

SERFF Tracking Number: CMBD-127046680 State: Arkansas
Filing Company: Combined Insurance Company of America State Tracking Number: 48051
Company Tracking Number: MEDICARE SUPPLEMENT REPORT OF DUPLICATE POLICIES
TOI: MS09 Medicare Supplement - Other 2010 Sub-TOI: MS09.000 Medicare Supplement Other 2010
Product Name: Senior 2010 Medicare Supplement Report of Duplicate Policies
Project Name/Number: 2010 Medicare Supplement Report of Duplicate Policies /2010 Medicare Supplement Report of Duplicate Policies

Filing at a Glance

Company: Combined Insurance Company of America

Product Name: Senior 2010 Medicare SERFF Tr Num: CMBD-127046680 State: Arkansas

Supplement Report of Duplicate Policies

TOI: MS09 Medicare Supplement - Other 2010 SERFF Status: Closed-Accepted State Tr Num: 48051

For Informational Purposes

Sub-TOI: MS09.000 Medicare Supplement
Other 2010

Co Tr Num: MEDICARE
SUPPLEMENT REPORT OF
DUPLICATE POLICIES

State Status: Filed-Closed

Filing Type: Form

Author: Sue Thill

Date Submitted: 02/22/2011

Reviewer(s): Stephanie Fowler

Disposition Date: 03/02/2011

Disposition Status: Accepted For
Informational Purposes

Implementation Date:

Implementation Date Requested:

State Filing Description:

General Information

Project Name: 2010 Medicare Supplement Report of Duplicate Policies Status of Filing in Domicile:

Project Number: 2010 Medicare Supplement Report of Duplicate Policies Date Approved in Domicile:

Policies

Requested Filing Mode: Informational

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Individual Market Type:

Overall Rate Impact:

Filing Status Changed: 03/02/2011

State Status Changed: 03/02/2011

Deemer Date:

Created By: Sue Thill

Submitted By: Sue Thill

Corresponding Filing Tracking Number:

Filing Description:

Medicare Supplement Report of Duplicate Policies Combined Insurance Company of America

FEIN Number 36-2136262

NAIC Number 626-62146

Reporting of Duplicate Medicare Supplement Policies

INDIVIDUAL MEDICARE – AGENT MARKETED

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 Enclosed is the reporting form for the Medicare Supplement Policies for Combined Insurance Company of America.

Company and Contact

Filing Contact Information

Sue Thill, Senior Policy Analyst Sue.A.Thill@combined.com
 1000 Milwaukee Avenue 847-953-1536 [Phone]
 Glenview, IL 60025 847-953-1557 [FAX]

Filing Company Information

Combined Insurance Company of America CoCode: 62146 State of Domicile: Illinois
 1000 Milwaukee Avenue Group Code: 626 Company Type:
 Glenview, IL 60025 Group Name: State ID Number:
 (847) 953-1531 ext. [Phone] FEIN Number: 36-2136262

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Combined Insurance Company of America	\$0.00	02/22/2011	

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Accepted For Informational Purposes	Stephanie Fowler	03/02/2011	03/02/2011

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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	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: REPORT Comments: Attachment: FORM FOR REPORTING.pdf	Accepted for Informational Purposes	03/02/2011

FORM FOR REPORTING
MEDICARE SUPPLEMENT POLICIES

COMPANY NAME: Combined Insurance Company of America

ADDRESS: 111 East Wacker Drive, Suite 700
Chicago, Illinois 60601

PHONE NUMBER: (800) 544-5531

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
NONE	NONE

Michael J. Hollar

Signature

Michael J. Hollar – Assistant Secretary and
Director of Product Development/Filings
Name & Title (please type)

February 22, 2011

Date