

SERFF Tracking Number: AMLC-125689896 State: Arkansas
Filing Company: United American Insurance Company State Tracking Number: 39245
Company Tracking Number: UAI0756A
TOI: MS06 Medicare Supplement - Other Sub-TOI: MS06.000 Medicare Supplement - Other
Product Name: Underage Health & Med. Supplement Product Display Advertisement
Project Name/Number: Underage Health & Med. Supplement Product Display Advertisement /UAI0756A

Filing at a Glance

Company: United American Insurance Company

Product Name: Underage Health & Med. Supplement Product Display Advertisement SERFF Tr Num: AMLC-125689896 State: ArkansasLH

TOI: MS06 Medicare Supplement - Other

SERFF Status: Closed

State Tr Num: 39245

Sub-TOI: MS06.000 Medicare Supplement - Other

Co Tr Num: UAI0756A

State Status: Under Review

Filing Type: Advertisement

Co Status:

Reviewer(s): Stephanie Fowler

Author: Mary Johnson

Disposition Date: 06/19/2008

Date Submitted: 06/10/2008

Disposition Status: Filed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: Underage Health & Med. Supplement Product Display Advertisement Status of Filing in Domicile: Pending

Project Number: UAI0756A

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 06/19/2008

State Status Changed: 06/19/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

RE: Form UAI0756A - Underage Health & Med. Supplement Product Display Advertisement

Attached for your review and approval please find copies of the above mentioned advertisement, Form(s) UAI0756A, which is being submitted as an invitation to inquire. The ad is a new filing never before filed and will be used as a

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display at trade shows and seminars to advertise the policies offered by United American, including Medicare Supplement policies. All our policies have previously been filed and approved by your Department. These policies will be sold on an individual basis by licensed agents representing United American Insurance Company.

Company and Contact

Filing Contact Information

Mary Johnson, Compliance Analyst mjohnson@torchmarkcorp.com
 3700 S. Stonebridge Drive (214) 544-5335 [Phone]
 McKinney, TX 75070 (972) 569-3728[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	

Filing Fees

Fee Required? Yes
 Fee Amount: \$25.00
 Retaliatory? No
 Fee Explanation: \$25.00 x 1 filing submission = \$25.00
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
United American Insurance Company	\$25.00	06/10/2008	20757496

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Stephanie Fowler	06/19/2008	06/19/2008

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Disposition

Disposition Date: 06/19/2008

Implementation Date:

Status: Filed

Comment:

Rate data does NOT apply to filing.

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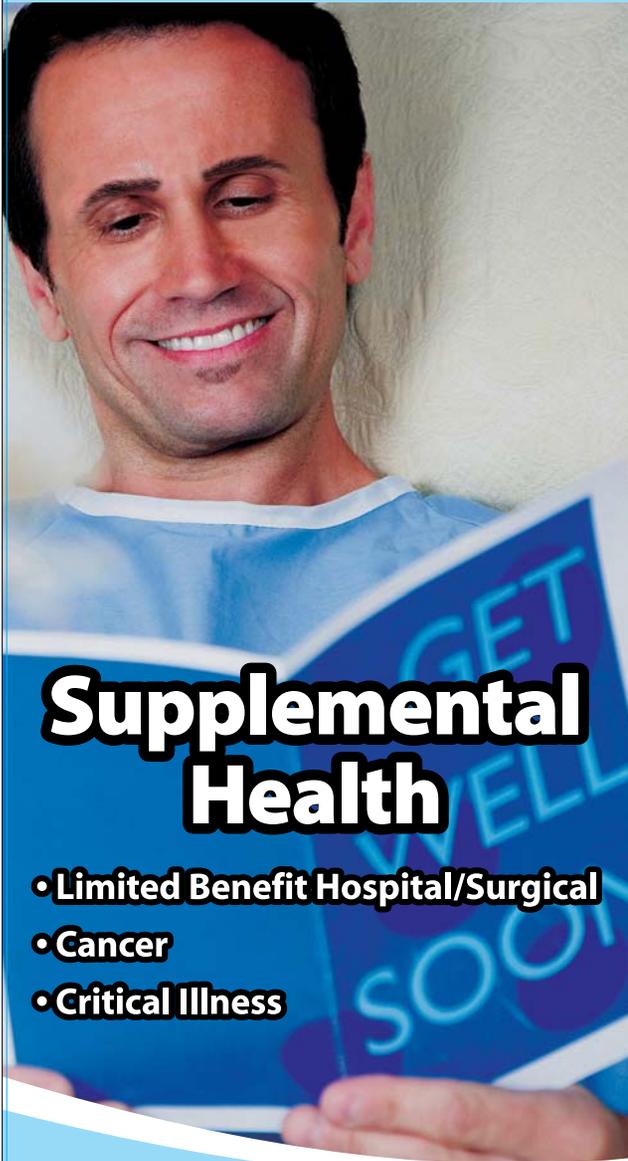
Form Schedule

Lead Form Number: UAI0756A

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Filed	UAI0756A	Advertising	Underage Health & Med. Supplement Product Display Advertisement	Initial			UAI0756A UA Products Display 1.pdf

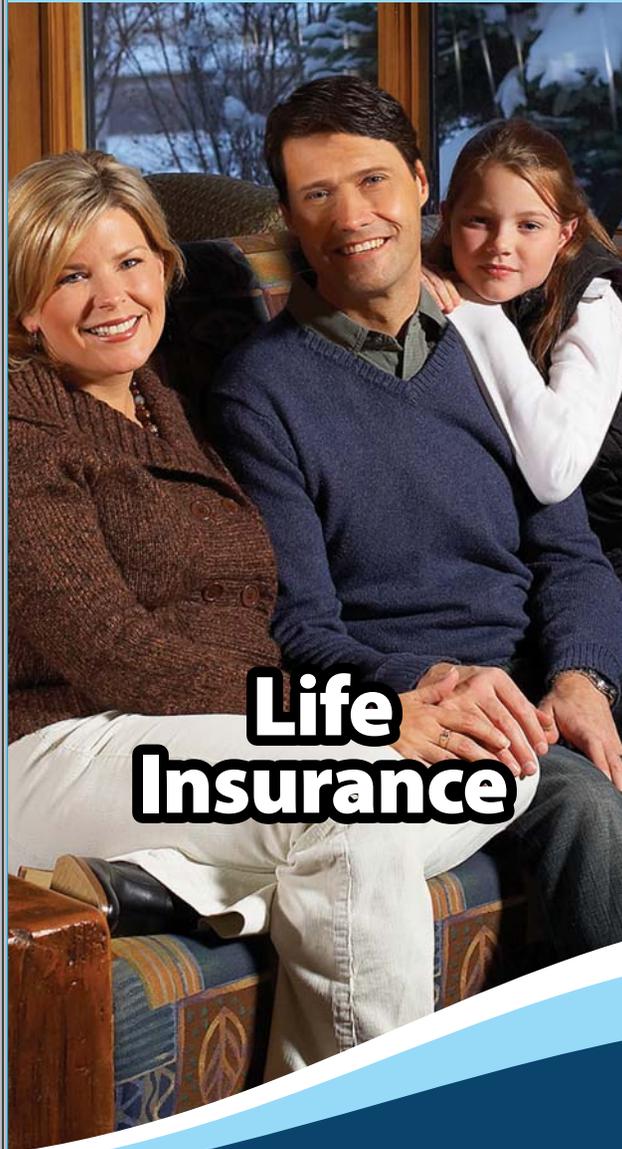
Products That

Fit Your Needs!

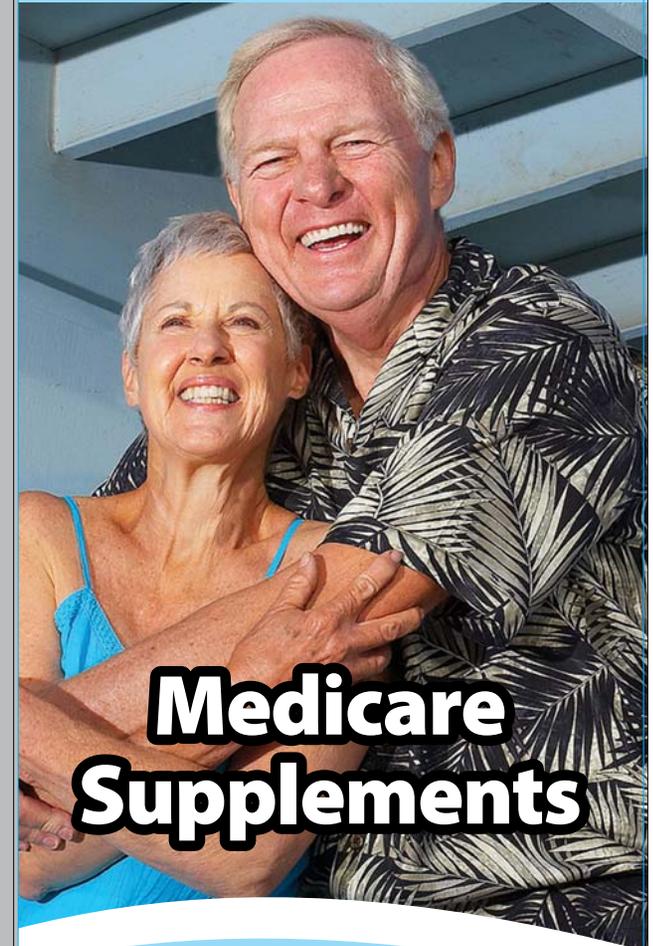


Supplemental Health

- **Limited Benefit Hospital/Surgical**
- **Cancer**
- **Critical Illness**



Life Insurance



Medicare Supplements

This is a solicitation for insurance. You may be contacted by an Agent representing United American Insurance Company. United American is not connected with or endorsed by the U.S. government or the federal Medicare program.

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Rate Information

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Supporting Document Schedules

Satisfied -Name:	AR Filing Form	Review Status:	Filed	06/19/2008
Comments:				
Attachment:	AR Filing Form.pdf			

ATTN: LIFE & HEALTH DIVISION, ARKANSAS INSURANCE DEPARTMENT

COMPANY NAME: United American Insurance Company

COMPANY NAIC CODE: 290-92916

COMPANY CONTACT PERSON & TELEPHONE # Mary Johnson (214) 544-5335

<u>INSURANCE DEPARTMENT USE ONLY</u>		
ANALYST: _____	AMOUNT: _____	ROUTE SLIP: _____

ALL FEES ARE PER EACH INSURER. PER ANNUAL STATEMENT LINE OF BUSINESS. UNLESS OTHERWISE INDICATED.

FEE SCHEDULE FOR ADMITTED INSURERS

RATE/FORM FILINGS

Life and/or Disability policy form filing and review, per each policy, contract, annuity form, per each insurer, per each filing. * _____ x \$ 50 = _____
 **Retaliatory _____

Life and/or Disability - Filing and review of each rate filing or loss ratio guarantee filing, per each insurer. * _____ x \$ 50 = _____
 **Retaliatory _____

Life and/or Disability Policy, contract or Annuity Forms: Filing and review of each certificate, rider, endorsement or application if each is filed separately from the basic form. * _____ x \$ 20 = _____
 **Retaliatory _____

Life and/or Disability: Filing and review of Insurer's advertisements, per advertisement, per each insurer. * 1 x \$ 25 = \$25.00
 **Retaliatory _____

AMEND CERTIFICATE OF AUTHORITY

Review and processing of information to amend an Insurer's Certificate of Authority. * _____ x \$400 = _____

Filing to amend Certificate of Authority. *** _____ x \$100 = _____

* THESE FEES ARE PAYABLE UNDER THE NEW FEE SCHEDULE AS OUTLINED UNDER RULE AND REGULATION 57.
 ** THESE FEES ARE PAYABLE UNDER THE OLD FEE SCHEDULE AS OUTLINED UNDER ARK. CODE ANN. 23-63-102, RETALIATORY TAX.
 *** THESE FEES ARE PAYABLE AS REQUIRED IN ARK. ANN. 23-61-401.