

SERFF Tracking Number: PHYS-126404030 State: Arkansas  
 Filing Company: Physicians Mutual Insurance Company State Tracking Number: 44221  
 Company Tracking Number: PMA3215  
 TOI: MS08I Individual Medicare Supplement - Sub-TOI: MS08I.001 Plan A 2010  
 Standard Plans 2010  
 Product Name: Med Sup  
 Project Name/Number: PMA3215AR/PMA3215AR

## Filing at a Glance

Company: Physicians Mutual Insurance Company

Product Name: Med Sup SERFF Tr Num: PHYS-126404030 State: Arkansas  
 TOI: MS08I Individual Medicare Supplement - Standard Plans 2010 SERFF Status: Closed-Filed-Closed State Tr Num: 44221  
 Sub-TOI: MS08I.001 Plan A 2010 Co Tr Num: PMA3215 State Status: Filed-Closed  
 Filing Type: Advertisement Reviewer(s): Stephanie Fowler  
 Authors: Sonya Dickey, Sara Magee-Garcia Disposition Date: 01/04/2010  
 Date Submitted: 12/02/2009 Disposition Status: Filed-Closed  
 Implementation Date Requested: Implementation Date:

State Filing Description:

## General Information

Project Name: PMA3215AR Status of Filing in Domicile: Authorized  
 Project Number: PMA3215AR 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: 01/04/2010 Explanation for Other Group Market Type:  
 State Status Changed: 01/04/2010  
 Deemer Date: Created By: Sonya Dickey  
 Submitted By: Sonya Dickey Corresponding Filing Tracking Number:  
 Filing Description:  
 RE: Medicare Supplement Insurance Advertisement  
 Invitation to Inquire: Letter: PMA3215AR & Reply Card: PMA3215AAR

Attached are copies of the above referenced material for your review and approval. This material will be used by licensed agents in your state to create an interest in our following Medicare Supplement policies/rider:

Policies Medicare Plans Approval Dates

P020AR A 8-12-09

P025AR F 8-12-09

SERFF Tracking Number: *PHYS-126404030* State: *Arkansas*  
 Filing Company: *Physicians Mutual Insurance Company* State Tracking Number: *44221*  
 Company Tracking Number: *PMA3215*  
 TOI: *MS081 Individual Medicare Supplement - Standard Plans 2010* Sub-TOI: *MS081.001 Plan A 2010*  
 Product Name: *Med Sup*  
 Project Name/Number: *PMA3215AR/PMA3215AR*  
 P026AR G 8-12-09  
 P027AR High Ded F 8-12-09  
 High Deductible Premium Discount Rider B345 8-12-09

If you have any questions concerning the material, please contact me at 1-800-228-9100, option 1, option 6, extension 1663. You can also contact me via email at [Sonya.Dickey@physiciansmutual.com](mailto:Sonya.Dickey@physiciansmutual.com). Your assistance is greatly appreciated.

## Company and Contact

### Filing Contact Information

Sonya Dickey, [sonya.dickey@physiciansmutual.com](mailto:sonya.dickey@physiciansmutual.com)  
 2600 Dodge Street 402-633-1663 [Phone]  
 Omaha, NE 68131 402-633-1096 [FAX]

### Filing Company Information

Physicians Mutual Insurance Company	CoCode: 80578	State of Domicile: Nebraska
2600 Dodge Street	Group Code: 367	Company Type:
Omaha, NE 68131	Group Name:	State ID Number:
(402) 633-1188 ext. [Phone]	FEIN Number: 47-0270450	

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## Filing Fees

Fee Required?	Yes
Fee Amount:	\$80.00
Retaliatory?	No
Fee Explanation:	\$40 per form 2 forms
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Physicians Mutual Insurance Company	\$80.00	12/02/2009	32409613

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## Correspondence Summary

### Dispositions

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





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## Form Schedule

**Lead Form Number: PMA3215AR**

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Filed 01/04/2010	PMA3215A	Advertising	PMA3215AR	Initial			PMA3215AR.pdf
Filed 01/04/2010	PMA3215A	Advertising	PMA3215AAR	Initial			PMA3215AR.pdf

**YES!...** I want to receive more information and personal service from a Physicians Mutual Insurance Company producer. I understand there's no cost or obligation for this service.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ ZIP: \_\_\_\_\_

County: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: (       ) \_\_\_\_\_

Date of Birth: \_\_\_\_\_

[Producer #: XXXXXXX]  
PMA3215AAR    A producer will contact you.    Lead ID #: [XXXXXXX]

You're eligible for Medicare Supplement coverage – make sure you know your rights! For more insurance information, call: **[Producer Name, at 999-999-9999]**



[XXXXXXXXX Address Line1]  
[XXXXXXXXX Address Line2]



Sample A. Sample  
Address  
Address  
Anytown, XX 99999-9999

**[First Name],**  
It's Almost Time  
To Celebrate ...

*Don't  
Miss Out!*



PMA3215AR

# Congratulations and Happy Birthday!

You have an important decision to make ...

Think all Medicare Supplement insurance policies are the same? **Think again!**

You owe it to yourself to learn more about Medicare Supplement protection from Physicians Mutual. Our **ALL-NEW Innovative Option** is designed to help **save you money** ... and it's available only from us! Plus, you may be able to get guaranteed coverage — no matter what your health! Make sure you know your guaranteed rights. We can help you understand them. Even if you're still working, you need to know your options and what Medicare and Medicare Supplement protection can mean for you.

### We can also offer you:

- The security of a financially-sound, friendly company that consistently receives some of the highest financial ratings in the nation
- Claims paid quickly — on average, in less than 3 days for electronic claims
- Customer satisfaction — our customers consistently tell us they're happy with our friendly, reliable service



## The Icing on the Cake...



### Enjoy These Features

#### Save [Over 50%] On Your Premiums

You have a variety of ways to save with multi-policy discounts, which can add up to big savings for you. Ask your producer for details on how you can enjoy a lifetime of savings.

#### You Choose Your Own Doctor or Hospital

You'll always have the freedom to choose your own doctors and hospitals. You can go to the Medicare-approved hospital you want — it's your choice!

#### Lifetime Coverage

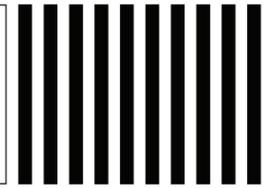
Relax and enjoy lifetime protection that's guaranteed renewable as long as you make your premium payments on time.

Insurance Policy Limitations: We will not pay for: a) confinement that begins or expenses incurred while your insurance policy is not in force nor, b) services of the type not covered by Medicare, unless specifically provided by the insurance policy.

We are not connected with, nor endorsed by, the U.S. Government or the Federal Medicare Program. A producer will provide complete details about these valuable options, including costs and limitations. Insurance policy/rider form numbers: P020, P025, P026, P027, B345.

Return the attached postcard for free, no obligation information.

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IN THE  
UNITED STATES



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INSURANCE COMPANY®  
PO BOX 2540  
OMAHA NE 68172-9706



**YES!...** I want to receive more information and personal service from a Physicians Mutual Insurance Company producer. I understand there's no cost or obligation for this service.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ ZIP: \_\_\_\_\_

County: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: (       ) \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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[XXXXXXXXX Address Line1]  
[XXXXXXXXX Address Line2]



Sample A. Sample  
Address  
Address  
Anytown, XX 99999-9999



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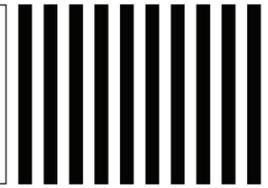
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