

SERFF Tracking Number: UNAM-126105722 State: Arkansas
Filing Company: Marquette National Life Insurance Company State Tracking Number: 42074
Company Tracking Number: MQME04
TOI: MS06 Medicare Supplement - Other Sub-TOI: MS06.000 Medicare Supplement - Other
Product Name: Med Supp Lead Piece
Project Name/Number: /

Filing at a Glance

Company: Marquette National Life Insurance Company

Product Name: Med Supp Lead Piece SERFF Tr Num: UNAM-126105722 State: ArkansasLH
TOI: MS06 Medicare Supplement - Other SERFF Status: Closed State Tr Num: 42074
Sub-TOI: MS06.000 Medicare Supplement - Other Co Tr Num: MQME04 State Status: Filed-Closed

Filing Type: Advertisement Co Status: Reviewer(s): Stephanie Fowler
Author: Holly Parenti Disposition Date: 04/10/2009
Date Submitted: 04/08/2009 Disposition Status: Filed
Implementation Date Requested: On Approval Implementation Date:

State Filing Description:

General Information

Project Name: Status of Filing in Domicile:
Project Number: Date Approved in Domicile:
Requested Filing Mode: 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: 04/10/2009 Explanation for Other Group Market Type:
State Status Changed: 04/10/2009
Corresponding Filing Tracking Number:
Deemer Date:
Filing Description:
Form(s)
MQME04 Medicare Supplement Lead Piece
MQME05 Medicare Supplement Lead Piece

Dear Sir or Madam:

We submit the above form for your review and approval. This advertising material will be used for our Medicare

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Supplement forms approved by your state on November 3, 2005.

We consider this advertisement an invitation to inquire and will use it to obtain leads for our Medicare Supplement approved by your Department.

The size of the piece is 12.65 inches by 6 inches, so the type on the actual piece is substantially larger than it appears when the piece is printed on letter-size paper. The disclaimer is set in 10-point type and the company name is set in 12-point boldface type. These are tree-fold self-mailers, not snap-apart forms.

If additional information is needed, please contact me at 800-275-6667 ext. 8531 or hparenti@uafc.com

Company and Contact

Filing Contact Information

Holly Parenti, hparenti@uafc.com
P.O. Box 958465 (407) 628-1776 [Phone]
Lake Mary, FL 32795-8465

Filing Company Information

Marquette National Life Insurance Company CoCode: 71072 State of Domicile: Texas
1001 Heathrow Park Lane Group Code: 953 Company Type:
Suite 5001
Lake Mary, FL 32746 Group Name: State ID Number:
(407) 995-8000 ext. [Phone] FEIN Number: 36-2641398

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation: \$25.00 per ad, 2 ads
Per Company: No

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COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Marquette National Life Insurance Company	\$50.00	04/08/2009	27038937

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Stephanie Fowler	04/10/2009	04/10/2009

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	Stephanie Fowler	04/08/2009	04/08/2009	Holly Parenti	04/10/2009	04/10/2009

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Disposition

Disposition Date: 04/10/2009

Implementation Date:

Status: Filed

Comment:

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Form (revised)	Medicare Supplment Lead piece	Filed	Yes
Form	Medicare Supplment Lead piece		Yes
Form (revised)	Medicare Supplment Lead piece	Filed	Yes
Form	Medicare Supplment Lead piece		Yes

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Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 04/08/2009
Submitted Date 04/08/2009
Respond By Date 05/08/2009

Dear Holly Parenti,

This will acknowledge receipt of the captioned filing. AR R&R 41 Guideline 7-A(19) requires that a lead generating devise must include a statement that an agent will call is such is the case. Please add an appropriate statement to these pieces.

Please feel free to contact me if you have questions.

Sincerely,
Stephanie Fowler

Response Letter

Response Letter Status Submitted to State
Response Letter Date 04/10/2009
Submitted Date 04/10/2009

Dear Stephanie Fowler,

Comments:

Thank you for your prompt review of our filing.

Response 1

Comments: We have replaced: "If time allows, information will be delivered by an agent." with "An agent may call."

Changed Items:

No Supporting Documents changed.

Form Schedule Item Changes

Form Name	Form Number	Edition Date	Form Type	Action	Action Specific	Readability Score	Attach Document
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Data

Medicare Supplement Lead piece	MQME04- AR	Advertising	Initial	MQME04- AR.pdf
Previous Version				
Medicare Supplement Lead piece	MQME04	Advertising	Initial	MQME04. pdf
Medicare Supplement Lead piece	MQME05- AR	Advertising	Initial	MQME05- AR.pdf
Previous Version				
Medicare Supplement Lead piece	MQME05	Advertising	Initial	MQME05. pdf

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No Rate/Rule Schedule items changed.

Thank You
Holly Parenti

Sincerely,
Holly Parenti

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Form Schedule

Lead Form Number: MQME04

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Filed	MQME04-AR	Advertising	Medicare Supplment Lead piece	Initial			MQME04-AR.pdf
Filed	MQME05-AR	Advertising	Medicare Supplment Lead piece	Initial			MQME05-AR.pdf

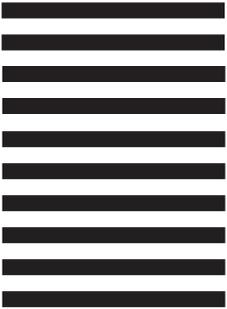


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[PO BOX 226555]

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SEE REVERSE SIDE FOR OPENING INSTRUCTIONS



Please reply promptly to receive this information as quickly as possible.

CURRENT MEDICARE OPTIONS

RECEIVE THIS IMPORTANT INFORMATION.

CURRENT MEDICARE OPTIONS

PRSR STD
US POSTAGE
PAID
Permit #1454
Dallas, TX

[May B. Doe]
[123 Anystreet, 3-E]
[Yorton, SM 12345-6789]
[Postnet barcode]

IMPORTANT INFORMATION FOR MEDICARE ENROLLEES
OPEN IMMEDIATELY — DO NOT DELAY — SLIDE FINGER UNDER THIS EDGE



CURRENT MEDICARE OPTIONS

YOU SHOULD BE AWARE there are options available to you under the federal Medicare Program.

There has also been an expansion of the Program that has created additional options and more choices that affect Medicare enrollees.

However, the options, in part, reduce benefits under the federal Medicare Program in some instances, so that it decreases health care coverage for certain Medicare enrollees — forcing them to pay more out of pocket.

MAIL THE CARD BELOW FOR MORE INFORMATION at no cost to you. You will want to know in detail how these options affect you personally.

**CURRENT
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MAIL THIS POSTAGE - PAID CARD PROMPTLY FOR QUICKEST RESPONSE

Free Information About My Current Medicare Options

[|||||
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[123 Anystreet, 3-E]
[Yorton, SM 12345-6789]

Print
Name: _____
Phone: (_____)_____

Please see that I receive important information on how the current MEDICARE options affect me, and on Medicare Supplement plans now available in my state.

----- FOR DEPARTMENT USE ONLY -----

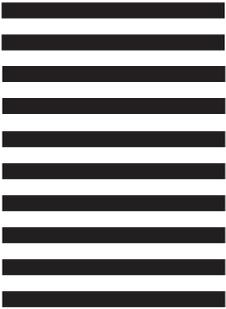


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Rate Information

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Superseded Attachments

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Original Date:	Schedule	Document Name	Replaced Date	Attach Document
No original date	Form	Medicare Supplment Lead piece	04/08/2009	MQME04.pdf
No original date	Form	Medicare Supplment Lead piece	04/08/2009	MQME05.pdf

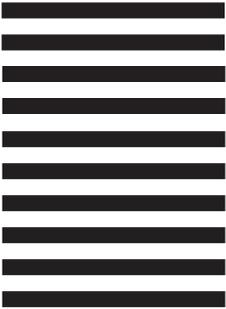


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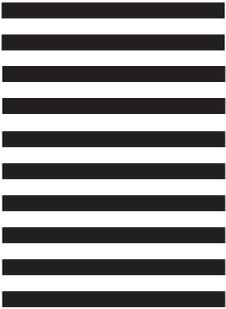
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