

SERFF Tracking Number: AMLC-126335533 State: Arkansas
 Filing Company: United American Insurance Company State Tracking Number: 43869
 Company Tracking Number: 2010ARPROCARE
 TOI: MS051 Individual Medicare Supplement - Sub-TOI: MS051.001 Plan A
 Standard Plans
 Product Name: 2010 Individual Standardized Medicare Supplement
 Project Name/Number: 2010 Annual Rate Filing/2010ARPROCARE

Filing at a Glance

Company: United American Insurance Company

Product Name: 2010 Individual Standardized Medicare Supplement SERFF Tr Num: AMLC-126335533 State: Arkansas

TOI: MS051 Individual Medicare Supplement - Standard Plans SERFF Status: Closed-Approved- Closed State Tr Num: 43869

Sub-TOI: MS051.001 Plan A

Filing Type: Rate

Co Tr Num: 2010ARPROCARE

State Status: Approved-Closed

Author: Sue Fisher

Reviewer(s): Stephanie Fowler

Date Submitted: 10/23/2009

Disposition Date: 12/01/2009

Disposition Status: Approved-Closed

Implementation Date Requested: 01/01/2010

Implementation Date: 01/01/2010

State Filing Description:

General Information

Project Name: 2010 Annual Rate Filing

Project Number: 2010ARPROCARE

Requested Filing Mode: Review & Approval

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments: A filing was submitted to Nebraska our state of Domicile on 10/23/09 and is pending review

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact: 3%

Group Market Type:

Filing Status Changed: 12/01/2009

Explanation for Other Group Market Type:

State Status Changed: 12/01/2009

Deemer Date:

Created By: Sue Fisher

Submitted By: Sue Fisher

Corresponding Filing Tracking Number:

Filing Description:

Attached is our 2010 Annual Rate Filing for Individual Standardized Medicare Supplement Policy Forms. We are requesting rate changes by policy form as indicated on our Rate Filing Summary Pages and as listed below.

MSA, MSA06 +3.0%

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MSB, MSB06 +3.0%
 MSC, MSC06 +3.0%
 MSD, MSD06 +3.0%
 MSF, MSF06 +3.0%
 MSHDF, MSHDF06 +0.0%
 MSG, MSG06 +3.0%
 MSK06 +0.0%
 MSL06 +0.0%
 DMSB, DMSB06 +15.0%
 DMSHDF06 +0.0%

An Actuarial Memorandum, premium rate schedule, and other supporting documentation are provided for your consideration.

Company and Contact

Filing Contact Information

Sue Fisher, Rate Compliance Specialist sfisher@torchmarkcorp.com
 3700 S. Stonebridge Drive 972-569-3241 [Phone]
 McKinney, TX 75070 972-569-3679 [FAX]

Filing Company Information

United American Insurance Company	CoCode: 92916	State of Domicile: Nebraska
P.O. Box 8080	Group Code: 290	Company Type: Life and Health
McKinney, TX 75070-8080	Group Name: Liberty National	State ID Number:
(972) 529-5085 ext. [Phone]	FEIN Number: 73-1128555	

Filing Fees

Fee Required? Yes
 Fee Amount: \$550.00
 Retaliatory? No
 Fee Explanation: 11 plans X \$50.00 = \$550.00
 Per Company: No

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COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
United American Insurance Company	\$550.00	10/23/2009	31509812

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Stephanie Fowler	12/01/2009	12/01/2009

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Disposition

Disposition Date: 12/01/2009

Implementation Date: 01/01/2010

Status: Approved-Closed

Comment: The requested rate increase has been approved to be implemented on or after January 1, 2010. This approval is subject to the following:

- Increases will not be given more frequently than once in a twelve-month period
- Both the insured and agent shall be notified by the insurer of its intention to increase the rate for renewal not less than thirty (30) days prior to the effective date of the renewal.

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):
United American Insurance Company	3.000%	3.000%	\$	269	\$	15.000%	0.000%

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Health - Actuarial Justification	Accepted for Informational Purposes	No
Supporting Document	2010 Plan A Supporting Documents	Accepted for Informational Purposes	No
Supporting Document	2010 Plan B Supporting Documents	Accepted for Informational Purposes	No
Supporting Document	2010 Plan C Supporting Documents	Accepted for Informational Purposes	No
Supporting Document	2010 Plan D Supporting Documents	Accepted for Informational Purposes	No
Supporting Document	2010 Plan F Supporting Documents	Accepted for Informational Purposes	No
Supporting Document	2010 High Deductible Plan F Supporting Documents	Accepted for Informational Purposes	No
Supporting Document	2010 Plan G Supporting Documents	Accepted for Informational Purposes	No
Supporting Document	2010 Plan K Supporting Documents	Accepted for Informational Purposes	No
Supporting Document	2010 Plan L Supporting Documents	Accepted for Informational Purposes	No
Supporting Document	2010 Disability Plan B Supporting Documents	Accepted for Informational Purposes	No
Supporting Document	2010 Disability High Deductible Plan F Supporting Documents	Accepted for Informational Purposes	No
Rate	2010 Plan A Rate Page(s)	Approved	Yes
Rate	2010 Plan B Rate Page(s)	Approved	Yes
Rate	2010 Plan C Rate Page(s)	Approved	Yes
Rate	2010 Plan D Rate Page(s)	Approved	Yes
Rate	2010 Plan F Rate Page(s)	Approved	Yes
Rate	2010 High Deductible Plan F Rate Page(s)	Approved	Yes
Rate	2010 Plan G Rate Page(s)	Approved	Yes
Rate	2010 Plan K Rate Page(s)	Approved	Yes
Rate	2010 Plan L Rate Page(s)	Approved	Yes

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Rate Information

Rate data applies to filing.

Filing Method: SERFF
Rate Change Type: Increase
Overall Percentage of Last Rate Revision: 3.000%
Effective Date of Last Rate Revision: 01/01/2009
Filing Method of Last Filing: SERFF

Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):
United American Insurance Company	3.000%	3.000%		269		15.000%	0.000%

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Rate/Rule Schedule

Schedule Item Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:	Rate Action Information:	Attachments
Approved 12/01/2009	2010 Plan A Rate Page(s)	MSA, MSA06	Revised	Previous State Filing Number: Percent Rate Change Request:	40673 / AMLC-1258710 20 3.000 2010 AR Plan A Rate Page(s).pdf
Approved 12/01/2009	2010 Plan B Rate Page(s)	MSB, MSB06	Revised	Previous State Filing Number: Percent Rate Change Request:	40673 / AMLC-1258710 20 3.000 2010 AR Plan B Rate Page(s).pdf
Approved 12/01/2009	2010 Plan C Rate Page(s)	MSC, MSC06	Revised	Previous State Filing Number: Percent Rate Change Request:	40673 / AMLC-1258710 20 3.000 2010 AR Plan C Rate Page(s).pdf
Approved 12/01/2009	2010 Plan D Rate Page(s)	MSD, MSD06	Revised	Previous State Filing Number: Percent Rate Change Request:	40673 / AMLC-1258710 20 3.000 2010 AR Plan D Rate Page(s).pdf

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Request:

Approved 2010 Plan F Rate MSF, MSF06 Revised Previous State Filing 40673 / 2010 AR Plan F
 12/01/2009 Page(s) Number: AMLC- Rate Page(s).pdf
 1258710
 20
 Percent Rate Change 3.000
 Request:

Approved 2010 High Deductible MSHDF, Revised Previous State Filing 40673 / 2010 AR Plan
 12/01/2009 Plan F Rate Page(s) MSHDF06 Number: AMLC- HDF Rate
 1258710 Page(s).pdf
 20
 Percent Rate Change
 Request:

Approved 2010 Plan G Rate MSG, MSG06 Revised Previous State Filing 40673 / 2010 AR Plan G
 12/01/2009 Page(s) Number: AMLC- Rate Page(s).pdf
 1258710
 20
 Percent Rate Change 3.000
 Request:

Approved 2010 Plan K Rate MSK06 Revised Previous State Filing 40673 / 2010 AR Plan K
 12/01/2009 Page(s) Number: AMLC- Rate Page(s).pdf
 1258710
 20
 Percent Rate Change
 Request:

Approved 2010 Plan L Rate MSL06 Revised Previous State Filing 40673 / 2010 AR Plan L
 12/01/2009 Page(s) Number: AMLC- Rate Page(s).pdf
 1258710
 20

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Percent Rate Change
Request:

Approved 2010 Disability Plan B DMSB, DMSB06 Revised
12/01/2009 Rate Page(s)

Previous State Filing Number: 40673 / 2010 AR Plan B
AML- Disability Rate
1258710 Page(s).pdf
20
Percent Rate Change Request: 15.000

Approved 2010 Disability High DMSHDF06 Revised
12/01/2009 Deductible Plan F Rate
Page(s)

Previous State Filing Number: 40673 / 2010 AR Plan
AML- HDF Disability
1258710 Rate Page(s).pdf
20
Percent Rate Change Request:

UNITED AMERICAN INSURANCE COMPANY

McKinney, Texas

Policy Form MSA / MSA06

2010 Annual Medicare Rate Filing

ARKANSAS

Current and Proposed Annual Premium Rates
For Policies Issued with Issue Age Rates

Issue Age (Male or Female)	Current Annual Premium	Proposed Annual Premium
Ages 65 and Over	\$1,892	\$1,949

Modal Premium Factors:

Semi-Annual = Annual * .510 (rounded to near dollar)
Quarterly = Annual * .260 (rounded to near dollar)
Monthly = Annual * .088 (rounded to near dollar)

For Company Use: Plan Code M01

UNITED AMERICAN INSURANCE COMPANY

McKinney, Texas

Policy Form MSB / MSB06

2010 Annual Medicare Rate Filing

ARKANSAS

Current and Proposed Annual Premium Rates
For Policies Issued with Issue Age Rates

Issue Age (Male or Female)	Current Annual Premium	Proposed Annual Premium
Ages 65 and Over	\$2,883	\$2,969

Modal Premium Factors:

Semi-Annual = Annual * .510 (rounded to near dollar)
Quarterly = Annual * .260 (rounded to near dollar)
Monthly = Annual * .088 (rounded to near dollar)

For Company Use: Plan Code M02

UNITED AMERICAN INSURANCE COMPANY

McKinney, Texas

Policy Form MSC / MSC06

2010 Annual Medicare Rate Filing

ARKANSAS

Current and Proposed Annual Premium Rates
For Policies Issued with Issue Age Rates

Issue Age (Male or Female)	Current Annual Premium	Proposed Annual Premium
Ages 65 and Over	\$3,400	\$3,502

Modal Premium Factors:

Semi-Annual = Annual * .510 (rounded to near dollar)
Quarterly = Annual * .260 (rounded to near dollar)
Monthly = Annual * .088 (rounded to near dollar)

For Company Use: Plan Code M03

UNITED AMERICAN INSURANCE COMPANY

McKinney, Texas

Policy Form MSD / MSD06

2010 Annual Medicare Rate Filing

ARKANSAS

Current and Proposed Annual Premium Rates
For Policies Issued with Issue Age Rates

Issue Age (Male or Female)	Current Annual Premium	Proposed Annual Premium
Ages 65 and Over	\$3,305	\$3,404

Modal Premium Factors:

Semi-Annual = Annual * .510 (rounded to near dollar)
Quarterly = Annual * .260 (rounded to near dollar)
Monthly = Annual * .088 (rounded to near dollar)

For Company Use: Plan Code M04

UNITED AMERICAN INSURANCE COMPANY

McKinney, Texas

Policy Form MSF / MSF06

2010 Annual Medicare Rate Filing

ARKANSAS

Current and Proposed Annual Premium Rates
For Policies Issued with Issue Age Rates

Issue Age (Male or Female)	Current Annual Premium	Proposed Annual Premium
Ages 65 and Over	\$3,211	\$3,307
Modal Premium Factors:		
Semi-Annual	= Annual * .510 (rounded to near dollar)	
Quarterly	= Annual * .260 (rounded to near dollar)	
Monthly	= Annual * .088 (rounded to near dollar)	
For Company Use: Plan Code M05		

UNITED AMERICAN INSURANCE COMPANY

McKinney, Texas

Policy Form MSHDF / MSHDF06

2010 Annual Medicare Rate Filing

ARKANSAS

Current and Proposed Annual Premium Rates
For Policies Issued with Issue Age Rates

Issue Age (Male or Female)	Current Annual Premium	Proposed Annual Premium
Ages 65 And Over	\$1,062	\$1,062

Modal Premium Factors:

Semi-Annual = Annual * .510 (rounded to near dollar)
Quarterly = Annual * .260 (rounded to near dollar)
Monthly = Annual * .088 (rounded to near dollar)

For Company Use: Plan Code P38

UNITED AMERICAN INSURANCE COMPANY

McKinney, Texas

Policy Form MSG / MSG06

2010 Annual Medicare Rate Filing

ARKANSAS

Current and Proposed Annual Premium Rates
For Policies Issued with Issue Age Rates

Issue Age (Male or Female)	Current Annual Premium	Proposed Annual Premium
Ages 65 and Over	\$3,324	\$3,424

Modal Premium Factors:

Semi-Annual = Annual * .510 (rounded to near dollar)
Quarterly = Annual * .260 (rounded to near dollar)
Monthly = Annual * .088 (rounded to near dollar)

For Company Use: Plan Code M06

UNITED AMERICAN INSURANCE COMPANY

McKinney, Texas

Policy Form MSK06

2010 Annual Medicare Rate Filing

ARKANSAS

Current and Proposed Annual Premium Rates For Policies Issued with Issue Age Rates

Issue Age (Male or Female)	Current Annual Premium	Proposed Annual Premium
Ages 65 & Over	\$1,660	\$1,660

Modal Premium Formulas:

Semi-Annual = Annual * .510 (rounded to near dollar)

Quarterly = Annual * .260 (rounded to near dollar)

Monthly = Annual * .088 (rounded to near dollar)

For Company Use: Plan Code P87

UNITED AMERICAN INSURANCE COMPANY

McKinney, Texas

Policy Form MSL06

2010 Annual Medicare Rate Filing

ARKANSAS

Current and Proposed Annual Premium Rates For Policies Issued with Issue Age Rates

Issue Age (Male or Female)	Current Annual Premium	Proposed Annual Premium
Ages 65 & Over	\$2,341	\$2,341

Modal Premium Formulas:

Semi-Annual = Annual * .510 (rounded to near dollar)

Quarterly = Annual * .260 (rounded to near dollar)

Monthly = Annual * .088 (rounded to near dollar)

For Company Use: Plan Code P90

UNITED AMERICAN INSURANCE COMPANY

McKinney, Texas

Policy Form DMSB / DMSB06

2010 Annual Medicare Rate Filing

ARKANSAS

**Current and Proposed Annual Premium Rates
For Policies Issued with Issue Age Rates**

Issue Age (Male or Female)	Current Annual Premium	Proposed Annual Premium
Ages 64 and Under	\$4,109	\$4,725

Modal Premium Factors:

Semi-Annual = Annual * .510 (rounded to near dollar)
Quarterly = Annual * .260 (rounded to near dollar)
Monthly = Annual * .088 (rounded to near dollar)

For Company Use: Plan Codes M07 / U14

UNITED AMERICAN INSURANCE COMPANY

McKinney, Texas

Policy Form DMSHDF06

2010 Annual Medicare Rate Filing

ARKANSAS

Current and Proposed Annual Premium Rates
For Policies Issued with Issue Age Rates

Issue Age (Male or Female)	Current Annual Premium	Proposed Annual Premium
Ages 64 and Under	\$2,091	\$2,091

Modal Premium Factors:

Semi-Annual = Annual * .510 (rounded to near dollar)
Quarterly = Annual * .260 (rounded to near dollar)
Monthly = Annual * .088 (rounded to near dollar)

For Company Use: Plan Codes M98 / M99