SERFF Tracking #:	*STLH-128902539*	***State Tracking #:***		***Company Tracking #:***	*2013 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/*		

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-128902539*	***State Tracking #:***		***Company Tracking #:***	*2013 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/*		

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:	
Filing Method of Last Filing:	

Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
State Farm Mutual Automobile Insurance Company	95.000%	9.000%	$1,927	11	$21,411	10.000%	2.000%

SERFF Tracking #:	*STLH-128902539*	***State Tracking #:***		***Company Tracking #:***	*2013 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/*		

Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1		Rate Table	97058, 99572, 99573, and 99574	Revised	Previous State Filing Number: Percent Rate Change Request: 9	Proposed Rate Table - D08.pdf, Current Rate Table - A01.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	1.46	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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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	1.33	1.60	1.94	2.49	2.58
30-34	1.60	1.95	2.40	3.12	3.21
35-39	1.93	2.37	2.97	3.91	4.00
40	2.06	2.56	3.21	4.26	4.35
41	2.15	2.67	3.36	4.46	4.55
42	2.24	2.79	3.52	4.67	4.76
43	2.34	2.92	3.69	4.89	4.98
44	2.45	3.07	3.88	5.13	5.22
45	2.56	3.22	4.09	5.40	5.49
46	2.69	3.39	4.31	5.69	5.78
47	2.83	3.58	4.55	6.00	6.10
48	2.97	3.77	4.81	6.33	6.44
49	3.13	3.98	5.09	6.69	6.80
50	3.30	4.20	5.38	7.07	7.19
51	3.47	4.43	5.69	7.46	7.58
52	3.64	4.66	5.99	7.86	7.99
53	3.83	4.91	6.33	8.29	8.43
54	4.04	5.19	6.71	8.78	8.93
55	4.28	5.52	7.15	9.35	9.52
56	4.56	5.90	7.66	10.01	10.19
57	4.87	6.31	8.21	10.73	10.93
58	5.21	6.76	8.82	11.52	11.74
59	5.58	7.26	9.49	12.39	12.63
60	5.98	7.80	10.22	13.35	13.60
61	6.35	8.31	10.92	14.29	14.56
62	6.70	8.79	11.58	15.21	15.51
63	7.11	9.35	12.35	16.26	16.58
64	7.66	10.10	13.37	17.59	17.93
65	8.42	11.12	14.76	19.35	19.72
66	9.42	12.45	16.55	21.51	21.92
67	10.61	14.02	18.63	23.99	24.43
68	11.96	15.79	21.00	26.80	27.28
69	13.42	17.74	23.63	29.97	30.49
70	14.96	19.82	26.48	33.52	34.09
71	16.48	21.91	29.37	37.28	37.91
72	18.00	24.02	32.30	41.24	41.92
73	19.68	26.37	35.58	45.65	46.39
74	21.67	29.16	39.52	50.76	51.57
75	24.12	32.59	44.41	56.81	57.71
76	27.22	36.96	50.67	64.05	65.06
77	30.87	42.12	58.07	72.31	73.46
78	34.79	47.64	66.04	81.23	82.52
79	38.65	53.13	73.98	90.44	91.88
80	42.18	58.16	81.30	99.58	101.16
81	45.80	63.41	89.12	111.33	113.08
82	49.42	68.66	96.93	123.07	125.01
83	53.04	73.91	104.75	134.82	136.93
84	56.67	79.17	112.56	146.57	148.85

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	1.15	1.44	1.83	2.49	2.57
30-34	1.32	1.66	2.09	2.68	2.76
35-39	1.52	1.91	2.39	2.88	2.96
40	1.61	2.03	2.54	2.93	3.01
41	1.67	2.10	2.63	3.05	3.13
42	1.73	2.18	2.73	3.20	3.29
43	1.79	2.26	2.83	3.38	3.47
44	1.86	2.35	2.94	3.55	3.65
45	1.93	2.44	3.06	3.72	3.82
46	2.01	2.55	3.20	3.87	3.97
47	2.11	2.66	3.35	4.00	4.11
48	2.20	2.78	3.50	4.14	4.25
49	2.30	2.90	3.66	4.30	4.40
50	2.39	3.02	3.80	4.47	4.59
51	2.46	3.12	3.93	4.68	4.79
52	2.53	3.20	4.04	4.90	5.02
53	2.60	3.29	4.15	5.14	5.26
54	2.69	3.40	4.29	5.40	5.53
55	2.80	3.54	4.47	5.68	5.82
56	2.94	3.72	4.69	5.98	6.13
57	3.10	3.92	4.95	6.30	6.45
58	3.28	4.15	5.24	6.65	6.80
59	3.48	4.40	5.55	7.02	7.18
60	3.69	4.66	5.87	7.43	7.60
61	3.90	4.93	6.22	7.84	8.01
62	4.13	5.22	6.57	8.24	8.42
63	4.37	5.53	6.95	8.70	8.88
64	4.64	5.87	7.37	9.24	9.43
65	4.94	6.24	7.83	9.92	10.12
66	5.25	6.63	8.30	10.78	10.99
67	5.57	7.04	8.79	11.78	12.00
68	5.92	7.49	9.33	12.87	13.10
69	6.33	8.00	9.95	13.98	14.24
70	6.81	8.61	10.71	15.08	15.34
71	7.39	9.34	11.64	16.10	16.37
72	8.05	10.17	12.73	17.10	17.37
73	8.76	11.07	13.90	18.13	18.40
74	9.47	11.97	15.06	19.25	19.53
75	10.16	12.82	16.15	20.53	20.81
76	10.82	13.61	17.12	22.08	22.36
77	11.46	14.38	18.04	23.87	24.16
78	12.11	15.14	18.95	25.70	26.00
79	12.76	15.92	19.89	27.41	27.71
80	13.44	16.73	20.91	28.81	29.11
81	14.33	17.84	22.41	29.69	29.98
82	15.23	18.96	23.91	30.57	30.86
83	16.12	20.07	25.41	31.45	31.73
84	17.02	21.18	26.91	32.33	32.60

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	3.09	4.05	5.35	7.54	7.74
30-34	3.32	4.35	5.73	7.71	7.91
35-39	3.57	4.67	6.14	7.88	8.08
40	3.68	4.81	6.32	7.90	8.09
41	3.75	4.90	6.43	7.93	8.12
42	3.82	4.99	6.54	7.96	8.15
43	3.89	5.09	6.66	8.00	8.19
44	3.97	5.19	6.79	8.06	8.26
45	4.05	5.29	6.93	8.16	8.35
46	4.14	5.41	7.08	8.29	8.49
47	4.25	5.55	7.25	8.46	8.66
48	4.35	5.68	7.43	8.65	8.85
49	4.45	5.81	7.59	8.84	9.05
50	4.54	5.92	7.73	9.03	9.24
51	4.61	6.00	7.83	9.21	9.42
52	4.65	6.06	7.90	9.38	9.59
53	4.70	6.11	7.97	9.55	9.77
54	4.76	6.19	8.06	9.77	9.99
55	4.85	6.31	8.21	10.04	10.26
56	4.99	6.47	8.42	10.37	10.60
57	5.15	6.67	8.67	10.74	10.98
58	5.33	6.90	8.96	11.16	11.40
59	5.52	7.15	9.27	11.61	11.86
60	5.72	7.40	9.59	12.10	12.36
61	5.93	7.66	9.91	12.61	12.87
62	6.14	7.92	10.23	13.13	13.40
63	6.36	8.21	10.59	13.70	13.98
64	6.61	8.52	10.97	14.34	14.63
65	6.90	8.89	11.42	15.08	15.37
66	7.21	9.28	11.89	15.93	16.23
67	7.54	9.70	12.39	16.88	17.19
68	7.90	10.16	12.94	17.90	18.22
69	8.32	10.68	13.59	18.95	19.29
70	8.80	11.29	14.36	20.00	20.35
71	9.38	12.02	15.31	21.03	21.38
72	10.04	12.86	16.43	22.04	22.40
73	10.74	13.76	17.62	23.10	23.45
74	11.44	14.65	18.80	24.24	24.60
75	12.12	15.48	19.89	25.50	25.87
76	12.75	16.25	20.85	27.02	27.39
77	13.36	16.99	21.74	28.76	29.13
78	13.97	17.72	22.61	30.54	30.91
79	14.58	18.45	23.50	32.17	32.55
80	15.21	19.20	24.45	33.47	33.85
81	16.02	20.20	25.80	34.16	34.53
82	16.83	21.21	27.15	34.85	35.21
83	17.64	22.21	28.50	35.54	35.89
84	18.45	23.21	29.85	36.24	36.57

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	1.20	1.44	1.75	2.24	2.32
30-34	1.44	1.76	2.16	2.81	2.89
35-39	1.74	2.13	2.67	3.52	3.60
40	1.85	2.30	2.89	3.83	3.92
41	1.94	2.40	3.02	4.01	4.10
42	2.02	2.51	3.17	4.20	4.28
43	2.11	2.63	3.32	4.40	4.48
44	2.21	2.76	3.49	4.62	4.70
45	2.30	2.90	3.68	4.86	4.94
46	2.42	3.05	3.88	5.12	5.20
47	2.55	3.22	4.10	5.40	5.49
48	2.67	3.39	4.33	5.70	5.80
49	2.82	3.58	4.58	6.02	6.12
50	2.97	3.78	4.84	6.36	6.47
51	3.12	3.99	5.12	6.71	6.82
52	3.28	4.19	5.39	7.07	7.19
53	3.45	4.42	5.70	7.46	7.59
54	3.64	4.67	6.04	7.90	8.04
55	3.85	4.97	6.44	8.42	8.57
56	4.10	5.31	6.89	9.01	9.17
57	4.38	5.68	7.39	9.66	9.84
58	4.69	6.08	7.94	10.37	10.57
59	5.02	6.53	8.54	11.15	11.37
60	5.38	7.02	9.20	12.02	12.24
61	5.72	7.48	9.83	12.86	13.10
62	6.03	7.91	10.42	13.69	13.96
63	6.40	8.42	11.12	14.63	14.92
64	6.89	9.09	12.03	15.83	16.14
65	7.58	10.01	13.28	17.42	17.75
66	8.48	11.21	14.90	19.36	19.73
67	9.55	12.62	16.77	21.59	21.99
68	10.76	14.21	18.90	24.12	24.55
69	12.08	15.97	21.27	26.97	27.44
70	13.46	17.84	23.83	30.17	30.68
71	14.83	19.72	26.43	33.55	34.12
72	16.20	21.62	29.07	37.12	37.73
73	17.71	23.73	32.02	41.09	41.75
74	19.50	26.24	35.57	45.68	46.41
75	21.71	29.33	39.97	51.13	51.94
76	24.50	33.26	45.60	57.65	58.55
77	27.78	37.91	52.26	65.08	66.11
78	31.31	42.88	59.44	73.11	74.27
79	34.79	47.82	66.58	81.40	82.69
80	37.96	52.34	73.17	89.62	91.04
81	41.22	57.07	80.21	100.20	101.77
82	44.48	61.79	87.24	110.76	112.51
83	47.74	66.52	94.28	121.34	123.24
84	51.00	71.25	101.30	131.91	133.97

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	1.04	1.30	1.65	2.24	2.31
30-34	1.19	1.49	1.88	2.41	2.48
35-39	1.37	1.72	2.15	2.59	2.66
40	1.45	1.83	2.29	2.64	2.71
41	1.50	1.89	2.37	2.75	2.82
42	1.56	1.96	2.46	2.88	2.96
43	1.61	2.03	2.55	3.04	3.12
44	1.67	2.12	2.65	3.20	3.29
45	1.74	2.20	2.75	3.35	3.44
46	1.81	2.30	2.88	3.48	3.57
47	1.90	2.39	3.02	3.60	3.70
48	1.98	2.50	3.15	3.73	3.83
49	2.07	2.61	3.29	3.87	3.96
50	2.15	2.72	3.42	4.02	4.13
51	2.21	2.81	3.54	4.21	4.31
52	2.28	2.88	3.64	4.41	4.52
53	2.34	2.96	3.74	4.63	4.73
54	2.42	3.06	3.86	4.86	4.98
55	2.52	3.19	4.02	5.11	5.24
56	2.65	3.35	4.22	5.38	5.52
57	2.79	3.53	4.46	5.67	5.81
58	2.95	3.74	4.72	5.99	6.12
59	3.13	3.96	5.00	6.32	6.46
60	3.32	4.19	5.28	6.69	6.84
61	3.51	4.44	5.60	7.06	7.21
62	3.72	4.70	5.91	7.42	7.58
63	3.93	4.98	6.26	7.83	7.99
64	4.18	5.28	6.63	8.32	8.49
65	4.45	5.62	7.05	8.93	9.11
66	4.73	5.97	7.47	9.70	9.89
67	5.01	6.34	7.91	10.60	10.80
68	5.33	6.74	8.40	11.58	11.79
69	5.70	7.20	8.96	12.58	12.82
70	6.13	7.75	9.64	13.57	13.81
71	6.65	8.41	10.48	14.49	14.73
72	7.25	9.15	11.46	15.39	15.63
73	7.88	9.96	12.51	16.32	16.56
74	8.52	10.77	13.55	17.33	17.58
75	9.14	11.54	14.54	18.48	18.73
76	9.74	12.25	15.41	19.87	20.12
77	10.31	12.94	16.24	21.48	21.74
78	10.90	13.63	17.06	23.13	23.40
79	11.48	14.33	17.90	24.67	24.94
80	12.10	15.06	18.82	25.93	26.20
81	12.90	16.06	20.17	26.72	26.98
82	13.71	17.06	21.52	27.51	27.77
83	14.51	18.06	22.87	28.31	28.56
84	15.32	19.06	24.22	29.10	29.34

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	2.78	3.65	4.82	6.79	6.97
30-34	2.99	3.92	5.16	6.94	7.12
35-39	3.21	4.20	5.53	7.09	7.27
40	3.31	4.33	5.69	7.11	7.28
41	3.38	4.41	5.79	7.14	7.31
42	3.44	4.49	5.89	7.16	7.34
43	3.50	4.58	5.99	7.20	7.37
44	3.57	4.67	6.11	7.25	7.43
45	3.65	4.76	6.24	7.34	7.52
46	3.73	4.87	6.37	7.46	7.64
47	3.83	5.00	6.53	7.61	7.79
48	3.92	5.11	6.69	7.79	7.97
49	4.01	5.23	6.83	7.96	8.15
50	4.09	5.33	6.96	8.13	8.32
51	4.15	5.40	7.05	8.29	8.48
52	4.19	5.45	7.11	8.44	8.63
53	4.23	5.50	7.17	8.60	8.79
54	4.28	5.57	7.25	8.79	8.99
55	4.37	5.68	7.39	9.04	9.23
56	4.49	5.82	7.58	9.33	9.54
57	4.64	6.00	7.80	9.67	9.88
58	4.80	6.21	8.06	10.04	10.26
59	4.97	6.44	8.34	10.45	10.67
60	5.15	6.66	8.63	10.89	11.12
61	5.34	6.89	8.92	11.35	11.58
62	5.53	7.13	9.21	11.82	12.06
63	5.72	7.39	9.53	12.33	12.58
64	5.95	7.67	9.87	12.91	13.17
65	6.21	8.00	10.28	13.57	13.83
66	6.49	8.35	10.70	14.34	14.61
67	6.79	8.73	11.15	15.19	15.47
68	7.11	9.14	11.65	16.11	16.40
69	7.49	9.61	12.23	17.06	17.36
70	7.92	10.16	12.92	18.00	18.32
71	8.44	10.82	13.78	18.93	19.24
72	9.04	11.57	14.79	19.84	20.16
73	9.67	12.38	15.86	20.79	21.11
74	10.30	13.19	16.92	21.82	22.14
75	10.91	13.93	17.90	22.95	23.28
76	11.48	14.63	18.77	24.32	24.65
77	12.02	15.29	19.57	25.88	26.22
78	12.57	15.95	20.35	27.49	27.82
79	13.12	16.61	21.15	28.95	29.30
80	13.69	17.28	22.01	30.12	30.47
81	14.42	18.18	23.22	30.74	31.08
82	15.15	19.09	24.44	31.37	31.69
83	15.88	19.99	25.65	31.99	32.30
84	16.61	20.89	26.87	32.62	32.91

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	1.25	1.47	1.80	2.31	2.39
30-34	1.49	1.79	2.21	2.88	2.96
35-39	1.77	2.18	2.72	3.59	3.67
40	1.88	2.34	2.93	3.90	3.98
41	1.96	2.44	3.07	4.08	4.17
42	2.04	2.55	3.21	4.27	4.35
43	2.13	2.67	3.37	4.47	4.55
44	2.23	2.80	3.54	4.69	4.77
45	2.34	2.94	3.73	4.93	5.01
46	2.45	3.09	3.93	5.19	5.28
47	2.57	3.26	4.15	5.47	5.56
48	2.71	3.43	4.38	5.77	5.87
49	2.85	3.62	4.63	6.09	6.20
50	3.00	3.82	4.90	6.44	6.55
51	3.15	4.02	5.17	6.79	6.91
52	3.30	4.23	5.45	7.15	7.27
53	3.47	4.46	5.75	7.54	7.67
54	3.66	4.71	6.09	7.98	8.12
55	3.88	5.01	6.49	8.50	8.65
56	4.14	5.35	6.95	9.09	9.26
57	4.41	5.72	7.45	9.74	9.92
58	4.72	6.12	8.00	10.45	10.65
59	5.05	6.57	8.60	11.23	11.45
60	5.40	7.05	9.25	12.09	12.32
61	5.74	7.51	9.88	12.93	13.18
62	6.05	7.94	10.48	13.75	14.02
63	6.42	8.44	11.17	14.69	14.98
64	6.91	9.11	12.08	15.87	16.18
65	7.59	10.03	13.32	17.43	17.76
66	8.49	11.22	14.91	19.35	19.71
67	9.56	12.63	16.78	21.55	21.94
68	10.77	14.22	18.89	24.04	24.47
69	12.07	15.95	21.22	26.83	27.30
70	13.44	17.80	23.73	29.93	30.44
71	14.78	19.64	26.26	33.21	33.76
72	16.12	21.49	28.83	36.67	37.26
73	17.59	23.54	31.69	40.49	41.14
74	19.32	25.95	35.09	44.87	45.57
75	21.44	28.90	39.27	50.00	50.77
76	24.12	32.64	44.58	56.09	56.95
77	27.28	37.03	50.84	63.01	63.99
78	30.65	41.74	57.56	70.45	71.54
79	33.97	46.39	64.22	78.08	79.28
80	36.99	50.62	70.33	85.56	86.88
81	40.04	54.97	76.69	94.94	96.38
82	43.10	59.32	83.05	104.31	105.89
83	46.15	63.66	89.42	113.68	115.40
84	49.21	68.01	95.78	123.06	124.91

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	1.04	1.31	1.66	2.31	2.37
30-34	1.20	1.52	1.92	2.48	2.55
35-39	1.39	1.76	2.22	2.66	2.74
40	1.48	1.88	2.36	2.72	2.80
41	1.54	1.94	2.44	2.83	2.91
42	1.59	2.02	2.53	2.97	3.05
43	1.65	2.09	2.63	3.14	3.22
44	1.72	2.17	2.73	3.30	3.39
45	1.78	2.26	2.85	3.46	3.55
46	1.86	2.36	2.97	3.59	3.69
47	1.95	2.47	3.11	3.72	3.82
48	2.03	2.58	3.25	3.85	3.96
49	2.12	2.69	3.39	4.00	4.11
50	2.21	2.80	3.53	4.17	4.28
51	2.28	2.89	3.65	4.36	4.47
52	2.34	2.97	3.75	4.56	4.68
53	2.40	3.05	3.85	4.78	4.91
54	2.48	3.15	3.98	5.02	5.15
55	2.59	3.28	4.15	5.29	5.42
56	2.72	3.45	4.36	5.57	5.71
57	2.87	3.64	4.60	5.87	6.01
58	3.03	3.85	4.86	6.19	6.34
59	3.21	4.08	5.15	6.53	6.69
60	3.40	4.32	5.45	6.91	7.07
61	3.60	4.57	5.77	7.30	7.46
62	3.81	4.84	6.10	7.68	7.85
63	4.04	5.12	6.45	8.11	8.28
64	4.28	5.43	6.83	8.61	8.79
65	4.55	5.78	7.26	9.23	9.42
66	4.84	6.14	7.70	10.00	10.20
67	5.14	6.51	8.15	10.90	11.11
68	5.46	6.93	8.64	11.87	12.09
69	5.83	7.40	9.22	12.86	13.09
70	6.27	7.94	9.90	13.83	14.08
71	6.79	8.60	10.74	14.75	15.00
72	7.39	9.35	11.71	15.65	15.91
73	8.02	10.16	12.75	16.58	16.83
74	8.66	10.96	13.78	17.58	17.84
75	9.27	11.72	14.75	18.71	18.97
76	9.84	12.43	15.63	20.07	20.34
77	10.40	13.11	16.46	21.63	21.91
78	10.95	13.78	17.27	23.24	23.52
79	11.51	14.46	18.11	24.72	25.01
80	12.08	15.17	19.00	25.92	26.22
81	12.82	16.10	20.24	26.66	26.95
82	13.56	17.03	21.49	27.39	27.67
83	14.30	17.97	22.74	28.12	28.40
84	15.04	18.90	23.98	28.85	29.13

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	2.80	3.69	4.92	6.94	7.13
30-34	3.02	3.98	5.27	7.10	7.29
35-39	3.26	4.29	5.65	7.26	7.45
40	3.37	4.42	5.82	7.28	7.46
41	3.43	4.50	5.92	7.31	7.49
42	3.49	4.59	6.03	7.34	7.52
43	3.56	4.67	6.14	7.38	7.56
44	3.63	4.77	6.26	7.44	7.62
45	3.71	4.87	6.39	7.53	7.71
46	3.80	4.98	6.53	7.65	7.84
47	3.89	5.10	6.69	7.81	7.99
48	3.99	5.23	6.85	7.98	8.17
49	4.08	5.34	7.00	8.16	8.35
50	4.17	5.45	7.13	8.34	8.54
51	4.23	5.52	7.23	8.51	8.70
52	4.27	5.58	7.29	8.66	8.86
53	4.31	5.63	7.35	8.83	9.03
54	4.37	5.70	7.44	9.03	9.23
55	4.45	5.81	7.57	9.28	9.48
56	4.58	5.96	7.77	9.58	9.80
57	4.72	6.15	8.00	9.93	10.15
58	4.89	6.35	8.27	10.31	10.54
59	5.06	6.58	8.55	10.73	10.96
60	5.25	6.81	8.84	11.18	11.42
61	5.44	7.05	9.14	11.65	11.89
62	5.63	7.30	9.44	12.14	12.39
63	5.84	7.56	9.76	12.67	12.92
64	6.07	7.85	10.12	13.25	13.52
65	6.33	8.18	10.53	13.92	14.19
66	6.61	8.54	10.96	14.67	14.95
67	6.92	8.92	11.42	15.51	15.80
68	7.25	9.34	11.93	16.40	16.71
69	7.62	9.82	12.52	17.33	17.64
70	8.06	10.37	13.21	18.25	18.57
71	8.58	11.02	14.06	19.16	19.48
72	9.17	11.77	15.04	20.06	20.39
73	9.80	12.57	16.08	21.00	21.33
74	10.43	13.36	17.11	22.00	22.33
75	11.02	14.10	18.06	23.11	23.44
76	11.56	14.77	18.92	24.42	24.77
77	12.08	15.42	19.71	25.93	26.28
78	12.60	16.05	20.49	27.46	27.82
79	13.11	16.68	21.27	28.86	29.22
80	13.63	17.33	22.09	29.97	30.33
81	14.29	18.15	23.19	30.52	30.88
82	14.95	18.98	24.30	31.08	31.42
83	15.62	19.81	25.40	31.63	31.97
84	16.28	20.64	26.51	32.18	32.52

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	1.13	1.32	1.62	2.08	2.15
30-34	1.34	1.61	1.99	2.59	2.66
35-39	1.59	1.96	2.45	3.23	3.30
40	1.69	2.11	2.64	3.51	3.58
41	1.76	2.20	2.76	3.67	3.75
42	1.84	2.30	2.89	3.84	3.92
43	1.92	2.40	3.03	4.02	4.10
44	2.01	2.52	3.19	4.22	4.29
45	2.11	2.65	3.36	4.44	4.51
46	2.21	2.78	3.54	4.67	4.75
47	2.31	2.93	3.74	4.92	5.00
48	2.44	3.09	3.94	5.19	5.28
49	2.57	3.26	4.17	5.48	5.58
50	2.70	3.44	4.41	5.80	5.90
51	2.84	3.62	4.65	6.11	6.22
52	2.97	3.81	4.91	6.44	6.54
53	3.12	4.01	5.18	6.79	6.90
54	3.29	4.24	5.48	7.18	7.31
55	3.49	4.51	5.84	7.65	7.79
56	3.73	4.82	6.26	8.18	8.33
57	3.97	5.15	6.71	8.77	8.93
58	4.25	5.51	7.20	9.41	9.59
59	4.55	5.91	7.74	10.11	10.31
60	4.86	6.35	8.33	10.88	11.09
61	5.17	6.76	8.89	11.64	11.86
62	5.45	7.15	9.43	12.38	12.62
63	5.78	7.60	10.05	13.22	13.48
64	6.22	8.20	10.87	14.28	14.56
65	6.83	9.03	11.99	15.69	15.98
66	7.64	10.10	13.42	17.42	17.74
67	8.60	11.37	15.10	19.40	19.75
68	9.69	12.80	17.00	21.64	22.02
69	10.86	14.36	19.10	24.15	24.57
70	12.10	16.02	21.36	26.94	27.40
71	13.30	17.68	23.63	29.89	30.38
72	14.51	19.34	25.95	33.00	33.53
73	15.83	21.19	28.52	36.44	37.03
74	17.39	23.36	31.58	40.38	41.01
75	19.30	26.01	35.34	45.00	45.69
76	21.71	29.38	40.12	50.48	51.26
77	24.55	33.33	45.76	56.71	57.59
78	27.59	37.57	51.80	63.41	64.39
79	30.57	41.75	57.80	70.27	71.35
80	33.29	45.56	63.30	77.00	78.19
81	36.04	49.47	69.02	85.45	86.74
82	38.79	53.39	74.75	93.88	95.30
83	41.54	57.29	80.48	102.31	103.86
84	44.29	61.21	86.20	110.75	112.42

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	0.94	1.18	1.49	2.08	2.13
30-34	1.08	1.37	1.73	2.23	2.30
35-39	1.25	1.58	2.00	2.39	2.47
40	1.33	1.69	2.12	2.45	2.52
41	1.39	1.75	2.20	2.55	2.62
42	1.43	1.82	2.28	2.67	2.75
43	1.49	1.88	2.37	2.83	2.90
44	1.55	1.95	2.46	2.97	3.05
45	1.60	2.03	2.57	3.11	3.20
46	1.67	2.12	2.67	3.23	3.32
47	1.76	2.22	2.80	3.35	3.44
48	1.83	2.32	2.93	3.47	3.56
49	1.91	2.42	3.05	3.60	3.70
50	1.99	2.52	3.18	3.75	3.85
51	2.05	2.60	3.29	3.92	4.02
52	2.11	2.67	3.38	4.10	4.21
53	2.16	2.75	3.47	4.30	4.42
54	2.23	2.84	3.58	4.52	4.64
55	2.33	2.95	3.74	4.76	4.88
56	2.45	3.11	3.92	5.01	5.14
57	2.58	3.28	4.14	5.28	5.41
58	2.73	3.47	4.37	5.57	5.71
59	2.89	3.67	4.64	5.88	6.02
60	3.06	3.89	4.91	6.22	6.36
61	3.24	4.11	5.19	6.57	6.71
62	3.43	4.36	5.49	6.91	7.07
63	3.64	4.61	5.81	7.30	7.45
64	3.85	4.89	6.15	7.75	7.91
65	4.10	5.20	6.53	8.31	8.48
66	4.36	5.53	6.93	9.00	9.18
67	4.63	5.86	7.34	9.81	10.00
68	4.91	6.24	7.78	10.68	10.88
69	5.25	6.66	8.30	11.57	11.78
70	5.64	7.15	8.91	12.45	12.67
71	6.11	7.74	9.67	13.28	13.50
72	6.65	8.42	10.54	14.09	14.32
73	7.22	9.14	11.48	14.92	15.15
74	7.79	9.86	12.40	15.82	16.06
75	8.34	10.55	13.28	16.84	17.07
76	8.86	11.19	14.07	18.06	18.31
77	9.36	11.80	14.81	19.47	19.72
78	9.86	12.40	15.54	20.92	21.17
79	10.36	13.01	16.30	22.25	22.51
80	10.87	13.65	17.10	23.33	23.60
81	11.54	14.49	18.22	23.99	24.26
82	12.20	15.33	19.34	24.65	24.90
83	12.87	16.17	20.47	25.31	25.56
84	13.54	17.01	21.58	25.97	26.22

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	2.52	3.32	4.43	6.25	6.42
30-34	2.72	3.58	4.74	6.39	6.56
35-39	2.93	3.86	5.09	6.53	6.71
40	3.03	3.98	5.24	6.55	6.71
41	3.09	4.05	5.33	6.58	6.74
42	3.14	4.13	5.43	6.61	6.77
43	3.20	4.20	5.53	6.64	6.80
44	3.27	4.29	5.63	6.70	6.86
45	3.34	4.38	5.75	6.78	6.94
46	3.42	4.48	5.88	6.89	7.06
47	3.50	4.59	6.02	7.03	7.19
48	3.59	4.71	6.17	7.18	7.35
49	3.67	4.81	6.30	7.34	7.52
50	3.75	4.91	6.42	7.51	7.69
51	3.81	4.97	6.51	7.66	7.83
52	3.84	5.02	6.56	7.79	7.97
53	3.88	5.07	6.62	7.95	8.13
54	3.93	5.13	6.70	8.13	8.31
55	4.01	5.23	6.81	8.35	8.53
56	4.12	5.36	6.99	8.62	8.82
57	4.25	5.54	7.20	8.94	9.14
58	4.40	5.72	7.44	9.28	9.49
59	4.55	5.92	7.70	9.66	9.86
60	4.73	6.13	7.96	10.06	10.28
61	4.90	6.35	8.23	10.49	10.70
62	5.07	6.57	8.50	10.93	11.15
63	5.26	6.80	8.78	11.40	11.63
64	5.46	7.07	9.11	11.93	12.17
65	5.70	7.36	9.48	12.53	12.77
66	5.95	7.69	9.86	13.20	13.46
67	6.23	8.03	10.28	13.96	14.22
68	6.53	8.41	10.74	14.76	15.04
69	6.86	8.84	11.27	15.60	15.88
70	7.25	9.33	11.89	16.43	16.71
71	7.72	9.92	12.65	17.24	17.53
72	8.25	10.59	13.54	18.05	18.35
73	8.82	11.31	14.47	18.90	19.20
74	9.39	12.02	15.40	19.80	20.10
75	9.92	12.69	16.25	20.80	21.10
76	10.40	13.29	17.03	21.98	22.29
77	10.87	13.88	17.74	23.34	23.65
78	11.34	14.45	18.44	24.71	25.04
79	11.80	15.01	19.14	25.97	26.30
80	12.27	15.60	19.88	26.97	27.30
81	12.86	16.34	20.87	27.47	27.79
82	13.46	17.08	21.87	27.97	28.28
83	14.06	17.83	22.86	28.47	28.77
84	14.65	18.58	23.86	28.96	29.27

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	1.14	1.34	1.62	2.08	2.16
30-34	1.34	1.61	1.97	2.57	2.65
35-39	1.57	1.93	2.40	3.18	3.25
40	1.67	2.06	2.58	3.45	3.52
41	1.74	2.15	2.70	3.61	3.68
42	1.81	2.25	2.83	3.77	3.84
43	1.88	2.35	2.96	3.94	4.02
44	1.97	2.46	3.11	4.13	4.20
45	2.06	2.58	3.27	4.34	4.41
46	2.16	2.72	3.45	4.57	4.64
47	2.27	2.86	3.64	4.81	4.89
48	2.38	3.01	3.84	5.07	5.16
49	2.50	3.17	4.06	5.35	5.44
50	2.63	3.35	4.29	5.65	5.74
51	2.76	3.52	4.52	5.96	6.06
52	2.90	3.70	4.77	6.27	6.37
53	3.04	3.90	5.03	6.60	6.72
54	3.20	4.12	5.32	6.99	7.11
55	3.39	4.37	5.67	7.43	7.57
56	3.61	4.66	6.06	7.95	8.09
57	3.85	4.98	6.49	8.51	8.66
58	4.11	5.33	6.97	9.12	9.29
59	4.39	5.71	7.48	9.79	9.98
60	4.70	6.13	8.04	10.52	10.73
61	4.98	6.52	8.58	11.25	11.46
62	5.25	6.90	9.10	11.95	12.19
63	5.56	7.33	9.69	12.76	13.01
64	5.98	7.90	10.47	13.77	14.03
65	6.57	8.68	11.53	15.09	15.37
66	7.35	9.71	12.90	16.72	17.03
67	8.28	10.94	14.51	18.60	18.93
68	9.33	12.31	16.32	20.71	21.08
69	10.46	13.80	18.30	23.06	23.46
70	11.62	15.36	20.42	25.64	26.07
71	12.75	16.90	22.53	28.37	28.83
72	13.88	18.45	24.67	31.23	31.73
73	15.10	20.15	27.03	34.38	34.91
74	16.53	22.13	29.81	37.94	38.51
75	18.27	24.55	33.20	42.05	42.68
76	20.48	27.59	37.47	46.90	47.60
77	23.06	31.16	42.51	52.39	53.16
78	25.82	34.97	47.88	58.25	59.11
79	28.53	38.71	53.18	64.21	65.16
80	30.98	42.10	57.99	70.00	71.03
81	33.40	45.50	62.87	77.05	78.16
82	35.83	48.90	67.74	84.10	85.30
83	38.26	52.30	72.62	91.14	92.44
84	40.69	55.69	77.49	98.19	99.57

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	0.91	1.16	1.48	2.03	2.12
30-34	1.06	1.35	1.71	2.20	2.28
35-39	1.23	1.57	1.98	2.38	2.45
40	1.32	1.67	2.11	2.44	2.51
41	1.37	1.74	2.19	2.54	2.61
42	1.42	1.80	2.27	2.67	2.74
43	1.47	1.87	2.36	2.81	2.88
44	1.53	1.94	2.45	2.96	3.04
45	1.59	2.02	2.55	3.10	3.18
46	1.66	2.11	2.66	3.23	3.31
47	1.73	2.20	2.79	3.34	3.43
48	1.81	2.31	2.92	3.46	3.56
49	1.89	2.41	3.05	3.59	3.69
50	1.97	2.50	3.17	3.75	3.85
51	2.03	2.58	3.27	3.92	4.03
52	2.08	2.65	3.36	4.11	4.22
53	2.14	2.73	3.46	4.31	4.42
54	2.21	2.82	3.57	4.53	4.65
55	2.30	2.93	3.72	4.77	4.89
56	2.42	3.08	3.91	5.02	5.14
57	2.55	3.25	4.12	5.28	5.41
58	2.70	3.44	4.36	5.57	5.71
59	2.86	3.64	4.62	5.88	6.02
60	3.03	3.86	4.89	6.22	6.36
61	3.20	4.08	5.17	6.56	6.71
62	3.39	4.32	5.46	6.92	7.07
63	3.59	4.57	5.78	7.30	7.46
64	3.81	4.85	6.12	7.76	7.92
65	4.05	5.15	6.49	8.31	8.48
66	4.30	5.47	6.89	8.98	9.16
67	4.56	5.81	7.29	9.76	9.95
68	4.85	6.17	7.74	10.61	10.81
69	5.17	6.59	8.24	11.47	11.68
70	5.56	7.07	8.84	12.31	12.53
71	6.01	7.64	9.57	13.10	13.32
72	6.54	8.30	10.40	13.87	14.10
73	7.10	9.00	11.29	14.66	14.89
74	7.66	9.70	12.18	15.51	15.75
75	8.19	10.36	13.00	16.47	16.71
76	8.67	10.96	13.76	17.62	17.86
77	9.14	11.54	14.48	18.93	19.18
78	9.60	12.11	15.18	20.27	20.53
79	10.06	12.68	15.89	21.51	21.77
80	10.53	13.26	16.63	22.51	22.78
81	11.13	14.02	17.63	23.09	23.35
82	11.73	14.78	18.63	23.67	23.93
83	12.34	15.54	19.63	24.25	24.51
84	12.94	16.29	20.63	24.83	25.09

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	2.45	3.25	4.34	6.14	6.32
30-34	2.65	3.51	4.67	6.30	6.47
35-39	2.87	3.79	5.02	6.46	6.62
40	2.97	3.92	5.17	6.48	6.64
41	3.02	3.99	5.26	6.50	6.67
42	3.08	4.06	5.36	6.53	6.69
43	3.14	4.14	5.46	6.57	6.73
44	3.21	4.23	5.57	6.62	6.78
45	3.28	4.32	5.68	6.70	6.86
46	3.35	4.41	5.81	6.81	6.98
47	3.44	4.52	5.95	6.95	7.12
48	3.52	4.63	6.09	7.11	7.28
49	3.61	4.74	6.23	7.27	7.44
50	3.68	4.83	6.35	7.43	7.60
51	3.73	4.90	6.43	7.58	7.75
52	3.77	4.95	6.49	7.72	7.89
53	3.81	4.99	6.54	7.87	8.05
54	3.86	5.05	6.62	8.04	8.23
55	3.93	5.15	6.74	8.27	8.45
56	4.04	5.29	6.91	8.54	8.73
57	4.17	5.45	7.12	8.85	9.05
58	4.32	5.64	7.36	9.19	9.40
59	4.47	5.84	7.61	9.57	9.77
60	4.64	6.05	7.87	9.97	10.18
61	4.80	6.26	8.13	10.38	10.60
62	4.97	6.47	8.39	10.82	11.05
63	5.16	6.70	8.68	11.29	11.52
64	5.36	6.96	8.99	11.81	12.05
65	5.59	7.25	9.35	12.39	12.63
66	5.84	7.57	9.74	13.05	13.30
67	6.10	7.91	10.15	13.78	14.04
68	6.39	8.28	10.60	14.55	14.82
69	6.72	8.69	11.12	15.34	15.62
70	7.10	9.17	11.72	16.13	16.42
71	7.56	9.74	12.44	16.90	17.19
72	8.08	10.39	13.27	17.65	17.94
73	8.63	11.08	14.14	18.43	18.72
74	9.18	11.76	15.01	19.26	19.55
75	9.68	12.39	15.82	20.18	20.47
76	10.14	12.96	16.54	21.27	21.57
77	10.57	13.50	17.22	22.52	22.83
78	10.99	14.02	17.87	23.79	24.11
79	11.40	14.54	18.52	24.95	25.27
80	11.83	15.06	19.20	25.86	26.18
81	12.36	15.73	20.07	26.28	26.59
82	12.90	16.39	20.95	26.70	27.01
83	13.43	17.06	21.82	27.12	27.42
84	13.97	17.73	22.70	27.54	27.84

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	1.03	1.21	1.46	1.87	1.94
30-34	1.21	1.45	1.77	2.31	2.39
35-39	1.41	1.74	2.16	2.86	2.93
40	1.50	1.85	2.32	3.11	3.17
41	1.57	1.94	2.43	3.25	3.31
42	1.63	2.03	2.55	3.39	3.46
43	1.69	2.12	2.66	3.55	3.62
44	1.77	2.21	2.80	3.72	3.78
45	1.85	2.32	2.94	3.91	3.97
46	1.94	2.45	3.11	4.11	4.18
47	2.04	2.57	3.28	4.33	4.40
48	2.14	2.71	3.46	4.56	4.64
49	2.25	2.85	3.65	4.82	4.90
50	2.37	3.02	3.86	5.09	5.17
51	2.48	3.17	4.07	5.36	5.45
52	2.61	3.33	4.29	5.64	5.73
53	2.74	3.51	4.53	5.94	6.05
54	2.88	3.71	4.79	6.29	6.40
55	3.05	3.93	5.10	6.69	6.81
56	3.25	4.19	5.45	7.16	7.28
57	3.47	4.48	5.84	7.66	7.79
58	3.70	4.80	6.27	8.21	8.36
59	3.95	5.14	6.73	8.81	8.98
60	4.23	5.52	7.24	9.47	9.66
61	4.48	5.87	7.72	10.13	10.31
62	4.73	6.21	8.19	10.76	10.97
63	5.00	6.60	8.72	11.48	11.71
64	5.38	7.11	9.42	12.39	12.63
65	5.91	7.81	10.38	13.58	13.83
66	6.62	8.74	11.61	15.05	15.33
67	7.45	9.85	13.06	16.74	17.04
68	8.40	11.08	14.69	18.64	18.97
69	9.41	12.42	16.47	20.75	21.11
70	10.46	13.82	18.38	23.08	23.46
71	11.48	15.21	20.28	25.53	25.95
72	12.49	16.61	22.20	28.11	28.56
73	13.59	18.14	24.33	30.94	31.42
74	14.88	19.92	26.83	34.15	34.66
75	16.44	22.10	29.88	37.85	38.41
76	18.43	24.83	33.72	42.21	42.84
77	20.75	28.04	38.26	47.15	47.84
78	23.24	31.47	43.09	52.43	53.20
79	25.68	34.84	47.86	57.79	58.64
80	27.88	37.89	52.19	63.00	63.93
81	30.06	40.95	56.58	69.35	70.34
82	32.25	44.01	60.97	75.69	76.77
83	34.43	47.07	65.36	82.03	83.20
84	36.62	50.12	69.74	88.37	89.61

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	0.82	1.04	1.33	1.83	1.91
30-34	0.95	1.22	1.54	1.98	2.05
35-39	1.11	1.41	1.78	2.14	2.21
40	1.19	1.50	1.90	2.20	2.26
41	1.23	1.57	1.97	2.29	2.35
42	1.28	1.62	2.04	2.40	2.47
43	1.32	1.68	2.12	2.53	2.59
44	1.38	1.75	2.21	2.66	2.74
45	1.43	1.82	2.30	2.79	2.86
46	1.49	1.90	2.39	2.91	2.98
47	1.56	1.98	2.51	3.01	3.09
48	1.63	2.08	2.63	3.11	3.20
49	1.70	2.17	2.75	3.23	3.32
50	1.77	2.25	2.85	3.38	3.47
51	1.83	2.32	2.94	3.53	3.63
52	1.87	2.39	3.02	3.70	3.80
53	1.93	2.46	3.11	3.88	3.98
54	1.99	2.54	3.21	4.08	4.19
55	2.07	2.64	3.35	4.29	4.40
56	2.18	2.77	3.52	4.52	4.63
57	2.30	2.93	3.71	4.75	4.87
58	2.43	3.10	3.92	5.01	5.14
59	2.57	3.28	4.16	5.29	5.42
60	2.73	3.47	4.40	5.60	5.72
61	2.88	3.67	4.65	5.90	6.04
62	3.05	3.89	4.91	6.23	6.36
63	3.23	4.11	5.20	6.57	6.71
64	3.43	4.37	5.51	6.98	7.13
65	3.65	4.64	5.84	7.48	7.63
66	3.87	4.92	6.20	8.08	8.24
67	4.10	5.23	6.56	8.78	8.96
68	4.37	5.55	6.97	9.55	9.73
69	4.65	5.93	7.42	10.32	10.51
70	5.00	6.36	7.96	11.08	11.28
71	5.41	6.88	8.61	11.79	11.99
72	5.89	7.47	9.36	12.48	12.69
73	6.39	8.10	10.16	13.19	13.40
74	6.89	8.73	10.96	13.96	14.18
75	7.37	9.32	11.70	14.82	15.04
76	7.80	9.86	12.38	15.86	16.07
77	8.23	10.39	13.03	17.04	17.26
78	8.64	10.90	13.66	18.24	18.48
79	9.05	11.41	14.30	19.36	19.59
80	9.48	11.93	14.97	20.26	20.50
81	10.02	12.62	15.87	20.78	21.02
82	10.56	13.30	16.77	21.30	21.54
83	11.11	13.99	17.67	21.83	22.06
84	11.65	14.66	18.57	22.35	22.58

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	2.21	2.93	3.91	5.53	5.69
30-34	2.39	3.16	4.20	5.67	5.82
35-39	2.58	3.41	4.52	5.81	5.96
40	2.67	3.53	4.65	5.83	5.98
41	2.72	3.59	4.73	5.85	6.00
42	2.77	3.65	4.82	5.88	6.02
43	2.83	3.73	4.91	5.91	6.06
44	2.89	3.81	5.01	5.96	6.10
45	2.95	3.89	5.11	6.03	6.17
46	3.02	3.97	5.23	6.13	6.28
47	3.10	4.07	5.36	6.26	6.41
48	3.17	4.17	5.48	6.40	6.55
49	3.25	4.27	5.61	6.54	6.70
50	3.31	4.35	5.72	6.69	6.84
51	3.36	4.41	5.79	6.82	6.98
52	3.39	4.46	5.84	6.95	7.10
53	3.43	4.49	5.89	7.08	7.25
54	3.47	4.55	5.96	7.24	7.41
55	3.54	4.64	6.07	7.44	7.61
56	3.64	4.76	6.22	7.69	7.86
57	3.75	4.91	6.41	7.97	8.15
58	3.89	5.08	6.62	8.27	8.46
59	4.02	5.26	6.85	8.61	8.79
60	4.18	5.45	7.08	8.97	9.16
61	4.32	5.63	7.32	9.34	9.54
62	4.47	5.82	7.55	9.74	9.95
63	4.64	6.03	7.81	10.16	10.37
64	4.82	6.26	8.09	10.63	10.85
65	5.03	6.53	8.42	11.15	11.37
66	5.26	6.81	8.77	11.75	11.97
67	5.49	7.12	9.14	12.40	12.64
68	5.75	7.45	9.54	13.10	13.34
69	6.05	7.82	10.01	13.81	14.06
70	6.39	8.25	10.55	14.52	14.78
71	6.80	8.77	11.20	15.21	15.47
72	7.27	9.35	11.94	15.89	16.15
73	7.77	9.97	12.73	16.59	16.85
74	8.26	10.58	13.51	17.33	17.60
75	8.71	11.15	14.24	18.16	18.42
76	9.13	11.66	14.89	19.14	19.41
77	9.51	12.15	15.50	20.27	20.55
78	9.89	12.62	16.08	21.41	21.70
79	10.26	13.09	16.67	22.46	22.74
80	10.65	13.55	17.28	23.27	23.56
81	11.12	14.16	18.06	23.65	23.93
82	11.61	14.75	18.86	24.03	24.31
83	12.09	15.35	19.64	24.41	24.68
84	12.57	15.96	20.43	24.79	25.06

SERFF Tracking #:	*STLH-128902539*	***State Tracking #:***		***Company Tracking #:***	*2013 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/*		

Supporting Document Schedules

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

Satisfied - Item:	Nationwide and DC Actual and Projected Experience
Comments:	
Attachment(s):	Actual and Projected Nationwide Experience Exhibit.pdf Actual and Projected DC Experience Exhibit .pdf
Item Status:	
Status Date:	

Satisfied - Item:	Transmittal Form
Comments:	
Attachment(s):	2013 NAIC Transmittal - DC LTC.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Rate Table Comparison
Comments:	
Attachment(s):	Rate Table Comparison A01 to D08.pdf
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 FROM 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: These policies were sold through a captive agency force but are no longer sold
D. Issue Ages: ages 18 through 84
E. Average Issue Age of inforce policies: 52

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 except Connecticut and California. As of December 31, 2012, there were 11 policies in force on these forms in District of Columbia and 49,154 nationwide. A similar increase will be filed in all jurisdictions this series of forms were marketed in.

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 in a facility 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 Non-forfeiture Rider Form 99574: provides shortened benefit period if policyholder lapses coverage after the third year. Total benefits available equal the sum of all premiums paid in while coverage was inforce.

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 a result of higher expected future claims costs. This block of business is also experiencing lower voluntary lapse rates and lower mortality leading to higher lifetime loss ratios, however these deviations have not been taken into account in this filing per Bulletin 03-PPI-005-11/24.

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.

No future morbidity improvement was assumed in these claim costs.

VII. HISTORY OF RATE ADJUSTMENTS

There have been no past rate changes on in-force policyholders on these forms.

VIII. AVERAGE ANNUAL PREMIUM

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

District of Columbia	$1,946
Nationwide	$1,444

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

District of Columbia	$2,121
Nationwide	$1,906

IX. MINIMUM LIFETIME LOSS RATIO

The minimum lifetime loss ratio is 60%.

X. PAST, ANTICIPATED AND LIFETIME LOSS RATIO

Past and projected nationwide, and District of Columbia experience are shown in the exhibits entitled Actual and Projected Nationwide Experience and Actual and Projected District of Columbia Experience. Projected premiums are shown both with and without the proposed rate increase. Nationwide data is used to justify the proposed rates. A summary of the resulting loss ratios are shown below.

The lifetime loss ratio is calculated as the present value of past and anticipated incurred claims divided by the present value of past and anticipated earned premium. The present values are calculated at 4.5%.

The following table shows the present values of premiums and claims at 4.5%.

	Earned Premium w/o Increase	Earned Premium with Increase	Incurred Claims	Loss Ratio w/o Increase	Loss Ratio w increase
Past	$729,581,382	729,581,382	98,997,360	13.6%	13.6%
Anticipated	$632,262,307	829,619,919	1,078,258,999	170.5%	130.0%
Lifetime	$1,361,843,689	1,559,201,301	1,177,256,359	86.4%	75.5%

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.

XI. MAXIMUM ALLOWABLE RATE INCREASE

If future premiums were increased 95%, the expected lifetime loss ratio would be 60%.

XII. SUMMARY OF PROPOSED RATE INCREASE

As shown above, a rate increase of 95% is allowed to bring the lifetime loss ratio to 60% based on the original termination rates and interest rates; however we are proposing an overall increase of 9% based on guidance presented in Bulletin 03-PPI-005-11/24. We are proposing an increase of 10% on most policyholders except as necessary to keep the proposed premiums lower than premiums that are being offered on currently marketed forms. In addition, we are proposing a rate decrease on Form 99574 Shortened Benefit Period Non-forfeiture rider from 30% of the premium to 22% of the premium. This decrease will bring the rates on this rider to the same level as the rates on our currently marketed long term care insurance product.

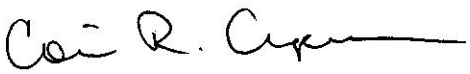
A table comparing current and proposed rates is included in the supporting documentation.

Although a rate increase larger than 9% can be justified at this time, State Farm is not currently seeking a higher increase. However, future rate increases are anticipated.

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

XIII. 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".



Corin Chapman, FSA, MAAA

March 7, 2013
Date

Actual and Projected Nationwide Experience

	Actual		
Year	Earned Premium	Incurred Claims	Loss Ratio
2001	295,299	0	0.0%
2002	11,919,488	84,807	0.7%
2003	38,082,573	2,449,145	6.4%
2004	51,773,918	2,887,577	5.6%
2005	54,823,671	5,847,978	10.7%
2006	56,342,659	7,532,396	13.4%
2007	57,124,490	7,339,364	12.8%
2008	58,336,610	7,163,069	12.3%
2009	58,929,245	10,581,321	18.0%
2010	59,616,395	11,850,153	19.9%
2011	61,151,430	11,466,852	18.8%
2012	63,962,992	14,402,250	22.5%
Total	572,358,770	81,604,913	14.3%

	Projection				
Projection Year	Earned Premium Without Increase	Earned Premium With Increase	Incurred Claims	Loss Ratio Without Increase	Loss Ratio With Increase
2013	63,202,667	73,195,248	17,591,377	27.8%	24.0%
2014	60,319,032	79,392,368	19,656,687	32.6%	24.8%
2015	57,523,551	75,826,359	21,854,058	38.0%	28.8%
2016	54,816,242	72,366,711	24,206,887	44.2%	33.5%
2017	52,196,887	69,012,373	26,760,768	51.3%	38.8%
2018	49,642,717	65,733,141	29,529,297	59.5%	44.9%
2019	47,124,699	62,491,300	32,505,627	69.0%	52.0%
2020	44,638,993	59,281,861	35,732,423	80.0%	60.3%
2021	42,190,033	56,110,525	39,174,416	92.9%	69.8%
2022	39,782,411	52,983,335	42,763,621	107.5%	80.7%
2023	37,421,091	49,906,999	46,552,892	124.4%	93.3%
2024	35,111,125	46,888,447	50,572,809	144.0%	107.9%
2025	32,857,156	43,934,259	54,747,852	166.6%	124.6%
2026	30,664,386	41,051,769	58,989,328	192.4%	143.7%
2027	28,537,360	38,247,603	63,247,494	221.6%	165.4%
2028	26,480,381	35,528,195	67,479,061	254.8%	189.9%
2029	24,497,852	32,900,165	71,664,987	292.5%	217.8%
2030	22,593,674	30,369,524	75,748,060	335.3%	249.4%
2031	20,771,496	27,941,972	79,607,784	383.3%	284.9%
2032	19,034,216	25,622,277	83,109,128	436.6%	324.4%
2033	17,384,048	23,414,305	86,214,827	495.9%	368.2%
2034	15,823,092	21,321,717	88,928,220	562.0%	417.1%
2035	14,352,777	19,347,200	91,184,566	635.3%	471.3%
2036	12,974,010	17,492,693	92,808,872	715.3%	530.6%
2037	11,686,509	15,758,509	93,691,829	801.7%	594.5%
2038	10,489,178	14,143,819	93,853,578	894.8%	663.6%
2039	9,380,841	12,647,586	93,366,403	995.3%	738.2%
2040	8,359,719	11,267,878	92,250,049	1103.5%	818.7%
2041	7,423,416	10,001,880	90,508,133	1219.2%	904.9%
2042	6,568,663	8,845,542	88,161,409	1342.2%	996.7%
2043	5,791,744	7,794,148	85,249,395	1471.9%	1093.8%
2044	5,088,897	6,842,858	81,870,893	1608.8%	1196.4%
2045	4,456,035	5,986,330	78,181,437	1754.5%	1306.0%
2046	3,888,837	5,218,861	74,254,228	1909.4%	1422.8%
2047	3,382,585	4,534,172	70,112,929	2072.8%	1546.3%
2048	2,932,559	3,925,933	65,822,306	2244.5%	1676.6%
2049	2,534,185	3,387,976	61,468,550	2425.6%	1814.3%
2050	2,183,014	2,914,272	57,185,108	2619.5%	1962.2%
2051	1,874,671	2,498,870	53,026,166	2828.6%	2122.0%
2052	1,604,838	2,135,882	48,979,051	3052.0%	2293.2%
2053	1,369,498	1,819,810	45,012,816	3286.8%	2473.5%
2054	1,164,892	1,545,500	41,069,366	3525.6%	2657.4%
2055	987,576	1,308,221	37,248,710	3771.7%	2847.3%
2056	834,356	1,103,588	33,621,253	4029.6%	3046.5%
2057	702,286	927,554	30,177,433	4297.0%	3253.4%
2058	588,809	776,606	26,912,971	4570.7%	3465.5%
2059	491,638	647,603	23,862,903	4853.8%	3684.8%
2060	408,740	537,761	21,023,073	5143.4%	3909.4%
2061	338,250	444,528	18,348,312	5424.5%	4127.6%
2062	278,543	365,694	15,748,261	5653.8%	4306.4%
Total	944,750,176	1,247,741,725	2,821,637,603	298.7%	226.1%

	Earned Premium Without Increase	Earned Premium With Increase	Incurred Claims	Loss Ratio Without Increase	Loss Ratio With Increase
Past Experience	572,358,770	572,358,770	81,604,913	14.3%	14.3%
Anticipated Experience	944,750,176	1,247,741,725	2,821,637,603	298.7%	226.1%
Lifetime Experience	1,517,108,946	1,820,100,495	2,903,242,517	191.4%	159.5%
Past Experience @4.5%	729,581,382	729,581,382	98,997,360	13.6%	13.6%
Anticipated Experience @4.5%	632,262,307	829,619,919	1,078,258,999	170.5%	130.0%
Lifetime Experience @4.5%	1,361,843,689	1,559,201,301	1,177,256,359	86.4%	75.5%

Actual and Projected District of Columbia Experience

	Actual		
Year	Earned Premium	Incurred Claims	Loss Ratio
2001	-	-	0.0%
2002	1,843	-	0.0%
2003	8,774	-	0.0%
2004	23,801	-	0.0%
2005	22,654	-	0.0%
2006	22,101	-	0.0%
2007	22,075	-	0.0%
2008	22,075	-	0.0%
2009	21,984	-	0.0%
2010	22,141	-	0.0%
2011	21,936	63	0.3%
2012	21,892	1,327	6.1%
Total	211,277	1,390	0.7%

	Projection				
Projection Year	Earned Premium Without Increase	Earned Premium With Increase	Incurred Claims	Loss Ratio Without Increase	Loss Ratio With Increase
2013	20,955	21,940	6,226	29.7%	28.4%
2014	20,018	21,901	6,866	34.3%	31.3%
2015	19,098	20,906	7,574	39.7%	36.2%
2016	18,195	19,927	8,375	46.0%	42.0%
2017	17,308	18,966	9,273	53.6%	48.9%
2018	16,439	18,022	10,256	62.4%	56.9%
2019	15,587	17,096	11,412	73.2%	66.7%
2020	14,752	16,188	12,648	85.7%	78.1%
2021	13,935	15,298	14,134	101.4%	92.4%
2022	13,137	14,427	15,838	120.6%	109.8%
2023	12,358	13,575	17,602	142.4%	129.7%
2024	11,597	12,743	19,665	169.6%	154.3%
2025	10,854	11,930	22,093	203.5%	185.2%
2026	10,130	11,136	24,547	242.3%	220.4%
2027	9,425	10,362	27,014	286.6%	260.7%
2028	8,739	9,609	29,512	337.7%	307.1%
2029	8,073	8,878	32,008	396.5%	360.5%
2030	7,428	8,170	34,316	462.0%	420.0%
2031	6,804	7,484	36,575	537.5%	488.7%
2032	6,203	6,823	38,600	622.2%	565.7%
2033	5,626	6,189	39,796	707.3%	643.1%
2034	5,075	5,582	40,756	803.1%	730.1%
2035	4,551	5,006	41,484	911.5%	828.7%
2036	4,055	4,461	41,542	1024.4%	931.3%
2037	3,588	3,947	40,726	1135.1%	1031.9%
2038	3,152	3,467	39,308	1247.2%	1133.8%
2039	2,747	3,021	37,536	1366.5%	1242.3%
2040	2,374	2,611	35,643	1501.5%	1365.0%
2041	2,034	2,237	33,442	1644.1%	1494.6%
2042	1,727	1,900	30,988	1794.2%	1631.1%
2043	1,452	1,597	28,154	1939.0%	1762.7%
2044	1,208	1,329	25,279	2091.8%	1901.7%
2045	995	1,095	22,597	2270.1%	2063.7%
2046	812	893	20,243	2493.4%	2266.7%
2047	656	721	18,113	2763.2%	2512.0%
2048	524	576	15,800	3014.9%	2740.8%
2049	415	457	13,469	3244.0%	2949.1%
2050	326	358	11,231	3446.9%	3133.5%
2051	253	279	9,296	3667.1%	3333.8%
2052	196	215	7,644	3909.0%	3553.5%
2053	149	164	6,208	4154.0%	3776.3%
2054	113	124	4,868	4304.8%	3913.4%
2055	85	93	3,674	4345.6%	3950.3%
2056	62	69	2,733	4374.9%	3977.1%
2057	45	50	1,990	4387.7%	3989.3%
2058	32	35	1,411	4383.5%	3985.0%
2059	22	25	974	4369.4%	3971.9%
2060	15	16	646	4321.6%	3929.9%
2061	10	11	412	4255.4%	3871.8%
2062	6	7	253	4198.2%	3817.7%
Total	303,342	331,918	960,751	316.7%	289.5%

	Earned Premium Without Increase	Earned Premium With Increase	Incurred Claims	Loss Ratio Without Increase	Loss Ratio With Increase
Past Experience	211,277	211,277	1,390	0.7%	0.7%
Anticipated Experience	303,342	331,918	960,751	316.7%	289.5%
Lifetime Experience	514,618	543,194	962,141	187.0%	177.1%
Past Experience @4.5%	268,852	268,852	1,456	0.5%	0.5%
Anticipated Experience @4.5%	207,020	226,077	402,606	194.5%	178.1%
Lifetime Experience @4.5%	475,872	494,929	404,061	84.9%	81.6%

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
	Corin Chapman, FSA One State Farm Plaza, B-1 Bloomington, IL 61710	309-763-1383	309-766-1827	corin.chapman.rog2@statefarm.com

5.	**Requested Filing Mode**	☒ Review & Approval ☐ File & Use ☐ Informational ☐ Combination (please explain): _____ ☐ Other (please explain): _____

6.	**Company Tracking Number**	2013 DC LTC 97058 Series	
7.	☒ **New Submission** ☐ **Resubmission**	Previous file # _____	
8.	**Market**	☒ Individual ☐ Franchise	
		Group	☐ Small ☐ Large ☐ Small and Large ☐ Employer ☐ Association ☐ Blanket ☐ Discretionary ☐ Trust ☐ Other: _____
9.	**Type of Insurance (TOI)**	LTC03I Individual Long Term Care	
10.	**Sub-Type of Insurance (Sub-TOI)**	LTC03I.001 Qualified	
11.	**Submitted Documents**	☐ **FORMS** ☐ Policy ☐ Outline of Coverage ☐ Certificate ☐ Application/Enrollment ☐ Rider/Endorsement ☐ Advertising ☐ Schedule of Benefits ☐ Other **Rates** ☐ New Rate ☒ Revised Rate ☐ **FILING OTHER THAN FORM OR RATE:** Please explain: _____ **SUPPORTING DOCUMENTATION** ☐ Articles of Incorporation ☐ Third Party Authorization ☐ Association Bylaws ☐ Trust Agreements ☐ Statement of Variability ☒ Certifications	

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		☒ Actuarial Memorandum ☐ Other _____

12.	**Filing Submission Date**	3/7/2013
13.	**Filing Fee (If required)**	Amount _____ Check Date _____ Retaliatory ☐ Yes ☒ No Check Number _____
14.	**Date of Domiciliary Approval**	Pending Approval
15.	**Filing Description:**	
	State Farm Mutual Automobile Insurance Company - NAIC 176-25178 Inforce Rate Increase Individual Long Term Care Insurance Policy Form 97058, 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 District of Columbia.

Print Name Corin Chapman Title Associate Actuary

Signature Corin R. Chapman Date: 3/7/2013

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

	Document Name Description	Form Number		Replaced Form Number Previous State Filing Number
01			☐ Initial ☐ Revised ☐ Other _____	
02			☐ Initial ☐ Revised ☐ Other _____	
03			☐ Initial ☐ Revised ☐ Other _____	
04			☐ Initial ☐ Revised ☐ Other _____	
05			☐ Initial ☐ Revised ☐ Other _____	
06			☐ Initial ☐ Revised ☐ Other _____	
07			☐ Initial ☐ Revised ☐ Other _____	
08			☐ Initial ☐ Revised ☐ Other _____	
09			☐ Initial ☐ Revised ☐ Other _____	
10			☐ Initial ☐ Revised ☐ Other _____	

LH FFA-1

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18.	Rate Filing Attachment			
This filing transmittal is part of company tracking number			2013 DC LTC 97058 Series	
This filing corresponds to form filing company tracking number			N/A	
Overall percentage rate indication (when applicable)			95%	
Overall percentage rate impact for this filing			**9%**	
	Document Name **Description**	**Affected Form Numbers**		**Previous State Filing Number**
01	Individual Long Term Care Policy and Riders Rate Filing	97058, 99572, 99573, 99574	☐ **New** ☒ **Revised** **Request +9% - _____%** ☐ **Other _____**	
02			☐ **New** ☐ **Revised** **Request +____% -____%** ☐ **Other _____**	
03			☐ **New** ☐ **Revised** **Request +____% -____%** ☐ **Other _____**	
04			☐ **New** ☐ **Revised** **Request +____% -____%** ☐ **Other _____**	
05			☐ **New** ☐ **Revised** **Request +____% -____%** ☐ **Other _____**	
06			☐ **New** ☐ **Revised** **Request +____% -____%** ☐ **Other _____**	
07			☐ **New** ☐ **Revised** **Request +____% -____%** ☐ **Other _____**	
08			☐ **New** ☐ **Revised** **Request +____% -____%** ☐ **Other _____**	
09			☐ **New** ☐ **Revised** **Request +____% -____%** ☐ **Other _____**	
10			☐ **New** ☐ **Revised** **Request +____% -____%** ☐ **Other _____**	

LH RFA-1

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State Farm Mutual Automobile Insurance Company
Bloomington, Illinois
Proposed Rates are this much higher than current rates
Long Term Care Insurance Policy Form 97058
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%	10%	10%	10%	10%
30-34	10%	10%	10%	10%	10%
35-39	10%	10%	10%	10%	10%
40	10%	10%	10%	10%	10%
41	10%	10%	10%	10%	10%
42	10%	10%	10%	10%	10%
43	10%	10%	10%	10%	10%
44	10%	10%	10%	10%	10%
45	10%	10%	10%	10%	10%
46	10%	10%	10%	10%	10%
47	10%	10%	10%	10%	10%
48	10%	10%	10%	10%	10%
49	10%	10%	10%	10%	10%
50	10%	10%	10%	10%	10%
51	10%	10%	10%	10%	10%
52	10%	10%	10%	10%	10%
53	10%	10%	10%	10%	10%
54	10%	10%	10%	10%	10%
55	10%	10%	10%	10%	10%
56	10%	10%	10%	10%	10%
57	10%	10%	10%	10%	10%
58	10%	10%	10%	10%	10%
59	10%	10%	10%	10%	10%
60	10%	10%	10%	10%	10%
61	10%	10%	10%	10%	10%
62	10%	10%	10%	10%	10%
63	10%	10%	10%	10%	10%
64	10%	10%	10%	10%	10%
65	10%	10%	10%	10%	10%
66	10%	10%	10%	10%	10%
67	10%	10%	10%	10%	10%
68	10%	10%	10%	10%	10%
69	10%	10%	9%	7%	10%
70	10%	10%	6%	6%	10%
71	10%	10%	6%	6%	10%
72	10%	9%	6%	6%	10%
73	10%	6%	6%	6%	10%
74	10%	5%	5%	5%	10%
75	10%	5%	5%	5%	10%
76	10%	7%	7%	7%	10%
77	7%	6%	7%	7%	7%
78	4%	5%	5%	6%	6%
79	2%	4%	4%	5%	5%
80	2%	4%	4%	5%	5%
81	2%	4%	4%	5%	5%
82	2%	4%	4%	5%	5%
83	2%	4%	4%	5%	5%
84	2%	4%	4%	5%	5%

State Farm Mutual Automobile Insurance Company
Bloomington, Illinois
Proposed Rates are this much higher than current rates
Base + Simple Inflation Rider
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%	10%	10%	10%	10%
30-34	10%	10%	10%	10%	10%
35-39	10%	10%	10%	10%	10%
40	10%	10%	10%	10%	10%
41	10%	10%	10%	10%	10%
42	10%	10%	10%	10%	10%
43	10%	10%	10%	10%	10%
44	10%	10%	10%	10%	10%
45	10%	10%	10%	10%	10%
46	10%	10%	10%	10%	10%
47	10%	10%	10%	10%	10%
48	10%	10%	10%	10%	10%
49	10%	10%	10%	10%	10%
50	10%	10%	10%	10%	10%
51	10%	10%	10%	10%	10%
52	10%	10%	10%	10%	10%
53	10%	10%	10%	10%	10%
54	10%	10%	10%	10%	10%
55	10%	10%	10%	10%	10%
56	10%	10%	10%	10%	10%
57	10%	10%	10%	10%	10%
58	10%	10%	10%	10%	10%
59	10%	10%	10%	10%	10%
60	10%	10%	10%	10%	10%
61	10%	10%	10%	10%	10%
62	10%	10%	10%	10%	10%
63	10%	10%	10%	10%	10%
64	10%	10%	10%	10%	10%
65	10%	10%	10%	10%	10%
66	10%	10%	10%	10%	10%
67	10%	10%	10%	10%	10%
68	10%	10%	10%	10%	10%
69	10%	10%	9%	8%	10%
70	10%	10%	7%	7%	10%
71	10%	10%	7%	7%	10%
72	10%	9%	7%	7%	10%
73	10%	7%	7%	7%	10%
74	10%	6%	6%	6%	10%
75	10%	6%	6%	6%	10%
76	10%	8%	8%	8%	10%
77	8%	7%	8%	8%	8%
78	6%	6%	6%	7%	7%
79	4%	5%	5%	6%	6%
80	4%	5%	5%	6%	6%
81	4%	5%	5%	6%	6%
82	4%	5%	5%	6%	6%
83	4%	5%	5%	6%	6%
84	4%	5%	5%	6%	6%

State Farm Mutual Automobile Insurance Company
Bloomington, Illinois
Proposed Rates are this much higher than current rates
Base + Compound Inflation Rider
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%	10%	10%	10%	10%
30-34	10%	10%	10%	10%	10%
35-39	10%	10%	10%	10%	10%
40	10%	10%	10%	10%	10%
41	10%	10%	10%	10%	10%
42	10%	10%	10%	10%	10%
43	10%	10%	10%	10%	10%
44	10%	10%	10%	10%	10%
45	10%	10%	10%	10%	10%
46	10%	10%	10%	10%	10%
47	10%	10%	10%	10%	10%
48	10%	10%	10%	10%	10%
49	10%	10%	10%	10%	10%
50	10%	10%	10%	10%	10%
51	10%	10%	10%	10%	10%
52	10%	10%	10%	10%	10%
53	10%	10%	10%	10%	10%
54	10%	10%	10%	10%	10%
55	10%	10%	10%	10%	10%
56	10%	10%	10%	10%	10%
57	10%	10%	10%	10%	10%
58	10%	10%	10%	10%	10%
59	10%	10%	10%	10%	10%
60	10%	10%	10%	10%	10%
61	10%	10%	10%	10%	10%
62	10%	10%	10%	10%	10%
63	10%	10%	10%	10%	10%
64	10%	10%	10%	10%	10%
65	10%	10%	10%	10%	10%
66	10%	10%	10%	10%	10%
67	10%	10%	10%	10%	10%
68	10%	10%	10%	10%	10%
69	10%	10%	9%	8%	10%
70	10%	10%	7%	7%	10%
71	10%	10%	7%	7%	10%
72	10%	9%	7%	7%	10%
73	10%	7%	7%	7%	10%
74	10%	7%	7%	7%	10%
75	10%	7%	7%	7%	10%
76	10%	8%	8%	8%	10%
77	8%	7%	8%	8%	8%
78	6%	6%	6%	7%	7%
79	4%	6%	5%	6%	6%
80	4%	6%	5%	6%	6%
81	4%	6%	5%	6%	6%
82	4%	6%	5%	6%	6%
83	4%	6%	5%	6%	6%
84	4%	6%	5%	6%	6%

State Farm Mutual Automobile Insurance Company
Bloomington, Illinois
Proposed Rates are this much higher than current rates
Long Term Care Insurance Policy Form 97058
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%	10%	10%	10%	10%
30-34	10%	10%	10%	10%	10%
35-39	10%	10%	10%	10%	10%
40	10%	10%	10%	10%	10%
41	10%	10%	10%	10%	10%
42	10%	10%	10%	10%	10%
43	10%	10%	10%	10%	10%
44	10%	10%	10%	10%	10%
45	10%	10%	10%	10%	10%
46	10%	10%	10%	10%	10%
47	10%	10%	10%	10%	10%
48	10%	10%	10%	10%	10%
49	10%	10%	10%	10%	10%
50	10%	10%	10%	10%	10%
51	10%	10%	10%	10%	10%
52	10%	10%	10%	10%	10%
53	10%	10%	10%	10%	10%
54	10%	10%	10%	10%	10%
55	10%	10%	10%	10%	10%
56	10%	10%	10%	10%	10%
57	10%	10%	10%	10%	10%
58	10%	10%	10%	10%	10%
59	10%	10%	10%	10%	10%
60	10%	10%	10%	10%	10%
61	10%	10%	10%	10%	10%
62	10%	10%	10%	10%	10%
63	10%	10%	10%	10%	10%
64	10%	10%	10%	10%	10%
65	10%	10%	10%	10%	10%
66	10%	10%	10%	10%	10%
67	10%	10%	10%	8%	10%
68	10%	10%	6%	7%	10%
69	10%	9%	6%	6%	10%
70	10%	6%	5%	6%	10%
71	9%	5%	5%	6%	9%
72	7%	5%	5%	6%	7%
73	5%	5%	5%	5%	5%
74	4%	5%	5%	5%	5%
75	3%	4%	5%	5%	5%
76	4%	6%	7%	7%	7%
77	4%	6%	6%	7%	7%
78	2%	4%	5%	6%	6%
79	2%	4%	4%	5%	5%
80	2%	4%	4%	5%	5%
81	2%	4%	4%	5%	5%
82	2%	4%	4%	5%	5%
83	2%	4%	4%	5%	5%
84	2%	4%	4%	5%	5%

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30-34	10%	10%	10%	10%	10%
35-39	10%	10%	10%	10%	10%
40	10%	10%	10%	10%	10%
41	10%	10%	10%	10%	10%
42	10%	10%	10%	10%	10%
43	10%	10%	10%	10%	10%
44	10%	10%	10%	10%	10%
45	10%	10%	10%	10%	10%
46	10%	10%	10%	10%	10%
47	10%	10%	10%	10%	10%
48	10%	10%	10%	10%	10%
49	10%	10%	10%	10%	10%
50	10%	10%	10%	10%	10%
51	10%	10%	10%	10%	10%
52	10%	10%	10%	10%	10%
53	10%	10%	10%	10%	10%
54	10%	10%	10%	10%	10%
55	10%	10%	10%	10%	10%
56	10%	10%	10%	10%	10%
57	10%	10%	10%	10%	10%
58	10%	10%	10%	10%	10%
59	10%	10%	10%	10%	10%
60	10%	10%	10%	10%	10%
61	10%	10%	10%	10%	10%
62	10%	10%	10%	10%	10%
63	10%	10%	10%	10%	10%
64	10%	10%	10%	10%	10%
65	10%	10%	10%	10%	10%
66	10%	10%	10%	10%	10%
67	10%	10%	10%	9%	10%
68	10%	10%	7%	8%	10%
69	10%	9%	7%	7%	10%
70	10%	7%	6%	7%	10%
71	9%	7%	6%	7%	9%
72	8%	7%	6%	7%	8%
73	7%	7%	6%	6%	7%
74	6%	7%	6%	6%	7%
75	5%	6%	6%	6%	6%
76	6%	7%	8%	8%	8%
77	6%	7%	7%	8%	8%
78	4%	5%	6%	7%	7%
79	3%	5%	5%	5%	5%
80	3%	5%	5%	5%	5%
81	3%	5%	5%	5%	5%
82	3%	5%	5%	5%	5%
83	3%	5%	5%	5%	5%
84	3%	5%	5%	5%	5%

State Farm Mutual Automobile Insurance Company
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Issue Age	2 Year Benefit Period	3 Year Benefit Period	5 Year Benefit Period	10 Year Benefit Period	Lifetime Benefit Period
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30-34	10%	10%	10%	10%	10%
35-39	10%	10%	10%	10%	10%
40	10%	10%	10%	10%	10%
41	10%	10%	10%	10%	10%
42	10%	10%	10%	10%	10%
43	10%	10%	10%	10%	10%
44	10%	10%	10%	10%	10%
45	10%	10%	10%	10%	10%
46	10%	10%	10%	10%	10%
47	10%	10%	10%	10%	10%
48	10%	10%	10%	10%	10%
49	10%	10%	10%	10%	10%
50	10%	10%	10%	10%	10%
51	10%	10%	10%	10%	10%
52	10%	10%	10%	10%	10%
53	10%	10%	10%	10%	10%
54	10%	10%	10%	10%	10%
55	10%	10%	10%	10%	10%
56	10%	10%	10%	10%	10%
57	10%	10%	10%	10%	10%
58	10%	10%	10%	10%	10%
59	10%	10%	10%	10%	10%
60	10%	10%	10%	10%	10%
61	10%	10%	10%	10%	10%
62	10%	10%	10%	10%	10%
63	10%	10%	10%	10%	10%
64	10%	10%	10%	10%	10%
65	10%	10%	10%	10%	10%
66	10%	10%	10%	10%	10%
67	10%	10%	10%	9%	10%
68	10%	10%	8%	8%	10%
69	10%	9%	7%	8%	10%
70	10%	7%	7%	8%	10%
71	9%	7%	7%	7%	9%
72	8%	7%	7%	7%	8%
73	7%	7%	7%	7%	7%
74	6%	7%	7%	7%	7%
75	5%	6%	7%	7%	7%
76	6%	7%	8%	8%	8%
77	6%	7%	7%	8%	8%
78	4%	6%	6%	7%	7%
79	4%	6%	5%	6%	6%
80	4%	6%	5%	6%	6%
81	4%	6%	5%	6%	6%
82	4%	6%	5%	6%	6%
83	4%	6%	5%	6%	6%
84	4%	6%	5%	6%	6%

State Farm Mutual Automobile Insurance Company
Bloomington, Illinois
Proposed Rates are this much higher than current rates
Long Term Care Insurance Policy Form 97058
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%	10%	10%	10%	10%
30-34	10%	10%	10%	10%	10%
35-39	10%	10%	10%	10%	10%
40	10%	10%	10%	10%	10%
41	10%	10%	10%	10%	10%
42	10%	10%	10%	10%	10%
43	10%	10%	10%	10%	10%
44	10%	10%	10%	10%	10%
45	10%	10%	10%	10%	10%
46	10%	10%	10%	10%	10%
47	10%	10%	10%	10%	10%
48	10%	10%	10%	10%	10%
49	10%	10%	10%	10%	10%
50	10%	10%	10%	10%	10%
51	10%	10%	10%	10%	10%
52	10%	10%	10%	10%	10%
53	10%	10%	10%	10%	10%
54	10%	10%	10%	10%	10%
55	10%	10%	10%	10%	10%
56	10%	10%	10%	10%	10%
57	10%	10%	10%	10%	10%
58	10%	10%	10%	10%	10%
59	10%	10%	10%	9%	10%
60	10%	10%	10%	9%	10%
61	10%	10%	10%	9%	10%
62	10%	10%	10%	9%	10%
63	10%	10%	10%	9%	10%
64	10%	10%	9%	9%	10%
65	10%	10%	8%	8%	10%
66	10%	10%	8%	8%	10%
67	10%	9%	7%	7%	10%
68	7%	6%	6%	6%	7%
69	3%	5%	5%	6%	6%
70	2%	5%	5%	6%	6%
71	2%	5%	5%	5%	5%
72	3%	5%	5%	5%	5%
73	4%	4%	5%	5%	5%
74	5%	4%	5%	5%	5%
75	5%	4%	4%	5%	5%
76	5%	6%	6%	6%	6%
77	4%	5%	5%	6%	6%
78	3%	4%	4%	5%	5%
79	2%	3%	4%	4%	4%
80	2%	3%	4%	4%	4%
81	2%	3%	4%	4%	4%
82	2%	3%	4%	4%	4%
83	2%	3%	4%	4%	4%
84	2%	3%	4%	4%	4%

State Farm Mutual Automobile Insurance Company
Bloomington, Illinois
Proposed Rates are this much higher than current rates
Base + Simple Inflation Rider
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%	10%	10%	10%	10%
30-34	10%	10%	10%	10%	10%
35-39	10%	10%	10%	10%	10%
40	10%	10%	10%	10%	10%
41	10%	10%	10%	10%	10%
42	10%	10%	10%	10%	10%
43	10%	10%	10%	10%	10%
44	10%	10%	10%	10%	10%
45	10%	10%	10%	10%	10%
46	10%	10%	10%	10%	10%
47	10%	10%	10%	10%	10%
48	10%	10%	10%	10%	10%
49	10%	10%	10%	10%	10%
50	10%	10%	10%	10%	10%
51	10%	10%	10%	10%	10%
52	10%	10%	10%	10%	10%
53	10%	10%	10%	10%	10%
54	10%	10%	10%	10%	10%
55	10%	10%	10%	10%	10%
56	10%	10%	10%	10%	10%
57	10%	10%	10%	10%	10%
58	10%	10%	10%	10%	10%
59	10%	10%	10%	9%	10%
60	10%	10%	10%	9%	10%
61	10%	10%	10%	9%	10%
62	10%	10%	10%	9%	10%
63	10%	10%	10%	9%	10%
64	10%	10%	9%	9%	10%
65	10%	10%	9%	9%	10%
66	10%	10%	9%	9%	10%
67	10%	9%	8%	8%	10%
68	8%	7%	7%	7%	8%
69	5%	7%	7%	7%	7%
70	5%	7%	6%	7%	7%
71	5%	7%	7%	7%	7%
72	5%	7%	6%	7%	7%
73	6%	6%	6%	7%	7%
74	6%	6%	6%	6%	6%
75	6%	6%	6%	6%	6%
76	6%	7%	7%	7%	7%
77	5%	6%	6%	7%	7%
78	3%	5%	5%	6%	6%
79	2%	4%	5%	5%	5%
80	2%	4%	5%	5%	5%
81	2%	4%	5%	5%	5%
82	2%	4%	5%	5%	5%
83	2%	4%	5%	5%	5%
84	2%	4%	5%	5%	5%

State Farm Mutual Automobile Insurance Company
Bloomington, Illinois
Proposed Rates are this much higher than current rates
Base + Compound Inflation Rider
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%	10%	10%	10%	10%
30-34	10%	10%	10%	10%	10%
35-39	10%	10%	10%	10%	10%
40	10%	10%	10%	10%	10%
41	10%	10%	10%	10%	10%
42	10%	10%	10%	10%	10%
43	10%	10%	10%	10%	10%
44	10%	10%	10%	10%	10%
45	10%	10%	10%	10%	10%
46	10%	10%	10%	10%	10%
47	10%	10%	10%	10%	10%
48	10%	10%	10%	10%	10%
49	10%	10%	10%	10%	10%
50	10%	10%	10%	10%	10%
51	10%	10%	10%	10%	10%
52	10%	10%	10%	10%	10%
53	10%	10%	10%	10%	10%
54	10%	10%	10%	10%	10%
55	10%	10%	10%	10%	10%
56	10%	10%	10%	10%	10%
57	10%	10%	10%	10%	10%
58	10%	10%	10%	10%	10%
59	10%	10%	10%	10%	10%
60	10%	10%	10%	10%	10%
61	10%	10%	10%	9%	10%
62	10%	10%	10%	9%	10%
63	10%	10%	10%	9%	10%
64	10%	10%	9%	9%	10%
65	10%	10%	9%	9%	10%
66	10%	10%	9%	9%	10%
67	10%	9%	8%	8%	10%
68	8%	8%	8%	8%	8%
69	6%	7%	7%	8%	8%
70	5%	7%	7%	8%	8%
71	5%	7%	7%	7%	7%
72	6%	7%	7%	7%	7%
73	6%	6%	7%	7%	7%
74	7%	6%	7%	7%	7%
75	7%	6%	6%	7%	7%
76	7%	7%	7%	7%	7%
77	6%	7%	6%	7%	7%
78	5%	6%	6%	6%	6%
79	3%	4%	5%	5%	5%
80	3%	4%	5%	5%	5%
81	3%	4%	5%	5%	5%
82	3%	4%	5%	5%	5%
83	3%	4%	5%	5%	5%
84	3%	4%	5%	5%	5%

SERFF Tracking #:	*STLH-128902539*	***State Tracking #:***		***Company Tracking #:***	*2013 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/*		

Superseded Schedule Items

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

Creation Date	Schedule Item Status	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
02/19/2013		Rate	Rate Table	04/19/2013	Proposed Rate Table - D08.pdf Current Rate Table - A01.pdf