

SERFF Tracking Number: AEGC-125557152 State: Arkansas
Filing Company: Transamerica Life Insurance Company State Tracking Number: 38887
Company Tracking Number: 1965
TOI: MS06 Medicare Supplement - Other Sub-TOI: MS06.000 Medicare Supplement - Other
Product Name: Transamerica Life Insurance Company 2008 Annual Standard Group Medicare Supplement
Project Name/Number: 2008 Transamerica Life Insurance Company Standard Group Medicare Supplement Rates/07G

Filing at a Glance

Company: Transamerica Life Insurance Company

Product Name: Transamerica Life Insurance SERFF Tr Num: AEGC-125557152 State: ArkansasLH

Company 2008 Annual Standard Group

Medicare Supplement

TOI: MS06 Medicare Supplement - Other

SERFF Status: Closed

State Tr Num: 38887

Sub-TOI: MS06.000 Medicare Supplement -

Co Tr Num: 1965

State Status: Under Review

Other

Filing Type: Rate

Co Status:

Reviewer(s): Stephanie Fowler

Authors: Carolyn Mills, Teri

Disposition Date: 05/21/2008

Schaffer

Date Submitted: 05/05/2008

Disposition Status: Approved

Implementation Date Requested: 09/01/2008

Implementation Date:

State Filing Description:

General Information

Project Name: 2008 Transamerica Life Insurance Company Standard
Group Medicare Supplement Rates

Status of Filing in Domicile: Authorized

Project Number: 07G

Date Approved in Domicile: 02/01/2008

Requested Filing Mode: Review & Approval

Domicile Status Comments: The rates for this policy form in our domiciliary state of Iowa were effective February 1, 2008.

Explanation for Combination/Other:

Market Type: Group

Submission Type: New Submission

Group Market Size: Large

Overall Rate Impact: 5.6%

Group Market Type: Association

Filing Status Changed: 05/21/2008

State Status Changed: 05/15/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

2008 Annual Rate Revision for Transamerica Life Insurance Company Standard Group Medicare Supplement Policies.

Policy Forms #(s): MS4500GPT-A.AR thru MS4500GPT-J.AR

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Dear Ms. Minor:

Enclosed is our rate submission for the benefits contained in the Standardized Medicare Supplement plans. This rate revision would be effective the first day of the month following 90 days from the effective date of the approval.

To aid in the rate review process, the actuarial memorandum is in line with the rate revision filing format recommended in the NAIC Medicare Supplement Model Regulations Compliance Manual.

Enclosed to complete this submission are:

- Actuarial Memorandum with Exhibit A
- Exhibit B (Experience)
- Life, Accident & Health Transmittal Document
- Projection Exhibit
- Actual to Expected Analysis
- Filing Fee:

Should you have any questions or concerns, please feel free to call me at 800-233-4624 extension 5236 or our Actuary, Stephen Baloga at extension 5226. For your convenience you can email us at msapprovals@aegonusa.com. If you prefer, our fax number is 410-209-5904.

Sincerely,

Teri Schaffer,
Actuarial Administrative Supervisor

Company and Contact

Filing Contact Information

Carolyn Mills, Assistant Actuarial Statistician cemills@aegonusa.com
520 Park Avenue (410) 209-5644 [Phone]

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Baltimore, MD 21201 (410) 209-5904[FAX]

Filing Company Information

Transamerica Life Insurance Company	CoCode: 86231	State of Domicile: Iowa
4333 Edgewood Road NE	Group Code: 468	Company Type: Life and Health
Cedar Rapids, IA 52499	Group Name:	State ID Number:
(800) 233-4624 ext. [Phone]	FEIN Number: 39-0989781	

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Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation:
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Transamerica Life Insurance Company	\$0.00	05/05/2008	

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Stephanie Fowler	05/21/2008	05/21/2008

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending	Stephanie	05/13/2008	05/13/2008			
Industry	Fowler					
Response						

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Disposition

Disposition Date: 05/21/2008

Implementation Date:

Status: Approved

Comment: We have approved the requested 5.6% rate increase for the specified Medicare Supplement plan(s) to be implemented on or after September 1, 2008.

This approval is subject to the following:

1. Increases will not be given more frequently than once in a twelve-month period.

Company Name:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Premium:	Maximum % Change (where required):	Minimum % Change (where required):	Overall % Indicated Change:
Transamerica Life Insurance Company	5.600%	\$633	8	\$11,308	5.600%	5.600%	5.600%

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Health - Actuarial Justification	Approved	No
Supporting Document	uniform transmittal	Approved	No
Supporting Document	act2exp	Approved	No
Rate	Rates	Approved	No

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Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	05/13/2008
Submitted Date	05/13/2008
Respond By Date	06/13/2008

Dear Carolyn Mills,

This will acknowledge receipt of the captioned filing.

AR R&R 57, Sec. 5, II, (a)(2) requires a \$50.00 filing fee for each Disability rate filing for review. Please submit the appropriate fees.

Please feel free to contact me if you have questions.

Sincerely,

Stephanie Fowler

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Rate Information

Rate data applies to filing.

Filing Method: serff
Rate Change Type: Increase
Overall Percentage of Last Rate Revision: 6.700%
Effective Date of Last Rate Revision: 09/01/2007
Filing Method of Last Filing: serff

Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Premium:	Maximum % Change (where required):	Minimum % Change (where required):
Transamerica Life Insurance Company	5.600%	5.600%	\$633	8	\$11,308	5.600%	5.600%

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Rate/Rule Schedule

Review Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:	Rate Action Information:	Attachments
Approved	Rates	MS4500GPT-A.AR thru MS4500GPT-J.AR	Revised		exhibita_p.pdf

ExhibitA
TransamericaLifeInsuranceCompany

MassMarketedStandardGroupMedicareSupplement
PremiumRatesNon-Smoker
StateofArkansas

CurrentMonthlyPremiumRates

Composite Age	PlanA	PlanB	PlanC	PlanD	PlanE	PlanF	PlanG
65&Up	89	143	155	156	156	170	162

ProposedRateChange

	PlanA	PlanB	PlanC	PlanD	PlanE	PlanF	PlanG
AllAges	5.6%	5.6%	5.6%	5.6%	5.6%	5.6%	5.6%

ProposedMonthlyPremiumRates

Composite Age	PlanA	PlanB	PlanC	PlanD	PlanE	PlanF	PlanG
65&Up	94	151	164	165	165	179	171

ModalFactors	Annual	Semi-Annual	Quarterly	Monthly
DirectBill	11.400	5.850	3.000	1.000
ACH/EFT	11.400	5.700	2.850	0.950

Exhibit A
TransamericaLifeInsuranceCompany

**MassMarketedStandardGroupMedicareSupplement
PremiumRatesNon-Smoker
StateofArkansas**

CurrentMonthlyPremiumRates

Composite Age	PlanHND	PlanIND	PlanJND
65&Up	160	162	164

ProposedRateChange

	PlanHND	PlanIND	PlanJND
AllAges	5.6%	5.6%	5.6%

ProposedMonthlyPremiumRates

Composite Age	PlanHND	PlanIND	PlanJND
65&Up	169	171	173

ModalFactors	Annual	Semi-Annual	Quarterly	Monthly
DirectBill	11.400	5.850	3.000	1.000
ACH/EFT	11.400	5.700	2.850	0.950

Exhibit A
TransamericaLifeInsuranceCompany

**MassMarketedStandardGroupMedicareSupplement
PremiumRatesSmoker
StateofArkansas**

CurrentMonthlyPremiumRates

Composite Age	PlanA	PlanB	PlanC	PlanD	PlanE	PlanF	PlanG
65&Up	104	166	180	181	182	198	188

ProposedRateChange

	PlanA	PlanB	PlanC	PlanD	PlanE	PlanF	PlanG
AllAges	5.6%	5.6%	5.6%	5.6%	5.6%	5.6%	5.6%

ProposedMonthlyPremiumRates

Composite Age	PlanA	PlanB	PlanC	PlanD	PlanE	PlanF	PlanG
65&Up	110	176	190	191	192	209	198

ModalFactors	Annual	Semi-Annual	Quarterly	Monthly
DirectBill	11.400	5.850	3.000	1.000
ACH/EFT	11.400	5.700	2.850	0.950

Exhibit A
TransamericaLifeInsuranceCompany

**MassMarketedStandardGroupMedicareSupplement
PremiumRatesSmoker
StateofArkansas**

CurrentMonthlyPremiumRates

Composite Age	PlanHND	PlanIND	PlanJND
65&Up	175	178	180

ProposedRateChange

	PlanHND	PlanIND	PlanJND
AllAges	5.6%	5.6%	5.6%

ProposedMonthlyPremiumRates

Composite Age	PlanHND	PlanIND	PlanJND
65&Up	185	188	190

ModalFactors	Annual	Semi-Annual	Quarterly	Monthly
DirectBill	11.400	5.850	3.000	1.000
ACH/EFT	11.400	5.700	2.850	0.950

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Supporting Document Schedules

Satisfied -Name: uniform transmittal **Review Status:** Approved 05/21/2008
Comments:
Attachment:
uniform_transmittal.pdf

Satisfied -Name: act2exp **Review Status:** Approved 05/21/2008
Comments:
Attachment:
act2exp_allplans.pdf

Life, Accident & Health, Annuity, Credit Transmittal Document

1. Prepared for the State of	Arkansas
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2.	Department Use Only
	State Tracking ID

3.	Insurer Name & Address	Domicile	Insurer License Type	NAIC Group#	NAIC#	FEIN #	State#
	Transamerica Life Insurance Company 520 Park Avenue Baltimore, MD 21201-4500	Iowa	Accident & Health	468	86231	39-098978 1	

4.	Contact Name & Address	Telephone#	Fax#	E-mail Address
	Teri Schaffer Actuarial Administrative Supervisor 520 Park Avenue Baltimore, MD 21201-4500	800-233-4624 ext. 5236	410-209-5904	msapprovals@aegonusa.com

5.	Requested Filing Mode	Review & Approval File & Use Informational Combination (please explain): Other (please explain):
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6.	Company Tracking Number	1965
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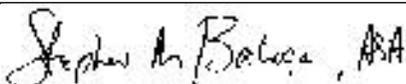
7.	New Submission	Resubmission	Previous file#
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8.	Market	<input type="checkbox"/> Individual Franchise <input type="checkbox"/> Group Small [X] Large Small and Large Employer Association Blanket Discretionary Trust Other:
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9.	Type of Insurance	MS05G Group Medicare Supplement - Standard Plans
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10.	Product Coding Matrix Filing Code	MS05G.001 (All Plans)
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11.	Submitted Documents	<p><u>FORMS</u> Policy Outline of Coverage Certificate Application/Enrollment Rider/Endorsement Advertising Schedule of Benefits Other</p> <p><u>Rates</u> New Rate Revised Rate</p> <p>FILING OTHER THAN FORM OR RATE: Please explain: _____</p> <p><u>SUPPORTING DOCUMENTATION</u> Articles of Incorporation Third Party Authorization Association Bylaws Trust Agreements Statement of Variability Certifications Actuarial Memorandum Other _____</p>
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12.	Filing Submission Date	April 28, 2008			
13.	Filing Fee (If required)	Amount	\$50.00	Check Date	<u>3/21/2008</u>
		Retaliatory	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Check Number	<u>2010205731</u>
14.	Date of Domiciliary Approval	The rates for this policy form in our domiciliary state of Iowa were effective February 1, 2008			
15.	Filing Description:	<p>2008 Annual Rate Filing for Standard Mass Marketed Medicare Supplement Policies: Transamerica Life Insurance Company</p> <p><u>POLICY FORM # (s):</u></p> <p>MS4500GPT-A.AR MS4500GPT-B.AR MS4500GPT-C.AR MS4500GPT-D.AR MS4500GPT-E.AR MS4500GPT-F.AR MS4500GPT-G.AR MS4500GPT-H.AR MS4500GPT-I.AR MS4500GPT-J.AR</p>			
16.	Certification (If required)	<p>I HEREBY CERTIFY that I have reviewed the applicable filing requirements for this filing, and the filing complies with all applicable statutory and regulatory provisions for the state of <u>Arkansas</u>.</p>			
Print Name:		Stephen Baloga, A.S.A., M.A.A.A.		Title:	Assistant Vice President and Actuary
Signature:				Date:	April 28, 2008

18.		Rate Filing Attachment		
This filing transmittal is part of company tracking number		1965		
This filing corresponds to form filing company tracking number				
Overall percentage rate impact for this filing		5.6%		
	Document Name	Affected Form Numbers		Previous State Filing Number
	Description			
01	Actuarial Memorandum Memorandum, rates, state & nationwide experience, actual to expected analysis, loss ratio projections	MS4500GPT-A.AR through MS4500GPT-J.AR	<input type="checkbox"/> New <input checked="" type="checkbox"/> Revised Request + <u>5.6%</u> <input type="checkbox"/> Other _____	
02	Life, Accident & Health Transmittal Document Pages 1 thru 3	MS4500GPT-A.AR through MS4500GPT-J.AR	<input type="checkbox"/> New <input checked="" type="checkbox"/> Revised Request + <u>5.6%</u> <input type="checkbox"/> Other _____	
03			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% ___% <input type="checkbox"/> Other _____	
04			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% ___% <input type="checkbox"/> Other _____	
05			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% ___% <input type="checkbox"/> Other _____	
06			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% ___% <input type="checkbox"/> Other _____	
07			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% ___% <input type="checkbox"/> Other _____	
08			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% ___% <input type="checkbox"/> Other _____	
09			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% ___% <input type="checkbox"/> Other _____	
10			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% ___% <input type="checkbox"/> Other _____	

LH FFA-1

Nationwide
Transamerica Life Insurance Company
Standardized Group Medicare Supplement
Actual to Expected Analysis

All Plans

Calendar Year	Issue Year	Earned Premium	Incurred Claims	Actual Loss Ratio	Expected Loss Ratio	Actual to Expected
2005	2005	71,543	44,080	61.6%	64.0%	96.3%
	Total	71,543	44,080	61.6%	64.0%	96.3%
2006	2005	292,469	224,391	76.7%	69.5%	110.4%
	2006	882,309	579,210	65.6%	64.0%	102.6%
	Total	1,174,778	803,600	68.4%	65.4%	104.6%
2007	2005	268,299	235,843	87.9%	75.0%	117.2%
	2006	1,600,923	1,182,689	73.9%	69.5%	106.3%
	2007	1,431,388	978,336	68.3%	64.0%	106.8%
	2008	0	0	0.0%	0.0%	0.0%
	Total	3,300,610	2,396,868	72.6%	67.6%	107.5%
Plan Total		4,546,930	3,244,549	71.4%	66.9%	106.6%