

SERFF Tracking Number: UTAC-127342207 State: Arkansas
 Filing Company: Continental General Insurance Company State Tracking Number: 49497
 Company Tracking Number: CGI DIRECT 2012 RATE INCREASE
 TOI: MS08I Individual Medicare Supplement - Sub-TOI: MS08I.012 Multi-Plan 2010
 Standard Plans 2010
 Product Name: CGI Direct 2012 Rate Increase
 Project Name/Number: CGI Direct 2012 Rate Increase /CGI Direct 2012 Rate Increase

Filing at a Glance

Company: Continental General Insurance Company

Product Name: CGI Direct 2012 Rate Increase SERFF Tr Num: UTAC-127342207 State: Arkansas
 TOI: MS08I Individual Medicare Supplement - SERFF Status: Closed-Approved- State Tr Num: 49497
 Standard Plans 2010 Closed
 Sub-TOI: MS08I.012 Multi-Plan 2010 Co Tr Num: CGI DIRECT 2012 State Status: Approved-Closed
 RATE INCREASE

Filing Type: Rate
 Author: Trevor Walsh Reviewer(s): Stephanie Fowler
 Date Submitted: 08/08/2011 Disposition Date: 09/02/2011
 Disposition Status: Approved-Closed

Implementation Date Requested: 01/01/2012 Implementation Date: 01/01/2012

State Filing Description:

General Information

Project Name: CGI Direct 2012 Rate Increase	Status of Filing in Domicile:
Project Number: CGI Direct 2012 Rate Increase	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: 8%	Filing Status Changed: 09/02/2011
	State Status Changed: 09/02/2011
Deemer Date:	Created By: Trevor Walsh
Submitted By: Trevor Walsh	Corresponding Filing Tracking Number:
Filing Description:	
This rate increase filing for Continental General's Modernized Medicare Supplement plans (sold on a direct to consumer basis) also serves as the annual rate certification for the 2011 calendar year.	

Please note that this is the first time we have filed for an increase on this product since inception in 2010.

Company and Contact

Filing Contact Information

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Trevor Walsh, Actuarial Analyst twalsh3@gafri.com
 11200 Lakeline Boulevard #100 512-807-4872 [Phone]
 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: \$200.00
 Retaliatory? No
 Fee Explanation: AR charges \$50 per form: 4 forms x \$50 per form = \$200.
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Continental General Insurance Company	\$200.00	08/08/2011	50459612

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Stephanie Fowler	09/02/2011	09/02/2011

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	09/01/2011	09/01/2011	Trevor Walsh	09/02/2011	09/02/2011

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Disposition

Disposition Date: 09/02/2011

Implementation Date: 01/01/2012

Status: Approved-Closed

Comment: The negotiated rate increase of 5% has been approved to be implemented on or after January 1, 2012. 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):
Continental General Insurance Company	5.000%	5.000%	\$1,767	21	\$35,345	5.000%	5.000%

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Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 09/01/2011
Submitted Date 09/01/2011
Respond By Date 10/03/2011

Dear Trevor Walsh,

This will acknowledge receipt of the captioned filing. 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 current state of the economy, 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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Response Letter

Response Letter Status Submitted to State
 Response Letter Date 09/02/2011
 Submitted Date 09/02/2011

Dear Stephanie Fowler,

Comments:

Response 1

Comments: We accept the compromised 5% rate increase. Please find the revised Proposed rate charts reflecting a 5% increase. I've also submitted a post-submission update to revise the increase% shown on the rate/rule tab in SERFF.

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:

Current & Proposed Rates	CGI-MS-DM-CR-A,CGI-MS-DM-CR-F,CGI-MS-DM-CR-G,CGI-MS-DM-CR-N	Revised	Previous State Filing Number
			Percent Rate Change Request
			5

Previous Version

Current & Proposed Rates	CGI-MS-DM-CR-A,CGI-MS-DM-CR-F,CGI-MS-DM-CR-G,CGI-MS-DM-CR-N	Revised	Previous State Filing Number
			Percent Rate Change Request
			8

SERFF Tracking Number: UTAC-127342207 *State:* Arkansas
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Please let me know if there is anything else needed. Thank you for your time.

Sincerely,
Trevor Walsh

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Post Submission Update Request Processed On 09/02/2011

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	5.000%	8.000%
Overall % Rate Impact	5.000%	8.000%
Written Premium Change for this Program	\$1767	\$2828
Maximum %Change (where required)	5.000%	8.000%
Minimum %Change (where required)	5.000%	8.000%

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Rate Information

Rate data applies to filing.

Filing Method: SERFF
Rate Change Type: Increase
Overall Percentage of Last Rate Revision: %
Effective Date of Last Rate Revision:
Filing Method of Last Filing:

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):
Continental General Insurance Company	5.000%	5.000%	\$1,767	21	\$35,345	5.000%	5.000%

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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 09/02/2011	Current & Proposed Rates	CGI-MS-DM-CR-A, CGI-MS-DM-CR-F, CGI-MS-DM-CR-G, CGI-MS-DM-CR-N	Revised	Previous State Filing Number: Percent Rate Change Request: 5.000	Exhibit 4 - Current Rates.pdf Exhibit 4 - Proposed Rates @ 5%.pdf

Continental General Insurance Co.
MEDICARE SUPPLEMENT
ARKANSAS
Community Rates
Current Rates Effective 6/1/2010

NON-SMOKER					SMOKER			
Plan A	Plan F	Plan G	Plan N		Plan A	Plan F	Plan G	Plan N
1,482.00	1,932.00	1,722.00	1,568.00	Annual	1,852.00	2,414.00	2,153.00	1,960.00
770.64	1,004.64	895.44	815.36	Semi-Annual	963.04	1,255.28	1,119.56	1,019.20
392.73	511.98	456.33	415.52	Quarterly	490.78	639.71	570.55	519.40
125.97	164.22	146.37	133.28	Monthly	157.42	205.19	183.01	166.60

Area I 0.850 716-719, 723-729
Area II 1.000 720-722

1.0000 Annual
0.5200 Semi-Annual
0.2650 Quarterly
0.0850 Monthly

Continental General Insurance Co.
MEDICARE SUPPLEMENT
ARKANSAS
Community Rates
Proposed Rates

NON-SMOKER					SMOKER			
Plan A	Plan F	Plan G	Plan N		Plan A	Plan F	Plan G	Plan N
1,556.10	2,028.60	1,808.10	1,646.40	Annual	1,944.60	2,534.70	2,260.65	2,058.00
809.17	1,054.87	940.21	856.13	Semi-Annual	1,011.19	1,318.04	1,175.54	1,070.16
412.37	537.58	479.15	436.30	Quarterly	515.32	671.70	599.07	545.37
132.27	172.43	153.69	139.94	Monthly	165.29	215.45	192.16	174.93

Area I 0.850 716-719, 723-729
Area II 1.000 720-722

1.0000 Annual
0.5200 Semi-Annual
0.2650 Quarterly
0.0850 Monthly

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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)
08/05/2011	Rate and Rule	Current & Proposed Rates	09/02/2011	Exhibit 4 - Current Rates.pdf Exhibit 4 - Proposed Rates @ 8%.pdf (Superseded)