

SERFF Tracking Number: ACMR-126243092 State: Arkansas  
 Filing Company: United Teacher Associates Insurance Company State Tracking Number: 43051  
 Company Tracking Number:  
 TOI: H15I Individual Health - Sub-TOI: H15I.001 Health - Hospital/Surgical/Medical  
 Hospital/Surgical/Medical Expense Expense  
 Product Name: Hospital Surgical Rate Revision  
 Project Name/Number: /

## Filing at a Glance

Company: United Teacher Associates Insurance Company  
 Product Name: Hospital Surgical Rate Revision SERFF Tr Num: ACMR-126243092 State: ArkansasLH  
 TOI: H15I Individual Health - SERFF Status: Closed State Tr Num: 43051  
 Hospital/Surgical/Medical Expense  
 Sub-TOI: H15I.001 Health - Co Tr Num: State Status: Approved-Closed  
 Hospital/Surgical/Medical Expense  
 Filing Type: Rate Co Status: Reviewer(s): Rosalind Minor  
 Author: Jenna Fariss Disposition Date: 07/30/2009  
 Date Submitted: 07/27/2009 Disposition Status: Approved-Closed  
 Implementation Date Requested: 09/01/2009 Implementation Date:  
 State Filing Description:

## General Information

Project Name: Status of Filing in Domicile: Pending  
 Project Number: Date Approved in Domicile:  
 Requested Filing Mode: Review & Approval Domicile Status Comments: Submitted  
 7/20/2009.  
 Explanation for Combination/Other: Market Type: Individual  
 Submission Type: New Submission Group Market Size:  
 Overall Rate Impact: 15% Group Market Type:  
 Filing Status Changed: 07/30/2009 Explanation for Other Group Market Type:  
 State Status Changed: 07/30/2009  
 Deemer Date: Corresponding Filing Tracking Number:  
 Filing Description:  
 2009 Hospital Surgical Rate Revision

SERFF Tracking Number: ACMR-126243092 State: Arkansas  
 Filing Company: United Teacher Associates Insurance Company State Tracking Number: 43051  
 Company Tracking Number:  
 TOI: H151 Individual Health - Sub-TOI: H151.001 Health - Hospital/Surgical/Medical  
 Hospital/Surgical/Medical Expense Expense  
 Product Name: Hospital Surgical Rate Revision  
 Project Name/Number: /

## Company and Contact

### Filing Contact Information

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

Jenna Fariss, Consulting Actuary jfariss@actmanre.com  
 4964 University Parkway (336) 714-2914 [Phone]  
 Winston-Salem, NC 27106 (336) 759-3141[FAX]

### Filing Company Information

United Teacher Associates Insurance Company CoCode: 63479 State of Domicile: Texas  
 5508 Parkcrest Drive Group Code: Company Type: Life & Health  
 P.O. Box 26580  
 Austin, TX 78755-0580 Group Name: State ID Number:  
 (800) 880-8824 ext. [Phone] FEIN Number: 58-0869673  
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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 #
United Teacher Associates Insurance Company	\$50.00	07/27/2009	29451889

SERFF Tracking Number: ACMR-126243092 State: Arkansas  
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 TOI: H151 Individual Health - Sub-TOI: H151.001 Health - Hospital/Surgical/Medical  
 Hospital/Surgical/Medical Expense Expense  
 Product Name: Hospital Surgical Rate Revision  
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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	07/30/2009	07/30/2009

### 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	07/30/2009	07/30/2009	Jenna Fariss	07/30/2009	07/30/2009

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 Product Name: Hospital Surgical Rate Revision  
 Project Name/Number: /

## Disposition

Disposition Date: 07/30/2009

Implementation Date:

Status: Approved-Closed

Comment:

We have approved your request of 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	15.000%	15.000%	\$744	8	\$4,962	%	%

SERFF Tracking Number: ACMR-126243092 State: Arkansas  
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 TOI: H151 Individual Health - Sub-TOI: H151.001 Health - Hospital/Surgical/Medical  
 Hospital/Surgical/Medical Expense Expense  
 Product Name: Hospital Surgical Rate Revision  
 Project Name/Number: /

Item Type	Item Name	Item Status	Public Access
Supporting Document (revised)	Health - Actuarial Justification	Approved-Closed	No
Supporting Document	Health - Actuarial Justification	Replaced	No
Supporting Document	Cover Letter	Approved-Closed	Yes
Supporting Document	Transmittal Form	Approved-Closed	Yes
Supporting Document	Authorization Letter	Approved-Closed	Yes
Supporting Document (revised)	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	L170-087	Approved-Closed	No
Rate	P1-50600A	Approved-Closed	No
Rate	P1-51459	Approved-Closed	No
Rate	P1-51842	Approved-Closed	No
Rate	P1-60658	Approved-Closed	No
Rate	P1-62568	Approved-Closed	No

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TOI: H151 Individual Health - Sub-TOI: H151.001 Health - Hospital/Surgical/Medical  
Hospital/Surgical/Medical Expense Expense  
Product Name: Hospital Surgical Rate Revision  
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## Objection Letter

Objection Letter Status Pending Industry Response  
Objection Letter Date 07/30/2009  
Submitted Date 07/30/2009

Respond By Date

Dear Jenna Fariss,

This will acknowledge receipt of the captioned filing.

Objection 1

- Health - Actuarial Justification (Supporting Document)

Comment:

Due to the fact that the Arkansas experience is not credible, our Department will consider no more than a 10% rate increase on this submission.

If you wish to accept the 10%, please send an amended actuarial memorandum along with the 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 07/30/2009  
Submitted Date 07/30/2009

Dear Rosalind Minor,

**Comments:**

Thank you for your letter earlier today.

**Response 1**

SERFF Tracking Number: ACMR-126243092 State: Arkansas  
Filing Company: United Teacher Associates Insurance Company State Tracking Number: 43051  
Company Tracking Number:  
TOI: H151 Individual Health - Sub-TOI: H151.001 Health - Hospital/Surgical/Medical  
Hospital/Surgical/Medical Expense Expense  
Product Name: Hospital Surgical Rate Revision  
Project Name/Number: /

Comments: We will accept the amended 10% rate increase. I have attached an amended actuarial memorandum and rate page. Please let me know if anything further is needed.

#### **Related Objection 1**

Applies To:

- Health - Actuarial Justification (Supporting Document)

Comment:

Due to the fact that the Arkansas experience is not credible, our Department will consider no more than a 10% rate increase on this submission.

If you wish to accept the 10%, please send an amended actuarial memorandum along with the 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:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Thank you for your time and consideration

Sincerely,

Jenna Fariss

SERFF Tracking Number: ACMR-126243092 State: Arkansas  
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 Company Tracking Number:  
 TOI: H151 Individual Health - Hospital/Surgical/Medical Expense Sub-TOI: H151.001 Health - Hospital/Surgical/Medical Expense  
 Product Name: Hospital Surgical Rate Revision  
 Project Name/Number: /

**Rate Information**

Rate data applies to filing.

**Filing Method:**

**Rate Change Type:**

Increase

**Overall Percentage of Last Rate Revision:**

30.000%

**Effective Date of Last Rate Revision:**

06/20/2008

**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	15.000%	15.000%	\$744	8	\$4,962	%	%

SERFF Tracking Number: ACMR-126243092 State: Arkansas  
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Product Name: Hospital Surgical Rate Revision  
Project Name/Number: /

## Supporting Document Schedules

<b>Satisfied -Name:</b> Cover Letter	<b>Review Status:</b> Approved-Closed	07/30/2009
<b>Comments:</b>		
<b>Attachment:</b> AR-cover letter.pdf		
<b>Satisfied -Name:</b> Transmittal Form	<b>Review Status:</b> Approved-Closed	07/30/2009
<b>Comments:</b>		
<b>Attachment:</b> AR-transmittal form.pdf		
<b>Satisfied -Name:</b> Authorization Letter	<b>Review Status:</b> Approved-Closed	07/30/2009
<b>Comments:</b>		
<b>Attachment:</b> authorization letter.pdf		
<b>Satisfied -Name:</b> Rate Pages	<b>Review Status:</b> Approved-Closed	07/30/2009
<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

July 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  
Form69MG (LS-4364), etc. – Hospital Surgical Rate Revision  
NAIC # 63479, FEIN # 58-0869673

Enclosed, in duplicate, 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 15% 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 in the enclosed pre-addressed, stamped envelope. 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

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

<b>1.</b>	<b>Prepared for the State of</b>	Arkansas
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<b>2.</b>	<b>Department Use Only</b>	
	<b>State Tracking ID</b>	

3.	Insurer Name & Address	Domicile	Insurer License Type	NAIC Group #	NAIC #	FEIN #	State #
	United Teacher Associates Insurance Company 5508 Parkcrest Drive Austin, TX 78731	Texas	Life		63479	58-0869673	

4.	Contact Name & Address	Telephone #	Fax #	E-mail Address
	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): _____
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<b>6.</b>	<b>Company Tracking Number</b>	
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<b>7.</b>	<input checked="" type="checkbox"/> <b>New Submission</b> <input type="checkbox"/> <b>Resubmission</b>	Previous file # _____
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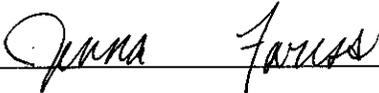
<b>8.</b>	<b>Market</b>	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Franchise	<input type="checkbox"/> Small <input type="checkbox"/> Large <input type="checkbox"/> Small and Large <input type="checkbox"/> Employer <input type="checkbox"/> Association <input type="checkbox"/> Blanket <input type="checkbox"/> Discretionary <input type="checkbox"/> Trust <input type="checkbox"/> Other: _____
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<b>9.</b>	<b>Type of Insurance</b>	H151 Individual Health – Hospital/Surgical/Medical Expense
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<b>10.</b>	<b>Product Coding Matrix Filing Code</b>	H151.001 Individual Health – Hospital Surgical/Medical Expense
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<b>11.</b>	<b>Submitted Documents</b>	<p><input type="checkbox"/> <b>FORMS</b></p> <table style="width:100%;"> <tr> <td><input type="checkbox"/> Policy</td> <td><input type="checkbox"/> Outline of Coverage</td> <td><input type="checkbox"/> Certificate</td> </tr> <tr> <td><input type="checkbox"/> Application/Enrollment</td> <td><input type="checkbox"/> Rider/Endorsement</td> <td><input type="checkbox"/> Advertising</td> </tr> <tr> <td><input type="checkbox"/> Schedule of Benefits</td> <td><input type="checkbox"/> Other</td> <td></td> </tr> </table> <p><b>Rates</b></p> <p><input type="checkbox"/> New Rate      <input checked="" type="checkbox"/> Revised Rate</p> <p><input type="checkbox"/> <b>FILING OTHER THAN FORM OR RATE:</b> Please explain: _____</p> <p><b>SUPPORTING DOCUMENTATION</b></p> <table style="width:100%;"> <tr> <td><input type="checkbox"/> Articles of Incorporation</td> <td><input type="checkbox"/> Third Party Authorization</td> </tr> <tr> <td><input type="checkbox"/> Association Bylaws</td> <td><input type="checkbox"/> Trust Agreements</td> </tr> <tr> <td><input type="checkbox"/> Statement of Variability</td> <td><input type="checkbox"/> Certifications</td> </tr> <tr> <td><input checked="" type="checkbox"/> Actuarial Memorandum</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Other</td> <td></td> </tr> </table>	<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		<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	
<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																				
<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>7/20/2009</b>	
13.	<b>Filing Fee (If required)</b>	Amount	<u>\$50.00</u>
		Check Date	<u>5/15/08</u>
		Retaliatory	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		Check Number	<u>5568</u>
14.	<b>Date of Domiciliary Approval</b>	<b>Submitted 7/20/2009</b>	
15.	<b>Filing Description: Hospital Surgical 15% Rate Increase</b>		

16.	<b>Certification (If required): Arkansas</b>		
<p>I HEREBY CERTIFY 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>July 14, 2009</u>

17.	<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	Hospital Surgical	L170-087, P1-50600A, P1-51459, P1-51842, P1-60658, P1-62568	<input type="checkbox"/> New <input checked="" type="checkbox"/> Revised Request +15% - ____% <input type="checkbox"/> Other _____	
02			<input type="checkbox"/> New <input type="checkbox"/> Revised Request ____% - ____% <input type="checkbox"/> Other _____	
03			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____% - ____% <input type="checkbox"/> Other _____	
04			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____% - ____% <input type="checkbox"/> Other _____	
05			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____% - ____% <input type="checkbox"/> Other _____	
06			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____% - ____% <input type="checkbox"/> Other _____	
07			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____% - ____% <input type="checkbox"/> Other _____	
08			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____% - ____% <input type="checkbox"/> Other _____	
09			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____% - ____% <input type="checkbox"/> Other _____	
10			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____% - ____% <input type="checkbox"/> Other _____	

LH RFA-1



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,

A handwritten signature in black ink, appearing to read "Tracy E. Maples".

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

**Exhibit I**

**United Teacher Associates Insurance Company**  
Individual Hospital Surgical Block  
Experience as of 6/30/09

Form	Policy Number	Issue Age	Premium	
			Current	Proposed

*In the state of Arkansas*

L170-087	DN1077894H	26	291.87	321.06
L170-087	DN1078092H	46	411.37	452.51
L170-087	DN1078406H	32	355.88	391.47
P1-50600A	DC6123061H	47	1,192.29	1,311.52
P1-51459	DC4002249H	32	200.78	220.86
P1-51842	DC4025713H	23	348.04	382.84
P1-60658	DC3839012H	18	119.21	131.13
P1-62568	DC4025712H	23	2,883.21	3,171.53

SERFF Tracking Number: *ACMR-126243092* State: *Arkansas*  
 Filing Company: *United Teacher Associates Insurance Company* State Tracking Number: *43051*  
 Company Tracking Number:  
 TOI: *H151 Individual Health - Hospital/Surgical/Medical Expense* Sub-TOI: *H151.001 Health - Hospital/Surgical/Medical Expense*  
 Product Name: *Hospital Surgical Rate Revision*  
 Project Name/Number: */*

## Superseded Attachments

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.

Original Date:	Schedule	Document Name	Replaced Date	Attach Document
No original date	Supporting Document	Rate Pages	07/27/2009	AR-rate pages.pdf

**Exhibit I**

**United Teacher Associates Insurance Company**  
Individual Hospital Surgical Block  
Experience as of 6/30/09

Form	Policy Number	Issue Age	Premium	
			Current	Proposed

*In the state of Arkansas*

L170-087	DN1077894H	26	291.87	335.65
L170-087	DN1078092H	46	411.37	473.08
L170-087	DN1078406H	32	355.88	409.26
P1-50600A	DC6123061H	47	1,192.29	1,371.13
P1-51459	DC4002249H	32	200.78	230.90
P1-51842	DC4025713H	23	348.04	400.25
P1-60658	DC3839012H	18	119.21	137.09
P1-62568	DC4025712H	23	2,883.21	3,315.69

United Teacher Associates Insurance Company  
Individual Hospital Surgical Block  
Active Forms by Original Company as of 6/30/09

Company	Form
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*In the state of Arkansas*

Continental Assurance Company (CNA)	L170-087
Continental Casualty Company (CNA)	P1-50600A
Continental Casualty Company (CNA)	P1-51459
Continental Casualty Company (CNA)	P1-51842
Continental Casualty Company (CNA)	P1-60658
Continental Casualty Company (CNA)	P1-62568