

SERFF Tracking Number: UTAC-126715467 State: Arkansas
 Filing Company: Loyal American Life Insurance Company State Tracking Number: 46185
 Company Tracking Number: LOYAL STD 2010 RATE FILING
 TOI: MS051 Individual Medicare Supplement - Sub-TOI: MS051.001 Plan A
 Standard Plans
 Product Name: Loyal Std 2010 Rate Filing
 Project Name/Number: Loyal Std 2010 Rate Filing/Loyal Std 2010 Rate Filing

Filing at a Glance

Company: Loyal American Life Insurance Company

Product Name: Loyal Std 2010 Rate Filing SERFF Tr Num: UTAC-126715467 State: Arkansas
 TOI: MS051 Individual Medicare Supplement - SERFF Status: Closed-Approved- State Tr Num: 46185
 Standard Plans Closed
 Sub-TOI: MS051.001 Plan A Co Tr Num: LOYAL STD 2010 State Status: Approved-Closed
 RATE FILING

Filing Type: Rate Reviewer(s): Stephanie Fowler
 Author: Trevor Walsh Disposition Date: 07/22/2010
 Date Submitted: 07/12/2010 Disposition Status: Approved-Closed
 Implementation Date Requested: 10/01/2010 Implementation Date: 10/01/2010

State Filing Description:

General Information

Project Name: Loyal Std 2010 Rate Filing Status of Filing in Domicile: Pending
 Project Number: Loyal Std 2010 Rate Filing 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: 12% Group Market Type:
 Filing Status Changed: 07/22/2010 Explanation for Other Group Market Type:
 State Status Changed: 07/22/2010
 Deemer Date: Created By: Trevor Walsh
 Submitted By: Trevor Walsh Corresponding Filing Tracking Number:

Please note that this rate increase filing also serves as the Annual Rate Certification for the 2010 calendar year.

Company and Contact

Filing Contact Information

Trevor Walsh, Actuarial Analyst twalsh3@gafri.com
 11200 Lakeline Boulevard #100 512-807-4872 [Phone]

SERFF Tracking Number: UTAC-126715467 State: Arkansas
 Filing Company: Loyal American Life Insurance Company State Tracking Number: 46185
 Company Tracking Number: LOYAL STD 2010 RATE FILING
 TOI: MS051 Individual Medicare Supplement - Sub-TOI: MS051.001 Plan A
 Standard Plans
 Product Name: Loyal Std 2010 Rate Filing
 Project Name/Number: Loyal Std 2010 Rate Filing/Loyal Std 2010 Rate Filing

Austin, TX 78717

Filing Company Information

Loyal American Life Insurance Company CoCode: 65722 State of Domicile: Ohio
 11200 Lakeline Blvd., Suite 100 Group Code: 84 Company Type: Insurance
 Company
 P.O. Box 559004 Group Name: State ID Number:
 Austin, TX 78755-9004 FEIN Number: 63-0343428
 (800) 633-6752 ext. [Phone]

Filing Fees

Fee Required? Yes
 Fee Amount: \$300.00
 Retaliatory? No
 Fee Explanation: \$50 per form * 6 forms = \$300.
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Loyal American Life Insurance Company	\$300.00	07/12/2010	37909980

SERFF Tracking Number: UTAC-126715467 State: Arkansas
Filing Company: Loyal American Life Insurance Company State Tracking Number: 46185
Company Tracking Number: LOYAL STD 2010 RATE FILING
TOI: MS051 Individual Medicare Supplement - Sub-TOI: MS051.001 Plan A
Standard Plans
Product Name: Loyal Std 2010 Rate Filing
Project Name/Number: Loyal Std 2010 Rate Filing/Loyal Std 2010 Rate Filing

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Stephanie Fowler	07/22/2010	07/22/2010

SERFF Tracking Number: UTAC-126715467 State: Arkansas
 Filing Company: Loyal American Life Insurance Company State Tracking Number: 46185
 Company Tracking Number: LOYAL STD 2010 RATE FILING
 TOI: MS051 Individual Medicare Supplement - Standard Plans Sub-TOI: MS051.001 Plan A
 Product Name: Loyal Std 2010 Rate Filing
 Project Name/Number: Loyal Std 2010 Rate Filing/Loyal Std 2010 Rate Filing

Disposition

Disposition Date: 07/22/2010

Implementation Date: 10/01/2010

Status: Approved-Closed

Comment: The requested rate increase has been approved to be implemented on or after October 1, 2010. This approval is subject to the following:

- Increases will not be given more frequently than once in a twelve-month period;
- The insured shall be notified by the insurer of its intention to increase the rate for renewal not less than thirty (30) days prior to the effective date of the renewal.

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):
Loyal American Life Insurance Company	12.000%	12.000%	\$29,997	151	\$249,977	12.000%	12.000%

SERFF Tracking Number: UTAC-126715467 State: Arkansas
 Filing Company: Loyal American Life Insurance Company State Tracking Number: 46185
 Company Tracking Number: LOYAL STD 2010 RATE FILING
 TOI: MS051 Individual Medicare Supplement - Sub-TOI: MS051.001 Plan A
 Standard Plans
 Product Name: Loyal Std 2010 Rate Filing
 Project Name/Number: Loyal Std 2010 Rate Filing/Loyal Std 2010 Rate Filing

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Health - Actuarial Justification	Approved	No
Rate	Current Rate Charts	Accepted for Informational Purposes	Yes
Rate	Proposed Rate Charts @ 12%	Approved	Yes

SERFF Tracking Number: UTAC-126715467 State: Arkansas
 Filing Company: Loyal American Life Insurance Company State Tracking Number: 46185
 Company Tracking Number: LOYAL STD 2010 RATE FILING
 TOI: MS051 Individual Medicare Supplement - Standard Plans Sub-TOI: MS051.001 Plan A
 Product Name: Loyal Std 2010 Rate Filing
 Project Name/Number: Loyal Std 2010 Rate Filing/Loyal Std 2010 Rate Filing

Rate Information

Rate data applies to filing.

Filing Method: SERFF
Rate Change Type: Increase
Overall Percentage of Last Rate Revision: 8.000%
Effective Date of Last Rate Revision: 11/01/2009
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):
Loyal American Life Insurance Company	12.000%	12.000%	\$29,997	151	\$249,977	12.000%	12.000%

SERFF Tracking Number: UTAC-126715467 State: Arkansas
 Filing Company: Loyal American Life Insurance Company State Tracking Number: 46185
 Company Tracking Number: LOYAL STD 2010 RATE FILING
 TOI: MS051 Individual Medicare Supplement - Sub-TOI: MS051.001 Plan A
 Standard Plans
 Product Name: Loyal Std 2010 Rate Filing
 Project Name/Number: Loyal Std 2010 Rate Filing/Loyal Std 2010 Rate Filing

Rate/Rule Schedule

Schedule Item Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:	Rate Action Information:	Attachments
Accepted for Informational Purposes 07/22/2010	Current Rate Charts	L-5230, L-5231, L-5232, L-5233, L-5234, L-5235	New		Exhibit 4 - Current Rates.pdf
Approved 07/22/2010 @ 12%	Proposed Rate Charts	L-5230, L-5231, L-5232, L-5233, L-5234, L-5235	Revised	Previous State Filing Number: 42788 Percent Rate Change Request: 12.000	Exhibit 4 - Propose Rates @ 12%.pdf

ARKANSAS Community Rated Standardized Medicare Supplement

PLAN A Rates Effective 11/1/2009				
Form: L-5230		PREFERRED NON-SMOKER	NON-SMOKER	SMOKER
Area	Age	Annual	Annual	Annual
1	All	1134.60	1193.88	1491.44
2	All	1235.00	1300.32	1625.70
3	All	1307.58	1376.52	1720.05

PLAN B Rates Effective 11/1/2009				
Form: L-5231		PREFERRED NON-SMOKER	NON-SMOKER	SMOKER
Area	Age	Annual	Annual	Annual
1	All	1391.04	1463.62	1828.92
2	All	1513.21	1593.04	1992.21
3	All	1602.72	1687.39	2108.33

PLAN C Rates Effective 11/1/2009				
Form: L-5232		PREFERRED NON-SMOKER	NON-SMOKER	SMOKER
Area	Age	Annual	Annual	Annual
1	All	1580.95	1664.41	2081.72
2	All	1711.58	1801.09	2251.07
3	All	1804.72	1900.28	2375.65

PLAN D Rates Effective 11/1/2009				
Form: L-5233		PREFERRED NON-SMOKER	NON-SMOKER	SMOKER
Area	Age	Annual	Annual	Annual
1	All	1472.08	1549.50	1937.78
2	All	1603.93	1688.60	2111.96
3	All	1698.28	1787.79	2234.13

PLAN F Rates Effective 11/1/2009				
Form: L-5234		PREFERRED NON-SMOKER	NON-SMOKER	SMOKER
Area	Age	Annual	Annual	Annual
1	All	1587.00	1670.46	2088.98
2	All	1716.42	1807.14	2259.53
3	All	1809.56	1905.12	2382.91

PLAN G Rates Effective 11/1/2009				
Form: L-5235		PREFERRED NON-SMOKER	NON-SMOKER	SMOKER
Area	Age	Annual	Annual	Annual
1	All	1476.92	1554.34	1942.62
2	All	1609.98	1694.65	2119.22
3	All	1703.12	1792.63	2241.39

Areas:	1	716-719, 724-729	Modal Factors:	0.5200	Semi-Annual
	2	720-721		0.2650	Quarter
	3	722-723		0.0850	Monthly Bank Draft

ARKANSAS Community Rated Standardized Medicare Supplement

PLAN A Proposed Rates				12.00%
Form: L-5230		PREFERRED NON-SMOKER	NON-SMOKER	SMOKER
Area	Age	Annual	Annual	Annual
1	All	1270.76	1337.14	1670.41
2	All	1383.20	1456.36	1820.79
3	All	1464.49	1541.71	1926.46

PLAN B Proposed Rates				12.00%
Form: L-5231		PREFERRED NON-SMOKER	NON-SMOKER	SMOKER
Area	Age	Annual	Annual	Annual
1	All	1557.96	1639.25	2048.39
2	All	1694.79	1784.21	2231.28
3	All	1795.05	1889.88	2361.33

PLAN C Proposed Rates				12.00%
Form: L-5232		PREFERRED NON-SMOKER	NON-SMOKER	SMOKER
Area	Age	Annual	Annual	Annual
1	All	1770.66	1864.14	2331.53
2	All	1916.97	2017.23	2521.19
3	All	2021.29	2128.32	2660.73

PLAN D Proposed Rates				12.00%
Form: L-5233		PREFERRED NON-SMOKER	NON-SMOKER	SMOKER
Area	Age	Annual	Annual	Annual
1	All	1648.73	1735.44	2170.31
2	All	1796.40	1891.23	2365.40
3	All	1902.07	2002.32	2502.23

PLAN F Proposed Rates				12.00%
Form: L-5234		PREFERRED NON-SMOKER	NON-SMOKER	SMOKER
Area	Age	Annual	Annual	Annual
1	All	1777.43	1870.91	2339.66
2	All	1922.39	2024.00	2530.68
3	All	2026.71	2133.73	2668.86

PLAN G Proposed Rates				12.00%
Form: L-5235		PREFERRED NON-SMOKER	NON-SMOKER	SMOKER
Area	Age	Annual	Annual	Annual
1	All	1654.15	1740.86	2175.73
2	All	1803.17	1898.01	2373.53
3	All	1907.49	2007.74	2510.36

Areas:	1	716-719, 724-729	Modal Factors:	0.5200	Semi-Annual
	2	720-721		0.2650	Quarter
	3	722-723		0.0850	Monthly Bank Draft