

SERFF Tracking Number: AEGC-126087642 State: Arkansas
 Filing Company: Transamerica Life Insurance Company State Tracking Number: 42216
 Company Tracking Number: 1965
 TOI: MS05G Group Medicare Supplement - Standard Sub-TOI: MS05G.001 Plan A
 Plans
 Product Name: Transamerica Life Insurance Company (Underwritten) 2009 Annual Standard Group Medicare Supplement
 Project Name/Number: 2009 Transamerica Life Insurance Company (Underwritten) Standard Group Medicare Supplement Rates/07G

Filing at a Glance

Company: Transamerica Life Insurance Company

Product Name: Transamerica Life Insurance SERFF Tr Num: AEGC-126087642 State: ArkansasLH

Company (Underwritten) 2009 Annual Standard

Group Medicare Supplement

TOI: MS05G Group Medicare Supplement - SERFF Status: Closed State Tr Num: 42216

Standard Plans

Sub-TOI: MS05G.001 Plan A

Co Tr Num: 1965

State Status: Approved-Closed

Filing Type: Rate

Co Status:

Reviewer(s): Stephanie Fowler

Authors: Kristina Davis, Carolyn Mills, Teri Schaffer

Disposition Date: 05/20/2009

Date Submitted: 04/27/2009

Disposition Status: Approved-Closed

Implementation Date Requested: 08/01/2009

Implementation Date: 08/01/2009

State Filing Description:

General Information

Project Name: 2009 Transamerica Life Insurance Company (Underwritten) Standard Group Medicare Supplement Rates

Status of Filing in Domicile: Pending

Project Number: 07G

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: 3%

Group Market Type: Association

Filing Status Changed: 05/20/2009

Explanation for Other Group Market Type:

State Status Changed: 05/20/2009

Deemer Date:

Corresponding Filing Tracking Number:

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Filing Description:

2009 Annual Rate Revision for Transamerica Life Insurance Company (Underwritten) Standard Group Medicare Supplement Policies. Policy Forms #(s): MS4500GPT-A.AR thru MS4500GPT-J.AR

Dear Ms. Minor:

Enclosed is our rate submission for the benefits contained in the Standardized Medicare Supplement plans. 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
- Exhibit B (Experience)
- Life, Accident & Health Transmittal Document
- Projection Exhibit
- Actual to Expected Analysis

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. 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	

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	04/27/2009	27436270

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Stephanie Fowler	05/20/2009	05/20/2009

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Disposition

Disposition Date: 05/20/2009

Implementation Date: 08/01/2009

Status: Approved-Closed

Comment: We have approved the requested 3% rate increase for Plans A, B, C, D, E, F and G to be implemented on or after August 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:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):
Transamerica Life Insurance Company	3.000%	3.000%	\$709	16	\$23,619	3.000%	3.000%

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

Rate data applies to filing.

Filing Method: serff
Rate Change Type: Increase
Overall Percentage of Last Rate Revision: 5.600%
Effective Date of Last Rate Revision: 11/01/2008
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):
Transamerica Life Insurance Company	3.000%	3.000%	\$709	16	\$23,619	3.000%	3.000%

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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	MS4500GPT-A.AR	Revised	Previous State Filing Number: Percent Rate Change Request:	exhibita_p.pdf
Approved	Rates	MS4500GPT-B.AR	Revised	Previous State Filing Number: Percent Rate Change Request:	
Approved	Rates	MS4500GPT-C.AR	Revised	Previous State Filing Number: Percent Rate Change Request:	
Approved	Rates	MS4500GPT-D.AR	Revised	Previous State Filing Number: Percent Rate Change Request:	
Approved	Rates	MS4500GPT-E.AR	Revised	Previous State Filing Number: Percent Rate Change Request:	
Approved	Rates	MS4500GPT-F.AR	Revised	Previous State Filing Number: Percent Rate Change Request:	
Approved	Rates	MS4500GPT-G.AR	Revised	Previous State Filing Number: Percent Rate Change Request:	
Approved	Rates	MS4500GPT-H.AR	Revised	Previous State Filing Number: Percent Rate Change Request:	

**Exhibit A
Transamerica Life Insurance Company**

**Mass Marketed Standard Group Medicare Supplement
Premium Rates Non-Smoker
State of Arkansas**

Current Monthly Premium Rates

Composite Age	Plan A	Plan B	Plan C	Plan D	Plan E	Plan F	Plan G
65 & Up	94	151	164	165	165	179	171

Proposed Rate Change

	Plan A	Plan B	Plan C	Plan D	Plan E	Plan F	Plan G
All Ages	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%

Proposed Monthly Premium Rates

Composite Age	Plan A	Plan B	Plan C	Plan D	Plan E	Plan F	Plan G
65 & Up	97	155	169	170	170	185	176

Modal Factors	Annual	Semi-Annual	Quarterly	Monthly
Direct Bill	11.400	5.850	3.000	1.000
ACH/EFT	11.400	5.700	2.850	0.950

**Exhibit A
Transamerica Life Insurance Company**

**Mass Marketed Standard Group Medicare Supplement
Premium Rates Non-Smoker
State of Arkansas**

Current Monthly Premium Rates

Composite Age	Plan H ND	Plan I ND	Plan J ND
65 & Up	169	171	173

Proposed Rate Change

	Plan H ND	Plan I ND	Plan J ND
All Ages	3.0%	3.0%	3.0%

Proposed Monthly Premium Rates

Composite Age	Plan H ND	Plan I ND	Plan J ND
65 & Up	174	176	179

Modal Factors	Annual	Semi-Annual	Quarterly	Monthly
Direct Bill	11.400	5.850	3.000	1.000
ACH/EFT	11.400	5.700	2.850	0.950

**Exhibit A
Transamerica Life Insurance Company**

**Mass Marketed Standard Group Medicare Supplement
Premium Rates Smoker
State of Arkansas**

Current Monthly Premium Rates

Composite Age	Plan A	Plan B	Plan C	Plan D	Plan E	Plan F	Plan G
65 & Up	110	176	190	191	192	209	198

Proposed Rate Change

	Plan A	Plan B	Plan C	Plan D	Plan E	Plan F	Plan G
All Ages	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%

Proposed Monthly Premium Rates

Composite Age	Plan A	Plan B	Plan C	Plan D	Plan E	Plan F	Plan G
65 & Up	113	181	196	197	198	215	204

Modal Factors	Annual	Semi-Annual	Quarterly	Monthly
Direct Bill	11.400	5.850	3.000	1.000
ACH/EFT	11.400	5.700	2.850	0.950

**Exhibit A
Transamerica Life Insurance Company**

**Mass Marketed Standard Group Medicare Supplement
Premium Rates Smoker
State of Arkansas**

Current Monthly Premium Rates

Composite Age	Plan H ND	Plan I ND	Plan J ND
65 & Up	185	188	190

Proposed Rate Change

	Plan H ND	Plan I ND	Plan J ND
All Ages	3.0%	3.0%	3.0%

Proposed Monthly Premium Rates

Composite Age	Plan H ND	Plan I ND	Plan J ND
65 & Up	191	193	196

Modal Factors	Annual	Semi-Annual	Quarterly	Monthly
Direct Bill	11.400	5.850	3.000	1.000
ACH/EFT	11.400	5.700	2.850	0.950

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Supporting Document Schedules

Satisfied -Name: Uniform transmittal **Review Status:** Accepted for Informational 05/20/2009
Purposes

Comments:
Attachment:
uniform_transmittal.pdf

Life, Accident & Health, Annuity, Credit Transmittal Document

1.	Prepared for the State of	Arkansas					
2.	Department Use Only						
	State Tracking ID						
3.	Insurer Name & Address	Domicile	Insurer License Type	NAIC Group #	NAIC #	FEIN #	State #
	Transamerica Life Insurance Company 520 Park Avenue Baltimore, MD 21201-4500	Iowa	Accident & Health	468	86231	39-0989781	
4.	Contact Name & Address	Telephone #	Fax #	E-mail Address			
	Teri Schaffer Actuarial Administrative Supervisor 520 Park Avenue Baltimore, MD 21201-4500	800-233-4624 ext. 5236	410-209-5904	msapprovals@aegonusa.com			
5.	Requested Filing Mode	<input checked="" type="checkbox"/> Review & Approval <input type="checkbox"/> File & Use <input type="checkbox"/> Informational <input type="checkbox"/> Combination (please explain): _____ <input type="checkbox"/> Other (please explain): _____					
6.	Company Tracking Number	1965					
7.	<input checked="" type="checkbox"/> New Submission	<input type="checkbox"/> Resubmission	Previous file # _____				
8.	Market	<input type="checkbox"/> Individual <input type="checkbox"/> Franchise <input type="checkbox"/> Small [X] Large <input type="checkbox"/> Small and Large <input type="checkbox"/> Employer <input checked="" type="checkbox"/> Association <input type="checkbox"/> Blanket <input type="checkbox"/> Discretionary <input type="checkbox"/> Trust <input type="checkbox"/> Other: _____					
9.	Type of Insurance	MS05G Group Medicare Supplement - Standard Plans					
10.	Product Coding Matrix Filing Code	<u>MS05G</u>					
11.	Submitted Documents	<input type="checkbox"/> FORMS <input type="checkbox"/> Policy <input type="checkbox"/> Outline of Coverage <input type="checkbox"/> Certificate <input type="checkbox"/> Application/Enrollment <input type="checkbox"/> Rider/Endorsement <input type="checkbox"/> Advertising <input type="checkbox"/> Schedule of Benefits <input type="checkbox"/> Other Rates <input type="checkbox"/> New Rate <input checked="" type="checkbox"/> Revised Rate <input type="checkbox"/> FILING OTHER THAN FORM OR RATE: Please explain: _____ SUPPORTING DOCUMENTATION <input type="checkbox"/> Articles of Incorporation <input type="checkbox"/> Third Party Authorization <input type="checkbox"/> Association Bylaws <input type="checkbox"/> Trust Agreements <input type="checkbox"/> Statement of Variability <input type="checkbox"/> Certifications <input checked="" type="checkbox"/> Actuarial Memorandum <input type="checkbox"/> Other: _____					
12.	Filing Submission Date	April 15, 2009					

13.	Filing Fee (If required)	Amount	\$ 50.00	Check Date	
		Retaliatory	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Check Number	
14.	Date of Domiciliary Approval	The rates for this policy form in our domiciliary state of Iowa are pending			
15.	Filing Description:				
	<p align="center">2009 Annual Rate Filing for Standard Mass Marketed Medicare Supplement Policies: Transamerica Life Insurance Company</p> <p><u>POLICY FORM #(s):</u></p> <p>MS4500GPT-A.AR MS4500GPT-B.AR MS4500GPT-C.AR MS4500GPT-D.AR MS4500GPT-E.AR MS4500GPT-F.AR MS4500GPT-G.AR MS4500GPT-H.AR MS4500GPT-I.AR MS4500GPT-J.AR</p>				
16.	Certification (If required)				
<p>I HEREBY CERTIFY 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: April 15, 2009	

18.		Rate Filing Attachment		
This filing transmittal is part of company tracking number		1965		
This filing corresponds to form filing company tracking number				
Overall percentage rate impact for this filing		3.0%		
	Document Name	Affected Form Numbers		Previous State Filing Number
	Description			
01	Actuarial Memorandum Memorandum, rates, loss ratio projections	MS4500GPT-A.AR thru MS4500GPT-J.AR	<input type="checkbox"/> New <input checked="" type="checkbox"/> Revised Request + <u>3.0</u> % <input type="checkbox"/> Other _____	
02	Life, Accident & Health Transmittal Document Page 1 of 3	MS4500GPT-A.AR thru MS4500GPT-J.AR	<input type="checkbox"/> New <input checked="" type="checkbox"/> Revised Request + <u>3.0</u> % <input type="checkbox"/> Other _____	
03	Filing Fee	MS4500GPT-A.AR thru MS4500GPT-J.AR	<input type="checkbox"/> New <input checked="" type="checkbox"/> Revised Request + <u>3.0</u> % <input type="checkbox"/> Other _____	
04			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____% - ____% <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 _____	