

SERFF Tracking Number: MUTA-126811518 State: Arkansas
Filing Company: New York Life Insurance Company State Tracking Number: 46772
Company Tracking Number: LORI CWACH
TOI: MS06 Medicare Supplement - Other Sub-TOI: MS06.000 Medicare Supplement - Other
Product Name: 2010 NYLIC PreStd & Stand Medicare Supplement
Project Name/Number: 2010 Annual Rate Filing/2010 NYLIC

Filing at a Glance

Company: New York Life Insurance Company

Product Name: 2010 NYLIC PreStd & Stand Medicare Supplement SERFF Tr Num: MUTA-126811518 State: Arkansas

TOI: MS06 Medicare Supplement - Other SERFF Status: Closed-Approved-Closed State Tr Num: 46772

Sub-TOI: MS06.000 Medicare Supplement - Other Co Tr Num: LORI CWACH State Status: Approved-Closed

Filing Type: Rate

Author: Lori Cwach

Reviewer(s): Stephanie Fowler

Date Submitted: 09/13/2010

Disposition Date: 09/16/2010

Disposition Status: Approved-Closed

Implementation Date Requested: 10/01/2010

Implementation Date:

State Filing Description:

General Information

Project Name: 2010 Annual Rate Filing

Status of Filing in Domicile: Pending

Project Number: 2010 NYLIC

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

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: 09/16/2010

Explanation for Other Group Market Type:

State Status Changed: 09/16/2010

Deemer Date:

Created By: Lori Cwach

Submitted By: Lori Cwach

Corresponding Filing Tracking Number:

Filing Description:

2010 Medicare Supplement Annual Loss Ratio Filing

PRE-STANDARDIZED FORMS: 7745-1, 8145-1

STANDARDIZED FORMS: NYM13, NYM14, NYM15, NYM16

This filing demonstrates loss ratio compliance and requests continued use of the currently approved rates. The proposed implementation date is October 1, 2010.

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Company and Contact

Filing Contact Information

Lori Cwach, Lead Actuarial Analyst Lori.Cwach@mutualofomaha.com
 Rating Department 402-351-4249 [Phone]
 Mutual of Omaha
 Mutual of Omaha Plaza
 Omaha, NE 68175

Filing Company Information

New York Life Insurance Company CoCode: 66915 State of Domicile: New York
 3316 Farnam Street Group Code: 826 Company Type: Life and Health
 Omaha, NE 68175 Group Name: State ID Number:
 (800) 995-5991 ext. [Phone] FEIN Number: 13-5582869

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
New York Life Insurance Company	\$50.00	09/13/2010	39464297

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Stephanie Fowler	09/16/2010	09/16/2010

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Disposition

Disposition Date: 09/16/2010

Implementation Date:

Status: Approved-Closed

Comment: We have approved this rate filing. There was no increase requested.

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):
New York Life Insurance Company	0.000%	0.000%	\$0	2	\$7,337	0.000%	0.000%

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Health - Actuarial Justification	Approved	No
Rate	RATES 2010	Approved	Yes

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Rate Information

Rate data applies to filing.

Filing Method: SERFF
Rate Change Type: Neutral
Overall Percentage of Last Rate Revision: 5.000%
Effective Date of Last Rate Revision: 10/01/2009
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):
New York Life Insurance Company	0.000%	0.000%	\$0	2	\$7,337	0.000%	0.000%

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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 09/16/2010	RATES 2010	7745-1, 8145-1, NYM13, NYM14, NYM15, NYM16	Other	Previous State Filing Number: Rate Action Other Explanation:	MUTA- 1262175 77 AR RATES PROPOSED.pdf AR ZIPLIST.pdf

New York Life Insurance Company
Schedule of Annual Rates
For Policy Form 7745-1 and Related Forms - Arkansas

Date: 09/08/2010
Page 1 of 6

RISK STANDARD

Issue Age	Individual	Issue Age	Family
65&Over	1436.10	65&Over	1396.42

New York Life Insurance Company
Schedule of Annual Rates
For Policy Form 7745-1 and Related Forms - Arkansas
SPECIAL CLASS PERMANENT EXTRA 1 PREMIUMS

Date: 09/08/2010
Page 2 of 6

Issue Age	Individual	Issue Age	Family
65&Over	359.02	65&Over	349.14

New York Life Insurance Company
Schedule of Annual Rates
For Policy Form 7745-1 and Related Forms - Arkansas
SPECIAL CLASS PERMANENT EXTRA 2 PREMIUMS

Date: 09/08/2010
Page 3 of 6

Issue Age	Individual	Issue Age	Family
65&Over	574.44	65&Over	558.58

New York Life Insurance Company
Schedule of Annual Rates
For Policy Form 7745-1 and Related Forms - Arkansas
SPECIAL CLASS PERMANENT EXTRA 3 PREMIUMS

Date: 09/08/2010
Page 4 of 6

Issue Age	Individual	Issue Age	Family
65&Over	1005.27	65&Over	977.55

New York Life Insurance Company
Schedule of Annual Rates
For Policy Form 7745-1 and Related Forms - Arkansas
SPECIAL CLASS PERMANENT EXTRA 4 PREMIUMS

Date: 09/08/2010
Page 5 of 6

Issue Age	Individual	Issue Age	Family
65&Over	1579.74	65&Over	1536.12

New York Life Insurance Company
Schedule of Annual Rates
For Policy Form 7745-1 and Related Forms - Arkansas
SPECIAL CLASS PERMANENT EXTRA 5 PREMIUMS

Date: 09/08/2010
Page 6 of 6

Issue Age	Individual	Issue Age	Family
65&Over	2297.79	65&Over	2234.33

New York Life Insurance Company
Schedule of Annual Rates
For Policy Form 8145-1 and Related Forms - Arkansas
H-81 Medicare Supplement Expense Policy

Date: 09/08/2010
Page 1 of 1

Issue Age	Individual	Issue Age	Family
65&Over	3890.32	65&Over	3781.63

Schedule of Monthly Rates
For Policy Form NYM13 - Arkansas

Attained Age	
All Ages	184.74

TO OBTAIN QUARTERLY, SEMIANNUAL, AND ANNUAL PREMIUMS, MULTIPLY THE ABOVE QUOTED PREMIUMS BY 3, 6, AND 12 RESPECTIVELY. FOR REGULAR POLICY ISSUES THAT ARE ON A MONTHLY PREMIUM PAYING BASIS, ADD \$2.00 TO THE TOTAL PREMIUM FOR THE POLICY AND ALL ATTACHED RIDERS. THE MONTHLY PREMIUMS FOR BANK SERVICE PLAN AND PAYROLL DEDUCTION ISSUES ARE THE PREMIUMS LISTED ABOVE.

Schedule of Monthly Rates
For Policy Form NYM14 - Arkansas

Attained Age	
All Ages	311.81

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Schedule of Monthly Rates
For Policy Form NYM15 - Arkansas

Attained Age	
All Ages	330.80

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Schedule of Monthly Rates
For Policy Form NYM16 - Arkansas

Attained Age	
All Ages	693.62

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AREA FACTORS FOR ZIP RATED MEDICARE SUPPLEMENT POLICY FORMS

PREPARED BY: H&A ACTUARIAL

THESE FACTORS WILL BE REFILED ON AN ANNUAL BASIS AND ARE SUBJECT TO REVISION BETWEEN ANNUAL FILINGS.
FACTOR REDUCTIONS OCCURRING BETWEEN ANNUAL FILINGS WILL BE IMPLEMENTED WITHOUT FILING FOR APPROVAL.
FACTOR INCREASES OCCURRING BETWEEN ANNUAL FILINGS WILL NOT BE IMPLEMENTED WITHOUT FILING FOR APPROVAL.

Arkansas

Current Zip Code <u>Digits</u>	Current <u>Area Code</u>	Current <u>Factor</u>	Proposed Zip Code <u>Digits</u>	Proposed <u>Area Code</u>	Proposed <u>Factor</u>
716	C	0.85	716	C	0.85
717	C	0.85	717	C	0.85
718	C	0.85	718	C	0.85
719	C	0.85	719	C	0.85
720	C	0.85	720	C	0.85
721	C	0.85	721	C	0.85
722	C	0.85	722	C	0.85
723	C	0.85	723	C	0.85
724	C	0.85	724	C	0.85
725	C	0.85	725	C	0.85
726	C	0.85	726	C	0.85
727	C	0.85	727	C	0.85
728	C	0.85	728	C	0.85
729	C	0.85	729	C	0.85
755	C	0.85	755	C	0.85

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Arkansas

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