

SERFF Tracking Number: MUTM-126992988 State: Arkansas
 Filing Company: Gerber Life Insurance Company State Tracking Number: 47753
 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 - Gerber
 Project Name/Number: 2010 Duplicate Medicare Supplement Policy Annual Report - Gerber/Annual Report

Filing at a Glance

Company: Gerber Life Insurance Company

Product Name: 2010 Duplicate Medicare Supplement Policy Annual Report - Gerber

TOI: MS06 Medicare Supplement - Other

Sub-TOI: MS06.000 Medicare Supplement - Other

Filing Type: Form

SERFF Tr Num: MUTM-126992988 State: Arkansas

SERFF Status: Closed-Accepted For Informational Purposes State Tr Num: 47753

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

Authors: Shelly Kaipust, Mary Gregg

Date Submitted: 01/20/2011

Reviewer(s): Stephanie Fowler

Disposition Date: 01/21/2011

Disposition Status: Accepted For Informational Purposes

Implementation Date:

Implementation Date Requested:

State Filing Description:

General Information

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

Project Number: Annual Report

Requested Filing Mode:

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Deemer Date:

Submitted By: Mary Gregg

Filing Description:

Gerber Life Insurance Company - 4483-70939

Status of Filing in Domicile:

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Individual Market Type:

Filing Status Changed: 01/21/2011

State Status Changed: 01/21/2011

Created By: Mary Gregg

Corresponding Filing Tracking Number:

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

Mary Gregg - Admin, mary.gregg@mutualofomaha.com
 Mutual of Omaha 402-351-3258 [Phone]
 Mutual of Omaha Plaza 402-351-5298 [FAX]
 Omaha, NE 68175

Filing Company Information

Gerber Life Insurance Company CoCode: 70939 State of Domicile: New York
 1311 Mamaroneck Avenue Group Code: 4483 Company Type: Life & Health
 White Plains, NY 10605 Group Name: State ID Number:
 (914) 272-4000 ext. [Phone] FEIN Number: 13-2611847

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Gerber Life Insurance Company	\$0.00	01/20/2011	

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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

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	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: Duplicate Medicare Supplement Policy Annual Report Attachment: AR Gerber SERFF Ltr.pdf Comments:	Accepted for Informational Purposes	01/21/2011



Gerber Life Insurance Company

GERBER LIFE
WHITE PLAINS, NEW YORK
ADMINISTRATIVE OFFICE
3316 FARNAM STREET
OMAHA, NE 68175
1-800-995-5991

REPORTING MULTIPLE MEDICARE SUPPLEMENTAL POLICIES

January 17, 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

A handwritten signature in cursive script that reads "Sheri Toms".

Sheri Toms

mjg