

SERFF Tracking #:

MILL-128770533

State Tracking #:

Company Tracking #:

PREFERRED SOLUTION

State: District of Columbia

Filing Company: Continental Casualty Company

TOI/Sub-TOI: LTC06 Long Term Care - Other/LTC06.000 Long Term Care - Other

Product Name: Long-Term Care

Project Name/Number: 2012 Rate Increase/091CNA01-16

Rate Information

Rate data applies to filing.

Filing Method: Review & Approval

Rate Change Type: Increase

Overall Percentage of Last Rate Revision: %

Effective Date of Last Rate Revision:

Filing Method of Last Filing:

Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
Continental Casualty Company	0.000%	80.000%	\$145,874	100	\$182,342	80.000%	80.000%

State: District of Columbia **Filing Company:** Continental Casualty Company
TOI/Sub-TOI: LTC06 Long Term Care - Other/LTC06.000 Long Term Care - Other
Product Name: Long-Term Care
Project Name/Number: 2012 Rate Increase/091CNA01-16

Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information		Attachments
1		Rate Tables	P1-N0080-A, P1-N0081-A, P1-N0085-A, P1-N0086-A, P1-N0095-A, P1-N0096-A, P1-N0100-A, P1-N0101-A, P1-N0075-A, P1-N0076-A, P1-N0090-A, P1-N0091-A	Revised	Previous State Filing Number:	The TQ and NTQ forms were previously approved in June and July of 1998, respectively.	RS_PS_DC_A_20130107.pdf
					Percent Rate Change Request:	80.000	

CONTINENTAL CASUALTY COMPANY

Supplement to Rate Sheets for Policy Form P1-N0075-A
DISTRICT OF COLUMBIA

All rates for this form should be multiplied by a factor of:

First Year	1.1000
Second Year	1.2100
Third Year	1.3310
Fourth Year	1.4641
Fifth Year	1.6105
Sixth Year	1.7716
Seventh Year	1.8000

This factor represents the **proposed** increase of:

First Year	10.0%
Second Year	10.0%
Third Year	10.0%
Fourth Year	10.0%
Fifth Year	10.0%
Sixth Year	10.0%
Seventh Year	1.6%

And the following prior approved rate increases:

Policy Form	Increase Applies to all Policies or Subset	Rate Increase Approved	Approval Date of Rate Increase
	--None--		--None--

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0075-A
Long-Term Care Policy: Facility Only Coverage

Annual Premium per \$10 of Maximum Daily Facility Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	17.34	19.38	22.44	23.46	24.48
45-49	19.38	21.42	24.48	25.50	27.54
50-54	23.46	26.52	29.58	31.62	35.70
55	26.52	30.60	34.68	37.74	44.88
56	28.56	32.64	37.74	40.80	48.96
57	30.60	35.70	40.80	43.86	54.06
58	33.66	38.76	44.88	47.94	59.16
59	36.72	42.84	48.96	52.02	65.28
60	40.80	47.94	54.06	57.12	71.40
61	43.86	52.02	59.16	62.22	77.52
62	47.94	57.12	64.26	68.34	84.66
63	51.00	61.20	69.36	73.44	90.78
64	54.06	65.28	74.46	79.56	96.90
65	58.14	69.36	79.56	85.68	104.04
66	62.22	75.48	85.68	92.82	112.20
67	67.32	81.60	93.84	100.98	122.40
68	73.44	89.76	103.02	111.18	134.64
69	80.58	97.92	113.22	121.38	146.88
70	87.72	107.10	124.44	133.62	162.18
71	96.90	118.32	136.68	147.90	179.52
72	107.10	131.58	151.98	164.22	198.90
73	119.34	146.88	169.32	182.58	221.34
74	132.60	163.20	188.70	204.00	246.84
75	147.90	181.56	209.10	226.44	274.38
76	164.22	201.96	232.56	250.92	303.96
77	181.56	223.38	257.04	277.44	336.60
78	199.92	246.84	283.56	306.00	371.28
79	220.32	271.32	312.12	336.60	409.02
80	240.72				
81	263.16				
82	286.62				
83	311.10				
84	337.62				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0075-A
Long-Term Care Policy: Facility Only Coverage

Annual Premium per \$10 of Maximum Daily Facility Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	32.64	39.78	45.90	49.98	60.18
45-49	35.70	43.86	51.00	55.08	67.32
50-54	43.86	54.06	63.24	68.34	85.68
55	53.04	64.26	74.46	79.56	102.00
56	56.10	68.34	78.54	84.66	109.14
57	60.18	73.44	83.64	89.76	116.28
58	64.26	78.54	89.76	95.88	124.44
59	68.34	83.64	95.88	103.02	132.60
60	72.42	89.76	103.02	111.18	141.78
61	77.52	95.88	110.16	119.34	150.96
62	82.62	102.00	118.32	128.52	162.18
63	87.72	109.14	126.48	136.68	173.40
64	93.84	115.26	134.64	145.86	185.64
65	99.96	123.42	142.80	155.04	198.90
66	107.10	131.58	153.00	165.24	213.18
67	115.26	141.78	164.22	177.48	229.50
68	124.44	153.00	177.48	191.76	247.86
69	133.62	165.24	190.74	207.06	267.24
70	144.84	179.52	207.06	224.40	287.64
71	157.08	194.82	224.40	243.78	312.12
72	170.34	212.16	244.80	266.22	339.66
73	185.64	231.54	268.26	291.72	370.26
74	202.98	253.98	293.76	320.28	404.94
75	221.34	277.44	322.32	350.88	441.66
76	240.72	302.94	352.92	384.54	482.46
77	261.12	330.48	385.56	421.26	525.30
78	282.54	360.06	421.26	460.02	571.20
79	304.98	391.68	459.00	501.84	621.18
80	329.46				
81	353.94				
82	380.46				
83	408.00				
84	436.56				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0075-A
Long-Term Care Policy: Facility Only Coverage

Annual Premium per \$10 of Maximum Daily Facility Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	23.46	28.56	32.64	35.70	42.84
45-49	25.50	31.62	36.72	39.78	47.94
50-54	35.70	42.84	49.98	54.06	65.28
55	40.80	49.98	57.12	61.20	78.54
56	42.84	53.04	60.18	65.28	83.64
57	45.90	57.12	64.26	69.36	89.76
58	49.98	62.22	69.36	75.48	96.90
59	54.06	67.32	75.48	81.60	106.08
60	59.16	73.44	82.62	89.76	115.26
61	64.26	79.56	90.78	97.92	125.46
62	69.36	85.68	97.92	106.08	135.66
63	74.46	91.80	105.06	114.24	145.86
64	79.56	97.92	112.20	122.40	157.08
65	84.66	105.06	120.36	130.56	168.30
66	91.80	113.22	129.54	140.76	182.58
67	98.94	122.40	140.76	153.00	197.88
68	107.10	133.62	154.02	167.28	215.22
69	117.30	145.86	168.30	182.58	234.60
70	127.50	159.12	183.60	199.92	257.04
71	139.74	174.42	201.96	219.30	280.50
72	153.00	191.76	222.36	241.74	308.04
73	168.30	211.14	244.80	267.24	338.64
74	185.64	232.56	270.30	294.78	372.30
75	204.00	256.02	297.84	324.36	408.00
76	223.38	281.52	327.42	357.00	447.78
77	243.78	308.04	359.04	391.68	489.60
78	265.20	336.60	392.70	429.42	534.48
79	287.64	367.20	429.42	469.20	582.42
80	312.12				
81	336.60				
82	363.12				
83	390.66				
84	419.22				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0075-A
Long-Term Care Policy: Facility Only Coverage

Annual Premium per \$10 of Maximum Daily Facility Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	20.40	22.44	26.52	27.54	28.56
45-49	22.44	25.50	28.56	29.58	32.64
50-54	27.54	31.62	34.68	36.72	41.82
55	31.62	35.70	40.80	44.88	53.04
56	33.66	38.76	44.88	47.94	57.12
57	35.70	41.82	47.94	52.02	63.24
58	39.78	45.90	53.04	56.10	69.36
59	42.84	49.98	57.12	61.20	76.50
60	47.94	56.10	63.24	67.32	83.64
61	52.02	61.20	69.36	73.44	90.78
62	56.10	67.32	75.48	80.58	99.96
63	60.18	72.42	81.60	86.70	107.10
64	63.24	76.50	87.72	93.84	114.24
65	68.34	81.60	93.84	100.98	122.40
66	73.44	88.74	100.98	109.14	131.58
67	79.56	95.88	110.16	118.32	143.82
68	86.70	106.08	121.38	130.56	158.10
69	94.86	115.26	133.62	142.80	172.38
70	103.02	126.48	146.88	157.08	190.74
71	114.24	138.72	161.16	174.42	211.14
72	126.48	155.04	178.50	192.78	233.58
73	140.76	172.38	198.90	215.22	260.10
74	156.06	191.76	222.36	239.70	290.70
75	174.42	213.18	245.82	266.22	322.32
76	192.78	237.66	273.36	294.78	358.02
77	213.18	263.16	301.92	326.40	395.76
78	235.62	290.70	333.54	360.06	436.56
79	259.08	319.26	367.20	395.76	481.44
80	283.56				
81	310.08				
82	337.62				
83	366.18				
84	396.78				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0075-A
Long-Term Care Policy: Facility Only Coverage

Annual Premium per \$10 of Maximum Daily Facility Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	38.76	46.92	54.06	59.16	70.38
45-49	41.82	52.02	60.18	65.28	79.56
50-54	52.02	63.24	74.46	80.58	100.98
55	62.22	75.48	87.72	93.84	120.36
56	66.30	80.58	92.82	99.96	128.52
57	70.38	86.70	97.92	106.08	136.68
58	75.48	92.82	106.08	113.22	146.88
59	80.58	97.92	113.22	121.38	156.06
60	85.68	106.08	121.38	130.56	167.28
61	90.78	113.22	129.54	140.76	177.48
62	96.90	120.36	138.72	150.96	190.74
63	103.02	128.52	148.92	161.16	204.00
64	110.16	135.66	158.10	171.36	218.28
65	117.30	144.84	168.30	182.58	233.58
66	126.48	155.04	179.52	194.82	250.92
67	135.66	167.28	192.78	209.10	270.30
68	146.88	179.52	209.10	225.42	291.72
69	157.08	194.82	224.40	243.78	314.16
70	170.34	211.14	243.78	264.18	338.64
71	184.62	229.50	264.18	286.62	367.20
72	199.92	249.90	287.64	313.14	399.84
73	218.28	272.34	315.18	342.72	435.54
74	238.68	298.86	345.78	376.38	476.34
75	260.10	326.40	379.44	413.10	519.18
76	283.56	355.98	415.14	452.88	567.12
77	307.02	388.62	453.90	495.72	618.12
78	332.52	423.30	495.72	541.62	672.18
79	359.04	461.04	539.58	590.58	730.32
80	387.60				
81	416.16				
82	447.78				
83	480.42				
84	514.08				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0075-A
Long-Term Care Policy: Facility Only Coverage

Annual Premium per \$10 of Maximum Daily Facility Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	27.54	33.66	38.76	41.82	49.98
45-49	29.58	36.72	42.84	46.92	56.10
50-54	41.82	49.98	59.16	63.24	76.50
55	47.94	59.16	67.32	72.42	92.82
56	49.98	62.22	70.38	76.50	97.92
57	54.06	67.32	75.48	81.60	106.08
58	59.16	73.44	81.60	88.74	114.24
59	63.24	79.56	88.74	95.88	124.44
60	69.36	86.70	96.90	106.08	135.66
61	75.48	93.84	107.10	115.26	147.90
62	81.60	100.98	115.26	124.44	159.12
63	87.72	108.12	123.42	134.64	171.36
64	93.84	115.26	131.58	143.82	184.62
65	99.96	123.42	141.78	154.02	197.88
66	108.12	133.62	151.98	165.24	215.22
67	116.28	143.82	165.24	179.52	232.56
68	126.48	157.08	181.56	196.86	252.96
69	137.70	171.36	197.88	215.22	276.42
70	149.94	187.68	216.24	235.62	301.92
71	164.22	205.02	237.66	258.06	330.48
72	179.52	225.42	261.12	284.58	362.10
73	197.88	248.88	287.64	314.16	398.82
74	218.28	273.36	318.24	346.80	437.58
75	239.70	300.90	350.88	381.48	480.42
76	263.16	331.50	385.56	420.24	526.32
77	286.62	362.10	422.28	461.04	576.30
78	312.12	395.76	462.06	504.90	628.32
79	338.64	432.48	504.90	551.82	685.44
80	367.20				
81	395.76				
82	427.38				
83	460.02				
84	493.68				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0075-A
Long-Term Care Policy: Facility Only Coverage

WITH SURVIVORSHIP BENEFIT RIDER R1-N0103-SERIES

When this rider is chosen, multiply the final premium by the appropriate factor.

ISSUE AGE	NO INFLATION PROTECTION	SIMPLE INFLATION PROTECTION	COMPOUND INFLATION PROTECTION
18-44	1.11	1.17	1.17
45-49	1.14	1.21	1.21
50-54	1.18	1.28	1.28
55	1.20	1.30	1.30
56	1.20	1.30	1.30
57	1.21	1.30	1.30
58	1.21	1.30	1.30
59	1.21	1.30	1.30
60	1.21	1.30	1.30
61	1.21	1.30	1.30
62	1.21	1.29	1.29
63	1.21	1.29	1.29
64	1.21	1.28	1.28
65	1.20	1.27	1.27
66	1.20	1.26	1.26
67	1.20	1.26	1.26
68	1.19	1.25	1.25
69	1.19	1.24	1.24
70	1.18	1.23	1.23
71	1.18	1.22	1.22
72	1.17	1.20	1.20
73	1.16	1.19	1.19
74	1.16	1.18	1.18
75	1.15	1.17	1.17
76	1.14	1.16	1.16
77	1.13	1.15	1.15
78	1.12	1.14	1.14
79	1.11	1.13	1.13
80	1.10	1.12	1.12
81	1.09	1.11	1.11
82	1.08	1.10	1.10
83	1.07	1.09	1.09
84	1.06	1.08	1.08

CONTINENTAL CASUALTY COMPANY
 Rates for form P1-N0075-A
 Long-Term Care Policy: Facility Only Coverage

Elimination Period Factors

Rates shown are for 30 day elimination period. Rates for other elimination periods are calculated by multiplying the 30 day rates by the appropriate factor from the following table:

Benefit Maximum	0	14	20	60	90	100	180	365
730x,1095x	1.12	1.07	1.03	0.94	0.90	0.89	0.78	0.67
1460x,1825x	1.10	1.05	1.03	0.95	0.90	0.89	0.79	0.69
Lifetime	1.08	1.04	1.03	0.96	0.92	0.91	0.84	0.75

Health Rating Group Factors

Rates shown are for Preferred Rating Group and Select Rating Group. Rates for Health Groups II, III, IV and V are calculated by multiplying Select rates by 1.25, 1.50, 1.75 and 2.00 respectively.

Multi-Life Discount

A 5%, 10%, 15% or 20% discount to the rates is available for qualifying Associations of 10 or more lives.

Spousal Discount

A 20% discount to the rates is available to married couples if both spouses apply for coverage.

Dual Waiver of Premium Rider R1-N0104-Series

An optional dual waiver of premium rider will be offered. If one spouse qualifies for a waiver of premium, the premium of the other spouse will also be waived. If chosen, multiply the final premium by 1.06.

Shared Advantage Rider R1-N0105-Series

This rider will allow two covered spouses to purchase an additional benefit amount that can be used by either spouse after their base benefits are exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	No Inflation Protection	With Inflation Protection
730x	1.30	1.35
1095x	1.21	1.25
1460x	1.15	1.18
1825x	1.12	1.14

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0075-A
Long-Term Care Policy: Facility Only Coverage

Restoration of Benefits Rider R1-N0108-Series

This rider restores the maximum lifetime benefit if the insured has not met the stipulated conditions for a period of 180 consecutive days and the maximum lifetime benefit has not been exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	Factor
730x	1.08
1095x	1.06
1460x,1825x	1.04

Cost of Living Increase Rider R1-N0107-Series

This rider allows the insured to increase their policy limits, subject to the terms of the rider, every three years without additional underwriting. The additional premium charged is based on the attained age and incremental increase in the maximum daily facility benefit when exercised. If chosen, multiply the final premium by the appropriate factor:

Age	Factor
18-44	1.15
45-49	1.12
50-55	1.10
56-58	1.09
59-61	1.08
62-64	1.07
65-67	1.06
68-70	1.05
71-73	1.04
74-76	1.03

CONTINENTAL CASUALTY COMPANY

Supplement to Rate Sheets for Policy Form P1-N0076-A
DISTRICT OF COLUMBIA

All rates for this form should be multiplied by a factor of:

First Year	1.1000
Second Year	1.2100
Third Year	1.3310
Fourth Year	1.4641
Fifth Year	1.6105
Sixth Year	1.7716
Seventh Year	1.8000

This factor represents the **proposed** increase of:

First Year	10.0%
Second Year	10.0%
Third Year	10.0%
Fourth Year	10.0%
Fifth Year	10.0%
Sixth Year	10.0%
Seventh Year	1.6%

And the following prior approved rate increases:

Policy Form	Increase Applies to all Policies or Subset	Rate Increase Approved	Approval Date of Rate Increase
	--None--		--None--

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0076-A
Long-Term Care Policy: Facility Only Coverage

Annual Premium per \$10 of Maximum Daily Facility Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	21.68	24.23	28.05	29.33	30.60
45-49	24.23	26.78	30.60	31.88	34.43
50-54	29.33	33.15	36.98	39.53	44.63
55	33.15	38.25	43.35	47.18	56.10
56	35.70	40.80	47.18	51.00	61.20
57	38.25	44.63	51.00	54.83	67.58
58	42.08	48.45	56.10	59.93	73.95
59	45.90	53.55	61.20	65.03	81.60
60	51.00	59.93	67.58	71.40	89.25
61	54.83	65.03	73.95	77.78	96.90
62	59.93	71.40	80.33	85.43	105.83
63	63.75	76.50	86.70	91.80	113.48
64	67.58	81.60	93.08	99.45	121.13
65	72.68	86.70	99.45	107.10	130.05
66	77.78	94.35	107.10	116.03	140.25
67	84.15	102.00	117.30	126.23	153.00
68	91.80	112.20	128.78	138.98	168.30
69	100.73	122.40	141.53	151.73	183.60
70	109.65	133.88	155.55	167.03	202.73
71	121.13	147.90	170.85	184.88	224.40
72	133.88	164.48	189.98	205.28	248.63
73	149.18	183.60	211.65	228.23	276.68
74	165.75	204.00	235.88	255.00	308.55
75	184.88	226.95	261.38	283.05	342.98
76	205.28	252.45	290.70	313.65	379.95
77	226.95	279.23	321.30	346.80	420.75
78	249.90	308.55	354.45	382.50	464.10
79	275.40	339.15	390.15	420.75	511.28
80	300.90				
81	328.95				
82	358.28				
83	388.88				
84	422.03				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0076-A
Long-Term Care Policy: Facility Only Coverage

Annual Premium per \$10 of Maximum Daily Facility Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	40.80	49.73	57.38	62.48	75.23
45-49	44.63	54.83	63.75	68.85	84.15
50-54	54.83	67.58	79.05	85.43	107.10
55	66.30	80.33	93.08	99.45	127.50
56	70.13	85.43	98.18	105.83	136.43
57	75.23	91.80	104.55	112.20	145.35
58	80.33	98.18	112.20	119.85	155.55
59	85.43	104.55	119.85	128.78	165.75
60	90.53	112.20	128.78	138.98	177.23
61	96.90	119.85	137.70	149.18	188.70
62	103.28	127.50	147.90	160.65	202.73
63	109.65	136.43	158.10	170.85	216.75
64	117.30	144.08	168.30	182.33	232.05
65	124.95	154.28	178.50	193.80	248.63
66	133.88	164.48	191.25	206.55	266.48
67	144.08	177.23	205.28	221.85	286.88
68	155.55	191.25	221.85	239.70	309.83
69	167.03	206.55	238.43	258.83	334.05
70	181.05	224.40	258.83	280.50	359.55
71	196.35	243.53	280.50	304.73	390.15
72	212.93	265.20	306.00	332.78	424.58
73	232.05	289.43	335.33	364.65	462.83
74	253.73	317.48	367.20	400.35	506.18
75	276.68	346.80	402.90	438.60	552.08
76	300.90	378.68	441.15	480.68	603.08
77	326.40	413.10	481.95	526.58	656.63
78	353.18	450.08	526.58	575.03	714.00
79	381.23	489.60	573.75	627.30	776.48
80	411.83				
81	442.43				
82	475.58				
83	510.00				
84	545.70				

CONTINENTAL CASUALTY COMPANY
 Rates for form P1-N0076-A
 Long-Term Care Policy: Facility Only Coverage

Annual Premium per \$10 of Maximum Daily Facility Benefit

PREFERRED RATING GROUP
 30 DAY ELIMINATION PERIOD
 WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	29.33	35.70	40.80	44.63	53.55
45-49	31.88	39.53	45.90	49.73	59.93
50-54	44.63	53.55	62.48	67.58	81.60
55	51.00	62.48	71.40	76.50	98.18
56	53.55	66.30	75.23	81.60	104.55
57	57.38	71.40	80.33	86.70	112.20
58	62.48	77.78	86.70	94.35	121.13
59	67.58	84.15	94.35	102.00	132.60
60	73.95	91.80	103.28	112.20	144.08
61	80.33	99.45	113.48	122.40	156.83
62	86.70	107.10	122.40	132.60	169.58
63	93.08	114.75	131.33	142.80	182.33
64	99.45	122.40	140.25	153.00	196.35
65	105.83	131.33	150.45	163.20	210.38
66	114.75	141.53	161.93	175.95	228.23
67	123.68	153.00	175.95	191.25	247.35
68	133.88	167.03	192.53	209.10	269.03
69	146.63	182.33	210.38	228.23	293.25
70	159.38	198.90	229.50	249.90	321.30
71	174.68	218.03	252.45	274.13	350.63
72	191.25	239.70	277.95	302.18	385.05
73	210.38	263.93	306.00	334.05	423.30
74	232.05	290.70	337.88	368.48	465.38
75	255.00	320.03	372.30	405.45	510.00
76	279.23	351.90	409.28	446.25	559.73
77	304.73	385.05	448.80	489.60	612.00
78	331.50	420.75	490.88	536.78	668.10
79	359.55	459.00	536.78	586.50	728.03
80	390.15				
81	420.75				
82	453.90				
83	488.33				
84	524.03				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0076-A
Long-Term Care Policy: Facility Only Coverage

Annual Premium per \$10 of Maximum Daily Facility Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	25.50	28.05	33.15	34.43	35.70
45-49	28.05	31.88	35.70	36.98	40.80
50-54	34.43	39.53	43.35	45.90	52.28
55	39.53	44.63	51.00	56.10	66.30
56	42.08	48.45	56.10	59.93	71.40
57	44.63	52.28	59.93	65.03	79.05
58	49.73	57.38	66.30	70.13	86.70
59	53.55	62.48	71.40	76.50	95.63
60	59.93	70.13	79.05	84.15	104.55
61	65.03	76.50	86.70	91.80	113.48
62	70.13	84.15	94.35	100.73	124.95
63	75.23	90.53	102.00	108.38	133.88
64	79.05	95.63	109.65	117.30	142.80
65	85.43	102.00	117.30	126.23	153.00
66	91.80	110.93	126.23	136.43	164.48
67	99.45	119.85	137.70	147.90	179.78
68	108.38	132.60	151.73	163.20	197.63
69	118.58	144.08	167.03	178.50	215.48
70	128.78	158.10	183.60	196.35	238.43
71	142.80	173.40	201.45	218.03	263.93
72	158.10	193.80	223.13	240.98	291.98
73	175.95	215.48	248.63	269.03	325.13
74	195.08	239.70	277.95	299.63	363.38
75	218.03	266.48	307.28	332.78	402.90
76	240.98	297.08	341.70	368.48	447.53
77	266.48	328.95	377.40	408.00	494.70
78	294.53	363.38	416.93	450.08	545.70
79	323.85	399.08	459.00	494.70	601.80
80	354.45				
81	387.60				
82	422.03				
83	457.73				
84	495.98				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0076-A
Long-Term Care Policy: Facility Only Coverage

Annual Premium per \$10 of Maximum Daily Facility Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	48.45	58.65	67.58	73.95	87.98
45-49	52.28	65.03	75.23	81.60	99.45
50-54	65.03	79.05	93.08	100.73	126.23
55	77.78	94.35	109.65	117.30	150.45
56	82.88	100.73	116.03	124.95	160.65
57	87.98	108.38	122.40	132.60	170.85
58	94.35	116.03	132.60	141.53	183.60
59	100.73	122.40	141.53	151.73	195.08
60	107.10	132.60	151.73	163.20	209.10
61	113.48	141.53	161.93	175.95	221.85
62	121.13	150.45	173.40	188.70	238.43
63	128.78	160.65	186.15	201.45	255.00
64	137.70	169.58	197.63	214.20	272.85
65	146.63	181.05	210.38	228.23	291.98
66	158.10	193.80	224.40	243.53	313.65
67	169.58	209.10	240.98	261.38	337.88
68	183.60	224.40	261.38	281.78	364.65
69	196.35	243.53	280.50	304.73	392.70
70	212.93	263.93	304.73	330.23	423.30
71	230.78	286.88	330.23	358.28	459.00
72	249.90	312.38	359.55	391.43	499.80
73	272.85	340.43	393.98	428.40	544.43
74	298.35	373.58	432.23	470.48	595.43
75	325.13	408.00	474.30	516.38	648.98
76	354.45	444.98	518.93	566.10	708.90
77	383.78	485.78	567.38	619.65	772.65
78	415.65	529.13	619.65	677.03	840.23
79	448.80	576.30	674.48	738.23	912.90
80	484.50				
81	520.20				
82	559.73				
83	600.53				
84	642.60				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0076-A
Long-Term Care Policy: Facility Only Coverage

Annual Premium per \$10 of Maximum Daily Facility Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	34.43	42.08	48.45	52.28	62.48
45-49	36.98	45.90	53.55	58.65	70.13
50-54	52.28	62.48	73.95	79.05	95.63
55	59.93	73.95	84.15	90.53	116.03
56	62.48	77.78	87.98	95.63	122.40
57	67.58	84.15	94.35	102.00	132.60
58	73.95	91.80	102.00	110.93	142.80
59	79.05	99.45	110.93	119.85	155.55
60	86.70	108.38	121.13	132.60	169.58
61	94.35	117.30	133.88	144.08	184.88
62	102.00	126.23	144.08	155.55	198.90
63	109.65	135.15	154.28	168.30	214.20
64	117.30	144.08	164.48	179.78	230.78
65	124.95	154.28	177.23	192.53	247.35
66	135.15	167.03	189.98	206.55	269.03
67	145.35	179.78	206.55	224.40	290.70
68	158.10	196.35	226.95	246.08	316.20
69	172.13	214.20	247.35	269.03	345.53
70	187.43	234.60	270.30	294.53	377.40
71	205.28	256.28	297.08	322.58	413.10
72	224.40	281.78	326.40	355.73	452.63
73	247.35	311.10	359.55	392.70	498.53
74	272.85	341.70	397.80	433.50	546.98
75	299.63	376.13	438.60	476.85	600.53
76	328.95	414.38	481.95	525.30	657.90
77	358.28	452.63	527.85	576.30	720.38
78	390.15	494.70	577.58	631.13	785.40
79	423.30	540.60	631.13	689.78	856.80
80	459.00				
81	494.70				
82	534.23				
83	575.03				
84	617.10				

CONTINENTAL CASUALTY COMPANY
 Rates for form P1-N0076-A
 Long-Term Care Policy: Facility Only Coverage

WITH SURVIVORSHIP BENEFIT RIDER R1-N0103-SERIES

When this rider is chosen, multiply the final premium by the appropriate factor.

ISSUE AGE	NO INFLATION PROTECTION	SIMPLE INFLATION PROTECTION	COMPOUND INFLATION PROTECTION
18-44	1.11	1.17	1.17
45-49	1.14	1.21	1.21
50-54	1.18	1.28	1.28
55	1.20	1.30	1.30
56	1.20	1.30	1.30
57	1.21	1.30	1.30
58	1.21	1.30	1.30
59	1.21	1.30	1.30
60	1.21	1.30	1.30
61	1.21	1.30	1.30
62	1.21	1.29	1.29
63	1.21	1.29	1.29
64	1.21	1.28	1.28
65	1.20	1.27	1.27
66	1.20	1.26	1.26
67	1.20	1.26	1.26
68	1.19	1.25	1.25
69	1.19	1.24	1.24
70	1.18	1.23	1.23
71	1.18	1.22	1.22
72	1.17	1.20	1.20
73	1.16	1.19	1.19
74	1.16	1.18	1.18
75	1.15	1.17	1.17
76	1.14	1.16	1.16
77	1.13	1.15	1.15
78	1.12	1.14	1.14
79	1.11	1.13	1.13
80	1.10	1.12	1.12
81	1.09	1.11	1.11
82	1.08	1.10	1.10
83	1.07	1.09	1.09
84	1.06	1.08	1.08

CONTINENTAL CASUALTY COMPANY
 Rates for form P1-N0076-A
 Long-Term Care Policy: Facility Only Coverage

Elimination Period Factors

Rates shown are for 30 day elimination period. Rates for other elimination periods are calculated by multiplying the 30 day rates by the appropriate factor from the following table:

Benefit Maximum	0	14	20	60	90	100	180	365
730x,1095x	1.12	1.07	1.03	0.94	0.90	0.89	0.78	0.67
1460x,1825x	1.10	1.05	1.03	0.95	0.90	0.89	0.79	0.69
Lifetime	1.08	1.04	1.03	0.96	0.92	0.91	0.84	0.75

Health Rating Group Factors

Rates shown are for Preferred Rating Group and Select Rating Group. Rates for Health Groups II, III, IV and V are calculated by multiplying Select rates by 1.25, 1.50, 1.75 and 2.00 respectively.

Multi-Life Discount

A 5%, 10%, 15% or 20% discount to the rates is available for qualifying Associations of 10 or more lives.

Spousal Discount

A 20% discount to the rates is available to married couples if both spouses apply for coverage.

Dual Waiver of Premium Rider R1-N0104-Series

An optional dual waiver of premium rider will be offered. If one spouse qualifies for a waiver of premium, the premium of the other spouse will also be waived. If chosen, multiply the final premium by 1.06.

Shared Advantage Rider R1-N0105-Series

This rider will allow two covered spouses to purchase an additional benefit amount that can be used by either spouse after their base benefits are exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	No Inflation Protection	With Inflation Protection
730x	1.30	1.35
1095x	1.21	1.25
1460x	1.15	1.18
1825x	1.12	1.14

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0076-A
Long-Term Care Policy: Facility Only Coverage

Restoration of Benefits Rider R1-N0108-Series

This rider restores the maximum lifetime benefit if the insured has not met the stipulated conditions for a period of 180 consecutive days and the maximum lifetime benefit has not been exhausted. If chosen, multiply the final premium by the appropriate factor:

<u>Benefit</u>	<u>Factor</u>
Maximum	
730x	1.08
1095x	1.06
1460x,1825x	1.04

Cost of Living Increase Rider R1-N0107-Series

This rider allows the insured to increase their policy limits, subject to the terms of the rider, every three years without additional underwriting. The additional premium charged is based on the attained age and incremental increase in the maximum daily facility benefit when exercised. If chosen, multiply the final premium by the appropriate factor:

<u>Age</u>	<u>Factor</u>
18-44	1.15
45-49	1.12
50-55	1.10
56-58	1.09
59-61	1.08
62-64	1.07
65-67	1.06
68-70	1.05
71-73	1.04
74-76	1.03

CONTINENTAL CASUALTY COMPANY

Supplement to Rate Sheets for Policy Form P1-N0080-A
DISTRICT OF COLUMBIA

All rates for this form should be multiplied by a factor of:

First Year	1.1000
Second Year	1.2100
Third Year	1.3310
Fourth Year	1.4641
Fifth Year	1.6105
Sixth Year	1.7716
Seventh Year	1.8000

This factor represents the **proposed** increase of:

First Year	10.0%
Second Year	10.0%
Third Year	10.0%
Fourth Year	10.0%
Fifth Year	10.0%
Sixth Year	10.0%
Seventh Year	1.6%

And the following prior approved rate increases:

Policy Form	Increase Applies to all Policies or Subset	Rate Increase Approved	Approval Date of Rate Increase
	--None--		--None--

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0080-A
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	19.95	24.15	26.25	28.35	36.75
45-49	22.05	27.30	29.40	31.50	40.95
50-54	27.30	32.55	36.75	38.85	50.40
55	31.50	37.80	42.00	45.15	59.85
56	33.60	39.90	45.15	48.30	63.00
57	35.70	43.05	48.30	51.45	68.25
58	38.85	46.20	52.50	55.65	73.50
59	42.00	50.40	56.70	60.90	79.80
60	45.15	54.60	61.95	66.15	87.15
61	49.35	58.80	67.20	72.45	94.50
62	53.55	64.05	73.50	78.75	102.90
63	57.75	69.30	78.75	85.05	111.30
64	60.90	73.50	85.05	91.35	118.65
65	65.10	78.75	91.35	97.65	127.05
66	69.30	85.05	98.70	106.05	137.55
67	75.60	92.40	107.10	115.50	150.15
68	82.95	100.80	116.55	127.05	164.85
69	90.30	110.25	128.10	138.60	180.60
70	98.70	120.75	139.65	152.25	198.45
71	108.15	133.35	154.35	168.00	218.40
72	119.70	148.05	171.15	186.90	242.55
73	132.30	164.85	191.10	207.90	269.85
74	147.00	183.75	212.10	232.05	299.25
75	163.80	203.70	236.25	258.30	331.80
76	180.60	225.75	262.50	286.65	367.50
77	199.50	249.90	290.85	317.10	406.35
78	219.45	276.15	321.30	350.70	447.30
79	241.50	303.45	353.85	385.35	491.40
80	264.60				
81	288.75				
82	315.00				
83	342.30				
84	371.70				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0080-A
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	23.10	28.35	31.50	32.55	43.05
45-49	26.25	31.50	34.65	36.75	47.25
50-54	30.45	36.75	42.00	45.15	58.80
55	35.70	42.00	47.25	51.45	68.25
56	37.80	44.10	50.40	54.60	71.40
57	39.90	47.25	53.55	57.75	76.65
58	43.05	51.45	57.75	61.95	81.90
59	46.20	55.65	63.00	68.25	88.20
60	49.35	60.90	68.25	73.50	95.55
61	53.55	65.10	74.55	80.85	103.95
62	57.75	70.35	80.85	87.15	112.35
63	61.95	75.60	87.15	93.45	121.80
64	66.15	80.85	92.40	99.75	130.20
65	71.40	86.10	99.75	106.05	139.65
66	75.60	92.40	107.10	114.45	151.20
67	81.90	100.80	115.50	124.95	164.85
68	89.25	109.20	127.05	137.55	180.60
69	97.65	119.70	138.60	150.15	197.40
70	107.10	132.30	151.20	164.85	217.35
71	116.55	144.90	168.00	181.65	239.40
72	129.15	161.70	185.85	202.65	264.60
73	143.85	179.55	206.85	225.75	294.00
74	158.55	199.50	231.00	250.95	325.50
75	176.40	221.55	257.25	279.30	361.20
76	194.25	245.70	285.60	310.80	400.05
77	215.25	270.90	316.05	344.40	442.05
78	236.25	299.25	349.65	381.15	486.15
79	259.35	329.70	384.30	418.95	534.45
80	283.50				
81	309.75				
82	337.05				
83	365.40				
84	395.85				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0080-A
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	24.15	29.40	33.60	34.65	45.15
45-49	27.30	32.55	36.75	38.85	50.40
50-54	31.50	38.85	44.10	47.25	63.00
55	36.75	44.10	49.35	53.55	71.40
56	38.85	46.20	52.50	56.70	75.60
57	40.95	49.35	55.65	60.90	79.80
58	44.10	53.55	59.85	65.10	86.10
59	47.25	57.75	65.10	71.40	92.40
60	51.45	63.00	71.40	76.65	99.75
61	55.65	68.25	77.70	84.00	108.15
62	59.85	73.50	84.00	90.30	116.55
63	64.05	78.75	90.30	96.60	126.00
64	68.25	84.00	95.55	102.90	134.40
65	73.50	89.25	102.90	110.25	144.90
66	78.75	95.55	110.25	118.65	156.45
67	85.05	103.95	119.70	129.15	171.15
68	92.40	113.40	131.25	141.75	186.90
69	100.80	123.90	142.80	155.40	204.75
70	110.25	136.50	156.45	170.10	224.70
71	120.75	150.15	173.25	187.95	247.80
72	133.35	166.95	192.15	208.95	274.05
73	148.05	185.85	214.20	233.10	304.50
74	163.80	205.80	238.35	259.35	337.05
75	181.65	228.90	265.65	288.75	373.80
76	200.55	254.10	295.05	321.30	413.70
77	221.55	280.35	326.55	355.95	456.75
78	243.60	308.70	361.20	393.75	502.95
79	266.70	340.20	397.95	433.65	552.30
80	291.90				
81	318.15				
82	346.50				
83	375.90				
84	406.35				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0080-A
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	37.80	47.25	54.60	59.85	78.75
45-49	42.00	52.50	60.90	66.15	87.15
50-54	51.45	64.05	74.55	80.85	111.30
55	58.80	74.55	86.10	93.45	129.15
56	61.95	78.75	91.35	98.70	135.45
57	66.15	84.00	96.60	105.00	143.85
58	70.35	89.25	102.90	112.35	152.25
59	75.60	95.55	110.25	119.70	161.70
60	80.85	101.85	117.60	127.05	172.20
61	86.10	109.20	126.00	136.50	183.75
62	92.40	116.55	134.40	145.95	196.35
63	98.70	123.90	142.80	155.40	210.00
64	105.00	132.30	152.25	165.90	223.65
65	111.30	140.70	162.75	176.40	238.35
66	119.70	150.15	173.25	189.00	255.15
67	128.10	161.70	186.90	203.70	275.10
68	137.55	174.30	201.60	220.50	297.15
69	148.05	186.90	218.40	238.35	320.25
70	159.60	202.65	236.25	258.30	345.45
71	173.25	219.45	256.20	280.35	374.85
72	187.95	238.35	279.30	305.55	407.40
73	204.75	260.40	305.55	333.90	444.15
74	223.65	284.55	333.90	365.40	484.05
75	244.65	310.80	364.35	399.00	528.15
76	265.65	340.20	397.95	435.75	575.40
77	288.75	370.65	433.65	475.65	625.80
78	311.85	404.25	471.45	517.65	679.35
79	337.05	438.90	512.40	562.80	737.10
80	363.30				
81	389.55				
82	417.90				
83	447.30				
84	477.75				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0080-A
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	42.00	53.55	61.95	68.25	88.20
45-49	47.25	58.80	69.30	74.55	98.70
50-54	57.75	72.45	85.05	92.40	124.95
55	65.10	82.95	97.65	106.05	142.80
56	68.25	87.15	102.90	111.30	149.10
57	72.45	92.40	108.15	117.60	157.50
58	76.65	97.65	114.45	124.95	166.95
59	81.90	103.95	121.80	132.30	177.45
60	88.20	111.30	129.15	140.70	187.95
61	94.50	118.65	137.55	149.10	200.55
62	100.80	127.05	145.95	159.60	214.20
63	107.10	135.45	155.40	169.05	228.90
64	113.40	143.85	165.90	180.60	242.55
65	120.75	152.25	176.40	192.15	259.35
66	129.15	162.75	189.00	206.85	276.15
67	138.60	175.35	203.70	222.60	298.20
68	149.10	189.00	220.50	241.50	321.30
69	160.65	202.65	237.30	260.40	346.50
70	173.25	220.50	257.25	281.40	373.80
71	186.90	238.35	279.30	305.55	405.30
72	203.70	259.35	303.45	332.85	441.00
73	221.55	283.50	331.80	363.30	480.90
74	241.50	308.70	362.25	396.90	523.95
75	263.55	337.05	394.80	432.60	571.20
76	286.65	367.50	430.50	471.45	620.55
77	309.75	399.00	468.30	513.45	675.15
78	334.95	433.65	509.25	558.60	731.85
79	360.15	470.40	552.30	605.85	793.80
80	388.50				
81	415.80				
82	446.25				
83	476.70				
84	508.20				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0080-A
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	44.10	55.65	65.10	71.40	92.40
45-49	49.35	61.95	72.45	78.75	102.90
50-54	60.90	76.65	89.25	96.60	130.20
55	68.25	86.10	101.85	111.30	148.05
56	71.40	90.30	107.10	116.55	155.40
57	75.60	95.55	112.35	122.85	163.80
58	79.80	101.85	118.65	130.20	173.25
59	85.05	108.15	126.00	137.55	183.75
60	91.35	115.50	133.35	145.95	195.30
61	97.65	122.85	141.75	154.35	207.90
62	103.95	131.25	151.20	164.85	221.55
63	110.25	139.65	160.65	175.35	236.25
64	117.60	148.05	171.15	186.90	250.95
65	124.95	157.50	182.70	199.50	267.75
66	133.35	168.00	196.35	214.20	285.60
67	142.80	180.60	211.05	231.00	307.65
68	153.30	195.30	227.85	249.90	331.80
69	165.90	210.00	245.70	269.85	358.05
70	178.50	227.85	265.65	291.90	386.40
71	193.20	246.75	288.75	316.05	418.95
72	210.00	268.80	313.95	344.40	455.70
73	228.90	292.95	342.30	375.90	496.65
74	248.85	319.20	373.80	410.55	540.75
75	270.90	347.55	407.40	447.30	589.05
76	295.05	379.05	444.15	487.20	640.50
77	319.20	411.60	483.00	530.25	696.15
78	344.40	446.25	525.00	576.45	754.95
79	370.65	484.05	569.10	624.75	817.95
80	399.00				
81	427.35				
82	457.80				
83	489.30				
84	521.85				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0080-A
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	28.35	34.65	40.95	44.10	58.80
45-49	31.50	38.85	45.15	49.35	65.10
50-54	40.95	50.40	57.75	64.05	84.00
55	47.25	57.75	67.20	73.50	99.75
56	49.35	60.90	70.35	76.65	106.05
57	52.50	65.10	75.60	81.90	113.40
58	56.70	70.35	81.90	88.20	121.80
59	60.90	75.60	88.20	95.55	131.25
60	66.15	82.95	95.55	103.95	140.70
61	72.45	89.25	103.95	112.35	152.25
62	77.70	96.60	112.35	121.80	163.80
63	82.95	103.95	120.75	130.20	176.40
64	89.25	111.30	129.15	139.65	189.00
65	94.50	118.65	137.55	149.10	202.65
66	101.85	128.10	148.05	160.65	218.40
67	110.25	138.60	160.65	174.30	237.30
68	119.70	151.20	175.35	190.05	258.30
69	130.20	164.85	191.10	207.90	281.40
70	141.75	179.55	208.95	227.85	307.65
71	155.40	197.40	228.90	249.90	336.00
72	170.10	216.30	252.00	275.10	368.55
73	186.90	238.35	277.20	303.45	405.30
74	205.80	261.45	305.55	333.90	444.15
75	225.75	287.70	336.00	367.50	487.20
76	247.80	315.00	368.55	404.25	534.45
77	269.85	345.45	404.25	443.10	583.80
78	292.95	376.95	442.05	485.10	637.35
79	318.15	411.60	481.95	529.20	693.00
80	344.40				
81	371.70				
82	400.05				
83	429.45				
84	460.95				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0080-A
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	32.55	40.95	47.25	50.40	67.20
45-49	36.75	45.15	51.45	56.70	74.55
50-54	45.15	56.70	66.15	72.45	94.50
55	52.50	65.10	75.60	81.90	111.30
56	55.65	69.30	79.80	87.15	117.60
57	58.80	73.50	85.05	92.40	126.00
58	63.00	78.75	91.35	99.75	134.40
59	67.20	84.00	97.65	107.10	143.85
60	72.45	91.35	106.05	115.50	154.35
61	78.75	97.65	114.45	124.95	165.90
62	84.00	105.00	122.85	134.40	177.45
63	90.30	112.35	132.30	143.85	191.10
64	96.60	120.75	140.70	153.30	204.75
65	102.90	129.15	150.15	163.80	218.40
66	111.30	139.65	161.70	176.40	236.25
67	120.75	150.15	175.35	190.05	256.20
68	131.25	163.80	191.10	207.90	279.30
69	141.75	178.50	207.90	226.80	304.50
70	153.30	194.25	226.80	246.75	331.80
71	166.95	213.15	247.80	270.90	363.30
72	182.70	233.10	273.00	298.20	397.95
73	200.55	257.25	300.30	328.65	436.80
74	220.50	282.45	329.70	361.20	479.85
75	242.55	309.75	363.30	397.95	526.05
76	265.65	339.15	399.00	437.85	576.45
77	289.80	371.70	436.80	478.80	630.00
78	313.95	406.35	477.75	523.95	687.75
79	341.25	443.10	520.80	572.25	748.65
80	368.55				
81	397.95				
82	427.35				
83	457.80				
84	491.40				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0080-A
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	34.65	43.05	49.35	53.55	71.40
45-49	38.85	47.25	54.60	59.85	78.75
50-54	47.25	58.80	69.30	75.60	98.70
55	54.60	68.25	79.80	86.10	116.55
56	57.75	72.45	84.00	91.35	122.85
57	60.90	76.65	89.25	96.60	131.25
58	65.10	81.90	95.55	103.95	139.65
59	70.35	88.20	101.85	111.30	149.10
60	75.60	94.50	110.25	120.75	159.60
61	80.85	101.85	118.65	130.20	171.15
62	87.15	109.20	127.05	139.65	183.75
63	93.45	116.55	136.50	149.10	197.40
64	99.75	124.95	145.95	159.60	211.05
65	107.10	133.35	155.40	170.10	225.75
66	115.50	143.85	168.00	182.70	243.60
67	124.95	155.40	181.65	197.40	264.60
68	135.45	169.05	197.40	215.25	287.70
69	145.95	183.75	215.25	234.15	313.95
70	158.55	200.55	234.15	255.15	342.30
71	172.20	219.45	256.20	280.35	374.85
72	187.95	240.45	281.40	307.65	410.55
73	206.85	264.60	309.75	339.15	450.45
74	226.80	290.85	340.20	372.75	495.60
75	249.90	319.20	374.85	410.55	542.85
76	273.00	349.65	411.60	451.50	594.30
77	298.20	383.25	450.45	494.55	649.95
78	323.40	418.95	492.45	540.75	708.75
79	350.70	456.75	537.60	591.15	771.75
80	379.05				
81	408.45				
82	438.90				
83	470.40				
84	504.00				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0080-A
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	23.10	28.35	30.45	33.60	43.05
45-49	26.25	32.55	34.65	36.75	48.30
50-54	32.55	37.80	43.05	46.20	58.80
55	36.75	44.10	49.35	53.55	70.35
56	39.90	47.25	53.55	56.70	74.55
57	42.00	50.40	56.70	60.90	79.80
58	46.20	54.60	61.95	65.10	86.10
59	49.35	58.80	67.20	71.40	93.45
60	53.55	64.05	72.45	77.70	102.90
61	57.75	69.30	78.75	85.05	111.30
62	63.00	75.60	86.10	92.40	120.75
63	68.25	81.90	92.40	99.75	131.25
64	71.40	86.10	99.75	107.10	139.65
65	76.65	92.40	107.10	114.45	149.10
66	81.90	99.75	116.55	124.95	161.70
67	89.25	109.20	126.00	135.45	176.40
68	97.65	118.65	137.55	149.10	194.25
69	106.05	130.20	151.20	162.75	212.10
70	116.55	141.75	163.80	179.55	233.10
71	127.05	156.45	181.65	197.40	257.25
72	140.70	174.30	201.60	219.45	285.60
73	155.40	194.25	224.70	244.65	317.10
74	173.25	216.30	249.90	273.00	351.75
75	193.20	239.40	278.25	303.45	390.60
76	212.10	265.65	308.70	337.05	432.60
77	235.20	294.00	342.30	372.75	477.75
78	258.30	324.45	378.00	412.65	526.05
79	284.55	357.00	415.80	453.60	578.55
80	310.80				
81	340.20				
82	370.65				
83	403.20				
84	436.80				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0080-A
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	27.30	33.60	36.75	37.80	50.40
45-49	30.45	36.75	40.95	43.05	55.65
50-54	35.70	43.05	49.35	53.55	69.30
55	42.00	49.35	55.65	60.90	79.80
56	44.10	51.45	58.80	64.05	84.00
57	47.25	55.65	63.00	68.25	90.30
58	50.40	60.90	68.25	72.45	96.60
59	54.60	65.10	74.55	79.80	103.95
60	57.75	71.40	79.80	86.10	112.35
61	63.00	76.65	88.20	95.55	121.80
62	68.25	82.95	95.55	102.90	132.30
63	72.45	89.25	102.90	110.25	142.80
64	77.70	95.55	109.20	117.60	153.30
65	84.00	100.80	117.60	124.95	163.80
66	89.25	109.20	126.00	134.40	177.45
67	96.60	118.65	135.45	147.00	194.25
68	105.00	128.10	149.10	161.70	212.10
69	114.45	140.70	162.75	176.40	232.05
70	126.00	155.40	177.45	194.25	256.20
71	137.55	170.10	197.40	214.20	281.40
72	152.25	190.05	218.40	238.35	310.80
73	169.05	211.05	243.60	265.65	345.45
74	186.90	235.20	271.95	295.05	383.25
75	207.90	260.40	302.40	328.65	425.25
76	228.90	288.75	336.00	365.40	470.40
77	253.05	319.20	371.70	405.30	519.75
78	278.25	351.75	411.60	448.35	572.25
79	305.55	387.45	452.55	492.45	628.95
80	333.90				
81	364.35				
82	396.90				
83	429.45				
84	466.20				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0080-A
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	28.35	34.65	39.90	40.95	53.55
45-49	32.55	37.80	43.05	46.20	58.80
50-54	36.75	46.20	51.45	55.65	74.55
55	43.05	51.45	57.75	63.00	84.00
56	46.20	54.60	61.95	67.20	89.25
57	48.30	57.75	65.10	71.40	93.45
58	51.45	63.00	70.35	76.65	100.80
59	55.65	68.25	76.65	84.00	109.20
60	60.90	74.55	84.00	90.30	117.60
61	65.10	79.80	91.35	98.70	127.05
62	70.35	86.10	98.70	106.05	137.55
63	75.60	92.40	106.05	113.40	148.05
64	79.80	98.70	112.35	120.75	158.55
65	86.10	105.00	120.75	130.20	170.10
66	92.40	112.35	130.20	139.65	183.75
67	99.75	121.80	140.70	152.25	201.60
68	109.20	133.35	154.35	166.95	219.45
69	118.65	145.95	168.00	182.70	240.45
70	130.20	160.65	183.75	200.55	264.60
71	141.75	176.40	203.70	221.55	291.90
72	156.45	196.35	225.75	245.70	322.35
73	174.30	218.40	252.00	274.05	358.05
74	193.20	242.55	280.35	305.55	396.90
75	214.20	268.80	312.90	340.20	439.95
76	236.25	299.25	347.55	378.00	487.20
77	260.40	329.70	384.30	418.95	537.60
78	286.65	363.30	425.25	463.05	592.20
79	313.95	400.05	468.30	510.30	649.95
80	343.35				
81	373.80				
82	407.40				
83	442.05				
84	477.75				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0080-A
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	44.10	55.65	64.05	70.35	92.40
45-49	49.35	61.95	71.40	77.70	102.90
50-54	60.90	75.60	88.20	95.55	131.25
55	69.30	88.20	100.80	110.25	152.25
56	72.45	92.40	107.10	116.55	159.60
57	77.70	98.70	113.40	123.90	169.05
58	82.95	105.00	120.75	132.30	179.55
59	89.25	112.35	130.20	140.70	190.05
60	95.55	119.70	138.60	149.10	202.65
61	100.80	128.10	148.05	160.65	216.30
62	109.20	137.55	158.55	172.20	231.00
63	116.55	145.95	168.00	182.70	246.75
64	123.90	155.40	179.55	195.30	263.55
65	131.25	165.90	191.10	207.90	280.35
66	140.70	176.40	203.70	222.60	300.30
67	151.20	190.05	219.45	239.40	323.40
68	161.70	204.75	237.30	259.35	349.65
69	174.30	219.45	257.25	280.35	376.95
70	187.95	238.35	278.25	303.45	406.35
71	203.70	258.30	301.35	329.70	441.00
72	221.55	280.35	328.65	359.10	478.80
73	240.45	306.60	359.10	392.70	522.90
74	263.55	334.95	392.70	429.45	569.10
75	287.70	365.40	428.40	469.35	621.60
76	312.90	400.05	468.30	512.40	677.25
77	340.20	435.75	510.30	559.65	736.05
78	366.45	475.65	554.40	609.00	799.05
79	396.90	516.60	602.70	662.55	867.30
80	427.35				
81	457.80				
82	491.40				
83	526.05				
84	561.75				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0080-A
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	49.35	63.00	72.45	79.80	103.95
45-49	55.65	69.30	81.90	88.20	116.55
50-54	68.25	85.05	99.75	109.20	147.00
55	76.65	97.65	114.45	124.95	168.00
56	79.80	102.90	120.75	131.25	175.35
57	85.05	109.20	127.05	138.60	184.80
58	90.30	114.45	134.40	147.00	196.35
59	96.60	121.80	142.80	155.40	208.95
60	103.95	131.25	152.25	165.90	221.55
61	111.30	139.65	161.70	175.35	236.25
62	118.65	149.10	172.20	187.95	252.00
63	126.00	159.60	182.70	198.45	268.80
64	133.35	169.05	195.30	212.10	285.60
65	141.75	179.55	207.90	225.75	305.55
66	152.25	191.10	222.60	243.60	324.45
67	162.75	205.80	239.40	261.45	350.70
68	175.35	222.60	259.35	284.55	378.00
69	189.00	238.35	279.30	306.60	407.40
70	203.70	259.35	302.40	330.75	439.95
71	219.45	280.35	328.65	359.10	476.70
72	239.40	305.55	357.00	391.65	518.70
73	260.40	333.90	390.60	427.35	565.95
74	284.55	363.30	426.30	467.25	616.35
75	309.75	396.90	464.10	509.25	672.00
76	337.05	432.60	506.10	554.40	729.75
77	364.35	469.35	551.25	603.75	793.80
78	393.75	510.30	599.55	657.30	861.00
79	424.20	553.35	649.95	712.95	933.45
80	456.75				
81	489.30				
82	525.00				
83	560.70				
84	597.45				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0080-A
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	51.45	65.10	76.65	84.00	109.20
45-49	57.75	72.45	85.05	92.40	120.75
50-54	71.40	90.30	105.00	113.40	153.30
55	79.80	100.80	119.70	131.25	174.30
56	84.00	106.05	126.00	137.55	182.70
57	89.25	112.35	132.30	144.90	193.20
58	93.45	119.70	139.65	153.30	203.70
59	99.75	127.05	148.05	161.70	216.30
60	107.10	135.45	156.45	172.20	229.95
61	114.45	144.90	166.95	181.65	244.65
62	121.80	154.35	177.45	194.25	260.40
63	130.20	163.80	189.00	205.80	278.25
64	138.60	174.30	201.60	219.45	295.05
65	147.00	184.80	215.25	235.20	315.00
66	156.45	197.40	231.00	252.00	336.00
67	168.00	212.10	247.80	271.95	362.25
68	180.60	229.95	267.75	294.00	390.60
69	195.30	246.75	288.75	317.10	421.05
70	210.00	267.75	312.90	343.35	454.65
71	226.80	289.80	340.20	371.70	492.45
72	246.75	316.05	369.60	405.30	536.55
73	268.80	344.40	403.20	442.05	583.80
74	292.95	375.90	439.95	483.00	636.30
75	319.20	408.45	478.80	526.05	693.00
76	347.55	446.25	522.90	573.30	753.90
77	375.90	484.05	568.05	623.70	819.00
78	405.30	525.00	617.40	678.30	888.30
79	435.75	569.10	669.90	735.00	961.80
80	469.35				
81	502.95				
82	538.65				
83	575.40				
84	614.25				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0080-A
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	33.60	40.95	48.30	51.45	69.30
45-49	36.75	46.20	53.55	57.75	76.65
50-54	48.30	58.80	68.25	75.60	98.70
55	55.65	68.25	78.75	86.10	117.60
56	57.75	71.40	82.95	90.30	124.95
57	61.95	76.65	89.25	96.60	133.35
58	67.20	82.95	96.60	103.95	142.80
59	71.40	89.25	103.95	112.35	154.35
60	77.70	97.65	112.35	121.80	165.90
61	85.05	105.00	121.80	132.30	179.55
62	91.35	113.40	132.30	142.80	193.20
63	97.65	121.80	141.75	153.30	207.90
64	105.00	131.25	152.25	163.80	222.60
65	111.30	139.65	161.70	175.35	238.35
66	119.70	151.20	174.30	189.00	257.25
67	130.20	162.75	189.00	204.75	279.30
68	140.70	177.45	205.80	223.65	303.45
69	153.30	194.25	224.70	244.65	330.75
70	166.95	211.05	245.70	267.75	362.25
71	182.70	232.05	268.80	294.00	394.80
72	200.55	254.10	296.10	323.40	433.65
73	219.45	280.35	326.55	357.00	476.70
74	242.55	307.65	359.10	392.70	522.90
75	265.65	338.10	394.80	432.60	573.30
76	291.90	370.65	433.65	475.65	628.95
77	317.10	406.35	475.65	520.80	686.70
78	344.40	443.10	519.75	571.20	749.70
79	373.80	484.05	567.00	622.65	814.80
80	405.30				
81	436.80				
82	470.40				
83	505.05				
84	541.80				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0080-A
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	37.80	48.30	55.65	58.80	78.75
45-49	43.05	53.55	60.90	67.20	88.20
50-54	53.55	67.20	77.70	85.05	111.30
55	61.95	76.65	89.25	96.60	131.25
56	65.10	81.90	93.45	102.90	138.60
57	69.30	86.10	99.75	109.20	148.05
58	74.55	92.40	107.10	117.60	158.55
59	78.75	98.70	114.45	126.00	169.05
60	85.05	107.10	124.95	135.45	181.65
61	92.40	114.45	134.40	147.00	195.30
62	98.70	123.90	144.90	158.55	208.95
63	106.05	132.30	155.40	169.05	224.70
64	113.40	141.75	165.90	180.60	240.45
65	120.75	152.25	176.40	193.20	257.25
66	131.25	163.80	190.05	207.90	278.25
67	141.75	176.40	205.80	223.65	301.35
68	154.35	193.20	224.70	244.65	328.65
69	166.95	210.00	244.65	266.70	358.05
70	180.60	228.90	266.70	289.80	390.60
71	196.35	250.95	291.90	319.20	427.35
72	215.25	274.05	321.30	350.70	468.30
73	236.25	302.40	352.80	386.40	513.45
74	259.35	331.80	387.45	425.25	564.90
75	285.60	364.35	427.35	468.30	618.45
76	312.90	399.00	469.35	515.55	678.30
77	341.25	436.80	513.45	562.80	741.30
78	369.60	477.75	561.75	616.35	809.55
79	401.10	520.80	613.20	673.05	880.95
80	433.65				
81	468.30				
82	502.95				
83	538.65				
84	578.55				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0080-A
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	40.95	50.40	57.75	63.00	84.00
45-49	46.20	55.65	64.05	70.35	92.40
50-54	55.65	69.30	81.90	89.25	116.55
55	64.05	79.80	93.45	100.80	137.55
56	68.25	85.05	98.70	107.10	144.90
57	71.40	90.30	105.00	113.40	154.35
58	76.65	96.60	112.35	121.80	163.80
59	82.95	103.95	119.70	131.25	175.35
60	89.25	111.30	130.20	141.75	187.95
61	95.55	119.70	139.65	153.30	201.60
62	102.90	128.10	149.10	163.80	216.30
63	110.25	137.55	160.65	175.35	232.05
64	117.60	147.00	172.20	187.95	247.80
65	126.00	156.45	182.70	200.55	265.65
66	135.45	169.05	197.40	215.25	286.65
67	147.00	182.70	214.20	232.05	310.80
68	159.60	198.45	232.05	253.05	338.10
69	172.20	216.30	253.05	275.10	369.60
70	186.90	236.25	275.10	300.30	403.20
71	202.65	258.30	301.35	329.70	441.00
72	221.55	282.45	330.75	362.25	483.00
73	243.60	310.80	364.35	399.00	530.25
74	266.70	342.30	400.05	438.90	582.75
75	294.00	375.90	441.00	483.00	638.40
76	321.30	411.60	484.05	531.30	699.30
77	350.70	450.45	530.25	581.70	764.40
78	380.10	492.45	579.60	636.30	833.70
79	412.65	537.60	632.10	695.10	908.25
80	446.25				
81	480.90				
82	516.60				
83	553.35				
84	593.25				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0080-A
Long-Term Care Policy

WITH SURVIVORSHIP BENEFIT RIDER R1-N0103-SERIES

When this rider is chosen, multiply the final premium by the appropriate factor.

ISSUE AGE	NO INFLATION PROTECTION	SIMPLE INFLATION PROTECTION	COMPOUND INFLATION PROTECTION
18-44	1.11	1.17	1.17
45-49	1.14	1.21	1.21
50-54	1.18	1.28	1.28
55	1.20	1.30	1.30
56	1.20	1.30	1.30
57	1.21	1.30	1.30
58	1.21	1.30	1.30
59	1.21	1.30	1.30
60	1.21	1.30	1.30
61	1.21	1.30	1.30
62	1.21	1.29	1.29
63	1.21	1.29	1.29
64	1.21	1.28	1.28
65	1.20	1.27	1.27
66	1.20	1.26	1.26
67	1.20	1.26	1.26
68	1.19	1.25	1.25
69	1.19	1.24	1.24
70	1.18	1.23	1.23
71	1.18	1.22	1.22
72	1.17	1.20	1.20
73	1.16	1.19	1.19
74	1.16	1.18	1.18
75	1.15	1.17	1.17
76	1.14	1.16	1.16
77	1.13	1.15	1.15
78	1.12	1.14	1.14
79	1.11	1.13	1.13
80	1.10	1.12	1.12
81	1.09	1.11	1.11
82	1.08	1.10	1.10
83	1.07	1.09	1.09
84	1.06	1.08	1.08

CONTINENTAL CASUALTY COMPANY
 Rates for form P1-N0080-A
 Long-Term Care Policy

Elimination Period Factors

Rates shown are for 30 day elimination period. Rates for other elimination periods are calculated by multiplying the 30 day rates by the appropriate factor from the following table:

Benefit Maximum	0	14	20	60	90	100	180	365
730x,1095x	1.12	1.07	1.03	0.94	0.90	0.89	0.78	0.67
1460x,1825x	1.10	1.05	1.03	0.95	0.90	0.89	0.79	0.69
Lifetime	1.08	1.04	1.03	0.96	0.92	0.91	0.84	0.75

Health Rating Group Factors

Rates shown are for Preferred Rating Group and Select Rating Group. Rates for Health Groups II, III, IV and V are calculated by multiplying Select rates by 1.25, 1.50, 1.75 and 2.00 respectively.

Multi-Life Discount

A 5%, 10%, 15% or 20% discount to the rates is available for qualifying Associations of 10 or more lives.

Spousal Discount

A 20% discount to the rates is available to married couples if both spouses apply for coverage.

Dual Waiver of Premium Rider R1-N0104-Series

An optional dual waiver of premium rider will be offered. If one spouse qualifies for a waiver of premium, the premium of the other spouse will also be waived. If chosen, multiply the final premium by 1.06.

Shared Advantage Rider R1-N0105-Series

This rider will allow two covered spouses to purchase an additional benefit amount that can be used by either spouse after their base benefits are exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	No Inflation Protection	With Inflation Protection
730x	1.30	1.35
1095x	1.21	1.25
1460x	1.15	1.18
1825x	1.12	1.14

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0080-A
Long-Term Care Policy

Restoration of Benefits Rider R1-N0108-Series

This rider restores the maximum lifetime benefit if the insured has not met the stipulated conditions for a period of 180 consecutive days and the maximum lifetime benefit has not been exhausted. If chosen, multiply the final premium by the appropriate factor:

<u>Benefit</u>	<u>Factor</u>
Maximum	
730x	1.08
1095x	1.06
1460x,1825x	1.04

Cost of Living Increase Rider R1-N0107-Series

This rider allows the insured to increase their policy limits, subject to the terms of the rider, every three years without additional underwriting. The additional premium charged is based on the attained age and incremental increase in the maximum daily facility benefit when exercised. If chosen, multiply the final premium by the appropriate factor:

<u>Age</u>	<u>Factor</u>
18-44	1.15
45-49	1.12
50-55	1.10
56-58	1.09
59-61	1.08
62-64	1.07
65-67	1.06
68-70	1.05
71-73	1.04
74-76	1.03

CONTINENTAL CASUALTY COMPANY

Supplement to Rate Sheets for Policy Form P1-N0081-A
DISTRICT OF COLUMBIA

All rates for this form should be multiplied by a factor of:

First Year	1.1000
Second Year	1.2100
Third Year	1.3310
Fourth Year	1.4641
Fifth Year	1.6105
Sixth Year	1.7716
Seventh Year	1.8000

This factor represents the **proposed** increase of:

First Year	10.0%
Second Year	10.0%
Third Year	10.0%
Fourth Year	10.0%
Fifth Year	10.0%
Sixth Year	10.0%
Seventh Year	1.6%

And the following prior approved rate increases:

Policy Form	Increase Applies to all Policies or Subset	Rate Increase Approved	Approval Date of Rate Increase
	--None--		--None--

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0081-A
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	24.94	30.19	32.81	35.44	45.94
45-49	27.56	34.13	36.75	39.38	51.19
50-54	34.13	40.69	45.94	48.56	63.00
55	39.38	47.25	52.50	56.44	74.81
56	42.00	49.88	56.44	60.38	78.75
57	44.63	53.81	60.38	64.31	85.31
58	48.56	57.75	65.63	69.56	91.88
59	52.50	63.00	70.88	76.13	99.75
60	56.44	68.25	77.44	82.69	108.94
61	61.69	73.50	84.00	90.56	118.13
62	66.94	80.06	91.88	98.44	128.63
63	72.19	86.63	98.44	106.31	139.13
64	76.13	91.88	106.31	114.19	148.31
65	81.38	98.44	114.19	122.06	158.81
66	86.63	106.31	123.38	132.56	171.94
67	94.50	115.50	133.88	144.38	187.69
68	103.69	126.00	145.69	158.81	206.06
69	112.88	137.81	160.13	173.25	225.75
70	123.38	150.94	174.56	190.31	248.06
71	135.19	166.69	192.94	210.00	273.00
72	149.63	185.06	213.94	233.63	303.19
73	165.38	206.06	238.88	259.88	337.31
74	183.75	229.69	265.13	290.06	374.06
75	204.75	254.63	295.31	322.88	414.75
76	225.75	282.19	328.13	358.31	459.38
77	249.38	312.38	363.56	396.38	507.94
78	274.31	345.19	401.63	438.38	559.13
79	301.88	379.31	442.31	481.69	614.25
80	330.75				
81	360.94				
82	393.75				
83	427.88				
84	464.63				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0081-A
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	28.88	35.44	39.38	40.69	53.81
45-49	32.81	39.38	43.31	45.94	59.06
50-54	38.06	45.94	52.50	56.44	73.50
55	44.63	52.50	59.06	64.31	85.31
56	47.25	55.13	63.00	68.25	89.25
57	49.88	59.06	66.94	72.19	95.81
58	53.81	64.31	72.19	77.44	102.38
59	57.75	69.56	78.75	85.31	110.25
60	61.69	76.13	85.31	91.88	119.44
61	66.94	81.38	93.19	101.06	129.94
62	72.19	87.94	101.06	108.94	140.44
63	77.44	94.50	108.94	116.81	152.25
64	82.69	101.06	115.50	124.69	162.75
65	89.25	107.63	124.69	132.56	174.56
66	94.50	115.50	133.88	143.06	189.00
67	102.38	126.00	144.38	156.19	206.06
68	111.56	136.50	158.81	171.94	225.75
69	122.06	149.63	173.25	187.69	246.75
70	133.88	165.38	189.00	206.06	271.69
71	145.69	181.13	210.00	227.06	299.25
72	161.44	202.13	232.31	253.31	330.75
73	179.81	224.44	258.56	282.19	367.50
74	198.19	249.38	288.75	313.69	406.88
75	220.50	276.94	321.56	349.13	451.50
76	242.81	307.13	357.00	388.50	500.06
77	269.06	338.63	395.06	430.50	552.56
78	295.31	374.06	437.06	476.44	607.69
79	324.19	412.13	480.38	523.69	668.06
80	354.38				
81	387.19				
82	421.31				
83	456.75				
84	494.81				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0081-A
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	30.19	36.75	42.00	43.31	56.44
45-49	34.13	40.69	45.94	48.56	63.00
50-54	39.38	48.56	55.13	59.06	78.75
55	45.94	55.13	61.69	66.94	89.25
56	48.56	57.75	65.63	70.88	94.50
57	51.19	61.69	69.56	76.13	99.75
58	55.13	66.94	74.81	81.38	107.63
59	59.06	72.19	81.38	89.25	115.50
60	64.31	78.75	89.25	95.81	124.69
61	69.56	85.31	97.13	105.00	135.19
62	74.81	91.88	105.00	112.88	145.69
63	80.06	98.44	112.88	120.75	157.50
64	85.31	105.00	119.44	128.63	168.00
65	91.88	111.56	128.63	137.81	181.13
66	98.44	119.44	137.81	148.31	195.56
67	106.31	129.94	149.63	161.44	213.94
68	115.50	141.75	164.06	177.19	233.63
69	126.00	154.88	178.50	194.25	255.94
70	137.81	170.63	195.56	212.63	280.88
71	150.94	187.69	216.56	234.94	309.75
72	166.69	208.69	240.19	261.19	342.56
73	185.06	232.31	267.75	291.38	380.63
74	204.75	257.25	297.94	324.19	421.31
75	227.06	286.13	332.06	360.94	467.25
76	250.69	317.63	368.81	401.63	517.13
77	276.94	350.44	408.19	444.94	570.94
78	304.50	385.88	451.50	492.19	628.69
79	333.38	425.25	497.44	542.06	690.38
80	364.88				
81	397.69				
82	433.13				
83	469.88				
84	507.94				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0081-A
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	47.25	59.06	68.25	74.81	98.44
45-49	52.50	65.63	76.13	82.69	108.94
50-54	64.31	80.06	93.19	101.06	139.13
55	73.50	93.19	107.63	116.81	161.44
56	77.44	98.44	114.19	123.38	169.31
57	82.69	105.00	120.75	131.25	179.81
58	87.94	111.56	128.63	140.44	190.31
59	94.50	119.44	137.81	149.63	202.13
60	101.06	127.31	147.00	158.81	215.25
61	107.63	136.50	157.50	170.63	229.69
62	115.50	145.69	168.00	182.44	245.44
63	123.38	154.88	178.50	194.25	262.50
64	131.25	165.38	190.31	207.38	279.56
65	139.13	175.88	203.44	220.50	297.94
66	149.63	187.69	216.56	236.25	318.94
67	160.13	202.13	233.63	254.63	343.88
68	171.94	217.88	252.00	275.63	371.44
69	185.06	233.63	273.00	297.94	400.31
70	199.50	253.31	295.31	322.88	431.81
71	216.56	274.31	320.25	350.44	468.56
72	234.94	297.94	349.13	381.94	509.25
73	255.94	325.50	381.94	417.38	555.19
74	279.56	355.69	417.38	456.75	605.06
75	305.81	388.50	455.44	498.75	660.19
76	332.06	425.25	497.44	544.69	719.25
77	360.94	463.31	542.06	594.56	782.25
78	389.81	505.31	589.31	647.06	849.19
79	421.31	548.63	640.50	703.50	921.38
80	454.13				
81	486.94				
82	522.38				
83	559.13				
84	597.19				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0081-A
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	52.50	66.94	77.44	85.31	110.25
45-49	59.06	73.50	86.63	93.19	123.38
50-54	72.19	90.56	106.31	115.50	156.19
55	81.38	103.69	122.06	132.56	178.50
56	85.31	108.94	128.63	139.13	186.38
57	90.56	115.50	135.19	147.00	196.88
58	95.81	122.06	143.06	156.19	208.69
59	102.38	129.94	152.25	165.38	221.81
60	110.25	139.13	161.44	175.88	234.94
61	118.13	148.31	171.94	186.38	250.69
62	126.00	158.81	182.44	199.50	267.75
63	133.88	169.31	194.25	211.31	286.13
64	141.75	179.81	207.38	225.75	303.19
65	150.94	190.31	220.50	240.19	324.19
66	161.44	203.44	236.25	258.56	345.19
67	173.25	219.19	254.63	278.25	372.75
68	186.38	236.25	275.63	301.88	401.63
69	200.81	253.31	296.63	325.50	433.13
70	216.56	275.63	321.56	351.75	467.25
71	233.63	297.94	349.13	381.94	506.63
72	254.63	324.19	379.31	416.06	551.25
73	276.94	354.38	414.75	454.13	601.13
74	301.88	385.88	452.81	496.13	654.94
75	329.44	421.31	493.50	540.75	714.00
76	358.31	459.38	538.13	589.31	775.69
77	387.19	498.75	585.38	641.81	843.94
78	418.69	542.06	636.56	698.25	914.81
79	450.19	588.00	690.38	757.31	992.25
80	485.63				
81	519.75				
82	557.81				
83	595.88				
84	635.25				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0081-A
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	55.13	69.56	81.38	89.25	115.50
45-49	61.69	77.44	90.56	98.44	128.63
50-54	76.13	95.81	111.56	120.75	162.75
55	85.31	107.63	127.31	139.13	185.06
56	89.25	112.88	133.88	145.69	194.25
57	94.50	119.44	140.44	153.56	204.75
58	99.75	127.31	148.31	162.75	216.56
59	106.31	135.19	157.50	171.94	229.69
60	114.19	144.38	166.69	182.44	244.13
61	122.06	153.56	177.19	192.94	259.88
62	129.94	164.06	189.00	206.06	276.94
63	137.81	174.56	200.81	219.19	295.31
64	147.00	185.06	213.94	233.63	313.69
65	156.19	196.88	228.38	249.38	334.69
66	166.69	210.00	245.44	267.75	357.00
67	178.50	225.75	263.81	288.75	384.56
68	191.63	244.13	284.81	312.38	414.75
69	207.38	262.50	307.13	337.31	447.56
70	223.13	284.81	332.06	364.88	483.00
71	241.50	308.44	360.94	395.06	523.69
72	262.50	336.00	392.44	430.50	569.63
73	286.13	366.19	427.88	469.88	620.81
74	311.06	399.00	467.25	513.19	675.94
75	338.63	434.44	509.25	559.13	736.31
76	368.81	473.81	555.19	609.00	800.63
77	399.00	514.50	603.75	662.81	870.19
78	430.50	557.81	656.25	720.56	943.69
79	463.31	605.06	711.38	780.94	1022.44
80	498.75				
81	534.19				
82	572.25				
83	611.63				
84	652.31				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0081-A
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	35.44	43.31	51.19	55.13	73.50
45-49	39.38	48.56	56.44	61.69	81.38
50-54	51.19	63.00	72.19	80.06	105.00
55	59.06	72.19	84.00	91.88	124.69
56	61.69	76.13	87.94	95.81	132.56
57	65.63	81.38	94.50	102.38	141.75
58	70.88	87.94	102.38	110.25	152.25
59	76.13	94.50	110.25	119.44	164.06
60	82.69	103.69	119.44	129.94	175.88
61	90.56	111.56	129.94	140.44	190.31
62	97.13	120.75	140.44	152.25	204.75
63	103.69	129.94	150.94	162.75	220.50
64	111.56	139.13	161.44	174.56	236.25
65	118.13	148.31	171.94	186.38	253.31
66	127.31	160.13	185.06	200.81	273.00
67	137.81	173.25	200.81	217.88	296.63
68	149.63	189.00	219.19	237.56	322.88
69	162.75	206.06	238.88	259.88	351.75
70	177.19	224.44	261.19	284.81	384.56
71	194.25	246.75	286.13	312.38	420.00
72	212.63	270.38	315.00	343.88	460.69
73	233.63	297.94	346.50	379.31	506.63
74	257.25	326.81	381.94	417.38	555.19
75	282.19	359.63	420.00	459.38	609.00
76	309.75	393.75	460.69	505.31	668.06
77	337.31	431.81	505.31	553.88	729.75
78	366.19	471.19	552.56	606.38	796.69
79	397.69	514.50	602.44	661.50	866.25
80	430.50				
81	464.63				
82	500.06				
83	536.81				
84	576.19				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0081-A
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	40.69	51.19	59.06	63.00	84.00
45-49	45.94	56.44	64.31	70.88	93.19
50-54	56.44	70.88	82.69	90.56	118.13
55	65.63	81.38	94.50	102.38	139.13
56	69.56	86.63	99.75	108.94	147.00
57	73.50	91.88	106.31	115.50	157.50
58	78.75	98.44	114.19	124.69	168.00
59	84.00	105.00	122.06	133.88	179.81
60	90.56	114.19	132.56	144.38	192.94
61	98.44	122.06	143.06	156.19	207.38
62	105.00	131.25	153.56	168.00	221.81
63	112.88	140.44	165.38	179.81	238.88
64	120.75	150.94	175.88	191.63	255.94
65	128.63	161.44	187.69	204.75	273.00
66	139.13	174.56	202.13	220.50	295.31
67	150.94	187.69	219.19	237.56	320.25
68	164.06	204.75	238.88	259.88	349.13
69	177.19	223.13	259.88	283.50	380.63
70	191.63	242.81	283.50	308.44	414.75
71	208.69	266.44	309.75	338.63	454.13
72	228.38	291.38	341.25	372.75	497.44
73	250.69	321.56	375.38	410.81	546.00
74	275.63	353.06	412.13	451.50	599.81
75	303.19	387.19	454.13	497.44	657.56
76	332.06	423.94	498.75	547.31	720.56
77	362.25	464.63	546.00	598.50	787.50
78	392.44	507.94	597.19	654.94	859.69
79	426.56	553.88	651.00	715.31	935.81
80	460.69				
81	497.44				
82	534.19				
83	572.25				
84	614.25				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0081-A
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	43.31	53.81	61.69	66.94	89.25
45-49	48.56	59.06	68.25	74.81	98.44
50-54	59.06	73.50	86.63	94.50	123.38
55	68.25	85.31	99.75	107.63	145.69
56	72.19	90.56	105.00	114.19	153.56
57	76.13	95.81	111.56	120.75	164.06
58	81.38	102.38	119.44	129.94	174.56
59	87.94	110.25	127.31	139.13	186.38
60	94.50	118.13	137.81	150.94	199.50
61	101.06	127.31	148.31	162.75	213.94
62	108.94	136.50	158.81	174.56	229.69
63	116.81	145.69	170.63	186.38	246.75
64	124.69	156.19	182.44	199.50	263.81
65	133.88	166.69	194.25	212.63	282.19
66	144.38	179.81	210.00	228.38	304.50
67	156.19	194.25	227.06	246.75	330.75
68	169.31	211.31	246.75	269.06	359.63
69	182.44	229.69	269.06	292.69	392.44
70	198.19	250.69	292.69	318.94	427.88
71	215.25	274.31	320.25	350.44	468.56
72	234.94	300.56	351.75	384.56	513.19
73	258.56	330.75	387.19	423.94	563.06
74	283.50	363.56	425.25	465.94	619.50
75	312.38	399.00	468.56	513.19	678.56
76	341.25	437.06	514.50	564.38	742.88
77	372.75	479.06	563.06	618.19	812.44
78	404.25	523.69	615.56	675.94	885.94
79	438.38	570.94	672.00	738.94	964.69
80	473.81				
81	510.56				
82	548.63				
83	588.00				
84	630.00				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0081-A
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	28.88	35.44	38.06	42.00	53.81
45-49	32.81	40.69	43.31	45.94	60.38
50-54	40.69	47.25	53.81	57.75	73.50
55	45.94	55.13	61.69	66.94	87.94
56	49.88	59.06	66.94	70.88	93.19
57	52.50	63.00	70.88	76.13	99.75
58	57.75	68.25	77.44	81.38	107.63
59	61.69	73.50	84.00	89.25	116.81
60	66.94	80.06	90.56	97.13	128.63
61	72.19	86.63	98.44	106.31	139.13
62	78.75	94.50	107.63	115.50	150.94
63	85.31	102.38	115.50	124.69	164.06
64	89.25	107.63	124.69	133.88	174.56
65	95.81	115.50	133.88	143.06	186.38
66	102.38	124.69	145.69	156.19	202.13
67	111.56	136.50	157.50	169.31	220.50
68	122.06	148.31	171.94	186.38	242.81
69	132.56	162.75	189.00	203.44	265.13
70	145.69	177.19	204.75	224.44	291.38
71	158.81	195.56	227.06	246.75	321.56
72	175.88	217.88	252.00	274.31	357.00
73	194.25	242.81	280.88	305.81	396.38
74	216.56	270.38	312.38	341.25	439.69
75	241.50	299.25	347.81	379.31	488.25
76	265.13	332.06	385.88	421.31	540.75
77	294.00	367.50	427.88	465.94	597.19
78	322.88	405.56	472.50	515.81	657.56
79	355.69	446.25	519.75	567.00	723.19
80	388.50				
81	425.25				
82	463.31				
83	504.00				
84	546.00				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0081-A
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	34.13	42.00	45.94	47.25	63.00
45-49	38.06	45.94	51.19	53.81	69.56
50-54	44.63	53.81	61.69	66.94	86.63
55	52.50	61.69	69.56	76.13	99.75
56	55.13	64.31	73.50	80.06	105.00
57	59.06	69.56	78.75	85.31	112.88
58	63.00	76.13	85.31	90.56	120.75
59	68.25	81.38	93.19	99.75	129.94
60	72.19	89.25	99.75	107.63	140.44
61	78.75	95.81	110.25	119.44	152.25
62	85.31	103.69	119.44	128.63	165.38
63	90.56	111.56	128.63	137.81	178.50
64	97.13	119.44	136.50	147.00	191.63
65	105.00	126.00	147.00	156.19	204.75
66	111.56	136.50	157.50	168.00	221.81
67	120.75	148.31	169.31	183.75	242.81
68	131.25	160.13	186.38	202.13	265.13
69	143.06	175.88	203.44	220.50	290.06
70	157.50	194.25	221.81	242.81	320.25
71	171.94	212.63	246.75	267.75	351.75
72	190.31	237.56	273.00	297.94	388.50
73	211.31	263.81	304.50	332.06	431.81
74	233.63	294.00	339.94	368.81	479.06
75	259.88	325.50	378.00	410.81	531.56
76	286.13	360.94	420.00	456.75	588.00
77	316.31	399.00	464.63	506.63	649.69
78	347.81	439.69	514.50	560.44	715.31
79	381.94	484.31	565.69	615.56	786.19
80	417.38				
81	455.44				
82	496.13				
83	536.81				
84	582.75				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0081-A
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	35.44	43.31	49.88	51.19	66.94
45-49	40.69	47.25	53.81	57.75	73.50
50-54	45.94	57.75	64.31	69.56	93.19
55	53.81	64.31	72.19	78.75	105.00
56	57.75	68.25	77.44	84.00	111.56
57	60.38	72.19	81.38	89.25	116.81
58	64.31	78.75	87.94	95.81	126.00
59	69.56	85.31	95.81	105.00	136.50
60	76.13	93.19	105.00	112.88	147.00
61	81.38	99.75	114.19	123.38	158.81
62	87.94	107.63	123.38	132.56	171.94
63	94.50	115.50	132.56	141.75	185.06
64	99.75	123.38	140.44	150.94	198.19
65	107.63	131.25	150.94	162.75	212.63
66	115.50	140.44	162.75	174.56	229.69
67	124.69	152.25	175.88	190.31	252.00
68	136.50	166.69	192.94	208.69	274.31
69	148.31	182.44	210.00	228.38	300.56
70	162.75	200.81	229.69	250.69	330.75
71	177.19	220.50	254.63	276.94	364.88
72	195.56	245.44	282.19	307.13	402.94
73	217.88	273.00	315.00	342.56	447.56
74	241.50	303.19	350.44	381.94	496.13
75	267.75	336.00	391.13	425.25	549.94
76	295.31	374.06	434.44	472.50	609.00
77	325.50	412.13	480.38	523.69	672.00
78	358.31	454.13	531.56	578.81	740.25
79	392.44	500.06	585.38	637.88	812.44
80	429.19				
81	467.25				
82	509.25				
83	552.56				
84	597.19				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0081-A
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	55.13	69.56	80.06	87.94	115.50
45-49	61.69	77.44	89.25	97.13	128.63
50-54	76.13	94.50	110.25	119.44	164.06
55	86.63	110.25	126.00	137.81	190.31
56	90.56	115.50	133.88	145.69	199.50
57	97.13	123.38	141.75	154.88	211.31
58	103.69	131.25	150.94	165.38	224.44
59	111.56	140.44	162.75	175.88	237.56
60	119.44	149.63	173.25	186.38	253.31
61	126.00	160.13	185.06	200.81	270.38
62	136.50	171.94	198.19	215.25	288.75
63	145.69	182.44	210.00	228.38	308.44
64	154.88	194.25	224.44	244.13	329.44
65	164.06	207.38	238.88	259.88	350.44
66	175.88	220.50	254.63	278.25	375.38
67	189.00	237.56	274.31	299.25	404.25
68	202.13	255.94	296.63	324.19	437.06
69	217.88	274.31	321.56	350.44	471.19
70	234.94	297.94	347.81	379.31	507.94
71	254.63	322.88	376.69	412.13	551.25
72	276.94	350.44	410.81	448.88	598.50
73	300.56	383.25	448.88	490.88	653.63
74	329.44	418.69	490.88	536.81	711.38
75	359.63	456.75	535.50	586.69	777.00
76	391.13	500.06	585.38	640.50	846.56
77	425.25	544.69	637.88	699.56	920.06
78	458.06	594.56	693.00	761.25	998.81
79	496.13	645.75	753.38	828.19	1084.13
80	534.19				
81	572.25				
82	614.25				
83	657.56				
84	702.19				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0081-A
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	61.69	78.75	90.56	99.75	129.94
45-49	69.56	86.63	102.38	110.25	145.69
50-54	85.31	106.31	124.69	136.50	183.75
55	95.81	122.06	143.06	156.19	210.00
56	99.75	128.63	150.94	164.06	219.19
57	106.31	136.50	158.81	173.25	231.00
58	112.88	143.06	168.00	183.75	245.44
59	120.75	152.25	178.50	194.25	261.19
60	129.94	164.06	190.31	207.38	276.94
61	139.13	174.56	202.13	219.19	295.31
62	148.31	186.38	215.25	234.94	315.00
63	157.50	199.50	228.38	248.06	336.00
64	166.69	211.31	244.13	265.13	357.00
65	177.19	224.44	259.88	282.19	381.94
66	190.31	238.88	278.25	304.50	405.56
67	203.44	257.25	299.25	326.81	438.38
68	219.19	278.25	324.19	355.69	472.50
69	236.25	297.94	349.13	383.25	509.25
70	254.63	324.19	378.00	413.44	549.94
71	274.31	350.44	410.81	448.88	595.88
72	299.25	381.94	446.25	489.56	648.38
73	325.50	417.38	488.25	534.19	707.44
74	355.69	454.13	532.88	584.06	770.44
75	387.19	496.13	580.13	636.56	840.00
76	421.31	540.75	632.63	693.00	912.19
77	455.44	586.69	689.06	754.69	992.25
78	492.19	637.88	749.44	821.63	1076.25
79	530.25	691.69	812.44	891.19	1166.81
80	570.94				
81	611.63				
82	656.25				
83	700.88				
84	746.81				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0081-A
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0088-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	64.31	81.38	95.81	105.00	136.50
45-49	72.19	90.56	106.31	115.50	150.94
50-54	89.25	112.88	131.25	141.75	191.63
55	99.75	126.00	149.63	164.06	217.88
56	105.00	132.56	157.50	171.94	228.38
57	111.56	140.44	165.38	181.13	241.50
58	116.81	149.63	174.56	191.63	254.63
59	124.69	158.81	185.06	202.13	270.38
60	133.88	169.31	195.56	215.25	287.44
61	143.06	181.13	208.69	227.06	305.81
62	152.25	192.94	221.81	242.81	325.50
63	162.75	204.75	236.25	257.25	347.81
64	173.25	217.88	252.00	274.31	368.81
65	183.75	231.00	269.06	294.00	393.75
66	195.56	246.75	288.75	315.00	420.00
67	210.00	265.13	309.75	339.94	452.81
68	225.75	287.44	334.69	367.50	488.25
69	244.13	308.44	360.94	396.38	526.31
70	262.50	334.69	391.13	429.19	568.31
71	283.50	362.25	425.25	464.63	615.56
72	308.44	395.06	462.00	506.63	670.69
73	336.00	430.50	504.00	552.56	729.75
74	366.19	469.88	549.94	603.75	795.38
75	399.00	510.56	598.50	657.56	866.25
76	434.44	557.81	653.63	716.63	942.38
77	469.88	605.06	710.06	779.63	1023.75
78	506.63	656.25	771.75	847.88	1110.38
79	544.69	711.38	837.38	918.75	1202.25
80	586.69				
81	628.69				
82	673.31				
83	719.25				
84	767.81				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0081-A
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	42.00	51.19	60.38	64.31	86.63
45-49	45.94	57.75	66.94	72.19	95.81
50-54	60.38	73.50	85.31	94.50	123.38
55	69.56	85.31	98.44	107.63	147.00
56	72.19	89.25	103.69	112.88	156.19
57	77.44	95.81	111.56	120.75	166.69
58	84.00	103.69	120.75	129.94	178.50
59	89.25	111.56	129.94	140.44	192.94
60	97.13	122.06	140.44	152.25	207.38
61	106.31	131.25	152.25	165.38	224.44
62	114.19	141.75	165.38	178.50	241.50
63	122.06	152.25	177.19	191.63	259.88
64	131.25	164.06	190.31	204.75	278.25
65	139.13	174.56	202.13	219.19	297.94
66	149.63	189.00	217.88	236.25	321.56
67	162.75	203.44	236.25	255.94	349.13
68	175.88	221.81	257.25	279.56	379.31
69	191.63	242.81	280.88	305.81	413.44
70	208.69	263.81	307.13	334.69	452.81
71	228.38	290.06	336.00	367.50	493.50
72	250.69	317.63	370.13	404.25	542.06
73	274.31	350.44	408.19	446.25	595.88
74	303.19	384.56	448.88	490.88	653.63
75	332.06	422.63	493.50	540.75	716.63
76	364.88	463.31	542.06	594.56	786.19
77	396.38	507.94	594.56	651.00	858.38
78	430.50	553.88	649.69	714.00	937.13
79	467.25	605.06	708.75	778.31	1018.50
80	506.63				
81	546.00				
82	588.00				
83	631.31				
84	677.25				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0081-A
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	47.25	60.38	69.56	73.50	98.44
45-49	53.81	66.94	76.13	84.00	110.25
50-54	66.94	84.00	97.13	106.31	139.13
55	77.44	95.81	111.56	120.75	164.06
56	81.38	102.38	116.81	128.63	173.25
57	86.63	107.63	124.69	136.50	185.06
58	93.19	115.50	133.88	147.00	198.19
59	98.44	123.38	143.06	157.50	211.31
60	106.31	133.88	156.19	169.31	227.06
61	115.50	143.06	168.00	183.75	244.13
62	123.38	154.88	181.13	198.19	261.19
63	132.56	165.38	194.25	211.31	280.88
64	141.75	177.19	207.38	225.75	300.56
65	150.94	190.31	220.50	241.50	321.56
66	164.06	204.75	237.56	259.88	347.81
67	177.19	220.50	257.25	279.56	376.69
68	192.94	241.50	280.88	305.81	410.81
69	208.69	262.50	305.81	333.38	447.56
70	225.75	286.13	333.38	362.25	488.25
71	245.44	313.69	364.88	399.00	534.19
72	269.06	342.56	401.63	438.38	585.38
73	295.31	378.00	441.00	483.00	641.81
74	324.19	414.75	484.31	531.56	706.13
75	357.00	455.44	534.19	585.38	773.06
76	391.13	498.75	586.69	644.44	847.88
77	426.56	546.00	641.81	703.50	926.63
78	462.00	597.19	702.19	770.44	1011.94
79	501.38	651.00	766.50	841.31	1101.19
80	542.06				
81	585.38				
82	628.69				
83	673.31				
84	723.19				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0081-A
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0098-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	51.19	63.00	72.19	78.75	105.00
45-49	57.75	69.56	80.06	87.94	115.50
50-54	69.56	86.63	102.38	111.56	145.69
55	80.06	99.75	116.81	126.00	171.94
56	85.31	106.31	123.38	133.88	181.13
57	89.25	112.88	131.25	141.75	192.94
58	95.81	120.75	140.44	152.25	204.75
59	103.69	129.94	149.63	164.06	219.19
60	111.56	139.13	162.75	177.19	234.94
61	119.44	149.63	174.56	191.63	252.00
62	128.63	160.13	186.38	204.75	270.38
63	137.81	171.94	200.81	219.19	290.06
64	147.00	183.75	215.25	234.94	309.75
65	157.50	195.56	228.38	250.69	332.06
66	169.31	211.31	246.75	269.06	358.31
67	183.75	228.38	267.75	290.06	388.50
68	199.50	248.06	290.06	316.31	422.63
69	215.25	270.38	316.31	343.88	462.00
70	233.63	295.31	343.88	375.38	504.00
71	253.31	322.88	376.69	412.13	551.25
72	276.94	353.06	413.44	452.81	603.75
73	304.50	388.50	455.44	498.75	662.81
74	333.38	427.88	500.06	548.63	728.44
75	367.50	469.88	551.25	603.75	798.00
76	401.63	514.50	605.06	664.13	874.13
77	438.38	563.06	662.81	727.13	955.50
78	475.13	615.56	724.50	795.38	1042.13
79	515.81	672.00	790.13	868.88	1135.31
80	557.81				
81	601.13				
82	645.75				
83	691.69				
84	741.56				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0081-A
Long-Term Care Policy

WITH SURVIVORSHIP BENEFIT RIDER R1-N0103-SERIES

When this rider is chosen, multiply the final premium by the appropriate factor.

ISSUE AGE	NO INFLATION PROTECTION	SIMPLE INFLATION PROTECTION	COMPOUND INFLATION PROTECTION
18-44	1.11	1.17	1.17
45-49	1.14	1.21	1.21
50-54	1.18	1.28	1.28
55	1.20	1.30	1.30
56	1.20	1.30	1.30
57	1.21	1.30	1.30
58	1.21	1.30	1.30
59	1.21	1.30	1.30
60	1.21	1.30	1.30
61	1.21	1.30	1.30
62	1.21	1.29	1.29
63	1.21	1.29	1.29
64	1.21	1.28	1.28
65	1.20	1.27	1.27
66	1.20	1.26	1.26
67	1.20	1.26	1.26
68	1.19	1.25	1.25
69	1.19	1.24	1.24
70	1.18	1.23	1.23
71	1.18	1.22	1.22
72	1.17	1.20	1.20
73	1.16	1.19	1.19
74	1.16	1.18	1.18
75	1.15	1.17	1.17
76	1.14	1.16	1.16
77	1.13	1.15	1.15
78	1.12	1.14	1.14
79	1.11	1.13	1.13
80	1.10	1.12	1.12
81	1.09	1.11	1.11
82	1.08	1.10	1.10
83	1.07	1.09	1.09
84	1.06	1.08	1.08

CONTINENTAL CASUALTY COMPANY
 Rates for form P1-N0081-A
 Long-Term Care Policy

Elimination Period Factors

Rates shown are for 30 day elimination period. Rates for other elimination periods are calculated by multiplying the 30 day rates by the appropriate factor from the following table:

Benefit Maximum	0	14	20	60	90	100	180	365
730x,1095x	1.12	1.07	1.03	0.94	0.90	0.89	0.78	0.67
1460x,1825x	1.10	1.05	1.03	0.95	0.90	0.89	0.79	0.69
Lifetime	1.08	1.04	1.03	0.96	0.92	0.91	0.84	0.75

Health Rating Group Factors

Rates shown are for Preferred Rating Group and Select Rating Group. Rates for Health Groups II, III, IV and V are calculated by multiplying Select rates by 1.25, 1.50, 1.75 and 2.00 respectively.

Multi-Life Discount

A 5%, 10%, 15% or 20% discount to the rates is available for qualifying Associations of 10 or more lives.

Spousal Discount

A 20% discount to the rates is available to married couples if both spouses apply for coverage.

Dual Waiver of Premium Rider R1-N0104-Series

An optional dual waiver of premium rider will be offered. If one spouse qualifies for a waiver of premium, the premium of the other spouse will also be waived. If chosen, multiply the final premium by 1.06.

Shared Advantage Rider R1-N0105-Series

This rider will allow two covered spouses to purchase an additional benefit amount that can be used by either spouse after their base benefits are exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	No Inflation Protection	With Inflation Protection
730x	1.30	1.35
1095x	1.21	1.25
1460x	1.15	1.18
1825x	1.12	1.14

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0081-A
Long-Term Care Policy

Restoration of Benefits Rider R1-N0108-Series

This rider restores the maximum lifetime benefit if the insured has not met the stipulated conditions for a period of 180 consecutive days and the maximum lifetime benefit has not been exhausted. If chosen, multiply the final premium by the appropriate factor:

<u>Benefit</u>	<u>Factor</u>
Maximum	
730x	1.08
1095x	1.06
1460x,1825x	1.04

Cost of Living Increase Rider R1-N0107-Series

This rider allows the insured to increase their policy limits, subject to the terms of the rider, every three years without additional underwriting. The additional premium charged is based on the attained age and incremental increase in the maximum daily facility benefit when exercised. If chosen, multiply the final premium by the appropriate factor:

<u>Age</u>	<u>Factor</u>
18-44	1.15
45-49	1.12
50-55	1.10
56-58	1.09
59-61	1.08
62-64	1.07
65-67	1.06
68-70	1.05
71-73	1.04
74-76	1.03

CONTINENTAL CASUALTY COMPANY

Supplement to Rate Sheets for Policy Form P1-N0085-A
DISTRICT OF COLUMBIA

All rates for this form should be multiplied by a factor of:

First Year	1.1000
Second Year	1.2100
Third Year	1.3310
Fourth Year	1.4641
Fifth Year	1.6105
Sixth Year	1.7716
Seventh Year	1.8000

This factor represents the **proposed** increase of:

First Year	10.0%
Second Year	10.0%
Third Year	10.0%
Fourth Year	10.0%
Fifth Year	10.0%
Sixth Year	10.0%
Seventh Year	1.6%

And the following prior approved rate increases:

Policy Form	Increase Applies to all Policies or Subset	Rate Increase Approved	Approval Date of Rate Increase
	--None--		--None--

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0085-A
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	22.05	25.20	29.40	31.50	39.90
45-49	24.15	28.35	32.55	34.65	44.10
50-54	29.40	34.65	39.90	43.05	54.60
55	33.60	39.90	46.20	49.35	65.10
56	35.70	43.05	49.35	52.50	69.30
57	38.85	46.20	52.50	56.70	74.55
58	42.00	50.40	56.70	61.95	80.85
59	46.20	54.60	61.95	67.20	88.20
60	50.40	59.85	68.25	74.55	95.55
61	54.60	66.15	74.55	80.85	103.95
62	58.80	71.40	80.85	88.20	113.40
63	63.00	76.65	87.15	94.50	121.80
64	67.20	81.90	93.45	100.80	131.25
65	71.40	88.20	99.75	108.15	140.70
66	77.70	94.50	108.15	116.55	152.25
67	84.00	102.90	117.60	127.05	165.90
68	91.35	112.35	129.15	139.65	182.70
69	99.75	122.85	141.75	153.30	200.55
70	109.20	134.40	155.40	169.05	220.50
71	120.75	149.10	172.20	187.95	243.60
72	134.40	165.90	192.15	210.00	271.95
73	150.15	185.85	215.25	235.20	304.50
74	166.95	207.90	241.50	263.55	340.20
75	186.90	233.10	270.90	295.05	379.05
76	207.90	260.40	302.40	329.70	422.10
77	231.00	289.80	337.05	366.45	469.35
78	256.20	322.35	374.85	406.35	519.75
79	283.50	355.95	414.75	449.40	574.35
80	311.85				
81	343.35				
82	375.90				
83	410.55				
84	447.30				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0085-A
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	26.25	31.50	35.70	37.80	48.30
45-49	28.35	34.65	38.85	42.00	53.55
50-54	33.60	40.95	47.25	51.45	67.20
55	39.90	47.25	53.55	57.75	76.65
56	42.00	50.40	56.70	60.90	80.85
57	45.15	53.55	60.90	65.10	86.10
58	48.30	57.75	65.10	70.35	92.40
59	52.50	63.00	71.40	76.65	99.75
60	56.70	68.25	77.70	84.00	109.20
61	60.90	74.55	85.05	91.35	117.60
62	66.15	79.80	92.40	99.75	128.10
63	71.40	86.10	98.70	106.05	137.55
64	75.60	92.40	105.00	114.45	148.05
65	80.85	99.75	112.35	121.80	159.60
66	87.15	106.05	121.80	132.30	172.20
67	94.50	116.55	132.30	143.85	187.95
68	102.90	127.05	144.90	158.55	205.80
69	112.35	138.60	159.60	173.25	226.80
70	122.85	152.25	175.35	190.05	248.85
71	134.40	168.00	194.25	211.05	276.15
72	150.15	186.90	216.30	236.25	307.65
73	166.95	208.95	242.55	263.55	343.35
74	185.85	234.15	271.95	296.10	383.25
75	207.90	261.45	304.50	330.75	427.35
76	231.00	290.85	340.20	370.65	476.70
77	257.25	324.45	378.00	411.60	529.20
78	284.55	360.15	420.00	456.75	584.85
79	313.95	399.00	465.15	506.10	646.80
80	345.45				
81	379.05				
82	413.70				
83	451.50				
84	491.40				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0085-A
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	27.30	33.60	37.80	40.95	52.50
45-49	30.45	36.75	42.00	45.15	57.75
50-54	35.70	44.10	50.40	54.60	72.45
55	42.00	50.40	56.70	61.95	80.85
56	44.10	53.55	59.85	65.10	85.05
57	47.25	56.70	64.05	69.30	90.30
58	50.40	60.90	69.30	74.55	97.65
59	54.60	66.15	75.60	80.85	105.00
60	59.85	71.40	81.90	88.20	114.45
61	64.05	77.70	89.25	95.55	123.90
62	69.30	84.00	96.60	103.95	134.40
63	74.55	90.30	103.95	111.30	144.90
64	78.75	96.60	110.25	119.70	155.40
65	85.05	103.95	117.60	128.10	166.95
66	91.35	111.30	127.05	138.60	180.60
67	98.70	121.80	138.60	151.20	197.40
68	107.10	133.35	152.25	165.90	216.30
69	117.60	144.90	166.95	181.65	237.30
70	128.10	159.60	183.75	199.50	261.45
71	140.70	175.35	203.70	221.55	289.80
72	156.45	195.30	226.80	246.75	322.35
73	174.30	218.40	254.10	276.15	360.15
74	194.25	244.65	284.55	309.75	402.15
75	217.35	273.00	318.15	346.50	448.35
76	241.50	304.50	355.95	387.45	499.80
77	267.75	339.15	395.85	431.55	554.40
78	296.10	375.90	438.90	478.80	613.20
79	326.55	416.85	486.15	530.25	677.25
80	359.10				
81	393.75				
82	430.50				
83	469.35				
84	510.30				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0085-A
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	42.00	51.45	58.80	63.00	86.10
45-49	46.20	56.70	65.10	70.35	95.55
50-54	56.70	70.35	80.85	89.25	121.80
55	66.15	81.90	94.50	102.90	140.70
56	69.30	86.10	99.75	109.20	149.10
57	73.50	91.35	106.05	115.50	157.50
58	78.75	97.65	113.40	122.85	166.95
59	82.95	103.95	120.75	131.25	177.45
60	89.25	111.30	128.10	139.65	189.00
61	95.55	118.65	137.55	149.10	201.60
62	101.85	127.05	147.00	159.60	215.25
63	108.15	135.45	157.50	170.10	229.95
64	115.50	143.85	166.95	181.65	244.65
65	122.85	153.30	178.50	194.25	261.45
66	131.25	164.85	191.10	207.90	281.40
67	141.75	177.45	206.85	224.70	303.45
68	153.30	192.15	223.65	243.60	328.65
69	164.85	207.90	241.50	263.55	354.90
70	178.50	225.75	262.50	286.65	385.35
71	193.20	245.70	285.60	311.85	418.95
72	211.05	268.80	312.90	342.30	457.80
73	232.05	295.05	344.40	376.95	501.90
74	255.15	324.45	379.05	414.75	550.20
75	280.35	355.95	416.85	455.70	603.75
76	306.60	390.60	457.80	501.90	661.50
77	334.95	428.40	502.95	550.20	723.45
78	364.35	468.30	551.25	602.70	789.60
79	395.85	511.35	602.70	658.35	861.00
80	428.40				
81	462.00				
82	497.70				
83	534.45				
84	573.30				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0085-A
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	48.30	59.85	69.30	75.60	99.75
45-49	53.55	67.20	76.65	84.00	111.30
50-54	66.15	82.95	95.55	103.95	140.70
55	74.55	94.50	109.20	118.65	161.70
56	77.70	99.75	115.50	124.95	170.10
57	81.90	105.00	121.80	132.30	178.50
58	87.15	111.30	129.15	140.70	189.00
59	93.45	117.60	136.50	150.15	200.55
60	100.80	124.95	145.95	158.55	212.10
61	107.10	133.35	155.40	169.05	226.80
62	114.45	142.80	165.90	180.60	241.50
63	121.80	151.20	177.45	193.20	258.30
64	129.15	161.70	187.95	205.80	275.10
65	137.55	172.20	201.60	219.45	294.00
66	147.00	184.80	215.25	235.20	315.00
67	157.50	199.50	233.10	254.10	340.20
68	170.10	215.25	252.00	275.10	368.55
69	183.75	234.15	271.95	298.20	397.95
70	199.50	254.10	296.10	324.45	431.55
71	216.30	276.15	322.35	352.80	469.35
72	236.25	302.40	352.80	386.40	513.45
73	259.35	330.75	387.45	425.25	561.75
74	284.55	363.30	425.25	466.20	615.30
75	311.85	399.00	467.25	511.35	675.15
76	341.25	435.75	512.40	561.75	739.20
77	371.70	477.75	560.70	615.30	807.45
78	404.25	520.80	614.25	672.00	880.95
79	437.85	569.10	668.85	732.90	958.65
80	473.55				
81	510.30				
82	548.10				
83	589.05				
84	631.05				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0085-A
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	51.45	64.05	73.50	80.85	106.05
45-49	56.70	71.40	81.90	90.30	117.60
50-54	70.35	88.20	101.85	110.25	149.10
55	78.75	99.75	115.50	126.00	170.10
56	81.90	105.00	121.80	132.30	178.50
57	86.10	110.25	128.10	139.65	187.95
58	91.35	116.55	135.45	148.05	198.45
59	97.65	123.90	143.85	157.50	210.00
60	105.00	131.25	153.30	166.95	222.60
61	112.35	139.65	162.75	177.45	237.30
62	119.70	149.10	174.30	190.05	253.05
63	127.05	158.55	185.85	202.65	269.85
64	135.45	169.05	197.40	216.30	287.70
65	143.85	180.60	211.05	229.95	307.65
66	153.30	193.20	225.75	246.75	329.70
67	164.85	208.95	243.60	266.70	355.95
68	177.45	225.75	263.55	288.75	385.35
69	192.15	244.65	285.60	312.90	416.85
70	207.90	265.65	309.75	340.20	451.50
71	225.75	288.75	338.10	370.65	491.40
72	246.75	316.05	369.60	405.30	536.55
73	270.90	346.50	405.30	445.20	588.00
74	297.15	380.10	445.20	488.25	643.65
75	325.50	416.85	488.25	535.50	705.60
76	355.95	455.70	535.50	586.95	771.75
77	387.45	498.75	585.90	642.60	843.15
78	421.05	543.90	640.50	701.40	919.80
79	455.70	593.25	697.20	765.45	1000.65
80	492.45				
81	530.25				
82	570.15				
83	612.15				
84	655.20				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0085-A
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	30.45	37.80	44.10	48.30	64.05
45-49	33.60	42.00	49.35	53.55	71.40
50-54	45.15	55.65	63.00	68.25	91.35
55	51.45	64.05	72.45	79.80	108.15
56	54.60	67.20	76.65	84.00	115.50
57	57.75	71.40	81.90	90.30	123.90
58	61.95	76.65	88.20	97.65	133.35
59	67.20	82.95	95.55	105.00	143.85
60	72.45	90.30	103.95	113.40	155.40
61	78.75	97.65	113.40	122.85	166.95
62	85.05	106.05	122.85	133.35	180.60
63	91.35	113.40	132.30	143.85	194.25
64	97.65	121.80	141.75	153.30	207.90
65	105.00	130.20	151.20	164.85	223.65
66	113.40	139.65	162.75	177.45	241.50
67	122.85	152.25	177.45	193.20	262.50
68	133.35	165.90	194.25	211.05	286.65
69	144.90	181.65	212.10	231.00	312.90
70	157.50	198.45	232.05	253.05	342.30
71	172.20	218.40	255.15	279.30	374.85
72	190.05	241.50	282.45	308.70	413.70
73	210.00	267.75	312.90	342.30	456.75
74	233.10	296.10	347.55	380.10	505.05
75	257.25	328.65	384.30	421.05	557.55
76	283.50	363.30	424.20	465.15	614.25
77	311.85	400.05	468.30	513.45	675.15
78	341.25	439.95	515.55	564.90	740.25
79	372.75	483.00	564.90	620.55	810.60
80	405.30				
81	439.95				
82	475.65				
83	513.45				
84	553.35				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0085-A
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	36.75	46.20	52.50	57.75	75.60
45-49	40.95	50.40	58.80	64.05	84.00
50-54	51.45	64.05	74.55	80.85	106.05
55	59.85	74.55	85.05	93.45	126.00
56	63.00	78.75	90.30	97.65	134.40
57	66.15	82.95	95.55	103.95	142.80
58	71.40	89.25	102.90	112.35	153.30
59	76.65	96.60	111.30	120.75	163.80
60	82.95	103.95	119.70	130.20	175.35
61	89.25	111.30	129.15	140.70	187.95
62	96.60	120.75	139.65	152.25	202.65
63	102.90	129.15	150.15	162.75	217.35
64	110.25	137.55	160.65	174.30	233.10
65	118.65	148.05	171.15	185.85	249.90
66	127.05	158.55	183.75	200.55	269.85
67	137.55	172.20	200.55	217.35	292.95
68	149.10	186.90	218.40	237.30	320.25
69	161.70	204.75	238.35	259.35	349.65
70	176.40	223.65	261.45	284.55	383.25
71	193.20	245.70	286.65	312.90	420.00
72	212.10	270.90	317.10	346.50	463.05
73	234.15	299.25	350.70	383.25	511.35
74	259.35	331.80	388.50	425.25	564.90
75	286.65	366.45	429.45	470.40	622.65
76	316.05	404.25	473.55	519.75	686.70
77	346.50	445.20	521.85	573.30	753.90
78	379.05	488.25	573.30	630.00	826.35
79	412.65	535.50	628.95	690.90	904.05
80	448.35				
81	485.10				
82	525.00				
83	565.95				
84	609.00				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0085-A
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	39.90	49.35	56.70	61.95	80.85
45-49	44.10	54.60	63.00	68.25	89.25
50-54	54.60	68.25	78.75	86.10	112.35
55	63.00	78.75	90.30	98.70	133.35
56	66.15	82.95	95.55	103.95	141.75
57	70.35	88.20	101.85	110.25	151.20
58	75.60	94.50	109.20	118.65	161.70
59	80.85	101.85	117.60	127.05	172.20
60	87.15	109.20	127.05	137.55	183.75
61	93.45	117.60	136.50	148.05	197.40
62	100.80	127.05	147.00	159.60	212.10
63	108.15	136.50	157.50	171.15	227.85
64	115.50	144.90	168.00	182.70	243.60
65	123.90	155.40	179.55	195.30	261.45
66	132.30	166.95	193.20	210.00	281.40
67	143.85	180.60	210.00	227.85	306.60
68	156.45	196.35	228.90	248.85	334.95
69	169.05	214.20	249.90	271.95	365.40
70	184.80	234.15	274.05	298.20	400.05
71	201.60	257.25	300.30	327.60	438.90
72	221.55	283.50	331.80	362.25	484.05
73	244.65	312.90	367.50	401.10	534.45
74	270.90	346.50	406.35	444.15	590.10
75	299.25	382.20	448.35	491.40	651.00
76	329.70	422.10	494.55	542.85	717.15
77	361.20	464.10	544.95	598.50	787.50
78	394.80	509.25	598.50	658.35	863.10
79	429.45	558.60	656.25	721.35	943.95
80	466.20				
81	505.05				
82	546.00				
83	588.00				
84	632.10				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0085-A
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	26.25	29.40	34.65	36.75	47.25
45-49	28.35	33.60	37.80	40.95	51.45
50-54	34.65	40.95	47.25	50.40	64.05
55	39.90	47.25	54.60	57.75	76.65
56	42.00	50.40	57.75	61.95	81.90
57	46.20	54.60	61.95	67.20	88.20
58	49.35	58.80	67.20	72.45	95.55
59	54.60	64.05	72.45	78.75	103.95
60	58.80	70.35	79.80	88.20	112.35
61	64.05	77.70	88.20	95.55	121.80
62	69.30	84.00	95.55	103.95	133.35
63	74.55	90.30	102.90	111.30	142.80
64	78.75	96.60	110.25	118.65	154.35
65	84.00	103.95	117.60	127.05	165.90
66	91.35	111.30	127.05	137.55	179.55
67	98.70	120.75	138.60	149.10	195.30
68	107.10	132.30	152.25	163.80	215.25
69	117.60	144.90	166.95	180.60	236.25
70	128.10	158.55	182.70	198.45	259.35
71	141.75	175.35	202.65	221.55	286.65
72	158.55	195.30	225.75	246.75	320.25
73	176.40	218.40	253.05	277.20	358.05
74	196.35	244.65	284.55	309.75	400.05
75	219.45	274.05	319.20	347.55	446.25
76	244.65	306.60	355.95	387.45	496.65
77	271.95	341.25	396.90	431.55	552.30
78	301.35	379.05	441.00	477.75	611.10
79	333.90	418.95	488.25	529.20	676.20
80	366.45				
81	404.25				
82	442.05				
83	483.00				
84	526.05				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0085-A
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	30.45	36.75	42.00	44.10	56.70
45-49	33.60	40.95	46.20	49.35	63.00
50-54	39.90	48.30	55.65	60.90	78.75
55	47.25	55.65	63.00	68.25	90.30
56	49.35	58.80	67.20	71.40	95.55
57	53.55	63.00	71.40	76.65	100.80
58	56.70	68.25	76.65	82.95	109.20
59	61.95	74.55	84.00	90.30	117.60
60	67.20	79.80	91.35	98.70	128.10
61	71.40	88.20	99.75	107.10	138.60
62	77.70	93.45	109.20	117.60	151.20
63	84.00	100.80	116.55	124.95	161.70
64	89.25	109.20	123.90	134.40	174.30
65	95.55	117.60	132.30	142.80	187.95
66	102.90	124.95	142.80	155.40	202.65
67	111.30	137.55	155.40	169.05	221.55
68	120.75	149.10	170.10	186.90	242.55
69	132.30	162.75	187.95	203.70	266.70
70	144.90	179.55	205.80	223.65	292.95
71	158.55	197.40	228.90	247.80	324.45
72	176.40	219.45	254.10	278.25	362.25
73	196.35	245.70	285.60	309.75	404.25
74	218.40	275.10	320.25	348.60	450.45
75	244.65	307.65	358.05	389.55	502.95
76	271.95	342.30	400.05	435.75	560.70
77	302.40	382.20	445.20	484.05	622.65
78	334.95	424.20	494.55	537.60	687.75
79	369.60	469.35	547.05	595.35	761.25
80	406.35				
81	446.25				
82	487.20				
83	531.30				
84	578.55				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0085-A
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	32.55	39.90	44.10	48.30	61.95
45-49	35.70	43.05	49.35	53.55	68.25
50-54	42.00	51.45	58.80	64.05	85.05
55	49.35	58.80	67.20	72.45	95.55
56	51.45	63.00	70.35	76.65	99.75
57	55.65	67.20	75.60	81.90	106.05
58	58.80	71.40	81.90	88.20	114.45
59	64.05	77.70	89.25	95.55	123.90
60	70.35	84.00	96.60	103.95	134.40
61	75.60	91.35	105.00	112.35	145.95
62	81.90	98.70	113.40	121.80	158.55
63	88.20	106.05	121.80	131.25	170.10
64	92.40	113.40	130.20	140.70	182.70
65	99.75	121.80	138.60	151.20	196.35
66	107.10	131.25	149.10	162.75	212.10
67	116.55	142.80	162.75	177.45	232.05
68	126.00	156.45	179.55	195.30	254.10
69	138.60	170.10	196.35	214.20	279.30
70	151.20	187.95	216.30	235.20	307.65
71	165.90	205.80	239.40	260.40	341.25
72	183.75	229.95	266.70	289.80	379.05
73	204.75	257.25	299.25	324.45	424.20
74	228.90	287.70	334.95	364.35	473.55
75	256.20	321.30	373.80	407.40	527.10
76	284.55	358.05	418.95	455.70	588.00
77	315.00	399.00	466.20	508.20	652.05
78	348.60	442.05	516.60	562.80	721.35
79	384.30	490.35	572.25	623.70	796.95
80	422.10				
81	463.05				
82	506.10				
83	552.30				
84	600.60				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0085-A
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	49.35	60.90	69.30	74.55	100.80
45-49	54.60	67.20	76.65	82.95	112.35
50-54	67.20	82.95	95.55	105.00	142.80
55	77.70	96.60	111.30	120.75	165.90
56	81.90	100.80	117.60	128.10	175.35
57	86.10	107.10	124.95	135.45	184.80
58	92.40	114.45	133.35	144.90	196.35
59	97.65	121.80	141.75	154.35	208.95
60	105.00	131.25	151.20	163.80	222.60
61	112.35	139.65	161.70	175.35	237.30
62	119.70	149.10	173.25	187.95	253.05
63	127.05	159.60	184.80	200.55	270.90
64	135.45	169.05	196.35	214.20	287.70
65	144.90	180.60	210.00	228.90	307.65
66	154.35	194.25	224.70	244.65	330.75
67	166.95	208.95	243.60	264.60	357.00
68	180.60	225.75	263.55	286.65	386.40
69	194.25	244.65	284.55	309.75	417.90
70	210.00	265.65	308.70	337.05	453.60
71	226.80	288.75	336.00	366.45	492.45
72	247.80	316.05	368.55	403.20	538.65
73	273.00	347.55	405.30	443.10	590.10
74	300.30	382.20	446.25	488.25	646.80
75	329.70	418.95	490.35	536.55	709.80
76	361.20	459.90	538.65	590.10	778.05
77	393.75	504.00	592.20	646.80	851.55
78	428.40	551.25	648.90	708.75	929.25
79	466.20	601.65	708.75	774.90	1013.25
80	504.00				
81	543.90				
82	585.90				
83	628.95				
84	674.10				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0085-A
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	56.70	70.35	81.90	89.25	117.60
45-49	63.00	78.75	90.30	98.70	131.25
50-54	77.70	97.65	112.35	121.80	165.90
55	88.20	111.30	128.10	139.65	190.05
56	91.35	117.60	135.45	147.00	200.55
57	96.60	123.90	142.80	155.40	210.00
58	102.90	131.25	152.25	165.90	222.60
59	110.25	138.60	160.65	176.40	236.25
60	118.65	147.00	172.20	186.90	249.90
61	126.00	156.45	182.70	198.45	266.70
62	134.40	168.00	195.30	212.10	284.55
63	142.80	177.45	208.95	226.80	303.45
64	152.25	190.05	221.55	242.55	323.40
65	161.70	202.65	237.30	258.30	345.45
66	173.25	217.35	253.05	277.20	370.65
67	184.80	235.20	274.05	299.25	400.05
68	200.55	253.05	296.10	323.40	433.65
69	216.30	275.10	320.25	350.70	468.30
70	235.20	299.25	348.60	382.20	508.20
71	254.10	324.45	379.05	414.75	552.30
72	278.25	355.95	414.75	454.65	603.75
73	305.55	389.55	455.70	499.80	660.45
74	334.95	427.35	499.80	548.10	723.45
75	366.45	469.35	550.20	601.65	793.80
76	401.10	512.40	602.70	660.45	869.40
77	436.80	561.75	659.40	723.45	950.25
78	475.65	613.20	722.40	790.65	1036.35
79	515.55	669.90	786.45	862.05	1127.70
80	557.55				
81	600.60				
82	644.70				
83	693.00				
84	742.35				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0085-A
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	60.90	75.60	86.10	95.55	124.95
45-49	67.20	84.00	96.60	106.05	138.60
50-54	82.95	103.95	119.70	130.20	175.35
55	92.40	117.60	135.45	148.05	200.55
56	96.60	123.90	142.80	155.40	210.00
57	100.80	130.20	151.20	163.80	221.55
58	107.10	137.55	159.60	174.30	233.10
59	114.45	145.95	169.05	184.80	246.75
60	123.90	154.35	180.60	196.35	261.45
61	132.30	163.80	191.10	208.95	279.30
62	140.70	175.35	204.75	223.65	298.20
63	149.10	186.90	218.40	238.35	317.10
64	159.60	198.45	232.05	254.10	338.10
65	169.05	212.10	247.80	270.90	362.25
66	180.60	226.80	265.65	289.80	387.45
67	194.25	245.70	286.65	313.95	418.95
68	208.95	265.65	309.75	340.20	453.60
69	225.75	287.70	336.00	368.55	490.35
70	244.65	312.90	364.35	400.05	531.30
71	265.65	340.20	397.95	435.75	578.55
72	289.80	371.70	434.70	476.70	631.05
73	319.20	407.40	476.70	523.95	691.95
74	349.65	447.30	523.95	574.35	757.05
75	383.25	490.35	574.35	630.00	830.55
76	418.95	536.55	630.00	690.90	908.25
77	455.70	586.95	688.80	756.00	992.25
78	495.60	639.45	753.90	825.30	1082.55
79	536.55	698.25	820.05	900.90	1177.05
80	579.60				
81	623.70				
82	670.95				
83	720.30				
84	770.70				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0085-A
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	35.70	44.10	51.45	56.70	75.60
45-49	39.90	49.35	57.75	63.00	84.00
50-54	53.55	65.10	74.55	79.80	107.10
55	60.90	75.60	85.05	93.45	127.05
56	64.05	78.75	90.30	98.70	135.45
57	68.25	84.00	96.60	106.05	145.95
58	72.45	90.30	103.95	114.45	156.45
59	78.75	97.65	112.35	123.90	169.05
60	85.05	106.05	121.80	133.35	182.70
61	92.40	114.45	133.35	144.90	196.35
62	99.75	124.95	144.90	156.45	212.10
63	107.10	133.35	155.40	169.05	228.90
64	114.45	142.80	166.95	180.60	244.65
65	123.90	153.30	177.45	194.25	263.55
66	133.35	163.80	191.10	208.95	284.55
67	144.90	179.55	208.95	226.80	308.70
68	156.45	195.30	228.90	247.80	337.05
69	170.10	214.20	249.90	271.95	368.55
70	184.80	233.10	273.00	298.20	403.20
71	202.65	257.25	300.30	328.65	441.00
72	223.65	284.55	331.80	363.30	487.20
73	246.75	315.00	368.55	403.20	537.60
74	274.05	348.60	408.45	447.30	594.30
75	302.40	386.40	452.55	495.60	656.25
76	333.90	427.35	498.75	547.05	722.40
77	366.45	470.40	551.25	603.75	793.80
78	401.10	517.65	606.90	664.65	870.45
79	438.90	568.05	664.65	729.75	953.40
80	476.70				
81	517.65				
82	559.65				
83	603.75				
84	651.00				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0085-A
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	43.05	54.60	61.95	68.25	89.25
45-49	48.30	58.80	69.30	75.60	98.70
50-54	60.90	75.60	88.20	95.55	124.95
55	70.35	88.20	99.75	110.25	148.05
56	74.55	92.40	106.05	114.45	158.55
57	77.70	97.65	112.35	121.80	168.00
58	84.00	105.00	120.75	132.30	180.60
59	90.30	113.40	131.25	141.75	193.20
60	97.65	121.80	140.70	153.30	205.80
61	105.00	131.25	152.25	165.90	221.55
62	113.40	141.75	163.80	179.55	238.35
63	120.75	152.25	176.40	191.10	256.20
64	130.20	161.70	189.00	204.75	274.05
65	139.65	174.30	201.60	218.40	294.00
66	149.10	186.90	216.30	236.25	317.10
67	161.70	202.65	236.25	256.20	344.40
68	175.35	219.45	257.25	279.30	376.95
69	190.05	240.45	280.35	305.55	411.60
70	207.90	263.55	307.65	334.95	450.45
71	226.80	288.75	337.05	368.55	494.55
72	249.90	319.20	372.75	407.40	544.95
73	275.10	351.75	412.65	450.45	601.65
74	305.55	390.60	456.75	499.80	664.65
75	337.05	431.55	505.05	553.35	732.90
76	371.70	475.65	557.55	611.10	807.45
77	407.40	523.95	614.25	674.10	887.25
78	446.25	574.35	674.10	741.30	972.30
79	485.10	630.00	740.25	812.70	1063.65
80	527.10				
81	571.20				
82	617.40				
83	665.70				
84	716.10				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0085-A
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	47.25	57.75	67.20	72.45	95.55
45-49	51.45	64.05	74.55	79.80	105.00
50-54	64.05	79.80	92.40	100.80	132.30
55	74.55	92.40	106.05	116.55	156.45
56	77.70	97.65	112.35	121.80	166.95
57	82.95	103.95	119.70	130.20	177.45
58	89.25	111.30	128.10	139.65	190.05
59	95.55	119.70	138.60	149.10	202.65
60	102.90	128.10	149.10	161.70	216.30
61	110.25	138.60	160.65	174.30	232.05
62	118.65	149.10	173.25	187.95	249.90
63	127.05	160.65	184.80	201.60	267.75
64	135.45	170.10	197.40	215.25	286.65
65	145.95	182.70	211.05	229.95	307.65
66	155.40	196.35	226.80	246.75	330.75
67	169.05	212.10	246.75	267.75	361.20
68	183.75	231.00	268.80	292.95	393.75
69	198.45	252.00	294.00	320.25	429.45
70	217.35	275.10	322.35	350.70	470.40
71	237.30	302.40	352.80	385.35	516.60
72	260.40	333.90	390.60	426.30	569.10
73	287.70	368.55	432.60	471.45	628.95
74	319.20	407.40	477.75	522.90	694.05
75	351.75	449.40	527.10	578.55	765.45
76	387.45	496.65	581.70	638.40	844.20
77	425.25	546.00	641.55	704.55	926.10
78	464.10	599.55	704.55	774.90	1015.35
79	505.05	657.30	771.75	848.40	1110.90
80	548.10				
81	594.30				
82	642.60				
83	691.95				
84	743.40				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0085-A
Long-Term Care Policy

WITH SURVIVORSHIP BENEFIT RIDER R1-N0103-SERIES

When this rider is chosen, multiply the final premium by the appropriate factor.

ISSUE AGE	NO INFLATION PROTECTION	SIMPLE INFLATION PROTECTION	COMPOUND INFLATION PROTECTION
18-44	1.11	1.17	1.17
45-49	1.14	1.21	1.21
50-54	1.18	1.28	1.28
55	1.20	1.30	1.30
56	1.20	1.30	1.30
57	1.21	1.30	1.30
58	1.21	1.30	1.30
59	1.21	1.30	1.30
60	1.21	1.30	1.30
61	1.21	1.30	1.30
62	1.21	1.29	1.29
63	1.21	1.29	1.29
64	1.21	1.28	1.28
65	1.20	1.27	1.27
66	1.20	1.26	1.26
67	1.20	1.26	1.26
68	1.19	1.25	1.25
69	1.19	1.24	1.24
70	1.18	1.23	1.23
71	1.18	1.22	1.22
72	1.17	1.20	1.20
73	1.16	1.19	1.19
74	1.16	1.18	1.18
75	1.15	1.17	1.17
76	1.14	1.16	1.16
77	1.13	1.15	1.15
78	1.12	1.14	1.14
79	1.11	1.13	1.13
80	1.10	1.12	1.12
81	1.09	1.11	1.11
82	1.08	1.10	1.10
83	1.07	1.09	1.09
84	1.06	1.08	1.08

CONTINENTAL CASUALTY COMPANY
 Rates for form P1-N0085-A
 Long-Term Care Policy

Elimination Period Factors

Rates shown are for 30 day elimination period. Rates for other elimination periods are calculated by multiplying the 30 day rates by the appropriate factor from the following table:

Benefit Maximum	0	14	20	60	90	100	180	365
730x,1095x	1.11	1.06	1.03	0.95	0.91	0.90	0.80	0.71
1460x,1825x	1.09	1.05	1.03	0.95	0.91	0.90	0.81	0.72
Lifetime	1.07	1.04	1.03	0.96	0.93	0.92	0.85	0.78

Health Rating Group Factors

Rates shown are for Preferred Rating Group and Select Rating Group. Rates for Health Groups II, III, IV and V are calculated by multiplying Select rates by 1.25, 1.50, 1.75 and 2.00 respectively.

Multi-Life Discount

A 5%, 10%, 15% or 20% discount to the rates is available for qualifying Associations of 10 or more lives.

Spousal Discount

A 20% discount to the rates is available to married couples if both spouses apply for coverage.

Dual Waiver of Premium Rider R1-N0104-Series

An optional dual waiver of premium rider will be offered. If one spouse qualifies for a waiver of premium, the premium of the other spouse will also be waived. If chosen, multiply the final premium by 1.06.

Shared Advantage Rider R1-N0105-Series

This rider will allow two covered spouses to purchase an additional benefit amount that can be used by either spouse after their base benefits are exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	No Inflation Protection	With Inflation Protection
730x	1.30	1.35
1095x	1.21	1.25
1460x	1.15	1.18
1825x	1.12	1.14

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0085-A
Long-Term Care Policy

Restoration of Benefits Rider R1-N0108-Series

This rider restores the maximum lifetime benefit if the insured has not met the stipulated conditions for a period of 180 consecutive days and the maximum lifetime benefit has not been exhausted. If chosen, multiply the final premium by the appropriate factor:

<u>Benefit</u>	<u>Factor</u>
Maximum	
730x	1.08
1095x	1.06
1460x,1825x	1.04

Cost of Living Increase Rider R1-N0107-Series

This rider allows the insured to increase their policy limits, subject to the terms of the rider, every three years without additional underwriting. The additional premium charged is based on the attained age and incremental increase in the maximum daily facility benefit when exercised. If chosen, multiply the final premium by the appropriate factor:

<u>Age</u>	<u>Factor</u>
18-44	1.15
45-49	1.12
50-55	1.10
56-58	1.09
59-61	1.08
62-64	1.07
65-67	1.06
68-70	1.05
71-73	1.04
74-76	1.03

CONTINENTAL CASUALTY COMPANY

Supplement to Rate Sheets for Policy Form P1-N0086-A
DISTRICT OF COLUMBIA

All rates for this form should be multiplied by a factor of:

First Year	1.1000
Second Year	1.2100
Third Year	1.3310
Fourth Year	1.4641
Fifth Year	1.6105
Sixth Year	1.7716
Seventh Year	1.8000

This factor represents the **proposed** increase of:

First Year	10.0%
Second Year	10.0%
Third Year	10.0%
Fourth Year	10.0%
Fifth Year	10.0%
Sixth Year	10.0%
Seventh Year	1.6%

And the following prior approved rate increases:

Policy Form	Increase Applies to all Policies or Subset	Rate Increase Approved	Approval Date of Rate Increase
	--None--		--None--

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0086-A
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	27.56	31.50	36.75	39.38	49.88
45-49	30.19	35.44	40.69	43.31	55.13
50-54	36.75	43.31	49.88	53.81	68.25
55	42.00	49.88	57.75	61.69	81.38
56	44.63	53.81	61.69	65.63	86.63
57	48.56	57.75	65.63	70.88	93.19
58	52.50	63.00	70.88	77.44	101.06
59	57.75	68.25	77.44	84.00	110.25
60	63.00	74.81	85.31	93.19	119.44
61	68.25	82.69	93.19	101.06	129.94
62	73.50	89.25	101.06	110.25	141.75
63	78.75	95.81	108.94	118.13	152.25
64	84.00	102.38	116.81	126.00	164.06
65	89.25	110.25	124.69	135.19	175.88
66	97.13	118.13	135.19	145.69	190.31
67	105.00	128.63	147.00	158.81	207.38
68	114.19	140.44	161.44	174.56	228.38
69	124.69	153.56	177.19	191.63	250.69
70	136.50	168.00	194.25	211.31	275.63
71	150.94	186.38	215.25	234.94	304.50
72	168.00	207.38	240.19	262.50	339.94
73	187.69	232.31	269.06	294.00	380.63
74	208.69	259.88	301.88	329.44	425.25
75	233.63	291.38	338.63	368.81	473.81
76	259.88	325.50	378.00	412.13	527.63
77	288.75	362.25	421.31	458.06	586.69
78	320.25	402.94	468.56	507.94	649.69
79	354.38	444.94	518.44	561.75	717.94
80	389.81				
81	429.19				
82	469.88				
83	513.19				
84	559.13				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0086-A
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	32.81	39.38	44.63	47.25	60.38
45-49	35.44	43.31	48.56	52.50	66.94
50-54	42.00	51.19	59.06	64.31	84.00
55	49.88	59.06	66.94	72.19	95.81
56	52.50	63.00	70.88	76.13	101.06
57	56.44	66.94	76.13	81.38	107.63
58	60.38	72.19	81.38	87.94	115.50
59	65.63	78.75	89.25	95.81	124.69
60	70.88	85.31	97.13	105.00	136.50
61	76.13	93.19	106.31	114.19	147.00
62	82.69	99.75	115.50	124.69	160.13
63	89.25	107.63	123.38	132.56	171.94
64	94.50	115.50	131.25	143.06	185.06
65	101.06	124.69	140.44	152.25	199.50
66	108.94	132.56	152.25	165.38	215.25
67	118.13	145.69	165.38	179.81	234.94
68	128.63	158.81	181.13	198.19	257.25
69	140.44	173.25	199.50	216.56	283.50
70	153.56	190.31	219.19	237.56	311.06
71	168.00	210.00	242.81	263.81	345.19
72	187.69	233.63	270.38	295.31	384.56
73	208.69	261.19	303.19	329.44	429.19
74	232.31	292.69	339.94	370.13	479.06
75	259.88	326.81	380.63	413.44	534.19
76	288.75	363.56	425.25	463.31	595.88
77	321.56	405.56	472.50	514.50	661.50
78	355.69	450.19	525.00	570.94	731.06
79	392.44	498.75	581.44	632.63	808.50
80	431.81				
81	473.81				
82	517.13				
83	564.38				
84	614.25				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0086-A
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	34.13	42.00	47.25	51.19	65.63
45-49	38.06	45.94	52.50	56.44	72.19
50-54	44.63	55.13	63.00	68.25	90.56
55	52.50	63.00	70.88	77.44	101.06
56	55.13	66.94	74.81	81.38	106.31
57	59.06	70.88	80.06	86.63	112.88
58	63.00	76.13	86.63	93.19	122.06
59	68.25	82.69	94.50	101.06	131.25
60	74.81	89.25	102.38	110.25	143.06
61	80.06	97.13	111.56	119.44	154.88
62	86.63	105.00	120.75	129.94	168.00
63	93.19	112.88	129.94	139.13	181.13
64	98.44	120.75	137.81	149.63	194.25
65	106.31	129.94	147.00	160.13	208.69
66	114.19	139.13	158.81	173.25	225.75
67	123.38	152.25	173.25	189.00	246.75
68	133.88	166.69	190.31	207.38	270.38
69	147.00	181.13	208.69	227.06	296.63
70	160.13	199.50	229.69	249.38	326.81
71	175.88	219.19	254.63	276.94	362.25
72	195.56	244.13	283.50	308.44	402.94
73	217.88	273.00	317.63	345.19	450.19
74	242.81	305.81	355.69	387.19	502.69
75	271.69	341.25	397.69	433.13	560.44
76	301.88	380.63	444.94	484.31	624.75
77	334.69	423.94	494.81	539.44	693.00
78	370.13	469.88	548.63	598.50	766.50
79	408.19	521.06	607.69	662.81	846.56
80	448.88				
81	492.19				
82	538.13				
83	586.69				
84	637.88				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0086-A
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	52.50	64.31	73.50	78.75	107.63
45-49	57.75	70.88	81.38	87.94	119.44
50-54	70.88	87.94	101.06	111.56	152.25
55	82.69	102.38	118.13	128.63	175.88
56	86.63	107.63	124.69	136.50	186.38
57	91.88	114.19	132.56	144.38	196.88
58	98.44	122.06	141.75	153.56	208.69
59	103.69	129.94	150.94	164.06	221.81
60	111.56	139.13	160.13	174.56	236.25
61	119.44	148.31	171.94	186.38	252.00
62	127.31	158.81	183.75	199.50	269.06
63	135.19	169.31	196.88	212.63	287.44
64	144.38	179.81	208.69	227.06	305.81
65	153.56	191.63	223.13	242.81	326.81
66	164.06	206.06	238.88	259.88	351.75
67	177.19	221.81	258.56	280.88	379.31
68	191.63	240.19	279.56	304.50	410.81
69	206.06	259.88	301.88	329.44	443.63
70	223.13	282.19	328.13	358.31	481.69
71	241.50	307.13	357.00	389.81	523.69
72	263.81	336.00	391.13	427.88	572.25
73	290.06	368.81	430.50	471.19	627.38
74	318.94	405.56	473.81	518.44	687.75
75	350.44	444.94	521.06	569.63	754.69
76	383.25	488.25	572.25	627.38	826.88
77	418.69	535.50	628.69	687.75	904.31
78	455.44	585.38	689.06	753.38	987.00
79	494.81	639.19	753.38	822.94	1076.25
80	535.50				
81	577.50				
82	622.13				
83	668.06				
84	716.63				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0086-A
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	60.38	74.81	86.63	94.50	124.69
45-49	66.94	84.00	95.81	105.00	139.13
50-54	82.69	103.69	119.44	129.94	175.88
55	93.19	118.13	136.50	148.31	202.13
56	97.13	124.69	144.38	156.19	212.63
57	102.38	131.25	152.25	165.38	223.13
58	108.94	139.13	161.44	175.88	236.25
59	116.81	147.00	170.63	187.69	250.69
60	126.00	156.19	182.44	198.19	265.13
61	133.88	166.69	194.25	211.31	283.50
62	143.06	178.50	207.38	225.75	301.88
63	152.25	189.00	221.81	241.50	322.88
64	161.44	202.13	234.94	257.25	343.88
65	171.94	215.25	252.00	274.31	367.50
66	183.75	231.00	269.06	294.00	393.75
67	196.88	249.38	291.38	317.63	425.25
68	212.63	269.06	315.00	343.88	460.69
69	229.69	292.69	339.94	372.75	497.44
70	249.38	317.63	370.13	405.56	539.44
71	270.38	345.19	402.94	441.00	586.69
72	295.31	378.00	441.00	483.00	641.81
73	324.19	413.44	484.31	531.56	702.19
74	355.69	454.13	531.56	582.75	769.13
75	389.81	498.75	584.06	639.19	843.94
76	426.56	544.69	640.50	702.19	924.00
77	464.63	597.19	700.88	769.13	1009.31
78	505.31	651.00	767.81	840.00	1101.19
79	547.31	711.38	836.06	916.13	1198.31
80	591.94				
81	637.88				
82	685.13				
83	736.31				
84	788.81				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0086-A
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	64.31	80.06	91.88	101.06	132.56
45-49	70.88	89.25	102.38	112.88	147.00
50-54	87.94	110.25	127.31	137.81	186.38
55	98.44	124.69	144.38	157.50	212.63
56	102.38	131.25	152.25	165.38	223.13
57	107.63	137.81	160.13	174.56	234.94
58	114.19	145.69	169.31	185.06	248.06
59	122.06	154.88	179.81	196.88	262.50
60	131.25	164.06	191.63	208.69	278.25
61	140.44	174.56	203.44	221.81	296.63
62	149.63	186.38	217.88	237.56	316.31
63	158.81	198.19	232.31	253.31	337.31
64	169.31	211.31	246.75	270.38	359.63
65	179.81	225.75	263.81	287.44	384.56
66	191.63	241.50	282.19	308.44	412.13
67	206.06	261.19	304.50	333.38	444.94
68	221.81	282.19	329.44	360.94	481.69
69	240.19	305.81	357.00	391.13	521.06
70	259.88	332.06	387.19	425.25	564.38
71	282.19	360.94	422.63	463.31	614.25
72	308.44	395.06	462.00	506.63	670.69
73	338.63	433.13	506.63	556.50	735.00
74	371.44	475.13	556.50	610.31	804.56
75	406.88	521.06	610.31	669.38	882.00
76	444.94	569.63	669.38	733.69	964.69
77	484.31	623.44	732.38	803.25	1053.94
78	526.31	679.88	800.63	876.75	1149.75
79	569.63	741.56	871.50	956.81	1250.81
80	615.56				
81	662.81				
82	712.69				
83	765.19				
84	819.00				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0086-A
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	38.06	47.25	55.13	60.38	80.06
45-49	42.00	52.50	61.69	66.94	89.25
50-54	56.44	69.56	78.75	85.31	114.19
55	64.31	80.06	90.56	99.75	135.19
56	68.25	84.00	95.81	105.00	144.38
57	72.19	89.25	102.38	112.88	154.88
58	77.44	95.81	110.25	122.06	166.69
59	84.00	103.69	119.44	131.25	179.81
60	90.56	112.88	129.94	141.75	194.25
61	98.44	122.06	141.75	153.56	208.69
62	106.31	132.56	153.56	166.69	225.75
63	114.19	141.75	165.38	179.81	242.81
64	122.06	152.25	177.19	191.63	259.88
65	131.25	162.75	189.00	206.06	279.56
66	141.75	174.56	203.44	221.81	301.88
67	153.56	190.31	221.81	241.50	328.13
68	166.69	207.38	242.81	263.81	358.31
69	181.13	227.06	265.13	288.75	391.13
70	196.88	248.06	290.06	316.31	427.88
71	215.25	273.00	318.94	349.13	468.56
72	237.56	301.88	353.06	385.88	517.13
73	262.50	334.69	391.13	427.88	570.94
74	291.38	370.13	434.44	475.13	631.31
75	321.56	410.81	480.38	526.31	696.94
76	354.38	454.13	530.25	581.44	767.81
77	389.81	500.06	585.38	641.81	843.94
78	426.56	549.94	644.44	706.13	925.31
79	465.94	603.75	706.13	775.69	1013.25
80	506.63				
81	549.94				
82	594.56				
83	641.81				
84	691.69				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0086-A
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	45.94	57.75	65.63	72.19	94.50
45-49	51.19	63.00	73.50	80.06	105.00
50-54	64.31	80.06	93.19	101.06	132.56
55	74.81	93.19	106.31	116.81	157.50
56	78.75	98.44	112.88	122.06	168.00
57	82.69	103.69	119.44	129.94	178.50
58	89.25	111.56	128.63	140.44	191.63
59	95.81	120.75	139.13	150.94	204.75
60	103.69	129.94	149.63	162.75	219.19
61	111.56	139.13	161.44	175.88	234.94
62	120.75	150.94	174.56	190.31	253.31
63	128.63	161.44	187.69	203.44	271.69
64	137.81	171.94	200.81	217.88	291.38
65	148.31	185.06	213.94	232.31	312.38
66	158.81	198.19	229.69	250.69	337.31
67	171.94	215.25	250.69	271.69	366.19
68	186.38	233.63	273.00	296.63	400.31
69	202.13	255.94	297.94	324.19	437.06
70	220.50	279.56	326.81	355.69	479.06
71	241.50	307.13	358.31	391.13	525.00
72	265.13	338.63	396.38	433.13	578.81
73	292.69	374.06	438.38	479.06	639.19
74	324.19	414.75	485.63	531.56	706.13
75	358.31	458.06	536.81	588.00	778.31
76	395.06	505.31	591.94	649.69	858.38
77	433.13	556.50	652.31	716.63	942.38
78	473.81	610.31	716.63	787.50	1032.94
79	515.81	669.38	786.19	863.63	1130.06
80	560.44				
81	606.38				
82	656.25				
83	707.44				
84	761.25				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0086-A
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	49.88	61.69	70.88	77.44	101.06
45-49	55.13	68.25	78.75	85.31	111.56
50-54	68.25	85.31	98.44	107.63	140.44
55	78.75	98.44	112.88	123.38	166.69
56	82.69	103.69	119.44	129.94	177.19
57	87.94	110.25	127.31	137.81	189.00
58	94.50	118.13	136.50	148.31	202.13
59	101.06	127.31	147.00	158.81	215.25
60	108.94	136.50	158.81	171.94	229.69
61	116.81	147.00	170.63	185.06	246.75
62	126.00	158.81	183.75	199.50	265.13
63	135.19	170.63	196.88	213.94	284.81
64	144.38	181.13	210.00	228.38	304.50
65	154.88	194.25	224.44	244.13	326.81
66	165.38	208.69	241.50	262.50	351.75
67	179.81	225.75	262.50	284.81	383.25
68	195.56	245.44	286.13	311.06	418.69
69	211.31	267.75	312.38	339.94	456.75
70	231.00	292.69	342.56	372.75	500.06
71	252.00	321.56	375.38	409.50	548.63
72	276.94	354.38	414.75	452.81	605.06
73	305.81	391.13	459.38	501.38	668.06
74	338.63	433.13	507.94	555.19	737.63
75	374.06	477.75	560.44	614.25	813.75
76	412.13	527.63	618.19	678.56	896.44
77	451.50	580.13	681.19	748.13	984.38
78	493.50	636.56	748.13	822.94	1078.88
79	536.81	698.25	820.31	901.69	1179.94
80	582.75				
81	631.31				
82	682.50				
83	735.00				
84	790.13				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0086-A
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	32.81	36.75	43.31	45.94	59.06
45-49	35.44	42.00	47.25	51.19	64.31
50-54	43.31	51.19	59.06	63.00	80.06
55	49.88	59.06	68.25	72.19	95.81
56	52.50	63.00	72.19	77.44	102.38
57	57.75	68.25	77.44	84.00	110.25
58	61.69	73.50	84.00	90.56	119.44
59	68.25	80.06	90.56	98.44	129.94
60	73.50	87.94	99.75	110.25	140.44
61	80.06	97.13	110.25	119.44	152.25
62	86.63	105.00	119.44	129.94	166.69
63	93.19	112.88	128.63	139.13	178.50
64	98.44	120.75	137.81	148.31	192.94
65	105.00	129.94	147.00	158.81	207.38
66	114.19	139.13	158.81	171.94	224.44
67	123.38	150.94	173.25	186.38	244.13
68	133.88	165.38	190.31	204.75	269.06
69	147.00	181.13	208.69	225.75	295.31
70	160.13	198.19	228.38	248.06	324.19
71	177.19	219.19	253.31	276.94	358.31
72	198.19	244.13	282.19	308.44	400.31
73	220.50	273.00	316.31	346.50	447.56
74	245.44	305.81	355.69	387.19	500.06
75	274.31	342.56	399.00	434.44	557.81
76	305.81	383.25	444.94	484.31	620.81
77	339.94	426.56	496.13	539.44	690.38
78	376.69	473.81	551.25	597.19	763.88
79	417.38	523.69	610.31	661.50	845.25
80	458.06				
81	505.31				
82	552.56				
83	603.75				
84	657.56				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0086-A
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	38.06	45.94	52.50	55.13	70.88
45-49	42.00	51.19	57.75	61.69	78.75
50-54	49.88	60.38	69.56	76.13	98.44
55	59.06	69.56	78.75	85.31	112.88
56	61.69	73.50	84.00	89.25	119.44
57	66.94	78.75	89.25	95.81	126.00
58	70.88	85.31	95.81	103.69	136.50
59	77.44	93.19	105.00	112.88	147.00
60	84.00	99.75	114.19	123.38	160.13
61	89.25	110.25	124.69	133.88	173.25
62	97.13	116.81	136.50	147.00	189.00
63	105.00	126.00	145.69	156.19	202.13
64	111.56	136.50	154.88	168.00	217.88
65	119.44	147.00	165.38	178.50	234.94
66	128.63	156.19	178.50	194.25	253.31
67	139.13	171.94	194.25	211.31	276.94
68	150.94	186.38	212.63	233.63	303.19
69	165.38	203.44	234.94	254.63	333.38
70	181.13	224.44	257.25	279.56	366.19
71	198.19	246.75	286.13	309.75	405.56
72	220.50	274.31	317.63	347.81	452.81
73	245.44	307.13	357.00	387.19	505.31
74	273.00	343.88	400.31	435.75	563.06
75	305.81	384.56	447.56	486.94	628.69
76	339.94	427.88	500.06	544.69	700.88
77	378.00	477.75	556.50	605.06	778.31
78	418.69	530.25	618.19	672.00	859.69
79	462.00	586.69	683.81	744.19	951.56
80	507.94				
81	557.81				
82	609.00				
83	664.13				
84	723.19				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0086-A
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	40.69	49.88	55.13	60.38	77.44
45-49	44.63	53.81	61.69	66.94	85.31
50-54	52.50	64.31	73.50	80.06	106.31
55	61.69	73.50	84.00	90.56	119.44
56	64.31	78.75	87.94	95.81	124.69
57	69.56	84.00	94.50	102.38	132.56
58	73.50	89.25	102.38	110.25	143.06
59	80.06	97.13	111.56	119.44	154.88
60	87.94	105.00	120.75	129.94	168.00
61	94.50	114.19	131.25	140.44	182.44
62	102.38	123.38	141.75	152.25	198.19
63	110.25	132.56	152.25	164.06	212.63
64	115.50	141.75	162.75	175.88	228.38
65	124.69	152.25	173.25	189.00	245.44
66	133.88	164.06	186.38	203.44	265.13
67	145.69	178.50	203.44	221.81	290.06
68	157.50	195.56	224.44	244.13	317.63
69	173.25	212.63	245.44	267.75	349.13
70	189.00	234.94	270.38	294.00	384.56
71	207.38	257.25	299.25	325.50	426.56
72	229.69	287.44	333.38	362.25	473.81
73	255.94	321.56	374.06	405.56	530.25
74	286.13	359.63	418.69	455.44	591.94
75	320.25	401.63	467.25	509.25	658.88
76	355.69	447.56	523.69	569.63	735.00
77	393.75	498.75	582.75	635.25	815.06
78	435.75	552.56	645.75	703.50	901.69
79	480.38	612.94	715.31	779.63	996.19
80	527.63				
81	578.81				
82	632.63				
83	690.38				
84	750.75				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0086-A
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	61.69	76.13	86.63	93.19	126.00
45-49	68.25	84.00	95.81	103.69	140.44
50-54	84.00	103.69	119.44	131.25	178.50
55	97.13	120.75	139.13	150.94	207.38
56	102.38	126.00	147.00	160.13	219.19
57	107.63	133.88	156.19	169.31	231.00
58	115.50	143.06	166.69	181.13	245.44
59	122.06	152.25	177.19	192.94	261.19
60	131.25	164.06	189.00	204.75	278.25
61	140.44	174.56	202.13	219.19	296.63
62	149.63	186.38	216.56	234.94	316.31
63	158.81	199.50	231.00	250.69	338.63
64	169.31	211.31	245.44	267.75	359.63
65	181.13	225.75	262.50	286.13	384.56
66	192.94	242.81	280.88	305.81	413.44
67	208.69	261.19	304.50	330.75	446.25
68	225.75	282.19	329.44	358.31	483.00
69	242.81	305.81	355.69	387.19	522.38
70	262.50	332.06	385.88	421.31	567.00
71	283.50	360.94	420.00	458.06	615.56
72	309.75	395.06	460.69	504.00	673.31
73	341.25	434.44	506.63	553.88	737.63
74	375.38	477.75	557.81	610.31	808.50
75	412.13	523.69	612.94	670.69	887.25
76	451.50	574.88	673.31	737.63	972.56
77	492.19	630.00	740.25	808.50	1064.44
78	535.50	689.06	811.13	885.94	1161.56
79	582.75	752.06	885.94	968.63	1266.56
80	630.00				
81	679.88				
82	732.38				
83	786.19				
84	842.63				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0086-A
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	70.88	87.94	102.38	111.56	147.00
45-49	78.75	98.44	112.88	123.38	164.06
50-54	97.13	122.06	140.44	152.25	207.38
55	110.25	139.13	160.13	174.56	237.56
56	114.19	147.00	169.31	183.75	250.69
57	120.75	154.88	178.50	194.25	262.50
58	128.63	164.06	190.31	207.38	278.25
59	137.81	173.25	200.81	220.50	295.31
60	148.31	183.75	215.25	233.63	312.38
61	157.50	195.56	228.38	248.06	333.38
62	168.00	210.00	244.13	265.13	355.69
63	178.50	221.81	261.19	283.50	379.31
64	190.31	237.56	276.94	303.19	404.25
65	202.13	253.31	296.63	322.88	431.81
66	216.56	271.69	316.31	346.50	463.31
67	231.00	294.00	342.56	374.06	500.06
68	250.69	316.31	370.13	404.25	542.06
69	270.38	343.88	400.31	438.38	585.38
70	294.00	374.06	435.75	477.75	635.25
71	317.63	405.56	473.81	518.44	690.38
72	347.81	444.94	518.44	568.31	754.69
73	381.94	486.94	569.63	624.75	825.56
74	418.69	534.19	624.75	685.13	904.31
75	458.06	586.69	687.75	752.06	992.25
76	501.38	640.50	753.38	825.56	1086.75
77	546.00	702.19	824.25	904.31	1187.81
78	594.56	766.50	903.00	988.31	1295.44
79	644.44	837.38	983.06	1077.56	1409.63
80	696.94				
81	750.75				
82	805.88				
83	866.25				
84	927.94				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0086-A
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	76.13	94.50	107.63	119.44	156.19
45-49	84.00	105.00	120.75	132.56	173.25
50-54	103.69	129.94	149.63	162.75	219.19
55	115.50	147.00	169.31	185.06	250.69
56	120.75	154.88	178.50	194.25	262.50
57	126.00	162.75	189.00	204.75	276.94
58	133.88	171.94	199.50	217.88	291.38
59	143.06	182.44	211.31	231.00	308.44
60	154.88	192.94	225.75	245.44	326.81
61	165.38	204.75	238.88	261.19	349.13
62	175.88	219.19	255.94	279.56	372.75
63	186.38	233.63	273.00	297.94	396.38
64	199.50	248.06	290.06	317.63	422.63
65	211.31	265.13	309.75	338.63	452.81
66	225.75	283.50	332.06	362.25	484.31
67	242.81	307.13	358.31	392.44	523.69
68	261.19	332.06	387.19	425.25	567.00
69	282.19	359.63	420.00	460.69	612.94
70	305.81	391.13	455.44	500.06	664.13
71	332.06	425.25	497.44	544.69	723.19
72	362.25	464.63	543.38	595.88	788.81
73	399.00	509.25	595.88	654.94	864.94
74	437.06	559.13	654.94	717.94	946.31
75	479.06	612.94	717.94	787.50	1038.19
76	523.69	670.69	787.50	863.63	1135.31
77	569.63	733.69	861.00	945.00	1240.31
78	619.50	799.31	942.38	1031.63	1353.19
79	670.69	872.81	1025.06	1126.13	1471.31
80	724.50				
81	779.63				
82	838.69				
83	900.38				
84	963.38				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0086-A
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	44.63	55.13	64.31	70.88	94.50
45-49	49.88	61.69	72.19	78.75	105.00
50-54	66.94	81.38	93.19	99.75	133.88
55	76.13	94.50	106.31	116.81	158.81
56	80.06	98.44	112.88	123.38	169.31
57	85.31	105.00	120.75	132.56	182.44
58	90.56	112.88	129.94	143.06	195.56
59	98.44	122.06	140.44	154.88	211.31
60	106.31	132.56	152.25	166.69	228.38
61	115.50	143.06	166.69	181.13	245.44
62	124.69	156.19	181.13	195.56	265.13
63	133.88	166.69	194.25	211.31	286.13
64	143.06	178.50	208.69	225.75	305.81
65	154.88	191.63	221.81	242.81	329.44
66	166.69	204.75	238.88	261.19	355.69
67	181.13	224.44	261.19	283.50	385.88
68	195.56	244.13	286.13	309.75	421.31
69	212.63	267.75	312.38	339.94	460.69
70	231.00	291.38	341.25	372.75	504.00
71	253.31	321.56	375.38	410.81	551.25
72	279.56	355.69	414.75	454.13	609.00
73	308.44	393.75	460.69	504.00	672.00
74	342.56	435.75	510.56	559.13	742.88
75	378.00	483.00	565.69	619.50	820.31
76	417.38	534.19	623.44	683.81	903.00
77	458.06	588.00	689.06	754.69	992.25
78	501.38	647.06	758.63	830.81	1088.06
79	548.63	710.06	830.81	912.19	1191.75
80	595.88				
81	647.06				
82	699.56				
83	754.69				
84	813.75				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0086-A
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	53.81	68.25	77.44	85.31	111.56
45-49	60.38	73.50	86.63	94.50	123.38
50-54	76.13	94.50	110.25	119.44	156.19
55	87.94	110.25	124.69	137.81	185.06
56	93.19	115.50	132.56	143.06	198.19
57	97.13	122.06	140.44	152.25	210.00
58	105.00	131.25	150.94	165.38	225.75
59	112.88	141.75	164.06	177.19	241.50
60	122.06	152.25	175.88	191.63	257.25
61	131.25	164.06	190.31	207.38	276.94
62	141.75	177.19	204.75	224.44	297.94
63	150.94	190.31	220.50	238.88	320.25
64	162.75	202.13	236.25	255.94	342.56
65	174.56	217.88	252.00	273.00	367.50
66	186.38	233.63	270.38	295.31	396.38
67	202.13	253.31	295.31	320.25	430.50
68	219.19	274.31	321.56	349.13	471.19
69	237.56	300.56	350.44	381.94	514.50
70	259.88	329.44	384.56	418.69	563.06
71	283.50	360.94	421.31	460.69	618.19
72	312.38	399.00	465.94	509.25	681.19
73	343.88	439.69	515.81	563.06	752.06
74	381.94	488.25	570.94	624.75	830.81
75	421.31	539.44	631.31	691.69	916.13
76	464.63	594.56	696.94	763.88	1009.31
77	509.25	654.94	767.81	842.63	1109.06
78	557.81	717.94	842.63	926.63	1215.38
79	606.38	787.50	925.31	1015.88	1329.56
80	658.88				
81	714.00				
82	771.75				
83	832.13				
84	895.13				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0086-A
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	59.06	72.19	84.00	90.56	119.44
45-49	64.31	80.06	93.19	99.75	131.25
50-54	80.06	99.75	115.50	126.00	165.38
55	93.19	115.50	132.56	145.69	195.56
56	97.13	122.06	140.44	152.25	208.69
57	103.69	129.94	149.63	162.75	221.81
58	111.56	139.13	160.13	174.56	237.56
59	119.44	149.63	173.25	186.38	253.31
60	128.63	160.13	186.38	202.13	270.38
61	137.81	173.25	200.81	217.88	290.06
62	148.31	186.38	216.56	234.94	312.38
63	158.81	200.81	231.00	252.00	334.69
64	169.31	212.63	246.75	269.06	358.31
65	182.44	228.38	263.81	287.44	384.56
66	194.25	245.44	283.50	308.44	413.44
67	211.31	265.13	308.44	334.69	451.50
68	229.69	288.75	336.00	366.19	492.19
69	248.06	315.00	367.50	400.31	536.81
70	271.69	343.88	402.94	438.38	588.00
71	296.63	378.00	441.00	481.69	645.75
72	325.50	417.38	488.25	532.88	711.38
73	359.63	460.69	540.75	589.31	786.19
74	399.00	509.25	597.19	653.63	867.56
75	439.69	561.75	658.88	723.19	956.81
76	484.31	620.81	727.13	798.00	1055.25
77	531.56	682.50	801.94	880.69	1157.63
78	580.13	749.44	880.69	968.63	1269.19
79	631.31	821.63	964.69	1060.50	1388.63
80	685.13				
81	742.88				
82	803.25				
83	864.94				
84	929.25				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0086-A
Long-Term Care Policy

WITH SURVIVORSHIP BENEFIT RIDER R1-N0103-SERIES

When this rider is chosen, multiply the final premium by the appropriate factor.

ISSUE AGE	NO INFLATION PROTECTION	SIMPLE INFLATION PROTECTION	COMPOUND INFLATION PROTECTION
18-44	1.11	1.17	1.17
45-49	1.14	1.21	1.21
50-54	1.18	1.28	1.28
55	1.20	1.30	1.30
56	1.20	1.30	1.30
57	1.21	1.30	1.30
58	1.21	1.30	1.30
59	1.21	1.30	1.30
60	1.21	1.30	1.30
61	1.21	1.30	1.30
62	1.21	1.29	1.29
63	1.21	1.29	1.29
64	1.21	1.28	1.28
65	1.20	1.27	1.27
66	1.20	1.26	1.26
67	1.20	1.26	1.26
68	1.19	1.25	1.25
69	1.19	1.24	1.24
70	1.18	1.23	1.23
71	1.18	1.22	1.22
72	1.17	1.20	1.20
73	1.16	1.19	1.19
74	1.16	1.18	1.18
75	1.15	1.17	1.17
76	1.14	1.16	1.16
77	1.13	1.15	1.15
78	1.12	1.14	1.14
79	1.11	1.13	1.13
80	1.10	1.12	1.12
81	1.09	1.11	1.11
82	1.08	1.10	1.10
83	1.07	1.09	1.09
84	1.06	1.08	1.08

CONTINENTAL CASUALTY COMPANY
 Rates for form P1-N0086-A
 Long-Term Care Policy

Elimination Period Factors

Rates shown are for 30 day elimination period. Rates for other elimination periods are calculated by multiplying the 30 day rates by the appropriate factor from the following table:

Benefit Maximum	0	14	20	60	90	100	180	365
730x,1095x	1.11	1.06	1.03	0.95	0.91	0.90	0.80	0.71
1460x,1825x	1.09	1.05	1.03	0.95	0.91	0.90	0.81	0.72
Lifetime	1.07	1.04	1.03	0.96	0.93	0.92	0.85	0.78

Health Rating Group Factors

Rates shown are for Preferred Rating Group and Select Rating Group. Rates for Health Groups II, III, IV and V are calculated by multiplying Select rates by 1.25, 1.50, 1.75 and 2.00 respectively.

Multi-Life Discount

A 5%, 10%, 15% or 20% discount to the rates is available for qualifying Associations of 10 or more lives.

Spousal Discount

A 20% discount to the rates is available to married couples if both spouses apply for coverage.

Dual Waiver of Premium Rider R1-N0104-Series

An optional dual waiver of premium rider will be offered. If one spouse qualifies for a waiver of premium, the premium of the other spouse will also be waived. If chosen, multiply the final premium by 1.06.

Shared Advantage Rider R1-N0105-Series

This rider will allow two covered spouses to purchase an additional benefit amount that can be used by either spouse after their base benefits are exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	No Inflation Protection	With Inflation Protection
730x	1.30	1.35
1095x	1.21	1.25
1460x	1.15	1.18
1825x	1.12	1.14

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0086-A
Long-Term Care Policy

Restoration of Benefits Rider R1-N0108-Series

This rider restores the maximum lifetime benefit if the insured has not met the stipulated conditions for a period of 180 consecutive days and the maximum lifetime benefit has not been exhausted. If chosen, multiply the final premium by the appropriate factor:

<u>Benefit</u>	<u>Factor</u>
Maximum	
730x	1.08
1095x	1.06
1460x,1825x	1.04

Cost of Living Increase Rider R1-N0107-Series

This rider allows the insured to increase their policy limits, subject to the terms of the rider, every three years without additional underwriting. The additional premium charged is based on the attained age and incremental increase in the maximum daily facility benefit when exercised. If chosen, multiply the final premium by the appropriate factor:

<u>Age</u>	<u>Factor</u>
18-44	1.15
45-49	1.12
50-55	1.10
56-58	1.09
59-61	1.08
62-64	1.07
65-67	1.06
68-70	1.05
71-73	1.04
74-76	1.03

CONTINENTAL CASUALTY COMPANY

Supplement to Rate Sheets for Policy Form P1-N0090-A
DISTRICT OF COLUMBIA

All rates for this form should be multiplied by a factor of:

First Year	1.1000
Second Year	1.2100
Third Year	1.3310
Fourth Year	1.4641
Fifth Year	1.6105
Sixth Year	1.7716
Seventh Year	1.8000

This factor represents the **proposed** increase of:

First Year	10.0%
Second Year	10.0%
Third Year	10.0%
Fourth Year	10.0%
Fifth Year	10.0%
Sixth Year	10.0%
Seventh Year	1.6%

And the following prior approved rate increases:

Policy Form	Increase Applies to all Policies or Subset	Rate Increase Approved	Approval Date of Rate Increase
	--None--		--None--

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0090-A
Long-Term Care Policy: Facility Only Coverage

Annual Premium per \$10 of Maximum Daily Facility Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	17	19	22	23	24
45-49	19	21	24	25	27
50-54	23	26	29	31	35
55	26	30	34	37	44
56	28	32	37	40	48
57	30	35	40	43	53
58	33	38	44	47	58
59	36	42	48	51	64
60	40	47	53	56	70
61	43	51	58	61	76
62	47	56	63	67	83
63	50	60	68	72	89
64	53	64	73	78	95
65	57	68	78	84	102
66	61	74	84	91	110
67	66	80	92	99	120
68	72	88	101	109	132
69	79	96	111	119	144
70	86	105	122	131	159
71	95	116	134	145	176
72	105	129	149	161	195
73	117	144	166	179	217
74	130	160	185	200	242
75	145	178	205	222	269
76	161	198	228	246	298
77	178	219	252	272	330
78	196	242	278	300	364
79	216	266	306	330	401
80	236				
81	258				
82	281				
83	305				
84	331				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0090-A
Long-Term Care Policy: Facility Only Coverage

Annual Premium per \$10 of Maximum Daily Facility Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	32	39	45	49	59
45-49	35	43	50	54	66
50-54	43	53	62	67	84
55	52	63	73	78	100
56	55	67	77	83	107
57	59	72	82	88	114
58	63	77	88	94	122
59	67	82	94	101	130
60	71	88	101	109	139
61	76	94	108	117	148
62	81	100	116	126	159
63	86	107	124	134	170
64	92	113	132	143	182
65	98	121	140	152	195
66	105	129	150	162	209
67	113	139	161	174	225
68	122	150	174	188	243
69	131	162	187	203	262
70	142	176	203	220	282
71	154	191	220	239	306
72	167	208	240	261	333
73	182	227	263	286	363
74	199	249	288	314	397
75	217	272	316	344	433
76	236	297	346	377	473
77	256	324	378	413	515
78	277	353	413	451	560
79	299	384	450	492	609
80	323				
81	347				
82	373				
83	400				
84	428				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0090-A
Long-Term Care Policy: Facility Only Coverage

Annual Premium per \$10 of Maximum Daily Facility Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	23	28	32	35	42
45-49	25	31	36	39	47
50-54	35	42	49	53	64
55	40	49	56	60	77
56	42	52	59	64	82
57	45	56	63	68	88
58	49	61	68	74	95
59	53	66	74	80	104
60	58	72	81	88	113
61	63	78	89	96	123
62	68	84	96	104	133
63	73	90	103	112	143
64	78	96	110	120	154
65	83	103	118	128	165
66	90	111	127	138	179
67	97	120	138	150	194
68	105	131	151	164	211
69	115	143	165	179	230
70	125	156	180	196	252
71	137	171	198	215	275
72	150	188	218	237	302
73	165	207	240	262	332
74	182	228	265	289	365
75	200	251	292	318	400
76	219	276	321	350	439
77	239	302	352	384	480
78	260	330	385	421	524
79	282	360	421	460	571
80	306				
81	330				
82	356				
83	383				
84	411				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0090-A
Long-Term Care Policy: Facility Only Coverage

Annual Premium per \$10 of Maximum Daily Facility Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	20	22	26	27	28
45-49	22	25	28	29	32
50-54	27	31	34	36	41
55	31	35	40	44	52
56	33	38	44	47	56
57	35	41	47	51	62
58	39	45	52	55	68
59	42	49	56	60	75
60	47	55	62	66	82
61	51	60	68	72	89
62	55	66	74	79	98
63	59	71	80	85	105
64	62	75	86	92	112
65	67	80	92	99	120
66	72	87	99	107	129
67	78	94	108	116	141
68	85	104	119	128	155
69	93	113	131	140	169
70	101	124	144	154	187
71	112	136	158	171	207
72	124	152	175	189	229
73	138	169	195	211	255
74	153	188	218	235	285
75	171	209	241	261	316
76	189	233	268	289	351
77	209	258	296	320	388
78	231	285	327	353	428
79	254	313	360	388	472
80	278				
81	304				
82	331				
83	359				
84	389				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0090-A
Long-Term Care Policy: Facility Only Coverage

Annual Premium per \$10 of Maximum Daily Facility Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	38	46	53	58	69
45-49	41	51	59	64	78
50-54	51	62	73	79	99
55	61	74	86	92	118
56	65	79	91	98	126
57	69	85	96	104	134
58	74	91	104	111	144
59	79	96	111	119	153
60	84	104	119	128	164
61	89	111	127	138	174
62	95	118	136	148	187
63	101	126	146	158	200
64	108	133	155	168	214
65	115	142	165	179	229
66	124	152	176	191	246
67	133	164	189	205	265
68	144	176	205	221	286
69	154	191	220	239	308
70	167	207	239	259	332
71	181	225	259	281	360
72	196	245	282	307	392
73	214	267	309	336	427
74	234	293	339	369	467
75	255	320	372	405	509
76	278	349	407	444	556
77	301	381	445	486	606
78	326	415	486	531	659
79	352	452	529	579	716
80	380				
81	408				
82	439				
83	471				
84	504				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0090-A
Long-Term Care Policy: Facility Only Coverage

Annual Premium per \$10 of Maximum Daily Facility Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	27	33	38	41	49
45-49	29	36	42	46	55
50-54	41	49	58	62	75
55	47	58	66	71	91
56	49	61	69	75	96
57	53	66	74	80	104
58	58	72	80	87	112
59	62	78	87	94	122
60	68	85	95	104	133
61	74	92	105	113	145
62	80	99	113	122	156
63	86	106	121	132	168
64	92	113	129	141	181
65	98	121	139	151	194
66	106	131	149	162	211
67	114	141	162	176	228
68	124	154	178	193	248
69	135	168	194	211	271
70	147	184	212	231	296
71	161	201	233	253	324
72	176	221	256	279	355
73	194	244	282	308	391
74	214	268	312	340	429
75	235	295	344	374	471
76	258	325	378	412	516
77	281	355	414	452	565
78	306	388	453	495	616
79	332	424	495	541	672
80	360				
81	388				
82	419				
83	451				
84	484				

CONTINENTAL CASUALTY COMPANY
 Rates for form P1-N0090-A
 Long-Term Care Policy: Facility Only Coverage

WITH SURVIVORSHIP BENEFIT RIDER R1-N0103-SERIES

When this rider is chosen, multiply the final premium by the appropriate factor.

ISSUE AGE	NO INFLATION PROTECTION	SIMPLE INFLATION PROTECTION	COMPOUND INFLATION PROTECTION
18-44	1.11	1.17	1.17
45-49	1.14	1.21	1.21
50-54	1.18	1.28	1.28
55	1.20	1.30	1.30
56	1.20	1.30	1.30
57	1.21	1.30	1.30
58	1.21	1.30	1.30
59	1.21	1.30	1.30
60	1.21	1.30	1.30
61	1.21	1.30	1.30
62	1.21	1.29	1.29
63	1.21	1.29	1.29
64	1.21	1.28	1.28
65	1.20	1.27	1.27
66	1.20	1.26	1.26
67	1.20	1.26	1.26
68	1.19	1.25	1.25
69	1.19	1.24	1.24
70	1.18	1.23	1.23
71	1.18	1.22	1.22
72	1.17	1.20	1.20
73	1.16	1.19	1.19
74	1.16	1.18	1.18
75	1.15	1.17	1.17
76	1.14	1.16	1.16
77	1.13	1.15	1.15
78	1.12	1.14	1.14
79	1.11	1.13	1.13
80	1.10	1.12	1.12
81	1.09	1.11	1.11
82	1.08	1.10	1.10
83	1.07	1.09	1.09
84	1.06	1.08	1.08

CONTINENTAL CASUALTY COMPANY
 Rates for form P1-N0090-A
 Long-Term Care Policy: Facility Only Coverage

Elimination Period Factors

Rates shown are for 30 day elimination period. Rates for other elimination periods are calculated by multiplying the 30 day rates by the appropriate factor from the following table:

Benefit Maximum	0	14	20	60	90	100	180	365
730x,1095x	1.12	1.07	1.03	0.94	0.90	0.89	0.78	0.67
1460x,1825x	1.10	1.05	1.03	0.95	0.90	0.89	0.79	0.69
Lifetime	1.08	1.04	1.03	0.96	0.92	0.91	0.84	0.75

Health Rating Group Factors

Rates shown are for Preferred Rating Group and Select Rating Group. Rates for Health Groups II, III, IV and V are calculated by multiplying Select rates by 1.25, 1.50, 1.75 and 2.00 respectively.

Multi-Life Discount

A 5%, 10%, 15% or 20% discount to the rates is available for qualifying Associations of 10 or more lives.

Spousal Discount

A 20% discount to the rates is available to married couples if both spouses apply for coverage.

Dual Waiver of Premium Rider R1-N0104-Series

An optional dual waiver of premium rider will be offered. If one spouse qualifies for a waiver of premium, the premium of the other spouse will also be waived. If chosen, multiply the final premium by 1.06.

Shared Advantage Rider R1-N0105-Series

This rider will allow two covered spouses to purchase an additional benefit amount that can be used by either spouse after their base benefits are exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	No Inflation Protection	With Inflation Protection
730x	1.30	1.35
1095x	1.21	1.25
1460x	1.15	1.18
1825x	1.12	1.14

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0090-A
Long-Term Care Policy: Facility Only Coverage

Restoration of Benefits Rider R1-N0106-Series

This rider restores the maximum lifetime benefit if the insured has not met the stipulated conditions for a period of 180 consecutive days and the maximum lifetime benefit has not been exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	Factor
730x	1.08
1095x	1.06
1460x,1825x	1.04

Cost of Living Increase Rider R1-N0107-Series

This rider allows the insured to increase their policy limits, subject to the terms of the rider, every three years without additional underwriting. The additional premium charged is based on the attained age and incremental increase in the maximum daily facility benefit when exercised. If chosen, multiply the final premium by the appropriate factor:

Age	Factor
18-44	1.15
45-49	1.12
50-55	1.10
56-58	1.09
59-61	1.08
62-64	1.07
65-67	1.06
68-70	1.05
71-73	1.04
74-76	1.03

CONTINENTAL CASUALTY COMPANY

Supplement to Rate Sheets for Policy Form P1-N0091-A
DISTRICT OF COLUMBIA

All rates for this form should be multiplied by a factor of:

First Year	1.1000
Second Year	1.2100
Third Year	1.3310
Fourth Year	1.4641
Fifth Year	1.6105
Sixth Year	1.7716
Seventh Year	1.8000

This factor represents the **proposed** increase of:

First Year	10.0%
Second Year	10.0%
Third Year	10.0%
Fourth Year	10.0%
Fifth Year	10.0%
Sixth Year	10.0%
Seventh Year	1.6%

And the following prior approved rate increases:

Policy Form	Increase Applies to all Policies or Subset	Rate Increase Approved	Approval Date of Rate Increase
	--None--		--None--

CONTINENTAL CASUALTY COMPANY
 Rates for form P1-N0091-A
 Long-Term Care Policy: Facility Only Coverage

Annual Premium per \$10 of Maximum Daily Facility Benefit

PREFERRED RATING GROUP
 30 DAY ELIMINATION PERIOD

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	21.25	23.75	27.50	28.75	30.00
45-49	23.75	26.25	30.00	31.25	33.75
50-54	28.75	32.50	36.25	38.75	43.75
55	32.50	37.50	42.50	46.25	55.00
56	35.00	40.00	46.25	50.00	60.00
57	37.50	43.75	50.00	53.75	66.25
58	41.25	47.50	55.00	58.75	72.50
59	45.00	52.50	60.00	63.75	80.00
60	50.00	58.75	66.25	70.00	87.50
61	53.75	63.75	72.50	76.25	95.00
62	58.75	70.00	78.75	83.75	103.75
63	62.50	75.00	85.00	90.00	111.25
64	66.25	80.00	91.25	97.50	118.75
65	71.25	85.00	97.50	105.00	127.50
66	76.25	92.50	105.00	113.75	137.50
67	82.50	100.00	115.00	123.75	150.00
68	90.00	110.00	126.25	136.25	165.00
69	98.75	120.00	138.75	148.75	180.00
70	107.50	131.25	152.50	163.75	198.75
71	118.75	145.00	167.50	181.25	220.00
72	131.25	161.25	186.25	201.25	243.75
73	146.25	180.00	207.50	223.75	271.25
74	162.50	200.00	231.25	250.00	302.50
75	181.25	222.50	256.25	277.50	336.25
76	201.25	247.50	285.00	307.50	372.50
77	222.50	273.75	315.00	340.00	412.50
78	245.00	302.50	347.50	375.00	455.00
79	270.00	332.50	382.50	412.50	501.25
80	295.00				
81	322.50				
82	351.25				
83	381.25				
84	413.75				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0091-A
Long-Term Care Policy: Facility Only Coverage

Annual Premium per \$10 of Maximum Daily Facility Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	40.00	48.75	56.25	61.25	73.75
45-49	43.75	53.75	62.50	67.50	82.50
50-54	53.75	66.25	77.50	83.75	105.00
55	65.00	78.75	91.25	97.50	125.00
56	68.75	83.75	96.25	103.75	133.75
57	73.75	90.00	102.50	110.00	142.50
58	78.75	96.25	110.00	117.50	152.50
59	83.75	102.50	117.50	126.25	162.50
60	88.75	110.00	126.25	136.25	173.75
61	95.00	117.50	135.00	146.25	185.00
62	101.25	125.00	145.00	157.50	198.75
63	107.50	133.75	155.00	167.50	212.50
64	115.00	141.25	165.00	178.75	227.50
65	122.50	151.25	175.00	190.00	243.75
66	131.25	161.25	187.50	202.50	261.25
67	141.25	173.75	201.25	217.50	281.25
68	152.50	187.50	217.50	235.00	303.75
69	163.75	202.50	233.75	253.75	327.50
70	177.50	220.00	253.75	275.00	352.50
71	192.50	238.75	275.00	298.75	382.50
72	208.75	260.00	300.00	326.25	416.25
73	227.50	283.75	328.75	357.50	453.75
74	248.75	311.25	360.00	392.50	496.25
75	271.25	340.00	395.00	430.00	541.25
76	295.00	371.25	432.50	471.25	591.25
77	320.00	405.00	472.50	516.25	643.75
78	346.25	441.25	516.25	563.75	700.00
79	373.75	480.00	562.50	615.00	761.25
80	403.75				
81	433.75				
82	466.25				
83	500.00				
84	535.00				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0091-A
Long-Term Care Policy: Facility Only Coverage

Annual Premium per \$10 of Maximum Daily Facility Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	28.75	35.00	40.00	43.75	52.50
45-49	31.25	38.75	45.00	48.75	58.75
50-54	43.75	52.50	61.25	66.25	80.00
55	50.00	61.25	70.00	75.00	96.25
56	52.50	65.00	73.75	80.00	102.50
57	56.25	70.00	78.75	85.00	110.00
58	61.25	76.25	85.00	92.50	118.75
59	66.25	82.50	92.50	100.00	130.00
60	72.50	90.00	101.25	110.00	141.25
61	78.75	97.50	111.25	120.00	153.75
62	85.00	105.00	120.00	130.00	166.25
63	91.25	112.50	128.75	140.00	178.75
64	97.50	120.00	137.50	150.00	192.50
65	103.75	128.75	147.50	160.00	206.25
66	112.50	138.75	158.75	172.50	223.75
67	121.25	150.00	172.50	187.50	242.50
68	131.25	163.75	188.75	205.00	263.75
69	143.75	178.75	206.25	223.75	287.50
70	156.25	195.00	225.00	245.00	315.00
71	171.25	213.75	247.50	268.75	343.75
72	187.50	235.00	272.50	296.25	377.50
73	206.25	258.75	300.00	327.50	415.00
74	227.50	285.00	331.25	361.25	456.25
75	250.00	313.75	365.00	397.50	500.00
76	273.75	345.00	401.25	437.50	548.75
77	298.75	377.50	440.00	480.00	600.00
78	325.00	412.50	481.25	526.25	655.00
79	352.50	450.00	526.25	575.00	713.75
80	382.50				
81	412.50				
82	445.00				
83	478.75				
84	513.75				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0091-A
Long-Term Care Policy: Facility Only Coverage

Annual Premium per \$10 of Maximum Daily Facility Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	25.00	27.50	32.50	33.75	35.00
45-49	27.50	31.25	35.00	36.25	40.00
50-54	33.75	38.75	42.50	45.00	51.25
55	38.75	43.75	50.00	55.00	65.00
56	41.25	47.50	55.00	58.75	70.00
57	43.75	51.25	58.75	63.75	77.50
58	48.75	56.25	65.00	68.75	85.00
59	52.50	61.25	70.00	75.00	93.75
60	58.75	68.75	77.50	82.50	102.50
61	63.75	75.00	85.00	90.00	111.25
62	68.75	82.50	92.50	98.75	122.50
63	73.75	88.75	100.00	106.25	131.25
64	77.50	93.75	107.50	115.00	140.00
65	83.75	100.00	115.00	123.75	150.00
66	90.00	108.75	123.75	133.75	161.25
67	97.50	117.50	135.00	145.00	176.25
68	106.25	130.00	148.75	160.00	193.75
69	116.25	141.25	163.75	175.00	211.25
70	126.25	155.00	180.00	192.50	233.75
71	140.00	170.00	197.50	213.75	258.75
72	155.00	190.00	218.75	236.25	286.25
73	172.50	211.25	243.75	263.75	318.75
74	191.25	235.00	272.50	293.75	356.25
75	213.75	261.25	301.25	326.25	395.00
76	236.25	291.25	335.00	361.25	438.75
77	261.25	322.50	370.00	400.00	485.00
78	288.75	356.25	408.75	441.25	535.00
79	317.50	391.25	450.00	485.00	590.00
80	347.50				
81	380.00				
82	413.75				
83	448.75				
84	486.25				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0091-A
Long-Term Care Policy: Facility Only Coverage

Annual Premium per \$10 of Maximum Daily Facility Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	47.50	57.50	66.25	72.50	86.25
45-49	51.25	63.75	73.75	80.00	97.50
50-54	63.75	77.50	91.25	98.75	123.75
55	76.25	92.50	107.50	115.00	147.50
56	81.25	98.75	113.75	122.50	157.50
57	86.25	106.25	120.00	130.00	167.50
58	92.50	113.75	130.00	138.75	180.00
59	98.75	120.00	138.75	148.75	191.25
60	105.00	130.00	148.75	160.00	205.00
61	111.25	138.75	158.75	172.50	217.50
62	118.75	147.50	170.00	185.00	233.75
63	126.25	157.50	182.50	197.50	250.00
64	135.00	166.25	193.75	210.00	267.50
65	143.75	177.50	206.25	223.75	286.25
66	155.00	190.00	220.00	238.75	307.50
67	166.25	205.00	236.25	256.25	331.25
68	180.00	220.00	256.25	276.25	357.50
69	192.50	238.75	275.00	298.75	385.00
70	208.75	258.75	298.75	323.75	415.00
71	226.25	281.25	323.75	351.25	450.00
72	245.00	306.25	352.50	383.75	490.00
73	267.50	333.75	386.25	420.00	533.75
74	292.50	366.25	423.75	461.25	583.75
75	318.75	400.00	465.00	506.25	636.25
76	347.50	436.25	508.75	555.00	695.00
77	376.25	476.25	556.25	607.50	757.50
78	407.50	518.75	607.50	663.75	823.75
79	440.00	565.00	661.25	723.75	895.00
80	475.00				
81	510.00				
82	548.75				
83	588.75				
84	630.00				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0091-A
Long-Term Care Policy: Facility Only Coverage

Annual Premium per \$10 of Maximum Daily Facility Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	33.75	41.25	47.50	51.25	61.25
45-49	36.25	45.00	52.50	57.50	68.75
50-54	51.25	61.25	72.50	77.50	93.75
55	58.75	72.50	82.50	88.75	113.75
56	61.25	76.25	86.25	93.75	120.00
57	66.25	82.50	92.50	100.00	130.00
58	72.50	90.00	100.00	108.75	140.00
59	77.50	97.50	108.75	117.50	152.50
60	85.00	106.25	118.75	130.00	166.25
61	92.50	115.00	131.25	141.25	181.25
62	100.00	123.75	141.25	152.50	195.00
63	107.50	132.50	151.25	165.00	210.00
64	115.00	141.25	161.25	176.25	226.25
65	122.50	151.25	173.75	188.75	242.50
66	132.50	163.75	186.25	202.50	263.75
67	142.50	176.25	202.50	220.00	285.00
68	155.00	192.50	222.50	241.25	310.00
69	168.75	210.00	242.50	263.75	338.75
70	183.75	230.00	265.00	288.75	370.00
71	201.25	251.25	291.25	316.25	405.00
72	220.00	276.25	320.00	348.75	443.75
73	242.50	305.00	352.50	385.00	488.75
74	267.50	335.00	390.00	425.00	536.25
75	293.75	368.75	430.00	467.50	588.75
76	322.50	406.25	472.50	515.00	645.00
77	351.25	443.75	517.50	565.00	706.25
78	382.50	485.00	566.25	618.75	770.00
79	415.00	530.00	618.75	676.25	840.00
80	450.00				
81	485.00				
82	523.75				
83	563.75				
84	605.00				

CONTINENTAL CASUALTY COMPANY
 Rates for form P1-N0091-A
 Long-Term Care Policy: Facility Only Coverage

WITH SURVIVORSHIP BENEFIT RIDER R1-N0103-SERIES

When this rider is chosen, multiply the final premium by the appropriate factor.

ISSUE AGE	NO INFLATION PROTECTION	SIMPLE INFLATION PROTECTION	COMPOUND INFLATION PROTECTION
18-44	1.11	1.17	1.17
45-49	1.14	1.21	1.21
50-54	1.18	1.28	1.28
55	1.20	1.30	1.30
56	1.20	1.30	1.30
57	1.21	1.30	1.30
58	1.21	1.30	1.30
59	1.21	1.30	1.30
60	1.21	1.30	1.30
61	1.21	1.30	1.30
62	1.21	1.29	1.29
63	1.21	1.29	1.29
64	1.21	1.28	1.28
65	1.20	1.27	1.27
66	1.20	1.26	1.26
67	1.20	1.26	1.26
68	1.19	1.25	1.25
69	1.19	1.24	1.24
70	1.18	1.23	1.23
71	1.18	1.22	1.22
72	1.17	1.20	1.20
73	1.16	1.19	1.19
74	1.16	1.18	1.18
75	1.15	1.17	1.17
76	1.14	1.16	1.16
77	1.13	1.15	1.15
78	1.12	1.14	1.14
79	1.11	1.13	1.13
80	1.10	1.12	1.12
81	1.09	1.11	1.11
82	1.08	1.10	1.10
83	1.07	1.09	1.09
84	1.06	1.08	1.08

CONTINENTAL CASUALTY COMPANY
 Rates for form P1-N0091-A
 Long-Term Care Policy: Facility Only Coverage

Elimination Period Factors

Rates shown are for 30 day elimination period. Rates for other elimination periods are calculated by multiplying the 30 day rates by the appropriate factor from the following table:

Benefit Maximum	0	14	20	60	90	100	180	365
730x,1095x	1.12	1.07	1.03	0.94	0.90	0.89	0.78	0.67
1460x,1825x	1.10	1.05	1.03	0.95	0.90	0.89	0.79	0.69
Lifetime	1.08	1.04	1.03	0.96	0.92	0.91	0.84	0.75

Health Rating Group Factors

Rates shown are for Preferred Rating Group and Select Rating Group. Rates for Health Groups II, III, IV and V are calculated by multiplying Select rates by 1.25, 1.50, 1.75 and 2.00 respectively.

Multi-Life Discount

A 5%, 10%, 15% or 20% discount to the rates is available for qualifying Associations of 10 or more lives.

Spousal Discount

A 20% discount to the rates is available to married couples if both spouses apply for coverage.

Dual Waiver of Premium Rider R1-N0104-Series

An optional dual waiver of premium rider will be offered. If one spouse qualifies for a waiver of premium, the premium of the other spouse will also be waived. If chosen, multiply the final premium by 1.06.

Shared Advantage Rider R1-N0105-Series

This rider will allow two covered spouses to purchase an additional benefit amount that can be used by either spouse after their base benefits are exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	No Inflation Protection	With Inflation Protection
730x	1.30	1.35
1095x	1.21	1.25
1460x	1.15	1.18
1825x	1.12	1.14

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0091-A
Long-Term Care Policy: Facility Only Coverage

Restoration of Benefits Rider R1-N0106-Series

This rider restores the maximum lifetime benefit if the insured has not met the stipulated conditions for a period of 180 consecutive days and the maximum lifetime benefit has not been exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	Factor
730x	1.08
1095x	1.06
1460x,1825x	1.04

Cost of Living Increase Rider R1-N0107-Series

This rider allows the insured to increase their policy limits, subject to the terms of the rider, every three years without additional underwriting. The additional premium charged is based on the attained age and incremental increase in the maximum daily facility benefit when exercised. If chosen, multiply the final premium by the appropriate factor:

Age	Factor
18-44	1.15
45-49	1.12
50-55	1.10
56-58	1.09
59-61	1.08
62-64	1.07
65-67	1.06
68-70	1.05
71-73	1.04
74-76	1.03

CONTINENTAL CASUALTY COMPANY

Supplement to Rate Sheets for Policy Form P1-N0095-A
DISTRICT OF COLUMBIA

All rates for this form should be multiplied by a factor of:

First Year	1.1000
Second Year	1.2100
Third Year	1.3310
Fourth Year	1.4641
Fifth Year	1.6105
Sixth Year	1.7716
Seventh Year	1.8000

This factor represents the **proposed** increase of:

First Year	10.0%
Second Year	10.0%
Third Year	10.0%
Fourth Year	10.0%
Fifth Year	10.0%
Sixth Year	10.0%
Seventh Year	1.6%

And the following prior approved rate increases:

Policy Form	Increase Applies to all Policies or Subset	Rate Increase Approved	Approval Date of Rate Increase
	--None--		--None--

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0095-A
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	19	23	25	27	35
45-49	21	26	28	30	39
50-54	26	31	35	37	48
55	30	36	40	43	57
56	32	38	43	46	60
57	34	41	46	49	65
58	37	44	50	53	70
59	40	48	54	58	76
60	43	52	59	63	83
61	47	56	64	69	90
62	51	61	70	75	98
63	55	66	75	81	106
64	58	70	81	87	113
65	62	75	87	93	121
66	66	81	94	101	131
67	72	88	102	110	143
68	79	96	111	121	157
69	86	105	122	132	172
70	94	115	133	145	189
71	103	127	147	160	208
72	114	141	163	178	231
73	126	157	182	198	257
74	140	175	202	221	285
75	156	194	225	246	316
76	172	215	250	273	350
77	190	238	277	302	387
78	209	263	306	334	426
79	230	289	337	367	468
80	252				
81	275				
82	300				
83	326				
84	354				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0095-A
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	22	27	30	31	41
45-49	25	30	33	35	45
50-54	29	35	40	43	56
55	34	40	45	49	65
56	36	42	48	52	68
57	38	45	51	55	73
58	41	49	55	59	78
59	44	53	60	65	84
60	47	58	65	70	91
61	51	62	71	77	99
62	55	67	77	83	107
63	59	72	83	89	116
64	63	77	88	95	124
65	68	82	95	101	133
66	72	88	102	109	144
67	78	96	110	119	157
68	85	104	121	131	172
69	93	114	132	143	188
70	102	126	144	157	207
71	111	138	160	173	228
72	123	154	177	193	252
73	137	171	197	215	280
74	151	190	220	239	310
75	168	211	245	266	344
76	185	234	272	296	381
77	205	258	301	328	421
78	225	285	333	363	463
79	247	314	366	399	509
80	270				
81	295				
82	321				
83	348				
84	377				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0095-A
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	23	28	32	33	43
45-49	26	31	35	37	48
50-54	30	37	42	45	60
55	35	42	47	51	68
56	37	44	50	54	72
57	39	47	53	58	76
58	42	51	57	62	82
59	45	55	62	68	88
60	49	60	68	73	95
61	53	65	74	80	103
62	57	70	80	86	111
63	61	75	86	92	120
64	65	80	91	98	128
65	70	85	98	105	138
66	75	91	105	113	149
67	81	99	114	123	163
68	88	108	125	135	178
69	96	118	136	148	195
70	105	130	149	162	214
71	115	143	165	179	236
72	127	159	183	199	261
73	141	177	204	222	290
74	156	196	227	247	321
75	173	218	253	275	356
76	191	242	281	306	394
77	211	267	311	339	435
78	232	294	344	375	479
79	254	324	379	413	526
80	278				
81	303				
82	330				
83	358				
84	387				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0095-A
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	36	45	52	57	75
45-49	40	50	58	63	83
50-54	49	61	71	77	106
55	56	71	82	89	123
56	59	75	87	94	129
57	63	80	92	100	137
58	67	85	98	107	145
59	72	91	105	114	154
60	77	97	112	121	164
61	82	104	120	130	175
62	88	111	128	139	187
63	94	118	136	148	200
64	100	126	145	158	213
65	106	134	155	168	227
66	114	143	165	180	243
67	122	154	178	194	262
68	131	166	192	210	283
69	141	178	208	227	305
70	152	193	225	246	329
71	165	209	244	267	357
72	179	227	266	291	388
73	195	248	291	318	423
74	213	271	318	348	461
75	233	296	347	380	503
76	253	324	379	415	548
77	275	353	413	453	596
78	297	385	449	493	647
79	321	418	488	536	702
80	346				
81	371				
82	398				
83	426				
84	455				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0095-A
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	40	51	59	65	84
45-49	45	56	66	71	94
50-54	55	69	81	88	119
55	62	79	93	101	136
56	65	83	98	106	142
57	69	88	103	112	150
58	73	93	109	119	159
59	78	99	116	126	169
60	84	106	123	134	179
61	90	113	131	142	191
62	96	121	139	152	204
63	102	129	148	161	218
64	108	137	158	172	231
65	115	145	168	183	247
66	123	155	180	197	263
67	132	167	194	212	284
68	142	180	210	230	306
69	153	193	226	248	330
70	165	210	245	268	356
71	178	227	266	291	386
72	194	247	289	317	420
73	211	270	316	346	458
74	230	294	345	378	499
75	251	321	376	412	544
76	273	350	410	449	591
77	295	380	446	489	643
78	319	413	485	532	697
79	343	448	526	577	756
80	370				
81	396				
82	425				
83	454				
84	484				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0095-A
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	42	53	62	68	88
45-49	47	59	69	75	98
50-54	58	73	85	92	124
55	65	82	97	106	141
56	68	86	102	111	148
57	72	91	107	117	156
58	76	97	113	124	165
59	81	103	120	131	175
60	87	110	127	139	186
61	93	117	135	147	198
62	99	125	144	157	211
63	105	133	153	167	225
64	112	141	163	178	239
65	119	150	174	190	255
66	127	160	187	204	272
67	136	172	201	220	293
68	146	186	217	238	316
69	158	200	234	257	341
70	170	217	253	278	368
71	184	235	275	301	399
72	200	256	299	328	434
73	218	279	326	358	473
74	237	304	356	391	515
75	258	331	388	426	561
76	281	361	423	464	610
77	304	392	460	505	663
78	328	425	500	549	719
79	353	461	542	595	779
80	380				
81	407				
82	436				
83	466				
84	497				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0095-A
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	27	33	39	42	56
45-49	30	37	43	47	62
50-54	39	48	55	61	80
55	45	55	64	70	95
56	47	58	67	73	101
57	50	62	72	78	108
58	54	67	78	84	116
59	58	72	84	91	125
60	63	79	91	99	134
61	69	85	99	107	145
62	74	92	107	116	156
63	79	99	115	124	168
64	85	106	123	133	180
65	90	113	131	142	193
66	97	122	141	153	208
67	105	132	153	166	226
68	114	144	167	181	246
69	124	157	182	198	268
70	135	171	199	217	293
71	148	188	218	238	320
72	162	206	240	262	351
73	178	227	264	289	386
74	196	249	291	318	423
75	215	274	320	350	464
76	236	300	351	385	509
77	257	329	385	422	556
78	279	359	421	462	607
79	303	392	459	504	660
80	328				
81	354				
82	381				
83	409				
84	439				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0095-A
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	31	39	45	48	64
45-49	35	43	49	54	71
50-54	43	54	63	69	90
55	50	62	72	78	106
56	53	66	76	83	112
57	56	70	81	88	120
58	60	75	87	95	128
59	64	80	93	102	137
60	69	87	101	110	147
61	75	93	109	119	158
62	80	100	117	128	169
63	86	107	126	137	182
64	92	115	134	146	195
65	98	123	143	156	208
66	106	133	154	168	225
67	115	143	167	181	244
68	125	156	182	198	266
69	135	170	198	216	290
70	146	185	216	235	316
71	159	203	236	258	346
72	174	222	260	284	379
73	191	245	286	313	416
74	210	269	314	344	457
75	231	295	346	379	501
76	253	323	380	417	549
77	276	354	416	456	600
78	299	387	455	499	655
79	325	422	496	545	713
80	351				
81	379				
82	407				
83	436				
84	468				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0095-A
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	33	41	47	51	68
45-49	37	45	52	57	75
50-54	45	56	66	72	94
55	52	65	76	82	111
56	55	69	80	87	117
57	58	73	85	92	125
58	62	78	91	99	133
59	67	84	97	106	142
60	72	90	105	115	152
61	77	97	113	124	163
62	83	104	121	133	175
63	89	111	130	142	188
64	95	119	139	152	201
65	102	127	148	162	215
66	110	137	160	174	232
67	119	148	173	188	252
68	129	161	188	205	274
69	139	175	205	223	299
70	151	191	223	243	326
71	164	209	244	267	357
72	179	229	268	293	391
73	197	252	295	323	429
74	216	277	324	355	472
75	238	304	357	391	517
76	260	333	392	430	566
77	284	365	429	471	619
78	308	399	469	515	675
79	334	435	512	563	735
80	361				
81	389				
82	418				
83	448				
84	480				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0095-A
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	22	27	29	32	41
45-49	25	31	33	35	46
50-54	31	36	41	44	56
55	35	42	47	51	67
56	38	45	51	54	71
57	40	48	54	58	76
58	44	52	59	62	82
59	47	56	64	68	89
60	51	61	69	74	98
61	55	66	75	81	106
62	60	72	82	88	115
63	65	78	88	95	125
64	68	82	95	102	133
65	73	88	102	109	142
66	78	95	111	119	154
67	85	104	120	129	168
68	93	113	131	142	185
69	101	124	144	155	202
70	111	135	156	171	222
71	121	149	173	188	245
72	134	166	192	209	272
73	148	185	214	233	302
74	165	206	238	260	335
75	184	228	265	289	372
76	202	253	294	321	412
77	224	280	326	355	455
78	246	309	360	393	501
79	271	340	396	432	551
80	296				
81	324				
82	353				
83	384				
84	416				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0095-A
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	26	32	35	36	48
45-49	29	35	39	41	53
50-54	34	41	47	51	66
55	40	47	53	58	76
56	42	49	56	61	80
57	45	53	60	65	86
58	48	58	65	69	92
59	52	62	71	76	99
60	55	68	76	82	107
61	60	73	84	91	116
62	65	79	91	98	126
63	69	85	98	105	136
64	74	91	104	112	146
65	80	96	112	119	156
66	85	104	120	128	169
67	92	113	129	140	185
68	100	122	142	154	202
69	109	134	155	168	221
70	120	148	169	185	244
71	131	162	188	204	268
72	145	181	208	227	296
73	161	201	232	253	329
74	178	224	259	281	365
75	198	248	288	313	405
76	218	275	320	348	448
77	241	304	354	386	495
78	265	335	392	427	545
79	291	369	431	469	599
80	318				
81	347				
82	378				
83	409				
84	444				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0095-A
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	27	33	38	39	51
45-49	31	36	41	44	56
50-54	35	44	49	53	71
55	41	49	55	60	80
56	44	52	59	64	85
57	46	55	62	68	89
58	49	60	67	73	96
59	53	65	73	80	104
60	58	71	80	86	112
61	62	76	87	94	121
62	67	82	94	101	131
63	72	88	101	108	141
64	76	94	107	115	151
65	82	100	115	124	162
66	88	107	124	133	175
67	95	116	134	145	192
68	104	127	147	159	209
69	113	139	160	174	229
70	124	153	175	191	252
71	135	168	194	211	278
72	149	187	215	234	307
73	166	208	240	261	341
74	184	231	267	291	378
75	204	256	298	324	419
76	225	285	331	360	464
77	248	314	366	399	512
78	273	346	405	441	564
79	299	381	446	486	619
80	327				
81	356				
82	388				
83	421				
84	455				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0095-A
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	42	53	61	67	88
45-49	47	59	68	74	98
50-54	58	72	84	91	125
55	66	84	96	105	145
56	69	88	102	111	152
57	74	94	108	118	161
58	79	100	115	126	171
59	85	107	124	134	181
60	91	114	132	142	193
61	96	122	141	153	206
62	104	131	151	164	220
63	111	139	160	174	235
64	118	148	171	186	251
65	125	158	182	198	267
66	134	168	194	212	286
67	144	181	209	228	308
68	154	195	226	247	333
69	166	209	245	267	359
70	179	227	265	289	387
71	194	246	287	314	420
72	211	267	313	342	456
73	229	292	342	374	498
74	251	319	374	409	542
75	274	348	408	447	592
76	298	381	446	488	645
77	324	415	486	533	701
78	349	453	528	580	761
79	378	492	574	631	826
80	407				
81	436				
82	468				
83	501				
84	535				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0095-A
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	47	60	69	76	99
45-49	53	66	78	84	111
50-54	65	81	95	104	140
55	73	93	109	119	160
56	76	98	115	125	167
57	81	104	121	132	176
58	86	109	128	140	187
59	92	116	136	148	199
60	99	125	145	158	211
61	106	133	154	167	225
62	113	142	164	179	240
63	120	152	174	189	256
64	127	161	186	202	272
65	135	171	198	215	291
66	145	182	212	232	309
67	155	196	228	249	334
68	167	212	247	271	360
69	180	227	266	292	388
70	194	247	288	315	419
71	209	267	313	342	454
72	228	291	340	373	494
73	248	318	372	407	539
74	271	346	406	445	587
75	295	378	442	485	640
76	321	412	482	528	695
77	347	447	525	575	756
78	375	486	571	626	820
79	404	527	619	679	889
80	435				
81	466				
82	500				
83	534				
84	569				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0095-A
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	49	62	73	80	104
45-49	55	69	81	88	115
50-54	68	86	100	108	146
55	76	96	114	125	166
56	80	101	120	131	174
57	85	107	126	138	184
58	89	114	133	146	194
59	95	121	141	154	206
60	102	129	149	164	219
61	109	138	159	173	233
62	116	147	169	185	248
63	124	156	180	196	265
64	132	166	192	209	281
65	140	176	205	224	300
66	149	188	220	240	320
67	160	202	236	259	345
68	172	219	255	280	372
69	186	235	275	302	401
70	200	255	298	327	433
71	216	276	324	354	469
72	235	301	352	386	511
73	256	328	384	421	556
74	279	358	419	460	606
75	304	389	456	501	660
76	331	425	498	546	718
77	358	461	541	594	780
78	386	500	588	646	846
79	415	542	638	700	916
80	447				
81	479				
82	513				
83	548				
84	585				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0095-A
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	32	39	46	49	66
45-49	35	44	51	55	73
50-54	46	56	65	72	94
55	53	65	75	82	112
56	55	68	79	86	119
57	59	73	85	92	127
58	64	79	92	99	136
59	68	85	99	107	147
60	74	93	107	116	158
61	81	100	116	126	171
62	87	108	126	136	184
63	93	116	135	146	198
64	100	125	145	156	212
65	106	133	154	167	227
66	114	144	166	180	245
67	124	155	180	195	266
68	134	169	196	213	289
69	146	185	214	233	315
70	159	201	234	255	345
71	174	221	256	280	376
72	191	242	282	308	413
73	209	267	311	340	454
74	231	293	342	374	498
75	253	322	376	412	546
76	278	353	413	453	599
77	302	387	453	496	654
78	328	422	495	544	714
79	356	461	540	593	776
80	386				
81	416				
82	448				
83	481				
84	516				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0095-A
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	36	46	53	56	75
45-49	41	51	58	64	84
50-54	51	64	74	81	106
55	59	73	85	92	125
56	62	78	89	98	132
57	66	82	95	104	141
58	71	88	102	112	151
59	75	94	109	120	161
60	81	102	119	129	173
61	88	109	128	140	186
62	94	118	138	151	199
63	101	126	148	161	214
64	108	135	158	172	229
65	115	145	168	184	245
66	125	156	181	198	265
67	135	168	196	213	287
68	147	184	214	233	313
69	159	200	233	254	341
70	172	218	254	276	372
71	187	239	278	304	407
72	205	261	306	334	446
73	225	288	336	368	489
74	247	316	369	405	538
75	272	347	407	446	589
76	298	380	447	491	646
77	325	416	489	536	706
78	352	455	535	587	771
79	382	496	584	641	839
80	413				
81	446				
82	479				
83	513				
84	551				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0095-A
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	39	48	55	60	80
45-49	44	53	61	67	88
50-54	53	66	78	85	111
55	61	76	89	96	131
56	65	81	94	102	138
57	68	86	100	108	147
58	73	92	107	116	156
59	79	99	114	125	167
60	85	106	124	135	179
61	91	114	133	146	192
62	98	122	142	156	206
63	105	131	153	167	221
64	112	140	164	179	236
65	120	149	174	191	253
66	129	161	188	205	273
67	140	174	204	221	296
68	152	189	221	241	322
69	164	206	241	262	352
70	178	225	262	286	384
71	193	246	287	314	420
72	211	269	315	345	460
73	232	296	347	380	505
74	254	326	381	418	555
75	280	358	420	460	608
76	306	392	461	506	666
77	334	429	505	554	728
78	362	469	552	606	794
79	393	512	602	662	865
80	425				
81	458				
82	492				
83	527				
84	565				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0095-A
Long-Term Care Policy

WITH SURVIVORSHIP BENEFIT RIDER R1-N0103-SERIES

When this rider is chosen, multiply the final premium by the appropriate factor.

ISSUE AGE	NO INFLATION PROTECTION	SIMPLE INFLATION PROTECTION	COMPOUND INFLATION PROTECTION
18-44	1.11	1.17	1.17
45-49	1.14	1.21	1.21
50-54	1.18	1.28	1.28
55	1.20	1.30	1.30
56	1.20	1.30	1.30
57	1.21	1.30	1.30
58	1.21	1.30	1.30
59	1.21	1.30	1.30
60	1.21	1.30	1.30
61	1.21	1.30	1.30
62	1.21	1.29	1.29
63	1.21	1.29	1.29
64	1.21	1.28	1.28
65	1.20	1.27	1.27
66	1.20	1.26	1.26
67	1.20	1.26	1.26
68	1.19	1.25	1.25
69	1.19	1.24	1.24
70	1.18	1.23	1.23
71	1.18	1.22	1.22
72	1.17	1.20	1.20
73	1.16	1.19	1.19
74	1.16	1.18	1.18
75	1.15	1.17	1.17
76	1.14	1.16	1.16
77	1.13	1.15	1.15
78	1.12	1.14	1.14
79	1.11	1.13	1.13
80	1.10	1.12	1.12
81	1.09	1.11	1.11
82	1.08	1.10	1.10
83	1.07	1.09	1.09
84	1.06	1.08	1.08

CONTINENTAL CASUALTY COMPANY
 Rates for form P1-N0095-A
 Long-Term Care Policy

Elimination Period Factors

Rates shown are for 30 day elimination period. Rates for other elimination periods are calculated by multiplying the 30 day rates by the appropriate factor from the following table:

Benefit Maximum	0	14	20	60	90	100	180	365
730x,1095x	1.12	1.07	1.03	0.94	0.90	0.89	0.78	0.67
1460x,1825x	1.10	1.05	1.03	0.95	0.90	0.89	0.79	0.69
Lifetime	1.08	1.04	1.03	0.96	0.92	0.91	0.84	0.75

Health Rating Group Factors

Rates shown are for Preferred Rating Group and Select Rating Group. Rates for Health Groups II, III, IV and V are calculated by multiplying Select rates by 1.25, 1.50, 1.75 and 2.00 respectively.

Multi-Life Discount

A 5%, 10%, 15% or 20% discount to the rates is available for qualifying Associations of 10 or more lives.

Spousal Discount

A 20% discount to the rates is available to married couples if both spouses apply for coverage.

Dual Waiver of Premium Rider R1-N0104-Series

An optional dual waiver of premium rider will be offered. If one spouse qualifies for a waiver of premium, the premium of the other spouse will also be waived. If chosen, multiply the final premium by 1.06.

Shared Advantage Rider R1-N0105-Series

This rider will allow two covered spouses to purchase an additional benefit amount that can be used by either spouse after their base benefits are exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	No Inflation Protection	With Inflation Protection
730x	1.30	1.35
1095x	1.21	1.25
1460x	1.15	1.18
1825x	1.12	1.14

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0095-A
Long-Term Care Policy

Restoration of Benefits Rider R1-N0106-Series

This rider restores the maximum lifetime benefit if the insured has not met the stipulated conditions for a period of 180 consecutive days and the maximum lifetime benefit has not been exhausted. If chosen, multiply the final premium by the appropriate factor:

<u>Benefit</u>	<u>Factor</u>
Maximum	
730x	1.08
1095x	1.06
1460x,1825x	1.04

Cost of Living Increase Rider R1-N0107-Series

This rider allows the insured to increase their policy limits, subject to the terms of the rider, every three years without additional underwriting. The additional premium charged is based on the attained age and incremental increase in the maximum daily facility benefit when exercised. If chosen, multiply the final premium by the appropriate factor:

<u>Age</u>	<u>Factor</u>
18-44	1.15
45-49	1.12
50-55	1.10
56-58	1.09
59-61	1.08
62-64	1.07
65-67	1.06
68-70	1.05
71-73	1.04
74-76	1.03

CONTINENTAL CASUALTY COMPANY

Supplement to Rate Sheets for Policy Form P1-N0096-A
DISTRICT OF COLUMBIA

All rates for this form should be multiplied by a factor of:

First Year	1.1000
Second Year	1.2100
Third Year	1.3310
Fourth Year	1.4641
Fifth Year	1.6105
Sixth Year	1.7716
Seventh Year	1.8000

This factor represents the **proposed** increase of:

First Year	10.0%
Second Year	10.0%
Third Year	10.0%
Fourth Year	10.0%
Fifth Year	10.0%
Sixth Year	10.0%
Seventh Year	1.6%

And the following prior approved rate increases:

Policy Form	Increase Applies to all Policies or Subset	Rate Increase Approved	Approval Date of Rate Increase
	--None--		--None--

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0096-A
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	23.75	28.75	31.25	33.75	43.75
45-49	26.25	32.50	35.00	37.50	48.75
50-54	32.50	38.75	43.75	46.25	60.00
55	37.50	45.00	50.00	53.75	71.25
56	40.00	47.50	53.75	57.50	75.00
57	42.50	51.25	57.50	61.25	81.25
58	46.25	55.00	62.50	66.25	87.50
59	50.00	60.00	67.50	72.50	95.00
60	53.75	65.00	73.75	78.75	103.75
61	58.75	70.00	80.00	86.25	112.50
62	63.75	76.25	87.50	93.75	122.50
63	68.75	82.50	93.75	101.25	132.50
64	72.50	87.50	101.25	108.75	141.25
65	77.50	93.75	108.75	116.25	151.25
66	82.50	101.25	117.50	126.25	163.75
67	90.00	110.00	127.50	137.50	178.75
68	98.75	120.00	138.75	151.25	196.25
69	107.50	131.25	152.50	165.00	215.00
70	117.50	143.75	166.25	181.25	236.25
71	128.75	158.75	183.75	200.00	260.00
72	142.50	176.25	203.75	222.50	288.75
73	157.50	196.25	227.50	247.50	321.25
74	175.00	218.75	252.50	276.25	356.25
75	195.00	242.50	281.25	307.50	395.00
76	215.00	268.75	312.50	341.25	437.50
77	237.50	297.50	346.25	377.50	483.75
78	261.25	328.75	382.50	417.50	532.50
79	287.50	361.25	421.25	458.75	585.00
80	315.00				
81	343.75				
82	375.00				
83	407.50				
84	442.50				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0096-A
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	27.50	33.75	37.50	38.75	51.25
45-49	31.25	37.50	41.25	43.75	56.25
50-54	36.25	43.75	50.00	53.75	70.00
55	42.50	50.00	56.25	61.25	81.25
56	45.00	52.50	60.00	65.00	85.00
57	47.50	56.25	63.75	68.75	91.25
58	51.25	61.25	68.75	73.75	97.50
59	55.00	66.25	75.00	81.25	105.00
60	58.75	72.50	81.25	87.50	113.75
61	63.75	77.50	88.75	96.25	123.75
62	68.75	83.75	96.25	103.75	133.75
63	73.75	90.00	103.75	111.25	145.00
64	78.75	96.25	110.00	118.75	155.00
65	85.00	102.50	118.75	126.25	166.25
66	90.00	110.00	127.50	136.25	180.00
67	97.50	120.00	137.50	148.75	196.25
68	106.25	130.00	151.25	163.75	215.00
69	116.25	142.50	165.00	178.75	235.00
70	127.50	157.50	180.00	196.25	258.75
71	138.75	172.50	200.00	216.25	285.00
72	153.75	192.50	221.25	241.25	315.00
73	171.25	213.75	246.25	268.75	350.00
74	188.75	237.50	275.00	298.75	387.50
75	210.00	263.75	306.25	332.50	430.00
76	231.25	292.50	340.00	370.00	476.25
77	256.25	322.50	376.25	410.00	526.25
78	281.25	356.25	416.25	453.75	578.75
79	308.75	392.50	457.50	498.75	636.25
80	337.50				
81	368.75				
82	401.25				
83	435.00				
84	471.25				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0096-A
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	28.75	35.00	40.00	41.25	53.75
45-49	32.50	38.75	43.75	46.25	60.00
50-54	37.50	46.25	52.50	56.25	75.00
55	43.75	52.50	58.75	63.75	85.00
56	46.25	55.00	62.50	67.50	90.00
57	48.75	58.75	66.25	72.50	95.00
58	52.50	63.75	71.25	77.50	102.50
59	56.25	68.75	77.50	85.00	110.00
60	61.25	75.00	85.00	91.25	118.75
61	66.25	81.25	92.50	100.00	128.75
62	71.25	87.50	100.00	107.50	138.75
63	76.25	93.75	107.50	115.00	150.00
64	81.25	100.00	113.75	122.50	160.00
65	87.50	106.25	122.50	131.25	172.50
66	93.75	113.75	131.25	141.25	186.25
67	101.25	123.75	142.50	153.75	203.75
68	110.00	135.00	156.25	168.75	222.50
69	120.00	147.50	170.00	185.00	243.75
70	131.25	162.50	186.25	202.50	267.50
71	143.75	178.75	206.25	223.75	295.00
72	158.75	198.75	228.75	248.75	326.25
73	176.25	221.25	255.00	277.50	362.50
74	195.00	245.00	283.75	308.75	401.25
75	216.25	272.50	316.25	343.75	445.00
76	238.75	302.50	351.25	382.50	492.50
77	263.75	333.75	388.75	423.75	543.75
78	290.00	367.50	430.00	468.75	598.75
79	317.50	405.00	473.75	516.25	657.50
80	347.50				
81	378.75				
82	412.50				
83	447.50				
84	483.75				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0096-A
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	45.00	56.25	65.00	71.25	93.75
45-49	50.00	62.50	72.50	78.75	103.75
50-54	61.25	76.25	88.75	96.25	132.50
55	70.00	88.75	102.50	111.25	153.75
56	73.75	93.75	108.75	117.50	161.25
57	78.75	100.00	115.00	125.00	171.25
58	83.75	106.25	122.50	133.75	181.25
59	90.00	113.75	131.25	142.50	192.50
60	96.25	121.25	140.00	151.25	205.00
61	102.50	130.00	150.00	162.50	218.75
62	110.00	138.75	160.00	173.75	233.75
63	117.50	147.50	170.00	185.00	250.00
64	125.00	157.50	181.25	197.50	266.25
65	132.50	167.50	193.75	210.00	283.75
66	142.50	178.75	206.25	225.00	303.75
67	152.50	192.50	222.50	242.50	327.50
68	163.75	207.50	240.00	262.50	353.75
69	176.25	222.50	260.00	283.75	381.25
70	190.00	241.25	281.25	307.50	411.25
71	206.25	261.25	305.00	333.75	446.25
72	223.75	283.75	332.50	363.75	485.00
73	243.75	310.00	363.75	397.50	528.75
74	266.25	338.75	397.50	435.00	576.25
75	291.25	370.00	433.75	475.00	628.75
76	316.25	405.00	473.75	518.75	685.00
77	343.75	441.25	516.25	566.25	745.00
78	371.25	481.25	561.25	616.25	808.75
79	401.25	522.50	610.00	670.00	877.50
80	432.50				
81	463.75				
82	497.50				
83	532.50				
84	568.75				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0096-A
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	50.00	63.75	73.75	81.25	105.00
45-49	56.25	70.00	82.50	88.75	117.50
50-54	68.75	86.25	101.25	110.00	148.75
55	77.50	98.75	116.25	126.25	170.00
56	81.25	103.75	122.50	132.50	177.50
57	86.25	110.00	128.75	140.00	187.50
58	91.25	116.25	136.25	148.75	198.75
59	97.50	123.75	145.00	157.50	211.25
60	105.00	132.50	153.75	167.50	223.75
61	112.50	141.25	163.75	177.50	238.75
62	120.00	151.25	173.75	190.00	255.00
63	127.50	161.25	185.00	201.25	272.50
64	135.00	171.25	197.50	215.00	288.75
65	143.75	181.25	210.00	228.75	308.75
66	153.75	193.75	225.00	246.25	328.75
67	165.00	208.75	242.50	265.00	355.00
68	177.50	225.00	262.50	287.50	382.50
69	191.25	241.25	282.50	310.00	412.50
70	206.25	262.50	306.25	335.00	445.00
71	222.50	283.75	332.50	363.75	482.50
72	242.50	308.75	361.25	396.25	525.00
73	263.75	337.50	395.00	432.50	572.50
74	287.50	367.50	431.25	472.50	623.75
75	313.75	401.25	470.00	515.00	680.00
76	341.25	437.50	512.50	561.25	738.75
77	368.75	475.00	557.50	611.25	803.75
78	398.75	516.25	606.25	665.00	871.25
79	428.75	560.00	657.50	721.25	945.00
80	462.50				
81	495.00				
82	531.25				
83	567.50				
84	605.00				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0096-A
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	52.50	66.25	77.50	85.00	110.00
45-49	58.75	73.75	86.25	93.75	122.50
50-54	72.50	91.25	106.25	115.00	155.00
55	81.25	102.50	121.25	132.50	176.25
56	85.00	107.50	127.50	138.75	185.00
57	90.00	113.75	133.75	146.25	195.00
58	95.00	121.25	141.25	155.00	206.25
59	101.25	128.75	150.00	163.75	218.75
60	108.75	137.50	158.75	173.75	232.50
61	116.25	146.25	168.75	183.75	247.50
62	123.75	156.25	180.00	196.25	263.75
63	131.25	166.25	191.25	208.75	281.25
64	140.00	176.25	203.75	222.50	298.75
65	148.75	187.50	217.50	237.50	318.75
66	158.75	200.00	233.75	255.00	340.00
67	170.00	215.00	251.25	275.00	366.25
68	182.50	232.50	271.25	297.50	395.00
69	197.50	250.00	292.50	321.25	426.25
70	212.50	271.25	316.25	347.50	460.00
71	230.00	293.75	343.75	376.25	498.75
72	250.00	320.00	373.75	410.00	542.50
73	272.50	348.75	407.50	447.50	591.25
74	296.25	380.00	445.00	488.75	643.75
75	322.50	413.75	485.00	532.50	701.25
76	351.25	451.25	528.75	580.00	762.50
77	380.00	490.00	575.00	631.25	828.75
78	410.00	531.25	625.00	686.25	898.75
79	441.25	576.25	677.50	743.75	973.75
80	475.00				
81	508.75				
82	545.00				
83	582.50				
84	621.25				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0096-A
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	33.75	41.25	48.75	52.50	70.00
45-49	37.50	46.25	53.75	58.75	77.50
50-54	48.75	60.00	68.75	76.25	100.00
55	56.25	68.75	80.00	87.50	118.75
56	58.75	72.50	83.75	91.25	126.25
57	62.50	77.50	90.00	97.50	135.00
58	67.50	83.75	97.50	105.00	145.00
59	72.50	90.00	105.00	113.75	156.25
60	78.75	98.75	113.75	123.75	167.50
61	86.25	106.25	123.75	133.75	181.25
62	92.50	115.00	133.75	145.00	195.00
63	98.75	123.75	143.75	155.00	210.00
64	106.25	132.50	153.75	166.25	225.00
65	112.50	141.25	163.75	177.50	241.25
66	121.25	152.50	176.25	191.25	260.00
67	131.25	165.00	191.25	207.50	282.50
68	142.50	180.00	208.75	226.25	307.50
69	155.00	196.25	227.50	247.50	335.00
70	168.75	213.75	248.75	271.25	366.25
71	185.00	235.00	272.50	297.50	400.00
72	202.50	257.50	300.00	327.50	438.75
73	222.50	283.75	330.00	361.25	482.50
74	245.00	311.25	363.75	397.50	528.75
75	268.75	342.50	400.00	437.50	580.00
76	295.00	375.00	438.75	481.25	636.25
77	321.25	411.25	481.25	527.50	695.00
78	348.75	448.75	526.25	577.50	758.75
79	378.75	490.00	573.75	630.00	825.00
80	410.00				
81	442.50				
82	476.25				
83	511.25				
84	548.75				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0096-A
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	38.75	48.75	56.25	60.00	80.00
45-49	43.75	53.75	61.25	67.50	88.75
50-54	53.75	67.50	78.75	86.25	112.50
55	62.50	77.50	90.00	97.50	132.50
56	66.25	82.50	95.00	103.75	140.00
57	70.00	87.50	101.25	110.00	150.00
58	75.00	93.75	108.75	118.75	160.00
59	80.00	100.00	116.25	127.50	171.25
60	86.25	108.75	126.25	137.50	183.75
61	93.75	116.25	136.25	148.75	197.50
62	100.00	125.00	146.25	160.00	211.25
63	107.50	133.75	157.50	171.25	227.50
64	115.00	143.75	167.50	182.50	243.75
65	122.50	153.75	178.75	195.00	260.00
66	132.50	166.25	192.50	210.00	281.25
67	143.75	178.75	208.75	226.25	305.00
68	156.25	195.00	227.50	247.50	332.50
69	168.75	212.50	247.50	270.00	362.50
70	182.50	231.25	270.00	293.75	395.00
71	198.75	253.75	295.00	322.50	432.50
72	217.50	277.50	325.00	355.00	473.75
73	238.75	306.25	357.50	391.25	520.00
74	262.50	336.25	392.50	430.00	571.25
75	288.75	368.75	432.50	473.75	626.25
76	316.25	403.75	475.00	521.25	686.25
77	345.00	442.50	520.00	570.00	750.00
78	373.75	483.75	568.75	623.75	818.75
79	406.25	527.50	620.00	681.25	891.25
80	438.75				
81	473.75				
82	508.75				
83	545.00				
84	585.00				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0096-A
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	41.25	51.25	58.75	63.75	85.00
45-49	46.25	56.25	65.00	71.25	93.75
50-54	56.25	70.00	82.50	90.00	117.50
55	65.00	81.25	95.00	102.50	138.75
56	68.75	86.25	100.00	108.75	146.25
57	72.50	91.25	106.25	115.00	156.25
58	77.50	97.50	113.75	123.75	166.25
59	83.75	105.00	121.25	132.50	177.50
60	90.00	112.50	131.25	143.75	190.00
61	96.25	121.25	141.25	155.00	203.75
62	103.75	130.00	151.25	166.25	218.75
63	111.25	138.75	162.50	177.50	235.00
64	118.75	148.75	173.75	190.00	251.25
65	127.50	158.75	185.00	202.50	268.75
66	137.50	171.25	200.00	217.50	290.00
67	148.75	185.00	216.25	235.00	315.00
68	161.25	201.25	235.00	256.25	342.50
69	173.75	218.75	256.25	278.75	373.75
70	188.75	238.75	278.75	303.75	407.50
71	205.00	261.25	305.00	333.75	446.25
72	223.75	286.25	335.00	366.25	488.75
73	246.25	315.00	368.75	403.75	536.25
74	270.00	346.25	405.00	443.75	590.00
75	297.50	380.00	446.25	488.75	646.25
76	325.00	416.25	490.00	537.50	707.50
77	355.00	456.25	536.25	588.75	773.75
78	385.00	498.75	586.25	643.75	843.75
79	417.50	543.75	640.00	703.75	918.75
80	451.25				
81	486.25				
82	522.50				
83	560.00				
84	600.00				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0096-A
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	27.50	33.75	36.25	40.00	51.25
45-49	31.25	38.75	41.25	43.75	57.50
50-54	38.75	45.00	51.25	55.00	70.00
55	43.75	52.50	58.75	63.75	83.75
56	47.50	56.25	63.75	67.50	88.75
57	50.00	60.00	67.50	72.50	95.00
58	55.00	65.00	73.75	77.50	102.50
59	58.75	70.00	80.00	85.00	111.25
60	63.75	76.25	86.25	92.50	122.50
61	68.75	82.50	93.75	101.25	132.50
62	75.00	90.00	102.50	110.00	143.75
63	81.25	97.50	110.00	118.75	156.25
64	85.00	102.50	118.75	127.50	166.25
65	91.25	110.00	127.50	136.25	177.50
66	97.50	118.75	138.75	148.75	192.50
67	106.25	130.00	150.00	161.25	210.00
68	116.25	141.25	163.75	177.50	231.25
69	126.25	155.00	180.00	193.75	252.50
70	138.75	168.75	195.00	213.75	277.50
71	151.25	186.25	216.25	235.00	306.25
72	167.50	207.50	240.00	261.25	340.00
73	185.00	231.25	267.50	291.25	377.50
74	206.25	257.50	297.50	325.00	418.75
75	230.00	285.00	331.25	361.25	465.00
76	252.50	316.25	367.50	401.25	515.00
77	280.00	350.00	407.50	443.75	568.75
78	307.50	386.25	450.00	491.25	626.25
79	338.75	425.00	495.00	540.00	688.75
80	370.00				
81	405.00				
82	441.25				
83	480.00				
84	520.00				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0096-A
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	32.50	40.00	43.75	45.00	60.00
45-49	36.25	43.75	48.75	51.25	66.25
50-54	42.50	51.25	58.75	63.75	82.50
55	50.00	58.75	66.25	72.50	95.00
56	52.50	61.25	70.00	76.25	100.00
57	56.25	66.25	75.00	81.25	107.50
58	60.00	72.50	81.25	86.25	115.00
59	65.00	77.50	88.75	95.00	123.75
60	68.75	85.00	95.00	102.50	133.75
61	75.00	91.25	105.00	113.75	145.00
62	81.25	98.75	113.75	122.50	157.50
63	86.25	106.25	122.50	131.25	170.00
64	92.50	113.75	130.00	140.00	182.50
65	100.00	120.00	140.00	148.75	195.00
66	106.25	130.00	150.00	160.00	211.25
67	115.00	141.25	161.25	175.00	231.25
68	125.00	152.50	177.50	192.50	252.50
69	136.25	167.50	193.75	210.00	276.25
70	150.00	185.00	211.25	231.25	305.00
71	163.75	202.50	235.00	255.00	335.00
72	181.25	226.25	260.00	283.75	370.00
73	201.25	251.25	290.00	316.25	411.25
74	222.50	280.00	323.75	351.25	456.25
75	247.50	310.00	360.00	391.25	506.25
76	272.50	343.75	400.00	435.00	560.00
77	301.25	380.00	442.50	482.50	618.75
78	331.25	418.75	490.00	533.75	681.25
79	363.75	461.25	538.75	586.25	748.75
80	397.50				
81	433.75				
82	472.50				
83	511.25				
84	555.00				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0096-A
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	33.75	41.25	47.50	48.75	63.75
45-49	38.75	45.00	51.25	55.00	70.00
50-54	43.75	55.00	61.25	66.25	88.75
55	51.25	61.25	68.75	75.00	100.00
56	55.00	65.00	73.75	80.00	106.25
57	57.50	68.75	77.50	85.00	111.25
58	61.25	75.00	83.75	91.25	120.00
59	66.25	81.25	91.25	100.00	130.00
60	72.50	88.75	100.00	107.50	140.00
61	77.50	95.00	108.75	117.50	151.25
62	83.75	102.50	117.50	126.25	163.75
63	90.00	110.00	126.25	135.00	176.25
64	95.00	117.50	133.75	143.75	188.75
65	102.50	125.00	143.75	155.00	202.50
66	110.00	133.75	155.00	166.25	218.75
67	118.75	145.00	167.50	181.25	240.00
68	130.00	158.75	183.75	198.75	261.25
69	141.25	173.75	200.00	217.50	286.25
70	155.00	191.25	218.75	238.75	315.00
71	168.75	210.00	242.50	263.75	347.50
72	186.25	233.75	268.75	292.50	383.75
73	207.50	260.00	300.00	326.25	426.25
74	230.00	288.75	333.75	363.75	472.50
75	255.00	320.00	372.50	405.00	523.75
76	281.25	356.25	413.75	450.00	580.00
77	310.00	392.50	457.50	498.75	640.00
78	341.25	432.50	506.25	551.25	705.00
79	373.75	476.25	557.50	607.50	773.75
80	408.75				
81	445.00				
82	485.00				
83	526.25				
84	568.75				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0096-A
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	52.50	66.25	76.25	83.75	110.00
45-49	58.75	73.75	85.00	92.50	122.50
50-54	72.50	90.00	105.00	113.75	156.25
55	82.50	105.00	120.00	131.25	181.25
56	86.25	110.00	127.50	138.75	190.00
57	92.50	117.50	135.00	147.50	201.25
58	98.75	125.00	143.75	157.50	213.75
59	106.25	133.75	155.00	167.50	226.25
60	113.75	142.50	165.00	177.50	241.25
61	120.00	152.50	176.25	191.25	257.50
62	130.00	163.75	188.75	205.00	275.00
63	138.75	173.75	200.00	217.50	293.75
64	147.50	185.00	213.75	232.50	313.75
65	156.25	197.50	227.50	247.50	333.75
66	167.50	210.00	242.50	265.00	357.50
67	180.00	226.25	261.25	285.00	385.00
68	192.50	243.75	282.50	308.75	416.25
69	207.50	261.25	306.25	333.75	448.75
70	223.75	283.75	331.25	361.25	483.75
71	242.50	307.50	358.75	392.50	525.00
72	263.75	333.75	391.25	427.50	570.00
73	286.25	365.00	427.50	467.50	622.50
74	313.75	398.75	467.50	511.25	677.50
75	342.50	435.00	510.00	558.75	740.00
76	372.50	476.25	557.50	610.00	806.25
77	405.00	518.75	607.50	666.25	876.25
78	436.25	566.25	660.00	725.00	951.25
79	472.50	615.00	717.50	788.75	1032.50
80	508.75				
81	545.00				
82	585.00				
83	626.25				
84	668.75				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0096-A
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	58.75	75.00	86.25	95.00	123.75
45-49	66.25	82.50	97.50	105.00	138.75
50-54	81.25	101.25	118.75	130.00	175.00
55	91.25	116.25	136.25	148.75	200.00
56	95.00	122.50	143.75	156.25	208.75
57	101.25	130.00	151.25	165.00	220.00
58	107.50	136.25	160.00	175.00	233.75
59	115.00	145.00	170.00	185.00	248.75
60	123.75	156.25	181.25	197.50	263.75
61	132.50	166.25	192.50	208.75	281.25
62	141.25	177.50	205.00	223.75	300.00
63	150.00	190.00	217.50	236.25	320.00
64	158.75	201.25	232.50	252.50	340.00
65	168.75	213.75	247.50	268.75	363.75
66	181.25	227.50	265.00	290.00	386.25
67	193.75	245.00	285.00	311.25	417.50
68	208.75	265.00	308.75	338.75	450.00
69	225.00	283.75	332.50	365.00	485.00
70	242.50	308.75	360.00	393.75	523.75
71	261.25	333.75	391.25	427.50	567.50
72	285.00	363.75	425.00	466.25	617.50
73	310.00	397.50	465.00	508.75	673.75
74	338.75	432.50	507.50	556.25	733.75
75	368.75	472.50	552.50	606.25	800.00
76	401.25	515.00	602.50	660.00	868.75
77	433.75	558.75	656.25	718.75	945.00
78	468.75	607.50	713.75	782.50	1025.00
79	505.00	658.75	773.75	848.75	1111.25
80	543.75				
81	582.50				
82	625.00				
83	667.50				
84	711.25				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0096-A
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	61.25	77.50	91.25	100.00	130.00
45-49	68.75	86.25	101.25	110.00	143.75
50-54	85.00	107.50	125.00	135.00	182.50
55	95.00	120.00	142.50	156.25	207.50
56	100.00	126.25	150.00	163.75	217.50
57	106.25	133.75	157.50	172.50	230.00
58	111.25	142.50	166.25	182.50	242.50
59	118.75	151.25	176.25	192.50	257.50
60	127.50	161.25	186.25	205.00	273.75
61	136.25	172.50	198.75	216.25	291.25
62	145.00	183.75	211.25	231.25	310.00
63	155.00	195.00	225.00	245.00	331.25
64	165.00	207.50	240.00	261.25	351.25
65	175.00	220.00	256.25	280.00	375.00
66	186.25	235.00	275.00	300.00	400.00
67	200.00	252.50	295.00	323.75	431.25
68	215.00	273.75	318.75	350.00	465.00
69	232.50	293.75	343.75	377.50	501.25
70	250.00	318.75	372.50	408.75	541.25
71	270.00	345.00	405.00	442.50	586.25
72	293.75	376.25	440.00	482.50	638.75
73	320.00	410.00	480.00	526.25	695.00
74	348.75	447.50	523.75	575.00	757.50
75	380.00	486.25	570.00	626.25	825.00
76	413.75	531.25	622.50	682.50	897.50
77	447.50	576.25	676.25	742.50	975.00
78	482.50	625.00	735.00	807.50	1057.50
79	518.75	677.50	797.50	875.00	1145.00
80	558.75				
81	598.75				
82	641.25				
83	685.00				
84	731.25				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0096-A
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	40.00	48.75	57.50	61.25	82.50
45-49	43.75	55.00	63.75	68.75	91.25
50-54	57.50	70.00	81.25	90.00	117.50
55	66.25	81.25	93.75	102.50	140.00
56	68.75	85.00	98.75	107.50	148.75
57	73.75	91.25	106.25	115.00	158.75
58	80.00	98.75	115.00	123.75	170.00
59	85.00	106.25	123.75	133.75	183.75
60	92.50	116.25	133.75	145.00	197.50
61	101.25	125.00	145.00	157.50	213.75
62	108.75	135.00	157.50	170.00	230.00
63	116.25	145.00	168.75	182.50	247.50
64	125.00	156.25	181.25	195.00	265.00
65	132.50	166.25	192.50	208.75	283.75
66	142.50	180.00	207.50	225.00	306.25
67	155.00	193.75	225.00	243.75	332.50
68	167.50	211.25	245.00	266.25	361.25
69	182.50	231.25	267.50	291.25	393.75
70	198.75	251.25	292.50	318.75	431.25
71	217.50	276.25	320.00	350.00	470.00
72	238.75	302.50	352.50	385.00	516.25
73	261.25	333.75	388.75	425.00	567.50
74	288.75	366.25	427.50	467.50	622.50
75	316.25	402.50	470.00	515.00	682.50
76	347.50	441.25	516.25	566.25	748.75
77	377.50	483.75	566.25	620.00	817.50
78	410.00	527.50	618.75	680.00	892.50
79	445.00	576.25	675.00	741.25	970.00
80	482.50				
81	520.00				
82	560.00				
83	601.25				
84	645.00				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0096-A
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	45.00	57.50	66.25	70.00	93.75
45-49	51.25	63.75	72.50	80.00	105.00
50-54	63.75	80.00	92.50	101.25	132.50
55	73.75	91.25	106.25	115.00	156.25
56	77.50	97.50	111.25	122.50	165.00
57	82.50	102.50	118.75	130.00	176.25
58	88.75	110.00	127.50	140.00	188.75
59	93.75	117.50	136.25	150.00	201.25
60	101.25	127.50	148.75	161.25	216.25
61	110.00	136.25	160.00	175.00	232.50
62	117.50	147.50	172.50	188.75	248.75
63	126.25	157.50	185.00	201.25	267.50
64	135.00	168.75	197.50	215.00	286.25
65	143.75	181.25	210.00	230.00	306.25
66	156.25	195.00	226.25	247.50	331.25
67	168.75	210.00	245.00	266.25	358.75
68	183.75	230.00	267.50	291.25	391.25
69	198.75	250.00	291.25	317.50	426.25
70	215.00	272.50	317.50	345.00	465.00
71	233.75	298.75	347.50	380.00	508.75
72	256.25	326.25	382.50	417.50	557.50
73	281.25	360.00	420.00	460.00	611.25
74	308.75	395.00	461.25	506.25	672.50
75	340.00	433.75	508.75	557.50	736.25
76	372.50	475.00	558.75	613.75	807.50
77	406.25	520.00	611.25	670.00	882.50
78	440.00	568.75	668.75	733.75	963.75
79	477.50	620.00	730.00	801.25	1048.75
80	516.25				
81	557.50				
82	598.75				
83	641.25				
84	688.75				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0096-A
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	48.75	60.00	68.75	75.00	100.00
45-49	55.00	66.25	76.25	83.75	110.00
50-54	66.25	82.50	97.50	106.25	138.75
55	76.25	95.00	111.25	120.00	163.75
56	81.25	101.25	117.50	127.50	172.50
57	85.00	107.50	125.00	135.00	183.75
58	91.25	115.00	133.75	145.00	195.00
59	98.75	123.75	142.50	156.25	208.75
60	106.25	132.50	155.00	168.75	223.75
61	113.75	142.50	166.25	182.50	240.00
62	122.50	152.50	177.50	195.00	257.50
63	131.25	163.75	191.25	208.75	276.25
64	140.00	175.00	205.00	223.75	295.00
65	150.00	186.25	217.50	238.75	316.25
66	161.25	201.25	235.00	256.25	341.25
67	175.00	217.50	255.00	276.25	370.00
68	190.00	236.25	276.25	301.25	402.50
69	205.00	257.50	301.25	327.50	440.00
70	222.50	281.25	327.50	357.50	480.00
71	241.25	307.50	358.75	392.50	525.00
72	263.75	336.25	393.75	431.25	575.00
73	290.00	370.00	433.75	475.00	631.25
74	317.50	407.50	476.25	522.50	693.75
75	350.00	447.50	525.00	575.00	760.00
76	382.50	490.00	576.25	632.50	832.50
77	417.50	536.25	631.25	692.50	910.00
78	452.50	586.25	690.00	757.50	992.50
79	491.25	640.00	752.50	827.50	1081.25
80	531.25				
81	572.50				
82	615.00				
83	658.75				
84	706.25				

CONTINENTAL CASUALTY COMPANY
 Rates for form P1-N0096-A
 Long-Term Care Policy

WITH SURVIVORSHIP BENEFIT RIDER R1-N0103-SERIES

When this rider is chosen, multiply the final premium by the appropriate factor.

ISSUE AGE	NO INFLATION PROTECTION	SIMPLE INFLATION PROTECTION	COMPOUND INFLATION PROTECTION
18-44	1.11	1.17	1.17
45-49	1.14	1.21	1.21
50-54	1.18	1.28	1.28
55	1.20	1.30	1.30
56	1.20	1.30	1.30
57	1.21	1.30	1.30
58	1.21	1.30	1.30
59	1.21	1.30	1.30
60	1.21	1.30	1.30
61	1.21	1.30	1.30
62	1.21	1.29	1.29
63	1.21	1.29	1.29
64	1.21	1.28	1.28
65	1.20	1.27	1.27
66	1.20	1.26	1.26
67	1.20	1.26	1.26
68	1.19	1.25	1.25
69	1.19	1.24	1.24
70	1.18	1.23	1.23
71	1.18	1.22	1.22
72	1.17	1.20	1.20
73	1.16	1.19	1.19
74	1.16	1.18	1.18
75	1.15	1.17	1.17
76	1.14	1.16	1.16
77	1.13	1.15	1.15
78	1.12	1.14	1.14
79	1.11	1.13	1.13
80	1.10	1.12	1.12
81	1.09	1.11	1.11
82	1.08	1.10	1.10
83	1.07	1.09	1.09
84	1.06	1.08	1.08

CONTINENTAL CASUALTY COMPANY
 Rates for form P1-N0096-A
 Long-Term Care Policy

Elimination Period Factors

Rates shown are for 30 day elimination period. Rates for other elimination periods are calculated by multiplying the 30 day rates by the appropriate factor from the following table:

Benefit Maximum	0	14	20	60	90	100	180	365
730x,1095x	1.12	1.07	1.03	0.94	0.90	0.89	0.78	0.67
1460x,1825x	1.10	1.05	1.03	0.95	0.90	0.89	0.79	0.69
Lifetime	1.08	1.04	1.03	0.96	0.92	0.91	0.84	0.75

Health Rating Group Factors

Rates shown are for Preferred Rating Group and Select Rating Group. Rates for Health Groups II, III, IV and V are calculated by multiplying Select rates by 1.25, 1.50, 1.75 and 2.00 respectively.

Multi-Life Discount

A 5%, 10%, 15% or 20% discount to the rates is available for qualifying Associations of 10 or more lives.

Spousal Discount

A 20% discount to the rates is available to married couples if both spouses apply for coverage.

Dual Waiver of Premium Rider R1-N0104-Series

An optional dual waiver of premium rider will be offered. If one spouse qualifies for a waiver of premium, the premium of the other spouse will also be waived. If chosen, multiply the final premium by 1.06.

Shared Advantage Rider R1-N0105-Series

This rider will allow two covered spouses to purchase an additional benefit amount that can be used by either spouse after their base benefits are exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	No Inflation Protection	With Inflation Protection
730x	1.30	1.35
1095x	1.21	1.25
1460x	1.15	1.18
1825x	1.12	1.14

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0096-A
Long-Term Care Policy

Restoration of Benefits Rider R1-N0106-Series

This rider restores the maximum lifetime benefit if the insured has not met the stipulated conditions for a period of 180 consecutive days and the maximum lifetime benefit has not been exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	Factor
730x	1.08
1095x	1.06
1460x,1825x	1.04

Cost of Living Increase Rider R1-N0107-Series

This rider allows the insured to increase their policy limits, subject to the terms of the rider, every three years without additional underwriting. The additional premium charged is based on the attained age and incremental increase in the maximum daily facility benefit when exercised. If chosen, multiply the final premium by the appropriate factor:

Age	Factor
18-44	1.15
45-49	1.12
50-55	1.10
56-58	1.09
59-61	1.08
62-64	1.07
65-67	1.06
68-70	1.05
71-73	1.04
74-76	1.03

CONTINENTAL CASUALTY COMPANY

Supplement to Rate Sheets for Policy Form P1-N0100-A
DISTRICT OF COLUMBIA

All rates for this form should be multiplied by a factor of:

First Year	1.1000
Second Year	1.2100
Third Year	1.3310
Fourth Year	1.4641
Fifth Year	1.6105
Sixth Year	1.7716
Seventh Year	1.8000

This factor represents the **proposed** increase of:

First Year	10.0%
Second Year	10.0%
Third Year	10.0%
Fourth Year	10.0%
Fifth Year	10.0%
Sixth Year	10.0%
Seventh Year	1.6%

And the following prior approved rate increases:

Policy Form	Increase Applies to all Policies or Subset	Rate Increase Approved	Approval Date of Rate Increase
	--None--		--None--

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0100-A
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	21	24	28	30	38
45-49	23	27	31	33	42
50-54	28	33	38	41	52
55	32	38	44	47	62
56	34	41	47	50	66
57	37	44	50	54	71
58	40	48	54	59	77
59	44	52	59	64	84
60	48	57	65	71	91
61	52	63	71	77	99
62	56	68	77	84	108
63	60	73	83	90	116
64	64	78	89	96	125
65	68	84	95	103	134
66	74	90	103	111	145
67	80	98	112	121	158
68	87	107	123	133	174
69	95	117	135	146	191
70	104	128	148	161	210
71	115	142	164	179	232
72	128	158	183	200	259
73	143	177	205	224	290
74	159	198	230	251	324
75	178	222	258	281	361
76	198	248	288	314	402
77	220	276	321	349	447
78	244	307	357	387	495
79	270	339	395	428	547
80	297				
81	327				
82	358				
83	391				
84	426				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0100-A
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	25	30	34	36	46
45-49	27	33	37	40	51
50-54	32	39	45	49	64
55	38	45	51	55	73
56	40	48	54	58	77
57	43	51	58	62	82
58	46	55	62	67	88
59	50	60	68	73	95
60	54	65	74	80	104
61	58	71	81	87	112
62	63	76	88	95	122
63	68	82	94	101	131
64	72	88	100	109	141
65	77	95	107	116	152
66	83	101	116	126	164
67	90	111	126	137	179
68	98	121	138	151	196
69	107	132	152	165	216
70	117	145	167	181	237
71	128	160	185	201	263
72	143	178	206	225	293
73	159	199	231	251	327
74	177	223	259	282	365
75	198	249	290	315	407
76	220	277	324	353	454
77	245	309	360	392	504
78	271	343	400	435	557
79	299	380	443	482	616
80	329				
81	361				
82	394				
83	430				
84	468				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0100-A
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	26	32	36	39	50
45-49	29	35	40	43	55
50-54	34	42	48	52	69
55	40	48	54	59	77
56	42	51	57	62	81
57	45	54	61	66	86
58	48	58	66	71	93
59	52	63	72	77	100
60	57	68	78	84	109
61	61	74	85	91	118
62	66	80	92	99	128
63	71	86	99	106	138
64	75	92	105	114	148
65	81	99	112	122	159
66	87	106	121	132	172
67	94	116	132	144	188
68	102	127	145	158	206
69	112	138	159	173	226
70	122	152	175	190	249
71	134	167	194	211	276
72	149	186	216	235	307
73	166	208	242	263	343
74	185	233	271	295	383
75	207	260	303	330	427
76	230	290	339	369	476
77	255	323	377	411	528
78	282	358	418	456	584
79	311	397	463	505	645
80	342				
81	375				
82	410				
83	447				
84	486				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0100-A
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	40	49	56	60	82
45-49	44	54	62	67	91
50-54	54	67	77	85	116
55	63	78	90	98	134
56	66	82	95	104	142
57	70	87	101	110	150
58	75	93	108	117	159
59	79	99	115	125	169
60	85	106	122	133	180
61	91	113	131	142	192
62	97	121	140	152	205
63	103	129	150	162	219
64	110	137	159	173	233
65	117	146	170	185	249
66	125	157	182	198	268
67	135	169	197	214	289
68	146	183	213	232	313
69	157	198	230	251	338
70	170	215	250	273	367
71	184	234	272	297	399
72	201	256	298	326	436
73	221	281	328	359	478
74	243	309	361	395	524
75	267	339	397	434	575
76	292	372	436	478	630
77	319	408	479	524	689
78	347	446	525	574	752
79	377	487	574	627	820
80	408				
81	440				
82	474				
83	509				
84	546				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0100-A
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	46	57	66	72	95
45-49	51	64	73	80	106
50-54	63	79	91	99	134
55	71	90	104	113	154
56	74	95	110	119	162
57	78	100	116	126	170
58	83	106	123	134	180
59	89	112	130	143	191
60	96	119	139	151	202
61	102	127	148	161	216
62	109	136	158	172	230
63	116	144	169	184	246
64	123	154	179	196	262
65	131	164	192	209	280
66	140	176	205	224	300
67	150	190	222	242	324
68	162	205	240	262	351
69	175	223	259	284	379
70	190	242	282	309	411
71	206	263	307	336	447
72	225	288	336	368	489
73	247	315	369	405	535
74	271	346	405	444	586
75	297	380	445	487	643
76	325	415	488	535	704
77	354	455	534	586	769
78	385	496	585	640	839
79	417	542	637	698	913
80	451				
81	486				
82	522				
83	561				
84	601				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0100-A
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	49	61	70	77	101
45-49	54	68	78	86	112
50-54	67	84	97	105	142
55	75	95	110	120	162
56	78	100	116	126	170
57	82	105	122	133	179
58	87	111	129	141	189
59	93	118	137	150	200
60	100	125	146	159	212
61	107	133	155	169	226
62	114	142	166	181	241
63	121	151	177	193	257
64	129	161	188	206	274
65	137	172	201	219	293
66	146	184	215	235	314
67	157	199	232	254	339
68	169	215	251	275	367
69	183	233	272	298	397
70	198	253	295	324	430
71	215	275	322	353	468
72	235	301	352	386	511
73	258	330	386	424	560
74	283	362	424	465	613
75	310	397	465	510	672
76	339	434	510	559	735
77	369	475	558	612	803
78	401	518	610	668	876
79	434	565	664	729	953
80	469				
81	505				
82	543				
83	583				
84	624				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0100-A
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	29	36	42	46	61
45-49	32	40	47	51	68
50-54	43	53	60	65	87
55	49	61	69	76	103
56	52	64	73	80	110
57	55	68	78	86	118
58	59	73	84	93	127
59	64	79	91	100	137
60	69	86	99	108	148
61	75	93	108	117	159
62	81	101	117	127	172
63	87	108	126	137	185
64	93	116	135	146	198
65	100	124	144	157	213
66	108	133	155	169	230
67	117	145	169	184	250
68	127	158	185	201	273
69	138	173	202	220	298
70	150	189	221	241	326
71	164	208	243	266	357
72	181	230	269	294	394
73	200	255	298	326	435
74	222	282	331	362	481
75	245	313	366	401	531
76	270	346	404	443	585
77	297	381	446	489	643
78	325	419	491	538	705
79	355	460	538	591	772
80	386				
81	419				
82	453				
83	489				
84	527				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0100-A
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	35	44	50	55	72
45-49	39	48	56	61	80
50-54	49	61	71	77	101
55	57	71	81	89	120
56	60	75	86	93	128
57	63	79	91	99	136
58	68	85	98	107	146
59	73	92	106	115	156
60	79	99	114	124	167
61	85	106	123	134	179
62	92	115	133	145	193
63	98	123	143	155	207
64	105	131	153	166	222
65	113	141	163	177	238
66	121	151	175	191	257
67	131	164	191	207	279
68	142	178	208	226	305
69	154	195	227	247	333
70	168	213	249	271	365
71	184	234	273	298	400
72	202	258	302	330	441
73	223	285	334	365	487
74	247	316	370	405	538
75	273	349	409	448	593
76	301	385	451	495	654
77	330	424	497	546	718
78	361	465	546	600	787
79	393	510	599	658	861
80	427				
81	462				
82	500				
83	539				
84	580				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0100-A
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	38	47	54	59	77
45-49	42	52	60	65	85
50-54	52	65	75	82	107
55	60	75	86	94	127
56	63	79	91	99	135
57	67	84	97	105	144
58	72	90	104	113	154
59	77	97	112	121	164
60	83	104	121	131	175
61	89	112	130	141	188
62	96	121	140	152	202
63	103	130	150	163	217
64	110	138	160	174	232
65	118	148	171	186	249
66	126	159	184	200	268
67	137	172	200	217	292
68	149	187	218	237	319
69	161	204	238	259	348
70	176	223	261	284	381
71	192	245	286	312	418
72	211	270	316	345	461
73	233	298	350	382	509
74	258	330	387	423	562
75	285	364	427	468	620
76	314	402	471	517	683
77	344	442	519	570	750
78	376	485	570	627	822
79	409	532	625	687	899
80	444				
81	481				
82	520				
83	560				
84	602				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0100-A
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	25	28	33	35	45
45-49	27	32	36	39	49
50-54	33	39	45	48	61
55	38	45	52	55	73
56	40	48	55	59	78
57	44	52	59	64	84
58	47	56	64	69	91
59	52	61	69	75	99
60	56	67	76	84	107
61	61	74	84	91	116
62	66	80	91	99	127
63	71	86	98	106	136
64	75	92	105	113	147
65	80	99	112	121	158
66	87	106	121	131	171
67	94	115	132	142	186
68	102	126	145	156	205
69	112	138	159	172	225
70	122	151	174	189	247
71	135	167	193	211	273
72	151	186	215	235	305
73	168	208	241	264	341
74	187	233	271	295	381
75	209	261	304	331	425
76	233	292	339	369	473
77	259	325	378	411	526
78	287	361	420	455	582
79	318	399	465	504	644
80	349				
81	385				
82	421				
83	460				
84	501				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0100-A
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	29	35	40	42	54
45-49	32	39	44	47	60
50-54	38	46	53	58	75
55	45	53	60	65	86
56	47	56	64	68	91
57	51	60	68	73	96
58	54	65	73	79	104
59	59	71	80	86	112
60	64	76	87	94	122
61	68	84	95	102	132
62	74	89	104	112	144
63	80	96	111	119	154
64	85	104	118	128	166
65	91	112	126	136	179
66	98	119	136	148	193
67	106	131	148	161	211
68	115	142	162	178	231
69	126	155	179	194	254
70	138	171	196	213	279
71	151	188	218	236	309
72	168	209	242	265	345
73	187	234	272	295	385
74	208	262	305	332	429
75	233	293	341	371	479
76	259	326	381	415	534
77	288	364	424	461	593
78	319	404	471	512	655
79	352	447	521	567	725
80	387				
81	425				
82	464				
83	506				
84	551				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0100-A
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	31	38	42	46	59
45-49	34	41	47	51	65
50-54	40	49	56	61	81
55	47	56	64	69	91
56	49	60	67	73	95
57	53	64	72	78	101
58	56	68	78	84	109
59	61	74	85	91	118
60	67	80	92	99	128
61	72	87	100	107	139
62	78	94	108	116	151
63	84	101	116	125	162
64	88	108	124	134	174
65	95	116	132	144	187
66	102	125	142	155	202
67	111	136	155	169	221
68	120	149	171	186	242
69	132	162	187	204	266
70	144	179	206	224	293
71	158	196	228	248	325
72	175	219	254	276	361
73	195	245	285	309	404
74	218	274	319	347	451
75	244	306	356	388	502
76	271	341	399	434	560
77	300	380	444	484	621
78	332	421	492	536	687
79	366	467	545	594	759
80	402				
81	441				
82	482				
83	526				
84	572				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0100-A
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	47	58	66	71	96
45-49	52	64	73	79	107
50-54	64	79	91	100	136
55	74	92	106	115	158
56	78	96	112	122	167
57	82	102	119	129	176
58	88	109	127	138	187
59	93	116	135	147	199
60	100	125	144	156	212
61	107	133	154	167	226
62	114	142	165	179	241
63	121	152	176	191	258
64	129	161	187	204	274
65	138	172	200	218	293
66	147	185	214	233	315
67	159	199	232	252	340
68	172	215	251	273	368
69	185	233	271	295	398
70	200	253	294	321	432
71	216	275	320	349	469
72	236	301	351	384	513
73	260	331	386	422	562
74	286	364	425	465	616
75	314	399	467	511	676
76	344	438	513	562	741
77	375	480	564	616	811
78	408	525	618	675	885
79	444	573	675	738	965
80	480				
81	518				
82	558				
83	599				
84	642				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0100-A
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	54	67	78	85	112
45-49	60	75	86	94	125
50-54	74	93	107	116	158
55	84	106	122	133	181
56	87	112	129	140	191
57	92	118	136	148	200
58	98	125	145	158	212
59	105	132	153	168	225
60	113	140	164	178	238
61	120	149	174	189	254
62	128	160	186	202	271
63	136	169	199	216	289
64	145	181	211	231	308
65	154	193	226	246	329
66	165	207	241	264	353
67	176	224	261	285	381
68	191	241	282	308	413
69	206	262	305	334	446
70	224	285	332	364	484
71	242	309	361	395	526
72	265	339	395	433	575
73	291	371	434	476	629
74	319	407	476	522	689
75	349	447	524	573	756
76	382	488	574	629	828
77	416	535	628	689	905
78	453	584	688	753	987
79	491	638	749	821	1074
80	531				
81	572				
82	614				
83	660				
84	707				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0100-A
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	58	72	82	91	119
45-49	64	80	92	101	132
50-54	79	99	114	124	167
55	88	112	129	141	191
56	92	118	136	148	200
57	96	124	144	156	211
58	102	131	152	166	222
59	109	139	161	176	235
60	118	147	172	187	249
61	126	156	182	199	266
62	134	167	195	213	284
63	142	178	208	227	302
64	152	189	221	242	322
65	161	202	236	258	345
66	172	216	253	276	369
67	185	234	273	299	399
68	199	253	295	324	432
69	215	274	320	351	467
70	233	298	347	381	506
71	253	324	379	415	551
72	276	354	414	454	601
73	304	388	454	499	659
74	333	426	499	547	721
75	365	467	547	600	791
76	399	511	600	658	865
77	434	559	656	720	945
78	472	609	718	786	1031
79	511	665	781	858	1121
80	552				
81	594				
82	639				
83	686				
84	734				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0100-A
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	34	42	49	54	72
45-49	38	47	55	60	80
50-54	51	62	71	76	102
55	58	72	81	89	121
56	61	75	86	94	129
57	65	80	92	101	139
58	69	86	99	109	149
59	75	93	107	118	161
60	81	101	116	127	174
61	88	109	127	138	187
62	95	119	138	149	202
63	102	127	148	161	218
64	109	136	159	172	233
65	118	146	169	185	251
66	127	156	182	199	271
67	138	171	199	216	294
68	149	186	218	236	321
69	162	204	238	259	351
70	176	222	260	284	384
71	193	245	286	313	420
72	213	271	316	346	464
73	235	300	351	384	512
74	261	332	389	426	566
75	288	368	431	472	625
76	318	407	475	521	688
77	349	448	525	575	756
78	382	493	578	633	829
79	418	541	633	695	908
80	454				
81	493				
82	533				
83	575				
84	620				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0100-A
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	41	52	59	65	85
45-49	46	56	66	72	94
50-54	58	72	84	91	119
55	67	84	95	105	141
56	71	88	101	109	151
57	74	93	107	116	160
58	80	100	115	126	172
59	86	108	125	135	184
60	93	116	134	146	196
61	100	125	145	158	211
62	108	135	156	171	227
63	115	145	168	182	244
64	124	154	180	195	261
65	133	166	192	208	280
66	142	178	206	225	302
67	154	193	225	244	328
68	167	209	245	266	359
69	181	229	267	291	392
70	198	251	293	319	429
71	216	275	321	351	471
72	238	304	355	388	519
73	262	335	393	429	573
74	291	372	435	476	633
75	321	411	481	527	698
76	354	453	531	582	769
77	388	499	585	642	845
78	425	547	642	706	926
79	462	600	705	774	1013
80	502				
81	544				
82	588				
83	634				
84	682				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0100-A
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	45	55	64	69	91
45-49	49	61	71	76	100
50-54	61	76	88	96	126
55	71	88	101	111	149
56	74	93	107	116	159
57	79	99	114	124	169
58	85	106	122	133	181
59	91	114	132	142	193
60	98	122	142	154	206
61	105	132	153	166	221
62	113	142	165	179	238
63	121	153	176	192	255
64	129	162	188	205	273
65	139	174	201	219	293
66	148	187	216	235	315
67	161	202	235	255	344
68	175	220	256	279	375
69	189	240	280	305	409
70	207	262	307	334	448
71	226	288	336	367	492
72	248	318	372	406	542
73	274	351	412	449	599
74	304	388	455	498	661
75	335	428	502	551	729
76	369	473	554	608	804
77	405	520	611	671	882
78	442	571	671	738	967
79	481	626	735	808	1058
80	522				
81	566				
82	612				
83	659				
84	708				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0100-A
Long-Term Care Policy

WITH SURVIVORSHIP BENEFIT RIDER R1-N0103-SERIES

When this rider is chosen, multiply the final premium by the appropriate factor.

ISSUE AGE	NO INFLATION PROTECTION	SIMPLE INFLATION PROTECTION	COMPOUND INFLATION PROTECTION
18-44	1.11	1.17	1.17
45-49	1.14	1.21	1.21
50-54	1.18	1.28	1.28
55	1.20	1.30	1.30
56	1.20	1.30	1.30
57	1.21	1.30	1.30
58	1.21	1.30	1.30
59	1.21	1.30	1.30
60	1.21	1.30	1.30
61	1.21	1.30	1.30
62	1.21	1.29	1.29
63	1.21	1.29	1.29
64	1.21	1.28	1.28
65	1.20	1.27	1.27
66	1.20	1.26	1.26
67	1.20	1.26	1.26
68	1.19	1.25	1.25
69	1.19	1.24	1.24
70	1.18	1.23	1.23
71	1.18	1.22	1.22
72	1.17	1.20	1.20
73	1.16	1.19	1.19
74	1.16	1.18	1.18
75	1.15	1.17	1.17
76	1.14	1.16	1.16
77	1.13	1.15	1.15
78	1.12	1.14	1.14
79	1.11	1.13	1.13
80	1.10	1.12	1.12
81	1.09	1.11	1.11
82	1.08	1.10	1.10
83	1.07	1.09	1.09
84	1.06	1.08	1.08

CONTINENTAL CASUALTY COMPANY
 Rates for form P1-N0100-A
 Long-Term Care Policy

Elimination Period Factors

Rates shown are for 30 day elimination period. Rates for other elimination periods are calculated by multiplying the 30 day rates by the appropriate factor from the following table:

Benefit Maximum	0	14	20	60	90	100	180	365
730x,1095x	1.11	1.06	1.03	0.95	0.91	0.90	0.80	0.71
1460x,1825x	1.09	1.05	1.03	0.95	0.91	0.90	0.81	0.72
Lifetime	1.07	1.04	1.03	0.96	0.93	0.92	0.85	0.78

Health Rating Group Factors

Rates shown are for Preferred Rating Group and Select Rating Group. Rates for Health Groups II, III, IV and V are calculated by multiplying Select rates by 1.25, 1.50, 1.75 and 2.00 respectively.

Multi-Life Discount

A 5%, 10%, 15% or 20% discount to the rates is available for qualifying Associations of 10 or more lives.

Spousal Discount

A 20% discount to the rates is available to married couples if both spouses apply for coverage.

Dual Waiver of Premium Rider R1-N0104-Series

An optional dual waiver of premium rider will be offered. If one spouse qualifies for a waiver of premium, the premium of the other spouse will also be waived. If chosen, multiply the final premium by 1.06.

Shared Advantage Rider R1-N0105-Series

This rider will allow two covered spouses to purchase an additional benefit amount that can be used by either spouse after their base benefits are exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	No Inflation Protection	With Inflation Protection
730x	1.30	1.35
1095x	1.21	1.25
1460x	1.15	1.18
1825x	1.12	1.14

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0100-A
Long-Term Care Policy

Restoration of Benefits Rider R1-N0106-Series

This rider restores the maximum lifetime benefit if the insured has not met the stipulated conditions for a period of 180 consecutive days and the maximum lifetime benefit has not been exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	Factor
730x	1.08
1095x	1.06
1460x,1825x	1.04

Cost of Living Increase Rider R1-N0107-Series

This rider allows the insured to increase their policy limits, subject to the terms of the rider, every three years without additional underwriting. The additional premium charged is based on the attained age and incremental increase in the maximum daily facility benefit when exercised. If chosen, multiply the final premium by the appropriate factor:

Age	Factor
18-44	1.15
45-49	1.12
50-55	1.10
56-58	1.09
59-61	1.08
62-64	1.07
65-67	1.06
68-70	1.05
71-73	1.04
74-76	1.03

CONTINENTAL CASUALTY COMPANY

Supplement to Rate Sheets for Policy Form P1-N0101-A
DISTRICT OF COLUMBIA

All rates for this form should be multiplied by a factor of:

First Year	1.1000
Second Year	1.2100
Third Year	1.3310
Fourth Year	1.4641
Fifth Year	1.6105
Sixth Year	1.7716
Seventh Year	1.8000

This factor represents the **proposed** increase of:

First Year	10.0%
Second Year	10.0%
Third Year	10.0%
Fourth Year	10.0%
Fifth Year	10.0%
Sixth Year	10.0%
Seventh Year	1.6%

And the following prior approved rate increases:

Policy Form	Increase Applies to all Policies or Subset	Rate Increase Approved	Approval Date of Rate Increase
	--None--		--None--

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0101-A
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	26.25	30.00	35.00	37.50	47.50
45-49	28.75	33.75	38.75	41.25	52.50
50-54	35.00	41.25	47.50	51.25	65.00
55	40.00	47.50	55.00	58.75	77.50
56	42.50	51.25	58.75	62.50	82.50
57	46.25	55.00	62.50	67.50	88.75
58	50.00	60.00	67.50	73.75	96.25
59	55.00	65.00	73.75	80.00	105.00
60	60.00	71.25	81.25	88.75	113.75
61	65.00	78.75	88.75	96.25	123.75
62	70.00	85.00	96.25	105.00	135.00
63	75.00	91.25	103.75	112.50	145.00
64	80.00	97.50	111.25	120.00	156.25
65	85.00	105.00	118.75	128.75	167.50
66	92.50	112.50	128.75	138.75	181.25
67	100.00	122.50	140.00	151.25	197.50
68	108.75	133.75	153.75	166.25	217.50
69	118.75	146.25	168.75	182.50	238.75
70	130.00	160.00	185.00	201.25	262.50
71	143.75	177.50	205.00	223.75	290.00
72	160.00	197.50	228.75	250.00	323.75
73	178.75	221.25	256.25	280.00	362.50
74	198.75	247.50	287.50	313.75	405.00
75	222.50	277.50	322.50	351.25	451.25
76	247.50	310.00	360.00	392.50	502.50
77	275.00	345.00	401.25	436.25	558.75
78	305.00	383.75	446.25	483.75	618.75
79	337.50	423.75	493.75	535.00	683.75
80	371.25				
81	408.75				
82	447.50				
83	488.75				
84	532.50				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0101-A
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	31.25	37.50	42.50	45.00	57.50
45-49	33.75	41.25	46.25	50.00	63.75
50-54	40.00	48.75	56.25	61.25	80.00
55	47.50	56.25	63.75	68.75	91.25
56	50.00	60.00	67.50	72.50	96.25
57	53.75	63.75	72.50	77.50	102.50
58	57.50	68.75	77.50	83.75	110.00
59	62.50	75.00	85.00	91.25	118.75
60	67.50	81.25	92.50	100.00	130.00
61	72.50	88.75	101.25	108.75	140.00
62	78.75	95.00	110.00	118.75	152.50
63	85.00	102.50	117.50	126.25	163.75
64	90.00	110.00	125.00	136.25	176.25
65	96.25	118.75	133.75	145.00	190.00
66	103.75	126.25	145.00	157.50	205.00
67	112.50	138.75	157.50	171.25	223.75
68	122.50	151.25	172.50	188.75	245.00
69	133.75	165.00	190.00	206.25	270.00
70	146.25	181.25	208.75	226.25	296.25
71	160.00	200.00	231.25	251.25	328.75
72	178.75	222.50	257.50	281.25	366.25
73	198.75	248.75	288.75	313.75	408.75
74	221.25	278.75	323.75	352.50	456.25
75	247.50	311.25	362.50	393.75	508.75
76	275.00	346.25	405.00	441.25	567.50
77	306.25	386.25	450.00	490.00	630.00
78	338.75	428.75	500.00	543.75	696.25
79	373.75	475.00	553.75	602.50	770.00
80	411.25				
81	451.25				
82	492.50				
83	537.50				
84	585.00				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0101-A
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	32.50	40.00	45.00	48.75	62.50
45-49	36.25	43.75	50.00	53.75	68.75
50-54	42.50	52.50	60.00	65.00	86.25
55	50.00	60.00	67.50	73.75	96.25
56	52.50	63.75	71.25	77.50	101.25
57	56.25	67.50	76.25	82.50	107.50
58	60.00	72.50	82.50	88.75	116.25
59	65.00	78.75	90.00	96.25	125.00
60	71.25	85.00	97.50	105.00	136.25
61	76.25	92.50	106.25	113.75	147.50
62	82.50	100.00	115.00	123.75	160.00
63	88.75	107.50	123.75	132.50	172.50
64	93.75	115.00	131.25	142.50	185.00
65	101.25	123.75	140.00	152.50	198.75
66	108.75	132.50	151.25	165.00	215.00
67	117.50	145.00	165.00	180.00	235.00
68	127.50	158.75	181.25	197.50	257.50
69	140.00	172.50	198.75	216.25	282.50
70	152.50	190.00	218.75	237.50	311.25
71	167.50	208.75	242.50	263.75	345.00
72	186.25	232.50	270.00	293.75	383.75
73	207.50	260.00	302.50	328.75	428.75
74	231.25	291.25	338.75	368.75	478.75
75	258.75	325.00	378.75	412.50	533.75
76	287.50	362.50	423.75	461.25	595.00
77	318.75	403.75	471.25	513.75	660.00
78	352.50	447.50	522.50	570.00	730.00
79	388.75	496.25	578.75	631.25	806.25
80	427.50				
81	468.75				
82	512.50				
83	558.75				
84	607.50				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0101-A
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	50.00	61.25	70.00	75.00	102.50
45-49	55.00	67.50	77.50	83.75	113.75
50-54	67.50	83.75	96.25	106.25	145.00
55	78.75	97.50	112.50	122.50	167.50
56	82.50	102.50	118.75	130.00	177.50
57	87.50	108.75	126.25	137.50	187.50
58	93.75	116.25	135.00	146.25	198.75
59	98.75	123.75	143.75	156.25	211.25
60	106.25	132.50	152.50	166.25	225.00
61	113.75	141.25	163.75	177.50	240.00
62	121.25	151.25	175.00	190.00	256.25
63	128.75	161.25	187.50	202.50	273.75
64	137.50	171.25	198.75	216.25	291.25
65	146.25	182.50	212.50	231.25	311.25
66	156.25	196.25	227.50	247.50	335.00
67	168.75	211.25	246.25	267.50	361.25
68	182.50	228.75	266.25	290.00	391.25
69	196.25	247.50	287.50	313.75	422.50
70	212.50	268.75	312.50	341.25	458.75
71	230.00	292.50	340.00	371.25	498.75
72	251.25	320.00	372.50	407.50	545.00
73	276.25	351.25	410.00	448.75	597.50
74	303.75	386.25	451.25	493.75	655.00
75	333.75	423.75	496.25	542.50	718.75
76	365.00	465.00	545.00	597.50	787.50
77	398.75	510.00	598.75	655.00	861.25
78	433.75	557.50	656.25	717.50	940.00
79	471.25	608.75	717.50	783.75	1025.00
80	510.00				
81	550.00				
82	592.50				
83	636.25				
84	682.50				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0101-A
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	57.50	71.25	82.50	90.00	118.75
45-49	63.75	80.00	91.25	100.00	132.50
50-54	78.75	98.75	113.75	123.75	167.50
55	88.75	112.50	130.00	141.25	192.50
56	92.50	118.75	137.50	148.75	202.50
57	97.50	125.00	145.00	157.50	212.50
58	103.75	132.50	153.75	167.50	225.00
59	111.25	140.00	162.50	178.75	238.75
60	120.00	148.75	173.75	188.75	252.50
61	127.50	158.75	185.00	201.25	270.00
62	136.25	170.00	197.50	215.00	287.50
63	145.00	180.00	211.25	230.00	307.50
64	153.75	192.50	223.75	245.00	327.50
65	163.75	205.00	240.00	261.25	350.00
66	175.00	220.00	256.25	280.00	375.00
67	187.50	237.50	277.50	302.50	405.00
68	202.50	256.25	300.00	327.50	438.75
69	218.75	278.75	323.75	355.00	473.75
70	237.50	302.50	352.50	386.25	513.75
71	257.50	328.75	383.75	420.00	558.75
72	281.25	360.00	420.00	460.00	611.25
73	308.75	393.75	461.25	506.25	668.75
74	338.75	432.50	506.25	555.00	732.50
75	371.25	475.00	556.25	608.75	803.75
76	406.25	518.75	610.00	668.75	880.00
77	442.50	568.75	667.50	732.50	961.25
78	481.25	620.00	731.25	800.00	1048.75
79	521.25	677.50	796.25	872.50	1141.25
80	563.75				
81	607.50				
82	652.50				
83	701.25				
84	751.25				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0101-A
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	61.25	76.25	87.50	96.25	126.25
45-49	67.50	85.00	97.50	107.50	140.00
50-54	83.75	105.00	121.25	131.25	177.50
55	93.75	118.75	137.50	150.00	202.50
56	97.50	125.00	145.00	157.50	212.50
57	102.50	131.25	152.50	166.25	223.75
58	108.75	138.75	161.25	176.25	236.25
59	116.25	147.50	171.25	187.50	250.00
60	125.00	156.25	182.50	198.75	265.00
61	133.75	166.25	193.75	211.25	282.50
62	142.50	177.50	207.50	226.25	301.25
63	151.25	188.75	221.25	241.25	321.25
64	161.25	201.25	235.00	257.50	342.50
65	171.25	215.00	251.25	273.75	366.25
66	182.50	230.00	268.75	293.75	392.50
67	196.25	248.75	290.00	317.50	423.75
68	211.25	268.75	313.75	343.75	458.75
69	228.75	291.25	340.00	372.50	496.25
70	247.50	316.25	368.75	405.00	537.50
71	268.75	343.75	402.50	441.25	585.00
72	293.75	376.25	440.00	482.50	638.75
73	322.50	412.50	482.50	530.00	700.00
74	353.75	452.50	530.00	581.25	766.25
75	387.50	496.25	581.25	637.50	840.00
76	423.75	542.50	637.50	698.75	918.75
77	461.25	593.75	697.50	765.00	1003.75
78	501.25	647.50	762.50	835.00	1095.00
79	542.50	706.25	830.00	911.25	1191.25
80	586.25				
81	631.25				
82	678.75				
83	728.75				
84	780.00				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0101-A
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	36.25	45.00	52.50	57.50	76.25
45-49	40.00	50.00	58.75	63.75	85.00
50-54	53.75	66.25	75.00	81.25	108.75
55	61.25	76.25	86.25	95.00	128.75
56	65.00	80.00	91.25	100.00	137.50
57	68.75	85.00	97.50	107.50	147.50
58	73.75	91.25	105.00	116.25	158.75
59	80.00	98.75	113.75	125.00	171.25
60	86.25	107.50	123.75	135.00	185.00
61	93.75	116.25	135.00	146.25	198.75
62	101.25	126.25	146.25	158.75	215.00
63	108.75	135.00	157.50	171.25	231.25
64	116.25	145.00	168.75	182.50	247.50
65	125.00	155.00	180.00	196.25	266.25
66	135.00	166.25	193.75	211.25	287.50
67	146.25	181.25	211.25	230.00	312.50
68	158.75	197.50	231.25	251.25	341.25
69	172.50	216.25	252.50	275.00	372.50
70	187.50	236.25	276.25	301.25	407.50
71	205.00	260.00	303.75	332.50	446.25
72	226.25	287.50	336.25	367.50	492.50
73	250.00	318.75	372.50	407.50	543.75
74	277.50	352.50	413.75	452.50	601.25
75	306.25	391.25	457.50	501.25	663.75
76	337.50	432.50	505.00	553.75	731.25
77	371.25	476.25	557.50	611.25	803.75
78	406.25	523.75	613.75	672.50	881.25
79	443.75	575.00	672.50	738.75	965.00
80	482.50				
81	523.75				
82	566.25				
83	611.25				
84	658.75				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0101-A
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	43.75	55.00	62.50	68.75	90.00
45-49	48.75	60.00	70.00	76.25	100.00
50-54	61.25	76.25	88.75	96.25	126.25
55	71.25	88.75	101.25	111.25	150.00
56	75.00	93.75	107.50	116.25	160.00
57	78.75	98.75	113.75	123.75	170.00
58	85.00	106.25	122.50	133.75	182.50
59	91.25	115.00	132.50	143.75	195.00
60	98.75	123.75	142.50	155.00	208.75
61	106.25	132.50	153.75	167.50	223.75
62	115.00	143.75	166.25	181.25	241.25
63	122.50	153.75	178.75	193.75	258.75
64	131.25	163.75	191.25	207.50	277.50
65	141.25	176.25	203.75	221.25	297.50
66	151.25	188.75	218.75	238.75	321.25
67	163.75	205.00	238.75	258.75	348.75
68	177.50	222.50	260.00	282.50	381.25
69	192.50	243.75	283.75	308.75	416.25
70	210.00	266.25	311.25	338.75	456.25
71	230.00	292.50	341.25	372.50	500.00
72	252.50	322.50	377.50	412.50	551.25
73	278.75	356.25	417.50	456.25	608.75
74	308.75	395.00	462.50	506.25	672.50
75	341.25	436.25	511.25	560.00	741.25
76	376.25	481.25	563.75	618.75	817.50
77	412.50	530.00	621.25	682.50	897.50
78	451.25	581.25	682.50	750.00	983.75
79	491.25	637.50	748.75	822.50	1076.25
80	533.75				
81	577.50				
82	625.00				
83	673.75				
84	725.00				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0101-A
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

PREFERRED RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	47.50	58.75	67.50	73.75	96.25
45-49	52.50	65.00	75.00	81.25	106.25
50-54	65.00	81.25	93.75	102.50	133.75
55	75.00	93.75	107.50	117.50	158.75
56	78.75	98.75	113.75	123.75	168.75
57	83.75	105.00	121.25	131.25	180.00
58	90.00	112.50	130.00	141.25	192.50
59	96.25	121.25	140.00	151.25	205.00
60	103.75	130.00	151.25	163.75	218.75
61	111.25	140.00	162.50	176.25	235.00
62	120.00	151.25	175.00	190.00	252.50
63	128.75	162.50	187.50	203.75	271.25
64	137.50	172.50	200.00	217.50	290.00
65	147.50	185.00	213.75	232.50	311.25
66	157.50	198.75	230.00	250.00	335.00
67	171.25	215.00	250.00	271.25	365.00
68	186.25	233.75	272.50	296.25	398.75
69	201.25	255.00	297.50	323.75	435.00
70	220.00	278.75	326.25	355.00	476.25
71	240.00	306.25	357.50	390.00	522.50
72	263.75	337.50	395.00	431.25	576.25
73	291.25	372.50	437.50	477.50	636.25
74	322.50	412.50	483.75	528.75	702.50
75	356.25	455.00	533.75	585.00	775.00
76	392.50	502.50	588.75	646.25	853.75
77	430.00	552.50	648.75	712.50	937.50
78	470.00	606.25	712.50	783.75	1027.50
79	511.25	665.00	781.25	858.75	1123.75
80	555.00				
81	601.25				
82	650.00				
83	700.00				
84	752.50				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0101-A
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	31.25	35.00	41.25	43.75	56.25
45-49	33.75	40.00	45.00	48.75	61.25
50-54	41.25	48.75	56.25	60.00	76.25
55	47.50	56.25	65.00	68.75	91.25
56	50.00	60.00	68.75	73.75	97.50
57	55.00	65.00	73.75	80.00	105.00
58	58.75	70.00	80.00	86.25	113.75
59	65.00	76.25	86.25	93.75	123.75
60	70.00	83.75	95.00	105.00	133.75
61	76.25	92.50	105.00	113.75	145.00
62	82.50	100.00	113.75	123.75	158.75
63	88.75	107.50	122.50	132.50	170.00
64	93.75	115.00	131.25	141.25	183.75
65	100.00	123.75	140.00	151.25	197.50
66	108.75	132.50	151.25	163.75	213.75
67	117.50	143.75	165.00	177.50	232.50
68	127.50	157.50	181.25	195.00	256.25
69	140.00	172.50	198.75	215.00	281.25
70	152.50	188.75	217.50	236.25	308.75
71	168.75	208.75	241.25	263.75	341.25
72	188.75	232.50	268.75	293.75	381.25
73	210.00	260.00	301.25	330.00	426.25
74	233.75	291.25	338.75	368.75	476.25
75	261.25	326.25	380.00	413.75	531.25
76	291.25	365.00	423.75	461.25	591.25
77	323.75	406.25	472.50	513.75	657.50
78	358.75	451.25	525.00	568.75	727.50
79	397.50	498.75	581.25	630.00	805.00
80	436.25				
81	481.25				
82	526.25				
83	575.00				
84	626.25				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0101-A
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	36.25	43.75	50.00	52.50	67.50
45-49	40.00	48.75	55.00	58.75	75.00
50-54	47.50	57.50	66.25	72.50	93.75
55	56.25	66.25	75.00	81.25	107.50
56	58.75	70.00	80.00	85.00	113.75
57	63.75	75.00	85.00	91.25	120.00
58	67.50	81.25	91.25	98.75	130.00
59	73.75	88.75	100.00	107.50	140.00
60	80.00	95.00	108.75	117.50	152.50
61	85.00	105.00	118.75	127.50	165.00
62	92.50	111.25	130.00	140.00	180.00
63	100.00	120.00	138.75	148.75	192.50
64	106.25	130.00	147.50	160.00	207.50
65	113.75	140.00	157.50	170.00	223.75
66	122.50	148.75	170.00	185.00	241.25
67	132.50	163.75	185.00	201.25	263.75
68	143.75	177.50	202.50	222.50	288.75
69	157.50	193.75	223.75	242.50	317.50
70	172.50	213.75	245.00	266.25	348.75
71	188.75	235.00	272.50	295.00	386.25
72	210.00	261.25	302.50	331.25	431.25
73	233.75	292.50	340.00	368.75	481.25
74	260.00	327.50	381.25	415.00	536.25
75	291.25	366.25	426.25	463.75	598.75
76	323.75	407.50	476.25	518.75	667.50
77	360.00	455.00	530.00	576.25	741.25
78	398.75	505.00	588.75	640.00	818.75
79	440.00	558.75	651.25	708.75	906.25
80	483.75				
81	531.25				
82	580.00				
83	632.50				
84	688.75				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0101-A
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	38.75	47.50	52.50	57.50	73.75
45-49	42.50	51.25	58.75	63.75	81.25
50-54	50.00	61.25	70.00	76.25	101.25
55	58.75	70.00	80.00	86.25	113.75
56	61.25	75.00	83.75	91.25	118.75
57	66.25	80.00	90.00	97.50	126.25
58	70.00	85.00	97.50	105.00	136.25
59	76.25	92.50	106.25	113.75	147.50
60	83.75	100.00	115.00	123.75	160.00
61	90.00	108.75	125.00	133.75	173.75
62	97.50	117.50	135.00	145.00	188.75
63	105.00	126.25	145.00	156.25	202.50
64	110.00	135.00	155.00	167.50	217.50
65	118.75	145.00	165.00	180.00	233.75
66	127.50	156.25	177.50	193.75	252.50
67	138.75	170.00	193.75	211.25	276.25
68	150.00	186.25	213.75	232.50	302.50
69	165.00	202.50	233.75	255.00	332.50
70	180.00	223.75	257.50	280.00	366.25
71	197.50	245.00	285.00	310.00	406.25
72	218.75	273.75	317.50	345.00	451.25
73	243.75	306.25	356.25	386.25	505.00
74	272.50	342.50	398.75	433.75	563.75
75	305.00	382.50	445.00	485.00	627.50
76	338.75	426.25	498.75	542.50	700.00
77	375.00	475.00	555.00	605.00	776.25
78	415.00	526.25	615.00	670.00	858.75
79	457.50	583.75	681.25	742.50	948.75
80	502.50				
81	551.25				
82	602.50				
83	657.50				
84	715.00				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0101-A
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	58.75	72.50	82.50	88.75	120.00
45-49	65.00	80.00	91.25	98.75	133.75
50-54	80.00	98.75	113.75	125.00	170.00
55	92.50	115.00	132.50	143.75	197.50
56	97.50	120.00	140.00	152.50	208.75
57	102.50	127.50	148.75	161.25	220.00
58	110.00	136.25	158.75	172.50	233.75
59	116.25	145.00	168.75	183.75	248.75
60	125.00	156.25	180.00	195.00	265.00
61	133.75	166.25	192.50	208.75	282.50
62	142.50	177.50	206.25	223.75	301.25
63	151.25	190.00	220.00	238.75	322.50
64	161.25	201.25	233.75	255.00	342.50
65	172.50	215.00	250.00	272.50	366.25
66	183.75	231.25	267.50	291.25	393.75
67	198.75	248.75	290.00	315.00	425.00
68	215.00	268.75	313.75	341.25	460.00
69	231.25	291.25	338.75	368.75	497.50
70	250.00	316.25	367.50	401.25	540.00
71	270.00	343.75	400.00	436.25	586.25
72	295.00	376.25	438.75	480.00	641.25
73	325.00	413.75	482.50	527.50	702.50
74	357.50	455.00	531.25	581.25	770.00
75	392.50	498.75	583.75	638.75	845.00
76	430.00	547.50	641.25	702.50	926.25
77	468.75	600.00	705.00	770.00	1013.75
78	510.00	656.25	772.50	843.75	1106.25
79	555.00	716.25	843.75	922.50	1206.25
80	600.00				
81	647.50				
82	697.50				
83	748.75				
84	802.50				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0101-A
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	67.50	83.75	97.50	106.25	140.00
45-49	75.00	93.75	107.50	117.50	156.25
50-54	92.50	116.25	133.75	145.00	197.50
55	105.00	132.50	152.50	166.25	226.25
56	108.75	140.00	161.25	175.00	238.75
57	115.00	147.50	170.00	185.00	250.00
58	122.50	156.25	181.25	197.50	265.00
59	131.25	165.00	191.25	210.00	281.25
60	141.25	175.00	205.00	222.50	297.50
61	150.00	186.25	217.50	236.25	317.50
62	160.00	200.00	232.50	252.50	338.75
63	170.00	211.25	248.75	270.00	361.25
64	181.25	226.25	263.75	288.75	385.00
65	192.50	241.25	282.50	307.50	411.25
66	206.25	258.75	301.25	330.00	441.25
67	220.00	280.00	326.25	356.25	476.25
68	238.75	301.25	352.50	385.00	516.25
69	257.50	327.50	381.25	417.50	557.50
70	280.00	356.25	415.00	455.00	605.00
71	302.50	386.25	451.25	493.75	657.50
72	331.25	423.75	493.75	541.25	718.75
73	363.75	463.75	542.50	595.00	786.25
74	398.75	508.75	595.00	652.50	861.25
75	436.25	558.75	655.00	716.25	945.00
76	477.50	610.00	717.50	786.25	1035.00
77	520.00	668.75	785.00	861.25	1131.25
78	566.25	730.00	860.00	941.25	1233.75
79	613.75	797.50	936.25	1026.25	1342.50
80	663.75				
81	715.00				
82	767.50				
83	825.00				
84	883.75				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0101-A
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH COMPOUND AUTOMATIC INCREASE RIDER R1-N0078-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	72.50	90.00	102.50	113.75	148.75
45-49	80.00	100.00	115.00	126.25	165.00
50-54	98.75	123.75	142.50	155.00	208.75
55	110.00	140.00	161.25	176.25	238.75
56	115.00	147.50	170.00	185.00	250.00
57	120.00	155.00	180.00	195.00	263.75
58	127.50	163.75	190.00	207.50	277.50
59	136.25	173.75	201.25	220.00	293.75
60	147.50	183.75	215.00	233.75	311.25
61	157.50	195.00	227.50	248.75	332.50
62	167.50	208.75	243.75	266.25	355.00
63	177.50	222.50	260.00	283.75	377.50
64	190.00	236.25	276.25	302.50	402.50
65	201.25	252.50	295.00	322.50	431.25
66	215.00	270.00	316.25	345.00	461.25
67	231.25	292.50	341.25	373.75	498.75
68	248.75	316.25	368.75	405.00	540.00
69	268.75	342.50	400.00	438.75	583.75
70	291.25	372.50	433.75	476.25	632.50
71	316.25	405.00	473.75	518.75	688.75
72	345.00	442.50	517.50	567.50	751.25
73	380.00	485.00	567.50	623.75	823.75
74	416.25	532.50	623.75	683.75	901.25
75	456.25	583.75	683.75	750.00	988.75
76	498.75	638.75	750.00	822.50	1081.25
77	542.50	698.75	820.00	900.00	1181.25
78	590.00	761.25	897.50	982.50	1288.75
79	638.75	831.25	976.25	1072.50	1401.25
80	690.00				
81	742.50				
82	798.75				
83	857.50				
84	917.50				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0101-A
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
50% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	42.50	52.50	61.25	67.50	90.00
45-49	47.50	58.75	68.75	75.00	100.00
50-54	63.75	77.50	88.75	95.00	127.50
55	72.50	90.00	101.25	111.25	151.25
56	76.25	93.75	107.50	117.50	161.25
57	81.25	100.00	115.00	126.25	173.75
58	86.25	107.50	123.75	136.25	186.25
59	93.75	116.25	133.75	147.50	201.25
60	101.25	126.25	145.00	158.75	217.50
61	110.00	136.25	158.75	172.50	233.75
62	118.75	148.75	172.50	186.25	252.50
63	127.50	158.75	185.00	201.25	272.50
64	136.25	170.00	198.75	215.00	291.25
65	147.50	182.50	211.25	231.25	313.75
66	158.75	195.00	227.50	248.75	338.75
67	172.50	213.75	248.75	270.00	367.50
68	186.25	232.50	272.50	295.00	401.25
69	202.50	255.00	297.50	323.75	438.75
70	220.00	277.50	325.00	355.00	480.00
71	241.25	306.25	357.50	391.25	525.00
72	266.25	338.75	395.00	432.50	580.00
73	293.75	375.00	438.75	480.00	640.00
74	326.25	415.00	486.25	532.50	707.50
75	360.00	460.00	538.75	590.00	781.25
76	397.50	508.75	593.75	651.25	860.00
77	436.25	560.00	656.25	718.75	945.00
78	477.50	616.25	722.50	791.25	1036.25
79	522.50	676.25	791.25	868.75	1135.00
80	567.50				
81	616.25				
82	666.25				
83	718.75				
84	775.00				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0101-A
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
75% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	51.25	65.00	73.75	81.25	106.25
45-49	57.50	70.00	82.50	90.00	117.50
50-54	72.50	90.00	105.00	113.75	148.75
55	83.75	105.00	118.75	131.25	176.25
56	88.75	110.00	126.25	136.25	188.75
57	92.50	116.25	133.75	145.00	200.00
58	100.00	125.00	143.75	157.50	215.00
59	107.50	135.00	156.25	168.75	230.00
60	116.25	145.00	167.50	182.50	245.00
61	125.00	156.25	181.25	197.50	263.75
62	135.00	168.75	195.00	213.75	283.75
63	143.75	181.25	210.00	227.50	305.00
64	155.00	192.50	225.00	243.75	326.25
65	166.25	207.50	240.00	260.00	350.00
66	177.50	222.50	257.50	281.25	377.50
67	192.50	241.25	281.25	305.00	410.00
68	208.75	261.25	306.25	332.50	448.75
69	226.25	286.25	333.75	363.75	490.00
70	247.50	313.75	366.25	398.75	536.25
71	270.00	343.75	401.25	438.75	588.75
72	297.50	380.00	443.75	485.00	648.75
73	327.50	418.75	491.25	536.25	716.25
74	363.75	465.00	543.75	595.00	791.25
75	401.25	513.75	601.25	658.75	872.50
76	442.50	566.25	663.75	727.50	961.25
77	485.00	623.75	731.25	802.50	1056.25
78	531.25	683.75	802.50	882.50	1157.50
79	577.50	750.00	881.25	967.50	1266.25
80	627.50				
81	680.00				
82	735.00				
83	792.50				
84	852.50				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0101-A
Long-Term Care Policy

Annual Premium per \$10 of Long-Term Care Daily Benefit

SELECT RATING GROUP
30 DAY ELIMINATION PERIOD
HOME AND COMMUNITY BASED CARE MAXIMUM DAILY BENEFIT=
100% OF LONG-TERM CARE DAILY BENEFIT AMOUNT
WITH SIMPLE AUTOMATIC INCREASE RIDER R1-N0079-SERIES

ISSUE AGE	MAXIMUM= 730x LTC BENEFIT/DAY	MAXIMUM= 1095x LTC BENEFIT/DAY	MAXIMUM= 1460x LTC BENEFIT/DAY	MAXIMUM= 1825x LTC BENEFIT/DAY	MAXIMUM= UNLIMITED
18-44	56.25	68.75	80.00	86.25	113.75
45-49	61.25	76.25	88.75	95.00	125.00
50-54	76.25	95.00	110.00	120.00	157.50
55	88.75	110.00	126.25	138.75	186.25
56	92.50	116.25	133.75	145.00	198.75
57	98.75	123.75	142.50	155.00	211.25
58	106.25	132.50	152.50	166.25	226.25
59	113.75	142.50	165.00	177.50	241.25
60	122.50	152.50	177.50	192.50	257.50
61	131.25	165.00	191.25	207.50	276.25
62	141.25	177.50	206.25	223.75	297.50
63	151.25	191.25	220.00	240.00	318.75
64	161.25	202.50	235.00	256.25	341.25
65	173.75	217.50	251.25	273.75	366.25
66	185.00	233.75	270.00	293.75	393.75
67	201.25	252.50	293.75	318.75	430.00
68	218.75	275.00	320.00	348.75	468.75
69	236.25	300.00	350.00	381.25	511.25
70	258.75	327.50	383.75	417.50	560.00
71	282.50	360.00	420.00	458.75	615.00
72	310.00	397.50	465.00	507.50	677.50
73	342.50	438.75	515.00	561.25	748.75
74	380.00	485.00	568.75	622.50	826.25
75	418.75	535.00	627.50	688.75	911.25
76	461.25	591.25	692.50	760.00	1005.00
77	506.25	650.00	763.75	838.75	1102.50
78	552.50	713.75	838.75	922.50	1208.75
79	601.25	782.50	918.75	1010.00	1322.50
80	652.50				
81	707.50				
82	765.00				
83	823.75				
84	885.00				

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0101-A
Long-Term Care Policy

WITH SURVIVORSHIP BENEFIT RIDER R1-N0103-SERIES

When this rider is chosen, multiply the final premium by the appropriate factor.

ISSUE AGE	NO INFLATION PROTECTION	SIMPLE INFLATION PROTECTION	COMPOUND INFLATION PROTECTION
18-44	1.11	1.17	1.17
45-49	1.14	1.21	1.21
50-54	1.18	1.28	1.28
55	1.20	1.30	1.30
56	1.20	1.30	1.30
57	1.21	1.30	1.30
58	1.21	1.30	1.30
59	1.21	1.30	1.30
60	1.21	1.30	1.30
61	1.21	1.30	1.30
62	1.21	1.29	1.29
63	1.21	1.29	1.29
64	1.21	1.28	1.28
65	1.20	1.27	1.27
66	1.20	1.26	1.26
67	1.20	1.26	1.26
68	1.19	1.25	1.25
69	1.19	1.24	1.24
70	1.18	1.23	1.23
71	1.18	1.22	1.22
72	1.17	1.20	1.20
73	1.16	1.19	1.19
74	1.16	1.18	1.18
75	1.15	1.17	1.17
76	1.14	1.16	1.16
77	1.13	1.15	1.15
78	1.12	1.14	1.14
79	1.11	1.13	1.13
80	1.10	1.12	1.12
81	1.09	1.11	1.11
82	1.08	1.10	1.10
83	1.07	1.09	1.09
84	1.06	1.08	1.08

CONTINENTAL CASUALTY COMPANY
 Rates for form P1-N0101-A
 Long-Term Care Policy

Elimination Period Factors

Rates shown are for 30 day elimination period. Rates for other elimination periods are calculated by multiplying the 30 day rates by the appropriate factor from the following table:

Benefit Maximum	0	14	20	60	90	100	180	365
730x,1095x	1.11	1.06	1.03	0.95	0.91	0.90	0.80	0.71
1460x,1825x	1.09	1.05	1.03	0.95	0.91	0.90	0.81	0.72
Lifetime	1.07	1.04	1.03	0.96	0.93	0.92	0.85	0.78

Health Rating Group Factors

Rates shown are for Preferred Rating Group and Select Rating Group. Rates for Health Groups II, III, IV and V are calculated by multiplying Select rates by 1.25, 1.50, 1.75 and 2.00 respectively.

Multi-Life Discount

A 5%, 10%, 15% or 20% discount to the rates is available for qualifying Associations of 10 or more lives.

Spousal Discount

A 20% discount to the rates is available to married couples if both spouses apply for coverage.

Dual Waiver of Premium Rider R1-N0104-Series

An optional dual waiver of premium rider will be offered. If one spouse qualifies for a waiver of premium, the premium of the other spouse will also be waived. If chosen, multiply the final premium by 1.06.

Shared Advantage Rider R1-N0105-Series

This rider will allow two covered spouses to purchase an additional benefit amount that can be used by either spouse after their base benefits are exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	No Inflation Protection	With Inflation Protection
730x	1.30	1.35
1095x	1.21	1.25
1460x	1.15	1.18
1825x	1.12	1.14

CONTINENTAL CASUALTY COMPANY
Rates for form P1-N0101-A
Long-Term Care Policy

Restoration of Benefits Rider R1-N0106-Series

This rider restores the maximum lifetime benefit if the insured has not met the stipulated conditions for a period of 180 consecutive days and the maximum lifetime benefit has not been exhausted. If chosen, multiply the final premium by the appropriate factor:

Benefit Maximum	Factor
730x	1.08
1095x	1.06
1460x,1825x	1.04

Cost of Living Increase Rider R1-N0107-Series

This rider allows the insured to increase their policy limits, subject to the terms of the rider, every three years without additional underwriting. The additional premium charged is based on the attained age and incremental increase in the maximum daily facility benefit when exercised. If chosen, multiply the final premium by the appropriate factor:

Age	Factor
18-44	1.15
45-49	1.12
50-55	1.10
56-58	1.09
59-61	1.08
62-64	1.07
65-67	1.06
68-70	1.05
71-73	1.04
74-76	1.03

SERFF Tracking #:

MILL-128770533

State Tracking #:

Company Tracking #:

PREFERRED SOLUTION

State:

District of Columbia

Filing Company:

Continental Casualty Company

TOI/Sub-TOI:

LTC06 Long Term Care - Other/LTC06.000 Long Term Care - Other

Product Name:

Long-Term Care

Project Name/Number:

2012 Rate Increase/091CNA01-16

Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Actuarial Justification		
Comments:			
Attachment(s):			
DC_PS Act Memo_LR_20130107.pdf			

		Item Status:	Status Date:
Satisfied - Item:	Cover Letter		
Comments:			
Attachment(s):			
DC_PS CovLtr_LR_20130107.pdf			

		Item Status:	Status Date:
Satisfied - Item:	Letter of Authorization		
Comments:			
Attachment(s):			
CCC_Authorization_20130107.pdf			

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<u>Product</u>	<u>Number</u>
Comprehensive Long Term Care	P1-N0080-A
Comprehensive Long Term Care	P1-N0081-A
Comprehensive Long Term Care	P1-N0085-A
Comprehensive Long Term Care	P1-N0086-A
Comprehensive Long Term Care	P1-N0095-A
Comprehensive Long Term Care	P1-N0096-A
Comprehensive Long Term Care	P1-N0100-A
Comprehensive Long Term Care	P1-N0101-A
Nursing Home Only	P1-N0075-A
Nursing Home Only	P1-N0076-A
Nursing Home Only	P1-N0090-A
Nursing Home Only	P1-N0091-A

The above captioned policy forms provide comprehensive or facility only coverage. These forms were sold concurrently with identical original pricing assumptions and have been grouped into policy group "Preferred Solution" for experience purposes. These policy forms were issued in the District of Columbia by CCC from December 1998 through May 2003 and are no longer being marketed in any jurisdiction.

1. Purpose of Filing

This actuarial memorandum has been prepared for the purpose of documenting the rates and demonstrating that the anticipated loss ratio of these policy forms with those rates meets the minimum requirements of the jurisdiction. It may not be suitable for other purposes.

This is a rate increase filing for the above captioned forms. A cumulative 80% rate increase is being requested for all policyholders covered under these policy forms including all associated riders.

2. Description of Benefits

All of the forms are guaranteed renewable individual long term care policies sold through non-captive agents. These tax qualified and non-tax qualified forms provide long-term care confinement and home health care benefits with lifetime limits. Benefits are limited to the policy's lifetime maximum which is equal to the following multipliers times the facility daily benefit amount: 365x, 730x, 1095x, 1460x, 1825x, or Unlimited. Benefit eligibility for the tax qualified forms requires inability to perform two or more activities of daily living or being cognitively impaired. Benefit eligibility for the non-tax qualified forms requires inability to perform two or more activities of daily living, being cognitively impaired, or medical necessity.

Long-Term Care Benefits: This policy pays the Long-Term Care Daily Benefit Amount, as shown on insured's policy schedule, for each day of Long-Term Care confinement in a nursing home or assisted living facility, limited to the Benefit Lifetime Maximum.

Home Health Care Benefits: For comprehensive policy forms, this policy pays 100% of the expenses incurred for each day of care for therapist or nurse, 100% or 80%

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(percentage varies by form) of the expenses incurred for each day of care for home health aide, medical social worker, or homemaker, and 100% or 80% (percentage varies by form) of expenses incurred for each day of care for Adult Day Care or Alternate Care Facility. The total benefits payable each day for Home Health Care benefits are limited to the daily benefit amount shown on the insured's application and are subject to the policy's Benefit Lifetime Maximum.

Other Benefits: The policies may include a bed reservation, waiver of premium, nonforfeiture, and alternate plan of care benefit.

Optional Benefits: Optional riders may include inflation protection, survivorship, shared benefit, dual waiver of premium, and restoration of benefits.

3. Renewability

These forms are guaranteed renewable long-term care policy forms.

4. Applicability

This filing applies to in-force insureds only, as these forms are no longer being marketed. The premium change will apply to the base forms and all riders associated with the base forms.

5. Actuarial Assumptions

- a. Morbidity. The Milliman 2002 *Long-Term Guidelines* (Milliman *LTCGs*) provide the basis for the claim costs. The Milliman *LTCGs* provide a flexible, but consistent, basis for the determination of claim costs for a wide variety of long-term care benefit packages. These rating structures can be used to anticipate future claim levels, evaluate past experience, and establish inter-relationships between different long-term care coverages. Milliman analyzed nearly \$1.8 billion in long-term care insurance incurred claims to develop the Milliman *LTCGs*.

Adjustments were then made to incorporate CCC individual long-term care actual claim experience which is deemed 100% credible on a nationwide basis. A global actual-to-expected (A/E) scalar of 99.6% was derived and is applied to the Milliman *LTCGs* claim costs. An A/E adjustment based on issue age is also applied to the base claim costs, shown in the table below.

Issue Ages	A/E Adjustment
<60	73.9%
60-69	109.2
70-74	119.0
75+	124.1

A 1.6% annual improvement in projected morbidity is assumed to apply for 15 years, as supported by the National Long Term Care Survey results, and presented at the Society of Actuaries 2004 Spring Meeting, "Morbidity Improvement and Its Impact on LTC Insurance Pricing and Valuation".

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A scalar experience adjustment of 91.0% was applied to all claim costs based on the comparison of projected incurred claims to actual experience. This adjustment was made to reflect that actual historical experience has been running better than the LTCGs best estimate. The adjustment was developed by inspection of the progression of the historical to projected values and smoothing the transition of annual loss ratios from the historical period to the projection period.

Additional adjustments for inflation protection (if applicable), underwriting risk classification, selection, and election of other riders were also used.

- b. Mortality. Mortality is assumed to follow the 1994 Group Annuitant Mortality (1994 GAM) Static table, with selection consistent with experience. Additionally, projected mortality rates are assumed to improve by 0.6% annually for 15 years.
- c. Original Pricing Voluntary Termination Rates. Vary by duration and issue age as shown in the following table.

Issue Ages	Year 1	Year 2	Years 3+
18-59	4.0%	4.0%	4.0%
60-64	4.8	4.0	4.0
65-69	5.9	4.0	4.0
70-74	7.2	4.0	4.0
75-79	9.0	4.1	4.0
80-84	10.0	5.4	4.0

- d. Policyholder Behavior Due to the Rate Increase. In the year of rate increase notification to policyholders, an additional 4% of in-force policyholders are assumed to lapse. An additional portion of policyholders will elect to reduce benefits resulting in a cumulative 14% reduction in premiums and benefits. We assume a cumulative 2% increase in morbidity due to adverse selection from the rate increase.
- e. Expenses. Expenses have not been explicitly projected. It is assumed that the originally filed expense assumptions remain appropriate, except that commissions will not be paid on the increased premium.

The assumptions for morbidity and mortality in this filing are based on the experience of CCC, industry experience, and judgment. The experience period is inception through December 31, 2011. These assumptions are based on the nationwide experience of the particular policy forms in this filing and similar nationwide forms and are deemed reasonable for the particular policy forms in this filing. The assumptions for morbidity and mortality described above reflect an estimate of the most likely outcome and do not reflect an explicit margin for conservatism.

In establishing the morbidity and mortality assumptions described in this section, the policy design, underwriting, and claims adjudication practices for the above-referenced policies were taken into consideration.

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In accordance with District of Columbia Bulletin 03-PPI-005-11/24, the assumption for voluntary termination has been set equal to the originally filed pricing assumptions used for determination of the expected loss ratio. In doing so, deviations from the original pricing voluntary termination are not used as justification for the rate increase. The original pricing voluntary termination assumption is not consistent with the company's actual voluntary termination experience, but it is being used in accordance with District of Columbia Bulletin 03-PPI-005-11/24,

6. Marketing Method

These policies were sold through non-captive agents.

7. Underwriting Description

These policy forms were fully underwritten with the use of various tools in addition to the application which may have included medical records, an attending physician's statement, telephone interviews, and/or face-to-face assessments.

8. Premiums

Premiums are unisex, level, and payable for life unless the insured selected a limited pay option. The premiums may vary by issue age, elimination period, benefit period / lifetime maximum, initial daily benefit amount, level of home health care coverage, inflation protection option, premium mode, underwriting class, marital status, and optional coverages chosen.

9. Issue Age Range

Issue ages range from 18 to 84.

10. Area Factors

Area factors are not used for these products.

11. Premium Modalization Rules

The following modal factors remain unchanged and are applied to the annual premium to obtain the modal premium. The nationwide percent distribution (based on CCC's in-force count as of 12/31/2011) is shown below:

Premium Mode	Modal Factor	Percent Distribution
Annual	1.00*AP	60.7%
Semi-Annual	0.52*AP	7.9
Quarterly	0.27*AP	11.6
Monthly	0.09*AP	19.8

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12. Reserves

Active life reserves have not been used in this rate increase demonstration.

Reserves for known open claims are computed using a continuance table derived from Milliman *LTCGs*, adjusted for CCC-specific experience. The discount rate used to calculate the reserves varies by year of claim incurral as summarized in the table below. Incurred but not reported (IBNR) reserves are computed using standard lag techniques.

Incurral Year	Discount Rate
1998-2005	4.5%
2006-2011	4.0

Reserves for known open claims as of December 31, 2011 have been discounted to the incurral date for each respective claim using a 5.0% interest rate and included in the historical incurred claims. IBNR reserve balances as of December 31, 2011 have been allocated to a calendar year of incurral and included in the historical incurred claims.

13. Trend Assumptions

As this is not medical insurance, we have not included any explicit medical cost trends in the projections.

14. Past and Future Experience

Nationwide experience of CCC, across the above-listed forms and corresponding nationwide Preferred Solution forms, is shown in Exhibit I. Similar District of Columbia-specific experience is provided in Exhibit II. Please note that the company does not view District of Columbia-specific experience as fully credible, but is providing it as required.

CCC has chosen a credibility standard of a 90% confidence interval for the number of claims with an error of plus or minus 5%. Based on these parameters, 1,082 claims (over the entire historical period) is the criterion for full credibility. Using this standard, the nationwide experience provided with this filing is 100% credible; whereas District of Columbia-specific experience is only 5.3% credible. The credibility percentages shown in the following table are determined as $(\text{Number of Claims} / 1,082)^{1/2}$.

Experience	Claim Count	Credibility
District of Columbia	3	5.3%
Nationwide	4,424	100.0%

Historical experience is shown by claim incurral year with the loss ratio for each loss year calculated by the following formula:

$$LR_j = \frac{\sum_k \sum_t {}_j Pmt_t^k * v^{t-k} + \sum_k ({}_j CR_{ValDate}^k + {}_j IBNR_{ValDate}^k) * v^{ValDate-k}}{EP_j}$$

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LR_j = loss ratio for year j

${}_jPmt_t^k$ = claim payments at time t on claims incurred at time k in year j

${}_jCR_{ValDate}^k$ = open claim reserve held on December 31, 2011 for claims incurred at time k in year j

${}_jIBNR_{ValDate}^k$ = incurred but not reported reserve as of December 31, 2011 attributable to claims incurred at time k in year j

EP_j = earned premium in year j

$ValDate$ = December 31, 2011

j = year of claim incurral

k = date of claim incurral

t = date of claim payment

$v = 1 / 1.050 = 0.95238$

Exhibits I and II also show future anticipated experience for calendar years 2012 to 2051, based on in-force experience as of December 31, 2011, using the assumptions in this filing.

Exhibits I and II provide historical and projected values for premium, claims and policy count. Accumulated past, discounted future, and lifetime values both without and with the proposed rate increase are shown. Historical and future values are accumulated and discounted using an interest rate of 5.0%, which is the originally filed pricing assumption for determination of the expected loss ratio.

For projection purposes, the rate increases are assumed to occur annually beginning on each policy's first anniversary on or after July 1, 2013, although the increases will be effective annually beginning on the insured's next premium due date, subject to 90 day prior notification.

15. History of Previous Rate Revisions

There have been no rate increases on these forms in the District of Columbia or nationwide.

16. Analysis Performed to Consider a Rate Increase

The initial premium schedules were based on pricing assumptions believed to be appropriate, given industry experience available when the initial rate schedules were developed. The original pricing assumptions for claim costs, voluntary termination rates, mortality, and interest were as follows:

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- a. Original Pricing Claim Costs. The underlying claim costs were based on data from several sources, each of which is listed below. Claim frequency and average length of stay were determined separately.

Claim frequency was based on actual claim experience of similar policy forms issued by CCC from 1984 to 1993. To determine average length of stay, continuance tables by age were developed based on data provided in NCHS publication Vital and Health Statistics, Series 13, No. 54 and the article "Recent Experience Under the Medicare Program" by Gresch and Leong, Transactions SOA, Volume XXXIV. A composite table was generated by weighting various continuance tables for stays in skilled nursing and intermediate care facilities by the number of discharges from each type of facility and combining this with CCC's experience. Average lengths of stay for each benefit period and elimination period were calculated from this composite table. Length of stay data provided in the article "Length of Stay Pattern of Nursing Home Admissions" by Liu & Manton, Medical Care, December 1983, Volume 21, Number 12, indicated that the composite continuance table underestimated length of stay. Therefore, an upward adjustment of approximately 10% was applied to the length of stay generated by the composite table. Claim costs were calculated by multiplying attained age claim frequencies by average length of stay.

Claim costs were adjusted to reflect the impact of a no prior hospitalization requirement using data contained in NCHS Advance data, Number 135, and CCC's claims payment experience on policy forms P1-54076 and P1-59433.

- b. Original Pricing Voluntary Termination Rates. Vary by duration and issue age as shown in the following table.

Issue Ages	Year 1	Year 2	Years 3+
18-59	4.0%	4.0%	4.0%
60-64	4.8	4.0	4.0
65-69	5.9	4.0	4.0
70-74	7.2	4.0	4.0
75-79	9.0	4.1	4.0
80-84	10.0	5.4	4.0

- c. Original Pricing Mortality. 1983 GAM blended 60% female/40% male
- d. Original Pricing Investment Earnings. 5.0%

As part of the in-force management of the business, CCC monitors the performance of the business by completing periodic analysis of morbidity and persistency. An analysis of the projected lifetime loss ratio based on current assumptions compared to that assumed at the time of original pricing revealed that experience has deteriorated significantly.

The morbidity and mortality assumptions used in this filing (described in Section 5) are based on actual in-force experience of CCC, industry experience, and judgment. Actual

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mortality has been lower than that assumed in original pricing, while actual morbidity has been lower than expected in original pricing.

In accordance with District of Columbia Bulletin 03-PPI-005-11/24, the assumptions for voluntary termination and interest have been set equal to the originally filed pricing assumptions used for determination of the expected loss ratio. In doing so, deviations from the original pricing voluntary termination and interest assumptions are not used as justification for this rate increase. The original pricing voluntary termination assumption is not consistent with the company's actual voluntary termination experience, but it is being used in accordance with District of Columbia Bulletin 03-PPI-005-11/24,

17. Requested Rate Increase and Demonstration of Satisfaction of Loss Ratio Requirements

The company is requesting a cumulative 80% rate increase for all forms included in this rate increase request. To comply with District of Columbia Bulletin 03-PPI-005-11/24, the 80% increase will be implemented as six annual rate increases of 10.0% followed by a seventh increase of 1.6%.

Projected nationwide experience assuming the requested rate increase is implemented is shown in Exhibit I. As shown in Exhibit I, the nationwide expected lifetime loss ratio with and without the requested rate increase exceeds the 60% minimum required by loss ratio regulation.

Rate pages are enclosed with this memorandum. The proposed rates are uniformly 80% higher than the original rates.

18. Average Annual Premium (Annualized Premium Based on 12/31/2011 In-force)

	District of Columbia	Nationwide
Before the Rate Increase	\$1,823	\$1,682
After the Rate Increase	\$3,282	\$3,028

19. Proposed Effective Date

The rate increase will apply to policies on their next premium due date following a 90 day policyholder notification period following approval. If approved, the first rate increase would be implemented following approval. The subsequent rate increases will be implemented one year after the implementation date of the previous rate increase. Each policyholder will be notified of the entire 80% rate increase prior to the implementation of the first rate increase.

The majority of these policies were issued with a 10-year rate guarantee. No policy will receive a rate increase while still in its rate guarantee period.

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20. Nationwide Distribution of Business as of 12/31/2011 (based on in-force insured count)

By Issue Age:

Issue Ages	Percent Distribution
<45	2.6%
45-49	6.3
50-54	15.9
55-59	24.7
60-64	23.5
65-69	16.1
70-74	7.8
75-79	2.8
80+	0.3

By Elimination Period:

Elimination Period	Percent Distribution
0-Day	10.1%
30-Day	38.2
60-Day	0.9
90-Day	48.1
180-Day	2.2
360-Day	0.5

By Benefit Period:

Benefit Period	Percent Distribution
365x	0.1%
730x	5.5
1095x	22.3
1460x	14.4
1825x	20.7
Lifetime	37.0

By Inflation Protection Option:

Inflation Option	Percent Distribution
None	15.8%
5% Simple for Life	27.7
5% Compound for Life	55.1
Guaranteed Purchase Option	1.4

Continental Casualty Company (CCC)
Address: 333 S. Wabash Ave, Chicago, IL 60604

Actuarial Memorandum for the Preferred Solution Series
January 7, 2013

By Coverage Type:

Home Health Care Coverage	Percent Distribution
0%	4.9%
50%	11.8
75%	6.0
100%	77.3

21. Number of Insureds and Annualized Premium

Based on CCC's 12/31/2011 in-force count, the number of insureds and annualized premium that will be affected by this increase in this jurisdiction and nationwide are:

Jurisdiction	Number of Insured	Annualized Premium
District of Columbia	100	\$182,342
Nationwide	94,619	\$159,189,123

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22. Actuarial Certification

I am a Fellow of the Society of Actuaries and a Member of the American Academy of Actuaries, and I meet the Academy's qualification standards for preparing health rate filings and to render the actuarial opinion contained herein.

This memorandum has been prepared in conformity with all applicable Actuarial Standards of Practice, including Actuarial Standards of Practice No. 8, "Regulatory Filings for Health Plan Entities" and 18, "Long-Term Care Insurance".

I have relied on data and information provided by CCC to develop this actuarial memorandum. I have not audited or independently verified the data provided, but have reviewed it for reasonableness.

I hereby certify that, to the best of my knowledge and judgment, this rate submission is in compliance with the applicable laws and regulations of the District of Columbia and the rules of the Department. In my opinion, the rates are not unfairly discriminatory and the gross premiums are not excessive and bear reasonable relationship to the benefits.



Amy Pahl FSA, MAAA
Principal and Consulting Actuary

Date: January 7, 2013



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milliman.com

January 7, 2013

Honorable William P. White
Commissioner of Insurance
DC Department of Insurance, Securities and Banking (Department)
810 1st Street, N.E., Suite 701
Washington, DC 20002

RE: Continental Casualty Company (CCC)
Company NAIC # 20443
SERFF Tracking # MILL-128770533
Policy Forms:

Comprehensive Long Term Care	P1-N0080-A
Comprehensive Long Term Care	P1-N0081-A
Comprehensive Long Term Care	P1-N0085-A
Comprehensive Long Term Care	P1-N0086-A
Comprehensive Long Term Care	P1-N0095-A
Comprehensive Long Term Care	P1-N0096-A
Comprehensive Long Term Care	P1-N0100-A
Comprehensive Long Term Care	P1-N0101-A
Nursing Home Only	P1-N0075-A
Nursing Home Only	P1-N0076-A
Nursing Home Only	P1-N0090-A
Nursing Home Only	P1-N0091-A

Dear Commissioner White:

The referenced rate filing is being submitted on behalf of CCC for your review.

These forms are existing individual policy forms providing comprehensive and facility only long-term care coverage. These policy forms were issued in the District of Columbia from December 1998 through May 2003 and are no longer being marketed in any jurisdiction.

CCC is requesting the approval of a premium rate increase on the above-listed forms. The increase is needed due to actual mortality running lower than expected in original pricing. The company is requesting an 80% increase for policies and all associated riders for policyholders. To comply with District of Columbia Bulletin 03-PPI-005-11/24, the 80% increase will be implemented as six annual rate increases of 10.0% followed by a seventh increase of 1.6%. If approved, the first rate increase would be implemented following approval. The subsequent rate increases will be implemented one

Offices in Principal Cities Worldwide

This work product was prepared to provide assistance to CCC. Milliman does not intend to benefit and assumes no duty or liability to other parties who receive this work. Milliman recommends Recipient be aided by its own actuary or other qualified professional when reviewing the Milliman work product.



Honorable William P. White
January 7, 2013

year after the implementation date of the previous rate increase. Each policyholder will be notified of the entire 80% rate increase prior to the implementation of the first rate increase.

There have been no previous rate revisions on this policy form nationwide or in the District of Columbia.

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

The following electronic items are included with this submission:

- this cover letter;
- letter from CCC authorizing us to submit this filing on their behalf;
- an actuarial memorandum; and
- rate schedules.

No filing fee is required for this submission.

The contact person for this filing is:

Amy Pahl, FSA, MAAA
Principal and Consulting Actuary
8500 Normandale Lake Blvd., Suite 1850
Minneapolis, MN 55437
(952) 820-2419
amy.pahl@milliman.com

Thank you for your assistance in reviewing this filing.

Respectfully,

A handwritten signature in blue ink that reads 'Amy Pahl'.

Amy Pahl, FSA, MAAA
Principal and Consulting Actuary

AP/lbg

Enclosures



333 S. Wabash Ave. Chicago IL 60604

Philip Sanchez, FSA, MAAA

Vice President & Actuary
Life & Health Actuarial

Telephone 312-822-1414

Internet philip.sanchez@cna.com

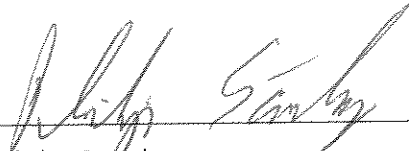
Letter of Authorization

To: Department of Insurance

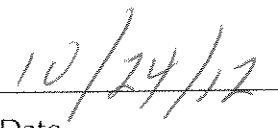
Continental Casualty Company (CCC) has entered into a service agreement with Milliman, Inc. (Milliman) effective April 23, 2003, that includes long-term care rate filing services on our behalf. The agreement provides, in part, that Milliman is responsible for preparing and filing for approval with state insurance departments CCC's long-term care rate increase filings. Milliman is also authorized to receive, on CCC's behalf, written and oral communication from each state department of insurance for the purpose of completing the rate increase filing process.

Please accept this letter of authorization for the purpose stated above. Should you have any questions regarding the above, please forward your comments to:

Continental Casualty Company
333 S. Wabash Ave
Chicago, IL 60604



Philip Sanchez
Vice President & Actuary



Date