

SERFF Tracking Number: CEUL-126822632 State: Arkansas
 Filing Company: Central United Life Insurance Company State Tracking Number: 46883
 Company Tracking Number: EMC V1
 TOI: H07I Individual Health - Specified Disease - Sub-TOI: H07I.002 Dread Disease
 Limited Benefit
 Product Name: EMC Cancer V1
 Project Name/Number: /

Filing at a Glance

Company: Central United Life Insurance Company

Product Name: EMC Cancer V1 SERFF Tr Num: CEUL-126822632 State: Arkansas
 TOI: H07I Individual Health - Specified Disease SERFF Status: Closed-Approved- State Tr Num: 46883
 - Limited Benefit Closed
 Sub-TOI: H07I.002 Dread Disease Co Tr Num: EMC V1 State Status: Approved-Closed
 Filing Type: Rate Reviewer(s): Rosalind Minor
 Authors: Bin Hu, Shaun Dillon, Disposition Date: 10/07/2010
 Elizabeth Tseng, Allie Zhou, Cindy
 Hu
 Date Submitted: 09/23/2010 Disposition Status: Approved-
 Closed
 Implementation Date Requested: On Approval Implementation Date:

State Filing Description:

General Information

Project Name: Status of Filing in Domicile: Pending
 Project Number: Date Approved in Domicile:
 Requested Filing Mode: Domicile Status Comments:
 Explanation for Combination/Other: Market Type: Individual
 Submission Type: New Submission Group Market Size:
 Overall Rate Impact: 10% Group Market Type:
 Filing Status Changed: 10/07/2010 Explanation for Other Group Market Type:
 State Status Changed: 10/07/2010
 Deemer Date: Created By: Bin Hu
 Submitted By: Elizabeth Tseng Corresponding Filing Tracking Number:
 Filing Description:
 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.

Company and Contact

Filing Contact Information

SERFF Tracking Number: CEUL-126822632 State: Arkansas
 Filing Company: Central United Life Insurance Company State Tracking Number: 46883
 Company Tracking Number: EMC V1
 TOI: H071 Individual Health - Specified Disease - Sub-TOI: H071.002 Dread Disease
 Limited Benefit
 Product Name: EMC Cancer V1
 Project Name/Number: /

Cindy Hu, Rates Supervisor chu@manhattanlife.com
 Wortham Tower 713-821-6450 [Phone]
 2727 Allen Parkway 713-529-9425 [FAX]
 Suite 500
 Houston, TX 77019-2100

Filing Company Information

Central United Life Insurance Company	CoCode: 61883	State of Domicile: Arkansas
Wortham Tower	Group Code: 117	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? Yes
 Fee Explanation: rate=\$50.00
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Central United Life Insurance Company	\$50.00	09/23/2010	39826166

SERFF Tracking Number: CEUL-126822632 State: Arkansas
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Limited Benefit
Product Name: EMC Cancer V1
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	10/07/2010	10/07/2010

SERFF Tracking Number: CEUL-126822632 State: Arkansas
 Filing Company: Central United Life Insurance Company State Tracking Number: 46883
 Company Tracking Number: EMC VI
 TOI: H071 Individual Health - Specified Disease - Limited Benefit Sub-TOI: H071.002 Dread Disease
 Product Name: EMC Cancer VI
 Project Name/Number: /

Disposition

Disposition Date: 10/07/2010

Implementation Date:

Status: Approved-Closed

Comment:

We have approved a 10% level rate increase on your submission. The approval is subject to the following conditions:

1. Rate increases will not be given prior to the first annual anniversary date of any policy.
2. After the first annual anniversary date of any policy, increases will not be given more frequently than once in a twelve (12) month period.
3. All increases in rates, other than a change in age or an individual moving to another geographical area, must be submitted to our Department for approval.

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):
Central United Life Insurance Company	10.000%	10.000%	\$18,055	53	\$180,546	10.000%	10.000%

SERFF Tracking Number: CEUL-126822632 State: Arkansas
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 Company Tracking Number: EMC V1
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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Health - Actuarial Justification	Approved-Closed	No
Rate	Rate Tables	Approved-Closed	Yes

SERFF Tracking Number: CEUL-126822632 State: Arkansas
 Filing Company: Central United Life Insurance Company State Tracking Number: 46883
 Company Tracking Number: EMC V1
 TOI: H071 Individual Health - Specified Disease - Limited Benefit Sub-TOI: H071.002 Dread Disease
 Product Name: EMC Cancer V1
 Project Name/Number: /

Rate Information

Rate data applies to filing.

Filing Method: SERFF
Rate Change Type: Increase
Overall Percentage of Last Rate Revision: 20.000%
Effective Date of Last Rate Revision: 01/01/2010
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	10.000%	10.000%	\$18,055	53	\$180,546	10.000%	10.000%

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Rate/Rule Schedule

Schedule Item Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:	Rate Action Information:	Attachments
Approved-Closed 10/07/2010	Rate Tables	HP8322, HP8323 Revised		Previous State Filing Number: Percent Rate Change Request: 10.000	AR_H8323 High w AMH 8719.pdf AR_H8323 High Comp w AMH 8719.pdf AR_H8322 Basic.pdf AR_H8322 Basic Comp.pdf AR_H8323 High Option.pdf AR_H8323 High Option Comp.pdf AR_AMH8328.pdf AR_AMH8328 Comp.pdf AR_AMH8329.pdf AR_AMH8329.pdf ROP AMH8330 RATES.pdf

EMC NATIONAL LIFE
URBANDALE, IOWA

Cancer and Specified Disease Policy Form HP8323 (High Option)
Daily Chemotherapy benefit under form AMH 8719
Age-Banded Premiums

	Issue Age	Base Policy	Daily Room and Board per unit	Surgery Benefit per unit
INDIVIDUAL				
	18-44	1571.10	29.27	23.95
	45-49	1635.98	30.87	24.48
	50-54	1928.54	42.05	32.47
	55-59	2220.13	53.49	45.77
	60-64	2527.52	67.33	61.21
	65-69	2833.73	84.09	77.70
	70-75	3103.44	102.19	92.61
FAMILY				
	18-44	2753.65	54.55	41.51
	45-49	2991.55	62.00	43.64
	50-54	3437.91	81.96	63.33
	55-59	3931.38	103.25	88.35
	60-64	4504.94	129.06	117.62
	65-69	5076.24	161.26	149.55
	70-75	5577.96	197.06	178.30
SINGLE PARENT				
	18-44	1885.65	35.13	28.74
	45-49	1965.74	36.99	29.27
	50-54	2317.88	50.30	38.85
	55-59	2666.49	64.13	54.82
	60-64	3027.67	80.63	73.45
	65-69	3403.76	100.86	93.14
	70-75	3721.75	122.68	111.23

(Monthly premiums = 1/12 annually)

DAILY ROOM AND BOARD: Each unit is \$50.00. Minimum number of units will be three (3) and maximum number of units will be twelve (12).

SURGERY BENEFIT: Each unit is \$1,500. Minimum number of units will be one (1) and the maximum number of unites will be six (6) in even increments

EMC NATIONAL LIFE
URBANDALE, IOWA

Cancer and Specified Disease Policy Form HP8323 (High Option)
Daily Chemotherapy benefit under form AMH 8719
Composite Annual Premiums

	Base Policy	Daily Room and Board per unit	Surgery Benefit per unit
INDIVIDUAL	1571.10	29.27	23.95
FAMILY	2753.65	54.55	41.51
SINGLE PARENT	1885.65	35.13	28.74

(Monthly premiums = 1/12 annually)

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DAILY ROOM AND BOARD: Each unit is \$50.00. Minimum number of units will be three (3) and maximum number of units will be twelve (12).

SURGERY BENEFIT: Each unit is \$1,500. Minimum number of units will be one (1) and the maximum number of unites will be six (6) in even increments

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Cancer and Specified Disease Policy Form HP8322 (Basic)
Age-Banded Premiums

	Issue Age	Base Policy	Daily Room and Board per unit	Surgery Benefit per unit
INDIVIDUAL				
	18-44	1820.03	29.27	23.95
	45-49	1874.05	30.87	24.48
	50-54	2174.98	42.05	32.47
	55-59	2466.90	53.49	45.77
	60-64	2771.58	67.33	61.21
	65-69	3070.26	84.09	77.70
	70-75	3328.39	102.19	92.61
FAMILY				
	18-44	3058.10	54.55	41.51
	45-49	3283.34	62.00	43.64
	50-54	3724.82	81.96	63.33
	55-59	4214.96	103.25	88.35
	60-64	4784.38	129.06	117.62
	65-69	5337.59	161.26	149.55
	70-75	5811.51	197.06	178.30
SINGLE PARENT				
	18-44	2183.99	35.13	28.74
	45-49	2252.46	36.99	29.27
	50-54	2616.61	50.30	38.85
	55-59	2964.39	64.13	54.82
	60-64	3331.99	80.63	73.45
	65-69	3688.78	100.86	93.14
	70-75	3989.71	122.68	111.23

(Monthly premiums = 1/12 annually)

DAILY ROOM AND BOARD: Each unit is \$50.00. Minimum number of units will be three (3) and maximum number of units will be twelve (12).

SURGERY BENEFIT: Each unit is \$1,500. Minimum number of units will be one (1) and the maximum number of unites will be six (6) in even increments

EMC NATIONAL LIFE
URBANDALE, IOWA

Cancer and Specified Disease Policy Form HP8322 (Basic)
Composite Annual Premiums

	Base Policy	Daily Room and Board per unit	Surgery Benefit per unit
INDIVIDUAL	1820.03	29.27	23.95
FAMILY	3058.10	54.55	41.51
SINGLE PARENT	2183.99	35.13	28.74

(Monthly premiums = 1/12 annually)

(Monthly premiums = 1/12 annually)

DAILY ROOM AND BOARD: Each unit is \$50.00. Minimum number of units will be three (3) and maximum number of units will be twelve (12).

SURGERY BENEFIT: Each unit is \$1,500. Minimum number of units will be one (1) and the maximum number of unites will be six (6) in even increments

EMC NATIONAL LIFE
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Cancer and Specified Disease Policy Form HP8323 (High Option)
Age-Banded Premiums

	Issue Age	Base Policy	Daily Room and Board per unit	Surgery Benefit per unit
INDIVIDUAL				
	18-44	2403.83	29.27	23.95
	45-49	2503.09	30.87	24.48
	50-54	2950.73	42.05	32.47
	55-59	3396.87	53.49	45.77
	60-64	3867.18	67.33	61.21
	65-69	4335.69	84.09	77.70
	70-75	4748.34	102.19	92.61
FAMILY				
	18-44	4213.16	54.55	41.51
	45-49	4577.16	62.00	43.64
	50-54	5260.10	81.96	63.33
	55-59	6015.13	103.25	88.35
	60-64	6892.69	129.06	117.62
	65-69	7766.80	161.26	149.55
	70-75	8534.43	197.06	178.30
SINGLE PARENT				
	18-44	2885.11	35.13	28.74
	45-49	3007.64	36.99	29.27
	50-54	3546.43	50.30	38.85
	55-59	4079.81	64.13	54.82
	60-64	4632.42	80.63	73.45
	65-69	5207.85	100.86	93.14
	70-75	5694.38	122.68	111.23

(Monthly premiums = 1/12 annually)

DAILY ROOM AND BOARD: Each unit is \$50.00. Minimum number of units will be three (3) and maximum number of units will be twelve (12).

SURGERY BENEFIT: Each unit is \$1,500. Minimum number of units will be one (1) and the maximum number of units will be six (6) in even increments

EMC NATIONAL LIFE
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Cancer and Specified Disease Policy Form HP8323 (High Option)
Composite Annual Premiums

	Base Policy	Daily Room and Board per unit	Surgery Benefit per unit
INDIVIDUAL	2403.83	29.27	23.95
FAMILY	4213.16	54.55	41.51
SINGLE PARENT	2885.11	35.13	28.74

(Monthly premiums = 1/12 annually)

(Monthly premiums = 1/12 annually)

DAILY ROOM AND BOARD: Each unit is \$50.00. Minimum number of units will be three (3) and maximum number of units will be twelve (12).

SURGERY BENEFIT: Each unit is \$1,500. Minimum number of units will be one (1) and the maximum number of unites will be six (6) in even increments

EMC NATIONAL LIFE
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Rate Sheet for AMH 8328 Hospital Coronary Care or Intensive Care Confinement Benefit Rider
Age-Banded Premiums

	<u>Issue Age</u>	<u>Rate Per Unit</u>
INDIVIDUAL		
	18-44	66.53
	45-49	79.83
	50-54	87.55
	55-59	107.51
	60-64	127.20
	65-69	141.04
	70-75	111.23
FAMILY		
	18-44	133.06
	45-49	150.89
	50-54	170.58
	55-59	203.58
	60-64	237.64
	65-69	262.12
	70-75	204.11
SINGLE PARENT		
	18-44	93.14
	45-49	95.80
	50-54	105.11
	55-59	129.06
	60-64	152.75
	65-69	169.25
	70-75	133.59

(Monthly premiums = 1/12 annually)

EMC NATIONAL LIFE
URBAN DALE, IOWA

Rate Sheet for AMH 8328 Hospital Coronary Care or Intensive Care Confinement Benefit
Composite Annual Premiums

	<u>Rate Per Unit</u>
INDIVIDUAL	66.53
FAMILY	133.06
SINGLE PARENT	93.14

(Monthly premiums = 1/12 annually)

EMC NATIONAL LIFE
URBAN DALE, IOWA

Rate Sheet for AMH 8329 Internal Cancer First Occurrence Benefit Rider
Age-Banded Premiums

	<u>Issue Age</u>	<u>Rate Per Unit</u>
INDIVIDUAL		
	18-44	53.22
	45-49	54.02
	50-54	69.72
	55-59	87.82
	60-64	107.24
	65-69	127.20
	70-75	146.89
FAMILY		
	18-44	90.48
	45-49	98.73
	50-54	128.53
	55-59	162.86
	60-64	200.38
	65-69	238.70
	70-75	277.02
SINGLE PARENT		
	18-44	63.87
	45-49	64.93
	50-54	83.83
	55-59	105.38
	60-64	128.80
	65-69	152.75
	70-75	176.17

(Monthly premiums = 1/12 annually)

EMC NATIONAL LIFE
URBAN DALE, IOWA

Rate Sheet for AMH 8329 Internal Cancer First Occurrence Benefit Rider
Age-Banded Premiums

	<u>Issue Age</u>	<u>Rate Per Unit</u>
INDIVIDUAL		
	18-44	53.22
	45-49	54.02
	50-54	69.72
	55-59	87.82
	60-64	107.24
	65-69	127.20
	70-75	146.89
FAMILY		
	18-44	90.48
	45-49	98.73
	50-54	128.53
	55-59	162.86
	60-64	200.38
	65-69	238.70
	70-75	277.02
SINGLE PARENT		
	18-44	63.87
	45-49	64.93
	50-54	83.83
	55-59	105.38
	60-64	128.80
	65-69	152.75
	70-75	176.17

(Monthly premiums = 1/12 annually)

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Rate Sheet for AMH 8330 Return of Premium Rider

With the purchase of this rider, an additional 60% will be charged on the policy. This will cover the base plan and all riders attached.