

State: District of Columbia **Filing Company:** State Farm Mutual Automobile Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long Term Care Insurance
Project Name/Number: Long Term Care Insurance/

Filing at a Glance

Company: State Farm Mutual Automobile Insurance Company
Product Name: Long Term Care Insurance
State: District of Columbia
TOI: LTC03I Individual Long Term Care
Sub-TOI: LTC03I.001 Qualified
Filing Type: Rate
Date Submitted: 05/12/2014
SERFF Tr Num: STLH-129484004
SERFF Status: Assigned
State Tr Num:
State Status:
Co Tr Num: 2014 DC LTCI 97058 SERIES
Implementation: 10/01/2014
Date Requested:
Author(s): Barb Baxter, David Diffor, Samantha Knackmuhs, Emily Ehrstein, Shirley Young, Andrew Norris, Jeff Mueller
Reviewer(s): John Morgan (primary), Alula Selassie, Beichen Li
Disposition Date:
Disposition Status:
Implementation Date:
State Filing Description:

State: District of Columbia **Filing Company:** State Farm Mutual Automobile Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long Term Care Insurance
Project Name/Number: Long Term Care Insurance/

General Information

Project Name: Long Term Care Insurance Status of Filing in Domicile: Pending
 Project Number: Date Approved in Domicile:
 Requested Filing Mode: Review & Approval Domicile Status Comments: Filing pending on this block in Illinois since 11/2/2012
 Explanation for Combination/Other: Market Type: Individual
 Submission Type: New Submission Individual Market Type:
 Overall Rate Impact: 10% Filing Status Changed: 05/14/2014
 State Status Changed:
 Deemer Date: Created By: Andrew Norris
 Submitted By: Emily Ehrstein Corresponding Filing Tracking Number:

Filing Description:

Dear Sir or Madam,

On behalf of State Farm Mutual Automobile Insurance Company of Bloomington, IL, I submit the following rate revision filing. We are filing new rate tables for Policy Forms 97058 and Rider Forms 99572, 99573, and 99574. This filing represents an average increase of 10.0%. Rate increases will range from 1.5% to 10%. These new rates will apply on the policyholder's next renewal. These rates will be implemented on October 1, 2014, or as soon as possible thereafter.

Most policyholders will be given the option to reduce coverage in an effort to reduce the impact of the proposed increase. Only policyholders who have coverage that is greater than the minimum issue requirements will have this option. Options available include:

- Reduce the daily benefit amount
- Decrease the benefit period
- Increase the elimination period
- Remove an optional rider

We appreciate your time in reviewing this filing. Please don't hesitate to contact us if there is any additional information that we can provide to assist you in your review of this filing.

Sincerely,

Jeff Mueller, FSA, MAAA
 Actuarial Analyst
 State Farm Mutual Automobile Ins. Co.
 (309) 735-2224

Company and Contact

Filing Contact Information

Samantha Knackmuhs, Associate Actuary samantha.knackmuhs.nboh@statefarm.com
 One State Farm Plaza 309-766-4100 [Phone]
 Bloomington, IL 61710 309-766-1827 [FAX]

State: District of Columbia **Filing Company:** State Farm Mutual Automobile Insurance Company
TOI/Sub-TOI: LTC031 Individual Long Term Care/LTC031.001 Qualified
Product Name: Long Term Care Insurance
Project Name/Number: Long Term Care Insurance/

Filing Company Information

State Farm Mutual Automobile Insurance Company One State Farm Plaza Bloomington, IL 61710 (309) 766-5188 ext. [Phone]	CoCode: 25178 Group Code: 176 Group Name: FEIN Number: 37-0533100	State of Domicile: Illinois Company Type: State ID Number:
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Filing Fees

Fee Required? No
Retaliatory? No
Fee Explanation:

State: District of Columbia

Filing Company:

State Farm Mutual Automobile Insurance Company

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

Product Name: Long Term Care Insurance

Project Name/Number: Long Term Care Insurance/

Form Schedule

Lead Form Number: 97058

Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1		Long Term Care	97058	POL	Other	Form associated with rate filing.		

Form Type Legend:

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

SERFF Tracking #:

STLH-129484004

State Tracking #:

Company Tracking #:

2014 DC LTCI 97058 SERIES

State: District of Columbia
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long Term Care Insurance
Project Name/Number: Long Term Care Insurance/

Filing Company: State Farm Mutual Automobile Insurance Company

Rate Information

Rate data applies to filing.

Filing Method: SERFF
Rate Change Type: Increase
Overall Percentage of Last Rate Revision: 9.000%
Effective Date of Last Rate Revision: 10/01/2013
Filing Method of Last Filing: SERFF

Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	Number of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
State Farm Mutual Automobile Insurance Company	229.600%	10.000%	\$1,934	9	\$19,343	10.000%	1.500%

State: District of Columbia

Filing Company:

State Farm Mutual Automobile Insurance Company

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

Product Name: Long Term Care Insurance

Project Name/Number: Long Term Care Insurance/

Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1		Long Term Care Rate Tables	97058, 99572, 99573, 99574	Revised	Previous State Filing Number: STLH-128902539 Percent Rate Change Request: 10	Proposed Rate Table D34.pdf, Current Rate Table D08.pdf,

State Farm Mutual Automobile Insurance Company
Bloomington, Illinois

Long Term Care Insurance Policy Form 97058 Series
Standard Rate Per \$1 of Daily Benefit

30 Day Elimination Period

Issue Age	2 Year Benefit Period	3 Year Benefit Period	5 Year Benefit Period	10 Year Benefit Period	Lifetime Benefit Period
18-29	1.61	1.94	2.34	3.01	3.12
30-34	1.94	2.37	2.90	3.77	3.89
35-39	2.33	2.87	3.60	4.73	4.85
40	2.50	3.10	3.88	5.16	5.27
41	2.61	3.23	4.07	5.40	5.52
42	2.71	3.38	4.26	5.65	5.76
43	2.83	3.53	4.47	5.92	6.03
44	2.97	3.72	4.70	6.20	6.33
45	3.10	3.89	4.95	6.53	6.66
46	3.26	4.10	5.21	6.89	7.00
47	3.42	4.33	5.51	7.26	7.39
48	3.60	4.57	5.82	7.66	7.80
49	3.78	4.82	6.16	8.10	8.23
50	3.99	5.08	6.51	8.56	8.70
51	4.20	5.36	6.89	9.03	9.17
52	4.40	5.64	7.25	9.52	9.68
53	4.63	5.94	7.66	10.03	10.20
54	4.88	6.28	8.12	10.63	10.81
55	5.18	6.68	8.66	11.32	11.53
56	5.52	7.14	9.27	12.11	12.34
57	5.90	7.63	9.93	12.98	13.23
58	6.30	8.18	10.67	13.94	14.21
59	6.75	8.79	11.48	14.99	15.29
60	7.24	9.44	12.36	16.16	16.47
61	7.69	10.05	13.21	17.29	17.63
62	8.11	10.64	14.01	18.40	18.77
63	8.60	11.32	14.95	19.68	20.08
64	9.27	12.22	16.18	21.29	21.70
65	10.19	13.45	17.86	23.42	23.87
66	11.40	15.07	20.03	26.03	26.53
67	12.84	16.96	22.54	29.03	29.56
68	14.48	19.11	25.41	32.43	33.02
69	16.24	21.46	28.34	35.28	36.88
70	18.11	23.98	30.88	39.08	41.26
71	19.94	26.51	34.24	43.47	45.88
72	21.72	28.61	37.66	48.08	50.72
73	23.10	30.04	40.20	53.23	56.13
74	24.75	32.19	43.07	58.12	62.40
75	27.05	34.81	47.58	64.21	69.83
76	30.38	40.15	55.33	74.65	78.72
77	33.69	45.50	63.09	85.10	86.46
78	37.01	50.85	70.84	94.71	96.22
79	40.34	56.30	78.67	104.46	106.12
80	44.02	61.63	86.45	115.02	116.84
81	47.80	67.20	94.77	128.58	130.60
82	51.57	72.76	103.08	142.14	144.39
83	55.36	78.32	111.39	155.72	158.15
84	59.14	83.90	119.69	169.29	171.92

EXB01D34 EXC01D34 EXD01D34 EXE01D34 EXA01D34

Modes Other Than Annual

Semiannual Mode: 51% of Annual

Quarterly Mode: 26% of Annual

Spousal Discount is 20% of resulting Standard or Preferred Rate

Substandard rates are calculated as the product of the Standard Rate and the Substandard Class Factor.

Modal rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99574 is

22% of the resulting modal premium shown above after application of Spousal Discount.

Rate Table D34 - District of Columbia

State Farm Mutual Automobile Insurance Company
Bloomington, Illinois

Long Term Care Insurance Policy Form 97058 Series
Standard Rate Per \$1 of Daily Benefit

90 Day Elimination Period

Issue Age	2 Year Benefit Period	3 Year Benefit Period	5 Year Benefit Period	10 Year Benefit Period	Lifetime Benefit Period
18-29	1.52	1.78	2.18	2.79	2.89
30-34	1.80	2.17	2.67	3.49	3.59
35-39	2.15	2.64	3.29	4.35	4.44
40	2.28	2.83	3.54	4.72	4.82
41	2.38	2.95	3.72	4.94	5.06
42	2.46	3.09	3.88	5.17	5.27
43	2.57	3.23	4.08	5.41	5.51
44	2.70	3.39	4.28	5.68	5.78
45	2.83	3.55	4.51	5.96	6.06
46	2.97	3.74	4.75	6.28	6.40
47	3.11	3.95	5.03	6.62	6.73
48	3.28	4.15	5.30	6.99	7.11
49	3.45	4.38	5.60	7.37	7.51
50	3.63	4.62	5.93	7.79	7.93
51	3.82	4.86	6.26	8.22	8.37
52	3.99	5.12	6.60	8.66	8.80
53	4.20	5.40	6.96	9.12	9.28
54	4.43	5.70	7.37	9.66	9.83
55	4.70	6.06	7.85	10.29	10.47
56	5.01	6.48	8.42	11.00	11.21
57	5.34	6.92	9.02	11.78	12.01
58	5.71	7.40	9.68	12.65	12.89
59	6.12	7.95	10.41	13.59	13.87
60	6.53	8.54	11.20	14.63	14.92
61	6.94	9.09	11.96	15.64	15.95
62	7.33	9.60	12.68	16.64	16.97
63	7.77	10.21	13.52	17.78	18.13
64	8.36	11.02	14.62	19.21	19.58
65	9.19	12.13	16.12	21.09	21.49
66	10.27	13.57	18.04	23.42	23.86
67	11.57	15.28	20.31	25.60	26.55
68	13.04	17.20	22.02	28.29	29.61
69	14.61	19.13	24.74	31.28	33.04
70	16.26	20.76	27.41	34.90	36.82
71	17.45	22.68	30.33	38.72	40.48
72	18.29	24.39	32.85	42.76	43.86
73	19.24	25.61	34.56	46.63	47.52
74	20.63	27.67	37.55	50.67	52.64
75	22.46	30.77	41.96	56.61	58.64
76	25.64	35.30	48.45	65.37	67.03
77	28.82	39.83	54.95	74.13	75.32
78	31.99	44.35	61.45	82.15	83.42
79	35.21	49.02	68.08	90.18	91.56
80	38.34	53.49	74.55	98.81	100.34
81	41.50	58.08	81.30	109.65	111.31
82	44.67	62.68	88.03	120.47	122.30
83	47.84	67.26	94.79	131.30	133.28
84	51.02	71.87	101.53	142.13	144.27

EXH01D34 EXI01D34 EXJ01D34 EXK01D34 EXG01D34

Modes Other Than Annual

Semiannual Mode: 51% of Annual

Quarterly Mode: 26% of Annual

Spousal Discount is 20% of resulting Standard or Preferred Rate

Substandard rates are calculated as the product of the Standard Rate and the Substandard Class Factor.

Modal rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99574 is

22% of the resulting modal premium shown above after application of Spousal Discount.

Rate Table D34 - District of Columbia

State Farm Mutual Automobile Insurance Company
Bloomington, Illinois

Long Term Care Insurance Policy Form 97058 Series
Standard Rate Per \$1 of Daily Benefit

180 Day Elimination Period

Issue Age	2 Year Benefit Period	3 Year Benefit Period	5 Year Benefit Period	10 Year Benefit Period	Lifetime Benefit Period
18-29	1.38	1.62	1.96	2.52	2.62
30-34	1.62	1.95	2.39	3.11	3.21
35-39	1.90	2.33	2.90	3.85	3.94
40	2.02	2.50	3.12	4.18	4.27
41	2.10	2.61	3.27	4.37	4.47
42	2.19	2.73	3.42	4.57	4.65
43	2.28	2.85	3.59	4.76	4.87
44	2.39	2.98	3.76	4.99	5.09
45	2.50	3.12	3.96	5.25	5.35
46	2.62	3.29	4.18	5.53	5.62
47	2.75	3.47	4.40	5.82	5.93
48	2.88	3.64	4.64	6.14	6.25
49	3.03	3.84	4.92	6.48	6.59
50	3.18	4.06	5.19	6.84	6.95
51	3.34	4.26	5.47	7.22	7.34
52	3.51	4.48	5.78	7.59	7.71
53	3.67	4.72	6.08	7.99	8.13
54	3.87	4.98	6.44	8.46	8.60
55	4.10	5.29	6.86	8.99	9.16
56	4.37	5.64	7.34	9.63	9.80
57	4.66	6.03	7.85	10.30	10.49
58	4.97	6.45	8.44	11.03	11.24
59	5.31	6.91	9.05	11.74	12.08
60	5.69	7.41	9.72	12.62	12.98
61	6.03	7.89	10.38	13.49	13.87
62	6.36	8.35	11.01	14.33	14.76
63	6.73	8.87	11.73	15.30	15.75
64	7.24	9.56	12.55	16.51	16.98
65	7.95	10.51	13.70	17.93	18.60
66	8.90	11.75	15.32	19.87	20.61
67	10.02	13.11	17.08	21.89	22.91
68	10.98	14.36	19.03	24.15	24.81
69	11.85	15.94	21.14	26.88	27.35
70	13.04	17.74	23.58	29.90	30.40
71	14.31	19.53	26.03	32.77	33.31
72	15.73	20.89	27.91	36.07	36.64
73	16.75	21.92	29.36	39.61	40.33
74	17.96	23.52	31.79	42.90	44.48
75	19.49	26.04	35.34	47.69	49.29
76	22.01	29.68	40.50	54.65	55.51
77	24.52	33.32	45.66	61.08	61.99
78	27.04	36.97	50.82	67.28	68.27
79	29.55	40.75	56.15	73.46	74.55
80	32.09	44.32	61.22	80.08	81.26
81	34.60	47.89	66.38	88.14	89.42
82	37.12	51.48	71.52	96.22	97.59
83	39.63	55.06	76.67	104.27	105.75
84	42.14	58.63	81.81	112.33	113.92

EXN01D34 EXO01D34 EXP01D34 EXQ01D34 EXM01D34

Modes Other Than Annual

Semiannual Mode: 51% of Annual

Quarterly Mode: 26% of Annual

Spousal Discount is 20% of resulting Standard or Preferred Rate

Substandard rates are calculated as the product of the Standard Rate and the Substandard Class Factor.

Modal rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99574 is

22% of the resulting modal premium shown above after application of Spousal Discount.

Rate Table D34 - District of Columbia

State Farm Mutual Automobile Insurance Company
Bloomington, Illinois

Base + Simple Automatic Increase Benefit Rider Form 99572 Series
Standard Rate Per \$1 of Daily Benefit

30 Day Elimination Period

Issue Age	2 Year Benefit Period	3 Year Benefit Period	5 Year Benefit Period	10 Year Benefit Period	Lifetime Benefit Period
18-29	3.00	3.67	4.55	6.03	6.23
30-34	3.53	4.38	5.43	7.02	7.23
35-39	4.17	5.18	6.49	8.22	8.43
40	4.44	5.56	6.95	8.70	8.91
41	4.63	5.78	7.25	9.10	9.31
42	4.80	6.02	7.56	9.53	9.74
43	4.99	6.27	7.89	10.01	10.22
44	5.23	6.57	8.25	10.51	10.74
45	5.43	6.84	8.66	11.03	11.28
46	5.69	7.19	9.09	11.57	11.80
47	5.97	7.56	9.57	12.10	12.36
48	6.26	7.93	10.05	12.66	12.94
49	6.57	8.33	10.59	13.30	13.55
50	6.89	8.73	11.11	13.97	14.26
51	7.18	9.13	11.64	14.70	14.97
52	7.46	9.52	12.13	15.44	15.75
53	7.78	9.92	12.68	16.25	16.56
54	8.14	10.40	13.31	17.16	17.50
55	8.57	10.96	14.07	18.19	18.57
56	9.08	11.64	14.95	19.35	19.75
57	9.65	12.38	15.93	20.60	21.03
58	10.27	13.21	17.01	21.99	22.43
59	10.97	14.11	18.21	23.49	23.98
60	11.70	15.08	19.47	25.15	25.66
61	12.41	16.02	20.74	26.77	27.32
62	13.10	16.95	21.97	28.37	28.95
63	13.89	18.01	23.36	30.21	30.81
64	14.88	19.33	25.10	32.46	33.10
65	16.16	21.00	27.34	35.42	36.10
66	17.75	23.09	30.07	39.07	39.82
67	19.58	25.48	33.18	43.29	44.07
68	21.64	28.17	36.70	48.00	48.87
69	23.89	31.14	40.38	52.20	54.11
70	26.35	34.40	43.84	57.33	59.82
71	28.89	37.81	48.32	62.95	65.68
72	31.53	41.11	53.06	68.77	71.73
73	34.42	44.14	58.30	75.16	78.40
74	37.69	48.17	63.88	81.93	86.04
75	41.48	53.15	70.84	90.45	95.01
76	45.39	59.59	78.57	102.10	105.77
77	48.98	64.96	85.59	113.99	115.69
78	52.58	70.34	92.55	124.87	127.67
79	56.18	75.81	100.72	135.89	139.03
80	60.75	82.18	109.63	148.01	151.43
81	65.66	89.14	119.61	162.49	166.22
82	70.58	96.11	129.57	176.98	181.05
83	75.50	103.07	139.55	191.48	195.84
84	80.43	110.05	149.51	205.98	210.64
	XSB01D34	XSC01D34	XSD01D34	XSE01D34	XSA01D34

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Rate Table D34 - District of Columbia

State Farm Mutual Automobile Insurance Company
Bloomington, Illinois

Base + Simple Automatic Increase Benefit Rider Form 99572 Series
Standard Rate Per \$1 of Daily Benefit

90 Day Elimination Period

Issue Age	2 Year Benefit Period	3 Year Benefit Period	5 Year Benefit Period	10 Year Benefit Period	Lifetime Benefit Period
18-29	2.77	3.37	4.19	5.59	5.75
30-34	3.26	4.00	4.99	6.49	6.67
35-39	3.83	4.77	5.97	7.57	7.76
40	4.07	5.10	6.40	8.01	8.21
41	4.24	5.29	6.67	8.36	8.57
42	4.39	5.53	6.94	8.77	8.95
43	4.58	5.76	7.26	9.21	9.41
44	4.77	6.02	7.58	9.67	9.88
45	4.98	6.29	7.96	10.15	10.36
46	5.23	6.60	8.35	10.63	10.87
47	5.48	6.94	8.79	11.12	11.35
48	5.73	7.27	9.24	11.65	11.89
49	6.02	7.63	9.70	12.21	12.49
50	6.30	8.01	10.20	12.84	13.10
51	6.58	8.36	10.68	13.50	13.78
52	6.82	8.71	11.14	14.18	14.45
53	7.11	9.10	11.63	14.91	15.22
54	7.44	9.52	12.19	15.73	16.06
55	7.83	10.03	12.88	16.69	17.03
56	8.29	10.66	13.70	17.74	18.12
57	8.81	11.32	14.59	18.89	19.27
58	9.37	12.07	15.57	20.14	20.56
59	10.00	12.89	16.64	21.48	21.97
60	10.65	13.76	17.80	22.99	23.46
61	11.30	14.62	18.94	24.48	24.98
62	11.94	15.46	20.06	25.94	26.47
63	12.65	16.40	21.33	27.59	28.14
64	13.54	17.59	22.88	29.62	30.21
65	14.70	19.13	24.90	32.25	32.89
66	16.13	21.00	27.36	35.52	36.19
67	17.79	23.16	30.17	38.79	39.99
68	19.65	25.59	32.47	42.66	44.23
69	21.66	28.08	35.89	46.85	48.87
70	23.85	30.36	39.39	51.63	53.85
71	25.94	33.09	43.32	56.57	58.62
72	27.92	36.14	47.47	61.70	63.11
73	30.02	39.49	52.03	66.83	67.88
74	32.58	42.97	57.20	73.10	74.23
75	34.90	45.80	61.18	80.39	81.59
76	38.11	50.49	67.56	90.31	91.64
77	41.32	55.17	73.76	99.52	101.83
78	44.52	59.85	80.81	109.02	111.63
79	47.77	64.94	88.08	118.83	121.00
80	51.52	70.20	95.53	128.83	131.20
81	55.49	75.81	103.65	140.50	143.03
82	59.46	81.44	111.77	152.14	154.87
83	63.44	87.05	119.91	163.78	166.71
84	67.43	92.69	128.02	175.43	178.55

XSH01D34 XSI01D34 XSJ01D34 XSK01D34 XSG01D34

Modes Other Than Annual

Semiannual Mode: 51% of Annual

Quarterly Mode: 26% of Annual

Spousal Discount is 20% of resulting Standard or Preferred Rate

Substandard rates are calculated as the product of the Standard Rate and the Substandard Class Factor.

Modal rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99574 is

22% of the resulting modal premium shown above after application of Spousal Discount.

Rate Table D34 - District of Columbia

State Farm Mutual Automobile Insurance Company
Bloomington, Illinois

Base + Simple Automatic Increase Benefit Rider Form 99572 Series
Standard Rate Per \$1 of Daily Benefit

180 Day Elimination Period

Issue Age	2 Year Benefit Period	3 Year Benefit Period	5 Year Benefit Period	10 Year Benefit Period	Lifetime Benefit Period
18-29	2.48	3.03	3.75	4.97	5.18
30-34	2.90	3.59	4.46	5.78	5.97
35-39	3.39	4.24	5.30	6.73	6.90
40	3.62	4.52	5.68	7.13	7.30
41	3.76	4.71	5.92	7.44	7.62
42	3.91	4.91	6.17	7.80	7.96
43	4.06	5.12	6.45	8.16	8.36
44	4.24	5.32	6.73	8.58	8.77
45	4.42	5.57	7.05	9.00	9.19
46	4.63	5.84	7.40	9.44	9.63
47	4.84	6.13	7.78	9.86	10.08
48	5.07	6.44	8.17	10.33	10.55
49	5.31	6.75	8.61	10.82	11.06
50	5.57	7.08	9.03	11.39	11.62
51	5.80	7.38	9.43	11.96	12.21
52	6.03	7.69	9.85	12.56	12.82
53	6.26	8.02	10.27	13.20	13.46
54	6.55	8.39	10.76	13.94	14.22
55	6.89	8.83	11.36	14.76	15.07
56	7.29	9.37	12.07	15.70	16.02
57	7.76	9.97	12.84	16.69	17.04
58	8.24	10.60	13.72	17.78	18.14
59	8.78	11.31	14.64	18.85	19.36
60	9.35	12.09	15.64	20.14	20.67
61	9.90	12.83	16.64	21.43	21.99
62	10.46	13.57	17.62	22.70	23.31
63	11.08	14.40	18.72	24.13	24.78
64	11.85	15.43	19.95	25.91	26.57
65	12.86	16.74	21.55	27.98	28.86
66	14.10	18.37	23.66	30.73	31.70
67	15.54	20.14	25.91	33.70	34.95
68	16.85	21.82	28.39	36.98	37.88
69	18.11	23.91	31.11	40.77	41.47
70	19.77	26.30	34.28	44.79	45.56
71	21.58	28.77	37.61	48.62	49.42
72	23.64	31.35	41.07	52.86	53.69
73	25.86	33.95	44.88	57.45	58.34
74	27.33	37.06	49.17	62.59	63.37
75	28.92	39.14	52.47	68.50	69.16
76	31.48	42.80	57.48	76.00	76.54
77	34.37	46.33	62.13	83.82	84.35
78	37.23	50.39	67.75	91.40	91.74
79	40.09	54.61	73.62	98.78	99.21
80	43.12	58.82	79.51	106.58	107.06
81	46.26	63.22	85.77	115.32	115.87
82	49.41	67.65	92.01	124.08	124.70
83	52.56	72.05	98.26	132.81	133.52
84	55.71	76.43	104.50	141.56	142.34

XSN01D34 XSO01D34 XSP01D34 XSQ01D34 XSM01D34

Modes Other Than Annual

Semiannual Mode: 51% of Annual

Quarterly Mode: 26% of Annual

Spousal Discount is 20% of resulting Standard or Preferred Rate

Substandard rates are calculated as the product of the Standard Rate and the Substandard Class Factor.

Modal rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99574 is

22% of the resulting modal premium shown above after application of Spousal Discount.

Rate Table D34 - District of Columbia

State Farm Mutual Automobile Insurance Company
Bloomington, Illinois

Base + Compound Automatic Increase Benefit Rider Form 99573 Series
Standard Rate Per \$1 of Daily Benefit

30 Day Elimination Period

Issue Age	2 Year Benefit Period	3 Year Benefit Period	5 Year Benefit Period	10 Year Benefit Period	Lifetime Benefit Period
18-29	5.35	6.84	8.82	12.13	12.49
30-34	5.95	7.63	9.83	13.10	13.46
35-39	6.66	8.53	11.02	14.27	14.62
40	6.95	8.92	11.53	14.72	15.06
41	7.15	9.16	11.85	14.99	15.35
42	7.33	9.42	12.17	15.29	15.62
43	7.54	9.69	12.53	15.60	15.94
44	7.78	10.00	12.91	15.96	16.32
45	8.01	10.30	13.33	16.41	16.75
46	8.26	10.65	13.78	16.92	17.26
47	8.57	11.06	14.29	17.50	17.88
48	8.87	11.44	14.81	18.13	18.50
49	9.17	11.85	15.35	18.79	19.17
50	9.48	12.24	15.86	19.48	19.88
51	9.78	12.62	16.36	20.17	20.57
52	10.03	12.98	16.81	20.87	21.29
53	10.32	13.33	17.30	21.59	22.02
54	10.65	13.77	17.88	22.45	22.90
55	11.06	14.31	18.59	23.46	23.94
56	11.56	14.97	19.46	24.66	25.17
57	12.13	15.71	20.43	25.97	26.51
58	12.75	16.53	21.52	27.45	28.00
59	13.43	17.45	22.70	29.04	29.63
60	14.16	18.39	23.97	30.80	31.42
61	14.86	19.33	25.20	32.55	33.20
62	15.53	20.22	26.39	34.29	34.97
63	16.30	21.25	27.76	36.26	36.99
64	17.27	22.53	29.46	38.63	39.40
65	18.54	24.21	31.68	41.67	42.46
66	20.12	26.30	34.42	45.30	46.17
67	21.96	28.70	37.53	49.46	50.35
68	24.04	31.41	41.06	54.09	55.07
69	26.30	34.39	44.78	58.21	60.21
70	28.75	37.64	48.26	63.28	65.89
71	31.30	41.05	52.77	68.92	71.74
72	33.92	44.36	57.54	74.75	77.81
73	36.81	47.40	62.80	81.18	84.50
74	40.06	51.41	68.40	87.96	92.16
75	43.85	56.38	75.36	96.47	101.12
76	48.37	63.17	84.88	108.08	111.86
77	52.50	69.67	93.93	119.91	121.70
78	56.71	76.46	98.89	131.66	133.62
79	61.01	81.84	105.46	142.29	145.15
80	65.73	88.41	114.35	154.35	157.43
81	70.76	95.51	124.22	168.66	172.01
82	75.81	102.63	134.08	182.98	186.60
83	80.86	109.73	143.94	197.30	201.19
84	85.91	116.85	153.80	211.65	215.78

XCB01D34 XCC01D34 XCD01D34 XCE01D34 XCA01D34

Modes Other Than Annual

Semiannual Mode: 51% of Annual

Quarterly Mode: 26% of Annual

Spousal Discount is 20% of resulting Standard or Preferred Rate

Substandard rates are calculated as the product of the Standard Rate and the Substandard Class Factor.

Modal rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99574 is

22% of the resulting modal premium shown above after application of Spousal Discount.

Rate Table D34 - District of Columbia

State Farm Mutual Automobile Insurance Company
Bloomington, Illinois

Base + Compound Automatic Increase Benefit Rider Form 99573 Series
Standard Rate Per \$1 of Daily Benefit

90 Day Elimination Period

Issue Age	2 Year Benefit Period	3 Year Benefit Period	5 Year Benefit Period	10 Year Benefit Period	Lifetime Benefit Period
18-29	4.91	6.25	8.13	11.19	11.52
30-34	5.46	6.99	9.05	12.08	12.40
35-39	6.09	7.83	10.13	13.13	13.46
40	6.36	8.17	10.58	13.53	13.84
41	6.52	8.39	10.88	13.78	14.11
42	6.69	8.65	11.18	14.05	14.37
43	6.89	8.89	11.51	14.34	14.65
44	7.08	9.16	11.86	14.67	14.99
45	7.32	9.45	12.24	15.07	15.39
46	7.57	9.77	12.65	15.54	15.88
47	7.82	10.12	13.12	16.07	16.40
48	8.11	10.47	13.60	16.64	16.98
49	8.39	10.84	14.07	17.25	17.61
50	8.68	11.22	14.55	17.88	18.26
51	8.93	11.54	15.00	18.51	18.89
52	9.16	11.87	15.42	19.14	19.53
53	9.42	12.21	15.86	19.80	20.21
54	9.72	12.60	16.37	20.58	21.00
55	10.09	13.09	17.02	21.52	21.95
56	10.55	13.70	17.82	22.59	23.07
57	11.04	14.37	18.70	23.79	24.29
58	11.63	15.09	19.69	25.12	25.64
59	12.24	15.92	20.76	26.57	27.13
60	12.89	16.78	21.89	28.16	28.73
61	13.52	17.62	23.01	29.74	30.33
62	14.14	18.44	24.10	31.33	31.96
63	14.83	19.36	25.33	33.11	33.75
64	15.71	20.53	26.86	35.24	35.94
65	16.84	22.03	28.85	37.93	38.65
66	18.27	23.90	31.31	41.17	41.94
67	19.94	26.07	34.12	44.36	45.67
68	21.81	28.50	36.45	48.14	49.82
69	23.83	31.01	39.89	52.25	54.38
70	26.02	33.31	43.40	56.99	59.29
71	28.11	36.01	47.34	61.91	64.04
72	30.07	39.06	51.49	67.03	68.52
73	32.18	42.41	56.06	72.17	73.33
74	34.72	46.15	61.23	78.44	79.65
75	37.62	50.13	67.21	85.71	87.00
76	41.58	55.94	75.36	95.57	97.00
77	45.83	60.61	81.13	105.53	107.11
78	49.18	64.50	86.17	115.38	117.08
79	52.14	68.53	91.77	123.81	126.28
80	56.02	73.80	99.16	133.71	136.38
81	60.10	79.37	107.13	145.14	147.99
82	64.18	84.97	115.11	156.57	159.62
83	68.27	90.55	123.10	167.98	171.26
84	72.37	96.16	131.07	179.42	182.90

XCH01D34 XCI01D34 XCJ01D34 XCK01D34 XCG01D34

Modes Other Than Annual

Semiannual Mode: 51% of Annual

Quarterly Mode: 26% of Annual

Spousal Discount is 20% of resulting Standard or Preferred Rate

Substandard rates are calculated as the product of the Standard Rate and the Substandard Class Factor.

Modal rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99574 is

22% of the resulting modal premium shown above after application of Spousal Discount.

Rate Table D34 - District of Columbia

State Farm Mutual Automobile Insurance Company
Bloomington, Illinois

Base + Compound Automatic Increase Benefit Rider Form 99573 Series
Standard Rate Per \$1 of Daily Benefit

180 Day Elimination Period

Issue Age	2 Year Benefit Period	3 Year Benefit Period	5 Year Benefit Period	10 Year Benefit Period	Lifetime Benefit Period
18-29	4.35	5.56	7.21	9.94	10.26
30-34	4.83	6.19	8.04	10.74	11.04
35-39	5.38	6.92	8.98	11.67	11.95
40	5.62	7.24	9.38	12.02	12.30
41	5.75	7.44	9.64	12.23	12.53
42	5.92	7.65	9.91	12.46	12.75
43	6.07	7.85	10.20	12.72	13.00
44	6.27	8.10	10.51	13.00	13.29
45	6.47	8.35	10.84	13.35	13.64
46	6.68	8.62	11.21	13.77	14.07
47	6.91	8.93	11.61	14.23	14.53
48	7.14	9.24	12.01	14.74	15.05
49	7.39	9.57	12.45	15.28	15.59
50	7.63	9.90	12.88	15.83	16.15
51	7.85	10.19	13.24	16.39	16.71
52	8.07	10.47	13.63	16.93	17.26
53	8.28	10.76	13.99	17.51	17.86
54	8.55	11.10	14.44	18.18	18.56
55	8.86	11.53	15.02	19.00	19.38
56	9.25	12.05	15.70	19.95	20.35
57	9.71	12.63	16.47	21.01	21.44
58	10.20	13.27	17.35	22.15	22.61
59	10.73	13.97	18.26	23.32	23.89
60	11.30	14.74	19.25	24.68	25.29
61	11.84	15.47	20.22	26.05	26.70
62	12.38	16.18	21.16	27.42	28.13
63	12.98	16.97	22.23	28.96	29.69
64	13.73	17.99	23.43	30.80	31.56
65	14.72	19.28	25.01	32.92	33.88
66	15.96	20.91	27.10	35.66	36.70
67	17.40	22.68	29.37	38.57	39.90
68	18.71	24.38	31.86	41.76	42.74
69	19.98	26.46	34.60	45.44	46.24
70	21.63	28.84	37.76	49.41	50.27
71	23.46	31.31	41.07	53.22	54.10
72	25.51	33.88	44.55	57.43	58.36
73	27.71	36.47	48.32	62.01	62.98
74	30.21	39.56	52.59	67.13	68.13
75	32.81	43.08	57.12	72.99	74.05
76	35.52	47.86	63.70	80.42	81.60
77	37.73	50.89	68.64	88.33	89.61
78	39.95	53.71	72.51	96.06	97.44
79	41.86	56.78	76.70	103.10	104.01
80	44.87	60.92	82.53	110.80	111.77
81	47.95	65.23	88.65	119.37	120.42
82	51.05	69.55	94.77	127.94	129.07
83	54.13	73.86	100.89	136.49	137.72
84	57.23	78.16	107.01	145.06	146.37

XCN01D34 XCO01D34 XCP01D34 XCQ01D34 XCM01D34

Modes Other Than Annual

Semiannual Mode: 51% of Annual

Quarterly Mode: 26% of Annual

Spousal Discount is 20% of resulting Standard or Preferred Rate

Substandard rates are calculated as the product of the Standard Rate and the Substandard Class Factor.

Modal rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99574 is

22% of the resulting modal premium shown above after application of Spousal Discount.

Rate Table D34 - District of Columbia

State Farm Mutual Automobile Insurance Company
Bloomington, Illinois

Long Term Care Insurance Policy Form 97058 Series
Preferred Rate Per \$1 of Daily Benefit

30 Day Elimination Period

Issue Age	2 Year Benefit Period	3 Year Benefit Period	5 Year Benefit Period	10 Year Benefit Period	Lifetime Benefit Period
18-29	1.45	1.74	2.11	2.71	2.81
30-34	1.74	2.13	2.61	3.40	3.50
35-39	2.10	2.58	3.24	4.26	4.37
40	2.25	2.79	3.49	4.64	4.74
41	2.35	2.91	3.66	4.86	4.97
42	2.44	3.04	3.83	5.09	5.19
43	2.54	3.18	4.02	5.33	5.43
44	2.67	3.35	4.23	5.58	5.69
45	2.79	3.50	4.46	5.88	5.99
46	2.93	3.69	4.69	6.20	6.30
47	3.08	3.90	4.96	6.53	6.65
48	3.24	4.11	5.24	6.89	7.02
49	3.41	4.34	5.54	7.29	7.41
50	3.59	4.57	5.86	7.70	7.83
51	3.78	4.82	6.20	8.13	8.26
52	3.96	5.08	6.52	8.56	8.71
53	4.17	5.35	6.89	9.03	9.18
54	4.40	5.65	7.31	9.56	9.73
55	4.66	6.01	7.79	10.19	10.38
56	4.97	6.43	8.35	10.90	11.11
57	5.31	6.87	8.94	11.68	11.91
58	5.67	7.37	9.60	12.54	12.79
59	6.08	7.91	10.34	13.49	13.76
60	6.51	8.49	11.13	14.54	14.82
61	6.92	9.05	11.89	15.56	15.87
62	7.30	9.57	12.61	16.56	16.89
63	7.74	10.19	13.45	17.71	18.07
64	8.35	11.00	14.56	19.16	19.53
65	9.17	12.11	16.08	21.08	21.48
66	10.26	13.56	18.03	23.42	23.88
67	11.55	15.27	20.29	26.13	26.60
68	13.03	17.20	22.87	29.19	29.72
69	14.61	19.31	25.50	31.75	33.19
70	16.30	21.58	27.79	35.17	37.13
71	17.95	23.86	30.82	39.12	41.29
72	19.55	25.74	33.90	43.27	45.65
73	20.79	27.04	36.18	47.91	50.52
74	22.27	28.97	38.77	52.31	56.16
75	24.35	31.33	42.82	57.78	62.85
76	27.34	36.14	49.80	67.18	70.84
77	30.32	40.95	56.78	76.59	77.81
78	33.31	45.77	63.75	85.24	86.60
79	36.30	50.67	70.80	94.01	95.51
80	39.62	55.47	77.81	103.51	105.16
81	43.02	60.48	85.30	115.72	117.54
82	46.41	65.48	92.77	127.93	129.95
83	49.82	70.49	100.25	140.14	142.33
84	53.23	75.51	107.72	152.36	154.73

EXB02D34 EXC02D34 EXD02D34 EXE02D34 EXA02D34

Modes Other Than Annual

Semiannual Mode: 51% of Annual

Quarterly Mode: 26% of Annual

Spousal Discount is 20% of resulting Standard or Preferred Rate

Substandard rates are calculated as the product of the Standard Rate and the Substandard Class Factor.

Modal rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99574 is

22% of the resulting modal premium shown above after application of Spousal Discount.

Rate Table D34 - District of Columbia

State Farm Mutual Automobile Insurance Company
Bloomington, Illinois

Long Term Care Insurance Policy Form 97058 Series
Preferred Rate Per \$1 of Daily Benefit

90 Day Elimination Period

Issue Age	2 Year Benefit Period	3 Year Benefit Period	5 Year Benefit Period	10 Year Benefit Period	Lifetime Benefit Period
18-29	1.37	1.60	1.96	2.51	2.60
30-34	1.62	1.95	2.41	3.14	3.23
35-39	1.93	2.38	2.96	3.91	4.00
40	2.05	2.54	3.19	4.25	4.34
41	2.14	2.65	3.35	4.45	4.55
42	2.22	2.78	3.49	4.65	4.74
43	2.32	2.91	3.67	4.87	4.96
44	2.43	3.05	3.85	5.11	5.20
45	2.54	3.20	4.06	5.37	5.45
46	2.67	3.37	4.28	5.65	5.76
47	2.80	3.55	4.52	5.96	6.06
48	2.95	3.73	4.77	6.29	6.40
49	3.11	3.94	5.04	6.63	6.76
50	3.27	4.16	5.34	7.01	7.14
51	3.44	4.38	5.63	7.40	7.53
52	3.59	4.60	5.94	7.79	7.92
53	3.78	4.86	6.27	8.21	8.36
54	3.99	5.13	6.63	8.69	8.85
55	4.23	5.45	7.07	9.26	9.42
56	4.50	5.83	7.57	9.90	10.09
57	4.80	6.23	8.12	10.60	10.81
58	5.14	6.66	8.71	11.39	11.60
59	5.50	7.16	9.37	12.23	12.48
60	5.88	7.68	10.08	13.17	13.42
61	6.25	8.18	10.76	14.08	14.36
62	6.59	8.64	11.41	14.98	15.28
63	6.99	9.19	12.17	16.00	16.32
64	7.52	9.92	13.16	17.29	17.62
65	8.27	10.92	14.50	18.98	19.34
66	9.25	12.22	16.24	21.08	21.47
67	10.41	13.75	18.28	23.04	23.90
68	11.73	15.48	19.82	25.46	26.65
69	13.15	17.22	22.27	28.16	29.74
70	14.63	18.68	24.67	31.41	33.14
71	15.71	20.41	27.29	34.85	36.43
72	16.47	21.95	29.56	38.48	39.47
73	17.32	23.05	31.10	41.97	42.77
74	18.57	24.90	33.80	45.60	47.37
75	20.22	27.69	37.76	50.95	52.78
76	23.07	31.77	43.61	58.83	60.33
77	25.94	35.85	49.46	66.72	67.79
78	28.79	39.92	55.30	73.93	75.08
79	31.69	44.12	61.27	81.16	82.41
80	34.51	48.14	67.09	88.93	90.31
81	37.35	52.27	73.17	98.68	100.18
82	40.21	56.41	79.23	108.42	110.07
83	43.05	60.54	85.31	118.17	119.95
84	45.91	64.68	91.38	127.92	129.84

EXH02D34 EXI02D34 EXJ02D34 EXK02D34 EXG02D34

Modes Other Than Annual

Semiannual Mode: 51% of Annual

Quarterly Mode: 26% of Annual

Spousal Discount is 20% of resulting Standard or Preferred Rate

Substandard rates are calculated as the product of the Standard Rate and the Substandard Class Factor.

Modal rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99574 is

22% of the resulting modal premium shown above after application of Spousal Discount.

Rate Table D34 - District of Columbia

State Farm Mutual Automobile Insurance Company
Bloomington, Illinois

Long Term Care Insurance Policy Form 97058 Series
Preferred Rate Per \$1 of Daily Benefit

180 Day Elimination Period

Issue Age	2 Year Benefit Period	3 Year Benefit Period	5 Year Benefit Period	10 Year Benefit Period	Lifetime Benefit Period
18-29	1.24	1.46	1.76	2.27	2.36
30-34	1.46	1.75	2.15	2.80	2.89
35-39	1.71	2.10	2.61	3.47	3.54
40	1.82	2.25	2.81	3.76	3.84
41	1.89	2.35	2.94	3.93	4.02
42	1.97	2.46	3.08	4.11	4.19
43	2.05	2.56	3.23	4.29	4.39
44	2.15	2.68	3.39	4.49	4.58
45	2.25	2.81	3.56	4.72	4.81
46	2.36	2.96	3.76	4.98	5.06
47	2.48	3.12	3.96	5.24	5.34
48	2.59	3.28	4.18	5.52	5.62
49	2.72	3.46	4.43	5.83	5.93
50	2.86	3.65	4.67	6.16	6.26
51	3.01	3.83	4.92	6.49	6.60
52	3.16	4.03	5.20	6.83	6.94
53	3.31	4.25	5.47	7.19	7.32
54	3.48	4.48	5.79	7.61	7.74
55	3.69	4.76	6.18	8.09	8.25
56	3.93	5.08	6.60	8.66	8.82
57	4.20	5.43	7.07	9.27	9.44
58	4.47	5.80	7.59	9.93	10.12
59	4.78	6.22	8.15	10.56	10.87
60	5.12	6.67	8.75	11.36	11.68
61	5.43	7.10	9.35	12.14	12.48
62	5.72	7.51	9.91	12.90	13.29
63	6.06	7.98	10.55	13.77	14.18
64	6.51	8.60	11.30	14.86	15.29
65	7.16	9.45	12.33	16.14	16.74
66	8.01	10.57	13.79	17.88	18.55
67	9.02	11.80	15.37	19.70	20.62
68	9.88	12.92	17.13	21.73	22.32
69	10.66	14.35	19.03	24.20	24.61
70	11.73	15.97	21.23	26.91	27.36
71	12.88	17.57	23.42	29.49	29.98
72	14.16	18.80	25.12	32.46	32.98
73	15.07	19.73	26.42	35.65	36.29
74	16.16	21.17	28.61	38.61	40.04
75	17.54	23.44	31.81	42.92	44.36
76	19.81	26.71	36.45	49.18	49.96
77	22.07	29.99	41.10	54.97	55.79
78	24.33	33.27	45.74	60.55	61.44
79	26.60	36.68	50.53	66.11	67.09
80	28.88	39.89	55.10	72.07	73.13
81	31.14	43.11	59.74	79.33	80.48
82	33.41	46.33	64.37	86.60	87.83
83	35.66	49.55	69.01	93.84	95.18
84	37.93	52.76	73.63	101.10	102.52

EXN02D34 EXO02D34 EXP02D34 EXQ02D34 EXM02D34

Modes Other Than Annual

Semiannual Mode: 51% of Annual

Quarterly Mode: 26% of Annual

Spousal Discount is 20% of resulting Standard or Preferred Rate

Substandard rates are calculated as the product of the Standard Rate and the Substandard Class Factor.

Modal rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99574 is

22% of the resulting modal premium shown above after application of Spousal Discount.

Rate Table D34 - District of Columbia

State Farm Mutual Automobile Insurance Company
Bloomington, Illinois

Base + Simple Automatic Increase Benefit Rider Form 99572 Series
Preferred Rate Per \$1 of Daily Benefit

30 Day Elimination Period

Issue Age	2 Year Benefit Period	3 Year Benefit Period	5 Year Benefit Period	10 Year Benefit Period	Lifetime Benefit Period
18-29	2.70	3.31	4.10	5.43	5.60
30-34	3.18	3.94	4.89	6.32	6.50
35-39	3.75	4.66	5.84	7.40	7.58
40	4.00	5.00	6.26	7.83	8.02
41	4.17	5.20	6.52	8.19	8.38
42	4.32	5.42	6.80	8.57	8.76
43	4.49	5.64	7.10	9.01	9.20
44	4.70	5.91	7.43	9.45	9.66
45	4.89	6.16	7.79	9.93	10.15
46	5.12	6.47	8.18	10.41	10.62
47	5.38	6.80	8.61	10.89	11.13
48	5.63	7.14	9.05	11.39	11.64
49	5.91	7.49	9.53	11.97	12.20
50	6.20	7.86	10.00	12.57	12.83
51	6.46	8.22	10.47	13.23	13.47
52	6.71	8.56	10.92	13.90	14.18
53	7.00	8.93	11.41	14.62	14.90
54	7.33	9.36	11.98	15.44	15.75
55	7.71	9.86	12.66	16.37	16.71
56	8.17	10.47	13.45	17.41	17.77
57	8.68	11.14	14.34	18.54	18.93
58	9.25	11.89	15.31	19.79	20.19
59	9.87	12.70	16.38	21.14	21.58
60	10.53	13.57	17.52	22.63	23.10
61	11.17	14.41	18.66	24.10	24.59
62	11.79	15.26	19.77	25.53	26.06
63	12.50	16.21	21.03	27.19	27.73
64	13.39	17.39	22.59	29.21	29.79
65	14.54	18.90	24.60	31.88	32.49
66	15.98	20.78	27.07	35.16	35.84
67	17.62	22.93	29.86	38.96	39.66
68	19.47	25.35	33.03	43.20	43.99
69	21.50	28.03	36.34	46.98	48.70
70	23.71	30.96	39.45	51.60	53.84
71	26.00	34.03	43.49	56.66	59.11
72	28.37	37.00	47.76	61.89	64.56
73	30.98	39.73	52.47	67.65	70.56
74	33.92	43.35	57.49	73.74	77.44
75	37.33	47.84	63.76	81.41	85.51
76	40.85	53.63	70.71	91.89	95.19
77	44.08	58.46	77.03	102.59	104.12
78	47.32	63.31	83.29	112.38	114.90
79	50.56	68.23	90.65	122.30	125.13
80	54.68	73.96	98.66	133.21	136.28
81	59.10	80.23	107.65	146.25	149.60
82	63.52	86.50	116.61	159.28	162.94
83	67.95	92.76	125.59	172.33	176.26
84	72.38	99.04	134.56	185.38	189.58

XSB02D34 XSC02D34 XSD02D34 XSE02D34 XSA02D34

Modes Other Than Annual
Semiannual Mode: 51% of Annual
Quarterly Mode: 26% of Annual

Spousal Discount is 20% of resulting Standard or Preferred Rate
Substandard rates are calculated as the product of the Standard Rate and the Substandard Class Factor.

Modal rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99574 is
22% of the resulting modal premium shown above after application of Spousal Discount.

Rate Table D34 - District of Columbia

State Farm Mutual Automobile Insurance Company
Bloomington, Illinois

Base + Simple Automatic Increase Benefit Rider Form 99572 Series
Preferred Rate Per \$1 of Daily Benefit

90 Day Elimination Period

Issue Age	2 Year Benefit Period	3 Year Benefit Period	5 Year Benefit Period	10 Year Benefit Period	Lifetime Benefit Period
18-29	2.49	3.03	3.77	5.03	5.18
30-34	2.93	3.60	4.49	5.84	6.00
35-39	3.45	4.30	5.38	6.81	6.98
40	3.66	4.59	5.76	7.21	7.39
41	3.81	4.76	6.00	7.52	7.71
42	3.95	4.98	6.25	7.89	8.06
43	4.12	5.19	6.53	8.29	8.46
44	4.30	5.42	6.82	8.70	8.89
45	4.48	5.66	7.17	9.14	9.33
46	4.70	5.94	7.51	9.56	9.78
47	4.93	6.25	7.91	10.01	10.22
48	5.16	6.54	8.32	10.48	10.70
49	5.42	6.87	8.73	10.99	11.24
50	5.67	7.21	9.18	11.55	11.79
51	5.92	7.52	9.61	12.15	12.40
52	6.14	7.84	10.03	12.76	13.01
53	6.40	8.19	10.46	13.41	13.70
54	6.69	8.56	10.97	14.16	14.45
55	7.05	9.03	11.59	15.02	15.33
56	7.46	9.59	12.33	15.97	16.31
57	7.93	10.19	13.13	17.00	17.34
58	8.43	10.86	14.01	18.13	18.50
59	9.00	11.60	14.98	19.33	19.77
60	9.58	12.38	16.02	20.69	21.12
61	10.17	13.16	17.05	22.03	22.48
62	10.74	13.91	18.06	23.34	23.82
63	11.39	14.76	19.20	24.83	25.32
64	12.19	15.83	20.59	26.66	27.19
65	13.23	17.22	22.41	29.03	29.60
66	14.51	18.90	24.62	31.97	32.57
67	16.01	20.84	27.16	34.91	35.99
68	17.68	23.03	29.22	38.39	39.81
69	19.49	25.27	32.30	42.16	43.99
70	21.46	27.32	35.45	46.47	48.46
71	23.34	29.78	38.99	50.92	52.76
72	25.13	32.52	42.72	55.53	56.80
73	27.02	35.54	46.83	60.14	61.09
74	29.32	38.68	51.48	65.79	66.81
75	31.41	41.22	55.07	72.35	73.43
76	34.30	45.44	60.81	81.28	82.48
77	37.19	49.66	66.39	89.57	91.64
78	40.07	53.87	72.73	98.12	100.47
79	42.99	58.45	79.27	106.94	108.90
80	46.37	63.18	85.98	115.95	118.08
81	49.94	68.23	93.29	126.45	128.73
82	53.52	73.30	100.60	136.93	139.38
83	57.10	78.35	107.92	147.40	150.03
84	60.68	83.42	115.22	157.88	160.70

XSH02D34 XSI02D34 XSJ02D34 XSK02D34 XSG02D34

Modes Other Than Annual

Semiannual Mode: 51% of Annual

Quarterly Mode: 26% of Annual

Spousal Discount is 20% of resulting Standard or Preferred Rate

Substandard rates are calculated as the product of the Standard Rate and the Substandard Class Factor.

Modal rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99574 is

22% of the resulting modal premium shown above after application of Spousal Discount.

Rate Table D34 - District of Columbia

State Farm Mutual Automobile Insurance Company
Bloomington, Illinois

Base + Simple Automatic Increase Benefit Rider Form 99572 Series
Preferred Rate Per \$1 of Daily Benefit

180 Day Elimination Period

Issue Age	2 Year Benefit Period	3 Year Benefit Period	5 Year Benefit Period	10 Year Benefit Period	Lifetime Benefit Period
18-29	2.23	2.72	3.38	4.47	4.66
30-34	2.61	3.23	4.01	5.20	5.38
35-39	3.05	3.81	4.77	6.06	6.21
40	3.26	4.07	5.11	6.42	6.57
41	3.39	4.24	5.33	6.69	6.86
42	3.51	4.42	5.55	7.02	7.17
43	3.65	4.60	5.80	7.35	7.52
44	3.81	4.79	6.06	7.72	7.89
45	3.98	5.01	6.35	8.10	8.27
46	4.17	5.26	6.66	8.49	8.66
47	4.36	5.51	7.00	8.87	9.07
48	4.56	5.79	7.36	9.30	9.49
49	4.78	6.08	7.75	9.74	9.95
50	5.01	6.38	8.13	10.25	10.45
51	5.22	6.64	8.48	10.76	10.99
52	5.43	6.92	8.86	11.31	11.53
53	5.63	7.22	9.25	11.88	12.12
54	5.89	7.55	9.68	12.54	12.80
55	6.20	7.95	10.23	13.29	13.56
56	6.56	8.43	10.86	14.13	14.41
57	6.98	8.97	11.55	15.02	15.34
58	7.42	9.54	12.35	16.00	16.33
59	7.90	10.18	13.18	16.97	17.42
60	8.42	10.88	14.08	18.13	18.60
61	8.91	11.54	14.98	19.29	19.79
62	9.41	12.22	15.86	20.43	20.98
63	9.97	12.96	16.85	21.72	22.30
64	10.66	13.89	17.96	23.31	23.91
65	11.57	15.07	19.39	25.19	25.98
66	12.69	16.53	21.29	27.66	28.53
67	13.99	18.13	23.31	30.33	31.45
68	15.17	19.64	25.55	33.28	34.10
69	16.30	21.52	28.00	36.69	37.32
70	17.79	23.67	30.85	40.31	41.01
71	19.42	25.89	33.85	43.76	44.48
72	21.28	28.22	36.97	47.57	48.32
73	23.27	30.55	40.39	51.71	52.51
74	24.60	33.35	44.25	56.33	57.03
75	26.03	35.23	47.22	61.65	62.24
76	28.33	38.52	51.74	68.40	68.88
77	30.93	41.69	55.92	75.44	75.91
78	33.50	45.35	60.98	82.26	82.57
79	36.08	49.15	66.26	88.90	89.29
80	38.81	52.93	71.56	95.92	96.36
81	41.63	56.90	77.19	103.79	104.29
82	44.47	60.88	82.80	111.67	112.23
83	47.30	64.84	88.44	119.53	120.17
84	50.14	68.79	94.05	127.40	128.11

XSN02D34 XSO02D34 XSP02D34 XSQ02D34 XSM02D34

Modes Other Than Annual

Semiannual Mode: 51% of Annual

Quarterly Mode: 26% of Annual

Spousal Discount is 20% of resulting Standard or Preferred Rate

Substandard rates are calculated as the product of the Standard Rate and the Substandard Class Factor.

Modal rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99574 is

22% of the resulting modal premium shown above after application of Spousal Discount.

Rate Table D34 - District of Columbia

State Farm Mutual Automobile Insurance Company
Bloomington, Illinois

Base + Compound Automatic Increase Benefit Rider Form 99573 Series
Preferred Rate Per \$1 of Daily Benefit

30 Day Elimination Period

Issue Age	2 Year Benefit Period	3 Year Benefit Period	5 Year Benefit Period	10 Year Benefit Period	Lifetime Benefit Period
18-29	4.81	6.16	7.94	10.92	11.24
30-34	5.36	6.87	8.85	11.79	12.12
35-39	5.99	7.67	9.92	12.84	13.16
40	6.26	8.03	10.38	13.25	13.55
41	6.44	8.25	10.66	13.49	13.81
42	6.59	8.47	10.95	13.76	14.06
43	6.78	8.72	11.28	14.04	14.35
44	7.00	9.00	11.62	14.36	14.69
45	7.21	9.27	12.00	14.77	15.08
46	7.43	9.58	12.40	15.23	15.53
47	7.71	9.95	12.86	15.75	16.09
48	7.98	10.30	13.33	16.32	16.65
49	8.26	10.66	13.81	16.91	17.26
50	8.53	11.02	14.28	17.53	17.89
51	8.80	11.36	14.72	18.16	18.51
52	9.03	11.68	15.13	18.78	19.16
53	9.29	12.00	15.57	19.43	19.82
54	9.58	12.39	16.09	20.21	20.61
55	9.95	12.88	16.73	21.12	21.54
56	10.40	13.47	17.51	22.20	22.65
57	10.92	14.14	18.38	23.37	23.86
58	11.47	14.88	19.36	24.70	25.20
59	12.09	15.70	20.43	26.14	26.67
60	12.74	16.55	21.57	27.72	28.27
61	13.37	17.39	22.68	29.29	29.88
62	13.98	18.20	23.75	30.86	31.47
63	14.67	19.13	24.99	32.63	33.29
64	15.54	20.28	26.51	34.77	35.46
65	16.68	21.79	28.51	37.50	38.21
66	18.11	23.67	30.98	40.77	41.55
67	19.76	25.83	33.78	44.51	45.31
68	21.63	28.26	36.96	48.68	49.56
69	23.67	30.95	40.30	52.39	54.19
70	25.88	33.88	43.43	56.95	59.30
71	28.17	36.95	47.49	62.02	64.57
72	30.53	39.93	51.79	67.27	70.03
73	33.13	42.66	56.52	73.06	76.05
74	36.06	46.27	61.56	79.16	82.94
75	39.46	50.74	67.82	86.82	91.01
76	43.53	56.86	76.39	97.27	100.67
77	47.25	62.71	84.53	107.92	109.53
78	51.03	68.81	89.00	118.49	120.26
79	54.91	73.66	94.92	128.06	130.63
80	59.15	79.56	102.91	138.92	141.69
81	63.69	85.96	111.80	151.80	154.81
82	68.23	92.36	120.67	164.68	167.94
83	72.77	98.76	129.54	177.57	181.07
84	77.32	105.16	138.42	190.48	194.20

XCB02D34 XCC02D34 XCD02D34 XCE02D34 XCA02D34

Modes Other Than Annual

Semiannual Mode: 51% of Annual

Quarterly Mode: 26% of Annual

Spousal Discount is 20% of resulting Standard or Preferred Rate

Substandard rates are calculated as the product of the Standard Rate and the Substandard Class Factor.

Modal rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99574 is

22% of the resulting modal premium shown above after application of Spousal Discount.

Rate Table D34 - District of Columbia

State Farm Mutual Automobile Insurance Company
Bloomington, Illinois

Base + Compound Automatic Increase Benefit Rider Form 99573 Series
Preferred Rate Per \$1 of Daily Benefit

90 Day Elimination Period

Issue Age	2 Year Benefit Period	3 Year Benefit Period	5 Year Benefit Period	10 Year Benefit Period	Lifetime Benefit Period
18-29	4.42	5.62	7.32	10.07	10.37
30-34	4.91	6.29	8.15	10.87	11.16
35-39	5.48	7.05	9.12	11.82	12.12
40	5.72	7.36	9.52	12.18	12.45
41	5.87	7.55	9.79	12.40	12.70
42	6.02	7.78	10.06	12.64	12.93
43	6.20	8.00	10.36	12.91	13.19
44	6.38	8.25	10.67	13.21	13.49
45	6.58	8.50	11.02	13.56	13.85
46	6.81	8.79	11.39	13.99	14.30
47	7.04	9.11	11.81	14.46	14.76
48	7.30	9.42	12.24	14.98	15.29
49	7.55	9.75	12.66	15.52	15.85
50	7.81	10.10	13.10	16.09	16.43
51	8.04	10.39	13.50	16.66	17.00
52	8.25	10.68	13.88	17.23	17.57
53	8.47	10.99	14.28	17.82	18.19
54	8.75	11.34	14.73	18.52	18.90
55	9.08	11.78	15.32	19.36	19.75
56	9.49	12.33	16.04	20.33	20.76
57	9.94	12.93	16.83	21.41	21.86
58	10.46	13.58	17.72	22.61	23.08
59	11.02	14.33	18.68	23.91	24.41
60	11.60	15.10	19.70	25.34	25.86
61	12.17	15.86	20.71	26.77	27.29
62	12.72	16.59	21.69	28.20	28.76
63	13.35	17.42	22.80	29.80	30.37
64	14.14	18.47	24.18	31.72	32.34
65	15.16	19.83	25.97	34.14	34.79
66	16.44	21.51	28.18	37.06	37.75
67	17.95	23.46	30.71	39.93	41.10
68	19.63	25.65	32.81	43.32	44.84
69	21.44	27.91	35.90	47.03	48.95
70	23.41	29.98	39.06	51.29	53.36
71	25.29	32.41	42.61	55.72	57.64
72	27.07	35.15	46.34	60.33	61.67
73	28.96	38.16	50.45	64.95	65.99
74	31.24	41.53	55.10	70.60	71.69
75	33.86	45.11	60.49	77.14	78.30
76	37.42	50.34	67.82	86.01	87.30
77	41.24	54.55	73.01	94.98	96.40
78	44.26	58.05	77.56	103.84	105.38
79	46.93	61.68	82.59	111.43	113.65
80	50.42	66.42	89.24	120.34	122.74
81	54.09	71.44	96.42	130.62	133.19
82	57.76	76.47	103.60	140.91	143.66
83	61.45	81.49	110.79	151.18	154.13
84	65.14	86.54	117.97	161.48	164.61

XCH02D34 XCI02D34 XCJ02D34 XCK02D34 XCG02D34

Modes Other Than Annual

Semiannual Mode: 51% of Annual

Quarterly Mode: 26% of Annual

Spousal Discount is 20% of resulting Standard or Preferred Rate

Substandard rates are calculated as the product of the Standard Rate and the Substandard Class Factor.

Modal rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99574 is

22% of the resulting modal premium shown above after application of Spousal Discount.

Rate Table D34 - District of Columbia

State Farm Mutual Automobile Insurance Company
Bloomington, Illinois

Base + Compound Automatic Increase Benefit Rider Form 99573 Series
Preferred Rate Per \$1 of Daily Benefit

180 Day Elimination Period

Issue Age	2 Year Benefit Period	3 Year Benefit Period	5 Year Benefit Period	10 Year Benefit Period	Lifetime Benefit Period
18-29	3.91	5.00	6.48	8.95	9.24
30-34	4.35	5.57	7.24	9.66	9.94
35-39	4.84	6.23	8.08	10.50	10.75
40	5.06	6.51	8.44	10.82	11.07
41	5.18	6.69	8.67	11.01	11.28
42	5.33	6.88	8.92	11.22	11.47
43	5.46	7.07	9.18	11.44	11.70
44	5.64	7.29	9.45	11.70	11.96
45	5.82	7.51	9.75	12.02	12.28
46	6.01	7.76	10.09	12.39	12.66
47	6.22	8.04	10.44	12.81	13.08
48	6.43	8.32	10.81	13.27	13.54
49	6.65	8.61	11.21	13.75	14.03
50	6.87	8.91	11.59	14.25	14.53
51	7.07	9.17	11.92	14.75	15.04
52	7.27	9.42	12.27	15.24	15.53
53	7.45	9.68	12.59	15.76	16.08
54	7.69	9.99	13.00	16.36	16.70
55	7.97	10.38	13.51	17.10	17.44
56	8.33	10.84	14.13	17.96	18.32
57	8.74	11.37	14.82	18.91	19.30
58	9.18	11.94	15.61	19.94	20.34
59	9.65	12.57	16.43	20.99	21.50
60	10.17	13.27	17.33	22.22	22.76
61	10.65	13.92	18.20	23.44	24.03
62	11.14	14.56	19.05	24.68	25.31
63	11.68	15.28	20.01	26.07	26.72
64	12.36	16.19	21.09	27.72	28.40
65	13.25	17.35	22.51	29.63	30.49
66	14.36	18.82	24.39	32.10	33.03
67	15.66	20.41	26.43	34.71	35.91
68	16.84	21.94	28.67	37.58	38.46
69	17.98	23.81	31.14	40.90	41.62
70	19.46	25.96	33.99	44.47	45.24
71	21.12	28.18	36.97	47.90	48.69
72	22.96	30.49	40.10	51.69	52.52
73	24.94	32.82	43.49	55.81	56.68
74	27.19	35.60	47.33	60.42	61.32
75	29.53	38.77	51.41	65.69	66.65
76	31.97	43.07	57.33	72.38	73.44
77	33.96	45.80	61.77	79.50	80.65
78	35.95	48.34	65.26	86.46	87.69
79	37.67	51.10	69.03	92.79	93.60
80	40.38	54.82	74.27	99.72	100.59
81	43.15	58.70	79.79	107.43	108.38
82	45.94	62.59	85.29	115.15	116.17
83	48.72	66.48	90.80	122.84	123.95
84	51.51	70.35	96.31	130.55	131.73

XCNO2D34 XCO02D34 XCP02D34 XCQ02D34 XCM02D34

Modes Other Than Annual

Semiannual Mode: 51% of Annual

Quarterly Mode: 26% of Annual

Spousal Discount is 20% of resulting Standard or Preferred Rate

Substandard rates are calculated as the product of the Standard Rate and the Substandard Class Factor.

Modal rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99574 is

22% of the resulting modal premium shown above after application of Spousal Discount.

Rate Table D34 - District of Columbia

State Farm Mutual Automobile Insurance Company
Bloomington, Illinois

Long Term Care Insurance Policy Form 97058 Series
Standard Rate Per \$1 of Daily Benefit

30 Day Elimination Period

Issue Age	2 Year Benefit Period	3 Year Benefit Period	5 Year Benefit Period	10 Year Benefit Period	Lifetime Benefit Period
18-29	1.46	1.76	2.13	2.74	2.84
30-34	1.76	2.15	2.64	3.43	3.54
35-39	2.12	2.61	3.27	4.30	4.41
40	2.27	2.82	3.53	4.69	4.79
41	2.37	2.94	3.70	4.91	5.02
42	2.46	3.07	3.87	5.14	5.24
43	2.57	3.21	4.06	5.38	5.48
44	2.70	3.38	4.27	5.64	5.75
45	2.82	3.54	4.50	5.94	6.05
46	2.96	3.73	4.74	6.26	6.36
47	3.11	3.94	5.01	6.60	6.72
48	3.27	4.15	5.29	6.96	7.09
49	3.44	4.38	5.60	7.36	7.48
50	3.63	4.62	5.92	7.78	7.91
51	3.82	4.87	6.26	8.21	8.34
52	4.00	5.13	6.59	8.65	8.80
53	4.21	5.40	6.96	9.12	9.27
54	4.44	5.71	7.38	9.66	9.83
55	4.71	6.07	7.87	10.29	10.48
56	5.02	6.49	8.43	11.01	11.22
57	5.36	6.94	9.03	11.80	12.03
58	5.73	7.44	9.70	12.67	12.92
59	6.14	7.99	10.44	13.63	13.90
60	6.58	8.58	11.24	14.69	14.97
61	6.99	9.14	12.01	15.72	16.03
62	7.37	9.67	12.74	16.73	17.06
63	7.82	10.29	13.59	17.89	18.25
64	8.43	11.11	14.71	19.35	19.73
65	9.26	12.23	16.24	21.29	21.70
66	10.36	13.70	18.21	23.66	24.12
67	11.67	15.42	20.49	26.39	26.87
68	13.16	17.37	23.10	29.48	30.02
69	14.76	19.51	25.76	32.07	33.53
70	16.46	21.80	28.07	35.53	37.51
71	18.13	24.10	31.13	39.52	41.71
72	19.80	26.18	34.24	43.71	46.11
73	21.65	27.95	37.71	48.39	51.03
74	23.84	30.62	41.50	53.30	56.73
75	26.53	34.22	46.63	59.65	63.48
76	29.94	39.55	54.22	68.53	71.56
77	33.03	44.65	62.13	77.37	78.60
78	36.18	50.02	69.34	86.10	87.47
79	39.42	55.26	76.94	94.96	96.47
80	43.02	60.49	84.55	104.56	106.22
81	46.71	65.95	92.69	116.89	118.73
82	50.40	71.41	100.81	129.22	131.26
83	54.10	76.87	108.94	141.56	143.77
84	57.80	82.34	117.06	153.90	156.29

Modes Other Than Annual

Semiannual Mode: 51% of Annual

Quarterly Mode: 26% of Annual

Spousal Discount is 20% of resulting Standard or Preferred Rate

Substandard rates are calculated as the product of the Standard Rate and the Substandard Class Factor.

Modal rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99574 is

22% of the resulting modal premium shown above after application of Spousal Discount.

State Farm Mutual Automobile Insurance Company
Bloomington, Illinois

Simple Automatic Increase Benefit Rider Form 99572 Series
Standard Rate Per \$1 of Daily Benefit

30 Day Elimination Period

Issue Age	2 Year Benefit Period	3 Year Benefit Period	5 Year Benefit Period	10 Year Benefit Period	Lifetime Benefit Period
18-29	1.27	1.58	2.01	2.74	2.82
30-34	1.45	1.83	2.30	2.95	3.03
35-39	1.67	2.10	2.63	3.17	3.25
40	1.77	2.23	2.79	3.22	3.31
41	1.84	2.31	2.89	3.36	3.44
42	1.90	2.40	3.00	3.52	3.61
43	1.97	2.49	3.11	3.72	3.81
44	2.05	2.59	3.23	3.91	4.01
45	2.12	2.68	3.37	4.09	4.20
46	2.21	2.81	3.52	4.26	4.37
47	2.32	2.93	3.69	4.40	4.52
48	2.42	3.06	3.85	4.55	4.67
49	2.53	3.19	4.03	4.73	4.84
50	2.63	3.32	4.18	4.92	5.05
51	2.71	3.43	4.32	5.15	5.27
52	2.78	3.52	4.44	5.39	5.52
53	2.86	3.62	4.57	5.65	5.78
54	2.96	3.74	4.72	5.94	6.08
55	3.08	3.89	4.92	6.25	6.40
56	3.23	4.09	5.16	6.58	6.73
57	3.41	4.31	5.45	6.93	7.09
58	3.61	4.57	5.76	7.32	7.47
59	3.83	4.84	6.11	7.72	7.90
60	4.06	5.13	6.46	8.17	8.36
61	4.29	5.42	6.84	8.62	8.81
62	4.54	5.74	7.23	9.06	9.26
63	4.81	6.08	7.65	9.57	9.76
64	5.10	6.46	8.11	10.16	10.36
65	5.43	6.86	8.61	10.91	11.12
66	5.78	7.29	9.13	11.86	12.08
67	6.13	7.74	9.67	12.96	13.19
68	6.51	8.24	10.26	14.16	14.41
69	6.96	8.80	10.95	15.38	15.66
70	7.49	9.47	11.78	16.59	16.87
71	8.13	10.27	12.80	17.71	18.00
72	8.86	11.19	14.00	18.81	19.10
73	9.64	12.18	15.29	19.94	20.24
74	10.42	13.17	16.57	21.18	21.49
75	11.18	14.10	17.77	22.58	22.89
76	11.90	14.97	18.83	24.29	24.59
77	12.61	15.82	19.84	26.26	26.57
78	13.32	16.65	20.85	28.27	28.59
79	14.04	17.51	21.68	29.60	29.92
80	14.79	18.40	22.79	31.11	31.44
81	15.77	19.62	24.43	32.06	32.38
82	16.76	20.85	26.06	33.01	33.33
83	17.74	22.07	27.70	33.96	34.27
84	18.73	23.30	29.33	34.91	35.20

Modes Other Than Annual

Semiannual Mode: 51% of Annual

Quarterly Mode: 26% of Annual

Spousal Discount is 20% of resulting Standard or Preferred Rate

Substandard rates are calculated as the product of the Standard Rate and the Substandard Class Factor.

Modal rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99574 is

22% of the resulting modal premium shown above after application of Spousal Discount.

State Farm Mutual Automobile Insurance Company
Bloomington, Illinois

Compound Automatic Increase Benefit Rider Form 99573 Series
Standard Rate Per \$1 of Daily Benefit

30 Day Elimination Period

Issue Age	2 Year Benefit Period	3 Year Benefit Period	5 Year Benefit Period	10 Year Benefit Period	Lifetime Benefit Period
18-29	3.40	4.46	5.89	8.29	8.51
30-34	3.65	4.79	6.30	8.48	8.70
35-39	3.93	5.14	6.75	8.67	8.88
40	4.05	5.29	6.95	8.69	8.90
41	4.13	5.39	7.07	8.72	8.93
42	4.20	5.49	7.19	8.76	8.96
43	4.28	5.60	7.33	8.80	9.01
44	4.37	5.71	7.47	8.87	9.09
45	4.46	5.82	7.62	8.98	9.18
46	4.55	5.95	7.79	9.12	9.33
47	4.68	6.11	7.98	9.31	9.53
48	4.79	6.25	8.17	9.52	9.73
49	4.90	6.39	8.35	9.72	9.95
50	4.99	6.51	8.50	9.93	10.16
51	5.07	6.60	8.61	10.13	10.36
52	5.12	6.67	8.69	10.32	10.55
53	5.17	6.72	8.77	10.51	10.75
54	5.24	6.81	8.87	10.75	10.99
55	5.34	6.94	9.03	11.04	11.28
56	5.49	7.12	9.26	11.41	11.66
57	5.67	7.34	9.54	11.81	12.07
58	5.86	7.59	9.86	12.28	12.53
59	6.07	7.87	10.20	12.77	13.04
60	6.29	8.14	10.55	13.31	13.59
61	6.52	8.43	10.90	13.87	14.15
62	6.75	8.71	11.25	14.44	14.73
63	7.00	9.03	11.65	15.07	15.38
64	7.27	9.37	12.07	15.77	16.09
65	7.59	9.78	12.56	16.59	16.90
66	7.93	10.21	13.08	17.52	17.85
67	8.29	10.67	13.63	18.57	18.90
68	8.69	11.18	14.23	19.69	20.04
69	9.15	11.75	14.95	20.85	21.21
70	9.68	12.42	15.80	22.00	22.39
71	10.32	13.22	16.84	23.13	23.51
72	11.04	14.15	18.07	24.24	24.63
73	11.81	15.14	19.38	25.41	25.79
74	12.58	16.12	20.68	26.66	27.05
75	13.33	17.03	21.88	28.05	28.45
76	14.03	17.88	22.94	29.72	30.13
77	14.70	18.69	23.91	31.64	32.04
78	15.37	19.49	24.87	33.59	34.00
79	16.04	20.30	25.85	35.07	35.48
80	16.73	21.13	26.90	36.49	36.90
81	17.62	22.23	28.38	37.24	37.64
82	18.52	23.34	29.87	37.99	38.38
83	19.41	24.44	31.35	38.74	39.13
84	20.30	25.54	32.84	39.51	39.87

Modes Other Than Annual

Semiannual Mode: 51% of Annual

Quarterly Mode: 26% of Annual

Spousal Discount is 20% of resulting Standard or Preferred Rate

Substandard rates are calculated as the product of the Standard Rate and the Substandard Class Factor.

Modal rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99574 is

22% of the resulting modal premium shown above after application of Spousal Discount.

State Farm Mutual Automobile Insurance Company
Bloomington, Illinois

Long Term Care Insurance Policy Form 97058 Series
Preferred Rate Per \$1 of Daily Benefit

30 Day Elimination Period

Issue Age	2 Year Benefit Period	3 Year Benefit Period	5 Year Benefit Period	10 Year Benefit Period	Lifetime Benefit Period
18-29	1.32	1.58	1.93	2.46	2.56
30-34	1.58	1.94	2.38	3.09	3.19
35-39	1.91	2.34	2.94	3.87	3.97
40	2.04	2.53	3.18	4.21	4.31
41	2.13	2.64	3.32	4.41	4.52
42	2.22	2.76	3.49	4.62	4.72
43	2.32	2.89	3.65	4.84	4.93
44	2.43	3.04	3.84	5.08	5.18
45	2.53	3.19	4.05	5.35	5.45
46	2.66	3.36	4.27	5.63	5.72
47	2.81	3.54	4.51	5.94	6.05
48	2.94	3.73	4.76	6.27	6.38
49	3.10	3.94	5.04	6.62	6.73
50	3.27	4.16	5.32	7.00	7.12
51	3.43	4.39	5.63	7.38	7.51
52	3.61	4.61	5.93	7.78	7.92
53	3.80	4.86	6.27	8.21	8.34
54	4.00	5.14	6.64	8.69	8.85
55	4.24	5.47	7.08	9.26	9.43
56	4.51	5.84	7.58	9.91	10.10
57	4.82	6.25	8.13	10.63	10.83
58	5.16	6.69	8.73	11.41	11.63
59	5.52	7.18	9.39	12.27	12.51
60	5.92	7.72	10.12	13.22	13.47
61	6.29	8.23	10.81	14.15	14.43
62	6.63	8.70	11.46	15.06	15.35
63	7.04	9.26	12.23	16.09	16.43
64	7.58	10.00	13.23	17.41	17.76
65	8.34	11.01	14.61	19.16	19.53
66	9.33	12.33	16.39	21.30	21.71
67	10.51	13.88	18.45	23.75	24.18
68	11.84	15.63	20.79	26.53	27.02
69	13.29	17.57	23.18	28.86	30.18
70	14.81	19.62	25.26	31.98	33.76
71	16.31	21.69	28.02	35.56	37.54
72	17.82	23.57	30.81	39.35	41.50
73	19.48	25.15	33.94	43.56	45.93
74	21.45	27.55	37.35	48.42	51.06
75	23.88	30.80	41.97	53.69	57.13
76	26.95	35.59	48.79	61.69	64.40
77	29.72	40.18	55.92	69.64	70.74
78	32.56	45.02	62.41	77.50	78.72
79	35.49	49.73	69.24	85.47	86.82
80	38.72	54.44	76.10	94.10	95.60
81	42.04	59.36	83.42	105.20	106.86
82	45.36	64.27	90.73	116.30	118.13
83	48.69	69.18	98.05	127.40	129.39
84	52.02	74.11	105.35	138.51	140.66

Modes Other Than Annual

Semiannual Mode: 51% of Annual

Quarterly Mode: 26% of Annual

Spousal Discount is 20% of resulting Standard or Preferred Rate

Substandard rates are calculated as the product of the Standard Rate and the Substandard Class Factor.

Modal rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99574 is

22% of the resulting modal premium shown above after application of Spousal Discount.

State Farm Mutual Automobile Insurance Company
Bloomington, Illinois

Simple Automatic Increase Benefit Rider Form 99572 Series
Preferred Rate Per \$1 of Daily Benefit

30 Day Elimination Period

Issue Age	2 Year Benefit Period	3 Year Benefit Period	5 Year Benefit Period	10 Year Benefit Period	Lifetime Benefit Period
18-29	1.14	1.43	1.82	2.46	2.54
30-34	1.31	1.64	2.07	2.65	2.73
35-39	1.51	1.89	2.37	2.85	2.93
40	1.60	2.01	2.52	2.90	2.98
41	1.65	2.08	2.61	3.03	3.10
42	1.72	2.16	2.71	3.17	3.25
43	1.77	2.23	2.81	3.34	3.43
44	1.84	2.33	2.92	3.52	3.61
45	1.91	2.42	3.03	3.69	3.78
46	1.99	2.53	3.17	3.83	3.93
47	2.09	2.63	3.32	3.96	4.07
48	2.18	2.75	3.47	4.10	4.20
49	2.28	2.87	3.62	4.26	4.36
50	2.37	2.99	3.76	4.42	4.55
51	2.43	3.09	3.89	4.63	4.74
52	2.51	3.17	4.00	4.85	4.97
53	2.57	3.26	4.11	5.09	5.20
54	2.66	3.37	4.25	5.35	5.47
55	2.77	3.51	4.42	5.62	5.76
56	2.92	3.69	4.64	5.92	6.06
57	3.07	3.88	4.91	6.24	6.38
58	3.25	4.11	5.19	6.59	6.72
59	3.44	4.36	5.50	6.95	7.11
60	3.65	4.61	5.81	7.36	7.52
61	3.86	4.88	6.16	7.77	7.93
62	4.09	5.17	6.50	8.16	8.33
63	4.32	5.48	6.89	8.61	8.78
64	4.60	5.81	7.29	9.15	9.32
65	4.90	6.18	7.76	9.82	10.01
66	5.20	6.57	8.22	10.67	10.87
67	5.51	6.97	8.70	11.66	11.87
68	5.86	7.41	9.24	12.74	12.97
69	6.27	7.92	9.86	13.84	14.09
70	6.74	8.53	10.60	14.93	15.18
71	7.32	9.25	11.53	15.94	16.20
72	7.98	10.07	12.61	16.93	17.19
73	8.67	10.96	13.76	17.95	18.22
74	9.37	11.85	14.91	19.06	19.34
75	10.05	12.69	15.99	20.33	20.60
76	10.71	13.48	16.95	21.86	22.13
77	11.34	14.23	17.86	23.63	23.91
78	11.99	14.99	18.77	25.44	25.73
79	12.63	15.76	19.51	26.64	26.93
80	13.31	16.56	20.51	28.00	28.30
81	14.19	17.66	21.99	28.85	29.14
82	15.08	18.77	23.45	29.71	30.00
83	15.97	19.86	24.93	30.56	30.84
84	16.86	20.97	26.40	31.42	31.68

Modes Other Than Annual

Semiannual Mode: 51% of Annual

Quarterly Mode: 26% of Annual

Spousal Discount is 20% of resulting Standard or Preferred Rate

Substandard rates are calculated as the product of the Standard Rate and the Substandard Class Factor.

Modal rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99574 is

22% of the resulting modal premium shown above after application of Spousal Discount.

State Farm Mutual Automobile Insurance Company
Bloomington, Illinois

Compound Automatic Increase Benefit Rider Form 99573 Series
Preferred Rate Per \$1 of Daily Benefit

30 Day Elimination Period

Issue Age	2 Year Benefit Period	3 Year Benefit Period	5 Year Benefit Period	10 Year Benefit Period	Lifetime Benefit Period
18-29	3.06	4.02	5.30	7.47	7.66
30-34	3.29	4.31	5.68	7.63	7.83
35-39	3.53	4.62	6.08	7.80	7.99
40	3.64	4.76	6.26	7.82	8.01
41	3.72	4.85	6.37	7.85	8.04
42	3.78	4.94	6.48	7.88	8.06
43	3.85	5.04	6.59	7.92	8.11
44	3.93	5.14	6.72	7.98	8.18
45	4.02	5.24	6.86	8.07	8.26
46	4.10	5.36	7.01	8.21	8.40
47	4.21	5.50	7.18	8.37	8.58
48	4.31	5.62	7.36	8.57	8.76
49	4.41	5.75	7.51	8.76	8.96
50	4.50	5.86	7.66	8.94	9.14
51	4.57	5.94	7.76	9.12	9.32
52	4.61	6.00	7.82	9.28	9.50
53	4.65	6.05	7.89	9.46	9.68
54	4.71	6.13	7.98	9.67	9.89
55	4.81	6.25	8.13	9.94	10.15
56	4.94	6.40	8.34	10.26	10.49
57	5.10	6.60	8.58	10.64	10.86
58	5.28	6.83	8.87	11.04	11.28
59	5.47	7.08	9.17	11.50	11.74
60	5.67	7.33	9.49	11.98	12.23
61	5.87	7.58	9.81	12.49	12.74
62	6.08	7.84	10.13	13.00	13.26
63	6.29	8.13	10.48	13.56	13.84
64	6.55	8.44	10.86	14.20	14.48
65	6.83	8.80	11.31	14.93	15.21
66	7.14	9.19	11.77	15.77	16.07
67	7.47	9.60	12.27	16.71	17.01
68	7.82	10.05	12.82	17.72	18.04
69	8.24	10.57	13.45	18.77	19.09
70	8.71	11.18	14.21	19.80	20.15
71	9.28	11.90	15.16	20.82	21.16
72	9.94	12.73	16.27	21.82	22.17
73	10.64	13.62	17.45	22.87	23.21
74	11.33	14.51	18.61	24.00	24.35
75	12.00	15.32	19.69	25.25	25.61
76	12.63	16.09	20.65	26.75	27.12
77	13.22	16.82	21.53	28.47	28.84
78	13.83	17.55	22.39	30.24	30.60
79	14.43	18.27	23.27	31.56	31.93
80	15.06	19.02	24.21	32.84	33.21
81	15.86	20.01	25.54	33.52	33.88
82	16.67	21.01	26.88	34.19	34.54
83	17.47	22.00	28.22	34.87	35.22
84	18.27	22.99	29.56	35.56	35.88

Modes Other Than Annual

Semiannual Mode: 51% of Annual

Quarterly Mode: 26% of Annual

Spousal Discount is 20% of resulting Standard or Preferred Rate

Substandard rates are calculated as the product of the Standard Rate and the Substandard Class Factor.

Modal rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99574 is

22% of the resulting modal premium shown above after application of Spousal Discount.

State Farm Mutual Automobile Insurance Company
Bloomington, Illinois

Long Term Care Insurance Policy Form 97058 Series
Standard Rate Per \$1 of Daily Benefit

90 Day Elimination Period

Issue Age	2 Year Benefit Period	3 Year Benefit Period	5 Year Benefit Period	10 Year Benefit Period	Lifetime Benefit Period
18-29	1.38	1.62	1.98	2.54	2.63
30-34	1.64	1.97	2.43	3.17	3.26
35-39	1.95	2.40	2.99	3.95	4.04
40	2.07	2.57	3.22	4.29	4.38
41	2.16	2.68	3.38	4.49	4.60
42	2.24	2.81	3.53	4.70	4.79
43	2.34	2.94	3.71	4.92	5.01
44	2.45	3.08	3.89	5.16	5.25
45	2.57	3.23	4.10	5.42	5.51
46	2.70	3.40	4.32	5.71	5.82
47	2.83	3.59	4.57	6.02	6.12
48	2.98	3.77	4.82	6.35	6.46
49	3.14	3.98	5.09	6.70	6.83
50	3.30	4.20	5.39	7.08	7.21
51	3.47	4.42	5.69	7.47	7.61
52	3.63	4.65	6.00	7.87	8.00
53	3.82	4.91	6.33	8.29	8.44
54	4.03	5.18	6.70	8.78	8.94
55	4.27	5.51	7.14	9.35	9.52
56	4.55	5.89	7.65	10.00	10.19
57	4.85	6.29	8.20	10.71	10.92
58	5.19	6.73	8.80	11.50	11.72
59	5.56	7.23	9.46	12.35	12.61
60	5.94	7.76	10.18	13.30	13.56
61	6.31	8.26	10.87	14.22	14.50
62	6.66	8.73	11.53	15.13	15.43
63	7.06	9.28	12.29	16.16	16.48
64	7.60	10.02	13.29	17.46	17.80
65	8.35	11.03	14.65	19.17	19.54
66	9.34	12.34	16.40	21.29	21.69
67	10.52	13.89	18.46	23.27	24.14
68	11.85	15.64	20.02	25.72	26.92
69	13.28	17.39	22.49	28.44	30.04
70	14.78	18.87	24.92	31.73	33.47
71	16.11	20.62	27.57	35.20	36.80
72	17.25	22.56	30.27	38.87	39.87
73	18.47	24.72	33.27	42.51	43.20
74	20.09	27.25	36.84	47.11	47.85
75	22.08	30.06	41.23	52.50	53.31
76	25.08	34.60	47.70	60.02	60.94
77	28.37	39.25	53.89	67.42	68.47
78	31.26	43.41	60.44	74.68	75.84
79	34.65	48.25	66.79	81.98	83.24
80	37.73	52.65	73.14	89.83	91.22
81	40.84	57.17	79.76	99.68	101.19
82	43.96	61.70	86.37	109.52	111.18
83	47.07	66.21	93.00	119.36	121.16
84	50.20	70.74	99.61	129.21	131.15

Modes Other Than Annual

Semiannual Mode: 51% of Annual

Quarterly Mode: 26% of Annual

Spousal Discount is 20% of resulting Standard or Preferred Rate

Substandard rates are calculated as the product of the Standard Rate and the Substandard Class Factor.

Modal rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99574 is

22% of the resulting modal premium shown above after application of Spousal Discount.

State Farm Mutual Automobile Insurance Company
Bloomington, Illinois

Simple Automatic Increase Benefit Rider Form 99572 Series
Standard Rate Per \$1 of Daily Benefit

90 Day Elimination Period

Issue Age	2 Year Benefit Period	3 Year Benefit Period	5 Year Benefit Period	10 Year Benefit Period	Lifetime Benefit Period
18-29	1.14	1.44	1.83	2.54	2.60
30-34	1.32	1.67	2.11	2.73	2.80
35-39	1.53	1.94	2.44	2.93	3.01
40	1.63	2.07	2.60	2.99	3.08
41	1.69	2.13	2.68	3.11	3.19
42	1.75	2.22	2.78	3.27	3.35
43	1.82	2.30	2.89	3.45	3.54
44	1.89	2.39	3.00	3.63	3.73
45	1.96	2.49	3.14	3.81	3.91
46	2.05	2.60	3.27	3.95	4.06
47	2.15	2.72	3.42	4.09	4.20
48	2.23	2.84	3.58	4.24	4.35
49	2.33	2.96	3.73	4.40	4.52
50	2.43	3.08	3.88	4.59	4.70
51	2.51	3.18	4.02	4.80	4.92
52	2.57	3.27	4.13	5.02	5.14
53	2.64	3.36	4.24	5.26	5.40
54	2.73	3.47	4.38	5.52	5.66
55	2.85	3.61	4.57	5.82	5.96
56	2.99	3.80	4.80	6.13	6.28
57	3.16	4.00	5.06	6.46	6.60
58	3.33	4.24	5.35	6.81	6.97
59	3.53	4.49	5.67	7.18	7.36
60	3.74	4.75	6.00	7.60	7.77
61	3.96	5.03	6.35	8.03	8.21
62	4.19	5.32	6.71	8.45	8.63
63	4.44	5.63	7.10	8.92	9.10
64	4.71	5.97	7.51	9.47	9.66
65	5.01	6.36	7.99	10.15	10.36
66	5.32	6.75	8.47	11.00	11.21
67	5.65	7.16	8.97	11.99	12.21
68	6.01	7.62	9.50	13.06	13.29
69	6.41	8.14	10.14	14.15	14.39
70	6.90	8.73	10.89	15.21	15.48
71	7.47	9.46	11.81	16.23	16.49
72	8.13	10.29	12.88	17.22	17.50
73	8.82	11.18	14.03	18.24	18.51
74	9.53	12.06	15.16	19.34	19.63
75	10.20	12.89	16.23	20.58	20.86
76	10.82	13.67	17.19	22.08	22.37
77	11.44	14.42	18.11	23.79	24.10
78	12.05	15.16	19.00	25.33	25.64
79	12.32	15.62	19.56	26.45	26.76
80	12.93	16.39	20.52	27.73	28.05
81	13.72	17.39	21.86	28.53	28.84
82	14.51	18.40	23.21	29.31	29.61
83	15.31	19.41	24.56	30.09	30.39
84	16.10	20.42	25.90	30.87	31.17

Modes Other Than Annual

Semiannual Mode: 51% of Annual

Quarterly Mode: 26% of Annual

Spousal Discount is 20% of resulting Standard or Preferred Rate

Substandard rates are calculated as the product of the Standard Rate and the Substandard Class Factor.

Modal rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99574 is

22% of the resulting modal premium shown above after application of Spousal Discount.

State Farm Mutual Automobile Insurance Company
Bloomington, Illinois

Compound Automatic Increase Benefit Rider Form 99573 Series
Standard Rate Per \$1 of Daily Benefit

90 Day Elimination Period

Issue Age	2 Year Benefit Period	3 Year Benefit Period	5 Year Benefit Period	10 Year Benefit Period	Lifetime Benefit Period
18-29	3.08	4.06	5.41	7.63	7.84
30-34	3.32	4.38	5.80	7.81	8.01
35-39	3.59	4.72	6.22	7.99	8.20
40	3.71	4.86	6.40	8.01	8.20
41	3.77	4.95	6.51	8.04	8.23
42	3.84	5.05	6.63	8.07	8.27
43	3.92	5.14	6.75	8.12	8.31
44	3.99	5.25	6.89	8.18	8.38
45	4.08	5.36	7.03	8.28	8.48
46	4.18	5.48	7.18	8.42	8.62
47	4.28	5.61	7.36	8.59	8.79
48	4.39	5.75	7.54	8.78	8.98
49	4.49	5.87	7.70	8.98	9.18
50	4.59	6.00	7.84	9.17	9.39
51	4.65	6.07	7.95	9.36	9.56
52	4.70	6.14	8.02	9.53	9.75
53	4.74	6.19	8.09	9.71	9.93
54	4.81	6.27	8.18	9.93	10.15
55	4.90	6.39	8.33	10.21	10.43
56	5.04	6.56	8.55	10.54	10.78
57	5.19	6.77	8.80	10.92	11.16
58	5.38	6.99	9.10	11.34	11.59
59	5.57	7.24	9.41	11.80	12.05
60	5.78	7.49	9.72	12.30	12.56
61	5.98	7.76	10.05	12.82	13.07
62	6.19	8.03	10.38	13.35	13.62
63	6.42	8.32	10.74	13.94	14.20
64	6.68	8.64	11.13	14.58	14.87
65	6.96	9.00	11.58	15.31	15.60
66	7.27	9.39	12.06	16.14	16.44
67	7.61	9.81	12.56	17.06	17.38
68	7.98	10.27	13.12	18.04	18.37
69	8.38	10.80	13.77	19.06	19.40
70	8.87	11.41	14.53	20.08	20.43
71	9.44	12.12	15.47	21.08	21.42
72	10.09	12.95	16.54	22.07	22.42
73	10.78	13.83	17.69	23.10	23.46
74	11.47	14.70	18.82	24.20	24.56
75	12.12	15.51	19.87	25.42	25.78
76	12.72	16.25	20.81	26.86	27.24
77	13.29	16.96	21.68	28.52	28.90
78	13.86	17.66	22.54	30.21	30.60
79	14.42	18.35	23.18	31.17	31.56
80	14.99	19.07	24.07	32.37	32.76
81	15.72	19.97	25.27	32.96	33.35
82	16.44	20.88	26.48	33.57	33.93
83	17.18	21.79	27.68	34.16	34.53
84	17.91	22.71	28.89	34.76	35.12

Modes Other Than Annual

Semiannual Mode: 51% of Annual

Quarterly Mode: 26% of Annual

Spousal Discount is 20% of resulting Standard or Preferred Rate

Substandard rates are calculated as the product of the Standard Rate and the Substandard Class Factor.

Modal rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99574 is

22% of the resulting modal premium shown above after application of Spousal Discount.

State Farm Mutual Automobile Insurance Company
Bloomington, Illinois

Long Term Care Insurance Policy Form 97058 Series
Preferred Rate Per \$1 of Daily Benefit

90 Day Elimination Period

Issue Age	2 Year Benefit Period	3 Year Benefit Period	5 Year Benefit Period	10 Year Benefit Period	Lifetime Benefit Period
18-29	1.24	1.45	1.78	2.29	2.37
30-34	1.47	1.77	2.19	2.85	2.93
35-39	1.75	2.16	2.70	3.55	3.64
40	1.86	2.32	2.90	3.86	3.94
41	1.94	2.42	3.04	4.04	4.14
42	2.02	2.53	3.18	4.22	4.31
43	2.11	2.64	3.33	4.42	4.51
44	2.21	2.77	3.51	4.64	4.73
45	2.32	2.92	3.70	4.88	4.96
46	2.43	3.06	3.89	5.14	5.24
47	2.54	3.22	4.11	5.41	5.51
48	2.68	3.40	4.33	5.71	5.81
49	2.83	3.59	4.59	6.03	6.15
50	2.97	3.78	4.85	6.38	6.49
51	3.12	3.98	5.12	6.72	6.85
52	3.27	4.19	5.40	7.08	7.20
53	3.43	4.41	5.70	7.47	7.60
54	3.62	4.66	6.03	7.90	8.05
55	3.84	4.96	6.42	8.42	8.57
56	4.10	5.30	6.89	9.00	9.17
57	4.37	5.67	7.38	9.65	9.83
58	4.68	6.06	7.92	10.35	10.55
59	5.01	6.50	8.51	11.12	11.35
60	5.35	6.99	9.16	11.97	12.20
61	5.69	7.44	9.78	12.80	13.05
62	6.00	7.87	10.37	13.62	13.89
63	6.36	8.36	11.06	14.54	14.83
64	6.84	9.02	11.96	15.71	16.02
65	7.51	9.93	13.19	17.26	17.59
66	8.40	11.11	14.76	19.16	19.52
67	9.46	12.51	16.61	20.95	21.73
68	10.66	14.08	18.02	23.15	24.23
69	11.95	15.65	20.25	25.60	27.04
70	13.31	16.98	22.43	28.56	30.12
71	14.50	18.56	24.81	31.68	33.12
72	15.53	20.31	27.25	34.98	35.88
73	16.62	22.25	29.95	38.26	38.88
74	18.09	24.53	33.16	42.40	43.07
75	19.88	27.05	37.11	47.25	47.98
76	22.58	31.14	42.93	54.01	54.85
77	25.53	35.33	48.51	60.68	61.62
78	28.14	39.07	54.39	67.21	68.26
79	31.18	43.42	60.11	73.78	74.92
80	33.96	47.39	65.83	80.85	82.10
81	36.76	51.45	71.78	89.71	91.07
82	39.56	55.53	77.73	98.57	100.06
83	42.36	59.59	83.70	107.42	109.04
84	45.18	63.67	89.65	116.29	118.04

Modes Other Than Annual

Semiannual Mode: 51% of Annual

Quarterly Mode: 26% of Annual

Spousal Discount is 20% of resulting Standard or Preferred Rate

Substandard rates are calculated as the product of the Standard Rate and the Substandard Class Factor.

Modal rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99574 is

22% of the resulting modal premium shown above after application of Spousal Discount.

State Farm Mutual Automobile Insurance Company
Bloomington, Illinois

Simple Automatic Increase Benefit Rider Form 99572 Series
Preferred Rate Per \$1 of Daily Benefit

90 Day Elimination Period

Issue Age	2 Year Benefit Period	3 Year Benefit Period	5 Year Benefit Period	10 Year Benefit Period	Lifetime Benefit Period
18-29	1.03	1.30	1.64	2.29	2.34
30-34	1.19	1.51	1.90	2.45	2.52
35-39	1.38	1.74	2.20	2.63	2.71
40	1.46	1.86	2.33	2.70	2.77
41	1.53	1.93	2.42	2.81	2.87
42	1.57	2.00	2.51	2.94	3.02
43	1.64	2.07	2.61	3.11	3.19
44	1.71	2.15	2.71	3.27	3.36
45	1.76	2.23	2.83	3.42	3.52
46	1.84	2.33	2.94	3.55	3.65
47	1.94	2.44	3.08	3.69	3.78
48	2.01	2.55	3.22	3.82	3.92
49	2.10	2.66	3.36	3.96	4.07
50	2.19	2.77	3.50	4.13	4.23
51	2.26	2.86	3.62	4.31	4.43
52	2.32	2.94	3.72	4.51	4.63
53	2.38	3.03	3.82	4.73	4.86
54	2.45	3.12	3.94	4.97	5.09
55	2.56	3.25	4.11	5.24	5.36
56	2.70	3.42	4.31	5.51	5.65
57	2.84	3.61	4.55	5.81	5.94
58	3.00	3.82	4.81	6.13	6.27
59	3.18	4.04	5.10	6.47	6.62
60	3.37	4.28	5.40	6.84	6.99
61	3.56	4.52	5.71	7.23	7.39
62	3.77	4.80	6.04	7.60	7.77
63	4.00	5.07	6.39	8.03	8.19
64	4.24	5.38	6.77	8.53	8.69
65	4.51	5.72	7.18	9.14	9.32
66	4.80	6.08	7.62	9.90	10.09
67	5.09	6.45	8.07	10.79	10.99
68	5.40	6.86	8.56	11.75	11.96
69	5.78	7.33	9.13	12.73	12.95
70	6.20	7.87	9.80	13.70	13.93
71	6.72	8.51	10.64	14.61	14.84
72	7.32	9.26	11.59	15.50	15.75
73	7.94	10.05	12.63	16.41	16.66
74	8.57	10.85	13.64	17.40	17.67
75	9.17	11.61	14.61	18.52	18.77
76	9.75	12.31	15.48	19.87	20.13
77	10.30	12.98	16.29	21.42	21.69
78	10.85	13.64	17.09	22.80	23.08
79	11.09	14.05	17.60	23.81	24.08
80	11.64	14.75	18.47	24.96	25.25
81	12.35	15.65	19.67	25.68	25.96
82	13.06	16.56	20.89	26.38	26.65
83	13.78	17.47	22.10	27.08	27.35
84	14.49	18.38	23.31	27.78	28.05

Modes Other Than Annual

Semiannual Mode: 51% of Annual

Quarterly Mode: 26% of Annual

Spousal Discount is 20% of resulting Standard or Preferred Rate

Substandard rates are calculated as the product of the Standard Rate and the Substandard Class Factor.

Modal rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99574 is

22% of the resulting modal premium shown above after application of Spousal Discount.

State Farm Mutual Automobile Insurance Company
Bloomington, Illinois

Compound Automatic Increase Benefit Rider Form 99573 Series
Preferred Rate Per \$1 of Daily Benefit

90 Day Elimination Period

Issue Age	2 Year Benefit Period	3 Year Benefit Period	5 Year Benefit Period	10 Year Benefit Period	Lifetime Benefit Period
18-29	2.77	3.65	4.87	6.88	7.06
30-34	2.99	3.94	5.21	7.03	7.21
35-39	3.22	4.25	5.60	7.18	7.38
40	3.33	4.38	5.76	7.21	7.38
41	3.40	4.46	5.86	7.24	7.41
42	3.45	4.54	5.97	7.27	7.44
43	3.52	4.62	6.08	7.30	7.48
44	3.60	4.72	6.19	7.37	7.54
45	3.67	4.82	6.33	7.46	7.63
46	3.76	4.93	6.47	7.58	7.76
47	3.85	5.05	6.62	7.73	7.91
48	3.95	5.18	6.79	7.90	8.08
49	4.04	5.29	6.93	8.07	8.26
50	4.13	5.40	7.06	8.26	8.45
51	4.19	5.47	7.16	8.43	8.60
52	4.22	5.52	7.22	8.57	8.78
53	4.27	5.58	7.28	8.75	8.94
54	4.32	5.64	7.37	8.94	9.14
55	4.41	5.75	7.49	9.19	9.39
56	4.53	5.90	7.69	9.48	9.70
57	4.68	6.09	7.92	9.83	10.04
58	4.84	6.29	8.18	10.21	10.43
59	5.01	6.51	8.47	10.63	10.85
60	5.20	6.74	8.76	11.07	11.30
61	5.39	6.99	9.05	11.54	11.76
62	5.58	7.23	9.35	12.02	12.26
63	5.79	7.48	9.66	12.54	12.78
64	6.01	7.78	10.02	13.12	13.38
65	6.27	8.10	10.43	13.78	14.04
66	6.55	8.46	10.85	14.52	14.80
67	6.85	8.83	11.31	15.36	15.64
68	7.18	9.25	11.81	16.24	16.53
69	7.55	9.72	12.40	17.16	17.46
70	7.98	10.26	13.08	18.07	18.39
71	8.49	10.91	13.92	18.96	19.28
72	9.08	11.65	14.89	19.86	20.18
73	9.70	12.44	15.92	20.79	21.11
74	10.33	13.22	16.94	21.78	22.10
75	10.91	13.96	17.88	22.88	23.20
76	11.44	14.62	18.73	24.18	24.52
77	11.96	15.27	19.51	25.67	26.01
78	12.47	15.90	20.28	27.18	27.54
79	12.98	16.51	20.86	28.05	28.40
80	13.49	17.16	21.66	29.13	29.48
81	14.15	17.97	22.74	29.66	30.02
82	14.80	18.79	23.83	30.21	30.54
83	15.46	19.61	24.91	30.74	31.08
84	16.12	20.44	26.00	31.28	31.61

Modes Other Than Annual

Semiannual Mode: 51% of Annual

Quarterly Mode: 26% of Annual

Spousal Discount is 20% of resulting Standard or Preferred Rate

Substandard rates are calculated as the product of the Standard Rate and the Substandard Class Factor.

Modal rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99574 is

22% of the resulting modal premium shown above after application of Spousal Discount.

State Farm Mutual Automobile Insurance Company
Bloomington, Illinois

Long Term Care Insurance Policy Form 97058 Series
Standard Rate Per \$1 of Daily Benefit

180 Day Elimination Period

Issue Age	2 Year Benefit Period	3 Year Benefit Period	5 Year Benefit Period	10 Year Benefit Period	Lifetime Benefit Period
18-29	1.25	1.47	1.78	2.29	2.38
30-34	1.47	1.77	2.17	2.83	2.92
35-39	1.73	2.12	2.64	3.50	3.58
40	1.84	2.27	2.84	3.80	3.88
41	1.91	2.37	2.97	3.97	4.06
42	1.99	2.48	3.11	4.15	4.23
43	2.07	2.59	3.26	4.33	4.43
44	2.17	2.71	3.42	4.54	4.63
45	2.27	2.84	3.60	4.77	4.86
46	2.38	2.99	3.80	5.03	5.11
47	2.50	3.15	4.00	5.29	5.39
48	2.62	3.31	4.22	5.58	5.68
49	2.75	3.49	4.47	5.89	5.99
50	2.89	3.69	4.72	6.22	6.32
51	3.04	3.87	4.97	6.56	6.67
52	3.19	4.07	5.25	6.90	7.01
53	3.34	4.29	5.53	7.26	7.39
54	3.52	4.53	5.85	7.69	7.82
55	3.73	4.81	6.24	8.17	8.33
56	3.97	5.13	6.67	8.75	8.91
57	4.24	5.48	7.14	9.36	9.54
58	4.52	5.86	7.67	10.03	10.22
59	4.83	6.28	8.23	10.67	10.98
60	5.17	6.74	8.84	11.47	11.80
61	5.48	7.17	9.44	12.26	12.61
62	5.78	7.59	10.01	13.03	13.42
63	6.12	8.06	10.66	13.91	14.32
64	6.58	8.69	11.41	15.01	15.44
65	7.23	9.55	12.45	16.30	16.91
66	8.09	10.68	13.93	18.06	18.74
67	9.11	11.92	15.53	19.90	20.83
68	9.98	13.05	17.30	21.95	22.55
69	10.77	14.49	19.22	24.44	24.86
70	11.85	16.13	21.44	27.18	27.64
71	13.01	17.75	23.66	29.79	30.28
72	14.30	19.37	25.90	32.79	33.31
73	15.70	20.96	28.38	36.10	36.66
74	17.36	23.02	31.30	39.84	40.44
75	19.18	25.53	34.53	44.15	44.81
76	21.50	29.25	39.72	49.71	50.46
77	23.98	32.72	44.64	55.53	56.35
78	26.59	36.37	49.80	61.16	62.06
79	29.10	39.87	55.31	66.78	67.77
80	31.60	43.36	60.31	72.80	73.87
81	34.07	46.86	65.39	80.13	81.29
82	36.55	50.37	70.45	87.47	88.72
83	39.02	53.87	75.53	94.79	96.14
84	41.50	57.36	80.59	102.12	103.56

Modes Other Than Annual

Semiannual Mode: 51% of Annual

Quarterly Mode: 26% of Annual

Spousal Discount is 20% of resulting Standard or Preferred Rate

Substandard rates are calculated as the product of the Standard Rate and the Substandard Class Factor.

Modal rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99574 is

22% of the resulting modal premium shown above after application of Spousal Discount.

State Farm Mutual Automobile Insurance Company
Bloomington, Illinois

Simple Automatic Increase Benefit Rider Form 99572 Series
Standard Rate Per \$1 of Daily Benefit

180 Day Elimination Period

Issue Age	2 Year Benefit Period	3 Year Benefit Period	5 Year Benefit Period	10 Year Benefit Period	Lifetime Benefit Period
18-29	1.00	1.28	1.63	2.23	2.33
30-34	1.17	1.49	1.88	2.42	2.51
35-39	1.35	1.73	2.18	2.62	2.69
40	1.45	1.84	2.32	2.68	2.76
41	1.51	1.91	2.41	2.79	2.87
42	1.56	1.98	2.50	2.94	3.01
43	1.62	2.06	2.60	3.09	3.17
44	1.68	2.13	2.70	3.26	3.34
45	1.75	2.22	2.81	3.41	3.49
46	1.83	2.32	2.93	3.55	3.64
47	1.90	2.42	3.07	3.67	3.77
48	1.99	2.54	3.21	3.81	3.91
49	2.08	2.65	3.36	3.95	4.06
50	2.17	2.75	3.49	4.13	4.24
51	2.23	2.84	3.60	4.31	4.43
52	2.29	2.92	3.70	4.52	4.64
53	2.35	3.00	3.81	4.74	4.85
54	2.43	3.10	3.93	4.98	5.11
55	2.53	3.22	4.09	5.25	5.37
56	2.66	3.39	4.30	5.52	5.65
57	2.81	3.58	4.53	5.81	5.95
58	2.97	3.78	4.80	6.13	6.27
59	3.15	4.00	5.08	6.47	6.62
60	3.33	4.25	5.38	6.84	6.99
61	3.52	4.49	5.69	7.22	7.38
62	3.73	4.75	6.01	7.61	7.77
63	3.95	5.03	6.36	8.03	8.21
64	4.19	5.34	6.73	8.54	8.71
65	4.46	5.67	7.14	9.14	9.33
66	4.73	6.02	7.58	9.88	10.08
67	5.02	6.39	8.02	10.74	10.94
68	5.34	6.79	8.51	11.67	11.89
69	5.69	7.25	9.06	12.62	12.84
70	6.12	7.78	9.72	13.54	13.78
71	6.61	8.40	10.53	14.41	14.65
72	7.19	9.13	11.44	15.26	15.50
73	7.81	9.90	12.42	16.13	16.38
74	8.35	10.67	13.40	17.06	17.17
75	8.85	11.40	14.30	18.12	18.06
76	9.28	12.06	15.14	19.38	19.12
77	9.69	12.69	15.93	20.82	20.33
78	9.98	13.20	16.70	22.09	21.34
79	10.36	13.57	17.16	23.02	22.42
80	10.84	14.19	17.96	24.09	23.46
81	11.46	15.00	19.04	24.71	24.05
82	12.08	15.82	20.12	25.33	24.64
83	12.71	16.63	21.20	25.95	25.24
84	13.33	17.43	22.28	26.57	25.84

Modes Other Than Annual

Semiannual Mode: 51% of Annual

Quarterly Mode: 26% of Annual

Spousal Discount is 20% of resulting Standard or Preferred Rate

Substandard rates are calculated as the product of the Standard Rate and the Substandard Class Factor.

Modal rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99574 is

22% of the resulting modal premium shown above after application of Spousal Discount.

State Farm Mutual Automobile Insurance Company
Bloomington, Illinois

Compound Automatic Increase Benefit Rider Form 99573 Series
Standard Rate Per \$1 of Daily Benefit

180 Day Elimination Period

Issue Age	2 Year Benefit Period	3 Year Benefit Period	5 Year Benefit Period	10 Year Benefit Period	Lifetime Benefit Period
18-29	2.70	3.58	4.77	6.75	6.95
30-34	2.92	3.86	5.14	6.93	7.12
35-39	3.16	4.17	5.52	7.11	7.28
40	3.27	4.31	5.69	7.13	7.30
41	3.32	4.39	5.79	7.15	7.33
42	3.39	4.47	5.90	7.18	7.36
43	3.45	4.55	6.01	7.23	7.39
44	3.53	4.65	6.13	7.28	7.45
45	3.61	4.75	6.25	7.37	7.54
46	3.69	4.85	6.39	7.49	7.68
47	3.78	4.97	6.55	7.65	7.82
48	3.87	5.09	6.70	7.82	8.00
49	3.97	5.21	6.85	8.00	8.18
50	4.05	5.31	6.99	8.17	8.36
51	4.10	5.39	7.07	8.34	8.52
52	4.15	5.45	7.14	8.49	8.68
53	4.19	5.49	7.19	8.66	8.85
54	4.25	5.56	7.28	8.84	9.05
55	4.32	5.67	7.41	9.10	9.29
56	4.44	5.82	7.60	9.39	9.59
57	4.59	6.00	7.83	9.74	9.95
58	4.75	6.20	8.10	10.11	10.33
59	4.92	6.42	8.37	10.53	10.74
60	5.10	6.66	8.66	10.97	11.19
61	5.28	6.89	8.94	11.42	11.66
62	5.47	7.12	9.23	11.90	12.15
63	5.68	7.37	9.55	12.42	12.67
64	5.90	7.66	9.89	12.99	13.25
65	6.15	7.98	10.29	13.63	13.89
66	6.42	8.33	10.71	14.36	14.62
67	6.71	8.70	11.17	15.16	15.44
68	7.03	9.11	11.66	16.01	16.30
69	7.39	9.56	12.23	16.87	17.18
70	7.81	10.09	12.89	17.74	18.06
71	8.32	10.71	13.68	18.59	18.90
72	8.89	11.43	14.60	19.42	19.74
73	9.49	12.19	15.55	20.27	20.59
74	10.10	12.94	16.51	21.19	21.50
75	10.65	13.63	17.40	22.20	22.51
76	11.15	14.26	18.19	23.40	23.72
77	11.63	14.85	18.94	24.77	25.11
78	12.09	15.42	19.66	26.17	26.52
79	12.08	15.70	20.19	26.95	26.78
80	12.54	16.26	20.93	27.93	27.74
81	13.10	16.98	21.88	28.39	28.18
82	13.67	17.70	22.84	28.84	28.62
83	14.23	18.42	23.79	29.29	29.06
84	14.80	19.14	24.75	29.75	29.50

Modes Other Than Annual

Semiannual Mode: 51% of Annual

Quarterly Mode: 26% of Annual

Spousal Discount is 20% of resulting Standard or Preferred Rate

Substandard rates are calculated as the product of the Standard Rate and the Substandard Class Factor.

Modal rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99574 is

22% of the resulting modal premium shown above after application of Spousal Discount.

State Farm Mutual Automobile Insurance Company
Bloomington, Illinois

Long Term Care Insurance Policy Form 97058 Series
Preferred Rate Per \$1 of Daily Benefit

180 Day Elimination Period

Issue Age	2 Year Benefit Period	3 Year Benefit Period	5 Year Benefit Period	10 Year Benefit Period	Lifetime Benefit Period
18-29	1.13	1.33	1.61	2.06	2.14
30-34	1.33	1.60	1.95	2.54	2.63
35-39	1.55	1.91	2.38	3.15	3.22
40	1.65	2.04	2.55	3.42	3.49
41	1.73	2.13	2.67	3.58	3.65
42	1.79	2.23	2.81	3.73	3.81
43	1.86	2.33	2.93	3.91	3.99
44	1.95	2.43	3.08	4.09	4.17
45	2.04	2.55	3.23	4.30	4.37
46	2.13	2.70	3.42	4.52	4.60
47	2.24	2.83	3.61	4.76	4.85
48	2.35	2.98	3.81	5.02	5.11
49	2.48	3.14	4.02	5.30	5.39
50	2.61	3.32	4.25	5.60	5.69
51	2.73	3.49	4.48	5.90	6.00
52	2.87	3.66	4.72	6.20	6.31
53	3.01	3.86	4.98	6.53	6.65
54	3.17	4.08	5.27	6.92	7.04
55	3.36	4.32	5.61	7.36	7.50
56	3.58	4.61	6.00	7.88	8.02
57	3.82	4.93	6.42	8.43	8.59
58	4.07	5.28	6.90	9.03	9.20
59	4.35	5.65	7.40	9.60	9.88
60	4.65	6.07	7.96	10.32	10.62
61	4.93	6.46	8.49	11.04	11.35
62	5.20	6.83	9.01	11.73	12.08
63	5.50	7.26	9.59	12.51	12.89
64	5.92	7.82	10.27	13.51	13.90
65	6.50	8.59	11.21	14.67	15.22
66	7.28	9.61	12.54	16.25	16.87
67	8.20	10.74	13.97	17.91	18.75
68	8.99	11.74	15.57	19.76	20.30
69	9.79	13.04	17.29	22.00	22.37
70	10.67	14.51	19.30	24.46	24.88
71	11.71	15.97	21.29	26.81	27.25
72	12.86	17.27	23.31	29.52	29.98
73	14.13	18.87	25.55	32.49	32.99
74	15.62	20.72	28.17	35.86	36.40
75	17.26	22.98	31.08	39.74	40.33
76	19.35	26.32	35.74	44.74	45.41
77	21.58	29.44	40.17	49.98	50.72
78	23.94	32.73	44.81	55.05	55.85
79	26.19	35.89	49.77	60.10	60.99
80	28.44	39.02	54.28	65.52	66.48
81	30.66	42.17	58.85	72.12	73.16
82	32.90	45.33	63.41	78.72	79.85
83	35.12	48.48	67.98	85.31	86.53
84	37.35	51.62	72.53	91.91	93.20

Modes Other Than Annual

Semiannual Mode: 51% of Annual

Quarterly Mode: 26% of Annual

Spousal Discount is 20% of resulting Standard or Preferred Rate

Substandard rates are calculated as the product of the Standard Rate and the Substandard Class Factor.

Modal rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99574 is

22% of the resulting modal premium shown above after application of Spousal Discount.

State Farm Mutual Automobile Insurance Company
Bloomington, Illinois

Simple Automatic Increase Benefit Rider Form 99572 Series
Preferred Rate Per \$1 of Daily Benefit

180 Day Elimination Period

Issue Age	2 Year Benefit Period	3 Year Benefit Period	5 Year Benefit Period	10 Year Benefit Period	Lifetime Benefit Period
18-29	0.90	1.14	1.46	2.01	2.10
30-34	1.05	1.34	1.69	2.18	2.26
35-39	1.22	1.55	1.96	2.35	2.42
40	1.31	1.65	2.09	2.42	2.48
41	1.35	1.73	2.17	2.52	2.58
42	1.41	1.78	2.24	2.64	2.71
43	1.45	1.85	2.33	2.78	2.85
44	1.52	1.93	2.43	2.93	3.01
45	1.57	2.00	2.53	3.07	3.14
46	1.64	2.09	2.63	3.20	3.28
47	1.72	2.18	2.76	3.31	3.39
48	1.79	2.29	2.89	3.42	3.52
49	1.87	2.39	3.03	3.55	3.65
50	1.95	2.48	3.14	3.72	3.82
51	2.01	2.55	3.23	3.88	3.99
52	2.06	2.63	3.32	4.07	4.18
53	2.12	2.71	3.42	4.27	4.37
54	2.19	2.79	3.53	4.49	4.60
55	2.28	2.90	3.69	4.72	4.83
56	2.40	3.05	3.87	4.97	5.09
57	2.53	3.22	4.08	5.23	5.36
58	2.67	3.41	4.31	5.51	5.64
59	2.83	3.61	4.58	5.82	5.96
60	3.00	3.82	4.84	6.16	6.29
61	3.17	4.04	5.12	6.49	6.64
62	3.36	4.28	5.40	6.85	6.99
63	3.55	4.52	5.72	7.23	7.39
64	3.77	4.81	6.06	7.68	7.84
65	4.02	5.10	6.42	8.23	8.40
66	4.26	5.41	6.82	8.89	9.07
67	4.51	5.75	7.22	9.66	9.85
68	4.81	6.11	7.67	10.51	10.70
69	5.12	6.52	8.16	11.35	11.56
70	5.50	7.00	8.76	12.19	12.40
71	5.95	7.57	9.47	12.97	13.19
72	6.48	8.22	10.30	13.73	13.95
73	7.03	8.91	11.18	14.51	14.74
74	7.51	9.60	12.06	15.36	15.45
75	7.96	10.25	12.87	16.30	16.25
76	8.35	10.85	13.62	17.45	17.21
77	8.72	11.43	14.33	18.74	18.30
78	8.99	11.88	14.89	19.88	19.21
79	9.32	12.21	15.44	20.72	20.18
80	9.76	12.77	16.16	21.68	21.11
81	10.31	13.50	17.14	22.24	21.65
82	10.87	14.24	18.11	22.80	22.18
83	11.44	14.97	19.08	23.36	22.72
84	12.00	15.69	20.05	23.91	23.26

Modes Other Than Annual

Semiannual Mode: 51% of Annual

Quarterly Mode: 26% of Annual

Spousal Discount is 20% of resulting Standard or Preferred Rate

Substandard rates are calculated as the product of the Standard Rate and the Substandard Class Factor.

Modal rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99574 is

22% of the resulting modal premium shown above after application of Spousal Discount.

State Farm Mutual Automobile Insurance Company
Bloomington, Illinois

Compound Automatic Increase Benefit Rider Form 99573 Series
Preferred Rate Per \$1 of Daily Benefit

180 Day Elimination Period

Issue Age	2 Year Benefit Period	3 Year Benefit Period	5 Year Benefit Period	10 Year Benefit Period	Lifetime Benefit Period
18-29	2.43	3.22	4.30	6.08	6.26
30-34	2.63	3.48	4.62	6.24	6.41
35-39	2.84	3.75	4.97	6.39	6.55
40	2.94	3.88	5.12	6.41	6.57
41	2.99	3.95	5.20	6.44	6.60
42	3.05	4.02	5.30	6.47	6.62
43	3.11	4.10	5.40	6.50	6.65
44	3.18	4.19	5.51	6.56	6.71
45	3.25	4.28	5.62	6.63	6.79
46	3.32	4.37	5.75	6.74	6.91
47	3.41	4.48	5.90	6.89	7.04
48	3.49	4.59	6.03	7.04	7.20
49	3.58	4.70	6.17	7.19	7.36
50	3.64	4.79	6.29	7.36	7.52
51	3.70	4.85	6.37	7.50	7.67
52	3.73	4.91	6.42	7.65	7.81
53	3.77	4.94	6.48	7.79	7.97
54	3.82	5.01	6.56	7.96	8.15
55	3.89	5.10	6.68	8.18	8.36
56	4.00	5.24	6.84	8.46	8.63
57	4.13	5.40	7.05	8.77	8.96
58	4.28	5.59	7.28	9.10	9.30
59	4.42	5.79	7.54	9.47	9.67
60	4.60	6.00	7.79	9.87	10.07
61	4.75	6.19	8.05	10.27	10.49
62	4.92	6.40	8.31	10.71	10.94
63	5.10	6.63	8.59	11.18	11.40
64	5.30	6.89	8.90	11.69	11.93
65	5.53	7.18	9.26	12.27	12.50
66	5.79	7.49	9.65	12.93	13.16
67	6.04	7.83	10.05	13.64	13.90
68	6.33	8.20	10.49	14.41	14.67
69	6.66	8.60	11.01	15.19	15.46
70	7.03	9.08	11.61	15.97	16.25
71	7.48	9.65	12.32	16.73	17.01
72	8.00	10.29	13.13	17.48	17.77
73	8.55	10.97	14.00	18.25	18.53
74	9.09	11.64	14.86	19.06	19.35
75	9.58	12.27	15.66	19.98	20.26
76	10.04	12.83	16.38	21.05	21.35
77	10.46	13.37	17.05	22.30	22.60
78	10.88	13.88	17.69	23.55	23.87
79	10.88	14.14	18.17	24.26	24.10
80	11.29	14.63	18.84	25.14	24.97
81	11.79	15.28	19.69	25.55	25.36
82	12.30	15.93	20.56	25.96	25.76
83	12.81	16.58	21.41	26.36	26.15
84	13.32	17.23	22.28	26.78	26.55

Modes Other Than Annual

Semiannual Mode: 51% of Annual

Quarterly Mode: 26% of Annual

Spousal Discount is 20% of resulting Standard or Preferred Rate

Substandard rates are calculated as the product of the Standard Rate and the Substandard Class Factor.

Modal rate for the Nonforfeiture Benefit/Shortened Benefit Rider Form 99574 is

22% of the resulting modal premium shown above after application of Spousal Discount.

State: District of Columbia

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

Product Name: Long Term Care Insurance

Project Name/Number: Long Term Care Insurance/

Filing Company:

State Farm Mutual Automobile Insurance Company

Supporting Document Schedules

Satisfied - Item:	Actuarial Justification
Comments:	
Attachment(s):	DC - Actuarial Memorandum and Certification 97058.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Actual and Projected Experience
Comments:	
Attachment(s):	Actual & Projected Nationwide Experience Exhibit.pdf Actual & Projected District of Columbia Experience Exhibit.pdf
Item Status:	
Status Date:	

Satisfied - Item:	NAIC Transmittal
Comments:	
Attachment(s):	2014 NAIC Transmittal - DC LTC.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Comparison of Proposed and Current Rates
Comments:	
Attachment(s):	Rate Table Comparison - D34 to D08.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Distribution of Business
Comments:	
Attachment(s):	DC- Dist of Bus Exhibit.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Actual to Expected Experience
Comments:	
Attachment(s):	Nationwide Actual to Expected - DC.pdf Actual to Expected - DC.pdf

SERFF Tracking #:

STLH-129484004

State Tracking #:

Company Tracking #:

2014 DC LTCI 97058 SERIES

State:

District of Columbia

Filing Company:

State Farm Mutual Automobile Insurance Company

TOI/Sub-TOI:

LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name:

Long Term Care Insurance

Project Name/Number:

Long Term Care Insurance/

Item Status:	
Status Date:	

**STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY
BLOOMINGTON, ILLINOIS 61710
ACTUARIAL MEMORANDUM – RATE INCREASE**

**STATE FARM TAX QUALIFIED LONG TERM CARE INSURANCE POLICY FORM 97058
SIMPLE AUTOMATIC INCREASE BENEFIT RIDER FORMS 99572
COMPOUND AUTOMATIC INCREASE BENEFIT RIDER FORM 99573
NON-FORFEITURE RIDER FORM 99574**

I. PURPOSE

The purpose of this memorandum is to demonstrate that the lifetime loss ratio of this product after the proposed rate increase meets the minimum loss ratio requirements in District of Columbia. This memorandum is not suitable for other purposes.

II. GENERAL INFORMATION

- A. Type of Policy: These are Individual Tax Qualified Long Term Care Insurance Policies.
- B. Renewability: Guaranteed Renewable
- C. Marketing Method: Sold through a captive agency force but are no longer marketed
- D. Issue Ages: ages 18 through 84
- E. Average Issue Age of in-force policies: 54

III. APPLICABILITY

This filing is applicable to all in-force policies and associated riders issued in District of Columbia on the above referenced forms. These forms were marketed in District of Columbia between November 1, 2001 and March 31, 2004. These forms are no longer marketed in any state. As of December 31, 2013, there were 9 policies in-force on these forms in District of Columbia and 48,984 nationwide.

IV. DESCRIPTION OF POLICY DESIGN AND COVERAGE

- A. Form 97058: This form provides comprehensive Long Term Care Insurance coverage. After meeting an elimination period, benefits are paid on an expenses incurred basis. Covered expenses include: Home and Adult Day Care, Long Term Care Facility, Alternate Care Facility, Caregiver Training, Bed Reservation, Respite Care, and Medical Help System. Benefits may also be payable for other services, devices or types of care if they are part of an alternate plan of care which is agreed to by the insured, the insured's doctor, and State Farm. Premiums are waived while receiving care after the specified waiting period.
- B. Optional Simple Automatic Increase Benefit Rider Forms 99572: provides inflation protection by giving a 5% simple automatic benefit increase for each policy year.
- C. Optional Compound Automatic Increase Benefit Rider Form 99573: provides compound automatic benefit increases of 5% for each policy year.
- D. Optional Shortened Benefit Period Non-forfeiture Rider Form 99574: provides shortened benefit period non-forfeiture benefit if policy lapses after the third policy year.

V. REASON FOR RATE INCREASE

A rate increase is necessary due to significantly higher anticipated and lifetime loss ratios than expected. The higher loss ratios are primarily a result of lower voluntary lapse rates, lower mortality, and higher expected future claims costs.

VI. MORBIDITY ASSUMPTIONS

Claim costs were developed using 2011 Milliman Inc. internal claim cost guidelines. These guidelines are a cooperative effort of Milliman Health actuaries and represent a combination of their experience, research, and judgment. These claim costs were developed based on the benefits provided under these forms.

The table below demonstrates our actual to expected loss ratio experience by year based on the actual distribution of business. State Farm experience shows an overall actual to expected ratio of 114%. However, since the Milliman claim costs are based on a significantly larger pool of claims experience, 100% of the Milliman claim costs was chosen as the ultimate claim cost level. In order to smoothly transition from historic experience to projected experience, projected experience grades from 90% to 100% of the Milliman claim costs evenly over a period of 5 years.

Year	Actual Loss Ratio	Expected Loss Ratio Based on 2011 Milliman Claim Costs	Actual to Expected Ratio
2001	0%	3%	0%
2002	1%	3%	26%
2003	7%	3%	191%
2004	6%	5%	120%
2005	11%	7%	165%
2006	13%	8%	162%
2007	13%	10%	125%
2008	11%	12%	91%
2009	17%	15%	118%
2010	20%	17%	114%
2011	19%	20%	94%
2012	27%	23%	120%
2013	25%	26%	96%
Total	16%	14%	114%

No future morbidity improvement was assumed in these claim costs.

VII. MORTALITY ASSUMPTION

Sex distinct mortality was assumed to follow the 2012 IAM Static table with 11 year selection factors, grading from 34% to 89% of the table over those 11 years, with the ultimate factor being 89% in years 12 and beyond. The selection factors for the first 11 years are based on actual mortality results on State Farm's long term care block. Actual and expected deaths include data from all policy forms for credibility purposes. The mortality assumption used in initial pricing was the 83GAM table with no selection factors.

Duration	Calculated Mortality Factor - As a % of 2012IAM	Actual Deaths	Expected Deaths from 83 GAM	Actual to Expected Based on Original Pricing Assumption
1	34%	240	1,122	0.21
2	58%	412	1,161	0.35
3	64%	470	1,210	0.39
4	67%	513	1,267	0.40
5	76%	595	1,315	0.45
6	71%	571	1,358	0.42
7	81%	671	1,409	0.48
8	84%	719	1,451	0.50
9	89%	758	1,460	0.52
10	89%	698	1,362	0.51
11	89%	590	1,140	0.52

No future mortality improvement was assumed in the projections.

The mortality table above differs from the table previously filed as it reflects an additional year of experience.

VIII. VOLUNTARY LAPSE RATE ASSUMPTIONS

Voluntary lapse rates are based on our nationwide long term care lapse experience. All policy forms are included for credibility purposes. The following chart shows our actual lapse rate by duration through Dec. 31, 2012. The lapse rate assumed for projections of lifetime loss ratio in policy years 11+ is 0.5%.

Duration	Actual Lapse Rate	Assumed Lapse Rate	Actual Exposures	Original Pricing Lapse Rate	Actual to Expected Based on Original Pricing Assumption
1	8.20%	8.20%	172,988	5.50%	1.49
2	4.40%	4.40%	149,202	4.50%	0.98
3	2.70%	2.70%	136,701	4.50%	0.60
4	2.00%	2.00%	127,310	4.00%	0.50
5	1.70%	1.70%	117,626	3.00%	0.57
6	1.40%	1.40%	108,764	2.00%	0.70
7	1.10%	1.10%	100,779	2.00%	0.55
8	1.00%	1.00%	93,175	2.00%	0.50
9	0.90%	0.90%	84,194	2.00%	0.45
10	0.70%	0.70%	70,050	2.00%	0.35
11+	0.50%	0.50%	111,875	2.00%	0.25

These lapse rates exclude policies written in 2002. Policies written in 2002 were sold during a temporary sales promotion and therefore tend to have higher lapse rates than are typically seen on our long term care policies.

The lapse rate table above differs from the table previously filed as it reflects an additional year of experience.

IX. SHOCK LAPSE ASSUMPTION

A shock lapse assumption of 2.0% after this proposed rate increase is included in our projections. Assumed lapse rates (see Section VIII) less than 2.0% are increased to 2.0% for the year following this rate increase. This assumption is based on lapse experience after rate increases implemented to date on policy form 97058 series policies. We will continue to closely monitor policyholder behavior after rate increases.

Below is a chart showing the number of policyholders who have received a rate increase and the number who have lapsed after an increase on the 97058 policy series as of March 31, 2014.

Number of Policyholders Receiving Rate Increase	Number of Policyholders Lapsing After Rate Increase	Lapse Rate
15,474	314	2.03%

X. HISTORY OF RATE ADJUSTMENTS

On May 30, 2013, a 9% average rate increase was approved for in-force policyholders. This increase was implemented beginning October 1, 2013.

XI. AVERAGE ANNUAL PREMIUM

The average annual premium for this form and associated riders prior to this proposed rate increase is:

District of Columbia \$2,452
 Nationwide \$1,597

The average annual premium for this form and associated riders after the rate increase is:

District of Columbia \$2,697
 Nationwide \$1,753

The nationwide average annual premium figure was calculated assuming that the proposed rate increase in District of Columbia is implemented nationwide.

XII. MINIMUM LIFETIME LOSS RATIO

The minimum lifetime loss ratio is 60%.

XIII. PAST, ANTICIPATED AND LIFETIME LOSS RATIO

Past and projected nationwide and District of Columbia experience are shown in the exhibits entitled Actual & Projected Nationwide Experience Exhibit and Actual & Projected District of Columbia Experience Exhibit. Projected premiums are shown both with and without the proposed rate increase.

Nationwide data is used to justify the proposed rates. The nationwide projection exhibit contains three columns of premiums. The first one titled “Earned Premium Original Rates” reflects the original premium with no rate increases. The second column, “Earned Premium Current Rates”, applies this state’s specific pattern of prior increases to the nationwide original premium. This is done to avoid subsidization amongst states due to the allowance/disallowance of needed rate increases. The final premium column, “Earned Premium with Proposed Increase”, reflects the proposed increase applied nationwide. A summary of the resulting loss ratios is shown below.

The lifetime loss ratio is calculated as the sum of the accumulated value of past incurred claims and the present value of anticipated incurred claims divided by the sum of the accumulated value

of past earned premium and the present value of the anticipated earned premium. The present values and accumulated values are calculated at 4.5%.

The following table shows the present and accumulated values of nationwide premiums and claims at the valuation rate of 4.5%.

	Earned Premium Current Rates	Earned Premium with Proposed Increase	Incurred Claims	Loss Ratio Current Rates	Loss Ratio with Proposed Increase
	Past	\$830,742,692	830,742,692	122,259,076	14.7%
Anticipated	\$781,182,816	852,276,298	2,252,867,897	288.4%	264.3%
Lifetime	\$1,611,925,779	1,683,019,260	2,375,126,972	147.3%	141.1%

We have excluded some policyholders from the past experience and the projections. The excluded policyholders converted from an older policy form and did so without evidence of insurability. Including that experience would result in a higher indicated rate change. These policyholders will receive the approved rate increase.

XIV. MAXIMUM ALLOWABLE RATE INCREASE

The maximum allowable rate increase was calculated so that the sum of:

- (a) The lesser of:
 - (i) The accumulated value of actual past incurred claims; and
 - (ii) The accumulated value of expected past claims (\$110,403,164).
- (b) The present value of projected incurred claims.

Is equal to:

- (c) The accumulated value of past premium including prior increases and the present value of future projected premium with the proposed increase times the greater of:
 - (i) 60%; and
 - (ii) The lifetime loss ratio consistent with the original filing.

Expected past claims are less than actual past incurred claims; therefore, expected past claims are used in the calculation to demonstrate that past losses are not being recouped.

The lifetime loss ratio consistent with the original filing is 69.4%.

This methodology results in an indicated average rate increase of 229.6% and a lifetime loss ratio of 69.7%.

This increase is based on nationwide data and assumes the 9% average increase that was implemented on October 1, 2013 was applied nationwide. 229.6% is the indicated rate increase in addition to the 9% that was already implemented.

XV. SUMMARY OF PROPOSED RATE INCREASE

We are proposing an average rate increase of 9.8% based on the nationwide distribution of business. This results in an average increase of 10% in District of Columbia reflecting differences between the District of Columbia and nationwide distribution of business.

The maximum proposed increase is 10% based on guidance present in Bulletin 03-PPI-005-11/24. This proposed increase is reduced in cases where a 10% increase would cause the new rates to be higher than the corresponding rate on our currently marketed long term care insurance product.

Although a rate increase larger than 10% can be justified at this time, State Farm is not currently seeking a higher increase because of the limitations indicated in Bulletin 03-PPI-005-11/24. We will continue to monitor emerging experience and anticipate further increases in the future.

A comparison of rates before and after the proposed change is included in the supporting documentation.

The renewal rate schedule after this rate increase is implemented will not be greater than the new business premium rate schedule.

XVI. CERTIFICATION

I certify that to the best of my knowledge this rate filing is in compliance with the applicable laws and rules of your state, and complies with all applicable Actuarial Standards of Practice including Actuarial Standard of Practice No. 8, "Regulatory Filings for Health Plan Entities" and Actuarial Standard of Practice No. 18, "Long-Term Care Insurance".



Samantha Knackmuhs, FSA, MAAA

April 9, 2014
Date

Actual and Projected Nationwide Experience - Based on Earned Rate Increases in District of Columbia

Actual						
Year	Earned Premium Original Rates	Earned Premium Current Rates	Incurred Claims	Loss Ratio Original Rates	Loss Ratio Current Rates	
2001	295,299	295,299	0	0.0%	0.0%	
2002	11,919,488	11,919,488	84,807	0.7%	0.7%	
2003	38,082,573	38,082,573	2,495,206	6.6%	6.6%	
2004	51,773,918	51,773,918	2,985,011	5.8%	5.8%	
2005	54,823,671	54,823,671	5,883,620	10.7%	10.7%	
2006	56,342,659	56,342,659	7,494,134	13.3%	13.3%	
2007	57,124,490	57,124,490	7,261,536	12.7%	12.7%	
2008	58,336,610	58,336,610	6,509,878	11.2%	11.2%	
2009	58,929,245	58,929,245	10,221,957	17.3%	17.3%	
2010	59,616,395	59,616,395	11,779,317	19.8%	19.8%	
2011	61,151,430	61,151,430	11,557,847	18.9%	18.9%	
2012	63,962,992	63,962,992	17,365,732	27.1%	27.1%	
2013	64,940,262	65,387,960	16,010,550	24.7%	24.5%	
Total	637,299,031	637,746,730	99,649,596	15.6%	15.6%	

Projection							
Projection Year	Earned Premium Original Rates	Earned Premium Current Rates	Earned Premium With Proposed Increase	Incurred Claims	Loss Ratio Original Rates	Loss Ratio Current Rates	Loss Ratio With Proposed Increase
2014	58,770,481	63,484,693	63,986,052	19,831,811	33.7%	31.2%	31.0%
2015	57,413,231	61,763,362	67,305,102	22,943,197	40.0%	37.1%	34.1%
2016	56,093,243	60,167,530	66,072,892	26,709,739	47.6%	44.4%	40.4%
2017	54,767,747	58,759,216	64,536,123	31,128,938	56.8%	53.0%	48.2%
2018	53,420,936	57,328,432	62,974,090	36,198,428	67.8%	63.1%	57.5%
2019	52,044,076	55,865,519	61,376,049	41,979,942	80.7%	75.1%	68.4%
2020	50,629,362	54,361,840	59,732,427	47,649,980	94.1%	87.7%	79.8%
2021	49,173,404	52,813,547	58,038,911	53,945,263	109.7%	102.1%	92.9%
2022	47,676,040	51,220,289	56,295,033	60,819,414	127.6%	118.7%	108.0%
2023	46,135,438	49,579,891	54,498,366	68,373,256	148.2%	137.9%	125.5%
2024	44,548,365	47,888,636	52,644,822	76,695,835	172.2%	160.2%	145.7%
2025	42,914,052	46,145,531	50,733,342	85,732,605	199.8%	185.8%	169.0%
2026	41,236,115	44,354,348	48,768,105	95,364,182	231.3%	215.0%	195.5%
2027	39,518,720	42,519,488	46,754,009	105,527,816	267.0%	248.2%	225.7%
2028	37,766,693	40,646,087	44,696,785	116,183,896	307.6%	285.8%	259.9%
2029	35,986,401	38,740,957	42,604,010	127,309,369	353.8%	328.6%	298.8%
2030	34,184,532	36,811,287	40,483,679	138,783,624	406.0%	377.0%	342.8%
2031	32,368,861	34,865,444	38,345,079	150,364,627	464.5%	431.3%	392.1%
2032	30,547,160	32,911,833	36,197,530	161,774,767	529.6%	491.5%	446.9%
2033	28,727,343	30,959,032	34,050,543	172,891,601	601.8%	558.5%	507.7%
2034	26,918,738	29,017,153	31,915,310	183,663,461	682.3%	632.9%	575.5%
2035	25,130,885	27,096,520	29,803,243	193,870,495	771.4%	715.5%	650.5%
2036	23,373,642	25,207,838	27,726,162	203,053,157	868.7%	805.5%	732.4%
2037	21,655,800	23,360,650	25,694,603	210,880,863	973.8%	902.7%	820.7%
2038	19,985,369	21,563,677	23,718,187	217,230,577	1086.9%	1007.4%	915.9%
2039	18,371,060	19,826,385	21,807,353	222,107,425	1209.0%	1120.3%	1018.5%
2040	16,820,753	18,157,345	19,971,542	225,440,379	1340.3%	1241.6%	1128.8%
2041	15,341,504	16,564,232	18,219,215	227,113,541	1480.4%	1371.1%	1246.6%
2042	13,937,918	15,052,089	16,555,929	227,084,822	1629.3%	1508.7%	1371.6%
2043	12,613,589	13,624,871	14,986,042	225,306,838	1786.2%	1653.6%	1503.4%
2044	11,371,668	12,286,047	13,513,377	221,906,731	1951.4%	1806.2%	1642.1%
2045	10,214,132	11,037,818	12,140,359	217,202,369	2126.5%	1967.8%	1789.1%
2046	9,141,898	9,881,228	10,868,141	211,390,191	2312.3%	2139.3%	1945.0%
2047	8,153,729	8,815,004	9,695,323	204,507,333	2508.1%	2320.0%	2109.3%
2048	7,247,168	7,836,563	8,619,066	196,647,901	2713.4%	2509.4%	2281.5%
2049	6,419,733	6,943,279	7,636,484	187,995,243	2928.4%	2707.6%	2461.8%
2050	5,668,472	6,132,018	6,744,127	178,959,589	3157.1%	2918.4%	2653.6%
2051	4,989,700	5,398,843	5,937,666	169,786,344	3402.7%	3144.9%	2859.5%
2052	4,378,729	4,738,733	5,211,579	160,487,337	3665.2%	3386.7%	3079.4%
2053	3,830,619	4,146,396	4,560,044	150,928,896	3940.1%	3640.0%	3309.8%
2054	3,340,578	3,616,688	3,977,404	140,901,064	4217.9%	3895.9%	3542.5%
2055	2,904,100	3,144,776	3,458,341	130,761,476	4502.7%	4158.1%	3781.0%
2056	2,516,423	2,725,537	2,997,222	120,822,855	4801.4%	4433.0%	4031.2%
2057	2,172,870	2,353,935	2,588,507	111,067,483	5111.6%	4718.4%	4290.8%
2058	1,868,906	2,025,093	2,226,829	101,453,378	5428.5%	5009.8%	4556.0%
2059	1,601,260	1,735,485	1,908,311	92,131,888	5753.7%	5308.7%	4827.9%
2060	1,366,414	1,481,323	1,628,783	83,149,393	6085.2%	5613.2%	5105.0%
2061	1,161,045	1,259,019	1,384,301	74,398,838	6407.9%	5909.3%	5374.5%
2062	982,041	1,065,215	1,171,169	65,577,849	6677.7%	6156.3%	5599.4%
2063	826,742	897,038	986,225	56,832,499	6874.3%	6335.6%	5762.6%
Total	1,178,227,685	1,268,177,762	1,387,743,790	6,652,868,505	564.7%	524.6%	479.4%

	Earned Premium Original Rates	Earned Premium Current Rates	Earned Premium With Proposed Increase	Incurred Claims	Loss Ratio Original Rates	Loss Ratio Current Rates	Loss Ratio With Proposed Increase
Past Experience	637,299,031	637,746,730	637,746,730	99,649,596	15.6%	15.6%	15.6%
Anticipated Experience	1,178,227,685	1,268,177,762	1,387,743,790	6,652,868,505	564.7%	524.6%	479.4%
Lifetime Experience	1,815,526,717	1,905,924,491	2,025,490,519	6,752,518,101	371.9%	354.3%	333.4%
Past Experience @4.5%	830,275,118	830,742,962	830,742,962	122,259,076	14.7%	14.7%	14.7%
Anticipated Experience @4.5%	726,240,755	781,182,816	852,276,298	2,252,867,897	310.2%	288.4%	264.3%
Lifetime Experience @4.5%	1,556,515,873	1,611,925,779	1,683,019,260	2,375,126,972	152.6%	147.3%	141.1%

Actual and Projected District of Columbia Experience

Actual						
Year	Earned Premium		Incurred Claims	Loss Ratio		
	Original Rates	Current Rates		Original Rates	Current Rates	
2001	0	0	0	0.0%	0.0%	
2002	1,843	1,843	0	0.0%	0.0%	
2003	8,774	8,774	0	0.0%	0.0%	
2004	23,801	23,801	0	0.0%	0.0%	
2005	22,654	22,654	0	0.0%	0.0%	
2006	22,101	22,101	0	0.0%	0.0%	
2007	22,075	22,075	0	0.0%	0.0%	
2008	22,075	22,075	0	0.0%	0.0%	
2009	21,984	21,984	0	0.0%	0.0%	
2010	22,141	22,141	0	0.0%	0.0%	
2011	21,936	21,936	0	0.0%	0.0%	
2012	21,892	21,892	51	0.2%	0.2%	
2013	20,242	20,382	1,605	7.9%	7.9%	
Total	231,519	231,658	1,656	0.7%	0.7%	

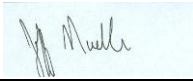
Projection							
Projection Year	Earned Premium			Incurred Claims	Loss Ratio		Loss Ratio With Proposed Increase
	Original Rates	Current Rates	Premium With Proposed Increase		Original Rates	Loss Ratio Current Rates	
2014	18,102	19,684	19,889	5,859	32.4%	29.8%	29.5%
2015	17,852	19,228	21,049	6,860	38.4%	35.7%	32.6%
2016	17,590	18,892	20,781	8,138	46.3%	43.1%	39.2%
2017	17,317	18,598	20,458	9,701	56.0%	52.2%	47.4%
2018	17,029	18,289	20,118	11,607	68.2%	63.5%	57.7%
2019	16,726	17,963	19,760	13,944	83.4%	77.6%	70.6%
2020	16,406	17,620	19,382	16,263	99.1%	92.3%	83.9%
2021	16,068	17,256	18,982	19,083	118.8%	110.6%	100.5%
2022	15,711	16,873	18,560	22,393	142.5%	132.7%	120.7%
2023	15,332	16,466	18,113	26,039	169.8%	158.1%	143.8%
2024	14,931	16,035	17,639	30,381	203.5%	189.5%	172.2%
2025	14,505	15,577	17,135	35,612	245.5%	228.6%	207.8%
2026	14,051	15,090	16,599	41,294	293.9%	273.7%	248.8%
2027	13,569	14,571	16,029	47,379	349.2%	325.1%	295.6%
2028	13,056	14,021	15,423	53,913	412.9%	384.5%	349.6%
2029	12,512	13,437	14,780	60,821	486.1%	452.7%	411.5%
2030	11,938	12,819	14,101	67,593	566.2%	527.3%	479.3%
2031	11,332	12,169	13,386	74,598	658.3%	613.0%	557.3%
2032	10,701	11,491	12,640	81,509	761.7%	709.3%	644.8%
2033	10,048	10,789	11,868	87,058	866.4%	806.9%	733.5%
2034	9,379	10,072	11,079	92,279	983.9%	916.2%	832.9%
2035	8,701	9,343	10,277	97,011	1114.9%	1038.3%	943.9%
2036	8,018	8,610	9,471	100,477	1253.1%	1167.0%	1060.9%
2037	7,337	7,878	8,666	101,967	1389.7%	1294.3%	1176.6%
2038	6,666	7,157	7,873	101,769	1526.8%	1421.9%	1292.6%
2039	6,007	6,450	7,095	100,577	1674.3%	1559.3%	1417.5%
2040	5,368	5,764	6,340	98,859	1841.6%	1715.1%	1559.2%
2041	4,757	5,108	5,619	96,012	2018.3%	1879.7%	1708.8%
2042	4,177	4,485	4,934	91,920	2200.4%	2049.3%	1863.0%
2043	3,632	3,900	4,290	86,223	2374.1%	2211.1%	2010.1%
2044	3,126	3,356	3,692	79,507	2543.5%	2368.8%	2153.5%
2045	2,662	2,858	3,144	72,834	2736.2%	2548.3%	2316.6%
2046	2,244	2,409	2,650	66,788	2976.7%	2772.2%	2520.2%
2047	1,871	2,009	2,210	61,197	3270.4%	3045.9%	2769.0%
2048	1,544	1,658	1,823	54,702	3543.0%	3299.9%	2999.9%
2049	1,260	1,352	1,487	47,791	3794.4%	3534.2%	3212.9%
2050	1,016	1,091	1,200	40,895	4025.0%	3749.4%	3408.6%
2051	811	871	958	34,703	4277.6%	3985.3%	3623.0%
2052	641	688	756	29,242	4563.2%	4252.2%	3865.6%
2053	502	539	592	24,366	4853.9%	4524.2%	4112.9%
2054	389	418	459	19,815	5087.9%	4743.7%	4312.5%
2055	297	319	350	15,557	5236.4%	4884.0%	4440.0%
2056	227	243	268	12,111	5337.4%	4980.3%	4527.3%
2057	171	183	201	9,277	5435.9%	5074.3%	4612.8%
2058	125	133	147	6,815	5469.9%	5107.5%	4643.3%
2059	89	95	105	4,833	5433.5%	5075.1%	4613.9%
2060	64	68	75	3,438	5402.0%	5047.5%	4588.7%
2061	44	48	52	2,375	5338.4%	4990.6%	4535.9%
2062	30	33	36	1,610	5293.6%	4948.7%	4499.4%
2063	20	22	24	1,077	5263.3%	4921.8%	4477.9%
Total	375,951	404,029	442,566	2,276,071	605.4%	563.3%	514.3%

	Earned Premium			Incurred Claims	Loss Ratio		Loss Ratio With Proposed Increase
	Original Rates	Current Rates	Premium With Proposed Increase		Original Rates	Loss Ratio Current Rates	
Past Experience	231,519	231,658	231,658	1,656	0.7%	0.7%	0.7%
Anticipated Experience	375,951	404,029	442,566	2,276,071	605.4%	563.3%	514.3%
Lifetime Experience	607,470	635,687	674,225	2,277,727	375.0%	358.3%	337.8%
Past Experience @4.5%	302,104	302,250	302,250	1,733	0.6%	0.6%	0.6%
Anticipated Experience @4.5%	235,093	252,769	276,185	867,984	369.2%	343.4%	314.3%
Lifetime Experience @4.5%	537,197	555,019	578,435	869,716	161.9%	156.7%	150.4%

Life, Accident & Health, Annuity, Credit Transmittal Document

1.	Prepared for the State of	District of Columbia					
2.	Department Use Only						
	State Tracking ID						
3.	Insurer Name & Address	Domicile	Insurer License Type	NAIC Group #	NAIC #	FEIN #	State #
	State Farm Mutual Automobile Insurance Co. One State Farm Plaza Bloomington, IL 61710-0001	Illinois	Accident & Health	176	25178	37-0533100	
4.	Contact Name & Address	Telephone #	Fax #		E-mail Address		
	Jeff Mueller One State Farm Plaza B-1 Bloomington, IL 61710	309-735-2224	309-766-1827		jeff.mueller.rthv@statefarm.com		
5.	Requested Filing Mode	<input checked="" type="checkbox"/> Review & Approval <input type="checkbox"/> File & Use <input type="checkbox"/> Informational <input type="checkbox"/> Combination (please explain): _____ <input type="checkbox"/> Other (please explain): _____					
6.	Company Tracking Number	2014 DC LTCI 97058 Series					
7.	<input checked="" type="checkbox"/> New Submission	<input type="checkbox"/> Resubmission	Previous file # _____				
8.	Market	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Franchise Group <input type="checkbox"/> Small <input type="checkbox"/> Large <input type="checkbox"/> Small and Large <input type="checkbox"/> Employer <input type="checkbox"/> Association <input type="checkbox"/> Blanket <input type="checkbox"/> Discretionary <input type="checkbox"/> Trust <input type="checkbox"/> Other: _____					
9.	Type of Insurance (TOI)	LTC03I Individual Long Term Care					
10.	Sub-Type of Insurance (Sub-TOI)	LTC03I.001 Qualified					
11.	Submitted Documents	<input type="checkbox"/> FORMS <input type="checkbox"/> Policy <input type="checkbox"/> Outline of Coverage <input type="checkbox"/> Certificate <input type="checkbox"/> Application/Enrollment <input type="checkbox"/> Rider/Endorsement <input type="checkbox"/> Advertising <input type="checkbox"/> Schedule of Benefits <input type="checkbox"/> Other Rates <input type="checkbox"/> New Rate <input checked="" type="checkbox"/> Revised Rate <input type="checkbox"/> FILING OTHER THAN FORM OR RATE: Please explain: _____ SUPPORTING DOCUMENTATION <input type="checkbox"/> Articles of Incorporation <input type="checkbox"/> Third Party Authorization <input type="checkbox"/> Association Bylaws <input type="checkbox"/> Trust Agreements <input type="checkbox"/> Statement of Variability <input checked="" type="checkbox"/> Certifications <input checked="" type="checkbox"/> Actuarial Memorandum <input type="checkbox"/> Other _____					

12.	Filing Submission Date	04/09/2014	
13.	Filing Fee (If required)	Amount _____ Retaliatory <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Check Date _____ Check Number _____
14.	Date of Domiciliary Approval	Pending	
15.	Filing Description:		
State Farm Mutual Automobile Insurance Company – NAIC 176-25178 Inforce Rate Increase Individual Long Term Care Insurance Policy Form 97058 Rider Forms 99572, 99573, 99574			

16.	Certification (If required)		
I HEREBY CERTIFY that I have reviewed the applicable filing requirements for this filing, and the filing complies with all applicable statutory and regulatory provisions for the state of <u>District of Columbia</u> .			
Print Name <u>Jeff Mueller</u>		Title <u>Actuarial Analyst</u>	
Signature		Date: <u>04/09/2014</u>	

17.	Form Filing Attachment
This filing transmittal is part of company tracking number	
This filing corresponds to rate filing company tracking number	

	Document Name	Form Number		Replaced Form Number
	Description			Previous State Filing Number
01			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
02			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
03			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
04			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
05			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
06			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
07			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
08			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
09			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
10			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	

LH FFA-1

18.		Rate Filing Attachment		
This filing transmittal is part of company tracking number		2014 DC LTCI 97058 Series		
This filing corresponds to form filing company tracking number		N/A		
Overall percentage rate indication (when applicable)		229.6%		
Overall percentage rate impact for this filing		10.0%		
	Document Name	Affected Form Numbers		Previous State Filing Number
	Description			
01	Individual Long Term Care Policy and Riders Rate Filing	97058, 99572, 99573, 99574	<input type="checkbox"/> New <input checked="" type="checkbox"/> Revised Request +10.0% - ___% <input type="checkbox"/> Other _____	
02			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
03			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
04			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
05			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
06			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
07			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
08			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
09			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
10			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	

LH RFA-1

State Farm Mutual Automobile Insurance Company
Bloomington, Illinois

Long Term Care Insurance Policy Form 97058 Series
Standard Rate Per \$1 of Daily Benefit

30 Day Elimination Period

Issue Age	2 Year Benefit Period	3 Year Benefit Period	5 Year Benefit Period	10 Year Benefit Period	Lifetime Benefit Period
18-29	10.0%	10.0%	10.0%	10.0%	10.0%
30-34	10.0%	10.0%	10.0%	10.0%	10.0%
35-39	10.0%	10.0%	10.0%	10.0%	10.0%
40	10.0%	10.0%	10.0%	10.0%	10.0%
41	10.0%	10.0%	10.0%	10.0%	10.0%
42	10.0%	10.0%	10.0%	10.0%	10.0%
43	10.0%	10.0%	10.0%	10.0%	10.0%
44	10.0%	10.0%	10.0%	10.0%	10.0%
45	10.0%	10.0%	10.0%	10.0%	10.0%
46	10.0%	10.0%	10.0%	10.0%	10.0%
47	10.0%	10.0%	10.0%	10.0%	10.0%
48	10.0%	10.0%	10.0%	10.0%	10.0%
49	10.0%	10.0%	10.0%	10.0%	10.0%
50	10.0%	10.0%	10.0%	10.0%	10.0%
51	10.0%	10.0%	10.0%	10.0%	10.0%
52	10.0%	10.0%	10.0%	10.0%	10.0%
53	10.0%	10.0%	10.0%	10.0%	10.0%
54	10.0%	10.0%	10.0%	10.0%	10.0%
55	10.0%	10.0%	10.0%	10.0%	10.0%
56	10.0%	10.0%	10.0%	10.0%	10.0%
57	10.0%	10.0%	10.0%	10.0%	10.0%
58	10.0%	10.0%	10.0%	10.0%	10.0%
59	10.0%	10.0%	10.0%	10.0%	10.0%
60	10.0%	10.0%	10.0%	10.0%	10.0%
61	10.0%	10.0%	10.0%	10.0%	10.0%
62	10.0%	10.0%	10.0%	10.0%	10.0%
63	10.0%	10.0%	10.0%	10.0%	10.0%
64	10.0%	10.0%	10.0%	10.0%	10.0%
65	10.0%	10.0%	10.0%	10.0%	10.0%
66	10.0%	10.0%	10.0%	10.0%	10.0%
67	10.0%	10.0%	10.0%	10.0%	10.0%
68	10.0%	10.0%	10.0%	10.0%	10.0%
69	10.0%	10.0%	10.0%	10.0%	10.0%
70	10.0%	10.0%	10.0%	10.0%	10.0%
71	10.0%	10.0%	10.0%	10.0%	10.0%
72	9.7%	9.3%	10.0%	10.0%	10.0%
73	6.7%	7.5%	6.6%	10.0%	10.0%
74	3.8%	5.1%	3.8%	9.0%	10.0%
75	2.0%	1.7%	2.0%	7.6%	10.0%
76	1.5%	1.5%	2.0%	8.9%	10.0%
77	2.0%	1.9%	1.5%	10.0%	10.0%
78	2.3%	1.7%	2.2%	10.0%	10.0%
79	2.3%	1.9%	2.2%	10.0%	10.0%
80	2.3%	1.9%	2.2%	10.0%	10.0%
81	2.3%	1.9%	2.2%	10.0%	10.0%
82	2.3%	1.9%	2.2%	10.0%	10.0%
83	2.3%	1.9%	2.2%	10.0%	10.0%
84	2.3%	1.9%	2.2%	10.0%	10.0%

State Farm Mutual Automobile Insurance Company
Bloomington, Illinois

Long Term Care Insurance Policy Form 97058 Series
Standard Rate Per \$1 of Daily Benefit

90 Day Elimination Period

Issue Age	2 Year Benefit Period	3 Year Benefit Period	5 Year Benefit Period	10 Year Benefit Period	Lifetime Benefit Period
18-29	10.0%	10.0%	10.0%	10.0%	10.0%
30-34	10.0%	10.0%	10.0%	10.0%	10.0%
35-39	10.0%	10.0%	10.0%	10.0%	10.0%
40	10.0%	10.0%	10.0%	10.0%	10.0%
41	10.0%	10.0%	10.0%	10.0%	10.0%
42	10.0%	10.0%	10.0%	10.0%	10.0%
43	10.0%	10.0%	10.0%	10.0%	10.0%
44	10.0%	10.0%	10.0%	10.0%	10.0%
45	10.0%	10.0%	10.0%	10.0%	10.0%
46	10.0%	10.0%	10.0%	10.0%	10.0%
47	10.0%	10.0%	10.0%	10.0%	10.0%
48	10.0%	10.0%	10.0%	10.0%	10.0%
49	10.0%	10.0%	10.0%	10.0%	10.0%
50	10.0%	10.0%	10.0%	10.0%	10.0%
51	10.0%	10.0%	10.0%	10.0%	10.0%
52	10.0%	10.0%	10.0%	10.0%	10.0%
53	10.0%	10.0%	10.0%	10.0%	10.0%
54	10.0%	10.0%	10.0%	10.0%	10.0%
55	10.0%	10.0%	10.0%	10.0%	10.0%
56	10.0%	10.0%	10.0%	10.0%	10.0%
57	10.0%	10.0%	10.0%	10.0%	10.0%
58	10.0%	10.0%	10.0%	10.0%	10.0%
59	10.0%	10.0%	10.0%	10.0%	10.0%
60	10.0%	10.0%	10.0%	10.0%	10.0%
61	10.0%	10.0%	10.0%	10.0%	10.0%
62	10.0%	10.0%	10.0%	10.0%	10.0%
63	10.0%	10.0%	10.0%	10.0%	10.0%
64	10.0%	10.0%	10.0%	10.0%	10.0%
65	10.0%	10.0%	10.0%	10.0%	10.0%
66	10.0%	10.0%	10.0%	10.0%	10.0%
67	10.0%	10.0%	10.0%	10.0%	10.0%
68	10.0%	10.0%	10.0%	10.0%	10.0%
69	10.0%	10.0%	10.0%	10.0%	10.0%
70	10.0%	10.0%	10.0%	10.0%	10.0%
71	8.3%	10.0%	10.0%	10.0%	10.0%
72	6.1%	8.1%	8.5%	10.0%	10.0%
73	4.2%	3.6%	3.9%	9.7%	10.0%
74	2.7%	1.5%	1.9%	7.6%	10.0%
75	1.7%	2.4%	1.8%	7.8%	10.0%
76	2.2%	2.0%	1.6%	8.9%	10.0%
77	1.6%	1.5%	2.0%	10.0%	10.0%
78	2.3%	2.2%	1.7%	10.0%	10.0%
79	1.6%	1.6%	1.9%	10.0%	10.0%
80	1.6%	1.6%	1.9%	10.0%	10.0%
81	1.6%	1.6%	1.9%	10.0%	10.0%
82	1.6%	1.6%	1.9%	10.0%	10.0%
83	1.6%	1.6%	1.9%	10.0%	10.0%
84	1.6%	1.6%	1.9%	10.0%	10.0%

State Farm Mutual Automobile Insurance Company
 Bloomington, Illinois

Long Term Care Insurance Policy Form 97058 Series
 Standard Rate Per \$1 of Daily Benefit

180 Day Elimination Period

Issue Age	2 Year Benefit Period	3 Year Benefit Period	5 Year Benefit Period	10 Year Benefit Period	Lifetime Benefit Period
18-29	10.0%	10.0%	10.0%	10.0%	10.0%
30-34	10.0%	10.0%	10.0%	10.0%	10.0%
35-39	10.0%	10.0%	10.0%	10.0%	10.0%
40	10.0%	10.0%	10.0%	10.0%	10.0%
41	10.0%	10.0%	10.0%	10.0%	10.0%
42	10.0%	10.0%	10.0%	10.0%	10.0%
43	10.0%	10.0%	10.0%	10.0%	10.0%
44	10.0%	10.0%	10.0%	10.0%	10.0%
45	10.0%	10.0%	10.0%	10.0%	10.0%
46	10.0%	10.0%	10.0%	10.0%	10.0%
47	10.0%	10.0%	10.0%	10.0%	10.0%
48	10.0%	10.0%	10.0%	10.0%	10.0%
49	10.0%	10.0%	10.0%	10.0%	10.0%
50	10.0%	10.0%	10.0%	10.0%	10.0%
51	10.0%	10.0%	10.0%	10.0%	10.0%
52	10.0%	10.0%	10.0%	10.0%	10.0%
53	10.0%	10.0%	10.0%	10.0%	10.0%
54	10.0%	10.0%	10.0%	10.0%	10.0%
55	10.0%	10.0%	10.0%	10.0%	10.0%
56	10.0%	10.0%	10.0%	10.0%	10.0%
57	10.0%	10.0%	10.0%	10.0%	10.0%
58	10.0%	10.0%	10.0%	10.0%	10.0%
59	10.0%	10.0%	10.0%	10.0%	10.0%
60	10.0%	10.0%	10.0%	10.0%	10.0%
61	10.0%	10.0%	10.0%	10.0%	10.0%
62	10.0%	10.0%	10.0%	10.0%	10.0%
63	10.0%	10.0%	10.0%	10.0%	10.0%
64	10.0%	10.0%	10.0%	10.0%	10.0%
65	10.0%	10.0%	10.0%	10.0%	10.0%
66	10.0%	10.0%	10.0%	10.0%	10.0%
67	10.0%	10.0%	10.0%	10.0%	10.0%
68	10.0%	10.0%	10.0%	10.0%	10.0%
69	10.0%	10.0%	10.0%	10.0%	10.0%
70	10.0%	10.0%	10.0%	10.0%	10.0%
71	10.0%	10.0%	10.0%	10.0%	10.0%
72	10.0%	7.8%	7.8%	10.0%	10.0%
73	6.7%	4.6%	3.4%	9.7%	10.0%
74	3.5%	2.2%	1.6%	7.7%	10.0%
75	1.6%	2.0%	2.4%	8.0%	10.0%
76	2.4%	1.5%	2.0%	9.9%	10.0%
77	2.3%	1.8%	2.3%	10.0%	10.0%
78	1.7%	1.7%	2.0%	10.0%	10.0%
79	1.6%	2.2%	1.5%	10.0%	10.0%
80	1.6%	2.2%	1.5%	10.0%	10.0%
81	1.6%	2.2%	1.5%	10.0%	10.0%
82	1.6%	2.2%	1.5%	10.0%	10.0%
83	1.6%	2.2%	1.5%	10.0%	10.0%
84	1.6%	2.2%	1.5%	10.0%	10.0%

State Farm Mutual Automobile Insurance Company
 Bloomington, Illinois

Base + Simple Automatic Increase Benefit Rider Form 99572 Series
 Standard Rate Per \$1 of Daily Benefit

30 Day Elimination Period

Issue Age	2 Year Benefit Period	3 Year Benefit Period	5 Year Benefit Period	10 Year Benefit Period	Lifetime Benefit Period
18-29	10.0%	10.0%	10.0%	10.0%	10.0%
30-34	10.0%	10.0%	10.0%	10.0%	10.0%
35-39	10.0%	10.0%	10.0%	10.0%	10.0%
40	10.0%	10.0%	10.0%	10.0%	10.0%
41	10.0%	10.0%	10.0%	10.0%	10.0%
42	10.0%	10.0%	10.0%	10.0%	10.0%
43	10.0%	10.0%	10.0%	10.0%	10.0%
44	10.0%	10.0%	10.0%	10.0%	10.0%
45	10.0%	10.0%	10.0%	10.0%	10.0%
46	10.0%	10.0%	10.0%	10.0%	10.0%
47	10.0%	10.0%	10.0%	10.0%	10.0%
48	10.0%	10.0%	10.0%	10.0%	10.0%
49	10.0%	10.0%	10.0%	10.0%	10.0%
50	10.0%	10.0%	10.0%	10.0%	10.0%
51	10.0%	10.0%	10.0%	10.0%	10.0%
52	10.0%	10.0%	10.0%	10.0%	10.0%
53	10.0%	10.0%	10.0%	10.0%	10.0%
54	10.0%	10.0%	10.0%	10.0%	10.0%
55	10.0%	10.0%	10.0%	10.0%	10.0%
56	10.0%	10.0%	10.0%	10.0%	10.0%
57	10.0%	10.0%	10.0%	10.0%	10.0%
58	10.0%	10.0%	10.0%	10.0%	10.0%
59	10.0%	10.0%	10.0%	10.0%	10.0%
60	10.0%	10.0%	10.0%	10.0%	10.0%
61	10.0%	10.0%	10.0%	10.0%	10.0%
62	10.0%	10.0%	10.0%	10.0%	10.0%
63	10.0%	10.0%	10.0%	10.0%	10.0%
64	10.0%	10.0%	10.0%	10.0%	10.0%
65	10.0%	10.0%	10.0%	10.0%	10.0%
66	10.0%	10.0%	10.0%	10.0%	10.0%
67	10.0%	10.0%	10.0%	10.0%	10.0%
68	10.0%	10.0%	10.0%	10.0%	10.0%
69	10.0%	10.0%	10.0%	10.0%	10.0%
70	10.0%	10.0%	10.0%	10.0%	10.0%
71	10.0%	10.0%	10.0%	10.0%	10.0%
72	10.0%	10.0%	10.0%	10.0%	10.0%
73	10.0%	10.0%	10.0%	10.0%	10.0%
74	10.0%	10.0%	10.0%	10.0%	10.0%
75	10.0%	10.0%	10.0%	10.0%	10.0%
76	8.5%	9.3%	7.6%	10.0%	10.0%
77	7.3%	7.4%	4.4%	10.0%	10.0%
78	6.2%	5.5%	2.6%	9.2%	10.0%
79	5.1%	4.2%	2.1%	9.1%	10.0%
80	5.1%	4.2%	2.1%	9.1%	10.0%
81	5.1%	4.2%	2.1%	9.1%	10.0%
82	5.1%	4.2%	2.1%	9.1%	10.0%
83	5.1%	4.2%	2.1%	9.1%	10.0%
84	5.1%	4.2%	2.1%	9.1%	10.0%

State Farm Mutual Automobile Insurance Company
 Bloomington, Illinois

Base + Simple Automatic Increase Benefit Rider Form 99572 Series
 Standard Rate Per \$1 of Daily Benefit

90 Day Elimination Period

Issue Age	2 Year Benefit Period	3 Year Benefit Period	5 Year Benefit Period	10 Year Benefit Period	Lifetime Benefit Period
18-29	10.0%	10.0%	10.0%	10.0%	10.0%
30-34	10.0%	10.0%	10.0%	10.0%	10.0%
35-39	10.0%	10.0%	10.0%	10.0%	10.0%
40	10.0%	10.0%	10.0%	10.0%	10.0%
41	10.0%	10.0%	10.0%	10.0%	10.0%
42	10.0%	10.0%	10.0%	10.0%	10.0%
43	10.0%	10.0%	10.0%	10.0%	10.0%
44	10.0%	10.0%	10.0%	10.0%	10.0%
45	10.0%	10.0%	10.0%	10.0%	10.0%
46	10.0%	10.0%	10.0%	10.0%	10.0%
47	10.0%	10.0%	10.0%	10.0%	10.0%
48	10.0%	10.0%	10.0%	10.0%	10.0%
49	10.0%	10.0%	10.0%	10.0%	10.0%
50	10.0%	10.0%	10.0%	10.0%	10.0%
51	10.0%	10.0%	10.0%	10.0%	10.0%
52	10.0%	10.0%	10.0%	10.0%	10.0%
53	10.0%	10.0%	10.0%	10.0%	10.0%
54	10.0%	10.0%	10.0%	10.0%	10.0%
55	10.0%	10.0%	10.0%	10.0%	10.0%
56	10.0%	10.0%	10.0%	10.0%	10.0%
57	10.0%	10.0%	10.0%	10.0%	10.0%
58	10.0%	10.0%	10.0%	10.0%	10.0%
59	10.0%	10.0%	10.0%	10.0%	10.0%
60	10.0%	10.0%	10.0%	10.0%	10.0%
61	10.0%	10.0%	10.0%	10.0%	10.0%
62	10.0%	10.0%	10.0%	10.0%	10.0%
63	10.0%	10.0%	10.0%	10.0%	10.0%
64	10.0%	10.0%	10.0%	10.0%	10.0%
65	10.0%	10.0%	10.0%	10.0%	10.0%
66	10.0%	10.0%	10.0%	10.0%	10.0%
67	10.0%	10.0%	10.0%	10.0%	10.0%
68	10.0%	10.0%	10.0%	10.0%	10.0%
69	10.0%	10.0%	10.0%	10.0%	10.0%
70	10.0%	10.0%	10.0%	10.0%	10.0%
71	10.0%	10.0%	10.0%	10.0%	10.0%
72	10.0%	10.0%	10.0%	10.0%	10.0%
73	10.0%	10.0%	10.0%	10.0%	10.0%
74	10.0%	9.3%	10.0%	10.0%	10.0%
75	8.1%	6.6%	6.5%	10.0%	10.0%
76	6.1%	4.6%	4.1%	10.0%	10.0%
77	3.8%	2.8%	2.4%	9.1%	10.0%
78	2.8%	2.2%	1.7%	9.0%	10.0%
79	1.7%	1.7%	2.0%	9.6%	10.0%
80	1.7%	1.7%	2.0%	9.6%	10.0%
81	1.7%	1.7%	2.0%	9.6%	10.0%
82	1.7%	1.7%	2.0%	9.6%	10.0%
83	1.7%	1.7%	2.0%	9.6%	10.0%
84	1.7%	1.7%	2.0%	9.6%	10.0%

State Farm Mutual Automobile Insurance Company
 Bloomington, Illinois

Base + Simple Automatic Increase Benefit Rider Form 99572 Series
 Standard Rate Per \$1 of Daily Benefit

180 Day Elimination Period

Issue Age	2 Year Benefit Period	3 Year Benefit Period	5 Year Benefit Period	10 Year Benefit Period	Lifetime Benefit Period
18-29	10.0%	10.0%	10.0%	10.0%	10.0%
30-34	10.0%	10.0%	10.0%	10.0%	10.0%
35-39	10.0%	10.0%	10.0%	10.0%	10.0%
40	10.0%	10.0%	10.0%	10.0%	10.0%
41	10.0%	10.0%	10.0%	10.0%	10.0%
42	10.0%	10.0%	10.0%	10.0%	10.0%
43	10.0%	10.0%	10.0%	10.0%	10.0%
44	10.0%	10.0%	10.0%	10.0%	10.0%
45	10.0%	10.0%	10.0%	10.0%	10.0%
46	10.0%	10.0%	10.0%	10.0%	10.0%
47	10.0%	10.0%	10.0%	10.0%	10.0%
48	10.0%	10.0%	10.0%	10.0%	10.0%
49	10.0%	10.0%	10.0%	10.0%	10.0%
50	10.0%	10.0%	10.0%	10.0%	10.0%
51	10.0%	10.0%	10.0%	10.0%	10.0%
52	10.0%	10.0%	10.0%	10.0%	10.0%
53	10.0%	10.0%	10.0%	10.0%	10.0%
54	10.0%	10.0%	10.0%	10.0%	10.0%
55	10.0%	10.0%	10.0%	10.0%	10.0%
56	10.0%	10.0%	10.0%	10.0%	10.0%
57	10.0%	10.0%	10.0%	10.0%	10.0%
58	10.0%	10.0%	10.0%	10.0%	10.0%
59	10.0%	10.0%	10.0%	10.0%	10.0%
60	10.0%	10.0%	10.0%	10.0%	10.0%
61	10.0%	10.0%	10.0%	10.0%	10.0%
62	10.0%	10.0%	10.0%	10.0%	10.0%
63	10.0%	10.0%	10.0%	10.0%	10.0%
64	10.0%	10.0%	10.0%	10.0%	10.0%
65	10.0%	10.0%	10.0%	10.0%	10.0%
66	10.0%	10.0%	10.0%	10.0%	10.0%
67	10.0%	10.0%	10.0%	10.0%	10.0%
68	10.0%	10.0%	10.0%	10.0%	10.0%
69	10.0%	10.0%	10.0%	10.0%	10.0%
70	10.0%	10.0%	10.0%	10.0%	10.0%
71	10.0%	10.0%	10.0%	10.0%	10.0%
72	10.0%	10.0%	10.0%	10.0%	10.0%
73	10.0%	10.0%	10.0%	10.0%	10.0%
74	6.3%	10.0%	10.0%	10.0%	10.0%
75	3.2%	6.0%	7.5%	10.0%	10.0%
76	2.3%	3.6%	4.8%	10.0%	10.0%
77	2.1%	2.0%	2.6%	9.8%	10.0%
78	1.8%	1.7%	1.9%	9.8%	10.0%
79	1.6%	2.2%	1.6%	10.0%	10.0%
80	1.6%	2.2%	1.6%	10.0%	10.0%
81	1.6%	2.2%	1.6%	10.0%	10.0%
82	1.6%	2.2%	1.6%	10.0%	10.0%
83	1.6%	2.2%	1.6%	10.0%	10.0%
84	1.6%	2.2%	1.6%	10.0%	10.0%

State Farm Mutual Automobile Insurance Company
Bloomington, Illinois

Base + Compound Automatic Increase Benefit Rider Form 99573 Series
Standard Rate Per \$1 of Daily Benefit

30 Day Elimination Period

Issue Age	2 Year Benefit Period	3 Year Benefit Period	5 Year Benefit Period	10 Year Benefit Period	Lifetime Benefit Period
18-29	10.0%	10.0%	10.0%	10.0%	10.0%
30-34	10.0%	10.0%	10.0%	10.0%	10.0%
35-39	10.0%	10.0%	10.0%	10.0%	10.0%
40	10.0%	10.0%	10.0%	10.0%	10.0%
41	10.0%	10.0%	10.0%	10.0%	10.0%
42	10.0%	10.0%	10.0%	10.0%	10.0%
43	10.0%	10.0%	10.0%	10.0%	10.0%
44	10.0%	10.0%	10.0%	10.0%	10.0%
45	10.0%	10.0%	10.0%	10.0%	10.0%
46	10.0%	10.0%	10.0%	10.0%	10.0%
47	10.0%	10.0%	10.0%	10.0%	10.0%
48	10.0%	10.0%	10.0%	10.0%	10.0%
49	10.0%	10.0%	10.0%	10.0%	10.0%
50	10.0%	10.0%	10.0%	10.0%	10.0%
51	10.0%	10.0%	10.0%	10.0%	10.0%
52	10.0%	10.0%	10.0%	10.0%	10.0%
53	10.0%	10.0%	10.0%	10.0%	10.0%
54	10.0%	10.0%	10.0%	10.0%	10.0%
55	10.0%	10.0%	10.0%	10.0%	10.0%
56	10.0%	10.0%	10.0%	10.0%	10.0%
57	10.0%	10.0%	10.0%	10.0%	10.0%
58	10.0%	10.0%	10.0%	10.0%	10.0%
59	10.0%	10.0%	10.0%	10.0%	10.0%
60	10.0%	10.0%	10.0%	10.0%	10.0%
61	10.0%	10.0%	10.0%	10.0%	10.0%
62	10.0%	10.0%	10.0%	10.0%	10.0%
63	10.0%	10.0%	10.0%	10.0%	10.0%
64	10.0%	10.0%	10.0%	10.0%	10.0%
65	10.0%	10.0%	10.0%	10.0%	10.0%
66	10.0%	10.0%	10.0%	10.0%	10.0%
67	10.0%	10.0%	10.0%	10.0%	10.0%
68	10.0%	10.0%	10.0%	10.0%	10.0%
69	10.0%	10.0%	10.0%	10.0%	10.0%
70	10.0%	10.0%	10.0%	10.0%	10.0%
71	10.0%	10.0%	10.0%	10.0%	10.0%
72	10.0%	10.0%	10.0%	10.0%	10.0%
73	10.0%	10.0%	10.0%	10.0%	10.0%
74	10.0%	10.0%	10.0%	10.0%	10.0%
75	10.0%	10.0%	10.0%	10.0%	10.0%
76	10.0%	10.0%	10.0%	10.0%	10.0%
77	10.0%	10.0%	9.2%	10.0%	10.0%
78	10.0%	10.0%	5.0%	10.0%	10.0%
79	10.0%	8.3%	2.6%	9.4%	10.0%
80	10.0%	8.3%	2.6%	9.4%	10.0%
81	10.0%	8.3%	2.6%	9.4%	10.0%
82	10.0%	8.3%	2.6%	9.4%	10.0%
83	10.0%	8.3%	2.6%	9.4%	10.0%
84	10.0%	8.3%	2.6%	9.4%	10.0%

State Farm Mutual Automobile Insurance Company
Bloomington, Illinois

Base + Compound Automatic Increase Benefit Rider Form 99573 Series
Standard Rate Per \$1 of Daily Benefit

90 Day Elimination Period

Issue Age	2 Year Benefit Period	3 Year Benefit Period	5 Year Benefit Period	10 Year Benefit Period	Lifetime Benefit Period
18-29	10.0%	10.0%	10.0%	10.0%	10.0%
30-34	10.0%	10.0%	10.0%	10.0%	10.0%
35-39	10.0%	10.0%	10.0%	10.0%	10.0%
40	10.0%	10.0%	10.0%	10.0%	10.0%
41	10.0%	10.0%	10.0%	10.0%	10.0%
42	10.0%	10.0%	10.0%	10.0%	10.0%
43	10.0%	10.0%	10.0%	10.0%	10.0%
44	10.0%	10.0%	10.0%	10.0%	10.0%
45	10.0%	10.0%	10.0%	10.0%	10.0%
46	10.0%	10.0%	10.0%	10.0%	10.0%
47	10.0%	10.0%	10.0%	10.0%	10.0%
48	10.0%	10.0%	10.0%	10.0%	10.0%
49	10.0%	10.0%	10.0%	10.0%	10.0%
50	10.0%	10.0%	10.0%	10.0%	10.0%
51	10.0%	10.0%	10.0%	10.0%	10.0%
52	10.0%	10.0%	10.0%	10.0%	10.0%
53	10.0%	10.0%	10.0%	10.0%	10.0%
54	10.0%	10.0%	10.0%	10.0%	10.0%
55	10.0%	10.0%	10.0%	10.0%	10.0%
56	10.0%	10.0%	10.0%	10.0%	10.0%
57	10.0%	10.0%	10.0%	10.0%	10.0%
58	10.0%	10.0%	10.0%	10.0%	10.0%
59	10.0%	10.0%	10.0%	10.0%	10.0%
60	10.0%	10.0%	10.0%	10.0%	10.0%
61	10.0%	10.0%	10.0%	10.0%	10.0%
62	10.0%	10.0%	10.0%	10.0%	10.0%
63	10.0%	10.0%	10.0%	10.0%	10.0%
64	10.0%	10.0%	10.0%	10.0%	10.0%
65	10.0%	10.0%	10.0%	10.0%	10.0%
66	10.0%	10.0%	10.0%	10.0%	10.0%
67	10.0%	10.0%	10.0%	10.0%	10.0%
68	10.0%	10.0%	10.0%	10.0%	10.0%
69	10.0%	10.0%	10.0%	10.0%	10.0%
70	10.0%	10.0%	10.0%	10.0%	10.0%
71	10.0%	10.0%	10.0%	10.0%	10.0%
72	10.0%	10.0%	10.0%	10.0%	10.0%
73	10.0%	10.0%	10.0%	10.0%	10.0%
74	10.0%	10.0%	10.0%	10.0%	10.0%
75	10.0%	10.0%	10.0%	10.0%	10.0%
76	10.0%	10.0%	10.0%	10.0%	10.0%
77	10.0%	7.8%	7.4%	10.0%	10.0%
78	9.0%	5.6%	3.8%	10.0%	10.0%
79	6.3%	2.9%	2.0%	9.4%	10.0%
80	6.3%	2.9%	2.0%	9.4%	10.0%
81	6.3%	2.9%	2.0%	9.4%	10.0%
82	6.3%	2.9%	2.0%	9.4%	10.0%
83	6.3%	2.9%	2.0%	9.4%	10.0%
84	6.3%	2.9%	2.0%	9.4%	10.0%

State Farm Mutual Automobile Insurance Company
Bloomington, Illinois

Base + Compound Automatic Increase Benefit Rider Form 99573 Series
Standard Rate Per \$1 of Daily Benefit

180 Day Elimination Period

Issue Age	2 Year Benefit Period	3 Year Benefit Period	5 Year Benefit Period	10 Year Benefit Period	Lifetime Benefit Period
18-29	10.0%	10.0%	10.0%	10.0%	10.0%
30-34	10.0%	10.0%	10.0%	10.0%	10.0%
35-39	10.0%	10.0%	10.0%	10.0%	10.0%
40	10.0%	10.0%	10.0%	10.0%	10.0%
41	10.0%	10.0%	10.0%	10.0%	10.0%
42	10.0%	10.0%	10.0%	10.0%	10.0%
43	10.0%	10.0%	10.0%	10.0%	10.0%
44	10.0%	10.0%	10.0%	10.0%	10.0%
45	10.0%	10.0%	10.0%	10.0%	10.0%
46	10.0%	10.0%	10.0%	10.0%	10.0%
47	10.0%	10.0%	10.0%	10.0%	10.0%
48	10.0%	10.0%	10.0%	10.0%	10.0%
49	10.0%	10.0%	10.0%	10.0%	10.0%
50	10.0%	10.0%	10.0%	10.0%	10.0%
51	10.0%	10.0%	10.0%	10.0%	10.0%
52	10.0%	10.0%	10.0%	10.0%	10.0%
53	10.0%	10.0%	10.0%	10.0%	10.0%
54	10.0%	10.0%	10.0%	10.0%	10.0%
55	10.0%	10.0%	10.0%	10.0%	10.0%
56	10.0%	10.0%	10.0%	10.0%	10.0%
57	10.0%	10.0%	10.0%	10.0%	10.0%
58	10.0%	10.0%	10.0%	10.0%	10.0%
59	10.0%	10.0%	10.0%	10.0%	10.0%
60	10.0%	10.0%	10.0%	10.0%	10.0%
61	10.0%	10.0%	10.0%	10.0%	10.0%
62	10.0%	10.0%	10.0%	10.0%	10.0%
63	10.0%	10.0%	10.0%	10.0%	10.0%
64	10.0%	10.0%	10.0%	10.0%	10.0%
65	10.0%	10.0%	10.0%	10.0%	10.0%
66	10.0%	10.0%	10.0%	10.0%	10.0%
67	10.0%	10.0%	10.0%	10.0%	10.0%
68	10.0%	10.0%	10.0%	10.0%	10.0%
69	10.0%	10.0%	10.0%	10.0%	10.0%
70	10.0%	10.0%	10.0%	10.0%	10.0%
71	10.0%	10.0%	10.0%	10.0%	10.0%
72	10.0%	10.0%	10.0%	10.0%	10.0%
73	10.0%	10.0%	10.0%	10.0%	10.0%
74	10.0%	10.0%	10.0%	10.0%	10.0%
75	10.0%	10.0%	10.0%	10.0%	10.0%
76	8.8%	10.0%	10.0%	10.0%	10.0%
77	6.0%	7.0%	8.0%	10.0%	10.0%
78	3.3%	3.7%	4.4%	10.0%	10.0%
79	1.7%	2.2%	1.6%	10.0%	10.0%
80	1.7%	2.2%	1.6%	10.0%	10.0%
81	1.7%	2.2%	1.6%	10.0%	10.0%
82	1.7%	2.2%	1.6%	10.0%	10.0%
83	1.7%	2.2%	1.6%	10.0%	10.0%
84	1.7%	2.2%	1.6%	10.0%	10.0%

Distribution of Business as of 12/31/2013 - Form 97058 Series

Countrywide

<u>Benefit Period</u>	<u>% of PIF</u>
2 Year	10%
3 Year	20%
5 Year	30%
10 Year	4%
Lifetime	36%

<u>Elimination Period</u>	<u>% of PIF</u>
30 Day	39%
90 Day	49%
180 Day	12%

<u>Inflation Protection</u>	<u>% of PIF</u>
None	34%
Simple	31%
Compound	35%

<u>Gender</u>	<u>% of PIF</u>
Male	43%
Female	57%

<u>Issue Age</u>	<u>% of PIF</u>
<30	1%
30-34	4%
35-39	5%
40-44	8%
45-49	12%
50-54	19%
55-59	22%
60-64	17%
65-69	8%
70-75	3%
>75	1%

<u>Benefit Amount</u>	<u>% of PIF</u>
<100	12%
100-149	49%
150-199	25%
200-250	12%
>250	2%

District of Columbia

<u>Benefit Period</u>	<u>% of PIF</u>
2 Year	22%
3 Year	11%
5 Year	22%
10 Year	0%
Lifetime	44%

<u>Elimination Period</u>	<u>% of PIF</u>
30 Day	78%
90 Day	22%
180 Day	0%

<u>Inflation Protection</u>	<u>% of PIF</u>
None	11%
Simple	44%
Compound	44%

<u>Gender</u>	<u>% of PIF</u>
Male	44%
Female	56%

<u>Issue Age</u>	<u>% of PIF</u>
<30	0%
30-34	0%
35-39	0%
40-44	11%
45-49	22%
50-54	22%
55-59	33%
60-64	11%
65-69	0%
70-75	0%
>75	0%

<u>Benefit Amount</u>	<u>% of PIF</u>
<100	0%
100-149	0%
150-199	56%
200-250	44%
>250	0%

Distribution of Business as of 12/31/2013 - Form 97058 Series

Countrywide

<u>Underwriting Class</u>	<u>% of PIF</u>
Preferred	55%
Standard	45%

<u>Spousal Discount</u>	<u>% of PIF</u>
Yes	71%
No	29%

<u>Non-Forfeiture Rider</u>	<u>% of PIF</u>
Yes	2%
No	98%

District of Columbia

<u>Underwriting Class</u>	<u>% of PIF</u>
Preferred	33%
Standard	67%

<u>Spousal Discount</u>	<u>% of PIF</u>
Yes	44%
No	56%

<u>Non-Forfeiture Rider</u>	<u>% of PIF</u>
Yes	11%
No	89%

Nationwide A to E Experience - Based on Earned Rate Increases in District of Columbia

Calendar Year	Issue Year	Earned Premium	Incurred Losses	Actual Loss Ratio	Expected Loss Ratio	Actual to Expected
2001	2001	295,299	0	0.0%	3.8%	0.0%
	Total	295,299	0	0.0%	3.8%	0.0%
2002	2001	2,059,512	0	0.0%	4.3%	0.0%
	2002	9,859,976	84,807	0.9%	3.6%	23.9%
	Total	11,919,488	84,807	0.7%	3.7%	19.2%
2003	2001	1,851,996	24,478	1.3%	7.2%	18.4%
	2002	24,098,013	2,447,338	10.2%	4.8%	210.8%
	2003	12,132,563	23,390	0.2%	3.3%	5.8%
	Total	38,082,573	2,495,206	6.6%	4.4%	147.8%
2004	2001	1,770,330	26,101	1.5%	9.2%	16.0%
	2002	22,445,828	1,066,544	4.8%	7.4%	64.3%
	2003	21,716,880	1,702,349	7.8%	4.9%	159.3%
	2004	5,840,880	190,018	3.3%	3.0%	106.7%
	Total	51,773,918	2,985,011	5.8%	5.9%	97.2%
2005	2001	1,715,056	344,340	20.1%	11.6%	173.6%
	2002	21,638,132	3,159,428	14.6%	9.5%	154.5%
	2003	20,639,836	1,886,277	9.1%	7.3%	126.0%
	2004	8,746,515	493,575	5.6%	4.7%	120.5%
	2005	2,084,132	0	0.0%	2.7%	0.0%
	Total	54,823,671	5,883,620	10.7%	7.7%	140.0%
2006	2001	1,680,267	659,895	39.3%	14.2%	277.3%
	2002	20,958,510	3,866,421	18.4%	11.7%	157.0%
	2003	20,007,746	2,139,960	10.7%	9.3%	115.5%
	2004	8,381,217	754,349	9.0%	6.6%	137.0%
	2005	3,889,826	73,509	1.9%	3.9%	48.2%
	2006	1,425,094	0	0.0%	2.3%	0.0%
	Total	56,342,659	7,494,134	13.3%	9.4%	142.1%
2007	2001	1,638,183	57,848	3.5%	17.2%	20.6%
	2002	20,366,449	3,377,953	16.6%	14.4%	115.4%
	2003	19,501,091	2,662,108	13.7%	11.5%	118.6%
	2004	8,114,998	606,386	7.5%	8.3%	89.5%
	2005	3,647,500	557,241	15.3%	5.7%	267.1%
	2006	2,652,275	0	0.0%	3.2%	0.0%
	2007	1,203,994	0	0.0%	2.5%	0.0%
	Total	57,124,490	7,261,536	12.7%	11.2%	113.1%
2008	2001	1,612,122	309,878	19.2%	20.9%	92.1%
	2002	19,951,948	2,731,336	13.7%	17.5%	78.1%
	2003	19,047,481	1,802,368	9.5%	14.1%	67.0%
	2004	7,908,410	416,290	5.3%	10.4%	50.7%
	2005	3,527,328	1,136,958	32.2%	7.3%	443.7%

Calendar Year	Issue Year	Earned Premium	Incurred Losses	Actual Loss Ratio	Expected Loss Ratio	Actual to Expected
	2006	2,399,459	113,048	4.7%	4.6%	102.4%
	2007	2,436,597	0	0.0%	3.4%	0.0%
	2008	1,453,264	0	0.0%	2.7%	0.0%
	Total	58,336,610	6,509,878	11.2%	13.3%	84.0%
2009	2001	1,576,861	317,261	20.1%	25.1%	80.0%
	2002	19,395,149	3,112,570	16.0%	21.4%	74.9%
	2003	18,547,160	4,875,538	26.3%	17.3%	151.6%
	2004	7,695,966	1,353,060	17.6%	12.8%	136.9%
	2005	3,412,710	513,701	15.1%	9.0%	166.4%
	2006	2,249,271	30,519	1.4%	5.8%	23.3%
	2007	2,277,617	0	0.0%	4.9%	0.0%
	2008	2,707,937	4,844	0.2%	3.7%	4.8%
	2009	1,066,575	14,464	1.4%	2.6%	51.9%
	Total	58,929,245	10,221,957	17.3%	15.8%	109.9%
2010	2001	1,542,497	635,649	41.2%	29.4%	140.0%
	2002	18,985,892	6,407,218	33.7%	25.7%	131.4%
	2003	18,098,202	3,222,055	17.8%	21.3%	83.6%
	2004	7,511,382	538,019	7.2%	15.9%	45.1%
	2005	3,329,529	35,359	1.1%	11.2%	9.5%
	2006	2,157,948	1,020	0.0%	7.3%	0.6%
	2007	2,195,551	935,396	42.6%	6.4%	670.7%
	2008	2,439,879	0	0.0%	5.4%	0.0%
	2009	2,183,885	341	0.0%	3.5%	0.4%
	2010	1,171,630	4,260	0.4%	2.7%	13.4%
	Total	59,616,395	11,779,317	19.8%	18.6%	106.5%
2011	2001	1,519,346	404,444	26.6%	34.2%	77.7%
	2002	18,563,228	4,765,622	25.7%	30.2%	85.0%
	2003	17,687,066	4,278,181	24.2%	25.6%	94.7%
	2004	7,359,854	1,139,929	15.5%	19.7%	78.7%
	2005	3,256,447	384,462	11.8%	14.0%	84.5%
	2006	2,087,262	0	0.0%	9.2%	0.0%
	2007	2,117,311	30,718	1.5%	8.1%	18.0%
	2008	2,357,404	487,397	20.7%	7.0%	293.3%
	2009	1,999,187	67,092	3.4%	5.1%	65.7%
	2010	2,585,671	0	0.0%	3.6%	0.0%
	2011	1,618,654	0	0.0%	2.3%	0.0%
	Total	61,151,430	11,557,847	18.9%	21.2%	89.1%
2012	2001	1,499,387	296,303	19.8%	38.9%	50.8%
	2002	18,173,026	8,393,117	46.2%	35.1%	131.7%
	2003	17,368,998	3,699,110	21.3%	30.2%	70.5%
	2004	7,206,486	2,283,019	31.7%	23.7%	133.7%
	2005	3,200,869	649,766	20.3%	17.4%	116.7%
	2006	2,039,655	980,370	48.1%	11.7%	412.3%
	2007	2,069,935	111,868	5.4%	10.1%	53.3%
	2008	2,304,286	501,603	21.8%	8.9%	244.0%
	2009	1,931,842	3,552	0.2%	6.6%	2.8%

Calendar Year	Issue Year	Earned Premium	Incurred Losses	Actual Loss Ratio	Expected Loss Ratio	Actual to Expected
	2010	2,356,003	16,551	0.7%	5.4%	13.1%
	2011	3,064,630	424,533	13.9%	3.2%	431.0%
	2012	2,747,874	5,940	0.2%	2.3%	9.2%
	Total	63,962,992	17,365,732	27.1%	23.5%	115.7%
2013	2001	1,479,653	459,607	31.1%	44.1%	70.4%
	2002	17,931,492	6,288,154	35.1%	40.0%	87.6%
	2003	17,103,386	4,712,503	27.6%	35.1%	78.5%
	2004	7,115,898	1,768,949	24.9%	28.3%	87.9%
	2005	3,137,510	1,029,701	32.8%	21.2%	154.8%
	2006	2,001,409	158,998	7.9%	14.7%	53.9%
	2007	2,040,969	144,801	7.1%	12.7%	55.9%
	2008	2,266,965	711,820	31.4%	11.1%	281.9%
	2009	1,897,609	129,262	6.8%	8.4%	80.8%
	2010	2,312,286	134,573	5.8%	7.0%	83.4%
	2011	2,759,852	179,338	6.5%	4.7%	139.3%
	2012	4,079,905	198,014	4.9%	3.4%	143.4%
	2013	1,261,026	94,830	7.5%	2.2%	334.8%
	Total	65,387,960	16,010,550	24.5%	26.3%	93.0%
All Calendar Years	2001	20,240,508	3,535,804	17.5%	19.2%	91.2%
	2002	232,367,642	45,700,509	19.7%	17.6%	112.0%
	2003	201,850,409	31,003,840	15.4%	15.6%	98.7%
	2004	75,881,606	9,543,594	12.6%	12.7%	98.7%
	2005	29,485,852	4,380,698	14.9%	10.1%	147.8%
	2006	17,012,372	1,283,955	7.5%	7.3%	103.5%
	2007	14,341,974	1,222,783	8.5%	6.9%	123.7%
	2008	13,529,735	1,705,664	12.6%	6.6%	191.5%
	2009	9,079,098	214,711	2.4%	5.4%	43.7%
	2010	8,425,591	155,384	1.8%	4.9%	37.7%
	2011	7,443,136	603,872	8.1%	3.6%	227.6%
	2012	6,827,779	203,953	3.0%	3.0%	101.2%
	2013	1,261,026	94,830	7.5%	2.2%	334.8%
	Total	637,746,730	99,649,596	15.6%	14.5%	107.6%

*This policy series was sold until 2004 in most states. Exceptions include the following:
TX (2005), VT (2005), NY (2006), CA (2012), IN(2012), CT (2013)

District of Columbia A to E Experience

Calendar Year	Issue Year	Earned Premium	Incurred Losses	Actual Loss Ratio	Expected Loss Ratio	Actual to Expected
2001	2001	0	0	0.0%	0.0%	0.0%
	Total	0	0	0.0%	0.0%	0.0%
2002	2001	0	0	0.0%	0.0%	0.0%
	2002	1,843	0	0.0%	2.6%	0.0%
	Total	1,843	0	0.0%	2.6%	0.0%
2003	2001	0	0	0.0%	0.0%	0.0%
	2002	5,858	0	0.0%	2.6%	0.0%
	2003	2,917	0	0.0%	1.9%	0.0%
	Total	8,774	0	0.0%	2.3%	0.0%
2004	2001	0	0	0.0%	0.0%	0.0%
	2002	5,601	0	0.0%	3.3%	0.0%
	2003	15,915	0	0.0%	2.3%	0.0%
	2004	2,285	0	0.0%	6.0%	0.0%
	Total	23,801	0	0.0%	3.0%	0.0%
2005	2001	0	0	0.0%	0.0%	0.0%
	2002	4,818	0	0.0%	3.9%	0.0%
	2003	15,374	0	0.0%	3.4%	0.0%
	2004	2,463	0	0.0%	11.6%	0.0%
	Total	22,654	0	0.0%	4.6%	0.0%
2006	2001	0	0	0.0%	0.0%	0.0%
	2002	4,669	0	0.0%	4.5%	0.0%
	2003	14,969	0	0.0%	4.4%	0.0%
	2004	2,463	0	0.0%	16.7%	0.0%
	Total	22,101	0	0.0%	6.0%	0.0%
2007	2001	0	0	0.0%	0.0%	0.0%
	2002	4,648	0	0.0%	5.4%	0.0%
	2003	14,964	0	0.0%	5.6%	0.0%
	2004	2,463	0	0.0%	22.4%	0.0%
	Total	22,075	0	0.0%	7.6%	0.0%
2008	2001	0	0	0.0%	0.0%	0.0%
	2002	4,648	0	0.0%	6.4%	0.0%
	2003	14,964	0	0.0%	7.2%	0.0%
	2004	2,463	0	0.0%	27.9%	0.0%
	Total	22,075	0	0.0%	9.5%	0.0%
2009	2001	0	0	0.0%	0.0%	0.0%
	2002	4,648	0	0.0%	7.7%	0.0%
	2003	14,874	0	0.0%	9.5%	0.0%
	2004	2,463	0	0.0%	31.3%	0.0%
	Total	21,984	0	0.0%	11.6%	0.0%

Calendar Year	Issue Year	Earned Premium	Incurred Losses	Actual Loss Ratio	Expected Loss Ratio	Actual to Expected
2010	2001	0	0	0.0%	0.0%	0.0%
	2002	4,648	0	0.0%	9.6%	0.0%
	2003	15,031	0	0.0%	12.3%	0.0%
	2004	2,463	0	0.0%	34.4%	0.0%
	Total	22,141	0	0.0%	14.1%	0.0%
2011	2001	0	0	0.0%	0.0%	0.0%
	2002	4,648	0	0.0%	12.0%	0.0%
	2003	14,826	0	0.0%	16.1%	0.0%
	2004	2,463	0	0.0%	37.6%	0.0%
	Total	21,936	0	0.0%	17.4%	0.0%
2012	2001	0	0	0.0%	0.0%	0.0%
	2002	4,648	19	0.4%	14.6%	2.8%
	2003	14,781	31	0.2%	20.9%	1.0%
	2004	2,463	1	0.0%	40.9%	0.1%
	Total	21,892	51	0.2%	21.3%	1.1%
2013	2001	0	0	0.0%	0.0%	0.0%
	2002	4,203	506	12.0%	17.0%	70.7%
	2003	14,763	1,099	7.4%	26.2%	28.4%
	2004	1,416	0	0.0%	44.2%	0.0%
	Total	20,382	1,605	7.9%	25.6%	30.7%
All Calendar Years	2001	0	0	0.0%	0.0%	0.0%
	2002	54,879	525	1.0%	7.3%	13.1%
	2003	153,379	1,130	0.7%	9.7%	7.6%
	2004	23,401	1	0.0%	24.9%	0.0%
	Total	231,658	1,656	0.7%	10.7%	6.7%