

SERFF Tracking Number: IASL-127659489 State: Arkansas  
 Filing Company: Heartland National Life Insurance Company State Tracking Number: 49892  
 Company Tracking Number: HN MS RI AR  
 TOI: MS08I Individual Medicare Supplement - Sub-TOI: MS08I.012 Multi-Plan 2010  
 Standard Plans 2010  
 Product Name: Heartland National Life Insurance Company Medicare Supplement Rate Increase Filing  
 Project Name/Number: HN MS RI AR/

## Filing at a Glance

Company: Heartland National Life Insurance Company

Product Name: Heartland National Life Insurance Company Medicare Supplement Rate Increase Filing  
 SERFF Tr Num: IASL-127659489 State: Arkansas

TOI: MS08I Individual Medicare Supplement - Standard Plans 2010  
 SERFF Status: Closed-Approved-Closed State Tr Num: 49892

Sub-TOI: MS08I.012 Multi-Plan 2010  
 Co Tr Num: HN MS RI AR State Status: Approved-Closed  
 Filing Type: Rate Reviewer(s): Stephanie Fowler

Author: Courtney Crocker Disposition Date: 11/29/2011  
 Date Submitted: 09/27/2011 Disposition Status: Approved-Closed

Implementation Date Requested: 12/01/2011  
 State Filing Description:

Implementation Date: 12/01/2011

## General Information

Project Name: HN MS RI AR  
 Project Number:  
 Requested Filing Mode: Review & Approval  
 Explanation for Combination/Other:  
 Submission Type: New Submission  
 Overall Rate Impact: 12%

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Individual Market Type:

Filing Status Changed: 11/29/2011

State Status Changed: 11/29/2011

Deemer Date:  
 Submitted By: Courtney Crocker

Created By: Courtney Crocker

Corresponding Filing Tracking Number:

Filing Description:

Heartland National Life Insurance Company Medicare Supplement Rate Increase Filing

Form Numbers: 2010 Plans: HNMSAI2010AR - Plan A; HNMSDI2010AR - Plan D; HNMSFI2010AR - Plan F;  
 HNMSGI2010AR - Plan G; HNMSMI2010AR - Plan M; HNMSNI2010AR - Plan N

Form Numbers: 1990 Plans: 90000-A - Plan A; 90000-D - Plan D; 90000-F - Plan F; 90000-G - Plan G

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 Product Name: Heartland National Life Insurance Company Medicare Supplement Rate Increase Filing  
 Project Name/Number: HN MS RI AR/  
 Rate increase requested: 12%

Pending in Domicile State of Indiana

## Company and Contact

### Filing Contact Information

Courtney Crocker, Compliance Analyst courtney.crocker@iasadmin.com  
 8545 126th Avenue North 727-584-0007 [Phone] 2192 [Ext]  
 Suite 200 727-584-5613 [FAX]  
 Largo, FL 33773-1502

### Filing Company Information

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

Heartland National Life Insurance Company	CoCode: 66214	State of Domicile: Indiana
10689 N. Pennsylvania Street	Group Code:	Company Type: Life and Health Insurer
Indianapolis, IN 46280	Group Name:	State ID Number:
(816) 478-0120 ext. [Phone]	FEIN Number: 64-0431935	

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## Filing Fees

Fee Required? Yes  
 Fee Amount: \$500.00  
 Retaliatory? No  
 Fee Explanation: rates for 10 plans @ \$50 per plan  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Heartland National Life Insurance Company	\$500.00	09/27/2011	52180277

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Stephanie Fowler	11/29/2011	11/29/2011
Approved-Closed	Stephanie Fowler	11/08/2011	11/08/2011

### Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Stephanie Fowler	10/10/2011	10/10/2011	Courtney Crocker	10/20/2011	10/20/2011
Pending Industry Response	Stephanie Fowler	10/05/2011	10/05/2011	Courtney Crocker	10/05/2011	10/05/2011

### Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Rate	Rate Pages	Courtney Crocker	11/28/2011	11/28/2011

SERFF Tracking Number: IASL-127659489 State: Arkansas  
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## Disposition

Disposition Date: 11/29/2011

Implementation Date: 12/01/2011

Status: Approved-Closed

Comment: The corrected rates are approved for use. Please see our original approval disposition for further conditions of this approval.

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):
Heartland National Life Insurance Company	12.000%	12.000%	\$174,851	945	\$1,457,089	12.000%	12.000%

SERFF Tracking Number: IASL-127659489 State: Arkansas  
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 Project Name/Number: HN MS RI AR/

<b>Schedule</b>	<b>Schedule Item</b>	<b>Schedule Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Health - Actuarial Justification	Approved-Closed	No
<b>Supporting Document</b>	Third Party Letter of Authorization	Approved-Closed	Yes
<b>Rate (revised)</b>	Rate Pages		Yes
<b>Rate</b>	Rate Pages	Approved-Closed	No
<b>Rate</b>	Rate Pages	Disapproved	No

SERFF Tracking Number: IASL-127659489 State: Arkansas  
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 TOI: MS08I Individual Medicare Supplement - Standard Plans 2010 Sub-TOI: MS08I.012 Multi-Plan 2010  
 Product Name: Heartland National Life Insurance Company Medicare Supplement Rate Increase Filing  
 Project Name/Number: HN MS RI AR/

## Disposition

Disposition Date: 11/08/2011

Implementation Date: 12/01/2011

Status: Approved-Closed

Comment: The negotiated rate increase of 5% has been approved to be implemented on or after December 1, 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):
Heartland National Life Insurance Company	12.000%	12.000%	\$174,851	945	\$1,457,089	12.000%	12.000%

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Health - Actuarial Justification	Approved-Closed	No
Supporting Document	Third Party Letter of Authorization	Approved-Closed	Yes
Rate (revised)	Rate Pages		Yes
Rate	Rate Pages	Approved-Closed	No
Rate	Rate Pages	Disapproved	No

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Project Name/Number: HN MS RI AR/

## Objection Letter

Objection Letter Status Pending Industry Response  
Objection Letter Date 10/10/2011  
Submitted Date 10/10/2011  
Respond By Date 11/10/2011

Dear Courtney Crocker,

It is the primary mission of the Arkansas Insurance Department to protect consumers. Arkansas is a relatively poor state and most of the individuals who would be affected by your proposed rate increase live on a fixed income.

Therefore, given the fact that this block of business is not fully credible, we will allow an increase of 5% in lieu of disapproval.

A.C.A. 23-79-109(1)-(5) sets forth the procedure by which filings may be deemed approved upon the expiration of certain time periods with no affirmative action by the commissioner. If the commissioner determines that additional information is needed to make a decision regarding approval, such request for information will be made to the company. The filing will not be considered complete until said additional information is received. The time periods set forth in this statute will not begin to run until the filing is complete.

Please feel free to contact me if you have questions.

Sincerely,

Stephanie Fowler

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 Project Name/Number: HN MS RI AR/

## Response Letter

Response Letter Status Submitted to State  
 Response Letter Date 10/20/2011  
 Submitted Date 10/20/2011

Dear Stephanie Fowler,

### Comments:

Dear Ms. Fowler,

Thank you for your continued consideration of this rate increase request. This is in response to your letter of 10/10/11.

### Response 1

Comments: The Company will accept the Department's offer of a 5% rate increase. Attached are revised rate pages.

### Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

### Rate/Rule Schedule Item Changes

**Document Name: Affected Form Numbers: Rate Action: Rate Action Information: Attach Document:**

Rate Pages HNMSAI2010AR,HNMSDI20Revised  
 10AR,HNMSFI2010AR,HNM  
 SGI2010AR,HNMSMI2010A  
 R,HNMSNI2010AR,90000-  
 A,90000-D,90000-F,90000-  
 G

Previous State Filing Number

ETPF-126713498

Percent Rate Change Request

5

### Previous Version

Rate Pages HNMSAI2010AR,HNMSDI20Revised Previous State Filing Number

SERFF Tracking Number: IASL-127659489 State: Arkansas  
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TOI: MS08I Individual Medicare Supplement - Sub-TOI: MS08I.012 Multi-Plan 2010  
Standard Plans 2010

Product Name: Heartland National Life Insurance Company Medicare Supplement Rate Increase Filing

Project Name/Number: HN MS RI AR/

10AR,HNMSFI2010AR,HNM  
SGI2010AR,HNMSMI2010A  
R,HNMSNI2010AR,90000-  
A,90000-D,90000-F,90000-  
G

ETPF-126713498

Percent Rate Change Request

12

Sincerely,

Courtney Crocker  
Compliance Analyst

Sincerely,  
Courtney Crocker

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Product Name: Heartland National Life Insurance Company Medicare Supplement Rate Increase Filing  
Project Name/Number: HN MS RI AR/

## Objection Letter

Objection Letter Status Pending Industry Response  
Objection Letter Date 10/05/2011  
Submitted Date 10/05/2011  
Respond By Date 11/07/2011

Dear Courtney Crocker,

This will acknowledge receipt of the captioned filing. Due to the significant increase requested, please attach the past, future and lifetime experience for Arkansas; with and without this increase.

A.C.A. 23-79-109(1)-(5) sets forth the procedure by which filings may be deemed approved upon the expiration of certain time periods with no affirmative action by the commissioner. If the commissioner determines that additional information is needed to make a decision regarding approval, such request for information will be made to the company. The filing will not be considered complete until said additional information is received. The time periods set forth in this statute will not begin to run until the filing is complete.

Please feel free to contact me if you have questions.

Sincerely,

Stephanie Fowler

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Product Name: Heartland National Life Insurance Company Medicare Supplement Rate Increase Filing  
Project Name/Number: HN MS RI AR/

## Response Letter

Response Letter Status Submitted to State  
Response Letter Date 10/05/2011  
Submitted Date 10/05/2011

Dear Stephanie Fowler,

### Comments:

Dear Ms. Fowler,

Thank you for your continued consideration of this rate increase filing.

### Response 1

Comments: The exhibit you requested can be found in the original submission labeled Exhibit B. The Arkansas experience with and without the proposed increase is located behind the national experience.

### Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Sincerely,

Courtney Crocker  
Compliance Analyst

Sincerely,  
Courtney Crocker

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 Project Name/Number: HN MS RI AR/

**Amendment Letter**

Submitted Date: 11/28/2011

**Comments:**

Dear Ms. Fowler,

Thank you for reopening this filing. As I mentioned on the telephone, we have discovered an error in the annual modernized rates previously submitted. Attached are the corrected rates.

Thank you for your assistance.

Sincerely,

Courtney Crocker  
 Compliance Analyst

**Changed Items:**

**Rate/Rule Schedule Item Changes:**

Document Name:	Affected Form Numbers: (Comma Separated list)	Rate Action:	Rate Action Information:	Attach Document:
Rate Pages	HNMSAI2010AR, HNMSDI2010AR, HNMSFI2010AR, HNMSGI2010AR, HNMSMI2010AR, HNMSNI2010AR, 90000-A, 90000-D, 90000-F, 90000-G	Revised	Previous State Filing Number: ETPF-126713498  Percent Rate Change Request: 5	AR_HNL_2011RateIncr rate pages 5% revised.pdf  AR_HNL_2011RateIncr rate pages 5% revised.pdf

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 Product Name: Heartland National Life Insurance Company Medicare Supplement Rate Increase Filing  
 Project Name/Number: HN MS RI AR/

**Rate Information**

Rate data applies to filing.

**Filing Method:** SERFF  
**Rate Change Type:** Increase  
**Overall Percentage of Last Rate Revision:** 8.900%  
**Effective Date of Last Rate Revision:** 09/01/2010  
**Filing Method of Last Filing:** SERFF

**Company Rate Information**

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):
Heartland National Life Insurance Company	12.000%	12.000%	\$174,851	945	\$1,457,089	12.000%	12.000%

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## Rate/Rule Schedule

Schedule Item Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:	Rate Action Information:	Attachments
	Rate Pages	HNMSAI2010AR, Revised HNMSDI2010AR, HNMSFI2010AR, HNMSGI2010AR, HNMSMI2010AR, HNMSNI2010AR, 90000-A, 90000-D, 90000-F, 90000-G		Previous State Filing Number:  Percent Rate Change Request:	ETPF- AR_HNL_2011R 1267134 atelncr rate 98 pages 5% 5.000 revised.pdf

**Heartland National Life Insurance Company**  
**Standardized Medicare Supplement Premium Rates**

Forms: 90000-A, 90000-D, 90000-F, 90000-G

ARKANSAS

Current

	Preferred					Standard			
Age	Plan A	Plan D	Plan F	Plan G		Plan A	Plan D	Plan F	Plan G
All Ages	1,262.40	1,665.60	1,836.00	1,701.60		1,402.80	1,850.40	2,040.00	1,891.20

Zip Codes

720-722

716-719, 723-729

Area Factors

0.95

0.82

**Heartland National Life Insurance Company**  
**Standardized Medicare Supplement Premium Rates**

Forms: 90000-A, 90000-D, 90000-F, 90000-G

**PROPOSED**  
**ARKANSAS**

	Preferred					Standard			
Age	Plan A	Plan D	Plan F	Plan G		Plan A	Plan D	Plan F	Plan G
All Ages	1,326.00	1,748.40	1,928.40	1,786.80		1,472.40	1,942.80	2,142.00	1,986.00

Zip Codes

720-722  
716-719, 723-729

Area Factors

0.95  
0.82

**Heartland National Life Insurance Company  
Modernized Medicare Supplement Premium Rates**

Forms: HNMSAI2010AR, HNMSDI2010AR, HNMSFI2010AR, HNMSGI2010AR, HNMSMI2010AR, HNMSNI2010AR

**ARKANSAS  
Current  
Annual Rates**

Age	Non-Tobacco						Tobacco					
	Plan A	Plan D	Plan F	Plan G	Plan M	Plan N	Plan A	Plan D	Plan F	Plan G	Plan M	Plan N
All Ages	1,260.00	1,641.60	1,784.40	1,668.00	1,531.20	1,294.80	1,400.40	1,824.00	1,983.60	1,852.80	1,701.60	1,438.80

**Monthly Rates**

Age	Non-Tobacco						Tobacco					
	Plan A	Plan D	Plan F	Plan G	Plan M	Plan N	Plan A	Plan D	Plan F	Plan G	Plan M	Plan N
All Ages	105.00	136.80	148.70	139.00	127.60	107.90	116.70	152.00	165.30	154.40	141.80	119.90

<u>Zip Codes</u>	<u>Area Factors</u>
720-722	1.00
716-719, 723-729	0.90

**Heartland National Life Insurance Company  
Modernized Medicare Supplement Premium Rates**

Forms: HNMSAI2010AR, HNMSDI2010AR, HNMSFI2010AR, HNMSGI2010AR, HNMSMI2010AR, HNMSNI2010AR

**ARKANSAS  
Proposed  
Annual Rates**

Age	Non-Tobacco						Tobacco					
	Plan A	Plan D	Plan F	Plan G	Plan M	Plan N	Plan A	Plan D	Plan F	Plan G	Plan M	Plan N
All Ages	1,323.00	1,723.68	1,873.62	1,751.40	1,607.76	1,359.54	1,470.42	1,915.20	2,082.78	1,945.44	1,786.68	1,510.74

**Monthly Rates**

Age	Non-Tobacco						Tobacco					
	Plan A	Plan D	Plan F	Plan G	Plan M	Plan N	Plan A	Plan D	Plan F	Plan G	Plan M	Plan N
All Ages	110.25	143.64	156.14	145.95	133.98	113.30	122.54	159.60	173.57	162.12	148.89	125.90

<u>Zip Codes</u>	<u>Area Factors</u>
720-722	1.00
716-719, 723-729	0.90

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## Supporting Document Schedules

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Health - Actuarial Justification <b>Comments:</b> <b>Attachment:</b> AR_HNL_2011RateIncr actuarial memorandum.pdf	Approved-Closed	11/08/2011

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Third Party Letter of Authorization <b>Comments:</b> <b>Attachment:</b> Third Party Authorization Letter.pdf	Approved-Closed	11/08/2011

HEARTLAND  NATIONAL  
Life Insurance Company

1600 NE Coronado Drive  
Blue Springs, Missouri 64014

Phone: 816 478-0120  
Fax: 816 655-5076

September 12, 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 Heartland National Life Insurance Company their policy forms, 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,



Patty Kurth  
Treasurer & Secretary

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## Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date:	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
10/20/2011	Rate and Rule	Rate Pages	11/28/2011	AR_HNL_2011RateIncr rate pages 5%.pdf (Superseded)
09/27/2011	Rate and Rule	Rate Pages	10/20/2011	AR_HNL_2011RateIncr rate pages.pdf (Superseded)