

SERFF Tracking Number: STLH-127336732 State: Arkansas  
Filing Company: State Farm Mutual Automobile Insurance Company State Tracking Number: 49393  
Company Tracking Number: 2012 AR ER PRE STD  
TOI: MS02I Individual Medicare Supplement - Pre-Standardized Sub-TOI: MS02I.000 Medicare Supplement - Pre-Standardized  
Product Name: Pre Standardized Medicare Supplement  
Project Name/Number: 2012 AR ER PRE STD/

## Filing at a Glance

Company: State Farm Mutual Automobile Insurance Company

Product Name: Pre Standardized Medicare Supplement SERFF Tr Num: STLH-127336732 State: Arkansas

TOI: MS02I Individual Medicare Supplement - Pre-Standardized SERFF Status: Closed-Approved-Closed State Tr Num: 49393

Sub-TOI: MS02I.000 Medicare Supplement - Pre-Standardized Co Tr Num: 2012 AR ER PRE STD State Status: Approved-Closed

Filing Type: Rate

Reviewer(s): Stephanie Fowler

Authors: Barb Baxter, Debbie

Disposition Date: 08/23/2011

Bryant, Tony Phipps, Emily Byrnes,

Jason Elleman

Date Submitted: 07/25/2011

Disposition Status: Approved-Closed

Implementation Date Requested: 01/01/2012

Implementation Date:

State Filing Description:

## General Information

Project Name: 2012 AR ER PRE STD

Status of Filing in Domicile: Pending

Project Number:

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:

Filing Status Changed: 08/23/2011

State Status Changed: 08/23/2011

Deemer Date:

Created By: Debbie Bryant

Submitted By: Debbie Bryant

Corresponding Filing Tracking Number:

Filing Description:

On behalf of State Farm Mutual Automobile Insurance Company of Bloomington, Illinois, I submit the following annual rate filing and rate revisions for the above referenced Pre-Standardized Medicare Supplement policy forms.

We are filing new rate tables for Policy Forms 97033, 97043, 97046, 97049, and 97050 and Rider Form 99417. This

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filing represents no change in rates. These rates will apply to renewals only since we no longer issue these forms. This filing complies with all applicable minimum loss ratio standards.

The following are included with this filing:

- an actuarial memorandum including an actuarial certification
- revised rate tables
- experience exhibits
- 10-year projections

EFT in the amount of \$50.00 has been submitted to pay filing fees.

Sincerely,

Jason Elleman  
 Actuarial Analyst  
 Phone no.: (309) 766-1779  
 Fax no.: (309) 766-1827  
 Email: jason.elleman.ufhp@statefarm.com

## Company and Contact

### Filing Contact Information

Jason Elleman, Actuarial Analyst Trainee	Jason.Elleman.UFHP@statefarm.com
One State Farm Plaza	309-766-1779 [Phone]
Bloomington, IL 61704	309-766-1827 [FAX]

### Filing Company Information

State Farm Mutual Automobile Insurance Company	CoCode: 25178	State of Domicile: Illinois
One State Farm Plaza	Group Code:	Company Type:
Life/Health Actuarial, B-1	Group Name:	State ID Number:
Bloomington, IL 61710	FEIN Number: 37-0533100	
(309) 766-5188 ext. [Phone]		

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## Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
State Farm Mutual Automobile Insurance Company	\$50.00	07/25/2011	50062163



SERFF Tracking Number: *STLH-127336732* State: *Arkansas*  
 Filing Company: *State Farm Mutual Automobile Insurance Company* State Tracking Number: *49393*  
 Company Tracking Number: *2012 AR ER PRE STD*  
 TOI: *MS021 Individual Medicare Supplement - Pre-Standardized* Sub-TOI: *MS021.000 Medicare Supplement - Pre-Standardized*  
 Product Name: *Pre Standardardized Medicare Supplement*  
 Project Name/Number: *2012 AR ER PRE STD/*

## Disposition

Disposition Date: 08/23/2011

Implementation Date:

Status: Approved-Closed

Comment: We have approved this rate filing. There was no increase requested.

<b>Company Name:</b>	<b>Overall % Indicated Change:</b>	<b>Overall % Rate Impact:</b>	<b>Written Premium Change for this Program:</b>	<b># of Policy Holders Affected for this Program:</b>	<b>Written Premium for this Program:</b>	<b>Maximum % Change (where required):</b>	<b>Minimum % Change (where required):</b>
State Farm Mutual Automobile Insurance Company	0.000%	0.000%	\$0	139	\$405,787	0.000%	0.000%

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<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>	Cover Letter	Approved-Closed	Yes
<b>Supporting Document</b>	Projections	Approved-Closed	No
<b>Supporting Document</b>	Experience Exhibits	Approved-Closed	No
<b>Rate</b>	Pre Standardized Medicare Supplement	Approved-Closed	Yes

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**Rate Information**

Rate data applies to filing.

**Filing Method:** SERFF  
**Rate Change Type:** Neutral  
**Overall Percentage of Last Rate Revision:** 3.300%  
**Effective Date of Last Rate Revision:** 01/01/2011  
**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):
State Farm Mutual Automobile Insurance Company	0.000%	0.000%	\$0	139	\$405,787	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
Approved-Closed 08/23/2011	Pre Standardized Medicare Supplement	97033, 97043, 97046, 97049, 97050, 99417	Revised	Previous State Filing Number: Percent Rate Change Request:	2012 AR ER PRE Current Rates.pdf

State Farm Mutual Automobile Insurance Company  
 Bloomington, Illinois

Medicare Supplement Policy Forms 97033, 97043, 97046, 97049, and 97050  
 Additional Benefit Rider Form 99417  
 Annual Premiums  
 Individual Male or Female

**Current Rates (01/01/2011 Effective Date)**

<b>Community Rate</b>	<b>Policy Form 97033 Series ER_A35AR</b>	<b>Policy Form 97043 Series ER_B35AR</b>	<b>Policy Form 97043 Series without Prescription Drug Coverage</b>	<b>Policy Form 97046 Series ER_C35AR</b>
All Ages	2,592.00	8,323.00	7,074.55	2,643.00
<b>Community Rate</b>	<b>Policy Form 97049 Series ER_D35AR</b>	<b>Rider Form 99417 ER_F35AR</b>		
All Ages	1,702.00	980.00		
<b>Community Rate</b>	<b>Policy Form 97050 Series ER_E35AR</b>			
All Ages	4,801.00			

Semiannual Mode: 51% of Annual  
 Quarterly Mode: 26% of Annual

Arkansas

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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> 2012 AR ER Pre- Actuarial Memorandum.pdf	Approved-Closed	08/23/2011

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Cover Letter <b>Comments:</b> <b>Attachment:</b> 2012 AR ER Pre- Cover Letter.pdf	Approved-Closed	08/23/2011

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Projections <b>Comments:</b> <b>Attachment:</b> 2012 AR ER PRE STD Med Sup Projections.pdf	Approved-Closed	08/23/2011

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Experience Exhibits <b>Comments:</b> <b>Attachment:</b> 2012 AR ER Pre-Experience.pdf	Approved-Closed	08/23/2011

**State Farm Mutual Automobile  
Insurance Company**

Home Office, Bloomington, Illinois 61710



July 20, 2011

Arkansas Insurance Department  
Attn: Life & Health  
1200 West Third Street  
Little Rock, Arkansas 72201-1904

Re: State Farm Mutual Automobile Insurance Company, NAIC# 176-25178  
Annual Rate Filing and Rate Revision for Pre-Standardized Medicare Supplement Policy Forms  
97033, 97043, 97046, 97049, and 97050 and Rider Form 99417

Dear Sir or Madam:

On behalf of State Farm Mutual Automobile Insurance Company of Bloomington, Illinois, I submit the following annual rate filing and rate revisions for the above referenced Pre-Standardized Medicare Supplement policy forms.

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The following are included with this filing:

- an actuarial memorandum including an actuarial certification
- revised rate tables
- experience exhibits
- 10-year projections

EFT in the amount of \$50.00 has been submitted to pay filing fees.

Sincerely,

A handwritten signature in cursive script that reads "Jason Elleman".

Jason Elleman  
Actuarial Analyst  
Phone no.: (309) 766-1779  
Fax no.: (309) 766-1827  
Email: jason.elleman.ufhp@statefarm.com