

SERFF Tracking Number: AMLC-126846899 State: Arkansas  
 Filing Company: Globe Life and Accident Insurance Company State Tracking Number: 46985  
 Company Tracking Number: 2010 GLOBE HOSPITAL RATE FILING  
 TOI: H15I Individual Health - Sub-TOI: H15I.001 Health - Hospital/Surgical/Medical  
 Hospital/Surgical/Medical Expense Expense  
 Product Name: 2010 Globe Individual Hospital / Surgical Expense Policies  
 Project Name/Number: 2010 Globe Hospital Rate Filing/2010 Globe Hospital Rate Filing

## Filing at a Glance

Company: Globe Life and Accident Insurance Company

Product Name: 2010 Globe Individual Hospital / SERFF Tr Num: AMLC-126846899 State: Arkansas

Surgical Expense Policies

TOI: H15I Individual Health -

SERFF Status: Closed-Approved- State Tr Num: 46985

Hospital/Surgical/Medical Expense

Closed

Sub-TOI: H15I.001 Health -

Co Tr Num: 2010 GLOBE

State Status: Approved-Closed

Hospital/Surgical/Medical Expense

HOSPITAL RATE FILING

Filing Type: Rate

Reviewer(s): Rosalind Minor

Author: Darla Grisolia

Disposition Date: 10/12/2010

Date Submitted: 10/06/2010

Disposition Status: Approved-Closed

Implementation Date Requested: 12/01/2010

Implementation Date:

State Filing Description:

## General Information

Project Name: 2010 Globe Hospital Rate Filing

Status of Filing in Domicile: Pending

Project Number: 2010 Globe Hospital Rate Filing

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments: An rate filing for Nebraska, our state of domicile, was submitted on 10/5/2010 and is currently pending.

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact: 10%

Group Market Type:

Filing Status Changed: 10/12/2010

Explanation for Other Group Market Type:

State Status Changed: 10/12/2010

Deemer Date:

Created By: Darla Grisolia

Submitted By: Darla Grisolia

Corresponding Filing Tracking Number: 2010  
Globe Hospital Rate Filing

PPACA: Grandfathered Immed Mkt Reforms

Filing Description:

Attached is our 2010 Rate Filing for Individual Hospital / Surgical expense policy forms GCS1, GHS1, GHS2, GHS3, H-6, PR-20/HSEP, PR20MS, other forms issued prior to 1956, and business acquired by Globe Life and Accident

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Insurance Company as listed in the addendum to the Actuarial Memorandum.

An Actuarial Memorandum and other supporting documentation are provided for your consideration.

NAIC # 91472

Rate Increase requested – 10%

## Company and Contact

### Filing Contact Information

Darla Grisolia, Rate Compliance Specialist dgrisolia@torchmarkcorp.com  
 3700 S. Stonebridge Drive 469-525-4752 [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	

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## Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	1 X \$50.00 = \$50.00
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Globe Life and Accident Insurance Company	\$50.00	10/06/2010	40321225

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	10/12/2010	10/12/2010

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## Disposition

Disposition Date: 10/12/2010

Implementation Date:

Status: Approved-Closed

Comment:

We have approved a 10% level rate increase on your 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%	\$8,784	66	\$87,841	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	2010 Globe Hospital Supporting Documentation	Approved-Closed	No
Rate	2010 Globe Individual Hospital / Surgical Expense Policies	Approved-Closed	Yes

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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:** 11/22/2009  
**Filing Method of Last Filing:** SERFF

## 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%	\$8,784	66	\$87,841	10.000%	10.000%

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## Rate/Rule Schedule

Schedule Item Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:	Rate Action Information:	Attachments
Approved-Closed 10/12/2010	2010 Globe Individual Hospital / Surgical Expense Policies	GCS1, HGS1, GHS2, GHS3, PR-20/HSEP, PR20MS, Other forms issued prior to 1956, business acquired by Globe Life and Accident	Revised	Previous State Filing Number: Percent Rate Change Request:	43338 & 43044 10.000