	\$200	\$176	\$277	\$244	\$218
74	\$241	\$219	\$192	\$303	\$266	\$238
75	\$264	\$240	\$210	\$332	\$292	\$260
76	\$291	\$264	\$230	\$365	\$320	\$285
77	\$320	\$289	\$253	\$401	\$351	\$312
78	\$352	\$318	\$277	\$441	\$385	\$342
79	\$387	\$350	\$305	\$485	\$423	\$374
80	\$427	\$385	\$335	\$535	\$466	\$412

Southern Farm Bureau Life Insurance Company

Individual Comprehensive Long Term Care Program

Policy Number 3035Q

ADDITIONAL PREMIUM FOR RETURN OF PREMIUM & NONFORFEITURE OPTIONS

Percent Increase in Premium

Issue Age	Return of Premium at	Nonforfeiture at Lapse
35 and under	3.00%	27.60%
36	3.20%	27.50%
37	3.30%	27.30%
38	3.50%	27.20%
39	3.70%	27.00%
40	3.90%	26.90%
41	4.10%	26.80%
42	4.40%	26.60%
43	4.60%	26.50%
44	4.80%	26.30%
45	5.10%	26.20%
46	5.40%	26.00%
47	5.60%	25.90%
48	5.90%	25.70%
49	6.20%	25.60%
50	6.40%	25.40%
51	6.60%	25.30%
52	6.90%	25.10%
53	7.10%	24.90%
54	7.30%	24.80%
55	7.50%	24.60%
56	7.60%	24.50%
57	7.70%	24.30%
58	7.80%	24.10%
59	7.70%	24.00%
60	7.60%	23.80%
61	7.30%	23.60%
62	6.90%	23.40%
63	6.40%	23.30%
64	5.80%	23.10%
65	5.30%	22.90%
66	4.50%	22.70%
67	3.70%	22.60%
68	2.90%	22.40%
69	2.20%	22.20%
70	N/A	22.00%
71	N/A	21.90%
72	N/A	21.70%
73	N/A	21.50%
74	N/A	21.40%
75	N/A	21.20%
76	N/A	20.90%
77	N/A	20.60%
78	N/A	20.30%

Southern Farm Bureau Life Insurance Company

Individual Comprehensive Long Term Care Program

Policy Number 3035Q

Standard Annual Premiums Reflecting Increase of 17.5%

PER \$10 of Nursing Home Maximum Daily Benefit

BASE PLAN

Issue Age	1500 X MDB MAXIMUM BENEFIT Elimination Period			UNLIMITED MAXIMUM BENEFIT Elimination Period		
	30Day	90Day	180Day	30Day	90Day	180Day
18-35	\$15.28	\$15.28	\$14.10	\$19.98	\$18.80	\$17.63
36	\$16.45	\$15.28	\$15.28	\$21.15	\$19.98	\$18.80
37	\$16.45	\$16.45	\$15.28	\$22.33	\$21.15	\$19.98
38	\$17.63	\$16.45	\$16.45	\$23.50	\$21.15	\$21.15
39	\$18.80	\$17.63	\$16.45	\$24.68	\$22.33	\$21.15
40	\$18.80	\$18.80	\$17.63	\$25.85	\$23.50	\$22.33
41	\$19.98	\$18.80	\$17.63	\$25.85	\$24.68	\$23.50
42	\$21.15	\$19.98	\$18.80	\$27.03	\$25.85	\$24.68
43	\$21.15	\$19.98	\$18.80	\$28.20	\$27.03	\$25.85
44	\$22.33	\$21.15	\$19.98	\$29.38	\$28.20	\$25.85
45	\$23.50	\$22.33	\$21.15	\$31.73	\$29.38	\$27.03
46	\$24.68	\$23.50	\$21.15	\$32.90	\$30.55	\$28.20
47	\$25.85	\$24.68	\$22.33	\$34.08	\$31.73	\$29.38
48	\$27.03	\$25.85	\$23.50	\$35.25	\$32.90	\$30.55
49	\$28.20	\$27.03	\$24.68	\$37.60	\$34.08	\$32.90
50	\$29.38	\$28.20	\$25.85	\$39.95	\$36.43	\$34.08
51	\$31.73	\$29.38	\$28.20	\$42.30	\$38.78	\$36.43
52	\$34.08	\$31.73	\$29.38	\$44.65	\$41.13	\$37.60
53	\$35.25	\$34.08	\$30.55	\$47.00	\$43.48	\$39.95
54	\$38.78	\$35.25	\$32.90	\$50.53	\$45.83	\$43.48
55	\$41.13	\$38.78	\$35.25	\$54.05	\$49.35	\$45.83
56	\$44.65	\$41.13	\$37.60	\$58.75	\$52.88	\$49.35
57	\$48.18	\$44.65	\$41.13	\$63.45	\$57.58	\$52.88
58	\$52.88	\$48.18	\$44.65	\$68.15	\$62.28	\$56.40
59	\$57.58	\$52.88	\$48.18	\$74.03	\$66.98	\$61.10
60	\$62.28	\$57.58	\$52.88	\$79.90	\$72.85	\$66.98
61	\$68.15	\$62.28	\$56.40	\$86.95	\$78.73	\$71.68
62	\$74.03	\$68.15	\$61.10	\$94.00	\$84.60	\$77.55
63	\$79.90	\$74.03	\$66.98	\$102.23	\$91.65	\$84.60
64	\$88.13	\$81.08	\$72.85	\$112.80	\$101.05	\$91.65
65	\$97.53	\$89.30	\$81.08	\$124.55	\$111.63	\$101.05
66	\$108.10	\$99.88	\$89.30	\$137.48	\$122.20	\$111.63
67	\$119.85	\$110.45	\$98.70	\$151.58	\$135.13	\$123.38
68	\$132.78	\$122.20	\$109.28	\$168.03	\$150.40	\$135.13
69	\$149.23	\$136.30	\$121.03	\$186.83	\$166.85	\$150.40
70	\$166.85	\$152.75	\$135.13	\$210.33	\$186.83	\$168.03
71	\$188.00	\$170.38	\$151.58	\$236.18	\$209.15	\$188.00
72	\$209.15	\$190.35	\$169.20	\$264.38	\$233.83	\$210.33
73	\$235.00	\$213.85	\$188.00	\$296.10	\$262.03	\$235.00
74	\$263.20	\$239.70	\$211.50	\$332.53	\$293.75	\$263.20
75	\$297.28	\$270.25	\$237.35	\$374.83	\$330.18	\$294.93
76	\$334.88	\$303.15	\$266.73	\$421.83	\$371.30	\$331.35
77	\$376.00	\$339.58	\$298.45	\$472.35	\$414.78	\$370.13
78	\$420.65	\$380.70	\$333.70	\$528.75	\$464.13	\$412.43
79	\$473.53	\$427.70	\$373.65	\$594.55	\$520.53	\$461.78
80	\$534.63	\$482.93	\$420.65	\$670.93	\$585.15	\$518.18

Southern Farm Bureau Life Insurance Company

Individual Comprehensive Long Term Care Program

Policy Number 3035Q

Standard Annual Premiums Reflecting Increase of 17.5%

PER \$10 of Nursing Home Maximum Daily Benefit

BASE PLAN - ONE DISCOUNT

Issue Age	1500 X MDB MAXIMUM BENEFIT Elimination Period			UNLIMITED MAXIMUM BENEFIT Elimination Period		
	30Day	90Day	180Day	30Day	90Day	180Day
18-35	\$12.93	\$12.93	\$11.75	\$16.45	\$16.45	\$15.28
36	\$14.10	\$12.93	\$12.93	\$17.63	\$16.45	\$16.45
37	\$14.10	\$14.10	\$12.93	\$18.80	\$17.63	\$16.45
38	\$15.28	\$14.10	\$14.10	\$19.98	\$17.63	\$17.63
39	\$16.45	\$15.28	\$14.10	\$21.15	\$18.80	\$17.63
40	\$16.45	\$16.45	\$15.28	\$22.33	\$19.98	\$18.80
41	\$16.45	\$16.45	\$15.28	\$22.33	\$21.15	\$19.98
42	\$17.63	\$16.45	\$16.45	\$23.50	\$22.33	\$21.15
43	\$17.63	\$16.45	\$16.45	\$23.50	\$23.50	\$22.33
44	\$18.80	\$17.63	\$16.45	\$24.68	\$23.50	\$22.33
45	\$19.98	\$18.80	\$17.63	\$27.03	\$24.68	\$23.50
46	\$21.15	\$19.98	\$17.63	\$28.20	\$25.85	\$23.50
47	\$22.33	\$21.15	\$18.80	\$29.38	\$27.03	\$24.68
48	\$23.50	\$22.33	\$19.98	\$30.55	\$28.20	\$25.85
49	\$23.50	\$23.50	\$21.15	\$31.73	\$29.38	\$28.20
50	\$24.68	\$23.50	\$22.33	\$34.08	\$30.55	\$29.38
51	\$27.03	\$24.68	\$23.50	\$36.43	\$32.90	\$30.55
52	\$29.38	\$27.03	\$24.68	\$37.60	\$35.25	\$31.73
53	\$30.55	\$29.38	\$25.85	\$39.95	\$36.43	\$34.08
54	\$32.90	\$30.55	\$28.20	\$43.48	\$38.78	\$36.43
55	\$35.25	\$32.90	\$30.55	\$45.83	\$42.30	\$38.78
56	\$37.60	\$35.25	\$31.73	\$50.53	\$44.65	\$42.30
57	\$41.13	\$37.60	\$35.25	\$54.05	\$49.35	\$44.65
58	\$44.65	\$41.13	\$37.60	\$57.58	\$52.88	\$48.18
59	\$49.35	\$44.65	\$41.13	\$63.45	\$56.40	\$51.70
60	\$52.88	\$49.35	\$44.65	\$68.15	\$62.28	\$56.40
61	\$57.58	\$52.88	\$48.18	\$74.03	\$66.98	\$61.10
62	\$63.45	\$57.58	\$51.70	\$79.90	\$71.68	\$65.80
63	\$68.15	\$63.45	\$56.40	\$86.95	\$77.55	\$71.68
64	\$75.20	\$69.33	\$62.28	\$96.35	\$85.78	\$77.55
65	\$83.43	\$76.38	\$69.33	\$105.75	\$95.18	\$85.78
66	\$91.65	\$84.60	\$76.38	\$116.33	\$103.40	\$95.18
67	\$102.23	\$94.00	\$83.43	\$129.25	\$115.15	\$104.58
68	\$112.80	\$103.40	\$92.83	\$143.35	\$128.08	\$115.15
69	\$126.90	\$116.33	\$103.40	\$158.63	\$142.18	\$128.08
70	\$142.18	\$130.43	\$115.15	\$178.60	\$158.63	\$143.35
71	\$159.80	\$144.53	\$129.25	\$200.93	\$177.43	\$159.80
72	\$177.43	\$162.15	\$143.35	\$224.43	\$198.58	\$178.60
73	\$199.75	\$182.13	\$159.80	\$251.45	\$223.25	\$199.75
74	\$223.25	\$203.28	\$179.78	\$283.18	\$250.28	\$223.25
75	\$252.63	\$230.30	\$202.10	\$318.43	\$280.83	\$250.28
76	\$284.35	\$257.33	\$226.78	\$358.38	\$316.08	\$282.00
77	\$319.60	\$289.05	\$253.80	\$401.85	\$352.50	\$314.90
78	\$357.20	\$323.13	\$283.18	\$450.03	\$394.80	\$350.15
79	\$403.03	\$363.08	\$317.25	\$505.25	\$442.98	\$392.45
80	\$454.73	\$410.08	\$357.20	\$569.88	\$497.03	\$440.63

Southern Farm Bureau Life Insurance Company

Individual Comprehensive Long Term Care Program

Policy Number 3035Q

Standard Annual Premiums Reflecting Increase of 17.5%

PER \$10 of Nursing Home Maximum Daily Benefit

BASE PLAN - TWO DISCOUNTS

Issue Age	1500 X MDB MAXIMUM BENEFIT Elimination Period			UNLIMITED MAXIMUM BENEFIT Elimination Period		
	30Day	90Day	180Day	30Day	90Day	180Day
18-35	\$10.58	\$10.58	\$10.58	\$14.10	\$14.10	\$12.93
36	\$11.75	\$10.58	\$10.58	\$15.28	\$14.10	\$14.10
37	\$11.75	\$11.75	\$10.58	\$16.45	\$15.28	\$14.10
38	\$12.93	\$11.75	\$11.75	\$16.45	\$15.28	\$15.28
39	\$14.10	\$12.93	\$11.75	\$17.63	\$16.45	\$15.28
40	\$14.10	\$14.10	\$12.93	\$18.80	\$16.45	\$16.45
41	\$14.10	\$14.10	\$12.93	\$18.80	\$17.63	\$16.45
42	\$15.28	\$14.10	\$14.10	\$19.98	\$18.80	\$17.63
43	\$15.28	\$14.10	\$14.10	\$19.98	\$19.98	\$18.80
44	\$16.45	\$15.28	\$14.10	\$21.15	\$19.98	\$18.80
45	\$16.45	\$16.45	\$15.28	\$23.50	\$21.15	\$19.98
46	\$17.63	\$16.45	\$15.28	\$23.50	\$22.33	\$19.98
47	\$18.80	\$17.63	\$16.45	\$24.68	\$23.50	\$21.15
48	\$19.98	\$18.80	\$16.45	\$25.85	\$23.50	\$22.33
49	\$19.98	\$19.98	\$17.63	\$27.03	\$24.68	\$23.50
50	\$21.15	\$19.98	\$18.80	\$29.38	\$25.85	\$24.68
51	\$23.50	\$21.15	\$19.98	\$30.55	\$28.20	\$25.85
52	\$24.68	\$23.50	\$21.15	\$31.73	\$29.38	\$27.03
53	\$25.85	\$24.68	\$22.33	\$34.08	\$31.73	\$29.38
54	\$28.20	\$25.85	\$23.50	\$36.43	\$32.90	\$31.73
55	\$29.38	\$28.20	\$25.85	\$38.78	\$35.25	\$32.90
56	\$31.73	\$29.38	\$27.03	\$42.30	\$38.78	\$35.25
57	\$35.25	\$31.73	\$29.38	\$45.83	\$41.13	\$38.78
58	\$38.78	\$35.25	\$31.73	\$49.35	\$44.65	\$41.13
59	\$41.13	\$38.78	\$35.25	\$54.05	\$48.18	\$44.65
60	\$44.65	\$41.13	\$38.78	\$57.58	\$52.88	\$48.18
61	\$49.35	\$44.65	\$41.13	\$62.28	\$56.40	\$51.70
62	\$54.05	\$49.35	\$44.65	\$68.15	\$61.10	\$56.40
63	\$57.58	\$54.05	\$48.18	\$74.03	\$65.80	\$61.10
64	\$63.45	\$58.75	\$52.88	\$81.08	\$72.85	\$65.80
65	\$70.50	\$64.63	\$58.75	\$90.48	\$81.08	\$72.85
66	\$77.55	\$71.68	\$64.63	\$99.88	\$88.13	\$81.08
67	\$86.95	\$79.90	\$71.68	\$109.28	\$97.53	\$89.30
68	\$96.35	\$88.13	\$78.73	\$121.03	\$108.10	\$97.53
69	\$108.10	\$98.70	\$86.95	\$135.13	\$121.03	\$108.10
70	\$121.03	\$110.45	\$97.53	\$151.58	\$135.13	\$121.03
71	\$136.30	\$123.38	\$109.28	\$170.38	\$151.58	\$136.30
72	\$151.58	\$137.48	\$122.20	\$191.53	\$169.20	\$151.58
73	\$170.38	\$153.93	\$136.30	\$213.85	\$189.18	\$170.38
74	\$190.35	\$172.73	\$152.75	\$239.70	\$212.68	\$190.35
75	\$215.03	\$195.05	\$171.55	\$270.25	\$238.53	\$212.68
76	\$242.05	\$218.55	\$192.70	\$304.33	\$267.90	\$239.70
77	\$271.43	\$245.58	\$216.20	\$340.75	\$299.63	\$267.90
78	\$304.33	\$274.95	\$240.88	\$381.88	\$334.88	\$298.45
79	\$341.93	\$309.03	\$270.25	\$430.05	\$376.00	\$333.70
80	\$386.58	\$348.98	\$304.33	\$485.28	\$423.00	\$374.83

Southern Farm Bureau Life Insurance Company

Individual Comprehensive Long Term Care Program

Policy Number 3035Q

Standard Annual Premiums Reflecting Increase of 17.5%

PER \$10 of Nursing Home Maximum Daily Benefit

BASE PLAN WITH COMPOUND INFLATION FOR 20 YEARS

Issue Age	1500 X MDB MAXIMUM BENEFIT			UNLIMITED MAXIMUM BENEFIT		
	Elimination Period			Elimination Period		
	30Day	90Day	180Day	30Day	90Day	180Day
18-35	\$22.33	\$21.15	\$19.98	\$29.38	\$27.03	\$25.85
36	\$23.50	\$22.33	\$21.15	\$30.55	\$28.20	\$27.03
37	\$23.50	\$22.33	\$21.15	\$32.90	\$30.55	\$28.20
38	\$25.85	\$23.50	\$22.33	\$34.08	\$31.73	\$30.55
39	\$27.03	\$24.68	\$23.50	\$36.43	\$34.08	\$31.73
40	\$28.20	\$27.03	\$24.68	\$38.78	\$35.25	\$32.90
41	\$29.38	\$28.20	\$25.85	\$39.95	\$37.60	\$35.25
42	\$30.55	\$29.38	\$27.03	\$42.30	\$38.78	\$36.43
43	\$32.90	\$30.55	\$28.20	\$44.65	\$41.13	\$38.78
44	\$34.08	\$31.73	\$29.38	\$47.00	\$43.48	\$39.95
45	\$36.43	\$34.08	\$31.73	\$49.35	\$45.83	\$42.30
46	\$38.78	\$36.43	\$32.90	\$52.88	\$48.18	\$44.65
47	\$41.13	\$38.78	\$35.25	\$56.40	\$50.53	\$47.00
48	\$43.48	\$41.13	\$37.60	\$58.75	\$54.05	\$50.53
49	\$47.00	\$43.48	\$39.95	\$63.45	\$57.58	\$52.88
50	\$50.53	\$47.00	\$43.48	\$66.98	\$61.10	\$56.40
51	\$54.05	\$50.53	\$45.83	\$72.85	\$65.80	\$61.10
52	\$58.75	\$54.05	\$49.35	\$77.55	\$70.50	\$64.63
53	\$63.45	\$58.75	\$52.88	\$83.43	\$75.20	\$69.33
54	\$68.15	\$63.45	\$57.58	\$90.48	\$81.08	\$75.20
55	\$74.03	\$68.15	\$62.28	\$97.53	\$88.13	\$81.08
56	\$81.08	\$75.20	\$66.98	\$105.75	\$95.18	\$86.95
57	\$88.13	\$81.08	\$74.03	\$115.15	\$103.40	\$94.00
58	\$96.35	\$89.30	\$79.90	\$125.73	\$112.80	\$102.23
59	\$105.75	\$96.35	\$86.95	\$136.30	\$122.20	\$110.45
60	\$115.15	\$105.75	\$94.00	\$148.05	\$131.60	\$119.85
61	\$124.55	\$113.98	\$102.23	\$159.80	\$142.18	\$129.25
62	\$135.13	\$123.38	\$110.45	\$171.55	\$152.75	\$138.65
63	\$145.70	\$132.78	\$118.68	\$185.65	\$165.68	\$149.23
64	\$158.63	\$144.53	\$129.25	\$200.93	\$178.60	\$160.98
65	\$172.73	\$157.45	\$139.83	\$218.55	\$195.05	\$175.08
66	\$189.18	\$172.73	\$153.93	\$239.70	\$212.68	\$191.53
67	\$207.98	\$189.18	\$168.03	\$262.03	\$231.48	\$209.15
68	\$226.78	\$206.80	\$183.30	\$285.53	\$253.80	\$227.95
69	\$249.10	\$226.78	\$200.93	\$313.73	\$277.30	\$249.10
70	\$273.78	\$249.10	\$219.73	\$343.10	\$303.15	\$272.60
71	\$299.63	\$272.60	\$239.70	\$376.00	\$331.35	\$297.28
72	\$326.65	\$296.10	\$260.85	\$410.08	\$360.73	\$323.13
73	\$356.03	\$323.13	\$284.35	\$446.50	\$393.63	\$351.33
74	\$388.93	\$353.68	\$310.20	\$488.80	\$430.05	\$384.23
75	\$427.70	\$387.75	\$340.75	\$538.15	\$472.35	\$420.65
76	\$471.18	\$426.53	\$373.65	\$592.20	\$519.35	\$461.78
77	\$518.18	\$468.83	\$410.08	\$650.95	\$569.88	\$506.43
78	\$571.05	\$515.83	\$450.03	\$715.58	\$625.10	\$554.60
79	\$628.63	\$567.53	\$494.68	\$787.25	\$687.38	\$608.65
80	\$694.43	\$626.28	\$545.20	\$868.33	\$756.70	\$668.58

Southern Farm Bureau Life Insurance Company

Individual Comprehensive Long Term Care Program

Policy Number 3035Q

Standard Annual Premiums Reflecting Increase of 17.5%

PER \$10 of Nursing Home Maximum Daily Benefit

BASE PLAN WITH COMPOUND INFLATION FOR 20 YEARS - ONE DISCOUNT

Issue Age	1500 X MDB MAXIMUM BENEFIT Elimination Period			UNLIMITED MAXIMUM BENEFIT Elimination Period		
	30Day	90Day	180Day	30Day	90Day	180Day
18-35	\$18.80	\$17.63	\$16.45	\$24.68	\$23.50	\$22.33
36	\$19.98	\$18.80	\$17.63	\$25.85	\$23.50	\$23.50
37	\$19.98	\$18.80	\$17.63	\$28.20	\$25.85	\$23.50
38	\$22.33	\$19.98	\$18.80	\$29.38	\$27.03	\$25.85
39	\$23.50	\$21.15	\$19.98	\$30.55	\$29.38	\$27.03
40	\$23.50	\$23.50	\$21.15	\$32.90	\$30.55	\$28.20
41	\$24.68	\$23.50	\$22.33	\$34.08	\$31.73	\$30.55
42	\$25.85	\$24.68	\$23.50	\$36.43	\$32.90	\$30.55
43	\$28.20	\$25.85	\$23.50	\$37.60	\$35.25	\$32.90
44	\$29.38	\$27.03	\$24.68	\$39.95	\$36.43	\$34.08
45	\$30.55	\$29.38	\$27.03	\$42.30	\$38.78	\$36.43
46	\$32.90	\$30.55	\$28.20	\$44.65	\$41.13	\$37.60
47	\$35.25	\$32.90	\$30.55	\$48.18	\$43.48	\$39.95
48	\$36.43	\$35.25	\$31.73	\$50.53	\$45.83	\$43.48
49	\$39.95	\$36.43	\$34.08	\$54.05	\$49.35	\$44.65
50	\$43.48	\$39.95	\$36.43	\$56.40	\$51.70	\$48.18
51	\$45.83	\$43.48	\$38.78	\$62.28	\$56.40	\$51.70
52	\$50.53	\$45.83	\$42.30	\$65.80	\$59.93	\$55.23
53	\$54.05	\$50.53	\$44.65	\$70.50	\$63.45	\$58.75
54	\$57.58	\$54.05	\$49.35	\$76.38	\$69.33	\$63.45
55	\$63.45	\$57.58	\$52.88	\$83.43	\$75.20	\$69.33
56	\$69.33	\$63.45	\$56.40	\$90.48	\$81.08	\$74.03
57	\$75.20	\$69.33	\$63.45	\$97.53	\$88.13	\$79.90
58	\$82.25	\$76.38	\$68.15	\$106.93	\$96.35	\$86.95
59	\$90.48	\$82.25	\$74.03	\$116.33	\$103.40	\$94.00
60	\$97.53	\$90.48	\$79.90	\$125.73	\$111.63	\$102.23
61	\$105.75	\$96.35	\$86.95	\$136.30	\$121.03	\$110.45
62	\$115.15	\$104.58	\$94.00	\$145.70	\$130.43	\$117.50
63	\$123.38	\$112.80	\$101.05	\$157.45	\$141.00	\$126.90
64	\$135.13	\$123.38	\$110.45	\$170.38	\$151.58	\$136.30
65	\$146.88	\$133.95	\$118.68	\$185.65	\$165.68	\$149.23
66	\$160.98	\$146.88	\$130.43	\$203.28	\$180.95	\$163.33
67	\$176.25	\$160.98	\$143.35	\$223.25	\$196.23	\$177.43
68	\$192.70	\$176.25	\$156.28	\$243.23	\$216.20	\$193.88
69	\$211.50	\$192.70	\$170.38	\$266.73	\$236.18	\$211.50
70	\$232.65	\$211.50	\$186.83	\$291.40	\$257.33	\$231.48
71	\$254.98	\$231.48	\$203.28	\$319.60	\$282.00	\$252.63
72	\$277.30	\$251.45	\$222.08	\$348.98	\$306.68	\$274.95
73	\$303.15	\$274.95	\$242.05	\$379.53	\$334.88	\$298.45
74	\$330.18	\$300.80	\$263.20	\$415.95	\$365.43	\$326.65
75	\$363.08	\$330.18	\$290.23	\$457.08	\$401.85	\$357.20
76	\$400.68	\$363.08	\$317.25	\$502.90	\$441.80	\$392.45
77	\$440.63	\$398.33	\$348.98	\$553.43	\$484.10	\$430.05
78	\$485.28	\$438.28	\$383.05	\$608.65	\$531.10	\$471.18
79	\$534.63	\$482.93	\$420.65	\$669.75	\$583.98	\$517.00
80	\$589.85	\$532.28	\$462.95	\$737.90	\$642.73	\$568.70

Southern Farm Bureau Life Insurance Company

Individual Comprehensive Long Term Care Program

Policy Number 3035Q

Standard Annual Premiums Reflecting Increase of 17.5%

PER \$10 of Nursing Home Maximum Daily Benefit

BASE PLAN WITH COMPOUND INFLATION FOR 20 YEARS - TWO DISCOUNTS

Issue Age	1500 X MDB MAXIMUM BENEFIT Elimination Period			UNLIMITED MAXIMUM BENEFIT Elimination Period		
	30Day	90Day	180Day	30Day	90Day	180Day
18-35	\$16.45	\$15.28	\$14.10	\$21.15	\$19.98	\$18.80
36	\$16.45	\$16.45	\$15.28	\$22.33	\$19.98	\$19.98
37	\$16.45	\$16.45	\$15.28	\$23.50	\$22.33	\$19.98
38	\$18.80	\$16.45	\$16.45	\$24.68	\$23.50	\$22.33
39	\$19.98	\$17.63	\$16.45	\$25.85	\$24.68	\$23.50
40	\$19.98	\$19.98	\$17.63	\$28.20	\$25.85	\$23.50
41	\$21.15	\$19.98	\$18.80	\$29.38	\$27.03	\$25.85
42	\$22.33	\$21.15	\$19.98	\$30.55	\$28.20	\$25.85
43	\$23.50	\$22.33	\$19.98	\$31.73	\$29.38	\$28.20
44	\$24.68	\$23.50	\$21.15	\$34.08	\$31.73	\$29.38
45	\$25.85	\$24.68	\$23.50	\$35.25	\$32.90	\$30.55
46	\$28.20	\$25.85	\$23.50	\$38.78	\$35.25	\$31.73
47	\$29.38	\$28.20	\$25.85	\$41.13	\$36.43	\$34.08
48	\$31.73	\$29.38	\$27.03	\$42.30	\$38.78	\$36.43
49	\$34.08	\$31.73	\$29.38	\$45.83	\$41.13	\$38.78
50	\$36.43	\$34.08	\$31.73	\$48.18	\$44.65	\$41.13
51	\$38.78	\$36.43	\$32.90	\$52.88	\$47.00	\$44.65
52	\$42.30	\$38.78	\$35.25	\$56.40	\$50.53	\$47.00
53	\$45.83	\$42.30	\$38.78	\$59.93	\$54.05	\$50.53
54	\$49.35	\$45.83	\$41.13	\$65.80	\$58.75	\$54.05
55	\$54.05	\$49.35	\$44.65	\$70.50	\$63.45	\$58.75
56	\$58.75	\$54.05	\$48.18	\$76.38	\$69.33	\$62.28
57	\$63.45	\$58.75	\$54.05	\$83.43	\$75.20	\$68.15
58	\$69.33	\$64.63	\$57.58	\$90.48	\$81.08	\$74.03
59	\$76.38	\$69.33	\$62.28	\$98.70	\$88.13	\$79.90
60	\$83.43	\$76.38	\$68.15	\$106.93	\$95.18	\$86.95
61	\$90.48	\$82.25	\$74.03	\$115.15	\$102.23	\$92.83
62	\$97.53	\$89.30	\$79.90	\$123.38	\$110.45	\$99.88
63	\$105.75	\$96.35	\$85.78	\$133.95	\$119.85	\$108.10
64	\$115.15	\$104.58	\$92.83	\$145.70	\$129.25	\$116.33
65	\$124.55	\$113.98	\$101.05	\$157.45	\$141.00	\$126.90
66	\$136.30	\$124.55	\$111.63	\$172.73	\$153.93	\$138.65
67	\$150.40	\$136.30	\$121.03	\$189.18	\$166.85	\$151.58
68	\$163.33	\$149.23	\$132.78	\$206.80	\$183.30	\$164.50
69	\$179.78	\$163.33	\$145.70	\$226.78	\$200.93	\$179.78
70	\$197.40	\$179.78	\$158.63	\$247.93	\$218.55	\$197.40
71	\$216.20	\$197.40	\$172.73	\$271.43	\$239.70	\$215.03
72	\$236.18	\$213.85	\$188.00	\$296.10	\$260.85	\$233.83
73	\$257.33	\$233.83	\$205.63	\$323.13	\$284.35	\$253.80
74	\$280.83	\$254.98	\$224.43	\$353.68	\$310.20	\$277.30
75	\$309.03	\$279.65	\$246.75	\$388.93	\$340.75	\$304.33
76	\$340.75	\$307.85	\$270.25	\$427.70	\$374.83	\$333.70
77	\$374.83	\$338.40	\$296.10	\$470.00	\$411.25	\$365.43
78	\$412.43	\$372.48	\$325.48	\$517.00	\$451.20	\$400.68
79	\$454.73	\$410.08	\$357.20	\$568.70	\$497.03	\$439.45
80	\$501.73	\$452.38	\$393.63	\$627.45	\$546.38	\$482.93

Southern Farm Bureau Life Insurance Company

Individual Comprehensive Long Term Care Program

Policy Number 3035Q

Standard Annual Premiums Reflecting Increase of 17.5%

PER \$10 of Nursing Home Maximum Daily Benefit

BASE PLAN WITH COMPOUND INFLATION FOR LIFETIME

Issue Age	1500 X MDB MAXIMUM BENEFIT			UNLIMITED MAXIMUM BENEFIT		
	Elimination Period			Elimination Period		
	30Day	90Day	180Day	30Day	90Day	180Day
18-35	\$32.90	\$31.73	\$29.38	\$44.65	\$39.95	\$37.60
36	\$35.25	\$32.90	\$30.55	\$45.83	\$42.30	\$39.95
37	\$36.43	\$34.08	\$31.73	\$48.18	\$44.65	\$41.13
38	\$38.78	\$36.43	\$32.90	\$51.70	\$47.00	\$43.48
39	\$39.95	\$37.60	\$35.25	\$54.05	\$49.35	\$45.83
40	\$42.30	\$39.95	\$36.43	\$56.40	\$51.70	\$48.18
41	\$44.65	\$41.13	\$37.60	\$59.93	\$54.05	\$49.35
42	\$47.00	\$43.48	\$39.95	\$62.28	\$56.40	\$51.70
43	\$49.35	\$45.83	\$41.13	\$64.63	\$58.75	\$54.05
44	\$51.70	\$47.00	\$43.48	\$68.15	\$62.28	\$56.40
45	\$54.05	\$50.53	\$45.83	\$71.68	\$64.63	\$59.93
46	\$56.40	\$52.88	\$48.18	\$75.20	\$68.15	\$62.28
47	\$59.93	\$55.23	\$50.53	\$78.73	\$71.68	\$65.80
48	\$63.45	\$58.75	\$52.88	\$82.25	\$75.20	\$68.15
49	\$66.98	\$61.10	\$55.23	\$86.95	\$78.73	\$71.68
50	\$70.50	\$64.63	\$58.75	\$91.65	\$83.43	\$76.38
51	\$74.03	\$69.33	\$62.28	\$97.53	\$86.95	\$79.90
52	\$78.73	\$72.85	\$65.80	\$103.40	\$92.83	\$84.60
53	\$83.43	\$77.55	\$69.33	\$109.28	\$97.53	\$89.30
54	\$89.30	\$82.25	\$74.03	\$116.33	\$103.40	\$95.18
55	\$95.18	\$86.95	\$78.73	\$123.38	\$110.45	\$99.88
56	\$101.05	\$92.83	\$83.43	\$131.60	\$117.50	\$106.93
57	\$109.28	\$99.88	\$89.30	\$139.83	\$124.55	\$113.98
58	\$116.33	\$106.93	\$95.18	\$149.23	\$132.78	\$121.03
59	\$124.55	\$113.98	\$102.23	\$159.80	\$142.18	\$129.25
60	\$133.95	\$122.20	\$109.28	\$170.38	\$151.58	\$137.48
61	\$142.18	\$130.43	\$116.33	\$180.95	\$160.98	\$145.70
62	\$151.58	\$138.65	\$123.38	\$191.53	\$170.38	\$153.93
63	\$160.98	\$146.88	\$130.43	\$203.28	\$180.95	\$163.33
64	\$171.55	\$157.45	\$139.83	\$217.38	\$193.88	\$173.90
65	\$185.65	\$169.20	\$150.40	\$233.83	\$207.98	\$186.83
66	\$200.93	\$183.30	\$162.15	\$252.63	\$224.43	\$202.10
67	\$217.38	\$198.58	\$175.08	\$273.78	\$242.05	\$217.38
68	\$236.18	\$215.03	\$190.35	\$296.10	\$262.03	\$236.18
69	\$257.33	\$233.83	\$206.80	\$321.95	\$285.53	\$256.15
70	\$279.65	\$254.98	\$224.43	\$351.33	\$310.20	\$278.48
71	\$304.33	\$277.30	\$244.40	\$381.88	\$337.23	\$301.98
72	\$330.18	\$300.80	\$264.38	\$414.78	\$365.43	\$326.65
73	\$359.55	\$325.48	\$286.70	\$451.20	\$397.15	\$354.85
74	\$392.45	\$356.03	\$312.55	\$492.33	\$432.40	\$386.58
75	\$430.05	\$390.10	\$341.93	\$540.50	\$474.70	\$423.00
76	\$473.53	\$428.88	\$374.83	\$593.38	\$520.53	\$462.95
77	\$520.53	\$470.00	\$411.25	\$652.13	\$571.05	\$507.60
78	\$572.23	\$517.00	\$451.20	\$716.75	\$626.28	\$555.78
79	\$629.80	\$568.70	\$495.85	\$788.43	\$688.55	\$608.65
80	\$694.43	\$626.28	\$545.20	\$869.50	\$757.88	\$669.75

Southern Farm Bureau Life Insurance Company

Individual Comprehensive Long Term Care Program

Policy Number 3035Q

Standard Annual Premiums Reflecting Increase of 17.5%

PER \$10 of Nursing Home Maximum Daily Benefit

BASE PLAN WITH COMPOUND INFLATION FOR LIFETIME - ONE DISCOUNT

Issue Age	1500 X MDB MAXIMUM BENEFIT			UNLIMITED MAXIMUM BENEFIT		
	Elimination Period			Elimination Period		
	30Day	90Day	180Day	30Day	90Day	180Day
18-35	\$28.20	\$27.03	\$24.68	\$37.60	\$34.08	\$31.73
36	\$30.55	\$28.20	\$25.85	\$38.78	\$36.43	\$34.08
37	\$30.55	\$29.38	\$27.03	\$41.13	\$37.60	\$35.25
38	\$32.90	\$30.55	\$28.20	\$43.48	\$39.95	\$36.43
39	\$34.08	\$31.73	\$30.55	\$45.83	\$42.30	\$38.78
40	\$36.43	\$34.08	\$30.55	\$48.18	\$43.48	\$41.13
41	\$37.60	\$35.25	\$31.73	\$50.53	\$45.83	\$42.30
42	\$39.95	\$36.43	\$34.08	\$52.88	\$48.18	\$43.48
43	\$42.30	\$38.78	\$35.25	\$55.23	\$50.53	\$45.83
44	\$43.48	\$39.95	\$36.43	\$57.58	\$52.88	\$48.18
45	\$45.83	\$43.48	\$38.78	\$61.10	\$55.23	\$50.53
46	\$48.18	\$44.65	\$41.13	\$63.45	\$57.58	\$52.88
47	\$50.53	\$47.00	\$43.48	\$66.98	\$61.10	\$56.40
48	\$54.05	\$50.53	\$44.65	\$70.50	\$63.45	\$57.58
49	\$56.40	\$51.70	\$47.00	\$74.03	\$66.98	\$61.10
50	\$59.93	\$55.23	\$50.53	\$77.55	\$70.50	\$64.63
51	\$63.45	\$58.75	\$52.88	\$83.43	\$74.03	\$68.15
52	\$66.98	\$62.28	\$56.40	\$88.13	\$78.73	\$71.68
53	\$70.50	\$65.80	\$58.75	\$92.83	\$83.43	\$76.38
54	\$76.38	\$70.50	\$63.45	\$98.70	\$88.13	\$81.08
55	\$81.08	\$74.03	\$66.98	\$104.58	\$94.00	\$84.60
56	\$85.78	\$78.73	\$70.50	\$111.63	\$99.88	\$90.48
57	\$92.83	\$84.60	\$76.38	\$118.68	\$105.75	\$96.35
58	\$98.70	\$90.48	\$81.08	\$126.90	\$112.80	\$103.40
59	\$105.75	\$96.35	\$86.95	\$136.30	\$121.03	\$110.45
60	\$113.98	\$103.40	\$92.83	\$144.53	\$129.25	\$116.33
61	\$121.03	\$110.45	\$98.70	\$153.93	\$136.30	\$123.38
62	\$129.25	\$117.50	\$104.58	\$163.33	\$144.53	\$130.43
63	\$136.30	\$124.55	\$110.45	\$172.73	\$153.93	\$138.65
64	\$145.70	\$133.95	\$118.68	\$184.48	\$164.50	\$148.05
65	\$157.45	\$143.35	\$128.08	\$198.58	\$176.25	\$158.63
66	\$170.38	\$156.28	\$137.48	\$215.03	\$190.35	\$171.55
67	\$184.48	\$169.20	\$149.23	\$232.65	\$205.63	\$184.48
68	\$200.93	\$183.30	\$162.15	\$251.45	\$223.25	\$200.93
69	\$218.55	\$198.58	\$176.25	\$273.78	\$243.23	\$217.38
70	\$237.35	\$216.20	\$190.35	\$298.45	\$263.20	\$236.18
71	\$258.50	\$236.18	\$207.98	\$324.30	\$286.70	\$256.15
72	\$280.83	\$256.15	\$224.43	\$352.50	\$310.20	\$277.30
73	\$305.50	\$276.13	\$243.23	\$383.05	\$337.23	\$301.98
74	\$333.70	\$303.15	\$265.55	\$418.30	\$367.78	\$329.00
75	\$365.43	\$331.35	\$290.23	\$459.43	\$403.03	\$359.55
76	\$403.03	\$364.25	\$318.43	\$504.08	\$442.98	\$393.63
77	\$442.98	\$399.50	\$350.15	\$554.60	\$485.28	\$431.23
78	\$486.45	\$439.45	\$383.05	\$609.83	\$532.28	\$472.35
79	\$535.80	\$482.93	\$421.83	\$669.75	\$585.15	\$517.00
80	\$589.85	\$532.28	\$462.95	\$739.08	\$643.90	\$569.88

Southern Farm Bureau Life Insurance Company

Individual Comprehensive Long Term Care Program

Policy Number 3035Q

Standard Annual Premiums Reflecting Increase of 17.5%

PER \$10 of Nursing Home Maximum Daily Benefit

BASE PLAN WITH COMPOUND INFLATION FOR LIFETIME - TWO DISCOUNTS

Issue Age	1500 X MDB MAXIMUM BENEFIT			UNLIMITED MAXIMUM BENEFIT		
	Elimination Period			Elimination Period		
	30Day	90Day	180Day	30Day	90Day	180Day
18-35	\$23.50	\$23.50	\$21.15	\$31.73	\$29.38	\$27.03
36	\$25.85	\$23.50	\$22.33	\$32.90	\$30.55	\$29.38
37	\$25.85	\$24.68	\$23.50	\$35.25	\$31.73	\$29.38
38	\$28.20	\$25.85	\$23.50	\$37.60	\$34.08	\$31.73
39	\$29.38	\$27.03	\$25.85	\$38.78	\$35.25	\$32.90
40	\$30.55	\$29.38	\$25.85	\$41.13	\$37.60	\$35.25
41	\$31.73	\$29.38	\$27.03	\$43.48	\$38.78	\$35.25
42	\$34.08	\$31.73	\$29.38	\$44.65	\$41.13	\$37.60
43	\$35.25	\$32.90	\$29.38	\$47.00	\$42.30	\$38.78
44	\$37.60	\$34.08	\$31.73	\$49.35	\$44.65	\$41.13
45	\$38.78	\$36.43	\$32.90	\$51.70	\$47.00	\$43.48
46	\$41.13	\$38.78	\$35.25	\$54.05	\$49.35	\$44.65
47	\$43.48	\$39.95	\$36.43	\$56.40	\$51.70	\$47.00
48	\$45.83	\$42.30	\$38.78	\$59.93	\$54.05	\$49.35
49	\$48.18	\$44.65	\$39.95	\$62.28	\$56.40	\$51.70
50	\$50.53	\$47.00	\$42.30	\$65.80	\$59.93	\$55.23
51	\$54.05	\$50.53	\$44.65	\$70.50	\$62.28	\$57.58
52	\$56.40	\$52.88	\$47.00	\$75.20	\$66.98	\$61.10
53	\$59.93	\$56.40	\$50.53	\$78.73	\$70.50	\$64.63
54	\$64.63	\$59.93	\$54.05	\$84.60	\$75.20	\$69.33
55	\$69.33	\$62.28	\$56.40	\$89.30	\$79.90	\$71.68
56	\$72.85	\$66.98	\$59.93	\$95.18	\$84.60	\$77.55
57	\$78.73	\$71.68	\$64.63	\$101.05	\$90.48	\$82.25
58	\$84.60	\$77.55	\$69.33	\$108.10	\$96.35	\$86.95
59	\$90.48	\$82.25	\$74.03	\$115.15	\$102.23	\$92.83
60	\$96.35	\$88.13	\$78.73	\$123.38	\$109.28	\$99.88
61	\$102.23	\$94.00	\$84.60	\$130.43	\$116.33	\$105.75
62	\$109.28	\$99.88	\$89.30	\$138.65	\$123.38	\$111.63
63	\$116.33	\$105.75	\$94.00	\$146.88	\$130.43	\$117.50
64	\$123.38	\$113.98	\$101.05	\$157.45	\$139.83	\$125.73
65	\$133.95	\$122.20	\$108.10	\$169.20	\$150.40	\$135.13
66	\$145.70	\$132.78	\$117.50	\$182.13	\$162.15	\$145.70
67	\$157.45	\$143.35	\$126.90	\$197.40	\$175.08	\$157.45
68	\$170.38	\$155.10	\$137.48	\$213.85	\$189.18	\$170.38
69	\$185.65	\$169.20	\$149.23	\$232.65	\$206.80	\$185.65
70	\$202.10	\$184.48	\$162.15	\$253.80	\$224.43	\$200.93
71	\$219.73	\$200.93	\$176.25	\$276.13	\$243.23	\$218.55
72	\$238.53	\$217.38	\$191.53	\$299.63	\$264.38	\$236.18
73	\$259.68	\$235.00	\$206.80	\$325.48	\$286.70	\$256.15
74	\$283.18	\$257.33	\$225.60	\$356.03	\$312.55	\$279.65
75	\$310.20	\$282.00	\$246.75	\$390.10	\$343.10	\$305.50
76	\$341.93	\$310.20	\$270.25	\$428.88	\$376.00	\$334.88
77	\$376.00	\$339.58	\$297.28	\$471.18	\$412.43	\$366.60
78	\$413.60	\$373.65	\$325.48	\$518.18	\$452.38	\$401.85
79	\$454.73	\$411.25	\$358.38	\$569.88	\$497.03	\$439.45
80	\$501.73	\$452.38	\$393.63	\$628.63	\$547.55	\$484.10

Southern Farm Bureau Life Insurance Company

Individual Comprehensive Long Term Care Program

Policy Number 3035Q

ADDITIONAL PREMIUM FOR RETURN OF PREMIUM & NONFORFEITURE OPTIONS

Percent Increase in Premium		
Issue Age	Return of Premium at	Nonforfeiture at Lapse
35 and under	3.00%	27.60%
36	3.20%	27.50%
37	3.30%	27.30%
38	3.50%	27.20%
39	3.70%	27.00%
40	3.90%	26.90%
41	4.10%	26.80%
42	4.40%	26.60%
43	4.60%	26.50%
44	4.80%	26.30%
45	5.10%	26.20%
46	5.40%	26.00%
47	5.60%	25.90%
48	5.90%	25.70%
49	6.20%	25.60%
50	6.40%	25.40%
51	6.60%	25.30%
52	6.90%	25.10%
53	7.10%	24.90%
54	7.30%	24.80%
55	7.50%	24.60%
56	7.60%	24.50%
57	7.70%	24.30%
58	7.80%	24.10%
59	7.70%	24.00%
60	7.60%	23.80%
61	7.30%	23.60%
62	6.90%	23.40%
63	6.40%	23.30%
64	5.80%	23.10%
65	5.30%	22.90%
66	4.50%	22.70%
67	3.70%	22.60%
68	2.90%	22.40%
69	2.20%	22.20%
70	N/A	22.00%
71	N/A	21.90%
72	N/A	21.70%
73	N/A	21.50%
74	N/A	21.40%
75	N/A	21.20%
76	N/A	20.90%
77	N/A	20.60%
78	N/A	20.30%
79	N/A	19.90%
80	N/A	19.60%

Southern Farm Bureau Life Insurance Company

Individual Comprehensive Long Term Care Program

Policy Number HL200

Annual Premiums per \$10 of Nursing Home Maximum Daily Benefit

90 Day Elimination Period, No Inflation Protection

Issue Age	Nursing Facility Only			Nursing Facility with 50% Home Health Care		
	3 Year	5 Year	Lifetime	3 Year	5 Year	Lifetime
18-25	\$15.53	\$16.71	\$20.87	\$17.05	\$18.49	\$23.32
26	\$15.83	\$17.08	\$21.40	\$17.44	\$18.98	\$24.02
27	\$16.11	\$17.44	\$21.94	\$17.83	\$19.46	\$24.72
28	\$16.41	\$17.82	\$22.49	\$18.24	\$19.97	\$25.46
29	\$16.73	\$18.23	\$23.09	\$18.68	\$20.52	\$26.25
30	\$17.09	\$18.69	\$23.76	\$19.17	\$21.14	\$27.14
31	\$17.52	\$19.22	\$24.54	\$19.75	\$21.85	\$28.17
32	\$17.99	\$19.81	\$25.40	\$20.39	\$22.64	\$29.32
33	\$18.48	\$20.43	\$26.30	\$21.06	\$23.47	\$30.52
34	\$18.96	\$21.03	\$27.17	\$21.73	\$24.30	\$31.70
35	\$19.38	\$21.59	\$27.96	\$22.34	\$25.08	\$32.81
36	\$19.74	\$22.06	\$28.65	\$22.89	\$25.78	\$33.80
37	\$20.05	\$22.49	\$29.25	\$23.40	\$26.44	\$34.72
38	\$20.35	\$22.90	\$29.83	\$23.90	\$27.10	\$35.63
39	\$20.66	\$23.34	\$30.43	\$24.42	\$27.78	\$36.57
40	\$21.02	\$23.82	\$31.11	\$25.00	\$28.53	\$37.61
41	\$21.40	\$24.34	\$31.83	\$25.62	\$29.33	\$38.71
42	\$21.80	\$24.87	\$32.56	\$26.26	\$30.15	\$39.83
43	\$22.23	\$25.45	\$33.35	\$26.94	\$31.03	\$41.03
44	\$22.73	\$26.09	\$34.22	\$27.70	\$31.99	\$42.33
45	\$23.31	\$26.84	\$35.22	\$28.57	\$33.07	\$43.79
46	\$24.01	\$27.70	\$36.36	\$29.55	\$34.28	\$45.41
47	\$24.79	\$28.66	\$37.60	\$30.63	\$35.60	\$47.14
48	\$25.63	\$29.69	\$38.94	\$31.79	\$37.01	\$49.01
49	\$26.53	\$30.78	\$40.37	\$33.02	\$38.51	\$51.00
50	\$27.44	\$31.92	\$41.88	\$34.30	\$40.10	\$53.11
51	\$28.32	\$33.03	\$43.36	\$35.54	\$41.65	\$55.21
52	\$29.17	\$34.12	\$44.82	\$36.75	\$43.19	\$57.28
53	\$30.09	\$35.31	\$46.42	\$38.07	\$44.86	\$59.56
54	\$31.19	\$36.71	\$48.31	\$39.65	\$46.85	\$62.25
55	\$32.56	\$38.44	\$50.64	\$41.62	\$49.31	\$65.57
56	\$34.23	\$40.52	\$53.42	\$43.97	\$52.21	\$69.47
57	\$36.11	\$42.85	\$56.53	\$46.61	\$55.44	\$73.81
58	\$38.21	\$45.43	\$59.99	\$49.55	\$59.06	\$78.66
59	\$40.49	\$48.27	\$63.78	\$52.85	\$63.10	\$84.09
60	\$42.96	\$51.35	\$67.91	\$56.51	\$67.63	\$90.19
61	\$45.52	\$54.59	\$72.28	\$60.42	\$72.50	\$96.79
62	\$48.18	\$57.99	\$76.89	\$64.56	\$77.68	\$103.83
63	\$51.07	\$61.68	\$81.88	\$69.11	\$83.37	\$111.56
64	\$54.34	\$65.81	\$87.42	\$74.28	\$89.80	\$120.24
65	\$58.12	\$70.51	\$93.66	\$80.29	\$97.18	\$130.12
66	\$62.25	\$75.58	\$100.28	\$86.76	\$105.07	\$140.59
67	\$66.63	\$80.91	\$107.19	\$93.57	\$113.33	\$151.49
68	\$71.51	\$86.84	\$114.84	\$101.25	\$122.61	\$163.72
69	\$77.16	\$93.69	\$123.71	\$110.32	\$133.56	\$178.17
70	\$83.82	\$101.82	\$134.25	\$121.31	\$146.83	\$195.75
71	\$91.58	\$111.35	\$146.70	\$134.18	\$162.41	\$216.44
72	\$100.28	\$122.06	\$160.74	\$148.57	\$179.84	\$239.65
73	\$109.78	\$133.74	\$176.03	\$164.55	\$199.18	\$265.38
74	\$119.94	\$146.19	\$192.23	\$182.18	\$220.46	\$293.67
75	\$130.63	\$159.21	\$208.97	\$201.54	\$243.71	\$324.53
76	\$141.22	\$172.04	\$225.24	\$221.26	\$267.35	\$355.67
77	\$151.81	\$184.80	\$241.25	\$241.31	\$291.36	\$387.08
78	\$163.33	\$198.65	\$258.57	\$263.72	\$318.11	\$422.20
79	\$176.71	\$214.72	\$278.75	\$290.48	\$349.97	\$464.45
80	\$192.89	\$234.17		\$323.61	\$389.31	
81	\$212.13	\$257.39		\$363.58	\$436.77	
82	\$233.83	\$283.61		\$409.04	\$490.77	
83	\$257.57	\$312.25		\$459.30	\$550.35	
84	\$282.91	\$342.70		\$513.68	\$614.54	
85	\$309.45	\$374.37		\$571.48	\$682.39	

DISCOUNTS:

Spousal/Partner: Multiply by .85 for two
or .9 for one
Non-Tobacco: Multiply by .85

ELIMINATION PERIOD FACTORS

30 Days 1.12
90 Days 1.00
180 Days 0.90

Southern Farm Bureau Life Insurance Company

Individual Comprehensive Long Term Care Program

Policy Number HL200

Annual Premiums per \$10 of Nursing Home Maximum Daily Benefit

90 Day Elimination Period, No Inflation Protection

Issue Age	Nursing Facility with 75% Home Health Care			Nursing Facility with 100% Home Health Care		
	3 Year	5 Year	Lifetime	3 Year	5 Year	Lifetime
18-25	\$17.61	\$19.28	\$24.54	\$18.16	\$20.06	\$26.02
26	\$18.03	\$19.81	\$25.31	\$18.62	\$20.65	\$26.89
27	\$18.45	\$20.35	\$26.09	\$19.08	\$21.23	\$27.75
28	\$18.89	\$20.90	\$26.90	\$19.55	\$21.84	\$28.66
29	\$19.37	\$21.51	\$27.78	\$20.07	\$22.51	\$29.65
30	\$19.91	\$22.19	\$28.77	\$20.66	\$23.26	\$30.76
31	\$20.54	\$22.98	\$29.92	\$21.33	\$24.12	\$32.05
32	\$21.24	\$23.86	\$31.19	\$22.09	\$25.08	\$33.48
33	\$21.97	\$24.78	\$32.52	\$22.88	\$26.09	\$34.97
34	\$22.70	\$25.70	\$33.85	\$23.67	\$27.10	\$36.47
35	\$23.38	\$26.57	\$35.09	\$24.42	\$28.07	\$37.89
36	\$23.99	\$27.37	\$36.22	\$25.10	\$28.96	\$39.19
37	\$24.56	\$28.12	\$37.28	\$25.73	\$29.81	\$40.42
38	\$25.13	\$28.88	\$38.33	\$26.36	\$30.66	\$41.65
39	\$25.72	\$29.66	\$39.43	\$27.03	\$31.55	\$42.92
40	\$26.37	\$30.52	\$40.62	\$27.76	\$32.53	\$44.31
41	\$27.07	\$31.44	\$41.88	\$28.53	\$33.56	\$45.78
42	\$27.79	\$32.38	\$43.18	\$29.33	\$34.62	\$47.29
43	\$28.56	\$33.38	\$44.56	\$30.18	\$35.74	\$48.89
44	\$29.41	\$34.47	\$46.05	\$31.12	\$36.97	\$50.62
45	\$30.36	\$35.69	\$47.71	\$32.17	\$38.33	\$52.52
46	\$31.44	\$37.04	\$49.53	\$33.34	\$39.82	\$54.59
47	\$32.61	\$38.50	\$51.48	\$34.61	\$41.43	\$56.79
48	\$33.87	\$40.07	\$53.56	\$35.97	\$43.15	\$59.15
49	\$35.21	\$41.73	\$55.78	\$37.41	\$44.98	\$61.66
50	\$36.61	\$43.50	\$58.16	\$38.93	\$46.92	\$64.36
51	\$37.97	\$45.24	\$60.52	\$40.41	\$48.85	\$67.05
52	\$39.31	\$46.96	\$62.87	\$41.87	\$50.77	\$69.74
53	\$40.76	\$48.84	\$65.44	\$43.46	\$52.86	\$72.68
54	\$42.50	\$51.07	\$68.48	\$45.35	\$55.33	\$76.15
55	\$44.66	\$53.83	\$72.23	\$47.71	\$58.39	\$80.42
56	\$47.23	\$57.06	\$76.60	\$50.49	\$61.95	\$85.38
57	\$50.10	\$60.64	\$81.45	\$53.59	\$65.89	\$90.84
58	\$53.31	\$64.66	\$86.88	\$57.07	\$70.31	\$96.98
59	\$56.92	\$69.19	\$93.01	\$60.99	\$75.33	\$103.96
60	\$60.98	\$74.31	\$99.95	\$65.44	\$81.04	\$111.95
61	\$65.34	\$79.86	\$107.52	\$70.25	\$87.29	\$120.73
62	\$69.97	\$85.79	\$115.65	\$75.38	\$93.99	\$130.21
63	\$75.09	\$92.34	\$124.61	\$81.06	\$101.41	\$140.68
64	\$80.90	\$99.74	\$134.68	\$87.51	\$109.78	\$152.47
65	\$87.63	\$108.22	\$146.14	\$94.95	\$119.38	\$165.88
66	\$94.85	\$117.25	\$158.26	\$102.91	\$129.57	\$180.04
67	\$102.43	\$126.69	\$170.86	\$111.23	\$140.19	\$194.74
68	\$110.98	\$137.32	\$185.03	\$120.64	\$152.17	\$211.30
69	\$121.12	\$149.91	\$201.84	\$131.85	\$166.42	\$231.03
70	\$133.47	\$165.24	\$222.38	\$145.55	\$183.86	\$255.24
71	\$147.96	\$183.23	\$246.52	\$161.64	\$204.34	\$283.67
72	\$164.16	\$203.36	\$273.56	\$179.65	\$227.23	\$315.47
73	\$182.21	\$225.76	\$303.66	\$199.75	\$252.79	\$350.99
74	\$202.21	\$250.57	\$336.99	\$222.10	\$281.24	\$390.64
75	\$224.28	\$277.92	\$373.74	\$246.87	\$312.82	\$434.77
76	\$246.89	\$305.93	\$411.15	\$272.33	\$345.32	\$480.03
77	\$269.96	\$334.49	\$449.11	\$298.36	\$378.57	\$526.17
78	\$295.79	\$366.46	\$491.73	\$327.57	\$415.90	\$578.23
79	\$326.71	\$404.66	\$543.15	\$362.57	\$460.66	\$641.26
80	\$365.01	\$451.93		\$405.96	\$516.17	
81	\$411.30	\$509.06		\$458.50	\$583.39	
82	\$464.03	\$574.17		\$518.46	\$660.11	
83	\$522.32	\$646.06		\$584.69	\$744.88	
84	\$585.26	\$723.53		\$656.07	\$836.23	
85	\$651.95	\$805.38		\$731.46	\$932.73	

DISCOUNTS:

Spousal/Partner: Multiply by .85 for two
or .9 for one
Non-Tobacco: Multiply by .85

ELIMINATION PERIOD FACTORS

30 Days 1.12
90 Days 1.00
180 Days 0.90

Southern Farm Bureau Life Insurance Company

Individual Comprehensive Long Term Care Program

Policy Number HL200

Annual Premiums per \$10 of Nursing Home Maximum Daily Benefit

90 Day Elimination Period with 5% Compound Inflation Protection for Life

Issue Age	Nursing Facility Only			Nursing Facility with 50% Home Health Care		
	3 Year	5 Year	Lifetime	3 Year	5 Year	Lifetime
18-25	\$32.24	\$38.14	\$52.21	\$38.83	\$46.45	\$64.50
26	\$33.20	\$39.36	\$53.96	\$40.10	\$48.05	\$66.82
27	\$34.17	\$40.60	\$55.74	\$41.39	\$49.70	\$69.20
28	\$35.18	\$41.89	\$57.60	\$42.73	\$51.40	\$71.68
29	\$36.24	\$43.23	\$59.54	\$44.13	\$53.19	\$74.28
30	\$37.36	\$44.66	\$61.59	\$45.63	\$55.10	\$77.05
31	\$38.61	\$46.23	\$63.85	\$47.29	\$57.20	\$80.10
32	\$39.95	\$47.94	\$66.32	\$49.09	\$59.47	\$83.41
33	\$41.33	\$49.68	\$68.82	\$50.93	\$61.80	\$86.80
34	\$42.65	\$51.36	\$71.23	\$52.72	\$64.07	\$90.08
35	\$43.85	\$52.89	\$73.37	\$54.35	\$66.16	\$93.04
36	\$44.86	\$54.20	\$75.17	\$55.78	\$67.99	\$95.59
37	\$45.76	\$55.36	\$76.72	\$57.07	\$69.65	\$97.84
38	\$46.59	\$56.46	\$78.17	\$58.29	\$71.24	\$99.98
39	\$47.45	\$57.58	\$79.63	\$59.55	\$72.86	\$102.14
40	\$48.39	\$58.80	\$81.24	\$60.91	\$74.63	\$104.50
41	\$49.40	\$60.11	\$82.96	\$62.36	\$76.49	\$107.02
42	\$50.43	\$61.44	\$84.72	\$63.85	\$78.40	\$109.60
43	\$51.51	\$62.83	\$86.55	\$65.40	\$80.39	\$112.28
44	\$52.68	\$64.32	\$88.51	\$67.05	\$82.51	\$115.12
45	\$53.96	\$65.94	\$90.63	\$68.85	\$84.79	\$118.17
46	\$55.37	\$67.71	\$92.94	\$70.80	\$87.25	\$121.45
47	\$56.90	\$69.61	\$95.41	\$72.88	\$89.85	\$124.92
48	\$58.51	\$71.61	\$98.00	\$75.07	\$92.59	\$128.56
49	\$60.18	\$73.68	\$100.69	\$77.35	\$95.45	\$132.36
50	\$61.88	\$75.81	\$103.46	\$79.69	\$98.40	\$136.29
51	\$63.53	\$77.89	\$106.19	\$82.00	\$101.33	\$140.20
52	\$65.15	\$79.96	\$108.90	\$84.28	\$104.25	\$144.10
53	\$66.86	\$82.14	\$111.75	\$86.69	\$107.33	\$148.23
54	\$68.76	\$84.56	\$114.93	\$89.39	\$110.77	\$152.84
55	\$70.97	\$87.34	\$118.59	\$92.55	\$114.76	\$158.17
56	\$73.43	\$90.42	\$122.63	\$96.05	\$119.14	\$164.03
57	\$76.08	\$93.72	\$126.96	\$99.78	\$123.81	\$170.25
58	\$78.98	\$97.32	\$131.70	\$103.92	\$128.96	\$177.14
59	\$82.21	\$101.36	\$137.01	\$108.60	\$134.81	\$184.98
60	\$85.85	\$105.91	\$143.02	\$113.99	\$141.57	\$194.07
61	\$89.89	\$111.02	\$149.81	\$120.08	\$149.25	\$204.47
62	\$94.29	\$116.62	\$157.27	\$126.77	\$157.72	\$215.98
63	\$99.05	\$122.66	\$165.31	\$134.06	\$166.95	\$228.52
64	\$104.15	\$129.10	\$173.84	\$141.97	\$176.92	\$242.01
65	\$109.61	\$135.91	\$182.78	\$150.50	\$187.58	\$256.36
66	\$115.21	\$142.83	\$191.77	\$159.25	\$198.43	\$270.88
67	\$120.97	\$149.89	\$200.86	\$168.21	\$209.50	\$285.61
68	\$127.17	\$157.47	\$210.60	\$177.99	\$221.54	\$301.61
69	\$134.13	\$165.96	\$221.51	\$189.22	\$235.31	\$319.95
70	\$142.12	\$175.75	\$234.14	\$202.49	\$251.59	\$341.68
71	\$151.25	\$186.98	\$248.71	\$217.78	\$270.33	\$366.78
72	\$161.31	\$199.39	\$264.87	\$234.66	\$291.05	\$394.55
73	\$172.17	\$212.77	\$282.27	\$253.22	\$313.76	\$425.01
74	\$183.70	\$226.91	\$300.56	\$273.50	\$338.51	\$458.21
75	\$195.75	\$241.61	\$319.40	\$295.57	\$365.34	\$494.17
76	\$207.72	\$256.14	\$337.78	\$318.09	\$392.66	\$530.56
77	\$219.71	\$270.62	\$355.94	\$341.00	\$420.44	\$567.38
78	\$232.62	\$286.16	\$375.37	\$366.34	\$451.06	\$608.10
79	\$247.35	\$303.88	\$397.60	\$396.15	\$486.90	\$656.21
80	\$264.80	\$324.87		\$432.44	\$530.34	
81	\$285.43	\$349.74		\$475.99	\$582.41	
82	\$308.62	\$377.77		\$525.43	\$641.55	
83	\$333.71	\$408.02		\$579.63	\$706.17	
84	\$360.03	\$439.59		\$637.46	\$774.70	
85	\$386.90	\$471.56		\$697.77	\$845.57	

DISCOUNTS:

Spousal/Partner: Multiply by .85 for two
or .9 for one
Non-Tobacco: Multiply by .85

ELIMINATION PERIOD FACTORS

30 Days 1.12
90 Days 1.00
180 Days 0.90

Southern Farm Bureau Life Insurance Company

Individual Comprehensive Long Term Care Program

Policy Number HL200

Annual Premiums per \$10 of Nursing Home Maximum Daily Benefit

90 Day Elimination Period with 5% Compound Inflation Protection for Life

Issue Age	Nursing Facility with 75% Home Health Care			Nursing Facility with 100% Home Health Care		
	3 Year	5 Year	Lifetime	3 Year	5 Year	Lifetime
18-25	\$41.63	\$50.68	\$71.20	\$44.41	\$54.90	\$79.51
26	\$43.02	\$52.47	\$73.83	\$45.92	\$56.89	\$82.51
27	\$44.44	\$54.31	\$76.52	\$47.47	\$58.93	\$85.58
28	\$45.92	\$56.22	\$79.32	\$49.08	\$61.04	\$88.79
29	\$47.47	\$58.23	\$82.27	\$50.77	\$63.27	\$92.16
30	\$49.12	\$60.37	\$85.40	\$52.57	\$65.65	\$95.74
31	\$50.94	\$62.73	\$88.86	\$54.56	\$68.26	\$99.71
32	\$52.92	\$65.28	\$92.61	\$56.72	\$71.09	\$104.01
33	\$54.95	\$67.90	\$96.46	\$58.94	\$74.00	\$108.42
34	\$56.92	\$70.45	\$100.18	\$61.09	\$76.84	\$112.69
35	\$58.73	\$72.81	\$103.56	\$63.08	\$79.46	\$116.59
36	\$60.32	\$74.89	\$106.48	\$64.82	\$81.79	\$119.97
37	\$61.76	\$76.78	\$109.08	\$66.40	\$83.91	\$122.99
38	\$63.13	\$78.60	\$111.54	\$67.92	\$85.96	\$125.87
39	\$64.53	\$80.46	\$114.05	\$69.47	\$88.05	\$128.80
40	\$66.06	\$82.47	\$116.78	\$71.15	\$90.31	\$131.98
41	\$67.68	\$84.60	\$119.68	\$72.94	\$92.70	\$135.37
42	\$69.33	\$86.78	\$122.66	\$74.76	\$95.15	\$138.84
43	\$71.06	\$89.05	\$125.75	\$76.67	\$97.70	\$142.44
44	\$72.90	\$91.45	\$129.02	\$78.69	\$100.40	\$146.24
45	\$74.89	\$94.04	\$132.52	\$80.87	\$103.29	\$150.30
46	\$77.04	\$96.82	\$136.27	\$83.22	\$106.39	\$154.63
47	\$79.33	\$99.75	\$140.22	\$85.71	\$109.65	\$159.17
48	\$81.74	\$102.84	\$144.36	\$88.33	\$113.07	\$163.94
49	\$84.24	\$106.05	\$148.69	\$91.05	\$116.65	\$168.91
50	\$86.83	\$109.39	\$153.18	\$93.87	\$120.37	\$174.10
51	\$89.38	\$112.71	\$157.66	\$96.66	\$124.08	\$179.29
52	\$91.91	\$116.02	\$162.14	\$99.43	\$127.79	\$184.48
53	\$94.59	\$119.53	\$166.88	\$102.37	\$131.72	\$189.98
54	\$97.59	\$123.45	\$172.17	\$105.65	\$136.11	\$196.12
55	\$101.08	\$127.97	\$178.29	\$109.48	\$141.17	\$203.21
56	\$104.94	\$132.93	\$184.98	\$113.69	\$146.70	\$210.93
57	\$109.05	\$138.18	\$192.06	\$118.16	\$152.54	\$219.07
58	\$113.60	\$144.00	\$199.91	\$123.13	\$159.02	\$228.11
59	\$118.78	\$150.64	\$208.89	\$128.80	\$166.44	\$238.52
60	\$124.79	\$158.36	\$219.40	\$135.40	\$175.14	\$250.78
61	\$131.61	\$167.21	\$231.50	\$142.94	\$185.14	\$264.97
62	\$139.13	\$176.99	\$244.92	\$151.27	\$196.24	\$280.79
63	\$147.34	\$187.67	\$259.59	\$160.38	\$208.37	\$298.09
64	\$156.24	\$199.21	\$275.38	\$170.25	\$221.49	\$316.75
65	\$165.83	\$211.55	\$292.21	\$180.88	\$235.52	\$336.65
66	\$175.64	\$224.10	\$309.21	\$191.71	\$249.75	\$356.75
67	\$185.65	\$236.87	\$326.47	\$202.75	\$264.22	\$377.13
68	\$196.60	\$250.79	\$345.24	\$214.83	\$280.01	\$399.34
69	\$209.20	\$266.76	\$366.82	\$228.77	\$298.19	\$424.95
70	\$224.17	\$285.70	\$392.47	\$245.38	\$319.82	\$455.48
71	\$241.42	\$307.51	\$422.06	\$264.56	\$344.74	\$490.68
72	\$260.48	\$331.59	\$454.75	\$285.76	\$372.24	\$529.51
73	\$281.47	\$358.08	\$490.72	\$309.14	\$402.57	\$572.38
74	\$304.51	\$387.11	\$530.18	\$334.88	\$435.97	\$619.70
75	\$329.72	\$418.82	\$573.32	\$363.14	\$472.68	\$671.89
76	\$355.54	\$451.33	\$617.34	\$392.19	\$510.47	\$725.50
77	\$381.90	\$484.53	\$662.10	\$421.89	\$549.18	\$780.26
78	\$411.13	\$521.27	\$711.82	\$454.88	\$592.16	\$841.33
79	\$445.54	\$564.40	\$770.69	\$493.77	\$642.74	\$913.88
80	\$487.47	\$616.75		\$541.18	\$704.27	
81	\$537.83	\$679.59		\$598.19	\$778.24	
82	\$595.07	\$751.03		\$663.07	\$862.42	
83	\$657.82	\$829.17		\$734.18	\$954.58	
84	\$724.68	\$912.09		\$809.85	\$1,052.46	
85	\$794.27	\$997.91		\$888.45	\$1,153.81	

DISCOUNTS:

Spousal/Partner: Multiply by .85 for two
or .9 for one
Non-Tobacco: Multiply by .85

ELIMINATION PERIOD FACTORS

30 Days 1.12
90 Days 1.00
180 Days 0.90

Southern Farm Bureau Life Insurance Company

Individual Comprehensive Long Term Care Program

Policy Number HL200

Annual Premiums per \$10 of Nursing Home Maximum Daily Benefit
Reflecting Increase of 17.5%

90 Day Elimination Period, No Inflation Protection

Issue Age	Nursing Facility Only			Nursing Facility with 50% Home Health Care		
	3 Year	5 Year	Lifetime	3 Year	5 Year	Lifetime
18-25	18.25	19.63	24.52	20.03	21.73	27.40
26	18.60	20.07	25.15	20.49	22.30	28.22
27	18.93	20.49	25.78	20.95	22.87	29.05
28	19.28	20.94	26.43	21.43	23.46	29.92
29	19.66	21.42	27.13	21.95	24.11	30.84
30	20.08	21.96	27.92	22.52	24.84	31.89
31	20.59	22.58	28.83	23.21	25.67	33.10
32	21.14	23.28	29.85	23.96	26.60	34.45
33	21.71	24.01	30.90	24.75	27.58	35.86
34	22.28	24.71	31.92	25.53	28.55	37.25
35	22.77	25.37	32.85	26.25	29.47	38.55
36	23.19	25.92	33.66	26.90	30.29	39.72
37	23.56	26.43	34.37	27.50	31.07	40.80
38	23.91	26.91	35.05	28.08	31.84	41.87
39	24.28	27.42	35.76	28.69	32.64	42.97
40	24.70	27.99	36.55	29.38	33.52	44.19
41	25.15	28.60	37.40	30.10	34.46	45.48
42	25.62	29.22	38.26	30.86	35.43	46.80
43	26.12	29.90	39.19	31.65	36.46	48.21
44	26.71	30.66	40.21	32.55	37.59	49.74
45	27.39	31.54	41.38	33.57	38.86	51.45
46	28.21	32.55	42.72	34.72	40.28	53.36
47	29.13	33.68	44.18	35.99	41.83	55.39
48	30.12	34.89	45.75	37.35	43.49	57.59
49	31.17	36.17	47.43	38.80	45.25	59.93
50	32.24	37.51	49.21	40.30	47.12	62.40
51	33.28	38.81	50.95	41.76	48.94	64.87
52	34.27	40.09	52.66	43.18	50.75	67.30
53	35.36	41.49	54.54	44.73	52.71	69.98
54	36.65	43.13	56.76	46.59	55.05	73.14
55	38.26	45.17	59.50	48.90	57.94	77.04
56	40.22	47.61	62.77	51.66	61.35	81.63
57	42.43	50.35	66.42	54.77	65.14	86.73
58	44.90	53.38	70.49	58.22	69.40	92.43
59	47.58	56.72	74.94	62.10	74.14	98.81
60	50.48	60.34	79.79	66.40	79.47	105.97
61	53.49	64.14	84.93	70.99	85.19	113.73
62	56.61	68.14	90.35	75.86	91.27	122.00
63	60.01	72.47	96.21	81.20	97.96	131.08
64	63.85	77.33	102.72	87.28	105.52	141.28
65	68.29	82.85	110.05	94.34	114.19	152.89
66	73.14	88.81	117.83	101.94	123.46	165.19
67	78.29	95.07	125.95	109.94	133.16	178.00
68	84.02	102.04	134.94	118.97	144.07	192.37
69	90.66	110.09	145.36	129.63	156.93	209.35
70	98.49	119.64	157.74	142.54	172.53	230.01
71	107.61	130.84	172.37	157.66	190.83	254.32
72	117.83	143.42	188.87	174.57	211.31	281.59
73	128.99	157.14	206.84	193.35	234.04	311.82
74	140.93	171.77	225.87	214.06	259.04	345.06
75	153.49	187.07	245.54	236.81	286.36	381.32
76	165.93	202.15	264.66	259.98	314.14	417.91
77	178.38	217.14	283.47	283.54	342.35	454.82
78	191.91	233.41	303.82	309.87	373.78	496.09
79	207.63	252.30	327.53	341.31	411.21	545.73
80	226.65	275.15		380.24	457.44	
81	249.25	302.43		427.21	513.20	
82	274.75	333.24		480.62	576.65	
83	302.64	366.89		539.68	646.66	
84	332.42	402.67		603.57	722.08	
85	363.60	439.88		671.49	801.81	

DISCOUNTS:

Spousal/Partner: Multiply by .85 for two
or .9 for one
Non-Tobacco: Multiply by .85

ELIMINATION PERIOD FACTORS

30 Days 1.12
90 Days 1.00
180 Days 0.90

Southern Farm Bureau Life Insurance Company

Individual Comprehensive Long Term Care Program

Policy Number HL200

Annual Premiums per \$10 of Nursing Home Maximum Daily Benefit

Reflecting Increase of 17.5%

90 Day Elimination Period, No Inflation Protection

Issue Age	Nursing Facility with 75% Home Health Care			Nursing Facility with 100% Home Health Care		
	3 Year	5 Year	Lifetime	3 Year	5 Year	Lifetime
18-25	20.69	22.65	28.83	21.34	23.57	30.57
26	21.19	23.28	29.74	21.88	24.26	31.60
27	21.68	23.91	30.66	22.42	24.95	32.61
28	22.20	24.56	31.61	22.97	25.66	33.68
29	22.76	25.27	32.64	23.58	26.45	34.84
30	23.39	26.07	33.80	24.28	27.33	36.14
31	24.13	27.00	35.16	25.06	28.34	37.66
32	24.96	28.04	36.65	25.96	29.47	39.34
33	25.81	29.12	38.21	26.88	30.66	41.09
34	26.67	30.20	39.77	27.81	31.84	42.85
35	27.47	31.22	41.23	28.69	32.98	44.52
36	28.19	32.16	42.56	29.49	34.03	46.05
37	28.86	33.04	43.80	30.23	35.03	47.49
38	29.53	33.93	45.04	30.97	36.03	48.94
39	30.22	34.85	46.33	31.76	37.07	50.43
40	30.98	35.86	47.73	32.62	38.22	52.06
41	31.81	36.94	49.21	33.52	39.43	53.79
42	32.65	38.05	50.74	34.46	40.68	55.57
43	33.56	39.22	52.36	35.46	41.99	57.45
44	34.56	40.50	54.11	36.57	43.44	59.48
45	35.67	41.94	56.06	37.80	45.04	61.71
46	36.94	43.52	58.20	39.17	46.79	64.14
47	38.32	45.24	60.49	40.67	48.68	66.73
48	39.80	47.08	62.93	42.26	50.70	69.50
49	41.37	49.03	65.54	43.96	52.85	72.45
50	43.02	51.11	68.34	45.74	55.13	75.62
51	44.61	53.16	71.11	47.48	57.40	78.78
52	46.19	55.18	73.87	49.20	59.65	81.94
53	47.89	57.39	76.89	51.07	62.11	85.40
54	49.94	60.01	80.46	53.29	65.01	89.48
55	52.48	63.25	84.87	56.06	68.61	94.49
56	55.50	67.05	90.01	59.33	72.79	100.32
57	58.87	71.25	95.70	62.97	77.42	106.74
58	62.64	75.98	102.08	67.06	82.61	113.95
59	66.88	81.30	109.29	71.66	88.51	122.15
60	71.65	87.31	117.44	76.89	95.22	131.54
61	76.77	93.84	126.34	82.54	102.57	141.86
62	82.21	100.80	135.89	88.57	110.44	153.00
63	88.23	108.50	146.42	95.25	119.16	165.30
64	95.06	117.19	158.25	102.82	128.99	179.15
65	102.97	127.16	171.71	111.57	140.27	194.91
66	111.45	137.77	185.96	120.92	152.24	211.55
67	120.36	148.86	200.76	130.70	164.72	228.82
68	130.40	161.35	217.41	141.75	178.80	248.28
69	142.32	176.14	237.16	154.92	195.54	271.46
70	156.83	194.16	261.30	171.02	216.04	299.91
71	173.85	215.30	289.66	189.93	240.10	333.31
72	192.89	238.95	321.43	211.09	267.00	370.68
73	214.10	265.27	356.80	234.71	297.03	412.41
74	237.60	294.42	395.96	260.97	330.46	459.00
75	263.53	326.56	439.14	290.07	367.56	510.85
76	290.10	359.47	483.10	319.99	405.75	564.04
77	317.20	393.03	527.70	350.57	444.82	618.25
78	347.55	430.59	577.78	384.89	488.68	679.42
79	383.88	475.48	638.20	426.02	541.28	753.48
80	428.89	531.02		477.00	606.50	
81	483.28	598.15		538.74	685.48	
82	545.24	674.65		609.19	775.63	
83	613.73	759.12		687.01	875.23	
84	687.68	850.15		770.88	982.57	
85	766.04	946.32		859.47	1095.96	

DISCOUNTS:

Spousal/Partner: Multiply by .85 for two
or .9 for one
Non-Tobacco: Multiply by .85

ELIMINATION PERIOD FACTORS

30 Days 1.12
90 Days 1.00
180 Days 0.90

Southern Farm Bureau Life Insurance Company

Individual Comprehensive Long Term Care Program

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90 Day Elimination Period with 5% Compound Inflation Protection for Life

Issue Age	Nursing Facility Only			Nursing Facility with 50% Home Health Care		
	3 Year	5 Year	Lifetime	3 Year	5 Year	Lifetime
18-25	37.88	44.81	61.35	45.63	54.58	75.79
26	39.01	46.25	63.40	47.12	56.46	78.51
27	40.15	47.71	65.49	48.63	58.40	81.31
28	41.34	49.22	67.68	50.21	60.40	84.22
29	42.58	50.80	69.96	51.85	62.50	87.28
30	43.90	52.48	72.37	53.62	64.74	90.53
31	45.37	54.32	75.02	55.57	67.21	94.12
32	46.94	56.33	77.93	57.68	69.88	98.01
33	48.56	58.37	80.86	59.84	72.62	101.99
34	50.11	60.35	83.70	61.95	75.28	105.84
35	51.52	62.15	86.21	63.86	77.74	109.32
36	52.71	63.69	88.32	65.54	79.89	112.32
37	53.77	65.05	90.15	67.06	81.84	114.96
38	54.74	66.34	91.85	68.49	83.71	117.48
39	55.75	67.66	93.57	69.97	85.61	120.01
40	56.86	69.09	95.46	71.57	87.69	122.79
41	58.05	70.63	97.48	73.27	89.88	125.75
42	59.26	72.19	99.55	75.02	92.12	128.78
43	60.52	73.83	101.70	76.85	94.46	131.93
44	61.90	75.58	104.00	78.78	96.95	135.27
45	63.40	77.48	106.49	80.90	99.63	138.85
46	65.06	79.56	109.20	83.19	102.52	142.70
47	66.86	81.79	112.11	85.63	105.57	146.78
48	68.75	84.14	115.15	88.21	108.79	151.06
49	70.71	86.57	118.31	90.89	112.15	155.52
50	72.71	89.08	121.57	93.64	115.62	160.14
51	74.65	91.52	124.77	96.35	119.06	164.74
52	76.55	93.95	127.96	99.03	122.49	169.32
53	78.56	96.51	131.31	101.86	126.11	174.17
54	80.79	99.36	135.04	105.03	130.15	179.59
55	83.39	102.62	139.34	108.75	134.84	185.85
56	86.28	106.24	144.09	112.86	139.99	192.74
57	89.39	110.12	149.18	117.24	145.48	200.04
58	92.80	114.35	154.75	122.11	151.53	208.14
59	96.60	119.10	160.99	127.61	158.40	217.35
60	100.87	124.44	168.05	133.94	166.34	228.03
61	105.62	130.45	176.03	141.09	175.37	240.25
62	110.79	137.03	184.79	148.95	185.32	253.78
63	116.38	144.13	194.24	157.52	196.17	268.51
64	122.38	151.69	204.26	166.81	207.88	284.36
65	128.79	159.69	214.77	176.84	220.41	301.22
66	135.37	167.83	225.33	187.12	233.16	318.28
67	142.14	176.12	236.01	197.65	246.16	335.59
68	149.42	185.03	247.46	209.14	260.31	354.39
69	157.60	195.00	260.27	222.33	276.49	375.94
70	166.99	206.51	275.11	237.93	295.62	401.47
71	177.72	219.70	292.23	255.89	317.64	430.97
72	189.54	234.28	311.22	275.73	341.98	463.60
73	202.30	250.00	331.67	297.53	368.67	499.39
74	215.85	266.62	353.16	321.36	397.75	538.40
75	230.01	283.89	375.30	347.29	429.27	580.65
76	244.07	300.96	396.89	373.76	461.38	623.41
77	258.16	317.98	418.23	400.68	494.02	666.67
78	273.33	336.24	441.06	430.45	530.00	714.52
79	290.64	357.06	467.18	465.48	572.11	771.05
80	311.14	381.72		508.12	623.15	
81	335.38	410.94		559.29	684.33	
82	362.63	443.88		617.38	753.82	
83	392.11	479.42		681.07	829.75	
84	423.04	516.52		749.02	910.27	
85	454.61	554.08		819.88	993.54	

DISCOUNTS:

Spousal/Partner: Multiply by .85 for two
or .9 for one
Non-Tobacco: Multiply by .85

ELIMINATION PERIOD FACTORS

30 Days 1.12
90 Days 1.00
180 Days 0.90

Southern Farm Bureau Life Insurance Company

Individual Comprehensive Long Term Care Program

Policy Number HL200

Annual Premiums per \$10 of Nursing Home Maximum Daily Benefit

Reflecting Increase of 17.5%

90 Day Elimination Period with 5% Compound Inflation Protection for Life

Issue Age	Nursing Facility with 75% Home Health Care			Nursing Facility with 100% Home Health Care		
	3 Year	5 Year	Lifetime	3 Year	5 Year	Lifetime
18-25	48.92	59.55	83.66	52.18	64.51	93.42
26	50.55	61.65	86.75	53.96	66.85	96.95
27	52.22	63.81	89.91	55.78	69.24	100.56
28	53.96	66.06	93.20	57.67	71.72	104.33
29	55.78	68.42	96.67	59.65	74.34	108.29
30	57.72	70.93	100.35	61.77	77.14	112.49
31	59.85	73.71	104.41	64.11	80.21	117.16
32	62.18	76.70	108.82	66.65	83.53	122.21
33	64.57	79.78	113.34	69.25	86.95	127.39
34	66.88	82.78	117.71	71.78	90.29	132.41
35	69.01	85.55	121.68	74.12	93.37	136.99
36	70.88	88.00	125.11	76.16	96.10	140.96
37	72.57	90.22	128.17	78.02	98.59	144.51
38	74.18	92.36	131.06	79.81	101.00	147.90
39	75.82	94.54	134.01	81.63	103.46	151.34
40	77.62	96.90	137.22	83.60	106.11	155.08
41	79.52	99.41	140.62	85.70	108.92	159.06
42	81.46	101.97	144.13	87.84	111.80	163.14
43	83.50	104.63	147.76	90.09	114.80	167.37
44	85.66	107.45	151.60	92.46	117.97	171.83
45	88.00	110.50	155.71	95.02	121.37	176.60
46	90.52	113.76	160.12	97.78	125.01	181.69
47	93.21	117.21	164.76	100.71	128.84	187.02
48	96.04	120.84	169.62	103.79	132.86	192.63
49	98.98	124.61	174.71	106.98	137.06	198.47
50	102.03	128.53	179.99	110.30	141.43	204.57
51	105.02	132.43	185.25	113.58	145.79	210.67
52	107.99	136.32	190.51	116.83	150.15	216.76
53	111.14	140.45	196.08	120.28	154.77	223.23
54	114.67	145.05	202.30	124.14	159.93	230.44
55	118.77	150.36	209.49	128.64	165.87	238.77
56	123.30	156.19	217.35	133.59	172.37	247.84
57	128.13	162.36	225.67	138.84	179.23	257.41
58	133.48	169.20	234.89	144.68	186.85	268.03
59	139.57	177.00	245.45	151.34	195.57	280.26
60	146.63	186.07	257.80	159.10	205.79	294.67
61	154.64	196.47	272.01	167.95	217.54	311.34
62	163.48	207.96	287.78	177.74	230.58	329.93
63	173.12	220.51	305.02	188.45	244.83	350.26
64	183.58	234.07	323.57	200.04	260.25	372.18
65	194.85	248.57	343.35	212.53	276.74	395.56
66	206.38	263.32	363.32	225.26	293.46	419.18
67	218.14	278.32	383.60	238.23	310.46	443.13
68	231.01	294.68	405.66	252.43	329.01	469.22
69	245.81	313.44	431.01	268.80	350.37	499.32
70	263.40	335.70	461.15	288.32	375.79	535.19
71	283.67	361.32	495.92	310.86	405.07	576.55
72	306.06	389.62	534.33	335.77	437.38	622.17
73	330.73	420.74	576.60	363.24	473.02	672.55
74	357.80	454.85	622.96	393.48	512.26	728.15
75	387.42	492.11	673.65	426.69	555.40	789.47
76	417.76	530.31	725.37	460.82	599.80	852.46
77	448.73	569.32	777.97	495.72	645.29	916.81
78	483.08	612.49	836.39	534.48	695.79	988.56
79	523.51	663.17	905.56	580.18	755.22	1073.81
80	572.78	724.68		635.89	827.52	
81	631.95	798.52		702.87	914.43	
82	699.21	882.46		779.11	1013.34	
83	772.94	974.27		862.66	1121.63	
84	851.50	1071.71		951.57	1236.64	
85	933.27	1172.54		1043.93	1355.73	

DISCOUNTS:

Spousal/Partner: Multiply by .85 for two
or .9 for one
Non-Tobacco: Multiply by .85

ELIMINATION PERIOD FACTORS

30 Days 1.12
90 Days 1.00
180 Days 0.90

SERFF Tracking Number: SFBL-126664662 State: Arkansas
 Filing Company: Southern Farm Bureau Life Insurance company State Tracking Number: 45915
 Company Tracking Number:
 TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified
 Product Name: Long Term Care
 Project Name/Number: Long Term Care Rate Increase/

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification		
Comments:		
Attachment: Flesch Certification.pdf		

	Item Status:	Status Date:
Bypassed - Item: Application		
Bypass Reason: Filing consists only of policy endorsements and revised rates.		
Comments:		

	Item Status:	Status Date:
Bypassed - Item: Outline of Coverage		
Bypass Reason: Filing consists only of policy endorsements and revised rates.		
Comments:		

	Item Status:	Status Date:
Satisfied - Item: Rate Increase Disclosure Form		
Comments:		
Attachment: RateIncreaseDisclosure_HL801.pdf		

READABILITY COMPLIANCE CERTIFICATION

SOUTHERN FARM BUREAU LIFE INSURANCE COMPANY

P.O. Box 78
Jackson, MS 39205

I have reviewed or supervised the review of the policy forms contained in this filing and hereby certify that they are in compliance with the applicable statutes, regulations, and bulletins of the state of Arkansas.

I also certify that to the best of my knowledge and belief that the policy forms are in compliance with the requirements of § 23-80-201 through 23-80-208, cited as the Life & Disability Insurance Policy Language Simplification Act.

I hereby certify the Flesch reading ease score(s) shown below. I also certify that the terms listed below are entitled to be excepted from the policy "test" in computing the Flesch reading ease score for the reasons stated.

<u>Form Number and Title:</u>	<u>Flesch Score:</u>
HL519 – Contingent Benefit Upon Lapse Endorsement	49.8

Excepted Terms:

Defined Terms
Title of Contract
Tables

Reason Entitled to Exception:

Excepted as provided in your laws and regulations



Kenneth P. Johnston, FSA, MAAA
Vice President, Product Development

June 9, 2010

Long Term Care Insurance Rate Increase Disclosure Form
Southern Farm Bureau Life Insurance Company
P. O. Box 78, Jackson, MS 39205
1-800-647-7154

1. **Premium Rate:** Premium rate that is applicable to you and that will be in effect until a request is made and approved for an increase is \$ _____ . You have the right to receive a revised premium rate if the premium rate is changed.

2. Rate Schedule Adjustments:

If your rates are changed, the new rates will become effective on the next date a premium is due after a notice of at least 60 days is given of an increase.

3. Potential Rate Revisions:

This policy is Guaranteed Renewable. This means that the rates for this product may be increased in the future. Your rates can NOT be increased due to your increasing age or declining health, but your rates may go up based on the experience of all policyholders with a policy similar to yours.

If you have received, or receive in the future, a premium rate or premium rate schedule increase, you will be notified of the new premium amount and you will be able to exercise at least one of the following options:

- Pay the increased premium and continue your policy in force as is.
- Reduce your policy benefits to a level such that your premiums will not increase. (Subject to state law minimum standards.)
- Exercise your nonforfeiture option if purchased. (This option was available for purchase for an additional premium.)
- Exercise your contingent nonforfeiture rights.* (This option may be available if you did not purchase a separate nonforfeiture option.)

4. Rate Increase History

We have sold long-term care insurance since 1996. [This is the first rate increase we have applied to any of the long-term care policies sold in this state or any other state.] The description of each rate increase we have applied to this policy form or any similar policy forms is shown below.

Effective on First Billing Date After 01/01/2011

Policy Form Number	Years Available for Purchase	Percent of Increase
3034	1996 – 1997	[25-35%]
3034Q	1997-2003	[25-35%]
3035	1996 – 1997	[25-35%]
3035Q	1997-2003	[25-35%]
HL200	2003-2006	[25-35%]

*** Contingent Nonforfeiture**

If the premium rate for your policy goes up in the future and you didn't buy a nonforfeiture option, you may be eligible for contingent nonforfeiture. Here's how to tell if you are eligible:

You will keep some long term care coverage, if:

- Your premium after the increase exceeds your original premium by the percentage shown (or more) in the following table; and
- You lapse (not pay more premiums) within 120 days of the increase.

The amount of coverage (i.e., new lifetime maximum benefit amount) you will keep will equal the total amount of premiums you've paid since your policy was first issued. If you have already received benefits under the policy, so that the remaining maximum benefit amount is less than the total amount of premiums you've paid, the amount of coverage will be that remaining amount.

Except for this reduced lifetime maximum benefit amount, all other policy benefits will remain at the levels attained at the time of the lapse and will not increase thereafter.

Should you choose this Contingent Nonforfeiture option, your policy, with this reduced maximum benefit amount, will be considered "paid-up" with no further premiums due.

Example:

- You bought the policy at age 65 and paid the \$1,000 annual premium for 10 years, so you have paid a total of \$10,000 in premium.
- In the eleventh year, you receive a rate increase of 50%, or \$500 for a new annual premium of \$1,500, and you decide to lapse the policy (not pay any more premiums).
- Your "paid-up" policy benefits are \$10,000 (provided you have at least \$10,000 of benefits remaining under your policy.)

Turn the Page

Contingent Nonforfeiture
Cumulative Premium Increase over Initial Premium
That qualifies for Contingent Nonforfeiture

(Percentage Increase is cumulative from date of original issue.
It does NOT represent a one-time increase)

Issue Age	Percent Increase over Initial Premium
29 and under	200%
30-34	190%
35-39	170%
40-44	150%
45-49	130%
50-54	110%
55-59	90%
60	70%
61	66%
62	62%
63	58%
64	54%
65	50%
66	48%
67	46%
68	44%
69	42%
70	40%
71	38%
72	36%
73	34%
74	32%
75	30%
76	28%
77	26%
78	24%
79	22%
80	20%
81	19%
82	18%
83	17%
84	16%
85	15%
86	14%
87	13%
88	12%
89	11%
90 and over	10%

SERFF Tracking Number: SFBL-126664662 State: Arkansas
 Filing Company: Southern Farm Bureau Life Insurance company State Tracking Number: 45915
 Company Tracking Number:
 TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified
 Product Name: Long Term Care
 Project Name/Number: Long Term Care Rate Increase/

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)
06/09/2010	Rate and Rule	Long Term Care Rates	06/29/2010	3034_PreIncrease.pdf (Superseded) 3034_35_increase.pdf (Superseded)
06/09/2010	Rate and Rule	Nursing Facility Only Rates	06/29/2010	3035_PreIncrease.pdf (Superseded) 3035_35_increase.pdf (Superseded)
06/09/2010	Rate and Rule	Qualified Long Term Care Rates	06/29/2010	3034Q_PreIncrease.pdf 3034Q_35_Increase.pdf (Superseded)
06/09/2010	Rate and Rule	Qualified Nursing Facility Only Rates	06/29/2010	3035Q_PreIncrease.pdf 3035Q_35_Increase.pdf (Superseded)
06/09/2010	Rate and Rule	Qualified Long Term Care Rates	06/29/2010	HL200_PreIncrease.pdf HL200_35_Increase.pdf (Superseded)

Southern Farm Bureau Life Insurance Company

Individual Comprehensive Long Term Care Program

Policy Number 3034

Standard Annual Premiums

PER \$10 of Nursing Home Maximum Daily Benefit

BASE PLAN

Issue Age	1500 X MDB MAXIMUM BENEFIT			UNLIMITED MAXIMUM BENEFIT		
	Elimination Period			Elimination Period		
	30Day	90Day	180Day	30Day	90Day	180Day
18-35	\$17	\$16	\$14	\$21	\$20	\$19
36	\$18	\$17	\$15	\$23	\$21	\$20
37	\$19	\$17	\$16	\$24	\$23	\$21
38	\$20	\$18	\$17	\$26	\$24	\$23
39	\$21	\$19	\$17	\$27	\$25	\$24
40	\$22	\$20	\$18	\$29	\$27	\$26
41	\$23	\$22	\$19	\$31	\$29	\$27
42	\$25	\$23	\$20	\$33	\$30	\$29
43	\$26	\$24	\$21	\$35	\$32	\$30
44	\$28	\$25	\$22	\$37	\$34	\$32
45	\$29	\$27	\$24	\$39	\$36	\$34
46	\$31	\$28	\$25	\$41	\$38	\$35
47	\$33	\$30	\$26	\$43	\$40	\$37
48	\$35	\$32	\$28	\$46	\$42	\$39
49	\$38	\$34	\$30	\$49	\$45	\$42
50	\$41	\$37	\$32	\$52	\$48	\$45
51	\$44	\$39	\$34	\$56	\$51	\$48
52	\$47	\$42	\$36	\$60	\$55	\$51
53	\$50	\$45	\$39	\$64	\$59	\$55
54	\$55	\$49	\$42	\$69	\$63	\$59
55	\$59	\$53	\$46	\$75	\$68	\$63
56	\$65	\$58	\$50	\$81	\$74	\$68
57	\$71	\$63	\$54	\$88	\$80	\$74
58	\$77	\$69	\$59	\$95	\$86	\$79
59	\$84	\$76	\$64	\$103	\$93	\$86
60	\$92	\$83	\$70	\$112	\$101	\$93
61	\$101	\$90	\$77	\$122	\$110	\$101
62	\$109	\$98	\$83	\$132	\$119	\$109
63	\$119	\$106	\$90	\$143	\$129	\$118
64	\$130	\$117	\$99	\$156	\$140	\$128
65	\$144	\$129	\$109	\$172	\$154	\$141
66	\$159	\$142	\$120	\$189	\$169	\$154
67	\$176	\$157	\$133	\$208	\$186	\$169
68	\$194	\$173	\$147	\$230	\$205	\$186
69	\$216	\$193	\$163	\$254	\$227	\$206
70	\$241	\$215	\$182	\$284	\$253	\$229
71	\$269	\$240	\$203	\$317	\$282	\$255
72	\$300	\$267	\$225	\$353	\$314	\$284
73	\$334	\$298	\$251	\$394	\$349	\$315
74	\$374	\$333	\$280	\$440	\$390	\$351
75	\$420	\$373	\$314	\$494	\$437	\$393
76	\$471	\$418	\$351	\$554	\$489	\$439
77	\$525	\$467	\$392	\$617	\$544	\$488
78	\$587	\$521	\$437	\$688	\$606	\$542
79	\$657	\$583	\$489	\$770	\$676	\$604
80	\$738	\$655	\$549	\$864	\$758	\$676

Southern Farm Bureau Life Insurance Company

Individual Comprehensive Long Term Care Program

Policy Number 3034

Standard Annual Premiums

PER \$10 of Nursing Home Maximum Daily Benefit

BASE PLAN - ONE DISCOUNT

Issue Age	1500 X MDB MAXIMUM BENEFIT			UNLIMITED MAXIMUM BENEFIT		
	Elimination Period			Elimination Period		
	30Day	90Day	180Day	30Day	90Day	180Day
18-35	\$14	\$14	\$12	\$18	\$17	\$16
36	\$15	\$14	\$13	\$20	\$18	\$17
37	\$16	\$14	\$14	\$20	\$20	\$18
38	\$17	\$15	\$14	\$22	\$20	\$20
39	\$18	\$16	\$14	\$23	\$21	\$20
40	\$19	\$17	\$15	\$25	\$23	\$22
41	\$20	\$19	\$16	\$26	\$25	\$23
42	\$21	\$20	\$17	\$28	\$26	\$25
43	\$22	\$20	\$18	\$30	\$27	\$26
44	\$24	\$21	\$19	\$31	\$29	\$27
45	\$25	\$23	\$20	\$33	\$31	\$29
46	\$26	\$24	\$21	\$35	\$32	\$30
47	\$28	\$26	\$22	\$37	\$34	\$31
48	\$30	\$27	\$24	\$39	\$36	\$33
49	\$32	\$29	\$26	\$42	\$38	\$36
50	\$35	\$31	\$27	\$44	\$41	\$38
51	\$37	\$33	\$29	\$48	\$43	\$41
52	\$40	\$36	\$31	\$51	\$47	\$43
53	\$43	\$38	\$33	\$54	\$50	\$47
54	\$47	\$42	\$36	\$59	\$54	\$50
55	\$50	\$45	\$39	\$64	\$58	\$54
56	\$55	\$49	\$43	\$69	\$63	\$58
57	\$60	\$54	\$46	\$75	\$68	\$63
58	\$65	\$59	\$50	\$81	\$73	\$67
59	\$71	\$65	\$54	\$88	\$79	\$73
60	\$78	\$71	\$60	\$95	\$86	\$79
61	\$86	\$77	\$65	\$104	\$94	\$86
62	\$93	\$83	\$71	\$112	\$101	\$93
63	\$101	\$90	\$77	\$122	\$110	\$100
64	\$111	\$99	\$84	\$133	\$119	\$109
65	\$122	\$110	\$93	\$146	\$131	\$120
66	\$135	\$121	\$102	\$161	\$144	\$131
67	\$150	\$133	\$113	\$177	\$158	\$144
68	\$165	\$147	\$125	\$196	\$174	\$158
69	\$184	\$164	\$139	\$216	\$193	\$175
70	\$205	\$183	\$155	\$241	\$215	\$195
71	\$229	\$204	\$173	\$269	\$240	\$217
72	\$255	\$227	\$191	\$300	\$267	\$241
73	\$284	\$253	\$213	\$335	\$297	\$268
74	\$318	\$283	\$238	\$374	\$332	\$298
75	\$357	\$317	\$267	\$420	\$371	\$334
76	\$400	\$355	\$298	\$471	\$416	\$373
77	\$446	\$397	\$333	\$524	\$462	\$415
78	\$499	\$443	\$371	\$585	\$515	\$461
79	\$558	\$496	\$416	\$655	\$575	\$513
80	\$627	\$557	\$467	\$734	\$644	\$575

Southern Farm Bureau Life Insurance Company

Individual Comprehensive Long Term Care Program

Policy Number 3034

Standard Annual Premiums

PER \$10 of Nursing Home Maximum Daily Benefit

BASE PLAN - TWO DISCOUNTS

Issue Age	1500 X MDB MAXIMUM BENEFIT Elimination Period			UNLIMITED MAXIMUM BENEFIT Elimination Period		
	30Day	90Day	180Day	30Day	90Day	180Day
18-35	\$12	\$12	\$10	\$15	\$14	\$14
36	\$13	\$12	\$11	\$17	\$15	\$14
37	\$14	\$12	\$12	\$17	\$17	\$15
38	\$14	\$13	\$12	\$19	\$17	\$17
39	\$15	\$14	\$12	\$20	\$18	\$17
40	\$16	\$14	\$13	\$21	\$20	\$19
41	\$17	\$16	\$14	\$22	\$21	\$20
42	\$18	\$17	\$14	\$24	\$22	\$21
43	\$19	\$17	\$15	\$25	\$23	\$22
44	\$20	\$18	\$16	\$27	\$25	\$23
45	\$21	\$20	\$17	\$28	\$26	\$25
46	\$22	\$20	\$18	\$30	\$27	\$25
47	\$24	\$22	\$19	\$31	\$29	\$27
48	\$25	\$23	\$20	\$33	\$30	\$28
49	\$27	\$25	\$22	\$35	\$33	\$30
50	\$30	\$27	\$23	\$38	\$35	\$33
51	\$32	\$28	\$25	\$40	\$37	\$35
52	\$34	\$30	\$26	\$43	\$40	\$37
53	\$36	\$33	\$28	\$46	\$43	\$40
54	\$40	\$35	\$30	\$50	\$46	\$43
55	\$43	\$38	\$33	\$54	\$49	\$46
56	\$47	\$42	\$36	\$59	\$53	\$49
57	\$51	\$46	\$39	\$64	\$58	\$53
58	\$56	\$50	\$43	\$69	\$62	\$57
59	\$61	\$55	\$46	\$74	\$67	\$62
60	\$66	\$60	\$51	\$81	\$73	\$67
61	\$73	\$65	\$56	\$88	\$79	\$73
62	\$79	\$71	\$60	\$95	\$86	\$79
63	\$86	\$77	\$65	\$103	\$93	\$85
64	\$94	\$85	\$72	\$113	\$101	\$92
65	\$104	\$93	\$79	\$124	\$111	\$102
66	\$115	\$103	\$87	\$137	\$122	\$111
67	\$127	\$113	\$96	\$150	\$134	\$122
68	\$140	\$125	\$106	\$166	\$148	\$134
69	\$156	\$139	\$118	\$184	\$164	\$149
70	\$174	\$155	\$131	\$205	\$183	\$165
71	\$194	\$173	\$147	\$229	\$204	\$184
72	\$217	\$193	\$163	\$255	\$227	\$205
73	\$241	\$215	\$181	\$285	\$252	\$228
74	\$270	\$241	\$202	\$318	\$282	\$254
75	\$303	\$269	\$227	\$357	\$316	\$284
76	\$340	\$302	\$254	\$400	\$353	\$317
77	\$379	\$337	\$283	\$446	\$393	\$353
78	\$424	\$376	\$316	\$497	\$438	\$392
79	\$475	\$421	\$353	\$556	\$488	\$436
80	\$533	\$473	\$397	\$624	\$548	\$488

Southern Farm Bureau Life Insurance Company

Individual Comprehensive Long Term Care Program

Policy Number 3034

Standard Annual Premiums

PER \$10 of Nursing Home Maximum Daily Benefit

BASE PLAN WITH COMPOUND INFLATION FOR 20 YEARS

Issue Age	1500 X MDB MAXIMUM BENEFIT			UNLIMITED MAXIMUM BENEFIT		
	Elimination Period			Elimination Period		
	30Day	90Day	180Day	30Day	90Day	180Day
18-35	\$25	\$23	\$21	\$34	\$31	\$29
36	\$27	\$25	\$22	\$36	\$33	\$31
37	\$29	\$26	\$23	\$38	\$35	\$33
38	\$31	\$28	\$25	\$41	\$38	\$35
39	\$33	\$30	\$26	\$44	\$40	\$38
40	\$35	\$32	\$28	\$47	\$43	\$40
41	\$37	\$34	\$29	\$50	\$45	\$43
42	\$40	\$36	\$31	\$53	\$48	\$45
43	\$42	\$38	\$33	\$56	\$51	\$48
44	\$45	\$41	\$35	\$60	\$55	\$51
45	\$49	\$44	\$38	\$64	\$58	\$54
46	\$52	\$47	\$40	\$68	\$62	\$58
47	\$56	\$51	\$43	\$73	\$66	\$62
48	\$61	\$54	\$46	\$78	\$71	\$66
49	\$65	\$58	\$50	\$84	\$76	\$70
50	\$71	\$63	\$54	\$90	\$82	\$75
51	\$77	\$69	\$58	\$97	\$88	\$81
52	\$83	\$74	\$63	\$105	\$95	\$87
53	\$90	\$80	\$68	\$113	\$102	\$94
54	\$98	\$87	\$74	\$122	\$110	\$101
55	\$107	\$95	\$80	\$133	\$120	\$110
56	\$117	\$104	\$88	\$144	\$130	\$119
57	\$127	\$114	\$96	\$156	\$141	\$129
58	\$139	\$124	\$105	\$170	\$152	\$139
59	\$152	\$135	\$114	\$184	\$165	\$150
60	\$165	\$147	\$124	\$199	\$178	\$163
61	\$179	\$159	\$134	\$215	\$192	\$175
62	\$193	\$172	\$145	\$231	\$206	\$188
63	\$208	\$185	\$156	\$248	\$222	\$201
64	\$225	\$201	\$169	\$268	\$239	\$217
65	\$245	\$219	\$184	\$291	\$259	\$235
66	\$268	\$239	\$201	\$317	\$282	\$255
67	\$293	\$261	\$219	\$346	\$307	\$278
68	\$320	\$285	\$240	\$377	\$335	\$302
69	\$350	\$312	\$262	\$411	\$365	\$329
70	\$383	\$341	\$286	\$450	\$398	\$359
71	\$418	\$372	\$312	\$490	\$434	\$390
72	\$455	\$404	\$339	\$533	\$472	\$424
73	\$495	\$440	\$369	\$581	\$513	\$460
74	\$540	\$480	\$402	\$634	\$559	\$501
75	\$592	\$526	\$441	\$695	\$612	\$548
76	\$651	\$578	\$484	\$763	\$671	\$600
77	\$714	\$633	\$530	\$836	\$735	\$656
78	\$784	\$695	\$581	\$917	\$805	\$717
79	\$861	\$763	\$638	\$1,007	\$882	\$785
80	\$948	\$840	\$702	\$1,108	\$969	\$862

Southern Farm Bureau Life Insurance Company

Individual Comprehensive Long Term Care Program

Policy Number 3034

Standard Annual Premiums

PER \$10 of Nursing Home Maximum Daily Benefit

BASE PLAN WITH COMPOUND INFLATION FOR 20 YEARS - ONE DISCOUNT

Issue Age	1500 X MDB MAXIMUM BENEFIT			UNLIMITED MAXIMUM BENEFIT		
	Elimination Period			Elimination Period		
	30Day	90Day	180Day	30Day	90Day	180Day
18-35	\$21	\$20	\$18	\$29	\$26	\$25
36	\$23	\$21	\$19	\$31	\$28	\$26
37	\$25	\$22	\$20	\$32	\$30	\$28
38	\$26	\$24	\$21	\$35	\$32	\$30
39	\$28	\$26	\$22	\$37	\$34	\$32
40	\$30	\$27	\$24	\$40	\$37	\$34
41	\$31	\$29	\$25	\$43	\$38	\$37
42	\$34	\$31	\$26	\$45	\$41	\$38
43	\$36	\$32	\$28	\$48	\$43	\$41
44	\$38	\$35	\$30	\$51	\$47	\$43
45	\$42	\$37	\$32	\$54	\$49	\$46
46	\$44	\$40	\$34	\$58	\$53	\$49
47	\$48	\$43	\$37	\$62	\$56	\$53
48	\$52	\$46	\$39	\$66	\$60	\$56
49	\$55	\$49	\$43	\$71	\$65	\$60
50	\$60	\$54	\$46	\$77	\$70	\$64
51	\$65	\$59	\$49	\$82	\$75	\$69
52	\$71	\$63	\$54	\$89	\$81	\$74
53	\$77	\$68	\$58	\$96	\$87	\$80
54	\$83	\$74	\$63	\$104	\$94	\$86
55	\$91	\$81	\$68	\$113	\$102	\$94
56	\$99	\$88	\$75	\$122	\$111	\$101
57	\$108	\$97	\$82	\$133	\$120	\$110
58	\$118	\$105	\$89	\$145	\$129	\$118
59	\$129	\$115	\$97	\$156	\$140	\$128
60	\$140	\$125	\$105	\$169	\$151	\$139
61	\$152	\$135	\$114	\$183	\$163	\$149
62	\$164	\$146	\$123	\$196	\$175	\$160
63	\$177	\$157	\$133	\$211	\$189	\$171
64	\$191	\$171	\$144	\$228	\$203	\$184
65	\$208	\$186	\$156	\$247	\$220	\$200
66	\$228	\$203	\$171	\$269	\$240	\$217
67	\$249	\$222	\$186	\$294	\$261	\$236
68	\$272	\$242	\$204	\$320	\$285	\$257
69	\$298	\$265	\$223	\$349	\$310	\$280
70	\$326	\$290	\$243	\$383	\$338	\$305
71	\$355	\$316	\$265	\$417	\$369	\$332
72	\$387	\$343	\$288	\$453	\$401	\$360
73	\$421	\$374	\$314	\$494	\$436	\$391
74	\$459	\$408	\$342	\$539	\$475	\$426
75	\$503	\$447	\$375	\$591	\$520	\$466
76	\$553	\$491	\$411	\$649	\$570	\$510
77	\$607	\$538	\$451	\$711	\$625	\$558
78	\$666	\$591	\$494	\$779	\$684	\$609
79	\$732	\$649	\$542	\$856	\$750	\$667
80	\$806	\$714	\$597	\$942	\$824	\$733

Southern Farm Bureau Life Insurance Company

Individual Comprehensive Long Term Care Program

Policy Number 3034

Standard Annual Premiums

PER \$10 of Nursing Home Maximum Daily Benefit

BASE PLAN WITH COMPOUND INFLATION FOR 20 YEARS - TWO DISCOUNTS

Issue Age	1500 X MDB MAXIMUM BENEFIT			UNLIMITED MAXIMUM BENEFIT		
	Elimination Period			Elimination Period		
	30Day	90Day	180Day	30Day	90Day	180Day
18-35	\$18	\$17	\$15	\$25	\$22	\$21
36	\$20	\$18	\$16	\$26	\$24	\$22
37	\$21	\$19	\$17	\$27	\$25	\$24
38	\$22	\$20	\$18	\$30	\$27	\$25
39	\$24	\$22	\$19	\$32	\$29	\$27
40	\$25	\$23	\$20	\$34	\$31	\$29
41	\$27	\$25	\$21	\$36	\$33	\$31
42	\$29	\$26	\$22	\$38	\$35	\$33
43	\$30	\$27	\$24	\$40	\$37	\$35
44	\$33	\$30	\$25	\$43	\$40	\$37
45	\$35	\$32	\$27	\$46	\$42	\$39
46	\$38	\$34	\$29	\$49	\$45	\$42
47	\$40	\$37	\$31	\$53	\$48	\$45
48	\$44	\$39	\$33	\$56	\$51	\$48
49	\$47	\$42	\$36	\$61	\$55	\$51
50	\$51	\$46	\$39	\$65	\$59	\$54
51	\$56	\$50	\$42	\$70	\$64	\$59
52	\$60	\$53	\$46	\$76	\$69	\$63
53	\$65	\$58	\$49	\$82	\$74	\$68
54	\$71	\$63	\$53	\$88	\$79	\$73
55	\$77	\$69	\$58	\$96	\$87	\$79
56	\$85	\$75	\$64	\$104	\$94	\$86
57	\$92	\$82	\$69	\$113	\$102	\$93
58	\$100	\$90	\$76	\$123	\$110	\$100
59	\$110	\$98	\$82	\$133	\$119	\$108
60	\$119	\$106	\$90	\$144	\$129	\$118
61	\$129	\$115	\$97	\$155	\$139	\$126
62	\$139	\$124	\$105	\$167	\$149	\$136
63	\$150	\$134	\$113	\$179	\$160	\$145
64	\$163	\$145	\$122	\$194	\$173	\$157
65	\$177	\$158	\$133	\$210	\$187	\$170
66	\$194	\$173	\$145	\$229	\$204	\$184
67	\$212	\$189	\$158	\$250	\$222	\$201
68	\$231	\$206	\$173	\$272	\$242	\$218
69	\$253	\$225	\$189	\$297	\$264	\$238
70	\$277	\$246	\$207	\$325	\$288	\$259
71	\$302	\$269	\$225	\$354	\$314	\$282
72	\$329	\$292	\$245	\$385	\$341	\$306
73	\$358	\$318	\$267	\$420	\$371	\$332
74	\$390	\$347	\$290	\$458	\$404	\$362
75	\$428	\$380	\$319	\$502	\$442	\$396
76	\$470	\$418	\$350	\$551	\$485	\$434
77	\$516	\$457	\$383	\$604	\$531	\$474
78	\$566	\$502	\$420	\$663	\$582	\$518
79	\$622	\$551	\$461	\$728	\$637	\$567
80	\$685	\$607	\$507	\$801	\$700	\$623

Southern Farm Bureau Life Insurance Company

Individual Comprehensive Long Term Care Program

Policy Number 3034

Standard Annual Premiums

PER \$10 of Nursing Home Maximum Daily Benefit

BASE PLAN WITH COMPOUND INFLATION FOR LIFETIME

Issue Age	1500 X MDB MAXIMUM BENEFIT			UNLIMITED MAXIMUM BENEFIT		
	Elimination Period			Elimination Period		
	30Day	90Day	180Day	30Day	90Day	180Day
18-35	\$41	\$38	\$33	\$53	\$48	\$45
36	\$44	\$40	\$34	\$56	\$51	\$47
37	\$46	\$42	\$36	\$59	\$54	\$50
38	\$49	\$44	\$38	\$63	\$57	\$53
39	\$52	\$47	\$40	\$66	\$60	\$56
40	\$55	\$49	\$42	\$70	\$63	\$59
41	\$58	\$52	\$45	\$74	\$67	\$62
42	\$61	\$55	\$47	\$78	\$71	\$65
43	\$65	\$58	\$50	\$82	\$74	\$69
44	\$68	\$61	\$52	\$87	\$78	\$72
45	\$73	\$65	\$55	\$92	\$83	\$76
46	\$77	\$69	\$58	\$97	\$87	\$80
47	\$81	\$73	\$62	\$102	\$92	\$85
48	\$86	\$77	\$65	\$108	\$97	\$89
49	\$91	\$82	\$69	\$114	\$103	\$94
50	\$97	\$87	\$74	\$121	\$109	\$100
51	\$104	\$92	\$78	\$128	\$115	\$106
52	\$110	\$98	\$83	\$136	\$122	\$112
53	\$118	\$105	\$88	\$145	\$130	\$119
54	\$125	\$112	\$94	\$154	\$138	\$126
55	\$134	\$120	\$101	\$164	\$147	\$134
56	\$144	\$128	\$108	\$175	\$157	\$143
57	\$154	\$138	\$116	\$187	\$168	\$153
58	\$165	\$148	\$124	\$200	\$179	\$163
59	\$177	\$158	\$133	\$213	\$191	\$173
60	\$190	\$169	\$143	\$227	\$203	\$184
61	\$202	\$180	\$152	\$242	\$216	\$196
62	\$215	\$192	\$161	\$256	\$228	\$207
63	\$229	\$204	\$171	\$272	\$242	\$219
64	\$244	\$217	\$183	\$290	\$258	\$233
65	\$263	\$234	\$197	\$311	\$276	\$250
66	\$284	\$253	\$212	\$335	\$298	\$269
67	\$307	\$273	\$230	\$361	\$321	\$290
68	\$332	\$296	\$249	\$391	\$347	\$313
69	\$361	\$321	\$270	\$423	\$375	\$338
70	\$392	\$349	\$293	\$460	\$407	\$367
71	\$426	\$379	\$318	\$499	\$442	\$397
72	\$461	\$410	\$344	\$541	\$478	\$429
73	\$500	\$444	\$372	\$586	\$518	\$465
74	\$544	\$483	\$405	\$638	\$563	\$505
75	\$595	\$529	\$443	\$698	\$615	\$551
76	\$653	\$580	\$485	\$765	\$673	\$602
77	\$716	\$635	\$531	\$838	\$737	\$658
78	\$785	\$696	\$583	\$919	\$806	\$719
79	\$862	\$764	\$639	\$1,008	\$884	\$787
80	\$949	\$841	\$703	\$1,108	\$970	\$862

Southern Farm Bureau Life Insurance Company

Individual Comprehensive Long Term Care Program

Policy Number 3034

Standard Annual Premiums

PER \$10 of Nursing Home Maximum Daily Benefit

BASE PLAN WITH COMPOUND INFLATION FOR LIFETIME - ONE DISCOUNT

Issue Age	1500 X MDB MAXIMUM BENEFIT			UNLIMITED MAXIMUM BENEFIT		
	Elimination Period			Elimination Period		
	30Day	90Day	180Day	30Day	90Day	180Day
18-35	\$35	\$32	\$28	\$45	\$41	\$38
36	\$37	\$34	\$29	\$48	\$43	\$40
37	\$39	\$36	\$31	\$50	\$46	\$43
38	\$42	\$37	\$32	\$54	\$48	\$45
39	\$44	\$40	\$34	\$56	\$51	\$48
40	\$47	\$42	\$36	\$60	\$54	\$50
41	\$49	\$44	\$38	\$63	\$57	\$53
42	\$52	\$47	\$40	\$66	\$60	\$55
43	\$55	\$49	\$43	\$70	\$63	\$59
44	\$58	\$52	\$44	\$74	\$66	\$61
45	\$62	\$55	\$47	\$78	\$71	\$65
46	\$65	\$59	\$49	\$82	\$74	\$68
47	\$69	\$62	\$53	\$87	\$78	\$72
48	\$73	\$65	\$55	\$92	\$82	\$76
49	\$77	\$70	\$59	\$97	\$88	\$80
50	\$82	\$74	\$63	\$103	\$93	\$85
51	\$88	\$78	\$66	\$109	\$98	\$90
52	\$94	\$83	\$71	\$116	\$104	\$95
53	\$100	\$89	\$75	\$123	\$111	\$101
54	\$106	\$95	\$80	\$131	\$117	\$107
55	\$114	\$102	\$86	\$139	\$125	\$114
56	\$122	\$109	\$92	\$149	\$133	\$122
57	\$131	\$117	\$99	\$159	\$143	\$130
58	\$140	\$126	\$105	\$170	\$152	\$139
59	\$150	\$134	\$113	\$181	\$162	\$147
60	\$162	\$144	\$122	\$193	\$173	\$156
61	\$172	\$153	\$129	\$206	\$184	\$167
62	\$183	\$163	\$137	\$218	\$194	\$176
63	\$195	\$173	\$145	\$231	\$206	\$186
64	\$207	\$184	\$156	\$247	\$219	\$198
65	\$224	\$199	\$167	\$264	\$235	\$213
66	\$241	\$215	\$180	\$285	\$253	\$229
67	\$261	\$232	\$196	\$307	\$273	\$247
68	\$282	\$252	\$212	\$332	\$295	\$266
69	\$307	\$273	\$230	\$360	\$319	\$287
70	\$333	\$297	\$249	\$391	\$346	\$312
71	\$362	\$322	\$270	\$424	\$376	\$337
72	\$392	\$349	\$292	\$460	\$406	\$365
73	\$425	\$377	\$316	\$498	\$440	\$395
74	\$462	\$411	\$344	\$542	\$479	\$429
75	\$506	\$450	\$377	\$593	\$523	\$468
76	\$555	\$493	\$412	\$650	\$572	\$512
77	\$609	\$540	\$451	\$712	\$626	\$559
78	\$667	\$592	\$496	\$781	\$685	\$611
79	\$733	\$649	\$543	\$857	\$751	\$669
80	\$807	\$715	\$598	\$942	\$825	\$733

Southern Farm Bureau Life Insurance Company

Individual Comprehensive Long Term Care Program

Policy Number 3034

Standard Annual Premiums

PER \$10 of Nursing Home Maximum Daily Benefit

BASE PLAN WITH COMPOUND INFLATION FOR LIFETIME - TWO DISCOUNTS

Issue Age	1500 X MDB MAXIMUM BENEFIT			UNLIMITED MAXIMUM BENEFIT		
	Elimination Period			Elimination Period		
	30Day	90Day	180Day	30Day	90Day	180Day
18-35	\$30	\$27	\$24	\$38	\$35	\$33
36	\$32	\$29	\$25	\$40	\$37	\$34
37	\$33	\$30	\$26	\$43	\$39	\$36
38	\$35	\$32	\$27	\$46	\$41	\$38
39	\$38	\$34	\$29	\$48	\$43	\$40
40	\$40	\$35	\$30	\$51	\$46	\$43
41	\$42	\$38	\$33	\$53	\$48	\$45
42	\$44	\$40	\$34	\$56	\$51	\$47
43	\$47	\$42	\$36	\$59	\$53	\$50
44	\$49	\$44	\$38	\$63	\$56	\$52
45	\$53	\$47	\$40	\$66	\$60	\$55
46	\$56	\$50	\$42	\$70	\$63	\$58
47	\$59	\$53	\$45	\$74	\$66	\$61
48	\$62	\$56	\$47	\$78	\$70	\$64
49	\$66	\$59	\$50	\$82	\$74	\$68
50	\$70	\$63	\$53	\$87	\$79	\$72
51	\$75	\$66	\$56	\$92	\$83	\$77
52	\$79	\$71	\$60	\$98	\$88	\$81
53	\$85	\$76	\$64	\$105	\$94	\$86
54	\$90	\$81	\$68	\$111	\$100	\$91
55	\$97	\$87	\$73	\$118	\$106	\$97
56	\$104	\$92	\$78	\$126	\$113	\$103
57	\$111	\$100	\$84	\$135	\$121	\$111
58	\$119	\$107	\$90	\$145	\$129	\$118
59	\$128	\$114	\$96	\$154	\$138	\$125
60	\$137	\$122	\$103	\$164	\$147	\$133
61	\$146	\$130	\$110	\$175	\$156	\$142
62	\$155	\$139	\$116	\$185	\$165	\$150
63	\$165	\$147	\$124	\$197	\$175	\$158
64	\$176	\$157	\$132	\$210	\$186	\$168
65	\$190	\$169	\$142	\$225	\$199	\$181
66	\$205	\$183	\$153	\$242	\$215	\$194
67	\$222	\$197	\$166	\$261	\$232	\$210
68	\$240	\$214	\$180	\$282	\$251	\$226
69	\$261	\$232	\$195	\$306	\$271	\$244
70	\$283	\$252	\$212	\$332	\$294	\$265
71	\$308	\$274	\$230	\$361	\$319	\$287
72	\$333	\$296	\$249	\$391	\$345	\$310
73	\$361	\$321	\$269	\$423	\$374	\$336
74	\$393	\$349	\$293	\$461	\$407	\$365
75	\$430	\$382	\$320	\$504	\$444	\$398
76	\$472	\$419	\$350	\$553	\$486	\$435
77	\$517	\$459	\$384	\$605	\$532	\$475
78	\$567	\$503	\$421	\$664	\$582	\$519
79	\$623	\$552	\$462	\$728	\$639	\$569
80	\$686	\$608	\$508	\$801	\$701	\$623

Southern Farm Bureau Life Insurance Company

Individual Comprehensive Long Term Care Program

Policy Number 3034

ADDITIONAL PREMIUM FOR RETURN OF PREMIUM & NONFORFEITURE OPTIONS

Percent Increase in Premium

Issue Age	Return of Premium at	Nonforfeiture at Lapse
35 and under	3.00%	27.60%
36	3.20%	27.50%
37	3.30%	27.30%
38	3.50%	27.20%
39	3.70%	27.00%
40	3.90%	26.90%
41	4.10%	26.80%
42	4.40%	26.60%
43	4.60%	26.50%
44	4.80%	26.30%
45	5.10%	26.20%
46	5.40%	26.00%
47	5.60%	25.90%
48	5.90%	25.70%
49	6.20%	25.60%
50	6.40%	25.40%
51	6.60%	25.30%
52	6.90%	25.10%
53	7.10%	24.90%
54	7.30%	24.80%
55	7.50%	24.60%
56	7.60%	24.50%
57	7.70%	24.30%
58	7.80%	24.10%
59	7.70%	24.00%
60	7.60%	23.80%
61	7.30%	23.60%
62	6.90%	23.40%
63	6.40%	23.30%
64	5.80%	23.10%
65	5.30%	22.90%
66	4.50%	22.70%
67	3.70%	22.60%
68	2.90%	22.40%
69	2.20%	22.20%
70	N/A	22.00%
71	N/A	21.90%
72	N/A	21.70%
73	N/A	21.50%
74	N/A	21.40%
75	N/A	21.20%
76	N/A	20.90%
77	N/A	20.60%
78	N/A	20.30%
79	N/A	19.90%
80	N/A	19.60%

Southern Farm Bureau Life Insurance Company

Individual Comprehensive Long Term Care Program

Policy Number 3034

Standard Annual Premiums Reflecting Increase of 35.0%

PER \$10 of Nursing Home Maximum Daily Benefit

BASE PLAN

Issue Age	1500 X MDB MAXIMUM BENEFIT Elimination Period			UNLIMITED MAXIMUM BENEFIT Elimination Period		
	30Day	90Day	180Day	30Day	90Day	180Day
18-35	\$22.95	\$21.60	\$18.90	\$28.35	\$27.00	\$25.65
36	\$24.30	\$22.95	\$20.25	\$31.05	\$28.35	\$27.00
37	\$25.65	\$22.95	\$21.60	\$32.40	\$31.05	\$28.35
38	\$27.00	\$24.30	\$22.95	\$35.10	\$32.40	\$31.05
39	\$28.35	\$25.65	\$22.95	\$36.45	\$33.75	\$32.40
40	\$29.70	\$27.00	\$24.30	\$39.15	\$36.45	\$35.10
41	\$31.05	\$29.70	\$25.65	\$41.85	\$39.15	\$36.45
42	\$33.75	\$31.05	\$27.00	\$44.55	\$40.50	\$39.15
43	\$35.10	\$32.40	\$28.35	\$47.25	\$43.20	\$40.50
44	\$37.80	\$33.75	\$29.70	\$49.95	\$45.90	\$43.20
45	\$39.15	\$36.45	\$32.40	\$52.65	\$48.60	\$45.90
46	\$41.85	\$37.80	\$33.75	\$55.35	\$51.30	\$47.25
47	\$44.55	\$40.50	\$35.10	\$58.05	\$54.00	\$49.95
48	\$47.25	\$43.20	\$37.80	\$62.10	\$56.70	\$52.65
49	\$51.30	\$45.90	\$40.50	\$66.15	\$60.75	\$56.70
50	\$55.35	\$49.95	\$43.20	\$70.20	\$64.80	\$60.75
51	\$59.40	\$52.65	\$45.90	\$75.60	\$68.85	\$64.80
52	\$63.45	\$56.70	\$48.60	\$81.00	\$74.25	\$68.85
53	\$67.50	\$60.75	\$52.65	\$86.40	\$79.65	\$74.25
54	\$74.25	\$66.15	\$56.70	\$93.15	\$85.05	\$79.65
55	\$79.65	\$71.55	\$62.10	\$101.25	\$91.80	\$85.05
56	\$87.75	\$78.30	\$67.50	\$109.35	\$99.90	\$91.80
57	\$95.85	\$85.05	\$72.90	\$118.80	\$108.00	\$99.90
58	\$103.95	\$93.15	\$79.65	\$128.25	\$116.10	\$106.65
59	\$113.40	\$102.60	\$86.40	\$139.05	\$125.55	\$116.10
60	\$124.20	\$112.05	\$94.50	\$151.20	\$136.35	\$125.55
61	\$136.35	\$121.50	\$103.95	\$164.70	\$148.50	\$136.35
62	\$147.15	\$132.30	\$112.05	\$178.20	\$160.65	\$147.15
63	\$160.65	\$143.10	\$121.50	\$193.05	\$174.15	\$159.30
64	\$175.50	\$157.95	\$133.65	\$210.60	\$189.00	\$172.80
65	\$194.40	\$174.15	\$147.15	\$232.20	\$207.90	\$190.35
66	\$214.65	\$191.70	\$162.00	\$255.15	\$228.15	\$207.90
67	\$237.60	\$211.95	\$179.55	\$280.80	\$251.10	\$228.15
68	\$261.90	\$233.55	\$198.45	\$310.50	\$276.75	\$251.10
69	\$291.60	\$260.55	\$220.05	\$342.90	\$306.45	\$278.10
70	\$325.35	\$290.25	\$245.70	\$383.40	\$341.55	\$309.15
71	\$363.15	\$324.00	\$274.05	\$427.95	\$380.70	\$344.25
72	\$405.00	\$360.45	\$303.75	\$476.55	\$423.90	\$383.40
73	\$450.90	\$402.30	\$338.85	\$531.90	\$471.15	\$425.25
74	\$504.90	\$449.55	\$378.00	\$594.00	\$526.50	\$473.85
75	\$567.00	\$503.55	\$423.90	\$666.90	\$589.95	\$530.55
76	\$635.85	\$564.30	\$473.85	\$747.90	\$660.15	\$592.65
77	\$708.75	\$630.45	\$529.20	\$832.95	\$734.40	\$658.80
78	\$792.45	\$703.35	\$589.95	\$928.80	\$818.10	\$731.70
79	\$886.95	\$787.05	\$660.15	\$1,039.50	\$912.60	\$815.40
80	\$996.30	\$884.25	\$741.15	\$1,166.40	\$1,023.30	\$912.60

Southern Farm Bureau Life Insurance Company

Individual Comprehensive Long Term Care Program

Policy Number 3034

Standard Annual Premiums Reflecting Increase of 35.0%

PER \$10 of Nursing Home Maximum Daily Benefit

BASE PLAN - ONE DISCOUNT

Issue Age	1500 X MDB MAXIMUM BENEFIT Elimination Period			UNLIMITED MAXIMUM BENEFIT Elimination Period		
	30Day	90Day	180Day	30Day	90Day	180Day
18-35	\$18.90	\$18.90	\$16.20	\$24.30	\$22.95	\$21.60
36	\$20.25	\$18.90	\$17.55	\$27.00	\$24.30	\$22.95
37	\$21.60	\$18.90	\$18.90	\$27.00	\$27.00	\$24.30
38	\$22.95	\$20.25	\$18.90	\$29.70	\$27.00	\$27.00
39	\$24.30	\$21.60	\$18.90	\$31.05	\$28.35	\$27.00
40	\$25.65	\$22.95	\$20.25	\$33.75	\$31.05	\$29.70
41	\$27.00	\$25.65	\$21.60	\$35.10	\$33.75	\$31.05
42	\$28.35	\$27.00	\$22.95	\$37.80	\$35.10	\$33.75
43	\$29.70	\$27.00	\$24.30	\$40.50	\$36.45	\$35.10
44	\$32.40	\$28.35	\$25.65	\$41.85	\$39.15	\$36.45
45	\$33.75	\$31.05	\$27.00	\$44.55	\$41.85	\$39.15
46	\$35.10	\$32.40	\$28.35	\$47.25	\$43.20	\$40.50
47	\$37.80	\$35.10	\$29.70	\$49.95	\$45.90	\$41.85
48	\$40.50	\$36.45	\$32.40	\$52.65	\$48.60	\$44.55
49	\$43.20	\$39.15	\$35.10	\$56.70	\$51.30	\$48.60
50	\$47.25	\$41.85	\$36.45	\$59.40	\$55.35	\$51.30
51	\$49.95	\$44.55	\$39.15	\$64.80	\$58.05	\$55.35
52	\$54.00	\$48.60	\$41.85	\$68.85	\$63.45	\$58.05
53	\$58.05	\$51.30	\$44.55	\$72.90	\$67.50	\$63.45
54	\$63.45	\$56.70	\$48.60	\$79.65	\$72.90	\$67.50
55	\$67.50	\$60.75	\$52.65	\$86.40	\$78.30	\$72.90
56	\$74.25	\$66.15	\$58.05	\$93.15	\$85.05	\$78.30
57	\$81.00	\$72.90	\$62.10	\$101.25	\$91.80	\$85.05
58	\$87.75	\$79.65	\$67.50	\$109.35	\$98.55	\$90.45
59	\$95.85	\$87.75	\$72.90	\$118.80	\$106.65	\$98.55
60	\$105.30	\$95.85	\$81.00	\$128.25	\$116.10	\$106.65
61	\$116.10	\$103.95	\$87.75	\$140.40	\$126.90	\$116.10
62	\$125.55	\$112.05	\$95.85	\$151.20	\$136.35	\$125.55
63	\$136.35	\$121.50	\$103.95	\$164.70	\$148.50	\$135.00
64	\$149.85	\$133.65	\$113.40	\$179.55	\$160.65	\$147.15
65	\$164.70	\$148.50	\$125.55	\$197.10	\$176.85	\$162.00
66	\$182.25	\$163.35	\$137.70	\$217.35	\$194.40	\$176.85
67	\$202.50	\$179.55	\$152.55	\$238.95	\$213.30	\$194.40
68	\$222.75	\$198.45	\$168.75	\$264.60	\$234.90	\$213.30
69	\$248.40	\$221.40	\$187.65	\$291.60	\$260.55	\$236.25
70	\$276.75	\$247.05	\$209.25	\$325.35	\$290.25	\$263.25
71	\$309.15	\$275.40	\$233.55	\$363.15	\$324.00	\$292.95
72	\$344.25	\$306.45	\$257.85	\$405.00	\$360.45	\$325.35
73	\$383.40	\$341.55	\$287.55	\$452.25	\$400.95	\$361.80
74	\$429.30	\$382.05	\$321.30	\$504.90	\$448.20	\$402.30
75	\$481.95	\$427.95	\$360.45	\$567.00	\$500.85	\$450.90
76	\$540.00	\$479.25	\$402.30	\$635.85	\$561.60	\$503.55
77	\$602.10	\$535.95	\$449.55	\$707.40	\$623.70	\$560.25
78	\$673.65	\$598.05	\$500.85	\$789.75	\$695.25	\$622.35
79	\$753.30	\$669.60	\$561.60	\$884.25	\$776.25	\$692.55
80	\$846.45	\$751.95	\$630.45	\$990.90	\$869.40	\$776.25

Southern Farm Bureau Life Insurance Company

Individual Comprehensive Long Term Care Program

Policy Number 3034

Standard Annual Premiums Reflecting Increase of 35.0%

PER \$10 of Nursing Home Maximum Daily Benefit

BASE PLAN - TWO DISCOUNTS

Issue Age	1500 X MDB MAXIMUM BENEFIT Elimination Period			UNLIMITED MAXIMUM BENEFIT Elimination Period		
	30Day	90Day	180Day	30Day	90Day	180Day
18-35	\$16.20	\$16.20	\$13.50	\$20.25	\$18.90	\$18.90
36	\$17.55	\$16.20	\$14.85	\$22.95	\$20.25	\$18.90
37	\$18.90	\$16.20	\$16.20	\$22.95	\$22.95	\$20.25
38	\$18.90	\$17.55	\$16.20	\$25.65	\$22.95	\$22.95
39	\$20.25	\$18.90	\$16.20	\$27.00	\$24.30	\$22.95
40	\$21.60	\$18.90	\$17.55	\$28.35	\$27.00	\$25.65
41	\$22.95	\$21.60	\$18.90	\$29.70	\$28.35	\$27.00
42	\$24.30	\$22.95	\$18.90	\$32.40	\$29.70	\$28.35
43	\$25.65	\$22.95	\$20.25	\$33.75	\$31.05	\$29.70
44	\$27.00	\$24.30	\$21.60	\$36.45	\$33.75	\$31.05
45	\$28.35	\$27.00	\$22.95	\$37.80	\$35.10	\$33.75
46	\$29.70	\$27.00	\$24.30	\$40.50	\$36.45	\$33.75
47	\$32.40	\$29.70	\$25.65	\$41.85	\$39.15	\$36.45
48	\$33.75	\$31.05	\$27.00	\$44.55	\$40.50	\$37.80
49	\$36.45	\$33.75	\$29.70	\$47.25	\$44.55	\$40.50
50	\$40.50	\$36.45	\$31.05	\$51.30	\$47.25	\$44.55
51	\$43.20	\$37.80	\$33.75	\$54.00	\$49.95	\$47.25
52	\$45.90	\$40.50	\$35.10	\$58.05	\$54.00	\$49.95
53	\$48.60	\$44.55	\$37.80	\$62.10	\$58.05	\$54.00
54	\$54.00	\$47.25	\$40.50	\$67.50	\$62.10	\$58.05
55	\$58.05	\$51.30	\$44.55	\$72.90	\$66.15	\$62.10
56	\$63.45	\$56.70	\$48.60	\$79.65	\$71.55	\$66.15
57	\$68.85	\$62.10	\$52.65	\$86.40	\$78.30	\$71.55
58	\$75.60	\$67.50	\$58.05	\$93.15	\$83.70	\$76.95
59	\$82.35	\$74.25	\$62.10	\$99.90	\$90.45	\$83.70
60	\$89.10	\$81.00	\$68.85	\$109.35	\$98.55	\$90.45
61	\$98.55	\$87.75	\$75.60	\$118.80	\$106.65	\$98.55
62	\$106.65	\$95.85	\$81.00	\$128.25	\$116.10	\$106.65
63	\$116.10	\$103.95	\$87.75	\$139.05	\$125.55	\$114.75
64	\$126.90	\$114.75	\$97.20	\$152.55	\$136.35	\$124.20
65	\$140.40	\$125.55	\$106.65	\$167.40	\$149.85	\$137.70
66	\$155.25	\$139.05	\$117.45	\$184.95	\$164.70	\$149.85
67	\$171.45	\$152.55	\$129.60	\$202.50	\$180.90	\$164.70
68	\$189.00	\$168.75	\$143.10	\$224.10	\$199.80	\$180.90
69	\$210.60	\$187.65	\$159.30	\$248.40	\$221.40	\$201.15
70	\$234.90	\$209.25	\$176.85	\$276.75	\$247.05	\$222.75
71	\$261.90	\$233.55	\$198.45	\$309.15	\$275.40	\$248.40
72	\$292.95	\$260.55	\$220.05	\$344.25	\$306.45	\$276.75
73	\$325.35	\$290.25	\$244.35	\$384.75	\$340.20	\$307.80
74	\$364.50	\$325.35	\$272.70	\$429.30	\$380.70	\$342.90
75	\$409.05	\$363.15	\$306.45	\$481.95	\$426.60	\$383.40
76	\$459.00	\$407.70	\$342.90	\$540.00	\$476.55	\$427.95
77	\$511.65	\$454.95	\$382.05	\$602.10	\$530.55	\$476.55
78	\$572.40	\$507.60	\$426.60	\$670.95	\$591.30	\$529.20
79	\$641.25	\$568.35	\$476.55	\$750.60	\$658.80	\$588.60
80	\$719.55	\$638.55	\$535.95	\$842.40	\$739.80	\$658.80

Southern Farm Bureau Life Insurance Company

Individual Comprehensive Long Term Care Program

Policy Number 3034

Standard Annual Premiums Reflecting Increase of 35.0%

PER \$10 of Nursing Home Maximum Daily Benefit

BASE PLAN WITH COMPOUND INFLATION FOR 20 YEARS

Issue Age	1500 X MDB MAXIMUM BENEFIT			UNLIMITED MAXIMUM BENEFIT		
	Elimination Period			Elimination Period		
	30Day	90Day	180Day	30Day	90Day	180Day
18-35	\$33.75	\$31.05	\$28.35	\$45.90	\$41.85	\$39.15
36	\$36.45	\$33.75	\$29.70	\$48.60	\$44.55	\$41.85
37	\$39.15	\$35.10	\$31.05	\$51.30	\$47.25	\$44.55
38	\$41.85	\$37.80	\$33.75	\$55.35	\$51.30	\$47.25
39	\$44.55	\$40.50	\$35.10	\$59.40	\$54.00	\$51.30
40	\$47.25	\$43.20	\$37.80	\$63.45	\$58.05	\$54.00
41	\$49.95	\$45.90	\$39.15	\$67.50	\$60.75	\$58.05
42	\$54.00	\$48.60	\$41.85	\$71.55	\$64.80	\$60.75
43	\$56.70	\$51.30	\$44.55	\$75.60	\$68.85	\$64.80
44	\$60.75	\$55.35	\$47.25	\$81.00	\$74.25	\$68.85
45	\$66.15	\$59.40	\$51.30	\$86.40	\$78.30	\$72.90
46	\$70.20	\$63.45	\$54.00	\$91.80	\$83.70	\$78.30
47	\$75.60	\$68.85	\$58.05	\$98.55	\$89.10	\$83.70
48	\$82.35	\$72.90	\$62.10	\$105.30	\$95.85	\$89.10
49	\$87.75	\$78.30	\$67.50	\$113.40	\$102.60	\$94.50
50	\$95.85	\$85.05	\$72.90	\$121.50	\$110.70	\$101.25
51	\$103.95	\$93.15	\$78.30	\$130.95	\$118.80	\$109.35
52	\$112.05	\$99.90	\$85.05	\$141.75	\$128.25	\$117.45
53	\$121.50	\$108.00	\$91.80	\$152.55	\$137.70	\$126.90
54	\$132.30	\$117.45	\$99.90	\$164.70	\$148.50	\$136.35
55	\$144.45	\$128.25	\$108.00	\$179.55	\$162.00	\$148.50
56	\$157.95	\$140.40	\$118.80	\$194.40	\$175.50	\$160.65
57	\$171.45	\$153.90	\$129.60	\$210.60	\$190.35	\$174.15
58	\$187.65	\$167.40	\$141.75	\$229.50	\$205.20	\$187.65
59	\$205.20	\$182.25	\$153.90	\$248.40	\$222.75	\$202.50
60	\$222.75	\$198.45	\$167.40	\$268.65	\$240.30	\$220.05
61	\$241.65	\$214.65	\$180.90	\$290.25	\$259.20	\$236.25
62	\$260.55	\$232.20	\$195.75	\$311.85	\$278.10	\$253.80
63	\$280.80	\$249.75	\$210.60	\$334.80	\$299.70	\$271.35
64	\$303.75	\$271.35	\$228.15	\$361.80	\$322.65	\$292.95
65	\$330.75	\$295.65	\$248.40	\$392.85	\$349.65	\$317.25
66	\$361.80	\$322.65	\$271.35	\$427.95	\$380.70	\$344.25
67	\$395.55	\$352.35	\$295.65	\$467.10	\$414.45	\$375.30
68	\$432.00	\$384.75	\$324.00	\$508.95	\$452.25	\$407.70
69	\$472.50	\$421.20	\$353.70	\$554.85	\$492.75	\$444.15
70	\$517.05	\$460.35	\$386.10	\$607.50	\$537.30	\$484.65
71	\$564.30	\$502.20	\$421.20	\$661.50	\$585.90	\$526.50
72	\$614.25	\$545.40	\$457.65	\$719.55	\$637.20	\$572.40
73	\$668.25	\$594.00	\$498.15	\$784.35	\$692.55	\$621.00
74	\$729.00	\$648.00	\$542.70	\$855.90	\$754.65	\$676.35
75	\$799.20	\$710.10	\$595.35	\$938.25	\$826.20	\$739.80
76	\$878.85	\$780.30	\$653.40	\$1,030.05	\$905.85	\$810.00
77	\$963.90	\$854.55	\$715.50	\$1,128.60	\$992.25	\$885.60
78	\$1,058.40	\$938.25	\$784.35	\$1,237.95	\$1,086.75	\$967.95
79	\$1,162.35	\$1,030.05	\$861.30	\$1,359.45	\$1,190.70	\$1,059.75
80	\$1,279.80	\$1,134.00	\$947.70	\$1,495.80	\$1,308.15	\$1,163.70

Southern Farm Bureau Life Insurance Company

Individual Comprehensive Long Term Care Program

Policy Number 3034

Standard Annual Premiums Reflecting Increase of 35.0%

PER \$10 of Nursing Home Maximum Daily Benefit

BASE PLAN WITH COMPOUND INFLATION FOR 20 YEARS - ONE DISCOUNT

Issue Age	1500 X MDB MAXIMUM BENEFIT			UNLIMITED MAXIMUM BENEFIT		
	Elimination Period			Elimination Period		
	30Day	90Day	180Day	30Day	90Day	180Day
18-35	\$28.35	\$27.00	\$24.30	\$39.15	\$35.10	\$33.75
36	\$31.05	\$28.35	\$25.65	\$41.85	\$37.80	\$35.10
37	\$33.75	\$29.70	\$27.00	\$43.20	\$40.50	\$37.80
38	\$35.10	\$32.40	\$28.35	\$47.25	\$43.20	\$40.50
39	\$37.80	\$35.10	\$29.70	\$49.95	\$45.90	\$43.20
40	\$40.50	\$36.45	\$32.40	\$54.00	\$49.95	\$45.90
41	\$41.85	\$39.15	\$33.75	\$58.05	\$51.30	\$49.95
42	\$45.90	\$41.85	\$35.10	\$60.75	\$55.35	\$51.30
43	\$48.60	\$43.20	\$37.80	\$64.80	\$58.05	\$55.35
44	\$51.30	\$47.25	\$40.50	\$68.85	\$63.45	\$58.05
45	\$56.70	\$49.95	\$43.20	\$72.90	\$66.15	\$62.10
46	\$59.40	\$54.00	\$45.90	\$78.30	\$71.55	\$66.15
47	\$64.80	\$58.05	\$49.95	\$83.70	\$75.60	\$71.55
48	\$70.20	\$62.10	\$52.65	\$89.10	\$81.00	\$75.60
49	\$74.25	\$66.15	\$58.05	\$95.85	\$87.75	\$81.00
50	\$81.00	\$72.90	\$62.10	\$103.95	\$94.50	\$86.40
51	\$87.75	\$79.65	\$66.15	\$110.70	\$101.25	\$93.15
52	\$95.85	\$85.05	\$72.90	\$120.15	\$109.35	\$99.90
53	\$103.95	\$91.80	\$78.30	\$129.60	\$117.45	\$108.00
54	\$112.05	\$99.90	\$85.05	\$140.40	\$126.90	\$116.10
55	\$122.85	\$109.35	\$91.80	\$152.55	\$137.70	\$126.90
56	\$133.65	\$118.80	\$101.25	\$164.70	\$149.85	\$136.35
57	\$145.80	\$130.95	\$110.70	\$179.55	\$162.00	\$148.50
58	\$159.30	\$141.75	\$120.15	\$195.75	\$174.15	\$159.30
59	\$174.15	\$155.25	\$130.95	\$210.60	\$189.00	\$172.80
60	\$189.00	\$168.75	\$141.75	\$228.15	\$203.85	\$187.65
61	\$205.20	\$182.25	\$153.90	\$247.05	\$220.05	\$201.15
62	\$221.40	\$197.10	\$166.05	\$264.60	\$236.25	\$216.00
63	\$238.95	\$211.95	\$179.55	\$284.85	\$255.15	\$230.85
64	\$257.85	\$230.85	\$194.40	\$307.80	\$274.05	\$248.40
65	\$280.80	\$251.10	\$210.60	\$333.45	\$297.00	\$270.00
66	\$307.80	\$274.05	\$230.85	\$363.15	\$324.00	\$292.95
67	\$336.15	\$299.70	\$251.10	\$396.90	\$352.35	\$318.60
68	\$367.20	\$326.70	\$275.40	\$432.00	\$384.75	\$346.95
69	\$402.30	\$357.75	\$301.05	\$471.15	\$418.50	\$378.00
70	\$440.10	\$391.50	\$328.05	\$517.05	\$456.30	\$411.75
71	\$479.25	\$426.60	\$357.75	\$562.95	\$498.15	\$448.20
72	\$522.45	\$463.05	\$388.80	\$611.55	\$541.35	\$486.00
73	\$568.35	\$504.90	\$423.90	\$666.90	\$588.60	\$527.85
74	\$619.65	\$550.80	\$461.70	\$727.65	\$641.25	\$575.10
75	\$679.05	\$603.45	\$506.25	\$797.85	\$702.00	\$629.10
76	\$746.55	\$662.85	\$554.85	\$876.15	\$769.50	\$688.50
77	\$819.45	\$726.30	\$608.85	\$959.85	\$843.75	\$753.30
78	\$899.10	\$797.85	\$666.90	\$1,051.65	\$923.40	\$822.15
79	\$988.20	\$876.15	\$731.70	\$1,155.60	\$1,012.50	\$900.45
80	\$1,088.10	\$963.90	\$805.95	\$1,271.70	\$1,112.40	\$989.55

Southern Farm Bureau Life Insurance Company

Individual Comprehensive Long Term Care Program

Policy Number 3034

Standard Annual Premiums Reflecting Increase of 35.0%

PER \$10 of Nursing Home Maximum Daily Benefit

BASE PLAN WITH COMPOUND INFLATION FOR 20 YEARS - TWO DISCOUNTS

Issue Age	1500 X MDB MAXIMUM BENEFIT			UNLIMITED MAXIMUM BENEFIT		
	Elimination Period			Elimination Period		
	30Day	90Day	180Day	30Day	90Day	180Day
18-35	\$24.30	\$22.95	\$20.25	\$33.75	\$29.70	\$28.35
36	\$27.00	\$24.30	\$21.60	\$35.10	\$32.40	\$29.70
37	\$28.35	\$25.65	\$22.95	\$36.45	\$33.75	\$32.40
38	\$29.70	\$27.00	\$24.30	\$40.50	\$36.45	\$33.75
39	\$32.40	\$29.70	\$25.65	\$43.20	\$39.15	\$36.45
40	\$33.75	\$31.05	\$27.00	\$45.90	\$41.85	\$39.15
41	\$36.45	\$33.75	\$28.35	\$48.60	\$44.55	\$41.85
42	\$39.15	\$35.10	\$29.70	\$51.30	\$47.25	\$44.55
43	\$40.50	\$36.45	\$32.40	\$54.00	\$49.95	\$47.25
44	\$44.55	\$40.50	\$33.75	\$58.05	\$54.00	\$49.95
45	\$47.25	\$43.20	\$36.45	\$62.10	\$56.70	\$52.65
46	\$51.30	\$45.90	\$39.15	\$66.15	\$60.75	\$56.70
47	\$54.00	\$49.95	\$41.85	\$71.55	\$64.80	\$60.75
48	\$59.40	\$52.65	\$44.55	\$75.60	\$68.85	\$64.80
49	\$63.45	\$56.70	\$48.60	\$82.35	\$74.25	\$68.85
50	\$68.85	\$62.10	\$52.65	\$87.75	\$79.65	\$72.90
51	\$75.60	\$67.50	\$56.70	\$94.50	\$86.40	\$79.65
52	\$81.00	\$71.55	\$62.10	\$102.60	\$93.15	\$85.05
53	\$87.75	\$78.30	\$66.15	\$110.70	\$99.90	\$91.80
54	\$95.85	\$85.05	\$71.55	\$118.80	\$106.65	\$98.55
55	\$103.95	\$93.15	\$78.30	\$129.60	\$117.45	\$106.65
56	\$114.75	\$101.25	\$86.40	\$140.40	\$126.90	\$116.10
57	\$124.20	\$110.70	\$93.15	\$152.55	\$137.70	\$125.55
58	\$135.00	\$121.50	\$102.60	\$166.05	\$148.50	\$135.00
59	\$148.50	\$132.30	\$110.70	\$179.55	\$160.65	\$145.80
60	\$160.65	\$143.10	\$121.50	\$194.40	\$174.15	\$159.30
61	\$174.15	\$155.25	\$130.95	\$209.25	\$187.65	\$170.10
62	\$187.65	\$167.40	\$141.75	\$225.45	\$201.15	\$183.60
63	\$202.50	\$180.90	\$152.55	\$241.65	\$216.00	\$195.75
64	\$220.05	\$195.75	\$164.70	\$261.90	\$233.55	\$211.95
65	\$238.95	\$213.30	\$179.55	\$283.50	\$252.45	\$229.50
66	\$261.90	\$233.55	\$195.75	\$309.15	\$275.40	\$248.40
67	\$286.20	\$255.15	\$213.30	\$337.50	\$299.70	\$271.35
68	\$311.85	\$278.10	\$233.55	\$367.20	\$326.70	\$294.30
69	\$341.55	\$303.75	\$255.15	\$400.95	\$356.40	\$321.30
70	\$373.95	\$332.10	\$279.45	\$438.75	\$388.80	\$349.65
71	\$407.70	\$363.15	\$303.75	\$477.90	\$423.90	\$380.70
72	\$444.15	\$394.20	\$330.75	\$519.75	\$460.35	\$413.10
73	\$483.30	\$429.30	\$360.45	\$567.00	\$500.85	\$448.20
74	\$526.50	\$468.45	\$391.50	\$618.30	\$545.40	\$488.70
75	\$577.80	\$513.00	\$430.65	\$677.70	\$596.70	\$534.60
76	\$634.50	\$564.30	\$472.50	\$743.85	\$654.75	\$585.90
77	\$696.60	\$616.95	\$517.05	\$815.40	\$716.85	\$639.90
78	\$764.10	\$677.70	\$567.00	\$895.05	\$785.70	\$699.30
79	\$839.70	\$743.85	\$622.35	\$982.80	\$859.95	\$765.45
80	\$924.75	\$819.45	\$684.45	\$1,081.35	\$945.00	\$841.05

Southern Farm Bureau Life Insurance Company

Individual Comprehensive Long Term Care Program

Policy Number 3034

Standard Annual Premiums Reflecting Increase of 35.0%

PER \$10 of Nursing Home Maximum Daily Benefit

BASE PLAN WITH COMPOUND INFLATION FOR LIFETIME

Issue Age	1500 X MDB MAXIMUM BENEFIT			UNLIMITED MAXIMUM BENEFIT		
	Elimination Period			Elimination Period		
	30Day	90Day	180Day	30Day	90Day	180Day
18-35	\$55.35	\$51.30	\$44.55	\$71.55	\$64.80	\$60.75
36	\$59.40	\$54.00	\$45.90	\$75.60	\$68.85	\$63.45
37	\$62.10	\$56.70	\$48.60	\$79.65	\$72.90	\$67.50
38	\$66.15	\$59.40	\$51.30	\$85.05	\$76.95	\$71.55
39	\$70.20	\$63.45	\$54.00	\$89.10	\$81.00	\$75.60
40	\$74.25	\$66.15	\$56.70	\$94.50	\$85.05	\$79.65
41	\$78.30	\$70.20	\$60.75	\$99.90	\$90.45	\$83.70
42	\$82.35	\$74.25	\$63.45	\$105.30	\$95.85	\$87.75
43	\$87.75	\$78.30	\$67.50	\$110.70	\$99.90	\$93.15
44	\$91.80	\$82.35	\$70.20	\$117.45	\$105.30	\$97.20
45	\$98.55	\$87.75	\$74.25	\$124.20	\$112.05	\$102.60
46	\$103.95	\$93.15	\$78.30	\$130.95	\$117.45	\$108.00
47	\$109.35	\$98.55	\$83.70	\$137.70	\$124.20	\$114.75
48	\$116.10	\$103.95	\$87.75	\$145.80	\$130.95	\$120.15
49	\$122.85	\$110.70	\$93.15	\$153.90	\$139.05	\$126.90
50	\$130.95	\$117.45	\$99.90	\$163.35	\$147.15	\$135.00
51	\$140.40	\$124.20	\$105.30	\$172.80	\$155.25	\$143.10
52	\$148.50	\$132.30	\$112.05	\$183.60	\$164.70	\$151.20
53	\$159.30	\$141.75	\$118.80	\$195.75	\$175.50	\$160.65
54	\$168.75	\$151.20	\$126.90	\$207.90	\$186.30	\$170.10
55	\$180.90	\$162.00	\$136.35	\$221.40	\$198.45	\$180.90
56	\$194.40	\$172.80	\$145.80	\$236.25	\$211.95	\$193.05
57	\$207.90	\$186.30	\$156.60	\$252.45	\$226.80	\$206.55
58	\$222.75	\$199.80	\$167.40	\$270.00	\$241.65	\$220.05
59	\$238.95	\$213.30	\$179.55	\$287.55	\$257.85	\$233.55
60	\$256.50	\$228.15	\$193.05	\$306.45	\$274.05	\$248.40
61	\$272.70	\$243.00	\$205.20	\$326.70	\$291.60	\$264.60
62	\$290.25	\$259.20	\$217.35	\$345.60	\$307.80	\$279.45
63	\$309.15	\$275.40	\$230.85	\$367.20	\$326.70	\$295.65
64	\$329.40	\$292.95	\$247.05	\$391.50	\$348.30	\$314.55
65	\$355.05	\$315.90	\$265.95	\$419.85	\$372.60	\$337.50
66	\$383.40	\$341.55	\$286.20	\$452.25	\$402.30	\$363.15
67	\$414.45	\$368.55	\$310.50	\$487.35	\$433.35	\$391.50
68	\$448.20	\$399.60	\$336.15	\$527.85	\$468.45	\$422.55
69	\$487.35	\$433.35	\$364.50	\$571.05	\$506.25	\$456.30
70	\$529.20	\$471.15	\$395.55	\$621.00	\$549.45	\$495.45
71	\$575.10	\$511.65	\$429.30	\$673.65	\$596.70	\$535.95
72	\$622.35	\$553.50	\$464.40	\$730.35	\$645.30	\$579.15
73	\$675.00	\$599.40	\$502.20	\$791.10	\$699.30	\$627.75
74	\$734.40	\$652.05	\$546.75	\$861.30	\$760.05	\$681.75
75	\$803.25	\$714.15	\$598.05	\$942.30	\$830.25	\$743.85
76	\$881.55	\$783.00	\$654.75	\$1,032.75	\$908.55	\$812.70
77	\$966.60	\$857.25	\$716.85	\$1,131.30	\$994.95	\$888.30
78	\$1,059.75	\$939.60	\$787.05	\$1,240.65	\$1,088.10	\$970.65
79	\$1,163.70	\$1,031.40	\$862.65	\$1,360.80	\$1,193.40	\$1,062.45
80	\$1,281.15	\$1,135.35	\$949.05	\$1,495.80	\$1,309.50	\$1,163.70

Southern Farm Bureau Life Insurance Company

Individual Comprehensive Long Term Care Program

Policy Number 3034

Standard Annual Premiums Reflecting Increase of 35.0%

PER \$10 of Nursing Home Maximum Daily Benefit

BASE PLAN WITH COMPOUND INFLATION FOR LIFETIME - ONE DISCOUNT

Issue Age	1500 X MDB MAXIMUM BENEFIT			UNLIMITED MAXIMUM BENEFIT		
	Elimination Period			Elimination Period		
	30Day	90Day	180Day	30Day	90Day	180Day
18-35	\$47.25	\$43.20	\$37.80	\$60.75	\$55.35	\$51.30
36	\$49.95	\$45.90	\$39.15	\$64.80	\$58.05	\$54.00
37	\$52.65	\$48.60	\$41.85	\$67.50	\$62.10	\$58.05
38	\$56.70	\$49.95	\$43.20	\$72.90	\$64.80	\$60.75
39	\$59.40	\$54.00	\$45.90	\$75.60	\$68.85	\$64.80
40	\$63.45	\$56.70	\$48.60	\$81.00	\$72.90	\$67.50
41	\$66.15	\$59.40	\$51.30	\$85.05	\$76.95	\$71.55
42	\$70.20	\$63.45	\$54.00	\$89.10	\$81.00	\$74.25
43	\$74.25	\$66.15	\$58.05	\$94.50	\$85.05	\$79.65
44	\$78.30	\$70.20	\$59.40	\$99.90	\$89.10	\$82.35
45	\$83.70	\$74.25	\$63.45	\$105.30	\$95.85	\$87.75
46	\$87.75	\$79.65	\$66.15	\$110.70	\$99.90	\$91.80
47	\$93.15	\$83.70	\$71.55	\$117.45	\$105.30	\$97.20
48	\$98.55	\$87.75	\$74.25	\$124.20	\$110.70	\$102.60
49	\$103.95	\$94.50	\$79.65	\$130.95	\$118.80	\$108.00
50	\$110.70	\$99.90	\$85.05	\$139.05	\$125.55	\$114.75
51	\$118.80	\$105.30	\$89.10	\$147.15	\$132.30	\$121.50
52	\$126.90	\$112.05	\$95.85	\$156.60	\$140.40	\$128.25
53	\$135.00	\$120.15	\$101.25	\$166.05	\$149.85	\$136.35
54	\$143.10	\$128.25	\$108.00	\$176.85	\$157.95	\$144.45
55	\$153.90	\$137.70	\$116.10	\$187.65	\$168.75	\$153.90
56	\$164.70	\$147.15	\$124.20	\$201.15	\$179.55	\$164.70
57	\$176.85	\$157.95	\$133.65	\$214.65	\$193.05	\$175.50
58	\$189.00	\$170.10	\$141.75	\$229.50	\$205.20	\$187.65
59	\$202.50	\$180.90	\$152.55	\$244.35	\$218.70	\$198.45
60	\$218.70	\$194.40	\$164.70	\$260.55	\$233.55	\$210.60
61	\$232.20	\$206.55	\$174.15	\$278.10	\$248.40	\$225.45
62	\$247.05	\$220.05	\$184.95	\$294.30	\$261.90	\$237.60
63	\$263.25	\$233.55	\$195.75	\$311.85	\$278.10	\$251.10
64	\$279.45	\$248.40	\$210.60	\$333.45	\$295.65	\$267.30
65	\$302.40	\$268.65	\$225.45	\$356.40	\$317.25	\$287.55
66	\$325.35	\$290.25	\$243.00	\$384.75	\$341.55	\$309.15
67	\$352.35	\$313.20	\$264.60	\$414.45	\$368.55	\$333.45
68	\$380.70	\$340.20	\$286.20	\$448.20	\$398.25	\$359.10
69	\$414.45	\$368.55	\$310.50	\$486.00	\$430.65	\$387.45
70	\$449.55	\$400.95	\$336.15	\$527.85	\$467.10	\$421.20
71	\$488.70	\$434.70	\$364.50	\$572.40	\$507.60	\$454.95
72	\$529.20	\$471.15	\$394.20	\$621.00	\$548.10	\$492.75
73	\$573.75	\$508.95	\$426.60	\$672.30	\$594.00	\$533.25
74	\$623.70	\$554.85	\$464.40	\$731.70	\$646.65	\$579.15
75	\$683.10	\$607.50	\$508.95	\$800.55	\$706.05	\$631.80
76	\$749.25	\$665.55	\$556.20	\$877.50	\$772.20	\$691.20
77	\$822.15	\$729.00	\$608.85	\$961.20	\$845.10	\$754.65
78	\$900.45	\$799.20	\$669.60	\$1,054.35	\$924.75	\$824.85
79	\$989.55	\$876.15	\$733.05	\$1,156.95	\$1,013.85	\$903.15
80	\$1,089.45	\$965.25	\$807.30	\$1,271.70	\$1,113.75	\$989.55

Southern Farm Bureau Life Insurance Company

Individual Comprehensive Long Term Care Program

Policy Number 3034

Standard Annual Premiums Reflecting Increase of 35.0%

PER \$10 of Nursing Home Maximum Daily Benefit

BASE PLAN WITH COMPOUND INFLATION FOR LIFETIME - TWO DISCOUNTS

Issue Age	1500 X MDB MAXIMUM BENEFIT			UNLIMITED MAXIMUM BENEFIT		
	Elimination Period			Elimination Period		
	30Day	90Day	180Day	30Day	90Day	180Day
18-35	\$40.50	\$36.45	\$32.40	\$51.30	\$47.25	\$44.55
36	\$43.20	\$39.15	\$33.75	\$54.00	\$49.95	\$45.90
37	\$44.55	\$40.50	\$35.10	\$58.05	\$52.65	\$48.60
38	\$47.25	\$43.20	\$36.45	\$62.10	\$55.35	\$51.30
39	\$51.30	\$45.90	\$39.15	\$64.80	\$58.05	\$54.00
40	\$54.00	\$47.25	\$40.50	\$68.85	\$62.10	\$58.05
41	\$56.70	\$51.30	\$44.55	\$71.55	\$64.80	\$60.75
42	\$59.40	\$54.00	\$45.90	\$75.60	\$68.85	\$63.45
43	\$63.45	\$56.70	\$48.60	\$79.65	\$71.55	\$67.50
44	\$66.15	\$59.40	\$51.30	\$85.05	\$75.60	\$70.20
45	\$71.55	\$63.45	\$54.00	\$89.10	\$81.00	\$74.25
46	\$75.60	\$67.50	\$56.70	\$94.50	\$85.05	\$78.30
47	\$79.65	\$71.55	\$60.75	\$99.90	\$89.10	\$82.35
48	\$83.70	\$75.60	\$63.45	\$105.30	\$94.50	\$86.40
49	\$89.10	\$79.65	\$67.50	\$110.70	\$99.90	\$91.80
50	\$94.50	\$85.05	\$71.55	\$117.45	\$106.65	\$97.20
51	\$101.25	\$89.10	\$75.60	\$124.20	\$112.05	\$103.95
52	\$106.65	\$95.85	\$81.00	\$132.30	\$118.80	\$109.35
53	\$114.75	\$102.60	\$86.40	\$141.75	\$126.90	\$116.10
54	\$121.50	\$109.35	\$91.80	\$149.85	\$135.00	\$122.85
55	\$130.95	\$117.45	\$98.55	\$159.30	\$143.10	\$130.95
56	\$140.40	\$124.20	\$105.30	\$170.10	\$152.55	\$139.05
57	\$149.85	\$135.00	\$113.40	\$182.25	\$163.35	\$149.85
58	\$160.65	\$144.45	\$121.50	\$195.75	\$174.15	\$159.30
59	\$172.80	\$153.90	\$129.60	\$207.90	\$186.30	\$168.75
60	\$184.95	\$164.70	\$139.05	\$221.40	\$198.45	\$179.55
61	\$197.10	\$175.50	\$148.50	\$236.25	\$210.60	\$191.70
62	\$209.25	\$187.65	\$156.60	\$249.75	\$222.75	\$202.50
63	\$222.75	\$198.45	\$167.40	\$265.95	\$236.25	\$213.30
64	\$237.60	\$211.95	\$178.20	\$283.50	\$251.10	\$226.80
65	\$256.50	\$228.15	\$191.70	\$303.75	\$268.65	\$244.35
66	\$276.75	\$247.05	\$206.55	\$326.70	\$290.25	\$261.90
67	\$299.70	\$265.95	\$224.10	\$352.35	\$313.20	\$283.50
68	\$324.00	\$288.90	\$243.00	\$380.70	\$338.85	\$305.10
69	\$352.35	\$313.20	\$263.25	\$413.10	\$365.85	\$329.40
70	\$382.05	\$340.20	\$286.20	\$448.20	\$396.90	\$357.75
71	\$415.80	\$369.90	\$310.50	\$487.35	\$430.65	\$387.45
72	\$449.55	\$399.60	\$336.15	\$527.85	\$465.75	\$418.50
73	\$487.35	\$433.35	\$363.15	\$571.05	\$504.90	\$453.60
74	\$530.55	\$471.15	\$395.55	\$622.35	\$549.45	\$492.75
75	\$580.50	\$515.70	\$432.00	\$680.40	\$599.40	\$537.30
76	\$637.20	\$565.65	\$472.50	\$746.55	\$656.10	\$587.25
77	\$697.95	\$619.65	\$518.40	\$816.75	\$718.20	\$641.25
78	\$765.45	\$679.05	\$568.35	\$896.40	\$785.70	\$700.65
79	\$841.05	\$745.20	\$623.70	\$982.80	\$862.65	\$768.15
80	\$926.10	\$820.80	\$685.80	\$1,081.35	\$946.35	\$841.05

Southern Farm Bureau Life Insurance Company

Individual Comprehensive Long Term Care Program

Policy Number 3034

ADDITIONAL PREMIUM FOR RETURN OF PREMIUM & NONFORFEITURE OPTIONS

Percent Increase in Premium		
Issue Age	Return of Premium at	Nonforfeiture at Lapse
35 and under	3.00%	27.60%
36	3.20%	27.50%
37	3.30%	27.30%
38	3.50%	27.20%
39	3.70%	27.00%
40	3.90%	26.90%
41	4.10%	26.80%
42	4.40%	26.60%
43	4.60%	26.50%
44	4.80%	26.30%
45	5.10%	26.20%
46	5.40%	26.00%
47	5.60%	25.90%
48	5.90%	25.70%
49	6.20%	25.60%
50	6.40%	25.40%
51	6.60%	25.30%
52	6.90%	25.10%
53	7.10%	24.90%
54	7.30%	24.80%
55	7.50%	24.60%
56	7.60%	24.50%
57	7.70%	24.30%
58	7.80%	24.10%
59	7.70%	24.00%
60	7.60%	23.80%
61	7.30%	23.60%
62	6.90%	23.40%
63	6.40%	23.30%
64	5.80%	23.10%
65	5.30%	22.90%
66	4.50%	22.70%
67	3.70%	22.60%
68	2.90%	22.40%
69	2.20%	22.20%
70	N/A	22.00%
71	N/A	21.90%
72	N/A	21.70%
73	N/A	21.50%
74	N/A	21.40%
75	N/A	21.20%
76	N/A	20.90%
77	N/A	20.60%
78	N/A	20.30%
79	N/A	19.90%
80	N/A	19.60%

Southern Farm Bureau Life Insurance Company

Individual Comprehensive Long Term Care Program

Policy Number 3035

Standard Annual Premiums

PER \$10 of Nursing Home Maximum Daily Benefit

BASE PLAN

Issue Age	1500 X MDB MAXIMUM BENEFIT Elimination Period			UNLIMITED MAXIMUM BENEFIT Elimination Period		
	30Day	90Day	180Day	30Day	90Day	180Day
18-35	\$13	\$13	\$12	\$17	\$16	\$15
36	\$14	\$13	\$13	\$17	\$17	\$16
37	\$14	\$14	\$13	\$18	\$17	\$17
38	\$15	\$14	\$14	\$19	\$18	\$17
39	\$15	\$15	\$14	\$20	\$19	\$18
40	\$16	\$15	\$15	\$21	\$20	\$19
41	\$17	\$16	\$15	\$22	\$21	\$20
42	\$17	\$17	\$16	\$23	\$22	\$20
43	\$18	\$17	\$16	\$24	\$22	\$21
44	\$19	\$18	\$17	\$25	\$23	\$22
45	\$20	\$19	\$17	\$26	\$24	\$23
46	\$20	\$19	\$18	\$27	\$25	\$24
47	\$21	\$20	\$19	\$29	\$26	\$25
48	\$22	\$21	\$20	\$30	\$28	\$26
49	\$24	\$22	\$21	\$31	\$29	\$27
50	\$25	\$24	\$22	\$33	\$31	\$29
51	\$27	\$25	\$23	\$35	\$32	\$30
52	\$28	\$26	\$25	\$37	\$34	\$32
53	\$30	\$28	\$26	\$40	\$36	\$34
54	\$32	\$30	\$28	\$42	\$39	\$36
55	\$35	\$32	\$30	\$46	\$42	\$39
56	\$37	\$35	\$32	\$49	\$45	\$41
57	\$41	\$38	\$34	\$53	\$48	\$44
58	\$44	\$41	\$37	\$57	\$52	\$48
59	\$48	\$44	\$40	\$62	\$56	\$51
60	\$52	\$48	\$44	\$67	\$61	\$56
61	\$57	\$53	\$48	\$73	\$66	\$60
62	\$62	\$57	\$51	\$79	\$71	\$65
63	\$67	\$62	\$56	\$86	\$77	\$70
64	\$74	\$68	\$61	\$94	\$84	\$77
65	\$81	\$75	\$67	\$103	\$93	\$84
66	\$90	\$83	\$74	\$115	\$102	\$93
67	\$100	\$92	\$82	\$127	\$113	\$102
68	\$111	\$102	\$91	\$140	\$125	\$113
69	\$124	\$113	\$101	\$156	\$139	\$126
70	\$139	\$127	\$113	\$175	\$156	\$140
71	\$156	\$142	\$126	\$196	\$174	\$157
72	\$174	\$159	\$140	\$219	\$194	\$175
73	\$195	\$177	\$156	\$245	\$217	\$195
74	\$218	\$198	\$175	\$275	\$243	\$218
75	\$246	\$223	\$197	\$310	\$273	\$245
76	\$277	\$251	\$221	\$349	\$307	\$274
77	\$310	\$281	\$246	\$390	\$343	\$306
78	\$348	\$315	\$275	\$437	\$383	\$341
79	\$391	\$353	\$309	\$490	\$429	\$381
80	\$441	\$398	\$347	\$553	\$483	\$428

Southern Farm Bureau Life Insurance Company

Individual Comprehensive Long Term Care Program

Policy Number 3035

Standard Annual Premiums

PER \$10 of Nursing Home Maximum Daily Benefit

BASE PLAN - ONE DISCOUNT

Issue Age	1500 X MDB MAXIMUM BENEFIT Elimination Period			UNLIMITED MAXIMUM BENEFIT Elimination Period		
	30Day	90Day	180Day	30Day	90Day	180Day
18-35	\$11	\$11	\$10	\$14	\$14	\$13
36	\$12	\$11	\$11	\$14	\$14	\$14
37	\$12	\$12	\$11	\$15	\$14	\$14
38	\$13	\$12	\$12	\$16	\$15	\$14
39	\$13	\$13	\$12	\$17	\$16	\$15
40	\$14	\$13	\$13	\$18	\$17	\$16
41	\$14	\$14	\$13	\$19	\$18	\$17
42	\$14	\$14	\$14	\$20	\$19	\$17
43	\$15	\$14	\$14	\$20	\$19	\$18
44	\$16	\$15	\$14	\$21	\$20	\$19
45	\$17	\$16	\$14	\$22	\$20	\$20
46	\$17	\$16	\$15	\$23	\$21	\$20
47	\$18	\$17	\$16	\$25	\$22	\$21
48	\$19	\$18	\$17	\$26	\$24	\$22
49	\$20	\$19	\$18	\$26	\$25	\$23
50	\$21	\$20	\$19	\$28	\$26	\$25
51	\$23	\$21	\$20	\$30	\$27	\$26
52	\$24	\$22	\$21	\$31	\$29	\$27
53	\$26	\$24	\$22	\$34	\$31	\$29
54	\$27	\$26	\$24	\$36	\$33	\$31
55	\$30	\$27	\$26	\$39	\$36	\$33
56	\$31	\$30	\$27	\$42	\$38	\$35
57	\$35	\$32	\$29	\$45	\$41	\$37
58	\$37	\$35	\$31	\$48	\$44	\$41
59	\$41	\$37	\$34	\$53	\$48	\$43
60	\$44	\$41	\$37	\$57	\$52	\$48
61	\$48	\$45	\$41	\$62	\$56	\$51
62	\$53	\$48	\$43	\$67	\$60	\$55
63	\$57	\$53	\$48	\$73	\$65	\$60
64	\$63	\$58	\$52	\$80	\$71	\$65
65	\$69	\$64	\$57	\$88	\$79	\$71
66	\$77	\$71	\$63	\$98	\$87	\$79
67	\$85	\$78	\$70	\$108	\$96	\$87
68	\$94	\$87	\$77	\$119	\$106	\$96
69	\$105	\$96	\$86	\$133	\$118	\$107
70	\$118	\$108	\$96	\$149	\$133	\$119
71	\$133	\$121	\$107	\$167	\$148	\$133
72	\$148	\$135	\$119	\$186	\$165	\$149
73	\$166	\$150	\$133	\$208	\$184	\$166
74	\$185	\$168	\$149	\$234	\$207	\$185
75	\$209	\$190	\$167	\$264	\$232	\$208
76	\$235	\$213	\$188	\$297	\$261	\$233
77	\$264	\$239	\$209	\$332	\$292	\$260
78	\$296	\$268	\$234	\$371	\$326	\$290
79	\$332	\$300	\$263	\$417	\$365	\$324
80	\$375	\$338	\$295	\$470	\$411	\$364

Southern Farm Bureau Life Insurance Company

Individual Comprehensive Long Term Care Program

Policy Number 3035

Standard Annual Premiums

PER \$10 of Nursing Home Maximum Daily Benefit

BASE PLAN - TWO DISCOUNTS

Issue Age	1500 X MDB MAXIMUM BENEFIT Elimination Period			UNLIMITED MAXIMUM BENEFIT Elimination Period		
	30Day	90Day	180Day	30Day	90Day	180Day
18-35	\$9	\$9	\$9	\$12	\$12	\$11
36	\$10	\$9	\$9	\$12	\$12	\$12
37	\$10	\$10	\$9	\$13	\$12	\$12
38	\$11	\$10	\$10	\$14	\$13	\$12
39	\$11	\$11	\$10	\$14	\$14	\$13
40	\$12	\$11	\$11	\$15	\$14	\$14
41	\$12	\$12	\$11	\$16	\$15	\$14
42	\$12	\$12	\$12	\$17	\$16	\$14
43	\$13	\$12	\$12	\$17	\$16	\$15
44	\$14	\$13	\$12	\$18	\$17	\$16
45	\$14	\$14	\$12	\$19	\$17	\$17
46	\$14	\$14	\$13	\$20	\$18	\$17
47	\$15	\$14	\$14	\$21	\$19	\$18
48	\$16	\$15	\$14	\$22	\$20	\$19
49	\$17	\$16	\$15	\$22	\$21	\$20
50	\$18	\$17	\$16	\$24	\$22	\$21
51	\$20	\$18	\$17	\$25	\$23	\$22
52	\$20	\$19	\$18	\$27	\$25	\$23
53	\$22	\$20	\$19	\$29	\$26	\$25
54	\$23	\$22	\$20	\$30	\$28	\$26
55	\$25	\$23	\$22	\$33	\$30	\$28
56	\$27	\$25	\$23	\$35	\$33	\$30
57	\$30	\$27	\$25	\$38	\$35	\$32
58	\$32	\$30	\$27	\$41	\$38	\$35
59	\$35	\$32	\$29	\$45	\$40	\$37
60	\$38	\$35	\$32	\$48	\$44	\$40
61	\$41	\$38	\$35	\$53	\$48	\$43
62	\$45	\$41	\$37	\$57	\$51	\$47
63	\$48	\$45	\$40	\$62	\$56	\$51
64	\$53	\$49	\$44	\$68	\$61	\$56
65	\$59	\$54	\$48	\$74	\$67	\$61
66	\$65	\$60	\$53	\$83	\$74	\$67
67	\$72	\$66	\$59	\$92	\$82	\$74
68	\$80	\$74	\$66	\$101	\$90	\$82
69	\$90	\$82	\$73	\$113	\$100	\$91
70	\$100	\$92	\$82	\$126	\$113	\$101
71	\$113	\$103	\$91	\$142	\$126	\$113
72	\$126	\$115	\$101	\$158	\$140	\$126
73	\$141	\$128	\$113	\$177	\$157	\$141
74	\$158	\$143	\$126	\$199	\$176	\$158
75	\$178	\$161	\$142	\$224	\$197	\$177
76	\$200	\$181	\$160	\$252	\$222	\$198
77	\$224	\$203	\$178	\$282	\$248	\$221
78	\$251	\$228	\$199	\$316	\$277	\$246
79	\$282	\$255	\$223	\$354	\$310	\$275
80	\$319	\$288	\$251	\$400	\$349	\$309

Southern Farm Bureau Life Insurance Company

Individual Comprehensive Long Term Care Program

Policy Number 3035

Standard Annual Premiums

PER \$10 of Nursing Home Maximum Daily Benefit

BASE PLAN WITH COMPOUND INFLATION FOR 20 YEARS

Issue Age	1500 X MDB MAXIMUM BENEFIT			UNLIMITED MAXIMUM BENEFIT		
	Elimination Period			Elimination Period		
	30Day	90Day	180Day	30Day	90Day	180Day
18-35	\$18	\$17	\$17	\$25	\$23	\$22
36	\$19	\$18	\$17	\$26	\$24	\$23
37	\$20	\$19	\$18	\$27	\$25	\$24
38	\$21	\$20	\$19	\$29	\$27	\$25
39	\$22	\$21	\$20	\$30	\$28	\$27
40	\$24	\$22	\$21	\$32	\$30	\$28
41	\$25	\$23	\$22	\$34	\$31	\$29
42	\$26	\$24	\$23	\$36	\$33	\$31
43	\$27	\$26	\$24	\$37	\$34	\$32
44	\$29	\$27	\$25	\$39	\$36	\$34
45	\$31	\$29	\$27	\$42	\$38	\$36
46	\$33	\$30	\$28	\$44	\$40	\$38
47	\$35	\$32	\$30	\$47	\$43	\$40
48	\$37	\$34	\$32	\$50	\$45	\$42
49	\$39	\$37	\$34	\$53	\$48	\$45
50	\$42	\$39	\$36	\$57	\$51	\$48
51	\$46	\$42	\$39	\$61	\$55	\$51
52	\$49	\$46	\$41	\$65	\$59	\$54
53	\$53	\$49	\$45	\$70	\$63	\$58
54	\$57	\$53	\$48	\$76	\$68	\$63
55	\$62	\$58	\$52	\$82	\$74	\$68
56	\$68	\$63	\$57	\$89	\$80	\$73
57	\$74	\$68	\$62	\$97	\$87	\$79
58	\$81	\$74	\$67	\$105	\$94	\$86
59	\$88	\$81	\$73	\$114	\$102	\$93
60	\$96	\$88	\$79	\$124	\$110	\$100
61	\$104	\$96	\$86	\$133	\$119	\$108
62	\$113	\$103	\$92	\$144	\$128	\$116
63	\$122	\$111	\$99	\$155	\$138	\$125
64	\$132	\$121	\$108	\$168	\$149	\$135
65	\$144	\$132	\$117	\$183	\$162	\$146
66	\$158	\$144	\$128	\$200	\$177	\$160
67	\$173	\$158	\$140	\$218	\$193	\$174
68	\$190	\$173	\$153	\$238	\$211	\$190
69	\$208	\$189	\$167	\$261	\$231	\$207
70	\$228	\$207	\$183	\$286	\$253	\$227
71	\$249	\$226	\$200	\$312	\$276	\$247
72	\$271	\$246	\$217	\$340	\$300	\$268
73	\$295	\$268	\$236	\$371	\$327	\$292
74	\$323	\$293	\$257	\$405	\$357	\$318
75	\$355	\$321	\$282	\$445	\$391	\$348
76	\$390	\$353	\$309	\$490	\$429	\$382
77	\$429	\$388	\$339	\$538	\$471	\$418
78	\$471	\$426	\$372	\$590	\$516	\$458
79	\$519	\$469	\$409	\$650	\$567	\$502
80	\$573	\$517	\$450	\$716	\$624	\$552

Southern Farm Bureau Life Insurance Company

Individual Comprehensive Long Term Care Program

Policy Number 3035

Standard Annual Premiums

PER \$10 of Nursing Home Maximum Daily Benefit

BASE PLAN WITH COMPOUND INFLATION FOR 20 YEARS - ONE DISCOUNT

Issue Age	1500 X MDB MAXIMUM BENEFIT			UNLIMITED MAXIMUM BENEFIT		
	Elimination Period			Elimination Period		
	30Day	90Day	180Day	30Day	90Day	180Day
18-35	\$15	\$14	\$14	\$21	\$20	\$19
36	\$16	\$15	\$14	\$22	\$20	\$20
37	\$17	\$16	\$15	\$23	\$21	\$20
38	\$18	\$17	\$16	\$25	\$23	\$21
39	\$19	\$18	\$17	\$26	\$24	\$23
40	\$20	\$19	\$18	\$27	\$26	\$24
41	\$21	\$20	\$19	\$29	\$26	\$25
42	\$22	\$20	\$20	\$31	\$28	\$26
43	\$23	\$22	\$20	\$31	\$29	\$27
44	\$25	\$23	\$21	\$33	\$31	\$29
45	\$26	\$25	\$23	\$36	\$32	\$31
46	\$28	\$26	\$24	\$37	\$34	\$32
47	\$30	\$27	\$26	\$40	\$37	\$34
48	\$31	\$29	\$27	\$43	\$38	\$36
49	\$33	\$31	\$29	\$45	\$41	\$38
50	\$36	\$33	\$31	\$48	\$43	\$41
51	\$39	\$36	\$33	\$52	\$47	\$43
52	\$42	\$39	\$35	\$55	\$50	\$46
53	\$45	\$42	\$38	\$60	\$54	\$49
54	\$48	\$45	\$41	\$65	\$58	\$54
55	\$53	\$49	\$44	\$70	\$63	\$58
56	\$58	\$54	\$48	\$76	\$68	\$62
57	\$63	\$58	\$53	\$82	\$74	\$67
58	\$69	\$63	\$57	\$89	\$80	\$73
59	\$75	\$69	\$62	\$97	\$87	\$79
60	\$82	\$75	\$67	\$105	\$94	\$85
61	\$88	\$82	\$73	\$113	\$101	\$92
62	\$96	\$88	\$78	\$122	\$109	\$99
63	\$104	\$94	\$84	\$132	\$117	\$106
64	\$112	\$103	\$92	\$143	\$127	\$115
65	\$122	\$112	\$99	\$156	\$138	\$124
66	\$134	\$122	\$109	\$170	\$150	\$136
67	\$147	\$134	\$119	\$185	\$164	\$148
68	\$162	\$147	\$130	\$202	\$179	\$162
69	\$177	\$161	\$142	\$222	\$196	\$176
70	\$194	\$176	\$156	\$243	\$215	\$193
71	\$212	\$192	\$170	\$265	\$235	\$210
72	\$230	\$209	\$184	\$289	\$255	\$228
73	\$251	\$228	\$201	\$315	\$278	\$248
74	\$275	\$249	\$218	\$344	\$303	\$270
75	\$302	\$273	\$240	\$378	\$332	\$296
76	\$332	\$300	\$263	\$417	\$365	\$325
77	\$365	\$330	\$288	\$457	\$400	\$355
78	\$400	\$362	\$316	\$502	\$439	\$389
79	\$441	\$399	\$348	\$553	\$482	\$427
80	\$487	\$439	\$383	\$609	\$530	\$469

Southern Farm Bureau Life Insurance Company

Individual Comprehensive Long Term Care Program

Policy Number 3035

Standard Annual Premiums

PER \$10 of Nursing Home Maximum Daily Benefit

BASE PLAN WITH COMPOUND INFLATION FOR 20 YEARS - TWO DISCOUNTS

Issue Age	1500 X MDB MAXIMUM BENEFIT			UNLIMITED MAXIMUM BENEFIT		
	Elimination Period			Elimination Period		
	30Day	90Day	180Day	30Day	90Day	180Day
18-35	\$13	\$12	\$12	\$18	\$17	\$16
36	\$14	\$13	\$12	\$19	\$17	\$17
37	\$14	\$14	\$13	\$20	\$18	\$17
38	\$15	\$14	\$14	\$21	\$20	\$18
39	\$16	\$15	\$14	\$22	\$20	\$20
40	\$17	\$16	\$15	\$23	\$22	\$20
41	\$18	\$17	\$16	\$25	\$22	\$21
42	\$19	\$17	\$17	\$26	\$24	\$22
43	\$20	\$19	\$17	\$27	\$25	\$23
44	\$21	\$20	\$18	\$28	\$26	\$25
45	\$22	\$21	\$20	\$30	\$27	\$26
46	\$24	\$22	\$20	\$32	\$29	\$27
47	\$25	\$23	\$22	\$34	\$31	\$29
48	\$27	\$25	\$23	\$36	\$33	\$30
49	\$28	\$27	\$25	\$38	\$35	\$33
50	\$30	\$28	\$26	\$41	\$37	\$35
51	\$33	\$30	\$28	\$44	\$40	\$37
52	\$35	\$33	\$30	\$47	\$43	\$39
53	\$38	\$35	\$33	\$51	\$46	\$42
54	\$41	\$38	\$35	\$55	\$49	\$46
55	\$45	\$42	\$38	\$59	\$53	\$49
56	\$49	\$46	\$41	\$64	\$58	\$53
57	\$53	\$49	\$45	\$70	\$63	\$57
58	\$59	\$53	\$48	\$76	\$68	\$62
59	\$64	\$59	\$53	\$82	\$74	\$67
60	\$69	\$64	\$57	\$90	\$79	\$72
61	\$75	\$69	\$62	\$96	\$86	\$78
62	\$82	\$74	\$66	\$104	\$92	\$84
63	\$88	\$80	\$72	\$112	\$100	\$90
64	\$95	\$87	\$78	\$121	\$108	\$98
65	\$104	\$95	\$85	\$132	\$117	\$105
66	\$114	\$104	\$92	\$145	\$128	\$116
67	\$125	\$114	\$101	\$158	\$139	\$126
68	\$137	\$125	\$111	\$172	\$152	\$137
69	\$150	\$137	\$121	\$189	\$167	\$150
70	\$165	\$150	\$132	\$207	\$183	\$164
71	\$180	\$163	\$145	\$225	\$199	\$178
72	\$196	\$178	\$157	\$246	\$217	\$194
73	\$213	\$194	\$171	\$268	\$236	\$211
74	\$233	\$212	\$186	\$293	\$258	\$230
75	\$256	\$232	\$204	\$322	\$282	\$251
76	\$282	\$255	\$223	\$354	\$310	\$276
77	\$310	\$280	\$245	\$389	\$340	\$302
78	\$340	\$308	\$269	\$426	\$373	\$331
79	\$375	\$339	\$296	\$470	\$410	\$363
80	\$414	\$374	\$325	\$517	\$451	\$399

Southern Farm Bureau Life Insurance Company

Individual Comprehensive Long Term Care Program

Policy Number 3035

Standard Annual Premiums

PER \$10 of Nursing Home Maximum Daily Benefit

BASE PLAN WITH COMPOUND INFLATION FOR LIFETIME

Issue Age	1500 X MDB MAXIMUM BENEFIT			UNLIMITED MAXIMUM BENEFIT		
	Elimination Period			Elimination Period		
	30Day	90Day	180Day	30Day	90Day	180Day
18-35	\$28	\$26	\$24	\$37	\$34	\$32
36	\$29	\$28	\$25	\$39	\$36	\$33
37	\$31	\$29	\$27	\$41	\$37	\$35
38	\$32	\$30	\$28	\$43	\$39	\$36
39	\$34	\$32	\$29	\$45	\$41	\$38
40	\$36	\$33	\$30	\$47	\$43	\$40
41	\$37	\$35	\$32	\$50	\$45	\$42
42	\$39	\$36	\$33	\$52	\$47	\$44
43	\$41	\$38	\$35	\$55	\$49	\$46
44	\$43	\$40	\$36	\$57	\$52	\$48
45	\$45	\$42	\$38	\$60	\$54	\$50
46	\$48	\$44	\$40	\$63	\$57	\$52
47	\$50	\$46	\$42	\$66	\$60	\$55
48	\$53	\$49	\$44	\$69	\$63	\$57
49	\$56	\$51	\$47	\$73	\$66	\$60
50	\$59	\$54	\$49	\$77	\$69	\$64
51	\$63	\$58	\$52	\$82	\$73	\$67
52	\$66	\$61	\$55	\$86	\$78	\$71
53	\$70	\$65	\$58	\$91	\$82	\$75
54	\$75	\$69	\$62	\$97	\$87	\$79
55	\$80	\$73	\$66	\$103	\$92	\$84
56	\$85	\$78	\$70	\$110	\$98	\$89
57	\$91	\$84	\$75	\$117	\$105	\$95
58	\$98	\$89	\$80	\$125	\$112	\$101
59	\$104	\$96	\$86	\$133	\$119	\$108
60	\$112	\$102	\$91	\$142	\$127	\$115
61	\$119	\$109	\$97	\$151	\$135	\$122
62	\$126	\$116	\$103	\$160	\$143	\$129
63	\$134	\$123	\$109	\$170	\$151	\$137
64	\$144	\$131	\$117	\$182	\$161	\$146
65	\$155	\$141	\$125	\$195	\$173	\$156
66	\$167	\$153	\$135	\$211	\$187	\$168
67	\$181	\$165	\$147	\$228	\$202	\$182
68	\$197	\$179	\$159	\$247	\$219	\$197
69	\$214	\$195	\$172	\$269	\$238	\$213
70	\$233	\$212	\$187	\$292	\$258	\$231
71	\$253	\$230	\$203	\$318	\$280	\$251
72	\$275	\$250	\$220	\$345	\$304	\$272
73	\$298	\$271	\$238	\$374	\$330	\$294
74	\$325	\$295	\$259	\$408	\$359	\$320
75	\$356	\$323	\$283	\$447	\$393	\$350
76	\$391	\$354	\$310	\$491	\$431	\$383
77	\$430	\$389	\$340	\$539	\$472	\$419
78	\$472	\$427	\$373	\$592	\$517	\$459
79	\$520	\$469	\$409	\$650	\$568	\$503
80	\$573	\$517	\$450	\$716	\$625	\$552

Southern Farm Bureau Life Insurance Company

Individual Comprehensive Long Term Care Program

Policy Number 3035

Standard Annual Premiums

PER \$10 of Nursing Home Maximum Daily Benefit

BASE PLAN WITH COMPOUND INFLATION FOR LIFETIME - ONE DISCOUNT

Issue Age	1500 X MDB MAXIMUM BENEFIT			UNLIMITED MAXIMUM BENEFIT		
	Elimination Period			Elimination Period		
	30Day	90Day	180Day	30Day	90Day	180Day
18-35	\$24	\$22	\$20	\$31	\$29	\$27
36	\$25	\$24	\$21	\$33	\$31	\$28
37	\$26	\$25	\$23	\$35	\$31	\$30
38	\$27	\$26	\$24	\$37	\$33	\$31
39	\$29	\$27	\$25	\$38	\$35	\$32
40	\$31	\$28	\$26	\$40	\$37	\$34
41	\$31	\$30	\$27	\$43	\$38	\$36
42	\$33	\$31	\$28	\$44	\$40	\$37
43	\$35	\$32	\$30	\$47	\$42	\$39
44	\$37	\$34	\$31	\$48	\$44	\$41
45	\$38	\$36	\$32	\$51	\$46	\$43
46	\$41	\$37	\$34	\$54	\$48	\$44
47	\$43	\$39	\$36	\$56	\$51	\$47
48	\$45	\$42	\$37	\$59	\$54	\$48
49	\$48	\$43	\$40	\$62	\$56	\$51
50	\$50	\$46	\$42	\$65	\$59	\$54
51	\$54	\$49	\$44	\$70	\$62	\$57
52	\$56	\$52	\$47	\$73	\$66	\$60
53	\$60	\$55	\$49	\$77	\$70	\$64
54	\$64	\$59	\$53	\$82	\$74	\$67
55	\$68	\$62	\$56	\$88	\$78	\$71
56	\$72	\$66	\$60	\$94	\$83	\$76
57	\$77	\$71	\$64	\$99	\$89	\$81
58	\$83	\$76	\$68	\$106	\$95	\$86
59	\$88	\$82	\$73	\$113	\$101	\$92
60	\$95	\$87	\$77	\$121	\$108	\$98
61	\$101	\$93	\$82	\$128	\$115	\$104
62	\$107	\$99	\$88	\$136	\$122	\$110
63	\$114	\$105	\$93	\$145	\$128	\$116
64	\$122	\$111	\$99	\$155	\$137	\$124
65	\$132	\$120	\$106	\$166	\$147	\$133
66	\$142	\$130	\$115	\$179	\$159	\$143
67	\$154	\$140	\$125	\$194	\$172	\$155
68	\$167	\$152	\$135	\$210	\$186	\$167
69	\$182	\$166	\$146	\$229	\$202	\$181
70	\$198	\$180	\$159	\$248	\$219	\$196
71	\$215	\$196	\$173	\$270	\$238	\$213
72	\$234	\$213	\$187	\$293	\$258	\$231
73	\$253	\$230	\$202	\$318	\$281	\$250
74	\$276	\$251	\$220	\$347	\$305	\$272
75	\$303	\$275	\$241	\$380	\$334	\$298
76	\$332	\$301	\$264	\$417	\$366	\$326
77	\$366	\$331	\$289	\$458	\$401	\$356
78	\$401	\$363	\$317	\$503	\$439	\$390
79	\$442	\$399	\$348	\$553	\$483	\$428
80	\$487	\$439	\$383	\$609	\$531	\$469

Southern Farm Bureau Life Insurance Company

Individual Comprehensive Long Term Care Program

Policy Number 3035

Standard Annual Premiums

PER \$10 of Nursing Home Maximum Daily Benefit

BASE PLAN WITH COMPOUND INFLATION FOR LIFETIME - TWO DISCOUNTS

Issue Age	1500 X MDB MAXIMUM BENEFIT			UNLIMITED MAXIMUM BENEFIT		
	Elimination Period			Elimination Period		
	30Day	90Day	180Day	30Day	90Day	180Day
18-35	\$20	\$19	\$17	\$27	\$25	\$23
36	\$21	\$20	\$18	\$28	\$26	\$24
37	\$22	\$21	\$20	\$30	\$27	\$25
38	\$23	\$22	\$20	\$31	\$28	\$26
39	\$25	\$23	\$21	\$33	\$30	\$27
40	\$26	\$24	\$22	\$34	\$31	\$29
41	\$27	\$25	\$23	\$36	\$33	\$30
42	\$28	\$26	\$24	\$38	\$34	\$32
43	\$30	\$27	\$25	\$40	\$35	\$33
44	\$31	\$29	\$26	\$41	\$38	\$35
45	\$33	\$30	\$27	\$43	\$39	\$36
46	\$35	\$32	\$29	\$46	\$41	\$38
47	\$36	\$33	\$30	\$48	\$43	\$40
48	\$38	\$35	\$32	\$50	\$46	\$41
49	\$40	\$37	\$34	\$53	\$48	\$43
50	\$43	\$39	\$35	\$56	\$50	\$46
51	\$46	\$42	\$38	\$59	\$53	\$48
52	\$48	\$44	\$40	\$62	\$56	\$51
53	\$51	\$47	\$42	\$66	\$59	\$54
54	\$54	\$50	\$45	\$70	\$63	\$57
55	\$58	\$53	\$48	\$74	\$66	\$61
56	\$61	\$56	\$51	\$79	\$71	\$64
57	\$66	\$61	\$54	\$85	\$76	\$69
58	\$71	\$64	\$58	\$90	\$81	\$73
59	\$75	\$69	\$62	\$96	\$86	\$78
60	\$81	\$74	\$66	\$103	\$92	\$83
61	\$86	\$79	\$70	\$109	\$98	\$88
62	\$91	\$84	\$74	\$116	\$103	\$93
63	\$97	\$89	\$79	\$123	\$109	\$99
64	\$104	\$95	\$85	\$131	\$116	\$105
65	\$112	\$102	\$90	\$141	\$125	\$113
66	\$121	\$111	\$98	\$152	\$135	\$121
67	\$131	\$119	\$106	\$165	\$146	\$131
68	\$142	\$129	\$115	\$178	\$158	\$142
69	\$155	\$141	\$124	\$194	\$172	\$154
70	\$168	\$153	\$135	\$211	\$186	\$167
71	\$183	\$166	\$147	\$230	\$202	\$181
72	\$199	\$181	\$159	\$249	\$220	\$197
73	\$215	\$196	\$172	\$270	\$238	\$212
74	\$235	\$213	\$187	\$295	\$259	\$231
75	\$257	\$233	\$204	\$323	\$284	\$253
76	\$282	\$256	\$224	\$355	\$311	\$277
77	\$311	\$281	\$246	\$389	\$341	\$303
78	\$341	\$309	\$269	\$428	\$374	\$332
79	\$376	\$339	\$296	\$470	\$410	\$363
80	\$414	\$374	\$325	\$517	\$452	\$399

Southern Farm Bureau Life Insurance Company

Individual Comprehensive Long Term Care Program

Policy Number 3035

ADDITIONAL PREMIUM FOR RETURN OF PREMIUM & NONFORFEITURE OPTIONS

Percent Increase in Premium

Issue Age	Return of Premium at	Nonforfeiture at Lapse
35 and under	3.00%	27.60%
36	3.20%	27.50%
37	3.30%	27.30%
38	3.50%	27.20%
39	3.70%	27.00%
40	3.90%	26.90%
41	4.10%	26.80%
42	4.40%	26.60%
43	4.60%	26.50%
44	4.80%	26.30%
45	5.10%	26.20%
46	5.40%	26.00%
47	5.60%	25.90%
48	5.90%	25.70%
49	6.20%	25.60%
50	6.40%	25.40%
51	6.60%	25.30%
52	6.90%	25.10%
53	7.10%	24.90%
54	7.30%	24.80%
55	7.50%	24.60%
56	7.60%	24.50%
57	7.70%	24.30%
58	7.80%	24.10%
59	7.70%	24.00%
60	7.60%	23.80%
61	7.30%	23.60%
62	6.90%	23.40%
63	6.40%	23.30%
64	5.80%	23.10%
65	5.30%	22.90%
66	4.50%	22.70%
67	3.70%	22.60%
68	2.90%	22.40%
69	2.20%	22.20%
70	N/A	22.00%
71	N/A	21.90%
72	N/A	21.70%
73	N/A	21.50%
74	N/A	21.40%
75	N/A	21.20%
76	N/A	20.90%
77	N/A	20.60%
78	N/A	20.30%
79	N/A	19.90%
80	N/A	19.60%

Southern Farm Bureau Life Insurance Company

Individual Comprehensive Long Term Care Program

Policy Number 3035

Standard Annual Premiums Reflecting Increase of 35.0%

PER \$10 of Nursing Home Maximum Daily Benefit

BASE PLAN

Issue Age	1500 X MDB MAXIMUM BENEFIT Elimination Period			UNLIMITED MAXIMUM BENEFIT Elimination Period		
	30Day	90Day	180Day	30Day	90Day	180Day
18-35	\$17.55	\$17.55	\$16.20	\$22.95	\$21.60	\$20.25
36	\$18.90	\$17.55	\$17.55	\$22.95	\$22.95	\$21.60
37	\$18.90	\$18.90	\$17.55	\$24.30	\$22.95	\$22.95
38	\$20.25	\$18.90	\$18.90	\$25.65	\$24.30	\$22.95
39	\$20.25	\$20.25	\$18.90	\$27.00	\$25.65	\$24.30
40	\$21.60	\$20.25	\$20.25	\$28.35	\$27.00	\$25.65
41	\$22.95	\$21.60	\$20.25	\$29.70	\$28.35	\$27.00
42	\$22.95	\$22.95	\$21.60	\$31.05	\$29.70	\$27.00
43	\$24.30	\$22.95	\$21.60	\$32.40	\$29.70	\$28.35
44	\$25.65	\$24.30	\$22.95	\$33.75	\$31.05	\$29.70
45	\$27.00	\$25.65	\$22.95	\$35.10	\$32.40	\$31.05
46	\$27.00	\$25.65	\$24.30	\$36.45	\$33.75	\$32.40
47	\$28.35	\$27.00	\$25.65	\$39.15	\$35.10	\$33.75
48	\$29.70	\$28.35	\$27.00	\$40.50	\$37.80	\$35.10
49	\$32.40	\$29.70	\$28.35	\$41.85	\$39.15	\$36.45
50	\$33.75	\$32.40	\$29.70	\$44.55	\$41.85	\$39.15
51	\$36.45	\$33.75	\$31.05	\$47.25	\$43.20	\$40.50
52	\$37.80	\$35.10	\$33.75	\$49.95	\$45.90	\$43.20
53	\$40.50	\$37.80	\$35.10	\$54.00	\$48.60	\$45.90
54	\$43.20	\$40.50	\$37.80	\$56.70	\$52.65	\$48.60
55	\$47.25	\$43.20	\$40.50	\$62.10	\$56.70	\$52.65
56	\$49.95	\$47.25	\$43.20	\$66.15	\$60.75	\$55.35
57	\$55.35	\$51.30	\$45.90	\$71.55	\$64.80	\$59.40
58	\$59.40	\$55.35	\$49.95	\$76.95	\$70.20	\$64.80
59	\$64.80	\$59.40	\$54.00	\$83.70	\$75.60	\$68.85
60	\$70.20	\$64.80	\$59.40	\$90.45	\$82.35	\$75.60
61	\$76.95	\$71.55	\$64.80	\$98.55	\$89.10	\$81.00
62	\$83.70	\$76.95	\$68.85	\$106.65	\$95.85	\$87.75
63	\$90.45	\$83.70	\$75.60	\$116.10	\$103.95	\$94.50
64	\$99.90	\$91.80	\$82.35	\$126.90	\$113.40	\$103.95
65	\$109.35	\$101.25	\$90.45	\$139.05	\$125.55	\$113.40
66	\$121.50	\$112.05	\$99.90	\$155.25	\$137.70	\$125.55
67	\$135.00	\$124.20	\$110.70	\$171.45	\$152.55	\$137.70
68	\$149.85	\$137.70	\$122.85	\$189.00	\$168.75	\$152.55
69	\$167.40	\$152.55	\$136.35	\$210.60	\$187.65	\$170.10
70	\$187.65	\$171.45	\$152.55	\$236.25	\$210.60	\$189.00
71	\$210.60	\$191.70	\$170.10	\$264.60	\$234.90	\$211.95
72	\$234.90	\$214.65	\$189.00	\$295.65	\$261.90	\$236.25
73	\$263.25	\$238.95	\$210.60	\$330.75	\$292.95	\$263.25
74	\$294.30	\$267.30	\$236.25	\$371.25	\$328.05	\$294.30
75	\$332.10	\$301.05	\$265.95	\$418.50	\$368.55	\$330.75
76	\$373.95	\$338.85	\$298.35	\$471.15	\$414.45	\$369.90
77	\$418.50	\$379.35	\$332.10	\$526.50	\$463.05	\$413.10
78	\$469.80	\$425.25	\$371.25	\$589.95	\$517.05	\$460.35
79	\$527.85	\$476.55	\$417.15	\$661.50	\$579.15	\$514.35
80	\$595.35	\$537.30	\$468.45	\$746.55	\$652.05	\$577.80

Southern Farm Bureau Life Insurance Company

Individual Comprehensive Long Term Care Program

Policy Number 3035

Standard Annual Premiums Reflecting Increase of 35.0%

PER \$10 of Nursing Home Maximum Daily Benefit

BASE PLAN - ONE DISCOUNT

Issue Age	1500 X MDB MAXIMUM BENEFIT Elimination Period			UNLIMITED MAXIMUM BENEFIT Elimination Period		
	30Day	90Day	180Day	30Day	90Day	180Day
18-35	\$14.85	\$14.85	\$13.50	\$18.90	\$18.90	\$17.55
36	\$16.20	\$14.85	\$14.85	\$18.90	\$18.90	\$18.90
37	\$16.20	\$16.20	\$14.85	\$20.25	\$18.90	\$18.90
38	\$17.55	\$16.20	\$16.20	\$21.60	\$20.25	\$18.90
39	\$17.55	\$17.55	\$16.20	\$22.95	\$21.60	\$20.25
40	\$18.90	\$17.55	\$17.55	\$24.30	\$22.95	\$21.60
41	\$18.90	\$18.90	\$17.55	\$25.65	\$24.30	\$22.95
42	\$18.90	\$18.90	\$18.90	\$27.00	\$25.65	\$22.95
43	\$20.25	\$18.90	\$18.90	\$27.00	\$25.65	\$24.30
44	\$21.60	\$20.25	\$18.90	\$28.35	\$27.00	\$25.65
45	\$22.95	\$21.60	\$18.90	\$29.70	\$27.00	\$27.00
46	\$22.95	\$21.60	\$20.25	\$31.05	\$28.35	\$27.00
47	\$24.30	\$22.95	\$21.60	\$33.75	\$29.70	\$28.35
48	\$25.65	\$24.30	\$22.95	\$35.10	\$32.40	\$29.70
49	\$27.00	\$25.65	\$24.30	\$35.10	\$33.75	\$31.05
50	\$28.35	\$27.00	\$25.65	\$37.80	\$35.10	\$33.75
51	\$31.05	\$28.35	\$27.00	\$40.50	\$36.45	\$35.10
52	\$32.40	\$29.70	\$28.35	\$41.85	\$39.15	\$36.45
53	\$35.10	\$32.40	\$29.70	\$45.90	\$41.85	\$39.15
54	\$36.45	\$35.10	\$32.40	\$48.60	\$44.55	\$41.85
55	\$40.50	\$36.45	\$35.10	\$52.65	\$48.60	\$44.55
56	\$41.85	\$40.50	\$36.45	\$56.70	\$51.30	\$47.25
57	\$47.25	\$43.20	\$39.15	\$60.75	\$55.35	\$49.95
58	\$49.95	\$47.25	\$41.85	\$64.80	\$59.40	\$55.35
59	\$55.35	\$49.95	\$45.90	\$71.55	\$64.80	\$58.05
60	\$59.40	\$55.35	\$49.95	\$76.95	\$70.20	\$64.80
61	\$64.80	\$60.75	\$55.35	\$83.70	\$75.60	\$68.85
62	\$71.55	\$64.80	\$58.05	\$90.45	\$81.00	\$74.25
63	\$76.95	\$71.55	\$64.80	\$98.55	\$87.75	\$81.00
64	\$85.05	\$78.30	\$70.20	\$108.00	\$95.85	\$87.75
65	\$93.15	\$86.40	\$76.95	\$118.80	\$106.65	\$95.85
66	\$103.95	\$95.85	\$85.05	\$132.30	\$117.45	\$106.65
67	\$114.75	\$105.30	\$94.50	\$145.80	\$129.60	\$117.45
68	\$126.90	\$117.45	\$103.95	\$160.65	\$143.10	\$129.60
69	\$141.75	\$129.60	\$116.10	\$179.55	\$159.30	\$144.45
70	\$159.30	\$145.80	\$129.60	\$201.15	\$179.55	\$160.65
71	\$179.55	\$163.35	\$144.45	\$225.45	\$199.80	\$179.55
72	\$199.80	\$182.25	\$160.65	\$251.10	\$222.75	\$201.15
73	\$224.10	\$202.50	\$179.55	\$280.80	\$248.40	\$224.10
74	\$249.75	\$226.80	\$201.15	\$315.90	\$279.45	\$249.75
75	\$282.15	\$256.50	\$225.45	\$356.40	\$313.20	\$280.80
76	\$317.25	\$287.55	\$253.80	\$400.95	\$352.35	\$314.55
77	\$356.40	\$322.65	\$282.15	\$448.20	\$394.20	\$351.00
78	\$399.60	\$361.80	\$315.90	\$500.85	\$440.10	\$391.50
79	\$448.20	\$405.00	\$355.05	\$562.95	\$492.75	\$437.40
80	\$506.25	\$456.30	\$398.25	\$634.50	\$554.85	\$491.40

Southern Farm Bureau Life Insurance Company

Individual Comprehensive Long Term Care Program

Policy Number 3035

Standard Annual Premiums Reflecting Increase of 35.0%

PER \$10 of Nursing Home Maximum Daily Benefit

BASE PLAN - TWO DISCOUNTS

Issue Age	1500 X MDB MAXIMUM BENEFIT Elimination Period			UNLIMITED MAXIMUM BENEFIT Elimination Period		
	30Day	90Day	180Day	30Day	90Day	180Day
18-35	\$12.15	\$12.15	\$12.15	\$16.20	\$16.20	\$14.85
36	\$13.50	\$12.15	\$12.15	\$16.20	\$16.20	\$16.20
37	\$13.50	\$13.50	\$12.15	\$17.55	\$16.20	\$16.20
38	\$14.85	\$13.50	\$13.50	\$18.90	\$17.55	\$16.20
39	\$14.85	\$14.85	\$13.50	\$18.90	\$18.90	\$17.55
40	\$16.20	\$14.85	\$14.85	\$20.25	\$18.90	\$18.90
41	\$16.20	\$16.20	\$14.85	\$21.60	\$20.25	\$18.90
42	\$16.20	\$16.20	\$16.20	\$22.95	\$21.60	\$18.90
43	\$17.55	\$16.20	\$16.20	\$22.95	\$21.60	\$20.25
44	\$18.90	\$17.55	\$16.20	\$24.30	\$22.95	\$21.60
45	\$18.90	\$18.90	\$16.20	\$25.65	\$22.95	\$22.95
46	\$18.90	\$18.90	\$17.55	\$27.00	\$24.30	\$22.95
47	\$20.25	\$18.90	\$18.90	\$28.35	\$25.65	\$24.30
48	\$21.60	\$20.25	\$18.90	\$29.70	\$27.00	\$25.65
49	\$22.95	\$21.60	\$20.25	\$29.70	\$28.35	\$27.00
50	\$24.30	\$22.95	\$21.60	\$32.40	\$29.70	\$28.35
51	\$27.00	\$24.30	\$22.95	\$33.75	\$31.05	\$29.70
52	\$27.00	\$25.65	\$24.30	\$36.45	\$33.75	\$31.05
53	\$29.70	\$27.00	\$25.65	\$39.15	\$35.10	\$33.75
54	\$31.05	\$29.70	\$27.00	\$40.50	\$37.80	\$35.10
55	\$33.75	\$31.05	\$29.70	\$44.55	\$40.50	\$37.80
56	\$36.45	\$33.75	\$31.05	\$47.25	\$44.55	\$40.50
57	\$40.50	\$36.45	\$33.75	\$51.30	\$47.25	\$43.20
58	\$43.20	\$40.50	\$36.45	\$55.35	\$51.30	\$47.25
59	\$47.25	\$43.20	\$39.15	\$60.75	\$54.00	\$49.95
60	\$51.30	\$47.25	\$43.20	\$64.80	\$59.40	\$54.00
61	\$55.35	\$51.30	\$47.25	\$71.55	\$64.80	\$58.05
62	\$60.75	\$55.35	\$49.95	\$76.95	\$68.85	\$63.45
63	\$64.80	\$60.75	\$54.00	\$83.70	\$75.60	\$68.85
64	\$71.55	\$66.15	\$59.40	\$91.80	\$82.35	\$75.60
65	\$79.65	\$72.90	\$64.80	\$99.90	\$90.45	\$82.35
66	\$87.75	\$81.00	\$71.55	\$112.05	\$99.90	\$90.45
67	\$97.20	\$89.10	\$79.65	\$124.20	\$110.70	\$99.90
68	\$108.00	\$99.90	\$89.10	\$136.35	\$121.50	\$110.70
69	\$121.50	\$110.70	\$98.55	\$152.55	\$135.00	\$122.85
70	\$135.00	\$124.20	\$110.70	\$170.10	\$152.55	\$136.35
71	\$152.55	\$139.05	\$122.85	\$191.70	\$170.10	\$152.55
72	\$170.10	\$155.25	\$136.35	\$213.30	\$189.00	\$170.10
73	\$190.35	\$172.80	\$152.55	\$238.95	\$211.95	\$190.35
74	\$213.30	\$193.05	\$170.10	\$268.65	\$237.60	\$213.30
75	\$240.30	\$217.35	\$191.70	\$302.40	\$265.95	\$238.95
76	\$270.00	\$244.35	\$216.00	\$340.20	\$299.70	\$267.30
77	\$302.40	\$274.05	\$240.30	\$380.70	\$334.80	\$298.35
78	\$338.85	\$307.80	\$268.65	\$426.60	\$373.95	\$332.10
79	\$380.70	\$344.25	\$301.05	\$477.90	\$418.50	\$371.25
80	\$430.65	\$388.80	\$338.85	\$540.00	\$471.15	\$417.15

Southern Farm Bureau Life Insurance Company

Individual Comprehensive Long Term Care Program

Policy Number 3035

Standard Annual Premiums Reflecting Increase of 35.0%

PER \$10 of Nursing Home Maximum Daily Benefit

BASE PLAN WITH COMPOUND INFLATION FOR 20 YEARS

Issue Age	1500 X MDB MAXIMUM BENEFIT			UNLIMITED MAXIMUM BENEFIT		
	Elimination Period			Elimination Period		
	30Day	90Day	180Day	30Day	90Day	180Day
18-35	\$24.30	\$22.95	\$22.95	\$33.75	\$31.05	\$29.70
36	\$25.65	\$24.30	\$22.95	\$35.10	\$32.40	\$31.05
37	\$27.00	\$25.65	\$24.30	\$36.45	\$33.75	\$32.40
38	\$28.35	\$27.00	\$25.65	\$39.15	\$36.45	\$33.75
39	\$29.70	\$28.35	\$27.00	\$40.50	\$37.80	\$36.45
40	\$32.40	\$29.70	\$28.35	\$43.20	\$40.50	\$37.80
41	\$33.75	\$31.05	\$29.70	\$45.90	\$41.85	\$39.15
42	\$35.10	\$32.40	\$31.05	\$48.60	\$44.55	\$41.85
43	\$36.45	\$35.10	\$32.40	\$49.95	\$45.90	\$43.20
44	\$39.15	\$36.45	\$33.75	\$52.65	\$48.60	\$45.90
45	\$41.85	\$39.15	\$36.45	\$56.70	\$51.30	\$48.60
46	\$44.55	\$40.50	\$37.80	\$59.40	\$54.00	\$51.30
47	\$47.25	\$43.20	\$40.50	\$63.45	\$58.05	\$54.00
48	\$49.95	\$45.90	\$43.20	\$67.50	\$60.75	\$56.70
49	\$52.65	\$49.95	\$45.90	\$71.55	\$64.80	\$60.75
50	\$56.70	\$52.65	\$48.60	\$76.95	\$68.85	\$64.80
51	\$62.10	\$56.70	\$52.65	\$82.35	\$74.25	\$68.85
52	\$66.15	\$62.10	\$55.35	\$87.75	\$79.65	\$72.90
53	\$71.55	\$66.15	\$60.75	\$94.50	\$85.05	\$78.30
54	\$76.95	\$71.55	\$64.80	\$102.60	\$91.80	\$85.05
55	\$83.70	\$78.30	\$70.20	\$110.70	\$99.90	\$91.80
56	\$91.80	\$85.05	\$76.95	\$120.15	\$108.00	\$98.55
57	\$99.90	\$91.80	\$83.70	\$130.95	\$117.45	\$106.65
58	\$109.35	\$99.90	\$90.45	\$141.75	\$126.90	\$116.10
59	\$118.80	\$109.35	\$98.55	\$153.90	\$137.70	\$125.55
60	\$129.60	\$118.80	\$106.65	\$167.40	\$148.50	\$135.00
61	\$140.40	\$129.60	\$116.10	\$179.55	\$160.65	\$145.80
62	\$152.55	\$139.05	\$124.20	\$194.40	\$172.80	\$156.60
63	\$164.70	\$149.85	\$133.65	\$209.25	\$186.30	\$168.75
64	\$178.20	\$163.35	\$145.80	\$226.80	\$201.15	\$182.25
65	\$194.40	\$178.20	\$157.95	\$247.05	\$218.70	\$197.10
66	\$213.30	\$194.40	\$172.80	\$270.00	\$238.95	\$216.00
67	\$233.55	\$213.30	\$189.00	\$294.30	\$260.55	\$234.90
68	\$256.50	\$233.55	\$206.55	\$321.30	\$284.85	\$256.50
69	\$280.80	\$255.15	\$225.45	\$352.35	\$311.85	\$279.45
70	\$307.80	\$279.45	\$247.05	\$386.10	\$341.55	\$306.45
71	\$336.15	\$305.10	\$270.00	\$421.20	\$372.60	\$333.45
72	\$365.85	\$332.10	\$292.95	\$459.00	\$405.00	\$361.80
73	\$398.25	\$361.80	\$318.60	\$500.85	\$441.45	\$394.20
74	\$436.05	\$395.55	\$346.95	\$546.75	\$481.95	\$429.30
75	\$479.25	\$433.35	\$380.70	\$600.75	\$527.85	\$469.80
76	\$526.50	\$476.55	\$417.15	\$661.50	\$579.15	\$515.70
77	\$579.15	\$523.80	\$457.65	\$726.30	\$635.85	\$564.30
78	\$635.85	\$575.10	\$502.20	\$796.50	\$696.60	\$618.30
79	\$700.65	\$633.15	\$552.15	\$877.50	\$765.45	\$677.70
80	\$773.55	\$697.95	\$607.50	\$966.60	\$842.40	\$745.20

Southern Farm Bureau Life Insurance Company

Individual Comprehensive Long Term Care Program

Policy Number 3035

Standard Annual Premiums Reflecting Increase of 35.0%

PER \$10 of Nursing Home Maximum Daily Benefit

BASE PLAN WITH COMPOUND INFLATION FOR 20 YEARS - ONE DISCOUNT

Issue Age	1500 X MDB MAXIMUM BENEFIT Elimination Period			UNLIMITED MAXIMUM BENEFIT Elimination Period		
	30Day	90Day	180Day	30Day	90Day	180Day
18-35	\$20.25	\$18.90	\$18.90	\$28.35	\$27.00	\$25.65
36	\$21.60	\$20.25	\$18.90	\$29.70	\$27.00	\$27.00
37	\$22.95	\$21.60	\$20.25	\$31.05	\$28.35	\$27.00
38	\$24.30	\$22.95	\$21.60	\$33.75	\$31.05	\$28.35
39	\$25.65	\$24.30	\$22.95	\$35.10	\$32.40	\$31.05
40	\$27.00	\$25.65	\$24.30	\$36.45	\$35.10	\$32.40
41	\$28.35	\$27.00	\$25.65	\$39.15	\$35.10	\$33.75
42	\$29.70	\$27.00	\$27.00	\$41.85	\$37.80	\$35.10
43	\$31.05	\$29.70	\$27.00	\$41.85	\$39.15	\$36.45
44	\$33.75	\$31.05	\$28.35	\$44.55	\$41.85	\$39.15
45	\$35.10	\$33.75	\$31.05	\$48.60	\$43.20	\$41.85
46	\$37.80	\$35.10	\$32.40	\$49.95	\$45.90	\$43.20
47	\$40.50	\$36.45	\$35.10	\$54.00	\$49.95	\$45.90
48	\$41.85	\$39.15	\$36.45	\$58.05	\$51.30	\$48.60
49	\$44.55	\$41.85	\$39.15	\$60.75	\$55.35	\$51.30
50	\$48.60	\$44.55	\$41.85	\$64.80	\$58.05	\$55.35
51	\$52.65	\$48.60	\$44.55	\$70.20	\$63.45	\$58.05
52	\$56.70	\$52.65	\$47.25	\$74.25	\$67.50	\$62.10
53	\$60.75	\$56.70	\$51.30	\$81.00	\$72.90	\$66.15
54	\$64.80	\$60.75	\$55.35	\$87.75	\$78.30	\$72.90
55	\$71.55	\$66.15	\$59.40	\$94.50	\$85.05	\$78.30
56	\$78.30	\$72.90	\$64.80	\$102.60	\$91.80	\$83.70
57	\$85.05	\$78.30	\$71.55	\$110.70	\$99.90	\$90.45
58	\$93.15	\$85.05	\$76.95	\$120.15	\$108.00	\$98.55
59	\$101.25	\$93.15	\$83.70	\$130.95	\$117.45	\$106.65
60	\$110.70	\$101.25	\$90.45	\$141.75	\$126.90	\$114.75
61	\$118.80	\$110.70	\$98.55	\$152.55	\$136.35	\$124.20
62	\$129.60	\$118.80	\$105.30	\$164.70	\$147.15	\$133.65
63	\$140.40	\$126.90	\$113.40	\$178.20	\$157.95	\$143.10
64	\$151.20	\$139.05	\$124.20	\$193.05	\$171.45	\$155.25
65	\$164.70	\$151.20	\$133.65	\$210.60	\$186.30	\$167.40
66	\$180.90	\$164.70	\$147.15	\$229.50	\$202.50	\$183.60
67	\$198.45	\$180.90	\$160.65	\$249.75	\$221.40	\$199.80
68	\$218.70	\$198.45	\$175.50	\$272.70	\$241.65	\$218.70
69	\$238.95	\$217.35	\$191.70	\$299.70	\$264.60	\$237.60
70	\$261.90	\$237.60	\$210.60	\$328.05	\$290.25	\$260.55
71	\$286.20	\$259.20	\$229.50	\$357.75	\$317.25	\$283.50
72	\$310.50	\$282.15	\$248.40	\$390.15	\$344.25	\$307.80
73	\$338.85	\$307.80	\$271.35	\$425.25	\$375.30	\$334.80
74	\$371.25	\$336.15	\$294.30	\$464.40	\$409.05	\$364.50
75	\$407.70	\$368.55	\$324.00	\$510.30	\$448.20	\$399.60
76	\$448.20	\$405.00	\$355.05	\$562.95	\$492.75	\$438.75
77	\$492.75	\$445.50	\$388.80	\$616.95	\$540.00	\$479.25
78	\$540.00	\$488.70	\$426.60	\$677.70	\$592.65	\$525.15
79	\$595.35	\$538.65	\$469.80	\$746.55	\$650.70	\$576.45
80	\$657.45	\$592.65	\$517.05	\$822.15	\$715.50	\$633.15

Southern Farm Bureau Life Insurance Company

Individual Comprehensive Long Term Care Program

Policy Number 3035

Standard Annual Premiums Reflecting Increase of 35.0%

PER \$10 of Nursing Home Maximum Daily Benefit

BASE PLAN WITH COMPOUND INFLATION FOR 20 YEARS - TWO DISCOUNTS

Issue Age	1500 X MDB MAXIMUM BENEFIT Elimination Period			UNLIMITED MAXIMUM BENEFIT Elimination Period		
	30Day	90Day	180Day	30Day	90Day	180Day
18-35	\$17.55	\$16.20	\$16.20	\$24.30	\$22.95	\$21.60
36	\$18.90	\$17.55	\$16.20	\$25.65	\$22.95	\$22.95
37	\$18.90	\$18.90	\$17.55	\$27.00	\$24.30	\$22.95
38	\$20.25	\$18.90	\$18.90	\$28.35	\$27.00	\$24.30
39	\$21.60	\$20.25	\$18.90	\$29.70	\$27.00	\$27.00
40	\$22.95	\$21.60	\$20.25	\$31.05	\$29.70	\$27.00
41	\$24.30	\$22.95	\$21.60	\$33.75	\$29.70	\$28.35
42	\$25.65	\$22.95	\$22.95	\$35.10	\$32.40	\$29.70
43	\$27.00	\$25.65	\$22.95	\$36.45	\$33.75	\$31.05
44	\$28.35	\$27.00	\$24.30	\$37.80	\$35.10	\$33.75
45	\$29.70	\$28.35	\$27.00	\$40.50	\$36.45	\$35.10
46	\$32.40	\$29.70	\$27.00	\$43.20	\$39.15	\$36.45
47	\$33.75	\$31.05	\$29.70	\$45.90	\$41.85	\$39.15
48	\$36.45	\$33.75	\$31.05	\$48.60	\$44.55	\$40.50
49	\$37.80	\$36.45	\$33.75	\$51.30	\$47.25	\$44.55
50	\$40.50	\$37.80	\$35.10	\$55.35	\$49.95	\$47.25
51	\$44.55	\$40.50	\$37.80	\$59.40	\$54.00	\$49.95
52	\$47.25	\$44.55	\$40.50	\$63.45	\$58.05	\$52.65
53	\$51.30	\$47.25	\$44.55	\$68.85	\$62.10	\$56.70
54	\$55.35	\$51.30	\$47.25	\$74.25	\$66.15	\$62.10
55	\$60.75	\$56.70	\$51.30	\$79.65	\$71.55	\$66.15
56	\$66.15	\$62.10	\$55.35	\$86.40	\$78.30	\$71.55
57	\$71.55	\$66.15	\$60.75	\$94.50	\$85.05	\$76.95
58	\$79.65	\$71.55	\$64.80	\$102.60	\$91.80	\$83.70
59	\$86.40	\$79.65	\$71.55	\$110.70	\$99.90	\$90.45
60	\$93.15	\$86.40	\$76.95	\$121.50	\$106.65	\$97.20
61	\$101.25	\$93.15	\$83.70	\$129.60	\$116.10	\$105.30
62	\$110.70	\$99.90	\$89.10	\$140.40	\$124.20	\$113.40
63	\$118.80	\$108.00	\$97.20	\$151.20	\$135.00	\$121.50
64	\$128.25	\$117.45	\$105.30	\$163.35	\$145.80	\$132.30
65	\$140.40	\$128.25	\$114.75	\$178.20	\$157.95	\$141.75
66	\$153.90	\$140.40	\$124.20	\$195.75	\$172.80	\$156.60
67	\$168.75	\$153.90	\$136.35	\$213.30	\$187.65	\$170.10
68	\$184.95	\$168.75	\$149.85	\$232.20	\$205.20	\$184.95
69	\$202.50	\$184.95	\$163.35	\$255.15	\$225.45	\$202.50
70	\$222.75	\$202.50	\$178.20	\$279.45	\$247.05	\$221.40
71	\$243.00	\$220.05	\$195.75	\$303.75	\$268.65	\$240.30
72	\$264.60	\$240.30	\$211.95	\$332.10	\$292.95	\$261.90
73	\$287.55	\$261.90	\$230.85	\$361.80	\$318.60	\$284.85
74	\$314.55	\$286.20	\$251.10	\$395.55	\$348.30	\$310.50
75	\$345.60	\$313.20	\$275.40	\$434.70	\$380.70	\$338.85
76	\$380.70	\$344.25	\$301.05	\$477.90	\$418.50	\$372.60
77	\$418.50	\$378.00	\$330.75	\$525.15	\$459.00	\$407.70
78	\$459.00	\$415.80	\$363.15	\$575.10	\$503.55	\$446.85
79	\$506.25	\$457.65	\$399.60	\$634.50	\$553.50	\$490.05
80	\$558.90	\$504.90	\$438.75	\$697.95	\$608.85	\$538.65

Southern Farm Bureau Life Insurance Company

Individual Comprehensive Long Term Care Program

Policy Number 3035

Standard Annual Premiums Reflecting Increase of 35.0%

PER \$10 of Nursing Home Maximum Daily Benefit

BASE PLAN WITH COMPOUND INFLATION FOR LIFETIME

Issue Age	1500 X MDB MAXIMUM BENEFIT			UNLIMITED MAXIMUM BENEFIT		
	Elimination Period			Elimination Period		
	30Day	90Day	180Day	30Day	90Day	180Day
18-35	\$37.80	\$35.10	\$32.40	\$49.95	\$45.90	\$43.20
36	\$39.15	\$37.80	\$33.75	\$52.65	\$48.60	\$44.55
37	\$41.85	\$39.15	\$36.45	\$55.35	\$49.95	\$47.25
38	\$43.20	\$40.50	\$37.80	\$58.05	\$52.65	\$48.60
39	\$45.90	\$43.20	\$39.15	\$60.75	\$55.35	\$51.30
40	\$48.60	\$44.55	\$40.50	\$63.45	\$58.05	\$54.00
41	\$49.95	\$47.25	\$43.20	\$67.50	\$60.75	\$56.70
42	\$52.65	\$48.60	\$44.55	\$70.20	\$63.45	\$59.40
43	\$55.35	\$51.30	\$47.25	\$74.25	\$66.15	\$62.10
44	\$58.05	\$54.00	\$48.60	\$76.95	\$70.20	\$64.80
45	\$60.75	\$56.70	\$51.30	\$81.00	\$72.90	\$67.50
46	\$64.80	\$59.40	\$54.00	\$85.05	\$76.95	\$70.20
47	\$67.50	\$62.10	\$56.70	\$89.10	\$81.00	\$74.25
48	\$71.55	\$66.15	\$59.40	\$93.15	\$85.05	\$76.95
49	\$75.60	\$68.85	\$63.45	\$98.55	\$89.10	\$81.00
50	\$79.65	\$72.90	\$66.15	\$103.95	\$93.15	\$86.40
51	\$85.05	\$78.30	\$70.20	\$110.70	\$98.55	\$90.45
52	\$89.10	\$82.35	\$74.25	\$116.10	\$105.30	\$95.85
53	\$94.50	\$87.75	\$78.30	\$122.85	\$110.70	\$101.25
54	\$101.25	\$93.15	\$83.70	\$130.95	\$117.45	\$106.65
55	\$108.00	\$98.55	\$89.10	\$139.05	\$124.20	\$113.40
56	\$114.75	\$105.30	\$94.50	\$148.50	\$132.30	\$120.15
57	\$122.85	\$113.40	\$101.25	\$157.95	\$141.75	\$128.25
58	\$132.30	\$120.15	\$108.00	\$168.75	\$151.20	\$136.35
59	\$140.40	\$129.60	\$116.10	\$179.55	\$160.65	\$145.80
60	\$151.20	\$137.70	\$122.85	\$191.70	\$171.45	\$155.25
61	\$160.65	\$147.15	\$130.95	\$203.85	\$182.25	\$164.70
62	\$170.10	\$156.60	\$139.05	\$216.00	\$193.05	\$174.15
63	\$180.90	\$166.05	\$147.15	\$229.50	\$203.85	\$184.95
64	\$194.40	\$176.85	\$157.95	\$245.70	\$217.35	\$197.10
65	\$209.25	\$190.35	\$168.75	\$263.25	\$233.55	\$210.60
66	\$225.45	\$206.55	\$182.25	\$284.85	\$252.45	\$226.80
67	\$244.35	\$222.75	\$198.45	\$307.80	\$272.70	\$245.70
68	\$265.95	\$241.65	\$214.65	\$333.45	\$295.65	\$265.95
69	\$288.90	\$263.25	\$232.20	\$363.15	\$321.30	\$287.55
70	\$314.55	\$286.20	\$252.45	\$394.20	\$348.30	\$311.85
71	\$341.55	\$310.50	\$274.05	\$429.30	\$378.00	\$338.85
72	\$371.25	\$337.50	\$297.00	\$465.75	\$410.40	\$367.20
73	\$402.30	\$365.85	\$321.30	\$504.90	\$445.50	\$396.90
74	\$438.75	\$398.25	\$349.65	\$550.80	\$484.65	\$432.00
75	\$480.60	\$436.05	\$382.05	\$603.45	\$530.55	\$472.50
76	\$527.85	\$477.90	\$418.50	\$662.85	\$581.85	\$517.05
77	\$580.50	\$525.15	\$459.00	\$727.65	\$637.20	\$565.65
78	\$637.20	\$576.45	\$503.55	\$799.20	\$697.95	\$619.65
79	\$702.00	\$633.15	\$552.15	\$877.50	\$766.80	\$679.05
80	\$773.55	\$697.95	\$607.50	\$966.60	\$843.75	\$745.20

Southern Farm Bureau Life Insurance Company

Individual Comprehensive Long Term Care Program

Policy Number 3035

Standard Annual Premiums Reflecting Increase of 35.0%

PER \$10 of Nursing Home Maximum Daily Benefit

BASE PLAN WITH COMPOUND INFLATION FOR LIFETIME - ONE DISCOUNT

Issue Age	1500 X MDB MAXIMUM BENEFIT Elimination Period			UNLIMITED MAXIMUM BENEFIT Elimination Period		
	30Day	90Day	180Day	30Day	90Day	180Day
18-35	\$32.40	\$29.70	\$27.00	\$41.85	\$39.15	\$36.45
36	\$33.75	\$32.40	\$28.35	\$44.55	\$41.85	\$37.80
37	\$35.10	\$33.75	\$31.05	\$47.25	\$41.85	\$40.50
38	\$36.45	\$35.10	\$32.40	\$49.95	\$44.55	\$41.85
39	\$39.15	\$36.45	\$33.75	\$51.30	\$47.25	\$43.20
40	\$41.85	\$37.80	\$35.10	\$54.00	\$49.95	\$45.90
41	\$41.85	\$40.50	\$36.45	\$58.05	\$51.30	\$48.60
42	\$44.55	\$41.85	\$37.80	\$59.40	\$54.00	\$49.95
43	\$47.25	\$43.20	\$40.50	\$63.45	\$56.70	\$52.65
44	\$49.95	\$45.90	\$41.85	\$64.80	\$59.40	\$55.35
45	\$51.30	\$48.60	\$43.20	\$68.85	\$62.10	\$58.05
46	\$55.35	\$49.95	\$45.90	\$72.90	\$64.80	\$59.40
47	\$58.05	\$52.65	\$48.60	\$75.60	\$68.85	\$63.45
48	\$60.75	\$56.70	\$49.95	\$79.65	\$72.90	\$64.80
49	\$64.80	\$58.05	\$54.00	\$83.70	\$75.60	\$68.85
50	\$67.50	\$62.10	\$56.70	\$87.75	\$79.65	\$72.90
51	\$72.90	\$66.15	\$59.40	\$94.50	\$83.70	\$76.95
52	\$75.60	\$70.20	\$63.45	\$98.55	\$89.10	\$81.00
53	\$81.00	\$74.25	\$66.15	\$103.95	\$94.50	\$86.40
54	\$86.40	\$79.65	\$71.55	\$110.70	\$99.90	\$90.45
55	\$91.80	\$83.70	\$75.60	\$118.80	\$105.30	\$95.85
56	\$97.20	\$89.10	\$81.00	\$126.90	\$112.05	\$102.60
57	\$103.95	\$95.85	\$86.40	\$133.65	\$120.15	\$109.35
58	\$112.05	\$102.60	\$91.80	\$143.10	\$128.25	\$116.10
59	\$118.80	\$110.70	\$98.55	\$152.55	\$136.35	\$124.20
60	\$128.25	\$117.45	\$103.95	\$163.35	\$145.80	\$132.30
61	\$136.35	\$125.55	\$110.70	\$172.80	\$155.25	\$140.40
62	\$144.45	\$133.65	\$118.80	\$183.60	\$164.70	\$148.50
63	\$153.90	\$141.75	\$125.55	\$195.75	\$172.80	\$156.60
64	\$164.70	\$149.85	\$133.65	\$209.25	\$184.95	\$167.40
65	\$178.20	\$162.00	\$143.10	\$224.10	\$198.45	\$179.55
66	\$191.70	\$175.50	\$155.25	\$241.65	\$214.65	\$193.05
67	\$207.90	\$189.00	\$168.75	\$261.90	\$232.20	\$209.25
68	\$225.45	\$205.20	\$182.25	\$283.50	\$251.10	\$225.45
69	\$245.70	\$224.10	\$197.10	\$309.15	\$272.70	\$244.35
70	\$267.30	\$243.00	\$214.65	\$334.80	\$295.65	\$264.60
71	\$290.25	\$264.60	\$233.55	\$364.50	\$321.30	\$287.55
72	\$315.90	\$287.55	\$252.45	\$395.55	\$348.30	\$311.85
73	\$341.55	\$310.50	\$272.70	\$429.30	\$379.35	\$337.50
74	\$372.60	\$338.85	\$297.00	\$468.45	\$411.75	\$367.20
75	\$409.05	\$371.25	\$325.35	\$513.00	\$450.90	\$402.30
76	\$448.20	\$406.35	\$356.40	\$562.95	\$494.10	\$440.10
77	\$494.10	\$446.85	\$390.15	\$618.30	\$541.35	\$480.60
78	\$541.35	\$490.05	\$427.95	\$679.05	\$592.65	\$526.50
79	\$596.70	\$538.65	\$469.80	\$746.55	\$652.05	\$577.80
80	\$657.45	\$592.65	\$517.05	\$822.15	\$716.85	\$633.15

Southern Farm Bureau Life Insurance Company

Individual Comprehensive Long Term Care Program

Policy Number 3035

Standard Annual Premiums Reflecting Increase of 35.0%

PER \$10 of Nursing Home Maximum Daily Benefit

BASE PLAN WITH COMPOUND INFLATION FOR LIFETIME - TWO DISCOUNTS

Issue Age	1500 X MDB MAXIMUM BENEFIT Elimination Period			UNLIMITED MAXIMUM BENEFIT Elimination Period		
	30Day	90Day	180Day	30Day	90Day	180Day
18-35	\$27.00	\$25.65	\$22.95	\$36.45	\$33.75	\$31.05
36	\$28.35	\$27.00	\$24.30	\$37.80	\$35.10	\$32.40
37	\$29.70	\$28.35	\$27.00	\$40.50	\$36.45	\$33.75
38	\$31.05	\$29.70	\$27.00	\$41.85	\$37.80	\$35.10
39	\$33.75	\$31.05	\$28.35	\$44.55	\$40.50	\$36.45
40	\$35.10	\$32.40	\$29.70	\$45.90	\$41.85	\$39.15
41	\$36.45	\$33.75	\$31.05	\$48.60	\$44.55	\$40.50
42	\$37.80	\$35.10	\$32.40	\$51.30	\$45.90	\$43.20
43	\$40.50	\$36.45	\$33.75	\$54.00	\$47.25	\$44.55
44	\$41.85	\$39.15	\$35.10	\$55.35	\$51.30	\$47.25
45	\$44.55	\$40.50	\$36.45	\$58.05	\$52.65	\$48.60
46	\$47.25	\$43.20	\$39.15	\$62.10	\$55.35	\$51.30
47	\$48.60	\$44.55	\$40.50	\$64.80	\$58.05	\$54.00
48	\$51.30	\$47.25	\$43.20	\$67.50	\$62.10	\$55.35
49	\$54.00	\$49.95	\$45.90	\$71.55	\$64.80	\$58.05
50	\$58.05	\$52.65	\$47.25	\$75.60	\$67.50	\$62.10
51	\$62.10	\$56.70	\$51.30	\$79.65	\$71.55	\$64.80
52	\$64.80	\$59.40	\$54.00	\$83.70	\$75.60	\$68.85
53	\$68.85	\$63.45	\$56.70	\$89.10	\$79.65	\$72.90
54	\$72.90	\$67.50	\$60.75	\$94.50	\$85.05	\$76.95
55	\$78.30	\$71.55	\$64.80	\$99.90	\$89.10	\$82.35
56	\$82.35	\$75.60	\$68.85	\$106.65	\$95.85	\$86.40
57	\$89.10	\$82.35	\$72.90	\$114.75	\$102.60	\$93.15
58	\$95.85	\$86.40	\$78.30	\$121.50	\$109.35	\$98.55
59	\$101.25	\$93.15	\$83.70	\$129.60	\$116.10	\$105.30
60	\$109.35	\$99.90	\$89.10	\$139.05	\$124.20	\$112.05
61	\$116.10	\$106.65	\$94.50	\$147.15	\$132.30	\$118.80
62	\$122.85	\$113.40	\$99.90	\$156.60	\$139.05	\$125.55
63	\$130.95	\$120.15	\$106.65	\$166.05	\$147.15	\$133.65
64	\$140.40	\$128.25	\$114.75	\$176.85	\$156.60	\$141.75
65	\$151.20	\$137.70	\$121.50	\$190.35	\$168.75	\$152.55
66	\$163.35	\$149.85	\$132.30	\$205.20	\$182.25	\$163.35
67	\$176.85	\$160.65	\$143.10	\$222.75	\$197.10	\$176.85
68	\$191.70	\$174.15	\$155.25	\$240.30	\$213.30	\$191.70
69	\$209.25	\$190.35	\$167.40	\$261.90	\$232.20	\$207.90
70	\$226.80	\$206.55	\$182.25	\$284.85	\$251.10	\$225.45
71	\$247.05	\$224.10	\$198.45	\$310.50	\$272.70	\$244.35
72	\$268.65	\$244.35	\$214.65	\$336.15	\$297.00	\$265.95
73	\$290.25	\$264.60	\$232.20	\$364.50	\$321.30	\$286.20
74	\$317.25	\$287.55	\$252.45	\$398.25	\$349.65	\$311.85
75	\$346.95	\$314.55	\$275.40	\$436.05	\$383.40	\$341.55
76	\$380.70	\$345.60	\$302.40	\$479.25	\$419.85	\$373.95
77	\$419.85	\$379.35	\$332.10	\$525.15	\$460.35	\$409.05
78	\$460.35	\$417.15	\$363.15	\$577.80	\$504.90	\$448.20
79	\$507.60	\$457.65	\$399.60	\$634.50	\$553.50	\$490.05
80	\$558.90	\$504.90	\$438.75	\$697.95	\$610.20	\$538.65

Southern Farm Bureau Life Insurance Company

Individual Comprehensive Long Term Care Program

Policy Number 3035

ADDITIONAL PREMIUM FOR RETURN OF PREMIUM & NONFORFEITURE OPTIONS

Percent Increase in Premium		
Issue Age	Return of Premium at	Nonforfeiture at Lapse
35 and under	3.00%	27.60%
36	3.20%	27.50%
37	3.30%	27.30%
38	3.50%	27.20%
39	3.70%	27.00%
40	3.90%	26.90%
41	4.10%	26.80%
42	4.40%	26.60%
43	4.60%	26.50%
44	4.80%	26.30%
45	5.10%	26.20%
46	5.40%	26.00%
47	5.60%	25.90%
48	5.90%	25.70%
49	6.20%	25.60%
50	6.40%	25.40%
51	6.60%	25.30%
52	6.90%	25.10%
53	7.10%	24.90%
54	7.30%	24.80%
55	7.50%	24.60%
56	7.60%	24.50%
57	7.70%	24.30%
58	7.80%	24.10%
59	7.70%	24.00%
60	7.60%	23.80%
61	7.30%	23.60%
62	6.90%	23.40%
63	6.40%	23.30%
64	5.80%	23.10%
65	5.30%	22.90%
66	4.50%	22.70%
67	3.70%	22.60%
68	2.90%	22.40%
69	2.20%	22.20%
70	N/A	22.00%
71	N/A	21.90%
72	N/A	21.70%
73	N/A	21.50%
74	N/A	21.40%
75	N/A	21.20%
76	N/A	20.90%
77	N/A	20.60%
78	N/A	20.30%
79	N/A	19.90%
80	N/A	19.60%

Southern Farm Bureau Life Insurance Company

Individual Comprehensive Long Term Care Program

Policy Number 3034Q

Standard Annual Premiums Reflecting Increase of 35.0%

PER \$10 of Nursing Home Maximum Daily Benefit

Issue Age	BASE PLAN					
	1500 X MDB MAXIMUM BENEFIT			UNLIMITED MAXIMUM BENEFIT		
	Elimination Period			Elimination Period		
	30Day	90Day	180Day	30Day	90Day	180Day
18-35	\$22.95	\$21.60	\$20.25	\$29.70	\$27.00	\$25.65
36	\$24.30	\$22.95	\$20.25	\$31.05	\$29.70	\$28.35
37	\$25.65	\$24.30	\$21.60	\$32.40	\$31.05	\$29.70
38	\$27.00	\$25.65	\$22.95	\$35.10	\$32.40	\$31.05
39	\$28.35	\$27.00	\$24.30	\$37.80	\$35.10	\$33.75
40	\$31.05	\$28.35	\$25.65	\$39.15	\$36.45	\$35.10
41	\$32.40	\$29.70	\$27.00	\$41.85	\$39.15	\$36.45
42	\$33.75	\$31.05	\$27.00	\$44.55	\$41.85	\$39.15
43	\$36.45	\$32.40	\$28.35	\$47.25	\$43.20	\$41.85
44	\$37.80	\$35.10	\$31.05	\$49.95	\$45.90	\$43.20
45	\$40.50	\$36.45	\$32.40	\$52.65	\$48.60	\$45.90
46	\$43.20	\$39.15	\$33.75	\$56.70	\$51.30	\$48.60
47	\$45.90	\$41.85	\$36.45	\$59.40	\$54.00	\$51.30
48	\$48.60	\$44.55	\$37.80	\$62.10	\$58.05	\$54.00
49	\$51.30	\$47.25	\$40.50	\$66.15	\$60.75	\$56.70
50	\$55.35	\$49.95	\$43.20	\$71.55	\$64.80	\$60.75
51	\$59.40	\$54.00	\$45.90	\$76.95	\$70.20	\$64.80
52	\$64.80	\$58.05	\$49.95	\$82.35	\$74.25	\$70.20
53	\$68.85	\$62.10	\$54.00	\$87.75	\$81.00	\$74.25
54	\$74.25	\$67.50	\$58.05	\$94.50	\$86.40	\$81.00
55	\$81.00	\$72.90	\$62.10	\$102.60	\$93.15	\$86.40
56	\$89.10	\$79.65	\$67.50	\$110.70	\$101.25	\$93.15
57	\$97.20	\$86.40	\$74.25	\$120.15	\$109.35	\$101.25
58	\$105.30	\$94.50	\$81.00	\$129.60	\$117.45	\$109.35
59	\$116.10	\$103.95	\$87.75	\$141.75	\$128.25	\$117.45
60	\$126.90	\$113.40	\$95.85	\$153.90	\$139.05	\$128.25
61	\$137.70	\$124.20	\$105.30	\$167.40	\$151.20	\$139.05
62	\$149.85	\$135.00	\$114.75	\$180.90	\$163.35	\$149.85
63	\$163.35	\$145.80	\$124.20	\$197.10	\$176.85	\$162.00
64	\$179.55	\$160.65	\$136.35	\$214.65	\$193.05	\$176.85
65	\$198.45	\$176.85	\$149.85	\$236.25	\$211.95	\$193.05
66	\$218.70	\$195.75	\$166.05	\$260.55	\$233.55	\$213.30
67	\$241.65	\$216.00	\$182.25	\$286.20	\$256.50	\$233.55
68	\$267.30	\$238.95	\$202.50	\$315.90	\$282.15	\$256.50
69	\$297.00	\$265.95	\$224.10	\$351.00	\$313.20	\$283.50
70	\$332.10	\$297.00	\$251.10	\$391.50	\$349.65	\$315.90
71	\$372.60	\$332.10	\$279.45	\$438.75	\$390.15	\$352.35
72	\$414.45	\$369.90	\$311.85	\$488.70	\$434.70	\$392.85
73	\$463.05	\$411.75	\$346.95	\$545.40	\$483.30	\$436.05
74	\$518.40	\$461.70	\$387.45	\$610.20	\$541.35	\$487.35
75	\$583.20	\$518.40	\$434.70	\$685.80	\$606.15	\$545.40
76	\$653.40	\$580.50	\$487.35	\$769.50	\$679.05	\$608.85
77	\$730.35	\$649.35	\$544.05	\$858.60	\$756.00	\$677.70
78	\$815.40	\$724.95	\$607.50	\$958.50	\$842.40	\$754.65
79	\$913.95	\$811.35	\$680.40	\$1,071.90	\$940.95	\$841.05
80	\$1,027.35	\$911.25	\$764.10	\$1,204.20	\$1,055.70	\$940.95

Southern Farm Bureau Life Insurance Company

Individual Comprehensive Long Term Care Program

Policy Number 3034Q

Standard Annual Premiums Reflecting Increase of 35.0%

PER \$10 of Nursing Home Maximum Daily Benefit

BASE PLAN - ONE DISCOUNT

Issue Age	1500 X MDB MAXIMUM BENEFIT			UNLIMITED MAXIMUM BENEFIT		
	Elimination Period			Elimination Period		
	30Day	90Day	180Day	30Day	90Day	180Day
18-35	\$19.51	\$18.36	\$17.21	\$25.25	\$22.95	\$21.80
36	\$20.66	\$19.51	\$17.21	\$26.39	\$25.25	\$24.10
37	\$21.80	\$20.66	\$18.36	\$27.54	\$26.39	\$25.25
38	\$22.95	\$21.80	\$19.51	\$29.84	\$27.54	\$26.39
39	\$24.10	\$22.95	\$20.66	\$32.13	\$29.84	\$28.69
40	\$26.39	\$24.10	\$21.80	\$33.28	\$30.98	\$29.84
41	\$27.54	\$25.25	\$22.95	\$35.57	\$33.28	\$30.98
42	\$28.69	\$26.39	\$22.95	\$37.87	\$35.57	\$33.28
43	\$30.98	\$27.54	\$24.10	\$40.16	\$36.72	\$35.57
44	\$32.13	\$29.84	\$26.39	\$42.46	\$39.02	\$36.72
45	\$34.43	\$30.98	\$27.54	\$44.75	\$41.31	\$39.02
46	\$36.72	\$33.28	\$28.69	\$48.20	\$43.61	\$41.31
47	\$39.02	\$35.57	\$30.98	\$50.49	\$45.90	\$43.61
48	\$41.31	\$37.87	\$32.13	\$52.79	\$49.34	\$45.90
49	\$43.61	\$40.16	\$34.43	\$56.23	\$51.64	\$48.20
50	\$47.05	\$42.46	\$36.72	\$60.82	\$55.08	\$51.64
51	\$50.49	\$45.90	\$39.02	\$65.41	\$59.67	\$55.08
52	\$55.08	\$49.34	\$42.46	\$70.00	\$63.11	\$59.67
53	\$58.52	\$52.79	\$45.90	\$74.59	\$68.85	\$63.11
54	\$63.11	\$57.38	\$49.34	\$80.33	\$73.44	\$68.85
55	\$68.85	\$61.97	\$52.79	\$87.21	\$79.18	\$73.44
56	\$75.74	\$67.70	\$57.38	\$94.10	\$86.06	\$79.18
57	\$82.62	\$73.44	\$63.11	\$102.13	\$92.95	\$86.06
58	\$89.51	\$80.33	\$68.85	\$110.16	\$99.83	\$92.95
59	\$98.69	\$88.36	\$74.59	\$120.49	\$109.01	\$99.83
60	\$107.87	\$96.39	\$81.47	\$130.82	\$118.19	\$109.01
61	\$117.05	\$105.57	\$89.51	\$142.29	\$128.52	\$118.19
62	\$127.37	\$114.75	\$97.54	\$153.77	\$138.85	\$127.37
63	\$138.85	\$123.93	\$105.57	\$167.54	\$150.32	\$137.70
64	\$152.62	\$136.55	\$115.90	\$182.45	\$164.09	\$150.32
65	\$168.68	\$150.32	\$127.37	\$200.81	\$180.16	\$164.09
66	\$185.90	\$166.39	\$141.14	\$221.47	\$198.52	\$181.31
67	\$205.40	\$183.60	\$154.91	\$243.27	\$218.03	\$198.52
68	\$227.21	\$203.11	\$172.13	\$268.52	\$239.83	\$218.03
69	\$252.45	\$226.06	\$190.49	\$298.35	\$266.22	\$240.98
70	\$282.29	\$252.45	\$213.44	\$332.78	\$297.20	\$268.52
71	\$316.71	\$282.29	\$237.53	\$372.94	\$331.63	\$299.50
72	\$352.28	\$314.42	\$265.07	\$415.40	\$369.50	\$333.92
73	\$393.59	\$349.99	\$294.91	\$463.59	\$410.81	\$370.64
74	\$440.64	\$392.45	\$329.33	\$518.67	\$460.15	\$414.25
75	\$495.72	\$440.64	\$369.50	\$582.93	\$515.23	\$463.59
76	\$555.39	\$493.43	\$414.25	\$654.08	\$577.19	\$517.52
77	\$620.80	\$551.95	\$462.44	\$729.81	\$642.60	\$576.05
78	\$693.09	\$616.21	\$516.38	\$814.73	\$716.04	\$641.45
79	\$776.86	\$689.65	\$578.34	\$911.12	\$799.81	\$714.89
80	\$873.25	\$774.56	\$649.49	\$1,023.57	\$897.35	\$799.81

Southern Farm Bureau Life Insurance Company

Individual Comprehensive Long Term Care Program

Policy Number 3034Q

Standard Annual Premiums Reflecting Increase of 35.0%

PER \$10 of Nursing Home Maximum Daily Benefit

BASE PLAN - TWO DISCOUNTS

Issue Age	1500 X MDB MAXIMUM BENEFIT Elimination Period			UNLIMITED MAXIMUM BENEFIT Elimination Period		
	30Day	90Day	180Day	30Day	90Day	180Day
18-35	\$16.20	\$16.20	\$14.85	\$21.60	\$18.90	\$18.90
36	\$17.55	\$16.20	\$14.85	\$22.95	\$21.60	\$20.25
37	\$18.90	\$17.55	\$16.20	\$22.95	\$22.95	\$21.60
38	\$18.90	\$18.90	\$16.20	\$25.65	\$22.95	\$22.95
39	\$20.25	\$18.90	\$17.55	\$27.00	\$25.65	\$24.30
40	\$22.95	\$20.25	\$18.90	\$28.35	\$27.00	\$25.65
41	\$22.95	\$21.60	\$18.90	\$29.70	\$28.35	\$27.00
42	\$24.30	\$22.95	\$18.90	\$32.40	\$29.70	\$28.35
43	\$27.00	\$22.95	\$20.25	\$33.75	\$31.05	\$29.70
44	\$27.00	\$25.65	\$22.95	\$36.45	\$33.75	\$31.05
45	\$29.70	\$27.00	\$22.95	\$37.80	\$35.10	\$33.75
46	\$31.05	\$28.35	\$24.30	\$40.50	\$36.45	\$35.10
47	\$33.75	\$29.70	\$27.00	\$43.20	\$39.15	\$36.45
48	\$35.10	\$32.40	\$27.00	\$44.55	\$41.85	\$39.15
49	\$36.45	\$33.75	\$29.70	\$47.25	\$44.55	\$40.50
50	\$40.50	\$36.45	\$31.05	\$51.30	\$47.25	\$44.55
51	\$43.20	\$39.15	\$33.75	\$55.35	\$51.30	\$47.25
52	\$47.25	\$41.85	\$36.45	\$59.40	\$54.00	\$51.30
53	\$49.95	\$44.55	\$39.15	\$63.45	\$58.05	\$54.00
54	\$54.00	\$48.60	\$41.85	\$68.85	\$62.10	\$58.05
55	\$58.05	\$52.65	\$44.55	\$74.25	\$67.50	\$62.10
56	\$64.80	\$58.05	\$48.60	\$79.65	\$72.90	\$67.50
57	\$70.20	\$62.10	\$54.00	\$86.40	\$79.65	\$72.90
58	\$75.60	\$68.85	\$58.05	\$93.15	\$85.05	\$79.65
59	\$83.70	\$75.60	\$63.45	\$102.60	\$93.15	\$85.05
60	\$91.80	\$82.35	\$68.85	\$110.70	\$99.90	\$93.15
61	\$99.90	\$89.10	\$75.60	\$121.50	\$109.35	\$99.90
62	\$108.00	\$97.20	\$82.35	\$130.95	\$117.45	\$108.00
63	\$117.45	\$105.30	\$89.10	\$141.75	\$128.25	\$117.45
64	\$129.60	\$116.10	\$98.55	\$155.25	\$139.05	\$128.25
65	\$143.10	\$128.25	\$108.00	\$170.10	\$152.55	\$139.05
66	\$157.95	\$141.75	\$120.15	\$187.65	\$168.75	\$153.90
67	\$174.15	\$156.60	\$132.30	\$206.55	\$184.95	\$168.75
68	\$193.05	\$172.80	\$145.80	\$228.15	\$203.85	\$184.95
69	\$214.65	\$191.70	\$162.00	\$253.80	\$226.80	\$205.20
70	\$240.30	\$214.65	\$180.90	\$283.50	\$252.45	\$228.15
71	\$268.65	\$240.30	\$202.50	\$317.25	\$282.15	\$255.15
72	\$299.70	\$267.30	\$225.45	\$353.70	\$314.55	\$283.50
73	\$334.80	\$297.00	\$251.10	\$394.20	\$349.65	\$314.55
74	\$373.95	\$333.45	\$279.45	\$441.45	\$391.50	\$352.35
75	\$421.20	\$373.95	\$314.55	\$495.45	\$437.40	\$394.20
76	\$472.50	\$419.85	\$352.35	\$556.20	\$490.05	\$440.10
77	\$527.85	\$469.80	\$392.85	\$621.00	\$546.75	\$490.05
78	\$588.60	\$523.80	\$438.75	\$692.55	\$608.85	\$545.40
79	\$660.15	\$585.90	\$491.40	\$774.90	\$680.40	\$607.50
80	\$742.50	\$658.80	\$552.15	\$869.40	\$762.75	\$680.40

Southern Farm Bureau Life Insurance Company

Individual Comprehensive Long Term Care Program

Policy Number 3034Q

Standard Annual Premiums Reflecting Increase of 35.0%

PER \$10 of Nursing Home Maximum Daily Benefit

BASE PLAN WITH COMPOUND INFLATION FOR 20 YEARS

Issue Age	1500 X MDB MAXIMUM BENEFIT Elimination Period			UNLIMITED MAXIMUM BENEFIT Elimination Period		
	30Day	90Day	180Day	30Day	90Day	180Day
18-35	\$35.10	\$32.40	\$28.35	\$45.90	\$41.85	\$40.50
36	\$36.45	\$33.75	\$29.70	\$48.60	\$45.90	\$43.20
37	\$39.15	\$36.45	\$31.05	\$52.65	\$48.60	\$45.90
38	\$41.85	\$37.80	\$33.75	\$55.35	\$51.30	\$48.60
39	\$44.55	\$40.50	\$35.10	\$59.40	\$55.35	\$51.30
40	\$47.25	\$43.20	\$37.80	\$63.45	\$58.05	\$55.35
41	\$51.30	\$45.90	\$40.50	\$67.50	\$62.10	\$58.05
42	\$54.00	\$49.95	\$43.20	\$72.90	\$66.15	\$62.10
43	\$58.05	\$52.65	\$45.90	\$76.95	\$70.20	\$66.15
44	\$62.10	\$56.70	\$48.60	\$82.35	\$75.60	\$70.20
45	\$67.50	\$60.75	\$51.30	\$87.75	\$79.65	\$74.25
46	\$71.55	\$64.80	\$55.35	\$93.15	\$85.05	\$79.65
47	\$76.95	\$68.85	\$59.40	\$99.90	\$90.45	\$83.70
48	\$82.35	\$74.25	\$63.45	\$106.65	\$97.20	\$90.45
49	\$89.10	\$79.65	\$68.85	\$114.75	\$103.95	\$95.85
50	\$97.20	\$86.40	\$74.25	\$122.85	\$112.05	\$102.60
51	\$105.30	\$94.50	\$79.65	\$133.65	\$120.15	\$110.70
52	\$113.40	\$101.25	\$86.40	\$143.10	\$129.60	\$120.15
53	\$122.85	\$110.70	\$93.15	\$155.25	\$140.40	\$128.25
54	\$133.65	\$120.15	\$101.25	\$167.40	\$151.20	\$139.05
55	\$145.80	\$130.95	\$110.70	\$182.25	\$163.35	\$149.85
56	\$160.65	\$143.10	\$120.15	\$197.10	\$178.20	\$163.35
57	\$174.15	\$155.25	\$130.95	\$214.65	\$193.05	\$176.85
58	\$190.35	\$170.10	\$143.10	\$232.20	\$209.25	\$190.35
59	\$207.90	\$184.95	\$156.60	\$252.45	\$225.45	\$206.55
60	\$226.80	\$202.50	\$170.10	\$272.70	\$244.35	\$222.75
61	\$245.70	\$218.70	\$184.95	\$295.65	\$263.25	\$240.30
62	\$264.60	\$236.25	\$198.45	\$317.25	\$283.50	\$257.85
63	\$286.20	\$255.15	\$214.65	\$341.55	\$305.10	\$276.75
64	\$310.50	\$276.75	\$232.20	\$368.55	\$329.40	\$298.35
65	\$337.50	\$301.05	\$253.80	\$400.95	\$357.75	\$324.00
66	\$369.90	\$329.40	\$276.75	\$437.40	\$388.80	\$352.35
67	\$403.65	\$359.10	\$302.40	\$476.55	\$423.90	\$382.05
68	\$441.45	\$392.85	\$330.75	\$519.75	\$461.70	\$415.80
69	\$481.95	\$429.30	\$360.45	\$567.00	\$503.55	\$453.60
70	\$527.85	\$469.80	\$395.55	\$621.00	\$549.45	\$495.45
71	\$577.80	\$513.00	\$430.65	\$677.70	\$599.40	\$538.65
72	\$629.10	\$558.90	\$468.45	\$737.10	\$652.05	\$585.90
73	\$684.45	\$608.85	\$510.30	\$803.25	\$710.10	\$637.20
74	\$747.90	\$664.20	\$557.55	\$878.85	\$774.90	\$695.25
75	\$822.15	\$730.35	\$611.55	\$963.90	\$849.15	\$761.40
76	\$904.50	\$801.90	\$670.95	\$1,059.75	\$932.85	\$832.95
77	\$992.25	\$880.20	\$737.10	\$1,162.35	\$1,021.95	\$911.25
78	\$1,089.45	\$966.60	\$808.65	\$1,275.75	\$1,119.15	\$997.65
79	\$1,198.80	\$1,062.45	\$888.30	\$1,402.65	\$1,228.50	\$1,093.50
80	\$1,321.65	\$1,170.45	\$978.75	\$1,544.40	\$1,351.35	\$1,200.15

Southern Farm Bureau Life Insurance Company

Individual Comprehensive Long Term Care Program

Policy Number 3034Q

Standard Annual Premiums Reflecting Increase of 35.0%

PER \$10 of Nursing Home Maximum Daily Benefit

BASE PLAN WITH COMPOUND INFLATION FOR 20 YEARS - ONE DISCOUNT

Issue Age	1500 X MDB MAXIMUM BENEFIT Elimination Period			UNLIMITED MAXIMUM BENEFIT Elimination Period		
	30Day	90Day	180Day	30Day	90Day	180Day
18-35	\$29.84	\$27.54	\$24.10	\$39.02	\$35.57	\$34.43
36	\$30.98	\$28.69	\$25.25	\$41.31	\$39.02	\$36.72
37	\$33.28	\$30.98	\$26.39	\$44.75	\$41.31	\$39.02
38	\$35.57	\$32.13	\$28.69	\$47.05	\$43.61	\$41.31
39	\$37.87	\$34.43	\$29.84	\$50.49	\$47.05	\$43.61
40	\$40.16	\$36.72	\$32.13	\$53.93	\$49.34	\$47.05
41	\$43.61	\$39.02	\$34.43	\$57.38	\$52.79	\$49.34
42	\$45.90	\$42.46	\$36.72	\$61.97	\$56.23	\$52.79
43	\$49.34	\$44.75	\$39.02	\$65.41	\$59.67	\$56.23
44	\$52.79	\$48.20	\$41.31	\$70.00	\$64.26	\$59.67
45	\$57.38	\$51.64	\$43.61	\$74.59	\$67.70	\$63.11
46	\$60.82	\$55.08	\$47.05	\$79.18	\$72.29	\$67.70
47	\$65.41	\$58.52	\$50.49	\$84.92	\$76.88	\$71.15
48	\$70.00	\$63.11	\$53.93	\$90.65	\$82.62	\$76.88
49	\$75.74	\$67.70	\$58.52	\$97.54	\$88.36	\$81.47
50	\$82.62	\$73.44	\$63.11	\$104.42	\$95.24	\$87.21
51	\$89.51	\$80.33	\$67.70	\$113.60	\$102.13	\$94.10
52	\$96.39	\$86.06	\$73.44	\$121.64	\$110.16	\$102.13
53	\$104.42	\$94.10	\$79.18	\$131.96	\$119.34	\$109.01
54	\$113.60	\$102.13	\$86.06	\$142.29	\$128.52	\$118.19
55	\$123.93	\$111.31	\$94.10	\$154.91	\$138.85	\$127.37
56	\$136.55	\$121.64	\$102.13	\$167.54	\$151.47	\$138.85
57	\$148.03	\$131.96	\$111.31	\$182.45	\$164.09	\$150.32
58	\$161.80	\$144.59	\$121.64	\$197.37	\$177.86	\$161.80
59	\$176.72	\$157.21	\$133.11	\$214.58	\$191.63	\$175.57
60	\$192.78	\$172.13	\$144.59	\$231.80	\$207.70	\$189.34
61	\$208.85	\$185.90	\$157.21	\$251.30	\$223.76	\$204.26
62	\$224.91	\$200.81	\$168.68	\$269.66	\$240.98	\$219.17
63	\$243.27	\$216.88	\$182.45	\$290.32	\$259.34	\$235.24
64	\$263.93	\$235.24	\$197.37	\$313.27	\$279.99	\$253.60
65	\$286.88	\$255.89	\$215.73	\$340.81	\$304.09	\$275.40
66	\$314.42	\$279.99	\$235.24	\$371.79	\$330.48	\$299.50
67	\$343.10	\$305.24	\$257.04	\$405.07	\$360.32	\$324.74
68	\$375.23	\$333.92	\$281.14	\$441.79	\$392.45	\$353.43
69	\$409.66	\$364.91	\$306.38	\$481.95	\$428.02	\$385.56
70	\$448.67	\$399.33	\$336.22	\$527.85	\$467.03	\$421.13
71	\$491.13	\$436.05	\$366.05	\$576.05	\$509.49	\$457.85
72	\$534.74	\$475.07	\$398.18	\$626.54	\$554.24	\$498.02
73	\$581.78	\$517.52	\$433.76	\$682.76	\$603.59	\$541.62
74	\$635.72	\$564.57	\$473.92	\$747.02	\$658.67	\$590.96
75	\$698.83	\$620.80	\$519.82	\$819.32	\$721.78	\$647.19
76	\$768.83	\$681.62	\$570.31	\$900.79	\$792.92	\$708.01
77	\$843.41	\$748.17	\$626.54	\$988.00	\$868.66	\$774.56
78	\$926.03	\$821.61	\$687.35	\$1,084.39	\$951.28	\$848.00
79	\$1,018.98	\$903.08	\$755.06	\$1,192.25	\$1,044.23	\$929.48
80	\$1,123.40	\$994.88	\$831.94	\$1,312.74	\$1,148.65	\$1,020.13

Southern Farm Bureau Life Insurance Company

Individual Comprehensive Long Term Care Program

Policy Number 3034Q

Standard Annual Premiums Reflecting Increase of 35.0%

PER \$10 of Nursing Home Maximum Daily Benefit

BASE PLAN WITH COMPOUND INFLATION FOR 20 YEARS - TWO DISCOUNTS

Issue Age	1500 X MDB MAXIMUM BENEFIT Elimination Period			UNLIMITED MAXIMUM BENEFIT Elimination Period		
	30Day	90Day	180Day	30Day	90Day	180Day
18-35	\$25.65	\$22.95	\$20.25	\$33.75	\$29.70	\$29.70
36	\$27.00	\$24.30	\$21.60	\$35.10	\$33.75	\$31.05
37	\$28.35	\$27.00	\$22.95	\$37.80	\$35.10	\$33.75
38	\$29.70	\$27.00	\$24.30	\$40.50	\$36.45	\$35.10
39	\$32.40	\$29.70	\$25.65	\$43.20	\$40.50	\$36.45
40	\$33.75	\$31.05	\$27.00	\$45.90	\$41.85	\$40.50
41	\$36.45	\$33.75	\$29.70	\$48.60	\$44.55	\$41.85
42	\$39.15	\$36.45	\$31.05	\$52.65	\$47.25	\$44.55
43	\$41.85	\$37.80	\$33.75	\$55.35	\$51.30	\$47.25
44	\$44.55	\$40.50	\$35.10	\$59.40	\$54.00	\$51.30
45	\$48.60	\$44.55	\$36.45	\$63.45	\$58.05	\$54.00
46	\$51.30	\$47.25	\$40.50	\$67.50	\$62.10	\$58.05
47	\$55.35	\$49.95	\$43.20	\$71.55	\$64.80	\$60.75
48	\$59.40	\$54.00	\$45.90	\$76.95	\$70.20	\$64.80
49	\$64.80	\$58.05	\$49.95	\$82.35	\$75.60	\$68.85
50	\$70.20	\$62.10	\$54.00	\$89.10	\$81.00	\$74.25
51	\$75.60	\$68.85	\$58.05	\$97.20	\$86.40	\$79.65
52	\$82.35	\$72.90	\$62.10	\$103.95	\$93.15	\$86.40
53	\$89.10	\$79.65	\$67.50	\$112.05	\$101.25	\$93.15
54	\$97.20	\$86.40	\$72.90	\$121.50	\$109.35	\$99.90
55	\$105.30	\$94.50	\$79.65	\$132.30	\$117.45	\$108.00
56	\$116.10	\$103.95	\$86.40	\$141.75	\$128.25	\$117.45
57	\$125.55	\$112.05	\$94.50	\$155.25	\$139.05	\$128.25
58	\$137.70	\$122.85	\$103.95	\$167.40	\$151.20	\$137.70
59	\$149.85	\$133.65	\$113.40	\$182.25	\$163.35	\$149.85
60	\$163.35	\$145.80	\$122.85	\$197.10	\$176.85	\$160.65
61	\$176.85	\$157.95	\$133.65	\$213.30	\$190.35	\$174.15
62	\$191.70	\$170.10	\$143.10	\$229.50	\$205.20	\$186.30
63	\$206.55	\$184.95	\$155.25	\$247.05	\$220.05	\$199.80
64	\$224.10	\$199.80	\$167.40	\$265.95	\$237.60	\$216.00
65	\$244.35	\$217.35	\$183.60	\$290.25	\$257.85	\$233.55
66	\$267.30	\$237.60	\$199.80	\$315.90	\$280.80	\$255.15
67	\$291.60	\$259.20	\$218.70	\$344.25	\$306.45	\$275.40
68	\$318.60	\$283.50	\$238.95	\$375.30	\$333.45	\$301.05
69	\$348.30	\$310.50	\$260.55	\$409.05	\$363.15	\$328.05
70	\$380.70	\$338.85	\$286.20	\$448.20	\$396.90	\$357.75
71	\$417.15	\$371.25	\$310.50	\$490.05	\$433.35	\$388.80
72	\$454.95	\$403.65	\$338.85	\$531.90	\$471.15	\$423.90
73	\$494.10	\$440.10	\$368.55	\$580.50	\$513.00	\$460.35
74	\$540.00	\$479.25	\$402.30	\$634.50	\$560.25	\$502.20
75	\$594.00	\$527.85	\$441.45	\$696.60	\$612.90	\$549.45
76	\$653.40	\$579.15	\$484.65	\$765.45	\$673.65	\$602.10
77	\$716.85	\$635.85	\$531.90	\$839.70	\$738.45	\$658.80
78	\$787.05	\$697.95	\$584.55	\$922.05	\$808.65	\$720.90
79	\$866.70	\$768.15	\$641.25	\$1,013.85	\$886.95	\$789.75
80	\$954.45	\$845.10	\$707.40	\$1,116.45	\$976.05	\$866.70

Southern Farm Bureau Life Insurance Company

Individual Comprehensive Long Term Care Program

Policy Number 3034Q

Standard Annual Premiums Reflecting Increase of 35.0%

PER \$10 of Nursing Home Maximum Daily Benefit

BASE PLAN WITH COMPOUND INFLATION FOR LIFETIME

Issue Age	1500 X MDB MAXIMUM BENEFIT			UNLIMITED MAXIMUM BENEFIT		
	Elimination Period			Elimination Period		
	30Day	90Day	180Day	30Day	90Day	180Day
18-35	\$56.70	\$51.30	\$44.55	\$71.55	\$66.15	\$60.75
36	\$59.40	\$54.00	\$47.25	\$76.95	\$70.20	\$64.80
37	\$63.45	\$56.70	\$49.95	\$81.00	\$72.90	\$67.50
38	\$67.50	\$60.75	\$52.65	\$85.05	\$78.30	\$71.55
39	\$71.55	\$63.45	\$55.35	\$90.45	\$82.35	\$75.60
40	\$75.60	\$67.50	\$58.05	\$95.85	\$86.40	\$79.65
41	\$79.65	\$71.55	\$60.75	\$101.25	\$91.80	\$85.05
42	\$83.70	\$75.60	\$64.80	\$106.65	\$97.20	\$89.10
43	\$89.10	\$79.65	\$67.50	\$112.05	\$101.25	\$94.50
44	\$93.15	\$83.70	\$71.55	\$118.80	\$108.00	\$98.55
45	\$99.90	\$89.10	\$75.60	\$125.55	\$113.40	\$103.95
46	\$105.30	\$94.50	\$79.65	\$132.30	\$120.15	\$109.35
47	\$112.05	\$99.90	\$85.05	\$140.40	\$125.55	\$116.10
48	\$117.45	\$105.30	\$89.10	\$147.15	\$133.65	\$121.50
49	\$125.55	\$112.05	\$94.50	\$156.60	\$140.40	\$128.25
50	\$133.65	\$118.80	\$101.25	\$166.05	\$148.50	\$136.35
51	\$141.75	\$126.90	\$106.65	\$175.50	\$157.95	\$144.45
52	\$151.20	\$135.00	\$113.40	\$186.30	\$167.40	\$153.90
53	\$160.65	\$143.10	\$121.50	\$198.45	\$178.20	\$163.35
54	\$171.45	\$153.90	\$129.60	\$210.60	\$189.00	\$172.80
55	\$183.60	\$164.70	\$137.70	\$225.45	\$202.50	\$183.60
56	\$197.10	\$175.50	\$148.50	\$240.30	\$216.00	\$195.75
57	\$211.95	\$189.00	\$159.30	\$256.50	\$229.50	\$209.25
58	\$226.80	\$202.50	\$170.10	\$274.05	\$244.35	\$222.75
59	\$243.00	\$217.35	\$182.25	\$292.95	\$261.90	\$237.60
60	\$260.55	\$232.20	\$195.75	\$311.85	\$278.10	\$252.45
61	\$278.10	\$247.05	\$207.90	\$332.10	\$295.65	\$268.65
62	\$295.65	\$263.25	\$221.40	\$352.35	\$313.20	\$284.85
63	\$314.55	\$279.45	\$236.25	\$373.95	\$333.45	\$301.05
64	\$336.15	\$299.70	\$251.10	\$398.25	\$355.05	\$321.30
65	\$361.80	\$321.30	\$271.35	\$427.95	\$380.70	\$344.25
66	\$390.15	\$348.30	\$292.95	\$461.70	\$410.40	\$369.90
67	\$422.55	\$376.65	\$315.90	\$498.15	\$442.80	\$399.60
68	\$457.65	\$407.70	\$342.90	\$538.65	\$477.90	\$430.65
69	\$496.80	\$442.80	\$371.25	\$583.20	\$517.05	\$465.75
70	\$541.35	\$481.95	\$405.00	\$634.50	\$561.60	\$506.25
71	\$587.25	\$522.45	\$438.75	\$689.85	\$610.20	\$548.10
72	\$637.20	\$567.00	\$475.20	\$747.90	\$661.50	\$594.00
73	\$691.20	\$614.25	\$515.70	\$811.35	\$716.85	\$643.95
74	\$753.30	\$669.60	\$561.60	\$884.25	\$780.30	\$699.30
75	\$826.20	\$733.05	\$614.25	\$969.30	\$853.20	\$764.10
76	\$907.20	\$804.60	\$673.65	\$1,063.80	\$935.55	\$835.65
77	\$994.95	\$882.90	\$738.45	\$1,166.40	\$1,024.65	\$913.95
78	\$1,092.15	\$967.95	\$810.00	\$1,278.45	\$1,121.85	\$1,000.35
79	\$1,200.15	\$1,063.80	\$889.65	\$1,404.00	\$1,229.85	\$1,094.85
80	\$1,321.65	\$1,171.80	\$978.75	\$1,544.40	\$1,351.35	\$1,201.50

Southern Farm Bureau Life Insurance Company

Individual Comprehensive Long Term Care Program

Policy Number 3034Q

Standard Annual Premiums Reflecting Increase of 35.0%

PER \$10 of Nursing Home Maximum Daily Benefit

BASE PLAN WITH COMPOUND INFLATION FOR LIFETIME - ONE DISCOUNT

Issue Age	1500 X MDB MAXIMUM BENEFIT			UNLIMITED MAXIMUM BENEFIT		
	Elimination Period			Elimination Period		
	30Day	90Day	180Day	30Day	90Day	180Day
18-35	\$48.20	\$43.61	\$37.87	\$60.82	\$56.23	\$51.64
36	\$50.49	\$45.90	\$40.16	\$65.41	\$59.67	\$55.08
37	\$53.93	\$48.20	\$42.46	\$68.85	\$61.97	\$57.38
38	\$57.38	\$51.64	\$44.75	\$72.29	\$66.56	\$60.82
39	\$60.82	\$53.93	\$47.05	\$76.88	\$70.00	\$64.26
40	\$64.26	\$57.38	\$49.34	\$81.47	\$73.44	\$67.70
41	\$67.70	\$60.82	\$51.64	\$86.06	\$78.03	\$72.29
42	\$71.15	\$64.26	\$55.08	\$90.65	\$82.62	\$75.74
43	\$75.74	\$67.70	\$57.38	\$95.24	\$86.06	\$80.33
44	\$79.18	\$71.15	\$60.82	\$100.98	\$91.80	\$83.77
45	\$84.92	\$75.74	\$64.26	\$106.72	\$96.39	\$88.36
46	\$89.51	\$80.33	\$67.70	\$112.46	\$102.13	\$92.95
47	\$95.24	\$84.92	\$72.29	\$119.34	\$106.72	\$98.69
48	\$99.83	\$89.51	\$75.74	\$125.08	\$113.60	\$103.28
49	\$106.72	\$95.24	\$80.33	\$133.11	\$119.34	\$109.01
50	\$113.60	\$100.98	\$86.06	\$141.14	\$126.23	\$115.90
51	\$120.49	\$107.87	\$90.65	\$149.18	\$134.26	\$122.78
52	\$128.52	\$114.75	\$96.39	\$158.36	\$142.29	\$130.82
53	\$136.55	\$121.64	\$103.28	\$168.68	\$151.47	\$138.85
54	\$145.73	\$130.82	\$110.16	\$179.01	\$160.65	\$146.88
55	\$156.06	\$140.00	\$117.05	\$191.63	\$172.13	\$156.06
56	\$167.54	\$149.18	\$126.23	\$204.26	\$183.60	\$166.39
57	\$180.16	\$160.65	\$135.41	\$218.03	\$195.08	\$177.86
58	\$192.78	\$172.13	\$144.59	\$232.94	\$207.70	\$189.34
59	\$206.55	\$184.75	\$154.91	\$249.01	\$222.62	\$201.96
60	\$221.47	\$197.37	\$166.39	\$265.07	\$236.39	\$214.58
61	\$236.39	\$209.99	\$176.72	\$282.29	\$251.30	\$228.35
62	\$251.30	\$223.76	\$188.19	\$299.50	\$266.22	\$242.12
63	\$267.37	\$237.53	\$200.81	\$317.86	\$283.43	\$255.89
64	\$285.73	\$254.75	\$213.44	\$338.51	\$301.79	\$273.11
65	\$307.53	\$273.11	\$230.65	\$363.76	\$323.60	\$292.61
66	\$331.63	\$296.06	\$249.01	\$392.45	\$348.84	\$314.42
67	\$359.17	\$320.15	\$268.52	\$423.43	\$376.38	\$339.66
68	\$389.00	\$346.55	\$291.47	\$457.85	\$406.22	\$366.05
69	\$422.28	\$376.38	\$315.56	\$495.72	\$439.49	\$395.89
70	\$460.15	\$409.66	\$344.25	\$539.33	\$477.36	\$430.31
71	\$499.16	\$444.08	\$372.94	\$586.37	\$518.67	\$465.89
72	\$541.62	\$481.95	\$403.92	\$635.72	\$562.28	\$504.90
73	\$587.52	\$522.11	\$438.35	\$689.65	\$609.32	\$547.36
74	\$640.31	\$569.16	\$477.36	\$751.61	\$663.26	\$594.41
75	\$702.27	\$623.09	\$522.11	\$823.91	\$725.22	\$649.49
76	\$771.12	\$683.91	\$572.60	\$904.23	\$795.22	\$710.30
77	\$845.71	\$750.47	\$627.68	\$991.44	\$870.95	\$776.86
78	\$928.33	\$822.76	\$688.50	\$1,086.68	\$953.57	\$850.30
79	\$1,020.13	\$904.23	\$756.20	\$1,193.40	\$1,045.37	\$930.62
80	\$1,123.40	\$996.03	\$831.94	\$1,312.74	\$1,148.65	\$1,021.28

Southern Farm Bureau Life Insurance Company

Individual Comprehensive Long Term Care Program

Policy Number 3034Q

Standard Annual Premiums Reflecting Increase of 35.0%

PER \$10 of Nursing Home Maximum Daily Benefit

BASE PLAN WITH COMPOUND INFLATION FOR LIFETIME - TWO DISCOUNTS

Issue Age	1500 X MDB MAXIMUM BENEFIT			UNLIMITED MAXIMUM BENEFIT		
	Elimination Period			Elimination Period		
	30Day	90Day	180Day	30Day	90Day	180Day
18-35	\$40.50	\$36.45	\$32.40	\$51.30	\$47.25	\$44.55
36	\$43.20	\$39.15	\$33.75	\$55.35	\$51.30	\$47.25
37	\$45.90	\$40.50	\$36.45	\$58.05	\$52.65	\$48.60
38	\$48.60	\$44.55	\$37.80	\$62.10	\$56.70	\$51.30
39	\$51.30	\$45.90	\$40.50	\$64.80	\$59.40	\$54.00
40	\$54.00	\$48.60	\$41.85	\$68.85	\$62.10	\$58.05
41	\$58.05	\$51.30	\$44.55	\$72.90	\$66.15	\$62.10
42	\$60.75	\$54.00	\$47.25	\$76.95	\$70.20	\$64.80
43	\$64.80	\$58.05	\$48.60	\$81.00	\$72.90	\$68.85
44	\$67.50	\$60.75	\$51.30	\$86.40	\$78.30	\$71.55
45	\$71.55	\$64.80	\$54.00	\$90.45	\$82.35	\$75.60
46	\$75.60	\$68.85	\$58.05	\$95.85	\$86.40	\$79.65
47	\$81.00	\$71.55	\$62.10	\$101.25	\$90.45	\$83.70
48	\$85.05	\$75.60	\$64.80	\$106.65	\$97.20	\$87.75
49	\$90.45	\$81.00	\$68.85	\$113.40	\$101.25	\$93.15
50	\$97.20	\$86.40	\$72.90	\$120.15	\$106.65	\$98.55
51	\$102.60	\$91.80	\$76.95	\$126.90	\$114.75	\$103.95
52	\$109.35	\$97.20	\$82.35	\$135.00	\$121.50	\$110.70
53	\$116.10	\$103.95	\$87.75	\$143.10	\$128.25	\$117.45
54	\$124.20	\$110.70	\$93.15	\$152.55	\$136.35	\$124.20
55	\$132.30	\$118.80	\$99.90	\$163.35	\$145.80	\$132.30
56	\$141.75	\$126.90	\$106.65	\$174.15	\$156.60	\$141.75
57	\$152.55	\$136.35	\$114.75	\$184.95	\$166.05	\$151.20
58	\$163.35	\$145.80	\$122.85	\$198.45	\$176.85	\$160.65
59	\$175.50	\$156.60	\$132.30	\$211.95	\$189.00	\$171.45
60	\$187.65	\$167.40	\$141.75	\$225.45	\$201.15	\$182.25
61	\$201.15	\$178.20	\$149.85	\$240.30	\$213.30	\$194.40
62	\$213.30	\$190.35	\$159.30	\$255.15	\$226.80	\$205.20
63	\$226.80	\$202.50	\$170.10	\$270.00	\$240.30	\$217.35
64	\$243.00	\$216.00	\$180.90	\$287.55	\$256.50	\$232.20
65	\$261.90	\$232.20	\$195.75	\$309.15	\$275.40	\$248.40
66	\$282.15	\$251.10	\$211.95	\$333.45	\$297.00	\$267.30
67	\$305.10	\$272.70	\$228.15	\$360.45	\$319.95	\$288.90
68	\$330.75	\$294.30	\$248.40	\$388.80	\$345.60	\$310.50
69	\$359.10	\$319.95	\$268.65	\$421.20	\$373.95	\$336.15
70	\$391.50	\$348.30	\$292.95	\$459.00	\$406.35	\$365.85
71	\$423.90	\$378.00	\$317.25	\$498.15	\$441.45	\$395.55
72	\$460.35	\$409.05	\$342.90	\$540.00	\$477.90	\$429.30
73	\$499.50	\$444.15	\$372.60	\$585.90	\$518.40	\$465.75
74	\$544.05	\$483.30	\$406.35	\$638.55	\$564.30	\$504.90
75	\$596.70	\$529.20	\$444.15	\$700.65	\$616.95	\$552.15
76	\$656.10	\$581.85	\$487.35	\$768.15	\$676.35	\$603.45
77	\$718.20	\$638.55	\$533.25	\$842.40	\$739.80	\$660.15
78	\$789.75	\$699.30	\$585.90	\$923.40	\$810.00	\$722.25
79	\$866.70	\$768.15	\$642.60	\$1,013.85	\$888.30	\$791.10
80	\$954.45	\$846.45	\$707.40	\$1,116.45	\$976.05	\$868.05

Southern Farm Bureau Life Insurance Company

Individual Comprehensive Long Term Care Program

Policy Number 3034Q

ADDITIONAL PREMIUM FOR RETURN OF PREMIUM & NONFORFEITURE OPTIONS

Percent Increase in Premium		
Issue Age	Return of Premium at	Nonforfeiture at Lapse
35 and under	3.00%	27.60%
36	3.20%	27.50%
37	3.30%	27.30%
38	3.50%	27.20%
39	3.70%	27.00%
40	3.90%	26.90%
41	4.10%	26.80%
42	4.40%	26.60%
43	4.60%	26.50%
44	4.80%	26.30%
45	5.10%	26.20%
46	5.40%	26.00%
47	5.60%	25.90%
48	5.90%	25.70%
49	6.20%	25.60%
50	6.40%	25.40%
51	6.60%	25.30%
52	6.90%	25.10%
53	7.10%	24.90%
54	7.30%	24.80%
55	7.50%	24.60%
56	7.60%	24.50%
57	7.70%	24.30%
58	7.80%	24.10%
59	7.70%	24.00%
60	7.60%	23.80%
61	7.30%	23.60%
62	6.90%	23.40%
63	6.40%	23.30%
64	5.80%	23.10%
65	5.30%	22.90%
66	4.50%	22.70%
67	3.70%	22.60%
68	2.90%	22.40%
69	2.20%	22.20%
70	N/A	22.00%
71	N/A	21.90%
72	N/A	21.70%
73	N/A	21.50%
74	N/A	21.40%
75	N/A	21.20%
76	N/A	20.90%
77	N/A	20.60%
78	N/A	20.30%
79	N/A	19.90%
80	N/A	19.60%

Southern Farm Bureau Life Insurance Company

Individual Comprehensive Long Term Care Program

Policy Number 3035Q

Standard Annual Premiums Reflecting Increase of 35.0%

PER \$10 of Nursing Home Maximum Daily Benefit

BASE PLAN

Issue Age	1500 X MDB MAXIMUM BENEFIT Elimination Period			UNLIMITED MAXIMUM BENEFIT Elimination Period		
	30Day	90Day	180Day	30Day	90Day	180Day
18-35	\$17.55	\$17.55	\$16.20	\$22.95	\$21.60	\$20.25
36	\$18.90	\$17.55	\$17.55	\$24.30	\$22.95	\$21.60
37	\$18.90	\$18.90	\$17.55	\$25.65	\$24.30	\$22.95
38	\$20.25	\$18.90	\$18.90	\$27.00	\$24.30	\$24.30
39	\$21.60	\$20.25	\$18.90	\$28.35	\$25.65	\$24.30
40	\$21.60	\$21.60	\$20.25	\$29.70	\$27.00	\$25.65
41	\$22.95	\$21.60	\$20.25	\$29.70	\$28.35	\$27.00
42	\$24.30	\$22.95	\$21.60	\$31.05	\$29.70	\$28.35
43	\$24.30	\$22.95	\$21.60	\$32.40	\$31.05	\$29.70
44	\$25.65	\$24.30	\$22.95	\$33.75	\$32.40	\$29.70
45	\$27.00	\$25.65	\$24.30	\$36.45	\$33.75	\$31.05
46	\$28.35	\$27.00	\$24.30	\$37.80	\$35.10	\$32.40
47	\$29.70	\$28.35	\$25.65	\$39.15	\$36.45	\$33.75
48	\$31.05	\$29.70	\$27.00	\$40.50	\$37.80	\$35.10
49	\$32.40	\$31.05	\$28.35	\$43.20	\$39.15	\$37.80
50	\$33.75	\$32.40	\$29.70	\$45.90	\$41.85	\$39.15
51	\$36.45	\$33.75	\$32.40	\$48.60	\$44.55	\$41.85
52	\$39.15	\$36.45	\$33.75	\$51.30	\$47.25	\$43.20
53	\$40.50	\$39.15	\$35.10	\$54.00	\$49.95	\$45.90
54	\$44.55	\$40.50	\$37.80	\$58.05	\$52.65	\$49.95
55	\$47.25	\$44.55	\$40.50	\$62.10	\$56.70	\$52.65
56	\$51.30	\$47.25	\$43.20	\$67.50	\$60.75	\$56.70
57	\$55.35	\$51.30	\$47.25	\$72.90	\$66.15	\$60.75
58	\$60.75	\$55.35	\$51.30	\$78.30	\$71.55	\$64.80
59	\$66.15	\$60.75	\$55.35	\$85.05	\$76.95	\$70.20
60	\$71.55	\$66.15	\$60.75	\$91.80	\$83.70	\$76.95
61	\$78.30	\$71.55	\$64.80	\$99.90	\$90.45	\$82.35
62	\$85.05	\$78.30	\$70.20	\$108.00	\$97.20	\$89.10
63	\$91.80	\$85.05	\$76.95	\$117.45	\$105.30	\$97.20
64	\$101.25	\$93.15	\$83.70	\$129.60	\$116.10	\$105.30
65	\$112.05	\$102.60	\$93.15	\$143.10	\$128.25	\$116.10
66	\$124.20	\$114.75	\$102.60	\$157.95	\$140.40	\$128.25
67	\$137.70	\$126.90	\$113.40	\$174.15	\$155.25	\$141.75
68	\$152.55	\$140.40	\$125.55	\$193.05	\$172.80	\$155.25
69	\$171.45	\$156.60	\$139.05	\$214.65	\$191.70	\$172.80
70	\$191.70	\$175.50	\$155.25	\$241.65	\$214.65	\$193.05
71	\$216.00	\$195.75	\$174.15	\$271.35	\$240.30	\$216.00
72	\$240.30	\$218.70	\$194.40	\$303.75	\$268.65	\$241.65
73	\$270.00	\$245.70	\$216.00	\$340.20	\$301.05	\$270.00
74	\$302.40	\$275.40	\$243.00	\$382.05	\$337.50	\$302.40
75	\$341.55	\$310.50	\$272.70	\$430.65	\$379.35	\$338.85
76	\$384.75	\$348.30	\$306.45	\$484.65	\$426.60	\$380.70
77	\$432.00	\$390.15	\$342.90	\$542.70	\$476.55	\$425.25
78	\$483.30	\$437.40	\$383.40	\$607.50	\$533.25	\$473.85
79	\$544.05	\$491.40	\$429.30	\$683.10	\$598.05	\$530.55
80	\$614.25	\$554.85	\$483.30	\$770.85	\$672.30	\$595.35

Southern Farm Bureau Life Insurance Company

Individual Comprehensive Long Term Care Program

Policy Number 3035Q

Standard Annual Premiums Reflecting Increase of 35.0%

PER \$10 of Nursing Home Maximum Daily Benefit

BASE PLAN - ONE DISCOUNT

Issue Age	1500 X MDB MAXIMUM BENEFIT Elimination Period			UNLIMITED MAXIMUM BENEFIT Elimination Period		
	30Day	90Day	180Day	30Day	90Day	180Day
18-35	\$14.85	\$14.85	\$13.50	\$18.90	\$18.90	\$17.55
36	\$16.20	\$14.85	\$14.85	\$20.25	\$18.90	\$18.90
37	\$16.20	\$16.20	\$14.85	\$21.60	\$20.25	\$18.90
38	\$17.55	\$16.20	\$16.20	\$22.95	\$20.25	\$20.25
39	\$18.90	\$17.55	\$16.20	\$24.30	\$21.60	\$20.25
40	\$18.90	\$18.90	\$17.55	\$25.65	\$22.95	\$21.60
41	\$18.90	\$18.90	\$17.55	\$25.65	\$24.30	\$22.95
42	\$20.25	\$18.90	\$18.90	\$27.00	\$25.65	\$24.30
43	\$20.25	\$18.90	\$18.90	\$27.00	\$27.00	\$25.65
44	\$21.60	\$20.25	\$18.90	\$28.35	\$27.00	\$25.65
45	\$22.95	\$21.60	\$20.25	\$31.05	\$28.35	\$27.00
46	\$24.30	\$22.95	\$20.25	\$32.40	\$29.70	\$27.00
47	\$25.65	\$24.30	\$21.60	\$33.75	\$31.05	\$28.35
48	\$27.00	\$25.65	\$22.95	\$35.10	\$32.40	\$29.70
49	\$27.00	\$27.00	\$24.30	\$36.45	\$33.75	\$32.40
50	\$28.35	\$27.00	\$25.65	\$39.15	\$35.10	\$33.75
51	\$31.05	\$28.35	\$27.00	\$41.85	\$37.80	\$35.10
52	\$33.75	\$31.05	\$28.35	\$43.20	\$40.50	\$36.45
53	\$35.10	\$33.75	\$29.70	\$45.90	\$41.85	\$39.15
54	\$37.80	\$35.10	\$32.40	\$49.95	\$44.55	\$41.85
55	\$40.50	\$37.80	\$35.10	\$52.65	\$48.60	\$44.55
56	\$43.20	\$40.50	\$36.45	\$58.05	\$51.30	\$48.60
57	\$47.25	\$43.20	\$40.50	\$62.10	\$56.70	\$51.30
58	\$51.30	\$47.25	\$43.20	\$66.15	\$60.75	\$55.35
59	\$56.70	\$51.30	\$47.25	\$72.90	\$64.80	\$59.40
60	\$60.75	\$56.70	\$51.30	\$78.30	\$71.55	\$64.80
61	\$66.15	\$60.75	\$55.35	\$85.05	\$76.95	\$70.20
62	\$72.90	\$66.15	\$59.40	\$91.80	\$82.35	\$75.60
63	\$78.30	\$72.90	\$64.80	\$99.90	\$89.10	\$82.35
64	\$86.40	\$79.65	\$71.55	\$110.70	\$98.55	\$89.10
65	\$95.85	\$87.75	\$79.65	\$121.50	\$109.35	\$98.55
66	\$105.30	\$97.20	\$87.75	\$133.65	\$118.80	\$109.35
67	\$117.45	\$108.00	\$95.85	\$148.50	\$132.30	\$120.15
68	\$129.60	\$118.80	\$106.65	\$164.70	\$147.15	\$132.30
69	\$145.80	\$133.65	\$118.80	\$182.25	\$163.35	\$147.15
70	\$163.35	\$149.85	\$132.30	\$205.20	\$182.25	\$164.70
71	\$183.60	\$166.05	\$148.50	\$230.85	\$203.85	\$183.60
72	\$203.85	\$186.30	\$164.70	\$257.85	\$228.15	\$205.20
73	\$229.50	\$209.25	\$183.60	\$288.90	\$256.50	\$229.50
74	\$256.50	\$233.55	\$206.55	\$325.35	\$287.55	\$256.50
75	\$290.25	\$264.60	\$232.20	\$365.85	\$322.65	\$287.55
76	\$326.70	\$295.65	\$260.55	\$411.75	\$363.15	\$324.00
77	\$367.20	\$332.10	\$291.60	\$461.70	\$405.00	\$361.80
78	\$410.40	\$371.25	\$325.35	\$517.05	\$453.60	\$402.30
79	\$463.05	\$417.15	\$364.50	\$580.50	\$508.95	\$450.90
80	\$522.45	\$471.15	\$410.40	\$654.75	\$571.05	\$506.25

Southern Farm Bureau Life Insurance Company

Individual Comprehensive Long Term Care Program

Policy Number 3035Q

Standard Annual Premiums Reflecting Increase of 35.0%

PER \$10 of Nursing Home Maximum Daily Benefit

BASE PLAN - TWO DISCOUNTS

Issue Age	1500 X MDB MAXIMUM BENEFIT Elimination Period			UNLIMITED MAXIMUM BENEFIT Elimination Period		
	30Day	90Day	180Day	30Day	90Day	180Day
18-35	\$12.15	\$12.15	\$12.15	\$16.20	\$16.20	\$14.85
36	\$13.50	\$12.15	\$12.15	\$17.55	\$16.20	\$16.20
37	\$13.50	\$13.50	\$12.15	\$18.90	\$17.55	\$16.20
38	\$14.85	\$13.50	\$13.50	\$18.90	\$17.55	\$17.55
39	\$16.20	\$14.85	\$13.50	\$20.25	\$18.90	\$17.55
40	\$16.20	\$16.20	\$14.85	\$21.60	\$18.90	\$18.90
41	\$16.20	\$16.20	\$14.85	\$21.60	\$20.25	\$18.90
42	\$17.55	\$16.20	\$16.20	\$22.95	\$21.60	\$20.25
43	\$17.55	\$16.20	\$16.20	\$22.95	\$22.95	\$21.60
44	\$18.90	\$17.55	\$16.20	\$24.30	\$22.95	\$21.60
45	\$18.90	\$18.90	\$17.55	\$27.00	\$24.30	\$22.95
46	\$20.25	\$18.90	\$17.55	\$27.00	\$25.65	\$22.95
47	\$21.60	\$20.25	\$18.90	\$28.35	\$27.00	\$24.30
48	\$22.95	\$21.60	\$18.90	\$29.70	\$27.00	\$25.65
49	\$22.95	\$22.95	\$20.25	\$31.05	\$28.35	\$27.00
50	\$24.30	\$22.95	\$21.60	\$33.75	\$29.70	\$28.35
51	\$27.00	\$24.30	\$22.95	\$35.10	\$32.40	\$29.70
52	\$28.35	\$27.00	\$24.30	\$36.45	\$33.75	\$31.05
53	\$29.70	\$28.35	\$25.65	\$39.15	\$36.45	\$33.75
54	\$32.40	\$29.70	\$27.00	\$41.85	\$37.80	\$36.45
55	\$33.75	\$32.40	\$29.70	\$44.55	\$40.50	\$37.80
56	\$36.45	\$33.75	\$31.05	\$48.60	\$44.55	\$40.50
57	\$40.50	\$36.45	\$33.75	\$52.65	\$47.25	\$44.55
58	\$44.55	\$40.50	\$36.45	\$56.70	\$51.30	\$47.25
59	\$47.25	\$44.55	\$40.50	\$62.10	\$55.35	\$51.30
60	\$51.30	\$47.25	\$44.55	\$66.15	\$60.75	\$55.35
61	\$56.70	\$51.30	\$47.25	\$71.55	\$64.80	\$59.40
62	\$62.10	\$56.70	\$51.30	\$78.30	\$70.20	\$64.80
63	\$66.15	\$62.10	\$55.35	\$85.05	\$75.60	\$70.20
64	\$72.90	\$67.50	\$60.75	\$93.15	\$83.70	\$75.60
65	\$81.00	\$74.25	\$67.50	\$103.95	\$93.15	\$83.70
66	\$89.10	\$82.35	\$74.25	\$114.75	\$101.25	\$93.15
67	\$99.90	\$91.80	\$82.35	\$125.55	\$112.05	\$102.60
68	\$110.70	\$101.25	\$90.45	\$139.05	\$124.20	\$112.05
69	\$124.20	\$113.40	\$99.90	\$155.25	\$139.05	\$124.20
70	\$139.05	\$126.90	\$112.05	\$174.15	\$155.25	\$139.05
71	\$156.60	\$141.75	\$125.55	\$195.75	\$174.15	\$156.60
72	\$174.15	\$157.95	\$140.40	\$220.05	\$194.40	\$174.15
73	\$195.75	\$176.85	\$156.60	\$245.70	\$217.35	\$195.75
74	\$218.70	\$198.45	\$175.50	\$275.40	\$244.35	\$218.70
75	\$247.05	\$224.10	\$197.10	\$310.50	\$274.05	\$244.35
76	\$278.10	\$251.10	\$221.40	\$349.65	\$307.80	\$275.40
77	\$311.85	\$282.15	\$248.40	\$391.50	\$344.25	\$307.80
78	\$349.65	\$315.90	\$276.75	\$438.75	\$384.75	\$342.90
79	\$392.85	\$355.05	\$310.50	\$494.10	\$432.00	\$383.40
80	\$444.15	\$400.95	\$349.65	\$557.55	\$486.00	\$430.65

Southern Farm Bureau Life Insurance Company

Individual Comprehensive Long Term Care Program

Policy Number 3035Q

Standard Annual Premiums Reflecting Increase of 35.0%

PER \$10 of Nursing Home Maximum Daily Benefit

BASE PLAN WITH COMPOUND INFLATION FOR 20 YEARS

Issue Age	1500 X MDB MAXIMUM BENEFIT			UNLIMITED MAXIMUM BENEFIT		
	Elimination Period			Elimination Period		
	30Day	90Day	180Day	30Day	90Day	180Day
18-35	\$25.65	\$24.30	\$22.95	\$33.75	\$31.05	\$29.70
36	\$27.00	\$25.65	\$24.30	\$35.10	\$32.40	\$31.05
37	\$27.00	\$25.65	\$24.30	\$37.80	\$35.10	\$32.40
38	\$29.70	\$27.00	\$25.65	\$39.15	\$36.45	\$35.10
39	\$31.05	\$28.35	\$27.00	\$41.85	\$39.15	\$36.45
40	\$32.40	\$31.05	\$28.35	\$44.55	\$40.50	\$37.80
41	\$33.75	\$32.40	\$29.70	\$45.90	\$43.20	\$40.50
42	\$35.10	\$33.75	\$31.05	\$48.60	\$44.55	\$41.85
43	\$37.80	\$35.10	\$32.40	\$51.30	\$47.25	\$44.55
44	\$39.15	\$36.45	\$33.75	\$54.00	\$49.95	\$45.90
45	\$41.85	\$39.15	\$36.45	\$56.70	\$52.65	\$48.60
46	\$44.55	\$41.85	\$37.80	\$60.75	\$55.35	\$51.30
47	\$47.25	\$44.55	\$40.50	\$64.80	\$58.05	\$54.00
48	\$49.95	\$47.25	\$43.20	\$67.50	\$62.10	\$58.05
49	\$54.00	\$49.95	\$45.90	\$72.90	\$66.15	\$60.75
50	\$58.05	\$54.00	\$49.95	\$76.95	\$70.20	\$64.80
51	\$62.10	\$58.05	\$52.65	\$83.70	\$75.60	\$70.20
52	\$67.50	\$62.10	\$56.70	\$89.10	\$81.00	\$74.25
53	\$72.90	\$67.50	\$60.75	\$95.85	\$86.40	\$79.65
54	\$78.30	\$72.90	\$66.15	\$103.95	\$93.15	\$86.40
55	\$85.05	\$78.30	\$71.55	\$112.05	\$101.25	\$93.15
56	\$93.15	\$86.40	\$76.95	\$121.50	\$109.35	\$99.90
57	\$101.25	\$93.15	\$85.05	\$132.30	\$118.80	\$108.00
58	\$110.70	\$102.60	\$91.80	\$144.45	\$129.60	\$117.45
59	\$121.50	\$110.70	\$99.90	\$156.60	\$140.40	\$126.90
60	\$132.30	\$121.50	\$108.00	\$170.10	\$151.20	\$137.70
61	\$143.10	\$130.95	\$117.45	\$183.60	\$163.35	\$148.50
62	\$155.25	\$141.75	\$126.90	\$197.10	\$175.50	\$159.30
63	\$167.40	\$152.55	\$136.35	\$213.30	\$190.35	\$171.45
64	\$182.25	\$166.05	\$148.50	\$230.85	\$205.20	\$184.95
65	\$198.45	\$180.90	\$160.65	\$251.10	\$224.10	\$201.15
66	\$217.35	\$198.45	\$176.85	\$275.40	\$244.35	\$220.05
67	\$238.95	\$217.35	\$193.05	\$301.05	\$265.95	\$240.30
68	\$260.55	\$237.60	\$210.60	\$328.05	\$291.60	\$261.90
69	\$286.20	\$260.55	\$230.85	\$360.45	\$318.60	\$286.20
70	\$314.55	\$286.20	\$252.45	\$394.20	\$348.30	\$313.20
71	\$344.25	\$313.20	\$275.40	\$432.00	\$380.70	\$341.55
72	\$375.30	\$340.20	\$299.70	\$471.15	\$414.45	\$371.25
73	\$409.05	\$371.25	\$326.70	\$513.00	\$452.25	\$403.65
74	\$446.85	\$406.35	\$356.40	\$561.60	\$494.10	\$441.45
75	\$491.40	\$445.50	\$391.50	\$618.30	\$542.70	\$483.30
76	\$541.35	\$490.05	\$429.30	\$680.40	\$596.70	\$530.55
77	\$595.35	\$538.65	\$471.15	\$747.90	\$654.75	\$581.85
78	\$656.10	\$592.65	\$517.05	\$822.15	\$718.20	\$637.20
79	\$722.25	\$652.05	\$568.35	\$904.50	\$789.75	\$699.30
80	\$797.85	\$719.55	\$626.40	\$997.65	\$869.40	\$768.15

Southern Farm Bureau Life Insurance Company

Individual Comprehensive Long Term Care Program

Policy Number 3035Q

Standard Annual Premiums Reflecting Increase of 35.0%

PER \$10 of Nursing Home Maximum Daily Benefit

BASE PLAN WITH COMPOUND INFLATION FOR 20 YEARS - ONE DISCOUNT

Issue Age	1500 X MDB MAXIMUM BENEFIT Elimination Period			UNLIMITED MAXIMUM BENEFIT Elimination Period		
	30Day	90Day	180Day	30Day	90Day	180Day
18-35	\$21.60	\$20.25	\$18.90	\$28.35	\$27.00	\$25.65
36	\$22.95	\$21.60	\$20.25	\$29.70	\$27.00	\$27.00
37	\$22.95	\$21.60	\$20.25	\$32.40	\$29.70	\$27.00
38	\$25.65	\$22.95	\$21.60	\$33.75	\$31.05	\$29.70
39	\$27.00	\$24.30	\$22.95	\$35.10	\$33.75	\$31.05
40	\$27.00	\$27.00	\$24.30	\$37.80	\$35.10	\$32.40
41	\$28.35	\$27.00	\$25.65	\$39.15	\$36.45	\$35.10
42	\$29.70	\$28.35	\$27.00	\$41.85	\$37.80	\$35.10
43	\$32.40	\$29.70	\$27.00	\$43.20	\$40.50	\$37.80
44	\$33.75	\$31.05	\$28.35	\$45.90	\$41.85	\$39.15
45	\$35.10	\$33.75	\$31.05	\$48.60	\$44.55	\$41.85
46	\$37.80	\$35.10	\$32.40	\$51.30	\$47.25	\$43.20
47	\$40.50	\$37.80	\$35.10	\$55.35	\$49.95	\$45.90
48	\$41.85	\$40.50	\$36.45	\$58.05	\$52.65	\$49.95
49	\$45.90	\$41.85	\$39.15	\$62.10	\$56.70	\$51.30
50	\$49.95	\$45.90	\$41.85	\$64.80	\$59.40	\$55.35
51	\$52.65	\$49.95	\$44.55	\$71.55	\$64.80	\$59.40
52	\$58.05	\$52.65	\$48.60	\$75.60	\$68.85	\$63.45
53	\$62.10	\$58.05	\$51.30	\$81.00	\$72.90	\$67.50
54	\$66.15	\$62.10	\$56.70	\$87.75	\$79.65	\$72.90
55	\$72.90	\$66.15	\$60.75	\$95.85	\$86.40	\$79.65
56	\$79.65	\$72.90	\$64.80	\$103.95	\$93.15	\$85.05
57	\$86.40	\$79.65	\$72.90	\$112.05	\$101.25	\$91.80
58	\$94.50	\$87.75	\$78.30	\$122.85	\$110.70	\$99.90
59	\$103.95	\$94.50	\$85.05	\$133.65	\$118.80	\$108.00
60	\$112.05	\$103.95	\$91.80	\$144.45	\$128.25	\$117.45
61	\$121.50	\$110.70	\$99.90	\$156.60	\$139.05	\$126.90
62	\$132.30	\$120.15	\$108.00	\$167.40	\$149.85	\$135.00
63	\$141.75	\$129.60	\$116.10	\$180.90	\$162.00	\$145.80
64	\$155.25	\$141.75	\$126.90	\$195.75	\$174.15	\$156.60
65	\$168.75	\$153.90	\$136.35	\$213.30	\$190.35	\$171.45
66	\$184.95	\$168.75	\$149.85	\$233.55	\$207.90	\$187.65
67	\$202.50	\$184.95	\$164.70	\$256.50	\$225.45	\$203.85
68	\$221.40	\$202.50	\$179.55	\$279.45	\$248.40	\$222.75
69	\$243.00	\$221.40	\$195.75	\$306.45	\$271.35	\$243.00
70	\$267.30	\$243.00	\$214.65	\$334.80	\$295.65	\$265.95
71	\$292.95	\$265.95	\$233.55	\$367.20	\$324.00	\$290.25
72	\$318.60	\$288.90	\$255.15	\$400.95	\$352.35	\$315.90
73	\$348.30	\$315.90	\$278.10	\$436.05	\$384.75	\$342.90
74	\$379.35	\$345.60	\$302.40	\$477.90	\$419.85	\$375.30
75	\$417.15	\$379.35	\$333.45	\$525.15	\$461.70	\$410.40
76	\$460.35	\$417.15	\$364.50	\$577.80	\$507.60	\$450.90
77	\$506.25	\$457.65	\$400.95	\$635.85	\$556.20	\$494.10
78	\$557.55	\$503.55	\$440.10	\$699.30	\$610.20	\$541.35
79	\$614.25	\$554.85	\$483.30	\$769.50	\$670.95	\$594.00
80	\$677.70	\$611.55	\$531.90	\$847.80	\$738.45	\$653.40

Southern Farm Bureau Life Insurance Company

Individual Comprehensive Long Term Care Program

Policy Number 3035Q

Standard Annual Premiums Reflecting Increase of 35.0%

PER \$10 of Nursing Home Maximum Daily Benefit

BASE PLAN WITH COMPOUND INFLATION FOR 20 YEARS - TWO DISCOUNTS

Issue Age	1500 X MDB MAXIMUM BENEFIT			UNLIMITED MAXIMUM BENEFIT		
	Elimination Period			Elimination Period		
	30Day	90Day	180Day	30Day	90Day	180Day
18-35	\$18.90	\$17.55	\$16.20	\$24.30	\$22.95	\$21.60
36	\$18.90	\$18.90	\$17.55	\$25.65	\$22.95	\$22.95
37	\$18.90	\$18.90	\$17.55	\$27.00	\$25.65	\$22.95
38	\$21.60	\$18.90	\$18.90	\$28.35	\$27.00	\$25.65
39	\$22.95	\$20.25	\$18.90	\$29.70	\$28.35	\$27.00
40	\$22.95	\$22.95	\$20.25	\$32.40	\$29.70	\$27.00
41	\$24.30	\$22.95	\$21.60	\$33.75	\$31.05	\$29.70
42	\$25.65	\$24.30	\$22.95	\$35.10	\$32.40	\$29.70
43	\$27.00	\$25.65	\$22.95	\$36.45	\$33.75	\$32.40
44	\$28.35	\$27.00	\$24.30	\$39.15	\$36.45	\$33.75
45	\$29.70	\$28.35	\$27.00	\$40.50	\$37.80	\$35.10
46	\$32.40	\$29.70	\$27.00	\$44.55	\$40.50	\$36.45
47	\$33.75	\$32.40	\$29.70	\$47.25	\$41.85	\$39.15
48	\$36.45	\$33.75	\$31.05	\$48.60	\$44.55	\$41.85
49	\$39.15	\$36.45	\$33.75	\$52.65	\$47.25	\$44.55
50	\$41.85	\$39.15	\$36.45	\$55.35	\$51.30	\$47.25
51	\$44.55	\$41.85	\$37.80	\$60.75	\$54.00	\$51.30
52	\$48.60	\$44.55	\$40.50	\$64.80	\$58.05	\$54.00
53	\$52.65	\$48.60	\$44.55	\$68.85	\$62.10	\$58.05
54	\$56.70	\$52.65	\$47.25	\$75.60	\$67.50	\$62.10
55	\$62.10	\$56.70	\$51.30	\$81.00	\$72.90	\$67.50
56	\$67.50	\$62.10	\$55.35	\$87.75	\$79.65	\$71.55
57	\$72.90	\$67.50	\$62.10	\$95.85	\$86.40	\$78.30
58	\$79.65	\$74.25	\$66.15	\$103.95	\$93.15	\$85.05
59	\$87.75	\$79.65	\$71.55	\$113.40	\$101.25	\$91.80
60	\$95.85	\$87.75	\$78.30	\$122.85	\$109.35	\$99.90
61	\$103.95	\$94.50	\$85.05	\$132.30	\$117.45	\$106.65
62	\$112.05	\$102.60	\$91.80	\$141.75	\$126.90	\$114.75
63	\$121.50	\$110.70	\$98.55	\$153.90	\$137.70	\$124.20
64	\$132.30	\$120.15	\$106.65	\$167.40	\$148.50	\$133.65
65	\$143.10	\$130.95	\$116.10	\$180.90	\$162.00	\$145.80
66	\$156.60	\$143.10	\$128.25	\$198.45	\$176.85	\$159.30
67	\$172.80	\$156.60	\$139.05	\$217.35	\$191.70	\$174.15
68	\$187.65	\$171.45	\$152.55	\$237.60	\$210.60	\$189.00
69	\$206.55	\$187.65	\$167.40	\$260.55	\$230.85	\$206.55
70	\$226.80	\$206.55	\$182.25	\$284.85	\$251.10	\$226.80
71	\$248.40	\$226.80	\$198.45	\$311.85	\$275.40	\$247.05
72	\$271.35	\$245.70	\$216.00	\$340.20	\$299.70	\$268.65
73	\$295.65	\$268.65	\$236.25	\$371.25	\$326.70	\$291.60
74	\$322.65	\$292.95	\$257.85	\$406.35	\$356.40	\$318.60
75	\$355.05	\$321.30	\$283.50	\$446.85	\$391.50	\$349.65
76	\$391.50	\$353.70	\$310.50	\$491.40	\$430.65	\$383.40
77	\$430.65	\$388.80	\$340.20	\$540.00	\$472.50	\$419.85
78	\$473.85	\$427.95	\$373.95	\$594.00	\$518.40	\$460.35
79	\$522.45	\$471.15	\$410.40	\$653.40	\$571.05	\$504.90
80	\$576.45	\$519.75	\$452.25	\$720.90	\$627.75	\$554.85

Southern Farm Bureau Life Insurance Company

Individual Comprehensive Long Term Care Program

Policy Number 3035Q

Standard Annual Premiums Reflecting Increase of 35.0%

PER \$10 of Nursing Home Maximum Daily Benefit

BASE PLAN WITH COMPOUND INFLATION FOR LIFETIME

Issue Age	1500 X MDB MAXIMUM BENEFIT			UNLIMITED MAXIMUM BENEFIT		
	Elimination Period			Elimination Period		
	30Day	90Day	180Day	30Day	90Day	180Day
18-35	\$37.80	\$36.45	\$33.75	\$51.30	\$45.90	\$43.20
36	\$40.50	\$37.80	\$35.10	\$52.65	\$48.60	\$45.90
37	\$41.85	\$39.15	\$36.45	\$55.35	\$51.30	\$47.25
38	\$44.55	\$41.85	\$37.80	\$59.40	\$54.00	\$49.95
39	\$45.90	\$43.20	\$40.50	\$62.10	\$56.70	\$52.65
40	\$48.60	\$45.90	\$41.85	\$64.80	\$59.40	\$55.35
41	\$51.30	\$47.25	\$43.20	\$68.85	\$62.10	\$56.70
42	\$54.00	\$49.95	\$45.90	\$71.55	\$64.80	\$59.40
43	\$56.70	\$52.65	\$47.25	\$74.25	\$67.50	\$62.10
44	\$59.40	\$54.00	\$49.95	\$78.30	\$71.55	\$64.80
45	\$62.10	\$58.05	\$52.65	\$82.35	\$74.25	\$68.85
46	\$64.80	\$60.75	\$55.35	\$86.40	\$78.30	\$71.55
47	\$68.85	\$63.45	\$58.05	\$90.45	\$82.35	\$75.60
48	\$72.90	\$67.50	\$60.75	\$94.50	\$86.40	\$78.30
49	\$76.95	\$70.20	\$63.45	\$99.90	\$90.45	\$82.35
50	\$81.00	\$74.25	\$67.50	\$105.30	\$95.85	\$87.75
51	\$85.05	\$79.65	\$71.55	\$112.05	\$99.90	\$91.80
52	\$90.45	\$83.70	\$75.60	\$118.80	\$106.65	\$97.20
53	\$95.85	\$89.10	\$79.65	\$125.55	\$112.05	\$102.60
54	\$102.60	\$94.50	\$85.05	\$133.65	\$118.80	\$109.35
55	\$109.35	\$99.90	\$90.45	\$141.75	\$126.90	\$114.75
56	\$116.10	\$106.65	\$95.85	\$151.20	\$135.00	\$122.85
57	\$125.55	\$114.75	\$102.60	\$160.65	\$143.10	\$130.95
58	\$133.65	\$122.85	\$109.35	\$171.45	\$152.55	\$139.05
59	\$143.10	\$130.95	\$117.45	\$183.60	\$163.35	\$148.50
60	\$153.90	\$140.40	\$125.55	\$195.75	\$174.15	\$157.95
61	\$163.35	\$149.85	\$133.65	\$207.90	\$184.95	\$167.40
62	\$174.15	\$159.30	\$141.75	\$220.05	\$195.75	\$176.85
63	\$184.95	\$168.75	\$149.85	\$233.55	\$207.90	\$187.65
64	\$197.10	\$180.90	\$160.65	\$249.75	\$222.75	\$199.80
65	\$213.30	\$194.40	\$172.80	\$268.65	\$238.95	\$214.65
66	\$230.85	\$210.60	\$186.30	\$290.25	\$257.85	\$232.20
67	\$249.75	\$228.15	\$201.15	\$314.55	\$278.10	\$249.75
68	\$271.35	\$247.05	\$218.70	\$340.20	\$301.05	\$271.35
69	\$295.65	\$268.65	\$237.60	\$369.90	\$328.05	\$294.30
70	\$321.30	\$292.95	\$257.85	\$403.65	\$356.40	\$319.95
71	\$349.65	\$318.60	\$280.80	\$438.75	\$387.45	\$346.95
72	\$379.35	\$345.60	\$303.75	\$476.55	\$419.85	\$375.30
73	\$413.10	\$373.95	\$329.40	\$518.40	\$456.30	\$407.70
74	\$450.90	\$409.05	\$359.10	\$565.65	\$496.80	\$444.15
75	\$494.10	\$448.20	\$392.85	\$621.00	\$545.40	\$486.00
76	\$544.05	\$492.75	\$430.65	\$681.75	\$598.05	\$531.90
77	\$598.05	\$540.00	\$472.50	\$749.25	\$656.10	\$583.20
78	\$657.45	\$594.00	\$518.40	\$823.50	\$719.55	\$638.55
79	\$723.60	\$653.40	\$569.70	\$905.85	\$791.10	\$699.30
80	\$797.85	\$719.55	\$626.40	\$999.00	\$870.75	\$769.50

Southern Farm Bureau Life Insurance Company

Individual Comprehensive Long Term Care Program

Policy Number 3035Q

Standard Annual Premiums Reflecting Increase of 35.0%

PER \$10 of Nursing Home Maximum Daily Benefit

BASE PLAN WITH COMPOUND INFLATION FOR LIFETIME - ONE DISCOUNT

Issue Age	1500 X MDB MAXIMUM BENEFIT			UNLIMITED MAXIMUM BENEFIT		
	Elimination Period			Elimination Period		
	30Day	90Day	180Day	30Day	90Day	180Day
18-35	\$32.40	\$31.05	\$28.35	\$43.20	\$39.15	\$36.45
36	\$35.10	\$32.40	\$29.70	\$44.55	\$41.85	\$39.15
37	\$35.10	\$33.75	\$31.05	\$47.25	\$43.20	\$40.50
38	\$37.80	\$35.10	\$32.40	\$49.95	\$45.90	\$41.85
39	\$39.15	\$36.45	\$35.10	\$52.65	\$48.60	\$44.55
40	\$41.85	\$39.15	\$35.10	\$55.35	\$49.95	\$47.25
41	\$43.20	\$40.50	\$36.45	\$58.05	\$52.65	\$48.60
42	\$45.90	\$41.85	\$39.15	\$60.75	\$55.35	\$49.95
43	\$48.60	\$44.55	\$40.50	\$63.45	\$58.05	\$52.65
44	\$49.95	\$45.90	\$41.85	\$66.15	\$60.75	\$55.35
45	\$52.65	\$49.95	\$44.55	\$70.20	\$63.45	\$58.05
46	\$55.35	\$51.30	\$47.25	\$72.90	\$66.15	\$60.75
47	\$58.05	\$54.00	\$49.95	\$76.95	\$70.20	\$64.80
48	\$62.10	\$58.05	\$51.30	\$81.00	\$72.90	\$66.15
49	\$64.80	\$59.40	\$54.00	\$85.05	\$76.95	\$70.20
50	\$68.85	\$63.45	\$58.05	\$89.10	\$81.00	\$74.25
51	\$72.90	\$67.50	\$60.75	\$95.85	\$85.05	\$78.30
52	\$76.95	\$71.55	\$64.80	\$101.25	\$90.45	\$82.35
53	\$81.00	\$75.60	\$67.50	\$106.65	\$95.85	\$87.75
54	\$87.75	\$81.00	\$72.90	\$113.40	\$101.25	\$93.15
55	\$93.15	\$85.05	\$76.95	\$120.15	\$108.00	\$97.20
56	\$98.55	\$90.45	\$81.00	\$128.25	\$114.75	\$103.95
57	\$106.65	\$97.20	\$87.75	\$136.35	\$121.50	\$110.70
58	\$113.40	\$103.95	\$93.15	\$145.80	\$129.60	\$118.80
59	\$121.50	\$110.70	\$99.90	\$156.60	\$139.05	\$126.90
60	\$130.95	\$118.80	\$106.65	\$166.05	\$148.50	\$133.65
61	\$139.05	\$126.90	\$113.40	\$176.85	\$156.60	\$141.75
62	\$148.50	\$135.00	\$120.15	\$187.65	\$166.05	\$149.85
63	\$156.60	\$143.10	\$126.90	\$198.45	\$176.85	\$159.30
64	\$167.40	\$153.90	\$136.35	\$211.95	\$189.00	\$170.10
65	\$180.90	\$164.70	\$147.15	\$228.15	\$202.50	\$182.25
66	\$195.75	\$179.55	\$157.95	\$247.05	\$218.70	\$197.10
67	\$211.95	\$194.40	\$171.45	\$267.30	\$236.25	\$211.95
68	\$230.85	\$210.60	\$186.30	\$288.90	\$256.50	\$230.85
69	\$251.10	\$228.15	\$202.50	\$314.55	\$279.45	\$249.75
70	\$272.70	\$248.40	\$218.70	\$342.90	\$302.40	\$271.35
71	\$297.00	\$271.35	\$238.95	\$372.60	\$329.40	\$294.30
72	\$322.65	\$294.30	\$257.85	\$405.00	\$356.40	\$318.60
73	\$351.00	\$317.25	\$279.45	\$440.10	\$387.45	\$346.95
74	\$383.40	\$348.30	\$305.10	\$480.60	\$422.55	\$378.00
75	\$419.85	\$380.70	\$333.45	\$527.85	\$463.05	\$413.10
76	\$463.05	\$418.50	\$365.85	\$579.15	\$508.95	\$452.25
77	\$508.95	\$459.00	\$402.30	\$637.20	\$557.55	\$495.45
78	\$558.90	\$504.90	\$440.10	\$700.65	\$611.55	\$542.70
79	\$615.60	\$554.85	\$484.65	\$769.50	\$672.30	\$594.00
80	\$677.70	\$611.55	\$531.90	\$849.15	\$739.80	\$654.75

Southern Farm Bureau Life Insurance Company

Individual Comprehensive Long Term Care Program

Policy Number 3035Q

Standard Annual Premiums Reflecting Increase of 35.0%

PER \$10 of Nursing Home Maximum Daily Benefit

BASE PLAN WITH COMPOUND INFLATION FOR LIFETIME - TWO DISCOUNTS

Issue Age	1500 X MDB MAXIMUM BENEFIT			UNLIMITED MAXIMUM BENEFIT		
	Elimination Period			Elimination Period		
	30Day	90Day	180Day	30Day	90Day	180Day
18-35	\$27.00	\$27.00	\$24.30	\$36.45	\$33.75	\$31.05
36	\$29.70	\$27.00	\$25.65	\$37.80	\$35.10	\$33.75
37	\$29.70	\$28.35	\$27.00	\$40.50	\$36.45	\$33.75
38	\$32.40	\$29.70	\$27.00	\$43.20	\$39.15	\$36.45
39	\$33.75	\$31.05	\$29.70	\$44.55	\$40.50	\$37.80
40	\$35.10	\$33.75	\$29.70	\$47.25	\$43.20	\$40.50
41	\$36.45	\$33.75	\$31.05	\$49.95	\$44.55	\$40.50
42	\$39.15	\$36.45	\$33.75	\$51.30	\$47.25	\$43.20
43	\$40.50	\$37.80	\$33.75	\$54.00	\$48.60	\$44.55
44	\$43.20	\$39.15	\$36.45	\$56.70	\$51.30	\$47.25
45	\$44.55	\$41.85	\$37.80	\$59.40	\$54.00	\$49.95
46	\$47.25	\$44.55	\$40.50	\$62.10	\$56.70	\$51.30
47	\$49.95	\$45.90	\$41.85	\$64.80	\$59.40	\$54.00
48	\$52.65	\$48.60	\$44.55	\$68.85	\$62.10	\$56.70
49	\$55.35	\$51.30	\$45.90	\$71.55	\$64.80	\$59.40
50	\$58.05	\$54.00	\$48.60	\$75.60	\$68.85	\$63.45
51	\$62.10	\$58.05	\$51.30	\$81.00	\$71.55	\$66.15
52	\$64.80	\$60.75	\$54.00	\$86.40	\$76.95	\$70.20
53	\$68.85	\$64.80	\$58.05	\$90.45	\$81.00	\$74.25
54	\$74.25	\$68.85	\$62.10	\$97.20	\$86.40	\$79.65
55	\$79.65	\$71.55	\$64.80	\$102.60	\$91.80	\$82.35
56	\$83.70	\$76.95	\$68.85	\$109.35	\$97.20	\$89.10
57	\$90.45	\$82.35	\$74.25	\$116.10	\$103.95	\$94.50
58	\$97.20	\$89.10	\$79.65	\$124.20	\$110.70	\$99.90
59	\$103.95	\$94.50	\$85.05	\$132.30	\$117.45	\$106.65
60	\$110.70	\$101.25	\$90.45	\$141.75	\$125.55	\$114.75
61	\$117.45	\$108.00	\$97.20	\$149.85	\$133.65	\$121.50
62	\$125.55	\$114.75	\$102.60	\$159.30	\$141.75	\$128.25
63	\$133.65	\$121.50	\$108.00	\$168.75	\$149.85	\$135.00
64	\$141.75	\$130.95	\$116.10	\$180.90	\$160.65	\$144.45
65	\$153.90	\$140.40	\$124.20	\$194.40	\$172.80	\$155.25
66	\$167.40	\$152.55	\$135.00	\$209.25	\$186.30	\$167.40
67	\$180.90	\$164.70	\$145.80	\$226.80	\$201.15	\$180.90
68	\$195.75	\$178.20	\$157.95	\$245.70	\$217.35	\$195.75
69	\$213.30	\$194.40	\$171.45	\$267.30	\$237.60	\$213.30
70	\$232.20	\$211.95	\$186.30	\$291.60	\$257.85	\$230.85
71	\$252.45	\$230.85	\$202.50	\$317.25	\$279.45	\$251.10
72	\$274.05	\$249.75	\$220.05	\$344.25	\$303.75	\$271.35
73	\$298.35	\$270.00	\$237.60	\$373.95	\$329.40	\$294.30
74	\$325.35	\$295.65	\$259.20	\$409.05	\$359.10	\$321.30
75	\$356.40	\$324.00	\$283.50	\$448.20	\$394.20	\$351.00
76	\$392.85	\$356.40	\$310.50	\$492.75	\$432.00	\$384.75
77	\$432.00	\$390.15	\$341.55	\$541.35	\$473.85	\$421.20
78	\$475.20	\$429.30	\$373.95	\$595.35	\$519.75	\$461.70
79	\$522.45	\$472.50	\$411.75	\$654.75	\$571.05	\$504.90
80	\$576.45	\$519.75	\$452.25	\$722.25	\$629.10	\$556.20

Southern Farm Bureau Life Insurance Company

Individual Comprehensive Long Term Care Program

Policy Number 3035Q

ADDITIONAL PREMIUM FOR RETURN OF PREMIUM & NONFORFEITURE OPTIONS

Percent Increase in Premium		
Issue Age	Return of Premium at	Nonforfeiture at Lapse
35 and under	3.00%	27.60%
36	3.20%	27.50%
37	3.30%	27.30%
38	3.50%	27.20%
39	3.70%	27.00%
40	3.90%	26.90%
41	4.10%	26.80%
42	4.40%	26.60%
43	4.60%	26.50%
44	4.80%	26.30%
45	5.10%	26.20%
46	5.40%	26.00%
47	5.60%	25.90%
48	5.90%	25.70%
49	6.20%	25.60%
50	6.40%	25.40%
51	6.60%	25.30%
52	6.90%	25.10%
53	7.10%	24.90%
54	7.30%	24.80%
55	7.50%	24.60%
56	7.60%	24.50%
57	7.70%	24.30%
58	7.80%	24.10%
59	7.70%	24.00%
60	7.60%	23.80%
61	7.30%	23.60%
62	6.90%	23.40%
63	6.40%	23.30%
64	5.80%	23.10%
65	5.30%	22.90%
66	4.50%	22.70%
67	3.70%	22.60%
68	2.90%	22.40%
69	2.20%	22.20%
70	N/A	22.00%
71	N/A	21.90%
72	N/A	21.70%
73	N/A	21.50%
74	N/A	21.40%
75	N/A	21.20%
76	N/A	20.90%
77	N/A	20.60%
78	N/A	20.30%
79	N/A	19.90%
80	N/A	19.60%

Southern Farm Bureau Life Insurance Company

Individual Comprehensive Long Term Care Program

Policy Number HL200

Annual Premiums per \$10 of Nursing Home Maximum Daily Benefit
Reflecting Increase of 35.0%

90 Day Elimination Period, No Inflation Protection

Issue Age	Nursing Facility Only			Nursing Facility with 50% Home Health Care		
	3 Year	5 Year	Lifetime	3 Year	5 Year	Lifetime
18-25	20.97	22.56	28.17	23.02	24.96	31.48
26	21.37	23.06	28.89	23.54	25.62	32.43
27	21.75	23.54	29.62	24.07	26.27	33.37
28	22.15	24.06	30.36	24.62	26.96	34.37
29	22.59	24.61	31.17	25.22	27.70	35.44
30	23.07	25.23	32.08	25.88	28.54	36.64
31	23.65	25.95	33.13	26.66	29.50	38.03
32	24.29	26.74	34.29	27.53	30.56	39.58
33	24.95	27.58	35.51	28.43	31.68	41.20
34	25.60	28.39	36.68	29.34	32.81	42.80
35	26.16	29.15	37.75	30.16	33.86	44.29
36	26.65	29.78	38.68	30.90	34.80	45.63
37	27.07	30.36	39.49	31.59	35.69	46.87
38	27.47	30.92	40.27	32.27	36.59	48.10
39	27.89	31.51	41.08	32.97	37.50	49.37
40	28.38	32.16	42.00	33.75	38.52	50.77
41	28.89	32.86	42.97	34.59	39.60	52.26
42	29.43	33.57	43.96	35.45	40.70	53.77
43	30.01	34.36	45.02	36.37	41.89	55.39
44	30.69	35.22	46.20	37.40	43.19	57.15
45	31.47	36.23	47.55	38.57	44.64	59.12
46	32.41	37.40	49.09	39.89	46.28	61.30
47	33.47	38.69	50.76	41.35	48.06	63.64
48	34.60	40.08	52.57	42.92	49.96	66.16
49	35.82	41.55	54.50	44.58	51.99	68.85
50	37.04	43.09	56.54	46.31	54.14	71.70
51	38.23	44.59	58.54	47.98	56.23	74.53
52	39.38	46.06	60.51	49.61	58.31	77.33
53	40.62	47.67	62.67	51.39	60.56	80.41
54	42.11	49.56	65.22	53.53	63.25	84.04
55	43.96	51.89	68.36	56.19	66.57	88.52
56	46.21	54.70	72.12	59.36	70.48	93.78
57	48.75	57.85	76.32	62.92	74.84	99.64
58	51.58	61.33	80.99	66.89	79.73	106.19
59	54.66	65.16	86.10	71.35	85.19	113.52
60	58.00	69.32	91.68	76.29	91.30	121.76
61	61.45	73.70	97.58	81.57	97.88	130.67
62	65.04	78.29	103.80	87.16	104.87	140.17
63	68.94	83.27	110.54	93.30	112.55	150.61
64	73.36	88.84	118.02	100.28	121.23	162.32
65	78.46	95.19	126.44	108.39	131.19	175.66
66	84.04	102.03	135.38	117.13	141.84	189.80
67	89.95	109.23	144.71	126.32	153.00	204.51
68	96.54	117.23	155.03	136.69	165.52	221.02
69	104.17	126.48	167.01	148.93	180.31	240.53
70	113.16	137.46	181.24	163.77	198.22	264.26
71	123.63	150.32	198.05	181.14	219.25	292.19
72	135.38	164.78	217.00	200.57	242.78	323.53
73	148.20	180.55	237.64	222.14	268.89	358.26
74	161.92	197.36	259.51	245.94	297.62	396.45
75	176.35	214.93	282.11	272.08	329.01	438.12
76	190.65	232.25	304.07	298.70	360.92	480.15
77	204.94	249.48	325.69	325.77	393.34	522.56
78	220.50	268.18	349.07	356.02	429.45	569.97
79	238.56	289.87	376.31	392.15	472.46	627.01
80	260.40	316.13		436.87	525.57	
81	286.38	347.48		490.83	589.64	
82	315.67	382.87		552.20	662.54	
83	347.72	421.54		620.06	742.97	
84	381.93	462.65		693.47	829.63	
85	417.76	505.40		771.50	921.23	

DISCOUNTS:

Spousal/Partner: Multiply by .85 for two
or .9 for one
Non-Tobacco: Multiply by .85

ELIMINATION PERIOD FACTORS

30 Days 1.12
90 Days 1.00
180 Days 0.90

Southern Farm Bureau Life Insurance Company

Individual Comprehensive Long Term Care Program

Policy Number HL200

Annual Premiums per \$10 of Nursing Home Maximum Daily Benefit

Reflecting Increase of 35.0%

90 Day Elimination Period, No Inflation Protection

Issue Age	Nursing Facility with 75% Home Health Care			Nursing Facility with 100% Home Health Care		
	3 Year	5 Year	Lifetime	3 Year	5 Year	Lifetime
18-25	23.77	26.03	33.13	24.52	27.08	35.13
26	24.34	26.74	34.17	25.14	27.88	36.30
27	24.91	27.47	35.22	25.76	28.66	37.46
28	25.50	28.22	36.32	26.39	29.48	38.69
29	26.15	29.04	37.50	27.09	30.39	40.03
30	26.88	29.96	38.84	27.89	31.40	41.53
31	27.73	31.02	40.39	28.80	32.56	43.27
32	28.67	32.21	42.11	29.82	33.86	45.20
33	29.66	33.45	43.90	30.89	35.22	47.21
34	30.65	34.70	45.70	31.95	36.59	49.23
35	31.56	35.87	47.37	32.97	37.89	51.15
36	32.39	36.95	48.90	33.89	39.10	52.91
37	33.16	37.96	50.33	34.74	40.24	54.57
38	33.93	38.99	51.75	35.59	41.39	56.23
39	34.72	40.04	53.23	36.49	42.59	57.94
40	35.60	41.20	54.84	37.48	43.92	59.82
41	36.54	42.44	56.54	38.52	45.31	61.80
42	37.52	43.71	58.29	39.60	46.74	63.84
43	38.56	45.06	60.16	40.74	48.25	66.00
44	39.70	46.53	62.17	42.01	49.91	68.34
45	40.99	48.18	64.41	43.43	51.75	70.90
46	42.44	50.00	66.87	45.01	53.76	73.70
47	44.02	51.98	69.50	46.72	55.93	76.67
48	45.72	54.09	72.31	48.56	58.25	79.85
49	47.53	56.34	75.30	50.50	60.72	83.24
50	49.42	58.73	78.52	52.56	63.34	86.89
51	51.26	61.07	81.70	54.55	65.95	90.52
52	53.07	63.40	84.87	56.52	68.54	94.15
53	55.03	65.93	88.34	58.67	71.36	98.12
54	57.38	68.94	92.45	61.22	74.70	102.80
55	60.29	72.67	97.51	64.41	78.83	108.57
56	63.76	77.03	103.41	68.16	83.63	115.26
57	67.64	81.86	109.96	72.35	88.95	122.63
58	71.97	87.29	117.29	77.04	94.92	130.92
59	76.84	93.41	125.56	82.34	101.70	140.35
60	82.32	100.32	134.93	88.34	109.40	151.13
61	88.21	107.81	145.15	94.84	117.84	162.99
62	94.46	115.82	156.13	101.76	126.89	175.78
63	101.37	124.66	168.22	109.43	136.90	189.92
64	109.22	134.65	181.82	118.14	148.20	205.83
65	118.30	146.10	197.29	128.18	161.16	223.94
66	128.05	158.29	213.65	138.93	174.92	243.05
67	138.28	171.03	230.66	150.16	189.26	262.90
68	149.82	185.38	249.79	162.86	205.43	285.26
69	163.51	202.38	272.48	178.00	224.67	311.89
70	180.18	223.07	300.21	196.49	248.21	344.57
71	199.75	247.36	332.80	218.21	275.86	382.95
72	221.62	274.54	369.31	242.53	306.76	425.88
73	245.98	304.78	409.94	269.66	341.27	473.84
74	272.98	338.27	454.94	299.84	379.67	527.36
75	302.78	375.19	504.55	333.27	422.31	586.94
76	333.30	413.01	555.05	367.65	466.18	648.04
77	364.45	451.56	606.30	402.79	511.07	710.33
78	399.32	494.72	663.84	442.22	561.47	780.61
79	441.06	546.29	733.25	489.47	621.89	865.70
80	492.76	610.11		548.05	696.83	
81	555.26	687.23		618.98	787.58	
82	626.44	775.13		699.92	891.15	
83	705.13	872.18		789.33	1005.59	
84	790.10	976.77		885.69	1128.91	
85	880.13	1087.26		987.47	1259.19	

DISCOUNTS:

Spousal/Partner: Multiply by .85 for two
or .9 for one
Non-Tobacco: Multiply by .85

ELIMINATION PERIOD FACTORS

30 Days 1.12
90 Days 1.00
180 Days 0.90

Southern Farm Bureau Life Insurance Company

Individual Comprehensive Long Term Care Program

Policy Number HL200

Annual Premiums per \$10 of Nursing Home Maximum Daily Benefit

Reflecting Increase of 35.0%

90 Day Elimination Period with 5% Compound Inflation Protection for Life

Issue Age	Nursing Facility Only			Nursing Facility with 50% Home Health Care		
	3 Year	5 Year	Lifetime	3 Year	5 Year	Lifetime
18-25	43.52	51.49	70.48	52.42	62.71	87.08
26	44.82	53.14	72.85	54.14	64.87	90.21
27	46.13	54.81	75.25	55.88	67.10	93.42
28	47.49	56.55	77.76	57.69	69.39	96.77
29	48.92	58.36	80.38	59.58	71.81	100.28
30	50.44	60.29	83.15	61.60	74.39	104.02
31	52.12	62.41	86.20	63.84	77.22	108.14
32	53.93	64.72	89.53	66.27	80.28	112.60
33	55.80	67.07	92.91	68.76	83.43	117.18
34	57.58	69.34	96.16	71.17	86.49	121.61
35	59.20	71.40	99.05	73.37	89.32	125.60
36	60.56	73.17	101.48	75.30	91.79	129.05
37	61.78	74.74	103.57	77.04	94.03	132.08
38	62.90	76.22	105.53	78.69	96.17	134.97
39	64.06	77.73	107.50	80.39	98.36	137.89
40	65.33	79.38	109.67	82.23	100.75	141.08
41	66.69	81.15	112.00	84.19	103.26	144.48
42	68.08	82.94	114.37	86.20	105.84	147.96
43	69.54	84.82	116.84	88.29	108.53	151.58
44	71.12	86.83	119.49	90.52	111.39	155.41
45	72.85	89.02	122.35	92.95	114.47	159.53
46	74.75	91.41	125.47	95.58	117.79	163.96
47	76.82	93.97	128.80	98.39	121.30	168.64
48	78.99	96.67	132.30	101.34	125.00	173.56
49	81.24	99.47	135.93	104.42	128.86	178.69
50	83.54	102.34	139.67	107.58	132.84	183.99
51	85.77	105.15	143.36	110.70	136.80	189.27
52	87.95	107.95	147.02	113.78	140.74	194.54
53	90.26	110.89	150.86	117.03	144.90	200.11
54	92.83	114.16	155.16	120.68	149.54	206.33
55	95.81	117.91	160.10	124.94	154.93	213.53
56	99.13	122.07	165.55	129.67	160.84	221.44
57	102.71	126.52	171.40	134.70	167.14	229.84
58	106.62	131.38	177.80	140.29	174.10	239.14
59	110.98	136.84	184.96	146.61	181.99	249.72
60	115.90	142.98	193.08	153.89	191.12	261.99
61	121.35	149.88	202.24	162.11	201.49	276.03
62	127.29	157.44	212.31	171.14	212.92	291.57
63	133.72	165.59	223.17	180.98	225.38	308.50
64	140.60	174.29	234.68	191.66	238.84	326.71
65	147.97	183.48	246.75	203.18	253.23	346.09
66	155.53	192.82	258.89	214.99	267.88	365.69
67	163.31	202.35	271.16	227.08	282.83	385.57
68	171.68	212.58	284.31	240.29	299.08	407.17
69	181.08	224.05	299.04	255.45	317.67	431.93
70	191.86	237.26	316.09	273.36	339.65	461.27
71	204.19	252.42	335.76	294.00	364.95	495.15
72	217.77	269.18	357.57	316.79	392.92	532.64
73	232.43	287.24	381.06	341.85	423.58	573.76
74	248.00	306.33	405.76	369.23	456.99	618.58
75	264.26	326.17	431.19	399.02	493.21	667.13
76	280.42	345.79	456.00	429.42	530.09	716.26
77	296.61	365.34	480.52	460.35	567.59	765.96
78	314.04	386.32	506.75	494.56	608.93	820.94
79	333.92	410.24	536.76	534.80	657.32	885.88
80	357.48	438.57		583.79	715.96	
81	385.33	472.15		642.59	786.25	
82	416.64	509.99		709.33	866.09	
83	450.51	550.83		782.50	953.33	
84	486.04	593.45		860.57	1045.85	
85	522.32	636.61		941.99	1141.52	

DISCOUNTS:

Spousal/Partner: Multiply by .85 for two
or .9 for one
Non-Tobacco: Multiply by .85

ELIMINATION PERIOD FACTORS

30 Days 1.12
90 Days 1.00
180 Days 0.90

Southern Farm Bureau Life Insurance Company

Individual Comprehensive Long Term Care Program

Policy Number HL200

Annual Premiums per \$10 of Nursing Home Maximum Daily Benefit

Reflecting Increase of 35.0%

90 Day Elimination Period with 5% Compound Inflation Protection for Life

Issue Age	Nursing Facility with 75% Home Health Care			Nursing Facility with 100% Home Health Care		
	3 Year	5 Year	Lifetime	3 Year	5 Year	Lifetime
18-25	56.20	68.42	96.12	59.95	74.12	107.34
26	58.08	70.83	99.67	61.99	76.80	111.39
27	59.99	73.32	103.30	64.08	79.56	115.53
28	61.99	75.90	107.08	66.26	82.40	119.87
29	64.08	78.61	111.06	68.54	85.41	124.42
30	66.31	81.50	115.29	70.97	88.63	129.25
31	68.77	84.69	119.96	73.66	92.15	134.61
32	71.44	88.13	125.02	76.57	95.97	140.41
33	74.18	91.67	130.22	79.57	99.90	146.37
34	76.84	95.11	135.24	82.47	103.73	152.13
35	79.29	98.29	139.81	85.16	107.27	157.40
36	81.43	101.10	143.75	87.51	110.42	161.96
37	83.38	103.65	147.26	89.64	113.28	166.04
38	85.23	106.11	150.58	91.69	116.05	169.92
39	87.12	108.62	153.97	93.78	118.87	173.88
40	89.18	111.33	157.65	96.05	121.92	178.17
41	91.37	114.21	161.57	98.47	125.15	182.75
42	93.60	117.15	165.59	100.93	128.45	187.43
43	95.93	120.22	169.76	103.50	131.90	192.29
44	98.42	123.46	174.18	106.23	135.54	197.42
45	101.10	126.95	178.90	109.17	139.44	202.91
46	104.00	130.71	183.96	112.35	143.63	208.75
47	107.10	134.66	189.30	115.71	148.03	214.88
48	110.35	138.83	194.89	119.25	152.64	221.32
49	113.72	143.17	200.73	122.92	157.48	228.03
50	117.22	147.68	206.79	126.72	162.50	235.04
51	120.66	152.16	212.84	130.49	167.51	242.04
52	124.08	156.63	218.89	134.23	172.52	249.05
53	127.70	161.37	225.29	138.20	177.82	256.47
54	131.75	166.66	232.43	142.63	183.75	264.76
55	136.46	172.76	240.69	147.80	190.58	274.33
56	141.67	179.46	249.72	153.48	198.05	284.76
57	147.22	186.54	259.28	159.52	205.93	295.74
58	153.36	194.40	269.88	166.23	214.68	307.95
59	160.35	203.36	282.00	173.88	224.69	322.00
60	168.47	213.79	296.19	182.79	236.44	338.55
61	177.67	225.73	312.53	192.97	249.94	357.71
62	187.83	238.94	330.64	204.21	264.92	379.07
63	198.91	253.35	350.45	216.51	281.30	402.42
64	210.92	268.93	371.76	229.84	299.01	427.61
65	223.87	285.59	394.48	244.19	317.95	454.48
66	237.11	302.54	417.43	258.81	337.16	481.61
67	250.63	319.77	440.73	273.71	356.70	509.13
68	265.41	338.57	466.07	290.02	378.01	539.11
69	282.42	360.13	495.21	308.84	402.56	573.68
70	302.63	385.70	529.83	331.26	431.76	614.90
71	325.92	415.14	569.78	357.16	465.40	662.42
72	351.65	447.65	613.91	385.78	502.52	714.84
73	379.98	483.41	662.47	417.34	543.47	772.71
74	411.09	522.60	715.74	452.09	588.56	836.60
75	445.12	565.41	773.98	490.24	638.12	907.05
76	479.98	609.30	833.41	529.46	689.13	979.43
77	515.57	654.12	893.84	569.55	741.39	1053.35
78	555.03	703.71	960.96	614.09	799.42	1135.80
79	601.48	761.94	1040.43	666.59	867.70	1233.74
80	658.08	832.61		730.59	950.76	
81	726.07	917.45		807.56	1050.62	
82	803.34	1013.89		895.14	1164.27	
83	888.06	1119.38		991.14	1288.68	
84	978.32	1231.32		1093.30	1420.82	
85	1072.26	1347.18		1199.41	1557.64	

DISCOUNTS:

Spousal/Partner: Multiply by .85 for two
or .9 for one
Non-Tobacco: Multiply by .85

ELIMINATION PERIOD FACTORS

30 Days 1.12
90 Days 1.00
180 Days 0.90