

SERFF Tracking Number: USLX-125688934 State: Arkansas  
Filing Company: USAA Life Insurance Company State Tracking Number: 39243  
Company Tracking Number: HM AR0006701A01  
TOI: MS06 Medicare Supplement - Other Sub-TOI: MS06.000 Medicare Supplement - Other  
Product Name: Advertising/Marketing  
Project Name/Number: Med Sup New Age 2008 (corrected form)/HM AR0006701A01

## Filing at a Glance

Company: USAA Life Insurance Company

Product Name: Advertising/Marketing

TOI: MS06 Medicare Supplement - Other

Sub-TOI: MS06.000 Medicare Supplement - Other

Filing Type: Advertisement

SERFF Tr Num: USLX-125688934 State: ArkansasLH

SERFF Status: Closed

State Tr Num: 39243

Co Tr Num: HM AR0006701A01

State Status: FEES PAID

Co Status:

Author: SPI USAALH

Date Submitted: 06/09/2008

Reviewer(s): Stephanie Fowler

Disposition Date: 06/12/2008

Disposition Status: Filed

Implementation Date Requested:

Implementation Date:

State Filing Description:

## General Information

Project Name: Med Sup New Age 2008 (corrected form)

Project Number: HM AR0006701A01

Requested Filing Mode: Informational

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 06/12/2008

State Status Changed: 06/09/2008

Corresponding Filing Tracking Number:

Filing Description:

Status of Filing in Domicile:

Date Approved in Domicile:

Domicile Status Comments:

Market Type:

Group Market Size:

Group Market Type:

Deemer Date:

Enclosed is a corrected form 88320-0608 which was approved by your department 06/06/2008 under your file #38779.

We have deleted one sentence pertaining to the state of Colorado and capitalized "Federal Medicare Program". We certify no other changes have been made, nor has the form been used.

Please accept this correction and excuse our typographical errors.

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## Company and Contact

### Filing Contact Information

Susan Markey, Compliance Analyst susan.markey@usaa.com  
 9800 Fredericksburg Road (210) 498-7015 [Phone]  
 San Antonio, TX 78288 (210) 498-5081[FAX]

### Filing Company Information

USAA Life Insurance Company CoCode: 69663 State of Domicile: Texas  
 9800 Fredericksburg Road Group Code: 200 Company Type:  
 San Antonio, TX 78288 Group Name: State ID Number:  
 (210) 498-8000 ext. [Phone] FEIN Number: 74-1472662  
 -----

## Filing Fees

Fee Required? Yes  
 Fee Amount: \$25.00  
 Retaliatory? No  
 Fee Explanation:  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
USAA Life Insurance Company	\$25.00	06/09/2008	20745609

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Filed	Stephanie Fowler	06/12/2008	06/12/2008

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## **Disposition**

Disposition Date: 06/12/2008

Implementation Date:

Status: Filed

Comment:

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Supporting Document	AR - NAIC TRANSMITTAL DOC, AR - NAIC FORM FILING ATTACHMENT	Filed	No
Form	Medicare Supplement Invite to Inquire	Filed	No
Form	Med Sup changes identified	Filed	No

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## Form Schedule

### Lead Form Number:

Review Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
Filed	88320-0608	Advertising Medicare Supplement Inquire	Initial			88320-0608.PDF
Filed	88320-0608 changes identified	Advertising Med Sup changes identified	Other	Other Explanation: changes identified		88320-0608 changes identified.PDF

1\*\*\*\*\*SNGLP

JOHN Q. SAMPLE  
 Apt 123  
 1234 ANY STREET BLVD.  
 1234 ANY STREET BLVD.  
 1234 ANY STREET BLVD.  
 ANY PLACE, XX 99999-9999  
 23233323335



## MEDICARE SOLUTIONS YOU CAN COUNT ON.

Get the right advice from us.

Dear John Sample:

Making decisions about your health care can be difficult. We're here to help with reliable advice and affordable Medicare solutions.

Our Financial Services professionals will take the time to explain your options and help you choose the one that best suits your needs:

- **Medicare Supplement Insurance Policy:** Help to supplement the cost in Original Medicare by paying most, if not all, of the deductibles, co-insurance and co-payments under the Original Medicare plan. This coverage is offered through USAA Life Insurance Company.
- **Medicare Advantage Insurance Policy:** A Medicare-approved plan that gives you more benefits than Original Medicare including annual routine physical exams, emergency coverage when traveling anywhere in the world, and health and wellness programs. Prescription drug coverage can be included, so you get a full range of benefits in a single plan. This coverage is offered through an arrangement with Humana.
- **Medicare Prescription Drug Plans:** A drug plan that offers affordable co-pays on generic and brand-name drugs and includes a monthly statement with tips on how to lower your prescription drug expenses and protect against higher costs in the future. This coverage is offered through an arrangement with Humana.

Just give us a call and we'll help find the plan that's right for you. Because serving your best interests is our priority. Contact may also be made by us.

» **CALL 800.515.8687**

**If you use a TTY device, dial 711**

**Monday through Friday, 7:00 a.m. to 8:00 p.m., Central Time**

Not connected with or endorsed by the United States Government or the Federal Medicare Program. See reverse side for more information including information about offering companies.



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## **Rate Information**

Rate data does NOT apply to filing.

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## Supporting Document Schedules

**Satisfied -Name:** AR - NAIC TRANSMITTAL DOC,  
AR - NAIC FORM FILING  
ATTACHMENT

**Review Status:** Filed 06/12/2008

**Comments:**

**Attachments:**

AR - NAIC TRANSMITTAL DOC.PDF  
AR - NAIC FORM FILING ATTACHMENT.PDF

**Life, Accident & Health, Annuity, Credit Transmittal Document**

<b>1.</b>	<b>Prepared for the State of</b>	Arkansas
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<b>2.</b>	<b>Department Use Only</b>	
	<b>State Tracking ID</b>	

3. Insurer Name & Address	Domicile	Insurer License Type	NAIC Group #	NAIC #	FEIN #	State #
USAA Life Insurance Company 9800 Fredericksburg Road San Antonio TX 78288	TX		200	69663	74-1472662	

4. Contact Name & Address	Telephone #	Fax #	E-mail Address
Susan E. Markey, ASC 9800 Fredericksburg Road, A-3-W, #00582 San Antonio TX 78288	800-531-8000	210-498-5081	susan.markey@usaa.com

<b>5. Requested Filing Mode</b>	<input type="checkbox"/> Review & Approval <input type="checkbox"/> File & Use <input checked="" type="checkbox"/> Informational <input type="checkbox"/> Combination (please explain): _____ <input type="checkbox"/> Other (please explain): _____
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<b>6. Company Tracking Number</b>	HM AR0006701A01
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<b>7.</b>	<input checked="" type="checkbox"/> <b>New Submission</b> <input type="checkbox"/> <b>Resubmission</b> Previous file # _____
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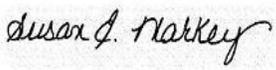
<b>8. Market</b>	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Franchise Group: <table style="display: inline-table; vertical-align: top; margin-left: 20px;"> <tr> <td><input type="checkbox"/> Small</td> <td><input type="checkbox"/> Large</td> <td><input type="checkbox"/> Small and Large</td> </tr> <tr> <td><input type="checkbox"/> Employer</td> <td><input type="checkbox"/> Association</td> <td><input type="checkbox"/> Blanket</td> </tr> <tr> <td><input type="checkbox"/> Discretionary</td> <td><input type="checkbox"/> Trust</td> <td></td> </tr> <tr> <td colspan="3"><input type="checkbox"/> Other: _____</td> </tr> </table>	<input type="checkbox"/> Small	<input type="checkbox"/> Large	<input type="checkbox"/> Small and Large	<input type="checkbox"/> Employer	<input type="checkbox"/> Association	<input type="checkbox"/> Blanket	<input type="checkbox"/> Discretionary	<input type="checkbox"/> Trust		<input type="checkbox"/> Other: _____		
<input type="checkbox"/> Small	<input type="checkbox"/> Large	<input type="checkbox"/> Small and Large											
<input type="checkbox"/> Employer	<input type="checkbox"/> Association	<input type="checkbox"/> Blanket											
<input type="checkbox"/> Discretionary	<input type="checkbox"/> Trust												
<input type="checkbox"/> Other: _____													

<b>9. Type of Insurance</b>	MS06 Medicare Supplement - Other
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<b>10. Product Coding Matrix Filing Code</b>	MS06.000 Medicare Supplement - Other
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<b>11. Submitted Documents</b>	<input checked="" type="checkbox"/> <b>FORMS</b> <input type="checkbox"/> Policy <input type="checkbox"/> Outline of Coverage <input type="checkbox"/> Certificate <input type="checkbox"/> Application/Enrollment <input type="checkbox"/> Rider/Endorsement <input checked="" type="checkbox"/> Advertising <input type="checkbox"/> Schedule of Benefits <input type="checkbox"/> Other: _____  <input type="checkbox"/> <b>RATES</b> <input type="checkbox"/> New Rate <input type="checkbox"/> Revised Rate  <input type="checkbox"/> <b>FILING OTHER THAN FORM OR RATE:</b> Please explain: _____  <b>SUPPORTING DOCUMENTATION</b> <input type="checkbox"/> Articles of Incorporation <input type="checkbox"/> Third Party Authorization <input type="checkbox"/> Association Bylaws <input type="checkbox"/> Trust Agreement <input type="checkbox"/> Statement of Variability <input type="checkbox"/> Certifications <input type="checkbox"/> Actuarial Memorandum <input type="checkbox"/> Other: _____
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12.	<b>Filing Submission Date</b>	06/09/08
13.	<b>Filing Fee (If required)</b>	Amount <u>\$25</u> Check Date _____ Retaliatory <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Check Number _____
14.	<b>Date of Domiciliary Approval</b>	
15.	<b>Filing Description:</b>	
<p>Enclosed is a corrected form 88320-0608 which was approved by your department 06/06/2008 under your file #38779. We have deleted one sentence pertaining to the state of Colorado and capitalized "Federal Medicare Program". We certify no other changes have been made, nor has the form been used.</p> <p>Please accept this correction and excuse our typographical errors.</p>		

16.	<b>Certification (If required)</b>	
<p><b>I HEREBY CERTIFY</b> that I have reviewed the applicable filing requirements for this filing, and the filing complies with all applicable statutory and regulatory provisions for the state of <u>Arkansas</u>.</p>		
<p>Print Name <u>Susan E. Markey, ASC</u> Title <u>Compliance Analyst</u></p>		
<p>Signature <u></u> Date <u>06/09/08</u></p>		

<b>17.</b>	<b>Form Filing Attachment</b>	
<b>This filing transmittal is part of company tracking number</b>	HM AR0006701A01	
<b>This filing corresponds to rate filing company tracking number</b>		

	<b>Document Name</b>	<b>Form Number</b>		<b>Replaced Form Number</b>
	<b>Description</b>			<b>Previous State Filing Number</b>
01	Medicare Supplement Invite to Inquire	88320-0608	<input checked="" type="checkbox"/> <b>Initial</b> <input type="checkbox"/> <b>Revised</b> <input type="checkbox"/> <b>Other</b> _____	
02	Med Sup changes identified	88320-0608 changes identified	<input type="checkbox"/> <b>Initial</b> <input type="checkbox"/> <b>Revised</b> <input checked="" type="checkbox"/> <b>Other</b> changes identified _____	
03			<input type="checkbox"/> <b>Initial</b> <input type="checkbox"/> <b>Revised</b> <input type="checkbox"/> <b>Other</b> _____	
04			<input type="checkbox"/> <b>Initial</b> <input type="checkbox"/> <b>Revised</b> <input type="checkbox"/> <b>Other</b> _____	
05			<input type="checkbox"/> <b>Initial</b> <input type="checkbox"/> <b>Revised</b> <input type="checkbox"/> <b>Other</b> _____	
06			<input type="checkbox"/> <b>Initial</b> <input type="checkbox"/> <b>Revised</b> <input type="checkbox"/> <b>Other</b> _____	
07			<input type="checkbox"/> <b>Initial</b> <input type="checkbox"/> <b>Revised</b> <input type="checkbox"/> <b>Other</b> _____	
08			<input type="checkbox"/> <b>Initial</b> <input type="checkbox"/> <b>Revised</b> <input type="checkbox"/> <b>Other</b> _____	
09			<input type="checkbox"/> <b>Initial</b> <input type="checkbox"/> <b>Revised</b> <input type="checkbox"/> <b>Other</b> _____	
10			<input type="checkbox"/> <b>Initial</b> <input type="checkbox"/> <b>Revised</b> <input type="checkbox"/> <b>Other</b> _____	
11			<input type="checkbox"/> <b>Initial</b> <input type="checkbox"/> <b>Revised</b> <input type="checkbox"/> <b>Other</b> _____	