

SERFF Tracking Number: AMLC-126403382 State: Arkansas
Filing Company: United American Insurance Company State Tracking Number: 44218
Company Tracking Number: AD-242
TOI: MS06 Medicare Supplement - Other Sub-TOI: MS06.000 Medicare Supplement - Other
Product Name: Individual Medicare Supplement
Project Name/Number: Medicare Supplement Advertisement/AD-242

Filing at a Glance

Company: United American Insurance Company

Product Name: Individual Medicare Supplement SERFF Tr Num: AMLC-126403382 State: Arkansas

TOI: MS06 Medicare Supplement - Other SERFF Status: Closed-Filed- State Tr Num: 44218
Closed

Sub-TOI: MS06.000 Medicare Supplement - Other Co Tr Num: AD-242 State Status: Filed-Closed

Filing Type: Advertisement

Author: Diane Breeding

Reviewer(s): Stephanie Fowler

Date Submitted: 12/01/2009

Disposition Date: 01/04/2010

Disposition Status: Filed-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: Medicare Supplement Advertisement

Project Number: AD-242

Requested Filing Mode: Review & Approval

Status of Filing in Domicile: Authorized

Date Approved in Domicile: 12/01/2009

Domicile Status Comments: Domicile State is Nebraska

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 01/04/2010

Explanation for Other Group Market Type:

State Status Changed: 01/04/2010

Deemer Date:

Created By: Diane Breeding

Submitted By: Diane Breeding

Corresponding Filing Tracking Number:

Filing Description:

NAIC #290-92916

FEIN # 73-1128555

RE: Form(s) AD-242 Print Advertisement for Medicare Supplement

Filing Certification

Filing Fee: \$25.00

Attached for your review and approval please find a copy of the above noted advertisement Form

AD-242 Medicare Supplement Print Advertisement that is being filed as an institutional filing. This is a new submission

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which has never been filed and does not replace any previous filing submissions. This form will be used by our agents as a tool to provide information to potential insured about the Medicare policies form numbers, MSA06-MSD06, MSHF06, MSF06, MSG06, MSK06 and MSL06, which have been previously approved in your state on December 13, 2005.

The above noted form has been filed and approved in Nebraska our state of domicile on December 1, 2009 and is being filed in other states where the company is licensed to do business.

Your early review and approval of this advertising letter will be greatly appreciated. If you have any questions please feel free to call me collect at the following number: (214) 544-5335 or e-mail be at the following address: dbreeding@torchmarkcorp.com.

Company and Contact

Filing Contact Information

Diane Breeding, Assistant Analyst dbreeding@torchmarkcorp.com
 3700 S. Stonebridge Drive 972-569-3295 [Phone]
 McKinney, TX 75070 972-569-3728 [FAX]

Filing Company Information

United American Insurance Company CoCode: 92916 State of Domicile: Nebraska
 P.O. Box 8080 Group Code: 290 Company Type: Life and Health
 McKinney, TX 75070-8080 Group Name: Liberty National State ID Number:
 (972) 529-5085 ext. [Phone] FEIN Number: 73-1128555

Filing Fees

Fee Required? Yes
 Fee Amount: \$25.00
 Retaliatory? No
 Fee Explanation: Your filing fee per company, product,form.

Nebraska our domicile state doesn't have a filing fee.

Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
United American Insurance Company	\$25.00	12/01/2009	32393408

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed-Closed	Stephanie Fowler	01/04/2010	01/04/2010

SERFF Tracking Number: *AMLC-126403382* *State:* *Arkansas*
Filing Company: *United American Insurance Company* *State Tracking Number:* *44218*
Company Tracking Number: *AD-242*
TOI: *MS06 Medicare Supplement - Other* *Sub-TOI:* *MS06.000 Medicare Supplement - Other*
Product Name: *Individual Medicare Supplement*
Project Name/Number: *Medicare Supplement Advertisement/AD-242*

Disposition

Disposition Date: 01/04/2010

Implementation Date:

Status: Filed-Closed

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Filing Fee Form C-AR3	Accepted for Informational Purposes	Yes
Supporting Document	NAIC Transmittal	Accepted for Informational Purposes	Yes
Form	Newsprint	Filed	Yes

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Form Schedule

Lead Form Number: AD-242

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Filed 01/04/2010	AD-242	Advertising	Newsprint	Initial		0.000	AD-242 Disenrolled.pdf

Med-Supp Print Ad

2 Column



Disenrolled by Medicare Advantage?

Find a stable home with United American Insurance Company.

Providing individual Medicare Supplements since Medicare began in 1966.
A+ (Superior) Financial Strength Rating*

To learn more:

- Agent Info
- Agent Info
- Agent Info

UA UNITED AMERICAN INSURANCE COMPANY

*From A.M. Best Company as of 6/09. United American Insurance Company is not connected with or endorsed by the U.S. Government or the federal Medicare program. These insurance policies have limitations and exclusions. This is a solicitation for insurance, and you may be contacted by an Agent representing United American Insurance Company. Plan availability and policy form numbers may vary by state.

AD-242 Policy Forms MSA06, MSB06, MSC06, MSD06, MSF06, MSHDF06, MSG06, MSK06, MSL06 UAI0561

3 Column



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Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Filing Fee Form C-AR3	Accepted for Informational Purposes	01/04/2010
Comments:		
Attachment: Filing Fee Form C-AR3.pdf		

	Item Status:	Status Date:
Satisfied - Item: NAIC Transmittal	Accepted for Informational Purposes	01/04/2010
Comments:		
Attachment: AR AD-242 NAIC Transmittal.pdf		

ATTN: LIFE & HEALTH DIVISION, ARKANSAS INSURANCE DEPARTMENT

COMPANY NAME: United American Insurance Company

COMPANY NAIC CODE: 290-92916

COMPANY CONTACT PERSON & TELEPHONE # Diane M. Breeding – (972) 569-3295

<u>INSURANCE DEPARTMENT USE ONLY</u>		
ANALYST: _____	AMOUNT: _____	ROUTE SLIP: _____

ALL FEES ARE PER EACH INSURER. PER ANNUAL STATEMENT LINE OF BUSINESS. UNLESS OTHERWISE INDICATED.

FEE SCHEDULE FOR ADMITTED INSURERS

RATE/FORM FILINGS

Life and/or Disability policy form filing and review, per each policy, contract, annuity form, per each insurer, per each filing. * _____ x \$ 50 = _____
 **Retaliatory _____

Life and/or Disability - Filing and review of each rate filing or loss ratio guarantee filing, per each insurer. * _____ x \$ 50 = _____
 **Retaliatory _____

Life and/or Disability Policy, contract or Annuity Forms: Filing and review of each certificate, rider, endorsement or application if each is filed separately from the basic form. * _____ x \$ 20 = _____
 **Retaliatory _____

Life and/or Disability: Filing and review of Insurer's advertisements, per advertisement, per each insurer. * 1 x \$ 25 = \$25.00
 **Retaliatory _____

AMEND CERTIFICATE OF AUTHORITY

Review and processing of information to amend an Insurer's Certificate of Authority. * _____ x \$400 = _____

Filing to amend Certificate of Authority. *** _____ x \$100 = _____

* THESE FEES ARE PAYABLE UNDER THE NEW FEE SCHEDULE AS OUTLINED UNDER RULE AND REGULATION 57.
 ** THESE FEES ARE PAYABLE UNDER THE OLD FEE SCHEDULE AS OUTLINED UNDER ARK. CODE ANN. 23-63-102, RETALIATORY TAX.
 *** THESE FEES ARE PAYABLE AS REQUIRED IN ARK. ANN. 23-61-401.

Life, Accident & Health, Annuity, Credit Transmittal Document

1.	Prepared for the State of	ARKANSAS
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2.	Department Use Only
	State Tracking ID

3.	Insurer Name & Address	Domicile	Insurer License Type	NAIC Group #	NAIC #	FEIN #	State #
	United American Insurance P.O. Box 8080 McKinney, TX 75070	Nebraska	Life & Health	290	92916	73-1128555	75801

4.	Contact Name & Address	Telephone #	Fax #	E-mail Address
	Diane M. Breeding	(972) 569-3295	(972) 569-3728	dbreeding@torchmarkcorp.com

5.	Requested Filing Mode	<input checked="" type="checkbox"/> Review & Approval <input type="checkbox"/> File & Use <input type="checkbox"/> Informational <input type="checkbox"/> Combination (please explain): _____ <input type="checkbox"/> Other (please explain): _____
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6.	Company Tracking Number	AD-242
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7.	<input checked="" type="checkbox"/> New Submission <input type="checkbox"/> Resubmission Previous file # _____
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8.	Market	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Franchise Group: <input type="checkbox"/> Small <input type="checkbox"/> Large <input type="checkbox"/> Small and Large <input type="checkbox"/> Employer <input type="checkbox"/> Association <input type="checkbox"/> Blanket <input type="checkbox"/> Discretionary <input type="checkbox"/> Trust <input type="checkbox"/> Other: _____
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9.	Type of Insurance (TOI)	MS06
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10.	Sub-Type of Insurance (Sub-TOI)	MS06.000
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11.	Submitted Documents	<div style="margin-bottom: 10px;"> <input type="checkbox"/> FORMS <input type="checkbox"/> Policy <input type="checkbox"/> Outline of Coverage <input type="checkbox"/> Certificate <input type="checkbox"/> Application/Enrollment <input type="checkbox"/> Rider/Endorsement <input checked="" type="checkbox"/> Advertising <input type="checkbox"/> Schedule of Benefits <input type="checkbox"/> Other </div> <div style="margin-bottom: 10px;"> Rates <input type="checkbox"/> New Rate <input type="checkbox"/> Revised Rate </div> <div style="margin-bottom: 10px;"> <input type="checkbox"/> FILING OTHER THAN FORM OR RATE: Please explain: _____ </div> <div> SUPPORTING DOCUMENTATION <input type="checkbox"/> Articles of Incorporation <input type="checkbox"/> Third Party Authorization <input type="checkbox"/> Association Bylaws <input type="checkbox"/> Trust Agreements <input type="checkbox"/> Statement of Variability <input type="checkbox"/> Certifications <input type="checkbox"/> Actuarial Memorandum <input type="checkbox"/> Other _____ </div>
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17.	Form Filing Attachment	
This filing transmittal is part of company tracking number		AD-242
This filing corresponds to rate filing company tracking number		

	Document Name	Form Number		Replaced Form Number
	Description			Previous State Filing Number
01	Individual Medicare Supplement	AD-242	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	N/A
	Newsprint Advertisement			
02			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
03			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
04			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
05			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
06			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
07			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
08			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
09			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
10			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	

LH FFA-1