

SERFF Tracking Number: CEUL-128263479 State: Arkansas  
 Filing Company: Central United Life Insurance Company State Tracking Number:  
 Company Tracking Number: AR\_XFORMS\_2012  
 TOI: H07I Individual Health - Specified Disease - Limited Benefit Sub-TOI: H07I.002A Dread Disease - Cancer Only  
 Product Name: XFORMS 2012  
 Project Name/Number: XFORMS 2012/

## Filing at a Glance

Company: Central United Life Insurance Company

Product Name: XFORMS 2012 SERFF Tr Num: CEUL-128263479 State: Arkansas  
 TOI: H07I Individual Health - Specified Disease - Limited Benefit SERFF Status: Closed-Approved- Closed State Tr Num:  
 Sub-TOI: H07I.002A Dread Disease - Cancer Only Co Tr Num: AR\_XFORMS\_2012 State Status: Approved-Closed  
 Filing Type: Rate Reviewer(s): Rosalind Minor  
 Authors: Allie Zhou, Cindy Hu, Norma Flores, Janett Turcios Disposition Date: 05/10/2012  
 Date Submitted: 04/18/2012 Disposition Status: Approved-Closed  
 Implementation Date Requested: 06/01/2012 Implementation Date:

State Filing Description:

## General Information

Project Name: XFORMS 2012 Status of Filing in Domicile: Pending  
 Project Number: Date Approved in Domicile:  
 Requested Filing Mode: File & Use Domicile Status Comments:  
 Explanation for Combination/Other: Market Type: Individual  
 Submission Type: New Submission Individual Market Type:  
 Overall Rate Impact: 5% Filing Status Changed: 05/10/2012  
 State Status Changed: 05/10/2012  
 Deemer Date: Created By: Allie Zhou  
 Submitted By: Allie Zhou Corresponding Filing Tracking Number:  
 Filing Description:  
 An actuarial study of our business in this line has revealed that our current rates are inadequate to support our experience. We have included the required Actuarial Memorandum detailing the actuarial analysis of our experience.

The Company is requesting a 5% rate increase for this closed block of business. The increase will be applied uniformly to all policyholders within the state.

We appreciate the Department's time and consideration in the review of this filing.

SERFF Tracking Number: CEUL-128263479 State: Arkansas  
 Filing Company: Central United Life Insurance Company State Tracking Number:  
 Company Tracking Number: AR\_XFORMS\_2012  
 TOI: H071 Individual Health - Specified Disease - Limited Benefit Sub-TOI: H071.002A Dread Disease - Cancer Only  
 Product Name: XFORMS 2012  
 Project Name/Number: XFORMS 2012/

State Narrative:

## Company and Contact

### Filing Contact Information

Cindy Hu, Rates Supervisor chu@manhattanlife.com  
 Wortham Tower 713-821-6450 [Phone]  
 2727 Allen Parkway 713-529-9425 [FAX]  
 Suite 500  
 Houston, TX 77019-2100

### Filing Company Information

Central United Life Insurance Company CoCode: 61883 State of Domicile: Arkansas  
 Wortham Tower Group Code: 117 Company Type:  
 2727 Allen Parkway Group Name: State ID Number:  
 Suite 500 FEIN Number: 42-0884060  
 Houston, TX 77019-2100  
 (713) 529-0045 ext. [Phone]

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## Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Central United Life Insurance Company	\$50.00	04/18/2012	58092552

SERFF Tracking Number: CEUL-128263479 State: Arkansas  
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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	05/10/2012	05/10/2012

SERFF Tracking Number: CEUL-128263479 State: Arkansas  
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## Disposition

Disposition Date: 05/10/2012

Implementation Date:

Status: Approved-Closed

Comment:

We have approved a 5% 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):
Central United Life Insurance Company	5.000%	5.000%	\$9,264	142	\$185,272	5.000%	5.000%

*SERFF Tracking Number:* CEUL-128263479      *State:* Arkansas  
*Filing Company:* Central United Life Insurance Company      *State Tracking Number:*  
*Company Tracking Number:* AR\_XFORMS\_2012  
*TOI:* H071 Individual Health - Specified Disease - Limited Benefit      *Sub-TOI:* H071.002A Dread Disease - Cancer Only  
*Product Name:* XFORMS 2012  
*Project Name/Number:* XFORMS 2012/

<b>Schedule</b>	<b>Schedule Item</b>	<b>Schedule Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Health - Actuarial Justification	Approved-Closed	No
<b>Rate</b>	Exhibit VI	Approved-Closed	No

SERFF Tracking Number: CEUL-128263479 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: 10.000%  
 Effective Date of Last Rate Revision: 04/01/2011  
 Filing Method of Last Filing: SERFF

## Company Rate Information

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):
Central United Life Insurance Company	5.000%	5.000%	\$9,264	142	\$185,272	5.000%	5.000%

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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 05/10/2012	Exhibit VI	XCEP350MC, XCP1003, XCP1003AR, XCP1004, XCP1004AR, XCP1005	New		Exhibit VI_AR.pdf

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## Supporting Document Schedules

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Health - Actuarial Justification <b>Comments:</b> <b>Attachments:</b> AR_Cover Letter.pdf Xforms_memo_AR.pdf AR_NAIC Transmittal Document.pdf Exhibit_I.pdf Exhibit_II_5%.pdf Exhibit III_AR.pdf Exhibit IV_AR.pdf Exhibit V_AR.pdf Exhibit VI_AR.pdf Exhibit_VII.pdf Exhibit_VIII.pdf	Approved-Closed	05/10/2012

# CENTRAL UNITED LIFE

April 12, 2012

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

Attn: Life & Health Division

**Re: NAIC # 61883 Central United Life Insurance**  
**Rate Increase: X-Forms**

Dear Ms. Minor:

An actuarial study of our business in this line has revealed that our current rates are inadequate to support our experience. We have included the required Actuarial Memorandum detailing the actuarial analysis of our experience.

The Company is requesting a 5% rate increase for this closed block of business. The increase will be applied uniformly to all policyholders within the state.

We appreciate the Department's time and consideration in the review of this filing.

Should you have any questions or comments, please contact me at (713) 821-6450, or email me at [chu@manhattanlife.com](mailto:chu@manhattanlife.com).

Sincerely,

Cindy Hu  
Statistics Department

Enclosure  
cc: State file

Central United Life Insurance Company  
Wortham Tower  
2727 Allen Parkway, Fifth Floor  
Houston, TX 77019-2115

Phone: 713-821-6450  
Toll Free: 800-669-9030  
Fax: 713-529-9425



Central United Life Insurance Company  
Cancer Forms XCEP-350, XCP100x & Riders  
Individual A&H Rate Increase  
Actuarial Memorandum - Arkansas

Purpose & Scope

The policy is a specified disease (Cancer) policy. The purpose of this rate filing is to justify the need for a rate increase and to demonstrate that the anticipated loss ratios meet minimum state requirements. This rate filing is not intended for any other purpose.

Benefits and Renewability

The rate increase will be effective on the anniversary date following the date the rate increase is approved, and will be effective for at least 12 months following the effective date of the increase. Beginning in 2001, the Company offered certain cancer policy holders the option to accept an endorsement which reduced the unlimited radiation and chemotherapy benefits in lieu of a rate increase. These cancer policies with this endorsement comprise this pool. This offer has already been discontinued and hence this pool is now a closed block of business. These policies are guaranteed renewable.

Applicability

The requested rate increase will apply to the base coverage and listed riders. This rate increase will apply only to in force business since no new policies are being sold. The forms are listed in Exhibit IV.

Rate Increase

The Company is requesting a 5.0% rate increase to be effective on or after June 1, 2012. The rate increase will be effective on the first premium due date following the date the rate increase is approved, subject to any regulatory or contractual provisions.

Reason and Basis for Rate Change

The requested rate increase is the amount needed to reduce the actual loss ratios to the previously filed and approved anticipated loss ratios. It is possible that the Company will require additional rate increases in the future. The rate increase will be effective following the date the rate increase is approved and subject to any regulatory or contractual provisions. A rate increase of 28.98% was calculated to be the amount necessary to achieve a future incurred loss ratio of 75% and a lifetime incurred loss ratio of at least 71%. It is in the interest of both the company and the policyholders to request a more modest increase of 5.0% in your state.

The implementation date will be on the policy anniversary following the date the rate increase is effective.

History of Rate Adjustments

Exhibit V includes data on past rate increases.

Number of Policyholders and Annualized Premiums

Exhibit III shows the policyholder count and annualized premium and the average annualized premium before and after the increase.

Premium Rates

The set of premium rates is attached in Exhibit VI

Central United Life Insurance Company  
Cancer Forms XCEP-350, XCP100x & Riders  
Individual A&H Rate Increase  
Actuarial Memorandum - Arkansas

Sales Dates

These policies were originally issued between 1987 and 2001. The endorsements were accepted 2001 and later.

Past Experience and Projected Loss Ratio Experience

Exhibit I shows the Nationwide Historical experience of this pool since 2001.

Exhibit II show the projected Nationwide expected incurred loss ratios for the next 20 years.

The following are the assumptions used in the projection:

Medical Trend: 5% per annum through the end of the proposed rating period. None thereafter. Please see Exhibit VIII.

Lapse Rate: 8.25% all years. Please see Exhibit VII.

Interest Factor: 5.0% per year.

Aging Factor: Based on originally filed expected loss ratios.

Attachments:

Exhibit I – Historical Experience - Nationwide

Exhibit II – Projected Nationwide Experience

Exhibit III – State & Nationwide Inforce as of 12/31/2011

Exhibit IV – Policy Forms

Exhibit V – Rate Increase History by State

Exhibit VI – Premium Rate Schedule

Exhibit VII – Persistency Report

Exhibit VIII – Claim Trend

Actuarial Certification

I hereby certify that I am a member of the American Academy of Actuaries and meet that organization's qualification standards for issuing the following actuarial opinion.

To the best of my knowledge and judgment:

- This submission was prepared based on the current standards of practice as promulgated by the Actuarial Standard Board, including ASOP No. 8 and ASOP No. 23.
- This filing is in compliance with applicable rules and regulation in the state.
- The proposed premiums are reasonable in relation to the benefits provided.
- The assumptions made present our best judgment as to the expected value for each assumption and are consistent with the company's business plan at the time of filing.
- The anticipated lifetime loss ratio equals or exceeds the state regulatory minimum loss ratio for policies of this type.



Marlinia J Jao, ASA, MAAA  
Pricing & Rates Actuary  
Central United Life Insurance Company

## Life, Accident & Health, Annuity, Credit Transmittal Document

<b>1.</b>	<b>Prepared for the State of</b>	<b>Alabama</b>
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<b>2.</b>	<b>Department Use Only</b>
	<b>State Tracking ID</b>

3.	Insurer Name & Address	Domicile	Insurer License Type	NAIC Group #	NAIC #	FEIN #	State #
	<b>Central United Life Insurance Co. 2727 Allen Parkway, Wortham Tower Ste. 500 Houston, TX 77019</b>	<b>AR</b>	<b>Life &amp; Health</b>	<b>117</b>	<b>61883</b>	<b>42-0884060</b>	

4.	Contact Name & Address	Telephone #	Fax #	E-mail Address
	<b>Cindy Hu Same as above</b>	<b>713 821-6450</b>	<b>713-529-9425</b>	<b>chu@manhattanlife.com</b>

<b>5.</b>	<b>Requested Filing Mode</b>	<input type="checkbox"/> Review & Approval <input checked="" type="checkbox"/> File & Use <input type="checkbox"/> Informational <input type="checkbox"/> Combination (please explain): _____ <input type="checkbox"/> Other (please explain): _____
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<b>6.</b>	<b>Company Tracking Number</b>	<b>AR_XFORMS_2012</b>
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<b>7.</b>	<input checked="" type="checkbox"/> <b>New Submission</b> <input type="checkbox"/> <b>Resubmission</b>	Previous file # _____
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<b>8.</b>	<b>Market</b>	<input checked="" type="checkbox"/> <b>Individual</b> <input type="checkbox"/> <b>Franchise</b>	<input type="checkbox"/> <b>Small</b> <input type="checkbox"/> <b>Large</b> <input type="checkbox"/> <b>Small and Large</b>
		Group	<input type="checkbox"/> <b>Employer</b> <input type="checkbox"/> <b>Association</b> <input type="checkbox"/> <b>Blanket</b> <input type="checkbox"/> <b>Discretionary</b> <input type="checkbox"/> <b>Trust</b> <input type="checkbox"/> <b>Other:</b> _____

<b>9.</b>	<b>Type of Insurance (TOI)</b>	<b>H071 Individual Health – Specified Disease – Limited Benefit</b>
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<b>10.</b>	<b>Sub-Type of Insurance (Sub-TOI)</b>	<b>H071.002A Dread Disease – Cancer Only</b>
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<b>11.</b>	<b>Submitted Documents</b>	<p><input type="checkbox"/> <b>FORMS</b></p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Policy</td> <td><input type="checkbox"/> Outline of Coverage</td> <td><input type="checkbox"/> Certificate</td> </tr> <tr> <td><input type="checkbox"/> Application/Enrollment</td> <td><input type="checkbox"/> Rider/Endorsement</td> <td><input type="checkbox"/> Advertising</td> </tr> <tr> <td><input type="checkbox"/> Schedule of Benefits</td> <td><input type="checkbox"/> Other</td> <td></td> </tr> </table> <p><b>Rates</b></p> <input checked="" type="checkbox"/> <b>New Rate</b> <input type="checkbox"/> <b>Revised Rate</b>	<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		
<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											
		<input type="checkbox"/> <b>FILING OTHER THAN FORM OR RATE:</b> Please explain: _____										
		<p><b>SUPPORTING DOCUMENTATION</b></p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Articles of Incorporation</td> <td><input type="checkbox"/> Third Party Authorization</td> </tr> <tr> <td><input type="checkbox"/> Association Bylaws</td> <td><input type="checkbox"/> Trust Agreements</td> </tr> <tr> <td><input type="checkbox"/> Statement of Variability</td> <td><input type="checkbox"/> Certifications</td> </tr> <tr> <td><input checked="" type="checkbox"/> Actuarial Memorandum</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Other _____</td> <td></td> </tr> </table>	<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 _____	
<input type="checkbox"/> Articles of Incorporation	<input type="checkbox"/> Third Party Authorization											
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<input type="checkbox"/> Statement of Variability	<input type="checkbox"/> Certifications											
<input checked="" type="checkbox"/> Actuarial Memorandum												
<input type="checkbox"/> Other _____												

12.	<b>Filing Submission Date</b>	<u>April 12, 2012</u>
13.	<b>Filing Fee (If required)</b>	Amount _____ Check Date _____ Retaliatory <input type="checkbox"/> Yes <input type="checkbox"/> No Check Number _____
14.	<b>Date of Domiciliary Approval</b>	
15.	<b>Filing Description:</b>	
	<p><b>Re: NAIC # 61883 Central United Life Insurance</b>  <b>Rate Increase: Cancer Group XFORMS</b></p> <p>An actuarial study of our business in this line has revealed that our current rates are inadequate to support our experience. We have included the required Actuarial Memorandum detailing the actuarial analysis of our experience.</p> <p>The Company is requesting a 5% rate increase. The increase will be applied uniformly to all policyholders within the state.</p> <p>We appreciate the Department's time and consideration in the review of this filing.</p>	

16.	<b>Certification (If required)</b>	
	<p><b>I HEREBY CERTIFY</b> 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>Alabama</u>.</p> <p>Print Name <u>Bin Hu</u> Title <u>Actuary and Statistics Dept. Manager</u></p> <p>Signature  Date: <u>April 12, 2012</u></p>	

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

	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		AR_XFORMS_2012		
This filing corresponds to form filing company tracking number				
Overall percentage rate indication (when applicable)				
Overall percentage rate impact for this filing		5%		
	Document Name	Affected Form Numbers		Previous State Filing Number
	Description			
01	XFORMS Cancer Benefits	XCEP350MC	<input type="checkbox"/> New <input type="checkbox"/> Revised Request + 5% - ____% <input type="checkbox"/> Other _____	
02	Attached Riders	CSB91 CSB93 DDCR13	<input type="checkbox"/> New <input type="checkbox"/> Revised Request + 5% - ____% <input type="checkbox"/> Other _____	
03	Attached Riders	DDR2687 FOB87R IC300600 ICR	<input type="checkbox"/> New <input type="checkbox"/> Revised Request + 5% - ____% <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 _____	

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Central United Life Insurance Company  
Actuarial Memorandum for Individual Health  
Rate Increase  
Cancer Forms XCEP-350, XCP100x Riders  
Exhibit I

**Historical Experience**

Year	Paid Claims	Claim Reserve		Incurred Claims	Earned Premium	Loss Ratio
		Beginning	Ending			
2001	724,487	0	246,326	970,813	887,185	109.43%
2002	1,158,457	246,326	393,875	1,306,007	2,863,851	45.60%
2003	2,027,762	393,875	689,439	2,323,326	3,610,047	64.36%
2004	1,922,446	689,439	653,632	1,886,639	3,317,623	56.87%
2005	2,351,656	653,632	799,563	2,497,587	2,908,567	85.87%
2006	2,205,735	799,563	749,950	2,156,122	2,814,092	76.62%
2007	1,957,762	749,950	665,639	1,873,451	2,631,647	71.19%
2008	1,667,030	665,639	566,790	1,568,181	2,574,939	60.90%
2009	1,653,084	566,790	562,049	1,648,342	2,558,229	64.43%
2010	2,230,959	562,049	758,526	2,427,437	2,347,156	103.42%
2011	1,756,987	758,526	597,376	1,595,837	2,217,121	71.98%
Total	19,656,365			20,253,741	28,730,457	70.50%
		Accumulated at 5%		26,486,340	37,976,047	69.74%

Central United Life Insurance Company  
Actuarial Memorandum for Individual Health  
Rate Increase  
Cancer Forms XCEP-350, XCP100x Riders  
Exhibit II

**A. Current Loss Ratio at 12/31/2011**

The current loss ratio is defined as the 2010 - 2011 historical incurred claims adjusted to current claims levels, divided by the 2010 - 2011 historical earned premium adjusted to current premium rate levels.

Year	Historical Earned Premium	Current Rate Level Factor*	Current Earned Premium	Historical Incurred Claims	Claim Trend Factor**	Current Incurred Claims	Current Loss Ratio
2010	2,347,156	1.100	2,581,872	2,427,437	1.050	2,548,808	98.7%
2011	2,217,121	1.074	2,381,409	1,595,837	1.025	1,635,246	68.7%
Total	4,564,277		4,963,280			4,184,054	84.3%

\* Adjusts for average nationwide rate increases previously implemented.

\*\* Applies a 5.0% claim cost trend from the midpoint of the period to 12/31/2011.

**B. Projected Future Experience**

Future experience has been projected for 20 years using the current loss ratio at 12/31/2011, annualized premium inforce at 12/31/2011, and the rate increase and persistency assumptions, as follows:

Year	Persistency Factor*	Projected Earned Premium w/out Increase	Current Loss Ratio Factor**	Projected Incurred Claims	Rate Increase Factor***	Projected Earned Premium w/Increase	Projected Loss Ratio
2011		2,381,409	84.30%	1,635,246			
2012	0.9579	2,281,061	90.39%	2,061,775	1.0247	2,337,392	88.21%
2013	0.8788	2,092,874	92.23%	1,930,269	1.0500	2,197,517	87.84%
2014	0.8063	1,920,212	93.93%	1,803,608	1.0500	2,016,222	89.45%
2015	0.7398	1,761,794	95.48%	1,682,115	1.0500	1,849,884	90.93%
2016	0.6788	1,616,446	96.87%	1,565,873	1.0500	1,697,268	92.26%
2017	0.6228	1,483,089	98.12%	1,455,222	1.0500	1,557,244	93.45%
2018	0.5714	1,360,734	99.16%	1,349,319	1.0500	1,428,771	94.44%
2019	0.5243	1,248,474	100.03%	1,248,895	1.0500	1,310,898	95.27%
2020	0.4810	1,145,475	100.74%	1,153,996	1.0500	1,202,749	95.95%
2021	0.4413	1,050,973	101.30%	1,064,615	1.0500	1,103,522	96.47%
2022	0.4049	964,268	101.73%	980,984	1.0500	1,012,481	96.89%
2023	0.3715	884,716	101.93%	901,763	1.0500	928,952	97.07%
2024	0.3409	811,727	101.99%	827,864	1.0500	852,313	97.13%
2025	0.3127	744,759	101.98%	759,490	1.0500	781,997	97.12%
2026	0.2869	683,317	101.93%	696,483	1.0500	717,482	97.07%
2027	0.2633	626,943	102.01%	639,535	1.0500	658,290	97.15%
2028	0.2415	575,220	101.80%	585,599	1.0500	603,981	96.96%
2029	0.2216	527,765	101.63%	536,374	1.0500	554,153	96.79%
2030	0.2033	484,224	101.49%	491,434	1.0500	508,435	96.66%
2031	0.1866	444,275	101.34%	450,215	1.0500	466,489	96.51%
2032	0.1712	407,623	101.27%	412,783	1.0500	428,004	96.44%

Central United Life Insurance Company  
 Actuarial Memorandum for Individual Health  
 Rate Increase  
 Cancer Forms XCEP-350, XCP100x Riders  
 Exhibit II

Total	23,115,968	22,598,212	24,214,045	93.33%
Discounted at 5%		16,075,246	17,376,323	92.51%
Without Increase		16,075,246	16,602,527	96.82%

- \* Applies a 8% annual termination rate from 12/31/2011 to the midpoint of the period.
- \*\* Applies the current loss ratio, projected using a 5.0% annual claim cost trend .
- \*\*\* Applies a rate increase of 5.0% at 06/01/2012

**C. Lifetime Anticipated Loss Ratio**

The lifetime anticipated loss ratio is defined as the present value of the historical and projected future incurred claims divided by the present value of the historical and projected future earned premiums. Experience for the policy and all

	Present Values at 5%		
	Incurred Claims	Earned Premium	Loss Ratio
Historical	26,486,340	37,976,047	69.7%
Projected Future	16,075,246	17,376,323	92.5%
Lifetime Anticipated	42,561,586	55,352,370	76.9%

The above demonstrates that both the anticipated future loss ratio and the lifetime anticipated loss ratio are in compliance with minimum loss ratio requirements after implementation of the proposed rate increase.

Central United Life Insurance Company  
 Actuarial Memorandum for Individual Health  
 Rate Increase  
 Cancer Forms XCEP-350, XCP100x Riders  
 Exhibit III

State	As of 12-31-2011		Average Premium	
	Policies Inforce	Annualized Premium	Before Rate Increase	After Rate Increase
AR	142	185,272	1,304.73	1,369.97
Nationwide	2,016	2,239,029	1,110.63	1,166.16

Central United Life Insurance Company  
Actuarial Memorandum for Individual Health  
Rate Increase  
Cancer Forms XCEP-350, XCP100x Riders  
Exhibit IV

State	Policy Form:	Count	Anlzd Prem
AR	XCEP350MC	123	165213.21
AR	XCP1003	6	6613.2
AR	XCP1003AR	5	4185.16
AR	XCP1004	5	5108.68
AR	XCP1004AR	1	1907.04
AR	XCP1005	2	2244.48

Central United Life Insurance Company  
Actuarial Memorandum for Individual Health  
Rate Increase  
Cancer Forms XCEP-350, XCP100x Riders  
Exhibit V

<b>State</b>	<b>Rate</b>	<b>Approval Date</b>
AR	10%	01/14/11
AR	15%	12/31/09
AR	8%	08/28/08
AR	17%	11/19/07
AR	16%	08/02/06

**Exhibit VI**  
**Cancer XForms Pool Group**  
**Rate Sheet**  
as of 12/31/2011

<b>POOL</b>	<b>STATE</b>	<b>BLOCK</b>	<b>FORM</b>	<b>POLICY#</b>	<b>ANN. PREM.</b>	<b>RI %</b>	<b>PROP. PREM.</b>
XCEP350	AR	83	XCEP350MC	A01493550	792.84	5%	832.48
XCEP350	AR	83	XCEP350MC	A01500790	1,628.76	5%	1,710.20
XCEP350	AR	83	XCEP350MC	A01500940	1,125.00	5%	1,181.25
XCEP350	AR	83	XCEP350MC	A01530700	2,150.76	5%	2,258.30
XCEP350	AR	83	XCEP350MC	A01532370	1,333.32	5%	1,399.99
XCEP350	AR	83	XCEP350MC	A01542190	2,035.80	5%	2,137.59
XCEP350	AR	83	XCEP350MC	A01551000	1,273.44	5%	1,337.11
XCEP350	AR	83	XCEP350MC	A01551080	745.08	5%	782.33
XCEP350	AR	83	XCEP350MC	A01560790	2,256.84	5%	2,369.68
XCEP350	AR	83	XCEP350MC	A01563890	1,498.32	5%	1,573.24
XCEP350	AR	83	XCEP350MC	A01565400	872.16	5%	915.77
XCEP350	AR	83	XCEP350MC	A01571610	1,205.04	5%	1,265.29
XCEP350	AR	83	XCEP350MC	A01599990	939.00	5%	985.95
XCEP350	AR	83	XCEP350MC	A01605510	871.68	5%	915.26
XCEP350	AR	83	XCEP350MC	A01611140	1,508.16	5%	1,583.57
XCEP350	AR	83	XCEP350MC	A01626820	916.68	5%	962.51
XCEP350	AR	83	XCEP350MC	A01632740	1,177.20	5%	1,236.06
XCEP350	AR	83	XCEP350MC	A01632990	941.28	5%	988.34
XCEP350	AR	83	XCEP350MC	A01645160	1,478.64	5%	1,552.57
XCEP350	AR	83	XCEP350MC	A01648920	523.48	5%	549.65
XCEP350	AR	83	XCEP350MC	A01666840	1,371.48	5%	1,440.05
XCEP350	AR	83	XCEP350MC	A01698220	2,035.80	5%	2,137.59
XCEP350	AR	83	XCEP350MC	A01700640	1,508.16	5%	1,583.57
XCEP350	AR	83	XCEP350MC	A01709770	1,076.76	5%	1,130.60
XCEP350	AR	83	XCEP350MC	A01709780	1,200.12	5%	1,260.13
XCEP350	AR	83	XCEP350MC	A01768140	1,593.12	5%	1,672.78
XCEP350	AR	83	XCEP350MC	A01773800	1,589.52	5%	1,669.00
XCEP350	AR	83	XCEP350MC	A01775530	1,589.52	5%	1,669.00
XCEP350	AR	83	XCEP350MC	A01777820	1,588.92	5%	1,668.37
XCEP350	AR	83	XCEP350MC	A01812300	1,628.76	5%	1,710.20
XCEP350	AR	83	XCEP350MC	A01841240	1,530.96	5%	1,607.51
XCEP350	AR	83	XCEP350MC	A01848920	1,543.80	5%	1,620.99
XCEP350	AR	83	XCEP350MC	A01849750	1,850.76	5%	1,943.30
XCEP350	AR	83	XCEP350MC	A01862410	1,371.48	5%	1,440.05
XCEP350	AR	83	XCEP350MC	A01863240	1,070.16	5%	1,123.67
XCEP350	AR	83	XCEP350MC	A01879400	1,564.20	5%	1,642.41
XCEP350	AR	83	XCEP350MC	A01889150	1,850.76	5%	1,943.30
XCEP350	AR	83	XCEP350MC	A01890950	2,110.34	5%	2,215.86
XCEP350	AR	83	XCEP350MC	A01905960	1,199.52	5%	1,259.50
XCEP350	AR	83	XCEP350MC	A01908810	1,199.52	5%	1,259.50
XCEP350	AR	83	XCEP350MC	A01920040	2,069.16	5%	2,172.62
XCEP350	AR	83	XCEP350MC	A01931110	2,110.44	5%	2,215.96
XCEP350	AR	83	XCEP350MC	A01933470	743.04	5%	780.19
XCEP350	AR	83	XCEP350MC	A01939390	1,254.84	5%	1,317.58
XCEP350	AR	83	XCEP350MC	A01953190	2,748.48	5%	2,885.90
XCEP350	AR	83	XCEP350MC	A01957660	2,069.20	5%	2,172.66
XCEP350	AR	83	XCEP350MC	A01981550	1,177.20	5%	1,236.06

**Exhibit VI**  
**Cancer XForms Pool Group**  
**Rate Sheet**  
as of 12/31/2011

<b>POOL</b>	<b>STATE</b>	<b>BLOCK</b>	<b>FORM</b>	<b>POLICY#</b>	<b>ANN. PREM.</b>	<b>RI %</b>	<b>PROP. PREM.</b>
XCEP350	AR	83	XCEP350MC	A01985380	1,180.20	5%	1,239.21
XCEP350	AR	83	XCEP350MC	A03049630	1,266.01	5%	1,329.31
XCEP350	AR	83	XCEP350MC	A03050300	720.84	5%	756.88
XCEP350	AR	83	XCEP350MC	A03067840	873.96	5%	917.66
XCEP350	AR	83	XCEP350MC	A03074630	1,177.20	5%	1,236.06
XCEP350	AR	83	XCEP350MC	A03074640	872.16	5%	915.77
XCEP350	AR	83	XCEP350MC	A03076930	1,508.16	5%	1,583.57
XCEP350	AR	83	XCEP350MC	A03077560	1,177.20	5%	1,236.06
XCEP350	AR	83	XCEP350MC	A03111790	455.16	5%	477.92
XCEP350	AR	83	XCEP350MC	A03160370	1,896.36	5%	1,991.18
XCEP350	AR	83	XCEP350MC	A03174850	1,593.12	5%	1,672.78
XCEP350	AR	83	XCEP350MC	A03180000	1,701.12	5%	1,786.18
XCEP350	AR	83	XCEP350MC	A03207990	1,254.84	5%	1,317.58
XCEP350	AR	83	XCEP350MC	A03218070	1,589.52	5%	1,669.00
XCEP350	AR	83	XCEP350MC	A03233180	2,036.04	5%	2,137.84
XCEP350	AR	83	XCEP350MC	A03257100	1,508.64	5%	1,584.07
XCEP350	AR	83	XCEP350MC	A03285770	1,754.38	5%	1,842.10
XCEP350	AR	83	XCEP350MC	A03304180	1,668.56	5%	1,751.99
XCEP350	AR	83	XCEP350MC	A03304760	1,254.84	5%	1,317.58
XCEP350	AR	83	XCEP350MC	A03314030	915.00	5%	960.75
XCEP350	AR	83	XCEP350MC	A03341450	1,626.48	5%	1,707.80
XCEP350	AR	83	XCEP350MC	A03347210	1,215.84	5%	1,276.63
XCEP350	AR	83	XCEP350MC	A03347240	1,541.52	5%	1,618.60
XCEP350	AR	83	XCEP350MC	A03406520	1,282.32	5%	1,346.44
XCEP350	AR	83	XCEP350MC	A03422680	698.52	5%	733.45
XCEP350	AR	83	XCEP350MC	A03455180	1,090.44	5%	1,144.96
XCEP350	AR	83	XCEP350MC	A03463170	1,401.84	5%	1,471.93
XCEP350	AR	83	XCEP350MC	A03465370	1,105.32	5%	1,160.59
XCEP350	AR	83	XCEP350MC	A03469290	1,541.38	5%	1,618.45
XCEP350	AR	83	XCEP350MC	A03473600	1,536.48	5%	1,613.30
XCEP350	AR	83	XCEP350MC	A03579200	1,593.12	5%	1,672.78
XCEP350	AR	83	XCEP350MC	A03589550	698.52	5%	733.45
XCEP350	AR	83	XCEP350MC	A03599790	2,069.20	5%	2,172.66
XCEP350	AR	83	XCEP350MC	A03638650	1,243.77	5%	1,305.96
XCEP350	AR	83	XCEP350MC	A03664910	1,272.36	5%	1,335.98
XCEP350	AR	83	XCEP350MC	A03701180	1,199.52	5%	1,259.50
XCEP350	AR	83	XCEP350MC	A03750490	894.48	5%	939.20
XCEP350	AR	83	XCEP350MC	A03754990	1,215.84	5%	1,276.63
XCEP350	AR	83	XCEP350MC	A03778750	1,629.60	5%	1,711.08
XCEP350	AR	83	XCEP350MC	A03780730	872.88	5%	916.52
XCEP350	AR	83	XCEP350MC	A03804770	1,626.48	5%	1,707.80
XCEP350	AR	83	XCEP350MC	A03805050	1,593.36	5%	1,673.03
XCEP350	AR	83	XCEP350MC	A03807590	1,541.36	5%	1,618.43
XCEP350	AR	83	XCEP350MC	A03813470	721.80	5%	757.89
XCEP350	AR	83	XCEP350MC	A03829980	2,069.16	5%	2,172.62
XCEP350	AR	83	XCEP350MC	A03865640	1,332.96	5%	1,399.61
XCEP350	AR	83	XCEP350MC	A03879220	1,199.52	5%	1,259.50
XCEP350	AR	83	XCEP350MC	A03886330	894.10	5%	938.81
XCEP350	AR	83	XCEP350MC	A03911410	635.04	5%	666.79
XCEP350	AR	83	XCEP350MC	A03933680	1,401.36	5%	1,471.43

**Exhibit VI**  
**Cancer XForms Pool Group**  
**Rate Sheet**  
as of 12/31/2011

POOL	STATE	BLOCK	FORM	POLICY#	ANN. PREM.	RI %	PROP. PREM.
XCEP350	AR	83	XCEP350MC	A03944130	1,542.00	5%	1,619.10
XCEP350	AR	83	XCEP350MC	A03981610	1,932.72	5%	2,029.36
XCEP350	AR	83	XCEP350MC	A03999200	1,626.48	5%	1,707.80
XCEP350	AR	83	XCEP350MC	A05018200	2,143.80	5%	2,250.99
XCEP350	AR	83	XCEP350MC	A05024330	1,213.56	5%	1,274.24
XCEP350	AR	83	XCEP350MC	A05082740	1,177.01	5%	1,235.86
XCEP350	AR	83	XCEP350MC	A05162360	1,177.16	5%	1,236.02
XCEP350	AR	83	XCEP350MC	A05168090	2,128.80	5%	2,235.24
XCEP350	AR	83	XCEP350MC	A05168250	872.16	5%	915.77
XCEP350	AR	83	XCEP350MC	A05176310	894.24	5%	938.95
XCEP350	AR	83	XCEP350MC	A05193460	1,540.32	5%	1,617.34
XCEP350	AR	83	XCEP350MC	A05195610	1,177.08	5%	1,235.93
XCEP350	AR	83	XCEP350MC	A05219550	826.20	5%	867.51
XCEP350	AR	83	XCEP350MC	A05258170	1,507.08	5%	1,582.43
XCEP350	AR	83	XCEP350MC	A05270860	1,201.08	5%	1,261.13
XCEP350	AR	83	XCEP350MC	A05301370	1,453.44	5%	1,526.11
XCEP350	AR	83	XCEP350MC	A05308130	1,437.00	5%	1,508.85
XCEP350	AR	83	XCEP350MC	A05339760	1,115.52	5%	1,171.30
XCP100X	AR	71	XCP1003	CC103218	1,218.60	5%	1,279.53
XCP100X	AR	71	XCP1003	CC111958	843.96	5%	886.16
XCP100X	AR	71	XCP1004	CC113171	836.88	5%	878.72
XCP100X	AR	71	XCP1004	CC54881	1,330.44	5%	1,396.96
XCP100X	AR	71	XCP1004	CC60419	1,330.44	5%	1,396.96
XCP100X	AR	71	XCP1003	CC67319	1,132.80	5%	1,189.44
XCP100X	AR	71	XCP1004	CC67507	907.96	5%	953.36
XCP100X	AR	71	XCP1005	CC67901	1,122.24	5%	1,178.35
XCP100X	AR	71	XCP1003	CC70207	945.24	5%	992.50
XCP100X	AR	71	XCP1003	CC70209	945.24	5%	992.50
XCP100X	AR	71	XCP1005	CC78830	1,122.24	5%	1,178.35
XCP100X	AR	71	XCP1003	CC78844	1,527.36	5%	1,603.73
XCP100X	AR	71	XCP1004	CC95337	702.96	5%	738.11
XCP100X	AR	87	XCP1003AR	42048	832.92	5%	874.57
XCEP350	AR	83	XCEP350MC	430647379	898.20	5%	943.11
XCEP350	AR	83	XCEP350MC	431580293	790.77	5%	830.31
XCEP350	AR	83	XCEP350MC	431824486	597.34	5%	627.21
XCEP350	AR	83	XCEP350MC	432527395	838.98	5%	880.93
XCEP350	AR	83	XCEP350MC	432649258	1,508.01	5%	1,583.41
XCEP350	AR	83	XCEP350MC	462642177	723.60	5%	759.78
XCP100X	AR	87	XCP1003AR	51449	465.04	5%	488.29
XCEP350	AR	88	XCEP350MC	55523	874.32	5%	918.04
XCEP350	AR	88	XCEP350MC	55526	948.96	5%	996.41
XCP100X	AR	87	XCP1003AR	55587	713.76	5%	749.45
XCP100X	AR	87	XCP1003AR	55684	713.76	5%	749.45
XCP100X	AR	87	XCP1003AR	57219	1,459.68	5%	1,532.66
XCP100X	AR	87	XCP1004AR	61124	1,907.04	5%	2,002.39

<b>AR</b>		<b>142</b>	<b>185,272</b>	<b>5%</b>	<b>194,535</b>
	<b>STATE Avg. =</b>		<b>1,305</b>		<b>1,370</b>

**Exhibit VI**

**Cancer XForms Pool Group**

**Rate Sheet**

as of 12/31/2011

<b>POOL</b>	<b>STATE</b>	<b>BLOCK</b>	<b>FORM</b>	<b>POLICY#</b>	<b>ANN. PREM.</b>	<b>RI %</b>	<b>PROP. PREM.</b>
	<b>U.S.</b>			2,016	2,239,029	5%	2,350,980
		U.S. Avg. =			1,111		1,166

Central United Life Insurance Company  
Actuarial Memorandum for Individual Health  
Rate Increase  
Cancer Forms XCEP-350, XCP100x Riders  
Exhibit VII

Calendar Year	Inforce Count	Annualized Premium	Lapse Trend
2008	3,148	2,639,448	
2009	2,776	2,494,122	6.1%
2010	2,369	2,410,804	9.0%
2011	2,016	2,239,029	10.5%
Used in Projection			8.25%

Central United Life Insurance Company  
 Actuarial Memorandum for Individual Health  
 Rate Increase  
 Cancer Forms XCEP-350, XCP100x Riders  
 Exhibit VIII

**2008**

Description	Count	Average Paid	
		Amount	Total
AMB SURG CENTER - ANESTHESIA	43	229.49	9,868.22
AMB SURG CENTER - SURGERY & POSTOP	52	872.43	45,366.23
AMB SURGICAL CENTER-DRUGS, MED & LA	51	410.12	20,916.25
AMBULANCE	1	338.00	338.00
ANESTHESIA	55	220.17	12,109.32
ATTENDING PHYSICIAN	30	174.00	5,220.00
BIOPSY	90	118.86	10,697.14
BLOOD AND PLASMA	15	2,572.59	38,588.92
CHEMOTHERAPY AND RADIATION BENEFIT	534	2,353.47	1,256,754.29
DRUGS & MEDICINE BENEFIT	38	273.42	10,390.00
EXTENDED CARE FACILITIES	2	140.00	280.00
HOME HEALTH CARE-PRIVATE DUTY NURSE	1	60.00	60.00
HOME RECOVERY/CONVALESCENT BENEFIT	7	673.45	4,714.17
HOSPICE	11	1,330.91	14,640.00
HOSPITAL CONFINEMENT BENEFIT	61	1,152.46	70,300.00
LODGING	7	527.14	3,690.00
MAMMOGRAPHY	29	51.72	1,500.00
O.P.DIAGNOSTIC X-RAY & LAB	86	280.47	24,120.48
PHYSICAL THERAPY	9	97.22	875.00
PROSTHESIS	9	548.18	4,933.66
SKIN CANCER BENEFIT	4	150.00	600.00
STATE MANDATED CANCER TREATMENT	24	1,003.05	24,073.09
STATE MANDATED INTEREST PAYMENT	2	186.95	373.89
SURGERY	182	564.46	102,732.10
TRANSPORTATION-MILEAGE	24	76.49	1,835.65
TREATMENT PLANNING BENEFIT	20	150.00	3,000.00
XRAY AND LAB	38	276.32	10,500.00
<b>TOTAL</b>	<b>1,425</b>	<b>14,831.38</b>	<b>1,678,476.41</b>
<b>Average Claim Cost</b>			<b>1,177.88</b>

**Annualized Claim Trend**

**Claim Trend Used in Projection**

Central United Life Insurance Company  
 Actuarial Memorandum for Individual Health  
 Rate Increase  
 Cancer Forms XCEP-350, XCP100x Riders  
 Exhibit VIII

Description	Count	2009	
		Average Paid	Total
AMB SURG CENTER - ANESTHESIA	18	222.58	4,006.50
AMB SURG CENTER - SURGERY & POSTOP	23	849.39	19,536.00
AMB SURGICAL CENTER-DRUGS, MED & LA	24	375.00	9,000.00
AMBULANCE	5	1,001.36	5,006.78
ANESTHESIA	48	212.78	10,213.25
ATTENDING PHYSICIAN	20	193.00	3,860.00
BIOPSY	80	129.41	10,352.74
BLOOD AND PLASMA	10	1,177.02	11,770.24
CHEMOTHERAPY AND RADIATION BENEFIT	445	2,803.42	1,247,519.84
DRUGS & MEDICINE BENEFIT	31	264.19	8,190.00
EXTENDED CARE FACILITIES	1	280.00	280.00
HOME HEALTH CARE-PRIVATE DUTY NURSE	4	400.00	1,600.00
HOME RECOVERY/CONVALESCENT BENEFIT	4	303.57	1,214.26
HOSPICE	2	770.00	1,540.00
HOSPITAL CONFINEMENT BENEFIT	34	1,204.41	40,950.00
LODGING	2	660.00	1,320.00
MAMMOGRAPHY	3	50.00	150.00
O.P.DIAGNOSTIC X-RAY & LAB	67	291.49	19,529.82
PHYSICAL THERAPY	9	166.67	1,500.00
PROSTHESIS	6	548.80	3,292.82
SKIN CANCER BENEFIT	1	150.00	150.00
STATE MANDATED CANCER TREATMENT	29	2,056.97	59,652.11
STATE MANDATED INTEREST PAYMENT	3	326.74	980.22
SURGERY	171	481.85	82,395.99
TRANSPORTATION-MILEAGE	16	181.38	2,902.12
TREATMENT PLANNING BENEFIT	17	150.00	2,550.00
XRAY AND LAB	28	276.79	7,750.00
<b>TOTAL</b>	<b>1,101</b>	<b>15,526.81</b>	<b>1,557,212.69</b>
<b>Average Claim Cost</b>			<b>1,414.36</b>

**Annualized Claim Trend**

**9.6%**

**Claim Trend Used in Projection**

Central United Life Insurance Company  
 Actuarial Memorandum for Individual Health  
 Rate Increase  
 Cancer Forms XCEP-350, XCP100x Riders  
 Exhibit VIII

**2010**

Description	Count	Average Paid	
		Amount	Total
AMB SURG CENTER - ANESTHESIA	24	243.53	5,844.75
AMB SURG CENTER - SURGERY & POSTOP	34	927.84	31,546.50
AMB SURGICAL CENTER-DRUGS, MED & LA	33	407.26	13,439.61
AMBULANCE			-
ANESTHESIA	62	221.72	13,746.48
ATTENDING PHYSICIAN	22	218.64	4,810.00
BIOPSY	68	145.40	9,887.20
BLOOD AND PLASMA	13	1,175.30	15,278.94
CHEMOTHERAPY AND RADIATION BENEFIT	518	3,403.22	1,762,866.61
DRUGS & MEDICINE BENEFIT	38	270.53	10,280.00
EXTENDED CARE FACILITIES	1	400.00	400.00
HOME HEALTH CARE-PRIVATE DUTY NURSE			-
HOME RECOVERY/CONVALESCENT BENEFIT	3	821.42	2,464.26
HOSPICE	14	471.43	6,600.00
HOSPITAL CONFINEMENT BENEFIT	47	1,105.32	51,950.00
LODGING	8	477.50	3,820.00
MAMMOGRAPHY	1	50.00	50.00
O.P.DIAGNOSTIC X-RAY & LAB	88	361.04	31,771.27
PHYSICAL THERAPY	10	110.00	1,100.00
PROSTHESIS	6	402.53	2,415.20
SKIN CANCER BENEFIT	4	112.50	450.00
STATE MANDATED CANCER TREATMENT	2	40.24	80.48
STATE MANDATED INTEREST PAYMENT	160	560.43	89,668.55
SURGERY	1	130.29	130.29
TRANSPORTATION-MILEAGE	20	161.60	3,232.03
TREATMENT PLANNING BENEFIT	18	152.78	2,750.00
XRAY AND LAB	33	265.15	8,750.00
<b>TOTAL</b>	<b>1,228</b>	<b>12,635.66</b>	<b>2,073,332.17</b>
<b>Average Claim Cost</b>			<b>1,688.38</b>

**Annualized Claim Trend**

**12.8%**

**Claim Trend Used in Projection**

Central United Life Insurance Company  
Actuarial Memorandum for Individual Health  
Rate Increase  
Cancer Forms XCEP-350, XCP100x Riders  
Exhibit VIII

Description	Count	<b>2011</b>	
		Average Paid Amount	Total
AMB SURG CENTER - ANESTHESIA	22	218.18	4,800.03
AMB SURG CENTER - SURGERY & POSTOP	29	795.01	23,055.15
AMB SURGICAL CENTER-DRUGS, MED & LA	29	375.00	10,875.00
AMBULANCE	4	1,002.00	4,008.00
ANESTHESIA	53	176.51	9,355.02
ATTENDING PHYSICIAN	19	230.00	4,370.00
BIOPSY	69	188.35	12,996.00
BLOOD AND PLASMA	17	615.19	10,458.22
CHEMOTHERAPY AND RADIATION BENEFIT	377	3,066.08	1,155,912.33
DRUGS & MEDICINE BENEFIT	29	250.00	7,250.00
EXTENDED CARE FACILITIES	1	520.00	520.00
HOME HEALTH CARE-PRIVATE DUTY NURSE	5	272.00	1,360.00
HOME RECOVERY/CONVALESCENT BENEFIT	3	357.12	1,071.36
HOSPICE	5	384.00	1,920.00
HOSPITAL CONFINEMENT BENEFIT	32	1,090.63	34,900.00
LODGING	1	150.00	150.00
MAMMOGRAPHY			-
O.P.DIAGNOSTIC X-RAY & LAB	58	391.65	22,715.75
PHYSICAL THERAPY	16	117.19	1,875.00
PROSTHESIS	1	325.00	325.00
SKIN CANCER BENEFIT	1	150.00	150.00
STATE MANDATED CANCER TREATMENT	1	2,409.20	2,409.20
STATE MANDATED INTEREST PAYMENT	2	43.37	86.74
SURGERY	119	516.45	61,457.40
TRANSPORTATION-MILEAGE	25	209.76	5,244.06
TREATMENT PLANNING BENEFIT	17	150.00	2,550.00
XRAY AND LAB	24	260.42	6,250.00
<b>TOTAL</b>	959.00	14,263.10	1,386,064.26
<b>Average Claim Cost</b>			1,445.32

**Annualized Claim Trend** **5.2%**

**Claim Trend Used in Projection** **5.0%**