

State: Arkansas **Filing Company:** United Teacher Associates Insurance Company
TOI/Sub-TOI: H16I Individual Health - Major Medical/H16I.005C Individual - Other
Product Name: 2012 UTA Major Medical Rate Increase
Project Name/Number: /

Filing at a Glance

Company: United Teacher Associates Insurance Company
Product Name: 2012 UTA Major Medical Rate Increase
State: Arkansas
TOI: H16I Individual Health - Major Medical
Sub-TOI: H16I.005C Individual - Other
Filing Type: Rate
Date Submitted: 11/01/2012
SERFF Tr Num: UTAC-128624443
SERFF Status: Closed-Disapproved
State Tr Num:
State Status: Disapproved-Closed
Co Tr Num:

Implementation: 02/01/2013
Date Requested:
Author(s): Taylor Weber
Reviewer(s): Rosalind Minor (primary)
Disposition Date: 11/13/2012
Disposition Status: Disapproved
Implementation Date:

State Filing Description:

State: Arkansas **Filing Company:** United Teacher Associates Insurance Company
TOI/Sub-TOI: H16I Individual Health - Major Medical/H16I.005C Individual - Other
Product Name: 2012 UTA Major Medical Rate Increase
Project Name/Number: /

General Information

Project Name: Status of Filing in Domicile: Not Filed
 Project Number: Date Approved in Domicile:
 Requested Filing Mode: Review & Approval Domicile Status Comments: No Inforce.
 Explanation for Combination/Other: Market Type: Individual
 Submission Type: New Submission Individual Market Type: Individual
 Overall Rate Impact: 18% Filing Status Changed: 11/13/2012
 State Status Changed: 11/13/2012
 Deemer Date: Created By: Taylor Weber
 Submitted By: Taylor Weber Corresponding Filing Tracking Number:
 PPACA: Grandfathered Immed Mkt Reforms
 PPACA Notes: null
 Include Exchange Intentions: No

Filing Description:
 2012 UTA Major Medical Rate Increase

Company and Contact

Filing Contact Information

Taylor Weber, Actuarial Consultant tweber@actmanre.com
 11200 Lakeline Boulevard #100 336-714-8876 [Phone]
 Austin, TX 78717

Filing Company Information

United Teacher Associates CoCode: 63479 State of Domicile: Texas
 Insurance Company Group Code: 84 Company Type: Insurance
 11200 Lakeline Blvd., Suite 100 Group Name: Company
 P.O. Box 26580 FEIN Number: 58-0869673 State ID Number:
 Austin, TX 78755-0580
 (800) 880-8824 ext. [Phone]

Filing Fees

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

Company	Amount	Date Processed	Transaction #
United Teacher Associates Insurance Company	\$50.00	11/01/2012	64471597

SERFF Tracking #:

UTAC-128624443

State Tracking #:

Company Tracking #:

State: Arkansas

Filing Company:

United Teacher Associates Insurance Company

TOI/Sub-TOI: H16I Individual Health - Major Medical/H16I.005C Individual - Other

Product Name: 2012 UTA Major Medical Rate Increase

Project Name/Number: /

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Disapproved	Rosalind Minor	11/13/2012	11/13/2012

Objection Letters and Response Letters

Objection Letters

Status	Created By	Created On	Date Submitted
Pending Industry Response	Rosalind Minor	11/06/2012	11/06/2012
Pending Industry Response	Rosalind Minor	11/01/2012	11/01/2012

Response Letters

Responded By	Created On	Date Submitted
Taylor Weber	11/06/2012	11/06/2012
Taylor Weber	11/06/2012	11/06/2012

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Objection Letter on this date	Note To Filer	Rosalind Minor	11/01/2012	11/06/2012

SERFF Tracking #:

UTAC-128624443

State Tracking #:

Company Tracking #:

State: Arkansas **Filing Company:** United Teacher Associates Insurance Company
TOI/Sub-TOI: H16I Individual Health - Major Medical/H16I.005C Individual - Other
Product Name: 2012 UTA Major Medical Rate Increase
Project Name/Number: /

Disposition

Disposition Date: 11/13/2012

Implementation Date:

Status: Disapproved

HHS Status: HHS Denied

State Review: Reviewed by Actuary

Comment:

It is the primary mission of the Arkansas Insurance Department to protect consumers.

Given the fact that this policy has received extremely high percentage of increases since 2001 and earlier, we are DISAPPROVING your request for an 18% rate increase.

Thank you for your understanding in this matter.

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 req'd):	Minimum % Change (where req'd):
United Teacher Associates Insurance Company	Increase	18.000%	18.000%	\$2,199	1	\$14,658	18.000%	18.000%

Percent Change Approved:

Minimum: %

Maximum: %

Weighted Average: %

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Health - Actuarial Justification	Disapproved	No

SERFF Tracking #:

UTAC-128624443

State Tracking #:**Company Tracking #:****State:**

Arkansas

Filing Company:

United Teacher Associates Insurance Company

TOI/Sub-TOI:

H16I Individual Health - Major Medical/H16I.005C Individual - Other

Product Name:

2012 UTA Major Medical Rate Increase

Project Name/Number:

/

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Rate Summary Worksheet	Disapproved	No
Supporting Document	Consumer Disclosure Form	Disapproved	No
Supporting Document	Cover Letter	Disapproved	Yes
Supporting Document	Transmittal Document	Disapproved	Yes
Supporting Document	Third-Party Authorization	Disapproved	Yes
Supporting Document	Inforce Data	Disapproved	Yes
Supporting Document	Nationwide Rate Increase History	Disapproved	No
Supporting Document	State Rate Increase History	Disapproved	No
Supporting Document	State and Nationwide Exhibit IV	Disapproved	No
Rate	Rate Pages	Disapproved	Yes

State: Arkansas **Filing Company:** United Teacher Associates Insurance Company
TOI/Sub-TOI: H16I Individual Health - Major Medical/H16I.005C Individual - Other
Product Name: 2012 UTA Major Medical Rate Increase
Project Name/Number: /

Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	11/06/2012
Submitted Date	11/06/2012
Respond By Date	

Dear Taylor Weber,

Introduction:

This will acknowledge receipt of the captioned filing.

Objection 1

Comments:

Please refer to the Rate Review Detail data under the Rate/Rule tab. The dollar amount of the Prior Annual Rate and Requested Annual Rate is to be reported on a PMPM basis. It is requested that you do a post-submission update to reflect the correct dollar amounts.

We appreciate your cooperation in this matter.

Conclusion:

A.C.A. 23-79-109(1)-(5) sets forth the procedure by which filings may be deemed approved upon the expiration of certain time periods with no affirmative action by the commissioner. If the commissioner determines that additional information is needed to make a decision regarding approval, such request for information will be made to the company. The filing will not be considered complete until said additional information is received. The time periods set forth in this statute will not begin to run until the filing is complete.

Please feel free to contact me if you have questions.

Sincerely,

Rosalind Minor

State: Arkansas **Filing Company:** United Teacher Associates Insurance Company
TOI/Sub-TOI: H16I Individual Health - Major Medical/H16I.005C Individual - Other
Product Name: 2012 UTA Major Medical Rate Increase
Project Name/Number: /

Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	11/01/2012
Submitted Date	11/01/2012
Respond By Date	

Dear Taylor Weber,

Introduction:

This will acknowledge receipt of the captioned filing.

Objection 1

- Health - Actuarial Justification (Supporting Document)

Comments:

I cannot start my review of this submission until I have verification from HIOS that you have filed the rate through them since it is above 10%.

The first step is to file it through HIOS and then send to our Department.

Conclusion:

A.C.A. 23-79-109(1)-(5) sets forth the procedure by which filings may be deemed approved upon the expiration of certain time periods with no affirmative action by the commissioner. If the commissioner determines that additional information is needed to make a decision regarding approval, such request for information will be made to the company. The filing will not be considered complete until said additional information is received. The time periods set forth in this statute will not begin to run until the filing is complete.

Please feel free to contact me if you have questions.

Sincerely,

Rosalind Minor

State: Arkansas **Filing Company:** United Teacher Associates Insurance Company
TOI/Sub-TOI: H16I Individual Health - Major Medical/H16I.005C Individual - Other
Product Name: 2012 UTA Major Medical Rate Increase
Project Name/Number: /

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	11/06/2012
Submitted Date	11/06/2012

Dear Rosalind Minor,

Introduction:

Thank you for your letter.

Response 1

Comments:

This section has been updated. Let me know if you have any more questions.

Related Objection 1

Comments:

Please refer to the Rate Review Detail data under the Rate/Rule tab. The dollar amount of the Prior Annual Rate and Requested Annual Rate is to be reported on a PMPM basis. It is requested that you do a post-submission update to reflect the correct dollar amounts.

We appreciate your cooperation in this matter.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Thank you for your time and consideration.

Sincerely,

Taylor Weber

State: Arkansas **Filing Company:** United Teacher Associates Insurance Company
TOI/Sub-TOI: H16I Individual Health - Major Medical/H16I.005C Individual - Other
Product Name: 2012 UTA Major Medical Rate Increase
Project Name/Number: /

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	11/06/2012
Submitted Date	11/06/2012

Dear Rosalind Minor,

Introduction:

Thank you for your letter.

Response 1

Comments:

Thank you for your time on the phone discussing this matter. Let me know if there is anything else I can provide to help with your review.

Related Objection 1

Applies To:

- Health - Actuarial Justification (Supporting Document)

Comments:

I cannot start my review of this submission until I have verification from HIOS that you have filed the rate through them since it is above 10%.

The first step is to file it through HIOS and then send to our Department.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Thank you for your time and consideration.

Sincerely,

Taylor Weber

State: Arkansas **Filing Company:** United Teacher Associates Insurance Company
TOI/Sub-TOI: H16I Individual Health - Major Medical/H16I.005C Individual - Other
Product Name: 2012 UTA Major Medical Rate Increase
Project Name/Number: /

Note To Filer

Created By:

Rosalind Minor on 11/01/2012 02:06 PM

Last Edited By:

Rosalind Minor

Submitted On:

11/13/2012 02:21 PM

Subject:

Objection Letter on this date

Comments:

Please ignore my objection letter. I just noticed that the filing is for a Grandfathered plan that does not need to be submitted through HIOS.

Thank you for your understanding.

State: Arkansas **Filing Company:** United Teacher Associates Insurance Company
TOI/Sub-TOI: H16I Individual Health - Major Medical/H16I.005C Individual - Other
Product Name: 2012 UTA Major Medical Rate Increase
Project Name/Number: /

Post Submission Update Request Processed On 11/08/2012

Status: Allowed
Created By: Taylor Weber
Processed By: Rosalind Minor
Comments:

Company Rate Information:

Company Name:United Teacher Associates Insurance Company

Field Name	Requested Change	Prior Value
PRIOR RATE:		
Min:	1,221.510	14,658.160
Max:	1,221.510	14,658.160
Wighted Avg.:	1,221.510	14,658.160
REQUESTED RATE:		
Min:	1,441.390	17,296.630
Max:	1,441.390	17,296.630
Weighted Avg.:	1,441.390	17,296.630

SERFF Tracking #:

UTAC-128624443

State Tracking #:

Company Tracking #:

State: Arkansas

Filing Company:

United Teacher Associates Insurance Company

TOI/Sub-TOI: H16I Individual Health - Major Medical/H16I.005C Individual - Other

Product Name: 2012 UTA Major Medical Rate Increase

Project Name/Number: /

Rate Information

Rate data applies to filing.

Filing Method: SERFF

Rate Change Type: Increase

Overall Percentage of Last Rate Revision: 10.000%

Effective Date of Last Rate Revision: 04/24/2010

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 req'd):	Minimum % Change (where req'd):
United Teacher Associates Insurance Company	Increase	18.000%	18.000%	\$2,199	1	\$14,658	18.000%	18.000%

Product Type:	HMO	PPO	EPO	POS	HSA	HDHP	FFS	Other
Covered Lives:								1
Policy Holders:								1

State: Arkansas **Filing Company:** United Teacher Associates Insurance Company
TOI/Sub-TOI: H16I Individual Health - Major Medical/H16I.005C Individual - Other
Product Name: 2012 UTA Major Medical Rate Increase
Project Name/Number: /

Rate Review Detail

COMPANY:

Company Name: United Teacher Associates Insurance Company
HHS Issuer Id: 00000
Product Names: UTA Individual Major Medical
Trend Factors: These policy forms provide for the payment of actual medical expense benefits that are impacted by medical inflation. The medical trend has been estimated to be 10.0% and is expected to be due to utilization changes, new medical procedures, technology improvements, and provider price increases. An aging trend of 3.0% was used in Exhibit IV to account for the aging of a closed block when doing the projections in the future. This aging trend is based on the average increase in renewal year loss ratios over future durations and reflects the future potential for increased utilization due to aging. A premium trend of 0.0045% was used in Exhibit IV to account of the annual attained age increases in the premium rates on the attained age policy forms. These include policy forms 1728 and 608.

FORMS:

New Policy Forms:
Affected Forms: 75.791
Other Affected Forms:

REQUESTED RATE CHANGE INFORMATION:

Change Period: Annual
Member Months: 12
Benefit Change: Increase
Percent Change Requested: Min: 18.0 Max: 18.0 Avg: 18.0

PRIOR RATE:

Total Earned Premium: 14,948.00
Total Incurred Claims: 46.00
Annual \$: Min: 1,221.51 Max: 1,221.51 Avg: 1,221.51

REQUESTED RATE:

Projected Earned Premium: 13,294.00
Projected Incurred Claims: 29.00
Annual \$: Min: 1,441.39 Max: 1,441.39 Avg: 1,441.39

SERFF Tracking #:

UTAC-128624443

State Tracking #:**Company Tracking #:****State:**

Arkansas

Filing Company:

United Teacher Associates Insurance Company

TOI/Sub-TOI:

H16I Individual Health - Major Medical/H16I.005C Individual - Other

Product Name:

2012 UTA Major Medical Rate Increase

Project Name/Number:

/

Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information		Attachments
1	Disapproved 11/13/2012	Rate Pages	L160-030	Revised	Previous State Filing Number:		Rate Pages.pdf
					Percent Rate Change Request:	18.000	

Exhibit I

United Teacher Associates Insurance Company

Major Medical

Experience as of 7/31/2012

Form	Policy Number	Issue Age	Premium	
			Current	Proposed

In the state of Arkansas

L160-030

DN1046712J

19

14,658.16

17,296.63

United Teacher Associates Insurance Company
Major Medical
Active Forms by Original Company as of 7/31/2012

Company	Form
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In the state of Arkansas

Continental Assurance Company (CNA)	L160-030
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SERFF Tracking #:

UTAC-128624443

State Tracking #:

Company Tracking #:

State:

Arkansas

Filing Company:

United Teacher Associates Insurance Company

TOI/Sub-TOI:

H16I Individual Health - Major Medical/H16I.005C Individual - Other

Product Name:

2012 UTA Major Medical Rate Increase

Project Name/Number:

/

Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Cover Letter	Disapproved	11/13/2012
Comments:			
Attachment(s):			
Cover Letter.pdf			

		Item Status:	Status Date:
Satisfied - Item:	Transmittal Document	Disapproved	11/13/2012
Comments:			
Attachment(s):			
Transmittal Document.pdf			

		Item Status:	Status Date:
Satisfied - Item:	Third-Party Authorization	Disapproved	11/13/2012
Comments:			
Attachment(s):			
UTA auth letter[1].pdf			

		Item Status:	Status Date:
Satisfied - Item:	Inforce Data	Disapproved	11/13/2012
Comments:			
Attachment(s):			
In Force Pages.pdf			



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

August 8, 2012

Hon. Jay Bradford
Commissioner of Insurance, Arkansas Insurance Department
1200 West 3rd Street
Little Rock, Arkansas 72201-1904
Attn. Rate and Form Analyst

Re: United Teacher Associates Insurance Company
Form 708, etc. – Major Medical Rate Revision
NAIC # 63479, FEIN # 58-0869673

Enclosed are copies of our Actuarial Memorandum in support of this rate revision request. This revision will apply to in force policies only. An increase of 18% is being requested at this time.

The proposed effective date is contingent on state approval of the rate revision or thereafter taking into consideration policyholder notification guidelines in your state.

The estimated number of policyholders in your state and nationwide which will be affected by this revision is shown in Exhibit II of the Actuarial Memorandum. The annualized premium in your state and nationwide is also shown in Exhibit II of the Actuarial Memorandum.

United Teacher Associates Insurance Company is domiciled in the state of Texas.

Please return your acknowledgment that revised rates have been filed or approved for use in your state. Should you have any questions related to our submission or require additional information, please contact me. My direct telephone number is 1-336-714-2903.

Sincerely,

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

Enclosures

Life, Accident & Health, Annuity, Credit Transmittal Document

1.	Prepared for the State of	Arkansas
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2.	Department Use Only
	State Tracking ID

3.	Insurer Name & Address	Domicile	Insurer License Type	NAIC Group #	NAIC #	FEIN #	State #
	United Teacher Associates Insurance Company 5508 Parkcrest Drive Austin, TX 78731	Texas	Life		63479	58-0869673	

4.	Contact Name & Address	Telephone #	Fax #	E-mail Address
	D. Joeff Williams, FSA, MAAA 4964 University Parkway Suite 203 Winston-Salem, NC 27106	(336) 714-2903	(336) 759-3141	jwilliams@actmanre.com

5.	Requested Filing Mode	<input checked="" type="checkbox"/> Review & Approval <input type="checkbox"/> File & Use <input type="checkbox"/> Informational <input type="checkbox"/> Combination (please explain): _____ <input type="checkbox"/> Other (please explain): _____
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6.	Company Tracking Number	
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7.	<input checked="" type="checkbox"/> New Submission <input type="checkbox"/> Resubmission	Previous file # _____
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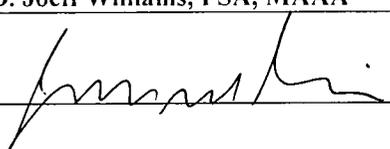
8.	Market	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Franchise <input type="checkbox"/> Small <input type="checkbox"/> Large <input type="checkbox"/> Small and Large <input type="checkbox"/> Employer <input type="checkbox"/> Association <input type="checkbox"/> Blanket <input type="checkbox"/> Discretionary <input type="checkbox"/> Trust <input type="checkbox"/> Other: _____
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9.	Type of Insurance	H161 Individual Health – Major Medical
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10.	Product Coding Matrix Filing Code	H161.005C Individual – Other
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11.	Submitted Documents	<div style="margin-bottom: 10px;"> <input type="checkbox"/> FORMS <input type="checkbox"/> Policy <input type="checkbox"/> Outline of Coverage <input type="checkbox"/> Certificate <input type="checkbox"/> Application/Enrollment <input type="checkbox"/> Rider/Endorsement <input type="checkbox"/> Advertising <input type="checkbox"/> Schedule of Benefits <input type="checkbox"/> Other </div> <div style="margin-bottom: 10px;"> Rates <input type="checkbox"/> New Rate <input checked="" type="checkbox"/> Revised Rate <input type="checkbox"/> FILING OTHER THAN FORM OR RATE: Please explain: _____ </div> <div> SUPPORTING DOCUMENTATION <input type="checkbox"/> Articles of Incorporation <input type="checkbox"/> Third Party Authorization <input type="checkbox"/> Association Bylaws <input type="checkbox"/> Trust Agreements <input type="checkbox"/> Statement of Variability <input type="checkbox"/> Certifications <input checked="" type="checkbox"/> Actuarial Memorandum <input type="checkbox"/> Other _____ </div>
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12.	Filing Submission Date	August 8, 2012	
13.	Filing Fee (If required)	Amount <u>\$50.00</u>	Check Date _____
		Retaliatory <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Check Number <u>EFT</u>
14.	Date of Domiciliary Approval	No Inforce	
15.	Filing Description: Major Medical 18% Rate Increase		

16.	Certification (If required): Arkansas		
I HEREBY CERTIFY that I have reviewed the applicable filing requirements for this filing, and the filing complies with all applicable statutory and regulatory provisions for the state of <u>Arkansas</u> .			
Print Name	<u>D. Joeff Williams, FSA, MAAA</u>	Title	<u>Consulting Actuary</u>
Signature		Date:	<u>August 8, 2012</u>

17.	Form Filing Attachment
This filing transmittal is part of company tracking number	
This filing corresponds to rate filing company tracking number	

	Document Name	Form Number		Replaced Form Number
	Description			Previous State Filing Number
01			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
02			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
03			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
04			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
05			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
06			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
07			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
08			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
09			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
10			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	

LH FFA-1

18.		Rate Filing Attachment		
This filing transmittal is part of company tracking number				
This filing corresponds to form filing company tracking number				
Overall percentage rate indication (when applicable)				
Overall percentage rate impact for this filing		%		
	Document Name	Affected Form Numbers		Previous State Filing Number
	Description			
01	Major Medical	L160-030	<input type="checkbox"/> New <input checked="" type="checkbox"/> Revised Request +18% - ____% <input type="checkbox"/> Other _____	
02			<input type="checkbox"/> New <input type="checkbox"/> Revised Request ____% - ____% <input type="checkbox"/> Other _____	
03			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____% - ____% <input type="checkbox"/> Other _____	
04			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____% - ____% <input type="checkbox"/> Other _____	
05			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____% - ____% <input type="checkbox"/> Other _____	
06			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____% - ____% <input type="checkbox"/> Other _____	
07			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____% - ____% <input type="checkbox"/> Other _____	
08			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____% - ____% <input type="checkbox"/> Other _____	
09			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____% - ____% <input type="checkbox"/> Other _____	
10			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____% - ____% <input type="checkbox"/> Other _____	

LH RFA-1



United Teacher Associates Insurance CompanySM
P.O. Box 26580
Austin, Texas 78755-0580

Shipping Address:
11200 Lakeline Blvd Ste. 100
Austin, Texas 78717

Phone: 800-880-8824
Fax: 512-467-1399

March 8, 2012

RE: United Teacher Associates Insurance Company Rate Filing

Dear Commissioner:

United Teacher Associates Insurance Company hereby authorized Actuarial Management Resources, Inc., to represent us in the submissions of accident and health insurance rates and to negotiate with the Department for their approval of said rates on policies on behalf of United Teacher Associates Insurance Company that are attached hereto as Exhibit A. The contact information for AMR is

Actuarial Management Resources, Inc.
4964 University Parkway, Suite 203
Winston-Salem, North Carolina 27106

This authorization is valid until revoked in writing.

Should you need any additional information please do not hesitate to contact me directly. I can be reached at (512)561-1484.

Sincerely,

A handwritten signature in cursive script that reads "Tracy E. Maples".

Tracy E. Maples, ASA, MAAA
Senior Vice President & Chief Actuary

Exhibit II
Inforce Data
Experience as of 12/31/2011

Policy Form	Policy Count	Annual Premium	Average Premium Per Policy	
			Before Inc.	After Inc.
Arkansas Only				
1-A1-249	0	0	0	0
1-A1-563	0	0	0	0
1708	0	0	0	0
1728	0	0	0	0
3070	0	0	0	0
3104	0	0	0	0
3119	0	0	0	0
3207	0	0	0	0
4000	0	0	0	0
469	0	0	0	0
481	0	0	0	0
63GR01 (LS-2915) (MM)	0	0	0	0
66RH (LS-3852) (MM)	0	0	0	0
67.790	0	0	0	0
69MG (LS-4364) (MM)	0	0	0	0
708	0	0	0	0
75.791	0	0	0	0
764	0	0	0	0
77.920	0	0	0	0
8152	0	0	0	0
8519/8521	0	0	0	0
951	0	0	0	0
AS 663 U REV. 7-60	0	0	0	0
AS 673 U 7-60	0	0	0	0
CP40	0	0	0	0
E401	0	0	0	0
E501	0	0	0	0
GRM 6-68	0	0	0	0
H-MM-1-70	0	0	0	0
L-10-38	0	0	0	0
L-320 (MM)	0	0	0	0
L160-003	0	0	0	0
L160-014	0	0	0	0
L160-030	1	14,658	14,658	17,297
L160-032	0	0	0	0
L160-058	0	0	0	0
L160-063	0	0	0	0
L160-094	0	0	0	0
L160-104	0	0	0	0
MM	0	0	0	0
OL800	0	0	0	0
OL805	0	0	0	0
P1-51831	0	0	0	0
P1-51832	0	0	0	0
P1-51833	0	0	0	0
P1-94813	0	0	0	0
SMM-260	0	0	0	0
	1	14,658	14,658	17,297

Exhibit II
Inforce Data
Experience as of 12/31/2011

Policy Form	Policy Count	Annual Premium	Average Premium Per Policy	
			Before Inc.	After Inc.
Nationwide				
I-A1-249	0	0	0	0
I-A1-563	10	1,302	130	154
1708	11	58,120	5,284	6,235
1728	0	0	0	0
3070	3	1,504	501	592
3104	2	934	467	551
3119	4	11,328	2,832	3,342
3207	0	0	0	0
4000	2	2,395	1,197	1,413
469	1	5,230	5,230	6,172
481	2	9,700	4,850	5,723
63GR01 (LS-2915) (MM)	3	2,017	672	793
66RH (LS-3852) (MM)	1	512	512	604
67.790	5	18,088	3,618	4,269
69MG (LS-4364) (MM)	7	3,833	548	646
708	10	48,638	4,864	5,739
75.791	13	53,239	4,095	4,833
764	3	11,371	3,790	4,472
77.920	0	0	0	0
8152	1	2,279	2,279	2,690
8519/8521	0	0	0	0
951	2	17,844	8,922	10,528
AS 663 U REV. 7-60	0	0	0	0
AS 673 U 7-60	2	3,818	1,909	2,252
CP40	4	518	129	153
E401	1	232	232	274
E501	2	156	78	92
GRM 6-68	1	2,865	2,865	3,381
H-MM-1-70	0	0	0	0
L-10-38	1	19,869	19,869	23,446
L-320 (MM)	2	974	487	575
L160-003	3	3,937	1,312	1,549
L160-014	0	0	0	0
L160-030	3	14,973	4,991	5,889
L160-032	4	2,735	684	807
L160-058	1	477	477	563
L160-063	2	15,517	7,759	9,155
L160-094	1	587	587	693
L160-104	6	5,659	943	1,113
MM	0	0	0	0
OL800	1	829	829	979
OL805	1	2,138	2,138	2,523
P1-51831	0	0	0	0
P1-51832	1	89	89	105
P1-51833	4	5,701	1,425	1,682
P1-94813	0	0	0	0
SMM-260	1	60	60	71
	121	329,469	2,723	3,213