

SERFF Tracking Number: UNLI-126149849 State: Arkansas
 Filing Company: Unified Life Insurance Company State Tracking Number: 42507
 Company Tracking Number: 5005
 TOI: MS06 Medicare Supplement - Other Sub-TOI: MS06.000 Medicare Supplement - Other
 Product Name: 2008 Med Supp Rate Refund & Benchmark Loss Ratio Report
 Project Name/Number: 2008 Med Supp Rate Refund & Benchmark Loss Ratio Report/

Filing at a Glance

Company: Unified Life Insurance Company

Product Name: 2008 Med Supp Rate Refund & Benchmark Loss Ratio Report SERFF Tr Num: UNLI-126149849 State: ArkansasLH

Benchmark Loss Ratio Report

TOI: MS06 Medicare Supplement - Other

SERFF Status: Closed

State Tr Num: 42507

Sub-TOI: MS06.000 Medicare Supplement - Other

Co Tr Num: 5005

State Status: Filed-Closed

Filing Type: Form

Co Status:

Reviewer(s): Stephanie Fowler

Authors: Diane Lauerman, Beth Dixon

Disposition Date: 06/02/2009

Date Submitted: 05/27/2009

Disposition Status: Accepted For Informational Purposes

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: 2008 Med Supp Rate Refund & Benchmark Loss Ratio Report

Status of Filing in Domicile: Pending

Project Number:

Date Approved in Domicile:

Requested Filing Mode: Informational

Domicile Status Comments: Submitted to the Texas Department of Insurance on 5/27/2009.

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 06/02/2009

Explanation for Other Group Market Type:

State Status Changed: 06/02/2009

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

2008 Medicare Supplement Rate Refund and Benchmark Loss Ratio Report

SERFF Tracking Number: UNLI-126149849 State: Arkansas
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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? No
 Retaliatory? No
 Fee Explanation:
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Unified Life Insurance Company	\$0.00	05/27/2009	

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Accepted For Informational Purposes	Stephanie Fowler	06/02/2009	06/02/2009

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Fees	Note To Filer	Stephanie Fowler	06/01/2009	06/01/2009
Fees	Note To Reviewer	Beth Dixon	06/01/2009	06/01/2009

SERFF Tracking Number: UNLI-126149849 *State:* Arkansas
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Disposition

Disposition Date: 06/02/2009

Implementation Date:

Status: Accepted For Informational Purposes

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: UNLI-126149849 *State:* Arkansas
Filing Company: Unified Life Insurance Company *State Tracking Number:* 42507
Company Tracking Number: 5005
TOI: MS06 Medicare Supplement - Other *Sub-TOI:* MS06.000 Medicare Supplement - Other
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Flesch Certification		No
Supporting Document	Application		No
Supporting Document	Health - Actuarial Justification		No
Supporting Document	Outline of Coverage		No
Supporting Document	Refund/Benchmark Report	Accepted for Informational Purposes	Yes

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Product Name: 2008 Med Supp Rate Refund & Benchmark Loss Ratio Report
Project Name/Number: 2008 Med Supp Rate Refund & Benchmark Loss Ratio Report/

Note To Filer

Created By:

Stephanie Fowler on 06/01/2009 10:40 AM

Last Edited By:

Stephanie Fowler

Submitted On:

06/02/2009 03:01 PM

Subject:

Fees

Comments:

You are correct, filing fees are not required for this type of filing. We are limited in the options we have for that particular field, so our intake person marks it as "pending fees", just as a way to log the filing in and assign it in a consistent manner. Sorry for any confusion.

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Company Tracking Number: 5005
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Product Name: 2008 Med Supp Rate Refund & Benchmark Loss Ratio Report
Project Name/Number: 2008 Med Supp Rate Refund & Benchmark Loss Ratio Report/

Note To Reviewer

Created By:

Beth Dixon on 06/01/2009 09:59 AM

Last Edited By:

Stephanie Fowler

Submitted On:

06/02/2009 03:01 PM

Subject:

Fees

Comments:

This is not a form or rate filing, for which filing fees may be required, but rather a report of Medicare Supplement Rate Refund and Benchmark Loss Ratio calculations. It is the Company's contention that filing fees are not required for report filings.

Thank you for your consideration of this information.

SERFF Tracking Number: UNLI-126149849 *State:* Arkansas
Filing Company: Unified Life Insurance Company *State Tracking Number:* 42507
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Product Name: 2008 Med Supp Rate Refund & Benchmark Loss Ratio Report
Project Name/Number: 2008 Med Supp Rate Refund & Benchmark Loss Ratio Report/

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: UNLI-126149849 State: Arkansas
Filing Company: Unified Life Insurance Company State Tracking Number: 42507
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Supporting Document Schedules

Satisfied -Name: Refund/Benchmark Report

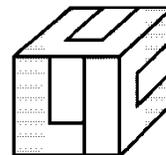
Review Status:

Accepted for Informational 06/02/2009
Purposes

Comments:

Attachments:

AR 2008 MedSup Rate Refund Cover Ltr.pdf
AR 2008 ULIC Rate Refund Report.pdf



UNIFIED LIFE INSURANCE COMPANY
P.O. Box 25326
Overland Park, KS 66225-5326
1-800-237-4463

May 27, 2009

Hon. Julie Benafield Bowman
Commissioner of Insurance
Arkansas Insurance Department
1200 West 3rd Street
LittleRock, AR 72201-1904

Attn: Rate and Form Analyst

Re: Unified Life Insurance Company; NAIC #11121
Informational Reports - Individual Health Insurance
2008 Medicare Supplement Refund Calculation Form, and
2008 Reporting Form for the Calculation of Benchmark Ratio Since Inception

To Whom It May Concern:

Enclosed are the above referenced reporting forms as required by standardized Medicare supplement insurance legislation.

Please feel free to contact me if you have any questions or require additional information. My telephone number is (913) 871-7321. Thank you.

Sincerely,

Beth E. Dixon
Actuarial Service Director
e-mail: bdixon@unifiedlife.com

Enclosure

REPORTING FORM FOR THE CALCULATION OF
BENCHMARK RATIO SINCE INCEPTION
FOR INDIVIDUAL POLICIES
FOR CALENDAR YEAR 2008

Type: Individual SMSBP: Pre-Standard
 For the State of: Arkansas
 Company Name: Unified Life Insurance Company
 NAIC Group Code: 0000 NAIC Company Code: 11121
 Address: 7201 West 129th Street, Suite 300, Overland Park, KS 66213-2627
 Person Completing this Exhibit: Beth Dixon
 Title: Actuarial Services Director Telephone Number: (913) 871-7321

(a) Issue Year	(b) Earned Premium	(c) Factor	(d) (b) x (c)	(e) Cumulative Loss Ratio	(f) (d) x (e)	(g) Factor	(h) (b) x (g)	(i) Cumulative Loss Ratio	(j) (h) x (i)	(o) Policy Yr Loss Ratio
1	-	2.770	-	0.442	-	-	-	-	-	0.40
2	-	4.175	-	0.493	-	-	-	-	-	0.55
3	-	4.175	-	0.493	-	1.194	-	0.659	-	0.65
4	-	4.175	-	0.493	-	2.245	-	0.669	-	0.67
5	-	4.175	-	0.493	-	3.170	-	0.678	-	0.69
6	-	4.175	-	0.493	-	3.998	-	0.686	-	0.71
7	-	4.175	-	0.493	-	4.754	-	0.695	-	0.73
8	-	4.175	-	0.493	-	5.445	-	0.702	-	0.75
9	-	4.175	-	0.493	-	6.075	-	0.708	-	0.76
10	-	4.175	-	0.493	-	6.650	-	0.713	-	0.76
11	-	4.175	-	0.493	-	7.176	-	0.717	-	0.76
12	209,524	4.175	874,764	0.493	431,259	7.655	1,603,909	0.720	1,154,815	0.77
13	-	4.175	-	0.493	-	8.093	-	0.723	-	0.77
14	-	4.175	-	0.493	-	8.493	-	0.725	-	0.77
15	-	4.175	-	0.493	-	8.684	-	0.725	-	0.77
Total			(k): 874,764	(l):	431,259	(m):	1,603,909	(n):	1,154,815	
Benchmark Ratio Since Inception: (l+n) / (k+m):					64.0%					

MEDICARE SUPPLEMENT REFUND CALCULATION FORM
FOR CALENDAR YEAR 2008

Type: Individual SMSBP: Pre-Standard
 For the State of: Arkansas
 Company Name: Unified Life Insurance Company
 NAIC Group Code: 0000 NAIC Company Code: 11121
 Address: 7201 West 129th Street, Suite 300, Overland Park, KS 66213-2627
 Person Completing this Exhibit: Beth Dixon
 Title: Actuarial Services Director Telephone Number: (913) 871-7321

	(a) Earned Premium	(b) Incurred Claims
1. Current Year's Experience		
a. Total (all policy years)	52,648	26,430
b. Current year's issues	-	-
c. Net (1a - 1b)	52,648	26,430
2. Past Year's Experience (All policy years)	1,553,313	1,144,654
3. Total Experience (1c + 2)	1,605,962	1,171,084
4. Refunds Last Year (excluding interest)	-	
5. Previous Since Inception (excluding Interest)	-	
6. Refunds Since Inception (excluding Interest)	-	
7. Benchmark Ratio Since Inception (Ratio 1)	64.0%	
8. Experience Ratio Since Inception (Ratio 2) (Line 3, Col. b)/(Line 3, Col. a - Line 6)	72.9%	
9. Life Years Exposed Since Inception If (Line 8 < Line 7) AND (Line 9 > 500), proceed; else stop.	941	
10. Tolerance Permitted (from credibility table)	15.0%	
11. Adjustment to Incurred Claims for Credibility (Ratio 3 = Ratio 2 + Tolerance)	87.9%	
12. Adjusted Incurred Claims (Line 3, Col. a. - Line 6) x Line 11		
13. Refund (Line 3, Col. a. - Line 6 - (Line 12/Line 7))		
De Minimus Amount (.005 x Annualized Prem. IF at 12/31)		

I certify that the above information and calculations are true and accurate to the best of my knowledge and belief.

Signature 
 Name Beth Dixon
 Title Actuarial Services Director
 Date 5/26/2009

REPORTING FORM FOR THE CALCULATION OF
BENCHMARK RATIO SINCE INCEPTION
FOR INDIVIDUAL POLICIES
FOR CALENDAR YEAR 2008

Type: Individual SMSBP: Plan B
 For the State of: Arkansas
 Company Name: Unified Life Insurance Company
 NAIC Group Code: 0000 NAIC Company Code: 11121
 Address: 7201 West 129th Street, Suite 300, Overland Park, KS 66213-2627
 Person Completing this Exhibit: Beth Dixon
 Title: Actuarial Services Director Telephone Number: (913) 871-7321

(a) Issue Year	(b) Earned Premium	(c) Factor	(d) (b) x (c)	(e) Cumulative Loss Ratio	(f) (d) x (e)	(g) Factor	(h) (b) x (g)	(i) Cumulative Loss Ratio	(j) (h) x (i)	(o) Policy Yr Loss Ratio
1	-	2.770	-	0.442	-	-	-	-	-	0.40
2	-	4.175	-	0.493	-	-	-	-	-	0.55
3	-	4.175	-	0.493	-	1.194	-	0.659	-	0.65
4	-	4.175	-	0.493	-	2.245	-	0.669	-	0.67
5	-	4.175	-	0.493	-	3.170	-	0.678	-	0.69
6	-	4.175	-	0.493	-	3.998	-	0.686	-	0.71
7	-	4.175	-	0.493	-	4.754	-	0.695	-	0.73
8	-	4.175	-	0.493	-	5.445	-	0.702	-	0.75
9	-	4.175	-	0.493	-	6.075	-	0.708	-	0.76
10	7,691	4.175	32,111	0.493	15,831	6.650	51,147	0.713	36,468	0.76
11	9,011	4.175	37,623	0.493	18,548	7.176	64,666	0.717	46,366	0.76
12	1,740	4.175	7,263	0.493	3,581	7.655	13,317	0.720	9,588	0.77
13	-	4.175	-	0.493	-	8.093	-	0.723	-	0.77
14	-	4.175	-	0.493	-	8.493	-	0.725	-	0.77
15	-	4.175	-	0.493	-	8.684	-	0.725	-	0.77
Total		(k):	76,997	(l):	37,959	(m):	129,130	(n):	92,422	
Benchmark Ratio Since Inception: (l+n) / (k+m):					63.3%					

MEDICARE SUPPLEMENT REFUND CALCULATION FORM
FOR CALENDAR YEAR 2008

Type: Individual SMSBP: Plan B
 For the State of: Arkansas
 Company Name: Unified Life Insurance Company
 NAIC Group Code: 0000 NAIC Company Code: 11121
 Address: 7201 West 129th Street, Suite 300, Overland Park, KS 66213-2627
 Person Completing this Exhibit: Beth Dixon
 Title: Actuarial Services Director Telephone Number: (913) 871-7321

	(a) Earned Premium	(b) Incurred Claims
1. Current Year's Experience		
a. Total (all policy years)	3,600	4,526
b. Current year's issues	-	-
c. Net (1a - 1b)	3,600	4,526
2. Past Year's Experience (All policy years)	185,223	125,214
3. Total Experience (1c + 2)	188,823	129,740
4. Refunds Last Year (excluding interest)	-	
5. Previous Since Inception (excluding Interest)	-	
6. Refunds Since Inception (excluding Interest)	-	
7. Benchmark Ratio Since Inception (Ratio 1)	63.3%	
8. Experience Ratio Since Inception (Ratio 2) (Line 3, Col. b)/(Line 3, Col. a - Line 6)	68.7%	
9. Life Years Exposed Since Inception If (Line 8 < Line 7) AND (Line 9 > 500), proceed; else stop.	132	
10. Tolerance Permitted (from credibility table)		
11. Adjustment to Incurred Claims for Credibility (Ratio 3 = Ratio 2 + Tolerance)		
12. Adjusted Incurred Claims (Line 3, Col. a - Line 6) x Line 11		
13. Refund (Line 3, Col. a - Line 6 - (Line 12/Line 7))		
De Minimus Amount (.005 x Annualized Prem. IF at 12/31)		

I certify that the above information and calculations are true and accurate to the best of my knowledge and belief.

Signature 
 Name Beth Dixon
 Title Actuarial Services Director
 Date 5/26/2009

REPORTING FORM FOR THE CALCULATION OF
BENCHMARK RATIO SINCE INCEPTION
FOR INDIVIDUAL POLICIES
FOR CALENDAR YEAR 2008

Type: Individual SMSBP: Plan C
 For the State of: Arkansas
 Company Name: Unified Life Insurance Company
 NAIC Group Code: 0000 NAIC Company Code: 11121
 Address: 7201 West 129th Street, Suite 300, Overland Park, KS 66213-2627
 Person Completing this Exhibit: Beth Dixon
 Title: Actuarial Services Director Telephone Number: (913) 871-7321

(a) Issue Year	(b) Earned Premium	(c) Factor	(d) (b) x (c)	(e) Cumulative Loss Ratio	(f) (d) x (e)	(g) Factor	(h) (b) x (g)	(i) Cumulative Loss Ratio	(j) (h) x (i)	(o) Policy Yr Loss Ratio
1	-	2.770	-	0.442	-	-	-	-	-	0.40
2	-	4.175	-	0.493	-	-	-	-	-	0.55
3	-	4.175	-	0.493	-	1.194	-	0.659	-	0.65
4	-	4.175	-	0.493	-	2.245	-	0.669	-	0.67
5	-	4.175	-	0.493	-	3.170	-	0.678	-	0.69
6	-	4.175	-	0.493	-	3.998	-	0.686	-	0.71
7	-	4.175	-	0.493	-	4.754	-	0.695	-	0.73
8	-	4.175	-	0.493	-	5.445	-	0.702	-	0.75
9	-	4.175	-	0.493	-	6.075	-	0.708	-	0.76
10	-	4.175	-	0.493	-	6.650	-	0.713	-	0.76
11	964	4.175	4,024	0.493	1,984	7.176	6,917	0.717	4,960	0.76
12	923	4.175	3,855	0.493	1,900	7.655	7,068	0.720	5,089	0.77
13	-	4.175	-	0.493	-	8.093	-	0.723	-	0.77
14	-	4.175	-	0.493	-	8.493	-	0.725	-	0.77
15	-	4.175	-	0.493	-	8.684	-	0.725	-	0.77
Total		(k):	7,879	(l):	3,884	(m):	13,985	(n):	10,048	
Benchmark Ratio Since Inception: (l+n) / (k+m):					63.7%					

MEDICARE SUPPLEMENT REFUND CALCULATION FORM
FOR CALENDAR YEAR 2008

Type: Individual SMSBP: Plan C
 For the State of: Arkansas
 Company Name: Unified Life Insurance Company
 NAIC Group Code: 0000 NAIC Company Code: 11121
 Address: 7201 West 129th Street, Suite 300, Overland Park, KS 66213-2627
 Person Completing this Exhibit: Beth Dixon
 Title: Actuarial Services Director Telephone Number: (913) 871-7321

	(a) Earned Premium	(b) Incurred Claims
1. Current Year's Experience		
a. Total (all policy years)	1,986	16,017
b. Current year's issues	-	-
c. Net (1a - 1b)	1,986	16,017
2. Past Year's Experience (All policy years)	20,740	14,022
3. Total Experience (1c + 2)	22,726	30,039
4. Refunds Last Year (excluding interest)	-	
5. Previous Since Inception (excluding Interest)	-	
6. Refunds Since Inception (excluding Interest)	-	
7. Benchmark Ratio Since Inception (Ratio 1)	63.7%	
8. Experience Ratio Since Inception (Ratio 2) (Line 3, Col. b)/(Line 3, Col. a - Line 6)	132.2%	
9. Life Years Exposed Since Inception If (Line 8 < Line 7) AND (Line 9 > 500), proceed; else stop.	15	
10. Tolerance Permitted (from credibility table)		
11. Adjustment to Incurred Claims for Credibility (Ratio 3 = Ratio 2 + Tolerance)		
12. Adjusted Incurred Claims (Line 3, Col. a. - Line 6) x Line 11		
13. Refund (Line 3, Col. a. - Line 6 - (Line 12/Line 7))		
De Minimus Amount (.005 x Annualized Prem. IF at 12/31)		

I certify that the above information and calculations are true and accurate to the best of my knowledge and belief.

Signature 
 Name Beth Dixon
 Title Actuarial Services Director
 Date 5/26/2009