

SERFF Tracking Number: UNAM-125626198 State: Arkansas
Filing Company: Pennsylvania Life Insurance Company State Tracking Number: 38810
Company Tracking Number: PLDI
TOI: H111 Individual Health - Disability Income Sub-TOI: H111.004 Other
Product Name: Disability Insurance Lead Card
Project Name/Number: /

Filing at a Glance

Company: Pennsylvania Life Insurance Company

Product Name: Disability Insurance Lead Card SERFF Tr Num: UNAM-125626198 State: ArkansasLH

TOI: H111 Individual Health - Disability Income SERFF Status: Closed State Tr Num: 38810

Sub-TOI: H111.004 Other Co Tr Num: PLDI State Status: Filed-Closed

Filing Type: Form Co Status: Reviewer(s): Rosalind Minor

Author: Holly Parenti Disposition Date: 04/30/2008

Date Submitted: 04/28/2008 Disposition Status: Filed-Closed

Implementation Date Requested: On Approval Implementation Date:

State Filing Description:

General Information

Project Name:

Project Number:

Requested Filing Mode:

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 04/30/2008

State Status Changed: 04/30/2008

Corresponding Filing Tracking Number:

Filing Description:

Advertising Submission-Disability Income Insurance

Form(s)

PLDI07-2 Disability Income Insurance Lead Piece

PLDI08-2 Disability Income Insurance Lead Piece

PLDI09-2 Disability Income Insurance Lead Piece

PLDI10=2 Disability Income Insurance Lead Piece

Status of Filing in Domicile:

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Group Market Size:

Group Market Type:

Deemer Date:

Dear Sir or Madam:

SERFF Tracking Number: UNAM-125626198 State: Arkansas
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TOI: H111 Individual Health - Disability Income Sub-TOI: H111.004 Other
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We submit the above form for your review and approval. This advertising material will be used with our Disability Income forms (P-1900 Series) approved by your state.

We certify that these forms comply with the provisions of 19ss10B and all applicable requirements of the Department.

We consider this advertisement an invitation to inquire and will use it to obtain leads for our Medicare Supplement approved by your Department.

If additional information is needed, please contact me at 800-275-6667 ext. 8531 or hparenti@uafc.com

Company and Contact

Filing Contact Information

Holly Parenti, hparenti@uafc.com
P.O. Box 958465 (407) 628-1776 [Phone]
Lake Mary, FL 32795-8465

Filing Company Information

Pennsylvania Life Insurance Company CoCode: 67660 State of Domicile: Pennsylvania
1001 Heathrow Park Lane Group Code: 953 Company Type:
Suite 5001
Lake Mary, FL 32746 Group Name: State ID Number:
(407) 995-8000 ext. [Phone] FEIN Number: 23-1305366

Filing Fees

Fee Required? Yes
Fee Amount: \$100.00
Retaliatory? No
Fee Explanation: \$25.00 per ad (4 ads)
Per Company: No

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COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Pennsylvania Life Insurance Company	\$100.00	04/28/2008	19939345

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed-Closed	Rosalind Minor	04/30/2008	04/30/2008

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Disposition

Disposition Date: 04/30/2008

Implementation Date:

Status: Filed-Closed

Comment:

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice	Filed-Closed	Yes
Supporting Document	Application	Filed-Closed	Yes
Supporting Document	Health - Actuarial Justification	Filed-Closed	Yes
Supporting Document	Outline of Coverage	Filed-Closed	Yes
Form	DI Lead Piece	Filed-Closed	Yes
Form	DI Lead Piece	Filed-Closed	Yes
Form	DI Lead Piece	Filed-Closed	Yes
Form	DI Lead Piece	Filed-Closed	Yes

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Form Schedule

Lead Form Number: PLDI07-2

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Filed-Closed	PLDI07-2	Advertising	DI Lead Piece	Initial			PLDI07-2.pdf
Filed-Closed	PLDI08-2	Advertising	DI Lead Piece	Initial			PLDI08-2.pdf
Filed-Closed	PLDI09-2	Advertising	DI Lead Piece	Initial			PLDI09-2.pdf
Filed-Closed	PLDI10-2	Advertising	DI Lead Piece	Initial			PLDI10-2.pdf

SUPPLEMENT YOUR GOVERNMENT DISABILITY BENEFITS **WHEN YOU'RE DISABLED, YOUR INCOME STOPS - *BUT YOUR BILLS DON'T***

Dear Self-Employed or Employed without benefits:

We are proud to announce a disability insurance plan program that pays up to \$2,500* per month of all those covered. You're covered on or off the job. This plan pays in addition to any other benefits you may have, so why not provide financial security for your family! For FREE information - just mail this postage-paid card to find out more.

YES! I'm 18-64 and I want FREE information on how to protect my income right away!

***** AUTOOCR**C 001

JOHN B. DOE
1234 ANYWHERE STREET
CITY, ST 12345-6789



Name: _____

Date of Birth: _____

Phone: (_____) _____

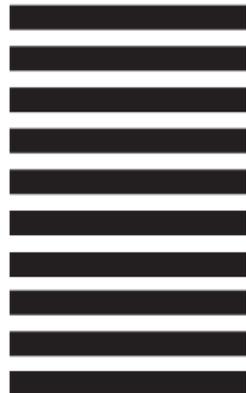
5
5 ⁵
Spouse: _____
area code

Date of Birth: _____



[RUSH!]

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IN THE
UNITED STATES



BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO. 665 MERIDIAN MS

POSTAGE WILL BE PAID BY ADDRESSEE:

[NATIONAL REPLY CENTER]
[PO BOX 1638]
[MERIDIAN, MS 39302-9905]



DOES YOUR FAMILY AND LIFESTYLE DEPEND ON YOUR INCOME?

You think nothing of insuring your car, boat, home or other valuables.

Don't overlook the one asset that makes all the others possible . . . YOUR INCOME.

What happens if you're sick or injured and can't work for several months or even years? If you're 18-64, there are disability income policies available that **pay you directly...up to \$2,500* a month...tax free!** You're covered 24 hours a day...**on and off the job.** You can use you own physician or chiropractor...we don't tell you who to use. Affordable monthly premium payments are available...and benefits pay in addition to any other benefits you receive. **To receive FREE information...just fill out and return this card.**

YES! I'm age 18 - 64 ... and want FREE information... on how to protect my income right away!

***** AUTOOCR**C 001

JOHN B. DOE
1234 ANYWHERE STREET
CITY, ST 12345-6789



Name: _____

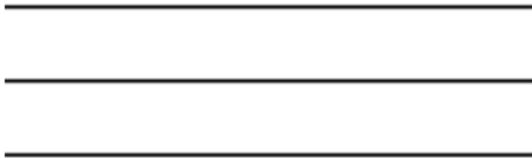
Date of Birth: _____

Phone: (_____) _____

area code

Spouse: _____

Date of Birth: _____

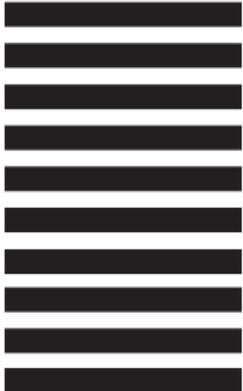


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You think nothing of insuring your car, boat, home or other valuables. Don't overlook the one asset that makes all the others possible. . .YOUR INCOME.

What happens if you're sick or injured and can't work for several months or even years? Have you thought about protecting your family and lifestyle? If you're 18-64, disability income insurance programs are available that **pay you directly...up to \$2,500* a month...tax free!** You're covered 24 hours a day...**on and off the job...**and benefits **pay in addition** to any other benefits you receive. And...**affordable monthly premium payments are available.**

**YES! I'm age 18 - 64 ... and want FREE information...
on how to protect my income right away!**

***** AUTOOCR**C 001

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CITY, ST 12345-6789



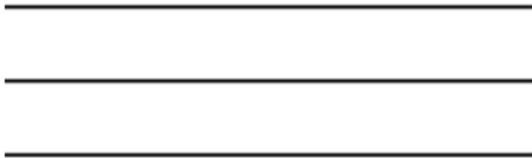
Name: _____

Date of Birth: _____

Phone: (_____) _____

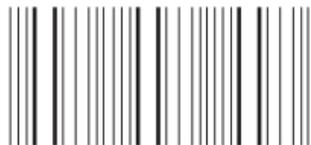
Spouse: _____
area code

Date of Birth: _____

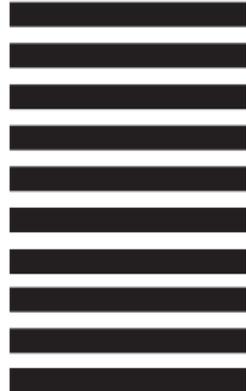


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WHEN YOU'RE DISABLED, YOUR INCOME STOPS - *BUT YOUR BILLS DON'T.*

Could you pay your bills if you're sick or injured and can't work for several months or even years?

If you're age 18-64, disability insurance policy programs are available that **pay you directly...up to \$2,500* a month...tax free!** You're covered 24 hours a day...**on and off the job.** **Affordable monthly premium payments** are available...and benefits **pay in addition** to any other benefits you may receive. **Just fill out and return this card to receive FREE information.**

YES! I'm age 18 - 64 ... and want FREE information... on how to protect my income right away!

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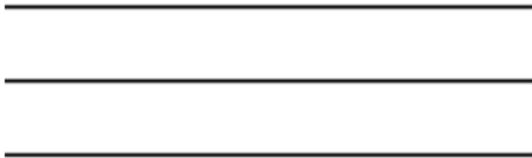
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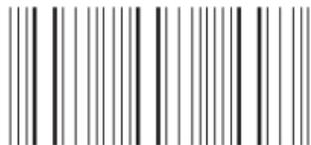
Date of Birth: _____

Pennsylvania Life Insurance Company, Disability Income Insurance Policy Series P-1900. This request for information is insurance related and if you respond, an agent may contact or visit you. *Return this card for policy provisions, exclusions and rates.



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Supporting Document Schedules

Bypassed -Name:	Certification/Notice	Review Status:	Filed-Closed	04/30/2008
Bypass Reason:	N/A - This is an advertisement filing.			
Comments:				
Bypassed -Name:	Application	Review Status:	Filed-Closed	04/30/2008
Bypass Reason:	N/A - This is an advertisement filing.			
Comments:				
Bypassed -Name:	Health - Actuarial Justification	Review Status:	Filed-Closed	04/30/2008
Bypass Reason:	N/A - This is an advertisement filing.			
Comments:				
Bypassed -Name:	Outline of Coverage	Review Status:	Filed-Closed	04/30/2008
Bypass Reason:	N/A - This is an advertisement filing.			
Comments:				