

<i>SERFF Tracking Number:</i>	<i>AMLC-125912175</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>United American Insurance Company</i>	<i>State Tracking Number:</i>	<i>40894</i>
<i>Company Tracking Number:</i>	<i>2009 CS1</i>		
<i>TOI:</i>	<i>H151 Individual Health - Hospital/Surgical/Medical Expense</i>	<i>Sub-TOI:</i>	<i>H151.001 Health - Hospital/Surgical/Medical Expense</i>
<i>Product Name:</i>	<i>2009 Hospital and Surgical Expense Policy Form CS1</i>		
<i>Project Name/Number:</i>	<i>2009 CS1 Rate Filing/2009 CS1</i>		

## Filing at a Glance

Company: United American Insurance Company

Product Name: 2009 Hospital and Surgical Expense Policy Form CS1      SERFF Tr Num: AMLC-125912175      State: ArkansasLH

TOI: H151 Individual Health - Hospital/Surgical/Medical Expense      SERFF Status: Closed      State Tr Num: 40894

Sub-TOI: H151.001 Health - Hospital/Surgical/Medical Expense      Co Tr Num: 2009 CS1      State Status: Approved-Closed

Filing Type: Rate      Co Status:      Reviewer(s): Rosalind Minor  
 Author: Tonya Pelley      Disposition Date: 11/24/2008  
 Date Submitted: 11/20/2008      Disposition Status: Approved-Closed

Implementation Date Requested: 01/01/2009      Implementation Date:

State Filing Description:

## General Information

Project Name: 2009 CS1 Rate Filing  
 Project Number: 2009 CS1  
 Requested Filing Mode: Review & Approval

Status of Filing in Domicile: Not Filed  
 Date Approved in Domicile:  
 Domicile Status Comments: This filing was not submitted in Nebraska, our state of Domicile, because there are no policy holders in that state.

Explanation for Combination/Other:  
 Submission Type: New Submission  
 Overall Rate Impact: 21%  
 Filing Status Changed: 11/24/2008  
 State Status Changed: 11/24/2008  
 Corresponding Filing Tracking Number: 2009 CS1  
 Filing Description:

Market Type: Individual  
 Group Market Size:  
 Group Market Type:  
 Deemer Date:

SERFF Tracking Number: AMLC-125912175 State: Arkansas  
 Filing Company: United American Insurance Company State Tracking Number: 40894  
 Company Tracking Number: 2009 CSI  
 TOI: H151 Individual Health - Sub-TOI: H151.001 Health - Hospital/Surgical/Medical  
 Hospital/Surgical/Medical Expense Expense  
 Product Name: 2009 Hospital and Surgical Expense Policy Form CS1  
 Project Name/Number: 2009 CSI Rate Filing/2009 CSI

2006 Rate Filing

Basic Hospital and Surgical Expense Policy Form CS1 - +21.0%

NAIC# 92916

## Company and Contact

### Filing Contact Information

Tonya Pelley, Rate Compliance Supervisor tpelley@torchmarkcorp.com  
 3700 S. Stonebridge Drive (972) 569-3224 [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  
 McKinney, TX 75070-8080 Group Name: Liberty National State ID Number:  
 (972) 529-5085 ext. [Phone] FEIN Number: 73-1128555  
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## Filing Fees

Fee Required? Yes  
 Fee Amount: \$50.00  
 Retaliatory? No  
 Fee Explanation:  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
United American Insurance Company	\$50.00	11/20/2008	24060527

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	11/24/2008	11/24/2008

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## Disposition

Disposition Date: 11/24/2008

Implementation Date:

Status: Approved-Closed

Comment: We have approved a 21% rate increase on this submission. The approval is subject to the following conditions:

1. Rate increases will not be given prior to the first annual anniversary.
2. After the first annual anniversary, rate increases will not be given more frequently than once in a twelve month period.
3. All increases, other than change in age or an individual moving to another geographical area, are to be submitted to our Department for approval.

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	%	\$	256	\$	%	%	21.000%

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<b>Item Type</b>	<b>Item Name</b>	<b>Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Health - Actuarial Justification	Approved-Closed	No
<b>Supporting Document</b>	CS1 Supporting Documentation	Approved-Closed	No
<b>Rate</b>	2009 AR CS1 Rate Page	Approved-Closed	Yes

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**Rate Information**

Rate data applies to filing.

**Filing Method:** SERFF  
**Rate Change Type:** Increase  
**Overall Percentage of Last Rate Revision:** 10.000%  
**Effective Date of Last Rate Revision:** 09/13/2006  
**Filing Method of Last Filing:** Paper

**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	21.000%	%		256		%	%

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## Rate/Rule Schedule

Review Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:	Rate Action Information:	Attachments
Approved-Closed	2009 AR CS1 Rate Page	CS1	Revised	Previous State Filing Number: Percent Rate Change Request:	2006 Rate Filing 21 2009 AR CS1 Rate Page.pdf

**UNITED AMERICAN INSURANCE COMPANY**

McKinney, Texas

Policy Form CS1

Basic Hospital and Surgical Expense Policy

**ARKANSAS**

Current and Proposed Monthly Premium Rates \*\*

Deductible Amount	State ZIP Codes	Issue Age	CURRENT Monthly Premium Rates				PROPOSED Monthly Premium Rates			
			Standard		Preferred		Standard		Preferred	
			Male	Female	Male	Female	Male	Female	Male	Female
\$500	All	00-17	\$ 67	\$ 67	\$ 62	\$ 62	\$ 81	\$ 81	\$ 75	\$ 75
		18-30	98	145	87	131	119	175	105	159
		31-35	120	171	108	155	145	207	131	188
		36-40	130	177	118	158	157	214	143	191
		41-45	145	188	130	169	175	227	157	204
		46-50	173	212	156	191	209	257	189	231
		51-55	230	251	206	226	278	304	249	273
		56-60	309	306	278	276	374	370	336	334
		61-63	418	394	376	354	506	477	455	428
\$1,000	All	00-17	\$ 62	\$ 62	\$ 56	\$ 56	\$ 75	\$ 75	\$ 68	\$ 68
		18-30	84	131	75	119	102	159	91	144
		31-35	105	156	95	141	127	189	115	171
		36-40	113	161	103	145	137	195	125	175
		41-45	130	171	118	155	157	207	143	188
		46-50	157	195	141	176	190	236	171	213
		51-55	212	231	189	207	257	280	229	250
		56-60	288	286	259	256	348	346	313	310
		61-63	388	367	350	330	469	444	424	399
\$2,000	All	00-17	\$ 52	\$ 52	\$ 47	\$ 47	\$ 63	\$ 63	\$ 57	\$ 57
		18-30	70	111	63	100	85	134	76	121
		31-35	87	132	77	120	105	160	93	145
		36-40	96	138	86	123	116	167	104	149
		41-45	110	147	99	132	133	178	120	160
		46-50	133	168	121	152	161	203	146	184
		51-55	184	202	165	182	223	244	200	220
		56-60	253	251	229	226	306	304	277	273
		61-63	343	325	309	293	415	393	374	355
\$3,000	All	00-17	\$ 44	\$ 44	\$ 39	\$ 39	\$ 53	\$ 53	\$ 47	\$ 47
		18-30	59	98	53	87	71	119	64	105
		31-35	75	118	68	106	91	143	82	128
		36-40	84	122	75	110	102	148	91	133
		41-45	96	131	86	118	116	159	104	143
		46-50	119	149	106	133	144	180	128	161
		51-55	164	179	146	161	198	217	177	195
		56-60	226	224	204	202	273	271	247	244
		61-63	307	289	277	261	371	350	335	316
\$5,000	All	00-17	\$ 36	\$ 36	\$ 34	\$ 34	\$ 44	\$ 44	\$ 41	\$ 41
		18-30	48	80	44	72	58	97	53	87
		31-35	59	95	55	85	71	115	67	103
		36-40	67	98	59	87	81	119	71	105
		41-45	76	105	68	95	92	127	82	115
		46-50	95	120	85	109	115	145	103	132
		51-55	132	146	119	131	160	177	144	159
		56-60	184	184	166	166	223	223	201	201
		61-63	251	238	226	213	304	288	273	258

\*\* - excluding the \$6 initial registration fee

**Modal Premium Factors:**

Annual = Monthly x 11

Semiannual = Annual x .520 (rounded to near dollar)

Quarterly = Annual x .265 (rounded to near dollar)

For Company Use: Plan Code 056