

SERFF Tracking Number: HUMA-126858377 State: Arkansas
Filing Company: Humana Insurance Company State Tracking Number: 47040
Company Tracking Number: AR-18-2010
TOI: MS021 Individual Medicare Supplement - Pre- Standardized Sub-TOI: MS021.000 Medicare Supplement - Pre- Standardized
Product Name: Individual Medicare Supplement Plans
Project Name/Number: 2010 Kanawha Rates /AR-18-2010

Filing at a Glance

Company: Humana Insurance Company

Product Name: Individual Medicare Supplement SERFF Tr Num: HUMA-126858377 State: Arkansas
Plans

TOI: MS021 Individual Medicare Supplement - Pre-Standardized SERFF Status: Closed-Approved- Closed State Tr Num: 47040

Sub-TOI: MS021.000 Medicare Supplement - Pre-Standardized Co Tr Num: AR-18-2010 State Status: Approved-Closed

Filing Type: Rate

Reviewer(s): Stephanie Fowler

Authors: Michele Zabel, Paula Williamson, Bettina Ponds, Tammy House, Tiffany Turner, Seth Johnson

Disposition Date: 10/19/2010

Date Submitted: 10/13/2010

Disposition Status: Approved-Closed

Implementation Date Requested: 01/01/2011

Implementation Date: 01/01/2011

State Filing Description:

General Information

Project Name: 2010 Kanawha Rates
Project Number: AR-18-2010
Requested Filing Mode: Review & Approval
Explanation for Combination/Other:
Submission Type: New Submission
Overall Rate Impact: 6.3%
Filing Status Changed: 10/19/2010

Status of Filing in Domicile: Not Filed

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Group Market Size:

Group Market Type:

Explanation for Other Group Market Type:

State Status Changed: 10/19/2010

Created By: Bettina Ponds

Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Bettina Ponds

Filing Description:

RE: Kanawha Insurance Company

2010 Medicare Supplement Rate Filing

NAIC # 65110; FEIN #57-0380426

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Please find enclosed Kanawha Insurance Company's actuarial memorandum for a proposed rate increase of 6.3% for Individual Medicare Supplement Policy forms 90550 and 90560. These policies are guaranteed renewable for life and were issued to Medicare recipients ages 65 and over.

The proposed effective date for this increase is January 1, 2011 or upon approval following appropriate notification to impacted policyholders. This increase is requested for a closed block of business.

The last rate filing was approved on September 25, 2009 for a 5.0% increase, HUMA-126270050.

In addition to SERFF, I can be reached at (502) 580-0964 or by email at bponds@humana.com.

Company and Contact

Filing Contact Information

Bettina Ponds, Medicare Supplement Product bponds@humana.com
 Compliance Analyst
 500 W. Main St. 502-580-0964 [Phone]
 Louisville, KY 40202

Filing Company Information

Humana Insurance Company	CoCode: 73288	State of Domicile: Wisconsin
1100 Employers Boulevard	Group Code: 119	Company Type: Life & Health
Green Bay, WI 54344	Group Name:	State ID Number:
(800) 558-4444 ext. [Phone]	FEIN Number: 39-1263473	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	50.00 for each rate renewal submission.
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Humana Insurance Company	\$50.00	10/13/2010	40677236

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Stephanie Fowler	10/19/2010	10/19/2010

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Disposition

Disposition Date: 10/19/2010

Implementation Date: 01/01/2011

Status: Approved-Closed

Comment: The requested rate increase has been approved to be implemented on or after January 1, 2011. This approval is subject to the following:

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

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Health - Actuarial Justification	Approved	No
Rate	Proposed Base Rates	Approved	Yes

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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 10/19/2010	Proposed Base Rates	90550, 90560	Revised	Previous State Filing Number: Percent Rate Change Request:	HUMA-1262700 Proposed Base Rates.pdf 50 6.300

Exhibit B
Kanawha Insurance Company
Medicare Supplement Rates

State: Arkansas
Form #s: 90550 and 90560 - Issue Age

Base Rate Effective January 1, 2010
Proposed Rate Effective January 1, 2011

Issue Age	Form 90550		
	Base Rate	Proposed Increase	Proposed Base Rate
<65	n/a	n/a	n/a
85+	\$286.81	6.3%	\$304.88

Base Rate Effective January 1, 2010
Proposed Rate Effective January 1, 2011

Issue Age	Form 90560		
	Base Rate	Proposed Increase	Proposed Base Rate
<65	n/a	n/a	n/a
85+	\$373.91	6.3%	\$397.47