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<b>State:</b>	District of Columbia	<b>Filing Company:</b>	Continental American Insurance Company
<b>TOI/Sub-TOI:</b>	H11G Group Health - Disability Income/H11G.002 Short Term		
<b>Product Name:</b>	USAFA Filing		
<b>Project Name/Number:</b>	/		

## Filing at a Glance

Company:	Continental American Insurance Company
Product Name:	USAFA Filing
State:	District of Columbia
TOI:	H11G Group Health - Disability Income
Sub-TOI:	H11G.002 Short Term
Filing Type:	Rate
Date Submitted:	01/17/2013
SERFF Tr Num:	CAIC-128845548
SERFF Status:	Assigned
State Tr Num:	
State Status:	
Co Tr Num:	
Implementation	On Approval
Date Requested:	
Author(s):	Mary Anne Smith
Reviewer(s):	Darniece Shirley (primary), Carolyn King
Disposition Date:	
Disposition Status:	
Implementation Date:	
State Filing Description:	

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## General Information

Project Name:	Status of Filing in Domicile: Not Filed
Project Number:	Date Approved in Domicile:
Requested Filing Mode:	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Group
Submission Type:	Group Market Size: Large
Group Market Type: Employer	Overall Rate Impact:
Filing Status Changed: 01/18/2013	
State Status Changed:	Deemer Date:
Created By: Mary Anne Smith	Submitted By: Mary Anne Smith
Corresponding Filing Tracking Number:	

### Filing Description:

The attached actuarial certification is being filed for your review and approval. This is for a single case filing and will be marketed on a voluntary group basis to the employees of an employer, through individual solicitation. The plan provides benefits for the employee due to covered Disability. This plan offers coverage to employees and their dependants. This form will not be used with previously approved critical illness products.

## Company and Contact

### Filing Contact Information

Mary Anne Smith, Compliance Analyst	companycompliance@caicworksite.com
2801 Devine Street	888-730-2244 [Phone] 4360 [Ext]
Columbia, SC 29205	803-929-4989 [FAX]

### Filing Company Information

Continental American Insurance Company	CoCode: 71730	State of Domicile: South Carolina
2801 Devine Street	Group Code: 370	Company Type: LAH
Columbia, SC 29205	Group Name: Continental Amer	State ID Number:
(803) 256-6265 ext. [Phone]	Ins Co	
	FEIN Number: 57-0514130	

## Filing Fees

Fee Required?	No
Retaliatory?	No
Fee Explanation:	

<b>SERFF Tracking #:</b>	CAIC-128845548	<b>State Tracking #:</b>	<b>Company Tracking #:</b>
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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	CAI5000DC-USAFA	New		Rates.pdf



# CONTINENTAL AMERICAN INSURANCE COMPANY

2801 Devine Street, Columbia, South Carolina 29205  
800-433-3036

## Group Short Term Disability

POLICY FORMS CAI5000DC-USAFA, et al

### Weekly Rates

The tables below show the premiums applicable to this Plan on the Effective Date. Rates can be changed annually.

ELIMINATION PERIOD: 7 DAY

TOTAL DISABILITY BENEFIT PERIOD: 4 MONTHS

On Job	\$500	\$500	\$500	\$500	\$500	\$500	\$500	\$500	\$500
Off Job	\$500	\$600	\$700	\$750	\$800	\$900	\$1,000	\$1,100	\$1,200
18-49	8.10	9.46	10.82	11.50	12.18	13.54	14.90	16.26	17.63
50-59	9.22	10.80	12.39	13.18	13.97	15.56	17.14	18.73	20.31
60-69	11.50	13.54	15.58	16.61	17.63	19.67	21.71	23.75	25.80

On Job	\$500	\$500	\$500	\$500	\$500	\$500	\$500	\$500	\$500
Off Job	\$1,250	\$1,300	\$1,400	\$1,500	\$1,600	\$1,700	\$1,800	\$1,900	\$2,000
18-49	18.31	18.99	20.35	21.71	23.07	24.43	25.80	27.16	28.52
50-59	21.11	21.90	23.48	25.07	26.65	28.24	29.83	31.41	33.00
60-69	26.82	27.84	29.88	31.92	33.96	36.01	38.05	40.09	42.13

ELIMINATION PERIOD: 14 DAY

TOTAL DISABILITY BENEFIT PERIOD: 4 MONTHS

On Job	\$500	\$500	\$500	\$500	\$500	\$500	\$500	\$500	\$500
Off Job	\$500	\$600	\$700	\$750	\$800	\$900	\$1,000	\$1,100	\$1,200
18-49	5.75	6.73	7.71	8.20	8.69	9.67	10.65	11.63	12.61
50-59	6.78	7.97	9.15	9.74	10.34	11.52	12.71	13.89	15.08
60-69	8.73	10.30	11.87	12.66	13.45	15.02	16.60	18.17	19.74

On Job	\$500	\$500	\$500	\$500	\$500	\$500	\$500	\$500	\$500
Off Job	\$1,250	\$1,300	\$1,400	\$1,500	\$1,600	\$1,700	\$1,800	\$1,900	\$2,000
18-49	13.10	13.59	14.56	15.54	16.52	17.50	18.48	19.46	20.44
50-59	15.67	16.26	17.45	18.63	19.82	21.00	22.19	23.37	24.56
60-69	20.53	21.32	22.89	24.47	26.04	27.61	29.19	30.76	32.34

ELIMINATION PERIOD: 30 DAY

TOTAL DISABILITY BENEFIT PERIOD: 3 MONTHS

On Job	\$500	\$500	\$500	\$500	\$500	\$500	\$500	\$500	\$500
Off Job	\$500	\$600	\$700	\$750	\$800	\$900	\$1,000	\$1,100	\$1,200
18-49	4.39	5.14	5.89	6.27	6.65	7.40	8.15	8.91	9.66
50-59	5.09	5.98	6.88	7.32	7.77	8.66	9.56	10.45	11.34

	<b>60-69</b>	6.40	7.56	8.71	9.29	9.87	11.02	12.18	13.33	14.49
<b>On Job</b>	<b>\$500</b>	<b>\$500</b>	<b>\$500</b>	<b>\$500</b>	<b>\$500</b>	<b>\$500</b>	<b>\$500</b>	<b>\$500</b>	<b>\$500</b>	<b>\$500</b>
<b>Off Job</b>	<b>\$1,250</b>	<b>\$1,300</b>	<b>\$1,400</b>	<b>\$1,500</b>	<b>\$1,600</b>	<b>\$1,700</b>	<b>\$1,800</b>	<b>\$1,900</b>	<b>\$2,000</b>	
<b>18-49</b>	10.04	10.41	11.17	11.92	12.67	13.42	14.18	14.93	15.68	
<b>50-59</b>	11.79	12.23	13.13	14.02	14.91	15.81	16.70	17.59	18.49	
<b>60-69</b>	15.07	15.65	16.80	17.96	19.11	20.27	21.42	22.58	23.73	

<b>SERFF Tracking #:</b>	CAIC-128845548	<b>State Tracking #:</b>	<b>Company Tracking #:</b>
<b>State:</b>	District of Columbia	<b>Filing Company:</b>	Continental American Insurance Company
<b>TOI/Sub-TOI:</b>	H11G Group Health - Disability Income/H11G.002 Short Term		
<b>Product Name:</b>	USAFA Filing		
<b>Project Name/Number:</b>	/		

## Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Cover Letter All Filings		
Comments:			
Attachment(s):			
Cover Letter .pdf			

		Item Status:	Status Date:
Bypassed - Item:	Certificate of Authority to File		
Bypass Reason:	NA		

		Item Status:	Status Date:
Satisfied - Item:	Actuarial Memorandum		
Comments:			
Attachment(s):			
2012 12 27 STD Actuarial memo.pdf			

		Item Status:	Status Date:
Satisfied - Item:	Actuarial Justification		
Comments:	NA-The rates contained within our actuarial memoradum are for a single case filing. Rates and forms are based on previously approved product filings. They are not new rates.		

		Item Status:	Status Date:
Bypassed - Item:	District of Columbia and Countrywide Loss Ratio Analysis (P&C)		
Bypass Reason:	NA-not P&C		

		Item Status:	Status Date:
Bypassed - Item:	District of Columbia and Countrywide Experience for the Last 5 Years (P&C)		
Bypass Reason:	NA not P&C		

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<b>TOI/Sub-TOI:</b>	H11G Group Health - Disability Income/H11G.002 Short Term		
<b>Product Name:</b>	USAFA Filing		
<b>Project Name/Number:</b>	/		

		<b>Item Status:</b>	<b>Status Date:</b>
Bypassed - Item:	Rate Summary Worksheet		
Bypass Reason:	NA-This is not a rate increase for the individual and small group markets.		



January 17, 2013

**Re: Continental American Insurance Company NAIC#71730 FEIN 57-0514130**  
**Proposed Effective Date: On Approval**  
**Form: CAI5000DC-USAFA- Master Policy**  
**CAI5001DC-USAFA-Certificate**

Dear Sir or Madam:

The above-captioned form is being filed for your review and approval. This is a single case filing and will not replace any other forms on file with your department.

If you have any questions or require additional information, please contact Mary Anne Smith either at 1.888.730.2244, ext. 4360 or at [companycompliance@aflac.com](mailto:companycompliance@aflac.com). Thank you for your consideration in this matter.

Sincerely,

James J. Hennessy, AIRC, CCP  
2<sup>nd</sup> Vice President, Compliance  
/mas





# **CONTINENTAL AMERICAN INSURANCE COMPANY**

**2801 Devine Street, Columbia, South Carolina 29205  
800-433-3036**

## **Group Short Term Disability**

**POLICY FORMS CAI5000DC-USAFA, et al**

### **Actuarial Memorandum**

This is a single case filing.

#### **Renewability Clause**

This group contract is optionally renewable

#### **Marketing Method**

This form is marketed primarily to employee and union member groups through Payroll Deduction

#### **Underwriting**

We will offer a base of benefits without health questions. Actively at work requirements apply to employee coverages.

#### **Description of Benefits**

This coverage is for total disability. Benefit combinations offered will be 7-day elimination/ 4-month benefit period, 14-day elimination/ 4-month benefit period and 30-day elimination/ 3-month benefit period.

#### **Interest Rate**

Interest rate assumption is 4%

#### **Trend Assumptions**

No trend assumptions are used.

#### **Persistency**

Lapse rates used are based on experience as appropriate for voluntary business.

<b><u>Duration</u></b>	<b><u>Lapse Rate</u></b>
Year 1	45%
Year 2	22%
Year 3	15%
Year 4-9	12%
Year 10+	10%

## Expenses

Expense rates assumed.

First Year: 32.5% of Premium

Renewal Years: 14.5% of Premiums

## Experience

No experience exists for this group. Experience for a similar group indicates that loss ratios will be at a minimum 50.0%

## Weekly Rates

The tables below show the premiums applicable to this Plan on the Effective Date. Rates can be changed annually.

**ELIMINATION PERIOD: 7 DAY**  
**TOTAL DISABILITY BENEFIT PERIOD: 4 MONTHS**

<b>On Job</b>	<b>\$500</b>	<b>\$500</b>	<b>\$500</b>	<b>\$500</b>	<b>\$500</b>	<b>\$500</b>	<b>\$500</b>	<b>\$500</b>	<b>\$500</b>
<b>Off Job</b>	<b>\$500</b>	<b>\$600</b>	<b>\$700</b>	<b>\$750</b>	<b>\$800</b>	<b>\$900</b>	<b>\$1,000</b>	<b>\$1,100</b>	<b>\$1,200</b>
<b>18-49</b>	8.10	9.46	10.82	11.50	12.18	13.54	14.90	16.26	17.63
<b>50-59</b>	9.22	10.80	12.39	13.18	13.97	15.56	17.14	18.73	20.31
<b>60-69</b>	11.50	13.54	15.58	16.61	17.63	19.67	21.71	23.75	25.80

<b>On Job</b>	<b>\$500</b>	<b>\$500</b>	<b>\$500</b>	<b>\$500</b>	<b>\$500</b>	<b>\$500</b>	<b>\$500</b>	<b>\$500</b>	<b>\$500</b>
<b>Off Job</b>	<b>\$1,250</b>	<b>\$1,300</b>	<b>\$1,400</b>	<b>\$1,500</b>	<b>\$1,600</b>	<b>\$1,700</b>	<b>\$1,800</b>	<b>\$1,900</b>	<b>\$2,000</b>
<b>18-49</b>	18.31	18.99	20.35	21.71	23.07	24.43	25.80	27.16	28.52
<b>50-59</b>	21.11	21.90	23.48	25.07	26.65	28.24	29.83	31.41	33.00
<b>60-69</b>	26.82	27.84	29.88	31.92	33.96	36.01	38.05	40.09	42.13

**ELIMINATION PERIOD: 14 DAY**  
**TOTAL DISABILITY BENEFIT PERIOD: 4 MONTHS**

<b>On Job</b>	<b>\$500</b>	<b>\$500</b>	<b>\$500</b>	<b>\$500</b>	<b>\$500</b>	<b>\$500</b>	<b>\$500</b>	<b>\$500</b>	<b>\$500</b>
<b>Off Job</b>	<b>\$500</b>	<b>\$600</b>	<b>\$700</b>	<b>\$750</b>	<b>\$800</b>	<b>\$900</b>	<b>\$1,000</b>	<b>\$1,100</b>	<b>\$1,200</b>
<b>18-49</b>	5.75	6.73	7.71	8.20	8.69	9.67	10.65	11.63	12.61
<b>50-59</b>	6.78	7.97	9.15	9.74	10.34	11.52	12.71	13.89	15.08
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<b>On Job</b>	<b>\$500</b>	<b>\$500</b>	<b>\$500</b>	<b>\$500</b>	<b>\$500</b>	<b>\$500</b>	<b>\$500</b>	<b>\$500</b>	<b>\$500</b>
<b>Off Job</b>	<b>\$1,250</b>	<b>\$1,300</b>	<b>\$1,400</b>	<b>\$1,500</b>	<b>\$1,600</b>	<b>\$1,700</b>	<b>\$1,800</b>	<b>\$1,900</b>	<b>\$2,000</b>
<b>18-49</b>	13.10	13.59	14.56	15.54	16.52	17.50	18.48	19.46	20.44
<b>50-59</b>	15.67	16.26	17.45	18.63	19.82	21.00	22.19	23.37	24.56
<b>60-69</b>	20.53	21.32	22.89	24.47	26.04	27.61	29.19	30.76	32.34

**ELIMINATION PERIOD: 30 DAY**  
**TOTAL DISABILITY BENEFIT PERIOD: 3 MONTHS**

<b>On Job</b>	<b>\$500</b>	<b>\$500</b>	<b>\$500</b>	<b>\$500</b>	<b>\$500</b>	<b>\$500</b>	<b>\$500</b>	<b>\$500</b>	<b>\$500</b>
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<b>18-49</b>	4.39	5.14	5.89	6.27	6.65	7.40	8.15	8.91	9.66
<b>50-59</b>	5.09	5.98	6.88	7.32	7.77	8.66	9.56	10.45	11.34
<b>60-69</b>	6.40	7.56	8.71	9.29	9.87	11.02	12.18	13.33	14.49

<b>On Job</b>	<b>\$500</b>	<b>\$500</b>	<b>\$500</b>	<b>\$500</b>	<b>\$500</b>	<b>\$500</b>	<b>\$500</b>	<b>\$500</b>	<b>\$500</b>
<b>Off Job</b>	<b>\$1,250</b>	<b>\$1,300</b>	<b>\$1,400</b>	<b>\$1,500</b>	<b>\$1,600</b>	<b>\$1,700</b>	<b>\$1,800</b>	<b>\$1,900</b>	<b>\$2,000</b>
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<b>50-59</b>	11.79	12.23	13.13	14.02	14.91	15.81	16.70	17.59	18.49
<b>60-69</b>	15.07	15.65	16.80	17.96	19.11	20.27	21.42	22.58	23.73

**Existing Insureds Affected**

There are no existing Insureds for this group

**Anticipated Loss Ratio**

The future minimum loss ratio anticipated for these forms is 50.0%

I hereby certify that, to the best of my knowledge and belief, this rate filing is in compliance with the requirements of the Department of Insurance, and that the benefits provided are reasonable in relation to the premiums charged.

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David B. Arial FSA, MAAA  
Actuary

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December 31, 2012

Date