

SERFF Tracking Number: TRST-125785932 State: Arkansas
Filing Company: Trustmark Insurance Company State Tracking Number: 40021
Company Tracking Number: 8.01504
TOI: H16I Individual Health - Major Medical Sub-TOI: H16I.005C Individual - Other
Product Name: COMBINED RATE FILING
Project Name/Number: COMBINED RATE FILING/8.01504

Filing at a Glance

Company: Trustmark Insurance Company
Product Name: COMBINED RATE FILING
TOI: H16I Individual Health - Major Medical
Sub-TOI: H16I.005C Individual - Other
Filing Type: Rate

SERFF Tr Num: TRST-125785932 State: ArkansasLH
SERFF Status: Closed State Tr Num: 40021
Co Tr Num: 8.01504 State Status: Approved-Closed
Co Status: Reviewer(s): Rosalind Minor
Author: Latasha Keys Disposition Date: 08/24/2008
Date Submitted: 08/21/2008 Disposition Status: Approved-Closed
Implementation Date: Implementation Date:

Implementation Date Requested: 12/01/2008

State Filing Description:

General Information

Project Name: COMBINED RATE FILING
Project Number: 8.01504
Requested Filing Mode: Review & Approval
Explanation for Combination/Other:
Submission Type: New Submission
Overall Rate Impact: 20%
Filing Status Changed: 08/24/2008
State Status Changed: 08/24/2008
Corresponding Filing Tracking Number:
Filing Description:
August 20, 2008

Status of Filing in Domicile:
Date Approved in Domicile:
Domicile Status Comments:
Market Type: Individual
Group Market Size:
Group Market Type:

Deemer Date:

Life & Health Section
Department of Insurance
1200 West Third Street
Little Rock, AR 72201-1904

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RE: Trustmark Insurance Company

NAIC NO: 276-61425

FEIN NO: 36-0792925

Our File NO: 8.01504

Combined Rate Increase Filing for Individual Health Forms: (See attached for listing of forms)

Dear Sir or Madam:

Please find enclosed, for your Department's review and approval, a rate filing pertaining to a number of our company's individual health forms. We are seeking a 20% increase in rates due to health care inflation and poor experience. An actuarial memorandum and rate materials are enclosed to provide further explanation and justification for this filing.

These Trustmark Insurance Company medical policy forms are direct and acquired. There are no medicare supplement policy forms in this filing. This increase will apply to inforce business only.

Thank you for your earliest possible consideration of this submission. If you have any questions, please contact Latasha Keys at 800/666-6977, ext. 34160 or by email at Latasha.Keys@trustmarkins.com.

Sincerely,

Sara Lee Keller
Senior Vice President
Law Department

Enclosures

Company and Contact

Filing Contact Information

Latasha Keys, Senior Administrative Assistant latasha.keys@trustmarkins.com

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400 Field Drive (800) 666-6977 [Phone]
Lake Forest, IL 60045 (847) 615-3872[FAX]

Filing Company Information

Trustmark Insurance Company CoCode: 61425 State of Domicile: Illinois
400 Field Drive Group Code: 276 Company Type:
Lake Forest, IL 60045 Group Name: State ID Number:
(800) 666-6977 ext. [Phone] FEIN Number: 36-0792925

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Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation: \$50 per filing x 1 filing = \$50.00
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Trustmark Insurance Company	\$0.00	08/21/2008	

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
00171546	\$50.00	08/20/2008

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	08/24/2008	08/24/2008

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Disposition

Disposition Date: 08/24/2008

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Health - Actuarial Justification	Approved-Closed	No
Supporting Document	Actuarial Certification	Approved-Closed	Yes
Supporting Document	Life & Health Fee Form	Approved-Closed	Yes

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Supporting Document Schedules

Satisfied -Name: Life & Health Fee Form

Comments:

Attachment:

AR Life & Health Fee Form.pdf

Review Status:

Approved-Closed

08/24/2008

ATTN: LIFE & HEALTH DIVISION, ARKANSAS INSURANCE DEPARTMENT

Company Name: TRUSTMARK INSURANCE COMPANY
400 Field Drive, Lake Forest, IL 60045

Company NAIC Code: 276-61425

Company Contact Person: Latasha Keys

Telephone Number: 800-666-6977, Extension 34160

<u>INSURANCE DEPARTMENT USE ONLY</u> ANALYST: _____ AMOUNT: _____ ROUTE SLIP: _____

ALL FEES ARE PER EACH INSURER, PER ANNUAL STATEMENT LINE OF BUSINESS,
UNLESS OTHERWISE INDICATED.

RATE/FORM FILINGS

Life and/or Disability policy form filing and review, per each policy, contract, annuity form , per each insurer, per each filing.	* ___ X \$50 = \$ ** Retaliatory = \$
Life and/or Disability - Filing and review of each rate filing or loss ratio guarantee filing, per each insurer.	* <u>1</u> X \$50 = \$50.00 ** Retaliatory = \$
Life and/or Disability Policy, Contract or Annuity Forms: Filing and review of each certificate, rider, endorsement or application if each is filed separately from the basic form.	* ___ X \$25 = \$ ** Retaliatory = \$
Life and/or Disability - Filing and review of insurer=s advertisements, per advertisement , per insurer.	* ___ X \$20 = \$ ** Retaliatory = \$

* These fees are payable under the new fee schedule as outlined under Rule and Regulation 57.
** These fees are payable under the old fee schedule as outlined under Ark. Code Ann. 23-63-102, Retaliatory Tax.