

SERFF Tracking Number: OXFR-125707599 State: Arkansas
Filing Company: Celtic Insurance Company State Tracking Number: 39383
Company Tracking Number: CELINDAR2008MSRATE
TOI: MS051 Individual Medicare Supplement - Sub-TOI: MS051.001 Plan A
Standard Plans
Product Name: Medicare Supplement
Project Name/Number: /

Filing at a Glance

Company: Celtic Insurance Company

Product Name: Medicare Supplement

TOI: MS051 Individual Medicare Supplement -
Standard Plans

Sub-TOI: MS051.001 Plan A

Filing Type: Rate

Implementation Date Requested: On Approval

State Filing Description:

SERFF Tr Num: OXFR-125707599 State: ArkansasLH

SERFF Status: Closed

State Tr Num: 39383

Co Tr Num:

CELINDAR2008MSRATE

Co Status:

Author: Lisa Beidelman

Date Submitted: 06/23/2008

State Status: Approved-Closed

Reviewer(s): Stephanie Fowler

Disposition Date: 06/26/2008

Disposition Status: Approved

Implementation Date:

General Information

Project Name:

Project Number:

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact: 3.5%

Filing Status Changed: 06/26/2008

State Status Changed: 06/26/2008

Corresponding Filing Tracking Number:

Filing Description:

June 23, 2008

Status of Filing in Domicile:

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Group Market Size:

Group Market Type:

Deemer Date:

Arkansas Insurance Department

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Attn: Ms. Marie Bennett
1200 West Third Street
Little Rock, AR 72201

RE: NAIC: 80799; Celtic Insurance Company
FEIN: 06-0641618
Individual Medicare Supplement Rate Filing

To Whom It May Concern:

Oxford Life Insurance Company, on behalf of Celtic Insurance Company, is submitting the enclosed filing for your review and approval.

MS POL A-AR MS POL B-AR MS POL C-AR
MS POL F-AR

The filing submitted fulfills the annual filing requirement for 2008.

Attached, please find an actuarial memorandum in support of the proposed rate actions. The rate filing fee of \$200.00 will be submitted via SERFF EFT.

If you have any questions regarding this filing, please feel free to contact me.

Sincerely,

Lisa Beidelman
Medicare Supplement Coordinator
lisabeidelman@oxfordlife.com
(888) 757-3732, ext. 5720

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Company and Contact

Filing Contact Information

Lisa Beidelman, lisabeidelman@oxfordlife.com
 2721 North Central Avenue (888) 757-3732 [Phone]
 Phoenix, AZ 85004 (602) 277-5901[FAX]

Filing Company Information

Celtic Insurance Company CoCode: 80799 State of Domicile: Illinois
 2721 North Central Avenue Group Code: Company Type:
 Phoenix, AZ 85004-1172 Group Name: State ID Number:
 (888) 757-3732 ext. [Phone] FEIN Number: 06-0641618

Filing Fees

Fee Required? Yes
 Fee Amount: \$200.00
 Retaliatory? No
 Fee Explanation: 4 forms with rate increase @ \$50.00 per form.
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Celtic Insurance Company	\$200.00	06/23/2008	21053376

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Stephanie Fowler	06/26/2008	06/26/2008

Amendments

Item	Schedule	Created By	Created On	Date Submitted
Authorization Letter	Supporting Document	Lisa Beidelman	06/24/2008	06/24/2008

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Disposition

Disposition Date: 06/26/2008

Implementation Date:

Status: Approved

Comment: We have approved the requested 3.5% rate increase for Plans A, B, C, and F. 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:
Celtic Insurance Company	3.500%	\$243	2	\$6,950	%	%	3.500%

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Amendment Letter

Amendment Date:

Submitted Date: 06/24/2008

Comments:

Omitted the Celtic Authorization Letter

Changed Items:

Supporting Document Schedule Item Changes:

User Added -Name: Authorization Letter

Comment:

2008 Celtic Authorization Letter.pdf

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Rate Information

Rate data applies to filing.

Filing Method: SERFF
Rate Change Type: Increase
Overall Percentage of Last Rate Revision: 0.000%
Effective Date of Last Rate Revision: 06/11/2007
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):
Celtic Insurance Company	3.500%	3.500%	\$243	2	\$6,950	%	%

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Supporting Document Schedules

Satisfied -Name: Authorization Letter **Review Status:** Approved 06/26/2008
Comments:
Attachment:
2008 Celtic Authorization Letter.pdf

CELTIC

Celtic Insurance Company

Sears Tower
233 South Wacker Drive, Suite 700
Chicago, Illinois 60606-6393
312-332-5401

March 3, 2008

TO: Department of Insurance

RE: Rate and/or Form Filings

NAIC# 80799

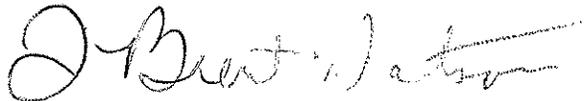
Please be advised Celtic Insurance Company, Chicago, Illinois authorizes:

Oxford Life Insurance Company
2721 N. Central Avenue
Phoenix, Arizona 85004-1172

To file the enclosed rates and/or forms on behalf of Celtic Insurance Company.

For inquiries regarding the enclosed filings please contact Oxford Life Insurance Company at (877) 677-9368

Respectfully,



J. Brent Watson
Assistant Vice President
Policy Forms Compliance and Government Relations