

State: New York **Filing Company:** Nippon Life Insurance Company of America
TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.003A Small Group Only - PPO
Product Name: NY Community Rated
Project Name/Number: Rate Filing 2013.05.01/N-2013-5-1S

General Information

Project Name: Rate Filing 2013.05.01 Status of Filing in Domicile: Not Filed
 Project Number: N-2013-5-1S Date Approved in Domicile:
 Requested Filing Mode: Review & Approval Domicile Status Comments: Product not sold in state of domicile.
 Explanation for Combination/Other: Market Type: Group
 Submission Type: New Submission Group Market Size: Small
 Group Market Type: Employer Overall Rate Impact:
 Filing Status Changed: 12/24/2012 Deemer Date:
 State Status Changed: Submitted By:
 Created By: Corresponding Filing Tracking Number:
 PPACA: Not PPACA-Related
 PPACA Notes: null
 Include Exchange Intentions: No

Filing Description:
 Rate change request for 5/1/2013. This is the rate filing associated with the prefilling NLAM-128803759.

Company and Contact

Filing Contact Information

655 Third Avenue, 16th Floor
 New York, NY 10017 212-286-0938 [FAX]

Filing Company Information

Nippon Life Insurance Company of America CoCode: 81264 State of Domicile: Iowa
 655 Third Avenue, 16th Floor Group Code: 81264 Company Type: Life
 New York, NY 10017 Group Name: N/A State ID Number:
 (212) 682-3000 ext. [Phone] FEIN Number: 04-2509896

Filing Fees

Fee Required? No
 Retaliatory? No
 Fee Explanation:

State Specific

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1. Is a parallel product being submitted for another entity of the same parent organization? Yes/No (If Yes, enter name of other entity, submission date, and SERFF Tracking Number of the parallel file.): No
2. Type of insurer? Article 43, HMO, Commercial, Municipal Coop, or Fraternal Benefit Society: Commercial
3. Is this filing for Group Remittance, Statutory Individual HMO, Statutory Individual POS, Blanket, or Healthy New York? Yes/No (If Yes, enter which one.): No
4. Type of filing? Enter Form and Rate, Form only, Rate only (Form only should be used ONLY when the filing only contains an application, advertisement, administrative form, or is an out-of-state filing. Form submissions with no proposed rate impact are considered form and rate filings and require an actuarial memorandum.): Rate only
5. Is this a Rate only filing? Yes/No [If Yes, enter one: Commission/Fee Schedule, Prior Approval Rate Adjustment, DBL Loss Ratio Monitoring, Loss Ratio Experience Monitoring/Reporting, Medicare Supplement Annual Filing (other than rate adjustment), Medicare Supplement Refund Calculation Filing, Timothy's Law Subsidy Filing, Sole Proprietor Rating, 4308(h) Loss Ratio Report, 3231(e) Loss Ratio Report, Experience Rating Formula, or Other with brief explanation.): Yes, Prior Approval Rate Adjustment
6. Does this submission contain a form subject to Regulation 123? Yes/No (If Yes, provide a full explanation in the Filing Description field.: No
7. Did this insurer prefile group coverage for this group under Section 52.32 prior to this filing? Yes/No (If Yes, enter the state tracking number assigned and the effective date of coverage.): No
8. Does this submission contain any form which is subject to review by the Life Bureau, the Property Bureau or both? Yes/No (If Yes, identify the forms, the Bureau, the date submitted, and the SERFF file number.): No
9. Does this filing contain forms that replace any other previously approved forms? Yes/No (If Yes, identify the form numbers, the file number, and the date of approval of the forms being replaced in the Filing Description field.): No
10. If this is a rate adjustment filing pursuant to Section 3231(e)(1) or 4308(c), did this insurer submit a "Prior Approval Prefiling" containing a draft narrative summary and initial notification letter associated with this filing? Yes/No (If Yes, enter the state tracking number and the SERFF tracking number of the prefile.): Yes, NLAM-128803759

SERFF Tracking #:

NLAM-128813444

State Tracking #:

2012120109

Company Tracking #:

N-2013-5-1S

State:

New York

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Correspondence Summary

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Supporting Document	Standard Exhibit 3 - Narrative Summary	[REDACTED]	12/21/2012	12/21/2012

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Amendment Letter

Submitted Date: 12/21/2012

Comments:

Replaced narrative summary document with one printed on our letterhead, suitable for posting on the internet.

Changed Items:

No Form Schedule Items Changed.

No Rate Schedule Items Changed.

Supporting Document Schedule Item Changes	
Satisfied - Item:	Standard Exhibit 3 - Narrative Summary
Comments:	
Attachment(s):	Nippon Life Insurance Company of America Narrative Summary for May 1 2013 Rate Adjustment _website_.pdf
<i>Previous Version</i>	
<i>Satisfied - Item:</i>	<i>Standard Exhibit 3 - Narrative Summary</i>
<i>Comments:</i>	
<i>Attachment(s):</i>	<i>Nippon Life Insurance Company of America Narrative Summary for May 1 2013 Rate Adjustment rev 20121218.pdf</i>

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Rate Information

Rate data applies to filing.

Filing Method:

Prior Approval

Rate Change Type:

Increase

Overall Percentage of Last Rate Revision:

-3.000%

Effective Date of Last Rate Revision:

01/01/2012

Filing Method of Last Filing:

Prior Approval

Company Rate Information

Company Name:	Company Rate Change:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
Nippon Life Insurance Company of America	Increase	29.300%	29.300%	\$15,756,331	442	\$53,855,128	32.600%	27.000%

Product Type:	HMO	PPO	EPO	POS	HSA	HDHP	FFS	Other
Covered Lives:		6,874				2,215		
Policy Holders:		354				88		

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Rate Review Detail

COMPANY:

Company Name: Nippon Life Insurance Company of America
 HHS Issuer Id: 88713
 Product Names: PPO and HDHP
 Trend Factors:

FORMS:

New Policy Forms:
 Affected Forms:
 Other Affected Forms: NP 5500

REQUESTED RATE CHANGE INFORMATION:

Change Period: Annual
 Member Months: 138,157
 Benefit Change: None
 Percent Change Requested: Min: 27.0 Max: 32.6 Avg: 29.3

PRIOR RATE:

Total Earned Premium: 60,058,335.00
 Total Incurred Claims: 51,614,133.00
 Annual \$: Min: 210.00 Max: 1,144.00 Avg: 501.00

REQUESTED RATE:

Projected Earned Premium: 90,100,983.00
 Projected Incurred Claims: 74,261,230.00
 Annual \$: Min: 250.00 Max: 1,511.00 Avg: 613.00

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Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1		NYCR Manual other than Section Z.pdf		New		NYCR Manual eff 20130501.pdf
2		Rate Manual Section Z - Area factor (part 1).pdf		New		Rate Manual Section Z - Area factor (part 1).pdf
3		Rate Manual Section Z - Area factor (part 2).pdf		New		Rate Manual Section Z - Area factor (part 2).pdf

NIPPON LIFE INSURANCE COMPANY OF AMERICA

NEW YORK COMMUNITY RATE MANUAL
TABLE OF CONTENTS

	ITEMS	PAGES
1	Medical Benefit Descriptions	D - 1
2.	Calculation of Medical Rates	D - 13
3:	Medical Rate Tables	D - 14.0
4.	Must Offer Benefits	D - 14.4
5.	Area Factor (Nine New York Counties)	D - 15
6.	Network Discount Factor	D - 15.0
7.	Example of Medical Rates Calculation	D - 16
8.	Prescription Drug Benefit Descriptions	D - 17
9.	Prescription Drug Basic Rates	D - 20
10.	Calculation of PCS Rates	D - 21
11.	Area Factor (Other than Counties Listed in Table D)	Section Z
12.	Appendix 1: Comparative Premium Rate Information For Small Group	
13.	Appendix 2: Commission Schedule and Persistency Incentive Plan	
14.	Appendix 3: Underwriting Guidelines	

NIPPON LIFE INSURANCE COMPANY OF AMERICA

D. NEW YORK COMMUNITY RATES

PART 1 – MEDICAL

I BENEFIT DESCRIPTIONS

These are types of standard plans: PPO Plans and High Deductible HSA compatible Health Plans. For groups of two to fifty lives, there are twenty six PPO Plans and sixteen HSA plans available. The expected loss ratio for the New York Community Rated group is 82%.

PPO Plans are typical PPO coverages with a larger benefit percentage reimbursable to an insured for going to a preferred provider than to a nonpreferred provider. The available benefit percentages are 100%/70%, 100%/80%, 90%/80%, 90%/70%, 80%/70% and 80%/60%. Various deductibles, maximum out-of-pocket and non-hospital physician visit co-pays are available. There is no lifetime maximum benefit per person for these plans.

High Deductible HSA Compatible Plans are PPO coverage with a benefit structure that complies with all applicable federal regulations covering High Deductible Health Plans (HDHP). There are a few features that are unique to these plans. First, there is no wellness care coverage out-of-network. Second, there is no individual deductible or out-of-pocket limit for an employee who has dependent coverage. The aggregate deductible and out-of-pocket limit must be met before benefits are payable or co-insurance no longer applies for any individual family member. Finally, no physician visit co-pay option is available.

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The standard PPO plans as follows:

	Deductible*	Coinsurance (Network/ Non- Network)**	Out-of-Pocket***	Co-pay (Network/ Non-Network)
2-50 Life Groups	\$ 100	90/80	\$ 1,000	\$ 10/0
	200	90/80	1,000	10/0
	300	90/80	2,000	10/0
	200	90/70 ****	1,000	10/0
	300	90/70 ****	2,000	15/0
	500	80/70 ****	2,000	15/0

	Deductible/ (Network/ Non-Networking) *		Coinsurance (Network/ Non- Network)**	Out-of-Pocket (Network/ Non- Network)	Co-pay (Network/ Non-Network)
2-50 Life Groups	\$0	\$3,000	100/80	\$0/ \$6,000	\$20/0
	\$0	\$5,000	100/80	\$0/ \$10,000	\$20/0
	\$500	\$1,000	100/80	\$500/ \$3,000	\$20/0
	\$1,000	\$2,000	100/80	\$1,000/ \$6,000	\$20/0
	\$0	\$3,000	100/70	\$0/ \$6,000	\$20/0
	\$0	\$5,000	100/70	\$0/ \$10,000	\$20/0
	\$500	\$1,000	100/70	\$500/ \$3,000	\$20/0
	\$1,000	\$2,000	100/70	\$1,000/ \$6,000	\$20/0
	\$500	\$1,000	90/70	\$1,500/ \$3,000	\$20/0
	\$1,000	\$2,000	90/70	\$3,000/ \$6,000	\$20/0
	\$500	\$1,000	80/60	\$2,000/ \$4,000	\$20/0
	\$1,000	\$2,000	80/60	\$4,000/ \$8,000	\$20/0

* Individual deductible shown. Family limit of three deductibles per family for the \$10, \$15 and \$25 copay plans and two deductibles per family for the \$20 copay plans. The deductible applies to all covered charges except Network physician visits for home and office calls (non-hospital Network physician charges).

** The coinsurance percentage for Network non-hospital physician charges is 100% rather than the percentage shown.

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*** Individual amount shown. Family limit is three times the individual amount for the \$10, \$15 and \$25 copay plans and two times the individual amount for the \$20 copay plans.

**** Non-Network Home Health Care will be paid at 80%.

Note: Non-hospital physician visit co-pays do not apply toward the calendar year deductible or Out-of-Pocket.

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HSA Plans

	Deductible*		Coinsurance	Out-of-Pocket**	
	Network	Non-Network		Network	Non-Network
2-50 Life Groups	\$2,000	\$4,000	100/70***	\$2,000	\$8,000
	\$2,500	\$5,000	100/70	\$2,500	\$10,000
	\$3,000	\$6,000	100/70	\$3,000	\$10,000
	\$5,000	\$10,000	100/70	\$5,000	\$15,000
	\$1,500	\$3,000	80/60***	\$3,000	\$6,000
	\$1,500	\$3,000	80/60	\$5,000	\$10,000
	\$2,000	\$4,000	80/60	\$3,000	\$6,000
	\$2,000	\$4,000	80/60	\$5,000	\$10,000
	\$2,500	\$5,000	80/60	\$5,000	\$10,000
	\$3,000	\$6,000	80/60	\$5,000	\$10,000

* Individual deductible shown. Family limit of two deductibles per family. The deductible applies to all covered charges.

** Individual amount shown. Family is two times the individual amount.

*** Non-Network Home Health Care will be paid at 75%.

All standard plans have the following features:

1. Covered Charges –

PPO plans out of network, covered charges will either be the actual cost charged to the insured for necessary treatment and care of injury or sickness but only to the extent that such charges do not exceed the prevailing charges. PPO Plans pay in-network benefits per negotiated contractual arrangements. Covered are charges:

- a. by a hospital for room and board (limited to semi-private) and other hospital services,
- b. by a physician for professional service including physician visits, surgery, diagnosis, medical care and treatment, provided the physician is not a member of the insured's immediate family,
- c. for intensive care in a hospital,
- d. for services of legally licensed physiotherapists and graduate registered nurses (only while confined in a Hospital or Skilled Nursing Facility or as specifically provided in the Home Health Care/ Hospice Care provision, or as otherwise required by state law),

NIPPON LIFE INSURANCE COMPANY OF AMERICA

- e. for drugs and medicines requiring a physician's prescription (if PCS is provided, only those covered charges not covered by PCS will be payable),
- f. for surgical dressings, casts, splints, braces, crutches, artificial limbs, artificial eyes, or for rental of a wheelchair, hospital-type bed, or an artificial respirator,
- g. for anesthesia, blood, blood plasma, and oxygen (including rental or equipment for its administration),
- h. for X-ray and laboratory examinations, and X-ray, radium, and radioactive isotope therapy.
- i. For necessary ambulance services,
- j. By a dentist or dental surgeon for repair of damage to the jaw and natural teeth as the direct result and within six months of an accident.

Included as recognized Covered Charges are the following health care services:

- a. routine physical exams,
- b. preventive medicine (flu shots, polio vaccines, and other routine immunizations),
- c. certain nonprescription drugs ordered by a physician if obviously necessary and no other family member can use, such as insulin, syringe, and testape,
- d. prescription (legend) drugs including sales tax (if PCS is provided, only those covered charges not covered by PCS will be payable),
- e. registered physical therapists,
- f. speech therapy where an insured's speech is impaired by an injury or sickness such as a stroke,
- g. birth control pills,
- h. medical expenses in the treatment of drug addiction and alcoholism,
- i. dialysis,
- j. transplants (recipient's expenses),
- k. initial glasses or contact lenses following cataract surgery,
- l. audiograms when performed by a qualified technician
- m. chiropractic treatment within limits

NIPPON LIFE INSURANCE COMPANY OF AMERICA

2. Limitations – benefits are not payable for:
- a. medically unnecessary care,
 - b. services provided by a family member,
 - c. dental services, except as described under Covered Charges
 - d. eye examinations for the correction of vision or the fitting of glasses,
 - e. vision materials (frames or lenses) or hearing aids,
 - f. acupuncture or acupressure treatment in excess of \$500 per calendar year
 - g. comfort or convenience services and supplies,
 - h. drugs or medicines that do not require a physician's prescription, vitamins, nutritional supplements, or special diets,
 - i. cosmetic treatment or services
 - j. confinement, treatment, or services that is subject to the Pre-Existing Conditions Restrictions provision,
 - k. confinement, treatment, or service for educational or training problems, learning disorders,
 - l. confinement, treatment, or service for which the insured has no financial liability or that would be provided at no charge in the absence of insurance,
 - m. confinement, treatment, or service paid for or furnished by the United States Government or one of its agencies (except Medicaid),
 - n. confinement, treatment, or service that results from war or act of war,
 - o. confinement, treatment, or service that results from voluntary participation in criminal acts,
 - p. confinement, treatment, or service that results from a sickness that is covered by a Worker' Compensation Act or other similar law,
 - q. confinement, treatment, or service that results from an injury arising out of or in the course of any employment for wage or profit,
 - r. confinement, treatment, or service covered by medical expense insurance issued under an Individual Purchase Rights,

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- s. Treatment or Service rendered and separately billed by employees of hospitals, laboratories or other institutions; or
- t. rest cures, custodial care and transportation; or
- u. Treatment or Service for which benefits are provided for any loss or portion for which mandatory automobile no-fault benefits are recovered or recoverable; or
- v. Treatment or Service for foot care with respect to: corns, calluses, trimming of toenails, flat feet, fallen arches, chronic foot strain, symptomatic complaints of the feet, or casting for orthotics, or any appliance (including orthotics); or
- w. Treatment or Service provided outside the United States, its possessions, or the countries of Canada or Mexico, unless the Insured Person is temporarily outside the United States for a period of six months or less for one of the following reasons:
 - travel, provided the travel is for a reason other than securing health care diagnosis or treatment; or
 - a business assignment; orFull-Time Student status, provided the Insured Person is either:
 - enrolled and attending an accredited school in a foreign country; or
 - is participating in an academic program in a foreign country, for which the institution of higher learning at which the student is enrolled in the U.S. grants academic credit.
- x. wigs or hair prostheses; or
- y. cryopreservation or storage; or
- z. behavior modification or group therapy, except as provided for Mental Health or Behavioral, Alcohol or Drug Abuse Treatment Services; or
- aa. Treatment or Service for smoking cessation or nicotine addiction or gambling addiction or stress management; or
- bb. Treatment or Service for insertion, removal, or revision of breast implants, unless provided post-mastectomy, or for any sickness or condition for which the insertion of breast implants or the fact of having breast implants within the body, was a contributing factor, unless the sickness or condition occurs post-mastectomy, unless the surgery is reconstructive surgery when such service is incidental to or follows surgery resulting from trauma, infection, or other diseases of the involved part; or
- cc. charges for telephone calls or telephone consultations or missed appointments; or

NIPPON LIFE INSURANCE COMPANY OF AMERICA

- dd. any nursing services (except as described above under Covered Charges and as required by state law); or
- ee. Treatment or Service related to the restoration of fertility or the promotion of conception (including reversal of voluntary sterilization), except as provided under Infertility Diagnosis and Treatment; or
- ff. Treatment or Service for the purpose of reversal of voluntary sterilization; or
- gg. dietetic counseling, unless provided while the Member or Dependent is Hospital Inpatient Confined, or as provided under Diabetes Treatment and Home Health or Hospice Care; or
- hh. Treatment or Service provided for weight loss or reduction of obesity, including surgical procedures, even if the covered person has other health conditions which might be helped by weight loss or reduction of obesity; or
- ii. routine immunizations and inoculations given as preventive measures against disease (except that benefits will be payable for Children's Preventive and Primary Care Services and Pediatric Vaccines); or
- jj. comprehensive physical examinations or medical diagnostic procedures required by, paid by or reimbursed by the Policyholder.

NIPPON LIFE INSURANCE COMPANY OF AMERICA

3. Full Coverage From Birth to Age 26

Provides coverage for all "covered charges" from date of birth to age 26 of a dependent child.

4. Mental and Nervous Disorders –

a. Inpatient Hospital Services

If a member or dependent is confined to a hospital as a registered bed patient due to a Mental or Nervous Disorder, benefits will be payable for charges by the hospital for room, board, and other usual services and for physician visits provided during such confinement.

Benefits will be payable the same as for any other sickness for not more than 30 days of confinement each calendar year for each insured person.

Benefits will be payable for physician visits when provided while the person is hospital confined, only if they occur during the period for which these inpatient hospital benefits are payable.

b. Outpatient Services

If a member or dependent receives treatment or service on an outpatient basis due to a Mental or Nervous Disorder, benefits will be payable for covered charges incurred by such treatment or service.

"Outpatient Services" mean treatment or service (including physician visits), which is provided other than while confined in a hospital as a registered bedpatient, including Outpatient Crisis Intervention Services, services by a licensed psychiatrist or psychologist, and services furnished by a facility operated by, or issued an operating license by, the Office of Mental Health.

Benefits will be payable the same as for any other sickness for at least 30 outpatient visits each year. Reimbursements for early visits shall be at least equal to reimbursements for subsequent visits.

c. Outpatient Crisis Intervention Services

"Outpatient Crisis Intervention Services" consists of at least three psychiatric emergency is an emergency where the person appears to have mental illness for which immediate observation, care, and treatment is appropriate and which is likely to result in serious harm to the person or others, as certified by a licensed mental health provider whose services are covered under the group policy.

NIPPON LIFE INSURANCE COMPANY OF AMERICA

However, benefits provided by this paragraph will be used to reduce benefits otherwise payable under the Inpatient Services and Outpatient Services described above.

Also available upon request are new "Timothy's Law" mental health benefits. These benefits include full coverage comparable to the medical coverage under the policy for adults and children with the following illnesses.

Biologically based mental illness is defined as a mental, nervous, or emotional disorder caused by a biological disorder of the brain which results in a clinically significant, psychological syndrome or pattern that substantially limits the functioning of the person with the illness. Under the law, the following disorder satisfy the definition of biologically based mental illness: schizophrenia/ psychotic disorders; major depression; bipolar disorder; delusional disorders; panic disorder; obsessive compulsive disorders, anorexia and bulimia.

Children with serious emotional disturbances is defined as those person under the age of eighteen years who have a diagnosis of attention deficit disorders, disruptive behavior disorders, or pervasive development disorders and one or more of the following: serious suicidal symptoms or other life-threatening self-destructive behaviors; significant psychotic symptoms (hallucinations, delusion, bizarre behaviors); behavior caused by emotion disturbances that placed the child at risk of causing personal injury or significant property damage; or behavior caused by emotional disturbances that placed the child at substantial risk or removal from the household.

5. Alcohol or Drug Abuse -

a. Inpatient Hospital Services

If a member or dependent is confined to a hospital as a registered bedpatient due to alcoholism or drug abuse, benefits will be payable for charges by the hospital for room, board, and other usual services and for physician visits provided during the confinement.

Benefits will be payable the same as for any other sickness for:

- Seven days of confinement for detoxification; and
- 30 days for confinement for rehabilitative services;

each calendar year for each insured person.

Benefits will be payable for physician visits when provided while the person is hospital confined, only if they occur during the period for which these inpatient hospital benefits are payable.

NIPPON LIFE INSURANCE COMPANY OF AMERICA

b. Outpatient Services

If a member or dependent receives treatment or service on an outpatient basis due to alcoholism or drug abuse, benefits will be payable for covered charges incurred for such treatment or service.

"Outpatient Services" mean treatment or service (including physician visits) which is provided other than while confined in a hospital as a registered bedpatient.

Benefits will be payable the same as for any other sickness for not more than 60 visits for each insured person each calendar year (of the 60 visits, up to 20 visits may be used by covered family members, even if the person in need of treatment has not received treatment):

6. Pre-existing Condition Restrictions -

A Preexisting Condition is a condition (whether physical or mental), regardless of the cause of the condition for which medical advice, diagnosis, care, or treatment was recommended or received within the six-month period ending on the effective date of an individual's insurance under the Group Policy. However, pregnancy will not be considered a Preexisting Condition. A congenital sickness or injury of a covered Dependent Child will not be considered a Preexisting Condition. Genetic information will not be considered a Preexisting Condition in the absence of a diagnosis of the condition related to such information.

Exclusion period: Benefits for Treatment or Service of a Member's or Dependent's Preexisting Condition will be excluded for a period of:

- 12 consecutive months after the earlier of:
 - the effective date of the individual's insurance; or
 - the first day of the Waiting Period;for Members or Dependents for whom insurance is requested during the first period in which the individual is eligible to enroll under the Group Policy;
- 12 consecutive months after the effective date of the individual's insurance for Members or Dependents who are Special Enrollees;
- 12 consecutive months after the effective date of the individual's insurance for Members or Dependents who are Late Enrollees.

NIPPON LIFE INSURANCE COMPANY OF AMERICA

The Pre-existing Conditions restrictions will not apply to persons under age 19

In determining whether the Pre-existing Condition restriction applies to a person, credit will be given for his or her satisfaction or partial satisfaction of a similar provision under previous health insurance coverage or employer-provided health benefit arrangement, provided the previous coverage was continuous to a date not more than 60 days prior to the effective date of the person's insurance under this plan. In the case of previous HMO coverage, any waiting period prior to the previous coverage becoming effective must also be credited, provided that the previous coverage was substantially similar to the new coverage.

7. Maternity –

The standard Maternity plan is in compliance with the Federal Pregnancy Requirements set forth by the 1978 amendment to the Civil Rights Act. The Amendment requires that pregnancy and related conditions be treated on exactly the same basis as any other sickness. This involves not only the same deductible, coinsurance, and full pay areas, but also equal application of pregnancy restrictions, elimination of "conception while insured" provisions, and removal of any special related Extended Benefits.

Although not a requirement of the Federal legislation, the standard plan includes:

- a) Coverage for all insured females – employees and dependents (including dependent daughters).
- b) Coverage for elective abortions.

8. Home Health Care –

Includes covered charges by a Home Health Care Agency for:

- 1) part-time or intermittent home nursing care by or under the supervision of a Registered Nurse,
- 2) part-time or intermittent home care by a Home Health Aide,
- 3) physical, occupational, or speech therapy,
- 4) drugs, medicines, and other supplies prescribed by the attending physician if the cost of these items would have been covered charges had the insured remained as an inpatient in a hospital, and
- 5) laboratory services if the cost of these services would have been covered charges had the insured remained as a inpatient in a hospital.
- 6) In New York, home health care is reimbursed at the greater of the standard benefit percentage or 75%

NIPPON LIFE INSURANCE COMPANY OF AMERICA

The above services and supplies must be provided under the terms of a Home Health Care Plan.

A Home Health Care Plan is defined as the continued treatment of an insured after release from the hospital and confinement but only if it is established in writing by the attending physician within seven days after hospital confinement ends.

The general Comprehensive Medical limitations will apply to Home Health Care. In addition, Comprehensive Medical covered charges will not include charges for:

- 1) services or supplies not included in the Home Health Care plan;
- 2) the services of any person who normally lives in the member or dependent's home;
- 3) custodial care (services or supplies provided to assist a person in daily living -- e.g., meals and personally grooming);
- 4) transportation services.
- 5) more than 40 Home Health Care visits in a calendar year. For this purpose, one visit will be counted for up to four hours of service (in a 24-hour period) by a Home health Aide and one visit will be counted for each visit by any other person.

The deductible applicable to Home Health Care will be limited to \$50 per calendar year to comply with New York state requirements. This deductible amount will be applied in place of and separately from the Comprehensive Medical deductible for all other covered charges.

9. Hospice Care --

Charges are covered for Hospice Care Services provided by a Hospice, Hospice Care Team, Hospital, Home Health Care Agency, or Skilled Nursing Facility for:

- a. any sick insured who, in the opinion of the attending physician, has no reasonable prospect of course and is expected to live no longer than six months, and
- b. the family of such insured;

but only to the extent that such Hospice Care Services are provided under the terms of a Hospice Care Program and are billed through the Hospice that manages that program.

Hospice Care Services consist of:

NIPPON LIFE INSURANCE COMPANY OF AMERICA

- a. inpatient and outpatient care, home care, nursing care, counseling, and other supportive services and supplies provided to meet the physical, psychological, spiritual, and social needs of the dying individual; and
- b. drugs and medicines (requiring a physician's prescription) and other supplies prescribed for the dying individual by any physician who is a part of the Hospice care team; and
- c. instructions for care of the patient, counseling, and other supportive services for the family of the dying individual; and
- d. bereavement counseling services, either before or after the individual's death, provided to the family of the terminally ill person.

The general Comprehensive Medical limitations listed in this section will apply to Hospice Care. In addition, Comprehensive Medical Covered Charges will not include Hospice Care charges that:

- 1) exceed an overall maximum of 210 Hospice Care days (beginning with the first day on which Hospice Care is provided); or
- 2) exceed five visits for bereavement counseling services; or
- 3) are for Hospice Care Services not approved by the attending physician and the Company; or
- 4) are for transportation services;
- 5) are for custodial care (services or supplies provided to assist an person in daily living – e.g., meals and personal grooming); or

10. Skilled Nursing Facility –

Room and board and other services are covered, provided:

- a. a physician certifies the need for confinement,
- b. at least three days of hospital confinement preceded the skilled nursing facility confinement,
- c. the skilled nursing facility confinement results from the sickness or injury that was the cause of the hospital confinement, and
- d. the skilled nursing facility confinement begins not later than 14 days after the end of the hospital confinement or not later than 14 days after the end of a prior skilled nursing facility confinement for which benefits were payable.

Covered charges for each day will not be more than 50% of the most frequent semi-private room rate charged by the hospital in which the person was confined before the skilled nursing facility confinement. Also, covered charges will not include charges for more than 120 days for all skilled nursing facility confinements that result from

NIPPON LIFE INSURANCE COMPANY OF AMERICA

the same or related sickness or injury under our standard benefit, and not more than 60 days for all skilled nursing facility confinements that result from the same or related sickness or injury if our 2006 Policy form benefit reduction is chosen.

11. Extended Benefit Provision –

Benefits will be payable for treatment or service received by a member or dependent within 12 months after the group policy is terminated, or three months after the individual terminates the policy under our standard benefit, or benefits will be payable for treatment or service received by a member or dependent for a hospital stay or surgery within 31 days after the group policy is terminated or three months after the individual terminates the policy if our 2006 policy form benefit reduction is chosen, provided that:

- a. the member (other than a retired member) or the dependant has been disabled (or a retired member has been in a period of limited activity) from the date insurance ceased until the date of treatment or service; and
- b. the member or dependant would have qualified for benefit payment if insurance had remained in force; and
- c. the sickness or injury for which the member or dependent receives treatment or service was diagnosed by a physician on or before the date insurance ceased.

However, no benefits will be payable for treatment or service received on or after the member or dependent becomes eligible for other group medical expense coverage. Also, extended benefits will not apply to insurance, which terminates because the member or dependent transfers to an HMO.

If the replaced plan did not provide extended benefits upon policy termination, our plan will also be written without extended benefits upon policy termination where not prohibited by state law. If the replaced plan did provide extended benefits upon policy termination, our standard extended benefits as described above, will apply regardless of what extended benefits the replaced plan provided.

12. Deductible and Coinsurance Credit on Replacement of a Prior Plan –

Credit of portion of the deductible is allowed during the first year on any replaced medical plan, provided the deductible is on a calendar year or policy year basis. Under the credit, covered charges incurred toward the deductible of the previous carrier will be recognized toward satisfaction of our deductible during the remainder of the year. This avoids making the member or dependent satisfy more than one deductible in a calendar year due to change carrier.

Further, coinsured covered charges incurred under the prior carrier plan but within the calendar year of carrier change are counted toward our maximum coinsurance liability. This is true with either a per member or dependent or per family stop loss/out-of-pocket provision, provided both the prior plan and our replacement pan contain one or the other of these limits on member and dependent coinsurance liability.

NIPPON LIFE INSURANCE COMPANY OF AMERICA

13. Health Info Line –

Health Info Line (HIL) is benefit which combines three cost-saving tools into one convenient service; Hospital Pre-Admission Authorization, Benefit Advice, and Pretreatment Review or Presurgery Review

a. Hospital Pre-Admission Authorization

Before patients enter the hospital on a nonemergency basis, they ask their physicians to submit treatment proposals to Nippon's contracted staff of registered nurses and physicians. If an emergency occurs, the insured is asked to have the same data submitted within two working days following admission. Either way, Nippon's contracted personnel reviews each case to determine if the patient needs the amount of hospital time requested.

If the requirements for Health Info Line, Same Day Surgery, Second Surgical Opinion, Presurgery, or Pretreatment Review are not met, the normal deductible, coinsurance, and out-of-pocket provisions apply. The benefit payment is then reduced 25%. The 25% benefit penalty does not count toward the satisfaction of the out-of-pocket limit of \$2,000 per claimant per calendar year.

If days are not approved as medically necessary, benefits are not payable for those days.

Appeals may be directed to Nippon contracted staff.

b. Benefit Advice

Supplies employees with the facts they need to make well-informed, cost-effective health care decisions. Nippon's contracted registered nurses provide a wealth of information on health care options and benefit plan coverages. They can answer employee questions on such topics as outpatient surgery, generic drugs, health care alternatives, health care providers, treatment costs, and plan coverages.

c. Pre-treatment Review

When a physician recommends treatment for certain conditions, the insured, a family member, or doctor needs to call Health Info Line providing basic information. Nippon's contracted staff of medical professionals will review the treatment with the doctor and determine if benefits are available for the treatment. Then they will let the patient know. The insured and the doctor will also receive a letter confirming the treatment plan.

If Health Info Line is not called, the benefits payable may be reduced 25% of the hospital, surgical, and anesthesia charges, unless it is demonstrated that a medical emergency existed and the surgery could not be delayed for the time necessary for a review to take place.

NIPPON LIFE INSURANCE COMPANY OF AMERICA

The 25% benefit penalty will not count toward the satisfaction of the deductible or coinsurance limits. Also, the benefit penalty maximum is \$2,000 per individual per calendar year in addition to deductible and coinsurance limits.

d. Presurgery Review

In states where Pretreatment Review has not been approved, Presurgery Review will be included in its place. When a physician recommends certain listed nonemergency surgeries, the insured needs to call the Health Info Line toll-free number providing some basic information. Nippon's contracted staff of medical professionals will review the need for surgery with the doctor and determine whether a second opinion is required. Then they will let the patient know whether to seek a second opinion. The plan pays 100% (no deductible applies) of the consultant's fee for a required second opinion (and third opinion if desired).

If Health Info Line is not called or a required second opinion not obtained, the Comprehensive Medical benefits payable will be reduced 25% of the hospital, surgical, and anesthesia charges, unless it is demonstrated that a medical emergency existed and the surgery could not be delayed for the time necessary to obtain a second opinion.

The 25% benefit penalty will not count toward the satisfaction of the deductible or coinsurance limits. Also, the benefit penalty maximum is \$2,000 per individual per calendar year in addition to deductible and coinsurance limits.

14. Variance -

a. Prescription Drugs Exclusion

Excludes as covered charges any medicines and drugs covered under a separate plan such as Pharmaceutical Card System, Inc. (PCS). Those drugs not covered by PCS would still be an eligible covered charge under the Comprehensive Medical Plan. The PCS plan does not include contraceptive coverage. Note that the rate credit for this variance is to be paid to the Comprehensive Medical rate, rather than to the rate for the Prescription Drug coverage.

b. Reimbursement at the 90th percentile

An option is available of reimbursement not to exceed prevailing charges screened at the 90th percentile.

c. \$250 per inpatient day rate

An option is available for \$250 per inpatient day co-pay on some of our PPO plans.

d. \$1000 per inpatient admission rate

NIPPON LIFE INSURANCE COMPANY OF AMERICA

An option is available for a \$1000 per inpatient admission rate.

- e. Full coverage comparable to the medical coverage of biologically based mental illness.

An option is available for full coverage of biologically based mental illness.

- f. Full coverage comparable to the medical coverage of children with serious emotional disturbances.

An option is available for full coverage of children with severe emotional disturbances.

- g. Make Available Option under S.6030.

An option is available to extend dependent coverage through age 29 under S.6030.

- h. Extension of Dependent Coverage to Age 26.

If the Make Available Option, under New York Law S.6030, is not chosen, the plan must extend dependent coverage to age 26, under Patient Protection and Affordable Care Act (PPACA).

- i. Remove Preventive Care Cost Sharing.

A required coverage, under PPACA, to remove all cost sharing for preventive benefits from non-grandfathered plans.

- j. Extension of Mini-COBRA.

A required coverage, under New York Thirty-six Month State Continuation Benefit Required by Chapter 236 of the laws of 2009, to extend the period of continuation coverage to 36 months.

- ll. Rates

See pages D13 -- D16.

CALCULATION OF MEDICAL RATES

1. Determine the base rate from Table A.
2. Determine the PCS exclusion rate from Table A for member, spouse, and child for desired plan, if applicable.
3. Subtract the PCS exclusion rate from the base rate, if applicable.
4. Determine the 90th percentile reimbursement rate from Table A for member, spouse, and child for desired plan, if applicable.
5. Add the 90th percentile reimbursement rate to the base rate, if applicable.
6. Determine the \$1000 per inpatient admission rate from Table A for member, spouse and child for desired plan, if applicable.
7. Add the \$1000 per inpatient admission rate, if applicable.
8. Determine the full coverage of biologically based mental illness rate from Table B.
9. Add the full coverage of biologically based mental illness rate, if applicable.
10. Determine the full coverage of children with severe emotional disturbances rate from Table B.
11. Add the full coverage of children with severe emotional disturbances, if applicable.
12. Determine the rate load for the Make Available Option under S.6030 from Table C.
13. Multiply the base rate by the Make Available Option rate load.
14. Determine the rate load for the Extension of Dependent Coverage to Age 26 Factor from Table C.
15. Multiply the base rate by the Extension of Dependent Coverage to Age 26 Factor.
16. Determine the rate load for the Remove Preventive Care Cost Sharing Factor for non-grandfathered plans from Table C.
17. Multiply the base rate by the Remove Preventive Care Cost Sharing Factor.
18. Determine the rate load for the Extension of Mini-COBRA Factor from Table C.
19. Multiply the base rate by the Extension of Mini-COBRA Factor.
20. Determine the Area Factor from Table D and Section Z. A weighted average area factor would be calculated for the entire group based on the number of employees who work in each area.

21. Determine the Network Discount Factor from Table E.

22. Determine the Effective Date Adjustment Factor by using $[1 + 0.0095 * X]$ where

X is the number of complete months elapsed since May 1, 2013 as of the date of issue through April 30, 2014.

Employer's rates are guaranteed for 12 months using the Effective Date adjustment Factor in effect on their policy anniversary.

23. The Experience Adjustment Factor reflects actual experience on the Nippon Life Insurance Company of America New York Community Rated block.

Experience Adjustment Factor	4.88
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24. Multiply the rates from Line 19 by the Area Factor, Network Discount Factor, the Effective Date Adjustment Factor, and the Experience Adjustment Factor to produce the final rates.

NIPPON LIFE INSURANCE COMPANY OF AMERICA

TABLE A

Basic Rates for Cases with 2 to 50 Covered Lives Effective 10/1/2007

<u>Deductible</u>		<u>Coinsurance</u>		<u>Out of Pocket</u>		<u>Co-pay</u>		<u>Base</u>	<u>PCS</u>	90th Percentile Reimburse ment Addition	
<u>In</u> <u>Network</u>	<u>Out of</u> <u>Network</u>	<u>In</u> <u>Network</u>	<u>Out of</u> <u>Network</u>	<u>In</u> <u>Network</u>	<u>Out of</u> <u>Network</u>	<u>In</u> <u>Network</u>	<u>Out of</u> <u>Network</u>	<u>Rates</u>	<u>Deduction</u>		
\$100 \$200 Per Out of Network Hospital Admission		90%/ 10%	80%/ 20%	\$1,000		\$10	\$0	Member	210.49	14.68	5.37
								Spouse	247.98	18.34	6.30
								Child	201.07	14.85	5.19
\$200 \$200 Per Out of Network Hospital Admission		90%/ 10%	80%/ 20%	\$1,000		\$10	\$0	Member	209.99	14.40	5.35
								Spouse	247.81	17.80	6.29
								Child	198.44	13.87	5.12
\$300 \$200 Per Out of Network Hospital Admission		90%/ 10%	80%/ 20%	\$2,000		\$10	\$0	Member	199.39	13.63	5.08
								Spouse	234.95	17.00	5.97
								Child	188.00	12.72	4.89
\$200 \$200 Per Out of Network Hospital Admission		90%/ 10%	70%/ 30%	\$1,000		\$10	\$0	Member	206.94	12.35	5.28
								Spouse	244.48	15.26	6.22
								Child	194.66	11.82	5.02
\$300 \$200 Per Out of Network Hospital Admission		90%/ 10%	70%/ 30%	\$2,000		\$15	\$0	Member	195.19	11.67	4.97
								Spouse	229.97	14.51	5.84
								Child	181.71	10.84	4.89
\$500 \$1,000 \$200 Per Out of Network Hospital Admission		90%/ 10%	70%/ 30%	\$1,500 \$3,000		\$20	\$0	Member	179.68	12.32	4.58
								Spouse	211.62	15.20	5.37
								Child	182.14	12.58	4.65
\$1,000 \$2,000 \$200 Per Out of Network Hospital Admission		90%/ 10%	70%/ 30%	\$3,000 \$6,000		\$20	\$0	Member	161.83	11.10	4.12
								Spouse	190.64	13.69	4.84
								Child	160.80	11.22	4.14
\$500 \$200 Per Out of Network Hospital Admission		80%/ 20%	70%/ 30%	\$2,000		\$15	\$0	Member	189.82	11.09	3.86
								Spouse	223.00	13.77	4.52
								Child	170.91	9.30	3.53
\$500 \$1,000 \$200 Per Out of Network Hospital Admission		80%/ 20%	60%/ 40%	\$2,000 \$4,000		\$20	\$0	Member	171.41	11.75	4.37
								Spouse	200.38	14.40	5.09
								Child	166.22	11.61	4.29
\$1,000 \$2,000 \$200 Per Out of Network Hospital Admission		80%/ 20%	60%/ 40%	\$4,000 \$8,000		\$20	\$0	Member	150.02	10.29	3.82
								Spouse	175.56	12.61	4.46
								Child	145.42	10.16	3.75

NIPPON LIFE INSURANCE COMPANY OF AMERICA

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NIPPON LIFE INSURANCE COMPANY OF AMERICA

Basic Rates for Cases with 2 to 50 Covered Lives Effective 10/1/2007

<u>Deductible</u>		<u>Coinsurance</u>		<u>Out of Pocket</u>		<u>Co-pay</u>			<u>Base</u>	<u>PCS</u>	<u>\$1,000</u>
<u>In</u>	<u>Out of</u>	<u>In</u>	<u>Out of</u>	<u>In</u>	<u>Out of</u>	<u>In</u>	<u>Out of</u>		<u>Rates</u>	<u>Deduction</u>	<u>Per</u>
<u>Network</u>	<u>Network</u>	<u>Network</u>	<u>Network</u>	<u>Network</u>	<u>Network</u>	<u>Network</u>	<u>Network</u>				<u>admission</u>
\$0	\$3,000	100%/0%	70%/30%	\$0	\$6,000	\$20	\$0	Member	189.90	13.02	-2.16
								Spouse	223.45	16.06	-2.54
								Child	191.12	13.33	-2.20
\$0	\$5,000	100%/0%	70%/30%	\$0	\$10,000	\$20	\$0	Member	184.02	12.62	-2.10
								Spouse	215.92	15.51	-2.46
								Child	184.88	12.90	-2.14
\$500	\$1,000	100%/0%	70%/30%	\$500	\$3,000	\$20	\$0	Member	182.24	12.50	-2.08
								Spouse	215.94	15.52	-2.46
								Child	184.91	13.05	-2.15
\$1,000	\$2,000	100%/0%	70%/30%	\$1,000	\$6,000	\$20	\$0	Member	166.96	11.45	-1.91
								Spouse	197.54	14.19	-2.25
								Child	169.53	11.82	-1.96
\$0	\$3,000	100%/0%	80%/20%	\$0	\$6,000	\$20	\$0	Member	191.42	13.13	-2.16
								Spouse	225.63	16.21	-2.57
								Child	193.45	13.49	-2.23
\$0	\$5,000	100%/0%	80%/20%	\$0	\$10,000	\$20	\$0	Member	186.12	12.77	-2.13
								Spouse	218.31	15.69	-2.49
								Child	187.69	13.10	-2.16
\$500	\$1,000	100%/0%	80%/20%	\$500	\$3,000	\$20	\$0	Member	184.41	12.64	-2.11
								Spouse	218.75	15.72	-2.49
								Child	190.54	13.29	-2.19
\$1,000	\$2,000	100%/0%	80%/20%	\$1,000	\$6,000	\$20	\$0	Member	189.40	11.61	-1.93
								Spouse	200.71	14.42	-2.29
								Child	172.55	12.04	-1.99

NIPPON LIFE INSURANCE COMPANY OF AMERICA

High Deductible HSA Compatible Health Plans

<u>Deductible</u>		<u>Coinsurance</u>		<u>Out of Pocket</u>		<u>Co-pay</u>			<u>Base Rates</u>
<u>In Network</u>	<u>Out of Network</u>	<u>In Network</u>	<u>Out of Network</u>	<u>In Network</u>	<u>Out of Network</u>	<u>In Network</u>	<u>Out of Network</u>		
\$2,000	\$4,000	100%/ 0%	70%/ 30%	\$2,000	\$8,000	N/A	N/A	Member	126.31
								Member+Spouse	263.84
								Member+Child	214.59
								Family	372.13
\$2,500	\$5,000	100%/ 0%	70%/ 30%	\$2,500	\$10,000	N/A	N/A	Member	116.51
								Member+Spouse	237.82
								Member+Child	193.53
								Family	336.09
\$3,000	\$6,000	100%/ 0%	70%/ 30%	\$3,000	\$10,000	N/A	N/A	Member	111.66
								Member+Spouse	223.01
								Member+Child	181.88
								Family	316.59
\$5,000	\$10,000	100%/0%	80%/ 10%	\$5,000	\$15,000	N/A	N/A	Member	95.77
								Member+Spouse	172.16
								Member+Child	142.56
								Family	250.40
\$1,500	\$3,000	80%/ 20%	60%/ 40%	\$3,000	\$6,000	N/A	N/A	Member	117.75
								Member+Spouse	242.31
								Member+Child	197.70
								Family	341.93
\$1,500	\$3,000	80%/ 20%	60%/ 40%	\$5,000	\$10,000	N/A	N/A	Member	108.23
								Member+Spouse	224.80
								Member+Child	184.32
								Family	316.64
\$2,000	\$4,000	80%/ 20%	60%/ 40%	\$3,000	\$6,000	N/A	N/A	Member	116.87
								Member+Spouse	234.69
								Member+Child	191.17
								Family	332.96
\$2,000	\$4,000	80%/ 20%	60%/ 40%	\$5,000	\$10,000	N/A	N/A	Member	104.84
								Member+Spouse	212.41
								Member+Child	173.89
								Family	300.64
\$2,500	\$5,000	80%/ 20%	60%/ 40%	\$5,000	\$10,000	N/A	N/A	Member	99.49
								Member+Spouse	196.79
								Member+Child	161.06
								Family	279.19
\$3,000	\$6,000	80%/ 20%	60%/ 40%	\$5,000	\$10,000	N/A	N/A	Member	97.11
								Member+Spouse	188.01
								Member+Child	154.09
								Family	267.82

Table B
Timothy's Law Must Offer Benefits

		<u>PPO</u>		<u>HSA</u> <u>Compatible</u>
Full coverage of Biologically Based Conditions	Member	\$0.20	Member	\$0.10
	Spouse	\$0.20	Member + Spouse	\$0.20
	Child	\$0.32	Member + Child	\$0.20
			Family	\$0.36
Full coverage of severe emotional disturbances in children	Member	\$0.00	Member	\$0.00
	Spouse	\$0.00	Member + Spouse	\$0.00
	Child	\$0.32	Member + Child	\$0.16
			Family	\$0.16

Table C

Rate adjustment for Make Available Option

Make Available Option under S.6030 1.00%

Extension of Dependent Coverage to Age 26 Factor

If the Make Available Option, under New York Law S.6030, is not chosen, a 0.7% load to extend dependent coverage to age 26, under Patient Protection and Affordable Care Act (PPACA).

Remove Preventive Care Cost Sharing Factor

There is a 0.5% load remove all cost sharing for preventive benefits for non-grandfathered copay plans, and a 1.0% load for non-grandfathered non-copay plans under PPACA.

Extension of Mini-COBRA Factor

There is a 0.25% load to extend the period of continuation coverage to 36 months, under New York Thirty-six Month State Continuation Benefit Required by Chapter 236 of the laws of 2009.

Table D
Area Factor

<u>Locality</u> <u>Code</u> County _____	<u>County</u> <u>Name</u>	<u>Medical/Rx</u> <u>Area Factor</u>
3601 003	Bronx	1.26
3601 024	Kings	1.26
3601 030	Nassau	1.26
3601 031	New York	1.26
3601 041	Queens	1.26
3608 043	Richmond	1.23
3602 044	Rockland	1.23
3602 052	Suffolk	1.23
3698 060	Westchester	1.23

Multiply the above Area Factors by a Demographic Adjustment Factor of 1.15 to arrive the final Area Factor to be used in rate calculation.

If an employer domiciled in one of the nine counties above has employee who work outside of those nine counties, please use the area factors in Section Z for those employees. An average area factor would then be calculated for the entire group based on the number of employees who work in each area.

Table E

Network Discount Factor

PPO Plans

<u>Network</u>	<u>Discount</u>
ASA	.67
MagnaCare	.68
Multiplan	.75
PHCS PPO	.80
*PHCS Open Access	.73

* Available only with the 90/ 70 coinsurance plans

Indemnity Plans

<u>Network</u>	<u>Discount</u>
Multiplan	.90

NIPPON LIFE INSURANCE COMPANY OF AMERICA

Example Rates Calculations

			<u>Plan I Plan</u>	<u>II</u>
Deductible			\$200	\$200
	In Network	Coinsurance	90/10%	90/10%
	Out of Network	Coinsurance	70/30%	70/30%
		Out-of-Pocket \$1,000	00	\$1,000
	In Network	Copay	\$10	\$10
Rx			No PCS	PCS
1. Base Rate		Member	206.94	206.94
Spouse			244.48	244.48
Child			194.66	194.66
2. PCS Exclusion		Member	N/A	12.35
Spouse			N/A	15.26
Child			N/A	11.82
3. 90 th Percentile Reimbursement		Member	N/A	N/A
Spouse			N/A	N/A
Child			N/A	N/A
4. Biologically Based Mental Illness		Member	N/A	N/A
Spouse			N/A	N/A
Child			N/A	N/A
5. Emotional Disturbance in Children		Member	N/A	N/A
Spouse			N/A	N/A
Child			N/A	N/A
6. Make Available Option			N/A	N/A
7. Extension of Dependent Coverage to Age 26			1.007	1.007
8. Remove Preventive Care Cost Sharing		(Non-grandfathered plan)	1.005	1.005
9. Extension of Mini-COBRA Factor		(Effective 11/1/2010)	1.0025	1.0025
10. Base Rate -		Member	209.95	197.42
PCS Exclusion		Spouse	248.04	232.56
Child			197.50	185.50
11. Network Discount Factor		(ASA Network)	0.67	0.67
12. Area Factors		New York (10000-10292)	1.4490	1.4490
13. Effective Date		Adjust Factor 11/1/12	1.000	1.000
14. Experience Adjustment Factor			4.88	4.88
15. Final Rates		Member*	994.67	935.31**
Spouse			1,175.13	1,101.79**
		Child	935.69	878.83**

* The Employee rate will be charged for the Young Adult Option extend depended coverage through age 29 under law S.6030

**PCS rate must be added to these rates to obtain total medical rate

NIPPON LIFE INSURANCE COMPANY OF AMERICA

PART 2 – PRESCRIPTION DRUG

BENEFIT DESCRIPTION

Prescription Drugs Expense Insurance is a supplemental medical expense benefit that can only be written with Medical Insurance. It normally provides full payment for Prescription Drugs after a deductible for each prescription.

Prescription Drugs Expense Insurance replaces most of the drug benefit under the Medical coverage. Those drugs not covered by PCS would still be an eligible covered charge under Medical. A variance giving some Medical plan credit for the addition of Prescription Drugs Expense Insurance is found in Part 1 of this section (Section D) of the rate manual.

Prescription Drugs Expense Insurance is available to all eligible active members under age 65.

For members 65 and over, Prescription Drugs Expense Insurance is available only to active members provided they are also insured for Medical benefits where both coverages are provided. Retired members are not eligible for Prescription Drugs Expense Insurance but still have coverage for Prescription Drugs under the Medical coverage.

All claims are paid by a third party, PCS, Inc. of Scottsdale, AZ.

Prescription Drugs Expense Insurance covered charges are reimbursable if the prescription is filled by a "RECAP Member" pharmacy or by a "Non-Member" pharmacy.

A "RECAP Member" pharmacy is defined as a pharmacy that has entered into a participating contract with PCS. These pharmacies have a PCS RECAP sign or logo indicating their participation in the pharmacy network.

A "Non-Member" pharmacy is defined as a pharmacy that has not entered into a participating contract with PCS.

It is in the member's best interest to seek out a "RECAP Member" pharmacy to guarantee that the full cost of the drug in excess of the deductible will be covered.

When prescriptions are filed at a "Non-Member" pharmacy, the member pays the total cost billed by the pharmacist. The member then has to obtain a Prescription Drugs Expense Insurance claim form from the employer. The pharmacist completes one part of the form while the member completes the other part of the form. The form is mailed to PCS for reimbursement. PCS screens these claims using "usual and customary" guidelines. The potential disadvantage to the member is that the pharmacist may mark-up the drug more than "usual and customary" allows for. In that event, the member will have to pay more.

PCS pays all claims to pharmacists or members. In turn, Nippon Life Insurance Company of America reimburses PCS.

Prescription Drugs Expense Insurance coverage is designed to provide payments for insulin, medicine, or drugs which require a physician's prescription (legend drugs) and are essential for treatment of injury or disease. "Prescription Legend Drugs" means any

medicinal substance, the label of which under the Federal Food, Drug and Cosmetic Act, is required to bear the legend, "Caution: Federal Law prohibits dispensing without a prescription."

Each prescription and each refill shall not exceed a 34-day supply or a 100-unit dose.

The prescription drug plan offered includes contraceptive coverage.

Coverage charges **exclude** the following:

1. Medicine or drugs dispensed by a hospital, rest home, skilled nursing facility, convalescent hospital, nursing home, or similar institution during a member's confinement there.
2. Non-legend drugs (including allergens), patent or proprietary medicines or drugs not requiring a prescription (other than injectable insulin), or charges for the administration or injection of any medicine or drug.
3. Any medicine or drug prescribed due to sickness covered by a Workers' Compensation Act or similar legislation, due to injury arising out of or in the course of any employment for wage or profit.
4. Any medicine or drug compensated for or furnished by the United States Government or any Agency thereof unless in the absence of insurance, there is a legal obligation for the member to pay for such medicines or drugs.
5. Any medicine or drug labeled "Caution – Limited by Federal Law to investigational use," or any experimental drug, even though a charge is made.
6. Immunization agents, biological sera, blood or blood plasma, injectable, or any prescription directing parenteral (human injection) administration or use (other than insulin), vitamins, vitamin prescriptions (other than legend vitamins).
7. Any prescription refilled in excess of the number specified by the physician or for any refill dispensed after one year from the physician's original order.
8. Drugs or medicines covered by medical expense insured under the Individual Purchase Rights
9. Any medicine or drug delivered or administered by the prescriber.
10. Drugs or medicines that are not for medically necessary care.
11. Drugs or medicine prescribed or dispensed by a person in the member's immediate family.
12. Drugs or medicines that would be provided at no charge in the absence of insurance.
13. Drugs or medicines provided as the result of a sickness or injury that is due to voluntary participation in criminal activities.

14. Tretinoin.
15. Cosmetic, and health and beauty aids.
16. Drugs or medicines that are Experimental or Investigational. (The denial of any claim on the basis of the exclusion of coverage for Experimental or Investigational drugs or medicines may be appealed through the procedure prescribed in the notice of that claim decision.)
17. DSEI drugs (drugs determined by the Food and Drug Administration as lacking in substantial evidence of effectiveness).
18. Drugs or medicines prescribed for treatment leading to, in connection with or resulting from sexual transformation or intersex surgery.
19. Herbal supplements.

The plans offered have a \$5/\$10 Generic/ Non-Generic (brand name) and \$10/\$15/\$25 Generic/Preferred Brand Name/Non-Preferred Brand Name per prescription deductible. 100% coverage is provided above the deductible. The lower deductible for generic drugs is an incentive to encourage members to purchase lower cost generic drugs.

Maximum Allowable Cost (MAC) is included in the plan offered. MAC is the highest unit price a plan will pay for a select group of generic drugs. These drugs can be purchased by the pharmacist at a price less than is allowable on the MAC listing. We offer two MAC plan options, MAC A and MAC B. Under MAC A, the pharmacist is not reimbursed for the difference between the actual cost and the MAC listing price whether or not the doctor requires a brand name drug be dispensed. Under MAC B, the pharmacist is not reimbursed for the difference between the actual cost and the MAC listing price only if the insured voluntarily opts for the brand name drug. The pharmacist will be reimbursed for the difference in cost, however, if the doctor requires the brand name drug dispensed.

Mail Order Maintenance Drugs (MOMD) is a supplemental medical expense benefit that allows members who take one or more maintenance medications a convenient, inexpensive way to order medications and have them delivered directly to their home. The benefits provide full payment after a \$10/\$20 Generic/Non-Generic (brand name) and \$20/\$30/\$50 Generic/Preferred Brand Name/Non-Preferred Brand Name per prescription deductible.

Maintenance drugs and medications are those taken on a regular or long term basis to treat such conditions as high blood pressure, ulcers, arthritis, heart or thyroid conditions, emphysema, diabetes, etc.

Benefit payment is restricted to:

1. prescribed maintenance medications which are necessary to treat a chronic or long term sickness or injury and that can be legally dispensed only upon the written prescription of a physician,
2. a 90 day supply for each prescription and each refill, and
3. prescription which are filled through the contracted firm.

PCS RATE CALCULATION

I. Basic Rates*

MAC A

Retail	\$5/\$10	\$10/\$15/\$25	\$10/\$20/\$35	\$15/\$30/\$50
Mail Order	\$10/\$20	\$20/\$30/\$50	\$20/\$40/\$70	\$30/\$60/\$100
Employee 12.31		9.96	9.19	7.82
Spouse 15.26		12.34	11.39	9.69
Children 10.35		8.37	7.73	6.58

MAC B

Retail	\$5/\$10	\$10/\$15/\$25	\$10/\$20/\$35	\$15/\$30/\$50
Mail Order	\$10/\$20	\$20/\$30/\$50	\$20/\$40/\$70	\$30/\$60/\$100
Employee 13.68		10.48	9.67	8.23
Spouse	16.96	12.99 11.99 10.20		
Children	11.50	8.81 8.13 6.93		

*Notes:

Extension of Dependent Coverage to Age 26 Factor

If the Make Available Option, under New York Law S.6030, is not chosen, a 0.7% load to extend dependent coverage to age 26, under Patient Protection and Affordable Care Act (PPACA).

Extension of Mini-COBRA Factor

There is a 0.25% load to extend the period of continuation coverage to 36 months, under New York Thirty-six Month State Continuation Benefit Required by Chapter 236 of the laws of 2009.

II. Calculation of PCS Rates

A. Calculation of Gross Monthly Rate

1. The basic rates for the employee, spouse and child are shown on page D-20.
2. Determine the rate load for the Extension of Dependent Coverage to Age 26 Factor on page D-20.
3. Multiply the base rate by the Extension of Dependent Coverage to Age 26 Factor.
4. Determine the rate load for the Extension of Mini-COBRA Factor on page D-20.
5. Multiply the base rate by the Extension of Mini-COBRA Factor.
6. Determine the PCS area factor from the Area Factors table on page D-15 and Section Z. A weighted average area factor would be calculated for the entire group based on the number of employees who work in each area.
7. Determine the Effective Date Adjustment Factor by using $[1 + 0.0095 * X]$ where

X is the number of complete months elapsed since May 1, 2013 as of the date of issue through April 30, 2014.
8. The Experience Adjustment Factor reflects actual experience on the Nippon Life Insurance Company of America New York Community Rated block.

Experience Adjustment Factor 4.88
9. Multiply the rates from line 6 by the Area Factor, the Effective Date Adjustment Factor, and the Experience Factor to produce the final rates.

Appendix 1

Information Required Pursuant to Addendum 3 of Circular Letter 1993-1 - Comparative Premium Rate Information for Small Group Health Insurance Preface to Section D of Rate Manual

	Plan A	Plan B
Coverage		
Deductible		
Individual	\$200	\$500
Family	\$600	\$1,500
Coinsurance		
Network	90/10	80/20
Non-Network	80/20	70/30
Physician Visit		
Copay		
Network	\$10	\$15
Non-Network	\$0	\$0
Out-of-Pocket		
Individual	\$1,000	\$2,000
Family	\$3,000	\$6,000
Drugs	Included in a separate PCS program	Included in a separate PCS program
Reimbursement Level	80%	70%
Network	ASA	ASA
<u>Drug Rates with Oral Contraceptives @ 5/1/2013</u>		
Bronx, Kings, Nassau, New York, Queens		
Employee	96.97	96.97
Spouse	120.23	120.23
Child	81.52	81.52
Richmond, Rockland, Suffolk, Westchester		
Employee	94.67	94.67
Spouse	117.36	117.36
Child	79.58	79.58
<u>Total Rate @ 5/1/2013</u>		
Bronx, Kings, Nassau, New York, Queens		
Employee	1,039.91	958.63
Spouse	1,229.10	1,128.92
Child	971.33	860.64
Richmond, Rockland, Suffolk, Westchester		
Employee	1,015.15	935.80
Spouse	1,199.83	1,102.04
Child	948.20	840.15

Appendix 1 (continued)

Notes:

Rate for Employee/Spouse coverage is calculated by adding Employee and Spouse rates shown above.

Rate for Employee/Child(ren) coverage is calculated by adding the Employee and Child rates shown above.

Rate for Employee/Spouse/Child(ren) coverage is calculated by adding Employee, Spouse and Child(ren) rates shown above.

Plan A is expected to be the most commonly sold PPO Plan

Plan B is a PPO and is expected to be the most commonly sold low cost plan

NIPPON LIFE INSURANCE COMPANY OF AMERICA

Appendix 2

A. New York Small Group Schedule of Commissions

Effective July 1, 2011 the broker commissions for new business sales with 50 or less eligible employees will be paid in accordance with the schedule below.

Please contact your local Nippon Life Benefits representative for more information about our product portfolio and commission.

Medical/Rx/Vision

Annual Premium	Commission Percentage
All Premium	1.0%

Dental

Annual Premium	Commission Percentage
For the first \$ 50,000	8.0%
For the next \$ 50,000	6.0%
Over \$100,000	3.0%

Life/STD/LTD

Annual Premium	Commission Percentage
All	15.0%

NIPPON LIFE INSURANCE COMPANY OF AMERICA

B. New York Small Group Schedule of Commissions

Effective between January 1, 2007 and March 31, 2011, the broker commissions for new business sales with 50 or less eligible employees will be paid in accordance with the schedule below.

Please contact your local Nippon Life Benefits representative for more information about our product portfolio and commission.

Medical/Rx/Vision

Annual Premium	Commission Percentage
For the first \$ 100,000	5.0%
For the next \$ 400,000	4.0%
Over \$ 500,000	2.0%

Dental

Annual Premium	Commission Percentage
For the first \$ 50,000	8.0%
For the next \$ 50,000	6.0%
Over \$100,000	3.0%

Life/STD/LTD

Annual Premium	Commission Percentage
All	15.0%

NIPPON LIFE INSURANCE COMPANY OF AMERICA

B. 2010 Persistence Incentive Plan for the following Categories of Group Life/Health Business:

1. New York Community Rated cases effective prior to January 1, 2007 are eligible for a persistency incentive bonus.

The number of covered employee lives is determined as of the most recent policy anniversary date.

Overview

NLIA's incentive plan is focused on persistency. Payments are based on two calculations, as follows:

Basic Persistency Incentive

An incentive payment is calculated, if persistency is 70% or better and the agent or broker satisfies certain additional requirements. The incentive is a percentage of the producer's total billed Non-Participating Group Life/Health premium during the prior calendar year, using a schedule that increases with higher persistency. There is no minimum premium requirement.

Supplementary Persistency Incentive

If the agent or broker qualifies for the Basic Persistency Incentive, and has billed Non-Participating Group Life/Health premiums of \$250,000 or more, an additional incentive payment is calculated based on total calendar year billed Non-Participating Group Life/Health premium.

The basic approach for the incentive plan is that premium that stays with NLIA for longer period of time has a greater value to the Company.

Qualification Requirements

For a *Basic Persistency Incentive*, an agent or broker must meet both of the following qualifications:

Qualification 1

A persistency percentage of 70% or better. The persistency is calculated as the ratio of

Annualized December 2009 premium for Pooled Group Life/Health policies still in force on 12/31/10
Annualized December 2009 premium for Pooled Group Life/Health policies in force on 12/31/09

Note: An agent or broker, during his or her first calendar year appointed with NLIA, will be assumed to have a persistency percentage of 85%.

Qualification 2

Satisfy at least 2 of the following, as of 12/31/10

- 10% or more of premium is from NLIA Life, Disability, Dental or Vision Care products. This includes all Pooled as well as Regular Group premium.
- 20% or more of premium is non-community rated Pooled Group Medical premium.
- At least \$250,000 and/or 5 Non-Participating Group Medical cases in force with NLIA.

NIPPON LIFE INSURANCE COMPANY OF AMERICA

Policies replaced by insurers with whom NLIA or NLI Agency has a marketing agreement in force at the time of the replacement will no be treated as lapsed in the year the policy is replaced for purposes of satisfying qualification requirements and calculating incentive payments. In subsequent years these replaced will not qualify for the Persistency Incentive Plan.

Except where there is a replacement by an insurer with whom NLIA or NLI Agency has a marketing agreement, a policy that terminates during 2010 will be deemed terminated for the entire year and no premium received for that policy will be considered for purposes of the Persistency Incentive Plan.

Qualification Requirements: (continued)

For a *Supplementary Persistency Incentive*. If an agent or broker must meet both of the following qualification :

Qualification 1

Qualify for the Basic Persistency Incentive. If an agent or broker does not qualify for the Basis Persistency Incentive, he or she will not be eligible to receive a Supplementary Persistency Incentive.

Qualification 2

Have a minimum of \$250,000 of billed Non-Participating Group Life/Health premium during 2010.

The Incentive Schedules

- a) Basic Persistency Incentive, as a percent of 2010 NLIA Non-Participating Group Life/Health billed premium.

Persistency Percentage:	<u><70</u>	<u>70-79.9</u>	<u>80-89.9</u>	<u>90+</u>
	0	0.20%	0.50%	0.75%

Supplementary Persistency Incentive, as a percent of 2010 Non-Participating Life/Health billed premium, based on persistency and billed premium.

Persistency Percentage:	<u><70</u>	<u>70-79.9</u>	<u>80-89.9</u>	<u>90+</u>
Billed 2000 Premium:				
<\$250,000	0	0	0	0
\$250-349,999	0	0.20%	0.35%	0.65%
\$350-499,999	0	0.35%	0.65%	0.85%
\$500,000+	0	0.65%	0.85%	1.00%

NIPPON LIFE INSURANCE COMPANY OF AMERICA

APPENDIX 3 NEW YORK SMALL GROUP UNDERWRITING GUIDELINE

Eligible Employee

An eligible employee is defined as employee who is regularly scheduled to work for a small employer on a full-time basis, with a normal workweek of 20 or more hours. The NY Insurance Department interprets the law as prohibiting an insurer from refusing to offer coverage to employees who are working at least 20 hours per week. However, the law does not require small employers to provide coverage to employees who are working 20 hours per week. Underwriting will permit employers to have an eligibility requirement of between 20 and 35 hours per week.

Under Nippon Life Benefits' contract, a sole proprietor or partner is included. An employee who works on a part-time, temporary or substitute basis is not an eligible employee.

Pursuant to a discussion with an attorney at the Insurance Department, an employee covered under a separate health care policy negotiated under a collective bargaining agreement is not an eligible employee.

Small Employer - Definition

A small employer is defined as an employer actively engaged in business that employs an average of at least 2 but not more than 50 eligible employees on the date of application for coverage or, in subsequent years, on the date of the determination of renewal rates.

Note: New York law approaches a definition of small employer by stating that a group health insurance policy covering between 2 to 50 employees or members, exclusive of spouses and dependants, must be community rated.

Minimum Participation

For contributory policies, the policy must insure at least 50% of the employees eligible for coverage under the policy. Nippon Life Benefits requires a participation level of 75%.

Nippon Life Benefits contract wording provides that eligible employees who waive coverage in writing due to coverage through another employer are not counted in the participation calculation.

Example: The employer has 10 eligible employees. Three of them have coverage as dependent spouses under another employer's plan and have waived Nippon Life Benefits' coverage in writing. One employee neither wants to enroll nor waive coverage. For participation purposes, the 3 employees with coverage under another employer's plan are not counted in the calculation. The employee who neither wants to enroll nor waive is counted in the calculation as not participating. Therefore, the participation level is over 85% (6 participants of 7 employees countable).

Dual Coverage

If the employer has another health plan, whether an HMO or an insured plan, the employer's application must be accepted if the group meets Nippon Life Benefits' participation requirements.

For participation purposes, Nippon Life Benefits will take the entire group into consideration. Employees covered under the employer's other competing health plan will be counted as non-participating employees. However, as noted above under minimum participation, Nippon Life Benefits will not count eligible employees who waive Nippon Life Benefits' coverage in writing due to coverage under another employer's plan.

NIPPON LIFE INSURANCE COMPANY OF AMERICA

Example: The employer has 20 eligible employees. There are 12 employees who want Nippon Life Benefits' coverage. Seven employees are enrolled in the employer's HMO plan. One employee waives coverage because of coverage as a spouse under another employer's plan. The participation level is below 75% ($[12]/[20-1]=12/19$). The employer's application is rejected.

One Life Group

A one-life group is not an eligible group. Under New York law, the policy must cover at least 2 employees.

Carve Out Rules

All proposals involving a carve out (coverage for only a specific eligible class of employees) must be approved in advance by Underwriting. Acceptable carve-out classes must be based on conditions pertaining to employment, such as, exempt/non-exempt, hourly/salaried, union/non-union, management/non-management, or rotational/non-rotational. If approved for quotation, Nippon Life Benefits will apply the participation requirements as follows:

- If the carve out is a class of 10 or more employees, the participation requirements will be applied to just the proposed eligible class, instead of the entire small employer group. Nippon Life Benefits requires written waivers from employees in that specific class with other coverage who do not want coverage under Nippon Life Benefits' plan.

Example: The employer has 25 employees, 10 exempt and 15 non-exempt. The employer wants Nippon Life Benefits coverage for only the exempt employees. Two of the exempt employees have other coverage and waive Nippon Life Benefits coverage in writing. The participation requirements are applied only to the exempt employees and 2 of them are not counted because they waived coverage in writing. Therefore the participation level is 100% (8 participants of 8 countable).

- For a class of rotational staff members (foreign nationals working for an American subsidiary), Nippon Life Benefits may permit a carve-out class of as few as 2 to 9 rotational employees. The participation requirements will be applied to the proposed class, instead of the entire small employer group. Nippon Life Benefits requires written waivers from rotational employees with other coverage who do not want coverage under Nippon Life Benefits' plan.

Example: The employer has 30 employees, 5 of whom are rotational staff members. The employer wants coverage only for the rotational employees, all of whom want Nippon Life Benefits coverage. The participation requirements are applied only to the rotational employees and the participation level is 100% (5 participants of 5 countable).

- If an employer wishes to cover a class of employees under the 10 life-threshold (i.e., 2 to 9 employees) for a class of other than rotational employees, Nippon Life Benefits will apply its participation requirements to the entire small employer group. Nippon Life Benefits requires written waivers from all employees with other coverage who do not want coverage under Nippon Life Benefits' plan.

Example: The employer has 8 employees, 3 management and 5 non-management. The employer wants to cover only the management employees, all of whom want Nippon Life Benefits coverage. The non-management employees are not offered coverage. The participation requirements are applied

NIPPON LIFE INSURANCE COMPANY OF AMERICA

to all 8 employees and the employer's application is rejected because the participation level is below 75% (3 participants of 8 countable).

Note: Employees at a separate location should be treated as an eligible group in their own right rather than a carve out of the employer's employees.

Example: The employer is a national corporation based in Wisconsin with locations nationwide. The total number of employees nationwide is 450. Each location secures insurance coverage separately for its employees. There is one location in New York with 20 employees. The employer applies for coverage only for the New York employees. The New York employees are a small group under New York law. The employer's application must be accepted if Nippon Life Benefits' participation requirements are met, based only on the 20 New York employees.

Dependent

Insurers must provide coverage for children from birth and continued coverage for handicapped children.

Nippon Life Benefits New York Contract Definition: Spouse and dependent children to age 19.

A spouse must be the employee's lawful spouse. The spouse cannot be in the Armed Forces or insured as an employee.

"Child" is:

- (1) a natural child,
- (2) a legally adopted child (as of the earlier of the date of placement or the date of adoption),
- (3) a stepchild,
- (4) a foster child who receives more than one-half his or her financial support from the employee, is under the legal guardianship of the employee or employee's spouse and is approved in writing by Nippon Life Benefits,
- (5) a handicapped child of any age, if the child became handicapped prior to the limiting age.

A child cannot be in the Armed Forces or insured as an employee.

Minimum Contribution

Nippon Life Benefits requires the employer to contribute at least 50% of the premium for all employees. If retirees are included, the employer must contribute at a level equal to what it contributes for active employees.

Evidence of Insurability/Rates

Evidence of insurability cannot be requested for the purposes of rating the group. Community rates apply.

Rate Guarantee Period

Nippon Life Benefits' initial rate guarantee period is 12 months. After the initial period, Nippon Life Benefits can change rates on any premium due date, if the rates have been in force for at least 12 months. Nippon Life Benefits sets renewal rates in anticipation that they will not be changed for 12 months.

SECTION Z.

AREA FACTORS

NIPPON LIFE INSURANCE COMPANY OF AMERICA

Alabama

State Code: 01

County Name	County Code	Area Factors	
		Med/Rx	Dental
Autauga	001	0.94	1.00
Baldwin	002	1.00	1.00
Barbour	003	0.94	1.00
Bibb	004	0.94	1.00
Blount	005	0.94	1.00
Bullock	006	0.94	1.00
Butler	007	0.94	1.00
Calhoun	008	1.00	1.00
Chambers	009	0.94	1.00
Cherokee	010	0.94	1.00
Chilton	011	0.94	1.00
Choctaw	012	0.94	1.00
Clarke	013	0.94	1.00
Clay	014	0.94	1.00
Cleburne	015	0.94	1.00
Coffee	016	0.94	1.00
Colbert	017	0.94	1.00
Conecuh	018	0.94	1.00
Coosa	019	0.94	1.00
Covington	020	0.94	1.00
Crenshaw	021	0.94	1.00
Cullman	022	0.94	1.00
Dale	023	0.94	1.00
Dallas	024	0.94	1.00
DeKalb	025	0.94	1.00
Elmore	026	0.94	1.00
Escambia	027	0.94	1.00
Etowah	028	1.00	1.00
Fayette	029	0.94	1.00
Franklin	030	0.94	1.00
Geneva	031	0.94	1.00
Greene	032	0.94	1.00
Hale	033	0.94	1.00
Henry	034	0.94	1.00
Houston	035	0.94	1.00
Jackson	036	0.94	1.00
Jefferson	037	1.15	1.06
Lamar	038	0.94	1.00
Lauderdale	039	0.94	1.00

NIPPON LIFE INSURANCE COMPANY OF AMERICA

Alabama
 State Code: 01

County Name	County Code	Area Factors	
		Med/Rx	Dental
Lawrence	040	0.94	1.00
Lee	041	0.94	1.00
Limestone	042	0.94	1.00
Lowndes	043	0.94	1.00
Macon	044	0.94	1.00
Madison	045	0.89	1.06
Marengo	046	0.94	1.00
Marion	047	0.94	1.00
Marshall	048	0.94	1.00
Mobile	049	0.89	1.06
Monroe	050	0.94	1.00
Montgomery	051	0.89	1.06
Morgan	052	1.00	1.00
Perry	053	0.94	1.00
Pickens	054	0.94	1.00
Pike	055	0.94	1.00
Randolph	056	0.94	1.00
Russell	057	0.94	1.00
St. Clair	058	0.94	1.00
Shelby	059	1.00	1.00
Sumter	060	0.94	1.00
Talladega	061	0.94	1.00
Tallapoosa	062	0.94	1.00
Tusculoosa	063	1.00	1.00
Walker	064	0.94	1.00
Washington	065	0.94	1.00
Wilcox	066	0.94	1.00
Winston	067	0.94	1.00

NIPPON LIFE INSURANCE COMPANY OF AMERICA

Alaska

State Code: 60

County Name	County Code	Area Factors	
		Med/Rx	Dental
Entire State	001	0.94	1.51

NIPPON LIFE INSURANCE COMPANY OF AMERICA

Arizona
 State Code: 02

County Name	County Code	Area Factors	
		Med/Rx	Dental
Apache	001	0.89	0.89
Cochise	002	1.00	0.89
Coconino	003	1.00	0.89
Gila	004	0.89	0.89
Graham	005	0.89	0.89
Greenlee	006	0.89	0.89
Maricopa	007	1.26	1.12
Mohave	008	1.00	0.89
Navajo	009	0.89	0.89
Pima	010	1.06	1.06
Pinal	011	1.00	0.89
Santa Cruz	012	0.89	0.89
Yavapai	013	1.00	0.89
Yuma	014	1.00	0.89
La Paz	015	0.89	0.89

NIPPON LIFE INSURANCE COMPANY OF AMERICA

Arkansas

State Code: 03

County Name	County Code	Area Factors	
		Med/Rx	Dental
Arkansas	001	0.89	0.94
Ashley	002	0.89	0.94
Baxter	003	0.89	0.94
Benton	004	0.89	0.94
Boone	005	0.89	0.94
Bradley	006	0.89	0.94
Calhoun	007	0.89	0.94
Carroll	008	0.89	0.94
Chicot	009	0.89	0.94
Clark	010	0.89	0.94
Clay	011	0.89	0.94
Cleburne	012	0.89	0.94
Cleveland	013	0.89	0.94
Columbia	014	0.89	0.94
Conway	015	0.89	0.94
Craighead	016	0.89	0.94
Crawford	017	0.89	0.94
Crittenden	018	0.89	0.94
Cross	019	0.89	0.94
Dallas	020	0.89	0.94
Desha	021	0.89	0.94
Drew	022	0.89	0.94
Faulkner	023	0.89	0.94
Franklin	024	0.89	0.94
Fulton	025	0.89	0.94
Garland	026	0.89	0.94
Grant	027	0.89	0.94
Greene	028	0.89	0.94
Hempstead	029	0.89	0.94
Hot Spring	030	0.89	0.94
Howard	031	0.89	0.94
Independence	032	0.89	0.94
Izard	033	0.89	0.94
Jackson	034	0.89	0.94
Jefferson	035	0.89	0.94
Johnson	036	0.89	0.94
Lafayette	037	0.89	0.94
Lawrence	038	0.89	0.94
Lee	039	0.89	0.94

NIPPON LIFE INSURANCE COMPANY OF AMERICA

Arkansas

State Code: 03

County Name	County Code	Area Factors	
		Med/Rx	Dental
Lincoln	040	0.89	0.94
Little River	041	0.89	0.94
Logan	042	0.89	0.94
Lonoke	043	0.89	0.94
Madison	044	0.89	0.94
Marion	045	0.89	0.94
Miller	046	0.89	0.94
Mississippi	047	0.89	0.94
Monroe	048	0.89	0.94
Montgomery	049	0.89	0.94
Nevada	050	0.89	0.94
Newton	051	0.89	0.94
Ouachita	052	0.89	0.94
Perry	053	0.89	0.94
Phillips	054	0.89	0.94
Pike	055	0.89	0.94
Poinsett	056	0.89	0.94
Polk	057	0.89	0.94
Pope	058	0.89	0.94
Prairie	059	0.89	0.94
Pulaski	060	1.00	1.00
Randolph	061	0.89	0.94
St. Francis	062	0.89	0.94
Saline	063	0.89	0.94
Scott	064	0.89	0.94
Searcy	065	0.89	0.94
Sebastian	066	0.89	0.94
Sevier	067	0.89	0.94
Sharp	068	0.89	0.94
Stone	069	0.89	0.94
Union	070	0.89	0.94
Van Buren	071	0.89	0.94
Washington	072	0.89	0.94
White	073	0.89	0.94
Woodruff	074	0.89	0.94
Yell	075	0.89	0.94

NIPPON LIFE INSURANCE COMPANY OF AMERICA

California

State Code: 04

County Name	County Code	Zip Code	Area Factors	
			Med/Rx	Dental
ALAMEDA	001	94501 through 94588	1.07	1.60
ALAMEDA	001	94601 through 94666	1.15	1.60
ALAMEDA	001	94701 through 94720	1.07	1.60
ALPINE	002	95646	1.06	1.19
ALPINE	002	96120	1.06	1.19
AMADOR	003	95601 through 95699	1.06	1.19
BUTTE	004	95914 through 95978	1.05	1.26
CALAVERAS	005	95221 through 95257	1.06	1.19
COLUSA	006	95912 through 95987	1.06	1.19
CONTRA COSTA	007	94506 through 94598	1.07	1.60
CONTRA COSTA	007	94801 through 94875	1.15	1.60
DEL NORTE	008	95531 through 95567	1.06	1.19
EL DORADO	009	95613 through 95684	1.07	1.34
EL DORADO	009	95709 through 95762	1.07	1.34
EL DORADO	009	96150 through 96158	1.07	1.34
FRESNO	010	93210 through 93242	0.99	1.34
FRESNO	010	93602 through 93675	0.99	1.34
FRESNO	010	93700 through 93794	0.99	1.34
FRESNO	010	93844 through 93888	0.99	1.34
GLENN	011	95913 through 95988	1.06	1.19
HUMBOLDT	012	95501 through 95589	1.06	1.26
IMPERIAL	013	92222 through 92283	1.07	1.26
INYO	014	92328 through 92389	1.06	1.19
INYO	014	93513 through 93549	1.06	1.19
KERN	015	93203 through 93287	1.07	1.26
KERN	015	93300 through 93399	1.15	1.26
KERN	015	93501 through 93596	1.07	1.26
KINGS	016	93202 through 93266	1.05	1.26
LAKE	017	95422 through 95493	0.99	1.26
LASSEN	018	96009 through 96068	1.06	1.19
LASSEN	018	96109 through 96137	1.06	1.19
LOS ANGELES	019	90000 through 90099	1.53	1.80
LOS ANGELES	019	90101 through 90189	1.53	1.80
LOS ANGELES	019	90200 through 90296	1.53	1.80
LOS ANGELES	019	90300 through 90398	1.53	1.80
LOS ANGELES	019	90400 through 90411	1.53	1.80
LOS ANGELES	019	90500 through 90510	1.11	1.80
LOS ANGELES	019	90601 through 90671	1.11	1.80
LOS ANGELES	019	90701 through 90755	1.11	1.80

NIPPON LIFE INSURANCE COMPANY OF AMERICA

California

State Code: 04

County Name	County Code	Zip Code	Area Factors	
			Med/Rx	Dental
LOS ANGELES	019	90800 through 90899	1.11	1.80
LOS ANGELES	019	91001 through 91077	1.11	1.70
LOS ANGELES	019	91100 through 91191	1.11	1.70
LOS ANGELES	019	91200 through 91226	1.11	1.80
LOS ANGELES	019	91301 through 91399	1.53	1.70
LOS ANGELES	019	91400 through 91499	1.53	1.80
LOS ANGELES	019	91500 through 91526	1.53	1.80
LOS ANGELES	019	91600 through 91618	1.53	1.80
LOS ANGELES	019	91702 through 91799	1.11	1.60
LOS ANGELES	019	91800 through 91899	1.11	1.80
LOS ANGELES	019	93510 through 93599	1.11	1.26
MADERA	020	93601 through 93669	1.06	1.26
MARIN	021	94901 through 94998	1.07	1.70
MARIPOSA	022	93623	1.06	1.19
MARIPOSA	022	95306 through 95389	1.06	1.19
MENDOCINO	023	95410 through 95494	1.06	1.26
MENDOCINO	023	95585 through 95587	1.06	1.26
MERCED	024	93620 through 93665	1.06	1.26
MERCED	024	95301 through 95388	0.99	1.26
MODOC	025	96006 through 96054	1.06	1.19
MODOC	025	96101 through 96116	1.06	1.19
MONO	026	93512 through 93546	1.06	1.19
MONO	026	96107 through 96133	1.06	1.19
MONTEREY	027	93426 through 93450	1.05	1.34
MONTEREY	027	93901 through 93962	1.07	1.34
MONTEREY	027	95004 through 95039	1.05	1.34
NAPA	028	94503 through 94599	1.06	1.42
NEVADA	029	95712 through 95728	0.99	1.34
NEVADA	029	95924 through 95986	0.99	1.34
NEVADA	029	96111 through 96162	1.07	1.34
ORANGE	030	90620 through 90680	1.00	1.70
ORANGE	030	90720 through 90743	1.00	1.70
ORANGE	030	92601 through 92698	1.00	1.70
ORANGE	030	92701 through 92799	1.02	1.70
ORANGE	030	92800 through 92899	1.02	1.70
PLACER	031	95602 through 95681	1.05	1.34
PLACER	031	95701 through 95765	1.05	1.34
PLACER	031	96140 through 96148	1.07	1.34
PLUMAS	032	95915 through 95984	1.06	1.19

NIPPON LIFE INSURANCE COMPANY OF AMERICA

California

State Code: 04

County Name	County Code	Zip Code	Area Factors	
			Med/Rx	Dental
PLUMAS	032	96020	1.06	1.19
PLUMAS	032	96103 through 96135	1.06	1.19
RIVERSIDE	033	91718 through 91760	1.07	1.26
RIVERSIDE	033	92201 through 92292	1.00	1.26
RIVERSIDE	033	92320	1.07	1.26
RIVERSIDE	033	92501 through 92599	1.07	1.26
RIVERSIDE	033	92860 through 92883	1.07	1.26
SACRAMENTO	034	94203 through 94299	1.05	1.42
SACRAMENTO	034	95608 through 95693	1.05	1.42
SACRAMENTO	034	95741 through 95763	1.05	1.42
SACRAMENTO	034	95800 through 95899	1.15	1.42
SAN BENITO	035	95023 through 95075	1.06	1.26
SAN BERNARDINO	036	91701 through 91798	1.15	1.26
SAN BERNARDINO	036	92242 through 92286	1.07	1.26
SAN BERNARDINO	036	92301 through 92399	1.15	1.26
SAN BERNARDINO	036	92400 through 92427	1.07	1.26
SAN BERNARDINO	036	93558 through 93592	1.07	1.26
SAN DIEGO	037	91901 through 91995	1.00	1.51
SAN DIEGO	037	92003 through 92096	1.15	1.51
SAN DIEGO	037	92100 through 92199	1.00	1.51
SAN FRANCISCO	038	94100 through 94199	1.11	1.70
SAN JOAQUIN	039	95201 through 95298	0.99	1.42
SAN JOAQUIN	039	95304 through 95391	0.99	1.42
SAN JOAQUIN	039	95686	0.99	1.42
SAN LUIS OBISPO	040	93401 through 93483	1.05	1.34
SAN MATEO	041	94002 through 94099	1.05	1.70
SAN MATEO	041	94128	1.11	1.70
SAN MATEO	041	94303 through 94308	1.05	1.70
SAN MATEO	041	94400 through 94497	1.05	1.70
SANTA BARBARA	042	93013 through 93067	0.99	1.34
SANTA BARBARA	042	93101 through 93199	0.99	1.34
SANTA BARBARA	042	93214 through 93254	0.99	1.34
SANTA BARBARA	042	93427 through 93464	0.99	1.34
SANTA CLARA	043	94022 through 94091	1.06	1.60
SANTA CLARA	043	94300 through 94310	1.06	1.60
SANTA CLARA	043	95002 through 95071	1.15	1.60

NIPPON LIFE INSURANCE COMPANY OF AMERICA

California

State Code: 04

County Name	County Code	Zip Code	Area Factors	
			Med/Rx	Dental
SANTA CLARA	043	95100 through 95196	1.15	1.60
SANTA CRUZ	044	95001 through 95077	1.05	1.34
SHASTA	045	96001 through 96099	1.07	1.26
SIERRA	046	95910 through 95944	1.06	1.34
SIERRA	046	96118 through 96126	1.06	1.34
SISKIYOU	047	95568	1.06	1.19
SISKIYOU	047	96014 through 96097	1.06	1.19
SISKIYOU	047	96134	1.06	1.19
SOLANO	048	94510 through 94592	1.06	1.42
SOLANO	048	95620 through 95696	1.06	1.42
SONOMA	049	94922 through 94999	0.99	1.51
SONOMA	049	95401 through 95497	0.99	1.51
STANISLAUS	050	95307 through 95397	1.05	1.42
SUTTER	051	95622 through 95676	1.05	1.26
SUTTER	051	95953 through 95993	0.99	1.26
TEHAMA	052	96021 through 96092	1.06	1.19
TRINITY	053	95527 through 95595	1.06	1.19
TRINITY	053	96010 through 96093	1.06	1.19
TULARE	054	93201 through 93292	0.99	1.19
TULARE	054	93603 through 93673	0.99	1.19
TUOLUMNE	055	95305 through 95383	1.06	1.19
VENTURA	056	91319 through 91377	1.15	1.26
VENTURA	056	93001 through 93099	1.07	1.26
YOLO	057	95605 through 95698	1.06	1.26
YOLO	057	95776 through 95799	1.05	1.26
YOLO	057	95937	1.06	1.26
YUBA	058	95692	1.05	1.26
YUBA	058	95901 through 95981	1.05	1.26

NIPPON LIFE INSURANCE COMPANY OF AMERICA

California

State Code: 04

County Name	County Code	Zip Code	Area Factors	
			Med/Rx	Dental

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NIPPON LIFE INSURANCE COMPANY OF AMERICA

California

State Code: 04

County Name	County Code	Zip Code	Area Factors	
			Med/Rx	Dental

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NIPPON LIFE INSURANCE COMPANY OF AMERICA

Colorado
State Code: 05

County Name	County Code	Area Factors	
		Med/Rx	Dental
Adams	001	1.06	1.26
Alamosa	002	0.71	1.06
Arapahoe	003	1.06	1.26
Archuleta	004	0.71	1.06
Baca	005	0.71	1.06
Bent	006	0.71	1.06
Boulder	007	0.81	1.19
Chaffee	008	0.71	1.06
Cheyenne	009	0.71	1.06
Clear Creek	010	0.71	1.06
Conejos	011	0.71	1.06
Costilla	012	0.71	1.06
Crowley	013	0.71	1.06
Custer	014	0.71	1.06
Delta	015	0.71	1.06
Denver	016	1.06	1.26
Dolores	017	0.71	1.06
Douglas	018	1.06	1.26
Eagle	019	0.71	1.06
Elbert	020	0.71	1.06
El Paso	021	0.97	1.19
Fremont	022	0.71	1.06
Garfield	023	0.71	1.06
Gilpin	024	0.71	1.06
Grand	025	0.71	1.06
Gunnison	026	0.71	1.06
Hinsdale	027	0.71	1.06
Huerfano	028	0.71	1.06
Jackson	029	0.71	1.06
Jefferson	030	1.06	1.26
Kiowa	031	0.71	1.06
Kit Carson	032	0.71	1.06
La Plata	033	0.71	1.06
Lake	034	0.71	1.06
Larimer	035	0.81	1.19
Las Animas	036	0.71	1.06
Lincoln	037	0.71	1.06
Logan	038	0.71	1.06
Mesa	039	0.71	1.06

NIPPON LIFE INSURANCE COMPANY OF AMERICA

Colorado

State Code: 05

County Name	County Code	Area Factors	
		Med/Rx	Dental
Mineral	040	0.71	1.06
Moffat	041	0.71	1.06
Montezuma	042	0.71	1.06
Montrose	043	0.71	1.06
Morgan	044	0.71	1.06
Otero	045	0.71	1.06
Ouray	046	0.71	1.06
Park	047	0.71	1.06
Phillips	048	0.71	1.06
Pitkin	049	0.71	1.06
Prowers	050	0.71	1.06
Pueblo	051	0.81	1.19
Rio Blanco	052	0.71	1.06
Rio Grande	053	0.71	1.06
Routt	054	0.71	1.06
Saguache	055	0.71	1.06
San Juan	056	0.71	1.06
San Miguel	057	0.71	1.06
Sedgwick	058	0.71	1.06
Summit	059	0.71	1.06
Teller	060	0.71	1.06
Washington	061	0.71	1.06
Weld	062	0.81	1.19
Yuma	063	0.71	1.06

NIPPON LIFE INSURANCE COMPANY OF AMERICA

Connecticut
 State Code: 06

County Name	County Code	Area Factors	
		Med/Rx	Dental
Fairfield	001	1.19	1.51
Hartford	002	0.91	1.19
Litchfield	003	0.91	1.19
Middlesex	004	0.91	1.19
New Haven	005	0.91	1.19
New London	006	0.91	1.19
Tolland	007	0.91	1.19
Windham	008	0.91	1.19

NIPPON LIFE INSURANCE COMPANY OF AMERICA

Delaware
State Code: 07

County Name	County Code	Area Factors	
		Med/Rx	Dental
Kent	001	0.87	1.06
New Castle	002	0.88	1.19
Sussex	003	0.83	1.06

NIPPON LIFE INSURANCE COMPANY OF AMERICA

District of Columbia

State Code: 08

County Name	County Code	Area Factors	
		Med/Rx	Dental
Entire Area	001	1.15	1.34

NIPPON LIFE INSURANCE COMPANY OF AMERICA

Florida
State Code: 09

County Name	County Code	Area Factors	
		Med/Rx	Dental
Alachua	001	0.97	0.94
Baker	002	1.06	0.89
Bay	003	1.12	0.89
Bradford	004	1.06	0.89
Brevard	005	1.12	1.00
Broward	006	1.42	1.51
Calhoun	007	1.06	0.89
Charlotte	008	1.06	1.00
Citrus	009	1.12	0.89
Clay	010	1.12	0.89
Collier	011	1.06	1.00
Columbia	012	1.06	0.89
Dade	013	1.46	1.70
De Soto	014	1.06	0.89
Dixie	015	1.06	0.89
Duval	016	1.09	1.12
Escambia	017	0.97	0.94
Flagler	018	1.12	1.00
Franklin	019	1.06	0.89
Gadsden	020	1.06	0.89
Gilchrist	021	1.06	0.89
Glades	022	1.06	0.89
Gulf	023	1.06	0.89
Hamilton	024	1.06	0.89
Hardee	025	1.06	0.89
Hendry	026	1.06	0.89
Hernando	027	1.12	0.89
Highlands	028	1.12	0.89
Hillsborough	029	1.12	1.12
Holmes	030	1.06	0.89
Indian River	031	1.12	1.00
Jackson	032	1.06	0.89
Jefferson	033	1.06	0.89
Lafayette	034	1.06	0.89
Lake	035	0.97	0.94
Lee	036	1.06	1.00
Leon	037	0.97	0.94
Levy	038	1.06	0.89
Liberty	039	1.06	0.89

NIPPON LIFE INSURANCE COMPANY OF AMERICA

Florida
State Code: 09

County Name	County Code	Area Factors	
		Med/Rx	Dental
Madison	040	1.06	0.89
Manatee	041	1.06	1.00
Marion	042	0.97	0.94
Martin	043	1.12	1.00
Monroe	044	1.12	0.89
Nassau	045	1.12	1.00
Okaloosa	046	0.97	0.94
Okeechobee	047	1.06	0.89
Orange	048	1.15	1.06
Osceola	049	1.12	0.89
Palm Beach	050	1.20	1.26
Pasco	051	1.06	1.00
Pinellas	052	1.12	1.12
Polk	053	0.97	0.94
Putnam	054	1.12	0.89
St Johns	055	1.12	1.00
St Lucie	056	1.12	1.00
Santa Rosa	057	0.97	0.94
Sarasota	058	1.06	1.06
Seminole	059	1.15	1.06
Sumter	060	1.06	0.89
Suwannee	061	1.06	0.89
Taylor	062	1.06	0.89
Union	063	1.06	0.89
Volusia	064	1.12	1.00
Wakulla	065	1.06	0.89
Walton	066	1.06	0.89
Washington	067	1.06	0.89

Nippon Life Insurance Company of America

Georgia

State Code: 10

County Name	County Code	Area Factors	
		Med/Rx	Dental
APPLING	001	0.96	0.94
ATKINSON	002	0.90	0.94
BACON	003	0.96	0.94
BAKER	004	See Below	0.94
BALDWIN	005	0.96	0.94
BANKS	006	0.93	0.94
BARROW	007	See Below	0.94
BARTOW	008	0.85	0.94
BEN HILL	009	0.90	0.94
BERRIEN	010	0.90	0.94
BIBB	011	See Below	1.06
BLECKLEY	012	0.96	0.94
BRANTLEY	013	0.96	0.94
BROOKS	014	0.90	0.94
BRYAN	015	0.80	0.94
BULLOCH	016	0.89	0.94
BURKE	017	0.88	0.94
BUTTS	018	0.86	0.94
CALHOUN	019	See Below	0.94
CAMDEN	020	0.96	0.94
CANDLER	021	0.89	0.94
CARROLL	022	0.85	0.94
CATOOSA	023	0.94	0.94
CHARLTON	024	See Below	See Below
CHATHAM	025	0.81	1.06
CHATTAHOOCHEE	026	0.82	0.94
CHATTOOGA	027	0.92	0.94
CHEROKEE	028	0.85	1.06
CLARKE	029	0.93	0.94
CLAY	030	See Below	0.94
CLAYTON	031	See Below	1.26
CLINCH	032	0.90	0.94
COBB	033	See Below	See Below
COFFEE	034	0.96	0.94
COLQUITT	035	0.90	0.94
COLUMBIA	036	0.94	1.06
COOK	037	0.90	0.94
COWETA	038	0.86	0.94
CRAWFORD	039	0.90	0.94

Nippon Life Insurance Company of America

Georgia

State Code: 10

County Name	County Code	Area Factors	
		Med/Rx	Dental
CRISP	040	0.96	0.94
DADE	041	0.94	0.94
DAWSON	042	0.96	0.94
DECATUR	043	See Below	0.94
DE KALB	044	See Below	See Below
DODGE	045	0.93	0.94
DOOLY	046	0.96	0.94
DOUGHERTY	047	0.93	1.06
DOUGLAS	048	See Below	See Below
EARLY	049	See Below	0.94
ECHOLS	050	0.90	0.94
EFFINGHAM	051	0.80	0.94
ELBERT	052	0.90	0.94
EMANUEL	053	See Below	See Below
EVANS	054	0.89	0.94
FANNIN	055	0.93	0.94
FAYETTE	056	0.86	0.94
FLOYD	057	0.85	0.94
Forsyth	058	See Below	See Below
FRANKLIN	059	See Below	0.94
FULTON	060	See Below	See Below
GILMER	061	0.96	0.94
GLASCOCK	062	0.89	0.94
GLYNN	063	0.96	0.94
GORDON	064	See Below	0.94
GRADY	065	See Below	0.94
GREENE	066	0.93	0.94
GWINNETT	067	See Below	See Below
HABERSHAM	068	0.93	0.94
HALL	069	0.97	1.06
HANCOCK	070	0.96	0.94
HARALSON	071	0.85	0.94
HARRIS	072	0.85	0.94
HART	073	See Below	0.94
HEARD	074	0.82	0.94
HENRY	075	0.86	0.94
HOUSTON	076	0.96	1.06
IRWIN	077	0.90	0.94
JACKSON	078	0.96	0.94

Nippon Life Insurance Company of America

Georgia

State Code: 10

County Name	County Code	Area Factors	
		Med/Rx	Dental
JASPER	079	See Below	0.94
JEFF DAVIS	080	0.96	0.94
JEFFERSON	081	0.89	0.94
JENKINS	082	0.89	0.94
JOHNSON	083	0.96	0.94
JONES	084	1.00	0.94
LAMAR	085	0.82	0.94
LANIER	086	0.90	0.94
LAURENS	087	See Below	See Below
LEE	088	0.90	0.94
LIBERTY	089	0.85	0.94
LINCOLN	090	0.89	0.94
LONG	091	0.85	0.94
LOWNDES	092	0.90	0.94
LUMPKIN	093	0.93	0.94
MACON	094	0.96	0.94
MADISON	095	0.93	0.94
MARION	096	0.82	0.94
MC DUFFIE	097	0.92	0.94
MC INTOSH	098	0.85	0.94
MERIWETHER	099	0.82	0.94
MILLER	100	See Below	0.94
MITCHELL	101	0.90	0.94
MONROE	102	0.96	0.94
MONTGOMERY	103	0.89	0.94
MORGAN	104	0.93	0.94
MURRAY	105	0.94	0.94
MUSCOGEE	106	See Below	See Below
NEWTON	107	See Below	0.94
OCONEE	108	0.93	0.94
OGLETHORPE	109	0.93	0.94
PAULDING	110	0.85	0.94
PEACH	111	0.96	0.94
PICKENS	112	0.85	0.94
PIERCE	113	0.96	0.94
PIKE	114	0.82	0.94
POLK	115	0.85	0.94
PULASKI	116	0.90	0.94
PUTNAM	117	0.96	0.94

Nippon Life Insurance Company of America

Georgia

State Code: 10

County Name	County Code	Area Factors	
		Med/Rx	Dental
QUITMAN	118	See Below	0.94
RABUN	119	0.93	0.94
RANDOLPH	120	See Below	0.94
RICHMOND	121	0.94	1.06
ROCKDALE	122	See Below	0.94
SCHLEY	123	0.82	0.94
SCREVEN	124	0.89	0.94
SEMINOLE	125	See Below	0.94
SPALDING	126	0.86	0.94
STEPHENS	127	0.93	0.94
STEWART	128	0.82	0.94
SUMTER	129	0.90	0.94
TALBOT	130	0.82	0.94
TALIAFERRO	131	0.93	0.94
TATTNALL	132	0.89	0.94
TAYLOR	133	0.96	0.94
TELFAIR	134	0.96	0.94
TERRELL	135	See Below	0.94
THOMAS	136	0.90	0.94
TIFT	137	0.90	0.94
TOOMBS	138	0.89	0.94
TOWNS	139	0.93	0.94
TREUTLEN	140	0.89	0.94
TROUP	141	0.85	0.94
TURNER	142	0.90	0.94
TWIGGS	143	0.96	0.94
UNION	144	0.93	0.94
UPSON	145	See Below	0.94
WALKER	146	0.94	0.94
WALTON	147	See Below	0.94
WARE	148	0.96	0.94
WARREN	149	See Below	0.94
WASHINGTON	150	0.96	0.94
WAYNE	151	0.96	0.94
WEBSTER	152	0.82	0.94
WHEELER	153	0.89	0.94
WHITE	154	0.96	0.94
WHITFIELD	155	0.94	0.94
WILCOX	156	0.96	0.94

Nippon Life Insurance Company of America

Georgia

State Code: 10

County Name	County Code	Area Factors	
		Med/Rx	Dental
WILKES	157	0.93	0.94
WILKINSON	158	0.96	0.94
WORTH	159	0.90	0.94

NIPPON LIFE INSURANCE COMPANY OF AMERICA

Georgia

SPLIT COUNTIES

State Code: 10

County Name	County Code	Zip Code	Area Factors	
			Med/Rx	Dental
BAKER	004	31770	0.90	0.94
Baker	004	39870	0.83	0.94
BARROW	007	30011	0.85	0.94
BARROW	007	30203	0.82	0.94
BARROW	007	30620 through 30680	0.93	0.94
BIBB	011	31052	1.02	1.06
BIBB	011	31200 through 31299	0.89	1.06
CALHOUN	019	31713 through 31766	0.90	0.94
Calhoun	019	39813 through 39866	0.83	0.94
CHARLTON	024	31537 through 31562	0.96	0.94
CHARLTON	024	31646	0.90	0.94
CLAY	030	31724 through 31751	0.90	0.94
Clay	030	39824 through 39851	0.83	0.94
CLAYTON	031	30027 through 30051	0.89	1.26
CLAYTON	031	30236 through 30298	0.86	1.26
COBB	033	30001 through 30090	0.95	1.26
COBB	033	30101 through 30168	0.92	1.26
DE KALB	044	30002 through 30089	0.87	1.26
DE KALB	044	30322 through 30366	0.92	1.26
DE KALB	044	31119 through 31146	0.92	0.94
DE KALB	044	39901	1.00	0.94
DECATUR	043	31715 through 31752	0.90	0.94
Decatur	043	39815 through 39852	0.83	0.94
DOUGLAS	048	30057	0.87	0.94
DOUGLAS	048	30122 through 30187	0.85	0.94
EARLY	049	31723 through 31761	0.90	0.94
Early	049	39823 through 39861	0.83	0.94
EMANUEL	053	30401 through 30471	0.89	0.94
EMANUEL	053	31002	0.96	0.94
FORSYTH	058	30028 through 30041	0.91	0.94
FORSYTH	058	30130 through 30131	0.88	0.94
FRANKLIN	059	30520 through 30553	0.93	0.94
FRANKLIN	059	30639 through 30662	0.90	0.94
FULTON	060	30004 through 30097	0.87	1.26
FULTON	060	30201 through 30291	0.85	1.26

NIPPON LIFE INSURANCE COMPANY OF AMERICA

Georgia

SPLIT COUNTIES

State Code: 10

County Name	County Code	Zip Code	Area Factors	
			Med/Rx	Dental
FULTON	060	30301 through 30399	0.92	1.26
FULTON	060	31106 through 31199	0.92	1.26
GORDON	064	30139	0.85	0.94
GORDON	064	30701 through 30746	0.92	0.94
GRADY	065	31728 through 31797	0.90	0.94
Grady	065	39827 through 39897	0.83	0.94
GWINNETT	067	30003 through 30099	0.95	1.26
GWINNETT	067	30136 through 30199	0.92	1.26
GWINNETT	067	30211 through 30278	0.85	1.26
GWINNETT	067	30515 through 30519	0.96	1.26
HART	073	30516	0.93	0.94
HART	073	30643	0.90	0.94
JASPER	079	30055	0.85	0.94
JASPER	079	30255	0.82	0.94
JASPER	079	31038 through 31085	0.96	0.94
LAURENS	087	30454	0.89	0.94
LAURENS	087	31009 through 31075	0.96	0.94
MILLER	100	31737	0.90	0.94
Miller	100	39837	0.83	0.94
MUSCOGEE	106	31808 through 31829	0.92	1.06
MUSCOGEE	106	31900 through 31999	0.88	1.06
NEWTON	107	30014 through 30070	0.87	0.94
NEWTON	107	30209 through 30270	0.85	0.94
QUITMAN	118	31754 through 31767	0.90	0.94
Quitman	118	39854 through 39867	0.83	0.94
RANDOLPH	120	31736 through 31786	0.90	0.94
Randolph	120	39836 through 39886	0.83	0.94
ROCKDALE	122	30012 through 30094	0.89	0.94
ROCKDALE	122	30207 through 30208	0.86	0.94
SEMINOLE	125	31745 through 31759	0.90	0.94
Seminole	125	39845 through 39859	0.83	0.94
TERRELL	135	31726 through 31785	0.90	0.94
Terrell	135	39826 through 39885	0.83	0.94
UPSON	145	30285 through 30286	0.84	0.94

NIPPON LIFE INSURANCE COMPANY OF AMERICA

Georgia

SPLIT COUNTIES

State Code: 10

County Name	County Code	Zip Code	Area Factors	
			Med/Rx	Dental
UPSON	145	31097	0.98	0.94
WALTON	147	30018 through 30052	0.89	0.94
WALTON	147	30235 through 30279	0.86	0.94
WALTON	147	30641 through 30656	0.99	0.94
WARREN	149	30807 through 30828	0.89	0.94
WARREN	149	31045	0.96	0.94

NIPPON LIFE INSURANCE COMPANY OF AMERICA

Hawaii

State Code: 61

County Name	County Code	Area Factors	
		Med/Rx	Dental
Hawaii	001	0.84	1.19
Honolulu	002	0.84	1.19
Kauai	003	0.84	1.19
Maui	004	0.84	1.19

NIPPON LIFE INSURANCE COMPANY OF AMERICA

Idaho

State Code: 12

County Name	County Code	Area Factors	
		Med/Rx	Dental
Ada	001	0.71	1.06
Adams	002	0.71	1.06
Bannock	003	0.71	1.06
Bear Lake	004	0.71	1.06
Benewah	005	0.71	1.06
Bingham	006	0.71	1.06
Blaine	007	0.71	1.06
Boise	008	0.71	1.06
Bonner	009	0.71	1.06
Bonneville	010	0.71	1.06
Boundary	011	0.71	1.06
Butte	012	0.71	1.06
Camas	013	0.71	1.06
Canyon	014	0.71	1.06
Caribon	015	0.71	1.06
Cassia	016	0.71	1.06
Clark	017	0.71	1.06
Clearwater	018	0.71	1.06
Custer	019	0.71	1.06
Elmore	020	0.71	1.06
Franklin	021	0.71	1.06
Fremont	022	0.71	1.06
Gem	023	0.71	1.06
Gooding	024	0.71	1.06
Idaho	025	0.71	1.06
Jefferson	026	0.71	1.06
Jerome	027	0.71	1.06
Kootenai	028	0.71	1.06
Latah	029	0.71	1.06
Lemhi	030	0.71	1.06
Lewis	031	0.71	1.06
Lincoln	032	0.71	1.06
Madison	033	0.71	1.06
Miniduka	034	0.71	1.06
Nez Perce	035	0.71	1.06
Oneida	036	0.71	1.06
Owyhee	037	0.71	1.06
Payette	038	0.71	1.06
Power	039	0.71	1.06

NIPPON LIFE INSURANCE COMPANY OF AMERICA

Idaho

State Code: 12

County Name	County Code	Area Factors	
		Med/Rx	Dental
Shoshone	040	0.71	1.06
Teton	041	0.71	1.06
Twin Falls	042	0.71	1.06
Valley	043	0.71	1.06
Washington	044	0.71	1.06

NIPPON LIFE INSURANCE COMPANY OF AMERICA

Illinois

State Code: 13

County Name	County Code	Area Factors	
		Med/Rx	Dental
ADAMS	001	0.77	0.87
ALEXANDER	002	0.77	0.87
BOND	003	0.88	0.87
BOONE	004	0.84	0.87
BROWN	005	0.77	0.87
BUREAU	006	0.88	0.87
CALHOUN	007	0.88	0.87
CARROLL	008	See Below	See Below
CASS	009	0.83	0.87
CHAMPAIGN	010	See Below	See Below
CHRISTIAN	011	0.83	0.87
CLARK	012	0.77	0.87
CLAY	013	0.77	0.87
CLINTON	014	0.88	0.87
COLES	015	0.83	0.87
COOK	016	1.06	1.31
CRAWFORD	017	0.77	0.87
CUMBERLAND	018	0.77	0.87
DE KALB	019	1.00	0.87
DE WITT	020	0.88	0.87
DOUGLAS	021	0.83	0.87
DU PAGE	022	0.96	1.16
EDGAR	023	0.83	0.87
EDWARDS	024	0.77	0.87
EFFINGHAM	025	0.77	0.87
FAYETTE	026	0.77	0.87
FORD	027	0.88	0.87
FRANKLIN	028	0.77	0.87
FULTON	029	See Below	See Below
GALLATIN	030	0.77	0.87
GREENE	031	0.88	0.87
GRUNDY	032	1.05	0.87
HAMILTON	033	0.77	0.87
HANCOCK	034	0.77	0.87
HARDIN	035	0.77	0.87
HENDERSON	036	0.77	0.87
HENRY	037	0.77	0.87
IROQUOIS	038	0.82	0.87
JACKSON	039	See Below	See Below
JASPER	040	0.77	0.87
JEFFERSON	041	0.77	0.87

NIPPON LIFE INSURANCE COMPANY OF AMERICA

Illinois

State Code: 13

County Name	County Code	Area Factors	
		Med/Rx	Dental
JERSEY	042	0.88	0.87
JO DAVIESS	043	0.75	0.87
JOHNSON	044	0.77	0.87
KANE	045	0.96	0.98
KANKAKEE	046	0.86	0.87
KENDALL	047	1.05	0.87
KNOX	048	0.77	0.87
LA SALLE	049	See Below	See Below
LAKE	050	0.99	1.24
LAWRENCE	051	0.77	0.87
LEE	052	See Below	See Below
LIVINGSTON	053	See Below	See Below
LOGAN	054	0.83	0.87
MACON	055	0.83	0.87
MACOUPIN	056	0.83	0.87
MADISON	057	0.88	0.87
MARION	058	0.77	0.87
MARSHALL	059	0.88	0.87
MASON	060	0.83	0.87
MASSAC	061	0.77	0.87
MC DONOUGH	062	0.77	0.87
MC HENRY	063	See Below	See Below
MC LEAN	064	0.88	0.87
MENARD	065	0.83	0.87
MERCER	066	0.77	0.87
MONROE	067	0.88	0.87
MONTGOMERY	068	0.83	0.87
MORGAN	069	0.83	0.87
MOULTRIE	070	0.83	0.87
OGLE	071	See Below	See Below
PEORIA	072	See Below	See Below
PERRY	073	0.77	0.87
PIATT	074	0.83	0.87
PIKE	075	0.77	0.87
POPE	076	0.77	0.87
PULASKI	077	0.77	0.87
PUTNAM	078	0.88	0.87
RANDOLPH	079	0.88	0.87
RICHLAND	080	0.77	0.87
ROCK ISLAND	081	0.77	0.87

NIPPON LIFE INSURANCE COMPANY OF AMERICA

Illinois

State Code: 13

County Name	County Code	Area Factors	
		Med/Rx	Dental
SAINT CLAIR	082	0.88	0.87
SALINE	083	0.77	0.87
SANGAMON	084	See Below	See Below
SCHUYLER	085	0.77	0.87
SCOTT	086	0.83	0.87
SHELBY	087	0.77	0.87
STARK	088	See Below	See Below
STEPHENSON	089	0.75	0.87
TAZEWELL	090	0.88	0.87
UNION	091	0.77	0.87
VERMILION	092	See Below	See Below
WABASH	093	0.77	0.87
WARREN	094	0.77	0.87
WASHINGTON	095	See Below	See Below
WAYNE	096	0.77	0.87
WHITE	097	0.77	0.87
WHITESIDE	098	See Below	See Below
WILL	099	0.96	0.98
WILLIAMSON	100	0.77	0.87
WINNEBAGO	101	See Below	See Below
WOODFORD	102	0.88	0.87

NIPPON LIFE INSURANCE COMPANY OF AMERICA

Illinois SPLIT COUNTIES

State Code: 13

County Name	County Code	Zip Code	Area Factors	
			Med/Rx	Dental
CARROLL	008	61014 through 61078	0.75	0.87
CARROLL	008	61285	0.68	0.87
CHAMPAIGN	010	60949	0.93	0.87
CHAMPAIGN	010	61801 through 61880	0.88	0.87
FULTON	029	61415 through 61484	0.77	0.87
FULTON	029	61501 through 61563	0.88	0.87
JACKSON	039	62901	0.80	0.87
JACKSON	039	62902	0.79	0.87
JACKSON	039	62903 through 62994	0.80	0.87
LA SALLE	049	60470	1.05	0.87
LA SALLE	049	60518 through 60557	1.05	0.87
LA SALLE	049	61301 through 61373	0.77	0.87
LEE	052	60530 through 60553	1.05	0.87
LEE	052	61006 through 61058	0.75	0.87
LEE	052	61310 through 61378	0.77	0.87
LIVINGSTON	053	60420 through 60460	1.06	0.87
LIVINGSTON	053	60920 through 60934	0.93	0.87
LIVINGSTON	053	61311 through 61775	0.88	0.87
MC HENRY	063	60001 through 60098	0.99	0.98
MC HENRY	063	60102 through 60180	1.05	0.98
OGLE	071	60113	1.05	0.87
OGLE	071	61007 through 61091	0.75	0.87
PEORIA	072	61451	0.77	0.87
PEORIA	072	61517 through 61656	0.88	0.87
SANGAMON	084	62515 through 62693	0.83	0.87
SANGAMON	084	62700 through 62796	0.88	0.87
STARK	088	61421 through 61491	0.77	0.87
STARK	088	61559	0.88	0.87
VERMILION	092	60932 through 60963	0.93	0.87
VERMILION	092	61810 through 61883	0.88	0.87
WASHINGTON	095	62214 through 62271	0.83	0.87
WASHINGTON	095	62803 through 62877	0.77	0.87
WHITESIDE	098	61017 through 61081	0.83	0.87
WHITESIDE	098	61230 through 61283	0.77	0.87
WINNEBAGO	101	61016 through 61088	0.80	0.87
WINNEBAGO	101	61100 through 61132	0.81	0.87

NIPPON LIFE INSURANCE COMPANY OF AMERICA

Illinois SPLIT COUNTIES

State Code: 13

County Name	County Code	Zip Code	Area Factors	
			Med/Rx	Dental

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NIPPON LIFE INSURANCE COMPANY OF AMERICA

Illinois SPLIT COUNTIES

State Code: 13

County Name	County Code	Zip Code	Area Factors	
			Med/Rx	Dental

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NIPPON LIFE INSURANCE COMPANY OF AMERICA

Indiana

State Code: 15

County Name	County Code	Area Factors	
		Med/Rx	Dental
ADAMS	001	0.77	0.84
ALLEN	002	See Below	See Below
BARTHOLOMEW	003	0.87	0.84
BENTON	004	0.73	0.84
BLACKFORD	005	0.77	0.84
BOONE	006	0.98	0.84
BROWN	007	0.84	0.84
CARROLL	008	0.77	0.84
CASS	009	0.77	0.84
CLARK	010	0.77	0.84
CLAY	011	0.77	0.84
CLINTON	012	0.83	0.84
CRAWFORD	013	0.77	0.84
DAVISS	014	0.71	0.84
DE KALB	015	0.77	0.84
DEARBORN	016	0.83	0.84
DECATUR	017	0.73	0.84
DELAWARE	018	0.76	0.84
DUBOIS	019	0.71	0.84
ELKHART	020	0.83	0.84
FAYETTE	021	0.73	0.84
FLOYD	022	0.77	0.84
FOUNTAIN	023	0.73	0.84
FRANKLIN	024	0.71	0.84
FULTON	025	0.77	0.84
GIBSON	026	0.77	0.84
GRANT	027	0.77	0.84
GREENE	028	0.77	0.84
HAMILTON	029	1.00	0.84
HANCOCK	030	1.00	0.84
HARRISON	031	0.77	0.84
HENDRICKS	032	1.00	0.84
HENRY	033	0.76	0.84

NIPPON LIFE INSURANCE COMPANY OF AMERICA

Indiana

State Code: 15

County Name	County Code	Area Factors	
		Med/Rx	Dental
HOWARD	034	0.77	0.84
HUNTINGTON	035	0.77	0.84
JACKSON	036	0.73	0.84
JASPER	037	See Below	See Below
JAY	038	0.77	0.84
JEFFERSON	039	0.73	0.84
JENNINGS	040	0.73	0.84
JOHNSON	041	1.01	0.84
KNOX	042	0.71	0.84
KOSCIUSKO	043	0.83	0.84
LA PORTE	044	0.83	0.84
LAGRANGE	045	0.77	0.84
LAKE	046	0.82	0.94
LAWRENCE	047	0.73	0.84
MADISON	048	0.87	0.84
MARION	049	1.01	0.94
MARSHALL	050	0.83	0.84
MARTIN	051	0.71	0.84
MIAMI	052	0.77	0.84
MONROE	053	0.86	0.84
MONTGOMERY	054	0.73	0.84
MORGAN	055	1.00	0.84
NEWTON	056	See Below	See Below
NOBLE	057	0.77	0.84
OHIO	058	0.71	0.84
ORANGE	059	0.73	0.84
OWEN	060	0.75	0.84
PARKE	061	0.73	0.84
PERRY	062	0.71	0.84
PIKE	063	0.71	0.84
PORTER	064	0.82	0.94
POSEY	065	0.77	0.84
PULASKI	066	0.77	0.84
PUTNAM	067	0.87	0.84
RANDOLPH	068	0.76	0.84

NIPPON LIFE INSURANCE COMPANY OF AMERICA

Indiana

State Code: 15

County Name	County Code	Area Factors	
		Med/Rx	Dental
RIPLEY	069	0.71	0.84
RUSH	070	0.77	0.84
SAINT JOSEPH	071	See Below	See Below
SCOTT	072	0.73	0.84
SHELBY	073	1.00	0.84
SPENCER	074	0.71	0.84
STARKE	075	0.83	0.84
STEUBEN	076	0.77	0.84
SULLIVAN	077	0.77	0.84
SWITZERLAND	078	0.73	0.84
TIPPECANOE	079	0.73	0.84
TIPTON	080	0.87	0.84
UNION	081	0.76	0.84
VANDEBURGH	082	0.77	0.84
VERMILLION	083	0.75	0.84
VIGO	084	0.77	0.84
WABASH	085	0.77	0.84
WARREN	086	0.73	0.84
WARRICK	087	0.77	0.84
WASHINGTON	088	0.73	0.84
WAYNE	089	0.87	0.84
WELLS	090	0.77	0.84
WHITE	091	0.77	0.84
WHITLEY	092	0.77	0.84

Nippon Life Insurance Company of America

Indiana SPLIT COUNTIES

State Code: 15

County Name	County Code	Zip Code	Area Factors	
			Med/Rx	Dental
ALLEN	002	46704	0.73	0.84
ALLEN	002	46741	0.73	0.84
ALLEN	002	46743	0.73	0.84
ALLEN	002	46745	0.73	0.84
ALLEN	002	46748	0.73	0.84
ALLEN	002	46765	0.73	0.84
ALLEN	002	46773	0.73	0.84
ALLEN	002	46774	0.77	0.84
ALLEN	002	46797	0.73	0.84
ALLEN	002	46798	0.73	0.84
ALLEN	002	46799	0.77	0.84
ALLEN	002	46800	0.77	0.84
ALLEN	002	46801	0.77	0.84
ALLEN	002	46802	0.77	0.84
ALLEN	002	46803	0.77	0.84
ALLEN	002	46804	0.77	0.84
ALLEN	002	46805	0.77	0.84
ALLEN	002	46806	0.77	0.84
ALLEN	002	46807	0.77	0.84
ALLEN	002	46808	0.77	0.84
ALLEN	002	46809	0.77	0.84
ALLEN	002	46814	0.77	0.84
ALLEN	002	46815	0.77	0.84
ALLEN	002	46816	0.77	0.84
ALLEN	002	46818	0.77	0.84
ALLEN	002	46819	0.77	0.84
ALLEN	002	46825	0.77	0.84
ALLEN	002	46835	0.77	0.84
ALLEN	002	46845	0.77	0.84
ALLEN	002	46850	0.77	0.84
ALLEN	002	46851	0.77	0.84
ALLEN	002	46852	0.77	0.84
ALLEN	002	46853	0.77	0.84
ALLEN	002	46854	0.77	0.84
ALLEN	002	46855	0.77	0.84
ALLEN	002	46856	0.77	0.84
ALLEN	002	46857	0.77	0.84
ALLEN	002	46858	0.77	0.84
ALLEN	002	46859	0.77	0.84
ALLEN	002	46860	0.77	0.84
ALLEN	002	46861	0.77	0.84
ALLEN	002	46862	0.77	0.84
ALLEN	002	46863	0.77	0.84
ALLEN	002	46864	0.77	0.84
ALLEN	002	46865	0.77	0.84

Nippon Life Insurance Company of America

Indiana SPLIT COUNTIES

State Code: 15

County Name	County Code	Zip Code	Area Factors	
			Med/Rx	Dental
ALLEN	002	46866	0.77	0.84
ALLEN	002	46867	0.77	0.84
ALLEN	002	46868	0.77	0.84
ALLEN	002	46869	0.77	0.84
ALLEN	002	46885	0.77	0.84
ALLEN	002	46895	0.77	0.84
ALLEN	002	46896	0.77	0.84
ALLEN	002	46897	0.77	0.84
ALLEN	002	46898	0.77	0.84
ALLEN	002	46899	0.77	0.84
JASPER	037	46310	0.87	0.84
JASPER	037	46380	0.87	0.84
JASPER	037	46392	0.87	0.84
JASPER	037	47943	0.77	0.84
JASPER	037	47977	0.77	0.84
JASPER	037	47978	0.77	0.84
NEWTON	056	46349	0.87	0.84
NEWTON	056	46372	0.87	0.84
NEWTON	056	46379	0.87	0.84
NEWTON	056	46381	0.87	0.84
NEWTON	056	47922	0.77	0.84
NEWTON	056	47948	0.77	0.84
NEWTON	056	47951	0.77	0.84
NEWTON	056	47963	0.77	0.84
NEWTON	056	47964	0.77	0.84
SAINT JOSEPH	071	46530	0.8	0.84
SAINT JOSEPH	071	46536	0.8	0.84
SAINT JOSEPH	071	46544	0.8	0.84
SAINT JOSEPH	071	46545	0.8	0.84
SAINT JOSEPH	071	46546	0.8	0.84
SAINT JOSEPH	071	46552	0.8	0.84
SAINT JOSEPH	071	46554	0.8	0.84
SAINT JOSEPH	071	46556	0.8	0.84
SAINT JOSEPH	071	46561	0.8	0.84
SAINT JOSEPH	071	46574	0.8	0.84
SAINT JOSEPH	071	46595	0.8	0.84
SAINT JOSEPH	071	46600	0.83	0.84
SAINT JOSEPH	071	46601	0.83	0.84
SAINT JOSEPH	071	46604	0.83	0.84
SAINT JOSEPH	071	46612	0.83	0.84
SAINT JOSEPH	071	46613	0.83	0.84
SAINT JOSEPH	071	46614	0.83	0.84
SAINT JOSEPH	071	46615	0.83	0.84
SAINT JOSEPH	071	46616	0.83	0.84
SAINT JOSEPH	071	46617	0.83	0.84

Nippon Life Insurance Company of America

Indiana SPLIT COUNTIES
 State Code: 15

County Name	County Code	Zip Code	Area Factors	
			Med/Rx	Dental
SAINT JOSEPH	071	46619	0.83	0.84
SAINT JOSEPH	071	46620	0.83	0.84
SAINT JOSEPH	071	46624	0.83	0.84
SAINT JOSEPH	071	46626	0.83	0.84
SAINT JOSEPH	071	46628	0.83	0.84
SAINT JOSEPH	071	46629	0.83	0.84
SAINT JOSEPH	071	46634	0.83	0.84
SAINT JOSEPH	071	46635	0.83	0.84
SAINT JOSEPH	071	46637	0.83	0.84
SAINT JOSEPH	071	46660	0.83	0.84
SAINT JOSEPH	071	46680	0.83	0.84
SAINT JOSEPH	071	46699	0.83	0.84

NIPPON LIFE INSURANCE COMPANY OF AMERICA

Iowa

State Code: 16

County Name	County Code	Area Factors	
		Med/Rx	Dental
Adair	001	0.67	0.84
Adams	002	0.67	0.84
Allamakee	003	0.67	0.84
Appanoose	004	0.67	0.84
Audubon	005	0.67	0.84
Benton	006	0.67	0.84
Black Hawk	007	0.75	0.89
Boone	008	0.67	0.84
Bremer	009	0.67	0.84
Buchanan	010	0.67	0.84
Buena Vista	011	0.67	0.84
Butler	012	0.67	0.84
Calhoun	013	0.67	0.84
Carroll	014	0.67	0.84
Cass	015	0.67	0.84
Cedar	016	0.67	0.84
Cerro Gordo	017	0.67	0.84
Cherokee	018	0.67	0.84
Chickasaw	019	0.67	0.84
Clarke	020	0.67	0.84
Clay	021	0.67	0.84
Clayton	022	0.67	0.84
Clinton	023	0.67	0.84
Crawford	024	0.67	0.84
Dallas	025	0.67	0.84
Davis	026	0.67	0.84
Decatur	027	0.67	0.84
Delaware	028	0.67	0.84
Des Moines	029	0.67	0.84
Dickinson	030	0.67	0.84
Dubuque	031	0.75	0.89
Emmet	032	0.67	0.84
Fayette	033	0.67	0.84
Floyd	034	0.67	0.84
Franklin	035	0.67	0.84
Fremont	036	0.67	0.84
Greene	037	0.67	0.84
Grundy	038	0.67	0.84
Guthrie	039	0.67	0.84

NIPPON LIFE INSURANCE COMPANY OF AMERICA

Iowa
 State Code: 16

County Name	County Code	Area Factors	
		Med/Rx i	Dental
Hamilton	040	0.67	0.84
Hancock	041	0.67	0.84
Hardin	042	0.67	0.84
Harrison	043	0.67	0.84
Henry	044	0.67	0.84
Howard	045	0.67	0.84
Humboldt	046	0.67	0.84
Ida	047	0.67	0.84
Iowa	048	0.67	0.84
Jackson	049	0.67	0.84
Jasper	050	0.67	0.84
Jefferson	051	0.67	0.84
Johnson	052	0.75	0.89
Jones	053	0.67	0.84
Keokuk	054	0.67	0.84
Kossuth	055	0.67	0.84
Lee	056	0.67	0.84
Linn	057	0.75	0.89
Louisa	058	0.67	0.84
Lucas	059	0.67	0.84
Lyon	060	0.67	0.84
Madison	061	0.67	0.84
Mahaska	062	0.67	0.84
Marion	063	0.67	0.84
Marshall	064	0.67	0.84
Mills	065	0.67	0.84
Mitchell	066	0.67	0.84
Monona	067	0.67	0.84
Monroe	068	0.67	0.84
Montgomery	069	0.67	0.84
Muscatine	070	0.67	0.84
O'Brien	071	0.67	0.84
Osceola	072	0.67	0.84
Page	073	0.67	0.84
Palo Alto	074	0.67	0.84
Plymouth	075	0.67	0.84
Pocahontas	076	0.67	0.84
Polk	077	0.77	0.89
Pottawattamie	078	0.75	0.89

NIPPON LIFE INSURANCE COMPANY OF AMERICA

Iowa
State Code: 16

County Name	County Code	Area Factors	
		Med/Rx	Dental
Poweshiek	079	0.67	0.84
Ringgold	080	0.67	0.84
Sac	081	0.67	0.84
Scott	082	0.75	0.89
Shelby	083	0.67	0.84
Sioux	084	0.67	0.84
Story	085	0.75	0.89
Tama	086	0.67	0.84
Taylor	087	0.67	0.84
Union	088	0.67	0.84
Van Buren	089	0.67	0.84
Wapello	090	0.67	0.84
Warren	091	0.67	0.84
Washington	092	0.67	0.84
Wayne	093	0.67	0.84
Webster	094	0.67	0.84
Winnebago	095	0.67	0.84
Winneshiek	096	0.67	0.84
Woodbury	097	0.75	0.89
Worth	098	0.67	0.84
Wright	099	0.67	0.84

NIPPON LIFE INSURANCE COMPANY OF AMERICA

Kansas

State Code: 17

County Name	County Code	Area Factors	
		Med/Rx	Dental
Allen	001	0.89	0.84
Anderson	002	0.89	0.84
Atchison	003	0.89	0.84
Barber	004	0.89	0.84
Barton	005	0.89	0.84
Bourbon	006	0.89	0.84
Brown	007	0.89	0.84
Butler	008	0.91	0.89
Chase	009	0.89	0.84
Chautauqua	010	0.89	0.84
Cherokee	011	0.89	0.84
Cheyenne	012	0.89	0.84
Clark	013	0.89	0.84
Clay	014	0.89	0.84
Cloud	015	0.89	0.84
Coffey	016	0.89	0.84
Comanche	017	0.89	0.84
Cowley	018	0.89	0.84
Crowford	019	0.89	0.84
Decatur	020	0.89	0.84
Dickinson	021	0.89	0.84
Doniphan	022	0.89	0.84
Douglas	023	0.91	0.89
Edwards	024	0.89	0.84
Elk	025	0.89	0.84
Ellis	026	0.89	0.84
Ellsworth	027	0.89	0.84
Finney	028	0.89	0.84
Ford	029	0.89	0.84
Franklin	030	0.89	0.84
Geary	031	0.89	0.84
Gove	032	0.89	0.84
Graham	033	0.89	0.84
Grant	034	0.89	0.84
Gray	035	0.89	0.84
Greeley	036	0.89	0.84
Greenwood	037	0.89	0.84
Hamilton	038	0.89	0.84
Harper	039	0.89	0.84

NIPPON LIFE INSURANCE COMPANY OF AMERICA

Kansas

State Code: 17

County Name	County Code	Area Factors	
		Med/Rx	Dental
Harvey	040	0.91	0.89
Haskell	041	0.89	0.84
Hodgeman	042	0.89	0.84
Jackson	043	0.89	0.84
Jefferson	044	0.91	0.89
Jewell	045	0.89	0.84
Johnson	046	1.09	1.12
Kearny	047	0.89	0.84
Kingman	048	0.89	0.84
Kiowa	049	0.89	0.84
Labette	050	0.89	0.84
Lane	051	0.89	0.84
Leavenworth	052	0.91	0.89
Lincoln	053	0.89	0.84
Linn	054	0.89	0.84
Logan	055	0.89	0.84
Lyon	056	0.89	0.84
Marion	057	0.89	0.84
Marshall	058	0.89	0.84
McPherson	059	0.89	0.84
Meade	060	0.89	0.84
Miami	061	0.89	0.84
Mitchell	062	0.89	0.84
Montgomery	063	0.89	0.84
Morris	064	0.89	0.84
Morton	065	0.89	0.84
Nemaha	066	0.89	0.84
Neosho	067	0.89	0.84
Ness	068	0.89	0.84
Norton	069	0.89	0.84
Osage	070	0.89	0.84
Osborne	071	0.89	0.84
Ottawa	072	0.89	0.84
Pawnee	073	0.89	0.84
Phillips	074	0.89	0.84
Pottawatomie	075	0.89	0.84
Pratt	076	0.89	0.84
Rawlins	077	0.89	0.84
Reno	078	0.91	0.89

NIPPON LIFE INSURANCE COMPANY OF AMERICA

Kansas

State Code: 17

County Name	County Code	Area Factors	
		Med/Rx	Dental
Republic	079	0.89	0.84
Rice	080	0.89	0.84
Riley	081	0.91	0.89
Rooks	082	0.89	0.84
Rush	083	0.89	0.84
Russell	084	0.89	0.84
Saline	085	0.91	0.89
Scott	086	0.89	0.84
Sedgwick	087	1.03	0.94
Seward	088	0.89	0.84
Shawnee	089	0.91	0.89
Sheridan	090	0.89	0.84
Sherman	091	0.89	0.84
Smith	092	0.89	0.84
Stafford	093	0.89	0.84
Stanton	094	0.89	0.84
Stevens	095	0.89	0.84
Sumner	096	0.89	0.84
Thomas	097	0.89	0.84
Trego	098	0.89	0.84
Waubunsee	099	0.89	0.84
Wallace	100	0.89	0.84
Washington	101	0.89	0.84
Wichita	102	0.89	0.84
Wilson	103	0.89	0.84
Woodson	104	0.89	0.84
Wyandotte	105	1.09	1.12

NIPPON LIFE INSURANCE COMPANY OF AMERICA

KENTUCKY

State Code: 19

County Name	County Code	Zip Code	Area Factors	
			Med/Rx	Dental
ADAIR	001	All	0.69	0.89
ALLEN	002	All	0.75	0.89
ANDERSON	003	All	0.80	0.89
BALLARD	004	All	0.75	0.89
BARREN	005	All	0.75	0.89
BATH	006	All	0.80	0.89
BELL	007	40813 through 40856	0.69	0.89
BELL	007	40902 through 40988	0.80	0.89
BOONE	008	All	0.80	0.89
BOURBON	009	All	0.80	0.89
BOYD	010	All	0.80	0.89
BOYLE	011	All	0.80	0.89
BRACKEN	012	All	0.80	0.89
BREATHITT	013	All	0.90	0.89
BRECKINRIDGE	014	All	0.80	0.89
BULLITT	015	All	0.80	0.89
BUTLER	016	All	0.69	0.89
CALDWELL	017	All	0.75	0.89
CALLOWAY	018	All	0.75	0.89
CAMPBELL	019	All	0.80	0.89
CARLISLE	020	All	0.75	0.89
CARROLL	021	All	0.80	0.89
CARTER	022	All	0.80	0.89
CASEY	023	All	0.80	0.89
CHRISTIAN	024	All	0.69	0.89
CLARK	025	All	0.80	0.89
CLAY	026	All	0.80	0.89
CLINTON	027	All	0.69	0.89
CRITTENDEN	028	All	0.75	0.89
CUMBERLAND	029	All	0.69	0.89
DAVISS	030	All	0.69	0.89
EDMONSON	031	42163	0.75	0.89
EDMONSON	031	42207 through 42285	0.69	0.89
ELLIOTT	032	41125 through 41177	0.80	0.89
ELLIOTT	032	41211	0.90	0.89
ESTILL	033	All	0.80	0.89
FAYETTE	034	All	0.80	0.94
FLEMING	035	All	0.80	0.89
FLOYD	036	All	0.80	0.89

NIPPON LIFE INSURANCE COMPANY OF AMERICA

KENTUCKY

State Code: 19

County Name	County Code	Zip Code	Area Factors	
			Med/Rx	Dental
FRANKLIN	037	All	0.80	0.89
FULTON	038	All	0.75	0.89
GALLATIN	039	All	0.80	0.89
GARRARD	040	All	0.80	0.89
GRANT	041	All	0.80	0.89
GRAVES	042	All	0.75	0.89
GRAYSON	043	40119	0.80	0.89
GRAYSON	043	42712 through 42780	0.69	0.89
GREEN	044	All	0.69	0.89
GREENUP	045	All	0.80	0.89
HANCOCK	046	All	0.69	0.89
HARDIN	047	40121 through 40177	0.80	0.89
HARDIN	047	42701 through 42788	0.69	0.89
HARLAN	048	40801 through 40873	0.69	0.89
HARLAN	048	40927 through 40964	0.80	0.89
HARRISON	049	All	0.80	0.89
HART	050	All	0.69	0.89
HENDERSON	051	All	0.75	0.89
HENRY	052	All	0.80	0.89
HICKMAN	053	All	0.75	0.89
HOPKINS	054	All	0.75	0.89
JACKSON	055	40402 through 40494	0.80	0.89
JACKSON	055	41307	0.90	0.89
JEFFERSON	056	All	0.80	0.94
JESSAMINE	057	All	0.80	0.89
JOHNSON	058	All	0.90	0.89
KENTON	059	All	0.80	0.94
KNOTT	060	41725 through 41772	0.80	0.89
KNOTT	060	41801 through 41862	0.75	0.89
KNOX	061	40734 through 40771	0.75	0.89
KNOX	061	40903 through 40999	0.80	0.89
LARUE	062	All	0.69	0.89
LAUREL	063	All	0.75	0.89
LAWRENCE	064	41124 through 41180	0.80	0.89
LAWRENCE	064	41201 through 41264	0.90	0.89
LEE	065	All	0.90	0.89
LESLIE	066	40803 through 40874	0.69	0.89
LESLIE	066	40979,41714 through 41777	0.80	0.89
LETCHER	067	40826 through 40862	0.69	0.89

NIPPON LIFE INSURANCE COMPANY OF AMERICA

KENTUCKY

State Code: 19

County Name	County Code	Zip Code	Area Factors	
			Med/Rx	Dental
LETCHER	067	41517 through 41537	0.85	0.89
LETCHER	067	41804 through 41858	0.75	0.89
LEWIS	068	All	0.80	0.89
LINCOLN	069	All	0.80	0.89
LIVINGSTON	070	All	0.75	0.89
LOGAN	071	All	0.69	0.89
LYON	072	All	0.75	0.89
MADISON	073	All	0.80	0.89
MAGOFFIN	074	All	0.80	0.89
MARION	075	All	0.80	0.89
MARSHALL	076	All	0.75	0.89
MARTIN	077	All	0.90	0.89
MASON	078	All	0.80	0.89
MC CRACKEN	079	All	0.75	0.89
MC CREARY	080	All	0.69	0.89
MC LEAN	081	All	0.69	0.89
MEADE	082	All	0.80	0.89
MENIFEE	083	All	0.80	0.89
MERCER	084	All	0.80	0.89
METCALFE	085	42124 through 42166	0.75	0.89
METCALFE	085	42214	0.69	0.89
MONROE	086	All	0.75	0.89
MONTGOMERY	087	All	0.80	0.89
MORGAN	088	41352	0.90	0.89
MORGAN	088	41406 through 41477	0.80	0.89
MUHLENBERG	089	All	0.69	0.89
NELSON	090	All	0.80	0.89
NICHOLAS	091	All	0.80	0.89
OHIO	092	All	0.69	0.89
OLDHAM	093	All	0.80	0.89
OWEN	094	All	0.80	0.89
OWSLEY	095	All	0.90	0.89
PENDLETON	096	All	0.80	0.89
PERRY	097	41367	0.90	0.89
PERRY	097	40981,41701 through 41778	0.80	0.89
PIKE	098	All	0.85	0.89
POWELL	099	All	0.80	0.89
PULASKI	100	All	0.80	0.89
ROBERTSON	101	All	0.80	0.89
ROCKCASTLE	102	All	0.80	0.89
ROWAN	103	All	0.80	0.89

NIPPON LIFE INSURANCE COMPANY OF AMERICA

KENTUCKY

State Code: 19

County Name	County Code	Zip Code	Area Factors	
			Med/Rx	Dental
RUSSELL	104	All	0.69	0.89
SCOTT	105	All	0.80	0.89
SHELBY	106	All	0.80	0.89
SIMPSON	107	All	0.75	0.89
SPENCER	108	All	0.80	0.89
TAYLOR	109	All	0.69	0.89
TODD	110	All	0.69	0.89
TRIGG	111	All	0.69	0.89
TRIMBLE	112	All	0.80	0.89
UNION	113	All	0.75	0.89
WARREN	114	42101 through 42171	0.75	0.89
WARREN	114	42235 through 42274	0.69	0.89
WASHINGTON	115	All	0.80	0.89
WAYNE	116	All	0.69	0.89
WEBSTER	117	All	0.75	0.89
WHITLEY	118	All	0.75	0.89
WOLFE	119	All	0.90	0.89
WOODFORD	120	All	0.80	0.89

NIPPON LIFE INSURANCE COMPANY OF AMERICA

Louisiana

State Code: 21

County Name	County Code	Area Factors	
		Med/Rx	Dental
Acadia	001	0.97	1.00
Allen	002	0.86	0.94
Ascension	003	0.97	1.00
Assumption	004	0.86	0.94
Avoyelles	005	0.86	0.94
Beauregard	006	0.86	0.94
Bienville	007	0.86	0.94
Bossier	008	1.06	1.12
Caddo	009	1.06	1.12
Calcasieu	010	1.03	1.12
Caldwell	011	0.86	0.94
Cameron	012	0.86	0.94
Catahoula	013	0.86	0.94
Clairborne	014	0.86	0.94
Concordia	015	0.86	0.94
De Soto	016	0.86	0.94
East Baton Rouge	017	0.94	1.19
East Carroll	018	0.86	0.94
East Feliciana	019	0.86	0.94
Evangeline	020	0.86	0.94
Franklin	021	0.86	0.94
Grant	022	0.86	0.94
Iberia	023	0.97	1.00
Iberville	024	0.86	0.94
Jackson	025	0.86	0.94
Jefferson	026	1.26	1.19
Jefferson Davis	027	0.86	0.94
Lafayette	028	1.03	1.12
Lafourche	029	0.97	1.00
La Salle	030	0.86	0.94
Lincoln	031	0.86	0.94
Livingston	032	0.97	1.00
Madison	033	0.86	0.94
Morehouse	034	0.86	0.94
Natchitoches	035	0.86	0.94
Orleans	036	1.26	1.19
Ouachita	037	1.03	1.12
Plaquemines	038	0.86	0.94
Pointe Coupee	039	0.86	0.94

NIPPON LIFE INSURANCE COMPANY OF AMERICA

Lousiana

State Code: 21

County Name	County Code	Area Factors	
		Med/Rx	Dental
Rapides	040	1.03	1.12
Red River	041	0.86	0.94
Richland	042	0.86	0.94
Sabine	043	0.86	0.94
St Bernard	044	1.03	1.12
St Charles	045	0.97	1.00
St Helena	046	0.86	0.94
St James	047	0.86	0.94
St John the Baptist	048	0.86	0.94
St Landry	049	0.97	1.00
St Martin	050	0.97	1.00
St Mary	051	0.97	1.00
St Tammany	052	1.03	1.12
Tangipahoa	053	0.97	1.00
Tensas	054	0.86	0.94
Terrebonne	055	0.97	1.00
Union	056	0.86	0.94
Vermillion	057	0.97	1.00
Vernon	058	0.97	1.00
Washington	059	0.86	0.94
Webster	060	0.86	0.94
West Baton Rouge	061	0.97	1.00
West Carroll	062	0.86	0.94
West Feliciana	063	0.86	0.94
Winn	064	0.86	0.94

NIPPON LIFE INSURANCE COMPANY OF AMERICA

Maine.

State Code: 22

County Name	County Code	Area Factors	
		Med/Rx	Dental
Androscoggin	001	0.65	1.00
Aroostook	002	0.65	1.00
Cumberland	003	0.65	1.00
Franklin	004	0.65	1.00
Hancock	005	0.65	1.00
Kennebec	006	0.65	1.00
Knox	007	0.65	1.00
Lincoln	008	0.65	1.00
Oxford	009	0.65	1.00
Penobscot	010	0.65	1.00
Piscataquis	011	0.65	1.00
Sagadahoc	012	0.65	1.00
Somerset	013	0.65	1.00
Waldo	014	0.65	1.00
Washington	015	0.65	1.00
York	016	0.65	1.00

NIPPON LIFE INSURANCE COMPANY OF AMERICA

Maryland

State Code: 23

County Name	County Code	Area Factors	
		Med/Rx	Dental
Allegany	001	0.84	0.94
Anne Arundel	002	0.91	1.19
Baltimore	003	0.91	1.19
Calvert	004	0.84	0.94
Caroline	005	0.84	0.94
Carroll	006	0.91	1.00
Cecil	007	0.84	0.94
Charles	008	0.84	1.00
Dorchester	009	0.84	0.94
Frederick	010	0.84	1.00
Garrett	011	0.84	0.94
Harford	012	0.91	1.00
Howard	013	0.91	1.19
Kent	014	0.84	0.94
Montgomery	015	1.09	1.34
Prince Georges	016	1.09	1.34
Queen Annes	017	0.84	0.94
St. Marys	018	0.84	0.94
Somerset	019	0.84	0.94
Talbot	020	0.84	0.94
Washington	021	0.84	1.00
Wicomico	022	0.84	0.94
Worcester	023	0.84	0.94

NIPPON LIFE INSURANCE COMPANY OF AMERICA

Massachusetts

State Code: 24

County Name	County Code	Area Factors	
		Med/Rx	Dental
Barnstable	001	0.86	1.00
Berkshire	002	0.86	1.00
Bristol	003	1.00	1.34
Dukes	004	0.86	1.00
Essex	005	1.00	1.34
Franklin	006	0.86	1.00
Hampden	007	0.86	1.00
Hampshire	008	0.86	1.00
Middlesex	009	1.00	1.34
Nantucket	010	0.86	1.00
Norfolk	011	1.00	1.34
Plymouth	012	1.00	1.34
Suffolk	013	1.00	1.34
Worcester	014	0.86	1.00

NIPPON LIFE INSURANCE COMPANY OF AMERICA

Michigan

State Code: 25

County Name	County Code	Zip Code	Area Factors	
			Med/Rx	Dental
ALCONA	001	All	0.79	1.06
ALGER	002	All	0.79	1.06
ALLEGAN	003	All	0.79	1.06
ALPENA	004	All	0.79	1.06
ANTRIM	005	All	0.79	1.06
ARENAC	006	All	0.79	1.06
BARAGA	007	All	0.79	1.06
BARRY	008	All	0.89	1.06
BAY	009	All	0.79	1.12
BENZIE	010	All	0.79	1.06
BERRIEN	011	All	0.88	1.12
BRANCH	012	All	0.89	1.06
CALHOUN	013	All	0.89	1.12
CASS	014	All	0.89	1.06
CHARLEVOIX	015	All	0.79	1.06
CHEBOYGAN	016	All	0.79	1.06
CHIPPEWA	017	All	0.79	1.06
CLARE	018	All	0.79	1.06
CLINTON	019	All	0.79	1.06
CRAWFORD	020	All	0.79	1.06
DELTA	021	All	0.79	1.06
DICKINSON	022	All	0.79	1.06
EATON	023	All except 48907,48908,48917	0.79	1.06
EATON	023	48907,48908 and 48917	0.89	1.06
EMMET	024	All	0.79	1.06
GENESEE	025	All	0.83	1.12
GLADWIN	026	All	0.79	1.06
GOGEBIC	027	All	0.79	1.06
GRAND TRAVERSE	028	All	0.79	1.06
GRATIOT	029	All	0.79	1.06
HILLSDALE	030	All	0.89	1.06
HOUGHTON	031	All	0.79	1.06
HURON	032	All	0.83	1.06
INGHAM	033	All	0.89	1.12
IONIA	034	All	0.79	1.06
IOSCO	035	All	0.79	1.06
IRON	036	All	0.79	1.06
ISABELLA	037	All	0.79	1.06
JACKSON	038	All	0.89	1.06

NIPPON LIFE INSURANCE COMPANY OF AMERICA

Michigan

State Code: 25

County Name	County Code	Zip Code	Area Factors	
			Med/Rx	Dental
KALAMAZOO	039	All	0.89	1.12
KALKASKA	040	All	0.79	1.06
KENT	041	All	0.79	1.12
KEWEENAW	042	All	0.79	1.06
LAKE	043	All	0.79	1.06
LAPEER	044	All	0.83	1.06
LEELANAU	045	All	0.79	1.06
LENAWEE	046	All	0.89	1.06
LIVINGSTON	047	All	0.94	1.12
LUCE	048	All	0.79	1.06
MAC KINAC	049	All	0.79	1.06
MACOMB	050	All	0.96	1.34
MANISTEE	051	All	0.79	1.06
MARQUETTE	052	All	0.79	1.06
MASON	053	All	0.79	1.06
MECOSTA	054	All	0.79	1.06
MENOMINEE	055	All	0.79	1.06
MIDLAND	056	All	0.79	1.06
MISSAUKEE	057	All	0.79	1.06
MONROE	058	All	0.96	1.12
MONTCALM	059	All	0.83	1.06
MONTMORENCY	060	All	0.79	1.06
MUSKEGON	061	All	0.79	1.12
NEWAYGO	062	All	0.79	1.06
OAKLAND	063	All	0.94	1.34
OCEANA	064	All	0.79	1.06
OGEMAW	065	All	0.79	1.06
ONTONAGON	066	All	0.79	1.06
OSCEOLA	067	All	0.79	1.06
OSCODA	068	All	0.79	1.06
OTSEGO	069	All	0.79	1.06
OTTAWA	070	All	0.89	1.12
PRESQUE ISLE	071	All	0.79	1.06
ROSCOMMON	072	All	0.79	1.06
SAGINAW	073	All	0.79	1.12
SAINT CLAIR	074	All	0.96	1.06
SAINT JOSEPH	075	All	0.93	1.06
SANILAC	076	All	0.83	1.06
SCHOOLCRAFT	077	All	0.79	1.06

NIPPON LIFE INSURANCE COMPANY OF AMERICA

Michigan

State Code: 25

County Name	County Code	Zip Code	Area Factors	
			Med/Rx	Dental
SHIAWASSEE	078	All	0.79	1.06
TUSCOLA	079	All	0.79	1.06
VAN BUREN	080	All	0.89	1.06
WASHTENAW	081	All	0.96	1.12
WAYNE	082	All	0.96	1.34
WEXFORD	083	All	0.79	1.06

NIPPON LIFE INSURANCE COMPANY OF AMERICA

Minnesota

State Code: 26

County Name	County Code	Area Factors	
		Med/Rx	Dental
Aitkin	001	0.77	0.89
Anoka	002	0.86	0.94
Becker	003	0.77	0.89
Beltrami	004	0.77	0.89
Benton	005	0.77	0.89
Big Stone	006	0.77	0.89
Blue Earth	007	0.77	0.89
Brown	008	0.77	0.89
Carlton	009	0.77	0.89
Carver	010	0.86	0.94
Cass	011	0.77	0.89
Chippewa	012	0.77	0.89
Chisago	013	0.77	0.89
Clay	014	0.77	0.89
Clearwater	015	0.77	0.89
Cook	016	0.77	0.89
Cottonwood	017	0.77	0.89
Crow Wing	018	0.77	0.89
Dakota	019	0.86	0.94
Dodge	020	0.77	0.89
Douglas	021	0.77	0.89
Fairbault	022	0.77	0.89
Fillmore	023	0.77	0.89
Freeborn	024	0.77	0.89
Goodhue	025	0.77	0.89
Grant	026	0.77	0.89
Hennepin	027	0.89	0.94
Houston	028	0.77	0.89
Hubbard	029	0.77	0.89
Isanti	030	0.77	0.89
Itasca	031	0.77	0.89
Jackson	032	0.77	0.89
Kanabec	033	0.77	0.89
Kandiyohi	034	0.77	0.89
Kittson	035	0.77	0.89
Koochiching	036	0.77	0.89
Lac Qui Parle	037	0.77	0.89
Lake	038	0.77	0.89
Lake of the Woods	039	0.77	0.89

NIPPON LIFE INSURANCE COMPANY OF AMERICA

Minnesota

State Code: 26

County Name	County Code	Area Factors	
		Med/Rx	Dental
Le Sueur	040	0.77	0.89
Lincoln	041	0.77	0.89
Lyon	042	0.77	0.89
Mahnomen	043	0.77	0.89
Marshall	044	0.77	0.89
Martin	045	0.77	0.89
McLeod	046	0.77	0.89
Meeker	047	0.77	0.89
Mille Lacs	048	0.77	0.89
Morrison	049	0.77	0.89
Mower	050	0.77	0.89
Murray	051	0.77	0.89
Nicollet	052	0.77	0.89
Nobles	053	0.77	0.89
Norman	054	0.77	0.89
Olmsted	055	0.86	0.94
Otter Trail	056	0.77	0.89
Pennington	057	0.77	0.89
Pine	058	0.77	0.89
Pipestone	059	0.77	0.89
Polk	060	0.77	0.89
Pope	061	0.77	0.89
Ramsey	062	0.89	0.94
Red Lake	063	0.77	0.89
Redwood	064	0.77	0.89
Renville	065	0.77	0.89
Rice	066	0.77	0.89
Rock	067	0.77	0.89
Roseau	068	0.77	0.89
Saint Louis	069	0.86	0.94
Scott	070	0.86	0.94
Sherburne	071	0.77	0.89
Sibley	072	0.77	0.89
Stearns	073	0.86	0.84
Steele	074	0.77	0.89
Stevens	075	0.77	0.89
Swift	076	0.77	0.89
Todd	077	0.77	0.89
Traverse	078	0.77	0.89

NIPPON LIFE INSURANCE COMPANY OF AMERICA

Minnesota

State Code: 26

County Name	County Code	Area Factors	
		Med/Rx	Dental
Wabasha	079	0.77	0.89
Wadena	080	0.77	0.89
Waseca	081	0.77	0.89
Washington	082	0.86	0.94
Watsonwan	083	0.77	0.89
Wilkin	084	0.77	0.89
Winona	085	0.77	0.89
Wright	086	0.77	0.89
Yellow Medicine	087	0.77	0.89

NIPPON LIFE INSURANCE COMPANY OF AMERICA

Mississippi

State Code: 27

County Name	County Code	Area Factors	
		Med/Rx	Dental
Adams	001	0.84	0.89
Alcorn	002	0.84	0.89
Amite	003	0.84	0.89
Attala	004	0.84	0.89
Benton	005	0.84	0.89
Bolívar	006	0.84	0.89
Calhoun	007	0.84	0.89
Carroll	008	0.84	0.89
Chicasaw	009	0.84	0.89
Choctaw	010	0.84	0.89
Claiborne	011	0.84	0.89
Clarke	012	0.84	0.89
Clay	013	0.84	0.89
Coahoma	014	0.84	0.89
Copiah	015	0.84	0.89
Covington	016	0.84	0.89
DeSoto	017	0.81	0.94
Forrest	018	0.84	0.89
Franklin	019	0.84	0.89
George	020	0.84	0.89
Greene	021	0.84	0.89
Grenada	022	0.84	0.89
Hancock	023	0.84	0.89
Harrison	024	0.81	0.94
Hinds	025	0.81	0.94
Holmes	026	0.84	0.89
Humphreys	027	0.84	0.89
Issaquena	028	0.84	0.89
Itawamba	029	0.84	0.89
Jackson	030	0.81	0.94
Jasper	031	0.84	0.89
Jefferson	032	0.84	0.89
Jefferson Davis	033	0.84	0.89
Jones	034	0.84	0.89
Kemper	035	0.84	0.89
Lafayette	036	0.84	0.89
Lamar	037	0.84	0.89
Lauderdale	038	0.84	0.89
Lawrence	039	0.84	0.89

NIPPON LIFE INSURANCE COMPANY OF AMERICA

Mississippi

State Code: 27

County Name	County Code	Area Factors	
		Med/Rx I	Dental
Leake	040	0.84	0.89
Lee	041	0.84	0.89
Leflore	042	0.84	0.89
Lincoln	043	0.84	0.89
Lowndes	044	0.84	0.89
Madison	045	0.81	0.94
Marion	046	0.84	0.89
Marshall	047	0.84	0.89
Monroe	048	0.84	0.89
Montgomery	049	0.84	0.89
Neshoba	050	0.84	0.89
Newton	051	0.84	0.89
Noxubee	052	0.84	0.89
Oktibbeha	053	0.84	0.89
Panola	054	0.84	0.89
Pearl River	055	0.84	0.89
Perry	056	0.84	0.89
Pike	057	0.84	0.89
Pontotoc	058	0.84	0.89
Prentiss	059	0.84	0.89
Quitman	060	0.84	0.89
Rankin	061	0.81	0.94
Scott	062	0.84	0.89
Sharkey	063	0.84	0.89
Simpson	064	0.84	0.89
Smith	065	0.84	0.89
Stone	066	0.84	0.89
Sunflower	067	0.84	0.89
Tallahatchie	068	0.84	0.89
Tate	069	0.84	0.89
Tippah	070	0.84	0.89
Tishomingo	071	0.84	0.89
Tunica	072	0.84	0.89
Union	073	0.84	0.89
Walthall	074	0.84	0.89
Warren	075	0.84	0.89
Washington	076	0.84	0.89
Wayne	077	0.84	0.89
Webster	078	0.84	0.89

NIPPON LIFE INSURANCE COMPANY OF AMERICA

Mississippi

State Code: 27

County Name	County Code	Area Factors	
		Med/Rx	Dental
Wilkinson	079	0.84	0.89
Winston	080	0.84	0.89
Yalobusha	081	0.84	0.89
Yazoo	082	0.84	0.89

NIPPON LIFE INSURANCE COMPANY OF AMERICA

Missouri

State Code: 28

County Name	County Code	Area Factors	
		Med/Rx	Dental
Adair	001	0.84	0.84
Andrew	002	0.84	0.84
Atchison	003	0.84	0.84
Audrain	004	0.84	0.84
Barry	005	0.94	0.84
Barton	006	0.94	0.84
Bates	007	0.94	0.84
Benton	008	0.94	0.84
Bollinger	009	0.94	0.84
Boone	010	0.91	0.84
Buchanan	011	0.91	0.84
Butler	012	0.94	0.84
Caldwell	013	0.84	0.84
Callaway	014	0.84	0.84
Camden	015	0.94	0.84
Cape Girardeau	016	0.91	0.84
Carroll	017	0.84	0.84
Carter	018	0.94	0.84
Cass	019	0.91	0.84
Cedar	020	0.94	0.84
Chariton	021	0.84	0.84
Christian	022	0.94	0.84
Clark	023	0.84	0.84
Clay	024	1.12	1.00
Clinton	025	0.84	0.84
Cole	026	0.91	0.84
Cooper	027	0.84	0.84
Crawford	028	0.94	0.84
Dade	029	0.94	0.84
Dallas	030	0.94	0.84
Daviess	031	0.84	0.84
DeKalb	032	0.84	0.84
Dent	033	0.94	0.84
Douglas	034	0.94	0.84
Dunklin	035	0.94	0.84
Franklin	036	0.91	0.84
Gasconade	037	0.84	0.84
Gentry	038	0.84	0.84
Greene	039	0.81	0.84

NIPPON LIFE INSURANCE COMPANY OF AMERICA

Missouri

State Code: 28

County Name	County Code	Area Factors	
		Med/Rx	Dental
Grundy	040	0.84	0.84
Harrison	041	0.84	0.84
Henry	042	0.94	0.84
Hickory	043	0.94	0.84
Holt	044	0.84	0.84
Howard	045	0.84	0.84
Howell	046	0.94	0.84
Iron	047	0.94	0.84
Jackson	048	1.12	1.00
Jasper	049	0.81	0.84
Jefferson	050	0.94	0.84
Johnson	051	0.84	0.84
Knox	052	0.84	0.84
Laclede	053	0.94	0.84
Lafayette	054	0.84	0.84
Lawrence	055	0.91	0.84
Lewis	056	0.84	0.84
Lincoln	057	0.91	0.84
Linn	058	0.84	0.84
Livingston	059	0.84	0.84
McDonald	060	0.94	0.84
Macon	061	0.84	0.84
Madison	062	0.94	0.84
Maries	063	0.94	0.84
Marion	064	0.84	0.84
Mercer	065	0.84	0.84
Miller	066	0.94	0.84
Mississippi	067	0.94	0.84
Moniteau	068	0.84	0.84
Monroe	069	0.84	0.84
Montgomery	070	0.84	0.84
Morgan	071	0.94	0.84
New Madrid	072	0.94	0.84
Newton	073	0.91	0.84
Nodaway	074	0.84	0.84
Oregon	075	0.94	0.84
Osage	076	0.84	0.84
Ozark	077	0.94	0.84
Pemiscot	078	0.94	0.84

NIPPON LIFE INSURANCE COMPANY OF AMERICA

Missouri

State Code: 28

County Name	County Code	Area Factors	
		Med/Rx	Dental
Perry	079	0.94	0.84
Pettis	080	0.84	0.84
Phelps	081	0.94	0.84
Pike	082	0.84	0.84
Platte	083	1.12	1.00
Polk	084	0.94	0.84
Pulaski	085	0.94	0.84
Putnam	086	0.84	0.84
Ralls	087	0.84	0.84
Randolph	088	0.84	0.84
Ray	089	0.84	0.84
Reynolds	090	0.94	0.84
Ripley	091	0.94	0.84
St. Charles	092	1.06	0.94
St. Claire	093	0.94	0.84
St. Francois	094	0.94	0.84
Ste. Genevieve	095	0.94	0.84
St. Louis	096	1.06	0.94
St. Louis, City of	097	1.06	0.94
Saline	098	0.84	0.84
Schuyler	099	0.84	0.84
Scotland	100	0.84	0.84
Scott	101	0.94	0.84
Shannon	102	0.94	0.84
Shelby	103	0.84	0.84
Stoddard	104	0.94	0.84
Stone	105	0.94	0.84
Sullivan	106	0.84	0.84
Taney	107	0.94	0.84
Texas	108	0.94	0.84
Vernon	109	0.94	0.84
Warren	110	0.91	0.84
Washington	111	0.94	0.84
Wayne	112	0.94	0.84
Webster	113	0.94	0.84
Worth	114	0.84	0.84
Wright	115	0.94	0.84

NIPPON LIFE INSURANCE COMPANY OF AMERICA

Montana
State Code: 30

County Name	County Code	Area Factors	
		Med/Rx	Dental
Beaverhead	001	0.75	0.89
Big Horn	002	0.75	0.89
Blaine	003	0.75	0.89
Broadwater	004	0.75	0.89
Carbon	005	0.75	0.89
Carter	006	0.75	0.89
Cascade	007	0.75	0.89
Chouteau	008	0.75	0.89
Custer	009	0.75	0.89
Daniels	010	0.75	0.89
Dawson	011	0.75	0.89
Deer Lodge	012	0.75	0.89
Fallon	013	0.75	0.89
Fergus	014	0.75	0.89
Flathead	015	0.75	0.89
Gallatin	016	0.75	0.89
Garfield	017	0.75	0.89
Glacier	018	0.75	0.89
Golden Valley	019	0.75	0.89
Granite	020	0.75	0.89
Hill	021	0.75	0.89
Jefferson	022	0.75	0.89
Judith Basin	023	0.75	0.89
Lake	024	0.75	0.89
Lewis and Clark	025	0.75	0.89
Liberty	026	0.75	0.89
Lincoln	027	0.75	0.89
McCone	028	0.75	0.89
Madison	029	0.75	0.89
Meagher	030	0.75	0.89
Mineral	031	0.75	0.89
Missoula	032	0.75	0.89
Musselshell	033	0.75	0.89
Park	034	0.75	0.89
Petroleum	035	0.75	0.89
Phillips	036	0.75	0.89
Pondera	037	0.75	0.89
Powder River	038	0.75	0.89
Powell	039	0.75	0.89

NIPPON LIFE INSURANCE COMPANY OF AMERICA

Montana

State Code: 30

County Name	County Code	Area Factors	
		Med/Rx I	Dental
Prairie	040	0.75	0.89
Ravalli	041	0.75	0.89
Richland	042	0.75	0.89
Roosevelt	043	0.75	0.89
Rosebud	044	0.75	0.89
Sanders	045	0.75	0.89
Sheridan	046	0.75	0.89
Silver Bow	047	0.75	0.89
Stillwater	048	0.75	0.89
Sweet Grass	049	0.75	0.89
Teton	050	0.75	0.89
Toole	051	0.75	0.89
Treasure	052	0.75	0.89
Valley	053	0.75	0.89
Wheatland	054	0.75	0.89
Wibaux	055	0.75	0.89
Yellowstone	056	0.75	0.89

NIPPON LIFE INSURANCE COMPANY OF AMERICA

Nebraska

State Code: 31

County Name	County Code	Area Factors	
		Med/Rx	Dental
Adams	001	0.75	0.84
Antelope	002	0.75	0.84
Arthur	003	0.75	0.84
Banner	004	0.75	0.84
Blaine	005	0.75	0.84
Boone	006	0.75	0.84
Box Butte	007	0.75	0.84
Boyd	008	0.75	0.84
Brown	009	0.75	0.84
Buffalo	010	0.75	0.84
Burt	011	0.75	0.84
Butler	012	0.75	0.84
Cass	013	0.75	0.84
Cedar	014	0.75	0.84
Chase	015	0.75	0.84
Cherry	016	0.75	0.84
Cheyenne	017	0.75	0.84
Clay	018	0.75	0.84
Colfax	019	0.75	0.84
Cuming	020	0.75	0.84
Custer	021	0.75	0.84
Dakota	022	0.75	0.84
Dawes	023	0.75	0.84
Dawson	024	0.75	0.84
Deuel	025	0.75	0.84
Dixon	026	0.75	0.84
Dodge	027	0.75	0.84
Douglas	028	0.84	1.06
Dundy	029	0.75	0.84
Fillmore	030	0.75	0.84
Franklin	031	0.75	0.84
Frontier	032	0.75	0.84
Furnas	033	0.75	0.84
Gage	034	0.75	0.84
Garden	035	0.75	0.84
Garfield	036	0.75	0.84
Gosper	037	0.75	0.84
Grant	038	0.75	0.84
Greeley	039	0.75	0.84

NIPPON LIFE INSURANCE COMPANY OF AMERICA

Nebraska

State Code: 31

County Name	County Code	Area Factors	
		Med/Rx	Dental
Hall	040	0.75	0.84
Hamilton	041	0.75	0.84
Harlan	042	0.75	0.84
Hayes	043	0.75	0.84
Hitchcock	044	0.75	0.84
Holt	045	0.75	0.84
Hooker	046	0.75	0.84
Howard	047	0.75	0.84
Jefferson	048	0.75	0.84
Johnson	049	0.75	0.84
Kearney	050	0.75	0.84
Keith	051	0.75	0.84
Keyapaha	052	0.75	0.84
Kimball	053	0.75	0.84
Knox	054	0.75	0.84
Lancaster	055	0.77	0.89
Lincoln	056	0.75	0.84
Logan	057	0.75	0.84
Loup	058	0.75	0.84
McPherson	059	0.75	0.84
Madison	060	0.75	0.84
Merrick	061	0.75	0.84
Morrill	062	0.75	0.84
Nance	063	0.75	0.84
Nemaha	064	0.75	0.84
Nuckolls	065	0.75	0.84
Otoe	066	0.75	0.84
Pawnee	067	0.75	0.84
Perkins	068	0.75	0.84
Phelps	069	0.75	0.84
Pierce	070	0.75	0.84
Platte	071	0.75	0.84
Polk	072	0.75	0.84
Red Willow	073	0.75	0.84
Richardson	074	0.75	0.84
Rock	075	0.75	0.84
Saline	076	0.75	0.84
Sarpy	077	0.84	1.06
Saunders	078	0.75	0.84

NIPPON LIFE INSURANCE COMPANY OF AMERICA

Nebraska

State Code: 31

County Name	County Code	Area Factors	
		Med/Rx	Dental
Scotts Bluff	079	0.75	0.84
Seward	080	0.75	0.84
Sheridan	081	0.75	0.84
Sherman	082	0.75	0.84
Sioux	083	0.75	0.84
Stanton	084	0.75	0.84
Thayer	085	0.75	0.84
Thomas	086	0.75	0.84
Thurston	087	0.75	0.84
Valley	088	0.75	0.84
Washington	089	0.75	0.84
Wayne	090	0.75	0.84
Webster	091	0.75	0.84
Wheeler	092	0.75	0.84
York	093	0.75	0.84

NIPPON LIFE INSURANCE COMPANY OF AMERICA

Nevada

State Code: 32

County Name	County Code	Area Factors	
		Med/Rx	Dental
Carson City/Ormsby	001	0.86	1.19
Churchill	002	0.84	1.19
Clark	003	1.30	1.26
Douglas	004	see below	
Elko	005	0.84	1.19
Esmeralda	006	0.84	1.19
Eureka	007	0.84	1.19
Humboldt	008	0.84	1.19
Lander	009	0.84	1.19
Lincoln	010	0.84	1.19
Lyon	011	0.84	1.19
Mineral	012	0.84	1.19
Nye	013	0.84	1.19
Pershing	014	0.84	1.19
Storey	015	0.84	1.19
Washoe	016	1.03	1.34
White Pine	017	0.84	1.19
Douglas county			
Cities:			
Centerville		0.84	1.19
Dresslerville		0.84	1.19
Elks Point		0.86	1.34
Gardnerville		0.84	1.19
Gardnerville-Minden		0.84	1.19
Gardnerville-Ranchos		0.84	1.19
Genoa		0.84	1.19
Glenbrook		0.86	1.34
Glendale		0.86	1.34
Lower Kingsbury		0.86	1.34
Upper Kingsbury		0.86	1.34
Lakeridge		0.86	1.34
Lincoln Park		0.86	1.34
Lockwood		0.84	1.19
Midas		0.84	1.19
Minden		0.84	1.19
Pardise Hill		0.84	1.19
Patrick		0.84	1.19

NIPPON LIFE INSURANCE COMPANY OF AMERICA

Nevada

State Code: 32

County Name	County Code	Area Factors	
		Med/Rx	Dental
Sheridan		0.84	1.19
Skyland		0.86	1.34
Stateline		0.86	1.34
Topaz Lake		0.84	1.19
Topas Ranch Est.		0.84	1.19
Tracy-Clark		0.84	1.19
Vista		0.84	1.19
Zephyr Cove		0.86	1.34
Zephyr Cove-Round Hill Village		0.86	1.34

NIPPON LIFE INSURANCE COMPANY OF AMERICA

New Hampshire

State Code: 33

County Name	County Code	Area Factors	
		Med/Rx	Dental
Belknap	001	0.77	1.06
Carroll	002	0.77	1.06
Cheshire	003	0.77	1.06
Coos	004	0.77	1.06
Grafton	005	0.77	1.06
Hillsborough	006	0.77	1.06
Merrimack	007	0.77	1.06
Rockingham	008	0.77	1.06
Strafford	009	0.77	1.06
Sullivan	010	0.77	1.06

NIPPON LIFE INSURANCE COMPANY OF AMERICA

New Jersey

State Code: 34

County Name	County Code	Area Factors	
		Med/Rx	Dental
ATLANTIC	001	See Below	See Below
BERGEN	002	0.99	1.60
BURLINGTON	003	See Below	See Below
CAMDEN	004	0.88	1.34
CAPEMAY	005	0.83	1.26
CUMBERLAND	006	0.83	1.26
ESSEX	007	0.90	1.60
GLOUCESTER	008	0.83	1.34
HUDSON	009	0.90	1.60
HUNTERDON	010	0.80	1.26
MERCER	011	0.88	1.34
MIDDLESEX	012	0.80	1.42
MONMOUTH	013	0.90	1.42
MORRIS	014	0.90	1.42
OCEAN	015	0.83	1.26
PASSAIC	016	0.99	1.60
SALEM	017	0.83	1.26
SOMERSET	018	0.80	1.42
SUSSEX	019	0.90	1.26
UNION	020	0.90	1.60
WARREN	021	0.90	1.26

NIPPON LIFE INSURANCE COMPANY OF AMERICA

New Jersey

SPLIT COUNTIES

State Code: 34

County Name	County Code	Zip Code	Area Factors	
			Med/Rx	Dental
ATLANTIC	001	08037	0.83	1.26
ATLANTIC	001	08201	0.83	1.34
ATLANTIC	001	08203	0.83	1.34
ATLANTIC	001	08205	0.83	1.34
ATLANTIC	001	08213	0.83	1.26
ATLANTIC	001	08215	0.83	1.26
ATLANTIC	001	08217	0.83	1.26
ATLANTIC	001	08220	0.83	1.34
ATLANTIC	001	08221	0.83	1.34
ATLANTIC	001	08222	0.83	1.34
ATLANTIC	001	08225	0.83	1.34
ATLANTIC	001	08227	0.83	1.34
ATLANTIC	001	08231	0.83	1.34
ATLANTIC	001	08232	0.83	1.34
ATLANTIC	001	08233	0.83	1.34
ATLANTIC	001	08234	0.83	1.34
ATLANTIC	001	08240	0.83	1.26
ATLANTIC	001	08241	0.83	1.26
ATLANTIC	001	08244	0.83	1.34
ATLANTIC	001	08310	0.83	1.26
ATLANTIC	001	08317	0.83	1.26
ATLANTIC	001	08319	0.83	1.26
ATLANTIC	001	08326	0.83	1.26
ATLANTIC	001	08330	0.83	1.26
ATLANTIC	001	08340	0.83	1.26
ATLANTIC	001	08341	0.83	1.26
ATLANTIC	001	08342	0.83	1.26
ATLANTIC	001	08346	0.83	1.26
ATLANTIC	001	08350	0.83	1.26
ATLANTIC	001	08400	0.83	1.34
ATLANTIC	001	08401	0.83	1.34
ATLANTIC	001	08402	0.83	1.34
ATLANTIC	001	08403	0.83	1.34
ATLANTIC	001	08404	0.83	1.34
ATLANTIC	001	08405	0.83	1.34
ATLANTIC	001	08406	0.83	1.34
ATLANTIC	001	08411	0.83	1.34
BURLINGTON	003	08010	0.88	1.34
BURLINGTON	003	08011	0.88	1.34
BURLINGTON	003	08015	0.88	1.26

NIPPON LIFE INSURANCE COMPANY OF AMERICA

New Jersey

SPLIT COUNTIES

State Code: 34

County Name	County Code	Zip Code	Area Factors	
			Med/Rx	Dental
BURLINGTON	003	08016	0.88	1.34
BURLINGTON	003	08019	0.88	1.26
BURLINGTON	003	08022	0.88	1.26
BURLINGTON	003	08036	0.88	1.26
BURLINGTON	003	08041	0.88	1.26
BURLINGTON	003	08042	0.88	1.26
BURLINGTON	003	08046	0.88	1.34
BURLINGTON	003	08048	0.88	1.26
BURLINGTON	003	08052	0.88	1.34
BURLINGTON	003	08053	0.88	1.26
BURLINGTON	003	08054	0.88	1.26
BURLINGTON	003	08055	0.88	1.26
BURLINGTON	003	08057	0.88	1.34
BURLINGTON	003	08060	0.88	1.26
BURLINGTON	003	08064	0.88	1.26
BURLINGTON	003	08065	0.88	1.34
BURLINGTON	003	08068	0.88	1.26
BURLINGTON	003	08073	0.88	1.34
BURLINGTON	003	08075	0.88	1.34
BURLINGTON	003	08076	0.88	1.34
BURLINGTON	003	08077	0.88	1.34
BURLINGTON	003	08088	0.88	1.26
BURLINGTON	003	08224	0.88	1.26
BURLINGTON	003	08370	0.88	1.34
BURLINGTON	003	08505	0.88	1.34
BURLINGTON	003	08511	0.88	1.26
BURLINGTON	003	08515	0.88	1.26
BURLINGTON	003	08518	0.88	1.34
BURLINGTON	003	08554	0.88	1.34
BURLINGTON	003	08562	0.88	1.26
BURLINGTON	003	08640	0.88	1.34
BURLINGTON	003	08641	0.88	1.34

NIPPON LIFE INSURANCE COMPANY OF AMERICA

New Mexico
 State Code: 35

County Name	County Code	Area Factors	
		Med/Rx	Dental
Bernalillo	001	0.84	1.06
Catron	002	0.71	1.00
Chaves	003	0.71	1.00
Colfax	004	0.71	1.00
Curry	005	0.71	1.00
De Baca	006	0.71	1.00
Dona Ana	007	0.71	1.00
Eddy	008	0.71	1.00
Grant	009	0.71	1.00
Guadalupe	010	0.71	1.00
Harding	011	0.71	1.00
Hidalgo	012	0.71	1.00
Lea	013	0.71	1.00
Lincoln	014	0.71	1.00
Los Alamos	015	0.71	1.00
Luna	016	0.71	1.00
McKinley	017	0.71	1.00
Mora	018	0.71	1.00
Otero	019	0.71	1.00
Quay	020	0.71	1.00
Rio Arriba	021	0.71	1.00
Roosevelt	022	0.71	1.00
Sandoval	023	0.71	1.00
San Juan	024	0.71	1.00
San Miguel	025	0.71	1.00
Santa Fe	026	0.84	1.06
Sierra	027	0.71	1.00
Socorro	028	0.71	1.00
Taos	029	0.71	1.00
Torrance	030	0.71	1.00
Union	031	0.71	1.00
Valencia	032	0.71	1.00
Cibola	033	0.71	1.00

NIPPON LIFE INSURANCE COMPANY OF AMERICA

NEW YORK

State Code: 36

County Name	County Code	Area Factors	
		Med/Rx	Dental
ALBANY	001	See Below	See Below
ALLEGANY	002	0.73	1.12
BROOME	004	See Below	See Below
CATTARAUGUS	005	0.73	1.12
CAYUGA	006	0.73	1.12
CHAUTAUQUA	007	0.73	1.12
CHEMUNG	008	0.73	1.12
CHENANGO	009	See Below	See Below
CLINTON	010	0.73	1.12
COLUMBIA	011	See Below	See Below
CORTLAND	012	See Below	See Below
DELAWARE	013	See Below	See Below
DUTCHESS	014	0.85	1.19
ERIE	015	0.73	1.12
ESSEX	016	0.73	1.12
FRANKLIN	017	0.73	1.12
FULTON	018	0.73	1.12
GENESEE	019	0.73	1.12
GREENE	020	See Below	See Below
HAMILTON	021	0.73	1.12
HERKIMER	022	0.73	1.12
JEFFERSON	023	0.73	1.12
LEWIS	025	0.73	1.12
LIVINGSTON	026	0.73	1.12
MADISON	027	0.73	1.12
MONROE	028	0.73	1.12
MONTGOMERY	029	0.73	1.12
NIAGARA	032	0.73	1.12
ONEIDA	033	0.73	1.12
ONONDAGA	034	0.73	1.12
ONTARIO	035	0.73	1.12
ORANGE	036	See Below	See Below
ORLEANS	037	0.73	1.12
OSWEGO	038	0.73	1.12
OTSEGO	039	See Below	See Below
PUTNAM	040	See Below	See Below

NIPPON LIFE INSURANCE COMPANY OF AMERICA

NEW YORK

State Code: 36

County Name	County Code	Area Factors	
		Med/Rx	Dental
RENSSELAER	042	0.73	1.12
SAINT LAWRENCE	045	0.73	1.12
SARATOGA	046	0.73	1.12
SCHENECTADY	047	0.73	1.12
SCHOHARIE	048	0.73	1.12
SCHUYLER	049	0.73	1.12
SENECA	050	0.73	1.12
STEUBEN	051	0.73	1.12
SULLIVAN	053	0.85	1.12
TIOGA	054	See Below	See Below
TOMPKINS	055	0.73	1.12
ULSTER	056	0.85	1.12
WARREN	057	0.73	1.12
WASHINGTON	058	0.73	1.12
WAYNE	059	0.73	1.12
WYOMING	061	0.73	1.12
YATES	062	0.73	1.12

NIPPON LIFE INSURANCE COMPANY OF AMERICA

NEW YORK SPLIT COUNTIES

State Code: 36

County Name	County Code	Zip Code	Area Factors	
			Med/Rx	Dental
ALBANY	001	12007 through 12288	0.73	1.12
ALBANY	001	12469	0.85	1.12
BROOME	004	13737 through 13865	0.80	1.12
BROOME	004	13900 through 13905	0.73	1.12
CHENANGO	009	13124 through 13464	0.73	1.12
CHENANGO	009	13730 through 13844	0.80	1.12
COLUMBIA	011	12017 through 12195	0.73	1.12
COLUMBIA	011	12502 through 12593	0.85	1.12
CORTLAND	012	13040 through 13158	0.73	1.12
CORTLA ID	012	13738 through 13863	0.80	1.12
DELAWARE	013	12167	0.73	1.12
DELAWARE	013	12406 through 12474	0.85	1.12
DELAWARE	013	13731 through 13860	0.80	1.12
GREENE	020	12015 through 12192	0.73	1.12
GREENE	020	12405 through 12496	0.85	1.12
ORANGE	036	10910 through 10998	1.12	1.19
ORANGE	036	12518 through 12780	0.85	1.19
OTSEGO	039	12064 through 13488	0.73	1.12
OTSEGO	039	13747 through 13861	0.80	1.12
PUTNAM	040	10509 through 10579	1.12	1.19
PUTNAM	040	12563	0.85	1.19
TIOGA	054	13732 through 13864	0.80	1.12
TIOGA	054	14859 through 14892	0.73	1.12

NIPPON LIFE INSURANCE COMPANY OF AMERICA

North Carolina

State Code: 37

County Name	County Code	Area Factors	
		Med/Rx	Dental
Alamance	001	0.75	0.84
Alexander	002	0.73	0.84
Alleghany	003	0.73	0.84
Anson	004	0.73	0.84
Ash	005	0.73	0.84
Avery	006	0.73	0.84
Beaufort	007	0.73	0.84
Bertie	008	0.73	0.84
Bladen	009	0.73	0.84
Brunswick	010	0.73	0.84
Buncombe	011	0.75	0.84
Burke	012	0.73	0.84
Cabarrus	013	0.73	0.84
Caldwell	014	0.73	0.84
Camden	015	0.73	0.84
Carteret	016	0.73	0.84
Caswell	017	0.73	0.84
Catawba	018	0.75	0.84
Chatham	019	0.73	0.84
Cherokee	020	0.73	0.84
Chowan	021	0.73	0.84
Clay	022	0.73	0.84
Cleveland	023	0.73	0.84
Columbus	024	0.73	0.84
Craven	025	0.73	0.84
Cumberland	026	0.75	0.84
Currituck	027	0.73	0.84
Dare	028	0.73	0.84
Davidson	029	0.75	0.84
Davie	030	0.73	0.84
Dulpin	031	0.73	0.84
Durham	032	0.79	0.89
Edgecombe	033	0.73	0.84
Forsyth	034	0.77	0.94
Franklin	035	0.73	0.84
Gaston	036	0.75	0.84
Gates	037	0.73	0.84
Graham	038	0.73	0.84
Granville	039	0.73	0.84

NIPPON LIFE INSURANCE COMPANY OF AMERICA

North Carolina

State Code: 37

County Name	County Code	Area Factors	
		Med/Rx	Dental
Greene	040	0.73	0.84
Guilford	041	0.77	0.94
Halifax	042	0.73	0.84
Harnett	043	0.73	0.84
Haywood	044	0.73	0.84
Henderson	045	0.73	0.84
Hertford	046	0.73	0.84
Hoke	047	0.73	0.84
Hyde	048	0.73	0.84
Iredell	049	0.73	0.84
Jackson	050	0.73	0.84
Johnston	051	0.73	0.84
Jones	052	0.73	0.84
Lee	053	0.73	0.84
Lenoir	054	0.73	0.84
Lincoln	055	0.73	0.84
McDowell	056	0.73	0.84
Macon	057	0.73	0.84
Madison	058	0.73	0.84
Martin	059	0.73	0.84
Mecklenburg	060	0.77	0.84
Mitchell	061	0.73	0.84
Montgomery	062	0.73	0.84
Moore	063	0.73	0.84
Nash	064	0.73	0.84
New Hanover	065	0.73	0.84
Northampton	066	0.73	0.84
Onslow	067	0.75	0.84
Orange	068	0.75	0.84
Pamlico	069	0.73	0.84
Pasquotank	070	0.73	0.84
Pender	071	0.73	0.84
Perquimans	072	0.73	0.84
Person	073	0.73	0.84
Pitt	074	0.75	0.84
Polk	075	0.73	0.84
Randolph	076	0.75	0.84
Richmond	077	0.73	0.84
Robeson	078	0.75	0.84

NIPPON LIFE INSURANCE COMPANY OF AMERICA

North Carolina

State Code: 37

County Name	County Code	Area Factors	
		Med/Rx	Dental
Rockingham	079	0.73	0.84
Rowan	080	0.75	0.84
Rutherford	081	0.73	0.84
Sampson	082	0.73	0.84
Scotland	083	0.73	0.84
Stanly	084	0.73	0.84
Stokes	085	0.73	0.84
Surry	086	0.73	0.84
Swain	087	0.73	0.84
Transylvania	088	0.73	0.84
Tyrrell	089	0.73	0.84
Union	090	0.73	0.84
Vance	091	0.73	0.84
Wake	092	0.79	0.89
Warren	093	0.73	0.84
Washington	094	0.73	0.84
Watauga	095	0.73	0.84
Wayne	096	0.73	0.84
Wilkes	097	0.73	0.84
Wilson	098	0.73	0.84
Yadkin	099	0.73	0.84
Yancey	100	0.73	0.84

NIPPON LIFE INSURANCE COMPANY OF AMERICA

North Dakota
State Code: 39

County Name	County Code	Area Factors	
		Med/Rx	Dental
Adams	001	0.79	0.84
Barnes	002	0.79	0.84
Benson	003	0.79	0.84
Billings	004	0.79	0.84
Bottineau	005	0.79	0.84
Bowman	006	0.79	0.84
Burke	007	0.79	0.84
Burleigh	008	0.79	0.84
Cass	009	0.79	0.84
Cavalier	010	0.79	0.84
Dickey	011	0.79	0.84
Divide	012	0.79	0.84
Dunn	013	0.79	0.84
Eddy	014	0.79	0.84
Emmons	015	0.79	0.84
Foster	016	0.79	0.84
Golden Valley	017	0.79	0.84
Grand Forks	018	0.79	0.84
Grant	019	0.79	0.84
Griggs	020	0.79	0.84
Hettinger	021	0.79	0.84
Kidder	022	0.79	0.84
La Moure	023	0.79	0.84
Logan	024	0.79	0.84
McHenry	025	0.79	0.84
McIntosh	026	0.79	0.84
McKensie	027	0.79	0.84
McLean	028	0.79	0.84
Mercer	029	0.79	0.84
Morton	030	0.79	0.84
Mountrail	031	0.79	0.84
Nelson	032	0.79	0.84
Oliver	033	0.79	0.84
Pembina	034	0.79	0.84
Pierce	035	0.79	0.84
Ramsey	036	0.79	0.84
Ransom	037	0.79	0.84
Renville	038	0.79	0.84
Richland	039	0.79	0.84

NIPPON LIFE INSURANCE COMPANY OF AMERICA

North Dakota

State Code: 39

County Name	County Code	Area Factors	
		Med/Rx	Dental
Rolette	040	0.79	0.84
Sargent	041	0.79	0.84
Sheridan	042	0.79	0.84
Sioux	043	0.79	0.84
Slope	044	0.79	0.84
Stark	045	0.79	0.84
Steele	046	0.79	0.84
Stutsman	047	0.79	0.84
Towner	048	0.79	0.84
Traill	049	0.79	0.84
Walsh	050	0.79	0.84
Ward	051	0.79	0.84
Wells	052	0.79	0.84
Williams	053	0.79	0.84

NIPPON LIFE INSURANCE COMPANY OF AMERICA

OHIO

State Code: 40

County Name	County Code	Area Factors	
		Med/Rx	Dental
ADAMS	001	0.77	0.84
ALLEN	002	0.77	0.84
ASHLAND	003	0.83	0.84
ASHTABULA	004	0.93	0.84
ATHENS	005	0.82	0.84
AUGLAIZE	006	0.77	0.84
BELMONT	007	0.71	0.84
BROWN	008	See Below	See Below
BUTLER	009	0.83	0.84
CARROLL	010	0.83	0.84
CHAMPAIGN	011	0.77	0.84
CLARK	012	0.77	0.84
CLERMONT	013	0.83	0.84
CLINTON	014	0.83	0.84
COLUMBIANA	015	See Below	See Below
COSHOCTON	016	0.71	0.84
CRAWFORD	017	0.77	0.84
CUYAHOGA	018	0.93	1.12
DARKE	019	0.77	0.84
DEFIANCE	020	0.88	0.84
DELAWARE	021	0.77	0.84
ERIE	022	0.83	0.84
FAIRFIELD	023	0.83	0.84
FAYETTE	024	0.83	0.84
FRANKLIN	025	See Below	See Below
FULTON	026	0.88	0.84
GALLIA	027	0.77	0.84
GEAUGA	028	0.93	0.84
GREENE	029	0.77	0.94
GUERNSEY	030	0.71	0.84
HAMILTON	031	0.83	1
HANCOCK	032	0.77	0.84
HARDIN	033	0.77	0.84
HARRISON	034	0.71	0.84
HENRY	035	0.83	0.84
HIGHLAND	036	0.83	0.84
HOCKING	037	0.83	0.84
HOLMES	038	0.77	0.84
HURON	039	0.83	0.84
JACKSON	040	0.77	0.84

NIPPON LIFE INSURANCE COMPANY OF AMERICA

OHIO

State Code: 40

County Name	County Code	Area Factors	
		Med/Rx	Dental
JEFFERSON	041	0.71	0.84
KNOX	042	0.77	0.84
LAKE	043	0.93	0.84
LAWRENCE	044	0.77	0.84
LICKING	045	0.77	0.84
LOGAN	046	0.77	0.84
LORAIN	047	0.93	0.84
LUCAS	048	0.88	0.84
MADISON	049	0.83	0.84
MAHONING	050	See Below	See Below
MARION	051	0.77	0.84
MEDINA	052	0.88	0.84
MEIGS	053	0.82	0.84
MERCER	054	0.77	0.84
MIAMI	055	0.77	0.84
MONROE	056	See Below	See Below
MONTGOMERY	057	See Below	See Below
MORGAN	058	0.71	0.84
MORROW	059	0.77	0.84
MUSKINGUM	060	0.71	0.84
NOBLE	061	See Below	See Below
OTTAWA	062	0.88	0.84
PAULDING	063	0.77	0.84
PERRY	064	0.71	0.84
PICKAWAY	065	0.83	0.84
PIKE	066	0.77	0.84
PORTAGE	067	0.88	0.84
PREBLE	068	0.77	0.84
PUTNAM	069	0.77	0.84
RICHLAND	070	0.72	0.84
ROSS	071	See Below	See Below
SANDUSKY	072	0.88	0.84
SCIOTO	073	0.77	0.84
SENECA	074	0.83	0.84
SHELBY	075	0.77	0.84
STARK	076	0.83	0.84
SUMMIT	077	See Below	See Below
TRUMBULL	078	0.88	0.84
TUSCARAWAS	079	See Below	See Below
UNION	080	0.77	0.84

NIPPON LIFE INSURANCE COMPANY OF AMERICA

OHIO

State Code: 40

County Name	County Code	Area Factors	
		Med/Rx	Dental
VAN WERT	081	0.77	0.84
VINTON	082	0.77	0.84
WARREN	083	0.83	0.84
WASHINGTON	084	0.82	0.84
WAYNE	085	See Below	See Below
WILLIAMS	086	0.88	0.84
WOOD	087	See Below	See Below
WYANDOT	088	0.77	0.84

NIPPON LIFE INSURANCE COMPANY OF AMERICA

OHIO SPLIT COUNTIES

State Code: 40

County Name	County Code	Zip Code	Area Factors	
			Med/Rx	Dental
BROWN	008	45101	0.77	0.84
BROWN	008	45115	0.77	0.84
BROWN	008	45118	0.77	0.84
BROWN	008	45119	0.77	0.84
BROWN	008	45121	0.77	0.84
BROWN	008	45130	0.77	0.84
BROWN	008	45131	0.77	0.84
BROWN	008	45154	0.77	0.84
BROWN	008	45167	0.77	0.84
BROWN	008	45168	0.77	0.84
BROWN	008	45171	0.77	0.84
BROWN	008	45275	0.83	0.84
COLUMBIANA	015	43920	0.80	0.84
COLUMBIANA	015	43945	0.80	0.84
COLUMBIANA	015	43962	0.80	0.84
COLUMBIANA	015	43968	0.80	0.84
COLUMBIANA	015	44408	0.86	0.84
COLUMBIANA	015	44413	0.86	0.84
COLUMBIANA	015	44415	0.86	0.84
COLUMBIANA	015	44423	0.86	0.84
COLUMBIANA	015	44427	0.86	0.84
COLUMBIANA	015	44431	0.86	0.84
COLUMBIANA	015	44432	0.86	0.84
COLUMBIANA	015	44441	0.86	0.84
COLUMBIANA	015	44445	0.86	0.84
COLUMBIANA	015	44455	0.86	0.84
COLUMBIANA	015	44460	0.86	0.84
COLUMBIANA	015	44490	0.86	0.84
COLUMBIANA	015	44492	0.86	0.84
COLUMBIANA	015	44493	0.86	0.84
COLUMBIANA	015	44625	0.86	0.84
COLUMBIANA	015	44634	0.86	0.84
COLUMBIANA	015	44665	0.86	0.84
FRANKLIN	025	43002	0.77	0.94
FRANKLIN	025	43004	0.77	0.94
FRANKLIN	025	43016	0.77	0.94
FRANKLIN	025	43017	0.77	0.94
FRANKLIN	025	43026	0.77	0.94
FRANKLIN	025	43054	0.83	0.94
FRANKLIN	025	43068	0.77	0.94
FRANKLIN	025	43081	0.77	0.94
FRANKLIN	025	43082	0.77	0.94
FRANKLIN	025	43085	0.77	0.94
FRANKLIN	025	43086	0.77	0.94
FRANKLIN	025	43099	0.77	0.94
FRANKLIN	025	43109	0.83	0.94
FRANKLIN	025	43110	0.83	0.94
FRANKLIN	025	43119	0.83	0.94
FRANKLIN	025	43123	0.83	0.94
FRANKLIN	025	43125	0.83	0.94
FRANKLIN	025	43126	0.83	0.94
FRANKLIN	025	43137	0.83	0.94
FRANKLIN	025	43195	0.83	0.94
FRANKLIN	025	43196	0.83	0.94
FRANKLIN	025	43198	0.83	0.94
FRANKLIN	025	43199	0.83	0.94
FRANKLIN	025	43200	0.83	0.94
FRANKLIN	025	43201	0.83	0.94

NIPPON LIFE INSURANCE COMPANY OF AMERICA

OHIO SPLIT COUNTIES

State Code: 40

County Name	County Code	Zip Code	Area Factors	
			Med/Rx	Dental
FRANKLIN	025	43202	0.83	0.94
FRANKLIN	025	43203	0.83	0.94
FRANKLIN	025	43204	0.83	0.94
FRANKLIN	025	43205	0.83	0.94
FRANKLIN	025	43206	0.83	0.94
FRANKLIN	025	43207	0.83	0.94
FRANKLIN	025	43209	0.83	0.94
FRANKLIN	025	43210	0.83	0.94
FRANKLIN	025	43211	0.83	0.94
FRANKLIN	025	43212	0.83	0.94
FRANKLIN	025	43213	0.83	0.94
FRANKLIN	025	43214	0.83	0.94
FRANKLIN	025	43215	0.83	0.94
FRANKLIN	025	43216	0.83	0.94
FRANKLIN	025	43217	0.83	0.94
FRANKLIN	025	43218	0.83	0.94
FRANKLIN	025	43219	0.83	0.94
FRANKLIN	025	43220	0.83	0.94
FRANKLIN	025	43221	0.83	0.94
FRANKLIN	025	43222	0.83	0.94
FRANKLIN	025	43223	0.83	0.94
FRANKLIN	025	43224	0.83	0.94
FRANKLIN	025	43226	0.83	0.94
FRANKLIN	025	43227	0.83	0.94
FRANKLIN	025	43228	0.83	0.94
FRANKLIN	025	43229	0.83	0.94
FRANKLIN	025	43230	0.83	0.94
FRANKLIN	025	43231	0.83	0.94
FRANKLIN	025	43232	0.83	0.94
FRANKLIN	025	43234	0.83	0.94
FRANKLIN	025	43235	0.83	0.94
FRANKLIN	025	43236	0.83	0.94
FRANKLIN	025	43240	0.83	0.94
FRANKLIN	025	43251	0.83	0.94
FRANKLIN	025	43253	0.83	0.94
FRANKLIN	025	43260	0.83	0.94
FRANKLIN	025	43265	0.83	0.94
FRANKLIN	025	43266	0.83	0.94
FRANKLIN	025	43267	0.83	0.94
FRANKLIN	025	43268	0.83	0.94
FRANKLIN	025	43269	0.83	0.94
FRANKLIN	025	43270	0.83	0.94
FRANKLIN	025	43271	0.83	0.94
FRANKLIN	025	43272	0.83	0.94
FRANKLIN	025	43279	0.83	0.94
FRANKLIN	025	43285	0.83	0.94
FRANKLIN	025	43286	0.83	0.94
FRANKLIN	025	43287	0.83	0.94
FRANKLIN	025	43291	0.83	0.94
FRANKLIN	025	43299	0.83	0.94
MAHONING	050	44401	0.88	0.84
MAHONING	050	44405	0.88	0.84
MAHONING	050	44406	0.88	0.84
MAHONING	050	44416	0.88	0.84
MAHONING	050	44422	0.88	0.84
MAHONING	050	44429	0.88	0.84
MAHONING	050	44436	0.88	0.84
MAHONING	050	44442	0.88	0.84

NIPPON LIFE INSURANCE COMPANY OF AMERICA

OHIO SPLIT COUNTIES

State Code: 40

County Name	County Code	Zip Code	Area Factors	
			Med/Rx	Dental
MAHONING	050	44443	0.88	0.84
MAHONING	050	44449	0.88	0.84
MAHONING	050	44451	0.88	0.84
MAHONING	050	44452	0.88	0.84
MAHONING	050	44454	0.88	0.84
MAHONING	050	44471	0.88	0.84
MAHONING	050	44500	0.88	0.84
MAHONING	050	44501	0.88	0.84
MAHONING	050	44502	0.88	0.84
MAHONING	050	44503	0.88	0.84
MAHONING	050	44504	0.88	0.84
MAHONING	050	44505	0.88	0.84
MAHONING	050	44506	0.88	0.84
MAHONING	050	44507	0.88	0.84
MAHONING	050	44509	0.88	0.84
MAHONING	050	44510	0.88	0.84
MAHONING	050	44511	0.88	0.84
MAHONING	050	44512	0.88	0.84
MAHONING	050	44513	0.88	0.84
MAHONING	050	44514	0.88	0.84
MAHONING	050	44515	0.88	0.84
MAHONING	050	44555	0.88	0.84
MAHONING	050	44598	0.88	0.84
MAHONING	050	44599	0.88	0.84
MAHONING	050	44609	0.83	0.84
MAHONING	050	44619	0.83	0.84
MAHONING	050	44672	0.83	0.84
MONROE	056	43716	0.71	0.84
MONROE	056	43747	0.71	0.84
MONROE	056	43752	0.71	0.84
MONROE	056	43754	0.71	0.84
MONROE	056	43757	0.71	0.84
MONROE	056	43786	0.71	0.84
MONROE	056	43789	0.71	0.84
MONROE	056	43793	0.71	0.84
MONROE	056	43914	0.71	0.84
MONROE	056	43915	0.71	0.84
MONROE	056	43931	0.71	0.84
MONROE	056	43946	0.71	0.84
MONROE	056	45730	0.82	0.84
MONROE	056	45734	0.82	0.84
MONTGOMERY	057	45309	0.77	0.94
MONTGOMERY	057	45315	0.77	0.94
MONTGOMERY	057	45322	0.77	0.94
MONTGOMERY	057	45325	0.77	0.94
MONTGOMERY	057	45327	0.77	0.94
MONTGOMERY	057	45342	0.77	0.94
MONTGOMERY	057	45343	0.77	0.94
MONTGOMERY	057	45345	0.77	0.94
MONTGOMERY	057	45354	0.77	0.94
MONTGOMERY	057	45377	0.77	0.94
MONTGOMERY	057	45401	0.83	0.94
MONTGOMERY	057	45402	0.83	0.94
MONTGOMERY	057	45403	0.83	0.94
MONTGOMERY	057	45404	0.83	0.94
MONTGOMERY	057	45405	0.83	0.94
MONTGOMERY	057	45406	0.83	0.94
MONTGOMERY	057	45407	0.83	0.94

NIPPON LIFE INSURANCE COMPANY OF AMERICA

OHIO SPLIT COUNTIES

State Code: 40

County Name	County Code	Zip Code	Area Factors	
			Med/Rx	Dental
MONTGOMERY	057	45408	0.83	0.94
MONTGOMERY	057	45409	0.83	0.94
MONTGOMERY	057	45410	0.83	0.94
MONTGOMERY	057	45412	0.83	0.94
MONTGOMERY	057	45413	0.83	0.94
MONTGOMERY	057	45414	0.83	0.94
MONTGOMERY	057	45415	0.83	0.94
MONTGOMERY	057	45416	0.83	0.94
MONTGOMERY	057	45417	0.83	0.94
MONTGOMERY	057	45418	0.83	0.94
MONTGOMERY	057	45419	0.83	0.94
MONTGOMERY	057	45420	0.83	0.94
MONTGOMERY	057	45422	0.83	0.94
MONTGOMERY	057	45423	0.83	0.94
MONTGOMERY	057	45424	0.83	0.94
MONTGOMERY	057	45426	0.83	0.94
MONTGOMERY	057	45427	0.83	0.94
MONTGOMERY	057	45428	0.83	0.94
MONTGOMERY	057	45429	0.83	0.94
MONTGOMERY	057	45430	0.83	0.94
MONTGOMERY	057	45431	0.83	0.94
MONTGOMERY	057	45432	0.83	0.94
MONTGOMERY	057	45434	0.83	0.94
MONTGOMERY	057	45435	0.83	0.94
MONTGOMERY	057	45437	0.83	0.94
MONTGOMERY	057	45439	0.83	0.94
MONTGOMERY	057	45440	0.83	0.94
MONTGOMERY	057	45441	0.83	0.94
MONTGOMERY	057	45444	0.83	0.94
MONTGOMERY	057	45448	0.83	0.94
MONTGOMERY	057	45449	0.83	0.94
MONTGOMERY	057	45454	0.83	0.94
MONTGOMERY	057	45458	0.83	0.94
MONTGOMERY	057	45459	0.83	0.94
MONTGOMERY	057	45463	0.83	0.94
MONTGOMERY	057	45469	0.83	0.94
MONTGOMERY	057	45470	0.83	0.94
MONTGOMERY	057	45475	0.83	0.94
MONTGOMERY	057	45479	0.83	0.94
MONTGOMERY	057	45481	0.83	0.94
MONTGOMERY	057	45482	0.83	0.94
MONTGOMERY	057	45490	0.83	0.94
NOBLE	061	43711	0.71	0.84
NOBLE	061	43717	0.71	0.84
NOBLE	061	43724	0.71	0.84
NOBLE	061	43779	0.71	0.84
NOBLE	061	43788	0.71	0.84
NOBLE	061	45727	0.82	0.84
ROSS	071	43101	0.80	0.84
ROSS	071	43115	0.80	0.84
ROSS	071	45601	0.77	0.84
ROSS	071	45612	0.77	0.84
ROSS	071	45617	0.77	0.84
ROSS	071	45628	0.77	0.84
ROSS	071	45633	0.77	0.84
ROSS	071	45644	0.77	0.84
ROSS	071	45647	0.77	0.84
ROSS	071	45673	0.77	0.84

NIPPON LIFE INSURANCE COMPANY OF AMERICA

OHIO SPLIT COUNTIES

State Code: 40

County Name	County Code	Zip Code	Area Factors	
			Med/Rx	Dental
ROSS	071	45681	0.77	0.84
SUMMIT	077	44056	0.88	0.84
SUMMIT	077	44067	0.88	0.84
SUMMIT	077	44087	0.88	0.84
SUMMIT	077	44203	0.88	0.84
SUMMIT	077	44210	0.88	0.84
SUMMIT	077	44216	0.88	0.84
SUMMIT	077	44221	0.88	0.84
SUMMIT	077	44222	0.88	0.84
SUMMIT	077	44223	0.88	0.84
SUMMIT	077	44224	0.88	0.84
SUMMIT	077	44232	0.88	0.84
SUMMIT	077	44236	0.88	0.84
SUMMIT	077	44237	0.88	0.84
SUMMIT	077	44238	0.88	0.84
SUMMIT	077	44250	0.88	0.84
SUMMIT	077	44260	0.88	0.84
SUMMIT	077	44262	0.88	0.84
SUMMIT	077	44264	0.88	0.84
SUMMIT	077	44278	0.88	0.84
SUMMIT	077	44286	0.88	0.84
SUMMIT	077	44300	0.93	0.84
SUMMIT	077	44301	0.93	0.84
SUMMIT	077	44302	0.93	0.84
SUMMIT	077	44303	0.93	0.84
SUMMIT	077	44304	0.93	0.84
SUMMIT	077	44305	0.93	0.84
SUMMIT	077	44306	0.93	0.84
SUMMIT	077	44307	0.93	0.84
SUMMIT	077	44308	0.93	0.84
SUMMIT	077	44309	0.93	0.84
SUMMIT	077	44310	0.93	0.84
SUMMIT	077	44311	0.93	0.84
SUMMIT	077	44312	0.93	0.84
SUMMIT	077	44313	0.93	0.84
SUMMIT	077	44314	0.93	0.84
SUMMIT	077	44315	0.93	0.84
SUMMIT	077	44316	0.93	0.84
SUMMIT	077	44317	0.93	0.84
SUMMIT	077	44319	0.93	0.84
SUMMIT	077	44320	0.93	0.84
SUMMIT	077	44321	0.93	0.84
SUMMIT	077	44322	0.93	0.84
SUMMIT	077	44325	0.93	0.84
SUMMIT	077	44326	0.93	0.84
SUMMIT	077	44328	0.93	0.84
SUMMIT	077	44329	0.93	0.84
SUMMIT	077	44331	0.93	0.84
SUMMIT	077	44333	0.93	0.84
SUMMIT	077	44334	0.93	0.84
SUMMIT	077	44372	0.93	0.84
SUMMIT	077	44393	0.93	0.84
SUMMIT	077	44396	0.93	0.84
SUMMIT	077	44397	0.93	0.84
SUMMIT	077	44398	0.93	0.84
SUMMIT	077	44399	0.93	0.84
TUSCARAWAS	079	43804	0.71	0.84
TUSCARAWAS	079	43832	0.71	0.84

NIPPON LIFE INSURANCE COMPANY OF AMERICA

OHIO SPLIT COUNTIES

State Code: 40

County Name	County Code	Zip Code	Area Factors	
			Med/Rx	Dental
TUSCARAWAS	079	43837	0.71	0.84
TUSCARAWAS	079	43840	0.71	0.84
TUSCARAWAS	079	44612	0.74	0.84
TUSCARAWAS	079	44621	0.74	0.84
TUSCARAWAS	079	44622	0.74	0.84
TUSCARAWAS	079	44624	0.74	0.84
TUSCARAWAS	079	44629	0.74	0.84
TUSCARAWAS	079	44653	0.74	0.84
TUSCARAWAS	079	44656	0.74	0.84
TUSCARAWAS	079	44663	0.74	0.84
TUSCARAWAS	079	44671	0.74	0.84
TUSCARAWAS	079	44678	0.74	0.84
TUSCARAWAS	079	44679	0.74	0.84
TUSCARAWAS	079	44680	0.74	0.84
TUSCARAWAS	079	44681	0.74	0.84
TUSCARAWAS	079	44682	0.74	0.84
TUSCARAWAS	079	44683	0.74	0.84
TUSCARAWAS	079	44697	0.74	0.84
WAYNE	085	44214	0.77	0.84
WAYNE	085	44217	0.77	0.84
WAYNE	085	44230	0.77	0.84
WAYNE	085	44270	0.77	0.84
WAYNE	085	44276	0.77	0.84
WAYNE	085	44287	0.77	0.84
WAYNE	085	44606	0.83	0.84
WAYNE	085	44618	0.83	0.84
WAYNE	085	44627	0.83	0.84
WAYNE	085	44636	0.83	0.84
WAYNE	085	44645	0.83	0.84
WAYNE	085	44659	0.83	0.84
WAYNE	085	44667	0.83	0.84
WAYNE	085	44676	0.83	0.84
WAYNE	085	44677	0.83	0.84
WAYNE	085	44691	0.83	0.84
WOOD	087	43402	0.88	0.84
WOOD	087	43403	0.88	0.84
WOOD	087	43406	0.88	0.84
WOOD	087	43413	0.88	0.84
WOOD	087	43414	0.88	0.84
WOOD	087	43437	0.88	0.84
WOOD	087	43441	0.88	0.84
WOOD	087	43443	0.88	0.84
WOOD	087	43447	0.88	0.84
WOOD	087	43450	0.88	0.84
WOOD	087	43451	0.88	0.84
WOOD	087	43457	0.88	0.84
WOOD	087	43460	0.88	0.84
WOOD	087	43462	0.88	0.84
WOOD	087	43463	0.88	0.84
WOOD	087	43465	0.88	0.84
WOOD	087	43466	0.88	0.84
WOOD	087	43467	0.88	0.84
WOOD	087	43511	0.88	0.84
WOOD	087	43522	0.88	0.84
WOOD	087	43525	0.88	0.84
WOOD	087	43529	0.88	0.84
WOOD	087	43541	0.88	0.84
WOOD	087	43551	0.88	0.84

NIPPON LIFE INSURANCE COMPANY OF AMERICA

OHIO SPLIT COUNTIES

State Code: 40

County Name	County Code	Zip Code	Area Factors	
			Med/Rx	Dental
WOOD	087	43552	0.88	0.84
WOOD	087	43565	0.88	0.84
WOOD	087	43569	0.88	0.84
WOOD	087	43619	0.88	0.84
WOOD	087	44817	0.83	0.84
WOOD	087	45872	0.83	0.84

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NIPPON LIFE INSURANCE COMPANY OF AMERICA

Oklahoma

State Code: 41

County Name	County Code	Area Factors	
		Med/Rx	Dental
Adair	001	0.91	0.84
Alfalfa	002	0.91	0.84
Atoka	003	0.91	0.84
Beaver	004	0.91	0.84
Beckham	005	0.91	0.84
Blaine	006	0.91	0.84
Bryan	007	0.91	0.84
Caddo	008	0.91	0.84
Canadian	009	0.81	0.84
Carter	010	0.91	0.84
Cherokee	011	0.91	0.84
Choctaw	012	0.91	0.84
Cimarron	013	0.91	0.84
Cleveland	014	1.00	1.06
Coal	015	0.91	0.84
Comanche	016	0.81	0.84
Cotton	017	0.91	0.84
Craig	018	0.91	0.84
Creek	019	0.81	0.84
Custer	020	0.91	0.84
Delaware	021	0.91	0.84
Dewey	022	0.91	0.84
Ellis	023	0.91	0.84
Garfield	024	0.81	0.84
Garvin	025	0.91	0.84
Grady	026	0.91	0.84
Grant	027	0.91	0.84
Greer	028	0.91	0.84
Harmon	029	0.91	0.84
Harper	030	0.91	0.84
Haskell	031	0.91	0.84
Hughes	032	0.91	0.84
Jackson	033	0.91	0.84
Jefferson	034	0.91	0.84
Johnston	035	0.91	0.84
Kay	036	0.91	0.84
Kingfisher	037	0.91	0.84
Kiowa	038	0.91	0.84
Latimer	039	0.91	0.84

NIPPON LIFE INSURANCE COMPANY OF AMERICA

Oklahoma
State Code: 41

County Name	County Code	Area Factors	
		Med/Rx	Dental
Le Flore	040	0.91	0.84
Lincoln	041	0.91	0.84
Logan	042	0.91	0.84
Love	043	0.91	0.84
McClain	044	0.91	0.84
McCurtain	045	0.91	0.84
McIntosh	046	0.91	0.84
Major	047	0.91	0.84
Marshall	048	0.91	0.84
Mayes	049	0.91	0.84
Murray	050	0.91	0.84
Muskogee	051	0.81	0.84
Noble	052	0.91	0.84
Nowata	053	0.91	0.84
Okfuskee	054	0.91	0.84
Oklahoma	055	1.00	1.06
Okmulgee	056	0.91	0.84
Osage	057	0.81	0.84
Ottawa	058	0.91	0.84
Pawnee	059	0.91	0.84
Payne	060	0.81	0.84
Pittsburg	061	0.91	0.84
Pontotoc	062	0.91	0.84
Pottawatta	063	0.81	0.84
Pushmataha	064	0.91	0.84
Roger Mill	065	0.91	0.84
Rogers	066	0.81	0.84
Seminole	067	0.91	0.84
Sequoyah	068	0.91	0.84
Stephens	069	0.91	0.84
Texas	070	0.91	0.84
Tillman	071	0.91	0.84
Tulsa	072	1.03	1.12
Wagoner	073	0.81	0.84
Washington	074	0.91	0.84
Washita	075	0.91	0.84
Woods	076	0.91	0.84
Woodward	077	0.91	0.84

NIPPON LIFE INSURANCE COMPANY OF AMERICA

Oregon
State Code: 42

County Name	County Code	Area Factors	
		Med/Rx	Dental
Baker	001	0.81	1.19
Benton	002	0.81	1.19
Clackamas	003	0.91	1.26
Clatsop	004	0.81	1.19
Columbia	005	0.81	1.19
Coos	006	0.81	1.19
Crook	007	0.81	1.19
Curry	008	0.81	1.19
Deschutes	009	0.81	1.19
Douglas	010	0.81	1.19
Gilliam	011	0.81	1.19
Grant	012	0.81	1.19
Harney	013	0.81	1.19
Hood River	014	0.81	1.19
Jackson	015	0.81	1.19
Jefferson	016	0.81	1.19
Josephine	017	0.81	1.19
Klamath	018	0.81	1.19
Lake	019	0.81	1.19
Lane	020	0.81	1.19
Lincoln	021	0.81	1.19
Linn	022	0.81	1.19
Malheur	023	0.81	1.19
Marion	024	0.81	1.19
Morrow	025	0.81	1.19
Multnomah	026	0.91	1.26
Polk	027	0.81	1.19
Sherman	028	0.81	1.19
Tillamook	029	0.81	1.19
Umatilla	030	0.81	1.19
Union	031	0.81	1.19
Wallowa	032	0.81	1.19
Wasco	033	0.81	1.19
Washington	034	0.91	1.26
Wheeler	035	0.81	1.19
Yamhill	036	0.81	1.19

NIPPON LIFE INSURANCE COMPANY OF AMERICA

Pennsylvania
State Code: 43

County Name	County Code	Area Factors	
		Med/Rx	Dental
Adams	001	0.75	0.94
Allegheny	002	0.84	1.19
Armstrong	003	0.75	0.94
Beaver	004	0.77	0.94
Bedford	005	0.75	0.94
Berks	006	0.77	0.94
Blair	007	0.77	0.94
Bradford	008	0.75	0.94
Bucks	009	1.06	1.19
Butler	010	0.77	0.94
Cambria	011	0.77	0.94
Cameron	012	0.75	0.94
Carbon	013	0.75	0.94
Centre	014	0.77	0.94
Chester	015	1.06	1.19
Clarion	016	0.75	0.94
Clearfield	017	0.75	0.94
Clinton	018	0.75	0.94
Columbia	019	0.75	0.94
Crawford	020	0.75	0.94
Cumberland	021	0.77	0.94
Dauphin	022	0.77	0.94
Delaware	023	1.06	1.19
Elk	024	0.75	0.94
Erie	025	0.77	0.94
Fayette	026	0.77	0.94
Forest	027	0.75	0.94
Franklin	028	0.77	0.94
Fulton	029	0.75	0.94
Greene	030	0.75	0.94
Huntingdon	031	0.75	0.94
Indiana	032	0.75	0.94
Jefferson	033	0.75	0.94
Juniata	034	0.75	0.94
Lackawanna	035	0.77	0.94
Lancaster	036	0.77	0.94
Lawrence	037	0.77	0.94
Lebanon	038	0.77	0.94
Lehigh	039	0.77	0.94

NIPPON LIFE INSURANCE COMPANY OF AMERICA

Pennsylvania

State Code: 43

County Name	County Code	Area Factors	
		Med/Rx	Dental
Luzerne	040	0.77	0.94
Lycoming	041	0.77	0.94
McKean	042	0.75	0.94
Mercer	043	0.77	0.94
Mifflin	044	0.75	0.94
Monroe	045	0.77	0.94
Montgomery	046	1.00	1.26
Montour	047	0.75	0.94
Northampton	048	0.77	0.94
Northumberland	049	0.75	0.94
Perry	050	0.75	0.94
Philadelphia	051	1.00	1.26
Pike	052	0.75	0.94
Potter	053	0.75	0.94
Schuylkill	054	0.75	0.94
Snyder	055	0.75	0.94
Somerset	056	0.75	0.94
Sullivan	057	0.75	0.94
Susquehanna	058	0.75	0.94
Tioga	059	0.75	0.94
Union	060	0.75	0.94
Venango	061	0.75	0.94
Warren	062	0.75	0.94
Washington	063	0.77	0.94
Wayne	064	0.75	0.94
Westmoreland	065	0.77	0.94
Wyoming	066	0.75	0.94
York	067	0.77	0.94

NIPPON LIFE INSURANCE COMPANY OF AMERICA

Rhode Island
 State Code: .44.

County Name	County Code	Area Factors	
		Med/Rx	Dental
Bristol	001	0.81	1.06
Kent	002	0.81	1.06
New Port	003	0.81	1.06
Providence	004	0.81	1.06
Washington	005	0.81	1.06

NIPPON LIFE INSURANCE COMPANY OF AMERICA

South Carolina

State Code: 45

County Name	County Code	Zip Code	Area Factors	
			Med/Rx	Dental
ABBEVILLE	001	All	0.75	0.84
AIKEN	002	All	0.80	0.84
ALLENDALE	003	All	0.80	0.84
ANDERSON	004	All	0.75	0.84
BAMBERG	005	All	0.80	0.84
BARNWELL	006	All	0.80	0.84
BEAUFORT	007	All	0.80	0.94
BERKELEY	008	All	0.85	0.84
CALHOUN	009	All	0.80	0.84
CHARLESTON	010	All	0.85	0.94
CHEROKEE	011	All	0.85	0.84
CHESTER	012	29014 through 29055	0.80	0.84
CHESTER	012	29706 through 29729	0.85	0.84
CHESTERFIELD	013	29101 through 29584	0.80	0.84
CHESTERFIELD	013	29709 through 29741	0.85	0.84
CLARENDON	014	All	0.80	0.84
COLLETON	015	29082,29929	0.80	0.84
COLLETON	015	29433 through 29493	0.85	0.84
DARLINGTON	016	All	0.80	0.84
DILLON	017	All	0.80	0.84
DORCHESTER	018	All	0.85	0.84
EDGEFIELD	019	All	0.80	0.84
FAIRFIELD	020	All	0.80	0.84
FLORENCE	021	All	0.80	0.84
GEORGETOWN	022	29510 through 29585	0.80	0.84
GEORGETOWN	022	29440,29442	0.85	0.84
GREENVILLE	023	All	0.75	0.94
GREENWOOD	024	29646 through 29695	0.75	0.84
GREENWOOD	024	29819 through 29848	0.80	0.84
HAMPTON	025	All	0.80	0.84
HORRY	026	All	0.80	0.84
JASPER	027	All	0.80	0.84
KERSHAW	028	All	0.80	0.84
LANCASTER	029	29058 through 29067	0.80	0.84
LANCASTER	029	29720 through 29744	0.85	0.84
LAURENS	030	29645	0.75	0.84
LAURENS	030	29325 through 29384	0.85	0.84
LEE	031	All	0.80	0.84
LEXINGTON	032	All	0.80	0.94

NIPPON LIFE INSURANCE COMPANY OF AMERICA

South Carolina

State Code: 45

County Name	County Code	Zip Code	Area Factors	
			Med/Rx	Dental
MARION	033	All	0.80	0.84
MARLBORO	034	All	0.80	0.84
MC CORMICK	035	All	0.80	0.84
NEWBERRY	036	29037 through 29178	0.80	0.84
NEWBERRY	036	29355	0.85	0.84
OCONEE	037	All	0.75	0.84
ORANGEBURG	038	29018 through 29163	0.80	0.84
ORANGEBURG	038	29432	0.85	0.84
PICKENS	039	All	0.75	0.84
RICHLAND	040	All	0.80	0.94
SALUDA	041	All	0.80	0.84
SPARTANBURG	042	29698	0.75	0.84
SPARTANBURG	042	29301 through 29391	0.85	0.84
SUMTER	043	All	0.80	0.84
UNION	044	29031	0.80	0.84
UNION	044	29321 through 29379	0.85	0.84
WILLIAMSBURG	045	All	0.80	0.84
YORK	046	All	0.85	0.84

NIPPON LIFE INSURANCE COMPANY OF AMERICA

South Dakota
State Code: 46

County Name	County Code	Area Factors	
		Med/Rx	Dental
Aurora	001	0.73	0.84
Beadle	002	0.73	0.84
Bennett	003	0.73	0.84
Bon Homme	004	0.73	0.84
Brookings	005	0.73	0.84
Brown	006	0.73	0.84
Brule	007	0.73	0.84
Buffalo	008	0.73	0.84
Butte	009	0.73	0.84
Campbell	010	0.73	0.84
Charles Mix	011	0.73	0.84
Clark	012	0.73	0.84
Clay	013	0.73	0.84
Codington	014	0.73	0.84
Corson	015	0.73	0.84
Custer	016	0.73	0.84
Davison	017	0.73	0.84
Day	018	0.73	0.84
Deuel	019	0.73	0.84
Dewey	020	0.73	0.84
Douglas	021	0.73	0.84
Edmunds	022	0.73	0.84
Fallriver	023	0.73	0.84
Faulk	024	0.73	0.84
Grant	025	0.73	0.84
Gregory	026	0.73	0.84
Haakon	027	0.73	0.84
Hamlin	028	0.73	0.84
Hand	029	0.73	0.84
Hanson	030	0.73	0.84
Harding	031	0.73	0.84
Hughes	032	0.73	0.84
Hutchinson	033	0.73	0.84
Hyde	034	0.73	0.84
Jackson	035	0.73	0.84
Jerauld	036	0.73	0.84
Jones	037	0.73	0.84
Kingsbury	038	0.73	0.84
Lake	039	0.73	0.84

NIPPON LIFE INSURANCE COMPANY OF AMERICA

South Dakota

State Code: 46

County Name	County Code	Area Factors	
		Med/Rx	Dental
Lawrence	040	0.73	0.84
Lincoln	041	0.73	0.84
Lyman	042	0.73	0.84
Marshall	043	0.73	0.84
McCook	044	0.73	0.84
McPherson	045	0.73	0.84
Meade	046	0.73	0.84
Mellette	047	0.73	0.84
Miner	048	0.73	0.84
Minnehaha	049	0.81	0.84
Moody	050	0.73	0.84
Pennington	051	0.81	0.84
Perkins	052	0.73	0.84
Potter	053	0.73	0.84
Roberts	054	0.73	0.84
Sanborn	055	0.73	0.84
Shannon	056	0.73	0.84
Spink	057	0.73	0.84
Stanley	058	0.73	0.84
Sully	059	0.73	0.84
Todd	060	0.73	0.84
Tripp	061	0.73	0.84
Turner	062	0.73	0.84
Union	063	0.73	0.84
Walworth	064	0.73	0.84
Washabaugh	065	0.73	0.84
Yankton	066	0.73	0.84
Ziebach	067	0.73	0.84

NIPPON LIFE INSURANCE COMPANY OF AMERICA

TENNESSEE

State Code: 47

County Name	County Code	Area Factors	
		Med/Rx	Dental
ANDERSON	001	0.86	0.94
BEDFORD	002	See Below	See Below
BENTON	003	0.86	0.88
BLEDSON	004	0.86	0.88
BLOUNT	005	0.86	0.94
BRADLEY	006	0.86	0.94
CAMPBELL	007	0.86	0.88
CANNON	008	0.97	0.88
CARROLL	009	0.86	0.88
CARTER	010	0.91	0.94
CHEATHAM	011	0.97	0.88
CHESTER	012	0.86	0.88
CLAIBORNE	013	0.86	0.88
CLAY	014	0.86	0.88
COCKE	015	0.86	0.88
COFFEE	016	0.86	0.88
CROCKETT	017	See Below	See Below
CUMBERLAND	018	0.86	0.88
DAVIDSON	019	0.97	1
DE KALB	020	0.97	0.88
DECATUR	021	0.86	0.88
DICKSON	022	0.97	0.88
DYER	023	See Below	See Below
FAYETTE	024	0.97	0.88
FENTRESS	025	0.86	0.88
FRANKLIN	026	0.86	0.88
GIBSON	027	0.86	0.88
GILES	028	0.86	0.88
GRAINGER	029	0.86	0.88
GREENE	030	See Below	See Below
GRUNDY	031	0.86	0.88
HAMBLEN	032	0.86	0.94
HAMILTON	033	See Below	See Below
HANCOCK	034	0.86	0.88
HARDEMAN	035	0.97	0.88
HARDIN	036	0.86	0.88
HAWKINS	037	See Below	See Below
HAYWOOD	038	0.97	0.88

NIPPON LIFE INSURANCE COMPANY OF AMERICA

TENNESSEE

State Code: 47

County Name	County Code	Area Factors	
		Med/Rx	Dental
HENDERSON	039	0.86	0.88
HENRY	040	0.86	0.88
HICKMAN	041	0.97	0.88
HOUSTON	042	0.97	0.88
HUMPHREYS	043	0.97	0.88
JACKSON	044	0.86	0.88
JEFFERSON	045	0.86	0.88
JOHNSON	046	0.91	0.88
KNOX	047	0.97	1.05
LAKE	048	0.97	0.88
LAUDERDALE	049	0.97	0.88
LAWRENCE	050	0.86	0.88
LEWIS	051	0.86	0.88
LINCOLN	052	0.86	0.88
LOUDON	053	0.86	0.88
MACON	054	0.97	0.88
MADISON	055	0.86	0.94
MARION	056	0.86	0.88
MARSHALL	057	0.97	0.88
MAURY	058	0.86	0.94
MC MINN	059	0.86	0.88
MC NAIRY	060	0.86	0.88
MEIGS	061	0.86	0.88
MONROE	062	0.86	0.88
MONTGOMERY	063	0.97	0.94
MOORE	064	0.86	0.88
MORGAN	065	0.86	0.88
OBION	066	0.86	0.88
OVERTON	067	0.86	0.88
PERRY	068	0.97	0.88
PICKETT	069	0.86	0.88
POLK	070	0.86	0.88
PUTNAM	071	0.86	0.94
RHEA	072	0.86	0.88
ROANE	073	0.86	0.88
ROBERTSON	074	0.97	0.88
RUTHERFORD	075	0.97	0.94
SCOTT	076	0.86	0.88

NIPPON LIFE INSURANCE COMPANY OF AMERICA

TENNESSEE

State Code: 47

County Name	County Code	Area Factors	
		Med/Rx	Dental
SEQUATCHIE	077	0.86	0.88
SEVIER	078	0.86	0.94
SHELBY	079	0.97	1.12
SMITH	080	0.91	0.88
STEWART	081	0.97	0.88
SULLIVAN	082	0.91	0.94
SUMNER	083	0.97	0.94
TIPTON	084	0.97	0.88
TROUSDALE	085	0.97	0.88
UNICOI	086	0.91	0.88
UNION	087	0.86	0.88
VAN BUREN	088	0.86	0.88
WARREN	089	0.91	0.88
WASHINGTON	090	0.91	0.94
WAYNE	091	0.86	0.88
WEAKLEY	092	0.86	0.88
WHITE	093	0.86	0.88
WILLIAMSON	094	0.97	0.94
WILSON	095	0.97	0.94

NIPPON LIFE INSURANCE COMPANY OF AMERICA

TENNESSEE

SPLIT COUNTIES

State Code: 47

County Name	County Code	Zip Code	Area Factors	
			Med/Rx	Dental
BEDFORD	002	37020	0.97	0.88
BEDFORD	002	37160	0.97	0.88
BEDFORD	002	37161	0.97	0.88
BEDFORD	002	37162	0.97	0.88
BEDFORD	002	37180	0.97	0.88
BEDFORD	002	37183	0.97	0.88
BEDFORD	002	37360	0.86	0.88
CROCKETT	017	38001	0.91	0.88
CROCKETT	017	38006	0.91	0.88
CROCKETT	017	38021	0.91	0.88
CROCKETT	017	38034	0.91	0.88
CROCKETT	017	38050	0.91	0.88
CROCKETT	017	38336	0.86	0.88
CROCKETT	017	38337	0.86	0.88
DYER	023	38007	0.97	0.88
DYER	023	38024	0.97	0.88
DYER	023	38025	0.97	0.88
DYER	023	38030	0.97	0.88
DYER	023	38033	0.97	0.88
DYER	023	38047	0.94	0.88
DYER	023	38056	0.94	0.88
DYER	023	38059	0.94	0.88
DYER	023	38070	0.94	0.88
DYER	023	38259	0.94	0.88
GREENE	030	37616	0.91	0.94
GREENE	030	37641	0.91	0.94
GREENE	030	37743	0.86	0.94
GREENE	030	37744	0.86	0.94
GREENE	030	37745	0.86	0.94
GREENE	030	37809	0.86	0.94
GREENE	030	37810	0.86	0.94
GREENE	030	37818	0.86	0.94
HAMILTON	033	37302	0.86	1
HAMILTON	033	37304	0.86	1
HAMILTON	033	37308	0.86	1
HAMILTON	033	37315	0.86	1
HAMILTON	033	37341	0.86	1
HAMILTON	033	37343	0.86	1
HAMILTON	033	37350	0.86	1

NIPPON LIFE INSURANCE COMPANY OF AMERICA

TENNESSEE SPLIT COUNTIES

State Code: 47

County Name	County Code	Zip Code	Area Factors	
			Med/Rx	Dental
HAMILTON	033	37351	0.86	1
HAMILTON	033	37363	0.86	1
HAMILTON	033	37373	0.86	1
HAMILTON	033	37377	0.86	1
HAMILTON	033	37379	0.86	1
HAMILTON	033	37384	0.86	1
HAMILTON	033	37400	0.97	1
HAMILTON	033	37401	0.97	1
HAMILTON	033	37402	0.97	1
HAMILTON	033	37403	0.97	1
HAMILTON	033	37404	0.97	1
HAMILTON	033	37405	0.97	1
HAMILTON	033	37406	0.97	1
HAMILTON	033	37407	0.97	1
HAMILTON	033	37408	0.97	1
HAMILTON	033	37409	0.97	1
HAMILTON	033	37410	0.97	1
HAMILTON	033	37411	0.97	1
HAMILTON	033	37412	0.97	1
HAMILTON	033	37414	0.97	1
HAMILTON	033	37415	0.97	1
HAMILTON	033	37416	0.97	1
HAMILTON	033	37419	0.97	1
HAMILTON	033	37421	0.97	1
HAMILTON	033	37422	0.97	1
HAMILTON	033	37424	0.97	1
HAMILTON	033	37450	0.97	1
HAMILTON	033	37499	0.97	1
HAWKINS	037	37642	0.91	0.88
HAWKINS	037	37645	0.91	0.88
HAWKINS	037	37711	0.86	0.88
HAWKINS	037	37731	0.86	0.88
HAWKINS	037	37811	0.86	0.88
HAWKINS	037	37857	0.86	0.88
HAWKINS	037	37873	0.86	0.88

NIPPON LIFE INSURANCE COMPANY OF AMERICA

Texas

State Code: 48

County Name	County Code	Area Factors	
		Med/Rx	Dental
Anderson	001	0.86	0.89
Andrews	002	0.86	0.89
Angelina	003	1.00	0.84
Aransas	004	0.86	0.89
Archer	005	0.86	0.89
Armstrong	006	0.86	0.89
Atascosa	007	0.86	0.89
Austin	008	0.86	0.89
Bailey	009	0.86	0.89
Bandera	010	0.86	0.89
Bastrop	011	0.86	0.89
Baylor	012	0.86	0.89
Bee	013	0.86	0.89
Bell	014	1.00	0.84
Bexar	015	1.06	1.06
Blanco	016	0.86	0.89
Borden	017	0.86	0.89
Bosque	018	0.86	0.89
Bowie	019	1.00	0.84
Brazoria	020	1.34	1.12
Brazos	021	1.00	0.84
Brewster	022	0.86	0.89
Briscoe	023	0.86	0.89
Brooks	024	0.86	0.89
Brown	025	0.86	0.89
Burleson	026	0.86	0.89
Burnet	027	0.86	0.89
Caldwell	028	0.86	0.89
Calhoun	029	0.86	0.89
Callahan	030	0.86	0.89
Cameron	031	1.00	0.84
Camp	032	0.86	0.89
Carson	033	0.86	0.89
Cass	034	0.86	0.89
Castro	035	0.86	0.89
Chambers	036	1.06	0.89
Cherokee	037	0.86	0.89
Childress	038	0.86	0.89
Clay	039	0.86	0.89

NIPPON LIFE INSURANCE COMPANY OF AMERICA

Texas

State Code: 48

County Name	County Code	Area Factors	
		Med/Rx	Dental
Cochran	040	0.86	0.89
Coke	041	0.86	0.89
Coleman	042	0.86	0.89
Collin	043	1.19	0.94
Collingsworth	044	0.86	0.89
Colorado	045	0.86	0.89
Comal	046	1.00	0.84
Comanche	047	0.86	0.89
Concho	048	0.86	0.89
Cooke	049	0.86	0.89
Coryell	050	1.00	0.84
Cottle	051	0.86	0.89
Crane	052	0.86	0.89
Crockett	053	0.86	0.89
Crosby	054	0.86	0.89
Culberson	055	0.86	0.89
Dallam	056	0.86	0.89
Dallas	057	1.23	1.19
Dawson	058	0.86	0.89
Deaf Smith	059	0.86	0.89
Delta	060	0.86	0.89
Denton	061	1.19	0.94
De Witt	062	0.86	0.89
Dickens	063	0.86	0.89
Dimmit	064	0.86	0.89
Donley	065	0.86	0.89
Duval	066	0.86	0.89
Eastland	067	0.86	0.89
Ector	068	1.06	0.94
Edwards	069	0.86	0.89
Ellis	070	1.19	0.94
El Paso	071	0.97	0.89
Erath	072	0.86	0.89
Falls	073	0.86	0.89
Fannin	074	0.86	0.89
Fayette	075	0.86	0.89
Fisher	076	0.86	0.89
Floyd	077	0.86	0.89
Foard	078	0.86	0.89

NIPPON LIFE INSURANCE COMPANY OF AMERICA

Texas

State Code: 48

County Name	County Code	Area Factors	
		Med/Rx	Dental
Fort Bend	079	1.34	1.12
Franklin	080	0.86	0.89
Freestone	081	0.86	0.89
Frio	082	0.86	0.89
Gaines	083	0.86	0.89
Galveston	084	1.34	1.12
Garza	085	0.86	0.89
Gillespie	086	0.86	0.89
Glasscock	087	0.86	0.89
Goliad	088	0.86	0.89
Gonzales	089	0.86	0.89
Gray	090	0.86	0.89
Grayson	091	1.00	0.84
Gregg	092	1.00	0.84
Grimes	093	0.86	0.89
Guadalupe	094	1.00	0.84
Hale	095	0.86	0.89
Hall	096	0.86	0.89
Hamilton	097	0.86	0.89
Handford	098	0.86	0.89
Hardeman	099	0.86	0.89
Hardin	100	0.86	0.89
Harris	101	1.38	1.42
Harrison	102	1.00	0.84
Hartley	103	0.86	0.89
Haskell	104	0.86	0.89
Hays	105	1.00	0.84
Hemphill	106	0.86	0.89
Henderson	107	1.00	0.84
Hidalgo	108	1.00	0.84
Hill	109	0.86	0.89
Hockley	110	0.86	0.89
Hood	111	1.00	0.84
Hopkins	112	0.86	0.89
Houston	113	0.86	0.89
Howard	114	0.86	0.89
Hudspeth	115	0.86	0.89
Hunt	116	1.00	0.84
Hutchinson	117	0.86	0.89

NIPPON LIFE INSURANCE COMPANY OF AMERICA

Texas

State Code: 48

County Name	County Code	Area Factors	
		Med/Rx	Dental
Trion	118	0.86	0.89
Jack	119	0.86	0.89
Jackson	120	0.86	0.89
Jasper	121	0.86	0.89
Jeff Davis	122	0.86	0.89
Jefferson	123	1.06	0.89
Jim Hogg	124	0.86	0.89
Jim Wells	125	0.86	0.89
Johnson	126	1.19	0.94
Jones	127	0.86	0.89
Kames	128	0.86	0.89
Kaufman	129	1.19	0.94
Kendall	130	0.86	0.89
Kenedy	131	0.86	0.89
Kent	132	0.86	0.89
Kerr	133	0.86	0.89
Kimble	134	0.86	0.89
King	135	0.86	0.89
Kinney	136	0.86	0.89
Kleberg	137	0.86	0.89
Knox	138	0.86	0.89
Lamar	139	0.86	0.89
Lamb	140	0.86	0.89
Lampasas	141	0.86	0.89
La Salle	142	0.86	0.89
Lavaca	143	0.86	0.89
Lee	144	0.86	0.89
Leon	145	0.86	0.89
Liberty	146	1.06	0.89
Limestone	147	0.86	0.89
Lipscomb	148	0.86	0.89
Live Oak	149	0.86	0.89
Llano	150	0.86	0.89
Loving	151	0.86	0.89
Lubbock	152	1.06	0.89
Lynn	153	0.86	0.89
McCulloch	154	0.86	0.89
McLennan	155	1.06	0.89
McMullen	156	0.86	0.89

NIPPON LIFE INSURANCE COMPANY OF AMERICA

Texas

State Code: 48

County Name	County Code	Area Factors	
		Med/Rx	Dental
Madison	157	0.86	0.89
Marion	158	0.86	0.89
Martin	159	0.86	0.89
Mason	160	0.86	0.89
Matagorda	161	0.86	0.89
Maverick	162	0.86	0.89
Medina	163	0.86	0.89
Menard	164	0.86	0.89
Midland	165	1.06	0.94
Milam	166	0.86	0.89
Mills	167	0.86	0.89
Mitchell	168	0.86	0.89
Montague	169	0.86	0.89
Montgomery	170	1.34	1.12
Moore	171	0.86	0.89
Morris	172	0.86	0.89
Motley	173	0.86	0.89
Nacagdoches	174	1.00	0.84
Navarro	175	0.86	0.89
Newton	176	0.86	0.89
Nolan	177	0.86	0.89
Nueces	178	1.06	0.89
Ochiltree	179	0.86	0.89
Oldham	180	0.86	0.89
Orange	181	1.06	0.89
Palo Pinto	182	0.86	0.89
Panola	183	0.86	0.89
Parker	184	1.00	0.84
Parker	185	0.86	0.89
Pecos	186	0.86	0.89
Polk	187	0.86	0.89
Potter	188	1.06	0.89
Presidio	189	0.86	0.89
Rains	190	0.86	0.89
Randall	191	1.06	0.89
Reagan	192	0.86	0.89
Real	193	0.86	0.89
Red River	194	0.86	0.89
Reeves	195	0.86	0.89

NIPPON LIFE INSURANCE COMPANY OF AMERICA

Texas

State Code: 48

County Name	County Code	Area Factors	
		Med/Rx	Dental
Refugio	196	0.86	0.89
Roberts	197	0.86	0.89
Robertson	198	0.86	0.89
Rockwall	199	1.19	0.94
Runnels	200	0.86	0.89
Rusk	201	0.86	0.89
Sabine	202	0.86	0.89
San Augustine	203	0.86	0.89
San Jacinto	204	0.86	0.89
San Patricio	205	1.06	0.89
San Saba	206	0.86	0.89
Scheleicher	207	0.86	0.89
Scurry	208	0.86	0.89
Shackelford	209	0.86	0.89
Shelby	210	0.86	0.89
Sherman	211	0.86	0.89
Smith	212	1.00	0.84
Somervell	213	1.00	0.84
Starr	214	0.86	0.89
Stephens	215	0.86	0.89
Sterling	216	0.86	0.89
Stonewall	217	0.86	0.89
Sutton	218	0.86	0.89
Swisher	219	0.86	0.89
Tarrant	220	1.15	1.06
Taylor	221	1.06	0.89
Terrell	222	0.86	0.89
Terry	223	0.86	0.89
Throckmorton	224	0.86	0.89
Titus	225	0.86	0.89
Tomgreen	226	1.06	0.89
Travis	227	0.97	1.06
Trinity	228	0.86	0.89
Tyler	229	0.86	0.89
Upshur	230	0.86	0.89
Upton	231	0.86	0.89
Uvalde	232	0.86	0.89
Val Verde	233	0.86	0.89
Van Zandt	234	0.86	0.89

NIPPON LIFE INSURANCE COMPANY OF AMERICA

Texas

State Code: 48

County Name	County Code	Area Factors	
		Med/Rx	Dental
Victoria	235	1.00	0.84
Walker	236	1.00	0.84
Waller	237	0.86	0.89
Ward	238	0.86	0.89
Washington	239	0.86	0.89
Webb	240	1.00	0.84
Wharton	241	0.86	0.89
Wheeler	242	0.86	0.89
Wichita	243	1.06	0.89
Wilbarger	244	0.86	0.89
Willacy	245	0.86	0.89
Williamson	246	1.00	0.84
Wilson	247	0.86	0.89
Winkler	248	0.86	0.89
Wise	249	1.00	0.84
Wood	250	0.86	0.89
Yoakum	251	0.86	0.89
Young	252	0.86	0.89
Zapata	253	0.86	0.89
Zavala	254	0.86	0.89
Harris-A	101	1.38	1.42
Harris-B	255	1.38	1.42

NIPPON LIFE INSURANCE COMPANY OF AMERICA

Utah
 State Code: 51

County Name	County Code	Area Factors	
		Med/Rx	Dental
Beaver	001	0.86	1.19
Box Elder	002	0.86	1.19
Cache	003	0.86	1.19
Carbon	004	0.86	1.19
Daggett	005	0.86	1.19
Davis	006	0.84	1.19
Duchesne	007	0.86	1.19
Emery	008	0.86	1.19
Garfield	009	0.86	1.19
Grand	010	0.86	1.19
Iron	011	0.86	1.19
Juab	012	0.86	1.19
Kane	013	0.86	1.19
Millard	014	0.86	1.19
Morgan	015	0.86	1.19
Plate	016	0.86	1.19
Rich	017	0.86	1.19
Salt Lake	018	0.94	1.26
San Juan	019	0.86	1.19
Sanpete	020	0.86	1.19
Sevier	021	0.86	1.19
Summit	022	0.86	1.19
Tooele	023	0.86	1.19
Uintah	024	0.86	1.19
Utah	025	0.84	1.19
Wasatch	026	0.86	1.19
Washington	027	0.86	1.19
Wayne	028	0.86	1.19
Weber	029	0.84	1.19

NIPPON LIFE INSURANCE COMPANY OF AMERICA

Vermont
 State Code: 52

County Name	County Code	Area Factors	
		Med/Rx	Dental
Addison	001	0.71	1.00
Bennington	002	0.71	1.00
Caledonia	003	0.71	1.00
Chittenden	004	0.71	1.00
Essex	005	0.71	1.00
Franklin	006	0.71	1.00
Grand Isle	007	0.71	1.00
Lamoille	008	0.71	1.00
Orange	009	0.71	1.00
Orelans	010	0.71	1.00
Rutland	011	0.71	1.00
Washington	012	0.71	1.00
Windham	013	0.71	1.00
Windsor	014	0.71	1.00

NIPPON LIFE INSURANCE COMPANY OF AMERICA

Virginia

State Code: 53

County Name	County Code	Area Factors	
		Med/Rx	Dental
Accomack	001	0.79	0.89
Albemarle	002	0.79	0.89
Aleghany	003	0.79	0.89
Amelia	004	0.79	0.89
Amherst	005	0.79	0.89
Appomattox	006	0.79	0.89
Arlington	007	0.97	1.19
Augusta	008	0.79	0.89
Bath	009	0.79	0.89
Bedford	010	0.79	0.89
Bedford (City)	010	0.79	0.89
Bland	011	0.79	0.89
Botetourt	012	0.79	0.89
Brunswick	013	0.79	0.89
Buchanan	014	0.79	0.89
Buckingham	015	0.79	0.89
Campbell	016	0.79	0.89
Caroline	017	0.79	0.89
Carroll	018	0.79	0.89
Charles City	019	0.79	0.89
Charlotte	020	0.79	0.89
Chesterfield	021	1.00	1.00
Clarke	022	0.79	0.89
Craig	023	0.79	0.89
Culpeper	024	0.79	0.89
Cumberland	025	0.79	0.89
Dickenson	026	0.79	0.89
Dinwiddie	027	0.79	0.89
Essex	028	0.79	0.89
Fairfax	029	0.97	1.19
Fauquier	030	0.79	0.89
Floyd	031	0.79	0.89
Fluvanna	032	0.79	0.89
Franklin	033	0.79	0.89
Frederick	034	0.79	0.89
Giles	035	0.79	0.89
Gloucester	036	0.79	0.89
Goochland	037	0.79	0.89
Grayson	038	0.79	0.89

NIPPON LIFE INSURANCE COMPANY OF AMERICA

Virginia

State Code: 53

County Name	County Code	Area Factors	
		Med/Rx	Dental
Greene	039	0.79	0.89
Greensville	040	0.79	0.89
Halifax	041	0.79	0.89
Hanover	042	1.00	1.00
Henrico	043	1.00	1.00
Henry	044	0.79	0.89
Highland	045	0.79	0.89
Isle of Wright	046	0.79	0.89
James City	047	0.79	0.89
King and Queen	048	0.79	0.89
King George	049	0.79	0.89
King William	050	0.79	0.89
Lancaster	051	0.79	0.89
Lee	052	0.79	0.89
Loudoun	053	1.00	1.00
Louisa	054	0.79	0.89
Lunenburg	055	0.79	0.89
Madison	056	0.79	0.89
Mathews	057	0.79	0.89
Mecklenburg	058	0.79	0.89
Middlesex	059	0.79	0.89
Montgomery	060	0.79	0.89
*** NOT IN USE ***	061		
Nelson	062	0.79	0.89
New Kent	063	0.79	0.89
Northampton	064	0.79	0.89
Northumberland	065	0.79	0.89
Nottoway	066	0.79	0.89
Orange	067	0.79	0.89
Page	068	0.79	0.89
Patrick	069	0.79	0.89
Pittsylvania	070	0.79	0.89
Powhatan	071	0.79	0.89
Prince Edward	072	0.79	0.89
Prince George	073	0.79	0.89
Prince William	074	1.00	1.19
Pulaski	075	0.79	0.89
Rappahannock	076	0.79	0.89
Richmond	077	0.79	0.89

NIPPON LIFE INSURANCE COMPANY OF AMERICA

Virginia

State Code: 53

County Name	County Code	Area Factors	
		Med/Rx	Dental
Roanoke	078	0.79	0.89
Rockbridge	079	0.79	0.89
Rockingham	080	0.79	0.89
Russell	081	0.79	0.89
Scott	082	0.79	0.89
Shenandoah	083	0.79	0.89
Smyth	084	0.79	0.89
Southampton	085	0.79	0.89
Spotsylvania	086	0.79	0.89
Stafford	087	0.79	0.89
Surry	088	0.79	0.89
Sussex	089	0.79	0.89
Tazewell	090	0.79	0.89
Warren	091	0.79	0.89
Washington	092	0.79	0.89
Westmoreland	093	0.79	0.89
Wise	094	0.79	0.89
Wythe	095	0.79	0.89
Poquoson (City)	096	0.79	0.89
York	096	0.79	0.89
Alexandria (City)	097	0.97	1.19
Bristol (City)	098	0.79	0.89
Charlottesville (City)	099	0.79	0.89
Chesapeake (City)	100	1.00	0.94
Colonial Heights (City)	101	0.79	0.89
Covington (City)	102	0.79	0.89
Danville (City)	103	0.79	0.89
Emporia (City)	104	0.79	0.89
Fairfax (City)	105	0.97	1.19
Falls Church (City)	106	0.97	1.19
Fredericksburg (City)	107	0.79	0.89
Hampton (City)	108	1.00	1.00
Harrisonburg (City)	109	0.79	0.89
Hopewell (City)	110	0.79	0.89
Lynchburg (City)	111	0.79	0.89
Martinsville (City)	112	0.79	0.89
Newport News (City)	113	1.00	1.00
Norfolk (City)	114	1.00	0.94
Petersburg (City)	115	0.79	0.89

NIPPON LIFE INSURANCE COMPANY OF AMERICA

Virginia

-State Code: 53

County Name	County Code	Area Factors	
		Med/Rx	Dental
Portsmouth (City)	116	1.00	0.94
Richmond (City)	117	1.00	1.00
Roanoke (City)	118	0.79	0.89
Salem (City)	119	0.79	0.89
Staunton (City)	120	0.79	0.89
Suffolk (City)	121	1.00	0.94
Virginia Beach (City)	122	1.00	0.94
Waynesboro (City)	123	0.79	0.89
Winchester (City)	124	0.79	0.89
Buena Vista (City)	125	0.79	0.89
Clifton Forge (City)	126	0.79	0.89
Franklin (City)	127	0.79	0.89
Galax (City)	128	0.79	0.89
Lexington (City)	129	0.79	0.89
Manassas Park (City)	130	1.00	1.00
Manassas (City)	130	1.00	1.19
Norton (City)	131	0.79	0.89
Radford (City)	132	0.79	0.89
South Boston (City)	133	0.79	0.89
Williamsburg (City)	134	0.79	0.89

NIPPON LIFE INSURANCE COMPANY OF AMERICA

Washington

State Code: 55

County Name	County Code	Area Factors	
		Med/Rx	Dental
Adams	001	0.73	1.34
Asotin	002	0.73	1.34
Benton	003	0.73	1.26
Chelan	004	0.73	1.34
Clallam	005	0.73	1.26
Clark	006	0.89	1.34
Columbia	007	0.73	1.34
Cowlitz	008	0.73	1.26
Douglas	009	0.73	1.34
Ferry	010	0.73	1.34
Franklin	011	0.73	1.34
Garfield	012	0.73	1.34
Grant	013	0.73	1.26
Grays Harbor	014	0.73	1.26
Island	015	0.73	1.26
Jefferson	016	0.73	1.34
King	017	0.94	1.51
Kitsap	018	0.89	1.34
Kittitas	019	0.73	1.34
Klickitat	020	0.73	1.34
Lewis	021	0.73	1.26
Lincoln	022	0.73	1.34
Mason	023	0.73	1.34
Okanogan	024	0.73	1.34
Pacific	025	0.73	1.34
Pend Oreille	026	0.73	1.34
Pierce	027	1.03	1.51
San Juan	028	0.73	1.34
Skagit	029	0.73	1.26
Skamania	030	0.73	1.34
Snohomish	031	0.89	1.34
Spokane	032	0.73	1.34
Stevens	033	0.73	1.34
Thurston	034	0.89	1.34
Wahkiakum	035	0.73	1.34
Walla Walla	036	0.73	1.34
Whatcom	037	0.73	1.26
Whitman	038	0.73	1.34
Yakima	039	0.73	1.26

NIPPON LIFE INSURANCE COMPANY OF AMERICA

West Virginia

State Code: 56

County Name	County Code	Area Factors	
		Med/Rx	Dental
Barbour	001	0.79	0.84
Berkeley	002	0.77	0.84
Boone	003	0.79	0.84
Braxton	004	0.79	0.84
Brooke	005	0.77	0.84
Cabell	006	0.77	0.84
Calhoun	007	0.79	0.84
Clay	008	0.79	0.84
Doddridge	009	0.79	0.84
Fayette	010	0.77	0.84
Gilmer	011	0.79	0.84
Grant	012	0.79	0.84
Greenbrier	013	0.79	0.84
Hampshire	014	0.79	0.84
Hancock	015	0.77	0.84
Hardy	016	0.79	0.84
Harrison	017	0.77	0.84
Jackson	018	0.79	0.84
Jefferson	019	0.79	0.84
Kanawha	020	0.77	0.84
Lewis	021	0.79	0.84
Lincoln	022	0.79	0.84
Logan	023	0.79	0.84
McDowell	024	0.79	0.84
Marion	025	0.77	0.84
Marshall	026	0.77	0.84
Mason	027	0.79	0.84
Mercer	028	0.77	0.84
Mineral	029	0.79	0.84
Mingo	030	0.79	0.84
Monongalia	031	0.77	0.84
Monroe	032	0.79	0.84
Morgan	033	0.79	0.84
Nichols	034	0.79	0.84
Ohio	035	0.77	0.84
Pendleton	036	0.79	0.84
Pleasants	037	0.79	0.84
Pocahontas	038	0.79	0.84
Preston	039	0.79	0.84

NIPPON LIFE INSURANCE COMPANY OF AMERICA

West Virginia
 State Code: 56

County Name	County Code	Area Factors	
		Med/Rx	Dental
Putnam	040	0.79	0.84
Raleigh	041	0.77	0.84
Randolph	042	0.79	0.84
Ritchie	043	0.79	0.84
Roane	044	0.79	0.84
Summers	045	0.79	0.84
Taylor	046	0.79	0.84
Tucker	047	0.79	0.84
Tyler	048	0.79	0.84
Upshur	049	0.79	0.84
Wayne	050	0.79	0.84
Webster	051	0.79	0.84
Wetzel	052	0.79	0.84
Wirt	053	0.79	0.84
Wood	054	0.77	0.84
Wyoming	055	0.79	0.84

NIPPON LIFE INSURANCE COMPANY OF AMERICA

Wisconsin
State Code: 57

County Name	County Code	Area Factors	
		Med/Rx	Dental
ADAMS	001	0.83	0.84
ASHLAND	002	0.83	0.84
BARRON	003	0.83	0.84
BAYFIELD	004	0.83	0.84
BROWN	005	0.88	0.84
BUFFALO	006	0.83	0.84
BURNETT	007	0.83	0.84
CALUMET	008	0.88	0.84
CHIPPEWA	009	0.88	0.84
CLARK	010	0.83	0.84
COLUMBIA	011	0.83	0.84
CRAWFORD	012	0.83	0.84
DANE	013	0.88	0.84
DODGE	014	0.88	0.84
DOOR	015	0.83	0.84
DOUGLAS	016	0.83	0.84
DUNN	017	0.83	0.84
EAU CLAIRE	018	0.88	0.84
FLORENCE	019	0.83	0.84
FOND DU LAC	020	0.88	0.84
FOREST	021	0.83	0.84
GRANT	022	0.88	0.84
GREEN	023	0.83	0.84
GREEN LAKE	024	0.83	0.84
IOWA	025	0.83	0.84
IRON	026	0.83	0.84
JACKSON	027	0.83	0.84
JEFFERSON	028	0.88	0.84
JUNEAU	029	0.83	0.84
KENOSHA	030	0.88	0.84
KEWAUNEE	031	0.83	0.84
LA CROSSE	032	0.88	0.84
LAFAYETTE	033	0.83	0.84
LANGLADE	034	0.83	0.84
LINCOLN	035	0.83	0.84
MANITOWOC	036	0.88	0.84
MARATHON	037	0.88	0.84
MARINETTE	038	0.83	0.84
MARQUETTE	039	0.83	0.84

NIPPON LIFE INSURANCE COMPANY OF AMERICA

Wisconsin

State Code: 57

County Name	County Code	Area Factors	
		Med/Rx	Dental
MENOMINEE	040	0.83	0.84
MILWAUKEE	041	1.20	1.19
MONROE	042	0.83	0.84
OCONTO	043	0.83	0.84
ONEIDA	044	0.83	0.84
OUTAGAMIE	045	0.88	0.84
OZAUKEE	046	0.88	0.84
PEPIN	047	0.83	0.84
PIERCE	048	0.83	0.84
POLK	049	0.83	0.84
PORTAGE	050	0.88	0.84
PRICE	051	0.83	0.84
RACINE	052	0.88	0.84
RICHLAND	053	0.83	0.84
ROCK	054	0.88	0.84
RUSK	055	0.83	0.84
SAINT CROIX	056	0.88	0.84
SAUK	057	0.83	0.84
SAWYER	058	0.83	0.84
SHAWANO	059	0.83	0.84
SHEBOYGAN	060	0.88	0.84
TAYLOR	061	0.83	0.84
TREMPEALEAU	062	0.83	0.84
VERNON	063	0.83	0.84
VILAS	064	0.83	0.84
WALWORTH	065	0.88	0.84
WASHBURN	066	0.83	0.84
WASHINGTON	067	0.88	0.84
WAUKESHA	068	0.95	0.94
WAUPACA	069	0.83	0.84
WAUSHARA	070	0.83	0.84
WINNEBAGO	071	0.88	0.84
WOOD	072	0.88	0.84

NIPPON LIFE INSURANCE COMPANY OF AMERICA

Wyoming --
 State Code: 58

County Name	County Code	Area Factors	
		Med/Rx	Dental
Albany	001	0.75	0.89
Big Horn	002	0.75	0.89
Campbell	003	0.75	0.89
Carbon	004	0.75	0.89
Converse	005	0.75	0.89
Crook	006	0.75	0.89
Fremont	007	0.75	0.89
Goshen	008	0.75	0.89
Hot Springs	009	0.75	0.89
Johnson	010	0.75	0.89
Laramie	011	0.75	0.89
Lincoln	012	0.75	0.89
Natrona	013	0.75	0.89
Niobrara	014	0.75	0.89
Park	015	0.75	0.89
Platte	016	0.75	0.89
Sheridan	017	0.75	0.89
Sublette	018	0.75	0.89
Sweetwater	019	0.75	0.89
Teton	020	0.75	0.89
Uinta	021	0.75	0.89
Washakie	022	0.75	0.89
Weston	023	0.75	0.89

State: New York Filing Company: Nippon Life Insurance Company of America
 TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.003A Small Group Only - PPO
 Product Name: NY Community Rated
 Project Name/Number: Rate Filing 2013.05.01/N-2013-5-1S

Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Actuarial Memorandum/Actuarial Certification		
Comments:			
Attachment(s):	NYCR filing - Cover letter and Memorandum 12.21.12.pdf Actuarial Memorandum Exhibits A B C.pdf Actuarial Memorandum Exhibit D.pdf Actuarial Memorandum Exhibit E.pdf Actuarial Memorandum Exhibit F.pdf Actuarial Memorandum Exhibit G (Current and Proposed Rate 050113).pdf		
		Item Status:	Status Date:
Satisfied - Item:	Checklist-Rate Adj Filings per 3231(e)(1) or 4308(c)		
Comments:	Nothing to complete on this form.		
		Item Status:	Status Date:
Bypassed - Item:	Consumer Disclosure Form		
Bypass Reason:	"you must bypass this Requirement at initial submission"		
		Item Status:	Status Date:
Satisfied - Item:	Final Notice of Proposed Rate Adjustment		
Comments:			
Attachment(s):	Certificate Holder Final Notice.pdf Policyholder Final Notice.pdf		
		Item Status:	Status Date:
Satisfied - Item:	Initial Notice of Proposed Rate Adjustment		
Comments:			

SERFF Tracking #:

NLAM-128813444

State Tracking #:

2012120109

Company Tracking #:

N-2013-5-1S

State:

New York

Filing Company:

Nippon Life Insurance Company of America

TOI/Sub-TOI:

H16G Group Health - Major Medical/H16G.003A Small Group Only - PPO

Product Name:

NY Community Rated

Project Name/Number:

Rate Filing 2013.05.01/N-2013-5-1S

Attachment(s):

Certificate Holder Letter _initial notice before approval_ rev20121214.pdf

Policyholder Letter _initial notice before approval_ rev20121214.pdf

Item Status:

Status Date:

Satisfied - Item:

Redacted Documents for Web Posting

Comments:

No redactable information exists.

Item Status:

Status Date:

Satisfied - Item:

Standard Exhibit 1 - General Information

Comments:

Attachment(s):

PA_Standard_Exhibit_1.xls

PA_Standard_Exhibit_1.pdf

Item Status:

Status Date:

Satisfied - Item:

Standard Exhibit 2 - Summary of Average Claim Trend and Administrative Expenses

Comments:

Attachment(s):

PA_Standard_Exhibit_2.xls

PA_Standard_Exhibit_2.pdf

Item Status:

Status Date:

Satisfied - Item:

Standard Exhibit 3 - Narrative Summary

Comments:

Attachment(s):

Nippon Life Insurance Company of America Narrative Summary for May 1 2013 Rate Adjustment _website_.pdf

Item Status:

Status Date:

SERFF Tracking #:

NLAM-128813444

State Tracking #:

2012120109

Company Tracking #:

N-2013-5-1S

State:

New York

Filing Company:

Nippon Life Insurance Company of America

TOI/Sub-TOI:

H16G Group Health - Major Medical/H16G.003A Small Group Only - PPO

Product Name:

NY Community Rated

Project Name/Number:

Rate Filing 2013.05.01/N-2013-5-1S

Satisfied - Item:	Standard Exhibit 4 - Part A - Summary of Proposed Percentage Rate Changes		
Comments:	this product uses a rolling rate structure		

Item Status:**Status Date:**

Satisfied - Item:	Standard Exhibit 4 - Part B - Summary of Proposed Percentage Rate Changes		
Comments:			
Attachment(s):	PA_Standard_Exhibit_4B.xls PA_Standard_Exhibit_4B.pdf		

Item Status:**Status Date:**

Satisfied - Item:	Standard Exhibit 4 - Part C - Summary of Proposed Percentage Rate Changes		
Comments:	no rate change on drug riders		

Item Status:**Status Date:**

Satisfied - Item:	Standard Exhibit 4 - Part D - Summary of Proposed Percentage Rate Changes		
Comments:	no rate change on drug riders		

Item Status:**Status Date:**

Satisfied - Item:	Standard Exhibit 5 - Part A - Distribution of Contracts Affected by Proposed Rate Adjustments		
Comments:	product has a rolling rate structure		

Item Status:**Status Date:**

Satisfied - Item:	Standard Exhibit 5 - Part B - Distribution of Contracts Affected by Proposed Rate Adjustments		
Comments:			

State: New York Filing Company: Nippon Life Insurance Company of America
 TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.003A Small Group Only - PPO
 Product Name: NY Community Rated
 Project Name/Number: Rate Filing 2013.05.01/N-2013-5-1S

Attachment(s):
 PA_Standard_Exhibit_5B.xls
 PA_Standard_Exhibit_5B.pdf

		Item Status:	Status Date:
Satisfied - Item:	Standard Exhibit 6 - Summary of Policy Form and Product Changes		

Comments:

Attachment(s):
 PA_Standard_Exhibit_6.xls
 PA_Standard_Exhibit_6.pdf

		Item Status:	Status Date:
Satisfied - Item:	Standard Exhibit 7 - Historical Data		

Comments:

Attachment(s):
 PA_Standard_Exhibit_7.xls
 PA_Standard_Exhibit_7.pdf

December 21, 2012


Assistant Chief Actuary
New York State Department of Financial Services
25 Beaver St.
New York, NY 10004-2319

**Re: Nippon Life Insurance Company of America (NLIA)
New York Community Rate Filing**

Dear Mr. Teitel,

NLIA was granted a 4.75% rate increase by the New York State Department of Financial Services effective November 1, 2012. Over the past six months, however, our claim experience has deteriorated. We have determined that the increase we were granted was inadequate.

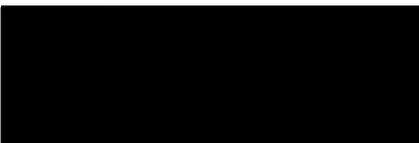
In addition, a new federal assessment to fund activities related to the Patient Protection and Affordable Care Act (PPACA) will be applied to earned premium starting in 2013. NLIA needs to build the needed premium to pay the federal assessment into our rate level.

As a result of the deterioration in our experience and the new federal assessment, we are filing a 15.0% rate increase to be effective May 1, 2013. We are also filing for an increase in our annualized trend from 9.6% to 11.4%.

An Actuarial Memorandum, the prescribed summary Excel template and a copy of the new rate manual reflecting this change are attached. The Comparative Rate Information for Small Group Health Insurance required by Addendum 3 of Circular Letter 1993-1 is attached in the rate manual Appendix 1.

Please contact me at (212) 909-0741 or via email at j-brone@nipponlifebenefits.com with any questions. I thank you for your assistance.

Sincerely,



Vice-President and Chief Actuary

Nippon Life Insurance Company of America
Actuarial Memorandum

PURPOSE

The purpose of this filing is to disclose change to the rate level charged to NLIA's New York community rated groups. This memorandum is not intended to be used for other purposes.

BACKGROUND

NLIA was granted a 4.75% rate increase by the New York State Department of Financial Services effective November 1, 2012. Over the past six months, however, our claim experience has deteriorated. We have determined that the increase we were granted was inadequate.

In addition, a new federal assessment to fund activities related to the Patient Protection and Affordable Care Act (PPACA) will be applied to earned premium starting in 2013. We need to build the needed premium to pay the federal assessment into our rate level.

As a result of the deterioration in our experience and the new federal assessment, we are filing a 15.0% rate increase to be effective May 1, 2013. We are also filing for an increase in our annualized trend from 9.6% to 11.4%.

The proposed rate increase is based on a 5/1/2013 rate adequacy test. The experience period used in the analysis is 7/1/2009 through 6/30/2012 based on claims paid through 10/31/2012. NLIA will implement this rate change by increasing the Experience Adjustment Factor.

The remainder of this memorandum follows the sections for the actuarial memorandum laid out in the "New York Insurance Departments Instructions/Review Standards for Rate Adjustment Filings Submitted Pursuant to Section 3231(e)(1) or Section 4308 (c) of the New York Insurance Law " dated May 18, 2012.

Justification of Rates

- a) Pending approval from the New York Insurance Department, NLIA will increase rate levels 15.0% for New York community rated medical policies. We will also increase our annualized trend from 9.6% to 11.4%. There is only one policy form, NP 5500 et al, available to NLIA's New York community rated business.

NLIA has experienced favorable claims experience on its block of New York community rated business for the past few years. Japanese business is the major contributor to the favorable New York community rated business. NLIA's parent company is Nippon Life Insurance Company of Japan. As a result of our relationship with our parent, we insure a large number of Japanese rotational employees who are in the United States for just a few years for their jobs. These employees and their families tend to be very healthy, and they return to Japan if they become seriously ill. Our

experience and needed rate levels are extremely sensitive to the proportion of rotational employees in our membership base.

Please see the table below, which summarizes the projected loss ratios in attached Exhibits A and B:

New York Community Rated Business Experience by Japanese Business and Local Business (Experience period from 7/1/09 to 6/30/12)

Business	Member count*	Standardized Projected Earned Premium**	Projected Incurred Claim	Loss Ratio
Japanese owned Employers	1499	\$33,068,940	\$17,290,817	52%
U.S based Employers	7590	\$58,944,638	\$59,677,002	101%

* Member as of 6/30/2012.

** Adjusted for 1.5% premium reduction effective on 4/1/2009, 2.23% premium reduction effective on 3/1/2010, 18.38% premium reduction effective on 1/1/2011, and 9% premium increase effective on 7/1/2011, 3% premium decrease effective 1/1/12, and 4.7% premium increase effective 11/1/12.

As you can see, the projected loss ratio for the U.S. based employers is almost double the loss ratio for the Japanese owned employers. The experience for our block of business is extremely sensitive to the proportion of Japanese business in our block.

Our mix of business continues to shift toward U.S. based business. Please see the table below for our monthly new sales for full year 2012 and for January 2013 by Japanese business and U.S. based business

2012 New Sales by U.S. Based Business and Japanese Business From 1/2012 through 1/2013

Month	Number of Case			Written Premium		
	U.S. Based	Japanese	Total	U.S. Based	Japanese	Total
1/2012	42	0	42	\$6,003,079	\$0	\$6,003,079
2/2012	16	0	16	\$1,723,497	\$0	\$1,723,497
3/2012	9	0	9	\$721,919	\$0	\$721,919
4/2012	6	0	6	\$740,393	\$0	\$740,393
5/2012	17	0	18	\$1,999,046	\$0	\$1,999,046
6/2012	17	1	18	\$2,709,563	\$35,884	\$2,745,447
7/2012	13	0	13	\$1,110,058	\$0	\$1,110,058
8/2012	12	0	12	\$1,358,119	\$0	\$1,358,119
9/2012	11	0	11	\$1,009,375	\$0	\$1,009,375
10/2012	8	0	8	\$861,033	\$0	\$861,033
11/2012	10	0	10	\$1,649,303	\$0	\$1,649,303
12/2012	9	0	9	\$1,344,928	\$0	\$1,344,928

1/2013	14	0	14	\$2,052,266	\$0	\$2,052,266
Total 184		2	186	\$23,428,377	\$35,884	\$23,464,261

In order to price the block appropriately, we must account for the shifting mix of business. We now know actual sales through January 2013. Based on our 2012 and January 2013 actual sales, we have projected sales at an annual rate of \$0M Japanese business and \$17.5M U.S. based business for February 1, 2013 to April 1, 2014. Based on recent experience, we are projecting a 5% lapse rate for local business and a 7% lapse rate for Japanese business based on recent experience. Our Japanese business has actually started lapsing at a higher rate than our local business. Based on the projected sales, lapse rates and current mix of business, we project \$69M U.S. based business and \$11M Japanese business in-force as of 10/2013. Please see the attached Exhibit D.

We must also make one additional adjustment. We sold a large volume of U.S. based new business in 2011 and 2012. The first two months experience for new business tends to be better than the ultimate level of experience. Therefore, we must make a duration adjustment to the unusually large volume of early duration experience.

Justification for applying adjustments only to Local Business

For the last 18 months, the NYCR block has seen a high level of sales of new Local Groups, and virtually no sales of new Global Groups. Durational studies have shown groups typically incur fewer claims dollars in *short duration* (during their first two months of issue) compared to all durations. Additionally, groups in short duration have a smaller proportion of claims dollars over a large claims threshold than do groups in all durations. The volume of recent new sales is causing significant short duration Local Group experience to fall within the experience period. Therefore, to obtain an ultimate-level loss ratio projection, we must adjust the short duration claim amounts for Local Groups.

Introduction of two necessary adjustments

In our Experience Projection, we have applied two adjustments to short duration claims for Local Groups. The first is a positive adjustment to bring claims to an ultimate level. The second is an offsetting adjustment to compensate for a large claims pooling charge that is higher than necessary in short duration.

Description and calculation of the first adjustment

The first adjustment considers loss ratios observed for groups in all durations versus those in short duration. For experience during the 3 year period 1/09 to 12/11, the overall loss ratio was 93.36%. The comparable figure for short duration groups was 81.65%. In this case, the first adjustment to short duration claims is a factor of $93.36\% / 81.65\% = 1.143$. Please see Exhibit E.

Description of the second adjustment

For the second adjustment, we compare large claims as a proportion of total claims in short duration with large claims as a proportion of total claims in all durations. A

complication here is that a large claim is defined as being above a certain threshold per year; however we need a way to tabulate large claims incurred during the first 2 months of a group's experience.

Definition of large claims in a month and calculation example

For each insured with claims during a calendar year in excess of the \$20,000 pooling limit, we calculate claims over \$20,000 as a percentage of the insured's claims for the year. Then we apply that percentage to the insured's monthly claim amounts to determine the monthly amounts deemed over the \$20,000 annual threshold. An example should clarify:

Say an insured has \$80,000 of incurred claims in a calendar year. Then \$60,000 of those claims is greater than the \$20,000 threshold. Since $\$60,000 / \$80,000 = 75\%$ of claims for the year are over \$20,000, we deem 75% of this insured's claim dollars to be large claims. If the insured had \$4,000 of claims in a given month within the year, then $\$4,000 * 75\% = \$3,000$ from that month are deemed to be large claims.

Calculation of the second adjustment

Now we can determine the large claims proportion of total claims in short duration, and the large claims proportion of total claims in all durations. If we subtract the large claims proportion in all durations from the large claims proportion for short duration, we obtain a factor (as a percentage of claims) which compensates for the overstatement of pooling charges in short duration. Large claims represent 21.50% of claims in short duration and 23.71% of claims in all durations. Therefore the second adjustment to short duration claims is a factor of $1 + (21.50\% - 23.71\%) = 0.9779$.

Calculation of composite adjustment

The composite of these two adjustments is $1.143 * 0.9779 = 1.118$. The incurred claims for the first two durations experience in each experience month were increased by a factor of 1.118.

As a result of the analysis shown in Exhibits A to E, we are requesting a 15.0% rate increase effective May 1, 2013.

There will be no change to NLIA's rates due to either tier structure, factors used to convert per member month results to per single employee results, variance in the prior incurred claim cost per member per month estimate or differentials between rating regions.

- b) No new benefit options are being added to an existing rate table.
- c) Sample rate calculations using the proposed new rates, including current and proposed rate and dollar and percentage change, are attached in the document entitled "Exhibit E – Current and Proposed Rate" The rate increase will be equal across area, rating tier and benefit option.
- d) This section discusses the standard premium development in Exhibit 7. Earned premium and incurred claims for all New York Community Rated business for the

period 7/1/2009 through 6/30/2012 are detailed in the attached Exhibit C. Exhibit A and B show Japanese business and Local business separately. Member counts were estimated based on the historical relationship between dependent unit and number of dependents. Premium numbers include no adjustment for assessments or taxes. Incurred claims are based on claims paid through March 31, 2012 plus an estimate for claim incurred but not paid using a traditional completion lag methodology. Market Stabilization Pool receipts and payments are included in incurred claims. Payments received from the Pool in 2008 and 2009 have been passed on to policyholders through reduced new and renewal premium as approved by the Insurance Department. NLIA paid \$331,096 into the pool for 2010 experience and \$1,745,318 for 2011 experience. NLIA is a net payer into the Market Stabilization Pool through June 2012. The column labeled "Standardized Earned Premium" in Exhibit A, B, and C is calculated by adjusting earned premium for the April 2009, March 2010, January 2011, July 2011, January 2012 and November 2012 rate actions. Premium earned on groups prior to their renewal on April 1, 2009 was reduced to reflect the four subsequent rate reductions and two rate increases. Premium earned on groups after their renewal on April 1, 2009 and prior to their renewal on March 1, 2010 was reduced to reflect the last three subsequent rate reductions and the two rate increases. Premium earned on groups after their renewal on March 1, 2010 and prior to their renewal on January 1, 2011 was reduced to reflect the last two rate reductions and the two rate increases. Premium earned on groups after their renewal on January 1, 2011 and prior to July 1, 2011 was adjusted to reflect the two subsequent rate increases and one rate reduction. Premium earned on groups renewed after July 1, 2012 and prior to January 1, 2012 was adjusted to reflect the one subsequent rate reduction and one subsequent rate increase. Premium earned on groups renewed after January 1, 2012 was adjusted to reflect the subsequent rate increase. Premium growth was projected using 1.1% monthly trend using simple interest through 4/1/2009, 0.95% monthly trend through 12/1/11, and .80% monthly trend thereafter. These represent the premium trend on file for NLIA's New York community rated block of business. The mid-point of the experience period is 1/1/2011, so the average effective date for groups included in the experience is 6 months prior to the mid-point or 7/1/2010. Therefore, we trend the premium forward, on average, thirty-four months from 7/1/2010 to 5/1/2013. The start date for the 1.1% per month trend factor in our rate manual is 1/1/07, and we use simple interest to calculate monthly trend. The 0.95% per month trend factor was in effect starting 3/1/2010. The .80% trend factor was effective 1/1/12.

- e) Incurred claims through June 2012 are based on NLIA's actual paid claims through October 2012 plus a provision for claims incurred but not paid. Receipts and payments to the Market Stabilization Pool are included in claim costs. There was no adjustment made to our claims data. \$57.9 million in claims were paid over the 36 month experience period.

The life years in the most recent 36 month experience period is about 11,500, which is considered partially credible under the federal MLR rebate calculation adopted under NAIC and HHS. However, we are treating our experience as fully credible for the purpose of setting overall rate level for a few reasons. NLIA's block of business is more homogeneous than an average block of NY small group business for several

reasons.

- 1) All of the business is from the New York City tri-state area. We only market in the counties in and around New York. As a result, our block does not vary much by area.
 - 2) NLIA's small group products are homogeneous. We only sell PPO products. We do not sell POS or HMO products. In addition, the vast majority of the business is written on one PPO network (Aetna Signature Administrators).
 - 3) The Small Group Market Stabilization Pool, which is unique to New York small group business, also reduces volatility and makes experience more credible.
 - 4) Many of our members are Japanese rotational employees who are in the United States just for a few years for their jobs. These employees and their families tend to be very healthy, and they return to Japan if they become seriously ill. This population of rotational employees has a stabilizing effect on our experience because they have so few serious illnesses. As a result, the experience is less volatile than it would be for a typical block of small group business without rotational employees.
- f) Claims are projected using an annual effective trend of 9.6% through 7/1/11 and 11.4% thereafter. Consistent with the projection of standardized premium, the claims for the experience period were trended, on average, 34 months from 1/1/2011 through 11/1/2013.

To arrive at the new medical trend factor, we considered two primary sources of information, the Standard and Poor's Healthcare Economic Commercial Index and our own experience. In addition to these primary information sources, we also considered the results of a Medical Trend report prepared for us by Towers Watson and other competitor information as points of reference.

According to the S&P Healthcare Economic Commercial Index, the year-over-year percentage change in the 12 month moving average healthcare costs covered by commercial insurance increased by 8.34% for the year ending July 2012. The S&P healthcare cost index, however, captures only the increase in total health care expenditures (commercial insurer claims plus member cost sharing) nationwide for all plans. It does not capture the full impact of anti-selection or the effect of co-pay/deductible leveraging. Therefore, we must adjust the S&P healthcare cost index trend for anti-selection and co-pay/deductible leveraging.

Milliman USA published a healthcare trend report called the Milliman Health Cost Index Report through 2010. Along with this report, Milliman published an analysis of necessary adjustments to any nationwide trend report called the Health Cost Index Companion. Milliman's Health Cost Index Companion estimates that anti-selection

can be expected to add 0% to 5% to the trends of certain carriers. Anti-selection increases as group size decreases, and Nippon Life Benefits average group size is small. Over 60% of our premium comes from groups under 100 employees. Two-thirds of the groups in our small group block of business (<50 employees) are under 10 employees. Therefore, we will add 2.5% (the mid-point of the Milliman Health Cost Index Companion anti-selection range) to the S&P healthcare cost index to account for anti-selection.

We examined the impact of benefit difference on the trend based on our own experience. We have found that deductible/copay leveraging given our current mix of in-force plans adds about 0.88% to our plan costs. Therefore, the S&P commercial index adjusted for adverse selection and benefit difference is 11.72% (=8.34% + 2.5% + 0.88%).

We also examined trend for the NY small group block over a three year period. The average rolling twelve month increase in billed changes over the last six months was 18% for local and 0% for Global based on the experience for this block from July 2010 to June 2012. The split between local and global is currently about 80/20. Since we examined changes in billed charges, we must add in the effect of deductible/copy leveraging. After adding the deductible/copay leveraging effect, the trend based on our experience is 15% ((80% x 18%) + (20% x 0%) + .88%).

The NY small group block of business that we used for our experience trend study is relatively small (average 3,800 members). We commissioned Towers Watson to develop credibility tables and pooling levels for partially credible blocks of business. They used their 2011 HealthMaps Group Medical Benefits Simulation Model and a Monte Carlo simulation to produce recommended credibility and pooling levels.

Life Years	Credibility	Pooling	Level
250	25%		\$ 50,000
500	31%		\$ 75,000
1,000	41%	\$100,000	
2,500	56%	\$150,000	
5,000	66%	\$250,000	
7,500	75%	\$250,000	
10,000	81%	\$250,000	
15,000	90%	\$250,000	
25,000	96%	\$250,000	
35,000	98%	\$250,000	
50,000	99%	\$250,000	
75,000	100%	\$250,000	

For a trend study, both the numerator and denominator must be credible. Therefore, Towers Watson's recommended trend study credibility for a 3,500 member block is about 36% (60% x 60%).

Additionally, we considered a report prepared for us by Towers Watson, which aggregates several sources of recent Medical and Prescription Drug cost trends by type of service and suggests projected future trends. This report looks at current and historic trends from a variety of sources including Munich Re, AON Hewitt, the Health Care Cost Institute and Segal Company. The Towers Watson report suggests a projected trend of 8% to 10%, after the impact of copayments and deductibles.

And finally, we reviewed the information in the Oliver Wyman Carrier Trend Report (OWCTR) July 2012 Analysis. The OWCTR is a periodically-produced report which provides the trend assumptions used by over 100 of our competitors in the development of their rates. The median trend assumption for Group Medical PPO and Prescription Drug plans similar to ours is about 10%.

We considered the adjusted S&P commercial index (11.7%), NLIA experience (15%), the Towers Watson trend study (8% to 10%) and the Oliver Wyman Carrier trend report (10%) to develop an annual trend of 11.4%. Towers Watson and Oliver Wyman indicated a trend between 9% and 10%. However, our experience, which is 36% credible, indicates a trend of 15%. The 11.4% trend is a blend of our recent experience and the other sources of information.

We will reset our trend start date from November 1, 2012 to May 1, 2013. Since we are changing the start date for the trend factor calculation from November 2012 to May 2013 and increasing rates 15%, we have to update the medical and drug Experience Adjustment Factors to include these changes. The monthly trend factor for the six months from November 2012 to April 2013 was .0080. Effective May 1, 2013, the Experience Adjustment Factor will be $4.05 \times (1 + (6 \times .0080)) \times (1.15) = 4.88$.

- g) The projected loss ratio using premium and claims trend mentioned above is 92.1%. The requested rate increase equals $94.7\% / 82.4\% - 1 = 15.0\%$. Market Stabilization Pool payments and receipts are included in incurred claims.
- h) The proposed percentage rate change does not vary within policy form.
- i) The proposed percentage rate change does not vary within permitted aggregation of policy forms.
- j) The proposed percentage rate change does not vary by rating region.
- k) Expense assumptions included in revised rate are as follows:

Regulatory Authority Licenses and Fee	0.25%
Administrative Expenses (Improve Health Care Quality)	0.30%
Other Administrative Expenses	8.10%

Commission	2.21%
Premium Taxes	1.50%
Federal ACA Assessment	2.51%
After-tax Underwriting Margin (profit / Contribution to Surplus)	2.38%
Federal Income Taxes (34% federal tax rate)	1.23%
State Income Taxes (0.5% maximum state tax rate)	0.00%
Reduction for Net Investment Income	-0.90%
Total	17.58%

Administration expenses that are not directly allocable to New York small group (actuarial, accounting, IT, legal, human resources, general services, claim adjudication, premium billing) were allocated as a percent of premium across all blocks of business. Expenses directly allocable to New York community rated business (sales, underwriting and PPO network expenses) were allocated directly to the NY community rated block.

Finally, there is a new retention item for a new federal assessment. All fully insured health plans will be subject to a federal tax assessment of \$8B based on 2013 earned premium and \$11.3B based on 2014 earned premium. The Center for Medicare and Medicaid Services (CMS) projects \$926B in total employer based private health insurance in 2013 and \$1,014B in 2014. The 2011 Kaiser/HRET Survey of Employer Sponsored Health Benefits indicates that 40% of all private employer plans are fully insured. Therefore, \$8B in assessments will be collected based on \$376B of fully insured employer based premium in 2014 and \$11.3B in assessments will be collected on \$405B of fully insured premium in 2015.

The total projected assessment is 2.16% of 2013 earned premium and 2.79% of 2014 earned premium. We have projected the needed expense load of 2.51% in five steps.

- 1) Project total earned premium for May 2013 to April 2014 effective dates.
- 2) Separate earned premium calculated in 1) between calendar years 2013, 2014 and 2015.
- 3) Multiply premium earned in 2014 by 2.16% and premium earned in 2015 by 2.79%
- 4) Divide the result from step 3) by the total earned premium calculated in step 1).

- 2) Separate earned premium calculated in 1) between calendar years 2013, 2014 and 2015.
- 3) Multiply premium earned in 2014 by 2.16% and premium earned in 2015 by 2.79%
- 4) Divide the result from step 3) by the total earned premium calculated in step 1).
- 5) Finally, divide the result from step 4) by .66 (one minus the federal tax rate) because the federal assessment will not be deductible from federal taxes. This is the premium expense load that will be applied during the rating period.

Please see Exhibit F for a calculation of the new federal assessment retention item.

- 1) The expected loss ratio after the proposed rate action is 82.42%. This is calculated by setting the required rate change equal to the projected loss ratio divided by 82.42% minus one.

CERTIFICATION

To the best of my knowledge and judgment, these rates are in compliance with the applicable laws and regulations of the State of New York, including Regulation 62.

The rates for the products described in the Actuarial Memorandum have been developed under my supervision using reasonable and actuarially sound assumptions and methods in compliance with Actuarial Standards of Practice number 8.

The expected loss ratio meets the minimum requirement of New York State. NLIA uses an 82.42% expected loss ratio for all New York State rating regions.

I believe the rates to be reasonable in relation to the benefits.

The rates are not unfairly discriminatory.


James G. Brone, FSA, MAAA
Vice President and Chief Actuary
Nippon Life Insurance Company of America
655 Third Avenue, 16th Floor
New York, New York 10017
j-brone@nipponlifebenefits.com
Phone (212) 909-0741

December 21, 2012

NYCR Experience Projection -- with duration adjustment
 Experience Period 07/09 through 06/12 with 4 months runout
 Includes NY MSP Refund

Row Labels	Values						Duration Adjusted Claims	Duration Adjusted Loss Ratio	Premium Pre 4/1/09	Premium Post 4/1/09	Premium Post 3/1/10	Premium Post 1/1/11	Premium Post 7/1/11	Premium Post 1/1/12	Standardized Earned Premium	Premium Trended to 4/30/13	Claims Trended to 10/30/13	Claims Projected Loss Ratio
	Member Count	Earned Premium	PMPM Premium Incurred	Claims	PMPM Claims													
Local Business																		
Jul-09	448	293,891	656	356,827	751	356,927	121.4%	125,393	168,498	-	-	-	-	258,079	383,198	549,386	143%	
Aug-09	456	298,713	655	253,447	543	253,542	84.9%	103,602	195,111	-	-	-	-	262,630	387,156	387,230	100%	
Sep-09	452	296,301	656	258,036	509	258,062	87.1%	104,761	191,539	-	-	-	-	260,482	381,213	391,079	103%	
Oct-09	450	291,435	648	293,387	603	293,387	100.7%	87,557	203,878	-	-	-	-	256,410	372,427	441,277	118%	
Nov-09	446	289,947	650	297,570	594	297,570	102.6%	45,881	244,066	-	-	-	-	255,647	368,501	444,100	121%	
Dec-09	488	314,381	644	270,794	467	271,350	86.3%	45,664	268,717	-	-	-	-	277,245	396,578	401,931	101%	
Jan-10	486	316,672	652	380,019	739	381,598	120.5%	21,874	294,798	-	-	-	-	279,585	396,843	560,853	141%	
Feb-10	516	331,362	642	295,608	493	297,375	89.7%	10,608	320,754	-	-	-	-	292,717	412,204	433,680	105%	
Mar-10	555	355,854	641	431,776	654	436,223	122.6%	-	327,786	28,068	-	-	-	315,070	440,207	631,715	144%	
Apr-10	608	378,099	622	432,710	648	435,751	115.2%	-	225,308	152,791	-	-	-	337,244	467,472	626,141	134%	
May-10	654	407,399	623	330,265	457	334,123	82.0%	-	229,087	178,312	-	-	-	363,654	500,072	476,508	95%	
Jun-10	660	417,325	632	326,843	437	328,136	78.6%	-	210,148	207,177	-	-	-	373,008	508,823	464,343	91%	
Jul-10	662	428,074	647	268,216	372	268,216	62.7%	-	164,146	263,928	-	-	-	383,652	519,044	376,703	73%	
Aug-10	667	431,295	647	323,913	400	323,913	75.1%	-	139,373	291,922	-	-	-	387,064	519,533	451,403	87%	
Sep-10	655	423,764	647	385,184	539	385,184	90.9%	-	140,507	283,257	-	-	-	380,233	506,592	532,629	105%	
Oct-10	654	423,125	647	280,293	403	280,293	66.2%	-	121,451	301,674	-	-	-	380,040	502,717	384,680	77%	
Nov-10	662	432,185	653	385,712	538	387,024	89.6%	-	84,831	347,354	-	-	-	388,968	510,824	527,044	103%	
Dec-10	677	442,769	654	351,986	480	352,430	79.6%	-	51,429	391,341	-	-	-	399,209	520,473	476,334	92%	
Jan-11	1,212	717,589	592	635,594	375	664,255	92.6%	-	26,177	401,068	290,345	-	-	707,247	915,349	890,829	97%	
Feb-11	1,393	804,105	577	634,343	311	669,049	83.2%	-	-	393,617	410,487	-	-	810,438	1,041,061	890,306	86%	
Mar-11	2,136	1,124,309	526	1,241,596	501	1,276,878	113.6%	-	-	372,343	751,966	-	-	1,169,402	1,491,043	1,687,247	113%	
Apr-11	2,570	1,325,121	516	1,109,105	385	1,168,774	88.2%	-	-	246,842	1,078,279	-	-	1,417,353	1,793,699	1,532,431	85%	
May-11	3,167	1,594,968	504	1,661,600	488	1,734,305	108.7%	-	-	222,295	1,372,673	-	-	1,721,210	2,161,854	2,256,866	104%	
Jun-11	3,836	1,901,624	496	1,775,062	417	1,826,099	96.0%	-	-	195,928	1,705,696	-	-	2,066,207	2,575,503	2,357,903	92%	
Jul-11	4,030	1,960,761	487	1,942,766	518	1,968,714	100.4%	-	-	137,424	1,636,009	187,328	-	2,126,481	2,630,059	2,521,296	96%	
Aug-11	4,274	2,047,683	479	2,155,176	477	2,178,426	106.4%	-	-	113,393	1,651,346	282,944	-	2,218,897	2,723,931	2,764,424	101%	
Sep-11	4,489	2,215,331	494	2,370,080	443	2,392,600	108.0%	-	-	112,694	1,640,805	461,833	-	2,388,354	2,909,967	3,008,518	103%	
Oct-11	4,470	2,180,035	488	1,929,394	350	1,938,198	88.9%	-	-	92,056	1,611,918	476,061	-	2,352,163	2,843,480	2,415,627	85%	
Nov-11	4,612	2,278,022	494	2,257,044	393	2,273,388	99.8%	-	-	41,703	1,593,430	642,890	-	2,455,680	2,945,242	2,807,540	95%	
Dec-11	5,066	2,367,783	467	3,403,807	673	3,580,425	151.2%	-	-	-	1,595,179	772,603	-	2,551,719	3,036,137	4,382,642	144%	
Jan-12	6,068	2,993,484	493	3,162,712	471	3,203,890	107.0%	-	-	-	1,399,426	796,621	797,438	3,194,637	3,770,695	3,885,972	103%	
Feb-12	6,383	3,131,032	491	3,003,586	396	3,056,950	97.6%	-	-	-	1,284,399	776,709	1,069,925	3,332,440	3,901,104	3,673,933	94%	
Mar-12	6,346	3,144,547	496	3,047,392	454	3,064,888	97.5%	-	-	-	895,844	748,634	1,500,068	3,324,157	3,859,763	3,652,035	95%	
Apr-12	6,364	3,239,457	509	2,931,706	445	2,944,787	90.9%	-	-	-	593,269	742,261	1,903,928	3,405,615	3,921,926	3,476,921	89%	
May-12	5,895	3,393,520	576	3,432,924	642	3,456,442	101.9%	-	-	-	266,353	751,258	2,375,910	3,547,091	4,051,084	4,045,007	100%	
Jun-12	7,590	3,629,284	478	4,128,027	429	4,200,104	115.7%	-	-	-	-	752,685	2,876,600	3,778,022	4,278,862	4,870,469	114%	
Local Business Total	90,097	46,621,249	517	46,744,499	471	47,539,274	102.0%	545,340	3,607,604	4,775,185	19,777,424	7,391,827	10,523,868	48,418,049	58,944,638	59,677,002	101%	

NYCR Experience Projection -- with duration adjustment
 Experience Period 07/09 through 06/12 with 4 months runout
 Includes NY MSP Refund

Row Labels	Values					Duration Adjusted Claims	Duration Adjusted Loss Ratio	Premium Pre 4/1/09	Premium Post 4/1/09	Premium Post 3/1/10	Premium Post 1/1/11	Premium Post 7/1/11	Premium Post 1/1/12	Standardized Earned Premium	Premium Trended to 4/30/13	Claims Trended to 10/30/13	Projected Loss Ratio
	Member Count	Earned Premium	PMPM Premium Incurred	Claims	PMPM Claims												
Global Business																	
Jul-09	868	480,828	554	195,301	193	195,301	40.6%	262,125	218,703	-	-	-	-	421,481	625,820	300,609	48%
Aug-09	878	489,661	558	227,978	225	227,978	46.6%	241,236	248,425	-	-	-	-	429,565	633,244	348,187	55%
Sep-09	948	510,093	538	197,214	170	197,214	38.7%	205,634	304,459	-	-	-	-	448,095	655,783	298,867	46%
Oct-09	973	535,165	550	205,196	175	205,196	38.3%	210,171	324,995	-	-	-	-	470,193	682,941	308,630	45%
Nov-09	976	539,093	552	298,393	270	298,393	55.4%	122,007	417,086	-	-	-	-	474,833	684,446	445,329	65%
Dec-09	1,013	572,122	565	295,397	242	295,397	51.6%	128,072	444,050	-	-	-	-	503,944	720,854	437,551	61%
Jan-10	989	566,979	573	174,723	157	174,723	30.8%	2,583	564,396	-	-	-	-	501,062	711,208	256,799	36%
Feb-10	1,001	572,992	572	189,414	178	189,414	33.1%	2,583	570,409	-	-	-	-	506,377	713,079	276,233	39%
Mar-10	1,018	586,645	576	160,860	152	160,860	27.4%	-	572,277	14,368	-	-	-	518,767	724,808	232,949	32%
Apr-10	1,142	639,821	560	269,298	224	269,298	42.1%	-	509,470	130,351	-	-	-	568,102	787,476	386,960	49%
May-10	1,154	650,759	564	217,390	173	217,390	33.4%	-	460,519	190,241	-	-	-	578,977	796,168	310,030	39%
Jun-10	1,132	636,351	562	247,125	203	247,125	38.8%	-	353,653	282,698	-	-	-	568,106	774,957	349,705	45%
Jul-10	1,114	640,383	575	263,146	224	263,146	41.1%	-	310,959	329,424	-	-	-	572,611	774,688	369,583	48%
Aug-10	1,132	655,836	579	816,763	719	816,763	124.5%	-	288,706	367,131	-	-	-	587,029	787,936	1,138,236	144%
Sep-10	1,241	713,214	575	314,839	240	314,839	44.1%	-	263,997	449,218	-	-	-	639,395	851,879	435,358	51%
Oct-10	1,264	727,449	576	382,023	289	382,023	52.5%	-	264,598	462,851	-	-	-	652,250	862,797	524,296	61%
Nov-10	1,298	741,571	571	251,214	187	251,214	33.9%	-	169,182	572,388	-	-	-	666,939	875,879	342,100	39%
Dec-10	1,279	727,899	569	319,404	237	319,404	43.9%	-	131,827	596,072	-	-	-	655,333	854,399	431,697	51%
Jan-11	1,554	865,030	557	500,455	300	500,455	57.9%	-	6,248	690,188	168,594	-	-	816,145	1,056,290	671,159	64%
Feb-11	1,600	881,879	551	345,279	194	345,279	39.2%	-	-	682,573	199,306	-	-	837,754	1,076,150	459,464	43%
Mar-11	1,637	892,601	545	382,982	193	382,982	42.9%	-	-	664,448	228,153	-	-	853,318	1,088,021	506,066	47%
Apr-11	1,713	911,325	532	420,005	247	420,005	46.1%	-	-	536,515	374,809	-	-	900,097	1,139,098	550,687	48%
May-11	1,732	912,291	527	417,937	214	417,937	45.8%	-	-	466,915	445,376	-	-	915,336	1,149,669	543,865	47%
Jun-11	1,743	915,518	525	466,870	243	466,870	51.0%	-	-	371,100	544,417	-	-	938,414	1,169,722	602,834	52%
Jul-11	1,606	843,890	525	430,381	224	430,381	51.0%	-	-	262,264	539,732	41,893	-	877,408	1,085,190	551,181	51%
Aug-11	1,601	792,669	495	472,981	259	472,981	59.7%	-	-	217,068	490,307	85,294	-	825,912	1,013,894	600,214	59%
Sep-11	1,648	870,206	528	434,682	195	434,682	50.0%	-	-	132,131	557,867	180,208	-	920,395	1,121,408	546,581	49%
Oct-11	1,646	871,005	529	346,494	154	346,494	39.8%	-	-	113,862	554,554	202,590	-	922,953	1,115,739	431,845	39%
Nov-11	1,527	881,661	577	443,040	198	443,040	50.3%	-	-	26,946	565,498	289,218	-	944,526	1,132,826	547,136	48%
Dec-11	1,631	874,685	536	503,269	236	503,269	57.5%	-	-	-	560,522	314,163	-	940,004	1,118,454	616,030	55%
Jan-12	1,520	841,169	553	357,501	218	357,501	42.5%	-	-	-	344,413	309,192	187,564	892,080	1,052,940	433,610	41%
Feb-12	1,595	883,799	554	451,083	200	451,083	51.0%	-	-	-	342,921	306,263	234,616	936,738	1,096,588	542,124	49%
Mar-12	1,569	880,244	561	730,034	480	730,034	82.9%	-	-	-	314,502	305,176	260,566	931,343	1,081,405	869,888	80%
Apr-12	1,391	848,186	610	357,125	237	357,125	42.1%	-	-	-	181,399	298,951	367,836	889,968	1,024,893	421,658	41%
May-12	1,428	855,007	599	497,374	387	497,374	58.2%	-	-	-	116,896	297,705	440,406	893,281	1,020,204	582,067	57%
Jun-12	1,499	858,643	573	535,776	279	535,776	62.4%	-	-	-	-	297,142	561,501	890,091	1,008,087	621,289	62%
Global Business Total	48,060	26,666,670	555	13,118,945	243	13,118,945	49.2%	1,174,409	6,423,960	7,558,751	6,529,265	2,927,794	2,052,490	25,888,825	33,068,940	17,290,817	52%

NYCR Experience Projection -- with duration adjustment
 Experience Period 07/09 through 06/12 with 4 months runout
 Includes NY MSP Refund

Row Labels	Values					Duration Adjusted Claims	Duration Adjusted Loss Ratio	Premium Pre 4/1/09	Premium Post 4/1/09	Premium Post 3/1/10	Premium Post 1/1/11	Premium Post 7/1/11	Premium Post 1/1/12	Standardized Earned Premium	Premium Trended to 4/30/13	Claims Trended to 10/30/13	Projected Loss Ratio
	Member Count	Member Earned	PMPM Premium	PMPM Premium Incurred	PMPM Claims												
Total Business																	
Jul-09	1,316	774,718	589	552,128	420	552,228	71.3%	387,518	387,201	-	-	-	-	679,559	1,009,019	849,995	84%
Aug-09	1,334	788,374	591	481,425	361	481,520	61.1%	344,837	443,537	-	-	-	-	692,194	1,020,400	735,417	72%
Sep-09	1,400	806,394	576	455,250	325	455,275	56.5%	310,396	495,998	-	-	-	-	708,577	1,036,996	689,946	67%
Oct-09	1,423	826,600	581	498,582	350	498,582	60.3%	297,727	528,873	-	-	-	-	726,603	1,055,367	749,907	71%
Nov-09	1,422	829,040	583	595,963	419	595,963	71.9%	167,887	661,152	-	-	-	-	730,480	1,052,948	889,429	84%
Dec-09	1,501	886,503	591	566,191	377	566,747	63.9%	173,736	712,768	-	-	-	-	781,189	1,117,431	839,482	75%
Jan-10	1,475	883,651	599	554,741	376	556,320	63.0%	24,457	859,194	-	-	-	-	780,648	1,108,052	817,651	74%
Feb-10	1,517	904,354	596	485,022	320	486,789	53.8%	13,191	891,163	-	-	-	-	799,094	1,125,282	709,913	63%
Mar-10	1,573	942,499	599	592,636	377	597,083	63.4%	-	900,062	42,436	-	-	-	833,837	1,165,015	864,664	74%
Apr-10	1,750	1,017,920	582	702,007	401	705,049	69.3%	-	734,778	283,143	-	-	-	905,347	1,254,948	1,013,101	81%
May-10	1,808	1,058,159	585	547,655	303	551,513	52.1%	-	689,606	368,553	-	-	-	942,631	1,296,240	786,538	61%
Jun-10	1,792	1,053,675	588	573,968	320	575,261	54.6%	-	563,801	489,874	-	-	-	941,114	1,283,780	814,048	63%
Jul-10	1,776	1,068,456	602	531,362	299	531,362	49.7%	-	475,104	593,352	-	-	-	956,263	1,293,732	746,286	58%
Aug-10	1,799	1,087,131	604	1,140,676	634	1,140,676	104.9%	-	428,079	659,052	-	-	-	974,093	1,307,469	1,589,640	122%
Sep-10	1,896	1,136,978	600	700,023	369	700,023	61.6%	-	404,504	732,474	-	-	-	1,019,628	1,358,471	967,987	71%
Oct-10	1,918	1,150,574	600	662,316	345	662,316	57.6%	-	386,050	764,525	-	-	-	1,032,290	1,365,514	908,976	67%
Nov-10	1,960	1,173,756	599	636,926	325	638,238	54.4%	-	254,014	919,742	-	-	-	1,055,907	1,386,703	869,144	63%
Dec-10	1,956	1,170,668	599	671,391	343	671,834	57.4%	-	183,256	987,413	-	-	-	1,054,542	1,374,872	908,032	66%
Jan-11	2,766	1,582,619	572	1,136,049	411	1,164,710	73.6%	-	32,425	1,091,255	458,939	-	-	1,523,392	1,971,639	1,561,988	79%
Feb-11	2,993	1,685,984	563	979,622	327	1,014,328	60.2%	-	-	1,076,190	609,793	-	-	1,648,191	2,117,212	1,349,769	64%
Mar-11	3,773	2,016,910	535	1,624,577	431	1,659,860	82.3%	-	-	1,036,791	980,119	-	-	2,022,720	2,579,064	2,193,313	85%
Apr-11	4,283	2,236,446	522	1,529,110	357	1,588,779	71.0%	-	-	783,357	1,453,088	-	-	2,317,450	2,932,797	2,083,118	71%
May-11	4,899	2,507,259	512	2,079,537	424	2,152,242	85.8%	-	-	689,210	1,818,049	-	-	2,636,546	3,311,524	2,800,732	85%
Jun-11	5,579	2,817,142	505	2,241,933	402	2,292,969	81.4%	-	-	567,028	2,250,114	-	-	3,004,620	3,745,225	2,960,737	79%
Jul-11	5,636	2,804,651	498	2,373,146	421	2,399,095	85.5%	-	-	399,689	2,175,741	229,222	-	3,003,889	3,715,249	3,072,477	83%
Aug-11	5,875	2,840,353	483	2,628,157	447	2,651,407	93.3%	-	-	330,462	2,141,652	368,239	-	3,044,809	3,737,825	3,364,638	90%
Sep-11	6,137	3,085,537	503	2,804,762	457	2,827,282	91.6%	-	-	244,825	2,198,672	642,040	-	3,308,750	4,031,375	3,555,099	88%
Oct-11	6,116	3,051,041	499	2,275,888	372	2,284,693	74.9%	-	-	205,917	2,166,472	678,651	-	3,275,116	3,959,219	2,847,472	72%
Nov-11	6,139	3,159,683	515	2,700,083	440	2,716,428	86.0%	-	-	68,649	2,158,927	932,108	-	3,400,205	4,078,068	3,354,676	82%
Dec-11	6,697	3,242,468	484	3,907,076	583	4,083,694	125.9%	-	-	-	2,155,702	1,086,766	-	3,491,723	4,154,591	4,998,672	120%
Jan-12	7,588	3,834,653	505	3,520,214	464	3,561,391	92.9%	-	-	-	1,743,838	1,105,813	985,003	4,086,717	4,823,636	4,319,582	90%
Feb-12	7,978	4,014,832	503	3,454,669	433	3,508,033	87.4%	-	-	-	1,627,320	1,082,971	1,304,541	4,269,179	4,997,692	4,216,057	84%
Mar-12	7,915	4,024,791	509	3,777,426	477	3,794,922	94.3%	-	-	-	1,210,346	1,053,810	1,760,635	4,255,500	4,941,168	4,521,922	92%
Apr-12	7,755	4,087,644	527	3,288,830	424	3,301,912	80.8%	-	-	-	774,668	1,041,212	2,271,764	4,295,584	4,946,819	3,898,579	79%
May-12	7,323	4,248,528	580	3,930,299	537	3,953,816	93.1%	-	-	-	383,249	1,048,963	2,816,316	4,440,372	5,071,288	4,627,074	91%
Jun-12	9,089	4,487,927	494	4,663,802	513	4,735,880	105.5%	-	-	-	1,049,827	3,438,101	4,668,113	5,286,950	5,491,757	104%	
Grand Total	138,157	73,287,918	530	59,863,444	433	60,658,219	82.77%	1,719,749	10,031,564	12,333,937	26,306,690	10,319,621	12,576,358	74,306,874	92,013,578	76,967,818	84%

4/1/09 reduced premium 1.50%	0.985	Monthly Premium Trend	1.10%
3/1/2010 Reduced premium 2.23%	0.978		
1/1/2011 reduced premium 18.38%	0.816		
7/1/2011 increase premium 9.00%	1.090		
1/1/2012 reduced premium 3.00%	0.970	Annual Claims Trend	9.60%
11/1/2012 increased premium 4.75%	1.0475		

< dur 2 local claims factor	1.117	
From 5/1/2013	To 4/30/2014	Midpoint 10/30/2013
Projection Period		

Prem Midpoint 4/30/2013

NYCR Experience Projection for the year beginning 5/1/2013

Experience Period 07/09 through 06/12 with 4 months runout

Includes NY MSP Refund

	Earned Premium	Loss Ratio	Duration Adjusted Loss Ratio	Projected Annualized In- Force Premium at 10/30/13	Projected Business Mix at 10/30/13	Projected Loss Ratio with Duration Adjustment	Justified Rate Increase with Duration Adjustment
Local	46,621,249	100.3%	102.0%	72,317,708	86.8%	101.2%	
Global	26,666,670	49.2%	49.2%	11,018,682	13.2%	52.3%	
Total	73,287,918	81.7%	82.8%	83,336,389	100.0%	94.8%	
						Pricing Assumption:	82.4% <u>15.0%</u>

Comparison of Loss Ratio Experience by Group Duration

From the period 01/09 to 12/11 with 3 months runout

NYCR Local Business

<u>Month In Force (Duration)</u>	<u>Earned Premium</u>	<u>Incurred Claims</u>	<u>Loss Ratio by Duration</u>	<u>Cumulative Loss Ratio through Indicated Duration</u>
1	2,201,000	1,662,276	75.5%	75.5%
2	2,122,864	1,893,312	89.2%	82.2%
3	2,010,442	2,029,267	100.9%	88.2%
4	1,974,834	1,985,311	100.5%	91.1%
5	1,770,732	1,653,059	93.4%	91.5%
6	1,630,452	1,610,263	98.8%	92.5%
7	1,514,886	1,631,052	107.7%	94.2%
8	1,265,965	1,248,008	98.6%	94.6%
9	997,790	1,163,979	116.7%	96.0%
10	825,959	839,439	101.6%	96.3%
11	496,763	523,950	105.5%	96.6%
12	410,582	340,597	83.0%	96.3%
13	151,253	99,635	65.9%	96.0%
14	139,756	90,534	64.8%	95.8%
15	136,272	74,518	54.7%	95.4%
16	158,373	95,491	60.3%	95.1%
17	154,861	121,693	78.6%	95.0%
18	161,589	234,901	145.4%	95.4%
19	128,592	201,984	157.1%	95.9%
20	133,757	121,479	90.8%	95.8%
Total All Durations	29,130,696	27,352,183	n/a	93.9%

Determination of Federal Assessment

Applicable to premiums earned beginning 1/1/2014

To be applied to NYCR cases renewing 5/1/2013

Federal Assessment

- a. 71,208,303 Projected 2014 and later Earned Premium
 b. 92,675,972 Projected 5/13 to 4/14 Post-Renewal Premium
 (a. / b. * 2.16%) / 0.66 = 2.51%

<u>Detail</u>	(a.)	(b.)
<u>Earned Date</u>	<u>Projected 2014 Earned Premium</u>	<u>Projected 5/13 to 4/14 Post-Renewal Premium</u>
May-2013	0	759,459
Jun-2013	0	1,718,278
Jul-2013	0	2,115,318
Aug-2013	0	2,590,262
Sep-2013	0	3,027,251
Oct-2013	0	3,233,915
Nov-2013	0	3,798,396
Dec-2013	0	4,224,791
Jan-2014	5,649,599	5,649,599
Feb-2014	6,372,589	6,372,589
Mar-2014	7,022,850	7,022,850
Apr-2014	7,722,998	7,722,998
May-2014	6,963,539	6,963,539
Jun-2014	6,004,720	6,004,720
Jul-2014	5,607,680	5,607,680
Aug-2014	5,132,736	5,132,736
Sep-2014	4,695,747	4,695,747
Oct-2014	4,489,083	4,489,083
Nov-2014	3,924,602	3,924,602
Dec-2014	3,498,207	3,498,207
Jan-2015	2,073,398	2,073,398
Feb-2015	1,350,409	1,350,409
Mar-2015	700,148	700,148
Totals	71,208,303	92,675,972

Lapse Rate Assumption: 3.0% Local 6.5% Global

Exhibit G

Current and Proposed Rate

		Rates from 11/1/12 to 4/1/13				Rates from 5/1/13 to 4/1/14			
		Renewal 11/1/2012	Renewal 1/1/2013	Renewal 4/1/2013	Renewal 5/1/2013	Renewal 8/1/2013	Renewal 11/1/2013	Renewal 2/1/2014	
Plan Design	Deductible	\$200	\$200	\$200	\$200				
	In Network Coinsurance	90/10%	90/10%	90/10%	90/10%	90/10%	90/10%	90/10%	90/10%
	Out of Network Coinsurance	80/20%	80/20%	80/20%	80/20%	80/20%	80/20%	80/20%	80/20%
	Out-of-Pocket	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000
	In Network Copay	\$10	\$10	\$10	\$10	\$10	\$10	\$10	\$10
	Rx	No PCS	No PCS	No PCS	No PCS	No PCS	No PCS	No PCS	No PCS
1. Base Rate	Member	209.99	209.99	209.99	209.99	209.99	209.99	209.99	209.99
	Spouse	247.81	247.81	247.81	247.81	247.81	247.81	247.81	247.81
	Child	198.44	198.44	198.44	198.44	198.44	198.44	198.44	198.44
2. PCS Exclusion	Member	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	Spouse	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	Child	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
3. 90 th Percentile Reimbursement	Member	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	Spouse	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	Child	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
4. Biologically Based Mental Illness	Member	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	Spouse	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	Child	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
5. Emotional Disturbance in Children	Member	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	Spouse	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	Child	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
6. Make Available Option		1.01	1.01	1.01	1.01	1.01	1.01	1.01	1.01
7. Extension of Dependent Coverage to Age 26		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
8. Remove Preventive Care Cost Sharing	(Non-grandfathered Plan)	1.005	1.005	1.005	1.005	1.005	1.005	1.005	1.005
9. Extension of Mini-COBRA Factor	(Effective 11/1/2010)	1.0025	1.0025	1.0025	1.0025	1.0025	1.0025	1.0025	1.0025
10. Base Rate - PCS Exclusion	Member	213.68	213.68	213.68	213.68	213.68	213.68	213.68	213.68
	Spouse	252.17	252.17	252.17	252.17	252.17	252.17	252.17	252.17
	Child	201.93	201.93	201.93	201.93	201.93	201.93	201.93	201.93
11. Network Discount Factor	(ASA Network)	0.67	0.67	0.67	0.67	0.67	0.67	0.67	0.67
12. Area Factors	New York (10000-10292)	1.449	1.449	1.449	1.449	1.449	1.449	1.449	1.449
13. Monthly Trend		0.0080	0.0080	0.0080	0.0095	0.0095	0.0095	0.0095	
14. Renewal Rate effective date		11/1/2012	1/1/2013	4/1/2013	5/1/2013	8/1/2013	11/1/2013	2/1/2014	
15. Number of Months to trend		0	2	5	0	3	6	9	
16. Trend Factor *		1.000	1.016	1.040	1.000	1.029	1.057	1.086	
17. Experience Adjustment Factor		4.050	4.050	4.050	4.880	4.880	4.880	4.880	
18. Final Rates	Member	840.17	853.62	873.78	1012.36	1041.21	1070.06	1098.91	
	Spouse	991.49	1007.36	1031.15	1194.69	1228.73	1262.78	1296.83	
	Child	793.96	806.66	825.72	956.67	983.94	1011.20	1038.47	
19. Year Over Year Proposed Rate Change	Member	11.5%	14.9%	14.9%	32.1%	32.8%	27.4%	27.7%	
	Spouse	11.5%	14.9%	14.9%	32.1%	32.8%	27.4%	27.7%	
	Child	11.5%	14.9%	14.9%	32.1%	32.8%	27.4%	27.7%	

* We are filing a change to our monthly trend factor effective 5/1/13.

Date

Attn: Name

Company Name

Address

Dear [Certificate Holder]:

On December 21, 2012, we sent you a letter notifying you that we had filed a rate increase to your small group medical plan with the New York State Department of Financial Services. Nippon Life Benefits is now providing notice that the New York State Department of Financial Services has made a decision regarding our filed rate increase.

The New York State Department of Financial Services has approved an xx.x% rate increase for employer groups renewing May 2013. As a result of the increase, the premium paid by your company to purchase the plan, which is shown below, will increase xx.x% at the next renewal, assuming there are no changes in plan design, Preferred Provider Organization (PPO), or location of employees.

	Current Premium
Employee \$\$\$\$	
Employee + Spouse	\$\$\$\$
Employee + Child	\$\$\$\$
Family \$\$\$\$	

We thank you for choosing Nippon Life Benefits for your employee medical insurance.

Sincerely,

Kenneth A. Curitore
Vice President, Regional Sales Director

Nippon Life Insurance Company of America

New York Regional Sales Office

655 Third Avenue, 18th Floor, New York, NY 10017 | Telephone: 212-909-9894 | Facsimile: 212-682-3099 | www.nipponlifebenefits.com

Date

Attn: Name

Company Name

Address

Dear [Policyholder]:

On December 21, 2012, we sent you a letter notifying you that we had filed a rate increase to your small group medical plan with the New York State Department of Financial Services. Nippon Life Benefits is now providing notice that the New York State Department of Financial Services has made a decision regarding our filed rate increase.

The New York State Department of Financial Services has approved an xx.x% rate increase for employer groups renewing May 2013. As a result of the increase, your current rate, which is shown below, will increase xx.x% at the next renewal, assuming there are no changes in plan design, Preferred Provider Organization (PPO), or location of employees.

	Current Premium
Employee \$\$\$\$	
Employee + Spouse	\$\$\$\$
Employee + Child	\$\$\$\$
Family \$\$\$\$	

We thank you for choosing Nippon Life Benefits for your employee medical insurance.

Sincerely,

Kenneth A. Curitore
Vice President, Regional Sales Director

Date

ATTN: Name
Company Name
Address

Dear Certificate Holder:

Nippon Life Benefits will be filing an application for a rate increase to your small group medical plan with the New York State Department of Financial Services (DFS) on December 21, 2012. The proposed rate increase is 32.8% for groups renewing between May 1, 2013 and October 31, 2013 and 27.0% for groups renewing between November 1, 2013 and April 30, 2014, assuming there are no changes in plan design or location of employees.

The 32.8% proposed rate increase includes a previously approved rate increase of 5% effective November 1, 2012, medical care cost trend of 25.3%, and a 2.5% rate increase due to a new federal tax assessment to help fund activities related to the Patient Protection and Affordable Care Act (PPACA) and the 27.0% proposed rate increase includes medical care cost trend of 24.5% and 2.5% for the federal tax assessment. We have posted a narrative summary on our website (www.nipponlifebenefits.com), providing more detailed explanation of the reason for the rate increase. This same summary is also available on the DFS website (<https://myportal.dfs.ny.gov/web/prior-approval/welcome>).

The Superintendent of Financial Services may approve the proposed rate increase as requested, modify the proposed rate increase, or disapprove the proposed rate increase in its entirety. If the Superintendent of Financial Services approves all or part of our requested increase, we will notify you of the approved increase at least 60 days prior to your group's renewal date.

You have 30 days from the date of our filing to contact Nippon Life Benefits or the DFS to ask for more information about the rate change or to submit written comments. Inquiries and comments to the DFS should indicate that your insurance company is Nippon Life Benefits. Written comments submitted to the DFS will be posted on the website of the DFS with all personal identifying information removed. Comments may be submitted to the DFS online at (<https://myportal.dfs.ny.gov/web/prior-approval/welcome>) or by contacting:

Health Bureau - Premium Rate Adjustment
New York State Department of Financial
Services
25 Beaver Street
New York, NY 10004
Email: PremiumRateIncreases@dfs.ny.gov

Kenneth A. Curitore
Vice President, Regional Group Sales Director
655 Third Avenue, 16th Floor
New York, NY 10017
Nippon Life Benefits
Tele: 212-909-9894
Email: newyorkcommunityrating@nipponlifebenefits.com

Sincerely,

Kenneth A. Curitore
Vice President, Regional Group Sales Director
Nippon Life Benefits
Tel.: (212) 909-9894
Fax: (212) 681-3548
K-Curitore@NipponLifeBenefits.com

Date

ATTN: Name
Company Name
Address

Dear Policyholder:

Nippon Life Benefits will be filing an application for a rate increase to your small group medical plan with the New York State Department of Financial Services (DFS) on December 21, 2012. The proposed rate increase is 32.8% for groups renewing between May 1, 2013 and October 31, 2013 and 27.0% for groups renewing between November 1, 2013 and April 30, 2014, assuming there are no changes in plan design or location of employees.

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New York State Department of Financial
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Tel.: (212) 909-9894
Fax: (212) 681-3548
K-Curitore@NipponLifeBenefits.com

EXHIBIT 1: GENERAL INFORMATION ABOUT THE RATE ADJUSTMENT SUBMISSION

A.	Insurer Information: <u>Nippon Life Insurance Company of America</u> Company submitting the rate adjustment request 655 Third Ave, 16th Floor New York, NY 10017 Company mailing address	<u>Life - 42</u> Company Type	<u>For Profit</u> Org. Type	<u>81264</u> Company NAIC Code
B.	Contact Person: <u>[REDACTED] AVP, Pricing Actuary</u> Rate filing contact person name, title	<u>[REDACTED]</u> Contact phone number	<u>[REDACTED]</u> Contact Email address	
C.	Actuarial Contact (If different from above): <u>[REDACTED], Vice President and Chief Actuary</u> Actuary name, title	<u>[REDACTED]</u> Actuary phone number	<u>[REDACTED]</u> Actuary Email address	
D.	New Rate Information (See Note #1): <u>5/1/2013 - 4/30/2014</u> New rate applicability period	<u>5/1/2013</u> New rate effective date	<u>NLAM-128813444</u> SERFF Tracking Number	
E.	Market segments included in filing (e.g., Large Group, Small Group, Sole Proprietors, Individual, Healthy NY, Medicare Supplement): <u>Small Group</u>			
F.	Provide responses for the following questions: Response			
1.	Does this filing include any revision to contract language that is not yet approved? See note (2).	<u>No</u>		
2.	Are there any rate filings submitted and not yet approved that if approved would affect the rate tables included in this rate filing?	<u>No</u>		
3.	Have the initial notices already been sent to all policyholders and contract holders affected by this rate submission? Indicate what cohort of policyholders received the initial notice and the mailing date when the initial notice was sent. See note (3).	<u>Yes they have. The initial notices were mailed on December 21, 2012, to about 450 employer group policyholders and approximately 5000 certificate holders.</u>		
4.	Have all the required exhibits been submitted with this rate application? If any exhibit is not applicable, has an explanation been provided why such exhibit is not applicable?	<u>Yes</u>		
5.	Did the company submit a "Prior Approval Prefiling" containing a draft of the initial notice and a draft of the narrative summary associated with this rate filing? Indicate Yes or No, and if Yes, please provide the SERFF number of the prefiling.	<u>Yes. The prefiling SERFF Tracking Number is NLAM-128803759.</u>		

Notes:

- (1) It is recommended that a rate filing application subject to §3231(e)(1) or §4308(c) of the New York Insurance Law be submitted at least 150 days before the proposed effective date. It is recommended that a rate adjustment application not be submitted more than 180 days prior to the proposed effective date. It is recommended that a rate adjustment application not be submitted less than 125 days prior to the proposed effective date since there is a high probability that a decision on such a filing will not occur in time for the company to send the required final notice to the first renewal cohort affected by the rate adjustment filing.
- (2) A rate adjustment filing submitted pursuant to §3231(e)(1) or §4308(c) of the New York Insurance Law should **not** include any revision to existing contract language or include new contract language. Any rate filing in connection with a form filing, a new form or a revision to an existing form, must be a separate filing from the rate adjustment filing.
 Use the following SERFF filing types for rate adjustment filings:
 - * For a rate adjustment filing pursuant to §3231(e)(1): Rate Adjustment pursuant to §3231(e)(1)
 - * For a rate adjustment filing pursuant to §4308(c): Rate Adjustment pursuant to §4308(c)
 - * For all other prior approval filings: Normal Pre-Approval
- (3) §3231(e)(1) and §4308(c) of the New York Insurance Law require that the initial notice to policyholders/subscribers/contract holders be sent on or before the date the rate adjustment application is submitted to the Insurance Department.

EXHIBIT 2: SUMMARY OF AVERAGE CLAIM TREND AND ADMINISTRATIVE EXPENSES INCLUDED IN CURRENT AND PRIOR RATE ADJUSTMENT FILINGS

Company Name: Nippon Life Insurance Company of America
 NAIC Code: 81264
 SERFF Number: NLAM-128813444

- A. Complete a separate ROW for each market segment/rating pool combination included in the current rate adjustment filing:
- Information should be for medical base plans and associated riders combined.
 - Indicate the market segment the rating pool belongs to by using the drop down list. Market segment refers to Individual (IND), Small Group (SG), Sole Proprietor (SP), Large Group (LG), Individual Healthy NY (HNY-IND), Small Group Healthy NY (HNY-SG), Individual Medicare Supplement (MS-IND), Small Group Medicare Supplement (MS-SG), and Large Group Medicare Supplement (MS-LG). If the proposed percentage rate change for Sole Proprietor is different from Small Group, then a separate market segment of Sole Proprietor (SP) is to be reported; otherwise, use small group.
 - Enter a description of the rating pool within the indicated market segment. If the rating pools vary by rating region, the rating pool description should include a region identifier (eg., SG HMO Downstate, SG HMO Upstate).
 - Use a separate row for each market segment/rating pool combination included in the current rate adjustment filing.
 - Append additional rows to the end of the existing rows as needed. Only use the first tab for data entry.
- B. The average claim trend is the average annualized claim trend for that market segment/rating pool used in the applicable rate adjustment filing to project the source data forward to the applicable rating period (eg 10.0%).
- C. Enter the required information for the new rate period included in this rate adjustment filing. This refers to the various expense components included in the proposed rates and the average annual claim trend assumed.
- D. Enter the corresponding information requested for the immediately prior rate adjustment filing. This refers to the various expense components included in the proposed rates submitted with the immediately prior rate adjustment filing and the average claim trend assumed. If there is no immediately prior rate adjustment filing, enter the data from the initial form and rate filing.
- E. This form must be submitted as an Excel file and as a PDF file.

Data Item for Specified Rating Pool																														
For the period included in this rate adjustment filing																														
1. Market Segment	2. Description of rating pool within the market segment	3. Period assumed - beginning date (MM/DD/Y)	4. Period assumed - ending date (MM/DD/Y)	5. Average annual claim trend assumed	6.1 Regulatory authority licenses and fees, including New York State 332 assessment	6.2 Administrative expenses for activities that improve health care quality as defined in the NAIC Annual Statement Supplement Health Care Exhibit - as a % of gross premium	6.3 Commissions and broker fees - as a % of gross premium	6.4 Premium Taxes - as a % of gross premium	6.5 Other state and federal taxes and assessments (other than income taxes and covered lives assessments) - as a % of gross premium	6.6 Other administrative expenses - as a % of gross premium	6.7 Subtotal columns 6.1 through 6.6	7. After tax underwriting margin (profit/contribution to surplus) - as a % of gross premium	8. State income tax component - as a % of gross premium	8.1 State income tax rate assumed (eg 3%)	9. Federal income tax component - as a % of gross premium	9.1 Federal income tax rate assumed (eg 30%)	10. Reduction for assumed net investment income - as a % of gross premium (enter as a negative value)	11. Subtotal columns 6.7 + 7 + 8 + 9 + 10	12.1 Regulatory authority licenses and fees, including New York State 332 assessment expenses - as \$mpm	12.2 Administrative expenses for activities that improve health care quality as defined in the NAIC Annual Statement Supplement Health Care Exhibit - as \$mpm	12.3 Commissions and broker fees - as \$mpm	12.4 Premium Taxes - as \$mpm	12.5 Other state and federal taxes and assessments (other than income taxes and covered lives assessments) - as \$mpm	12.6 Other administrative expenses - as \$mpm	12.7 Subtotal columns 12.1 through 12.6	13. After tax underwriting margin (profit/contribution to surplus) - as \$mpm	14. State income tax component - as \$mpm	15. Federal income tax component - as \$mpm	16. Reduction for assumed net investment income - as \$mpm (enter as a negative value)	17. Subtotal columns 12.7 through 16
SG	New York City	XX 05/01/13	XX 04/30/14	11.40%	0.25%	0.30%	2.21%	1.50%	2.51%	8.10%	14.87%	2.38%	0.00%	0.00%	1.23%	34.00%	-0.90%	17.58%	1.59	1.90	14.02	9.52	15.93	51.40	94.35	15.10	0.00	7.80	(5.71)	111.55
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EXHIBIT 2: SUMMARY OF AVERAGE CLAIM TREND AND ADMINISTRATIVE EXPENSES INCLUDED IN CURRENT AND PRIOR RATE ADJUSTMENT FILINGS

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- A. Complete a separate information sheet for each rating pool (including information on the mark change for Sole Provider, if applicable). Enter a description of the rating pool (including the name of the Upstate).
- Use a separate rating pool for each project.
- Append additional information to the rating pool information included in the filing.
- D. Enter the corresponding information included in the filing, if applicable, immediately prior to the filing.
- E. This form must be filed with the rating pool information included in the filing.

Data Item for Specified Rating Pool																																	
For the rate period included in the immediately prior rate adjustment filing (or initial form & rate filing)																																	
1. Market Segment	2. Description of rating pool within the market segment	3. NAIC Code	4. SERFF Number	5. Filing Date	6. Filing Type	7. Filing Status	8. Filing Description	9. Filing Date	10. Filing Type	11. Filing Status	12. Filing Description	13. Filing Date	14. Filing Type	15. Filing Status	16. Filing Description	17. Filing Date	18. Filing Type	19. Filing Status	20. Filing Description	21. Filing Date	22. Filing Type	23. Filing Status	24. Filing Description	25. Filing Date	26. Filing Type	27. Filing Status	28. Filing Description						
				18. Period assumed - beginning date (MM/DD/YYYY)	19. Period assumed - ending date (MM/DD/YYYY)	20. Average annual claim trend assumed	21.1 Regulatory authority licenses and fees, including New York State 332 assessment	21.2 Administrative expenses for activities that improve health care quality as defined in the NAIC Annual Statement Supplement Health Care Exhibit - as a % of gross premium	21.3 Commissions and broker fees - as a % of gross premium	21.4 Premium Taxes - as a % of gross premium	21.5 Other state and federal taxes and assessments (other than income taxes and covered lives assessments) - as a % of gross premium	21.6 Other administrative expenses - as a % of gross premium	21.7 Subtotal columns 21.1 through 21.6	22. After tax underwriting margin (profit/contribution) - as a % of gross premium	23. State income tax component - as a % of gross premium	23.1 State income tax rate assumed (eg 3%)	24. Federal income tax component - as a % of gross premium	24.1 Federal income tax rate assumed (eg 30%)	25. Reduction for assumed net investment income - as a % of gross premium (enter as a negative value)	26. Subtotal lines 21.7 + 22 + 23 + 24 + 25	27.1 Regulatory authority licenses and fees, including New York State 332 assessment expenses - as \$mpm	27.2 Administrative expenses for activities that improve health care quality as defined in the NAIC Annual Statement Supplement Health Care Exhibit - as \$mpm	27.3 Commissions and broker fees - as \$mpm	27.4 Premium Taxes - as \$mpm	27.5 Other state and federal taxes and assessments (other than income taxes and covered lives assessments) - as \$mpm	27.6 Other administrative expenses - as \$mpm	27.7 Subtotal lines 27.1 through 27.6	28. After tax underwriting margin (profit/contribution) - as \$mpm	29. State income tax component - as \$mpm	30. Federal income tax component - as \$mpm	31. Reduction for assumed net investment income - as \$mpm (enter as a negative value)	32. Subtotal columns 27.7 through 31	
SG	New York City	XX	XX	11/01/12	10/31/13	9.60%	0.25%	0.30%	2.39%	1.50%	0.56%	8.62%	13.62%	0.00%	0.00%	1.23%	34.00%	-1.20%	16.03%	1.48	1.78	14.15	8.88	3.32	51.0	580.66	14.09	0.00	7.28	(7.11)	94.93		
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Nippon Life Insurance Company of America (Nippon Life Benefits) NAIC #81264
Explanation of May 1, 2013 to April 30, 2014 Small Group Rate Adjustment

Nippon Life Benefits (NLB) will soon file their New York Small Group PPO and New York Small Group High Deductible Health Plan (HDHP) proposed rates for May 1, 2013 through April 30, 2014. If the proposed rates are approved, then this will result in the following renewal rate increases for all PPO and HDHP plans, assuming no changes in network, area or plan design.

- 1) 32.8% for groups renewing May 1, 2013 through October 31, 2013. This amount is composed of 11.4% medical trend, 13.9% shifting to higher cost groups, 2.5% for a new federal tax assessment to help fund activities related to the Patient Protection and Affordable Care Act (PPACA) and a 5% previously approved rate increase in excess of 10% medical trend effective November 1, 2012.
- 2) 27.0% for groups renewing November 1, 2013 through April 30, 2014. This amount is composed of 11.4% medical trend, 13.1% shifting to higher cost groups and 2.5% for a new federal tax assessment to help fund activities related to PPACA.

All policyholders with contract renewals occurring May 1, 2013 through April 30, 2014 will be affected by the proposed rate adjustments. As of December 1, 2012, NLB provides 495 employer groups and an estimated 9500 members with small group medical coverage in New York.

Following are the three main reasons why we need to request the above rate changes:

- 1) The cost of medical care has increased. The total increase in cost includes both the increase in the cost for each medical service, such as a visit to the doctor's office or a stay in the hospital, and the increase in the number of services provided. Both the cost per service provided and the number of services provided are projected to increase between the second quarter of 2012 and the second quarter of 2013. The increase in the cost of medical care is projected to be about 11.4% from the second quarter of 2012 to the second quarter of 2013.
- 2) Shifting in NLB's small group business has resulted in higher cost groups. There are certain small employer groups that cost more than the average for all of our groups. We have sold coverage to a large number of these higher cost groups in 2011 and 2012. As a result, the average expected claims for each group are increasing. The shift to higher costing groups adds about 13.5% to the expected cost during the rating period.
- 3) A new federal tax assessment will be assessed based on 2013 and later premium. This new assessment will help fund activities related to the Patient Protection and Affordable Care Act (PPACA). The new tax is projected at 2.5% of premium for groups renewing during this period.

We thank you for choosing Nippon Life Benefits for your employee medical insurance. We are dedicated to providing you with the highest quality benefits and service at a cost you can afford. We have many lower cost benefit options that will help mitigate the impact of our proposed rate adjustment. We are committed to helping you find a benefit option that meets all of your needs.

December 21, 2012

EXHIBIT 4 - PART B: SUMMARY OF PROPOSED PERCENTAGE RATE CHANGE TO EXISTING RATE

-- for Base Medical Plan with ROLLING Rate Structure

Nippon Life Insurance Company of America
Company submitting the rate adjustment request

81264
Company NAIC Code

NLAM-128813444
SERFF tracking number

- => Use this Exhibit for the base medical plan type policy forms/products with ROLLING rate structure that are included in the rate adjustment submission.
- => This form must be submitted as an Excel file and as a PDF file.
- => The format of this exhibit is discussed below. Insert more rows as needed. Only use the first tab for data entry.
- => Market segment refers to Individual (IND), Small Group (SG), Sole Proprietor (SP), Large Group (LG), Individual Healthy NY (HNY-IND), Small Group Healthy NY (HNY-SG), Individual Medicare Supplement (MS-INS), Small Group Medicare Supplement (MS-SG), and Large Group Medicare Supplement (MS-LG). If the proposed percentage rate change for Sole Proprietor is different from Small Group, then a separate market segment of Sole Proprietor (SP) is to be reported; otherwise, use small group. Use the drop down list to enter the market segment.
- => The proposed percentage rate change reflects the expected change in premium rate that would apply to the contract holder on that contract holder's next rate change date for each contract holder with the indicated base medical plan.
- => The effective date is the earliest date that the proposed new rate would become effective if approved. The effective period of a new rolling rate may vary depending on the rolling rate structure (e.g., Q1 2013 for a quarterly rolling rate structure.)
- => The product street name is the product name as advertised to consumers (i.e., as consumers are likely to refer to this product/policy form when communicating with the Department).
- => Provide a list of proposed rate changes for each base medical plan type, by product name/street name. If one policy form is used for more than one product, then a separate row should be entered for each policy form/product name/product street name combination.
- => The "proposed rate change" is just for the base medical product, excluding the impact of any riders.
 - Lowest should be the smallest percentage change that could affect any contract holder due to the proposed rate filing with that base medical product; the impact of riders is not included.
 - Highest should be the largest percentage change that could affect any contract holder due to the proposed rate filing with that base medical product; the impact of riders is not included.
 - The weighted average should reflect the average using the distribution of contracts within each base medical product; the impact of riders is not included.

Base Medical Plan Rolling Rate Products

SERFF# NLAM-128813444

Policy Form #	Market Segment	Rating Region	Product Name	Product Street Name	Effective Date of New Rate	Effective Period of New Rate	Proposed Percentage Rate Change		
							Lowest	Highest	Weighted Avg
NP 5500	SG	New York City	PPO plans and HSA plans	PPO plans and High Deductible Health plans	5/1/2013	5/1/2013 to 4/30/2014	27.0%	32.6%	29.3%

EXHIBIT 7: HISTORICAL DATA BY EACH POLICY FORM INCLUDED IN RATE ADJUSTMENT FILING

C:

:

- A. Complete a separate form for each policy form
- Information re
- Include riders
- Insert addition
- Add a row with
- B. In Column 2 enter
- C. Market segment or Supplement (MS- otherwise, use SM)
- D. Product type is H, M, or S
- E. The product street
- F. Note that many ce
- G. If members, cover
- H. This form must be

Most Recent Experience Period (NY statewide experience, base medical policy form + associated riders)																							
1a. Base medical policy form number	1b. Product Name as in Rate Manual	14.5 Standardized earned premiums for experience period (\$)	14.6 Paid claims for experience period - before any adjustment for amounts received from the standard direct pay and Healthy NY stop loss pools and before any adjustment for receipts from the Regulation 146 pool (\$)	14.7 Incurred claims for experience period - before any adjustment for amounts received from the standard direct pay and Healthy NY stop loss pools and before any adjustment for receipts from the Regulation 146 pool (\$)	14.8 Adjustment to the incurred claims for the period due to receipts from the standard direct pay or Healthy NY stop loss pools (enter receipts from the pool as a negative value) (\$)	14.9 Adjustment to the incurred claims for the period due to receipts from the Regulation 146 pool (enter receipts as a negative value and payments to the pool as a positive value) (\$)	14.10 Administrative expenses for experience period (including commissions and premium taxes, but excluding federal and state income taxes) (\$)	14.11 Earned premiums for experience period (\$/mpm)	14.12 Standardized premiums for experience period (\$/mpm)	14.13 Paid claims for experience period - before any adjustment for amounts received from the standard direct pay and Healthy NY stop loss pools and before any adjustment for receipts from the Regulation 146 pool (\$/mpm)	14.14 Incurred claims for experience period - before any adjustment for amounts received from the standard direct pay and Healthy NY stop loss pools and before any adjustment for receipts from the Regulation 146 pool (\$/mpm)	14.15 Adjustment to the incurred claims for the period due to receipts from the standard direct pay or Healthy NY stop loss pools (enter receipts from the pool as a negative value) (\$/mpm)	14.16 Adjustment to the incurred claims for the period due to receipts from the Regulation 146 pool (enter receipts as a negative value and payments to the pool as a positive value) (\$/mpm)	14.17 Administrative expenses for experience period (including commissions and premium taxes, but excluding federal and state income taxes) (\$/mpm)	14.18 Ratio: Col 14.7/ Col 14.4 (Incurred Claims / Earned Premiums)	14.19 Ratio: Col 14.7/ Col 14.5 (Incurred Claims / Standardized Earned Premiums)	14.20 Ratio: Col 14.10/ Col 14.4 (Administrative Expenses / Earned Premiums)	14.21 Ratio: (Col 14.7 + Col 14.8 + Col 14.10) / Col 14.4	15.1 Beginning date of the experience period (MM/DD/YY)	15.2 Ending Date of the experience period (MM/DD/YY)	15.3 Member months for experience period	15.4 Earned premiums for experience period (\$)	
NP 5500	PPO plans and HSA plans	45,539,957	36,704,845	39,324,353	0	1,650,247	6,468,768	509,005	540,555	435,688	466,777	0.00	19.59	76.78	0.917	0.864	0.151	1.106	XX	07/01/10	06/30/11	35,598	19,633,923
								0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XX				
								0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XX				
								0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XX				
								0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XX				
								0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XX				
								0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XX				
								0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XX				
								0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XX				
								0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XX				
								0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XX				
								0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XX				
								0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XX				
								0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	XX				

EXHIBIT 7: HISTORICAL DATA BY EACH POLICY FORM INCLUDED IN RATE ADJUSTMENT FILING

C:

:

- A. Complete a separate row for each policy form
- Information re
- Include riders
- Insert addition
- Add a row with
- B. In Column 2 enter
- C. Market segment or Supplement (MS-otherwise, use SM)
- D. Product type is H, H, Benefit, Medicare
- E. The product street
- F. Note that many ce
- G. If members, cover
- H. This form must be

Second Prior Experience Period (NY statewide experience, base medical policy form + associated riders)																	Annualized Medical Trend Factors Assumed in Rate Development (%)							
1a. Base medical policy form number	1b. Product Name as in Rate Manual	16.6 Paid claims for experience period - before any adjustment for amounts received from the standard direct pay and Healthy NY stop loss pools and before any adjustment for receipts from or payments to the Regulation 146 pool (\$)	16.7 Incurred claims for experience period - before any adjustment for amounts received from the standard direct pay and Healthy NY stop loss pools and before any adjustment for receipts from or payments to the Regulation 146 pool (\$)	16.8 Adjustment to the incurred claims for the period due to receipts from the standard direct pay or Healthy NY stop loss pools (enter receipts from the pool as a negative value) (\$)	16.9 Adjustment to the incurred claims for the period due to receipts from or payments to the Regulation 146 pool (enter receipts as a positive value) (\$)	16.10 Administrative expenses for experience period (including commissions and premium taxes, but excluding federal and state income taxes) (\$)	16.11 Earned premiums for experience period (\$mpm)	16.12 Standardized premiums for experience period (\$mpm)	16.13 Paid claims for experience period - before any adjustment for amounts received from the standard direct pay and Healthy NY stop loss pools and before any adjustment for receipts from or payments to the Regulation 146 pool (\$mpm)	16.14 Incurred claims for experience period - before any adjustment for amounts received from the standard direct pay and Healthy NY stop loss pools and before any adjustment for receipts from or payments to the Regulation 146 pool (\$mpm)	16.15 Adjustment to the incurred claims for the period due to receipts from the standard direct pay or Healthy NY stop loss pools (enter receipts from the pool as a negative value) (\$mpm)	16.16 Adjustment to the incurred claims for the period due to receipts from or payments to the Regulation 146 pool (enter receipts as a positive value) (\$mpm)	16.17 Administrative expenses for experience period (including commissions and premium taxes, but excluding federal and state income taxes) (\$mpm)	16.18 Ratio: Col 16.7/ Col 16.4 (Incurred Claims / Earned Premiums)	16.19 Ratio: Col 16.7/ Col 16.5 (Incurred Claims / Standardized Premiums)	16.20 Ratio: Col 16.10/ Col 16.4 (Administrative Expenses / Earned Premiums)	16.21 Ratio: (Col 16.7 + Col 16.8 + Col 16.10) / Col 16.4	17.1 All benefits combined, composite	17.2 Due to utilization	17.3 Due to unit cost	17.4 Due to case mix/intensity/other			
NP 5500	PPO plans and HSA plans	6,242,578	6,605,569	0	362,991	2,372,149	588.27	519.98	340.92	360.74	0.00	19.82	129.55	0.00	0.613	0.694	0.220	0.867	XX	9.60%	1.92%	7.68%	0.00%	XX
							0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.000	0.000	0.000	0.000	XX					XX
							0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.000	0.000	0.000	0.000	XX					XX
							0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.000	0.000	0.000	0.000	XX					XX
							0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.000	0.000	0.000	0.000	XX					XX
							0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.000	0.000	0.000	0.000	XX					XX
							0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.000	0.000	0.000	0.000	XX					XX
							0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.000	0.000	0.000	0.000	XX					XX
							0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.000	0.000	0.000	0.000	XX					XX
							0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.000	0.000	0.000	0.000	XX					XX
							0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.000	0.000	0.000	0.000	XX					XX
							0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.000	0.000	0.000	0.000	XX					XX
							0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.000	0.000	0.000	0.000	XX					XX
							0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.000	0.000	0.000	0.000	XX					XX
							0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.000	0.000	0.000	0.000	XX					XX

EXHIBIT 7: HISTORICAL DATA BY EACH POLICY FORM INCLUDED IN RATE ADJUSTMENT FILING

- C.
- A. Complete a separ
 - Information re
 - Include riders
 - Insert addition
 - Add a row with
- B. In Column 2 enter
- C. Market segment r
Supplement (MS-
otherwise, use sm
- D. Product type is H
Benefit, Medicare
- E. The product street
- F. Note that many ce
- G. If members, cover
- H. This form must be

1a. Base medical policy form number	1b. Product Name as in Rate Manual	Ratios: Most Recent Experience Period to First Prior Period						Ratios: First Prior Period to Second Prior Period						Ratio: Standard Premium to Earned Premium				
		18.1 Member months	18.2 Earned premiums (\$pmpm)	18.3 Standardized premiums (\$pmpm)	18.4 Paid claims for experience period before any adjustment for amounts received from the standard direct pay and Healthy NY stop loss pools and before any adjustment for receipts from or payments to the Regulation 146 pool (\$pmpm)	18.5 Incurred claims for experience period before any adjustment for amounts received from the standard direct pay and Healthy NY stop loss pools and before any adjustment for receipts from or payments to the Regulation 146 pool (\$pmpm)	18.6 Administrative expenses (including commissions and premium taxes, but excluding federal and state income taxes) (\$pmpm)	19.1 Member months	19.2 Earned premiums (\$pmpm)	19.3 Standardized premiums (\$pmpm)	19.4 Paid claims for experience period before any adjustment for amounts received from the standard direct pay and Healthy NY stop loss pools and before any adjustment for receipts from or payments to the Regulation 146 pool (\$pmpm)	19.5 Incurred claims for experience period before any adjustment for amounts received from the standard direct pay and Healthy NY stop loss pools and before any adjustment for receipts from or payments to the Regulation 146 pool (\$pmpm)	19.6 Administrative expenses (including commissions and premium taxes, but excluding federal and state income taxes) (\$pmpm)	20.1 Most Recent Experience Period	20.2 First Prior Experience Period	20.3 Second Prior Experience Period		
NP 5500	PPO plans and HSA plans	2,367	0.923	1.000	1.226	1.193	0.639	XX	1,944	0.938	1.040	1.042	1.085	0.927	XX	1,062	0.980	0.884
		0.000	0.000	0.000	0.000	0.000	0.000	XX	0.000	0.000	0.000	0.000	0.000	0.000	XX	0.000	0.000	0.000
		0.000	0.000	0.000	0.000	0.000	0.000	XX	0.000	0.000	0.000	0.000	0.000	0.000	XX	0.000	0.000	0.000
		0.000	0.000	0.000	0.000	0.000	0.000	XX	0.000	0.000	0.000	0.000	0.000	0.000	XX	0.000	0.000	0.000
		0.000	0.000	0.000	0.000	0.000	0.000	XX	0.000	0.000	0.000	0.000	0.000	0.000	XX	0.000	0.000	0.000
		0.000	0.000	0.000	0.000	0.000	0.000	XX	0.000	0.000	0.000	0.000	0.000	0.000	XX	0.000	0.000	0.000
		0.000	0.000	0.000	0.000	0.000	0.000	XX	0.000	0.000	0.000	0.000	0.000	0.000	XX	0.000	0.000	0.000
		0.000	0.000	0.000	0.000	0.000	0.000	XX	0.000	0.000	0.000	0.000	0.000	0.000	XX	0.000	0.000	0.000
		0.000	0.000	0.000	0.000	0.000	0.000	XX	0.000	0.000	0.000	0.000	0.000	0.000	XX	0.000	0.000	0.000
		0.000	0.000	0.000	0.000	0.000	0.000	XX	0.000	0.000	0.000	0.000	0.000	0.000	XX	0.000	0.000	0.000
		0.000	0.000	0.000	0.000	0.000	0.000	XX	0.000	0.000	0.000	0.000	0.000	0.000	XX	0.000	0.000	0.000
		0.000	0.000	0.000	0.000	0.000	0.000	XX	0.000	0.000	0.000	0.000	0.000	0.000	XX	0.000	0.000	0.000
		0.000	0.000	0.000	0.000	0.000	0.000	XX	0.000	0.000	0.000	0.000	0.000	0.000	XX	0.000	0.000	0.000
		0.000	0.000	0.000	0.000	0.000	0.000	XX	0.000	0.000	0.000	0.000	0.000	0.000	XX	0.000	0.000	0.000

SERFF Tracking #:

NLAM-128813444

State Tracking #:

2012120109

Company Tracking #:

N-2013-5-1S

State:

New York

Filing Company:

Nippon Life Insurance Company of America

TOI/Sub-TOI:

H16G Group Health - Major Medical/H16G.003A Small Group Only - PPO

Product Name:

NY Community Rated

Project Name/Number:

Rate Filing 2013.05.01/N-2013-5-1S

Superseded Schedule Items

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

Creation Date	Schedule Item Status	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
12/14/2012		Supporting Document	Standard Exhibit 3 - Narrative Summary	12/21/2012	Nippon Life Insurance Company of America Narrative Summary for May 1 2013 Rate Adjustment rev 20121218.pdf (Superseded)

Nippon Life Insurance Company of America (Nippon Life Benefits) NAIC #81264
Explanation of May 1, 2013 to April 30, 2014 Small Group Rate Adjustment

Nippon Life Benefits (NLB) will soon file their New York Small Group PPO and New York Small Group High Deductible Health Plan (HDHP) proposed rates for May 1, 2013 through April 30, 2014. If the proposed rates are approved, then this will result in the following renewal rate increases for all PPO and HDHP plans, assuming no changes in network, area or plan design.

- 1) 32.8% for groups renewing May 1, 2013 through October 31, 2013. This amount is composed of 11.4% medical trend, 13.9% shifting to higher cost groups, 2.5% for a new federal tax assessment to help fund activities related to the Patient Protection and Affordable Care Act (PPACA) and a 5% previously approved rate increase in excess of 10% medical trend effective November 1, 2012.
- 2) 27.0% for groups renewing November 1, 2013 through April 30, 2014. This amount is composed of 11.4% medical trend, 13.1% shifting to higher cost groups and 2.5% for a new federal tax assessment to help fund activities related to PPACA.

All policyholders with contract renewals occurring May 1, 2013 through April 30, 2014 will be affected by the proposed rate adjustments. As of December 1, 2012, NLB provides 495 employer groups and an estimated 9500 members with small group medical coverage in New York.

Following are the three main reasons why we need to request the above rate changes:

- 1) The cost of medical care has increased. The total increase in cost includes both the increase in the cost for each medical service, such as a visit to the doctor's office or a stay in the hospital, and the increase in the number of services provided. Both the cost per service provided and the number of services provided are projected to increase between the second quarter of 2012 and the second quarter of 2013. The increase in the cost of medical care is projected to be about 11.4% from the second quarter of 2012 to the second quarter of 2013.
- 2) Shifting in NLB's small group business has resulted in higher cost groups. There are certain small employer groups that cost more than the average for all of our groups. We have sold coverage to a large number of these higher cost groups in 2011 and 2012. As a result, the average expected claims for each group are increasing. The shift to higher costing groups adds about 13.5% to the expected cost during the rating period.
- 3) A new federal tax assessment will be assessed based on 2013 and later premium. This new assessment will help fund activities related to the Patient Protection and Affordable Care Act (PPACA). The new tax is projected at 2.5% of premium for groups renewing during this period.

We thank you for choosing Nippon Life Benefits for your employee medical insurance. We are dedicated to providing you with the highest quality benefits and service at a cost you can afford. We have many lower cost benefit options that will help mitigate the impact of our proposed rate adjustment. We are committed to helping you find a benefit option that meets all of your needs.

December 18, 2012