

SERFF Tracking Number: ACMR-126988844 State: Arkansas
Filing Company: CICA Life Insurance Company of America State Tracking Number: 47721
Company Tracking Number:
TOI: H071 Individual Health - Specified Disease - Sub-TOI: H071.002 Dread Disease
Limited Benefit
Product Name: 2010 CICA Specified Disease Rate Increase
Project Name/Number: /

Filing at a Glance

Company: CICA Life Insurance Company of America

Product Name: 2010 CICA Specified Disease SERFF Tr Num: ACMR-126988844 State: Arkansas
Rate Increase

TOI: H071 Individual Health - Specified Disease SERFF Status: Closed- State Tr Num: 47721
- Limited Benefit Disapproved

Sub-TOI: H071.002 Dread Disease Co Tr Num: State Status: Disapproved-Closed
Filing Type: Rate Reviewer(s): Rosalind Minor

Authors: Jenna Fariss, Taylor
Weber

Date Submitted: 01/17/2011

Disposition Date: 02/02/2011

Implementation Date Requested: 03/01/2011

Disposition Status: Disapproved

State Filing Description:

Implementation Date:

General Information

Project Name:

Status of Filing in Domicile: Pending

Project Number:

Date Approved in Domicile:

Requested Filing Mode:

Domicile Status Comments: Submitted
1/17/2011.

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Individual Market Type:

Overall Rate Impact: 25%

Filing Status Changed: 02/02/2011

State Status Changed: 02/02/2011

Deemer Date:

Created By: Jenna Fariss

Submitted By: Jenna Fariss

Corresponding Filing Tracking Number:

Filing Description:

2010 CICA Specified Disease Rate Revision

Company and Contact

Filing Contact Information

Jenna Fariss, Consulting Actuary
4964 University Parkway

jfariss@actmanre.com
336-714-2914 [Phone]

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Suite 203 336-759-3141 [FAX]
 Winston-Salem, NC 27106

Filing Company Information

(This filing was made by a third party - actuarialmanagementresources)

CICA Life Insurance Company of America	CoCode: 71463	State of Domicile: Colorado
PO Box 149151	Group Code:	Company Type: Life and Health
Austin, TX 78714	Group Name: 00000	State ID Number:
(512) 837-7100 ext. [Phone]	FEIN Number: 84-0583103	

Filing Fees

Fee Required? No
 Retaliatory? No
 Fee Explanation:
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
CICA Life Insurance Company of America	\$0.00	01/17/2011	
CICA Life Insurance Company of America	\$50.00	01/19/2011	43889164

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Disapproved	Rosalind Minor	02/02/2011	02/02/2011
Disapproved	Rosalind Minor	01/28/2011	01/28/2011

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending	Rosalind Minor	01/18/2011	01/18/2011	Jenna Fariss	01/19/2011	01/19/2011

Industry
Response

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Re-Opening Filing	Note To Reviewer	Jenna Fariss	01/31/2011	01/31/2011
Disapproval	Reviewer Note	Rosalind Minor	01/28/2011	

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Disposition

Disposition Date: 02/02/2011

Implementation Date:

Status: Disapproved

Comment:

Our Commissioner has received your request for a possible compromise on the rate request and has made the decision that the rate increase request will remain disapproved as of 1/28/11.

Thank you for your understanding and cooperation.

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):
CICA Life Insurance Company of America	25.000%	25.000%	\$2,420	22	\$9,678	%	%
	Percent Change Approved:						
	Minimum:	%	Maximum:	%	Weighted Average:		%

SERFF Tracking Number: ACMR-126988844 State: Arkansas
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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Health - Actuarial Justification	Disapproved	No
Supporting Document	Cover Letter	Disapproved	Yes
Supporting Document	Authorization Letter	Disapproved	Yes
Supporting Document	Transmittal Form	Disapproved	Yes
Supporting Document	State and Nationwide Inforce Data	Disapproved	No
Supporting Document	State and Nationwide Rate Increase History	Disapproved	No
Supporting Document	Exhibit IV	Disapproved	No
Rate	Rate Pages	Disapproved	Yes

SERFF Tracking Number: ACMR-126988844 State: Arkansas
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 Project Name/Number: /

Disposition

Disposition Date: 01/28/2011

Implementation Date:

Status: Disapproved

Comment:

Our Department has thoroughly reviewed your request for a 25% rate increase on this submission.

Since Arkansas has no credible experience, we are disapproving your request for a rate increase.

Thank you for your understanding in this matter.

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):
CICA Life Insurance Company of America	25.000%	25.000%	\$2,420	22	\$9,678	%	%
	Percent Change Approved:						
	Minimum:	%	Maximum:	%	Weighted Average:		%

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Supporting Document	Health - Actuarial Justification	Disapproved	No
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Supporting Document	Transmittal Form	Disapproved	Yes
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Supporting Document	State and Nationwide Rate Increase History	Disapproved	No
Supporting Document	Exhibit IV	Disapproved	No
Rate	Rate Pages	Disapproved	Yes

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Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 01/18/2011

Submitted Date 01/18/2011

Respond By Date

Dear Jenna Fariss,

This will acknowledge receipt of the captioned filing.

Objection 1

- Health - Actuarial Justification (Supporting Document)

Comment:

Our filing fees under Rule and Regulation 57 have been updated. Please review the General Instructions for ArkansasLH or Rule and Regulation 57.

The fee for this submission is \$50.00 per form for a total of \$50.00 for this submission.

We will begin our review of this submission upon receipt of the filing fee.

Please feel free to contact me if you have questions.

Sincerely,

Rosalind Minor

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Response Letter

Response Letter Status Submitted to State
Response Letter Date 01/19/2011
Submitted Date 01/19/2011

Dear Rosalind Minor,

Comments:

Thank you for your letter yesterday.

Response 1

Comments: I have submitted an additional EFT amount of \$50.00.

Related Objection 1

Applies To:

- Health - Actuarial Justification (Supporting Document)

Comment:

Our filing fees under Rule and Regulation 57 have been updated. Please review the General Instructions for ArkansasLH or Rule and Regulation 57.

The fee for this submission is \$50.00 per form for a total of \$50.00 for this submission.

We will begin our review of this submission upon receipt of the filing fee.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Thank you.

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Project Name/Number: /

Reviewer Note

Created By:

Rosalind Minor on 01/28/2011 01:31 PM

Last Edited By:

Rosalind Minor

Submitted On:

02/02/2011 02:36 PM

Subject:

Disapproval

Comments:

As per the Commissioner, disapprove because Arkansas has no credible experience.

SERFF Tracking Number: ACMR-126988844 State: Arkansas
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 Project Name/Number: /

Rate Information

Rate data applies to filing.

Filing Method:

Rate Change Type: Neutral

Overall Percentage of Last Rate Revision: 0.000%

Effective Date of Last Rate Revision:

Filing Method of Last Filing:

Company Rate Information

Company Name:	Company Rate Change:	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):
CICA Life Insurance Company of America	N/A	25.000%	25.000%	\$2,420	22	\$9,678	%	%

SERFF Tracking Number: ACMR-126988844 State: Arkansas
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Rate/Rule Schedule

Schedule Item Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:	Rate Action Information:	Attachments
Disapprove Rate Pages d 01/28/2011		ACC-182, ACC-487, ACC-487 (1), ACC-585 (1), E3801D, E3802D	Revised	Previous State Filing Number: Percent Rate Change Request: 25.000	AR CICA-rate pages.pdf

Exhibit I
Citizens Insurance Company of America
 Individual Specified Disease Block
 Experience as of 11/30/10

Form	Policy Number	Issue Age	Premium	
			Current	Proposed
<i>In the state of Arkansas</i>				
E3802D	660001310C	48	15.00	18.75
ACC-585 (1)	600052874C	72	579.60	724.50
ACC-585 (1)	600053926C	38	293.83	367.29
ACC-487 (1)	600335593C	45	478.80	598.50
ACC-585 (1)	600051933C	28	352.80	441.00
ACC-585 (1)	600052710C	48	352.80	441.00
ACC-487 (1)	600033285C	33	781.20	976.50
E3801D	660001312C	48	19.50	24.38
ACC-487 (1)	600335722C	48	478.80	598.50
ACC-487	600036612C	44	403.20	504.00
ACC-487 (1)	600335501C	39	579.60	724.50
ACC-487 (1)	600033525C	46	478.80	598.50
ACC-487 (1)	600033535C	50	478.80	598.50
ACC-487 (1)	600033547C	33	478.80	598.50
ACC-487 (1)	600335712C	31	705.60	882.00
ACC-487 (1)	600335220C	46	478.80	598.50
ACC-487 (1)	600335711C	42	579.60	724.50
ACC-487 (1)	600335502C	41	579.60	724.50
ACC-487 (1)	600335592C	30	478.80	598.50
ACC-182	600024525C	50	204.00	255.00
ACC-182	600245277C	46	204.00	255.00
ACC-487 (1)	600033561C	31	302.40	378.00

Citizens Insurance Company of America
Individual Specified Disease Block
Active Forms by Original Company as of 11/30/10

Company

Form

In the state of Arkansas

American Liberty Life Ins Co	ACC-182
American Liberty Life Ins Co	ACC-487
American Liberty Life Ins Co	ACC-487 (1)
American Liberty Life Ins Co	ACC-585 (1)
Citizens Standard Life Ins	E3801D
Citizens Standard Life Ins	E3802D

SERFF Tracking Number: *ACMR-126988844* State: *Arkansas*
 Filing Company: *CICA Life Insurance Company of America* State Tracking Number: *47721*
 Company Tracking Number:
 TOI: *H071 Individual Health - Specified Disease - Limited Benefit* Sub-TOI: *H071.002 Dread Disease*
 Product Name: *2010 CICA Specified Disease Rate Increase*
 Project Name/Number: */*

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Cover Letter Comments: Attachment: AR CICA-cover letter.pdf	Disapproved	01/28/2011

	Item Status:	Status Date:
Satisfied - Item: Authorization Letter Comments: Attachment: CICA-auth letter.pdf	Disapproved	01/28/2011

	Item Status:	Status Date:
Satisfied - Item: Transmittal Form Comments: Attachment: AR CICA-transmittal.pdf	Disapproved	01/28/2011



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

December 14, 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: Citizens Insurance Company of America
Specified Disease Rate Revision
Forms: ACC-487, CME-236, CME-181, et al
NAIC # 71463, FEIN # 84-0583103

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 25% 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.

Citizens Insurance Company of America is domiciled in the state of Colorado.

Should you have any questions related to our submission or require additional information, please contact me. My direct telephone number is 1-336-714-2903.

Sincerely,

D. Joeff Williams, FSA, MAAA
Consulting Actuary
jwilliams@actmanre.com

Enclosures



Insurance Company of America

December 21, 2010

Texas Department of Insurance
Life/Health Division
333 Guadalupe
P.O. Box 149104
Austin, Texas 78714-9104

RE: CICA LIFE Insurance Company of America, NAIC #71463
Rate Increase Filing Authorization

Dear Sir or Madam:

Effective January 1, 2004, Texas International Life Insurance Company ("TILIC") coinsured on an indemnity reinsurance basis certain individual health policies ceded from CICA LIFE Insurance Company of America (formerly Citizens Insurance Company of America) ("CICA") and began administering such business on January 1, 2005.

CICA authorizes TILIC to file on rate increases on its behalf.

Sincerely,

A handwritten signature in black ink, appearing to read "R. D. Riley".

Rick D. Riley, CEO

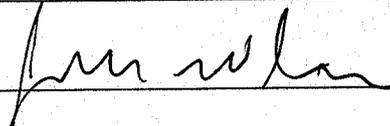
Citizens, Inc. Financial Group

P. O. Box 149151, Austin, TX 78714-9151 | PHONE 512.837.7100 | FAX 512.836.9785 | www.cicalife.com | www.citizensinc.com

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 #
	Citizens Life Insurance Company of America 4964 University Parkway, Suite 203 Winston-Salem, NC 27106	Colorado	Life		71463	84-0583103	
4.	Contact Name & Address	Telephone #	Fax #	E-mail Address			
	D. Joeff Williams, FSA, MAAA 4964 University Parkway, Suite 203 Winston-Salem, NC 27106	(336) 714-8876	(336) 759-3141	jwilliams@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 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: _____					
9.	Type of Insurance (TOI)	H071 Individual Health – Specified Disease – Limited Benefit					
10.	Sub-Type of Insurance (Sub-TOI)	H071.002 Dread Disease					
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	December 17, 2010
13.	Filing Fee (If required)	Amount _____ Check Date _____ Retaliatory <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Check Number _____
14.	Date of Domiciliary Approval	Submitted December 17, 2010
15.	Filing Description:	Specified Disease 25% 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>D. Joeff Williams, FSA, MAAA</u>	Title	<u>Consulting Actuary</u>
Signature		Date:	<u>December 17, 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	Specified Disease	ACC-182; ACC-487; ACC-487 (1); ACC-585 (1); E3801D; E3802D	<input type="checkbox"/> New <input checked="" type="checkbox"/> Revised Request + <u>25</u> % - <u> </u> % <input type="checkbox"/> Other <u> </u>	
02			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + <u> </u> % - <u> </u> % <input type="checkbox"/> Other <u> </u>	
03			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + <u> </u> % - <u> </u> % <input type="checkbox"/> Other <u> </u>	
04			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + <u> </u> % - <u> </u> % <input type="checkbox"/> Other <u> </u>	
05			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + <u> </u> % - <u> </u> % <input type="checkbox"/> Other <u> </u>	
06			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + <u> </u> % - <u> </u> % <input type="checkbox"/> Other <u> </u>	
07			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + <u> </u> % - <u> </u> % <input type="checkbox"/> Other <u> </u>	
08			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + <u> </u> % - <u> </u> % <input type="checkbox"/> Other <u> </u>	
09			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + <u> </u> % - <u> </u> % <input type="checkbox"/> Other <u> </u>	
10			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + <u> </u> % - <u> </u> % <input type="checkbox"/> Other <u> </u>	

LH RFA-1