

**State:** Arkansas

**Filing Company:** Golden Rule Insurance Company

**TOI/Sub-TOI:** H16I Individual Health - Major Medical/H16I.005A Individual - Preferred Provider (PPO)

**Product Name:** AR FACT GRI Gen 27 Initial 110

**Project Name/Number:** AR FACT GRI Gen 27 Initial 110/

## Disposition

Disposition Date: 09/13/2012

Implementation Date: 12/01/2012

Status: Approved-Closed

HHS Status: HHS Approved

State Review: Reviewed by Actuary

Comment:

Company Name:	Company Rate Change:	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):
Golden Rule Insurance Company	New Product	%	%				%	%

## Percent Change Approved:

**Minimum:** %      **Maximum:** %      **Weighted Average:** %

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Health - Actuarial Justification	Approved-Closed	No
Supporting Document	Rate Summary Worksheet	Approved-Closed	Yes
Supporting Document	Consumer Disclosure Form	Approved-Closed	Yes
Supporting Document	Cover Letter	Approved-Closed	Yes
Rate	Rate Manual	Approved-Closed	No

**State:** Arkansas **Filing Company:** Golden Rule Insurance Company  
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**Project Name/Number:** AR FACT GRI Gen 27 Initial 110/

## Objection Letter

Objection Letter Status Pending Industry Response  
Objection Letter Date 09/10/2012  
Submitted Date 09/10/2012  
Respond By Date

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Dear Michelle Peters,

**Introduction:**

*This will acknowledge receipt of the captioned filing.*

**Objection 1**

*- Health - Actuarial Justification (Supporting Document)*

*Comments:*

*It is requested that you provide us with the number of covered lives in Arkansas.*

*Thank you for your cooperation.*

**Conclusion:**

*A.C.A. 23-79-109(1)-(5) sets forth the procedure by which filings may be deemed approved upon the expiration of certain time periods with no affirmative action by the commissioner. If the commissioner determines that additional information is needed to make a decision regarding approval, such request for information will be made to the company. The filing will not be considered complete until said additional information is received. The time periods set forth in this statute will not begin to run until the filing is complete.*

*Please feel free to contact me if you have questions.*

*Sincerely,*

*Rosalind Minor*

State: Arkansas Filing Company: Golden Rule Insurance Company  
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 Product Name: AR FACT GRI Gen 27 Initial 110  
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## Response Letter

Response Letter Status	Submitted to State
Response Letter Date	09/12/2012
Submitted Date	09/12/2012

Dear Rosalind Minor,

**Introduction:**

**Response 1**

**Comments:**

*There are currently no covered lives on the plans for which this rate filing is being made. This is an initial rate filing.*

*Total Arkansas membership as of June 2012 was 9340. This includes all members on similar association group plans.*

**Related Objection 1**

*Applies To:*

- Health - Actuarial Justification (Supporting Document)*

*Comments:*

*It is requested that you provide us with the number of covered lives in Arkansas.*

*Thank you for your cooperation.*

**Changed Items:**

*No Supporting Documents changed.*

*No Form Schedule items changed.*

*No Rate/Rule Schedule items changed.*

**Conclusion:**

*Sincerely,*

*Renee Jonet*

SERFF Tracking #:

AMMS-128665549

State Tracking #:

Company Tracking #:

AR 110

State: Arkansas

Filing Company: Golden Rule Insurance Company

TOI/Sub-TOI: H16I Individual Health - Major Medical/H16I.005A Individual - Preferred Provider (PPO)

Product Name: AR FACT GRI Gen 27 Initial 110

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## Supporting Document Schedules

		Item Status:	Status Date:
Bypassed - Item:	Rate Summary Worksheet	Approved-Closed	09/13/2012
Bypass Reason:	N/A		
Comments:			

		Item Status:	Status Date:
Bypassed - Item:	Consumer Disclosure Form	Approved-Closed	09/13/2012
Bypass Reason:	N/A		
Comments:			

		Item Status:	Status Date:
Satisfied - Item:	Cover Letter	Approved-Closed	09/13/2012
Comments:			
Attachment(s):			
Cover Letter.pdf			

September 5, 2012

Via SERFF

Hon. Jay Bradford, Commissioner  
Arkansas Insurance Department  
1200 West Third Street  
Little Rock, Arkansas 72201-1904

**RE: FILING OF RATES / ACTUARIAL MEMORANDUM SUBMITTED FOR YOUR APPROVAL**

Golden Rule Insurance Company  
NAIC #707-62286

Attached and submitted for your review and approval are the Actuarial Memorandum and Rate Manual for FACT group master policies G278102012, G27HSA2012, G27SVR2012, and G27CPY2012.

The purpose of this filing is to file initial rates for association group products available in the state of Arkansas.

The attached documents contain confidential, proprietary information and trade secrets. This information is strictly confidential and protected from disclosure by A.C.A. §23-61-107. It may not be disclosed to any other state or federal regulatory agencies unless the recipient agrees in writing prior to receipt to maintain the confidentiality of the information.

If you have any questions or need additional information, please contact me via phone at 920.661.1252 or e-mail at [michelle\\_peters@goldenrule.com](mailto:michelle_peters@goldenrule.com).

Sincerely,



Michelle L. Peters, FSA, MAAA  
Director, Actuarial Services