

SERFF Tracking Number: MUTM-128058259 State: Arkansas
Filing Company: Assured Life Association State Tracking Number:
Company Tracking Number: MARYJO GOODWIN
TOI: MS06 Medicare Supplement - Other Sub-TOI: MS06.000 Medicare Supplement - Other
Product Name: 2011 Duplicate Medicare Supplement Policy Annual Report - Assured
Project Name/Number: 2011 Duplicate Medicare Supplement Policy Annual Report - Assured/Annual Report

Filing at a Glance

Company: Assured Life Association

Product Name: 2011 Duplicate Medicare Supplement Policy Annual Report - Assured

TOI: MS06 Medicare Supplement - Other

Sub-TOI: MS06.000 Medicare Supplement - Other

Filing Type: Form

SERFF Tr Num: MUTM-128058259 State: Arkansas

SERFF Status: Closed-Accepted For Informational Purposes State Tr Num:

Co Tr Num: MARYJO GOODWIN State Status: Filed-Closed

Authors: Mary Cleasby, Shelly Kaipust, Mary Gregg, Krysia Gannon, Ellen Cochrane, Kristin Miller

Date Submitted: 02/08/2012

Reviewer(s): Donna Lambert, Stephanie Fowler

Disposition Date: 02/14/2012

Disposition Status: Accepted For Informational Purposes

Implementation Date: 02/14/2012

Implementation Date Requested: On Approval

State Filing Description:

General Information

Project Name: 2011 Duplicate Medicare Supplement Policy Annual Report - Assured

Project Number: Annual Report

Requested Filing Mode:

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Deemer Date:

Submitted By: Ellen Cochrane

Filing Description:

Assured Life Association - 614-56499

Status of Filing in Domicile:

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Individual Market Type:

Filing Status Changed: 02/14/2012

State Status Changed: 02/14/2012

Created By: Ellen Cochrane

Corresponding Filing Tracking Number:

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RE: Reporting Multiple Medicare Supplemental Policies

This form is to report information on each resident of this state who has in force more than one Medicare Supplement policy or certificate.

Sheri Toms

Company and Contact

Filing Contact Information

Ellen Cochrane - Admin, ellen.cochrane@mutualofomaha.com
 Mutual of Omaha 402-351-3347 [Phone]
 Mutual of Omaha Plaza 402-351-5298 [FAX]
 Omaha, NE 68175

Filing Company Information

Assured Life Association CoCode: 56499 State of Domicile: Colorado
 9777 South Yosemite, Suite 200 Group Code: Company Type: Fraternal Benefit Society
 Lone Tree, CO 80124 Group Name: State ID Number:
 (800) 995-5991 ext. [Phone] FEIN Number: 84-0356870

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Assured Life Association	\$0.00	02/08/2012	

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Accepted For Donna Lambert Informational Purposes		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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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Accepted for Informational Purposes	Yes
Supporting Document	Application	Accepted for Informational Purposes	Yes
Supporting Document	Health - Actuarial Justification	Accepted for Informational Purposes	Yes
Supporting Document	Outline of Coverage	Accepted for Informational Purposes	Yes
Supporting Document	2011 Duplicate Medicare Supplement Policy Annual Report	Accepted for Informational Purposes	Yes

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Supporting Document Schedules

		Item Status:	Status Date:
Bypassed - Item:	Flesch Certification	Accepted for Informational Purposes	02/14/2012
Bypass Reason:	Not applicable as this is a Medicare Supplement Annual Report filing.		

Comments:

		Item Status:	Status Date:
Bypassed - Item:	Application	Accepted for Informational Purposes	02/14/2012
Bypass Reason:	Not applicable as this is a Medicare Supplement Annual Report filing.		

Comments:

		Item Status:	Status Date:
Bypassed - Item:	Health - Actuarial Justification	Accepted for Informational Purposes	02/14/2012
Bypass Reason:	Not applicable as this is a Medicare Supplement Annual Report filing.		

Comments:

		Item Status:	Status Date:
Bypassed - Item:	Outline of Coverage	Accepted for Informational Purposes	02/14/2012
Bypass Reason:	Not applicable as this is a Medicare Supplement Annual Report filing.		

Comments:

	Item Status:	Status
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Satisfied - Item: 2011 Duplicate Medicare Supplement Policy Annual Report Accepted for Informational Purposes **Date:** 02/14/2012

Comments:

Attachment:

AR Assured SERFF Ltr.pdf



ASSURED LIFE
ASSOCIATION

ASSURED LIFE ASSOCIATION
GREENWOOD VILLAGE, CO

ADMINISTRATIVE OFFICE
3316 FARNAM STREET
OMAHA, NE 68175
1-800-995-5991

REPORTING MULTIPLE MEDICARE SUPPLEMENTAL POLICIES

February 7, 2012

Arkansas Department of Insurance
1200 W. Third Street
Little Rock, AR 72201-1904

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 by individual policyholder.

Name/Policy #

Date of Issue

None

Sheri Toms

mjg