

SERFF Tracking Number: NELL-125867277 State: Arkansas  
Filing Company: Philadelphia American Life Insurance Company State Tracking Number: 40668  
Company Tracking Number: PALIC UNLIMITED  
TOI: H071 Individual Health - Specified Disease - Sub-TOI: H071.002A Dread Disease - Cancer Only  
Limited Benefit  
Product Name: Unlimited and High Limit Cancer and Specified Disease  
Project Name/Number: Unlimited/

## Filing at a Glance

Company: Philadelphia American Life Insurance Company

Product Name: Unlimited and High Limit Cancer and Specified Disease SERFF Tr Num: NELL-125867277 State: ArkansasLH

TOI: H071 Individual Health - Specified Disease - Limited Benefit SERFF Status: Closed State Tr Num: 40668

Sub-TOI: H071.002A Dread Disease - Cancer Only Co Tr Num: PALIC UNLIMITED State Status: Approved-Closed

Filing Type: Rate Co Status: Reviewer(s): Rosalind Minor  
Author: Ken Beckman Disposition Date: 10/27/2008  
Date Submitted: 10/23/2008 Disposition Status: Approved-Closed

Implementation Date Requested: 05/01/2009

Implementation Date:

State Filing Description:

## General Information

Project Name: Unlimited

Project Number:

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact: 15%

Filing Status Changed: 10/27/2008

State Status Changed: 10/27/2008

Corresponding Filing Tracking Number:

Filing Description:

Status of Filing in Domicile: Authorized

Date Approved in Domicile: 08/14/2008

Domicile Status Comments:

Market Type: Individual

Group Market Size:

Group Market Type:

Deemer Date:

The purpose of this filing is to request a rate revision on the company's individual Unlimited and High Limit cancer and specified disease policy forms. The rate revision request on the base plans only is based upon the information given in the actuarial memorandum.

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## Company and Contact

### Filing Contact Information

Ken Beckman, Product Performance Specialist kbeckman@neweralife.com  
 P. O. Box 34952 (402) 905-2170 [Phone]  
 Omaha, NE 68134-9832

### Filing Company Information

Philadelphia American Life Insurance Company CoCode: 67784 State of Domicile: Texas  
 200 Westlake Park #1200 Group Code: 520 Company Type:  
 Houston, TX 77079 Group Name: State ID Number:  
 (281) 368-7200 ext. [Phone] FEIN Number: 74-1952955  
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## Filing Fees

Fee Required? Yes  
 Fee Amount: \$50.00  
 Retaliatory? No  
 Fee Explanation:  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Philadelphia American Life Insurance Company	\$50.00	10/23/2008	23427875

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	10/27/2008	10/27/2008

SERFF Tracking Number: NELL-125867277 State: Arkansas  
 Filing Company: Philadelphia American Life Insurance Company State Tracking Number: 40668  
 Company Tracking Number: PALIC UNLIMITED  
 TOI: H07I Individual Health - Specified Disease - Limited Benefit Sub-TOI: H07I.002A Dread Disease - Cancer Only  
 Product Name: Unlimited and High Limit Cancer and Specified Disease  
 Project Name/Number: Unlimited/

## Disposition

Disposition Date: 10/27/2008

Implementation Date:

Status: Approved-Closed

Comment: Our Department is approving rate increases as outlined below:

Forms: Unlimited - 526, 527, 528, 565, C01 and C02 - 10%

Forms: Value - 526, 527, 528, 265, C01 & C02(w/Riders 8159/8159 Rev) - 20%

Forms: C09 - 20%

This approval is subject to the following conditions:

1. Rate increases will not be given prior to the first annual anniversary date of any policy.
2. After the first annual anniversary date of any policy, increases will not be given more frequently than once in a twelve month period.
3. All increases in rates, other than change in age of an individual moving to another geographical area, must be submitted to our Department for approval.

Company Name:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Premium:	Maximum % Change (where required):	Minimum % Change (where required):	Overall % Indicated Change:
Philadelphia American Life Insurance Company	15.000%	\$8,671	25	\$57,805	%	%	15.000%

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<b>Item Type</b>	<b>Item Name</b>	<b>Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Health - Actuarial Justification	Approved-Closed	No
<b>Rate</b>	rate schedule	Approved-Closed	Yes

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 TOI: H071 Individual Health - Specified Disease - Limited Benefit Sub-TOI: H071.002A Dread Disease - Cancer Only  
 Product Name: Unlimited and High Limit Cancer and Specified Disease  
 Project Name/Number: Unlimited/

## Rate Information

Rate data applies to filing.

### Filing Method:

### Rate Change Type:

Increase

### Overall Percentage of Last Rate Revision:

20.000%

### Effective Date of Last Rate Revision:

05/01/2008

### Filing Method of Last Filing:

## Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Premium:	Maximum % Change (where required):	Minimum % Change (where required):
Philadelphia American Life Insurance Company	15.000%	15.000%	\$8,671	25	\$57,805	%	%

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 Product Name: Unlimited and High Limit Cancer and Specified Disease  
 Project Name/Number: Unlimited/

## Rate/Rule Schedule

Review Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:	Rate Action Information:	Attachments
Approved-Closed	rate schedule	526, 527, 528, 565, C01, C02, C09	Revised	Previous State Filing Number:  Percent Rate Change Request:	NELI-1253933 29 15 AR Unlimited Value & C09 Rate sheets 2009.pdf

PHILADELPHIA AMERICAN LIFE INSURANCE COMPANY  
200 WESTLAKE PARK BLVD., P.O. BOX 4884  
HOUSTON, TEXAS 77210-4884

ANNUAL RATES FOR POLICY FORM 526 AR  
CANCER & SPECIFIED DISEASE POLICY

<u>ISSUE AGE</u>	<u>INDIVIDUAL</u>	<u>FAMILY</u>
ALL AGES	8,199.59	14,616.66

FOR MODES OTHER THAN ANNUAL, MULTIPLY THE ANNUAL  
RATE BY THE CORRESPONDING MODE FACTOR.

MODE	MODE FACTOR
SEMI-ANNUAL	0.50000
QUARTERLY	0.25000
MONTHLY	0.08333

PHILADELPHIA AMERICAN LIFE INSURANCE COMPANY  
200 WESTLAKE PARK BLVD., P.O. BOX 4884  
HOUSTON, TEXAS 77210-4884

ANNUAL RATES FOR POLICY FORM 526 AR  
CANCER & SPECIFIED DISEASE POLICY  
(SPECIAL RATES FOR JUNIOR CHAMBER OF COMMRC)

<u>ISSUE AGE</u>	<u>INDIVIDUAL</u>	<u>FAMILY</u>
ALL AGES	6,417.07	11,408.12

FOR MODES OTHER THAN ANNUAL, MULTIPLY THE ANNUAL  
RATE BY THE CORRESPONDING MODE FACTOR.

MODE	MODE FACTOR
SEMI-ANNUAL	0.50000
QUARTERLY	0.25000
MONTHLY	0.08333

PHILADELPHIA AMERICAN LIFE INSURANCE COMPANY  
200 WESTLAKE PARK BLVD., P.O. BOX 4884  
HOUSTON, TEXAS 77210-4884

ANNUAL RATES FOR POLICY FORM 526 AR  
CANCER & SPECIFIED DISEASE POLICY  
ASSOCIATION SALES

<u>ISSUE AGE</u>	<u>INDIVIDUAL</u>	<u>FAMILY</u>
44 & UNDER	8,199.59	14,616.66
45-54	11,408.12	19,607.71
55-59	13,725.40	23,885.76
60-64	15,507.92	27,094.29

FOR MODES OTHER THAN ANNUAL, MULTIPLY THE ANNUAL  
RATE BY THE CORRESPONDING MODE FACTOR.

MODE	MODE FACTOR
SEMI-ANNUAL	0.50000
QUARTERLY	0.25000
MONTHLY	0.08333

PHILADELPHIA AMERICAN LIFE INSURANCE COMPANY  
200 WESTLAKE PARK BLVD., P.O. BOX 4884  
HOUSTON, TEXAS 77210-4884

POLICY FORM 526 WITH RIDER FORM 8159 REV.  
CANCER & SPECIFIED DISEASE POLICY  
ANNUAL RATES

ISSUE AGE	<u>INDIVIDUAL</u>	<u>FAMILY</u>
ALL AGES	1,452.25	2,588.76

FOR MODES OTHER THAN ANNUAL, MULTIPLY THE ANNUAL  
RATE BY THE CORRESPONDING MODE FACTOR.

MODE	MODE FACTOR
SEMI-ANNUAL	0.50000
QUARTERLY	0.25000
MONTHLY	0.08333

PHILADELPHIA AMERICAN LIFE INSURANCE COMPANY  
200 WESTLAKE PARK BLVD., P.O. BOX 4884  
HOUSTON, TEXAS 77210-4884

POLICY FORM 526 WITH RIDER FORM 8159 REV.  
CANCER & SPECIFIED DISEASE POLICY - ANNUAL RATES  
(SPECIAL RATES FOR JUNIOR CHAMBER OF COMMERCE)

ISSUE AGE	<u>INDIVIDUAL</u>	<u>FAMILY</u>
ALL AGES	1,136.51	2,020.51

FOR MODES OTHER THAN ANNUAL, MULTIPLY THE ANNUAL  
RATE BY THE CORRESPONDING MODE FACTOR.

MODE	MODE FACTOR
SEMI-ANNUAL	0.50000
QUARTERLY	0.25000
MONTHLY	0.08333

PHILADELPHIA AMERICAN LIFE INSURANCE COMPANY  
200 WESTLAKE PARK BLVD., P.O. BOX 4884  
HOUSTON, TEXAS 77210-4884

POLICY FORM 526 WITH RIDER FORM 8159 REV.  
CANCER & SPECIFIED DISEASE POLICY - ANNUAL RATES  
ASSOCIATION SALES

ISSUE AGE	<u>INDIVIDUAL</u>	<u>FAMILY</u>
44 & UNDER	1,452.25	2,588.76
45-54	2,020.51	3,472.70
55-59	2,430.92	4,230.40
60-64	2,746.61	4,798.65

FOR MODES OTHER THAN ANNUAL, MULTIPLY THE ANNUAL  
RATE BY THE CORRESPONDING MODE FACTOR.

MODE	MODE FACTOR
SEMI-ANNUAL	0.50000
QUARTERLY	0.25000
MONTHLY	0.08333

PHILADELPHIA AMERICAN LIFE INSURANCE COMPANY  
200 WESTLAKE PARK BLVD., P.O. BOX 4884  
HOUSTON, TEXAS 77210-4884

ANNUAL RATES FOR POLICY FORM 527 AR  
CANCER & SPECIFIED DISEASE POLICY

<u>ISSUE AGE</u>	<u>INDIVIDUAL</u>	<u>FAMILY</u>
ALL AGES	9,625.60	16,933.93

FOR MODES OTHER THAN ANNUAL, MULTIPLY THE ANNUAL  
RATE BY THE CORRESPONDING MODE FACTOR.

MODE	MODE FACTOR
SEMI-ANNUAL	0.50000
QUARTERLY	0.25000
MONTHLY	0.08333

PHILADELPHIA AMERICAN LIFE INSURANCE COMPANY  
200 WESTLAKE PARK BLVD., P.O. BOX 4884  
HOUSTON, TEXAS 77210-4884

ANNUAL RATES FOR POLICY FORM 527 AR  
CANCER & SPECIFIED DISEASE POLICY - ANNUAL RATES  
(SPECIAL RATES FOR JUNIOR CHAMBER OF COMMRC)

<u>ISSUE AGE</u>	<u>INDIVIDUAL</u>	<u>FAMILY</u>
ALL AGES	7,486.58	13,190.64

FOR MODES OTHER THAN ANNUAL, MULTIPLY THE ANNUAL  
RATE BY THE CORRESPONDING MODE FACTOR.

MODE	MODE FACTOR
SEMI-ANNUAL	0.50000
QUARTERLY	0.25000
MONTHLY	0.08333

PHILADELPHIA AMERICAN LIFE INSURANCE COMPANY  
200 WESTLAKE PARK BLVD., P.O. BOX 4884  
HOUSTON, TEXAS 77210-4884

POLICY FORM 527 WITH RIDER FORM 8159 REV.  
CANCER & SPECIFIED DISEASE POLICY  
ANNUAL RATES

ISSUE AGE	<u>INDIVIDUAL</u>	<u>FAMILY</u>
ALL AGES	1,704.76	2,999.17

FOR MODES OTHER THAN ANNUAL, MULTIPLY THE ANNUAL  
RATE BY THE CORRESPONDING MODE FACTOR.

MODE	MODE FACTOR
SEMI-ANNUAL	0.50000
QUARTERLY	0.25000
MONTHLY	0.08333

FORM R-1245 AR 8TH REV.

05/2009

PHILADELPHIA AMERICAN LIFE INSURANCE COMPANY  
200 WESTLAKE PARK BLVD., P.O. BOX 4884  
HOUSTON, TEXAS 77210-4884

POLICY FORM 527 WITH RIDER FORM 8159 REV.  
CANCER & SPECIFIED DISEASE POLICY - ANNUAL RATES  
(SPECIAL RATES FOR JUNIOR CHAMBER OF COMMERCE)

ISSUE AGE	<u>INDIVIDUAL</u>	<u>FAMILY</u>
ALL AGES	1,325.94	2,336.20

FOR MODES OTHER THAN ANNUAL, MULTIPLY THE ANNUAL  
RATE BY THE CORRESPONDING MODE FACTOR.

MODE	MODE FACTOR
SEMI-ANNUAL	0.50000
QUARTERLY	0.25000
MONTHLY	0.08333

FORM R-1246 AR 8TH REV.

05/2009

PHILADELPHIA AMERICAN LIFE INSURANCE COMPANY  
200 WESTLAKE PARK BLVD., P.O. BOX 4884  
HOUSTON, TEXAS 77210-4484

ANNUAL RATES FOR POLICY FORM 528 AR  
CANCER & SPECIFIED DISEASE POLICY

<u>ISSUE AGE</u>	<u>INDIVIDUAL</u>	<u>FAMILY</u>
ALL AGES	11,051.62	19,251.21

FOR MODES OTHER THAN ANNUAL, MULTIPLY THE ANNUAL  
RATE BY THE CORRESPONDING MODE FACTOR.

MODE	MODE FACTOR
SEMI-ANNUAL	0.50000
QUARTERLY	0.25000
MONTHLY	0.08333

PHILADELPHIA AMERICAN LIFE INSURANCE COMPANY  
200 WESTLAKE PARK BLVD., P.O. BOX 4884  
HOUSTON, TEXAS 77210-4484

ANNUAL RATES FOR POLICY FORM 528 AR  
CANCER & SPECIFIED DISEASE POLICY  
(SPECIAL RATES FOR JUNIOR CHAMBER OF COMMRC)

<u>ISSUE AGE</u>	<u>INDIVIDUAL</u>	<u>FAMILY</u>
ALL AGES	8,627.39	14,973.16

FOR MODES OTHER THAN ANNUAL, MULTIPLY THE ANNUAL  
RATE BY THE CORRESPONDING MODE FACTOR.

MODE	MODE FACTOR
SEMI-ANNUAL	0.50000
QUARTERLY	0.25000
MONTHLY	0.08333

PHILADELPHIA AMERICAN LIFE INSURANCE COMPANY  
200 WESTLAKE PARK BLVD., P.O. BOX 4884  
HOUSTON, TEXAS 77210-4484

ANNUAL RATES FOR POLICY FORM 528 AR  
CANCER & SPECIFIED DISEASE POLICY  
ASSOCIATION SALES

<u>ISSUE AGE</u>	<u>INDIVIDUAL</u>	<u>FAMILY</u>
44 & UNDER	11,051.62	19,251.21
45-54	14,973.16	26,737.79
55-59	18,538.20	32,798.35
60-64	21,211.98	37,611.15

FOR MODES OTHER THAN ANNUAL, MULTIPLY THE ANNUAL  
RATE BY THE CORRESPONDING MODE FACTOR.

MODE	MODE FACTOR
SEMI-ANNUAL	0.50000
QUARTERLY	0.25000
MONTHLY	0.08333

PHILADELPHIA AMERICAN LIFE INSURANCE COMPANY  
200 WESTLAKE PARK BLVD., P.O. BOX 4884  
HOUSTON, TEXAS 77210-4884

POLICY FORM 528 WITH RIDER FORM 8159 REV.  
CANCER & SPECIFIED DISEASE POLICY  
ANNUAL RATES

ISSUE AGE	<u>INDIVIDUAL</u>	<u>FAMILY</u>
ALL AGES	1,957.32	3,409.58

FOR MODES OTHER THAN ANNUAL, MULTIPLY THE ANNUAL  
RATE BY THE CORRESPONDING MODE FACTOR.

MODE	MODE FACTOR
SEMI-ANNUAL	0.50000
QUARTERLY	0.25000
MONTHLY	0.08333

PHILADELPHIA AMERICAN LIFE INSURANCE COMPANY  
200 WESTLAKE PARK BLVD., P.O. BOX 4884  
HOUSTON, TEXAS 77210-4884

POLICY FORM 528 WITH RIDER FORM 8159 REV.  
CANCER & SPECIFIED DISEASE POLICY - ANNUAL RATES  
(SPECIAL RATES FOR JUNIOR CHAMBER OF COMMERCE)

ISSUE AGE	<u>INDIVIDUAL</u>	<u>FAMILY</u>
ALL AGES	1,528.04	2,651.89

FOR MODES OTHER THAN ANNUAL, MULTIPLY THE ANNUAL  
RATE BY THE CORRESPONDING MODE FACTOR.

MODE	MODE FACTOR
SEMI-ANNUAL	0.50000
QUARTERLY	0.25000
MONTHLY	0.08333

PHILADELPHIA AMERICAN LIFE INSURANCE COMPANY  
200 WESTLAKE PARK BLVD., P.O. BOX 4884  
HOUSTON, TEXAS 77210-4884

POLICY FORM 528 WITH RIDER FORM 8159 REV.  
CANCER & SPECIFIED DISEASE POLICY - ANNUAL RATES  
ASSOCIATION SALES

ISSUE AGE	<u>INDIVIDUAL</u>	<u>FAMILY</u>
44 & UNDER	1,957.32	3,409.58
45-54	2,651.89	4,735.52
55-59	3,283.27	5,808.90
60-64	3,756.86	6,661.31

FOR MODES OTHER THAN ANNUAL, MULTIPLY THE ANNUAL  
RATE BY THE CORRESPONDING MODE FACTOR.

MODE	MODE FACTOR
SEMI-ANNUAL	0.50000
QUARTERLY	0.25000
MONTHLY	0.08333

PHILADELPHIA AMERICAN LIFE INSURANCE COMPANY  
200 WESTLAKE PARK BLVD., P.O. BOX 4884  
HOUSTON, TEXAS 77210-4884

ANNUAL RATES FOR POLICY FORM 565  
CANCER & SPECIFIED DISEASE POLICY

<u>ISSUE AGE</u>	<u>INDIVIDUAL</u>	<u>FAMILY</u>
44 & UNDER	7,404.31	13,026.10
45-54	10,146.65	17,825.19
55-59	12,340.52	21,664.46
60-64	14,123.04	24,818.15
65-69	15,996.97	28,474.60
70-75	18,099.42	32,496.69

FOR MODES OTHER THAN ANNUAL, MULTIPLY THE ANNUAL  
RATE BY THE CORRESPONDING MODE FACTOR.

MODE	MODE FACTOR
SEMI-ANNUAL	0.50000
QUARTERLY	0.25000
MONTHLY	0.08333

PHILADELPHIA AMERICAN LIFE INSURANCE COMPANY  
200 WESTLAKE PARK BLVD., P.O. BOX 4884  
HOUSTON, TEXAS 77210-4884

POLICY FORM 565 WITH RIDER 8159 REV.  
CANCER AND SPECIFIED DISEASE POLICY  
ANNUAL RATES

ISSUE AGE	<u>INDIVIDUAL</u>	<u>FAMILY</u>
44 & UNDER	1,311.40	2,307.05
45-54	1,797.09	3,157.01
55-59	2,185.63	3,836.98
60-64	2,501.32	4,395.51
65-69	2,833.22	5,043.11
70-75	3,205.60	5,755.49

FOR MODES OTHER THAN ANNUAL, MULTIPLY THE ANNUAL  
RATE BY THE CORRESPONDING MODE FACTOR.

MODE	MODE FACTOR
SEMI-ANNUAL	0.50000
QUARTERLY	0.25000
MONTHLY	0.08333

PHILADELPHIA AMERICAN LIFE INSURANCE COMPANY  
 200 WESTLAKE PARK BLVD., P.O. BOX 4884  
 HOUSTON, TEXAS 77210-4884

POLICY FORM C01  
 CANCER & SPECIFIED DISEASE POLICY  
 ANNUAL PREMIUMS

ISSUE AGE	\$ 150 DAILY HOSPITAL BENEFIT		\$ 250 DAILY HOSPITAL BENEFIT		\$ 350 DAILY HOSPITAL BENEFIT	
	INDIVIDUAL	FAMILY	INDIVIDUAL	FAMILY	INDIVIDUAL	FAMILY
44 & UNDER	6,177.71	10,953.44	6,970.28	12,457.32	7,762.85	13,960.87
45-54	7,844.10	13,818.67	8,901.08	15,790.11	9,957.73	17,761.20
55-59	10,323.38	18,391.26	11,847.57	21,236.18	13,371.77	24,081.10
60-64	12,274.50	21,906.87	14,164.34	25,422.48	16,054.18	28,938.09
65-69	14,672.18	26,296.30	17,029.57	30,665.42	19,386.97	35,034.54
70-75	17,578.38	31,539.25	20,423.30	36,782.19	23,247.91	42,066.10

FOR MODES OTHER THAN ANNUAL, MULTIPLY THE ANNUAL  
 RATE BY THE CORRESPONDING MODE FACTOR.

MODE	MODE FACTOR
SEMI-ANNUAL	0.50000
QUARTERLY	0.25000
MONTHLY	0.08330

PHILADELPHIA AMERICAN LIFE INSURANCE COMPANY  
200 WESTLAKE PARK BLVD., P.O. BOX 4884  
HOUSTON, TEXAS 77210-4884

POLICY FORM C01  
CANCER & SPECIFIED DISEASE POLICY  
PAYROLL ANNUAL PREMIUMS

	\$ 150 DAILY HOSPITAL BENEFIT		\$ 250 DAILY HOSPITAL BENEFIT		\$ 350 DAILY HOSPITAL BENEFIT	
ISSUE AGE	INDIVIDUAL	FAMILY	INDIVIDUAL	FAMILY	INDIVIDUAL	FAMILY
ALL AGES	6,177.71	10,953.44	6,970.28	12,457.32	7,762.85	13,960.87

FOR MODES OTHER THAN ANNUAL, MULTIPLY THE ANNUAL  
RATE BY THE CORRESPONDING MODE FACTOR.

MODE	MODE FACTOR
SEMI-ANNUAL	0.50000
QUARTERLY	0.25000
MONTHLY	0.08330

PHILADELPHIA AMERICAN LIFE INSURANCE COMPANY  
 200 WESTLAKE PARK BLVD., P.O. BOX 4884  
 HOUSTON, TEXAS 77210-4884

POLICY FORM C01 WITH RIDER 8159  
 CANCER & SPECIFIED DISEASE POLICY  
 ANNUAL PREMIUMS

ISSUE AGE	\$ 150 DAILY HOSPITAL BENEFIT		\$ 250 DAILY HOSPITAL BENEFIT		\$ 350 DAILY HOSPITAL BENEFIT	
	INDIVIDUAL	FAMILY	INDIVIDUAL	FAMILY	INDIVIDUAL	FAMILY
44 & UNDER	911.76	1,616.65	1,028.74	1,838.62	1,145.72	2,060.48
45-54	1,157.72	2,039.50	1,313.73	2,330.48	1,469.69	2,621.41
55-59	1,523.65	2,714.40	1,748.62	3,134.31	1,973.54	3,554.15
60-64	1,811.64	3,233.24	2,090.52	3,752.14	2,369.45	4,271.04
65-69	2,165.47	3,881.11	2,513.42	4,525.93	2,861.37	5,170.80
70-75	2,594.42	4,654.91	3,014.33	5,428.75	3,431.18	6,208.60

FOR MODES OTHER THAN ANNUAL, MULTIPLY THE ANNUAL  
 RATE BY THE CORRESPONDING MODE FACTOR.

MODE	MODE FACTOR
SEMI-ANNUAL	0.50000
QUARTERLY	0.25000
MONTHLY	0.08330

PHILADELPHIA AMERICAN LIFE INSURANCE COMPANY  
 200 WESTLAKE PARK BLVD., P.O. BOX 4884  
 HOUSTON, TEXAS 77210-4884

POLICY FORM C01 WITH RIDER 8159  
 CANCER & SPECIFIED DISEASE POLICY  
 PAYROLL ANNUAL PREMIUMS

ISSUE AGE	\$ 150 DAILY HOSPITAL BENEFIT		\$ 250 DAILY HOSPITAL BENEFIT		\$ 350 DAILY HOSPITAL BENEFIT	
	INDIVIDUAL	FAMILY	INDIVIDUAL	FAMILY	INDIVIDUAL	FAMILY
ALL AGES	911.76	1,616.65	1,028.74	1,838.62	1,145.72	2,060.48

FOR MODES OTHER THAN ANNUAL, MULTIPLY THE ANNUAL RATE BY THE CORRESPONDING MODE FACTOR.

MODE	MODE FACTOR
SEMI-ANNUAL	0.50000
QUARTERLY	0.25000
MONTHLY	0.08330

PHILADELPHIA AMERICAN LIFE INSURANCE COMPANY  
200 WESTLAKE PARK BLVD., P.O. BOX 4884  
HOUSTON, TEXAS 77210-4884

POLICY FORM C02  
CANCER & SPECIFIED DISEASE POLICY  
PAYROLL ANNUAL PREMIUMS

\$ 150 DAILY HOSPITAL BENEFIT

ISSUE AGE	INDIVIDUAL	FAMILY	SINGLE PARENT
ALL AGES	5,179.97	8,535.78	6,569.42

\$ 250 DAILY HOSPITAL BENEFIT

INDIVIDUAL	FAMILY	SINGLE PARENT
5,968.14	9,510.83	7,706.98

FOR MODES OTHER THAN ANNUAL, MULTIPLY THE ANNUAL  
RATE BY THE CORRESPONDING MODE FACTOR.

MODE	MODE FACTOR
SEMI-ANNUAL	0.50000
QUARTERLY	0.25000
MONTHLY	0.08330

PHILADELPHIA AMERICAN LIFE INSURANCE COMPANY  
200 WESTLAKE PARK BLVD., P.O. BOX 4884  
HOUSTON, TEXAS 77210-4884

POLICY FORM C02 WITH RIDER 8159  
CANCER & SPECIFIED DISEASE POLICY  
PAYROLL ANNUAL PREMIUMS

\$ 150 DAILY HOSPITAL BENEFIT

ISSUE AGE	INDIVIDUAL	FAMILY	SINGLE PARENT
ALL AGES	764.52	1,259.82	969.61

\$ 250 DAILY HOSPITAL BENEFIT

INDIVIDUAL	FAMILY	SINGLE PARENT
880.83	1,403.73	1,137.51

FOR MODES OTHER THAN ANNUAL, MULTIPLY THE ANNUAL  
RATE BY THE CORRESPONDING MODE FACTOR.

MODE	MODE FACTOR
SEMI-ANNUAL	0.50000
QUARTERLY	0.25000
MONTHLY	0.08330

PHILADELPHIA AMERICAN LIFE INSURANCE COMPANY  
 200 WESTLAKE PARK BLVD., P.O. BOX 4884  
 HOUSTON, TEXAS 77210-4884

POLICY FORM C09  
 CANCER & SPECIFIED DISEASE POLICY  
 ANNUAL PREMIUMS

\$ 150 DAILY HOSPITAL BENEFIT

ISSUE AGE	INDIVIDUAL	FAMILY	SINGLE PARENT
39 & UNDER	1,687.90	2,982.30	2,081.40
40-54	2,143.53	3,762.05	2,634.37
55-59	2,820.76	5,007.78	3,486.60
60-64	3,354.05	5,964.60	4,149.34
65-69	4,008.50	7,187.56	4,979.82
70-75	4,802.75	8,587.58	5,957.36

\$ 250 DAILY HOSPITAL BENEFIT

ISSUE AGE	INDIVIDUAL	FAMILY	SINGLE PARENT
39 & UNDER	1,853.58	3,292.96	2,226.37
40-54	2,367.20	4,174.19	2,832.15
55-59	3,151.09	5,613.56	3,790.01
60-64	3,766.19	6,720.54	4,533.51
65-69	4,528.34	8,106.06	5,460.31
70-75	5,431.31	9,722.51	6,548.64

\$ 350 DAILY HOSPITAL BENEFIT

ISSUE AGE	INDIVIDUAL	FAMILY	SINGLE PARENT
39 & UNDER	2,066.90	3,696.81	2,485.25
40-54	2,650.94	4,703.34	3,174.91
55-59	3,560.12	6,376.74	4,283.95
60-64	4,274.63	7,662.86	5,145.51
65-69	5,162.08	9,277.24	6,221.41
70-75	6,190.35	11,139.11	7,465.08

FOR MODES OTHER THAN ANNUAL, MULTIPLY THE ANNUAL  
 RATE BY THE CORRESPONDING MODE FACTOR.

MODE	MODE FACTOR
SEMI-ANNUAL	0.50000
QUARTERLY	0.25000
MONTHLY	0.08333

PHILADELPHIA AMERICAN LIFE INSURANCE COMPANY  
 200 WESTLAKE PARK BLVD., P.O. BOX 4884  
 HOUSTON, TEXAS 77210-4884

POLICY FORM C09  
 CANCER & SPECIFIED DISEASE POLICY  
 PAYROLL ANNUAL PREMIUMS

\$ 150 DAILY HOSPITAL BENEFIT

ISSUE AGE	INDIVIDUAL	FAMILY	SINGLE PARENT
ALL AGES	1,687.90	2,982.30	2,081.40

\$ 250 DAILY HOSPITAL BENEFIT

INDIVIDUAL	FAMILY	SINGLE PARENT
1,853.58	3,292.96	2,226.37

\$ 350 DAILY HOSPITAL BENEFIT

INDIVIDUAL	FAMILY	SINGLE PARENT
2,066.90	3,696.81	2,485.25

FOR MODES OTHER THAN ANNUAL, MULTIPLY THE ANNUAL RATE BY THE CORRESPONDING MODE FACTOR.

MODE	MODE FACTOR
SEMI-ANNUAL	0.50000
QUARTERLY	0.25000
MONTHLY	0.08333