

SERFF Tracking Number: AMMS-126652287 State: Arkansas
Filing Company: Golden Rule Insurance Company State Tracking Number: 45853
Company Tracking Number: MGR04446
TOI: H16G Group Health - Major Medical Sub-TOI: H16G.002A Large Group Only - PPO
Product Name: Association Group
Project Name/Number: MGR04446/MGR04446

Filing at a Glance

Company: Golden Rule Insurance Company

Product Name: Association Group

TOI: H16G Group Health - Major Medical

Sub-TOI: H16G.002A Large Group Only - PPO

Filing Type: Form

SERFF Tr Num: AMMS-126652287 State: Arkansas

SERFF Status: Closed-Approved-
Closed State Tr Num: 45853

Co Tr Num: MGR04446

Authors: Pat Allison, Deb Paris

Date Submitted: 06/02/2010

State Status: Approved-Closed

Reviewer(s): Rosalind Minor

Disposition Date: 06/04/2010

Disposition Status: Approved-
Closed

Implementation Date:

Implementation Date Requested: On Approval

State Filing Description:

General Information

Project Name: MGR04446

Project Number: MGR04446

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 06/04/2010

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments: Submitted to our
domiciliary state of Indiana on June 1, 2010.

Market Type: Group

Group Market Size: Large

Group Market Type: Association

Explanation for Other Group Market Type:

State Status Changed: 06/04/2010

Created By: Pat Allison

Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Pat Allison

Filing Description:

The enclosed form is submitted for your review and approval for use with our existing portfolio of group health forms. Golden Rule intends to issue this form in conjunction with previously approved policies and certificates delivered to evidence coverage under master policies issued in the state of Illinois to a non-employer based association group. These benefits will be incorporated in the Illinois base policy/certificate and will therefore be provided to all certificateholders insured under the applicable policies, regardless of their state of residence.

To the best of my knowledge, this form complies with the statutory and regulatory requirements of your state. The required documents are enclosed, accordingly.

If you should have any questions concerning this filing, please feel free to contact Policy Compliance toll free at 800-

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926-7602 and request to speak with me. If you prefer, I may be contacted via e-mail at the following address:
 dlparis@goldenrule.com.

Thank you for your time and attention to this filing. I look forward to your reply.

Company and Contact

Filing Contact Information

Debra Paris, Manager dlparis@goldenrule.com
 7440 Woodland Drive 800-926-7602 [Phone] 7771 [Ext]
 Indianapolis, IN 46278-1719 317-328-9645 [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: \$50.00
 Retaliatory? Yes
 Fee Explanation: \$50 per form x 1 form = \$50
 Paid via EFT
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Golden Rule Insurance Company	\$50.00	06/02/2010	36947221

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	06/04/2010	06/04/2010

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Disposition

Disposition Date: 06/04/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Form	General Exclusions and Limitations	Approved-Closed	Yes

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Form Schedule

Lead Form Number: MGR04446

Schedule Item	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 06/04/2010	MGR04446	Policy/Cont General Exclusions ract/Fratern and Limitations al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		59.140	MGR04446 Form.pdf

[GENERAL EXCLUSIONS AND LIMITATIONS]
[Applicable to All Benefits Except Life Insurance, If Any]

[Covered expenses will not include, and no benefits will be paid for any charges which are incurred:]

- (A) As a result of any *injury* sustained during or due to participating, instructing, demonstrating, guiding or accompanying others in any of the following: [operating or riding on a motorcycle;] professional or semi-professional sports; intercollegiate sports (not including intramural sports); parachute jumping; hang-gliding; racing or speed testing any motorized vehicle or conveyance; [racing or speed testing any non-motorized vehicle or conveyance (if the *covered person* is paid to participate or to instruct);] scuba/skin diving (when diving 60 or more feet in depth); sky-diving; bungee jumping; rodeo sports; [horseback-riding (if the *covered person* is paid to participate or to instruct);] rock or mountain climbing (if the *covered person* is paid to participate or to instruct); skiing (if the *covered person* is paid to participate or to instruct); or skiing (if the *covered person* is paid to participate or to instruct);
- (B) As a result of any *injury* sustained while operating, riding in, or descending from any type of aircraft if the *covered person* is a pilot, officer, or member of the crew of such aircraft or is giving or receiving any kind of training or instructions or otherwise has any duties that require him or her to be aboard the aircraft;

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Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification Comments: Attachment: C006.3 P006.3 Readability 3 2010.pdf	Approved-Closed	06/04/2010

	Item Status:	Status Date:
Bypassed - Item: Application Bypass Reason: Does not apply to this filing. Comments:	Approved-Closed	06/04/2010

Certification of Reading Ease

RE: Form (s) P-006.3 et al

C-006.3 et al

Golden Rule Insurance Company, by Julie Vanstraten, its Vice President, does hereby certify to the best of our knowledge and belief that:

1. The Flesch reading ease test score of the above is: P-006.3 et al (59.06)
C-006.3 et al (59.14)
2. The above is printed (except for : specification pages, schedules, tables and, with regard to any application, minor instructions concerning preparation) in not less than ten point type, one point leaded.
3. All text has been included in arriving at the above score(s), except for the following: Headings, italicized words, and form numbers.
4. The entire text of the form(s) was analyzed in arriving at the above score(s), except as follows: See #3 above.
5. The readability of the above form(s) complies with the statutory and/or regulatory requirements of the following states: All
6. The above form(s) will be used in:

<input type="checkbox"/> individual health insurance	<input type="checkbox"/> individual life insurance
<input checked="" type="checkbox"/> group health insurance	<input type="checkbox"/> group life insurance

March 16, 2010
Date



Julie Vanstraten
Vice President, General Counsel