

SERFF Tracking Number: MGCA-126654280 State: Arkansas
Filing Company: The Chesapeake Life Insurance Company State Tracking Number: 45839
Company Tracking Number: CH-26113-IP (01/10) AR 201006 AR CHESAPEAKE 15246
TOI: H07I Individual Health - Specified Disease - Sub-TOI: H07I.002 Dread Disease
Limited Benefit
Product Name: CH-26113-IP (01/10)
Project Name/Number: /

Filing at a Glance

Company: The Chesapeake Life Insurance Company

Product Name: CH-26113-IP (01/10) SERFF Tr Num: MGCA-126654280 State: Arkansas
TOI: H07I Individual Health - Specified Disease SERFF Status: Closed-Approved- State Tr Num: 45839
- Limited Benefit Closed
Sub-TOI: H07I.002 Dread Disease Co Tr Num: CH-26113-IP (01/10) State Status: Approved-Closed
AR 201006 AR CHESAPEAKE
15246

Filing Type: Rate

Reviewer(s): Rosalind Minor

Authors: EDS EDSSupport, Sergei Mordovine, Yan Yuan, Eliseo Rodriguez, David Beimesch, Tony Huang, Chanel Orallo, Sommay Khounlo, Ashley Toner, Jennifer Schilb

Disposition Date: 06/07/2010

Date Submitted: 06/01/2010

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

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:
Filing Status Changed: 06/07/2010

Status of Filing in Domicile:
Date Approved in Domicile:
Domicile Status Comments:
Market Type: Individual
Group Market Size:
Group Market Type:
Explanation for Other Group Market Type:
State Status Changed: 06/07/2010
Created By: Eliseo Rodriguez
Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Eliseo Rodriguez

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Filing Description:

We are extending maximum issue age from 55 to 63.

Company and Contact

Filing Contact Information

David Beimesch, nrhact-comp@healthmarkets.com
 9151 boulevard 26 817-255-3752 [Phone]
 north richland hills, TX 76180

Filing Company Information

The Chesapeake Life Insurance Company CoCode: 61832 State of Domicile: Oklahoma
 9151 Boulevard 26 Group Code: 264 Company Type:
 North Richland Hills, TX 76180 Group Name: State ID Number:
 (817) 255-3100 ext. [Phone] FEIN Number: 52-0676509

Filing Fees

Fee Required? Yes
 Fee Amount: \$25.00
 Retaliatory? Yes
 Fee Explanation:
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
The Chesapeake Life Insurance Company	\$25.00	06/01/2010	36923500
The Chesapeake Life Insurance Company	\$25.00	06/02/2010	36951054

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	06/07/2010	06/07/2010

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	06/02/2010	06/02/2010	Eliseo Rodriguez	06/02/2010	06/02/2010

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Health - Actuarial Justification	Approved-Closed	No
Supporting Document	Supporting Documentation	Approved-Closed	Yes
Rate	CH-26113-IP (0110) AR Rates.pdf	Approved-Closed	Yes

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Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 06/02/2010
Submitted Date 06/02/2010

Respond By Date

Dear David Beimesch,

This will acknowledge receipt of the captioned filing.

Objection 1

- CH-26113-IP (0110) AR Rates.pdf , [] (Rate)

Comment:

Under our Rule and Regulation 57, Subsection II, Category "B", the amount of fee for the filing/review of each life and/or accident and health rate filing is \$50.00 per form.

Please submit an additional \$25.00 of this filing.

Please feel free to contact me if you have questions.

Sincerely,

Rosalind Minor

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Project Name/Number: /

Response Letter

Response Letter Status Submitted to State
Response Letter Date 06/02/2010
Submitted Date 06/02/2010

Dear Rosalind Minor,

Comments:

Response 1

Comments: The additional \$25 has been submitted.

Related Objection 1

Applies To:

- CH-26113-IP (0110) AR Rates.pdf , [] (Rate)

Comment:

Under our Rule and Regulation 57, Subsection II, Category "B", the amount of fee for the filing/review of each life and/or accident and health rate filing is \$50.00 per form.

Please submit an additional \$25.00 of this filing.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Thank you.

Sincerely,

Ashley Toner, Chanel Orallo, David Beimesch, EDS EDSSupport, Eliseo Rodriguez, Jennifer Schilb, Sergei Mordovine, Sommay Khounlo, Tony Huang, Yan Yuan

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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 06/07/2010	CH-26113-IP (0110) AR Rates.pdf		New		CH-26113-IP (0110) AR Rates.pdf

The Chesapeake Life Insurance Company

Administration Office: P.O. Box 982010, North Richland Hills, TX 76182-8010

Specified Disease/Condition and Major Organ Transplant Policy

CH-26113-IP (01/10) AR

Formula
Round(AgeSex x Base x Inflation x Tobacco x Benefit ,2)

Multiply the Base Rate by 3 for quarterly rates, 6 for semi-annual, and 12 for annual premium rates.

Inflation
1.000000000

A billing fee of up to \$5 may be charged on direct bill modes. A one-time application fee of up to \$30 may be applicable.

Base	Factor
Base	9.340

Based on underwriting results, final rates may range from 50% to the maximum percentage allowed by your state of the calculated rates.

Benefit Options	Factor
Benefit 2,500	0.250000
Benefit 5,000	0.625000
Benefit 7,500	0.750000
Benefit 10,000	1.000000
Benefit 15,000	1.500000
Benefit 20,000	2.000000
Benefit 25,000	2.500000
Benefit 30,000	3.000000
Benefit 40,000	4.000000
Benefit 50,000	5.000000
Benefit 60,000	6.000000
Benefit 70,000	7.000000
Benefit 80,000	8.000000
Benefit 90,000	9.000000
Benefit 100,000	10.000000

Other benefit factors can be obtained by formula: (Benefit / 2500) x 0.250000

Demographic	Value	Factor
Tobacco	No	1.000
Tobacco	Yes	2.000

Age*	Factor	Gender	Adult/Dep
00	0.1800	FEMALE	Adult
01	0.1800	FEMALE	Adult
02	0.1800	FEMALE	Adult
03	0.1800	FEMALE	Adult
04	0.1800	FEMALE	Adult
05	0.1800	FEMALE	Adult
06	0.1800	FEMALE	Adult
07	0.1800	FEMALE	Adult
08	0.1800	FEMALE	Adult
09	0.1800	FEMALE	Adult

Age*	Factor	Gender	Adult/Dep
10	0.1800	FEMALE	Adult
11	0.1800	FEMALE	Adult
12	0.1800	FEMALE	Adult
13	0.1800	FEMALE	Adult
14	0.1800	FEMALE	Adult
15	0.1800	FEMALE	Adult
16	0.1800	FEMALE	Adult
17	0.1800	FEMALE	Adult
18	0.1800	FEMALE	Adult
19	0.1900	FEMALE	Adult
20	0.2000	FEMALE	Adult
21	0.2200	FEMALE	Adult
22	0.2400	FEMALE	Adult
23	0.2500	FEMALE	Adult
24	0.2600	FEMALE	Adult
25	0.2600	FEMALE	Adult
26	0.2800	FEMALE	Adult
27	0.3000	FEMALE	Adult
28	0.3200	FEMALE	Adult
29	0.3500	FEMALE	Adult
30	0.3700	FEMALE	Adult
31	0.3900	FEMALE	Adult
32	0.4100	FEMALE	Adult
33	0.4300	FEMALE	Adult
34	0.4500	FEMALE	Adult
35	0.4700	FEMALE	Adult
36	0.5200	FEMALE	Adult
37	0.5600	FEMALE	Adult
38	0.6100	FEMALE	Adult
39	0.6500	FEMALE	Adult
40	0.7000	FEMALE	Adult
41	0.7500	FEMALE	Adult
42	0.7900	FEMALE	Adult
43	0.8400	FEMALE	Adult
44	0.8900	FEMALE	Adult
45	0.9300	FEMALE	Adult
46	0.9700	FEMALE	Adult
47	1.0100	FEMALE	Adult
48	1.0500	FEMALE	Adult
49	1.0900	FEMALE	Adult
50	1.1300	FEMALE	Adult
51	1.1700	FEMALE	Adult
52	1.2100	FEMALE	Adult
53	1.2400	FEMALE	Adult
54	1.2800	FEMALE	Adult
55	1.3200	FEMALE	Adult
56	1.3500	FEMALE	Adult
57	1.3700	FEMALE	Adult
58	1.3900	FEMALE	Adult
59	1.4200	FEMALE	Adult
60	1.4300	FEMALE	Adult
61	1.4500	FEMALE	Adult

Age*	Factor	Gender	Adult/Dep
62	1.4900	FEMALE	Adult
63	1.5200	FEMALE	Adult
00	0.2200	MALE	Adult
01	0.2200	MALE	Adult
02	0.2200	MALE	Adult
03	0.2200	MALE	Adult
04	0.2200	MALE	Adult
05	0.2200	MALE	Adult
06	0.2200	MALE	Adult
07	0.2200	MALE	Adult
08	0.2200	MALE	Adult
09	0.2200	MALE	Adult
10	0.2200	MALE	Adult
11	0.2200	MALE	Adult
12	0.2200	MALE	Adult
13	0.2200	MALE	Adult
14	0.2200	MALE	Adult
15	0.2200	MALE	Adult
16	0.2200	MALE	Adult
17	0.2200	MALE	Adult
18	0.2200	MALE	Adult
19	0.2400	MALE	Adult
20	0.2500	MALE	Adult
21	0.2700	MALE	Adult
22	0.2900	MALE	Adult
23	0.2900	MALE	Adult
24	0.2900	MALE	Adult
25	0.2900	MALE	Adult
26	0.3300	MALE	Adult
27	0.3800	MALE	Adult
28	0.4000	MALE	Adult
29	0.4500	MALE	Adult
30	0.4800	MALE	Adult
31	0.5200	MALE	Adult
32	0.5600	MALE	Adult
33	0.6100	MALE	Adult
34	0.6500	MALE	Adult
35	0.7000	MALE	Adult
36	0.7600	MALE	Adult
37	0.8200	MALE	Adult
38	0.8800	MALE	Adult
39	0.9400	MALE	Adult
40	1.0000	MALE	Adult
41	1.0600	MALE	Adult
42	1.1300	MALE	Adult
43	1.1900	MALE	Adult
44	1.2500	MALE	Adult
45	1.3100	MALE	Adult
46	1.3900	MALE	Adult
47	1.4700	MALE	Adult
48	1.5400	MALE	Adult
49	1.6200	MALE	Adult

Age*	Factor	Gender	Adult/Dep
50	1.6900	MALE	Adult
51	1.7700	MALE	Adult
52	1.8600	MALE	Adult
53	1.9400	MALE	Adult
54	2.0200	MALE	Adult
55	2.1100	MALE	Adult
56	2.1700	MALE	Adult
57	2.2200	MALE	Adult
58	2.2800	MALE	Adult
59	2.3300	MALE	Adult
60	2.3800	MALE	Adult
61	2.4300	MALE	Adult
62	2.4800	MALE	Adult
63	2.5300	MALE	Adult
-	0.1500	FEMALE	Dep Child
-	0.1300	MALE	Dep Child

*Issue Age Rating

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Supporting Document Schedules

	Item Status:	Status
Satisfied - Item: Supporting Documentation	Approved-Closed	06/07/2010
Comments:		
Attachments:		
CH-26113-IP (0110) AR Certificate of Compliance.pdf		
CH-26113-IP (0110) AR Cover Letter.pdf		
CH-26113-IP (0110) AR Rate History.pdf		

Certification of Compliance with
Arkansas Rule and Regulation 19

Insurer: NAIC # 264-61832
Form Number(s): CH-26113-IP (01/10) AR

I hereby certify that the filing above meets all applicable Arkansas requirements including the requirements of Rule and Regulation 19.



Signature of Company Officer

Derrick Duke

Name

5/26/2010

Date



**The Chesapeake
Life Insurance Company**
Home Office: Oklahoma City, OK

9151 Boulevard 26
N Richland Hills, TX 76180
www.chesapeakelife.com
Phone: 800.729.2302
Fax: 817.255.8274

5/21/2010

Ms. Rosalind Minor
Arkansas Insurance Department
1200 West Third Street
Little Rock AR 72201-1904

**RE: The Chesapeake Life Insurance Company
Individual Policy Form Rate Change Filing for:
Individual Specified Disease/Condition and Major Organ Transplant Policy
Policy Form Number: CH-26113-IP (01/10) AR
Company NAIC # 264-61832
Company FEIN # 52-0676509**

Dear Ms. Minor,

For your approval, we are submitting filing documents in support for the added issue age rates for age 56 through 63. We are increasing our issue age limit from age 55 to age 63, therefore, making this product more available to the public. The new issue age rates for age 56 through 63 are added to our previously approved rates for this form.

Currently, there are 0 policies in force in your state under this form.

This rate filing has been filed as "File and Use" with our domicile state of Oklahoma. Please let us know if you have any questions or need additional information regarding this filing. Thank you in advance for your review.

Sincerely,

Chanél Orallo
Actuarial Analyst
Phone: (800) 729-2302 x6427
Fax: (817)255-8274
Email: NRHAct-Comp@HealthMarkets.com

Enclosures

CH-26113-IP (01 / 10) AR

Individual Specified Disease/Condition and Major Organ Transplant Policy

Effective Date	Rate Increase/Decrease
No Rate History	