

SERFF Tracking Number: UNAM-126220955 State: Arkansas
Filing Company: The Pyramid Life Insurance Company State Tracking Number: 42898
Company Tracking Number: MS WITHDRAWN
TOI: MS051 Individual Medicare Supplement - Sub-TOI: MS051.001 Plan A
Standard Plans
Product Name: MS WITHDRAWN
Project Name/Number: /

Filing at a Glance

Company: The Pyramid Life Insurance Company

Product Name: MS WITHDRAWN

SERFF Tr Num: UNAM-126220955 State: ArkansasLH

TOI: MS051 Individual Medicare Supplement -

SERFF Status: Closed

State Tr Num: 42898

Standard Plans

Sub-TOI: MS051.001 Plan A

Co Tr Num: MS WITHDRAWN

State Status: Under Review

Filing Type: Form

Co Status:

Reviewer(s): Stephanie Fowler

Author: Mary Reichert

Disposition Date: 08/06/2009

Date Submitted: 07/08/2009

Disposition Status: Filed-Closed

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: 08/06/2009

Explanation for Other Group Market Type:

State Status Changed: 08/04/2009

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

July 7, 2009

The Honorable Jay Bradford

Insurance Commissioner

Arkansas Department of Insurance

SERFF Tracking Number: UNAM-126220955 State: Arkansas
Filing Company: The Pyramid Life Insurance Company State Tracking Number: 42898
Company Tracking Number: MS WITHDRAWN
TOI: MS051 Individual Medicare Supplement - Sub-TOI: MS051.001 Plan A
Standard Plans
Product Name: MS WITHDRAWN
Project Name/Number: /

1200 W.Third Street
Little Rock, Arkansas 72201-1904

RE: THE PYRAMID LIFE INSURANCE COMPANY (NAIC # 0953-68284)
NOTICE OF INTENT TO WITHDRAW MEDICARE SUPPLEMENT FORMS

Dear Commissioner Bradford:

The purpose of this letter is to advise you of our intent to withdraw all plans of Medicare Supplement and Medicare Supplement/Select insurance from sale in Arkansas. This withdrawal will be effective August 31, 2009. Form numbers to be withdrawn are: M40AR (1/06), M43AR (1/06), M45AR (1/06), M46AR (1/06) and M47AR (1/06), all of which were approved for use on 11/29/05. Additionally, Medicare Supplement/Select form numbers to be withdrawn are: M63AR (1/06), M65AR (1/06) and M66AR (1/06), which were approved on 11/29/05. Copies of the Department's stamped notices of approval are attached for your reference.

We acknowledge that our action to withdraw these forms from approval and availability is considered a withdrawal from the Medicare Supplement market, and further acknowledge this action will begin a 5 year prohibition on writing new Medicare Supplement business in Arkansas.

Please contact me at 800-538-1053, ext. 8350 if you have questions or wish to discuss this letter. Our office hours are 8:15am – 5:00pm Monday through Thursday, and Friday until 3:30pm. I can also be reached via email at mdoherty@universalamerican.com.

Sincerely,

Michelle Doherty
ACS, AIAA, AIRC, ALHC, CCP, HIA, MHP
Vice President, Product Filing & Compliance

SERFF Tracking Number: UNAM-126220955 State: Arkansas
 Filing Company: The Pyramid Life Insurance Company State Tracking Number: 42898
 Company Tracking Number: MS WITHDRAWN
 TOI: MS051 Individual Medicare Supplement - Sub-TOI: MS051.001 Plan A
 Standard Plans
 Product Name: MS WITHDRAWN
 Project Name/Number: /

Company and Contact

Filing Contact Information

Mary Reichert, mreichert@uafl.com
 P.O. Box 958465 (407) 628-1776 [Phone]
 Lake Mary, FL 32795-8465

Filing Company Information

The Pyramid Life Insurance Company CoCode: 68284 State of Domicile: Kansas
 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: 48-0557726

Filing Fees

Fee Required? No
 Retaliatory? No
 Fee Explanation:
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
The Pyramid Life Insurance Company	\$0.00	07/08/2009	

SERFF Tracking Number: UNAM-126220955 State: Arkansas
Filing Company: The Pyramid Life Insurance Company State Tracking Number: 42898
Company Tracking Number: MS WITHDRAWN
TOI: MS051 Individual Medicare Supplement - Sub-TOI: MS051.001 Plan A
Standard Plans
Product Name: MS WITHDRAWN
Project Name/Number: /

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed-Closed	Stephanie Fowler	08/06/2009	08/06/2009

SERFF Tracking Number: UNAM-126220955 *State:* Arkansas
Filing Company: The Pyramid Life Insurance Company *State Tracking Number:* 42898
Company Tracking Number: MS WITHDRAWN
TOI: MS051 Individual Medicare Supplement - *Sub-TOI:* MS051.001 Plan A
Standard Plans
Product Name: MS WITHDRAWN
Project Name/Number: /

Disposition

Disposition Date: 08/06/2009

Implementation Date:

Status: Filed-Closed

Comment: Please see the attached letter for more details.

Rate data does NOT apply to filing.

SERFF Tracking Number: UNAM-126220955 State: Arkansas
 Filing Company: The Pyramid Life Insurance Company State Tracking Number: 42898
 Company Tracking Number: MS WITHDRAWN
 TOI: MS051 Individual Medicare Supplement - Sub-TOI: MS051.001 Plan A
 Standard Plans
 Product Name: MS WITHDRAWN
 Project Name/Number: /

Item Type	Item Name	Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document	Health - Actuarial Justification		Yes
Supporting Document	Outline of Coverage		Yes
Supporting Document	Cover letter	Filed	Yes
Supporting Document	Forms approved	Accepted for Informational Purposes	Yes

Arkansas Insurance Department

Mike Beebe
Governor



Jay Bradford
Commissioner

August 6, 2009

Ms. Michelle Doherty
The Pyramid Life Insurance Company
1001 Heathrow Park Lane, Suite 5001
Lake Mary, FL 32746

RE: Notice of Marketing Withdrawal

Dear Ms. Doherty;

This is to acknowledge receipt of your letter notifying the Department pursuant to AR Rule 27, Sec. 15 D (1) (a) of your intent to discontinue the marketing of Medicare Supplement Plans effective August 31, 2009. We do regret your decision to leave this market.

As you are aware, by discontinuing the availability of this coverage, the Company will not be permitted to file for approval new forms of this type for a period of five (5) years.

If you have any questions, please let us know.

Sincerely,

Stephanie Fowler

Stephanie Fowler
Compliance Officer
Life and Health Division
(501) 371-2768
e-mail: Stephanie.fowler@arkansas.gov

SERFF Tracking Number: UNAM-126220955 *State:* Arkansas
Filing Company: The Pyramid Life Insurance Company *State Tracking Number:* 42898
Company Tracking Number: MS WITHDRAWN
TOI: MS051 Individual Medicare Supplement - *Sub-TOI:* MS051.001 Plan A
Standard Plans
Product Name: MS WITHDRAWN
Project Name/Number: /

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: UNAM-126220955 State: Arkansas
 Filing Company: The Pyramid Life Insurance Company State Tracking Number: 42898
 Company Tracking Number: MS WITHDRAWN
 TOI: MS051 Individual Medicare Supplement - Sub-TOI: MS051.001 Plan A
 Standard Plans
 Product Name: MS WITHDRAWN
 Project Name/Number: /

Supporting Document Schedules

Review Status:
Bypassed -Name: Flesch Certification 07/08/2009
Bypass Reason: Forms being withdrawn.
Comments:

Review Status:
Bypassed -Name: Application 07/08/2009
Bypass Reason: Forms being withdrawn.
Comments:

Review Status:
Bypassed -Name: Health - Actuarial Justification 07/08/2009
Bypass Reason: Forms being withdrawn.
Comments:

Review Status:
Bypassed -Name: Outline of Coverage 07/08/2009
Bypass Reason: Forms being withdrawn.
Comments:

Review Status:
Satisfied -Name: Cover letter Filed 08/06/2009
Comments:
Attachment:
 ar.pdf

Review Status:
Satisfied -Name: Forms approved Accepted for Informational 08/06/2009
 Purposes
Comments:
Attachment:

SERFF Tracking Number: UNAM-126220955 *State:* Arkansas
Filing Company: The Pyramid Life Insurance Company *State Tracking Number:* 42898
Company Tracking Number: MS WITHDRAWN
TOI: MS051 Individual Medicare Supplement - *Sub-TOI:* MS051.001 Plan A
Standard Plans
Product Name: MS WITHDRAWN
Project Name/Number: /

ar a.pdf



July 7, 2009

1001 Heathrow Park Lane, Suite 5001
Lake Mary, FL 32746
800 444 0321 toll-free
www.pyramidlife.com

The Honorable Jay Bradford
Insurance Commissioner
Arkansas Department of Insurance
1200 W.Third Street
Little Rock, Arkansas 72201-1904

RE: THE PYRAMID LIFE INSURANCE COMPANY (NAIC # 0953-68284)
NOTICE OF INTENT TO WITHDRAW MEDICARE SUPPLEMENT FORMS

Dear Commissioner Bradford:

The purpose of this letter is to advise you of our intent to withdraw all plans of Medicare Supplement and Medicare Supplement/Select insurance from sale in Arkansas. This withdrawal will be effective August 31, 2009. Form numbers to be withdrawn are: M40AR (1/06), M43AR (1/06), M45AR (1/06), M46AR (1/06) and M47AR (1/06), all of which were approved for use on 11/29/05. Additionally, Medicare Supplement/Select form numbers to be withdrawn are: M63AR (1/06), M65AR (1/06) and M66AR (1/06), which were approved on 11/29/05. Copies of the Department's stamped notices of approval are attached for your reference.

We acknowledge that our action to withdraw these forms from approval and availability is considered a withdrawal from the Medicare Supplement market, and further acknowledge this action will begin a 5 year prohibition on writing new Medicare Supplement business in Arkansas.

Please contact me at 800-538-1053, ext. 8350 if you have questions or wish to discuss this letter. Our office hours are 8:15am – 5:00pm Monday through Thursday, and Friday until 3:30pm. I can also be reached via email at mdoherty@universalamerican.com.

Sincerely,

A handwritten signature in cursive script that reads "Michelle Doherty".

Michelle Doherty
ACS, AIAA, AIRC, ALHC, CCP, HIA, MHP
Vice President, Product Filing & Compliance

SENIOR
Solutions®



Received

DEC - 7

PO Box 958465
Lake Mary, FL 32795-8465
ph: 1 800 444 0321
www.pyramidlife.com

PRODUCT FILING
COMPLIANCE

October 12, 2005

Ms. Marie Bennett
Rate and Form Analyst
Arkansas Insurance Department
1200 West Third Street
Little Rock, AR 72201-1904

APPROVED
NOV 29 2005
LIFE AND HEALTH
ARKANSAS INSURANCE DEPARTMENT

RECEIVED

OCT 14 2005

LIFE AND HEALTH
ARKANSAS INSURANCE DEPARTMENT

RE: THE PYRAMID LIFE INSURANCE COMPANY
NAIC Company No.: 68284 FEIN No.: 48-0557726

FILING TO COMPLY WITH MEDICARE MODERNIZATION ACT

- M40AR (1/06) Medicare Supplement Policy Plan A
- M43AR (1/06) Medicare Supplement Policy Plan D
- M45AR (1/06) Medicare Supplement Policy Plan F
- M46AR (1/06) Medicare Supplement Policy Plan G
- M47AR (1/06) Medicare Supplement Policy High Deductible Plan F
- PY-MS-APP (1/06) AR Application for Medicare Supplement Insurance
- OC-PY-MS-06 AR Outline of Coverage
- PY-GI (1/06) Medicare Supplement Guaranteed Issue Determination Application
- RF-PY (1/06) Notice to Applicant Regarding Replacement of Medicare Supplement Insurance

Dear Ms. Bennett:

The above forms are being resubmitted for your review and approval in order to comply with the provisions of your revised regulations regarding Medicare Supplement policies and the Medicare Modernization Act. They are new forms that are intended to replace the forms previously approved by your Department listed on the next page.

We certify that no part of this filing contains any unusual or possibly controversial items from normal company of industry standards.

The Medicare Supplement Policies listed above provide benefits for Plans A, D, F, G and High Deductible Plan F and are intended to be issued beginning January 1, 2006.

The following revisions have been made to these new forms:

1. The language in the Core Benefits of each policy has been modified slightly.
2. The policies and policy schedule pages have been reformatted.
3. The Suspension of Coverage by the policyholder provision has been updated.
4. The Exclusions have been reduced to the following statement: "This policy does not pay for expenses of the kind not covered by Medicare."

5. The application includes additional and revised questions in Part III.
6. The medical questions in the application have been revised.
7. A question has been added that asks applicants to list all prescription medications.
8. The Guaranteed Issue Determination Application contains the required new language.

Forms being replaced are listed below with your Department's approval date.

<u>FORM NUMBER</u>	<u>DESCRIPTION</u>	<u>APPROVAL DATE</u>
M40AR	Medicare Supplement Policy Plan A	March 26, 1992
M43AR	Medicare Supplement Policy Plan D	December 16, 2004
M45AR	Medicare Supplement Policy Plan F	March 26, 1992
M46AR	Medicare Supplement Policy Plan G	March 26, 1992
M47AR	Medicare Supplement Policy High Deductible Plan F	December 16, 2004

We would like to withdraw the following previously approved Medicare Supplement policies effective January 1, 2006:

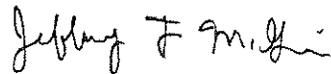
<u>FORM NUMBER</u>	<u>DESCRIPTION</u>	<u>APPROVAL DATE</u>
M41AR	Medicare Supplement Policy Plan B	April 4, 1992
M42AR	Medicare Supplement Policy Plan C	January 26, 1993
M49AR	Medicare Supplement Policy High Deductible Plan J	July 22, 1999

We will continue to use the following previously approved forms that are in compliance with the Medicare Modernization Act.

<u>FORM NUMBER</u>	<u>DESCRIPTION</u>	<u>APPROVAL DATE</u>
M44AR (1/06)	Medicare Supplement Policy Plan E	September 22, 2005
OC-PY-MS-S-06 AR	Outline of Coverage	September 22, 2005
PY-MS-APP (1/06) AR	Application	September 22, 2005
PY-GI (1/06)	Medicare Supplement Guaranteed Issue Determination Application	September 22, 2005
RF-PY (1/06)	Replacement Notice	September 22, 2005

Thank you for your assistance with this filing. A postage paid envelope is enclosed for your convenience in replying. If you have any questions, please call me at (800) 360-5735, ext. 8287. My e-mail address is jmcginn@uaafc.com. My fax number is (407) 628-9021.

Sincerely,



Jeffrey F. McGinn, AIRC
Team Leader
Accident & Health Product Filing



PO Box 958465
Lake Mary, FL 32795-8465
ph: 1 800 444 0321
www.pyramidlife.com

Received

October 12, 2005

APPROVED

NOV 29 2005

LIFE AND HEALTH
ARKANSAS INSURANCE DEPARTMENT

PRODUCT FILING
COMPLIANCE

Ms. Marie Bennett
Rate and Form Analyst
Arkansas Insurance Department
1200 West Third Street
Little Rock, AR 72201-1904

RECEIVED

OCT 14 2005

LIFE AND HEALTH
ARKANSAS INSURANCE DEPARTMENT

RE: THE PYRAMID LIFE INSURANCE COMPANY
NAIC Company No.: 68284 FEIN No.: 48-0557726

FILING TO COMPLY WITH MEDICARE MODERNIZATION ACT

M63AR (1/06) Medicare Supplement Select Policy Plan D
M65AR(1/06) Medicare Supplement Select Policy Plan F
M66AR (1/06) Medicare Supplement Select Policy Plan G

Dear Ms. Bennett:

The above forms are being filed for your review and approval in order to comply with the provisions of your revised regulations regarding Medicare Supplement policies and the Medicare Modernization Act. They are new forms that are intended to replace the forms previously approved by your Department listed at the bottom of this page.

The Medicare Select Policies listed above provide benefits for Plans D, F, and G and are intended to be issued beginning January 1, 2006.

The following revisions have been made to these new policies:

1. The language in the Core Benefits of each policy has been modified slightly.
2. The Suspension of Coverage by Policyholder provision has been updated.
3. The policies and policy schedule pages have been reformatted.
4. An Extension of Benefits provision has been added to "Uniform Provisions." A few of these general provisions have been modified slightly.
5. The Exceptions have been reduced to the following statement: "This policy does not pay for expenses of the kind not covered by Medicare."

Forms being replaced as listed below with your Department's approval date.

<u>FORM NUMBER</u>	<u>DESCRIPTION</u>	<u>APPROVAL DATE</u>
M63AR	Medicare Supplement Select Policy Plan D	June 30, 1997
M65AR	Medicare Supplement Select Policy Plan F	September 4, 1996
M66AR	Medicare Supplement Select Policy Plan G	June 30, 1997

We would like to withdraw the following previously approved Medicare Select Supplement policies effective January 1, 2006:

<u>FORM NUMBER</u>	<u>DESCRIPTION</u>	<u>APPROVAL DATE</u>
M61AR	Medicare Select Supplement Policy Plan B	June 30, 1997
M62AR	Medicare Select Supplement Policy Plan C	September 4, 1996

This coverage will be marketed on a personal contact basis by our licensed agents.

We will continue to use the following forms that were approved by your Department on September 22, 2005. These forms are in compliance with the Medicare Modernization Act.

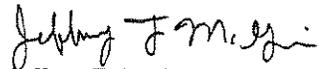
<u>FORM NUMBER</u>	<u>DESCRIPTION</u>
M64AR (1/06)	Medicare Supplement Select Policy Plan E
PY-MS-APP (1/06) AR	Application for Medicare Supplement Insurance
OC-PY-MS-S-06	Outline of Coverage
PY-GI-(1/06)	Medicare Supplement Guaranteed Issue Determination Application
RF-PY (1/06)	Notice to Applicant Regarding Replacement of Medicare Supplement Insurance

The Hospital network originally approved with our previous Medicare Select policies will continue to be used with these new policies.

Kansas, our state of domicile, does not impose filing fees.

Thank you for your assistance with this filing. A postage paid envelope is enclosed for your convenience in replying. If you have any questions, please call me at (800) 360-5735, ext. 8287. My e-mail address is jmcginn@uafc.com. My fax number is (407) 628-9021.

Sincerely,



Jeffrey F. McGinn, AIRC
Team Leader
Accident & Health Product Filing