

SERFF Tracking Number: IASL-126650285 State: Arkansas
 Filing Company: State Mutual Insurance Company State Tracking Number: 45811
 Company Tracking Number: SM REFUND CALC
 TOI: MS06 Medicare Supplement - Other Sub-TOI: MS06.000 Medicare Supplement - Other
 Product Name: State Mutual Insurance Company 2009 Medicare Supplement Refund Calculation Filing
 Project Name/Number: /

Filing at a Glance

Company: State Mutual Insurance Company
 Product Name: State Mutual Insurance Company 2009 Medicare Supplement Refund Calculation Filing
 SERFF Tr Num: IASL-126650285 State: Arkansas
 TOI: MS06 Medicare Supplement - Other
 SERFF Status: Closed-Accepted For Informational Purposes
 State Tr Num: 45811
 Sub-TOI: MS06.000 Medicare Supplement - Other
 Co Tr Num: SM REFUND CALC State Status: Filed-Closed
 Filing Type: Form
 Author: Jeffrey McGinn
 Date Submitted: 05/27/2010
 Reviewer(s): Stephanie Fowler
 Disposition Date: 05/27/2010
 Disposition Status: Accepted For Informational Purposes
 Implementation Date: Implementation Date:
 Implementation Date Requested:
 State Filing Description:

General Information

Project Name: Status of Filing in Domicile: Pending
 Project Number: Date Approved in Domicile:
 Requested Filing Mode: Informational Domicile Status Comments:
 Explanation for Combination/Other: Market Type: Individual
 Submission Type: New Submission Group Market Size:
 Overall Rate Impact: Group Market Type:
 Filing Status Changed: 05/27/2010 Explanation for Other Group Market Type:
 State Status Changed: 05/27/2010
 Deemer Date: Created By: Jeffrey McGinn
 Submitted By: Jeffrey McGinn Corresponding Filing Tracking Number:
 Filing Description:
 STATE MUTUAL INSURANCE COMPANY
 NAIC NUMBER: 69132
 FEIN NUMBER: 58-1449898

MEDICARE SUPPLEMENT REFUND CALCULATION FORM
 REPORTING FORM FOR THE CALCULATION OF BENCHMARK RATIO

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**MEDICARE SUPPLEMENT PLANS A, B, C, D, AND F
 MEDICARE SELECT PLANS B, C, D, AND F**

Please be advised that on behalf of the State Mutual 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 and Select plans 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)

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	05/27/2010	

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Accepted For Informational Purposes	Stephanie Fowler	05/27/2010	05/27/2010

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Disposition

Disposition Date: 05/27/2010

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 Forms	Informational Purposes	No
Supporting Document	Third Party Authorization Letter	Accepted for Informational Purposes	No



OFFICE: 1-877-872-5500 (TOLL-FREE)
FAX: 1-727-373-4575

March 5, 2010

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

Re: Life and Health Filings for Rate Increases, Forms and Reporting Requirements for
State Mutual Insurance Company

Dear Ms. Shaffer:

This letter authorizes Insurance Administrative Solutions, L.L.C. to file on behalf of State Mutual Insurance Company, rate increases, forms and reporting requirements for the Company's Life and Health Insurance Policies with the State Insurance Departments. Insurance Administrative Solutions, L.L.C. may correspond with the State Insurance Departments 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,

A handwritten signature in blue ink that reads 'Rick A. Gordon'.

Rick A. Gordon
Executive Vice President