

SERFF Tracking Number: CEUL-126275573 State: Arkansas
 Filing Company: Central United Life Insurance Company State Tracking Number: 43294
 Company Tracking Number: AR_LOG I CANCER_2009
 TOI: H07I Individual Health - Specified Disease - Limited Benefit Sub-TOI: H07I.002A Dread Disease - Cancer Only
 Product Name: LOG I CANCER
 Project Name/Number: LOG I CANCER/

Filing at a Glance

Company: Central United Life Insurance Company

Product Name: LOG I CANCER SERFF Tr Num: CEUL-126275573 State: Arkansas
 TOI: H07I Individual Health - Specified Disease - Limited Benefit SERFF Status: Closed-Approved- Closed State Tr Num: 43294
 Sub-TOI: H07I.002A Dread Disease - Cancer Only Co Tr Num: AR_LOG I CANCER_2009 State Status: Approved-Closed
 Filing Type: Rate Reviewer(s): Rosalind Minor
 Authors: Velvet Giron, Tracey Mancill Disposition Date: 09/09/2009
 Date Submitted: 08/21/2009 Disposition Status: Approved-Closed
 Implementation Date Requested: On Approval Implementation Date:
 State Filing Description:

General Information

Project Name: LOG I CANCER Status of Filing in Domicile: Pending
 Project Number: Date Approved in Domicile:
 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: 25% Group Market Type:
 Filing Status Changed: 09/09/2009 Explanation for Other Group Market Type:
 State Status Changed: 09/09/2009
 Deemer Date: Created By: Velvet Giron
 Submitted By: Velvet Giron Corresponding Filing Tracking Number:
 Filing Description:
 Re: NAIC # 61883 Central United Life Insurance
 Rate Increase: LOG I 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.

SERFF Tracking Number: CEUL-126275573 State: Arkansas
 Filing Company: Central United Life Insurance Company State Tracking Number: 43294
 Company Tracking Number: AR_LOG I CANCER_2009
 TOI: H071 Individual Health - Specified Disease - Limited Benefit Sub-TOI: H071.002A Dread Disease - Cancer Only
 Product Name: LOG I CANCER
 Project Name/Number: LOG I CANCER/

The Company is requesting a 25% 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

Tracey Mancill, Rate Analyst TMancill@manhattanlife.com
 2727 Allen Parkway 713-832-6532 [Phone]
 Houston, TX 77019-2100 713-529-9425 [FAX]

Filing Company Information

Central United Life Insurance Company CoCode: 61883 State of Domicile: Arkansas
 Wortham Tower Group Code: Company Type:
 2727 Allen Parkway Group Name: State ID Number:
 Suite 500 FEIN Number: 42-0884060
 Houston, TX 77019-2100
 (713) 529-0045 ext. [Phone]

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	08/21/2009	30028880

SERFF Tracking Number: CEUL-126275573 State: Arkansas
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	09/09/2009	09/09/2009

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	09/03/2009	09/03/2009	Velvet Giron	09/08/2009	09/08/2009

SERFF Tracking Number: CEUL-126275573 State: Arkansas
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Disposition

Disposition Date: 09/09/2009

Implementation Date:

Status: Approved-Closed

Comment:

We have approved a 15% 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):
Central United Life Insurance Company	25.000%	25.000%	\$25,720	194	\$102,879	25.000%	25.000%

SERFF Tracking Number: CEUL-126275573 State: Arkansas
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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	Exhibit C - Rates	Approved-Closed	No

SERFF Tracking Number: CEUL-126275573 State: Arkansas
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Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 09/03/2009
Submitted Date 09/03/2009

Respond By Date

Dear Tracey Mancill,

This will acknowledge receipt of the captioned filing.

Objection 1

- Health - Actuarial Justification (Supporting Document)

Comment:

Our Department has reviewed your request for a 25% rate increase on this submission.

Based on the impact that a 25% rate increase would have on the policyholders during this difficult economic period, our Department is limiting the approval of rate increases on Specified Disease policies to 15%.

If you wish to accept the 15%, please provide a revised actuarial memorandum and rates.

We appreciate 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 09/08/2009
Submitted Date 09/08/2009

Dear Rosalind Minor,

Comments:

SERFF Tracking Number: CEUL-126275573 State: Arkansas
Filing Company: Central United Life Insurance Company State Tracking Number: 43294
Company Tracking Number: AR_LOG I CANCER_2009
TOI: H071 Individual Health - Specified Disease - Limited Benefit Sub-TOI: H071.002A Dread Disease - Cancer Only
Product Name: LOG I CANCER
Project Name/Number: LOG I CANCER/

Response 1

Comments: Thank you for your continued consideration of this rate increase filing. The Company has reduced the requested rate increase of 25% to 15% as you indicated in your letter dated 09/03/09.

Please note that we have uploaded the Revised Rate Sheet & Memorandum reflecting 15% increase.

Sincerely,

Related Objection 1

Applies To:

- Health - Actuarial Justification (Supporting Document)

Comment:

Our Department has reviewed your request for a 25% rate increase on this submission.

Based on the impact that a 25% rate increase would have on the policyholders during this difficult economic period, our Department is limiting the approval of rate increases on Specified Disease policies to 15%.

If you wish to accept the 15%, please provide a revised actuarial memorandum and rates.

We appreciate your understanding and cooperation.

Changed Items:

Supporting Document Schedule Item Changes

Satisfied -Name: Health - Actuarial Justification

Comment:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Sincerely,

Tracey Mancill, 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: 25.000%
 Effective Date of Last Rate Revision: 10/01/2007
 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	25.000%	25.000%	\$25,720	194	\$102,879	25.000%	25.000%

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Superseded Schedule Items

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.

Creation Date:	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
08/20/2009	Supporting Health - Actuarial Justification Document		09/08/2009	2009_AR_Cover Letter.pdf (Superseded) AR_NAIC Transmittal Document_2009.pdf (Superseded) AR_Actuarial Memorandum.pdf (Superseded) AR_Exhibit A - Forms.pdf (Superseded) AR_Exhibit C - Rates.pdf (Superseded)

CENTRAL UNITED LIFE

August 20, 2009

Ms. Rosalind D. Minor
Arkansas Department of Insurance
1200 West Third Street
Little Rock, AR 72201-1904

Re: NAIC # 61883 Central United Life Insurance
Rate Increase: LOG I CANCER
Form Numbers: 4014, 4015, 4015-78, 6729-87 90, 6748-87 90, 7065-90

Dear Ms. Minor,

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 25% 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.

Should you have any questions or comments, please contact me at (713) 821-6532, or email me at tmancill@manhattanlife.com.

Sincerely,

Tracey Mancill
Statistics Department

Enclosure
cc: State file

Central United Life Insurance Company
Wortham Tower
2727 Allen Parkway, Fifth Floor
Houston, TX 77019-2115

Phone: 713-821-6450
Toll Free: 800-669-9030
Fax: 713-529-9425



Life, Accident & Health, Annuity, Credit Transmittal Document

1.	Prepared for the State of	Arkansas
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2.	Department Use Only
	State Tracking ID

3.	Insurer Name & Address	Domicile	Insurer License Type	NAIC Group #	NAIC #	FEIN #	State #
	Central United Life Insurance Co. 2727 Allen Parkway, Wortham Tower Ste. 500 Houston, TX 77019	AR	Life & Health	117	61883	42-0884060	

4.	Contact Name & Address	Telephone #	Fax #	E-mail Address
	Tracey Mancill Same as above	713-821-6532	713-529-9425	tmancill@manhattanlife.com

5.	Requested Filing Mode	<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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6.	Company Tracking Number	AR_LOG I CANCER_2009
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7.	<input checked="" type="checkbox"/> New Submission <input type="checkbox"/> Resubmission	Previous file # _____
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8.	Market	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Franchise Group: <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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9.	Type of Insurance (TOI)	Health Insurance – Cancer Benefits
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10.	Sub-Type of Insurance (Sub-TOI)	H071.002A Dread Disease – Cancer Only
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11.	Submitted Documents	<input type="checkbox"/> FORMS <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 Rates <input type="checkbox"/> New Rate <input checked="" type="checkbox"/> Revised Rate <input type="checkbox"/> FILING OTHER THAN FORM OR RATE: Please explain: _____ SUPPORTING DOCUMENTATION <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 _____
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12.	Filing Submission Date	August 20, 2009	
13	Filing Fee (If required)	Amount <u> \$50.00 </u>	Check Date <u> EFT </u>
		Retaliatory <input type="checkbox"/> Yes <input type="checkbox"/> No	Check Number <u> </u>
14.	Date of Domiciliary Approval		
15.	Filing Description:		
<p>Re: NAIC # 61883 Central United Life Insurance Rate Increase: LOG I CANCER</p> <p>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.</p> <p>The Company is requesting a 25% rate increase. The increase will be applied uniformly to all policyholders within the state.</p> <p>We appreciate the Department's time and consideration in the review of this filing.</p>			

16.	Certification (If required)		
<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> Bin Hu </u>		Title <u> Manager of Actuary and Statistics </u>	
Signature <u> </u>		Date: <u> August 20, 2009 </u>	

17.	Form Filing Attachment
This filing transmittal is part of company tracking number	
This filing corresponds to rate filing company tracking number	

	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			AR_LOG I CANCER_2009	
This filing corresponds to form filing company tracking number				
Overall percentage rate indication (when applicable)				
Overall percentage rate impact for this filing			25%	
	Document Name	Affected Form Numbers		Previous State Filing Number
	Description			
01	LOG I Cancer	4014 4015 4015-78 6729-87 90	<input type="checkbox"/> New <input type="checkbox"/> Revised Request + <u>25</u> % - ___ % <input type="checkbox"/> Other _____	
	Cancer Benefits	6748-87 90 7065-90		
02	Rider Benefit	R956110007	<input type="checkbox"/> New <input type="checkbox"/> Revised Request + <u>25</u> % - ___ % <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

Jackson National Life Insurance Company

Actuarial Memorandum for Individual A&H Rate Increase Cancer Pool

1. Purpose of Filing

The purpose of this rate filing is to demonstrate the need for a rate increase for the Company's cancer expense business, and that with this increase the lifetime anticipated loss ratio of these plans meets minimum state requirements. It is not intended to be used for any other purpose.

2. Scope of Filing

This filing applies to the policy forms listed in Exhibit A. The Company is requesting a 25.0% increase in premium rates for these forms. This filing applies to inforce business only since these forms are closed to new sales. This is a pool of unlimited and limited cancer forms. The company has combined these forms into one group to improve statistical credibility and they will continue to be combined for all future filings.

The following summarizes the number of policies inforce, annualized premium inforce and the average annualized premium, before and after the proposed rate increase, by state as of 3/31/2009:

State	Form 7065-90		All Other Forms		Total - All Forms		Combined Average Premium	
	Policyholders Inforce	Annualized Premium	Policyholders Inforce	Annualized Premium	Policyholders Inforce	Annualized Premium	Before Increase	After Increase
AL	130	197,383	688	44,368	818	241,751	296	369
AR	66	94,748	128	8,131	194	102,879	530	663
FL	1,185	522,120	999	65,741	2,184	587,861	269	336
GA	901	1,971,125	1,563	104,091	2,464	2,075,215	842	1,053
KY	150	220,985	315	20,356	465	241,341	519	649
LA	67	147,201	166	10,662	233	157,863	678	847
MA	0	0	1	55	1	55	55	69
MS	389	352,390	427	30,315	816	382,705	469	586
NC	1,010	1,627,881	307	18,784	1,317	1,646,664	1,250	1,563
OK	0	0	1	133	1	133	133	167
SC	2,218	3,248,611	970	64,705	3,188	3,313,316	1,039	1,299
TN	468	663,012	864	49,908	1,332	712,920	535	669
TX	0	0	2	317	2	317	158	198
VA	1,325	1,968,924	131	21,212	1,456	1,990,135	1,367	1,709
Nationwide	7,909	11,014,380	6,562	438,778	14,471	11,453,158	791	989

3. Benefit Description

The benefits provided by these forms are designed to pay benefits for the treatment of cancer. A more comprehensive benefit comparison for the forms included in this filing is shown in Exhibit B.

4. Reason for Rate Increase Request and Expected Effect on Premiums

This rate increase is needed to account for increased costs of treating cancer due to higher utilization, changes in technology and medical inflation. A 25.0% rate increase is being requested at this time.

Current and Proposed premiums are attached in Exhibit C.

5. Rate Increase History

The nationwide rate increase history for these forms is as follows:

Average Effective Date	7065-90 Percent Increase	All other forms Percent Increase
Jan-99	23.7%	0.0%
Feb-00	15.0%	0.0%
Feb-02	24.2%	0.0%
Aug-03	24.3%	0.0%
Oct-04	47.6%	0.0%
Oct-05	47.7%	0.0%
Feb-07	46.0%	0.0%
Aug-08	29.3%	0.0%
Jan-09	0.0%	3.5%

Jackson National Life Insurance Company

Actuarial Memorandum for Individual A&H Rate Increase Cancer Pool

6. Rate Justification Standard - Minimum Loss Ratios

This filing demonstrates that, after implementation of the requested increase, both the projected future loss ratio and the lifetime anticipated loss ratio for these plans are higher than the required minimum loss ratio, and that benefits are therefore reasonable in relation to premiums.

Type of Coverage:	Other (Cancer Expense)
Renewal Clause:	Guaranteed Renewable
Minimum Required Loss Ratio:	55%

7. Assumptions

- a. Interest - A 5.0% effective annual rate of interest has been assumed for accumulating historical experience and for discounting projected future experience to present values.
- b. Persistency - An annual termination rate of 15.0% has been assumed for projecting the inforce into the future, consistent with observed termination rates for this type of business with an additional shock lapse of 12.5% assumed for the year of implementation of the rate increase.
- c. Total Claim Cost Trend - An annual rate of 18.7% has been assumed as the overall claim cost trend. It is comprised of a 3.7% 'aging' component, based on the slope of claim costs by age indicated in the 1985 NAIC Cancer tables, and a 14.4% component for medical inflation. The 14.4% component for medical inflation is composed of a weighted average of a 15.0% medical trend on the unlimited cancer form and 0.0% medical trend on the limited cancer forms.
- d. Rate Increase - A 25.0% rate increase has been assumed with an approximate effective date of 10/1/2009.

8. Data

The experience and inforce information were provided by the Company. The experience information provided by the Company is on a financial basis. The data was checked for reasonableness and consistency; however, we relied on the Company for the completeness and accuracy of the data. Based upon data provided by the Company and our actuarial judgment, restated incurred claims since 2005 were calculated. These restated incurred claims are used in determining the current loss ratio factor used in projecting future claims. No other changes were deemed necessary.

9. Historical Experience

Nationwide experience is being used in order to increase credibility. Nationwide historical experience on this policy form as provided by the Company on a financial basis is as follows:

Calendar Year	Paid Claims*	Incurred Claims	Earned Premium	Incurred Loss Ratio
1990	48,766	113,752	213,180	53.4%
1991	252,740	443,339	2,130,169	20.8%
1992	1,103,114	1,652,957	3,589,078	46.1%
1993	1,666,059	2,275,826	5,473,968	41.6%
1994	28,699,691	29,722,461	62,316,378	47.7%
1995	5,591,736	6,427,752	13,342,913	48.2%
1996	7,397,031	7,937,138	14,915,782	53.2%
1997	11,397,293	10,103,461	15,767,604	64.1%
1998	11,703,893	12,589,572	16,528,833	76.2%
1999	10,530,195	10,884,552	16,371,819	66.5%
2000	12,068,397	12,717,856	16,609,718	76.6%
2001	13,714,913	13,314,208	16,155,671	82.4%
2002	15,128,338	15,606,857	15,964,110	97.8%
2003	18,527,670	19,356,335	16,667,359	116.1%
2004	21,002,195	21,824,097	17,077,010	127.8%
2005	14,882,343	15,245,478	16,985,438	89.8%
2006	14,207,151	13,573,701	15,179,691	89.4%
2007	15,034,862	15,271,977	14,227,604	107.3%
2008	9,699,687	8,387,842	12,171,102	68.9%
1Q 2009	2,682,897	2,451,940	2,811,509	87.2%
Total	215,338,970	219,901,104	294,498,937	74.7%
Accumulated at 5.0%		330,485,869	473,160,924	69.8%

* Experience prior to 1995 is unavailable by calendar year for the limited cancer forms.

Jackson National Life Insurance Company

Actuarial Memorandum for Individual A&H Rate Increase Cancer Pool

Restated experience, as discussed in Item 8, is as follows:

Calendar Year	Paid Claims	Incurred Claims	Earned Premium	Incurred Loss Ratio
2006	14,207,151	14,291,146	15,179,691	94.1%
2007	15,034,862	12,862,589	14,227,604	90.4%
2008	9,699,687	9,408,519	12,171,102	77.3%
1Q 2009	2,682,897	2,656,686	2,811,509	94.5%
Total	41,624,597	39,218,940	44,389,906	88.4%

10. Current Loss Ratio at 3/31/2009

The current loss ratio is defined as the restated 2008 - 1Q 2009 historical incurred claims adjusted to current claims levels, divided by the 2008 - 1Q 2009 historical earned premium adjusted to current premium rate levels.

Calendar Year	Historical Earned Premium	Current Rate Level Factor*	Current Earned Premium	Historical Incurred Claims	Claim Trend Factor**	Current Incurred Claims	Current Loss Ratio
2008	12,171,102	1.202	14,635,529	9,408,519	1.137	10,696,631	73.1%
1Q 2009	2,811,509	1.000	2,811,509	2,656,686	1.022	2,714,113	96.5%
Total	14,982,611		17,447,037			13,410,744	76.9%

* Adjusts for average nationwide rate increases previously implemented.

** Applies a 18.7% claim cost trend from the midpoint of the calendar year to 3/31/2009.

11. Projected Future Experience

Future experience has been projected for 20 years using the current loss ratio at 3/31/2009, annualized premium inforce at 3/31/2009, and the rate increase and persistency assumptions as follows:

Calendar Year	Persistency Factor*	Projected Earned Premium w/o Increase	Current Loss Ratio Factor**	Projected Incurred Claims	Rate Increase Factor***	Projected Earned Premium with Increase	Projected Loss Ratio
3/31/2009 Values -->		11,453,158	76.9%				
Rest of 2009	0.886	7,614,007	82.0%	6,240,326	1.057	8,050,832	77.5%
2010	0.769	8,806,301	95.2%	8,383,028	1.293	11,385,028	73.6%
2011	0.654	7,485,356	113.0%	8,455,140	1.479	11,073,254	76.4%
2012	0.556	6,362,553	134.0%	8,527,873	1.693	10,770,017	79.2%
2013	0.472	5,408,170	159.0%	8,601,231	1.937	10,475,084	82.1%
2014	0.401	4,596,944	188.7%	8,675,220	2.216	10,188,228	85.1%
2015	0.341	3,907,403	223.9%	8,749,846	2.536	9,909,228	88.3%
2016	0.290	3,321,292	265.7%	8,825,114	2.902	9,637,868	91.6%
2017	0.246	2,823,098	315.3%	8,901,029	3.320	9,373,938	95.0%
2018	0.210	2,399,634	374.1%	8,977,597	3.799	9,117,237	98.5%
2019	0.178	2,039,689	443.9%	9,054,824	4.348	8,867,565	102.1%
2020	0.151	1,733,735	526.8%	9,132,715	4.975	8,624,730	105.9%
2021	0.129	1,473,675	625.1%	9,211,276	5.692	8,388,545	109.8%
2022	0.109	1,252,624	741.7%	9,290,513	6.513	8,158,828	113.9%
2023	0.093	1,064,730	880.1%	9,370,431	7.453	7,935,402	118.1%
2024	0.079	905,021	1044.3%	9,451,037	8.528	7,718,094	122.5%
2025	0.067	769,268	1239.1%	9,532,337	9.758	7,506,737	127.0%
2026	0.057	653,877	1470.4%	9,614,335	11.166	7,301,168	131.7%
2027	0.049	555,796	1744.7%	9,697,040	12.777	7,101,229	136.6%
2028	0.041	472,426	2070.3%	9,780,455	14.620	6,906,764	141.6%
Total				178,471,367		178,489,777	100.0%
		Discounted at 5.0%		113,016,149		119,307,378	94.7%

* Applies a 15.0% annual termination rate from 3/31/2009 to the midpoint of the period. There is an additional shock lapse of 12.5% assumed for the year of implementation of the rate increase.

** Applies the current loss ratio, projected using a 18.7% annual claim cost trend.

*** Applies a one-time rate increase of 25.0% at 10/1/2009 and an increase equal to 14.4% on each 10/1 thereafter.

Jackson National Life Insurance Company

Actuarial Memorandum for Individual A&H Rate Increase Cancer Pool

12. Lifetime Anticipated Loss Ratio

The lifetime anticipated loss ratio is defined as the present value of the historical and projected future incurred claims divided by the present value of the historical and projected future earned premiums. Active life reserves are not included in these calculations. These values, previously calculated, are summarized as follows:

	Present Values at 5.0%		
	Incurred Claims	Earned Premium	Loss Ratio
Historical	330,485,869	473,160,924	69.8%
Projected Future	113,016,149	119,307,378	94.7%
Lifetime Anticipated	443,502,017	592,468,302	74.9%

The projected future loss ratio and the lifetime anticipated loss ratio are both greater than the required minimum loss ratio, after implementation of the 25.0% rate increase.

13. Actuarial Certification

I, J. Steven Keck, principal consulting actuary for Wakely Actuarial Services, Inc., am a member of the American Academy of Actuaries, and I meet the Qualification Standards of the American Academy of Actuaries to render this statement of Actuarial Opinion.

I hereby certify that, to the best of my knowledge and judgment, the entire rate filing was prepared based on the current standards of practice as promulgated by the Actuarial Standards Board including the data quality standard of practice; and that the benefits of the policy forms affected by the rate filing are reasonable in relation to the premiums charged. The assumptions present my best judgment as to the expected value for each assumption. In my opinion, the rates are not excessive, inadequate, or unfairly discriminatory.

Respectfully Submitted,



Ashlee M. Borcan, FSA, MAAA
Consulting Actuary
Wakely Actuarial Services, Inc.
Palm Harbor, Florida

Attachments

- Exhibit A - Policy Forms in this State
- Exhibit B - Benefit Comparison
- Exhibit C - Current and Proposed Rates

Jackson National Life Insurance Company

Actuarial Memorandum for Individual A&H Rate Increase
Cancer Pool

Exhibit B - Benefit Description

Benefits	Policy Form					
	4014	4015 & 4016	4015-78 & 4016-78	6279-87	6748-87	7065-90
Daily Hospital						
Days 1-7	\$50	\$50	\$75	\$200	\$100	\$150
Days 8-90		\$30	\$450	\$200	\$100	\$150
Days 91+		\$20	\$30	\$200	\$100	\$300
Days 8-19	\$30					
Days 19+	\$20					
Surgical Benefit (Except for Radiation Therapy)	\$2000 Schedule	\$390 Schedule	\$750 Schedule	\$3000 Schedule	\$1500 Schedule	\$2000 Schedule
Anesthetics and Surgical	15% surgery	15% surgery	15% surgery	20% surgery	20% surgery	20% surgery
Blood and Plasma	\$500 maximum	\$500 Lifetime Maximum	\$500 Lifetime maximum	\$1000 maximum	\$500 maximum	Reasonable and Customary (R&C)*
Public Transportation	\$500 maximum	\$500 Lifetime Maximum	\$500 Lifetime maximum	\$1000 maximum	\$500 maximum	(R&C)*
Private Transportation	None	None	None	\$15 round trip	\$7.50 round trip	None
Nursing	\$25 per 24 hours, \$500	\$25/day \$500 Lifetime Maximum	\$30/day, \$2000 Lifetime maximum (1/2 the daily benefit after age 65)	\$60 per 24 hours, \$4000	\$30 per 24 hours, \$2000	\$75 per 24 hours*
Radiotherapy Only	\$1000 Lifetime	\$1000 Lifetime				(R&C)*
Radio-Chemotherapy			\$2000 Lifetime	\$3000 maximum	\$1500 maximum	(R&C)*
Lip/Skin Cancer	\$100, \$500 maximum	\$100/lesion-Maximum 5	\$100/lesion-Maximum 5	\$100, \$500 maximum	\$50, \$250 maximum	\$100, \$500 maximum
Internal Cancer	\$100 x 12 months	\$100 x 12 months	\$200 x 6 months	\$200 x 6 months	\$100 x 6 months	\$200 x 6 months
Hospice Care				\$50 per day, 40 day max	\$25 per day, 40 day max	\$20 per day, 6 month maximum
Prosthesis				\$750 each, max 2	\$375 each, max 2	\$750 each, max 2
Diag-X-Ray-Lab (Other than for R&C)				\$1000 Lifetime	\$500 Lifetime	
Physician Expense Benefit			\$10/day, 100 day max	\$35/day, 100 day max	\$17.50/day, 100 day max	\$35/day*
Cancer-Fighting Drugs						(R&C)*
Lifetime Maximum of all Benefits Combined		\$15,000				*\$25,000, \$50,000, or \$1,000,000

*Plan I has a \$50,000 lifetime maximum, Plan II has a \$25,000 maximum and Plan III has a \$1,000,000 lifetime maximum. Plan II provides approximately half of the indemnity amounts for the benefits of Plan I with the exception of Radiation/Chemotherapy, Outpatient drugs, Blood and Transportation benefits. Plans III is identical to Plan I, with the exception of the lifetime maximum, for the benefits listed above.

Exhibit A

Policy Forms in This State

Arkansas

State	Base Form	Benefit Desc.	Rider Form	Rider Description
AR	4014	FAMILY CANCER - CPF - LOG		
AR	4015	INDIVIDUAL CANCER - CP - LOG		
AR	4015-78	INDIVIDUAL CANCER - CP - LOG		
AR	6729-87 90	CANCER CARE PLUS INDIVIDUAL - CPP - LOG		
AR	6748-87 90	FAMILY CANCER - CPF - LOG		
AR	7065-90	CANCER CARE PLUS-IND CPP W/R0095611 W/O MAMO	R956110007	CANCER \$1M RIDER

LOG Exhibit C

LOG Cancer Pool Group Rate Sheet as of 03/31/2009

Pool	State	Form	Policy#	Ann Prem	RI %	Prop. Prem.
DD-LOG1	AR	4014	0002369294	28.56	25%	35.70
DD-LOG2	AR	4014	0000921512	-	25%	-
DD-LOG1	AR	4014	0002369297	28.56	25%	35.70
DD-LOG1	AR	4014	0002369311	28.56	25%	35.70
DD-LOG1	AR	4014	0002369354	36.48	25%	45.60
DD-LOG1	AR	4014	0002481494	28.56	25%	35.70
DD-LOG1	AR	4014	0002526349	28.56	25%	35.70
DD-LOG1	AR	4014	0002568094	30.04	25%	37.55
DD-LOG1	AR	4014	0002583751	36.48	25%	45.60
DD-LOG1	AR	4014	0002591506	47.68	25%	59.60
DD-LOG1	AR	4014	0030092477	30.60	25%	38.25
DD-LOG1	AR	4014	0030100970	28.56	25%	35.70
DD-LOG1	AR	4014	0030119778	-	25%	-
DD-LOG1	AR	4014	0030134854	22.44	25%	28.05
DD-LOG1	AR	4014	0030139549	36.48	25%	45.60
DD-LOG1	AR	4014	0090006553	30.04	25%	37.55
DD-LOG1	AR	4014	0090059888	36.48	25%	45.60
DD-LOG1	AR	4014	0090069121	36.48	25%	45.60
DD-LOG1	AR	4014	0000916929	28.56	25%	35.70
DD-LOG1	AR	4014	0000936675	28.60	25%	35.75
DD-LOG1	AR	4014	0000937198	28.56	25%	35.70
DD-LOG1	AR	4014	0001686365	28.56	25%	35.70
DD-LOG1	AR	4014	0001704336	36.48	25%	45.60
DD-LOG1	AR	4014	0001713729	28.60	25%	35.75
DD-LOG1	AR	4014	0001803415	36.48	25%	45.60
DD-LOG1	AR	4014	0001864604	28.60	25%	35.75
DD-LOG1	AR	4014	0001904855	38.28	25%	47.85
DD-LOG1	AR	4015	0000924548	18.50	25%	23.13
DD-LOG1	AR	4015	0001908572	18.48	25%	23.10
DD-LOG1	AR	4015	0002369352	8.00	25%	10.00
DD-LOG1	AR	4015	0002415098	18.50	25%	23.13
DD-LOG1	AR	4015	0002528950	19.44	25%	24.30
DD-LOG1	AR	4015	0002566210	22.43	25%	28.04
DD-LOG1	AR	4015	0030094335	18.48	25%	23.10
DD-LOG1	AR	4015	0030113117	19.44	25%	24.30
DD-LOG1	AR	4015	0090002089	18.48	25%	23.10
DD-LOG1	AR	4015	0090006552	28.84	25%	36.05
DD-LOG1	AR	4015	0090049125	19.80	25%	24.75
DD-LOG1	AR	4015	0090054383	18.48	25%	23.10
DD-LOG1	AR	4015	0090058311	23.56	25%	29.45
DD-LOG1	AR	4015	0090074892	18.48	25%	23.10
DD-LOG1	AR	4015	0090118040	18.50	25%	23.13
DD-LOG1	AR	4015	0001918361	18.48	25%	23.10
DD-LOG1	AR	4015	0002149916	18.48	25%	23.10
DD-LOG1	AR	4015	0002176544	18.48	25%	23.10
DD-LOG1	AR	4015	0002180434	18.48	25%	23.10
DD-LOG1	AR	4015	0002191712	18.50	25%	23.13

LOG Exhibit C

LOG Cancer Pool Group

Rate Sheet

as of 03/31/2009

Pool	State	Form	Policy#	Ann Prem	RI %	Prop. Prem.
DD-LOG1	AR	4015	0002191715	18.50	25%	23.13
DD-LOG1	AR	4015	0002203165	24.00	25%	30.00
DD-LOG1	AR	4015-78	0002122171	56.38	25%	70.48
DD-LOG1	AR	4015-78	0002306442	44.04	25%	55.05
DD-LOG1	AR	4015-78	0090503008	34.32	25%	42.90
DD-LOG1	AR	4015-78	0090510792	25.20	25%	31.50
DD-LOG1	AR	4015-78	0090514488	20.28	25%	25.35
DD-LOG1	AR	4015-78	0090518242	89.16	25%	111.45
DD-LOG1	AR	4015-78	0090529990	123.60	25%	154.50
DD-LOG1	AR	4015-78	0090536540	58.56	25%	73.20
DD-LOG1	AR	4015-78	0090536925	22.68	25%	28.35
DD-LOG1	AR	4015-78	0090544881	20.28	25%	25.35
DD-LOG1	AR	4015-78	0090544882	21.48	25%	26.85
DD-LOG1	AR	4015-78	0090545308	36.36	25%	45.45
DD-LOG1	AR	4015-78	0090589762	73.36	25%	91.70
DD-LOG1	AR	4015-78	0090597157	70.53	25%	88.16
DD-LOG1	AR	4015-78	0090612779	110.64	25%	138.30
DD-LOG1	AR	4015-78	0090627504	31.16	25%	38.95
DD-LOG1	AR	4015-78	0090629091	21.48	25%	26.85
DD-LOG1	AR	4015-78	0090633322	94.80	25%	118.50
DD-LOG1	AR	4015-78	0090638407	75.12	25%	93.90
DD-LOG1	AR	4015-78	0090638408	40.74	25%	50.93
DD-LOG1	AR	4015-78	0090639167	44.04	25%	55.05
DD-LOG1	AR	4015-78	0090643221	38.40	25%	48.00
DD-LOG1	AR	4015-78	0090656450	49.20	25%	61.50
DD-LOG1	AR	4015-78	0090733470	72.00	25%	90.00
DD-LOG1	AR	4015-78	0090736624	65.89	25%	82.36
DD-LOG1	AR	4015-78	0090768337	20.28	25%	25.35
DD-LOG1	AR	4015-78	0090768338	72.00	25%	90.00
DD-LOG1	AR	4015-78	0090792194	44.04	25%	55.05
DD-LOG1	AR	4015-78	0090800572	53.04	25%	66.30
DD-LOG1	AR	4015-78	0090813966	20.28	25%	25.35
DD-LOG1	AR	4015-78	0090815436	20.28	25%	25.35
DD-LOG1	AR	4015-78	0090841009	67.20	25%	84.00
DD-LOG1	AR	4015-78	0090850112	33.64	25%	42.05
DD-LOG1	AR	4015-78	0090858096	20.28	25%	25.35
DD-LOG1	AR	4015-78	0090873100	20.28	25%	25.35
DD-LOG1	AR	4015-78	0090873476	65.89	25%	82.36
DD-LOG1	AR	4015-78	0090876478	25.20	25%	31.50
DD-LOG1	AR	4015-78	0090900797	55.32	25%	69.15
DD-LOG1	AR	4015-78	0090903799	25.20	25%	31.50
DD-LOG1	AR	4015-78	0090916249	83.16	25%	103.95
DD-LOG1	AR	4015-78	0090919090	31.44	25%	39.30
DD-LOG1	AR	4015-78	0090922440	84.84	25%	106.05
DD-LOG1	AR	4015-78	0002385438	56.38	25%	70.48
DD-LOG1	AR	6729-87 90	0090937570	192.84	25%	241.05
DD-LOG1	AR	6729-87 90	0090939924	140.04	25%	175.05

LOG Exhibit C

LOG Cancer Pool Group Rate Sheet as of 03/31/2009

Pool	State	Form	Policy#	Ann Prem	RI %	Prop. Prem.
DD-LOG1	AR	6729-87 90	0090939984	53.04	25%	66.30
DD-LOG1	AR	6729-87 90	0090939985	53.04	25%	66.30
DD-LOG1	AR	6729-87 90	0090940401	108.96	25%	136.20
DD-LOG1	AR	6729-87 90	0090953088	55.11	25%	68.89
DD-LOG1	AR	6729-87 90	0090960296	215.52	25%	269.40
DD-LOG1	AR	6729-87 90	0090963884	62.40	25%	78.00
DD-LOG1	AR	6729-87 90	0090964506	156.72	25%	195.90
DD-LOG1	AR	6729-87 90	0090964902	46.75	25%	58.44
DD-LOG1	AR	6729-87 90	0090965351	192.84	25%	241.05
DD-LOG1	AR	6729-87 90	0090966686	46.75	25%	58.44
DD-LOG1	AR	6729-87 90	0090967451	140.04	25%	175.05
DD-LOG1	AR	6729-87 90	0090967459	108.96	25%	136.20
DD-LOG1	AR	6729-87 90	0090969634	80.52	25%	100.65
DD-LOG1	AR	6729-87 90	0090974169	263.28	25%	329.10
DD-LOG1	AR	6729-87 90	0090978715	53.04	25%	66.30
DD-LOG1	AR	6729-87 90	0091005239	46.75	25%	58.44
DD-LOG1	AR	6729-87 90	0091013084	113.56	25%	141.95
DD-LOG1	AR	6729-87 90	0091061649	192.84	25%	241.05
DD-LOG1	AR	6729-87 90	0091099796	80.52	25%	100.65
DD-LOG1	AR	6729-87 90	0091114504	108.96	25%	136.20
DD-LOG1	AR	6729-87 90	0091118496	53.04	25%	66.30
DD-LOG1	AR	6729-87 90	0091163875	62.40	25%	78.00
DD-LOG1	AR	6729-87 90	0091176299	89.76	25%	112.20
DD-LOG1	AR	6729-87 90	0091230511	358.80	25%	448.50
DD-LOG1	AR	6729-87 90	0091244704	263.28	25%	329.10
DD-LOG1	AR	6729-87 90	0091248388	140.04	25%	175.05
DD-LOG1	AR	6729-87 90	0091250696	124.44	25%	155.55
DD-LOG1	AR	6729-87 90	0091267559	108.96	25%	136.20
DD-LOG1	AR	6729-87 90	0091329240	111.36	25%	139.20
DD-LOG1	AR	6748-87 90	0090940966	142.68	25%	178.35
DD-LOG1	AR	6748-87 90	0090958705	103.68	25%	129.60
DD-LOG1	AR	6748-87 90	0091121490	142.68	25%	178.35
DD-LOG1	AR	6748-87 90	0091121530	161.40	25%	201.75
DD-LOG1	AR	6748-87 90	0091163870	395.88	25%	494.85
DD-LOG1	AR	7065-90	0092074667	1,041.00	25%	1,301.25
DD-LOG1	AR	7065-90	0092076774	1,387.56	25%	1,734.45
DD-LOG1	AR	7065-90	0092077024	633.72	25%	792.15
DD-LOG1	AR	7065-90	0091331458	728.64	25%	910.80
DD-LOG1	AR	7065-90	0091331830	4,071.48	25%	5,089.35
DD-LOG1	AR	7065-90	0091348362	633.72	25%	792.15
DD-LOG1	AR	7065-90	0091399459	634.44	25%	793.05
DD-LOG1	AR	7065-90	0091400478	3,539.64	25%	4,424.55
DD-LOG1	AR	7065-90	0091417154	603.12	25%	753.90
DD-LOG1	AR	7065-90	0091458099	1,976.04	25%	2,470.05
DD-LOG1	AR	7065-90	0091514221	728.52	25%	910.65
DD-LOG1	AR	7065-90	0091547114	980.52	25%	1,225.65
DD-LOG1	AR	7065-90	0091567027	980.52	25%	1,225.65

LOG Exhibit C

LOG Cancer Pool Group Rate Sheet as of 03/31/2009

Pool	State	Form	Policy#	Ann Prem	RI %	Prop. Prem.
DD-LOG1	AR	7065-90	0091659012	904.68	25%	1,130.85
DD-LOG1	AR	7065-90	0091666586	1,387.56	25%	1,734.45
DD-LOG1	AR	7065-90	0091684297	633.72	25%	792.15
DD-LOG1	AR	7065-90	0091693428	633.72	25%	792.15
DD-LOG1	AR	7065-90	0091693705	1,658.88	25%	2,073.60
DD-LOG1	AR	7065-90	0091700320	1,419.24	25%	1,774.05
DD-LOG1	AR	7065-90	0091711203	746.16	25%	932.70
DD-LOG1	AR	7065-90	0091718381	1,387.56	25%	1,734.45
DD-LOG1	AR	7065-90	0091723729	839.52	25%	1,049.40
DD-LOG1	AR	7065-90	0091735263	633.72	25%	792.15
DD-LOG1	AR	7065-90	0091737888	1,908.12	25%	2,385.15
DD-LOG1	AR	7065-90	0091747189	1,041.00	25%	1,301.25
DD-LOG1	AR	7065-90	0091754328	1,908.12	25%	2,385.15
DD-LOG1	AR	7065-90	0091764063	1,020.28	25%	1,275.35
DD-LOG1	AR	7065-90	0091777378	3,410.64	25%	4,263.30
DD-LOG1	AR	7065-90	0091782888	2,543.52	25%	3,179.40
DD-LOG1	AR	7065-90	0091784295	856.08	25%	1,070.10
DD-LOG1	AR	7065-90	0091786447	1,126.44	25%	1,408.05
DD-LOG1	AR	7065-90	0091790058	1,387.56	25%	1,734.45
DD-LOG1	AR	7065-90	0091963789	634.44	25%	793.05
DD-LOG1	AR	7065-90	0091963792	1,387.56	25%	1,734.45
DD-LOG1	AR	7065-90	0091963826	634.44	25%	793.05
DD-LOG1	AR	7065-90	0091975440	1,126.56	25%	1,408.20
DD-LOG1	AR	7065-90	0091979631	5,202.48	25%	6,503.10
DD-LOG1	AR	7065-90	0091981961	3,216.60	25%	4,020.75
DD-LOG1	AR	7065-90	0091995841	1,041.00	25%	1,301.25
DD-LOG1	AR	7065-90	0092023565	1,908.12	25%	2,385.15
DD-LOG1	AR	7065-90	0092025919	839.52	25%	1,049.40
DD-LOG1	AR	7065-90	0092044922	1,414.48	25%	1,768.10
DD-LOG1	AR	7065-90	0092047010	1,965.96	25%	2,457.45
DD-LOG1	AR	7065-90	0092047873	2,493.77	25%	3,117.21
DD-LOG1	AR	7065-90	0092051575	1,041.00	25%	1,301.25
DD-LOG1	AR	7065-90	0092055418	633.72	25%	792.15
DD-LOG1	AR	7065-90	0092059534	1,041.00	25%	1,301.25
DD-LOG1	AR	7065-90	0092060897	1,945.64	25%	2,432.05
DD-LOG1	AR	7065-90	0092064648	3,410.64	25%	4,263.30
DD-LOG1	AR	7065-90	0092071089	1,126.56	25%	1,408.20
DD-LOG1	AR	7065-90	0091815939	1,387.56	25%	1,734.45
DD-LOG1	AR	7065-90	0091824359	633.72	25%	792.15
DD-LOG1	AR	7065-90	0091836181	2,475.72	25%	3,094.65
DD-LOG1	AR	7065-90	0091839388	633.72	25%	792.15
DD-LOG1	AR	7065-90	0091839415	633.72	25%	792.15
DD-LOG1	AR	7065-90	0091855716	1,041.00	25%	1,301.25
DD-LOG1	AR	7065-90	0091868244	1,387.80	25%	1,734.75
DD-LOG1	AR	7065-90	0091875425	1,040.76	25%	1,300.95
DD-LOG1	AR	7065-90	0091886446	2,428.20	25%	3,035.25
DD-LOG1	AR	7065-90	0091886927	1,126.44	25%	1,408.05

LOG Exhibit C

LOG Cancer Pool Group

Rate Sheet

as of 03/31/2009

Pool	State	Form	Policy#	Ann Prem	RI %	Prop. Prem.
DD-LOG1	AR	7065-90	0091896827	839.52	25%	1,049.40
DD-LOG1	AR	7065-90	0091899115	1,387.56	25%	1,734.45
DD-LOG1	AR	7065-90	0091902545	1,148.12	25%	1,435.15
DD-LOG1	AR	7065-90	0091909084	1,387.56	25%	1,734.45
DD-LOG1	AR	7065-90	0091920221	1,908.12	25%	2,385.15
DD-LOG1	AR	7065-90	0091939864	839.52	25%	1,049.40
	AR	Total	194	102,879	25%	128,599
		St Avg.		530		663
	US	Total	14,471	11,453,158	25%	14,316,447
		US Avg.		791		989