

SERFF Tracking Number: MUTM-126756510 State: Arkansas  
Filing Company: Assured Life Association State Tracking Number: 46404  
Company Tracking Number: NEIL SANDHOEFNER  
TOI: MS06 Medicare Supplement - Other Sub-TOI: MS06.000 Medicare Supplement - Other  
Product Name: Medicare Supplement Outline of Coverage Rate Page - RP1.1.T01-AR 10-10  
Project Name/Number: Medicare Supplement Outline of Coverage Rate Page/RP1.1.T01-AR 10-10

## Filing at a Glance

Company: Assured Life Association

Product Name: Medicare Supplement Outline ofSERFF Tr Num: MUTM-126756510 State: Arkansas

Coverage Rate Page - RP1.1.T01-AR 10-10

TOI: MS06 Medicare Supplement - Other

SERFF Status: Closed-Approved- State Tr Num: 46404  
Closed

Sub-TOI: MS06.000 Medicare Supplement -  
Other

Co Tr Num: NEIL SANDHOEFNER State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Stephanie Fowler

Authors: Shelly Kaipust, Jan  
Serafini, Melanie Schultz, Neil  
Sandhoefner

Disposition Date: 08/26/2010

Date Submitted: 08/05/2010

Disposition Status: Approved-  
Closed

Implementation Date Requested:

Implementation Date:

State Filing Description:

## General Information

Project Name: Medicare Supplement Outline of Coverage Rate Page

Status of Filing in Domicile:

Project Number: RP1.1.T01-AR 10-10

Date Approved in Domicile:

Requested Filing Mode:

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 08/26/2010

Explanation for Other Group Market Type:

State Status Changed: 08/26/2010

Deemer Date:

Created By: Shelly Kaipust

Submitted By: Shelly Kaipust

Corresponding Filing Tracking Number:

Filing Description:

RE: Assured Life Association

NAIC # 614-56499 FEIN 84-0356870

Individual Medicare Supplement Insurance

Outline of Coverage Rate Page RP1.1.T01-AR 10-10

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Enclosed for your review and approval is the above-captioned Medicare supplement outline of coverage rate page module. This module is being filed in order to comply with a change in the rates contained in the previously approved outline.

Rate Page RP1.1.T01-AR 10-10 is identical to previously approved rate page RP1.1.T01-AR, approved by your Department on November 9, 2009, except that it contains the rates approved by your Department on July 21, 2010. It will be used for all of our Medicare supplement plans.

Your review and approval of this submission will be most appreciated. If you have any questions, please do not hesitate to contact me.

Sincerely,

Neil Sandhoefner  
Product and Advertising Compliance Analyst  
Regulatory Affairs  
Phone: 402-351-6969  
Fax: 402-351-5298  
E-mail: Neil.Sandhoefner@mutualofomaha.com

## Company and Contact

### Filing Contact Information

Neil Sandhoefner, Product & Advertising Compliance Analyst  
Mutual of Omaha  
Mutual of Omaha Plaza  
Omaha, NE 68175  
neil.sandhoefner@mutualofomaha.com  
402-351-6969 [Phone]  
402-351-5298 [FAX]

### Filing Company Information

Assured Life Association  
9777 South Yosemite, Suite 200  
Lone Tree, CO 80124  
(800) 995-5991 ext. [Phone]  
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CoCode: 56499  
Group Code:  
Group Name:  
FEIN Number: 84-0356870  
State of Domicile: Colorado  
Company Type: Fraternal Benefit Society  
State ID Number:

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## Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Assured Life Association	\$50.00	08/05/2010	38543916

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Stephanie Fowler	08/26/2010	08/26/2010

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## Disposition

Disposition Date: 08/26/2010

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	Accepted for Informational Purposes	Yes
Supporting Document	Application		Yes
Supporting Document	Health - Actuarial Justification		Yes
Supporting Document	Outline of Coverage		Yes
Form	Outline of Coverage Rate Page	Approved	Yes

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## Form Schedule

**Lead Form Number: RP1.1.T01-AR 10-10**

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved 08/26/2010	RP1.1.T01-AR 10-10	Outline of Coverage	Outline of Coverage Rate Page	Initial			RP1.1.T01-AR 10-10.pdf

**ZIP CODES: 716-717, 724-729**

**NON-TOBACCO MONTHLY RATES (BANK SERVICE PLAN)**

Policy Form MTA20 (Plan A)		Policy Form MTA21 (Plan B)		Policy Form MTA22 (Plan C)		Policy Form MTA23 (Plan D)		Policy Form MTA24 (Plan F)		Policy Form MTA25 (Plan G)	
Attained Age 65 and Over	91.04	Attained Age 65 and Over	105.26	Attained Age 65 and Over	127.07	Attained Age 65 and Over	104.14	Attained Age 65 and Over	129.92	Attained Age 65 and Over	104.14

**NON-TOBACCO QUARTERLY RATES**

Policy Form MTA20 (Plan A)		Policy Form MTA21 (Plan B)		Policy Form MTA22 (Plan C)		Policy Form MTA23 (Plan D)		Policy Form MTA24 (Plan F)		Policy Form MTA25 (Plan G)	
Attained Age 65 and Over	273.11	Attained Age 65 and Over	315.79	Attained Age 65 and Over	381.22	Attained Age 65 and Over	312.42	Attained Age 65 and Over	389.75	Attained Age 65 and Over	312.42

**NON-TOBACCO SEMIANNUAL RATES**

Policy Form MTA20 (Plan A)		Policy Form MTA21 (Plan B)		Policy Form MTA22 (Plan C)		Policy Form MTA23 (Plan D)		Policy Form MTA24 (Plan F)		Policy Form MTA25 (Plan G)	
Attained Age 65 and Over	546.22	Attained Age 65 and Over	631.57	Attained Age 65 and Over	762.44	Attained Age 65 and Over	624.84	Attained Age 65 and Over	779.51	Attained Age 65 and Over	624.84

**NON-TOBACCO ANNUAL RATES**

Policy Form MTA20 (Plan A)		Policy Form MTA21 (Plan B)		Policy Form MTA22 (Plan C)		Policy Form MTA23 (Plan D)		Policy Form MTA24 (Plan F)		Policy Form MTA25 (Plan G)	
Attained Age 65 and Over	1,092.44	Attained Age 65 and Over	1,263.14	Attained Age 65 and Over	1,524.87	Attained Age 65 and Over	1,249.67	Attained Age 65 and Over	1,559.01	Attained Age 65 and Over	1,249.67

**ZIP CODES: 716-717, 724-729**

**TOBACCO MONTHLY RATES (BANK SERVICE PLAN)**

Policy Form MTA20 (Plan A)		Policy Form MTA21 (Plan B)		Policy Form MTA22 (Plan C)		Policy Form MTA23 (Plan D)		Policy Form MTA24 (Plan F)		Policy Form MTA25 (Plan G)	
Attained Age 65 and Over	104.64	Attained Age 65 and Over	120.99	Attained Age 65 and Over	146.06	Attained Age 65 and Over	119.70	Attained Age 65 and Over	149.33	Attained Age 65 and Over	119.70

**TOBACCO QUARTERLY RATES**

Policy Form MTA20 (Plan A)		Policy Form MTA21 (Plan B)		Policy Form MTA22 (Plan C)		Policy Form MTA23 (Plan D)		Policy Form MTA24 (Plan F)		Policy Form MTA25 (Plan G)	
Attained Age 65 and Over	313.92	Attained Age 65 and Over	362.97	Attained Age 65 and Over	438.18	Attained Age 65 and Over	359.10	Attained Age 65 and Over	447.99	Attained Age 65 and Over	359.10

**TOBACCO SEMIANNUAL RATES**

Policy Form MTA20 (Plan A)		Policy Form MTA21 (Plan B)		Policy Form MTA22 (Plan C)		Policy Form MTA23 (Plan D)		Policy Form MTA24 (Plan F)		Policy Form MTA25 (Plan G)	
Attained Age 65 and Over	627.84	Attained Age 65 and Over	725.94	Attained Age 65 and Over	876.36	Attained Age 65 and Over	718.20	Attained Age 65 and Over	895.98	Attained Age 65 and Over	718.20

**TOBACCO ANNUAL RATES**

Policy Form MTA20 (Plan A)		Policy Form MTA21 (Plan B)		Policy Form MTA22 (Plan C)		Policy Form MTA23 (Plan D)		Policy Form MTA24 (Plan F)		Policy Form MTA25 (Plan G)	
Attained Age 65 and Over	1,255.68	Attained Age 65 and Over	1,451.88	Attained Age 65 and Over	1,752.72	Attained Age 65 and Over	1,436.40	Attained Age 65 and Over	1,791.96	Attained Age 65 and Over	1,436.40

**ZIP CODES: 718-721**

**NON-TOBACCO MONTHLY RATES (BANK SERVICE PLAN)**

Policy Form MTA20 (Plan A)		Policy Form MTA21 (Plan B)		Policy Form MTA22 (Plan C)		Policy Form MTA23 (Plan D)		Policy Form MTA24 (Plan F)		Policy Form MTA25 (Plan G)	
Attained Age 65 and Over	99.23	Attained Age 65 and Over	114.74	Attained Age 65 and Over	138.51	Attained Age 65 and Over	113.51	Attained Age 65 and Over	141.61	Attained Age 65 and Over	113.51

**NON-TOBACCO QUARTERLY RATES**

Policy Form MTA20 (Plan A)		Policy Form MTA21 (Plan B)		Policy Form MTA22 (Plan C)		Policy Form MTA23 (Plan D)		Policy Form MTA24 (Plan F)		Policy Form MTA25 (Plan G)	
Attained Age 65 and Over	297.69	Attained Age 65 and Over	344.21	Attained Age 65 and Over	415.53	Attained Age 65 and Over	340.54	Attained Age 65 and Over	424.83	Attained Age 65 and Over	340.54

**NON-TOBACCO SEMIANNUAL RATES**

Policy Form MTA20 (Plan A)		Policy Form MTA21 (Plan B)		Policy Form MTA22 (Plan C)		Policy Form MTA23 (Plan D)		Policy Form MTA24 (Plan F)		Policy Form MTA25 (Plan G)	
Attained Age 65 and Over	595.38	Attained Age 65 and Over	688.41	Attained Age 65 and Over	831.05	Attained Age 65 and Over	681.07	Attained Age 65 and Over	849.66	Attained Age 65 and Over	681.07

**NON-TOBACCO ANNUAL RATES**

Policy Form MTA20 (Plan A)		Policy Form MTA21 (Plan B)		Policy Form MTA22 (Plan C)		Policy Form MTA23 (Plan D)		Policy Form MTA24 (Plan F)		Policy Form MTA25 (Plan G)	
Attained Age 65 and Over	1,190.76	Attained Age 65 and Over	1,376.82	Attained Age 65 and Over	1,662.10	Attained Age 65 and Over	1,362.14	Attained Age 65 and Over	1,699.32	Attained Age 65 and Over	1,362.14

**ZIP CODES: 718-721**

**TOBACCO MONTHLY RATES (BANK SERVICE PLAN)**

Policy Form MTA20 (Plan A)		Policy Form MTA21 (Plan B)		Policy Form MTA22 (Plan C)		Policy Form MTA23 (Plan D)		Policy Form MTA24 (Plan F)		Policy Form MTA25 (Plan G)	
Attained Age 65 and Over	114.06	Attained Age 65 and Over	131.88	Attained Age 65 and Over	159.21	Attained Age 65 and Over	130.47	Attained Age 65 and Over	162.77	Attained Age 65 and Over	130.47

**TOBACCO QUARTERLY RATES**

Policy Form MTA20 (Plan A)		Policy Form MTA21 (Plan B)		Policy Form MTA22 (Plan C)		Policy Form MTA23 (Plan D)		Policy Form MTA24 (Plan F)		Policy Form MTA25 (Plan G)	
Attained Age 65 and Over	342.17	Attained Age 65 and Over	395.64	Attained Age 65 and Over	477.62	Attained Age 65 and Over	391.42	Attained Age 65 and Over	488.31	Attained Age 65 and Over	391.42

**TOBACCO SEMIANNUAL RATES**

Policy Form MTA20 (Plan A)		Policy Form MTA21 (Plan B)		Policy Form MTA22 (Plan C)		Policy Form MTA23 (Plan D)		Policy Form MTA24 (Plan F)		Policy Form MTA25 (Plan G)	
Attained Age 65 and Over	684.35	Attained Age 65 and Over	791.28	Attained Age 65 and Over	955.23	Attained Age 65 and Over	782.84	Attained Age 65 and Over	976.62	Attained Age 65 and Over	782.84

**TOBACCO ANNUAL RATES**

Policy Form MTA20 (Plan A)		Policy Form MTA21 (Plan B)		Policy Form MTA22 (Plan C)		Policy Form MTA23 (Plan D)		Policy Form MTA24 (Plan F)		Policy Form MTA25 (Plan G)	
Attained Age 65 and Over	1,368.69	Attained Age 65 and Over	1,582.55	Attained Age 65 and Over	1,910.46	Attained Age 65 and Over	1,565.68	Attained Age 65 and Over	1,953.24	Attained Age 65 and Over	1,565.68

**ZIP CODES: 722-723**

**NON-TOBACCO MONTHLY RATES (BANK SERVICE PLAN)**

Policy Form MTA20 (Plan A)		Policy Form MTA21 (Plan B)		Policy Form MTA22 (Plan C)		Policy Form MTA23 (Plan D)		Policy Form MTA24 (Plan F)		Policy Form MTA25 (Plan G)	
Attained Age 65 and Over	106.51	Attained Age 65 and Over	123.16	Attained Age 65 and Over	148.67	Attained Age 65 and Over	121.84	Attained Age 65 and Over	152.00	Attained Age 65 and Over	121.84

**NON-TOBACCO QUARTERLY RATES**

Policy Form MTA20 (Plan A)		Policy Form MTA21 (Plan B)		Policy Form MTA22 (Plan C)		Policy Form MTA23 (Plan D)		Policy Form MTA24 (Plan F)		Policy Form MTA25 (Plan G)	
Attained Age 65 and Over	319.54	Attained Age 65 and Over	369.47	Attained Age 65 and Over	446.02	Attained Age 65 and Over	365.53	Attained Age 65 and Over	456.01	Attained Age 65 and Over	365.53

**NON-TOBACCO SEMIANNUAL RATES**

Policy Form MTA20 (Plan A)		Policy Form MTA21 (Plan B)		Policy Form MTA22 (Plan C)		Policy Form MTA23 (Plan D)		Policy Form MTA24 (Plan F)		Policy Form MTA25 (Plan G)	
Attained Age 65 and Over	639.08	Attained Age 65 and Over	738.94	Attained Age 65 and Over	892.05	Attained Age 65 and Over	731.06	Attained Age 65 and Over	912.02	Attained Age 65 and Over	731.06

**NON-TOBACCO ANNUAL RATES**

Policy Form MTA20 (Plan A)		Policy Form MTA21 (Plan B)		Policy Form MTA22 (Plan C)		Policy Form MTA23 (Plan D)		Policy Form MTA24 (Plan F)		Policy Form MTA25 (Plan G)	
Attained Age 65 and Over	1,278.16	Attained Age 65 and Over	1,477.87	Attained Age 65 and Over	1,784.09	Attained Age 65 and Over	1,462.11	Attained Age 65 and Over	1,824.03	Attained Age 65 and Over	1,462.11

**ZIP CODES: 722-723**

**TOBACCO MONTHLY RATES (BANK SERVICE PLAN)**

Policy Form MTA20 (Plan A)		Policy Form MTA21 (Plan B)		Policy Form MTA22 (Plan C)		Policy Form MTA23 (Plan D)		Policy Form MTA24 (Plan F)		Policy Form MTA25 (Plan G)	
Attained Age 65 and Over	122.43	Attained Age 65 and Over	141.56	Attained Age 65 and Over	170.89	Attained Age 65 and Over	140.05	Attained Age 65 and Over	174.72	Attained Age 65 and Over	140.05

**TOBACCO QUARTERLY RATES**

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Attained Age 65 and Over	367.29	Attained Age 65 and Over	424.68	Attained Age 65 and Over	512.67	Attained Age 65 and Over	420.15	Attained Age 65 and Over	524.15	Attained Age 65 and Over	420.15

**TOBACCO SEMIANNUAL RATES**

Policy Form MTA20 (Plan A)		Policy Form MTA21 (Plan B)		Policy Form MTA22 (Plan C)		Policy Form MTA23 (Plan D)		Policy Form MTA24 (Plan F)		Policy Form MTA25 (Plan G)	
Attained Age 65 and Over	734.58	Attained Age 65 and Over	849.35	Attained Age 65 and Over	1,025.34	Attained Age 65 and Over	840.30	Attained Age 65 and Over	1,048.30	Attained Age 65 and Over	840.30

**TOBACCO ANNUAL RATES**

Policy Form MTA20 (Plan A)		Policy Form MTA21 (Plan B)		Policy Form MTA22 (Plan C)		Policy Form MTA23 (Plan D)		Policy Form MTA24 (Plan F)		Policy Form MTA25 (Plan G)	
Attained Age 65 and Over	1,469.15	Attained Age 65 and Over	1,698.70	Attained Age 65 and Over	2,050.68	Attained Age 65 and Over	1,680.59	Attained Age 65 and Over	2,096.59	Attained Age 65 and Over	1,680.59

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 Project Name/Number: Medicare Supplement Outline of Coverage Rate Page/RP1.1.T01-AR 10-10

## Supporting Document Schedules

		<b>Item Status:</b>	<b>Status</b>
			<b>Date:</b>
<b>Satisfied - Item:</b>	Flesch Certification	Accepted for Informational Purposes	08/26/2010

**Comments:**

**Attachment:**

AR Read Cert.pdf

		<b>Item Status:</b>	<b>Status</b>
			<b>Date:</b>

**Bypassed - Item:** Application  
**Bypass Reason:** Not applicable for this Outline of Coverage filing submission.  
**Comments:**

		<b>Item Status:</b>	<b>Status</b>
			<b>Date:</b>

**Bypassed - Item:** Health - Actuarial Justification  
**Bypass Reason:** Not applicable for this Outline of Coverage filing submission.  
**Comments:**

		<b>Item Status:</b>	<b>Status</b>
			<b>Date:</b>

**Satisfied - Item:** Outline of Coverage  
**Comments:**  
 See Form Schedule tab for this Outline of Coverage.

**CERTIFICATION**

This is to certify that the attached form(s) has/have achieved the following Flesch Reading Ease Score(s) and complies/comply with the requirements of Ark. Stat. §§66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

<u>Form</u>	<u>Description</u>	<u>Score</u>
RP1.1.T01-AR 10-10	Outline of Coverage Rate Page	N/A

Assured Life Association

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Date: August 5, 2010



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Daniel J. Kennelly  
Vice President & Chief Compliance Officer  
Mutual of Omaha Insurance Company  
as Administrator for Assured Life Association