Filing at a Glance

Company: Reserve National Insurance Company

Product Name: Additional Benefit Option Under Form PS-1	SERFF Tr Num: RNIC-126213113	State: ArkansasLH
TOI: H15I Individual Health - Hospital/Surgical/Medical Expense	SERFF Status: Closed	State Tr Num: 42821
Sub-TOI: H15I.001 Health - Hospital/Surgical/Medical Expense	Co Tr Num:	State Status: Approved-Closed
Filing Type: Rate	Co Status:	Reviewer(s): Rosalind Minor
	Authors: Brenda Ingram, Kyle Conrad	Disposition Date: 07/06/2009
	Date Submitted: 07/01/2009	Disposition Status: Approved-Closed
Implementation Date Requested: On Approval		Implementation Date:

State Filing Description:

General Information

Project Name: Additional Benefit Option Under Form PS-1	Status of Filing in Domicile: Authorized
Project Number:	Date Approved in Domicile: 06/30/2009
Requested Filing Mode: Review & Approval	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Individual
Submission Type: New Submission	Group Market Size:
Overall Rate Impact:	Group Market Type:
Filing Status Changed: 07/06/2009	Explanation for Other Group Market Type:
	State Status Changed: 07/06/2009
Deemer Date:	Corresponding Filing Tracking Number:

Filing Description:

July 1, 2009

Ms. Rosalind D. Minor
Certified Rate and Form Analyst
Life and Health Division
Arkansas Insurance Department
1200 West Third Street
Little Rock, AR 72201-1904

RE: Reserve National Insurance Company - NAIC # 68462; FEIN# 73-0661453
Increased Optional Miscellaneous Hospital Expense Benefits Available Under
Individual Hospital, Medical and Surgical Expense Policy Form PS-1

Dear Ms. Minor:

We request your approval of rates and a supporting actuarial memorandum reflecting the availability of additional benefit options for applicants for our previously-approved Individual Hospital, Medical and Surgical Expense Policy Form PS-1. This is not a rate increase filing.

Form PS-1, which was previously approved by your office, provides scheduled benefits for daily hospital room and board, miscellaneous hospital expenses, inpatient diagnostic radiology, inpatient pathology, inpatient and outpatient surgery, anesthesia, mammograms, pap smears, prostate examinations, doctor visits, any applicable mandated benefits and optional outpatient benefits. Benefit maximums are “renewable” as provided in the policy.

With respect to miscellaneous hospital expenses, the “basic” Form PS-1 policy pays 80%, after a deductible selected by the applicant/insured, of up to $25,000 for any one injury or sickness. Currently, on an optional basis, the applicant/insured can select miscellaneous hospital expense maximums which are payable at 80%, after the deductible, up to (a) $50,000 or (b) $100,000.

We have determined that additional maximum benefits for miscellaneous hospital expenses for any one injury or sickness should be available on an optional basis. Therefore, we are submitting rates and a supporting actuarial memorandum for maximum benefits for miscellaneous hospital expenses of $250,000 for any one injury or sickness. New deductibles, as reflected on the submitted rate sheets, are also available with this new miscellaneous hospital

expense maximum.

If this filing meets with your approval, please provide us with appropriate evidence thereof.

Thank you for your consideration in this matter. If there are any questions, you may contact me by telephone at (800) 874-1431, by fax at (405) 840-3426 or by e-mail at kconrad@unitrin.com.

Sincerely,

Kyle D. Conrad
Senior Vice President
and Associate Corporate Counsel

Company and Contact

Filing Contact Information

Kyle Conrad, Vice President & Associate Corporate Counsel	kconrad@unitrin.com
6100 N. W. Grand Blvd	(800) 874-1431 [Phone]
Oklahoma City, OK 73118	

Filing Company Information

Reserve National Insurance Company	CoCode: 68462	State of Domicile: Oklahoma
6100 N.W. Grand Boulevard	Group Code: 215	Company Type: Life and Health
Oklahoma City, OK 73118	Group Name: Reserve National	State ID Number:
(405) 848-7931 ext. 549[Phone]	FEIN Number: 73-0661453	

Filing Fees

Fee Required?	Yes
Fee Amount:	$50.00

SERFF Tracking Number:	*RNIC-126213113*	*State:*	*Arkansas*
Filing Company:	*Reserve National Insurance Company*	*State Tracking Number:*	*42821*
Company Tracking Number:			
TOI:	*H15I Individual Health - Hospital/Surgical/Medical Expense*	*Sub-TOI:*	*H15I.001 Health - Hospital/Surgical/Medical Expense*
Product Name:	*Additional Benefit Option Under Form PS-1*		
Project Name/Number:	*Additional Benefit Option Under Form PS-1/*		

Retaliatory?	No
Fee Explanation:	Rate Filing = $50.00
Per Company:	No

SERFF Tracking Number:	*RNIC-126213113*	*State:*	*Arkansas*
Filing Company:	*Reserve National Insurance Company*	*State Tracking Number:*	*42821*
Company Tracking Number:			
TOI:	*H15I Individual Health - Hospital/Surgical/Medical Expense*	*Sub-TOI:*	*H15I.001 Health - Hospital/Surgical/Medical Expense*
Product Name:	*Additional Benefit Option Under Form PS-1*		
Project Name/Number:	*Additional Benefit Option Under Form PS-1/*		

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Reserve National Insurance Company	$50.00	07/01/2009	28920697

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	07/06/2009	07/06/2009

Disposition

Disposition Date: 07/06/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	*RNIC-126213113*	*State:*	*Arkansas*
Filing Company:	*Reserve National Insurance Company*	*State Tracking Number:*	*42821*
Company Tracking Number:			
TOI:	*H15I Individual Health - Hospital/Surgical/Medical Expense*	*Sub-TOI:*	*H15I.001 Health - Hospital/Surgical/Medical Expense*
Product Name:	*Additional Benefit Option Under Form PS-1*		
Project Name/Number:	*Additional Benefit Option Under Form PS-1/*		

Item Type	Item Name	Item Status	Public Access
Supporting Document	Health - Actuarial Justification	Approved-Closed	No
Rate	Rates	Approved-Closed	Yes

Rate Information

Rate data does NOT apply to filing.

Rate/Rule Schedule

Review Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:*	Rate ActionInformation:	Attachments
Approved-Closed	Rates	PS-1	New		Arkansas Rates 250K.pdf

Exhibit II

RESERVE NATIONAL INSURANCE COMPANY

Oklahoma City, Oklahoma
Form: PS-1 Rates
Arkansas
REGULAR MONTHLY PREMIUM RATES SMOKERS

$250,000 H.M.E.B & $4,000 Surgery with following Deductible

Ages	$500	$1,000	$1,500	$2,000	$2,500	$3,500	$5,000	$7,500	$10,000
0-17	116.00	103.00	96.00	91.00	84.00	81.00	75.00	70.00	68.00
18	121.00	107.00	98.00	95.00	87.00	83.00	78.00	72.00	69.00
19	121.00	107.00	98.00	95.00	87.00	83.00	78.00	72.00	69.00
20	121.00	107.00	98.00	95.00	87.00	83.00	78.00	72.00	69.00
21	121.00	107.00	98.00	95.00	87.00	83.00	78.00	72.00	69.00
22	121.00	107.00	98.00	95.00	87.00	83.00	78.00	72.00	69.00
23	121.00	107.00	98.00	95.00	87.00	83.00	78.00	72.00	69.00
24	121.00	107.00	98.00	95.00	87.00	83.00	78.00	72.00	69.00
25	121.00	107.00	98.00	95.00	87.00	83.00	78.00	72.00	69.00
26	122.00	110.00	101.00	96.00	89.00	85.00	81.00	75.00	71.00
27	127.00	111.00	103.00	97.00	93.00	87.00	82.00	76.00	74.00
28	129.00	114.00	104.00	98.00	95.00	90.00	84.00	79.00	76.00
29	132.00	117.00	110.00	102.00	97.00	94.00	85.00	81.00	77.00
30	136.00	119.00	111.00	104.00	98.00	94.00	87.00	82.00	78.00
31	139.00	122.00	114.00	108.00	100.00	95.00	88.00	83.00	79.00
32	142.00	127.00	116.00	110.00	102.00	97.00	91.00	85.00	82.00
33	146.00	129.00	119.00	111.00	104.00	100.00	95.00	87.00	83.00
34	149.00	132.00	121.00	116.00	110.00	103.00	98.00	90.00	88.00
35	153.00	135.00	127.00	117.00	111.00	104.00	98.00	93.00	89.00
36	158.00	136.00	128.00	119.00	113.00	106.00	100.00	94.00	90.00
37	160.00	142.00	132.00	122.00	116.00	111.00	103.00	97.00	93.00
38	162.00	144.00	134.00	127.00	119.00	114.00	106.00	100.00	95.00
39	167.00	148.00	136.00	129.00	121.00	116.00	108.00	102.00	97.00
40	171.00	151.00	139.00	132.00	122.00	117.00	110.00	102.00	97.00
41	177.00	154.00	144.00	135.00	128.00	121.00	114.00	106.00	102.00
42	179.00	160.00	147.00	138.00	130.00	122.00	116.00	108.00	104.00
43	187.00	166.00	152.00	145.00	134.00	127.00	120.00	111.00	107.00
44	195.00	170.00	159.00	148.00	139.00	133.00	123.00	116.00	110.00
45	200.00	178.00	164.00	153.00	145.00	136.00	128.00	120.00	116.00
46	209.00	183.00	170.00	161.00	151.00	144.00	134.00	125.00	121.00
47	210.00	185.00	171.00	161.00	152.00	146.00	135.00	126.00	121.00
48	225.00	198.00	183.00	171.00	162.00	153.00	144.00	135.00	130.00
49	231.00	206.00	191.00	180.00	168.00	159.00	151.00	140.00	135.00
50	242.00	213.00	198.00	185.00	173.00	166.00	155.00	145.00	139.00
51	250.00	219.00	204.00	191.00	181.00	172.00	160.00	152.00	146.00
52	260.00	229.00	212.00	199.00	186.00	176.00	167.00	155.00	149.00
53	269.00	238.00	219.00	205.00	193.00	185.00	173.00	161.00	155.00
54	280.00	248.00	230.00	215.00	203.00	192.00	181.00	170.00	162.00
55	293.00	259.00	238.00	224.00	210.00	202.00	189.00	176.00	168.00
56	305.00	268.00	249.00	234.00	218.00	206.00	193.00	181.00	176.00
57	319.00	281.00	260.00	244.00	228.00	218.00	205.00	191.00	183.00
58	343.00	301.00	278.00	262.00	244.00	231.00	219.00	205.00	196.00
59	365.00	321.00	298.00	276.00	260.00	247.00	231.00	217.00	209.00
60	388.00	342.00	317.00	297.00	278.00	263.00	248.00	232.00	223.00
61	414.00	364.00	337.00	315.00	295.00	281.00	264.00	248.00	237.00
62	441.00	390.00	359.00	337.00	314.00	299.00	281.00	263.00	253.00
63	470.00	414.00	381.00	358.00	336.00	318.00	300.00	281.00	269.00
64	496.00	434.00	402.00	377.00	353.00	336.00	315.00	297.00	283.00
65	569.00	500.00	463.00	433.00	406.00	385.00	362.00	339.00	326.00

Monthly Bank Draft = Monthly Rate X .92 Quarterly Rate =Monthly Rate X 2.94
Semi-Annual Rate = Monthly Rate X 5.82 Annual Rate =Monthly Rate X 11.04

Exhibit II

RESERVE NATIONAL INSURANCE COMPANY

Oklahoma City, Oklahoma
Form: PS-1 Rates
Arkansas
REGULAR MONTHLY PREMIUM RATES NON-SMOKERS

$250,000 H.M.E.B & $4,000 Surgery with following Deductible

Ages	$500	$1,000	$1,500	$2,000	$2,500	$3,500	$5,000	$7,500	$10,000
0-17	98.00	87.00	81.00	77.00	71.00	68.00	63.00	59.00	57.00
18	102.00	90.00	83.00	80.00	73.00	70.00	66.00	61.00	58.00
19	102.00	90.00	83.00	80.00	73.00	70.00	66.00	61.00	58.00
20	102.00	90.00	83.00	80.00	73.00	70.00	66.00	61.00	58.00
21	102.00	90.00	83.00	80.00	73.00	70.00	66.00	61.00	58.00
22	102.00	90.00	83.00	80.00	73.00	70.00	66.00	61.00	58.00
23	102.00	90.00	83.00	80.00	73.00	70.00	66.00	61.00	58.00
24	102.00	90.00	83.00	80.00	73.00	70.00	66.00	61.00	58.00
25	102.00	90.00	83.00	80.00	73.00	70.00	66.00	61.00	58.00
26	103.00	93.00	85.00	81.00	75.00	72.00	68.00	63.00	60.00
27	107.00	94.00	87.00	82.00	78.00	73.00	69.00	64.00	62.00
28	109.00	96.00	88.00	83.00	80.00	76.00	71.00	67.00	64.00
29	111.00	99.00	93.00	86.00	82.00	79.00	72.00	68.00	65.00
30	115.00	100.00	94.00	88.00	83.00	79.00	73.00	69.00	66.00
31	117.00	103.00	96.00	91.00	84.00	80.00	74.00	70.00	67.00
32	120.00	107.00	98.00	93.00	86.00	82.00	77.00	72.00	69.00
33	123.00	109.00	100.00	94.00	88.00	84.00	80.00	73.00	70.00
34	126.00	111.00	102.00	98.00	93.00	87.00	83.00	76.00	74.00
35	129.00	114.00	107.00	99.00	94.00	88.00	83.00	78.00	75.00
36	133.00	115.00	108.00	100.00	95.00	89.00	84.00	79.00	76.00
37	135.00	120.00	111.00	103.00	98.00	94.00	87.00	82.00	78.00
38	137.00	121.00	113.00	107.00	100.00	96.00	89.00	84.00	80.00
39	141.00	125.00	115.00	109.00	102.00	98.00	91.00	86.00	82.00
40	144.00	127.00	117.00	111.00	103.00	99.00	93.00	86.00	82.00
41	149.00	130.00	121.00	114.00	108.00	102.00	96.00	89.00	86.00
42	151.00	135.00	124.00	116.00	110.00	103.00	98.00	91.00	88.00
43	158.00	140.00	128.00	122.00	113.00	107.00	101.00	94.00	90.00
44	164.00	143.00	134.00	125.00	117.00	112.00	104.00	98.00	93.00
45	169.00	150.00	138.00	129.00	122.00	115.00	108.00	101.00	98.00
46	176.00	154.00	143.00	136.00	127.00	121.00	113.00	105.00	102.00
47	177.00	156.00	144.00	136.00	128.00	123.00	114.00	106.00	102.00
48	190.00	167.00	154.00	144.00	137.00	129.00	121.00	114.00	110.00
49	195.00	174.00	161.00	152.00	142.00	134.00	127.00	118.00	114.00
50	204.00	180.00	167.00	156.00	146.00	140.00	131.00	122.00	117.00
51	211.00	185.00	172.00	161.00	153.00	145.00	135.00	128.00	123.00
52	219.00	193.00	179.00	168.00	157.00	148.00	141.00	131.00	126.00
53	227.00	201.00	185.00	173.00	163.00	156.00	146.00	136.00	131.00
54	236.00	209.00	194.00	181.00	171.00	162.00	153.00	143.00	137.00
55	247.00	218.00	201.00	189.00	177.00	170.00	159.00	148.00	142.00
56	257.00	226.00	210.00	197.00	184.00	174.00	163.00	153.00	148.00
57	269.00	237.00	219.00	206.00	192.00	184.00	173.00	161.00	154.00
58	289.00	254.00	234.00	221.00	206.00	195.00	185.00	173.00	165.00
59	308.00	271.00	251.00	233.00	219.00	208.00	195.00	183.00	176.00
60	327.00	288.00	267.00	250.00	234.00	222.00	209.00	196.00	188.00
61	349.00	307.00	284.00	266.00	249.00	237.00	223.00	209.00	200.00
62	372.00	329.00	303.00	284.00	265.00	252.00	237.00	222.00	213.00
63	396.00	349.00	321.00	302.00	283.00	268.00	253.00	237.00	227.00
64	418.00	366.00	339.00	318.00	298.00	283.00	266.00	250.00	239.00
65	480.00	422.00	390.00	365.00	342.00	325.00	305.00	286.00	275.00

Monthly Bank Draft = Monthly Rate X .92 Quarterly Rate =Monthly Rate X 2.94
Semi-Annual Rate = Monthly Rate X 5.82 Annual Rate =Monthly Rate X 11.04

Exhibit II

RESERVE NATIONAL INSURANCE COMPANY

Oklahoma City, Oklahoma
Form: PS-1 Rates
Arkansas
REGULAR MONTHLY PREMIUM RATES SMOKERS

$250,000 H.M.E.B & $8,000 Surgery with following Deductible

Ages	$500	$1,000	$1,500	$2,000	$2,500	$3,500	$5,000	$7,500	$10,000
0-17	126.00	110.00	101.00	96.00	91.00	85.00	81.00	75.00	72.00
18	129.00	115.00	107.00	100.00	95.00	89.00	84.00	79.00	76.00
19	129.00	115.00	107.00	100.00	95.00	89.00	84.00	79.00	76.00
20	129.00	115.00	107.00	100.00	95.00	89.00	84.00	79.00	76.00
21	129.00	115.00	107.00	100.00	95.00	89.00	84.00	79.00	76.00
22	129.00	115.00	107.00	100.00	95.00	89.00	84.00	79.00	76.00
23	129.00	115.00	107.00	100.00	95.00	89.00	84.00	79.00	76.00
24	129.00	115.00	107.00	100.00	95.00	89.00	84.00	79.00	76.00
25	129.00	115.00	107.00	100.00	95.00	89.00	84.00	79.00	76.00
26	132.00	116.00	109.00	101.00	96.00	93.00	84.00	79.00	76.00
27	136.00	119.00	110.00	103.00	97.00	93.00	85.00	81.00	77.00
28	138.00	121.00	114.00	104.00	100.00	95.00	88.00	83.00	79.00
29	142.00	127.00	116.00	110.00	102.00	97.00	91.00	85.00	81.00
30	146.00	128.00	119.00	111.00	104.00	100.00	95.00	87.00	83.00
31	148.00	130.00	120.00	114.00	108.00	101.00	96.00	88.00	85.00
32	152.00	133.00	126.00	117.00	110.00	103.00	97.00	91.00	88.00
33	155.00	138.00	128.00	119.00	113.00	106.00	100.00	93.00	90.00
34	160.00	142.00	130.00	121.00	116.00	111.00	103.00	97.00	93.00
35	162.00	146.00	134.00	127.00	117.00	113.00	104.00	98.00	94.00
36	167.00	147.00	135.00	128.00	120.00	115.00	108.00	100.00	95.00
37	171.00	151.00	140.00	132.00	122.00	117.00	109.00	102.00	97.00
38	176.00	155.00	144.00	134.00	127.00	119.00	113.00	104.00	101.00
39	179.00	159.00	147.00	138.00	130.00	122.00	116.00	107.00	104.00
40	183.00	161.00	149.00	139.00	132.00	123.00	117.00	109.00	104.00
41	187.00	166.00	152.00	146.00	135.00	129.00	120.00	114.00	108.00
42	192.00	168.00	159.00	148.00	138.00	132.00	122.00	115.00	109.00
43	200.00	178.00	164.00	152.00	145.00	136.00	129.00	120.00	115.00
44	208.00	181.00	168.00	159.00	148.00	140.00	132.00	122.00	119.00
45	216.00	189.00	177.00	164.00	153.00	146.00	136.00	128.00	122.00
46	223.00	197.00	181.00	170.00	161.00	152.00	144.00	134.00	128.00
47	225.00	198.00	183.00	171.00	162.00	153.00	144.00	135.00	129.00
48	241.00	211.00	197.00	183.00	172.00	165.00	154.00	142.00	138.00
49	250.00	221.00	203.00	191.00	180.00	171.00	159.00	151.00	144.00
50	259.00	229.00	211.00	198.00	185.00	174.00	166.00	154.00	148.00
51	268.00	237.00	218.00	204.00	191.00	183.00	171.00	159.00	153.00
52	278.00	244.00	228.00	212.00	200.00	190.00	178.00	167.00	160.00
53	289.00	254.00	236.00	221.00	208.00	199.00	186.00	173.00	166.00
54	300.00	266.00	244.00	230.00	216.00	204.00	191.00	178.00	172.00
55	315.00	278.00	254.00	240.00	224.00	215.00	202.00	187.00	179.00
56	327.00	287.00	264.00	249.00	234.00	222.00	208.00	193.00	186.00
57	344.00	301.00	279.00	262.00	244.00	232.00	218.00	204.00	195.00
58	368.00	323.00	299.00	281.00	262.00	250.00	235.00	219.00	210.00
59	393.00	344.00	318.00	298.00	279.00	264.00	248.00	231.00	223.00
60	417.00	368.00	338.00	317.00	298.00	282.00	264.00	248.00	238.00
61	445.00	390.00	361.00	337.00	318.00	302.00	282.00	264.00	254.00
62	476.00	416.00	384.00	359.00	338.00	321.00	300.00	281.00	270.00
63	506.00	444.00	410.00	384.00	359.00	342.00	319.00	300.00	287.00
64	531.00	466.00	432.00	402.00	377.00	359.00	336.00	315.00	301.00
65	612.00	536.00	495.00	463.00	434.00	413.00	387.00	362.00	347.00

Monthly Bank Draft = Monthly Rate X .92 Quarterly Rate =Monthly Rate X 2.94
Semi-Annual Rate = Monthly Rate X 5.82 Annual Rate =Monthly Rate X 11.04

Exhibit II

RESERVE NATIONAL INSURANCE COMPANY

Oklahoma City, Oklahoma
Form: PS-1 Rates
Arkansas
REGULAR MONTHLY PREMIUM RATES NON-SMOKERS

$250,000 H.M.E.B & $8,000 Surgery with following Deductible

Ages	$500	$1,000	$1,500	$2,000	$2,500	$3,500	$5,000	$7,500	$10,000
0-17	106.00	93.00	85.00	81.00	77.00	72.00	68.00	63.00	61.00
18	109.00	97.00	90.00	84.00	80.00	75.00	71.00	67.00	64.00
19	109.00	97.00	90.00	84.00	80.00	75.00	71.00	67.00	64.00
20	109.00	97.00	90.00	84.00	80.00	75.00	71.00	67.00	64.00
21	109.00	97.00	90.00	84.00	80.00	75.00	71.00	67.00	64.00
22	109.00	97.00	90.00	84.00	80.00	75.00	71.00	67.00	64.00
23	109.00	97.00	90.00	84.00	80.00	75.00	71.00	67.00	64.00
24	109.00	97.00	90.00	84.00	80.00	75.00	71.00	67.00	64.00
25	109.00	97.00	90.00	84.00	80.00	75.00	71.00	67.00	64.00
26	111.00	98.00	92.00	85.00	81.00	78.00	71.00	67.00	64.00
27	115.00	100.00	93.00	87.00	82.00	78.00	72.00	68.00	65.00
28	116.00	102.00	96.00	88.00	84.00	80.00	74.00	70.00	67.00
29	120.00	107.00	98.00	93.00	86.00	82.00	77.00	72.00	68.00
30	123.00	108.00	100.00	94.00	88.00	84.00	80.00	73.00	70.00
31	125.00	110.00	101.00	96.00	91.00	85.00	81.00	74.00	72.00
32	128.00	112.00	106.00	99.00	93.00	87.00	82.00	77.00	74.00
33	131.00	116.00	108.00	100.00	95.00	89.00	84.00	78.00	76.00
34	135.00	120.00	110.00	102.00	98.00	94.00	87.00	82.00	78.00
35	137.00	123.00	113.00	107.00	99.00	95.00	88.00	83.00	79.00
36	141.00	124.00	114.00	108.00	101.00	97.00	91.00	84.00	80.00
37	144.00	127.00	118.00	111.00	103.00	99.00	92.00	86.00	82.00
38	148.00	131.00	121.00	113.00	107.00	100.00	95.00	88.00	85.00
39	151.00	134.00	124.00	116.00	110.00	103.00	98.00	90.00	88.00
40	154.00	136.00	126.00	117.00	111.00	104.00	99.00	92.00	88.00
41	158.00	140.00	128.00	123.00	114.00	109.00	101.00	96.00	91.00
42	162.00	142.00	134.00	125.00	116.00	111.00	103.00	97.00	92.00
43	169.00	150.00	138.00	128.00	122.00	115.00	109.00	101.00	97.00
44	175.00	153.00	142.00	134.00	125.00	118.00	111.00	103.00	100.00
45	182.00	159.00	149.00	138.00	129.00	123.00	115.00	108.00	103.00
46	188.00	166.00	153.00	143.00	136.00	128.00	121.00	113.00	108.00
47	190.00	167.00	154.00	144.00	137.00	129.00	121.00	114.00	109.00
48	203.00	178.00	166.00	154.00	145.00	139.00	130.00	120.00	116.00
49	211.00	186.00	171.00	161.00	152.00	144.00	134.00	127.00	121.00
50	218.00	193.00	178.00	167.00	156.00	147.00	140.00	130.00	125.00
51	226.00	200.00	184.00	172.00	161.00	154.00	144.00	134.00	129.00
52	234.00	206.00	192.00	179.00	169.00	160.00	150.00	141.00	135.00
53	244.00	214.00	199.00	186.00	175.00	168.00	157.00	146.00	140.00
54	253.00	224.00	206.00	194.00	182.00	172.00	161.00	150.00	145.00
55	266.00	234.00	214.00	202.00	189.00	181.00	170.00	158.00	151.00
56	276.00	242.00	223.00	210.00	197.00	187.00	175.00	163.00	157.00
57	290.00	254.00	235.00	221.00	206.00	196.00	184.00	172.00	164.00
58	310.00	272.00	252.00	237.00	221.00	211.00	198.00	185.00	177.00
59	331.00	290.00	268.00	251.00	235.00	223.00	209.00	195.00	188.00
60	352.00	310.00	285.00	267.00	251.00	238.00	223.00	209.00	201.00
61	375.00	329.00	304.00	284.00	268.00	255.00	238.00	223.00	214.00
62	401.00	351.00	324.00	303.00	285.00	271.00	253.00	237.00	228.00
63	427.00	374.00	346.00	324.00	303.00	288.00	269.00	253.00	242.00
64	448.00	393.00	364.00	339.00	318.00	303.00	283.00	266.00	254.00
65	516.00	452.00	417.00	390.00	366.00	348.00	326.00	305.00	293.00

Monthly Bank Draft = Monthly Rate X .92 Quarterly Rate =Monthly Rate X 2.94
Semi-Annual Rate = Monthly Rate X 5.82 Annual Rate =Monthly Rate X 11.04