

SERFF Tracking Number: UTAC-126766025 State: Arkansas  
 Filing Company: Loyal American Life Insurance Company State Tracking Number: 46614  
 Company Tracking Number: ADV-0029OPG - LOYAL  
 TOI: MS09 Medicare Supplement - Other 2010 Sub-TOI: MS09.000 Medicare Supplement Other 2010  
 Product Name: Medicare Supplement Proposal Letter  
 Project Name/Number: Medicare Supplement Proposal Letter/ADV-0029OPG

## Filing at a Glance

Company: Loyal American Life Insurance Company

Product Name: Medicare Supplement Proposal SERFF Tr Num: UTAC-126766025 State: Arkansas  
 Letter

TOI: MS09 Medicare Supplement - Other 2010 SERFF Status: Closed-Filed State Tr Num: 46614

Sub-TOI: MS09.000 Medicare Supplement Co Tr Num: ADV-0029OPG - State Status: Filed-Closed  
 Other 2010 LOYAL

Filing Type: Advertisement

Reviewer(s): Stephanie Fowler

Authors: Jackie Cunningham,  
 Melissa MacLaurin

Disposition Date: 08/31/2010

Date Submitted: 08/25/2010

Disposition Status: Filed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name: Medicare Supplement Proposal Letter

Status of Filing in Domicile: Authorized

Project Number: ADV-0029OPG

Date Approved in Domicile: 08/24/2010

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: 08/31/2010

Explanation for Other Group Market Type:

State Status Changed: 08/31/2010

Deemer Date:

Created By: Melissa MacLaurin

Submitted By: Melissa MacLaurin

Corresponding Filing Tracking Number:

Filing Description:

Loyal American Life Insurance Company NAIC: 65722 FEIN: 63-0343428

Requesting Approval for Medicare Supplement Proposal Letter:

Form Number Form Description

ADV-0029OPG Medicare Supplement Proposal Letter

Proposal letter to be used with Medicare Supplement policies described below:

Form: Form Number: Serff Number:

Medicare Supplement Plan A Loyal-MS-CR-A-AR UTAC-126397388

Medicare Supplement Plan F Loyal-MS-CR-F-AR UTAC-126397388

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Medicare Supplement Plan G Loyal-MS-CR-G-AR UTAC-126397388  
Medicare Supplement Plan N Loyal-MS-CR-N-AR UTAC-126397388  
- Approval 1/27/2010  
Medicare Supplement Plan B Loyal-MS-CR-B-AR UTAC-126631994  
Medicare Supplement Plan C Loyal-MS-CR-C-AR UTAC-126631994  
Medicare Supplement Plan D Loyal-MS-CR-D-AR UTAC-126631994  
- Approval 5/25/2010

Dear Analyst:

The forms described above are submitted for your review and approval. The policies were developed for compliance with the amended NAIC Medigap model as required by the Federal Medicare Improvements for Patients & Providers Act of 2008 (MIPPA).

These new 2010 Standardized plan forms will be marketed from our home office on a direct basis, with a coverage effective date of June 01, 2010, or later. The policies will be sold by home office employees and no commissions will be paid to external agents.

The proposal letter is new and does not replace any forms previously approved by your department. The proposal letter will be used with the policy forms described in this cover letter as well as any future approved plans.

Should you have any questions, please feel free to contact me at 866-459-4272, ext. 4794 or by email at MMacLaurin@gafri.com.

Sincerely,

Melissa MacLaurin,  
Compliance Analyst

## Company and Contact

### Filing Contact Information

Melissa MacLaurin, Compliance Analyst mmaclaurin@gafri.com  
11200 Lakeline Blvd Ste 100 512-807-4794 [Phone]  
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

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P.O. Box 559004 Group Name: Company  
Austin, TX 78755-9004 State ID Number:  
(800) 633-6752 ext. [Phone] FEIN Number: 63-0343428  
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## Filing Fees

Fee Required? Yes  
Fee Amount: \$25.00  
Retaliatory? No  
Fee Explanation: \$25 per advertisement  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Loyal American Life Insurance Company	\$25.00	08/25/2010	39015514
Loyal American Life Insurance Company	\$25.00	08/31/2010	39144901

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Filed	Stephanie Fowler	08/31/2010	08/31/2010

### 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	08/30/2010	08/30/2010	Melissa MacLaurin	08/31/2010	08/31/2010

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## **Disposition**

Disposition Date: 08/31/2010

Implementation Date:

Status: Filed

Comment:

Rate data does NOT apply to filing.

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<b>Schedule Form</b>	<b>Schedule Item</b>	<b>Schedule Item Status</b>	<b>Public Access</b>
	Medicare Supplement Proposal Letter	Filed	Yes

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## Objection Letter

Objection Letter Status Pending Industry Response  
Objection Letter Date 08/30/2010  
Submitted Date 08/30/2010  
Respond By Date 09/30/2010

Dear Melissa MacLaurin,

This will acknowledge receipt of the captioned filing.

The filing fees submitted are incorrect; the new rates under Rule 57 were effective January 1, 2010. Please submit \$50 for each form.

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 08/31/2010  
Submitted Date 08/31/2010

Dear Stephanie Fowler,

### Comments:

### Response 1

Comments: The additional filing fees have been added to the total amount.

### Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Thank you for your time,

Melissa MacLaurin

Sincerely,

Jackie Cunningham, Melissa MacLaurin

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## Form Schedule

**Lead Form Number: ADV-0029OPG**

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Filed 08/31/2010	ADV- 0029OPG	Advertising Medicare	Supplement Proposal Letter	Initial		0.000	ADV- 0029OPG.pdf

**GASBG Lthd**

**July 8, 2010**

**Dear,**

**RE: Requested Insurance Policy Information**

It was a pleasure speaking with you. I am looking forward to helping you with your insurance policy needs. The Great American Supplemental Benefits Group family of companies has years of experience helping policy owners. Our parent company, American Financial Group, has roots in the insurance industry dating back to 1872.

Enclosed you will find the information you requested. Whether you are interested in our Medicare Supplement, Senior Life, First Diagnosis Cancer or Hospital Indemnity plans, we can complete your application over the phone in as little as 15 minutes!

Please call me directly at the home office **toll-free at [1-877-229-0293, ext. xxxx]** to get your application started or if you have any questions. We look forward to serving your insurance needs.

Regards,

[Agent Name]  
Licensed Insurance Agent

This policy has exclusions and limitations. For costs and complete details of the coverage, call or write the insurance company. No insurance company, nor its agents, are connected with or endorsed by the United States government or the federal Medicare program. This is a solicitation for insurance. An insurance agent will contact you.

ADV-0029OPG

8-4-10