

SERFF Tracking Number: AMLC-126280784 State: Arkansas
 Filing Company: Globe Life and Accident Insurance Company State Tracking Number: 43338
 Company Tracking Number: 2009OLDGLHOSP
 TOI: H15I Individual Health - Sub-TOI: H15I.001 Health - Hospital/Surgical/Medical
 Hospital/Surgical/Medical Expense Expense
 Product Name: 2009 Individual Hospital Surgical Policy Forms GCS1, GHIP, H-6, PR-20/HSEP, PR-20MS, Other Forms Issued Prior to 1956 and
 Acquired Business
 Project Name/Number: 2009 Rate Filing/2009OLDGLHOSP

Filing at a Glance

Company: Globe Life and Accident Insurance Company

Product Name: 2009 Individual Hospital Surgical Policy Forms GCS1, GHIP, H-6, PR-20/HSEP, PR-20MS, Other Forms Issued Prior to 1956 and Acquired Business
 SERFF Tr Num: AMLC-126280784 State: Arkansas

TOI: H15I Individual Health - Hospital/Surgical/Medical Expense
 SERFF Status: Closed-Approved- Closed State Tr Num: 43338
 Sub-TOI: H15I.001 Health - Hospital/Surgical/Medical Expense
 Co Tr Num: 2009OLDGLHOSP State Status: Approved-Closed
 Filing Type: Rate

Author: Jan Robinson
 Date Submitted: 08/25/2009
 Reviewer(s): Rosalind Minor
 Disposition Date: 09/10/2009
 Disposition Status: Approved-Closed

Implementation Date Requested: 10/01/2009
 State Filing Description:

Implementation Date:

General Information

Project Name: 2009 Rate Filing
 Project Number: 2009OLDGLHOSP
 Requested Filing Mode: Review & Approval

Status of Filing in Domicile: Pending
 Date Approved in Domicile:
 Domicile Status Comments: Filing was submitted in Nebraska, our state of domicile, on August 24, 2009. Pending approval.

Explanation for Combination/Other:
 Submission Type: New Submission
 Overall Rate Impact: 10%
 Filing Status Changed: 09/10/2009

Market Type: Individual
 Group Market Size:
 Group Market Type:
 Explanation for Other Group Market Type:
 State Status Changed: 09/10/2009
 Created By: Jan Robinson
 Corresponding Filing Tracking Number:
 2009OLDGLHOSP

Deemer Date:
 Submitted By: Jan Robinson

SERFF Tracking Number: AMLC-126280784 State: Arkansas
 Filing Company: Globe Life and Accident Insurance Company State Tracking Number: 43338
 Company Tracking Number: 2009OLDGLHOSP
 TOI: H151 Individual Health - Sub-TOI: H151.001 Health - Hospital/Surgical/Medical
 Hospital/Surgical/Medical Expense Expense
 Product Name: 2009 Individual Hospital Surgical Policy Forms GCS1, GHIP, H-6, PR-20/HSEP, PR-20MS, Other Forms Issued Prior to 1956 and
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Filing Description:

2009 Rate Filing

Individual Hospital/Surgical Expense Policy Forms GCS1, GHIP, H-6, PR-20/HSEP, PR-20MS, Other Forms Issued Prior to 1956, and Acquired Business from Associated Doctors, Greater Atlantic and Physicians National (Please see Summary Page for complete list of Acquired Business)

NAIC # 91472

Enclosed is our Rate Filing for the captioned policy forms. An Actuarial Memorandum and other supporting documentation are provided for your consideration.

Company and Contact

Filing Contact Information

Jan Robinson, Rate Compliance Specialist jrobinson@torchmarkcorp.com
 3700 S. Stonebridge Drive 972-569-3670 [Phone]
 McKinney, TX 75070 972-569-3679 [FAX]

Filing Company Information

Globe Life and Accident Insurance Company	CoCode: 91472	State of Domicile: Nebraska
204 North Robinson Avenue	Group Code: 290	Company Type: Life and Health
Oklahoma City, OK 73102	Group Name: Liberty National	State ID Number:
(405) 270-1400 ext. [Phone]	FEIN Number: 63-0782739	

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: Closed Block of Business with Combined Experience
 1 x \$50.00 = \$50.00
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Globe Life and Accident Insurance Company	\$50.00	08/25/2009	30101468

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Disposition

Disposition Date: 09/10/2009

Implementation Date:

Status: Approved-Closed

Comment:

We have approved your request of a 10% level rate increase on this submission. The approval is subject to the following conditions:

1. Rate increases will not be given prior to the first annual anniversary date of any policy.
2. After the first annual anniversary date of any policy, increases will not be given more frequently than once in a twelve (12) month period.
3. All increases in rates, other than a change in age or an individual moving to another geographical area, must be submitted to our Department for approval

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):
Globe Life and Accident Insurance Company	10.000%	10.000%	\$5,533	72	\$55,325	10.000%	10.000%

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Health - Actuarial Justification	Approved-Closed	No
Supporting Document	2009 AR OLDGLHOSP SUPPORTING DOCUMENTATION	Approved-Closed	No
Rate	2009 AR OLDGLHOSP Rate Filing	Approved-Closed	No

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Rate Information

Rate data applies to filing.

Filing Method: Serff
Rate Change Type: Increase
Overall Percentage of Last Rate Revision: 10.000%
Effective Date of Last Rate Revision: 10/19/2008
Filing Method of Last Filing: Serff - AMLC-125781301

Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):
Globe Life and Accident Insurance Company	10.000%	10.000%	\$5,533	72	\$55,325	10.000%	10.000%