

State: District of Columbia **Filing Company:** Catlin Insurance Company, Inc.
TOI/Sub-TOI: H02G Group Health - Accident Only/H02G.000 Health - Accident Only
Product Name: Rider Filing
Project Name/Number: /AHAG 405 1113

Filing at a Glance

Company: Catlin Insurance Company, Inc.
Product Name: Rider Filing
State: District of Columbia
TOI: H02G Group Health - Accident Only
Sub-TOI: H02G.000 Health - Accident Only
Filing Type: Rate
Date Submitted: 04/11/2014
SERFF Tr Num: CATL-129495999
SERFF Status: Closed-APPROVED
State Tr Num:
State Status:
Co Tr Num: AHAG 405 1113 (R)
Implementation: On Approval
Date Requested:
Author(s): Diane Lichorobiec, Lisa Williams
Reviewer(s): Darniece Shirley (primary), Alula Selassie, Donghan Xu
Disposition Date: 04/28/2014
Disposition Status: APPROVED
Implementation Date: 04/28/2014

State Filing Description:

State: District of Columbia Filing Company: Catlin Insurance Company, Inc.
 TOI/Sub-TOI: H02G Group Health - Accident Only/H02G.000 Health - Accident Only
 Product Name: Rider Filing
 Project Name/Number: /AHAG 405 1113

General Information

Project Name: Status of Filing in Domicile: Pending
 Project Number: AHAG 405 1113 Date Approved in Domicile: 12/12/2014
 Requested Filing Mode: Review & Approval Domicile Status Comments: Texas, Catlin's state of domicile, exempted the filing.
 Explanation for Combination/Other: Market Type: Group
 Submission Type: New Submission Group Market Size: Small and Large
 Group Market Type: Employer, Association, Trust, Other Explanation for Other Group Market Type: Unions & Customers of Financial Institutions
 Overall Rate Impact: Filing Status Changed: 04/28/2014
 Deemer Date: State Status Changed:
 Submitted By: Lisa Williams Created By: Lisa Williams
 Corresponding Filing Tracking Number:

Filing Description:
 Re: Catlin Insurance Company, Inc.
 FEIN#: 204929941
 NAIC#: 4574 19518

- AHAG 405 (DC) 1113 – Fracture [/Dislocation] [/Burns] Benefit Rider
- AHAG 406 (DC) 1113 – Paralysis Benefit Rider
- AHAG A05 (DC) 1113 – Group Accident Insurance [Enrollment] Application
- AHAG A06 (DC) 1113 – Application for Group Insurance
- Actuarial Memorandum
- Rates

Dear Commissioner:

As required by the Health Insurance Rate Filing Procedures, we are including the following information in this cover letter:

Company Name: Catlin Insurance Company, Inc.
 NAIC Number: 4574 19518
 Form Filing: Form Number AHAG 405 (DC) 1113
 Submission Date: December 19, 2012
 Proposed Effective Date: Upon Approval
 Type of Product: Group Accident
 Individual or Group: Group
 Scope and Purpose: This filing is for an amendment to a previously approved group accident product which will be offered to eligible groups.
 Initial Filing or Change: Initial
 DC Policyholders: There are currently no DC policyholders for this filing and therefore is no premium impact to DC policyholders.
 District of Columbia Loss Ratio Analysis: This is a new filing with no prior experience.
 District of Columbia and Countrywide Experience: This is a new filing with no prior experience in the District of Columbia or Countrywide.

State: District of Columbia **Filing Company:** Catlin Insurance Company, Inc.
TOI/Sub-TOI: H02G Group Health - Accident Only/H02G.000 Health - Accident Only
Product Name: Rider Filing
Project Name/Number: /AHAG 405 1113

Included with this filing is the actuarial memorandum and rates.

Please also find attached our response to the DOI's prior objection under SERFF Tracking #CATL-129347174.

I thank you in advance for the time spent on this filing and trust that you will find everything in order. Please do not hesitate to contact me directly at 908-277-0194 or at lisa.williams@catlin.com if you have any questions or require additional information.

Respectfully,
 Lisa P. Williams, FLMI
 Manager, Regulatory Compliance

Company and Contact

Filing Contact Information

Lisa Williams,	lisa.williams@catlin.com
535 Springfield Avenue	908-277-0194 [Phone]
Suite 130	
Summit, NJ 07901	

Filing Company Information

Catlin Insurance Company, Inc.	CoCode: 19518	State of Domicile: Texas
1600 Market Street	Group Code: 4574	Company Type: Property and
Suite 1616	Group Name: Catlin US Insurance	Casualty
Philadelphia, PA 19103	Group	State ID Number: 19518
(215) 466-9132 ext. [Phone]	FEIN Number: 20-4929941	

Filing Fees

Fee Required?	No
Retaliatory?	No
Fee Explanation:	

SERFF Tracking #:

CATL-129495999

State Tracking #:

Company Tracking #:

AHAG 405 1113 (R)

State: District of Columbia

Filing Company:

Catlin Insurance Company, Inc.

TOI/Sub-TOI: H02G Group Health - Accident Only/H02G.000 Health - Accident Only

Product Name: Rider Filing

Project Name/Number: /AHAG 405 1113

Rate Information

Rate data applies to filing.

Filing Method: Approval

Rate Change Type: Neutral

Overall Percentage of Last Rate Revision: 0.000%

Effective Date of Last Rate Revision:

Filing Method of Last Filing:

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):
Catlin Insurance Company, Inc.	0.000%	%	\$0	0	\$0	0.000%	%

SERFF Tracking #:

CATL-129495999

State Tracking #:

Company Tracking #:

AHAG 405 1113 (R)

State: District of Columbia

Filing Company: Catlin Insurance Company, Inc.

TOI/Sub-TOI: H02G Group Health - Accident Only/H02G.000 Health - Accident Only

Product Name: Rider Filing

Project Name/Number: /AHAG 405 1113

Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1		Rates	AHAG 405 (DC) 1113, AHAG 406 (DC) 1113	New		Claim Costs For Burns 2013 10 10 Final.pdf, Claim Costs For dislocation 2013 10 10 Final.pdf, Claim Costs For Paralysis 2013 10 10 Final.pdf, Claim Costs For Fractures 2013 10 10 Final (2).pdf,

MALE AND FEMALE - MONTHLY CLAIM COSTS FOR BURNS BY TBSA PER \$1,000 SUM INSURED

Attained Age Group	Total Body Surface Area Burnt (TBSA):				Totals
	0.1%-9.9%	10%-19.9%	20%-29.9%	30%+	
	\$	\$	\$	\$	\$
15 - 19	0.00047	0.00013	0.00004	0.00005	0.00069
20 - 24	0.00117	0.00034	0.00011	0.00014	0.00176
25 - 29	0.00117	0.00034	0.00011	0.00014	0.00176
30 - 34	0.00105	0.00033	0.00011	0.00014	0.00163
35 - 39	0.00105	0.00033	0.00011	0.00014	0.00163
40 - 44	0.00111	0.00033	0.00012	0.00016	0.00172
45 - 49	0.00111	0.00033	0.00012	0.00016	0.00172
50 - 54	0.00073	0.00023	0.00009	0.00011	0.00116
55 - 59	0.00073	0.00023	0.00009	0.00011	0.00116
60 - 64	0.00040	0.00013	0.00006	0.00007	0.00066
65 - 69	0.00040	0.00013	0.00006	0.00007	0.00066
70 - 74	0.00026	0.00010	0.00004	0.00006	0.00046
75 - 79	0.00026	0.00010	0.00004	0.00006	0.00046
80 - 84	0.00017	0.00008	0.00003	0.00005	0.00033
85+	0.00017	0.00008	0.00003	0.00005	0.00033
UniSex Composite Claims Costs	0.00094	0.00029	0.00010	0.00013	0.00146

MALE - MONTHLY CLAIM COSTS FOR DISLOCATIONS BY SITE PER \$1,000 SUM INSURED											
Attained Age Group	Spine/Vertebral Column	CICI Covered Dislocations									Totals
		Collarbone	Elbow	Hip	Jaw	Knee	Shoulder	Wrist	Ankle	Totals	
	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
15 - 19	0.01816	0.11228	0.13018	0.00731	0.07287	0.28368	0.23812	0.10549	0.06045	1.02854	
20 - 24	0.05333	0.20048	0.05317	0.01182	0.13011	0.49421	0.10131	0.05300	0.06369	1.16112	
25 - 29	0.06153	0.23131	0.06135	0.01363	0.15012	0.57022	0.11689	0.06115	0.07349	1.33969	
30 - 34	0.07065	0.26562	0.07045	0.01565	0.17239	0.65480	0.13423	0.07023	0.08439	1.53841	
35 - 39	0.07952	0.29895	0.07929	0.01762	0.19401	0.73695	0.15107	0.07904	0.09498	1.73143	
40 - 44	0.08693	0.32683	0.08669	0.01926	0.21211	0.80567	0.16516	0.08641	0.10383	1.89289	
45 - 49	0.05717	0.24597	0.14182	0.03008	0.15963	0.79162	0.37470	0.10944	0.06653	1.98996	
50 - 54	0.05776	0.24853	0.14330	0.03039	0.16129	0.79987	0.37860	0.11059	0.08743	2.01776	
55 - 59	0.05524	0.23766	0.13703	0.02906	0.15424	0.76489	0.36204	0.10575	0.08361	1.92952	
60 - 64	0.04885	0.21017	0.12118	0.02570	0.13640	0.67641	0.32016	0.09352	0.07394	1.70633	
65 - 69	0.04586	0.18532	0.06473	0.04769	0.12027	0.35262	0.38848	0.07493	0.04247	1.32237	
70 - 74	0.05209	0.21048	0.07352	0.05416	0.13660	0.40050	0.44122	0.08510	0.04824	1.50191	
75 - 79	0.05942	0.24011	0.08387	0.06179	0.15583	0.45688	0.50334	0.09708	0.05503	1.71335	
80 - 84	0.06814	0.27536	0.09618	0.07086	0.17870	0.52394	0.57722	0.11133	0.06310	1.96483	
85+	0.07862	0.31770	0.11097	0.08176	0.20619	0.60451	0.66599	0.12845	0.07281	2.26700	
Males Composite Claim Costs	0.06243	0.24956	0.10142	0.02291	0.16196	0.67953	0.24860	0.08835	0.08275	1.69751	

FEMALE - MONTHLY CLAIM COSTS FOR DISLOCATIONS BY SITE PER \$1,000 SUM INSURED											
Attained Age Group	Spine/Vertebral Column	CICI Covered Dislocations									Totals
		Collarbone	Elbow	Hip	Jaw	Knee	Shoulder	Wrist	Ankle	Totals	
	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	
15 - 19	0.00867	0.05777	0.09121	0.00246	0.03749	0.15884	0.11064	0.06658	0.03945	0.57311	
20 - 24	0.02581	0.10458	0.03777	0.00404	0.06787	0.28055	0.04773	0.03392	0.04215	0.64442	
25 - 29	0.02997	0.12144	0.04386	0.00469	0.07881	0.32579	0.05542	0.03939	0.04894	0.74831	
30 - 34	0.03552	0.14391	0.05198	0.00556	0.09340	0.38608	0.06568	0.04667	0.05800	0.88680	
35 - 39	0.04253	0.17230	0.06223	0.00665	0.11182	0.46224	0.07864	0.05588	0.06944	1.06173	
40 - 44	0.05107	0.20692	0.07474	0.00799	0.13429	0.55512	0.09444	0.06711	0.08340	1.27508	
45 - 49	0.03834	0.17775	0.13956	0.01424	0.11536	0.62256	0.24455	0.09702	0.07933	1.52871	
50 - 54	0.04575	0.21215	0.16657	0.01699	0.13768	0.74304	0.29187	0.11580	0.09468	1.82453	
55 - 59	0.05428	0.25188	0.19761	0.02016	0.16334	0.88150	0.34626	0.13738	0.11232	2.16453	
60 - 64	0.06396	0.29656	0.23285	0.02375	0.19246	1.03871	0.40801	0.16188	0.13235	2.55053	
65 - 69	0.09423	0.41033	0.19517	0.06917	0.26630	0.84968	0.77684	0.20352	0.11929	2.98453	
70 - 74	0.10949	0.47679	0.22678	0.08037	0.30943	0.98730	0.90266	0.23648	0.13861	3.46791	
75 - 79	0.12633	0.55012	0.26185	0.09273	0.35702	1.13913	1.04147	0.27284	0.15993	4.00122	
80 - 84	0.14488	0.63086	0.30006	0.10634	0.40942	1.30633	1.19434	0.31289	0.18340	4.58852	
85+	0.16527	0.71968	0.34230	0.12131	0.46706	1.49024	1.36248	0.35694	0.20922	5.23450	
Females Composite Claims Costs	0.04425	0.19279	0.11122	0.01466	0.12512	0.56687	0.20960	0.08806	0.07875	1.43132	

MALES AND FEMALES (UNISEX) MONTHLY COMPOSITE CLAIM COSTS FOR DISLOCATIONS BY SITE PER \$1,000 SUM INSURED											
Attained Age Group	Spine/Vertebral Column	CICI Covered Dislocations									Totals
		Collarbone	Elbow	Hip	Jaw	Knee	Shoulder	Wrist	Ankle	Totals	
	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	
15 - 19	0.01352	0.08562	0.11112	0.00494	0.05557	0.22263	0.17578	0.08646	0.05018	0.80582	
20 - 24	0.03994	0.15381	0.04567	0.00803	0.09982	0.39022	0.07523	0.04371	0.05321	0.90964	
25 - 29	0.04611	0.17763	0.05280	0.00926	0.11528	0.45079	0.08686	0.05052	0.06149	1.05074	
30 - 34	0.05333	0.20562	0.06134	0.01068	0.13345	0.52232	0.10044	0.05862	0.07138	1.21718	
35 - 39	0.06109	0.23588	0.07079	0.01216	0.15307	0.60010	0.11489	0.06750	0.08226	1.38762	
40 - 44	0.06894	0.26688	0.08070	0.01361	0.17307	0.67999	0.12869	0.07673	0.09358	1.58299	
45 - 49	0.04771	0.21168	0.14068	0.02212	0.13738	0.70664	0.30828	0.10320	0.08291	1.76160	
50 - 54	0.05189	0.23014	0.15506	0.02362	0.14936	0.77115	0.33477	0.11322	0.09109	1.92010	
55 - 59	0.05475	0.24480	0.16788	0.02453	0.15887	0.82428	0.35400	0.12186	0.09823	2.04920	
60 - 64	0.05683	0.25468	0.17871	0.02470	0.16528	0.86307	0.36542	0.12874	0.10403	2.14126	
65 - 69	0.07105	0.30251	0.13267	0.05888	0.19633	0.61150	0.59075	0.14190	0.08248	2.18807	
70 - 74	0.08236	0.35090	0.15433	0.06798	0.22773	0.70992	0.68453	0.16492	0.09589	2.53856	
75 - 79	0.09560	0.40773	0.18000	0.07852	0.26461	0.82577	0.79431	0.19211	0.11175	2.95040	
80 - 84	0.11116	0.47465	0.21047	0.09075	0.30804	0.96253	0.92316	0.22432	0.13054	3.43562	
85+	0.12895	0.55584	0.24801	0.10519	0.36073	1.12922	1.07860	0.26381	0.15362	4.02487	
Unisex Composite Claims Costs	0.05327	0.22094	0.10638	0.01875	0.14339	0.62274	0.22894	0.08820	0.08073	1.58332	

Males & Females: Monthly Claim Cost Per \$1,000 Benefit	
	\$
UniSex All Ages	0.00667

State: District of Columbia

Filing Company:

Catlin Insurance Company, Inc.

TOI/Sub-TOI: H02G Group Health - Accident Only/H02G.000 Health - Accident Only

Product Name: Rider Filing

Project Name/Number: /AHAG 405 1113

Supporting Document Schedules

Satisfied - Item:	Cover Letter All Filings
Comments:	Information is in the General Information Tab
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Certificate of Authority to File
Bypass Reason:	N/A
Attachment(s):	
Item Status:	
Status Date:	

Satisfied - Item:	Actuarial Memorandum
Comments:	
Attachment(s):	Actuarial Memorandum Group BB-Paralysis 2014 03 18 Excluding Rates.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Actuarial Justification
Comments:	Filed as noted
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	District of Columbia and Countrywide Loss Ratio Analysis (P&C)
Bypass Reason:	N/A
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	District of Columbia and Countrywide Experience for the Last 5 Years (P&C)
Bypass Reason:	N/A
Attachment(s):	
Item Status:	
Status Date:	

SERFF Tracking #:

CATL-129495999

State Tracking #:

Company Tracking #:

AHAG 405 1113 (R)

State: District of Columbia

Filing Company:

Catlin Insurance Company, Inc.

TOI/Sub-TOI: H02G Group Health - Accident Only/H02G.000 Health - Accident Only

Product Name: Rider Filing

Project Name/Number: /AHAG 405 1113

Bypassed - Item:	Actuarial Memorandum and Certifications
Bypass Reason:	N/A
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Unified Rate Review Template
Bypass Reason:	N/A
Attachment(s):	
Item Status:	
Status Date:	

Satisfied - Item:	DC Objection Response 4.11.14
Comments:	
Attachment(s):	DC OBJECTION RESPONSE 4.11.14.pdf
Item Status:	
Status Date:	

CATLIN INSURANCE COMPANY, INC.
1330 Post Oak Boulevard, Suite 2325, Houston, TX 77056

ACTUARIAL MEMORANDUM

**GROUP ACCIDENT POLICY
Form Number AHAG 051**

1. Scope and Purpose

The purpose of this memorandum is to certify that the premiums for this Policy Form satisfy the rate filing requirements of your State. These are new riders to an existing filing. This memorandum is not intended be used for any other purpose.

This actuarial memorandum supports the addition of new riders for Fractures, Dislocations and Burns, and Paralysis, to the original policy form.

2. Description of Benefits

Fracture, Dislocation and Burn Benefit: A schedule of benefits provides for the treatment of various fractures, dislocations and burns.

The rider provides a lump sum upon suffering a fracture, dislocation or burn. The amount of the benefit depends upon the site of the injury or the extent of the burn, as specified in the Schedule of Covered Losses.

Paralysis Benefit: This rider provides a lump sum benefit in the event that the insured sustains an injury that results in the insured suffering from paralysis. The amount of benefit depends upon the extent of the injury and the parts of the body affected.

3. Renewability Clause

There are no premium guarantees, and, premiums may be subject to change upon renewal. Typically, the policy term will be one year or less. However, policy periods other than one year could be offered for which appropriate premium adjustments will be made.

4. Applicability

These riders will be available for new issues.

5. Morbidity

Data from various sources was adjusted to estimate frequencies of claims for the different coverage's.

Sources of data were:

National Safety Council: Injury facts, 2010 Edition
The Burden of Musculoskeletal Diseases in the United States, 2008: Chapter 6:
US Census Bureau: Population Division
American Burn Association: National Burn Repository 2009
Agency for Healthcare Research and Quality: H-CUPNet: 2008 National
Statistics
National Spinal Cord Injury Statistical Center
CDC: Traumatic Brain Injury in the United States

6. Family Rates

Family rates can be derived from the base rates, depending upon the plan design, that is the additional benefits chosen and the proportions of the insured's principal sum that are chosen for the dependents.

7. Mortality

Mortality was not a consideration in the development of the rates for these riders.

8. Persistency

Persistency assumptions were not used in the pricing of this product.

9. Expenses

Assumed expenses are 20.5% of the gross premium, allocated as follows:

Administration	8.0%
Issuing Fees	5.0%
Premium Taxes	2.5%
Overhead	5.0%
Total	20.5%

10. Commissions

Commission is assumed to average 15% of the gross premium.

11. Marketing Method

This product is to be sold through licensed insurance brokers, agents, MGU's and third party administrators. It may be offered on a direct response basis.

12. Underwriting

The underwriter will collect information from the applicant group in order to measure the group's risk relative to the assumptions used in the manual rating.

In general, underwriting adjustments may be made with respect to any extraordinary items having an impact on the risk, subject to the discretion of the underwriter.

When there is specific information available about the group being underwritten, such as a group's exposure and risk characteristics, it may be appropriate to refine the manual rates.

A short application will ask for a history of osteoporosis.

13. Experience Rating

Final rates may vary from manual rates because of an adjustment for a group's actual experience. The experience rate will be determined from the group's claims experience, the size of the group and the number of years of information provided.

A credibility factor will be calculated that measures the extent to which historical experience may be relied upon as a predictor of future experience for the group.

Full credibility is assigned at 550,000 exposure years. Partial credibility is calculated as the square root of (the number of exposure years divided by 550,000), rounded to the whole nearest percentage.

The final rate will combine the manual rate with the experience rate, with the appropriate credibility being assigned to each rate:

$$\text{Final Rate} = [\text{Experience Rate} * Z] + [\text{Manual Rate} * (1-Z)],$$

where Z is the calculated credibility factor.

Approximately 3 to 5 years' of the group's experience will be reviewed to determine whether existing rates are adequate or need to be adjusted. The result from the calculation is subject to the underwriter's discretion. For start-up groups, the manual rates will be applied.

14. Premium Classes

The actual premiums will vary by plan design and the risk characteristics of the insured group.

15. Issue Age Range

Coverage is available at all ages. Issue age range is subject to underwriting considerations.

16. Geographic Area Factors

The geographical area factors will not apply to these riders.

17. Industry Factors

Industry factors will not apply to these riders.

18. Average Annual Premium

The average expected annual premiums are \$7,000 per policy.

19. Premium Modalization Rules

The monthly premiums may be converted as follows:

Annual Rate = Monthly Rate * 12

Weekly Rate = Monthly Rate * 12/52

Daily Rate = Monthly Rate * 12/365

20. Claim Liability and Reserves

The claim liability and reserves for all incurred but unpaid claims will be developed using standard actuarial methods as prescribed by the American Academy of Actuaries.

21. Active Life Reserves

Not applicable to this product.

22. Trend Assumption

Trend assumptions were not used for these riders..

23. Anticipated Loss Ratio

The anticipated Loss Ratio for this policy form is 52%.

24. Distribution of Business

This is a new policy form filing, consequently the distribution of business is not known.

25. Contingency and Risk Margins

The margins for adverse experience and profit are included as 12.5% of gross premium.

26. Experience

This is a new product filing and we do not have any experience on this form.

27. Lifetime Loss Ratio

The lifetime loss ratio is expected to be 52%.

28. History of Rate Adjustments

This is not applicable because this is a new product filing.

29. Number of Policyholders

This is not applicable because this is a new product filing.

30. Proposed Effective Date

The effective date will begin upon Department of Insurance approval.

31. Actuarial Certification

To the best of my knowledge and judgment, this filing is in compliance with the applicable laws of this State and that the proposed premiums are reasonable in relation to the benefits provided.


M Kelly Edmunds

M Kelly Edmunds, FCAS, MAAA
Director of Reinsurance Pricing

Date: 4/11/14

DC OBJECTION RESPONSE

Objection 1:

Comments: Please provide the currently approved rate filing SERFF Tracking#. Was this the initial filing for this product?

Response:

The currently approved rate filing for the underlying Group Accident forms was under SERFF Tracking #CATL-126553131.

Objection 2:

Comments: Please provide the SERFF Tracking# for the Companion Forms Filing(s).

Response:

The underlying Group Accident forms were approved under SERFF Tracking #CATL-127153429.

Objection 3:

Comments: Please further explain the \$10,000 average annual premium. What is the basis for this average? Does this average annual premium take into account the base product and riders, or riders alone? Please elaborate.

Response:

Since this is a new benefit we are offering we do not have a distribution of policies upon which to base our average annual premium per policy.

Consequently, we have used certain assumptions in making our calculations.

We assume an average monthly premium between \$10 and \$12 per person. At this price point we expect to offer an average principal amount of \$10,000 per person. The benefit levels would be at 100% of principal amount for the major critical illnesses, namely invasive cancer, heart attack and stroke. Also covered would be coronary artery bypass, renal failure and major organ transplant, for which a reduced benefit of 25% of the principal amount would be paid.

These assumptions are coupled with an expected average group size of 75 persons.

Thus, we have an annual premium per policy, at \$10 per person per month of \$9,000, and, at \$12 per person per month of \$10,800.

Based on this, we anticipate an annual premium per policy of \$10,000 for this rider.

Objection 4:

Comments: Please confirm: This rate review is limited to DC resident policyholders or DC domiciled group certificate holders.

Response:

We confirm this review is limited to DC residents.

Objection 5:

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.

Response:

We confirm the above statement.

State: District of Columbia

Filing Company:

Catlin Insurance Company, Inc.

TOI/Sub-TOI: H02G Group Health - Accident Only/H02G.000 Health - Accident Only

Product Name: Rider Filing

Project Name/Number: /AHAG 405 1113

Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date	Schedule Item Status	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
04/11/2014		Rate	Rates	04/21/2014	Claim Costs For Burns 2013 10 10 Final.pdf Claim Costs For dislocation 2013 10 10 Final.pdf Claim Costs For Fractures 2013 10 10 Final.pdf (Superseded) Claim Costs For Paralysis 2013 10 10 Final.pdf

