

**State:** Arkansas **Filing Company:** Central Reserve Life Insurance Company  
**TOI/Sub-TOI:** MS05I Individual Medicare Supplement - Standard Plans/MS05I.001 Plan A  
**Product Name:** CRL 2013 STANDARD PLANS  
**Project Name/Number:** /

## Filing at a Glance

Company: Central Reserve Life Insurance Company  
Product Name: CRL 2013 STANDARD PLANS  
State: Arkansas  
TOI: MS05I Individual Medicare Supplement - Standard Plans  
Sub-TOI: MS05I.001 Plan A  
Filing Type: Rate  
Date Submitted: 01/25/2013  
SERFF Tr Num: UTAC-128867181  
SERFF Status: Closed-Approved-Closed  
State Tr Num:  
State Status: Approved-Closed  
Co Tr Num: CRL 2013 AR  
  
Implementation: 04/06/2013  
Date Requested:  
Author(s): Andrew Webb  
Reviewer(s): Stephanie Fowler (primary)  
Disposition Date: 01/30/2013  
Disposition Status: Approved-Closed  
Implementation Date:  
  
State Filing Description:

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## General Information

Project Name: 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: 2% Filing Status Changed: 01/30/2013  
State Status Changed: 01/30/2013  
Deemer Date: Created By: Andrew Webb  
Submitted By: Andrew Webb Corresponding Filing Tracking Number:

Filing Description:  
Dear Ms. Bennett:

Enclosed for your review and approval, please find copies of an Actuarial Memorandum and rate sheets in support of a proposed rate increase on the above referenced product. The rate increase will be effective on the policy anniversary date subsequent to state insurance department approval and in accordance with state policyholder notification requirements.

This filing applies to all in-force policies in this state with the above referenced form number.

Enclosed are any necessary certifications, transmittals and/or filing fees as may be required by your state. If you have any questions or comments regarding this filing, please feel free to contact me at (800) 880-8824 extension 4872 or at Andrew.Webb@cigna.com. Our fax number is 512-451-1399.  
Sincerely,

Andrew Webb  
Actuarial

## Company and Contact

### Filing Contact Information

Andrew Webb, Actuarial Analyst awebb@gafri.com  
11200 Lakeline Blvd 512-807-4872 [Phone]  
Austin, TX 78717

### Filing Company Information

Central Reserve Life Insurance CoCode: 61727 State of Domicile: Ohio  
Company Group Code: 84 Company Type: Life & Health  
11200 Lakeline Blvd., Suite 100 Group Name: State ID Number:  
P. O. Box 26580 FEIN Number: 34-0970995  
Austin, TX 78755-0580  
(800) 880-8824 ext. [Phone]

## Filing Fees

**State:** Arkansas **Filing Company:** Central Reserve Life Insurance Company  
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Fee Required? Yes  
Fee Amount: \$50.00  
Retaliatory? No  
Fee Explanation:  
Per Company: No

| Company                                | Amount  | Date Processed | Transaction # |
|--|---------|----------------|---------------|
| Central Reserve Life Insurance Company | \$50.00 | 01/25/2013     | 66893284      |

**SERFF Tracking #:**

UTAC-128867181

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

CRL 2013 AR

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Arkansas

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## Correspondence Summary

### Dispositions

| Status          | Created By       | Created On | Date Submitted |
|-----------------|------------------|------------|----------------|
| Approved-Closed | Stephanie Fowler | 01/30/2013 | 01/30/2013     |

### Amendments

| Schedule            | Schedule Item Name               | Created By  | Created On | Date Submitted |
|---------------------|----------------------------------|-------------|------------|----------------|
| Rate                | Current and Proposed Rates       | Andrew Webb | 01/30/2013 | 01/30/2013     |
| Supporting Document | Health - Actuarial Justification | Andrew Webb | 01/30/2013 | 01/30/2013     |

### Filing Notes

| Subject                   | Note Type        | Created By  | Created On | Date Submitted |
|---------------------------|------------------|-------------|------------|----------------|
| Annual Rate Certification | Note To Reviewer | Andrew Webb | 01/30/2013 | 01/30/2013     |

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## Disposition

Disposition Date: 01/30/2013

Implementation Date:

Status: Approved-Closed

Comment: This filing is approved as the company's "annual rate filing". No increase is 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): |
|--|-----------------------------|------------------------|--|--|-----------------------------------|---------------------------------|---------------------------------|
| Central Reserve Life Insurance Company | 2.000%                      | 2.000%                 | \$1,498                                  | 19   | \$74,894                          | 2.000%                          | 2.000%                          |

| Schedule                             | Schedule Item                    | Schedule Item Status | Public Access |
|--------------------------------------|----------------------------------|----------------------|---------------|
| <b>Supporting Document (revised)</b> | Health - Actuarial Justification | Approved-Closed      | No            |
| <b>Supporting Document</b>           | Health - Actuarial Justification | Disapproved          | No            |
| <b>Rate (revised)</b>                | Current and Proposed Rates       | Approved-Closed      | Yes           |
| <b>Rate</b>                          | Current and Proposed Rates       | Disapproved          | No            |

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## Amendment Letter

Submitted Date: 01/30/2013

Comments:

Please see updated Rates (0% increase), Exhibit 1 and NAIC transmittal for the annual rate certification.

Sincerely,

Andrew Webb

Changed Items:

*No Form Schedule Items Changed.*

| Rate/Rule Schedule Item Changes |                            |                       |             |  |  |                               |
|---------------------------------|----------------------------|-----------------------|-------------|--|--|-------------------------------|
| Item No.                        | Document Name              | Affected Form Numbers | Rate Action | Rate Action Information  | Attachments                                    | Date Submitted                |
| 1                               | Current and Proposed Rates | 3IF, 3IG              | Revised     | Previous State Filing Number:<br><br>Percent Rate Change Request:      | Exhibit 4 - Current & Proposed Rates @ 0%.pdf, | 01/30/2013<br>By:             |
| <i>Previous Version</i>         |                            |                       |             |  |  |                               |
| 1                               | Current and Proposed Rates | 3IF, 3IG              | Revised     | Previous State Filing Number:<br><br>Percent Rate Change Request:<br>2 | Exhibit 4 - Current & Proposed Rates.pdf,      | 01/25/2013<br>By: Andrew Webb |

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**Supporting Document Schedule Item Changes**

Satisfied - Item:

Health - Actuarial Justification

Comments:

Attachment(s):

- ACTUARIAL MEMORANDUM.pdf
- Exhibit 6 - Description of Benefits IA.pdf
- Cover Letter.pdf
- Exhibit 2 - NW Projections.pdf
- Exhibit 5 - Rate History.pdf
- Exhibit 1 - Before and After.pdf
- NAIC Transmittal.pdf

*Previous Version*

*Satisfied - Item:*

*Health - Actuarial Justification*

*Comments:*

*Attachment(s):*

- ACTUARIAL MEMORANDUM.pdf*
- Exhibit 6 - Description of Benefits IA.pdf*
- NAIC Transmittal.pdf*
- Cover Letter.pdf*
- Exhibit 1 - Before and After.pdf*
- Exhibit 2 - NW Projections.pdf*
- Exhibit 5 - Rate History.pdf*

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## Note To Reviewer

**Created By:**

Andrew Webb on 01/30/2013 09:00 AM

**Last Edited By:**

Andrew Webb

**Submitted On:**

01/30/2013 09:01 AM

**Subject:**

Annual Rate Certification

**Comments:**

Would it be possible to reopen this filing in order to file a 0% rate increase to meet the annual rate certification requirement?

Sincerely,

Andrew Webb

SERFF Tracking #:

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CRL 2013 AR

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### Rate Information

Rate data applies to filing.

Filing Method:

SERFF

Rate Change Type:

Increase

Overall Percentage of Last Rate Revision:

7.500%

Effective Date of Last Rate Revision:

04/06/2012

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): |
|--|-----------------------------|------------------------|--|--|-----------------------------------|---------------------------------|---------------------------------|
| Central Reserve Life Insurance Company | 2.000%                      | 2.000%                 | \$1,498                                  | 19   | \$74,894                          | 2.000%                          | 2.000%                          |

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MS05I Individual Medicare Supplement - Standard Plans/MS05I.001 Plan A

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## 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<br>01/30/2013 | Current and Proposed Rates | 3IF, 3IG                                      | Revised     | <table border="1"> <tr> <td>Previous State Filing Number:</td> <td></td> </tr> <tr> <td>Percent Rate Change Request:</td> <td></td> </tr> </table> | Previous State Filing Number: |  | Percent Rate Change Request: |  | Exhibit 4 - Current & Proposed Rates @ 0%.pdf |
| Previous State Filing Number: |                               |                            |   |             |  |                               |  |                              |  |   |
| Percent Rate Change Request:  |                               |                            |   |             |  |                               |  |                              |  |   |

Central Reserve Life Insurance Company

**Rate Chart**

Form 3IF

Medicare Supplement Plan F

Issue Age Annual Rates

Arkansas Rates Effective 4/28/2012

| Attained Age | CURRENT    |          | PROPOSED   |          |
|--------------|------------|----------|------------|----------|
|              | Non-Smoker | Smoker   | Non-Smoker | Smoker   |
| 65+          | 4,214.88   | 4,637.35 | 4,214.88   | 4,637.35 |

Area Factors:    1    1.000    720-723  
                      2    0.900    716-719, 724-729

Modal Factors:            0.5200    Semi-Annual  
                                  0.2650    Quarter  
                                  0.0850    Month

Central Reserve Life Insurance Company

**Rate Chart**

Form 3IG

Medicare Supplement Plan G

Issue Age Annual Rates

Arkansas Rates Effective 4/28/2012

| Attained Age | CURRENT    |          | PROPOSED   |          |
|--------------|------------|----------|------------|----------|
|              | Non-Smoker | Smoker   | Non-Smoker | Smoker   |
| 65+          | 3,795.31   | 4,175.36 | 3,795.31   | 4,175.36 |

Area Factors:    1    1.000    720-723  
                      2    0.900    716-719, 724-729

Modal Factors:            0.5200    Semi-Annual  
                                  0.2650    Quarter  
                                  0.0850    Month