

State: Arkansas **Filing Company:** World Insurance Company
TOI/Sub-TOI: MS02I Individual Medicare Supplement - Pre-Standardized/MS02I.000 Medicare Supplement - Pre-Standardized
Product Name: World MS - PreStd
Project Name/Number: 1/1/2013 Rate Adjustment/AR-WIPRESTDMS-2013

Filing at a Glance

Company: World Insurance Company
 Product Name: World MS - PreStd
 State: Arkansas
 TOI: MS02I Individual Medicare Supplement - Pre-Standardized
 Sub-TOI: MS02I.000 Medicare Supplement - Pre-Standardized
 Filing Type: Rate
 Date Submitted: 10/15/2012
 SERFF Tr Num: AMRP-128506547
 SERFF Status: Closed-Approved-Closed
 State Tr Num:
 State Status: Approved-Closed
 Co Tr Num: AR-WIPRESTDMS-2013
 Implementation: 01/01/2013
 Date Requested:
 Author(s): Susan Dop, Deb Strahl
 Reviewer(s): Stephanie Fowler (primary)
 Disposition Date: 10/17/2012
 Disposition Status: Approved-Closed
 Implementation Date:

State Filing Description:

State: Arkansas **Filing Company:** World Insurance Company
TOI/Sub-TOI: MS021 Individual Medicare Supplement - Pre-Standardized/MS021.000 Medicare Supplement - Pre-Standardized
Product Name: World MS - PreStd
Project Name/Number: 1/1/2013 Rate Adjustment/AR-WIPRESTDMS-2013

General Information

Project Name: 1/1/2013 Rate Adjustment	Status of Filing in Domicile:
Project Number: AR-WIPRESTDMS-2013	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: 7%	Filing Status Changed: 10/17/2012
	State Status Changed: 10/17/2012
Deemer Date:	Created By: Susan Dop
Submitted By: Susan Dop	Corresponding Filing Tracking Number:

Filing Description:
 Rate Filing for Individual Pre-Standardized Medicare Supplement Forms

Company and Contact

Filing Contact Information

Susan Dop,	susan.dop@americanenterprise.com
601 6th Ave.	515-245-2034 [Phone]
Des Moines, IA 50309	

Filing Company Information

World Insurance Company	CoCode: 70629	State of Domicile: Nebraska
11808 Grant Street	Group Code: 3527	Company Type: Life and
Omaha, NE 68103-8000	Group Name: American Enterprise	Health
(402) 496-8289 ext. [Phone]	FEIN Number: 47-0339860	State ID Number:

Filing Fees

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

Company	Amount	Date Processed	Transaction #
World Insurance Company	\$50.00	10/15/2012	63890296

SERFF Tracking #:

AMRP-128506547

State Tracking #:**Company Tracking #:**

AR-WIPRESTDMS-2013

State:

Arkansas

Filing Company:

World Insurance Company

TOI/Sub-TOI:

MS021 Individual Medicare Supplement - Pre-Standardized/MS021.000 Medicare Supplement - Pre-Standardized

Product Name:

World MS - PreStd

Project Name/Number:

1/1/2013 Rate Adjustment/AR-WIPRESTDMS-2013

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Stephanie Fowler	10/17/2012	10/17/2012

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Rate	AR Rates	Susan Dop	10/17/2012	10/17/2012
Supporting Document	Health - Actuarial Justification	Susan Dop	10/17/2012	10/17/2012

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Disposition

Disposition Date: 10/17/2012

Implementation Date:

Status: Approved-Closed

Comment: We have approved this rate filing; no increase was requested nor approved.

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 req'd):	Minimum % Change (where req'd):
World Insurance Company	7.000%	7.000%	\$634	2	\$9,052	7.000%	0.000%

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document (revised)	Health - Actuarial Justification	Approved-Closed	No
Supporting Document	Health - Actuarial Justification	Disapproved	No
Rate (revised)	AR Rates	Approved-Closed	Yes
Rate	AR Rates	Disapproved	No
Rate	AR Rates	Approved-Closed	Yes

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Amendment Letter

Submitted Date: 10/17/2012

Comments:

We have amended our filing to request no rate change at this time. This filing will be considered our required annual Medicare supplement rate filing.

Thank you!

Changed Items:

Rate/Rule Schedule Item Changes:

Document Name:	Affected Form Numbers: (Comma Separated list)	Rate Action:	Rate Action Information:	Attach Document:
AR Rates	A2485, E840A, HIP02, 1090	Revised	Previous State Filing Number: 50119	02 AR WIPRESTD Rates-2013.pdf

Supporting Document Schedule Item Changes:

Satisfied -Name: Health - Actuarial Justification

Comment:

00 AR PRE-STD COV LETTER-2013.pdf

00 WORLD PRESTD FILING COMBO.pdf

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Project Name/Number: 1/1/2013 Rate Adjustment/AR-WIPRESTDMS-2013

Post Submission Update Request Submitted On 10/17/2012

Status: Submitted
Created By: Susan Dop

General Information:

Field Name	Requested Change	Prior Value
Domicile Status Comments		
Explanation for Combination/Other		
Corresponding Filing Tracking Number		

Rate Information:

Field Name	Requested Change	Prior Value
Rate Change Type	Neutral	Increase

Company Rate Information:

Company Name:World Insurance Company

Field Name	Requested Change	Prior Value
Overall % Indicated Change	0.000%	7.000%
Overall % Rate Impact	0.000%	7.000%
Written Premium Change for this Program	\$0	\$634
Maximum %Change (where required)	0.000%	7.000%

SERFF Tracking #:

AMRP-128506547

State Tracking #:

Company Tracking #:

AR-WIPRESTDMS-2013

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Rate Information

Rate data applies to filing.

Filing Method: SERFF
Rate Change Type: Increase
Overall Percentage of Last Rate Revision: 0.000%
Effective Date of Last Rate Revision: 01/01/2012
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 req'd):	Minimum % Change (where req'd):
World Insurance Company	7.000%	7.000%	\$634	2	\$9,052	7.000%	0.000%

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Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action*	Rate Action Information		Attachments
					Previous State Filing Number:	Rate Action Other Explanation:	
1	Approved-Closed 10/17/2012	AR Rates	A2485, E840A, HIP02, 1090	Revised	50119		02 AR WIPRESTD Rates-2013.pdf
					Percent Rate Change Request:		
2	Approved-Closed 10/17/2012	AR Rates	GR 838-500	Other	50119	0	
					Rate Action Other Explanation:		

World Insurance Company
Policy Form: GR 838-500
Rates

Current(2010) Annual Premium Rates

Issue Age	Agri Trust
All	\$ 3,061.88

Mode: Annual Semi-Annual Quarterly Monthly
Modal Factor: 1.000 0.500 0.250 0.083

World Insurance Company

Medicare Supplement

World Policy Form A2400

Current (2011) Annual Premium Rates

Arkansas

SMOKER RATES

AGE AT ISSUE	POLICY FORM A2400	RIDER FORM R2400
65+	2,917.19	878.77

NONSMOKER RATES

AGE AT ISSUE	POLICY FORM A2400	RIDER FORM R2400
65+	2,917.19	878.77

AGE AT ISSUE	POLICY FORM A2480	RIDER FORM R2480	RIDER FORM R2481
65-69	11,082.57	2,726.67	908.95
70-74	11,082.57	2,726.67	908.95
75-79	11,082.57	2,726.67	908.95
80-84	11,082.57	2,726.67	908.95
85+	11,082.57	2,726.67	908.95

AGE AT ISSUE	POLICY FORM A2480	RIDER FORM R2480	RIDER FORM R2481
65-69	10,528.42	2,590.32	863.50
70-74	10,528.42	2,590.32	863.50
75-79	10,528.42	2,590.32	863.50
80-84	10,528.42	2,590.32	863.50
85+	10,528.42	2,590.32	863.50

AGE AT ISSUE	POLICY FORM A2485	RIDER FORM R2486	RIDER FORM R2487
65-69	10,205.97	3,447.86	1,622.34
70-74	10,205.97	3,447.86	1,622.34
75-79	10,205.97	3,447.86	1,622.34
80-84	10,205.97	3,447.86	1,622.34
85+	10,205.97	3,447.86	1,622.34

AGE AT ISSUE	POLICY FORM A2485	RIDER FORM R2486	RIDER FORM R2487
65-69	9,185.35	3,103.06	1,460.10
70-74	9,185.35	3,103.06	1,460.10
75-79	9,185.35	3,103.06	1,460.10
80-84	9,185.35	3,103.06	1,460.10
85+	9,185.35	3,103.06	1,460.10

Modal Premiums:

Semi-Annual - 52% of Annual

Quarterly - 26.5% of Annual

Monthly - 9% of Annual

Check-O-Matic - 1/3 of Quarterly

World Insurance Company

Medicare Supplement

Security General Life Form H-187-880 Plan Code 876

(CH227A)

Current (2011) Annual Premium Rates

Arkansas

Annual Premium Rates (All Issue Ages)	8,931.78
Optional Benefits-Prescription Drugs (All Ages)	219.18

World Insurance Company

Medicare Supplement

Bankers Multiple Line Policy Form 764A

Current (2011) Annual Premium Rates

Rates 764A

Policies Issued on or before February 1977

Age	Rates
00-99	69.43

Policies Issued after February 1977 with Rider 59354

Age	Rates
00-69	68.06
70-74	69.64
75-99	75.61

Rate schedule substitution date based on inforce policies as of 3/1/02

To determine the Quarterly, Semi-Annual, and Annual rates,
multiply the Monthly Rate, as shown above, by:

Quarterly	2.864
Semi Annual	5.618
Annual	10.909