

**EXHIBIT 1: GENERAL INFORMATION ABOUT THE MEDICARE SUPPLEMENT RATE ADJUSTMENT SUBMISSION**

**A. Insurer Information:**

<b>Company Name:</b>		
<b>Company Mailing Address:</b>		
<b>Company NAIC Code:</b>		
<b>Company Type:</b>		
<b>Organization Type:</b>		
<b>SERFF Tracking Number:</b>		

**B. Company Contacts:**

	Rate Filing Contact	Actuarial Contact (if Different)
<b>Name:</b>		
<b>Title:</b>		
<b>Phone Number:</b>		
<b>Email Address:</b>		

**C. New Rate Information See Note (1):**

<b>New Rate Applicability Period:</b>	
<b>New Rate Effective Date:</b>	

**D. Group Types included in filing:**

	Group	Individual
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**E.**

<b>Product Types included in filing:</b>	Pre-Standardized	Standardized (Pre-MIPPA)
	Modernized (MIPPA)	

**F. Provide responses for the following questions:**

**Response**

1. Does this filing include any revision to contract language that is not yet approved? See note (2).	Yes	No
2. Are there any rate filings submitted and not yet approved that if approved would affect the rate tables included in this rate filing?	Yes	No
3. Did the company submit a "Prior Approval Prefiling" containing a draft of the initial notice and a draft of the narrative summary associated with this rate filing? See note (3).	Yes	No
	Prefiling SERFF Number: _____	
4. Have the initial notices already been sent to all policyholders and contract holders affected by this rate submission? Indicate what cohort of policyholders received the initial notice and the mailing date when the initial notice was sent. See note (3).	Yes	No
	Date Notices Sent: _____	
5. Have all the required exhibits been submitted with this rate application? If any exhibit is not applicable, has an explanation been provided why such exhibit is not applicable?	Yes	No
	If No, name exhibits not submitted & why: _____	
6. Does the company participate in the Regulation 146 Medicare Supplement Demographic Pool?	Yes	No
	If No, explain why: _____	
7. Enter the SERFF Tracking number of the most recent rate adjustment application prior to this one.		
8. Enter the SERFF Tracking number of the most recent Medicare Supplement Refund Calculation submission.		

**Notes:**

- (1) It is recommended that a rate filing application subject to §3231(e)(1) or §4308(c) of the New York Insurance Law be submitted at least 150 days before the proposed effective date. It is recommended that a rate adjustment application not be submitted more than 180 days prior to the proposed effective date. It is recommended that a rate adjustment application not be submitted less than 125 days prior to the proposed effective date since there is a high probability that a decision on such a filing will not occur in time for the company to send the required final notice to the first renewal cohort affected by the rate adjustment filing.
- (2) A rate adjustment filing submitted pursuant to §3231(e)(1) or §4308(c) of the New York Insurance Law should not include any revision to existing contract language or include new contract language. Any rate filing in connection with a form filing, a new form or a revision to an existing form, must be a separate filing from the rate adjustment filing.  
Use the following SERFF filing types for rate adjustment filings:
  - \* For a rate adjustment filing pursuant to §3231(e)(1): Rate Adjustment pursuant to §3231(e)(1)
  - \* For a rate adjustment filing pursuant to §4308(c): Rate Adjustment pursuant to §4308(c)
  - \* For all other prior approval filings: Normal Pre-Approval
- (3) §3231(e)(1) and §4308(c) of the New York Insurance Law require that the initial notice to policyholders/subscribers/contract holders be sent on or before the date the rate adjustment application is submitted to the Department of Financial Services. NOT required for Normal Pre-Approval filings.