

SERFF Tracking Number: CEUL-126433663 State: Arkansas
 Filing Company: Central United Life Insurance Company State Tracking Number: 44396
 Company Tracking Number: AR_XFORMS_2009
 TOI: H07I Individual Health - Specified Disease - Limited Benefit Sub-TOI: H07I.002A Dread Disease - Cancer Only
 Product Name: XFORMS
 Project Name/Number: XFORMS/

Filing at a Glance

Company: Central United Life Insurance Company

Product Name: XFORMS SERFF Tr Num: CEUL-126433663 State: Arkansas
 TOI: H07I Individual Health - Specified Disease - Limited Benefit SERFF Status: Closed-Approved- Closed State Tr Num: 44396
 Sub-TOI: H07I.002A Dread Disease - Cancer Only Co Tr Num: AR_XFORMS_2009 State Status: Approved-Closed
 Filing Type: Rate Reviewer(s): Rosalind Minor

Authors: Velvet Giron, Shaun Dillon Disposition Date: 12/31/2009
 Date Submitted: 12/29/2009 Disposition Status: Approved-Closed

Implementation Date Requested: 04/01/2010

Implementation Date:

State Filing Description:

General Information

Project Name: XFORMS
 Project Number:
 Requested Filing Mode: Review & Approval
 Explanation for Combination/Other:
 Submission Type: New Submission
 Overall Rate Impact: 20%
 Filing Status Changed: 12/31/2009

Status of Filing in Domicile: Pending
 Date Approved in Domicile:
 Domicile Status Comments:
 Market Type: Individual
 Group Market Size:
 Group Market Type:
 Explanation for Other Group Market Type:
 State Status Changed: 12/31/2009
 Created By: Velvet Giron
 Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Velvet Giron

Filing Description:

Re:

NAIC # 61883 Central United Life Insurance

Rate Increase: X-Forms

An actuarial study of our business in this line has revealed that our current rates are inadequate to support our experience. We have included the required Actuarial Memorandum detailing the actuarial analysis of our experience.

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The Company is requesting an 20% rate increase. The increase will be applied uniformly to all policyholders within the state.

We appreciate the Department's time and consideration in the review of this filing.

Company and Contact

Filing Contact Information

Velvet Giron, Statistician Technician I
 Wortham Tower
 2727 Allen Parkway
 Suite 500
 Houston, TX 99019-2100

vgiron@manhattanlife.com
 713-529-0045 [Phone] 5109 [Ext]
 713-529-9425 [FAX]

Filing Company Information

Central United Life Insurance Company
 Wortham Tower
 2727 Allen Parkway
 Suite 500
 Houston, TX 77019-2100
 (713) 529-0045 ext. [Phone]

CoCode: 61883
 Group Code:
 Group Name:
 FEIN Number: 42-0884060

State of Domicile: Arkansas
 Company Type:
 State ID Number:

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Central United Life Insurance Company	\$50.00	12/29/2009	33147262

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	12/31/2009	12/31/2009

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	12/29/2009	12/29/2009	Shaun Dillon	12/30/2009	12/30/2009

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Disposition

Disposition Date: 12/31/2009

Implementation Date:

Status: Approved-Closed

Comment:

We are approving a 15% level rate increase on this submission. Our approval is subject to the following conditions:

1. Rate increases will not be given prior to the first annual anniversary of the policy.
2. After the first annual anniversary, rate increases will not be given more than once in a twelve month period.
3. All increases, other than a zip code change or an age change, 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):
Central United Life Insurance Company	20.000%	20.000%	\$47,763	229	\$238,815	20.000%	20.000%

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document (revised)	Health - Actuarial Justification	Approved-Closed	No
Supporting Document	Health - Actuarial Justification	Replaced	No
Rate (revised)	Appendix D- Rates	Approved-Closed	No
Rate	Appendix D- Rates	Replaced	No

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Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 12/29/2009
Submitted Date 12/29/2009

Respond By Date

Dear Velvet Giron,

This will acknowledge receipt of the captioned filing.

Objection 1

- Health - Actuarial Justification (Supporting Document)

Comment:

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

The majority of the companies have been filing rate increase request in excess of 15% on specified disease policies. Our Department is requesting that the companies consider no more than a 15% increase due to increases in past years and/or the impact that another increase would have on the insureds during this difficult economic time.

If you accept the 15%, please provide us with an updated actuarial memo and rates.

Please feel free to contact me if you have questions.

Sincerely,

Rosalind Minor

Response Letter

Response Letter Status Submitted to State
Response Letter Date 12/30/2009
Submitted Date 12/30/2009

Dear Rosalind Minor,

Comments:

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Response 1

Comments: Thank you for your continued consideration in the filing above. The company has reduced the requested 20% to 15% as indicated in your letter dated 12/29/2009. Attached please find the revised rate sheets reflecting 15% rate increase.

Sincerely,
Velvet Giron

Related Objection 1

Applies To:
- Health - Actuarial Justification (Supporting Document)
Comment:

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If you accept the 15%, please provide us with an updated actuarial memo and rates.

Changed Items:

Supporting Document Schedule Item Changes

Satisfied -Name: Health - Actuarial Justification
Comment:

No Form Schedule items changed.

Rate/Rule Schedule Item Changes

Document Name:	Affected Form Numbers:	Rate Action:	Rate Action Information:	Attach Document:
Appendix D-	RatesBase: XCEP350MC, XCP1003, XCP1003AR,	New	Previous State Filing Number	

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XCP1004, XCP1004AR,
XCP1005 Riders: CSB91,
CSB93, DDCR13,
DDR2687, FOB87R,
HICP300600, HICUR6,
IC300600

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Previous Version

Appendix D- RatesBase: XCEP350MC, New Previous State Filing Number
XCP1003, XCP1003AR,
XCP1004, XCP1004AR,
XCP1005 Riders: CSB91,
CSB93, DDCR13,
DDR2687, FOB87R,
HICP300600, HICUR6,
IC300600

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Sincerely,
Shaun Dillon, Velvet Giron

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Rate Information

Rate data applies to filing.

Filing Method: SERFF
Rate Change Type: Increase
Overall Percentage of Last Rate Revision: 8.000%
Effective Date of Last Rate Revision: 02/01/2009
Filing Method of Last Filing: SERFF

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):
Central United Life Insurance Company	20.000%	20.000%	\$47,763	229	\$238,815	20.000%	20.000%