

SERFF Tracking Number: IASL-126498677 State: Arkansas
Filing Company: State Mutual Insurance Company State Tracking Number: 44837
Company Tracking Number: SMIC MP REPORT
TOI: MS06 Medicare Supplement - Other Sub-TOI: MS06.000 Medicare Supplement - Other
Product Name: STATE MUTUAL Multiple Policy Report
Project Name/Number: STATE MUTUAL Multiple Policy Report/

Filing at a Glance

Company: State Mutual Insurance Company

Product Name: STATE MUTUAL Multiple Policy SERFF Tr Num: IASL-126498677 State: Arkansas

Report

TOI: MS06 Medicare Supplement - Other SERFF Status: Closed-Accepted State Tr Num: 44837

For Informational Purposes

Sub-TOI: MS06.000 Medicare Supplement - Other Co Tr Num: SMIC MP REPORT State Status: Filed-Closed

Other

Filing Type: Form

Author: Donna Serna

Date Submitted: 02/12/2010

Reviewer(s): Stephanie Fowler

Disposition Date: 02/18/2010

Disposition Status: Accepted For Informational Purposes

Implementation Date:

Implementation Date Requested: On Approval

State Filing Description:

General Information

Project Name: STATE MUTUAL Multiple Policy Report

Project Number:

Requested Filing Mode: Informational

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 02/18/2010

Status of Filing in Domicile: Pending

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: 02/18/2010

Created By: Donna Serna

Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Donna Serna

Filing Description:

Multiple Policy Report filed for informational purposes only, in accordance with state statutes.

Company and Contact

Filing Contact Information

Donna Serna, Compliance Analyst

Donna.Serna@iasadmin.com

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8545 126th Avenue North 727-584-0007 [Phone] 2371 [Ext]
Suite 200 727-584-5613 [FAX]
Largo, FL 33773-1502

Filing Company Information

(This filing was made by a third party - insuranceadministrativesolutions)

State Mutual Insurance Company	CoCode: 69132	State of Domicile: Georgia
One State Mutual Drive	Group Code: 986	Company Type:
Rome, GA 30165	Group Name:	State ID Number:
(706) 291-1054 ext. [Phone]	FEIN Number: 58-1449898	

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
State Mutual Insurance Company	\$0.00	02/12/2010	

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Accepted For Informational Purposes	Stephanie Fowler	02/18/2010	02/18/2010

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Disposition

Disposition Date: 02/18/2010

Implementation Date:

Status: Accepted For Informational Purposes

Comment:

Rate data does NOT apply to filing.

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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	MULTIPLE POLICY REPORT	Accepted for Informational Purposes	Yes
Supporting Document	TPA AUTHORIZATION	Accepted for Informational Purposes	Yes

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Supporting Document Schedules

	Item Status:	Status Date:
Bypassed - Item: Flesch Certification		
Bypass Reason: Multiple Policy Report filed for informational purposes only, in accordance with state statutes. N/A		
Comments:		

	Item Status:	Status Date:
Bypassed - Item: Application		
Bypass Reason: Multiple Policy Report filed for informational purposes only, in accordance with state statutes. N/A		
Comments:		

	Item Status:	Status Date:
Bypassed - Item: Health - Actuarial Justification		
Bypass Reason: Multiple Policy Report filed for informational purposes only, in accordance with state statutes. N/A		
Comments:		

	Item Status:	Status Date:
Bypassed - Item: Outline of Coverage		
Bypass Reason: Multiple Policy Report filed for informational purposes only, in accordance with state statutes. N/A		
Comments:		

	Item Status:	Status Date:
Satisfied - Item: MULTIPLE POLICY REPORT	Accepted for Informational Purposes	02/18/2010

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Comments:

Attachment:

AR.pdf

	Item Status:	Status Date:
Satisfied - Item: TPA AUTHORIZATION	Accepted for Informational Purposes	02/18/2010

Comments:

Attachment:

2009 03 SM IAS Authorization.pdf

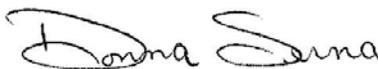
**FORM FOR REPORTING
MEDICARE SUPPLEMENT POLICIES
STATE OF ARKANSAS**

Company Name: NAIC #69132 STATE MUTUAL INSURANCE COMPANY
Address: c/o Insurance Administrative Solutions, LLC
8545 126th Avenue N, Suite 200
Largo, FL 33773-1502
Phone Number: 877-777-2443

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 TO REPORT	



Signature

Donna Serna, Compliance Analyst

Name and Title (please type)

February 12, 2010

Date



March 26, 2009

Ms. Darcey Shaffer, ACS, FLMI
Insurance Administrative Solutions LLC
8545 126th Avenue, Suite 200
Largo, FL 33773

Re: Authorization for Regulatory Filings
State Mutual Insurance Company

Dear Darcey,

This letter authorizes Insurance Administrative Solutions LLC to file required regulatory filings on behalf of State Mutual Insurance Company. This authorization includes reports, forms, rate increases and any related correspondence necessary to comply with such requirements with the various states.

A copy of this letter is as valid as the original.

Sincerely,

A handwritten signature in black ink that reads 'Rick A. Gordon'. The signature is fluid and cursive, with the first letters of the first and last names being capitalized and prominent.

Rick A. Gordon
Executive Vice President