

SERFF Tracking Number: UTAC-125699126 State: Arkansas
Filing Company: Loyal American Life Insurance Company State Tracking Number: 39337
Company Tracking Number: LOYAL-12-0009
TOI: MS06 Medicare Supplement - Other Sub-TOI: MS06.000 Medicare Supplement - Other
Product Name: Medicare Supplement
Project Name/Number: Medicare Supplement Advertising/LOYAL-12-0009

Filing at a Glance

Company: Loyal American Life Insurance Company

Product Name: Medicare Supplement SERFF Tr Num: UTAC-125699126 State: ArkansasLH
TOI: MS06 Medicare Supplement - Other SERFF Status: Closed State Tr Num: 39337
Sub-TOI: MS06.000 Medicare Supplement - Other Co Tr Num: LOYAL-12-0009 State Status: Filed-Closed

Filing Type: Advertisement Co Status: Reviewer(s): Stephanie Fowler
Authors: Jackie Cunningham, Disposition Date: 06/24/2008
Melissa MacLaurin
Date Submitted: 06/17/2008 Disposition Status: Filed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: Medicare Supplement Advertising
Project Number: LOYAL-12-0009
Requested Filing Mode: Review & Approval
Explanation for Combination/Other:
Submission Type: New Submission
Overall Rate Impact:
Filing Status Changed: 06/24/2008
State Status Changed: 06/24/2008
Corresponding Filing Tracking Number:

Status of Filing in Domicile: Pending
Date Approved in Domicile:
Domicile Status Comments:
Market Type: Individual
Group Market Size:
Group Market Type:

Deemer Date:

Filing Description:

Medicare Supplement advertising.

Company and Contact

Filing Contact Information

Melissa MacLaurin,

mmaclaurin@gafri.com

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11200 Lakeline Blvd Ste 100 (512) 583-8755 [Phone]
Austin, TX 78717

Filing Company Information

Loyal American Life Insurance Company CoCode: 65722 State of Domicile: Ohio
5508 Parkcrest Drive Group Code: 84 Company Type: Insurance
Company

P.O. Box 559004
Austin, TX 78755-9004 Group Name: State ID Number:
(800) 633-6752 ext. [Phone] FEIN Number: 63-0343428

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Filing Fees

Fee Required? Yes
Fee Amount: \$75.00
Retaliatory? No
Fee Explanation: \$25 x 3 advertisements
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Loyal American Life Insurance Company	\$75.00	06/17/2008	20945924

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Stephanie Fowler	06/24/2008	06/24/2008

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Disposition

Disposition Date: 06/24/2008

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	Cover Letter	Filed	Yes
Form	Letter 1	Filed	Yes
Form	Letter 2	Filed	Yes
Form	Letter 3	Filed	Yes

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Form Schedule

Lead Form Number: LOYAL-12-0009

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Filed	LOYAL-12-0009	Advertising Letter 1		Initial			LOYAL-12-0009.pdf
Filed	LOYAL-12-0010	Advertising Letter 2		Initial			LOYAL-12-0010.pdf
Filed	LOYAL-12-0011	Advertising Letter 3		Initial			LOYAL-12-0011.pdf

Loyal American
Life Insurance Company*
P.O. Box 559004
Austin, TX 78755-9004
Toll Free: 800-663-6752

[Date]

[Name]

[Address]

[City, State, zip]

Dear [Name],

I am [Agent Name] and I specialize in offering Medicare Supplement (Med Supp) and related insurance coverage to people who qualify for Medicare benefits. Senior Americans face new healthcare challenges and opportunities every day. You need good information, and partners that you can count on. This is especially true when choosing a Med Supp insurance policy and provider.

I would like to meet with you to review your options and see which Med Supp policy best meets your healthcare and financial needs. We can also discuss some other financial services that maybe useful to you at this time.

Let's visit about the Loyal American Life Insurance Company® ("Loyal"). Loyal has a variety of Med Supp policies designed to the the needs of their customers. They are committed to security, service and value. Please call today at [phone number], or complete and return the enclosed card, so that we can set up a time to discuss your needs. I can assist you in obtaining the information needed to make an educated buying decision.

Best Regards,

[Agent Name]

Plan availability varies by company and state. This policy has exclusions, limitations, reductions of benefits and terms under which the policy may be continued in force or discontinued. For costs and complete details of the coverage call or write to your insurance agent or the company. Neither Loyal nor its agents are connected with Medicare, Social Security or any other governmental agency. Do not send any money. You must first complete an application to obtain benefits. THIS POLICY PROVIDES LIMITED BENEFITS. This is a solicitation for insurance. An insurance agent will contact you.

Loyal American
Life Insurance Company*
P.O. Box 559004
Austin, TX 78755-9004
Toll Free: 800-663-6752

[Date]

[Name]

[Address]

[City, State, Zip]

Dear [Name],

You need good information when choosing a Medicare Supplement (Med Supp) insurance plan. Not only about your choices in products and benefits, but in the kind of service you should expect from your provider.

I am [Agent Name], and I specialize in offering Med Supp and related insurance coverage to individuals such as yourself who qualify for Medicare benefits. I'd like to introduce to you Loyal American Life Insurance Company® ("Loyal"), they have a variety of Med Supp policies designed to fit the needs of their customers.

- They are an experienced company with a strong commitment to quality service and products
- They work hard to control premium costs
- They strive for very quick claim service

I would like to meet with you to review your options and see how best to meet your healthcare and financial needs.

Please call me at [Phone Number], or complete and return the enclosed card, to discuss what Loyal can do for you.

Best Regards,

[Agent Name]

Plan availability varies by company and state. This policy has exclusions, limitations, reductions of benefits and terms under which the policy may be continued in force or discontinued. For costs and complete details of the coverage call or write to your insurance agent or the company. Neither Loyal nor its agents are connected with Medicare, Social Security or any other governmental agency. Do not send any money. You must first complete an application to obtain benefits. THIS POLICY PROVIDES LIMITED BENEFITS. This is a solicitation for insurance. An insurance agent will contact you.

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P.O. Box 559004
Austin, TX 78755-9004
Toll Free: 800-663-6752

[Date]

[Name]

[Address]

[City, State, zip]

Dear [Name],

As you approach your 65th birthday, you will receive an overwhelming amount of information concerning Medicare Supplement (Med Supp) insurance. Much will fail to provide you with the basic information that you need to make the important decisions that you now face.

We hope that we can help you understand the opportunities and challenges you'll face as you enter retirement age and beyond. To begin, we offer the following basics regarding Medicare:

1. Med Supp insurance policies are categorized as "plans" and are named as such (Plan A, Plan B, Plan C ... and so on). Each plan provides a core set of benefits, then an additional set that vary by plan.
2. The Medicare Program standardized the benefits of all plans in 1992. Therefore a Plan F Med Supp policy from one company contains the same set of benefits as Plan F provided by any other.
3. All companies pay the same amount for claims based on the Med Supp policy purchased.

Therefore, you need to know which policy best fits your needs. Just as importantly, you'll need to know which company provides that policy with the best service and security.

I'd like to recommend to you Loyal American Life Insurance Company® ("Loyal"). They offer Plans A, B, C, D, E & F Loyal offers competitive rates, automated claims filing and have an excellent reputation for sales and service in the senior market.

Please call me or return the enclosed card. I'd like the opportunity to meet with you to discuss your options in choosing a Med Supp plan that best suits you.

Best Regards,

[Agent Name]

Plan availability varies by company and state. This policy has exclusions, limitations, reductions of benefits and terms under which the policy may be continued in force or discontinued. For costs and complete details of the coverage call or write to your insurance agent or the company. Neither Loyal nor its agents are connected with Medicare, Social Security or any other governmental agency. Do not send any money. You must first complete an application to obtain benefits. THIS POLICY PROVIDES LIMITED BENEFITS. This is a solicitation for insurance. An insurance agent will contact you.

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Company Tracking Number: *LOYAL-12-0009*
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Product Name: *Medicare Supplement*
Project Name/Number: *Medicare Supplement Advertising/LOYAL-12-0009*

Rate Information

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Supporting Document Schedules

Satisfied -Name:	Cover Letter	Review Status:	
Comments:		Filed	06/24/2008
Attachment:			
AR File Ltr.pdf			



Loyal American Life
Insurance Company
P.O. Box 559004
Austin, Texas 78755-9004

June 17, 2008

Shipping Address:
11200 Lakeline Blvd.
Austin, Texas 78717

Policy Form Filing Division
Life and Health Division
Arkansas Department of Insurance
1200 West Third Street
Little Rock, AR 72201-1904

Phone 800-633-6752
Fax 512-451-0357

Re: Loyal American Life Insurance Company
NAIC # 65722 FEIN # 63-0343428

INVITATION TO INQUIRE

NEW FORMS

LOYAL-12-0009
LOYAL-12-0010
LOYAL-12-0011

DESCRIPTION

Medicare Supplement Letter
Medicare Supplement Letter
Medicare Supplement Letter

TO BE USED WITH APPROVED POLICY FORMS

L-5230-AR	Medicare Supplement Plan A
L-5231-AR	Medicare Supplement Plan B
L-5232-AR	Medicare Supplement Plan C
L-5233-AR	Medicare Supplement Plan D
L-5234-AR	Medicare Supplement Plan F
L-5235-AR	Medicare Supplement Plan G

Dear Sir or Madam,

Enclosed for your review and approval are the above referenced individual Medicare Supplement insurance advertisements. These forms are new and do not replace any forms previously approved by your department.

Please be advised that the referenced advertisements will be used to market the approved Medicare Supplement policy forms listed above.

If you should have any questions regarding this submission, please feel free to call me toll-free at 1-800-880-2745, extension 8755 or fax me at (512) 451-0357. My email address is mmaclaurin@gafri.com.

Thank you in advance for your consideration.

Sincerely,

Melissa MacLaurin
Compliance Analyst