

SERFF Tracking Number: NELLI-126383708 State: Arkansas  
Filing Company: Philadelphia American Life Insurance Company State Tracking Number: 44817  
Company Tracking Number: PALIC UNLIMITED  
TOI: H07I Individual Health - Specified Disease - Limited Benefit Sub-TOI: H07I.002A Dread Disease - Cancer Only  
Product Name: Unlimited cancer  
Project Name/Number: Unlimited cancer/

## Filing at a Glance

Company: Philadelphia American Life Insurance Company

Product Name: Unlimited cancer SERFF Tr Num: NELLI-126383708 State: Arkansas  
TOI: H07I Individual Health - Specified Disease - Limited Benefit SERFF Status: Closed-Approved-Closed State Tr Num: 44817  
Sub-TOI: H07I.002A Dread Disease - Cancer Only Co Tr Num: PALIC UNLIMITED State Status: Approved-Closed  
Filing Type: Rate

Author: Ken Beckman Reviewer(s): Rosalind Minor  
Date Submitted: 11/25/2009 Disposition Date: 12/10/2009  
Disposition Status: Approved-Closed

Implementation Date Requested: 05/01/2010

Implementation Date:

State Filing Description:

## General Information

Project Name: Unlimited cancer  
Project Number:  
Requested Filing Mode: Review & Approval  
Explanation for Combination/Other:  
Submission Type: New Submission  
Overall Rate Impact: 16%  
Filing Status Changed: 12/10/2009

Status of Filing in Domicile: Authorized  
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: 12/10/2009  
Created By: Ken Beckman  
Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Ken Beckman

Filing Description:

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.

## Company and Contact

### Filing Contact Information

SERFF Tracking Number: NELL-126383708 State: Arkansas  
 Filing Company: Philadelphia American Life Insurance Company State Tracking Number: 44817  
 Company Tracking Number: PALIC UNLIMITED  
 TOI: H071 Individual Health - Specified Disease - Sub-TOI: H071.002A Dread Disease - Cancer Only  
 Limited Benefit  
 Product Name: Unlimited cancer  
 Project Name/Number: Unlimited cancer/

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	11/25/2009	32304929

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	12/10/2009	12/10/2009

### 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	12/03/2009	12/03/2009	Ken Beckman	12/03/2009	12/03/2009

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## Disposition

Disposition Date: 12/10/2009

Implementation Date:

Status: Approved-Closed

Comment:

We have approved your request of an overall aggregate increase of 16%. 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):
Philadelphia American Life Insurance Company	16.000%	16.000%	\$9,850	23	\$61,563	%	%

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Health - Actuarial Justification	Approved-Closed	No
Rate	rate schedule	Approved-Closed	No

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## Objection Letter

Objection Letter Status Pending Industry Response  
Objection Letter Date 12/03/2009  
Submitted Date 12/03/2009

Respond By Date

Dear Ken Beckman,

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 for Cancer/Specified Disease and other limited products.

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

If you accept our proposal, it is requested that you submit an update 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 12/03/2009  
Submitted Date 12/03/2009

Dear Rosalind Minor,

SERFF Tracking Number: NELL-126383708 State: Arkansas  
Filing Company: Philadelphia American Life Insurance Company State Tracking Number: 44817  
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TOI: H071 Individual Health - Specified Disease - Limited Benefit Sub-TOI: H071.002A Dread Disease - Cancer Only  
Product Name: Unlimited cancer  
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**Comments:**

**Response 1**

Comments: The company understands the Department's concern regarding the level of rate increases. However, our overall aggregate increase of 16% (which is actually somewhat less since riders are not increased) is in line with your 15% request. Therefore, we would like to renew our original request to use the different increases (22.5%, 20%, and 12.5%) that in total average around 16%. The reason that the requests differ by form grouping has to do with the level of premium currently in effect for each grouping. For example, the 526, et. al grouping has a significantly higher premium level in effect than the C09 form. Therefore, if we applied a 15% accross the board, the 526 et al policyholders would receive a significantly higher rate increase (in dollar terms) than the C09 policyholders. Therefore, we would like to proceed with our original request.

**Related Objection 1**

Applies To:

- 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 for Cancer/Specified Disease and other limited products.

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

If you accept our proposal, it is requested that you submit an update actuarial memorandum along with the adjusted rates.

Thank you for your understanding and cooperation.

**Changed Items:**

No Supporting Documents changed.

No Form Schedule items changed.

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No Rate/Rule Schedule items changed.

Sincerely,  
Ken Beckman

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**Rate Information**

Rate data applies to filing.

**Filing Method:**

**Rate Change Type:**

Increase

**Overall Percentage of Last Rate Revision:**

15.000%

**Effective Date of Last Rate Revision:**

05/01/2009

**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):
Philadelphia American Life Insurance Company	16.000%	16.000%	\$9,850	23	\$61,563	%	%

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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 12/10/2009	rate schedule	526, 527, 528, C09, C01, C02, 565	Revised	Previous State Filing Number: Percent Rate Change Request:	4668 16.000 AR Unlimited Value & C09 Rate Sheets 2010.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	9,224.54	16,443.74

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	7,219.20	12,834.14

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	9,224.54	16,443.74
45-54	12,834.14	22,058.67
55-59	15,441.07	26,871.48
60-64	17,446.41	30,481.08

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

ISSUE AGE	<u>INDIVIDUAL</u>	<u>FAMILY</u>
ALL AGES	1,742.70	3,106.51

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  
(SPECIAL RATES FOR JUNIOR CHAMBER OF COMMERCE)

ISSUE AGE	<u>INDIVIDUAL</u>	<u>FAMILY</u>
ALL AGES	1,363.81	2,424.61

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	1,742.70	3,106.51
45-54	2,424.61	4,167.25
55-59	2,917.10	5,076.47
60-64	3,295.93	5,758.38

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	10,828.80	19,050.67

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	8,422.40	14,839.47

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	2,045.71	3,599.00

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 9TH REV.

05/2010

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	1,591.13	2,803.44

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 9TH REV.

05/2010

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	12,433.07	21,657.61

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	9,705.82	16,844.81

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	12,433.07	21,657.61
45-54	16,844.81	30,080.01
55-59	20,855.47	36,898.14
60-64	23,863.47	42,312.55

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	2,348.79	4,091.49

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

FORM R-1247 AR 9TH REV.

05/2010

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	1,833.65	3,182.27

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	2,348.79	4,091.49
45-54	3,182.27	5,682.63
55-59	3,939.92	6,970.68
60-64	4,508.23	7,993.57

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	8,329.85	14,654.36
45-54	11,414.98	20,053.34
55-59	13,883.08	24,372.52
60-64	15,888.42	27,920.42
65-69	17,996.59	32,033.92
70-75	20,361.85	36,558.78

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	1,573.68	2,768.46
45-54	2,156.51	3,788.42
55-59	2,622.75	4,604.37
60-64	3,001.58	5,274.62
65-69	3,399.86	6,051.73
70-75	3,846.71	6,906.59

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	6,949.92	12,322.62	7,841.56	14,014.48	8,733.20	15,705.97
45-54	8,824.61	15,546.00	10,013.72	17,763.87	11,202.45	19,981.35
55-59	11,613.80	20,690.17	13,328.52	23,890.71	15,043.24	27,091.24
60-64	13,808.81	24,645.23	15,934.88	28,600.29	18,060.96	32,555.35
65-69	16,506.20	29,583.34	19,158.27	34,498.60	21,810.34	39,413.86
70-75	19,775.68	35,481.65	22,976.21	41,379.96	26,153.90	47,324.36

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	6,949.92	12,322.62	7,841.56	14,014.48	8,733.20	15,705.97

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	1,094.11	1,939.98	1,234.49	2,206.35	1,374.87	2,472.58
45-54	1,389.26	2,447.39	1,576.48	2,796.57	1,763.62	3,145.69
55-59	1,828.38	3,257.28	2,098.35	3,761.17	2,368.24	4,264.98
60-64	2,173.97	3,879.89	2,508.62	4,502.57	2,843.35	5,125.24
65-69	2,598.57	4,657.34	3,016.10	5,431.12	3,433.64	6,204.96
70-75	3,113.31	5,585.89	3,617.19	6,514.50	4,117.41	7,450.31

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	0.08330

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	1,094.11	1,939.98	1,234.49	2,206.35	1,374.87	2,472.58

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	0.08330

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	5,827.47	9,602.75	7,390.60

\$ 250 DAILY HOSPITAL BENEFIT

INDIVIDUAL	FAMILY	SINGLE PARENT
6,714.16	10,699.69	8,670.36

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	917.42	1,511.78	1,163.53

\$ 250 DAILY HOSPITAL BENEFIT

INDIVIDUAL	FAMILY	SINGLE PARENT
1,057.00	1,684.47	1,365.01

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

\$ 250 DAILY HOSPITAL BENEFIT

ISSUE AGE	INDIVIDUAL	FAMILY	SINGLE PARENT
39 & UNDER	2,067.68	3,653.32	2,549.71
40-54	2,625.82	4,608.51	3,227.10
55-59	3,455.43	6,134.53	4,271.09
60-64	4,108.72	7,306.64	5,082.94
65-69	4,910.42	8,804.76	6,100.28
70-75	5,883.37	10,519.79	7,297.76

ISSUE AGE	INDIVIDUAL	FAMILY	SINGLE PARENT
39 & UNDER	2,270.64	4,033.87	2,727.31
40-54	2,899.82	5,113.38	3,469.39
55-59	3,860.09	6,876.61	4,642.76
60-64	4,613.59	8,232.66	5,553.55
65-69	5,547.21	9,929.93	6,688.87
70-75	6,653.36	11,910.08	8,022.08

\$ 350 DAILY HOSPITAL BENEFIT

ISSUE AGE	INDIVIDUAL	FAMILY	SINGLE PARENT
39 & UNDER	2,531.95	4,528.59	3,044.43
40-54	3,247.40	5,761.59	3,889.26
55-59	4,361.15	7,811.51	5,247.84
60-64	5,236.43	9,387.00	6,303.25
65-69	6,323.54	11,364.62	7,621.23
70-75	7,583.18	13,645.41	9,144.72

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	2,067.68	3,653.32	2,549.71

\$ 250 DAILY HOSPITAL BENEFIT

INDIVIDUAL	FAMILY	SINGLE PARENT
2,270.64	4,033.87	2,727.31

\$ 350 DAILY HOSPITAL BENEFIT

INDIVIDUAL	FAMILY	SINGLE PARENT
2,531.95	4,528.59	3,044.43

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