

SERFF Tracking Number: ANTX-127036843 State: Arkansas
Filing Company: Standard Life and Accident Insurance Company State Tracking Number: 47993
Company Tracking Number:
TOI: MS06 Medicare Supplement - Other Sub-TOI: MS06.000 Medicare Supplement - Other
Product Name: Medicare Supplement Multiple Policy Annual Report
Project Name/Number: /

Filing at a Glance

Company: Standard Life and Accident Insurance Company
Product Name: Medicare Supplement Multiple Policy Annual Report SERFF Tr Num: ANTX-127036843 State: Arkansas
TOI: MS06 Medicare Supplement - Other SERFF Status: Closed-Accepted State Tr Num: 47993
For Informational Purposes
Sub-TOI: MS06.000 Medicare Supplement - Other Co Tr Num: State Status: Filed-Closed
Other
Filing Type: Form Reviewer(s): Stephanie Fowler
Author: Tommie Geddes Disposition Date: 02/18/2011
Date Submitted: 02/15/2011 Disposition Status: Accepted For Informational Purposes
Implementation Date Requested: On Approval Implementation Date:
State Filing Description:

General Information

Project Name: Status of Filing in Domicile: Pending
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: 02/18/2011
State Status Changed: 02/18/2011
Deemer Date: Created By: Tommie Geddes
Submitted By: Tommie Geddes Corresponding Filing Tracking Number:
Filing Description:
Medicare Supplement Multiple Policy Annual Report

Company and Contact

Filing Contact Information

Tommie Sue Geddes, Compliance Analyst tommiesue.geddes@anico.com
One Moody Plaza SSH MP, Ste. 200 281-538-4839 [Phone]
Galveston, TX 77550 409-766-6526 [FAX]

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Filing Company Information

Standard Life and Accident Insurance Company CoCode: 86355 State of Domicile: Texas
One Moody Plaza, SSH MP, Ste. 200 Group Code: 408 Company Type: Health Insurance
Galveston, TX 77550 Group Name: State ID Number:
(281) 538-4842 ext. [Phone] FEIN Number: 73-0994234

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Standard Life and Accident Insurance Company	\$0.00	02/15/2011	

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Accepted For Informational Purposes	Stephanie Fowler	02/18/2011	02/18/2011

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Disposition

Disposition Date: 02/18/2011

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	Medicare Supplement Multiple 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: n/a Comments:		
Bypassed - Item: Application Bypass Reason: n/a Comments:		
Bypassed - Item: Health - Actuarial Justification Bypass Reason: n/a Comments:		
Bypassed - Item: Outline of Coverage Bypass Reason: n/a Comments:		
Satisfied - Item: Medicare Supplement Multiple Policy Annual Report Comments: Attachments: Multiple Policy Letter-SLAICO.pdf Multiple Policy Report-SLAICO.pdf	Accepted for Informational Purposes	02/18/2011

A MEMBER OF THE AMERICAN NATIONAL FAMILY OF COMPANIES

CHARLES J. JONES, VICE PRESIDENT
HEALTH UNDERWRITING AND NEW BUSINESS ISSUE
2450 SOUTH SHORE BLVD, SUITE 210 LEAGUE CITY, TX 77573
BUS: (281) 538-4861 FAX: (409) 766-6005 EMAIL: charles.jones@anico.com



February 23, 2011

The Honorable Jay Bradford
Arkansas Department of Insurance
1200 West Third Street
Little Rock AR 72201-1904

RE: Medicare Supplement Multiple Policy Report
Standard Life and Accident Insurance Company/NAIC #86355

Dear Commissioner:

The reference report is enclosed in accordance with your requirements. Please contact me should you have any questions.

Yours truly,

A handwritten signature in dark ink, appearing to read "Charles J. Jones". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

Charles J. Jones
Vice President, Health Administration

Enclosure

**FORM FOR REPORTING MULTIPLE
MEDICARE SUPPLEMENT POLICIES
FOR 2010**

COMPANY NAME: Standard Life and Accident Insurance Company

ADDRESS: 2450 South Shore Blvd. Suite 500

League City, Texas 77573-6501

PHONE NUMBER: 281-538-3288

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

POLICY AND CERTIFICATE #	DATE OF ISSUANCE
NONE	


SIGNATURE

Charles J. Jones, Vice President - Health Administration
NAME AND TITLE (PLEASE PRINT)

February 23, 2011
DATE

Charles J. Jones
Vice President, Health Administration