

<i>SERFF Tracking Number:</i>	<i>AMLC-126576588</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>United American Insurance Company</i>	<i>State Tracking Number:</i>	<i>45384</i>
<i>Company Tracking Number:</i>	<i>2010 AR CSI</i>		
<i>TOI:</i>	<i>H151 Individual Health - Hospital/Surgical/Medical Expense</i>	<i>Sub-TOI:</i>	<i>H151.001 Health - Hospital/Surgical/Medical Expense</i>
<i>Product Name:</i>	<i>2010 Hospital and Surgical Expense Policy Form CSI</i>		
<i>Project Name/Number:</i>	<i>2010 AR CSI/2010 AR CSI</i>		

SERFF Tracking Number: AMLC-126576588 State: Arkansas
 Filing Company: United American Insurance Company State Tracking Number: 45384
 Company Tracking Number: 2010 AR CSI
 TOI: H151 Individual Health - Hospital/Surgical/Medical Expense Sub-TOI: H151.001 Health - Hospital/Surgical/Medical Expense
 Product Name: 2010 Hospital and Surgical Expense Policy Form CSI
 Project Name/Number: 2010 AR CSI/2010 AR CSI

Disposition

Disposition Date: 04/08/2010

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):
United American Insurance Company	10.000%	10.000%	\$	381	\$	10.000%	10.000%

