

SERFF Tracking Number: IASL-126642944 State: Arkansas  
Filing Company: Shenandoah Life Insurance Company State Tracking Number: 45754  
Company Tracking Number: SH REFUND CALC  
TOI: MS06 Medicare Supplement - Other Sub-TOI: MS06.000 Medicare Supplement - Other  
Product Name: Shenandoah Life Insurance Company 2009 Medicare Supplement Refund Calculation Filing  
Project Name/Number: /

## Filing at a Glance

Company: Shenandoah Life Insurance Company

Product Name: Shenandoah Life Insurance SERFF Tr Num: IASL-126642944 State: Arkansas

Company 2009 Medicare Supplement Refund  
Calculation Filing

TOI: MS06 Medicare Supplement - Other SERFF Status: Closed-Accepted State Tr Num: 45754  
For Informational Purposes

Sub-TOI: MS06.000 Medicare Supplement - Other Co Tr Num: SH REFUND CALC State Status: Filed-Closed  
Other

Filing Type: Form

Author: Jeffrey McGinn

Date Submitted: 05/24/2010

Reviewer(s): Stephanie Fowler

Disposition Date: 05/26/2010

Disposition Status: Accepted For  
Informational Purposes

Implementation Date:

Implementation Date Requested:

State Filing Description:

## General Information

Project Name:

Project Number:

Requested Filing Mode: Informational

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 05/26/2010

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: 05/26/2010

Created By: Jeffrey McGinn

Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Jeffrey McGinn

Filing Description:

SHENANDOAH LIFE INSURANCE COMPANY

NAIC NUMBER: 68845

FEIN NUMBER: 54-0377280

MEDICARE SUPPLEMENT REFUND CALCULATION FORM

REPORTING FORM FOR THE CALCULATION OF BENCHMARK RATIO

SERFF Tracking Number: IASL-126642944 State: Arkansas  
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**INDIVIDUAL MEDICARE SUPPLEMENT STANDARDIZED PLAN F**

Please be advised that on behalf of the Shenandoah Life Insurance Company, Insurance Administrative Solutions, L.L.C. is providing you with the above-captioned forms for compliance with your state's Medicare Supplement Regulation.

Enclosed you will find the completed Medicare Supplement Refund Calculation Form and the completed Reporting Form for the Calculation of Benchmark Ratio for the calendar year 2009 for the Medicare Supplement plan indicated above.

**Company and Contact**

**Filing Contact Information**

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	05/24/2010	

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Accepted For Informational Purposes	Stephanie Fowler	05/26/2010	05/26/2010

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## **Disposition**

Disposition Date: 05/26/2010

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		No
Supporting Document	Application		No
Supporting Document	Health - Actuarial Justification		No
Supporting Document	Outline of Coverage		No
Supporting Document	Medicare Supplement Refund Calculation	Accepted for Informational Purposes	No
Supporting Document	Third Party Authorization Letter	Accepted for Informational Purposes	No

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## Supporting Document Schedules

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b> Flesch Certification		
<b>Bypass Reason:</b> Medicare Supplement Refund Calculation filing only.		
<b>Comments:</b>		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b> Application		
<b>Bypass Reason:</b> Medicare Supplement Refund Calculation filing only.		
<b>Comments:</b>		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b> Health - Actuarial Justification		
<b>Bypass Reason:</b> Medicare Supplement Refund Calculation filing only.		
<b>Comments:</b>		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b> Outline of Coverage		
<b>Bypass Reason:</b> Medicare Supplement Refund Calculation filing only.		
<b>Comments:</b>		