

<i>SERFF Tracking Number:</i>	<i>AMLC-126061779</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>United American Insurance Company</i>	<i>State Tracking Number:</i>	<i>41721</i>
<i>Company Tracking Number:</i>	<i>2009OLDUA</i>		
<i>TOI:</i>	<i>H15I Individual Health - Hospital/Surgical/Medical Expense</i>	<i>Sub-TOI:</i>	<i>H15I.001 Health - Hospital/Surgical/Medical Expense</i>
<i>Product Name:</i>	<i>2009 Hospital and Surgical Expense Policy Forms MCXC and MRXC</i>		
<i>Project Name/Number:</i>	<i>2009 Rate Filing/2009OLDUA</i>		

## Filing at a Glance

Company: United American Insurance Company

Product Name: 2009 Hospital and Surgical Expense Policy Forms MCXC and MRXC  
 SERFF Tr Num: AMLC-126061779 State: ArkansasLH

TOI: H15I Individual Health - Hospital/Surgical/Medical Expense  
 SERFF Status: Closed State Tr Num: 41721

Sub-TOI: H15I.001 Health - Hospital/Surgical/Medical Expense  
 Co Tr Num: 2009OLDUA State Status: Approved-Closed

Filing Type: Rate  
 Co Status:  
 Author: Sue Fisher  
 Date Submitted: 03/05/2009  
 Reviewer(s): Rosalind Minor  
 Disposition Date: 03/23/2009  
 Disposition Status: Approved-Closed

Implementation Date Requested: 05/01/2009

Implementation Date:

State Filing Description:

## General Information

Project Name: 2009 Rate Filing  
 Project Number: 2009OLDUA  
 Requested Filing Mode: Review & Approval

Status of Filing in Domicile: Not Filed  
 Date Approved in Domicile:  
 Domicile Status Comments: There are no remaining policies in force in Nebraska our state of Domicile, so a filing is not being submitted to Nebraska.

Explanation for Combination/Other:  
 Submission Type: New Submission  
 Overall Rate Impact: 12%  
 Filing Status Changed: 03/23/2009

Market Type: Individual  
 Group Market Size:  
 Group Market Type:  
 Explanation for Other Group Market Type:  
 State Status Changed: 03/23/2009  
 Corresponding Filing Tracking Number:

Deemer Date:

Filing Description:

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<i>Company Tracking Number:</i>	<i>2009OLDUA</i>		
<i>TOI:</i>	<i>H151 Individual Health - Hospital/Surgical/Medical Expense</i>	<i>Sub-TOI:</i>	<i>H151.001 Health - Hospital/Surgical/Medical Expense</i>
<i>Product Name:</i>	<i>2009 Hospital and Surgical Expense Policy Forms MCXC and MRXC</i>		
<i>Project Name/Number:</i>	<i>2009 Rate Filing/2009OLDUA</i>		

Attached is our 2009 Rate Filing for Hospital and Surgical Expense Policy Forms MCXC and MRXC. We are requesting a rate change as indicated on our Rate Filing Summary Pages and as listed below.

MCXC +12.0%  
MRXC +12.0%

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	

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## Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	
Per Company:	No

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COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
United American Insurance Company	\$50.00	03/05/2009	26149895

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 Hospital/Surgical/Medical Expense Expense  
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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	03/23/2009	03/23/2009

### Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Rosalind Minor	03/06/2009	03/06/2009	Sue Fisher	03/12/2009	03/12/2009

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## Disposition

Disposition Date: 03/23/2009

Implementation Date:

Status: Approved-Closed

Comment: We have approved your request of a 12% level rate increase on this submission. The approval is subject to the following conditions:

1. Rate increases will not be given prior to the first annual anniversary date of any policy.
2. After the first annual anniversary date of any policy, increases will not be given more frequently than once in a twelve (12) month period.
3. All increases in rates, other than a change in age or an individual moving to another geographical area, must be submitted to our Department for approval.

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Premium:	Maximum % Change (where required):	Minimum % Change (where required):
United American Insurance Company	12.000%	12.000%	\$	3	\$	%	%



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## Objection Letter

Objection Letter Status Pending Industry Response  
Objection Letter Date 03/06/2009  
Submitted Date 03/06/2009

Respond By Date

Dear Sue Fisher,

This will acknowledge receipt of the captioned filing.

Objection 1

- Health - Actuarial Justification (Supporting Document)

Comment:

It is requested that you provide our Department with the current premium and the proposed premium for the three policyholders in Arkansas.

Please feel free to contact me if you have questions.

Sincerely,

Rosalind Minor

## Response Letter

Response Letter Status Submitted to State  
Response Letter Date 03/12/2009  
Submitted Date 03/12/2009

Dear Rosalind Minor,

### Comments:

I am writing in response to your March 6, 2009 question.

### Response 1

Comments: We currently have 1 policyholder who has plan MCXC. Their current Annual premium rate is \$1,288.00 and their new rate upon approval of the requested increase would be \$1,443.00. Plan MRXC has 2 remaining policies in force. Both policyholders are currently paying an annual premium rate of \$1,103.00. Upon approval of the requested increase, their new annual premium rate would be \$1,235.00. These are the same rates that are indicated on the Rate



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**Rate Information**

Rate data applies to filing.

**Filing Method:** SERFF  
**Rate Change Type:** Increase  
**Overall Percentage of Last Rate Revision:** 8.000%  
**Effective Date of Last Rate Revision:** 03/06/2008  
**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:	Premium:	Maximum % Change (where required):	Minimum % Change (where required):
United American Insurance Company	12.000%	12.000%		3		%	%

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## Rate/Rule Schedule

Review Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:	Rate Action Information:	Attachments
Approved-Closed	2009 AR MCXC & MRXC Rate Pages	MCXC, MRXC	Revised	Previous State Filing Number: Percent Rate Change Request: 38118 12.000	2009 AR MCXC & MRXC Rate Pages.pdf

# UNITED AMERICAN INSURANCE COMPANY

McKinney, Texas

Policy Form MCXC

2009 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	\$1,288	\$1,443

Modal Premium Factors:

Semi-Annual = Annual \* .520 (rounded to near dollar)  
Quarterly = Annual \* .265 (rounded to near dollar)  
Monthly = Annual / 11 (rounded to near dollar)

For Company Use: Plan Code 440

**UNITED AMERICAN INSURANCE COMPANY**

McKinney, Texas

Policy Form MRXC

2009 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	\$1,103	\$1,235

Modal Premium Factors:

Semi-Annual = Annual \* .520 (rounded to near dollar)  
Quarterly = Annual \* .265 (rounded to near dollar)  
Monthly = Annual / 11 (rounded to near dollar)

For Company Use: Plan Code 450