

SERFF Tracking Number: LHLI-126609651 State: Arkansas  
Filing Company: Lincoln Heritage Life Insurance Company State Tracking Number: 45573  
Company Tracking Number: MS REFUND CALC CP  
TOI: MS06 Medicare Supplement - Other Sub-TOI: MS06.000 Medicare Supplement - Other  
Product Name: 2009 Medicare Supplement Refund Calculation  
Project Name/Number: /

## Filing at a Glance

Company: Lincoln Heritage Life Insurance Company

Product Name: 2009 Medicare Supplement SERFF Tr Num: LHLI-126609651 State: Arkansas

Refund Calculation

TOI: MS06 Medicare Supplement - Other SERFF Status: Closed-Accepted State Tr Num: 45573

For Informational Purposes

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

Other

CP

Filing Type: Form

Reviewer(s): Stephanie Fowler

Authors: Shirley Grossman, Cathy Patterson, Wanda McNeece, Sally

Roudebush, Rodney Hartwig

Date Submitted: 05/03/2010

Disposition Date: 05/11/2010

Disposition Status: Accepted For Informational Purposes

Implementation Date:

Implementation Date Requested:

State Filing Description:

## General Information

Project Name:

Project Number:

Requested Filing Mode: Review & Approval

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments: This filing was submitted as a paper filing to Illinois, our state of domicile on May 3, 2010. It has not been acknowledged by the state as of today's date.

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 05/11/2010

Market Type: Individual

Group Market Size:

Group Market Type:

Explanation for Other Group Market Type:

State Status Changed: 05/11/2010

Created By: Cathy Patterson

Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Cathy Patterson

Filing Description:

May 3, 2010

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RE: Lincoln Heritage Life Insurance Company

NAIC Number: 65927

FEIN Number: 04-2314290

Medicare Supplement Refund Calculation Form  
Reporting Form for the Calculation of Benchmark Ratio

Standardized Medicare Supplement Plans B, C, D and F

Dear Commissioner Bradford:

We are providing you with the above-captioned forms for compliance with your state's Medicare Supplement Regulations.

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.

If you have any questions or require any further information please contact me at 800-433-8181 or email me at [cathy.patterson@londen-insurance.com](mailto:cathy.patterson@londen-insurance.com).

Sincerely,

Cathy Patterson  
Senior Compliance Associate  
Lincoln Heritage Life Insurance Company

Enclosures

## Company and Contact

### Filing Contact Information

Cathy Patterson,  
4343 E Camelback Rd

[cathy.patterson@londen-insurance.com](mailto:cathy.patterson@londen-insurance.com)  
800-433-8181 [Phone]

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Project Name/Number: /  
 Phoenix, AZ 85018 602-808-8845 [FAX]

**Filing Company Information**

Lincoln Heritage Life Insurance Company	CoCode: 65927	State of Domicile: Illinois
4343 East Camelback Road	Group Code:	Company Type: Life and Health
Phoenix, AZ 85018	Group Name:	State ID Number:
(800) 433-8181 ext. [Phone]	FEIN Number: 04-2314290	

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**Filing Fees**

Fee Required? Yes  
 Fee Amount: \$50.00  
 Retaliatory? No  
 Fee Explanation: 1 filing X \$50.00  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Lincoln Heritage Life Insurance Company	\$50.00	05/03/2010	36179653

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Accepted For Informational Purposes	Stephanie Fowler	05/11/2010	05/11/2010

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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 2009 Refund Calculations	Accepted for Informational Purposes	No

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## Supporting Document Schedules

	Item Status:	Status Date:
<b>Bypassed - Item:</b> Flesch Certification <b>Bypass Reason:</b> N/A, annual Medicare Refund Calculation report. <b>Comments:</b>		
<b>Bypassed - Item:</b> Application <b>Bypass Reason:</b> N/A, annual Medicare Refund Calculation report. <b>Comments:</b>		
<b>Bypassed - Item:</b> Health - Actuarial Justification <b>Bypass Reason:</b> N/A, annual Medicare Refund Calculation report. <b>Comments:</b>		
<b>Bypassed - Item:</b> Outline of Coverage <b>Bypass Reason:</b> N/A, annual Medicare Refund Calculation report. <b>Comments:</b>		