

State: Arkansas **Filing Company:** Northwestern Long Term Care Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: 90-2129-01 LTC (0213)
Project Name/Number: 90-2129-01 LTC (0213)/90-2129-01 LTC (0213)

Filing at a Glance

Company: Northwestern Long Term Care Insurance Company
Product Name: 90-2129-01 LTC (0213)
State: Arkansas
TOI: LTC03I Individual Long Term Care
Sub-TOI: LTC03I.001 Qualified
Filing Type: Advertisement
Date Submitted: 10/24/2012
SERFF Tr Num: NWST-128738382
SERFF Status: Closed-Approved
State Tr Num:
State Status: Approved-Closed
Co Tr Num: 90-2129-01 LTC (0213)

Implementation: On Approval
Date Requested:
Author(s): John Kotarski, Samantha Turdo
Reviewer(s): Donna Lambert (primary)
Disposition Date: 10/25/2012
Disposition Status: Approved
Implementation Date:

State Filing Description:

State: Arkansas **Filing Company:** Northwestern Long Term Care Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: 90-2129-01 LTC (0213)
Project Name/Number: 90-2129-01 LTC (0213)/90-2129-01 LTC (0213)

General Information

Project Name: 90-2129-01 LTC (0213)	Status of Filing in Domicile: Pending
Project Number: 90-2129-01 LTC (0213)	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Individual
Submission Type: New Submission	Individual Market Type:
Overall Rate Impact:	Filing Status Changed: 10/25/2012
	State Status Changed: 10/25/2012
Deemer Date:	Created By: Samantha Turdo
Submitted By: Samantha Turdo	Corresponding Filing Tracking Number:

Filing Description:

Enclosed please find the inforce and composite sales illustration forms that will be used by our agents with clients. These forms are replacing previously approved forms.

The inforce sales illustration pages will be used with existing policyowners to show them the “current” state of their policy. The composite sales illustration pages will be used in situations where existing policyowners have more than one policy. The following forms will always be produced when an inforce illustration is used:

- Individual Inforce Cover Page – 90-2129-01 LTC (0213)
- Individual Inforce Cash Outlay – 90-2308-01 LTC (0213)
- Disclosure Statement – 90-2436-01 LTC (0213)

The following forms will always be produced when a composite illustration is run:

- Composite Cover Page – 90-2129-02 LTC (0213)
- Composite Cash Outlay 90-2425-07 LTC (0213)
- Disclosure Statement – 90-2436-01 LTC (0213)

If you have questions regarding the attached forms, please call me at (414) 665-5637 or email me at johnkotarski@northwesternmutual.com. When sending an email, please cc samanthaturdo@northwesternmutual.com.

Company and Contact

Filing Contact Information

John Kotarski, Product Compliance Specialist	johnkotarski@northwesternmutual.com
720 East Wisconsin Avenue	414-665-5637 [Phone]
Rm S845	414-665-5006 [FAX]
Milwaukee, WI 53202	

Filing Company Information

Northwestern Long Term Care Insurance Company	CoCode: 69000	State of Domicile: Wisconsin
720 East Wisconsin Avenue	Group Code: 860	Company Type: Long Term Care
Rm S845	Group Name:	State ID Number:
Milwaukee, WI 53202	FEIN Number: 36-2258318	
(414) 271-1444 ext. [Phone]		

State: Arkansas **Filing Company:** Northwestern Long Term Care Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: 90-2129-01 LTC (0213)
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Filing Fees

Fee Required? Yes
Fee Amount: \$650.00
Retaliatory? No
Fee Explanation: \$50 per advertising form
Per Company: No

Company	Amount	Date Processed	Transaction #
Northwestern Long Term Care Insurance Company	\$650.00	10/24/2012	64213536

State: Arkansas Filing Company: Northwestern Long Term Care Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: 90-2129-01 LTC (0213)
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Donna Lambert	10/25/2012	10/25/2012

State: Arkansas
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: 90-2129-01 LTC (0213)
Project Name/Number: 90-2129-01 LTC (0213)/90-2129-01 LTC (0213)

Filing Company:

Northwestern Long Term Care Insurance Company

Disposition

Disposition Date: 10/25/2012

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Statements of Variability	Approved	Yes
Form	Cover Page	Approved	Yes
Form	Inforce Composite Cover Page	Approved	Yes
Form	Cash Outlay and Benefit Analysis Page	Approved	Yes
Form	Input Summary	Approved	Yes
Form	Cash Outlay Page	Approved	Yes
Form	Composite Inforce Long-Term Care Insurance Coverage	Approved	Yes
Form	Composite of Inforce Long-Term Care Insurance Premiums	Approved	Yes
Form	Composite of Cash Outlay for Multiple Long-Term Care Policies	Approved	Yes
Form	Disclosure Statement	Approved	Yes
Form	Inforce PDR Cover Page	Approved	Yes
Form	Composite PDR Cover Page	Approved	Yes
Form	Policy Data Review	Approved	Yes
Form	Composite Policy Data Review	Approved	Yes

State: Arkansas
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: 90-2129-01 LTC (0213)
Project Name/Number: 90-2129-01 LTC (0213)/90-2129-01 LTC (0213)

Filing Company: Northwestern Long Term Care Insurance Company

Form Schedule

Lead Form Number: 90-2129-01 LTC (0213)							
Item No.	Schedule Item Status	Form Number	Form Type	Form Name	Action/ Action Specific Data	Readability Score	Attachments
1	Approved 10/25/2012	90-2129-01 LTC (0213)	ADV	Cover Page	Revised: Replaced Form #: 90-2129-01 LTC (0111) Previous Filing #: 46779	0.000	90-2129-01 LTC (0213).pdf
2	Approved 10/25/2012	90-2129-02 LTC (0213)	ADV	Inforce Composite Cover Page	Revised: Replaced Form #: 90-2129-02 LTC (0111) Previous Filing #: 46779	0.000	90-2129-02 LTC (0213).pdf
3	Approved 10/25/2012	90-2115-01 LTC (0213)	ADV	Cash Outlay and Benefit Analysis Page	Revised: Replaced Form #: 90-2115-01 LTC (0111) Previous Filing #: 46779	0.000	90-2115-01 LTC (0213).pdf
4	Approved 10/25/2012	90-2120-01 LTC (0213)	ADV	Input Summary	Revised: Replaced Form #: 90-2120-01 LTC (0111) Previous Filing #: 46779	0.000	90-2120-01 LTC (0213).pdf
5	Approved 10/25/2012	90-2308-01 LTC (0213)	ADV	Cash Outlay Page	Revised: Replaced Form #: 90-2308-01 LTC (1010) Previous Filing #: 46779	0.000	90-2308-01 LTC (0213).pdf
6	Approved 10/25/2012	90-2425-05 LTC (0213)	ADV	Composite Inforce Long-Term Care Insurance Coverage	Revised: Replaced Form #: 90-2425-05 LTC (0111) Previous Filing #: 46779	0.000	90-2425-05 LTC (0213).pdf

State: Arkansas

Filing Company:

Northwestern Long Term Care Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name: 90-2129-01 LTC (0213)

Project Name/Number: 90-2129-01 LTC (0213)/90-2129-01 LTC (0213)

Lead Form Number: 90-2129-01 LTC (0213)

Item No.	Schedule Item Status	Form Number	Form Type	Form Name	Action/ Action Specific Data	Readability Score	Attachments
7	Approved 10/25/2012	90-2425-06 LTC (0213)	ADV	Composite of Inforce Long-Term Care Insurance Premiums	Revised: Replaced Form #: 90-2425-06 LTC (0111) Previous Filing #: 46779	0.000	90-2425-06 LTC (0213).pdf
8	Approved 10/25/2012	90-2425-07 LTC (0213)	ADV	Composite of Cash Outlay for Multiple Long-Term Care Policies	Revised: Replaced Form #: 90-2425-07 LTC (0111) Previous Filing #: 46779	0.000	90-2425-07 LTC (0213).pdf
9	Approved 10/25/2012	90-2436-01 LTC (0213)	ADV	Disclosure Statement	Revised: Replaced Form #: 90-2436-01 LTC (0111) Previous Filing #: 46779	0.000	90-2436-01 LTC (0213).pdf
10	Approved 10/25/2012	90-2444 LTC (0213)	ADV	Inforce PDR Cover Page	Revised: Replaced Form #: 90-2444 LTC (0111) Previous Filing #: 46779	0.000	90-2444 LTC (0213).pdf
11	Approved 10/25/2012	90-2444-01 LTC (0213)	ADV	Composite PDR Cover Page	Revised: Replaced Form #: 90-2444-01 LTC (0111) Previous Filing #: 46779	0.000	90-2444-01 LTC (0213).pdf
12	Approved 10/25/2012	90-2445 LTC (0213)	ADV	Policy Data Review	Revised: Replaced Form #: 90-2445 LTC (0111) Previous Filing #: 46779	0.000	90-2445 LTC (0213).pdf

SERFF Tracking #:

NWST-128738382

State Tracking #:

Company Tracking #:

90-2129-01 LTC (0213)

State: Arkansas

Filing Company:

Northwestern Long Term Care Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name: 90-2129-01 LTC (0213)

Project Name/Number: 90-2129-01 LTC (0213)/90-2129-01 LTC (0213)

Lead Form Number: 90-2129-01 LTC (0213)

Item No.	Schedule Item Status	Form Number	Form Type	Form Name	Action/ Action Specific Data	Readability Score	Attachments
13	Approved 10/25/2012	90-2445-01 LTC (0213)	ADV	Composite Policy Data Review	Revised: Replaced Form #: 90-2445-01 LTC (0111) Previous Filing #: 46779	0.000	90-2445-01 LTC (0213).pdf

Form Type Legend:

ADV	Advertising	AEF	Application/Enrollment Form
CER	Certificate	CERA	Certificate Amendment, Insert Page, Endorsement or Rider
DDP	Data/Declaration Pages	FND	Funding Agreement (Annuity, Individual and Group)
MTX	Matrix	NOC	Notice of Coverage
OTH	Other	OUT	Outline of Coverage
PJK	Policy Jacket	POL	Policy/Contract/Fraternal Certificate
POLA	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	SCH	Schedule Pages

QuietCare[®]
Inforce Illustration

Northwestern Long Term Care Insurance Company

Prepared For Policy Insuring
¹{FirstName LastName}

Presented By
² {
Norm Weston
720 E. Wisconsin Ave
Milwaukee, WI 53233
(555)-555-5555
}

³{07/30/2010}

Illustration based on data downloaded from the Home Office on ⁴{Jan 31, 2012}. Any intervening transactions are not reflected.

Long-Term Care Insurance Policy Form RR.LTC.(0798), RR.LTN.(0798), or state equivalent.

Long-Term Care Insurance Policy Form RS.LTC.(1101), RS.LTC.ML.(1101), RS.LTCN.(1101), or state equivalent.

Long-Term Care Insurance Policy Form RS.LTC.(0708), RS.LTC.ML.(0708), RS.LTCN.(0708), or state equivalent.

Long-Term Care Insurance Policy Form TT.LTC.(1010), TT.LTC.ML.(1010), TT.LTCN.(1010), TT.LTC.LP.(1010), or state equivalent.

Long-Term Care Insurance Policy Form TT.LTC.(0213), TT.LTC.ML.(0213), TT.LTC.LP.(0213), or state equivalent.

This is a Long Term Care Insurance Illustration. Refer to the **Disclosure Statement** for additional disclosures, including important information about dividends.

Policy Number ⁵{99-999-999}

⁶{07/30/2010}

Northwestern Long Term Care Insurance Company, a subsidiary of The Northwestern Mutual Life

Insurance Company, Milwaukee, WI

90-2129-01 LTC (0213)

TT (2013) ⁷{Standard}

Illustration No. ⁸{XX2600-NHBLN-124220}

QuietCare[®]
Inforce Composite Illustration

Northwestern Long Term Care Insurance Company

Prepared For
¹{Composite Example}

² { *Presented By*
Norm Weston
720 E. Wisconsin Ave
Milwaukee, WI 53233
(555)-555-5555 }

³{07/30/2010}

Illustration based on data downloaded from the Home Office on ⁴{Jan 31, 2012}. Any intervening transactions are not reflected.

Long-Term Care Insurance Policy Form RR.LTC.(0798), RR.LTN.(0798), or state equivalent.

Long-Term Care Insurance Policy Form RS.LTC.(1101), RS.LTC.ML.(1101), RS.LTCN.(1101), or state equivalent.

Long-Term Care Insurance Policy Form RS.LTC.(0708), RS.LTC.ML.(0708), RS.LTCN.(0708), or state equivalent.

Long-Term Care Insurance Policy Form TT.LTC.(1010), TT.LTC.ML.(1010), TT.LTCN.(1010), TT.LTC.LP.(1010), or state equivalent.

Long-Term Care Insurance Policy Form TT.LTC.(0213), TT.LTC.ML.(0213), TT.LTC.LP.(0213), or state equivalent.

This is a Long Term Care Insurance Illustration. Refer to the **Disclosure Statement** for additional disclosures, including important information about dividends.

⁵{07/30/2010}

Northwestern Long Term Care Insurance Company, a subsidiary of The Northwestern Mutual Life Insurance Company, Milwaukee, WI

90-2129-02 LTC (0213)

Illustration No. ⁶{XX2600-NHBLN-124407}

Cash Outlay and Benefit Analysis for Policy Number ¹{99-999-999}

²{QuietCare®}

For ³{FirstName LastName}, Issue Age ⁴{58}, ⁵{Male}, Policy Date ⁶{12/22/2005}

⁷{Maximum Daily Limit (Nursing Home Care)}: ⁸ {\$156}

State of Execution: ¹²{Kansas}

Elimination Period: ⁹{12 Weeks}

Home Health Care: ¹³{100%}

Indexing Option: ¹⁰{Automatic Benefit Increase @5%}

Benefit Period: ¹⁴{Lifetime}

Other Options: ¹¹{None}

Discounts: ¹⁵{Spousal*}

Age	Beg. Of Year	As Of	Cumulative Cash Outlay	Benefit Account Value	Maximum Daily Limit	Annual Benefit
¹⁶ {63}	¹⁷ {6}	¹⁸ {12/22}	²⁰ {ABI @5%}	²³	²⁴ { \$156 }	²⁵
	¹⁹ {2010}		²¹ {\$3,433}	²² {Unlimited}		²⁵ {\$56,940}
{64}	{7}	{2011}	{6,833}	{Unlimited}	{164}	{59,860}
{65}	{8}	{2012}	{10,186}	{Unlimited}	{172}	{62,780}
{66}	{9}	{2013}	{13,434}	{Unlimited}	{181}	{66,065}
{67}	{10}	{2014}	{16,577}	{Unlimited}	{190}	{69,350}
{68}	{11}	{2015}	{19,615}	{Unlimited}	{200}	{73,000}
{69}	{12}	{2016}	{22,548}	{Unlimited}	{210}	{76,650}
{70}	{13}	{2017}	{25,375}	{Unlimited}	{221}	{80,665}
{71}	{14}	{2018}	{28,097}	{Unlimited}	{232}	{84,680}
{72}	{15}	{2019}	{30,714}	{Unlimited}	{244}	{89,060}
{80}	{23}	{2027}	{50,807}	{Unlimited}	{360}	{131,400}
{90}	{33}	{2037}	{75,924}	{Unlimited}	{587}	{214,255}
{100}	{43}	{2047}	{101,041}	{Unlimited}	{954}	{348,210}

²⁶{* Premiums reflect a 15% Spousal Discount.}

²⁷ ²⁸{ }

Illustration based on data downloaded from the Home Office on ²⁹{Jul 23, 2010}. Any intervening transactions are not reflected.

This is a Long Term Care Insurance Illustration. Refer to the **Disclosure Statement** for additional disclosures, including important information about dividends.

Presented By: ³⁰{Sample M. Agent}

³¹{07/30/2010}

Northwestern Long Term Care Insurance Company, a subsidiary of The Northwestern Mutual Life Insurance Company, Milwaukee, WI

90-2115-01 LTC (0213)

TT (2013) ³²{Standard}

Illustration No. ³³{XX2600-NHBLN-124220}

Input Summary
Policy Number ¹{99-999-999}

PERSONAL INFORMATION

Insured...

Name: ²{First Lastname}
Sex: ³{Female}
Birthdate: ⁴{11/22/1937}
Issue Age: ⁵{68}
Current Insurable Age: ⁶{73}
Risk Class: ⁷{Select}

POLICY

Policy: ⁸{QuietCare RS}
Insurance: ⁹{140.00}
Premium: ¹⁰{3155.64}

LEDGER OPTIONS

¹¹{AAPB Refusals}
¹²{AAPB Increases Refused:} ¹³{x}
¹⁴{First Refusal Age:} ¹⁵{xx}
¹⁶{Second Refusal Age:} ¹⁷{xx}
Illustrate Hypothetical Claim: ¹⁸{No}
¹⁹{Hypothetical Claim Age:} ²⁰{xx}

OUTPUT OPTIONS

²¹{All Years}
Years to Show:
Illustration Page Selection...
Cover Page QuietCare Inforce Illustration
Title 1:
²²{Illustrate Future: Premiums/Dividends/Benefits}
{Cash Outlay and Benefit Analysis}
{The Northwestern Long Term Care Advantage}
{QuietCare Dividends}
{Comparison of RS vs. TT Series}
{Input Summary}
Agent/Producer Preferences... ²³{Texas}
State of Execution: ²⁴{Texas}
State of Presentation: ²⁵{Norm Q. Weston}
Agent/Producer 1:
²⁶{PDR}
²⁷{Policy Data Review}...
²⁸{PDR Cover Page:} ²⁹{Yes}
³⁰{Payer Name:} ³¹{First Lastname}
³²{PDR Date of Values:} ³³{05/24/2011}

For additional information, refer to the *Explanation of Benefits* page.

Illustration based on data downloaded from the Home Office on ³⁴{Jan 6, 2011}. Any intervening transactions are not reflected. This is a Long Term Care Illustration. Refer to the **Disclosure Statement** for additional disclosures, including important information about dividends.

Presented By: ³⁵{Norm Q. Weston} ³⁶{01/28/2011} Page 1

Northwestern Long Term Care Insurance Company, a subsidiary of The Northwestern Mutual Life Insurance Company, Milwaukee, WI

90-2120-01 LTC (0213)

TT (2013) ³⁷{Standard}
Illustration No. ³⁸{WI2610-NHBLN-113032}

Illustration for Policy Number ¹{99-999-999}

²{QuietCare®}

For ³{FirstName LastName}, Issue Age ⁴{58}, ⁵{Male}, Policy Date ⁶{12/22/2005}

⁷{Maximum Daily Limit (Nursing Home Care)}: ⁸ {\$156}
 Elimination Period: ⁹ {12 Weeks}
 Indexing Option: ¹⁰ {Automatic Benefit Increase @5%}
 Other Options: ¹¹ {None}

State of Execution: ¹² {State}
 Home Health Care: ¹³ {100%}
 Benefit Period: ¹⁴ {Lifetime}
 Discounts: ¹⁵ {Spousal*}

Age	Beg. Of Year	As Of	²⁰ {Annual}	Dividend	²⁴ {Annual}	²⁶ {Cumulative}	²⁷ {Maximum Daily Limit}
			Premium		Cash Outlay	Premium Refund	
¹⁶ {63}	¹⁷ {6}	¹⁸ {12/22}	²¹ {w/ ABI @ 5%}	²³ {\$73}	²⁵ {\$3,433}	\$ {0}	²⁸ {\$156}
{64}	{7}	{2011}	{3,507}	{107}	{3,399}	{0}	{164}
{65}	{8}	{2012}	{3,507}	{153}	{3,353}	{0}	{172}
{66}	{9}	{2013}	{3,507}	{259}	{3,248}	{0}	{181}
{67}	{10}	{2014}	{3,507}	{364}	{3,143}	{0}	{190}
{68}	{11}	{2015}	{3,507}	{469}	{3,038}	{0}	{200}
{69}	{12}	{2016}	{3,507}	{574}	{2,933}	{0}	{210}
{70}	{13}	{2017}	{3,507}	{679}	{2,827}	{0}	{221}
{71}	{14}	{2018}	{3,507}	{785}	{2,722}	{0}	{232}
{72}	{15}	{2019}	{3,507}	{890}	{2,617}	{0}	{244}
{80}	{23}	{2027}	{3,507}	{995}	{2,512}	{0}	{360}
{90}	{33}	{2037}	{3,507}	{995}	{2,512}	{0}	{587}
{100}	{43}	{2047}	<u>{3,507}</u>	{995}	<u>{2,512}</u>	{0}	{954}
Totals @ ²⁹ {100}			³⁰ {\$133,276}		³¹ {\$101,041}		

³²{* Premiums reflect a 15% Spousal Discount.}

³³ ³⁴ ³⁵{ }

Illustration based on data downloaded from the Home Office on ³⁶{Jul 23, 2010}. Any intervening transactions are not reflected.

This is a Long Term Care Insurance Illustration. Refer to the **Disclosure Statement** for additional disclosures, including important information about dividends.

Presented By: ³⁷{Sample M. Agent}

³⁸{07/30/2010}

Northwestern Long Term Care Insurance Company, a subsidiary of The Northwestern Mutual Life Insurance Company, Milwaukee, WI
 90-2308-01 LTC (0213)

TT (2013) ³⁹{Standard}
 Illustration No. ⁴⁰{XX2600-NHBLN-124220}

Composite of Inforce Long Term Care Insurance Coverage

QuietCare[®]

Prepared for ¹{Composite Example}

<u>Name</u>	<u>Plan</u>	Max <u>Benefit</u> <u>Limit</u>	Elimination <u>Period</u>	Benefit <u>Period</u>	Benefit <u>Account</u> <u>Value</u>	Indexing <u>Option</u>	<u>NFB</u>	Survivor- ship <u>Benefit</u>
² {LastName, FirstName} {LastName, FirstName}	³ {QCRS} {QCRS}	⁴ {156} {156}	⁵ {12 Weeks} {12 Weeks}	⁶ {Lifetime} {Lifetime}	⁷ {Unlimited} {Unlimited}	⁸ {ABI 5%} {ABI 5%}	⁹ {N} {N}	¹⁰ {N} {N}

¹¹ { }

This is a Long Term Care Insurance Illustration. Refer to the **Disclosure Statement** for additional disclosures, including important information about dividends.

Illustration based on data downloaded from the Home Office on various dates. Any intervening transactions are not reflected.

¹²{07/30/2010}

Northwestern Long Term Care Insurance Company, a subsidiary of The Northwestern Mutual Life Insurance Company, Milwaukee, WI

90-2425-05 LTC (0213)

Illustration No. ¹³{XX2600-NHBLN-124407}

Composite of Inforce Long Term Care Insurance Premiums

QuietCare[®]

Prepared for ¹{Composite Example}

<u>Name</u>	<u>Policy Number</u>	<u>Age</u>	<u>Payment Duration</u>	⁶ {Annual} <u>Premium</u>	<u>Less: Discount</u>	<u>Total Discounted Premium</u>
² {LastName, FirstName}	³ {99-999-999}	⁴ {58}	⁵ {For Life}	⁷ {\$4,126.20}	⁸ {\$618.93}	⁹ {\$3,507.27}
{LastName, FirstName}	{88-888-888}	{58}	{For Life}	{\$4,126.20}	{\$618.93}	{\$3,507.27}
Total ¹⁰ {Annual} Premium: Less				¹¹ {\$8,252.40}		
Discounts:				¹² {\$1,237.86}		
Total Discounted Premium:				¹³ {\$7,014.54}		

¹⁴{ }

This is a Long Term Care Insurance Illustration. Refer to the **Disclosure Statement** for additional disclosures, including important information about dividends.

Illustration based on data downloaded from the Home Office on various dates. Any intervening transactions are not reflected.

¹⁵{07/30/2010}

Northwestern Long Term Care Insurance Company, a subsidiary of The Northwestern Mutual Life Insurance Company, Milwaukee, WI

90-2425-06 LTC (0213)

Illustration No. ¹⁶{XX2600-NHBLN-124407}

Composite of Inforce Cash Outlay for Multiple Long Term Care Policies

QuietCare[®]

Prepared for ¹{Composite Example}

Calendar Year	Discounted Premium	Dividend [^]	Cash Outlay [^]	Maximum Benefit Limit
² {2010}	³ {\$7,015}	⁴ {\$147}	⁵ {\$6,867}	⁶ {\$312}
{2011}	{7,015}	{215}	{6,799}	{328}
{2012}	{7,015}	{307}	{6,707}	{344}
{2013}	{7,015}	{518}	{6,496}	{362}
{2014}	{7,015}	{728}	{6,286}	{380}
{2015}	{7,015}	{939}	{6,076}	{400}
{2016}	{7,015}	{1,149}	{5,865}	{420}
{2017}	{7,015}	{1,359}	{5,655}	{442}
{2018}	{7,015}	{1,570}	{5,444}	{464}
{2019}	{7,015}	{1,780}	{5,234}	{488}
{2022}	{7,015}	{1,991}	{5,023}	{564}
{2032}	{7,015}	{1,991}	{5,023}	{920}
{2042}	{7,015}	{1,991}	{5,023}	{1,498}
{2052}	<u>{0}</u>	{0}	<u>{0}</u>	{0}
Total @ {2052}	⁷ {\$266,553}		⁸ {\$202,082}	

⁹{ }

[^] There is no guarantee of a divisible surplus. Even if there is a divisible surplus, the payment of a dividend on this Policy is not guaranteed.

This is a Long Term Care Insurance Illustration. Refer to the **Disclosure Statement** for additional disclosures, including important information about dividends.

Illustration based on data downloaded from the Home Office on various dates. Any intervening transactions are not reflected.

¹⁰{07/30/2010}

Northwestern Long Term Care Insurance Company, a subsidiary of The Northwestern Mutual Life Insurance Company, Milwaukee, WI

90-2425-07 LTC (0213)

Illustration No. ¹¹{XX2600-NHBLN-124407}

Disclosure Statement

Cash outlay equals premiums less illustrated dividends. See Cash Outlay pages for details. Illustrated dividends reflect current (¹{2012} scale) claim, expense and investment experience. They are not estimates or a guarantee of future results. Any such dividends are declared annually by the Company in its discretion. There is no guaranteed specific method or formula for the determination and allocation of dividends. Accordingly, the Company's approach is subject to change. Dividends for long-term care insurance policies are sensitive to investment returns, claim, and expense experience. These factors will change after the current dividend scale is determined. Claim, expense, and/or investment experience may change after the current dividend scale is determined. The illustrated values are based on the assumption that non-guaranteed dividends currently illustrated will continue unchanged under the current scale for all years shown. This is not likely to occur and actual dividends likely will be larger or smaller than illustrated, and may be zero as a result of changes in the dividend scale. Any dividends will be used to reduce future premiums, or if not so used because the policy is in a non-premium paying status, will be accumulated as a premium refund (Cumulative Premium Refund) which may not exceed the aggregate premiums paid by the client under the policy. If the Cumulative Premium Refund equals the aggregate premiums paid by the client, additional dividends will no longer be payable. This inforce illustration may not reflect all transactions impacting the amount of the aggregate premiums paid by the client. The Cumulative Premium Refund will be paid at the earlier of cancellation or termination of the policy or death of the insured. The illustrated Cumulative Premium Refund is subject to changes in the dividend scale. If there is no Cumulative Premium Refund under the current dividend scale, it will not be displayed in this illustration.

^{2 3 4 5} { }

This illustration assumes payment of all future premiums when due.

All values illustrated are as of next anniversary.

The purpose of this material is for the marketing and solicitation of insurance. For illustration purposes only. The final premium for the coverage requested is subject to underwriting limits and approval. The amount of benefits provided depends on the benefits that are selected. The premium varies with the amount of benefits selected. This policy provides guaranteed renewable coverage and will remain in force as long as premiums are paid. The Company retains the right to change premiums by class.

Long-Term Care Insurance Policy Form RR.LTC.(0798), RR.LTN.(0798), or state equivalent.

Long-Term Care Insurance Policy Form RS.LTC.(1101), RS.LTC.ML.(1101), RS.LTCN.(1101), or state equivalent.

Long-Term Care Insurance Policy Form RS.LTC.(0708), RS.LTC.ML.(0708), RS.LTCN.(0708), or state equivalent.

Long-Term Care Insurance Policy Form TT.LTC.(1010), TT.LTC.ML.(1010), TT.LTCN.(1010), TT.LTC.LP.(1010), or state equivalent.

Long-Term Care Insurance Policy Form TT.LTC.(0213), TT.LTC.ML.(0213), TT.LTC.LP.(0213), or state equivalent.

Presented By: ⁶{Sample M. Agent}

⁷{07/30/2010}

Northwestern Long Term Care Insurance Company, a subsidiary of The Northwestern Mutual Life Insurance Company, Milwaukee, WI

90-2436-01 LTC (0213)

Illustration No. ⁸{XX2600-NHBLN-124407}

QuietCare[®]
Policy Data Review

¹{ }

Northwestern Long Term Care Insurance Company

Prepared For Policy Insuring
²{FirstName LastName}

³ { *Presented By*
Norm Weston
720 E. Wisconsin Ave
Milwaukee, WI 53233
(555)-555-5555 }

⁴{07/30/2010}

Long-Term Care Insurance Policy Form RR.LTC.(0798), RR.LTN.(0798), or state equivalent.

Long-Term Care Insurance Policy Form RS.LTC.(1101), RS.LTC.ML.(1101), RS.LTCN.(1101), or state equivalent.

Long-Term Care Insurance Policy Form RS.LTC.(0708), RS.LTC.ML.(0708), RS.LTCN.(0708), or state equivalent.

Long-Term Care Insurance Policy Form TT.LTC.(1010), TT.LTC.ML.(1010), TT.LTCN.(1010), TT.LTC.LP.(1010), or state equivalent.

Long-Term Care Insurance Policy Form TT.LTC.(0213), TT.LTC.ML.(0213), TT.LTC.LP.(0213), or state equivalent.

This is a Long Term Care Insurance Illustration. Refer to the **Disclosure Statement** for additional disclosures, including important information about dividends.

Policy Number ⁵{99-999-999}

⁶{07/30/2010}

Northwestern Long Term Care Insurance Company, a subsidiary of The Northwestern Mutual Life Insurance Company, Milwaukee, WI
90-2444 LTC (0213)

TT (2013) ⁷{Class 1}
Illustration No. ⁸{XX2600-NHBLN-124220}

QuietCare[®]
Inforce Composite Illustration

Northwestern Long Term Care Insurance Company

Prepared For
¹{Composite Example}

² { *Presented By*
Norm Weston
720 E. Wisconsin Ave
Milwaukee, WI 53233
(555)-555-5555 }

³{07/30/2010}

Long-Term Care Insurance Policy Form RR.LTC.(0798), RR.LTN.(0798), or state equivalent.

Long-Term Care Insurance Policy Form RS.LTC.(1101), RS.LTC.ML.(1101), RS.LTCN.(1101), or state equivalent.

Long-Term Care Insurance Policy Form RS.LTC.(0708), RS.LTC.ML.(0708), RS.LTCN.(0708), or state equivalent.

Long-Term Care Insurance Policy Form TT.LTC.(1010), TT.LTC.ML.(1010), TT.LTCN.(1010), TT.LTC.LP.(1010), or state equivalent.

Long-Term Care Insurance Policy Form TT.LTC.(0213), TT.LTC.ML.(0213), TT.LTC.LP.(0213), or state equivalent.

This is a Long Term Care Insurance Illustration. Refer to the **Disclosure Statement** for additional disclosures, including important information about dividends.

⁴{07/30/2010}

Northwestern Long Term Care Insurance Company, a subsidiary of The Northwestern Mutual Life Insurance Company, Milwaukee, WI
90-2444-01 LTC (0213)

Illustration No. ⁵{XX2600-NHBLN-124407}

**Policy Data Review
as of Next Anniversary Date
¹{Dec 22, 2010}
insuring ²{PersonFullName}**

Policy Information	
Insured	³ {PersonFullName}
Plan	⁴ {QCRS-LTC QuietCare}
Policy Number	⁵ {99-999-999}
Policy Date	⁶ {Dec 22, 2005}
Age at Issue	⁷ {58}
Attained Age	⁸ {63}

Policy Detail	
⁹ {Maximum Daily Limit} for Nursing Home Care	¹⁰ {156.00}
Residential Facility Care:	¹¹ {100%} ¹² {156.00}
Home Care:	¹³ {100%} ¹⁴ {156.00}
Benefit Period	¹⁵ {Lifetime}
Benefit Account Value	¹⁶ {Unlimited}
Elimination Period	¹⁷ {12 weeks}
Partnership Qualified	¹⁸ {No}

Additional Benefits	
¹⁹ {Additional Benefit Increase	@5%
Paid-Up Nonforfeiture Benefit	

Discounts	
²⁰ {Spousal	15%

Dividend Information	
Dividends reduce premiums.	
Estimated ²¹ {2010} Dividend	²² {73.84}

ISA ²³ {Annual} Payment as of ²⁴ {Dec 22, 2010}	
Annual Premium	²⁵ {3,507.27}
Less Estimated Dividend	²⁶ {73.84}
Total Annual Payment	²⁷ {3,433.43}
Total payment through ISA may be more than shown above if there is a service charge, additional payment or multiple policies paid through ISA. Amount of dividend assuming premiums are being paid annually.	

²⁸ {Annual} Contract Premium - Policy Year Beginning ²⁹ {2010}	
Basic Premium	³⁰ {1,135.94}
³¹ {ABI}	³² {2,371.33}
Total Discounted Premium	³³ {3,507.27}
Less Estimated ³⁴ {2010} Dividend	³⁵ {73.84}
Net Amount to be Paid	³⁶ {3,433.43}
Premium Payer	³⁷ {FirstName LastName}
Secondary Addressee	³⁸ {None Listed}
Premium Paid by Ins. Service Acct.	³⁹ {8-888-888}

This is a Long Term Care Insurance Illustration. Refer to the **Disclosure Statement** for additional disclosures, including important information about dividends.

Illustration based on data downloaded from the Home Office on ⁴⁰{Jul 23, 2010}. Any intervening transactions are not reflected.

Presented by ⁴¹{Sample M. Client}

⁴²{07/30/2010}

**Composite Policy Data Review
as of Next Anniversary
for ¹{Composite Example}**

ISA Number	Policy Number	Plan	Insured Name	Policy Date
² {8-888-888} {8-888-888}	³ {88-888-888} {99-999-999}	⁴ {QCRS} {QCRS}	⁵ {PersonFullName} {PersonFullName}	⁶ {Dec 22, 2005} {Dec 22, 2005}

Policy Number	Indexing Option	Max Benefit Limit	Benefit Period
⁷ {88-888-888} {99-999-999}	⁸ {Additional Benefit Increase @5%} {Additional Benefit Increase @5%}	⁹ {156} {156}	¹⁰ {Lifetime} {Lifetime}

¹¹ {Annual} Contract Premium	
Basic Premium	¹² {2,271.88}
¹³ {ABI Premium}	¹⁴ {4,742.66}
¹³ {Paid-Up Nonforfeiture}	¹⁴ {x,xxx.xx}
¹³ {Survivorship Benefit}	¹⁴ {x,xxx.xx}
Total Discounted Premium	¹⁵ {7,014.54}
Less Estimated Dividend	¹⁶ {147.68}
Net Amount to be Paid	¹⁷ {6,866.86}

¹⁸{ }

Individual ISA Modal Payment Information is available on the Client Service System, an ISA Status Sheet, individual Policy Data Reviews, or a Composite Policy Data Review ordered by ISA number.

This is a Long Term Care Insurance Illustration. Refer to the **Disclosure Statement** for additional disclosures, including important information about dividends.

Illustration based on data downloaded from the Home Office on various dates. Any intervening transactions are not reflected.

Presented by ¹⁹{Sample M. Agent}

²⁰{07/30/2010}

Northwestern Long Term Care Insurance Company, a subsidiary of The Northwestern Mutual Life Insurance Company, Milwaukee, WI

90-2445-01 LTC (0213)

Illustration No. ²¹{XX2600-NHBLN-124407}

SERFF Tracking #:

NWST-128738382

State Tracking #:**Company Tracking #:**

90-2129-01 LTC (0213)

State:

Arkansas

Filing Company:

Northwestern Long Term Care Insurance Company

TOI/Sub-TOI:

LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name:

90-2129-01 LTC (0213)

Project Name/Number:

90-2129-01 LTC (0213)/90-2129-01 LTC (0213)

Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Statements of Variability	Approved	10/25/2012
Comments:			
Attachment(s):			
1 SOV 90-2115-01 LTC (0213).pdf			
1 SOV 90-2120-01 LTC (0213).pdf			
1 SOV 90-2129-01 LTC (0213).pdf			
1 SOV 90-2129-02 LTC 0213.pdf			
1 SOV 90-2308-01 LTC (0213).pdf			
1 SOV 90-2444-01 LTC (0213).pdf			
1 SOV 90-2445 LTC (0213).pdf			
1 SOV 90-2445-01 LTC (0213).pdf			
1 SOV 90-2425-05 LTC (0213).pdf			
1 SOV 90-2425-06 LTC (0213).pdf			
1 SOV 90-2425-07 LTC (0213).pdf			
1 SOV 90-2436-01 LTC (0213).pdf			
1 SOV 90-2444 LTC (0213).pdf			

Statement of Variability

For Advertising Form 90-2115-01 LTC (0213)

Provision	Reference	Variability
1. Policy Number	First line of title	Policy number for policy
2. Type of policy	Second line of title	<ul style="list-style-type: none"> • QuietCare® • QuietCare® 10 Pay Premium w/Paid-Up Nonforfeiture Benefit • QuietCare® To Age 65 Premium w/Paid-Up Nonforfeiture Benefit
3. Name	First line of text under the title (first field)	Name of insured
4. Issue Age	First line of text under the title (second field)	18-79
5. Sex	First line of text under the title (third field)	Male or Female
6. Policy Date	First line of text under the title (fourth field)	Policy Date for policy
7. Maximum Benefit Limit header	Second line of text under the title (left side, first field)	<ul style="list-style-type: none"> • Maximum Daily Limit (Nursing Home Care) • Maximum Monthly Limit (Nursing Home Care)
8. Maximum Benefit Limit	Second line of text under the title (left side, second field)	From \$50 (Maximum Daily Limit) or \$1,500 (Maximum Monthly Limit) to \$x,xxx?, based on the policy design
9. Elimination Period	Third line of text under the title (left side)	6 Weeks, 12 Weeks, 25 Weeks or 52 Weeks
10. Indexing Option	Fourth line of text under the title (left side)	<ul style="list-style-type: none"> • None • Automatic Benefit Increase @1%, 2%, 3%, 4% or 5% • Automatic Additional Purchase Benefit @5% • None
11. Other Options	Fifth line of text under the title (left side)	<ul style="list-style-type: none"> • None • Survivorship • Paid-Up Nonforfeiture Benefit

12. State of Execution	Second line of text under the title (right side)	State in which the policy was issued
13. Home Health Care	Third line of text under the title (right side)	50% or 100%
14. Benefit Period	Fourth line of text under the title (right side)	3 Year, 6 Year or Lifetime
15. Discounts	Fifth line of text under the title (right side)	<ul style="list-style-type: none"> • None • Spousal, MultiLife • Spousal • MultiLife • 15%, 5% • 30%, 5% • 15% • 30% • 5%
16. Age	First column in table	18-100 (starting with the current attained age, ending with age 100, and showing ages at selected intervals in between)
17. Beg. Of Year	Second column in table	1-83 (starting with the current policy year, ending with the policy year for attained age 100, and showing policy years at selected intervals in between)
18. As Of (date)	Header rows above third column in table (second row)	Policy anniversary date
19. Policy anniversary year	Third column in table	Calendar year for each policy anniversary (starting with the calendar year for the current policy anniversary, ending with the calendar year for the policy anniversary at attained age 100, and showing calendar years at selected intervals in between)
20. Cumulative Cash Outlay (indexing option @x%)	Header rows above fourth column in table (third row)	<ul style="list-style-type: none"> • No Indexing • ABI @1%, 2%, 3%, 4% or 5% • AAPB @5%
21. Cumulative Cash	Fourth column in table	The cumulative total cash

Outlay		outlay for the policy at each age (from \$0.00 to \$x,xxx.xx?, based on the policy design and the current dividend scale)
22. Benefit Account Value	Fifth column in table	The Benefit Account Value for the policy at each age (from \$54,000 to \$x,xxx?, or Unlimited, based on the policy design)
23. Maximum Benefit Limit header	Header rows above sixth column in table	<ul style="list-style-type: none"> • Maximum Daily Limit • Maximum Monthly Limit
24. Maximum Benefit Limit	Sixth column in table	The Maximum Benefit Limit for the policy at each age (from \$50 (Maximum Daily Limit) or \$1,500 (Maximum Monthly Limit) to \$x,xxx?, based on the policy design)
25. Annual Benefit	Seventh column in table	From \$18,000 to \$x,xxx?, based on the policy design
26. Discount footnote	Underneath table	<ul style="list-style-type: none"> • Premiums reflect a 10% {Spousal or Companion} Discount and a 5% MultiLife Discount. The MultiLife Discount is subject to minimum eligible participation requirements. • Premiums reflect a 10% {Spousal or Companion} Discount. • Premiums reflect a {Spousal or Companion} One Insured Discount of 10% and a MultiLife Discount of 5%. The MultiLife Discount is subject to minimum eligible participation requirements. • Premiums reflect a {Spousal or

		<p>Companion} One Insured Discount of 10%.</p> <ul style="list-style-type: none">• Premiums reflect a {Spousal or Companion} Two Insured Discount of 30% and a MultiLife Discount of 5%. The MultiLife Discount is subject to minimum eligible participation requirements.• Premiums reflect a {Spousal or Companion} Two Insured Discount of 30%.• Premiums reflect a 5% MultiLife Discount. The MultiLife Discount is subject to minimum eligible participation requirements.• Premiums reflect a {Spousal or Companion} One Insured Discount of 10% and a MultiLife Discount of 5%. Premiums reflect discount status selected as part of the TT series exchange illustration. If the status submitted on the Series Exchange form is different, the actual premiums may differ from this illustration. The MultiLife Discount is subject to minimum eligible participation requirements.• Premiums reflect a {Spousal or
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		Companion} One Insured Discount of 10%. Premiums reflect discount status selected as part of the TT series exchange illustration. If the status submitted on the Series Exchange form is different, the actual premiums may differ from this illustration.
27. Miscellaneous footnotes – policy changes/series exchanges	Underneath table	<ul style="list-style-type: none"> • Premiums reflect a policy change at original issue age. Premiums shown do not include the one time Reserve Adjustment Charge. • Illustration includes an increase in Home Health Care to 100%; Underwriting is required. • Premiums reflect a change to Automatic Benefit Increase @ 5%. • AAPB is not allowed with Limited Pay. Premiums reflect a change to Automatic Benefit Increase @ 5%. • The Survivorship Benefit is not available with Limited Pay and has been removed.
28. Miscellaneous footnotes – AAPB refusals/hypothetical claim	Underneath table	<ul style="list-style-type: none"> • Columns illustrate a hypothetical example of refusing AAPB increases at ages [X] and [Y]. • Columns illustrate a hypothetical example of refusing an AAPB increase at age [X]. • Columns illustrate a

		<p>hypothetical example of refusing a second AAPB increase at age [Y].</p> <ul style="list-style-type: none"> • Columns illustrate a hypothetical claim at age [Z] and assume full use of the “Maximum Benefit Limit.” • Columns illustrate a hypothetical claim at age [Z], refusal of AAPB increase at age [X or Y] if applicable, and assume full use of the “Maximum Benefit Limit.” • Columns illustrate a hypothetical claim at age [Z], refusal of AAPB increase at age [X] and [X], if applicable, and assume full use of the “Maximum Benefit Limit.” • Does not reflect that benefits paid will reduce the total amount available for future benefit payments.
29. Data download date	Fifth and sixth lines of text from bottom of page	Data download date for illustration
30. Presented By	Fourth line of text from bottom of page (left side)	Name of financial representative
31. Date	Fourth line of text from bottom of page (right side)	Date on which the illustration is being run
32. Risk Class	Second line of text from bottom of page (right side)	Standard, Class 1, Class 2
33. Illustration No.	Last line of text at bottom of page (right side)	System-assigned number for illustration

Statement of Variability

For Advertising Form 90-2120-01 LTC (0213)

Provision	Reference	Variability
1. Policy Number	Second line of title	Policy number for policy
2. Name	First line of text under the header in the first paragraph (right column)	Name of insured
3. Sex	Second line of text under the header in the first paragraph (right column)	Male or Female
4. Birthdate	Third line of text under the header in the first paragraph (right column)	Birthdate of insured
5. Issue Age	Fourth line of text under the header in the first paragraph (right column)	18-79
6. Current Insurable Age	Fifth line of text under the header in the first paragraph (right column)	18-100
7. Risk Class	Sixth line of text under the header in the first paragraph (right column)	Standard, Class 1 or Class 2
8. Policy	First line of text under the header in the second paragraph (right column)	<ul style="list-style-type: none"> • QuietCare RR • QuietCare RS • QuietCare TT
9. Insurance	Second line of text under the header in the second paragraph (right column)	From \$50.00 (Maximum Daily Limit) or \$1,500.00 (Maximum Monthly Limit) to \$x,xxx.xx?, based on the policy design
10. Premium	Third line of text under the header in the second paragraph (right column)	From \$0.01 to \$x,xxx.xx?, based on the policy design
11. AAPB Refusals header	First line of text under the header in the third paragraph (left column)	<ul style="list-style-type: none"> • AAPB Refusals
12. AAPB Increases Refused Header	Second line of text under the header in the third paragraph (left column)	AAPB Increases Refused
13. AAPB Increases Refused	First line of text under the header in the third	0, 1 or 2

	paragraph (right column)	
14. First Refusal Age header	Beneath first line of text under the header in the third paragraph (left column)	<ul style="list-style-type: none"> • First Refusal Age:
15. First Refusal Age	Beneath first line of text under the header in the third paragraph (right column)	19-89
16. Second Refusal Age header	Beneath first line of text under the header in the third paragraph (left column)	<ul style="list-style-type: none"> • Second Refusal Age:
17. Second Refusal Age	Beneath first line of text under the header in the third paragraph (right column)	19-89
18. Illustrate Hypothetical Claim	Second line of text under the header in the third paragraph (right column)	Yes or No
19. Miscellaneous line – Hypothetical Claim Age header	Beneath second line of text under the header in the third paragraph (left column)	<ul style="list-style-type: none"> • Hypothetical Claim Age:
20. Miscellaneous line – Hypothetical Claim Age	Beneath second line of text under the header in the third paragraph (right column)	19-100
21. Years to Show	First line of text under the header in the fourth paragraph (right column)	<ul style="list-style-type: none"> • 10 Years, 10 Year Interval through age 100 • All Years
Miscellaneous line – Cover Page Title 2 header	Beneath fourth line of text under the header in the fourth paragraph (left column)	<ul style="list-style-type: none"> • Title 2:
Miscellaneous line – Cover Page Title 2	Beneath fourth line of text under the header in the fourth paragraph (right column)	User-input title for illustration
22. Illustration Page Selection items	Fifth through tenth lines of text under the header in the fourth paragraph (left column)	<ul style="list-style-type: none"> • Illustrate Future: Premium/Dividend/Benefits • Cash Outlay and Benefit Analysis • The Northwestern Long Term Care Advantage • QuietCare Dividends • Comparison of RS vs. TT Series • Input Summary
23. State of Execution	First line of text under the	State in which the policy

	header in the fifth paragraph (right column)	was issued
24. State of Presentation	Second line of text under the header in the fifth paragraph (right column)	State in which the illustration is being presented
25. Agent 1	Third line of text under the header in the fifth paragraph (right column)	Name of financial representative
Agent 2 header	Beneath third line of text under the header in the fifth paragraph (left column)	<ul style="list-style-type: none"> Agent 2:
Agent 2	Beneath third line of text under the header in the fifth paragraph (right column)	Name of financial representative
26. PDR header	Header line of sixth paragraph (left column)	<ul style="list-style-type: none"> PDR
27. Policy Data Review header	First line of text under the header in the sixth paragraph (left column)	<ul style="list-style-type: none"> Policy Data Review...
28. PDR Cover Page header	Second line of text under the header in the sixth paragraph (left column)	<ul style="list-style-type: none"> PDR Cover Page:
29. PDR Cover Page status	Second line of text under the header in the sixth paragraph (right column)	Yes or No
30. Payer Name header	Third line of text under the header in the sixth paragraph (left column)	<ul style="list-style-type: none"> Payer Name:
31. Payer Name	Third line of text under the header in the sixth paragraph (right column)	Name of premium payer
32. PDR Date of Values header	Fourth line of text under the header in the sixth paragraph (left column)	<ul style="list-style-type: none"> PDR Date of Values:
33. PDR Date of Values	Fourth line of text under the header in the sixth paragraph (right column)	Date of next policy anniversary following data download date for illustration
34. Data download date	Fifth and sixth lines of text from bottom of page	Data download date for illustration
35. Presented By	Fourth line of text from bottom of page (left side)	Name of financial representative
36. Date	Fourth line of text from bottom of page (right side)	Date on which the illustration is being run
37. Risk Class	Second to last line from the bottom of page (right side)	Standard, Class 1, Class 2

38. Illustration No.	Last line of text at bottom of page (right side)	System-assigned number for illustration
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Statement of Variability

For Advertising Form 90-2129-01 LTC (0213)

Provision	Reference	Variability
1. Prepared For	First paragraph under the title	Name of insured
2. Presented By	Second paragraph under the title	Financial representative information
3. Date	Third paragraph under the title	Date on which the illustration is being run
4. Download date	First footnote on the bottom of the page	Date on which data for the inforce policy was downloaded.
5. Policy Number	Fourth line of text from bottom of page (left side)	Policy number for policy
6. Date	Fourth line of text from bottom of page (right side)	Date on which the illustration is being run
7. Risk Class	Second to last line of text at bottom of page (right side)	Standard, Class 1 or Class 2
8. Illustration No.	Last line of text at bottom of page (right side)	System-assigned number for illustration

Statement of Variability

For Advertising Form 90-2129-02 LTC (0213)

Provision	Reference	Variability
1. Prepared For	First paragraph under the title	Chosen name for composite group
2. Presented By	Second paragraph under the title	Financial representative information
3. Date	Third paragraph under the title	Date on which the illustration is being run
4. Download date	Fourth paragraph under the title	Date on which the inforce policy date was downloaded
5. Date	Fourth line of text from bottom of page (right side)	Date on which the illustration is being run
6. Illustration No.	Last line of text at bottom of page (right side)	System-assigned number for illustration

Statement of Variability

For Advertising Form 90-2308-01 LTC (0213)

Provision	Reference	Variability
1. Policy Number	First line of title	Policy number for policy
2. Type of policy	Second line of title	<ul style="list-style-type: none"> • QuietCare® • QuietCare® 10 Pay Premium w/Paid-Up Nonforfeiture Benefit • QuietCare® To Age 65 Premium w/Paid-Up Nonforfeiture Benefit
3. Name	First line of text under the title (first field)	Name of insured
4. Issue Age	First line of text under the title (second field)	18-79
5. Sex	First line of text under the title (third field)	Male or Female
6. Policy Date	First line of text under the title (fourth field)	Policy Date for policy
7. Maximum Benefit Limit header	Second line of text under the title (left side, first field)	<ul style="list-style-type: none"> • Maximum Daily Limit (Nursing Home Care) • Maximum Monthly Limit (Nursing Home Care)
8. Maximum Benefit Limit	Second line of text under the title (left side, second field)	From \$50 (Maximum Daily Limit) or \$1,500 (Maximum Monthly Limit) to \$x,xxx?, based on the policy design
9. Elimination Period	Third line of text under the title (left side)	6 Weeks, 12 Weeks, 25 Weeks or 52 Weeks
10. Indexing Option	Fourth line of text under the title (left side)	<ul style="list-style-type: none"> • None • Automatic Benefit Increase @ 1%, 2%, 3%, 4% or 5% • Automatic Additional Purchase Benefit @ 5%
11. Other Options	Fifth line of text under the title (left side)	<ul style="list-style-type: none"> • None • Survivorship • Paid-Up Nonforfeiture Benefit
12. State of Execution	Second line of text under	State in which the policy

	the title (right side)	was issued
13. Home Health Care	Third line of text under the title (right side)	50% or 100%
14. Benefit Period	Fourth line of text under the title (right side)	3 Year, 6 Year, 10 Year or Lifetime
15. Discounts	Fifth line of text under the title (right side)	<ul style="list-style-type: none"> • None • Spousal, MultiLife • Spousal • MultiLife • 15%, 5% • 30%, 5% • 15% • 30% • 5%
16. Age	First column in table	18-100 (starting with the current attained age, ending with age 100, and showing ages at selected intervals in between)
17. Beg. Of Year	Second column in table	1-83 (starting with the current policy year, ending with the policy year for attained age 100, and showing policy years at selected intervals in between)
18. As Of (date)	Header rows above third column in table (second row)	Policy anniversary date
19. Policy anniversary year	Third column in table	Calendar year for each policy anniversary (starting with the calendar year for the current policy anniversary, ending with the calendar year for the policy anniversary at attained age 100, and showing calendar years at selected intervals in between)
20. (Annual or Annualized) Premium	Header rows above fourth column in table (first row)	<ul style="list-style-type: none"> • Annual • Annualized
21. Premium (w/ indexing option @x%)	Header rows above fourth column in table (third row)	<ul style="list-style-type: none"> • w/ ABI @1%, 2%, 3%, 4% or 5% • w/ AAPB @5%

22. Premium	Fourth column in table	The total annual or annualized premium for the policy at each age (from \$0.01 to \$x,xxx.xx?, or Paid-Up, based on the policy design)
23. Dividend	Fifth column in table	The total dividend for the policy at each age (from \$0.00 to \$x,xxx.xx?, based on the policy design and the current dividend scale)
24. (Annual or Annualized) Cash Outlay	Header rows above sixth column in table (first row)	<ul style="list-style-type: none"> • Annual • Annualized
25. Cash Outlay	Sixth column in table	The total annual or annualized cash outlay for the policy at each age (from \$0.00 to \$x,xxx.xx?, or Paid-Up, based on the policy design and the current dividend scale)
26. Cumulative Premium Refund	Header rows above the seventh column in table (first row)	The total annual premium refund account balance, from the policy issue age through the last age shown in the table on the current page (from \$0.00 to \$x,xxx.xx?, based on the policy design). This optional column may not always be displayed. This column will not be displayed if all durations will show \$0.
27. Maximum Benefit Limit header	Header rows above eighth column in table	<ul style="list-style-type: none"> • Maximum Daily Limit • Maximum Monthly Limit
28. Maximum Benefit Limit	Eight column in table	The Maximum Benefit Limit for the policy at each age (from \$50 (Maximum Daily Limit) or \$1,500 (Maximum Monthly Limit) to \$x,xxx?, based on the policy design)
29. Totals @ age (XX)	At bottom of first column in	The last age shown in the

	table	table on the current page
30. Totals – Premium	At bottom of fourth column in table	The cumulative total annual or annualized premium for the policy, from the current attained age through the last age shown in the table on the current page (from \$0.01 to \$x,xxx.xx?, based on the policy design)
31. Totals – Cash Outlay	At bottom of sixth column in table	The cumulative total annual or annualized cash outlay for the policy, from the current attained age through the last age shown in the table on the current page (from \$0.00 to \$x,xxx.xx?, based on the policy design and the current dividend scale)
32. Discount footnote	Underneath table	<ul style="list-style-type: none"> • Premiums reflect a 15% {Spousal or Companion} Discount and a 5% MultiLife Discount. The MultiLife Discount is subject to minimum eligible participation requirements. • Premiums reflect a 15% {Spousal or Companion} Discount. • Premiums reflect a {Spousal or Companion} One Insured Discount of 15% and a MultiLife Discount of 5%. The MultiLife Discount is subject to minimum eligible participation requirements. • Premiums reflect a {Spousal or Companion} One Insured Discount of 15%.

		<ul style="list-style-type: none">• Premiums reflect a {Spousal or Companion} Two Insured Discount of 30% and a MultiLife Discount of 5%. The MultiLife Discount is subject to minimum eligible participation requirements.• Premiums reflect a {Spousal or Companion} Two Insured Discount of 30%.• Premiums reflect a 5% MultiLife Discount. The MultiLife Discount is subject to minimum eligible participation requirements.• Premiums reflect a {Spousal or Companion} One Insured Discount of 15% and a MultiLife Discount of 5%. The MultiLife Discount is subject to minimum eligible participation requirements. Premiums reflect discount status selected as part of the TT series exchange illustration. If the status submitted on the Series Exchange form is different, the actual premiums may differ from this illustration.• Premiums reflect a {Spousal or Companion} One Insured Discount of 15%. Premiums reflect
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		discount status selected as part of the TT series exchange illustration. If the status submitted on the Series Exchange form is different, the actual premiums may differ from this illustration.
33. Miscellaneous footnotes – policy changes/series exchanges	Underneath table	<ul style="list-style-type: none"> • Premiums reflect a policy change at original issue age. Premiums shown do not include the one time Reserve Adjustment Charge. • Illustration includes an increase in Home Health Care to 100%; Underwriting is required. • Premiums reflect a change to Automatic Benefit Increase @ 5%. • AAPB is not allowed with Limited Pay. Premiums reflect a change to Automatic Benefit Increase @ 5%. • The Survivorship Benefit is not available with Limited Pay and has been removed.
34. Miscellaneous footnotes – AAPB refusals/hypothetical claim	Underneath table	<ul style="list-style-type: none"> • Columns illustrate a hypothetical example of refusing AAPB increases at ages [X] and [Y]. • Columns illustrate a hypothetical example of refusing an AAPB increase at age [X]. • Columns illustrate a hypothetical example of refusing a second AAPB increase at age

		<p>[Y].</p> <ul style="list-style-type: none"> • Columns illustrate a hypothetical claim at age [Z] and assume full use of the “Maximum Benefit Limit.” • Columns illustrate a hypothetical claim at age [Z], refusal of AAPB increase at age [X or Y] if applicable, and assume full use of the “Maximum Benefit Limit.” • Columns illustrate a hypothetical claim at age [Z], refusal of AAPB increase at age [X] and [X], if applicable, and assume full use of the “Maximum Benefit Limit.”
35. Miscellaneous footnotes – modal premiums	Underneath table	<ul style="list-style-type: none"> • Equals Current Premium mode multiplied to reflect an annualized amount.
36. Data download date	Fifth and sixth lines of text from bottom of page	Data download date for illustration
37. Presented By	Fourth line of text from bottom of page (left side)	Name of financial representative
38. Date	Fourth line of text from bottom of page (right side)	Date on which the illustration is being run
39. Risk Class	Second line of text from bottom of page (right side)	Standard, Class 1, Class 2
40. Illustration No.	Last line of text at bottom of page (right side)	System-assigned number for illustration

Statement of Variability

For Advertising Form 90-2444-01 LTC (0213)

Provision	Reference	Variability
1. Prepared For	First paragraph under the title	Chosen name for composite group
2. Presented By	Second paragraph under the title	Financial representative information
3. Date	Third paragraph under the title	Date on which the illustration is being run
4. Date	Fourth line of text from bottom of page (right side)	Date on which the illustration is being run
5. Illustration No.	Last line of text at bottom of page (right side)	System-assigned number for illustration

Statement of Variability

For Advertising Form 90-2445 LTC (0213)

Provision	Reference	Variability
1. Next Anniversary Date	Third line of title	Date of next policy anniversary following data download date for illustration
2. Name	Fourth line of title	Name of insured
3. Insured	First line of text within "Policy Information" box	Name of insured
4. Plan	Second line of text within "Policy Information" box	<ul style="list-style-type: none"> • QCRR-LTC QuietCare • QCRS-LTC QuietCare • QCTT-LTC QuietCare
5. Policy Number	Third line of text within "Policy Information" box	Policy number for policy
6. Policy Date	Fourth line of text within "Policy Information" box	Policy Date for policy
7. Age at Issue	Fifth line of text within "Policy Information" box	18-79
8. Attained Age	Sixth line of text within "Policy Information" box	18-100
9. Maximum Benefit Limit heading	First line of text within "Policy Detail" box	<ul style="list-style-type: none"> • Maximum Daily Limit • Maximum Monthly Limit
10. Nursing Home Care	Second line of text within "Policy Detail" box	From \$50.00 (Maximum Daily Limit) or \$1,500.00 (Maximum Monthly Limit) to \$x,xxx.xx?, based on the policy design
11. Assisted Living Facilities – percentage	Third line of text within "Policy Detail" box (first field)	75% or 100%
12. Assisted Living Facilities – Maximum Benefit Limit	Third line of text within "Policy Detail" box (second field)	From \$37.50 (Maximum Daily Limit) or \$1,500.00 (Maximum Monthly Limit) to \$x,xxx.xx?, based on the policy design
13. Home Health Care – percentage	Fourth line of text within "Policy Detail" box (first field)	50% or 100%
14. Home Health Care –	Fourth line of text within	From \$25.00 (Maximum

Maximum Benefit Limit	“Policy Detail” box (second field)	Daily Limit) or \$1,500.00 (Maximum Monthly Limit) to \$x,xxx.xx?, based on the policy design
15. Benefit Period	Fifth line of text within “Policy Detail” box	3 Year, 6 Year or Lifetime
16. Benefit Account Value	Sixth line of text within “Policy Detail” box	From \$54,000.00 to \$x,xxx.xx?, or Unlimited, based on the policy design
17. Elimination period	Seventh line of text within “Policy Detail” box	6 Weeks, 12 Weeks, 25 Weeks or 52 Weeks
18. Partnership Qualified	Eighth line of text within “Policy Detail” box	Yes or No
19. Additional Benefits	Within “Additional Benefits” box	<ul style="list-style-type: none"> • None • Automatic Additional Purchase Benefit @5% • Automatic Benefit Increase @1%, 2%, 3%, 4% or 5% • Paid-Up Nonforfeiture Benefit • Survivorship Benefit
20. Discounts	Within “Discounts” box	<ul style="list-style-type: none"> • None • Spousal 15% • Spousal One Insured 10% • Spousal One Insured 15% • Spousal Two Insured 30% • Companion 15% • Companion One Insured 10% • Companion One Insured 15% • Companion Two Insured 30% • MultiLife 5%
21. Dividend scale year	Within “Dividend Information” box (first field)	Current dividend scale calendar year
22. Dividend	Within “Dividend Information” box (second field)	From \$0.00 to \$x,xxx.xx?, based on the policy design and the current dividend scale

23. ISA (Annual or Annualized) Payment	First line of title within “ISA (Annual or Annualized) Payment” box	<ul style="list-style-type: none"> • Annual • Annualized
24. ISA payment as-of date	Second line of title within “ISA (Annual or Annualized) Payment” box	Date of next policy anniversary following data download date for illustration
25. Annual Premium	First line of text within “ISA (Annual or Annualized) Payment” box	From \$0.01 to \$x,xxx.xx?, based on the policy design
26. Less Estimated Dividend	Second line of text within “ISA (Annual or Annualized) Payment” box	From \$0.00 to \$x,xxx.xx?, based on the policy design and the current dividend scale
27. Total Annual Payment	Third line of text within “ISA (Annual or Annualized) Payment” box	From \$0.00 to \$x,xxx.xx?, based on the policy design and the current dividend scale
28. (Annual or Annualized) Contract Premium	First line of title within “(Annual or Annualized) Contract Premium” box	<ul style="list-style-type: none"> • Annual • Annualized
29. Policy Year Beginnig (XXXX)	Second line of title within “(Annual or Annualized) Contract Premium” box	Calendar year of next policy anniversary following data download date for illustration
30. Basic Premium	First line of text within “(Annual or Annualized) Contract Premium” box	From \$0.01 to \$x,xxx.xx?, based on the policy design
31. Additional Benefit Premium header	Second line of text within “(Annual or Annualized) Contract Premium” box (left side)	<ul style="list-style-type: none"> • AAPB • ABI • Paid-Up Nonforfeiture Benefit • Survivorship Benefit
32. Additional Benefit Premium	Second line of text within “(Annual or Annualized) Contract Premium” box (right side)	From \$0.01 to \$x,xxx.xx?, based on the policy design
33. Total Discounted Premium	Third line of text within “(Annual or Annualized) Contract Premium” box	From \$0.01 to \$x,xxx.xx?, based on the policy design
34. Less Estimated (XXXX) Dividend	Fourth line of text within “(Annual or Annualized) Contract Premium” box (first field)	Calendar year of next policy anniversary following data download date for illustration
35. Dividend	Fourth line of text within “(Annual or Annualized)	From \$0.00 to \$x,xxx.xx?, based on the policy design

	Contract Premium” box (second field)	and the current dividend scale
36. Net Amount to be Paid	Fifth line of text within “(Annual or Annualized) Contract Premium” box	From \$0.00 to \$x,xxx.xx?, based on the policy design and the current dividend scale
37. Premium Payer	Sixth line of text within “(Annual or Annualized) Contract Premium” box	Name of premium payer
38. Secondary Addressee	Seventh line of text within “(Annual or Annualized) Contract Premium” box	<ul style="list-style-type: none"> • Name of secondary addressee • None Listed
39. Premium Paid by Ins. Service Acct.	Eight line of text within “(Annual or Annualized) Contract Premium” box	Insurance Service Account number for policy
40. Data download date	Fifth and sixth lines of text from bottom of page	Data download date for illustration
41. Presented By	Fourth line of text from bottom of page (left side)	Name of financial representative
42. Date	Fourth line of text from bottom of page (right side)	Date on which the illustration is being run
43. Risk class	Second to last line of text from the bottom of page (right side)	Standard, Class 1 or Class2
44. Illustration No.	Last line of text at bottom of page (right side)	System-assigned number for illustration

Statement of Variability

For Advertising Form 90-2445-01 LTC (0213)

Provision	Reference	Variability
1. Composite group	Third line of title	Chosen name for composite group
2. ISA Number	First column in first table	Insurance Service Account number for each policy
3. Policy Number	Second column in first table	Policy number for each policy
4. Plan	Third column in first table	<ul style="list-style-type: none"> • QCRR • QCRS • QCTT
5. Insured Name	Fourth column in first table	Name of insured for each policy
6. Policy Date	Fifth column in first table	Policy Date for each policy
7. Policy Number	First column in second table	Policy number for each policy
8. Indexing Option	Second column in second table	<ul style="list-style-type: none"> • None • Automatic Additional Purchase Benefit @5% • Automatic Benefit Increase @1%, 2%, 3%, 4% or 5%
9. Max Benefit Limit	Third column in second table	The current Maximum Benefit Limit for each policy (from \$50 (Maximum Daily Limit) or \$1,500 (Maximum Monthly Limit) to \$x,xxx?, based on the policy design)
10. Benefit Period	Fourth column in second table	3 Year, 6 Year, 10 Year or Lifetime
11. (Annual or Annualized) Contract Premium	Title within “(Annual or Annualized) Contract Premium” box	<ul style="list-style-type: none"> • Annual • Annualized
12. Basic Premium	First line of text within “(Annual or Annualized) Contract Premium” box	From \$0.01 to \$x,xxx.xx?, based on the policy design
13. Additional benefit premiums header	Second line of text within “(Annual or Annualized) Contract Premium” box	<ul style="list-style-type: none"> • ABI • AAPB • Paid-Up Nonforfeiture

	(left column)	Benefit
		<ul style="list-style-type: none"> Survivorship Benefit
14. Additional benefit premiums	Second line of text within “(Annual or Annualized) Contract Premium” box (right column)	From \$0.01 to \$x,xxx.xx?, based on the policy design
15. Total Discounted Premium	Third line of text within “(Annual or Annualized) Contract Premium” box	From \$0.01 to \$x,xxx.xx?, based on the policy design
16. Less Estimated Dividend	Fourth line of text within “(Annual or Annualized) Contract Premium” box	From \$0.00 to \$x,xxx.xx?, based on the policy design
17. Net Amount to be Paid	Fifth line of text within “(Annual or Annualized) Contract Premium” box	From \$0.00 to \$x,xxx.xx?, based on the policy design
18. Miscellaneous footnotes	Underneath “(Annual or Annualized) Contract Premium” box	<ul style="list-style-type: none"> Benefit Amounts for Policy Series RR and RS are Daily Limits. Benefit Amounts for Policy Series TT are Monthly Limits. Equals Current Premium mode multiplied to reflect an annualized amount for applicable policies.
19. Presented By	Fourth line of text from bottom of page (left side)	Name of financial representative
20. Date	Fourth line of text from bottom of page (right side)	Date on which the illustration is being run
21. Illustration No.	Last line of text at bottom of page (right side)	System-assigned number for illustration

Statement of Variability

For Advertising Form 90-2425-05 LTC (0213)

Provision	Reference	Variability
1. Prepared for	First line of text under the title	Chosen name for composite group
2. Name	First column in table	Name of insured for each policy
3. Plan	Second column in table	<ul style="list-style-type: none"> • QCRR • QCRS • QCTT
4. Max Benefit Limit	Third column in table	The current Maximum Benefit Limit for each policy (from \$50 (Maximum Daily Limit) or \$1,500 (Maximum Monthly Limit) to \$x,xxx?, based on the policy design)
5. Elimination Period	Fourth column in table	6 Weeks, 12 Weeks, 25 Weeks or 52 Weeks
6. Benefit Period	Fifth column in table	3 Year, 6 Year, 10 Year or Lifetime
7. Benefit Account Value	Sixth column in table	The current Benefit Account Value for each policy (from \$54,000.00 to \$x,xxx.xx?, or Unlimited, based on the policy design)
8. Indexing Option	Seventh column in table	<ul style="list-style-type: none"> • ABI 1%, 2%, 3%, 4% or 5% • AAPB 5% • NONE
9. NFB	Eight column in table	Y or N
10. Survivorship Benefit	Ninth column in table	Y or N
11. Miscellaneous footer	Underneath table	<ul style="list-style-type: none"> • Benefit Amounts for Policy Series RR and RS are Daily Limits. Benefit Amounts for Policy Series TT are Monthly Limits.
12. Date	Fourth line of text from bottom of page (right side)	Date on which the illustration is being run
13. Illustration No.	Last line of text at bottom	System-assigned number

	of page (right side)	for illustration
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Statement of Variability

For Advertising Form 90-2425-06 LTC (0213)

Provision	Reference	Variability
1. Prepared for	First line of text under the title	Chosen name for composite group
2. Name	First column in table	Name of insured for each policy
3. Policy Number	Second column in table	Policy number for each policy
4. Age	Third column in table	18-100
5. Payment Duration	Fourth column in table	10 Pay, To Age 65, or For Life
6. (Annual or Annualized) Premium	Header rows above fifth column in table (first row)	<ul style="list-style-type: none"> • Annual • Annualized
7. Premium	Fifth column in table	The total current annual or annualized premium for each policy, not including discounts (from \$0.01 to \$x,xxx.xx?, based on the policy design)
8. Less: Discount	Sixth column in table	The total current discount (Spousal/Companion Discount and/or MultiLife Discount) dollar amount for each policy (from \$0.00 to \$x,xxx.xx?, based on the policy design)
9. Total Discounted Premium (single policy)	Seventh column in table	The total current premium for each policy, including discounts (from \$0.01 to \$x,xxx.xx?, based on the policy design)
10. Total (Annual or Annualized) Premium	First row under the table (left column)	<ul style="list-style-type: none"> • Annual • Annualized
11. Total Premium	First row under the table (right column)	The sum of the total current annual or annualized premiums for all policies, not including discounts (from \$0.01 to \$x,xxx.xx?,

		based on the policy designs)
12. Less Discounts	Second row under the table (right column)	The sum of the total current discount (Spousal/Companion Discount and/or MultiLife Discount) dollar amounts for all policies (from \$0.00 to \$x,xxx.xx?, based on the policy designs)
13. Total Discounted Premium (all policies)	Third row under the table (right column)	The sum of the total current premiums for all policies, including discounts (from \$0.01 to \$x,xxx.xx?, based on the policy designs)
14. Miscellaneous footer	Underneath table	<ul style="list-style-type: none"> • Equals Current Premium mode multiplied to reflect an annualized amount for applicable policies.
15. Date	Fourth line of text from bottom of page (right side)	Date on which the illustration is being run
16. Illustration No.	Last line of text at bottom of page (right side)	System-assigned number for illustration

Statement of Variability

For Advertising Form 90-2425-07 LTC (0213)

Provision	Reference	Variability
1. Prepared for	First line of text under the title	Chosen name for composite group
2. Calendar Year	First column in table	The calendar year in which the first day of each policy year falls, starting with the current policy year, ending with the policy year during which the youngest insured is attained age 100, and showing years at selected intervals in between
3. Discounted Premium	Second column in table	The sum of the total premiums for all policies at each given year from the table, including discounts (from \$0.01 to \$x,xxx.xx?, based on the policy designs)
4. Dividend	Third column in table	The sum of the total dividends for all policies at each given year from the table, based on the current dividend scale (from \$0.00 to \$x,xxx.xx?, based on the policy designs and the current dividend scale)
5. Cash Outlay	Fourth column in table	The sum of the total cash outlays for all policies at each given year from the table (from \$0.00 to \$x,xxx.xx?, based on the policy designs and the current dividend scale)
6. Maximum Benefit Limit	Fifth column in table	The sum of the Maximum Benefit Limits for all policies at each given year from the table (from \$50 (Maximum Daily Limit) or \$1,500 (Maximum Monthly Limit) to \$x,xxx?, based on

		the policy designs)
7. Total Cash Outlay – Discounted Premium	At bottom of second column in table	The cumulative sum of the total premiums for all policies (including discounts), from the current year through the last year shown in the table on the current page (from \$0.01 to \$x,xxx.xx?, based on the policy designs)
8. Total Cash Outlay – Cash Outlay	At bottom of fourth column in table	The cumulative sum of the total cash outlays for all policies, from the current year through the last year shown in the table on the current page (from \$0.00 to \$x,xxx.xx?, based on the policy designs and the current dividend scale)
9. Miscellaneous footer – AAPB refusals/hypothetical claim	Underneath table	<ul style="list-style-type: none"> • Columns illustrate a hypothetical example of refusing AAPB increases at various ages. • Columns illustrate a hypothetical claim at various ages and assume full use of the Maximum Benefit Limit. • Columns illustrate a hypothetical claim and refusing AAPB increases at various ages, if applicable, and assume full use of the Maximum Benefit Limit. • Columns illustrate a hypothetical claim at age [XX] and assume full use of the Maximum Benefit Limit. • Columns illustrate a hypothetical claim at

		age [XX] and refusing AAPB increases at various ages, if applicable, and assume full use of the Maximum Benefit Limit.
10. Date	Fourth line of text from bottom of page (right side)	Date on which the illustration is being run
11. Illustration No.	Last line of text at bottom of page (right side)	System-assigned number for illustration

Statement of Variability

For Advertising Form 90-2436-01 LTC (0213)

Provision	Reference	Variability
1. (XXXX) scale	Third sentence of first paragraph	Current dividend scale calendar year
2. Miscellaneous messages – past claims	Middle of page	<ul style="list-style-type: none"> • Premiums have been waived under the policy illustrated while the insured has been on claim; as a result future illustrated premiums may not reflect any previously waived premiums. Premiums waived while on claim will first be used to reduce future premiums or if not so used will be refunded at the earlier of the cancellation or termination of the policy or the death of the insured. In addition, the Benefit Account Value may not reflect claim payments that are still being processed. • Premiums have been waived on one or more of the policies illustrated while an insured was on claim; as a result future illustrated premiums for that policy may not reflect any previously waived premiums. Premiums waived while on claim will first be used to reduce future premiums of that policy or if not so used will be refunded

		at the earlier of the cancellation or termination of the policy or the death of the insured. In addition, the Benefit Account Value may not reflect claim payments that are still being processed.
3. Miscellaneous messages – outstanding premium due	Middle of page	<ul style="list-style-type: none"> • This illustration is based on data downloaded from the Home Office that reflects the premium is currently due and unpaid. This illustration assumes the current premium will be paid in cash. • This illustration is based on data downloaded from the Home Office that reflects the premium on one of the policies included is currently due and unpaid. This illustration assumes the current premium will be paid in cash.
4. Miscellaneous messages – discounts	Middle of page	<ul style="list-style-type: none"> • One or more of the policies illustrated in this composite include a spousal or companion discount. For specific discount percentage, request an individual policy illustration.
5. Miscellaneous messages – policy changes/series exchanges	Middle of page	<ul style="list-style-type: none"> • A one time Reserve Adjustment Charge (RAC) applies to this policy change and is NOT included in this illustration. The RAC serves as a way to collect the portion of

		<p>past premiums that would have been set aside (as reserves) to pay for an increase in future benefits using the original issue age of the client.</p> <ul style="list-style-type: none"> • Premiums reflect a policy exchange to a TT Series policy at original issue age. Your Financial Representative and the Company's Administration Office will provide information for any underwriting requirements when the Policy Change Estimate is requested. • With this series exchange, you may be eligible for a discount not previously offered under the RR/RS Series.
6. Presented By	Fourth line of text from bottom of page (left side)	Name of financial representative
7. Date	Fourth line of text from bottom of page (right side)	Date on which the illustration is being run
8. Illustration No.	Last line of text at bottom of page (right side)	System-assigned number for illustration

Statement of Variability

For Advertising Form 90-2444 LTC (0213)

Provision	Reference	Variability
1. Miscellaneous line – Cover Page Title 2	Beneath second line of text within title	User-input title for illustration
2. Prepared For Policy Insuring	First paragraph under the title	Name of insured
3. Presented By	Second paragraph under the title	Financial representative information
4. Date	Third paragraph under the title	Date on which the illustration is being run
5. Policy Number	Fourth line of text from bottom of page (left side)	Policy number for policy
6. Date	Fourth line of text from bottom of page (right side)	Date on which the illustration is being run
7. Miscellaneous line – Risk Class	Last line of text at bottom of page (left side)	Standard, Class 1 or Class 2 <i>(for TT Series policies)</i>
8. Illustration No.	Last line of text at bottom of page (right side)	System-assigned number for illustration