

SERFF Tracking Number: AEGC-126016099 State: Arkansas  
 Filing Company: Transamerica Life Insurance Company State Tracking Number: 41495  
 Company Tracking Number: 1077  
 TOI: MS02G Group Medicare Supplement - Pre- Standardized Sub-TOI: MS02G.000 Medicare Supplement - Pre- Standardized  
 Product Name: Transamerica Life Insurance Company (formerly Life Investors Insurance Company) 2009 Annual PreStandard Group Medicare Supplement  
 Project Name/Number: 2009 Transamerica Life Insurance Company (formerly Life Investors Insurance Company) PreStandard Group Medicare Supplement Rates/07 pregroup

## Filing at a Glance

Company: Transamerica Life Insurance Company

Product Name: Transamerica Life Insurance Company (formerly Life Investors Insurance Company) 2009 Annual PreStandard Group Medicare Supplement  
 SERFF Tr Num: AEGC-126016099 State: ArkansasLH

TOI: MS02G Group Medicare Supplement - Pre-Standardized  
 SERFF Status: Closed State Tr Num: 41495

Sub-TOI: MS02G.000 Medicare Supplement - Pre-Standardized  
 Co Tr Num: 1077 State Status: Approved-Closed

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

Authors: Kristina Davis, Carolyn Mills, Teri Schaffer Disposition Date: 02/12/2009

Mills, Teri Schaffer

Date Submitted: 02/06/2009 Disposition Status: Approved-Closed

Implementation Date Requested: 06/01/2009

Implementation Date: 06/01/2009

State Filing Description:

## General Information

Project Name: 2009 Transamerica Life Insurance Company (formerly Life Investors Insurance Company) PreStandard Group Medicare Supplement Rates  
 Status of Filing in Domicile: Pending

Project Number: 07 pregroup

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

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: 20%

Group Market Type: Association

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**Filing Status Changed: 02/12/2009**

**Explanation for Other Group Market Type:**

**State Status Changed: 02/12/2009**

**Deemer Date:**

**Corresponding Filing Tracking Number:**

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**Filing Description:**

2009 Annual Rate Revision for Transamerica Life Insurance Company (formerly Life Investors Insurance Company) PreStandard Group Medicare Supplement Policies. Policy Form#(s): F-65872

Dear Ms. Minor:

Enclosed is our rate submission for all benefits contained in Medicare Supplement plans issued prior to the 1992 Medicare regulations. 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
- Projection Exhibit
- Life, Accident & Health Transmittal Document

Should you have any questions or concerns, please feel free to call me at 800-233-4624 extension 5236 or our Actuary, Stephen Baloga at extension 5226. For your convenience you can email us at [msapprovals@aegonusa.com](mailto:msapprovals@aegonusa.com). If you prefer, our fax number is 410-209-5904.

Sincerely,

Teri Schaffer,  
Actuarial Administrative Supervisor

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## Company and Contact

### Filing Contact Information

Carolyn Mills, Assistant Actuarial Statistician cemills@aegonusa.com  
 520 Park Avenue (410) 209-5644 [Phone]  
 Baltimore, MD 21201 (410) 209-5904[FAX]

### Filing Company Information

Transamerica Life Insurance Company	CoCode: 86231	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: 39-0989781	

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## Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Transamerica Life Insurance Company	\$50.00	02/06/2009	25560344

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Stephanie Fowler	02/12/2009	02/12/2009

### Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Rate sheets	Note To Reviewer	Carolyn Mills	02/12/2009	02/12/2009
Rate Sheets	Note To Filer	Stephanie Fowler	02/11/2009	02/11/2009

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## Disposition

Disposition Date: 02/12/2009

Implementation Date: 06/01/2009

Status: Approved-Closed

Comment: We have approved the requested 20% rate increase to be implemented on or after June 1, 2009. This approval is subject to the following:

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

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):
Transamerica Life Insurance Company	20.000%	20.000%	\$27,725	20	\$138,623	20.000%	20.000%

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<b>Item Type</b>	<b>Item Name</b>	<b>Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Health - Actuarial Justification	Approved	No
<b>Supporting Document</b>	Uniform transmittal	Accepted for Informational Purposes	Yes
<b>Rate</b>	Rates	Approved	Yes

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**Note To Reviewer**

**Created By:**

Carolyn Mills on 02/12/2009 09:27 AM

**Last Edited By:**

Stephanie Fowler

**Submitted On:**

02/12/2009 01:40 PM

**Subject:**

Rate sheets

**Comments:**

Dear Ms. Fowler,

Yes, there is only one form number, however, one set of rates is reflective of the plan without prescription drug coverage. We denote this for number is f-65872 ND (no drugs).

Thank you,  
Carolyn Mills

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**Note To Filer**

**Created By:**

Stephanie Fowler on 02/11/2009 03:21 PM

**Last Edited By:**

Stephanie Fowler

**Submitted On:**

02/12/2009 01:40 PM

**Subject:**

Rate Sheets

**Comments:**

Am I correct in my understanding that there is only one form number effected by this filing? If so, could you please explain the difference in the two rate sheets?

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## Rate Information

Rate data applies to filing.

**Filing Method:** serff  
**Rate Change Type:** Increase  
**Overall Percentage of Last Rate Revision:** 10.000%  
**Effective Date of Last Rate Revision:** 07/01/2008  
**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:	Premium:	Maximum % Change (where required):	Minimum % Change (where required):
Transamerica Life Insurance Company	20.000%	20.000%	\$27,725	20	\$138,623	20.000%	20.000%

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## Rate/Rule Schedule

Review Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:	Rate Action Information:	Attachments
Approved	Rates	F-65872	Revised	Previous State Filing Number: Percent Rate Change Request:	exhibita_p.pdf

**Exhibit A**  
**Transamerica Life Insurance Company**  
**Formerly Life Investors Insurance Company**

**Mass Marketed Pre-Standard Group Medicare Supplement**  
**Premium Rates AMA Business**  
**State of Arkansas**  
**Form Number: F-65872**

**Current Monthly Premium Rates**

Composite Age	Rates
65&Up	641.75

**Proposed Rate Change**

All Ages	20.0%
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**Proposed Monthly Premium Rates**

Composite Age	Rates
65&Up	770.10

	Annual	Semi-Annual	Quarterly	Monthly	Auto-Monthly
<b>Modal Factors</b>	11.000	5.760	3.000	1.000	0.920

**Exhibit A**  
**Transamerica Life Insurance Company**  
**Formerly Life Investors Insurance Company**

**Mass Marketed Pre-Standard Group Medicare Supplement  
Premium Rates AM Business  
State of Arkansas**

**Current Monthly Premium Rates**

Composite Age	Rates
65&Up	306.12

**Proposed Rate Change**

All Ages	20.0%
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**Proposed Monthly Premium Rates**

Composite Age	Rates
65&Up	367.34

	Annual	Semi-Annual	Quarterly	Monthly	Auto-Monthly
<b>Modal Factors</b>	11.000	5.760	3.000	1.000	0.920

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## Supporting Document Schedules

**Satisfied -Name:** Uniform transmittal **Review Status:** Accepted for Informational 02/12/2009 Purposes

**Comments:**

**Attachment:**

uniform\_transmittal.pdf

**Life, Accident & Health, Annuity, Credit Transmittal Document**

<b>1. Prepared for the State of</b>	<b>Arkansas</b>
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<b>2.</b>	<b>Department Use Only</b>
	<b>State Tracking ID</b>

<b>3.</b>	<b>Insurer Name &amp; Address</b>	<b>Domicile</b>	<b>Insurer License Type</b>	<b>NAIC Group#</b>	<b>NAIC#</b>	<b>FEIN #</b>	<b>State#</b>
	Transamerica Life Insurance Company Formerly Life Investors Insurance Company 520 Park Avenue Baltimore, MD 21201-4500	Iowa	<b>Accident &amp; Health</b>	468	86231	39-098978 1	

<b>4.</b>	<b>Contact Name &amp; Address</b>	<b>Telephone#</b>	<b>Fax#</b>	<b>E-mail Address</b>
	Teri Schaffer Actuarial Administrative Supervisor 520 Park Avenue Baltimore, MD 21201-4500	800-233-4624 ext. 5236	410-209-5904	msapprovals@aegonusa.com

<b>5.</b>	<b>Requested Filing Mode</b>	Review & Approval      File & Use      Informational Combination (please explain): Other (please explain):
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<b>6.</b>	<b>Company Tracking Number</b>	<b>1077</b>
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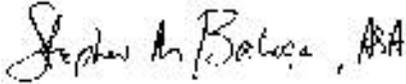
<b>7.</b>	<b>New Submission</b>	<b>Resubmission</b>	<b>Previous file#</b>
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<b>8.</b>	<b>Market</b>	<input type="checkbox"/> Individual      Franchise <input type="checkbox"/> Group Small <input checked="" type="checkbox"/> Large      Small and Large Employer Association      Blanket Discretionary      Trust Other:
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<b>9.</b>	<b>Type of Insurance</b>	<b>MS02G Group Medicare Supplement - Pre Standardized</b>
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<b>10.</b>	<b>Product Coding Matrix Filing Code</b>	<b>MS02G.000 Medicare Supplement - Pre-Standardized</b>
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<b>11.</b>	<b>Submitted Documents</b>	<p><b><u>FORMS</u></b>                  Policy      Outline of Coverage      Certificate                  Application/Enrollment      Rider/Endorsement      Advertising                  Schedule of Benefits      Other</p> <p><b><u>Rates</u></b>                  New Rate      Revised Rate</p> <p><b>FILING OTHER THAN FORM OR RATE:</b>                  Please explain: _____</p> <p><b><u>SUPPORTING DOCUMENTATION</u></b>                  Articles of Incorporation      Third Party Authorization                  Association Bylaws      Trust Agreements                  Statement of Variability      Certifications                  Actuarial Memorandum                  Other _____</p>
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12.	<b>Filing Submission Date</b>	February 6, 2009		
13.	<b>Filing Fee (If required)</b>	Amount	\$50.00	Check Date
		Retaliatory	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Check Number
14.	<b>Date of Domiciliary Approval</b>	The rates for this policy form in our domiciliary state of Iowa are pending		
15.	<b>Filing Description:</b>	<p align="center"><b>2009 Annual Rate Filing for Pre-Standard Mass Marketed Medicare Supplement Policies: Transamerica Life Insurance Company Formerly Life Investors Insurance Company</b></p> <p><b><u>POLICY FORM # (s):</u></b></p> <p>F-65872</p>		
16.	<b>Certification (If required)</b>	<p><b>I HEREBY CERTIFY</b> 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:	February 6, 2009

18.		Rate Filing Attachment		
This filing transmittal is part of company tracking number		1077		
This filing corresponds to form filing company tracking number				
Overall percentage rate impact for this filing		20.0%		
	Document Name	Affected Form Numbers		Previous State Filing Number
	Description			
01	<b>Actuarial Memorandum</b> Memorandum, rates, state & nationwide experience, loss ratio projections	F-65872	<input type="checkbox"/> New <input checked="" type="checkbox"/> Revised Request + <b>20.0%</b> <input type="checkbox"/> Other _____	
02	<b>Life, Accident &amp; Health Transmittal Document</b> Pages 1 thru 3	F-65872	<input type="checkbox"/> New <input checked="" type="checkbox"/> Revised Request + <b>20.0%</b> <input type="checkbox"/> Other _____	
03	<b>Serff Filing Fee Transmittal Form</b>	F-65872	<input type="checkbox"/> New <input checked="" type="checkbox"/> Revised Request + <b>20.0%</b> <input type="checkbox"/> Other _____	
04	<b>Filing Fee</b>	F-65872	<input type="checkbox"/> New <input checked="" type="checkbox"/> Revised Request + <b>20.0%</b> <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 _____	
11			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____% - ____% <input type="checkbox"/> Other _____	