

SERFF Tracking Number: ANTX-126485132 State: Arkansas
Filing Company: Standard Life and Accident Insurance Company State Tracking Number: 44763
Company Tracking Number:
TOI: MS06 Medicare Supplement - Other Sub-TOI: MS06.000 Medicare Supplement - Other
Product Name: Medicare Supplement SLAICO
Project Name/Number: Multiple Policy Annual Report SLAICO 2009/Multiple Policy Report SLAICO 2009

Filing at a Glance

Company: Standard Life and Accident Insurance Company
Product Name: Medicare Supplement SLAICO SERFF Tr Num: ANTX-126485132 State: Arkansas
TOI: MS06 Medicare Supplement - Other SERFF Status: Closed-Accepted State Tr Num: 44763
For Informational Purposes
Sub-TOI: MS06.000 Medicare Supplement - Other Co Tr Num: State Status: Filed-Closed
Other
Filing Type: Form Reviewer(s): Stephanie Fowler
Author: Tommie Geddes Disposition Date: 02/04/2010
Date Submitted: 02/04/2010 Disposition Status: Accepted For Informational Purposes
Implementation Date Requested: On Approval Implementation Date:
State Filing Description:

General Information

Project Name: Multiple Policy Annual Report SLAICO 2009 Status of Filing in Domicile: Pending
Project Number: Multiple Policy Report SLAICO 2009 Date Approved in Domicile:
Requested Filing Mode: Informational Domicile Status Comments: N/A
Explanation for Combination/Other: Market Type: Individual
Submission Type: New Submission Group Market Size:
Overall Rate Impact: Group Market Type:
Filing Status Changed: 02/04/2010 Explanation for Other Group Market Type:
State Status Changed: 02/04/2010
Deemer Date: Created By: Tommie Geddes
Submitted By: Tommie Geddes Corresponding Filing Tracking Number:
Filing Description:
2009 Medicare Supplement Multiple Policy Annual Report SLAICO

Company and Contact

Filing Contact Information

Tommie Sue Geddes, Compliance Analyst tommiesue.geddes@anico.com
One Moody Plaza 17th Floor 409-766-6864 [Phone]
Galveston, TX 77550 409-766-6526 [FAX]

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Filing Company Information

Standard Life and Accident Insurance Company CoCode: 86355 State of Domicile: Texas
One Moody Plaza 17th Floor Group Code: 408 Company Type: Health Insurance
Galveston, TX 77550 Group Name: State ID Number:
(281) 538-4842 ext. [Phone] FEIN Number: 73-0994234

Filing Fees

Fee Required? No
Retaliatory? No
Fee Explanation:
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Standard Life and Accident Insurance Company	\$0.00	02/04/2010	

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Accepted For Informational Purposes	Stephanie Fowler	02/04/2010	02/04/2010

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document	Health - Actuarial Justification		Yes
Supporting Document	Outline of Coverage		Yes
Supporting Document	Cover Letter	Accepted for Informational Purposes	Yes
Supporting Document	Multipule Policy Report	Accepted for Informational Purposes	Yes

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Supporting Document Schedules

	Item Status:	Status Date:
Bypassed - Item: Flesch Certification Bypass Reason: NA Comments:		
Bypassed - Item: Application Bypass Reason: NA Comments:		
Bypassed - Item: Health - Actuarial Justification Bypass Reason: NA Comments:		
Bypassed - Item: Outline of Coverage Bypass Reason: NA Comments:		
Satisfied - Item: Cover Letter Comments: Attachment: Pages from LTR MED SUP DUP POLICY SLAICO-3.pdf	Accepted for Informational Purposes	02/04/2010

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	Item Status:	Status
Satisfied - Item: Multipule Policy Report	Accepted for Informational Purposes	Date: 02/04/2010

Comments:

Attachment:

FORM FOR REPORTING MULTIPLE SLAICO.pdf

A MEMBER OF THE AMERICAN NATIONAL FAMILY OF COMPANIES

CHARLES J. JONES, VICE PRESIDENT

HEALTH UNDERWRITING AND NEW BUSINESS ISSUE

One Moody Plaza, Galveston, Texas 77550-7999

BUS: (281) 538-4861 FAX: (409) 766-6005 EMAIL: charles.jones@anico.com



CERTIFIED MAIL

February 1, 2010

The Honorable Jay Bradford
Arkansas Department of Insurance
1200 W. Third Street
Little Rock Arkansas 72201-1904

RE: Medicare Supplement Multiple Policy Report
Standard Life and Accident Insurance Company/NAIC #86355

Dear Commissioner:

The reference report is enclosed in accordance with your requirements. Please contact me should you have any questions.

Yours truly,

A handwritten signature in black ink, appearing to be "Charles J. Jones". The signature is fluid and cursive, with a long horizontal stroke at the end.

Charles J. Jones
Vice President, Health Administration

Enclosure

**FORM FOR REPORTING MULTIPLE
MEDICARE SUPPLEMENT POLICIES
FOR 2009**

COMPANY NAME: Standard Life and Accident Insurance Company

ADDRESS: 2450 South Shore Blvd. Suite 500
League City, Texas 77573-6501

PHONE NUMBER: 281-538-3288
DUE: MARCH 1 ANNUALLY

THE PURPOSE OF THIS FORM IS TO REPORT THE FOLLOWING INFORMATION ON EACH RESIDENT OF THIS STATE WHO HAS IN FORCE MORE THAN ONE MEDICARE SUPPLEMENT POLICY OR CERTIFICATE. THE INFORMATION IS TO BE GROUPED BY INDIVIDUAL POLICYHOLDER.

POLICY AND CERTIFICATE #	DATE OF ISSUANCE
NONE	

SIGNATURE

Charles J. Jones, Vice President - Health Administration
NAME AND TITLE (PLEASE PRINT)

February 1, 2010
DATE

Charles J. Jones
Vice President, Health Administration