

SERFF Tracking Number: CEUL-127720476 State: Arkansas
Filing Company: Central United Life Insurance Company State Tracking Number: 50087
Company Tracking Number: AR_EMV V1_2011
TOI: H071 Individual Health - Specified Disease - Sub-TOI: H071.002 Dread Disease
Limited Benefit
Product Name: EMC Cancer V1
Project Name/Number: EMC Cancer V1 /

Filing at a Glance

Company: Central United Life Insurance Company

Product Name: EMC Cancer V1 SERFF Tr Num: CEUL-127720476 State: Arkansas
TOI: H071 Individual Health - Specified Disease SERFF Status: Closed-Approved- State Tr Num: 50087
- Limited Benefit Closed
Sub-TOI: H071.002 Dread Disease Co Tr Num: AR_EMV V1_2011 State Status: Approved-Closed
Filing Type: Rate Reviewer(s): Rosalind Minor
Authors: Bin Hu, Allie Zhou, Cindy Hu, Norma Flores, Janett Turcios Disposition Date: 10/25/2011
Date Submitted: 10/21/2011 Disposition Status: Approved-Closed
Implementation Date Requested: 01/01/2012 Implementation Date:

State Filing Description:

General Information

Project Name: EMC Cancer V1 Status of Filing in Domicile: Pending
Project Number: Date Approved in Domicile:
Requested Filing Mode: Review & Approval Domicile Status Comments:
Explanation for Combination/Other: Market Type: Individual
Submission Type: New Submission Individual Market Type:
Overall Rate Impact: 29% Filing Status Changed: 10/25/2011
State Status Changed: 10/25/2011
Deemer Date: Created By: Janett Turcios
Submitted By: Allie Zhou 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

Cindy Hu, Rates Supervisor chu@manhattanlife.com
Wortham Tower 713-821-6450 [Phone]

SERFF Tracking Number: CEUL-127720476 State: Arkansas
 Filing Company: Central United Life Insurance Company State Tracking Number: 50087
 Company Tracking Number: AR_EMV VI_2011
 TOI: H071 Individual Health - Specified Disease - Sub-TOI: H071.002 Dread Disease
 Limited Benefit
 Product Name: EMC Cancer VI
 Project Name/Number: EMC Cancer VI /

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	10/21/2011	53055415

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 Limited Benefit
 Product Name: EMC Cancer VI
 Project Name/Number: EMC Cancer VI /

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	10/25/2011	10/25/2011

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	10/24/2011	10/24/2011	Allie Zhou	10/25/2011	10/25/2011

SERFF Tracking Number: CEUL-127720476 State: Arkansas
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 TOI: H071 Individual Health - Specified Disease - Limited Benefit Sub-TOI: H071.002 Dread Disease
 Product Name: EMC Cancer VI
 Project Name/Number: EMC Cancer VI /

Disposition

Disposition Date: 10/25/2011

Implementation Date:

Status: Approved-Closed

Comment:

We have approved a 5% 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	29.000%	29.000%	\$35,161	31	\$121,246	29.000%	29.000%

SERFF Tracking Number: CEUL-127720476 State: Arkansas
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 Company Tracking Number: AR_EMV VI_2011
 TOI: H071 Individual Health - Specified Disease - Sub-TOI: H071.002 Dread Disease
 Limited Benefit
 Product Name: EMC Cancer VI
 Project Name/Number: EMC Cancer VI /

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Health - Actuarial Justification	Approved-Closed	No
Rate	Rate Tables	Approved-Closed	No
Rate	Rate Tables	Approved-Closed	Yes

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Company Tracking Number: AR_EMV VI_2011
TOI: H071 Individual Health - Specified Disease - Sub-TOI: H071.002 Dread Disease
Limited Benefit
Product Name: EMC Cancer VI
Project Name/Number: EMC Cancer VI /

Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 10/24/2011
Submitted Date 10/24/2011

Respond By Date

Dear Cindy Hu,

This will acknowledge receipt of the captioned filing.

Objection 1

- Health - Actuarial Justification (Supporting Document)

Comment:

It is the primary mission of the Arkansas Insurance Department to protect consumers.

Given the current state of the economy, the fact that this block of business has continually received rate increase since 1/1/2000, and the impact that another increase will have at this time, we will approve no more than a 5% increase at this time.

If you wish to accept the 5%, please attach a copy of the revised rates.

Thank you for your understanding and cooperation.

A.C.A. 23-79-109(1)-(5) sets forth the procedure by which filings may be deemed approved upon the expiration of certain time periods with no affirmative action by the commissioner. If the commissioner determines that additional information is needed to make a decision regarding approval, such request for information will be made to the company. The filing will not be considered complete until said additional information is received. The time periods set forth in this statute will not begin to run until the filing is complete.

Please feel free to contact me if you have questions.

Sincerely,

Rosalind Minor

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Product Name: EMC Cancer VI
Project Name/Number: EMC Cancer VI /

Response Letter

Response Letter Status Submitted to State
Response Letter Date 10/25/2011
Submitted Date 10/25/2011

Dear Rosalind Minor,

Comments:

Response 1

Comments: Good morning,

We will accept a reduced rate increase of 5%. Please find the revised rates attached in the Rate/Rule Schedule tab.

Thank you very much.

Related Objection 1

Applies To:

- Health - Actuarial Justification (Supporting Document)

Comment:

It is the primary mission of the Arkansas Insurance Department to protect consumers.

Given the current state of the economy, the fact that this block of business has continually received rate increase since 1/1/2000, and the impact that another increase will have at this time, we will approve no more than a 5% increase at this time.

If you wish to accept the 5%, please attach a copy of the revised rates.

Thank you for your understanding and cooperation.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

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Product Name: EMC Cancer VI
Project Name/Number: EMC Cancer VI /

Rate/Rule Schedule Item Changes

Document Name:	Affected Form Numbers:	Rate Action:	Rate Action Information:	Attach Document:
Rate Tables	HP8322,HP8323	Revised	Previous State Filing Number	
			Percent Rate Change Request	
			5	

Sincerely,
Allie Zhou, Bin Hu, Cindy Hu, Janett Turcios, Norma Flores

SERFF Tracking Number: CEUL-127720476 State: Arkansas
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 Product Name: EMC Cancer VI
 Project Name/Number: EMC Cancer VI /

Rate Information

Rate data applies to filing.

Filing Method: SERFF
Rate Change Type: Increase
Overall Percentage of Last Rate Revision: 10.000%
Effective Date of Last Rate Revision: 01/01/2011
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	29.000%	29.000%	\$35,161	31	\$121,246	29.000%	29.000%

SERFF Tracking Number: CEUL-127720476 State: Arkansas
 Filing Company: Central United Life Insurance Company State Tracking Number: 50087
 Company Tracking Number: AR_EMV VI_2011
 TOI: H071 Individual Health - Specified Disease - Sub-TOI: H071.002 Dread Disease
 Limited Benefit
 Product Name: EMC Cancer VI
 Project Name/Number: EMC Cancer VI /

Rate/Rule Schedule

Schedule Item Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:	Rate Action Information:	Attachments
Approved-Closed 10/25/2011	Rate Tables	HP8322, HP8323 Revised	Rate Action:	Previous State Filing Number: Percent Rate Change 29.000 Request:	2011 V1 AR Rates.pdf
Approved-Closed 10/25/2011	Rate Tables	HP8322, HP8323 Revised	Rate Action:	Previous State Filing Number: Percent Rate Change 5.000 Request:	2011 V1 AR Rates 5%.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	1649.65	30.74	25.15
	45-49	1717.76	32.41	25.71
	50-54	2024.96	44.15	34.09
	55-59	2331.13	56.16	48.06
	60-64	2653.88	70.69	64.27
	65-69	2975.40	88.30	81.59
	70-75	3258.59	107.30	97.24
FAMILY				
	18-44	2891.31	57.28	43.59
	45-49	3141.11	65.10	45.82
	50-54	3609.79	86.06	66.50
	55-59	4127.93	108.41	92.77
	60-64	4730.16	135.52	123.50
	65-69	5330.03	169.33	157.03
	70-75	5856.82	206.91	187.21
SINGLE PARENT				
	18-44	1979.93	36.88	30.18
	45-49	2064.02	38.84	30.74
	50-54	2433.77	52.81	40.79
	55-59	2799.80	67.34	57.56
	60-64	3179.03	84.66	77.12
	65-69	3573.93	105.90	97.80
	70-75	3907.81	128.81	116.80

(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	1649.65	30.74	25.15
FAMILY	2891.31	57.28	43.59
SINGLE PARENT	1979.93	36.88	30.18

(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).

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EMC NATIONAL LIFE
URBAN DALE, IOWA

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	1911.03	30.74	25.15
	45-49	1967.75	32.41	25.71
	50-54	2283.73	44.15	34.09
	55-59	2590.24	56.16	48.06
	60-64	2910.16	70.69	64.27
	65-69	3223.77	88.30	81.59
	70-75	3494.81	107.30	97.24
FAMILY				
	18-44	3211.00	57.28	43.59
	45-49	3447.51	65.10	45.82
	50-54	3911.06	86.06	66.50
	55-59	4425.70	108.41	92.77
	60-64	5023.60	135.52	123.50
	65-69	5604.46	169.33	157.03
	70-75	6102.08	206.91	187.21
SINGLE PARENT				
	18-44	2293.19	36.88	30.18
	45-49	2365.09	38.84	30.74
	50-54	2747.44	52.81	40.79
	55-59	3112.61	67.34	57.56
	60-64	3498.59	84.66	77.12
	65-69	3873.22	105.90	97.80
	70-75	4189.20	128.81	116.80

(Monthly premiums = 1/12 annually)

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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	1911.03	30.74	25.15
FAMILY	3211.00	57.28	43.59
SINGLE PARENT	2293.19	36.88	30.18

(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).

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EMC NATIONAL LIFE
URBAN DALE, IOWA

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	2524.02	30.74	25.15
	45-49	2628.24	32.41	25.71
	50-54	3098.26	44.15	34.09
	55-59	3566.71	56.16	48.06
	60-64	4060.54	70.69	64.27
	65-69	4552.47	88.30	81.59
	70-75	4985.76	107.30	97.24
FAMILY				
	18-44	4423.81	57.28	43.59
	45-49	4806.01	65.10	45.82
	50-54	5523.10	86.06	66.50
	55-59	6315.88	108.41	92.77
	60-64	7237.32	135.52	123.50
	65-69	8155.13	169.33	157.03
	70-75	8961.15	206.91	187.21
SINGLE PARENT				
	18-44	3029.36	36.88	30.18
	45-49	3158.02	38.84	30.74
	50-54	3723.75	52.81	40.79
	55-59	4283.80	67.34	57.56
	60-64	4864.03	84.66	77.12
	65-69	5468.23	105.90	97.80
	70-75	5979.09	128.81	116.80

(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).

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EMC NATIONAL LIFE
URBANDALE, IOWA

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	2524.02	30.74	25.15
FAMILY	4423.81	57.28	43.59
SINGLE PARENT	3029.36	36.88	30.18

(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).

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EMC NATIONAL LIFE
URBAN DALE, IOWA

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	69.85
	45-49	83.83
	50-54	91.93
	55-59	112.88
	60-64	133.56
	65-69	148.09
	70-75	116.80
FAMILY		
	18-44	139.71
	45-49	158.43
	50-54	179.11
	55-59	213.75
	60-64	249.52
	65-69	275.23
	70-75	214.31
SINGLE PARENT		
	18-44	97.80
	45-49	100.59
	50-54	110.37
	55-59	135.52
	60-64	160.39
	65-69	177.71
	70-75	140.27

(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	69.85
FAMILY	139.71
SINGLE PARENT	97.80

(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	55.88
	45-49	56.72
	50-54	73.21
	55-59	92.21
	60-64	112.61
	65-69	133.56
	70-75	154.24
FAMILY		
	18-44	95.00
	45-49	103.66
	50-54	134.96
	55-59	171.00
	60-64	210.40
	65-69	250.64
	70-75	290.87
SINGLE PARENT		
	18-44	67.06
	45-49	68.18
	50-54	88.02
	55-59	110.65
	60-64	135.24
	65-69	160.39
	70-75	184.97

(Monthly premiums = 1/12 annually)

EMC NATIONAL LIFE
URBAN DALE, IOWA

Rate Sheet for AMH 8329 Internal Cancer First Occurrence Benefit Rider
Composite Annual Premiums

	<u>Rate Per Unit</u>
INDIVIDUAL	55.88
FAMILY	95.00
SINGLE PARENT	67.06

(Monthly premiums = 1/12 annually)

EMC NATIONAL LIFE
URBAN DALE, IOWA

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.

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TOI: H071 Individual Health - Specified Disease - Sub-TOI: H071.002 Dread Disease
Limited Benefit
Product Name: EMC Cancer V1
Project Name/Number: EMC Cancer V1 /

Supporting Document Schedules

	Item Status:	Status
Satisfied - Item: Health - Actuarial Justification	Approved-Closed	10/25/2011
Comments:		
Attachments:		
AR_NAIC Transmittal Document.pdf		
2011_AR_EMV V1_Cov Lett.pdf		
CUL V1 Actuarial Memorandum - 29pcnt.pdf		
CUL V1 Exh A - 29pcnt.pdf		
CUL V1 Exh B - all states.pdf		
CUL V1 Exh C - all states.pdf		
CUL V1 Exh D - AR.pdf		