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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 2012 Multiple Policy Report  
**Project Name/Number:** SH MP RPT AR/

## Filing at a Glance

Company: Shenandoah Life Insurance Company  
Product Name: Shenandoah Life Insurance Company 2012 Multiple Policy Report  
State: Arkansas  
TOI: MS06 Medicare Supplement - Other  
Sub-TOI: MS06.000 Medicare Supplement - Other  
Filing Type: Form  
Date Submitted: 01/17/2013  
SERFF Tr Num: IASL-128854873  
SERFF Status: Closed-Accepted For Informational Purposes  
State Tr Num:  
State Status: Closed-Accepted for Informational Purposes  
Co Tr Num: SH MP RPT AR  
  
Implementation: On Approval  
Date Requested:  
Author(s): Lauren Perley  
Reviewer(s): Stephanie Fowler (primary)  
Disposition Date: 01/17/2013  
Disposition Status: Accepted For Informational Purposes  
Implementation Date:  
  
State Filing Description:

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## General Information

Project Name: SH MP RPT AR 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: 01/17/2013  
State Status Changed: 01/17/2013  
Deemer Date: Created By: Lauren Perley  
Submitted By: Lauren Perley Corresponding Filing Tracking Number:

### Filing Description:

In accordance with your state's Medicare Supplement regulations, Insurance Administrative Solutions, L.L.C. is providing you with the 2012 Multiple Policy Report due March 1, 2013.

## Company and Contact

### Filing Contact Information

Lauren Perley, Lauren.Perley@iasadmin.com  
8545 126th Avenue North, Suite 727-584-0007 [Phone]  
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? No  
Retaliatory? No  
Fee Explanation:

SERFF Tracking #:

IASL-128854873

State Tracking #:

Company Tracking #:

SH MP RPT AR

State:

Arkansas

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Accepted For Informational Purposes	Stephanie Fowler	01/17/2013	01/17/2013

**SERFF Tracking #:**

IASL-128854873

**State Tracking #:****Company Tracking #:**

SH MP RPT AR

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## Disposition

Disposition Date: 01/17/2013

Implementation Date:

Status: Accepted For Informational Purposes

Comment:

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document	Health - Actuarial Justification		Yes
Supporting Document	Outline of Coverage		Yes
Supporting Document	Multiple Policy Report due March 1, 2013	Accepted for Informational Purposes	Yes
Supporting Document	Third Party Authorization Letter	Accepted for Informational Purposes	Yes

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## Supporting Document Schedules

		Item Status:	Status Date:
Bypassed - Item:	Flesch Certification		
Bypass Reason:	Not Applicable		
		Item Status:	Status Date:
Bypassed - Item:	Application		
Bypass Reason:	Not Applicable		
		Item Status:	Status Date:
Bypassed - Item:	Health - Actuarial Justification		
Bypass Reason:	Not Applicable - Filing Multiple Policy Report		
		Item Status:	Status Date:
Bypassed - Item:	Outline of Coverage		
Bypass Reason:	Not Applicable		
		Item Status:	Status Date:
Satisfied - Item:	Multiple Policy Report due March 1, 2013	Accepted for Informational Purposes	01/17/2013
Comments:			
Attachment(s):			
AR RPT.pdf			
		Item Status:	Status Date:
Satisfied - Item:	Third Party Authorization Letter	Accepted for Informational Purposes	01/17/2013
Comments:			
Attachment(s):			
2012 08 SH IAS Authorization.pdf			

**FORM FOR REPORTING  
MEDICARE SUPPLEMENT POLICIES  
STATE OF ARKANSAS**

**Company Name:** NAIC #68845 / SHENANDOAH LIFE INSURANCE COMPANY  
**Address:** c/o Insurance Administrative Solutions, L.L.C.  
8545 126th Avenue North, Suite 200  
Largo, Florida 33773-1502  
**Phone Number:** 877-777-2443

**Due March 1, annually**

The purpose of 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 to be grouped by individual policyholder.

Policy and Certificate #	Date of Issuance
NONE TO REPORT	



**Signature**

Lauren Perley, Compliance Analyst

**Name and Title (please type)**

January 17, 2013

**Date**

August 7, 2012

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



Mary Ann H. Peltier  
Senior Vice President and Chief Actuary

