

SERFF Tracking Number: IASL-128125256 State: Arkansas
 Filing Company: State Mutual Insurance Company State Tracking Number:
 Company Tracking Number: SM AR 2011 SEL GRIEVANCE
 TOI: MS09 Medicare Supplement - Other 2010 Sub-TOI: MS09.000 Medicare Supplement Other 2010
 Product Name: SM AR 2011 SEL Grievance
 Project Name/Number: SM AR 2011 SEL Grievance/

Filing at a Glance

Company: State Mutual Insurance Company
 Product Name: SM AR 2011 SEL Grievance SERFF Tr Num: IASL-128125256 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: SM AR 2011 SEL State Status: Filed-Closed
 Other 2010 GRIEVANCE
 Filing Type: Form Reviewer(s): Stephanie Fowler
 Author: Beth Clark Disposition Date: 02/28/2012
 Date Submitted: 02/28/2012 Disposition Status: Accepted For
 Informational Purposes
 Implementation Date Requested: On Approval Implementation Date:
 State Filing Description:

General Information

Project Name: SM AR 2011 SEL Grievance 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: 02/28/2012
 State Status Changed: 02/28/2012
 Deemer Date: Created By: Beth Clark
 Submitted By: Beth Clark Corresponding Filing Tracking Number:
 Filing Description:
 In accordance with your state's Medicare Select regulations, Insurance Administrative Solutions, LLC is providing you with the annual Medicare SELECT Grievance Report, due March 31.

Company and Contact

Filing Contact Information

Beth Clark, Compliance Analyst beth.clark@iasadmin.com
 8545 126th Avenue North 727-584-0007 [Phone] 2169 [Ext]
 Suite 200 727-584-5613 [FAX]

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 Largo, FL 33773-1502

Filing Company Information

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

State Mutual Insurance Company	CoCode: 69132	State of Domicile: Georgia
210 East Second Avenue	Group Code:	Company Type:
Rome, GA 30162	Group Name:	State ID Number:
(706) 291-1054 ext. [Phone]	FEIN Number: 58-1449898	

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
State Mutual Insurance Company	\$0.00	02/28/2012	

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Accepted For Informational Purposes	Stephanie Fowler	02/28/2012	02/28/2012

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Disposition

Disposition Date: 02/28/2012

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	Letter of Authorization	Accepted for Informational Purposes	Yes
Supporting Document	Medicare Select Grievance Report	Accepted for Informational Purposes	Yes

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Supporting Document Schedules

	Item Status:	Status Date:
Bypassed - Item: Flesch Certification Bypass Reason: Not Applicable Comments:		
Bypassed - Item: Application Bypass Reason: Not Applicable Comments:		
Bypassed - Item: Health - Actuarial Justification Bypass Reason: Not Applicable Comments:		
Bypassed - Item: Outline of Coverage Bypass Reason: Not Applicable Comments:		
Satisfied - Item: Letter of Authorization Comments: Attachment: 2012 01 SM IAS Authorization Letter.pdf	Accepted for Informational Purposes	02/28/2012

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Satisfied - Item: Medicare Select Grievance Report
Item Status: Accepted for Informational Purposes
Status Date: 02/28/2012

Comments:
Attachment:
Report.pdf



January 24, 2012

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

Re: Life and Health Filings for Rate Increases, Forms and Reporting Requirements for State Mutual Insurance Company

Dear Ms. Shaffer:

This letter authorizes Insurance Administrative Solutions, L.L.C. to file on behalf of State Mutual Insurance Company rate increases, forms and reporting requirements for the Company's Life and Health Insurance Policies with the State Insurance Departments.

Insurance Administrative Solutions, L.L.C. may correspond with the State Insurance Departments 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,

Richard Burton
Vice President and Corporate Compliance Officer

**MEDICARE SELECT GRIEVANCES
FOR THE REPORTING YEAR 2011
DUE: MARCH 31 ANNUALLY**

COMPANY NAME: State Mutual Insurance Company
8545 126th Avenue N, Suite 200
Largo, FL 33773-1502

NAIC: 69132

CONTACT PERSON Beth Clark, Compliance Analyst
877-777-2443, ext. 2169
beth.clark@iasadmin.com

Total Number of Grievances filed in calendar year 2011: **NONE**

1. Provide a summary of the subject, nature and resolution of each grievance (above). Please list each one separately.

OR

_____ We do not market Medicare Select products, in your state, and this report is not applicable.