

SERFF Tracking Number: UTAC-126808716 State: Arkansas
Filing Company: Loyal American Life Insurance Company State Tracking Number: 46766
Company Tracking Number: LOYAL MODERNIZED PLANS AR
TOI: MS08I Individual Medicare Supplement - Sub-TOI: MS08I.001 Plan A 2010
Standard Plans 2010
Product Name: Loyal Modernized 2011 Rate Filing
Project Name/Number: /

Filing at a Glance

Company: Loyal American Life Insurance Company

Product Name: Loyal Modernized 2011 Rate SERFF Tr Num: UTAC-126808716 State: Arkansas

Filing

TOI: MS08I Individual Medicare Supplement - SERFF Status: Closed-Approved- State Tr Num: 46766
Standard Plans 2010 Closed

Sub-TOI: MS08I.001 Plan A 2010

Co Tr Num: LOYAL MODERNIZED State Status: Approved-Closed
PLANS AR

Filing Type: Rate

Reviewer(s): Stephanie Fowler

Author: Naz Melyas

Disposition Date: 12/27/2010

Date Submitted: 09/13/2010

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: Pending

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

Individual Market Type:

Overall Rate Impact: 9%

Filing Status Changed: 12/27/2010

State Status Changed: 12/27/2010

Deemer Date:

Created By: Naz Melyas

Submitted By: Naz Melyas

Corresponding Filing Tracking Number:

Filing Description:

Enclosed for your review and approval, please find copies of an Actuarial Memorandum and rate sheets in support of a proposed rate increase on the above referenced product. The rate increase will be effective upon the state insurance department approval and in accordance with state policyholder notification requirements

This filing applies to all new and in-force policies in this state with the above referenced form number.

Enclosed are any necessary certifications, transmittals and/or filing fees as may be required by your state.

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If you have any questions or comments regarding this filing, please feel free to contact me at (800) 880-8824 extension 1595 or at nmelyas@gafri.com. Our fax number is 512-451-1399.

Company and Contact

Filing Contact Information

Naz Melyas, Actuarial Analyst NMelyas@gafri.com
 11200 Lakeline Boulevard #100 866-459-4272 [Phone] 1595 [Ext]
 Austin, TX 78717

Filing Company Information

Loyal American Life Insurance Company CoCode: 65722 State of Domicile: Ohio
 11200 Lakeline Blvd., Suite 100 Group Code: 84 Company Type: Insurance
 Company
 P.O. Box 559004 Group Name: State ID Number:
 Austin, TX 78755-9004 FEIN Number: 63-0343428
 (800) 633-6752 ext. [Phone]

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Loyal American Life Insurance Company	\$50.00	09/13/2010	39455647

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Stephanie Fowler	12/27/2010	12/27/2010
Approved-Closed	Stephanie Fowler	09/13/2010	09/13/2010

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Stephanie Fowler	11/30/2010	11/30/2010	Marilyn McGaffin	12/02/2010	12/02/2010

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Supporting Document	Actuarial Certification	Naz Melyas	12/17/2010	12/21/2010

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Bulletin 4-79	Note To Filer	Stephanie Fowler	12/07/2010	12/07/2010

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Disposition

Disposition Date: 12/27/2010

Implementation Date: 01/01/2011

Status: Approved-Closed

Comment: 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):
Loyal American Life Insurance Company	9.000%	9.000%	\$1,001	7	\$11,122	9.000%	9.000%

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

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Disposition

Disposition Date: 09/13/2010

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;
- Both the insured and agent 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):
Loyal American Life Insurance Company	9.000%	9.000%	\$1,001	7	\$11,122	9.000%	9.000%

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Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 11/30/2010
Submitted Date 11/30/2010
Respond By Date 12/30/2010

Dear Naz Melyas,

This will acknowledge receipt of the captioned filing.

It has been brought to our attention that rate increases are being given to insureds more frequently than permitted. The approval of this rate increase was granted on the condition that the increases would not be given more often than once in a twelve month period. It has been the policy of this Department that rate increases are not to be applied more often than on the anniversary date of the policy. It is also our policy that increases must be based on the experience of the block of business, not trend based.

Based on this information we request that you notify the effected policyholders and cancel those rate increases and not attempt to apply any increases before the anniversary date of these policies.

Please feel free to contact me if you have questions.

Sincerely,
Stephanie Fowler

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Response Letter

Response Letter Status Submitted to State
Response Letter Date 12/02/2010
Submitted Date 12/02/2010

Dear Stephanie Fowler,

Comments:

This is in response to your inquiry dated 11/30/2010

Response 1

Comments: I have been working with our model office on how these policies are administered. The inforce policies have an initial 12 month rate guarantee. So the policies that have been issued will not receive their first increase until their policy anniversary. Our administrative system will only allow following rate increases to happen on their policy anniversary.

You have made a comment that increases must be based on the experience of the block of business, not trend based. Could you please elaborate so we can provide you with any other information you may need to approve this rate increase.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

If you have any questions, please do not hesitate to call me.

Marilyn McGaffin, ASA, MAAA, FLMI
Director, Actuarial Rate Maintenance
(512)531-1521

Sincerely,
Naz Melyas

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Amendment Letter

Submitted Date: 12/21/2010

Comments:

Please see attached certification. Feel free to contact me if you have any questions. Thanks

Naz Melyas
512.531.1595

Changed Items:

Supporting Document Schedule Item Changes:

User Added -Name: Actuarial Certification

Comment:

Actuarial Certification.pdf

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Note To Filer

Created By:

Stephanie Fowler on 12/07/2010 10:11 AM

Last Edited By:

Stephanie Fowler

Submitted On:

12/07/2010 10:12 AM

Subject:

Bulletin 4-79

Comments:

I am attaching a copy of Bulletin 4-79, which has recently been retitled to reflect that it applies to "Accident and Health: and not just "Disability". This bulletin should help answer your question.

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Rate Information

Rate data applies to filing.

Filing Method:

Rate Change Type: %

Overall Percentage of Last Rate Revision: %

Effective Date of Last Rate Revision:

Filing Method of Last Filing:

Company Rate Information

Company Name:	Company Rate Change:	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):
Loyal American Life Insurance Company	N/A	9.000%	9.000%	\$1,001	7	\$11,122	9.000%	9.000%

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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 09/13/2010	Proposed Rates	LW-AM-IA-A, LW-AM-IA-B, LW-AM-IA-C, LW-AM-IA-D, LW-AM-IA-F, LW-AM-IAG	New		Exhibit 4 - Proposed Rates.pdf

