

SERFF Tracking Number: MGCA-127149661 State: Arkansas
Filing Company: The Chesapeake Life Insurance Company State Tracking Number: 48659
Company Tracking Number: CH-26115-IP (01/10) AR 201106 AR CHESAPEAKE 15689
TOI: H111 Individual Health - Disability Income Sub-TOI: H111.004 Other
Product Name: CH-26115-IP (01/10) AR - Individual Disability Income Insurance Policy
Project Name/Number: /

Filing at a Glance

Company: The Chesapeake Life Insurance Company

Product Name: CH-26115-IP (01/10) AR - SERFF Tr Num: MGCA-127149661 State: Arkansas

Individual Disability Income Insurance Policy

TOI: H111 Individual Health - Disability Income SERFF Status: Closed-Approved- State Tr Num: 48659
Closed

Sub-TOI: H111.004 Other Co Tr Num: CH-26115-IP (01/10) State Status: Approved-Closed
AR 201106 AR CHESAPEAKE
15689

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:

Submission Type: New Submission

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.

Company and Contact

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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	47222352
The Chesapeake Life Insurance Company	\$25.00	05/04/2011	47254486

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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
 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-26115-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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Project Name/Number: /

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,

Chanel Orallo, Jennifer Schilb, Sergei Mordovine, Sommay Khounlo

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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-26115-IP (01/10) AR Rates	CH-26115-IP (01/10) AR	New		CH-26115-IP (0110) AR Rates.pdf

The Chesapeake Life Insurance Company

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

Disability Income Insurance Policy

CH-26115-IP (01/10) AR

Formula

Round(AgeSex x Base x Inflation x Benefit x Benefit Period x Elimination Period x Occupational Class ,2)

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

Inflation
1.00000000

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	18.590

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

Benefit Options

Benefit Options	Factor
Occupational Class White collar	0.450000
Occupational Class Blue collar	1.120000
Benefit 500	3.440000
Benefit 1000	5.900000
Benefit 1500	9.100000
Benefit 2000	12.400000
Benefit 2500	15.800000
Benefit Period 6 month	0.550000
Benefit Period 12 month	0.700000
Benefit Period 18 month	0.800000
Benefit Period 24 month	0.900000
Benefit Period 36 month	1.000000
Benefit Period 48 month	1.150000
Benefit Period 60 month	1.300000
Elimination Period 14 Days	1.170000
Elimination Period 30 Days	0.830000

Age*	Factor	Gender	Adult/Dep
00	0.8800	Female	Adult
01	0.8800	Female	Adult
02	0.8800	Female	Adult
03	0.8800	Female	Adult
04	0.8800	Female	Adult
05	0.8800	Female	Adult
06	0.8800	Female	Adult
07	0.8800	Female	Adult
08	0.8800	Female	Adult
09	0.8800	Female	Adult
10	0.8800	Female	Adult
11	0.8800	Female	Adult
12	0.8800	Female	Adult
13	0.8800	Female	Adult
14	0.8800	Female	Adult
15	0.8800	Female	Adult

Age*	Factor	Gender	Adult/Dep
16	0.8900	Female	Adult
17	0.8900	Female	Adult
18	0.8900	Female	Adult
19	0.8900	Female	Adult
20	0.9000	Female	Adult
21	0.9100	Female	Adult
22	0.9200	Female	Adult
23	0.9300	Female	Adult
24	0.9600	Female	Adult
25	0.9800	Female	Adult
26	0.9900	Female	Adult
27	0.9900	Female	Adult
28	1.0100	Female	Adult
29	1.0200	Female	Adult
30	1.0400	Female	Adult
31	1.0500	Female	Adult
32	1.0700	Female	Adult
33	1.1000	Female	Adult
34	1.1300	Female	Adult
35	1.1700	Female	Adult
36	1.1800	Female	Adult
37	1.2000	Female	Adult
38	1.2200	Female	Adult
39	1.2600	Female	Adult
40	1.2900	Female	Adult
41	1.3000	Female	Adult
42	1.3200	Female	Adult
43	1.3400	Female	Adult
44	1.3700	Female	Adult
45	1.4000	Female	Adult
46	1.4200	Female	Adult
47	1.4400	Female	Adult
48	1.4700	Female	Adult
49	1.5200	Female	Adult
50	1.5700	Female	Adult
51	1.6000	Female	Adult
52	1.6400	Female	Adult
53	1.7000	Female	Adult
54	1.7900	Female	Adult
55	1.8900	Female	Adult
56	1.9300	Female	Adult
57	1.9500	Female	Adult
58	1.9800	Female	Adult
59	2.0300	Female	Adult
60	2.0400	Female	Adult
00	0.6300	Male	Adult
01	0.6300	Male	Adult
02	0.6300	Male	Adult
03	0.6300	Male	Adult
04	0.6300	Male	Adult
05	0.6300	Male	Adult
06	0.6300	Male	Adult
07	0.6300	Male	Adult
08	0.6300	Male	Adult
09	0.6300	Male	Adult

Age*	Factor	Gender	Adult/Dep
10	0.6300	Male	Adult
11	0.6300	Male	Adult
12	0.6300	Male	Adult
13	0.6300	Male	Adult
14	0.6300	Male	Adult
15	0.6300	Male	Adult
16	0.6300	Male	Adult
17	0.6300	Male	Adult
18	0.6400	Male	Adult
19	0.6400	Male	Adult
20	0.6400	Male	Adult
21	0.6500	Male	Adult
22	0.6600	Male	Adult
23	0.6700	Male	Adult
24	0.6800	Male	Adult
25	0.7000	Male	Adult
26	0.7000	Male	Adult
27	0.7100	Male	Adult
28	0.7200	Male	Adult
29	0.7300	Male	Adult
30	0.7500	Male	Adult
31	0.7600	Male	Adult
32	0.7800	Male	Adult
33	0.8000	Male	Adult
34	0.8400	Male	Adult
35	0.8700	Male	Adult
36	0.8900	Male	Adult
37	0.9000	Male	Adult
38	0.9300	Male	Adult
39	0.9600	Male	Adult
40	1.0000	Male	Adult
41	1.0100	Male	Adult
42	1.0300	Male	Adult
43	1.0600	Male	Adult
44	1.0900	Male	Adult
45	1.1300	Male	Adult
46	1.1500	Male	Adult
47	1.1700	Male	Adult
48	1.2100	Male	Adult
49	1.2600	Male	Adult
50	1.3100	Male	Adult
51	1.3500	Male	Adult
52	1.3900	Male	Adult
53	1.4600	Male	Adult
54	1.5500	Male	Adult
55	1.6400	Male	Adult
56	1.6800	Male	Adult
57	1.7000	Male	Adult
58	1.7200	Male	Adult
59	1.7600	Male	Adult
60	1.7700	Male	Adult

*Issue Age Rating

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Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Cover Letter	Approved-Closed	05/05/2011
Comments:		
Attachment: CH-26115-IP (0110) AR Cover Letter.pdf		

	Item Status:	Status Date:
Satisfied - Item: Rate History	Approved-Closed	05/05/2011
Comments:		
Attachment: CH-26115-IP (0110) AR Rate History.pdf		



**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

4/27/2011

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 Disability Income Insurance Policy
Policy Form Number: CH-26115-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 disability income insurance 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 including elimination of requirement in obtaining prescription drug usage history, and elimination of several health and activity related questions on the application.

This form was approved for use in your state on 6/7/2010. Currently, there are 9 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-26115-IP (01/10) AR
Individual Disability Income Insurance Policy

Effective Date	Rate Increase/Decrease
No Rate History	