

SERFF Tracking Number: AMLC-125871020 State: Arkansas
 Filing Company: United American Insurance Company State Tracking Number: 40673
 Company Tracking Number: 2009PROCARE
 TOI: MS051 Individual Medicare Supplement - Sub-TOI: MS051.001 Plan A
 Standard Plans
 Product Name: 2009 Individual Standardized Medicare Supplement Policy Forms MSA, MSA06, MSB, MSB06, MSC, MSC06, MSD, MSD06, MSF, MSF06, MSHDF, MSHDF06, MSG, MSG06, MSK06, MSL06, DMSB, DMSB06 and DMSHDF06
 Project Name/Number: 2009 Annual Rate Filing/2009Procare

Filing at a Glance

Company: United American Insurance Company

Product Name: 2009 Individual Standardized Medicare Supplement Policy Forms MSA, MSA06, MSB, MSB06, MSC, MSC06, MSD, MSD06, MSF, MSF06, MSHDF, MSHDF06, MSG, MSG06, MSK06, MSL06, DMSB, DMSB06 and DMSHDF06 SERFF Tr Num: AMLC-125871020 State: ArkansasLH

Medicare Supplement Policy Forms MSA,
 MSA06, MSB, MSB06, MSC, MSC06, MSD,
 MSD06, MSF, MSF06, MSHDF, MSHDF06,
 MSG, MSG06, MSK06, MSL06, DMSB,
 DMSB06 and DMSHDF06

TOI: MS051 Individual Medicare Supplement - Standard Plans SERFF Status: Closed State Tr Num: 40673

Sub-TOI: MS051.001 Plan A

Co Tr Num: 2009PROCARE

State Status: Approved-Closed

Filing Type: Rate

Co Status:

Reviewer(s): Stephanie Fowler

Author: Sue Fisher

Disposition Date: 11/05/2008

Date Submitted: 10/23/2008

Disposition Status: Approved-Closed

Implementation Date Requested: 01/01/2009

Implementation Date:

State Filing Description:

General Information

Project Name: 2009 Annual Rate Filing

Status of Filing in Domicile: Pending

Project Number: 2009Procare

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments: A filing was submitted to Nebraska our state of Domicile on 10/17/08 and is pending review

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact: 3%

Group Market Type:

Filing Status Changed: 11/05/2008

Deemer Date:

State Status Changed: 11/05/2008

Corresponding Filing Tracking Number:

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Filing Description:

Attached is our 2009 Annual Rate Filing for Individual Medicare Supplement Policy Forms. We are requesting rate changes by policy form as indicated on our Rate Filing Summary Pages and as listed below.

MSA, MSA06 +3.0%
MSB, MSB06 +3.0%
MSC, MSC06 +3.0%
MSD, MSD06 +3.0%
MSF, MSF06 +3.0%
MSHDF, MSHDF06 +0.0%
MSG, MSG06 +3.0%
MSK06 +3.0%
MSL06 +3.0%
DMSB, DMSB06 +3.0%
DMSHDF06 +0.0%

An Actuarial Memorandum, premium rate schedule, and other supporting documentation are provided for your consideration.

Company and Contact

Filing Contact Information

Sue Fisher, Rate Compliance Specialist sfisher@torchmarkcorp.com
3700 S. Stonebridge Drive (972) 569-3241 [Phone]
McKinney, TX 75070 (972) 569-3679[FAX]

Filing Company Information

United American Insurance Company CoCode: 92916 State of Domicile: Nebraska
P.O. Box 8080 Group Code: 290 Company Type: Life and Health

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Project Name/Number: 2009 Annual Rate Filing/2009Procure

McKinney, TX 75070-8080
(972) 529-5085 ext. [Phone]

Group Name: Liberty National
FEIN Number: 73-1128555

State ID Number:

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Filing Fees

Fee Required? Yes
 Fee Amount: \$550.00
 Retaliatory? No
 Fee Explanation: 11 plans x \$50.00 = \$550.00
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
United American Insurance Company	\$550.00	10/23/2008	23428665

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor (FM)	11/05/2008	11/05/2008

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Disposition

Disposition Date: 11/05/2008

Implementation Date:

Status: Approved-Closed

Comment: We have approved a 3% rate increase on Plans A, B, C, D, F, G, K, L and Under Age 65 Plan B with an effective date of 1/1/09.

The approval is subject to the following:

Increases will not be given more frequently than once in a twelve-month period.

Company Name:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Premium:	Maximum % Change (where required):	Minimum % Change (where required):	Overall % Indicated Change:
United American Insurance Company	3.000%	\$	320	\$	3.000%	0.000%	3.000%

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Health - Actuarial Justification	Approved-Closed	No
Supporting Document	Plan A Supporting Documents	Approved-Closed	No
Supporting Document	Plan B Supporting Documents	Approved-Closed	No
Supporting Document	Plan C Supporting Documents	Approved-Closed	No
Supporting Document	Plan D Supporting Documents	Approved-Closed	No
Supporting Document	Plan F Supporting Documents	Approved-Closed	No
Supporting Document	High Deductible Plan F Supporting Documents	Approved-Closed	No
Supporting Document	Plan G Supporting Documents	Approved-Closed	No
Supporting Document	Plan K Supporting Documents	Approved-Closed	No
Supporting Document	Plan L Supporting Documents	Approved-Closed	No
Supporting Document	Disability Plan B Supporting Documents	Approved-Closed	No
Supporting Document	Disability High Deductible Plan F Supporting Documents	Approved-Closed	No
Rate	2009 Plan A Rate Page	Approved-Closed	Yes
Rate	2009 Plan B Rate Page	Approved-Closed	Yes
Rate	2009 Plan C Rate Page	Approved-Closed	Yes
Rate	2009 Plan D Rate Page	Approved-Closed	Yes
Rate	2009 Plan F Rate Page	Approved-Closed	Yes
Rate	2009 High Deductible Plan F Rate Page	Approved-Closed	Yes
Rate	2009 Plan G Rate Page	Approved-Closed	Yes
Rate	2009 Plan K Rate Page	Approved-Closed	Yes
Rate	2009 Plan L Rate Page	Approved-Closed	Yes
Rate	2009 Disability Plan B Rate Page	Approved-Closed	Yes
Rate	2009 Disability High Deductible Plan F Rate Page	Approved-Closed	Yes

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 Project Name/Number: 2009 Annual Rate Filing/2009Procare

Rate Information

Rate data applies to filing.

Filing Method: SERFF
Rate Change Type: Increase
Overall Percentage of Last Rate Revision: 2.000%
Effective Date of Last Rate Revision: 02/01/2008
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:	Premium:	Maximum % Change (where required):	Minimum % Change (where required):
United American Insurance Company	3.000%	3.000%		320		3.000%	0.000%

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 Project Name/Number: 2009 Annual Rate Filing/2009Procure

Rate/Rule Schedule

Review Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:	Rate Action Information:	Attachments
Approved-Closed	2009 Plan A Rate Page	MSA, MSA06	Revised	Previous State Filing Number: Percent Rate Change Request: 37339 3	2009 Plan A Rate Page.pdf
Approved-Closed	2009 Plan B Rate Page	MSB, MSB06	Revised	Previous State Filing Number: Percent Rate Change Request: 37339 3	2009 Plan B Rate Page.pdf
Approved-Closed	2009 Plan C Rate Page	MSC, MSC06	Revised	Previous State Filing Number: Percent Rate Change Request: 37339 3	2009 Plan C Rate Page.pdf
Approved-Closed	2009 Plan D Rate Page	MSD, MSD06	Revised	Previous State Filing Number: Percent Rate Change Request: 37339 3	2009 Plan D Rate Page.pdf
Approved-Closed	2009 Plan F Rate Page	MSF, MSF06	Revised	Previous State Filing Number: Percent Rate Change Request: 37339 3	2009 Plan F Rate Page.pdf

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Approved- Closed	2009 High Deductible Plan F Rate Page	MSHDF, MSHDF06	Revised	Previous State Filing Number:	37339	2009 High Deductible Plan F Rate Page.pdf
Approved- Closed	2009 Plan G Rate Page	MSG, MSG06	Revised	Previous State Filing Number: Percent Rate Change Request:	37339 3	2009 Plan G Rate Page.pdf
Approved- Closed	2009 Plan K Rate Page	MSK06	Revised	Previous State Filing Number: Percent Rate Change Request:	37339 3	2009 Plan K Rate Page.pdf
Approved- Closed	2009 Plan L Rate Page	MSL06	Revised	Previous State Filing Number: Percent Rate Change Request:	37339 3	2009 Plan L Rate Page.pdf
Approved- Closed	2009 Disability Plan B Rate Page	DMSB, DMSB06	Revised	Previous State Filing Number: Percent Rate Change Request:	37339 3	2009 Disability Plan B Rate Page.pdf
Approved- Closed	2009 Disability High Deductible Plan F Rate Page	DMSHDF06	Revised	Previous State Filing Number:	37339	2009 Disability High Deductible Plan F Rate Page.pdf

UNITED AMERICAN INSURANCE COMPANY
McKinney, Texas

Policy Form MSA / MSA06

2009 Annual Medicare Rate Filing

ARKANSAS

**Current and Proposed Annual Premium Rates
For Policies Issued with Issue Age Rates**

Issue Age (Male or Female)	Current Annual Premium	Proposed Annual Premium
Ages 65 and Over	\$1,837	\$1,892

Modal Premium Factors:

Semi-Annual = Annual * .510 (rounded to near dollar)
Quarterly = Annual * .260 (rounded to near dollar)
Monthly = Annual * .088 (rounded to near dollar)

For Company Use: Plan Code M01

UNITED AMERICAN INSURANCE COMPANY
McKinney, Texas

Policy Form MSB / MSB06

2009 Annual Medicare Rate Filing

ARKANSAS

**Current and Proposed Annual Premium Rates
For Policies Issued with Issue Age Rates**

Issue Age (Male or Female)	Current Annual Premium	Proposed Annual Premium
Ages 65 and Over	\$2,799	\$2,883

Modal Premium Factors:

Semi-Annual = Annual * .510 (rounded to near dollar)
Quarterly = Annual * .260 (rounded to near dollar)
Monthly = Annual * .088 (rounded to near dollar)

For Company Use: Plan Code M02

UNITED AMERICAN INSURANCE COMPANY
McKinney, Texas

Policy Form MSC / MSC06

2009 Annual Medicare Rate Filing

ARKANSAS

Current and Proposed Annual Premium Rates
For Policies Issued with Issue Age Rates

Issue Age (Male or Female)	Current Annual Premium	Proposed Annual Premium
Ages 65 and Over	\$3,301	\$3,400

Modal Premium Factors:

Semi-Annual = Annual * .510 (rounded to near dollar)
Quarterly = Annual * .260 (rounded to near dollar)
Monthly = Annual * .088 (rounded to near dollar)

For Company Use: Plan Code M03

UNITED AMERICAN INSURANCE COMPANY

McKinney, Texas

Policy Form MSD / MSD06

2009 Annual Medicare Rate Filing

ARKANSAS

Current and Proposed Annual Premium Rates
For Policies Issued with Issue Age Rates

Issue Age (Male or Female)	Current Annual Premium	Proposed Annual Premium
Ages 65 and Over	\$3,209	\$3,305

Modal Premium Factors:

Semi-Annual = Annual * .510 (rounded to near dollar)
Quarterly = Annual * .260 (rounded to near dollar)
Monthly = Annual * .088 (rounded to near dollar)

For Company Use: Plan Code M04

UNITED AMERICAN INSURANCE COMPANY
McKinney, Texas

Policy Form MSF / MSF06

2009 Annual Medicare Rate Filing

ARKANSAS

**Current and Proposed Annual Premium Rates
For Policies Issued with Issue Age Rates**

Issue Age (Male or Female)	Current Annual Premium	Proposed Annual Premium
Ages 65 and Over	\$3,117	\$3,211

Modal Premium Factors:

Semi-Annual = Annual * .510 (rounded to near dollar)
Quarterly = Annual * .260 (rounded to near dollar)
Monthly = Annual * .088 (rounded to near dollar)

For Company Use: Plan Code M05

UNITED AMERICAN INSURANCE COMPANY
McKinney, Texas

Policy Form MSHDF / MSHDF06

2009 Annual Medicare Rate Filing

ARKANSAS

**Current and Proposed Annual Premium Rates
For Policies Issued with Issue Age Rates**

Issue Age (Male or Female)	Current Annual Premium	Proposed Annual Premium
Ages 65 And Over	\$1,062	\$1,062
Modal Premium Factors:		
Semi-Annual	= Annual * .510 (rounded to near dollar)	
Quarterly	= Annual * .260 (rounded to near dollar)	
Monthly	= Annual * .088 (rounded to near dollar)	
For Company Use: Plan Code P38		

UNITED AMERICAN INSURANCE COMPANY
McKinney, Texas

Policy Form MSG / MSG06

2009 Annual Medicare Rate Filing

ARKANSAS

**Current and Proposed Annual Premium Rates
For Policies Issued with Issue Age Rates**

Issue Age (Male or Female)	Current Annual Premium	Proposed Annual Premium
Ages 65 and Over	\$3,227	\$3,324

Modal Premium Factors:

Semi-Annual = Annual * .510 (rounded to near dollar)
Quarterly = Annual * .260 (rounded to near dollar)
Monthly = Annual * .088 (rounded to near dollar)

For Company Use: Plan Code M06

UNITED AMERICAN INSURANCE COMPANY

McKinney, Texas

Policy Form MSK06

2009 Annual Medicare Rate Filing

ARKANSAS

**Current and Proposed Annual Premium Rates
For Policies Issued with Issue Age Rates**

Issue Age (Male or Female)	Current Annual Premium	Proposed Annual Premium
Ages 65 & Over	\$1,612	\$1,660

Modal Premium Formulas:

Semi-Annual = Annual * .510 (rounded to near dollar)

Quarterly = Annual * .260 (rounded to near dollar)

Monthly = Annual * .088 (rounded to near dollar)

For Company Use: Plan Code P87

UNITED AMERICAN INSURANCE COMPANY

McKinney, Texas

Policy Form MSL06

2009 Annual Medicare Rate Filing

ARKANSAS

**Current and Proposed Annual Premium Rates
For Policies Issued with Issue Age Rates**

Issue Age (Male or Female)	Current Annual Premium	Proposed Annual Premium
Ages 65 & Over	\$2,273	\$2,341

Modal Premium Formulas:

Semi-Annual = Annual * .510 (rounded to near dollar)

Quarterly = Annual * .260 (rounded to near dollar)

Monthly = Annual * .088 (rounded to near dollar)

For Company Use: Plan Code P90

UNITED AMERICAN INSURANCE COMPANY
McKinney, Texas

Policy Form DMSB / DMSB06

2009 Annual Medicare Rate Filing

ARKANSAS

**Current and Proposed Annual Premium Rates
For Policies Issued with Issue Age Rates**

Issue Age (Male or Female)	Current Annual Premium	Proposed Annual Premium
Ages 64 and Under	\$3,989	\$4,109

Modal Premium Factors:

Semi-Annual = Annual * .510 (rounded to near dollar)
Quarterly = Annual * .260 (rounded to near dollar)
Monthly = Annual * .088 (rounded to near dollar)

For Company Use: Plan Codes M07 / U14

UNITED AMERICAN INSURANCE COMPANY
McKinney, Texas

Policy Form DMSHDF06

2009 Annual Medicare Rate Filing

ARKANSAS

**Current and Proposed Annual Premium Rates
For Policies Issued with Issue Age Rates**

Issue Age (Male or Female)	Current Annual Premium	Proposed Annual Premium
Ages 64 and Under	\$2,091	\$2,091

Modal Premium Factors:

Semi-Annual = Annual * .510 (rounded to near dollar)
Quarterly = Annual * .260 (rounded to near dollar)
Monthly = Annual * .088 (rounded to near dollar)

For Company Use: Plan Codes M98 / M99

UNITED AMERICAN INSURANCE COMPANY
McKinney, Texas

POLICY FORM MSHDF/MSHDF06
INDIVIDUAL STANDARDIZED MEDICARE SUPPLEMENT POLICY FORM

2009 RATE FILING

RATE HISTORY

STATE	Arkansas
POLICY FORM NAME	MSHDF
ORIGINAL APPROVAL DATE	01-26-05
REVISED POLICY FORM (Where applicable)	MSHDF06
APPROVAL DATE OF REVISED POLICY FORM	12-13-05

Calendar Year	Date Approved	Amount Approved	Effective Date
2005	01-26-05	Original Form Approval	
2006	11-28-05	+ 5.0%	02-01-06
2007	11-15-06	+ 0.0%	
2008	11-13-07	+ 0.0%	

UNITED AMERICAN INSURANCE COMPANY
 McKinney, Texas

Policy Forms **MSHDF, MSHDF06 and MSHDF06R**
 Individual Standardized Medicare Supplement Policy Forms

2009 Rate Filing Summary

ARKANSAS

Original Approval Date	January 26, 2005		
Proposed Percentage of Rate Change			
Issue Age	0.0%		
Proposed Effective Date	January 1, 2009, or as soon thereafter as allowed		
Application of Rates	In Force and New Business		
Number of Policies In-Force 2 nd Quarter 2008	<u>ARKANSAS</u>		<u>NATIONWIDE</u>
Issue Age	41		1,501
Attained Age	0		3,153
Under Age	0		16
Total	<hr/> 41		<hr/> 4,670

UNITED AMERICAN INSURANCE COMPANY
McKinney, Texas

POLICY FORM MSHDF, MSHDF06 and MSHDF06R
INDIVIDUAL STANDARDIZED MEDICARE SUPPLEMENT PLAN MSHDF

2009 RATE FILING

NATIONWIDE EXPERIENCE FROM INCEPTION

Experience Year to Date	Issue Year	EARNED PREMIUM	INCURRED CLAIMS	LOSS RATIO
2005-12	2005	1,855,981	325,283	0.175
	TOTAL	1,855,981	325,283	0.175
2006-12	2005	2,674,717	934,844	0.350
	2006	1,368,912	340,179	0.249
	TOTAL	4,043,629	1,275,023	0.315
2007-12	2005	2,042,367	620,825	0.304
	2006	1,743,160	613,627	0.352
	2007	766,626	160,597	0.209
	TOTAL	4,552,153	1,395,049	0.306
2008-06	2005	879,998	236,300	0.269
	2006	710,117	203,823	0.287
	2007	557,386	112,453	0.202
	2008	207,215	3,761	0.018
	TOTAL	2,354,716	556,337	0.236
GRAND TOTAL		12,806,479	3,551,692	0.277

**INCURRED CLAIMS DO NOT INCLUDE THE CHANGE IN ADDITIONAL RESERVES
CLAIM LIABILITIES SHOWN ABOVE HAVE BEEN UPDATED THROUGH 2008-06**

**UNITED AMERICAN INSURANCE COMPANY
McKinney, Texas**

**POLICY FORMS MSHDF, MSHDF06 AND MSHDF06R
INDIVIDUAL STANDARDIZED MEDICARE SUPPLEMENT HIGH DEDUCTIBLE PLAN F**

2009 RATE FILING

NATIONWIDE PROJECTIONS BASED ON EXPERIENCE THROUGH 06-2008

Experience Mo-Year	Rate Increase*	Actual Experience To Date Plus Future Projected			Rate Increase Requested Not Included		
		Rate Increase Requested Included					
		Earned Premium	Incurred Claims	Loss Ratio	Earned Premium	Incurred Claims	Loss Ratio
12-2005		1,855,981	325,283	0.175	1,855,981	325,283	0.175
12-2006		4,043,629	1,275,023	0.315	4,043,629	1,275,023	0.315
12-2007		4,552,153	1,395,049	0.306	4,552,153	1,395,049	0.306
12-2008		<u>4,902,443</u>	<u>1,149,079</u>	<u>0.234</u>	<u>4,902,443</u>	<u>1,149,079</u>	<u>0.234</u>
Total through 2008		15,354,206	4,144,434	0.270	15,354,206	4,144,434	0.270
	on 1/1						
12-2009	0.0%	4,349,963	2,926,507	0.673	4,349,963	2,926,507	0.673
12-2010	10.0%	3,951,764	2,737,173	0.693	3,951,764	2,737,173	0.693
12-2011	10.0%	3,659,024	2,557,100	0.699	3,659,024	2,557,100	0.699
12-2012	10.0%	3,436,592	2,421,138	0.705	3,436,592	2,421,138	0.705
12-2013	10.0%	3,244,419	2,301,875	0.709	3,244,419	2,301,875	0.709
12-2014	10.0%	3,078,688	2,197,314	0.714	3,078,688	2,197,314	0.714
12-2015	10.0%	2,928,246	2,102,162	0.718	2,928,246	2,102,162	0.718
12-2016	10.0%	2,793,594	2,016,007	0.722	2,793,594	2,016,007	0.722
12-2017	10.0%	2,671,421	1,937,828	0.725	2,671,421	1,937,828	0.725
12-2018	10.0%	2,555,875	1,862,467	0.729	2,555,875	1,862,467	0.729
12-2019	10.0%	2,443,686	1,787,983	0.732	2,443,686	1,787,983	0.732
12-2020	10.0%	2,331,790	1,714,143	0.735	2,331,790	1,714,143	0.735
12-2021	10.0%	2,216,238	1,638,190	0.739	2,216,238	1,638,190	0.739
12-2022	10.0%	2,094,057	1,558,379	0.744	2,094,057	1,558,379	0.744
12-2023	10.0%	1,963,824	1,471,152	0.749	1,963,824	1,471,152	0.749
12-2024	10.0%	1,825,966	1,376,011	0.754	1,825,966	1,376,011	0.754
12-2025	10.0%	1,681,742	1,273,196	0.757	1,681,742	1,273,196	0.757
12-2026	10.0%	1,533,016	1,164,483	0.760	1,533,016	1,164,483	0.760
12-2027	10.0%	1,382,441	1,052,897	0.762	1,382,441	1,052,897	0.762
12-2028	10.0%	1,232,668	940,230	0.763	1,232,668	940,230	0.763
12-2029	10.0%	1,086,390	829,176	0.763	1,086,390	829,176	0.763
12-2030	10.0%	945,461	720,960	0.763	945,461	720,960	0.763
12-2031	10.0%	810,524	616,691	0.761	810,524	616,691	0.761
12-2032	10.0%	682,378	517,575	0.758	682,378	517,575	0.758
12-2033	10.0%	562,437	425,030	0.756	562,437	425,030	0.756
12-2034	10.0%	452,531	340,682	0.753	452,531	340,682	0.753
12-2035	10.0%	353,679	265,159	0.750	353,679	265,159	0.750
12-2036	10.0%	266,797	199,131	0.746	266,797	199,131	0.746
12-2037	10.0%	192,757	143,248	0.743	192,757	143,248	0.743
12-2038	10.0%	131,868	97,653	0.741	131,868	97,653	0.741
12-2039	10.0%	77,616	57,408	0.740	77,616	57,408	0.740
12-2040	10.0%	38,016	28,076	0.739	38,016	28,076	0.739
12-2041	10.0%	13,569	10,043	0.740	13,569	10,043	0.740
12-2042	10.0%	<u>2,253</u>	<u>1,686</u>	<u>0.748</u>	<u>2,253</u>	<u>1,686</u>	<u>0.748</u>
Total 2009+		56,991,290	41,288,755	0.724	56,991,290	41,288,755	0.724
GRAND TOTAL		72,345,496	45,433,188	0.628	72,345,496	45,433,188	0.628

This projection is not a guarantee of future experience.

Projected 2008 experience includes actual experience through 6-2008.

**UNITED AMERICAN INSURANCE COMPANY
McKinney, Texas**

**POLICY FORMS MSHDF, MSHDF06 AND MSHDF06R
INDIVIDUAL STANDARDIZED MEDICARE SUPPLEMENT HIGH DEDUCTIBLE PLAN F**

2009 RATE FILING

**ACTUARIAL PARAMETERS FOR
NATIONWIDE PROJECTIONS BASED ON EXPERIENCE THROUGH 06-2008**

LAPSE RATES:

<u>Duration</u>	<u>Lapse Rate</u>	<u>Duration</u>	<u>Lapse Rate</u>	<u>Duration</u>	<u>Lapse Rate</u>
1	0.250	13	0.130	25	0.216
2	0.225	14	0.131	26	0.229
3	0.210	15	0.133	27	0.247
4	0.189	16	0.138	28	0.265
5	0.168	17	0.145	29	0.284
6	0.158	18	0.152	30	0.305
7	0.151	19	0.160	31	0.341
8	0.144	20	0.168	32	0.374
9	0.138	21	0.178	33	0.413
10	0.131	22	0.187	34	0.470
11	0.130	23	0.196	35	1.000
12	0.130	24	0.206		

NATIONWIDE AVERAGE RATE INCREASES:⁽¹⁾

<u>Plan</u>	<u>Year 2009 Rate Increase Average Requested Nationwide</u>	<u>Years 2010+ Premium Trend⁽²⁾</u>
High Deductible Plan F	0.0%	10.0%

⁽¹⁾ Rate increases are projected to be effective January 1 of each year.

⁽²⁾ For attained age rates, the increase in premiums as attained age increases is also recognized.

CLAIMS TREND:⁽³⁾

Price and Utilization Changes plus Deductible Leveraging: 10.0%

Selection by Duration (Reflects the deductible starting over during the first policy year.)

<u>Duration</u>	<u>Selection</u>
1	0.720
2+	1.000

⁽³⁾ In addition to price and utilization changes, deductible leveraging and selection by duration, the increase in claims as attained age increases is recognized.