

SERFF Tracking Number: RNIC-126144685 State: Arkansas  
Filing Company: Reserve National Insurance Company State Tracking Number: 42338  
Company Tracking Number:  
TOI: MS06 Medicare Supplement - Other Sub-TOI: MS06.000 Medicare Supplement - Other  
Product Name: Medicare Advertisement  
Project Name/Number: Medicare Advertisement/

## Filing at a Glance

Company: Reserve National Insurance Company

Product Name: Medicare Advertisement SERFF Tr Num: RNIC-126144685 State: ArkansasLH  
TOI: MS06 Medicare Supplement - Other SERFF Status: Closed State Tr Num: 42338  
Sub-TOI: MS06.000 Medicare Supplement - Other Co Tr Num: State Status: Filed-Closed  
Filing Type: Advertisement Co Status: Reviewer(s): Stephanie Fowler  
Authors: Brenda Ingram, Kyle Conrad Disposition Date: 05/21/2009  
Date Submitted: 05/12/2009 Disposition Status: Filed-Closed  
Implementation Date Requested: On Approval Implementation Date:  
State Filing Description:

## General Information

Project Name: Medicare Advertisement Status of Filing in Domicile: Pending  
Project Number: Date Approved in Domicile:  
Requested Filing Mode: Review & Approval 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: 05/21/2009 Explanation for Other Group Market Type:  
State Status Changed: 05/21/2009  
Deemer Date: Corresponding Filing Tracking Number:  
Filing Description:  
May 12, 2009

Ms. Rosalind D. Minor  
Certified Rate and Form Analyst  
Life and Health Division

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Arkansas Insurance Department  
1200 West Third Street  
Little Rock, AR 72201-1904

RE: Reserve National Insurance Company - NAIC # 68462; FEIN# 73-0661453  
Form CC-MCS-1 – Medicare Supplement Advertising Letter  
Form MCI – 09 – Response Card  
Form RN-49 A – Return Envelope  
Form MCI-W – Mailing Envelope

Dear Ms. Minor:

We are submitting copies of the above-referenced Medicare supplement advertising materials, which we request you consider for approval. This is a new filing not previously submitted.

Form CC-MCS-1 is a letter that we will send to existing policyholders approximately 90 days prior to their 65th birthday to determine their interest in a Medicare supplement policy with Reserve National. Form MCI – 09 is the reply card that recipients of Form CC-MCS-1 can use to notify us of their interest in a Reserve National Medicare supplement policy. Form RN-49 A is the envelope which can be used to return the reply card to us. Form MCI-W is the envelope in which we will mail all of these materials.

If this filing meets with your approval, please furnish us with evidence thereof.

Thank you for your consideration in this matter. If there are any questions, you may contact me by telephone at (800) 874-1431, by fax at (405) 840-3426 or by e-mail at [kconrad@unitrin.com](mailto:kconrad@unitrin.com).

Sincerely,

Kyle D. Conrad  
Senior Vice President  
and Associate Corporate Counsel

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## Company and Contact

### Filing Contact Information

Kyle Conrad, Vice President & Associate kconrad@unitrin.com  
 Corporate Counsel  
 6100 N. W. Grand Blvd (800) 874-1431 [Phone]  
 Oklahoma City, OK 73118

### Filing Company Information

Reserve National Insurance Company CoCode: 68462 State of Domicile: Oklahoma  
 6100 N.W. Grand Boulevard Group Code: 215 Company Type: Life and Health  
 Oklahoma City, OK 73118 Group Name: Reserve National State ID Number:  
 (405) 848-7931 ext. 549[Phone] FEIN Number: 73-0661453  
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## Filing Fees

Fee Required? Yes  
 Fee Amount: \$100.00  
 Retaliatory? Yes  
 Fee Explanation: 4 forms @ \$25.00  
 Per Company: No

| COMPANY                            | AMOUNT   | DATE PROCESSED | TRANSACTION # |
|------------------------------------|----------|----------------|---------------|
| Reserve National Insurance Company | \$100.00 | 05/12/2009     | 27826569      |

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## Correspondence Summary

### Dispositions

| Status       | Created By       | Created On | Date Submitted |
|--------------|------------------|------------|----------------|
| Filed-Closed | Stephanie Fowler | 05/21/2009 | 05/21/2009     |

*SERFF Tracking Number:*      *RNIC-126144685*                      *State:*                      *Arkansas*  
*Filing Company:*              *Reserve National Insurance Company*              *State Tracking Number:*      *42338*  
*Company Tracking Number:*  
*TOI:*                      *MS06 Medicare Supplement - Other*              *Sub-TOI:*                      *MS06.000 Medicare Supplement - Other*  
*Product Name:*              *Medicare Advertisement*  
*Project Name/Number:*      *Medicare Advertisement/*

## **Disposition**

Disposition Date: 05/21/2009

Implementation Date:

Status: Filed-Closed

Comment:

Rate data does NOT apply to filing.

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| <b>Item Type</b> | <b>Item Name</b>                       | <b>Item Status</b> | <b>Public Access</b> |
|------------------|--|--------------------|----------------------|
| <b>Form</b>      | Medicare Supplement Advertising Letter | Filed              | Yes                  |
| <b>Form</b>      | Response Card                          | Filed              | Yes                  |
| <b>Form</b>      | Return Envelope                        | Filed              | Yes                  |
| <b>Form</b>      | Mailing Envelope                       | Filed              | Yes                  |

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## Form Schedule

### Lead Form Number:

| Review Status | Form Number   | Form Type   | Form Name                              | Action  | Action Specific Data | Readability | Attachment            |
|---------------|---------------|-------------|--|---------|----------------------|-------------|-----------------------|
| Filed         | Form CC-MCS-1 | Advertising | Medicare Supplement Advertising Letter | Initial |                      |             | CC-MCS-1 letter.pdf   |
| Filed         | MCI-09        | Advertising | Response Card                          | Initial |                      |             | MCI-09 reply card.pdf |
| Filed         | RN-49 A       | Advertising | Return Envelope                        | Initial |                      |             | RN-49A.pdf            |
| Filed         | MCI-W         | Advertising | Mailing Envelope                       | Initial |                      |             | MCI-W env.pdf         |



6100 Northwest Grand Boulevard • Oklahoma City, OK 73118 • [www.ReserveNational.com](http://www.ReserveNational.com)

[Date]

[Name]

[Address]

[City, State, Zip]

Re: Medicare Eligible [Eligibility Date] – Ref. Policy # [0000000000]

Dear [Name]:

## Undecided about your Medicare supplement options?

If so....We would like to send you a Free Copy of *A Guide to Health Insurance for People with Medicare* from the Centers for Medicare Services.

To receive this free information, fill out the enclosed card and return it to us in the enclosed postage-paid envelope. Or if you prefer, call me at your convenience. If we don't speak personally, leave a message stating your request and your policy number (see above). We will mail the information to you right away.

We will also enclose an *Outline of Coverage* on our Medicare supplement plans showing benefits and premiums and a change-over application.

My direct toll-free # is 1-877-769-2048.

If you select one of our Medicare supplement policies during your 6-month open enrollment period, you would not have a waiting period for coverage of pre-existing conditions. Prescription drug coverage is also available.

You are a valued policyholder and we know you have choices. Our hope is to continue serving your changing health insurance needs.

Respectfully,

Robert Rogers  
Customer Care Supervisor

# Yes,

send me a Free Copy of *A Guide to Health Insurance for People with Medicare* from the Centers for Medicare Services.

also enclose your *Enrollment Packet* on Medicare supplement plans showing benefits and premiums with an easy change-over application.

MR.

MS./MRS.

PLEASE PRINT CLEARLY

FIRST NAME

MI

LAST NAME

ADDRESS

CITY

STATE

ZIP

PHONE (INC. AREA CODE)

DATE OF BIRTH

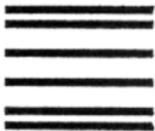
MONTH

DAY

YEAR

SIGNATURE

Please respond  
in 7 days



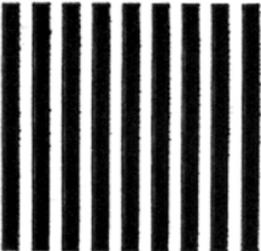
**BUSINESS REPLY MAIL**

FIRST-CLASS MAIL PERMIT NO. 5829 OKLAHOMA CITY OK

POSTAGE WILL BE PAID BY THE ADDRESSEE

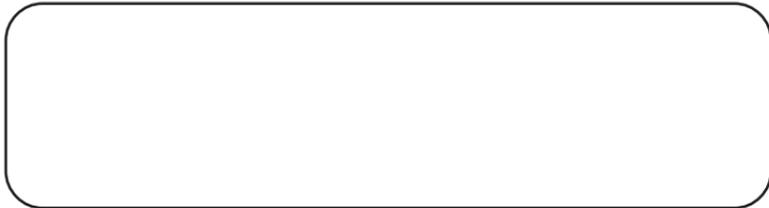
**RESERVE NATIONAL INSURANCE  
PO BOX 268868  
OKLAHOMA CITY OK 73126-9875**

NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES





6100 Northwest Grand Boulevard  
Oklahoma City, OK 73118-1082



**Medicare Coverage  
Information Inside**

*SERFF Tracking Number:*      *RNIC-126144685*                      *State:*                      *Arkansas*  
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## **Rate Information**

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