Filing at a Glance

Company: Reserve National Insurance Company

Product Name: LHS Rate Filing 2011
TOI: H15I Individual Health - Hospital/Surgical/Medical Expense
Sub-TOI: H15I.001 Health - Hospital/Surgical/Medical Expense
Filing Type: Rate

SERFF Tr Num: RNIC-127068999
SERFF Status: Closed-Approved-Closed
Co Tr Num:

Authors: Kyle Conrad, Brenda Ingram, Misty Anglin
Date Submitted: 03/09/2011

State: Arkansas
State Tr Num: 48206

State Status: Approved-Closed

Reviewer(s): Rosalind Minor
Disposition Date: 04/11/2011

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval
Implementation Date: 06/01/2011
State Filing Description:

General Information

Project Name: LHS Rate Filing 2011
Project Number:
Requested Filing Mode: Review & Approval
Explanation for Combination/Other:
Submission Type: New Submission
Overall Rate Impact: 9.5%

Deemer Date:
Submitted By: Brenda Ingram
PPACA: Grandfathered Immed Mkt Reforms
PPACA Notes: null
Filing Description:
Ms. Rosalind D. Minor
Certified Rate and Form Analyst
Life and Health Division
Arkansas Insurance Department
1200 West Third Street

Status of Filing in Domicile: Pending
Date Approved in Domicile:
Domicile Status Comments:
Market Type: Individual
Individual Market Type: Individual
Filing Status Changed: 04/11/2011
State Status Changed: 04/11/2011
Created By: Brenda Ingram
Corresponding Filing Tracking Number:

Little Rock, AR 72201-1904

RE: Reserve National Insurance Company – NAIC #68462; FEIN # 73-0661453
Limited Benefit Hospital and Surgical Expense Policy Form LHS

Dear Ms. Minor:

We are submitting rate sheets and a supporting actuarial memorandum in connection with a proposed rate increase on the above-referenced policy form. Form LHS is a limited benefit hospital and surgical expense policy.

Please see the accompanying actuarial memorandum, which contains all the pertinent information supporting this rate filing.

If this filing is acceptable, please return the evidence of approval or filing by your office.

Thank you for your consideration in this matter. Please let us know if there are any questions.

Sincerely,

Kyle D. Conrad
Senior Vice President
and Associate Corporate Counsel

Company and Contact

Filing Contact Information

Kyle Conrad, Vice President & Associate Corporate Counsel	kconrad@unitrin.com
6100 N. W. Grand Blvd	800-874-1431 [Phone] 549 [Ext]
Oklahoma City, OK 73118	

Filing Company Information

Reserve National Insurance Company	CoCode: 68462	State of Domicile: Oklahoma
601 East Britton Road	Group Code: 215	Company Type: Life and Health
Oklahoma City, OK 73114	Group Name: Reserve National	State ID Number:
(405) 848-7931 ext. 549[Phone]	FEIN Number: 73-0661453	

Filing Fees

Fee Required?	Yes
Fee Amount:	$50.00
Retaliatory?	No
Fee Explanation:	AR Rate Filing Fee
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Reserve National Insurance Company	$50.00	03/09/2011	45422683

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	04/11/2011	04/11/2011

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	Stephanie Fowler	04/08/2011	04/08/2011	Brenda Ingram	04/11/2011	04/11/2011
Pending Industry Response	Rosalind Minor	04/06/2011	04/06/2011	Brenda Ingram	04/06/2011	04/06/2011

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Additional information	Note To Filer	Rosalind Minor	04/11/2011	04/11/2011

Disposition

Disposition Date: 04/11/2011
Implementation Date: 06/01/2011
Status: Approved-Closed
HHS Status: HHS Approved
State Review: Reviewed by Actuary
Comment:

We have approved a 6% 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):**
Reserve National Insurance Company	6.000%	6.000%	$2,160	14	$35,999	6.000%	6.000%
	Percent Change Approved:						
	Minimum:	6.0%	**Maximum:**	6.0%	**Weighted Average:**		6.0%

SERFF Tracking Number:	*RNIC-127068999*	*State:*	*Arkansas*
Filing Company:	*Reserve National Insurance Company*	*State Tracking Number:*	*48206*
Company Tracking Number:			
TOI:	*H15I Individual Health - Hospital/Surgical/Medical Expense*	*Sub-TOI:*	*H15I.001 Health - Hospital/Surgical/Medical Expense*
Product Name:	*LHS Rate Filing 2011*		
Project Name/Number:	*LHS Rate Filing 2011/*		

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Health - Actuarial Justification	Approved-Closed	No
Supporting Document	LHS Exhibits	Approved-Closed	No
Supporting Document	Response-Deemer Date Change	Approved-Closed	Yes
Supporting Document	RESPONSE 4-11-11	Approved-Closed	Yes
Rate *(revised)*	Rate Sheets	Approved-Closed	Yes
Rate	Rate Sheets	Replaced	Yes

Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	04/08/2011
Submitted Date	04/08/2011
Respond By Date	05/09/2011

Dear Kyle Conrad,

This will acknowledge receipt of the captioned filing. We are unable to approve a 9.5% increase at this time, however we would be willing to approve a 6% increase.

Please feel free to contact me if you have questions.

Sincerely,

Stephanie Fowler

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	04/11/2011
Submitted Date	04/11/2011

Dear Rosalind Minor,

Comments:
Per your request.

Response 1

Comments: Please see the revised rate sheets and response.

Changed Items:

Supporting Document Schedule Item Changes
Satisfied -Name: RESPONSE 4-11-11
Comment:

No Form Schedule items changed.

Rate/Rule Schedule Item Changes

Document Name:	Affected Form Numbers:	Rate Action:	Rate Action Information:	Attach Document:
Rate Sheets	LHS	Revised	*Previous State Filing Number* 39531 *Percent Rate Change Request* 6	
Previous Version				
Rate Sheets	*LHS*	*Revised*	*Previous State Filing Number* *39531* *Percent Rate Change Request* *9.5*	

Thank you for your consideration in this matter.

Sincerely,

Brenda Ingram, Kyle Conrad, Misty Anglin

Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	04/06/2011
Submitted Date	04/06/2011
Respond By Date	

Dear Kyle Conrad,

This will acknowledge receipt of the captioned filing.

Objection 1

- Rate Sheets, [LHS] (Rate)

Comment:

Thank you for the rate increase filing which we received in our office on March 9, 2011. We appreciate your patience with out Department's review of the rate increase.

Pursuant to the provisions of Ark. Code Ann. 23-79-109(b), the period for review of these fillings are being automatically extended an additional thirty (30) days until May 9, 2011.

We request that you sign and return this form letter in order to waive all rights to deemer on this filing.

Please feel free to contact me if you have questions.

Sincerely,

Rosalind Minor

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	04/06/2011
Submitted Date	04/06/2011

Dear Rosalind Minor,

Comments:
Per your request.

Response 1

Comments: The letter has been signed in order to waive the deemer on this filing.

Related Objection 1

Applies To:

- Rate Sheets, [LHS] (Rate)

Comment:

Thank you for the rate increase filing which we received in our office on March 9, 2011. We appreciate your patience with out Department's review of the rate increase.

Pursuant to the provisions of Ark. Code Ann. 23-79-109(b), the period for review of these fillings are being automatically extended an additional thirty (30) days until May 9, 2011.

We request that you sign and return this form letter in order to waive all rights to deemer on this filing.

Changed Items:

Supporting Document Schedule Item Changes
Satisfied -Name: Response-Deemer Date Change
Comment:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Thank you for your consideration in this matter.

Sincerely,
Brenda Ingram, Kyle Conrad, Misty Anglin

Note To Filer

Created By:

Rosalind Minor on 04/11/2011 09:44 AM

Last Edited By:

Rosalind Minor

Submitted On:

04/11/2011 10:25 AM

Subject:

Additional information

Comments:

I was processing the 6% increase for approval and received error messages.

Under the Company Rate Information (Under percentage change), I am getting messages that state, Change Minumum is required, change maximum is required and change weighted average.

Thank you for your cooperation.

SERFF Tracking Number:	*RNIC-127068999*	*State:*	*Arkansas*
Filing Company:	*Reserve National Insurance Company*	*State Tracking Number:*	*48206*
Company Tracking Number:			
TOI:	*H15I Individual Health - Hospital/Surgical/Medical Expense*	*Sub-TOI:*	*H15I.001 Health - Hospital/Surgical/Medical Expense*
Product Name:	*LHS Rate Filing 2011*		
Project Name/Number:	*LHS Rate Filing 2011/*		

Post Submission Update Request Processed On 04/11/2011

Status:	Allowed
Created By:	Brenda Ingram
Processed By:	Rosalind Minor
Comments:	

Company Rate Information:

Company Name:Reserve National Insurance Company

Field Name	**Requested Change**	**Prior Value**
Overall % Indicated Change	6.000%	9.500%
Overall % Rate Impact	6.000%	9.500%
Written Premium Change for this Program	$2160	$3420
Maximum %Change (where required)	6.000%	9.500%
Minimum %Change (where required)	6.000%	9.500%

Rate Information

Rate data applies to filing.

Filing Method:	Review & Approve
Rate Change Type:	Increase
Overall Percentage of Last Rate Revision:	20.000%
Effective Date of Last Rate Revision:	10/01/2008
Filing Method of Last Filing:	Review & Approve

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):
Reserve National Insurance Company	Increase	6.000%	6.000%	$2,160	14	$35,999	6.000%	6.000%

Product Type:	HMO	PPO	EPO	POS	HSA	HDHP	FFS	Other
Covered Lives:								17
Policy Holders:								17

Rate Review Details

COMPANY:

Company Name:	Reserve National Insurance Company
HHS Issuer Id:	00000
Product Names:	LHS
Trend Factors:	6.4%

FORMS:

New Policy Forms:	
Affected Forms:	
Other Affected Forms:	LHS

REQUESTED RATE CHANGE INFORMATION:

Change Period:	Annual
Member Months:	213
Benefit Change:	None
Percent Change Requested:	Min: 6.0 Max: 6.0 Avg: 6.0

PRIOR RATE:

Total Earned Premium:	35,969.00
Total Incurred Claims:	60,232.00
Annual $:	Min: 2,546.00 Max: 2,546.00 Avg: 2,546.00

REQUESTED RATE:

Projected Earned Premium:	27,085.00
Projected Incurred Claims:	47,910.00
Annual $:	Min: 2,698.00 Max: 2,698.00 Avg: 2,698.00

Rate/Rule Schedule

Schedule Item Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:*	Rate Action Information:		Attachments
Approved-Closed 04/11/2011	Rate Sheets	LHS	Revised	Previous State Filing Number:	39531	Arkansas LHS Rates 6.0%.pdf
				Percent Rate Change Request:	6.000	

RESERVE NATIONAL INSURANCE COMPANY

Oklahoma City, Oklahoma
Form LHS with $150 Daily Room Benefit
Arkansas - 6.0% Increase
REGULAR MONTHLY PREMIUM RATES SMOKERS

50% Coinsurance Coverage

	$50,000 H.M.E.B.			$10,000 H.M.E.B.			
Ages	$500	$1,000	$1,500	$500	$1,000	$1,500	DRB
0-17	81.10	68.00	59.85	89.75	74.80	69.00	
18	83.60	68.65	61.05	92.00	77.15	69.65	
19	83.60	68.65	61.05	92.00	77.15	69.65	
20	83.60	68.65	61.05	92.00	77.15	69.65	
21	83.60	68.65	61.05	92.00	77.15	69.65	
22	83.60	68.65	61.05	92.00	77.15	69.65	
23	83.60	68.65	61.05	92.00	77.15	69.65	
24	83.60	68.65	61.05	92.00	77.15	69.65	
25	83.60	68.65	61.05	92.00	77.15	69.65	
26	85.50	70.15	62.30	94.20	78.90	71.35	
27	87.45	71.80	63.85	96.40	80.85	72.80	
28	89.35	73.35	65.25	98.65	82.40	74.50	
29	91.20	74.85	66.45	100.70	84.20	75.95	
30	93.25	76.35	68.00	102.70	85.85	77.60	
31	95.15	77.95	69.20	105.00	87.75	79.20	
32	97.20	79.60	70.70	107.15	89.60	80.90	
33	99.60	81.80	72.60	110.05	92.10	83.00	
34	102.15	83.85	74.40	112.70	94.25	85.30	
35	105.05	86.25	76.70	115.80	97.00	87.50	
36	107.50	88.35	78.50	118.60	99.25	89.60	
37	110.10	90.35	80.45	121.35	101.70	91.85	
38	112.30	92.25	82.25	124.00	103.90	93.85	
39	114.90	94.35	83.85	126.60	105.95	95.70	
40	117.55	96.65	86.05	129.55	108.75	98.20	
41	120.00	98.70	87.75	132.30	110.75	100.15	
42	123.65	101.55	90.40	136.20	114.10	103.05	
43	128.55	105.65	94.00	141.55	118.70	107.25	
44	133.45	109.70	97.65	147.20	123.35	111.55	
45	138.65	113.90	101.45	152.60	127.95	115.65	
46	143.70	118.30	105.20	158.40	132.70	120.00	
47	145.20	119.45	106.25	160.15	134.20	121.35	
48	155.15	127.50	113.60	170.80	143.20	129.45	
49	161.15	132.50	118.10	177.65	148.90	134.55	
50	168.75	139.05	123.95	185.70	155.95	141.20	
51	175.00	144.30	128.80	192.70	161.90	146.55	
52	181.55	149.70	133.50	199.70	167.85	152.10	
53	189.50	156.25	139.40	208.70	175.30	158.75	
54	197.55	163.05	145.55	217.30	182.75	165.70	
55	205.65	169.60	151.35	226.20	190.20	172.30	
56	213.70	176.30	157.40	235.20	197.75	179.10	
57	225.90	186.30	166.25	248.60	209.00	189.30	
58	241.75	199.50	178.05	266.05	223.55	202.55	
59	257.85	212.70	189.80	283.85	238.60	216.00	
60	274.65	226.40	202.15	302.35	254.00	229.90	
61	292.00	240.75	214.75	321.50	270.05	244.50	
62	312.65	257.90	230.00	344.20	289.25	261.95	
63	334.25	275.90	246.15	367.70	309.35	280.10	
64	351.80	290.45	259.45	387.20	325.65	295.00	

Monthly Bank Draft = Monthly Rate X .92
Semi-Annual Rate = Monthly Rate X 5.82
Quarterly Rate =Monthly Rate X 2.94
Annual Rate =Monthly Rate X 11.04

RESERVE NATIONAL INSURANCE COMPANY

Oklahoma City, Oklahoma
Form LHS with $150 Daily Room Benefit
Arkansas - 6.0% Increase
REGULAR MONTHLY PREMIUM RATES NON-SMOKERS

50% Coinsurance Coverage

	$50,000 H.M.E.B.			$10,000 H.M.E.B.			
Ages	$500	$1,000	$1,500	$500	$1,000	$1,500	DRB
0-17	68.40	57.35	50.45	75.70	63.05	58.15	
18	70.40	57.95	51.55	77.60	65.10	58.70	
19	70.40	57.95	51.55	77.60	65.10	58.70	
20	70.40	57.95	51.55	77.60	65.10	58.70	
21	70.40	57.95	51.55	77.60	65.10	58.70	
22	70.40	57.95	51.55	77.60	65.10	58.70	
23	70.40	57.95	51.55	77.60	65.10	58.70	
24	70.40	57.95	51.55	77.60	65.10	58.70	
25	70.40	57.95	51.55	77.60	65.10	58.70	
26	71.95	59.15	52.50	79.40	66.50	60.10	
27	73.70	60.45	53.80	81.30	68.15	61.45	
28	75.40	61.90	55.00	83.10	69.55	62.85	
29	76.90	63.05	55.95	84.90	71.00	64.00	
30	78.60	64.45	57.30	86.60	72.40	65.40	
31	80.25	65.70	58.30	88.50	74.00	66.75	
32	81.95	67.15	59.55	90.35	75.60	68.25	
33	84.00	68.95	61.25	92.65	77.60	70.00	
34	86.15	70.60	62.70	95.10	79.45	71.80	
35	88.60	72.75	64.65	97.65	81.85	73.85	
36	90.65	74.45	66.20	99.95	83.75	75.60	
37	92.75	76.20	67.80	102.30	85.65	77.50	
38	94.75	77.85	69.30	104.60	87.55	79.10	
39	96.90	79.50	70.70	106.75	89.35	80.85	
40	99.15	81.50	72.55	109.30	91.70	82.75	
41	101.20	83.10	74.00	111.50	93.40	84.50	
42	104.20	85.65	76.30	114.90	96.25	86.85	
43	108.40	89.05	79.25	119.35	100.10	90.40	
44	112.50	92.50	82.30	124.05	104.00	94.00	
45	116.80	96.05	85.50	128.75	107.85	97.50	
46	121.15	99.60	88.65	133.50	111.95	101.10	
47	122.40	100.70	89.60	135.05	113.20	102.30	
48	130.70	107.55	95.70	144.05	120.75	109.15	
49	135.85	111.85	99.55	149.80	125.60	113.40	
50	142.25	117.25	104.50	156.50	131.55	119.05	
51	147.55	121.70	108.55	162.50	136.45	123.60	
52	153.05	126.30	112.65	168.50	141.50	128.20	
53	159.70	131.85	117.55	175.90	147.80	133.90	
54	166.55	137.45	122.70	183.25	154.10	139.60	
55	173.30	143.05	127.60	190.75	160.40	145.20	
56	180.20	148.75	132.60	198.35	166.70	151.05	
57	190.50	157.10	140.25	209.55	176.10	159.60	
58	203.85	168.15	150.10	224.25	188.55	170.75	
59	217.30	179.35	160.05	239.45	201.20	182.10	
60	231.55	190.90	170.40	254.95	214.10	193.95	
61	246.20	203.00	181.05	271.00	227.70	206.10	
62	263.55	217.40	194.00	290.25	243.90	220.80	
63	281.85	232.55	207.55	310.10	260.85	236.20	
64	296.60	244.90	218.75	326.50	274.50	248.75	

Monthly Bank Draft = Monthly Rate X .92
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RESERVE NATIONAL INSURANCE COMPANY

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60% Coinsurance Coverage

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Ages	$500	$1,000	$1,500	$500	$1,000	$1,500	DRB
0-17	88.50	73.20	64.15	97.90	80.55	73.90	
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19	90.65	73.50	64.80	100.30	83.20	74.70	
20	90.65	73.50	64.80	100.30	83.20	74.70	
21	90.65	73.50	64.80	100.30	83.20	74.70	
22	90.65	73.50	64.80	100.30	83.20	74.70	
23	90.65	73.50	64.80	100.30	83.20	74.70	
24	90.65	73.50	64.80	100.30	83.20	74.70	
25	90.65	73.50	64.80	100.30	83.20	74.70	
26	92.50	75.05	65.90	102.45	85.10	76.25	
27	94.65	76.70	67.50	104.95	86.90	77.85	
28	96.65	78.35	68.95	107.20	88.70	79.50	
29	98.70	79.85	70.25	109.40	90.60	81.10	
30	100.80	81.45	71.65	111.70	92.25	82.75	
31	102.70	83.05	73.05	114.05	94.35	84.40	
32	105.00	84.90	74.50	116.45	96.30	86.15	
33	107.75	87.20	76.60	119.45	98.95	88.60	
34	110.45	89.35	78.65	122.50	101.45	90.90	
35	113.65	92.15	81.10	126.00	104.50	93.55	
36	116.50	94.45	83.05	129.05	106.95	95.75	
37	119.20	96.75	85.30	132.25	109.50	98.30	
38	121.90	98.85	87.25	135.20	112.05	100.45	
39	124.60	101.05	88.95	138.00	114.50	102.45	
40	127.60	103.65	91.35	141.30	117.45	105.25	
41	130.25	105.85	93.25	144.25	119.55	107.40	
42	134.20	109.00	96.25	148.75	123.35	110.60	
43	139.60	113.40	99.95	154.60	128.40	115.15	
44	145.10	117.95	103.95	160.70	133.35	119.80	
45	150.75	122.40	108.05	166.90	138.60	124.25	
46	156.25	127.20	112.15	173.05	143.75	129.05	
47	158.05	128.60	113.40	175.15	145.55	130.60	
48	168.85	137.40	121.20	186.95	155.30	139.35	
49	175.75	142.80	126.15	194.50	161.55	144.95	
50	184.05	150.10	132.65	203.40	169.45	152.45	
51	191.05	155.80	137.90	211.35	175.90	158.30	
52	198.35	161.90	143.15	219.05	182.55	164.30	
53	206.95	169.05	149.45	228.95	190.70	171.60	
54	215.90	176.25	156.10	238.55	199.00	179.10	
55	224.60	183.55	162.45	248.35	207.00	186.30	
56	233.70	190.90	168.95	258.15	215.35	193.85	
57	247.10	201.70	178.75	273.10	227.65	205.00	
58	264.45	216.15	191.35	292.25	243.65	219.40	
59	282.05	230.45	204.05	311.90	259.85	233.80	
60	300.50	245.40	217.15	332.10	276.75	249.05	
61	319.60	260.80	230.85	353.30	294.35	264.95	
62	342.40	279.55	247.50	378.35	315.40	283.75	
63	366.25	299.25	265.00	404.50	337.50	303.80	
64	385.65	315.35	279.45	426.00	355.50	320.10	

Monthly Bank Draft = Monthly Rate X .92
Semi-Annual Rate = Monthly Rate X 5.82
Quarterly Rate =Monthly Rate X 2.94
Annual Rate =Monthly Rate X 11.04

RESERVE NATIONAL INSURANCE COMPANY

Oklahoma City, Oklahoma
Form LHS with $150 Daily Room Benefit
Arkansas - 6.0% Increase
REGULAR MONTHLY PREMIUM RATES NON-SMOKERS

60% Coinsurance Coverage

	$50,000 H.M.E.B.			$10,000 H.M.E.B.			
Ages	$500	$1,000	$1,500	$500	$1,000	$1,500	DRB
0-17	74.70	61.70	54.00	82.65	68.00	62.35	
18	76.35	62.00	54.65	84.60	70.15	62.90	
19	76.35	62.00	54.65	84.60	70.15	62.90	
20	76.35	62.00	54.65	84.60	70.15	62.90	
21	76.35	62.00	54.65	84.60	70.15	62.90	
22	76.35	62.00	54.65	84.60	70.15	62.90	
23	76.35	62.00	54.65	84.60	70.15	62.90	
24	76.35	62.00	54.65	84.60	70.15	62.90	
25	76.35	62.00	54.65	84.60	70.15	62.90	
26	78.00	63.25	55.60	86.50	71.75	64.30	
27	79.80	64.75	56.90	88.45	73.35	65.55	
28	81.50	65.95	58.20	90.40	74.85	67.10	
29	83.20	67.35	59.15	92.20	76.35	68.35	
30	84.95	68.65	60.40	94.15	77.85	69.85	
31	86.60	70.00	61.65	96.05	79.50	71.15	
32	88.50	71.60	62.75	98.20	81.15	72.70	
33	90.85	73.50	64.60	100.80	83.55	74.70	
34	93.15	75.40	66.25	103.30	85.50	76.60	
35	95.75	77.65	68.40	106.25	88.10	78.80	
36	98.25	79.60	70.00	108.80	90.25	80.85	
37	100.50	81.50	71.90	111.40	92.35	82.80	
38	102.70	83.30	73.50	114.05	94.45	84.70	
39	105.05	85.30	75.00	116.35	96.45	86.50	
40	107.60	87.40	77.05	119.15	99.00	88.70	
41	109.75	89.25	78.65	121.75	100.90	90.50	
42	113.15	91.95	81.15	125.40	103.95	93.25	
43	117.70	95.60	84.25	130.40	108.35	97.20	
44	122.30	99.45	87.65	135.50	112.45	101.00	
45	127.10	103.25	91.05	140.65	116.75	104.75	
46	131.85	107.20	94.50	145.95	121.20	108.75	
47	133.25	108.45	95.60	147.60	122.55	110.10	
48	142.40	115.75	102.15	157.60	130.95	117.55	
49	148.10	120.40	106.40	164.05	136.15	122.20	
50	155.20	126.55	111.90	171.50	142.85	128.55	
51	161.10	131.40	116.35	178.15	148.40	133.35	
52	167.15	136.40	120.65	184.70	153.90	138.60	
53	174.55	142.45	126.00	193.05	160.80	144.70	
54	182.00	148.70	131.65	201.20	167.80	151.05	
55	189.50	154.80	136.95	209.45	174.65	157.10	
56	197.05	161.00	142.40	217.70	181.55	163.40	
57	208.35	170.15	150.75	230.15	191.95	172.80	
58	222.95	182.20	161.30	246.35	205.45	184.95	
59	237.85	194.30	172.05	263.05	219.30	197.15	
60	253.35	206.80	183.10	279.95	233.30	210.00	
61	269.55	219.95	194.65	297.85	248.15	223.30	
62	288.65	235.70	208.65	319.05	265.95	239.40	
63	308.80	252.40	223.45	341.00	284.60	256.20	
64	325.10	265.90	235.60	359.25	299.80	269.95	

Monthly Bank Draft = Monthly Rate X .92
Semi-Annual Rate = Monthly Rate X 5.82
Quarterly Rate =Monthly Rate X 2.94
Annual Rate =Monthly Rate X 11.04

RESERVE NATIONAL INSURANCE COMPANY

Oklahoma City, Oklahoma
Form LHS with $150 Daily Room Benefit
Arkansas - 6.0% Increase
REGULAR MONTHLY PREMIUM RATES SMOKERS

70% Coinsurance Coverage

	$50,000 H.M.E.B.			$10,000 H.M.E.B.			
Ages	$500	$1,000	$1,500	$500	$1,000	$1,500	DRB
0-17	96.40	78.75	68.40	106.75	86.70	79.10	
18	98.20	78.65	68.65	109.15	89.70	79.80	
19	98.20	78.65	68.65	109.15	89.70	79.80	
20	98.20	78.65	68.65	109.15	89.70	79.80	
21	98.20	78.65	68.65	109.15	89.70	79.80	
22	98.20	78.65	68.65	109.15	89.70	79.80	
23	98.20	78.65	68.65	109.15	89.70	79.80	
24	98.20	78.65	68.65	109.15	89.70	79.80	
25	98.20	78.65	68.65	109.15	89.70	79.80	
26	100.10	80.15	69.70	111.55	91.60	81.40	
27	102.30	81.95	71.35	113.95	93.60	83.05	
28	104.40	83.60	72.75	116.45	95.45	84.85	
29	106.60	85.10	74.00	118.90	97.35	86.40	
30	108.80	86.75	75.45	121.15	99.10	88.15	
31	110.95	88.45	76.85	123.70	101.25	89.75	
32	113.25	90.35	78.55	126.35	103.35	91.85	
33	116.35	92.80	80.75	129.65	106.25	94.35	
34	119.30	95.40	82.90	133.05	108.85	96.80	
35	122.85	98.35	85.65	136.85	112.25	99.75	
36	125.95	100.80	87.70	140.30	115.15	102.30	
37	129.05	103.35	90.20	143.75	117.95	104.95	
38	131.90	105.70	92.25	147.00	120.60	107.40	
39	134.95	108.05	94.10	150.15	123.30	109.65	
40	138.20	110.95	96.80	153.85	126.55	112.45	
41	141.15	113.25	98.85	157.05	129.05	114.85	
42	145.55	116.70	102.10	161.95	133.00	118.40	
43	151.35	121.55	106.00	168.50	138.60	123.40	
44	157.45	126.45	110.35	175.15	144.05	128.40	
45	163.55	131.35	114.85	181.95	149.55	133.20	
46	169.70	136.45	119.20	188.90	155.30	138.45	
47	171.70	138.00	120.65	191.10	157.35	140.25	
48	183.50	147.60	129.05	204.10	168.00	149.70	
49	191.10	153.65	134.50	212.50	174.85	155.80	
50	200.15	161.50	141.45	222.30	183.50	163.90	
51	207.85	167.80	147.20	230.90	190.60	170.35	
52	215.85	174.25	152.85	239.50	197.85	176.90	
53	225.45	182.20	159.70	250.35	206.75	184.85	
54	235.20	190.05	166.95	260.95	215.90	193.10	
55	244.90	198.00	173.85	271.85	224.75	200.90	
56	254.80	206.05	180.85	282.70	233.75	209.15	
57	269.55	217.90	191.45	298.95	247.20	221.30	
58	288.50	233.30	204.90	319.95	264.65	236.80	
59	307.70	248.90	218.55	341.65	282.50	252.55	
60	327.90	265.00	232.70	363.85	300.70	269.00	
61	348.80	281.85	247.40	386.95	319.95	286.20	
62	373.70	302.15	265.50	414.80	343.00	306.80	
63	400.05	323.65	284.40	443.60	367.30	328.70	
64	421.40	341.30	300.20	467.45	387.05	346.55	

Monthly Bank Draft = Monthly Rate X .92
Semi-Annual Rate = Monthly Rate X 5.82
Quarterly Rate =Monthly Rate X 2.94
Annual Rate =Monthly Rate X 11.04

RESERVE NATIONAL INSURANCE COMPANY

Oklahoma City, Oklahoma
Form LHS with $150 Daily Room Benefit
Arkansas - 6.0% Increase
REGULAR MONTHLY PREMIUM RATES NON-SMOKERS

70% Coinsurance Coverage

	$50,000 H.M.E.B.			$10,000 H.M.E.B.			
Ages	$500	$1,000	$1,500	$500	$1,000	$1,500	DRB
0-17	81.30	66.40	57.65	90.00	73.15	66.55	
18	82.75	66.35	57.80	92.10	75.65	67.35	
19	82.75	66.35	57.80	92.10	75.65	67.35	
20	82.75	66.35	57.80	92.10	75.65	67.35	
21	82.75	66.35	57.80	92.10	75.65	67.35	
22	82.75	66.35	57.80	92.10	75.65	67.35	
23	82.75	66.35	57.80	92.10	75.65	67.35	
24	82.75	66.35	57.80	92.10	75.65	67.35	
25	82.75	66.35	57.80	92.10	75.65	67.35	
26	84.40	67.50	58.85	94.00	77.20	68.65	
27	86.25	69.00	60.10	96.05	78.80	70.00	
28	88.15	70.40	61.35	98.25	80.45	71.60	
29	89.90	71.80	62.35	100.15	82.05	72.80	
30	91.80	73.15	63.65	102.15	83.65	74.20	
31	93.55	74.70	64.85	104.25	85.45	75.70	
32	95.50	76.05	66.15	106.55	87.20	77.40	
33	98.15	78.35	68.10	109.35	89.55	79.45	
34	100.60	80.40	69.90	112.25	91.90	81.75	
35	103.60	82.90	72.20	115.45	94.70	84.05	
36	106.15	84.95	74.05	118.35	97.10	86.25	
37	108.75	87.20	75.95	121.15	99.45	88.50	
38	111.20	89.10	77.85	124.00	101.75	90.50	
39	113.80	91.05	79.30	126.55	103.95	92.45	
40	116.50	93.55	81.65	129.70	106.75	94.85	
41	118.95	95.50	83.30	132.35	108.75	96.80	
42	122.55	98.45	85.95	136.55	112.15	99.80	
43	127.60	102.40	89.35	142.10	116.80	104.00	
44	132.80	106.60	93.05	147.65	121.40	108.35	
45	137.90	110.75	96.75	153.35	126.15	112.25	
46	143.10	115.10	100.50	159.25	131.00	116.70	
47	144.80	116.40	101.80	161.10	132.55	118.30	
48	154.75	124.45	108.80	172.10	141.60	126.20	
49	161.10	129.50	113.30	179.25	147.50	131.40	
50	168.80	136.10	119.25	187.40	154.75	138.30	
51	175.25	141.45	124.05	194.65	160.65	143.65	
52	182.00	146.90	128.90	202.00	166.85	149.15	
53	189.95	153.55	134.75	211.15	174.30	155.80	
54	198.40	160.25	140.75	220.00	182.10	162.80	
55	206.45	166.95	146.55	229.25	189.50	169.45	
56	214.85	173.75	152.45	238.30	197.10	176.30	
57	227.15	183.75	161.35	252.10	208.50	186.45	
58	243.25	196.75	172.80	269.75	223.20	199.70	
59	259.50	209.75	184.25	288.05	238.15	212.80	
60	276.40	223.45	196.15	306.80	253.50	226.80	
61	294.10	237.65	208.65	326.35	269.70	241.30	
62	315.15	254.80	223.85	349.75	289.25	258.75	
63	337.20	272.90	239.75	373.95	309.75	277.05	
64	355.40	287.85	253.15	394.10	326.35	292.25	

Monthly Bank Draft = Monthly Rate X .92
Semi-Annual Rate = Monthly Rate X 5.82
Quarterly Rate =Monthly Rate X 2.94
Annual Rate =Monthly Rate X 11.04

RESERVE NATIONAL INSURANCE COMPANY

Oklahoma City, Oklahoma
Form LHS with $150 Daily Room Benefit
Arkansas - Current Premium Rates - Effective as of 10/01/2008
REGULAR MONTHLY PREMIUM RATES SMOKERS

50% Coinsurance Coverage

	$50,000 H.M.E.B.			$10,000 H.M.E.B.			
Ages	$500	$1,000	$1,500	$500	$1,000	$1,500	DRB
0-17	76.50	64.15	56.45	84.65	70.55	65.10	
18	78.85	64.75	57.60	86.80	72.80	65.70	
19	78.85	64.75	57.60	86.80	72.80	65.70	
20	78.85	64.75	57.60	86.80	72.80	65.70	
21	78.85	64.75	57.60	86.80	72.80	65.70	
22	78.85	64.75	57.60	86.80	72.80	65.70	
23	78.85	64.75	57.60	86.80	72.80	65.70	
24	78.85	64.75	57.60	86.80	72.80	65.70	
25	78.85	64.75	57.60	86.80	72.80	65.70	
26	80.65	66.20	58.75	88.85	74.45	67.30	
27	82.50	67.75	60.25	90.95	76.25	68.70	
28	84.30	69.20	61.55	93.05	77.75	70.30	
29	86.05	70.60	62.70	95.00	79.45	71.65	
30	87.95	72.05	64.15	96.90	81.00	73.20	
31	89.75	73.55	65.30	99.05	82.80	74.70	
32	91.70	75.10	66.70	101.10	84.55	76.30	
33	93.95	77.15	68.50	103.80	86.90	78.30	
34	96.35	79.10	70.20	106.30	88.90	80.45	
35	99.10	81.35	72.35	109.25	91.50	82.55	
36	101.40	83.35	74.05	111.90	93.65	84.55	
37	103.85	85.25	75.90	114.50	95.95	86.65	
38	105.95	87.05	77.60	117.00	98.00	88.55	
39	108.40	89.00	79.10	119.45	99.95	90.30	
40	110.90	91.20	81.20	122.20	102.60	92.65	
41	113.20	93.10	82.80	124.80	104.50	94.50	
42	116.65	95.80	85.30	128.50	107.65	97.20	
43	121.25	99.65	88.70	133.55	112.00	101.20	
44	125.90	103.50	92.10	138.85	116.35	105.25	
45	130.80	107.45	95.70	143.95	120.70	109.10	
46	135.55	111.60	99.25	149.45	125.20	113.20	
47	137.00	112.70	100.25	151.10	126.60	114.50	
48	146.35	120.30	107.15	161.15	135.10	122.10	
49	152.05	125.00	111.40	167.60	140.45	126.95	
50	159.20	131.20	116.95	175.20	147.10	133.20	
51	165.10	136.15	121.50	181.80	152.75	138.25	
52	171.25	141.25	125.95	188.40	158.35	143.50	
53	178.75	147.40	131.50	196.90	165.40	149.75	
54	186.35	153.80	137.30	205.00	172.40	156.30	
55	194.00	160.00	142.80	213.40	179.45	162.55	
56	201.60	166.30	148.50	221.90	186.55	168.95	
57	213.10	175.75	156.85	234.55	197.15	178.60	
58	228.05	188.20	167.95	251.00	210.90	191.10	
59	243.25	200.65	179.05	267.80	225.10	203.75	
60	259.10	213.60	190.70	285.25	239.60	216.90	
61	275.45	227.10	202.60	303.30	254.75	230.65	
62	294.95	243.30	217.00	324.70	272.90	247.10	
63	315.35	260.30	232.20	346.90	291.85	264.25	
64	331.90	274.00	244.75	365.30	307.20	278.30	

Monthly Bank Draft = Monthly Rate X .92
Semi-Annual Rate = Monthly Rate X 5.82
Quarterly Rate =Monthly Rate X 2.94
Annual Rate =Monthly Rate X 11.04

RESERVE NATIONAL INSURANCE COMPANY

Oklahoma City, Oklahoma
Form LHS with $150 Daily Room Benefit
Arkansas - Current Premium Rates - Effective as of 10/01/2008
REGULAR MONTHLY PREMIUM RATES NON-SMOKERS

50% Coinsurance Coverage

	$50,000 H.M.E.B.			$10,000 H.M.E.B.			
Ages	$500	$1,000	$1,500	$500	$1,000	$1,500	DRB
0-17	64.55	54.10	47.60	71.40	59.50	54.85	
18	66.40	54.65	48.65	73.20	61.40	55.40	
19	66.40	54.65	48.65	73.20	61.40	55.40	
20	66.40	54.65	48.65	73.20	61.40	55.40	
21	66.40	54.65	48.65	73.20	61.40	55.40	
22	66.40	54.65	48.65	73.20	61.40	55.40	
23	66.40	54.65	48.65	73.20	61.40	55.40	
24	66.40	54.65	48.65	73.20	61.40	55.40	
25	66.40	54.65	48.65	73.20	61.40	55.40	
26	67.90	55.80	49.55	74.90	62.75	56.70	
27	69.55	57.05	50.75	76.70	64.30	57.95	
28	71.15	58.40	51.90	78.40	65.60	59.30	
29	72.55	59.50	52.80	80.10	67.00	60.40	
30	74.15	60.80	54.05	81.70	68.30	61.70	
31	75.70	62.00	55.00	83.50	69.80	62.95	
32	77.30	63.35	56.20	85.25	71.30	64.40	
33	79.25	65.05	57.80	87.40	73.20	66.05	
34	81.25	66.60	59.15	89.70	74.95	67.75	
35	83.60	68.65	61.00	92.10	77.20	69.65	
36	85.50	70.25	62.45	94.30	79.00	71.30	
37	87.50	71.90	63.95	96.50	80.80	73.10	
38	89.40	73.45	65.40	98.70	82.60	74.60	
39	91.40	75.00	66.70	100.70	84.30	76.25	
40	93.55	76.90	68.45	103.10	86.50	78.05	
41	95.45	78.40	69.80	105.20	88.10	79.70	
42	98.30	80.80	72.00	108.40	90.80	81.95	
43	102.25	84.00	74.75	112.60	94.45	85.30	
44	106.15	87.25	77.65	117.05	98.10	88.70	
45	110.20	90.60	80.65	121.45	101.75	92.00	
46	114.30	93.95	83.65	125.95	105.60	95.40	
47	115.45	95.00	84.55	127.40	106.80	96.50	
48	123.30	101.45	90.30	135.90	113.90	102.95	
49	128.15	105.50	93.90	141.30	118.50	107.00	
50	134.20	110.60	98.60	147.65	124.10	112.30	
51	139.20	114.80	102.40	153.30	128.75	116.60	
52	144.40	119.15	106.25	158.95	133.50	120.95	
53	150.65	124.40	110.90	165.95	139.45	126.30	
54	157.10	129.65	115.75	172.90	145.40	131.70	
55	163.50	134.95	120.40	179.95	151.30	137.00	
56	170.00	140.35	125.10	187.10	157.25	142.50	
57	179.70	148.20	132.30	197.70	166.15	150.55	
58	192.30	158.65	141.60	211.55	177.90	161.10	
59	205.00	169.20	151.00	225.90	189.80	171.80	
60	218.45	180.10	160.75	240.50	202.00	182.95	
61	232.25	191.50	170.80	255.65	214.80	194.45	
62	248.65	205.10	183.00	273.80	230.10	208.30	
63	265.90	219.40	195.80	292.55	246.10	222.85	
64	279.80	231.05	206.35	308.00	258.95	234.65	

Monthly Bank Draft = Monthly Rate X .92
Semi-Annual Rate = Monthly Rate X 5.82
Quarterly Rate =Monthly Rate X 2.94
Annual Rate =Monthly Rate X 11.04

RESERVE NATIONAL INSURANCE COMPANY

Oklahoma City, Oklahoma
Form LHS with $150 Daily Room Benefit
Arkansas - Current Premium Rates - Effective as of 10/01/2008
REGULAR MONTHLY PREMIUM RATES SMOKERS

60% Coinsurance Coverage

	$50,000 H.M.E.B.			$10,000 H.M.E.B.			
Ages	$500	$1,000	$1,500	$500	$1,000	$1,500	DRB
0-17	83.50	69.05	60.50	92.35	76.00	69.70	
18	85.50	69.35	61.15	94.60	78.50	70.45	
19	85.50	69.35	61.15	94.60	78.50	70.45	
20	85.50	69.35	61.15	94.60	78.50	70.45	
21	85.50	69.35	61.15	94.60	78.50	70.45	
22	85.50	69.35	61.15	94.60	78.50	70.45	
23	85.50	69.35	61.15	94.60	78.50	70.45	
24	85.50	69.35	61.15	94.60	78.50	70.45	
25	85.50	69.35	61.15	94.60	78.50	70.45	
26	87.25	70.80	62.15	96.65	80.30	71.95	
27	89.30	72.35	63.70	99.00	82.00	73.45	
28	91.20	73.90	65.05	101.15	83.70	75.00	
29	93.10	75.35	66.25	103.20	85.45	76.50	
30	95.10	76.85	67.60	105.40	87.05	78.05	
31	96.90	78.35	68.90	107.60	89.00	79.60	
32	99.05	80.10	70.30	109.85	90.85	81.25	
33	101.65	82.25	72.25	112.70	93.35	83.60	
34	104.20	84.30	74.20	115.55	95.70	85.75	
35	107.20	86.95	76.50	118.85	98.60	88.25	
36	109.90	89.10	78.35	121.75	100.90	90.35	
37	112.45	91.25	80.45	124.75	103.30	92.75	
38	115.00	93.25	82.30	127.55	105.70	94.75	
39	117.55	95.35	83.90	130.20	108.00	96.65	
40	120.40	97.80	86.20	133.30	110.80	99.30	
41	122.90	99.85	87.95	136.10	112.80	101.30	
42	126.60	102.85	90.80	140.35	116.35	104.35	
43	131.70	107.00	94.30	145.85	121.15	108.65	
44	136.90	111.25	98.05	151.60	125.80	113.00	
45	142.20	115.45	101.95	157.45	130.75	117.20	
46	147.40	120.00	105.80	163.25	135.60	121.75	
47	149.10	121.30	107.00	165.25	137.30	123.20	
48	159.30	129.60	114.35	176.35	146.50	131.45	
49	165.80	134.70	119.00	183.50	152.40	136.75	
50	173.65	141.60	125.15	191.90	159.85	143.80	
51	180.25	147.00	130.10	199.40	165.95	149.35	
52	187.10	152.75	135.05	206.65	172.20	155.00	
53	195.25	159.50	141.00	216.00	179.90	161.90	
54	203.70	166.25	147.25	225.05	187.75	168.95	
55	211.90	173.15	153.25	234.30	195.30	175.75	
56	220.45	180.10	159.40	243.55	203.15	182.90	
57	233.10	190.30	168.65	257.65	214.75	193.40	
58	249.50	203.90	180.50	275.70	229.85	207.00	
59	266.10	217.40	192.50	294.25	245.15	220.55	
60	283.50	231.50	204.85	313.30	261.10	234.95	
61	301.50	246.05	217.80	333.30	277.70	249.95	
62	323.00	263.75	233.50	356.95	297.55	267.70	
63	345.50	282.30	250.00	381.60	318.40	286.60	
64	363.80	297.50	263.65	401.90	335.40	302.00	

Monthly Bank Draft = Monthly Rate X .92
Semi-Annual Rate = Monthly Rate X 5.82
Quarterly Rate =Monthly Rate X 2.94
Annual Rate =Monthly Rate X 11.04

RESERVE NATIONAL INSURANCE COMPANY

Oklahoma City, Oklahoma
Form LHS with $150 Daily Room Benefit
Arkansas - Current Premium Rates - Effective as of 10/01/2008
REGULAR MONTHLY PREMIUM RATES NON-SMOKERS

60% Coinsurance Coverage

	$50,000 H.M.E.B.			$10,000 H.M.E.B.			
Ages	$500	$1,000	$1,500	$500	$1,000	$1,500	DRB
0-17	70.45	58.20	50.95	77.95	64.15	58.80	
18	72.05	58.50	51.55	79.80	66.20	59.35	
19	72.05	58.50	51.55	79.80	66.20	59.35	
20	72.05	58.50	51.55	79.80	66.20	59.35	
21	72.05	58.50	51.55	79.80	66.20	59.35	
22	72.05	58.50	51.55	79.80	66.20	59.35	
23	72.05	58.50	51.55	79.80	66.20	59.35	
24	72.05	58.50	51.55	79.80	66.20	59.35	
25	72.05	58.50	51.55	79.80	66.20	59.35	
26	73.60	59.65	52.45	81.60	67.70	60.65	
27	75.30	61.10	53.70	83.45	69.20	61.85	
28	76.90	62.20	54.90	85.30	70.60	63.30	
29	78.50	63.55	55.80	87.00	72.05	64.50	
30	80.15	64.75	57.00	88.80	73.45	65.90	
31	81.70	66.05	58.15	90.60	75.00	67.10	
32	83.50	67.55	59.20	92.65	76.55	68.60	
33	85.70	69.35	60.95	95.10	78.80	70.45	
34	87.90	71.15	62.50	97.45	80.65	72.25	
35	90.35	73.25	64.55	100.25	83.10	74.35	
36	92.70	75.10	66.05	102.65	85.15	76.25	
37	94.80	76.90	67.85	105.10	87.10	78.10	
38	96.90	78.60	69.35	107.60	89.10	79.90	
39	99.10	80.45	70.75	109.75	91.00	81.60	
40	101.50	82.45	72.70	112.40	93.40	83.70	
41	103.55	84.20	74.20	114.85	95.20	85.40	
42	106.75	86.75	76.55	118.30	98.05	87.95	
43	111.05	90.20	79.50	123.00	102.20	91.70	
44	115.40	93.80	82.70	127.85	106.10	95.30	
45	119.90	97.40	85.90	132.70	110.15	98.80	
46	124.40	101.15	89.15	137.70	114.35	102.60	
47	125.70	102.30	90.20	139.25	115.60	103.85	
48	134.35	109.20	96.35	148.70	123.55	110.90	
49	139.70	113.60	100.40	154.75	128.45	115.30	
50	146.40	119.40	105.55	161.80	134.75	121.25	
51	152.00	123.95	109.75	168.05	140.00	125.80	
52	157.70	128.70	113.80	174.25	145.20	130.75	
53	164.65	134.40	118.85	182.10	151.70	136.50	
54	171.70	140.30	124.20	189.80	158.30	142.50	
55	178.75	146.05	129.20	197.60	164.75	148.20	
56	185.90	151.90	134.35	205.40	171.25	154.15	
57	196.55	160.50	142.20	217.10	181.10	163.00	
58	210.35	171.90	152.15	232.40	193.80	174.50	
59	224.40	183.30	162.30	248.15	206.90	186.00	
60	239.00	195.10	172.75	264.10	220.10	198.10	
61	254.30	207.50	183.65	281.00	234.10	210.65	
62	272.30	222.35	196.85	301.00	250.90	225.85	
63	291.30	238.10	210.80	321.70	268.50	241.70	
64	306.70	250.85	222.25	338.90	282.85	254.65	

Monthly Bank Draft = Monthly Rate X .92
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RESERVE NATIONAL INSURANCE COMPANY

Oklahoma City, Oklahoma
Form LHS with $150 Daily Room Benefit
Arkansas - Current Premium Rates - Effective as of 10/01/2008
REGULAR MONTHLY PREMIUM RATES SMOKERS

70% Coinsurance Coverage

	$50,000 H.M.E.B.			$10,000 H.M.E.B.			
Ages	$500	$1,000	$1,500	$500	$1,000	$1,500	DRB
0-17	90.95	74.30	64.55	100.70	81.80	74.60	
18	92.65	74.20	64.75	102.95	84.60	75.30	
19	92.65	74.20	64.75	102.95	84.60	75.30	
20	92.65	74.20	64.75	102.95	84.60	75.30	
21	92.65	74.20	64.75	102.95	84.60	75.30	
22	92.65	74.20	64.75	102.95	84.60	75.30	
23	92.65	74.20	64.75	102.95	84.60	75.30	
24	92.65	74.20	64.75	102.95	84.60	75.30	
25	92.65	74.20	64.75	102.95	84.60	75.30	
26	94.45	75.60	65.75	105.25	86.40	76.80	
27	96.50	77.30	67.30	107.50	88.30	78.35	
28	98.50	78.85	68.65	109.85	90.05	80.05	
29	100.55	80.30	69.80	112.15	91.85	81.50	
30	102.65	81.85	71.20	114.30	93.50	83.15	
31	104.65	83.45	72.50	116.70	95.50	84.65	
32	106.85	85.25	74.10	119.20	97.50	86.65	
33	109.75	87.55	76.20	122.30	100.25	89.00	
34	112.55	90.00	78.20	125.50	102.70	91.30	
35	115.90	92.80	80.80	129.10	105.90	94.10	
36	118.80	95.10	82.75	132.35	108.65	96.50	
37	121.75	97.50	85.10	135.60	111.25	99.00	
38	124.45	99.70	87.05	138.70	113.75	101.30	
39	127.30	101.95	88.75	141.65	116.30	103.45	
40	130.40	104.65	91.30	145.15	119.40	106.10	
41	133.15	106.85	93.25	148.15	121.75	108.35	
42	137.30	110.10	96.30	152.80	125.45	111.70	
43	142.80	114.65	100.00	158.95	130.75	116.40	
44	148.55	119.30	104.10	165.25	135.90	121.15	
45	154.30	123.90	108.35	171.65	141.10	125.65	
46	160.10	128.75	112.45	178.20	146.50	130.60	
47	162.00	130.20	113.80	180.30	148.45	132.30	
48	173.10	139.25	121.75	192.55	158.50	141.25	
49	180.30	144.95	126.90	200.45	164.95	147.00	
50	188.80	152.35	133.45	209.70	173.10	154.60	
51	196.10	158.30	138.85	217.85	179.80	160.70	
52	203.65	164.40	144.20	225.95	186.65	166.90	
53	212.70	171.90	150.65	236.20	195.05	174.40	
54	221.90	179.30	157.50	246.20	203.70	182.15	
55	231.05	186.80	164.00	256.45	212.05	189.55	
56	240.40	194.40	170.60	266.70	220.50	197.30	
57	254.30	205.55	180.60	282.05	233.20	208.75	
58	272.15	220.10	193.30	301.85	249.65	223.40	
59	290.30	234.80	206.20	322.30	266.50	238.25	
60	309.35	250.00	219.55	343.25	283.70	253.75	
61	329.05	265.90	233.40	365.05	301.85	270.00	
62	352.55	285.05	250.45	391.30	323.60	289.45	
63	377.40	305.35	268.30	418.50	346.50	310.10	
64	397.55	322.00	283.20	441.00	365.15	326.95	

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RESERVE NATIONAL INSURANCE COMPANY

Oklahoma City, Oklahoma
Form LHS with $150 Daily Room Benefit
Arkansas - Current Premium Rates - Effective as of 10/01/2008
REGULAR MONTHLY PREMIUM RATES NON-SMOKERS

70% Coinsurance Coverage

	$50,000 H.M.E.B.			$10,000 H.M.E.B.			
Ages	$500	$1,000	$1,500	$500	$1,000	$1,500	DRB
0-17	76.70	62.65	54.40	84.90	69.00	62.80	
18	78.05	62.60	54.55	86.90	71.35	63.55	
19	78.05	62.60	54.55	86.90	71.35	63.55	
20	78.05	62.60	54.55	86.90	71.35	63.55	
21	78.05	62.60	54.55	86.90	71.35	63.55	
22	78.05	62.60	54.55	86.90	71.35	63.55	
23	78.05	62.60	54.55	86.90	71.35	63.55	
24	78.05	62.60	54.55	86.90	71.35	63.55	
25	78.05	62.60	54.55	86.90	71.35	63.55	
26	79.60	63.70	55.50	88.70	72.85	64.75	
27	81.35	65.10	56.70	90.60	74.35	66.05	
28	83.15	66.40	57.90	92.70	75.90	67.55	
29	84.80	67.75	58.80	94.50	77.40	68.70	
30	86.60	69.00	60.05	96.35	78.90	70.00	
31	88.25	70.45	61.20	98.35	80.60	71.40	
32	90.10	71.75	62.40	100.50	82.25	73.00	
33	92.60	73.90	64.25	103.15	84.50	74.95	
34	94.90	75.85	65.95	105.90	86.70	77.10	
35	97.75	78.20	68.10	108.90	89.35	79.30	
36	100.15	80.15	69.85	111.65	91.60	81.35	
37	102.60	82.25	71.65	114.30	93.80	83.50	
38	104.90	84.05	73.45	117.00	96.00	85.40	
39	107.35	85.90	74.80	119.40	98.05	87.20	
40	109.90	88.25	77.05	122.35	100.70	89.50	
41	112.20	90.10	78.60	124.85	102.60	91.30	
42	115.60	92.90	81.10	128.80	105.80	94.15	
43	120.40	96.60	84.30	134.05	110.20	98.10	
44	125.30	100.55	87.80	139.30	114.55	102.20	
45	130.10	104.50	91.25	144.65	119.00	105.90	
46	135.00	108.60	94.80	150.25	123.60	110.10	
47	136.60	109.80	96.05	152.00	125.05	111.60	
48	146.00	117.40	102.65	162.35	133.60	119.05	
49	152.00	122.15	106.90	169.10	139.15	123.95	
50	159.25	128.40	112.50	176.80	146.00	130.45	
51	165.35	133.45	117.05	183.65	151.55	135.50	
52	171.70	138.60	121.60	190.55	157.40	140.70	
53	179.20	144.85	127.10	199.20	164.45	147.00	
54	187.15	151.20	132.80	207.55	171.80	153.60	
55	194.75	157.50	138.25	216.25	178.75	159.85	
56	202.70	163.90	143.80	224.80	185.95	166.30	
57	214.30	173.35	152.20	237.85	196.70	175.90	
58	229.50	185.60	163.00	254.50	210.55	188.40	
59	244.80	197.90	173.80	271.75	224.65	200.75	
60	260.75	210.80	185.05	289.45	239.15	213.95	
61	277.45	224.20	196.85	307.90	254.45	227.65	
62	297.30	240.40	211.20	329.95	272.90	244.10	
63	318.10	257.45	226.20	352.80	292.20	261.35	
64	335.30	271.55	238.80	371.80	307.90	275.70	

Monthly Bank Draft = Monthly Rate X .92
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Quarterly Rate =Monthly Rate X 2.94
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Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Response-Deemer Date Change	Approved-Closed	04/11/2011

Comments:

Attachment:

RNIC-127068999 Objection Letter response.pdf

		Item Status:	Status Date:
Satisfied - Item:	RESPONSE 4-11-11	Approved-Closed	04/11/2011

Comments:

Attachment:

Arkansas Response 20110411.pdf

SERFF Tracking Number:	*RNIC-127068999*	*State:*	*Arkansas*
Filing Company:	*Reserve National Insurance Company*	*State Tracking Number:*	*48206*
Company Tracking Number:			
TOI:	*H15I Individual Health - Hospital/Surgical/Medical Expense*	*Sub-TOI:*	*H15I.001 Health - Hospital/Surgical/Medical Expense*
Product Name:	*LHS Rate Filing 2011*		
Project Name/Number:	*LHS Rate Filing 2011/*		

Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	04/06/2011
Submitted Date	04/06/2011
Respond By Date	

Dear Kyle Conrad,

This will acknowledge receipt of the captioned filing.

Objection 1

- Rate Sheets, [LHS] (Rate)

Comment:

Thank you for the rate increase filing which we received in our office on March 9, 2011. We appreciate your patience with out Department's review of the rate increase.

Pursuant to the provisions of Ark. Code Ann. 23-79-109(b), the period for review of these fillings are being automatically extended an additional thirty (30) days until May 9, 2011.

We request that you sign and return this form letter in order to waive all rights to deemer on this filing.

Please feel free to contact me if you have questions.

Sincerely,

Rosalind Minor

Kyle D. Conrad 4/6/11

Sr. V.P. & Assoc. Corp. Counsel

Reserve National Insurance Co.

Reserve National
INSURANCE COMPANY
601 East Britton Road ▪ Oklahoma City, OK 73114
www.ReserveNational.com

April 11, 2011

Stephanie Fowler
Arkansas Insurance Department
1200 West 3rd St.
Little Rock, AR 72201-1904

Reference:	Reserve National Insurance Company
Form:	LHS Rate Increase
SERFF Tracking #:	RNIC-127068999

Dear Ms. Fowler:

This is in response to your letter dated April 8, 2011 and addressed to Kyle Conrad of Reserve National concerning the above referenced filing.

We accept the 6.0% rate increase. Attached are revised rate sheets that reflect the 6.0% increase.

Sincerely,

Holly Mills
Actuarial Assistant

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)
03/09/2011	Rate and Rule	Rate Sheets	04/11/2011	Arkansas LHS Rates.pdf (Superceded)

RESERVE NATIONAL INSURANCE COMPANY

Oklahoma City, Oklahoma
Form LHS with $150 Daily Room Benefit
Arkansas - 9.5% Increase
REGULAR MONTHLY PREMIUM RATES SMOKERS

50% Coinsurance Coverage

	$50,000 H.M.E.B.			$10,000 H.M.E.B.			
Ages	$500	$1,000	$1,500	$500	$1,000	$1,500	DRB
0-17	83.75	70.25	61.80	92.70	77.25	71.30	
18	86.35	70.90	63.05	95.05	79.70	71.95	
19	86.35	70.90	63.05	95.05	79.70	71.95	
20	86.35	70.90	63.05	95.05	79.70	71.95	
21	86.35	70.90	63.05	95.05	79.70	71.95	
22	86.35	70.90	63.05	95.05	79.70	71.95	
23	86.35	70.90	63.05	95.05	79.70	71.95	
24	86.35	70.90	63.05	95.05	79.70	71.95	
25	86.35	70.90	63.05	95.05	79.70	71.95	
26	88.30	72.50	64.35	97.30	81.50	73.70	
27	90.35	74.20	65.95	99.60	83.50	75.25	
28	92.30	75.75	67.40	101.90	85.15	77.00	
29	94.20	77.30	68.65	104.05	87.00	78.45	
30	96.30	78.90	70.25	106.10	88.70	80.15	
31	98.30	80.55	71.50	108.45	90.65	81.80	
32	100.40	82.25	73.05	110.70	92.60	83.55	
33	102.90	84.50	75.00	113.65	95.15	85.75	
34	105.50	86.60	76.85	116.40	97.35	88.10	
35	108.50	89.10	79.20	119.65	100.20	90.40	
36	111.05	91.25	81.10	122.55	102.55	92.60	
37	113.70	93.35	83.10	125.40	105.05	94.90	
38	116.00	95.30	84.95	128.10	107.30	96.95	
39	118.70	97.45	86.60	130.80	109.45	98.90	
40	121.45	99.85	88.90	133.80	112.35	101.45	
41	123.95	101.95	90.65	136.65	114.45	103.50	
42	127.75	104.90	93.40	140.70	117.90	106.45	
43	132.75	109.10	97.15	146.25	122.65	110.80	
44	137.85	113.35	100.85	152.05	127.40	115.25	
45	143.25	117.65	104.80	157.65	132.15	119.45	
46	148.45	122.20	108.70	163.65	137.10	123.95	
47	150.00	123.40	109.75	165.45	138.65	125.40	
48	160.25	131.75	117.35	176.45	147.95	133.70	
49	166.50	136.90	122.00	183.50	153.80	139.00	
50	174.30	143.65	128.05	191.85	161.05	145.85	
51	180.80	149.10	133.05	199.05	167.25	151.40	
52	187.50	154.65	137.90	206.30	173.40	157.15	
53	195.75	161.40	144.00	215.60	181.10	164.00	
54	204.05	168.40	150.35	224.50	188.80	171.15	
55	212.45	175.20	156.35	233.65	196.50	178.00	
56	220.75	182.10	162.60	243.00	204.25	185.00	
57	233.35	192.45	171.75	256.85	215.90	195.55	
58	249.70	206.10	183.90	274.85	230.95	209.25	
59	266.35	219.70	196.05	293.25	246.50	223.10	
60	283.70	233.90	208.80	312.35	262.35	237.50	
61	301.60	248.65	221.85	332.10	278.95	252.55	
62	322.95	266.40	237.60	355.55	298.85	270.55	
63	345.30	285.05	254.25	379.85	319.60	289.35	
64	363.45	300.05	268.00	400.00	336.40	304.75	

Monthly Bank Draft = Monthly Rate X .92
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50% Coinsurance Coverage

	$50,000 H.M.E.B.			$10,000 H.M.E.B.			
Ages	$500	$1,000	$1,500	$500	$1,000	$1,500	DRB
0-17	70.70	59.25	52.10	78.20	65.15	60.05	
18	72.70	59.85	53.25	80.15	67.25	60.65	
19	72.70	59.85	53.25	80.15	67.25	60.65	
20	72.70	59.85	53.25	80.15	67.25	60.65	
21	72.70	59.85	53.25	80.15	67.25	60.65	
22	72.70	59.85	53.25	80.15	67.25	60.65	
23	72.70	59.85	53.25	80.15	67.25	60.65	
24	72.70	59.85	53.25	80.15	67.25	60.65	
25	72.70	59.85	53.25	80.15	67.25	60.65	
26	74.35	61.10	54.25	82.00	68.70	62.10	
27	76.15	62.45	55.55	84.00	70.40	63.45	
28	77.90	63.95	56.85	85.85	71.85	64.95	
29	79.45	65.15	57.80	87.70	73.35	66.15	
30	81.20	66.60	59.20	89.45	74.80	67.55	
31	82.90	67.90	60.25	91.45	76.45	68.95	
32	84.65	69.35	61.55	93.35	78.05	70.50	
33	86.80	71.25	63.30	95.70	80.15	72.30	
34	88.95	72.95	64.75	98.20	82.05	74.20	
35	91.55	75.15	66.80	100.85	84.55	76.25	
36	93.60	76.90	68.40	103.25	86.50	78.05	
37	95.80	78.75	70.05	105.65	88.50	80.05	
38	97.90	80.45	71.60	108.10	90.45	81.70	
39	100.10	82.15	73.05	110.25	92.30	83.50	
40	102.45	84.20	74.95	112.90	94.70	85.45	
41	104.50	85.85	76.45	115.20	96.45	87.25	
42	107.65	88.50	78.85	118.70	99.45	89.75	
43	111.95	92.00	81.85	123.30	103.40	93.40	
44	116.25	95.55	85.05	128.15	107.40	97.15	
45	120.65	99.20	88.30	133.00	111.40	100.75	
46	125.15	102.90	91.60	137.90	115.65	104.45	
47	126.40	104.05	92.60	139.50	116.95	105.65	
48	135.00	111.10	98.90	148.80	124.70	112.75	
49	140.30	115.50	102.80	154.70	129.75	117.15	
50	146.95	121.10	107.95	161.70	135.90	122.95	
51	152.40	125.70	112.15	167.85	141.00	127.70	
52	158.10	130.45	116.35	174.05	146.20	132.45	
53	164.95	136.20	121.45	181.70	152.70	138.30	
54	172.00	141.95	126.75	189.35	159.20	144.20	
55	179.05	147.75	131.85	197.05	165.65	150.00	
56	186.15	153.70	137.00	204.85	172.20	156.05	
57	196.75	162.30	144.85	216.50	181.95	164.85	
58	210.55	173.70	155.05	231.65	194.80	176.40	
59	224.50	185.25	165.35	247.35	207.85	188.10	
60	239.20	197.20	176.00	263.35	221.20	200.35	
61	254.30	209.70	187.05	279.95	235.20	212.90	
62	272.25	224.60	200.40	299.80	251.95	228.10	
63	291.15	240.25	214.40	320.35	269.50	244.00	
64	306.40	253.00	225.95	337.25	283.55	256.95	

Monthly Bank Draft = Monthly Rate X .92
Semi-Annual Rate = Monthly Rate X 5.82
Quarterly Rate =Monthly Rate X 2.94
Annual Rate =Monthly Rate X 11.04

RESERVE NATIONAL INSURANCE COMPANY

Oklahoma City, Oklahoma
Form LHS with $150 Daily Room Benefit
Arkansas - 9.5% Increase
REGULAR MONTHLY PREMIUM RATES SMOKERS

60% Coinsurance Coverage

	$50,000 H.M.E.B.			$10,000 H.M.E.B.			
Ages	$500	$1,000	$1,500	$500	$1,000	$1,500	DRB
0-17	91.45	75.60	66.25	101.10	83.20	76.30	
18	93.60	75.95	66.95	103.60	85.95	77.15	
19	93.60	75.95	66.95	103.60	85.95	77.15	
20	93.60	75.95	66.95	103.60	85.95	77.15	
21	93.60	75.95	66.95	103.60	85.95	77.15	
22	93.60	75.95	66.95	103.60	85.95	77.15	
23	93.60	75.95	66.95	103.60	85.95	77.15	
24	93.60	75.95	66.95	103.60	85.95	77.15	
25	93.60	75.95	66.95	103.60	85.95	77.15	
26	95.55	77.55	68.05	105.85	87.95	78.80	
27	97.80	79.20	69.75	108.40	89.80	80.45	
28	99.85	80.90	71.25	110.75	91.65	82.15	
29	101.95	82.50	72.55	113.00	93.55	83.75	
30	104.15	84.15	74.00	115.40	95.30	85.45	
31	106.10	85.80	75.45	117.80	97.45	87.15	
32	108.45	87.70	77.00	120.30	99.50	88.95	
33	111.30	90.05	79.10	123.40	102.20	91.55	
34	114.10	92.30	81.25	126.55	104.80	93.90	
35	117.40	95.20	83.75	130.15	107.95	96.65	
36	120.35	97.55	85.80	133.30	110.50	98.95	
37	123.15	99.90	88.10	136.60	113.10	101.55	
38	125.95	102.10	90.10	139.65	115.75	103.75	
39	128.70	104.40	91.85	142.55	118.25	105.85	
40	131.85	107.10	94.40	145.95	121.35	108.75	
41	134.60	109.35	96.30	149.05	123.50	110.90	
42	138.65	112.60	99.45	153.70	127.40	114.25	
43	144.20	117.15	103.25	159.70	132.65	118.95	
44	149.90	121.80	107.35	166.00	137.75	123.75	
45	155.70	126.40	111.65	172.40	143.15	128.35	
46	161.40	131.40	115.85	178.75	148.50	133.30	
47	163.25	132.80	117.15	180.95	150.35	134.90	
48	174.45	141.90	125.20	193.10	160.40	143.95	
49	181.55	147.50	130.30	200.95	166.90	149.75	
50	190.15	155.05	137.05	210.15	175.05	157.45	
51	197.35	160.95	142.45	218.35	181.70	163.55	
52	204.85	167.25	147.90	226.30	188.55	169.75	
53	213.80	174.65	154.40	236.50	197.00	177.30	
54	223.05	182.05	161.25	246.45	205.60	185.00	
55	232.05	189.60	167.80	256.55	213.85	192.45	
56	241.40	197.20	174.55	266.70	222.45	200.30	
57	255.25	208.40	184.65	282.15	235.15	211.75	
58	273.20	223.25	197.65	301.90	251.70	226.65	
59	291.40	238.05	210.80	322.20	268.45	241.50	
60	310.45	253.50	224.30	343.05	285.90	257.25	
61	330.15	269.40	238.50	364.95	304.10	273.70	
62	353.70	288.80	255.70	390.85	325.80	293.15	
63	378.30	309.10	273.75	417.85	348.65	313.85	
64	398.35	325.75	288.70	440.10	367.25	330.70	

Monthly Bank Draft = Monthly Rate X .92
Semi-Annual Rate = Monthly Rate X 5.82
Quarterly Rate =Monthly Rate X 2.94
Annual Rate =Monthly Rate X 11.04

RESERVE NATIONAL INSURANCE COMPANY

Oklahoma City, Oklahoma
Form LHS with $150 Daily Room Benefit
Arkansas - 9.5% Increase
REGULAR MONTHLY PREMIUM RATES NON-SMOKERS

60% Coinsurance Coverage

	$50,000 H.M.E.B.			$10,000 H.M.E.B.			
Ages	$500	$1,000	$1,500	$500	$1,000	$1,500	DRB
0-17	77.15	63.75	55.80	85.35	70.25	64.40	
18	78.90	64.05	56.45	87.40	72.50	65.00	
19	78.90	64.05	56.45	87.40	72.50	65.00	
20	78.90	64.05	56.45	87.40	72.50	65.00	
21	78.90	64.05	56.45	87.40	72.50	65.00	
22	78.90	64.05	56.45	87.40	72.50	65.00	
23	78.90	64.05	56.45	87.40	72.50	65.00	
24	78.90	64.05	56.45	87.40	72.50	65.00	
25	78.90	64.05	56.45	87.40	72.50	65.00	
26	80.60	65.30	57.45	89.35	74.15	66.40	
27	82.45	66.90	58.80	91.40	75.75	67.75	
28	84.20	68.10	60.10	93.40	77.30	69.30	
29	85.95	69.60	61.10	95.25	78.90	70.65	
30	87.75	70.90	62.40	97.25	80.45	72.15	
31	89.45	72.30	63.65	99.20	82.15	73.45	
32	91.45	73.95	64.80	101.45	83.80	75.10	
33	93.85	75.95	66.75	104.15	86.30	77.15	
34	96.25	77.90	68.45	106.70	88.30	79.10	
35	98.95	80.20	70.70	109.75	91.00	81.40	
36	101.50	82.25	72.30	112.40	93.25	83.50	
37	103.80	84.20	74.30	115.10	95.35	85.50	
38	106.10	86.05	75.95	117.80	97.55	87.50	
39	108.50	88.10	77.45	120.20	99.65	89.35	
40	111.15	90.30	79.60	123.10	102.25	91.65	
41	113.40	92.20	81.25	125.75	104.25	93.50	
42	116.90	95.00	83.80	129.55	107.35	96.30	
43	121.60	98.75	87.05	134.70	111.90	100.40	
44	126.35	102.70	90.55	140.00	116.20	104.35	
45	131.30	106.65	94.05	145.30	120.60	108.20	
46	136.20	110.75	97.60	150.80	125.20	112.35	
47	137.65	112.00	98.75	152.50	126.60	113.70	
48	147.10	119.55	105.50	162.85	135.30	121.45	
49	152.95	124.40	109.95	169.45	140.65	126.25	
50	160.30	130.75	115.60	177.15	147.55	132.75	
51	166.45	135.75	120.20	184.00	153.30	137.75	
52	172.70	140.95	124.60	190.80	159.00	143.15	
53	180.30	147.15	130.15	199.40	166.10	149.45	
54	188.00	153.65	136.00	207.85	173.35	156.05	
55	195.75	159.90	141.45	216.35	180.40	162.30	
56	203.55	166.35	147.10	224.90	187.50	168.80	
57	215.20	175.75	155.70	237.70	198.30	178.50	
58	230.35	188.25	166.60	254.50	212.20	191.10	
59	245.70	200.70	177.70	271.70	226.55	203.65	
60	261.70	213.65	189.15	289.20	241.00	216.90	
61	278.45	227.20	201.10	307.70	256.35	230.65	
62	298.15	243.45	215.55	329.60	274.75	247.30	
63	318.95	260.70	230.85	352.25	294.00	264.65	
64	335.85	274.70	243.35	371.10	309.70	278.85	

Monthly Bank Draft = Monthly Rate X .92
Semi-Annual Rate = Monthly Rate X 5.82
Quarterly Rate =Monthly Rate X 2.94
Annual Rate =Monthly Rate X 11.04

RESERVE NATIONAL INSURANCE COMPANY

Oklahoma City, Oklahoma
Form LHS with $150 Daily Room Benefit
Arkansas - 9.5% Increase
REGULAR MONTHLY PREMIUM RATES SMOKERS

70% Coinsurance Coverage

	$50,000 H.M.E.B.			$10,000 H.M.E.B.			
Ages	$500	$1,000	$1,500	$500	$1,000	$1,500	DRB
0-17	99.60	81.35	70.70	110.25	89.55	81.70	
18	101.45	81.25	70.90	112.75	92.65	82.45	
19	101.45	81.25	70.90	112.75	92.65	82.45	
20	101.45	81.25	70.90	112.75	92.65	82.45	
21	101.45	81.25	70.90	112.75	92.65	82.45	
22	101.45	81.25	70.90	112.75	92.65	82.45	
23	101.45	81.25	70.90	112.75	92.65	82.45	
24	101.45	81.25	70.90	112.75	92.65	82.45	
25	101.45	81.25	70.90	112.75	92.65	82.45	
26	103.40	82.80	72.00	115.25	94.60	84.10	
27	105.65	84.65	73.70	117.70	96.70	85.80	
28	107.85	86.35	75.15	120.30	98.60	87.65	
29	110.10	87.95	76.45	122.80	100.60	89.25	
30	112.40	89.65	77.95	125.15	102.40	91.05	
31	114.60	91.40	79.40	127.80	104.55	92.70	
32	117.00	93.35	81.15	130.50	106.75	94.90	
33	120.20	95.85	83.45	133.90	109.75	97.45	
34	123.25	98.55	85.65	137.40	112.45	99.95	
35	126.90	101.60	88.50	141.35	115.95	103.05	
36	130.10	104.15	90.60	144.90	118.95	105.65	
37	133.30	106.75	93.20	148.50	121.80	108.40	
38	136.25	109.15	95.30	151.90	124.55	110.90	
39	139.40	111.65	97.20	155.10	127.35	113.30	
40	142.80	114.60	99.95	158.95	130.75	116.20	
41	145.80	117.00	102.10	162.20	133.30	118.65	
42	150.35	120.55	105.45	167.30	137.35	122.30	
43	156.35	125.55	109.50	174.05	143.15	127.45	
44	162.65	130.65	114.00	180.95	148.80	132.65	
45	168.95	135.65	118.65	187.95	154.50	137.60	
46	175.30	141.00	123.15	195.15	160.40	143.00	
47	177.40	142.55	124.60	197.45	162.55	144.85	
48	189.55	152.50	133.30	210.85	173.55	154.65	
49	197.45	158.70	138.95	219.50	180.60	160.95	
50	206.75	166.80	146.15	229.60	189.55	169.30	
51	214.75	173.35	152.05	238.55	196.90	175.95	
52	223.00	180.00	157.90	247.40	204.40	182.75	
53	232.90	188.25	164.95	258.65	213.60	190.95	
54	243.00	196.35	172.45	269.60	223.05	199.45	
55	253.00	204.55	179.60	280.80	232.20	207.55	
56	263.25	212.85	186.80	292.05	241.45	216.05	
57	278.45	225.10	197.75	308.85	255.35	228.60	
58	298.00	241.00	211.65	330.55	273.35	244.60	
59	317.90	257.10	225.80	352.90	291.80	260.90	
60	338.75	273.75	240.40	375.85	310.65	277.85	
61	360.30	291.15	255.55	399.75	330.55	295.65	
62	386.05	312.15	274.25	428.45	354.35	316.95	
63	413.25	334.35	293.80	458.25	379.40	339.55	
64	435.30	352.60	310.10	482.90	399.85	358.00	

Monthly Bank Draft = Monthly Rate X .92
Semi-Annual Rate = Monthly Rate X 5.82
Quarterly Rate =Monthly Rate X 2.94
Annual Rate =Monthly Rate X 11.04

RESERVE NATIONAL INSURANCE COMPANY

Oklahoma City, Oklahoma
Form LHS with $150 Daily Room Benefit
Arkansas - 9.5% Increase
REGULAR MONTHLY PREMIUM RATES NON-SMOKERS

70% Coinsurance Coverage

	$50,000 H.M.E.B.			$10,000 H.M.E.B.			
Ages	$500	$1,000	$1,500	$500	$1,000	$1,500	DRB
0-17	84.00	68.60	59.55	92.95	75.55	68.75	
18	85.45	68.55	59.75	95.15	78.15	69.60	
19	85.45	68.55	59.75	95.15	78.15	69.60	
20	85.45	68.55	59.75	95.15	78.15	69.60	
21	85.45	68.55	59.75	95.15	78.15	69.60	
22	85.45	68.55	59.75	95.15	78.15	69.60	
23	85.45	68.55	59.75	95.15	78.15	69.60	
24	85.45	68.55	59.75	95.15	78.15	69.60	
25	85.45	68.55	59.75	95.15	78.15	69.60	
26	87.15	69.75	60.75	97.15	79.75	70.90	
27	89.10	71.30	62.10	99.20	81.40	72.30	
28	91.05	72.70	63.40	101.50	83.10	73.95	
29	92.85	74.20	64.40	103.50	84.75	75.25	
30	94.85	75.55	65.75	105.50	86.40	76.65	
31	96.65	77.15	67.00	107.70	88.25	78.20	
32	98.65	78.55	68.35	110.05	90.05	79.95	
33	101.40	80.90	70.35	112.95	92.55	82.05	
34	103.90	83.05	72.20	115.95	94.95	84.40	
35	107.05	85.65	74.55	119.25	97.85	86.85	
36	109.65	87.75	76.50	122.25	100.30	89.10	
37	112.35	90.05	78.45	125.15	102.70	91.45	
38	114.85	92.05	80.45	128.10	105.10	93.50	
39	117.55	94.05	81.90	130.75	107.35	95.50	
40	120.35	96.65	84.35	133.95	110.25	98.00	
41	122.85	98.65	86.05	136.70	112.35	99.95	
42	126.60	101.75	88.80	141.05	115.85	103.10	
43	131.85	105.80	92.30	146.80	120.65	107.40	
44	137.20	110.10	96.15	152.55	125.45	111.90	
45	142.45	114.45	99.90	158.40	130.30	115.95	
46	147.85	118.90	103.80	164.50	135.35	120.55	
47	149.60	120.25	105.15	166.45	136.95	122.20	
48	159.85	128.55	112.40	177.75	146.30	130.35	
49	166.45	133.75	117.05	185.15	152.35	135.75	
50	174.40	140.60	123.20	193.60	159.85	142.85	
51	181.05	146.15	128.15	201.10	165.95	148.35	
52	188.00	151.75	133.15	208.65	172.35	154.05	
53	196.20	158.60	139.15	218.10	180.05	160.95	
54	204.95	165.55	145.40	227.25	188.10	168.20	
55	213.25	172.45	151.40	236.80	195.75	175.05	
56	221.95	179.45	157.45	246.15	203.60	182.10	
57	234.65	189.80	166.65	260.45	215.40	192.60	
58	251.30	203.25	178.50	278.70	230.55	206.30	
59	268.05	216.70	190.30	297.55	246.00	219.80	
60	285.50	230.85	202.65	316.95	261.85	234.30	
61	303.80	245.50	215.55	337.15	278.60	249.30	
62	325.55	263.25	231.25	361.30	298.85	267.30	
63	348.30	281.90	247.70	386.30	319.95	286.20	
64	367.15	297.35	261.50	407.10	337.15	301.90	

Monthly Bank Draft = Monthly Rate X .92
Semi-Annual Rate = Monthly Rate X 5.82
Quarterly Rate =Monthly Rate X 2.94
Annual Rate =Monthly Rate X 11.04

RESERVE NATIONAL INSURANCE COMPANY

Oklahoma City, Oklahoma
Form LHS with $150 Daily Room Benefit
Arkansas - Current Premium Rates - Effective as of 10/01/2008
REGULAR MONTHLY PREMIUM RATES SMOKERS

50% Coinsurance Coverage

	$50,000 H.M.E.B.			$10,000 H.M.E.B.			
Ages	$500	$1,000	$1,500	$500	$1,000	$1,500	DRB
0-17	76.50	64.15	56.45	84.65	70.55	65.10	
18	78.85	64.75	57.60	86.80	72.80	65.70	
19	78.85	64.75	57.60	86.80	72.80	65.70	
20	78.85	64.75	57.60	86.80	72.80	65.70	
21	78.85	64.75	57.60	86.80	72.80	65.70	
22	78.85	64.75	57.60	86.80	72.80	65.70	
23	78.85	64.75	57.60	86.80	72.80	65.70	
24	78.85	64.75	57.60	86.80	72.80	65.70	
25	78.85	64.75	57.60	86.80	72.80	65.70	
26	80.65	66.20	58.75	88.85	74.45	67.30	
27	82.50	67.75	60.25	90.95	76.25	68.70	
28	84.30	69.20	61.55	93.05	77.75	70.30	
29	86.05	70.60	62.70	95.00	79.45	71.65	
30	87.95	72.05	64.15	96.90	81.00	73.20	
31	89.75	73.55	65.30	99.05	82.80	74.70	
32	91.70	75.10	66.70	101.10	84.55	76.30	
33	93.95	77.15	68.50	103.80	86.90	78.30	
34	96.35	79.10	70.20	106.30	88.90	80.45	
35	99.10	81.35	72.35	109.25	91.50	82.55	
36	101.40	83.35	74.05	111.90	93.65	84.55	
37	103.85	85.25	75.90	114.50	95.95	86.65	
38	105.95	87.05	77.60	117.00	98.00	88.55	
39	108.40	89.00	79.10	119.45	99.95	90.30	
40	110.90	91.20	81.20	122.20	102.60	92.65	
41	113.20	93.10	82.80	124.80	104.50	94.50	
42	116.65	95.80	85.30	128.50	107.65	97.20	
43	121.25	99.65	88.70	133.55	112.00	101.20	
44	125.90	103.50	92.10	138.85	116.35	105.25	
45	130.80	107.45	95.70	143.95	120.70	109.10	
46	135.55	111.60	99.25	149.45	125.20	113.20	
47	137.00	112.70	100.25	151.10	126.60	114.50	
48	146.35	120.30	107.15	161.15	135.10	122.10	
49	152.05	125.00	111.40	167.60	140.45	126.95	
50	159.20	131.20	116.95	175.20	147.10	133.20	
51	165.10	136.15	121.50	181.80	152.75	138.25	
52	171.25	141.25	125.95	188.40	158.35	143.50	
53	178.75	147.40	131.50	196.90	165.40	149.75	
54	186.35	153.80	137.30	205.00	172.40	156.30	
55	194.00	160.00	142.80	213.40	179.45	162.55	
56	201.60	166.30	148.50	221.90	186.55	168.95	
57	213.10	175.75	156.85	234.55	197.15	178.60	
58	228.05	188.20	167.95	251.00	210.90	191.10	
59	243.25	200.65	179.05	267.80	225.10	203.75	
60	259.10	213.60	190.70	285.25	239.60	216.90	
61	275.45	227.10	202.60	303.30	254.75	230.65	
62	294.95	243.30	217.00	324.70	272.90	247.10	
63	315.35	260.30	232.20	346.90	291.85	264.25	
64	331.90	274.00	244.75	365.30	307.20	278.30	

Monthly Bank Draft = Monthly Rate X .92
Semi-Annual Rate = Monthly Rate X 5.82
Quarterly Rate =Monthly Rate X 2.94
Annual Rate =Monthly Rate X 11.04

RESERVE NATIONAL INSURANCE COMPANY

Oklahoma City, Oklahoma
Form LHS with $150 Daily Room Benefit
Arkansas - Current Premium Rates - Effective as of 10/01/2008
REGULAR MONTHLY PREMIUM RATES NON-SMOKERS

50% Coinsurance Coverage

	$50,000 H.M.E.B.			$10,000 H.M.E.B.			
Ages	$500	$1,000	$1,500	$500	$1,000	$1,500	DRB
0-17	64.55	54.10	47.60	71.40	59.50	54.85	
18	66.40	54.65	48.65	73.20	61.40	55.40	
19	66.40	54.65	48.65	73.20	61.40	55.40	
20	66.40	54.65	48.65	73.20	61.40	55.40	
21	66.40	54.65	48.65	73.20	61.40	55.40	
22	66.40	54.65	48.65	73.20	61.40	55.40	
23	66.40	54.65	48.65	73.20	61.40	55.40	
24	66.40	54.65	48.65	73.20	61.40	55.40	
25	66.40	54.65	48.65	73.20	61.40	55.40	
26	67.90	55.80	49.55	74.90	62.75	56.70	
27	69.55	57.05	50.75	76.70	64.30	57.95	
28	71.15	58.40	51.90	78.40	65.60	59.30	
29	72.55	59.50	52.80	80.10	67.00	60.40	
30	74.15	60.80	54.05	81.70	68.30	61.70	
31	75.70	62.00	55.00	83.50	69.80	62.95	
32	77.30	63.35	56.20	85.25	71.30	64.40	
33	79.25	65.05	57.80	87.40	73.20	66.05	
34	81.25	66.60	59.15	89.70	74.95	67.75	
35	83.60	68.65	61.00	92.10	77.20	69.65	
36	85.50	70.25	62.45	94.30	79.00	71.30	
37	87.50	71.90	63.95	96.50	80.80	73.10	
38	89.40	73.45	65.40	98.70	82.60	74.60	
39	91.40	75.00	66.70	100.70	84.30	76.25	
40	93.55	76.90	68.45	103.10	86.50	78.05	
41	95.45	78.40	69.80	105.20	88.10	79.70	
42	98.30	80.80	72.00	108.40	90.80	81.95	
43	102.25	84.00	74.75	112.60	94.45	85.30	
44	106.15	87.25	77.65	117.05	98.10	88.70	
45	110.20	90.60	80.65	121.45	101.75	92.00	
46	114.30	93.95	83.65	125.95	105.60	95.40	
47	115.45	95.00	84.55	127.40	106.80	96.50	
48	123.30	101.45	90.30	135.90	113.90	102.95	
49	128.15	105.50	93.90	141.30	118.50	107.00	
50	134.20	110.60	98.60	147.65	124.10	112.30	
51	139.20	114.80	102.40	153.30	128.75	116.60	
52	144.40	119.15	106.25	158.95	133.50	120.95	
53	150.65	124.40	110.90	165.95	139.45	126.30	
54	157.10	129.65	115.75	172.90	145.40	131.70	
55	163.50	134.95	120.40	179.95	151.30	137.00	
56	170.00	140.35	125.10	187.10	157.25	142.50	
57	179.70	148.20	132.30	197.70	166.15	150.55	
58	192.30	158.65	141.60	211.55	177.90	161.10	
59	205.00	169.20	151.00	225.90	189.80	171.80	
60	218.45	180.10	160.75	240.50	202.00	182.95	
61	232.25	191.50	170.80	255.65	214.80	194.45	
62	248.65	205.10	183.00	273.80	230.10	208.30	
63	265.90	219.40	195.80	292.55	246.10	222.85	
64	279.80	231.05	206.35	308.00	258.95	234.65	

Monthly Bank Draft = Monthly Rate X .92
Semi-Annual Rate = Monthly Rate X 5.82
Quarterly Rate =Monthly Rate X 2.94
Annual Rate =Monthly Rate X 11.04

RESERVE NATIONAL INSURANCE COMPANY

Oklahoma City, Oklahoma
Form LHS with $150 Daily Room Benefit
Arkansas - Current Premium Rates - Effective as of 10/01/2008
REGULAR MONTHLY PREMIUM RATES SMOKERS

60% Coinsurance Coverage

	$50,000 H.M.E.B.			$10,000 H.M.E.B.			
Ages	$500	$1,000	$1,500	$500	$1,000	$1,500	DRB
0-17	83.50	69.05	60.50	92.35	76.00	69.70	
18	85.50	69.35	61.15	94.60	78.50	70.45	
19	85.50	69.35	61.15	94.60	78.50	70.45	
20	85.50	69.35	61.15	94.60	78.50	70.45	
21	85.50	69.35	61.15	94.60	78.50	70.45	
22	85.50	69.35	61.15	94.60	78.50	70.45	
23	85.50	69.35	61.15	94.60	78.50	70.45	
24	85.50	69.35	61.15	94.60	78.50	70.45	
25	85.50	69.35	61.15	94.60	78.50	70.45	
26	87.25	70.80	62.15	96.65	80.30	71.95	
27	89.30	72.35	63.70	99.00	82.00	73.45	
28	91.20	73.90	65.05	101.15	83.70	75.00	
29	93.10	75.35	66.25	103.20	85.45	76.50	
30	95.10	76.85	67.60	105.40	87.05	78.05	
31	96.90	78.35	68.90	107.60	89.00	79.60	
32	99.05	80.10	70.30	109.85	90.85	81.25	
33	101.65	82.25	72.25	112.70	93.35	83.60	
34	104.20	84.30	74.20	115.55	95.70	85.75	
35	107.20	86.95	76.50	118.85	98.60	88.25	
36	109.90	89.10	78.35	121.75	100.90	90.35	
37	112.45	91.25	80.45	124.75	103.30	92.75	
38	115.00	93.25	82.30	127.55	105.70	94.75	
39	117.55	95.35	83.90	130.20	108.00	96.65	
40	120.40	97.80	86.20	133.30	110.80	99.30	
41	122.90	99.85	87.95	136.10	112.80	101.30	
42	126.60	102.85	90.80	140.35	116.35	104.35	
43	131.70	107.00	94.30	145.85	121.15	108.65	
44	136.90	111.25	98.05	151.60	125.80	113.00	
45	142.20	115.45	101.95	157.45	130.75	117.20	
46	147.40	120.00	105.80	163.25	135.60	121.75	
47	149.10	121.30	107.00	165.25	137.30	123.20	
48	159.30	129.60	114.35	176.35	146.50	131.45	
49	165.80	134.70	119.00	183.50	152.40	136.75	
50	173.65	141.60	125.15	191.90	159.85	143.80	
51	180.25	147.00	130.10	199.40	165.95	149.35	
52	187.10	152.75	135.05	206.65	172.20	155.00	
53	195.25	159.50	141.00	216.00	179.90	161.90	
54	203.70	166.25	147.25	225.05	187.75	168.95	
55	211.90	173.15	153.25	234.30	195.30	175.75	
56	220.45	180.10	159.40	243.55	203.15	182.90	
57	233.10	190.30	168.65	257.65	214.75	193.40	
58	249.50	203.90	180.50	275.70	229.85	207.00	
59	266.10	217.40	192.50	294.25	245.15	220.55	
60	283.50	231.50	204.85	313.30	261.10	234.95	
61	301.50	246.05	217.80	333.30	277.70	249.95	
62	323.00	263.75	233.50	356.95	297.55	267.70	
63	345.50	282.30	250.00	381.60	318.40	286.60	
64	363.80	297.50	263.65	401.90	335.40	302.00	

Monthly Bank Draft = Monthly Rate X .92
Semi-Annual Rate = Monthly Rate X 5.82
Quarterly Rate =Monthly Rate X 2.94
Annual Rate =Monthly Rate X 11.04

RESERVE NATIONAL INSURANCE COMPANY

Oklahoma City, Oklahoma
Form LHS with $150 Daily Room Benefit
Arkansas - Current Premium Rates - Effective as of 10/01/2008
REGULAR MONTHLY PREMIUM RATES NON-SMOKERS

60% Coinsurance Coverage

	$50,000 H.M.E.B.			$10,000 H.M.E.B.			
Ages	$500	$1,000	$1,500	$500	$1,000	$1,500	DRB
0-17	70.45	58.20	50.95	77.95	64.15	58.80	
18	72.05	58.50	51.55	79.80	66.20	59.35	
19	72.05	58.50	51.55	79.80	66.20	59.35	
20	72.05	58.50	51.55	79.80	66.20	59.35	
21	72.05	58.50	51.55	79.80	66.20	59.35	
22	72.05	58.50	51.55	79.80	66.20	59.35	
23	72.05	58.50	51.55	79.80	66.20	59.35	
24	72.05	58.50	51.55	79.80	66.20	59.35	
25	72.05	58.50	51.55	79.80	66.20	59.35	
26	73.60	59.65	52.45	81.60	67.70	60.65	
27	75.30	61.10	53.70	83.45	69.20	61.85	
28	76.90	62.20	54.90	85.30	70.60	63.30	
29	78.50	63.55	55.80	87.00	72.05	64.50	
30	80.15	64.75	57.00	88.80	73.45	65.90	
31	81.70	66.05	58.15	90.60	75.00	67.10	
32	83.50	67.55	59.20	92.65	76.55	68.60	
33	85.70	69.35	60.95	95.10	78.80	70.45	
34	87.90	71.15	62.50	97.45	80.65	72.25	
35	90.35	73.25	64.55	100.25	83.10	74.35	
36	92.70	75.10	66.05	102.65	85.15	76.25	
37	94.80	76.90	67.85	105.10	87.10	78.10	
38	96.90	78.60	69.35	107.60	89.10	79.90	
39	99.10	80.45	70.75	109.75	91.00	81.60	
40	101.50	82.45	72.70	112.40	93.40	83.70	
41	103.55	84.20	74.20	114.85	95.20	85.40	
42	106.75	86.75	76.55	118.30	98.05	87.95	
43	111.05	90.20	79.50	123.00	102.20	91.70	
44	115.40	93.80	82.70	127.85	106.10	95.30	
45	119.90	97.40	85.90	132.70	110.15	98.80	
46	124.40	101.15	89.15	137.70	114.35	102.60	
47	125.70	102.30	90.20	139.25	115.60	103.85	
48	134.35	109.20	96.35	148.70	123.55	110.90	
49	139.70	113.60	100.40	154.75	128.45	115.30	
50	146.40	119.40	105.55	161.80	134.75	121.25	
51	152.00	123.95	109.75	168.05	140.00	125.80	
52	157.70	128.70	113.80	174.25	145.20	130.75	
53	164.65	134.40	118.85	182.10	151.70	136.50	
54	171.70	140.30	124.20	189.80	158.30	142.50	
55	178.75	146.05	129.20	197.60	164.75	148.20	
56	185.90	151.90	134.35	205.40	171.25	154.15	
57	196.55	160.50	142.20	217.10	181.10	163.00	
58	210.35	171.90	152.15	232.40	193.80	174.50	
59	224.40	183.30	162.30	248.15	206.90	186.00	
60	239.00	195.10	172.75	264.10	220.10	198.10	
61	254.30	207.50	183.65	281.00	234.10	210.65	
62	272.30	222.35	196.85	301.00	250.90	225.85	
63	291.30	238.10	210.80	321.70	268.50	241.70	
64	306.70	250.85	222.25	338.90	282.85	254.65	

Monthly Bank Draft = Monthly Rate X .92
Semi-Annual Rate = Monthly Rate X 5.82
Quarterly Rate =Monthly Rate X 2.94
Annual Rate =Monthly Rate X 11.04

RESERVE NATIONAL INSURANCE COMPANY

Oklahoma City, Oklahoma
Form LHS with $150 Daily Room Benefit
Arkansas - Current Premium Rates - Effective as of 10/01/2008
REGULAR MONTHLY PREMIUM RATES SMOKERS

70% Coinsurance Coverage

	$50,000 H.M.E.B.			$10,000 H.M.E.B.			
Ages	$500	$1,000	$1,500	$500	$1,000	$1,500	DRB
0-17	90.95	74.30	64.55	100.70	81.80	74.60	
18	92.65	74.20	64.75	102.95	84.60	75.30	
19	92.65	74.20	64.75	102.95	84.60	75.30	
20	92.65	74.20	64.75	102.95	84.60	75.30	
21	92.65	74.20	64.75	102.95	84.60	75.30	
22	92.65	74.20	64.75	102.95	84.60	75.30	
23	92.65	74.20	64.75	102.95	84.60	75.30	
24	92.65	74.20	64.75	102.95	84.60	75.30	
25	92.65	74.20	64.75	102.95	84.60	75.30	
26	94.45	75.60	65.75	105.25	86.40	76.80	
27	96.50	77.30	67.30	107.50	88.30	78.35	
28	98.50	78.85	68.65	109.85	90.05	80.05	
29	100.55	80.30	69.80	112.15	91.85	81.50	
30	102.65	81.85	71.20	114.30	93.50	83.15	
31	104.65	83.45	72.50	116.70	95.50	84.65	
32	106.85	85.25	74.10	119.20	97.50	86.65	
33	109.75	87.55	76.20	122.30	100.25	89.00	
34	112.55	90.00	78.20	125.50	102.70	91.30	
35	115.90	92.80	80.80	129.10	105.90	94.10	
36	118.80	95.10	82.75	132.35	108.65	96.50	
37	121.75	97.50	85.10	135.60	111.25	99.00	
38	124.45	99.70	87.05	138.70	113.75	101.30	
39	127.30	101.95	88.75	141.65	116.30	103.45	
40	130.40	104.65	91.30	145.15	119.40	106.10	
41	133.15	106.85	93.25	148.15	121.75	108.35	
42	137.30	110.10	96.30	152.80	125.45	111.70	
43	142.80	114.65	100.00	158.95	130.75	116.40	
44	148.55	119.30	104.10	165.25	135.90	121.15	
45	154.30	123.90	108.35	171.65	141.10	125.65	
46	160.10	128.75	112.45	178.20	146.50	130.60	
47	162.00	130.20	113.80	180.30	148.45	132.30	
48	173.10	139.25	121.75	192.55	158.50	141.25	
49	180.30	144.95	126.90	200.45	164.95	147.00	
50	188.80	152.35	133.45	209.70	173.10	154.60	
51	196.10	158.30	138.85	217.85	179.80	160.70	
52	203.65	164.40	144.20	225.95	186.65	166.90	
53	212.70	171.90	150.65	236.20	195.05	174.40	
54	221.90	179.30	157.50	246.20	203.70	182.15	
55	231.05	186.80	164.00	256.45	212.05	189.55	
56	240.40	194.40	170.60	266.70	220.50	197.30	
57	254.30	205.55	180.60	282.05	233.20	208.75	
58	272.15	220.10	193.30	301.85	249.65	223.40	
59	290.30	234.80	206.20	322.30	266.50	238.25	
60	309.35	250.00	219.55	343.25	283.70	253.75	
61	329.05	265.90	233.40	365.05	301.85	270.00	
62	352.55	285.05	250.45	391.30	323.60	289.45	
63	377.40	305.35	268.30	418.50	346.50	310.10	
64	397.55	322.00	283.20	441.00	365.15	326.95	

Monthly Bank Draft = Monthly Rate X .92
Semi-Annual Rate = Monthly Rate X 5.82
Quarterly Rate =Monthly Rate X 2.94
Annual Rate =Monthly Rate X 11.04

RESERVE NATIONAL INSURANCE COMPANY

Oklahoma City, Oklahoma
Form LHS with $150 Daily Room Benefit
Arkansas - Current Premium Rates - Effective as of 10/01/2008
REGULAR MONTHLY PREMIUM RATES NON-SMOKERS

70% Coinsurance Coverage

	$50,000 H.M.E.B.			$10,000 H.M.E.B.			
Ages	$500	$1,000	$1,500	$500	$1,000	$1,500	DRB
0-17	76.70	62.65	54.40	84.90	69.00	62.80	
18	78.05	62.60	54.55	86.90	71.35	63.55	
19	78.05	62.60	54.55	86.90	71.35	63.55	
20	78.05	62.60	54.55	86.90	71.35	63.55	
21	78.05	62.60	54.55	86.90	71.35	63.55	
22	78.05	62.60	54.55	86.90	71.35	63.55	
23	78.05	62.60	54.55	86.90	71.35	63.55	
24	78.05	62.60	54.55	86.90	71.35	63.55	
25	78.05	62.60	54.55	86.90	71.35	63.55	
26	79.60	63.70	55.50	88.70	72.85	64.75	
27	81.35	65.10	56.70	90.60	74.35	66.05	
28	83.15	66.40	57.90	92.70	75.90	67.55	
29	84.80	67.75	58.80	94.50	77.40	68.70	
30	86.60	69.00	60.05	96.35	78.90	70.00	
31	88.25	70.45	61.20	98.35	80.60	71.40	
32	90.10	71.75	62.40	100.50	82.25	73.00	
33	92.60	73.90	64.25	103.15	84.50	74.95	
34	94.90	75.85	65.95	105.90	86.70	77.10	
35	97.75	78.20	68.10	108.90	89.35	79.30	
36	100.15	80.15	69.85	111.65	91.60	81.35	
37	102.60	82.25	71.65	114.30	93.80	83.50	
38	104.90	84.05	73.45	117.00	96.00	85.40	
39	107.35	85.90	74.80	119.40	98.05	87.20	
40	109.90	88.25	77.05	122.35	100.70	89.50	
41	112.20	90.10	78.60	124.85	102.60	91.30	
42	115.60	92.90	81.10	128.80	105.80	94.15	
43	120.40	96.60	84.30	134.05	110.20	98.10	
44	125.30	100.55	87.80	139.30	114.55	102.20	
45	130.10	104.50	91.25	144.65	119.00	105.90	
46	135.00	108.60	94.80	150.25	123.60	110.10	
47	136.60	109.80	96.05	152.00	125.05	111.60	
48	146.00	117.40	102.65	162.35	133.60	119.05	
49	152.00	122.15	106.90	169.10	139.15	123.95	
50	159.25	128.40	112.50	176.80	146.00	130.45	
51	165.35	133.45	117.05	183.65	151.55	135.50	
52	171.70	138.60	121.60	190.55	157.40	140.70	
53	179.20	144.85	127.10	199.20	164.45	147.00	
54	187.15	151.20	132.80	207.55	171.80	153.60	
55	194.75	157.50	138.25	216.25	178.75	159.85	
56	202.70	163.90	143.80	224.80	185.95	166.30	
57	214.30	173.35	152.20	237.85	196.70	175.90	
58	229.50	185.60	163.00	254.50	210.55	188.40	
59	244.80	197.90	173.80	271.75	224.65	200.75	
60	260.75	210.80	185.05	289.45	239.15	213.95	
61	277.45	224.20	196.85	307.90	254.45	227.65	
62	297.30	240.40	211.20	329.95	272.90	244.10	
63	318.10	257.45	226.20	352.80	292.20	261.35	
64	335.30	271.55	238.80	371.80	307.90	275.70	

Monthly Bank Draft = Monthly Rate X .92
Semi-Annual Rate = Monthly Rate X 5.82
Quarterly Rate =Monthly Rate X 2.94
Annual Rate =Monthly Rate X 11.04