

SERFF Tracking Number: AEGC-126728195 State: Arkansas  
 Filing Company: Monumental Life Insurance Company State Tracking Number: 46329  
 Company Tracking Number: 1660  
 TOI: MS05G Group Medicare Supplement - Standard Sub-TOI: MS05G.001 Plan A  
 Plans  
 Product Name: 2010 Monumental Life Insurance Company Standard Individual Medicare Supplement Rate Filing  
 Project Name/Number: Medicare Supplement Rates/55I

## Filing at a Glance

Company: Monumental Life Insurance Company

Product Name: 2010 Monumental Life Insurance Company Standard Individual Medicare Supplement Rate Filing SERFF Tr Num: AEGC-126728195 State: Arkansas

TOI: MS05G Group Medicare Supplement - Standard Plans

Sub-TOI: MS05G.001 Plan A

Filing Type: Rate

SERFF Status: Closed-Approved- Closed State Tr Num: 46329

Co Tr Num: 1660

State Status: Approved-Closed

Authors: Carolyn Mills, Teri Schaffer, Kristina Davis

Reviewer(s): Stephanie Fowler

Disposition Date: 08/24/2010

Date Submitted: 07/27/2010

Disposition Status: Approved-Closed

Implementation Date Requested: 11/01/2010

Implementation Date: 11/01/2010

State Filing Description:

## General Information

Project Name: Medicare Supplement Rates

Project Number: 55I

Requested Filing Mode: Review & Approval

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments: The rates for this policy form in our domiciliary state of Iowa are pending.

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact: 9.5%

Filing Status Changed: 08/24/2010

Market Type: Individual

Group Market Size:

Group Market Type:

Explanation for Other Group Market Type:

State Status Changed: 08/24/2010

Deemer Date:

Submitted By: Teri Schaffer

Filing Description:

Created By: Carolyn Mills

Corresponding Filing Tracking Number:

2010 Medicare Supplement Rate Filing for Standard Individual Medicare Supplement. Policy Form(s): MS4000IPM-A, MS4000IPM-C, MS4000IPM-D, MS4000IPM-F and MS4000IPM-G

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Enclosed is our rate submission for the benefits contained in the Standardized Medicare Supplement plans. This rate revision would be effective the first day of the month following 60 days from the effective date of the approval. Since this is a closed block of business, we have dropped all plans that no longer have lives for the last two years. We will only be including in our filings the plans that still have lives.

To aid in the rate review process, the actuarial memorandum is in line with the rate revision filing format recommended in the NAIC Medicare Supplement Model Regulations Compliance Manual.

Enclosed to complete this submission are:

- Actuarial Memorandum with Exhibit A
- Exhibit B (Experience)
- Actual to Expected Analysis
- Projection Exhibit

## Company and Contact

### Filing Contact Information

Carolyn Mills, Assistant Actuarial Statistician cemills@aegonusa.com  
 520 Park Avenue 410-209-5644 [Phone]  
 Baltimore, MD 21201 410-209-5904 [FAX]

### Filing Company Information

Monumental Life Insurance Company	CoCode: 66281	State of Domicile: Iowa
4333 Edgewood Road, NE	Group Code: 468	Company Type: Life and Health
Cedar Rapids, IA 52499	Group Name:	State ID Number:
(800) 233-4624 ext. [Phone]	FEIN Number: 52-0419790	

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## Filing Fees

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

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COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Monumental Life Insurance Company	\$50.00	07/27/2010	38307562

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Stephanie Fowler	08/24/2010	08/24/2010

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## Disposition

Disposition Date: 08/24/2010

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):
Monumental Life Insurance Company	9.500%	9.500%	\$1,986	4	\$20,904	9.500%	9.500%

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Schedule	Schedule Item	Schedule Item Status	Public Access
<b>Supporting Document</b>	Health - Actuarial Justification	Approved	No
<b>Rate</b>	Rates	Approved	Yes
<b>Rate</b>	Rates	Approved	Yes
<b>Rate</b>	Rates	Approved	Yes
<b>Rate</b>	Rates	Approved	Yes
<b>Rate</b>	Rates	Approved	Yes

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**Rate Information**

Rate data applies to filing.

**Filing Method:** serff  
**Rate Change Type:** Increase  
**Overall Percentage of Last Rate Revision:** 10.000%  
**Effective Date of Last Rate Revision:** 01/01/2010  
**Filing Method of Last Filing:** serff

**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):
Monumental Life Insurance Company	9.500%	9.500%	\$1,986	4	\$20,904	9.500%	9.500%

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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 Rates 08/24/2010		MS4000IPM-A	Revised	Previous State Filing Number: Percent Rate Change Request: 9.500	exhibita_p.pdf
Approved Rates 08/24/2010		MS4000IPM-C	Revised	Previous State Filing Number: Percent Rate Change Request: 9.500	
Approved Rates 08/24/2010		MS4000IPM-D	Revised	Previous State Filing Number: Percent Rate Change Request: 9.500	
Approved Rates 08/24/2010		MS4000IPM-F	Revised	Previous State Filing Number: Percent Rate Change Request: 9.500	
Approved Rates 08/24/2010		MS4000IPM-G	Revised	Previous State Filing Number: Percent Rate Change Request: 9.500	

**Exhibit A**  
**Monumental Life Insurance Company**  
**Policy Form Series: MS4000IPM**

**Mass Marketed Standard Individual Medicare Supplement**  
**Premium Rates**  
**State of Arkansas**

**Current Monthly Premium Rates**

<b>Composite Age</b>	<b>Plan A</b>	<b>Plan C</b>	<b>Plan D</b>	<b>Plan F</b>	<b>Plan G</b>
65 & Up	295	559	311	604	354

**Proposed Rate Change**

	<b>Plan A</b>	<b>Plan C</b>	<b>Plan D</b>	<b>Plan F</b>	<b>Plan G</b>
All Ages	9.5%	9.5%	9.5%	9.5%	9.5%

**Proposed Monthly Premium Rates**

<b>Composite Age</b>	<b>Plan A</b>	<b>Plan C</b>	<b>Plan D</b>	<b>Plan F</b>	<b>Plan G</b>
65 & Up	324	612	340	662	387

	<b>Annual</b>	<b>Semi-Annual</b>	<b>Quarterly</b>	<b>Monthly</b>	<b>Auto-Monthly</b>
<b>Modal Factors</b>	12.000	6.000	3.000	1.000	0.960