

SERFF Tracking Number: IASL-126507574 State: Arkansas
 Filing Company: Shenandoah Life Insurance Company State Tracking Number: 44918
 Company Tracking Number: SH MULTIPLE POLICY REPORT
 TOI: MS06 Medicare Supplement - Other Sub-TOI: MS06.000 Medicare Supplement - Other
 Product Name: Shenandoah Life Insurance Company Medicare Supplement Multiple Policy Report Filing
 Project Name/Number: Shenandoah Life Insurance Company Medicare Supplement Multiple Policy Report Filing/

Filing at a Glance

Company: Shenandoah Life Insurance Company

Product Name: Shenandoah Life Insurance SERFF Tr Num: IASL-126507574 State: Arkansas

Company Medicare Supplement Multiple Policy Report Filing

TOI: MS06 Medicare Supplement - Other SERFF Status: Closed-Accepted State Tr Num: 44918
 For Informational Purposes

Sub-TOI: MS06.000 Medicare Supplement - Other Co Tr Num: SH MULTIPLE POLICY REPORT State Status: Filed-Closed

Filing Type: Form

Author: Jeffrey McGinn

Date Submitted: 02/18/2010

Reviewer(s): Stephanie Fowler

Disposition Date: 02/23/2010

Disposition Status: Accepted For Informational Purposes

Implementation Date:

Implementation Date Requested: On Approval

State Filing Description:

General Information

Project Name: Shenandoah Life Insurance Company Medicare Supplement Multiple Policy Report Filing

Project Number:

Requested Filing Mode: Informational

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 02/23/2010

Deemer Date:

Submitted By: Jeffrey McGinn

Filing Description:

Medicare Supplement Multiple Policy Report due March 1, 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: 02/23/2010

Created By: Jeffrey McGinn

Corresponding Filing Tracking Number:

Company and Contact

Filing Contact Information

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Jeffrey McGinn, Compliance Analyst jeffrey.mcginn@iasadmin.com
 8545 126th Avenue North 727-584-0007 [Phone] 2389 [Ext]
 Suite 200 727-584-5613 [FAX]
 Largo, FL 33773-1502

Filing Company Information

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

Shenandoah Life Insurance Company	CoCode: 68845	State of Domicile: Virginia
2301 Brambleton Avenue SW	Group Code: 891	Company Type: Life and Health
		Insurer
Roanoke, VA 24025	Group Name:	State ID Number:
(540) 985-4400 ext. [Phone]	FEIN Number: 54-0377280	

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Shenandoah Life Insurance Company	\$0.00	02/18/2010	

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Accepted For Informational Purposes	Stephanie Fowler	02/23/2010	02/23/2010

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Disposition

Disposition Date: 02/23/2010

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	Third Party Authorization Letter	Accepted for Informational Purposes	Yes

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Supporting Document Schedules

	Item Status:	Status Date:
Bypassed - Item: Flesch Certification Bypass Reason: Medicare Supplement Multiple Report filing only. Comments:		
Bypassed - Item: Application Bypass Reason: Medicare Supplement Multiple Report filing only. Comments:		
Bypassed - Item: Health - Actuarial Justification Bypass Reason: Medicare Supplement Multiple Report filing only. Comments:		
Bypassed - Item: Outline of Coverage Bypass Reason: Medicare Supplement Multiple Report filing only. Comments:		
Satisfied - Item: Multiple Policy Report Attachment: 2009 AR MP REPORT.pdf Comments:	Accepted for Informational Purposes	02/23/2010

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		Item Status:	Status Date:
Satisfied - Item:	Third Party Authorization Letter	Accepted for Informational Purposes	02/23/2010

Comments:

Attachment:

2009 09 SH IAS Authorization Letter.pdf

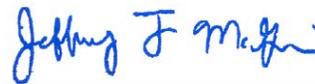
**FORM FOR REPORTING
MEDICARE SUPPLEMENT POLICIES
STATE OF ARKANSAS**

Company Name: NAIC #68845 / SHENANDOAH LIFE INSURANCE COMPANY
Address: c/o Insurance Administrative Solutions, L.L.C.
8545 126th Avenue North, Suite 200
Largo, Florida 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

Jeffrey F. McGinn, AIRC, Compliance Analyst

Name and Title (please type)

February 18, 2010

Date



In Receivership

Alfred W. Gross, Deputy Receiver

Donald C. Beatty, Receivership Manager

P. O. Box 12847
Roanoke, VA 24029
(540) 985-4400 Phone
(540) 985-4444 Fax

September 10, 2009

Ms. Darcey Shaffer, FLMI, ACS
Compliance Manager
Insurance Administrative Solutions, L.L.C.
8545 126th Avenue North, Suite 200
Largo, Florida 33773-1502

Re: Filing/Reporting Requirements

Dear Ms. Shaffer:

This letter authorizes Insurance Administrative Solutions, L.L.C. ("IAS"), to file on behalf of Shenandoah Life Insurance Company, policy forms, rate filings and reports with the State Departments of Insurance.

Insurance Administrative Solutions, L.L.C. may correspond with the State Departments of Insurance regarding any questions they may have concerning the filings.

A copy of this letter is as valid as the original. This authorization will be valid for twelve months from the date of this letter.

Sincerely,

Gene P. Berry, CLU, ChFC, CASL
Sr. Vice President – Insurance Services and
Chief Information Officer