

**State:** District of Columbia **Filing Company:** United States Fire Insurance Company  
**TOI/Sub-TOI:** H14G Group Health - Hospital Indemnity/H14G.000 Health - Hospital Indemnity  
**Product Name:** Group Hospital Indemnity  
**Project Name/Number:** /

## Filing at a Glance

Company: United States Fire Insurance Company  
Product Name: Group Hospital Indemnity  
State: District of Columbia  
TOI: H14G Group Health - Hospital Indemnity  
Sub-TOI: H14G.000 Health - Hospital Indemnity  
Filing Type: Rate  
Date Submitted: 12/12/2013  
SERFF Tr Num: CRUM-129333157  
SERFF Status: Pending Industry Response  
State Tr Num:  
State Status:  
Co Tr Num: HIP-DC-RATE  
Implementation: On Approval  
Date Requested:  
Author(s): Caren (G) Alvarado, Leonard Traiman, Debbie Deluccia, Howard DeBare, George French,  
Caren (C) Alvarado, Caren Alvarado  
Reviewer(s): Darniece Shirley (primary), Alula Selassie  
Disposition Date:  
Disposition Status:  
Implementation Date:  
State Filing Description:

**State:** District of Columbia **Filing Company:** United States Fire Insurance Company  
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**Product Name:** Group Hospital Indemnity  
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### General Information

Project Name: Status of Filing in Domicile: Not Filed  
 Project Number: Date Approved in Domicile:  
 Requested Filing Mode: Review & Approval Domicile Status Comments:  
 Explanation for Combination/Other: Market Type: Group  
 Submission Type: New Submission Group Market Size: Small and Large  
 Group Market Type: Employer, Association, Other Explanation for Other Group Market Type: labor unions, fraternal organizations, credit unions, financial institutions  
 Overall Rate Impact: Filing Status Changed: 01/06/2014  
 Deemer Date: State Status Changed:  
 Submitted By: Caren (C) Alvarado Created By: Caren (C) Alvarado  
 Corresponding Filing Tracking Number: CRUM-129333044  
 Filing Description:  
 Please see attached cover letter.

### Company and Contact

#### Filing Contact Information

John Plisky, President, Plisky Plisky & Co. j.plisky@verizon.net  
 LLC  
 617 Union Ave., Unit 1-21 732-223-0770 [Phone]  
 Brielle, NJ 08730 732-223-1776 [FAX]

#### Filing Company Information

United States Fire Insurance Company	CoCode: 21113	State of Domicile: Delaware
305 MADISON AVENUE	Group Code: 158	Company Type:
MORRISTOWN, NJ 07962	Group Name:	State ID Number:
(973) 490-6600 ext. [Phone]	FEIN Number: 13-5459190	

### Filing Fees

Fee Required? No  
 Retaliatory? No  
 Fee Explanation:

SERFF Tracking #:

CRUM-129333157

State Tracking #:

Company Tracking #:

HIP-DC-RATE

State: District of Columbia

Filing Company:

United States Fire Insurance Company

TOI/Sub-TOI: H14G Group Health - Hospital Indemnity/H14G.000 Health - Hospital Indemnity

Product Name: Group Hospital Indemnity

Project Name/Number: /

## Correspondence Summary

### Objection Letters and Response Letters

#### Objection Letters

Status	Created By	Created On	Date Submitted
Pending Industry Response	Darniece Shirley	01/06/2014	01/06/2014

#### Response Letters

Responded By	Created On	Date Submitted
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State: District of Columbia Filing Company: United States Fire Insurance Company  
 TOI/Sub-TOI: H14G Group Health - Hospital Indemnity/H14G.000 Health - Hospital Indemnity  
 Product Name: Group Hospital Indemnity  
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## Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	01/06/2014
Submitted Date	01/06/2014
Respond By Date	01/27/2014

Dear John Plisky,

### Introduction:

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

### Objection 1

Comments: Please provide the status of this filing in the Domiciliary State.

### Objection 2

- Actuarial Memorandum (Supporting Document)
- Actuarial Justification (Supporting Document)
- Actuarial Memorandum and Certifications (Supporting Document)
- Rates, [HIP-30000P-DC] (Rate)

Comments: Please provide the average annual premium for the proposed product.

### Objection 3

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

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.

### 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)
- Rates, [HIP-30000P-DC] (Rate)

Comments: Please confirm: This rate review is limited to DC resident policyholders or DC domiciled group certificate holders. All other rate requests will need to be reviewed by that respective state.

### 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)

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- Actuarial Memorandum and Certifications (Supporting Document)
- Unified Rate Review Template (Supporting Document)
- Rates, [HIP-30000P-DC] (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 #:

CRUM-129333157

State Tracking #:

Company Tracking #:

HIP-DC-RATE

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### 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:** N/A

### 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):
United States Fire Insurance Company	0.000%	0.000%	\$0	0	\$0	0.000%	0.000%

**SERFF Tracking #:**

CRUM-129333157

**State Tracking #:****Company Tracking #:**

HIP-DC-RATE

**State:**

District of Columbia

**Filing Company:**

United States Fire Insurance Company

**TOI/Sub-TOI:**

H14G Group Health - Hospital Indemnity/H14G.000 Health - Hospital Indemnity

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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		Rates	HIP-30000P-DC	New		HIP Rate Manual 10-28-2013.pdf,

**UNITED STATES FIRE INSURANCE COMPANY**

Rate Manual

Fixed Indemnity Policy

Policy Form: HIP-30000

<b>Daily Benefit</b>	<b>Daily Benefit Amount</b>	<b>Monthly Utilization</b>
Hospital Admission	[\$50 - \$5,000]	0.0058
Hospital Confinement	[\$50 - \$5,000]	0.0172
ICU/CCU	[\$50 - \$5,000]	0.0033
Skilled Nursing Care Facility	[\$25 - \$1,000]	0.0002
Emergency Room Visit	[\$25 - \$500]	0.0089
Daily Inpatient Surgery	[\$100 - \$10,000]	0.0011
Daily Inpatient Surgery (Colonoscopy)		0.0075
Inpatient Surgery Anesthesia	[\$15 - \$5,000]	0.0005
Daily Outpatient Surgery	[\$100 - \$10,000]	0.0060
Daily Outpatient Surgery (Colonoscopy)		0.0425
Outpatient Surgery Anesthesia	[\$15 - \$5,000]	0.0030
Physician's Office Visits	[\$25 - \$125]	0.2218
Physician's Office Visits Wellness		0.0310
Inpatient Diagnostic Radiology & X-ray	[\$25 - \$2,000]	0.1388
Inpatient Diagnostic Radiology & X-ray Wellness		0.0198
Inpatient Diagnostic Laboratory Tests	[\$25 - \$2,000]	0.1388
Inpatient Diagnostic Laboratory Tests Wellness		0.0198
Outpatient Diagnostic Radiology & X-ray	[\$25 - \$2,000]	0.1388
Outpatient Diagnostic Radiology & X-ray Wellness		0.0198
Outpatient Diagnostic Laboratory Tests	[\$25 - \$2,000]	0.1388
Outpatient Diagnostic Laboratory Tests Wellness		0.0198
Ambulance	[\$50 - \$500]	0.0011
Prescription Drug	[\$10 - \$500]	See Table 1

Note: PMPM =  $\sum$  (Selected Daily Benefit Amount x Monthly Utilization)



**UNITED STATES FIRE INSURANCE COMPANY**

Table 1 - Prescription Drug Rates

Fixed Indemnity Policy

Policy Form: HIP-30000

Daily Maximum	Days per Month -->																		
	30	29	28	27	26	25	24	23	22	21	20	19	18	17	16	15	14	13	12
\$5	3.38	3.27	3.15	3.04	2.93	2.82	2.70	2.59	2.48	2.37	2.25	2.14	2.03	1.92	1.80	1.69	1.58	1.46	1.35
\$10	6.38	6.17	5.95	5.74	5.53	5.32	5.10	4.89	4.68	4.47	4.25	4.04	3.83	3.62	3.40	3.19	2.98	2.76	2.55
\$15	8.94	8.64	8.34	8.05	7.75	7.45	7.15	6.85	6.56	6.26	5.96	5.66	5.36	5.07	4.77	4.47	4.17	3.87	3.58
\$20	11.12	10.75	10.38	10.01	9.64	9.27	8.90	8.53	8.15	7.78	7.41	7.04	6.67	6.30	5.93	5.56	5.19	4.82	4.45
\$25	12.95	12.52	12.09	11.66	11.22	10.79	10.36	9.93	9.50	9.07	8.63	8.20	7.77	7.34	6.91	6.48	6.04	5.61	5.18
\$30	14.58	14.09	13.61	13.12	12.64	12.15	11.66	11.18	10.69	10.21	9.72	9.23	8.75	8.26	7.78	7.29	6.80	6.32	5.83
\$35	16.04	15.51	14.97	14.44	13.90	13.37	12.83	12.30	11.76	11.23	10.69	10.16	9.62	9.09	8.55	8.02	7.49	6.95	6.42
\$40	17.35	16.77	16.19	15.62	15.04	14.46	13.88	13.30	12.72	12.15	11.57	10.99	10.41	9.83	9.25	8.68	8.10	7.52	6.94
\$45	18.55	17.93	17.31	16.70	16.08	15.46	14.84	14.22	13.60	12.99	12.37	11.75	11.13	10.51	9.89	9.28	8.66	8.04	7.42
\$50	19.63	18.98	18.32	17.67	17.01	16.36	15.70	15.05	14.40	13.74	13.09	12.43	11.78	11.12	10.47	9.82	9.16	8.51	7.85
\$55	20.62	19.93	19.25	18.56	17.87	17.18	16.50	15.81	15.12	14.43	13.75	13.06	12.37	11.68	11.00	10.31	9.62	8.94	8.25
\$60	21.55	20.83	20.11	19.40	18.68	17.96	17.24	16.52	15.80	15.09	14.37	13.65	12.93	12.21	11.49	10.78	10.06	9.34	8.62
\$65	22.43	21.68	20.93	20.19	19.44	18.69	17.94	17.20	16.45	15.70	14.95	14.21	13.46	12.71	11.96	11.22	10.47	9.72	8.97
\$70	23.26	22.48	21.71	20.93	20.16	19.38	18.61	17.83	17.06	16.28	15.51	14.73	13.96	13.18	12.41	11.63	10.85	10.08	9.30
\$75	24.03	23.23	22.43	21.63	20.83	20.03	19.22	18.42	17.62	16.82	16.02	15.22	14.42	13.62	12.82	12.02	11.21	10.41	9.61
\$80	24.77	23.94	23.12	22.29	21.47	20.64	19.82	18.99	18.16	17.34	16.51	15.69	14.86	14.04	13.21	12.39	11.56	10.73	9.91
\$85	25.48	24.63	23.78	22.93	22.08	21.23	20.38	19.53	18.69	17.84	16.99	16.14	15.29	14.44	13.59	12.74	11.89	11.04	10.19
\$90	26.14	25.27	24.40	23.53	22.65	21.78	20.91	20.04	19.17	18.30	17.43	16.56	15.68	14.81	13.94	13.07	12.20	11.33	10.46
\$95	26.78	25.89	24.99	24.10	23.21	22.32	21.42	20.53	19.64	18.75	17.85	16.96	16.07	15.18	14.28	13.39	12.50	11.60	10.71
\$100	27.40	26.49	25.57	24.66	23.75	22.83	21.92	21.01	20.09	19.18	18.27	17.35	16.44	15.53	14.61	13.70	12.79	11.87	10.96
\$105	28.00	27.07	26.13	25.20	24.27	23.33	22.40	21.47	20.53	19.60	18.67	17.73	16.80	15.87	14.93	14.00	13.07	12.13	11.20
\$110	28.56	27.61	26.66	25.70	24.75	23.80	22.85	21.90	20.94	19.99	19.04	18.09	17.14	16.18	15.23	14.28	13.33	12.38	11.42
\$115	29.11	28.14	27.17	26.20	25.23	24.26	23.29	22.32	21.35	20.38	19.41	18.44	17.47	16.50	15.53	14.56	13.58	12.61	11.64
\$120	29.64	28.65	27.66	26.68	25.69	24.70	23.71	22.72	21.74	20.75	19.76	18.77	17.78	16.80	15.81	14.82	13.83	12.84	11.86
\$125	30.15	29.15	28.14	27.14	26.13	25.13	24.12	23.12	22.11	21.11	20.10	19.10	18.09	17.09	16.08	15.08	14.07	13.07	12.06
\$130	30.64	29.62	28.60	27.58	26.55	25.53	24.51	23.49	22.47	21.45	20.43	19.41	18.38	17.36	16.34	15.32	14.30	13.28	12.26
\$135	31.11	30.07	29.04	28.00	26.96	25.93	24.89	23.85	22.81	21.78	20.74	19.70	18.67	17.63	16.59	15.56	14.52	13.48	12.44
\$140	31.56	30.51	29.46	28.40	27.35	26.30	25.25	24.20	23.14	22.09	21.04	19.99	18.94	17.88	16.83	15.78	14.73	13.68	12.62
\$145	32.00	30.93	29.87	28.80	27.73	26.67	25.60	24.53	23.47	22.40	21.33	20.27	19.20	18.13	17.07	16.00	14.93	13.87	12.80
\$150	32.42	31.34	30.26	29.18	28.10	27.02	25.94	24.86	23.77	22.69	21.61	20.53	19.45	18.37	17.29	16.21	15.13	14.05	12.97
\$155	32.82	31.73	30.63	29.54	28.44	27.35	26.26	25.16	24.07	22.97	21.88	20.79	19.69	18.60	17.50	16.41	15.32	14.22	13.13
\$160	33.21	32.10	31.00	29.89	28.78	27.68	26.57	25.46	24.35	23.25	22.14	21.03	19.93	18.82	17.71	16.61	15.50	14.39	13.28
\$165	33.57	32.45	31.33	30.21	29.09	27.98	26.86	25.74	24.62	23.50	22.38	21.26	20.14	19.02	17.90	16.79	15.67	14.55	13.43
\$170	33.92	32.79	31.66	30.53	29.40	28.27	27.14	26.01	24.87	23.74	22.61	21.48	20.35	19.22	18.09	16.96	15.83	14.70	13.57
\$175	34.25	33.11	31.97	30.83	29.68	28.54	27.40	26.26	25.12	23.98	22.83	21.69	20.55	19.41	18.27	17.13	15.98	14.84	13.70
\$180	34.56	33.41	32.26	31.10	29.95	28.80	27.65	26.50	25.34	24.19	23.04	21.89	20.74	19.58	18.43	17.28	16.13	14.98	13.82
\$185	34.87	33.71	32.55	31.38	30.22	29.06	27.90	26.73	25.57	24.41	23.25	22.08	20.92	19.76	18.60	17.44	16.27	15.11	13.95
\$190	35.17	34.00	32.83	31.65	30.48	29.31	28.14	26.96	25.79	24.62	23.45	22.27	21.10	19.93	18.76	17.59	16.41	15.24	14.07
\$195	35.47	34.29	33.11	31.92	30.74	29.56	28.38	27.19	26.01	24.83	23.65	22.46	21.28	20.10	18.92	17.74	16.55	15.37	14.19
\$200	35.76	34.57	33.38	32.18	30.99	29.80	28.61	27.42	26.22	25.03	23.84	22.65	21.46	20.26	19.07	17.88	16.69	15.50	14.30
\$205	36.04	34.84	33.64	32.44	31.23	30.03	28.83	27.63	26.43	25.23	24.03	22.83	21.62	20.42	19.22	18.02	16.82	15.62	14.42
\$210	36.32	35.11	33.90	32.69	31.48	30.27	29.06	27.85	26.63	25.42	24.21	23.00	21.79	20.58	19.37	18.16	16.95	15.74	14.53
\$215	36.61	35.39	34.17	32.95	31.73	30.51	29.29	28.07	26.85	25.63	24.41	23.19	21.97	20.75	19.53	18.31	17.08	15.86	14.64
\$220	36.89	35.66	34.43	33.20	31.97	30.74	29.51	28.28	27.05	25.82	24.59	23.36	22.13	20.90	19.67	18.45	17.22	15.99	14.76
\$225	37.17	35.93	34.69	33.45	32.21	30.98	29.74	28.50	27.26	26.02	24.78	23.54	22.30	21.06	19.82	18.59	17.35	16.11	14.87
\$230	37.46	36.21	34.96	33.71	32.47	31.22	29.97	28.72	27.47	26.22	24.97	23.72	22.48	21.23	19.98	18.73	17.48	16.23	14.98
\$235	37.74	36.48	35.22	33.97	32.71	31.45	30.19	28.93	27.68	26.42	25.16	23.90	22.64	21.39	20.13	18.87	17.61	16.35	15.10
\$240	38.02	36.75	35.49	34.22	32.95	31.68	30.42	29.15	27.88	26.61	25.35	24.08	22.81	21.54	20.28	19.01	17.74	16.48	15.21
\$245	38.31	37.03	35.76	34.48	33.20	31.93	30.65	29.37	28.09	26.82	25.54	24.26	22.99	21.71	20.43	19.16	17.88	16.60	15.32
\$250	38.59	37.30	36.02	34.73	33.44	32.16	30.87	29.59	28.30	27.01	25.73	24.44	23.15	21.87	20.58	19.30	18.01	16.72	15.44
\$255	38.87	37.57	36.28	34.98	33.69	32.39	31.10	29.80	28.50	27.21	25.91	24.62	23.32	22.03	20.73	19.44	18.14	16.84	15.55
\$260	39.16	37.85	36.55	35.24	33.94	32.63	31.33	30.02	28.72	27.41	26.11	24.80	23.50	22.19	20.89	19.58	18.27	16.97	15.66

**UNITED STATES FIRE INSURANCE COMPANY**

Table 1 - Prescription Drug Rates

Fixed Indemnity Policy

Policy Form: HIP-30000

Daily Maximum	Days per Month -->																		
	30	29	28	27	26	25	24	23	22	21	20	19	18	17	16	15	14	13	12
\$265	39.44	38.13	36.81	35.50	34.18	32.87	31.55	30.24	28.92	27.61	26.29	24.98	23.66	22.35	21.03	19.72	18.41	17.09	15.78
\$270	39.73	38.41	37.08	35.76	34.43	33.11	31.78	30.46	29.14	27.81	26.49	25.16	23.84	22.51	21.19	19.87	18.54	17.22	15.89
\$275	40.01	38.68	37.34	36.01	34.68	33.34	32.01	30.67	29.34	28.01	26.67	25.34	24.01	22.67	21.34	20.01	18.67	17.34	16.00
\$280	40.29	38.95	37.60	36.26	34.92	33.58	32.23	30.89	29.55	28.20	26.86	25.52	24.17	22.83	21.49	20.15	18.80	17.46	16.12
\$285	40.58	39.23	37.87	36.52	35.17	33.82	32.46	31.11	29.76	28.41	27.05	25.70	24.35	23.00	21.64	20.29	18.94	17.58	16.23
\$290	40.86	39.50	38.14	36.77	35.41	34.05	32.69	31.33	29.96	28.60	27.24	25.88	24.52	23.15	21.79	20.43	19.07	17.71	16.34
\$295	41.14	39.77	38.40	37.03	35.65	34.28	32.91	31.54	30.17	28.80	27.43	26.06	24.68	23.31	21.94	20.57	19.20	17.83	16.46
\$300	41.43	40.05	38.67	37.29	35.91	34.53	33.14	31.76	30.38	29.00	27.62	26.24	24.86	23.48	22.10	20.72	19.33	17.95	16.57
\$305	41.71	40.32	38.93	37.54	36.15	34.76	33.37	31.98	30.59	29.20	27.81	26.42	25.03	23.64	22.25	20.86	19.46	18.07	16.68
\$310	41.99	40.59	39.19	37.79	36.39	34.99	33.59	32.19	30.79	29.39	27.99	26.59	25.19	23.79	22.39	21.00	19.60	18.20	16.80
\$315	42.28	40.87	39.46	38.05	36.64	35.23	33.82	32.41	31.01	29.60	28.19	26.78	25.37	23.96	22.55	21.14	19.73	18.32	16.91
\$320	42.56	41.14	39.72	38.30	36.89	35.47	34.05	32.63	31.21	29.79	28.37	26.95	25.54	24.12	22.70	21.28	19.86	18.44	17.02
\$325	42.85	41.42	39.99	38.57	37.14	35.71	34.28	32.85	31.42	30.00	28.57	27.14	25.71	24.28	22.85	21.43	20.00	18.57	17.14
\$330	43.13	41.69	40.25	38.82	37.38	35.94	34.50	33.07	31.63	30.19	28.75	27.32	25.88	24.44	23.00	21.57	20.13	18.69	17.25
\$335	43.41	41.96	40.52	39.07	37.62	36.18	34.73	33.28	31.83	30.39	28.94	27.49	26.05	24.60	23.15	21.71	20.26	18.81	17.36
\$340	43.70	42.24	40.79	39.33	37.87	36.42	34.96	33.50	32.05	30.59	29.13	27.68	26.22	24.76	23.31	21.85	20.39	18.94	17.48
\$345	43.98	42.51	41.05	39.58	38.12	36.65	35.18	33.72	32.25	30.79	29.32	27.85	26.39	24.92	23.46	21.99	20.52	19.06	17.59
\$350	44.26	42.78	41.31	39.83	38.36	36.88	35.41	33.93	32.46	30.98	29.51	28.03	26.56	25.08	23.61	22.13	20.65	19.18	17.70
\$355	44.55	43.07	41.58	40.10	38.61	37.13	35.64	34.16	32.67	31.19	29.70	28.22	26.73	25.25	23.76	22.28	20.79	19.31	17.82
\$360	44.83	43.34	41.84	40.35	38.85	37.36	35.86	34.37	32.88	31.38	29.89	28.39	26.90	25.40	23.91	22.42	20.92	19.43	17.93
\$365	45.11	43.61	42.10	40.60	39.10	37.59	36.09	34.58	33.08	31.58	30.07	28.57	27.07	25.56	24.06	22.56	21.05	19.55	18.04
\$370	45.40	43.89	42.37	40.86	39.35	37.83	36.32	34.81	33.29	31.78	30.27	28.75	27.24	25.73	24.21	22.70	21.19	19.67	18.16
\$375	45.68	44.16	42.63	41.11	39.59	38.07	36.54	35.02	33.50	31.98	30.45	28.93	27.41	25.89	24.36	22.84	21.32	19.79	18.27
\$380	45.97	44.44	42.91	41.37	39.84	38.31	36.78	35.24	33.71	32.18	30.65	29.11	27.58	26.05	24.52	22.99	21.45	19.92	18.39
\$385	46.25	44.71	43.17	41.63	40.08	38.54	37.00	35.46	33.92	32.38	30.83	29.29	27.75	26.21	24.67	23.13	21.58	20.04	18.50
\$390	46.53	44.98	43.43	41.88	40.33	38.78	37.22	35.67	34.12	32.57	31.02	29.47	27.92	26.37	24.82	23.27	21.71	20.16	18.61
\$395	46.82	45.26	43.70	42.14	40.58	39.02	37.46	35.90	34.33	32.77	31.21	29.65	28.09	26.53	24.97	23.41	21.85	20.29	18.73
\$400	47.10	45.53	43.96	42.39	40.82	39.25	37.68	36.11	34.54	32.97	31.40	29.83	28.26	26.69	25.12	23.55	21.98	20.41	18.84
\$405	47.38	45.80	44.22	42.64	41.06	39.48	37.90	36.32	34.75	33.17	31.59	30.01	28.43	26.85	25.27	23.69	22.11	20.53	18.95
\$410	47.67	46.08	44.49	42.90	41.31	39.73	38.14	36.55	34.96	33.37	31.78	30.19	28.60	27.01	25.42	23.84	22.25	20.66	19.07
\$415	47.95	46.35	44.75	43.16	41.56	39.96	38.36	36.76	35.16	33.57	31.97	30.37	28.77	27.17	25.57	23.98	22.38	20.78	19.18
\$420	48.23	46.62	45.01	43.41	41.80	40.19	38.58	36.98	35.37	33.76	32.15	30.55	28.94	27.33	25.72	24.12	22.51	20.90	19.29
\$425	48.52	46.90	45.29	43.67	42.05	40.43	38.82	37.20	35.58	33.96	32.35	30.73	29.11	27.49	25.88	24.26	22.64	21.03	19.41
\$430	48.80	47.17	45.55	43.92	42.29	40.67	39.04	37.41	35.79	34.16	32.53	30.91	29.28	27.65	26.03	24.40	22.77	21.15	19.52
\$435	49.08	47.44	45.81	44.17	42.54	40.90	39.26	37.63	35.99	34.36	32.72	31.08	29.45	27.81	26.18	24.54	22.90	21.27	19.63
\$440	49.37	47.72	46.08	44.43	42.79	41.14	39.50	37.85	36.20	34.56	32.91	31.27	29.62	27.98	26.33	24.69	23.04	21.39	19.75
\$445	49.65	48.00	46.34	44.69	43.03	41.38	39.72	38.07	36.41	34.76	33.10	31.45	29.79	28.14	26.48	24.83	23.17	21.52	19.86
\$450	49.94	48.28	46.61	44.95	43.28	41.62	39.95	38.29	36.62	34.96	33.29	31.63	29.96	28.30	26.63	24.97	23.31	21.64	19.98
\$455	50.22	48.55	46.87	45.20	43.52	41.85	40.18	38.50	36.83	35.15	33.48	31.81	30.13	28.46	26.78	25.11	23.44	21.76	20.09
\$460	50.50	48.82	47.13	45.45	43.77	42.08	40.40	38.72	37.03	35.35	33.67	31.98	30.30	28.62	26.93	25.25	23.57	21.88	20.20
\$465	50.79	49.10	47.40	45.71	44.02	42.33	40.63	38.94	37.25	35.55	33.86	32.17	30.47	28.78	27.09	25.40	23.70	22.01	20.32
\$470	51.07	49.37	47.67	45.96	44.26	42.56	40.86	39.15	37.45	35.75	34.05	32.34	30.64	28.94	27.24	25.54	23.83	22.13	20.43
\$475	51.35	49.64	47.93	46.22	44.50	42.79	41.08	39.37	37.66	35.95	34.23	32.52	30.81	29.10	27.39	25.68	23.96	22.25	20.54
\$480	51.64	49.92	48.20	46.48	44.75	43.03	41.31	39.59	37.87	36.15	34.43	32.71	30.98	29.26	27.54	25.82	24.10	22.38	20.66
\$485	51.92	50.19	48.46	46.73	45.00	43.27	41.54	39.81	38.07	36.34	34.61	32.88	31.15	29.42	27.69	25.96	24.23	22.50	20.77
\$490	52.20	50.46	48.72	46.98	45.24	43.50	41.76	40.02	38.28	36.54	34.80	33.06	31.32	29.58	27.84	26.10	24.36	22.62	20.88
\$495	52.49	50.74	48.99	47.24	45.49	43.74	41.99	40.24	38.49	36.74	34.99	33.24	31.49	29.74	27.99	26.25	24.50	22.75	21.00
\$500	52.77	51.01	49.25	47.49	45.73	43.98	42.22	40.46	38.70	36.94	35.18	33.42	31.66	29.90	28.14	26.39	24.63	22.87	21.11

**UNITED STATES FIRE INSURANCE COMPANY**

Table 1 - Prescription Drug Rates

Fixed Indemnity Policy

Policy Form: HIP-30000

Daily Maximum	11	10	9	8	7	6	5	4	3	2	1
\$5	1.24	1.13	1.01	0.90	0.79	0.68	0.56	0.45	0.34	0.23	0.11
\$10	2.34	2.13	1.91	1.70	1.49	1.28	1.06	0.85	0.64	0.43	0.21
\$15	3.28	2.98	2.68	2.38	2.09	1.79	1.49	1.19	0.89	0.60	0.30
\$20	4.08	3.71	3.34	2.97	2.59	2.22	1.85	1.48	1.11	0.74	0.37
\$25	4.75	4.32	3.89	3.45	3.02	2.59	2.16	1.73	1.30	0.86	0.43
\$30	5.35	4.86	4.37	3.89	3.40	2.92	2.43	1.94	1.46	0.97	0.49
\$35	5.88	5.35	4.81	4.28	3.74	3.21	2.67	2.14	1.60	1.07	0.53
\$40	6.36	5.78	5.21	4.63	4.05	3.47	2.89	2.31	1.74	1.16	0.58
\$45	6.80	6.18	5.57	4.95	4.33	3.71	3.09	2.47	1.86	1.24	0.62
\$50	7.20	6.54	5.89	5.23	4.58	3.93	3.27	2.62	1.96	1.31	0.65
\$55	7.56	6.87	6.19	5.50	4.81	4.12	3.44	2.75	2.06	1.37	0.69
\$60	7.90	7.18	6.47	5.75	5.03	4.31	3.59	2.87	2.16	1.44	0.72
\$65	8.22	7.48	6.73	5.98	5.23	4.49	3.74	2.99	2.24	1.50	0.75
\$70	8.53	7.75	6.98	6.20	5.43	4.65	3.88	3.10	2.33	1.55	0.78
\$75	8.81	8.01	7.21	6.41	5.61	4.81	4.01	3.20	2.40	1.60	0.80
\$80	9.08	8.26	7.43	6.61	5.78	4.95	4.13	3.30	2.48	1.65	0.83
\$85	9.34	8.49	7.64	6.79	5.95	5.10	4.25	3.40	2.55	1.70	0.85
\$90	9.58	8.71	7.84	6.97	6.10	5.23	4.36	3.49	2.61	1.74	0.87
\$95	9.82	8.93	8.03	7.14	6.25	5.36	4.46	3.57	2.68	1.79	0.89
\$100	10.05	9.13	8.22	7.31	6.39	5.48	4.57	3.65	2.74	1.83	0.91
\$105	10.27	9.33	8.40	7.47	6.53	5.60	4.67	3.73	2.80	1.87	0.93
\$110	10.47	9.52	8.57	7.62	6.66	5.71	4.76	3.81	2.86	1.90	0.95
\$115	10.67	9.70	8.73	7.76	6.79	5.82	4.85	3.88	2.91	1.94	0.97
\$120	10.87	9.88	8.89	7.90	6.92	5.93	4.94	3.95	2.96	1.98	0.99
\$125	11.06	10.05	9.05	8.04	7.04	6.03	5.03	4.02	3.02	2.01	1.01
\$130	11.23	10.21	9.19	8.17	7.15	6.13	5.11	4.09	3.06	2.04	1.02
\$135	11.41	10.37	9.33	8.30	7.26	6.22	5.19	4.15	3.11	2.07	1.04
\$140	11.57	10.52	9.47	8.42	7.36	6.31	5.26	4.21	3.16	2.10	1.05
\$145	11.73	10.67	9.60	8.53	7.47	6.40	5.33	4.27	3.20	2.13	1.07
\$150	11.89	10.81	9.73	8.65	7.56	6.48	5.40	4.32	3.24	2.16	1.08
\$155	12.03	10.94	9.85	8.75	7.66	6.56	5.47	4.38	3.28	2.19	1.09
\$160	12.18	11.07	9.96	8.86	7.75	6.64	5.54	4.43	3.32	2.21	1.11
\$165	12.31	11.19	10.07	8.95	7.83	6.71	5.60	4.48	3.36	2.24	1.12
\$170	12.44	11.31	10.18	9.05	7.91	6.78	5.65	4.52	3.39	2.26	1.13
\$175	12.56	11.42	10.28	9.13	7.99	6.85	5.71	4.57	3.43	2.28	1.14
\$180	12.67	11.52	10.37	9.22	8.06	6.91	5.76	4.61	3.46	2.30	1.15
\$185	12.79	11.62	10.46	9.30	8.14	6.97	5.81	4.65	3.49	2.32	1.16
\$190	12.90	11.72	10.55	9.38	8.21	7.03	5.86	4.69	3.52	2.34	1.17
\$195	13.01	11.82	10.64	9.46	8.28	7.09	5.91	4.73	3.55	2.36	1.18
\$200	13.11	11.92	10.73	9.54	8.34	7.15	5.96	4.77	3.58	2.38	1.19
\$205	13.21	12.01	10.81	9.61	8.41	7.21	6.01	4.81	3.60	2.40	1.20
\$210	13.32	12.11	10.90	9.69	8.47	7.26	6.05	4.84	3.63	2.42	1.21
\$215	13.42	12.20	10.98	9.76	8.54	7.32	6.10	4.88	3.66	2.44	1.22
\$220	13.53	12.30	11.07	9.84	8.61	7.38	6.15	4.92	3.69	2.46	1.23
\$225	13.63	12.39	11.15	9.91	8.67	7.43	6.20	4.96	3.72	2.48	1.24
\$230	13.74	12.49	11.24	9.99	8.74	7.49	6.24	4.99	3.75	2.50	1.25
\$235	13.84	12.58	11.32	10.06	8.81	7.55	6.29	5.03	3.77	2.52	1.26
\$240	13.94	12.67	11.41	10.14	8.87	7.60	6.34	5.07	3.80	2.53	1.27
\$245	14.05	12.77	11.49	10.22	8.94	7.66	6.39	5.11	3.83	2.55	1.28
\$250	14.15	12.86	11.58	10.29	9.00	7.72	6.43	5.15	3.86	2.57	1.29
\$255	14.25	12.96	11.66	10.37	9.07	7.77	6.48	5.18	3.89	2.59	1.30
\$260	14.36	13.05	11.75	10.44	9.14	7.83	6.53	5.22	3.92	2.61	1.31

**UNITED STATES FIRE INSURANCE COMPANY**

Table 1 - Prescription Drug Rates

Fixed Indemnity Policy

Policy Form: HIP-30000

Daily Maximum	11	10	9	8	7	6	5	4	3	2	1
\$265	14.46	13.15	11.83	10.52	9.20	7.89	6.57	5.26	3.94	2.63	1.31
\$270	14.57	13.24	11.92	10.59	9.27	7.95	6.62	5.30	3.97	2.65	1.32
\$275	14.67	13.34	12.00	10.67	9.34	8.00	6.67	5.33	4.00	2.67	1.33
\$280	14.77	13.43	12.09	10.74	9.40	8.06	6.72	5.37	4.03	2.69	1.34
\$285	14.88	13.53	12.17	10.82	9.47	8.12	6.76	5.41	4.06	2.71	1.35
\$290	14.98	13.62	12.26	10.90	9.53	8.17	6.81	5.45	4.09	2.72	1.36
\$295	15.08	13.71	12.34	10.97	9.60	8.23	6.86	5.49	4.11	2.74	1.37
\$300	15.19	13.81	12.43	11.05	9.67	8.29	6.91	5.52	4.14	2.76	1.38
\$305	15.29	13.90	12.51	11.12	9.73	8.34	6.95	5.56	4.17	2.78	1.39
\$310	15.40	14.00	12.60	11.20	9.80	8.40	7.00	5.60	4.20	2.80	1.40
\$315	15.50	14.09	12.68	11.27	9.87	8.46	7.05	5.64	4.23	2.82	1.41
\$320	15.61	14.19	12.77	11.35	9.93	8.51	7.09	5.67	4.26	2.84	1.42
\$325	15.71	14.28	12.86	11.43	10.00	8.57	7.14	5.71	4.29	2.86	1.43
\$330	15.81	14.38	12.94	11.50	10.06	8.63	7.19	5.75	4.31	2.88	1.44
\$335	15.92	14.47	13.02	11.58	10.13	8.68	7.24	5.79	4.34	2.89	1.45
\$340	16.02	14.57	13.11	11.65	10.20	8.74	7.28	5.83	4.37	2.91	1.46
\$345	16.13	14.66	13.19	11.73	10.26	8.80	7.33	5.86	4.40	2.93	1.47
\$350	16.23	14.75	13.28	11.80	10.33	8.85	7.38	5.90	4.43	2.95	1.48
\$355	16.34	14.85	13.37	11.88	10.40	8.91	7.43	5.94	4.46	2.97	1.49
\$360	16.44	14.94	13.45	11.95	10.46	8.97	7.47	5.98	4.48	2.99	1.49
\$365	16.54	15.04	13.53	12.03	10.53	9.02	7.52	6.01	4.51	3.01	1.50
\$370	16.65	15.13	13.62	12.11	10.59	9.08	7.57	6.05	4.54	3.03	1.51
\$375	16.75	15.23	13.70	12.18	10.66	9.14	7.61	6.09	4.57	3.05	1.52
\$380	16.86	15.32	13.79	12.26	10.73	9.19	7.66	6.13	4.60	3.06	1.53
\$385	16.96	15.42	13.88	12.33	10.79	9.25	7.71	6.17	4.63	3.08	1.54
\$390	17.06	15.51	13.96	12.41	10.86	9.31	7.76	6.20	4.65	3.10	1.55
\$395	17.17	15.61	14.05	12.49	10.92	9.36	7.80	6.24	4.68	3.12	1.56
\$400	17.27	15.70	14.13	12.56	10.99	9.42	7.85	6.28	4.71	3.14	1.57
\$405	17.37	15.79	14.21	12.63	11.06	9.48	7.90	6.32	4.74	3.16	1.58
\$410	17.48	15.89	14.30	12.71	11.12	9.53	7.95	6.36	4.77	3.18	1.59
\$415	17.58	15.98	14.39	12.79	11.19	9.59	7.99	6.39	4.80	3.20	1.60
\$420	17.68	16.08	14.47	12.86	11.25	9.65	8.04	6.43	4.82	3.22	1.61
\$425	17.79	16.17	14.56	12.94	11.32	9.70	8.09	6.47	4.85	3.23	1.62
\$430	17.89	16.27	14.64	13.01	11.39	9.76	8.13	6.51	4.88	3.25	1.63
\$435	18.00	16.36	14.72	13.09	11.45	9.82	8.18	6.54	4.91	3.27	1.64
\$440	18.10	16.46	14.81	13.17	11.52	9.87	8.23	6.58	4.94	3.29	1.65
\$445	18.21	16.55	14.90	13.24	11.59	9.93	8.28	6.62	4.97	3.31	1.66
\$450	18.31	16.65	14.98	13.32	11.65	9.99	8.32	6.66	4.99	3.33	1.66
\$455	18.41	16.74	15.07	13.39	11.72	10.04	8.37	6.70	5.02	3.35	1.67
\$460	18.52	16.83	15.15	13.47	11.78	10.10	8.42	6.73	5.05	3.37	1.68
\$465	18.62	16.93	15.24	13.54	11.85	10.16	8.47	6.77	5.08	3.39	1.69
\$470	18.73	17.02	15.32	13.62	11.92	10.21	8.51	6.81	5.11	3.40	1.70
\$475	18.83	17.12	15.41	13.69	11.98	10.27	8.56	6.85	5.14	3.42	1.71
\$480	18.93	17.21	15.49	13.77	12.05	10.33	8.61	6.89	5.16	3.44	1.72
\$485	19.04	17.31	15.58	13.85	12.11	10.38	8.65	6.92	5.19	3.46	1.73
\$490	19.14	17.40	15.66	13.92	12.18	10.44	8.70	6.96	5.22	3.48	1.74
\$495	19.25	17.50	15.75	14.00	12.25	10.50	8.75	7.00	5.25	3.50	1.75
\$500	19.35	17.59	15.83	14.07	12.31	10.55	8.80	7.04	5.28	3.52	1.76

**State:** District of Columbia **Filing Company:** United States Fire Insurance Company  
**TOI/Sub-TOI:** H14G Group Health - Hospital Indemnity/H14G.000 Health - Hospital Indemnity  
**Product Name:** Group Hospital Indemnity  
**Project Name/Number:** /

## Supporting Document Schedules

<b>Satisfied - Item:</b>	Cover Letter All Filings
<b>Comments:</b>	
<b>Attachment(s):</b>	cover letter-HIP-DC-rate.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	Certificate of Authority to File
<b>Comments:</b>	
<b>Attachment(s):</b>	Authorization Letter.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	Actuarial Memorandum
<b>Comments:</b>	
<b>Attachment(s):</b>	HIP actuarial memo.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	Actuarial Justification
<b>Comments:</b>	Please see the Actuarial Memorandum attached above.
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	

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

<b>Bypassed - Item:</b>	District of Columbia and Countrywide Experience for the Last 5 Years (P&C)
<b>Bypass Reason:</b>	N/A - not P&C
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	

SERFF Tracking #:

CRUM-129333157

State Tracking #:

Company Tracking #:

HIP-DC-RATE

State:

District of Columbia

Filing Company:

United States Fire Insurance Company

TOI/Sub-TOI:

H14G Group Health - Hospital Indemnity/H14G.000 Health - Hospital Indemnity

Product Name:

Group Hospital Indemnity

Project Name/Number:

/

<b>Bypassed - Item:</b>	Actuarial Memorandum and Certifications
<b>Bypass Reason:</b>	N/A - these Policy Forms only provide excepted benefits.
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Bypassed - Item:</b>	Unified Rate Review Template
<b>Bypass Reason:</b>	N/A - these Policy Forms only provide excepted benefits.
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	

# PLISKY PLISKY & CO. LLC

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617 UNION AVENUE, UNIT 1-21    ♦    BRIELLE, NJ 08730    ♦    PHONE: (732) 223-0770    ♦    FAX: (732) 223-1776

December 11, 2013

Commissioner of Insurance  
Department of Insurance, Securities and Banking  
Government of the District of Columbia  
810 First Street, NE #701  
Washington, DC 20002

RE:    **United States Fire Insurance Company**  
      **NAIC#: 0158-21113 / FEIN#: 13-5459190**  
      **Group Hospital Indemnity    TOI: H14G.000**

Company Tracking No.:        HIP-DC-RATE  
SERFF Tracking No.:         CRUM-129333157  
Corresponding Policy Forms:    HIP-30000P-DC et al.

Dear Sir or Madam:

**New Submission.** On behalf of United States Fire Insurance Company, Plisky Plisky & Co., LLC is submitting this initial Rate Filing for your review and approval. Enclosed is a letter of authorization.

These rates and forms are new and are not intended to replace any other rates or forms on file with your office.

We propose an effective date that coincides with the approval of the corresponding Form Filing (SERFF Tracking No. CRUM-129333044.) There are no D.C. policyholders yet as the policy forms are new.

**Fixed Indemnity Benefits Only.** These are Group Hospital Indemnity policy forms and all benefits are paid on a fixed dollar amount per day basis.

**Marketing.** Upon approval by your office, marketing will be through licensed producers through distribution channels to various eligible types of groups, including: employers; associations; labor unions; fraternal organizations; credit unions; and customers of financial institutions. (Please note: this is NOT credit insurance.) All marketing methods will always be employed in accordance with D.C. laws and regulations.

If you have any questions, please contact me directly at (732) 223-0770 or j.plisky@verizon.net.

Sincerely,



John M. Plisky, Consultant

**Fairmont** Specialty

a division of **Crum**Forster

Department of Insurance

**RE: UNITED STATES FIRE INSURANCE COMPANY**  
**NAIC No: 0158-21113**  
**FEIN # 13-5459190**


**Fixed Hospital Indemnity Filing - Authorization**

To Whom It May Concern:

Please be advised that until this authority is revoked in writing, John M. Plisky of Plisky Plisky & Co. LLC of Brielle, New Jersey is hereby authorized to act as our agent and to perform each and every act necessary in connection with the filing of policy forms and rate information on our behalf.

By: United States Fire Insurance

Name: Caren Alvarado

Signature: 

Title: AVP Regulatory Affairs and Legal

Date: 7/15/2013



# UNITED STATES FIRE INSURANCE COMPANY

Actuarial Rate Justification

Fixed Indemnity Policy

Policy Form: HIP-30000

## 1. SCOPE AND PURPOSE

The purpose of this memorandum is to meet the rate filing requirements for the state of filing. United States Fire Insurance Company ("The Company") is filing new business fixed indemnity coverage. This is a new filing.

## 2. DESCRIPTION OF BENEFITS

Covered benefits may include:

Hospital Admission  
Daily Hospital Confinement  
Daily Intensive Care/Coronary Care Unit  
Daily Skilled Nursing Care Facility  
Daily Emergency Room Visits  
Daily Inpatient Surgery  
Daily Inpatient Surgery Anesthesia  
Daily Outpatient Surgery  
Daily Outpatient Surgery Anesthesia  
Daily Physician's Office Visits  
Daily Inpatient Diagnostic Radiology and X-ray  
Daily Inpatient Diagnostic Laboratory Tests  
Daily Outpatient Diagnostic Radiology and X-ray  
Daily Outpatient Diagnostic Laboratory Tests  
Daily Ambulance  
Daily Prescription Drug

## 3. RENEWABILITY CLAUSE

This coverage is optionally renewable.

## 4. APPLICABILITY

This is a new filing. The Company anticipates both new and renewable business under this form.

## 5. MORBIDITY

The premium rates for this product were developed from Company experience and publicly available data.

The premium rates may vary from manual rates because of underwriting determinations made at issue or at renewal with respect to the risk of a particular group compared to the manual assumptions.

## 6. MORTALITY

Mortality was not an assumption used in developing the premium rates for this product.

**UNITED STATES FIRE INSURANCE COMPANY**

Actuarial Rate Justification

Fixed Indemnity Policy

Policy Form: HIP-30000

**7. PERSISTENCY**

This is a short-term product. Persistency assumptions were not used in developing the premium rates for this product.

**8. EXPENSES**

For all terms of coverage, expenses are assumed to be 30% for commissions, taxes and other administration.

**9. MARKETING METHOD**

This product will be marketed to members of associations, account holders of financial institutions, or to eligible employees of employer groups, etc. It will be marketed through independent agents, call centers, and benefit brokers.

**10. UNDERWRITING**

United States Fire Insurance Company will review the producer's plan design and prior experience if applicable. Information will generally be obtained from the administrator of the program. The underwriting function is to determine if the inherent risks unique to the group are acceptable, and if so, collect the facts required to establish the appropriate premium rates.

**11. PREMIUM CLASSES**

Rates may vary by the plan design selected by the policyholder. The following rating tiers are available for this product:

1-Tier: Single

2-Tier: Single, Single + Dependents

3-Tier: Single, Single + 1, Family

4-Tier: Single, Single + Spouse, Single + Child(ren), Family Composite

**12. ISSUE AGE RANGE**

The issue age range is 18-80.

**13. AREA FACTORS**

Not applicable.

**14. PREMIUM MODALIZATION RULES**

Premiums are calculated on a monthly mode basis. Other modes may be allowed without additional modal loadings.

**15. CLAIM LIABILITY AND RESERVES**

This is a new filing and no liabilities have been incurred yet.

**UNITED STATES FIRE INSURANCE COMPANY**

Actuarial Rate Justification

Fixed Indemnity Policy

Policy Form: HIP-30000

**16. ACTIVE LIFE RESERVES**

Not applicable.

**17. TREND ASSUMPTIONS**

There is no trending of the base rates. Reimbursement rates are fixed. The utilization and costs will be re-evaluated on a regular basis as experience emerges and trended appropriately based upon experience.

**18. ANTICIPATED LOSS RATIO**

The anticipated loss ratio for all policy years is 60%.

**19. DISTRIBUTION OF BUSINESS**

All business will be new business since this is a new form filing.

**20. CONTINGENCY AND RISK MARGINS**

The contingency and risk margin is 10% of premium.

**21. EXPERIENCE ON THE FORM**

No actual experience is available since this is a new form filing for the Company.

**22. LIFETIME LOSS RATIO**

The lifetime loss ratio is the same as the anticipated loss ratio.

**23. HISTORY OF RATE ADJUSTMENTS**

New form – no history is available.

**24. NUMBER OF POLICYHOLDERS**

New form – no policies in force.

**25. PROPOSED EFFECTIVE DATE**

The proposed effective date for these rates is the later of November 1, 2013 or upon approval if required.

**UNITED STATES FIRE INSURANCE COMPANY**

Actuarial Rate Justification

Fixed Indemnity Policy

Policy Form: HIP-30000

**26. CERTIFICATION**

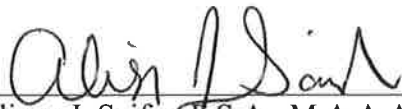
As stated above, the purpose of this filing is to demonstrate that this rate filing meets the requirements under this state. This filing is not intended to be used for other purposes.

I, Alison J. Saifer, am a consulting actuary for United States Fire Insurance Company. I am a Fellow of the Society of Actuaries, a member of the American Academy of Actuaries, and meet the Qualifications Standards to render the actuarial opinion contained herein.

This memorandum has been prepared to accompany the filing of the above policy form with state insurance departments. This actuarial memorandum is not intended for any other purpose.

I hereby certify, to the best of my knowledge and judgment, that this rate filing is in compliance with the applicable laws of the state being filed, and the benefits provided are reasonable in relation to the proposed premiums. I also certify that the rates are not excessive, inadequate or unfairly discriminatory.

Respectfully submitted,



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Alison J. Saifer, F.S.A., M.A.A.A.  
Actuarial Management Strategies, LLC.  
September 26, 2013