Genworth Life Insurance Company
Address: 6620 West Broad Street, Richmond, VA 23230
Company NAIC No: 70025

Actuarial Memorandum
December 2022

PUBLIC

Policy Forms 7042MD, 7044MD, 7042MD Rev, 7044MD Rev

1. Scope of this Filing

This filing applies to the referenced policy forms issued in your state. Forms 7042 and 7044 are also referred to by Genworth Life Insurance Company (GLIC) as “Choice 2”; forms 7042 Rev and 7044 Rev are also referred to by GLIC as “Choice 2.1”. Forms 7042 and 7042 Rev were marketed by the name “Classic Select” and the 7044 and 7044 Rev forms were marketed under the name “Privileged Choice”. Privileged Choice policies have many features built into the base policy that were only available as riders for Classic Select policies. These forms are no longer being sold.

For all the policies issued in your state to which the current filing applies, refer to the Supplement for state and nationwide information on issue dates, number of issued and in-force lives, total and average premium, average issue and attained age, distributions and history of prior approved rate increases.

2. Purpose of this Filing

This actuarial memorandum has been prepared to request and support the approval of a premium rate increase in your state.

We demonstrate that the requested premium rate increases satisfy the minimum requirements and all applicable regulations in your state. This actuarial memorandum may not be suitable for other purposes.

In this filing, GLIC is requesting a premium rate increase according to the table below, applicable to the base rates and associated riders of all in-force policies referenced in Section 1 of this actuarial memorandum. GLIC acknowledges Maryland regulation COMAR 31.14.01.04(5) and requests that the Administration consider premium rate increases phased over a multi-year period. In this filing specifically, GLIC requests that the actuarially equivalent rate increases be implemented over an eight-year period for policies with lifetime low benefit increase option as follows: (15%,15%,15%,15%, 15%, 15%, 15%,5.7%) ;over a fourteen-year period for policies with lifetime high benefit increase option as follows: (15%, 15%, 15%, 15%, 15%, 15%, 15%, 15%, 15%, 15%, 15%,15%, 15%, 14%); and over a nine-year period for policies with limited high benefit increase option as follows: (15%, 15%, 15%, 15%, 15%, 15%, 15%, 15%, 8.1%).The requested rate increases reflect updated assumptions and experience, and any remainder of the rate increase not approved in prior filings if applicable to your state.

Benefit Period	Benefit Increase Option (BIO)*	Requested Rate Increase
Lifetime	Low BIO	117%
Lifetime	High BIO	233%
Limited	High BIO	132%

*Low BIO includes policies without BIO and 1% BIO if approved in your state. High BIO includes all other BIO options

In order to maintain adequate Cash Flow Testing (CFT) Margin and to strengthen the claim paying ability of the company, GLIC is differentiating its rate increases according to the projected experience, and resulting level of risk, associated with certain key policy features. The most significant risks are observed with policies with the richest potential benefits, meaning long benefit periods and large compound benefit increase options, and thus higher rate increases are appropriate for those cohorts.

In addition, GLIC is also updating its approach for developing the margin for Moderately Adverse Experience (MAE) to be used as a threshold to trigger future rate increases.

3. Justification of the Premium Rate Increase

Redacted pursuant to Section 13, below.

4. Marketing Method and Underwriting Description

Policies were sold by agents working through broker general agencies, financial advisors, and agents working through financial institutions.

The underwriting process included an assessment of functional and cognitive abilities at issue ages considered by GLIC to be appropriate. Various underwriting tools were used in accordance with our underwriting requirements, including an application, medical records, an attending physician's statement, telephone interview and/or face-to-face assessment.

5. Description of Benefits

These are federally tax-qualified, individually underwritten policies that provide comprehensive long-term care coverage. They cover the reimbursement of expenses incurred by the insured(s) subject to the amount of coverage purchased. Premium payments are waived after the elimination period has been satisfied.

The Privileged Choice (7044 and 7044 Rev) policy forms pay benefits on a monthly basis and include a 10-year survivorship benefit. The 10-year survivorship benefit waives future premium payments upon the death of one spouse if both spouses are insured and have met certain requirements. It also includes a waiver of elimination period for home health care benefits, and home health care service days are applied to the facility elimination period. The optional nonforfeiture benefit, restoration of benefit, 7-year survivorship benefit and return of premium riders were available for purchase for an additional premium.

The Classic Select (7042 and 7042 Rev) policy forms are comprehensive products with benefits payable on a daily basis. Riders include 7-year and 10-year survivorship, waiver of elimination period for home health care benefits, monthly maximum benefit (as opposed to daily), restoration of benefits and nonforfeiture benefits.

These policy forms can cover an individual or a couple (joint policy). The joint policy operates as two individual policies, except that the two insureds draw from one shared policy benefit pool.

These forms require an insured to meet benefit eligibility requirements that are triggered by Activities of Daily Living (ADL) deficiencies or cognitive impairment. The daily or monthly benefit, benefit period and elimination period are selected at issue. The majority of the policies were issued with a 90-day elimination period and limited benefit period.

In addition, a Benefit Increase Option (BIO) could be selected at issue. The simple BIO increases the original daily maximum by 5% each year starting with the second policy year and continuing for the life of the policy, unless terminated earlier by the insured. The compound BIO increases the prior year's daily maximum by 3% or 5% each year starting with the second policy year and continuing for the life of the policy, unless terminated earlier by the insured. The 3% compound BIO, as well as additional unique BIO options, i.e. 5% Compound to Age 75, Graded Compound and Adjusting Increases, were only made available on the Choice 2.1 (7042 Rev and 7044 Rev) versions of these policy forms.

These are the benefits as initially priced, policyholders may have subsequently changed their benefits based on the alternatives available to them.

6. Alternatives to the Requested Rate Increase

GLIC will offer insureds impacted by rate filings several options for mitigating the impact of the rate increase while still providing meaningful protection. These options will be provided in the policyholder notification letter. In addition, policyholders will have the ability to call a dedicated team of customer service representatives that can assist with providing customized quotes for any available benefit adjustments.

Reduced Benefit Options. Insureds can change benefit features or coverage limits in order to maintain reasonably equivalent pre- and post-rate increase premium levels, and the optimal balance of coverage and cost based on their specific needs. The available benefit and rate combinations are consistent with the combinations presented in the rate tables approved as part of the original filing. To balance coverage and cost considerations, GLIC will offer policyholders, subject to rate increases on their long-term care policies, customized options to adjust their benefits, which may include any of the following options (where available):

1. Reduction in Daily/Monthly/Lifetime Maximum amount;
2. Reduction in Benefit Period;
3. Reduction or elimination of the BIO;
4. Increases in Elimination Period; and
5. Elimination of policy riders.

If a policyholder elects to reduce or eliminate the BIO, they have the ability to retain any prior increases to their daily or monthly payment maximums. In addition, policyholders will also continue to be offered the previously approved BIO of 1% compound.

Flexible Benefit Option (FBO). GLIC will offer this alternative to mitigate the requested premium increase, which features the following:

1. A premium rate guarantee until at least January 1, 2030;
2. $250,000 benefit pool for non-shared, $400,000 benefit pool for shared;
3. Monthly indemnity payments that vary by type of benefit. For each full month of qualification, the benefit amounts for each type of benefit are as follows:
   - Nursing Home Benefit - monthly payments are 100% of the monthly maximum. Payments are designed to last three years if the policyholder is in a nursing home for the entire time and would be calculated by dividing the claimant's benefit pool by 36 months;
   - Assisted Care Facility Benefit - monthly payments are 75% of the monthly maximum and are for care in an assisted care facility; and
   - Flexible Care Benefit – monthly payments are 50% of the monthly maximum and are for other types of care, such as home care.
4. GLIC will adjust monthly payment amounts when the insured qualifies for benefits for only part of a month;
5. GLIC will pay only one benefit in a calendar month. If more than one benefit could apply in a calendar month, then GLIC will pay the benefit (Nursing Home Benefit, Assisted Care Facility Benefit, or the Flexible Care Benefit) with the most days of qualification in that month;
6. A 180 day elimination period applies for the Nursing Home and Assisted Care Facility Benefits, and a 90 day elimination period applies to the Flexible Care Benefit; and
7. The benefit pool and monthly maximum will remain fixed, unless the 1% compound BIO is elected. If 1% compound BIO is elected, the benefit pool and monthly maximum will inflate by 1% compounded annually.

The FBO is not available for policies that currently have a benefit pool (net of past claims) less than $250,000 for non-shared, $400,000 for shared.

An industry study performed and published by PwC indicates that the average duration of a long-term care event is about three years and approximately 75%-80% of long-term care events will cost less than $250,000.[1]

Under this option, policyholders with non-shared policies will have a benefit pool of $250,000, with monthly payments designed to last three years in a nursing home situs (longer in other situses), and the option of 1% benefit inflation on the benefit pool and monthly maximum. The monthly payment also provides the policyholder more flexibility in managing their long-term care event, and a simpler process for receiving benefit payments.

[1] The formal cost of long-term care services: How can society meet a growing need was initially made available in 2016. The portion of the study relating to the cost of long-term care events was updated in 2021.

Rate tables for the FBO option offered in this filing are included in the FBO Rate Schedule.

Policyholders that elect the FBO will have their premium rates guaranteed until at least January 1, 2030. However, we reserve the right to adjust the pricing for the FBO in future filings for policyholders that have not previously elected that option.

Other Options. GLIC will continue to offer the applicable nonforfeiture option to each policyholder. Policyholders that are eligible for the Contingent Nonforfeiture Option will be presented with that as an option in their notification letter. Policyholders that have a nonforfeiture (NFO) rider with their policy may elect that option. For those policyholders that do not have either the Contingent Nonforfeiture or NFO rider available, GLIC will continue to offer its Optional Limited benefit, which provides a paid-up benefit equal to the total of premium paid, less any claims paid.

7. Premiums

a. These policies are guaranteed renewable for life, subject to policy terms and conditions;
b. Geographic area factors are not used in rating these policies;
c. Semi-annual, quarterly and monthly modal factors are applied to the annual premium, with the majority of policyholders selecting annual premium mode;
d. For a history of previous rate revisions refer to the Supplement;
e. The requested rate increase will apply to policies on their billing anniversary date, following a 60-day policyholder notification period;
f. Premium rates are unisex, level (with the exception of approved rate increases) and payable for life (except for in-force policies with limited pay premium). Premiums generally vary by issue age, daily benefit, benefit period, elimination period, BIO, and any applicable riders selected;
g. Certain underwriting discounts may have been applied to the premium rates. A preferred risk discount of 10% or 20% may have been provided to applicants in response to specified health underwriting criteria specified on the application. Where the criteria for a couple's discount were met, a discount of 40% was provided to both individuals when both submitted valid applications and both were issued coverage. If only one member of a couple was approved, the discount was reduced to 25%. Where a shared policy was issued, a couple's discount was factored into the shared policy form rates. If only one member of a couple applying for shared coverage was approved, an individual policy was issued and the couple's discount was reduced to 25%; and
h. A description of the calculation of the current and proposed rate tables has been attached separately in the Rate document. A rate schedule by issue age will be submitted after the approval of this filing.

8. Actuarial Assumptions

Redacted pursuant to Section 13, below.

9. Development of the Requested Rate Increase

In developing the requested premium rate increase, the following has been considered:

a. In order to ensure maximum credibility, exhibits are based on GLIC nationwide experience through December 31, 2021.
b. GLIC nationwide experience includes all Choice 2 and 2.1 policies. State specific experience only includes the policies affected by this filing, which are referenced in Section 1 of this actuarial memorandum;
c. This rate action is considered to be subject to the Rate Stability regulation;
d. The nationwide premium has been restated at your state level, only reflecting your state's approved rate increases, to address subsidization among states;
e. The requested rate increase has been assumed to be implemented on August 31, 2023 and it has been calculated to bring the MAE Lifetime Loss Ratio closer to the lifetime loss ratio at pricing, which complies with the 58%/85% test defined in the Rate Stability regulation as demonstrated in the Supplement;
f. Lifetime projections of earned premiums and incurred claims reflecting all the prior approved rate increases in your state are set forth in Exhibit I. Lifetime projections of earned premiums and incurred claims reflecting all the prior approved rate increases in your state and the requested rate increase are set forth in Exhibit II;
g. Historical and projected earned premiums and incurred claims include provisions for waiver of premium;
h. The prior rate increase was not applied to policyholders with benefit period 2 years, policies with no BIO and policies with elimination period 365 days. A small number of high BIO policies that did not receive the prior rate increase were treated as if they received the rate increase; which is a conservative simplification. For lifetime low BIO policies, the justified rate increase was calculated from a weighted average of the cash flows for those policies that received a prior rate increase and those policies that did not receive the prior rate increase; and
i. Refer to the Supplement for contingent benefit upon lapse information.

9.1 New Business Premium Rate Comparison

GLIC has compared premium rates on the referenced policy forms to the new business rates where the policy characteristics are similar. There are significant differences in benefits, underwriting and other product features between the Choice 2 and 2.1 products and the current form approved for sale in your state, Policy Form Number 8000R1. Where possible, adjustments have been made so that new business comparisons are meaningful. These differences affect the rate comparison in the following ways:

<u>Benefit Differences</u>: Several benefits, available in prior product generations, including Choice 2 and 2.1, are not offered in Policy Form Number 8000R1, including benefit periods of eight (8) years or longer, elimination period of zero (0) days, and limited premium payment options (none of these benefits are currently marketed). Policies with these benefit differences are not considered to exceed new business rates.

Survivorship Benefit: All 7044 and 7044Rev policies have a survivorship benefit. The current product does not have this feature, but GLIC did have a product that had this feature available as a rider. These rider rates were added to the currently marketed product rates, which enabled these policies to be part of the new business rate comparison.
Underwriting: Product Form Number 8000R1 is subject to several underwriting enhancements that did not apply to Choice 2 and 2.1. While these underwriting enhancements are not directly reflected in benefits, they impact both original and new business pricing. In addition, Product Form Number 8000R1 has four underwriting categories (Standard, Select, Preferred, and Best), while Choice 2 and 2.1 had only two such categories (Standard and Preferred). GLIC recently made the decision to discontinue sales of Preferred and Best. Ignoring Preferred policies would limit the comparison significantly. GLIC has made a good faith effort to compare these policies and map the two underwriting categories of Choice 2 and 2.1 to the four underwriting categories of Policy Form Number 8000R1 despite the differences.

Issue Ages: Current marketing limits issue ages to between 40 and 75. Policyholders with issue ages outside of this range are not considered to exceed new business rates.

Policies with 50% Home Health Care: Due to the small number of in-force policies with this benefit, these policies have not been included in the comparison and are not considered to exceed new business rates.

Gender Based Pricing: Product Form Number 8000R1 was priced on a gender-specific basis, as opposed to the unisex basis applicable to Choice 2 and 2.1. A blend of female/male rates based on pricing assumptions was used to develop approximate unisex rates.

Informal Home Care: Product Form Number 8000R1 covers services provided by informal caregivers to policyholders receiving care at home, but requires caregivers to be registered, and reimburses that care only up to 50% of the available nursing home benefit. Choice 2 and 2.1 covers services provided by informal caregivers to policyholders receiving care at home, but does not require caregivers to be registered, and reimburses that care up to 100% of the available nursing home benefit. An adjustment to rates for this difference could not be approximated.

Claims Offset: Product Form Number 8000R1 reduces available benefit by claims paid before benefit increases are calculated. Choice 2 and 2.1 products reduce available benefits by claims paid after benefit increases are calculated. An adjustment to rates for this difference could not be approximated.

Marketing and Distribution: Choice 2 and 2.1 were sold during the peak years of LTC production when sales and distribution channels were in a growing stage; the current environment is the exact opposite, with decreasing sales and distribution outlets. In 2004-2009 sales were conducted 66% by Independent Agents and Financial Advisors and 33% by Career Agents. Choice 2.1 was sold also through AARP.

GLIC’s lower ratings today also impact the current distribution and the amount of production of the currently marketed product is an insignificant fraction of the Choice 2 and 2.1 business sold.

Delay in Approvals and Unapproved Amounts: The rate comparison is sensitive to the approval timing and amounts of prior rate increase request. Delays in approval of the full requested rate increase result in higher percentage future premium rate increases and increases the likelihood of proposed rate levels exceeding the new business rates.

In accordance with the Rate Stability regulation and the Long-term Care Rate Stability Practice Note issued by the American Academy of Actuaries in 2012, we believe the differences noted above sufficiently justify a rate level greater than the new business rates for some of the Choice 2 and 2.1 in-force policies in your state. Since GLIC prioritizes rate sufficiency and company solvency, the greater rate level is required in order to certify that, if experience emerges as expected, no further rate increases are anticipated.

10. Active Life Reserves and Claim Liability Reserves

Active life reserves have not been used in this rate increase analysis. Claim reserves as of December 31, 2021, have been discounted to the date of incurral of each respective claim and included in historical incurred claims. Incurred but not reported reserve balances as of December 31, 2021, have been allocated to a calendar year of incurral and included in historic incurred claims. Discounting occurs at 4.12%.

11. Trend Assumptions

As this is not medical insurance, we have not included any explicit medical cost trends in the projections.

12. Future Rate Increases

Policies to which this premium rate increase filing applies may also be subject to future additional rate increases if the full amount of the rate increases requested in this filing are not approved or if the underlying assumptions are not realized, producing a best estimate lifetime loss ratio greater than projected in Exhibit II of this actuarial memorandum.

13. Confidentiality

Pursuant to Md. Code Ann., Gen. Provis. § 4-101, et seq., (the “Public Information Act”) and, specifically, Md. Gen. Provis. § 4-335, GLIC respectfully requests that the following portions of the Actuarial Memorandum be maintained by the Administration as confidential:

Sections 3, 8, the Supplement, Exhibit I and Exhibit II of the Actuarial Memorandum and the Additional Exhibits.

The materials sought to be maintained as confidential are collectively referred to as the “GLIC Confidential Materials” herein. GLIC respectfully requests that the GLIC Confidential Materials be maintained as confidential and not subject to disclosure under the Public Information Act. See Md. Code Ann., Gen. Provis. § 4-335 ("A custodian shall deny inspection of the part of a public record that contains any of the following information provided by or obtained from any person…: (1) a trade secret; (2) confidential commercial information; (3) confidential financial information….") (Emphasis added); Md. Code Ann., Ins. § 11-703 ("A carrier may request a finding by the Commissioner that certain information filed with the Commissioner be considered confidential commercial information under § 4-335 . . . and not subject to public inspection.").

Maryland's Uniform Trade Secrets Act, Md. Code Ann., Com. Law § 11-1201 (the "Trade Secrets Act") defines "trade secret" as "information, including a formula, pattern, compilation, program, device, method, technique, or process, that:

(1) Derives independent economic value, actual or potential, from not being generally known to, and not being readily ascertainable by proper means by, other persons who can obtain economic value from its disclosure or use; and

(2) Is the subject of efforts that are reasonable under the circumstances to maintain its secrecy."

See Md. Code Ann., Com. Law § 11-1201. The GLIC Confidential Materials contain GLIC's confidential trade secrets, including, but not limited to, actuarial formulas, statistics and/or assumptions, which are not generally known to, or ascertainable by proper means by, persons or entities other than GLIC who could obtain economic value from their disclosure or use.

The GLIC Confidential materials must be kept confidential by a record custodian under the Public Records Law because they constitute trade secrets, confidential commercial information, and/or confidential financial information. See Md. Code Ann., Gen. Provis. §§ 4-328, 335. Furthermore, Md. Code Ann., Ins. § 11-703 specifically permits long-term care insurance companies to seek confidential treatment of premium rate information filed with the Department.

The GLIC Confidential Materials fall squarely within the above definition of trade secrets and also constitute confidential commercial / financial information. GLIC and its predecessors have been providing long-term care insurance coverage to policyholders for more than 35 years. GLIC's lengthy experience in the long-term care insurance business has placed it in a unique position in the long-term care insurance marketplace, in that no other long-term care insurance carrier has as much experience in that line of business as GLIC and its predecessors. Because GLIC has been marketing long-term care insurance products longer than its competitors, it has been able to accumulate experience-related data that its competitors have not been able to gather. Among other things, GLIC's confidential, experience-related data is used to price GLIC's long-term care insurance products and manage its existing policies, providing economic value to GLIC, and if it was released, would provide economic value to GLIC's competitors.

Additionally, the GLIC Confidential Materials are held and maintained as confidential by GLIC. The data in GLIC Confidential Materials is not generally known to, or ascertainable by proper means by, persons or entities other than GLIC who could obtain economic value from their disclosure or use. GLIC takes active measures to maintain the secrecy of the information in the GLIC Confidential Materials. Among other measures, GLIC obtains non-disclosure agreements with potential reinsurers before providing those potential reinsurers with any experience-related data. Furthermore, access to the data is limited and available only to employees of GLIC who are deemed likely to need the information in the course of their duties; those employees are subject to non- disclosure agreements under which they agree not to share the information except in furtherance of the business of GLIC. Thus, the GLIC Confidential Materials are plainly information that “is the subject of efforts that are reasonable under the circumstances to maintain its secrecy,” and “derives independent economic value, actual or potential, from not being generally known to, and not being readily ascertainable by proper means by the public or any other person who can obtain economic value from its disclosure or use.” See Md. Code Ann., Gen. Provis. § 4-335.

If disclosed, the GLIC Confidential Materials would permit GLIC’s competitors to exploit GLIC’s confidential, proprietary, trade secret information for their own benefit, and to GLIC’s competitive and economic disadvantage. GLIC’s hard-earned information should be kept confidential so that others cannot gain from GLIC’s experience in order to more effectively compete with GLIC in the long- term care insurance marketplace. The GLIC Confidential Materials include, among other things, compilations of information regarding GLIC’s assumptions in pricing certain long-term care products, GLIC’s proprietary persistency and incurred claims data, and GLIC’s policy demographics. None of this information is available to GLIC’s competitors or to the public generally, and it is plainly protectable under Md. Code Ann., Gen. Provis. § 4-335.

This submission contains the publicly available version of this Actuarial Memorandum and other exhibits referenced above, which redacts the GLIC Confidential Materials. A complete, unredacted, confidential version of GLIC’s Actuarial Memorandum has been filed separately.

14. Actuarial Certification

I am a Fellow of the Society of Actuaries and a Member of the American Academy of Actuaries, and I meet the American Academy of Actuaries' qualification standards for rendering this opinion and am familiar with the requirements for filing for increases in long-term care insurance premiums.

This memorandum has been prepared in conformity with all applicable Actuarial Standards of Practice, including ASOP No. 18, 23, 25, 41 and 56. Policy design, underwriting, and claims adjudication practices have been considered.

I have relied on historical cash flows and projections completed by GLIC's LTC In-force Actuarial Infrastructure team. All future projections included in this memorandum, while based on GLIC's best estimates, are uncertain and may not emerge as expected.

I have relied on the GLIC'S LTC Strategy & Analytics team for the pricing, methodology and design of the alternative options presented in Section 6 of this actuarial memorandum.

I have relied on statutory valuations as of December 31, 2021, for Claim Reserves (i.e., Disabled Life Reserves, Pending Claims reserves, Incurred But Not Reported reserves, and Dead But Not Reported reserves) provided by GLIC's LTC Valuation team.

I have also relied on assumptions developed by GLIC's Long-Term Care Experience Studies team in collaboration with other GLIC actuaries, which assumptions were approved by Genworth's Assumption Review Committee. The assumptions present the actuaries' best judgement and are consistent with the issuer's business plan at the time of the filing. I have been unable to judge the reasonableness of assumptions and methods without performing substantial additional work and disclaim responsibility for material assumptions and methods selected by the issuer.

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 your state and the Long-term Care Insurance regulation. If the requested premium rate schedule increase is implemented and the underlying assumptions, which reflect a margin for moderately adverse experience, are realized, no further premium rate schedule increases are anticipated. In my opinion, the rates are not excessive or unfairly discriminatory.

Elizabeth A. Foreman, FSA, MAAA
Consulting Actuary
Genworth Life Insurance Company
December 2022

Genworth Life Insurance Company
Address: 6620 West Broad Street, Richmond, VA 23230
Company NAIC No: 70025

Actuarial Memorandum
December 2022

PUBLIC

Memorandum Supplement

Redacted pursuant to Section 13, above.

Exhibit Ia: Choice 2&2.1 Policy Forms - Nationwide Experience Lifetime Low BIO - With Maryland Approved Rate Increase

Redacted pursuant to Section 13, above.

Exhibit Ib: Choice 2&2.1 Policy Forms - Nationwide Experience Lifetime High BIO - With Maryland Approved Rate Increase

Redacted pursuant to Section 13, above.

Exhibit Ic: Choice 2&2.1 Policy Forms - Nationwide Experience Limited High BIO – With Maryland Approved Rate Increase

Redacted pursuant to Section 13, above.

Exhibit IIa: Choice 2&2.1 Policy Forms - Nationwide Experience Lifetime Low BIO - With 117% Requested Rate Increase

Redacted pursuant to Section 13, above.

Exhibit IIb: Choice 2&2.1 Policy Forms - Nationwide Experience Lifetime High BIO - With 233% Requested Rate Increase

Redacted pursuant to Section 13, above.

Exhibit IIc: Choice 2&2.1 Policy Forms - Nationwide Experience Limited High BIO - With 132% Requested Rate Increase

Redacted pursuant to Section 13, above.