

SERFF Tracking Number: UTAC-127002234 State: Arkansas
 Filing Company: Continental General Insurance Company State Tracking Number: 47804
 Company Tracking Number: 2011 CGI MEDSUPP PRESTD
 TOI: MS02I Individual Medicare Supplement - Pre- Standardized Sub-TOI: MS02I.000 Medicare Supplement - Pre- Standardized
 Product Name: 2011 CGI MedSupp PreStd
 Project Name/Number: 2011 CGI MedSupp PreStd/2011 CGI MedSupp PreStd

Filing at a Glance

Company: Continental General Insurance Company

Product Name: 2011 CGI MedSupp PreStd SERFF Tr Num: UTAC-127002234 State: Arkansas
 TOI: MS02I Individual Medicare Supplement - Pre-Standardized SERFF Status: Closed-Approved- Closed State Tr Num: 47804
 Sub-TOI: MS02I.000 Medicare Supplement - Pre-Standardized Co Tr Num: 2011 CGI MEDSUPP PRESTD State Status: Approved-Closed
 Filing Type: Rate Reviewer(s): Stephanie Fowler
 Author: Trevor Walsh Disposition Date: 02/11/2011
 Date Submitted: 01/26/2011 Disposition Status: Approved-Closed
 Implementation Date Requested: 02/27/2011 Implementation Date:
 State Filing Description:

General Information

Project Name: 2011 CGI MedSupp PreStd Status of Filing in Domicile: Pending
 Project Number: 2011 CGI MedSupp PreStd Date Approved in Domicile:
 Requested Filing Mode: Review & Approval Domicile Status Comments:
 Explanation for Combination/Other: Market Type: Individual
 Submission Type: New Submission Individual Market Type:
 Overall Rate Impact: 5.5% Filing Status Changed: 02/11/2011
 State Status Changed: 02/11/2011
 Deemer Date: Created By: Trevor Walsh
 Submitted By: Trevor Walsh Corresponding Filing Tracking Number:
 Filing Description:
 This is a rate increase filing for Pre-Standardized Medicare Supplement plans and also serves as our Annual Rate Certification for the 2011 calendar year.

Company and Contact

Filing Contact Information

Trevor Walsh, Actuarial Analyst twalsh3@gafri.com
 11200 Lakeline Boulevard #100 512-807-4872 [Phone]

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Austin, TX 78717

Filing Company Information

Continental General Insurance Company	CoCode: 71404	State of Domicile: Ohio
11200 Lakeline Blvd., Suite 100	Group Code: 84	Company Type: Life & Health
P. O. Box 26580	Group Name:	State ID Number:
Austin, TX 78755-0580	FEIN Number: 47-0463747	
(800) 880-8824 ext. [Phone]		

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? Yes
 Fee Explanation: Domicile State (OH), charges \$50 for any rate filing; AR charges \$50 for a pre-std rate filing. Fees are equal, so \$50 is paid.
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Continental General Insurance Company	\$50.00	01/26/2011	44120769

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Stephanie Fowler	02/11/2011	02/11/2011
Disapproved	Stephanie Fowler	02/03/2011	02/03/2011

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Rate	Proposed Rates	Trevor Walsh	02/09/2011	02/09/2011

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Annual Rate Certification	Note To Reviewer	Trevor Walsh	02/07/2011	02/07/2011

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Disposition

Disposition Date: 02/11/2011

Implementation Date:

Status: Approved-Closed

Comment: This Annual Rate Certification is approved. No change in rates apply.

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):
Continental General Insurance Company	0.000%	0.000%	\$0	1	\$5,985	0.000%	0.000%
	Percent Change Approved:						
	Minimum:	%	Maximum:	%	Weighted Average:		%

SERFF Tracking Number: UTAC-127002234 State: Arkansas
 Filing Company: Continental General Insurance Company State Tracking Number: 47804
 Company Tracking Number: 2011 CGI MEDSUPP PRESTD
 TOI: MS021 Individual Medicare Supplement - Pre- Standardized Sub-TOI: MS021.000 Medicare Supplement - Pre- Standardized
 Product Name: 2011 CGI MedSupp PreStd
 Project Name/Number: 2011 CGI MedSupp PreStd/2011 CGI MedSupp PreStd

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Health - Actuarial Justification	Disapproved	No
Rate	Current Rates	Accepted for Informational Purposes	Yes
Rate (revised)	Proposed Rates	Approved	Yes
Rate	Proposed Rates	Disapproved	No

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Disposition

Disposition Date: 02/03/2011

Implementation Date:

Status: Disapproved

Comment: It is the primary mission of the Arkansas Insurance Department to protect consumers. Arkansas is a relatively poor state and most of the seniors who would be affected by your proposed rate increase live on a fixed income. Therefore, given the lack of credibility on this block of business, we cannot approve this rate increase at this time.

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):
Continental General Insurance Company	5.500%	5.500%	\$329	1	\$5,985	5.500%	5.500%
	Percent Change Approved:						
	Minimum:	%	Maximum:	%	Weighted Average:		%

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Amendment Letter

Submitted Date: 02/09/2011

Comments:

Please find revised proposed rate charts under the Rate/Rule tab in SERFF. We have revised our request to 0% so that this filing can be approved for the purposes of an Annual Rate certification for the 2011 calendar year. I have also submitted a post submission update to revise the proposed %'s listed in the rate/rule tab to be 0%.

Thank you for re-opening the filing and let me know if there is anything else that is needed.

Changed Items:

Rate/Rule Schedule Item Changes:

Document Name:	Affected Form Numbers: (Comma Separated list)	Rate Action:	Rate Action Information:	Attach Document:
Proposed Rates	323, 335, 3DK	Revised	Previous State Filing Number: 44011	Exhibit 4 - Proposed Rates @ 0%.pdf
Exhibit 4 - Proposed Rates @ 0%.pdf				

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Note To Reviewer

Created By:

Trevor Walsh on 02/07/2011 10:10 AM

Last Edited By:

Stephanie Fowler

Submitted On:

02/11/2011 02:25 PM

Subject:

Annual Rate Certification

Comments:

Thank you for your prompt review of this filing. Would it be possible to re-open this filing so that we can revise our request to be 0% and get approval for Annual Rate Certification purposes? Please let me know if you have any questions. Thank you for your time.

Trevor Walsh

twalsh3@gafri.com

(512) 807-4872

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Post Submission Update Request Processed On 02/11/2011

Status: Allowed
Created By: Trevor Walsh
Processed By: Stephanie Fowler
Comments:

Company Rate Information:

Company Name: Continental General Insurance Company

Field Name	Requested Change	Prior Value
Overall % Indicated Change	0.000%	5.500%
Overall % Rate Impact	0.000%	5.500%
Written Premium Change for this Program	\$0	\$329
Maximum %Change (where required)	0.000%	5.500%
Minimum %Change (where required)	0.000%	5.500%

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Rate Information

Rate data applies to filing.

Filing Method: SERFF
Rate Change Type: Increase
Overall Percentage of Last Rate Revision: 8.000%
Effective Date of Last Rate Revision: 02/27/2010
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):
Continental General Insurance Company	N/A	0.000%	0.000%	\$0	1	\$5,985	0.000%	0.000%

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Rate/Rule Schedule

Schedule Item Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:	Rate Action Information:	Attachments
Accepted for Informational Purposes 02/11/2011	Current Rates	323, 335, 3DK	New		Exhibit 4 - Current Rates.pdf
Approved 02/11/2011	Proposed Rates	323, 335, 3DK	Revised	Previous State Filing Number: Percent Rate Change Request:	44011 Exhibit 4 - Proposed Rates @ 0%.pdf

CONTINENTAL GENERAL INSURANCE COMPANY
11200 Lakeline Blvd * Ste 100 * Austin, TX 78717

Arkansas
MEDICARE SUPPLEMENT PREMIUMS
for Person Age 65 and Over
Issue Age Annual Premiums
2010 Current Rates

Policy Form: **Form 323**

Plan Code: **323**

<u>Payment Mode</u>	<u>Base Premium</u>
Annual	\$5,071.73
Semi-Annual	\$2,637.30
Quarterly	\$1,344.01
Monthly Direct	\$456.46
Monthly Bank Draft	\$431.10

Note: Premiums do not increase because of age change.

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MEDICARE SUPPLEMENT PREMIUMS
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Policy Form: **Form 332 - Issues 11/05/91 and Later**
Includes Prescription Drug Coverage
Plan Code: **335**

<u>Payment Mode</u>	<u>Annual Premium</u>
Annual	\$5,646.62
Semi-Annual	2936.24
Quarterly	1496.35
Monthly Direct	508.20
Monthly Bank Draft	479.96

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MEDICARE SUPPLEMENT PREMIUMS
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Policy Form: **Form 332 - Issues 11/05/91 and Later with**
Rider Form: **EC-352 Excludes Prescription Drug Coverage**
Plan Code: **3DK**

<u>Payment Mode</u>	<u>Annual Premium</u>
Annual	\$5,640.97
Semi-Annual	2933.30
Quarterly	1494.86
Monthly Direct	507.69
Monthly Bank Draft	479.48

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