

State: District of Columbia **Filing Company:** Liberty National Life Insurance Company
TOI/Sub-TOI: H02I Individual Health - Accident Only/H02I.000 Health - Accident Only
Product Name: Rates for Accident Protector Plus
Project Name/Number: Rates for Accident Protector Plus/Rates for HAJ, HAK, HAL

Filing at a Glance

Company: Liberty National Life Insurance Company
Product Name: Rates for Accident Protector Plus
State: District of Columbia
TOI: H02I Individual Health - Accident Only
Sub-TOI: H02I.000 Health - Accident Only
Filing Type: Rate
Date Submitted: 11/26/2013
SERFF Tr Num: AMLC-129315002
SERFF Status: Pending Industry Response
State Tr Num:
State Status:
Co Tr Num: RATES FOR HAJ, HAK, HAL

Implementation: 02/03/2014
Date Requested:
Author(s): Pattie Church, Donna Kennedy
Reviewer(s): Darniece Shirley (primary), Alula Selassie, Donghan Xu
Disposition Date:
Disposition Status:
Implementation Date:

State Filing Description:

State: District of Columbia **Filing Company:** Liberty National Life Insurance Company
TOI/Sub-TOI: H021 Individual Health - Accident Only/H021.000 Health - Accident Only
Product Name: Rates for Accident Protector Plus
Project Name/Number: Rates for Accident Protector Plus/Rates for HAJ, HAK, HAL

General Information

Project Name: Rates for Accident Protector Plus Status of Filing in Domicile: Authorized
Project Number: Rates for HAJ, HAK, HAL Date Approved in Domicile: 07/07/2011
Requested Filing Mode: Review & Approval Domicile Status Comments: Rates were approved in
Nebraska, our state of domicile on 7/7/11.
Explanation for Combination/Other: Market Type: Individual
Submission Type: New Submission Individual Market Type:
Overall Rate Impact: Filing Status Changed: 12/05/2013
State Status Changed:
Deemer Date: Created By: Donna Kennedy
Submitted By: Donna Kennedy Corresponding Filing Tracking Number: AMLC-127162301

Filing Description:
RE: Rates for Form HAJ – Hospital Accident Policy
Rates for Form HAK – Single Parent Hospital Accident Policy
Rates for Form HAL – Family Hospital Accident Policy

Enclosed for your review and approval are the premium rates for the above referenced forms. These forms were approved in your state on June 15, 2011 under SERFF Tracking Number AMLC-127162301.

Policy Forms HAJ, HAK and HAL are Hospital Accident Policies that are guaranteed renewable to age 65 and will provide benefits for covered losses due to hospital and intensive care unit confinement, accidental death, emergency treatment and other specified losses resulting from accidental bodily injury. Policy Forms HAJ, HAK and HAL will be marketed through our Branch Agency distribution system. The implementation date for these rates will be February 3, 2014.

To the best of our knowledge and belief these rates comply with the laws and regulations of your state. These rates do not contain any language that is unusual in terms of normal company or industry standards.

Included with this filing for your information are premium rates, actuarial memorandums, transmittal documents or other documents required by your state.

Should you require additional information or if you should have any questions, please do not hesitate to contact me at 205-325-4919 or by email at regulatory@libnat.com.

Company and Contact

Filing Contact Information

Pattie Church, Compliance Analyst regulatory@libnat.com
100 Concourse Parkway 205-325-4919 [Phone]
Suite 350 205-325-2720 [FAX]
Hoover, AL 35244

State: District of Columbia **Filing Company:** Liberty National Life Insurance Company
TOI/Sub-TOI: H021 Individual Health - Accident Only/H021.000 Health - Accident Only
Product Name: Rates for Accident Protector Plus
Project Name/Number: Rates for Accident Protector Plus/Rates for HAJ, HAK, HAL

Filing Company Information

Liberty National Life Insurance Company P.O. Box 2612 Birmingham, AL 35202 (205) 325-4307 ext. [Phone]	CoCode: 65331 Group Code: 290 Group Name: Liberty National Life FEIN Number: 63-0124600	State of Domicile: Nebraska Company Type: Life and Health State ID Number:
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Filing Fees

Fee Required? No
Retaliatory? No
Fee Explanation:

SERFF Tracking #:

AMLC-129315002

State Tracking #:

Company Tracking #:

RATES FOR HAJ, HAK, HAL

State: District of Columbia

Filing Company: Liberty National Life Insurance Company

TOI/Sub-TOI: H021 Individual Health - Accident Only/H021.000 Health - Accident Only

Product Name: Rates for Accident Protector Plus

Project Name/Number: Rates for Accident Protector Plus/Rates for HAJ, HAK, HAL

Correspondence Summary

Objection Letters and Response Letters

Objection Letters

Status	Created By	Created On	Date Submitted
Pending Industry Response	Darniece Shirley	12/05/2013	12/05/2013

Response Letters

Responded By	Created On	Date Submitted
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State: District of Columbia Filing Company: Liberty National Life Insurance Company
 TOI/Sub-TOI: H021 Individual Health - Accident Only/H021.000 Health - Accident Only
 Product Name: Rates for Accident Protector Plus
 Project Name/Number: Rates for Accident Protector Plus/Rates for HAJ, HAK, HAL

Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	12/05/2013
Submitted Date	12/05/2013
Respond By Date	12/26/2013

Dear Pattie Church,

Introduction:

Thank you for your recent filing. Please see below for additional information requested to continue review of the rate filing.

Objection 1

- Actuarial Memorandum (Supporting Document)
- Actuarial Justification (Supporting Document)
- 2013 LNL Accident Protector Max HAJ Rate Page 45% LR, [HAJ] (Rate)
- 2013 LNL Accident Protector Max HAK Rate Page 50% LR, [HAK] (Rate)
- 2013 LNL Accident Protector Max HAL Rate Page 50% LR, [HAL] (Rate)

Comments: Please provide a detailed, line-by-line, make-up of expenses as a percentage of premiums. Each expense item should be accounted for separately and total 100%. Expenses such as profit, expected loss ratio, commission, e.g. should be included. Expenses such as taxes, administrative, et al should not be grouped together. Please provide separately for each of the proposed products.

Objection 2

- Actuarial Memorandum (Supporting Document)
- Actuarial Justification (Supporting Document)
- Actuarial Memorandum and Certifications (Supporting Document)

Comments: What interest rate assumptions, if any are being made? Please justify.

Objection 3

- Actuarial Memorandum (Supporting Document)
- Actuarial Justification (Supporting Document)
- Actuarial Memorandum and Certifications (Supporting Document)

Comments: Please provide a persistency table and justification for this initial filing. Please provide separately for each of the proposed products.

Objection 4

- Cover Letter All Filings (Supporting Document)
- Certificate of Authority to File (Supporting Document)
- Actuarial Memorandum (Supporting Document)
- Actuarial Justification (Supporting Document)
- District of Columbia and Countrywide Loss Ratio Analysis (P&C) (Supporting Document)
- District of Columbia and Countrywide Experience for the Last 5 Years (P&C) (Supporting Document)
- Actuarial Memorandum and Certifications (Supporting Document)
- Unified Rate Review Template (Supporting Document)
- 2013 LNL Accident Protector Max HAJ Rate Page 45% LR, [HAJ] (Rate)
- 2013 LNL Accident Protector Max HAK Rate Page 50% LR, [HAK] (Rate)
- 2013 LNL Accident Protector Max HAL Rate Page 50% LR, [HAL] (Rate)

Comments: Please confirm: Dispositions with respects to this filing are being made on behalf of residents of the District of Columbia only.

State: District of Columbia **Filing Company:** Liberty National Life Insurance Company
TOI/Sub-TOI: H021 Individual Health - Accident Only/H021.000 Health - Accident Only
Product Name: Rates for Accident Protector Plus
Project Name/Number: Rates for Accident Protector Plus/Rates for HAJ, HAK, HAL

Objection 5

- Cover Letter All Filings (Supporting Document)
- Certificate of Authority to File (Supporting Document)
- Actuarial Memorandum (Supporting Document)
- Actuarial Justification (Supporting Document)
- District of Columbia and Countrywide Loss Ratio Analysis (P&C) (Supporting Document)
- District of Columbia and Countrywide Experience for the Last 5 Years (P&C) (Supporting Document)
- Actuarial Memorandum and Certifications (Supporting Document)
- Unified Rate Review Template (Supporting Document)
- 2013 LNL Accident Protector Max HAJ Rate Page 45% LR, [HAJ] (Rate)
- 2013 LNL Accident Protector Max HAK Rate Page 50% LR, [HAK] (Rate)
- 2013 LNL Accident Protector Max HAL Rate Page 50% LR, [HAL] (Rate)

Comments: Please note, this rate filing is subject to conformity with the corresponding forms filing. This department reserves the right to withdraw the filing if not.

Conclusion:

Sincerely,
Darniece Shirley

SERFF Tracking #:

AMLC-129315002

State Tracking #:

Company Tracking #:

RATES FOR HAJ, HAK, HAL

State: District of Columbia **Filing Company:** Liberty National Life Insurance Company
TOI/Sub-TOI: H021 Individual Health - Accident Only/H021.000 Health - Accident Only
Product Name: Rates for Accident Protector Plus
Project Name/Number: Rates for Accident Protector Plus/Rates for HAJ, HAK, HAL

Rate Information

Rate data applies to filing.

Filing Method: SERFF
Rate Change Type: Neutral
Overall Percentage of Last Rate Revision: 0.000%
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:	Number of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
Liberty National Life Insurance Company	0.000%	0.000%	\$0	0	\$0	0.000%	0.000%

State: District of Columbia

Filing Company:

Liberty National Life Insurance Company

TOI/Sub-TOI: H021 Individual Health - Accident Only/H021.000 Health - Accident Only

Product Name: Rates for Accident Protector Plus

Project Name/Number: Rates for Accident Protector Plus/Rates for HAJ, HAK, HAL

Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1		2013 LNL Accident Protector Max HAJ Rate Page 45% LR	HAJ	New		2013 LNL Accident Protector Max HAJ Rate Page 45% LR.pdf,
2		2013 LNL Accident Protector Max HAK Rate Page 50% LR	HAK	New		2013 LNL Accident Protector Max HAK Rate Page 50% LR.pdf,
3		2013 LNL Accident Protector Max HAL Rate Page 50% LR	HAL	New		2013 LNL Accident Protector Max HAL Rate Page 50% LR.pdf,

LIBERTY NATIONAL LIFE INSURANCE COMPANY

McKinney, Texas

**ACCIDENT PROTECTOR MAX POLICY COVERING INDIVIDUALS
POLICY FORM HAJ**

Proposed Annual Premium Rates

	Annual Premium
<hr/>	
\$500 Emergency Room Benefit Amount	
Individual	\$ 144.44
\$1,000 Emergency Room Benefit Amount	
Individual	\$ 177.78

Modal Premium Factors:

Semi-Annual	=	Annual	*	0.525
Quarterly	=	Annual	*	0.265
Monthly	=	Annual	*	0.095
Bank Budget	=	Annual	*	0.090
Payroll Deduction	=	Annual	*	0.090
Government Allotment	=	Annual	*	0.090
Liberty National				
Weekly Deduction	=	Annual	*	0.01923

For Company Use:

Plan Code HAJ

LIBERTY NATIONAL LIFE INSURANCE COMPANY
 McKinney, Texas

ACCIDENT PROTECTOR MAX POLICY COVERING SINGLE PARENT FAMILIES
POLICY FORM HAK

Proposed Annual Premium Rates

	Annual Premium
\$500 Emergency Room Benefit Amount	
Single Parent Family	\$ 200.00
\$1,000 Emergency Room Benefit Amount	
Single Parent Family	\$ 288.89

Modal Premium Factors:

Semi-Annual	=	Annual	*	0.525
Quarterly	=	Annual	*	0.265
Monthly	=	Annual	*	0.095
Bank Budget	=	Annual	*	0.090
Payroll Deduction	=	Annual	*	0.090
Government Allotment	=	Annual	*	0.090
Liberty National				
Weekly Deduction	=	Annual	*	0.01923

For Company Use:

Plan Code HAK

LIBERTY NATIONAL LIFE INSURANCE COMPANY
 McKinney, Texas

ACCIDENT PROTECTOR MAX POLICY COVERING FAMILIES
POLICY FORM HAL

Proposed Annual Premium Rates

	Annual Premium
<hr/>	
\$500 Emergency Room Benefit Amount	
Family	\$ 300.00
 \$1,000 Emergency Room Benefit Amount	
Family	\$ 422.22

Modal Premium Factors:

Semi-Annual	=	Annual	*	0.525
Quarterly	=	Annual	*	0.265
Monthly	=	Annual	*	0.095
Bank Budget	=	Annual	*	0.090
Payroll Deduction	=	Annual	*	0.090
Government Allotment	=	Annual	*	0.090
Liberty National				
Weekly Deduction	=	Annual	*	0.01923

For Company Use:

Plan Code HAL

State: District of Columbia **Filing Company:** Liberty National Life Insurance Company
TOI/Sub-TOI: H021 Individual Health - Accident Only/H021.000 Health - Accident Only
Product Name: Rates for Accident Protector Plus
Project Name/Number: Rates for Accident Protector Plus/Rates for HAJ, HAK, HAL

Supporting Document Schedules

Satisfied - Item:	Cover Letter All Filings
Comments:	See Attached
Attachment(s):	Cover Letter - Rate Filing HAJ, HAK, HAL.pdf
Item Status:	
Status Date:	

Bypassed - Item:	Certificate of Authority to File
Bypass Reason:	Our company is submitting this filing there is no third party involved.
Attachment(s):	
Item Status:	
Status Date:	

Satisfied - Item:	Actuarial Memorandum
Comments:	See Attached
Attachment(s):	2013 LNL Accident Protector Max HAJ IND Actuarial Memo 45% LR with Attachments.pdf 2013 LNL Accident Protector Max HAK SPF Actuarial Memo 50% LR with Attachments.pdf 2013 LNL Accident Protector Max HAL FAM Actuarial Memo 50% LR with Attachments.pdf
Item Status:	
Status Date:	

Bypassed - Item:	Actuarial Justification
Bypass Reason:	See Actuarial Memorandum
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	District of Columbia and Countrywide Loss Ratio Analysis (P&C)
Bypass Reason:	N/A - Not PC
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	District of Columbia and Countrywide Experience for the Last 5 Years (P&C)
Bypass Reason:	N/A - Not PC
Attachment(s):	

SERFF Tracking #:

AMLC-129315002

State Tracking #:

Company Tracking #:

RATES FOR HAJ, HAK, HAL

State: District of Columbia **Filing Company:** Liberty National Life Insurance Company
TOI/Sub-TOI: H021 Individual Health - Accident Only/H021.000 Health - Accident Only
Product Name: Rates for Accident Protector Plus
Project Name/Number: Rates for Accident Protector Plus/Rates for HAJ, HAK, HAL

Item Status:	
Status Date:	
Bypassed - Item:	Actuarial Memorandum and Certifications
Bypass Reason:	See Actuarial Memorandums above.
Attachment(s):	
Item Status:	
Status Date:	
Bypassed - Item:	Unified Rate Review Template
Bypass Reason:	N/A
Attachment(s):	
Item Status:	
Status Date:	

November 26, 2013

District of Columbia
Department of Insurance, Securities and Banking
810 1st Street, N.E., Suite 701
Washington, DC 20002

RE: Rates for Form HAJ – Hospital Accident Policy
Rates for Form HAK – Single Parent Hospital Accident Policy
Rates for Form HAL – Family Hospital Accident Policy

Dear Reviewer:

Enclosed for your review and approval are the premium rates for the above referenced forms. These forms were approved in your state on June 15, 2011 under SERFF Tracking Number AMLC-127162301.

Policy Forms HAJ, HAK and HAL are Hospital Accident Policies that are guaranteed renewable to age 65 and will provide benefits for covered losses due to hospital and intensive care unit confinement, accidental death, emergency treatment and other specified losses resulting from accidental bodily injury. Policy Forms HAJ, HAK and HAL will be marketed through our Branch Agency distribution system. The implementation date for these rates will be February 3, 2014.

To the best of our knowledge and belief these rates comply with the laws and regulations of your state. These rates do not contain any language that is unusual in terms of normal company or industry standards.

Included with this filing for your information are premium rates, actuarial memorandums, transmittal documents or other documents required by your state.

Should you require additional information or if you should have any questions, please do not hesitate to contact me at 205-325-4919 or by email at regulatory@libnat.com.

Sincerely,



Pattie Church
Compliance Analyst

LIBERTY NATIONAL LIFE INSURANCE COMPANY

McKinney, Texas

POLICY FORM HAJ

ACCIDENT PROTECTOR MAX POLICY COVERING INDIVIDUALS

NEW PRODUCT FILING

ACTUARIAL MEMORANDUM

This actuarial memorandum along with its attachments, a description of benefits and parameters, is an actuarial report. This actuarial memorandum contains a general description of some policy provisions; it does not change the policy. Benefits are paid as specified in the complete policy.

BENEFITS

A description of the benefits is attached. See Attachment 1.

COVERAGE

This is an individual (not group) policy form. It will be issued to cover an individual.

RENEWABILITY

The policy is guaranteed renewable to age 65. Premiums are issue age rated and may be changed on a class basis for all policies of this form in your state. Class is based on sex, age at issue, year of issue, and your state.

MARKETING METHOD AND ELIGIBILITY

This policy form will be marketed by licensed agents and issued to persons ages 0 to 60.

APPLICATION OF RATES

The schedule of proposed premium rates applies to all policies in your state.

SCOPE AND REASON

This is a new product filing. The purpose of this rate filing is to demonstrate to state officials that the anticipated loss ratio of this product meets the minimum requirements of your state. This rate filing is not intended to be used for any other purpose or by any other parties.

DETERMINATION OF RATES

Proposed premiums were calculated to achieve at least a 45% loss ratio calculated using expected claims cost. Experience is subject to significant fluctuations as small blocks on business. Expected claims cost and policy terminations are based on historical experience through 2009 of insurance policies providing similar benefits and general medical claims data for pricing new and increased benefits. See Attachment 2 – Actuarial Parameters for Determination of Rates. Data from company records used in the preparation of this filing was used without audit. It was reviewed for reasonableness.

AVERAGE ANNUAL PREMIUM PER POLICY

The average annual premium per policy is expected to be \$174.

LOSS RATIO

The minimum loss ratio per the NAIC Model Guidelines for Filing of Rates for Individual Health Insurance Forms, after reduction for low average premium, is less than 45%. The anticipated lifetime loss ratio for this policy is 45%.

CERTIFICATION

I, Peter Hendee, am Health Actuary for Liberty National Life Insurance Company. I am a member of the American Academy of Actuaries and meet its Qualification Standards to render this opinion. I am available to assist with questions regarding this filing.

I hereby certify, to the best of my knowledge and judgment, that this rate filing is in compliance with the applicable laws and regulations of this state and that the benefits of the policies are reasonable in relation to the premiums charged because they are expected to meet or exceed loss ratio requirements.

4/24/13

Date

Peter G. Hendee

Peter G. Hendee, FSA, MAAA

LIBERTY NATIONAL LIFE INSURANCE COMPANY
McKinney, Texas

POLICY FORM HAJ
ACCIDENT PROTECTOR MAX FOR INDIVIDUALS
NEW PRODUCT FILING
DESCRIPTION OF BENEFITS

WE PAY for death of or loss involving:

For		INSURED
Accidental Death	If death is accidental; Or if death by automobile accident; Or if death by travel accident.	\$25,000 \$50,000 \$250,000
Dismemberment	For loss of eyesight For loss of one limb For loss of two or more limbs	\$20,000 \$10,000 \$20,000

Also, for	We Pay			
Initial Hospitalization	After the first 24 hours of a covered person's hospital confinement as a result of accidental bodily injury, we will pay you a \$1,000 lump sum benefit. Payable one time per calendar year.			
Daily Hospital Confinement	<table border="1"> <tr> <td>If policy has been in force at date of accident: Less than one year One year but less than two years Two years but less than three years Three years or more</td> <td>Daily hospital benefit is payable for a maximum of 26 weeks of hospital confinement due to any one accident.</td> <td><u>Daily Hospital Benefit</u> \$150.00 \$250.00 \$350.00 \$500.00</td> </tr> </table>	If policy has been in force at date of accident: Less than one year One year but less than two years Two years but less than three years Three years or more	Daily hospital benefit is payable for a maximum of 26 weeks of hospital confinement due to any one accident.	<u>Daily Hospital Benefit</u> \$150.00 \$250.00 \$350.00 \$500.00
If policy has been in force at date of accident: Less than one year One year but less than two years Two years but less than three years Three years or more	Daily hospital benefit is payable for a maximum of 26 weeks of hospital confinement due to any one accident.	<u>Daily Hospital Benefit</u> \$150.00 \$250.00 \$350.00 \$500.00		
Intensive Care Unit Confinement	Two times the daily hospital benefit up to a maximum of 30 days. This is paid in addition to the Daily Hospital Benefit.			
Emergency Treatment	Actual expenses up to a maximum amount of \$500.00 for each unit of coverage. Treatment must be received within 48 hours of the injury.			
Specified Injuries	\$200.00 maximum. See policy for details on specific injuries.			
Blood and Plasma	If whole blood or blood components are administered during the hospital confinement resulting from accidental bodily injury (benefit payable one time per accident)			
Ambulance	If an ambulance or air ambulance is used for transportation to an emergency center or hospital within 100 miles of an accident which results in Bodily Injury (Benefit is payable one time per accident.)			
Transportation	We will pay a benefit for transportation to and from any hospital located more than 100 miles from the site of the accident or the residence of a covered person for special treatment and hospital confinement as the result of accidental bodily injury. (This benefit is payable one time per accident and is payable only if your attending physician prescribes treatment not locally available.)			
Waiver of Premium	If you have received benefits for continuous hospital confinement of thirty days or more, we will waive the payment of each premium which becomes due while hospital benefits continue to be paid.			

LIBERTY NATIONAL LIFE INSURANCE COMPANY

McKinney, Texas

POLICY FORM HAK

ACCIDENT PROTECTOR MAX POLICY COVERING SINGLE PARENT FAMILIES

NEW PRODUCT FILING

ACTUARIAL MEMORANDUM

This actuarial memorandum along with its attachments, a description of benefits and parameters, is an actuarial report. This actuarial memorandum contains a general description of some policy provisions; it does not change the policy. Benefits are paid as specified in the complete policy.

BENEFITS

A description of the benefits is attached. See Attachment 1.

COVERAGE

This is an individual (not group) policy form. It will be issued to cover an individual and his or her children.

RENEWABILITY

The policy is guaranteed renewable to age 65. Premiums are issue age rated and may be changed on a class basis for all policies of this form in your state. Class is based on sex, age at issue, year of issue, and your state.

MARKETING METHOD AND ELIGIBILITY

This policy form will be marketed by licensed agents and issued to persons ages 0 to 60.

APPLICATION OF RATES

The schedule of proposed premium rates applies to all policies in your state.

SCOPE AND REASON

This is a new product filing. The purpose of this rate filing is to demonstrate to state officials that the anticipated loss ratio of this product meets the minimum requirements of your state. This rate filing is not intended to be used for any other purpose or by any other parties.

DETERMINATION OF RATES

Proposed premiums were calculated to achieve at least a 50% loss ratio calculated using expected claims cost. Experience is subject to significant fluctuations as small blocks on business. Expected claims cost and policy terminations are based on historical experience through 2009 of insurance policies providing similar benefits and general medical claims data for pricing new and increased benefits. See Attachment 2 – Actuarial Parameters for Determination of Rates. Data from company records used in the preparation of this filing was used without audit. It was reviewed for reasonableness.

AVERAGE ANNUAL PREMIUM PER POLICY

The average annual premium per policy, for all covered lives, is expected to be \$244.

LOSS RATIO

The minimum loss ratio per the NAIC Model Guidelines for Filing of Rates for Individual Health Insurance Forms, without reduction for low average premium, is 50%. The anticipated lifetime loss ratio for this policy is 50%.

CERTIFICATION

I, Peter Hendee, am Health Actuary for Liberty National Life Insurance Company. I am a member of the American Academy of Actuaries and meet its Qualification Standards to render this opinion. I am available to assist with questions regarding this filing.

I hereby certify, to the best of my knowledge and judgment, that this rate filing is in compliance with the applicable laws and regulations of this state and that the benefits of the policies are reasonable in relation to the premiums charged because they are expected to meet or exceed loss ratio requirements.

4/24/13

Date

Peter G. Hendee

Peter G. Hendee, FSA, MAAA

LIBERTY NATIONAL LIFE INSURANCE COMPANY
McKinney, Texas

POLICY FORM HAK
ACCIDENT PROTECTOR MAX FOR SINGLE PARENT FAMILIES
NEW PRODUCT FILING
DESCRIPTION OF BENEFITS

WE PAY for death of or loss involving:

For	
Accidental Death	If death is accidental; Or if death by automobile accident; Or if death by travel accident.
Dismemberment	For loss of eyesight For loss of one limb For loss of two or more limbs

PARENT	EACH CHILD*
\$25,000	\$1,000
\$50,000	\$2,000
\$250,000	\$4,000
\$20,000	\$2,000
\$10,000	\$1,000
\$20,000	\$2,000

*No benefit for accidental death and dismemberment will be payable for a covered child less than one year old.

Also, for

We Pay for Each Life

Initial Hospitalization	After the first 24 hours of a covered person's hospital confinement as a result of accidental bodily injury, we will pay you a \$1,000 lump sum benefit. Payable one time per covered person per calendar year.	\$1,000 lump sum one time per covered person per calendar year										
Daily Hospital Confinement	<table border="0" style="width: 100%;"> <tr> <td style="width: 50%;">If policy has been in force at date of accident:</td> <td style="width: 50%;">Daily hospital benefit is</td> </tr> <tr> <td>Less than one year</td> <td>payable for a maximum</td> </tr> <tr> <td>One year but less than two years</td> <td>of 26 weeks of hospital</td> </tr> <tr> <td>Two years but less than three years</td> <td>confinement due to any</td> </tr> <tr> <td>Three years or more</td> <td>one accident.</td> </tr> </table>	If policy has been in force at date of accident:	Daily hospital benefit is	Less than one year	payable for a maximum	One year but less than two years	of 26 weeks of hospital	Two years but less than three years	confinement due to any	Three years or more	one accident.	<u>Daily Hospital Benefit</u> \$150.00 \$250.00 \$350.00 \$500.00
If policy has been in force at date of accident:	Daily hospital benefit is											
Less than one year	payable for a maximum											
One year but less than two years	of 26 weeks of hospital											
Two years but less than three years	confinement due to any											
Three years or more	one accident.											
Intensive Care Unit Confinement	Two times the daily hospital benefit up to a maximum of 30 days. This is paid in addition to the Daily Hospital Benefit.	Two times the daily hospital benefit										
Emergency Treatment	Actual expenses up to a maximum amount of \$500.00 for each unit of coverage. Treatment must be received within 48 hours of the injury.	Up to \$500.00 per unit of coverage										
Specified Injuries	\$200.00 maximum. See policy for details on specific injuries.	Up to \$200.00										
Blood and Plasma	If whole blood or blood components are administered during the hospital confinement resulting from accidental bodily injury (benefit payable one time per accident)	\$200.00										
Ambulance	If an ambulance or air ambulance is used for transportation to an emergency center or hospital within 100 miles of an accident which results in Bodily Injury (Benefit is payable one time per accident.)	\$300.00										
Transportation	We will pay a benefit for transportation to and from any hospital located more than 100 miles from the site of the accident or the residence of a covered person for special treatment and hospital confinement as the result of accidental bodily injury. (This benefit is payable one time per accident and is payable only if your attending physician prescribes treatment not locally available.)	\$300.00										
Waiver of Premium	If you have received benefits for continuous hospital confinement of thirty days or more, we will waive the payment of each premium which becomes due while hospital benefits continue to be paid.											

LIBERTY NATIONAL LIFE INSURANCE COMPANY
McKinney, Texas
POLICY FORM HAL
ACCIDENT PROTECTOR MAX POLICY COVERING FAMILIES
NEW PRODUCT FILING
ACTUARIAL MEMORANDUM

This actuarial memorandum along with its attachments, a description of benefits and parameters, is an actuarial report. This actuarial memorandum contains a general description of some policy provisions; it does not change the policy. Benefits are paid as specified in the complete policy.

BENEFITS

A description of the benefits is attached. See Attachment 1.

COVERAGE

This is an individual (not group) policy form. It will be issued to cover an individual, his or her spouse and their children.

RENEWABILITY

The policy is guaranteed renewable to age 65. Premiums are issue age rated and may be changed on a class basis for all policies of this form in your state. Class is based on sex, age at issue, year of issue, and your state.

MARKETING METHOD AND ELIGIBILITY

This policy form will be marketed by licensed agents and issued to persons ages 0 to 60.

APPLICATION OF RATES

The schedule of proposed premium rates applies to all policies in your state.

SCOPE AND REASON

This is a new product filing. The purpose of this rate filing is to demonstrate to state officials that the anticipated loss ratio of this product meets the minimum requirements of your state. This rate filing is not intended to be used for any other purpose or by any other parties.

DETERMINATION OF RATES

Proposed premiums were calculated to achieve at least a 50% loss ratio calculated using expected claims cost. Experience is subject to significant fluctuations as small blocks on business. Expected claims cost and policy terminations are based on historical experience through 2009 of insurance policies providing similar benefits and general medical claims data for pricing new and increased benefits. See Attachment 2 – Actuarial Parameters for Determination of Rates. Data from company records used in the preparation of this filing was used without audit. It was reviewed for reasonableness.

AVERAGE ANNUAL PREMIUM PER POLICY

The average annual premium per policy, for all covered lives, is expected to be \$361.

LOSS RATIO

The minimum loss ratio per the NAIC Model Guidelines for Filing of Rates for Individual Health Insurance Forms, without reduction for low average premium, is 50%. The anticipated lifetime loss ratio for this policy is 50%.

CERTIFICATION

I, Peter Hendee, am Health Actuary for Liberty National Life Insurance Company. I am a member of the American Academy of Actuaries and meet its Qualification Standards to render this opinion. I am available to assist with questions regarding this filing.

I hereby certify, to the best of my knowledge and judgment, that this rate filing is in compliance with the applicable laws and regulations of this state and that the benefits of the policies are reasonable in relation to the premiums charged because they are expected to meet or exceed loss ratio requirements.

4/24/13

Date

Peter G. Hendee

Peter G. Hendee, FSA, MAAA

LIBERTY NATIONAL LIFE INSURANCE COMPANY
McKinney, Texas

POLICY FORM HAL
ACCIDENT PROTECTOR MAX FOR FAMILIES
NEW PRODUCT FILING
DESCRIPTION OF BENEFITS

For		WE PAY for death of or loss involving:		
		BASIC INSURED	SPOUSE	EACH CHILD* <i>if applicable</i>
Accidental Death	If death is accidental;	\$25,000	\$10,000	\$1,000
	Or if death by automobile accident;	\$50,000	\$20,000	\$2,000
	Or if death by travel accident.	\$250,000	\$100,000	\$4,000
Dismemberment	For loss of eyesight	\$20,000	\$20,000	\$2,000
	For loss of one limb	\$10,000	\$10,000	\$1,000
	For loss of two or more limbs	\$20,000	\$20,000	\$2,000

*No benefit for accidental death and dismemberment will be payable for a covered child less than one year old.

Also, for			We Pay for Each Life
Initial Hospitalization	After the first 24 hours of a covered person's hospital confinement as a result of accidental bodily injury, we will pay you a \$1,000 lump sum benefit. Payable one time per covered person per calendar year.		\$1,000 lump sum one time per covered person per calendar year
Daily Hospital Confinement	If policy has been in force at date of accident: Less than one year One year but less than two years Two years but less than three years Three years or more	Daily hospital benefit is payable for a maximum of 26 weeks of hospital confinement due to any one accident.	<u>Daily Hospital Benefit</u> \$150.00 \$250.00 \$350.00 \$500.00
Intensive Care Unit Confinement	Two times the daily hospital benefit up to a maximum of 30 days. This is paid in addition to the Daily Hospital Benefit.		Two times the daily hospital benefit
Emergency Treatment	Actual expenses up to a maximum amount of \$500.00 for each unit of coverage. Treatment must be received within 48 hours of the injury.		Up to \$500.00 per unit of coverage
Specified Injuries	\$200.00 maximum. See policy for details on specific injuries.		Up to \$200.00
Blood and Plasma	If whole blood or blood components are administered during the hospital confinement resulting from accidental bodily injury (benefit payable one time per accident)		\$200.00
Ambulance	If an ambulance or air ambulance is used for transportation to an emergency center or hospital within 100 miles of an accident which results in Bodily Injury (Benefit is payable one time per accident.)		\$300.00
Transportation	We will pay a benefit for transportation to and from any hospital located more than 100 miles from the site of the accident or the residence of a covered person for special treatment and hospital confinement as the result of accidental bodily injury. (This benefit is payable one time per accident and is payable only if your attending physician prescribes treatment not locally available.)		\$300.00
Waiver of Premium	If you have received benefits for continuous hospital confinement of thirty days or more, we will waive the payment of each premium which becomes due while hospital benefits continue to be paid.		

