Filing at a Glance

Company:	RiverSource Life Insurance Company
Product Name:	Long Term Care
State:	Arkansas
TOI:	LTC04I Individual Long Term Care - Nursing Home
Sub-TOI:	LTC04I.002 Non Qualified
Filing Type:	Rate
Date Submitted:	10/16/2012
SERFF Tr Num:	AERS-127623799
SERFF Status:	Closed-Disapproved
State Tr Num:	
State Status:	Disapproved-Closed
Co Tr Num:	30225 2012
Implementation Date Requested:	On Approval
Author(s):	Debbie Berg, Linda Elston, Bonnie Foley, Jeff Pederson, Susan Schmidt, Missy Gordon, Stan Westrom, Matt Winegar, Cheryl Meyer
Reviewer(s):	Donna Lambert (primary)
Disposition Date:	10/17/2012
Disposition Status:	Disapproved
Implementation Date:	

State Filing Description:

State: *Arkansas* **Filing Company:** *RiverSource Life Insurance Company*
TOI/Sub-TOI: *LTC04I Individual Long Term Care - Nursing Home/LTC04I.002 Non Qualified*
Product Name: *Long Term Care*
Project Name/Number: *30225 2012/30225 2012*

General Information

Project Name: 30225 2012
Project Number: 30225 2012
Requested Filing Mode: Review & Approval
Explanation for Combination/Other:
Submission Type: New Submission
Overall Rate Impact: 15%

Deemer Date:
Submitted By: Cheryl Meyer

Status of Filing in Domicile: Not Filed
Date Approved in Domicile:
Domicile Status Comments:
Market Type: Individual
Individual Market Type:
Filing Status Changed: 10/17/2012
State Status Changed: 10/17/2012
Created By: Cheryl Meyer
Corresponding Filing Tracking Number:

Filing Description:
Please see attached cover letter.

Company and Contact

Filing Contact Information

Cheryl Meyer, Sr. Contract Analyst
9550 Ameriprise Financial Center
H25/9550
Minneapolis, MN 55474

Cheryl.D.Meyer@ampf.com
612-671-5583 [Phone]
612-671-3866 [FAX]

Filing Company Information

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

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

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

Filing Fees

Fee Required? Yes
Fee Amount: $125.00
Retaliatory? Yes
Fee Explanation: MN rate fee of $125.00
Per Company: No

Company	Amount	Date Processed	Transaction #
RiverSource Life Insurance Company	$125.00	10/16/2012	63945410

State: *Arkansas* **Filing Company:** *RiverSource Life Insurance Company*
TOI/Sub-TOI: *LTC04I Individual Long Term Care - Nursing Home/LTC04I.002 Non Qualified*
Product Name: *Long Term Care*
Project Name/Number: *30225 2012/30225 2012*

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Disapproved	Donna Lambert	10/17/2012	10/17/2012

State: *Arkansas* **Filing Company:** *RiverSource Life Insurance Company*
TOI/Sub-TOI: *LTC04I Individual Long Term Care - Nursing Home/LTC04I.002 Non Qualified*
Product Name: *Long Term Care*
Project Name/Number: *30225 2012/30225 2012*

Disposition

Disposition Date: 10/17/2012
Implementation Date:
Status: Disapproved
Comment: It is the primary mission of the Arkansas Insurance Department to protect consumers. Given the current state of the economy, most of the consumers who would be affected by your proposed rate increase would suffer an undue hardship given the impact a rate increase would have at this timie.

Therefore, for that reason and the lack of credibility indicated in this filing , we cannot approve your request.

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 req'd):	Minimum % Change (where req'd):
RiverSource Life Insurance Company	%	15.000%	$64,996	411	$433,304	15.000%	15.000%

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Health - Actuarial Justification	Disapproved	No
Supporting Document	Cover Letter and Third Party Document	Disapproved	Yes
Rate	AR ExhIV Premiums 30225	Disapproved	Yes

State: *Arkansas* **Filing Company:** *RiverSource Life Insurance Company*
TOI/Sub-TOI: *LTC04I Individual Long Term Care - Nursing Home/LTC04I.002 Non Qualified*
Product Name: *Long Term Care*
Project Name/Number: *30225 2012/30225 2012*

Rate Information

Rate data applies to filing.

Filing Method: Review and Approve
Rate Change Type: Increase
Overall Percentage of Last Rate Revision: 15.000%
Effective Date of Last Rate Revision: 05/01/2009
Filing Method of Last Filing: Review and Approve

Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
RiverSource Life Insurance Company	%	15.000%	$64,996	411	$433,304	15.000%	15.000%

State: *Arkansas* **Filing Company:** *RiverSource Life Insurance Company*
TOI/Sub-TOI: *LTC04I Individual Long Term Care - Nursing Home/LTC04I.002 Non Qualified*
Product Name: *Long Term Care*
Project Name/Number: *30225 2012/30225 2012*

Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action*	Rate Action Information		Attachments
1	Disapproved 10/17/2012	AR ExhIV Premiums 30225		Revised	*Previous State Filing Number:*	*Previously approved 1/30/2009*	AR ExhIV_Premiums_30225_20121016.pdf
					Percent Rate Change Request:	*15.000*	

EXHIBIT IV

RiverSource Life Insurance Company
Annual Premiums with 15% Rate Increase

Nursing Home Indemnity Policy
FORM: 30225

Annual Premiums Per $10 Daily Benefit

LIFETIME BENEFIT PERIOD

	No Benefit Increase Option		**Simple Benefit Increase Option**		**Compound Benefit Increase Option**	
Issue	*Deductible*		*Deductible*		*Deductible*	
Age	*20 days*	*100 days*	*20 days*	*100 days*	*20 days*	*100 days*
40	47.22	34.92	88.30	65.72	110.88	82.14
41	47.22	34.92	88.30	65.72	110.88	82.14
42	47.22	34.92	88.30	65.72	110.88	82.14
43	47.22	34.92	88.30	65.72	110.88	82.14
44	47.22	34.92	88.30	65.72	110.88	82.14
45	47.22	34.92	88.30	65.72	110.88	82.14
46	51.34	39.00	92.40	69.80	117.04	88.30
47	51.34	39.00	94.46	69.80	119.08	88.30
48	53.38	39.00	96.48	71.88	121.14	90.34
49	53.38	41.08	96.48	73.92	123.22	92.40
50	55.44	41.08	98.56	73.92	125.24	94.46
51	57.50	43.12	102.64	78.04	129.36	98.56
52	61.60	45.18	106.78	80.06	135.50	102.64
53	63.64	47.22	110.88	84.18	141.66	106.78
54	67.76	51.34	117.04	88.30	149.90	112.90
55	75.96	57.50	129.36	98.56	166.32	125.24
56	82.14	63.64	141.66	108.82	180.68	141.66
57	90.34	69.80	153.98	119.08	197.12	151.94
58	100.62	78.04	170.40	129.36	215.60	166.32
59	112.90	84.18	186.86	141.66	238.18	180.68
60	125.24	98.56	205.32	162.20	260.76	205.32
61	139.64	112.90	232.02	188.90	291.54	236.12
62	153.98	121.14	252.54	201.20	320.32	252.54
63	176.58	143.72	289.50	234.04	365.48	295.66
64	199.18	156.06	324.42	254.62	408.58	322.34
65	221.76	180.68	355.18	289.50	447.58	365.48
66	242.28	193.02	381.90	305.92	482.50	386.00
67	268.96	213.54	420.90	334.68	527.68	418.86
68	295.66	242.28	457.86	373.68	572.84	466.08
69	332.60	262.80	509.20	404.48	634.44	503.04
70	367.52	291.54	558.46	443.48	691.94	550.28
71	402.44	318.26	603.64	478.40	741.20	589.26
72	441.42	351.10	659.08	525.62	798.68	636.50
73	490.70	394.22	720.66	579.00	864.38	696.02
74	539.98	435.30	788.42	634.44	930.10	749.40
75	599.54	476.34	870.56	691.94	999.98	802.80
76	669.34	529.72	956.78	757.64	999.98	868.48
77	747.36	597.48	999.98	847.96	999.98	954.74
78	827.42	659.08	999.98	921.88	999.98	999.98
79	899.30	724.78	999.98	999.98	999.98	999.98

EXHIBIT IV

RiverSource Life Insurance Company
Annual Premiums with 15% Rate Increase

Nursing Home Indemnity Policy
FORM: 30225

Annual Premiums Per $10 Daily Benefit

4 YEAR BENEFIT PERIOD

	No Benefit Increase Option		**Simple Benefit Increase Option**		**Compound Benefit Increase Option**	
Issue	*Deductible*		*Deductible*		*Deductible*	
Age	*20 days*	*100 days*	*20 days*	*100 days*	*20 days*	*100 days*
40	36.96	26.68	65.72	47.22	82.14	59.54
41	36.96	26.68	65.72	47.22	82.14	59.54
42	36.96	26.68	65.72	47.22	82.14	59.54
43	36.96	26.68	65.72	47.22	82.14	59.54
44	36.96	26.68	65.72	47.22	82.14	59.54
45	36.96	26.68	65.72	47.22	82.14	59.54
46	39.00	28.76	67.76	49.26	86.22	61.60
47	41.08	28.76	69.80	49.26	88.30	63.64
48	41.08	28.76	69.80	51.34	88.30	63.64
49	41.08	30.80	71.88	53.38	90.34	65.72
50	43.12	30.80	73.92	53.38	92.40	65.72
51	45.18	32.84	75.96	57.50	100.62	71.88
52	47.22	32.84	78.04	57.50	102.64	73.92
53	49.26	34.92	82.14	59.54	104.72	75.96
54	53.38	36.96	86.22	61.60	110.88	80.06
55	57.50	41.08	94.46	67.76	123.22	88.30
56	63.64	47.22	104.72	75.96	133.46	98.56
57	69.80	51.34	112.90	84.18	143.72	106.78
58	78.04	57.50	125.24	90.34	158.10	114.98
59	86.22	61.60	137.56	98.56	174.52	125.24
60	96.48	71.88	151.94	114.98	190.94	143.72
61	106.78	84.18	170.40	131.40	213.54	166.32
62	119.08	90.34	184.78	141.66	234.04	176.58
63	135.50	104.72	211.46	164.26	266.92	207.36
64	151.94	114.98	236.12	178.62	299.76	225.86
65	170.40	133.46	260.76	203.28	328.50	256.64
66	184.78	141.66	279.24	215.60	353.16	271.04
67	207.36	158.10	308.00	234.04	388.06	293.60
68	227.88	176.58	336.74	260.76	420.90	326.44
69	254.62	193.02	371.64	283.34	464.00	353.16
70	281.30	213.54	408.58	310.02	507.12	386.00
71	308.00	234.04	441.42	334.68	544.12	412.68
72	340.84	258.70	482.50	367.52	585.14	445.56
73	377.78	289.50	527.68	406.54	632.38	486.62
74	414.74	320.32	576.96	445.56	681.68	525.62
75	461.98	351.10	638.52	484.56	739.16	560.54
76	515.36	390.10	700.14	529.72	804.84	607.76
77	574.88	439.40	776.08	593.38	874.64	667.28
78	636.50	484.56	847.96	644.70	942.42	718.62
79	691.94	533.84	913.66	704.24	999.98	767.90
80		581.04		755.58		819.22
81		630.34		813.08		872.62
82		687.82		872.62		934.20
83		749.40		944.48		999.88
84		811.00		999.98		999.98

EXHIBIT IV

RiverSource Life Insurance Company
Annual Premiums with 15% Rate Increase

Nursing Home Indemnity Policy
FORM: 30225

Annual Premiums Per $10 Daily Benefit

3 YEAR BENEFIT PERIOD

	No Benefit Increase Option		**Simple Benefit Increase Option**		**Compound Benefit Increase Option**	
Issue	*Deductible*		*Deductible*		*Deductible*	
Age	*20 days*	*100 days*	*20 days*	*100 days*	*20 days*	*100 days*
40	32.84	24.66	57.50	43.12	71.88	53.38
41	32.84	24.66	57.50	43.12	71.88	53.38
42	32.84	24.66	57.50	43.12	71.88	53.38
43	32.84	24.66	57.50	43.12	71.88	53.38
44	32.84	24.66	57.50	43.12	71.88	53.38
45	32.84	24.66	57.50	43.12	71.88	53.38
46	34.92	26.68	59.54	45.18	75.96	57.50
47	34.92	26.68	61.60	47.22	78.04	59.54
48	36.96	26.68	63.64	47.22	80.06	59.54
49	36.96	28.76	63.64	49.26	80.06	61.60
50	39.00	28.76	65.72	49.26	82.14	61.60
51	41.08	30.80	67.76	51.34	86.22	67.76
52	41.08	30.80	69.80	53.38	88.30	69.80
53	45.18	32.84	73.92	55.44	94.46	73.92
54	47.22	34.92	78.04	59.54	98.56	75.96
55	51.34	39.00	84.18	63.64	108.82	82.14
56	57.50	43.12	92.40	71.88	119.08	90.34
57	63.64	49.26	100.62	78.04	129.36	100.62
58	69.80	53.38	112.90	86.22	143.72	108.82
59	78.04	59.54	123.22	94.46	158.10	119.08
60	86.22	67.76	135.50	106.78	172.48	135.50
61	96.48	78.04	151.94	123.22	190.94	153.98
62	106.78	84.18	166.32	131.40	211.46	166.32
63	123.22	98.56	193.02	156.06	242.28	195.04
64	137.56	108.82	213.54	168.36	268.96	211.46
65	151.94	125.24	234.04	190.94	293.60	240.22
66	166.32	133.46	250.50	201.20	314.16	252.54
67	186.86	147.82	277.18	219.70	349.02	277.18
68	207.36	168.36	303.88	246.38	379.84	310.02
69	229.96	182.74	334.68	266.92	416.80	332.60
70	252.54	201.20	367.52	291.54	455.82	361.36
71	275.12	217.62	394.22	312.08	484.56	383.94
72	305.92	244.32	435.30	347.00	527.68	418.86
73	340.84	275.12	478.40	383.94	574.88	461.98
74	373.68	299.76	519.46	418.86	611.84	492.78
75	414.74	328.50	572.84	453.74	663.18	527.68
76	459.90	363.42	624.18	494.82	716.56	566.70
77	517.40	414.74	700.14	558.46	788.42	630.34
78	576.96	459.90	767.90	611.84	854.12	679.60
79	622.10	500.98	821.28	661.12	905.46	726.82
80		537.94		700.14		772.00
81		581.04		749.40		823.34
82		624.18		798.68		876.72
83		665.26		845.92		925.98
84		702.20		886.98		973.20

EXHIBIT IV

RiverSource Life Insurance Company
Annual Premiums with 15% Rate Increase

Nursing Home Indemnity Policy
FORM: 30225

Annual Premiums Per $10 Daily Benefit

2 YEAR BENEFIT PERIOD

	No Benefit Increase Option		**Simple Benefit Increase Option**		**Compound Benefit Increase Option**	
Issue	*Deductible*		*Deductible*		*Deductible*	
Age	*20 days*	*100 days*	*20 days*	*100 days*	*20 days*	*100 days*
40	28.76	20.52	49.26	36.96	61.60	45.18
41	28.76	20.52	49.26	36.96	61.60	45.18
42	28.76	20.52	49.26	36.96	61.60	45.18
43	28.76	20.52	49.26	36.96	61.60	45.18
44	28.76	20.52	49.26	36.96	61.60	45.18
45	28.76	20.52	49.26	36.96	61.60	45.18
46	28.76	22.58	51.34	39.00	63.64	47.22
47	30.80	22.58	53.38	39.00	65.72	49.26
48	30.80	22.58	53.38	39.00	65.72	49.26
49	30.80	22.58	53.38	39.00	67.76	51.34
50	32.84	24.66	55.44	41.08	69.80	55.44
51	32.84	24.66	57.50	43.12	71.88	57.50
52	34.92	26.68	59.54	45.18	75.96	59.54
53	36.96	28.76	61.60	47.22	78.04	61.60
54	39.00	28.76	65.72	49.26	84.18	61.60
55	43.12	32.84	71.88	53.38	92.40	69.80
56	49.26	34.92	80.06	57.50	102.64	73.92
57	53.38	41.08	86.22	65.72	110.88	84.18
58	59.54	45.18	94.46	71.88	121.14	92.40
59	65.72	49.26	104.72	80.06	131.40	100.62
60	75.96	55.44	119.08	88.30	149.90	110.88
61	82.14	61.60	129.36	96.48	162.20	121.14
62	92.40	69.80	145.78	110.88	184.78	139.64
63	104.72	75.96	162.20	119.08	205.32	149.90
64	121.14	86.22	186.86	135.50	236.12	170.40
65	133.46	96.48	203.28	147.82	256.64	186.86
66	149.90	106.78	225.86	162.20	283.34	203.28
67	164.26	117.04	244.32	172.48	308.00	217.62
68	180.68	131.40	266.92	193.02	332.60	240.22
69	197.12	141.66	287.46	205.32	359.30	256.64
70	213.54	156.06	308.00	225.86	381.90	279.24
71	234.04	170.40	334.68	242.28	412.68	297.72
72	254.62	184.78	361.36	262.80	439.40	318.26
73	277.18	203.28	386.00	285.40	464.00	342.86
74	303.88	223.80	420.90	310.02	496.86	365.48
75	334.68	242.28	461.98	334.68	533.84	388.06
76	369.58	268.96	503.04	365.48	579.00	418.86
77	410.64	299.76	554.36	404.48	622.10	455.82
78	451.72	330.58	601.58	441.42	669.34	490.70
79	494.82	361.36	654.94	476.34	714.52	529.72
80		394.22		513.30		568.72
81		431.16		554.36		613.92
82		470.16		597.48		661.12
83		513.30		644.70		710.40
84		560.54		696.02		763.80

State: *Arkansas* **Filing Company:** *RiverSource Life Insurance Company*
TOI/Sub-TOI: *LTC04I Individual Long Term Care - Nursing Home/LTC04I.002 Non Qualified*
Product Name: *Long Term Care*
Project Name/Number: *30225 2012/30225 2012*

Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Cover Letter and Third Party Document	Disapproved	10/17/2012
Comments:			
Attachment(s):			
AR CovLtr_30225_20121016.pdf Milliman_Involvement_AR_30225.pdf			

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

October 16, 2012

Honorable Jay Bradford
Commissioner of Insurance
Arkansas Department of Insurance
1200 West Third Street
Little Rock, Arkansas 72201-1904

RE: RiverSource Life Insurance Company ("RiverSource Life")
Company NAIC # 65005
Company FEIN # 41-0823832
SERFF Tracking # AERS-127623799
Policy Form: Nursing Home Indemnity Policy 30225

Dear Commissioner Bradford:

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

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

The company is requesting the approval of a premium rate increase on the above-listed form. At this time, a premium rate increase of 15% is being requested on the nursing home portion of the premium only. Although a larger premium rate increase is currently supportable, to minimize the impact on policyowners to the extent we can, an increase of only 15% is being requested at this time. Unless emerging experience improves, we believe it is likely that additional rate increases will be requested in the future.

As noted in the attached actuarial memorandum, three prior increases have been approved and implemented on this form. A 35% increase was approved in August 2005 and implemented on each contract's next policy anniversary beginning in December 2005. A 15% increase was approved in January 2008 and implemented on each contract's next policy anniversary beginning in April 2008. A 15% increase was approved in January 2009 and implemented on each contract's next policy anniversary beginning in May 2009. These prior increases only applied to the nursing home portion of premium; no increase has been or is being requested for the premium associated with the optional home care rider.

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

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

The following electronic items are included in this submission:

- this cover letter;
- a letter from Milliman Inc. describing their involvement and review of this filing; and
- an Actuarial Memorandum and Rate Schedules.

The required $125 retaliatory filing fee will be paid via Electronic Funds Transfer (EFT).

The contact person for this filing is:

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

Thank you for your assistance in reviewing this filing.

Respectfully,

Anju Gupta-Lavey

Anju Gupta-Lavey, FSA, MAAA
Actuary
RiverSource Life Insurance Company

Enclosures

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

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

milliman.com

October 15, 2012

To: Arkansas Department of Insurance

RE: RiverSource Life Insurance Company
Company NAIC # 65005
SERFF Tracking # AERS-127623799
Policy Form: Nursing Home Indemnity Policy 30225

Ameriprise Financial, Inc., the parent company of RiverSource Life Insurance Company ("RiverSource Life"), formerly IDS Life Insurance Company, has entered into a service agreement with Milliman, Inc. ("Milliman") effective April 5, 2007, that includes individual long term care rate filing services.

RiverSource Life prepared and submitted the above referenced rate filing in October 2012. Milliman has conducted a high-level review of the cover letter and actuarial memorandum items of this filing and believes them to be in compliance with the applicable laws of this state as indicated in the filing. However, Milliman has not performed any technical checking of the filing for accuracy.

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

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

Respectfully,

Amy Pahl

Amy Pahl, FSA, MAAA
Principal and Consulting Actuary

AP/mjw