

SERFF Tracking Number: AEGC-126407123 State: Arkansas
Filing Company: Monumental Life Insurance Company State Tracking Number: 44272
Company Tracking Number: 1758
TOI: MS051 Individual Medicare Supplement - Sub-TOI: MS051.001 Plan A
Standard Plans
Product Name: Monumental Life Insurance Company (formerly Peoples Benefits) Standard Individual Medicare Supplement Rate Filing
Project Name/Number: Medicare Supplement Rates/55/021

Filing at a Glance

Company: Monumental Life Insurance Company

Product Name: Monumental Life Insurance SERFF Tr Num: AEGC-126407123 State: Arkansas

Company (formerly Peoples Benefits) Standard Individual Medicare Supplement Rate Filing

TOI: MS051 Individual Medicare Supplement - SERFF Status: Closed-Approved- State Tr Num: 44272
Standard Plans Closed

Sub-TOI: MS051.001 Plan A Co Tr Num: 1758 State Status: Approved-Closed
Filing Type: Rate Reviewer(s): Stephanie Fowler

Authors: Carolyn Mills, Teri

Schaffer, Kristina Davis

Date Submitted: 12/08/2009 Disposition Date: 01/06/2010
Disposition Status: Approved-Closed

Implementation Date Requested: 02/01/2010

Implementation Date: 02/01/2010

State Filing Description:

General Information

Project Name: Medicare Supplement Rates

Project Number: 55/021

Requested Filing Mode: Review & Approval

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments: The rates for this policy form in our domiciliary state of Iowa are pending.

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact: 15%

Filing Status Changed: 01/06/2010

Market Type: Individual

Group Market Size:

Group Market Type:

Explanation for Other Group Market Type:

State Status Changed: 01/06/2010

Deemer Date:

Created By: Carolyn Mills

Submitted By: Teri Schaffer

Corresponding Filing Tracking Number:

Filing Description:

2009 Medicare Supplement Rate Filing for Standard Individual Medicare Supplement. Policy form(s): 615400 A, 615400 C

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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 60 days from the effective date of the approval. Since this is a closed block of business, we have dropped all plans that no longer have lives for the last two years. We will only be including in our filings the plans that still have lives.

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

Monumental Life Insurance Company CoCode: 66281 State of Domicile: Iowa
4333 Edgewood Road, NE Group Code: 468 Company Type: Life and Health

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 Cedar Rapids, IA 52499 Group Name: State ID Number:
 (800) 233-4624 ext. [Phone] FEIN Number: 52-0419790

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Monumental Life Insurance Company	\$50.00	12/08/2009	32564240

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Stephanie Fowler	01/06/2010	01/06/2010

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Disposition

Disposition Date: 01/06/2010

Implementation Date: 02/01/2010

Status: Approved-Closed

Comment: The requested rate increase has been approved to be implemented on or after February 1, 2010. This approval is subject to the following:

- Increases will not be given more frequently than once in a twelve-month period
- The insured shall be notified by the insurer of its intention to increase the rate for renewal not less than thirty (30) days prior to the effective date of the renewal.

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):
Monumental Life Insurance Company	15.000%	15.000%	\$209	1	\$1,396	15.000%	15.000%

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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

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Rate Information

Rate data applies to filing.

Filing Method: serff
Rate Change Type: Increase
Overall Percentage of Last Rate Revision: 15.000%
Effective Date of Last Rate Revision: 11/25/2008
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):
Monumental Life Insurance Company	15.000%	15.000%	\$209	1	\$1,396	15.000%	15.000%

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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 01/06/2010		615400 A	Revised	Previous State Filing Number: Percent Rate Change Request: 15.000	exhibita_p.pdf
Approved Rates 01/06/2010		615400 C	Revised	Previous State Filing Number: Percent Rate Change Request: 15.000	

**Exhibit A
 Monumental Life Insurance Company
 Formerly Peoples Benefit Life**

**Mass Marketed Standard Individual Medicare Supplement
 Premium Rates
 State of Arkansas**

Policy Form 615400

Current Annual Premium Rates

Issue Age	Plan A	Plan C
All Ages	2,887	13,230

Proposed Rate Change

	Plan A	Plan C
All Ages	15.0%	15.0%

Proposed Annual Premium Rates

Issue Age	Plan A	Plan C
All Ages	3,320	15,215

	Annual	Semi-Annual	Quarterly	Monthly
Modal Factors	1.000	0.500	0.250	0.083

*Pre – 65 rates were discounted rates that were offered to insureds who purchased a Medicare Supplement policy 3 months prior to their 65th birthday. If the policy was purchased at 64 and 9 months, the insured was charged the pre-65 rate, and not the age 65 rate.

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Supporting Document Schedules

	Item Status:	Status
Satisfied - Item: Uniform transmittal	Accepted for Informational Purposes	Date: 01/06/2010
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 #
	Monumental Life Insurance Company Formerly Peoples Benefit Life 520 Park Avenue Baltimore, MD 21201-4500	Iowa	Accident & Health	468	66281	52-0419790	
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	1758					
7.	<input checked="" type="checkbox"/> New Submission	<input type="checkbox"/> Resubmission	Previous file # _____				
8.	Market	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Franchise Group <input type="checkbox"/> Small [] 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	MS05I Individual Medicare Supplement - Standard Plans					
10.	Product Coding Matrix Filing Code	<u>MS05I</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 <input type="checkbox"/> Rates <input type="checkbox"/> New Rate <input checked="" type="checkbox"/> Revised Rate <input type="checkbox"/> FILING OTHER THAN FORM OR RATE: Please explain: _____ <u>SUPPORTING DOCUMENTATION</u> <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 23, 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: Monumental Life Insurance Company Formerly Peoples Benefit Life</p> <p><u>POLICY FORM #(s):</u></p> <p>615400 A 615400 C</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 23, 2009	

18.		Rate Filing Attachment		
This filing transmittal is part of company tracking number		1758		
This filing corresponds to form filing company tracking number				
Overall percentage rate impact for this filing		15.0%		
	Document Name	Affected Form Numbers		Previous State Filing Number
	Description			
01	Actuarial Memorandum Memorandum, rates, state & nationwide experience, actual to expected analysis, loss ratio projections	615400 A 615400 C	<input type="checkbox"/> New <input checked="" type="checkbox"/> Revised Request + <u>15.0%</u> <input type="checkbox"/> Other _____	
02	Life, Accident & Health Transmittal Document Pages 1 thru 3	615400 A 615400 C	<input type="checkbox"/> New <input checked="" type="checkbox"/> Revised Request + <u>15.0%</u> <input type="checkbox"/> Other _____	
03			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% ___% <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 _____	

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