

SERFF Tracking Number: AMMS-126396490 State: Arkansas
Filing Company: Golden Rule Insurance Company State Tracking Number: 44243
Company Tracking Number: MGR04359
TOI: H16G Group Health - Major Medical Sub-TOI: H16G.002A Large Group Only - PPO
Product Name: Association Group
Project Name/Number: MGR04359/MGR04359

Filing at a Glance

Company: Golden Rule Insurance Company

Product Name: Association Group

TOI: H16G Group Health - Major Medical

Sub-TOI: H16G.002A Large Group Only - PPO

Filing Type: Form

SERFF Tr Num: AMMS-126396490 State: Arkansas

SERFF Status: Closed-Approved-
Closed State Tr Num: 44243

Co Tr Num: MGR04359

Author: Pat Allison

Date Submitted: 12/03/2009

State Status: Approved-Closed

Reviewer(s): Rosalind Minor

Disposition Date: 12/08/2009

Disposition Status: Approved-
Closed

Implementation Date:

Implementation Date Requested: On Approval

State Filing Description:

General Information

Project Name: MGR04359

Project Number: MGR04359

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 12/08/2009

Deemer Date:

Submitted By: Pat Allison

Filing Description:

Please see cover letter under supporting documents tab.

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments: Submitted to our
domiciliary state of Indiana on December 2,
2009.

Market Type: Group

Group Market Size: Large

Group Market Type: Association

Explanation for Other Group Market Type:

State Status Changed: 12/08/2009

Created By: Pat Allison

Corresponding Filing Tracking Number:

Company and Contact

Filing Contact Information

Debra Paris, Manager

7440 Woodland Drive

dlparis@goldenrule.com

800-926-7602 [Phone] 7771 [Ext]

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Indianapolis, IN 46278-1719 317-328-9645 [FAX]

Filing Company Information

Golden Rule Insurance Company CoCode: 62286 State of Domicile: Indiana
 7440 Woodland Drive Group Code: 707 Company Type: Life and Health
 Indianapolis, IN 46278 Group Name: State ID Number:
 (317) 297-0358 ext. [Phone] FEIN Number: 37-6028756

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: \$50 paid via EFT.
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Golden Rule Insurance Company	\$50.00	12/03/2009	32450216

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	12/08/2009	12/08/2009

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Disposition

Disposition Date: 12/08/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Cover Letter	Approved-Closed	Yes
Form	Uniform Provisions	Approved-Closed	Yes

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Form Schedule

Lead Form Number: MGR04359

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 12/08/2009	MGR04359	Policy/Cont ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Uniform Provisions	Initial		59.140	MGR04359- Form.pdf

[UNIFORM PROVISIONS]

MISSTATEMENT OF TOBACCO USE: The answer to the tobacco question on the application is material to *our* correct underwriting. If a *covered person's* use of tobacco has been misstated on the *covered person's* application for coverage under the *policy*, we have the right to rescind that person's coverage, subject to the Incontestability clause under Uniform Provisions.

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Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification Comments: Attachment: C006.3 P006.3 Readability 42008.pdf	Approved-Closed	12/08/2009

	Item Status:	Status Date:
Bypassed - Item: Application Bypass Reason: Does not apply to this filing. Comments:	Approved-Closed	12/08/2009

	Item Status:	Status Date:
Satisfied - Item: Cover Letter Comments: Attachment: MGR04359 Filing Letter.pdf	Approved-Closed	12/08/2009

Certification of Reading Ease

RE: Form (s) P-006.3, et al
C-006.3, et al

Golden Rule Insurance Company by Steven L. Pollack, President, does hereby certify to the best of our knowledge and belief that:

1. The Flesch reading ease test score of the above is: P-006.3, et al = 59.06
C-006.3, et al = 59.14
2. The above is printed (except for : specification pages, schedules, tables and, with regard to any application, minor instructions concerning preparation) in not less than ten point type, one point leaded.
3. The number of words contained in the text is: P-006.3, et al = 17,116
C-006.3, et al = 17,234
4. The numbers used in arriving at the above scores were:

Form #	<u>P-006.3, et al</u>	<u>C-006.3, et al</u>
Syllables	<u>27,303</u>	<u>27,497</u>
Words	<u>17,116</u>	<u>17,234</u>
Sentences	<u>1,354</u>	<u>1,368</u>
5. All text has been included in arriving at the above score(s), except for the following: Headings, defined terms, medical terminology and table of contents.
6. The entire text of the form(s) was analyzed in arriving at the above score(s), except as follows: See #5 above.
7. The readability of the above form(s) complies with the statutory and/or regulatory requirements of the following states: All states.
8. The above form(s) will be used in:

individual health insurance

individual life insurance

group health insurance

group life insurance

APR 19 2008

Date



Steven L. Pollack
President

December 2, 2009

Rosalind Minor
Arkansas Department of Insurance
Life, A&H, Annuities
1200 W. Third Street
Little Rock, Arkansas 72201-1904

Dear Ms. Minor::

Subject: Golden Rule Insurance Company
N.A.I.C. Company No.: 62286
FEIN: 37-6028756
Filing for Group Health Approval
Forms: MGR04359

The enclosed matrix paragraph is submitted for your review and approval for use with our existing portfolio of group health forms. Golden Rule currently intends to issue this form in conjunction with previously approved policies and certificates delivered to evidence coverage under master policies issued in the state of Illinois to a non-employer based association group.

Incorporation of this matrix paragraph is intended to emphasize that misstating an applicant's tobacco use on the application for coverage will be considered a material misstatement. As such, it is within or right to rescind coverage on the basis of such a misstatement. Due to the fact that tobacco use significantly impacts the health insurance premiums applicable to the individual, reporting of tobacco use is an area of the application found to be susceptible to misstatement. Therefore, Golden Rule management feels that it is important to emphasize the consequences of such a misstatement.

To the best of my knowledge, this form complies with the statutory and regulatory requirements of your state. The required documents are enclosed, accordingly.

If you should have any questions concerning this filing, please feel free to contact Policy Compliance collect at 800-926-7602 and request to speak with me. If you prefer, I may be contacted via e-mail at the following address: dlparis@goldenrule.com.

Thank you for your time and attention to this filing. I look forward to your reply.

Sincerely,



Debra L. Paris
Manager
Policy Compliance