

SERFF Tracking Number: GEFA-126549030 State: Arkansas
 Filing Company: Continental Life Insurance Company of Brentwood, Tennessee
 State Tracking Number: 45218
 Company Tracking Number: CLI-RI-AR-PRE01
 TOI: MS02I Individual Medicare Supplement - Pre- Standardized Sub-TOI: MS02I.000 Medicare Supplement - Pre- Standardized
 Product Name: CLI Ind Pre-Std Med Supp RI 2010
 Project Name/Number: RI-CLI-2010-AR-Pre/

Filing at a Glance

Company: Continental Life Insurance Company of Brentwood, Tennessee
 Product Name: CLI Ind Pre-Std Med Supp RI 2010 SERFF Tr Num: GEFA-126549030 State: Arkansas
 TOI: MS02I Individual Medicare Supplement - Pre-Standardized SERFF Status: Closed-Approved- Closed State Tr Num: 45218
 Sub-TOI: MS02I.000 Medicare Supplement - Pre-Standardized Co Tr Num: CLI-RI-AR-PRE01 State Status: Approved-Closed
 Filing Type: Rate Reviewer(s): Stephanie Fowler
 Authors: Xiufeng Yin, Elizabeth Davis Disposition Date: 04/08/2010
 Date Submitted: 03/18/2010 Disposition Status: Approved-Closed
 Implementation Date Requested: 08/01/2010 Implementation Date: 08/01/2010
 State Filing Description:

General Information

Project Name: RI-CLI-2010-AR-Pre 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 Group Market Size:
 Overall Rate Impact: 20% Group Market Type:
 Filing Status Changed: 04/08/2010 Explanation for Other Group Market Type:
 State Status Changed: 04/08/2010
 Deemer Date: Created By: Xiufeng Yin
 Submitted By: Xiufeng Yin Corresponding Filing Tracking Number:
 Filing Description:
 RE: NAIC NUMBER: 68500/CONTINENTAL LIFE INSURANCE COMPANY OF BRENTWOOD, TN
 RATE INCREASE FILING
 PRE-STANDARDIZED MEDICARE SUPPLEMENT POLICIES
 FORM NUMBERS: EC-1, SC-85, SC-II, SC-III

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The Company is requesting a composite rate of 20.0% increase in premiums for all PreStandardized plans. The effective date which the new rates become effective for this state will not be sooner than one year after the implementation date of the last approved rate increase.

For your information, this filing is currently pending in the Home Domicile State of Tennessee.

We appreciate the Department's time and consideration in the review of this filing for Continental Life.

Company and Contact

Filing Contact Information

Ben (Xiufeng) Yin, Actuarial Assistant Xiufeng.Yin@genworth.com
 101 Continental Place 615-370-9044 [Phone]
 Brentwood, TN 37027 615-824-8879 [FAX]

Filing Company Information

Continental Life Insurance Company of CoCode: 68500 State of Domicile: Tennessee
 Brentwood, Tennessee
 101 Continental Place Group Code: 4011 Company Type: Life and Health
 Brentwood, TN 37027 Group Name: State ID Number:
 (615) 377-1300 ext. [Phone] FEIN Number: 62-1181209

Filing Fees

Fee Required? Yes
 Fee Amount: \$200.00
 Retaliatory? No
 Fee Explanation:
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Continental Life Insurance Company of Brentwood, Tennessee	\$200.00	03/18/2010	35006046

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Stephanie Fowler	04/08/2010	04/08/2010

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	04/01/2010	04/01/2010	Xiufeng Yin	04/01/2010	04/01/2010

SERFF Tracking Number: GEFA-126549030 State: Arkansas
 Filing Company: Continental Life Insurance Company of Brentwood, Tennessee State Tracking Number: 45218
 Company Tracking Number: CLI-RI-AR-PRE01
 TOI: MS021 Individual Medicare Supplement - Pre-Standardized Sub-TOI: MS021.000 Medicare Supplement - Pre-Standardized
 Product Name: CLI Ind Pre-Std Med Supp RI 2010
 Project Name/Number: RI-CLI-2010-AR-Pre/

Disposition

Disposition Date: 04/08/2010

Implementation Date: 08/01/2010

Status: Approved-Closed

Comment: The requested rate increase has been approved to be implemented on or after May 1, 2009. This approval is subject to the following:

- Increases will not be given more frequently than once in a twelve-month period.

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):
Continental Life Insurance Company of Brentwood, Tennessee	20.000%	20.000%	\$45,512	42	\$227,559	20.000%	20.000%

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 Standardized Standardized
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 Project Name/Number: RI-CLI-2010-AR-Pre/

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Health - Actuarial Justification	Approved	No
Rate (revised)	Revised Rate Pages	Approved	Yes
Rate	Rate Pages	Disapproved	Yes

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Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 04/01/2010
Submitted Date 04/01/2010
Respond By Date 05/03/2010

Dear Ben (Xiufeng) Yin,

This will acknowledge receipt of the captioned filing.

Based on the possible impact a 20% increase would have on the citizens of Arkansas, we would be willing to accept a 15% increase for the plans contained in this filing.

Please feel free to contact me if you have questions.

Sincerely,

Stephanie Fowler

Response Letter

Response Letter Status Submitted to State
Response Letter Date 04/01/2010
Submitted Date 04/01/2010

Dear Stephanie Fowler,

Comments:

This letter is in response to your objection letter dated April 1, 2010 in regards to the above captioned filing.

Response 1

Comments: Continental Life Insurance Company of Brentwood, TN, would like to accept the proposed 15.0% increase in premium. Attached you will find rate pages reflecting this change.

Changed Items:

No Supporting Documents changed.

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No Form Schedule items changed.

Rate/Rule Schedule Item Changes

Document Name:	Affected Form Numbers:	Rate Action:	Rate Action Information:	Attach Document:
Revised Rate Pages	SC-III, SCII, EC-1, SC-85	New	Previous State Filing Number	

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Previous Version

Rate Pages	SC-III, SCII, EC-1, SC-85	New	Previous State Filing Number	
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Feel free to contact me should further information be needed.
 Thank you

Sincerely,
 Ben Xiufeng Yin

Sincerely,
 Elizabeth Davis, Xiufeng Yin

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Rate Information

Rate data applies to filing.

Filing Method: SERFF
 Rate Change Type: Increase
 Overall Percentage of Last Rate Revision: 20.000%
 Effective Date of Last Rate Revision: 08/01/2009
 Filing Method of Last Filing: SERFF

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):
Continental Life Insurance Company of Brentwood, Tennessee	20.000%	20.000%	\$45,512	42	\$227,559	20.000%	20.000%

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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 04/08/2010	Revised Rate Pages	SC-III, SCII, EC-1, SC-85	New		Exhibit B-rev.pdf

Exhibit B
 Continental Life Insurance Company
 Of Brentwood Tennessee

Annual Premium Rates

State of: Arkansas
 Medicare Supplement Policy Form SC-III

Current Rates

Issue Age	Part A Premium Initial Deductible		Skilled Nursing Care	Part B Excess Limit*
	Include	Exclude		
All	1979	755	476	2707

Proposed Rates

Issue Age	Part A Premium Initial Deductible		Skilled Nursing Care	Part B Excess Limit*
	Include	Exclude		
All	2276	868	547	3113

To include coverage for \$135 Annual Part B deductible, add \$132

* Factors for other excess percentage limits:

125%	0.80
140%	0.84
150%	0.88
160%	0.92
180%	1.00
190%	1.03
200%	1.06
U/C	1.10

*

The above premiums will be increased by the following underwriting tables:

Table-1	10%
Table-2	20%

Modal Loadings:

Annual	1.0000
Semi-Ann	0.5200
Quarterly	0.2650
Monthly	1/12th

Exhibit B
 Continental Life Insurance Company
 Of Brentwood Tennessee

Annual Premium Rates

State of: Arkansas
 Medicare Supplement Policy Form SC-II

Current Rates

Issue	Part A Premium Initial Deductible		Part B
<u>Age</u>	<u>Include</u>	<u>Exclude</u>	<u>Limit*</u>
All	1880	711	3531

Proposed Rates

Issue	Part A Premium Initial Deductible		Part B
<u>Age</u>	<u>Include</u>	<u>Exclude</u>	<u>Limit*</u>
All	2163	818	4061

To include coverage for \$135 Annual Part B deductible, add \$132

Factors for other excess percentage limits:

125%	0.80
140%	0.84
150%	0.88
160%	0.92
180%	1.00
190%	1.03
200%	1.06
U/C	1.10

The above premiums will be increased by the following underwriting tables:

Table-1	10%
Table-2	20%

Modal Loadings:

Annual	1.0000
Semi-Ann	0.5200
Quarterly	0.2650
Monthly	1/12th

Exhibit B
Continental Life Insurance Company
Of Brentwood Tennessee

Annual Premium Rates

State of: Arkansas
Medicare Supplement Policy Form EC-1

Current Rates

Issue	Preferred	Exclude
<u>Age</u>	<u>Plan</u>	Part A
		<u>Deductible</u>
All	5749	480

Proposed Rates

Issue	Preferred	Exclude
<u>Age</u>	<u>Plan</u>	Part A
		<u>Deductible</u>
All	6611	553

To include coverage for \$135 Annual Part B deductible, add \$132

The above premiums will be increased by the following underwriting tables:

Table-1	10%
Table-2	20%
Table-3	30%

Modal Loadings:

Annual	1.0000
Semi-Ann	0.5200
Quarterly	0.2650
Monthly	1/12th

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Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date:	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
03/18/2010	Rate and Rule	Rate Pages	04/01/2010	Exhibit B.pdf (Superceded)

Exhibit B
Continental Life Insurance Company
Of Brentwood Tennessee

Annual Premium Rates

State of: Arkansas
Medicare Supplement Policy Form SC-III

Current Rates

Issue Age	Part A Premium Initial Deductible		Skilled Nursing Care	Part B Excess Limit*
	Include	Exclude		
All	1979	755	476	2707

Proposed Rates

Issue Age	Part A Premium Initial Deductible		Skilled Nursing Care	Part B Excess Limit*
	Include	Exclude		
All	2375	906	571	3248

To include coverage for \$135 Annual Part B deductible, add \$132

* Factors for other excess percentage limits:

125%	0.80
140%	0.84
150%	0.88
160%	0.92
180%	1.00
190%	1.03
200%	1.06
U/C	1.10

*

The above premiums will be increased by the following underwriting tables:

Table-1	10%
Table-2	20%

Modal Loadings:

Annual	1.0000
Semi-Ann	0.5200
Quarterly	0.2650
Monthly	1/12th

Exhibit B
 Continental Life Insurance Company
 Of Brentwood Tennessee

Annual Premium Rates

State of: Arkansas
 Medicare Supplement Policy Form SC-II

Current Rates

Issue	Part A Premium Initial Deductible		Part B Excess
<u>Age</u>	<u>Include</u>	<u>Exclude</u>	<u>Limit*</u>
All	1880	711	3531

Proposed Rates

Issue	Part A Premium Initial Deductible		Part B Excess
<u>Age</u>	<u>Include</u>	<u>Exclude</u>	<u>Limit*</u>
All	2257	853	4238

To include coverage for \$135 Annual Part B deductible, add \$132

Factors for other excess percentage limits:

125%	0.80
140%	0.84
150%	0.88
160%	0.92
180%	1.00
190%	1.03
200%	1.06
U/C	1.10

The above premiums will be increased by the following underwriting tables:

Table-1	10%
Table-2	20%

Modal Loadings:

Annual	1.0000
Semi-Ann	0.5200
Quarterly	0.2650
Monthly	1/12th

Exhibit B
Continental Life Insurance Company
Of Brentwood Tennessee

Annual Premium Rates

State of: Arkansas
Medicare Supplement Policy Form EC-1

Current Rates

Issue	Preferred	Exclude
<u>Age</u>	<u>Plan</u>	Part A
		<u>Deductible</u>
All	5749	480

Proposed Rates

Issue	Preferred	Exclude
<u>Age</u>	<u>Plan</u>	Part A
		<u>Deductible</u>
All	6899	577

To include coverage for \$135 Annual Part B deductible, add \$132

The above premiums will be increased by the following underwriting tables:

Table-1	10%
Table-2	20%
Table-3	30%

Modal Loadings:

Annual	1.0000
Semi-Ann	0.5200
Quarterly	0.2650
Monthly	1/12th