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 Filing Company: HCC Life Insurance Company State Tracking Number:
 Company Tracking Number: HCCL STMM IND
 TOI: H16I Individual Health - Major Medical Sub-TOI: H16I.004 Short Term
 Product Name: Short Term Major Medical
 Project Name/Number: /

Rate/Rule Schedule

Schedule Item Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:	Rate Action Information:	Attachments
	Actuarial Memorandum	HCCL STMM INDNew DC			HCC05 DC ActMemo 20110817.pdf

HCC Life Insurance Company

Actuarial Memorandum

Short Term Major Medical Insurance Policy Form HCCL STMM IND DC

1. Scope & Purpose

This actuarial memorandum describes the benefits provided in this new non-renewable individual short-term limited duration health insurance policy. This memorandum supports the rates being filed. These are new forms. This memorandum is not intended to be used for any other purpose.

2. Benefit Description

A detailed description of the benefits and limitations are identified in the policy. This individual short-term limited duration medical insurance policy is a major medical health insurance policy. The benefits payable are subject to co-payments, deductibles, and other limits and maximums. This policy is non-renewable. Although this short term plan may be rewritten for new and completely separate coverage periods, coverage does not continue from one policy to another.

3. Renewability

This policy is non-renewable.

4. Applicability

This filing is for new policies. There are no policies currently in force on these form numbers.

5. Morbidity

Claim costs were developed from Milliman Inc.'s *Health Cost Guidelines*TM, adjusted to reflect the policy benefit design and coverage period.

6. Mortality

There is no specific mortality assumption used in developing the claim costs for this policy form.

7. Persistency

There is no specific persistency assumption used in developing the claim costs for this policy form.

8. Expenses and Profit

Expenses, commissions, premium tax, and profit and contingency are expected to be 50% of the premium.

9. Interest Rate

No interest rate was assumed in this filing. This policy provides coverage for less than one year and is non-renewable. No projections of earned premiums and incurred claims were performed.

10. Marketing Method

These products will be marketed by agents, brokers, or through direct response methods.

11. Underwriting

This product will be underwritten through the use of a short health history questionnaire. Failure to satisfy all conditions of the health history questionnaire will result in a declination of coverage.

12. Premium Classes

Premium rates will vary based on the age and gender of the insured, benefit plan provisions (deductible, coinsurance, and lifetime maximum), area, coverage period (up to 11 months), and payment mode option (daily/single pay vs. monthly pay).

13. Issue Age Range

This policy is available to individuals and families that meet the eligibility criteria and are under the age of 65. Premiums are based on the age-at-issue and will not change during the coverage period.

14. Area Factors

The premium rates in Exhibit 1 were developed based on an area factor (relative to the nationwide average) for the 3-digit zip code of the insured's residence. Area factors for 3-digit zip codes in the state are:

State	3-Digit Zip Codes	Area Factor
DC	All	0.807

15. Average Annual Premium

The anticipated average monthly premiums are as follows:

State	3-Digit Zip Codes	Average Monthly Premium
DC	All	\$77.60

There are non-commissionable administrative fees in addition to this amount:

- Single Pay: One time \$10 for hard copy fulfillment, \$5 for electronic fulfillment
- Monthly Pay: Monthly \$10 for hard copy fulfillment, \$5 for electronic fulfillment

16. Claim Liability and Reserves

Reserves for claims incurred but not yet paid will be established according to generally accepted actuarial principles, including but not limited to analysis of claim lag triangles, inventory methods, and percentage of premium methods. There are currently no claim reserves held since these are new forms.

17. Active Life Reserves

No active life reserves will be held for this coverage.

18. Trend Assumptions

The rates submitted are appropriate for the anticipated coverage period and do not incorporate any automatic provision to adjust for future trend.

19. Minimum Loss Ratio

The minimum acceptable loss ratio is 50%.

20. Anticipated Loss Ratio

The anticipated loss ratio is assumed to be 50%. The anticipated loss ratio is calculated by taking the expected incurred claims divided by the premium.

21. Experience - Past and Future

As these are new products, no historical experience is available.

22. Lifetime Loss Ratio

Because these are new forms with no prior experience, the lifetime loss ratio is assumed to be 50%.

23. History of Rate Adjustments

As these are new forms, there have been no rate adjustments.

24. Number of Policyholders

As these are new forms, there are no current policyholders.

25. Proposed Effective Date

The rates are to become effective upon approval by your Department of Insurance. No policies will be sold until the forms and rates have been submitted and/or approved as required by your regulations.

26. Statement of Reliance

In preparing this actuarial memorandum, I relied on data provided to me by HCC Life Insurance Company. I did not audit this data but did review it for reasonableness. To the extent that this data is incomplete or inaccurate the contents of this memorandum may be materially affected.

28. Actuarial Certification

I, Michael E. Weiland, am a Member of the American Academy of Actuaries and meet its qualification standards for preparing rate filings. This actuarial memorandum has been prepared to describe the rates intended to be used for this product. This memorandum has been prepared in conformity with applicable Actuarial Standards of Practice (ASOP), including ASOP No. 8. This actuarial memorandum has been prepared for the sole purpose of demonstrating that the proposed rate schedule is reasonable and the memorandum may not be appropriate for other purposes.

In my opinion, the rates included in the actuarial memorandum are developed using reasonable assumptions and in accordance with generally accepted actuarial principles and are neither excessive nor unfair. These rates are appropriate for the class of risks for which they are intended. This filing is in compliance with state law and regulation.

Emerging experience should be carefully monitored relative to the assumptions and appropriate adjustments made to the premiums in a timely manner.

A handwritten signature in black ink, appearing to read "Michael E. Weiland". The signature is fluid and cursive, with a long horizontal stroke at the end.

Michael E. Weiland, FSA, MAAA
Fellow, Society of Actuaries
Member, American Academy of Actuaries
August, 2011

Exhibit 1
HCC Life Insurance Company
Individual Short Term Medical Product
Monthly Premium Rates (6 Months or less of Coverage); 50% Loss Ratio
\$100,000 Maximum per Coverage Period

For Use in District of Columbia 3-Digit Zip Codes: All

80% Coinsurance of the next \$5,000 of Eligible Expenses after the Deductible

Age	Deductibles											
	\$250		\$500		\$1,000		\$2,500		\$5,000		\$7,500	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Child	71.17	71.17	58.96	58.96	46.85	43.92	37.27	37.27	33.84	32.43	30.82	30.82
2-19	70.66	92.81	55.90	76.21	43.80	47.06	34.99	38.91	31.90	33.92	29.58	32.02
20-24	78.84	101.21	61.64	85.33	47.70	48.51	37.36	41.23	33.93	36.77	31.02	33.14
25-29	78.84	101.21	61.64	85.33	47.70	48.51	37.36	41.23	33.93	36.77	31.02	33.14
30-34	84.43	138.61	66.51	118.00	52.39	68.02	41.91	47.40	38.08	38.68	35.17	37.02
35-39	105.31	151.05	80.95	129.06	61.74	74.78	47.09	54.17	42.34	43.65	38.22	42.07
40-44	129.19	170.35	97.89	146.10	72.44	125.31	53.33	99.60	47.44	75.08	42.26	66.01
45-49	180.99	197.51	170.95	174.51	155.35	158.69	126.04	129.11	97.91	99.59	87.60	89.11
50-54	231.08	235.56	205.00	209.17	188.12	191.93	155.67	158.52	123.48	125.40	111.59	113.36
55-59	303.88	292.30	271.22	260.70	251.11	241.49	210.87	202.35	170.04	163.17	154.70	148.18
60-64	386.68	356.27	346.69	319.12	323.24	297.85	275.08	253.66	225.58	206.91	206.83	189.39

80% Coinsurance of the next \$20,000 of Eligible Expenses after the Per Incident Deductible

Age	Deductibles											
	\$250		\$500		\$1,000		\$2,500		\$5,000		\$7,500	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Child	53.21	53.21	40.12	40.12	29.36	27.53	20.41	20.41	16.16	15.49	13.46	13.46
2-19	52.86	71.24	37.99	53.52	27.22	30.29	18.53	21.34	14.00	15.20	11.21	12.23
20-24	58.98	77.70	41.88	59.93	29.64	31.21	19.78	22.61	14.90	16.47	11.76	12.65
25-29	58.98	77.70	41.88	59.93	29.64	31.21	19.78	22.61	14.90	16.47	11.76	12.65
30-34	64.91	110.11	46.88	87.17	34.02	46.79	23.62	28.79	18.25	20.33	14.94	17.33
35-39	82.88	121.49	59.05	97.03	41.98	52.67	28.45	34.19	22.43	24.36	18.35	21.26
40-44	104.47	138.93	74.20	112.11	51.70	90.64	34.58	65.25	27.80	44.30	23.00	35.72
45-49	150.47	163.54	134.75	136.79	116.49	117.85	87.50	87.89	63.05	61.95	53.08	51.62
50-54	196.66	198.20	166.95	167.60	147.00	146.52	114.08	112.08	85.37	82.21	73.67	69.80
55-59	263.61	249.19	226.82	212.91	202.69	189.06	160.95	148.13	123.65	111.70	108.18	96.29
60-64	340.39	308.44	295.75	266.22	267.36	239.53	216.93	192.17	170.95	148.42	151.58	130.06

50% Coinsurance of the next \$5,000 of Eligible Expenses after the Deductible

Age	Deductibles											
	\$250		\$500		\$1,000		\$2,500		\$5,000		\$7,500	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Child	61.06	61.06	51.36	51.36	41.69	39.08	34.78	34.78	32.64	31.29	29.87	29.87
2-19	60.15	79.09	48.32	65.80	38.63	41.46	32.30	35.85	30.46	32.37	28.41	30.80
20-24	67.12	86.25	53.29	73.69	42.07	42.74	34.49	37.99	32.40	35.09	29.79	31.88
25-29	67.12	86.25	53.29	73.69	42.07	42.74	34.49	37.99	32.40	35.09	29.79	31.88
30-34	72.34	119.76	57.77	103.14	46.41	60.48	38.83	43.89	36.50	36.92	33.93	35.59
35-39	91.05	131.34	70.88	113.42	55.04	66.80	43.79	50.36	40.58	41.75	36.82	40.50
40-44	113.01	149.14	86.55	129.26	65.11	112.59	49.87	92.89	45.56	71.92	40.79	63.54
45-49	160.33	174.16	152.91	155.37	140.97	143.23	118.45	120.83	94.26	95.50	84.69	85.89
50-54	207.01	209.24	185.23	187.43	172.20	174.11	147.05	148.88	119.14	120.51	108.18	109.48
55-59	274.94	261.45	247.18	235.00	231.41	220.34	199.98	190.69	164.31	156.97	150.19	143.27
60-64	352.78	321.48	318.31	290.01	299.64	273.65	261.97	239.95	218.50	199.50	201.17	183.47

50% Coinsurance of the next \$20,000 of Eligible Expenses after the Per Incident Deductible

Age	Deductibles											
	\$250		\$500		\$1,000		\$2,500		\$5,000		\$7,500	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Child	42.05	42.05	32.85	32.85	25.13	23.56	19.30	19.30	16.87	16.16	14.87	14.87
2-19	40.75	54.68	30.22	42.32	22.56	24.92	17.04	19.44	14.58	15.87	12.77	14.16
20-24	45.47	59.64	33.33	47.39	24.57	25.68	18.21	20.60	15.51	17.20	13.39	14.66
25-29	45.47	59.64	33.33	47.39	24.57	25.68	18.21	20.60	15.51	17.20	13.39	14.66
30-34	50.39	85.15	37.51	69.10	28.33	38.30	21.68	25.66	18.78	20.01	16.56	18.33
35-39	64.86	94.62	47.51	77.42	34.96	43.38	25.75	30.42	22.28	23.63	19.39	21.97
40-44	82.77	109.07	60.23	89.92	43.31	74.78	31.17	57.89	27.00	42.32	23.44	36.02
45-49	120.87	129.54	110.54	110.62	98.17	97.90	78.71	78.00	60.00	58.63	52.52	51.16
50-54	160.51	158.58	138.78	136.70	125.01	122.56	102.65	99.76	80.76	77.33	71.70	68.38
55-59	217.60	201.63	190.16	175.33	173.38	159.35	144.90	132.05	116.30	104.66	104.40	93.44
60-64	284.51	252.94	250.70	221.68	230.91	203.38	196.34	171.62	160.25	138.74	145.37	125.29

Premiums do not include administrative fees
For coverage periods greater than 6 months, multiply rates by 1.39

Exhibit 1
HCC Life Insurance Company
Individual Short Term Medical Product
Daily Premium Rates (180 Days or less of Coverage); 50% Loss Ratio
\$100,000 Maximum per Coverage Period

For Use in District of Columbia 3-Digit Zip Codes: All

80% Coinsurance of the next \$5,000 of Eligible Expenses after the Deductible

Age	Deductibles											
	\$250		\$500		\$1,000		\$2,500		\$5,000		\$7,500	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Child	1.75	1.75	1.45	1.45	1.15	1.08	0.92	0.92	0.83	0.80	0.76	0.76
2-19	1.74	2.28	1.38	1.88	1.08	1.16	0.86	0.96	0.78	0.84	0.73	0.79
20-24	1.94	2.49	1.52	2.11	1.18	1.19	0.92	1.02	0.84	0.90	0.77	0.82
25-29	1.94	2.49	1.52	2.11	1.18	1.19	0.92	1.02	0.84	0.90	0.77	0.82
30-34	2.08	3.41	1.64	2.91	1.29	1.68	1.03	1.17	0.94	0.95	0.86	0.91
35-39	2.60	3.72	1.99	3.18	1.53	1.84	1.16	1.33	1.04	1.07	0.94	1.03
40-44	3.18	4.20	2.41	3.60	1.78	3.09	1.32	2.45	1.17	1.85	1.04	1.63
45-49	4.46	4.87	4.21	4.30	3.83	3.91	3.11	3.18	2.41	2.45	2.15	2.20
50-54	5.70	5.80	5.05	5.16	4.63	4.73	3.83	3.91	3.04	3.09	2.75	2.79
55-59	7.49	7.21	6.68	6.42	6.19	5.95	5.20	4.99	4.19	4.02	3.81	3.65
60-64	9.53	8.78	8.55	7.86	7.97	7.34	6.78	6.25	5.56	5.10	5.10	4.66

80% Coinsurance of the next \$20,000 of Eligible Expenses after the Per Incident Deductible

Age	Deductibles											
	\$250		\$500		\$1,000		\$2,500		\$5,000		\$7,500	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Child	1.31	1.31	0.98	0.98	0.73	0.68	0.50	0.50	0.40	0.38	0.33	0.33
2-19	1.30	1.76	0.94	1.32	0.67	0.74	0.46	0.52	0.35	0.37	0.27	0.30
20-24	1.45	1.91	1.03	1.48	0.73	0.77	0.48	0.56	0.36	0.40	0.29	0.31
25-29	1.45	1.91	1.03	1.48	0.73	0.77	0.48	0.56	0.36	0.40	0.29	0.31
30-34	1.60	2.71	1.15	2.15	0.84	1.15	0.58	0.71	0.45	0.50	0.37	0.43
35-39	2.04	2.99	1.45	2.39	1.03	1.30	0.70	0.84	0.56	0.60	0.45	0.52
40-44	2.57	3.42	1.83	2.76	1.28	2.24	0.86	1.61	0.69	1.09	0.56	0.88
45-49	3.70	4.03	3.32	3.37	2.87	2.91	2.15	2.16	1.56	1.53	1.31	1.28
50-54	4.84	4.88	4.12	4.13	3.62	3.61	2.81	2.76	2.11	2.03	1.82	1.72
55-59	6.50	6.14	5.59	5.25	5.00	4.66	3.96	3.65	3.05	2.75	2.66	2.37
60-64	8.38	7.60	7.29	6.56	6.59	5.90	5.34	4.74	4.21	3.66	3.74	3.20

50% Coinsurance of the next \$5,000 of Eligible Expenses after the Deductible

Age	Deductibles											
	\$250		\$500		\$1,000		\$2,500		\$5,000		\$7,500	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Child	1.50	1.50	1.27	1.27	1.02	0.96	0.86	0.86	0.81	0.77	0.73	0.73
2-19	1.48	1.94	1.19	1.62	0.95	1.02	0.80	0.88	0.75	0.80	0.70	0.76
20-24	1.65	2.12	1.32	1.82	1.03	1.05	0.85	0.94	0.80	0.86	0.73	0.78
25-29	1.65	2.12	1.32	1.82	1.03	1.05	0.85	0.94	0.80	0.86	0.73	0.78
30-34	1.78	2.95	1.42	2.54	1.15	1.49	0.96	1.08	0.90	0.91	0.84	0.88
35-39	2.24	3.24	1.74	2.79	1.36	1.65	1.08	1.24	1.00	1.02	0.90	1.00
40-44	2.78	3.67	2.13	3.19	1.61	2.78	1.23	2.29	1.12	1.78	1.01	1.57
45-49	3.95	4.29	3.77	3.83	3.47	3.53	2.92	2.98	2.32	2.36	2.09	2.11
50-54	5.10	5.16	4.57	4.62	4.24	4.29	3.62	3.67	2.94	2.97	2.66	2.70
55-59	6.77	6.44	6.09	5.79	5.71	5.43	4.93	4.70	4.05	3.87	3.70	3.53
60-64	8.69	7.92	7.84	7.15	7.38	6.75	6.46	5.92	5.38	4.91	4.95	4.52

50% Coinsurance of the next \$20,000 of Eligible Expenses after the Per Incident Deductible

Age	Deductibles											
	\$250		\$500		\$1,000		\$2,500		\$5,000		\$7,500	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Child	1.24	1.24	1.04	1.04	0.84	0.78	0.69	0.69	0.65	0.62	0.60	0.60
2-19	1.20	1.58	0.96	1.31	0.76	0.82	0.63	0.70	0.60	0.64	0.56	0.61
20-24	1.34	1.72	1.06	1.46	0.82	0.84	0.67	0.74	0.63	0.69	0.59	0.64
25-29	1.34	1.72	1.06	1.46	0.82	0.84	0.67	0.74	0.63	0.69	0.59	0.64
30-34	1.46	2.39	1.15	2.05	0.92	1.19	0.77	0.86	0.73	0.73	0.68	0.71
35-39	1.84	2.63	1.42	2.26	1.10	1.32	0.87	0.99	0.81	0.83	0.74	0.82
40-44	2.29	2.99	1.75	2.58	1.31	2.24	1.00	1.84	0.91	1.43	0.83	1.28
45-49	3.28	3.52	3.12	3.12	2.86	2.87	2.40	2.41	1.91	1.91	1.74	1.74
50-54	4.28	4.25	3.82	3.80	3.53	3.52	3.02	3.00	2.45	2.44	2.25	2.24
55-59	5.71	5.35	5.12	4.80	4.79	4.49	4.14	3.88	3.42	3.20	3.16	2.96
60-64	7.40	6.64	6.67	5.98	6.27	5.62	5.49	4.93	4.60	4.12	4.26	3.83

Premiums do not include administrative fees

For coverage periods greater than 6 months, multiply rates by 1.39

Exhibit 1
HCC Life Insurance Company
Individual Short Term Medical Product
Monthly Premium Rates (6 Months or less of Coverage); 50% Loss Ratio
\$250,000 Maximum per Coverage Period

For Use in District of Columbia 3-Digit Zip Codes: All

80% Coinsurance of the next \$5,000 of Eligible Expenses after the Deductible

Age	Deductibles											
	\$250		\$500		\$1,000		\$2,500		\$5,000		\$7,500	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Child	76.54	76.54	63.70	63.70	50.96	47.77	41.09	41.09	37.82	36.24	34.77	34.77
2-19	74.88	99.12	59.45	81.72	46.81	50.79	37.82	42.55	34.95	37.78	32.74	36.12
20-24	83.56	108.10	65.56	91.50	50.99	52.35	40.39	45.09	37.17	40.96	34.33	37.38
25-29	83.56	108.10	65.56	91.50	50.99	52.35	40.39	45.09	37.17	40.96	34.33	37.38
30-34	90.42	149.47	71.52	127.75	56.68	74.11	45.97	52.30	42.46	43.38	39.62	42.04
35-39	113.62	163.75	87.70	140.43	67.30	81.88	51.95	60.10	47.47	49.19	43.33	47.98
40-44	141.28	185.89	107.47	160.03	80.04	138.05	59.71	111.08	53.88	85.09	48.54	75.66
45-49	201.31	217.61	190.88	193.01	174.54	176.52	143.39	145.45	112.96	113.83	102.17	103.09
50-54	262.10	262.98	233.43	234.41	215.54	216.32	180.56	181.09	145.36	145.52	132.85	133.11
55-59	350.75	330.29	314.23	295.69	292.61	275.62	248.81	234.00	203.57	191.63	187.35	176.27
60-64	455.31	408.52	409.67	367.25	383.97	344.77	330.59	297.18	274.72	246.34	254.63	228.25

80% Coinsurance of the next \$20,000 of Eligible Expenses after the Deductible

Age	Deductibles											
	\$250		\$500		\$1,000		\$2,500		\$5,000		\$7,500	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Child	71.79	71.79	59.59	59.59	47.49	44.53	38.12	38.12	35.02	33.56	32.32	32.32
2-19	69.78	92.39	55.25	75.96	43.33	47.08	34.85	39.29	32.16	34.90	30.26	33.56
20-24	77.87	100.77	60.92	85.06	47.19	48.52	37.21	41.63	34.20	37.83	31.73	34.73
25-29	77.87	100.77	60.92	85.06	47.19	48.52	37.21	41.63	34.20	37.83	31.73	34.73
30-34	84.68	139.45	66.80	118.92	52.78	68.79	42.63	48.42	39.33	40.17	36.83	39.14
35-39	106.43	153.07	81.96	131.00	62.72	76.20	48.27	55.77	44.07	45.64	40.40	44.74
40-44	132.65	174.01	100.71	149.52	74.83	128.67	55.69	103.25	50.21	79.09	45.40	70.64
45-49	189.47	204.10	179.40	180.75	163.74	164.93	134.27	135.56	105.76	106.12	95.95	96.51
50-54	247.46	247.26	220.17	220.06	203.05	202.77	169.86	169.45	136.81	136.21	125.38	125.04
55-59	331.94	311.06	297.15	278.23	276.50	259.01	234.82	219.63	192.28	179.90	177.42	166.02
60-64	432.06	385.76	388.47	346.54	363.91	325.02	313.19	279.92	260.53	232.09	242.14	215.72

50% Coinsurance of the next \$5,000 of Eligible Expenses after the Deductible

Age	Deductibles											
	\$250		\$500		\$1,000		\$2,500		\$5,000		\$7,500	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Child	66.25	66.25	55.94	55.94	45.67	42.81	38.51	38.51	36.56	35.03	33.72	33.72
2-19	64.20	85.19	51.73	71.14	41.52	45.05	35.08	39.41	33.45	36.16	31.48	34.85
20-24	71.65	92.92	57.04	79.65	45.22	46.43	37.46	41.76	35.58	39.20	33.01	36.06
25-29	71.65	92.92	57.04	79.65	45.22	46.43	37.46	41.76	35.58	39.20	33.01	36.06
30-34	78.12	130.30	62.61	112.58	50.55	66.36	42.82	48.69	40.79	41.54	38.28	40.52
35-39	99.11	143.65	77.38	124.44	60.40	73.69	48.54	56.17	45.62	47.19	41.85	46.29
40-44	124.67	164.15	95.82	142.69	72.45	124.86	56.13	104.17	51.88	81.70	46.94	73.05
45-49	179.96	193.59	172.17	173.25	159.53	160.50	135.50	136.88	109.01	109.49	99.04	99.66
50-54	237.06	235.77	212.77	211.82	198.72	197.81	171.55	171.08	140.64	140.27	129.07	128.94
55-59	320.40	298.36	288.85	268.98	271.60	253.48	237.36	221.80	197.30	185.02	182.29	170.94
60-64	419.40	372.20	379.34	336.70	358.52	319.14	316.66	282.93	266.83	238.32	248.15	221.74

50% Coinsurance of the next \$20,000 of Eligible Expenses after the Deductible

Age	Deductibles											
	\$250		\$500		\$1,000		\$2,500		\$5,000		\$7,500	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Child	55.15	55.15	46.30	46.30	37.56	35.21	31.46	31.46	29.83	28.58	27.83	27.83
2-19	52.46	69.62	41.97	57.83	33.43	36.40	28.07	31.75	26.81	29.32	25.60	28.71
20-24	58.53	75.93	46.28	64.75	36.41	37.53	29.96	33.64	28.52	31.79	26.84	29.71
25-29	58.53	75.93	46.28	64.75	36.41	37.53	29.96	33.64	28.52	31.79	26.84	29.71
30-34	64.41	106.52	51.36	91.63	41.25	53.72	34.77	39.37	33.16	33.78	31.52	33.46
35-39	81.83	117.96	63.63	101.84	49.40	60.03	39.58	45.67	37.32	38.56	34.68	38.37
40-44	103.81	135.31	79.51	117.19	59.87	102.12	46.24	85.06	42.89	67.01	39.27	60.70
45-49	151.09	160.65	144.11	143.33	133.10	132.29	113.02	112.59	91.23	90.52	83.73	83.40
50-54	201.23	197.21	180.30	176.79	168.02	164.72	145.07	142.37	119.48	117.27	110.53	108.99
55-59	274.19	251.37	246.97	226.28	231.86	212.85	202.73	186.35	169.29	155.96	157.68	145.54
60-64	362.00	316.43	327.21	285.94	309.13	270.68	273.48	240.02	231.57	203.01	217.13	190.58

Premiums do not include administrative fees
For coverage periods greater than 6 months, multiply rates by 1.39

Exhibit 1
HCC Life Insurance Company
Individual Short Term Medical Product
Daily Premium Rates (180 Days or less of Coverage); 50% Loss Ratio
\$250,000 Maximum per Coverage Period

For Use in District of Columbia 3-Digit Zip Codes: All

80% Coinsurance of the next \$5,000 of Eligible Expenses after the Deductible

Age	Deductibles											
	\$250		\$500		\$1,000		\$2,500		\$5,000		\$7,500	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Child	1.89	1.89	1.57	1.57	1.26	1.18	1.01	1.01	0.93	0.90	0.86	0.86
2-19	1.85	2.45	1.47	2.02	1.15	1.25	0.93	1.05	0.86	0.93	0.81	0.89
20-24	2.06	2.66	1.61	2.25	1.26	1.29	0.99	1.11	0.91	1.01	0.85	0.92
25-29	2.06	2.66	1.61	2.25	1.26	1.29	0.99	1.11	0.91	1.01	0.85	0.92
30-34	2.23	3.68	1.76	3.15	1.40	1.82	1.13	1.29	1.05	1.07	0.98	1.03
35-39	2.80	4.04	2.16	3.46	1.66	2.02	1.28	1.48	1.17	1.21	1.07	1.19
40-44	3.48	4.58	2.65	3.95	1.97	3.41	1.47	2.74	1.33	2.10	1.19	1.86
45-49	4.96	5.36	4.70	4.75	4.30	4.35	3.53	3.58	2.78	2.81	2.52	2.54
50-54	6.46	6.48	5.75	5.78	5.31	5.33	4.45	4.46	3.58	3.58	3.28	3.28
55-59	8.64	8.13	7.74	7.29	7.21	6.79	6.13	5.76	5.02	4.72	4.62	4.34
60-64	11.22	10.06	10.10	9.05	9.46	8.50	8.14	7.32	6.77	6.07	6.27	5.62

80% Coinsurance of the next \$20,000 of Eligible Expenses after the Deductible

Age	Deductibles											
	\$250		\$500		\$1,000		\$2,500		\$5,000		\$7,500	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Child	1.77	1.77	1.47	1.47	1.17	1.10	0.94	0.94	0.86	0.82	0.80	0.80
2-19	1.72	2.28	1.36	1.87	1.07	1.16	0.86	0.97	0.79	0.86	0.74	0.82
20-24	1.92	2.49	1.50	2.10	1.16	1.19	0.92	1.02	0.84	0.94	0.78	0.86
25-29	1.92	2.49	1.50	2.10	1.16	1.19	0.92	1.02	0.84	0.94	0.78	0.86
30-34	2.09	3.44	1.65	2.93	1.30	1.69	1.05	1.19	0.97	0.99	0.90	0.97
35-39	2.62	3.77	2.02	3.23	1.55	1.88	1.19	1.37	1.09	1.12	0.99	1.11
40-44	3.27	4.29	2.49	3.69	1.84	3.17	1.37	2.54	1.23	1.94	1.12	1.74
45-49	4.67	5.03	4.42	4.45	4.04	4.07	3.31	3.34	2.61	2.61	2.36	2.38
50-54	6.10	6.09	5.42	5.42	5.00	5.00	4.19	4.17	3.37	3.36	3.09	3.08
55-59	8.18	7.67	7.32	6.86	6.81	6.38	5.79	5.41	4.74	4.43	4.37	4.09
60-64	10.64	9.51	9.57	8.54	8.97	8.01	7.71	6.90	6.42	5.72	5.96	5.32

50% Coinsurance of the next \$5,000 of Eligible Expenses after the Deductible

Age	Deductibles											
	\$250		\$500		\$1,000		\$2,500		\$5,000		\$7,500	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Child	1.63	1.63	1.38	1.38	1.12	1.06	0.95	0.95	0.90	0.86	0.83	0.83
2-19	1.58	2.10	1.28	1.75	1.02	1.11	0.86	0.97	0.82	0.89	0.77	0.86
20-24	1.77	2.29	1.40	1.96	1.11	1.15	0.92	1.03	0.88	0.97	0.82	0.89
25-29	1.77	2.29	1.40	1.96	1.11	1.15	0.92	1.03	0.88	0.97	0.82	0.89
30-34	1.93	3.21	1.54	2.78	1.24	1.64	1.06	1.20	1.01	1.02	0.94	1.00
35-39	2.45	3.54	1.90	3.07	1.48	1.82	1.19	1.38	1.12	1.16	1.03	1.14
40-44	3.07	4.04	2.36	3.52	1.78	3.07	1.38	2.57	1.28	2.01	1.15	1.80
45-49	4.43	4.77	4.24	4.27	3.93	3.95	3.34	3.37	2.69	2.70	2.44	2.45
50-54	5.84	5.81	5.25	5.22	4.90	4.87	4.23	4.21	3.46	3.45	3.18	3.18
55-59	7.89	7.35	7.12	6.63	6.69	6.25	5.85	5.46	4.86	4.56	4.49	4.21
60-64	10.34	9.17	9.35	8.30	8.84	7.86	7.80	6.97	6.58	5.87	6.12	5.46

50% Coinsurance of the next \$20,000 of Eligible Expenses after the Deductible

Age	Deductibles											
	\$250		\$500		\$1,000		\$2,500		\$5,000		\$7,500	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Child	1.36	1.36	1.14	1.14	0.93	0.87	0.77	0.77	0.73	0.70	0.69	0.69
2-19	1.29	1.72	1.03	1.43	0.82	0.90	0.69	0.78	0.66	0.73	0.63	0.71
20-24	1.44	1.87	1.14	1.60	0.90	0.93	0.73	0.83	0.70	0.78	0.66	0.73
25-29	1.44	1.87	1.14	1.60	0.90	0.93	0.73	0.83	0.70	0.78	0.66	0.73
30-34	1.59	2.62	1.27	2.26	1.02	1.32	0.86	0.97	0.82	0.83	0.77	0.82
35-39	2.02	2.91	1.57	2.51	1.22	1.48	0.98	1.12	0.92	0.95	0.86	0.94
40-44	2.56	3.33	1.96	2.89	1.48	2.52	1.14	2.10	1.06	1.65	0.97	1.49
45-49	3.72	3.96	3.55	3.53	3.28	3.26	2.78	2.78	2.25	2.23	2.07	2.06
50-54	4.95	4.86	4.45	4.36	4.14	4.06	3.58	3.51	2.95	2.89	2.73	2.69
55-59	6.75	6.20	6.08	5.58	5.71	5.25	5.00	4.59	4.17	3.84	3.88	3.58
60-64	8.92	7.80	8.06	7.05	7.62	6.67	6.74	5.92	5.71	5.00	5.35	4.70

Premiums do not include administrative fees
For coverage periods greater than 6 months, multiply rates by 1.39

Exhibit 1
HCC Life Insurance Company
Individual Short Term Medical Product
Monthly Premium Rates (6 Months or less of Coverage); 50% Loss Ratio
\$2,000,000 Maximum per Coverage Period

For Use in District of Columbia 3-Digit Zip Codes: All

80% Coinsurance of the next \$5,000 of Eligible Expenses after the Deductible

Age	Deductibles											
	\$250		\$500		\$1,000		\$2,500		\$5,000		\$7,500	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Child	78.53	78.53	65.44	65.44	52.45	49.17	42.46	42.46	39.24	37.61	36.22	36.22
2-19	76.12	101.46	60.48	83.76	47.71	52.16	38.64	43.84	35.83	39.10	33.64	37.54
20-24	84.94	110.66	66.70	93.78	51.95	53.75	41.26	46.47	38.11	42.38	35.27	38.85
25-29	84.94	110.66	66.70	93.78	51.95	53.75	41.26	46.47	38.11	42.38	35.27	38.85
30-34	92.53	153.89	73.27	131.66	58.16	76.51	47.29	54.21	43.83	45.19	41.04	44.01
35-39	116.76	169.05	90.21	145.16	69.35	84.78	53.72	62.44	49.24	51.37	45.10	50.35
40-44	146.36	192.62	111.46	166.05	83.15	143.50	62.25	115.87	56.43	89.13	51.05	79.65
45-49	210.85	226.94	200.20	201.53	183.41	184.66	151.27	152.79	119.70	120.14	108.81	109.38
50-54	278.87	277.32	248.73	247.52	230.15	228.95	193.52	192.53	156.51	155.46	143.84	143.04
55-59	379.50	352.09	340.47	315.70	317.70	294.98	271.19	251.57	222.97	206.94	206.50	191.57
60-64	501.41	441.28	451.82	397.30	424.55	373.81	367.16	323.46	306.45	269.61	285.94	251.52

80% Coinsurance of the next \$20,000 of Eligible Expenses after the Deductible

Age	Deductibles											
	\$250		\$500		\$1,000		\$2,500		\$5,000		\$7,500	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Child	73.74	73.74	61.28	61.28	48.97	45.91	39.48	39.48	36.42	34.90	33.72	33.72
2-19	71.01	94.69	56.26	77.96	44.19	48.40	35.65	40.57	33.01	36.18	31.14	34.95
20-24	79.23	103.27	62.04	87.29	48.13	49.90	38.07	42.99	35.11	39.22	32.65	36.17
25-29	79.23	103.27	62.04	87.29	48.13	49.90	38.07	42.99	35.11	39.22	32.65	36.17
30-34	86.73	143.76	68.51	122.76	54.23	71.15	43.93	50.30	40.66	41.95	38.24	41.08
35-39	109.49	158.27	84.43	135.62	64.73	79.05	49.99	58.09	45.81	47.77	42.14	47.06
40-44	137.62	180.61	104.64	155.42	77.89	134.01	58.18	107.94	52.71	83.06	47.88	74.55
45-49	198.83	213.23	188.52	189.12	172.42	172.94	142.02	142.80	112.37	112.33	102.47	102.66
50-54	263.94	261.31	235.21	232.95	217.38	215.19	182.62	180.70	147.76	145.97	136.19	134.76
55-59	360.22	332.55	322.95	297.92	301.16	278.09	256.89	236.92	211.38	194.99	196.28	181.08
60-64	477.52	418.00	430.09	376.11	403.93	353.59	349.23	305.76	291.75	255.03	272.96	238.62

50% Coinsurance of the next \$5,000 of Eligible Expenses after the Deductible

Age	Deductibles											
	\$250		\$500		\$1,000		\$2,500		\$5,000		\$7,500	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Child	68.17	68.17	57.62	57.62	47.12	44.18	39.88	39.88	37.97	36.39	35.14	35.14
2-19	65.42	87.45	52.73	73.11	42.38	46.37	35.90	40.70	34.29	37.46	32.38	36.23
20-24	73.00	95.39	58.14	81.87	46.16	47.80	38.34	43.13	36.48	40.61	33.94	37.49
25-29	73.00	95.39	58.14	81.87	46.16	47.80	38.34	43.13	36.48	40.61	33.94	37.49
30-34	80.17	134.57	64.29	116.38	51.98	68.68	44.14	50.59	42.12	43.33	39.68	42.46
35-39	102.13	148.77	79.83	129.02	62.39	76.50	50.31	58.49	47.38	49.33	43.60	48.63
40-44	129.58	170.70	99.70	148.52	75.49	130.15	58.64	108.93	54.40	85.70	49.45	76.99
45-49	189.23	202.63	181.20	181.49	168.10	168.42	143.32	144.18	115.68	115.75	105.62	105.88
50-54	253.37	249.66	227.61	224.57	212.89	210.08	184.43	182.42	151.69	150.10	139.97	138.76
55-59	348.34	319.60	314.35	288.47	295.93	272.31	259.60	239.23	216.54	200.20	201.30	186.12
60-64	464.35	404.09	420.49	365.93	398.09	347.37	352.97	308.98	298.31	261.41	279.21	244.80

50% Coinsurance of the next \$20,000 of Eligible Expenses after the Deductible

Age	Deductibles											
	\$250		\$500		\$1,000		\$2,500		\$5,000		\$7,500	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Child	56.97	56.97	47.90	47.90	38.95	36.52	32.76	32.76	31.17	29.87	29.17	29.17
2-19	53.62	71.78	42.94	59.71	34.26	37.65	28.83	32.97	27.63	30.53	26.43	30.01
20-24	59.83	78.29	47.35	66.86	37.31	38.81	30.79	34.94	29.38	33.10	27.71	31.05
25-29	59.83	78.29	47.35	66.86	37.31	38.81	30.79	34.94	29.38	33.10	27.71	31.05
30-34	66.34	110.57	52.95	95.24	42.59	55.95	35.99	41.19	34.46	35.49	32.87	35.32
35-39	84.73	122.83	65.96	106.18	51.30	62.69	41.25	47.90	38.95	40.61	36.32	40.60
40-44	108.46	141.55	83.19	122.74	62.73	107.14	48.65	89.56	45.30	70.85	41.65	64.48
45-49	159.89	169.29	152.75	151.26	141.35	139.89	120.53	119.57	97.61	96.50	89.98	89.33
50-54	216.79	210.59	194.47	189.06	181.58	176.52	157.42	153.23	130.06	126.65	120.95	118.33
55-59	300.95	271.80	271.34	245.02	255.29	230.94	224.18	203.03	187.77	170.60	175.90	160.16
60-64	405.53	347.04	367.03	313.98	347.37	297.71	308.49	265.16	261.81	225.24	246.94	212.77

Premiums do not include administrative fees
For coverage periods greater than 6 months, multiply rates by 1.39

Exhibit 1
HCC Life Insurance Company
Individual Short Term Medical Product
Daily Premium Rates (180 Days or less of Coverage); 50% Loss Ratio
\$2,000,000 Maximum per Coverage Period

For Use in District of Columbia 3-Digit Zip Codes: All

80% Coinsurance of the next \$5,000 of Eligible Expenses after the Deductible

Age	Deductibles											
	\$250		\$500		\$1,000		\$2,500		\$5,000		\$7,500	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Child	1.94	1.94	1.61	1.61	1.29	1.21	1.05	1.05	0.97	0.93	0.90	0.90
2-19	1.87	2.50	1.49	2.07	1.18	1.28	0.95	1.08	0.88	0.96	0.83	0.93
20-24	2.09	2.73	1.65	2.31	1.28	1.32	1.02	1.15	0.94	1.04	0.87	0.96
25-29	2.09	2.73	1.65	2.31	1.28	1.32	1.02	1.15	0.94	1.04	0.87	0.96
30-34	2.28	3.79	1.81	3.24	1.44	1.89	1.16	1.34	1.08	1.11	1.01	1.08
35-39	2.88	4.16	2.22	3.58	1.71	2.09	1.32	1.54	1.21	1.27	1.11	1.24
40-44	3.61	4.75	2.74	4.09	2.05	3.53	1.53	2.86	1.39	2.20	1.26	1.96
45-49	5.20	5.59	4.93	4.96	4.52	4.55	3.73	3.77	2.95	2.96	2.68	2.70
50-54	6.87	6.84	6.13	6.10	5.67	5.64	4.77	4.75	3.86	3.83	3.54	3.53
55-59	9.35	8.68	8.39	7.78	7.83	7.27	6.68	6.20	5.50	5.10	5.09	4.72
60-64	12.36	10.87	11.14	9.79	10.46	9.21	9.05	7.97	7.55	6.64	7.05	6.20

80% Coinsurance of the next \$20,000 of Eligible Expenses after the Deductible

Age	Deductibles											
	\$250		\$500		\$1,000		\$2,500		\$5,000		\$7,500	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Child	1.82	1.82	1.51	1.51	1.21	1.13	0.98	0.98	0.90	0.86	0.83	0.83
2-19	1.75	2.33	1.39	1.92	1.09	1.19	0.88	1.00	0.82	0.89	0.77	0.86
20-24	1.95	2.54	1.53	2.15	1.19	1.23	0.94	1.06	0.86	0.97	0.81	0.89
25-29	1.95	2.54	1.53	2.15	1.19	1.23	0.94	1.06	0.86	0.97	0.81	0.89
30-34	2.14	3.54	1.69	3.03	1.34	1.75	1.08	1.24	1.00	1.03	0.94	1.01
35-39	2.70	3.90	2.08	3.34	1.60	1.94	1.23	1.43	1.13	1.18	1.04	1.16
40-44	3.39	4.45	2.58	3.83	1.92	3.30	1.44	2.66	1.30	2.05	1.18	1.84
45-49	4.90	5.25	4.65	4.66	4.24	4.26	3.50	3.52	2.77	2.77	2.53	2.53
50-54	6.50	6.44	5.79	5.74	5.36	5.30	4.50	4.45	3.64	3.60	3.36	3.32
55-59	8.88	8.19	7.96	7.34	7.42	6.85	6.33	5.83	5.21	4.80	4.83	4.46
60-64	11.77	10.30	10.60	9.26	9.95	8.72	8.60	7.54	7.19	6.29	6.72	5.88

50% Coinsurance of the next \$5,000 of Eligible Expenses after the Deductible

Age	Deductibles											
	\$250		\$500		\$1,000		\$2,500		\$5,000		\$7,500	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Child	1.68	1.68	1.42	1.42	1.16	1.09	0.98	0.98	0.94	0.90	0.86	0.86
2-19	1.61	2.15	1.30	1.80	1.04	1.15	0.89	1.00	0.85	0.92	0.80	0.90
20-24	1.80	2.35	1.44	2.02	1.14	1.18	0.94	1.07	0.90	1.00	0.84	0.92
25-29	1.80	2.35	1.44	2.02	1.14	1.18	0.94	1.07	0.90	1.00	0.84	0.92
30-34	1.98	3.32	1.58	2.86	1.28	1.69	1.09	1.24	1.04	1.07	0.98	1.05
35-39	2.52	3.66	1.97	3.18	1.53	1.89	1.24	1.44	1.17	1.22	1.07	1.19
40-44	3.20	4.20	2.45	3.66	1.86	3.20	1.44	2.69	1.34	2.11	1.22	1.90
45-49	4.66	5.00	4.46	4.47	4.14	4.15	3.53	3.55	2.85	2.85	2.60	2.61
50-54	6.25	6.15	5.61	5.54	5.25	5.17	4.54	4.49	3.74	3.70	3.45	3.42
55-59	8.59	7.88	7.75	7.11	7.30	6.71	6.40	5.89	5.33	4.93	4.96	4.58
60-64	11.44	9.96	10.36	9.01	9.81	8.56	8.70	7.61	7.35	6.44	6.88	6.03

50% Coinsurance of the next \$20,000 of Eligible Expenses after the Deductible

Age	Deductibles											
	\$250		\$500		\$1,000		\$2,500		\$5,000		\$7,500	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Child	1.40	1.40	1.18	1.18	0.96	0.90	0.81	0.81	0.77	0.73	0.72	0.72
2-19	1.32	1.77	1.06	1.47	0.85	0.93	0.71	0.82	0.68	0.75	0.65	0.74
20-24	1.48	1.93	1.17	1.65	0.92	0.95	0.76	0.86	0.73	0.82	0.69	0.77
25-29	1.48	1.93	1.17	1.65	0.92	0.95	0.76	0.86	0.73	0.82	0.69	0.77
30-34	1.64	2.73	1.31	2.35	1.05	1.38	0.89	1.02	0.85	0.87	0.81	0.87
35-39	2.09	3.03	1.62	2.61	1.27	1.54	1.02	1.18	0.96	1.00	0.90	1.00
40-44	2.67	3.49	2.05	3.03	1.55	2.64	1.20	2.20	1.11	1.74	1.02	1.59
45-49	3.94	4.17	3.76	3.73	3.49	3.45	2.97	2.95	2.40	2.38	2.22	2.20
50-54	5.34	5.19	4.79	4.66	4.47	4.35	3.88	3.78	3.20	3.12	2.98	2.91
55-59	7.42	6.70	6.68	6.04	6.29	5.69	5.52	5.00	4.62	4.20	4.33	3.95
60-64	9.99	8.55	9.05	7.74	8.56	7.34	7.60	6.54	6.45	5.55	6.08	5.25

Premiums do not include administrative fees

For coverage periods greater than 6 months, multiply rates by 1.39

SERFF Tracking Number: HCCH-127643427 State: District of Columbia
Filing Company: HCC Life Insurance Company State Tracking Number:
Company Tracking Number: HCCL STMM IND
TOI: H16I Individual Health - Major Medical Sub-TOI: H16I.004 Short Term
Product Name: Short Term Major Medical
Project Name/Number: /

Supporting Document Schedules

Item Status:

Status

Date:

Satisfied - Item: Actuarial Justification

Comments:

Attachment:

HCC05 DC ActMemo 20110817.pdf

Item Status:

Status

Date:

Satisfied - Item: Cover Letter

Comments:

This filing is being filed concurrent with the form filing SERFF tracking number HCCH-127643428

Attachment:

DC - HCCL STMM 2011 Filing Cover Letter.pdf

HCC Life Insurance Company

Actuarial Memorandum

Short Term Major Medical Insurance Policy Form HCCL STMM IND DC

1. Scope & Purpose

This actuarial memorandum describes the benefits provided in this new non-renewable individual short-term limited duration health insurance policy. This memorandum supports the rates being filed. These are new forms. This memorandum is not intended to be used for any other purpose.

2. Benefit Description

A detailed description of the benefits and limitations are identified in the policy. This individual short-term limited duration medical insurance policy is a major medical health insurance policy. The benefits payable are subject to co-payments, deductibles, and other limits and maximums. This policy is non-renewable. Although this short term plan may be rewritten for new and completely separate coverage periods, coverage does not continue from one policy to another.

3. Renewability

This policy is non-renewable.

4. Applicability

This filing is for new policies. There are no policies currently in force on these form numbers.

5. Morbidity

Claim costs were developed from Milliman Inc.'s *Health Cost Guidelines*[™], adjusted to reflect the policy benefit design and coverage period.

6. Mortality

There is no specific mortality assumption used in developing the claim costs for this policy form.

7. Persistency

There is no specific persistency assumption used in developing the claim costs for this policy form.

8. Expenses and Profit

Expenses, commissions, premium tax, and profit and contingency are expected to be 50% of the premium.

9. Interest Rate

No interest rate was assumed in this filing. This policy provides coverage for less than one year and is non-renewable. No projections of earned premiums and incurred claims were performed.

10. Marketing Method

These products will be marketed by agents, brokers, or through direct response methods.

11. Underwriting

This product will be underwritten through the use of a short health history questionnaire. Failure to satisfy all conditions of the health history questionnaire will result in a declination of coverage.

12. Premium Classes

Premium rates will vary based on the age and gender of the insured, benefit plan provisions (deductible, coinsurance, and lifetime maximum), area, coverage period (up to 11 months), and payment mode option (daily/single pay vs. monthly pay).

13. Issue Age Range

This policy is available to individuals and families that meet the eligibility criteria and are under the age of 65. Premiums are based on the age-at-issue and will not change during the coverage period.

14. Area Factors

The premium rates in Exhibit 1 were developed based on an area factor (relative to the nationwide average) for the 3-digit zip code of the insured's residence. Area factors for 3-digit zip codes in the state are:

State	3-Digit Zip Codes	Area Factor
DC	All	0.807

15. Average Annual Premium

The anticipated average monthly premiums are as follows:

State	3-Digit Zip Codes	Average Monthly Premium
DC	All	\$77.60

There are non-commissionable administrative fees in addition to this amount:

- Single Pay: One time \$10 for hard copy fulfillment, \$5 for electronic fulfillment
- Monthly Pay: Monthly \$10 for hard copy fulfillment, \$5 for electronic fulfillment

16. Claim Liability and Reserves

Reserves for claims incurred but not yet paid will be established according to generally accepted actuarial principles, including but not limited to analysis of claim lag triangles, inventory methods, and percentage of premium methods. There are currently no claim reserves held since these are new forms.

17. Active Life Reserves

No active life reserves will be held for this coverage.

18. Trend Assumptions

The rates submitted are appropriate for the anticipated coverage period and do not incorporate any automatic provision to adjust for future trend.

19. Minimum Loss Ratio

The minimum acceptable loss ratio is 50%.

20. Anticipated Loss Ratio

The anticipated loss ratio is assumed to be 50%. The anticipated loss ratio is calculated by taking the expected incurred claims divided by the premium.

21. Experience - Past and Future

As these are new products, no historical experience is available.

22. Lifetime Loss Ratio

Because these are new forms with no prior experience, the lifetime loss ratio is assumed to be 50%.

23. History of Rate Adjustments

As these are new forms, there have been no rate adjustments.

24. Number of Policyholders

As these are new forms, there are no current policyholders.

25. Proposed Effective Date

The rates are to become effective upon approval by your Department of Insurance. No policies will be sold until the forms and rates have been submitted and/or approved as required by your regulations.

26. Statement of Reliance

In preparing this actuarial memorandum, I relied on data provided to me by HCC Life Insurance Company. I did not audit this data but did review it for reasonableness. To the extent that this data is incomplete or inaccurate the contents of this memorandum may be materially affected.

28. Actuarial Certification

I, Michael E. Weiland, am a Member of the American Academy of Actuaries and meet its qualification standards for preparing rate filings. This actuarial memorandum has been prepared to describe the rates intended to be used for this product. This memorandum has been prepared in conformity with applicable Actuarial Standards of Practice (ASOP), including ASOP No. 8. This actuarial memorandum has been prepared for the sole purpose of demonstrating that the proposed rate schedule is reasonable and the memorandum may not be appropriate for other purposes.

In my opinion, the rates included in the actuarial memorandum are developed using reasonable assumptions and in accordance with generally accepted actuarial principles and are neither excessive nor unfair. These rates are appropriate for the class of risks for which they are intended. This filing is in compliance with state law and regulation.

Emerging experience should be carefully monitored relative to the assumptions and appropriate adjustments made to the premiums in a timely manner.

A handwritten signature in black ink, appearing to read "Michael E. Weiland". The signature is fluid and cursive, with a long horizontal stroke at the end.

Michael E. Weiland, FSA, MAAA
Fellow, Society of Actuaries
Member, American Academy of Actuaries
August, 2011

Exhibit 1
HCC Life Insurance Company
Individual Short Term Medical Product
Monthly Premium Rates (6 Months or less of Coverage); 50% Loss Ratio
\$100,000 Maximum per Coverage Period

For Use in District of Columbia 3-Digit Zip Codes: All

80% Coinsurance of the next \$5,000 of Eligible Expenses after the Deductible

Age	Deductibles											
	\$250		\$500		\$1,000		\$2,500		\$5,000		\$7,500	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Child	71.17	71.17	58.96	58.96	46.85	43.92	37.27	37.27	33.84	32.43	30.82	30.82
2-19	70.66	92.81	55.90	76.21	43.80	47.06	34.99	38.91	31.90	33.92	29.58	32.02
20-24	78.84	101.21	61.64	85.33	47.70	48.51	37.36	41.23	33.93	36.77	31.02	33.14
25-29	78.84	101.21	61.64	85.33	47.70	48.51	37.36	41.23	33.93	36.77	31.02	33.14
30-34	84.43	138.61	66.51	118.00	52.39	68.02	41.91	47.40	38.08	38.68	35.17	37.02
35-39	105.31	151.05	80.95	129.06	61.74	74.78	47.09	54.17	42.34	43.65	38.22	42.07
40-44	129.19	170.35	97.89	146.10	72.44	125.31	53.33	99.60	47.44	75.08	42.26	66.01
45-49	180.99	197.51	170.95	174.51	155.35	158.69	126.04	129.11	97.91	99.59	87.60	89.11
50-54	231.08	235.56	205.00	209.17	188.12	191.93	155.67	158.52	123.48	125.40	111.59	113.36
55-59	303.88	292.30	271.22	260.70	251.11	241.49	210.87	202.35	170.04	163.17	154.70	148.18
60-64	386.68	356.27	346.69	319.12	323.24	297.85	275.08	253.66	225.58	206.91	206.83	189.39

80% Coinsurance of the next \$20,000 of Eligible Expenses after the Per Incident Deductible

Age	Deductibles											
	\$250		\$500		\$1,000		\$2,500		\$5,000		\$7,500	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Child	53.21	53.21	40.12	40.12	29.36	27.53	20.41	20.41	16.16	15.49	13.46	13.46
2-19	52.86	71.24	37.99	53.52	27.22	30.29	18.53	21.34	14.00	15.20	11.21	12.23
20-24	58.98	77.70	41.88	59.93	29.64	31.21	19.78	22.61	14.90	16.47	11.76	12.65
25-29	58.98	77.70	41.88	59.93	29.64	31.21	19.78	22.61	14.90	16.47	11.76	12.65
30-34	64.91	110.11	46.88	87.17	34.02	46.79	23.62	28.79	18.25	20.33	14.94	17.33
35-39	82.88	121.49	59.05	97.03	41.98	52.67	28.45	34.19	22.43	24.36	18.35	21.26
40-44	104.47	138.93	74.20	112.11	51.70	90.64	34.58	65.25	27.80	44.30	23.00	35.72
45-49	150.47	163.54	134.75	136.79	116.49	117.85	87.50	87.89	63.05	61.95	53.08	51.62
50-54	196.66	198.20	166.95	167.60	147.00	146.52	114.08	112.08	85.37	82.21	73.67	69.80
55-59	263.61	249.19	226.82	212.91	202.69	189.06	160.95	148.13	123.65	111.70	108.18	96.29
60-64	340.39	308.44	295.75	266.22	267.36	239.53	216.93	192.17	170.95	148.42	151.58	130.06

50% Coinsurance of the next \$5,000 of Eligible Expenses after the Deductible

Age	Deductibles											
	\$250		\$500		\$1,000		\$2,500		\$5,000		\$7,500	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Child	61.06	61.06	51.36	51.36	41.69	39.08	34.78	34.78	32.64	31.29	29.87	29.87
2-19	60.15	79.09	48.32	65.80	38.63	41.46	32.30	35.85	30.46	32.37	28.41	30.80
20-24	67.12	86.25	53.29	73.69	42.07	42.74	34.49	37.99	32.40	35.09	29.79	31.88
25-29	67.12	86.25	53.29	73.69	42.07	42.74	34.49	37.99	32.40	35.09	29.79	31.88
30-34	72.34	119.76	57.77	103.14	46.41	60.48	38.83	43.89	36.50	36.92	33.93	35.59
35-39	91.05	131.34	70.88	113.42	55.04	66.80	43.79	50.36	40.58	41.75	36.82	40.50
40-44	113.01	149.14	86.55	129.26	65.11	112.59	49.87	92.89	45.56	71.92	40.79	63.54
45-49	160.33	174.16	152.91	155.37	140.97	143.23	118.45	120.83	94.26	95.50	84.69	85.89
50-54	207.01	209.24	185.23	187.43	172.20	174.11	147.05	148.88	119.14	120.51	108.18	109.48
55-59	274.94	261.45	247.18	235.00	231.41	220.34	199.98	190.69	164.31	156.97	150.19	143.27
60-64	352.78	321.48	318.31	290.01	299.64	273.65	261.97	239.95	218.50	199.50	201.17	183.47

50% Coinsurance of the next \$20,000 of Eligible Expenses after the Per Incident Deductible

Age	Deductibles											
	\$250		\$500		\$1,000		\$2,500		\$5,000		\$7,500	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Child	42.05	42.05	32.85	32.85	25.13	23.56	19.30	19.30	16.87	16.16	14.87	14.87
2-19	40.75	54.68	30.22	42.32	22.56	24.92	17.04	19.44	14.58	15.87	12.77	14.16
20-24	45.47	59.64	33.33	47.39	24.57	25.68	18.21	20.60	15.51	17.20	13.39	14.66
25-29	45.47	59.64	33.33	47.39	24.57	25.68	18.21	20.60	15.51	17.20	13.39	14.66
30-34	50.39	85.15	37.51	69.10	28.33	38.30	21.68	25.66	18.78	20.01	16.56	18.33
35-39	64.86	94.62	47.51	77.42	34.96	43.38	25.75	30.42	22.28	23.63	19.39	21.97
40-44	82.77	109.07	60.23	89.92	43.31	74.78	31.17	57.89	27.00	42.32	23.44	36.02
45-49	120.87	129.54	110.54	110.62	98.17	97.90	78.71	78.00	60.00	58.63	52.52	51.16
50-54	160.51	158.58	138.78	136.70	125.01	122.56	102.65	99.76	80.76	77.33	71.70	68.38
55-59	217.60	201.63	190.16	175.33	173.38	159.35	144.90	132.05	116.30	104.66	104.40	93.44
60-64	284.51	252.94	250.70	221.68	230.91	203.38	196.34	171.62	160.25	138.74	145.37	125.29

Premiums do not include administrative fees
For coverage periods greater than 6 months, multiply rates by 1.39

Exhibit 1
HCC Life Insurance Company
Individual Short Term Medical Product
Daily Premium Rates (180 Days or less of Coverage); 50% Loss Ratio
\$100,000 Maximum per Coverage Period

For Use in District of Columbia 3-Digit Zip Codes: All

80% Coinsurance of the next \$5,000 of Eligible Expenses after the Deductible

Age	Deductibles											
	\$250		\$500		\$1,000		\$2,500		\$5,000		\$7,500	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Child	1.75	1.75	1.45	1.45	1.15	1.08	0.92	0.92	0.83	0.80	0.76	0.76
2-19	1.74	2.28	1.38	1.88	1.08	1.16	0.86	0.96	0.78	0.84	0.73	0.79
20-24	1.94	2.49	1.52	2.11	1.18	1.19	0.92	1.02	0.84	0.90	0.77	0.82
25-29	1.94	2.49	1.52	2.11	1.18	1.19	0.92	1.02	0.84	0.90	0.77	0.82
30-34	2.08	3.41	1.64	2.91	1.29	1.68	1.03	1.17	0.94	0.95	0.86	0.91
35-39	2.60	3.72	1.99	3.18	1.53	1.84	1.16	1.33	1.04	1.07	0.94	1.03
40-44	3.18	4.20	2.41	3.60	1.78	3.09	1.32	2.45	1.17	1.85	1.04	1.63
45-49	4.46	4.87	4.21	4.30	3.83	3.91	3.11	3.18	2.41	2.45	2.15	2.20
50-54	5.70	5.80	5.05	5.16	4.63	4.73	3.83	3.91	3.04	3.09	2.75	2.79
55-59	7.49	7.21	6.68	6.42	6.19	5.95	5.20	4.99	4.19	4.02	3.81	3.65
60-64	9.53	8.78	8.55	7.86	7.97	7.34	6.78	6.25	5.56	5.10	5.10	4.66

80% Coinsurance of the next \$20,000 of Eligible Expenses after the Per Incident Deductible

Age	Deductibles											
	\$250		\$500		\$1,000		\$2,500		\$5,000		\$7,500	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Child	1.31	1.31	0.98	0.98	0.73	0.68	0.50	0.50	0.40	0.38	0.33	0.33
2-19	1.30	1.76	0.94	1.32	0.67	0.74	0.46	0.52	0.35	0.37	0.27	0.30
20-24	1.45	1.91	1.03	1.48	0.73	0.77	0.48	0.56	0.36	0.40	0.29	0.31
25-29	1.45	1.91	1.03	1.48	0.73	0.77	0.48	0.56	0.36	0.40	0.29	0.31
30-34	1.60	2.71	1.15	2.15	0.84	1.15	0.58	0.71	0.45	0.50	0.37	0.43
35-39	2.04	2.99	1.45	2.39	1.03	1.30	0.70	0.84	0.56	0.60	0.45	0.52
40-44	2.57	3.42	1.83	2.76	1.28	2.24	0.86	1.61	0.69	1.09	0.56	0.88
45-49	3.70	4.03	3.32	3.37	2.87	2.91	2.15	2.16	1.56	1.53	1.31	1.28
50-54	4.84	4.88	4.12	4.13	3.62	3.61	2.81	2.76	2.11	2.03	1.82	1.72
55-59	6.50	6.14	5.59	5.25	5.00	4.66	3.96	3.65	3.05	2.75	2.66	2.37
60-64	8.38	7.60	7.29	6.56	6.59	5.90	5.34	4.74	4.21	3.66	3.74	3.20

50% Coinsurance of the next \$5,000 of Eligible Expenses after the Deductible

Age	Deductibles											
	\$250		\$500		\$1,000		\$2,500		\$5,000		\$7,500	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Child	1.50	1.50	1.27	1.27	1.02	0.96	0.86	0.86	0.81	0.77	0.73	0.73
2-19	1.48	1.94	1.19	1.62	0.95	1.02	0.80	0.88	0.75	0.80	0.70	0.76
20-24	1.65	2.12	1.32	1.82	1.03	1.05	0.85	0.94	0.80	0.86	0.73	0.78
25-29	1.65	2.12	1.32	1.82	1.03	1.05	0.85	0.94	0.80	0.86	0.73	0.78
30-34	1.78	2.95	1.42	2.54	1.15	1.49	0.96	1.08	0.90	0.91	0.84	0.88
35-39	2.24	3.24	1.74	2.79	1.36	1.65	1.08	1.24	1.00	1.02	0.90	1.00
40-44	2.78	3.67	2.13	3.19	1.61	2.78	1.23	2.29	1.12	1.78	1.01	1.57
45-49	3.95	4.29	3.77	3.83	3.47	3.53	2.92	2.98	2.32	2.36	2.09	2.11
50-54	5.10	5.16	4.57	4.62	4.24	4.29	3.62	3.67	2.94	2.97	2.66	2.70
55-59	6.77	6.44	6.09	5.79	5.71	5.43	4.93	4.70	4.05	3.87	3.70	3.53
60-64	8.69	7.92	7.84	7.15	7.38	6.75	6.46	5.92	5.38	4.91	4.95	4.52

50% Coinsurance of the next \$20,000 of Eligible Expenses after the Per Incident Deductible

Age	Deductibles											
	\$250		\$500		\$1,000		\$2,500		\$5,000		\$7,500	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Child	1.24	1.24	1.04	1.04	0.84	0.78	0.69	0.69	0.65	0.62	0.60	0.60
2-19	1.20	1.58	0.96	1.31	0.76	0.82	0.63	0.70	0.60	0.64	0.56	0.61
20-24	1.34	1.72	1.06	1.46	0.82	0.84	0.67	0.74	0.63	0.69	0.59	0.64
25-29	1.34	1.72	1.06	1.46	0.82	0.84	0.67	0.74	0.63	0.69	0.59	0.64
30-34	1.46	2.39	1.15	2.05	0.92	1.19	0.77	0.86	0.73	0.73	0.68	0.71
35-39	1.84	2.63	1.42	2.26	1.10	1.32	0.87	0.99	0.81	0.83	0.74	0.82
40-44	2.29	2.99	1.75	2.58	1.31	2.24	1.00	1.84	0.91	1.43	0.83	1.28
45-49	3.28	3.52	3.12	3.12	2.86	2.87	2.40	2.41	1.91	1.91	1.74	1.74
50-54	4.28	4.25	3.82	3.80	3.53	3.52	3.02	3.00	2.45	2.44	2.25	2.24
55-59	5.71	5.35	5.12	4.80	4.79	4.49	4.14	3.88	3.42	3.20	3.16	2.96
60-64	7.40	6.64	6.67	5.98	6.27	5.62	5.49	4.93	4.60	4.12	4.26	3.83

Premiums do not include administrative fees

For coverage periods greater than 6 months, multiply rates by 1.39

Exhibit 1
HCC Life Insurance Company
Individual Short Term Medical Product
Monthly Premium Rates (6 Months or less of Coverage); 50% Loss Ratio
\$250,000 Maximum per Coverage Period

For Use in District of Columbia 3-Digit Zip Codes: All

80% Coinsurance of the next \$5,000 of Eligible Expenses after the Deductible

Age	Deductibles											
	\$250		\$500		\$1,000		\$2,500		\$5,000		\$7,500	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Child	76.54	76.54	63.70	63.70	50.96	47.77	41.09	41.09	37.82	36.24	34.77	34.77
2-19	74.88	99.12	59.45	81.72	46.81	50.79	37.82	42.55	34.95	37.78	32.74	36.12
20-24	83.56	108.10	65.56	91.50	50.99	52.35	40.39	45.09	37.17	40.96	34.33	37.38
25-29	83.56	108.10	65.56	91.50	50.99	52.35	40.39	45.09	37.17	40.96	34.33	37.38
30-34	90.42	149.47	71.52	127.75	56.68	74.11	45.97	52.30	42.46	43.38	39.62	42.04
35-39	113.62	163.75	87.70	140.43	67.30	81.88	51.95	60.10	47.47	49.19	43.33	47.98
40-44	141.28	185.89	107.47	160.03	80.04	138.05	59.71	111.08	53.88	85.09	48.54	75.66
45-49	201.31	217.61	190.88	193.01	174.54	176.52	143.39	145.45	112.96	113.83	102.17	103.09
50-54	262.10	262.98	233.43	234.41	215.54	216.32	180.56	181.09	145.36	145.52	132.85	133.11
55-59	350.75	330.29	314.23	295.69	292.61	275.62	248.81	234.00	203.57	191.63	187.35	176.27
60-64	455.31	408.52	409.67	367.25	383.97	344.77	330.59	297.18	274.72	246.34	254.63	228.25

80% Coinsurance of the next \$20,000 of Eligible Expenses after the Deductible

Age	Deductibles											
	\$250		\$500		\$1,000		\$2,500		\$5,000		\$7,500	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Child	71.79	71.79	59.59	59.59	47.49	44.53	38.12	38.12	35.02	33.56	32.32	32.32
2-19	69.78	92.39	55.25	75.96	43.33	47.08	34.85	39.29	32.16	34.90	30.26	33.56
20-24	77.87	100.77	60.92	85.06	47.19	48.52	37.21	41.63	34.20	37.83	31.73	34.73
25-29	77.87	100.77	60.92	85.06	47.19	48.52	37.21	41.63	34.20	37.83	31.73	34.73
30-34	84.68	139.45	66.80	118.92	52.78	68.79	42.63	48.42	39.33	40.17	36.83	39.14
35-39	106.43	153.07	81.96	131.00	62.72	76.20	48.27	55.77	44.07	45.64	40.40	44.74
40-44	132.65	174.01	100.71	149.52	74.83	128.67	55.69	103.25	50.21	79.09	45.40	70.64
45-49	189.47	204.10	179.40	180.75	163.74	164.93	134.27	135.56	105.76	106.12	95.95	96.51
50-54	247.46	247.26	220.17	220.06	203.05	202.77	169.86	169.45	136.81	136.21	125.38	125.04
55-59	331.94	311.06	297.15	278.23	276.50	259.01	234.82	219.63	192.28	179.90	177.42	166.02
60-64	432.06	385.76	388.47	346.54	363.91	325.02	313.19	279.92	260.53	232.09	242.14	215.72

50% Coinsurance of the next \$5,000 of Eligible Expenses after the Deductible

Age	Deductibles											
	\$250		\$500		\$1,000		\$2,500		\$5,000		\$7,500	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Child	66.25	66.25	55.94	55.94	45.67	42.81	38.51	38.51	36.56	35.03	33.72	33.72
2-19	64.20	85.19	51.73	71.14	41.52	45.05	35.08	39.41	33.45	36.16	31.48	34.85
20-24	71.65	92.92	57.04	79.65	45.22	46.43	37.46	41.76	35.58	39.20	33.01	36.06
25-29	71.65	92.92	57.04	79.65	45.22	46.43	37.46	41.76	35.58	39.20	33.01	36.06
30-34	78.12	130.30	62.61	112.58	50.55	66.36	42.82	48.69	40.79	41.54	38.28	40.52
35-39	99.11	143.65	77.38	124.44	60.40	73.69	48.54	56.17	45.62	47.19	41.85	46.29
40-44	124.67	164.15	95.82	142.69	72.45	124.86	56.13	104.17	51.88	81.70	46.94	73.05
45-49	179.96	193.59	172.17	173.25	159.53	160.50	135.50	136.88	109.01	109.49	99.04	99.66
50-54	237.06	235.77	212.77	211.82	198.72	197.81	171.55	171.08	140.64	140.27	129.07	128.94
55-59	320.40	298.36	288.85	268.98	271.60	253.48	237.36	221.80	197.30	185.02	182.29	170.94
60-64	419.40	372.20	379.34	336.70	358.52	319.14	316.66	282.93	266.83	238.32	248.15	221.74

50% Coinsurance of the next \$20,000 of Eligible Expenses after the Deductible

Age	Deductibles											
	\$250		\$500		\$1,000		\$2,500		\$5,000		\$7,500	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Child	55.15	55.15	46.30	46.30	37.56	35.21	31.46	31.46	29.83	28.58	27.83	27.83
2-19	52.46	69.62	41.97	57.83	33.43	36.40	28.07	31.75	26.81	29.32	25.60	28.71
20-24	58.53	75.93	46.28	64.75	36.41	37.53	29.96	33.64	28.52	31.79	26.84	29.71
25-29	58.53	75.93	46.28	64.75	36.41	37.53	29.96	33.64	28.52	31.79	26.84	29.71
30-34	64.41	106.52	51.36	91.63	41.25	53.72	34.77	39.37	33.16	33.78	31.52	33.46
35-39	81.83	117.96	63.63	101.84	49.40	60.03	39.58	45.67	37.32	38.56	34.68	38.37
40-44	103.81	135.31	79.51	117.19	59.87	102.12	46.24	85.06	42.89	67.01	39.27	60.70
45-49	151.09	160.65	144.11	143.33	133.10	132.29	113.02	112.59	91.23	90.52	83.73	83.40
50-54	201.23	197.21	180.30	176.79	168.02	164.72	145.07	142.37	119.48	117.27	110.53	108.99
55-59	274.19	251.37	246.97	226.28	231.86	212.85	202.73	186.35	169.29	155.96	157.68	145.54
60-64	362.00	316.43	327.21	285.94	309.13	270.68	273.48	240.02	231.57	203.01	217.13	190.58

Premiums do not include administrative fees
For coverage periods greater than 6 months, multiply rates by 1.39

Exhibit 1
HCC Life Insurance Company
Individual Short Term Medical Product
Daily Premium Rates (180 Days or less of Coverage); 50% Loss Ratio
\$250,000 Maximum per Coverage Period

For Use in District of Columbia 3-Digit Zip Codes: All

80% Coinsurance of the next \$5,000 of Eligible Expenses after the Deductible

Age	Deductibles											
	\$250		\$500		\$1,000		\$2,500		\$5,000		\$7,500	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Child	1.89	1.89	1.57	1.57	1.26	1.18	1.01	1.01	0.93	0.90	0.86	0.86
2-19	1.85	2.45	1.47	2.02	1.15	1.25	0.93	1.05	0.86	0.93	0.81	0.89
20-24	2.06	2.66	1.61	2.25	1.26	1.29	0.99	1.11	0.91	1.01	0.85	0.92
25-29	2.06	2.66	1.61	2.25	1.26	1.29	0.99	1.11	0.91	1.01	0.85	0.92
30-34	2.23	3.68	1.76	3.15	1.40	1.82	1.13	1.29	1.05	1.07	0.98	1.03
35-39	2.80	4.04	2.16	3.46	1.66	2.02	1.28	1.48	1.17	1.21	1.07	1.19
40-44	3.48	4.58	2.65	3.95	1.97	3.41	1.47	2.74	1.33	2.10	1.19	1.86
45-49	4.96	5.36	4.70	4.75	4.30	4.35	3.53	3.58	2.78	2.81	2.52	2.54
50-54	6.46	6.48	5.75	5.78	5.31	5.33	4.45	4.46	3.58	3.58	3.28	3.28
55-59	8.64	8.13	7.74	7.29	7.21	6.79	6.13	5.76	5.02	4.72	4.62	4.34
60-64	11.22	10.06	10.10	9.05	9.46	8.50	8.14	7.32	6.77	6.07	6.27	5.62

80% Coinsurance of the next \$20,000 of Eligible Expenses after the Deductible

Age	Deductibles											
	\$250		\$500		\$1,000		\$2,500		\$5,000		\$7,500	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Child	1.77	1.77	1.47	1.47	1.17	1.10	0.94	0.94	0.86	0.82	0.80	0.80
2-19	1.72	2.28	1.36	1.87	1.07	1.16	0.86	0.97	0.79	0.86	0.74	0.82
20-24	1.92	2.49	1.50	2.10	1.16	1.19	0.92	1.02	0.84	0.94	0.78	0.86
25-29	1.92	2.49	1.50	2.10	1.16	1.19	0.92	1.02	0.84	0.94	0.78	0.86
30-34	2.09	3.44	1.65	2.93	1.30	1.69	1.05	1.19	0.97	0.99	0.90	0.97
35-39	2.62	3.77	2.02	3.23	1.55	1.88	1.19	1.37	1.09	1.12	0.99	1.11
40-44	3.27	4.29	2.49	3.69	1.84	3.17	1.37	2.54	1.23	1.94	1.12	1.74
45-49	4.67	5.03	4.42	4.45	4.04	4.07	3.31	3.34	2.61	2.61	2.36	2.38
50-54	6.10	6.09	5.42	5.42	5.00	5.00	4.19	4.17	3.37	3.36	3.09	3.08
55-59	8.18	7.67	7.32	6.86	6.81	6.38	5.79	5.41	4.74	4.43	4.37	4.09
60-64	10.64	9.51	9.57	8.54	8.97	8.01	7.71	6.90	6.42	5.72	5.96	5.32

50% Coinsurance of the next \$5,000 of Eligible Expenses after the Deductible

Age	Deductibles											
	\$250		\$500		\$1,000		\$2,500		\$5,000		\$7,500	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Child	1.63	1.63	1.38	1.38	1.12	1.06	0.95	0.95	0.90	0.86	0.83	0.83
2-19	1.58	2.10	1.28	1.75	1.02	1.11	0.86	0.97	0.82	0.89	0.77	0.86
20-24	1.77	2.29	1.40	1.96	1.11	1.15	0.92	1.03	0.88	0.97	0.82	0.89
25-29	1.77	2.29	1.40	1.96	1.11	1.15	0.92	1.03	0.88	0.97	0.82	0.89
30-34	1.93	3.21	1.54	2.78	1.24	1.64	1.06	1.20	1.01	1.02	0.94	1.00
35-39	2.45	3.54	1.90	3.07	1.48	1.82	1.19	1.38	1.12	1.16	1.03	1.14
40-44	3.07	4.04	2.36	3.52	1.78	3.07	1.38	2.57	1.28	2.01	1.15	1.80
45-49	4.43	4.77	4.24	4.27	3.93	3.95	3.34	3.37	2.69	2.70	2.44	2.45
50-54	5.84	5.81	5.25	5.22	4.90	4.87	4.23	4.21	3.46	3.45	3.18	3.18
55-59	7.89	7.35	7.12	6.63	6.69	6.25	5.85	5.46	4.86	4.56	4.49	4.21
60-64	10.34	9.17	9.35	8.30	8.84	7.86	7.80	6.97	6.58	5.87	6.12	5.46

50% Coinsurance of the next \$20,000 of Eligible Expenses after the Deductible

Age	Deductibles											
	\$250		\$500		\$1,000		\$2,500		\$5,000		\$7,500	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Child	1.36	1.36	1.14	1.14	0.93	0.87	0.77	0.77	0.73	0.70	0.69	0.69
2-19	1.29	1.72	1.03	1.43	0.82	0.90	0.69	0.78	0.66	0.73	0.63	0.71
20-24	1.44	1.87	1.14	1.60	0.90	0.93	0.73	0.83	0.70	0.78	0.66	0.73
25-29	1.44	1.87	1.14	1.60	0.90	0.93	0.73	0.83	0.70	0.78	0.66	0.73
30-34	1.59	2.62	1.27	2.26	1.02	1.32	0.86	0.97	0.82	0.83	0.77	0.82
35-39	2.02	2.91	1.57	2.51	1.22	1.48	0.98	1.12	0.92	0.95	0.86	0.94
40-44	2.56	3.33	1.96	2.89	1.48	2.52	1.14	2.10	1.06	1.65	0.97	1.49
45-49	3.72	3.96	3.55	3.53	3.28	3.26	2.78	2.78	2.25	2.23	2.07	2.06
50-54	4.95	4.86	4.45	4.36	4.14	4.06	3.58	3.51	2.95	2.89	2.73	2.69
55-59	6.75	6.20	6.08	5.58	5.71	5.25	5.00	4.59	4.17	3.84	3.88	3.58
60-64	8.92	7.80	8.06	7.05	7.62	6.67	6.74	5.92	5.71	5.00	5.35	4.70

Premiums do not include administrative fees

For coverage periods greater than 6 months, multiply rates by 1.39

Exhibit 1
HCC Life Insurance Company
Individual Short Term Medical Product
Monthly Premium Rates (6 Months or less of Coverage); 50% Loss Ratio
\$2,000,000 Maximum per Coverage Period

For Use in District of Columbia 3-Digit Zip Codes: All

80% Coinsurance of the next \$5,000 of Eligible Expenses after the Deductible

Age	Deductibles											
	\$250		\$500		\$1,000		\$2,500		\$5,000		\$7,500	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Child	78.53	78.53	65.44	65.44	52.45	49.17	42.46	42.46	39.24	37.61	36.22	36.22
2-19	76.12	101.46	60.48	83.76	47.71	52.16	38.64	43.84	35.83	39.10	33.64	37.54
20-24	84.94	110.66	66.70	93.78	51.95	53.75	41.26	46.47	38.11	42.38	35.27	38.85
25-29	84.94	110.66	66.70	93.78	51.95	53.75	41.26	46.47	38.11	42.38	35.27	38.85
30-34	92.53	153.89	73.27	131.66	58.16	76.51	47.29	54.21	43.83	45.19	41.04	44.01
35-39	116.76	169.05	90.21	145.16	69.35	84.78	53.72	62.44	49.24	51.37	45.10	50.35
40-44	146.36	192.62	111.46	166.05	83.15	143.50	62.25	115.87	56.43	89.13	51.05	79.65
45-49	210.85	226.94	200.20	201.53	183.41	184.66	151.27	152.79	119.70	120.14	108.81	109.38
50-54	278.87	277.32	248.73	247.52	230.15	228.95	193.52	192.53	156.51	155.46	143.84	143.04
55-59	379.50	352.09	340.47	315.70	317.70	294.98	271.19	251.57	222.97	206.94	206.50	191.57
60-64	501.41	441.28	451.82	397.30	424.55	373.81	367.16	323.46	306.45	269.61	285.94	251.52

80% Coinsurance of the next \$20,000 of Eligible Expenses after the Deductible

Age	Deductibles											
	\$250		\$500		\$1,000		\$2,500		\$5,000		\$7,500	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Child	73.74	73.74	61.28	61.28	48.97	45.91	39.48	39.48	36.42	34.90	33.72	33.72
2-19	71.01	94.69	56.26	77.96	44.19	48.40	35.65	40.57	33.01	36.18	31.14	34.95
20-24	79.23	103.27	62.04	87.29	48.13	49.90	38.07	42.99	35.11	39.22	32.65	36.17
25-29	79.23	103.27	62.04	87.29	48.13	49.90	38.07	42.99	35.11	39.22	32.65	36.17
30-34	86.73	143.76	68.51	122.76	54.23	71.15	43.93	50.30	40.66	41.95	38.24	41.08
35-39	109.49	158.27	84.43	135.62	64.73	79.05	49.99	58.09	45.81	47.77	42.14	47.06
40-44	137.62	180.61	104.64	155.42	77.89	134.01	58.18	107.94	52.71	83.06	47.88	74.55
45-49	198.83	213.23	188.52	189.12	172.42	172.94	142.02	142.80	112.37	112.33	102.47	102.66
50-54	263.94	261.31	235.21	232.95	217.38	215.19	182.62	180.70	147.76	145.97	136.19	134.76
55-59	360.22	332.55	322.95	297.92	301.16	278.09	256.89	236.92	211.38	194.99	196.28	181.08
60-64	477.52	418.00	430.09	376.11	403.93	353.59	349.23	305.76	291.75	255.03	272.96	238.62

50% Coinsurance of the next \$5,000 of Eligible Expenses after the Deductible

Age	Deductibles											
	\$250		\$500		\$1,000		\$2,500		\$5,000		\$7,500	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Child	68.17	68.17	57.62	57.62	47.12	44.18	39.88	39.88	37.97	36.39	35.14	35.14
2-19	65.42	87.45	52.73	73.11	42.38	46.37	35.90	40.70	34.29	37.46	32.38	36.23
20-24	73.00	95.39	58.14	81.87	46.16	47.80	38.34	43.13	36.48	40.61	33.94	37.49
25-29	73.00	95.39	58.14	81.87	46.16	47.80	38.34	43.13	36.48	40.61	33.94	37.49
30-34	80.17	134.57	64.29	116.38	51.98	68.68	44.14	50.59	42.12	43.33	39.68	42.46
35-39	102.13	148.77	79.83	129.02	62.39	76.50	50.31	58.49	47.38	49.33	43.60	48.63
40-44	129.58	170.70	99.70	148.52	75.49	130.15	58.64	108.93	54.40	85.70	49.45	76.99
45-49	189.23	202.63	181.20	181.49	168.10	168.42	143.32	144.18	115.68	115.75	105.62	105.88
50-54	253.37	249.66	227.61	224.57	212.89	210.08	184.43	182.42	151.69	150.10	139.97	138.76
55-59	348.34	319.60	314.35	288.47	295.93	272.31	259.60	239.23	216.54	200.20	201.30	186.12
60-64	464.35	404.09	420.49	365.93	398.09	347.37	352.97	308.98	298.31	261.41	279.21	244.80

50% Coinsurance of the next \$20,000 of Eligible Expenses after the Deductible

Age	Deductibles											
	\$250		\$500		\$1,000		\$2,500		\$5,000		\$7,500	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Child	56.97	56.97	47.90	47.90	38.95	36.52	32.76	32.76	31.17	29.87	29.17	29.17
2-19	53.62	71.78	42.94	59.71	34.26	37.65	28.83	32.97	27.63	30.53	26.43	30.01
20-24	59.83	78.29	47.35	66.86	37.31	38.81	30.79	34.94	29.38	33.10	27.71	31.05
25-29	59.83	78.29	47.35	66.86	37.31	38.81	30.79	34.94	29.38	33.10	27.71	31.05
30-34	66.34	110.57	52.95	95.24	42.59	55.95	35.99	41.19	34.46	35.49	32.87	35.32
35-39	84.73	122.83	65.96	106.18	51.30	62.69	41.25	47.90	38.95	40.61	36.32	40.60
40-44	108.46	141.55	83.19	122.74	62.73	107.14	48.65	89.56	45.30	70.85	41.65	64.48
45-49	159.89	169.29	152.75	151.26	141.35	139.89	120.53	119.57	97.61	96.50	89.98	89.33
50-54	216.79	210.59	194.47	189.06	181.58	176.52	157.42	153.23	130.06	126.65	120.95	118.33
55-59	300.95	271.80	271.34	245.02	255.29	230.94	224.18	203.03	187.77	170.60	175.90	160.16
60-64	405.53	347.04	367.03	313.98	347.37	297.71	308.49	265.16	261.81	225.24	246.94	212.77

Premiums do not include administrative fees
For coverage periods greater than 6 months, multiply rates by 1.39

Exhibit 1
HCC Life Insurance Company
Individual Short Term Medical Product
Daily Premium Rates (180 Days or less of Coverage); 50% Loss Ratio
\$2,000,000 Maximum per Coverage Period

For Use in District of Columbia 3-Digit Zip Codes: All

80% Coinsurance of the next \$5,000 of Eligible Expenses after the Deductible

Age	Deductibles											
	\$250		\$500		\$1,000		\$2,500		\$5,000		\$7,500	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Child	1.94	1.94	1.61	1.61	1.29	1.21	1.05	1.05	0.97	0.93	0.90	0.90
2-19	1.87	2.50	1.49	2.07	1.18	1.28	0.95	1.08	0.88	0.96	0.83	0.93
20-24	2.09	2.73	1.65	2.31	1.28	1.32	1.02	1.15	0.94	1.04	0.87	0.96
25-29	2.09	2.73	1.65	2.31	1.28	1.32	1.02	1.15	0.94	1.04	0.87	0.96
30-34	2.28	3.79	1.81	3.24	1.44	1.89	1.16	1.34	1.08	1.11	1.01	1.08
35-39	2.88	4.16	2.22	3.58	1.71	2.09	1.32	1.54	1.21	1.27	1.11	1.24
40-44	3.61	4.75	2.74	4.09	2.05	3.53	1.53	2.86	1.39	2.20	1.26	1.96
45-49	5.20	5.59	4.93	4.96	4.52	4.55	3.73	3.77	2.95	2.96	2.68	2.70
50-54	6.87	6.84	6.13	6.10	5.67	5.64	4.77	4.75	3.86	3.83	3.54	3.53
55-59	9.35	8.68	8.39	7.78	7.83	7.27	6.68	6.20	5.50	5.10	5.09	4.72
60-64	12.36	10.87	11.14	9.79	10.46	9.21	9.05	7.97	7.55	6.64	7.05	6.20

80% Coinsurance of the next \$20,000 of Eligible Expenses after the Deductible

Age	Deductibles											
	\$250		\$500		\$1,000		\$2,500		\$5,000		\$7,500	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Child	1.82	1.82	1.51	1.51	1.21	1.13	0.98	0.98	0.90	0.86	0.83	0.83
2-19	1.75	2.33	1.39	1.92	1.09	1.19	0.88	1.00	0.82	0.89	0.77	0.86
20-24	1.95	2.54	1.53	2.15	1.19	1.23	0.94	1.06	0.86	0.97	0.81	0.89
25-29	1.95	2.54	1.53	2.15	1.19	1.23	0.94	1.06	0.86	0.97	0.81	0.89
30-34	2.14	3.54	1.69	3.03	1.34	1.75	1.08	1.24	1.00	1.03	0.94	1.01
35-39	2.70	3.90	2.08	3.34	1.60	1.94	1.23	1.43	1.13	1.18	1.04	1.16
40-44	3.39	4.45	2.58	3.83	1.92	3.30	1.44	2.66	1.30	2.05	1.18	1.84
45-49	4.90	5.25	4.65	4.66	4.24	4.26	3.50	3.52	2.77	2.77	2.53	2.53
50-54	6.50	6.44	5.79	5.74	5.36	5.30	4.50	4.45	3.64	3.60	3.36	3.32
55-59	8.88	8.19	7.96	7.34	7.42	6.85	6.33	5.83	5.21	4.80	4.83	4.46
60-64	11.77	10.30	10.60	9.26	9.95	8.72	8.60	7.54	7.19	6.29	6.72	5.88

50% Coinsurance of the next \$5,000 of Eligible Expenses after the Deductible

Age	Deductibles											
	\$250		\$500		\$1,000		\$2,500		\$5,000		\$7,500	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Child	1.68	1.68	1.42	1.42	1.16	1.09	0.98	0.98	0.94	0.90	0.86	0.86
2-19	1.61	2.15	1.30	1.80	1.04	1.15	0.89	1.00	0.85	0.92	0.80	0.90
20-24	1.80	2.35	1.44	2.02	1.14	1.18	0.94	1.07	0.90	1.00	0.84	0.92
25-29	1.80	2.35	1.44	2.02	1.14	1.18	0.94	1.07	0.90	1.00	0.84	0.92
30-34	1.98	3.32	1.58	2.86	1.28	1.69	1.09	1.24	1.04	1.07	0.98	1.05
35-39	2.52	3.66	1.97	3.18	1.53	1.89	1.24	1.44	1.17	1.22	1.07	1.19
40-44	3.20	4.20	2.45	3.66	1.86	3.20	1.44	2.69	1.34	2.11	1.22	1.90
45-49	4.66	5.00	4.46	4.47	4.14	4.15	3.53	3.55	2.85	2.85	2.60	2.61
50-54	6.25	6.15	5.61	5.54	5.25	5.17	4.54	4.49	3.74	3.70	3.45	3.42
55-59	8.59	7.88	7.75	7.11	7.30	6.71	6.40	5.89	5.33	4.93	4.96	4.58
60-64	11.44	9.96	10.36	9.01	9.81	8.56	8.70	7.61	7.35	6.44	6.88	6.03

50% Coinsurance of the next \$20,000 of Eligible Expenses after the Deductible

Age	Deductibles											
	\$250		\$500		\$1,000		\$2,500		\$5,000		\$7,500	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Child	1.40	1.40	1.18	1.18	0.96	0.90	0.81	0.81	0.77	0.73	0.72	0.72
2-19	1.32	1.77	1.06	1.47	0.85	0.93	0.71	0.82	0.68	0.75	0.65	0.74
20-24	1.48	1.93	1.17	1.65	0.92	0.95	0.76	0.86	0.73	0.82	0.69	0.77
25-29	1.48	1.93	1.17	1.65	0.92	0.95	0.76	0.86	0.73	0.82	0.69	0.77
30-34	1.64	2.73	1.31	2.35	1.05	1.38	0.89	1.02	0.85	0.87	0.81	0.87
35-39	2.09	3.03	1.62	2.61	1.27	1.54	1.02	1.18	0.96	1.00	0.90	1.00
40-44	2.67	3.49	2.05	3.03	1.55	2.64	1.20	2.20	1.11	1.74	1.02	1.59
45-49	3.94	4.17	3.76	3.73	3.49	3.45	2.97	2.95	2.40	2.38	2.22	2.20
50-54	5.34	5.19	4.79	4.66	4.47	4.35	3.88	3.78	3.20	3.12	2.98	2.91
55-59	7.42	6.70	6.68	6.04	6.29	5.69	5.52	5.00	4.62	4.20	4.33	3.95
60-64	9.99	8.55	9.05	7.74	8.56	7.34	7.60	6.54	6.45	5.55	6.08	5.25

Premiums do not include administrative fees

For coverage periods greater than 6 months, multiply rates by 1.39



HCC Life Insurance Company
225 TownPark Drive, Suite 145, Kennesaw, Georgia 30144
main 770 973 9851 facsimile 770 973 9854

September 22, 2011

Department of Insurance, Securities and Banking
810 First Street, NE, Suite 701
Washington, DC 20002

RE: HCC Life Insurance Company
NAIC #: 92711 – FEIN #: 35-1817054
Individual Short Term Medical Policy
Form Numbers: HCCL STM IND IN et al.

HCC Life Insurance Company (“HCC Life”) currently writes short term medical insurance in the District of Columbia (DC) on a group basis. With this filing, it is the intention of HCC Life to discontinue writing on a group basis and begin writing the coverage on an individual basis. HCC Life will immediately begin using these individual forms upon approval.

The table below indicates the new individual forms being filed and the group forms they replace. Upon approval the group forms replaced will be discontinued. §31-4712(h) excludes group accident, group health and group accident & health insurance policies from the filing requirements as described in §31-4712(a).

New Form Number	Discontinued Form Number	Previous Filing Number	Date Approved	Description
HCCL STMM APP1 HCCL STMM APP2	HCCL STMM 103 IN			Application Short Term Medical
HCCL STMM IND DC	HCCL STMM 102 DC			Policy of Insurance Short Term Medical

The previous enrollment form will be replaced by two different applications. HCCL STMM APP1 will allow for the election of a policy period deductible and coinsurance options up to \$5,000 of claims paid. HCCL STMM APP 2 allows for an election of a per-incident deductible and coinsurance options up to \$20,000 of claims paid. Fundamentally, the individual policy and the former group policy are the same however we believe we have made all the required changes to convert the coverage to an individual basis.

Type of Submission: This filing is for a policy that provides limited benefit, short term medical coverage. In DC, coverage will be limited to no more than a 11-month duration. It is not available to applicants that have in-force major medical insurance and is designed to fill a gap to

satisfy a short term need to provide very limited coverage until more comprehensive medical coverage can be secured.

Variable Material: There are no variables in the policy form other than in the Schedule of Insurance which will conform to the demographic information provided by the applicant and the coverage options selected at the time of application. Therefore, we have not included a description of variable material.

It must be noted that no change in the variable areas will be made which will be in conflict with the law, rules and regulations of your state. In addition, no change in variability will be made which in any way expands the scope of the wording being changed.

Domiciliary State: This filing was submitted to HCC Life's state of domicile, IN, on July 15, 2011 and is currently pending approval.

Thank you in advance for reviewing these new forms. If you have any questions or comments regarding this resubmission, please feel free to contact me. I will be glad to assist you in any way I can.

Respectfully,



Misty Pagelsen
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