

SERFF Tracking Number: UTAC-126865791 State: Arkansas
 Filing Company: United Teacher Associates Insurance Company State Tracking Number: 47076
 Company Tracking Number:
 TOI: H15I Individual Health - Sub-TOI: H15I.001 Health - Hospital/Surgical/Medical
 Hospital/Surgical/Medical Expense Expense
 Product Name: 2010 Hospital Surgical Rate Increase
 Project Name/Number: /

Filing at a Glance

Company: United Teacher Associates Insurance Company

Product Name: 2010 Hospital Surgical Rate Increase SERFF Tr Num: UTAC-126865791 State: Arkansas

TOI: H15I Individual Health - Hospital/Surgical/Medical Expense SERFF Status: Closed-Approved- Closed State Tr Num: 47076

Sub-TOI: H15I.001 Health - Hospital/Surgical/Medical Expense Co Tr Num: State Status: Approved-Closed

Filing Type: Rate

Reviewer(s): Rosalind Minor
 Author: Taylor Weber Disposition Date: 11/08/2010
 Date Submitted: 10/18/2010 Disposition Status: Approved-Closed

Implementation Date Requested: 12/15/2010
 State Filing Description:

Implementation Date:

General Information

Project Name:
 Project Number:
 Requested Filing Mode: Review & Approval
 Explanation for Combination/Other:
 Submission Type: New Submission
 Overall Rate Impact: 10%
 Filing Status Changed: 11/08/2010

Status of Filing in Domicile: Pending
 Date Approved in Domicile:
 Domicile Status Comments: Filed 10/18/2010.
 Market Type: Individual
 Group Market Size:
 Group Market Type:
 Explanation for Other Group Market Type:
 State Status Changed: 11/08/2010
 Created By: Taylor Weber
 Corresponding Filing Tracking Number:

Deemer Date:
 Submitted By: Taylor Weber
 PPACA: Not PPACA-Related
 Filing Description:
 2010 Hospital Surgical Rate Revision

Company and Contact

Filing Contact Information

SERFF Tracking Number: UTAC-126865791 State: Arkansas
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 TOI: H151 Individual Health - Sub-TOI: H151.001 Health - Hospital/Surgical/Medical
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Taylor Weber, Actuarial Consultant tweber@actmanre.com
 11200 Lakeline Boulevard #100 336-714-8876 [Phone]
 Austin, TX 78717

Filing Company Information

United Teacher Associates Insurance Company CoCode: 63479 State of Domicile: Texas
 11200 Lakeline Blvd., Suite 100 Group Code: 84 Company Type: Insurance
 Company
 P.O. Box 26580 Group Name: State ID Number:
 Austin, TX 78755-0580 FEIN Number: 58-0869673
 (800) 880-8824 ext. [Phone]

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation:
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
United Teacher Associates Insurance Company	\$50.00	10/18/2010	40857841

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	11/08/2010	11/08/2010

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Disposition

Disposition Date: 11/08/2010

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):
United Teacher Associates Insurance Company	10.000%	10.000%	\$903	8	\$6,019	%	%

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Health - Actuarial Justification	Approved-Closed	No
Supporting Document	Cover Letter	Approved-Closed	Yes
Supporting Document	Authorization Letter	Approved-Closed	Yes
Supporting Document	Transmittal Form	Approved-Closed	Yes
Supporting Document	State and Nationwide Inforce Data	Approved-Closed	No
Supporting Document	State and Nationwide Rate Increase History	Approved-Closed	No
Supporting Document	Exhibit III	Approved-Closed	No
Supporting Document	Exhibit IV	Approved-Closed	No
Rate	Rate Pages	Approved-Closed	Yes

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Rate Information

Rate data applies to filing.

Filing Method:

Rate Change Type:

Increase

Overall Percentage of Last Rate Revision:

10.000%

Effective Date of Last Rate Revision:

07/30/2009

Filing Method of Last Filing:

Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):
United Teacher Associates Insurance Company	10.000%	10.000%	\$903	8	\$6,019	%	%

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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 11/08/2010	Rate Pages	L170-087, P1-51459, P1-51842, P1-60658, P1-62568	New		AR-rate pages.pdf

Exhibit I

United Teacher Associates Insurance Company

Individual Hospital Surgical Block

Experience as of 7/31/10

Individual Policies may not include the latest rate increase already implemented

Form	Policy Number	Issue Age	Premium Current	Premium Proposed
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In the state of Arkansas

L170-087	DN1077894H	26	321.06	353.17
L170-087	DN1078092H	46	452.51	497.76
L170-087	DN1078406H	32	391.47	430.62
P1-51459	DC4002249H	32	220.86	242.95
P1-51842	DC4025713H	23	382.84	421.12
P1-60658	DC3839012H	18	131.13	144.24
P1-62568	DC4025712H	23	3,171.53	3,488.68

United Teacher Associates Insurance Company
Individual Hospital Surgical Block
Active Forms by Original Company as of 7/31/10

Company	Form
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In the state of Arkansas

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

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Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Cover Letter	Approved-Closed	11/08/2010
Comments:			
Attachment:			
AR-cover letter.pdf			

		Item Status:	Status Date:
Satisfied - Item:	Authorization Letter	Approved-Closed	11/08/2010
Comments:			
Attachment:			
HS-auth letter.pdf			

		Item Status:	Status Date:
Satisfied - Item:	Transmittal Form	Approved-Closed	11/08/2010
Comments:			
Attachment:			
AR-transmittal.pdf			



Thomas M. Hull, FSA, MAAA
Edward R. Shugart, III, FSA, MAAA
D. Joelf Williams, FSA, MAAA
Richard S. Messenkopf, FSA
Jenna L. Fariss, ASA, MAAA
Jon D. Schneider
Teresa C. Seymour

October 8, 2010

Hon. Jay Bradford
Commissioner of Insurance, Arkansas Insurance Department
1200 West 3rd Street
Little Rock, Arkansas 72201-1904
Attn. Rate and Form Analyst

Re: United Teacher Associates Insurance Company
Form69MG (LS-4364), etc. – Hospital Surgical Rate Revision
NAIC # 63479, FEIN # 58-0869673

Enclosed, in duplicate, are copies of our Actuarial Memorandum in support of this rate revision request. This revision will apply to in force policies only. An increase of 10% is being requested at this time.

The proposed effective date is contingent on state approval of the rate revision or thereafter taking into consideration policyholder notification guidelines in your state.

The estimated number of policyholders in your state and nationwide which will be affected by this revision is shown in Exhibit II of the Actuarial Memorandum. The annualized premium in your state and nationwide is also shown in Exhibit II of the Actuarial Memorandum.

United Teacher Associates Insurance Company is domiciled in the state of Texas.

Please return your acknowledgment that revised rates have been filed or approved for use in your state in the enclosed pre-addressed, stamped envelope. Should you have any questions related to our submission or require additional information, please contact me. My direct telephone number is 1-336-714-2914.

Sincerely,

A handwritten signature in black ink, appearing to read "Jenna Fariss", is written over a faint, larger signature that is partially obscured.

Jenna Fariss, ASA, MAAA
Consulting Actuary
jfariss@actmanre.com

Enclosures



Supplemental Benefits Group

P.O. Box 26580
Austin, TX 78755-0580
Toll Free: (866) 459-4272

April 9, 2010

RE: United Teacher Associates Insurance Company Rate Filing

Dear Commissioner:

United Teacher Associates Insurance Company hereby authorized Actuarial Management Resources, Inc., to represent us in the submission of accident and health insurance rates and to negotiate with the Department for their approval of said rates on policies on behalf of United Teacher Associates Insurance Company that are attached hereto as Exhibit A. The contract information for AMR is

Actuarial Management Resources, Inc.
4964 University Parkway, Suite 203
Winston-Salem, North Carolina 27106

This authorization is valid until revoked in writing.

Should you need any additional information please do not hesitate to contact me directly. I can be reached at (512) 561-1484.

Sincerely,

A handwritten signature in cursive script, appearing to read "Tracy E. Maples".

Tracy E. Maples, ASA, MAAA
Senior Vice-President & Chief Actuary

Great American Supplemental Benefits Group of Companies include:

Central Reserve Life Insurance Company
Loyal American Life Insurance Company®

Continental General Insurance Company
United Teacher Associates Insurance Company

Great American Life Insurance Company®
Provident American Life & Health Insurance Company

Exhibit A

NAIC	FEIN	COMPANY	LOCATION
78174	34-1083130	Consaco Health Insurance Company	Chicago, IL
87645	57-0654942	United Fidelity Life Ins. Co.	Dallas, TX
91391	74-2088326	Southwestern Financial Services	Marietta, GA
61689	42-0175020	Amerus Life	Des Moines, IA
00000	AA-0050037	Academy Insurance Com.	St. Louis, MO
63304	23-0577450	Fidelity Mutual Life Ins. Co.	Radnor, PA
11991	38-0865250	National Causality Company	St. Louis, MO
67105	41-0451140	ReliaStar Life Ins.	Minneapolis, MN
64211	36-1174500	Guarantee Trust Life Ins. Co.	Glenview, IL
68225	23-0990450	Continental American Life Ins. Co.	Berwyn, PA
61301	47-0098400	Ameritas Life Ins. Co.	Lincoln, NE
65595	47-0221457	Lincoln Benefit Life Ins. Co.	Lincoln, NE
81701	87-0189237	Educator's Mutual Life Ins. Co.	Lancaster, PA
80942	41-0991508	ING USA Annuity & Life	De Moines, IA
85786	38-0779740	Reassure America	Chicago, IL
67164	31-0501247	Ohio Life & Causality	Hamilton, OH
62413	36-094720	Continental Assurance Co.	Chicago, IL
68845	54-0377280	Shenandoah Life Ins. Co.	Roanoke, VA
24074	31-0396250	Ohio Causality Ins. Co.	Fairfield, OH
72400	38-2619963	Surety Life Ins. Co.	Salt Lake City, UT
70629	47-0339860	World Ins. Co.	Omaha, NE
23123	36-2490086	Banker's Multiple Line Ins. Co.	Dallas, TX
66044	46-0164570	Midland National Life Ins. Co.	Des Moines, IA
68357	43-0550883	Reliable Life Ins. Co.	St. Louis, MO
63053	91-0550883	Family Life Ins. Co.	Seattle, WA
63487	23-1632193	Investors Life Ins. Co. of North America	Seattle, WA
85766	38-0779740	Reassurance America	Scottsdale, AZ
69477	39-0858730	Fortis Ins. Co.	Shawon, WI
65785	38-0779740	Reassure America	Chicago, IL
97241	47-0648948	Settlers Life Insurance Co.	Bristol, BA

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 #
	United Teacher Associates Insurance Company 11200 Lakeline Blvd, Ste 100 Austin, TX 78717	Texas	Life		63479	58-0869673	

4.	Contact Name & Address	Telephone #	Fax #	E-mail Address
	Jenna L. Fariss, ASA, MAAA 4964 University Parkway Suite 203 Winston-Salem, NC 27106	(336) 714-2914	(336) 759-3141	jfariss@actmanre.com

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	
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7.	<input checked="" type="checkbox"/> New Submission <input type="checkbox"/> Resubmission Previous file # _____
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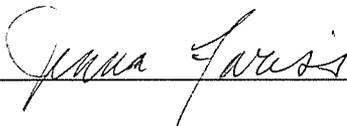
8.	Market	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Franchise Group: <input type="checkbox"/> Small <input type="checkbox"/> Large <input type="checkbox"/> Small and Large <input type="checkbox"/> Employer <input type="checkbox"/> Association <input type="checkbox"/> Blanket <input type="checkbox"/> Discretionary <input type="checkbox"/> Trust <input type="checkbox"/> Other: _____
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9.	Type of Insurance	H151 Individual Health – Hospital/Surgical/Medical Expense
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10.	Product Coding Matrix Filing Code	H151.001 Individual Health – Hospital Surgical/Medical Expense
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11.	Submitted Documents	<div style="margin-bottom: 10px;"> <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 </div> <div style="margin-bottom: 10px;"> Rates <input type="checkbox"/> New Rate <input checked="" type="checkbox"/> Revised Rate <input type="checkbox"/> FILING OTHER THAN FORM OR RATE: Please explain: _____ </div> <div> 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 _____ </div>
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12.	Filing Submission Date	October 11, 2010
13	Filing Fee (If required)	Amount <u>\$50.00</u> Check Date _____
		Retaliatory <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Check Number _____
14.	Date of Domiciliary Approval	Submitted 15% on October 11, 2010
15.	Filing Description: Hospital Surgical 10% Rate Increase	
	<p>We filed 15% nationwide, but limited the request to 10% in Arkansas as requested because state experience is not credible.</p>	

16.	Certification (If required): Arkansas	
	<p>I HEREBY CERTIFY that I have reviewed the applicable filing requirements for this filing, and the filing complies with all applicable statutory and regulatory provisions for the state of <u>Arkansas</u>.</p>	
	Print Name <u>Jenna L. Fariss, ASA, MAAA</u>	Title <u>Consulting Actuary</u>
	Signature <u></u>	Date: <u>October 11, 2010</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				
This filing corresponds to form filing company tracking number				
Overall percentage rate indication (when applicable)				
Overall percentage rate impact for this filing		%		
	Document Name	Affected Form Numbers		Previous State Filing Number
	Description			
01	Hospital Surgical	L170-087, P1-51459, P1-51842, P1-60658, P1-62568	<input type="checkbox"/> New <input checked="" type="checkbox"/> Revised Request +10% - ___% <input type="checkbox"/> Other _____	
02			<input type="checkbox"/> New <input type="checkbox"/> Revised Request ___% - ___% <input type="checkbox"/> Other _____	
03			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
04			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
05			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
06			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
07			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
08			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
09			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
10			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	

LH RFA-1