



Department of Insurance
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Life and Health Division
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 Governor

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CHRISTINA URIAS
 Director of Insurance

CERTIFICATION OF QUALIFIED ACTUARY

To accompany Actuarial memorandum required for rate filings under Arizona Administrative Code R20-6-607, R20-6-1009, R20-6-1014, R20-6-1015 or Section 14 of the NAIC Medicare Supplement Model Regulation which was incorporated by ADOI in R20-6-1101(A). Please refer to Rate Filing Instructions, Rev. 11/00 for additional instructions.

COMPANY NAME _____ NAIC # _____

Name of policy form, rider, endorsement, and form numbers: _____

Name of Qualified Actuary submitting memorandum (if different than company, include address and phone number): _____

1. Is this a rate submission to accompany a newly filed form? _____
 If "No", when was this form first issued? _____
2. Is this a rate revision? _____ If so, when was the last rate submission for this form filed and approved in Arizona? _____ Rate revisions must include both Arizona and national experience for the most recent five years, as well as national earned premium on the current Arizona rate basis, not including the rate change accompanying this request, for at least the past six calendar years.
3. a. This rate revision will apply to:
 _____ New business only
 _____ In force business only
 _____ Both
 b. Number of Arizona policies in force _____ Number of nationwide policies in force _____
 c. What is the proposed effective date for this revision? _____
 d. What is the average rate increase requested for this revision? _____ %
4. The Renewability of this form is: _____ Non-Cancelable _____ Guaranteed Renewable
 _____ Conditionally Renewable _____ Optionally Renewable.
5. The anticipated loss ratio standard required by AAC R20-6-607, R20-6-1009, R20-6-1014, R20-6-1015 or Section 14 of the NAIC Medicare Supplement Model Regulation which was incorporated by ADOI in R20-6-1101(A) for this type of coverage and form is ____%.
6. The anticipated loss ratio based on the rates proposed under this rate submission is ____%.
7. The basis upon which the proposed rates were determined and the calculation of the anticipated loss ratio is as follows: (Include the Actuarial Memorandum required under AAC R20-6-607 as a supplemental exhibit.)
8. I hereby certify that, to the best of my knowledge and belief, the rate filing submitted herein is in compliance with all applicable laws and regulations of Arizona, including AAC R20-6-607, R20-6-1009, R20-6-1014, R20-6-1015 and Section 14 of the NAIC Medicare Supplement Model Regulation which was incorporated by ADOI in R20-6-1101(A); that the anticipated loss ratio submitted herein is expected to develop over the period for which the rates are computed to provide coverage; that the benefits of the policy form affected by the rate filing are reasonable in relation to the premiums charged.

 Date

 Signature of Qualified Actuary (rubber stamp, copy, or facsimile **NOT ACCEPTED**)