

SERFF Tracking Number: STLH-126320542 State: Arkansas
 Filing Company: State Farm Mutual Automobile Insurance Company State Tracking Number: 43679
 Company Tracking Number: 2010 AR ER STD
 TOI: MS05I Individual Medicare Supplement - Standard Plans Sub-TOI: MS05I.001 Plan A
 Product Name: Standardized Medicare Supplement
 Project Name/Number: 2010 AR ER STD/

Filing at a Glance

Company: State Farm Mutual Automobile Insurance Company

Product Name: Standardized Medicare Supplement SERFF Tr Num: STLH-126320542 State: Arkansas

TOI: MS05I Individual Medicare Supplement - Standard Plans SERFF Status: Closed-Approved-Closed State Tr Num: 43679

Sub-TOI: MS05I.001 Plan A Co Tr Num: 2010 AR ER STD State Status: Approved-Closed
 Filing Type: Rate Reviewer(s): Stephanie Fowler

Disposition Date: 11/05/2009

Authors: Jane Ann Long, Barb Baxter, Jason Boice, Emily Shoopman

Date Submitted: 10/05/2009 Disposition Status: Approved-Closed

Implementation Date Requested: 01/01/2010

Implementation Date:

State Filing Description:

General Information

Project Name: 2010 AR ER STD

Status of Filing in Domicile: Pending

Project Number:

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 11/05/2009

Explanation for Other Group Market Type:

State Status Changed: 11/05/2009

Deemer Date:

Created By: Barb Baxter

Submitted By: Barb Baxter

Corresponding Filing Tracking Number:

Filing Description:

Re: State Farm Mutual Automobile Insurance Company, NAIC# 176-25178

Annual Rate Filing for Standardized Medicare Supplement Policy Forms 97037, 97038, and 97039

Dear Sir or Madam:

SERFF Tracking Number: *STLH-126320542* State: *Arkansas*
 Filing Company: *State Farm Mutual Automobile Insurance Company* State Tracking Number: *43679*
 Company Tracking Number: *2010 AR ER STD*
 TOI: *MS051 Individual Medicare Supplement - Standard Plans* Sub-TOI: *MS051.001 Plan A*
 Product Name: *Standardized Medicare Supplement*
 Project Name/Number: *2010 AR ER STD/*

On behalf of State Farm Mutual Automobile Insurance Company of Bloomington, Illinois, I submit the following annual rate filing for the above referenced Standardized Medicare Supplement policy forms.

We are filing rate tables for Policy Forms 97037, 97038, and 97039. This filing represents no change in rates. These rates apply to new issues and renewals. This filing complies with all applicable minimum loss ratio standards.

The following are included with this filing:

- an actuarial memorandum including an actuarial certification
- current rate tables
- experience exhibits
- 10-year projections
- EFT has been submitted in the amount of \$150.00 to pay filing fees

Sincerely,

Emily DeWald, FSA, MAAA
 Actuarial Analyst III
 Phone no.: (309) 766-3343
 Fax no.: (309) 766-1827
 Email: emily.dewald.sbf3@statefarm.com

Company and Contact

Filing Contact Information

Emily Shoopman, Actuarial Analyst III Emily.Shoopman.SBF3@statefarm.com
 One State Farm Plaza 309-766-3343 [Phone]
 Bloomington, IL 61710 309-766-1827 [FAX]

Filing Company Information

State Farm Mutual Automobile Insurance Company	CoCode: 25178	State of Domicile: Illinois
One State Farm Plaza	Group Code:	Company Type:
Life/Health Actuarial, B-1	Group Name:	State ID Number:
Bloomington, IL 61710	FEIN Number: 37-0533100	

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TOI: *MS05I Individual Medicare Supplement - Standard Plans* Sub-TOI: *MS05I.001 Plan A*
Product Name: *Standardized Medicare Supplement*
Project Name/Number: *2010 AR ER STD/*
(309) 766-5188 ext. [Phone]

Filing Fees

Fee Required? Yes
Fee Amount: \$150.00
Retaliatory? No
Fee Explanation: 3 * \$50.00
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
State Farm Mutual Automobile Insurance Company	\$150.00	10/05/2009	31053439

SERFF Tracking Number: *STLH-126320542* State: *Arkansas*
Filing Company: *State Farm Mutual Automobile Insurance* State Tracking Number: *43679*
Company *Company*
Company Tracking Number: *2010 AR ER STD*
TOI: *MS051 Individual Medicare Supplement -* Sub-TOI: *MS051.001 Plan A*
Standard Plans
Product Name: *Standardized Medicare Supplement*
Project Name/Number: *2010 AR ER STD/*

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Stephanie Fowler	11/05/2009	11/05/2009

SERFF Tracking Number: *STLH-126320542* State: *Arkansas*
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 Product Name: *Standardized Medicare Supplement*
 Project Name/Number: *2010 AR ER STD/*

Disposition

Disposition Date: 11/05/2009

Implementation Date:

Status: Approved-Closed

Comment: We have approved this rate filing. There was no increase requested.

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):
State Farm Mutual Automobile Insurance Company	0.000%	0.000%	\$0		\$	0.000%	0.000%

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Rate Information

Rate data applies to filing.

Filing Method: SERFF
Rate Change Type: Neutral
Overall Percentage of Last Rate Revision: 3.200%
Effective Date of Last Rate Revision: 01/01/2008
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:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):
State Farm Mutual Automobile Insurance Company	0.000%	0.000%	\$0			0.000%	0.000%

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Rate/Rule Schedule

Schedule Item Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:*	Rate Action Information:	Attachments
Approved 11/05/2009	Standardized Medicare Supplement	97037, 97039, 97038	Other	Previous State Filing Number: Percent Rate Change Request:	AR Rates - Std 2010.pdf

State Farm Mutual Automobile Insurance Company
Bloomington, Illinois

Medicare Supplement Policy Forms 97037, 97038 and 97039
Annual Premiums
Individual Male or Female

Current Rates (01/01/08 Effective Date)

	Plan A Form 97037 <i>ER_C1434</i>	Plan C Form 97038 <i>ER_C2163</i>	Plan F Form 97039 <i>ER_C2185</i>
All Ages	1,434.00	2,163.00	2,185.00

Semiannual Mode: 51% Annual
Quarterly Mode: 26% Annual

Arkansas