

SERFF Tracking Number: ELCC-126356880 State: Arkansas  
 Filing Company: Equitable Life & Casualty Insurance Company State Tracking Number: 43918  
 Company Tracking Number: 650RI2009  
 TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.002 Non Qualified  
 Product Name: EquiCare 650  
 Project Name/Number: 650RI2009/650RI2009

## Filing at a Glance

Company: Equitable Life & Casualty Insurance Company

Product Name: EquiCare 650 SERFF Tr Num: ELCC-126356880 State: Arkansas  
 TOI: LTC03I Individual Long Term Care SERFF Status: Closed-Approved State Tr Num: 43918  
 Sub-TOI: LTC03I.002 Non Qualified Co Tr Num: 650RI2009 State Status: Closed  
 Filing Type: Rate Reviewer(s): Harris Shearer  
 Authors: Mark Banks, Jana Peterson, Kathy Foster, John Neville Disposition Date: 03/03/2010  
 Date Submitted: 10/28/2009 Disposition Status: Approved  
 Implementation Date Requested: 12/15/2009 Implementation Date:

State Filing Description:

## General Information

Project Name: 650RI2009 Status of Filing in Domicile: Pending  
 Project Number: 650RI2009 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: Group Market Type:  
 Filing Status Changed: 03/03/2010 Explanation for Other Group Market Type:  
 State Status Changed: 03/03/2010  
 Deemer Date: Created By: Jana Peterson  
 Submitted By: Jana Peterson Corresponding Filing Tracking Number:

Filing Description:

Attached is an actuarial memorandum outlining our request for a rate increase on Long Term Care Policy Form 650. We are seeking a 45% increase, but the increase is capped at a maximum increase of \$1,000 for an insured. We are filing this rate increase to bring the cumulative lifetime loss ratio closer to the filed and approved loss ratio of 60%. We intend for this increase to take effect on the later of December 1, 2009 or the date this rate revision is approved.

## Company and Contact

### Filing Contact Information

Jana Peterson, Compliance Specialist Jana.Peterson@Equilife.com

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 Product Name: EquiCare 650  
 Project Name/Number: 650RI2009/650RI2009

3 Triad Center 877-579-3782 [Phone]  
 Suite 200 801-579-3781 [FAX]  
 Salt Lake City, UT 84180

**Filing Company Information**

Equitable Life & Casualty Insurance Company CoCode: 62952 State of Domicile: Utah  
 3 Triad Center Group Code: -99 Company Type: Life and Health  
 Suite 200 Group Name: State ID Number:  
 Salt Lake City, UT 84180 FEIN Number: 87-0129771  
 (801) 579-3400 ext. [Phone]

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**Filing Fees**

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Equitable Life & Casualty Insurance Company	\$50.00	10/28/2009	31612303

SERFF Tracking Number: ELCC-126356880 State: Arkansas  
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 Product Name: EquiCare 650  
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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Harris Shearer	03/03/2010	03/03/2010

### Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending	Harris Shearer	02/24/2010	02/24/2010	Mark Banks	02/25/2010	02/25/2010
Industry Response						

SERFF Tracking Number: ELCC-126356880 State: Arkansas  
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Product Name: EquiCare 650  
Project Name/Number: 650RI2009/650RI2009

## Disposition

Disposition Date: 03/03/2010

Implementation Date:

Status: Approved

Comment: A 23.0% rate increase is approved to be implemented after proper notification to the policyholders.

Rate data does NOT apply to filing.

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 Product Name: EquiCare 650  
 Project Name/Number: 650RI2009/650RI2009

Schedule	Schedule Item	Schedule Item Status	Public Access
<b>Supporting Document</b>	Health - Actuarial Justification	Filed	No
<b>Rate (revised)</b>	Revised Exhibit III	Approved	Yes
<b>Rate</b>	Exhibits III and IV	Replaced	Yes

SERFF Tracking Number: ELCC-126356880 State: Arkansas  
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Company Tracking Number: 650RI2009  
TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.002 Non Qualified  
Product Name: EquiCare 650  
Project Name/Number: 650RI2009/650RI2009

## Objection Letter

Objection Letter Status Pending Industry Response  
Objection Letter Date 02/24/2010  
Submitted Date 02/24/2010  
Respond By Date 03/24/2010

Dear Jana Peterson,

This will acknowledge receipt of the captioned filing.

### Objection 1

- Health - Actuarial Justification (Supporting Document)
- Exhibits III and IV, [650] (Rate)

Comment: The referenced filing has been reviewed and the department will allow a 23.0% increase at this time. If you wish to accept this offer, please submit forms reflecting this increase.

Please feel free to contact me if you have questions.

Sincerely,

Harris Shearer

## Response Letter

Response Letter Status Submitted to State  
Response Letter Date 02/25/2010  
Submitted Date 02/25/2010

Dear Harris Shearer,

### Comments:

I am in receipt of your SERFF letter dated February 24, 2010 regarding the subject filing.

### Response 1

Comments: Attached are the revised premium rate schedules reflecting the 23% rate increase.

Given the acceptance of the lower increase, the Company would appreciate a very quick approval of this filing.

### Related Objection 1

Applies To:

- Health - Actuarial Justification (Supporting Document)
- Exhibits III and IV, [650] (Rate)

SERFF Tracking Number: ELCC-126356880 State: Arkansas  
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 Company Tracking Number: 650RI2009  
 TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.002 Non Qualified  
 Product Name: EquiCare 650  
 Project Name/Number: 650RI2009/650RI2009

**Comment:**

The referenced filing has been reviewed and the department will allow a 23.0% increase at this time. If you wish to accept this offer, please submit forms reflecting this increase.

**Changed Items:**

No Supporting Documents changed.

No Form Schedule items changed.

**Rate/Rule Schedule Item Changes**

<b>Document Name:</b>	<b>Affected Form Numbers:</b>	<b>Rate Action:</b>	<b>Rate Action Information:</b>	<b>Attach Document:</b>
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Revised Exhibit III	650	Revised	<i>Previous State Filing Number</i> 34289	<i>Percent Rate Change Request</i> 23
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**Previous Version**

<i>Exhibits III and IV</i>	650	<i>Revised</i>	<i>Previous State Filing Number</i> 34289	<i>Percent Rate Change Request</i> 45
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Thank you for your consideration in this matter. If you should have any questions, please call me at (801) 579-3414.

Very truly yours,  
 EQUITABLE LIFE & CASUALTY INSURANCE COMPANY  
 Richard E. Klar, Jr., ASA, MAAA  
 Corporate Actuary

Sincerely,  
 Jana Peterson, John Neville, Kathy Foster, Mark Banks

**Rate/Rule Schedule**

<b>Schedule Item Status:</b>	<b>Document Name:</b>	<b>Affected Form Numbers:</b>	<b>Rate Action:</b>	<b>Rate Action Information:</b>	<b>Attachments</b>
		<b>(Separated with</b>	<b>Action:*</b>		

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Product Name: EquiCare 650  
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**commas)**

Approved	Revised Exhibit III	650	Revised	Previous State Filing	34289	AR 650 2010
03/03/2010				Number:		Rates.pdf
				Percent Rate Change	23.000	
				Request:		

**EXHIBIT III  
POLICY FORM 650 RATES**

**Arkansas**

Benefit Period	Elim Period	Issue Age	Original Rates	Current Rates (Effective 08/17/2007)	Proposed Rates (\$1,000 Maximum Increase)
			Annual Rate per \$15 Daily Amt	Annual Rate with 29.5% Rate Increase	Annual Rate with 23.0% Rate Increase
1 YR	0-day	50-64	19.00	24.60	30.30
1 YR	0-day	65-69	59.00	76.40	94.00
1 YR	0-day	70-74	123.00	159.30	195.90
1 YR	0-day	75-79	223.00	288.80	355.20
1 YR	0-day	80-84	326.00	422.20	519.30
1 YR	30-day	50-64	17.00	22.00	27.10
1 YR	30-day	65-69	53.00	68.60	84.40
1 YR	30-day	70-74	110.00	142.50	175.30
1 YR	30-day	75-79	199.00	257.70	317.00
1 YR	30-day	80-84	268.00	347.10	426.90
1 YR	90-day	50-64	16.00	20.70	25.50
1 YR	90-day	65-69	47.00	60.90	74.90
1 YR	90-day	70-74	99.00	128.20	157.70
1 YR	90-day	75-79	179.00	231.80	285.10
1 YR	90-day	80-84	225.00	291.40	358.40
1 YR	180-day	50-64	14.00	18.10	22.30
1 YR	180-day	65-69	43.00	55.70	68.50
1 YR	180-day	70-74	89.00	115.30	141.80
1 YR	180-day	75-79	163.00	211.10	259.70
1 YR	180-day	80-84	193.00	249.90	307.40
1 YR	365-day	50-64	12.00	15.50	19.10
1 YR	365-day	65-69	37.00	47.90	58.90
1 YR	365-day	70-74	77.00	99.70	122.60
1 YR	365-day	75-79	140.00	181.30	223.00
1 YR	365-day	80-84	153.00	198.10	243.70
4 YR	0-day	50-64	37.00	47.90	58.90
4 YR	0-day	65-69	113.00	146.30	179.90
4 YR	0-day	70-74	230.00	297.90	366.40
4 YR	0-day	75-79	411.00	532.20	654.60
4 YR	30-day	50-64	35.00	45.30	55.70
4 YR	30-day	65-69	105.00	136.00	167.30
4 YR	30-day	70-74	214.00	277.10	340.80
4 YR	30-day	75-79	383.00	496.00	610.10
4 YR	90-day	50-64	32.00	41.40	50.90
4 YR	90-day	65-69	97.00	125.60	154.50
4 YR	90-day	70-74	199.00	257.70	317.00
4 YR	90-day	75-79	355.00	459.70	565.40
4 YR	180-day	50-64	29.00	37.60	46.20
4 YR	180-day	65-69	88.00	114.00	140.20
4 YR	180-day	70-74	179.00	231.80	285.10
4 YR	180-day	75-79	320.00	414.40	509.70
4 YR	365-day	50-64	26.00	33.70	41.50
4 YR	365-day	65-69	79.00	102.30	125.80
4 YR	365-day	70-74	161.00	208.50	256.50
4 YR	365-day	75-79	289.00	374.30	460.40
10 YR	0-day	50-64	51.00	66.00	81.20
10 YR	0-day	65-69	154.00	199.40	245.30
10 YR	0-day	70-74	314.00	406.60	500.10
10 YR	0-day	75-79	561.00	726.50	893.60
10 YR	30-day	50-64	48.00	62.20	76.50
10 YR	30-day	65-69	146.00	189.10	232.60
10 YR	30-day	70-74	296.00	383.30	471.50
10 YR	30-day	75-79	527.00	682.50	839.50
10 YR	90-day	50-64	42.00	54.40	66.90
10 YR	90-day	65-69	128.00	165.80	203.90
10 YR	90-day	70-74	261.00	338.00	415.70
10 YR	90-day	75-79	465.00	602.20	740.70
10 YR	180-day	50-64	41.00	53.10	65.30
10 YR	180-day	65-69	124.00	160.60	197.50
10 YR	180-day	70-74	251.00	325.00	399.80
10 YR	180-day	75-79	447.00	578.90	712.00
10 YR	365-day	50-64	35.00	45.30	55.70
10 YR	365-day	65-69	106.00	137.30	168.90
10 YR	365-day	70-74	216.00	279.70	344.00
10 YR	365-day	75-79	386.00	499.90	614.90
1 YR w/0-day	0-day	50-64	19.95	25.80	31.70
1 YR w/0-day	0-day	65-69	61.95	80.20	98.60
1 YR w/0-day	0-day	70-74	129.15	167.20	205.70
1 YR w/0-day	0-day	75-79	234.15	303.20	372.90
1 YR w/0-day	0-day	80-84	342.30	443.30	545.30
1 YR w/0-day	30-day	50-64	17.85	23.10	28.40
1 YR w/0-day	30-day	65-69	55.65	72.10	88.70
1 YR w/0-day	30-day	70-74	115.50	149.60	184.00
1 YR w/0-day	30-day	75-79	208.95	270.60	332.80
1 YR w/0-day	30-day	80-84	281.40	364.40	448.20

**EXHIBIT III  
POLICY FORM 650 RATES**

**Arkansas**

Benefit Period	Elim Period	Issue Age	Original Rates	Current Rates (Effective 08/17/2007)	Proposed Rates (\$1,000 Maximum Increase)
			Annual Rate per \$15 Daily Amt	Annual Rate with 29.5% Rate Increase	Annual Rate with 23.0% Rate Increase
1 YR w/0-day	90-day	50-64	16.80	21.80	26.80
1 YR w/0-day	90-day	65-69	49.35	63.90	78.60
1 YR w/0-day	90-day	70-74	103.95	134.60	165.60
1 YR w/0-day	90-day	75-79	187.95	243.40	299.40
1 YR w/0-day	90-day	80-84	236.25	305.90	376.30
1 YR w/0-day	180-day	50-64	14.70	19.00	23.40
1 YR w/0-day	180-day	65-69	45.15	58.50	72.00
1 YR w/0-day	180-day	70-74	93.45	121.00	148.80
1 YR w/0-day	180-day	75-79	171.15	221.60	272.60
1 YR w/0-day	180-day	80-84	202.65	262.40	322.80
1 YR w/0-day	365-day	50-64	12.60	16.30	20.00
1 YR w/0-day	365-day	65-69	38.85	50.30	61.90
1 YR w/0-day	365-day	70-74	80.85	104.70	128.80
1 YR w/0-day	365-day	75-79	147.00	190.40	234.20
1 YR w/0-day	365-day	80-84	160.65	208.00	255.80
4 YR w/0-day	0-day	50-64	38.85	50.30	61.90
4 YR w/0-day	0-day	65-69	118.65	153.70	189.10
4 YR w/0-day	0-day	70-74	241.50	312.70	384.60
4 YR w/0-day	0-day	75-79	431.55	558.90	687.40
4 YR w/0-day	30-day	50-64	36.75	47.60	58.50
4 YR w/0-day	30-day	65-69	110.25	142.80	175.60
4 YR w/0-day	30-day	70-74	224.70	291.00	357.90
4 YR w/0-day	30-day	75-79	402.15	520.80	640.60
4 YR w/0-day	90-day	50-64	33.60	43.50	53.50
4 YR w/0-day	90-day	65-69	101.85	131.90	162.20
4 YR w/0-day	90-day	70-74	208.95	270.60	332.80
4 YR w/0-day	90-day	75-79	372.75	482.70	593.70
4 YR w/0-day	180-day	50-64	30.45	39.40	48.50
4 YR w/0-day	180-day	65-69	92.40	119.70	147.20
4 YR w/0-day	180-day	70-74	187.95	243.40	299.40
4 YR w/0-day	180-day	75-79	336.00	435.10	535.20
4 YR w/0-day	365-day	50-64	27.30	35.40	43.50
4 YR w/0-day	365-day	65-69	82.95	107.40	132.10
4 YR w/0-day	365-day	70-74	169.05	218.90	269.20
4 YR w/0-day	365-day	75-79	303.45	393.00	483.40
10 YR w/0-day	0-day	50-64	53.55	69.30	85.20
10 YR w/0-day	0-day	65-69	161.70	209.40	257.60
10 YR w/0-day	0-day	70-74	329.70	427.00	525.20
10 YR w/0-day	0-day	75-79	589.05	762.80	938.20
10 YR w/0-day	30-day	50-64	50.40	65.30	80.30
10 YR w/0-day	30-day	65-69	153.30	198.50	244.20
10 YR w/0-day	30-day	70-74	310.80	402.50	495.10
10 YR w/0-day	30-day	75-79	553.35	716.60	881.40
10 YR w/0-day	90-day	50-64	44.10	57.10	70.20
10 YR w/0-day	90-day	65-69	134.40	174.00	214.00
10 YR w/0-day	90-day	70-74	274.05	354.90	436.50
10 YR w/0-day	90-day	75-79	488.25	632.30	777.70
10 YR w/0-day	180-day	50-64	43.05	55.70	68.50
10 YR w/0-day	180-day	65-69	130.20	168.60	207.40
10 YR w/0-day	180-day	70-74	263.55	341.30	419.80
10 YR w/0-day	180-day	75-79	469.35	607.80	747.60
10 YR w/0-day	365-day	50-64	36.75	47.60	58.50
10 YR w/0-day	365-day	65-69	111.30	144.10	177.20
10 YR w/0-day	365-day	70-74	226.80	293.70	361.30
10 YR w/0-day	365-day	75-79	405.30	524.90	645.60

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 Company Tracking Number: 650RI2009  
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 Product Name: EquiCare 650  
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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)
10/23/2009	Rate and Rule	Exhibits III and IV	02/25/2010	AR 650 2010 Rates Exh III,IV.pdf (Superseded)

**EXHBIT III  
POLICY FORM 650 RATES**

**Arkansas**

Benefit Period	Elim Period	Issue Age	Original Rates	Current Rates (Effective 08/17/2007)	Proposed Rates (\$1,000 Maximum Increase)
			Annual Rate per \$15 Daily Amt	Annual Rate with 29.5% Rate Increase	Annual Rate with 45.0% Rate Increase
1 YR	0-day	50-64	19.00	24.60	35.70
1 YR	0-day	65-69	59.00	76.40	110.80
1 YR	0-day	70-74	123.00	159.30	231.00
1 YR	0-day	75-79	223.00	288.80	418.80
1 YR	0-day	80-84	326.00	422.20	612.20
1 YR	30-day	50-64	17.00	22.00	31.90
1 YR	30-day	65-69	53.00	68.60	99.50
1 YR	30-day	70-74	110.00	142.50	206.60
1 YR	30-day	75-79	199.00	257.70	373.70
1 YR	30-day	80-84	268.00	347.10	503.30
1 YR	90-day	50-64	16.00	20.70	30.00
1 YR	90-day	65-69	47.00	60.90	88.30
1 YR	90-day	70-74	99.00	128.20	185.90
1 YR	90-day	75-79	179.00	231.80	336.10
1 YR	90-day	80-84	225.00	291.40	422.50
1 YR	180-day	50-64	14.00	18.10	26.20
1 YR	180-day	65-69	43.00	55.70	80.80
1 YR	180-day	70-74	89.00	115.30	167.20
1 YR	180-day	75-79	163.00	211.10	306.10
1 YR	180-day	80-84	193.00	249.90	362.40
1 YR	365-day	50-64	12.00	15.50	22.50
1 YR	365-day	65-69	37.00	47.90	69.50
1 YR	365-day	70-74	77.00	99.70	144.60
1 YR	365-day	75-79	140.00	181.30	262.90
1 YR	365-day	80-84	153.00	198.10	287.20
2 YR	0-day	50-64	37.00	47.90	69.50
2 YR	0-day	65-69	113.00	146.30	212.10
2 YR	0-day	70-74	230.00	297.90	432.00
2 YR	0-day	75-79	411.00	532.20	771.70
2 YR	30-day	50-64	35.00	45.30	65.70
2 YR	30-day	65-69	105.00	136.00	197.20
2 YR	30-day	70-74	214.00	277.10	401.80
2 YR	30-day	75-79	383.00	496.00	719.20
2 YR	90-day	50-64	32.00	41.40	60.00
2 YR	90-day	65-69	97.00	125.60	182.10
2 YR	90-day	70-74	199.00	257.70	373.70
2 YR	90-day	75-79	355.00	459.70	666.60
2 YR	180-day	50-64	29.00	37.60	54.50
2 YR	180-day	65-69	88.00	114.00	165.30
2 YR	180-day	70-74	179.00	231.80	336.10
2 YR	180-day	75-79	320.00	414.40	600.90
2 YR	365-day	50-64	26.00	33.70	48.90
2 YR	365-day	65-69	79.00	102.30	148.30
2 YR	365-day	70-74	161.00	208.50	302.30
2 YR	365-day	75-79	289.00	374.30	542.70
10 YR	0-day	50-64	51.00	66.00	95.70
10 YR	0-day	65-69	154.00	199.40	289.10
10 YR	0-day	70-74	314.00	406.60	589.60
10 YR	0-day	75-79	561.00	726.50	1,053.40
10 YR	30-day	50-64	48.00	62.20	90.20
10 YR	30-day	65-69	146.00	189.10	274.20
10 YR	30-day	70-74	296.00	383.30	555.80
10 YR	30-day	75-79	527.00	682.50	989.60
10 YR	90-day	50-64	42.00	54.40	78.90
10 YR	90-day	65-69	128.00	165.80	240.40
10 YR	90-day	70-74	261.00	338.00	490.10
10 YR	90-day	75-79	465.00	602.20	873.20
10 YR	180-day	50-64	41.00	53.10	77.00
10 YR	180-day	65-69	124.00	160.60	232.90
10 YR	180-day	70-74	251.00	325.00	471.30
10 YR	180-day	75-79	447.00	578.90	839.40
10 YR	365-day	50-64	35.00	45.30	65.70
10 YR	365-day	65-69	106.00	137.30	199.10
10 YR	365-day	70-74	216.00	279.70	405.60
10 YR	365-day	75-79	386.00	499.90	724.90
1 YR w/0-day	0-day	50-64	19.95	25.80	37.40
1 YR w/0-day	0-day	65-69	61.95	80.20	116.30
1 YR w/0-day	0-day	70-74	129.15	167.20	242.40
1 YR w/0-day	0-day	75-79	234.15	303.20	439.60
1 YR w/0-day	0-day	80-84	342.30	443.30	642.80
1 YR w/0-day	30-day	50-64	17.85	23.10	33.50
1 YR w/0-day	30-day	65-69	55.65	72.10	104.50
1 YR w/0-day	30-day	70-74	115.50	149.60	216.90
1 YR w/0-day	30-day	75-79	208.95	270.60	392.40
1 YR w/0-day	30-day	80-84	281.40	364.40	528.40

**EXHIBIT III  
POLICY FORM 650 RATES**

**Arkansas**

Benefit Period	Elim Period	Issue Age	Original Rates	Current Rates (Effective 08/17/2007)	Proposed Rates (\$1,000 Maximum Increase)
			Annual Rate per \$15 Daily Amt	Annual Rate with 29.5% Rate Increase	Annual Rate with 45.0% Rate Increase
1 YR w/0-day	90-day	50-64	16.80	21.80	31.60
1 YR w/0-day	90-day	65-69	49.35	63.90	92.70
1 YR w/0-day	90-day	70-74	103.95	134.60	195.20
1 YR w/0-day	90-day	75-79	187.95	243.40	352.90
1 YR w/0-day	90-day	80-84	236.25	305.90	443.60
1 YR w/0-day	180-day	50-64	14.70	19.00	27.60
1 YR w/0-day	180-day	65-69	45.15	58.50	84.80
1 YR w/0-day	180-day	70-74	93.45	121.00	175.50
1 YR w/0-day	180-day	75-79	171.15	221.60	321.30
1 YR w/0-day	180-day	80-84	202.65	262.40	380.50
1 YR w/0-day	365-day	50-64	12.60	16.30	23.60
1 YR w/0-day	365-day	65-69	38.85	50.30	72.90
1 YR w/0-day	365-day	70-74	80.85	104.70	151.80
1 YR w/0-day	365-day	75-79	147.00	190.40	276.10
1 YR w/0-day	365-day	80-84	160.65	208.00	301.60
4 YR w/0-day	0-day	50-64	38.85	50.30	72.90
4 YR w/0-day	0-day	65-69	118.65	153.70	222.90
4 YR w/0-day	0-day	70-74	241.50	312.70	453.40
4 YR w/0-day	0-day	75-79	431.55	558.90	810.40
4 YR w/0-day	30-day	50-64	36.75	47.60	69.00
4 YR w/0-day	30-day	65-69	110.25	142.80	207.10
4 YR w/0-day	30-day	70-74	224.70	291.00	422.00
4 YR w/0-day	30-day	75-79	402.15	520.80	755.20
4 YR w/0-day	90-day	50-64	33.60	43.50	63.10
4 YR w/0-day	90-day	65-69	101.85	131.90	191.30
4 YR w/0-day	90-day	70-74	208.95	270.60	392.40
4 YR w/0-day	90-day	75-79	372.75	482.70	699.90
4 YR w/0-day	180-day	50-64	30.45	39.40	57.10
4 YR w/0-day	180-day	65-69	92.40	119.70	173.60
4 YR w/0-day	180-day	70-74	187.95	243.40	352.90
4 YR w/0-day	180-day	75-79	336.00	435.10	630.90
4 YR w/0-day	365-day	50-64	27.30	35.40	51.30
4 YR w/0-day	365-day	65-69	82.95	107.40	155.70
4 YR w/0-day	365-day	70-74	169.05	218.90	317.40
4 YR w/0-day	365-day	75-79	303.45	393.00	569.90
10 YR w/0-day	0-day	50-64	53.55	69.30	100.50
10 YR w/0-day	0-day	65-69	161.70	209.40	303.60
10 YR w/0-day	0-day	70-74	329.70	427.00	619.20
10 YR w/0-day	0-day	75-79	589.05	762.80	1,106.10
10 YR w/0-day	30-day	50-64	50.40	65.30	94.70
10 YR w/0-day	30-day	65-69	153.30	198.50	287.80
10 YR w/0-day	30-day	70-74	310.80	402.50	583.60
10 YR w/0-day	30-day	75-79	553.35	716.60	1,039.10
10 YR w/0-day	90-day	50-64	44.10	57.10	82.80
10 YR w/0-day	90-day	65-69	134.40	174.00	252.30
10 YR w/0-day	90-day	70-74	274.05	354.90	514.60
10 YR w/0-day	90-day	75-79	488.25	632.30	916.80
10 YR w/0-day	180-day	50-64	43.05	55.70	80.80
10 YR w/0-day	180-day	65-69	130.20	168.60	244.50
10 YR w/0-day	180-day	70-74	263.55	341.30	494.90
10 YR w/0-day	180-day	75-79	469.35	607.80	881.30
10 YR w/0-day	365-day	50-64	36.75	47.60	69.00
10 YR w/0-day	365-day	65-69	111.30	144.10	208.90
10 YR w/0-day	365-day	70-74	226.80	293.70	425.90
10 YR w/0-day	365-day	75-79	405.30	524.90	761.10

## EXHIBIT IV

### Arkansas

#### Rate Increase Cap Example

The proposed rate increase incorporates a cap of \$1,000 on the increase. If the 45.0% rate increase results in an increase greater than \$1,000, then only a \$1,000 rate increase will be applied.

**Examples where cap does not apply:**

Plan 650 - 4 YR w/0-day, 0 Elimination Period

Issue Age	Daily Benefit	Current Premium Per \$15 of Daily Benefit	Current Premium	Rate Increase %	Rate Increase \$	Rate Increase > \$1,000?	New Premium	Effective Increase
A	B	C	D	E	F	G	H	I
			= (B * C) / 15		= (1 + E) * D - D	=IF(F > \$1,000,"Yes","No")	=IF(G = "Yes", \$1,000, F)+D	= H / D - 1
70-74	60	\$312.74	\$1,250.96	45.0%	\$562.93	No	\$1,813.89	45.0%
75-79	15	\$558.86	\$558.86	45.0%	\$251.49	No	\$810.35	45.0%

**Examples where cap does apply:**

Plan 650 - 4 YR w/0-day, 0 Elimination Period

Issue Age	Daily Benefit	Current Premium Per \$15 of Daily Benefit	Current Premium	Rate Increase %	Rate Increase \$	Rate Increase > \$1,000?	New Premium	Effective Increase
A	B	C	D	E	F	G	H	I
			= (B * C) / 15		= (1 + E) * D - D	=IF(F > \$1,000,"Yes","No")	=IF(G = "Yes", \$1,000, F)+D	= H / D - 1
70-74	150	\$312.74	\$3,127.40	45.0%	\$1,407.33	Yes	\$4,127.40	32.0%
75-79	90	\$558.86	\$3,353.16	45.0%	\$1,508.92	Yes	\$4,353.16	29.8%