



SERFF Tracking Number: CMBD-125779398 State: Arkansas  
Filing Company: Combined Insurance Company of America State Tracking Number: 39967  
Company Tracking Number: 5996-AR  
TOI: MS051 Individual Medicare Supplement - Sub-TOI: MS051.001 Plan A  
Standard Plans  
Product Name: Senior 2008 Medicare Supplement Rate Revision - Plan A  
Project Name/Number: 2008 Medicare Supplement Rate Revision - Plan A/5996-AR

Sue Thill, Senior Policy Analyst Sue.A.Thill@combined.com  
1000 Milwaukee Avenue (847) 953-1536 [Phone]  
Glenview, IL 60025 (847) 953-1557[FAX]

**Filing Company Information**

Combined Insurance Company of America CoCode: 62146 State of Domicile: Illinois  
1000 Milwaukee Avenue Group Code: 317 Company Type:  
Glenview, IL 60025 Group Name: State ID Number:  
(847) 953-1531 ext. [Phone] FEIN Number: 36-2136262  
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## Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Combined Insurance Company of America	\$50.00	08/18/2008	21988268

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Stephanie Fowler	09/17/2008	09/17/2008

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## Disposition

Disposition Date: 09/17/2008

Implementation Date: 10/06/2008

Status: Approved

Comment: We have approved the requested 8% rate increase for Plan A to be implemented on or after October 6, 2008. This approval is subject to the following:

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

<b>Company Name:</b>	<b>Overall % Rate Impact:</b>	<b>Written Premium Change for this Program:</b>	<b># of Policy Holders Affected for this Program:</b>	<b>Premium:</b>	<b>Maximum % Change (where required):</b>	<b>Minimum % Change (where required):</b>	<b>Overall % Indicated Change:</b>
Combined Insurance Company of America	8.000%	\$703	4	\$8,786	8.000%	8.000%	8.000%



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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:** 08/01/2007  
**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):
Combined Insurance Company of America	8.000%	8.000%	\$703	4	\$8,786	8.000%	8.000%

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## Rate/Rule Schedule

Review Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:	Rate Action Information:	Attachments
Approved	Rate Sheet	14971	Revised		2008 Arkansas Rate Sheet Plan A.pdf

**COMBINED INSURANCE COMPANY OF AMERICA  
CHICAGO, ILLINOIS  
NAIC COMPANY CODE #62146**

**MEDICARE SUPPLEMENT  
FOR THE STATE OF ARKANSAS**

**2008 ANNUAL PREMIUM RATES**

**POLICY FORM 14971  
PLAN A**

<b>Issue Age</b>	<b>Annual Premium</b>
All Ages	\$1,922.82

**Modal Factors:**

Semi-Annual:	0.520
Quarterly:	0.265
PAC Monthly:	0.090

A 10% discount applies if the insured has another Combined Senior Health Policy.

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## Supporting Document Schedules

<b>Satisfied -Name:</b>	Cover Letter	<b>Review Status:</b>	Approved	09/17/2008
<b>Comments:</b>				
<b>Attachment:</b>				
	8-18-08 Cover Letter A.pdf			



**COMBINED**  
INSURANCE  
Combined Insurance Company of America  
1000 Milwaukee Avenue, Glenview, Illinois 60025

August 18, 2008

Mr. Joe Musgrove  
Arkansas Insurance Department  
1123 South University Avenue  
Little Rock, Arkansas 72204

**SERFF Tracking Number: CMBD-125779398**  
Re: **Combined Insurance Company of America**  
**FEIN Number 36-2136262**  
**NAIC Number 317-62146**  
Individual Medicare Supplement Rate Filing  
Rate Sheet No. 5996-AR for Standardized Plan A  
**INDIVIDUAL MEDICARE - AGENT MARKETED**

Dear Mr. Musgrove:

Attached is our 2008 Medicare Supplement Rate Revision for the above captured policy.

The filing fee in the amount of \$50.00 was provided by EFT.

We are requesting the indicated increase on the following currently sold form:

<u>Increase</u>	<u>Form Numbers</u>	<u>Description</u>	<u>Approval Date</u>
8%	14971R06-AR-A	Plan A	October 12, 2005
	14971R896-AR-A		June 23, 1997
	14971R-AR-A/14971-AR		August 26, 1994/April 27, 1992

The required actuarial material is enclosed.

2008 Medicare Supplement rates were approved by our Domicile State, Illinois, on March 4, 2008.

Thank you for your review and hopefully approval. If you need anything further, please feel free to contact me. If you have any questions or concerns regarding actuarial material, please contact Brian J. Moore, Vice President and Actuary, at (847) 953-8149.

Very truly yours,



Sue Thill

*Sue Thill, DHP, DIA, HIA – Senior Policy Analyst - Product Filings/Government Relations/Law*  
Toll Free: 888-449-3623 Telephone: (847) 953-1536 Fax: (847) 953-1557 E-mail: Sue.A.Thill@combined.com

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