

SERFF Tracking Number: ACMR-128427661 State: Arkansas  
Filing Company: CICA Life Insurance Company of America State Tracking Number:  
Company Tracking Number:  
TOI: H071 Individual Health - Specified Disease - Limited Benefit Sub-TOI: H071.002A Dread Disease - Cancer Only  
Product Name: 2012 CICA Specified Disease Rate Increase  
Project Name/Number: /

## Filing at a Glance

Company: CICA Life Insurance Company of America

Product Name: 2012 CICA Specified Disease Rate Increase SERFF Tr Num: ACMR-128427661 State: Arkansas

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

Sub-TOI: H071.002A Dread Disease - Cancer Only Co Tr Num: State Status: Approved-Closed

Filing Type: Rate

Reviewer(s): Rosalind Minor

Authors: Jenna Fariss, Taylor Weber

Disposition Date: 06/11/2012

Date Submitted: 05/30/2012

Disposition Status: Approved-Closed

Implementation Date Requested: 08/01/2012

Implementation Date: 08/01/2012

State Filing Description:

## 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:

Overall Rate Impact: 10%

Filing Status Changed: 06/11/2012

State Status Changed: 06/11/2012

Deemer Date:

Created By: Jenna Fariss

Submitted By: Jenna Fariss

Corresponding Filing Tracking Number:

Filing Description:

2012 CICA Life Insurance Company of America Specified Disease 10% Rate Increase

State Narrative:

## Company and Contact

### Filing Contact Information

SERFF Tracking Number: ACMR-128427661 State: Arkansas  
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Joeff Williams, Consulting Actuary jwilliams@actmanre.com  
 4964 University Parkway 336-759-0008 [Phone]  
 Suite 203 336-759-3141 [FAX]  
 Winston-Salem, NC 27106

**Filing Company Information**

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

CICA Life Insurance Company of America	CoCode: 71463	State of Domicile: Colorado
PO Box 149151	Group Code:	Company Type: Life and Health
Austin, TX 78714	Group Name: 00000	State ID Number:
(512) 837-7100 ext. [Phone]	FEIN Number: 84-0583103	

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**Filing Fees**

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
CICA Life Insurance Company of America	\$50.00	05/30/2012	59504386

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	06/11/2012	06/11/2012

### 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	05/31/2012	05/31/2012	Jenna Fariss	06/06/2012	06/06/2012

SERFF Tracking Number: ACMR-128427661 State: Arkansas  
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## Disposition

Disposition Date: 06/11/2012

Implementation Date: 08/01/2012

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):
CICA Life Insurance Company of America	10.000%	10.000%	\$910	21	\$9,098	10.000%	10.000%

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<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>Supporting Document</b>	Cover Letter	Approved-Closed	Yes
<b>Supporting Document</b>	Authorization Letter	Approved-Closed	Yes
<b>Supporting Document</b>	State Transmittal	Approved-Closed	Yes
<b>Supporting Document</b>	State and Nationwide Inforce Data	Approved-Closed	No
<b>Supporting Document</b>	State and Nationwide Rate Increase History	Approved-Closed	No
<b>Supporting Document</b>	Exhibit IV	Approved-Closed	No
<b>Rate (revised)</b>	Rate Pages	Approved-Closed	Yes
<b>Rate</b>	Rate Pages	Replaced	Yes

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## Objection Letter

Objection Letter Status Pending Industry Response  
Objection Letter Date 05/31/2012  
Submitted Date 05/31/2012

Respond By Date

Dear Joeff Williams,

This will acknowledge receipt of the captioned filing.

Objection 1

- Health - Actuarial Justification (Supporting Document)

Comment:

Our Department is limiting the rate increases on limited benefit plans to 5%.

If you wish to accept the 5% rate increase, please attach a copy of the rates reflecting the 5% increase.

Thank you for your understanding and cooperation.

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 06/06/2012  
Submitted Date 06/06/2012

Dear Rosalind Minor,

### Comments:

Thank you for your letter.

### Response 1

Comments: I have uploaded revised rate pages.

### Related Objection 1

Applies To:

- Health - Actuarial Justification (Supporting Document)

Comment:

Our Department is limiting the rate increases on limited benefit plans to 5%.

If you wish to accept the 5% rate increase, please attach a copy of the rates reflecting the 5% increase.

Thank you for your understanding and cooperation.

### Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

### Rate/Rule Schedule Item Changes

Document Name:	Affected Form Numbers:	Rate Action:	Rate Action Information:	Attach Document:
Rate Pages		Revised	Previous State Filing Number	AR CICA-rev rate pages.pdf

SERFF Tracking Number: ACMR-128427661 State: Arkansas  
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Project Name/Number: /

Percent Rate Change Request

5

**Previous Version**

Rate Pages

Revised

Previous State Filing Number

AR CICA-rate pages.pdf

Percent Rate Change Request

10

Thank you for your time and consideration.

Sincerely,  
Jenna Fariss, Taylor Weber

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**Rate Information**

Rate data applies to filing.

**Filing Method:**

**Rate Change Type:** Increase  
**Overall Percentage of Last Rate Revision:** 100.000%  
**Effective Date of Last Rate Revision:** 02/01/2007  
**Filing Method of Last Filing:** Paper

**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):
CICA Life Insurance Company of America	10.000%	10.000%	\$910	21	\$9,098	10.000%	10.000%

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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 06/11/2012	Rate Pages		Revised	Previous State Filing Number: Percent Rate Change 5.000 Request:	AR CICA-rev rate pages.pdf

**Exhibit I**

**CICA Life Insurance Company of America**  
Individual Specified Disease Block  
Experience as of 5/31/12

Form	Policy Number	Issue Age	Premium	
			Current	Proposed
<i>In the state of Arkansas</i>				
ACC-182	600024525C	50	204.00	214.20
ACC-182	600245277C	46	204.00	214.20
ACC-487	600036612C	44	403.20	423.36
ACC-487 (1)	600033285C	33	781.20	820.26
ACC-487 (1)	600033525C	46	478.80	502.74
ACC-487 (1)	600033535C	50	478.80	502.74
ACC-487 (1)	600033547C	33	478.80	502.74
ACC-487 (1)	600033561C	31	302.40	317.52
ACC-487 (1)	600335220C	46	478.80	502.74
ACC-487 (1)	600335501C	39	579.60	608.58
ACC-487 (1)	600335502C	41	579.60	608.58
ACC-487 (1)	600335593C	45	478.80	502.74
ACC-487 (1)	600335711C	42	579.60	608.58
ACC-487 (1)	600335712C	31	705.60	740.88
ACC-487 (1)	600335722C	48	478.80	502.74
ACC-585 (1)	600051933C	28	352.80	370.44
ACC-585 (1)	600052710C	48	352.80	370.44
ACC-585 (1)	600053926C	38	293.83	308.52
E3801D	660001312C	48	19.50	20.48
E3802D	660001310C	48	15.00	15.75

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## Supporting Document Schedules

	Item Status:	Status Date:
<b>Satisfied - Item:</b> Health - Actuarial Justification <b>Comments:</b> <b>Attachment:</b> AR CICA-act memo.pdf	Approved-Closed	06/11/2012
<b>Satisfied - Item:</b> Cover Letter <b>Comments:</b> <b>Attachment:</b> AR CICA-cover letter.pdf	Approved-Closed	06/11/2012
<b>Satisfied - Item:</b> Authorization Letter <b>Comments:</b> <b>Attachment:</b> CICA-auth letter.pdf	Approved-Closed	06/11/2012
<b>Satisfied - Item:</b> State Transmittal <b>Comments:</b> <b>Attachment:</b> AR CICA-form.pdf	Approved-Closed	06/11/2012
<b>Satisfied - Item:</b> State and Nationwide Inforce Data	Approved-Closed	06/11/2012

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Product Name: 2012 CICA Specified Disease Rate Increase  
Project Name/Number: /

**Comments:**

**Attachment:**

AR CICA-inforce.pdf

		<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b>	State and Nationwide Rate Increase History	Approved-Closed	06/11/2012

**Comments:**

**Attachment:**

AR CICA-RI hist.pdf

		<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b>	Exhibit IV	Approved-Closed	06/11/2012

**Comments:**

**Attachment:**

AR CICA-exh IV.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

May 18, 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: CICA Life Insurance Company of America  
Specified Disease Rate Revision  
Forms: ACC-487, CME-236, CME-181, et al  
NAIC # 71463, FEIN # 84-0583103

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 10% 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.

CICA Life Insurance Company of America is domiciled in the state of Colorado.

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](mailto:jwilliams@actmanre.com)

Enclosures



Insurance Company of America

December 21, 2010

Texas Department of Insurance  
Life/Health Division  
333 Guadalupe  
P.O. Box 149104  
Austin, Texas 78714-9104

RE: CICA LIFE Insurance Company of America, NAIC #71463  
Rate Increase Filing Authorization

Dear Sir or Madam:

Effective January 1, 2004, Texas International Life Insurance Company ("TILIC") coinsured on an indemnity reinsurance basis certain individual health policies ceded from CICA LIFE Insurance Company of America (formerly Citizens Insurance Company of America) ("CICA") and began administering such business on January 1, 2005.

CICA authorizes TILIC to file on rate increases on its behalf.

Sincerely,

A handwritten signature in black ink, appearing to read "R. D. Riley".

Rick D. Riley, CEO

Citizens, Inc. Financial Group

P. O. Box 149151, Austin, TX 78714-9151 | PHONE 512.837.7100 | FAX 512.836.9785 | [www.cicalife.com](http://www.cicalife.com) | [www.citizensinc.com](http://www.citizensinc.com)

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

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

3.	Insurer Name & Address	Domicile	Insurer License Type	NAIC Group #	NAIC #	FEIN #	State #
	Citizens Insurance Company of America 4964 University Parkway, Suite 203 Winston-Salem, NC 27106	Colorado	Life		71463	84-0583103	

4.	Contact Name & Address	Telephone #	Fax #	E-mail Address
	D. Joeff Williams, FSA, MAAA 4964 University Parkway, Suite 203 Winston-Salem, NC 27106	(336) 714-8876	(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
----	-------------------------

7.	<input checked="" type="checkbox"/> New Submission <input type="checkbox"/> Resubmission                      Previous file # _____
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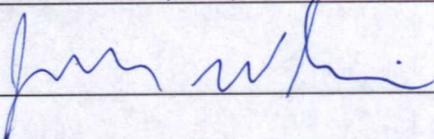
8.	Market	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Franchise  Group: <input type="checkbox"/> Small <input type="checkbox"/> Large <input type="checkbox"/> Small and Large <input type="checkbox"/> Employer <input type="checkbox"/> Association <input type="checkbox"/> Blanket <input type="checkbox"/> Discretionary <input type="checkbox"/> Trust <input type="checkbox"/> Other: _____
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9.	Type of Insurance (TOI)	H071 Individual Health – Specified Disease – Limited Benefit
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10.	Sub-Type of Insurance (Sub-TOI)	H071.002 Dread Disease
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11.	Submitted Documents	<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 type="checkbox"/> New Rate <input checked="" type="checkbox"/> Revised Rate	<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 checked="" 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 checked="" 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 checked="" 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 _____												

12.	<b>Filing Submission Date</b>	<b>May 18, 2012</b>
13.	<b>Filing Fee (If required)</b>	Amount _____ Check Date _____ Retaliatory <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Check Number _____
14.	<b>Date of Domiciliary Approval</b>	<b>Submitted May 18, 2012</b>
15.	<b>Filing Description: Specified Disease 10% Rate Increase</b>	

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>Arkansas</u>.</p>		
Print Name	<u>D. Joeff Williams, FSA, MAAA</u>	Title <u>Consulting Actuary</u>
Signature		Date: <u>May 18, 2012</u>

<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				
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	Specified Disease	ACC-182; ACC-487; ACC-487 (1); ACC-585 (1); E3801D; E3802D	<input type="checkbox"/> New <input checked="" type="checkbox"/> Revised Request + <u>10</u> % - <u>    </u> % <input type="checkbox"/> Other _____	
02			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + <u>  </u> % - <u>  </u> % <input type="checkbox"/> Other _____	
03			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + <u>  </u> % - <u>  </u> % <input type="checkbox"/> Other _____	
04			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + <u>  </u> % - <u>  </u> % <input type="checkbox"/> Other _____	
05			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + <u>  </u> % - <u>  </u> % <input type="checkbox"/> Other _____	
06			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + <u>  </u> % - <u>  </u> % <input type="checkbox"/> Other _____	
07			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + <u>  </u> % - <u>  </u> % <input type="checkbox"/> Other _____	
08			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + <u>  </u> % - <u>  </u> % <input type="checkbox"/> Other _____	
09			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + <u>  </u> % - <u>  </u> % <input type="checkbox"/> Other _____	
10			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + <u>  </u> % - <u>  </u> % <input type="checkbox"/> Other _____	

LHRFA-1

SERFF Tracking Number: *ACMR-128427661* State: *Arkansas*  
 Filing Company: *CICA Life Insurance Company of America* State Tracking Number:  
 Company Tracking Number:  
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 Project Name/Number: */*

## 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.

<b>Creation Date:</b>	<b>Schedule</b>	<b>Schedule Item Name</b>	<b>Replacement Creation Date</b>	<b>Attached Document(s)</b>
05/30/2012	Rate and Rule	Rate Pages	06/06/2012	AR CICA-rate pages.pdf (Superseded)

### Exhibit I

CICA Life Insurance Company of America  
Individual Specified Disease Block  
Experience as of 5/31/12

Form	Policy Number	Issue Age	Premium	
			Current	Proposed
<i>In the state of Arkansas</i>				
ACC-182	600024525C	50	204.00	224.40
ACC-182	600245277C	46	204.00	224.40
ACC-487	600036612C	44	403.20	443.52
ACC-487 (1)	600033285C	33	781.20	859.32
ACC-487 (1)	600033525C	46	478.80	526.68
ACC-487 (1)	600033535C	50	478.80	526.68
ACC-487 (1)	600033547C	33	478.80	526.68
ACC-487 (1)	600033561C	31	302.40	332.64
ACC-487 (1)	600335220C	46	478.80	526.68
ACC-487 (1)	600335501C	39	579.60	637.56
ACC-487 (1)	600335502C	41	579.60	637.56
ACC-487 (1)	600335593C	45	478.80	526.68
ACC-487 (1)	600335711C	42	579.60	637.56
ACC-487 (1)	600335712C	31	705.60	776.16
ACC-487 (1)	600335722C	48	478.80	526.68
ACC-585 (1)	600051933C	28	352.80	388.08
ACC-585 (1)	600052710C	48	352.80	388.08
ACC-585 (1)	600053926C	38	293.83	323.21
E3801D	660001312C	48	19.50	21.45
E3802D	660001310C	48	15.00	16.50

CICA Life Insurance Company of America  
Individual Specified Disease Block  
Active Forms by Original Company as of 5/31/12

Company	Form
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*In the state of Arkansas*

American Liberty Life Ins Co	ACC-182
American Liberty Life Ins Co	ACC-487
American Liberty Life Ins Co	ACC-487 (1)
American Liberty Life Ins Co	ACC-585 (1)
Citizens Standard Life Ins	E3801D
Citizens Standard Life Ins	E3802D