

SERFF Tracking Number: MUTM-126991118 State: Arkansas
 Filing Company: Assured Life Association State Tracking Number: 47741
 Company Tracking Number: MARYJO GOODWIN
 TOI: MS06 Medicare Supplement - Other Sub-TOI: MS06.000 Medicare Supplement - Other
 Product Name: 2010 Duplicate Medicare Supplement Policy Annual Report - Assured
 Project Name/Number: 2010 Duplicate Medicare Supplement Policy Annual Report - Assured/

Filing at a Glance

Company: Assured Life Association

Product Name: 2010 Duplicate Medicare Supplement Policy Annual Report - Assured SERFF Tr Num: MUTM-126991118 State: Arkansas

TOI: MS06 Medicare Supplement - Other

SERFF Status: Closed-Accepted State Tr Num: 47741

For Informational Purposes

Sub-TOI: MS06.000 Medicare Supplement - Other

Co Tr Num: MARYJO GOODWIN State Status: Filed-Closed

Filing Type: Form

Reviewer(s): Stephanie Fowler

Authors: Shelly Kaipust, Ellen Cochrane

Disposition Date: 01/21/2011

Date Submitted: 01/19/2011

Disposition Status: Accepted For Informational Purposes

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: 2010 Duplicate Medicare Supplement Policy Annual Report - Assured

Status of Filing in Domicile:

Project Number:

Date Approved in Domicile:

Requested Filing Mode:

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Individual Market Type:

Overall Rate Impact:

Filing Status Changed: 01/21/2011

State Status Changed: 01/21/2011

Deemer Date:

Created By: Ellen Cochrane

Submitted By: Ellen Cochrane

Corresponding Filing Tracking Number:

Filing Description:

Assured Life Association - 614-56499

RE: Reporting Multiple Medicare Supplemental Policies

This form is to report information on each resident of this state who has in force more than one Medicare Supplement

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 policy or certificate.

Sheri Toms

Company and Contact

Filing Contact Information

Michelle Kaipust - Admin, michelle.kaipust@mutualofomaha.com
 Mutual of Omaha 402-351-8391 [Phone]
 Mutual of Omaha Plaza 402-351-5298 [FAX]
 Omaha, NE 68175

Filing Company Information

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

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Assured Life Association	\$0.00	01/19/2011	

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Accepted For Informational Purposes	Stephanie Fowler	01/21/2011	01/21/2011

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Disposition

Disposition Date: 01/21/2011

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Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		No
Supporting Document	Application		No
Supporting Document	Health - Actuarial Justification		No
Supporting Document	Outline of Coverage		No
Supporting Document	2010 Duplicate Medicare Supplement Policy Annual Report	Accepted for Informational Purposes	Yes

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Supporting Document Schedules

	Item Status:	Status Date:
Bypassed - Item: Flesch Certification Bypass Reason: Not applicable as this is a Medicare Supplement Annual Report filing. Comments:		
Bypassed - Item: Application Bypass Reason: Not applicable as this is a Medicare Supplement Annual Report filing. Comments:		
Bypassed - Item: Health - Actuarial Justification Bypass Reason: Not applicable as this is a Medicare Supplement Annual Report filing. Comments:		
Bypassed - Item: Outline of Coverage Bypass Reason: Not applicable as this is a Medicare Supplement Annual Report filing. Comments:		
Satisfied - Item: 2010 Duplicate Medicare Supplement Policy Annual Report Comments: Attachment: AR Assured SERFF Ltr.pdf	Accepted for Informational Purposes	01/21/2011



ASSURED LIFE
ASSOCIATION

ASSURED LIFE ASSOCIATION
GREENWOOD VILLAGE, CO

ADMINISTRATIVE OFFICE
3316 FARNAM STREET
OMAHA, NE 68175
1-800-995-5991

REPORTING MULTIPLE MEDICARE SUPPLEMENTAL POLICIES

January 18, 2011

Arkansas Department of Insurance
1200 W. Third Street
Little Rock, AR 72201-1904

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 by individual policyholder.

Name/Policy #

Date of Issue

None

Sheri Toms

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