

SERFF Tracking Number: IASL-127005893 State: Arkansas  
Filing Company: Principal Life Insurance Company State Tracking Number: 47808  
Company Tracking Number: PFG AR MP RPT  
TOI: MS06 Medicare Supplement - Other Sub-TOI: MS06.000 Medicare Supplement - Other  
Product Name: Principal Life Multiple Policy Report  
Project Name/Number: Principal Life Multiple Policy Report/

## Filing at a Glance

Company: Principal Life Insurance Company

Product Name: Principal Life Multiple Policy Report SERFF Tr Num: IASL-127005893 State: Arkansas

TOI: MS06 Medicare Supplement - Other SERFF Status: Closed-Accepted State Tr Num: 47808  
For Informational Purposes

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

Filing Type: Form

Reviewer(s): Stephanie Fowler

Authors: Beth Clark, Lauren Perley Disposition Date: 01/28/2011

Date Submitted: 01/27/2011 Disposition Status: Accepted For Informational Purposes

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name: Principal Life 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: 01/28/2011

State Status Changed: 01/28/2011

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)

Principal Life Insurance Company	CoCode: 61271	State of Domicile: Iowa
711 High Street	Group Code: 332	Company Type:
Des Moines, IA 50392-2300	Group Name:	State ID Number:
(515) 247-5111 ext. [Phone]	FEIN Number: 42-0127290	

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**Filing Fees**

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Principal Life Insurance Company	\$0.00	01/27/2011	

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Accepted For Informational Purposes	Stephanie Fowler	01/28/2011	01/28/2011

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## **Disposition**

Disposition Date: 01/28/2011

Implementation Date:

Status: Accepted For Informational Purposes

Comment:

Rate data does NOT apply to filing.

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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	Principal Life Multiple Policy Report	Accepted for Informational Purposes	Yes

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## Supporting Document Schedules

	Item Status:	Status Date:
<b>Bypassed - Item:</b> Flesch Certification <b>Bypass Reason:</b> N/A - Annual Report <b>Comments:</b>		
<b>Bypassed - Item:</b> Application <b>Bypass Reason:</b> N/A - Annual Report <b>Comments:</b>		
<b>Bypassed - Item:</b> Health - Actuarial Justification <b>Bypass Reason:</b> N/A - Annual Report <b>Comments:</b>		
<b>Bypassed - Item:</b> Outline of Coverage <b>Bypass Reason:</b> N/A - Annual Report <b>Comments:</b>		
<b>Satisfied - Item:</b> Letter of Authorization <b>Comments:</b> <b>Attachment:</b> 2011 01 PG IAS Authorization Letter.pdf	Accepted for Informational Purposes	01/28/2011

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	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Principal Life Multiple Policy Report	Accepted for Informational Purposes	01/28/2011

**Comments:**

**Attachment:**

AR Rpt.pdf



Principal Life  
Insurance Company

January 7, 2011

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

Re: Filing/Reporting Requirements

Dear Ms. Shaffer:

This letter authorizes Insurance Administrative Solutions, L.L.C. to file on behalf of Principal 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 blue ink that reads "Charles B. Smith". The signature is fluid and cursive.

Charles B. Smith, FSA, MAAA  
Actuary – Pricing  
Rating & Analysis  
Phone: (515) 247-5278  
Fax: (515) 362-2308

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

**Company Name:** NAIC #61271 PRINCIPAL LIFE INSURANCE COMPANY  
**Address:** c/o Insurance Administrative Solutions, LLC  
8545 126th Avenue N, Suite 200  
Largo, FL 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	

*Beth Clark*

**Signature**

Beth Clark, Compliance Analyst

**Name and Title (please type)**

January 27, 2011

**Date**