

SERFF Tracking Number: PHYS-125680954 State: Arkansas
Filing Company: Physicians Life Insurance Company State Tracking Number: 39201
Company Tracking Number: PMA2530
TOI: MS051 Individual Medicare Supplement - Sub-TOI: MS051.001 Plan A
Standard Plans
Product Name: Med Sup
Project Name/Number: PMA2530AR-0608/PMA2530AR-0608

Filing at a Glance

Company: Physicians Life Insurance Company

Product Name: Med Sup

SERFF Tr Num: PHYS-125680954 State: ArkansasLH

TOI: MS051 Individual Medicare Supplement -
Standard Plans

SERFF Status: Closed

State Tr Num: 39201

Sub-TOI: MS051.001 Plan A

Co Tr Num: PMA2530

State Status: FEES PAID

Filing Type: Advertisement

Co Status:

Reviewer(s): Stephanie Fowler

Authors: Sonya Dickey, Sara
Magee-Garcia

Disposition Date: 06/19/2008

Date Submitted: 06/04/2008

Disposition Status: Filed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: PMA2530AR-0608

Status of Filing in Domicile: Not Filed

Project Number: PMA2530AR-0608

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: 06/04/2008

Deemer Date:

Corresponding Filing Tracking Number: PMA2530AR-0608

Filing Description:

RE: Medicare Supplement Advertisements

Invitations to Inquire: PMA2530AR-0608 & PMA2908AR

The above referenced advertising material being submitted for your review and approval. The material will be used to create an interest the following Medicare Supplement Policies:

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Product Name: *Med Sup*
Project Name/Number: *PMA2530AR-0608/PMA2530AR-0608*

POLICY MEDICARE PLAN APPROVAL DATE:

L260AR A 7-14-03
L261AR B 7-14-03
L265AR F 7-14-03
L266AR G 7-14-03

Form PMA2908AR will be used by licensed agents in face to face settings and form PMA2530AR-0608 could be used by agents in both face to face settings as well as through direct response.

If you have any questions concerning material, please contact me at 1-800-228-9100, option 1, option 6, extension 2633. You may also contact me via email at Sara.Magee-Garcia@physiciansmutual.com. Your assistance in getting the material approved for use in your State is greatly appreciated.

Company and Contact

Filing Contact Information

Sara Magee-Garcia, sara.magee-garcia@physiciansmutual.com
2600 Dodge Street (800) 228-9100 [Phone]
Omaha, NE 68131 (402) 633-1096[FAX]

Filing Company Information

Physicians Life Insurance Company CoCode: 72125 State of Domicile: Nebraska
2600 Dodge Street Group Code: 367 Company Type:
Omaha, NE 68131 Group Name: State ID Number:
(402) 633-1188 ext. [Phone] FEIN Number: 47-0529583

Filing Fees

Fee Required? Yes
Fee Amount: \$80.00
Retaliatory? No
Fee Explanation: \$40 per form
Per Company: No

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COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Physicians Life Insurance Company	\$80.00	06/04/2008	20662478

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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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Item Type	Item Name	Item Status	Public Access
Form	PMA2530AR-0608	Filed	No
Form	PMA2908AR	Filed	No

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Form Schedule

Lead Form Number: PMA2530AR-0608

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Filed	PMA2530A	Advertising	PMA2530AR-0608	Initial			PMA2530AR-0608.pdf
Filed	PMA2908A	Advertising	PMA2908AR	Initial			PMA2908AR.pdf

Yes! I'd like more information and personal service from a Physicians Mutual[®] Agent.

Please tell me more about the following insurance products: (check all that apply)

Long-Term Care Insurance]

Medicare Supplement Insurance Policy]

Home Health Care Insurance]

Medicare Part D*]

Health Insurance]

Life Insurance]

Dental Insurance]

Annuities]

Cancer Insurance]

(Underwritten by Physicians Life Insurance Company)

(Underwritten by Physicians Mutual Insurance Company)

*Medicare Part D is provided by Aetna.

Name _____

Address _____

City _____ State _____ ZIP _____

Telephone Number (_____) _____

We are not connected with or endorsed by the U. S. Government or the Federal Medicare Program.

For complete details including costs and limitations return this card. An insurance agent will contact you. Insurance Policy Kinds: L260/L261/L265/L266/P145/P146/P147/P148/P345/C250A/P176/P210A/L708/L712/L726/L730/L731/L732/L762/AP111/AP112/AP114/AP116.

PMA2530AR-0608

Physicians Mutual Insurance Company®
Physicians Life Insurance Company®



Physicians
Mutual®

[Division Office]

[Attn:]

[Address]

[City, State ZIP]

Yes! I'd like more information and personal service from a Physicians Mutual[®] Agent.

Please tell me more about the following insurance products: (check all that apply)

Long-Term Care Insurance

Medicare Supplement

Home Health Care Insurance

Medicare Part D*

Health Insurance

Life Insurance

Dental Insurance

Annuities

Cancer Insurance

(Underwritten by Physicians Life Insurance Company)

*Medicare Part D is provided by Aetna.

(Underwritten by Physicians Mutual Insurance Company)

Career Opportunities

Name _____

Address _____

City _____ State _____ ZIP _____

Telephone Number (_____) _____

Email: _____

Event Name: _____

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For complete details including costs and limitations return this card. An insurance agent will contact you. Insurance Policy Kinds: L260/L261/L265/
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