Filing at a Glance

Company: Constitution Life Insurance Company

Product Name: Individual Standardized Medicare Supplement
SERFF Tr Num: UNAM-126760048
State: Arkansas

TOI: MS05I Individual Medicare Supplement - Standard Plans
SERFF Status: Closed-Approved-Closed
State Tr Num: 46421

Sub-TOI: MS05I.001 Plan A
Co Tr Num: CLICO STD 2010 AR
State Status: Approved-Closed

Filing Type: Rate
Reviewer(s): Stephanie Fowler

Authors: Carmen Boyd, Trudi Goldenberg
Disposition Date: 08/26/2010

Date Submitted: 08/09/2010
Disposition Status: Approved-Closed

Implementation Date Requested: 09/24/2010
Implementation Date: 09/24/2010

State Filing Description:

General Information

Project Name:
Project Number:
Requested Filing Mode: Review & Approval
Explanation for Combination/Other:
Submission Type: New Submission
Overall Rate Impact: 11%
Filing Status Changed: 08/26/2010

Deemer Date:
Submitted By: Carmen Boyd
Filing Description:
Constitution Life Insurance Company, NAIC #62359

11% Rate Increase for Individual Standardized Medicare Supplement
Form(s): CMSI-00 & CMSI-06 A, B, C, D, F

Status of Filing in Domicile: Pending
Date Approved in Domicile:
Domicile Status Comments:
Market Type: Individual
Group Market Size:
Group Market Type:
Explanation for Other Group Market Type:
State Status Changed: 08/26/2010
Created By: Carmen Boyd
Corresponding Filing Tracking Number:

Company and Contact

Filing Contact Information

Carmen Boyd, cboyd@uafc.com
P.O. Box 958465 407-628-1776 [Phone] 8319 [Ext]
Lake Mary, FL 32795-8465

Filing Company Information

Constitution Life Insurance Company	CoCode: 62359	State of Domicile: Texas
1001 Heathrow Park Lane	Group Code: 953	Company Type:
Suite 5001	Group Name:	State ID Number:
Lake Mary, FL 32746	FEIN Number: 36-1824600	
(407) 995-8000 ext. [Phone]		

Filing Fees

Fee Required?	Yes
Fee Amount:	$250.00
Retaliatory?	No
Fee Explanation:	5 FORMS x $50 = $250.00
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Constitution Life Insurance Company	$250.00	08/09/2010	38601916

Correspondence Summary

Dispositions

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

Disposition

Disposition Date: 08/26/2010

Implementation Date: 09/24/2010

Status: Approved-Closed

Comment: The requested rate increase has been approved to be implemented on or after September 24, 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):**
Constitution Life Insurance Company	11.000%	11.000%	$76,877	258	$698,883	11.000%	11.000%

SERFF Tracking Number:	*UNAM-126760048*	*State:*	*Arkansas*
Filing Company:	*Constitution Life Insurance Company*	*State Tracking Number:*	*46421*
Company Tracking Number:	*CLICO STD 2010 AR*		
TOI:	*MS05I Individual Medicare Supplement - Standard Plans*	*Sub-TOI:*	*MS05I.001 Plan A*
Product Name:	*Individual Standardized Medicare Supplement*		
Project Name/Number:	*/*		

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Health - Actuarial Justification	Approved	No
Rate	CURRENT & REQUESTED RATES	Approved	Yes

Rate Information

Rate data applies to filing.

Filing Method:	SERFF
Rate Change Type:	Increase
Overall Percentage of Last Rate Revision:	15.000%
Effective Date of Last Rate Revision:	09/24/2009
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):
Constitution Life Insurance Company	11.000%	11.000%	$76,877	258	$698,883	11.000%	11.000%

Rate/Rule Schedule

Schedule Item Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:*	Rate Action Information:	Attachments
Approved 08/26/2010	CURRENT & REQUESTED RATES	CMSI-00 & CMSI-06 A, B, C, D, F	New		AR STD Rates.pdf

Constitution Life Insurance Company

Actuarial Justification for A&H Rate Increase
Individual Standardized Medicare Supplement

Exhibit A - Current & Requested Rates

Medicare Standardized Plans

2009 Current Annual Premiums For Area Factor = 1.00

	Annual		Semi-Annual		Quarterly		Monthly - Direct		Monthly - PAC	
	Non-Smoker	Smoker	Non-Smoker	Smoker	Non-Smoker	Smoker	Non-Smoker	Smoker	Non-Smoker	Smoker
Standardized Plan A	2,033.36	2,288.04	1,057.35	1,189.78	538.84	606.33	183.00	205.92	172.84	194.48
Standardized Plan B	2,472.90	2,783.03	1,285.91	1,447.18	655.32	737.50	222.56	250.47	210.20	236.56
Standardized Plan C	2,967.89	3,339.64	1,543.30	1,736.61	786.49	885.00	267.11	300.57	252.27	283.87
Standardized Plan D	2,616.67	2,943.24	1,360.67	1,530.48	693.42	779.96	235.50	264.89	222.42	250.18
Standardized Plan F	2,955.71	3,442.34	1,536.97	1,790.01	783.26	912.22	266.01	309.81	251.24	292.60

Arkansas Area Factors by 3 Digit Zip Code

722, 723…….	1.05
719…….	1.00
Rest of State…….	0.90

Constitution Life Insurance Company

Actuarial Justification for A&H Rate Increase
Individual Standardized Medicare Supplement

Exhibit A - Current & Requested Rates

2009 Current Annual Premiums For Area Factor = 1.05

	Annual		Semi-Annual		Quarterly		Monthly - Direct		Monthly - PAC	
	Non-Smoker	Smoker	Non-Smoker	Smoker	Non-Smoker	Smoker	Non-Smoker	Smoker	Non-Smoker	Smoker
Standardized Plan A	2,135.03	2,402.45	1,110.22	1,249.27	565.78	636.65	192.15	216.22	181.48	204.21
Standardized Plan B	2,596.54	2,922.19	1,350.20	1,519.54	688.08	774.38	233.69	263.00	220.71	248.39
Standardized Plan C	3,116.28	3,506.62	1,620.47	1,823.44	825.81	929.26	280.47	315.60	264.88	298.06
Standardized Plan D	2,747.50	3,090.40	1,428.70	1,607.01	728.09	818.96	247.28	278.14	233.54	262.68
Standardized Plan F	3,103.50	3,614.45	1,613.82	1,879.52	822.43	957.83	279.31	325.30	263.80	307.23

Arkansas Area Factors by 3 Digit Zip Code

722, 723…….	1.05
719…….	1.00
Rest of State…….	0.90

Constitution Life Insurance Company

Actuarial Justification for A&H Rate Increase
Individual Standardized Medicare Supplement

Exhibit A - Current & Requested Rates

2009 Current Annual Premiums For Area Factor = .90

	Annual		Semi-Annual		Quarterly		Monthly - Direct		Monthly - PAC	
	Non-Smoker	Smoker	Non-Smoker	Smoker	Non-Smoker	Smoker	Non-Smoker	Smoker	Non-Smoker	Smoker
Standardized Plan A	1,921.53	2,162.20	999.19	1,124.35	509.20	572.98	172.94	194.60	163.33	183.79
Standardized Plan B	2,336.89	2,629.97	1,215.18	1,367.58	619.27	696.94	210.32	236.70	198.64	223.55
Standardized Plan C	2,804.65	3,155.96	1,458.42	1,641.10	743.23	836.33	252.42	284.04	238.40	268.26
Standardized Plan D	2,472.75	2,781.36	1,285.83	1,446.31	655.28	737.06	222.55	250.32	210.18	236.42
Standardized Plan F	2,793.15	3,253.01	1,452.44	1,691.56	740.18	862.05	251.38	292.77	237.42	276.51

Arkansas Area Factors by 3 Digit Zip Code

722, 723…….	1.05
719…….	1.00
Rest of State…….	0.90

Constitution Life Insurance Company

Actuarial Justification for A&H Rate Increase
Individual Standardized Medicare Supplement

Exhibit A - Current & Requested Rates

Medicare Standardized Plans

2010 Requested Annual Premiums For Area Factor = 1.00

	Annual		Semi-Annual		Quarterly		Monthly - Direct		Monthly - PAC	
	Non-Smoker	Smoker	Non-Smoker	Smoker	Non-Smoker	Smoker	Non-Smoker	Smoker	Non-Smoker	Smoker
Standardized Plan A	2,257.00	2,539.70	1,173.64	1,320.64	598.11	673.02	203.13	228.57	191.85	215.87
Standardized Plan B	2,744.88	3,089.13	1,427.34	1,606.35	727.39	818.62	247.04	278.02	233.31	262.58
Standardized Plan C	3,294.31	3,706.95	1,713.04	1,927.62	872.99	982.34	296.49	333.63	280.02	315.09
Standardized Plan D	2,904.47	3,266.95	1,510.32	1,698.82	769.68	865.74	261.40	294.03	246.88	277.69
Standardized Plan F	3,280.83	3,820.94	1,706.03	1,986.89	869.42	########	295.27	343.89	278.87	324.78

Arkansas Area Factors by 3 Digit Zip Code

722, 723…….	1.05
719…….	1.00
Rest of State…….	0.90

Constitution Life Insurance Company

Actuarial Justification for A&H Rate Increase
Individual Standardized Medicare Supplement

Exhibit A - Current & Requested Rates

2010 Requested Annual Premiums For Area Factor = 1.05

	Annual		Semi-Annual		Quarterly		Monthly - Direct		Monthly - PAC	
	Non-Smoker	Smoker	Non-Smoker	Smoker	Non-Smoker	Smoker	Non-Smoker	Smoker	Non-Smoker	Smoker
Standardized Plan A	2,369.85	2,666.68	1,232.32	1,386.67	628.01	706.67	213.29	240.00	201.44	226.67
Standardized Plan B	2,882.12	3,243.59	1,498.70	1,686.66	763.76	859.55	259.39	291.92	244.98	275.70
Standardized Plan C	3,459.03	3,892.30	1,798.69	2,024.00	916.64	########	311.31	350.31	294.02	330.85
Standardized Plan D	3,049.69	3,430.30	1,585.84	1,783.76	808.17	909.03	274.47	308.73	259.22	291.58
Standardized Plan F	3,444.87	4,011.99	1,791.33	2,086.24	912.89	########	310.04	361.08	292.81	341.02

Arkansas Area Factors by 3 Digit Zip Code

722, 723…….	1.05
719…….	1.00
Rest of State…….	0.90

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Individual Standardized Medicare Supplement

Exhibit A - Current & Requested Rates

2010 Requested Annual Premiums For Area Factor = .90

	Annual		Semi-Annual		Quarterly		Monthly - Direct		Monthly - PAC	
	Non-Smoker	Smoker	Non-Smoker	Smoker	Non-Smoker	Smoker	Non-Smoker	Smoker	Non-Smoker	Smoker
Standardized Plan A	2,132.87	2,400.01	1,109.09	1,248.01	565.21	636.00	191.96	216.00	181.29	204.00
Standardized Plan B	2,593.91	2,919.23	1,348.83	1,518.00	687.39	773.60	233.45	262.73	220.48	248.13
Standardized Plan C	3,113.12	3,503.07	1,618.82	1,821.60	824.98	928.31	280.18	315.28	264.62	297.76
Standardized Plan D	2,744.72	3,087.27	1,427.25	1,605.38	727.35	818.13	247.02	277.85	233.30	262.42
Standardized Plan F	3,100.39	3,610.79	1,612.20	1,877.61	821.60	956.86	279.03	324.97	263.53	306.92

Arkansas Area Factors by 3 Digit Zip Code

722, 723…….	1.05
719…….	1.00
Rest of State…….	0.90