

**State:** Arkansas **Filing Company:** Shenandoah Life Insurance Company  
**TOI/Sub-TOI:** MS06 Medicare Supplement - Other/MS06.000 Medicare Supplement - Other  
**Product Name:** Sheanandoah Life Insurance Company Medicare Supplement Rate Increase Filing  
**Project Name/Number:** SH MS RI/

## Filing at a Glance

Company: Shenandoah Life Insurance Company  
 Product Name: Sheanandoah Life Insurance Company Medicare Supplement Rate Increase Filing  
 State: Arkansas  
 TOI: MS06 Medicare Supplement - Other  
 Sub-TOI: MS06.000 Medicare Supplement - Other  
 Filing Type: Rate  
 Date Submitted: 08/06/2012  
 SERFF Tr Num: IASL-128617723  
 SERFF Status: Closed-Approved-Closed  
 State Tr Num:  
 State Status: Approved-Closed  
 Co Tr Num: SH MS RI  
  
 Implementation: 02/01/2013  
 Date Requested:  
 Author(s): Jeffrey McGinn  
 Reviewer(s): Stephanie Fowler (primary)  
 Disposition Date: 09/05/2012  
 Disposition Status: Approved-Closed  
 Implementation Date:  
  
 State Filing Description:

**State:** Arkansas **Filing Company:** Shenandoah Life Insurance Company  
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## General Information

Project Name: SH MS RI Status of Filing in Domicile: Pending  
 Project Number: Date Approved in Domicile:  
 Requested Filing Mode: Review & Approval Domicile Status Comments:  
 Explanation for Combination/Other: Market Type: Individual  
 Submission Type: New Submission Individual Market Type:  
 Overall Rate Impact: 14% Filing Status Changed: 09/05/2012  
State Status Changed: 09/05/2012  
 Deemer Date: Created By: Jeffrey McGinn  
 Submitted By: Jeffrey McGinn Corresponding Filing Tracking Number:

**Filing Description:**  
 Sheanandoah Life Insurance Company Medicare Supplement Rate Increase Filing

Form Number: MS-AF 5-06 AR – Plan F

Rate Increase Amount: 14.0%

A similar filing is pending approval in the Company's domicile state of Virginia.

## Company and Contact

### Filing Contact Information

Jeffrey McGinn, Compliance Analyst jeffrey.mcginn@iasadmin.com  
 8545 126th Avenue North 727-584-0007 [Phone] 2389 [Ext]  
 Suite 200 727-584-5613 [FAX]  
 Largo, FL 33773-1502

### Filing Company Information

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

Shenandoah Life Insurance Company	CoCode: 68845	State of Domicile: Virginia
2301 Brambleton Avenue SW	Group Code:	Company Type: Life and Health Insurer
Roanoke, VA 24025	Group Name:	State ID Number:
(540) 985-4400 ext. [Phone]	FEIN Number: 54-0377280	

## Filing Fees

Fee Required? Yes  
 Fee Amount: \$50.00  
 Retaliatory? No  
 Fee Explanation:  
 Per Company: No

Company	Amount	Date Processed	Transaction #
Shenandoah Life Insurance Company	\$50.00	08/06/2012	61438053

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Stephanie Fowler	09/05/2012	09/05/2012

### Objection Letters and Response Letters

#### Objection Letters

Status	Created By	Created On	Date Submitted
Pending Industry Response	Stephanie Fowler	08/29/2012	08/29/2012
Pending Industry Response	Stephanie Fowler	08/24/2012	08/24/2012
Pending Industry Response	Stephanie Fowler	08/10/2012	08/10/2012

#### Response Letters

Responded By	Created On	Date Submitted
Jeffrey McGinn	09/04/2012	09/04/2012
Jeffrey McGinn	08/29/2012	08/29/2012
Jeffrey McGinn	08/13/2012	08/13/2012

### Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Rate	AR Rates	Jeffrey McGinn	08/20/2012	08/20/2012
Supporting Document	Health - Actuarial Justification	Jeffrey McGinn	08/20/2012	08/20/2012

**State:** Arkansas **Filing Company:** Shenandoah Life Insurance Company  
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## Disposition

Disposition Date: 09/05/2012

Implementation Date:

Status: Approved-Closed

Comment: We have approved this rate filing; no increase was approved.

Company Name:	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):
Shenandoah Life Insurance Company	0.000%	0.000%	\$0	6	\$13,914	0.000%	0.000%

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document (revised)	Health - Actuarial Justification	Approved-Closed	No
Supporting Document	Health - Actuarial Justification	Disapproved	No
Supporting Document	Health - Actuarial Justification	Disapproved	No
Supporting Document	Third Party Authorization Letter	Approved-Closed	Yes
Supporting Document	Exhibits 1 and 2	Approved-Closed	No
Rate (revised)	AR Rates	Approved-Closed	Yes
Rate	AR Rates	Disapproved	No
Rate	AR Rates	Disapproved	No

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**Product Name:** Sheanandoah Life Insurance Company Medicare Supplement Rate Increase Filing  
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## Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	08/29/2012
Submitted Date	08/29/2012
Respond By Date	10/01/2012

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Dear Jeffrey McGinn,

**Introduction:**

Thank you for your further explanation of this rate increase, however, based on the points of our previous disapproval we are not persuaded to approve this increase and have decided to stand by our original decision.

**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,  
Stephanie Fowler

SERFF Tracking #:

IASL-128617723

State Tracking #:

Company Tracking #:

SH MS RI

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State:

Arkansas

Filing Company:

Shenandoah Life Insurance Company

TOI/Sub-TOI:

MS06 Medicare Supplement - Other/MS06.000 Medicare Supplement - Other

Product Name:

Shenandoah Life Insurance Company Medicare Supplement Rate Increase Filing

Project Name/Number:

SH MS RI/

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## Response Letter

Response Letter Status	Submitted to State
Response Letter Date	09/04/2012
Submitted Date	09/04/2012

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*Dear Stephanie Fowler,*

### **Introduction:**

### **Response 1**

#### **Comments:**

*Dear Ms. Fowler,*

*Per your 8/29/12 correspondence, the Company has agreed to reduce the requested rate increase amount to 0%.*

*Revised rates are attached.*

*If you have any questions, please let me know.*

*Sincerely,*

*Jeff McGinn, AIRC*

*Compliance Analyst*

### **Changed Items:**

*No Supporting Documents changed.*

*No Form Schedule items changed.*

**State:** Arkansas **Filing Company:** Shenandoah Life Insurance Company  
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**Product Name:** Sheanandoah Life Insurance Company Medicare Supplement Rate Increase Filing  
**Project Name/Number:** SH MS RI/

Rate/Rule Schedule Item Changes				
Document Name	Affected Form Numbers	Rate Action*	Rate Action Information	Attachments
AR Rates	MS-AF 5-06 AR	Revised	Previous State Filing Number 49700 Percent Rate Change Request 0	
<i>Previous Version</i>				
AR Rates	MS-AF 5-06 AR	Revised	Previous State Filing Number 49700 Percent Rate Change Request 6	
AR Rates	MS-AF 5-06 AR	Revised	Previous State Filing Number 49700 Percent Rate Change Request 14	

**Conclusion:**

Sincerely,  
Jeffrey McGinn

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**State:** Arkansas **Filing Company:** Shenandoah Life Insurance Company  
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**Product Name:** Sheanandoah Life Insurance Company Medicare Supplement Rate Increase Filing  
**Project Name/Number:** SH MS RI/

## Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	08/24/2012
Submitted Date	08/24/2012
Respond By Date	09/24/2012

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Dear Jeffrey McGinn,

**Introduction:**

Please attach the past, future and lifetime experience for Arkansas; with and without this increase.

**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,

Stephanie Fowler

SERFF Tracking #:

IASL-128617723

State Tracking #:

Company Tracking #:

SH MS RI

State:

Arkansas

Filing Company:

Shenandoah Life Insurance Company

TOI/Sub-TOI:

MS06 Medicare Supplement - Other/MS06.000 Medicare Supplement - Other

Product Name:

Sheanandoah Life Insurance Company Medicare Supplement Rate Increase Filing

Project Name/Number:

SH MS RI/

## Response Letter

Response Letter Status	Submitted to State
Response Letter Date	08/29/2012
Submitted Date	08/29/2012

Dear Stephanie Fowler,

### Introduction:

### Response 1

#### Comments:

Dear Ms. Fowler,

Thank you for your continued consideration of this rate increase request. In response to your 8/24/12 request for additional information, the attached Exhibit 1 shows Arkansas past, future and lifetime experience with the requested rate increase. The attached Exhibit 2 shows Arkansas experience without the requested rate increase. Please note that all loss ratio requirements are met after implementation of the requested rate increase.

Once again, thank you for your consideration of this rate increase request. If you have questions or need additional information, please do not hesitate to call or e-mail me.

Sincerely,

William M. Reynolds, FSA, MAAA  
Consulting Actuary

### Changed Items:

#### Supporting Document Schedule Item Changes

Satisfied -Name: Exhibits 1 and 2

Comment:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

### Conclusion:

Sincerely,  
Jeffrey McGinn

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**State:** Arkansas **Filing Company:** Shenandoah Life Insurance Company  
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**Product Name:** Sheanandoah Life Insurance Company Medicare Supplement Rate Increase Filing  
**Project Name/Number:** SH MS RI/

## Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	08/10/2012
Submitted Date	08/10/2012
Respond By Date	09/10/2012

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Dear Jeffrey McGinn,

**Introduction:**

*This will acknowledge receipt of the captioned filing.*

*It appears that the Acturial memorandum attached is for Alabama. With that being said, please submit the past, future and lifetime experience for Arkansas; with and without this increase.*

**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,*

*Stephanie Fowler*

SERFF Tracking #:

IASL-128617723

State Tracking #:

Company Tracking #:

SH MS RI

State:

Arkansas

Filing Company:

Shenandoah Life Insurance Company

TOI/Sub-TOI:

MS06 Medicare Supplement - Other/MS06.000 Medicare Supplement - Other

Product Name:

Sheanandoah Life Insurance Company Medicare Supplement Rate Increase Filing

Project Name/Number:

SH MS RI/

## Response Letter

Response Letter Status	Submitted to State
Response Letter Date	08/13/2012
Submitted Date	08/13/2012

Dear Stephanie Fowler,

### Introduction:

### Response 1

#### Comments:

Dear Ms. Fowler,

Thank you for your continued consideration of this rate increase filing. Per your 8/10/12 correspondence, we have included a new actuarial memorandum.

If you have any questions, please let me know.

Sincerely,

Jeff McGinn, AIRC  
Compliance Analyst

### Changed Items:

#### Supporting Document Schedule Item Changes

Satisfied -Name: Health - Actuarial Justification

Comment:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

### Conclusion:

Sincerely,  
Jeffrey McGinn

**State:** Arkansas **Filing Company:** Shenandoah Life Insurance Company  
**TOI/Sub-TOI:** MS06 Medicare Supplement - Other/MS06.000 Medicare Supplement - Other  
**Product Name:** Sheanandoah Life Insurance Company Medicare Supplement Rate Increase Filing  
**Project Name/Number:** SH MS RI/

## Amendment Letter

Submitted Date: 08/20/2012

Comments:

Dear Ms. Fowler,

Thank you for your continued consideration of this rate increase request. This response is in reply to your 8/15/12 correspondence.

In response to the Department's correspondence regarding the magnitude of the requested rate increase, the Company is revising the requested rate increase to 6%. Please note that, in order to keep pace with annual increases in claims, the Company needs to increase premiums each year. While the originally requested rate increase was justified based on developing loss experience, the Company is revising the rate increase requested to 6% due to concerns raised by the Department.

Once again, thank you for your time and consideration of this rate increase request. If you have questions or need additional information, please do not hesitate to call or e-mail me.

Sincerely,

William M. Reynolds, FSA, MAAA  
 Consulting Actuary  
 Changed Items:

### Rate/Rule Schedule Item Changes:

Document	Affected Form	Rate	Rate Action Information:	Attach
Name:	Numbers: (Comma	Action:		Document:
	Separated list)			
AR Rates	MS-AF 5-06 AR	Revised	Previous State Filing Number: 49700 Percent Rate Change Request: 6	AR Plan F Rates - 6%.pdf AR Plan F Rates - 6%.pdf

### Supporting Document Schedule Item Changes:

Satisfied -Name: Health - Actuarial Justification

Comment:

AR Rates - 2012 rev.pdf

**State:** Arkansas **Filing Company:** Shenandoah Life Insurance Company  
**TOI/Sub-TOI:** MS06 Medicare Supplement - Other/MS06.000 Medicare Supplement - Other  
**Product Name:** Sheanandoah Life Insurance Company Medicare Supplement Rate Increase Filing  
**Project Name/Number:** SH MS RI/

## Post Submission Update Request Processed On 09/05/2012

**Status:** Allowed  
**Created By:** Jeffrey McGinn  
**Processed By:** Stephanie Fowler  
**Comments:**

### Company Rate Information:

Company Name: Shenandoah Life Insurance Company

Field Name	Requested Change	Prior Value
Overall % Indicated Change	0.000%	6.000%
Overall % Rate Impact	0.000%	6.000%
Written Premium Change for this Program	\$0	\$835
Maximum %Change (where required)	0.000%	6.000%
Minimum %Change (where required)	0.000%	6.000%

**State:** Arkansas **Filing Company:** Shenandoah Life Insurance Company  
**TOI/Sub-TOI:** MS06 Medicare Supplement - Other/MS06.000 Medicare Supplement - Other  
**Product Name:** Sheanandoah Life Insurance Company Medicare Supplement Rate Increase Filing  
**Project Name/Number:** SH MS RI/

## Post Submission Update Request Processed On 08/21/2012

**Status:** Allowed  
**Created By:** Jeffrey McGinn  
**Processed By:** Stephanie Fowler  
**Comments:**

### Company Rate Information:

Company Name: Shenandoah Life Insurance Company

Field Name	Requested Change	Prior Value
Overall % Indicated Change	6.000%	14.000%
Overall % Rate Impact	6.000%	14.000%
Written Premium Change for this Program	\$835	\$1945
Maximum %Change (where required)	6.000%	14.000%
Minimum %Change (where required)	6.000%	14.000%

SERFF Tracking #:

IASL-128617723

State Tracking #:

Company Tracking #:

SH MS RI

**State:** Arkansas **Filing Company:** Shenandoah Life Insurance Company  
**TOI/Sub-TOI:** MS06 Medicare Supplement - Other/MS06.000 Medicare Supplement - Other  
**Product Name:** Sheanandoah Life Insurance Company Medicare Supplement Rate Increase Filing  
**Project Name/Number:** SH MS RI/

### Rate Information

Rate data applies to filing.

**Filing Method:** SERFF  
**Rate Change Type:** Increase  
**Overall Percentage of Last Rate Revision:** 6.000%  
**Effective Date of Last Rate Revision:** 02/01/2012  
**Filing Method of Last Filing:** SERFF

### Company Rate Information

Company Name:	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):
Shenandoah Life Insurance Company	0.000%	0.000%	\$0	6	\$13,914	0.000%	0.000%

SERFF Tracking #:

IASL-128617723

State Tracking #:

Company Tracking #:

SH MS RI

State:

Arkansas

Filing Company:

Shenandoah Life Insurance Company

TOI/Sub-TOI:

MS06 Medicare Supplement - Other/MS06.000 Medicare Supplement - Other

Product Name:

Shenandoah Life Insurance Company Medicare Supplement Rate Increase Filing

Project Name/Number:

SH MS RI/

### Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action*	Rate Action Information		Attachments
1	Approved-Closed 09/05/2012	AR Rates	MS-AF 5-06 AR	Revised	Previous State Filing Number:	49700	AR Plan F Rates - 0%.pdf
					Percent Rate Change Request:		

## CURRENT RATES

### SHENANDOAH LIFE INSURANCE COMPANY

Medicare Supplement Policy  
Standardized Plan F

#### Annual Base Rates

Ages	Preferred	Standard
All	2,732.00	3,037.00

#### Zip Codes 720-722

Mode	Preferred	Standard
Annual	3,278.00	3,644.00
Semi-Annual	1,639.00	1,822.00
Quarterly	819.50	911.00
Monthly	273.17	303.67

#### Zip Codes 718, 719

Mode	Preferred	Standard
Annual	3,005.00	3,341.00
Semi-Annual	1,502.50	1,670.50
Quarterly	751.25	835.25
Monthly	250.42	278.42

#### Zip Codes: All Except 718-722

Mode	Preferred	Standard
Annual	2,459.00	2,733.00
Semi-Annual	1,229.50	1,366.50
Quarterly	614.75	683.25
Monthly	204.92	227.75

There is no modal loading.

Area Factors:

<u>Arkansas</u>	
720-722.....	1.20
718,719.....	1.10
Rest of State.....	0.9

# PROPOSED RATES

## SHENANDOAH LIFE INSURANCE COMPANY

Medicare Supplement Policy  
Standardized Plan F

### Annual Base Rates

Ages	Preferred	Standard
All	2,732.00	3,037.00

### Zip Codes 720-722

Mode	Preferred	Standard
Annual	3,278.00	3,644.00
Semi-Annual	1,639.00	1,822.00
Quarterly	819.50	911.00
Monthly	273.17	303.67

### Zip Codes 718, 719

Mode	Preferred	Standard
Annual	3,005.00	3,341.00
Semi-Annual	1,502.50	1,670.50
Quarterly	751.25	835.25
Monthly	250.42	278.42

### Zip Codes: All Except 718-722

Mode	Preferred	Standard
Annual	2,459.00	2,733.00
Semi-Annual	1,229.50	1,366.50
Quarterly	614.75	683.25
Monthly	204.92	227.75

There is no modal loading.

Area Factors:

<u>Arkansas</u>	
720-722.....	1.20
718,719.....	1.10
Rest of State.....	0.9

SERFF Tracking #:

IASL-128617723

State Tracking #:

Company Tracking #:

SH MS RI

State:

Arkansas

Filing Company:

Shenandoah Life Insurance Company

TOI/Sub-TOI:

MS06 Medicare Supplement - Other/MS06.000 Medicare Supplement - Other

Product Name:

Sheanandoah Life Insurance Company Medicare Supplement Rate Increase Filing

Project Name/Number:

SH MS RI/

## Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Third Party Authorization Letter	Approved-Closed	09/05/2012
Comments:			
Attachment(s):			
Third Party Authorization Letter.pdf			



***In Receivership***

*Jacqueline K. Cunningham, Deputy Receiver  
Donald C. Beatty, Receivership Manager*

2301 Brambleton Avenue, S.W.  
Roanoke, VA 24015  
(540) 985-4400 Phone  
(540) 985-4444 Fax

January 11, 2012

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

Re: Filing/Reporting Requirements

Dear Ms. Shaffer:

This letter authorizes Insurance Administrative Solutions, L.L.C. to file on behalf of Shenandoah Life Insurance Company rate filings and reports with the State Departments of Insurance.

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

A handwritten signature in cursive script that reads "Donald C. Beatty".

Donald C. Beatty  
Receivership Manager