

State: District of Columbia **Filing Company:** Central United Life Insurance Company
TOI/Sub-TOI: H16I Individual Health - Major Medical/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 req'd):	Minimum % Change (where req'd):
Central United Life Insurance Company	Increase	9.000%	9.000%	\$378	3	\$4,198	9.000%	9.000%

Product Type:	HMO	PPO	EPO	POS	HSA	HDHP	FFS	Other
Covered Lives:								3
Policy Holders:								3

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TOI/Sub-TOI: H16I Individual Health - Major Medical/H16I.005C Individual - Other
Product Name: Pool/Group MMGR/OR
Project Name/Number: MMGR/OR/

Rate Review Detail

COMPANY:

Company Name: Central United Life Insurance Company
 HHS Issuer Id: 44483
 Product Names: Major Medical
 Trend Factors: Medical Trend: 5% per annum through the end of the proposed rating period. None thereafter. Interest Factor: 5.0% per year. Aging Factor: 2.5%

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: 9.0 Max: 9.0 Avg: 9.0

PRIOR RATE:

Total Earned Premium: 1,518.93
 Total Incurred Claims: 2,504.26
 Annual \$: Min: 70.25 Max: 155.50 Avg: 116.61

REQUESTED RATE:

Projected Earned Premium: 1,655.63
 Projected Incurred Claims: 2,729.65
 Annual \$: Min: 76.57 Max: 169.50 Avg: 127.10

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Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information		Attachments
1		Exhibit VI - Rates	A6308, H2200, HN200	Revised	Previous State Filing Number:		Exhibit VI_DC.pdf
					Percent Rate Change Request:	9.000	

Exhibit VI

Current and Proposed Premiums

Pool Group MMGR/OR Rate Sheet

As of 09/30/2012

Block	Forms	State	Policy	Annu Prem	Inc. %	Proposed Prem
60	HN200	DC	MMA728629	1,866.22	9%	2,034.18
60	H2200	DC	MMA586514	1,489.16	9%	1,623.18
113	A6308	DC	008160389	842.57	9%	918.40
	State	DC	3	4,198	9%	4,576
	Avg. Prem			1,399		1,525
	United States		395	1,331,905	9%	1,451,776
	Avg. Prem			3,372		3,675

SERFF Tracking #:

CEUL-12877745

State Tracking #:

Company Tracking #:

DC_MMGROR_2012

State: District of Columbia

Filing Company:

Central United Life Insurance Company

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

Product Name: Pool/Group MMGR/OR

Project Name/Number: MMGR/OR/

Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Actuarial Justification		
Comments:			
Attachment(s):			
2012_DC_Cover Letter.pdf DC_NAIC Transmittal Document.pdf MMGR_memo_DC.pdf Exhibit I.pdf Exhibit II_9%.pdf Exhibit III_DC.pdf Exhibit IV_DC.pdf Exhibit V_DC.pdf Exhibit VI_DC.pdf Exhibit VII.pdf Exhibit IV_NW.pdf			

		Item Status:	Status Date:
Bypassed - Item:	Rate Summary Worksheet		
Bypass Reason:	grandfathered plan.		

		Item Status:	Status Date:
Bypassed - Item:	Consumer Disclosure Form		
Bypass Reason:	N/A		

CENTRAL UNITED LIFE

December 17, 2012

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 received by company from prior carrier. We have used our Exhibit VI 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
Wortham 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.

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

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

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



Life, Accident & Health, Annuity, Credit Transmittal Document

1.	Prepared for the State of	District of Columbia
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2.	Department Use Only
	State Tracking ID

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

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

5.	Requested Filing Mode	<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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6.	Company Tracking Number	DC_MMGROR_2012
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7.	<input checked="" type="checkbox"/> New Submission <input type="checkbox"/> Resubmission	Previous file # _____
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8.	Market	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Franchise	<input type="checkbox"/> Small <input type="checkbox"/> Large <input type="checkbox"/> Small and Large
		Group	<input type="checkbox"/> Employer <input type="checkbox"/> Association <input type="checkbox"/> Blanket <input type="checkbox"/> Discretionary <input type="checkbox"/> Trust <input type="checkbox"/> Other: _____

9.	Type of Insurance (TOI)	H15I Individual Health – Major Medical Expenses
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10.	Sub-Type of Insurance (Sub-TOI)	H16I.005C Individual – Major Medical Expenses
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11.	Submitted Documents	<p><input type="checkbox"/> FORMS</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Policy</td> <td><input type="checkbox"/> Outline of Coverage</td> <td><input type="checkbox"/> Certificate</td> </tr> <tr> <td><input type="checkbox"/> Application/Enrollment</td> <td><input type="checkbox"/> Rider/Endorsement</td> <td><input type="checkbox"/> Advertising</td> </tr> <tr> <td><input type="checkbox"/> Schedule of Benefits</td> <td><input type="checkbox"/> Other</td> <td></td> </tr> </table> <p>Rates</p> <input checked="" type="checkbox"/> New Rate <input type="checkbox"/> Revised Rate	<input type="checkbox"/> Policy	<input type="checkbox"/> Outline of Coverage	<input type="checkbox"/> Certificate	<input type="checkbox"/> Application/Enrollment	<input type="checkbox"/> Rider/Endorsement	<input type="checkbox"/> Advertising	<input type="checkbox"/> Schedule of Benefits	<input type="checkbox"/> Other		
<input type="checkbox"/> Policy	<input type="checkbox"/> Outline of Coverage	<input type="checkbox"/> Certificate										
<input type="checkbox"/> Application/Enrollment	<input type="checkbox"/> Rider/Endorsement	<input type="checkbox"/> Advertising										
<input type="checkbox"/> Schedule of Benefits	<input type="checkbox"/> Other											
		<input type="checkbox"/> FILING OTHER THAN FORM OR RATE: Please explain: _____										
		<p>SUPPORTING DOCUMENTATION</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Articles of Incorporation</td> <td><input type="checkbox"/> Third Party Authorization</td> </tr> <tr> <td><input type="checkbox"/> Association Bylaws</td> <td><input type="checkbox"/> Trust Agreements</td> </tr> <tr> <td><input type="checkbox"/> Statement of Variability</td> <td><input type="checkbox"/> Certifications</td> </tr> <tr> <td><input checked="" type="checkbox"/> Actuarial Memorandum</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Other _____</td> <td></td> </tr> </table>	<input type="checkbox"/> Articles of Incorporation	<input type="checkbox"/> Third Party Authorization	<input type="checkbox"/> Association Bylaws	<input type="checkbox"/> Trust Agreements	<input type="checkbox"/> Statement of Variability	<input type="checkbox"/> Certifications	<input checked="" type="checkbox"/> Actuarial Memorandum		<input type="checkbox"/> Other _____	
<input type="checkbox"/> Articles of Incorporation	<input type="checkbox"/> Third Party Authorization											
<input type="checkbox"/> Association Bylaws	<input type="checkbox"/> Trust Agreements											
<input type="checkbox"/> Statement of Variability	<input type="checkbox"/> Certifications											
<input checked="" type="checkbox"/> Actuarial Memorandum												
<input type="checkbox"/> Other _____												

12.	Filing Submission Date	November 21, 2012
13.	Filing Fee (If required)	Amount _____ Check Date _____ Retaliatory <input type="checkbox"/> Yes <input type="checkbox"/> No Check Number _____
14.	Date of Domiciliary Approval	
15.	Filing Description:	
	<p>Re: NAIC # 61883 Central United Life Insurance Rate Increase: Major Medical Pool Group</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 9% 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.	Certification (If required)	
	<p>I HEREBY CERTIFY 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 21, 2012</u></p>	

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

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

LH FFA-1

18.		Rate Filing Attachment		
This filing transmittal is part of company tracking number		DC_MMGROR_2012		
This filing corresponds to form filing company tracking number				
Overall percentage rate indication (when applicable)				
Overall percentage rate impact for this filing		9%		
	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>9</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 _____	

LH RFA-1

Central United Life Insurance Company
Major Medical Pool
Individual Health - Major Medical Rate Increase
Actuarial Memorandum – District of Columbia

Purpose & Scope

This is a rate increase filing for existing 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 IV_NW contains a list of the forms in this pool. Exhibit IV_DC contains a list of forms with active District of Columbia policyholders.

Benefits and Renewability

These forms listed in Exhibit IV_NW provide for benefits incurred as a result of injury or sickness in excess of a deductible amount. The covered charges may include the following:

- Diagnosis and medical or surgical treatment by a legally qualified physician or surgeon
- Hospital room & board, general nursing care and medical and surgical services and supplies provided by a hospital
- Drugs and medications furnished by a Hospital or that can be obtained only on a legally qualified physician's prescription
- Anesthetics and their administration by a legally qualified physician or professional anesthetist.
- Diagnosis and treatment by a radiologist or physiotherapist, x-ray services and diagnostic laboratory procedures
- Artificial limbs or eyes, casts, splints, trusses, braces or crutches
- Oxygen and the rental of equipment for the administration thereof
- Local professional ambulance service to or from a hospital.

The pool includes policies that were issued since 1960. The policies are guaranteed renewable and or optionally renewable. This is a closed block of business.

Applicability

The requested rate increase will apply to the base coverage and listed riders. This rate increase will apply only to in force business since no new policies are being sold.

Rate Increase

The Company is requesting a 9% rate increase to be effective on or after January 1, 2013. The rate increase will be effective on the first premium due date following the date the rate increase is approved, subject to any regulatory or contractual provisions.

Reason and Basis for Rate Change

For projection purposes, a total claim cost trend of 7.625% consisting of a medical trend of 5% and an aging trend of 2.5% has been assumed. This pool has had consistently over 90% loss

Central United Life Insurance Company
Major Medical Pool
Individual Health - Major Medical Rate Increase
Actuarial Memorandum – District of Columbia

ratio during the past 10 years. Last year the incurred loss ratio was 131%. To minimize the effect of cumulative antiselection, it is management's decision to request a rate increase that is much less than required to achieve the target loss ratio of 80% for this pool.

History of Rate Adjustments

Exhibit V includes data on past rate increases.

Number of Policyholders and Annualized Premiums

Exhibit III_DC shows the policyholder count and annualized premium and the average annualized premium before and after the increase.

Premium Rates

The set of premium rates is attached in Exhibit VI_DC.

Sales Dates

These policies were originally issued between 1960 and 1995.

Past Experience and Projected Loss Ratio Experience

Exhibit I shows the Nationwide Historical experience of this pool since 1975.
Exhibit II show the projected Nationwide expected incurred loss ratios for the next 20 years.

The following are the assumptions used in the projection:

Medical Trend: 5% per annum through the end of the proposed rating period. None thereafter.

Lapse Rate: 10% all years. Please see Exhibit VII.

Interest Factor: 5.0% per year.

Aging Factor: 2.5%

Attachments:

- Exhibit I – Historical Experience - Nationwide
- Exhibit II – Projected Nationwide Experience
- Exhibit III_DC – State & Nationwide Inforce as of 09/30/2012
- Exhibit IV – Policy Forms (Nationwide & State Specific)
- Exhibit V – Rate Increase History by State
- Exhibit VI – Premium Rate Schedule
- Exhibit VII – Persistency Report

Central United Life Insurance Company
Major Medical Pool
Individual Health - Major Medical Rate Increase
Actuarial Memorandum – District of Columbia

Actuarial Certification

I hereby certify that I am a member of the American Academy of Actuaries and meet that organization's qualification standards for issuing the following actuarial opinion.

To the best of my knowledge and judgment:

- This submission was prepared based on the current standards of practice as promulgated by the Actuarial Standard Board, including ASOP No. 8 and ASOP No. 23.
- This filing is in compliance with applicable rules and regulation in the state.
- The proposed premiums are reasonable in relation to the benefits provided.
- The assumptions made present our best judgment as to the expected value for each assumption and are consistent with the company's business plan at the time of filing.
- The anticipated lifetime loss ratio equals or exceeds the state regulatory minimum loss ratio for policies of this type.



Marlinia J Jao, ASA, MAAA
Pricing & Rates Actuary
Central United Life Insurance Company

Central United Life Insurance Company
Actuarial Memorandum - MMGR/OR Pool

Exhibit I

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 Claim Reserve		Incurred Claims	Earned Premium	Loss Ratio
	Claims	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	Data Not Available		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%
2011	2,048,371	373,115 421,983	2,097,239	1,590,907	131.8%
3Q 2012	959,810	421,983 421,911	959,738	1,025,542	93.6%
Total	244,868,083		274,268,583	275,957,851	99.4%
	Accumulated at 5.0%		772,482,766	832,673,434	92.8%

Central United Life Insurance Company
Actuarial Memorandum - MMGR/OR Pool

Exhibit II

A. Current Loss Ratio at 09/30/2012

The current loss ratio is defined as the 2010 - 2Q2012 historical incurred claims adjusted to current claims levels, divided by the 2010 - 2Q2012 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	1.118	1,978,630	1,761,600	1.158	2,040,487	103.1%
2011	1,590,907	1.050	1,669,847	2,097,239	1.076	2,257,154	135.2%
2Q2012	1,025,542	1.000	1,025,542	959,738	1.019	977,532	95.3%
Total	2,796,124		3,004,172	2,721,338		3,018,019	100.5%

* Adjusts for average nationwide rate increases previously implemented.

** Applies a 7.6% claim cost trend from the midpoint of the period to 09/30/2012.

B. Projected Future Experience - 9.0%

Future experience has been projected for 20 years using the current loss ratio at 09/30/2012, annualized premium inforce at 09/30/2012, 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 w/Increase	Projected Loss Ratio
Rest of 2012	0.9658	990,452	100.46%	995,017	1.0000	990,452	100.46%
2013	0.8700	1,753,915	108.12%	1,896,351	1.0440	1,831,141	103.56%
2014	0.7569	1,525,906	110.82%	1,691,071	1.0900	1,663,237	101.67%
2015	0.6585	1,327,538	113.59%	1,508,013	1.0900	1,447,016	104.22%
2016	0.5729	1,154,958	116.43%	1,344,770	1.0900	1,258,904	106.82%
2017	0.4984	1,004,813	119.35%	1,199,199	1.0900	1,095,247	109.49%
2018	0.4336	874,188	122.33%	1,069,386	1.0900	952,865	112.23%
2019	0.3773	760,543	125.39%	953,625	1.0900	828,992	115.03%
2020	0.3282	661,673	128.52%	850,395	1.0900	721,223	117.91%
2021	0.2855	575,655	131.74%	758,339	1.0900	627,464	120.86%
2022	0.2484	500,820	135.03%	676,249	1.0900	545,894	123.88%
2023	0.2161	435,713	138.40%	603,045	1.0900	474,928	126.98%
2024	0.1880	379,071	141.86%	537,766	1.0900	413,187	130.15%
2025	0.1636	329,792	145.41%	479,552	1.0900	359,473	133.40%
2026	0.1423	286,919	149.05%	427,641	1.0900	312,741	136.74%
2027	0.1238	249,619	152.77%	381,349	1.0900	272,085	140.16%
2028	0.1077	217,169	156.59%	340,068	1.0900	236,714	143.66%
2029	0.0937	188,937	160.51%	303,255	1.0900	205,941	147.25%
2030	0.0815	164,375	164.52%	270,428	1.0900	179,169	150.93%
2031	0.0709	143,006	168.63%	241,154	1.0900	155,877	154.71%

Central United Life Insurance Company
Actuarial Memorandum - MMGR/OR Pool

Exhibit II

	2032	0.0617	124,415	172.85%	215,049	1.0900	135,613	158.58%
	2033	0.0537	108,241	177.17%	191,770	1.0900	117,983	162.54%
Total			12,767,265		15,938,475		13,835,693	115.20%
			Discounted at 5%		12,152,152		10,834,225	112.16%
			Without Increase		12,152,152		10,012,729	121.37%

- * Applies a 13% annual termination rate from 09/30/2012 to the midpoint of the period.
- ** Applies the current loss ratio, projected using a 7.6% annual claim cost trend in the first year, and aging trend thereafter.
- *** Applies a rate increase of 9.0% at 01/01/2013

C. 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 is 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%				
	Incurred Claims	With Rate Increase		Without Rate Increase	
		Earned Premium	Loss Ratio	Earned Premium	Loss Ratio
Historical	201,444,960	286,467,027	70.3%	286,467,027	70.3%
Projected Future	12,152,152	10,834,225	112.2%	10,012,729	121.4%
Lifetime Anticipated	213,597,112	297,301,253	71.8%	296,479,756	72.0%

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.

Central United Life Insurance Company
Actuarial Memorandum - MMGR/OR Pool

Exhibit III

State	As of 9-30-2012		Average Premium	
	Policies Inforce	Annualized Premium	Before Rate Increase	After Rate Increase
DC	3	4,198	1,399.32	1,525.26
Nationwide	395	1,331,905	3,371.91	3,675.38

Central United Life Insurance Company
Actuarial Memorandum - MMGR/OR Pool

Exhibit IV

Forms	
DC	A6308
DC	H2200
DC	HN200

Central United Life Insurance Company
Actuarial Memorandum - MMGR/OR Pool

Exhibit V

State	Rate	Approval Date	Implementation Date
DC	30.0%	12/17/2010	3/1/2011

Exhibit VI

Current and Proposed Premiums

Pool Group MMGR/OR Rate Sheet

As of 09/30/2012

Block	Forms	State	Policy	Annu Prem	Inc. %	Proposed Prem
60	HN200	DC	MMA728629	1,866.22	9%	2,034.18
60	H2200	DC	MMA586514	1,489.16	9%	1,623.18
113	A6308	DC	008160389	842.57	9%	918.40
	State	DC	3	4,198	9%	4,576
	Avg. Prem			1,399		1,525
	United States		395	1,331,905	9%	1,451,776
	Avg. Prem			3,372		3,675

Central United Life Insurance Company
Actuarial Memorandum - MMGR/OR Pool

Exhibit VII

Persistency Experience

Count	As of	Annld Lapse Rate
395	Sep-12	
467	Dec-11	0.25
538	Dec-10	0.13
619	Dec-09	0.13
734	Dec-08	0.16
875	Dec-07	0.16

Central United Life Insurance Company
Actuarial Memorandum - MMGR/OR Pool

Exhibit IV

Nationwide	Forms	
0270	H3151068	NW0916
1206	H4900	NW1750
1236	HMM60	NW1766
1246	HN200	NWH400
1247	HN201	NWLH40
4174	HN202	NWLH80
4174SLO78:	KMM44	NWLH8R
43066	LCM85	NWLHS0
43071	LH10427	PCM89FL-C
6802-80	MC-375	RMM(F)90
8240	MM 1-87	TCBS1
8240-2	MM 3-80	
9208	MM 68-2	
96077	MM18	
A6308	MM2422	
A6308ILL	MM385X	
A6308R	MM402	
AS67	MMF93LA	
CC	N76XX	
CMM(F)94	NW0056	
FAMM(I)87	NW0064	
GCP83	NW0070	
GR-MH/MM:	NW0389	
H2200	NW0390	
H2210	NW0645	