

SERFF Tracking Number: CMBD-126037321 State: Arkansas
Filing Company: Combined Insurance Company of America State Tracking Number: 41564
Company Tracking Number: 2009 REPORTING OF MEDICARE SUPPLEMENT POLICIES
TOI: MS06 Medicare Supplement - Other Sub-TOI: MS06.000 Medicare Supplement - Other
Product Name: Senior 2009 Reporting of Duplicate Medicare Supplement Policies
Project Name/Number: 2009 Reporting of Duplicate Medicare Supplement Policies/2009 Reporting of Duplicate Medicare Supplement Policies

Filing at a Glance

Company: Combined Insurance Company of America

Product Name: Senior 2009 Reporting of Duplicate Medicare Supplement Policies SERFF Tr Num: CMBD-126037321 State: Arkansas

TOI: MS06 Medicare Supplement - Other

SERFF Status: Closed-Filed State Tr Num: 41564

Sub-TOI: MS06.000 Medicare Supplement - Other

Co Tr Num: 2009 REPORTING OF MEDICARE SUPPLEMENT POLICIES State Status: Filed-Closed

Filing Type: Form

Reviewer(s): Stephanie Fowler

Author: Sue Thill

Disposition Date: 02/17/2009

Date Submitted: 02/17/2009

Disposition Status: Filed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: 2009 Reporting of Duplicate Medicare Supplement Policies

Status of Filing in Domicile:

Project Number: 2009 Reporting of Duplicate Medicare Supplement Policies

Date Approved in Domicile:

Requested Filing Mode: Informational

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: 02/17/2009

Explanation for Other Group Market Type:

State Status Changed: 02/17/2009

Deemer Date:

Created By: Sue Thill

Submitted By: Sue Thill

Corresponding Filing Tracking Number:

Filing Description:

2009 Reporting of Duplicate Medicare Supplement Policies

Company and Contact

Filing Contact Information

Sue Thill, Senior Policy Analyst

Sue.A.Thill@combined.com

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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

Filing Fees

Fee Required? No
 Retaliatory? No
 Fee Explanation:
 Per Company: No

| COMPANY | AMOUNT | DATE PROCESSED | TRANSACTION # |
|---------------------------------------|--------|----------------|---------------|
| Combined Insurance Company of America | \$0.00 | 02/17/2009 | |

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Correspondence Summary

Dispositions

| Status | Created By | Created On | Date Submitted |
|--------|------------------|------------|----------------|
| Filed | Stephanie Fowler | 02/17/2009 | 02/17/2009 |

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Disposition

Disposition Date: 02/17/2009

Implementation Date:

Status: Filed

Comment:

Rate data does NOT apply to filing.

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| Schedule | Schedule Item | Schedule Item Status | Public Access |
|----------------------------|----------------------------------|-----------------------------|----------------------|
| Supporting Document | Flesch Certification | | No |
| Supporting Document | Application | | No |
| Supporting Document | Health - Actuarial Justification | | No |
| Supporting Document | Outline of Coverage | | No |
| Supporting Document | Cover Letter / Report | Filed | No |

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Supporting Document Schedules

| | Item Status: | Status Date: |
|---|--------------|--------------|
| Bypassed - Item: Flesch Certification Bypass Reason: N/A Comments: | | |
| Bypassed - Item: Application Bypass Reason: N/A Comments: | | |
| Bypassed - Item: Health - Actuarial Justification Bypass Reason: N/A Comments: | | |
| Bypassed - Item: Outline of Coverage Bypass Reason: N/A Comments: | | |
| Satisfied - Item: Cover Letter / Report Comments: Attachments: AR.pdf FORM FOR REPORTING.pdf | Filed | 02/17/2009 |



February 17, 2009

Honorable Julie Benafield Bowman
Commissioner of Insurance
Arkansas Insurance Department
1200 West 3rd Street
Little Rock, Arkansas 72201-1904

SERFF Tracking Number: CMBD-126037321
Re: **Combined Insurance Company of America**
FEIN Number 36-2136262
NAIC Number 317-62146
Reporting of Duplicate Medicare Supplement Policies
IDIVIDUAL MEDICARE – AGENT MARKETED

Dear Commissioner Bowman:

Enclosed is the reporting form for the Medicare Supplement Policies for Combined Insurance Company of America.

Sincerely,

Sue Thill, DHP, DIA, HIA
Senior Policy Analyst

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

1000 N. Milwaukee Avenue • Glenview, Illinois 60025 • www.combinedinsurance.com
The ACE Group of Companies

FORM FOR REPORTING
MEDICARE SUPPLEMENT POLICIES

COMPANY NAME: Combined Insurance Company of America

ADDRESS: 5050 Broadway
Chicago, Illinois 60640

PHONE NUMBER: (800) 544-5531

DUE: March 1, Annually

The purpose of this form is to report the following information on each resident of this state who has in force more than one Medicare Supplement policy or certificate. The information is to be grouped by individual policyholder.

| Policy and Certificate # | Date of Issuance |
|--------------------------|------------------|
| NONE | NONE |
| | |
| | |
| | |

Michael J. Hollar

Signature

Michael J. Hollar – Assistant Secretary and
Director of Product Development/Filings
Name & Title (please type)

February 17, 2009

Date