

<i>SERFF Tracking Number:</i>	<i>AMMS-126749596</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Golden Rule Insurance Company</i>	<i>State Tracking Number:</i>	<i>46387</i>
<i>Company Tracking Number:</i>	<i>MGR04513</i>		
<i>TOI:</i>	<i>H16G Group Health - Major Medical</i>	<i>Sub-TOI:</i>	<i>H16G.002A Large Group Only - PPO</i>
<i>Product Name:</i>	<i>Association Group</i>		
<i>Project Name/Number:</i>	<i>MGR04513/MGR04513</i>		

Filing at a Glance

Company: Golden Rule Insurance Company

Product Name: Association Group

SERFF Tr Num: AMMS-126749596 State: Arkansas

TOI: H16G Group Health - Major Medical

SERFF Status: Closed-Approved-
Closed State Tr Num: 46387

Sub-TOI: H16G.002A Large Group Only - PPO Co Tr Num: MGR04513

State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Rosalind Minor

Authors: Pat Allison, Deb Paris

Disposition Date: 08/09/2010

Date Submitted: 08/03/2010

Disposition Status: Approved-
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: MGR04513

Status of Filing in Domicile: Pending

Project Number: MGR04513

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Group

Submission Type: New Submission

Group Market Size: Large

Overall Rate Impact:

Group Market Type: Association

Filing Status Changed: 08/09/2010

Explanation for Other Group Market Type:

State Status Changed: 08/09/2010

Deemer Date:

Created By: Pat Allison

Submitted By: Pat Allison

Corresponding Filing Tracking Number:

PPACA: Not PPACA-Related

Filing Description:

The enclosed matrix paragraph is submitted for your review and approval for use with Golden Rule Insurance Company's 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.

This form is being filed to replace form MGR04461, which was approved by your Department on June 21, 2010. The only difference between MGR04461 and MGR04513 is that the sentence "If coverage terminates, we will require proof of good health..." has been removed. According to PPACA guidelines, no proof of good health is required on a covered person under 19 years of age.

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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 at (800) 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 acknowledgement.

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: \$35.00
 Retaliatory? Yes
 Fee Explanation: \$35 per form x 1 form = \$35
 Paid via EFT.
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Golden Rule Insurance Company	\$35.00	08/03/2010	38488834

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	08/09/2010	08/09/2010

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Disposition

Disposition Date: 08/09/2010

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
Supporting Document	PPACA Uniform Compliance Summary	Approved-Closed	Yes
Form	Effective Date of Dependent's Insurance	Approved-Closed	Yes

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Form Schedule

Lead Form Number: MGR04513

Schedule Item	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 08/09/2010	MGR04513	Policy/Cont Effective Date of ract/Fratern Dependent's al Insurance Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		59.140	MGR04513 Form.pdf

[EFFECTIVE DATE OF DEPENDENT'S INSURANCE]

Adding a Newborn: An *eligible child* born to *you* or *your spouse* will be covered from the time of birth until the 31st day after birth. The newborn child will be covered from the time of its birth for *loss* due to *injury* and *illness*, including *loss* from complications of birth, premature birth, medically diagnosed congenital defect(s), and birth abnormalities.

Additional premium will be required to continue coverage beyond the 31st day after the birth of the child. The required premium will be calculated from the child's date of birth. Coverage of the child will terminate on the 31st day after its birth, unless we have received written notice of the child's birth and the required premium within 90 days of the child's birth.

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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	08/09/2010

	Item Status:	Status Date:
Bypassed - Item: Application Bypass Reason: Does not apply to this filing. Comments:	Approved-Closed	08/09/2010

	Item Status:	Status Date:
Bypassed - Item: PPACA Uniform Compliance Summary Bypass Reason: Does not apply tot his filing. Comments:	Approved-Closed	08/09/2010

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