

SERFF Tracking Number: RNIC-126304927 State: Arkansas
Filing Company: Reserve National Insurance Company State Tracking Number: 43513
Company Tracking Number:
TOI: MS06 Medicare Supplement - Other Sub-TOI: MS06.000 Medicare Supplement - Other
Product Name: Medicare Supplement Advertisement
Project Name/Number: Medicare Supplement Advertisement/

Filing at a Glance

Company: Reserve National Insurance Company

Product Name: Medicare Supplement SERFF Tr Num: RNIC-126304927 State: Arkansas

Advertisement

TOI: MS06 Medicare Supplement - Other SERFF Status: Closed-Filed State Tr Num: 43513

Sub-TOI: MS06.000 Medicare Supplement - Other Co Tr Num: State Status: Filed-Closed

Other

Filing Type: Advertisement

Reviewer(s): Stephanie Fowler

Authors: Kyle Conrad, Brenda
Ingram

Disposition Date: 10/15/2009

Date Submitted: 09/15/2009

Disposition Status: Filed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: Medicare Supplement Advertisement

Status of Filing in Domicile: Pending

Project Number:

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: 10/15/2009

Explanation for Other Group Market Type:

State Status Changed: 10/15/2009

Deemer Date:

Created By: Brenda Ingram

Submitted By: Brenda Ingram

Corresponding Filing Tracking Number:

Filing Description:

September 15, 2009

Ms. Rosalind D. Minor

Certified Rate and Form Analyst

Life and Health Division

Arkansas Insurance Department

1200 West Third Street

SERFF Tracking Number: RNIC-126304927 State: Arkansas
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Company Tracking Number:
TOI: MS06 Medicare Supplement - Other Sub-TOI: MS06.000 Medicare Supplement - Other
Product Name: Medicare Supplement Advertisement
Project Name/Number: Medicare Supplement Advertisement/
Little Rock, AR 72201-1904

RE: Reserve National Insurance Company - NAIC # 68462; FEIN# 73-0661453
Form C-MED-0909-AR – Medicare Supplement Advertisement
Form A-BRE-0909-E – Return Envelope
Form C-MED-0909-E – Mailing Envelope

Dear Ms. Minor:

We are submitting copies of the above-referenced Medicare supplement advertising materials, which we request you consider for approval. This is a new filing not previously submitted.

Form C-MED-0909-AR will be sent to individuals to determine their interest in a Medicare supplement policy with Reserve National. Form A-BRE-0909-E is the envelope which can be used to return the reply to us. Form C-MED-0909-E is the envelope in which we will mail these materials.

If this filing meets with your approval, please furnish us with evidence thereof.

Thank you for your consideration in this matter. If there are any questions, you may contact me by telephone at (800) 874-1431, by fax at (405) 840-3426 or by e-mail at kconrad@unitrin.com.

Sincerely,

Kyle D. Conrad
Senior Vice President
and Associate Corporate Counsel

Company and Contact

Filing Contact Information

Kyle Conrad, Vice President & Associate Corporate Counsel
6100 N. W. Grand Blvd
Oklahoma City, OK 73118
kconrad@unitrin.com
800-874-1431 [Phone] 549 [Ext]

Filing Company Information

SERFF Tracking Number: RNIC-126304927 State: Arkansas
 Filing Company: Reserve National Insurance Company State Tracking Number: 43513
 Company Tracking Number:
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Correspondence Summary

Dispositions

| Status | Created By | Created On | Date Submitted |
|--------|------------------|------------|----------------|
| Filed | Stephanie Fowler | 10/15/2009 | 10/15/2009 |

Filing Notes

| Subject | Note Type | Created By | Created On | Date Submitted |
|---------|------------------|---------------|------------|----------------|
| Status | Note To Reviewer | Brenda Ingram | 10/13/2009 | 10/13/2009 |

SERFF Tracking Number: *RNIC-126304927* *State:* *Arkansas*
Filing Company: *Reserve National Insurance Company* *State Tracking Number:* *43513*
Company Tracking Number:
TOI: *MS06 Medicare Supplement - Other* *Sub-TOI:* *MS06.000 Medicare Supplement - Other*
Product Name: *Medicare Supplement Advertisement*
Project Name/Number: *Medicare Supplement Advertisement/*

Disposition

Disposition Date: 10/15/2009

Implementation Date:

Status: Filed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: RNIC-126304927 *State:* Arkansas
Filing Company: Reserve National Insurance Company *State Tracking Number:* 43513
Company Tracking Number:
TOI: MS06 Medicare Supplement - Other *Sub-TOI:* MS06.000 Medicare Supplement - Other
Product Name: Medicare Supplement Advertisement
Project Name/Number: Medicare Supplement Advertisement/

| Schedule | Schedule Item | Schedule Item Status | Public Access |
|-----------------|-----------------------------------|-----------------------------|----------------------|
| Form | Medicare Supplement Advertisement | Filed | Yes |
| Form | Return Envelope | Filed | Yes |
| Form | Mailing Envelope | Filed | Yes |

SERFF Tracking Number: RNIC-126304927 *State:* Arkansas
Filing Company: Reserve National Insurance Company *State Tracking Number:* 43513
Company Tracking Number:
TOI: MS06 Medicare Supplement - Other *Sub-TOI:* MS06.000 Medicare Supplement - Other
Product Name: Medicare Supplement Advertisement
Project Name/Number: Medicare Supplement Advertisement/

Note To Reviewer

Created By:

Brenda Ingram on 10/13/2009 04:46 PM

Last Edited By:

Stephanie Fowler

Submitted On:

10/15/2009 12:32 PM

Subject:

Status

Comments:

Could you please tell me the status of this filing? Thank you for your consideration in this matter.

Brenda Ingram

SERFF Tracking Number: RNIC-126304927 *State:* Arkansas
Filing Company: Reserve National Insurance Company *State Tracking Number:* 43513
Company Tracking Number:
TOI: MS06 Medicare Supplement - Other *Sub-TOI:* MS06.000 Medicare Supplement - Other
Product Name: Medicare Supplement Advertisement
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Form Schedule

Lead Form Number:

| Schedule Item | Form Number | Form Type | Form Name | Action | Action Specific Data | Readability | Attachment |
|---------------------|---------------|-------------|-----------------------------------|---------|----------------------|-------------|-----------------------|
| Filed 10/15/2009 | C-MED-0909-AR | Advertising | Medicare Supplement Advertisement | Initial | | | AR.pdf |
| Filed 10/15/2009 | A-BRE-0909-E | Advertising | Return Envelope | Initial | | | A-BRE-0909-E.pdf |
| Filed 10/15/2009 | C-MED-0909-E | Advertising | Mailing Envelope | Initial | | | Form C-MED-0909-E.pdf |



ATTENTION: Arkansas Seniors

Dear Sample A. Sample:

As an Arkansas resident you may now be eligible for more than basic Medicare coverage and the various Medicare Supplement Insurance options available...

You may now also qualify for our "SeniorCare" Plan, a Home Health Care Indemnity Policy. Consider the Advantages of health care without leaving your home. It gives you the flexibility to utilize the type of care that's right for you — in the comfort of your own home.

Optional benefits include: Annual Physicals, Eye Exams, Hearing Aids and Prescription Drugs.

Changes in MEDICARE that can affect you. Medicare was never intended to cover all your health care expenses, that's why it's important that you know your options and are adequately covered. We can help with all your Medicare Supplement Insurance questions and needs.

Respond Within 7-Days For a FREE Rate Quote

Complete and return the Request Form below in the postage-paid envelope provided for more information on our "SeniorCare" Home Health Care Indemnity Policy, and Medicare Supplement Insurance Plans that will help pay expenses not covered by Medicare.

(There is no cost or obligation of any kind.)

FACTS:

- ✓ Most people prefer to recover at home instead of a nursing home.
- ✓ Hospital stays are getting shorter. More people are recovering at home instead of incurring extended hospital stays.
- ✓ Medicare was never intended to cover all your health care expenses.
- ✓ Estimates indicate that approximately 7.6 million Americans receive home health care services on an annual basis.*

*Source: National Association For Home Care and Hospice.

Official MEDICARE Supplement Request Form

Return this form today for more information about Medicare Supplement Insurance Plans, and our "SeniorCare" Home Health Care Indemnity Policy, now available for Arkansas residents.



CONTROL # 000006D29C3RAAR1

Qualifying Arkansas Resident:

002797_12*****AUTO**3-DIDGIT 672

SAMPLE A. SAMPLE
123 ANY STREET
ANYTOWN, AR 0000-0000



NAME _____

YOUR DATE OF BIRTH _____

YOUR SPOUSE'S DATE OF BIRTH _____

PHONE NUMBER: () _____

PLEASE FILL OUT BELOW, IF DIFFERENT FROM ADDRESS AT LEFT:

STREET ADDRESS _____

CITY _____

STATE _____

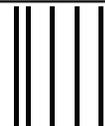
ZIP _____

COUNTY _____

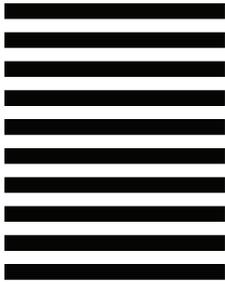
Policy forms MCS-92-A,B,C & F, MCS-05-D, MCS-09-F-HD, and HHC-95 with EBR-HHC-2, individually underwritten by Reserve National Insurance Company. Form numbers and availability may vary by state. Not connected with or indorsed by the US Government or the Federal Medicare Program. A company agent may contact you with details about benefits, costs, limitations, exclusions and renewability.

A-BRE-0909-E

Please respond in 7 days



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

A series of ten thick horizontal bars stacked vertically, used for automated mail sorting.

BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO. 5417 WICHITA KS

POSTAGE WILL BE PAID BY ADDRESSEE

RESERVE NATIONAL INSURANCE
PO BOX 21320
WICHITA KS 67208-9721



