

SERFF Tracking Number: IASL-126998162 State: Arkansas
Filing Company: Shenandoah Life Insurance Company State Tracking Number: 47769
Company Tracking Number: SH AR MP RPT
TOI: MS06 Medicare Supplement - Other Sub-TOI: MS06.000 Medicare Supplement - Other
Product Name: Shenandoah Multiple Policy Report
Project Name/Number: Shenandoah Multiple Policy Report/

Filing at a Glance

Company: Shenandoah Life Insurance Company

Product Name: Shenandoah Multiple Policy Report SERFF Tr Num: IASL-126998162 State: Arkansas

TOI: MS06 Medicare Supplement - Other SERFF Status: Closed-Accepted State Tr Num: 47769
For Informational Purposes

Sub-TOI: MS06.000 Medicare Supplement - Other Co Tr Num: SH AR MP RPT State Status: Filed-Closed
Other

Filing Type: Form

Reviewer(s): Stephanie Fowler

Authors: Beth Clark, Lauren Perley Disposition Date: 01/25/2011

Date Submitted: 01/24/2011 Disposition Status: Accepted For Informational Purposes

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: Shenandoah Multiple Policy Report

Status of Filing in Domicile: Pending

Project Number:

Date Approved in Domicile:

Requested Filing Mode: Informational

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Individual Market Type:

Overall Rate Impact:

Filing Status Changed: 01/25/2011

State Status Changed: 01/25/2011

Deemer Date:

Created By: Lauren Perley

Submitted By: Lauren Perley

Corresponding Filing Tracking Number:

Filing Description:

In accordance with your state's Medicare Supplement regulations, Insurance Administrative Solutions, L.L.C. is providing you with the 2010 Multiple Policy Report due March 1, 2011.

Company and Contact

Filing Contact Information

Beth Clark, Compliance Analyst

beth.clark@iasadmin.com

8545 126th Avenue North

727-584-0007 [Phone] 2169 [Ext]

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 Suite 200 727-584-5613 [FAX]
 Largo, FL 33773-1502

Filing Company Information

(This filing was made by a third party - insuranceadministrativesolutions)

Shenandoah Life Insurance Company CoCode: 68845 State of Domicile: Virginia
 2301 Brambleton Avenue SW Group Code: 891 Company Type: Life and Health
 Insurer
 Roanoke, VA 24025 Group Name: State ID Number:
 (540) 985-4400 ext. [Phone] FEIN Number: 54-0377280

Filing Fees

Fee Required? No
 Retaliatory? No
 Fee Explanation:
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Shenandoah Life Insurance Company	\$0.00	01/24/2011	

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Accepted For Informational Purposes	Stephanie Fowler	01/25/2011	01/25/2011

<i>SERFF Tracking Number:</i>	<i>IASL-126998162</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Shenandoah Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>47769</i>
<i>Company Tracking Number:</i>	<i>SH AR MP RPT</i>		
<i>TOI:</i>	<i>MS06 Medicare Supplement - Other</i>	<i>Sub-TOI:</i>	<i>MS06.000 Medicare Supplement - Other</i>
<i>Product Name:</i>	<i>Shenandoah Multiple Policy Report</i>		
<i>Project Name/Number:</i>	<i>Shenandoah Multiple Policy Report/</i>		

Disposition

Disposition Date: 01/25/2011

Implementation Date:

Status: Accepted For Informational Purposes

Comment:

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>IASL-126998162</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Shenandoah Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>47769</i>
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<i>Product Name:</i>	<i>Shenandoah Multiple Policy Report</i>		
<i>Project Name/Number:</i>	<i>Shenandoah Multiple Policy Report/</i>		

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document	Health - Actuarial Justification		Yes
Supporting Document	Outline of Coverage		Yes
Supporting Document	Letter of Authorization	Accepted for Informational Purposes	Yes
Supporting Document	Shenandoah Life Multiple Policy Report	Accepted for Informational Purposes	Yes

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Supporting Document Schedules

	Item Status:	Status Date:
Bypassed - Item: Flesch Certification Bypass Reason: N/A Comments:		
Bypassed - Item: Application Bypass Reason: N/A Comments:		
Bypassed - Item: Health - Actuarial Justification Bypass Reason: N/A Comments:		
Bypassed - Item: Outline of Coverage Bypass Reason: N/A Comments:		
Satisfied - Item: Letter of Authorization Comments: Attachment: 2011 01 SH IAS Authorization.pdf	Accepted for Informational Purposes	01/25/2011

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	Item Status:	Status Date:
Satisfied - Item: Shenandoah Life Multiple Policy Report	Accepted for Informational Purposes	01/25/2011
Comments:		
Attachment: AR RPT.pdf		



In Receivership

*Jacqueline K. Cunningham, Deputy Receiver
Donald C. Beatty, Receivership Manager*

2301 Brambleton Avenue, S.W.
Roanoke, VA 24015
(540) 985-4400 Phone
(540) 985-4444 Fax

January 18, 2011

Ms. Darcey Shaffer, FLMI, ACS
Compliance Manager
Insurance Administrative Solutions, L.L.C.
8545 126th Avenue North, Suite 200
Largo, FL 33773-1502

Re: Filing/Reporting Requirements

Dear Ms. Shaffer:

This letter authorizes Insurance Administrative Solutions, L.L.C. to file on behalf of Shenandoah Life Insurance Company rate filings and reports with the State Departments of Insurance.

Insurance Administrative Solutions, L.L.C. may correspond with the State Departments of Insurance regarding any questions they may have concerning the filings.

A copy of this letter is as valid as the original. This authorization will be valid for twelve months from the date of this letter.

Sincerely,

A handwritten signature in cursive script that reads "D C Beatty".

Donald C. Beatty
Receivership Manager

**FORM FOR REPORTING
MEDICARE SUPPLEMENT POLICIES
STATE OF ARKANSAS**

Company Name: NAIC #68845 / SHENANDOAH LIFE INSURANCE COMPANY
Address: c/o Insurance Administrative Solutions, L.L.C.
8545 126th Avenue North, Suite 200
Largo, Florida 33773-1502
Phone Number: 877-777-2443

Due March 1, annually

The purpose of this form is to report the following information on each resident of this state who has in force more than one Medicare supplement policy or certificate. The information is to be grouped by individual policyholder.

Policy and Certificate #	Date of Issuance
NONE TO REPORT	



Signature

Beth Clark, Compliance Analyst

Name and Title (please type)

January 24, 2011

Date