

SERFF Tracking Number: UNLI-126006771 State: Arkansas
 Filing Company: Unified Life Insurance Company State Tracking Number: 41974
 Company Tracking Number: 5002
 TOI: MS021 Individual Medicare Supplement - Pre- Standardized Sub-TOI: MS021.000 Medicare Supplement - Pre- Standardized
 Product Name: 2008 ULIC Individual Pre-Std Med Supp Rate Filing
 Project Name/Number: 2008 ULIC Individual Pre-Std Med Supp Rate Filing/5002

Filing at a Glance

Company: Unified Life Insurance Company
 Product Name: 2008 ULIC Individual Pre-Std Med Supp Rate Filing SERFF Tr Num: UNLI-126006771 State: ArkansasLH
 TOI: MS021 Individual Medicare Supplement - Pre-Standardized SERFF Status: Closed State Tr Num: 41974
 Sub-TOI: MS021.000 Medicare Supplement - Pre-Standardized Co Tr Num: 5002 State Status: Approved-Closed
 Filing Type: Rate Co Status: Reviewer(s): Stephanie Fowler
 Author: Beth Dixon 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 Pre-Std Med Supp Rate Filing Status of Filing in Domicile: Pending
 Project Number: 5002 Date Approved in Domicile:
 Requested Filing Mode: Review & Approval Domicile Status Comments: Submitted in domiciliary state of Texas on 1/21/2009
 Explanation for Combination/Other: Market Type: Individual
 Submission Type: New Submission Group Market Size:
 Overall Rate Impact: 25% Group Market Type:
 Filing Status Changed: 03/26/2009 Explanation for Other Group Market Type:
 State Status Changed: 03/26/2009
 Deemer Date: Corresponding Filing Tracking Number:
 Filing Description:
 2008 Unified Life Insurance Company Individual Pre-Standard Medicare Supplement Rate Filing and Annual Certification

<i>SERFF Tracking Number:</i>	<i>UNLI-126006771</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Unified Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>41974</i>
<i>Company Tracking Number:</i>	<i>5002</i>		
<i>TOI:</i>	<i>MS021 Individual Medicare Supplement - Pre-Standardized</i>	<i>Sub-TOI:</i>	<i>MS021.000 Medicare Supplement - Pre-Standardized</i>
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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 rate increase request on its individual pre-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 (NFL) 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	bdixon@unifiedlife.com
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

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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	26698877

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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 25% rate increase for the Pre-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 % 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	25.000%	25.000%	\$14,160	20	\$56,640	25.000%	25.000%

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Health - Actuarial Justification	Approved	No
Rate	AR Exhibit I Pre-Std.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: 12.000%
Effective Date of Last Rate Revision: 08/08/2007
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	25.000%	25.000%	\$14,160	20	\$56,640	25.000%	25.000%

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Rate/Rule Schedule

Review Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:	Rate Action Information:	Attachments
Approved	AR Exhibit I Pre-Std.pdf	MS3-89-P, MS4-89-P, H509-65R, HMS-89, HMS-90, MS89, 807, G764, GL65-4, H509-65	New		AR Exhibit I PreStd.pdf

EXHIBIT I

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

ARKANSAS
Pre-Standard Medicare Supplement
2008 Annual Premium Rate Schedule

POLICY FORM 807

Policy Form 807

Basic			
Issue Ages	Current	Proposed	% Change
65-69	1062.75	1328.44	25%
70-74	1265.34	1581.68	25%
75-79	1520.72	1900.90	25%
80-84	1838.72	2298.40	25%
85+	2248.24	2810.30	25%

OPTIONAL BENEFITS

Part A Deductible

65-69	448.84	561.05	25%
70-74	539.44	674.30	25%
75-79	643.95	804.94	25%
80-84	698.23	872.79	25%
85+	734.43	918.04	25%

945-84

65-69	493.25	616.56	25%
70-74	539.59	674.49	25%
75-79	562.78	703.48	25%
80-84	579.51	724.39	25%
85+	599.25	749.06	25%

946-84

65-69	211.86	264.83	25%
70-74	235.04	293.80	25%
75-79	244.91	306.14	25%
80-84	254.93	318.66	25%
85+	264.94	331.18	25%

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POLICY FORM G764 & RIDER FORM R764

Policy Form G764

Issue Age	Current Rate	Proposed Rate	% Change
64-74	1,301.23	1,626.54	25%

Rider Form R764

Issue Age	Current Rate	Proposed Rate	% Change
64-74	368.85	461.06	25%

Modal Loads: .5200 for semi-annual
 .2650 for quarterly
 .0833 for ABC

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POLICY FORM GL65-4 (PLAN CODE GGL654)
 & RIDER FORM R-GL65-4 (PLAN CODE GG654R)

Attained Age	Current Rate		Proposed Rate		% Change
	GL65-4	R-GL65-4	GL65-4	R-GL65-4	
65	3,640.20	2,170.63	4,550.25	2,713.29	25%
66	3,640.20	2,170.63	4,550.25	2,713.29	25%
67	3,640.20	2,170.63	4,550.25	2,713.29	25%
68	3,640.20	2,170.63	4,550.25	2,713.29	25%
69	3,640.20	2,170.63	4,550.25	2,713.29	25%
70	3,640.20	2,170.63	4,550.25	2,713.29	25%
71	3,640.20	2,170.63	4,550.25	2,713.29	25%
72	3,640.20	2,170.63	4,550.25	2,713.29	25%
73	3,640.20	2,170.63	4,550.25	2,713.29	25%
74	3,640.20	2,170.63	4,550.25	2,713.29	25%
75	3,640.20	2,170.63	4,550.25	2,713.29	25%
76	3,640.20	2,170.63	4,550.25	2,713.29	25%
77	3,640.20	2,170.63	4,550.25	2,713.29	25%
78	3,640.20	2,170.63	4,550.25	2,713.29	25%
79	3,640.20	2,170.63	4,550.25	2,713.29	25%
80	3,640.20	2,170.63	4,550.25	2,713.29	25%
81	3,640.20	2,170.63	4,550.25	2,713.29	25%
82	3,640.20	2,170.63	4,550.25	2,713.29	25%
83	3,640.20	2,170.63	4,550.25	2,713.29	25%
84	3,640.20	2,170.63	4,550.25	2,713.29	25%
85	3,339.85	2,170.63	4,174.82	2,713.29	25%
86	3,339.85	2,170.63	4,174.82	2,713.29	25%
87	3,339.85	2,170.63	4,174.82	2,713.29	25%
88	3,339.85	2,170.63	4,174.82	2,713.29	25%
89	3,339.85	2,170.63	4,174.82	2,713.29	25%
90	3,339.85	2,170.63	4,174.82	2,713.29	25%
91	3,339.85	2,170.63	4,174.82	2,713.29	25%
92	3,339.85	2,170.63	4,174.82	2,713.29	25%
93	3,339.85	2,170.63	4,174.82	2,713.29	25%
94	3,339.85	2,170.63	4,174.82	2,713.29	25%
95	3,339.85	2,170.63	4,174.82	2,713.29	25%
96	3,339.85	2,170.63	4,174.82	2,713.29	25%
97	3,339.85	2,170.63	4,174.82	2,713.29	25%
98	3,339.85	2,170.63	4,174.82	2,713.29	25%
99	3,339.85	2,170.63	4,174.82	2,713.29	25%

Add \$20 policy fee to above rates.

AREA FACTOR for All Zips: .90

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POLICY FORM H509-65R [ID-509-65R(1-88)-P]
ENDORSEMENT FORM MS-AM-90-R

BASIC PLAN

Issue Ages	Current Rate	Proposed Rate	% Change
All Ages	3739.36	4674.20	25%

PART B

Issue Ages	Current Rate	Proposed Rate	% Change
All Ages	842.37	1052.96	25%

BASIC PLAN HUSBAND/WIFE 5% DISCOUNT

Issue Ages	Current Rate	Proposed Rate	% Change
All Ages	3552.39	4440.49	25%

PART B HUSBAND/WIFE 5% DISCOUNT

Issue Ages	Current Rate	Proposed Rate	% Change
All Ages	800.25	1000.31	25%

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POLICY FORM HMS-89 (MS-1989-P)

BASE POLICY; MS-1989-P							
Nonsmoker				Smoker			
Issue Ages	Current Rate	Proposed Rate	% Change	Issue Ages	Current Rate	Proposed Rate	% Change
All Ages	1403.76	1754.70	25%	All Ages	1583.65	1979.56	25%

BASE POLICY SPOUSE							
Nonsmoker				Smoker			
All Ages	1313.36	1641.70	25%	All Ages	N/A	N/A	N/A

PART A DEDUCTIBLE RIDER; MS-1989-1-R							
Nonsmoker				Smoker			
All Ages	859.26	1074.08	25%	All Ages	944.54	1180.68	25%

PART B DEDUCTIBLE RIDER; MS-1989-2-R							
Nonsmoker				Smoker			
All Ages	404.37	505.46	25%	All Ages	454.89	568.61	25%

PART B 125% EXCESS CHARGE RIDER; MS-1989-3-R							
Nonsmoker				Smoker			
All Ages	447.87	559.84	25%	All Ages	505.56	631.95	25%

PART B 150% EXCESS CHARGE RIDER; MS-1989-4-R							
Nonsmoker				Smoker			
All Ages	673.91	842.39	25%	All Ages	N/A	N/A	N/A

PART B 175% EXCESS CHARGE RIDER; MS-1989-5-R							
Nonsmoker				Smoker			
All Ages	909.75	1137.19	25%	All Ages	N/A	N/A	N/A

Modal Factors: Semi-annual 0.52 Monthly Draft 0.083
 Quarterly 0.27 Monthly Direct 0.092

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ARKANSAS
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POLICY FORM HMS-90 (MS-1990-P)

BASE POLICY: MS-1990-P							
Nonsmoker - Plan Code GGS90D				Smoker - Plan Code GGS90G			
Issue Age	Current Rate	Proposed Rate	% Change	Issue Age	Current Rate	Proposed Rate	% Change
All Ages	1861.92	2327.40	25%	64½-69	2172.24	2715.30	25%

PART A DEDUCTIBLE RIDER: MS-1990-1-R; Plan Code GGS90E							
Nonsmoker				Smoker			
Issue Age	Current Rate	Proposed Rate	% Change	Issue Age	Current Rate	Proposed Rate	% Change
All Ages	664.94	831.18	25%	64½-69	797.98	997.48	25%

PART B EXCESS RIDER; MS-1989-2-R							
Nonsmoker				Smoker			
Issue Age	Current Rate	Proposed Rate	% Change	Issue Age	Current Rate	Proposed Rate	% Change
All Ages	797.98	997.48	25%	64½-69	931.12	1163.90	25%

ADDITIONAL EXTENDED CARE FACILITY CHARGE; MS-1990-3-R							
Nonsmoker				Nonsmoker			
Max Daily Benefit	Issue Ages 64-1/2 - 69			Max Daily Benefit	Issue Ages 70 - 74		
\$50	665.00	831.25	25%	\$50	1329.82	1662.28	25%
\$60	797.98	997.48	25%	\$60	1595.92	1994.90	25%
\$70	931.11	1163.89	25%	\$70	1861.85	2327.31	25%
\$80	1063.89	1329.86	25%	\$80	2127.78	2659.73	25%
\$90	1197.04	1496.30	25%	\$90	2393.70	2992.13	25%
\$100	1329.82	1662.28	25%	\$100	2659.83	3324.79	25%

ADDITIONAL EXTENDED CARE FACILITY CHARGE; MS-1990-3-R							
Smoker				Smoker			
Max Daily Benefit	Issue Ages 64-1/2 - 69			Max Daily Benefit	Issue Ages 70 - 74		
\$50	886.66	1108.33	25%	64½-69	1551.67	1939.59	25%
\$60	1063.89	1329.86	25%	70-74	1861.85	2327.31	25%
\$70	1241.31	1551.64	25%	75-79	2172.24	2715.30	25%
\$80	1418.51	1773.14	25%	80-84	2482.42	3103.03	25%
\$90	1595.92	1994.90	25%	85-89	2792.78	3490.98	25%
\$100	1773.15	2216.44	25%	90+	3102.96	3878.70	25%

Modal Factors:
Semi-annual 0.52 Monthly Draft 0.083
Quarterly 0.27 Monthly Direct 0.092

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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	% Change
AMS32	MS3-89-P	AR	CA	0219305770	M	67	2,697	3,371	25%

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2008 Premium Rate Schedule

PLAN	Policy Form	Resident State	Issue State	Policy	Sex	Issue Age	Current Premium	Proposed Premium	% Change
AMA1D4	MS4-89-P	AR	NV	0215576230	F	65	3,426	4,282.35	25%
AMA1D4	MS4-89-P	AR	AR	0215861910	F	79	3,988	4,984.38	25%

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TEXAS
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POLICY FORM MS89

200% Plan

Policy Pays Part A Deductible; Insured Pays Part B Deductible of \$200			
Issue Age	Current Rate	Proposed Rate	% Change
All Ages	6302.92	7878.65	1.25

Policy Pays Part A Deductible; Insured Pays Part B Deductible of \$75			
Issue Age	Current Rate	Proposed Rate	% Change
All Ages	7208.54	9010.68	1.25

Policy Pays Part A Deductible; Insured Pays Part B Deductible of \$0			
Issue Age	Current Rate	Proposed Rate	% Change
All Ages	7884.65	9855.81	1.25

200% Plan - 5% Discounted

Insured Pays Part A Deductible; Insured Pays Part B Deductible of \$200			
Issue Age	Current Rate	Proposed Rate	% Change
All Ages	5987.77	7484.71	1.25

Insured Pays Part A Deductible; Insured Pays Part B Deductible of \$75			
Issue Age	Current Rate	Proposed Rate	% Change
All Ages	6848.11	8560.14	1.25

Insured Pays Part A Deductible; Insured Pays Part B Deductible of \$0			
Issue Age	Current Rate	Proposed Rate	% Change
All Ages	7490.41	9363.01	1.25

Area Factors:

718	0.55
720, 722-723	0.60
All Others	0.50

Modal Loads:

Semi-annual	0.5200
Quarterly	0.2650
ABC	0.0833