

SERFF Tracking Number: UTAC-126564294 State: Arkansas
Filing Company: United Teacher Associates Insurance Company State Tracking Number: 45295
Company Tracking Number:
TOI: H071 Individual Health - Specified Disease - Limited Benefit Sub-TOI: H071.002A Dread Disease - Cancer Only
Product Name: 2010 Individual Cancer Rate Increase
Project Name/Number: /

Filing at a Glance

Company: United Teacher Associates Insurance Company

Product Name: 2010 Individual Cancer Rate Increase SERFF Tr Num: UTAC-126564294 State: Arkansas

TOI: H071 Individual Health - Specified Disease - Limited Benefit SERFF Status: Closed-Approved- Closed State Tr Num: 45295

Sub-TOI: H071.002A Dread Disease - Cancer Only Co Tr Num: State Status: Approved-Closed

Filing Type: Rate

Author: Taylor Weber

Date Submitted: 03/30/2010

Reviewer(s): Rosalind Minor

Disposition Date: 04/02/2010

Disposition Status: Approved-Closed

Implementation Date:

Implementation Date Requested: 05/01/2010

State Filing Description:

General Information

Project Name:

Project Number:

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact: 15%

Filing Status Changed: 04/02/2010

Status of Filing in Domicile: Authorized

Date Approved in Domicile: 03/12/2010

Domicile Status Comments:

Market Type: Individual

Group Market Size:

Group Market Type:

Explanation for Other Group Market Type:

State Status Changed: 04/02/2010

Created By: Taylor Weber

Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Taylor Weber

Filing Description:

2010 Individual Cancer Rate Revision

Company and Contact

Filing Contact Information

Taylor Weber, Actuarial Consultant

tweber@actmanre.com

SERFF Tracking Number: UTAC-126564294 State: Arkansas
 Filing Company: United Teacher Associates Insurance Company State Tracking Number: 45295
 Company Tracking Number:
 TOI: H071 Individual Health - Specified Disease - Limited Benefit Sub-TOI: H071.002A Dread Disease - Cancer Only
 Product Name: 2010 Individual Cancer Rate Increase

Project Name/Number: /
 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 | 03/30/2010 | 35257062 |

SERFF Tracking Number: UTAC-126564294 State: Arkansas
Filing Company: United Teacher Associates Insurance Company State Tracking Number: 45295
Company Tracking Number:
TOI: H071 Individual Health - Specified Disease - Limited Benefit Sub-TOI: H071.002A Dread Disease - Cancer Only
Product Name: 2010 Individual Cancer Rate Increase
Project Name/Number: /

Correspondence Summary

Dispositions

| Status | Created By | Created On | Date Submitted |
|-----------------|----------------|------------|----------------|
| Approved-Closed | Rosalind Minor | 04/02/2010 | 04/02/2010 |

SERFF Tracking Number: UTAC-126564294 State: Arkansas
 Filing Company: United Teacher Associates Insurance Company State Tracking Number: 45295
 Company Tracking Number:
 TOI: H071 Individual Health - Specified Disease - Limited Benefit Sub-TOI: H071.002A Dread Disease - Cancer Only
 Product Name: 2010 Individual Cancer Rate Increase
 Project Name/Number: /

Disposition

Disposition Date: 04/02/2010

Implementation Date:

Status: Approved-Closed

Comment:

We have approved a 15% 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 | 15.000% | 15.000% | \$1,568 | 34 | \$10,451 | % | % |

SERFF Tracking Number: UTAC-126564294 State: Arkansas
 Filing Company: United Teacher Associates Insurance Company State Tracking Number: 45295
 Company Tracking Number:
 TOI: H071 Individual Health - Specified Disease - Limited Benefit Sub-TOI: H071.002A Dread Disease - Cancer Only
 Product Name: 2010 Individual Cancer Rate Increase
 Project Name/Number: /

| 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 Document | Approved-Closed | Yes |
| Supporting Document | State Form | Approved-Closed | No |
| 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 | No |

SERFF Tracking Number: UTAC-126564294 State: Arkansas
 Filing Company: United Teacher Associates Insurance Company State Tracking Number: 45295
 Company Tracking Number:
 TOI: H071 Individual Health - Specified Disease - Limited Benefit Sub-TOI: H071.002A Dread Disease - Cancer Only
 Product Name: 2010 Individual Cancer Rate Increase
 Project Name/Number: /

Rate Information

Rate data applies to filing.

Filing Method:

Rate Change Type:

Increase

Overall Percentage of Last Rate Revision:

15.000%

Effective Date of Last Rate Revision:

07/16/2009

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 | 15.000% | 15.000% | \$1,568 | 34 | \$10,451 | % | % |

SERFF Tracking Number: UTAC-126564294 State: Arkansas
 Filing Company: United Teacher Associates Insurance Company State Tracking Number: 45295
 Company Tracking Number:
 TOI: H071 Individual Health - Specified Disease - Limited Benefit Sub-TOI: H071.002A Dread Disease - Cancer Only
 Product Name: 2010 Individual Cancer Rate Increase
 Project Name/Number: /

Supporting Document Schedules

| | | Item Status: | Status Date: |
|--------------------------|--------------|---------------------|-------------------------|
| Satisfied - Item: | Cover Letter | Approved-Closed | 04/02/2010 |
| Comments: | | | |
| Attachment: | | | |
| AR-cover letter.pdf | | | |

| | | Item Status: | Status Date: |
|----------------------------|----------------------|---------------------|-------------------------|
| Satisfied - Item: | Authorization Letter | Approved-Closed | 04/02/2010 |
| Comments: | | | |
| Attachment: | | | |
| Ind Cancer auth letter.pdf | | | |

| | | Item Status: | Status Date: |
|--------------------------|----------------------|---------------------|-------------------------|
| Satisfied - Item: | Transmittal Document | Approved-Closed | 04/02/2010 |
| 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

March 24, 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
Individual Cancer Rate Revision
Forms: 17-065(SD), etc.
NAIC # 63479, FEIN # 58-0869673

Enclosed 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 15% 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. The nationwide increase request of 35% was acknowledged "exempt" from Texas DOI 3/12/2010 and implemented in Texas 3/15/2010. We limited the Arkansas filing to 15% due to previous conversations we have had with the department. The nationwide approval average for the 2007 filing was 22.89% and 32.12% for the 2009 filing.

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,

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

Enclosures



Supplemental Benefits Group

P.O. Box 26580
Austin, TX 78755-0580
Phone: 855-459-4272

May 8, 2009

Regarding: United Teacher Associates Insurance Company Rate Filing

Dear Commissioner:

United Teacher Associates Insurance Company hereby authorizes 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 contact 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) 531-1484

Sincerely,

A handwritten signature in black ink, appearing to read "Tracy E. Maples".

Tracy E. Maples, ASA, MAAA
Senior Vice-President & Chief Actuary
United Teacher Associates Insurance Company

Great American Supplemental Benefits Group of Companies include:

Central Reserve Life Insurance Company
Continental General Insurance Company

Great American Life Insurance Company®
Loyal American Life Insurance Company®

Provident American Life & Health Insurance Company
United Teacher Associates Insurance Company

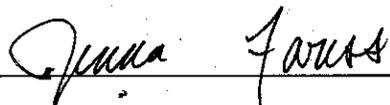
Exhibit A

| NAIC | FEIN | Company | Location |
|-------|------------|---|--------------------|
| 78174 | 34-1083130 | Conseco 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 Co | St. Louis, MO |
| 63304 | 23-0577450 | Fidelity Mutual Life Ins Co | Radnor, PA |
| 11991 | 38-0865250 | National Casualty Company | St. Louis, MO |
| 67105 | 41-0451140 | Reliastar Life Ins Co | 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 | Des Moines, IA |
| 65765 | 38-0779740 | Reassure America | Chicago, IL |
| 67164 | 31-0501247 | Ohio Life & Casualty | Hamilton, OH |
| 62413 | 38-0947200 | Continental Assurance Co | Chicago, IL |
| 68845 | 54-0377280 | Shenandoah Life Ins Co | Roanoke, VA |
| 24074 | 31-0396250 | Ohio Casualty Insurance Company | Fairfield, OH |
| | | | Salt Lake City, UT |
| 72400 | 39-2619963 | Surety Life Insurance Co | Omaha, NE |
| 70629 | 47-0339860 | World Insurance co | Dallas, TX |
| 23132 | 36-2490086 | Bankers Multiple Line Ins Co | Des Moines, IA |
| 66044 | 46-0164570 | Midland National Life Insurance Co. | St. Louis, MO |
| 68357 | 43-0476110 | Reliable Life Ins Co | Seattle, WA |
| 63053 | 91-0550883 | Family Life Ins Co | Seattle, WA |
| 63487 | 23-1632193 | Investors Life Ins. Co of North America | Scottsdale, AZ |
| 65766 | 38-0779740 | Reassure America | Shawon, WI |
| 69477 | 39-0658730 | Fortis Ins Co | Chicago, IL |
| 65765 | 38-0779740 | Reassure America | Bristol, VA |
| 97241 | 47-0648948 | Settlers Life Insurance Co. | |

Life, Accident & Health, Annuity, Credit Transmittal Document

| | | | | | | | |
|------------|---|--|-----------------------------|-----------------------|---------------|---------------|----------------|
| 1. | Prepared for the State of | Arkansas | | | | | |
| 2. | Department Use Only | | | | | | |
| | State Tracking ID | | | | | | |
| 3. | Insurer Name & Address | Domicile | Insurer License Type | NAIC Group # | NAIC # | FEIN # | State # |
| | United Teacher Associates Insurance Co. 5508 Parkcrest Drive Austin, TX 78731 | 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): _____ | | | | | |
| 6. | Company Tracking Number | | | | | | |
| 7. | <input checked="" type="checkbox"/> New Submission | <input type="checkbox"/> Resubmission | Previous file # _____ | | | | |
| 8. | Market | <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Franchise <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: _____ | | | | | |
| 9. | Type of Insurance (TOI) | H071 Individual Health – Specified Disease – Limited Benefit | | | | | |
| 10. | Sub-Type of Insurance (Sub-TOI) | H071.002A Dread Disease – Cancer Only | | | | | |
| 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 checked="" 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 _____ | | | | | |

| | | | |
|-----|--|---|--|
| 12. | Filing Submission Date | March 24, 2010 | |
| 13. | Filing Fee (If required) | Amount _____ Retaliatory <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Check Date _____ Check Number _____ |
| 14. | Date of Domiciliary Approval | Acknowledged March 12, 2010 | |
| 15. | Filing Description: Individual Cancer 15% Rate Increase | | |
| | | | |

| | | | |
|---|------------------------------------|---------------------------------|--|
| 16. | Certification (If required) | | |
| 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> . | | | |
| Print Name <u>Jenna L. Fariss, ASA, MAAA</u> | | Title <u>Consulting Actuary</u> | |
| Signature <u></u> | | Date: <u>March 24, 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 | Individual Cancer | 418; 468; AP-1468; B-378; CP-18-60; P1-51882 | <input type="checkbox"/> New <input checked="" type="checkbox"/> Revised Request + <u>15</u> % - ___ % <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