

SERFF Tracking Number: CEUL-127709875 State: District of Columbia  
 Filing Company: Central United Life Insurance Company State Tracking Number:  
 Company Tracking Number: DC\_MMGROR\_2011  
 TOI: H16I Individual Health - Major Medical Sub-TOI: H16I.005C Individual - Other  
 Product Name: Pool/Group MMGR/OR  
 Project Name/Number: MMGR/OR/

## Rate Information

Rate data applies to filing.

Filing Method: SERFF  
 Rate Change Type: Increase  
 Overall Percentage of Last Rate Revision: 30.000%  
 Effective Date of Last Rate Revision: 03/01/2011  
 Filing Method of Last Filing: SERFF

## Company Rate Information

Company Name:	Company Rate Change:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):	
Central United Life Insurance Company	Increase	12.000%	12.000%	\$429	3	\$3,573	12.000%	12.000%	
<b>Product Type:</b>		<b>HMO</b>	<b>PPO</b>	<b>EPO</b>	<b>POS</b>	<b>HSA</b>	<b>HDHP</b>	<b>FFS</b>	<b>Other</b>
<b>Covered Lives:</b>									3
<b>Policy Holders:</b>									3

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## Rate Review Details

### COMPANY:

Company Name: Central United Life Insurance Company  
HHS Issuer Id: 00000  
Product Names: Major Medical  
Trend Factors:

### FORMS:

New Policy Forms:  
Affected Forms: A6308, H2200, HN200  
Other Affected Forms:

### REQUESTED RATE CHANGE

#### INFORMATION:

Change Period: Annual  
Member Months: 36  
Benefit Change: Increase  
Percent Change Requested: Min: 12.0 Max: 12.0 Avg: 12.0

#### PRIOR RATE:

Total Earned Premium: 831,784.00  
Total Incurred Claims: 1,204,533.00  
Annual \$: Min: 648.00 Max: 1,489.00 Avg: 1,191.00

#### REQUESTED RATE:

Projected Earned Premium: 1,432,815.00  
Projected Incurred Claims: 1,732,003.00  
Annual \$: Min: 726.00 Max: 1,668.00 Avg: 1,334.00

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## Rate/Rule Schedule

Schedule Item Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:	Rate Action Information:	Attachments
	Rate Sheet	A6308, H2200, HN200	Revised	Previous State Filing Number: Percent Rate Change 12.000 Request:	DC_Exh B - Rates.pdf

## Exhibit B

### Current and Proposed Premiums

#### Pool Group MMGR/OR Rate Sheet

As of 06/30/2011

Block	Forms	State	Policy	Annu Prem	Inc. %	Proposed Prem
60	HN200	DC	MMA728629	1435.55	12%	1,607.82
60	H2200	DC	MMA586514	1489.16	12%	1,667.86
113	A6308	DC	008160389	648.13	12%	725.91
	<b>State</b>	<b>DC</b>	<b>3</b>	<b>3,573</b>	<b>12%</b>	<b>4,002</b>
	<b>Avg. Prem</b>			<b>1,191</b>		<b>1,334</b>
	<b>United States</b>		<b>495</b>	<b>1,599,124</b>	<b>12%</b>	<b>1,791,019</b>
	<b>Avg. Prem</b>			<b>3,231</b>		<b>3,618</b>

SERFF Tracking Number: CEUL-127709875 State: District of Columbia  
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 Product Name: Pool/Group MMGR/OR  
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## Supporting Document Schedules

**Item Status:** **Status Date:**

**Satisfied - Item:** Actuarial Justification

**Comments:**

**Attachments:**

- 2011\_DC\_Cover Letter.pdf
- AJ DC MM 2011.pdf
- DC\_NAIC Transmittal Document.pdf
- DC\_Exh A - Form List.pdf
- DC\_Exh B - Rates.pdf
- DC\_Exh C - RI History.pdf
- DC\_PPACA Approval.pdf

**Item Status:** **Status Date:**

**Bypassed - Item:** Rate Summary Worksheet

**Bypass Reason:** grandfathered plan.

**Comments:**

**Item Status:** **Status Date:**

**Bypassed - Item:** Consumer Disclosure Form

**Bypass Reason:** N/A

**Comments:**

**Item Status:** **Status Date:**

**Satisfied - Item:** Response To Objection Dated 11-30-11

**Comments:**

**Attachments:**

- resp. - #1 & #2.pdf
- AJ DC MM 2011 (revised).pdf

# CENTRAL UNITED LIFE

November 9, 2011

The Honorable Gennet Purcell  
Department of Insurance, Securities and Banking  
Government of the District of Columbia  
810 First Street N.E., Suite 701  
Washington, DC 20002

Attn: Life & Health Division

**Reference:** NAIC # 61883 Central United Life Insurance Company  
(servicer for CIGNA, etc.)  
**Rate Increase filing:** Pool Group MMGROR

Dear Mr. Purcell:

Enclosed for filing, please find the proposed rate increase for Guaranteed Renewable or Optionally Renewable, Individual Accident and Sickness Policies in Pooled Group MMGROR, composed of a closed block of Major Medical forms that Central United Life services on behalf of the CIGNA, etc.

An actuarial study of the business in this line has revealed that the current rates are inadequate to support the experience. We have included the required Actuarial Memorandum detailing the actuarial analysis of the experience. The proposed rates will effective beginning on the first billing cycle of policy by giving policyholders an advance notice for this increase following your approval.

Central United is the servicer on these policy forms and we are filing this rate increase on that basis. CIGNA, etc have entered into a servicing agreement giving Central United the authority to accept premium, pay claims, and to exercise any other contractual right in the policy such as adjusting premium.

These policies provide similar Major Medical benefits on an expense-incurred basis. The Company has combined these forms into the same rating group to improve statistical credibility which was required and accepted by many states.

Due to age of these old blocks that Central United acquired and original rate manuals were not receive by company from prior carrier. We have used our Exhibit B to substitute for the rate manual in all states filings and they are acceptable by many states. Please give a special consideration for this issue since we have tried our best.

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

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



# CENTRAL UNITED LIFE

If you have any questions or comments, please contact me at (713) 821-6494, or email me at [BHu@manhattanlife.com](mailto:BHu@manhattanlife.com).

Best regards,

Bin Hu, FLMI, AIRC, ACS, AIAA, ARA  
Manager of Actuarial and Statistics  
Central United Life Insurance Company  
Manhattan Insurance Group

Enclosure  
cc: State file

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2727 Allen Parkway, Fifth Floor  
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**Central United Life Insurance Company (NAIC #61883)**

Actuarial Justification for Individual A&H Rate Increase  
Pool Group MMGR/OR

**1. Purpose of Filing**

The purpose of this rate filing is to demonstrate that the lifetime anticipated loss ratio of these plans meets minimum state requirements. It is not intended to be used for any other purpose.

**2. Scope of Filing**

This rate increase is requested for policies that have been acquired by the Company. These policies provide similar Major Medical benefits on an expense-incurred basis. The Company has combined these plans into the same rating group to improve statistical credibility, and the plans will continue to be combined for all future filings. Exhibit A contains a list of the forms in the pool from this state.

A 12.0% rate increase is being requested for the policies in this pool. As this pool consists of only closed blocks of business, the rate increase will be applied to inforce business only. The anticipated implementation date is 1/1/2012.

The annualized premium inforce and policies inforce for this state and Nationwide as of 6/30/2011 before and after the proposed increase are as follows:

State	Policyholders Inforce	Annualized Premium	Average Annual Premium	
			Before Increase	After Increase
DC	3	3,573	1,191	1,334
Nationwide	495	1,599,124	3,231	3,618

**3. Reason for Rate Increase Request and Expected Effect on Premiums**

The Company is requesting a 12.0% increase in premiums to account for worse than anticipated experience, medical inflation, increased utilization, and new medical procedures and technology. Current and proposed premiums are attached in Exhibit B.

The target implementation date for this increase is 1/1/2012. As this pool consists of only closed blocks of business, the rate increase will be applied to inforce business only.

This block was subject to new regulations that removed benefit limits effective September 23, 2010 or as the endorsements were approved by each state. At that time no additional rate increase was requested to offset these additional benefits.

**4. Rate Increase History**

The rate increase history for this state is included in Exhibit C. The average nationwide rate increase history is as follows:

Avg Effective Date	Avg Rate Increase
Oct-94	13.1%
May-97	12.0%
Feb-98	11.5%
May-99	15.4%
Aug-00	11.4%
Jul-01	20.6%
Aug-02	25.1%
Sep-03	18.9%
Feb-04	4.2%
May-05	26.0%
Jun-06	5.8%
Jun-07	25.7%
Jun-08	19.9%
Aug-09	14.1%
Jun-10	13.0%
Jan-11	11.1%

**Central United Life Insurance Company (NAIC #61883)**

Actuarial Justification for Individual A&H Rate Increase  
Pool Group MMGR/OR

**5. Rate Justification Standard - Minimum Loss Ratios**

This filing demonstrates that after implementation of the requested increase, both the projected future loss ratio and the lifetime anticipated loss ratio for these plans are higher than the required minimum loss ratio, and that benefits are therefore reasonable in relation to premiums. This pool consists of both Optionally Renewable and Guaranteed Renewable forms. We have assumed the minimum standard for Optionally Renewable forms for the entire pool.

Type of Coverage	Major Medical
Renewal Clause:	Optionally Renewable/Guaranteed Renewable
Minimum Required Loss Ratio:	60%

**6. Projection Assumptions**

- a. Interest - A 5.0% effective annual rate of interest has been assumed for accumulating historical experience and for discounting projected future experience to present values.
- b. Persistency - An annual termination rate of 20.0% has been assumed for projecting the inforce into the future, consistent with observed termination rates for this type of business.
- c. Claim Cost Trend - An annual claim cost trend of 17.9% has been assumed as the overall claim cost trend. It is composed of a 2.5% aging component and an 15.0% medical trend component.
- d. Rate Increase - A 12.0% rate increase has been assumed with an average nationwide effective date of 1/1/2012.

**7. Data Quality**

The experience data and inforce information were provided by the Company. The data was checked for reasonableness and consistency; however, we relied on the Company for the completeness and accuracy of the data. After examination, no material biases in the data were found and no adjustments were deemed necessary.

**Central United Life Insurance Company (NAIC #61883)**

Actuarial Justification for Individual A&H Rate Increase  
Pool Group MMGR/OR

**8. Historical Experience**

The pool consists of several blocks of business acquired over the course of many years. To enhance credibility, nationwide historical experience is being used. The Company was unable to provide historical experience on a restated basis. Nationwide historical experience on a financial basis is as follows:

Year	Paid Claims	Claim Reserve		Incurred Claims	Earned Premium	Loss Ratio
		Beginning	Ending			
1975 & Prior				7,929,592	15,839,351	50.1%
1976				2,327,904	2,811,644	82.8%
1977				2,477,441	2,913,870	85.0%
1978				2,346,859	3,008,186	78.0%
1979				2,512,220	2,722,839	92.3%
1980				2,376,510	2,940,658	80.8%
1981				2,783,588	2,953,022	94.3%
1982				3,285,545	3,323,839	98.8%
1983				3,117,531	3,399,352	91.7%
1984	771,048	178,601	2,248,192	2,840,639	3,458,545	82.1%
1985	2,761,394	2,248,192	2,325,013	2,838,215	3,723,672	76.2%
1986	3,284,971	2,325,013	2,442,579	3,402,537	3,708,903	91.7%
1987	2,630,873	2,442,579	2,398,543	2,586,837	3,220,533	80.3%
1988	2,401,809	2,398,543	2,636,370	2,639,636	3,197,663	82.5%
1989	63,661,099	2,636,370	2,627,866	63,652,595	75,981,872	83.8%
1990	5,934,004	2,627,866	2,605,320	5,911,458	7,394,307	79.9%
1991	26,176,771	2,605,320	2,362,420	25,933,871	18,395,560	141.0%
1992	18,948,586	2,362,420	2,521,020	19,107,185	15,919,656	120.0%
1993	14,845,301	2,521,020	3,144,172	15,468,453	13,403,143	115.4%
1994	11,766,295	3,144,172	2,804,507	11,426,630	11,801,612	96.8%
1995	9,029,106	2,804,507	3,702,681	9,927,280	10,238,961	97.0%
1996	9,027,225	3,702,681	3,556,484	8,881,028	8,826,513	100.6%
1997	8,883,719	3,556,484	3,493,405	8,820,640	7,085,072	124.5%
1998	7,022,733	3,493,405	3,254,314	6,783,643	6,178,046	109.8%
1999	6,825,613	3,254,314	2,995,581	6,566,880	5,692,394	115.4%
2000	7,354,781	2,995,581	2,364,722	6,723,922	5,328,989	126.2%
2001	7,573,738	2,364,722	1,770,595	6,979,611	4,958,799	140.8%
2002	6,796,526	1,770,595	1,974,054	6,999,985	4,409,511	158.7%
2003	4,702,384	1,974,054	1,539,745	4,268,075	3,678,187	116.0%
2004	4,721,733	1,539,745	1,298,356	4,480,344	3,202,645	139.9%
2005	4,362,086	1,298,356	978,926	4,042,656	2,815,063	143.6%
2006	3,365,154	978,926	810,946	3,197,173	2,601,144	122.9%
2007	3,303,876	810,946	758,869	3,251,799	2,391,278	136.0%
2008	2,119,890	758,869	632,001	1,993,022	2,127,444	93.7%
2009	1,762,760	632,001	437,942	1,568,701	1,918,548	81.8%
2010	1,826,427	437,942	373,115	1,761,600	1,770,582	99.5%
2Q 2011	1,142,305	373,115	435,342	1,204,533	831,784	144.8%
Total	243,002,207			272,416,139	274,173,186	99.4%
		Accumulated at 5.0%		724,981,122	781,676,553	92.7%

**Central United Life Insurance Company (NAIC #61883)**

Actuarial Justification for Individual A&H Rate Increase  
Pool Group MMGR/OR

**9. Current Loss Ratio at 6/30/2011**

The current loss ratio is defined as the 2010 - 2Q 2011 historical incurred claims adjusted to current claims levels, divided by the 2010 - 2Q 2011 historical earned premium adjusted to current premium rate levels.

Year	Historical Earned Premium	Current Rate Level Factor*	Current Earned Premium	Historical Incurred Claims	Claim Trend Factor**	Current Incurred Claims	Current Loss Ratio
2010	1,770,582	1.168	2,068,861	1,761,600	1.179	2,076,487	100.4%
2Q 2011	831,784	1.000	831,784	1,204,533	1.042	1,255,088	150.9%
Total	2,602,366		2,900,645	2,966,134		3,331,575	114.9%

\* Adjusts for average nationwide rate increases previously implemented.

\*\* Applies a 17.9% claim cost trend from the midpoint of the period to 6/30/2011.

**10. Projected Future Experience**

Future experience has been projected for 20 years using the current loss ratio at 6/30/2011, annualized premium inforce at 6/30/2011, and the rate increase and persistency assumptions, as follows:

Year	Persistency Factor*	Projected Earned Premium w/out Increase	Current Loss Ratio Factor**	Projected Incurred Claims	Rate Increase Factor***	Projected Earned Premium with Increase	Projected Loss Ratio
6/30/2011 Values --->		1,599,124	114.9%				
Rest of 2011	0.946	756,179	119.7%	904,972	1.000	756,179	119.7%
2012	0.800	1,279,299	135.4%	1,732,003	1.120	1,432,815	120.9%
2013	0.640	1,023,439	159.6%	1,633,279	1.288	1,318,190	123.9%
2014	0.512	818,751	188.1%	1,540,182	1.481	1,212,735	127.0%
2015	0.410	655,001	221.7%	1,452,392	1.703	1,115,716	130.2%
2016	0.328	524,001	261.4%	1,369,605	1.959	1,026,458	133.4%
2017	0.262	419,201	308.1%	1,291,538	2.253	944,342	136.8%
2018	0.210	335,361	363.2%	1,217,920	2.591	868,794	140.2%
2019	0.168	268,288	428.1%	1,148,499	2.979	799,291	143.7%
2020	0.134	214,631	504.6%	1,083,034	3.426	735,348	147.3%
2021	0.107	171,705	594.8%	1,021,301	3.940	676,520	151.0%
2022	0.086	137,364	701.1%	963,087	4.531	622,398	154.7%
2023	0.069	109,891	826.4%	908,191	5.211	572,606	158.6%
2024	0.055	87,913	974.2%	856,424	5.992	526,798	162.6%
2025	0.044	70,330	1148.3%	807,608	6.891	484,654	166.6%
2026	0.035	56,264	1353.6%	761,575	7.925	445,882	170.8%
2027	0.028	45,011	1595.5%	718,165	9.114	410,211	175.1%
2028	0.023	36,009	1880.7%	677,229	10.481	377,394	179.4%
2029	0.018	28,807	2216.9%	638,627	12.053	347,203	183.9%
2030	0.014	23,046	2613.2%	602,226	13.861	319,427	188.5%
Total				21,327,858		14,992,960	142.3%
		Discounted at 5.0%		14,980,602		10,874,085	137.8%

\* Applies a 20.0% annual termination rate from 6/30/2011 to the midpoint of the period.

\*\* Applies the current loss ratio, projected using a 17.9% annual claim cost trend.

\*\*\* Applies a rate increase of 12.0% at 1/1/2012, and rate increases equal to 15.0% on each 1/1 thereafter.

**Central United Life Insurance Company (NAIC #61883)**

Actuarial Justification for Individual A&H Rate Increase  
Pool Group MMGR/OR

**11. Lifetime Anticipated Loss Ratio**

The lifetime anticipated loss ratio is defined as the present value of the historical and projected future incurred claims divided by the present value of the historical and projected future earned premiums. Experience for the policy and all attached riders are used in the calculation of the lifetime loss ratio. Active life reserves are not included in these calculations. These values, previously calculated, are summarized as follows:

	Present Values at 5.0%		
	Incurred Claims	Earned Premium	Loss Ratio
Historical	724,981,122	781,676,553	92.7%
Projected Future	14,980,602	10,874,085	137.8%
Lifetime Anticipated	739,961,725	792,550,639	93.4%

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

**12. Actuarial Certification**

I, Jody Mistal, consulting actuary for Wakely Actuarial Services, Inc., am a member of the American Academy of Actuaries, and I meet the Qualification Standards of the American Academy of Actuaries to render this statement of Actuarial Opinion.

I hereby certify that, to the best of my knowledge and judgment, the entire rate filing was prepared based on the current standards of practice as promulgated by the Actuarial Standards Board including the data quality standard of practice; and that the benefits of the policy forms affected by the rate filing are reasonable in relation to the premiums charged. The assumptions present my best judgment as to the expected value for each assumption. In my opinion, the rates are not excessive, inadequate, or unfairly discriminatory.

Respectfully Submitted,



Jody Mistal, ASA, MAAA  
Consulting Actuary  
Wakely Actuarial Services, Inc.  
Palm Harbor, Florida

Attachments:

- Exhibit A - Policy Forms in this State
- Exhibit B - Current and Proposed Premiums
- Exhibit C - State Rate Increase History

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

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

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

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

<b>5.</b>	<b>Requested Filing Mode</b>	<input type="checkbox"/> Review & Approval <input checked="" type="checkbox"/> File & Use <input type="checkbox"/> Informational <input type="checkbox"/> Combination (please explain): _____ <input type="checkbox"/> Other (please explain): _____
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<b>6.</b>	<b>Company Tracking Number</b>	<b>DC_MMGROR_2011</b>
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<b>7.</b>	<input checked="" type="checkbox"/> <b>New Submission</b> <input type="checkbox"/> <b>Resubmission</b>	Previous file # _____
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<b>8.</b>	<b>Market</b>	<input checked="" type="checkbox"/> <b>Individual</b> <input type="checkbox"/> <b>Franchise</b>	<input type="checkbox"/> <b>Small</b> <input type="checkbox"/> <b>Large</b> <input type="checkbox"/> <b>Small and Large</b>
		Group	<input type="checkbox"/> <b>Employer</b> <input type="checkbox"/> <b>Association</b> <input type="checkbox"/> <b>Blanket</b> <input type="checkbox"/> <b>Discretionary</b> <input type="checkbox"/> <b>Trust</b> <input type="checkbox"/> <b>Other:</b> _____

<b>9.</b>	<b>Type of Insurance (TOI)</b>	<b>H15I Individual Health – Major Medical Expenses</b>
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<b>10.</b>	<b>Sub-Type of Insurance (Sub-TOI)</b>	<b>H16I.005C Individual – Major Medical Expenses</b>
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<b>11.</b>	<b>Submitted Documents</b>	<input type="checkbox"/> <b>FORMS</b> <input type="checkbox"/> Policy <input type="checkbox"/> Outline of Coverage <input type="checkbox"/> Certificate <input type="checkbox"/> Application/Enrollment <input type="checkbox"/> Rider/Endorsement <input type="checkbox"/> Advertising <input type="checkbox"/> Schedule of Benefits <input type="checkbox"/> Other  <b>Rates</b> <input checked="" type="checkbox"/> <b>New Rate</b> <input type="checkbox"/> <b>Revised Rate</b>  <input type="checkbox"/> <b>FILING OTHER THAN FORM OR RATE:</b> Please explain: _____  <b>SUPPORTING DOCUMENTATION</b> <input type="checkbox"/> Articles of Incorporation <input type="checkbox"/> Third Party Authorization <input type="checkbox"/> Association Bylaws <input type="checkbox"/> Trust Agreements <input type="checkbox"/> Statement of Variability <input type="checkbox"/> Certifications <input checked="" type="checkbox"/> Actuarial Memorandum <input type="checkbox"/> Other _____
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12.	<b>Filing Submission Date</b>	November 3, 2011
13.	<b>Filing Fee (If required)</b>	Amount _____ Check Date _____ Retaliatory <input type="checkbox"/> Yes <input type="checkbox"/> No Check Number _____
14.	<b>Date of Domiciliary Approval</b>	
15.	<b>Filing Description:</b>	
	<p><b>Re: NAIC # 61883 Central United Life Insurance</b>  <b>Rate Increase: Major Medical Pool Group</b></p> <p>An actuarial study of our business in this line has revealed that our current rates are inadequate to support our experience. We have included the required Actuarial Memorandum detailing the actuarial analysis of our experience.</p> <p>The Company is requesting a 12% rate increase. The increase will be applied uniformly to all policyholders within the state.</p> <p>We appreciate the Department's time and consideration in the review of this filing.</p>	

16.	<b>Certification (If required)</b>	
	<p><b>I HEREBY CERTIFY</b> that I have reviewed the applicable filing requirements for this filing, and the filing complies with all applicable statutory and regulatory provisions for the state of <u>District of Columbia</u>.</p> <p>Print Name <u>Bin Hu</u> Title <u>Manager of Actuary and Statistics</u></p> <p>Signature  Date: <u>November 3, 2011</u></p>	

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

	Document Name	Form Number		Replaced Form Number
	Description			Previous State Filing Number
01			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
02			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
03			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
04			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
05			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
06			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
07			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
08			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
09			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
10			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	

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18.		Rate Filing Attachment		
This filing transmittal is part of company tracking number		DC_MMGROR_2011		
This filing corresponds to form filing company tracking number				
Overall percentage rate indication (when applicable)				
Overall percentage rate impact for this filing		12%		
	Document Name	Affected Form Numbers		Previous State Filing Number
	Description			
01	MMGROR Pool Group  Major Medical Expenses	A6308 H2200 HN200	<input type="checkbox"/> New <input type="checkbox"/> Revised Request + <u>12</u> % - ___% <input type="checkbox"/> Other _____	
02			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
03			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
04			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
05			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
06			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
07			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
08			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
09			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
10			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	

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**Exhibit A**

Policy Forms in the State of

District of Columbia

<b>Form List</b>
A6308
H2200
HN200

## Exhibit B

### Current and Proposed Premiums

#### Pool Group MMGR/OR Rate Sheet

As of 06/30/2011

Block	Forms	State	Policy	Annu Prem	Inc. %	Proposed Prem
60	HN200	DC	MMA728629	1435.55	12%	1,607.82
60	H2200	DC	MMA586514	1489.16	12%	1,667.86
113	A6308	DC	008160389	648.13	12%	725.91
	<b>State</b>	<b>DC</b>	<b>3</b>	<b>3,573</b>	<b>12%</b>	<b>4,002</b>
	<b>Avg. Prem</b>			<b>1,191</b>		<b>1,334</b>
	<b>United States</b>		<b>495</b>	<b>1,599,124</b>	<b>12%</b>	<b>1,791,019</b>
	<b>Avg. Prem</b>			<b>3,231</b>		<b>3,618</b>

## Exhibit C

### Rate Increase History for District of Columbia **MMGROR** Policies Only

#### Implemented Dates of all Past Rate Increases and Percentages:

%	Imp. Date
50%	04/01/1994
50%	12/01/1996
30%	03/01/2011

# Disposition for CEUL-126789154

**Close**

**SERFF Tracking Number:** CEUL-126789154 **State:** District of Columbia

**Filing Company:** Central United Life Insurance Company **State Tracking Number:**

**Company Tracking Number:** PPACA

**TOI:** H16I Individual Health - Major Medical **Sub-TOI:** H16I.005C Individual - Other

**Product Name:** PPACA

**Project Name:** PPACA

Disposition Date: 09/24/2010  
 Implementation Date: 09/24/2010  
 Status: \* APPROVED  
 Comments:

### Company Rate Information

Company Name:	Overall	Overall	Written	# of	Written	Maximum	Minimum
	%	% Rate	Premium	Policy	Premium	%	%
	Indicated	Impact:	Change	Holders	for this	Change	Change
	Change:		for this	Affected	Program:	(where	(where
			Program:	for this		required):	required):
				Program:			

Central United Life Insurance Company	%	%	\$		\$	%	%
---------------------------------------	---	---	----	--	----	---	---

### Schedule Items

Item Type	Item Name	Item Status	Public Access
Supporting Document	PPACA Uniform Compliance Summary	APPROVED	Yes
Supporting Document	Cover Letter	APPROVED	Yes
Supporting Document	Readability Certification	APPROVED	Yes
Form	PPACA, Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider, Endorsement	APPROVED	Yes