

SERFF Tracking Number: GRTT-126840625 State: Arkansas
Filing Company: United National Life Insurance Company of America State Tracking Number: 46941
Company Tracking Number: UNLHCI9910AR_A
TOI: H14I Individual Health - Hospital Indemnity Sub-TOI: H14I.000 Health - Hospital Indemnity
Product Name: Informational Filing for HCI Form U9910
Project Name/Number: /

Filing at a Glance

Company: United National Life Insurance Company of America

Product Name: Informational Filing for HCI SERFF Tr Num: GRTT-126840625 State: Arkansas
Form U9910

TOI: H14I Individual Health - Hospital Indemnity SERFF Status: Closed-Approved- Closed State Tr Num: 46941

Sub-TOI: H14I.000 Health - Hospital Indemnity Co Tr Num: UNLHCI9910AR_A State Status: Approved-Closed
Filing Type: Rate Reviewer(s): Rosalind Minor

Author: Linda David

Disposition Date: 10/08/2010

Date Submitted: 09/30/2010

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name:

Status of Filing in Domicile: Pending

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: 10/08/2010

Explanation for Other Group Market Type:

State Status Changed: 10/08/2010

Deemer Date:

Created By: Linda David

Submitted By: Linda David

Corresponding Filing Tracking Number:

Filing Description:

Filing for additional benefit levels options.

Company and Contact

Filing Contact Information

Linda David, Product Analyst

1275 MILWAUKEE AVE

847-904-5639 [Phone]

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GLENVIEW, IL 60025

Filing Company Information

United National Life Insurance Company of America CoCode: 92703 State of Domicile: Illinois
 1275 Milwaukee Ave. Group Code: 903 Company Type:
 Glenview, IL 60025 Group Name: State ID Number:
 (847) 803-5252 ext. [Phone] FEIN Number: 37-1095206

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
United National Life Insurance Company of America	\$50.00	09/30/2010	40056273

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	10/08/2010	10/08/2010

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TOI: H14I Individual Health - Hospital Indemnity Sub-TOI: H14I.000 Health - Hospital Indemnity
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Disposition

Disposition Date: 10/08/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: GRTT-126840625 State: Arkansas
 Filing Company: United National Life Insurance Company of America State Tracking Number: 46941
 Company Tracking Number: UNLHCI9910AR_A
 TOI: H141 Individual Health - Hospital Indemnity Sub-TOI: H141.000 Health - Hospital Indemnity
 Product Name: Informational Filing for HCI Form U9910
 Project Name/Number: /

Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Cover Letter	Approved-Closed	10/08/2010
Comments:			
Attachment:			
AR-LTR.pdf			

		Item Status:	Status Date:
Satisfied - Item:	Rates	Approved-Closed	10/08/2010
Comments:			
Attachment:			
U9910 Rates 55% 2010(New).pdf			



UNITED NATIONAL LIFE INSURANCE COMPANY OF AMERICA
P. O. Box 1154 Glenview, Illinois 60025-1154

September 30, 2010

Ms. Julie Benafield Bowman
Arkansas Department of Insurance
Seniors Insurance Network
1200 West 3rd St.
Little Rock, AR 72201-1904

Re: Informational Filing – Individual Hospital Confinement Indemnity
N.A.I.C. Company Code 92703
Federal ID Number 37-1095206
Company Filing Number UNLHCI2010AR

Dear Ms. Bowman:

Enclosed please find our informational filing for the already approved policy form U9910 Hospital Confinement Indemnity Policy. We wish to expand our existing benefit levels options of \$37.50, \$75.00, \$112.50, \$150 and \$225.

The new additional benefit level options are as follows: \$100, \$200, \$250, \$300, \$400, \$500.

Your attention to this filing is greatly appreciated. If you have any questions, please call me at 1-847-904-5639, fax me at 1-847-699-0093 or e-mail me at Linda_David@gtlic.com.

Sincerely,

United National Life Insurance Company

Linda David
Corporate Actuarial

Encl.

United National Life Insurance Company

Policy Form U9910

Hospital Confinement Indemnity Policy

Issue Age Annual Premiums

\$37.50 Daily Indemnity Amount		
Issue Age	Principal	Spouse
Dep. Child	\$55.60	
25 - 44	\$90.00	\$85.60
45 - 64	\$154.00	\$146.30
65 - 74	\$248.00	\$235.60
75 - 84	\$337.00	\$320.15
85+	\$425.00	\$403.75

\$112.50 Daily Indemnity Amount		
Issue Age	Principal	Spouse
Dep. Child	\$133.45	
25 - 44	\$204.75	\$194.50
45 - 64	\$379.85	\$360.85
65 - 74	\$638.30	\$606.40
75 - 84	\$851.10	\$808.55
85+	\$1,007.15	\$956.80

\$225.00 Daily Indemnity Amount		
Issue Age	Principal	Spouse
Dep. Child	\$266.90	
25 - 44	\$409.50	\$389.00
45 - 64	\$759.70	\$721.70
65 - 74	\$1,276.60	\$1,212.80
75 - 84	\$1,702.20	\$1,617.10
85+	\$2,014.30	\$1,913.60

\$400.00 Daily Indemnity Amount		
Issue Age	Principal	Spouse
Dep. Child	\$486.72	
25 - 44	\$748.80	\$711.36
45 - 64	\$1,287.94	\$1,223.54
65 - 74	\$2,156.54	\$2,048.72
75 - 84	\$2,882.88	\$2,738.74
85+	\$3,429.50	\$3,258.03

\$75.00 Daily Indemnity Amount		
Issue Age	Principal	Spouse
Dep. Child	\$95.40	
25 - 44	\$147.35	\$140.00
45 - 64	\$266.95	\$253.60
65 - 74	\$442.50	\$420.40
75 - 84	\$594.05	\$564.35
85+	\$713.10	\$677.45

\$150.00 Daily Indemnity Amount		
Issue Age	Principal	Spouse
Dep. Child	\$190.84	
25 - 44	\$294.70	\$280.00
45 - 64	\$533.90	\$507.20
65 - 74	\$885.00	\$840.80
75 - 84	\$1,188.10	\$1,128.70
85+	\$1,426.20	\$1,354.90

\$250.00 Daily Indemnity Amount		
Issue Age	Principal	Spouse
Dep. Child	\$311.81	
25 - 44	\$479.70	\$455.72
45 - 64	\$825.08	\$783.83
65 - 74	\$1,381.54	\$1,312.46
75 - 84	\$1,846.85	\$1,754.50
85+	\$2,197.03	\$2,087.17

\$500.00 Daily Indemnity Amount		
Issue Age	Principal	Spouse
Dep. Child	\$620.10	
25 - 44	\$954.00	\$906.30
45 - 64	\$1,640.88	\$1,558.84
65 - 74	\$2,747.52	\$2,610.14
75 - 84	\$3,672.90	\$3,489.26
85+	\$4,369.32	\$4,150.85

\$100.00 Daily Indemnity Amount		
Issue Age	Principal	Spouse
Dep. Child	\$129.48	
25 - 44	\$199.20	\$189.24
45 - 64	\$342.62	\$325.49
65 - 74	\$573.70	\$545.01
75 - 84	\$766.92	\$728.57
85+	\$912.34	\$866.72

\$200.00 Daily Indemnity Amount		
Issue Age	Principal	Spouse
Dep. Child	\$249.60	
25 - 44	\$384.00	\$364.80
45 - 64	\$660.48	\$627.46
65 - 74	\$1,105.92	\$1,050.62
75 - 84	\$1,478.40	\$1,404.48
85+	\$1,758.72	\$1,670.78

\$300.00 Daily Indemnity Amount		
Issue Age	Principal	Spouse
Dep. Child	\$374.17	
25 - 44	\$575.64	\$546.86
45 - 64	\$990.10	\$940.60
65 - 74	\$1,657.84	\$1,574.95
75 - 84	\$2,216.21	\$2,105.40
85+	\$2,636.43	\$2,504.61

Modal Factors:	
Annual	1.000
Semi-Annual	0.520
Quarterly	0.265
Monthly Direct	0.100
Monthly PAC	0.084
\$20.00 refundable application fee	