Filing at a Glance

Company: Combined Insurance Company of America

Product Name: Rate Sheet for Disability Income Policy	SERFF Tr Num: CMBD-127159627	State: Arkansas
TOI: H11I Individual Health - Disability Income	SERFF Status: Closed-Approved-Closed	State Tr Num: 48715
Sub-TOI: H11I.002 Short Term - Unrelated to marketing with employer or association groups	Co Tr Num: 5116-R11 FOR 19824-AR	State Status: Approved-Closed
Filing Type: Rate		Reviewer(s): Rosalind Minor
	Author: Linda Armstrong	Disposition Date: 05/12/2011
	Date Submitted: 05/09/2011	Disposition Status: Approved-Closed
Implementation Date Requested: On Approval		Implementation Date:
State Filing Description:		

General Information

Project Name: Rate Sheet for Disability Income Policy	Status of Filing in Domicile: Authorized
Project Number: Rate Sheet 5116-R11 for Disability Income Policy 19824-IL	Date Approved in Domicile: 04/11/2011
Requested Filing Mode:	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Individual
Submission Type: New Submission	Individual Market Type:
Overall Rate Impact: 20%	Filing Status Changed: 05/12/2011
	State Status Changed: 05/12/2011
Deemer Date:	Created By: Linda Armstrong
Submitted By: Linda Armstrong	Corresponding Filing Tracking Number:

Filing Description:

Please reconsider the disapproval of Combined’s filing under SERFF Tracking #CMBD-127039851 requesting to increase Form 19824-AR rates, based on the additional information from our Actuary. Please see letter from our Actuary under Supporting Documentation.

Attached for your review are the following:

1. Actuarial Material
2. Rate Sheet 5116-R11
3. EFT Filing Fee of $50.00

This is a new filing. Rate Sheet 5116-R11 is a new rate sheet which will replace Rate Sheet 5116 previously approved by your Department on October 1, 1996 in connection with our Disability Income Policy, Form No. 19824-AR. The new rates reflect a rate increase due to the experience on this form and as explained in the attached actuarial memorandum. The rate increase will apply to new sales as well as all policies inforce.

Rate Sheet 5116-R11 contains the unit benefits available and the unit premiums charged for the policy. The form can be offered in fractional and multiple units.

Thank you for your review and hopefully approval. If you need anything further, please feel free to contact me. If you have any questions or concerns regarding actuarial material, please contact Charles Herman, ASA, MAAA at (847) 953-8168.

Company and Contact

Filing Contact Information

Linda Armstrong, Policy Analyst
1000 Milwaukee Avenue
Glenview, IL 60025

Linda.Armstrong@combined.com
847-953-1525 [Phone]
847-953-1557 [FAX]

Filing Company Information

Combined Insurance Company of America
1000 Milwaukee Avenue
Glenview, IL 60025
(847) 953-1531 ext. [Phone]

CoCode: 62146
Group Code: 626
Group Name:
FEIN Number: 36-2136262

State of Domicile: Illinois
Company Type:
State ID Number:

Filing Fees

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

SERFF Tracking Number:	*CMBD-127159627*	*State:*	*Arkansas*
Filing Company:	*Combined Insurance Company of America*	*State Tracking Number:*	*48715*
Company Tracking Number:	*5116-R11 FOR 19824-AR*		
TOI:	*H11I Individual Health - Disability Income*	*Sub-TOI:*	*H11I.002 Short Term - Unrelated to marketing with employer or association groups*
Product Name:	*Rate Sheet for Disability Income Policy*		
Project Name/Number:	*Rate Sheet for Disability Income Policy/Rate Sheet 5116-R11 for Disability Income Policy 19824-IL*		

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Combined Insurance Company of America	$50.00	05/09/2011	47390846

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	05/12/2011	05/12/2011

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	**Created By**	**Created On**	**Date Submitted**	**Responded By**	**Created On**	**Date Submitted**
Pending Industry Response	Rosalind Minor	05/11/2011	05/11/2011	Linda Armstrong	05/12/2011	05/12/2011

Disposition

Disposition Date: 05/12/2011
Implementation Date:
Status: Approved-Closed
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):**
Combined Insurance Company of America	6.000%	6.000%	$1,676	82	$50,728	0.000%	0.000%

SERFF Tracking Number:	*CMBD-127159627*	*State:*	*Arkansas*
Filing Company:	*Combined Insurance Company of America*	*State Tracking Number:*	*48715*
Company Tracking Number:	*5116-R11 FOR 19824-AR*		
TOI:	*H11I Individual Health - Disability Income*	*Sub-TOI:*	*H11I.002 Short Term - Unrelated to marketing with employer or association groups*
Product Name:	*Rate Sheet for Disability Income Policy*		
Project Name/Number:	*Rate Sheet for Disability Income Policy/Rate Sheet 5116-R11 for Disability Income Policy 19824-IL*		

Schedule	**Schedule Item**	**Schedule Item Status**	**Public Access**
Supporting Document	Health - Actuarial Justification	Approved-Closed	No
Supporting Document	5-9-11 - Letter from Actuary	Approved-Closed	No
Rate *(revised)*	Rate Sheet 5116-R11	Approved-Closed	Yes
Rate	Rate Sheet 5116-R11	Replaced	Yes

Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	05/11/2011
Submitted Date	05/11/2011
Respond By Date	

Dear Linda Armstrong,

This will acknowledge receipt of the captioned filing.

Objection 1

- 5-9-11 - Letter from Actuary (Supporting Document)

Comment:

We have reviewed your comments and our Department will consider no more than a 6% increase.

If you wish to accept the 6%, please provide us with the revised rates.

Thank you for your cooperation.

Please feel free to contact me if you have questions.

Sincerely,

Rosalind Minor

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	05/12/2011
Submitted Date	05/12/2011

Dear Rosalind Minor,

Comments:
This will acknowledge receipt of your objection letter regarding our rate filing.

Response 1

Comments: Thank you for your additional consideration. We accept the 6% increase. Revised ratesheets reflecting a 6% rate increase are attached.

Related Objection 1

Applies To:

- 5-9-11 - Letter from Actuary (Supporting Document)

Comment:

We have reviewed your comments and our Department will consider no more than a 6% increase.

If you wish to accept the 6%, please provide us with the revised rates.

Thank you for your cooperation.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

Rate/Rule Schedule Item Changes

Document Name:	Affected Form Numbers:	Rate Action:	Rate Action Information:	Attach Document:
Rate Sheet 5116-	19824-AR	Revised	*Previous State Filing Number*	

R11

Percent Rate Change Request

6

Previous Version

Rate Sheet 5116- 19824-AR *Revised* *Previous State Filing Number*

R11

Percent Rate Change Request

20

We appreciate your time and further review of this filing. If you need anything further, please feel free to contact me. If you have any questions or concerns regarding actuarial material, please contact Charles Herman, ASA, MAAA at (847) 953-8168.

Sincerely,
Linda Armstrong

Post Submission Update Request Processed On 05/12/2011

Status:	Allowed
Created By:	Linda Armstrong
Processed By:	Rosalind Minor
Comments:	

Rate Information:

Field Name	**Requested Change**	**Prior Value**
Overall Pct. of Last Revision	0.000%	20.000%

Company Rate Information:

Company Name:Combined Insurance Company of America

Field Name	**Requested Change**	**Prior Value**
Overall % Indicated Change	6.000%	20.000%
Overall % Rate Impact	6.000%	20.000%
Written Premium Change for this Program	$1676	$5588

Rate Information

Rate data applies to filing.

Filing Method:	SERRF
Rate Change Type:	Increase
Overall Percentage of Last Rate Revision:	0.000%
Effective Date of Last Rate Revision:	10/01/1996
Filing Method of Last Filing:	PAPER

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):
Combined Insurance Company of America	N/A	6.000%	6.000%	$1,676	82	$50,728	0.000%	0.000%

Rate Review Details

COMPANY:

Company Name: Combined Insurance Company of America

HHS Issuer Id:

Product Names:

Trend Factors:

FORMS:

New Policy Forms:

Affected Forms:

Other Affected Forms:

REQUESTED RATE CHANGE INFORMATION:

Change Period:

Member Months:

Benefit Change:

Percent Change Requested: Min: Max: Avg:

PRIOR RATE:

Total Earned Premium:

Total Incurred Claims:

Annual $: Min: Max: Avg:

REQUESTED RATE:

Projected Earned Premium:

Projected Incurred Claims:

SERFF Tracking Number:	*CMBD-127159627*	*State:*	*Arkansas*
Filing Company:	*Combined Insurance Company of America*	*State Tracking Number:*	*48715*
Company Tracking Number:	*5116-R11 FOR 19824-AR*		
TOI:	*H11I Individual Health - Disability Income*	*Sub-TOI:*	*H11I.002 Short Term - Unrelated to marketing with employer or association groups*
Product Name:	*Rate Sheet for Disability Income Policy*		
Project Name/Number:	*Rate Sheet for Disability Income Policy/Rate Sheet 5116-R11 for Disability Income Policy 19824-IL*		

Annual $: Min: Max: Avg:

Rate/Rule Schedule

Schedule Item Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:*	Rate Action Information:		Attachments
Approved-Closed 05/12/2011	Rate Sheet 5116-R11	19824-AR	Revised	Previous State Filing Number:		Rate Sheet 5116-R11.pdf
				Percent Rate Change Request:	6.000	

COMBINED INSURANCE COMPANY OF AMERICA
CHICAGO, ILLINOIS
NAIC COMPANY CODE #62146

DISABILITY POLICY
FORM NUMBER 19824-AR
Effective 7/1/2011 or 30 Days After Approval

ANNUAL PREMIUM RATES
Per $500 of Monthly Benefit Amount

Preferred - 21 day E.P.

Issue Age	Male	Female
18-24	$ 169.60	$ 272.42
25-29	$ 180.20	$ 293.62
30-34	$ 200.34	$ 326.48
35-39	$ 230.02	$ 361.46
40-44	$ 265.00	$ 381.60
45-49	$ 320.12	$ 414.46
50-54	$ 398.56	$ 452.62
55-59	$ 493.96	$ 481.24

Preferred - 90 day E.P.

Issue Age	Male	Female
18-24	$ 76.32	$ 121.90
25-29	$ 85.86	$ 129.32
30-34	$ 96.46	$ 138.86
35-39	$ 109.18	$ 162.18
40-44	$ 138.86	$ 187.62
45-49	$ 186.56	$ 226.84
50-54	$ 254.40	$ 269.24
55-59	$ 339.20	$ 310.58

Preferred - 30 day E.P.

Issue Age	Male	Female
18-24	$ 136.74	$ 218.36
25-29	$ 139.92	$ 231.08
30-34	$ 157.94	$ 256.52
35-39	$ 184.44	$ 288.32
40-44	$ 217.30	$ 306.34
45-49	$ 265.00	$ 337.08
50-54	$ 329.66	$ 378.42
55-59	$ 415.52	$ 407.04

Preferred - 180 day E.P.

Issue Age	Male	Female
18-24	$ 64.66	$ 104.94
25-29	$ 69.96	$ 115.54
30-34	$ 82.68	$ 128.26
35-39	$ 99.64	$ 145.22
40-44	$ 122.96	$ 162.18
45-49	$ 162.18	$ 191.86
50-54	$ 224.72	$ 234.26
55-59	$ 301.04	$ 268.18

MODAL FACTORS

Semi-Annual:	0.520
Quarterly:	0.265
APC Monthly:	0.090

COMBINED INSURANCE COMPANY OF AMERICA
CHICAGO, ILLINOIS
NAIC COMPANY CODE #62146

DISABILITY POLICY
FORM NUMBER 19824-AR
Effective 7/1/2011 or 30 Days After Approval

ANNUAL PREMIUM RATES
Per $500 of Monthly Benefit Amount

Standard - 21 day E.P.

Issue Age	Male	Female
18-24	$ 225.78	$ 362.52
25-29	$ 236.38	$ 381.60
30-34	$ 257.58	$ 416.58
35-39	$ 281.96	$ 451.56
40-44	$ 319.06	$ 474.88
45-49	$ 382.66	$ 507.74
50-54	$ 473.82	$ 545.90
55-59	$ 585.12	$ 577.70

Standard - 90 day E.P.

Issue Age	Male	Female
18-24	$ 122.96	$ 189.74
25-29	$ 128.26	$ 200.34
30-34	$ 138.86	$ 216.24
35-39	$ 157.94	$ 244.86
40-44	$ 189.74	$ 268.18
45-49	$ 249.10	$ 311.64
50-54	$ 342.38	$ 367.82
55-59	$ 461.10	$ 421.88

Standard - 30 day E.P.

Issue Age	Male	Female
18-24	$ 201.40	$ 326.48
25-29	$ 208.82	$ 342.38
30-34	$ 224.72	$ 372.06
35-39	$ 254.40	$ 404.92
40-44	$ 287.26	$ 431.42
45-49	$ 350.86	$ 468.52
50-54	$ 443.08	$ 514.10
55-59	$ 564.98	$ 556.50

Standard - 180 day E.P.

Issue Age	Male	Female
18-24	$ 102.82	$ 159.00
25-29	$ 107.06	$ 164.30
30-34	$ 117.66	$ 180.20
35-39	$ 133.56	$ 199.28
40-44	$ 163.24	$ 228.96
45-49	$ 219.42	$ 267.12
50-54	$ 298.92	$ 316.94
55-59	$ 409.16	$ 366.76

MODAL FACTORS

Semi-Annual:	0.520
Quarterly:	0.265
APC Monthly:	0.090

COMBINED INSURANCE COMPANY OF AMERICA
CHICAGO, ILLINOIS
NAIC COMPANY CODE #62146

DISABILITY POLICY
FORM NUMBER 19824-AR
Effective 7/1/2011 or 30 Days After Approval

ANNUAL PREMIUM RATES
Per $500 of Monthly Benefit Amount

Base - 21 day E.P.

Issue Age	Male	Female
18-24	$ 270.30	$ 437.78
25-29	$ 283.02	$ 456.86
30-34	$ 306.34	$ 505.62
35-39	$ 336.02	$ 539.54
40-44	$ 371.00	$ 560.74
45-49	$ 447.32	$ 596.78
50-54	$ 557.56	$ 639.18
55-59	$ 690.06	$ 672.04

Base - 90 day E.P.

Issue Age	Male	Female
18-24	$ 135.68	$ 215.18
25-29	$ 140.98	$ 215.18
30-34	$ 146.28	$ 231.08
35-39	$ 167.48	$ 261.82
40-44	$ 199.28	$ 285.14
45-49	$ 258.64	$ 329.66
50-54	$ 349.80	$ 377.36
55-59	$ 468.52	$ 434.60

Base - 30 day E.P.

Issue Age	Male	Female
18-24	$ 212.00	$ 351.92
25-29	$ 224.72	$ 365.70
30-34	$ 243.80	$ 400.68
35-39	$ 271.36	$ 435.66
40-44	$ 309.52	$ 458.98
45-49	$ 382.66	$ 507.74
50-54	$ 481.24	$ 563.92
55-59	$ 608.44	$ 601.02

Base - 180 day E.P.

Issue Age	Male	Female
18-24	$ 112.36	$ 173.84
25-29	$ 114.48	$ 179.14
30-34	$ 125.08	$ 195.04
35-39	$ 140.98	$ 214.12
40-44	$ 170.66	$ 243.80
45-49	$ 226.84	$ 279.84
50-54	$ 306.34	$ 329.66
55-59	$ 414.46	$ 376.30

MODAL FACTORS

Semi-Annual:	0.520
Quarterly:	0.265
APC Monthly:	0.090

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)
05/09/2011	Rate and Rule	Rate Sheet 5116-R11	05/12/2011	Rate Sheet 5116-R11.pdf (Superceded)

COMBINED INSURANCE COMPANY OF AMERICA
CHICAGO, ILLINOIS
NAIC COMPANY CODE #62146

DISABILITY POLICY
FORM NUMBER 19824-AR
Effective 7/1/2011 or 30 Days After Approval

ANNUAL PREMIUM RATES
Per $500 of Monthly Benefit Amount

Preferred - 21 day E.P.

Issue Age	Male	Female
18-24	$ 192.00	$ 308.40
25-29	$ 204.00	$ 332.40
30-34	$ 226.80	$ 369.60
35-39	$ 260.40	$ 409.20
40-44	$ 300.00	$ 432.00
45-49	$ 362.40	$ 469.20
50-54	$ 451.20	$ 512.40
55-59	$ 559.20	$ 544.80

Preferred - 90 day E.P.

Issue Age	Male	Female
18-24	$ 86.40	$ 138.00
25-29	$ 97.20	$ 146.40
30-34	$ 109.20	$ 157.20
35-39	$ 123.60	$ 183.60
40-44	$ 157.20	$ 212.40
45-49	$ 211.20	$ 256.80
50-54	$ 288.00	$ 304.80
55-59	$ 384.00	$ 351.60

Preferred - 30 day E.P.

Issue Age	Male	Female
18-24	$ 154.80	$ 247.20
25-29	$ 158.40	$ 261.60
30-34	$ 178.80	$ 290.40
35-39	$ 208.80	$ 326.40
40-44	$ 246.00	$ 346.80
45-49	$ 300.00	$ 381.60
50-54	$ 373.20	$ 428.40
55-59	$ 470.40	$ 460.80

Preferred - 180 day E.P.

Issue Age	Male	Female
18-24	$ 73.20	$ 118.80
25-29	$ 79.20	$ 130.80
30-34	$ 93.60	$ 145.20
35-39	$ 112.80	$ 164.40
40-44	$ 139.20	$ 183.60
45-49	$ 183.60	$ 217.20
50-54	$ 254.40	$ 265.20
55-59	$ 340.80	$ 303.60

MODAL FACTORS

Semi-Annual:	0.520
Quarterly:	0.265
APC Monthly:	0.090

COMBINED INSURANCE COMPANY OF AMERICA
CHICAGO, ILLINOIS
NAIC COMPANY CODE #62146

DISABILITY POLICY
FORM NUMBER 19824-AR
Effective 7/1/2011 or 30 Days After Approval

ANNUAL PREMIUM RATES
Per $500 of Monthly Benefit Amount

Standard - 21 day E.P.

Issue Age	Male	Female
18-24	$ 255.60	$ 410.40
25-29	$ 267.60	$ 432.00
30-34	$ 291.60	$ 471.60
35-39	$ 319.20	$ 511.20
40-44	$ 361.20	$ 537.60
45-49	$ 433.20	$ 574.80
50-54	$ 536.40	$ 618.00
55-59	$ 662.40	$ 654.00

Standard - 90 day E.P.

Issue Age	Male	Female
18-24	$ 139.20	$ 214.80
25-29	$ 145.20	$ 226.80
30-34	$ 157.20	$ 244.80
35-39	$ 178.80	$ 277.20
40-44	$ 214.80	$ 303.60
45-49	$ 282.00	$ 352.80
50-54	$ 387.60	$ 416.40
55-59	$ 522.00	$ 477.60

Standard - 30 day E.P.

Issue Age	Male	Female
18-24	$ 228.00	$ 369.60
25-29	$ 236.40	$ 387.60
30-34	$ 254.40	$ 421.20
35-39	$ 288.00	$ 458.40
40-44	$ 325.20	$ 488.40
45-49	$ 397.20	$ 530.40
50-54	$ 501.60	$ 582.00
55-59	$ 639.60	$ 630.00

Standard - 180 day E.P.

Issue Age	Male	Female
18-24	$ 116.40	$ 180.00
25-29	$ 121.20	$ 186.00
30-34	$ 133.20	$ 204.00
35-39	$ 151.20	$ 225.60
40-44	$ 184.80	$ 259.20
45-49	$ 248.40	$ 302.40
50-54	$ 338.40	$ 358.80
55-59	$ 463.20	$ 415.20

MODAL FACTORS

Semi-Annual:	0.520
Quarterly:	0.265
APC Monthly:	0.090

COMBINED INSURANCE COMPANY OF AMERICA
CHICAGO, ILLINOIS
NAIC COMPANY CODE #62146

DISABILITY POLICY
FORM NUMBER 19824-AR
Effective 7/1/2011 or 30 Days After Approval

ANNUAL PREMIUM RATES
Per $500 of Monthly Benefit Amount

Base - 21 day E.P.

Issue Age	Male	Female
18-24	$ 306.00	$ 495.60
25-29	$ 320.40	$ 517.20
30-34	$ 346.80	$ 572.40
35-39	$ 380.40	$ 610.80
40-44	$ 420.00	$ 634.80
45-49	$ 506.40	$ 675.60
50-54	$ 631.20	$ 723.60
55-59	$ 781.20	$ 760.80

Base - 90 day E.P.

Issue Age	Male	Female
18-24	$ 153.60	$ 243.60
25-29	$ 159.60	$ 243.60
30-34	$ 165.60	$ 261.60
35-39	$ 189.60	$ 296.40
40-44	$ 225.60	$ 322.80
45-49	$ 292.80	$ 373.20
50-54	$ 396.00	$ 427.20
55-59	$ 530.40	$ 492.00

Base - 30 day E.P.

Issue Age	Male	Female
18-24	$ 240.00	$ 398.40
25-29	$ 254.40	$ 414.00
30-34	$ 276.00	$ 453.60
35-39	$ 307.20	$ 493.20
40-44	$ 350.40	$ 519.60
45-49	$ 433.20	$ 574.80
50-54	$ 544.80	$ 638.40
55-59	$ 688.80	$ 680.40

Base - 180 day E.P.

Issue Age	Male	Female
18-24	$ 127.20	$ 196.80
25-29	$ 129.60	$ 202.80
30-34	$ 141.60	$ 220.80
35-39	$ 159.60	$ 242.40
40-44	$ 193.20	$ 276.00
45-49	$ 256.80	$ 316.80
50-54	$ 346.80	$ 373.20
55-59	$ 469.20	$ 426.00

MODAL FACTORS

Semi-Annual:	0.520
Quarterly:	0.265
APC Monthly:	0.090