

**State:** Arkansas  
**TOI/Sub-TOI:** H16I Individual Health - Major Medical/H16I.004 Short Term  
**Product Name:** Short Term  
**Project Name/Number:** /

**Filing Company:** Golden Rule Insurance Company

## Disposition

Disposition Date: 09/27/2012

Implementation Date:

Status: Approved-Closed

Comment:

We are approving your rates for new business only.

If we could be of further assistance, please let us know.

<b>Company Name:</b>	<b>Overall % Indicated Change:</b>	<b>Overall % Rate Impact:</b>	<b>Written Premium Change for this Program:</b>	<b># of Policy Holders Affected for this Program:</b>	<b>Written Premium for this Program:</b>	<b>Maximum % Change (where req'd):</b>	<b>Minimum % Change (where req'd):</b>
Golden Rule Insurance Company	0.000%	0.000%	\$0	0	\$0	0.000%	0.000%

<b>Schedule</b>	<b>Schedule Item</b>	<b>Schedule Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Health - Actuarial Justification	Approved-Closed	No
<b>Supporting Document</b>	Rate Summary Worksheet	Approved-Closed	No
<b>Supporting Document</b>	Consumer Disclosure Form	Approved-Closed	No
<b>Rate</b>	Short Term	Approved-Closed	No

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## Objection Letter

Objection Letter Status Pending Industry Response  
Objection Letter Date 09/26/2012  
Submitted Date 09/26/2012  
Respond By Date

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Dear Timothy Martin,

**Introduction:**

*This will acknowledge receipt of the captioned filing.*

**Objection 1**

*- Health - Actuarial Justification (Supporting Document)*

*Comments:*

*Before approval is given to the rates, it is necessary that you clarify information on the one-time application fee of \$20.00.*

*In Arkansas, if the certificateholder is not accepted for underwriting, the fee must be refunded. Also, any fee is considered as part of the premium and reported as such for premium tax purposes.*

*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*

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## Response Letter

Response Letter Status	Submitted to State
Response Letter Date	09/27/2012
Submitted Date	09/27/2012

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Dear Rosalind Minor,

### **Introduction:**

### **Response 1**

#### **Comments:**

I confirm:

- a) if the certificateholder is not accepted for underwriting, the fee will be refunded, and
- b) the application fee is considered as part of the premium for purposes of loss ratio calculations and premium tax.

### **Related Objection 1**

Applies To:

- Health - Actuarial Justification (Supporting Document)

Comments:

Before approval is given to the rates, it is necessary that you clarify information on the one-time application fee of \$20.00.

In Arkansas, if the certificateholder is not accepted for underwriting, the fee must be refunded. Also, any fee is considered as part of the premium and reported as such for premium tax purposes.

Thank you for your cooperation.

### **Changed Items:**

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

### **Conclusion:**

Sincerely,

Timothy Martin