

SERFF Tracking Number: ACMR-126354009 State: Arkansas  
Filing Company: United Teacher Associates Insurance Company State Tracking Number: 43838  
Company Tracking Number:  
TOI: H16I Individual Health - Major Medical Sub-TOI: H16I.005C Individual - Other  
Product Name: 2009 Major Medical Rate Increase  
Project Name/Number: /

## Filing at a Glance

Company: United Teacher Associates Insurance Company

Product Name: 2009 Major Medical Rate Increase SERFF Tr Num: ACMR-126354009 State: Arkansas

TOI: H16I Individual Health - Major Medical SERFF Status: Closed-Approved- Closed State Tr Num: 43838

Sub-TOI: H16I.005C Individual - Other Co Tr Num: State Status: Approved-Closed  
Filing Type: Rate Reviewer(s): Rosalind Minor  
Author: Jenna Fariss Disposition Date: 11/03/2009  
Date Submitted: 10/22/2009 Disposition Status: Approved-Closed

Implementation Date Requested: 12/01/2009

Implementation Date:

State Filing Description:

## General Information

Project Name:  
Project Number:  
Requested Filing Mode: Review & Approval

Status of Filing in Domicile: Pending  
Date Approved in Domicile:  
Domicile Status Comments: Submitted  
10/22/2009.

Explanation for Combination/Other:  
Submission Type: New Submission  
Overall Rate Impact: 25%  
Filing Status Changed: 11/03/2009

Market Type: Individual  
Group Market Size:  
Group Market Type:  
Explanation for Other Group Market Type:  
State Status Changed: 11/03/2009  
Created By: Jenna Fariss  
Corresponding Filing Tracking Number:

Deemer Date:  
Submitted By: Jenna Fariss  
Filing Description:  
2009 Major Medical Rate Revision

## Company and Contact

### Filing Contact Information

Jenna Fariss, Consulting Actuary  
4964 University Parkway

jfariss@actmanre.com  
336-714-2914 [Phone]

SERFF Tracking Number: ACMR-126354009 State: Arkansas  
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Project Name/Number: /

Suite 203 336-759-3141 [FAX]  
Winston-Salem, NC 27106

### Filing Company Information

(This filing was made by a third party - actuarialmanagementresources)

United Teacher Associates Insurance Company CoCode: 63479 State of Domicile: Texas  
5508 Parkcrest Drive Group Code: Company Type: Life & Health  
P.O. Box 26580 Group Name: State ID Number:  
Austin, TX 78755-0580 FEIN Number: 58-0869673  
(800) 880-8824 ext. [Phone]

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### Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
United Teacher Associates Insurance Company	\$50.00	10/22/2009	31471757

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	11/03/2009	11/03/2009

### Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Rosalind Minor	10/29/2009	10/29/2009	Jenna Fariss	11/02/2009	11/02/2009

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## Disposition

Disposition Date: 11/03/2009

Implementation Date:

Status: Approved-Closed

Comment:

We have approved a 10% level rate increase on this submission. The 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 (12) month period.
3. All increases in rates, other than a change in age or an individual moving to another geographical area, must be submitted to our Department for approval.

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):
United Teacher Associates Insurance Company	25.000%	25.000%	\$3,332	1	\$13,326	%	%

SERFF Tracking Number: ACMR-126354009 State: Arkansas  
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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document ( <i>revised</i> )	Health - Actuarial Justification	Approved-Closed	No
Supporting Document	Health - Actuarial Justification	Replaced	No
Supporting Document	Cover Letter	Approved-Closed	Yes
Supporting Document	Authorization Letter	Approved-Closed	Yes
Supporting Document	Transmittal Document	Approved-Closed	Yes
Supporting Document ( <i>revised</i> )	Rate Pages	Approved-Closed	Yes
Supporting Document	Rate Pages	Replaced	Yes
Supporting Document	State Inforce Data	Approved-Closed	No
Supporting Document	Nationwide Inforce Data	Approved-Closed	No
Supporting Document	Nationwide Rate Increase History	Approved-Closed	No
Supporting Document	State Rate Increase History	Approved-Closed	No
Supporting Document	Exhibit III	Approved-Closed	No
Supporting Document	Exhibit IV	Approved-Closed	No
Rate	L160-030	Approved-Closed	Yes

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## Objection Letter

Objection Letter Status Pending Industry Response  
Objection Letter Date 10/29/2009  
Submitted Date 10/29/2009

Respond By Date  
Dear Jenna Fariss,

This will acknowledge receipt of the captioned filing.

### Objection 1

- Health - Actuarial Justification (Supporting Document)

Comment:

We have reviewed your request for a 25% rate increase on this submission.

Our Department has been working with the insurance companies on the rate increases which are being submitted to our Department.

The majority of the companies have been filing rate increases in excess of 10% on individual major medical policies. Our Department is requesting that the companies consider no more than a 10% increase due the the substantial increases over the past years and/or the impact that another increase would have on the insureds during this difficult economic time.

We request that you accept the 10% increase proposed and provide us with an updated actuarial memorandum along with the adjusted rates.

Thank you for your understanding and cooperation.

Please feel free to contact me if you have questions.

Sincerely,  
Rosalind Minor

## Response Letter

Response Letter Status Submitted to State  
Response Letter Date 11/02/2009  
Submitted Date 11/02/2009

SERFF Tracking Number: ACMR-126354009 State: Arkansas  
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Product Name: 2009 Major Medical Rate Increase  
Project Name/Number: /

Dear Rosalind Minor,

**Comments:**

Thank you for your letter dated 10/29/2009.

**Response 1**

Comments: We will amend our filing to the proposed 10% increase as requested. I have attached a revised actuarial memorandum and rate page.

**Related Objection 1**

Applies To:

- Health - Actuarial Justification (Supporting Document)

Comment:

We have reviewed your request for a 25% rate increase on this submission.

Our Department has been working with the insurance companies on the rate increases which are being submitted to our Department.

The majority of the companies have been filing rate increases in excess of 10% on individual major medical policies. Our Department is requesting that the companies consider no more than a 10% increase due the the substantial increases over the past years and/or the impact that another increase would have on the insureds during this difficult economic time.

We request that you accept the 10% increase proposed and provide us with an updated actuarial memorandum along with the adjusted rates.

Thank you for your understanding and cooperation.

**Changed Items:**

**Supporting Document Schedule Item Changes**

Satisfied -Name: Health - Actuarial Justification

Comment:

Satisfied -Name: Rate Pages

Comment:



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 Project Name/Number: /

**Rate Information**

Rate data applies to filing.

**Filing Method:**

**Rate Change Type:** Increase

**Overall Percentage of Last Rate Revision:** 25.000%

**Effective Date of Last Rate Revision:** 09/10/2008

**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:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):
United Teacher Associates Insurance Company	25.000%	25.000%	\$3,332	1	\$13,326	%	%

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## Rate/Rule Schedule

Schedule Item Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:	Rate Action Information:	Attachments
Approved-Closed 11/03/2009	L160-030		Revised	Previous State Filing Number: Percent Rate Change 25.000 Request:	AR-rate pages.pdf

**Exhibit I**  
**United Teacher Associates Insurance Company**  
Major Medical  
Experience as of 9/30/2009

Form	Policy Number	Issue Age	Premium Current	Premium Proposed
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*In the state of Arkansas*

L160-030	DN1046712J	19	13,325.60	16,657.00
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United Teacher Associates Insurance Company  
Major Medical  
Active Forms by Original Company as of 9/30/2009

Company	Form
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*In the state of Arkansas*

Continental Assurance Company (CNA)	L160-030
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 Product Name: 2009 Major Medical Rate Increase  
 Project Name/Number: /

## Supporting Document Schedules

		<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b>	Cover Letter	Approved-Closed	11/03/2009
<b>Comments:</b>			
<b>Attachment:</b>			
	AR-cover letter.pdf		

		<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b>	Authorization Letter	Approved-Closed	11/03/2009
<b>Comments:</b>			
<b>Attachment:</b>			
	auth letter.pdf		

		<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b>	Transmittal Document	Approved-Closed	11/03/2009
<b>Comments:</b>			
<b>Attachment:</b>			
	AR-transmittal doc.pdf		

		<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b>	Rate Pages	Approved-Closed	11/03/2009
<b>Comments:</b>			
<b>Attachment:</b>			
	AR-rate page.pdf		



**Actuarial  
Management  
Resources, Inc.**

Thomas M. Hull, FSA, MAAA  
Edward R. Shugart, III, FSA, MAAA  
D. Joeff Williams, FSA, MAAA  
Richard S. Messenkopf, FSA  
Jenna L. Fariss, ASA, MAAA  
Jon D. Schneider  
Teresa C. Seymour

October 14, 2009

Hon. Julie Benafield Bowman  
Commissioner of Insurance, Arkansas Insurance Department  
1200 West 3rd Street  
Little Rock, Arkansas 72201-1904  
Attn. Rate and Form Analyst

Re: United Teacher Associates Insurance Company  
Form 708, etc. - Major Medical Rate Revision  
NAIC # 63479, FEIN # 58-0869673

Enclosed are copies of our Actuarial Memorandum in support of this rate revision request. This revision will apply to in force policies only. An increase of 25% is being requested at this time.

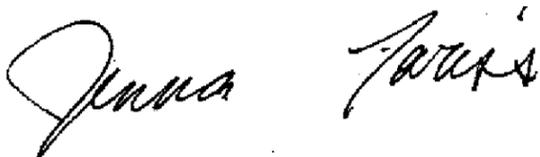
The proposed effective date is contingent on state approval of the rate revision or thereafter taking into consideration policyholder notification guidelines in your state.

The estimated number of policyholders in your state and nationwide which will be affected by this revision is shown in Exhibit II of the Actuarial Memorandum. The annualized premium in your state and nationwide is also shown in Exhibit II of the Actuarial Memorandum.

United Teacher Associates Insurance Company is domiciled in the state of Texas.

Please return your acknowledgment that revised rates have been filed or approved for use in your state. Should you have any questions related to our submission or require additional information, please contact me. My direct telephone number is 1-336-714-2914.

Sincerely,



Jenna Fariss, ASA, MAAA  
Consulting Actuary  
[jfariss@actmanre.com](mailto:jfariss@actmanre.com)

Enclosures



**GREAT AMERICAN.**

FINANCIAL RESOURCES

Supplemental Benefits Group

P.O. Box 26580  
Austin, TX 78755-0580  
Phone: 866-459-4272

May 8, 2009

Regarding: United Teacher Associates Insurance Company Rate Filing

Dear Commissioner:

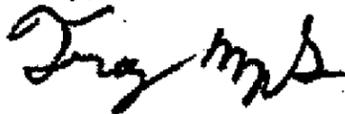
United Teacher Associates Insurance Company hereby authorizes Actuarial Management Resources, Inc. to represent us in the submission of accident and health insurance rates and to negotiate with the Department for their approval of said rates on policies on behalf of United Teacher Associates Insurance Company that are attached hereto as Exhibit A. The contact information for AMR is

Actuarial Management Resources, Inc.  
4964 University Parkway, Suite 203  
Winston-Salem, North Carolina 27106

This authorization is valid until revoked in writing.

Should you need any additional information please do not hesitate to contact me directly. I can be reached at (512) 531-1484

Sincerely,



Tracy E. Maples, ASA, MAAA  
Senior Vice-President & Chief Actuary  
United Teacher Associates Insurance Company

Great American Supplemental Benefits Group of Companies include:

Central Reserve Life Insurance Company  
Continental General Insurance Company

Great American Life Insurance Company®  
Loyal American Life Insurance Company®

Provident American Life & Health Insurance Company  
United Teacher Associates Insurance Company

### Exhibit A

NAIC	FEIN	Company	Location
78174	34-1083130	Conseco Health Insurance Company	Chicago, IL
87645	57-0654942	United Fidelity Life Ins Co	Dallas, TX
91391	74-2088326	Southwestern Financial Services	Marietta, GA
61689	42-0175020	Amerus Life	Des Moines, IA
00000	AA-0050037	Academy Insurance Co	St. Louis, MO
63304	23-0577450	Fidelity Mutual Life Ins Co	Radnor, PA
11991	38-0865250	National Casualty Company	St Louis, MO
67105	41-0451140	Reliastar Life Ins Co	Minneapolis, MN
64211	36-1174500	Guarantee Trust Life Ins Co	Glenview, IL
68225	23-0990450	Continental American Life Ins Co	Berwyn, PA
61301	47-0098400	Ameritas Life Ins Co	Lincoln, NE
65595	47-0221457	Lincoln Benefit Life Ins Co	Lincoln, NE
81701	87-0189237	Educator's Mutual Life Ins Co	Lancaster, PA
80942	41-0991508	ING USA Annuity & Life	Des Moines, IA
65765	38-0779740	Reassure America	Chicago, IL
67164	31-0501247	Ohio Life & Casualty	Hamilton, OH
62413	36-0947200	Continental Assurance Co	Chicago, IL
68845	54-0377280	Shenandoah Life Ins Co	Roanoke, VA
24074	31-0396250	Ohio Casualty Insurance Company	Fairfield, OH
72400	38-2619963	Surety Life Insurance Co	Salt Lake City, UT
70629	47-0339860	World Insurance co	Omaha, NE
23132	36-2490086	Bankers Multiple Line Ins Co	Dallas, TX
66044	46-0164570	Midland National Life Insurance Co.	Des Moines, IA
68357	43-0476110	Reliable Life Ins Co	St. Louis, MO
63053	91-0550883	Family Life Ins Co	Seattle, WA
63487	23-1632193	Investors Life Ins. Co of North America	Seattle, WA
65765	38-0779740	Reassure America	Scottsdale, AZ
69477	39-0658730	Fortis Ins Co	Shawon, WI
65765	38-0779740	Reassure America	Chicago, IL
97241	47-0648948	Settlers Life Insurance Co.	Bristol, VA

**Life, Accident & Health, Annuity, Credit Transmittal Document**

<b>1.</b>	<b>Prepared for the State of</b>	Arkansas					
<b>2.</b>	<b>Department Use Only</b>						
	<b>State Tracking ID</b>						
<b>3.</b>	<b>Insurer Name &amp; Address</b>	<b>Domicile</b>	<b>Insurer License Type</b>	<b>NAIC Group #</b>	<b>NAIC #</b>	<b>FEIN #</b>	<b>State #</b>
	United Teacher Associates Insurance Company 5508 Parkcrest Drive Austin, TX 78731	Texas	Life		63479	58-0869673	
<b>4.</b>	<b>Contact Name &amp; Address</b>	<b>Telephone #</b>	<b>Fax #</b>	<b>E-mail Address</b>			
	Jenna L. Fariss, ASA, MAAA 4964 University Parkway Suite 203 Winston-Salem, NC 27106	(336) 714-2914	(336) 759-3141	jfariss@actmanre.com			
<b>5.</b>	<b>Requested Filing Mode</b>	<input checked="" type="checkbox"/> Review & Approval <input type="checkbox"/> File & Use <input type="checkbox"/> Informational <input type="checkbox"/> Combination (please explain): _____ <input type="checkbox"/> Other (please explain): _____					
<b>6.</b>	<b>Company Tracking Number</b>						
<b>7.</b>	<input checked="" type="checkbox"/> New Submission <input type="checkbox"/> Resubmission	Previous file # _____					
<b>8.</b>	<b>Market</b>	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Franchise Group <input type="checkbox"/> Small <input type="checkbox"/> Large <input type="checkbox"/> Small and Large <input type="checkbox"/> Employer <input type="checkbox"/> Association <input type="checkbox"/> Blanket <input type="checkbox"/> Discretionary <input type="checkbox"/> Trust <input type="checkbox"/> Other: _____					
<b>9.</b>	<b>Type of Insurance</b>	H161 Individual Health – Major Medical					
<b>10.</b>	<b>Product Coding Matrix Filing Code</b>	H161.005C Individual – Other					
<b>11.</b>	<b>Submitted Documents</b>	<input type="checkbox"/> <b>FORMS</b> <input type="checkbox"/> Policy <input type="checkbox"/> Outline of Coverage <input type="checkbox"/> Certificate <input type="checkbox"/> Application/Enrollment <input type="checkbox"/> Rider/Endorsement <input type="checkbox"/> Advertising <input type="checkbox"/> Schedule of Benefits <input type="checkbox"/> Other <b>Rates</b> <input type="checkbox"/> New Rate <input checked="" type="checkbox"/> Revised Rate <input type="checkbox"/> <b>FILING OTHER THAN FORM OR RATE:</b> Please explain: _____  <b>SUPPORTING DOCUMENTATION</b> <input type="checkbox"/> Articles of Incorporation <input type="checkbox"/> Third Party Authorization <input type="checkbox"/> Association Bylaws <input type="checkbox"/> Trust Agreements <input type="checkbox"/> Statement of Variability <input type="checkbox"/> Certifications <input checked="" type="checkbox"/> Actuarial Memorandum <input type="checkbox"/> Other _____					

12.	<b>Filing Submission Date</b>	<b>October 13, 2009</b>
13.	<b>Filing Fee (If required)</b>	Amount <u>\$50.00</u> Check Date _____
		Retaliatory <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Check Number <u>EFT</u>
14.	<b>Date of Domiciliary Approval</b>	<b>Submitted October 13, 2009</b>
15.	<b>Filing Description: Major Medical 25% Rate Increase</b>	

16.	<b>Certification (If required): Arkansas</b>	
<p><b>I HEREBY CERTIFY</b> that I have reviewed the applicable filing requirements for this filing, and the filing complies with all applicable statutory and regulatory provisions for the state of <u>Arkansas</u>.</p>		
Print Name	<u>Jenna L. Fariss, ASA, MAAA</u>	Title <u>Consulting Actuary</u>
Signature		Date: <u>October 13, 2009</u>

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

	Document Name	Form Number		Replaced Form Number
	Description			Previous State Filing Number
01			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
02			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
03			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
04			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
05			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
06			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
07			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
08			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
09			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
10			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	

LH FFA-1

18.		Rate Filing Attachment		
This filing transmittal is part of company tracking number				
This filing corresponds to form filing company tracking number				
Overall percentage rate indication (when applicable)				
Overall percentage rate impact for this filing		%		
	Document Name	Affected Form Numbers		Previous State Filing Number
	Description			
01	Major Medical	L160-030	<input type="checkbox"/> New <input checked="" type="checkbox"/> Revised Request <u>+25%</u> - <u>    </u> % <input type="checkbox"/> Other <u>    </u>	
02			<input type="checkbox"/> New <input type="checkbox"/> Revised Request <u>    </u> % - <u>    </u> % <input type="checkbox"/> Other <u>    </u>	
03			<input type="checkbox"/> New <input type="checkbox"/> Revised Request <u>  </u> + <u>    </u> % - <u>    </u> % <input type="checkbox"/> Other <u>    </u>	
04			<input type="checkbox"/> New <input type="checkbox"/> Revised Request <u>  </u> + <u>    </u> % - <u>    </u> % <input type="checkbox"/> Other <u>    </u>	
05			<input type="checkbox"/> New <input type="checkbox"/> Revised Request <u>  </u> + <u>    </u> % - <u>    </u> % <input type="checkbox"/> Other <u>    </u>	
06			<input type="checkbox"/> New <input type="checkbox"/> Revised Request <u>  </u> + <u>    </u> % - <u>    </u> % <input type="checkbox"/> Other <u>    </u>	
07			<input type="checkbox"/> New <input type="checkbox"/> Revised Request <u>  </u> + <u>    </u> % - <u>    </u> % <input type="checkbox"/> Other <u>    </u>	
08			<input type="checkbox"/> New <input type="checkbox"/> Revised Request <u>  </u> + <u>    </u> % - <u>    </u> % <input type="checkbox"/> Other <u>    </u>	
09			<input type="checkbox"/> New <input type="checkbox"/> Revised Request <u>  </u> + <u>    </u> % - <u>    </u> % <input type="checkbox"/> Other <u>    </u>	
10			<input type="checkbox"/> New <input type="checkbox"/> Revised Request <u>  </u> + <u>    </u> % - <u>    </u> % <input type="checkbox"/> Other <u>    </u>	

LH RFA-1

**Exhibit I**

**United Teacher Associates Insurance Company**

Major Medical

Experience as of 9/30/2009

Form	Policy Number	Issue Age	Premium Current	Premium Proposed
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*In the state of Arkansas*

L160-030	DN1046712J	19	13,325.60	14,658.16
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SERFF Tracking Number: *ACMR-126354009* State: *Arkansas*  
 Filing Company: *United Teacher Associates Insurance Company* State Tracking Number: *43838*  
 Company Tracking Number:  
 TOI: *H16I Individual Health - Major Medical* Sub-TOI: *H16I.005C Individual - Other*  
 Product Name: *2009 Major Medical Rate Increase*  
 Project Name/Number: */*

## 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.

<b>Creation Date:</b>	<b>Schedule</b>	<b>Schedule Item Name</b>	<b>Replacement Creation Date</b>	<b>Attached Document(s)</b>
10/22/2009		Supporting Rate Pages Document	11/02/2009	AR-rate pages.pdf (Superseded)

**Exhibit I**  
**United Teacher Associates Insurance Company**  
Major Medical  
Experience as of 9/30/2009

Form	Policy Number	Issue Age	Premium Current	Premium Proposed
------	------------------	--------------	--------------------	---------------------

*In the state of Arkansas*

L160-030	DN1046712J	19	13,325.60	16,657.00
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United Teacher Associates Insurance Company  
Major Medical  
Active Forms by Original Company as of 9/30/2009

Company	Form
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*In the state of Arkansas*

Continental Assurance Company (CNA)	L160-030
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