

SERFF Tracking Number: IASL-127977105 State: Arkansas  
Filing Company: Heartland National Life Insurance Company State Tracking Number:  
Company Tracking Number: HN MP RPT AR  
TOI: MS09 Medicare Supplement - Other 2010 Sub-TOI: MS09.000 Medicare Supplement Other 2010  
Product Name: HN MP RPT AR  
Project Name/Number: HN MP RPT AR/

## Filing at a Glance

Company: Heartland National Life Insurance Company

Product Name: HN MP RPT AR SERFF Tr Num: IASL-127977105 State: Arkansas

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

For Informational Purposes

Sub-TOI: MS09.000 Medicare Supplement Co Tr Num: HN MP RPT AR State Status: Filed-Closed

Other 2010

Filing Type: Form

Author: Lauren Perley

Reviewer(s): Stephanie Fowler

Date Submitted: 01/11/2012

Disposition Date: 01/24/2012

Disposition Status: Accepted For

Informational Purposes

Implementation Date:

Implementation Date Requested: On Approval

State Filing Description:

## General Information

Project Name: HN MP RPT AR

Status of Filing in Domicile: Pending

Project Number:

Date Approved in Domicile:

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: 01/24/2012

State Status Changed: 01/24/2012

Deemer Date:

Created By: Lauren Perley

Submitted By: Lauren Perley

Corresponding Filing Tracking Number:

Filing Description:

In accordance with your state's Medicare Supplement regulations, Insurance Administrative Solutions, L.L.C. is providing you with the Multiple Policy Report due March 1, 2012.

## Company and Contact

### Filing Contact Information

Lauren Perley,

Lauren.Perley@iasadmin.com

8545 126th Avenue North, Suite 200

727-584-0007 [Phone]

Largo, FL 33773-1502

727-584-5613 [FAX]

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### Filing Company Information

(This filing was made by a third party - insuranceadministrativesolutions)

Heartland National Life Insurance Company CoCode: 66214 State of Domicile: Indiana  
10689 N. Pennsylvania Street Group Code: Company Type: Life and Health  
Insurer  
Indianapolis, IN 46280 Group Name: State ID Number:  
(816) 478-0120 ext. [Phone] FEIN Number: 64-0431935

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### Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Heartland National Life Insurance Company	\$0.00	01/11/2012	

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Accepted For Informational Purposes	Stephanie Fowler	01/24/2012	01/24/2012

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## Disposition

Disposition Date: 01/24/2012

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		No
Supporting Document	Application		No
Supporting Document	Health - Actuarial Justification		No
Supporting Document	Outline of Coverage		No
Supporting Document	Multiple Policy Report due March 1, 2012	Accepted for Informational Purposes	Yes
Supporting Document	Third Party Authorization Letter	Accepted for Informational Purposes	Yes

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## Supporting Document Schedules

	Item Status:	Status Date:
<b>Bypassed - Item:</b> Flesch Certification <b>Bypass Reason:</b> Not Applicable <b>Comments:</b>		
<b>Bypassed - Item:</b> Application <b>Bypass Reason:</b> Not Applicable <b>Comments:</b>		
<b>Bypassed - Item:</b> Health - Actuarial Justification <b>Bypass Reason:</b> Not Applicable <b>Comments:</b>		
<b>Bypassed - Item:</b> Outline of Coverage <b>Bypass Reason:</b> Not Applicable <b>Comments:</b>		
<b>Satisfied - Item:</b> Multiple Policy Report due March 1, 2012 <b>Comments:</b> <b>Attachment:</b> AR Rpt.pdf	Accepted for Informational Purposes	01/24/2012

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**Item Status:**

**Status**

**Date:**

**Satisfied - Item:** Third Party Authorization Letter

Accepted for Informational  
Purposes

01/24/2012

**Comments:**

**Attachment:**

2011 09 Heartland IAS Authorization Letter.pdf

**FORM FOR REPORTING  
MEDICARE SUPPLEMENT POLICIES  
STATE OF ARKANSAS**

**Company Name:** NAIC # 66214 HEARTLAND NATIONAL LIFE INSURANCE COMPANY  
**Address:** c/o Insurance Administrative Solutions, LLC  
8545 126th Avenue N, Suite 200  
Largo, FL 33773-1502  
**Phone Number:** 877-777-2443

**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 TO REPORT	



**Signature**

Lauren Perley, Compliance Analyst

**Name and Title (please type)**

January 11, 2012

**Date**

September 12, 2011

Ms. Darcey Shaffer, FLMI, ACS  
Compliance Manager  
Insurance Administrative Solutions, L.L.C.  
8545 126<sup>th</sup> Avenue North, Suite 200  
Largo, Florida 33773-1502

Re: Filing/Reporting Requirements

Dear Ms. Shaffer:

This letter authorizes Insurance Administrative Solutions, L.L.C. to file on behalf of Heartland National Life Insurance Company their policy forms, rate filings and reports with the State Departments of Insurance.

Insurance Administrative Solutions, L.L.C. may correspond with the State Departments of Insurance regarding any questions they may have concerning the filings.

A copy of this letter is as valid as the original. This authorization will be valid for twelve months from the date of this letter

Sincerely,



Patty Kurth  
Treasurer & Secretary