MEDAMERICA INSURANCE COMPANY
Address: 165 Court Street, Rochester, New York 14647

Simplicity Actuarial Memorandum

July 22, 2026

Product	Number
Tax-Qualified Long-Term Care Policy Form	SPL-336

MedAmerica Insurance Company (MedAmerica) is requesting a rate increase on the above-listed long-term care policy form(s). The company issued this policy form(s) in Maryland from October 7, 2005 to December 1, 2008 and is no longer marketing it in any jurisdiction.

Nationwide, MedAmerica and its affinity partner are requesting a premium rate increase, except where limited by regulatory restrictions or the limited amount of in-force business. This actuarial memorandum captures the pooled nationwide experience of the above-listed policy form(s) and similar policy forms issued nationwide by MedAmerica and its affinity partner.

As indicated in the enclosed cover letter, the company is aware of COMAR 31.14.01.04.A(5) and that the requested rate increase is greater than 15%. The company would like to advise policyholders about future rate increases and therefore the company requests an opportunity to work with the Department to obtain a current approval of the requested premium rate increase with the agreement that the approved increase will be implemented at no more than 15% per year.

1. Purpose of Filing

This actuarial memorandum has been prepared for the purpose of demonstrating that the requested rate increase discussed in Section 2 meets the minimum requirements of the applicable sections of the 2014 National Association of Insurance Commissioners (NAIC) Long-Term Care Insurance Model Regulation (Model Regulation). The enclosed supplement to the actuarial memorandum demonstrates compliance with the applicable regulatory requirements of this jurisdiction to the extent they differ from the Model Regulation and includes other commonly requested information of this jurisdiction. It may not be suitable for other purposes.

2. Requested Rate Increase

Nationwide, the company is requesting a cumulative rate increase that varies by issue age and inflation option. The cumulative rate increase levels were determined to vary by issue age and inflation option to better align the rate increase with the adverse experience. Appendix A to this memorandum provides a description of the development of and justification for the assumptions used in this filing, which were used to analyze the adverse experience.

This rate increase request is part of a nationwide filing on these policy forms. Requested rate increases from prior nationwide rounds varied by issue age and inflation option; however, the requested rate increase for this nationwide round is a uniform 32.3% increase across all policies. The uniform rate increase request was developed by targeting a 74% aggregate lifetime loss ratio.

As part of this nationwide rate increase filing, the company is pursuing actuarially equivalent rate increases in all jurisdictions except where limited due to regulatory requirements or the limited amount of in-force business. Therefore, the rate increases requested in each jurisdiction were developed to produce an actuarially equivalent lifetime loss ratio (74%), with premiums restated to reflect the actual rate increases implemented in each jurisdiction.

Table 2.1 below provides the average nationwide actuarially equivalent cumulative requested rate increases by issue age and inflation option. The enclosed cover letter provides the requested rate increases in this jurisdiction.

MEDAMERICA INSURANCE COMPANY
Address: 165 Court Street, Rochester, New York 14647

Simplicity Actuarial Memorandum

July 22, 2026

Table 2.1
Nationwide Cumulative Rate Increases[1]

Issue Age	Non-Auto Inflation	Auto Inflation	Issue Age	Non-Auto Inflation	Auto Inflation
< 45	531%	983%	65	358%	685%
45	510	943	66	348	666
46	499	928	67	336	646
47	489	909	68	323	625
48	477	891	69	312	608
49	464	869	70	305	595
50	463	864	71	302	587
51	458	855	72	297	582
52	453	850	73	292	573
53	449	841	74	289	566
54	444	834	75	289	566
55	444	834	76	280	552
56	436	820	77	274	540
57	430	808	78	267	528
58	422	793	79	261	518
59	415	781	80	254	507
60	415	781	81	248	495
61	399	756	82	238	481
62	385	734	83	231	467
63	371	706	84	225	459
64	358	685	85	218	447

[1] Reflects the nationwide average actuarially equivalent cumulative rate increase request. Due to differences in rate increase history in each jurisdiction, the actual cumulative rate level will vary from jurisdiction to jurisdiction. The enclosed cover letter provides the jurisdiction-specific rate increase request.

The table below provides the average prior, requested, and cumulative increases by issue age band and inflation option based on the nationwide distribution of business. The enclosed cover letter provides the average requested increase in this jurisdiction.

Table 2.2
Nationwide Average[1] Rate Increase Request

	Prior Increase		Requested Increase		Cumulative Increase	
Issue Ages	Non-Auto Inflation	Auto Inflation	Non-Auto Inflation	Auto Inflation	Non-Auto Inflation	Auto Inflation
<40	133.4%	223.8%	170.3%	234.4%	531%	983%
40-44	145.0	224.3	157.5	234.0	531	983
45-49	150.1	193.3	134.3	241.6	486	902
50-54	145.3	195.3	124.9	220.8	452	847
55-59	143.6	179.8	116.8	223.7	428	806
60-64	135.2	168.2	106.2	212.1	385	737
65-69	107.6	138.7	111.0	216.0	338	654
70-74	92.4	84.8	107.3	270.5	299	585
75+	59.2	140.3	136.9	177.2	277	566
Average	129.4	180.9	117.7	223.8	399	809

[1] As of December 31, 2024 and excludes policies assumed to be paid up prior to implementation of the requested rate increase. The enclosed cover letter provides the jurisdiction-specific distribution and requested rate increase.

If the Department approves the increase requested in full, then the company does not anticipate additional rate increases beyond the current request. However, the company will continue to monitor experience and reserves the right to request additional rate increases if experience deteriorates from the current expectations in this filing.

Upon reaching an agreement with the Department on the increase, the company will provide the proposed rate tables.

As the company is not currently marketing new business, the required statement that the renewal premium rate schedules are not greater than the new business premium rate schedules is not applicable.

3. Description of Benefits

This product provides long-term coverage on a cash basis. The product is tax qualified and was issued on an individual basis. It has benefit eligibility requirements that involve activities of daily living (ADL) deficiencies or cognitive impairment. Waiver of premium is provided when certain benefits are being paid. A monthly benefit, benefit period, and elimination period were selected at issue.

At issue, the insured may have had the option to choose one of three riders providing inflation protection: simple inflation, compound inflation with no maximum, or compound inflation with a maximum of two times the original benefit amount. The simple inflation option provides for benefit levels that increase on each anniversary date by 5% of the daily benefit amount chosen at issue for as long as the policy is in force. The compound inflation option with no maximum provides for benefit levels that increase on each anniversary date by 5% compounded annually for as long as the policy is in force. The compound inflation option with a maximum of two times the original benefit amount provides for benefit levels that increase on each anniversary date by 5% compounded annually while the policy is in force but limits the increase to two times the original benefit amount. The increasing benefits apply even when the insured is in claim status.

The available choices for benefit period, elimination period, and inflation option are shown in Section 21.

At issue the insured may have had the option of selecting riders that provide the following types of coverage: restoration of benefits, return of premium, shortened benefit period, shared care, shared waiver, or survivorship benefit. The insured may have had the option to select a lifetime, ten-year, paid up at age 65, reduced premiums at attained age 65, or reduced premiums at attained age 70 premium payment option.

A contingent benefit upon lapse (CBUL) will be available to all insureds at the time of the rate increase.

Additionally, the company is offering all policyholders who have not previously elected a landing spot the option of reducing policy benefits. As described in the enclosed cover letter, the only options available to an insured who previously elected a landing spot would be to pay the increased premium or elect a contingent benefit upon lapse. The company believes it is providing policyholders flexibility of choice in how to reduce their coverage in order to lower their premium to their desired level in lieu of paying the rate increase. The company offers several available options including:

1. reducing the maximum monthly benefit amount (MBA);
2. reducing the benefit period (BP);
3. extending the elimination period; and
4. removing or reducing optional riders.

Reducing the BP and/or maximum MBA will also reduce the maximum benefit available on the policy.

4. Renewability

These policies are guaranteed renewable for life.

5. Applicability

This rate increase applies to all policies issued on the above-listed form(s) in this jurisdiction. The rate changes will apply to the premium of the base form and all applicable options and riders associated with the base form.

6. Actuarial Assumptions

The following assumptions are used to project the experience shown in this filing.

a. Active Assumptions

i. Claim Incidence Probabilities were developed using the 2023 Milliman *Long-Term Care Guidelines* (*Guidelines*) incidence curves, with adjustments for retrospective improvement to bring the *Guidelines* forward to 2024, adverse selection for historical rate increases, and contingent nonforfeiture / shortened non-forfeiture (collective, CNF) policies. The incidence curves were developed based on starting site of care—assisted living facility (ALF), skilled nursing facility (SNF), or home health care (HHC)—and further adjusted based on historical experience for various characteristics.

ii. Voluntary Lapse Probabilities for the above-listed policy form(s) vary by policy duration, attained age, gender, benefit period, inflation option, underwriting risk class, marital status, and premium payment option. Exhibit A-2a of Appendix A to this memorandum summarizes the ultimate lapse probabilities by key characteristics for lifetime-pay policies.

For policies with limited or reduced premium payment options, the durational voluntary lapse probabilities were adjusted based on the following criteria:

- For the ten-pay option, a reduction of 65% of the durational lapse probabilities is assumed for durations one through four, a reduction of 70% of the durational lapse probabilities is assumed for durations five through eight, and 0% lapse thereafter.
- For the paid up at age 65 option, a reduction of 50% of the durational lapse probabilities is assumed until age 55, a reduction of 75% of the durational lapse probabilities is assumed for ages 55 to 59, and 0% lapse thereafter.
- For the reduced after age 65 and reduced after age 70 payment options, a reduction of 50% of the durational lapse probabilities is assumed until age 60 or 65, respectively, and a reduction of 75% of the durational lapse probabilities thereafter.

iii. Active Mortality Probabilities reflect the 2012 Individual Annuitant Mortality (2012IAM) Basic table with adjustments to make it applicable to an active-life exposure base and retrospective active mortality improvement to bring the table forward to 2024. These mortality probabilities were then adjusted based on historical mortality experience for various characteristics.

b. Disabled Assumptions

i. Disabled Mortality Probabilities reflect the 2023 *Guidelines* disabled mortality tables with adjustments based on historical experience for various characteristics.

ii. Recovery Probabilities were developed using the 2023 *Guidelines* with adjustments based on historical experience for various characteristics.

c. Utilization Assumption

The total utilization assumption is 100% as this product provides coverage on a cash basis.

d. Policyholder Behavior Due to the Rate Increase

At the time of a rate increase, insureds have the option to elect a CBUL or reduced benefit options (RBO).

As part of a prior rate increase, some insureds may have been offered tailored benefit options (i.e., landing spots). For these insureds, the notification letter explicitly indicated that if the landing spot was elected that future benefit reductions cannot be made. In the result of a future rate increase,

the only options available to an insured would be to pay the increased premium or elect a CBUL. As a result, those policies with landing spots are not assumed to elect an RBO.

Insureds who elect a CBUL are modeled as a lapse (i.e., the CBUL benefit is not modeled), which results in a slightly lower lifetime loss ratio than if the CBUL benefit had been modeled. Insureds with a landing spot are assumed to elect CBUL and not elect RBO.

CBUL and RBO election rates are determined as a function of the rate increase magnitude. Appendix A to this memorandum outlines the assumed CBUL and RBO election rates applied in the year of rate increase implementation; Appendix A also provides the calculation for the reduction in premium and claims due to RBO elections.

Adverse selection associated with the requested rate increase is a function of CBUL and RBO election and applied to the claim incidence rates. Appendix A to this memorandum provides the calculation for the increase in morbidity due to adverse selection associated with the requested rate increase.

These assumptions are applied on a seriatim basis and based on the additional increase needed to achieve the cumulative increases shown in Section 2.

e. Interest Rate

Historical experience for this block is accumulated using MedAmerica's actual historical earned interest rates, which average 4.8%. Projected experience is discounted at MedAmerica's current best-estimate interest rate assumption of 5.0%. This 5.0% rate reflects MedAmerica's expectation of its long-term investment earnings, based on the average net investment earnings rate projected for MedAmerica's 2025 cash flow testing.

f. Prospective Annual Improvement in the active mortality and claim incidence assumptions is assumed for 10 years starting in 2025. Annual improvement factors vary by attained age and gender based on the G2 improvement scale from the 2012IAM table.

g. Expenses have not been explicitly projected for the purpose of demonstrating compliance with minimum loss ratio requirements. Originally filed expense assumptions are assumed to remain appropriate, except reductions are made to the renewal commission rates so that the total commissions paid before and after any increase in premium are similar (i.e., commissions are not paid on the increased premium).

The above assumptions are based on the experience of the above-listed policy form(s) and similar forms issued by MedAmerica and its affinity partners, other similar business issued by MedAmerica (including its affinity partners) and MedAmerica's acquired blocks of business (including certain policies that have since commuted), industry experience, and actuarial judgment. The above assumptions are deemed reasonable for the particular policy form(s) in this filing and are considered best-estimate (most-likely without explicit margin).

In establishing the assumptions described in this section, the policy design, underwriting, and claims adjudication practices for the above-referenced policy form(s) were taken into consideration. Appendix A to this memorandum provides a description of the development of and justification for the assumptions used in this filing.

The company is not currently marketing long-term care products. As a result, the requirement to reflect on any assumptions that deviate from those used for pricing other forms currently available for sale is not applicable.

7. Marketing Method

Agents and brokers of the company marketed this product.

8. Underwriting Description

Policies were fully underwritten. The company used various underwriting tools in addition to the application, which may have included medical records, an attending physician's statement, prescription screen, telephone interview, and/or face-to-face assessment. Employer sponsored groups were eligible for reduced underwriting for actively at work employees aged 65 and less.

9. Premiums

Premiums are unisex and payable for life unless the insured selected a limited premium payment option. The premiums may vary by issue age, benefit period, initial monthly benefit, community care level, elimination period, inflation option, premium payment option, underwriting rate category, marital discounts, employer sponsored/multi-life discounts, and the selection of any riders.

10. Issue Age Range

Issue ages are from 18 to 85.

11. Area Factors

Area factors are not used for this product.

12. Premium Modalization Rules

The following modal factors and percent distributions (based on the nationwide in-force count as of December 31, 2024) are applied to the annual premium (AP):

Table 12.1
Nationwide Modal Factors and Distribution

Premium Mode	Modal Factors	Percent Distribution
Annual	1.00*AP	44%
Semi-Annual	0.52*AP	7
Quarterly	0.26*AP	26
Monthly	0.09*AP	23

13. Reserves

Active life reserves have not been used in the experience exhibits for this rate increase analysis for the purpose of demonstrating compliance with minimum loss ratio requirements. Claim reserves as of December 31, 2024 have been discounted to the incurral date of each respective claim and included in historical incurred claims. An incurred but not reported (IBNR) reserve balance as of December 31, 2024 has been allocated to the 2024 calendar year and included in historical incurred claims.

14. Trend Assumptions

As this is not medical insurance, an explicit medical cost trend is not included in the projections.

15. Demonstration of Satisfaction of Loss Ratio Requirements

This filing uses the pooled nationwide experience of the above-listed form(s) and similar policy forms issued nationwide by MedAmerica and its affinity partner. The pooled experience is appropriate because the products issued are identical, the marketing and distribution employed is similar, and the same company (MedAmerica) administers and manages the entire block (including underwriting and claims handling). MedAmerica has 75% of the risk of the affinity partner form via a reinsurance arrangement with the affinity partner.

Exhibit I provides actual and projected experience using current assumptions described above in Section 6, except reflects the maximum valuation interest rate, applicable to the year of issue and ranging from 3.5% to 4.5% (average 4.2%). The maximum valuation interest rate is used to demonstrate compliance with the minimum loss ratio requirements. Actual experience is provided from inception through 2024 and then projected on a seriatim basis for 60 years. The actual and projected experience is based on nationwide premiums that reflect prior rate increases filed for use between December 2012 and July 2025 which average 171% across all jurisdictions. The after-increase projected experience reflects the additional increase needed to achieve the cumulative increases shown in Section 2 on a seriatim basis.

Values in Exhibit I are shown (a) before and (b) after the nationwide requested rate increase. Included are calendar year earned premiums, incurred claims, end of year lives, and annual loss ratios. As shown in Exhibit I-b, the anticipated lifetime loss ratio with the nationwide requested rate increase exceeds the minimum loss ratio required by pre-rate stability regulation.

The following table demonstrates that the nationwide lifetime loss ratios by issue age and inflation option also exceed the minimum loss ratio required by pre-rate stability regulation. The 'All' row corresponds to that shown in Exhibit I.

Table 15.1
Nationwide Lifetime Loss Ratios at the Maximum Valuation Interest Rate by Issue Age and Inflation Option

Inflation Option	Issue Age Band	Before Increase	After Increase
All	<45	158%	101%
All	45-49	141	91
All	50-54	124	81
All	55-59	114	78
All	60-64	94	70
All	65-69	85	72
All	70-74	97	92
All	75+	73	72
Non-Auto[1]	All	102	84
Auto	All	132	88
All	All	117	81

[1] Policies that have previously elected a CNF benefit currently have a non-auto inflation option. These policies were excluded from this row because the premiums paid prior to CNF election are not commensurate with their current benefits.

Exhibit II provides a demonstration that the nationwide requested rate increase meets the 58%/85% test required by post-rate stability regulation. This exhibit shows that the sum of the accumulated value of incurred claims without the inclusion of active life reserves, and the present value of projected incurred claims, without the inclusion of active life reserves, will not be less than the sum of the following:

1. Accumulated value of the initial earned premium times 58%,
2. 85% of the accumulated value of prior premium rate schedule increases,
3. Present value of projected initial earned premium times 58%, and
4. 85% of the present value of projected premium in excess of the projected initial earned premium.

The majority of policies subject to this rate increase trigger a substantial rate increase and are eligible for a CBUL. However, an alternative version of the 58%/85% test, which uses the greater of 58% and the original anticipated lifetime loss ratio, is not provided per rate stability regulation, as the original pricing lifetime loss ratio is not greater than 58%.

The projected incurred claims in Exhibit II were increased by 15% from the current assumptions described in Section 6 to reflect assumptions that include moderately adverse experience (MAE).

16. Actual-to-Expected Experience

The following table provides a comparison of actual and projected experience using current assumptions to that expected using original pricing assumptions. Values in the following table are shown (a) before and (b) after the nationwide requested rate increase.

Table 16.1
Nationwide Actual and Expected Loss Ratios by Issue Age and Inflation Option

		Lifetime Loss Ratio			Actual-to-Expected	
Inflation Option	Issue Age Band	Before Increase	After Increase	Expected	Before Increase	After Increase
All	<45	128%	84%	61%	2.11	1.38
All	45-49	121	80	62	1.96	1.30
All	50-54	109	73	60	1.81	1.21
All	55-59	104	73	57	1.81	1.28
All	60-64	87	66	53	1.63	1.24
All	65-69	81	69	55	1.47	1.26
All	70-74	94	89	56	1.68	1.60
All	75+	71	70	49	1.43	1.42
Non-Auto[1]	All	95	80	52	1.84	1.54
Auto	All	117	79	60	1.94	1.32
All	All	103	74	58	1.79	1.28

[1] Policies that have previously elected a CNF benefit currently have a non-auto inflation option. These policies were excluded from this row because the premiums paid prior to CNF election are not commensurate with their current benefits.

Actual and projected experience in the above table is identical to that described in Exhibit I, except that it uses the current interest rate assumption described in Section 6.

Expected experience uses the actual policies sold and projects from issue on a seriatim basis using the original pricing assumptions.

Exhibit III provides a summary of the original pricing assumptions that underlie the expected experience described above.

17. History of Previous Rate Revisions

Prior rate increases have been approved and implemented on the above-listed form(s). Exhibit IV provides a nationwide status listing of all prior rate increase filings, along with the current requested increases. The status is shown for each jurisdiction in which there is business in force and includes the number of policies and annualized premium, as of December 31, 2024.

As part of this rate increase process, an increase has been or is expected to be requested in most jurisdictions. The company anticipates requesting an actuarially equivalent cumulative rate increase level in all jurisdictions except where limited due to regulatory requirements or the limited amount of in-force business. In jurisdictions where the company has not yet reached a decision regarding the current rate increase, Exhibit IV indicates “TBD” (to be determined).

18. Analysis Performed to Consider a Rate Increase

The experience table in Section 16 above demonstrates that experience has been more adverse from that expected using original pricing assumptions as the A:E loss ratios exceed 1.0. The adverse experience may be due to a combination of higher morbidity, higher persistency, and lower interest.

In 2016, the nationwide requested increase was determined such that the company was able to certify that rates would remain stable under MAE. Another nationwide request was pursued in 2022. At the

time of the 2022 nationwide request, an analysis was performed demonstrating that the anticipated lifetime loss ratio compared to that assumed at the time of the 2016 nationwide request revealed that experience had unfolded more than moderately adverse and crossed the threshold for which the company could consider a rate increase.

19. Average Annual Premium in Maryland (Based on December 31, 2024 In-Force)

The number of insureds and the corresponding average annual premium that will be affected by this filing are shown in the table(s) below. The values provided in the table(s) below exclude policies assumed to be paid up prior to implementation of the requested rate increase.

Table 19.1
Average Annual Premium
Maryland – MedAmerica

Inflation Option	Issue Age Band	Number of Insureds	Before Increase Premium	After Requested Increase Premium
All	<40	9	$2,746	$9,537
All	40-44	7	1,650	5,510
All	45-49	14	3,024	10,487
All	50-54	26	3,392	11,657
All	55-59	17	3,601	12,303
All	60-64	10	6,471	21,808
All	65-69	6	4,008	13,607
All	70-74	0	0	0
All	75+	0	0	0
Non-Auto	All	15	1,620	4,300
Auto	All	74	3,952	13,766
All	All	89	3,559	12,171

20. Proposed Effective Date

This rate increase will apply to policies on their next premium payment date following at least a 60-day policyholder notification period after being filed for use by the department of insurance, but no sooner than 12 months after the final phase of the prior rate increase was effective.

21. Distribution of Business as of December 31, 2024 (Based on Nationwide In-Force Insured Count)

Table 21.1
Nationwide Distributions of Business

Issue Ages	Percent Distribution
<40	8%
40-44	8
45-49	14
50-54	22
55-59	25
60-64	15
65-69	6
70-74	1
75+	<1

Elimination Period	Percent Distribution
30-Day	20%
60-Day	12
90-Day	67
180-Day	1

Benefit Period	Percent Distribution
2-Year	8%
3-Year	26
4-Year	14
5-Year	16
7-Year	9
Lifetime	6
CNF	21

Inflation Option	Percent Distribution
None[1]	38%
Simple for Life	22
Compound for Life	13
Compound with 2x Max	27

[1] Includes policies that previously elected a CNF benefit.

Premium Payment Option	Percent Distribution
Ten-Pay	13%
Pay to Age 65	3
Reduced at Age 70	0
Reduced at Age 65	0
Lifetime-Pay	62
CNF	21

Coverage Type	Percent Distribution
Facility Only	2%
Comprehensive	96
Home Health Only	1

22. Number of Insureds and Annualized Premium (Based on December 31, 2024 In-Force)

The number of insureds and annualized premium that will be affected by this filing are shown in the tables below. The values provided in the tables below exclude policies assumed to be paid up prior to implementation of the requested rate increase.

Table 22.1
Insureds and Annualized Premium
Maryland– MedAmerica

Inflation Option	Issue Age Band	Number of Insureds	Annualized Premium
All	<40	9	$24,716
All	40-44	7	11,551
All	45-49	14	42,330
All	50-54	26	88,203
All	55-59	17	61,222
All	60-64	10	64,706
All	65-69	6	24,048
All	70-74	0	0
All	75+	0	0
Non-Auto	All	15	24,303
Auto	All	74	292,473
All	All	89	316,776

Table 22.2
Insureds and Annualized Premium
Nationwide

Inflation Option	Issue Age Band	Number of Insureds	Annualized Premium
All	<40	692	$1,312,198
All	40-44	727	1,989,847
All	45-49	1,154	3,484,080
All	50-54	1,934	7,116,716
All	55-59	2,366	9,850,306
All	60-64	1,445	7,111,071
All	65-69	540	2,944,658
All	70-74	148	802,720
All	75+	15	82,580
Non-Auto	All	2,184	5,885,256
Auto	All	6,837	28,808,920
All	All	9,021	34,694,176

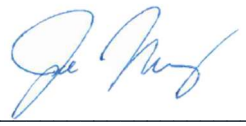
23. Actuarial Certification

I am a Consulting Actuary for Milliman, Inc. and retained by MedAmerica to render an opinion with regard to long-term care insurance rates. I am a member of the American Academy of Actuaries. I meet the Academy's qualification standards to render this actuarial opinion and am familiar with the requirements for filing long-term care insurance premiums and rate increases. This filing has been prepared in conformity with Actuarial Standards of Practice No. 8, "Regulatory Filings for Health Benefits, Accident and Health Insurance, and Entities Providing Health Benefits" and 18, "Long-Term Care Insurance" and other applicable standards.

I hereby certify that, to the best of my knowledge and judgment, this rate submission is in compliance with the applicable laws and regulations of this jurisdiction and the rules of this department of insurance. In my opinion, the rates are not excessive or unfairly discriminatory, and bear reasonable relationship to the benefits based on the loss ratio standards of this jurisdiction. This filing will enhance premium adequacy but may not be sufficient to prevent future rate action. If an average premium rate schedule increase of 407% is implemented in Maryland and the underlying assumptions, with moderately adverse conditions reflected, are realized, no further premium rate schedule increases are anticipated.

In forming my opinion, I have used actuarial assumptions and actuarial methods (which gave consideration to policy design, underwriting, and claim adjudication) and such tests of the actuarial calculations as I considered necessary. Based on these assumptions, or statutory requirements where necessary, this premium rate filing is in compliance with the loss ratio standards of this jurisdiction. Certain models were developed to estimate the values included in this filing. The intent of the models was to estimate future experience. I have reviewed the models for consistency, reasonableness, and appropriateness to the intended purpose and in compliance with generally accepted actuarial practice and relevant actuarial standards of practice.

I have relied on data and other information provided by MedAmerica to develop this filing, including but not limited to management's view of when a rate change may be considered, policy design, underwriting and claim adjudication process, seriatim in-force data, claim data, and the company's long-term earnings rate. I have not audited or verified this data and other information. If the underlying data or information is inaccurate or incomplete, the results of this filing may likewise be inaccurate or incomplete.



Joe Neary, FSA, MAAA
Consulting Actuary

Date: July 22, 2026

Exhibit I-a
MedAmerica and Affinity Partner
Actual and Projected Experience using Current Assumptions by Calendar Year
Nationwide Experience Before Requested Rate Increase
Individual Simplicity Policy Forms

		Without Interest				With Max. Val. Interest		
		A	B	C = B / A	D	E	F	G = F / E
	Calendar Year	Earned Premium	Incurred Claims	Incurred Loss Ratio	End of Year Lives	Earned Premium	Incurred Claims	Incurred Loss Ratio
	2004	1,801,156	299,291	17%	2,733	4,440,535	737,866	17%
	2005	10,048,560	704,251	7%	7,707	23,706,721	1,661,480	7%
	2006	19,708,041	127,494	1%	14,168	43,438,436	287,834	1%
	2007	29,797,053	1,234,955	4%	18,804	61,563,550	2,562,877	4%
	2008	33,895,525	2,660,142	8%	18,993	66,821,332	5,455,537	8%
Historical	2009	33,070,557	1,630,688	5%	18,054	62,543,315	3,068,770	5%
Experience	2010	32,156,457	3,202,137	10%	17,621	58,347,062	5,858,052	10%
	2011	31,895,672	4,212,447	13%	17,332	55,523,604	7,362,707	13%
	2012	31,997,715	4,034,489	13%	17,364	53,431,061	6,833,347	13%
	2013	32,954,761	5,258,870	16%	17,636	52,686,136	8,406,442	16%
	2014	33,552,928	11,245,470	34%	17,239	51,452,890	17,332,535	34%
	2015	32,598,488	9,638,475	30%	16,911	47,916,773	14,350,175	30%
	2016	30,209,380	12,632,263	42%	16,432	42,618,666	17,913,388	42%
	2017	27,470,001	16,517,659	60%	16,053	37,253,971	22,529,817	60%
	2018	27,750,036	13,679,806	49%	15,788	36,151,504	17,986,137	50%
	2019	29,677,000	13,654,342	46%	15,498	37,127,567	17,091,883	46%
	2020	30,006,423	27,887,786	93%	15,181	36,046,371	33,653,371	93%
	2021	29,739,218	16,407,275	55%	14,940	34,298,755	18,984,822	55%
	2022	29,686,974	25,376,976	85%	14,689	32,870,154	28,098,636	85%
	2023	29,600,717	26,934,714	91%	14,451	31,466,272	28,645,537	91%
	2024	30,011,304	21,166,580	71%	14,245	30,629,121	21,613,492	71%
	2025	29,345,105	30,293,364	103%	13,680	28,753,567	29,673,420	103%
	2026	29,094,415	32,946,834	113%	13,325	27,370,598	30,966,648	113%
	2027	28,600,480	36,316,236	127%	12,962	25,833,033	32,753,817	127%
	2028	27,422,981	39,944,377	146%	12,583	23,783,095	34,571,622	145%
Projected	2029	25,992,624	43,775,645	168%	12,186	21,645,939	36,360,678	168%
Future	2030	24,581,903	47,750,388	194%	11,773	19,657,912	38,066,368	194%
Experience	2031	23,115,277	51,831,144	224%	11,343	17,751,536	39,659,485	223%
(60 Years)	2032	21,657,913	55,906,302	258%	10,897	15,973,143	41,062,131	257%
	2033	20,211,829	59,832,641	296%	10,438	14,316,683	42,186,641	295%
	2034	18,735,154	63,615,578	340%	9,966	12,746,084	43,061,542	338%
	2035	17,299,127	67,800,765	392%	9,481	11,304,818	44,065,107	390%
	2036	15,882,737	71,508,733	450%	8,986	9,970,267	44,625,449	448%
	2037	14,485,650	74,643,553	515%	8,484	8,735,682	44,732,180	512%
	2038	13,122,387	77,174,869	588%	7,977	7,602,644	44,415,026	584%
	2039	11,836,845	79,144,062	669%	7,468	6,588,923	43,744,437	664%
	2040	10,610,004	80,450,117	758%	6,960	5,674,752	42,709,282	753%
	2041	9,449,988	81,022,525	857%	6,459	4,856,686	41,317,599	851%
	2042	8,365,626	80,816,269	966%	5,967	4,131,638	39,590,434	958%
	2043	7,364,786	79,900,181	1,085%	5,489	3,495,603	37,601,465	1,076%
	2044	6,447,479	78,361,610	1,215%	5,027	2,941,128	35,426,551	1,205%
	2045	5,612,940	76,296,032	1,359%	4,583	2,460,933	33,138,557	1,347%
	2046	4,860,921	73,828,417	1,519%	4,162	2,048,500	30,807,547	1,504%
	2047	4,185,696	71,079,960	1,698%	3,764	1,695,524	28,492,821	1,680%
	2048	3,587,710	68,156,749	1,900%	3,390	1,397,015	26,246,236	1,879%
	2049	3,059,827	64,996,534	2,124%	3,042	1,145,397	24,045,571	2,099%
	2050	2,597,954	61,681,823	2,374%	2,719	934,937	21,926,693	2,345%
	2051	2,195,457	58,207,176	2,651%	2,421	759,601	19,881,851	2,617%
	2052	1,846,476	54,685,305	2,962%	2,148	614,230	17,948,822	2,922%
	2053	1,545,541	51,069,487	3,304%	1,899	494,328	16,106,241	3,258%
	2054	1,287,299	47,406,394	3,683%	1,672	395,896	14,367,658	3,629%
	2055	1,066,752	43,755,321	4,102%	1,467	315,463	12,751,288	4,042%
	2056	879,517	40,064,836	4,555%	1,282	250,102	11,228,185	4,489%
	2057	721,558	36,291,423	5,030%	1,117	197,306	9,779,204	4,956%
	2058	589,202	32,580,998	5,530%	969	154,938	8,442,110	5,449%
	2059	478,875	29,064,298	6,069%	838	121,108	7,242,030	5,980%
	2060	387,198	25,863,264	6,680%	722	94,186	6,197,828	6,580%
	2061	311,430	22,834,170	7,332%	620	72,874	5,263,523	7,223%
	2062	249,185	19,965,704	8,012%	531	56,101	4,427,709	7,892%
	2063	198,430	17,266,477	8,702%	453	42,991	3,683,361	8,568%
	2064	157,293	14,779,998	9,396%	385	32,805	3,034,775	9,251%
	2065-2069	403,371	45,248,202	11,218%	1,185	76,633	8,430,852	11,002%
	2070-2074	111,914	15,932,849	14,237%	470	17,702	2,483,313	14,028%
	2075-2079	27,427	4,517,093	16,469%	167	3,615	592,261	16,383%
	2080-2084	5,737	919,552	16,029%	51	628	101,329	16,127%
History		587,627,967	218,506,110	37%	321,839	900,333,795	280,434,703	31%
Future		399,990,020	2,209,527,254	552%	231,506	286,516,545	1,103,209,646	385%
Lifetime		987,617,987	2,428,033,364	246%	553,345	1,186,850,341	1,383,644,349	117%

Exhibit I-b
MedAmerica and Affinity Partner
Actual and Projected Experience using Current Assumptions by Calendar Year
Nationwide Experience After Requested Rate Increase
Individual Simplicity Policy Forms

		Without Interest				With Max. Val. Interest		
		A	B	C = B / A	D	E	F	G = F / E
	Calendar Year	Earned Premium	Incurred Claims	Incurred Loss Ratio	End of Year Lives	Earned Premium	Incurred Claims	Incurred Loss Ratio
	2004	1,801,156	299,291	17%	2,733	4,440,535	737,866	17%
	2005	10,048,560	704,251	7%	7,707	23,706,721	1,661,480	7%
	2006	19,708,041	127,494	1%	14,168	43,438,436	287,834	1%
	2007	29,797,053	1,234,955	4%	18,804	61,563,550	2,562,877	4%
	2008	33,895,525	2,660,142	8%	18,993	66,821,332	5,455,537	8%
Historical	2009	33,070,557	1,630,688	5%	18,054	62,543,315	3,068,770	5%
Experience	2010	32,156,457	3,202,137	10%	17,621	58,347,062	5,858,052	10%
	2011	31,895,672	4,212,447	13%	17,332	55,523,604	7,362,707	13%
	2012	31,997,715	4,034,489	13%	17,364	53,431,061	6,833,347	13%
	2013	32,954,761	5,258,870	16%	17,636	52,686,136	8,406,442	16%
	2014	33,552,928	11,245,470	34%	17,239	51,452,890	17,332,535	34%
	2015	32,598,488	9,638,475	30%	16,911	47,916,773	14,350,175	30%
	2016	30,209,380	12,632,263	42%	16,432	42,618,666	17,913,388	42%
	2017	27,470,001	16,517,659	60%	16,053	37,253,971	22,529,817	60%
	2018	27,750,036	13,679,806	49%	15,788	36,151,504	17,986,137	50%
	2019	29,677,000	13,654,342	46%	15,498	37,127,567	17,091,883	46%
	2020	30,006,423	27,887,786	93%	15,181	36,046,371	33,653,371	93%
	2021	29,739,218	16,407,275	55%	14,940	34,298,755	18,984,822	55%
	2022	29,686,974	25,376,976	85%	14,689	32,870,154	28,098,636	85%
	2023	29,600,717	26,934,714	91%	14,451	31,466,272	28,645,537	91%
	2024	30,011,304	21,166,580	71%	14,245	30,629,121	21,613,492	71%
	2025	29,345,105	30,293,364	103%	13,680	28,753,567	29,673,420	103%
	2026	28,744,900	32,671,217	114%	13,325	27,041,808	30,707,439	114%
	2027	43,171,697	28,298,798	66%	11,503	39,016,284	25,519,101	65%
	2028	52,887,076	30,061,876	57%	11,159	45,893,830	26,014,851	57%
Projected	2029	50,077,649	32,937,586	66%	10,802	41,734,580	27,353,784	66%
Future	2030	47,349,292	35,934,763	76%	10,433	37,900,147	28,641,088	76%
Experience	2031	44,496,878	39,029,474	88%	10,052	34,209,869	29,856,822	87%
(60 Years)	2032	41,703,390	42,125,966	101%	9,658	30,797,402	30,932,180	100%
	2033	38,941,409	45,118,164	116%	9,252	27,625,185	31,801,952	115%
	2034	36,080,478	47,996,264	133%	8,835	24,588,968	32,477,720	132%
	2035	33,322,636	51,167,764	154%	8,407	21,818,833	33,242,510	152%
	2036	30,609,545	53,983,043	176%	7,971	19,257,342	33,674,717	175%
	2037	27,921,542	56,364,411	202%	7,528	16,880,385	33,762,913	200%
	2038	25,283,824	58,302,596	231%	7,080	14,689,286	33,537,484	228%
	2039	22,821,779	59,803,560	262%	6,632	12,742,472	33,036,793	259%
	2040	20,472,752	60,805,214	297%	6,184	10,986,598	32,261,219	294%
	2041	18,258,588	61,266,054	336%	5,743	9,418,401	31,222,554	332%
	2042	16,180,865	61,157,561	378%	5,309	8,024,090	29,938,643	373%
	2043	14,265,382	60,515,923	424%	4,887	6,801,240	28,456,929	418%
	2044	12,507,964	59,408,325	475%	4,479	5,733,711	26,835,237	468%
	2045	10,906,936	57,928,345	531%	4,088	4,807,614	25,137,344	523%
	2046	9,462,811	56,168,145	594%	3,716	4,011,041	23,413,809	584%
	2047	8,164,291	54,206,794	664%	3,364	3,328,004	21,703,912	652%
	2048	7,012,015	52,124,854	743%	3,034	2,748,993	20,046,611	729%
	2049	5,992,041	49,822,957	831%	2,725	2,259,482	18,405,661	815%
	2050	5,098,597	47,405,235	930%	2,439	1,849,315	16,825,372	910%
	2051	4,317,962	44,845,743	1,039%	2,174	1,506,566	15,291,965	1,015%
	2052	3,639,225	42,232,678	1,160%	1,932	1,221,488	13,836,241	1,133%
	2053	3,052,244	39,538,052	1,295%	1,710	985,586	12,444,891	1,263%
	2054	2,546,993	36,768,657	1,444%	1,508	791,261	11,120,137	1,405%
	2055	2,114,198	33,990,080	1,608%	1,324	631,933	9,884,348	1,564%
	2056	1,745,570	31,139,455	1,784%	1,159	501,994	8,707,935	1,735%
	2057	1,433,540	28,209,007	1,968%	1,011	396,653	7,584,609	1,912%
	2058	1,171,404	25,328,794	2,162%	879	311,866	6,549,136	2,100%
	2059	952,446	22,590,849	2,372%	761	243,999	5,617,547	2,302%
	2060	770,200	20,118,614	2,612%	657	189,876	4,812,114	2,534%
	2061	619,391	17,757,238	2,867%	565	146,957	4,086,172	2,781%
	2062	495,420	15,530,548	3,135%	484	113,140	3,438,861	3,039%
	2063	394,359	13,427,054	3,405%	414	86,700	2,860,565	3,299%
	2064	312,574	11,502,292	3,680%	352	66,173	2,358,936	3,565%
	2065-2069	802,791	35,207,242	4,386%	1,091	154,915	6,554,539	4,231%
	2070-2074	224,771	12,285,185	5,466%	438	36,130	1,910,547	5,288%
	2075-2079	55,846	3,416,398	6,118%	157	7,473	445,255	5,958%
	2080-2084	11,998	662,407	5,521%	49	1,329	72,216	5,433%
History		587,627,967	218,506,110	37%	321,839	900,333,795	280,434,703	31%
Future		705,740,372	1,699,448,545	241%	208,951	490,312,484	852,056,080	174%
Lifetime		1,293,368,339	1,917,954,655	148%	530,790	1,390,646,280	1,132,490,783	81%

Exhibit II
Demonstration that the Requested Cumulative Rate Increase Passes the 58%/85% Loss Ratio Minimum
MedAmerica and Affinity Partner's Combined Nationwide Experience with Prior Approved Increases
Individual Simplicity Policy Forms

1	Accumulated value of initial earned premium	770,468,273	x	58%	=	446,871,598
2a	Accumulated value of earned premium	900,333,795				
2b	Accumulated value of prior premium rate schedule increases (2a - 1)	129,865,523	x	85%	=	110,385,694
3	Present value of future projected initial earned premium	74,131,147	x	58%	=	42,996,065
4a	Present value of future projected premium	490,312,484				
4b	Present value of future projected premium in excess of the projected initial earned premiums (4a - 3)	416,181,337	x	85%	=	353,754,137
5	Lifetime Earned Premium Times Prescribed Factor: Sum of 1, 2b, 3, and 4b					954,007,494
6a	Accumulated value of incurred claims without the inclusion of active life reserves					280,434,703
6b	Present value of future projected incurred claims without the inclusion of active life reserves					979,864,492
7	Lifetime Incurred Claims with Rate Increase: Sum 6a and 6b					1,260,299,195
8	Test: 7 is not less than 5					Pass

All values are accumulated or discounted at the maximum valuation interest rate for contract reserves applicable for the year of issue, which ranges from 3.5% to 4.5%.
Item 3 reflects the impact of CBUL and RBO to align persistency with that in item 4a.
The future projected incurred claims (item 6b) were increased by 15% to reflect assumptions with MAE.

Exhibit III
MedAmerica and Affinity Partner
Original Pricing Assumptions
Individual Simplicity Policy Forms

Mortality

1983 GAM Table without selection was assumed in all jurisdictions except for in California where the 1994 GAM Table was used.

Lapse Probabilities

Lapse probabilities varied by duration, premium payment option, and issue age.

Lifetime-Pay Lapse Probabilities						
	Issue Age Band					
Duration	<60	60-64	65-69	70-74	75-79	80+
1	10.0%	11.0%	12.0%	12.0%	12.0%	12.0%
2	7.0%	7.0%	7.0%	6.0%	4.0%	2.0%
3	5.0%	4.0%	3.0%	3.0%	3.0%	2.0%
4	3.0%	3.0%	2.0%	2.0%	2.0%	2.0%
5	3.0%	2.0%	2.0%	2.0%	2.0%	2.0%
6+	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%

For the 10-year payment option, a reduction of 50% of these lapse probabilities was assumed for durations 1 to 5, and 0% lapse thereafter. For the paid up at age 65 option, a reduction of 50% of these lapse probabilities was assumed until age 60, and 0% lapse thereafter. For the reduced after age 65 and reduced after age 70 payment options, a reduction of 50% of these lapse probabilities was assumed until age 60 or 65, respectively, and a reduction of 75% of these lapse probabilities was assumed after the reduction of premiums.

Benefit Expiry Probabilities

Benefit expiry was not separated from the lapse assumption.

Morbidity

Original expected claim costs were developed using the 2002 Milliman *Long-Term Care Guidelines (Guidelines)* with best-estimate (most-likely without explicit margin) adjustments for an all-lives exposure basis. The claim costs were further adjusted based on MedAmerica's available experience at the time.

Interest Rate

In all jurisdictions except California, an original earnings rate assumption of 6.5% was assumed for issue ages less than 60, decreasing by 12.5 basis points for each age over 59 and less than 75. For example, at issue age 65 the assumed rate was 5.75%. For issue ages 75 and over, 4.5% was assumed. In California, 5.25% was assumed for all issue ages.

Improvement

No mortality improvement was assumed. Morbidity improvement of 1.0% was assumed for 20 years for both females and males.

Exhibit IV-i
MedAmerica and Affinity Partner
Status of Filings as of July 21, 2026
All Jurisdictions in Which These Forms are In Force
Simplicity Individual Policy Forms

				First Round Nationwide Request			First Round Follow-Up			First Round 2nd Follow-Up		
Jurisdiction	Company	12/31/2024 Policies In Force[1]	12/31/2024 Annualized Premium[1]	Requested Increase[3]	Disposition Date	Average Filed Increase[2][3]	Requested Increase[3]	Disposition Date	Average Filed Increase[2][3]	Requested Increase[3]	Disposition Date	Average Filed Increase[2][3]
Alabama	MedAmerica	39	$144,055	43%	4/22/2013	43%	No Follow-Up			No Follow-Up		
Alaska[6]	MedAmerica	4	$13,881	51%	N/A	51%	No Follow-Up			No Follow-Up		
Arizona	MedAmerica	77	$369,249	38%	3/1/2013	38%	No Follow-Up			No Follow-Up		
Arkansas	MedAmerica	30	$94,665	34%	Disapproved	0%	34%	Disapproved	0%	15%	6/19/2015	15%
California	MedAmerica	953	$2,723,983	15%	Disapproved	0%	Not Filed			Not Filed		
Colorado	MedAmerica	110	$512,630	40%	10/28/2013	40%	No Follow-Up			No Follow-Up		
Connecticut	MedAmerica	64	$452,551	37%	Disapproved	0%	37%	Disapproved	0%	Not Filed		
District of Columbia	MedAmerica	555	$2,426,161	38%	10/14/2015	38%	No Follow-Up			No Follow-Up		
Florida[7]	MedAmerica	493	$1,297,376	Not Filed			Not Filed			Not Filed		
Georgia	MedAmerica	65	$399,290	35%	2/25/2013	16%	17%	8/22/2014	15%	2%	7/24/2015	2%
Hawaii	MedAmerica	144	$446,259	38%	12/8/2017	38%	No Follow-Up			No Follow-Up		
Idaho	MedAmerica	30	$64,148	39%	5/29/2013	24%	12%	12/4/2014	12%	No Follow-Up		
Illinois	MedAmerica	250	$1,097,048	40%	5/27/2014	40%	No Follow-Up			No Follow-Up		
Indiana	MedAmerica	227	$442,181	39%	Disapproved	0%	39%	Disapproved	0%	Not Filed		
Iowa	MedAmerica	126	$491,763	37%	6/26/2013	37%	No Follow-Up			No Follow-Up		
Kansas	MedAmerica	86	$244,427	33%	11/14/2014	33%	No Follow-Up			No Follow-Up		
Kentucky	MedAmerica	133	$481,141	37%	1/30/2013	37%	No Follow-Up			No Follow-Up		
Louisiana	MedAmerica	181	$420,286	38%	Disapproved	0%	38%	9/22/2014	20%	15%	Disapproved	0%
Maine	MedAmerica	78	$450,961	43%	10/29/2013	43%	No Follow-Up			No Follow-Up		
Maryland	MedAmerica	89	$316,776	22%	7/29/2013	15%	20%	5/7/2015	15%	Not Filed		
Massachusetts	MedAmerica	59	$221,816	Not Filed			Not Filed			Not Filed		
Michigan	MedAmerica	108	$358,681	37%	12/18/2012	37%	No Follow-Up			No Follow-Up		
Minnesota	MedAmerica	520	$1,514,500	38%	Disapproved	0%	Not Filed			Not Filed		
Mississippi	MedAmerica	80	$229,883	41%	4/2/2013	24%	13%	4/22/2014	13%	No Follow-Up		
Missouri	MedAmerica	137	$607,826	34%	11/20/2013	20%	11%	10/7/2014	11%	No Follow-Up		
Montana	MedAmerica	49	$94,900	38%	3/21/2013	11%	24%	7/1/2014	11%	11%	Withdrawn	
Nebraska	MedAmerica	62	$244,696	34%	10/8/2013	19%	13%	6/18/2014	13%	No Follow-Up		
Nevada	MedAmerica	30	$150,057	37%	9/9/2013	37%	No Follow-Up			No Follow-Up		
New Hampshire	MedAmerica	18	$84,706	43%	4/16/2013	43%	No Follow-Up			No Follow-Up		
New Mexico	MedAmerica	19	$73,438	38%	Disapproved	0%	38%	Disapproved	0%	Not Filed		
New York	MedAmerica	1,586	$7,708,994	36%	1/14/2014	5%	30%	7/20/2015	6%	Not Filed		
North Carolina	MedAmerica	151	$1,040,337	38%	10/18/2013	15%	20%	Disapproved	0%	Not Filed		
North Dakota	MedAmerica	277	$1,310,768	37%	3/14/2013	19%	15%	4/28/2014	11%	4%	Withdrawn	0%
Ohio	MedAmerica	231	$819,324	35%	1/23/2014	29%	4%	3/11/2015	4%	No Follow-Up		
Oklahoma	MedAmerica	14	$71,073	35%	4/26/2013	16%	16%	7/3/2014	16%	No Follow-Up		
Oregon	MedAmerica	80	$362,365	39%	12/18/2013	15%	20%	3/3/2015	15%	Not Filed		
Pennsylvania	MedAmerica	190	$1,029,650	38%	6/4/2013	19%	16%	9/17/2014	8%	8%	7/31/2015	8%
Rhode Island	MedAmerica	12	$35,021	32%	Withdrawn		Not Filed			Not Filed		
South Carolina	MedAmerica	116	$321,340	40%	4/11/2013	18%	18%	9/2/2014	17%	Not Filed		
	Affinity	162	$379,214	43%	4/12/2013	19%	20%	9/2/2014	18%	Not Filed		
South Dakota	MedAmerica	94	$287,414	35%	2/15/2013	35%	No Follow-Up			No Follow-Up		
Tennessee	MedAmerica	342	$1,130,879	39%	2/8/2013	39%	No Follow-Up			No Follow-Up		
Texas	MedAmerica	367	$1,371,237	38%	4/10/2013	38%	No Follow-Up			No Follow-Up		
Utah	MedAmerica	39	$140,948	46%	5/13/2013	46%	No Follow-Up			No Follow-Up		
Vermont	MedAmerica	71	$275,527	39%	Disapproved	0%	39%	Disapproved	0%	Not Filed		
Virginia	MedAmerica	189	$592,603	37%	Disapproved	0%	Not Filed			Not Filed		
Washington	MedAmerica	211	$1,071,538	37%	4/25/2013	37%	No Follow-Up			No Follow-Up		
West Virginia	MedAmerica	2	$6,669	41%	8/12/2013	41%	No Follow-Up			No Follow-Up		
Wisconsin	MedAmerica	65	$243,591	37%	3/14/2013	37%	No Follow-Up			No Follow-Up		
Wyoming	MedAmerica	6	$26,350	Not Filed			Not Filed			Not Filed		

[1] Excludes policies assumed to be paid up prior to implementation of the requested rate increase. Annualized premium reflects all rate increases filed for use between December 2012 and July 2025.
[2] "Filed" is used in a generic sense to indicate that a rate increase has been approved, accepted, filed for use, etc., by a jurisdiction. Certain jurisdictions may have filed a multi-year increase, which results in a slightly higher rate level than requested.
[3] The rate increase level may vary by issue age and/or inflation option; average rate increase percentages are based on the distribution of in-force business at the time of submission and disposition.
[4] The company is "Not Filing" in jurisdictions where limited by regulatory requirements or due to limited amount of in-force business. "No Follow-Up" is indicated for jurisdictions that approximately filed the full requested increase.
[5] "TBD" (to be determined) is used in jurisdictions where the company has not yet reached a decision regarding the rate increase request.
[6] Alaska does not require Long-Term Care rates to be filed before use.
[7] The company has filed an increase varying by issue age in Florida using the pooled experience of its entire long-term care business.

Exhibit IV-ii
MedAmerica and Affinity Partner
Status of Filings as of July 21, 2026
All Jurisdictions in Which These Forms are In Force
Simplicity Individual Policy Forms

				Second Round Nationwide Request					Second Round Follow-Up				
Jurisdiction	Company	12/31/2024 Policies In Force[1]	12/31/2024 Annualized Premium[1]	Requested Increase[3]	Status[2][4][5]	Date Submitted	Disposition Date	Average Filed Increase[2][3]	Requested Increase[3]	Status[2][4][5]	Date Submitted	Disposition Date	Average Filed Increase[2][3]
Alabama	MedAmerica	39	$144,055	75%	Filed	5/6/2016	3/27/2017	32%	54%	Filed	8/20/2018	2/5/2021	15%
Alaska[6]	MedAmerica	4	$13,881	78%	Filed	4/26/2016	N/A	78%		No Follow-Up			
Arizona	MedAmerica	77	$369,249	76%	Disapproved	5/3/2016	9/21/2016	0%	113%	Filed	7/21/2017	8/31/2018	36%
Arkansas	MedAmerica	30	$94,665	132%	Filed	1/8/2018	2/16/2018	15%	100%	Filed	1/10/2019	1/29/2019	15%
California	MedAmerica	953	$2,723,983	86%	Filed	10/14/2016	4/26/2017	15%	120%	Filed	1/2/2020	12/22/2021	26%
Colorado	MedAmerica	110	$512,630	84%	Filed	7/28/2016	11/10/2016	33%	80%	Filed	3/18/2020	5/15/2023	85%
Connecticut	MedAmerica	64	$452,551	137%	Filed	7/6/2016	10/7/2016	33%	110%	Filed	4/5/2017	6/22/2017	14%
District of Columbia	MedAmerica	555	$2,426,161	10%	Filed	5/22/2020	9/29/2020	10%	10%	Filed	8/25/2021	12/28/2021	10%
Florida[7]	MedAmerica	493	$1,297,376	88%	Filed	3/1/2017	10/3/2017	78%		Not Filed			
Georgia	MedAmerica	65	$399,290	76%	Filed	6/30/2016	9/29/2016	15%	82%	Filed	6/20/2017	7/31/2017	20%
Hawaii	MedAmerica	144	$446,259		Not Filed					Not Filed			
Idaho	MedAmerica	30	$64,148	77%	Filed	6/9/2016	4/13/2017	25%	93%	Filed	6/24/2020	4/29/2021	25%
Illinois	MedAmerica	250	$1,097,048	76%	Filed	2/5/2016	12/16/2016	76%		No Follow-Up			
Indiana	MedAmerica	227	$442,181	201%	Disapproved	8/10/2018	8/26/2019	0%	266%	Filed	7/16/2021	7/11/2022	24%
Iowa	MedAmerica	126	$491,763	75%	Filed	7/26/2016	12/19/2016	17%	77%	Filed	3/31/2017	6/5/2017	18%
Kansas	MedAmerica	86	$244,427	135%	Filed	11/13/2019	12/30/2021	47%		Not Filed			
Kentucky	MedAmerica	133	$481,141	74%	Filed	4/26/2016	10/24/2016	40%	52%	Filed	7/11/2017	3/1/2018	30%
Louisiana	MedAmerica	181	$420,286	101%	Filed	4/14/2016	11/18/2016	25%	84%	Filed	4/12/2018	10/30/2018	20%
Maine	MedAmerica	78	$450,961	106%	Filed	12/19/2017	5/24/2018	40%	73%	Filed	8/23/2021	12/10/2021	27%
Maryland	MedAmerica	89	$316,776	83%	Filed	9/7/2016	12/14/2017	32%	138%	Filed	4/29/2020	1/12/2021	19%
Massachusetts	MedAmerica	59	$221,816	150%	Filed	8/4/2017	10/17/2018	40%		Not Filed			
Michigan	MedAmerica	108	$358,681	73%	Filed	3/2/2016	3/16/2016	73%		No Follow-Up			
Minnesota	MedAmerica	520	$1,514,500	142%	Filed	1/22/2015	6/30/2016	68%	110%	Filed	6/15/2020	6/9/2021	55%
Mississippi	MedAmerica	80	$229,883	76%	Filed	7/20/2016	12/19/2016	25%	52%	Filed	7/28/2017	3/16/2018	25%
Missouri	MedAmerica	137	$607,826	75%	Filed	3/11/2016	11/15/2016	35%	35%	Filed	6/26/2017	6/28/2017	35%
Montana	MedAmerica	49	$94,900	138%	Filed	3/22/2018	6/14/2018	40%		Not Filed			
Nebraska	MedAmerica	62	$244,696	105%	Filed	8/8/2017	1/26/2018	105%		No Follow-Up			
Nevada	MedAmerica	30	$150,057	85%	Filed	9/8/2016	9/18/2017	96%		No Follow-Up			
New Hampshire	MedAmerica	18	$84,706	145%	Filed	8/20/2021	10/14/2021	145%		No Follow-Up			
New Mexico	MedAmerica	19	$73,438	189%	Filed	7/14/2017	9/26/2017	5%	175%	Filed	8/17/2018	10/17/2018	10%
New York	MedAmerica	1,586	$7,708,994	113%	Filed	3/1/2016	10/4/2017	80%	72%	Filed	6/1/2020	6/6/2023	46%
North Carolina	MedAmerica	151	$1,040,337	109%	Filed	4/8/2016	1/12/2017	51%	67%	Filed	9/26/2018	6/5/2020	41%
North Dakota	MedAmerica	277	$1,310,768	78%	Filed	3/2/2016	4/19/2016	15%	86%	Filed	3/17/2017	4/24/2017	30%
Ohio	MedAmerica	231	$819,324	74%	Filed	4/6/2016	6/29/2016	15%	83%	Filed	4/5/2017	1/3/2018	83%
Oklahoma	MedAmerica	14	$71,073	73%	Filed	6/9/2016	7/27/2016	10%	88%	Filed	8/16/2017	10/31/2017	10%
Oregon	MedAmerica	80	$362,365	83%	Filed	6/27/2016	5/2/2017	30%	71%	Filed	9/28/2018	10/24/2023	109%
Pennsylvania	MedAmerica	190	$1,029,650	75%	Filed	3/14/2016	9/22/2016	20%	76%	Filed	3/9/2017	9/19/2017	20%
Rhode Island	MedAmerica	12	$35,021	167%	Filed	7/13/2020	11/10/2021	93%		Not Filed			
South Carolina	MedAmerica	116	$321,340	77%	Filed	4/6/2016	6/6/2016	20%	69%	Filed	4/5/2017	5/16/2017	20%
	Affinity	162	$379,214	80%	Filed	4/6/2016	6/6/2016	20%	83%	Filed	4/5/2017	5/16/2017	20%
South Dakota	MedAmerica	94	$287,414	73%	Filed	3/24/2016	4/13/2016	73%		No Follow-Up			
Tennessee	MedAmerica	342	$1,130,879	76%	Filed	3/1/2016	5/25/2016	83%		No Follow-Up			
Texas	MedAmerica	367	$1,371,237	75%	Filed	4/7/2016	11/1/2016	75%		No Follow-Up			
Utah	MedAmerica	39	$140,948	85%	Filed	9/9/2016	2/9/2017	41%	52%	Filed	1/5/2018	5/25/2018	28%
Vermont	MedAmerica	71	$275,527	203%	Filed	6/8/2017	8/21/2019	58%		Not Filed			
Virginia	MedAmerica	189	$592,603	195%	Filed	1/9/2018	9/3/2020	100%		Not Filed			
Washington	MedAmerica	211	$1,071,538	76%	Filed	4/27/2016	11/10/2016	76%		No Follow-Up			
West Virginia	MedAmerica	2	$6,669	109%	Filed	8/4/2017	12/20/2017	10%		Not Filed			
Wisconsin	MedAmerica	65	$243,591	76%	Filed	5/6/2016	1/12/2017	69%	23%	Filed	8/4/2020	12/8/2020	23%
Wyoming	MedAmerica	6	$26,350	162%	Filed	6/6/2016	8/4/2016	180%		No Follow-Up			

[1] Excludes policies assumed to be paid up prior to implementation of the requested rate increase. Annualized premium reflects all rate increases filed for use between December 2012 and July 2025.
[2] "Filed" is used in a generic sense to indicate that a rate increase has been approved, accepted, filed for use, etc., by a jurisdiction. Certain jurisdictions may have filed a multi-year increase, which results in a slightly higher rate level than requested.
[3] The rate increase level may vary by issue age and/or inflation option; average rate increase percentages are based on the distribution of in-force business at the time of submission and disposition.
[4] The company is "Not Filing" in jurisdictions where limited by regulatory requirements or due to limited amount of in-force business. "No Follow-Up" is indicated for jurisdictions that approximately filed the full requested increase.
[5] "TBD" (to be determined) is used in jurisdictions where the company has not yet reached a decision regarding the rate increase request.
[6] Alaska does not require Long-Term Care rates to be filed before use.
[7] The company has filed an increase varying by issue age in Florida using the pooled experience of its entire long-term care business.

Exhibit IV-iii
MedAmerica and Affinity Partner
Status of Filings as of July 21, 2026
All Jurisdictions in Which These Forms are In Force
Simplicity Individual Policy Forms

				Second Round 2nd Follow-Up					Second Round 3rd Follow-Up					Second Round 4th Follow-Up				
Jurisdiction	Company	12/31/2024 Policies In Force[1]	12/31/2024 Annualized Premium[1]	Requested Increase[3]	Status[2][4][5]	Date Submitted	Disposition Date	Average Filed Increase[2][3]	Requested Increase[3]	Status[2][4][5]	Date Submitted	Disposition Date	Average Filed Increase[2][3]	Requested Increase[3]	Status[2][4][5]	Date Submitted	Disposition Date	Average Filed Increase[2][3]
Alabama	MedAmerica	39	$144,055		Not Filed					Not Filed					Not Filed			
Alaska[6]	MedAmerica	4	$13,881		No Follow-Up					No Follow-Up					No Follow-Up			
Arizona	MedAmerica	77	$369,249	72%	Filed	3/5/2020	9/1/2021	57%		Not Filed					Not Filed			
Arkansas	MedAmerica	30	$94,665	109%	Filed	3/9/2020	3/30/2020	15%	92%	Filed	12/3/2020	1/11/2021	15%		Not Filed			
California	MedAmerica	953	$2,723,983		Not Filed					Not Filed					Not Filed			
Colorado	MedAmerica	110	$512,630		Not Filed					Not Filed					Not Filed			
Connecticut	MedAmerica	64	$452,551	86%	Filed	8/21/2018	10/1/2018	14%	96%	Filed	2/10/2020	5/5/2020	33%		Not Filed			
District of Columbia	MedAmerica	555	$2,426,161		Not Filed					Not Filed					Not Filed			
Florida[7]	MedAmerica	493	$1,297,376		Not Filed					Not Filed					Not Filed			
Georgia	MedAmerica	65	$399,290	51%	Filed	8/20/2018	11/8/2018	18%	41%	Filed	11/13/2019	2/19/2020	12%	25%	Filed	10/19/2020	11/24/2020	10%
Hawaii	MedAmerica	144	$446,259		Not Filed					Not Filed					Not Filed			
Idaho	MedAmerica	30	$64,148		Not Filed					Not Filed					Not Filed			
Illinois	MedAmerica	250	$1,097,048		No Follow-Up					No Follow-Up					No Follow-Up			
Indiana	MedAmerica	227	$442,181		Not Filed					Not Filed					Not Filed			
Iowa	MedAmerica	126	$491,763	50%	Filed	8/17/2018	10/10/2018	18%	40%	Filed	6/8/2020	7/13/2020	26%		Not Filed			
Kansas	MedAmerica	86	$244,427		Not Filed					Not Filed					Not Filed			
Kentucky	MedAmerica	133	$481,141	22%	Filed	4/29/2020	7/24/2020	9%	13%	Filed	7/22/2021	10/12/2021	4%		Not Filed			
Louisiana	MedAmerica	181	$420,286	53%	Filed	6/4/2019	11/5/2019	25%	45%	Filed	2/1/2021	6/25/2021	20%		Not Filed			
Maine	MedAmerica	78	$450,961		Not Filed					Not Filed					Not Filed			
Maryland	MedAmerica	89	$316,776		Not Filed					Not Filed					Not Filed			
Massachusetts	MedAmerica	59	$221,816		Not Filed					Not Filed					Not Filed			
Michigan	MedAmerica	108	$358,681		No Follow-Up					No Follow-Up					No Follow-Up			
Minnesota	MedAmerica	520	$1,514,500		Not Filed					Not Filed					Not Filed			
Mississippi	MedAmerica	80	$229,883	16%	Disapproved	8/24/2018	5/20/2019	0%		Not Filed					Not Filed			
Missouri	MedAmerica	137	$607,826		No Follow-Up					No Follow-Up					No Follow-Up			
Montana	MedAmerica	49	$94,900		Not Filed					Not Filed					Not Filed			
Nebraska	MedAmerica	62	$244,696		No Follow-Up					No Follow-Up					No Follow-Up			
Nevada	MedAmerica	30	$150,057		No Follow-Up					No Follow-Up					No Follow-Up			
New Hampshire	MedAmerica	18	$84,706		No Follow-Up					No Follow-Up					No Follow-Up			
New Mexico	MedAmerica	19	$73,438	216%	Filed	7/8/2020	9/1/2020	7%	209%	Filed	8/30/2021	12/2/2021	127%		Not Filed			
New York	MedAmerica	1,586	$7,708,994		Not Filed					Not Filed					Not Filed			
North Carolina	MedAmerica	151	$1,040,337		Not Filed					Not Filed					Not Filed			
North Dakota	MedAmerica	277	$1,310,768	43%	Filed	8/14/2018	10/8/2018	37%	10%	Filed	12/31/2020	2/10/2021	10%		No Follow-Up			
Ohio	MedAmerica	231	$819,324		No Follow-Up					No Follow-Up					No Follow-Up			
Oklahoma	MedAmerica	14	$71,073	70%	Filed	8/23/2018	10/5/2018	10%	70%	Filed	2/28/2020	4/14/2020	32%		Not Filed			
Oregon	MedAmerica	80	$362,365		Not Filed					Not Filed					Not Filed			
Pennsylvania	MedAmerica	190	$1,029,650	47%	Filed	8/21/2018	12/5/2018	19%	33%	Filed	1/10/2020	4/25/2020	18%	14%	Filed	3/5/2021	7/24/2021	14%
Rhode Island	MedAmerica	12	$35,021		Not Filed					Not Filed					Not Filed			
South Carolina	MedAmerica	116	$321,340	41%	Disapproved	8/23/2018	7/2/2019	0%	55%	Filed	1/22/2021	3/26/2021	11%		Not Filed			
	Affinity	162	$379,214	51%	Disapproved	8/23/2018	7/2/2019	0%	64%	Filed	1/22/2021	3/26/2021	14%		Not Filed			
South Dakota	MedAmerica	94	$287,414		No Follow-Up					No Follow-Up					No Follow-Up			
Tennessee	MedAmerica	342	$1,130,879		No Follow-Up					No Follow-Up					No Follow-Up			
Texas	MedAmerica	367	$1,371,237		No Follow-Up					No Follow-Up					No Follow-Up			
Utah	MedAmerica	39	$140,948		Not Filed					Not Filed					Not Filed			
Vermont	MedAmerica	71	$275,527		Not Filed					Not Filed					Not Filed			
Virginia	MedAmerica	189	$592,603		Not Filed					Not Filed					Not Filed			
Washington	MedAmerica	211	$1,071,538		No Follow-Up					No Follow-Up					No Follow-Up			
West Virginia	MedAmerica	2	$6,669		Not Filed					Not Filed					Not Filed			
Wisconsin	MedAmerica	65	$243,591		No Follow-Up					No Follow-Up					No Follow-Up			
Wyoming	MedAmerica	6	$26,350		No Follow-Up					No Follow-Up					No Follow-Up			

[1] Excludes policies assumed to be paid up prior to implementation of the requested rate increase. Annualized premium reflects all rate increases filed for use between December 2012 and July 2025.
[2] "Filed" is used in a generic sense to indicate that a rate increase has been approved, accepted, filed for use, etc., by a jurisdiction. Certain jurisdictions may have filed a multi-year increase, which results in a slightly higher rate level than requested.
[3] The rate increase level may vary by issue age and/or inflation option; average rate increase percentages are based on the distribution of in-force business at the time of submission and disposition.
[4] The company is "Not Filing" in jurisdictions where limited by regulatory requirements or due to limited amount of in-force business. "No Follow-Up" is indicated for jurisdictions that approximately filed the full requested increase.
[5] "TBD" (to be determined) is used in jurisdictions where the company has not yet reached a decision regarding the rate increase request.
[6] Alaska does not require Long-Term Care rates to be filed before use.
[7] The company has filed an increase varying by issue age in Florida using the pooled experience of its entire long-term care business.

Exhibit IV-iv
MedAmerica and Affinity Partner
Status of Filings as of July 21, 2026
All Jurisdictions in Which These Forms are In Force
Simplicity Individual Policy Forms

				Third Round Nationwide Request					Third Round Follow-Up					Third Round 2nd Follow-Up				
Jurisdiction	Company	12/31/2024 Policies In Force[1]	12/31/2024 Annualized Premium[1]	Requested Increase[3]	Status[2][4][5]	Date Submitted	Disposition Date	Average Filed Increase[2][3]	Requested Increase[3]	Status[2][4][5]	Date Submitted	Disposition Date	Average Filed Increase[2][3]	Requested Increase[3]	Status[2][4][5]	Date Submitted	Disposition Date	Average Filed Increase[2][3]
Alabama	MedAmerica	39	$144,055	15%	Filed	8/17/2022	9/1/2022	15%	15%	Filed	6/13/2023	7/28/2023	15%	15%	Pending	7/2/2024		
Alaska[6]	MedAmerica	4	$13,881	31%	Filed	3/2/2022	3/3/2022	31%		No Follow-Up					No Follow-Up			
Arizona	MedAmerica	77	$369,249	37%	Filed	7/25/2022	1/18/2024	39%		No Follow-Up					No Follow-Up			
Arkansas	MedAmerica	30	$94,665	124%	Filed	5/24/2022	7/11/2022	15%	109%	Filed	6/7/2023	7/13/2023	10%	118%	Filed	6/13/2024	7/16/2024	10%
California	MedAmerica	953	$2,723,983	84%	Pending	9/6/2024												
Colorado	MedAmerica	110	$512,630	88%	Pending	6/9/2026												
Connecticut	MedAmerica	64	$452,551	127%	Filed	6/6/2023	9/26/2024	78%		Not Filed					Not Filed			
District of Columbia	MedAmerica	555	$2,426,161	10%	Filed	10/28/2022	11/18/2022	10%	10%	Filed	1/2/2024	1/29/2024	10%	10%	Filed	1/16/2025	2/26/2025	10%
Florida[7]	MedAmerica	493	$1,297,376		Not Filed					Not Filed					Not Filed			
Georgia	MedAmerica	65	$399,290	48%	Filed	2/16/2022	8/3/2022	9%	40%	Filed	6/6/2023	7/11/2023	9%	10%	Filed	4/12/2024	4/16/2024	10%
Hawaii	MedAmerica	144	$446,259	232%	Filed	3/9/2023	3/28/2025	125%		Not Filed					Not Filed			
Idaho	MedAmerica	30	$64,148	153%	Pending	4/30/2024												
Illinois	MedAmerica	250	$1,097,048	51%	Filed	3/29/2022	7/29/2022	45%	7%	Filed	2/9/2024	10/30/2024	7%		No Follow-Up			
Indiana	MedAmerica	227	$442,181	291%	Filed	6/28/2024	7/30/2025	26%	210%	Pending	5/14/2026							
Iowa	MedAmerica	126	$491,763	44%	Filed	3/30/2022	7/21/2022	22%	27%	Filed	3/5/2024	9/30/2024	14%	15%	Filed	7/23/2025	11/10/2025	15%
Kansas	MedAmerica	86	$244,427	147%	Filed	6/14/2023	11/17/2023	30%	127%	Filed	7/1/2025	10/2/2025	30%		Not Filed			
Kentucky	MedAmerica	133	$481,141	38%	Filed	9/2/2022	12/5/2022	18%	19%	Filed	3/8/2024	6/5/2024	5%	14%	Filed	8/11/2025	11/2/2025	14%
Louisiana	MedAmerica	181	$420,286	60%	Filed	12/22/2022	6/28/2023	20%	55%	Filed	12/23/2024	10/7/2025	9%		Not Filed			
Maine	MedAmerica	78	$450,961	112%	Filed	5/15/2024	10/8/2024	37%		Not Filed					Not Filed			
Maryland	MedAmerica	89	$316,776	152%	Filed	4/15/2024	11/18/2024	29%		Not Filed					Not Filed			
Massachusetts	MedAmerica	59	$221,816	108%	Filed	4/12/2022	6/20/2023	31%		Not Filed					Not Filed			
Michigan	MedAmerica	108	$358,681	40%	Filed	4/29/2022	5/25/2022	40%		No Follow-Up					No Follow-Up			
Minnesota	MedAmerica	520	$1,514,500	132%	Filed	2/15/2024	8/13/2025	55%		Not Filed					Not Filed			
Mississippi	MedAmerica	80	$229,883	24%	Filed	11/11/2022	10/19/2023	11%	25%	Pending	2/10/2025							
Missouri	MedAmerica	137	$607,826	50%	Filed	6/21/2022	5/4/2023	51%		No Follow-Up					No Follow-Up			
Montana	MedAmerica	49	$94,900		Not Filed					Not Filed					Not Filed			
Nebraska	MedAmerica	62	$244,696	31%	Filed	10/12/2022	10/24/2023	31%		No Follow-Up					No Follow-Up			
Nevada	MedAmerica	30	$150,057	56%	Filed	3/16/2023	8/28/2023	56%		No Follow-Up					No Follow-Up			
New Hampshire	MedAmerica	18	$84,706		Not Filed					Not Filed					Not Filed			
New Mexico	MedAmerica	19	$73,438		Not Filed					Not Filed					Not Filed			
New York	MedAmerica	1,586	$7,708,994		Not Filed					Not Filed					Not Filed			
North Carolina	MedAmerica	151	$1,040,337	112%	Filed	6/21/2023	8/7/2024	90%		Not Filed					Not Filed			
North Dakota	MedAmerica	277	$1,310,768	26%	Filed	2/28/2022	4/27/2022	19%		Not Filed					Not Filed			
Ohio	MedAmerica	231	$819,324	12%	Filed	5/30/2023	1/25/2024	12%	15%	Filed	5/9/2025	12/11/2025	15%		No Follow-Up			
Oklahoma	MedAmerica	14	$71,073	69%	Filed	7/29/2022	9/29/2022	28%	47%	Filed	4/10/2024	4/17/2024	21%	27%	Filed	2/17/2026	4/22/2026	21%
Oregon	MedAmerica	80	$362,365		Not Filed					Not Filed					Not Filed			
Pennsylvania	MedAmerica	190	$1,029,650	27%	Filed	4/29/2022	9/7/2022	27%		No Follow-Up					No Follow-Up			
Rhode Island	MedAmerica	12	$35,021		Not Filed					Not Filed					Not Filed			
South Carolina	MedAmerica	116	$321,340	79%	Filed	5/13/2022	9/7/2022	12%	84%	Filed	5/24/2024	12/19/2024	8%	84%	Filed	2/12/2026	5/8/2026	17%
	Affinity	162	$379,214	94%	Filed	5/13/2022	9/7/2022	14%	96%	Filed	5/24/2024	12/19/2024	10%	95%	Filed	2/12/2026	5/8/2026	22%
South Dakota	MedAmerica	94	$287,414	32%	Filed	3/30/2022	5/27/2022	32%		No Follow-Up					No Follow-Up			
Tennessee	MedAmerica	342	$1,130,879	44%	Filed	3/10/2022	1/26/2023	26%	17%	Filed	1/22/2024	3/27/2024	17%		No Follow-Up			
Texas	MedAmerica	367	$1,371,237	38%	Filed	10/10/2022	3/24/2023	38%		No Follow-Up					No Follow-Up			
Utah	MedAmerica	39	$140,948	66%	Filed	3/22/2023	8/21/2023	32%		Not Filed					Not Filed			
Vermont	MedAmerica	71	$275,527	291%	Filed	8/14/2023	8/30/2024	63%		Not Filed					Not Filed			
Virginia	MedAmerica	189	$592,603	111%	Pending	8/23/2023												
Washington	MedAmerica	211	$1,071,538	30%	Filed	5/5/2023	1/11/2024	30%	30%	Filed	2/10/2025	4/15/2025	30%		Not Filed			
West Virginia	MedAmerica	2	$6,669		Not Filing					Not Filing					Not Filing			
Wisconsin	MedAmerica	65	$243,591	22%	Filed	9/26/2022	12/21/2022	22%		No Follow-Up					No Follow-Up			
Wyoming	MedAmerica	6	$26,350	54%	Filed	3/7/2022	5/4/2022	63%		No Follow-Up					No Follow-Up			

[1] Excludes policies assumed to be paid up prior to implementation of the requested rate increase. Annualized premium reflects all rate increases filed for use between December 2012 and July 2025.
[2] "Filed" is used in a generic sense to indicate that a rate increase has been approved, accepted, filed for use, etc., by a jurisdiction. Certain jurisdictions may have filed a multi-year increase, which results in a slightly higher rate level than requested.
[3] The rate increase level may vary by issue age and/or inflation option; average rate increase percentages are based on the distribution of in-force business at the time of submission and disposition.
[4] The company is "Not Filing" in jurisdictions where limited by regulatory requirements or due to limited amount of in-force business. "No Follow-Up" is indicated for jurisdictions that approximately filed the full requested increase.
[5] "TBD" (to be determined) is used in jurisdictions where the company has not yet reached a decision regarding the rate increase request.
[6] Alaska does not require Long-Term Care rates to be filed before use.
[7] The company has filed an increase varying by issue age in Florida using the pooled experience of its entire long-term care business.

Exhibit IV-v
MedAmerica and Affinity Partner
Status of Filings as of July 21, 2026
All Jurisdictions in Which These Forms are In Force
Simplicity Individual Policy Forms

				Third Round 3rd Follow-Up					Third Round 4th Follow-Up				
Jurisdiction	Company	12/31/2024 Policies In Force[1]	12/31/2024 Annualized Premium[1]	Requested Increase[3]	Status[2][4][5]	Date Submitted	Disposition Date	Average Filed Increase[2][3]	Requested Increase[3]	Status[2][4][5]	Date Submitted	Disposition Date	Average Filed Increase[2][3]
Alabama	MedAmerica	39	$144,055										
Alaska[6]	MedAmerica	4	$13,881		No Follow-Up					No Follow-Up			
Arizona	MedAmerica	77	$369,249		No Follow-Up					No Follow-Up			
Arkansas	MedAmerica	30	$94,665	114%	Filed	7/21/2025	8/22/2025	15%	95%	Filed	4/6/2026	5/26/2026	15%
California	MedAmerica	953	$2,723,983										
Colorado	MedAmerica	110	$512,630										
Connecticut	MedAmerica	64	$452,551		Not Filed					Not Filed			
District of Columbia	MedAmerica	555	$2,426,161	10%	Filed	1/30/2026	3/5/2026	10%		Not Filed			
Florida[7]	MedAmerica	493	$1,297,376		Not Filed					Not Filed			
Georgia	MedAmerica	65	$399,290	10%	Filed	4/1/2025	4/2/2025	10%	10%	Filed	1/28/2026	2/4/2026	10%
Hawaii	MedAmerica	144	$446,259		Not Filed					Not Filed			
Idaho	MedAmerica	30	$64,148										
Illinois	MedAmerica	250	$1,097,048		No Follow-Up					No Follow-Up			
Indiana	MedAmerica	227	$442,181										
Iowa	MedAmerica	126	$491,763		No Follow-Up					No Follow-Up			
Kansas	MedAmerica	86	$244,427		Not Filed					Not Filed			
Kentucky	MedAmerica	133	$481,141		No Follow-Up					No Follow-Up			
Louisiana	MedAmerica	181	$420,286		Not Filed					Not Filed			
Maine	MedAmerica	78	$450,961		Not Filed					Not Filed			
Maryland	MedAmerica	89	$316,776		Not Filed					Not Filed			
Massachusetts	MedAmerica	59	$221,816		Not Filed					Not Filed			
Michigan	MedAmerica	108	$358,681		No Follow-Up					No Follow-Up			
Minnesota	MedAmerica	520	$1,514,500		Not Filed					Not Filed			
Mississippi	MedAmerica	80	$229,883										
Missouri	MedAmerica	137	$607,826		No Follow-Up					No Follow-Up			
Montana	MedAmerica	49	$94,900		Not Filed					Not Filed			
Nebraska	MedAmerica	62	$244,696		No Follow-Up					No Follow-Up			
Nevada	MedAmerica	30	$150,057		No Follow-Up					No Follow-Up			
New Hampshire	MedAmerica	18	$84,706		Not Filed					Not Filed			
New Mexico	MedAmerica	19	$73,438		Not Filed					Not Filed			
New York	MedAmerica	1,586	$7,708,994		Not Filed					Not Filed			
North Carolina	MedAmerica	151	$1,040,337		Not Filed					Not Filed			
North Dakota	MedAmerica	277	$1,310,768		Not Filed					Not Filed			
Ohio	MedAmerica	231	$819,324		No Follow-Up					No Follow-Up			
Oklahoma	MedAmerica	14	$71,073		Not Filed					Not Filed			
Oregon	MedAmerica	80	$362,365		Not Filed					Not Filed			
Pennsylvania	MedAmerica	190	$1,029,650		No Follow-Up					No Follow-Up			
Rhode Island	MedAmerica	12	$35,021		Not Filed					Not Filed			
South Carolina	MedAmerica	116	$321,340		Not Filed					Not Filed			
	Affinity	162	$379,214		Not Filed					Not Filed			
South Dakota	MedAmerica	94	$287,414		No Follow-Up					No Follow-Up			
Tennessee	MedAmerica	342	$1,130,879		No Follow-Up					No Follow-Up			
Texas	MedAmerica	367	$1,371,237		No Follow-Up					No Follow-Up			
Utah	MedAmerica	39	$140,948		Not Filed					Not Filed			
Vermont	MedAmerica	71	$275,527		Not Filed					Not Filed			
Virginia	MedAmerica	189	$592,603										
Washington	MedAmerica	211	$1,071,538		Not Filed					Not Filed			
West Virginia	MedAmerica	2	$6,669		Not Filing					Not Filing			
Wisconsin	MedAmerica	65	$243,591		No Follow-Up					No Follow-Up			
Wyoming	MedAmerica	6	$26,350		No Follow-Up					No Follow-Up			

[1] Excludes policies assumed to be paid up prior to implementation of the requested rate increase. Annualized premium reflects all rate increases filed for use between December 2012 and July 2025.
[2] "Filed" is used in a generic sense to indicate that a rate increase has been approved, accepted, filed for use, etc., by a jurisdiction. Certain jurisdictions may have filed a multi-year increase, which results in a slightly higher rate level than requested.
[3] The rate increase level may vary by issue age and/or inflation option; average rate increase percentages are based on the distribution of in-force business at the time of submission and disposition.
[4] The company is "Not Filing" in jurisdictions where limited by regulatory requirements or due to limited amount of in-force business. "No Follow-Up" is indicated for jurisdictions that approximately filed the full requested increase.
[5] "TBD" (to be determined) is used in jurisdictions where the company has not yet reached a decision regarding the rate increase request.
[6] Alaska does not require Long-Term Care rates to be filed before use.
[7] The company has filed an increase varying by issue age in Florida using the pooled experience of its entire long-term care business.

Exhibit IV-vi
MedAmerica and Affinity Partner
Status of Filings as of July 21, 2026
All Jurisdictions in Which These Forms are In Force
Simplicity Individual Policy Forms

				Current Round Nationwide Request					Average
Jurisdiction	Company	12/31/2024 Policies In Force[1]	12/31/2024 Annualized Premium[1]	Requested Increase[3]	Status[2][4][5]	Date Submitted	Disposition Date	Average Filed Increase[2][3]	Cumulative Increase Filed[2][3]
Alabama	MedAmerica	39	$144,055						188%
Alaska[6]	MedAmerica	4	$13,881		Not Yet Filed				252%
Arizona	MedAmerica	77	$369,249		Not Yet Filed				309%
Arkansas	MedAmerica	30	$94,665		Not Yet Filed				271%
California	MedAmerica	953	$2,723,983						45%
Colorado	MedAmerica	110	$512,630						244%
Connecticut	MedAmerica	64	$452,551		Not Yet Filed				307%
District of Columbia	MedAmerica	555	$2,426,161		Not Yet Filed				144%
Florida[7]	MedAmerica	493	$1,297,376		Not Yet Filed				78%
Georgia	MedAmerica	65	$399,290		Not Yet Filed				328%
Hawaii	MedAmerica	144	$446,259		Not Yet Filed				211%
Idaho	MedAmerica	30	$64,148						118%
Illinois	MedAmerica	250	$1,097,048		Not Yet Filed				282%
Indiana	MedAmerica	227	$442,181						56%
Iowa	MedAmerica	126	$491,763	32%	Pending	6/12/2026			347%
Kansas	MedAmerica	86	$244,427	146%	Pending	7/8/2026			230%
Kentucky	MedAmerica	133	$481,141		Not Yet Filed				297%
Louisiana	MedAmerica	181	$420,286		Not Yet Filed				252%
Maine	MedAmerica	78	$450,961	139%	Pending	7/20/2026			249%
Maryland	MedAmerica	89	$316,776	242%	Not Yet Filed				168%
Massachusetts	MedAmerica	59	$221,816		Not Yet Filed				84%
Michigan	MedAmerica	108	$358,681	32%	Pending	6/16/2026			234%
Minnesota	MedAmerica	520	$1,514,500		Not Yet Filed				304%
Mississippi	MedAmerica	80	$229,883						144%
Missouri	MedAmerica	137	$607,826		Not Yet Filed				266%
Montana	MedAmerica	49	$94,900		TBD				73%
Nebraska	MedAmerica	62	$244,696		Not Yet Filed				260%
Nevada	MedAmerica	30	$150,057		Not Yet Filed				320%
New Hampshire	MedAmerica	18	$84,706		Not Yet Filed				250%
New Mexico	MedAmerica	19	$73,438		Not Yet Filed				181%
New York	MedAmerica	1,586	$7,708,994		Not Yet Filed				192%
North Carolina	MedAmerica	151	$1,040,337		Not Yet Filed				367%
North Dakota	MedAmerica	277	$1,310,768	64%	Pending	5/27/2026			256%
Ohio	MedAmerica	231	$819,324		Not Yet Filed				266%
Oklahoma	MedAmerica	14	$71,073		Not Yet Filed				342%
Oregon	MedAmerica	80	$362,365		Not Yet Filed				259%
Pennsylvania	MedAmerica	190	$1,029,650	32%	Pending	6/9/2026			305%
Rhode Island	MedAmerica	12	$35,021		TBD				93%
South Carolina	MedAmerica	116	$321,340		Not Yet Filed				214%
	Affinity	162	$379,214		Not Yet Filed				251%
South Dakota	MedAmerica	94	$287,414	32%	Pending	7/2/2026			208%
Tennessee	MedAmerica	342	$1,130,879	32%	Pending	5/27/2026			275%
Texas	MedAmerica	367	$1,371,237		TBD				232%
Utah	MedAmerica	39	$140,948		TBD				249%
Vermont	MedAmerica	71	$275,527		TBD				158%
Virginia	MedAmerica	189	$592,603						100%
Washington	MedAmerica	211	$1,071,538	32%	Pending	7/13/2026			307%
West Virginia	MedAmerica	2	$6,669		Not Filing				55%
Wisconsin	MedAmerica	65	$243,591	32%	Pending	6/29/2026			249%
Wyoming	MedAmerica	6	$26,350		Not Yet Filed				356%

[1] Excludes policies assumed to be paid up prior to implementation of the requested rate increase. Annualized premium reflects all rate increases filed for use between December 2012 and July 2025.
[2] "Filed" is used in a generic sense to indicate that a rate increase has been approved, accepted, filed for use, etc., by a jurisdiction. Certain jurisdictions may have filed a multi-year increase, which results in a slightly higher rate level than requested.
[3] The rate increase level may vary by issue age and/or inflation option; average rate increase percentages are based on the distribution of in-force business at the time of submission and disposition.
[4] The company is "Not Filing" in jurisdictions where limited by regulatory requirements or due to limited amount of in-force business. "No Follow-Up" is indicated for jurisdictions that approximately filed the full requested increase.
[5] "TBD" (to be determined) is used in jurisdictions where the company has not yet reached a decision regarding the rate increase request.
[6] Alaska does not require Long-Term Care rates to be filed before use.
[7] The company has filed an increase varying by issue age in Florida using the pooled experience of its entire long-term care business.

Appendix A
Development of and Justification for Current Assumptions

This appendix describes the development of and justification for the current actuarial assumptions used in this filing. Note, this appendix reflects the assumptions across the product(s) subject to this filing as well as other products issued by MedAmerica Insurance Company (MAPA); MAPA's two sister companies, MedAmerica Insurance Company of Florida (MAFL) and MedAmerica Insurance Company of New York (MANY) (MAPA, MAFL, and MANY collectively referred to as MedAmerica), MedAmerica's affinity partners, and MedAmerica's other acquired blocks of business. Therefore, some of the information in this appendix may not be applicable to the product(s) subject to this filing.

The persistency and morbidity assumptions were developed using historical experience and predictive analytics as well as industry experience and actuarial judgment. The experience used to develop these assumptions includes historical experience of MedAmerica and its affinity partners that issued the same product(s). Additionally, experience on other blocks of business originally issued by MedAmerica and its affinity partners, and MedAmerica's other acquired blocks of business is also used.

The persistency and morbidity assumptions were developed on a first principles basis. In this context, "first principles" means developing key assumptions (namely, morbidity and mortality) at the component level and modeling active and disabled lives separately. Separate assumptions were developed for: (1) claim incidence, (2) voluntary lapse, (3) active mortality, (4) disabled mortality, (5) recovery, and (6) utilization.

For each assumption except voluntary lapse and utilization, experience from 2014 through 2023 was used. The voluntary lapse assumption was developed based on historical experience from 2010 through 2023 to capture additional early duration experience. The utilization assumption was developed based on historical experience from 2021 through 2024, to capture more recent information as costs of care and utilization trends can fluctuate over short periods of time. Experience used to develop each assumption reflected runout through March 2025. Experience adjustment factors were developed using predictive analytics as described in the Predictive Analytics section below.

Post-pandemic (2020 through 2023) experience for each assumption was evaluated to identify whether experience stabilized and what, if any, experience years should be removed and considered outliers. Based on this analysis, certain calendar years were excluded as outliers where the historical experience was not expected to be representative of the future due to the impact of the COVID-19 pandemic. Specifically, 2021 was excluded for active mortality and 2020 was excluded for disabled mortality and situs-specific incidence.

Improvement assumptions for active mortality and claim incidence reflect the 2012 Individual Annuity Mortality Basic (2012IAM) Projection G2 Scale (G2 Scale). The rate increase dependent assumptions were developed using historical experience and actuarial judgment.

The sections that follow provide more detail on the development of and justification for the current assumptions that are material to the projections in this filing.

Active Assumptions

The assumptions for claim incidence and active (i.e., not on claim) mortality were developed based on detailed historical experience from 2014 through 2023 for MedAmerica's organic (including affinity partners) and acquired business. Calendar year 2020 was excluded from the situs-specific incidence analyses and calendar year 2021 was excluded from the active mortality analyses due to the impact of the COVID-19 pandemic. The mix of incidence experience by situs in 2020 (e.g., higher rates of home health care vs facilities) and active mortality experience in 2021 (e.g., higher active mortality) were impacted at levels that were not expected to be representative of the future. The voluntary lapse assumption was developed using the same detailed historical experience, except from 2010 through 2023. Experience adjustment factors were developed using predictive analytics as described in the Predictive Analytics section below. The active assumptions include (1) claim incidence (the probability that an active life becomes disabled), (2) voluntary lapse, and (3) active mortality.

Claim Incidence Assumption

Claim incidence probabilities (i.e., the probability of an insured becoming disabled) were developed using the 2023 Milliman *Long-Term Care Guidelines* (*Guidelines*) incidence curves, with adjustments for retrospective morbidity improvement, adverse selection due to past rate increases, and contingent nonforfeiture / shortened non-forfeiture (collective, CNF) policies. Incidence assumptions were experience adjusted for each of the following three starting sites of care—assisted living facility (ALF), skilled nursing facility (SNF), or home health care (HHC).

Appendix A
Development of and Justification for Current Assumptions

Exhibit A-1 provides a summary of actual-to-expected (A:E) experience by site of care of all products in policy durations 10 and later for each characteristic by which the incidence assumption varies and includes the following:

- Exposure [A] reflects the length of time a covered life is exposed to the risk of becoming disabled (i.e., an exact exposure basis).
- Claim counts [B] are based on historical claim experience and are provided by situs.
- A:E ratios are calculated as actual claim incidence rates to the 2023 *Guidelines* with the adjustments listed above (i.e., retrospective morbidity improvement, adverse selection due to past rate increases, CNF policies) [C] and to the current assumption [D].

Lifetime-Pay Voluntary Lapse Assumption

The active-lives voluntary lapse assumption was developed using a base lapse assumption that varies by policy duration and product. The base lapse assumption was adjusted based on actual historical experience and accounts for policies that elected a CNF benefit.

Exhibit A-2 supports the voluntary lapse assumption and provides the following information for various characteristics by which the assumption varies by:

- Exhibit A-2a provides the ultimate voluntary lapse probabilities after all experience adjustments for the product(s) included in this filing. These ultimate voluntary lapse probabilities are applicable only in the ultimate policy duration and later. Exhibit A-2a also includes attained age adjustment factors that are applied to the ultimate lapse probabilities.
- Exhibit A-2b provides A:E results for the historical experience of all products in durations 10 and later, and includes the following:
  - Exposure [A] reflects the length of time a covered life is exposed to the risk of voluntary lapse (i.e., exact exposure basis).
  - Actual lapses [B].
  - A:E ratios are calculated as actual lapse to the unadjusted base lapse assumption [C], and the current assumption [D].

The experience underlying Exhibit A-2b captures lifetime-pay policies for policy durations 10 and later to focus on the fit of the ultimate voluntary lapse assumption.

Limited-Pay Voluntary Lapse

For policies with a limited or reduced premium payment option, the voluntary lapse assumption is a function of the lifetime-pay voluntary lapse probabilities and is like that used in original pricing. Based on sensitivity testing performed as part of the experience study, the impact of the limited-pay voluntary lapse assumption on the projections is immaterial.

For the limited or reduced premium payment options, the scalars were previously developed from a comparison of the lifetime-pay derived lapse rates to the limited-pay and reduced-pay option's derived lapse rates based on MedAmerica and its affinity partners' experience on all products combined. The relationships derived from this analysis were used to develop the smoothed lapse assumption as shown in Section 6 of the actuarial memorandum. No voluntary lapse assumption is assumed for CNF policies.

Active Mortality

Active mortality was developed based on the 2012IAM table with adjustments to make it applicable to an active-life exposure base and reflect retrospective active mortality improvement. Experience adjustment factors were then developed for various characteristics, including for CNF policies.

Exhibit A-3 supports the active mortality assumption and provides A:E results for historical experience of all products in policy durations 10 and later for each characteristic by which the active mortality assumption varies and includes the following:

- Exposure [A] reflects the length of time a covered life is exposed to the risk of active death (i.e., exact exposure basis).
- Actual deaths of active policyholders [B].
- A:E ratios are calculated as actual mortality to the active-exposure-adjusted 2012IAM table assumption [C] and the current assumption [D].

Disabled Assumptions

The assumptions for disabled (i.e., on-claim) lives were developed based on detailed historical experience from 2014 through 2023 for MedAmerica's organic (including affinity partners) and acquired business. Calendar year 2020 was excluded from the disabled life mortality analyses as disabled life mortality experience was impacted by the COVID-19 pandemic (e.g., higher disabled life mortality across all sites) at a level that was not expected to be representative of the future. Experience adjustment factors were developed using predictive analytics as described in the Predictive Analytics section below. The disabled assumptions include (1) disabled mortality and (2) recovery.

Disabled Mortality

Disabled mortality probabilities were developed using the 2023 *Guidelines* disabled mortality tables with adjustments to reflect historical experience. The experience adjustment factors were developed using predictive analytics as described in the Predictive Analytics section below.

Exhibit A-4 provides a summary of A:E results for the historical experience of all products by starting site of care in claim months 4 and later for each characteristic by which the disabled mortality assumption varies and includes the following:

- Exposure [A] reflects the length of time a disabled policyholder is exposed to the risk of disabled death (i.e., exact exposure basis).
- Actual deaths [B] of disabled policyholders.
- A:E ratios are calculated as actual deaths of disabled policyholders to the unadjusted 2023 *Guidelines* [C] and the current disabled mortality assumption [D].

Recovery

Recovery probabilities were developed using the 2023 *Guidelines* assumption with adjustments to reflect historical experience. The experience adjustment factors were developed using predictive analytics as described in the Predictive Analytics section below.

Exhibit A-5 provides a summary of A:E results for historical experience of all products in claim months 4 and later for each characteristic by which the recovery assumption varies and includes the following:

- Exposure [A] reflects the length of time a disabled policyholder is exposed to the opportunity of recovery (i.e., exact exposure basis).
- Actual recoveries [B] of disabled policyholders.
- A:E ratios are calculated as actual recoveries of disabled policyholders to the unadjusted 2023 *Guidelines* [C] and the current recovery assumption [D].

Utilization Assumption

As this is a product that provides coverage on a cash basis, the total utilization assumption is 100%.

Prospective Improvement

For projected active mortality and claim incidence improvement, the G2 improvement scale from the 2012IAM mortality table was used. The G2 improvement scale varies by attained age and gender. It is applied beginning in the first projection year and continues for 10 projection years.

Rate Increase Dependent Assumptions

At the time of a rate increase, insureds have options to elect a contingent benefit upon lapse (CBUL) or reduced benefit options (RBO). Adverse selection is assumed relative to CBUL and RBO elections. These policyholder behavior assumptions are provided below. These assumptions are based on MedAmerica and its affinity partners, and MedAmerica's acquired business's combined actual CBUL and RBO election rate experience, industry data, and actuarial judgment—particularly at the higher rate increase magnitudes where limited experience exists.

Contingent Benefit Upon Lapse Election

A CBUL election rate is determined as a function of the magnitude of the rate increase. The assumption is applied on a seriatim basis based on the requested rate increase as shown in the following table.

Requested Rate Increase	CBUL Assumption
< 10%	Rate Increase x 30%
>= 10%	(Rate Increase – 10%) x 15% + 3%

The CBUL election rate is capped at 20%. No CBUL elections are assumed for limited-pay policies.

Reduced Benefit Options

We assume that those electing RBO will reduce their benefits so that premiums after the increase are closer to those before the increase. The percent reduction in premium is assumed to correspond to an equivalent percent reduction in claims. The RBO election rate is based on the requested rate increase and is applied on a seriatim basis. The RBO election rate is assumed to be 15% of the requested rate increase. For example, a 20% rate increase would result in an RBO election rate of 3%. The RBO election rate is then capped at 35%. No RBO elections are assumed for limited-pay policies or policies that previously elected a landing spot (i.e., "tailored benefit options").

Based on the RBO election function, the reduction to premium and claims can then be determined as follows:

Reduction to premium and claims due to the election of RBO
= 1 – (Average premium level after the rate increase with RBO election / Premium level after the full rate increase without any RBO election), where

Average premium level after the rate increase with RBO election
= weighted average premium level of those assumed to elect RBO with those assumed to accept the full rate increase

Adverse Selection

The adverse selection assumption is a function of the CBUL and RBO election rates, such that the relative increase to morbidity due to adverse selection varies by the rate increase's magnitude. The increase to morbidity due to adverse selection was developed from the following formula and actuarial judgment. We assume that at the time of the rate increase, insureds that elect a CBUL will be selective in that their relative morbidity is 25% lower than that of the remaining pool. Similarly, we assume that at the time of the rate increase, insureds that elect an RBO will be selective in that their relative morbidity is 12.5% lower than that of the remaining pool.

PoolMorb = AdvSelMorb x (1 – CBUL – RBO) + [(1 – 25%) x AdvSelMorb] x CBUL + [(1 – 12.5%) x AdvSelMorb] x RBO, where

PoolMorb = morbidity of the pool before the rate increase = 1.0
AdvSelMorb = adverse morbidity of the remaining pool after the rate increase due to selective lapses
CBUL = percentage of insureds that elect CBUL
RBO = percentage of insureds that elect RBO

Solving the above for the adverse selection component results in the following formula:

Adverse Selection = 1 / (1 – 25% x CBUL – 12.5% x RBO)

The adverse selection assumption is applied to the claim incidence rates.

Predictive Analytics

In developing the experience adjustment factors described above, predictive analytics was employed in the form of penalized generalized linear models (GLM).

Penalized Generalized Linear Model

Penalized GLMs were used to develop adjustments for (1) situs-specific incidence, (2) lifetime-pay voluntary lapse, (3) active mortality, (4) disabled mortality, and (5) recovery.

A penalized GLM is similar to a traditional GLM. The key difference is that it adds an additional constraint that penalizes the size of the model's coefficients in order to control overfitting the model to the historical data. This penalty placed on the coefficients can be seen as a credibility lever, which controls how much weight is given to the company's historical experience. A high penalty would give no weight to the data, leaving the benchmark assumption (e.g., 2023 *Guidelines*) unadjusted. No penalty would give full weight to the company's historic data, potentially making large adjustments to the benchmark assumption, which could be overfitting the historical experience. Therefore, when using a penalized GLM it is important to choose a penalty that gives the right amount of weight to the historic data to avoid underfitting or overfitting the experience. We used a k-fold cross-validation (described below) to test a series of penalty values.

K-Fold Cross-Validation

A k-fold cross-validation is an automated process by which model hyperparameters can be selected and evaluated. This process splits the data into "k" subsets and iteratively trains and tests the model independently on each subset of the data. This process gives an estimation of how well a model will generalize to new data that was not used to develop assumptions. Through the k-fold cross-validation, we evaluated the impact that hyperparameters had on a model's ability to predict on the unseen data by testing a range of hyperparameters. We selected hyperparameters to balance minimizing the k-fold cross-validation prediction error with the generalizability of the model. This allows for a robust and automated approach to determine the amount of weight to give actual experience versus the benchmark assumptions.

Hazard Rates and Probabilities

Adjustment factors were developed to be applied to hazard rates as part of the predictive modeling process described above. Hazard rates are converted from the base probability assumption and equal – LN[1 – probability]. After applying all applicable adjustments, adjusted hazard rates are converted back to probabilities to create the assumption, where probability = 1 – EXP[–hazard rate].

A hazard rate represents the instantaneous likelihood (rate per unit of time) of an event (i.e., incidence, death, lapse, or recovery) at different times, whereas the probability is the likelihood that an event will occur within a specific time interval (e.g., one policy year). Because exact exposure is used in the predictive model, we use hazard rates in the development. They are then converted to probabilities for use in the projection models.

Exhibit A-1
Actual-to-Expected Claim Incidence Experience 2014-2019 and 2021-2023
Policy Durations 10+
All Products

		ALF			HHC			SNF			Total		
		Claim	Actual-to-Expected (A:E)		Claim	A:E		Claim	A:E		Claim	A:E	
Product or Insured Characteristic	Exposure [A]	Count [B]	2023 *Guidelines* [C]	Expected [D]	Count [B]	2023 *Guidelines* [C]	Expected [D]	Count [B]	2023 *Guidelines* [C]	Expected [D]	Count [B]	2023 *Guidelines* [C]	Expected [D]
Gender													
Female	310,369	1,653	0.86	1.00	2,988	0.99	1.00	2,349	1.56	1.00	6,990	1.08	1.00
Male	210,797	775	0.90	1.00	1,996	1.07	1.00	1,575	1.72	1.03	4,346	1.19	1.01
Group or Individual													
Group	141,940	433	0.92	1.03	879	0.87	0.95	602	1.40	0.93	1,913	1.00	0.96
Individual	379,225	1,995	0.86	0.99	4,105	1.06	1.01	3,323	1.67	1.03	9,423	1.15	1.01
Marital Status													
Married	293,925	905	0.86	1.00	2,436	1.14	1.02	1,568	1.66	1.01	4,910	1.19	1.01
Single	136,994	766	0.83	1.01	1,588	1.01	1.00	1,365	1.78	1.03	3,719	1.14	1.01
Unknown	90,247	756	0.92	0.99	960	0.82	0.96	991	1.39	1.00	2,707	1.00	0.98
Benefit Period													
CNF	53,655	180	0.58	0.95	289	0.50	0.95	335	1.24	1.02	804	0.69	0.98
Lifetime	95,251	608	0.94	0.98	911	0.93	1.00	760	1.35	0.96	2,279	1.04	0.98
Non-Lifetime	372,260	1,639	0.89	1.01	3,784	1.14	1.00	2,830	1.78	1.03	8,253	1.22	1.01
Inflation Option													
Automatic	324,819	1,317	0.95	1.01	2,785	1.07	1.00	1,987	1.62	1.00	6,089	1.16	1.00
Non-Automatic	196,347	1,111	0.79	0.99	2,199	0.97	1.00	1,937	1.62	1.02	5,247	1.08	1.01
Tax Status													
Tax Qualified	408,118	1,127	0.88	1.02	3,389	1.08	1.01	1,963	1.77	1.03	6,479	1.17	1.02
Non-Tax Qualified	113,047	1,300	0.86	0.98	1,595	0.91	0.97	1,961	1.49	1.00	4,856	1.06	0.98
Underwriting Risk Class													
Preferred	108,190	305	0.74	0.89	821	0.99	0.96	461	1.28	0.88	1,587	0.99	0.92
Standard	245,780	1,467	0.93	1.04	2,595	1.02	1.00	2,223	1.64	1.03	6,285	1.15	1.02
Substandard	8,067	71	1.24	1.41	181	1.81	1.39	152	3.12	1.60	403	1.96	1.46
Unknown	159,128	585	0.78	0.94	1,387	1.00	1.00	1,089	1.65	1.00	3,061	1.09	0.99
Cohort													
Cash	163,847	222	1.09	1.07	1,064	1.17	1.02	227	1.22	1.01	1,513	1.16	1.03
Estate Planning	38,528	249	0.77	0.92	441	0.87	0.94	557	2.07	1.09	1,247	1.13	0.99
NYPERL	31,378	68	0.88	0.99	246	1.31	1.15	93	1.28	0.85	406	1.21	1.04
Other MANY	77,617	554	0.75	0.96	1,136	1.07	1.01	1,120	1.76	1.04	2,809	1.15	1.01
Other Acquired Non-MANY	57,476	361	0.80	0.95	658	0.93	0.96	578	1.49	0.97	1,597	1.04	0.96
Other Organic Non-MANY	106,925	501	0.90	1.05	1,079	1.15	1.04	896	1.85	1.04	2,476	1.25	1.04
Principal	45,394	473	1.06	1.04	362	0.64	0.87	454	1.17	0.92	1,288	0.92	0.94
Coverage Type													
Comprehensive	492,964	2,003	0.88	1.02	4,743	1.04	1.01	3,359	1.69	1.02	10,105	1.14	1.01
Facility Only	20,775	424	0.83	0.90	NA	NA	NA	566	1.31	1.00	990	1.05	0.95
Home Care Only	7,427	NA	NA	NA	241	0.77	0.83	NA	NA	NA	241	0.77	0.83
Payment Duration													
Lifetime	442,953	2,300	0.88	1.01	4,570	1.01	1.00	3,694	1.64	1.03	10,564	1.13	1.01
Non-Lifetime	78,213	127	0.69	0.86	414	1.11	0.99	230	1.36	0.85	772	1.06	0.92
Attained Age													
<65	150,912	25	1.30	1.14	208	1.20	1.00	59	2.22	1.32	292	1.33	1.06
65-69	89,147	45	1.16	1.09	249	1.02	0.98	99	2.05	1.12	393	1.19	1.02
70-74	94,048	97	0.76	0.88	497	1.02	1.01	224	1.72	1.05	818	1.10	1.00
75-79	80,842	293	0.84	1.01	827	0.97	1.00	508	1.61	0.98	1,628	1.07	1.00
80-84	59,800	587	0.84	0.99	1,211	1.00	1.00	1,015	1.71	1.01	2,813	1.12	1.00
85-89	33,654	804	0.87	0.99	1,233	1.03	1.00	1,183	1.62	1.01	3,220	1.13	1.00
90+	12,763	577	0.90	1.02	761	1.07	1.00	835	1.44	0.99	2,173	1.13	1.01
Total	521,165	2,428	0.87	1.00	4,984	1.02	1.00	3,924	1.62	1.01	11,336	1.12	1.00

Exhibit A-2a
Ultimate Voluntary Lapse Probabilities

Simplicity Individual
Lifetime-Pay Policies for Policy Durations 15+

Underwriting Risk Class	Inflation Option	Benefit Period	Married		Single		Unknown	
			Male	Female	Male	Female	Male	Female
Preferred	Non-Automatic	Non-Lifetime	1.6%	1.5%	2.2%	2.0%	1.4%	1.3%
		Lifetime	1.3%	1.2%	1.8%	1.6%	1.1%	1.0%
	Automatic	Non-Lifetime	1.2%	1.1%	1.7%	1.5%	1.1%	1.0%
		Lifetime	1.0%	0.9%	1.4%	1.2%	0.9%	0.8%
Standard	Non-Automatic	Non-Lifetime	1.8%	1.6%	2.4%	2.2%	1.5%	1.4%
		Lifetime	1.5%	1.3%	2.0%	1.8%	1.3%	1.2%
	Automatic	Non-Lifetime	1.4%	1.2%	1.8%	1.7%	1.2%	1.1%
		Lifetime	1.1%	1.0%	1.5%	1.4%	1.0%	0.9%
Substandard	Non-Automatic	Non-Lifetime	1.9%	1.7%	2.5%	2.3%	1.6%	1.5%
		Lifetime	1.5%	1.4%	2.1%	1.9%	1.3%	1.2%
	Automatic	Non-Lifetime	1.4%	1.3%	2.0%	1.8%	1.2%	1.1%
		Lifetime	1.2%	1.1%	1.6%	1.5%	1.0%	0.9%

Exhibit A-2a
Ultimate Voluntary Lapse
Attained Age Adjustment Factors

Attained	Adjustment
35	2.09
36	2.09
37	2.09
38	1.98
39	1.87
40	1.75
41	1.64
42	1.53
43	1.47
44	1.41
45	1.36
46	1.30
47	1.24
48	1.19
49	1.13
50	1.08
51	1.02
52	0.97
53	0.94
54	0.91
55	0.88
56	0.86
57	0.83
58	0.80
59	0.78
60	0.75
61	0.73
62	0.70
63	0.68
64	0.66
65	0.64
66	0.61
67	0.59
68	0.60
69	0.60
70	0.60
71	0.60
72	0.61
73	0.62
74	0.64
75	0.66
76	0.67
77	0.69
78	0.71
79	0.74
80	0.76
81	0.79
82	0.81
83	0.87
84	0.92
85	0.98
86	1.04
87	1.09
88	1.13
89	1.17
90	1.21
91	1.25
92	1.29
93	1.28
94	1.28
95	1.28
96	1.28
97+	1.28

Exhibit A-2b
Actual-to-Expected Voluntary Lapse Experience 2014-2023
Lifetime-Pay for Policy Durations 10+
All Products

Product or Insured Characteristic	Policy Year Exposure [A]	Actual Lapses [B]	Actual-to-Expected Lapse Probability	
			Unadjusted [C]	Expected [D]
Marital Status				
Married	243,815	2,363	1.09	1.00
Single	106,114	1,429	1.35	1.01
Unknown	83,033	409	0.71	0.96
Benefit Period				
Lifetime	91,826	578	0.78	0.99
Non-Lifetime	341,137	3,624	1.19	1.00
Inflation Option				
Automatic	299,290	2,442	0.99	0.99
Non-Automatic	133,673	1,760	1.33	1.01
Underwriting Risk Class				
Preferred	88,954	792	1.35	0.99
Standard	221,917	2,504	1.20	1.05
Substandard	7,483	89	1.69	1.11
Unknown	114,610	818	0.76	0.87
Gender				
Female	258,858	2,464	1.08	1.00
Male	174,105	1,738	1.15	1.00
Policy Duration				
10 - 14	168,511	2,059	1.50	1.09
15 - 19	143,100	1,276	0.92	0.93
20+	121,352	867	0.84	0.92
Attained Age				
<65	108,798	1,305	1.52	1.10
65-69	72,924	513	0.86	0.93
70-74	81,244	565	0.81	0.90
75-79	72,982	606	0.88	0.92
80-84	55,068	560	1.02	0.95
85-89	31,014	428	1.42	1.02
90+	10,933	225	2.20	1.27
Total	432,963	4,202	1.11	1.00

Exhibit A-3
Actual-to-Expected Active Mortality Experience 2014-2020, 2022-2023
Policy Durations 10+
All Products

Product or Insured Characteristic	Policy Year Exposure [A]	Actual Deaths [B]	Actual-to-Expected Active Mortality Probability	
			Unadjusted [C]	Expected [D]
Gender				
Female	309,542	3,378	0.98	1.00
Male	210,294	3,526	1.00	1.01
Elimination Period				
<60 Days	117,161	1,817	0.93	1.01
60+ Days	402,675	5,087	1.01	1.00
CNF Status				
Non-CNF	466,872	6,044	1.00	1.00
CNF	52,965	860	0.96	1.01
Marital Status				
Married	292,268	3,120	0.91	0.98
Single	136,862	2,054	1.08	1.03
Unknown	90,706	1,730	1.06	1.03
Payment Duration				
Lifetime	441,763	6,464	1.01	1.01
Non-Lifetime	78,073	440	0.74	0.89
Inflation Option				
Automatic	324,566	3,344	0.91	0.97
Non-Automatic	195,271	3,560	1.09	1.04
Underwriting Risk Class				
Preferred	107,694	833	0.71	0.85
Standard	244,682	3,883	1.05	1.02
Substandard	8,113	195	1.38	1.45
Unknown	159,347	1,993	1.02	1.02
Cohort				
Cash	161,594	677	0.64	0.87
Estate Planning	38,815	1,131	1.39	1.07
NYPERL	31,402	252	1.02	1.00
Other Group	77,232	840	1.11	1.03
Other Individual	121,388	1,723	0.90	0.98
Pre-Premier	43,786	1,422	1.01	1.03
Principal	45,619	859	1.10	1.03
Attained Age				
<65	150,908	293	0.83	0.96
65-69	89,009	377	0.81	0.95
70-74	93,497	686	0.91	1.00
75-79	80,489	1,122	1.02	1.02
80-84	59,670	1,584	1.05	1.01
85-89	33,641	1,633	1.02	1.01
90+	12,623	1,209	1.01	1.01
Total	519,836	6,904	0.99	1.00

Exhibit A-4
Actual-to-Expected Disabled Mortality Experience 2014-2019, 2021-2023
Claim Months 4+
All Products

Product or Insured Characteristic	ALF				HHC				SNF				Total			
		Actual	Actual-to-Expected (A:E)			Actual	A:E			Actual	A:E			Actual	A:E	
	Exposure [A]	Deaths [B]	2023 *Guidelines* [C]	Expected [D]	Exposure [A]	Deaths [B]	2023 *Guidelines* [C]	Expected [D]	Exposure [A]	Deaths [B]	2023 *Guidelines* [C]	Expected [D]	Exposure [A]	Deaths [B]	2023 *Guidelines* [C]	Expected [D]
Gender																
Female	43,612	840	1.13	1.04	69,512	1,297	1.15	1.02	43,181	1,107	1.16	1.03	156,305	3,243	1.15	1.03
Male	14,927	424	1.04	1.01	34,783	923	1.07	1.01	20,794	759	1.05	1.01	70,504	2,107	1.06	1.01
Benefit Period																
Lifetime	19,819	436	1.17	1.07	25,526	532	1.27	1.04	16,399	494	1.32	1.08	61,744	1,462	1.25	1.06
Non-Lifetime	38,719	828	1.07	1.00	78,770	1,688	1.07	1.01	47,576	1,372	1.06	1.01	165,065	3,888	1.07	1.01
Cohort																
Cash	3,758	77	1.14	1.07	18,268	297	0.81	0.98	2,514	70	1.10	1.03	24,541	444	0.89	1.00
Estate Planning	5,009	109	1.16	1.07	7,853	197	1.38	1.08	8,350	267	1.26	1.07	21,212	573	1.28	1.07
NYPERL	1,967	29	0.79	0.80	7,434	100	0.79	0.87	1,506	29	0.89	0.93	10,907	158	0.80	0.86
Other MANY	12,855	285	1.07	1.00	23,051	529	1.14	1.00	18,261	502	1.01	0.99	54,167	1,316	1.07	1.00
Other Non-MANY	21,214	442	1.07	1.00	37,989	850	1.20	1.03	25,186	709	1.06	1.01	84,389	2,001	1.12	1.01
Principal	13,736	322	1.20	1.08	9,701	247	1.33	1.08	8,157	289	1.45	1.13	31,593	858	1.31	1.10
Claim Duration (Annual)																
1	15,261	301	1.11	1.04	22,483	550	1.08	1.04	18,214	654	1.13	1.05	55,958	1,505	1.11	1.04
2	15,817	311	1.09	1.01	26,799	555	1.17	1.07	17,862	464	1.06	0.98	60,478	1,330	1.11	1.02
3	10,981	250	1.13	1.05	19,523	370	1.05	0.93	11,928	324	1.12	1.03	42,432	944	1.09	0.99
4	6,415	157	1.13	1.04	12,716	292	1.23	1.08	6,756	185	1.13	1.04	25,887	634	1.18	1.06
5	3,925	88	1.00	0.92	8,082	164	1.07	0.93	3,868	95	1.04	0.94	15,875	347	1.04	0.93
6+	6,139	157	1.11	1.04	14,692	289	1.11	1.00	5,347	144	1.27	1.14	26,178	590	1.14	1.04
Incurred Age																
<65	899	9	0.64	0.63	9,541	118	0.78	0.91	1,750	23	0.74	0.73	12,190	150	0.76	0.85
65-69	1,783	27	0.92	0.91	6,573	114	1.02	1.05	1,613	36	1.01	1.00	9,969	177	1.00	1.01
70-74	2,772	48	1.01	0.98	10,470	175	0.94	0.99	4,083	107	1.18	1.10	17,324	330	1.02	1.02
75-79	9,098	159	1.00	0.97	16,353	366	1.25	1.05	9,457	233	1.06	1.02	34,907	758	1.13	1.02
80-84	15,638	334	1.16	1.06	25,330	536	1.15	1.01	17,378	523	1.22	1.04	58,346	1,393	1.17	1.03
85-89	18,220	415	1.15	1.04	24,793	571	1.13	1.01	19,018	547	1.05	1.00	62,031	1,533	1.10	1.02
90+	10,128	272	1.11	1.04	11,236	340	1.25	1.04	10,676	397	1.15	1.05	32,040	1,009	1.17	1.04
Total	58,538	1,264	1.10	1.03	104,296	2,220	1.12	1.02	63,975	1,866	1.11	1.03	226,809	5,350	1.11	1.02

Exhibit A-5
Actual-to-Expected Disabled Recovery Experience 2014-2023
Claim Months 4+
All Products

	ALF				HHC				SNF				Total			
		Actual	Actual-to-Expected (A:E)			Actual	A:E			Actual	A:E			Actual	A:E	
Product or Insured Characteristic	Exposure [A]	Recoveries [B]	2023 *Guidelines* [C]	Expected [D]	Exposure [A]	Recoveries [B]	2023 *Guidelines* [C]	Expected [D]	Exposure [A]	Recoveries [B]	2023 *Guidelines* [C]	Expected [D]	Exposure [A]	Recoveries [B]	2023 *Guidelines* [C]	Expected [D]
Gender																
Female	48,616	55	0.64	0.96	77,641	273	0.67	0.93	48,216	148	0.94	1.01	174,473	476	0.73	0.96
Male	16,889	23	0.61	0.88	38,599	131	0.73	0.92	23,336	83	1.00	1.02	78,824	237	0.79	0.95
Benefit Period																
Lifetime	22,289	13	0.42	0.67	28,228	70	0.74	0.98	18,371	41	0.88	0.99	68,889	124	0.72	0.94
Non-Lifetime	43,215	65	0.71	1.02	88,012	334	0.68	0.92	53,181	190	0.98	1.02	184,408	589	0.76	0.96
Cohort																
Cash	4,206	7	0.70	0.93	20,639	169	0.99	1.07	2,878	19	1.39	1.09	27,723	195	1.00	1.07
Estate Planning	5,475	9	0.81	1.03	8,797	22	0.58	0.81	9,247	32	0.96	1.01	23,518	63	0.76	0.94
NYPERL	2,303	3	0.57	0.79	8,323	26	0.75	0.97	1,652	11	1.76	1.51	12,278	40	0.86	1.06
Other MANY	14,283	13	0.45	0.80	25,592	60	0.53	0.83	20,419	62	0.91	1.03	60,294	135	0.64	0.91
Other Non-MANY	23,816	26	0.59	0.87	42,344	107	0.55	0.84	28,295	85	0.90	0.96	94,455	218	0.65	0.89
Principal	15,423	20	0.86	1.16	10,546	20	0.57	0.78	9,061	22	0.88	0.94	35,029	62	0.74	0.94
Claim Duration (Annual)																
1	16,982	49	1.26	1.34	24,897	260	0.89	1.09	20,003	160	1.44	1.19	61,882	469	1.06	1.15
2	17,750	14	0.45	0.70	29,713	66	0.50	0.72	20,008	44	0.78	0.92	67,471	124	0.57	0.77
3	12,227	8	0.38	0.74	21,774	25	0.37	0.56	13,387	7	0.21	0.33	47,388	40	0.33	0.52
4	7,247	4	0.29	0.58	14,192	19	0.46	0.71	7,686	5	0.26	0.43	29,125	28	0.38	0.62
5	4,396	1	0.12	0.24	9,102	11	0.44	0.69	4,419	5	0.49	0.81	17,917	17	0.39	0.64
6+	6,902	2	0.21	0.42	16,562	23	0.78	1.22	6,049	10	0.95	1.55	29,514	35	0.71	1.16
Incurred Age																
<65	1,030	3	1.45	1.95	10,657	71	1.03	1.16	1,956	8	1.23	1.07	13,644	82	1.05	1.17
65-69	1,985	3	0.65	0.89	7,305	52	1.04	1.20	1,823	18	2.09	1.75	11,112	73	1.16	1.28
70-74	3,083	4	0.59	0.80	11,780	54	0.74	0.87	4,581	24	1.23	1.07	19,445	82	0.82	0.91
75-79	10,178	10	0.45	0.72	18,089	56	0.56	0.80	10,405	40	0.96	1.02	38,672	106	0.65	0.86
80-84	17,381	21	0.61	0.97	28,182	74	0.57	0.85	19,388	63	0.89	0.95	64,951	158	0.67	0.90
85-89	20,529	24	0.67	0.94	27,654	67	0.60	0.88	21,354	51	0.77	0.88	69,537	142	0.66	0.89
90+	11,319	13	0.76	1.05	12,573	30	0.58	0.86	12,045	27	0.97	1.09	35,937	70	0.72	0.97
Total	65,505	78	0.63	0.94	116,240	404	0.69	0.93	71,552	231	0.96	1.01	253,297	713	0.75	0.95