

SERFF Tracking Number: INCS-128059799 State: Arkansas  
Filing Company: Starr Indemnity & Liability Company State Tracking Number:  
Company Tracking Number: STARR STM RATE IND 12  
TOI: H16I Individual Health - Major Medical Sub-TOI: H16I.004 Short Term  
Product Name: Starr STM Rates Ind  
Project Name/Number: Starr STM Rates Ind 12/AH-60001

## Filing at a Glance

Company: Starr Indemnity & Liability Company

Product Name: Starr STM Rates Ind

TOI: H16I Individual Health - Major Medical

Sub-TOI: H16I.004 Short Term

Filing Type: Rate

Implementation Date Requested: On Approval

State Filing Description:

SERFF Tr Num: INCS-128059799 State: Arkansas

SERFF Status: Closed-Approved-  
Closed State Tr Num:

Co Tr Num: STARR STM RATE  
IND 12 State Status: Approved-Closed

Author: Renee Weaver

Date Submitted: 05/07/2012

Reviewer(s): Rosalind Minor

Disposition Date: 05/11/2012

Disposition Status: Approved-  
Closed

Implementation Date:

## General Information

Project Name: Starr STM Rates Ind 12

Project Number: AH-60001

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Deemer Date:

Submitted By: Renee Weaver

Filing Description:

Star Indemnity & Liability Company

Individual Short Term Medical

NAIC#: 38318 FEIN: 75-1670124

H16I.004 Short Term

Product Form: AH-60001 et al

Status of Filing in Domicile: Not Filed

Date Approved in Domicile:

Domicile Status Comments: does not require  
prior approval

Market Type: Individual

Individual Market Type:

Filing Status Changed: 05/11/2012

State Status Changed: 05/11/2012

Created By: Renee Weaver

Corresponding Filing Tracking Number:

Rate Increase Filing

Individual Short Term Medical Product form AH-60001 et al

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Enclosed Forms:  
Actuarial Memorandum  
Rate Sheet

New Submission. This is a new submission. Enclosed for your consideration is a rate change filing for the Company's Individual Short Term Medical Insurance product form that was previously approved under SERFF File Number INCS-126474279. The last rate change was approved on 9/3/10 under SERFF File Number INCS-126754883.

The product provides applicants and their dependents with medical coverage for a short term, limited duration insurance only and is non-renewable.

This rate increase will only be applicable to new insureds and is effective upon state approval.

Filing Authority. This filing is being made by Innovative Compliance Solutions, LLC on behalf of the Company. A letter of filing authorization is attached.

To the best of our knowledge, this filing is complete and intended to comply with the insurance laws of your jurisdiction. Should you have any questions, or need additional information, please contact me by email at [rweaver@innovative-compliance.com](mailto:rweaver@innovative-compliance.com) or by telephone at 763-323-8643.

Sincerely,

Renee Weaver  
Compliance Consultant  
State Narrative:

## Company and Contact

### Filing Contact Information

Renee Weaver, Consultant [rweaver@innovative-compliance.com](mailto:rweaver@innovative-compliance.com)  
PO Box 773 763-323-8643 [Phone]  
Anoka, MN 55303 763-712-8001 [FAX]

### Filing Company Information

(This filing was made by a third party - innovativecompliancesolutions)

Starr Indemnity & Liability Company CoCode: 38318 State of Domicile: Texas  
90 Park Avenue Group Code: Company Type:  
6th Floor Group Name: State ID Number:

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New York, NY 10016 FEIN Number: 75-1670124  
(646) 227-6342 ext. [Phone]

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## Filing Fees

Fee Required? Yes  
Fee Amount: \$50.00  
Retaliatory? No  
Fee Explanation: \$50 per filing  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Starr Indemnity & Liability Company	\$50.00	05/07/2012	58969252

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	05/11/2012	05/11/2012

### 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	05/09/2012	05/09/2012	Renee Weaver	05/10/2012	05/10/2012

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## Disposition

Disposition Date: 05/11/2012

Implementation Date:

Status: Approved-Closed

Comment:

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):
Starr Indemnity & Liability Company	17.000%	%	\$	0	\$	%	%

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Schedule	Schedule Item	Schedule Item Status	Public Access
<b>Supporting Document (revised)</b>	Health - Actuarial Justification	Approved-Closed	No
<b>Supporting Document</b>	Health - Actuarial Justification	Replaced	No
<b>Supporting Document</b>	Rate Summary Worksheet	Approved-Closed	No
<b>Supporting Document</b>	Consumer Disclosure Form	Approved-Closed	Yes
<b>Supporting Document</b>	Authorization Letter	Approved-Closed	Yes
<b>Rate</b>	Rate Sheet	Approved-Closed	Yes

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## Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 05/09/2012

Submitted Date 05/09/2012

Respond By Date

Dear Renee Weaver,

This will acknowledge receipt of the captioned filing.

Objection 1

- Health - Actuarial Justification (Supporting Document)

Comment:

It is requested that you provide us with the experience on a calendar year basis of earned premium and incurred claims.

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

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## Response Letter

Response Letter Status Submitted to State  
Response Letter Date 05/10/2012  
Submitted Date 05/10/2012

Dear Rosalind Minor,

### Comments:

Thank you for your quick review. The actuary has addressed your concerns.

### Response 1

Comments: The experience requested has been attached.

### Related Objection 1

Applies To:

- Health - Actuarial Justification (Supporting Document)

Comment:

It is requested that you provide us with the experience on a calendar year basis of earned premium and incurred claims.

### Changed Items:

#### Supporting Document Schedule Item Changes

Satisfied -Name: Health - Actuarial Justification

Comment:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Please let me know if you have any additional questions.

Thank you.

Sincerely,  
Renee Weaver

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**Rate Information**

Rate data applies to filing.

**Filing Method:**

**Rate Change Type:**

Increase

**Overall Percentage of Last Rate Revision:**

%

**Effective Date of Last Rate Revision:**

**Filing Method of Last Filing:**

**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):
Starr Indemnity & Liability Company	17.000%	%		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 05/11/2012	Rate Sheet	AH-60001-AR	Revised	Previous State Filing Number:  Percent Rate Change Request:	INCS-126377239 STM Arkansas Spring 2012 RW rates.pdf 17.000

Revised 4/11/2012

STARR INDEMNITY & LIABILITY COMPANY  
 Dallas, Texas  
 Short-Term Medical Rate Sheet

		Base Rates			Area Factors	
Age	Sex	Monthly		Prepay Per Day	Area	Factor
		Up to 6 Months	Up to 12 Months			
2-19	Male	52.69	75.35	1.29	A	0.705
20-24	Male	61.62	88.10	1.53	B	0.750
25-29	Male	54.91	78.53	1.35	C	0.795
30-34	Male	63.37	90.63	1.56	D	0.841
35-39	Male	87.63	125.31	2.16	E	0.886
40-44	Male	118.34	169.23	2.91	F	0.943
45-49	Male	157.58	225.35	3.90	G	1.000
50-54	Male	212.43	303.77	5.25	H	1.057
55-59	Male	296.44	423.91	7.32	I	1.125
60-64	Male	402.11	575.01	9.92	J	1.193
2-19	Female	66.74	95.44	1.65	K	1.261
20-24	Female	77.37	110.62	1.91	L	1.341
25-29	Female	69.78	99.79	1.73	M	1.420
30-34	Female	77.63	111.02	1.91	N	1.500
35-39	Female	95.05	135.93	2.35	O	1.591
40-44	Female	123.46	176.55	3.06	P	1.693
45-49	Female	154.26	220.59	3.81	Q	1.795
50-54	Female	206.68	295.55	5.12	R	1.898
55-59	Female	265.65	379.88	6.56	S	1.970
60-64	Female	336.21	480.78	8.31		
Per	Child	55.84	79.85	1.37		

Deductible Factors				Coinsurance Factors		
Deductible	Monthly Pay		Prepay	Deductible	80/20	50/50
	Up to 6 Months	Up to 12 Months				
				\$250	1.00	0.83
\$250	2.20	2.20	2.20	\$500	1.00	0.84
\$500	1.52	1.52	1.52	\$1,000	1.00	0.85
\$1,000	1.00	1.00	1.00	\$2,500	1.00	0.86
\$2,500	0.61	0.61	0.61	\$5,000	1.00	0.87
\$5,000	0.50	0.50	0.50	\$7,500	1.00	0.88
\$7,500	0.40	0.40	0.40	\$10,000	1.00	0.89
\$10,000	0.33	0.33	0.33			

Plan Factors

Plan	Deductible	Up to 6 Months	Monthly Pay		Prepay	College Athlete Factor	
			Up to 6 Months	Up to 12 Months		Lite Only	1.6
Regular	All	1.000	80/20	50/50	1.000		
Lite	All	0.640	0.600	0.600	0.625		
12x3	\$500		0.816	0.834			
	\$1,000		0.846	0.864			
	\$2,500		0.870	0.894			
	\$5,000		0.882	0.906			
	\$7,500		0.894	0.918			
	\$10,000		0.906	0.930			

Stop-Loss Factor

Stop-Loss	Factor
\$5,000	1.00
\$10,000	0.94

\* Formula for arriving at the final rate:

$$\text{Final Rate} = \text{Round}(\text{Base Rate} * \text{Area Factor} * \text{Deductible Factor} * \text{Coinsurance Factor} * \text{Plan Factor} * \text{Stop-Loss Factor} * \text{Trend Factor}, 2)$$

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## Supporting Document Schedules

	Item Status:	Status Date:
<b>Satisfied - Item:</b> Health - Actuarial Justification <b>Comments:</b> <b>Attachments:</b> STM Arkansas Spring 2012Rev.pdf Area Factor Sheet 8-23-10.pdf STM Arkansas Spring 2012 Experience.pdf	Approved-Closed	05/11/2012
<b>Bypassed - Item:</b> Rate Summary Worksheet <b>Bypass Reason:</b> NA FOR STM <b>Comments:</b>	Approved-Closed	05/11/2012
<b>Bypassed - Item:</b> Consumer Disclosure Form <b>Bypass Reason:</b> NA FOR STM <b>Comments:</b>	Approved-Closed	05/11/2012
<b>Satisfied - Item:</b> Authorization Letter <b>Comments:</b> <b>Attachment:</b> Starr Authorization 2012.pdf	Approved-Closed	05/11/2012



## Starr Indemnity & Liability Company

399 Park Avenue, 8<sup>th</sup> Floor  
New York, NY 10022

January 2012

NAIC Company Code: 38318

### Authorization Letter

Please accept this letter as authorization from Starr Indemnity & Liability Company for Renee Weaver of Innovative Compliance Solutions LLC, to file any or all policy forms and rate filings on behalf the Company.

Sincerely,

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Honora M. Keane  
General Counsel

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## Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date:	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
02/01/2012	Supporting	Health - Actuarial Justification Document	05/10/2012	STM Arkansas Spring 2012Rev.pdf Area Factor Sheet 8-23- 10.pdf