

SERFF Tracking Number: UNLI-125961580 State: Arkansas  
 Filing Company: Unified Life Insurance Company State Tracking Number: 41973  
 Company Tracking Number: 5001  
 TOI: MS06 Medicare Supplement - Other Sub-TOI: MS06.000 Medicare Supplement - Other  
 Product Name: 2008 ULIC Individual Std Med Supp Rate Filing  
 Project Name/Number: 2008 ULIC Individual Std Med Supp Rate Filing/5001

## Filing at a Glance

Company: Unified Life Insurance Company

Product Name: 2008 ULIC Individual Std Med Supp Rate Filing SERFF Tr Num: UNLI-125961580 State: ArkansasLH

TOI: MS06 Medicare Supplement - Other SERFF Status: Closed State Tr Num: 41973

Sub-TOI: MS06.000 Medicare Supplement - Other Co Tr Num: 5001 State Status: Approved-Closed

Filing Type: Rate Co Status: Reviewer(s): Stephanie Fowler

Author: Diane Lauerman Disposition Date: 03/26/2009

Date Submitted: 03/25/2009 Disposition Status: Approved-Closed

Implementation Date Requested: 05/01/2009

Implementation Date: 05/01/2009

State Filing Description:

## General Information

Project Name: 2008 ULIC Individual Std Med Supp Rate Filing

Project Number: 5001

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact: 7%

Filing Status Changed: 03/26/2009

Deemer Date:

Filing Description:

2008 Unified Life Insurance Company Individual Standardized Medicare Supplement Rate Increase Filing and Rate Certification

Status of Filing in Domicile: Authorized

Date Approved in Domicile: 02/19/2009

Domicile Status Comments:

Market Type: Individual

Group Market Size:

Group Market Type:

Explanation for Other Group Market Type:

State Status Changed: 03/26/2009

Corresponding Filing Tracking Number:

Due to changes in the federal Medicare program and the increasing cost of medical care, we find it necessary to adjust our rates. Enclosed are copies of an Actuarial Memorandum in support of the Company's 7% rate increase request on

|                                 |   |                               |   |
|---------------------------------|---|-------------------------------|---|
| <i>SERFF Tracking Number:</i>   | <i>UNLI-125961580</i>                                     | <i>State:</i>                 | <i>Arkansas</i>                             |
| <i>Filing Company:</i>          | <i>Unified Life Insurance Company</i>                     | <i>State Tracking Number:</i> | <i>41973</i>                                |
| <i>Company Tracking Number:</i> | <i>5001</i>   |                               |   |
| <i>TOI:</i>                     | <i>MS06 Medicare Supplement - Other</i>                   | <i>Sub-TOI:</i>               | <i>MS06.000 Medicare Supplement - Other</i> |
| <i>Product Name:</i>            | <i>2008 ULIC Individual Std Med Supp Rate Filing</i>      |                               |   |
| <i>Project Name/Number:</i>     | <i>2008 ULIC Individual Std Med Supp Rate Filing/5001</i> |                               |   |

its individual standardized Medicare supplement policies. Please note that the policy forms affected by this filing are no longer marketed, therefore the rate revision will apply to in force policies only.

All of these forms are currently administered by the Unified Life Insurance Company. These policies were acquired in 2006 from National Financial Insurance Company (NFIC) and American Insurance Company of Texas (AICT), and assumed in 2008 from National Foundation Life Insurance Company. All forms have been combined for rate increase purposes.

The proposed effective date is contingent on state approval of the rate revision or thereafter taking into consideration policyholder notification guidelines in your state. The estimated number of policyholders in your state and nationwide which will be affected by this revision is shown in Exhibit II of the Actuarial Memorandum. The annualized premium in your state and nationwide is also shown in Exhibit II of the Actuarial Memorandum.

## Company and Contact

### Filing Contact Information

|   |  |
|---|--|
| Beth Dixon, Actuarial Services Director | <a href="mailto:bdixon@unifiedlife.com">bdixon@unifiedlife.com</a> |
| 7201 W 129th St                         | (913) 871-7321 [Phone]   |
| Overland Park, KS 66213                 | (913) 871-7322[FAX]  |

### Filing Company Information

|                                |                         |                               |
|--------------------------------|-------------------------|-------------------------------|
| Unified Life Insurance Company | CoCode: 11121           | State of Domicile: Texas      |
| 7201 W 129th                   | Group Code:             | Company Type: Life and Health |
| Suite 300                      |                         |                               |
| Overland Park, KS 66213        | Group Name:             | State ID Number:              |
| (913) 871-7290 ext. [Phone]    | FEIN Number: 43-1917728 |                               |
|                                | -----                   |                               |

## Filing Fees

|                  |  |
|------------------|--|
| Fee Required?    | Yes  |
| Fee Amount:      | \$100.00   |
| Retaliatory?     | Yes  |
| Fee Explanation: | Texas, the company's domiciliary state, requires a \$100 filing fee. |
| Per Company:     | No   |

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| COMPANY                        | AMOUNT   | DATE PROCESSED | TRANSACTION # |
|--------------------------------|----------|----------------|---------------|
| Unified Life Insurance Company | \$100.00 | 03/25/2009     | 26698933      |

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## Correspondence Summary

### Dispositions

| Status          | Created By       | Created On | Date Submitted |
|-----------------|------------------|------------|----------------|
| Approved-Closed | Stephanie Fowler | 03/26/2009 | 03/26/2009     |

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## Disposition

Disposition Date: 03/26/2009

Implementation Date: 05/01/2009

Status: Approved-Closed

Comment: We have approved the requested 7% rate increase for the Standardized Plans referenced in this filing to be implemented on or after May 1, 2009.

This approval is subject to the following:

Increases will not be given more frequently than once in a twelve-month period.

| Company Name:                     | Overall %<br>Indicated<br>Change: | Overall % Rate<br>Impact: | Written<br>Premium<br>Change for<br>this<br>Program: | # of Policy<br>Holders<br>Affected for this<br>Program: | Premium: | Maximum %<br>Change (where<br>required): | Minimum %<br>Change (where<br>required): |
|-----------------------------------|-----------------------------------|---------------------------|--|---|----------|--|--|
| Unified Life Insurance<br>Company | 7.000%                            | 7.000%                    | \$567  | 5   | \$8,098  | 7.000%                                   | 7.000%                                   |

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| <b>Item Type</b>           | <b>Item Name</b>                 | <b>Item Status</b> | <b>Public Access</b> |
|----------------------------|----------------------------------|--------------------|----------------------|
| <b>Supporting Document</b> | Health - Actuarial Justification | Approved           | No                   |
| <b>Rate</b>                | AR Exhibit I Std MS.pdf          | Approved           | Yes                  |

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**Rate Information**

Rate data applies to filing.

**Filing Method:** Prior Approval  
**Rate Change Type:** Increase  
**Overall Percentage of Last Rate Revision:** 15.000%  
**Effective Date of Last Rate Revision:** 01/24/2008  
**Filing Method of Last Filing:** Prior Approval

**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): |
|--------------------------------|-----------------------------|------------------------|--|--|----------|------------------------------------|------------------------------------|
| Unified Life Insurance Company | 7.000%                      | 7.000%                 | \$567                                    | 5  | \$8,098  | 7.000%                             | 7.000%                             |

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## Rate/Rule Schedule

| Review Status: | Document Name:          | Affected Form Numbers:<br>(Separated with commas) | Rate Action: | Rate Action Information: | Attachments          |
|----------------|-------------------------|---|--------------|--------------------------|----------------------|
| Approved       | AR Exhibit I Std MS.pdf | NCDMB-93,<br>NCMSB-93,<br>NCMSC-93-I              | New          |                          | AR Exhibit I Std.pdf |

EXHIBIT I

UNIFIED LIFE INSURANCE COMPANY  
7201 West 129th Street, Suite 300; Overland Park, KS 66213-2627

ARKANSAS  
Standard Medicare Supplement  
2008 Annual Premium Rate Schedule

POLICY FORM NCDMB-93  
Plan Code K93DIB

| Issue Age | Current Rate | Proposed Rate | % Change |
|-----------|--------------|---------------|----------|
| All Ages  | 1,454.02     | 1,555.80      | 1.07     |

Modal Factors:

|             |        |
|-------------|--------|
| Semi-annual | 0.5227 |
| Quarterly   | 0.2682 |
| Monthly     | 0.1000 |
| Bank Draft  | 0.0909 |

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UNIFIED LIFE INSURANCE COMPANY  
2008 Premium Rate Schedule

| PLAN   | Policy Form | Resident State | Issue State | Policy     | Sex | Issue Age | Current Premium | Proposed Premium | Percent Change |
|--------|-------------|----------------|-------------|------------|-----|-----------|-----------------|------------------|----------------|
| A93TAB | NCMSB-93    | AR             | IA          | 02A3097800 | F   | 74        | 1,758           | 1881.19          | 7%             |

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ARKANSAS  
Standard Medicare Supplement  
2008 Annual Premium Rate Schedule

POLICY FORM NCMSC-93-I

Plan Code K93TIC

| Issue Age | Current Rate | Proposed Rate | % Change |
|-----------|--------------|---------------|----------|
| All Ages  | 1,352.10     | 1,446.75      | 1.07     |

Modal Factors:

|             |        |
|-------------|--------|
| Semi-annual | 0.5227 |
| Quarterly   | 0.2682 |
| Monthly     | 0.1000 |
| Bank Draft  | 0.0909 |