

SERFF Tracking Number: OSLI-126849307 State: Arkansas  
 Filing Company: Old Surety Life Insurance Company State Tracking Number: 47089  
 Company Tracking Number:  
 TOI: MS051 Individual Medicare Supplement - Sub-TOI: MS051.011 Plan J (Basic)  
 Standard Plans  
 Product Name: Medicare Supp Plan J (1990 Stand.)  
 Project Name/Number: /

## Filing at a Glance

Company: Old Surety Life Insurance Company

Product Name: Medicare Supp Plan J (1990 Stand.) SERFF Tr Num: OSLI-126849307 State: Arkansas

TOI: MS051 Individual Medicare Supplement - Standard Plans SERFF Status: Closed-Approved-Closed State Tr Num: 47089

Sub-TOI: MS051.011 Plan J (Basic)

Co Tr Num:

State Status: Approved-Closed

Filing Type: Rate

Author: Dwight Herron

Reviewer(s): Stephanie Fowler

Date Submitted: 10/19/2010

Disposition Date: 10/21/2010

Disposition Status: Approved-Closed

Implementation Date Requested: 01/01/2011

Implementation Date: 01/01/2011

State Filing Description:

## General Information

Project Name:

Status of Filing in Domicile: Not Filed

Project Number:

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact: 8%

Group Market Type:

Filing Status Changed: 10/21/2010

Explanation for Other Group Market Type:

State Status Changed: 10/21/2010

Deemer Date:

Created By: Dwight Herron

Submitted By: Dwight Herron

Corresponding Filing Tracking Number:

Filing Description:

Medicare Supplement Plan J (1990 Stand.) Rate Increase

## Company and Contact

### Filing Contact Information

Dwight Herron, Secretary & Vice President

dherron@oldsurety.com

P O Box 54407

800-272-5466 [Phone]

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Oklahoma City, OK 73154 405-524-4011 [FAX]

**Filing Company Information**

Old Surety Life Insurance Company	CoCode: 67326	State of Domicile: Oklahoma
P O Box 54407	Group Code:	Company Type: Life & Health
Oklahoma City, OK 73154	Group Name:	State ID Number:
(800) 272-5466 ext. [Phone]	FEIN Number: 73-0385800	

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**Filing Fees**

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Old Surety Life Insurance Company	\$50.00	10/19/2010	40917623

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
0094447	\$50.00	10/19/2010

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Stephanie Fowler	10/21/2010	10/21/2010

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## Disposition

Disposition Date: 10/21/2010

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.

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):
Old Surety Life Insurance Company	8.000%	8.000%	\$7,224	81	\$90,305	%	%



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## Rate Information

Rate data applies to filing.

**Filing Method:** Review & Approve  
**Rate Change Type:** Increase  
**Overall Percentage of Last Rate Revision:** 8.000%  
**Effective Date of Last Rate Revision:** 01/01/2010  
**Filing Method of Last Filing:** Review & Approve

## 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):
Old Surety Life Insurance Company	8.000%	8.000%	\$7,224	81	\$90,305	%	%

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## Rate/Rule Schedule

Schedule Item Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:	Rate Action Information:	Attachments
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Approved	Medicare Supp Plan J	Form 500-J-AR	New		
	10/21/2010 (1990 Stand.)				