

SERFF Tracking Number: AMRP-126626731 State: Arkansas
 Filing Company: American Republic Corp Insurance Company State Tracking Number: 45655
 Company Tracking Number: 09AR0555
 TOI: MS08I Individual Medicare Supplement - Sub-TOI: MS08I.005 Plan F (Basic) 2010
 Standard Plans 2010
 Product Name: Couples Discount Plan F Postcard w/ BRC
 Project Name/Number: Couples Discount Plan F Postcard w/ BRC/09AR0555

Filing at a Glance

Company: American Republic Corp Insurance Company

Product Name: Couples Discount Plan F SERFF Tr Num: AMRP-126626731 State: Arkansas
 Postcard w/ BRC

TOI: MS08I Individual Medicare Supplement - SERFF Status: Closed-Filed- State Tr Num: 45655
 Standard Plans 2010 Closed

Sub-TOI: MS08I.005 Plan F (Basic) 2010 Co Tr Num: 09AR0555 State Status: Filed-Closed

Filing Type: Advertisement Reviewer(s): Stephanie Fowler

Author: Andrea Davey Disposition Date: 05/27/2010

Date Submitted: 05/13/2010 Disposition Status: Filed-Closed

Implementation Date Requested: On Approval Implementation Date:

State Filing Description:

General Information

Project Name: Couples Discount Plan F Postcard w/ BRC

Project Number: 09AR0555

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 05/27/2010

Deemer Date:

Submitted By: Andrea Davey

Filing Description:

Re Individual Medicare Supplement Advertising

Z-2574 & Z-2574RC

Status of Filing in Domicile: Authorized

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Group Market Size:

Group Market Type:

Explanation for Other Group Market Type:

State Status Changed: 05/27/2010

Created By: Andrea Davey

Corresponding Filing Tracking Number:

We are enclosing the above referenced form for your review and approval. This form is new and is not intended to replace any form currently in use. This letter is a lead generating device and will be used in the solicitation of our Individual Medicare Supplement plans.

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We hope you will find this form satisfactory. If you have any questions, or if I can be of assistance during the review process, please feel free to contact me at 1-800-247-2190, ext. 2006.

Thank you.

Company and Contact

Filing Contact Information

Andrea Davey, andrea.davey@americanenterprise.com
 601 6th Ave 515-245-2006 [Phone]
 Des Moines, IA 50334 515-245-2391 [FAX]

Filing Company Information

American Republic Corp Insurance Company CoCode: 67679 State of Domicile: Nebraska
 P O Box 2780 Group Code: 3527 Company Type: Life and Health
 Omaha, NE 68103-2780 Group Name: American Enterprise State ID Number:
 (800) 987-8988 ext. [Phone] FEIN Number: 23-1609793

Filing Fees

Fee Required? Yes
 Fee Amount: \$100.00
 Retaliatory? Yes
 Fee Explanation: \$50/advertisement x 2 = \$100
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
American Republic Corp Insurance Company	\$100.00	05/13/2010	36473607

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed-Closed	Stephanie Fowler	05/27/2010	05/27/2010

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Disposition

Disposition Date: 05/27/2010

Implementation Date:

Status: Filed-Closed

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Form	Couples Discount Plan F Postcard w/ BRC	Filed-Closed	Yes
Form	Business Reply Card	Filed-Closed	Yes

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Form Schedule

Lead Form Number: Z-2574

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Filed-Closed 05/27/2010	Z-2574	Advertising	Couples Discount Plan F Postcard w/ BRC	Initial			Z-2574 & Z-2574RC Bracketed.pdf
Filed-Closed 05/27/2010	Z-2574RC	Advertising	Business Reply Card	Initial			Z-2574 & Z-2574RC Bracketed.pdf

Part of a Couple? Save up to 16%!

You can get additional savings just for being part of a couple!

Freedom Solutions Plan F from American Republic Corp Insurance Company offers the most comprehensive Medicare Supplement coverage available ... at one of the best prices on the market. First it starts with economical rates designed to be easy on your budget. Then we offer you two additional discounts...

1. Couples discount¹ of up to 16% simply for being part of a couple – regardless of whether both of you request coverage or not.
2. You can get a special preferred discount² if you're in good health

And best of all, once approved for the discount, you'll continue to save even if your health or circumstances change over the years.

Get a free, no-obligation quote

To lock in your discounted rate, just **call toll-free [X-XXX-XXX-XXXX]**. As your local agent, I can tell you more about benefits, costs and limitations.

[Agent Name]

[Phone number]



1. A couple is defined as two people living in the same household, regardless of sex, who are recognized as being legally married, married under common law, or having a civil union.

2. In ND and TX, preferred rates are for non-tobacco users.

Not connected with or endorsed by the United States government or the federal Medicare program.

This is a solicitation of insurance and an agent may contact you. In CO, IL, KS, MO, MS, OK, OR, PA, SD, and TX, coverage is available to qualified Medicare beneficiaries under age 65. In ND, please ask for details about Medicare Supplement plans A, F, K and L. Call today for more information about the benefits, costs, and limits. Plan availability varies by state.

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Forms: A3101AC; in MO, A3101AC-MO; in NC, A3101AC-NC; in OK, A3101AC-OK; in OR, A3101AC-OR; in PA, A3101AC-PA; in TN, A3101AC-TN; in TX, A3100AC- TX (Plan A), A3101AC-TX (Plan F), A3102AC-TX (Plan A underage 65)

Z-2574

[17 114 3260 0410 US]

COMPLETE THIS POSTAGE-PAID CARD AND MAIL IT TODAY!

Detach Here & Mail Today ➤



YES, I'd like more information about the most comprehensive Medicare Supplement insurance plan available ... and to see how much I could save with the couples and preferred discounts.

Your Date of Birth: / /
Month Day Year

Phone: () -
Area Code

Spouse's Name:

Spouse's Date of Birth: / /
Month Day Year

PLEASE VERIFY ADDRESS

[First Last]
 [Address]
 [City, State ZIP]

Z-2574RC

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Your Date of Birth: / /
Month Day Year

Phone: () -
Area Code

Spouse's Name:

Spouse's Date of Birth: / /
Month Day Year

PLEASE VERIFY ADDRESS

[First Last]
 [Address]
 [City, State ZIP]

Z-2574RC