

SERFF Tracking Number: AESP-128497484 State: Arkansas
Filing Company: Transamerica Life Insurance Company State Tracking Number:
Company Tracking Number: LTCR ILL 0612
TOI: LTC06 Long Term Care - Other Sub-TOI: LTC06.000 Long Term Care - Other
Product Name: Long Term Care Rider for TransACE
Project Name/Number: LTC Rider Supplemental Illustration/LTCR ILL 0612

Filing at a Glance

Company: Transamerica Life Insurance Company

Product Name: Long Term Care Rider for TransACE SERFF Tr Num: AESP-128497484 State: Arkansas

TOI: LTC06 Long Term Care - Other SERFF Status: Closed-Approved State Tr Num:
Sub-TOI: LTC06.000 Long Term Care - Other Co Tr Num: LTCR ILL 0612 State Status: Approved-Closed
Filing Type: Advertisement Reviewer(s): Donna Lambert
Author: Joan King Disposition Date: 06/27/2012
Date Submitted: 06/20/2012 Disposition Status: Approved
Implementation Date Requested: On Approval Implementation Date:

State Filing Description:

General Information

Project Name: LTC Rider Supplemental Illustration
Project Number: LTCR ILL 0612
Requested Filing Mode: Review & Approval
Explanation for Combination/Other:
Submission Type: New Submission
Overall Rate Impact:

Status of Filing in Domicile: Authorized
Date Approved in Domicile:
Domicile Status Comments:
Market Type: Individual
Individual Market Type:
Filing Status Changed: 06/27/2012
State Status Changed: 06/27/2012
Created By: Joan King
Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Joan King

Filing Description:

Supplemental Illustration for Long Term Care Rider intended for use with individuals who are interested in purchasing a Long Term Care Rider with their life insurance policy.

State Narrative:

Company and Contact

Filing Contact Information

Joan King, Compliance Assistant JFKing@aegonusa.com
AEGON 727-557-3332 [Phone]
570 Carillon Parkway 866-419-4389 [FAX]
St. Petersburg, FL 33716-1202

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Filing Company Information

Transamerica Life Insurance Company	CoCode: 86231	State of Domicile: Iowa
4333 Edgewood Road N.E.	Group Code: 468	Company Type: Insurance
Admin Address: 570 Carillon Parkway	Group Name: TLI	State ID Number:
St. Petersburg, FL 33716-1202	FEIN Number: 39-0989781	
Cedar Rapids, IA 52499		
(727) 299-1800 ext. 2363[Phone]		

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? Yes
 Fee Explanation: 1 X \$50.00 = \$50.00
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Transamerica Life Insurance Company	\$50.00	06/20/2012	60291344

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Donna Lambert	06/27/2012	06/27/2012
Filed	Donna Lambert	06/27/2012	06/27/2012

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Donna Lambert	06/25/2012	06/25/2012	Joan King	06/25/2012	06/25/2012

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Disposition

Disposition Date: 06/27/2012

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: AESP-128497484 State: Arkansas
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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document (revised)	LTCR ILL 0612 MATERIAL, STATE COVER LETTER AND STATEMENT OF VARIABILITY	Approved	Yes
Supporting Document	LTCR ILL 0612 MATERIAL, STATE COVER LETTER AND STATEMENT OF VARIABILITY	Replaced	Yes
Form	Long Term Care Rider for TransACE	Approved	Yes

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Disposition

Disposition Date: 06/27/2012

Implementation Date:

Status: Filed

Comment:

Rate data does NOT apply to filing.

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TOI: LTC06 Long Term Care - Other Sub-TOI: LTC06.000 Long Term Care - Other
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Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 06/25/2012
Submitted Date 06/25/2012
Respond By Date 07/25/2012

Dear Joan King,

This will acknowledge receipt of the captioned filing. Please attach the illustration to the Forms tab. Thank you.

A.C.A. 23-79-109(1)-(5) sets forth the procedure by which filings may be deemed approved upon the expiration of certain time periods with no affirmative action by the commissioner. If the commissioner determines that additional information is needed to make a decision regarding approval, such request for information will be made to the company. The filing will not be considered complete until said additional information is received. The time periods set forth in this statute will not begin to run until the filing is complete.

Please feel free to contact me if you have questions.

Sincerely,

Donna Lambert

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 Product Name: Long Term Care Rider for TransACE
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Response Letter

Response Letter Status Submitted to State
 Response Letter Date 06/25/2012
 Submitted Date 06/25/2012

Dear Donna Lambert,

Comments:

Response to objection letter

Response 1

Comments: As you can see, I removed the illustration from the supporting documentation tab to move it to the forms schedule tab but apparently I did not complete the process. The illustration has now been attached to forms schedule tab. Please let me know if there is anything else you need.

Thank you,

Joan F. King

Changed Items:

Supporting Document Schedule Item Changes

Satisfied -Name: LTCR ILL 0612 MATERIAL, STATE COVER LETTER AND STATEMENT OF VARIABILITY
 Comment:

Form Schedule Item Changes

Form Name	Form Number	Edition Date	Form Type	Action	Action Specific Data	Readability Score	Attach Document
Long Term Care Rider for TransACE	LTCR ILL 0612		Advertising	Initial			LTCR ILL 0612 MATERIA L.pdf

No Rate/Rule Schedule items changed.

SERFF Tracking Number: *AESP-128497484* *State:* *Arkansas*
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Company Tracking Number: *LTCR ILL 0612*
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Project Name/Number: *LTC Rider Supplemental Illustration/LTCR ILL 0612*

Sincerely,
Joan King

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 Filing Company: Transamerica Life Insurance Company State Tracking Number:
 Company Tracking Number: LTCR ILL 0612
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Form Schedule

Lead Form Number: LTCR ILL 0612

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved 06/27/2012	LTCR ILL 0612	Advertising	Long Term Care Rider for TransACE	Initial			LTCR ILL 0612 MATERIAL.p df



TRANSAMERICA LIFE INSURANCE COMPANY

Home Office: Cedar Rapids, IA

TransACE®

Life Insurance Supplemental Illustration HYPOTHETICAL LONG TERM CARE BENEFIT SCENARIO Rider Form Number: LTCR02

For [Client First and Last Name], [Sex], age [xx], [Class], [Smoker Status]
Face Amount = [\$XXX,XXX], 1st Year Premium Outlay = [\$X,XXX], paid [Premium Mode]

Long Term Care Rider Specified Amount: [\$XXX,XXX]
Long Term Care Rider Class of Risk: [Class and Smoker Status]
HIPAA Per Diem Estimated Growth Rate: [X.XX%]
Projected LTC Benefit Starting Age: [XX]
Desired Daily LTC Benefit: [\$XXX]

HIPAA Per Diem Estimated Growth Rate	This rate estimates annual increases to the HIPAA per diem amount. Higher growth rate estimates may illustrate a greater maximum monthly LTC benefit.
Projected LTC Benefit Starting Age	The age at which monthly LTC rider payments are estimated to begin.
Desired Daily LTC Benefit	The daily LTC rider benefit can be illustrated at an amount less than the maximum amount. Choosing a lesser amount could extend the period during which benefits may be payable. Benefits are paid monthly.
Premium Outlay During LTC Benefits Period	For illustration purposes, premium payments cease during the LTC benefit period. No further premiums are allowed once the Rider Maximum Amount has been reached.
Remaining LTC Benefit	The remaining LTC benefit is equal to the Long Term Care Rider Specified Amount reduced by any outstanding policy loan and the sum of previously paid LTC rider benefits.
Illustration Disclaimer	<p>This is a supplemental illustration, not a contract. Actual LTC coverage is subject to all of the terms and conditions of the LTC rider. Please see the Outline of Coverage for a description of benefits, exclusions, and limitations, as well as the terms under which the LTC rider may continue in force.</p> <p>Neither Transamerica Life Insurance Company nor any of its agents or representatives give legal, tax, or accounting advice. Please consult your tax advisor, attorney, and accountant for assistance regarding these matters.</p>
Rider Charges	LTC rider charges will vary by policy issue age, LTC rider class of risk, and LTC rider Specified Amount. The maximum monthly deduction rates for this LTC rider are shown in the Policy Data in the Table of Guaranteed Monthly Deduction Rates per \$1,000 of Long Term Care Specified Amount. This rider will remain in force subject to this rider's provisions, as long as the policy to which it is attached remains in force and the required charges for this rider are paid.

THIS SUPPLEMENTAL ILLUSTRATION SHOWS NON-GUARANTEED VALUES. IT MUST BE ACCOMPANIED BY A BASIC ILLUSTRATION WHICH DETAILS TRANSAMERICA'S GUARANTEES AND REQUIRED PRODUCT DISCLOSURE.

LTCR ILL 0612



TRANSAMERICA LIFE INSURANCE COMPANY

TransACE®

Life Insurance Supplemental Illustration

HYPOTHETICAL LONG TERM CARE BENEFIT SCENARIO

For [Client First and Last Name], [Sex], age [xx], [Class], [Smoker Status]
Face Amount = [\$XXX,XXX], 1st Year Premium Outlay = [\$X,XXX], paid [Premium Mode]

Long Term Care Rider Specified Amount: [\$XXX,XXX]
Long Term Care Rider Class of Risk: [Class and Smoker Status]
HIPAA Per Diem Estimated Growth Rate: [X.XX%]
Projected LTC Benefit Starting Age: [XX]
Desired Daily LTC Benefit: [\$XXX]

AT THE NON-GUARANTEED INTEREST RATE (2.00%) AND NON-GUARANTEED MONTHLY DEDUCTIONS

END OF POLICY YR	AGE	PREMIUM OUTLAY	ANNUALIZED LTC BENEFIT	ANNUAL WITHDRAWAL	--- LOAN SUMMARY ---			---VALUES NET OF LOAN---				REMAINING LTC
					CUMULATIVE LOAN	ANNUAL INTEREST	MULTIFLEX VALUE	CASH VALUE	ACCUM VALUE	DEATH BENEFIT		LTC BENEFIT
[X]	[XX]	[X,XXX]	[X]	[X]	[X]	[X]	[X]	[X,XXX]	[X,XXX]	[XXX,XXX]		[XXX,XXX]
[X]	[XX]	[X,XXX]	[X]	[X]	[X]	[X]	[X]	[X,XXX]	[X,XXX]	[XXX,XXX]		[XXX,XXX]
[X]	[XX]	[X,XXX]	[X]	[X]	[X]	[X]	[X]	[X,XXX]	[X,XXX]	[XXX,XXX]		[XXX,XXX]
[X]	[XX]	[X,XXX]	[X]	[X]	[X]	[X]	[X]	[X,XXX]	[X,XXX]	[XXX,XXX]		[XXX,XXX]
[X]	[XX]	[X,XXX]	[X]	[X]	[X]	[X]	[X]	[X,XXX]	[X,XXX]	[XXX,XXX]		[XXX,XXX]
SUBTOTAL		[X,XXX]	[X]	[X]			[X]					
[X]	[XX]	[X,XXX]	[X]	[X]	[X]	[X]	[X]	[X,XXX]	[X,XXX]	[XXX,XXX]		[XXX,XXX]
[X]	[XX]	[X,XXX]	[X]	[X]	[X]	[X]	[X]	[X,XXX]	[X,XXX]	[XXX,XXX]		[XXX,XXX]
[X]	[XX]	[X,XXX]	[X]	[X]	[X]	[X]	[X]	[X,XXX]	[X,XXX]	[XXX,XXX]		[XXX,XXX]
[X]	[XX]	[X,XXX]	[X]	[X]	[X]	[X]	[X]	[X,XXX]	[X,XXX]	[XXX,XXX]		[XXX,XXX]
[X]	[XX]	[X,XXX]	[X]	[X]	[X]	[X]	[X]	[X,XXX]	[X,XXX]	[XXX,XXX]		[XXX,XXX]
SUBTOTAL		[X,XXX]	[X]	[X]			[X]					
[X]	[XX]	[X,XXX]	[X]	[X]	[X]	[X]	[X]	[X,XXX]	[X,XXX]	[XXX,XXX]		[XXX,XXX]
[X]	[XX]	[X,XXX]	[X]	[X]	[X]	[X]	[X]	[X,XXX]	[X,XXX]	[XXX,XXX]		[XXX,XXX]
[X]	[XX]	[X,XXX]	[X]	[X]	[X]	[X]	[X]	[X,XXX]	[X,XXX]	[XXX,XXX]		[XXX,XXX]
[X]	[XX]	[X,XXX]	[X]	[X]	[X]	[X]	[X]	[X,XXX]	[X,XXX]	[XXX,XXX]		[XXX,XXX]
[X]	[XX]	[X,XXX]	[X]	[X]	[X]	[X]	[X]	[X,XXX]	[X,XXX]	[XXX,XXX]		[XXX,XXX]
SUBTOTAL		[X,XXX]	[X]	[X]			[X]					
[X]	[XX]	[X,XXX]	[X]	[X]	[X]	[X]	[X]	[X,XXX]	[X,XXX]	[XXX,XXX]		[XXX,XXX]
[X]	[XX]	[X,XXX]	[X]	[X]	[X]	[X]	[X]	[X,XXX]	[X,XXX]	[XXX,XXX]		[XXX,XXX]
[X]	[XX]	[X,XXX]	[X]	[X]	[X]	[X]	[X]	[X,XXX]	[X,XXX]	[XXX,XXX]		[XXX,XXX]
[X]	[XX]	[X,XXX]	[X]	[X]	[X]	[X]	[X]	[X,XXX]	[X,XXX]	[XXX,XXX]		[XXX,XXX]
[X]	[XX]	[X,XXX]	[X]	[X]	[X]	[X]	[X]	[X,XXX]	[X,XXX]	[XXX,XXX]		[XXX,XXX]
SUBTOTAL		[X,XXX]	[X]	[X]			[X]					

Transactions illustrated on the base illustration may not be reflected on this hypothetical Long Term Care benefit analysis. This illustration assumes that the insured continues to be eligible for LTC rider benefits after the projected LTC benefit starting age.

THIS SUPPLEMENTAL ILLUSTRATION SHOWS NON-GUARANTEED VALUES. IT MUST BE ACCOMPANIED BY A BASIC ILLUSTRATION WHICH DETAILS TRANSAMERICA'S GUARANTEES AND REQUIRED PRODUCT DISCLOSURE.

LTCR ILL 0612



TRANSAMERICA LIFE INSURANCE COMPANY

TransACE®

Life Insurance Supplemental Illustration

HYPOTHETICAL LONG TERM CARE BENEFIT SCENARIO

For [Client First and Last Name], [Sex], age [xx], [Class], [Smoker Status]
Face Amount = [\$XXX,XXX], 1st Year Premium Outlay = [\$X,XXX], paid [Premium Mode]

Long Term Care Rider Specified Amount: [\$XXX,XXX]
Long Term Care Rider Class of Risk: [Class and Smoker Status]
HIPAA Per Diem Estimated Growth Rate: [X.XX%]
Projected LTC Benefit Starting Age: [XX]
Desired Daily LTC Benefit: [\$XXX]

AT THE NON-GUARANTEED INTEREST RATE (2.00%) AND NON-GUARANTEED MONTHLY DEDUCTIONS

END OF POLICY YR	AGE	PREMIUM OUTLAY	ANNUALIZED LTC BENEFIT	ANNUAL WITHDRAWAL	--- LOAN SUMMARY ---			---VALUES NET OF LOAN---				REMAINING LTC BENEFIT
					CUMULATIVE LOAN	ANNUAL INTEREST	MULTIFLEX VALUE	CASH VALUE	ACCUM VALUE	DEATH BENEFIT		LTC BENEFIT
[X]	[XX]	[X,XXX]	[X]	[X]	[X]	[X]	[X]	[X,XXX]	[X,XXX]	[XXX,XXX]		[XXX,XXX]
[X]	[XX]	[X,XXX]	[X]	[X]	[X]	[X]	[X]	[X,XXX]	[X,XXX]	[XXX,XXX]		[XXX,XXX]
[X]	[XX]	[X,XXX]	[X]	[X]	[X]	[X]	[X]	[X,XXX]	[X,XXX]	[XXX,XXX]		[XXX,XXX]
[X]	[XX]	[X,XXX]	[X]	[X]	[X]	[X]	[X]	[X,XXX]	[X,XXX]	[XXX,XXX]		[XXX,XXX]
[X]	[XX]	[X,XXX]	[X]	[X]	[X]	[X]	[X]	[X,XXX]	[X,XXX]	[XXX,XXX]		[XXX,XXX]
SUBTOTAL		[X,XXX]	[X]	[X]			[X]					
[X]	[XX]	[X,XXX]	[X]	[X]	[X]	[X]	[X]	[X,XXX]	[X,XXX]	[XXX,XXX]		[XXX,XXX]
[X]	[XX]	[X,XXX]	[X]	[X]	[X]	[X]	[X]	[X,XXX]	[X,XXX]	[XXX,XXX]		[XXX,XXX]
[X]	[XX]	[X,XXX]	[X]	[X]	[X]	[X]	[X]	[X,XXX]	[X,XXX]	[XXX,XXX]		[XXX,XXX]
[X]	[XX]	[X,XXX]	[X]	[X]	[X]	[X]	[X]	[X,XXX]	[X,XXX]	[XXX,XXX]		[XXX,XXX]
[X]	[XX]	[X,XXX]	[X]	[X]	[X]	[X]	[X]	[X,XXX]	[X,XXX]	[XXX,XXX]		[XXX,XXX]
SUBTOTAL		[X,XXX]	[X]	[X]			[X]					
[X]	[XX]	[X,XXX]	[X]	[X]	[X]	[X]	[X]	[X,XXX]	[X,XXX]	[XXX,XXX]		[XXX,XXX]
[X]	[XX]	[X,XXX]	[X]	[X]	[X]	[X]	[X]	[X,XXX]	[X,XXX]	[XXX,XXX]		[XXX,XXX]
[X]	[XX]	[X,XXX]	[X]	[X]	[X]	[X]	[X]	[X,XXX]	[X,XXX]	[XXX,XXX]		[XXX,XXX]
[X]	[XX]	[X,XXX]	[X]	[X]	[X]	[X]	[X]	[X,XXX]	[X,XXX]	[XXX,XXX]		[XXX,XXX]
[X]	[XX]	[X,XXX]	[X]	[X]	[X]	[X]	[X]	[X,XXX]	[X,XXX]	[XXX,XXX]		[XXX,XXX]
SUBTOTAL		[X,XXX]	[X]	[X]			[X]					
[X]	[XX]	[X,XXX]	[X]	[X]	[X]	[X]	[X]	[X,XXX]	[X,XXX]	[XXX,XXX]		[XXX,XXX]
[X]	[XX]	[X,XXX]	[X]	[X]	[X]	[X]	[X]	[X,XXX]	[X,XXX]	[XXX,XXX]		[XXX,XXX]
[X]	[XX]	[X,XXX]	[X]	[X]	[X]	[X]	[X]	[X,XXX]	[X,XXX]	[XXX,XXX]		[XXX,XXX]
[X]	[XX]	[X,XXX]	[X]	[X]	[X]	[X]	[X]	[X,XXX]	[X,XXX]	[XXX,XXX]		[XXX,XXX]
[X]	[XX]	[X,XXX]	[X]	[X]	[X]	[X]	[X]	[X,XXX]	[X,XXX]	[XXX,XXX]		[XXX,XXX]
SUBTOTAL		[X,XXX]	[X]	[X]			[X]					

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For [Client First and Last Name], [Sex], age [xx], [Class], [Smoker Status]
 Face Amount = [\$XXX,XXX], 1st Year Premium Outlay = [\$X,XXX], paid [Premium Mode]

Long Term Care Rider Specified Amount: [\$XXX,XXX]
 Long Term Care Rider Class of Risk: [Class and Smoker Status]
 HIPAA Per Diem Estimated Growth Rate: [X.XX%]
 Projected LTC Benefit Starting Age: [XX]
 Desired Daily LTC Benefit: [\$XXX]

AT THE NON-GUARANTEED INTEREST RATE (2.00%) AND NON-GUARANTEED MONTHLY DEDUCTIONS

END OF POLICY YR	AGE	PREMIUM OUTLAY	ANNUALIZED LTC BENEFIT	ANNUAL WITHDRAWAL	--- LOAN SUMMARY---			MULTIFLEX VALUE	---VALUES NET OF LOAN---			REMAINING LTC BENEFIT
					CUMULATIVE LOAN	ANNUAL INTEREST		CASH VALUE	ACCUM VALUE	DEATH BENEFIT		
[X]	[XX]	[X,XXX]	[X]	[X]	[X]	[X]	[X]	[X,XXX]	[X,XXX]	[XXX,XXX]	[XXX,XXX]	
[X]	[XX]	[X,XXX]	[X]	[X]	[X]	[X]	[X]	[X,XXX]	[X,XXX]	[XXX,XXX]	[XXX,XXX]	
[X]	[XX]	[X,XXX]	[X]	[X]	[X]	[X]	[X]	[X,XXX]	[X,XXX]	[XXX,XXX]	[XXX,XXX]	
[X]	[XX]	[X,XXX]	[X]	[X]	[X]	[X]	[X]	[X,XXX]	[X,XXX]	[XXX,XXX]	[XXX,XXX]	
[X]	[XX]	[X,XXX]	[X]	[X]	[X]	[X]	[X]	[X,XXX]	[X,XXX]	[XXX,XXX]	[XXX,XXX]	
SUBTOTAL		[X,XXX]	[X]	[X]		[X]						
[X]	[XX]	[X,XXX]	[X]	[X]	[X]	[X]	[X]	[X,XXX]	[X,XXX]	[XXX,XXX]	[XXX,XXX]	
[X]	[XX]	[X,XXX]	[X]	[X]	[X]	[X]	[X]	[X,XXX]	[X,XXX]	[XXX,XXX]	[XXX,XXX]	
[X]	[XX]	[X,XXX]	[X]	[X]	[X]	[X]	[X]	[X,XXX]	[X,XXX]	[XXX,XXX]	[XXX,XXX]	
[X]	[XX]	[X,XXX]	[X]	[X]	[X]	[X]	[X]	[X,XXX]	[X,XXX]	[XXX,XXX]	[XXX,XXX]	
[X]	[XX]	[X,XXX]	[X]	[X]	[X]	[X]	[X]	[X,XXX]	[X,XXX]	[XXX,XXX]	[XXX,XXX]	
SUBTOTAL		[X,XXX]	[X]	[X]		[X]						
[X]	[XX]	[X,XXX]	[X]	[X]	[X]	[X]	[X]	[X,XXX]	[X,XXX]	[XXX,XXX]	[XXX,XXX]	
[X]	[XX]	[X,XXX]	[X]	[X]	[X]	[X]	[X]	[X,XXX]	[X,XXX]	[XXX,XXX]	[XXX,XXX]	
[X]	[XX]	[X,XXX]	[X]	[X]	[X]	[X]	[X]	[X,XXX]	[X,XXX]	[XXX,XXX]	[XXX,XXX]	
[X]	[XX]	[X,XXX]	[X]	[X]	[X]	[X]	[X]	[X,XXX]	[X,XXX]	[XXX,XXX]	[XXX,XXX]	
[X]	[XX]	[X,XXX]	[X]	[X]	[X]	[X]	[X]	[X,XXX]	[X,XXX]	[XXX,XXX]	[XXX,XXX]	
SUBTOTAL		[X,XXX]	[X]	[X]		[X]						
[X]	[XX]	[X,XXX]	[X]	[X]	[X]	[X]	[X]	[X,XXX]	[X,XXX]	[XXX,XXX]	[XXX,XXX]	
[X]	[XX]	[X,XXX]	[X]	[X]	[X]	[X]	[X]	[X,XXX]	[X,XXX]	[XXX,XXX]	[XXX,XXX]	
[X]	[XX]	[X,XXX]	[X]	[X]	[X]	[X]	[X]	[X,XXX]	[X,XXX]	[XXX,XXX]	[XXX,XXX]	
[X]	[XX]	[X,XXX]	[X]	[X]	[X]	[X]	[X]	[X,XXX]	[X,XXX]	[XXX,XXX]	[XXX,XXX]	
[X]	[XX]	[X,XXX]	[X]	[X]	[X]	[X]	[X]	[X,XXX]	[X,XXX]	[XXX,XXX]	[XXX,XXX]	
SUBTOTAL		[X,XXX]	[X]	[X]		[X]						

Transactions illustrated on the base illustration may not be reflected on this hypothetical Long Term Care benefit analysis. This illustration assumes that the insured continues to be eligible for LTC rider benefits after the projected LTC benefit starting age.

THIS SUPPLEMENTAL ILLUSTRATION SHOWS NON-GUARANTEED VALUES. IT MUST BE ACCOMPANIED BY A BASIC ILLUSTRATION WHICH DETAILS TRANSAMERICA'S GUARANTEES AND REQUIRED PRODUCT DISCLOSURE.

LTCR ILL 0612



TRANSAMERICA LIFE INSURANCE COMPANY

TransACE®

Life Insurance Supplemental Illustration

HYPOTHETICAL LONG TERM CARE BENEFIT SCENARIO

For [Client First and Last Name], [Sex], age [xx], [Class], [Smoker Status]
 Face Amount = [\$XXX,XXX], 1st Year Premium Outlay = [\$X,XXX], paid [Premium Mode]

Long Term Care Rider Specified Amount: [\$XXX,XXX]
 Long Term Care Rider Class of Risk: [Class and Smoker Status]
 HIPAA Per Diem Estimated Growth Rate: [X.XX%]
 Projected LTC Benefit Starting Age: [XX]
 Desired Daily LTC Benefit: [\$XXX]

AT THE NON-GUARANTEED INTEREST RATE (2.00%) AND NON-GUARANTEED MONTHLY DEDUCTIONS

END OF POLICY		ANNUALIZED			--- LOAN SUMMARY---			---VALUES NET OF LOAN---			REMAINING
YR	AGE	PREMIUM OUTLAY	LTC BENEFIT	ANNUAL WITHDRAWAL	CUMULATIVE LOAN	ANNUAL INTEREST	MULTIFLEX VALUE	CASH VALUE	ACCUM VALUE	DEATH BENEFIT	LTC BENEFIT
[X]	[XX]	[X,XXX]	[X]	[X]	[X]	[X]	[X]	[X,XXX]	[X,XXX]	[XXX,XXX]	[XXX,XXX]
[X]	[XX]	[X,XXX]	[X]	[X]	[X]	[X]	[X]	[X,XXX]	[X,XXX]	[XXX,XXX]	[XXX,XXX]
[X]	[XX]	[X,XXX]	[X]	[X]	[X]	[X]	[X]	[X,XXX]	[X,XXX]	[XXX,XXX]	[XXX,XXX]
[X]	[XX]	[X,XXX]	[X]	[X]	[X]	[X]	[X]	[X,XXX]	[X,XXX]	[XXX,XXX]	[XXX,XXX]
[X]	[XX]	[X,XXX]	[X]	[X]	[X]	[X]	[X]	[X,XXX]	[X,XXX]	[XXX,XXX]	[XXX,XXX]
SUBTOTAL		[X,XXX]	[X]	[X]		[X]					
[X]	[XX]	[X,XXX]	[X]	[X]	[X]	[X]	[X]	[X,XXX]	[X,XXX]	[XXX,XXX]	[XXX,XXX]
[X]	[XX]	[X,XXX]	[X]	[X]	[X]	[X]	[X]	[X,XXX]	[X,XXX]	[XXX,XXX]	[XXX,XXX]
[X]	[XX]	[X,XXX]	[X]	[X]	[X]	[X]	[X]	[X,XXX]	[X,XXX]	[XXX,XXX]	[XXX,XXX]
[X]	[XX]	[X,XXX]	[X]	[X]	[X]	[X]	[X]	[X,XXX]	[X,XXX]	[XXX,XXX]	[XXX,XXX]
[X]	[XX]	[X,XXX]	[X]	[X]	[X]	[X]	[X]	[X,XXX]	[X,XXX]	[XXX,XXX]	[XXX,XXX]
SUBTOTAL		[X,XXX]	[X]	[X]		[X]					
[X]	[XX]	[X,XXX]	[X]	[X]	[X]	[X]	[X]	[X,XXX]	[X,XXX]	[XXX,XXX]	[XXX,XXX]
SUBTOTAL		[X,XXX]	[X]	[X]		[X]					

Transactions illustrated on the base illustration may not be reflected on this hypothetical Long Term Care benefit analysis. This illustration assumes that the insured continues to be eligible for LTC rider benefits after the projected LTC benefit starting age.

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LTCR ILL 0612

SERFF Tracking Number: AESP-128497484 State: Arkansas
Filing Company: Transamerica Life Insurance Company State Tracking Number:
Company Tracking Number: LTCR ILL 0612
TOI: LTC06 Long Term Care - Other Sub-TOI: LTC06.000 Long Term Care - Other
Product Name: Long Term Care Rider for TransACE
Project Name/Number: LTC Rider Supplemental Illustration/LTCR ILL 0612

Supporting Document Schedules

	Item Status:	Status
Satisfied - Item: LTCR ILL 0612 MATERIAL, STATE COVER LETTER AND STATEMENT OF VARIABILITY	Approved	Date: 06/27/2012

Comments:

Attachments:

ARKANSAS State Letter.pdf

Statement of Variability for LTC Hypo Illustration supplement.pdf



Transamerica Life Insurance Company
4333 Edgewood Road NE
Cedar Rapids, Iowa 52499

June 20, 2012

Jay Bradford, Commissioner
Arkansas Insurance Department
1200 West 3rd Street
Little Rock, AR 72201-1904

Administrative Office
P.O. Box 5068
Clearwater, FL 33758
(727) 557-2012
jayne.flood@transamerica.com

**RE: TRANSAMERICA LIFE INSURANCE COMPANY
NAIC #86231, FEIN # 39-0989781
Long Term Care Rider Advertising**

Form No. LTCR ILL 0612 – Life Insurance Supplemental Illustration for Long Term Care Rider, Illustrating Non-Guaranteed Values

To Whom It May Concern:

Enclosed for review and approval is the above referenced long term care rider advertising form intended to be used with Policy Form 1-126 05-107, approved on January 10, 2012 (SERFF Tracking #AEGB-127866968); and Rider Form LTCR 02 , approved May 22, 2012 (SERFF Tracking #AEGB-128311144). This form will not replace any supplemental illustration form previously approved by the State.

This supplemental illustration is intended for use with individuals who are interested in purchasing a Long Term Care Rider with their life insurance policy. The supplemental illustration must be accompanied by a basic policy illustration which details Transamerica's guarantees and required product disclosure.

Bracketed information is intended to be variable. Please see the attached Statement of Variability on the Supporting Documentation tab.

We trust that this filing will meet with your approval. If you should have any questions regarding this submission, please feel free to call me at (727) 557-2012, or contact me at my email address above. Thank you in advance for your consideration.

Sincerely,

Jayne Flood
Assistant Vice President
Advertising Compliance

Statement of Variability
For Illustration Form LTCR ILL 0612

Transamerica Life Insurance Company is certifying to the following:

1. The final form issued to the consumer will not contain brackets denoting variable text.
2. Any variable text included in this Statement of Variability will be effective only for future issues.
3. Only text included in this Statement will be allowed to be used on the referenced Form received by consumers.
4. Any changes to variable text or permissible ranges of values will be submitted for approval prior to implementation if required by the State.

VARIABLE DESCRIPTIONS:

Every Page - Footer:

TP: Target premium amount

Presented by: Producer's name

On: Date of quote (month/day/year)

State: State of issue

Version: software version number

Every Page – Top of Page:

For: The client's first and last name, sex, age, rate classification and smoker status will be listed.

Face Amount: The face amount of the life insurance policy in dollars.

1st Year Premium Outlay: The first year premium outlay for the life insurance policy in dollars.

Paid: The premium mode (monthly, quarterly or annually)

Long Term Care Rider Specified Amount: The specified amount of the Rider in dollars.

Long Term Care Rider Risk Class: Rate classification and smoker status.

HIPAA Estimated Growth Rate: The estimated annual percentage increase to the HIPAA per diem amount.

Projected LTC Benefit Starting Age: Estimate of the age at which LTC Benefits would begin.

Desired Daily LTC Benefit: Dollar amount of desired daily LTC Benefit.

ILLUSTRATION COLUMNS:

End of Policy Year: The numerical policy year.

Age: The age of the insured.

Non Guaranteed Interest Rate: The current interest rate declared by the company.

Premium Outlay: The expected premium outlay in dollars.

Annualized LTC Benefit: The annualized desired daily LTC benefit in dollars (daily benefit times 365 days).

Annual Withdrawal: Any base policy partial surrenders taken by the policy holder in dollars.

Cumulative Loan: Any loan amounts taken by the policy holder in dollars.

Annual Interest: The annual interest for the loan in dollars, either paid in cash or accrued interest that is added to loan amount.

MultiFlex Value: The base policy's multiflex value decreased by any paid LTC benefit.

Cash Value: The cash value of the life insurance policy in dollars, net of any loans.

Accumulated Value: The accumulation value of the life insurance policy in dollars.

Death Benefit: The life insurance death benefit of the insured in dollars, net of any loans and net of any paid LTC benefit.

Remaining LTC Benefit: Amount in dollars available as remaining LTC benefit. This amount results from LTC rider specified amount reduced by any loans and any paid LTC benefit.

SERFF Tracking Number: AESP-128497484 State: Arkansas
 Filing Company: Transamerica Life Insurance Company State Tracking Number:
 Company Tracking Number: LTCR ILL 0612
 TOI: LTC06 Long Term Care - Other Sub-TOI: LTC06.000 Long Term Care - Other
 Product Name: Long Term Care Rider for TransACE
 Project Name/Number: LTC Rider Supplemental Illustration/LTCR ILL 0612

Superseded Schedule Items

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

Creation Date:	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
06/20/2012	Supporting Document	LTCR ILL 0612 MATERIAL, STATE COVER LETTER AND STATEMENT OF VARIABILITY	06/20/2012	LTC Rider Illustration - Non-IC.pdf (Superseded) ARKANSAS State Letter.pdf Statement of Variability for LTC Hypo Illustration supplement.pdf (Superseded)



TRANSAMERICA LIFE INSURANCE COMPANY

Home Office: Cedar Rapids, IA

TransACE®

Life Insurance Supplemental Illustration HYPOTHETICAL LONG TERM CARE BENEFIT SCENARIO Rider Form Number: LTCR02

For [Client First and Last Name], [Sex], age [xx], [Class], [Smoker Status]
Face Amount = [\$XXX,XXX], 1st Year Premium Outlay = [\$X,XXX], paid [Premium Mode]

Long Term Care Rider Specified Amount: [\$XXX,XXX]
Long Term Care Rider Class of Risk: [Class and Smoker Status]
HIPAA Per Diem Estimated Growth Rate: [X.XX%]
Projected LTC Benefit Starting Age: [XX]
Desired Daily LTC Benefit: [\$XXX]

HIPAA Per Diem Estimated Growth Rate	This rate estimates annual increases to the HIPAA per diem amount. Higher growth rate estimates may illustrate a greater maximum monthly LTC benefit.
Projected LTC Benefit Starting Age	The age at which monthly LTC rider payments are estimated to begin.
Desired Daily LTC Benefit	The daily LTC rider benefit can be illustrated at an amount less than the maximum amount. Choosing a lesser amount could extend the period during which benefits may be payable. Benefits are paid monthly.
Premium Outlay During LTC Benefits Period	For illustration purposes, premium payments cease during the LTC benefit period. No further premiums are allowed once the Rider Maximum Amount has been reached.
Remaining LTC Benefit	The remaining LTC benefit is equal to the Long Term Care Rider Specified Amount reduced by any outstanding policy loan and the sum of previously paid LTC rider benefits.
Illustration Disclaimer	<p>This is a supplemental illustration, not a contract. Actual LTC coverage is subject to all of the terms and conditions of the LTC rider. Please see the Outline of Coverage for a description of benefits, exclusions, and limitations, as well as the terms under which the LTC rider may continue in force.</p> <p>Neither Transamerica Life Insurance Company nor any of its agents or representatives give legal, tax, or accounting advice. Please consult your tax advisor, attorney, and accountant for assistance regarding these matters.</p>
Rider Charges	LTC rider charges will vary by policy issue age, LTC rider class of risk, and LTC rider Specified Amount. The maximum monthly deduction rates for this LTC rider are shown in the Policy Data in the Table of Guaranteed Monthly Deduction Rates per \$1,000 of Long Term Care Specified Amount. This rider will remain in force subject to this rider's provisions, as long as the policy to which it is attached remains in force and the required charges for this rider are paid.

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LTCR ILL 0612



TRANSAMERICA LIFE INSURANCE COMPANY

TransACE®

Life Insurance Supplemental Illustration

HYPOTHETICAL LONG TERM CARE BENEFIT SCENARIO

For [Client First and Last Name], [Sex], age [xx], [Class], [Smoker Status]
Face Amount = [\$XXX,XXX], 1st Year Premium Outlay = [\$X,XXX], paid [Premium Mode]

Long Term Care Rider Specified Amount: [\$XXX,XXX]
Long Term Care Rider Class of Risk: [Class and Smoker Status]
HIPAA Per Diem Estimated Growth Rate: [X.XX%]
Projected LTC Benefit Starting Age: [XX]
Desired Daily LTC Benefit: [\$XXX]

AT THE NON-GUARANTEED INTEREST RATE (2.00%) AND NON-GUARANTEED MONTHLY DEDUCTIONS

END OF POLICY YR	AGE	PREMIUM OUTLAY	ANNUALIZED LTC BENEFIT	ANNUAL WITHDRAWAL	--- LOAN SUMMARY ---			---VALUES NET OF LOAN---				REMAINING LTC
					CUMULATIVE LOAN	ANNUAL INTEREST	MULTIFLEX VALUE	CASH VALUE	ACCUM VALUE	DEATH BENEFIT		LTC BENEFIT
[X]	[XX]	[X,XXX]	[X]	[X]	[X]	[X]	[X]	[X,XXX]	[X,XXX]	[XXX,XXX]		[XXX,XXX]
[X]	[XX]	[X,XXX]	[X]	[X]	[X]	[X]	[X]	[X,XXX]	[X,XXX]	[XXX,XXX]		[XXX,XXX]
[X]	[XX]	[X,XXX]	[X]	[X]	[X]	[X]	[X]	[X,XXX]	[X,XXX]	[XXX,XXX]		[XXX,XXX]
[X]	[XX]	[X,XXX]	[X]	[X]	[X]	[X]	[X]	[X,XXX]	[X,XXX]	[XXX,XXX]		[XXX,XXX]
[X]	[XX]	[X,XXX]	[X]	[X]	[X]	[X]	[X]	[X,XXX]	[X,XXX]	[XXX,XXX]		[XXX,XXX]
SUBTOTAL		[X,XXX]	[X]	[X]			[X]					
[X]	[XX]	[X,XXX]	[X]	[X]	[X]	[X]	[X]	[X,XXX]	[X,XXX]	[XXX,XXX]		[XXX,XXX]
[X]	[XX]	[X,XXX]	[X]	[X]	[X]	[X]	[X]	[X,XXX]	[X,XXX]	[XXX,XXX]		[XXX,XXX]
[X]	[XX]	[X,XXX]	[X]	[X]	[X]	[X]	[X]	[X,XXX]	[X,XXX]	[XXX,XXX]		[XXX,XXX]
[X]	[XX]	[X,XXX]	[X]	[X]	[X]	[X]	[X]	[X,XXX]	[X,XXX]	[XXX,XXX]		[XXX,XXX]
[X]	[XX]	[X,XXX]	[X]	[X]	[X]	[X]	[X]	[X,XXX]	[X,XXX]	[XXX,XXX]		[XXX,XXX]
SUBTOTAL		[X,XXX]	[X]	[X]			[X]					
[X]	[XX]	[X,XXX]	[X]	[X]	[X]	[X]	[X]	[X,XXX]	[X,XXX]	[XXX,XXX]		[XXX,XXX]
[X]	[XX]	[X,XXX]	[X]	[X]	[X]	[X]	[X]	[X,XXX]	[X,XXX]	[XXX,XXX]		[XXX,XXX]
[X]	[XX]	[X,XXX]	[X]	[X]	[X]	[X]	[X]	[X,XXX]	[X,XXX]	[XXX,XXX]		[XXX,XXX]
[X]	[XX]	[X,XXX]	[X]	[X]	[X]	[X]	[X]	[X,XXX]	[X,XXX]	[XXX,XXX]		[XXX,XXX]
[X]	[XX]	[X,XXX]	[X]	[X]	[X]	[X]	[X]	[X,XXX]	[X,XXX]	[XXX,XXX]		[XXX,XXX]
SUBTOTAL		[X,XXX]	[X]	[X]			[X]					
[X]	[XX]	[X,XXX]	[X]	[X]	[X]	[X]	[X]	[X,XXX]	[X,XXX]	[XXX,XXX]		[XXX,XXX]
[X]	[XX]	[X,XXX]	[X]	[X]	[X]	[X]	[X]	[X,XXX]	[X,XXX]	[XXX,XXX]		[XXX,XXX]
[X]	[XX]	[X,XXX]	[X]	[X]	[X]	[X]	[X]	[X,XXX]	[X,XXX]	[XXX,XXX]		[XXX,XXX]
[X]	[XX]	[X,XXX]	[X]	[X]	[X]	[X]	[X]	[X,XXX]	[X,XXX]	[XXX,XXX]		[XXX,XXX]
[X]	[XX]	[X,XXX]	[X]	[X]	[X]	[X]	[X]	[X,XXX]	[X,XXX]	[XXX,XXX]		[XXX,XXX]
SUBTOTAL		[X,XXX]	[X]	[X]			[X]					

Transactions illustrated on the base illustration may not be reflected on this hypothetical Long Term Care benefit analysis. This illustration assumes that the insured continues to be eligible for LTC rider benefits after the projected LTC benefit starting age.

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LTCR ILL 0612



TRANSAMERICA LIFE INSURANCE COMPANY

TransACE®

Life Insurance Supplemental Illustration

HYPOTHETICAL LONG TERM CARE BENEFIT SCENARIO

For [Client First and Last Name], [Sex], age [xx], [Class], [Smoker Status]
Face Amount = [\$XXX,XXX], 1st Year Premium Outlay = [\$X,XXX], paid [Premium Mode]

Long Term Care Rider Specified Amount: [\$XXX,XXX]
Long Term Care Rider Class of Risk: [Class and Smoker Status]
HIPAA Per Diem Estimated Growth Rate: [X.XX%]
Projected LTC Benefit Starting Age: [XX]
Desired Daily LTC Benefit: [\$XXX]

AT THE NON-GUARANTEED INTEREST RATE (2.00%) AND NON-GUARANTEED MONTHLY DEDUCTIONS

END OF POLICY YR	AGE	PREMIUM OUTLAY	ANNUALIZED LTC BENEFIT	ANNUAL WITHDRAWAL	--- LOAN SUMMARY---			---VALUES NET OF LOAN---				REMAINING LTC
					CUMULATIVE LOAN	ANNUAL INTEREST	MULTIFLEX VALUE	CASH VALUE	ACCUM VALUE	DEATH BENEFIT		LTC BENEFIT
[X]	[XX]	[X,XXX]	[X]	[X]	[X]	[X]	[X]	[X,XXX]	[X,XXX]	[XXX,XXX]		[XXX,XXX]
[X]	[XX]	[X,XXX]	[X]	[X]	[X]	[X]	[X]	[X,XXX]	[X,XXX]	[XXX,XXX]		[XXX,XXX]
[X]	[XX]	[X,XXX]	[X]	[X]	[X]	[X]	[X]	[X,XXX]	[X,XXX]	[XXX,XXX]		[XXX,XXX]
[X]	[XX]	[X,XXX]	[X]	[X]	[X]	[X]	[X]	[X,XXX]	[X,XXX]	[XXX,XXX]		[XXX,XXX]
[X]	[XX]	[X,XXX]	[X]	[X]	[X]	[X]	[X]	[X,XXX]	[X,XXX]	[XXX,XXX]		[XXX,XXX]
SUBTOTAL		[X,XXX]	[X]	[X]			[X]					
[X]	[XX]	[X,XXX]	[X]	[X]	[X]	[X]	[X]	[X,XXX]	[X,XXX]	[XXX,XXX]		[XXX,XXX]
[X]	[XX]	[X,XXX]	[X]	[X]	[X]	[X]	[X]	[X,XXX]	[X,XXX]	[XXX,XXX]		[XXX,XXX]
[X]	[XX]	[X,XXX]	[X]	[X]	[X]	[X]	[X]	[X,XXX]	[X,XXX]	[XXX,XXX]		[XXX,XXX]
[X]	[XX]	[X,XXX]	[X]	[X]	[X]	[X]	[X]	[X,XXX]	[X,XXX]	[XXX,XXX]		[XXX,XXX]
[X]	[XX]	[X,XXX]	[X]	[X]	[X]	[X]	[X]	[X,XXX]	[X,XXX]	[XXX,XXX]		[XXX,XXX]
SUBTOTAL		[X,XXX]	[X]	[X]			[X]					
[X]	[XX]	[X,XXX]	[X]	[X]	[X]	[X]	[X]	[X,XXX]	[X,XXX]	[XXX,XXX]		[XXX,XXX]
[X]	[XX]	[X,XXX]	[X]	[X]	[X]	[X]	[X]	[X,XXX]	[X,XXX]	[XXX,XXX]		[XXX,XXX]
[X]	[XX]	[X,XXX]	[X]	[X]	[X]	[X]	[X]	[X,XXX]	[X,XXX]	[XXX,XXX]		[XXX,XXX]
[X]	[XX]	[X,XXX]	[X]	[X]	[X]	[X]	[X]	[X,XXX]	[X,XXX]	[XXX,XXX]		[XXX,XXX]
[X]	[XX]	[X,XXX]	[X]	[X]	[X]	[X]	[X]	[X,XXX]	[X,XXX]	[XXX,XXX]		[XXX,XXX]
SUBTOTAL		[X,XXX]	[X]	[X]			[X]					
[X]	[XX]	[X,XXX]	[X]	[X]	[X]	[X]	[X]	[X,XXX]	[X,XXX]	[XXX,XXX]		[XXX,XXX]
[X]	[XX]	[X,XXX]	[X]	[X]	[X]	[X]	[X]	[X,XXX]	[X,XXX]	[XXX,XXX]		[XXX,XXX]
[X]	[XX]	[X,XXX]	[X]	[X]	[X]	[X]	[X]	[X,XXX]	[X,XXX]	[XXX,XXX]		[XXX,XXX]
[X]	[XX]	[X,XXX]	[X]	[X]	[X]	[X]	[X]	[X,XXX]	[X,XXX]	[XXX,XXX]		[XXX,XXX]
[X]	[XX]	[X,XXX]	[X]	[X]	[X]	[X]	[X]	[X,XXX]	[X,XXX]	[XXX,XXX]		[XXX,XXX]
SUBTOTAL		[X,XXX]	[X]	[X]			[X]					

Transactions illustrated on the base illustration may not be reflected on this hypothetical Long Term Care benefit analysis. This illustration assumes that the insured continues to be eligible for LTC rider benefits after the projected LTC benefit starting age.

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LTCR ILL 0612



TRANSAMERICA LIFE INSURANCE COMPANY

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Life Insurance Supplemental Illustration

HYPOTHETICAL LONG TERM CARE BENEFIT SCENARIO

For [Client First and Last Name], [Sex], age [xx], [Class], [Smoker Status]
 Face Amount = [\$XXX,XXX], 1st Year Premium Outlay = [\$X,XXX], paid [Premium Mode]

Long Term Care Rider Specified Amount: [\$XXX,XXX]
 Long Term Care Rider Class of Risk: [Class and Smoker Status]
 HIPAA Per Diem Estimated Growth Rate: [X.XX%]
 Projected LTC Benefit Starting Age: [XX]
 Desired Daily LTC Benefit: [\$XXX]

AT THE NON-GUARANTEED INTEREST RATE (2.00%) AND NON-GUARANTEED MONTHLY DEDUCTIONS

END OF POLICY YR	AGE	PREMIUM OUTLAY	ANNUALIZED LTC BENEFIT	ANNUAL WITHDRAWAL	--- LOAN SUMMARY---			MULTIFLEX VALUE	---VALUES NET OF LOAN---			REMAINING LTC BENEFIT
					CUMULATIVE LOAN	ANNUAL INTEREST		CASH VALUE	ACCUM VALUE	DEATH BENEFIT		
[X]	[XX]	[X,XXX]	[X]	[X]	[X]	[X]	[X]	[X,XXX]	[X,XXX]	[XXX,XXX]	[XXX,XXX]	
[X]	[XX]	[X,XXX]	[X]	[X]	[X]	[X]	[X]	[X,XXX]	[X,XXX]	[XXX,XXX]	[XXX,XXX]	
[X]	[XX]	[X,XXX]	[X]	[X]	[X]	[X]	[X]	[X,XXX]	[X,XXX]	[XXX,XXX]	[XXX,XXX]	
[X]	[XX]	[X,XXX]	[X]	[X]	[X]	[X]	[X]	[X,XXX]	[X,XXX]	[XXX,XXX]	[XXX,XXX]	
[X]	[XX]	[X,XXX]	[X]	[X]	[X]	[X]	[X]	[X,XXX]	[X,XXX]	[XXX,XXX]	[XXX,XXX]	
SUBTOTAL		[X,XXX]	[X]	[X]			[X]					
[X]	[XX]	[X,XXX]	[X]	[X]	[X]	[X]	[X]	[X,XXX]	[X,XXX]	[XXX,XXX]	[XXX,XXX]	
[X]	[XX]	[X,XXX]	[X]	[X]	[X]	[X]	[X]	[X,XXX]	[X,XXX]	[XXX,XXX]	[XXX,XXX]	
[X]	[XX]	[X,XXX]	[X]	[X]	[X]	[X]	[X]	[X,XXX]	[X,XXX]	[XXX,XXX]	[XXX,XXX]	
[X]	[XX]	[X,XXX]	[X]	[X]	[X]	[X]	[X]	[X,XXX]	[X,XXX]	[XXX,XXX]	[XXX,XXX]	
[X]	[XX]	[X,XXX]	[X]	[X]	[X]	[X]	[X]	[X,XXX]	[X,XXX]	[XXX,XXX]	[XXX,XXX]	
SUBTOTAL		[X,XXX]	[X]	[X]			[X]					
[X]	[XX]	[X,XXX]	[X]	[X]	[X]	[X]	[X]	[X,XXX]	[X,XXX]	[XXX,XXX]	[XXX,XXX]	
[X]	[XX]	[X,XXX]	[X]	[X]	[X]	[X]	[X]	[X,XXX]	[X,XXX]	[XXX,XXX]	[XXX,XXX]	
[X]	[XX]	[X,XXX]	[X]	[X]	[X]	[X]	[X]	[X,XXX]	[X,XXX]	[XXX,XXX]	[XXX,XXX]	
[X]	[XX]	[X,XXX]	[X]	[X]	[X]	[X]	[X]	[X,XXX]	[X,XXX]	[XXX,XXX]	[XXX,XXX]	
[X]	[XX]	[X,XXX]	[X]	[X]	[X]	[X]	[X]	[X,XXX]	[X,XXX]	[XXX,XXX]	[XXX,XXX]	
SUBTOTAL		[X,XXX]	[X]	[X]			[X]					
[X]	[XX]	[X,XXX]	[X]	[X]	[X]	[X]	[X]	[X,XXX]	[X,XXX]	[XXX,XXX]	[XXX,XXX]	
[X]	[XX]	[X,XXX]	[X]	[X]	[X]	[X]	[X]	[X,XXX]	[X,XXX]	[XXX,XXX]	[XXX,XXX]	
[X]	[XX]	[X,XXX]	[X]	[X]	[X]	[X]	[X]	[X,XXX]	[X,XXX]	[XXX,XXX]	[XXX,XXX]	
[X]	[XX]	[X,XXX]	[X]	[X]	[X]	[X]	[X]	[X,XXX]	[X,XXX]	[XXX,XXX]	[XXX,XXX]	
[X]	[XX]	[X,XXX]	[X]	[X]	[X]	[X]	[X]	[X,XXX]	[X,XXX]	[XXX,XXX]	[XXX,XXX]	
SUBTOTAL		[X,XXX]	[X]	[X]			[X]					

Transactions illustrated on the base illustration may not be reflected on this hypothetical Long Term Care benefit analysis. This illustration assumes that the insured continues to be eligible for LTC rider benefits after the projected LTC benefit starting age.

THIS SUPPLEMENTAL ILLUSTRATION SHOWS NON-GUARANTEED VALUES. IT MUST BE ACCOMPANIED BY A BASIC ILLUSTRATION WHICH DETAILS TRANSAMERICA'S GUARANTEES AND REQUIRED PRODUCT DISCLOSURE.

LTCR ILL 0612



TRANSAMERICA LIFE INSURANCE COMPANY

TransACE®

Life Insurance Supplemental Illustration

HYPOTHETICAL LONG TERM CARE BENEFIT SCENARIO

For [Client First and Last Name], [Sex], age [xx], [Class], [Smoker Status]
 Face Amount = [\$XXX,XXX], 1st Year Premium Outlay = [\$X,XXX], paid [Premium Mode]

Long Term Care Rider Specified Amount: [\$XXX,XXX]
 Long Term Care Rider Class of Risk: [Class and Smoker Status]
 HIPAA Per Diem Estimated Growth Rate: [X.XX%]
 Projected LTC Benefit Starting Age: [XX]
 Desired Daily LTC Benefit: [\$XXX]

AT THE NON-GUARANTEED INTEREST RATE (2.00%) AND NON-GUARANTEED MONTHLY DEDUCTIONS

END OF POLICY		ANNUALIZED			--- LOAN SUMMARY---			---VALUES NET OF LOAN---			REMAINING
YR	AGE	PREMIUM OUTLAY	LTC BENEFIT	ANNUAL WITHDRAWAL	CUMULATIVE LOAN	ANNUAL INTEREST	MULTIFLEX VALUE	CASH VALUE	ACCUM VALUE	DEATH BENEFIT	LTC BENEFIT
[X]	[XX]	[X,XXX]	[X]	[X]	[X]	[X]	[X]	[X,XXX]	[X,XXX]	[XXX,XXX]	[XXX,XXX]
[X]	[XX]	[X,XXX]	[X]	[X]	[X]	[X]	[X]	[X,XXX]	[X,XXX]	[XXX,XXX]	[XXX,XXX]
[X]	[XX]	[X,XXX]	[X]	[X]	[X]	[X]	[X]	[X,XXX]	[X,XXX]	[XXX,XXX]	[XXX,XXX]
[X]	[XX]	[X,XXX]	[X]	[X]	[X]	[X]	[X]	[X,XXX]	[X,XXX]	[XXX,XXX]	[XXX,XXX]
[X]	[XX]	[X,XXX]	[X]	[X]	[X]	[X]	[X]	[X,XXX]	[X,XXX]	[XXX,XXX]	[XXX,XXX]
SUBTOTAL		[X,XXX]	[X]	[X]		[X]					
[X]	[XX]	[X,XXX]	[X]	[X]	[X]	[X]	[X]	[X,XXX]	[X,XXX]	[XXX,XXX]	[XXX,XXX]
[X]	[XX]	[X,XXX]	[X]	[X]	[X]	[X]	[X]	[X,XXX]	[X,XXX]	[XXX,XXX]	[XXX,XXX]
[X]	[XX]	[X,XXX]	[X]	[X]	[X]	[X]	[X]	[X,XXX]	[X,XXX]	[XXX,XXX]	[XXX,XXX]
[X]	[XX]	[X,XXX]	[X]	[X]	[X]	[X]	[X]	[X,XXX]	[X,XXX]	[XXX,XXX]	[XXX,XXX]
[X]	[XX]	[X,XXX]	[X]	[X]	[X]	[X]	[X]	[X,XXX]	[X,XXX]	[XXX,XXX]	[XXX,XXX]
SUBTOTAL		[X,XXX]	[X]	[X]		[X]					
[X]	[XX]	[X,XXX]	[X]	[X]	[X]	[X]	[X]	[X,XXX]	[X,XXX]	[XXX,XXX]	[XXX,XXX]
SUBTOTAL		[X,XXX]	[X]	[X]		[X]					

Transactions illustrated on the base illustration may not be reflected on this hypothetical Long Term Care benefit analysis. This illustration assumes that the insured continues to be eligible for LTC rider benefits after the projected LTC benefit starting age.

THIS SUPPLEMENTAL ILLUSTRATION SHOWS NON-GUARANTEED VALUES. IT MUST BE ACCOMPANIED BY A BASIC ILLUSTRATION WHICH DETAILS TRANSAMERICA'S GUARANTEES AND REQUIRED PRODUCT DISCLOSURE.

LTCR ILL 0612

Statement of Variability
For Illustration Form LTCR ILL 0612

Transamerica Life Insurance Company is certifying to the following:

1. The final form issued to the consumer will not contain brackets denoting variable text.
2. Any variable text included in this Statement of Variability will be effective only for future issues.
3. Only text included in this Statement will be allowed to be used on the referenced Form received by consumers.
4. Any changes to variable text or permissible ranges of values will be submitted for approval prior to implementation if required by the State.

VARIABLE DESCRIPTIONS:

Every Page - Footer:

TP: Target premium amount

Presented by: Producer's name

On: Date of quote (month/day/year)

State: State of issue

Version: software version number

Every Page – Top of Page:

For: The client's first and last name, sex, age, rate classification and smoker status will be listed.

Face Amount: The face amount of the life insurance policy in dollars.

1st Year Premium Outlay: The first year premium outlay for the life insurance policy in dollars.

Paid: The premium mode (monthly, quarterly or annually)

Long Term Care Rider Specified Amount: The specified amount of the Rider in dollars.

Long Term Care Rider Risk Class: Rate classification and smoker status.

HIPAA Estimated Growth Rate: The estimated annual percentage increase to the HIPAA per diem amount.

Projected LTC Benefit Starting Age: Estimate of the age at which LTC Benefits would begin.

Desired Daily LTC Benefit: Dollar amount of desired daily LTC Benefit.

ILLUSTRATION COLUMNS:

End of Policy Year: The numerical policy year.

Age: The age of the insured.

Non Guaranteed Interest Rate: The current interest rate declared by the company.

Premium Outlay: The expected premium outlay in dollars.

Annualized LTC Benefit: The annualized desired daily LTC benefit in dollars (daily benefit times 365 days).

Cumulative Loan: Any loan amounts taken by the policy holder in dollars.

Annual Interest: The annual interest for the loan in dollars, either paid in cash or accrued interest that is added to loan amount.

MultiFlex Value: The base policy's multiflex value decreased by any paid LTC benefit.

Cash Value: The cash value of the life insurance policy in dollars, net of any loans.

Accumulated Value: The accumulation value of the life insurance policy in dollars.

Death Benefit: The life insurance death benefit of the insured in dollars, net of any loans and net of any paid LTC benefit.

Remaining LTC Benefit: Amount in dollars available as remaining LTC benefit. This amount results from LTC rider specified amount reduced by any loans and any paid LTC benefit.