Filing at a Glance

Company:	Catlin Insurance Company, Inc.
Product Name:	Rider Filing
State:	District of Columbia
TOI:	H02G Group Health - Accident Only
Sub-TOI:	H02G.000 Health - Accident Only
Filing Type:	Rate
Date Submitted:	12/19/2013
SERFF Tr Num:	CATL-129347174
SERFF Status:	Assigned
State Tr Num:	
State Status:	
Co Tr Num:	AHAG 405 1113 (R)
Implementation Date Requested:	On Approval
Author(s):	Diane Lichorobiec, Lisa Williams
Reviewer(s):	Darniece Shirley (primary), Alula Selassie, Donghan Xu
Disposition Date:	
Disposition Status:	
Implementation Date:	

State Filing Description:

State: *District of Columbia* **Filing Company:** *Catlin Insurance Company, Inc.*
TOI/Sub-TOI: *H02G Group Health - Accident Only/H02G.000 Health - Accident Only*
Product Name: *Rider Filing*
Project Name/Number: */AHAG 405 1113*

General Information

Project Name:
Project Number: AHAG 405 1113
Requested Filing Mode: Review & Approval
Explanation for Combination/Other:
Submission Type: New Submission
Group Market Type: Employer, Association, Trust, Other

Overall Rate Impact:

Deemer Date:
Submitted By: Lisa Williams

Status of Filing in Domicile: Pending
Date Approved in Domicile:
Domicile Status Comments:
Market Type: Group
Group Market Size: Small and Large
Explanation for Other Group Market Type: Unions & Customers of Financial Institutions
Filing Status Changed: 12/20/2013
State Status Changed:
Created By: Lisa Williams
Corresponding Filing Tracking Number:

Filing Description:

Re: Catlin Insurance Company, Inc.
FEIN#: 204929941
NAIC#: 4574 19518

AHAG 405 (DC) 1113 – Fracture [/Dislocation] [/Burns] Benefit Rider
AHAG 406 (DC) 1113 – Paralysis Benefit Rider
AHAG 407 (DC) 1113 – [Invasive Cancer, Critical Illness] Benefit
AHAG A05 (DC) 1113 – Group Accident Insurance [Enrollment] Application
AHAG A06 (DC) 1113 – Application for Group Insurance
Actuarial Memorandum
Rates

Dear Commissioner:

As required by the Health Insurance Rate Filing Procedures, we are including the folliwing information in this cover letter:

Company Name: Catlin Insurance Company, Inc.
NAIC Number: 4574 19518
Form Filing: Form Number AHAG 405 (DC) 1113
Submission Date: December 19, 2012
Proposed Effective Date: Upon Approval
Type of Product: Group Accident
Individual or Group: Group
Scope and Purpose: This filing is for an amendment to a previously approved group accident product which will be offered to eligible groups.
Initial Filing or Change: Initial
DC Policyholders: There are currently no DC policyholders for this filing and therefore is no premium impact to DC policyholders.
District of Columbia Loss Ratio Analysis: This is a new filing with no prior experience.
District of Columbia and Countrywide Experience: This is a new filing with no prior experience in the District of Columbia or Countrywide.

State:	*District of Columbia*	**Filing Company:**	*Catlin Insurance Company, Inc.*
TOI/Sub-TOI:	*H02G Group Health - Accident Only/H02G.000 Health - Accident Only*		
Product Name:	*Rider Filing*		
Project Name/Number:	*/AHAG 405 1113*		

Included with this filing is the actuarial memorandum and rates.

I thank you in advance for the time spent on this filing and trust that you will find everything in order. Please do not hesitate to contact me directly at 908-277-0194 or at lisa.williams@catlin.com if you have any questions or require additional information.

Respectfully,
Lisa P. Williams, FLMI
Manager, Regulatory Compliance

Company and Contact

Filing Contact Information

Lisa Williams,
535 Springfield Avenue
Suite 130
Summit, NJ 07901

lisa.williams@catlin.com
908-277-0194 [Phone]

Filing Company Information

Catlin Insurance Company, Inc.
1600 Market Street
Suite 1616
Philadelphia, PA 19103
(215) 466-9132 ext. [Phone]

CoCode: 19518
Group Code: 4574
Group Name: Catlin US Insurance Group
FEIN Number: 20-4929941

State of Domicile: Texas
Company Type: Property and Casualty
State ID Number: 19518

Filing Fees

Fee Required?	No
Retaliatory?	No
Fee Explanation:	

SERFF Tracking #:	*CATL-129347174*	***State Tracking #:***		***Company Tracking #:***	*AHAG 405 1113 (R)*

State:	*District of Columbia*	***Filing Company:***	*Catlin Insurance Company, Inc.*
TOI/Sub-TOI:	*H02G Group Health - Accident Only/H02G.000 Health - Accident Only*		
Product Name:	*Rider Filing*		
Project Name/Number:	*/AHAG 405 1113*		

Rate Information

Rate data applies to filing.

Filing Method:	Approval
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):
Catlin Insurance Company, Inc.	0.000%	%	$0	0	$0	0.000%	%

SERFF Tracking #:	*CATL-129347174*	***State Tracking #:***		***Company Tracking #:***	*AHAG 405 1113 (R)*

State:	*District of Columbia*	***Filing Company:***	*Catlin Insurance Company, Inc.*
TOI/Sub-TOI:	*H02G Group Health - Accident Only/H02G.000 Health - Accident Only*		
Product Name:	*Rider Filing*		
Project Name/Number:	*/AHAG 405 1113*		

Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1		Rates	AHAG 405 (DC) 1113, AHAG 406 (DC) 1113, AHAG 407 (DC) 1113	New		Claim Costs For Burns 2013 10 10 Final.pdf, Claim Costs For CI 2013 10 10 Final.pdf, Claim Costs For dislocation 2013 10 10 Final.pdf, Claim Costs For Fractures 2013 10 10 Final.pdf, Claim Costs For Paralysis 2013 10 10 Final.pdf,

MALE AND FEMALE - MONTHLY CLAIM COSTS FOR BURNS BY TBSA PER $1,000 SUM INSURED

Attained Age Group	Total Body Surface Area Burnt (TBSA): 0.1%-9.9%	10%-19.9%	20%-29.9%	30%+	Totals
	$	$	$	$	$
15 - 19	0.00047	0.00013	0.00004	0.00005	0.00069
20 - 24	0.00117	0.00034	0.00011	0.00014	0.00176
25 - 29	0.00117	0.00034	0.00011	0.00014	0.00176
30 - 34	0.00105	0.00033	0.00011	0.00014	0.00163
35 - 39	0.00105	0.00033	0.00011	0.00014	0.00163
40 - 44	0.00111	0.00033	0.00012	0.00016	0.00172
45 - 49	0.00111	0.00033	0.00012	0.00016	0.00172
50 - 54	0.00073	0.00023	0.00009	0.00011	0.00116
55 - 59	0.00073	0.00023	0.00009	0.00011	0.00116
60 - 64	0.00040	0.00013	0.00006	0.00007	0.00066
65 - 69	0.00040	0.00013	0.00006	0.00007	0.00066
70 - 74	0.00026	0.00010	0.00004	0.00006	0.00046
75 - 79	0.00026	0.00010	0.00004	0.00006	0.00046
80 - 84	0.00017	0.00008	0.00003	0.00005	0.00033
85+	0.00017	0.00008	0.00003	0.00005	0.00033
UniSex Composite Claims Costs	0.00094	0.00029	0.00010	0.00013	0.00146

MALES

Attained Age Monthly Claim Costs Per $1,000 Benefit

Attained Age Group	Invasive Cancer	Cancer In Situ	Heart Attack	Stroke	Coronary Artery Bypass Graft	Renal Failure	Major Organ Transplant	Paralysis	Coma	Burns	Total
	$	$	$	$	$	$	$	$	$	$	$
15-19	0.01621	0.00003	0.01703	0.02018	0.00010	0.00194	0.00239	0.00667	#######	#######	0.07567
20-24	0.02311	0.00005	0.02129	0.04045	0.00063	0.00409	0.00311	0.00667	#######	#######	0.11052
25-29	0.03304	0.00007	0.02661	0.06407	0.00252	0.00702	0.00324	0.00667	#######	#######	0.15436
30-34	0.04510	0.00009	0.03327	0.08591	0.00783	0.01063	0.00361	0.00667	#######	#######	0.20423
35-39	0.06409	0.00013	0.04158	0.10217	0.02012	0.01498	0.00544	0.00667	#######	#######	0.26630
40-44	0.10984	0.00022	0.04392	0.11343	0.04481	0.02044	0.00926	0.00667	#######	#######	0.35971
45-49	0.21281	0.00043	0.08605	0.12697	0.08887	0.02770	0.01424	0.00667	#######	#######	0.57486
50-54	0.42065	0.00086	0.17891	0.13284	0.15983	0.03772	0.01831	0.00667	#######	#######	0.96691
55-59	0.71403	0.00145	0.30781	0.19394	0.26336	0.05141	0.01919	0.00667	#######	#######	1.56898
60-64	1.11853	0.00228	0.42943	0.31754	0.39917	0.06921	0.01612	0.00667	#######	#######	2.37007
65-69	1.72453	0.00351	0.49082	0.48925	0.55486	0.09044	0.01114	0.00667	#######	#######	3.38234
70-74	2.07316	0.00422	0.52629	0.68269	0.69719	0.11252	0.01019	0.00667	#######	#######	4.12405
75-79	2.40825	0.00490	0.56175	0.89392	0.75529	0.13014	0.00924	0.00667	#######	#######	4.78128
80-84	2.46993	0.00503	1.21220	1.21296	0.60556	0.13429	0.00497	0.00667	#######	#######	5.66273
85+	2.41607	0.00492	2.19853	1.54089	0.33646	0.12636	0.00249	0.00667	#######	#######	6.64351
Males Composite Claim Cost	0.30385	0.00062	0.11394	0.13969	0.10707	0.02685	0.00972	0.00667	0.00279	0.00833	0.71953

FEMALES

Attained Age Monthly Claim Costs Per $1,000 Benefit

Attained Age Group	Invasive Cancer	Cancer In Situ	Heart Attack	Stroke	Coronary Artery Bypass Graft	Renal Failure	Major Organ Transplant	Paralysis	Coma	Burns	Total
	$	$	$	$	$	$	$	$	$	$	$
15-19	0.01505	0.00005	0.00262	0.01379	0.00022	0.00142	0.00195	0.00667	#######	#######	0.05289
20-24	0.02653	0.00008	0.00328	0.02764	0.00095	0.00299	0.00249	0.00667	#######	#######	0.08175
25-29	0.04744	0.00015	0.01524	0.04378	0.00292	0.00514	0.00270	0.00667	#######	#######	0.13516
30-34	0.08142	0.00025	0.03824	0.05870	0.00723	0.00779	0.00292	0.00667	#######	#######	0.21434
35-39	0.13009	0.00040	0.07447	0.06982	0.01524	0.01097	0.00380	0.00667	#######	#######	0.32258
40-44	0.20921	0.00065	0.12562	0.07751	0.02845	0.01497	0.00563	0.00667	#######	#######	0.47983
45-49	0.31798	0.00098	0.19415	0.08676	0.04804	0.02029	0.00795	0.00667	#######	#######	0.69394
50-54	0.43182	0.00133	0.28466	0.10792	0.07450	0.02763	0.00966	0.00667	#######	#######	0.95531
55-59	0.56891	0.00176	0.40410	0.15615	0.10697	0.03766	0.00966	0.00667	#######	#######	1.30300
60-64	0.76955	0.00238	0.55914	0.24918	0.14270	0.05070	0.00765	0.00667	#######	#######	1.79909
65-69	1.04457	0.00322	0.74847	0.40304	0.17645	0.06624	0.00483	0.00667	#######	#######	2.46461
70-74	1.21772	0.00376	0.94728	0.62539	0.19944	0.08242	0.00339	0.00667	#######	#######	3.09719
75-79	1.40666	0.00434	0.96499	0.90631	0.19936	0.09533	0.00277	0.00667	#######	#######	3.59755
80-84	1.48654	0.00459	0.98271	1.20615	0.16007	0.09836	0.00214	0.00667	#######	#######	3.95835
85+	1.37925	0.00426	1.78231	1.36786	0.10958	0.09255	0.00107	0.00667	#######	#######	4.75467
Females Composite Claim Cost	0.30087	0.00093	0.19721	0.11279	0.04729	0.02052	0.00561	0.00667	0.00279	0.00833	0.70301

MALES AND FEMALES (UNISEX) COMPOSITE MONTHLY CLAIM COSTS

Attained Age Group	Invasive Cancer	Cancer In Situ	Heart Attack	Stroke	Coronary Artery Bypass Graft	Renal Failure	Major Organ Transplant	Paralysis	Coma	Burns	Total
	$	$	$	$	$	$	$	$	$	$	$
15-19	0.01564	0.00004	0.00998	0.01706	0.00016	0.00169	0.00217	0.00667	0.00279	0.00833	0.06453
20-24	0.02477	0.00006	0.01252	0.03422	0.00079	0.00355	0.00281	0.00667	0.00279	0.00833	0.09651
25-29	0.04008	0.00011	0.02105	0.05416	0.00272	0.00610	0.00298	0.00667	0.00279	0.00833	0.14499
30-34	0.06301	0.00017	0.03572	0.07250	0.00753	0.00923	0.00327	0.00667	0.00279	0.00833	0.20922
35-39	0.09697	0.00026	0.05796	0.08605	0.01769	0.01298	0.00462	0.00667	0.00279	0.00833	0.29432
40-44	0.15968	0.00044	0.08490	0.09541	0.03660	0.01770	0.00744	0.00667	0.00279	0.00833	0.41996
45-49	0.26567	0.00071	0.14039	0.10676	0.06835	0.02398	0.01108	0.00667	0.00279	0.00833	0.63473
50-54	0.42630	0.00110	0.23236	0.12025	0.11670	0.03262	0.01394	0.00667	0.00279	0.00833	0.96106
55-59	0.64013	0.00161	0.35685	0.17469	0.18372	0.04441	0.01434	0.00667	0.00279	0.00833	1.43354
60-64	0.93873	0.00233	0.49626	0.28232	0.26703	0.05967	0.01176	0.00667	0.00279	0.00833	2.07589
65-69	1.37039	0.00336	0.62501	0.44435	0.35778	0.07784	0.00785	0.00667	0.00279	0.00833	2.90437
70-74	1.62209	0.00398	0.74828	0.65248	0.43473	0.09665	0.00660	0.00667	0.00279	0.00833	3.58260
75-79	1.86669	0.00460	0.77978	0.90062	0.45470	0.11132	0.00574	0.00667	0.00279	0.00833	4.14124
80-84	1.91866	0.00478	1.08355	1.20914	0.35583	0.11415	0.00338	0.00667	0.00279	0.00833	4.70728
85+	1.80185	0.00453	1.95196	1.43839	0.20205	0.10633	0.00165	0.00667	0.00279	0.00833	5.52455
UniSex Composite Claim Cost	0.3024	0.0008	0.1559	0.1261	0.07693	0.0237	0.00765	0.00667	0.00279	0.00833	0.7112

MALE - MONTHLY CLAIM COSTS FOR DISLOCATIONS BY SITE PER $1,000 SUM INSURED

	CICI Covered Dislocations									
Attained Age Group	Spine/Vertebral Column	Collarbone	Elbow	Hip	Jaw	Knee	Shoulder	Wrist	Ankle	Totals
	$	$	$	$	$	$	$	$	$	$
15 - 19	0.01816	0.11228	0.13018	0.00731	0.07287	0.28368	0.23812	0.10549	0.06045	1.02854
20 - 24	0.05333	0.20048	0.05317	0.01182	0.13011	0.49421	0.10131	0.05300	0.06369	1.16112
25 - 29	0.06153	0.23131	0.06135	0.01363	0.15012	0.57022	0.11689	0.06115	0.07349	1.33969
30 - 34	0.07065	0.26562	0.07045	0.01565	0.17239	0.65480	0.13423	0.07023	0.08439	1.53841
35 - 39	0.07952	0.29895	0.07929	0.01762	0.19401	0.73695	0.15107	0.07904	0.09498	1.73143
40 - 44	0.08693	0.32683	0.08669	0.01926	0.21211	0.80567	0.16516	0.08641	0.10383	1.89289
45 - 49	0.05717	0.24597	0.14182	0.03008	0.15963	0.79162	0.37470	0.10944	0.08653	1.99696
50 - 54	0.05776	0.24853	0.14330	0.03039	0.16129	0.79987	0.37860	0.11059	0.08743	2.01776
55 - 59	0.05524	0.23766	0.13703	0.02906	0.15424	0.76489	0.36204	0.10575	0.08361	1.92952
60 - 64	0.04885	0.21017	0.12118	0.02570	0.13640	0.67641	0.32016	0.09352	0.07394	1.70633
65 - 69	0.04586	0.18532	0.06473	0.04769	0.12027	0.35262	0.38848	0.07493	0.04247	1.32237
70 - 74	0.05209	0.21048	0.07352	0.05416	0.13660	0.40050	0.44122	0.08510	0.04824	1.50191
75 - 79	0.05942	0.24011	0.08387	0.06179	0.15583	0.45688	0.50334	0.09708	0.05503	1.71335
80 - 84	0.06814	0.27536	0.09618	0.07086	0.17870	0.52394	0.57722	0.11133	0.06310	1.96483
85+	0.07862	0.31770	0.11097	0.08176	0.20619	0.60451	0.66599	0.12845	0.07281	2.26700
Males Composite Claim Costs	0.06243	0.24956	0.10142	0.02291	0.16196	0.67953	0.24860	0.08835	0.08275	1.69751

FEMALE - MONTHLY CLAIM COSTS FOR DISLOCATIONS BY SITE PER $1,000 SUM INSURED

	CICI Covered Dislocations									
Attained Age Group	Spine/Vertebral Column	Collarbone	Elbow	Hip	Jaw	Knee	Shoulder	Wrist	Ankle	Totals
	$	$	$	$	$	$	$	$	$	$
15 - 19	0.00867	0.05777	0.09121	0.00246	0.03749	0.15884	0.11064	0.06658	0.03945	0.57311
20 - 24	0.02581	0.10458	0.03777	0.00404	0.06787	0.28055	0.04773	0.03392	0.04215	0.64442
25 - 29	0.02997	0.12144	0.04386	0.00469	0.07881	0.32579	0.05542	0.03939	0.04894	0.74831
30 - 34	0.03552	0.14391	0.05198	0.00556	0.09340	0.38608	0.06568	0.04667	0.05800	0.88680
35 - 39	0.04253	0.17230	0.06223	0.00665	0.11182	0.46224	0.07864	0.05588	0.06944	1.06173
40 - 44	0.05107	0.20692	0.07474	0.00799	0.13429	0.55512	0.09444	0.06711	0.08340	1.27508
45 - 49	0.03834	0.17775	0.13956	0.01424	0.11536	0.62256	0.24455	0.09702	0.07933	1.52871
50 - 54	0.04575	0.21215	0.16657	0.01699	0.13768	0.74304	0.29187	0.11580	0.09468	1.82453
55 - 59	0.05428	0.25168	0.19761	0.02016	0.16334	0.88150	0.34626	0.13738	0.11232	2.16453
60 - 64	0.06396	0.29656	0.23285	0.02375	0.19246	1.03871	0.40801	0.16188	0.13235	2.55053
65 - 69	0.09423	0.41033	0.19517	0.06917	0.26630	0.84968	0.77684	0.20352	0.11929	2.98453
70 - 74	0.10949	0.47679	0.22678	0.08037	0.30943	0.98730	0.90266	0.23648	0.13861	3.46791
75 - 79	0.12633	0.55012	0.26165	0.09273	0.35702	1.13913	1.04147	0.27284	0.15993	4.00122
80 - 84	0.14488	0.63086	0.30006	0.10634	0.40942	1.30633	1.19434	0.31289	0.18340	4.58852
85+	0.16527	0.71968	0.34230	0.12131	0.46706	1.49024	1.36248	0.35694	0.20922	5.23450
Females Composite Claims Costs	0.04425	0.19279	0.11122	0.01466	0.12512	0.56687	0.20960	0.08806	0.07875	1.43132

MALES AND FEMALES (UNISEX) MONTHLY COMPOSITE CLAIM COSTS FOR DISLOCATIONS BY SITE PER $1,000 SUM INSURED

	CICI Covered Dislocations									
Attained Age Group	Spine/Vertebral Column	Collarbone	Elbow	Hip	Jaw	Knee	Shoulder	Wrist	Ankle	Totals
	$	$	$	$	$	$	$	$	$	$
15 - 19	0.01352	0.08562	0.11112	0.00494	0.05557	0.22263	0.17578	0.08646	0.05018	0.80582
20 - 24	0.03994	0.15381	0.04567	0.00803	0.09982	0.39022	0.07523	0.04371	0.05321	0.90964
25 - 29	0.04611	0.17763	0.05280	0.00926	0.11528	0.45079	0.08686	0.05052	0.06149	1.05074
30 - 34	0.05333	0.20562	0.06134	0.01068	0.13345	0.52232	0.10044	0.05862	0.07138	1.21718
35 - 39	0.06109	0.23586	0.07079	0.01216	0.15307	0.60010	0.11499	0.06750	0.08226	1.39782
40 - 44	0.06894	0.26668	0.08070	0.01361	0.17307	0.67999	0.12969	0.07673	0.09358	1.58299
45 - 49	0.04771	0.21168	0.14068	0.02212	0.13738	0.70664	0.30928	0.10320	0.08291	1.76160
50 - 54	0.05169	0.23014	0.15506	0.02362	0.14936	0.77115	0.33477	0.11322	0.09109	1.92010
55 - 59	0.05475	0.24480	0.16788	0.02453	0.15887	0.82428	0.35400	0.12186	0.09823	2.04920
60 - 64	0.05663	0.25468	0.17871	0.02470	0.16528	0.86307	0.36542	0.12874	0.10403	2.14126
65 - 69	0.07105	0.30251	0.13267	0.05888	0.19633	0.61150	0.59075	0.14190	0.08248	2.18807
70 - 74	0.08236	0.35090	0.15433	0.06798	0.22773	0.70992	0.68453	0.16492	0.09589	2.53856
75 - 79	0.09560	0.40773	0.18000	0.07852	0.26461	0.82577	0.79431	0.19211	0.11175	2.95040
80 - 84	0.11116	0.47465	0.21047	0.09075	0.30804	0.96253	0.92316	0.22432	0.13054	3.43562
85+	0.12995	0.55584	0.24801	0.10519	0.36073	1.12922	1.07860	0.26381	0.15362	4.02497
UniSex Composite Claims Costs	0.05327	0.22094	0.10636	0.01875	0.14339	0.62274	0.22894	0.08820	0.08073	1.56332

MALE - MONTHLY CLAIM COSTS FOR FRACTURES BY SITE PER $1,000 SUM INSURED

CICI Covered Fractures

Attained Age Group	Spine/Vertebral Column	Cheekbone	Collarbone	Foot (Other Than Toes)	Hand (Other Than Fingers)	Hip	Kneecap	Lower Arm	Lower Jaw	Lower Leg	Neck	Pelvis	Shoulder Blade	Skull	Sternum	Tailbone	Upper Arm	Upper Jaw	Upper Leg/Femur	Wrist	Totals
	$	$	$	$	$	$	$	$	$	$	$	$	$	$	$	$	$	$	$	$	$
15 - 19	0.18145	0.08371	0.34589	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	0.23815	#####	#####
20 - 24	0.31896	0.08950	0.36981	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	0.13868	#####	#####
25 - 29	0.27383	0.07683	0.31749	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	0.11906	#####	#####
30 - 34	0.24193	0.06788	0.28049	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	0.10518	#####	#####
35 - 39	0.22226	0.06236	0.25769	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	0.09663	#####	#####
40 - 44	0.21386	0.06001	0.24795	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	0.09298	#####	#####
45 - 49	0.15928	0.05115	0.21135	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	0.18378	#####	#####
50 - 54	0.16753	0.05380	0.22230	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	0.19330	#####	#####
55 - 59	0.18193	0.05842	0.24141	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	0.20992	#####	#####
60 - 64	0.20175	0.06479	0.26771	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	0.23279	#####	#####
65 - 69	0.26123	0.07878	0.32554	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	0.22506	#####	#####
70 - 74	0.29631	0.08936	0.36924	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	0.25528	#####	#####
75 - 79	0.33990	0.10251	0.42357	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	0.29284	#####	#####
80 - 84	0.39434	0.11892	0.49140	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	0.33973	#####	#####
85+	0.45749	0.13797	0.57010	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	0.39414	#####	#####
Males Composite Claims Costs	0.21542	0.06511	0.26906	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	0.15549	#####	#####

FEMALE - MONTHLY CLAIM COSTS FOR FRACTURES BY SITE PER $1,000 SUM INSURED

CICI Covered Fractures

Attained Age Group	Spine/Vertebral Column	Cheekbone	Collarbone	Foot (Other Than Toes)	Hand (Other Than Fingers)	Hip	Kneecap	Lower Arm	Lower Jaw	Lower Leg	Neck	Pelvis	Shoulder Blade	Skull	Sternum	Tailbone	Upper Arm	Upper Jaw	Upper Leg/Femur	Wrist	Totals
	$	$	$	$	$	$	$	$	$	$	$	$	$	$	$	$	$	$	$	$	$
15 - 19	0.12853	0.05930	0.24501	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	0.16870	#####	#####
20 - 24	0.24339	0.06829	0.28220	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	0.10582	#####	#####
25 - 29	0.19827	0.05563	0.22988	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	0.08621	#####	#####
30 - 34	0.14531	0.04077	0.16848	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	0.06318	#####	#####
35 - 39	0.10080	0.02828	0.11687	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	0.04383	#####	#####
40 - 44	0.07788	0.02185	0.09029	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	0.03386	#####	#####
45 - 49	0.06272	0.02014	0.08322	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	0.07237	#####	#####
50 - 54	0.09731	0.03125	0.12912	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	0.11228	#####	#####
55 - 59	0.15847	0.05089	0.21028	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	0.18285	#####	#####
60 - 64	0.25004	0.08030	0.33179	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	0.28851	#####	#####
65 - 69	0.43092	0.12996	0.53699	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	0.37125	#####	#####
70 - 74	0.58422	0.17619	0.72803	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	0.50333	#####	#####
75 - 79	0.59472	0.17936	0.74111	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	0.51237	#####	#####
80 - 84	0.60521	0.18252	0.75419	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	0.52141	#####	#####
85+	0.62263	0.15022	0.62071	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	0.42914	#####	#####
Females Composite Claims Costs	0.14848	0.04512	0.18646	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	0.11331	#####	#####

MALES AND FEMALES (UNISEX) MONTHLY COMPOSITE CLAIM COSTS FOR FRACTURES BY SITE PER $1,000 SUM INSURED

CICI Covered Fractures

Attained Age Group	Spine/Vertebral Column	Cheekbone	Collarbone	Foot (Other Than Toes)	Hand (Other Than Fingers)	Hip	Kneecap	Lower Arm	Lower Jaw	Lower Leg	Neck	Pelvis	Shoulder Blade	Skull	Sternum	Tailbone	Upper Arm	Upper Jaw	Upper Leg/Femur	Wrist	Totals
	$	$	$	$	$	$	$	$	$	$	$	$	$	$	$	$	$	$	$	$	$
15 - 19	0.15557	0.07177	0.29656	0.55908	0.20905	0.07779	0.45213	0.38893	0.21531	0.34031	0.11031	0.21531	0.04862	0.11031	0.29656	0.04862	0.15557	0.07177	0.20419	0.40838	4.43614
20 - 24	0.28189	0.07910	0.32683	0.36360	0.33092	0.07762	0.48616	0.09805	0.23729	0.15933	0.19989	0.23729	0.04086	0.19989	0.32683	0.04086	0.04086	0.07910	0.12257	0.12665	3.85559
25 - 29	0.23639	0.06633	0.27408	0.30492	0.27751	0.06510	0.40770	0.08223	0.19899	0.13361	0.16762	0.19899	0.03426	0.16762	0.27408	0.03426	0.03426	0.06633	0.10278	0.10621	3.23327
30 - 34	0.19346	0.05428	0.22429	0.24953	0.22710	0.05327	0.33364	0.06729	0.16285	0.10934	0.13718	0.16285	0.02803	0.13718	0.22429	0.02803	0.02803	0.05428	0.08411	0.08691	2.64594
35 - 39	0.16066	0.04508	0.18627	0.20722	0.18860	0.04424	0.27708	0.05588	0.13524	0.09080	0.11392	0.13524	0.02328	0.11392	0.18627	0.02328	0.02328	0.04508	0.06985	0.07218	2.19737
40 - 44	0.14426	0.04048	0.16725	0.18606	0.16934	0.03972	0.24878	0.05017	0.12143	0.08154	0.10229	0.12143	0.02090	0.10229	0.16725	0.02090	0.02090	0.04048	0.06272	0.06481	1.97300
45 - 49	0.10907	0.03503	0.14473	0.17828	0.11327	0.07131	0.28106	0.09439	0.10508	0.13214	0.07734	0.10508	0.02097	0.07734	0.14473	0.02097	0.05454	0.03503	0.12585	0.09439	2.02060
50 - 54	0.12646	0.04061	0.16780	0.20671	0.13132	0.08268	0.32587	0.10943	0.12183	0.15321	0.08967	0.12183	0.02432	0.08967	0.16780	0.02432	0.06323	0.04061	0.14591	0.10943	2.34271
55 - 59	0.15827	0.05082	0.21001	0.25871	0.16436	0.10348	0.40785	0.13696	0.15248	0.19175	0.11223	0.15248	0.03044	0.11223	0.21001	0.03044	0.07914	0.05082	0.18262	0.13696	2.93206
60 - 64	0.20389	0.06548	0.27055	0.33329	0.21174	0.13331	0.52542	0.17644	0.19643	0.24702	0.14458	0.19643	0.03921	0.14458	0.27055	0.03921	0.10195	0.06548	0.23526	0.17644	3.77726
65 - 69	0.30301	0.09138	0.37760	0.30301	0.21910	0.39158	0.43354	0.14918	0.27415	0.37294	0.21486	0.27415	0.04662	0.21486	0.37760	0.04662	0.19579	0.09138	0.26105	0.22376	4.86218
70 - 74	0.37332	0.11258	0.46520	0.37332	0.26993	0.48244	0.53413	0.18378	0.33775	0.45947	0.26472	0.33775	0.05743	0.26472	0.46520	0.05743	0.24122	0.11258	0.32162	0.27568	5.99027
75 - 79	0.41401	0.12486	0.51592	0.41401	0.29936	0.53503	0.59235	0.20382	0.37457	0.50955	0.29357	0.37457	0.06369	0.29357	0.51592	0.06369	0.26751	0.12486	0.35669	0.30573	6.64328
80 - 84	0.37686	0.11365	0.46963	0.37686	0.27250	0.48702	0.53920	0.18553	0.34096	0.46383	0.26723	0.34096	0.05798	0.26723	0.46963	0.05798	0.24351	0.11365	0.32468	0.27830	6.04719
85+	0.27888	0.08410	0.34752	0.27888	0.20165	0.36039	0.39901	0.13729	0.25231	0.34323	0.19775	0.25231	0.04290	0.19775	0.34752	0.04290	0.18020	0.08410	0.24026	0.20594	4.47489
UniSex Composite Claims Costs	0.17519	0.05305	0.21919	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	0.12813	#####	#####

Males & Females: Monthly Claim Cost Per $1,000 Benefit	
	$
UniSex All Ages	0.00667

Supporting Document Schedules

Satisfied - Item:	Cover Letter All Filings
Comments:	Information is in the General Information Tab
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Certificate of Authority to File
Bypass Reason:	N/A
Attachment(s):	
Item Status:	
Status Date:	

Satisfied - Item:	Actuarial Memorandum
Comments:	
Attachment(s):	Signed Actuarial Memorandum Group CII-BB-Paralysis 2013 10 10 Excluding Rates.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Actuarial Justification
Comments:	Filed as noted
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	District of Columbia and Countrywide Loss Ratio Analysis (P&C)
Bypass Reason:	N/A
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
Attachment(s):	
Item Status:	
Status Date:	

SERFF Tracking #:	*CATL-129347174*	***State Tracking #:***		***Company Tracking #:***	*AHAG 405 1113 (R)*

State:	*District of Columbia*	***Filing Company:***	*Catlin Insurance Company, Inc.*
TOI/Sub-TOI:	*H02G Group Health - Accident Only/H02G.000 Health - Accident Only*		
Product Name:	*Rider Filing*		
Project Name/Number:	*/AHAG 405 1113*		

Bypassed - Item:	Actuarial Memorandum and Certifications
Bypass Reason:	N/A
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Unified Rate Review Template
Bypass Reason:	N/A
Attachment(s):	
Item Status:	
Status Date:	

CATLIN INSURANCE COMPANY, INC.
1330 Post Oak Boulevard, Suite 2325, Houston, TX 77056

ACTUARIAL MEMORANDUM

GROUP ACCIDENT POLICY
Form Number AHAG 051

1. Scope and Purpose

The purpose of this memorandum is to certify that the premiums for this Policy Form satisfy the rate filing requirements of your State. These are new riders to an existing filing. This memorandum is not intended be used for any other purpose.

This actuarial memorandum supports the addition of new riders for Fractures, Dislocations and Burns, Critical Illnesses or Paralysis, to the original policy form.

2. Description of Benefits

Fracture, Dislocation and Burn Benefit: A schedule of benefits provides for the treatment of various fractures, dislocations and burns.

The rider provides a lump sum upon suffering a fracture, dislocation or burn. The amount of the benefit depends upon the site of the injury or the extent of the burn, as specified in the Schedule of Covered Losses.

Critical Illness Benefit: Upon the first diagnosis of a covered disease, this benefit provides a lump sum to the insured, subject to any waiting period set out in the Schedule of Covered Losses.

Paralysis Benefit: This rider provides a lump sum benefit in the event that the insured sustains an injury that results in the insured suffering from paralysis. The amount of benefit depends upon the extent of the injury and the parts of the body affected.

3. Renewability Clause

There are no premium guarantees, and, premiums may be subject to change upon renewal. Typically, the policy term will be one year or less. However, policy periods other than one year could be offered for which appropriate premium adjustments will be made.

4. Applicability

These riders will be available for new issues.

5. Morbidity

Data from various sources was adjusted to estimate frequencies of claims for the different coverages.

Sources of data were:

National Safety Council: Injury facts, 2010 Edition
The Burden of Musculoskeletal Diseases in the United States, 2008: Chapter 6:
US Census Bureau: Population Division
American Burn Association: National Burn Repository 2009
Agency for Healthcare Research and Quality: H-CUPNet: 2008 National Statistics
Organ Procurement & Transplantation Network
Centers for Disease Control and Prevention: National Cancer Institute
SEER Cancer Statistics Review 1975 – 2010
National Spinal Cord Injury Statistical Center
National institute of Diabetes & Digestive Kidney Diseases
American Speech – Language – Hearing Association
CDC: Traumatic Brain Injury in the United States
National Hospital Discharge Survey, 2007
National Health Statistics Reports, Number 29
Heart Disease and Stroke Statistics, 2013 Update
Health, United States, 2012

6. Family Rates

Family rates can be derived from the base rates, depending upon the plan design, that is the additional benefits chosen and the proportions of the insured's principal sum that are chosen for the dependents.

7. Mortality

Mortality was not a consideration in the development of the rates for these riders.

8. Persistency

Persistency assumptions were not used in the pricing of this product.

9. Expenses

Assumed expenses are 20.5% of the gross premium, allocated as follows:

Administration	8.0%
Issuing Fees	5.0%
Premium Taxes	2.5%
Overhead	5.0%
Total	20.5%

10. Commissions

Commission is assumed to average 15% of the gross premium.

11. Marketing Method

This product is to be sold through licensed insurance brokers, agents, MGU's and third party administrators. It may be offered on a direct response basis.

12. Underwriting

The underwriter will collect information from the applicant group in order to measure the group's risk relative to the assumptions used in the manual rating.

In general, underwriting adjustments may be made with respect to any extraordinary items having an impact on the risk, subject to the discretion of the underwriter.

When there is specific information available about the group being underwritten, such as a group's exposure and risk characteristics, it may be appropriate to refine the manual rates.

A short application will ask for a history of osteoporosis, or a history of any of the covered critical illnesses.

13. Experience Rating

Final rates may vary from manual rates because of an adjustment for a group's actual experience. The experience rate will be determined from the group's claims experience, the size of the group and the number of years of information provided.

A credibility factor will be calculated that measures the extent to which historical experience may be relied upon as a predictor of future experience for the group.

Full credibility is assigned at 550,000 exposure years. Partial credibility is calculated as the square root of (the number of exposure years divided by 550,000), rounded to the whole nearest percentage.

The final rate will combine the manual rate with the experience rate, with the appropriate credibility being assigned to each rate:

Final Rate = [Experience Rate * Z] + [Manual Rate * (1-Z)],
where Z is the calculated credibility factor.

Approximately 3 to 5 years' of the group's experience will be reviewed to determine whether existing rates are adequate or need to be adjusted. The result from the calculation is subject to the underwriter's discretion. For start-up groups, the manual rates will be applied.

14. Premium Classes

The actual premiums will vary by plan design and the risk characteristics of the insured group.

15. Issue Age Range

Coverage is available at all ages. Issue age range is subject to underwriting considerations.

16. Geographic Area Factors

The geographical area factors will not apply to these riders.

17. Industry Factors

Industry factors will not apply to these riders.

18. Average Annual Premium

The average expected annual premiums are $10,000 per policy.

19. Premium Modalization Rules

The monthly premiums may be converted as follows:

Annual Rate = Monthly Rate * 12
Weekly Rate = Monthly Rate * 12/52
Daily Rate = Monthly Rate * 12/365

20. Claim Liability and Reserves

The claim liability and reserves for all incurred but unpaid claims will be developed using standard actuarial methods as prescribed by the American Academy of Actuaries.

21. Active Life Reserves

Not applicable to this product.

22. Trend Assumption

Trend assumptions were not used for these riders..

23. Anticipated Loss Ratio

The anticipated Loss Ratio for this policy form is 52%.

24. Distribution of Business

This is a new policy form filing, consequently the distribution of business is not known.

25. Contingency and Risk Margins

The margins for adverse experience and profit are included as 12.5% of gross premium.

26. Experience

This is a new product filing and we do not have any experience on this form.

27. Lifetime Loss Ratio

The lifetime loss ratio is expected to be 52%.

28. History of Rate Adjustments

This is not applicable because this is a new product filing.

29. Number of Policyholders

This is not applicable because this is a new product filing.

30. Proposed Effective Date

The effective date will begin upon Department of Insurance approval.

31. Actuarial Certification

To the best of my knowledge and judgment, this filing is in compliance with the applicable laws of this State and that the proposed premiums are reasonable in relation to the benefits provided.

M Kelly Edmunds, FCAS, MAAA
Director of Reinsurance Pricing

Date: 9/24/13

12/18/2013