

SERFF Tracking Number: UNAM-126937085 State: Arkansas
 Filing Company: The Pyramid Life Insurance Company State Tracking Number: 47478
 Company Tracking Number: PYR PRE 2011 AR
 TOI: MS021 Individual Medicare Supplement - Pre- Standardized Sub-TOI: MS021.000 Medicare Supplement - Pre- Standardized
 Product Name: Pre-Standard Medicare Supplement
 Project Name/Number: PYR PRE 2011 AR/G-15, et al

Filing at a Glance

Company: The Pyramid Life Insurance Company

Product Name: Pre-Standard Medicare Supplement SERFF Tr Num: UNAM-126937085 State: Arkansas

TOI: MS021 Individual Medicare Supplement - Pre-Standardized SERFF Status: Closed-Approved- Closed State Tr Num: 47478

Sub-TOI: MS021.000 Medicare Supplement - Pre-Standardized Co Tr Num: PYR PRE 2011 AR State Status: Approved-Closed

Filing Type: Rate Reviewer(s): Stephanie Fowler

Authors: Carmen Boyd, Trudi Goldenberg Disposition Date: 01/05/2011

Date Submitted: 12/08/2010 Disposition Status: Approved-Closed

Implementation Date Requested: 03/15/2011 Implementation Date: 03/15/2011

State Filing Description:

General Information

Project Name: PYR PRE 2011 AR

Project Number: G-15, et al

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact: 9%

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Individual Market Type:

Filing Status Changed: 01/05/2011

State Status Changed: 01/05/2011

Created By: Trudi Goldenberg

Corresponding Filing Tracking Number: PYR PRE 2011 AR

Filing Description:

The Pyramid Life Insurance Company

NAIC #68284 FEIN # 48-0557726

Request for Rate Revision –Individual Pre-Standard Medicare Supplement

Forms: G-15, et al (G-10, G-15, G-25, G-26)

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Enclosed for your review and approval is a rate revision request for the above referenced forms. The Pyramid Life Insurance Company is requesting a 9% rate increase on all Pre-Standardized Medicare Supplement plans. This is a closed block of business.

Company and Contact

Filing Contact Information

Trudi Goldenberg, tgoldenberg@uafc.com
 P.O. Box 958465 407-628-1776 [Phone] 8278 [Ext]
 Lake Mary, FL 32795-8465

Filing Company Information

The Pyramid Life Insurance Company CoCode: 68284 State of Domicile: Kansas
 1001 Heathrow Park Lane Group Code: 953 Company Type:
 Suite 5001 Group Name: State ID Number:
 Lake Mary, FL 32746 FEIN Number: 48-0557726
 (407) 995-8000 ext. [Phone]

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
The Pyramid Life Insurance Company	\$50.00	12/08/2010	42755779

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Stephanie Fowler	01/05/2011	01/05/2011

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Disposition

Disposition Date: 01/05/2011

Implementation Date: 03/15/2011

Status: Approved-Closed

Comment: The requested rate increase has been approved to be implemented on or after March 15, 2011. This approval is subject to the following:

- Increases will not be given more frequently than once in a twelve-month period;
- The insured shall be notified by the insurer of its intention to increase the rate for renewal not less than thirty (30) days prior to the effective date of the renewal.

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):
The Pyramid Life Insurance Company	9.000%	9.000%	\$13,849	41	\$153,877	9.000%	9.000%

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Health - Actuarial Justification	Approved	No
Rate	Current and Requested Rates	Approved	Yes

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Rate Information

Rate data applies to filing.

Filing Method: SERFF
 Rate Change Type: Increase
 Overall Percentage of Last Rate Revision: 9.000%
 Effective Date of Last Rate Revision: 03/15/2010
 Filing Method of Last Filing: SERFF

Company Rate Information

Company Name:	Company Rate Change:	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):
The Pyramid Life Insurance Company	N/A	9.000%	9.000%	\$13,849	41	\$153,877	9.000%	9.000%

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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 01/05/2011 Rates	Current and Requested	G-10, G-15, G-25, G-26	New		AR G-10,G-15,G-25,G-26 Rates.pdf

Pyramid Life Insurance Company
 Actuarial Justification for A&H Rate Increases
 Individual Pre-Standardized Medicare Supplement
 Exhibit A - Requested Annual Premium Rates

07-Dec-10

Policy Form G-10
 Arkansas Composite Gross Annual Premiums
 2011

BENEFIT DESCRIPTIONS

LABEL DESCRIPTION

- A Part A Basic Benefits: Hospital and Skilled Nursing Facilities
- B Part B Basic Benefits: Medical-Surgical
- C Optional Benefit for Part A Initial Deductible
- D Optional Benefit for Skilled Nursing Facility, Nursing Home or Convalescent Hospital, and Private Duty Nurse - in Hospital
- E Optional Benefit for Hospital, Home Health Care, or Hospice Care Indemnity
- F Optional Benefit for Medicare Part B Deductible
- G Optional Benefit for Medicare Part B Excess Charges
- H Optional Benefit for Prescription Drugs

Ages	A	B	C	D	E	F	H
ALL	1,074.30	1,561.89	1,605.50	745.27	426.15	352.81	951.41

PART G GROSS CHARGES ANNUAL PREMIUMS

Ages	100% CO-INS			DEDUCTIBLE 75% CO-INS				50% CO-INS			
	\$250	\$500	\$1,000	\$0	\$250	\$500	\$1,000	\$0	\$250	\$500	\$1,000
ALL	979.16	507.42	243.80	1,127.81	372.63	253.71	148.66	751.22	247.76	172.44	95.14

For Fractional Premiums, multiply

- Annual Premium by .52 for Semi-Annual
- .265 for Quarterly
- .10 for Regular Monthly or
- .086 for Preauthorized Check

Pyramid Life Insurance Company
Actuarial Justification for A&H Rate Increases
Individual Pre-Standardized Medicare Supplement
Exhibit A - Requested Premium Rates

Dec-10

2011
Arkansas Composite Gross Annual Premiums
Medicare Supplement Policy,G-15

Base Policy	Annual Premium
All Ages	4,420.08

For Fractional Premium, Multiply Annual premium by:

.52 FOR SEMIANNUAL	.10 FOR REGULAR MONTHLY
.265 FOR QUARTERLY	.086 FOR PREAUTHORIZED CHECK

RG-15-C(11)

Pyramid Life Insurance Company
 Actuarial Justification for A&H Rate Increases
 Individual Pre-Standardized Medicare Supplement
 Exhibit A - Requested Premium Rates

ARKANSAS

07-Dec-10

**MEDICARE SUPPLEMENT 2011
 G-25 Annual Premiums**

Issue Age ----	Base Plan ----	Optional 100% R&C Part B -----	Optional Private Room ----	Optional Prescription Drugs
65-100	4,018.93	266.93	266.93	945.93

Add the premium for any desired options to the premium for the base plan.
 Apply the area factor multiple to this premium. Then multiply by the modal
 factor (annual-1.00, semi-annual-.52, quarterly-.265, surepay-.086) and
 round to nearest cent.

Pyramid Life Insurance Company
 Actuarial Justification for A&H Rate Increases
 Individual Pre-Standardized Medicare Supplement
 Exhibit A - Requested Premium Rates

ARKANSAS

07-Dec-10

**MEDICARE SUPPLEMENT 2011
 G-26 Annual Premiums**

Issue Age ----	Base Plan ----	Optional Part A Deductible -----	Optional 100% R&C Part B -----	Optional Nonapproved Nursing -----	Optional Private Room ----
65-100	2,350.77	1,129.80	1,791.82	331.01	1,175.39

Add the premium for any desired options to the premium for the base plan.
 Apply the area factor multiple to this premium. Then multiply by the modal
 factor (annual-1.00, semi-annual-.52, quarterly-.265, surepay-.086) and
 round to near cent.

RG-26-C(11)