

SERFF Tracking Number: AMMS-126618316 State: Arkansas
 Filing Company: Golden Rule Insurance Company State Tracking Number: 45830
 Company Tracking Number:
 TOI: MS021 Individual Medicare Supplement - Pre- Standardized Sub-TOI: MS021.000 Medicare Supplement - Pre- Standardized
 Product Name: Pre-Standardized Medicare Supplement
 Project Name/Number: /

Filing at a Glance

Company: Golden Rule Insurance Company

Product Name: Pre-Standardized Medicare Supplement SERFF Tr Num: AMMS-126618316 State: Arkansas

TOI: MS021 Individual Medicare Supplement - Pre-Standardized SERFF Status: Closed-Approved- Closed State Tr Num: 45830

Sub-TOI: MS021.000 Medicare Supplement - Pre-Standardized Co Tr Num: State Status: Approved-Closed

Filing Type: Rate Reviewer(s): Stephanie Fowler

Authors: Patricia Lofton, Brandon McKenzie, Greg Dafler Disposition Date: 06/02/2010

Date Submitted: 05/28/2010 Disposition Status: Approved-Closed

Implementation Date Requested: 11/01/2010

Implementation Date: 11/01/2010

State Filing Description:

General Information

Project Name:

Status of Filing in Domicile: Pending

Project Number:

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments: Submitted on

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact: 5.6%

Group Market Type:

Filing Status Changed: 06/02/2010

Explanation for Other Group Market Type:

State Status Changed: 06/02/2010

Deemer Date:

Created By: Patricia Lofton

Submitted By: Brandon McKenzie

Corresponding Filing Tracking Number:

Filing Description:

This is a filing of revised premium rates for individual pre-standardized Medicare supplement policy forms. The actuarial memorandum demonstrates loss ratio compliance and justifies the requested premium rates. These plans were reviewed by benefit level in determining the requested increase.

The requested premium rates represent a 6.0% increase for the Basic plans and a 5.0% increase for the Plus plans.

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The rate revision will be effective on or after November 1, 2010.

This filing affects 4 policyholder(s) in Arkansas. The average annual premium for Basic plans will increase from \$3,038 to \$3,220. The average annual premium for the Plus plans will increase from \$5,824 to \$6,115.

Company and Contact

Filing Contact Information

Greg Dafler, Health Actuary gdafler@goldenrule.com
 7440 Woodland Drive 317-715-7373 [Phone]
 Indianapolis, IN 46278-1719 317-715-7028 [FAX]

Filing Company Information

Golden Rule Insurance Company CoCode: 62286 State of Domicile: Indiana
 7440 Woodland Drive Group Code: 707 Company Type: Life and Health
 Indianapolis, IN 46278 Group Name: State ID Number:
 (800) 926-7602 ext. [Phone] FEIN Number: 37-6028756

Filing Fees

Fee Required? Yes
 Fee Amount: \$35.00
 Retaliatory? Yes
 Fee Explanation: Domicile fee is \$35.00.
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Golden Rule Insurance Company	\$35.00	05/28/2010	36893069
Golden Rule Insurance Company	\$15.00	06/02/2010	36950250

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Stephanie Fowler	06/02/2010	06/02/2010

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	06/01/2010	06/01/2010	Patricia Lofton	06/02/2010	06/02/2010

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Disposition

Disposition Date: 06/02/2010

Implementation Date: 11/01/2010

Status: Approved-Closed

Comment: The requested rate increase has been approved to be implemented on or after November 1, 2010. This approval is subject to the following:

- Increases will not be given more frequently than once in a twelve-month period;
- The insured shall be notified by the insurer of its intention to increase the rate for renewal not less than thirty (30) days prior to the effective date of the renewal.

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):
Golden Rule Insurance Company	5.600%	5.600%	\$838	4	\$14,937	6.000%	5.000%

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Health - Actuarial Justification	Approved	No
Rate	Basic Plans	Approved	Yes
Rate	Plus Plans	Approved	Yes

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Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 06/01/2010
Submitted Date 06/01/2010
Respond By Date 07/01/2010

Dear Greg Dafler,

This will acknowledge receipt of the captioned filing. We will accept the domicile state fees only if the domicile state fees are greater than the fees outlined for the State of Arkansas. With that being said, the appropriate fee for this filing is \$50.00.

Please feel free to contact me if you have questions.

Sincerely,

Stephanie Fowler

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Response Letter

Response Letter Status Submitted to State
Response Letter Date 06/02/2010
Submitted Date 06/02/2010

Dear Stephanie Fowler,

Comments:

Response to objection dated 6/1/10.

Response 1

Comments: The additional filing fee of \$15.00 has been submitted to total the required \$50.00.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Please continue to process this filing.

Sincerely,

Brandon McKenzie, Greg Dafler, Patricia Lofton

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Rate Information

Rate data applies to filing.

Filing Method: Review and Approval
Rate Change Type: Increase
Overall Percentage of Last Rate Revision: 3.500%
Effective Date of Last Rate Revision: 11/01/2009
Filing Method of Last Filing: Review and Approval

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):
Golden Rule Insurance Company	5.600%	5.600%	\$838	4	\$14,937	6.000%	5.000%

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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 06/02/2010	Basic Plans	GRI-H-12.2, GRI-H-2.1 & GRI-H-2.2	Revised	Previous State Filing Number: Percent Rate Change Request: 6.000	GRI-H-2.1_2.2 natl.pdf GRI-H-2.2 (E380).pdf
Approved 06/02/2010	Plus Plans	GRI-H-12.2P	Revised	Previous State Filing Number: Percent Rate Change Request: 5.000	GRI-H-12.2P.pdf 80% Factor.pdf

GOLDEN RULE INSURANCE COMPANY

Policy Form: GRI-H-2.1/2.2

Annual Premiums

Issue Age	Effective:	Current Base Rate	2010 Base Rate	Monthly
-----		-----	-----	-----
All Ages		\$ 3,628.05	\$ 3,845.73	\$ 329.96

Modal Factors

	<u>Direct Billing</u>	<u>PAC or Auto Withdrawal</u>
Monthly	0.0858	0.0858
Quarterly	0.2550	0.2500
Semi-Annual	0.5100	0.5000

Area Factors

Area	Factors
----	-----
All	1.00

GOLDEN RULE INSURANCE COMPANY

Policy Form: GRI-H-2.2

Plan E380

Annual Premiums

Issue Age -----	Current Base Rate -----	2010 Base Rate -----	Monthly -----
All Ages	\$ 3,154.83	\$ 3,344.12	\$ 286.93

Modal Factors

	<u>Direct Billing</u>	<u>PAC or Auto Withdrawal</u>
Monthly	0.0858	0.0858
Quarterly	0.2550	0.2500
Semi-Annual	0.5100	0.5000

Area Factors

Area ----	Factors -----
All	1.000

GOLDEN RULE INSURANCE COMPANY

Policy Form: GRI-H-12.2P

Annual Premiums

Issue Age -----	Current Base Rate -----	2010 Base Rate -----	Monthly -----
65 - 69	\$ 7,535.17	\$ 7,911.93	\$ 678.84
70 - 74	\$ 7,535.17	\$ 7,911.93	\$ 678.84
75 - 79	\$ 7,535.17	\$ 7,911.93	\$ 678.84
80 +	\$ 7,535.17	\$ 7,911.93	\$ 678.84

Modal Factors

	<u>Direct Billing</u>	<u>PAC or Auto Withdrawal</u>
Monthly	0.0858	0.0858
Quarterly	0.2550	0.2500
Semi-Annual	0.5100	0.5000

Area Factors

Area ----	Factors -----
I - V	1.000
VI & Over	1.191

GOLDEN RULE INSURANCE COMPANY

Policy Forms: GRI-H-2P/2.0P

GRI-H-2.1P

GRI-H-2.2P

GRI-H-2.1P4

GRI-H-2.2P4

GRI-H-11P

GRI-H-12P

GRI-H-11D

GRI-H-12D

GRI-H-11PX

GRI-H-12PX

GRI-H-12.2P

GRI-H-12.2D

REMOVAL OF PRESCRIPTION DRUG COVERAGE

Contains Drug Coverage 1.000

Without Drug Coverage 0.800