

SERFF Tracking Number: CEUL-126182740 State: Arkansas  
Filing Company: Central United Life Insurance Company State Tracking Number: 42660  
Company Tracking Number: AR\_COMPANION\_2009  
TOI: H07I Individual Health - Specified Disease - Limited Benefit Sub-TOI: H07I.002A Dread Disease - Cancer Only  
Product Name: COMPANION  
Project Name/Number: Companion Cancer/

## Filing at a Glance

Company: Central United Life Insurance Company

Product Name: COMPANION SERFF Tr Num: CEUL-126182740 State: ArkansasLH

TOI: H07I Individual Health - Specified Disease - Limited Benefit SERFF Status: Closed State Tr Num: 42660

- Limited Benefit

Sub-TOI: H07I.002A Dread Disease - Cancer Only Co Tr Num: AR\_COMPANION\_2009 State Status: Approved-Closed

Only

Filing Type: Rate

Co Status:

Reviewer(s): Rosalind Minor

Author: Velvet Giron

Disposition Date: 06/25/2009

Date Submitted: 06/15/2009

Disposition Status: Approved-Closed

Implementation Date Requested: 09/01/2009

Implementation Date:

State Filing Description:

## General Information

Project Name: Companion Cancer

Project Number:

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact: 30%

Filing Status Changed: 06/25/2009

Deemer Date:

Filing Description:

Re:

NAIC # 61883 Central United Life Insurance

Rate Increase: Companion Cancer

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: 06/25/2009

Corresponding Filing Tracking Number:

SERFF Tracking Number: CEUL-126182740 State: Arkansas  
Filing Company: Central United Life Insurance Company State Tracking Number: 42660  
Company Tracking Number: AR\_COMPANION\_2009  
TOI: H071 Individual Health - Specified Disease - Limited Benefit Sub-TOI: H071.002A Dread Disease - Cancer Only  
Product Name: COMPANION  
Project Name/Number: Companion Cancer/

Dear Ms. Minor:

Enclosed for filing, please find our proposed rate increase for Companion Cancer.

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.

The Company is requesting a 30% 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  
Houston, TX 99019-2100  
vgiron@manhattanlife.com  
(713) 529-0045 [Phone]  
(713) 529-9425[FAX]

### Filing Company Information

Central United Life Insurance Company  
Wortham Tower  
2727 Allen Parkway  
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:  
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## Filing Fees

Fee Required? Yes  
Fee Amount: \$50.00  
Retaliatory? Yes  
Fee Explanation: Rates=\$50.00

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*Project Name/Number:* Companion Cancer/  
**Per Company:** No

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COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Central United Life Insurance Company	\$50.00	06/15/2009	28584039

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	06/25/2009	06/25/2009

### 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	06/17/2009	06/17/2009	Velvet Giron	06/24/2009	06/24/2009

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## Disposition

Disposition Date: 06/25/2009

Implementation Date:

Status: Approved-Closed

Comment:

We have approved a 10% level rate increase on your 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):
Central United Life Insurance Company	30.000%	30.000%	\$1,197	6	\$3,988	30.000%	30.000%

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

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## Objection Letter

Objection Letter Status Pending Industry Response  
Objection Letter Date 06/17/2009  
Submitted Date 06/17/2009

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 reviewed your request for a 30% rate increase on this closed block of business.

Based on the fact the the insureds have received three increases since 2006, one of which was 75%, and the impact that that a 30% rate increase would have on the insureds, our Department will consider no more than a 10% rate increase at this time.

If you wish to accept this percentage, please provide us with a revised actuarial memorandum and 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 06/24/2009  
Submitted Date 06/24/2009

Dear Rosalind Minor,

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Limited Benefit  
Product Name: COMPANION  
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**Comments:**

**Response 1**

Comments: Dear Ms.Minor:

Thank you for your continued consideration of this rate increase filing. The Company has reduced the requested rate increase of 30% to 10% as you indicated in your letter dated 06-17-2009.

Please note that we have uploaded the Revised Rate Sheet and Memorandum reflecting 10%.

Sincerely,

Velvet Giron

**Related Objection 1**

Applies To:

- Health - Actuarial Justification (Supporting Document)

Comment:

Our Department has reviewed your request for a 30% rate increase on this closed block of business.

Based on the fact the the insureds have received three increases since 2006, one of which was 75%, and the impact that that a 30% rate increase would have on the insureds, our Department will consider no more than a 10% rate increase at this time.

If you wish to accept this percentage, please provide us with a revised actuarial memorandum and rates.

Thank you for your understanding and cooperation.

**Changed Items:**

**Supporting Document Schedule Item Changes**

Satisfied -Name: Health - Actuarial Justification

Comment:

No Form Schedule items changed.

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No Rate/Rule Schedule items changed.

Sincerely,  
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:** 10.000%  
**Effective Date of Last Rate Revision:** 09/01/2008  
**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	30.000%	30.000%	\$1,197	6	\$3,988	30.000%	30.000%