

SERFF Tracking Number: AEGC-126386574 State: Arkansas
 Filing Company: Transamerica Life Insurance Company State Tracking Number: 44134
 Company Tracking Number: 1266 & 2021
 TOI: MS05G Group Medicare Supplement - Standard Sub-TOI: MS05G.001 Plan A
 Plans
 Product Name: 2009 Transamerica Life Insurance Company (GI) Standard Group Medicare Supplement Rate Filing
 Project Name/Number: Medicare Supplement Rates/07G

Filing at a Glance

Company: Transamerica Life Insurance Company

Product Name: 2009 Transamerica Life SERFF Tr Num: AEGC-126386574 State: Arkansas

Insurance Company (GI) Standard Group

Medicare Supplement Rate Filing

TOI: MS05G Group Medicare Supplement - SERFF Status: Closed-Approved- State Tr Num: 44134
 Standard Plans Closed

Sub-TOI: MS05G.001 Plan A

Co Tr Num: 1266 & 2021

State Status: Approved-Closed

Filing Type: Rate

Reviewer(s): Stephanie Fowler

Authors: Carolyn Mills, Teri

Disposition Date: 01/04/2010

Schaffer, Kristina Davis

Date Submitted: 11/19/2009

Disposition Status: Approved-

Closed

Implementation Date Requested: 04/01/2010

Implementation Date: 04/01/2010

State Filing Description:

General Information

Project Name: 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:

Group Market Type: Association

Filing Status Changed: 01/04/2010

Explanation for Other Group Market Type:

State Status Changed: 01/04/2010

Deemer Date:

Created By: Carolyn Mills

Submitted By: Teri Schaffer

Corresponding Filing Tracking Number:

Filing Description:

2009 Medicare Supplement Rate filing for Standard Group Medicare Supplement. Policy Form(s): MS4100GPL-A thru MS4100GPL-J, MS5000GPT-A.AR thru MS5000GPT-J.AR

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Dear Ms. Minor:

Enclosed is our rate submission for the benefits contained in the Standardized Medicare Supplement plans. The filing submission contains policy forms formerly written by Life Investors and the new policy forms just recently approved on Transamerica Life. All experience has been combined for rating purposes. 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
- Actual to Expected Analysis
- Projection Exhibit

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

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:

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Project Name/Number: Medicare Supplement Rates/07G
(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	11/19/2009	32167066

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Stephanie Fowler	01/04/2010	01/04/2010

SERFF Tracking Number: AEGC-126386574 State: Arkansas
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Disposition

Disposition Date: 01/04/2010

Implementation Date: 04/01/2010

Status: Approved-Closed

Comment: We have approved this rate filing. There was no change 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):
Transamerica Life Insurance Company	0.000%	0.000%	\$0	85	\$253,481	0.000%	0.000%

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Health - Actuarial Justification	Accepted for Informational Purposes	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
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
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: 3.800%
Effective Date of Last Rate Revision: 05/01/2009
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	0.000%	0.000%	\$0	85	\$253,481	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 Rates 01/04/2010		MS4100GPL-A	Revised	Previous State Filing Number: Percent Rate Change Request:	exhibita.pdf
Approved Rates 01/04/2010		MS4100GPL-B	Revised	Previous State Filing Number: Percent Rate Change Request:	
Approved Rates 01/04/2010		MS4100GPL-C	Revised	Previous State Filing Number: Percent Rate Change Request:	
Approved Rates 01/04/2010		MS4100GPL-D	Revised	Previous State Filing Number: Percent Rate Change Request:	
Approved Rates 01/04/2010		MS4100GPL-E	Revised	Previous State Filing Number: Percent Rate Change Request:	
Approved Rates		MS4100GPL-F	Revised	Previous State Filing Number:	

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 Project Name/Number: Medicare Supplement Rates/07G

01/04/2010 Percent Rate Change Request:

Approved Rates MS4100GPL-G Revised Previous State Filing Number:
 01/04/2010 Percent Rate Change Request:

Approved Rates MS4100GPL-H Revised Previous State Filing Number:
 01/04/2010 Percent Rate Change Request:

Approved Rates MS4100GPL-I Revised Previous State Filing Number:
 01/04/2010 Percent Rate Change Request:

Approved Rates MS4100GPL-J Revised Previous State Filing Number:
 01/04/2010 Percent Rate Change Request:

Approved Rates MS5000GPT-A.AR Revised Previous State Filing Number:
 01/04/2010 Percent Rate Change Request:

Approved Rates MS5000GPT-B.AR Revised Previous State Filing Number:
 01/04/2010 Percent Rate Change Request:

Approved Rates MS5000GPT- Revised Previous State Filing

SERFF Tracking Number: AEGC-126386574 State: Arkansas
Filing Company: Transamerica Life Insurance Company State Tracking Number: 44134
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TOI: MS05G Group Medicare Supplement - Standard Sub-TOI: MS05G.001 Plan A
Plans

Product Name: 2009 Transamerica Life Insurance Company (GI) Standard Group Medicare Supplement Rate Filing
Project Name/Number: Medicare Supplement Rates/07G

01/04/2010 C.AR Number:
Percent Rate Change
Request:

Approved Rates MS5000GPT- Revised Previous State Filing
01/04/2010 D.AR Number:
Percent Rate Change
Request:

Approved Rates MS5000GPT- Revised Previous State Filing
01/04/2010 E.AR Number:
Percent Rate Change
Request:

Approved Rates MS5000GPT- Revised Previous State Filing
01/04/2010 F.AR Number:
Percent Rate Change
Request:

Approved Rates MS5000GPT- Revised Previous State Filing
01/04/2010 G.AR Number:
Percent Rate Change
Request:

Approved Rates MS5000GPT- Revised Previous State Filing
01/04/2010 H.AR Number:
Percent Rate Change
Request:

Approved Rates MS5000GPT- Revised Previous State Filing
01/04/2010 I.AR Number:
Percent Rate Change
Request:

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Approved Rates	MS5000GPT-	Revised	Previous State Filing
01/04/2010	J.AR		Number:
			Percent Rate Change
			Request:

Exhibit A
Transamerica Life Insurance Company
Formerly Life Investors Insurance Company
Policy Form Series: MS4100GPL

Mass Marketed Standard Group Medicare Supplement
Premium Rates Issued Prior To 09/01/2005
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	104	258	280	281	183	246	189

Proposed Rate Change

	Plan A	Plan B	Plan C	Plan D	Plan E	Plan F	Plan G
All Ages	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

Proposed Monthly Premium Rates

Composite Age	Plan A	Plan B	Plan C	Plan D	Plan E	Plan F	Plan G
65 & Up	104	258	280	281	183	246	189

	Annual	Semi-Annual	Quarterly	Monthly	Auto-Monthly
Modal Factors	11.000	5.760	3.000	1.000	0.920

Exhibit A
Transamerica Life Insurance Company
Formerly Life Investors Insurance Company
Policy Form Series: MS4100GPL

Mass Marketed Standard Group Medicare Supplement
Premium Rates Issued Prior To 09/01/2005
State of Arkansas

Current Monthly Premium Rates

Composite Age	Plan H	Plan H ND	Plan I	Plan I ND	Plan J	Plan J ND
65 & Up	453	336	459	340	594	371

Proposed Rate Change

	Plan H	Plan H ND	Plan I	Plan I ND	Plan J	Plan J ND
All Ages	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

Proposed Monthly Premium Rates

Composite Age	Plan H	Plan H ND	Plan I	Plan I ND	Plan J	Plan J ND
65 & Up	453	336	459	340	594	371

	Annual	Semi-Annual	Quarterly	Monthly	Auto-Monthly
Modal Factors	11.000	5.760	3.000	1.000	0.920

Exhibit A
Transamerica Life Insurance Company
Formerly Life Investors Insurance Company
Policy Form Series: MS4100GPL

Mass Marketed Standard Group Medicare Supplement
Premium Rates Issued After 09/01/2005
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	93	150	163	163	163	178	169

Proposed Rate Change

	Plan A	Plan B	Plan C	Plan D	Plan E	Plan F	Plan G
All Ages	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

Proposed Monthly Premium Rates

Composite Age	Plan A	Plan B	Plan C	Plan D	Plan E	Plan F	Plan G
65 & Up	93	150	163	163	163	178	169

	Annual	Semi-Annual	Quarterly	Monthly	Auto-Monthly
Modal Factors	11.000	5.760	3.000	1.000	0.920

Exhibit A
Transamerica Life Insurance Company
Formerly Life Investors Insurance Company
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Mass Marketed Standard Group Medicare Supplement
Premium Rates Issued After 09/01/2005
State of Arkansas

Current Monthly Premium Rates

Composite Age	Plan H	Plan H ND	Plan I	Plan I ND	Plan J	Plan J ND
65 & Up	394	293	399	296	516	322

Proposed Rate Change

	Plan H	Plan H ND	Plan I	Plan I ND	Plan J	Plan J ND
All Ages	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

Proposed Monthly Premium Rates

Composite Age	Plan H	Plan H ND	Plan I	Plan I ND	Plan J	Plan J ND
65 & Up	394	293	399	296	516	322

	Annual	Semi-Annual	Quarterly	Monthly	Auto-Monthly
Modal Factors	11.000	5.760	3.000	1.000	0.920

Exhibit A
Transamerica Life Insurance Company
Formerly Life Investors Insurance Company
Policy Form Series: MS4100GPL

Mass Marketed Standard Group Medicare Supplement
Premium Rates AMA Business
State of Arkansas

Current Monthly Premium Rates

Composite Age	Plan A	Plan E
65 & Up	1,203	2,015

Proposed Rate Change

	Plan A	Plan E
All Ages	0.0%	0.0%

Proposed Monthly Premium Rates

Composite Age	Plan A	Plan E
65 & Up	1,203	2,015

	Annual	Semi-Annual	Quarterly	Monthly	Auto-Monthly
Modal Factors	1.000	0.5236	0.2727	0.0909	0.0836

Exhibit A
Transamerica Life Insurance Company
Formerly Life Investors Insurance Company
Policy Form Series: MS4100GPL

Mass Marketed Standard Group Medicare Supplement
Premium Rates AMA Business
State of Arkansas

Current Monthly Premium Rates

Composite Age	Plan J	Plan J ND
65 & Up	5,998	3,755

Proposed Rate Change

	Plan J	Plan J ND
All Ages	0.0%	0.0%

Proposed Monthly Premium Rates

Composite Age	Plan J	Plan J ND
65 & Up	5,998	3,755

	Annual	Semi-Annual	Quarterly	Monthly	Auto-Monthly
Modal Factors	1.000	0.5236	0.2727	0.0909	0.0836

Exhibit A
Transamerica Life Insurance Company
Policy Form Series: MS5000GPT

Mass Marketed Standard Group Medicare Supplement
Premium Rates AMA Business
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	82	131	143	143	143	156	148

Proposed Rate Change

	Plan A	Plan B	Plan C	Plan D	Plan E	Plan F	Plan G
All Ages	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

Proposed Monthly Premium Rates

Composite Age	Plan A	Plan B	Plan C	Plan D	Plan E	Plan F	Plan G
65 & Up	82	131	143	143	143	156	148

	Annual	Semi-Annual	Quarterly	Monthly	Auto-Monthly
Modal Factors	11.000	5.760	3.000	1.000	0.920

Exhibit A
Transamerica Life Insurance Company
Policy Form Series: MS5000GPT

Mass Marketed Standard Group Medicare Supplement
Premium Rates AMA Business
State of Arkansas

Current Monthly Premium Rates

Composite Age	Plan H ND	Plan I ND	Plan J ND
65 & Up	144	146	156

Proposed Rate Change

	Plan H ND	Plan I ND	Plan J ND
All Ages	0.0%	0.0%	0.0%

Proposed Monthly Premium Rates

Composite Age	Plan H ND	Plan I ND	Plan J ND
65 & Up	144	146	156

	Annual	Semi-Annual	Quarterly	Monthly	Auto-Monthly
Modal Factors	11.000	5.760	3.000	1.000	0.920

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Product Name: 2009 Transamerica Life Insurance Company (GI) Standard Group Medicare Supplement Rate Filing
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Supporting Document Schedules

	Item Status:	Status
Satisfied - Item: Uniform transmittal	Accepted for Informational Purposes	01/04/2010
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	1266 & 2021					
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	November 16, 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>2009 Annual Rate Filing for Standard Mass Marketed Medicare Supplement Policies: Transamerica Life Insurance Company</p> <p><u>POLICY FORM #(s):</u></p> <p>MS4100GPL-A MS4100GPL-B MS4100GPL-C MS4100GPL-D MS4100GPL-E MS4100GPL-F MS4100GPL-G MS4100GPL-H MS4100GPL-I MS4100GPL-J MS5000GPT.A.AR MS5000GPT.B.AR MS5000GPT.C.AR MS5000GPT.D.AR MS5000GPT.E.AR MS5000GPT.F.AR MS5000GPT.G.AR MS5000GPT.H.AR MS5000GPT.I.AR MS5000GPT.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: November 16, 2009	

18.		Rate Filing Attachment		
This filing transmittal is part of company tracking number		1266 & 2021		
This filing corresponds to form filing company tracking number				
Overall percentage rate impact for this filing		0.0%		
	Document Name	Affected Form Numbers		Previous State Filing Number
	Description			
01	Actuarial Memorandum Memorandum, rates, state & nationwide experience, loss ratio projections, actual to expected analysis	MS4100GPL-A thru MS4100GPL-J MS5000GPT-A.AR thru MS5000GPT-J.AR	<input type="checkbox"/> New <input checked="" type="checkbox"/> Revised Request + <u>0.0%</u> - <u>0.0%</u> <input type="checkbox"/> Other _____	
02	Life, Accident & Health Transmittal Document Pages 1 thru 3	MS4100GPL-A thru MS4100GPL-J MS5000GPT-A.AR thru MS5000GPT-J.AR	<input type="checkbox"/> New <input checked="" type="checkbox"/> Revised Request + <u>0.0%</u> - <u>0.0%</u> <input type="checkbox"/> Other _____	
03	Filing Fee	MS4100GPL-A thru MS4100GPL-J MS5000GPT-A.AR thru MS5000GPT-J.AR	<input type="checkbox"/> New <input type="checkbox"/> Revised Request + <u>0.0%</u> - <u>0.0%</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 _____	