

SERFF Tracking Number: CNMC-128030844 State: Arkansas  
Filing Company: Conseco Life Insurance Company State Tracking Number:  
Company Tracking Number:  
TOI: MS06 Medicare Supplement - Other Sub-TOI: MS06.000 Medicare Supplement - Other  
Product Name: Multiple Medicare Supplement Policy Report  
Project Name/Number: /

## Filing at a Glance

Company: Conseco Life Insurance Company  
Product Name: Multiple Medicare Supplement Policy Report SERFF Tr Num: CNMC-128030844 State: Arkansas  
TOI: MS06 Medicare Supplement - Other SERFF Status: Closed-Accepted State Tr Num:  
For Informational Purposes  
Sub-TOI: MS06.000 Medicare Supplement - Other Co Tr Num: State Status: Filed-Closed  
Other  
Filing Type: Form Reviewer(s): Stephanie Fowler,  
Donna Lambert  
Author: Lorna Katz Disposition Date: 02/14/2012  
Date Submitted: 01/31/2012 Disposition Status: Accepted For  
Informational Purposes  
Implementation Date Requested: On Approval Implementation Date: 02/14/2012  
State Filing Description:

## General Information

Project Name: Status of Filing in Domicile:  
Project Number: Date Approved in Domicile:  
Requested Filing Mode: Domicile Status Comments:  
Explanation for Combination/Other: Market Type:  
Submission Type: New Submission Overall Rate Impact:  
Filing Status Changed: 02/14/2012  
State Status Changed: 02/14/2012 Deemer Date:  
Created By: Lorna Katz Submitted By: Lorna Katz  
Corresponding Filing Tracking Number:  
Filing Description:  
Multiple Medicare Supplement Policy Report

## Company and Contact

### Filing Contact Information

Lorna Katz, Paralegal lorna\_katz@conseco.com  
11825 N. Pennsylvania Street 317-817-3333 [Phone]

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Product Name: Multiple Medicare Supplement Policy Report  
Project Name/Number: /  
Carmel, IN 46032 317-817-2826 [FAX]

**Filing Company Information**

Conseco Life Insurance Company	CoCode: 65900	State of Domicile: Indiana
11825 N. Pennsylvania Street	Group Code: 233	Company Type:
Carmel, IN 46032	Group Name:	State ID Number:
(317) 817-6100 ext. [Phone]	FEIN Number: 04-2299444	

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**Filing Fees**

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

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Accepted For Informational Purposes	Donna Lambert	02/14/2012	02/14/2012

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## **Disposition**

Disposition Date: 02/14/2012

Implementation Date: 02/14/2012

Status: Accepted For Informational Purposes

Comment:

Rate data does NOT apply to filing.

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<b>Schedule</b>	<b>Schedule Item</b>	<b>Schedule Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Flesch Certification	Accepted for Informational Purposes	Yes
<b>Supporting Document</b>	Application	Accepted for Informational Purposes	Yes
<b>Supporting Document</b>	Health - Actuarial Justification	Accepted for Informational Purposes	Yes
<b>Supporting Document</b>	Outline of Coverage	Accepted for Informational Purposes	Yes
<b>Supporting Document</b>	Multiple Medicare Supplement Policies Report	Accepted for Informational Purposes	Yes

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## Supporting Document Schedules

		<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b>	Flesch Certification	Accepted for Informational Purposes	02/14/2012
<b>Bypass Reason:</b>	Filing Multiple Medicare Supplement Policies Report.		
<b>Comments:</b>			

		<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b>	Application	Accepted for Informational Purposes	02/14/2012
<b>Bypass Reason:</b>	Filing Multiple Medicare Supplement Policies Report.		
<b>Comments:</b>			

		<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b>	Health - Actuarial Justification	Accepted for Informational Purposes	02/14/2012
<b>Bypass Reason:</b>	Filing Multiple Medicare Supplement Policies Report.		
<b>Comments:</b>			

		<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b>	Outline of Coverage	Accepted for Informational Purposes	02/14/2012
<b>Bypass Reason:</b>	Filing Multiple Medicare Supplement Policies Report.		
<b>Comments:</b>			

		<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b>	Multiple Medicare Supplement Policies Report	Accepted for Informational Purposes	02/14/2012

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**Comments:**

**Attachment:**

AR CLIC Form.pdf

**FORM FOR REPORTING MEDICARE SUPPLEMENT POLICIES**  
Arkansas

Company Name: Conseco Life Insurance Company

NAIC: 65900

Address: 11825 North Pennsylvania Street  
Carmel, IN 46032

Phone Number: 317-817-3333

E-Mail: lorna.katz@cnoinc.com

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 Issue

**No residents have more than one Medicare Supplement policy in force.**



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Signature

Lorna Katz, Paralegal

Name and Title (please type)

January 31, 2012

Date