

SERFF Tracking Number: AEGC-125731902 State: Arkansas
 Filing Company: Monumental Life Insurance Company State Tracking Number: 39756
 Company Tracking Number: 1659
 TOI: MS05G Group Medicare Supplement - Standard Sub-TOI: MS05G.001 Plan A
 Plans
 Product Name: Monumental Life Insurance Company 2008 Annual Standard Group Medicare Supplement
 Project Name/Number: 2008 Monumental Life Insurance Company Standard Group Medicare Supplement Rates/55G

Filing at a Glance

Company: Monumental Life Insurance Company

Product Name: Monumental Life Insurance SERFF Tr Num: AEGC-125731902 State: ArkansasLH

Company 2008 Annual Standard Group

Medicare Supplement

TOI: MS05G Group Medicare Supplement - SERFF Status: Closed State Tr Num: 39756

Standard Plans

Sub-TOI: MS05G.001 Plan A Co Tr Num: 1659 State Status: Approved-Closed

Filing Type: Rate Co Status: Reviewer(s): Stephanie Fowler

Authors: Carolyn Mills, Teri Disposition Date: 08/07/2008

Schaffer, Kristina Davis

Date Submitted: 07/28/2008 Disposition Status: Approved

Implementation Date Requested: 12/01/2008 Implementation Date:

State Filing Description:

General Information

Project Name: 2008 Monumental Life Insurance Company Standard Status of Filing in Domicile: Pending

Group Medicare Supplement Rates

Project Number: 55G

Requested Filing Mode: Review & Approval

Date Approved in Domicile:

Domicile Status Comments: The rates for this policy form in our domiciliary state of Iowa are pending.

Explanation for Combination/Other:

Market Type: Group

Submission Type: New Submission

Group Market Size: Large

Overall Rate Impact: 3.23%

Group Market Type: Association

Filing Status Changed: 08/07/2008

State Status Changed: 08/07/2008

Deemer Date:

Corresponding Filing Tracking Number: 1659

Filing Description:

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RE: Monumental Life Insurance Company: Medicare Supplement Rate Filing for Standard Group Medicare Supplement

NAIC#: 468-66281 FEIN#: 52-0419790

UNIFORM MATRIX TOI DESCRIPTION: MS05G Group Medicare Supplement - Standard Plans

UNIFORM MATRIX SUB TOI: MS05G.001 (All Plans)

FILING NUMBER #: 1659

POLICY FORM NUMBER(s):

MS4000GPM-A MS4000GPM-B MS4000GPM-C
MS4000GPM-D MS4000GPM-E MS4000GPM-F
MS4000GPM-G MS4000GPM-H MS4000GPM-I
MS4000GPM-J

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,

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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

Kristina Davis, Actuarial Systems Specialist kdavis3@aegonusa.com
 520 Park Avenue (800) 233-4624 [Phone]
 Baltimore, MD 21201-4500 (410) 209-5904[FAX]

Filing Company Information

Monumental Life Insurance Company	CoCode: 66281	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: 52-0419790	

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Monumental Life Insurance Company	\$50.00	07/28/2008	21623657

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Disposition

Disposition Date: 08/07/2008

Implementation Date:

Status: Approved

Comment: We have approved the requested 6% rate increase for Plans A, B, C, D, E, F, and G (no change was requested for Plans H, H ND, I, I ND, J, OR J ND) to be implemented on or after December 1, 2008. This approval is subject to the following:

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:
Monumental Life Insurance Company	3.230%	\$1,560	23	\$48,308	6.000%	0.000%	3.230%

SERFF Tracking Number: AEGC-125731902 *State:* Arkansas
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Amendment Letter

Amendment Date:
Submitted Date: 08/06/2008

Comments:

Dear Stephanie,

Based on the telephone message you left stating that you are not able to open the Actuarial Memorandum, I'm re-attaching this documentation.

Thank you,

Kristina

Changed Items:

Supporting Document Schedule Item Changes:

User Added -Name: Actuarial Memorandum

Comment:
actuarial memo and supporting docs.pdf

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Rate Information

Rate data applies to filing.

Filing Method:

Rate Change Type: Increase
Overall Percentage of Last Rate Revision: 5.400%
Effective Date of Last Rate Revision: 12/01/2007
Filing Method of Last Filing:

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):
Monumental Life Insurance Company	3.230%	3.230%	\$1,560	23	\$48,308	6.000%	0.000%

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Rate/Rule Schedule

Review Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:	Rate Action Information:	Attachments
Approved	Exhibit A	MS4000GPM-A.AR through MS4000GPM-J.AR	Revised		exhibita_p.pdf

**ExhibitA
MonumentalLifeInsuranceCompany**

**MassMarketedStandardGroupMedicareSupplement
PremiumRates
StateofArkansas**

CurrentMonthlyPremiumRates

Composite Age	PlanA	PlanB	PlanC	PlanD	PlanE	PlanF	PlanG
65&Up	84	150	240	154	268	242	176

ProposedRateChange

	PlanA	PlanB	PlanC	PlanD	PlanE	PlanF	PlanG
AllAges	6.0%	6.0%	6.0%	6.0%	6.0%	6.0%	6.0%

ProposedMonthlyPremiumRates

Composite Age	PlanA	PlanB	PlanC	PlanD	PlanE	PlanF	PlanG
65&Up	89	159	254	163	285	257	187

	Annual	Semi-Annual	Quarterly	Monthly	Auto-Monthly
ModalFactors	12.000	6.000	3.000	1.000	0.960

**Exhibit A
Monumental Life Insurance Company**

**Mass Marketed Standard Group Medicare Supplement
Premium Rates
State of Arkansas**

Current Monthly Premium Rates

Composite Age	Plan H	Plan HND	Plan I	Plan IND	Plan J	Plan JND
65&Up	1,039	693	573	382	1,613	906

Proposed Rate Change

	Plan H	Plan HND	Plan I	Plan IND	Plan J	Plan JND
All Ages	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

Proposed Monthly Premium Rates

Composite Age	Plan H	Plan HND	Plan I	Plan IND	Plan J	Plan JND
65&Up	1,039	693	573	382	1,613	906

	Annual	Semi-Annual	Quarterly	Monthly	Auto-Monthly
Modal Factors	12.000	6.000	3.000	1.000	0.960

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Supporting Document Schedules

Satisfied -Name: Life, Accident & Health Transmittal Document
Review Status: Approved 08/07/2008

Comments:

Attachment:

uniform_transmittal.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#
	Monumental Life Insurance Company 520 Park Avenue Baltimore, MD 21201-4500	Iowa	Accident & Health	468	66281	52-041979 0	

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	1659
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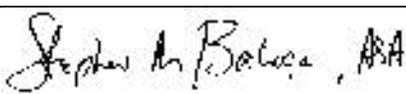
7.	New Submission	Resubmission	Previous file#
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8.	Market	<input type="checkbox"/> Individual Franchise Group Small <input checked="" type="checkbox"/> Large Small and Large Employer Association Blanket Discretionary Trust Other:
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9.	Type of Insurance	MS05G Group Medicare Supplement-Standard Plans
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10.	Product Coding Matrix Filing Code	<u>MS05G.001 (All Plans)</u>
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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	July 16, 2008		
13.	Filing Fee (If required)	Amount	\$50.00	Check Date
		Retaliatory	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Check Number
14.	Date of Domiciliary Approval	The rates for this policy form in our domiciliary state of Iowa are pending		
15.	Filing Description:	<p>2008 Annual Rate Filing for Standard Mass Marketed Medicare Supplement Policies: Monumental Life Insurance Company</p> <p><u>POLICY FORM # (s):</u></p> <p>MS4000GPM-A MS4000GPM-B MS4000GPM-C MS4000GPM-D MS4000GPM-E MS4000GPM-F MS4000GPM-G MS4000GPM-H MS4000GPM-I MS4000GPM-J</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:	July 16, 2008

18.		Rate Filing Attachment		
This filing transmittal is part of company tracking number		1659		
This filing corresponds to form filing company tracking number				
Overall percentage rate impact for this filing		3.23%		
	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	MS4000GPM-A.AR through MS4000GPM-J.AR	<input type="checkbox"/> New <input checked="" type="checkbox"/> Revised Request <u>+0.0%</u> <u>-6.0%</u> <input type="checkbox"/> Other _____	
02	Life, Accident & Health Transmittal Document Pages 1 thru 3	MS4000GPM-A.AR through MS4000GPM-J.AR	<input type="checkbox"/> New <input checked="" type="checkbox"/> Revised Request <u>+0.0%</u> <u>-6.0%</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 _____	

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