

SERFF Tracking Number: PHYS-126901918 State: Arkansas
 Filing Company: Physicians Mutual Insurance Company State Tracking Number: 47306
 Company Tracking Number: PMA3557A
 TOI: MS05I Individual Medicare Supplement - Sub-TOI: MS05I.001 Plan A
 Standard Plans
 Product Name: Med Sup
 Project Name/Number: PMA3557A/PMA3557A

Filing at a Glance

Company: Physicians Mutual Insurance Company

Product Name: Med Sup SERFF Tr Num: PHYS-126901918 State: Arkansas
 TOI: MS05I Individual Medicare Supplement - Standard Plans SERFF Status: Closed-Filed-Closed State Tr Num: 47306
 Sub-TOI: MS05I.001 Plan A Co Tr Num: PMA3557A State Status: Filed-Closed
 Filing Type: Advertisement Reviewer(s): Stephanie Fowler
 Authors: Sonya Dickey, Sara Magee-Garcia Disposition Date: 12/09/2010
 Date Submitted: 11/12/2010 Disposition Status: Filed-Closed
 Implementation Date Requested: On Approval Implementation Date:

State Filing Description:

General Information

Project Name: PMA3557A Status of Filing in Domicile: Not Filed
 Project Number: PMA3557A 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: 12/09/2010 Explanation for Other Group Market Type:
 State Status Changed: 12/09/2010
 Deemer Date: Created By: Sara Magee-Garcia
 Submitted By: Sara Magee-Garcia Corresponding Filing Tracking Number:
 PMA3557A

Filing Description:

RE: Medicare Supplement Advertisements-
 Invitations to Inquire: PMA3557A, PMA3558A
 Envelopes: XR2B-1110, XR3D-1110, XR3E-1110

Attached are copies of the above referenced material for your review and approval. This material will be used to create an interest in the following Medicare Supplement Policies/Rider:
 Policies/Rider Medicare Supplement Plans Approval Dates

<i>SERFF Tracking Number:</i>	<i>PHYS-126901918</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Physicians Mutual Insurance Company</i>	<i>State Tracking Number:</i>	<i>47306</i>
<i>Company Tracking Number:</i>	<i>PMA3557A</i>		
<i>TOI:</i>	<i>MS051 Individual Medicare Supplement - Standard Plans</i>	<i>Sub-TOI:</i>	<i>MS051.001 Plan A</i>
<i>Product Name:</i>	<i>Med Sup</i>		
<i>Project Name/Number:</i>	<i>PMA3557A/PMA3557A</i>		

P020AR A 8-12-09
P025AR F 8-12-09
P026AR G 8-12-09
P027AR High Ded F 8-12-09
B345 High Ded Premium Discount Rider 8-12-09

The company name is bracketed since the material is created by an outside marketing firm that allows several different companies to use this material. If you have any questions concerning material, please contact me at 1-800-228-9100, option 1, option 6, extension 2633 or (402) 930-2633. You may also contact me via email at Sara.Magee-Garcia@physiciansmutual.com. Your assistance in getting the material approved for use is greatly appreciated.

Company and Contact

Filing Contact Information

Sara Magee-Garcia, Advertising Compliance Coordinator	sara.magee-garcia@physiciansmutual.com
2600 Dodge Street	402-930-2633 [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	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$250.00
Retaliatory?	No
Fee Explanation:	\$50 per form, 5 forms included
Per Company:	No

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TOI: *MS051 Individual Medicare Supplement - Standard Plans* Sub-TOI: *MS051.001 Plan A*
Product Name: *Med Sup*
Project Name/Number: *PMA3557A/PMA3557A*

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Physicians Mutual Insurance Company	\$250.00	11/12/2010	41834437

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed-Closed	Stephanie Fowler	12/09/2010	12/09/2010

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Stephanie Fowler	12/01/2010	12/01/2010	Sara Magee-Garcia	12/02/2010	12/02/2010

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Schedule	Schedule Item	Schedule Item Status	Public Access
Form	PMA3557A	Filed	Yes
Form	PMA3558A	Filed	Yes
Form	XR2B-1110	Filed	Yes
Form	XR3D-1110	Filed	Yes
Form	XR3E-1110	Filed	Yes

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TOI: *MS051 Individual Medicare Supplement - Standard Plans* Sub-TOI: *MS051.001 Plan A*
Product Name: *Med Sup*
Project Name/Number: *PMA3557A/PMA3557A*

Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 12/01/2010
Submitted Date 12/01/2010
Respond By Date 01/03/2011

Dear Sara Magee-Garcia,

This will acknowledge receipt of the captioned filing.

Objection 1

- PMA3557A, PMA3557A (Form)
- PMA3558A , PMA3558A (Form)

Comment: AR R&R 41 Guideline 7-A (19) requires that a lead generating devise must include a statement that an agent will call if such is the case.

Please feel free to contact me if you have questions.

Sincerely,

Stephanie Fowler

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Response Letter

Response Letter Status Submitted to State
Response Letter Date 12/02/2010
Submitted Date 12/02/2010

Dear Stephanie Fowler,

Comments:

Please see comments below.

Response 1

Comments: The advertisements do indicate that a company producer would contact the consumer with complete details regarding the solicitation of insurance.

We are required to use the term "producer" instead of "agent" for our Annuity and Life insurance material. Our agency distribution would like to utilize the term "producer" for each product line in Arkansas so that the terminology does not create any confusion for the consumer.

Related Objection 1

Applies To:

- PMA3557A, PMA3557A (Form)
- PMA3558A , PMA3558A (Form)

Comment:

AR R&R 41 Guideline 7-A (19) requires that a lead generating devise must include a statement that an agent will call if such is the case.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Your reconsideration would be greatly appreciated

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Form Schedule

Lead Form Number: PMA3557A

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Filed 12/09/2010	PMA3557A	Advertising	PMA3557A	Initial			PMA3557A.pdf
Filed 12/09/2010	PMA3558A	Advertising	PMA3558A	Initial			PMA3558A.pdf
Filed 12/09/2010	XR2B-1110	Advertising	XR2B-1110	Initial			XR2B-1110.pdf
Filed 12/09/2010	XR3D-1110	Advertising	XR3D-1110	Initial			XR3D-1110.pdf
Filed 12/09/2010	XR3E-1110	Advertising	XR3E-1110	Initial			XR3E-1110.pdf

The Federal Medicare program continues to change in [2010].
These changes could affect the premiums you pay and the benefits you receive.
It is important to review your current coverage -- and be informed of new
options that can give you more value for your dollar.

REPLY TODAY for free information regarding Medicare Supplement insurance
policies and a copy of the [Guide to Health Insurance for People with Medicare], a
publication from the Centers for Medicare & Medicaid Services.

DO NOT DELAY. Medicare has established specific timelines for your rights and eligibility.

Sample A. Samplexxxxxxxxxxxxxxxxxxxxxxxxxxxx
Apt #123
1234 South Pine St.
City, ST 12345-6789
!1234567899!

Birthdate ____/____/____ Spouse ____/____/____
Phone (____) _____
Best Time To Call: morning afternoon evening



[Physicians Mutual Insurance Company is/We are] not connected with or endorsed by the U.S. Government or the Federal Medicare Program.

Complete details regarding this solicitation of insurance will be provided to you by a company producer at no cost or obligation. P020, P025, P026, P027
PMA3557A

M1110F



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO 372 OMAHA NE

POSTAGE WILL BE PAID BY ADDRESSEE

FULFILLMENT SERVICES
PO BOX 641220
OMAHA NE 68164-9942

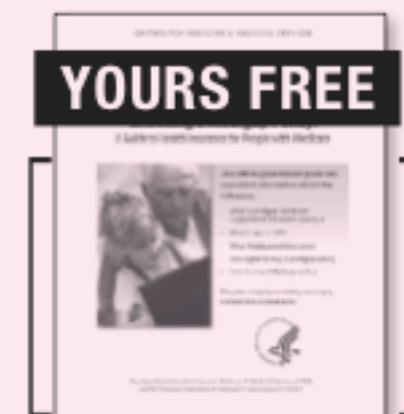


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These changes could affect the premiums you pay and the benefits you receive.

It is important to review your current coverage -- and be informed of new options that can give you more value for your dollar.

REPLY TODAY for free information regarding Medicare Supplement insurance policies and a copy of the [Guide to Health Insurance for People with Medicare], a publication from the Centers for Medicare & Medicaid Services. Simply mail this card or call [1-999-999-9999].

DO NOT DELAY. Medicare has established specific timelines for your rights and eligibility.



Sample A. Samplexxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx
Apt #123
1234 South Pine St.
City, ST 12345-6789
!1234567899!

Birthdate ____/____/____ Spouse ____/____/____
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[Physicians Mutual Insurance Company is/We are] not connected with or endorsed by the U.S. Government or the Federal Medicare Program.

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PMA3558A

M1110FP



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FIRST-CLASS MAIL PERMIT NO 372 OMAHA NE

POSTAGE WILL BE PAID BY ADDRESSEE
FULFILLMENT SERVICES
PO BOX 641220
OMAHA NE 68164-9942



[Physicians Mutual Insurance Company]
Resource Center
P.O. Box 641220
Omaha, NE 68164



IMPORTANT NOTICE FOR PEOPLE ON MEDICARE

Sample A. Samplexxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx
Apt #123
1234 South Pine St.
City, ST 12345-6789
!1234567899!

URGENT

* * * * *

[Physicians Mutual Insurance Company]
Resource Center
P.O. Box 641220
Omaha, NE 68164



**IMPORTANT BULLETIN
FOR PEOPLE ON MEDICARE**

Sample A. Samplexxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx
Apt #123
1234 South Pine St.
City, ST 12345-6789
!1234567899!

URGENT

* * * * *

[Physicians Mutual Insurance Company]
Resource Center
P.O. Box 641220
Omaha, NE 68164



[2010] UPDATE

**What you need to know
about changes to Medicare**

Sample A. Samplexxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx
Apt #123
1234 South Pine St.
City, ST 12345-6789
!1234567899!