Filing at a Glance

Company: Reserve National Insurance Company

Product Name: OS-99 Individual Supplemental Outpatient Services Expense Policy Rate Filing

SERFF Tr Num: RNIC-126255656

State: Arkansas

TOI: H15I Individual Health - Hospital/Surgical/Medical Expense

SERFF Status: Closed-Approved-Closed

State Tr Num: 43180

Sub-TOI: H15I.001 Health - Hospital/Surgical/Medical Expense

Co Tr Num:

State Status: Approved-Closed

Filing Type: Rate

Reviewer(s): Rosalind Minor

Authors: Kyle Conrad, Brenda Ingram

Disposition Date: 09/03/2009

Date Submitted: 08/10/2009

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: OS-99 Individual Supplemental Outpatient Services Expense Policy Rate Filing

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: 20%

Group Market Type:

Filing Status Changed: 09/03/2009

Explanation for Other Group Market Type:

State Status Changed: 09/03/2009

Deemer Date:

Created By: Brenda Ingram

Submitted By: Brenda Ingram

Corresponding Filing Tracking Number:

Filing Description:

Ms. Rosalind D. Minor
Certified Rate and Form Analyst
Life and Health Division
Arkansas Insurance Department

1200 West Third Street
Little Rock, AR 72201-1901

Re: Reserve National Insurance Company – NAIC #68462
Individual Supplemental Outpatient Services Expense Policy Form OS-99

Dear Ms. Minor:

Enclosed are copies of rate sheets and a supporting actuarial memorandum in connection with a proposed rate increase on the above-referenced policy form. Form OS-99 is an individual supplemental outpatient expense policy, which provides benefits for covered outpatient expenses.

The proposed premiums represent a 20.0% increase over the present rates on file with your office. This premium rate increase is necessary due to our deteriorating experience as a result of greater than expected incidence of use and higher than expected claims costs.

If this filing is acceptable, please provide us with evidence of approval or filing by your office.

Thank you for your consideration in this matter. Please direct all inquires concerning this filing to the undersigned by mail at the above address, by fax at (405) 840-3426, by telephone at (800) 874-1431 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] 549 [Ext]

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
Retaliatory?	No
Fee Explanation:	Rate Filing
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Reserve National Insurance Company	$50.00	08/10/2009	29744323

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	09/03/2009	09/03/2009

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	09/02/2009	09/02/2009	Brenda Ingram	09/03/2009	09/03/2009

Disposition

Disposition Date: 09/03/2009
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):**
Reserve National Insurance Company	20.000%	20.000%	$236	159	$1,414	20.000%	20.000%

SERFF Tracking Number:	*RNIC-126255656*	*State:*	*Arkansas*
Filing Company:	*Reserve National Insurance Company*	*State Tracking Number:*	*43180*
Company Tracking Number:			
TOI:	*H15I Individual Health - Hospital/Surgical/Medical Expense*	*Sub-TOI:*	*H15I.001 Health - Hospital/Surgical/Medical Expense*
Product Name:	*OS-99 Individual Supplemental Outpatient Services Expense Policy Rate Filing*		
Project Name/Number:	*OS-99 Individual Supplemental Outpatient Services Expense Policy Rate Filing/*		

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document *(revised)*	Health - Actuarial Justification	Approved-Closed	No
Supporting Document	Health - Actuarial Justification	Replaced	No
Supporting Document *(revised)*	Exhibits	Approved-Closed	No
Supporting Document	Exhibits	Replaced	No
Supporting Document	Response	Approved-Closed	Yes
Rate *(revised)*	Rates	Approved-Closed	Yes
Rate	Rates	Replaced	Yes

Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	09/02/2009
Submitted Date	09/02/2009
Respond By Date	

Dear Kyle Conrad,

This will acknowledge receipt of the captioned filing.

Objection 1

- Exhibits (Supporting Document)

Comment:

Based on 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 attach a revised actuarial memorandum, exhibits and revised 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	09/03/2009
Submitted Date	09/03/2009

Dear Rosalind Minor,

Comments:
Per your request.

Response 1

Comments: Please see the response below.

Related Objection 1

Applies To:

- Exhibits (Supporting Document)

Comment:

Based on 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 attach a revised actuarial memorandum, exhibits and revised rates.

Thank you for your understanding and cooperation.

Changed Items:

Supporting Document Schedule Item Changes

Satisfied -Name: Health - Actuarial Justification
Comment:
Satisfied -Name: Exhibits
Comment:
Satisfied -Name: Response
Comment:

No Form Schedule items changed.

Rate/Rule Schedule Item Changes

Document Name:	Affected Form Numbers:	Rate Action:	Rate Action Information:	Attach Document:
Rates	OS-99	Revised	*Previous State Filing Number* *Percent Rate Change Request* 10	
Previous Version				
Rates	*OS-99*	*Revised*	*Previous State Filing Number* *Percent Rate Change Request* *20*	

Thank you for your consideration in this matter.

Sincerely,
Brenda Ingram, Kyle Conrad

Rate Information

Rate data applies to filing.

Filing Method:	SERFF
Rate Change Type:	Increase
Overall Percentage of Last Rate Revision:	6.600%
Effective Date of Last Rate Revision:	01/01/2008
Filing Method of Last Filing:	paper

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):
Reserve National Insurance Company	20.000%	20.000%	$236	159	$1,414	20.000%	20.000%

Rate/Rule Schedule

Schedule Item Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:*	Rate Action Information:		Attachments
Approved-Closed 09/03/2009	Rates	OS-99	Revised	Previous State Filing Number:		Arkansas OS-99 Rates.pdf
				Percent Rate Change Request:	10.000	

RESERVE NATIONAL INSURANCE COMPANY
Oklahoma City, Oklahoma
Form OS-99 with $5,000 and $10,000 Benefit
Arkansas - 10.00% Increase
1-Year Step Rated Monthly Premium - NON-SMOKER

	$5,000 Maximum Benefit				$10,000 Maximum Benefit			
Ages	$500 Ded	$1,000 Ded	$1,500 Ded	$2,000 Ded	$500 Ded	$1,000 Ded	$1,500 Ded	$2,000 Ded
0-17	29.35	10.95	8.80	7.15	30.95	11.65	9.30	7.60
18	51.05	31.55	25.20	20.50	53.10	32.90	26.35	21.40
19	51.05	31.55	25.20	20.50	53.10	32.90	26.35	21.40
20	51.05	31.55	25.20	20.50	53.10	32.90	26.35	21.40
21	51.05	31.55	25.20	20.50	53.10	32.90	26.35	21.40
22	51.05	31.55	25.20	20.50	53.10	32.90	26.35	21.40
23	51.05	31.55	25.20	20.50	53.10	32.90	26.35	21.40
24	51.05	31.55	25.20	20.50	53.10	32.90	26.35	21.40
25	51.05	31.55	25.20	20.50	53.10	32.90	26.35	21.40
26	52.25	32.40	25.90	21.05	54.40	33.70	26.95	21.95
27	53.65	33.20	26.60	21.60	55.85	34.55	27.60	22.45
28	54.95	34.05	27.30	22.15	57.15	35.50	28.40	23.05
29	56.20	34.75	27.80	22.55	58.50	36.30	29.05	23.60
30	57.55	35.65	28.50	23.15	59.90	37.20	29.70	24.15
31	58.90	36.50	29.20	23.75	61.35	38.05	30.40	24.75
32	60.30	37.30	29.85	24.20	62.60	38.80	31.00	25.20
33	61.60	38.15	30.55	24.80	64.15	39.70	31.80	25.80
34	63.05	39.00	31.20	25.35	65.60	40.65	32.50	26.40
35	64.45	39.90	31.90	25.90	67.10	41.55	33.15	26.95
36	65.80	40.75	32.60	26.50	68.60	42.40	33.90	27.55
37	67.30	41.70	33.40	27.05	70.00	43.35	34.65	28.15
38	68.65	42.45	33.95	27.60	71.55	44.20	35.35	28.70
39	70.15	43.35	34.65	28.15	72.95	45.10	36.10	29.30
40	71.45	44.20	35.35	28.70	74.45	46.00	36.75	29.90
41	72.90	45.05	36.05	29.25	75.90	46.90	37.50	30.45
42	74.95	46.35	37.15	30.15	78.15	48.25	38.55	31.35
43	77.95	48.15	38.50	31.30	81.20	50.15	40.15	32.60
44	80.85	50.00	40.00	32.50	84.30	52.15	41.70	33.90
45	84.00	51.80	41.45	33.70	87.45	54.05	43.30	35.15
46	86.95	53.80	43.00	34.95	90.65	56.05	44.85	36.40
47	87.65	54.10	43.30	35.20	91.35	56.30	45.10	36.65
48	93.55	57.85	46.30	37.60	97.55	60.30	48.20	39.15
49	97.20	60.10	48.05	39.05	101.30	62.55	50.05	40.70
50	100.85	62.35	49.90	40.60	105.10	65.00	52.05	42.30
51	104.60	64.65	51.70	41.95	108.95	67.40	53.90	43.80
52	108.35	66.90	53.50	43.50	112.85	69.70	55.75	45.30
53	112.85	69.80	55.85	45.40	117.75	72.70	58.15	47.25
54	117.65	72.70	58.15	47.25	122.60	75.80	60.60	49.25
55	122.40	75.55	60.45	49.10	127.60	78.75	63.00	51.20
56	127.20	78.65	62.90	51.15	132.50	81.85	65.50	53.20
57	134.35	83.00	66.45	53.95	140.10	86.40	69.15	56.15
58	143.85	88.95	71.15	57.80	149.90	92.55	74.05	60.15
59	153.65	95.00	76.00	61.70	160.15	98.90	79.15	64.30
60	163.80	101.20	80.95	65.80	170.70	105.55	84.45	68.60
61	174.25	107.60	86.10	69.95	181.60	112.20	89.75	72.95
62	186.45	115.15	92.15	74.85	194.25	120.00	96.05	78.05
63	198.85	122.80	98.30	79.85	207.25	128.05	102.40	83.25
64	208.65	128.85	103.05	83.75	217.60	134.35	107.55	87.35
65	241.45	149.10	119.25	96.90	251.70	155.45	124.35	101.05

Monthly Bank Draft = Monthly Rate x .92
Semi-Annual Rate = Monthly Rate x 5.82

Quarterly Rate = Monthly Rate x 2.94
Annual Rate = Monthly Rate x 11.04

RESERVE NATIONAL INSURANCE COMPANY
Oklahoma City, Oklahoma
Form OS-99 with $5,000 and $10,000 Benefit
Arkansas - 10.00% Increase
1-Year Step Rated Monthly Premium - SMOKER

	$5,000 Maximum Benefit				$10,000 Maximum Benefit			
Ages	$500 Ded	$1,000 Ded	$1,500 Ded	$2,000 Ded	$500 Ded	$1,000 Ded	$1,500 Ded	$2,000 Ded
0-17	32.05	12.05	9.65	7.80	33.70	12.70	10.20	8.25
18	55.75	34.55	27.60	22.45	57.95	35.85	28.70	23.30
19	55.75	34.55	27.60	22.45	57.95	35.85	28.70	23.30
20	55.75	34.55	27.60	22.45	57.95	35.85	28.70	23.30
21	55.75	34.55	27.60	22.45	57.95	35.85	28.70	23.30
22	55.75	34.55	27.60	22.45	57.95	35.85	28.70	23.30
23	55.75	34.55	27.60	22.45	57.95	35.85	28.70	23.30
24	55.75	34.55	27.60	22.45	57.95	35.85	28.70	23.30
25	55.75	34.55	27.60	22.45	57.95	35.85	28.70	23.30
26	57.15	35.50	28.40	23.05	59.45	36.80	29.45	23.95
27	58.60	36.30	29.05	23.60	61.05	37.80	30.20	24.60
28	60.00	37.25	29.80	24.20	62.50	38.70	30.95	25.15
29	61.45	38.10	30.45	24.80	63.95	39.70	31.80	25.80
30	62.90	39.00	31.20	25.35	65.50	40.55	32.40	26.35
31	64.35	39.90	31.90	25.90	67.00	41.45	33.15	26.95
32	65.75	40.75	32.60	26.50	68.60	42.40	33.90	27.55
33	67.40	41.75	33.45	27.15	70.15	43.45	34.75	28.25
34	68.80	42.70	34.10	27.70	71.65	44.45	35.55	28.95
35	70.40	43.60	34.85	28.40	73.30	45.40	36.30	29.50
36	71.95	44.55	35.65	29.00	74.90	46.35	37.15	30.15
37	73.50	45.50	36.40	29.55	76.50	47.35	37.90	30.80
38	74.95	46.40	37.20	30.20	78.10	48.25	38.55	31.35
39	76.55	47.35	37.90	30.80	79.75	49.35	39.45	32.05
40	78.10	48.25	38.55	31.35	81.35	50.35	40.20	32.75
41	79.65	49.15	39.35	31.95	83.00	51.25	41.00	33.30
42	81.95	50.70	40.60	32.95	85.35	52.75	42.25	34.30
43	85.15	52.65	42.10	34.25	88.85	54.90	43.90	35.65
44	88.45	54.75	43.75	35.55	92.20	56.95	45.55	37.00
45	91.70	56.70	45.40	36.90	95.60	59.00	47.25	38.40
46	95.10	58.75	47.05	38.15	99.00	61.15	48.90	39.75
47	95.70	59.20	47.30	38.45	99.75	61.55	49.25	40.05
48	102.30	63.20	50.55	41.10	106.60	65.80	52.65	42.75
49	106.25	65.60	52.45	42.65	110.70	68.35	54.75	44.45
50	110.15	68.10	54.45	44.30	114.80	70.95	56.75	46.15
51	114.25	70.55	56.50	45.95	119.00	73.60	58.85	47.85
52	118.30	73.10	58.50	47.60	123.35	76.20	60.95	49.50
53	123.35	76.20	60.95	49.50	128.65	79.50	63.65	51.65
54	128.55	79.40	63.60	51.65	134.00	82.70	66.20	53.80
55	133.65	82.65	66.10	53.80	139.45	86.15	68.90	56.00
56	138.95	85.90	68.70	55.85	144.80	89.50	71.60	58.15
57	146.80	90.75	72.60	58.95	152.95	94.50	75.65	61.45
58	157.20	97.15	77.75	63.15	163.80	101.20	80.95	65.80
59	167.95	103.80	83.00	67.50	175.00	108.10	86.40	70.25
60	178.90	110.65	88.55	71.95	186.55	115.25	92.20	74.85
61	190.30	117.65	94.15	76.50	198.40	122.60	98.05	79.70
62	203.60	125.85	100.65	81.80	212.30	131.20	104.95	85.25
63	217.15	134.25	107.40	87.25	226.45	139.75	111.80	90.85
64	228.05	140.75	112.65	91.50	237.70	146.80	117.45	95.45
65	263.80	162.85	130.30	105.90	275.00	169.85	135.90	110.40

Monthly Bank Draft = Monthly Rate x .92
Semi-Annual Rate = Monthly Rate x 5.82

Quarterly Rate = Monthly Rate x 2.94
Annual Rate = Monthly Rate x 11.04

RESERVE NATIONAL INSURANCE COMPANY
Oklahoma City, Oklahoma
Form OS-99 with $5,000 and $10,000 Benefit
Arkansas - Current Rates
1-Year Step Rated Monthly Premium - NON-SMOKER

	$5,000 Maximum Benefit				$10,000 Maximum Benefit			
Ages	$500 Ded	$1,000 Ded	$1,500 Ded	$2,000 Ded	$500 Ded	$1,000 Ded	$1,500 Ded	$2,000 Ded
0-17	26.70	9.95	8.00	6.50	28.15	10.60	8.45	6.90
18	46.40	28.70	22.90	18.65	48.25	29.90	23.95	19.45
19	46.40	28.70	22.90	18.65	48.25	29.90	23.95	19.45
20	46.40	28.70	22.90	18.65	48.25	29.90	23.95	19.45
21	46.40	28.70	22.90	18.65	48.25	29.90	23.95	19.45
22	46.40	28.70	22.90	18.65	48.25	29.90	23.95	19.45
23	46.40	28.70	22.90	18.65	48.25	29.90	23.95	19.45
24	46.40	28.70	22.90	18.65	48.25	29.90	23.95	19.45
25	46.40	28.70	22.90	18.65	48.25	29.90	23.95	19.45
26	47.50	29.45	23.55	19.15	49.45	30.65	24.50	19.95
27	48.75	30.20	24.20	19.65	50.75	31.40	25.10	20.40
28	49.95	30.95	24.80	20.15	51.95	32.25	25.80	20.95
29	51.10	31.60	25.25	20.50	53.20	33.00	26.40	21.45
30	52.30	32.40	25.90	21.05	54.45	33.80	27.00	21.95
31	53.55	33.20	26.55	21.60	55.75	34.60	27.65	22.50
32	54.80	33.90	27.15	22.00	56.90	35.25	28.20	22.90
33	56.00	34.70	27.75	22.55	58.30	36.10	28.90	23.45
34	57.30	35.45	28.35	23.05	59.65	36.95	29.55	24.00
35	58.60	36.25	29.00	23.55	61.00	37.75	30.15	24.50
36	59.80	37.05	29.65	24.10	62.35	38.55	30.80	25.05
37	61.20	37.90	30.35	24.60	63.65	39.40	31.50	25.60
38	62.40	38.60	30.85	25.10	65.05	40.20	32.15	26.10
39	63.75	39.40	31.50	25.60	66.30	41.00	32.80	26.65
40	64.95	40.20	32.15	26.10	67.70	41.80	33.40	27.20
41	66.25	40.95	32.75	26.60	69.00	42.65	34.10	27.70
42	68.15	42.15	33.75	27.40	71.05	43.85	35.05	28.50
43	70.85	43.75	35.00	28.45	73.80	45.60	36.50	29.65
44	73.50	45.45	36.35	29.55	76.65	47.40	37.90	30.80
45	76.35	47.10	37.70	30.65	79.50	49.15	39.35	31.95
46	79.05	48.90	39.10	31.75	82.40	50.95	40.75	33.10
47	79.70	49.20	39.35	32.00	83.05	51.20	41.00	33.30
48	85.05	52.60	42.10	34.20	88.70	54.80	43.80	35.60
49	88.35	54.65	43.70	35.50	92.10	56.85	45.50	37.00
50	91.70	56.70	45.35	36.90	95.55	59.10	47.30	38.45
51	95.10	58.75	47.00	38.15	99.05	61.25	49.00	39.80
52	98.50	60.80	48.65	39.55	102.60	63.35	50.70	41.20
53	102.60	63.45	50.75	41.25	107.05	66.10	52.85	42.95
54	106.95	66.10	52.85	42.95	111.45	68.90	55.10	44.75
55	111.25	68.70	54.95	44.65	116.00	71.60	57.25	46.55
56	115.65	71.50	57.20	46.50	120.45	74.40	59.55	48.35
57	122.15	75.45	60.40	49.05	127.35	78.55	62.85	51.05
58	130.75	80.85	64.70	52.55	136.25	84.15	67.30	54.70
59	139.70	86.35	69.10	56.10	145.60	89.90	71.95	58.45
60	148.90	92.00	73.60	59.80	155.20	95.95	76.75	62.35
61	158.40	97.80	78.25	63.60	165.10	102.00	81.60	66.30
62	169.50	104.70	83.75	68.05	176.60	109.10	87.30	70.95
63	180.75	111.65	89.35	72.60	188.40	116.40	93.10	75.70
64	189.70	117.15	93.70	76.15	197.80	122.15	97.75	79.40
65	219.50	135.55	108.40	88.10	228.80	141.30	113.05	91.85

Monthly Bank Draft = Monthly Rate x .92
Semi-Annual Rate = Monthly Rate x 5.82

Quarterly Rate = Monthly Rate x 2.94
Annual Rate = Monthly Rate x 11.04

RESERVE NATIONAL INSURANCE COMPANY
Oklahoma City, Oklahoma
Form OS-99 with $5,000 and $10,000 Benefit
Arkansas - Current Rates
1-Year Step Rated Monthly Premium - SMOKER

	$5,000 Maximum Benefit				$10,000 Maximum Benefit			
Ages	$500 Ded	$1,000 Ded	$1,500 Ded	$2,000 Ded	$500 Ded	$1,000 Ded	$1,500 Ded	$2,000 Ded
0-17	29.15	10.95	8.75	7.10	30.65	11.55	9.25	7.50
18	50.70	31.40	25.10	20.40	52.70	32.60	26.10	21.20
19	50.70	31.40	25.10	20.40	52.70	32.60	26.10	21.20
20	50.70	31.40	25.10	20.40	52.70	32.60	26.10	21.20
21	50.70	31.40	25.10	20.40	52.70	32.60	26.10	21.20
22	50.70	31.40	25.10	20.40	52.70	32.60	26.10	21.20
23	50.70	31.40	25.10	20.40	52.70	32.60	26.10	21.20
24	50.70	31.40	25.10	20.40	52.70	32.60	26.10	21.20
25	50.70	31.40	25.10	20.40	52.70	32.60	26.10	21.20
26	51.95	32.25	25.80	20.95	54.05	33.45	26.75	21.75
27	53.25	33.00	26.40	21.45	55.50	34.35	27.45	22.35
28	54.55	33.85	27.10	22.00	56.80	35.20	28.15	22.85
29	55.85	34.65	27.70	22.55	58.15	36.10	28.90	23.45
30	57.20	35.45	28.35	23.05	59.55	36.85	29.45	23.95
31	58.50	36.25	29.00	23.55	60.90	37.70	30.15	24.50
32	59.75	37.05	29.65	24.10	62.35	38.55	30.80	25.05
33	61.25	37.95	30.40	24.70	63.75	39.50	31.60	25.70
34	62.55	38.80	31.00	25.20	65.15	40.40	32.30	26.30
35	64.00	39.65	31.70	25.80	66.65	41.25	33.00	26.80
36	65.40	40.50	32.40	26.35	68.10	42.15	33.75	27.40
37	66.80	41.35	33.10	26.85	69.55	43.05	34.45	28.00
38	68.15	42.20	33.80	27.45	71.00	43.85	35.05	28.50
39	69.60	43.05	34.45	28.00	72.50	44.85	35.85	29.15
40	71.00	43.85	35.05	28.50	73.95	45.75	36.55	29.75
41	72.40	44.70	35.75	29.05	75.45	46.60	37.25	30.25
42	74.50	46.10	36.90	29.95	77.60	47.95	38.40	31.20
43	77.40	47.85	38.25	31.15	80.75	49.90	39.90	32.40
44	80.40	49.75	39.75	32.30	83.80	51.75	41.40	33.65
45	83.35	51.55	41.25	33.55	86.90	53.65	42.95	34.90
46	86.45	53.40	42.75	34.70	90.00	55.60	44.45	36.15
47	87.00	53.80	43.00	34.95	90.70	55.95	44.75	36.40
48	93.00	57.45	45.95	37.35	96.90	59.80	47.85	38.85
49	96.60	59.65	47.70	38.75	100.65	62.15	49.75	40.40
50	100.15	61.90	49.50	40.25	104.35	64.50	51.60	41.95
51	103.85	64.15	51.35	41.75	108.20	66.90	53.50	43.50
52	107.55	66.45	53.20	43.25	112.15	69.25	55.40	45.00
53	112.15	69.25	55.40	45.00	116.95	72.25	57.85	46.95
54	116.85	72.20	57.80	46.95	121.80	75.20	60.20	48.90
55	121.50	75.15	60.10	48.90	126.75	78.30	62.65	50.90
56	126.30	78.10	62.45	50.75	131.65	81.35	65.10	52.85
57	133.45	82.50	66.00	53.60	139.05	85.90	68.75	55.85
58	142.90	88.30	70.70	57.40	148.90	92.00	73.60	59.80
59	152.70	94.35	75.45	61.35	159.10	98.25	78.55	63.85
60	162.65	100.60	80.50	65.40	169.60	104.75	83.80	68.05
61	173.00	106.95	85.60	69.55	180.35	111.45	89.15	72.45
62	185.10	114.40	91.50	74.35	193.00	119.25	95.40	77.50
63	197.40	122.05	97.65	79.30	205.85	127.05	101.65	82.60
64	207.30	127.95	102.40	83.20	216.10	133.45	106.75	86.75
65	239.80	148.05	118.45	96.25	250.00	154.40	123.55	100.35

Monthly Bank Draft = Monthly Rate x .92
Semi-Annual Rate = Monthly Rate x 5.82

Quarterly Rate = Monthly Rate x 2.94
Annual Rate = Monthly Rate x 11.04

Reserve National
INSURANCE COMPANY

6100 NORTHWEST GRAND BLVD
OKLAHOMA CITY, OKLAHOMA 73118-1082

September 3, 2009

Rosalind Minor
Life and Health Division
Arkansas Insurance Department
1200 West Third Street
Little Rock, AR 72201

Re: OS-99 Rate Increase
Individual Supplemental Outpatient Services Expense Plan
NAIC# 68462
SERFF Tracking Number: RNIC-126255656

Dear Rosalind:

This is in response to your letter dated September 2, 2009, and addressed to Kyle Conrad of Reserve National concerning the above referenced filing.

We will accept the 10.00% increase. I have enclosed the revised actuarial memorandum, exhibits, and rate sheets reflecting this 10.00% increase.

If you have any additional questions, please contact me by phone at (405) 848-7931 or via e-mail at HMills@Unitrin.com.

Sincerely,

Holly Mills
Actuarial Assistant

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)
08/10/2009	Rate and Rule	Rates	09/03/2009	Arkansas OS-99 Rates.pdf (Superceded)

RESERVE NATIONAL INSURANCE COMPANY
Oklahoma City, Oklahoma
Form OS-99 with $5,000 and $10,000 Benefit
Arkansas - 20.00% Increase
1-Year Step Rated Monthly Premium - NON-SMOKER

	$5,000 Maximum Benefit				$10,000 Maximum Benefit			
Ages	$500 Ded	$1,000 Ded	$1,500 Ded	$2,000 Ded	$500 Ded	$1,000 Ded	$1,500 Ded	$2,000 Ded
0-17	32.05	11.95	9.60	7.80	33.80	12.70	10.15	8.30
18	55.70	34.45	27.50	22.40	57.90	35.90	28.75	23.35
19	55.70	34.45	27.50	22.40	57.90	35.90	28.75	23.35
20	55.70	34.45	27.50	22.40	57.90	35.90	28.75	23.35
21	55.70	34.45	27.50	22.40	57.90	35.90	28.75	23.35
22	55.70	34.45	27.50	22.40	57.90	35.90	28.75	23.35
23	55.70	34.45	27.50	22.40	57.90	35.90	28.75	23.35
24	55.70	34.45	27.50	22.40	57.90	35.90	28.75	23.35
25	55.70	34.45	27.50	22.40	57.90	35.90	28.75	23.35
26	57.00	35.35	28.25	23.00	59.35	36.80	29.40	23.95
27	58.50	36.25	29.05	23.60	60.90	37.70	30.10	24.50
28	59.95	37.15	29.75	24.20	62.35	38.70	30.95	25.15
29	61.30	37.90	30.30	24.60	63.85	39.60	31.70	25.75
30	62.75	38.90	31.10	25.25	65.35	40.55	32.40	26.35
31	64.25	39.85	31.85	25.90	66.90	41.50	33.20	27.00
32	65.75	40.70	32.60	26.40	68.30	42.30	33.85	27.50
33	67.20	41.65	33.30	27.05	69.95	43.30	34.70	28.15
34	68.75	42.55	34.00	27.65	71.60	44.35	35.45	28.80
35	70.30	43.50	34.80	28.25	73.20	45.30	36.20	29.40
36	71.75	44.45	35.60	28.90	74.80	46.25	36.95	30.05
37	73.45	45.50	36.40	29.50	76.40	47.30	37.80	30.70
38	74.90	46.30	37.00	30.10	78.05	48.25	38.60	31.30
39	76.50	47.30	37.80	30.70	79.55	49.20	39.35	32.00
40	77.95	48.25	38.60	31.30	81.25	50.15	40.10	32.65
41	79.50	49.15	39.30	31.90	82.80	51.20	40.90	33.25
42	81.80	50.60	40.50	32.90	85.25	52.60	42.05	34.20
43	85.00	52.50	42.00	34.15	88.55	54.70	43.80	35.60
44	88.20	54.55	43.60	35.45	92.00	56.90	45.50	36.95
45	91.60	56.50	45.25	36.80	95.40	59.00	47.20	38.35
46	94.85	58.70	46.90	38.10	98.90	61.15	48.90	39.70
47	95.65	59.05	47.20	38.40	99.65	61.45	49.20	39.95
48	102.05	63.10	50.50	41.05	106.45	65.75	52.55	42.70
49	106.00	65.60	52.45	42.60	110.50	68.20	54.60	44.40
50	110.05	68.05	54.40	44.30	114.65	70.90	56.75	46.15
51	114.10	70.50	56.40	45.80	118.85	73.50	58.80	47.75
52	118.20	72.95	58.40	47.45	123.10	76.00	60.85	49.45
53	123.10	76.15	60.90	49.50	128.45	79.30	63.40	51.55
54	128.35	79.30	63.40	51.55	133.75	82.70	66.10	53.70
55	133.50	82.45	65.95	53.60	139.20	85.90	68.70	55.85
56	138.80	85.80	68.65	55.80	144.55	89.30	71.45	58.00
57	146.60	90.55	72.50	58.85	152.80	94.25	75.40	61.25
58	156.90	97.00	77.65	63.05	163.50	101.00	80.75	65.65
59	167.65	103.60	82.90	67.30	174.70	107.90	86.35	70.15
60	178.70	110.40	88.30	71.75	186.25	115.15	92.10	74.80
61	190.10	117.35	93.90	76.30	198.10	122.40	97.90	79.55
62	203.40	125.65	100.50	81.65	211.90	130.90	104.75	85.15
63	216.90	134.00	107.20	87.10	226.10	139.70	111.70	90.85
64	227.65	140.60	112.45	91.40	237.35	146.60	117.30	95.30
65	263.40	162.65	130.10	105.70	274.55	169.55	135.65	110.20

Monthly Bank Draft = Monthly Rate x .92
Semi-Annual Rate = Monthly Rate x 5.82

Quarterly Rate = Monthly Rate x 2.94
Annual Rate = Monthly Rate x 11.04

RESERVE NATIONAL INSURANCE COMPANY
Oklahoma City, Oklahoma
Form OS-99 with $5,000 and $10,000 Benefit
Arkansas - 20.00% Increase
1-Year Step Rated Monthly Premium - SMOKER

	$5,000 Maximum Benefit				$10,000 Maximum Benefit			
Ages	$500 Ded	$1,000 Ded	$1,500 Ded	$2,000 Ded	$500 Ded	$1,000 Ded	$1,500 Ded	$2,000 Ded
0-17	35.00	13.15	10.50	8.50	36.80	13.85	11.10	9.00
18	60.85	37.70	30.10	24.50	63.25	39.10	31.30	25.45
19	60.85	37.70	30.10	24.50	63.25	39.10	31.30	25.45
20	60.85	37.70	30.10	24.50	63.25	39.10	31.30	25.45
21	60.85	37.70	30.10	24.50	63.25	39.10	31.30	25.45
22	60.85	37.70	30.10	24.50	63.25	39.10	31.30	25.45
23	60.85	37.70	30.10	24.50	63.25	39.10	31.30	25.45
24	60.85	37.70	30.10	24.50	63.25	39.10	31.30	25.45
25	60.85	37.70	30.10	24.50	63.25	39.10	31.30	25.45
26	62.35	38.70	30.95	25.15	64.85	40.15	32.10	26.10
27	63.90	39.60	31.70	25.75	66.60	41.20	32.95	26.80
28	65.45	40.60	32.50	26.40	68.15	42.25	33.80	27.40
29	67.00	41.60	33.25	27.05	69.80	43.30	34.70	28.15
30	68.65	42.55	34.00	27.65	71.45	44.20	35.35	28.75
31	70.20	43.50	34.80	28.25	73.10	45.25	36.20	29.40
32	71.70	44.45	35.60	28.90	74.80	46.25	36.95	30.05
33	73.50	45.55	36.50	29.65	76.50	47.40	37.90	30.85
34	75.05	46.55	37.20	30.25	78.20	48.50	38.75	31.55
35	76.80	47.60	38.05	30.95	80.00	49.50	39.60	32.15
36	78.50	48.60	38.90	31.60	81.70	50.60	40.50	32.90
37	80.15	49.60	39.70	32.20	83.45	51.65	41.35	33.60
38	81.80	50.65	40.55	32.95	85.20	52.60	42.05	34.20
39	83.50	51.65	41.35	33.60	87.00	53.80	43.00	35.00
40	85.20	52.60	42.05	34.20	88.75	54.90	43.85	35.70
41	86.90	53.65	42.90	34.85	90.55	55.90	44.70	36.30
42	89.40	55.30	44.30	35.95	93.10	57.55	46.10	37.45
43	92.90	57.40	45.90	37.40	96.90	59.90	47.90	38.90
44	96.50	59.70	47.70	38.75	100.55	62.10	49.70	40.40
45	100.00	61.85	49.50	40.25	104.30	64.40	51.55	41.90
46	103.75	64.10	51.30	41.65	108.00	66.70	53.35	43.40
47	104.40	64.55	51.60	41.95	108.85	67.15	53.70	43.70
48	111.60	68.95	55.15	44.80	116.30	71.75	57.40	46.60
49	115.90	71.60	57.25	46.50	120.80	74.60	59.70	48.50
50	120.20	74.30	59.40	48.30	125.20	77.40	61.90	50.35
51	124.60	77.00	61.60	50.10	129.85	80.30	64.20	52.20
52	129.05	79.75	63.85	51.90	134.60	83.10	66.50	54.00
53	134.60	83.10	66.50	54.00	140.35	86.70	69.40	56.35
54	140.20	86.65	69.35	56.35	146.15	90.25	72.25	58.70
55	145.80	90.20	72.10	58.70	152.10	93.95	75.20	61.10
56	151.55	93.70	74.95	60.90	158.00	97.60	78.10	63.40
57	160.15	99.00	79.20	64.30	166.85	103.10	82.50	67.00
58	171.50	105.95	84.85	68.90	178.70	110.40	88.30	71.75
59	183.25	113.20	90.55	73.60	190.90	117.90	94.25	76.60
60	195.20	120.70	96.60	78.50	203.50	125.70	100.55	81.65
61	207.60	128.35	102.70	83.45	216.40	133.75	107.00	86.95
62	222.10	137.30	109.80	89.20	231.60	143.10	114.50	93.00
63	236.90	146.45	117.20	95.15	247.00	152.45	122.00	99.10
64	248.75	153.55	122.90	99.85	259.30	160.15	128.10	104.10
65	287.75	177.65	142.15	115.50	300.00	185.30	148.25	120.40

Monthly Bank Draft = Monthly Rate x .92
Semi-Annual Rate = Monthly Rate x 5.82

Quarterly Rate = Monthly Rate x 2.94
Annual Rate = Monthly Rate x 11.04

RESERVE NATIONAL INSURANCE COMPANY
Oklahoma City, Oklahoma
Form OS-99 with $5,000 and $10,000 Benefit
Arkansas - Current Rates
1-Year Step Rated Monthly Premium - NON-SMOKER

	$5,000 Maximum Benefit				$10,000 Maximum Benefit			
Ages	$500 Ded	$1,000 Ded	$1,500 Ded	$2,000 Ded	$500 Ded	$1,000 Ded	$1,500 Ded	$2,000 Ded
0-17	26.70	9.95	8.00	6.50	28.15	10.60	8.45	6.90
18	46.40	28.70	22.90	18.65	48.25	29.90	23.95	19.45
19	46.40	28.70	22.90	18.65	48.25	29.90	23.95	19.45
20	46.40	28.70	22.90	18.65	48.25	29.90	23.95	19.45
21	46.40	28.70	22.90	18.65	48.25	29.90	23.95	19.45
22	46.40	28.70	22.90	18.65	48.25	29.90	23.95	19.45
23	46.40	28.70	22.90	18.65	48.25	29.90	23.95	19.45
24	46.40	28.70	22.90	18.65	48.25	29.90	23.95	19.45
25	46.40	28.70	22.90	18.65	48.25	29.90	23.95	19.45
26	47.50	29.45	23.55	19.15	49.45	30.65	24.50	19.95
27	48.75	30.20	24.20	19.65	50.75	31.40	25.10	20.40
28	49.95	30.95	24.80	20.15	51.95	32.25	25.80	20.95
29	51.10	31.60	25.25	20.50	53.20	33.00	26.40	21.45
30	52.30	32.40	25.90	21.05	54.45	33.80	27.00	21.95
31	53.55	33.20	26.55	21.60	55.75	34.60	27.65	22.50
32	54.80	33.90	27.15	22.00	56.90	35.25	28.20	22.90
33	56.00	34.70	27.75	22.55	58.30	36.10	28.90	23.45
34	57.30	35.45	28.35	23.05	59.65	36.95	29.55	24.00
35	58.60	36.25	29.00	23.55	61.00	37.75	30.15	24.50
36	59.80	37.05	29.65	24.10	62.35	38.55	30.80	25.05
37	61.20	37.90	30.35	24.60	63.65	39.40	31.50	25.60
38	62.40	38.60	30.85	25.10	65.05	40.20	32.15	26.10
39	63.75	39.40	31.50	25.60	66.30	41.00	32.80	26.65
40	64.95	40.20	32.15	26.10	67.70	41.80	33.40	27.20
41	66.25	40.95	32.75	26.60	69.00	42.65	34.10	27.70
42	68.15	42.15	33.75	27.40	71.05	43.85	35.05	28.50
43	70.85	43.75	35.00	28.45	73.80	45.60	36.50	29.65
44	73.50	45.45	36.35	29.55	76.65	47.40	37.90	30.80
45	76.35	47.10	37.70	30.65	79.50	49.15	39.35	31.95
46	79.05	48.90	39.10	31.75	82.40	50.95	40.75	33.10
47	79.70	49.20	39.35	32.00	83.05	51.20	41.00	33.30
48	85.05	52.60	42.10	34.20	88.70	54.80	43.80	35.60
49	88.35	54.65	43.70	35.50	92.10	56.85	45.50	37.00
50	91.70	56.70	45.35	36.90	95.55	59.10	47.30	38.45
51	95.10	58.75	47.00	38.15	99.05	61.25	49.00	39.80
52	98.50	60.80	48.65	39.55	102.60	63.35	50.70	41.20
53	102.60	63.45	50.75	41.25	107.05	66.10	52.85	42.95
54	106.95	66.10	52.85	42.95	111.45	68.90	55.10	44.75
55	111.25	68.70	54.95	44.65	116.00	71.60	57.25	46.55
56	115.65	71.50	57.20	46.50	120.45	74.40	59.55	48.35
57	122.15	75.45	60.40	49.05	127.35	78.55	62.85	51.05
58	130.75	80.85	64.70	52.55	136.25	84.15	67.30	54.70
59	139.70	86.35	69.10	56.10	145.60	89.90	71.95	58.45
60	148.90	92.00	73.60	59.80	155.20	95.95	76.75	62.35
61	158.40	97.80	78.25	63.60	165.10	102.00	81.60	66.30
62	169.50	104.70	83.75	68.05	176.60	109.10	87.30	70.95
63	180.75	111.65	89.35	72.60	188.40	116.40	93.10	75.70
64	189.70	117.15	93.70	76.15	197.80	122.15	97.75	79.40
65	219.50	135.55	108.40	88.10	228.80	141.30	113.05	91.85

Monthly Bank Draft = Monthly Rate x .92
Semi-Annual Rate = Monthly Rate x 5.82

Quarterly Rate = Monthly Rate x 2.94
Annual Rate = Monthly Rate x 11.04

RESERVE NATIONAL INSURANCE COMPANY
Oklahoma City, Oklahoma
Form OS-99 with $5,000 and $10,000 Benefit
Arkansas - Current Rates
1-Year Step Rated Monthly Premium - SMOKER

	$5,000 Maximum Benefit				$10,000 Maximum Benefit			
Ages	$500 Ded	$1,000 Ded	$1,500 Ded	$2,000 Ded	$500 Ded	$1,000 Ded	$1,500 Ded	$2,000 Ded
0-17	29.15	10.95	8.75	7.10	30.65	11.55	9.25	7.50
18	50.70	31.40	25.10	20.40	52.70	32.60	26.10	21.20
19	50.70	31.40	25.10	20.40	52.70	32.60	26.10	21.20
20	50.70	31.40	25.10	20.40	52.70	32.60	26.10	21.20
21	50.70	31.40	25.10	20.40	52.70	32.60	26.10	21.20
22	50.70	31.40	25.10	20.40	52.70	32.60	26.10	21.20
23	50.70	31.40	25.10	20.40	52.70	32.60	26.10	21.20
24	50.70	31.40	25.10	20.40	52.70	32.60	26.10	21.20
25	50.70	31.40	25.10	20.40	52.70	32.60	26.10	21.20
26	51.95	32.25	25.80	20.95	54.05	33.45	26.75	21.75
27	53.25	33.00	26.40	21.45	55.50	34.35	27.45	22.35
28	54.55	33.85	27.10	22.00	56.80	35.20	28.15	22.85
29	55.85	34.65	27.70	22.55	58.15	36.10	28.90	23.45
30	57.20	35.45	28.35	23.05	59.55	36.85	29.45	23.95
31	58.50	36.25	29.00	23.55	60.90	37.70	30.15	24.50
32	59.75	37.05	29.65	24.10	62.35	38.55	30.80	25.05
33	61.25	37.95	30.40	24.70	63.75	39.50	31.60	25.70
34	62.55	38.80	31.00	25.20	65.15	40.40	32.30	26.30
35	64.00	39.65	31.70	25.80	66.65	41.25	33.00	26.80
36	65.40	40.50	32.40	26.35	68.10	42.15	33.75	27.40
37	66.80	41.35	33.10	26.85	69.55	43.05	34.45	28.00
38	68.15	42.20	33.80	27.45	71.00	43.85	35.05	28.50
39	69.60	43.05	34.45	28.00	72.50	44.85	35.85	29.15
40	71.00	43.85	35.05	28.50	73.95	45.75	36.55	29.75
41	72.40	44.70	35.75	29.05	75.45	46.60	37.25	30.25
42	74.50	46.10	36.90	29.95	77.60	47.95	38.40	31.20
43	77.40	47.85	38.25	31.15	80.75	49.90	39.90	32.40
44	80.40	49.75	39.75	32.30	83.80	51.75	41.40	33.65
45	83.35	51.55	41.25	33.55	86.90	53.65	42.95	34.90
46	86.45	53.40	42.75	34.70	90.00	55.60	44.45	36.15
47	87.00	53.80	43.00	34.95	90.70	55.95	44.75	36.40
48	93.00	57.45	45.95	37.35	96.90	59.80	47.85	38.85
49	96.60	59.65	47.70	38.75	100.65	62.15	49.75	40.40
50	100.15	61.90	49.50	40.25	104.35	64.50	51.60	41.95
51	103.85	64.15	51.35	41.75	108.20	66.90	53.50	43.50
52	107.55	66.45	53.20	43.25	112.15	69.25	55.40	45.00
53	112.15	69.25	55.40	45.00	116.95	72.25	57.85	46.95
54	116.85	72.20	57.80	46.95	121.80	75.20	60.20	48.90
55	121.50	75.15	60.10	48.90	126.75	78.30	62.65	50.90
56	126.30	78.10	62.45	50.75	131.65	81.35	65.10	52.85
57	133.45	82.50	66.00	53.60	139.05	85.90	68.75	55.85
58	142.90	88.30	70.70	57.40	148.90	92.00	73.60	59.80
59	152.70	94.35	75.45	61.35	159.10	98.25	78.55	63.85
60	162.65	100.60	80.50	65.40	169.60	104.75	83.80	68.05
61	173.00	106.95	85.60	69.55	180.35	111.45	89.15	72.45
62	185.10	114.40	91.50	74.35	193.00	119.25	95.40	77.50
63	197.40	122.05	97.65	79.30	205.85	127.05	101.65	82.60
64	207.30	127.95	102.40	83.20	216.10	133.45	106.75	86.75
65	239.80	148.05	118.45	96.25	250.00	154.40	123.55	100.35

Monthly Bank Draft = Monthly Rate x .92
Semi-Annual Rate = Monthly Rate x 5.82

Quarterly Rate = Monthly Rate x 2.94
Annual Rate = Monthly Rate x 11.04