

SERFF Tracking Number: MGCA-127149651 State: Arkansas
Filing Company: The Chesapeake Life Insurance Company State Tracking Number: 48658
Company Tracking Number: CH-26113-IP (01/10) AR 201106 AR CHESAPEAKE 15688
TOI: H071 Individual Health - Specified Disease - Sub-TOI: H071.002 Dread Disease
Limited Benefit
Product Name: CH-26113-IP (01/10) AR - Individual Specified Disease/Condition and Major Organ Transplant Policy
Project Name/Number: /

Filing at a Glance

Company: The Chesapeake Life Insurance Company

Product Name: CH-26113-IP (01/10) AR - SERFF Tr Num: MGCA-127149651 State: Arkansas

Individual Specified Disease/Condition and

Major Organ Transplant Policy

TOI: H071 Individual Health - Specified Disease SERFF Status: Closed-Approved- State Tr Num: 48658

- Limited Benefit Closed

Sub-TOI: H071.002 Dread Disease Co Tr Num: CH-26113-IP (01/10) State Status: Approved-Closed

AR 201106 AR CHESAPEAKE

15688

Filing Type: Rate

Reviewer(s): Rosalind Minor

Authors: Sergei Mordovine, Chanel Disposition Date: 05/05/2011

Orallo, Sommay Khounlo, Jennifer

Schilb

Date Submitted: 05/03/2011

Disposition Status: Approved-

Closed

Implementation Date Requested: On Approval

Implementation Date: 06/01/2011

State Filing Description:

General Information

Project Name:

Status of Filing in Domicile:

Project Number:

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments: Our state of

domicile is Oklahoma

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Individual Market Type:

Overall Rate Impact:

Filing Status Changed: 05/05/2011

State Status Changed: 05/05/2011

Deemer Date:

Created By: Jennifer Schilb

Submitted By: Jennifer Schilb

Corresponding Filing Tracking Number:

Filing Description:

This is a filing to increase premium rate by 20% due to underwriting simplification, in addition to reducing tobacco usage factor from 2.0

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to 1.7.

Company and Contact

Filing Contact Information

Chanel Orallo, chanel.orallo@healthmarkets.com
 9151 Boulevard 26 817-255-6427 [Phone]
 North Richlan Hills, TX 76180

Filing Company Information

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

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
The Chesapeake Life Insurance Company	\$25.00	05/03/2011	47222332
The Chesapeake Life Insurance Company	\$25.00	05/04/2011	47254451

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Correspondence Summary

Dispositions

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

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	05/04/2011	05/04/2011	Jennifer Schilb	05/04/2011	05/04/2011

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Disposition

Disposition Date: 05/05/2011

Implementation Date: 06/01/2011

- Implementation Date changed from NULL to 06/01/2011 by Minor, Rosalind on 05/05/2011.

Status: Approved-Closed

Comment:

This submission is being approved with the understanding that the rates are for new business only and will not be applied to existing policyholders.

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):
The Chesapeake Life Insurance Company	20.000%	20.000%	\$0	0	\$0	%	%

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Health - Actuarial Justification	Approved-Closed	No
Supporting Document	Cover Letter	Approved-Closed	Yes
Supporting Document	Rate History	Approved-Closed	Yes
Rate	CH-26113-IP (01/10) AR Rates	Approved-Closed	Yes

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Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 05/04/2011
Submitted Date 05/04/2011

Respond By Date

Dear Chanel Orallo,

This will acknowledge receipt of the captioned filing.

Objection 1

- Health - Actuarial Justification (Supporting Document)

Comment:

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

The fee for this submission is \$50.00 per form for a total of \$50.00. Please submit an additional \$25.00 for this submission.

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

Please feel free to contact me if you have questions.

Sincerely,

Rosalind Minor

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Response Letter

Response Letter Status Submitted to State
Response Letter Date 05/04/2011
Submitted Date 05/04/2011

Dear Rosalind Minor,

Comments:

Response 1

Comments: An additional \$25 has been submitted.

Related Objection 1

Applies To:

- Health - Actuarial Justification (Supporting Document)

Comment:

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

The fee for this submission is \$50.00 per form for a total of \$50.00. Please submit an additional \$25.00 for this submission.

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

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Sincerely,

SERFF Tracking Number: MGCA-127149651 State: Arkansas
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Rate Information

Rate data applies to filing.

Filing Method: SERFF
Rate Change Type: Increase
Overall Percentage of Last Rate Revision: 0.000%
Effective Date of Last Rate Revision:
Filing Method of Last Filing: SERFF

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):
The Chesapeake Life Insurance Company	N/A	20.000%	20.000%	\$0	0	\$0	%	%

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Rate/Rule Schedule

Schedule Item Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:	Rate Action Information:	Attachments
Approved-Closed 05/05/2011	CH-26113-IP (01/10) AR Rates	CH-26113-IP (01/10) AR	New		CH-26113-IP (0110) AR Rates.pdf

The Chesapeake Life Insurance Company

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

Specified Disease/Condition and Major Organ Transplant Policy

CH-26113-IP (01/10) AR

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

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

Inflation
1.000000000

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

Base	Factor
Base	11.210

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

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

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

Demographic	Value	Factor
Tobacco	No	1.000
Tobacco	Yes	1.700

Age*	Factor	Gender	Adult/Dep
00	0.1800	FEMALE	Adult
01	0.1800	FEMALE	Adult
02	0.1800	FEMALE	Adult
03	0.1800	FEMALE	Adult
04	0.1800	FEMALE	Adult
05	0.1800	FEMALE	Adult
06	0.1800	FEMALE	Adult
07	0.1800	FEMALE	Adult
08	0.1800	FEMALE	Adult
09	0.1800	FEMALE	Adult
10	0.1800	FEMALE	Adult
11	0.1800	FEMALE	Adult
12	0.1800	FEMALE	Adult

Age*	Factor	Gender	Adult/Dep
13	0.1800	FEMALE	Adult
14	0.1800	FEMALE	Adult
15	0.1800	FEMALE	Adult
16	0.1800	FEMALE	Adult
17	0.1800	FEMALE	Adult
18	0.1800	FEMALE	Adult
19	0.1900	FEMALE	Adult
20	0.2000	FEMALE	Adult
21	0.2200	FEMALE	Adult
22	0.2400	FEMALE	Adult
23	0.2500	FEMALE	Adult
24	0.2600	FEMALE	Adult
25	0.2600	FEMALE	Adult
26	0.2800	FEMALE	Adult
27	0.3000	FEMALE	Adult
28	0.3200	FEMALE	Adult
29	0.3500	FEMALE	Adult
30	0.3700	FEMALE	Adult
31	0.3900	FEMALE	Adult
32	0.4100	FEMALE	Adult
33	0.4300	FEMALE	Adult
34	0.4500	FEMALE	Adult
35	0.4700	FEMALE	Adult
36	0.5200	FEMALE	Adult
37	0.5600	FEMALE	Adult
38	0.6100	FEMALE	Adult
39	0.6500	FEMALE	Adult
40	0.7000	FEMALE	Adult
41	0.7500	FEMALE	Adult
42	0.7900	FEMALE	Adult
43	0.8400	FEMALE	Adult
44	0.8900	FEMALE	Adult
45	0.9300	FEMALE	Adult
46	0.9700	FEMALE	Adult
47	1.0100	FEMALE	Adult
48	1.0500	FEMALE	Adult
49	1.0900	FEMALE	Adult
50	1.1300	FEMALE	Adult
51	1.1700	FEMALE	Adult
52	1.2100	FEMALE	Adult
53	1.2400	FEMALE	Adult
54	1.2800	FEMALE	Adult
55	1.3200	FEMALE	Adult
56	1.3500	FEMALE	Adult
57	1.3700	FEMALE	Adult
58	1.3900	FEMALE	Adult
59	1.4200	FEMALE	Adult
60	1.4300	FEMALE	Adult
61	1.4500	FEMALE	Adult
62	1.4900	FEMALE	Adult
63	1.5200	FEMALE	Adult
00	0.2200	MALE	Adult
01	0.2200	MALE	Adult
02	0.2200	MALE	Adult
03	0.2200	MALE	Adult

Age*	Factor	Gender	Adult/Dep
04	0.2200	MALE	Adult
05	0.2200	MALE	Adult
06	0.2200	MALE	Adult
07	0.2200	MALE	Adult
08	0.2200	MALE	Adult
09	0.2200	MALE	Adult
10	0.2200	MALE	Adult
11	0.2200	MALE	Adult
12	0.2200	MALE	Adult
13	0.2200	MALE	Adult
14	0.2200	MALE	Adult
15	0.2200	MALE	Adult
16	0.2200	MALE	Adult
17	0.2200	MALE	Adult
18	0.2200	MALE	Adult
19	0.2400	MALE	Adult
20	0.2500	MALE	Adult
21	0.2700	MALE	Adult
22	0.2900	MALE	Adult
23	0.2900	MALE	Adult
24	0.2900	MALE	Adult
25	0.2900	MALE	Adult
26	0.3300	MALE	Adult
27	0.3800	MALE	Adult
28	0.4000	MALE	Adult
29	0.4500	MALE	Adult
30	0.4800	MALE	Adult
31	0.5200	MALE	Adult
32	0.5600	MALE	Adult
33	0.6100	MALE	Adult
34	0.6500	MALE	Adult
35	0.7000	MALE	Adult
36	0.7600	MALE	Adult
37	0.8200	MALE	Adult
38	0.8800	MALE	Adult
39	0.9400	MALE	Adult
40	1.0000	MALE	Adult
41	1.0600	MALE	Adult
42	1.1300	MALE	Adult
43	1.1900	MALE	Adult
44	1.2500	MALE	Adult
45	1.3100	MALE	Adult
46	1.3900	MALE	Adult
47	1.4700	MALE	Adult
48	1.5400	MALE	Adult
49	1.6200	MALE	Adult
50	1.6900	MALE	Adult
51	1.7700	MALE	Adult
52	1.8600	MALE	Adult
53	1.9400	MALE	Adult
54	2.0200	MALE	Adult
55	2.1100	MALE	Adult
56	2.1700	MALE	Adult
57	2.2200	MALE	Adult
58	2.2800	MALE	Adult

Age*	Factor	Gender	Adult/Dep
59	2.3300	MALE	Adult
60	2.3800	MALE	Adult
61	2.4300	MALE	Adult
62	2.4800	MALE	Adult
63	2.5300	MALE	Adult
-	0.1500	FEMALE	Dep Child
-	0.1300	MALE	Dep Child

*Issue Age Rating

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Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Cover Letter Comments: Attachment: CH-26113-IP (0110) AR Cover Letter.pdf	Approved-Closed	05/05/2011

	Item Status:	Status Date:
Satisfied - Item: Rate History Comments: Attachment: CH-26113-IP (0110) AR Rate History.pdf	Approved-Closed	05/05/2011



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

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

5/2/2011

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

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

Dear Ms. Minor,

We are filing for a 20% premium rate increase for your approval for the captioned individual specified disease/condition and major organ transplant policy form. This increase will only affect new business issued on or after 6/1/2011. This increase accounts for simplification in our underwriting processes. The main changes are: (1) elimination of requirement in obtaining prescription drug usage history; (2) elimination of random tobacco usage tests; and (3) elimination of several health and activity related questions on the application.

In addition to this premium rate increase, we are also reducing the tobacco usage factor from 2.0 to 1.7 based on recent industry study.

This form was approved for use in your state on 6/7/2010. Currently, there are 57 policyholders in force. Rates on the in force policies will not be affected by this filing.

Enclosed in this filing is the Actuarial Memorandum, along with a revised rate page and required transmittal forms.

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

Sincerely,

Jennifer Schilb
Actuarial Analyst
Phone: (800) 729-2302 x3884
Fax: (817)255-8274
Email: NRHAct-Comp@HealthMarkets.com

Enclosures

CH-26113-IP (01/10) AR

Individual Specified Disease/Condition and Major Organ Transplant Policy

Effective Date	Rate Increase/Decrease
No Rate History	