

SERFF Tracking Number: SHEN-125853092 State: Arkansas
Filing Company: Shenandoah Life Insurance Company State Tracking Number: 40501
Company Tracking Number: MASP-SL
TOI: MS06 Medicare Supplement - Other Sub-TOI: MS06.000 Medicare Supplement - Other
Product Name: Medicare Supplement Prospecting Mailer
Project Name/Number: /

Filing at a Glance

Company: Shenandoah Life Insurance Company

Product Name: Medicare Supplement SERFF Tr Num: SHEN-125853092 State: ArkansasLH

Prospecting Mailer

TOI: MS06 Medicare Supplement - Other SERFF Status: Closed State Tr Num: 40501

Sub-TOI: MS06.000 Medicare Supplement - Other Co Tr Num: MASP-SL State Status: Filed-Closed

Other

Filing Type: Advertisement

Co Status:

Reviewer(s): Stephanie Fowler

Author: Thomas Mason

Disposition Date: 11/12/2008

Date Submitted: 10/10/2008

Disposition Status: Filed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name:

Status of Filing in Domicile: Pending

Project Number:

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 11/12/2008

State Status Changed: 11/12/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Re: MASP-SL - Medicare Supplement Prospecting Mailer

The captioned form is enclosed herewith for approval by the Department.

This ad will serve as a mailer from duly appointed agents to prospects to market seven Medicare Supplement Insurance standardized plans (Plans A-G). The policy forms were approved by the Department on April 25, 2006 under State

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Tracking Number 32347.

We trust that you will be in a position to give this filing an early review. If you have any questions or need additional information, please so advise.

Sincerely yours,

Pamela N. Ferguson
Director, Legal Services

Attachment

Company and Contact

Filing Contact Information

Pamela Ferguson, Director, Legal Services pam.ferguson@shenlife.com
P.O. Box 12847 (800) 848-5433 [Phone]
Roanoke, VA 24029 (540) 857-5987[FAX]

Filing Company Information

Shenandoah Life Insurance Company CoCode: 68845 State of Domicile: Virginia
2301 Brambleton Ave. SW Group Code: 891 Company Type: Life and Health
P.O. Box 12847
Roanoke, VA 24029 Group Name: State ID Number:
(800) 848-5433 ext. [Phone] FEIN Number: 54-0377280

Filing Fees

Fee Required? Yes
Fee Amount: \$25.00
Retaliatory? No
Fee Explanation: \$25.00 per form x 1 form = \$25.00
Per Company: No

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COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Shenandoah Life Insurance Company	\$25.00	10/10/2008	23107366

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Stephanie Fowler	11/12/2008	11/12/2008

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Stephanie Fowler	11/07/2008	11/07/2008	Thomas Mason	11/11/2008	11/11/2008

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Disposition

Disposition Date: 11/12/2008

Implementation Date:

Status: Filed

Comment:

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Form (revised)	Medicare Supplement Prospecting Mailer	Filed	No
Form	Medicare Supplement Prospecting Mailer		No

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Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 11/07/2008
Submitted Date 11/07/2008
Respond By Date 12/08/2008

Dear Pamela Ferguson,

This will acknowledge receipt of the captioned filing.

Objection 1

- Medicare Supplement Prospecting Mailer (Form)

Comment: Code Ann. 23-79-109(a)(4) states, "all Medicare supplement rates shall be based on a composite age basis only, and shall not be based on any age banding or other groupings." With that being said, please remove "Age" from the second sentence of the first paragraph on page one, as it would not be appropriate.

Please feel free to contact me if you have questions.

Sincerely,

Stephanie Fowler

Response Letter

Response Letter Status Submitted to State
Response Letter Date 11/11/2008
Submitted Date 11/11/2008

Dear Stephanie Fowler,

Comments:

Response 1

Comments: This is in response to the Objection Letter generated via SERFF on November 7, 2008 regarding the captioned filing.

We have removed "age" from the second sentence of the first paragraph on page one. The sentence now reads, "Premiums vary by plan." Please note that we have added the suffix "AR" to the form number on page one and two.

We are hopeful that you will now be in a position to approve our filing. If you have any questions or need additional

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information, please so advise.

Sincerely yours,

Pamela N. Ferguson
 Director, Legal Services

Attachment

Related Objection 1

Applies To:

- Medicare Supplement Prospecting Mailer (Form)

Comment:

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Changed Items:

No Supporting Documents changed.

Form Schedule Item Changes

Form Name	Form Number	Edition Date	Form Type	Action	Action Specific Data	Readability Score	Attach Document
Medicare Supplement Prospecting Mailer	MASP-SL AR		Advertising	Revised	MASP-SL		MASP-SL_AR.pdf
Previous Version							
Medicare Supplement Prospecting Mailer	MASP-SL		Advertising	Initial			MASP-SL.pdf

No Rate/Rule Schedule items changed.

Sincerely,
 Thomas Mason

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Form Schedule

Lead Form Number: MASP-SL

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Filed	MASP-SL AR	Advertising	Medicare Supplement Prospecting Mailer	Revised	Replaced Form #: MASP-SL Previous Filing #:		MASP- SL_AR.pdf

IMPORTANT

[2009] CHANGES IN MEDICARE

Details of your Medicare coverage are changing for [2009].

For more information on these changes, how they personally affect you, and the options including Medicare Supplement insurance you have on your healthcare, simply complete and return this postage-paid card today. There is absolutely no cost or obligation for this information.

MASP-SL AR

**IMPORTANT - PLEASE VERIFY ADDRESS ON OTHER SIDE OF REPLY CARD.
NOT CONNECTED WITH OR ENDORSED BY THE US GOVERNMENT OR ANY STATE AGENCY.**

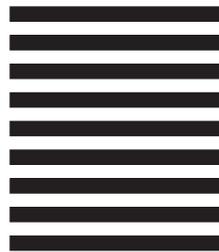


BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO 659 INDIANAPOLIS IN

POSTAGE WILL BE PAID BY ADDRESSEE

NATIONAL REPLY CENTER
PO BOX 1071
INDIANAPOLIS IN 46209-8526

NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES



**Detach here
And
mail today!**



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Rate Information

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Superseded Attachments

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.

Original Date:	Schedule	Document Name	Replaced Date	Attach Document
No original date	Form	Medicare Supplement Prospecting Mailer	10/10/2008	MASP-SL.pdf

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MASP-SL

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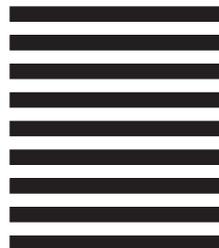


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